



**YOUTH  
SERVICES**  
SYSTEM  
REVIEW

## **Youth Services System Review** Phase 2 Report

A review of the continuum of Ontario services  
addressing substance use available to youth age 12-24

**camh**  
Centre for Addiction and Mental Health



# **Youth Service System Review**

## **Phase 2 Report**

## Acknowledgements

The Youth Services System Review project team would like to gratefully acknowledge the enthusiastic assistance and collaboration of many individuals across Ontario who helped spread the word about Phase 2 of the YSSR project and braved the weather to participate in our capacity-building event. We would like to extend special thanks to the CAMH Provincial System Support Program (PSSP) leadership for their support of this project and in particular, PSSP staff, Kim Baker, Novella Martinello, Sandra Watson and Josina Vink who connected us to youth, family members, service providers, agency leaders, policy makers and other stakeholders in their communities, and supported us in the development of materials, and organization and delivery of the events and Angela Yip, who provided logistical support. Sincere appreciation goes to the youth and family members who shared their valuable perspectives and insights, and helped ensure our focus was on “real” issues.

We would also like to acknowledge and thank the service providers and other interested stakeholders who took the time to attend the events and contribute to the dialogue about developmentally-informed care and transitions. To the groups that formed our advisory networks, we are grateful for the multitude of perspectives shared throughout the project. We would also like to recognize Health Canada and the Ontario Ministry of Health and Long Term Care for providing the funding support that made this project and dissemination of the findings possible.

## Youth Services System Review Advisory Networks

- Addictions and Mental Health Ontario Youth Community of Practice
- Centre for Addiction and Mental Health Child and Youth Mental Health and Addiction Initiatives and Priorities Committee
- Cross Local Health Integration Network Working Group on Issues Related to Mental Health and Addiction
- Drug Treatment Funding Program - Ontario Systems Projects Persons with Lived Experience and Family Member Advisory Panel
- Mental Health and Addiction Youth Network
- Ontario Centre of Excellence for Child and Youth Mental Health Advisory Committee
- Ministry of Children and Youth Services, Partnerships and Working Together for Policy Framework Implementation Group
- Ontario Network of Child and Adolescent Inpatient Psychiatry Services
- Research and Action for Teens (RAFT project; CIHR Team in Innovations in Child and Youth Concurrent Disorders) National Advisory Committee
- Toronto Drug Strategy Implementation Panel

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## Executive Summary

Youth in Ontario, with substance use, mental health and concurrent disorders access service across multiple sectors. Historically, service delivery models for substance use treatment for youth were developed based on practice models in the adult service sector. However, the needs of youth are different from the needs of adults and effective strategies for offering developmentally-informed care that meets the needs of youth across a variety of sectors are lacking. Accordingly, the Youth Services System Review (YSSR), sought to understand the current service landscape in Ontario, identify gaps and opportunities for system enhancement, prioritize recommendations and build capacity for developmentally-informed care.

The YSSR was funded under Health Canada's Drug Treatment Funding Program (DTFP), through the Ministry of Health and Long-Term Care. The first phase of this initiative gathered feedback from youth, family members, service providers and other stakeholders across Ontario regarding the strengths and gaps in the youth services system. A cross-sectoral approach was employed to ensure that multiple stakeholder voices were heard, including youth, families/youth supporters, service providers, agency leaders and policy makers. A report that included 32 specific recommendations for system enhancement, based on stakeholder input, was disseminated in July 2013.

A funding extension from Health Canada's DTFP supported the development of a comprehensive knowledge translation and exchange strategy, and implementation and evaluation of a pilot project based on the recommendations of the first phase of the project. As a step towards promoting and supporting developmentally-informed care for youth, a capacity-building event was designed to focus on developmentally-informed care and transitions, particularly with respect to enhancing service access and experiences for transitional-aged youth. Four capacity-building events were piloted in the geographically diverse regions of Brantford and Brant County (including Niagara, London, Haldimand-Norfolk and Waterloo-Wellington), Hastings and Prince Edward Counties, Sudbury-Manitoulin (including satellite sites in Manitoulin i.e. Little Current, Chapleau, & Espanola), and Toronto, Ontario. The events were an opportunity to bring together youth, family members/youth supporters, service providers, agency leaders, and policy makers across multiple sectors, and engage in dialogue about local youth needs, and barriers and recommendations to meet their needs, and implementing a developmentally-informed approach.

Across the capacity-building events, stakeholders identified many needs youth are currently facing. They considered the unique needs of youth under 16, youth 16-24, as well as needs common across the age range. Stakeholders also discussed their experience of current barriers to meeting the needs of transitional-aged youth in particular, and made a number of recommendations. Needs, barriers and solutions discussed were similar to those identified in the first phase of this project and have been organized in this report into the same theme areas as were identified in the first phase including: access, service components, service delivery model, service and service provider attributes, health equity and the social determinants of health, and policy and funding concerns. According to the theme areas, the following issues were discussed at length:

- Access: transportation, the use of technology and social media, restrictive eligibility criteria, availability of specific services, need for "low barrier" services, and timely access.
- Service components: gaps in the continuum of care, the need for outreach and housing, youth-specific withdrawal management, services addressing mental health and concurrent disorders, diagnostic and medication services, capacity to address self-harm and suicidality, the provision of urgent care, vocational/employment services extra-curricular/recreational services, services for family members and other supporters, and peer support and mentorship.
- Service delivery model: smooth transitions, standards of care, flexibility in care and "one-stop-shops".
- Service attributes: youth-oriented, strength and resiliency-based, address issues related to confidentiality, offer a harm-reduction approach, are trauma-informed, are developmentally-informed, and address stigma and shame.
- Service provider attributes: committed to providing care, knowledgeable about addictions and mental health, offer case management, are trusting, caring and empathic, provide reassurance and encouragement, and offer flexibility.

- Social determinants of health: population specific services such as language specific services (French in particular), culturally informed and appropriate services (for Aboriginal youth in particular), developmental services, services addressing sex work and substance use, and gender- and sex-specific and sensitive services.
- Policy and Funding Concerns: funding structures and allocation of funding needs to fit new ways of working, compatibility between funding streams and increasing demands on agencies, equitable allocation of resources, the right people need to be at planning tables, and awareness of what other jurisdictions are doing.

Checklists were developed in consultation with the capacity-building event participants to help inform youth-and adult-serving service providers' work with transitional-aged youth. These checklists were developed for use by youth-serving service providers to assist them as they prepare youth for their transition into adult services and by adult-serving service providers to assist them to receive youth into adult services in a developmentally-sensitive manner.

The events, across the sites, were very well-received. Overall, participants felt very satisfied with the event they attended and identified that they would recommend it to others. They also endorsed the content presented at the event, and felt that the event offered an opportunity to network, build relationships and exchange ideas. A follow up survey was sent to participants one month following the event to evaluate implementation and further knowledge sharing. Additionally, many participating service providers have followed up directly with project leads for requests for additional capacity-building, usage of materials and continued engagement in the project's activities. The survey responses and these requests confirm the interest and need for continued engagement in conversations about developmentally-informed care and meeting the needs of transitional-aged youth.

The project leads would like to thank the youth, families, service providers, and other stakeholders, who participated in both phases of the project and shared valuable perspectives regarding the youth service system. It is hoped that continuing the conversations around developmentally-informed care and meeting the needs of transitional-aged youth will contribute to an enhanced service delivery system for Ontario youth.

## Introduction

The Youth Services System Review (YSSR) is a review of the current continuum of services addressing substance use that are available to youth (age 12-24) in Ontario. The YSSR project was funded under Health Canada's Drug Treatment Funding Program (DTFP) through the Ontario Ministry of Health and Long Term Care. Phase 1 (2011-2013), aimed to describe the landscape of service available to youth and identify gaps and opportunities for system enhancement (Chaim, Henderson, & Brownlie, 2013). Phase 2 (2013-2014), provided an opportunity to share the findings broadly, prioritize the recommendations, and pilot a capacity-building initiative based on the recommendations. Given the current interest by government and other system stakeholders in responding to unmet youth needs, it is hoped that the information gathered through this initiative will be used to inform system change at the individual, local and provincial level, resulting in youth service enhancement, developmentally-informed service provision and further discussion about meeting the needs of transitional-aged youth in Ontario.

The first section in this report provides a brief summary of the project activities and findings from Phase 1 and provides a brief introduction to Phase 2. The second section introduces the pilot capacity-building event, outlining the development process, engagement strategy as well as agenda, objectives and activities offered. Stakeholders interested in the overall findings from Phase 2, will find a complete summary of the findings of the pilot capacity-building events in section 3. For those interested solely in the site-specific activities, sections 4 through 7 provide a description of the activities that took place at each of the pilot sites.

## Background

Substance use among Ontario youth is prevalent, with rates increasing through high school and into adulthood (Boak, Hamilton, Adlaf, & Mann, 2013). Although experimenting with substances is common for youth, problematic substance use is associated with difficulties in a number of domains. Youth substance use concerns are often complicated by co-occurring mental health concerns; concurrent mental health and substance use concerns are associated with increased risk for particularly severe outcomes (Bilj & Ravelli, 2000; Roberts, Roberts, & Xing, 2007). In Ontario, youth seek and receive service in multiple settings, some part of the formal substance use treatment system, funded by the Ontario Ministry of Health and Long Term Care, some as part of other services, including children's mental health and education services, funded by other ministries (Chaim, Henderson, & Brownlie, 2013). Historically, youth substance use treatment services were modeled on adult services and offered to youth within adult settings for youth ages 16 or 18 and over, depending on the service. However, the needs of youth are different from the needs of adults, underscoring the need for developmentally informed, youth-oriented services. Developmentally, adolescence (age 12-18) and emerging adulthood (age 19-25) are challenging periods of transition and change. Youth's socio-emotional needs and vulnerability to abuse and other traumas are typically greater than those of adults (Stanis & Andersen, 2014). Youth with complex needs or situations are often involved in multiple sectors including mental health, child welfare, youth justice, education and health (Gilbert et al., 2009). Information about youth service needs and evidence about what can be helpful is growing, yet youth and families continue to experience challenges in access to a cohesive system of evidence-informed services responsive to the diverse needs of youth across the province (Mohajer & Earnest, 2009).



## Phase 1

The first phase of the YSSR project (Chaim, Henderson, & Brownlie, 2013) prioritized 1) a youth focus, as youth input is crucial to inform system change, 2) hearing many voices, including family members/supporters of youth, service providers, and other stakeholders, 3) a health equity approach, attending to population-specific needs and social contexts, and 4) a multi-sectoral perspective, including education, child welfare, youth justice, mental health, and other sectors in addition to substance use/addictions.

An advisory body, consisting of multiple networks that meet around issues related to substance use and/or mental health services, provided consultation and feedback throughout the project. Based on feedback during the consultation phase, questions were developed for focus groups, surveys and interviews. These questions aimed to identify strengths and weaknesses in the youth service system and to identify recommendations for system improvement. Information was gathered from more than 300 youth and 300 service providers, family members, and other stakeholders. This included 17 focus groups with 186 youth, 10 interviews with service providers, and 447 stakeholder surveys, both online and paper. Qualitative analysis approaches including grounded theory and content analysis were used to analyze the data.

Youth, family members/supporters of youth, service providers and other stakeholders identified several strengths and weaknesses in the youth services system and made suggestions for system enhancement. When asked what is working well, many stakeholders identified specific services and service providers doing excellent work in meeting youth needs. Specific recent improvements in the system were also noted including

promising models of service delivery, recommended for broader implementation. In addition to strengths such as these, a number of areas for improvement were identified. Responses from participants could be grouped into six main areas, listed below with examples of stakeholder recommendations across communities:

- Access: service availability and awareness of services.
- Service components: a comprehensive range of services, including early identification and prevention and specialized services.
- Service delivery models and service attributes: transitional services and developmentally- and evidence-informed approaches to care.
- Service provider attributes: service providers who are caring, trustworthy, and relatable.
- Health equity and social determinants of health: services for Aboriginal youth, newcomer youth, LGBTQ youth, Francophone youth, and rural youth, as well as other groups impacted by health equity concerns.
- Youth factors: flexible programming and incentives.

The report included 32 specific recommendations informed by the issues identified and suggestions made by youth, service providers, family/supporters and other stakeholders. Overall, stakeholders identified an urgent need for collaborative approaches to provide an accessible, developmentally-informed continuum of care, staffed by a competent, well-trained, engaging, caring workforce, implementing evidence informed practices, to meet the diverse needs of youth from a

range of backgrounds and experiences. Barriers identified included regional gaps in services, limited awareness of available services and how to access them, age criteria restricting eligibility for service, lack of transportation, lack of evening and weekend services, and long wait times that discourage access and disrupt treatment. Service delivery models for transitional-aged youth were identified as needing particular attention. A multifaceted approach was suggested, that would include collaboration between the youth and adult service systems to build capacity for developmentally-informed service provision, increased flexibility with respect to age limits and increased availability of services specifically targeted to transitional-aged youth.

It was agreed that youth need to be empowered and actively engaged in determining their treatment involvement and setting goals. Responsive services for families (and others in a support role) are also required, specifically for family members as well as in conjunction with their youth. Attention to diversity and the social determinants of health were identified as integral, including enhanced support for culturally informed, population-specific approaches and services, such as Aboriginal-led services, specialized services for specific populations of youth including youth with diverse experiences (i.e. involvement with the youth justice system or child welfare system, homeless youth). For a detailed list of the recommendations from Phase 1, refer to the Executive Summary in Appendix A.

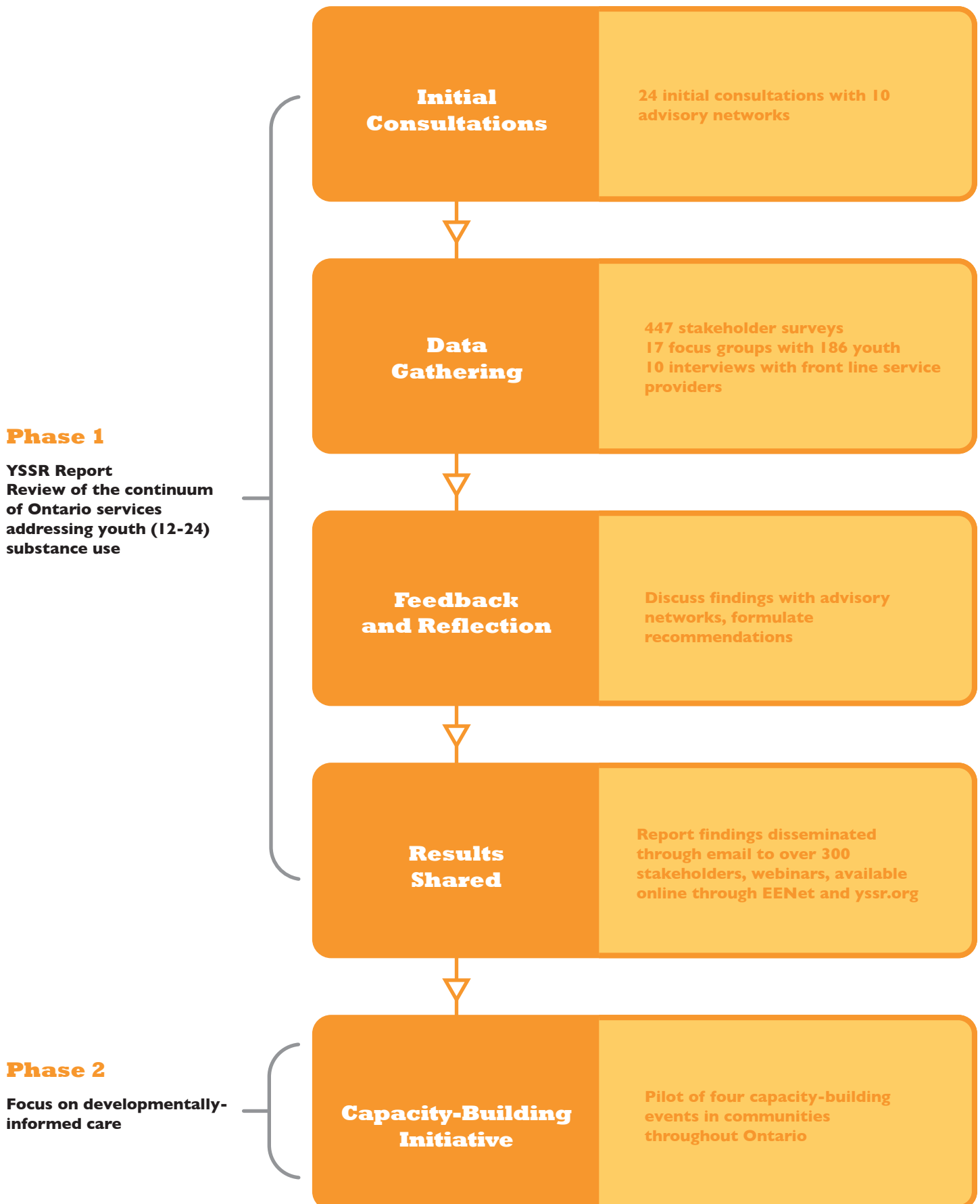
## Phase 2

Phase 2 of YSSR provided the opportunity to prioritize the recommendations generated during Phase 1, develop a comprehensive knowledge translation and exchange strategy, and implement and evaluate a pilot project based on the priorities identified. The project recommendations were prioritized and assessed for feasibility in collaboration with the Ministry of Health and Long-Term Care, the Ontario DTFP Steering Committee, project advisory networks, and other stakeholders engaged during Phase 1, including youth and family members. Project stakeholders In response to the recommendations of YSSR Phase 1, supported by recommendations of other concurrent initiatives, including the National and Ontario Youth Screening Projects (Henderson & Chaim, 2013 and 2014), a decision was made to develop, pilot and evaluate a capacity-building event, focused on developmentally-informed care and transitions, with a special focus on enhancing service access and experiences for transitional-aged youth. The event would be an opportunity to engage cross-sectoral service providers, agency leaders, policy makers and youth and family members/youth supporters in a dialogue about how the service system in their communities could be enhanced, to meet the needs of local youth in a developmentally-responsive manner. Pilot communities were identified in collaboration with the regional management team of CAMH's Provincial System Program (PSSP) who work collaboratively in their regions on system-level addiction and mental health focused initiatives in the four quadrants of the province, Southern, Eastern, Western and Northern Ontario. A web conference was held to discuss optimal pilot sites. Considerations in choice of locations included synergies with local community initiatives currently underway, filling a gap in communities that were not engaged in youth-focused collaborative cross-sectoral initiatives, reaching diverse communities across the province i.e. rural, urban, 4 quadrants, and local interest/willingness to participate. The pilot sites included Brantford and Brant County (including Niagara, London, Haldimand-Norfolk and Waterloo-Wellington), Hastings and Prince Edward Counties, Sudbury-Manitoulin (including satellite sites in Manitoulin i.e. Little Current, Chapleau, & Espanola), and Toronto, Ontario. PSSP community leads engaged stakeholders at each of the pilot sites to participate in the local events through advertising (i.e. flyers, phone calls, email distribution), and the Evidence Exchange Network (EENet), a mental health and addictions knowledge exchange network that connects stakeholders across Ontario.

Advertising highlighted that the event would be a collaborative day that would include sharing of evidence-based information about developmentally-informed care and transitions, and opportunities for discussion about local opportunities for collaboration and change. Service providers were encouraged to invite local youth and families to the event to participate in the dialogue. In order to enhance cross-sectoral collaboration in the local communities, marketing of the events was targeted to a range of sectors including addictions, mental health, child welfare, education, youth justice, housing, outreach, and support, and child, family, and social services. In addition, agencies that serve both youth and adults (including transitional-aged youth) were invited to attend in order to promote dialogue between youth- and adult-serving service providers.



## Summary of Phases 1 and 2



# Phase 1

## What?



Identification of gaps and opportunities in the youth services system; Suggestions for system enhancement

## Who?



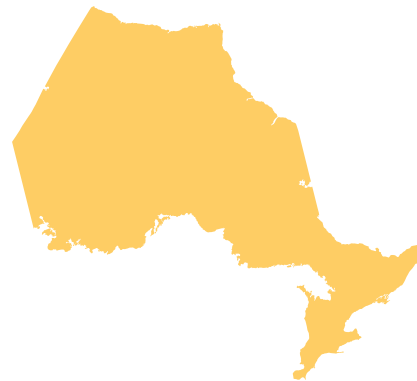
Over 300 youth and 300 service providers, family members, and other stakeholders.

## When?



April 2011 to March 2013

## Where?



Across Ontario

## How?

**17** focus groups with **186** youth,  
**10** interviews with service providers,  
**447** stakeholder surveys, both online and paper

Qualitative and quantitative analysis of the data

## Why?



To provide recommendations for improvement

## Phase 2

### What?

- Knowledge Exchange
- Consultation
- Prioritize Recommendations

### Who?



Youth, family members/youth supporters, service providers, agency leaders, policy makers, and other stakeholders

### When?



April 1, 2013 - March 31, 2014

### Where?



Brantford and Brant County, Hastings and Prince Edward Counties, Sudbury-Manitoulin (including Little Current, Chapleau, & Espanola), and Toronto

### How?



Consultation meetings and capacity-building events on developmentally-informed care and transitional-aged youth

### Why?



To improve services for youth in Ontario



# Next Steps

## What?



Continued dissemination and implementation of recommendations from both phases of YSSR;  
Continued dialogue among stakeholders

## Who?



Youth, family members/youth supporters, service providers, agency leaders, policy makers, and other stakeholders

## When?



April 1, 2014 – Onward

## Where?



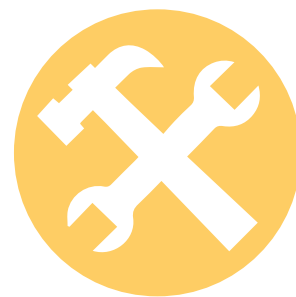
Across Ontario

## How?



Participants will continue to build on recommended changes at the individual, agency and community levels;  
Continued knowledge transfer and exchange

## Why?



To address issues related to access of services;  
To achieve improved service provision and system change

## Phase 2 Project Methods: What We did

### Overview

The four pilot capacity-building events were developed and led by the Youth Services System Review (YSSR) project team from the Centre for Addiction and Mental Health (CAMH) under the leadership of Gloria Chaim, Deputy Clinical Director and Dr. Joanna Henderson, Clinician Scientist. Facilitated through local PSSP leads, community stakeholders, including service providers, agency leaders, policy makers, youth, and family supporters informed the plan for the day and attended the events. Two peer facilitators, Olivia Heffernan and Tyson Herzog, were integral members of the project team. They collaborated on the development and delivery of the capacity building day, including development of materials, facilitation of small group discussions, and large group debriefing. They brought a “youth perspective” to the discussion and focused in particular on engaging youth participants by ensuring content was relatable and discussions were held in a safe and supportive format.

The events were framed as a capacity-building and consultation opportunity and as such were called: *Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth.*

### Agenda Development

The capacity-building event agenda was guided by the YSSR Phase 1 recommendations and feedback, as well as through local stakeholders at the respective pilot sites. When the report was released it was emailed to stakeholders, posted on the YSSR (yssr.org) and the EENet website, announced on the YSSR Facebook page, and presented at youth network meetings and conferences, reaching a large and diverse audience. Feedback following the release reinforced the report recommendations regarding the importance of attending to youth needs based on developmental stage rather than age, and in particular, facilitating system changes that would support smooth transitions from youth to adult services.

In response to the feedback and recommendations in the report, the focus of the capacity-building events was to facilitate knowledge exchange through sharing information about evidence-informed practices for providing developmentally-informed care and engaging in dialogue about local needs for youth ages 12-24, and barriers and solutions to enhancing services particularly for transitional-aged youth. Core content included information about youth needs, particularly related to substance use and concurrent concerns, the developmental trajectory in the context of risk and protective factors and considerations to inform work with youth, transitional-aged youth, in particular. In addition, each event had a portion of the agenda devoted to discussion of the local context and local initiatives, and included presentations by local service providers of efforts to meet the needs of transitional-aged youth that demonstrated promising and evidence-informed practices. An important objective of these events was to identify recommendations that could be implemented at the individual, agency and community levels. Thus, activities were designed to identify local needs and barriers and the development of local solutions and specific recommendations.

For a detailed agenda of the day, refer to Appendix B.

## Engagement Strategy

The YSSR team collaborated with the CAMH PSSP team to engage stakeholders including service providers, youth, and families at the local community levels. A local CAMH PSSP team member took on a leadership, coordination and liaison role in each of the participating communities. The PSSP community leads distributed flyers for the event via local community listservs, contacted youth- and adult-serving agencies to promote the event, and used EENet newsletters to publicize the initiative widely (refer to Appendix C for copies of the event flyers). They also discussed the capacity-building events at various local committees and community agencies during their usual meetings to further promote the event and engaged local service providers, working with transitional-aged youth to share local initiatives that they identified as demonstrating practices and principles congruent with emerging evidence for working effectively with transitional-aged youth. Local leadership, engagement and logistical support were provided by: **Kim Baker** (Regional Implementation Coordinator (RIC), Brantford and Brant County), **Novella Martinello** (Community Engagement Lead, Hastings and Prince Edward Counties), and **Sandra Watson** (RIC, Sudbury-Manitoulin), along with their local teams. **Josina Vink**, RIC, Toronto, in addition to assisting with promotion of the Toronto event, also collaborated with all the local community RICs, and other local community members, to develop and adapt a mental health and addiction ecosystem map for each site (see local event report sections for respective site maps). PSSP leads presented the maps at each site and facilitated discussion about the local context. **Angela Yip**, Knowledge Broker, supported this initiative and provided logistical support across all the events, including coordinating registration across all sites, spearheading promotion efforts through EENet and providing onsite support for the Toronto event.

## Event Activities

Four capacity-building events, *Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth*, were delivered in Brantford and Brant County (January 10, 2014), Hastings and Prince Edward Counties (February 11, 2014), Sudbury-Manitoulin (January 31, 2014), and Toronto (February 5, 2014). The same format and agenda were implemented across sites, and had two core components, **knowledge translation and exchange** (KTE) and consultation about transitions and transitional-aged youth care.

## Knowledge Translation and Exchange

The knowledge translation and exchange activities included discussion about the following:

### Objectives:

- 1 Learn about and discuss the needs of adolescents and young adults, and consider feasible, cross-sectoral, developmentally-informed service responses
- 2 Discuss the current state of local services for transitional-aged youth and cross-sectoral collaboration amongst youth-serving and adult-serving service providers, and potential for enhancement in their communities
- 3 Develop actionable recommendations for implementation at the individual, agency, and community level
- 4 Inform a report to be widely shared with youth, families, service providers, communities, policy makers, and government.

## Context

An ecosystem map was developed for each site to provide a context within which to situate the conversation. The ecosystem map (see Appendix D):

- Provided a graphic representation describing, across sectors, local clinical service initiatives, collaborative research projects, youth networks, service collaboratives, and government-level funding programs.
- Situated the capacity-building event within the current landscape of local community, provincial, and national initiatives.

Study findings supporting the need for developmentally-informed care were shared, including:

- YSSR Phase I
- National Youth Screening Project (Henderson & Chaim, 2013)
- Ontario Youth Screening Project (Henderson & Chaim, 2014)

## Developmental Stages / What's Helpful for Transitional Aged Youth

- Provided an overview of the developmental trajectory from prenatal development to emerging adulthood in the context of risk and protective factors for substance use and mental health
- Discussed unique opportunities and challenges experienced by transitional-aged youth.
- Provided an introduction to the Transition to Independence (TIP) model (Clark & Unruh, 2009)
- Provided an opportunity to learn about and discuss local initiatives addressing the needs of transitional-aged youth. See Table 1 for a list of the local initiatives and Appendix E for detailed descriptions.

**Table 1: Local Initiatives Addressing the Needs of Transitional-Aged Youth**

Community	Organization*	Presenter
<b>Brantford and Brant County</b>	Lutherwood	Aaron Stauch
	The John Howard Society of Niagara	Rachel Clair & Jerry Gemmel
	St Joseph's Healthcare Hamilton - Youth Wellness Centre	Lisa Jeffs
<b>Hastings and Prince Edward Counties</b>	YouthHab	Tanisha Vriesema
<b>Sudbury</b>	Health Sciences North	Rachelle Clouthier & Stewart Madon ( <i>Urban perspective</i> ) Christine Blake ( <i>Rural perspective</i> )
<b>Toronto</b>	LOFT	Heather McDonald, Julia Vanderheul & Youth

# Consultation

## Identifying Youth Needs

The first structured interactive portion of the event consisted of a discussion of youth needs. Participants were divided into small groups of six to ten. Within these groups, participants discussed the needs of youth by age category, i.e., 12 to 15 years, 16 to 18 years, and 19 to 24 years. Participants identified needs specific to each age group, as well as needs that they thought were applicable across age groups. Following small group discussion, each group wrote down the needs on post-it notes and placed them on an activity board. The needs were discussed in a large group debrief format facilitated by the youth peer facilitators. Commonalities across age groups, as well as age-specific needs were examined.

## Meeting Youth Needs – Identifying Barriers and Solutions

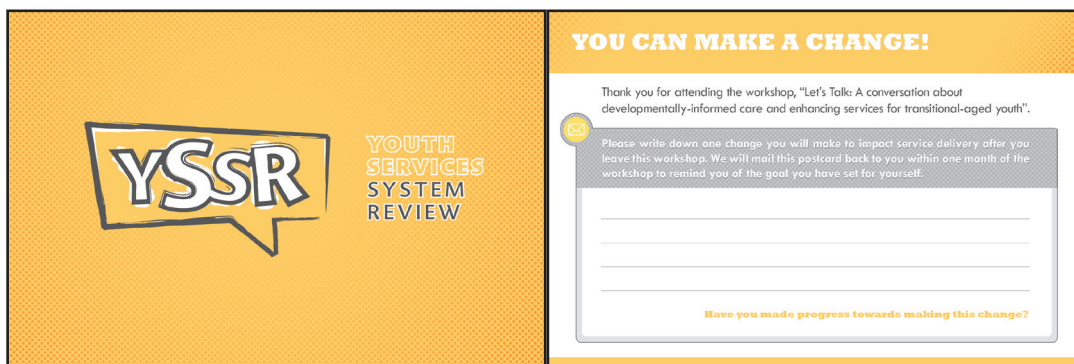
In the second structured interactive activity, participants were asked to discuss local barriers and potential solutions to meet the needs of transitional-aged youth and to facilitate transitions between agencies and sectors. Each group was instructed to write the barriers and solutions on chart paper, followed by writing their top 5 on post-it notes to be placed on the activity board. Within the larger group, this activity was debriefed with a discussion focused on challenges of implementing solutions and strategies to facilitate implementation.

## Supporting Change – Developing Youth and Adult Service Provider Youth Transition Readiness Checklists

The final group activity of the day was the development of a checklist for youth- and adult-serving service providers to inform their work with transitional-aged youth. In small groups, participants discussed: 1) what youth-serving service providers need to do in order to prepare youth for the transition to adult services; 2) what adult-serving service providers need to consider in order to engage and work effectively with transitional-aged youth. These thoughts and ideas were recorded and debriefed with the larger group. The purpose of this activity was to contribute to the development of checklists to be created by synthesizing the discussions across the events for dissemination to service providers across Ontario.

## Facilitating Commitment to Change

As a means of transforming knowledge from the day into concrete action, participants were asked to think of one change they hoped to make following the event to impact service delivery at the individual, agency, and community level. On a postcard, they were asked to write down a change they were prepared to make following the workshop, “inspired” by the dialogue throughout the day.



Participants sealed these postcards in self-addressed envelopes. These postcards were collected and mailed one month following the event.

## Evaluation

Participants completed an evaluation form about the content, facilitation and their overall satisfaction with the day.

## Follow-up

As a follow up measure, a short survey was sent to participants by e-mail, in which they were asked to reflect on whether they were successful in making the change they proposed at the event and/or on the postcard. The intent was to learn about the impact of such an event as well as to provide a reminder of the dialogue at the event and to prompt further consideration of implementing change.

## Data Analysis

### Consultation: Needs, Barriers and Solutions

During the each event participant ideas were recorded by participants themselves, as well as by facilitators. For analysis of each domain (Needs, Barriers and Solutions), notes from each activity were then compiled and entered into a database. Project leads reviewed the data and developed codes representing key ideas and concepts directly from the notes until no new codes were generated. Discrepancies in coding opinions were discussed until consensus was reached. Remaining notes were coded by research staff. A project lead subsequently reviewed all coding. The codes were then sorted into the categories that arose from earlier YSSR work (e.g., Access, Service Components, Service Provider Attributes etc.). For the Needs domain, data were examined overall, and by age group and site. For Barriers and Solutions, data were examined overall and by site. Prominent themes were identified and are described in the section entitled “What we learned” and examples are provided throughout.

### Consultation: Youth and Adult Service Provider Youth Transition Readiness Checklists

In order to develop the Youth Service Provider Youth Transition Readiness Checklist and the Adult Service Provider Youth Transition Readiness Checklist, the following process was followed. Notes from the Checklist activity were entered into a database. A project lead reviewed and developed codes representing the key themes and concepts from the notes. The codes were then sorted into meaningful clusters of codes that reflected a common theme or issue that arose in the data. Checklist items were then generated for each version (Adult and Youth) to reflect each cluster of codes. Another project lead and research staff reviewed the checklist items for accuracy and consistency of coding.

### Capacity Building Event Evaluation

Participants at the capacity-building events were asked to complete an evaluation at the end of the day to provide feedback. For a complete list of survey items, please refer to Appendix F. The evaluation results are described in the following section.

### Follow-up Survey

As described above, participants were asked to note, on a self-addressed post-card, a change(s) that they would like to make to impact service delivery for transitional-aged youth at the individual, agency or community level. Completed postcards were mailed out to participants one month following the event as a reminder of the change they had indicated they would make post- event. Online surveys were sent to event participants two weeks following the mail out of the postcards, to follow-up regarding whether or not they followed through in implementing the change they identified on the postcard or at the workshop, and gather information about strategies to facilitate change as well as barriers encountered. The survey also asked participants to report on any opportunities that they may have had post-event for sharing knowledge with colleagues and stakeholders. For a complete list of survey items, please refer to Appendix G. The survey results are described in the following section.

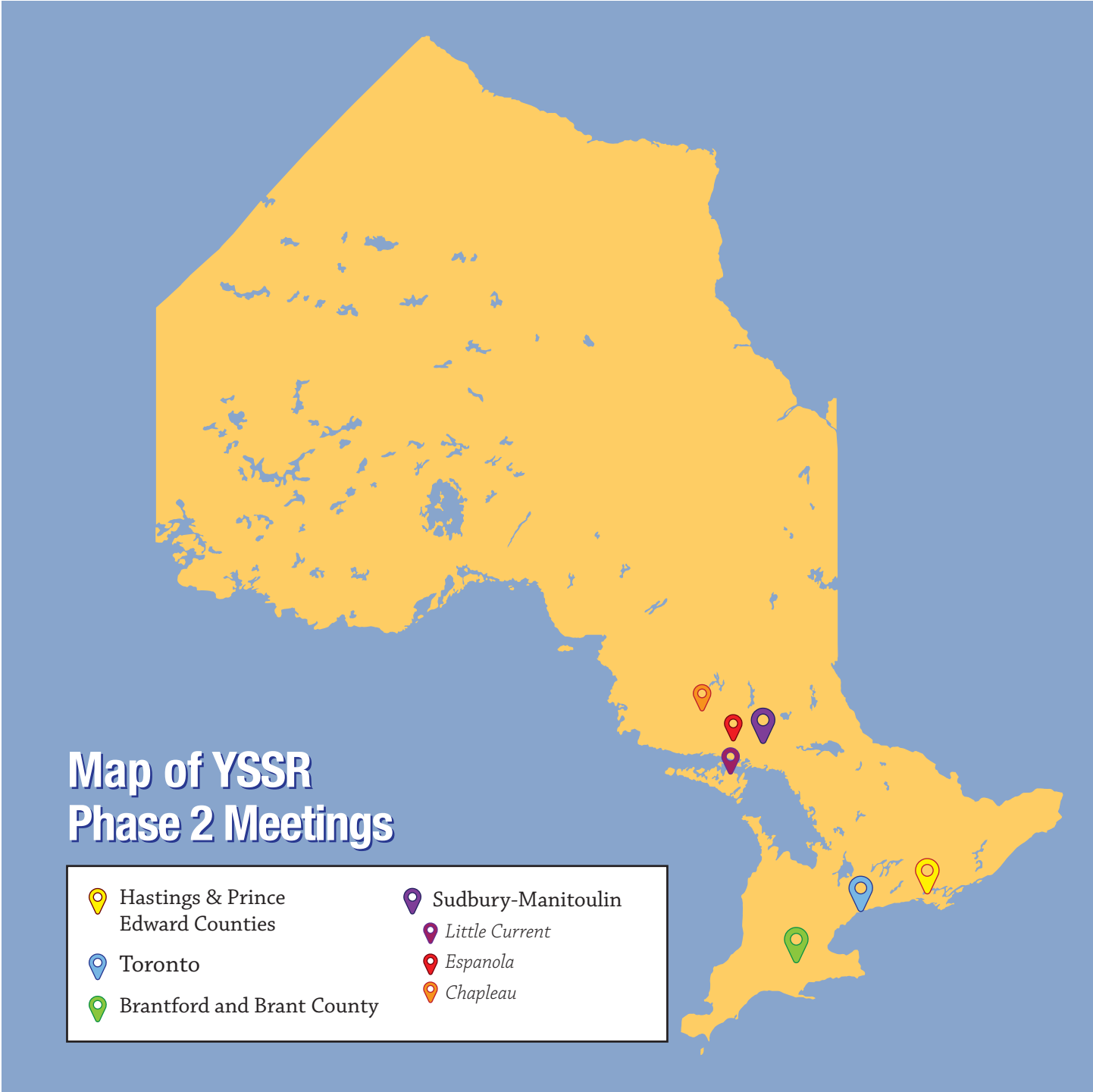
## Phase 2 Project Findings: What We Learned (Across All Sites)

### Findings: Who We Heard From

**Table 2: Capacity-Building Event Attendance Summary Across All Sites**

Site	Area	Date	Service Providers in Attendance	Youth in Attendance	Family Members in Attendance
Brantford and Brant County	Southwestern Ontario	January 10, 2014	56	4	0
Hastings and Prince Edward Counties	Eastern Ontario	February 11, 2014	21	0	0
Sudbury - Manitoulin	Northern Ontario	January 31, 2014	39	2	0
Toronto	Greater Toronto Area (GTA) / Southern Ontario	February 5, 2014	52	5	3
<b>TOTAL</b>			<b>168</b>	<b>11</b>	<b>3</b>

# Map of Capacity-Building Event Locations across Ontario

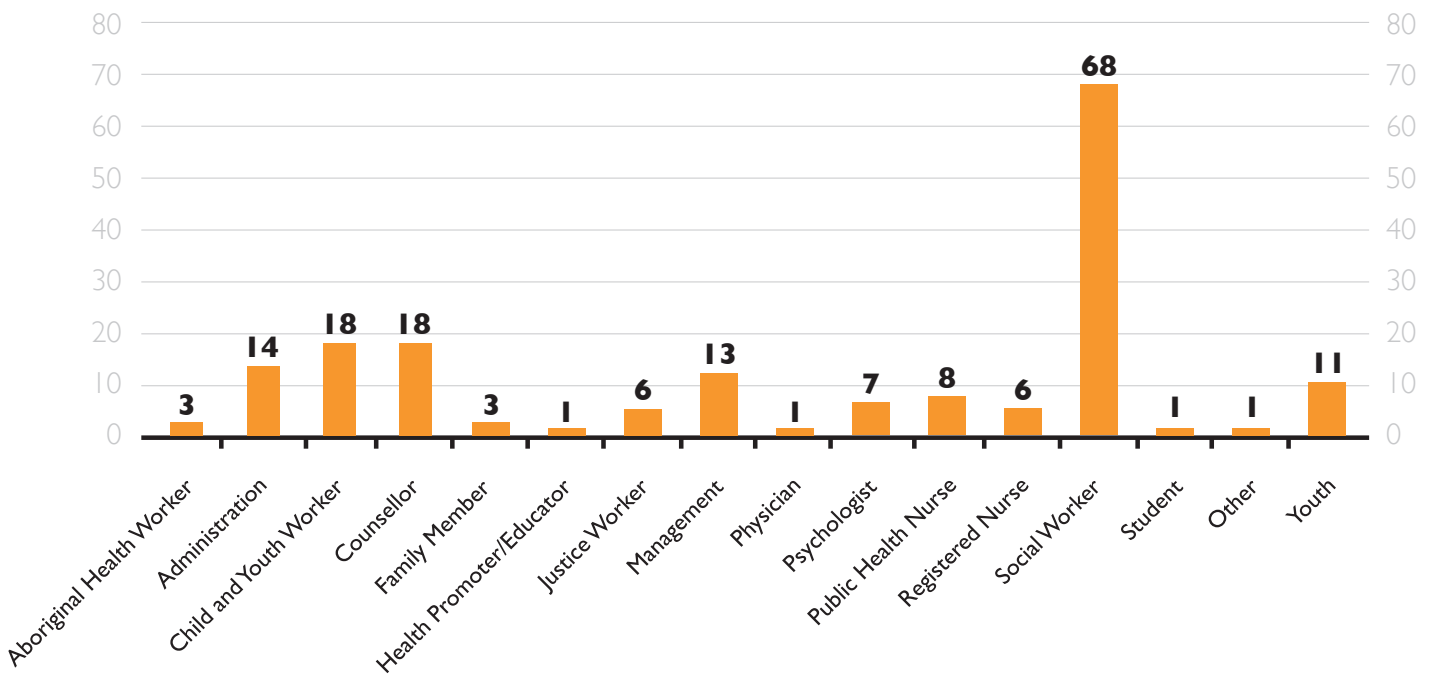




## Participant Demographics (Across All Sites)

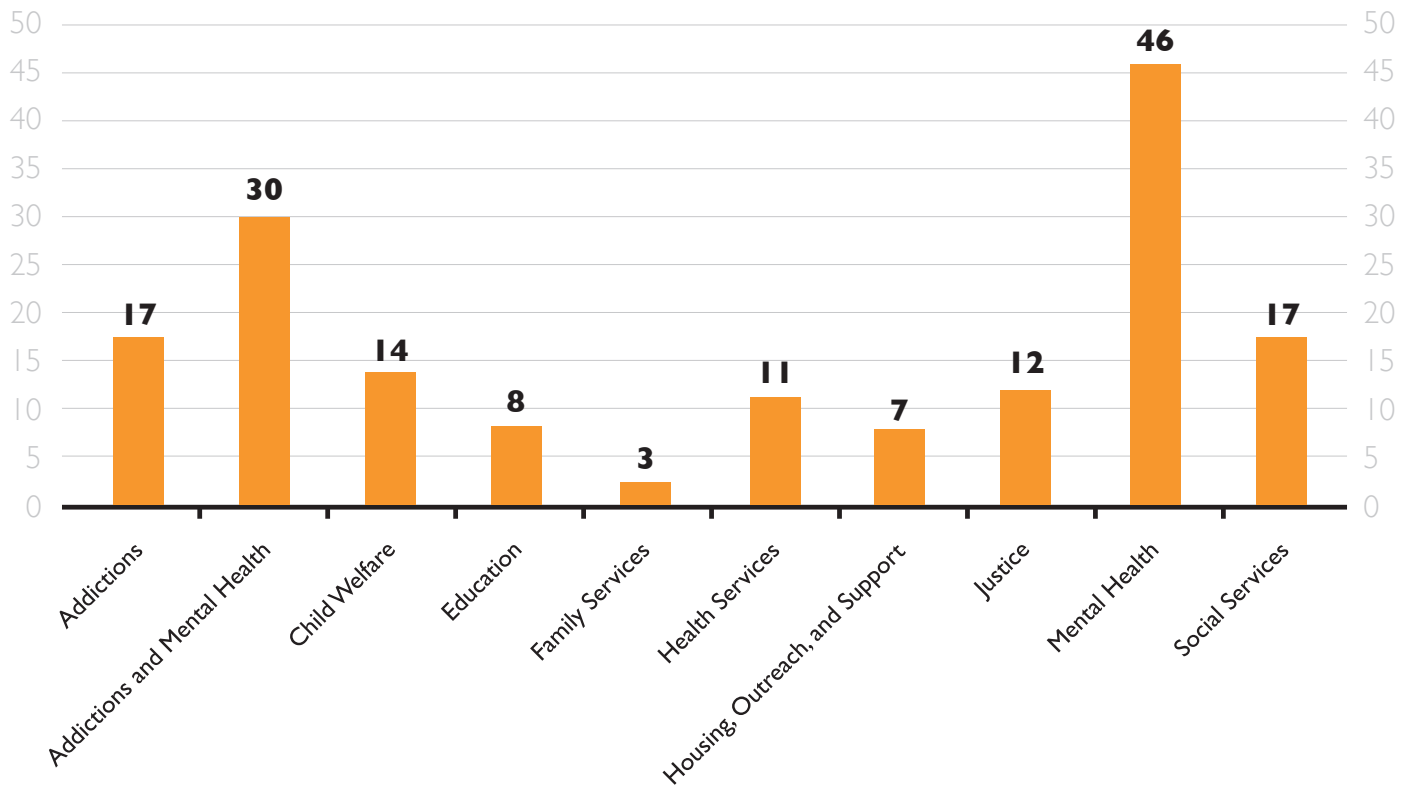
When participants registered for the event, they provided general demographic information about themselves: if they were service providers, they were asked to report on the sector in which they work, as well as information regarding the population they primarily serve (i.e., youth or adult). All participants were asked to report on their role.

**Figure 1: Participant Role (Across All Sites)**



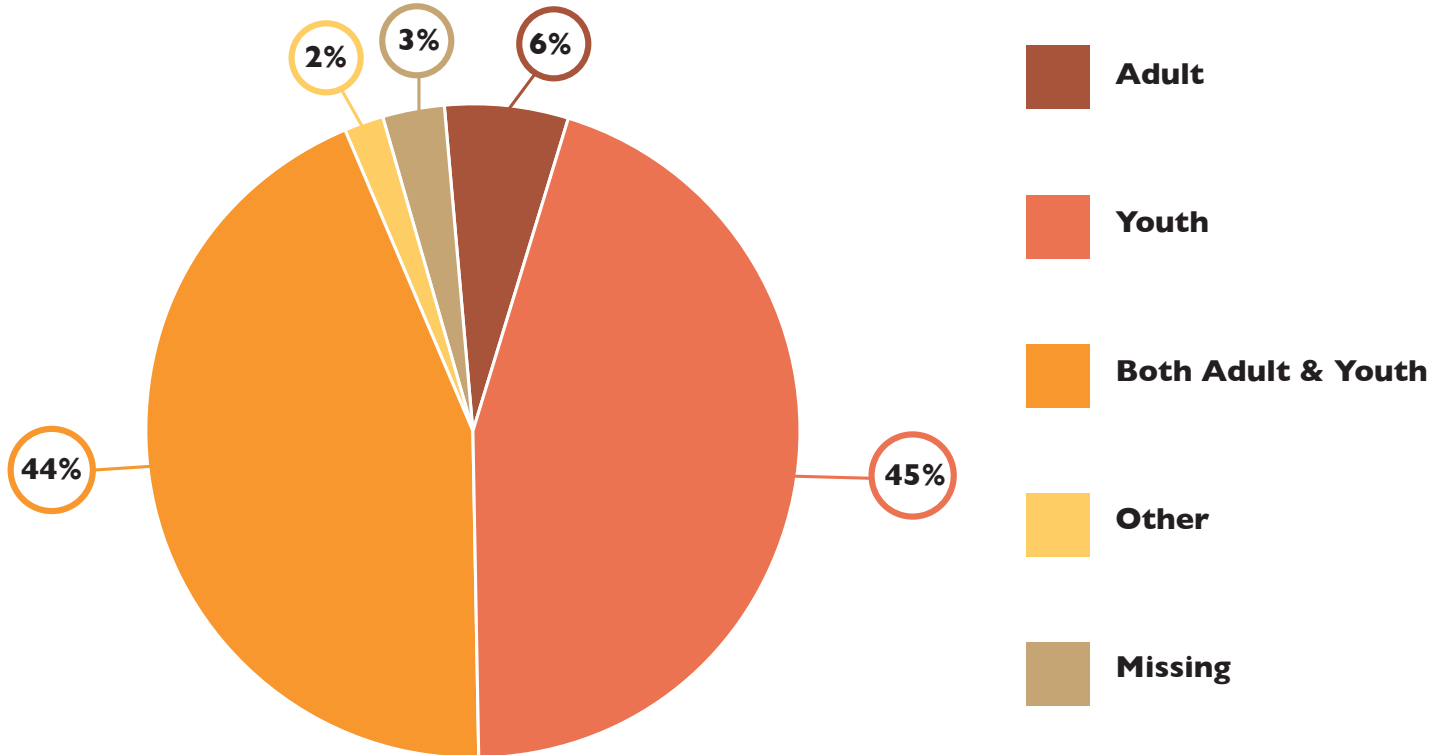
The majority of attendees across sites identified themselves as social workers, followed by child and youth workers, counsellors, and those in administration and management. A total of 11 youth and 3 family members attended the events. Five participants did not provide information about their role.

**Figure 2: Service Provider Demographics: Service Sector Representation (Across All Sites)**



The majority of attendees across sites represented the mental health sector, followed by addictions and mental health; addictions; and social services. Five participants did not provide information about sector.

**Figure 3: Service Provider Demographics: Population(s) Served (Across all Sites)**



Many of the service provider attendees served the youth population (45%) or both adult and youth populations (44%). Six percent served solely adult populations and two percent served “other” populations. Three percent of participants did not provide this information.

## Findings and Recommendations: What We Heard (Across All Sites)

### Youth needs: Needs of youth 16 years to 24 years, as compared to the needs of youth younger than 16 years old

Many needs identified by the participating stakeholders were applicable across age groups, however there were needs that were more common for youth under 16 or for transitional-aged youth, 16 -24. Issues raised by stakeholders in the YSSR capacity-building events echoed many of the issues identified in the Youth Services System Review Phase I report. They have been categorized into the following themes/areas: access, service components, service delivery model, service attributes, health equity and the social determinants of health, and policy and funding concerns. Needs in each category will be described, broken down by those applicable across all age groups/developmental stages and those specific to or more frequently mentioned for youth under 16 and for transitional-aged youth 16 to 24 years.

### Access

Challenges related to access to services were cited frequently across sites for both youth under 16 and for transitional-aged youth. Access challenges most frequently cited related to transportation, lack of use of technology and social media (e.g., lack of: texting to communicate with youth clients, use of “apps” to provide information/treatment, and social media to increase opportunities to reach out and advertise to youth), restrictive eligibility criteria (e.g., age restrictions, criteria related to diagnoses, presentation), lack of availability of specific services, need for “low barrier” services, and timely access. Timely access was described as providing access to service when youth are “ready” as opposed to having them wait on long wait lists. Access issues that combine challenges related to location and wait lists were particularly noted in non-urban areas. The need for cross-service collaboration, flexible hours of service, accessible locations, increased awareness of services, low costs, and easy referral and intake processes were also mentioned but less frequently. Many of the needs discussed had multiple dimensions. Transportation needs included need for transportation, particularly in rural areas, as well as resources to pay for prohibitive costs of transportation. Needs related to location of service included the need for services to be located in areas that youth could feel comfortable or safe accessing.

**“Texting and social media - need to learn how to integrate this into treatment.”**

**“Without [a] diagnosis, people are not able to access these services if in need.”**

## Access: Age-Specific Needs

### Youth Under 16

Increased availability of addiction-specific services, particularly withdrawal management were frequently cited for this age group. A need for service delivery on-site in schools to increase availability and improve access was also identified.

### Youth 16-24

A need for increased awareness of where to go for services was mentioned more frequently with respect to transitional-aged youth, e.g., where to access addiction services and holistic supports, including for university and college students. Resolving challenges related to transportation, eligibility criteria, limited technology use and poor system coordination and collaboration were cited more frequently as needs for transitional-aged youth. With respect to eligibility criteria in particular, a need for developmentally appropriate services, rather than services bound to age was identified, particularly the ability to continue to access “youth” services beyond the age of 18. In addition, the need for youth to be able to access services without requiring a formal diagnosis was noted. Also it was noted that there is a need for services to accept self-referrals, as requirements for physician referrals are often a barrier. The need for coordination and collaboration across services and sectors (e.g., youth and adult service sectors) was particularly noted. The need to start transitioning youth before they reach the age of 18 and are cut off from service was discussed, along with the importance of developing good communication and collaboration between providers to foster smooth transitions between youth and adult providers.

**“Don’t keep this group on waitlist, start transitioning them before they reach the age requirement.”**

**“Need flexibility at agencies, especially for youth who have dropped out or aged out, need to be able to help these people - follow up!”**

## Service Components

Gaps in the continuum of care and service components were noted across all sites and age groups. In particular, the need for outreach and housing were most frequently mentioned across age categories. The discussion about outreach stressed the need to bring services to youth and reach them where they are comfortable (e.g., at home, in coffee shops, etc.) as well as to identify creative ways to engage youth. The need for more treatment “beds” (i.e. residential services) for youth of any age was also mentioned, and the need for youth-specific withdrawal management was noted in particular.

Services addressing mental health and concurrent disorders, particularly access to psychiatric care, diagnostic and medication services, capacity to address self-harm and suicidality, and the provision of urgent care (crisis response and referral alternatives to hospital emergency), as well as vocational/employment services extra-curricular/recreational services, services for family members and other supporters, peer support and mentorship were frequently mentioned as needed. It should be noted that in the discussion of “peers”, the importance of paying youth to participate in peer mentor roles was stressed. With respect to family members, although the importance of family involvement was mentioned more frequently with respect to younger youth, the kind of involvement was similar across age categories and included the need for family education, support, coaching and treatment, particularly with respect to managing emotions and behaviours in a consistent way. For youth, education in life skills/coping skills in preparation for independent living was discussed across age categories, ranging from hygiene to cooking and taking care of practical tasks like getting a health card, etc. Service navigation was mentioned as a needed component that would assist youth across age categories to connect to resources they need. For youth involved with the law, in particular the justice system, the need for court support using models that include youth court workers was identified.

**“Provide access to free or affordable sports and extracurricular activities to help youth find their strengths.”**

**“Offer creative approaches to get youth motivated (e.g. maybe pick them up).”**

## Service Components: Age-Specific Needs

### Youth Under 16

With respect to the continuum of care, although cited for both age groups, the need for prevention/education, including counsellors providing education and prevention programming in both elementary and high schools, withdrawal management services specifically for youth under 16, and early identification/intervention was more frequently mentioned for younger youth. With respect to early identification and intervention, most of the discussion focused on the need for school personnel, including teachers and guidance counsellors, as well as agency staff coming into schools, to collaborate, recognize early signs of emerging problems (e.g., substance use, prodromal signs of mental disorders), connect youth with treatment providers, and find ways to accommodate and keep youth engaged with school. The need for adequate staffing (i.e. sufficient in number and adequately trained) was noted in this discussion as well. The need for services addressing concurrent disorders, support for family members and service navigation were also more frequently mentioned for younger youth. Although housing needs were mentioned far more frequently for older youth, specific housing needs were identified for younger youth as well, including housing assistance for youth who do not meet criteria for child welfare care and youth who would benefit from respite, including “therapeutic respite” from a chaotic family situation. As with older youth, it was noted that there is a need for affordable and emergency housing.

**“Workplace management needs to offer programs to give parents time to be there for their kids.”**

### Youth 16-24

“Drop-ins” were identified as needed for transitional-aged youth, along with walk-in clinics, which were cited as a need for younger youth as well. In addition to drop-in/walk-in services, housing services, vocational/employment, including volunteer work, and extra-curricular/recreational service components (e.g., involvement in “pro-social” activities) were far more frequently mentioned as needs for older youth. Youth-specific residential and withdrawal management services were also identified as a need for this age group. A range of housing needs were articulated in the discussion, including the need for emergency housing, shelters, and safe, affordable housing including supported and independent housing options. There was particular mention of housing specifically for younger transitional-aged youth, 16-18. A range of service components that are needed to support vocational planning and achievement were discussed including, career counselling, opportunities for skill training and development and assistance in securing employment.

**“Provide resources to support youth’s ability to engage in pro-social [recreational] activities.”**

## Service Delivery Model

With respect to service delivery models, needs related to transitions were cited most often for both age categories, and were mentioned more frequently for older youth than younger youth. There was also discussion about needs related to standards of care, flexibility and “one-stop-shops,” including mobile health services and “schools as hub” models, with the “one-stop-shop model” being suggested more often for older youth than younger youth. Discussion about standards of care stressed the need for implementation of “best practice” and more evidence-informed approaches, as well as the need for holistic treatment approaches.

**“Youth need a one stop shopping for addiction, counselling, education and meeting basic needs.”**

### Service Delivery Model: Age-Specific Needs

#### Youth Under 16

For younger youth it was noted that attention to school system-based transitions including the transition from middle school to high school, the transition out of high school, and service transitions such as the transition from “section” classrooms (i.e. classroom settings that include an academic/treatment partnership) to a “regular” school classroom. Discussion addressed the need for transitional programming and supports, provision of a “transition period”, and collaboration between service providers across the relevant services.

**“There is a need for best-practice and more evidence informed approaches to addiction services in schools.”**

#### Youth 16-24

Although the identified need for attention to transition needs, services and supports were similar across age categories, the need to attend to transitions for transitional-aged youth from adolescent to adult services was stressed and discussed at more length than the transition needs of younger youth. The need for a transition worker or case manager, consent between providers, planned and supported service entry and transitions were emphasized for this age group in particular. Discussion focused on the need for “youth-focused” services and providers that recognize youth’s transitional needs. “Warm hand-offs” were suggested.

**Youth need one case manager and file that follows [them around to] help, maintain relationships, avoid repetitive services and ‘starting from scratch.’”**

**Transitioning to adult services is a huge problem. Rapport is often built but then abruptly cut off.”**



## Service Attributes

Needs related to service attributes that were mentioned most often across age categories included the need for services that:

- are youth-oriented (“youth-friendly”),
- are youth-informed,
- provide a “safe space”,
- provide a “warm, welcoming” space for youth,
- are strength and resiliency-based, including a focus on teaching youth to be resilient, including providing “grief resiliency training”,
- address issues related to confidentiality,
- have a harm-reduction approach,
- are trauma-informed,
- attend to trauma-related needs of youth and families,
- are developmentally-informed, and
- address stigma and shame.

Youth-informed services were described as services that recognize that youth of all ages need to feel respected, empowered, and “part of the process” and that service providers need to “engage youth in ways that make sense for them”. An example given was to include youth as part of agency staff hiring committees. Issues related to harm reduction and confidentiality were mentioned more often with respect to younger youth and developmentally-informed care was more frequently mentioned with respect to older youth.

**Youth of all ages need to feel respected and part of the process. Make youth part of [agency] hiring committees and empower youth.”**

**“Recognize client voice in service process.”**

### Service Attributes: Age-Specific Needs

#### Youth Under 16:

Statements regarding confidentiality included the need for youth to be able to access services at school without school staff present and without parental consent. This applied to youth 16 and over who were still in school as well. The need for developmentally-informed care was highlighted. It was noted that youth under 16 are “not going to respond to the same service attributes as a 19-24 year old”.

#### Youth 16-24:

As mentioned previously, the need for developmentally-informed care, particularly in the context of “adult” services, was mentioned frequently for older youth. Statements made included the need to recognize that “18 year olds are not youth, and not adults”, the need to provide individual services to youth in adult services, and the overall need to attend to the needs of “young adulthood”. Statements reflected the need to increasingly support youth’s growing autonomy, responsibility and accountability. Incentives to engage in treatment were commented on only with respect to transitional-aged youth and were not a major focus of discussion.

**“Traditional or typical adult system does not meet the needs of youth.”**

## Service Provider Attributes

In addition to service attributes more broadly, a number of service provider attributes were identified as very important across all the age categories. Statements about the importance of service providers that are committed to providing care were made most frequently followed by statements about the importance of service providers, including physicians being knowledgeable about addictions and mental health. In this regard, challenges related to the high rate of staff turn-over were noted along with the need for consistency and having “one case manager that sticks with you”. This was particularly, but not solely, relevant for youth transitioning across services and the youth to adult sectors. The importance of providers being seen as trusting, caring and empathic, having the ability to provide reassurance and encouragement, as well as the ability to be flexible were mentioned. Issues of trust were also tied to service attributes of clear requirements and protocols for consent and confidentiality. The importance of “youthful staff” was mentioned less frequently than the other attributes.

**“Staff turnover rates are a problem. Agencies should have workers that plan to stick around. It can be hurtful for youth to have their clinician leave.”**

## Health Equity and the Social Determinants of Health

The need for population specific services, in particular, and attention to the social determinants of health were mentioned for all age groups. A long list of population-specific services needed was generated across the youth age categories, including:

- language specific services, French in particular;
- culturally informed and appropriate services,
- services for Aboriginal youth in particular;
- developmental services,
- services addressing sex work and substance use, and
- gender- and sex-specific and sensitive services.

The need to consider age (i.e. younger and older youth) as it intersects with the needs of these specific populations was highlighted, particularly as it relates to sex work and substance use and to pregnancy and substance use. With respect to the social determinants of health more broadly, again similar needs were identified across the age categories. The need for food security and access to nutritious meals was mentioned most often. Other determinants requiring attention that were discussed included the need for access to identification (e.g., birth certificate, health card, social insurance number, etc.), and attention to opportunities for socializing and developing healthy romantic relationships.

# Meeting the Needs of Transitional-Aged Youth: Barriers and Solutions

Following the discussion about youth needs, there was a discussion about barriers and solutions (i.e. recommendations) to meeting the needs of transitional-aged youth. The barriers and solutions identified have been categorized into the same themes as the discussion about youth needs: access, service components, service delivery model, service attributes, service provider attributes, health equity and the social determinants of health, and policy and funding issues.

**“Current plan for working with transitional-aged youth is not working.”**

## Access

“Easy” access to service for transitional-aged youth was seen to be of paramount importance, yet multiple access barriers were identified in the following areas: availability of services tailored to meet the needs of transitional-aged youth, awareness of available services, service facilitators (i.e. transportation, location, hours, eligibility criteria, use of social media and technology), coordination and collaboration, timely access, and referral and intake processes. The table below provides details about the specific barriers discussed and solutions suggested in each area.

Availability	
Barriers	Solutions
<p>There was a great deal of discussion about the lack of availability of services tailored to meet the needs of transitional-aged youth or of services that can respond to transitional-aged youth in a developmentally-appropriate manner. It was also noted that services outside of the “formal” substance use treatment system generally do not address youth substance use and concurrent disorders effectively.</p>	<p>Solutions to the question of availability are complex and require action related to resource allocation, staff training, collaboration and partnership and working effectively across sectors. Many of the solutions in the sections below would facilitate increased availability of developmentally-informed and specific services.</p>

Awareness	
Barriers	Solutions
<p>Many statements were made about the lack of awareness, amongst youth, families as well as many service providers of what services are available for transitional-aged youth, even in communities where there are services. The comment was made that it is often challenging to “know where to start”.</p>	<ul style="list-style-type: none"> <li>• “Deliver” information through multiple media sources to get information out broadly including ads on bus shelters/at bus stops, flyers, widely available free magazines that list services and events, newsletters (including weekly local papers as well as school and agency newsletters), radio ads, and social media</li> <li>• Use murals/street art to convey information</li> <li>• Have outreach workers provide information that introduces services to youth of any age, rather than waiting until youth are of transitional-age or in need of services</li> <li>• Web-based information, including information provided through “Telehealth”.</li> </ul>

## Service Facilitators

### Transportation

#### Barriers

Transportation challenges generated a great deal of discussion. This barrier was seen to be very significant across communities and included concerns about youth and families lacking funds for transportation, ranging from inability to pay for “low-cost” local bus fare to prohibitive costs of long distance travel, especially in rural areas. In some cases it was noted that no transportation services are available. Additionally, service providers stated that their services did not have sufficient resources to respond adequately to transportation needs.

**“Youth need transportation to services, appointments, especially in rural really spread out areas.”**

#### Solutions

- Fund transportation - provide bus tokens and tickets for other forms of transport as needed (e.g. bus, train, taxi, plane)
- Realign funding within agencies/communities to provide transportation to appointments for youth, especially in rural areas
- Build community partnerships to access vehicles (e.g. use vans allocated for seniors' services during the day to transport youth to services in the evening)
- Use volunteer drivers
- Bring services to youth and develop community-based services.

### Location

#### Barriers

Significant barriers related to location included:

- Access to service may be limited by agency catchment areas
- Some areas may not have the service(s) youth require, particularly in rural areas (e.g. need to go to city for in-patient services)
- Many services are located in settings that youth feel are not safe, welcoming or “youth-friendly”.

**“Need for more flexibility on how and where services provided (i.e. in the home).”**

#### Solutions

- Establish services in central locations (i.e. schools) and/or provide transportation from central designated pick up points or from individual homes
- Locate mental health and addiction counsellors in schools (e.g., mental health nurses initiative recently launched in Ontario)
- Consider “school as hub” models, where multiple services are co-located in a school and can be accessed by students as well as others living in the local school area (i.e. “one-stop-shop”)
- Deliver concurrent disorder services within post-secondary institutions (i.e. colleges and universities)
- Focus work in schools with 18-21 year olds to keep them engaged in service for mental health, addictions and to develop life skills
- Meet youth where they are (i.e. at home, coffee shops, parks).

### Hours

#### Barriers

- Hours of operation, particularly 9-5

#### Solutions

- Provide flexible hours of operation, including evening and weekend hours
- Provide “after-hours” staffing to provide access to information, crisis support, etc.

## Service Facilitators

### Eligibility Criteria

#### Barriers

A range of restrictive service eligibility/admission criteria were described as significant barriers to accessing appropriate services, including:

- Different age cut-offs in different sectors; transitional-aged youth often find that they are “too young” or “too old” to access the services they require
- ID required (e.g., health card)
- Diagnostic and behavioural exclusion criteria (i.e. developmental disabilities, dual diagnosis, FASD, aggressive behaviour, pending legal issues)
- Requirement of a psychiatric diagnosis to access services, particularly adult services
- Catchment areas.

**“There is so much exclusionary criteria (i.e. no one wants to help people with complex needs).”**

#### Solutions

More programs across a number of domains without eligibility criteria or at a minimum, programs with flexible eligibility criteria, were suggested:

- Consider developmental age as opposed to chronological age; allow for flexible age limits
- Where chronological age limits exist, allow youth to reconnect after they have “aged out” for continued support and help in bridging to other services
- Services provided to youth without ID (i.e. shelter where physicians and mental health professionals provide care without requiring ID; walk-in counselling services with no age or catchment area limitations)
- Allow for “diagnostic flexibility”/“working diagnosis”
- Remove exclusion criteria for behavioural concerns and pending legal issues.

**“You can’t get help if you are “not sick enough.”**

**“Only take people who they perceive will have better outcomes to please the funder.”**

**“Hidden criteria for eligibility.”**

**“No one wants to help people with complex needs.”**

### Use of Social Media and Technology

#### Barriers

There is a significant gap between the pervasive use of technology and social media by youth and the limited implementation of technology in agencies to reach and treat youth.

**“Traditional services are not culturally (i.e. youth culture) appropriate.”**

#### Solutions

There was a great deal of discussion and agreement regarding the need to update agency practice and supporting policies to facilitate use of technology to reach, engage, and treat youth. Innovative use of technology will also serve as “solutions” to many of the other barriers (i.e. location, transportation, hours, etc.)

Suggestions included:

- Use of social media and apps to provide information about services in communities and/or across communities (similar to a travel guide)
- Development of apps and web-based programming to provide treatment to youth
- Use of text messaging to communicate with youth about appointments and to provide support/coaching
- Development of web-based interventions that are interactive (like a game) and integrate service provider support to provide structured treatment interventions
- Use of Skype and other web-interfaces to interact with youth virtually.

**“Embrace risk and get with the times”. [said in regards to being flexible, using text messaging, etc.]**

## Coordination and Collaboration

### Barriers

The importance of coordination and collaboration amongst service leadership and providers was discussed at length. Barriers resulting from lack of coordination and collaboration were identified at multiple levels, across ministries, agencies and service providers.

Key issues raised included:

- Conflicting policies ( e.g., legislation), mandates (e.g., age, geography), philosophies and lack of a shared “vision” across the multiple ministries that govern youth services create fragmentation and service access challenges
- Challenges bringing all those serving youth to the same planning tables (e.g., bringing service providers in the adult sector to planning tables focused on serving youth)
- Challenges developing cross-sectoral service collaboration (e.g., bringing addiction and mental health services to youth across sectors (i.e. education, justice)
- “Disconnect” between hospital, community-based services and schools, including post-secondary institutions
- Challenges related to confidentiality and timely sharing of information (e.g., getting hospital records to doctors).

**“Partnerships can be a barrier. Different agencies can’t always service the needs of youth because agency policies inhibit flexibility, which makes partnerships challenging.”**

### Solutions

Many suggestions for fostering collaboration and cooperation across sectors and amongst service providers were discussed. The role and impact of ministry policies and mandates was a predominant focus in the discussions. There were some specific suggestions made to build on existing or emerging collaborative endeavors in specific communities or to replicate models that have been initiated or established in other communities. Suggestions offered addressed broad system level changes as well as some specific solutions that could be implemented at the service level. There was a focus on the former as it appears that system level changes would facilitate and support changes at the service level.

Solutions put forward included:

#### System:

- Build inter-ministerial collaboration and cooperation:
  - Attend to the need for policies and mandates that support “seamless” collaborative work with transitional-aged youth, particularly between the youth and adult sectors and addiction and mental health providers
  - Facilitate access for youth to addiction and mental health services regardless of what sector they are in (e.g., justice, education)
  - Increase consistency of services, along with access, available to youth across the province
- Create opportunities for cross-sectoral networking at the leadership and service provider levels to:
  - Elicit and build on “grassroots thinking”
  - Develop a “common language”
  - Define “best practice”
  - Build a shared philosophy for working with transitional-aged youth
  - Create opportunities for cross-sectoral relationship-building and planning (e.g., school boards, universities, hospitals, community agencies, corrections, police, etc.)
  - Provide networking opportunities for front-line staff to learn about each other’s services and to learn about “what works”
  - Develop relationships to lay the groundwork for collaborative projects and partnerships, both formal and informal
- Build on existing networks and collaborative initiatives:
  - Adult service providers attend children’s services networks that are already established in communities
  - Service Collaboratives that have been recently established

## Coordination and Collaboration

### Solutions

#### System (continued):

- Create an accessible database of creative successful solutions used in communities across the province (e.g., through the YSSR website, EENet).

**“Bring together service providers to learn about each other’s services and build connections/partnerships.”**

**“Enhance cross-sector collaboration between post-secondary institutions to work with community agencies.”**

#### Service:

- Establish system navigators to facilitate access and coordination for individual youth and their families, when initially accessing services, when multiple services are required and when multiple services are involved
- Develop protocols and procedures between agencies to facilitate communication (i.e. sharing client information/ records) and sharing of resources and to facilitate collaborative work, including shared care plans – there was a particular emphasis on collaboration between the youth (ages under 18) and the adult (age 18 and over) sectors.
- Develop clear pathways to care for youth with concurrent disorders
- Provide cross-sectoral training for service providers to facilitate identification and appropriate treatment planning for youth with substance use and mental health problems.

**“Grassroots thinking is needed.”**

**“Need more consistency across the province in terms of services that are available and ensuring access.”**

**“Need a list of creative solutions or program solutions used in communities across the province that can be made available for participants to use.”**

## Timely Access

### Barriers

The importance of providing access to youth when they are ready (i.e. "I need help now!") was stressed as wait times were associated with "losing clients". Long waitlists were seen as barriers to access to immediate and appropriate services required by youth, including initial appointments, case management and for treatment, post-assessment.

Waitlists were described as a particular barrier for youth who have acute needs and for youth who are expected to participate in treatment related to other challenges such as involvement with the justice system. Limited availability of appropriate services for transitional-aged youth results in long wait times. Restrictive eligibility criteria in some services create wait times in services that are less restrictive.

**"There is currently a lack of resources and time (especially for case management)."**

### Solutions

- Establish or use existing community based youth serving committees/networks to problem-solve wait-lists and the related issues that create long wait times such as limited availability of appropriate services and restrictive eligibility criteria
- Agency level review and revision of processes that may be contributing to wait times, such as requirements for ID, diagnosis, completion of extensive paperwork, etc., prior to engagement with service

## Referral and Intake Processes

### Barriers

- Requirements for physician or other third party referral, rather than self-referral
- Extensive paper-work prior to referral being accepted
- Individuals answering the phone are not always knowledgeable about processes and services which can create frustration and delays

### Solutions

- Self-referrals should be accepted across services
- Live answer for calls for service should be provided routinely and the individual answering the phone should be well-informed regarding how to respond and direct calls, particularly in response to individuals in crisis as well as to non-emergent service inquiries
- Access to addiction and mental health services should be made available "wherever you are" (e.g., corrections)



## Service Components

Considering the needs of transitional-aged youth, many statements were made about the lack of developmentally-appropriate service components and related services and approaches across the continuum of care.

### Barriers

With respect to the continuum of care and varying somewhat by community, the following components were identified as being insufficiently available for this age group:

- prevention programming,
- residential treatment, particularly focused on youth with concurrent disorders,
- youth-specific withdrawal management services (lacking entirely or allowing an insufficient length of stay i.e. only a few days and generally as part of an adult-focused withdrawal-management service)
- community-based/out-patient treatment and support,
- early identification/intervention (i.e. including prodromal or first episode services),
- intensive out-patient services,
- outreach, including mobile outreach,
- drop-in/walk-in services,
- housing, shelter, and respite,
- aftercare and follow-up.

It was particularly noted that with limited resources allocated to early identification and intervention, there is a lack of opportunity to intervene early and prevent escalation and exacerbation of problems. There were many comments about the lack of outreach services, both with respect to getting information about services to youth as well as workers going to where youth are situated. There were comments made about outreach to specific settings and for specific population groups, in particular, youth in the justice system. Challenges in this area relate to the comments made about challenges in the areas of access and awareness as well. It was also noted that generally the system has a strong focus on assessment and very little focus on aftercare/follow-up, a time when youth could benefit from support to ensure maintenance of gains or referral for further treatment or support if required. With respect to gaps in the continuum, it should be noted that the greatest emphasis was given to the lack of early identification/intervention, community-based supports, residential treatment, outreach, and drop-in services. A lack of services to address concurrent disorders integrated across the service continuum was highlighted, along with a lack of access to psychiatric services including assessment, treatment, and medication management. Some specific concurrent concerns noted included eating disorders, self-harming behaviours, and borderline personality disorder.

Emergency room visits are often used as an alternative when appropriate services, including access to a system navigator, crisis or urgent care services, are not available in communities.

Many youth lack support, supportive role models and are interested in engaging with individuals they feel they can relate to in the service system.

Many statements were made about the accommodation needs of youth, including extensive challenges related to accessing safe, affordable housing specifically for transitional-aged youth. A range of housing needs were identified, including housing characterized as one or more of the following: “harm reduction”, emergency, transitional, supportive, and respite (for youth living in chaotic or otherwise challenging family situations).

Support for family members and caregivers was identified as a gap and an important component of treatment often missing. Challenges for youth and family members in “navigating” a complex system were also highlighted.

Youth unemployment, challenges in accessing vocational training, support and opportunities were seen as important components to integrate as part of treatment.

**“There is a lack of specialized services especially for concurrent disorders. Care needs to reflect the whole service continuum, from assessment, treatment, case management, after care, follow up, etc.”**

**“There is a lack of youth awareness of services and effective outreach of information.”**

## Solutions

- Prevention programming.
- Raise awareness and provide skills in other sectors to help identify and support youth who could benefit from service (e.g., teachers).
- Build supports for youth with concurrent disorders into existing community-based services such as Family Health Teams and Community Health Centres
- Increase early identification and intervention capacity across sectors so that youth are not in major crisis when they “finally get help”.
- With respect to the need for outreach, suggestions included:
  - increase availability of mobile services, including availability after-hours and on weekends to meet youth where they are and/or to bring youth to services;
  - have addiction/mental health agency staff working in schools and other locations that youth frequent; and,
  - train outreach workers to work with specific population groups in specific settings such as youth court and other justice settings.
- Use technology to “bring” services to youth (e.g., OTN, particularly for youth in rural and remote areas).
- Offer “barrier-free” drop-in services specifically for transitional-aged youth. Where available, build or extend existing walk-in services. A related suggestion made is to provide a drop-in “one-stop shop” so youth can access a range of health services in one location. A suggestion was also made to “follow” youth as part of the usual course of service until they are “ready to move on” to provide on-going support and treatment re-entry should it be required.
- Capacity building for addressing concurrent mental health problems integrated across the continuum of substance use treatment services.
- Implement alternatives such as telehealth, to access psychiatric consultation and support in communities where they are not locally available.
- Include peer workers as part of service teams to reach out, engage and act as positive role models, mentors and supporters to youth. It was suggested that this would be of particular value when transitional-aged youth services are embedded in broader services such as adult services, for youth who are part of specific groups (e.g., crown wards), and to provide support outside of regular hours of service (i.e. evenings and weekends).
- Provide a comprehensive continuum of care, with sufficient access to service navigators/case managers, crisis and urgent care services when needed, which would also be expected to reduce the frequency of emergency room visits for non-emergent concerns.
- With respect to the extensive need for housing, few solutions were offered other than creating access to respite and supportive housing by reallocating housing designated for adults or creating new resources.
- There were a number of comments recommending that youth services attend to the needs of family members and facilitate family/caregiver involvement in the youth treatment process, while considering potential challenges with family involvement for some youth. Suggestions included providing family support, education, coaching and involvement in youth treatment as appropriate. Some suggestions specified coaching family members to manage emotions and behaviours in a consistent way and also to focus on addressing parent-child conflict.
- There were many comments about the importance of integrating life skills education and recreational (free or affordable sports) and social activities in schools and substance use treatment services to build skills, help youth identify strengths and build resilience.
- There was strong support for “service navigators” to help identify appropriate services, advocate for access where necessary, especially where there are restrictive eligibility criteria, and act as case managers and service coordinators.
- Providing vocational counselling and support as part of school and treatment programs was recommended.

**“More mobile outreach - workers should be reaching out discretely, gaining real world knowledge and not relying on book knowledge.”**

**“Create a service hub for social/health services to be available in community run space.”**

# Service Delivery Model

Many of the issues raised related to the service delivery model also were discussed in relation to some of the other themes and include issues related to transitioning between services and sectors, the impact of age restrictions, the need for flexibility and the importance of holistic care.

Barriers	Solutions
<p>Challenges identified in the service delivery model currently available included:</p> <ul style="list-style-type: none"> <li>• The structure of the system is a barrier to smooth transitions and developmentally-appropriate care</li> <li>• Lack of transition supports between the youth and adult sectors</li> <li>• Lack of transition supports between service sectors (i.e. hospital to community)</li> <li>• Physical separation of youth and adult services fosters barriers in cross-sectoral communication and collaboration</li> <li>• Disruption of therapeutic relationships at transitions</li> <li>• Lack of similar care in the adult sector as is available in the adolescent sector</li> <li>• Lack of flexible service models for services to meet the needs of transitional-aged youth</li> <li>• Lack of effective services and processes to reach youth who are not in school</li> <li>• Lack of research on what works for transitional-aged youth especially at the local level</li> </ul> <p><b>“Youth needs don’t change, but our structures do.”</b></p> <p><b>“Challenging to get adult services to the table to plan and serve transitional-aged youth.”</b></p> <p><b>“Treatment philosophies are not similar across agencies/sectors and are not compatible with youth needs.”</b></p>	<p>Suggestions made to move to a more optimal service delivery model included:</p> <ul style="list-style-type: none"> <li>• Establish an evaluation framework to learn more about what works and implement service changes accordingly</li> <li>• Establish a mechanism to disseminate information about best practice and current evidence</li> <li>• Establish flexible age mandates* (e.g., create a bridge period – the Ministry of Children and Youth Services (MCYS) fund service to age 20 and the Ministry of Health and Long-Term Care (MOHLTC) fund service for youth 16 and over)</li> <li>• Change referral criteria so that youth nearing 18 can get on wait lists for adult services before they turn 18 (e.g., consider Developmental Services Ontario transition policy)</li> <li>• Include processes for transitional support for youth that may include transition teams/workers and opportunity for a “warm hand-off”</li> <li>• Build cross-sectoral collaboration</li> <li>• Standardize practices, show meaningful outcomes</li> <li>• Implement more informal, flexible models to meet the needs of transitional-aged youth, supported at all levels (i.e. front-line, managers, Executive Directors and Ministries)</li> <li>• Build “one-stop shop” models including mobile services that can bring services to youth and a community-based location (e.g., schools, walk-in clinics) where providers of health, mental health, addiction, education, and other holistic supports (e.g., nutrition, employment, housing) could be available on a drop-in basis.</li> </ul> <p><b>“Ministries need to allow agencies to accept clients who fit with the services regardless of age.”</b></p> <p><b>“Adjust policies and practices to routinely to keep up with changes.”</b></p>

\* The need to find creative solutions to restrictive age mandates was discussed extensively and well-supported, and considered to intersect with many of the other issues that were discussed.

# Service Attributes

**“Traditional or typical adult system/ services don’t meet the needs of transitional-aged youth.”**

## Barriers

A number of barriers to youth feeling safe, engaged and supported in services were raised, including:

- Services are generally organized around chronological age as opposed to developmental age and don’t attend to issues related to developmental stage
- Transitional-aged youth might not be ready to enter the “adult” system and there is a lack of support for them
- Lack of youth engagement and youth friendly programming
- Reliance on the “medical model” as opposed to providing youth-focused care
- Abstinence requirements can be disengaging depending on youths’ goals
- Youth may be concerned that their confidentiality will not be respected
- Stigma related to mental health and substance use and accessing services, including internalized stigma, as well as service provider and community stigma. Stigma is perceived to contribute to high no-show rates and drop-out.
- Labels, classifications, and use of language perceived to be stigmatizing (i.e. addiction, addict)
- Lack of trauma-informed care (and lack of FASD-informed care)
- Focus on illness/diagnosis as opposed to strength-based approaches
- Lack of funding for programming and incentives

**“Youth at 18 are expected to negotiate the adult system – they may not be ready.”**

**“Rules around confidentiality can be confusing and restrictive (at times).”**

## Solutions

- Care models need to be developmentally-informed, youth-informed and relatable to the various age groups
- Provide for broader age ranges, as opposed to specific age cut-offs
- Establish a process for cross-sectoral case conferences to plan and start transition processes early i.e. years/months in advance to ensure that youth are prepared before they move to adult services (i.e. start planning at 17, instead of just prior to 18th birthday)
- Provide developmentally-specific services for this age group (i.e. individual counselling in adult services, incorporate teaching/ modeling independence and personal responsibility / accountability into treatment)
- Training for service providers so they can develop skills in working in a developmentally appropriate way.
- Provide a youth-friendly treatment space and options
- Focus on keeping 18-21 year old youth engaged in services
- Focus on supporting youth of all ages to feel engaged, empowered and part of the treatment process
- “Meeting youth where they are” (i.e. harm-reduction approach; abstinence policies prevent access to treatment)
- Address confidentiality on a case-by-case basis. Clearly define the circle of care, engage youth in signing consents for information sharing amongst all the providers involved, so that youth don’t have to tell their stories multiple times
- Engage youth meaningfully in all aspects of treatment /program planning including hiring, planning the physical space, service development
- Empower youth, ask youth what they want and need to feel respected and part of the process
- Stigma solutions:
  - Train providers to “shift the negative lens of providers.”
  - Avoid stigmatizing language, e.g., “crisis”, labels - use plain language
  - Deliver presentations on services to familiarize and destigmatize
  - normalize through social media/schools/physicians
- Trauma-informed practice training for providers, school personnel were noted specifically so that “they can see youth behaviour through a trauma-informed lens.”
- Focus on teaching resiliency, especially given that supporting research is available –teach youth to be resilient
- Provide incentives: food, transportation, warm, welcoming environment
- Importance of creating a “safe space” was mentioned many times. Many of the attributes listed above and elements articulated with respect to the other themes contribute to creating safety for youth.

**“Deliver presentations on services to familiarize and destigmatize.”**

**“A more youth driven approach.”**

**“Engage youth meaningfully in all aspects of treatment/ program planning (e.g. hiring, physical space).”**

# Service Provider Attributes

## Barriers

- Inflexibility, power imbalance and lack of awareness of youth needs amongst some service providers
- Youth aren't taken seriously when they come in on their own and as a result they don't engage and may not access service again
- Some services/providers focus more on data collection and note taking than relationship building
- Some service providers are not "relatable" (e.g., "service providers being patriarchal and condescending with youth", service providers not always reflective of the population served)
- Agencies can't pay enough to hire people with sufficient training and education to work with "complex cases"
- High rate of staff turnover
- Collective agreements can limit creativity and flexibility (i.e. restrict staff roles, service providers may feel they don't have the power to make changes).

**"Youth aren't taken seriously when they come in on their own and don't want to pursue accessing services again in the future."**

**"Lack of education results in inadequately trained staff and people being misdiagnosed."**

## Solutions

- "Welcoming, friendly face"
- Service providers who are empathic, and provide reassurance and encouragement. Also service providers who spend time building a trusting relationship, clearly explain consent and confidentiality rules, and communicate openly about the limitations of their services
- Relatable service providers who represent the population served, for example service providers who are similar to youth in age or diversity
- Trained, knowledgeable service providers (e.g., training in concurrent disorders, developmentally-informed care, trauma-informed care)
- Cross-sectoral training that addresses SU and MH, reasons for using, resources/services required education to broaden perspective, foster common language. Various training suggestions were made including job shadowing and secondments, hands-on in-vivo learning, service providers educating themselves by seeking out services and referrals for clients, embedding training in professional schools (e.g., medical school, social work, teacher's college, etc.)
- Hiring practices need to focus on recruiting specialized staff, compensation needs to be improved in some settings
- Non-judgmental services, non-judgmental identification of substance use issues, meeting youth where they are at, trauma-informed, harm-reduction
- Use of peer support
- Service providers who are committed to providing care: "one case manager that sticks with you."
- Agency policies that support service provider flexibility (e.g., working with youth beyond 18th birthday in adolescent services, reaching out to youth in the community in services that were traditionally office-based).

**"Catch youth when they are ready!!!"**

**"Need recognition among service providers and funders that time is needed for youth to feel comfortable with service providers."**

**"Need open communication between service providers and youth about limitations of their services."**

**"Follow youth who are accessing services until they are ready to move on."**

# Health Equity and the Social Determinants of Health

Barriers	Solutions
<p>There was a great deal of discussion about the needs of specific population groups, concerned about the lack of capacity to attend to the needs of specific population groups. Populations specifically identified included Francophone youth, youth who are deaf or hard of hearing, Aboriginal youth, trans youth, pregnant and parenting youth, youth with dual diagnosis, youth with disabilities, newcomer youth, and youth from specific cultural groups. Barriers with respect to working with specific populations and barriers in addressing the broader social determinants included:</p> <ul style="list-style-type: none"> <li>• Service providers don't always reflect the population they serve (e.g., race/culture, language, etc.)</li> <li>• Some youth may not want family involved and that may be an expectation of the program</li> <li>• Lack of cultural services off-reserve</li> <li>• Issues related to the social determinants of health (e.g., Many youth lack family support, are isolated, couch surfing, lack affordable and supportive housing)</li> <li>• Agency budgets to provide support for transportation and food are restricted.</li> </ul> <p><b>“When a youth is distressed they will resort to mother tongue (e.g. Francophone youth). French services should be made available.”</b></p> <p><b>“Some youth may not want their family involved (e.g. LGBTQ).”</b></p>	<ul style="list-style-type: none"> <li>• Services should be responsive to the needs of various population groups (e.g., provide French language services, interpreters, support for young parents, traditional-based services for Aboriginal youth, address sex work, offer culturally-informed and specific services, provide services for newcomer youth, etc. )</li> <li>• Provide holistic care to young parents, (e.g., obstetrical care and primary care, child care, parent education)</li> <li>• Offer services in both official languages; provide questionnaires and forms in various languages</li> <li>• Survey employees to see who could support French language services, use of translation software</li> <li>• Provide staff education in cultural competence, diversity training for staff</li> <li>• Have a range of staff (e.g., diverse age, experience, and life stages)</li> <li>• Integrate and address the social determinants of health into treatment (e.g., support access to affordable housing, access to treatment without ID, nutritious meals, safe space).</li> </ul>

# Policy and Funding Concerns

## Barriers

- Policies don't recognize the needs of transitional-aged youth
- Funding structures and allocation of funding don't fit new ways of working. Some participants commented that change is slow, others commented that there are frequent changes in mandates, rules, protocols and it is not possible to stabilize services
- Incompatibility between funding streams and increasing demands on agencies
- Don't have the "right people" at the planning tables
- Resource allocation across agencies is inequitable
- Abstinence policies prevent access to treatment
- Lack of awareness of what other jurisdictions are doing and what we can learn from them (e.g., other provinces/states).

**"Lead agency model decision has been made without thought of what that means."**

## Solutions

- Create a Ministry of Youth that includes education, justice, welfare, etc. Need a single legislative act and related funding process that governs all youth services
- Provide support and a framework for outcome measurement so an evidence base can be built to support a funding shift
- Reallocate resources/funds to support record keeping
- Invest in developing an outcome measurement system for smaller organizations so that the value of what they are doing can be demonstrated to funders as well as service providers
- Create funding formulas that do not create silos
- Consider youth employment and housing policies
- Framework (funding/legislative) should be flexible (no rigid age criteria) and be developmentally rather than chronologically based. Needs-based funding, not age-based
- Increase awareness of political leaders of the challenges transitional-aged youth experience in receiving services
- Break down traditional services approach and create new options (e.g., drop-in centres, "one-stop shops")
- Develop local networks and partnerships with common funding
- Include front-line service providers at planning tables
- Support locally driven change based on local needs
- Ministries need to allow agencies to accept clients who fit with the services regardless of age, given their developmental and other needs
- Develop policies that support transitions across service sectors (e.g., between youth and adult sector – consider the Developmental Services Ontario model)
- Funding for research is needed and research should be used to inform funders
- Resource allocation needs to be informed by youth service needs (e.g., resource allocation reflecting that time is needed for youth to feel comfortable with service providers and engage and benefit from service)
- Reallocate resources to crisis services and service navigators.

**"Provide support and a framework for outcome measurement so the evidence base can be built for philosophical and funding shifts."**

**"Empower youth; bring the "youth voice" to boards of directors, ministries."**

## Youth and Adult Service Provider Youth Transition Readiness Checklists

Checklists were developed for youth and adult service providers to help inform practice; for service providers that work with youth, to assist in preparing youth to transition to adult services and for service providers that work with adults, to assist in “receiving” youth in an engaging and helpful manner. Please see Appendix H for the complete checklists.

### Suggestions for the Youth-Serving Service Provider Checklist

**“Provide more information about community resources and how to access them.” – Brantford and Brant County**

**“Equip youth with skills and advocacy for independence.” – Hastings and Prince Edward Counties**

**“Share knowledge between youth and adult-serving service providers with consent during transition to prevent having to retell the story.” – Sudbury-Manitoulin**

**“Follow up with and keep in contact with aged out youth.” – Toronto**

### Suggestions for the Adult-Serving Service Provider Checklist

**“Be sensitive and knowledgeable about the challenges and needs of youth who are transitioning to adult services.” – Brantford and Brant County**

**“Reach out to youth when they miss appointments.” – Hastings and Prince Edward Counties**

**“Adjust language to accommodate audience and use material that is relevant to their age, such as texting and social media.” – Sudbury-Manitoulin**

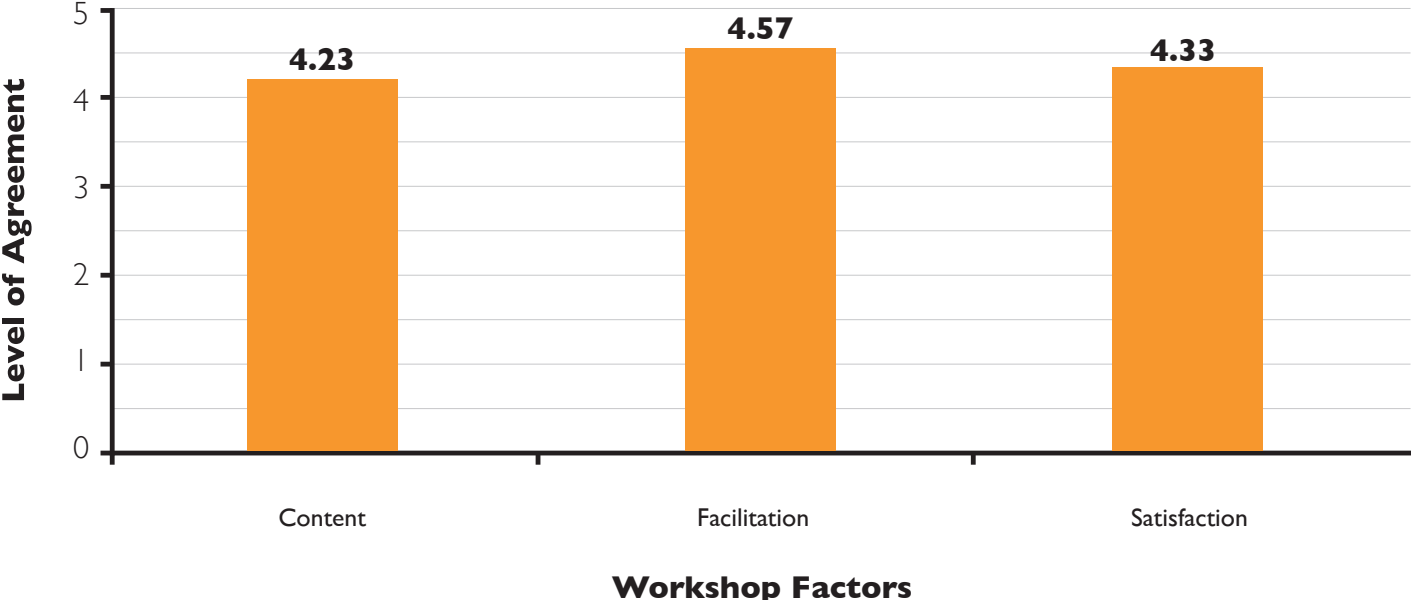
**“Develop transitional services so they are not suddenly surrounded by ‘adults’.” – Toronto**



# Findings: Capacity-Building Event Evaluation (Across All Sites)

Participants were asked to evaluate the event for content, facilitation, and overall satisfaction (e.g. would they recommend the event to others). Across all sites, 71% of attendees (n=130) completed an evaluation. Participants were asked to rate their level of agreement on a series of statements ranging from “strongly disagree” to “strongly agree.” Please refer to Appendix F for the full version of the participant evaluation.

**Figure 4: Evaluation Overall (Across All Sites)**



Overall, across all sites, participants were very satisfied with the event and would recommend it to others. They endorsed the content presented at the event, and the majority of felt that the event offered an opportunity to exchange ideas. In terms of facilitation, the feedback was consistently positive; participants agreed that the facilitators were knowledgeable, effectively communicated with the participants, and provided adequate opportunities for participation at an appropriate pace.

**“It is encouraging that we as a community culture, continually try to “discuss” the changes necessary. Just wondering how much longer, and how many more discussions at system level, need to occur for our young members in community to be heard?”**  
 – Brantford and Brant County

**“Great to put the gaps/barriers out there and see others see the same issues occurring; Nice to know the information well be written and actually presented to government, agencies, families and youth.”**  
 – Sudbury-Manitoulin

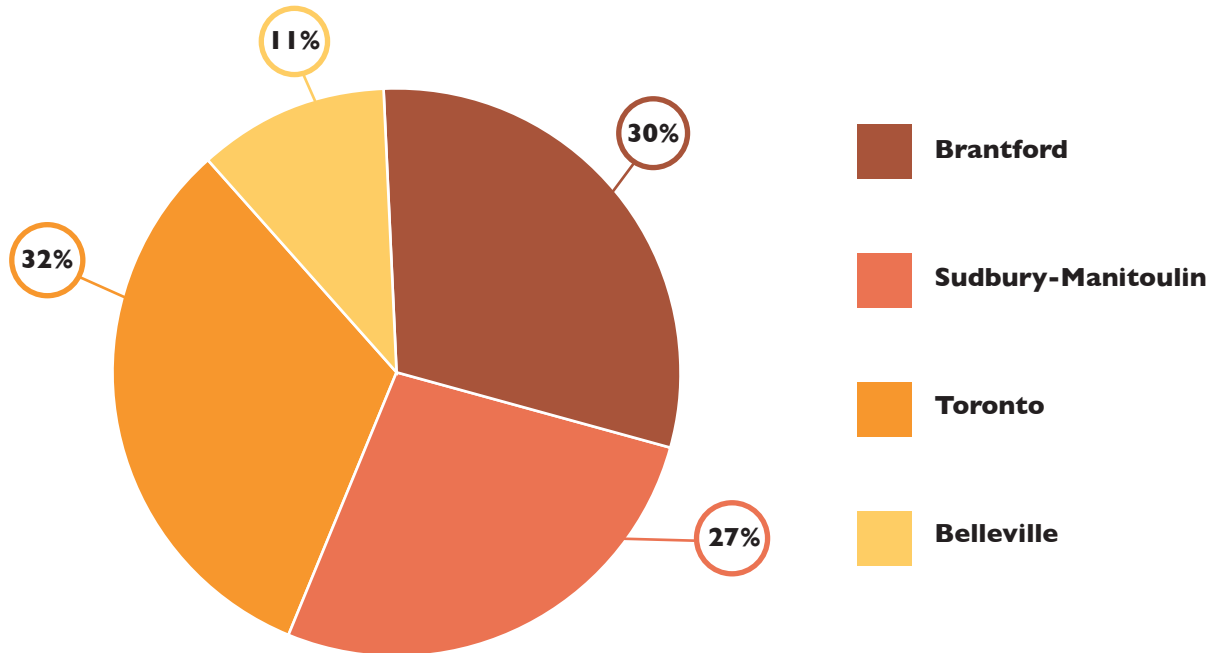
**“Information shared was excellent! Developmentally informed care is absolutely critical for service providers to adopt in practice. Hopefully “youth 18-30” will be able to access the most appropriate service. Loved this workshop! Thank you.”**  
 – Hastings and Prince Edward Counties

**“Provided a great opportunity to learn about barriers and possible solutions created within other agencies. Learned about services that [I] have previously referred to but [this workshop provided] an opportunity to hear directly from workers in that agency. Group work forced participation and exchange of ideas.”**  
 - Toronto

## Findings: Follow-up Post-Event

Over one-third of service provider participants (38%) responded to the online follow-up survey from across workshop sites (Please refer to Appendix G for a full list of survey items).

**Figure 5: Completion of the Follow-up Survey by Site Location**



The majority reported working in the mental health service sector (42%), followed by addictions, child welfare, and mental health and addictions sectors (38%) and other sectors including justice, education, health services, housing, outreach and support, health services and social services. With respect to discipline, the largest group of respondents reported being social workers (49%). The remaining respondents included child and youth workers, addiction counsellors, nurses, youth justice (e.g. probation) and law enforcement (e.g. police services) workers (29%). The majority of respondents reported working with youth (41%) or youth and adults (45%). Notably, 7% reported working only with adults. Over three-quarters of respondents (77%) indicated that participation in the workshop changed their knowledge/attitudes about developmentally-informed care and enhancing services for transitional-aged youth (i.e. somewhat to very much). Most of the respondents (93%) indicated that they have communicated to their colleagues about the discussion at the workshop. 73% of respondents reported informal communication; some of the other respondents reported formal presentations, written article or report, and plans to share the information.

Almost 2/3 of the follow-up survey respondents (64%) indicated that they had participated in the postcard activity [indicating a practice change goal at the end of the workshop, which was then mailed back to the participant one month later] and of those, 83% reported that they were currently working on implementing their indicated change. Most frequently endorsed facilitators of making their identified changes included collaborating with a colleague (50%), the knowledge gained from the workshop (42%), creating a plan of action (29%), formal or informal reflection (29%) and setting reminders/deadlines (25%). The most frequently cited barrier to implementing practice change was time (37%), followed by funding (16%), lack of sufficient staff (16%) and organizational support (8%).

## Community-Based Follow-Up

In addition to the feedback gathered on the survey sent to participating service providers, information has been shared anecdotally with the project team through the PSSP leads and participants directly with specific requests for:

- Additional events to further capacity building at the local level;
- Modified presentations to stakeholders involved in system-level change;
- Use of materials in local needs-based planning documents and activities;
- Joining youth addiction and mental health networks/committees (i.e. adult-serving service providers) and;
- Use of discussion questions developed for the event to continue the conversation with front-line staff and facilitate the implementation of revised protocols for transitional-aged youth.

The survey responses and these requests validate the interest and need for continued engagement in conversations about developmentally-informed care and meeting the needs of transitional-aged youth. Service providers, youth and families have indicated their desire for system-level change that is responsive to their concerns and suggestions. As these conversations continue in the participating communities, it is hoped that they will trickle cross-sectorally and cross-community and contribute to change.

## Limitations

The findings in this project represent the views participants shared that were captured through reporters and note-takers. As such the information gathered has a number of limitations with respect to the representativeness of the views expressed. Although we heard from stakeholders in four communities, representing each of the four regions across Ontario, full regional representation was not achieved. Additionally, efforts made to engage youth and families in the discussion resulted in a limited number of youth and family member participation. As with any event, the views of those who participated may differ from stakeholders who did not participate, which may have impacted the findings in unknown ways. Although caution needs to be used in the extent to which these findings are generalized, much of what is presented in this report was also found in Phase 1 of the project, that engaged with a broader and more diverse range of stakeholders.

## Next Steps

Many of the issues, concerns and recommendations identified at the capacity-building events echo what was found in Phase 1 of the project, indicating that these issues persist and are faced by many youth, their families and service providers, regardless of context and despite efforts to facilitate change. The issues need to be addressed using a systematic and coherent approach to ensure relevance and feasibility across communities, sectors and agencies. Solutions suggested through this project are consistent with emerging evidence (Clark and Unruh, 2009) and with other provincial and national work underway (Watson, Carter and Manion, 2014; Ekens and Murphy, 2013; Davidson and Cappelli, 2011). Additionally, the checklists for youth- and adult-serving service providers are concrete tools that will be disseminated widely and can be implemented to foster improvement in developmentally-informed care. Youth and families deserve a system that is easily navigated and accessed, will address their needs and facilitate youth-centred and family-sensitive care. We believe that it is essential to build on this work and to continue the conversation about developmentally-informed care and enhanced service for transitional-aged youth.

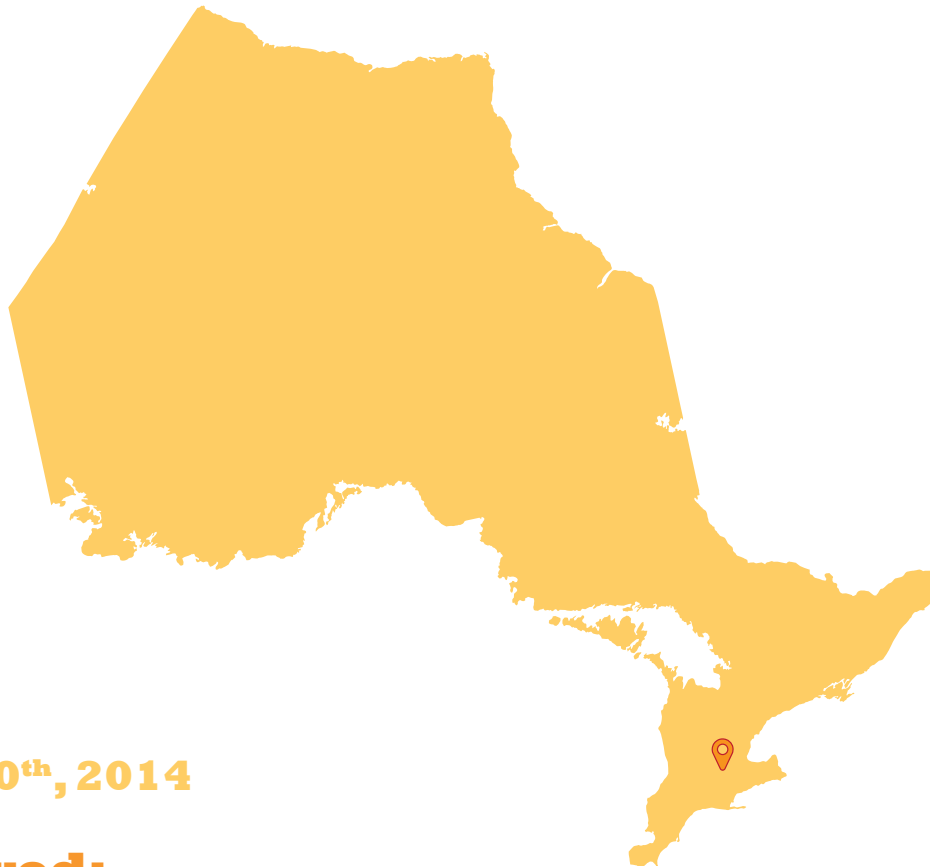


**BRANTFORD TAB**



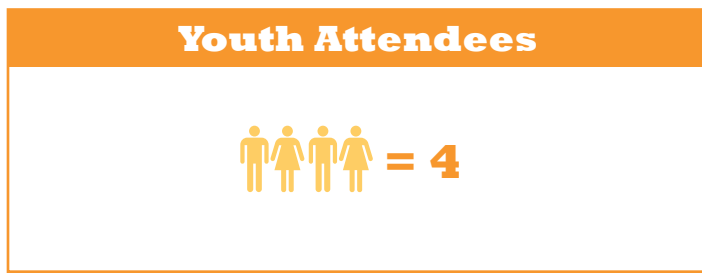
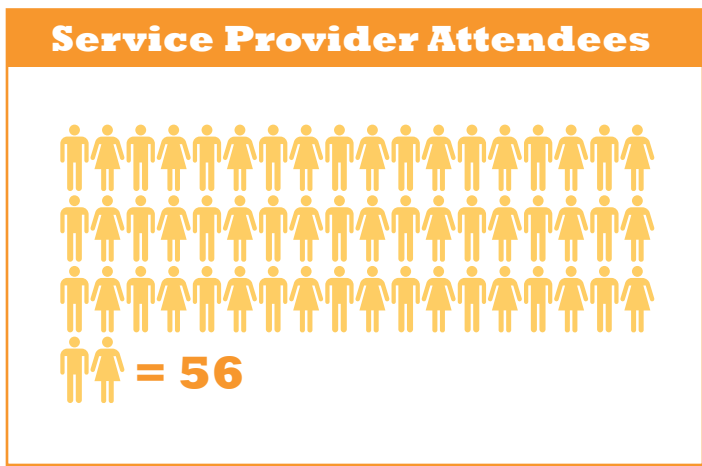
# BRANTFORD AND BRANT COUNTY

The following section highlights the findings from the Brantford and Brant County capacity-building event. Included in this section is demographic information about the participants in this event; unique findings and recommendations from the event discussion pertaining to youth needs, barriers and solutions; and findings from the event evaluation. Please refer to the front section of this report for more information on the background of the Youth Services System Review project, the capacity-building event and project methods. The cross-site section of this report includes a comprehensive description of youth needs, barriers and solutions also relevant to youth in the Brantford and Brant County communities. Please refer to Appendix H for copies of the Youth and Adult Service Provider Youth Transition Readiness Checklists.



**Date:**  
**January 10<sup>th</sup>, 2014**

**Area Served:**  
**Southwestern Ontario**

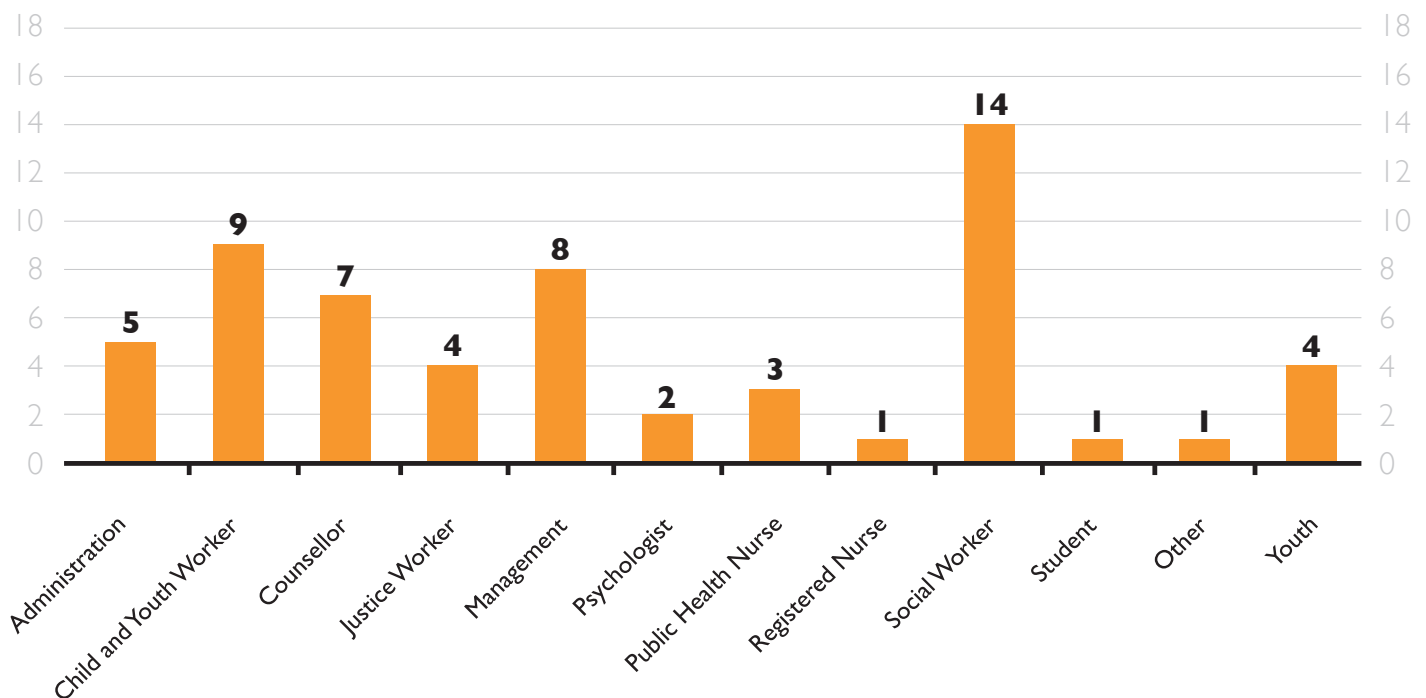


## Findings: Who We Heard From (Brantford and Brant County)

### Participant Demographics (Brantford and Brant County)

When participants registered for the event, they provided general demographic information about themselves: if they were service providers, they were asked to report on the sector in which they work, as well as information regarding the population they primarily serve (i.e., youth or adult). All participants were asked to report on their role.

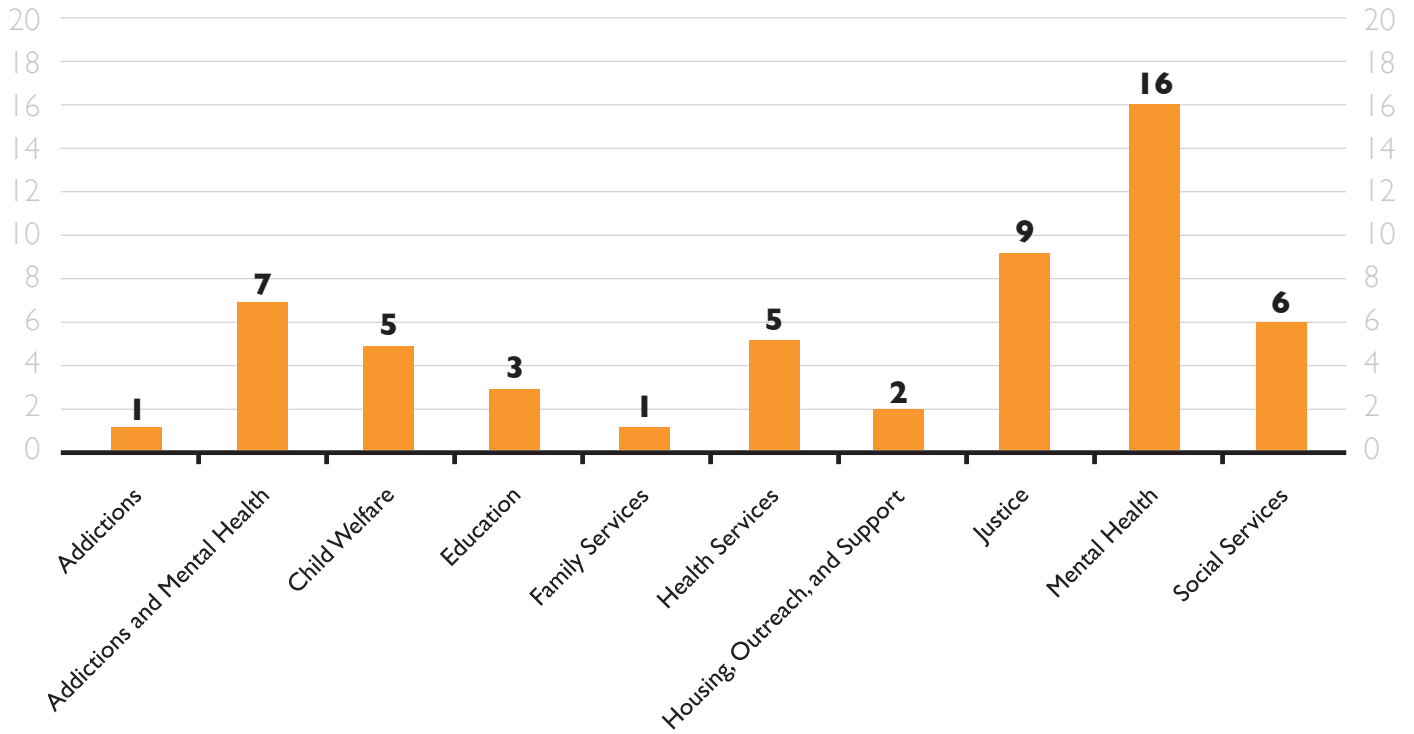
**Figure 6: Brantford and Brant County Participant Role**



The majority of attendees in Brantford and Brant County identified as social workers, followed by child and youth workers, management professionals and counsellors. Four youth attended the event and one participant did not provide information about their discipline.

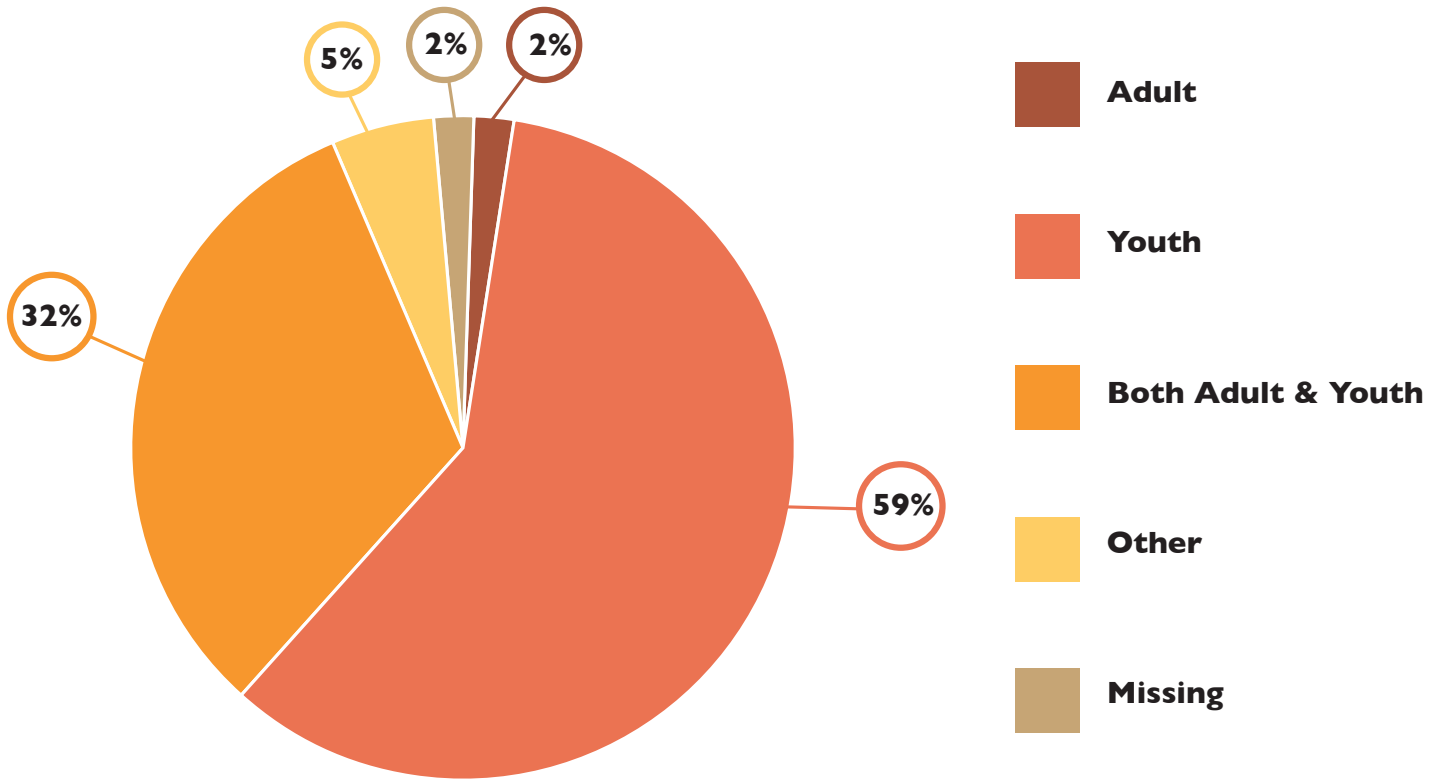


**Figure 7: Brantford and Brant County Service Provider Demographics: Service Sector Representation**



The majority of attendees in Brantford and Brant County represented the mental health sector, followed by those in justice; addictions and mental health; and social services. One participant did not provide any information about their sector.

**Figure 8: Brantford and Brant County Service Provider Demographics: Population(s) Served**



Many of the service providers who attended served the youth population (59%), followed by those that served both adult and youth populations (32%). A smaller percentage served “other” populations (5%), and only two percent served solely adult populations. Also, two percent of participants did not provide any information about populations they serve.

## Findings and Recommendations: What We Heard (Brantford and Brant County)

Youth needs, barriers and solutions identified were very similar across the four communities that participated in “Let’s talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth”. Please refer to the overall cross-site findings for a comprehensive description of youth needs, barriers, and solutions also relevant to youth in the Brantford and Brant County communities. In addition, in this section, we have listed findings that were indicated to be of particular concern and interest by Brantford and Brant County stakeholders, given the unique circumstances in their communities.

### Youth Needs: Needs of youth 16 years to 24 years, as compared to the needs of youth younger than 16 years old

As indicated in the cross-site findings, the themes and many of the needs identified by the participating stakeholders were applicable across age groups, however there were needs that were more common for youth under 16 or for transitional-aged youth, 16 -24.

#### Access

- Lack of transportation and funding for transportation, particularly in rural areas for youth of all ages.
- Need to bring services to schools to reach youth still in school
- Need to use technology to reach youth (e.g. texting, apps, interactive games, social media)

“Why does turning 19 make you have to leave youth services?”

“Be there when they’re ready —‘I need help now’.”

“Don’t keep this group on a waitlist; start transitioning them before they reach the age requirement.”

#### Service Components

Amongst overall gaps of adequate services for youth across the continuum of care, the following issues were highlighted in particular:

- Need for residential services
- Need for mobile services and outreach to homes and community to bring services to youth and to bring youth to services
- Need for concurrent treatment for concurrent disorders and mental health services to address suicidality and self-harm
- Need for housing and services for youth under 16 who do not meet criteria for CAS care (e.g. respite (therapeutic respite as opposed to shelter) from chaotic families, they pose the risk to the family)
- Need for transitional affordable housing for transitional-aged youth

“One stop shopping for addiction, counselling, education, and meeting basic needs.”

## Service Delivery Model

- Need for transition supports (“warm hand-offs”) from child to adolescent services (e.g. grade 8 to 9) and from adolescent to adult services (e.g. 16-18)
- Need for “one-stop shop” model of care including addiction, counselling, education and resources to meet basic needs.

## Service Attributes

- Need incentives to engage and retain youth in treatment (i.e. food, transportation)

**“Engage youth in ways that make sense for THEM.”**

## Health Equity and the Social Determinants of Health

- Need for culturally-sensitive and appropriate services, provided by trained staff, to meet the needs of diverse populations of youth. Particular populations identified in Brantford and Brant County included youth with substance use and/or concurrent concerns:
  - *involved in sex work*
  - *who are pregnant or parenting*
  - *are newcomers to Canada*

## Meeting the Needs of Transitional-Aged Youth: Barriers and Solutions

Following the discussion about youth needs, there was a discussion about barriers and solutions (i.e. recommendations) to meeting the needs of transitional-aged youth. The barriers and solutions identified have been categorized into the same themes as the discussion about youth needs: access, service components, service delivery model, service attributes, service provider attributes, health equity and the social determinants of health, and policy and funding issues. The barriers and solutions discussed in the overall report were identified across all sites, including Brantford and Brant County. The barriers and solutions listed below were highlighted specifically by Brantford and Brant County stakeholders, given the unique circumstances in their communities, particularly related to the rural nature of many of the communities.

### Access

“Easy” access to service for transitional-aged youth was seen to be of paramount importance, yet multiple access barriers were identified in the following areas: availability of services tailored to meet the needs of transitional-aged youth, awareness of available services, service facilitators (i.e. transportation, location, hours, eligibility criteria, use of social media and technology), coordination and collaboration, timely access, and referral and intake processes.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Long waiting lists for access to both substance use and mental health services</li> <li>• Lack of access to transportation to service, especially for youth in rural areas</li> <li>• Lack of local resources across the region ( e.g. in-patient services)</li> <li>• Lack of information after hours (i.e. evenings, weekends)</li> <li>• Lack of resources (i.e. financial support) to access private services, when none are available in the public system</li> <li>• Limited collaboration amongst service providers that serve transitional-aged youth</li> <li>• Agency policies, practices and funding mandates inhibit flexibility and create service barriers, as well as barriers to developing cross-sectoral service partnerships (i.e. youth/adult sector).</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health and addiction counsellors in schools</li> <li>• Mental health training in teacher’s college to facilitate early identification and support in schools</li> <li>• Schools as a “hub” for services</li> <li>• Integrate technology effectively to inform, engage and treat youth (e.g., social media, texting, apps and interactive games)</li> <li>• Establish local networks, prepared to share resources, to develop service partnerships and collaborative models of service delivery and referral (e.g. Regional Threat Risk Assessment protocol).</li> </ul>
<p><b>“Challenge to get adult services to the table to plan and serve transitional-aged youth.”</b></p>	
<p><b>“Can’t strike when the iron is hot...only taking people who have the perceived better outcomes to please the funder.”</b></p>	

## Service Components

Considering the needs of transitional-aged youth, many statements were made about the lack of developmentally-appropriate service components and related services and approaches across the continuum of care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of youth specific services, including , early identification and intervention to prevent youth being “in major crisis” when they finally seek help and residential treatment</li> <li>• Lack of supports and services for youth involved with the legal system</li> <li>• Lack of temporary, supportive, affordable housing</li> <li>• Lack of respite services for youth in “chaotic families”.</li> </ul>	<ul style="list-style-type: none"> <li>• Build capacity for early identification and early intervention before problems escalate</li> <li>• Dedicated out-reach staff to reach youth in schools, in their homes (i.e. “where they are”)</li> <li>• Dedicated youth court with access to services addressing substance use</li> <li>• Create access to “therapeutic respite” as opposed to shelter</li> <li>• Hire peer mentors, one-to-one support workers for high risk/high need youth (e.g. youth who are crown wards)</li> <li>• Build capacity for intensive case management.</li> </ul> <div data-bbox="824 913 1482 984" style="background-color: #f4a460; padding: 5px; margin-top: 10px;"> <p><b>“Create access to small, temporary, supportive housing for transitional-aged youth.”</b></p> </div>

# Service Delivery Model

Many of the issues raised related to the service delivery model also were discussed in relation to some of the other themes and include issues related to transitioning between services and sectors, the impact of age restrictions, the need for flexibility and the importance of holistic care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Treatment philosophies differ across agencies and sectors and often are not compatible with youth needs, creating access and service barriers</li> <li>• Lack of evidence that demonstrates what is most effective in meeting the needs of transitional-aged youth</li> <li>• Limits on services provided (i.e. limited number of sessions).</li> </ul>	<ul style="list-style-type: none"> <li>• Establish transition teams/workers to assist youth in making formal connections across service sectors (e.g. youth to adult; hospital to community)</li> <li>• Implement a single point of access to all services, across sectors, that serve youth</li> <li>• Adjust policies and practices routinely to keep up with emerging evidence</li> <li>• Invest in developing an outcome measurement system for smaller organizations so that the value of what they are doing can be demonstrated to funders and service providers</li> <li>• Ask youth and families what they need</li> <li>• Flexibility is required at all levels (i.e. Ministries, agency leadership, front-line service providers).</li> </ul> <div data-bbox="829 1014 1484 1104" style="background-color: #f4a460; padding: 5px; margin-top: 10px;"> <p><b>“Reframe transition; the “transition” is because of our system structures; the youth are on a “continuum.”</b></p> </div> <div data-bbox="829 1108 1484 1171" style="background-color: #f4a460; padding: 5px; margin-top: 5px;"> <p><b>“One door closes, another one opens.”</b></p> </div>

## Service Attributes

**“Traditional or typical adult system/ services don’t meet the needs of transitional-aged youth.”**

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of “youth-friendly” programming and services</li> <li>• Stigma</li> <li>• Lack of incentives to participate in treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of “youth-friendly” treatment spaces and options</li> <li>• Establish protocols for youth consent to information sharing within their “circle of care” so that they don’t have to repeat their stories multiple times</li> <li>• Implement a “youth-driven” approach i.e. Involve youth in all aspects of service provision (e.g., hiring staff, program development, planning physical space)</li> <li>• Engage youth leadership in healthy wellness promotion</li> <li>• Community presentations on services to familiarize and de-stigmatize</li> <li>• Provide incentives to engage and welcome youth (i.e. transportation, food).</li> </ul> <p><b>“Bring together service providers to learn about each other’s services and build connections.”</b></p>

## Service Provider Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Service provider inflexibility and lack of awareness of youth needs creates a power imbalance between youth and their providers.</li> </ul> <p><b>“Agencies can’t pay enough to hire people who have sufficient education to work with complex cases.”</b></p>	<ul style="list-style-type: none"> <li>• Increase open communication amongst providers about limitations of service and efforts to build a trusting relationship</li> <li>• Create opportunities for peer mentorship</li> <li>• Increase staff training opportunities, including in-vivo learning opportunities</li> <li>• Build capacity to hire skilled staff.</li> </ul> <p><b>“Bring together service providers to learn about each other’s services and build connections.”</b></p>



# Health Equity and the Social Determinants of Health

Barriers	Solutions
<p>There was a great deal of discussion about the needs of specific population groups and concern about the lack of capacity to attend to the needs of specific population groups. Populations specifically identified included Francophone youth, youth who are deaf or hard of hearing, Aboriginal youth, trans youth, pregnant and parenting youth, youth with dual diagnosis, youth with disabilities, newcomer youth, and youth from specific cultural groups. Specific barriers focused on in the discussion in Brantford and Brant County with respect to working with specific populations and barriers in addressing the broader social determinants included:</p> <ul style="list-style-type: none"> <li>• Inadequate access to French-language services</li> <li>• Need for identification to access service (i.e. birth certificate, social insurance number, health card, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Survey staff to identify those who can provide/ support services in French</li> <li>• Use of translation software</li> <li>• Change requirements for providing identification/ provide service while supporting access to identification</li> </ul>

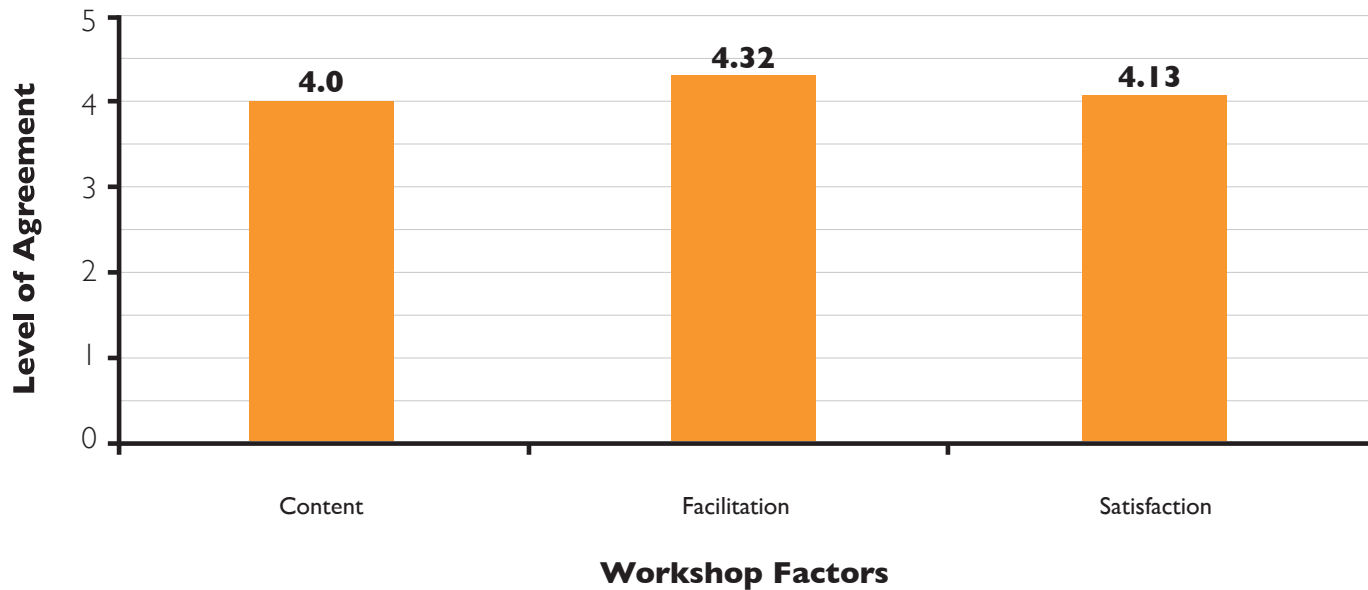
## Policy and Funding Concerns

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Policy is slow to change and has not kept up with emerging evidence regarding service provision</li> <li>• Inequity between funding allocations amongst agencies</li> <li>• Funding provided is insufficient to meet funders expectations of service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify a champion/advocate in the ministry</li> <li>• Change funding formulas so that silos are not created (i.e. centralized funding)</li> <li>• Change should be locally driven, based on local needs</li> <li>• Provide support and a framework for outcome measurement so an evidence-base can be built for a philosophical and funding shift.</li> </ul> <div data-bbox="828 1612 1485 1690" style="background-color: #f4a460; padding: 5px; margin-top: 10px;"> <p><b>“Use youth voice more with boards of directors, ministries.”</b></p> </div>

## Findings: Capacity-Building Event Evaluation (Brantford and Brant County)

Participants were asked to evaluate the event for content, facilitation, and overall satisfaction (e.g. would they recommend the event to others.) 63% of attendees (n=38) completed an evaluation. Participants were asked to rate their level of agreement on a series of statements ranging from “strongly disagree” to “strongly agree.” Please refer to Appendix F for the full version of the participant evaluation.

**Figure 9: Brantford and Brant County Evaluation (Overall)**



The Brantford and Brant County participants were generally satisfied with the content delivered at the event. For example, one participant noted that they were encouraged by the community-building aspects of the discussion and grateful for the opportunity to interact with other organizations throughout the area. Another indicated that they thought the event was organized and facilitated well, and they appreciated the event handouts. One attendee was a little ambivalent about the experience. They expressed a desire to see more of these discussions, but wondered what more it would take to make tangible service changes in the Brantford and Brant County region. Overall, the participants were pleased with the event.

**“Good balance between practice & systems discussion; well facilitated, organized; appreciated a handout of the presentation.”**

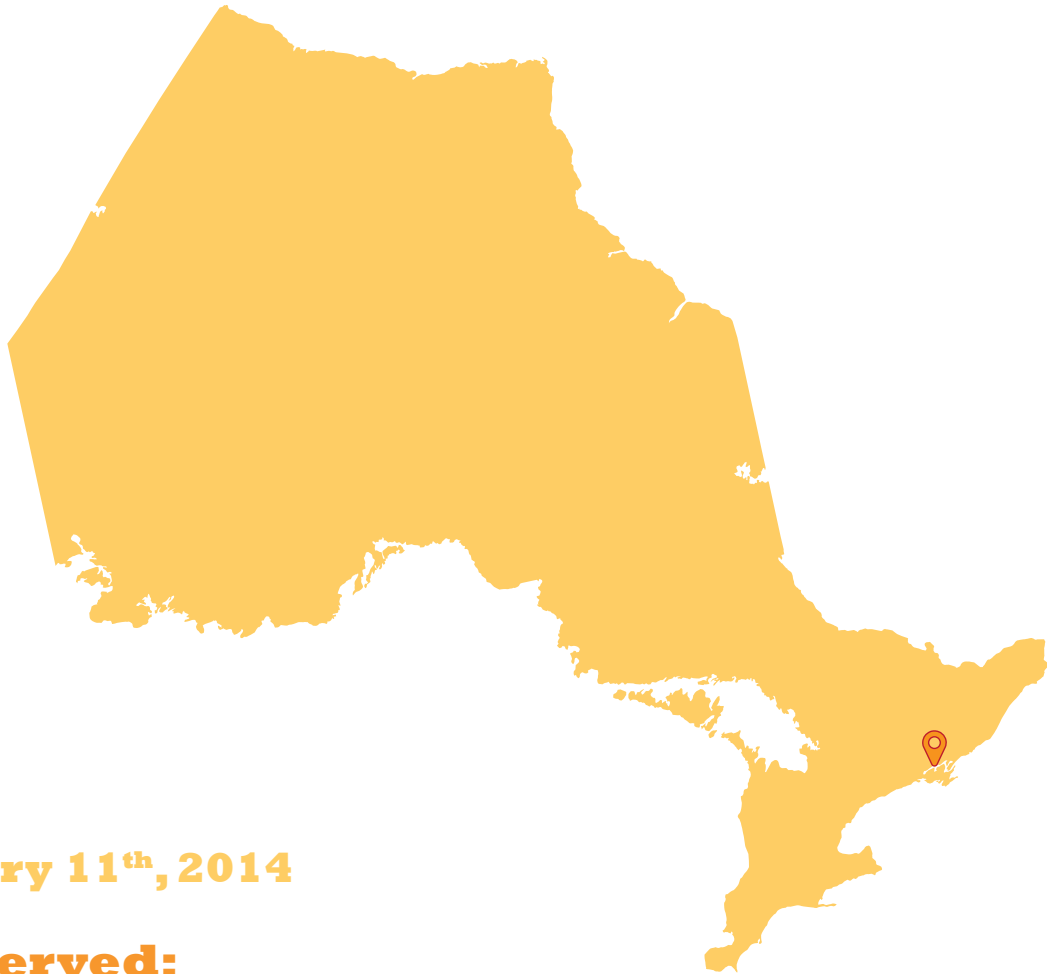
**“Very helpful to meet with other organizations to see the initiatives occurring in different cities.”**

**HASTINGS AND  
PRINCE EDWARD  
COUNTIES TAB**



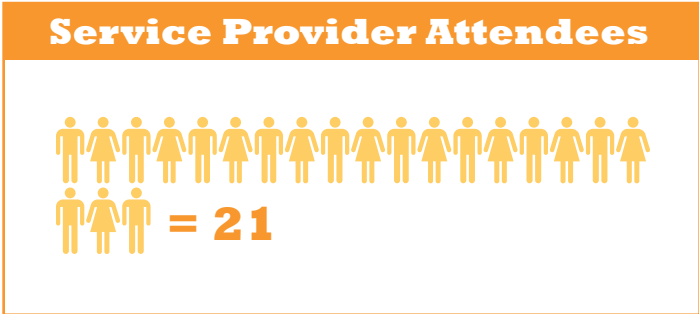
# HASTINGS & PRINCE EDWARD COUNTIES

The following section highlights the findings from Hastings and Prince Edward Counties capacity-building event. Included in this section is demographic information about the participants in this event; unique findings and recommendations from the event discussion pertaining to youth needs, barriers and solutions; and findings from the event evaluation. Please refer to the front section of this report for more information on the background of the Youth Services System Review project, the capacity-building event and project methods. The cross-site section of this report includes a comprehensive description of youth needs, barriers and solutions also relevant to youth in the Hastings and Prince Edward Counties communities. Please refer to Appendix H for copies of the Youth and Adult Service Provider Youth Transition Readiness Checklists.



**Date:**  
**February 11<sup>th</sup>, 2014**

**Area Served:**  
**Eastern Ontario**

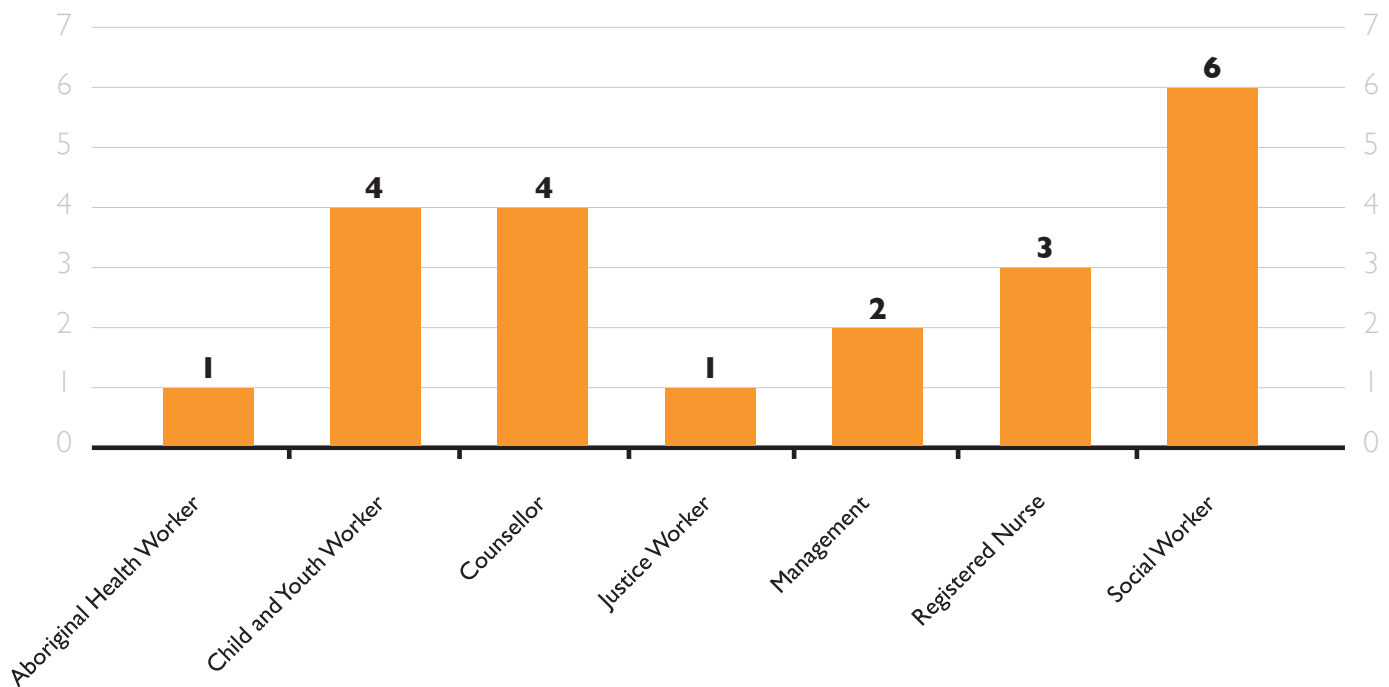


## Findings: Who We Heard From (Hastings and Prince Edward Counties)

### Participant Demographics (Hastings and Prince Edward Counties)

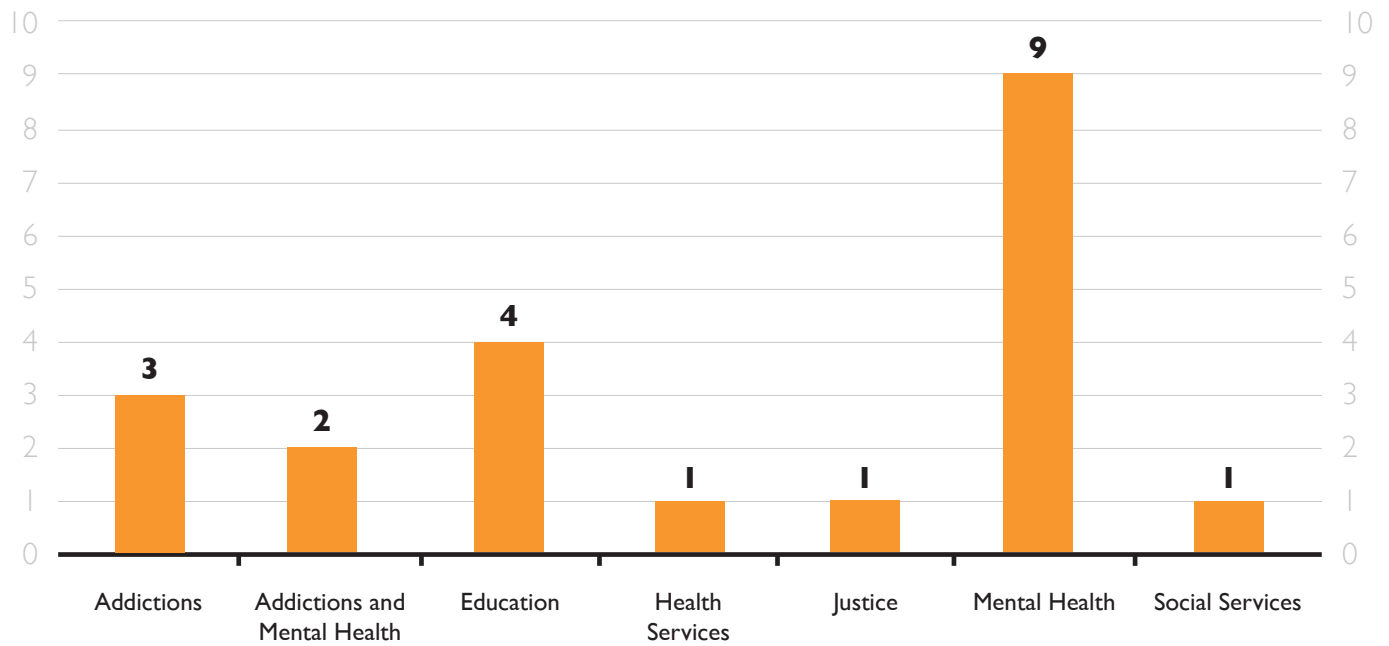
When participants registered for the event, they provided general demographic information about themselves: if they were service providers, they were asked to report on the sector in which they work, as well as information regarding the population they primarily serve (i.e., youth or adult). All participants were asked to report on their role.

**Figure 10: Hastings and Prince Edward Counties Participant Role**



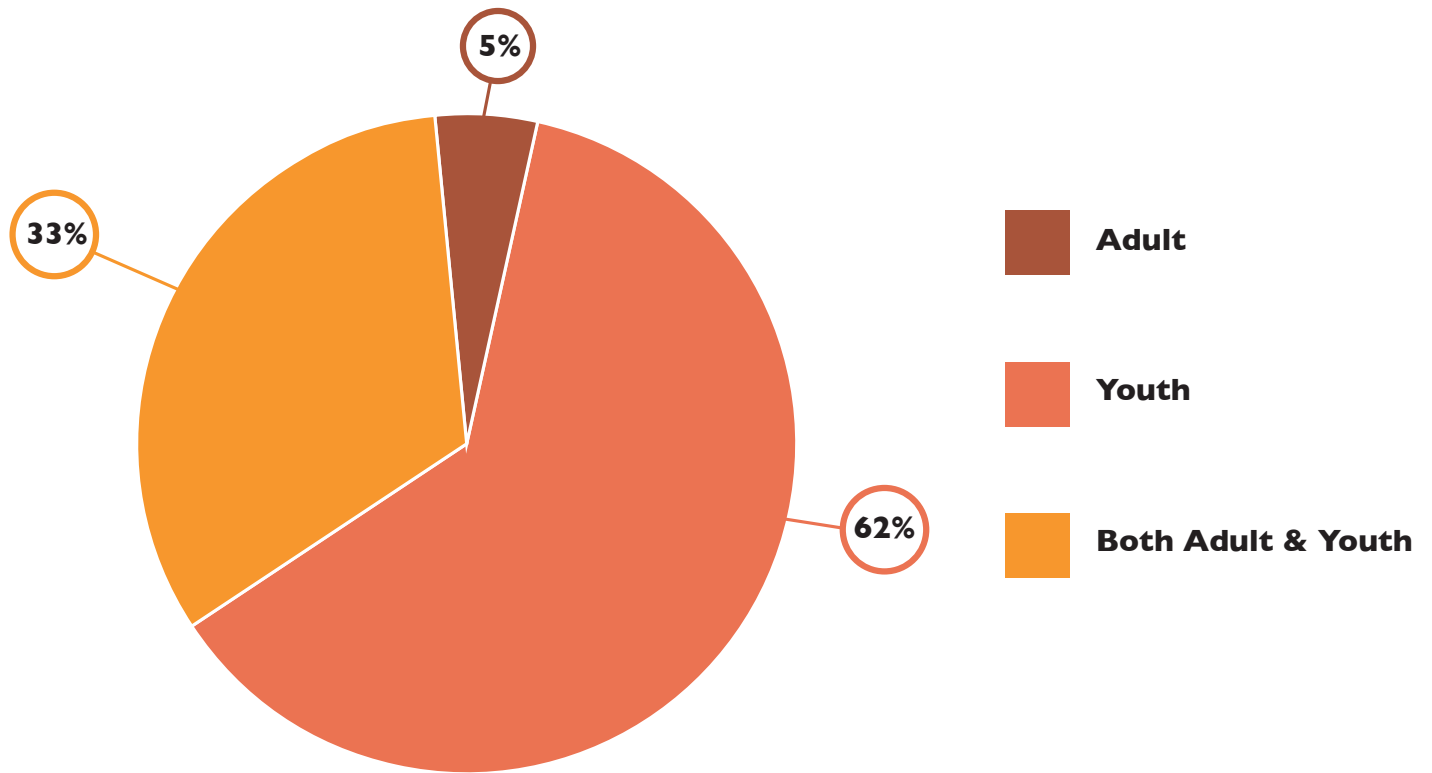
The majority of attendees in Hastings & Prince Edward Counties identified as social workers, followed by counsellors, child and youth workers, and registered nurses. No youth or family members attended this event.

**Figure 11: Hastings and Prince Edward Counties Service Provider Demographics: Service Sector Representation**



The majority of attendees in Hastings and Prince Edward Counties represented the mental health sector, followed by those in the education, addictions, and additions and mental health sectors.

**Figure 12: Hastings and Prince Edward Counties Service Provider Demographics: Population(s) Served**



Many of the service providers reported serving the youth population (62%), followed by those serving both adult and youth populations (33%). Five percent of attendees served adults only.



## Findings and Recommendations: What We Heard (Hastings and Prince Edward Counties)

Youth needs, barriers and solutions identified were very similar across the four communities that participated in “Let’s talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth”. Please refer to the overall cross-site findings for a comprehensive description of youth needs, barriers, and solutions also relevant to youth in the Hastings and Prince Edward Counties communities. In addition, in this section, we have listed findings that were indicated to be of particular concern and interest by Hastings and Prince Edward Counties stakeholders, given the unique circumstances in their communities.

### Youth Needs: Needs of youth 16 years to 24 years, as compared to the needs of youth younger than 16 years old

As indicated in the cross-site findings, the themes and many of the needs identified by the participating stakeholders were applicable across age groups, however there were needs that were more common for youth under 16 or for transitional-aged youth, 16-24.

#### Access

- Need for addiction services for younger youth in particular
  - More youth in grades 7 and 8 are experiencing substance use and related problems
- Lack of transportation, particularly in rural areas for youth of all ages.

**“More grade 7-8 kids are having addiction issues, need addiction services.”**

#### Service Components

Amongst overall gaps of adequate services and full coverage across Hastings and Prince Edward Counties, for youth across the continuum of care, the following issues were highlighted in particular:

- Need for more staff in schools to reach out to younger youth and for more mobile outreach services to connect with older youth
- Need for safe emergency housing for younger youth and transitional housing for 16-18 year olds
- Lack of psychiatrists and integrated mental health and substance use treatment
  - Need for local crisis and referral services particularly for transitional-aged youth
- Need employment opportunities/vocational support for youth of all ages.

**“More integrated mental health and addiction service (for those with concurrent mental health and addiction concerns).”**

### **Service Delivery Model**

- Need for transition support for youth transitioning between services and settings. Noted in this community was the need for support for youth transitioning from a Section classroom to a regular classroom.

### **Health Equity and the Social Determinants of Health**

- Need for a service inventory and service and resource enhancement for youth with developmental disabilities
- Need for services to address teen pregnancy (i.e. highest rate in the province (Trenton), including smoking during pregnancy.
- Need to provide "proper/healthy nutritious meals" to support food security needs of youth.

## Meeting the Needs of Transitional-Aged Youth: Barriers and Solutions

Following the discussion about youth needs, there was a discussion about barriers and solutions (i.e. recommendations) to meeting the needs of transitional-aged youth. The barriers and solutions identified have been categorized into the same themes as the discussion about youth needs: access, service components, service delivery model, service attributes, service provider attributes, health equity and the social determinants of health, and policy and funding issues. The barriers and solutions discussed in the overall report were identified across all sites, including Hastings and Prince Edward Counties. The barriers and solutions listed below were highlighted specifically by Hastings and Prince Edward Counties stakeholders, given the unique circumstances in their communities, particularly related to the rural nature of many of the communities.

### Access

“Easy” access to service for transitional-aged youth was seen to be of paramount importance, yet multiple access barriers were identified in the following areas: availability of services tailored to meet the needs of transitional-aged youth, awareness of available services, service facilitators (i.e. transportation, location, hours, eligibility criteria, use of social media and technology), coordination and collaboration, timely access, and referral and intake processes.

Barrier	Solution
<ul style="list-style-type: none"> <li>• Lack of access to transportation to service, especially for youth in rural areas</li> <li>• Lack of service diversity in rural areas; lack of awareness of existing services</li> <li>• Concerns about confidentiality related to use of technology to communicate/intervene with youth</li> <li>• Lack of communication between agencies making service coordination and collaboration challenging</li> <li>• Transitional-aged youth don't qualify for many services as they are “too young or too old”</li> <li>• Long wait times, even in emergency situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Realignment of funding within agencies/communities to provide transportation to appointments for youth</li> <li>• Build community partnerships to access vehicles to transport youth (e.g. use senior's services vans that are not in use in the evening to drive youth clients to evening services)</li> <li>• Use technology to “distribute a resource guide” (i.e. app that provides local community-based service information); use skype, telehealth, texting, web-based intervention, integrated with service provider support</li> <li>• Develop community protocols to facilitate communication, collaboration and information sharing (e.g. assessment to be completed by “medical” sector rather than school, timely sharing of information about emergency visits with community-based service providers, information sharing between the school boards and community agencies)</li> <li>• Provide service in schools to 18-21 year olds to keep them engaged in mental health and addiction services as well as to facilitate development of life skills</li> <li>• Flexible age limits are required.</li> </ul> <p data-bbox="829 1801 1484 1877"><b>“Use existing services and build community partnerships to access vehicles.”</b></p>

## Service Components

Considering the needs of transitional-aged youth, many statements were made about the lack of developmentally-appropriate service components and related services and approaches across the continuum of care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>Lack of local services (i.e. lack of access to psychiatry, resulting in lack of access to diagnosis, medication, medication management)</li> <li>Lack of housing, particularly emergency housing and transition housing/shelter (i.e. ages 16-18 in Prince Edward County)</li> <li>Lack of local vocational programs and youth employment opportunities.</li> </ul> <p><b>“Lack of services available - youth are sent to the emergency room when they need specific services.”</b></p>	<ul style="list-style-type: none"> <li>Increase services that reach youth in their communities and schools (e.g. OTN, mobile outreach/mobile crisis response to locations/towns that don't have services as well as after-hours)</li> <li>Establish walk-in clinics through community partnerships using available local space</li> <li>Build capacity for urgent care (i.e. establish an urgent care clinic), including urgent psychiatric assessment</li> <li>Develop a “buddy program” to provide peer mentoring/support especially after-hours when formal supports are not accessible</li> <li>Establish local transitional housing (e.g. Prince Edward County)</li> <li>Expand criteria regarding what is considered to be work experience for school-aged youth (e.g. volunteer work, life experience).</li> </ul> <p><b>“Work directly with the school with 18-21 year old youth to keep them engaged in service for mental health and addiction treatment and life skills.”</b></p>

## Service Delivery Model

Many of the issues raised related to the service delivery model also were discussed in relation to some of the other themes and include issues related to transitioning between services and sectors, the impact of age restrictions, the need for flexibility and the importance of holistic care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>Lack of evidence that demonstrates what is most effective in meeting the needs of transitional-aged youth</li> <li>Limited flexibility in provision of services across age groups, diagnostic categories (e.g. autism).</li> </ul> <p><b>“Agencies are too restrictive in terms of services offered at different developmental ages and for different developmental disabilities/issues.”</b></p>	<ul style="list-style-type: none"> <li>Develop effective methods to disseminate information and facilitate uptake of best practice and evidence-informed approaches to addiction services across sectors (e.g. schools)</li> <li>Create a service “hub” for a range of youth services including social and health services (i.e. in schools, community run space, etc.).</li> </ul> <p><b>“Increase the ability to overlap between child and adult services.”</b></p>

## Service Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Rules governing confidentiality are confusing, restrictive, and limit communication between agencies</li> <li>• Lack of developmentally-informed services and adequate trauma-informed care.</li> </ul> <p><b>“Agencies are too restrictive in terms of services offered at different developmental ages and for different developmental disabilities/issues.”</b></p>	<ul style="list-style-type: none"> <li>• Implement a case management approach to facilitate coordinated care</li> <li>• Seek youth input to inform service provision</li> <li>• Provide individual counselling in place of group counselling to youth in adult services</li> <li>• Ensure that youth are prepared to enter the adult service system, prior to service transfer</li> <li>• Training for staff across sectors (e.g. teacher training in trauma-informed service so that they can understand youth behaviour through a trauma-informed lens).</li> </ul> <p><b>“Use skype/telehealth, texting, web-intervention and treatment approaches that integrate service provider support.”</b></p>

## Service Provider Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of specialized staff with expertise in substance use and mental health</li> </ul> <p><b>“Collective agreements limits creativity”.</b></p>	<ul style="list-style-type: none"> <li>• Recruit specialized staff; educate non-specialized so that they can address substance use and mental health issues in a non-judgmental, non-stigmatizing manner and engage and refer youth appropriately</li> <li>• Work as flexibly as possible within scope of practice; explore role limits and possibilities.</li> </ul> <p><b>“Continue the conversation, educate and engage youth. Be non-judgmental and allow them to tell their story.”</b></p>

## Health Equity and the Social Determinants of Health

Barriers	Solutions
<p>There was a great deal of discussion about the needs of specific population groups and concern about the lack of capacity to attend to the needs of specific population groups. Populations specifically identified included Francophone youth, youth who are deaf or hard of hearing, Aboriginal youth, trans youth, pregnant and parenting youth, youth with dual diagnosis, youth with disabilities, newcomer youth, and youth from specific cultural groups. Specific barriers focused on in the discussion in the Hastings and Prince Edward Counties with respect to working with specific populations and barriers in addressing the broader social determinants included:</p> <ul style="list-style-type: none"> <li>• Limited services to address needs of pregnant teens (i.e. highest rate of teen pregnancy in the province (Trenton)) and smoking during pregnancy</li> <li>• Lack of childcare for young mothers who need service</li> <li>• Limited culturally relevant/appropriate services for Aboriginal youth</li> <li>• Limited food security.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide support for young mothers to bring their children to appointments with them, provide child – care, food, other supports as required</li> <li>• Outreach to pregnant youth, engage in programs such as “Babies and Beyond”</li> <li>• Implement diversity training and hiring policies (hire a range of staff at different ages and life stages)</li> <li>• Integrate ways to address the social determinants of health into substance use and mental health service provision (e.g. provide healthy nutritional snacks and meals).</li> </ul>

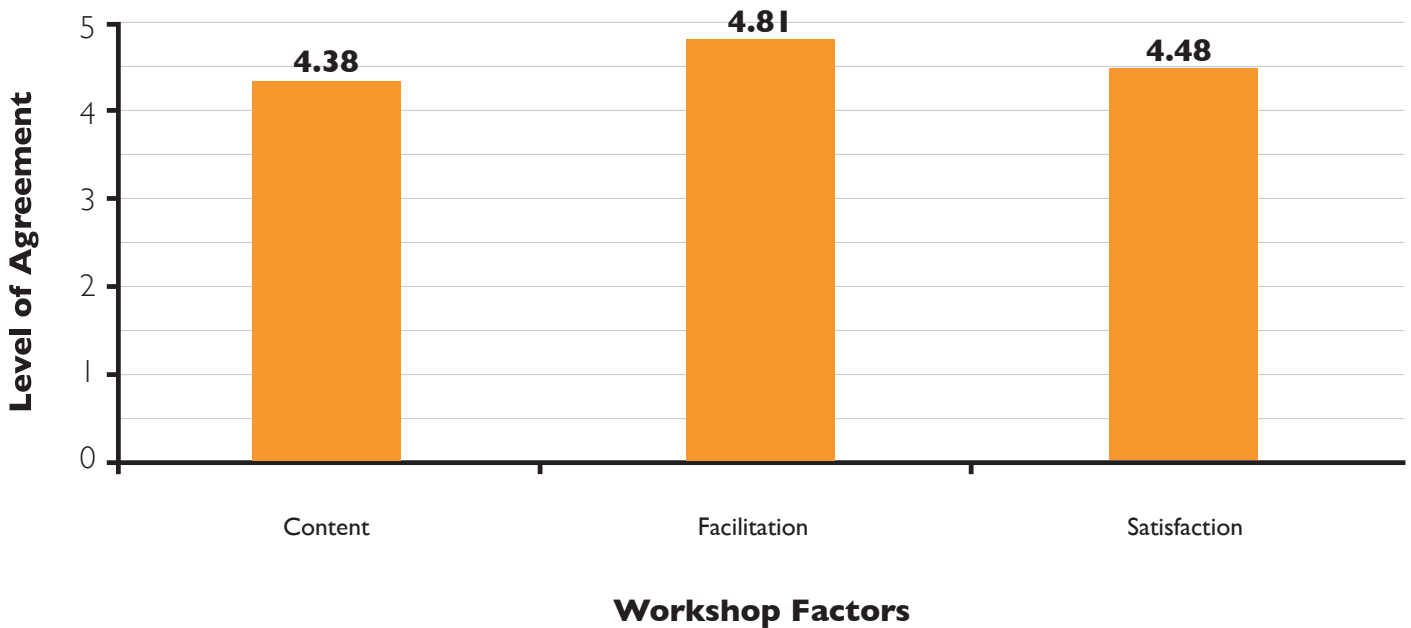
## Policy and Funding Concerns

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Funding restrictions limit service access for transitional-aged youth.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a “Ministry for Youth” that includes education, welfare, justice, etc. so that funds can be coordinated and support service across sectors to transitional-aged youth.</li> </ul>

# Findings: Capacity-Building Event Evaluation (Hastings and Prince Edward Counties)

Participants were asked to evaluate the event for content, facilitation, and overall satisfaction (e.g. would they recommend the event to others). 86% of attendees (n=18) completed an evaluation. Participants were asked to rate their level of agreement on a series of statements ranging from “strongly disagree” to “strongly agree.” Please refer to Appendix F for the full version of the participant evaluation.

**Figure 20: Hastings and Prince Edward Counties Evaluation (Overall)**



Participants in the Hastings and Prince Edward Counties region were very satisfied with the content of the event. Specifically, they felt that the capacity-building event provided them with an opportunity to exchange ideas with other participants in their local community. Participants also reflected that the event could have provided more information about local resources. In terms of facilitation, the participants were very satisfied. They were especially impressed by how knowledgeable the presenters were. Overall, the participants were very pleased and would recommend the event to others in the future.

**“Looking forward to hearing more from YSSR! Transitional-aged youth are a population we are always trying to serve creatively due to all the barriers! Considering it’s a one day workshop and we were provided with enough opportunities for participation, we could have talked for days!”**

**“Great workshop! Especially appreciated facilitators at each table - kept us on track. Practical example made the learning more memorable. Thank you for a great day!”**



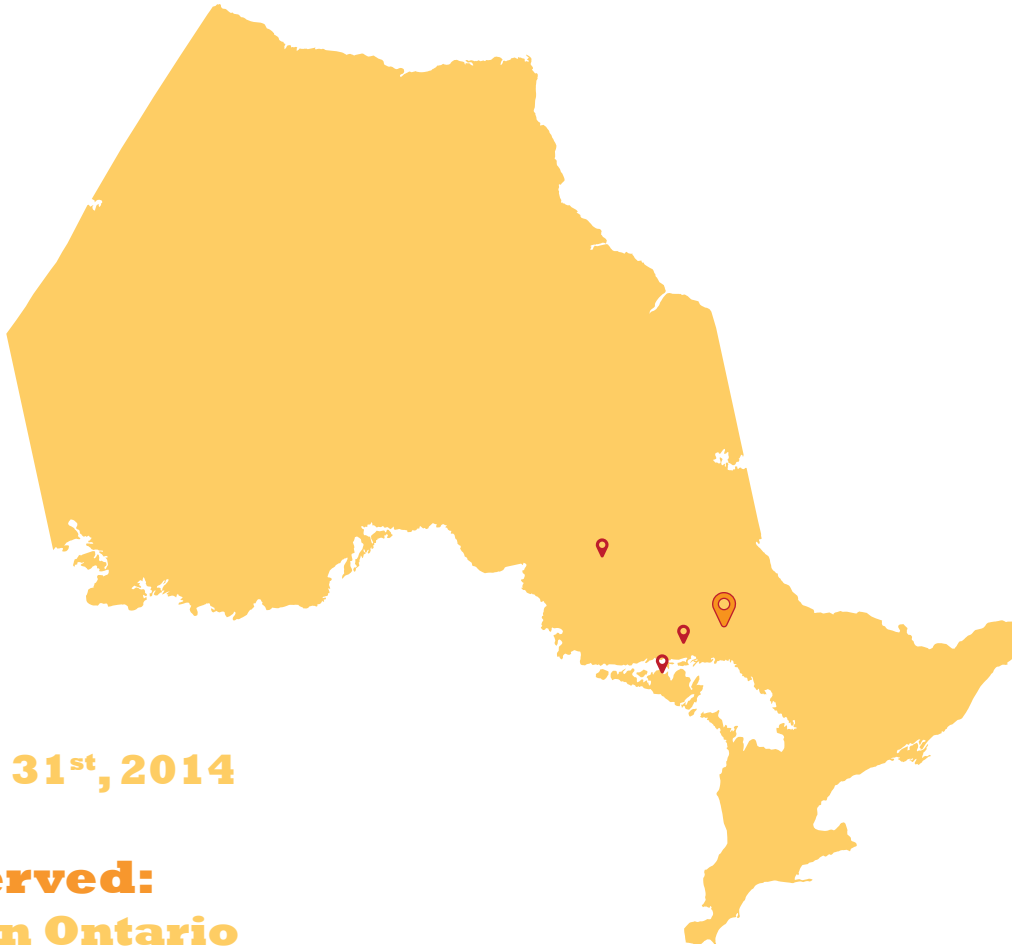


**SUDBURY-MANITOULIN  
TAB**





# SUDBURY - MANITOULIN




The following section highlights the findings from Sudbury-Manitoulin capacity-building event. Included in this section is demographic information about the participants in this event; unique findings and recommendations from the event discussion pertaining to youth needs, barriers and solutions; and findings from the event evaluation. Please refer to the front section of this report for more information on the background of the Youth Services System Review project, the capacity-building event and project methods. The cross-site section of this report includes a comprehensive description of youth needs, barriers and solutions also relevant to youth in the Sudbury-Manitoulin communities. Please refer to Appendix H for copies of the Youth and Adult Service Provider Youth Transition Readiness Checklists.



**Date:**  
January 31<sup>st</sup>, 2014

**Area Served:**  
Northern Ontario

In-person Site
<p><b>Sudbury</b></p> <p> = 23</p> <p><b>Youth Attendees</b></p> <p> = 2</p>

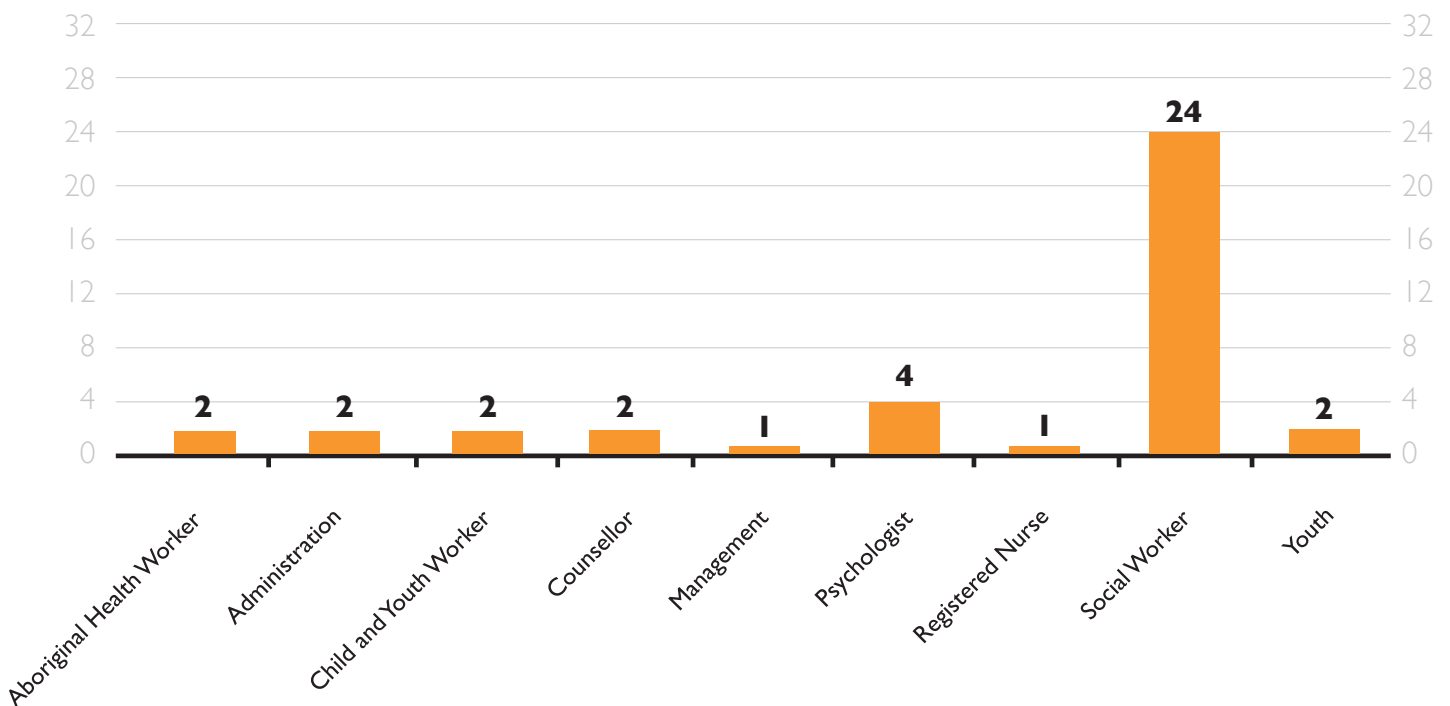
Videoconferencing Sites	
<p><b>Little Current</b></p> <p> = 10</p>	
<p><b>Chapleau</b></p> <p> = 4</p>	<p><b>Espanola</b></p> <p> = 2</p>

## Findings: Who We Heard From (Sudbury-Manitoulin)

### Participant Demographics (Sudbury-Manitoulin)

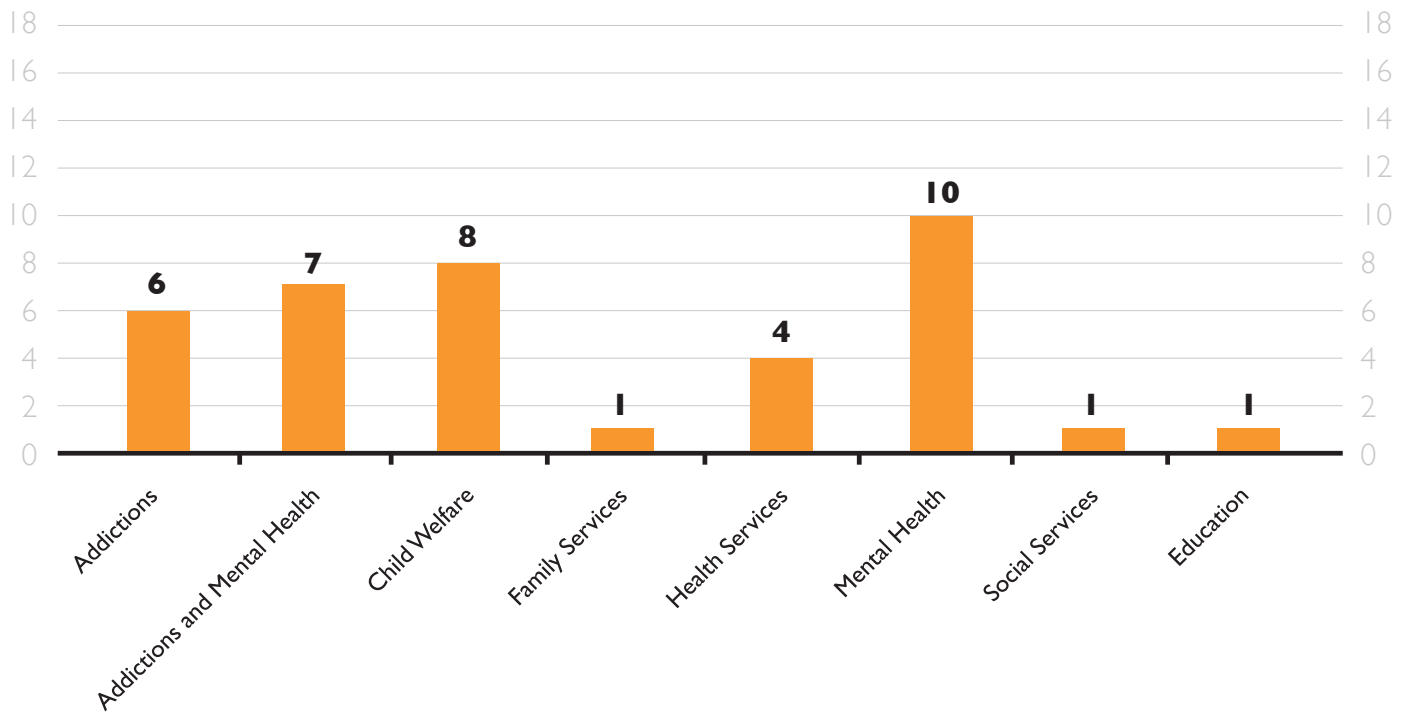
When participants registered for the event, they provided general demographic information about themselves: if they were service providers, they were asked to report on the sector in which they work, as well as information regarding the population they primarily serve (i.e., youth or adult). All participants were asked to report on their role.

**Figure 14: Sudbury-Manitoulin Participant Role**



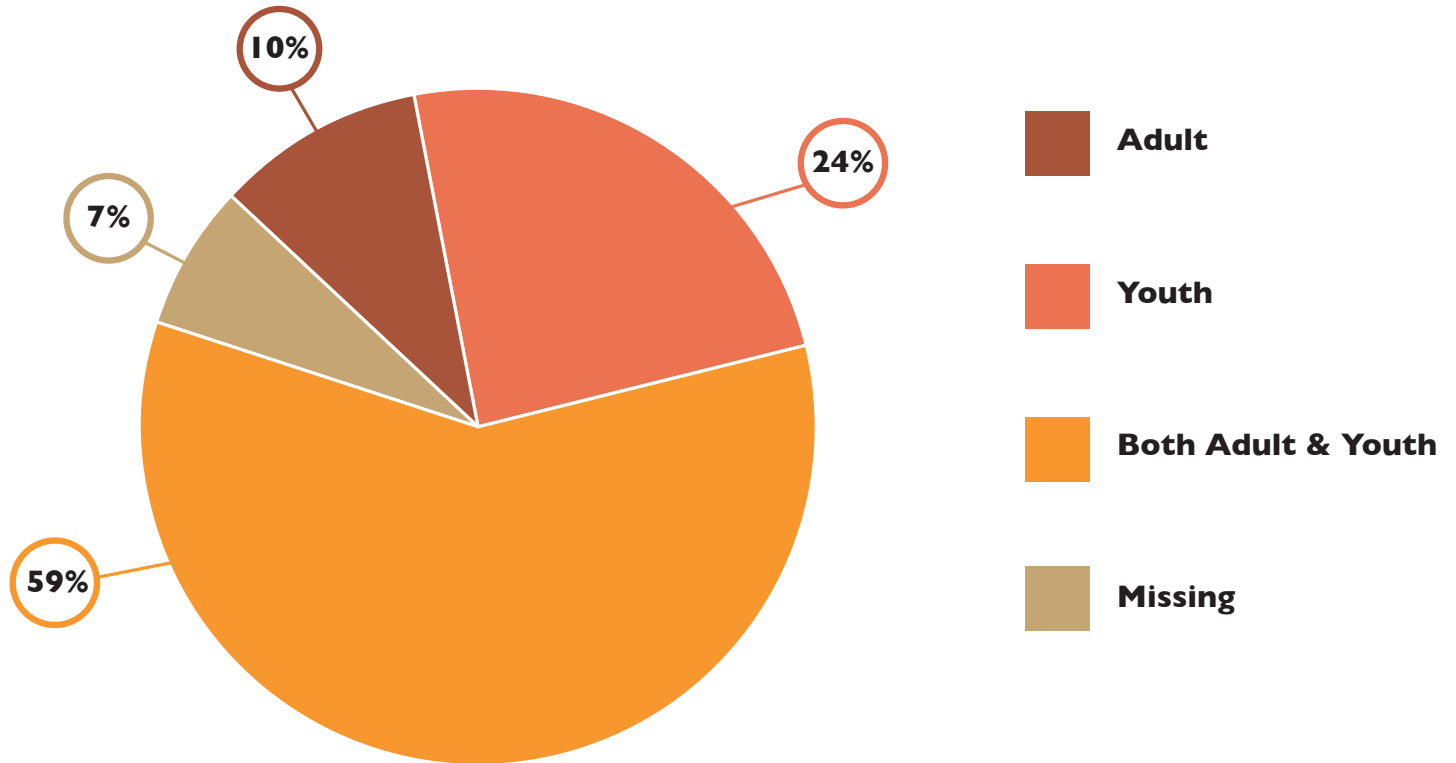
The vast majority of attendees in Sudbury-Manitoulin (Main Site) identified as social workers, followed by psychologists, administration professionals, child and youth workers, Aboriginal health workers, youth and counsellors.

**Figure 15: Sudbury-Manitoulin Service Provider Demographics: Service Sector Representation**



The majority of attendees in Sudbury-Manitoulin represented the mental health sector, followed by those in the child welfare, addictions and mental health, and addictions sectors.

**Figure 16: Sudbury-Manitoulin Service Provider Demographics: Population(s) Served**



Many of the service providers served both youth and adult populations (59%), followed by those that served the youth population (24%). Ten percent of attendees served adults only. Seven percent did not provide information about which populations they serve.

## Findings and Recommendations: What We Heard (Sudbury-Manitoulin)

Youth needs, barriers and solutions identified were very similar across the four communities that participated in “Let’s talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth”. Please refer to the overall cross-site findings for a comprehensive description of youth needs, barriers, and solutions also relevant to youth in the Sudbury-Manitoulin community. In addition, in this section, we have listed findings that were indicated to be of particular concern and interest by Sudbury-Manitoulin stakeholders, given the unique circumstances in their communities.

### Youth Needs: Needs of youth 16 years to 24 years, as compared to the needs of youth younger than 16 years old

As indicated in the cross-site findings, the themes and many of the needs identified by the participating stakeholders were applicable across age groups, however there were needs that were more common for youth under 16 or for transitional-aged youth, 16-24.

#### Access

Although most issues applied to all youth, issues related to service access were of particular concern due to the rural and remote nature of many of the communities and included:

- No transportation/ lack of access to transportation
- Lack of local services
- Need for effective use of technology to reach and serve youth in these communities
- Wait times were also seen as being “too long”, and were related to the scarcity of local services for youth.

**“Need community awareness of availability.”**

#### Service Components

Amongst an overall lack of adequate services for youth across the continuum of care, the following issues were highlighted in particular:

- Lack of withdrawal management services (WMS)
  - For youth under 16 there are no WMS services at all; for youth over 16, the available service is insufficient and inappropriately integrated with adult services
- Lack of concurrent disorder (CD) services
  - No services, no psychologist, limited access to psychiatric services, limited ability amongst cross-sectoral service providers to recognize early signs of the prodromal stage of illness, especially psychotic illness and mood disorders
- Lack of housing and shelter
  - Particularly for young men in crisis across age groups and for young women with self-injurious behaviour
- Limited family involvement
- Need for workplace programs to give parents time off work “to be there for their children”
- Lack of free, affordable recreational activities.

**“Lack of housing and shelter, particularly for young men in crisis.”**

**“Coaching and supporting parents in managing their children’s emotions and behaviours in a consistent way.”**

## Service Attributes

- Need for trauma-informed and trauma-specific care, for youth and their families, particularly to address trauma related to being in the care of child welfare and inter-generational trauma.

**“Need a team of care to help youth and families with intergenerational trauma.”**

## Health Equity and the Social Determinants of Health

- Need for language specific services, French in particular
- Need for culturally appropriate services for Aboriginal youth
- Need to meet the needs of trans youth in an appropriate and sensitive way



# Meeting the Needs of Transitional-Aged Youth: Barriers and Solutions

Following the discussion about youth needs, there was a discussion about barriers and solutions (i.e. recommendations) to meeting the needs of transitional-aged youth. The barriers and solutions identified have been categorized into the same themes as the discussion about youth needs: access, service components, service delivery model, service attributes, service provider attributes, health equity and the social determinants of health, and policy and funding issues. The barriers and solutions discussed in the overall report were identified across all sites, including Sudbury-Manitoulin. The barriers and solutions listed below were highlighted specifically by Sudbury-Manitoulin stakeholders, given the unique circumstances in their communities, particularly related to the rural and remote nature of many of the communities.

**“Current plan for working with transitional-aged youth is not working.”**

## Access

“Easy” access to service for transitional-aged youth was seen to be of paramount importance, yet multiple access barriers were identified in the following areas: availability of services tailored to meet the needs of transitional-aged youth, awareness of available services, service facilitators (i.e. transportation, location, hours, eligibility criteria, use of social media and technology), coordination and collaboration, timely access, and referral and intake processes.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of transportation</li> <li>• Lack of resources to use transportation that may be required i.e. air, train, taxi</li> <li>• Lack of resources to access private services, when none are available in the public system</li> <li>• Limited collaboration amongst service providers that serve transitional-aged youth.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund transportation - provide bus tokens for local travel, tickets for other forms of transport as needed (i.e. bus, train, taxi, plane)</li> <li>• Teach youth how to access and use transportation that is available</li> <li>• Build on or replicate existing models that are helpful to transitional-aged youth (e.g. “NOAH”'s SPACE”)</li> <li>• Establish services in central locations (i.e. schools)</li> <li>• Extend use of OTN and other technology to reach, engage, and treat youth (i.e. Chapleau)</li> <li>• Extend the membership of existing networks and committees that provide a forum for collaborative service development and/or delivery (e.g. Chapleau’s Children Service Providers network).</li> </ul>
	<p><b>“Grassroots thinking is needed.”</b></p>
	<p><b>“Need to share information about what we learn about what works across the province.”</b></p>

## Service Components

Considering the needs of transitional-aged youth, many statements were made about the lack of developmentally-appropriate service components and related services and approaches across the continuum of care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of early identification, resulting in “only the most complex youth being seen”</li> <li>• Lack of youth specific treatment, particularly, withdrawal management (particularly noted in Espanola), residential</li> <li>• Lack of follow-up in local communities</li> <li>• Lack of housing and shelter, noted particularly for young men in crisis</li> <li>• Lack of assessment and treatment resources for high-risk youth (i.e. emotion dysregulation, self-harm/self-mutilation, violence etc.).</li> </ul> <p data-bbox="126 890 776 961"><b>“Lack of service diversity/options e.g. no youth residential substance use treatment.”</b></p> <p data-bbox="126 972 776 1043"><b>“Residential treatment and concurrent disorder programs have to send kids down south.”</b></p>	<ul style="list-style-type: none"> <li>• Build capacity for early identification and early intervention before problems escalate</li> <li>• Build capacity for addressing serious mental health and concurrent disorders (e.g. training in Violence, Threat, Risk Assessment (VTRA))</li> <li>• Build capacity for youth involved with the legal system (e.g. youth court workers, “wrap-around”).</li> </ul>

## Service Delivery Model

Many of the issues raised related to the service delivery model also were discussed in relation to some of the other themes and include issues related to transitioning between services and sectors, the impact of age restrictions, the need for flexibility and the importance of holistic care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Service age restrictions (i.e. foster care was noted in particular)</li> <li>• Lack of research regarding what works for transitional-aged youth in local communities (e.g. Little Current)</li> <li>• Large caseloads.</li> </ul>	<ul style="list-style-type: none"> <li>• Creative solutions to restrictive age mandates, particularly more flexible eligibility criteria, were discussed extensively and well-supported, and considered to intersect with many of the other issues that were discussed</li> <li>• Transition supports and transition workers</li> <li>• Standardize practice across agencies</li> <li>• Implement consistent outcome evaluation.</li> </ul> <p data-bbox="833 1885 1490 1957"><b>“Change referral criteria so that youth (nearing 18) can get on wait lists in advance of turning 18.”</b></p>

## Service Attributes

**“Traditional or typical adult system/ services don’t meet the needs of transitional-aged youth.”**

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Focus on illness, as opposed to core issues (i.e. trauma, shame).</li> </ul>	<ul style="list-style-type: none"> <li>• Need for a strong focus on youth engagement (e.g. Sudbury Child and Family Centre youth engagement group)</li> <li>• Use of plain language; avoid use of stigmatizing language (i.e. “crisis”)</li> <li>• Team of care to help youth and families deal with intergenerational trauma</li> <li>• Attend to the needs of youth in care, who may experience trauma-related distress and difficulties lifelong.</li> </ul>

## Service Provider Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of adequately trained service providers.</li> </ul>	<ul style="list-style-type: none"> <li>• On-going staff education</li> <li>• Job shadowing and secondments across services and agencies.</li> </ul>

## Health Equity and the Social Determinants of Health

Barriers	Solutions
<p>There was a great deal of discussion about the needs of specific population groups, concerned about the lack of capacity to attend to the needs of specific population groups. Populations specifically identified included Francophone youth, youth who are deaf or hard of hearing, Aboriginal youth, trans youth, pregnant and parenting youth, youth with dual diagnosis, youth with disabilities, newcomer youth, and youth from specific cultural groups. Specific barriers focused on in the discussion in Sudbury-Manitoulin with respect to working with specific populations and barriers in addressing the broader social determinants included:</p> <ul style="list-style-type: none"> <li>• Inadequate access to French-language services</li> <li>• Lack of culturally appropriate services for Aboriginal youth off-reserve (e.g. Chapleau)</li> <li>• Lack of connection between reserve and off-reserve groups</li> <li>• Inadequate attention/sensitivity to the needs of Trans youth</li> <li>• Lack of support and adequate housing options for many youth who are isolated from family and marginally housed.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the option to access services in French proactively for youth whose first language is French, regardless of whether these services have been specifically requested or whether the youth speaks English (i.e. “when under stress, youth will resort to their mother tongue.”)</li> <li>• Ensure access to service providers fluent in the language service-seeking youth and their family members speak (i.e. native languages)</li> <li>• Offer traditional-based services off-reserve</li> <li>• Provide training across sectors to facilitate sensitivity in engaging and meeting the needs of trans youth in treatment services, shelters, the workplace, etc.</li> <li>• Policy and funding solutions required to address many local challenges, in particular supportive housing and food security.</li> </ul> <p><b>“Hello” and “Bonjour”.</b></p>

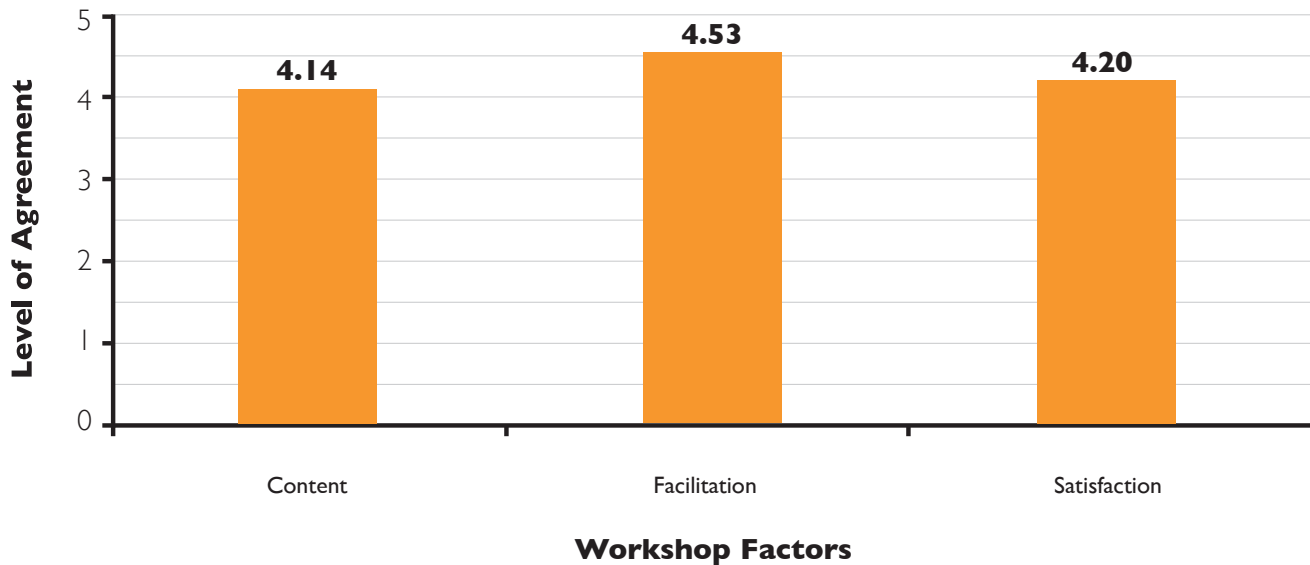
## Policy and Funding Concerns

Barriers	Solutions
<ul style="list-style-type: none"> <li>• System fragmentation</li> <li>• Lack of information about service effectiveness/outcomes to support funding decisions.</li> </ul> <p><b>“Don’t have the right people at the planning tables.”</b></p>	<ul style="list-style-type: none"> <li>• Coordinated meeting tables of service directors to share information and coordinate the system of care at the local level</li> <li>• Include front-line staff at planning tables</li> <li>• Require outcome evaluation</li> <li>• Develop funding models that respond to findings on outcome evaluation, supporting effective programs</li> <li>• Channel funding through one body</li> <li>• Convene a forum and an on-going process for funders to address integrated funding and related service mandates, including federal funders</li> <li>• Facilitate political leadership support of an improved model of funding and service provision to transitional-aged youth (i.e. Chief and Council).</li> </ul>

## Findings: Capacity Building Event Evaluation (Sudbury-Manitoulin)

Participants were asked to evaluate the event for content, facilitation, and overall satisfaction (e.g. would they recommend the event to others). 73% of attendees (n=30) completed an evaluation. Participants were asked to rate their level of agreement on a series of statements ranging from “strongly disagree” to “strongly agree.” Please refer to Appendix F for the full version of the participant evaluation.

**Figure 17: Sudbury-Manitoulin Evaluation (Overall)**



Sudbury-Manitoulin participants across both the in-person and videoconference sites were satisfied with the content delivered at the event. For example, they were very satisfied that the event offered them an opportunity to network with others. Participants were least satisfied with the applicability of the material presented to their work. In terms of facilitation, participants reflected very positively. Specifically, participants thought that the facilitators provided many opportunities for participation. However, the pace of the event may need to be adjusted in the future. Overall, the participants were pleased with the event, and would recommend it to others in the future.

Site specific evaluations results from the Sudbury-Manitoulin videoconference sites were also calculated but are not presented here due to a small number of respondents. It should be noted that across both the in person and videoconference sites, the results were fairly consistent, demonstrating the success of conducting capacity-building in both in-person and videoconferencing formats.

**“The workshop has opened up my eyes to what I need to learn about my own workplace’s practices for youth who are ageing out.”**

**“Today was excellent! I enjoyed hearing about new initiatives. I am pleased that the information gathered will be brought forward in hopes of positive change for youth!”**



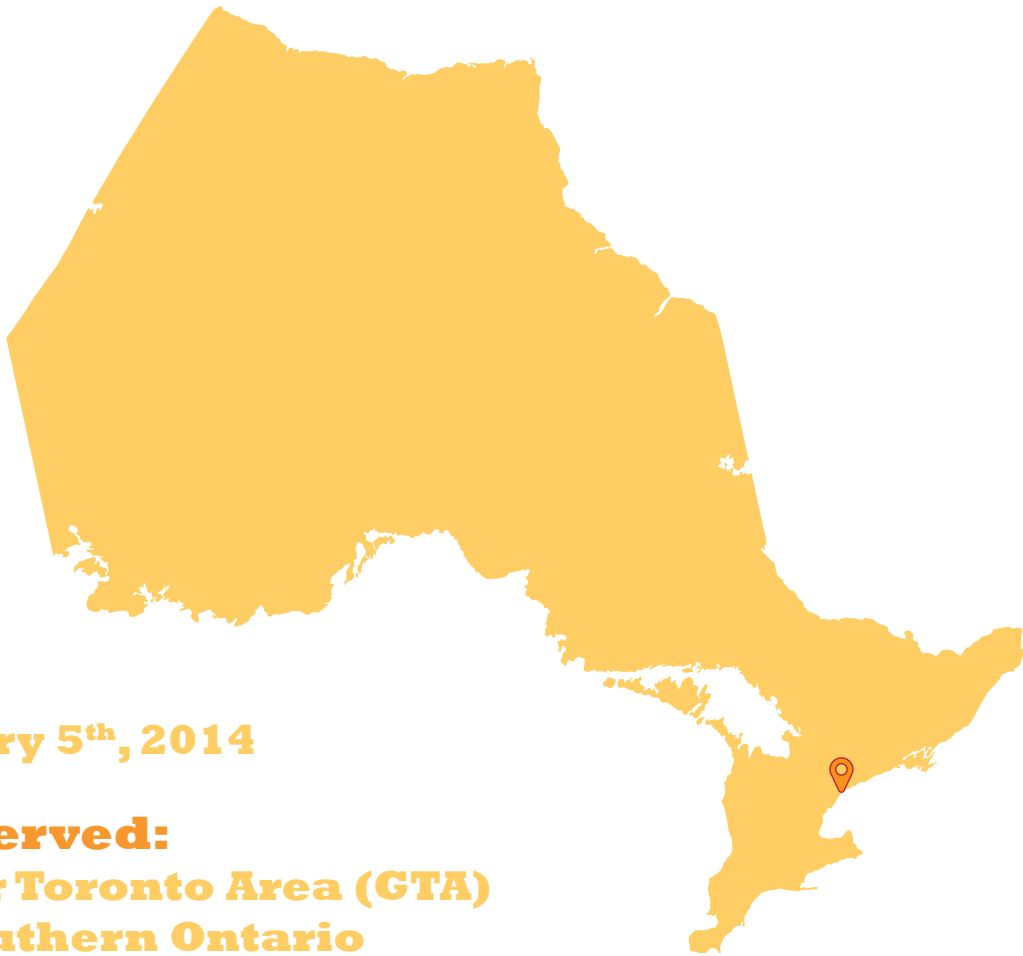
**TORONTO TAB**





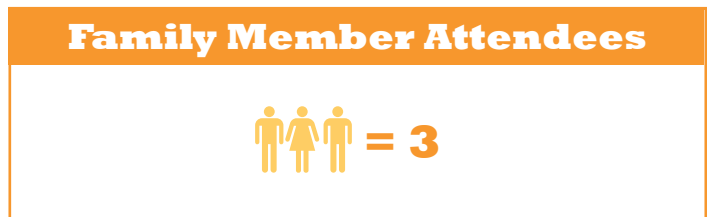
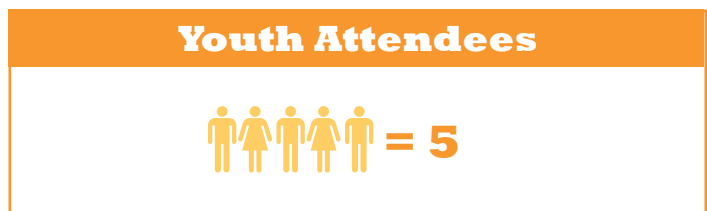
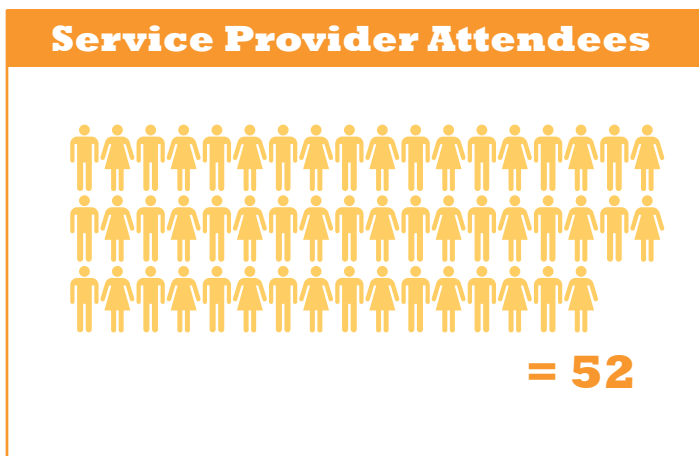
# TORONTO

The following section highlights the findings from Toronto capacity-building event. Included in this section is demographic information about the participants in this event; unique findings and recommendations from the event discussion pertaining to youth needs, barriers and solutions; and findings from the event evaluation. Please refer to the front section of this report for more information on the background of the Youth Services System Review project, the capacity-building event and project methods. The cross-site section of this report includes a comprehensive description of youth needs, barriers and solutions also relevant to youth in the Toronto communities. Please refer to Appendix H for copies of the Youth and Adult Service Provider Youth Transition Readiness Checklists.



**Date:**  
February 5<sup>th</sup>, 2014

**Area Served:**  
Greater Toronto Area (GTA)  
and Southern Ontario

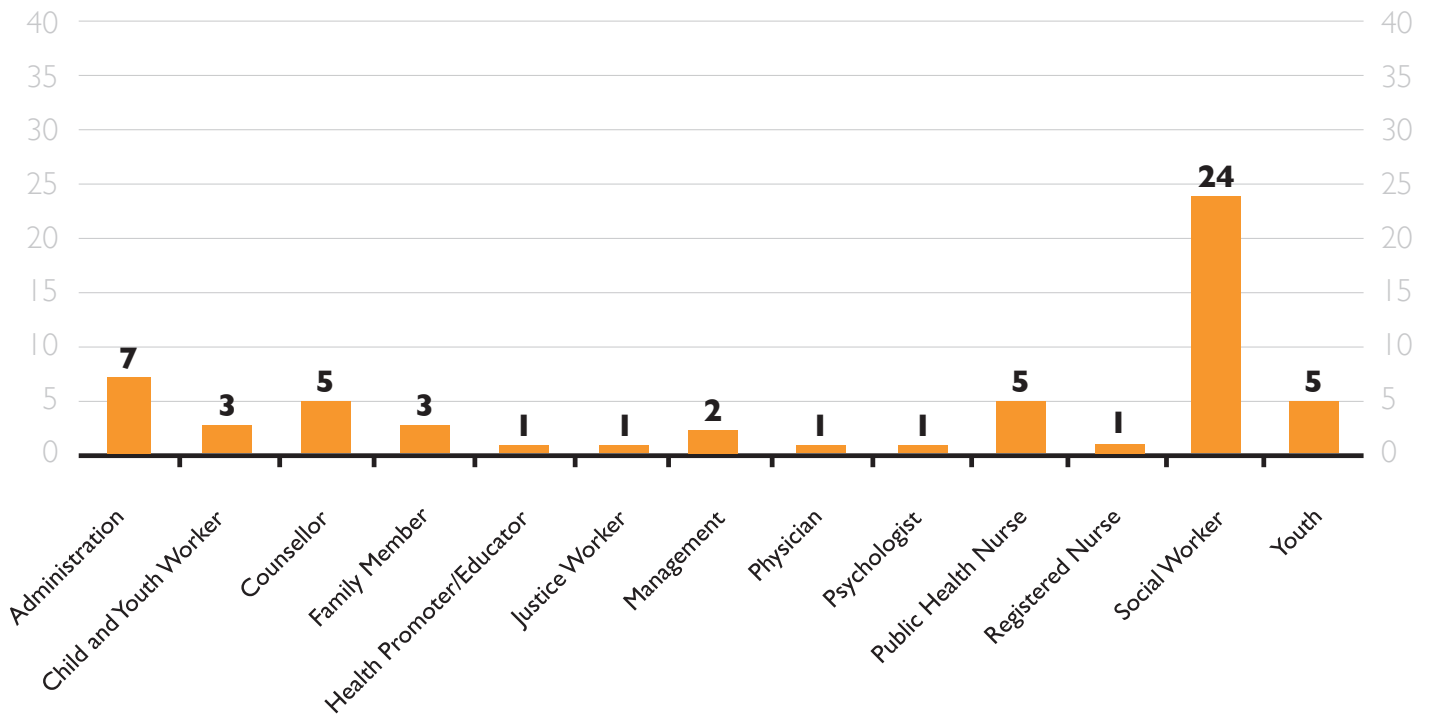


## Findings: Who We Heard From (Toronto)

### Participant Demographics (Toronto)

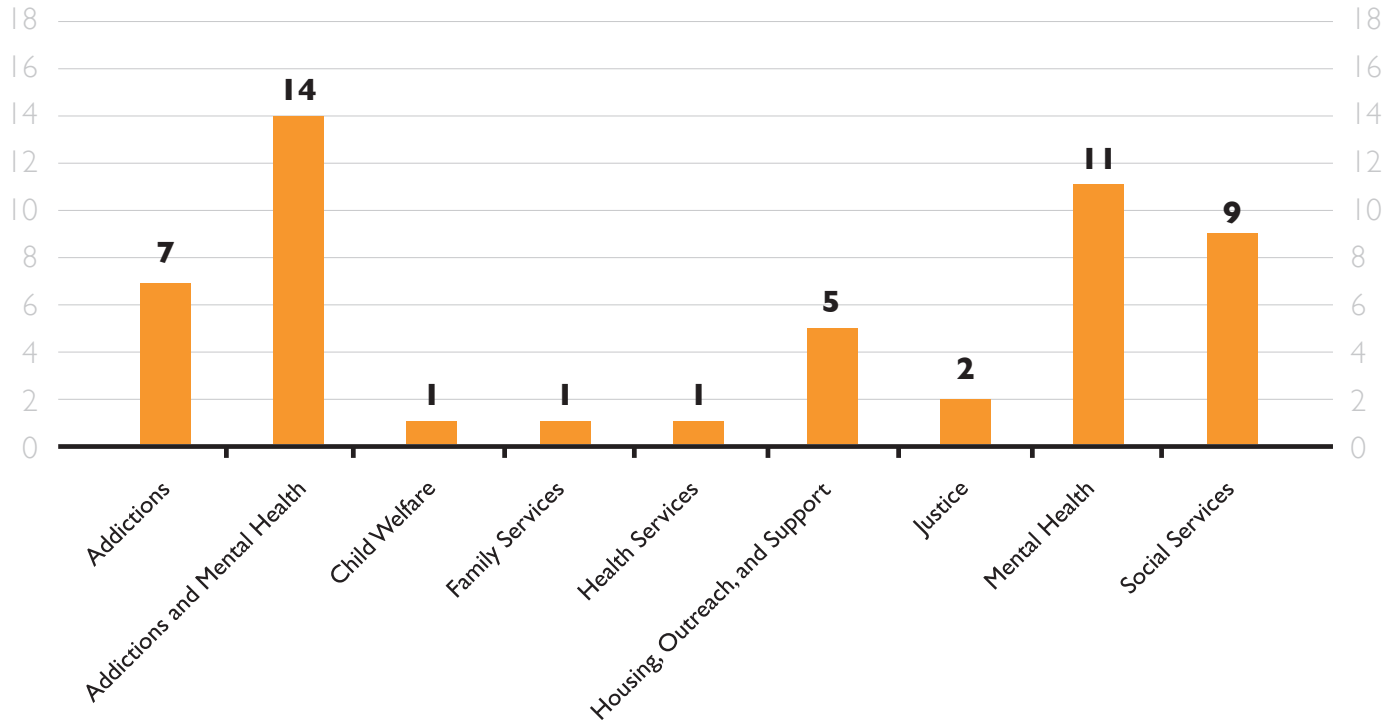
When participants registered for the event, they provided general demographic information about themselves: if they were service providers, they were asked to report on the sector in which they work, as well as information regarding the population they primarily serve (i.e., youth or adult). All participants were asked to report on their role.

**Figure 18: Toronto Participant Role**

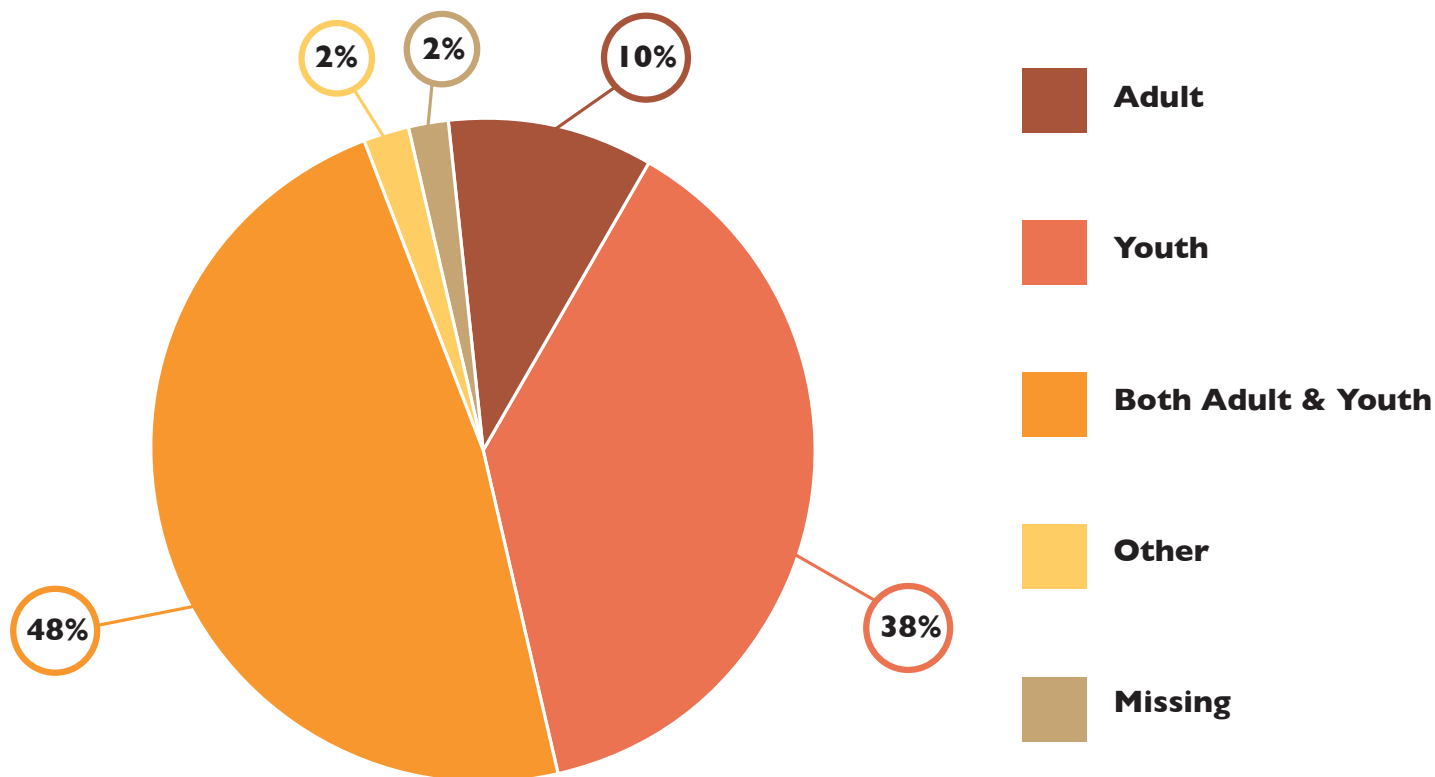


The majority of attendees in Toronto identified as social workers, followed by administration, counsellor, child and youth worker and youth. Three family members attended this event.

**Figure 19: Toronto Service Provider Demographics: Service Sector Representation**



The majority of attendees in Toronto represented the addictions and mental health sector or the mental health sector, followed by the social services; addictions; housing, outreach, and support; and justice sectors. One participant did not provide information about sector.

**Figure 20: Toronto Service Provider Demographics: Population(s) Served**

Most of the service providers who attended serve both youth and adult populations (48%), followed by those that served the youth population (38%). Ten percent of attendees served adults only, two percent served “other” populations, and two percent did not provide information about population served.

## Findings and Recommendations: What We Heard (Toronto)

Youth needs, barriers and solutions identified were very similar across the four communities that participated in “Let’s talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth”. Please refer to the overall cross-site findings for a comprehensive description of youth needs, barriers, and solutions also relevant to youth in the Toronto community. In addition, in this section, we have listed findings that were indicated to be of particular concern and interest by Toronto stakeholders, given the unique circumstances in their community.

### Youth Needs: Needs of youth 16 years to 24 years as compared to the needs of youth younger than 16 years old

As indicated in the cross-site findings, the themes and many of the needs identified by the participating stakeholders were applicable across age groups, however there were needs that were more common for youth under 16 or for transitional-aged youth, 16 -24.

### Service Components

Amongst overall gaps of adequate services and full coverage across the city of Toronto, for youth across the continuum of care, the following issues were highlighted in particular:

- Lack of withdrawal management services (WMS) and residential services
  - For youth under 16 there are no WMS or residential services at all; for youth over 16, the available services are insufficient and inappropriately integrated with adult services
- Need for mobile services and outreach to homes and community for all ages
- Need for a “one-stop shop”/drop-in for health services including substance use and concurrent disorders and immediately accessible therapy for older youth
- Need more access to psychiatric/diagnostic services.

**“Lack of psychiatric services and willingness to offer detox services.”**

### Service Delivery Model

- Need for more harm-reduction informed services for both age categories (i.e. “meet youth where they are at”)
- Need to involve youth at all levels (e.g. youth participate in staff hiring committees).

**“Youth of all ages need to feel respected and part of the process. Allow them to be part of hiring committee.”**

## Health Equity and the Social Determinants of Health

- Need for culturally-sensitive and appropriate services, provided by trained staff, to meet the needs of diverse populations of youth. Particular populations identified in Toronto included youth with substance use and/or concurrent concerns:
  - involved in sex work
  - who are pregnant or parenting
  - are newcomers to Canada.

**“Needs to be acknowledgement of services for 12-15 year olds and an understanding of substance use and sex work for this age group.”**

# Meeting the Needs of Transitional-Aged Youth: Barriers and Solutions

Following the discussion about youth needs, there was a discussion about barriers and solutions (i.e. recommendations) to meeting the needs of transitional-aged youth. The barriers and solutions identified have been categorized into the same themes as the discussion about youth needs: access, service components, service delivery model, service attributes, service provider attributes, health equity and the social determinants of health, and policy and funding issues. The barriers and solutions discussed in the overall report were identified across all sites, including Toronto. The barriers and solutions listed below were highlighted specifically by Toronto stakeholders, given the unique circumstances in their communities, particularly related to the rural nature of many of the communities.

## Access

“Easy” access to service for transitional-aged youth was seen to be of paramount importance, yet multiple access barriers were identified in the following areas: availability of services tailored to meet the needs of transitional-aged youth, awareness of available services, service facilitators (i.e. transportation, location, hours, eligibility criteria, use of social media and technology), coordination and collaboration, timely access, and referral and intake processes.

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Lack of awareness of available services amongst youth, as well as family members and service providers</li> <li>• Insufficient flexibility in service availability and long wait lists (e.g. location, hours)</li> <li>• Lack of continuity of care for transitional-aged youth</li> <li>• Limited access to care when in early stages of problem development i.e. “not being sick enough” or when problems are severe and complex; requiring a diagnosis which may be inaccessible and/or perceived to be stigmatizing</li> <li>• “Silos” between services and sectors make services unavailable and inaccessible.</li> </ul> <p data-bbox="120 1503 776 1577"><b>“Exclusionary criteria - no one wants to help people with complex needs.”</b></p>	<ul style="list-style-type: none"> <li>• Use of media to “advertise” services (i.e. flyers, bus stop ads, TTC ads, free weekly magazines, newspapers, radio ads, university residences, and social media)</li> <li>• Increased availability of services: outreach (i.e. homes, community-based locations), walk-ins, services in colleges and universities, evening/weekend services, mental health and addiction nurses in the schools, access to mental health and addiction services for youth involved with the legal system)</li> <li>• Flexible eligibility criteria – age (i.e. provide follow-up/ allow youth who have aged-out of service to reconnect with a service provider they know)</li> <li>• Flexible eligibility criteria – diagnosis (i.e. provide service to youth without requiring a diagnosis)</li> <li>• Create opportunities for cross-ministerial collaboration at the policy and program levels, including cross-sectoral training for service providers (i.e. schools, colleges/universities, hospitals, mental health and substance use treatment agencies).</li> </ul> <p data-bbox="828 1738 1484 1860"><b>“Cross sector/agencies that can offer a piece of continuum need to bring strengths of agencies together and network (e.g. universities, hospitals, community agencies).”</b></p>

## Service Components

Considering the needs of transitional-aged youth, many statements were made about the lack of developmentally-appropriate service components and related services and approaches across the continuum of care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>Lack of local youth-specific services across the continuum and across sectors that address concurrent disorders, especially residential treatment, withdrawal management and in- and out-patient services</li> <li>Challenges in service navigation given complexity of the system and youth needs.</li> </ul> <p><b>“There is a feeling of hopelessness in navigating so many different programs.”</b></p>	<ul style="list-style-type: none"> <li>Establish youth-specific withdrawal management and residential treatment for youth with concurrent disorders, that can address concurrent eating disorders and borderline personality disorder</li> <li>Provide community-based services through Family Health Teams and Community Health Centres</li> <li>Provide mobile outreach and support, including reaching youth across sectors (i.e. corrections) and providing a broad range of supports including taking youth to appointments, etc. (“not just providing a token”)</li> <li>Build and extend barrier-free walk in clinics that can “provide immediate access to therapy”</li> <li>Support and extend peer mentorship and service navigation services.</li> </ul> <p><b>“More mobile outreach. Go to youth and provide specific support. Make sure there are services for them.”</b></p>

## Service Delivery Model

Many of the issues raised related to the service delivery model also were discussed in relation to some of the other themes and include issues related to transitioning between services and sectors, the impact of age restrictions, the need for flexibility and the importance of holistic care.

Barriers	Solutions
<ul style="list-style-type: none"> <li>Lack of a “common language” across services and sectors</li> <li>Checks and balances are needed to ensure good quality program evaluation</li> <li>Multiple points of service entry make it challenging for youth to access services.</li> </ul> <p><b>“Service providers lack “access to kids” and many youth in need are not in school.”</b></p>	<ul style="list-style-type: none"> <li>Implement common assessment tools and program evaluation measures</li> <li>Establish and evaluate “central access” and “one-stop shop” service delivery models to determine how to best deliver service to avoid service duplication, lengthy wait times, and creating challenges for youth and families in determining which service is the “right” service.</li> </ul>



## Service Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Abstinence policies prevent access to treatment</li> <li>• Many barriers to service were identified for youth 18 and over related to stigma and lack of access to developmentally-informed and trauma-informed care; also need awareness of needs of youth with FASD.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a harm reduction approach that “meets youth where they are at”</li> <li>• Provide services specifically for transitional-aged youth, separate from adult services; consider “stages” rather than “ages”</li> <li>• Capacity building/training so that service provider intervention is informed at multiple levels.</li> </ul> <p><b>“Take more of a harm reduction approach OR offer a more flexible response (for mental health services too!)”</b></p>

## Service Provider Attributes

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Service providers do not always reflect the population served; don't always have sufficient expertise in concurrent disorders.</li> </ul> <p><b>“We don't have the power to make change.”</b></p>	<ul style="list-style-type: none"> <li>• Establish recruitment strategies and hiring practices that facilitate recruitment of a well-trained diverse staff group; include youth on hiring committees.</li> </ul> <p><b>“Have a proactive approach to showing non-judgmental attitudes, immediate peer support, get encouragement, catch youth when they are ready!!!”</b></p> <p><b>“One case manager that sticks with you across the whole process- don't leave you-have workers that plan to stick around-can be hurtful for you to have someone leave.”</b></p>

## Health Equity and the Social Determinants of Health

Barriers	Solutions
<p>There was a great deal of discussion about the needs of specific population groups and concern about the lack of capacity to attend to the needs of specific population groups. Populations specifically identified included Francophone youth, youth who are deaf or hard of hearing, Aboriginal youth, trans youth, pregnant and parenting youth, youth with dual diagnosis, youth with disabilities, newcomer youth, and youth from specific cultural groups. Specific barriers focused on in the discussion in the Toronto with respect to working with specific populations and barriers in addressing the broader social determinants included:</p> <ul style="list-style-type: none"> <li>• Insufficient knowledge and specific services to adequately meet the needs of a number of population groups-some specific groups noted included: youth involved in sex work, specific cultural groups, language groups, newcomer youth, pregnant and parenting youth, trans youth, youth with disabilities including mental health disabilities</li> <li>• Limited support for transportation and food.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide funding support for interpreters (i.e. language, hearing impairment)</li> <li>• Recruitment of service providers that reflect the diversity of youth served</li> <li>• Provision of diversity and cultural competence training</li> <li>• Allocate resources to support transportation needs; provision of food as part of services i.e. lunch, snacks.</li> </ul>

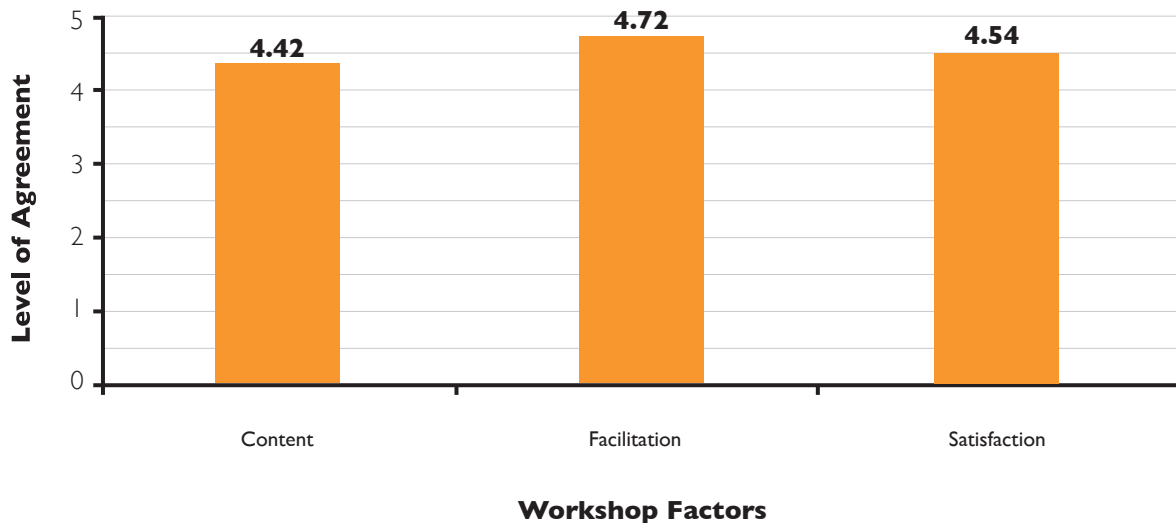
## Policy and Funding Concerns

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Funding restrictions limit service access for transitional-aged youth.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop local partnerships and networks with common sources of funding</li> <li>• Develop a needs-based funding model</li> <li>• Funding support for evaluation and research; use agency data to inform funder regarding needs and outcomes.</li> </ul>

## Findings: Capacity-Building Event Evaluation (Toronto)

Participants were asked to evaluate the event for content, facilitation, and overall satisfaction (e.g. would they recommend the event to others). 73% of attendees (n=44) completed an evaluation. Participants were asked to rate their level of agreement on a series of statements ranging from “strongly disagree” to “strongly agree.” Please refer to Appendix F for the full version of the participant evaluation.

**Figure 21: Toronto Evaluation (Overall)**



Toronto participants were overall satisfied with the content presented at the event. Specifically, they were pleased that the event offered opportunities to exchange ideas with other participants, while they felt that the event could have done more to enhance their knowledge of local resources. One participant commented that it may be helpful to invite more community agencies to learn about other initiatives and programs to help in this regard. Participants' feedback was very positive in terms of facilitation. Participants were very content with how effectively facilitators communicated materials and instructions. However, they felt the pace of the event could have been slightly adjusted. Overall, participants would recommend the event to others and felt that the event provided them with useful networking opportunities.

“Very much liked LOFT presentation, as gave insight into what they actually do, how they solved problems. Would have liked more emphasis on engagement of youth within adult focused agencies.”

“A lot of my colleagues would have loved to participate but they were on waitlist. Maybe another workshop?”

“Communication among all levels of service provides is key!”



# **APPENDICES**



# Appendix A: Phase 1 Executive Summary

## Executive Summary

The Youth Services System Review (YSSR) is a review of the current continuum of Ontario services addressing substance use that are available to youth (age 12-24). The YSSR project was funded under Health Canada's Drug Treatment Funding Program (DTFP). The project aims to describe the landscape of service available to youth and identify gaps and opportunities for collaboration to enhance services and build a system to better meet the needs of youth. Given the current interest by government and other system stakeholders in responding to unmet youth needs, the information gathered from multiple perspectives, and the resulting recommendations, have the potential to inform long term system change to better meet the needs of youth.

### Background

Substance use is very common among Ontario youth, with rates increasing through secondary school and into emerging adulthood. Although experimenting with substances is common for youth, problematic substance use is associated with difficulties in a number of domains. Youth substance use concerns are often complicated by co-occurring mental health concerns; concurrent mental health and substance use concerns are associated with increased risk for particularly severe outcomes.

A range of Ontario services address youths' substance use concerns including services funded by the Ontario Ministry of Health and Long Term Care, Ontario Ministry of Children and Youth Services, and other funding sources. Historically, youth substance use treatment services were modeled on adult services and offered to youth within adult settings. However, the needs of youth are different from the needs of adults, underscoring the need for developmentally-informed, youth-oriented services. Developmentally, adolescence (age 12-18) and emerging adulthood (age 18-25) are challenging periods of transition and change. Youths' socio-emotional needs and vulnerability to abuse and other traumas are typically greater than those of adults. Youth with complex needs or situations are often involved in multiple sectors including mental health, child welfare, youth justice, and other sectors in addition to education and health.

Information about youth service needs and evidence about what can be helpful is growing, yet youth and families continue to experience challenges in access to a cohesive system of evidence-informed services responsive to the diverse needs of youth across the province. This review is intended to inform continuing efforts to move toward this goal. The framework of the this review prioritized 1) youth focus, as youth input is crucial to inform system change, 2) hearing many voices, including family members/supporters of youth, service providers, and other stakeholders, 3) health equity approach, attending to population-specific needs and social contexts, and 4) a multi-sectoral perspective, including education, child welfare, youth justice, mental health, and other sectors in addition to substance use/addictions.

### What we did

An advisory body, consisting of multiple networks that meet around issues related to substance use and/or mental health services, provided consultation and feedback throughout the project. Based on feedback during the consultation phase, questions were developed for focus groups, surveys and interviews. We asked all stakeholders to identify strengths and weaknesses of the youth services system and make suggestions for system improvement.

Information was gathered from more than 300 youth and 300 service providers, family members, and other stakeholders. This included 17 focus groups with 186 youth, 10 interviews with service providers, and 447 stakeholder surveys, both online and paper. Qualitative analysis approaches including grounded theory and content analysis were used to analyze the data.

## What we learned

Youth, family members/supporters of youth, service providers and other stakeholders identified several strengths and weaknesses in the youth services system and made suggestions for system enhancement. When asked what is working well, many stakeholders identified specific services and service providers doing excellent work in meeting youth needs. Recent improvements in the system were also noted including identifying promising models of service delivery that could be more widely implemented. In addition to these strengths, concerns were raised in a number of areas.

### 1 Access:

All stakeholders identified insufficient access to service as a significant concern and area for improvement. Stakeholders reported:

- Shortages of available services; current levels are not sufficient to meet the needs of youth.
- Regional gaps in Northern communities - particularly remote and fly-in communities, in rural areas, and in Eastern Ontario.
- Limited awareness of available services and difficulties locating services contribute to problems with access. In addition, concerns with confidentiality discourage youth from asking for help in locating services. Youth and others advocated direct advertising of services.
- Wait times are a significant barrier and risk missing opportunities for intervention. Wait times are problematic before youth engage with services and between service components.
- Transportation, location, cost (for private services), and hours of operation (i.e., lack of evening and late night services) are additional barriers to access.
- Opportunities to improve the service system by enhancing coordination and collaboration between and within service sectors.
- Schools are an important point of access for many youth that should be more broadly utilized with external service providers (i.e., not school personnel). Additional services need to reach youth who are not in school.

### 2 Service Components:

The need for specific types of services was also an important point highlighted by service providers, families, youth and other stakeholders, who reported:

- A range of services to meet the needs of youth with varying levels of intensity (i.e., continuum of care) to address differences in severity of substance use problems and concerns needs to be provided.
- Early identification and early intervention before concerns become severe are crucial and should be strengthened.
- Gaps in withdrawal management and residential treatment are a problem. Age exclusions and service outside of youths' communities, which remove youth from their support systems, are barriers.
- Education and awareness related to substance use, which is important to reduce stigma, has improved, but continued work is needed.
- Long term prevention strategies that support families and communities before substance use issues develop are crucial and need to be more broadly implemented.



- Enhanced cross-sectoral collaboration involving schools, primary care and other sectors has the potential to reach youth more readily and increase capacity for coordinated responses to youth needs.
- Services addressing both mental health and substance use, including services for concurrent disorders, and services targeting more serious mental health concerns in conjunction with substance use problems need to be more widely available.
- Peer support and mentorship in youth substance use services play a key role in youth recovery and could be used more.
- Services for family members and others supporting youth with substance use issues are important and could be enhanced.

### 3 Service Delivery Models and Service Attributes:

How services are designed and delivered was another important area of emphasis. Stakeholders told us:

- Developmentally-informed approaches are needed in youth-specific and adult services.
- Transitions from youth to adult services need to be easier and more coordinated.
- Age restrictions reduce access and may not correspond to the developmental needs of youth.
- Service fragmentation including problems with coordination and wait times between service components magnify risk of loss of treatment gains and can demoralize youth.
- Services need to be evidence-informed and delivered by service providers with sufficient expertise.
- Other aspects of services that stakeholders felt were important and could be more widely implemented included
  - *harm reduction approaches*
  - *respect for confidentiality*
  - *efficient intake procedures*
  - *services that are effective in meeting youths' needs.*

### 4 Service Provider Attributes:

Several stakeholders underscored the crucial role that service providers play.

- Service provider/agency staff qualities and are important in supporting youths' initial involvement with services. Specific individuals can play key roles in youths' willingness to engage with services as well as in their recovery.
- Because of the vulnerable position of youth seeking services, interactions with staff that are less than positive can become barriers, discouraging youth from further engagement.
- Service providers characteristics most frequently identified as important were:
  - *perceived as caring; system limitations can give youth the impression of lack of caring*
  - *inspiring trust by expressing nonjudgmental attitudes and maintaining confidentiality*
  - *relatable, possibly with experience*

## 5 Health Equity and Social Determinants of Health:

Stakeholders also emphasized the need for services to meet the needs of diverse youth, attending to health equity and the impact of social determinants of health. Concerns included:

- Insufficient access to Aboriginal-led and Aboriginal-focused services, services addressing the needs of newcomer youth and their families, LGBTQ\*-competent services, and gender-specific services, particularly in Northern, remote and rural regions. Gaps in services for youth with learning disabilities and other neurodevelopmental disabilities.
- Gaps in services for Francophone, deaf or hearing impaired youth, and youth speaking languages other than English and French, particularly outside of urban centres.
- Youth involved with the child welfare system, the justice system, and street-involved or homeless youth are often more in need of services but have greater barriers to accessing them.
- Gaps are often more severe outside of larger urban centres.
- Services that address social determinants of health, such as housing, education and employment, support youth in making changes in their lives and increase youths' ability to engage in services.

## 6 Youth Factors:

Youth provided important information on the priorities and concerns they bring to the service system:

- Relationships are crucial to youth and impact youths' willingness to engage with services.
- Fear is a barrier to accessing services. Stigma related to substance use and to seeking services contributes to youths' fear that they will be treated judgmentally.
- Services that acknowledge youths' life circumstances and underlying factors related to their substance use are important for some youth to feel supported and understood and to address underlying issues.
- Flexible programs that allow youth to make decisions about their lives, including harm reduction approaches allowing youth to choose their treatment goals, and programs that leave room for youth to make mistakes are preferred.
- Incentives are important to encourage youth to engage with services and to reduce their substance use by supporting their connection with activities that are alternatives to using substances.

## Summary of Recommendations:

The report includes 32 specific recommendations informed by the issues identified and suggestions made by youth, service providers, family/supporters and other stakeholders.

Overall, stakeholders identified an urgent need for collaborative approaches to provide an accessible, developmentally-informed continuum of care, staffed by a competent, well-trained, engaging, caring workforce, implementing evidence-informed practices, to meet the diverse needs of youth from a range of backgrounds and experiences.

Barriers to accessing services need to be addressed, including regional gaps in services, limited awareness of available services and how to access them, age limits restricting eligibility, practical barriers including lack of transportation and hours of operation, and long wait times that discourage access and disrupt treatment.

Service delivery models for transition-aged youth need particular attention. A multifaceted approach is needed including collaboration with the adult service system to build capacity to offer developmentally informed services, increased flexibility related to age limits and increased availability of services specifically targeted to transition-aged youth.

Youth need to have as much choice as possible, considering their needs, and be actively engaged in determining their treatment involvement and goals.

The needs of families (and others in a support role) must also be considered and addressed with responsive services available individually and in conjunction with their youth.

Attention to diversity and the social determinants of health are integral; enhanced support for culturally informed population-specific approaches, including Aboriginal-led, culturally appropriate services, and services meeting the particular needs of specific populations of youth and youth with diverse experiences such as involvement with the youth justice system or child welfare system and/or homeless youth.

### **We want to hear from you!**

Thank you to everyone who gave input on how the service system could improve to address youth substance use concerns. We welcome your feedback on our project and report. Visit our website at [yssr.org](http://yssr.org) to see the full report and tell us what you think. Let's work together to build a better system of care!

*The Youth Services System Review project and production of this material have been made possible through a financial contribution from Health Canada in cooperation with the Ontario Ministry of Health and Long Term Care. The views expressed herein do not necessarily represent the views of Health Canada or the Ontario Ministry of Health and Long Term Care.*

## Appendix B: Agenda

Time	Topic/Activity
<p><b>9:00 - 9:15</b> (15 minutes)</p>	<p><b>Welcome and introductions</b> Objectives and overview of the day</p>
<p><b>9:15 - 10:15</b> (60 minutes)</p>	<p><b>Setting the Context</b></p> <ul style="list-style-type: none"> <li>• Overview of the Visual Map (15 mins)</li> <li>• Overview of the Youth Services System Review (25 mins)</li> <li>• Overview of National Youth Screening Project findings (20 mins)</li> </ul>
<p><b>10:15 - 10:30</b></p>	<p><b>BREAK</b></p>
<p><b>10:30 - 10:45</b> (15 minutes)</p>	<p><b>Activity #1 – Youth Needs</b></p> <ul style="list-style-type: none"> <li>• What are the needs of youth aged:             <ul style="list-style-type: none"> <li>• 12-15 years</li> <li>• 16-18 years</li> <li>• 19-24 years</li> </ul> </li> <li>• At your tables, write each need on a separate post-it note.</li> <li>• Stick the post-it note under the corresponding age groups on the board (in-person) or on a piece of flip chart paper (videoconference)</li> <li>• If they fit in more than one group, just write all ages at the top and stick it anywhere.</li> </ul>
<p><b>10:45 - 11:00</b> (15 minutes)</p>	<p><b>Activity #1 – Youth Needs (continued)</b></p> <ul style="list-style-type: none"> <li>• Debrief the activity as a large group:             <ul style="list-style-type: none"> <li>• What is common across the age groups?</li> <li>• What is unique for each age group?</li> <li>• What stands out at transitional years, particularly 16 or 19-24?</li> <li>• Other observations?</li> </ul> </li> </ul>
<p><b>11:00 - 11:30</b> (30 minutes)</p>	<p><b>Developmental Stages</b> What's Helpful for Transitional-aged youth</p>

Time	Topic/Activity
<p><b>11:30 - 12:00</b> (30 minutes)</p>	<p><b>Local Examples</b></p> <ul style="list-style-type: none"> <li>• Local agency presentation *</li> <li>• Questions (10 mins)</li> </ul>
<p><b>12:00 - 1:00</b></p>	<p><b>LUNCH</b></p>
<p><b>1:00 - 1:15</b> (15 minutes)</p>	<p><b>International Example</b></p> <ul style="list-style-type: none"> <li>• TIP Model (Transition to Independence Process)</li> </ul>
<p><b>1:15 - 2:00</b> (45 minutes)</p>	<p><b>Activity #2 – Meeting Youth Needs</b></p> <p>In order to:</p> <ul style="list-style-type: none"> <li>• Meet the needs of transitional-aged youth</li> <li>• Facilitate transitions between agencies/sectors</li> </ul> <p>At your table, discuss and write down on a piece of flip chart paper the:</p> <ul style="list-style-type: none"> <li>• Barriers</li> <li>• Solutions</li> </ul> <p>Ensure that each barrier has a corresponding solution.</p> <p>Write down your top 5 barriers and top 5 solutions on post-it notes.</p> <p>Stick the post-it notes on the board (in person) or on a piece of flip chart paper (videoconference).</p>
<p><b>2:00 - 2:30</b> (30 minutes)</p>	<p><b>Activity #2 – Meeting Youth Needs</b></p> <p>Debrief the activity as a large group:</p> <ol style="list-style-type: none"> <li>1. What are some of the challenges to making changes?</li> <li>2. What are some of the strategies to facilitate implementation?</li> </ol>
<p><b>2:30 - 2:45</b></p>	<p><b>BREAK (15 mins)</b></p>
<p><b>2:45 - 3:00</b> (15 minutes)</p>	<p><b>Making a Change</b></p> <ul style="list-style-type: none"> <li>• Individually, write down one change that you could make to impact service delivery at the individual, agency and community level. (15 mins)</li> <li>• Complete postcard and we will send it back to you in one month. Leave it open as you may want to add or make a change following the next activity.</li> </ul>

\* Local agencies implementing evidence-informed initiatives addressing the needs of transitional-aged youth in each community were invited to share information about their programs and their learnings. For more information regarding the presenters and their programs, please refer to the site specific tabs in this report.

Time	Topic/Activity
<p><b>3:00 - 3:45</b> (45 minutes)</p>	<p><b>Activity #3 – Supporting Change</b></p> <p>We are developing a checklist for youth and adult service providers to inform their work with transitional-aged youth.</p> <p>At your table discuss the following questions:</p> <ol style="list-style-type: none"> <li><b>1.</b> What do youth service providers need to do to prepare youth to be ready to move to adult services?</li> <li><b>2.</b> What do adult service providers need to do/consider to work effectively with transitional-aged youth?</li> </ol> <p>Please write down each item/idea on a piece of flip-chart paper (30 mins)</p> <p>Debrief the activity as a large group. (15 mins)</p> <ul style="list-style-type: none"> <li>• Ask one table to share checklist 1 and ask the other tables to share any additional points.</li> <li>• Ask a different table to share checklist 2 and ask the other tables to share any additional points.</li> </ul>
<p><b>3:45 - 4:00</b> (15 minutes)</p>	<p><b>Wrap up and evaluation</b></p>

# Appendix C: Capacity-Building Event Flyers

## Youth Services System Review

*A project examining substance use services available to youth (age 12-24) in Ontario*



YOUTH  
SERVICES  
SYSTEM  
REVIEW

**Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth**

### Description & Agenda

#### Description

YSSR is a review of the current continuum of **Ontario services** addressing **substance use** available to **youth (age 12-24)**.

#### Agenda

- ❖ Presentation of **developmentally informed** services for **transitional-aged youth**
- ❖ Facilitated discussion about **local** practices and issues
- ❖ Opportunity to develop **recommendations** for action

### Logistical Details

**Date:** January 10, 2014

**Time:** 9 AM – 4 PM  
(registration at 8:30 AM)

**Location:**  
Northridge Municipal Golf Course  
320 Balmoral Drive  
Brantford, Ontario

*Lunch and a light breakfast will be provided*

**Registration is now OPEN!**

Click [here](#) to register!

This capacity-building event is open to all **managers** and **service providers** from both youth and adult serving agencies.

This is a **collaborative event** with opportunities to discuss with fellow attendees.

**Youth** and **families** will also have the opportunity to participate in the workshop. Complete the registration form to learn more!

### Facilitators

**Joanna Henderson**, Ph.D., C.Psych  
**Gloria Chaim**, MSW  
Centre for Addiction and Mental Health

**For more information please contact:**

[kim.baker@camh.ca](mailto:kim.baker@camh.ca) or [megan.barker@camh.ca](mailto:megan.barker@camh.ca)

## Youth Services System Review

*A project examining substance use services available to youth (age 12-24) in Ontario*



YOUTH  
SERVICES  
SYSTEM  
REVIEW

### Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth

#### Description & Agenda

##### *Project Description*

YSSR is a review of the current continuum of **Ontario services** addressing **substance use** available to **youth (age 12-24)**.

##### *Workshop Agenda*

- ❖ Presentation of **developmentally informed** services for **transitional-aged youth**
- ❖ Facilitated discussion about **local** practices and issues
- ❖ Opportunity to develop **recommendations** for action

#### Facilitators

**Joanna Henderson**, Ph.D., C.Psych

**Gloria Chaim**, MSW

Centre for Addiction and Mental Health

#### Logistical Details

**Date:** February 11, 2014

**Time:** 9 am – 4 pm  
(registration at 8:30am)

**Location:**

Children's Mental Health Services  
3 Applewood Drive  
Belleville, Ontario K8P 4E3

\*Lunch will be provided

#### Registration is now open!

Click [here](#) to register!

This capacity-building event is open to all **managers** and **service providers** from both youth and adult serving agencies.

This is a **collaborative event** with opportunities to discuss with fellow attendees.

**Youth** and **families** will also have the opportunity to participate in the workshop.



## Youth Services System Review

*A project examining substance use services available to youth (age 12-24) in Ontario*



**YOUTH SERVICES SYSTEM REVIEW**

*Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth*

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#### Agenda

- ❖ Presentation of **developmentally informed** services for **transitional-aged youth**
- ❖ Facilitated discussion about **local** practices and issues
- ❖ Opportunity to develop **recommendations** for action

### Logistical Details

**Date:** January 31, 2014

**Time:** 9 AM – 4 PM  
(registration at 8:30 AM)

#### **Sudbury – In person**

##### **Health Sciences North**

Sudbury Mental Health & Addictions Centre  
127 Cedar Street, 4th floor auditorium

#### **Little Current – OTN Site**

##### **Manitoulin Health Centre**

111 Meredith Street, Room 325, 3rd floor

#### **Chapleau – OTN Site**

##### **Turning Point Decisif Services de santé de Chapleau Health Services**

8, rue Lorne Street S. C.P.1605 Chapleau

*\* A light lunch will be provided*

### Facilitators

**Joanna Henderson, Ph.D., C.Psych**  
**Gloria Chaim, MSW**  
Centre for Addiction and Mental Health

**Registration is now OPEN!**

Click [here](#) to register!

Leave feedback / Get full report @

[www.yssr.org](http://www.yssr.org)

**For more information please contact:**

[sandra.watson@camh.ca](mailto:sandra.watson@camh.ca) or [megan.barker@camh.ca](mailto:megan.barker@camh.ca)

## Youth Services System Review

*A project examining substance use services available to youth (age 12-24) in Ontario*



YOUTH  
SERVICES  
SYSTEM  
REVIEW

### Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth

#### Description & Agenda

##### Description

YSSR is a review of the current continuum of **Ontario services** addressing **substance use** available to **youth (age 12-24)**.

##### Agenda

- ❖ Presentation of **developmentally informed** services for **transitional-aged youth**
- ❖ Facilitated discussion about **local** practices and issues
- ❖ Opportunity to develop **recommendations** for action

#### Facilitators

**Joanna Henderson**, Ph.D., C.Psych; CAMH  
**Gloria Chaim**, MSW: CAMH  
**Heather McDonald**, MSW: LOFT  
**Julia Vanderheul**, SSW: LOFT

**For more information please contact:**

[megan.barker@camh.ca](mailto:megan.barker@camh.ca)

#### Logistical Details

**Date:** February 5, 2014

**Time:** 9 AM – 4 PM  
(registration at 8:30 AM)

**Location:**  
 Harbourfront Community Centre  
 627 Queen's Quay West  
 Toronto, Ontario

*Lunch and a light breakfast will be provided*

#### Registration is now OPEN!

<http://yssrtoronto5feb14.eventbrite.ca>

This capacity-building event is open to all **managers** and **service providers** from both youth and adult serving agencies.

This is a **collaborative event** with opportunities to discuss with fellow attendees.

**Youth** and **families** will also have the opportunity to participate in the workshop. Complete the registration form to learn more!

# Appendix D: Ecosystem Maps

## THE ECOSYSTEM OF INITIATIVES RELATED TO YOUTH MENTAL HEALTH AND ADDICTIONS

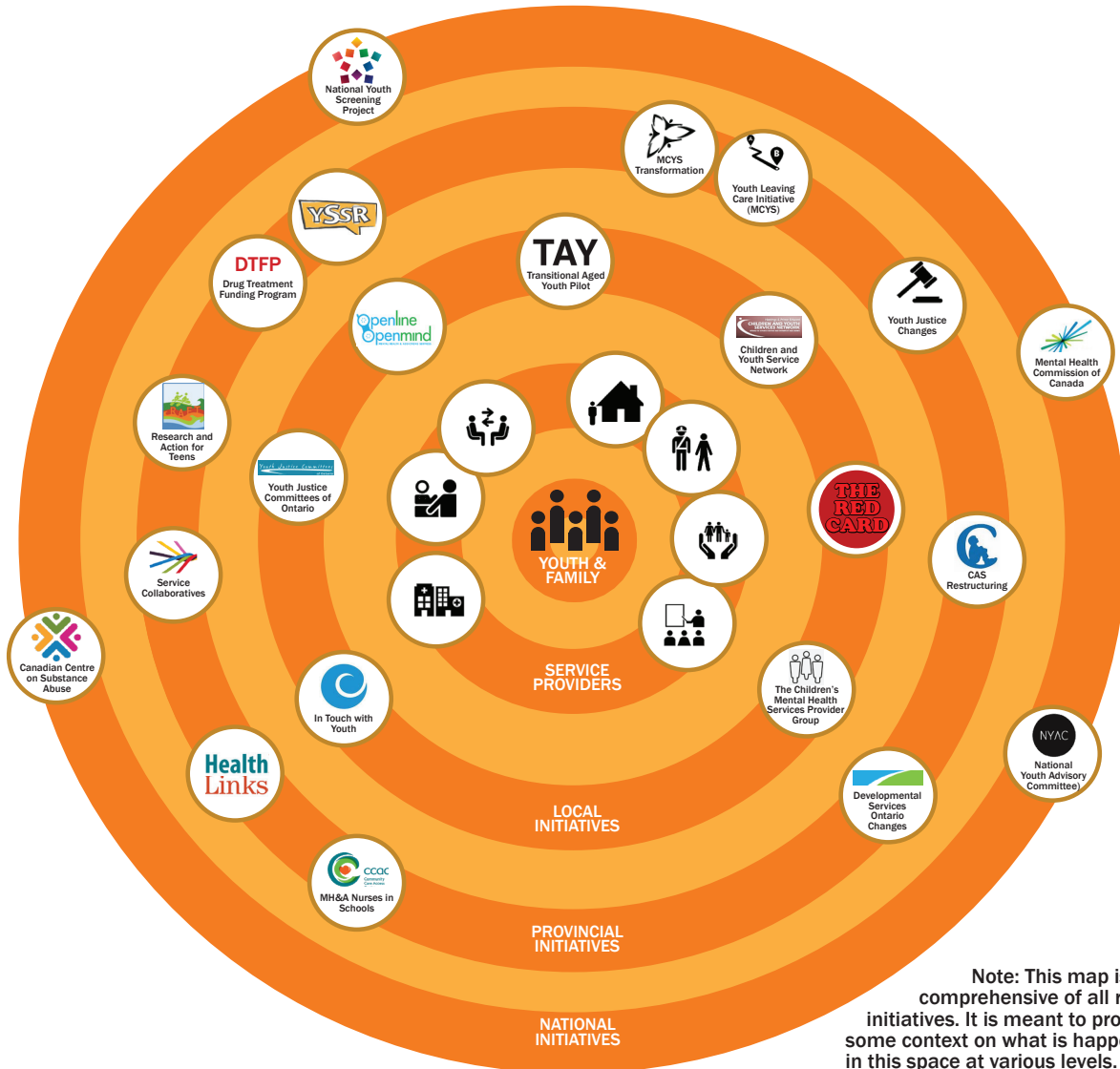
IN HAMILTON, NIAGARA, WATERLOO, WELLINGTON, HALDIMAND, NORFOLK, BRANT, AND LONDON



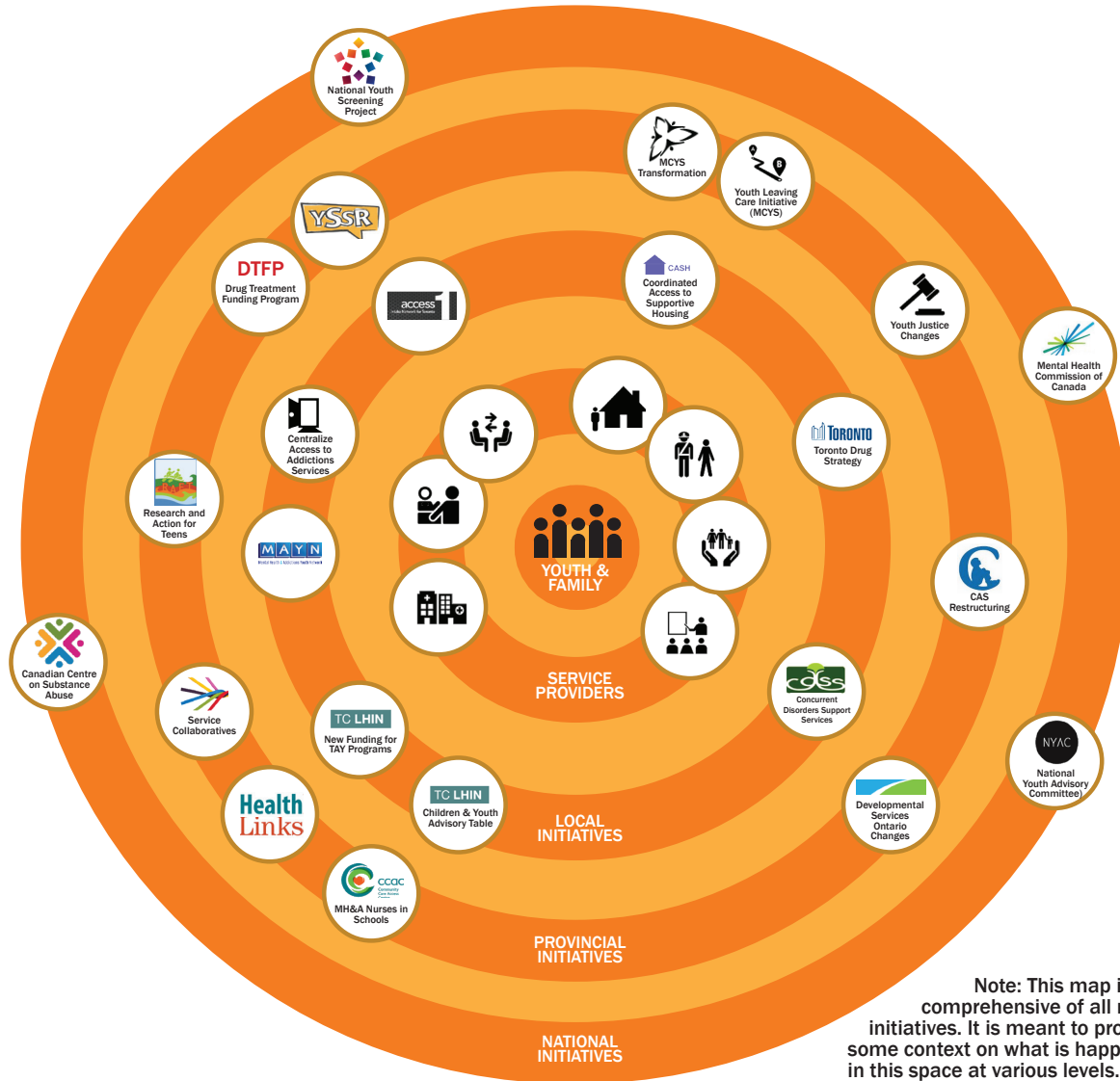
Note: This map is not comprehensive of all related initiatives. It is meant to provide some context on what is happening in this space locally and provincially.

The ecosystem map was adapted for each community and the national initiatives were added to the maps for the other communities after the first pilot capacity-building event in Brantford and Brant County. During the event in Brantford and Brant County, the national initiatives were discussed but were not represented on the map.

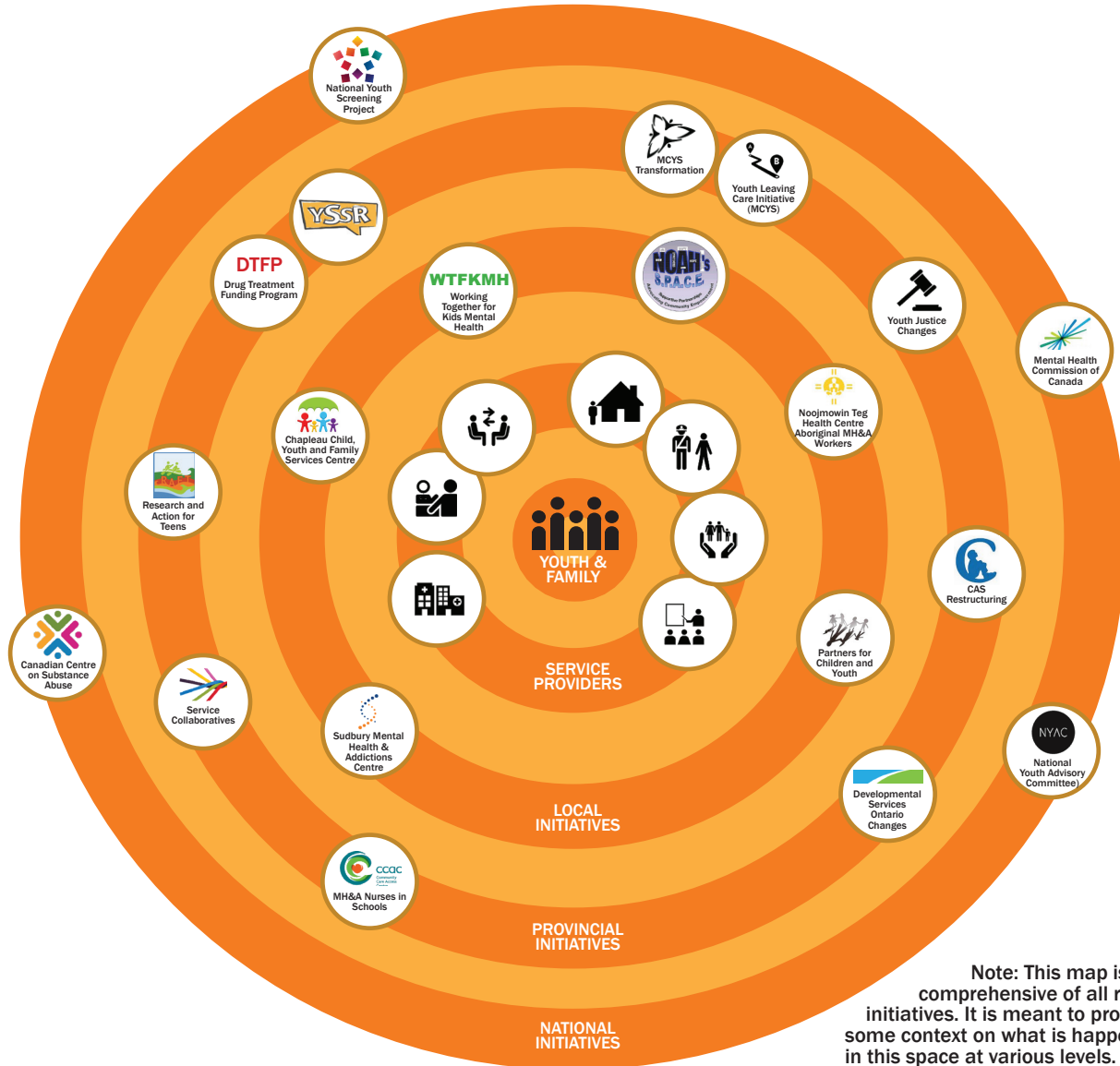
# THE ECOSYSTEM OF INITIATIVES RELATED TO YOUTH MENTAL HEALTH AND ADDICTIONS IN HASTINGS & PRINCE EDWARD COUNTIES



# THE ECOSYSTEM OF INITIATIVES RELATED TO YOUTH MENTAL HEALTH AND ADDICTIONS IN TORONTO



# THE ECOSYSTEM OF INITIATIVES RELATED TO YOUTH MENTAL HEALTH AND ADDICTIONS IN SUDBURY MANITOULIN



Note: This map is not comprehensive of all related initiatives. It is meant to provide some context on what is happening in this space at various levels.



# Appendix E: Local Initiatives Descriptions

## Brantford and Brant County

### Local Agency - Lutherwood

**Presenter:** Aaron Stauch



Lutherwood provides an array of mental health services for transitional-aged youth, including counseling, community-based supports, youth justice, and residential treatment services.

Lutherwood also offers employment services that work with Employment Ontario and Service Canada programs. For youth with housing issues, Lutherwood offers a range of housing services, transitional housing, a rent bank program, and eviction prevention. Within Employment Services the staff uses Motivational Interviewing (MI) as the predominant approach to working with youth, and its clinical modality is broad and inclusive.

Within their treatment areas Lutherwood identifies best practices and implemented clinical modalities ranging from Solution-Focused Brief to Dialectical Behaviour Therapy (DBT). These approaches are integrated into individual and residential treatment programs. Recently they have been expanding their use of attachment and trauma based approaches

Ultimately, the focus is on getting youth the right care, at the right time, and in the right place, and Lutherwood staff works with its youth to develop plans that are responsive to their needs. Youth programs interface with at-risk youth to develop the skills needed. Additionally, Lutherwood is now exploring a pilot program to allow crisis staff to use text messaging to communicate with youth experiencing acute issues. Lutherwood also cultivates a strong relationship with the police to ensure they respond in a sensitive manner when youth are in crisis. The organization also embraces extra-therapeutic factors, including: a number of informal initiatives which brings staff and youth together in a fun social setting.

## Local Agency – John Howard Society of Niagara

**Presenters:** Rachel Clair and Jerry Gemmel



The John Howard Society of Niagara supports transitional-aged youth in three domains:

- 1 Employment
- 2 Education
- 3 Justice/Corrections

Employment services comprise Employment Ontario's youth employment fund and summer job service and the Ministry of Children and Youth Services' summer jobs program. Education services include Reducing Incidents of Suspension and Expulsion (RISE), Supervised Alternative Learning (SAL) and Fresh Start (a suspension/expulsion program). Justice services involves restorative justice practices for youth offending in school programs and focuses on reparation of harm to victims, problem solving and accountability for offenders, and referrals to alternative programming. The John Howard Society of Niagara also provides access to bail verification and supervision programs, as well as transportation for youth.

## Local Agency – St. Joseph's Healthcare Hamilton Youth Wellness Centre

**Presenter:** Lisa Jeffs

St. Joseph's Healthcare Hamilton is planning to open a Youth Wellness Centre (YWC) in September 2014 to serve youth between the ages of 17 and 24. The overarching goal of this initiative is to help and support these transitional youth for 3 to 5 years and provide two main services:

- 1 Early intervention (EI) for youth struggling with mental health and addiction difficulties for the first time
- 2 Transition support (TS) for youth who are transitioning from child and youth services to adult services.

In addition, the YWC will participate in the Hamilton Community Protocol on Violence Threat Risk Assessment, which uses education and service support to stem neighborhood violence. Also, the YWC aims to raise awareness of mental health and addictions through education and community outreach and build capacity for youth-centered care within St. Joseph's mental health and addictions program. By targeting an early intervention approach to care, the YWC will improve accessibility and cost efficiency, reduce distress, and mitigate risk factors for greater illness, disability, and cost. Its youth-centered services engage transitional-aged youth at every stage of intervention, from program design to service implementation and evaluation. As such, the YWC will aim to deliver service in the most convenient location and least intrusive manner possible. Services will be individually tailored and developed using evidence-based guidelines from existing first episode psychosis literature.

The proposed staffing model includes nurse care coordinators, mental health navigators, family educators, youth mentors, occupational therapists, addictions specialists, psychologists, and psychiatrists. To increase youth engagement, the YWC has convened several youth focus groups, developed a peer-based Youth Counsel made up of 6 youth in the community, and hired a full time Youth Mentor.

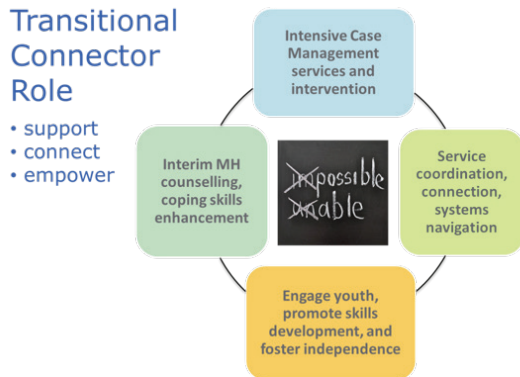


# Hastings and Prince Edwards Counties

In order to facilitate the knowledge of local transitional-aged youth initiatives, community agency presenters spoke about their strategies for providing evidence-based and effective care to transitional-aged youth. The agencies and presenters were as follows:

## Local Agency - Youthab

**Presenter:** Tanisha Vriesma



Youthab's transition services seeks to support youth during their transition to adult services by helping them locate appropriate services and cultivating life skills. The Transitional Connector, a centralized care facilitator, works with transitional-aged youth, their family, and service providers to make the transition as easy as possible.

Its specific functions are as follows:

- 1 Helping youth and their families understand the transition process and available services
- 2 Ensuring youth feel comfortable meeting with new staff and engaging new services
- 3 Making sure that care is guided by youth-centered decisions
- 4 Coordinating with, connecting to, and navigating services within the larger network on behalf of youth
- 5 Consulting, advocating, and liaising with and on behalf of youth
- 6 Accompanying youth to appointments and offering a personal introduction to new services
- 7 Supporting youth during and after the transition
- 8 Engaging youth and building on their strengths and abilities
- 9 Promoting broad skill development
- 10 Fostering independence and resilience
- 11 Providing interim mental health counseling during gaps in youth's treatment
- 12 Enhancing coping skills.

All together, the Transitional Connector coordinates transitions and services for mental health and addictions, education, employment, and living. Youthab relies on referrals to dictate Transitional Connectors' service options for their youth.

## Sudbury-Manitoulin

### Local Agency – Health Sciences North OAGS (Urban) Youth Program

**Presenters:** Rachelle Clouthier and Stewart Madon



Health Sciences North  
Horizon Santé-Nord

The Outpatient Addictions and Gambling Services (OAGS) Youth Program’s mission centers on education, motivation and harm reduction. It employs a procedural intake process and does not permit drop-in service. Outreach to the Attendance Centre Youth provides a freer, more open space for transitional-aged mandated youth involved with the justice system. The Youth Program at the Attendance Centre offers “standalone” group sessions in which transitional-aged youth can attend sessions that are directly relevant to them. In individual and group sessions at OAGS, clinical staff use youth input and a strength-based approach to guide scope of treatment and address any issues that emerge. The OAGS Youth Program is working on eliminating extra steps to access all Youth and achieving its goal of timely service. Currently OAGS has no wait time for service. OAGS believes its Youth Program is ideally situated to aid transitional-aged youth in the move from youth to adult services as all services are housed in the same program. Access to crisis case management is available if needed. The OAGS also offers parent groups and significant other groups. As well, the Sudbury Mental Health and Addictions Centre offers a “family and friends group” for individuals living with persons with mental health and addictions concerns. When necessary, OAGS is also well-positioned to provide appropriate referrals to other programs (e.g., eating disorders, early psychosis intervention, mood and anxiety, psychiatry, etc.).

### Local Agency – Health Sciences North OAGS (Rural) Youth Program

**Presenter:** Christine Blake



Health Sciences North  
Horizon Santé-Nord

OAGS services in rural areas are based on the same principles as the services in the urban areas. They employ a strength-based approach to education, motivation, and harm reduction. Intakes are accepted directly from youth, family, and other service providers. The Children’s Community Network completes intakes and connects transitional-aged youth with appropriate services, which allows for seamless interchange between the two agencies. Youth are typically served within school settings; thus, treatment tends to be more formal. Youth are prioritized highly, so wait times for services are minimal. Services are primarily offered on a one-on-one basis since addiction services are provided across the age spectrum, there is no transition required for youth accessing this service. OAGS Rural Youth services works cooperatively with children’s services case coordinators and adult mental health services to ensure access to adult mental health services as required. Case management supports are provided for youth regarding education and employment goals. Youth are encouraged to involve their parents and significant others in services. To provide care and ensure safety for youth in rural settings, OAGS collaborates with schools, child welfare, youth criminal justice systems, and other service providers. Overall, the OAGS Rural Youth Program fosters cooperation between service providers and provides knowledge of the available resources for transitional-aged youth. On the other hand, the program faces a number of challenges: Inadequate transportation to cover large, rural geographical areas, privacy and confidentiality issues in small communities, trouble connecting with families or significant others, insufficient access to other supports and services (e.g., recreational, vocational etc.), and large distances between service centres.

## Toronto

### Local Agency – LOFT Community Services

**Presenters:** Heather McDonald and Julia Vanderheul

# LOFT

Since 2010, LOFT has expanded its transitional-aged (16 to 24 years old) youth programs to include community and housing support for youth with serious mental health and addiction issues. When the organization found its funding parameters too restrictive, it restructured its operations and development finances to rely on donor funds, which permitted them to restructure their programs in order to better meet the needs of transitional-aged youth. To this end, LOFT employs a recovery-based model with an emphasis on peer support. The GAIN-SS screening tool is used to serve youth without diagnosis. LOFT is focused on providing youth-centered care based on the following principles:

- 1 Youth are involved in care decisions and program design
- 2 Care strategies integrate peer support and assistance
- 3 Ongoing care seeks to avoid treatment-related trauma attached to first diagnosis and hospitalization
- 4 Evaluations are made with age and stage-appropriate considerations
- 5 Staff makes an effort to avoid stigma
- 6 Treatment focuses on home and community-based care and fostering family support
- 7 Care addresses the social determinants of health
- 8 Recovery focuses on wellness and ability

LOFT understands that many young adults spend much of their time online and as such, have become accustomed to easy access to information and fast response time. Moreover, youth tend to be more comfortable conveying their feelings indirectly, using song lyrics and blog quotes to help describe difficult thoughts and emotions. LOFT accommodates youth needs by responding to youth and referral inquiries within 48 hours and providing on-the-ground service coordination. Ontario Common Assessment of Need (OCANS), are completed every six months in order to track progress towards determined goals. Bridging to LOFT's adult program occurs due to transitional-aged youth being housed under Wilkinson Housing and Support Services which is an adult program. It is due to numerous community and social events that the youth attend with the adult programs that make the bridging harmonious. Additionally, the organization provides peer support and allows youth to text LOFT staff, which, for this generation, is just as validating and meaningful as a face-to-face visit. The texts also offer a sort of permanence for youth, who can initiate a text conversation at will and review staff texts when they require additional support or motivation. LOFT partners with a number of referral sources, including hospitals, withdrawal management centres, The Children's Aid Society, and short-term service programs. For the first 6 months, outcome results showed a 31.4% to 86.2% increase in access to mental health support structures, involvement in work and school, and primary care access. In addition to the regular programs, LOFT also conducts evening and weekend collaborative programs with The Hospital for Sick Children and CAMH, as well as a program for Aboriginal youth. Since LOFT relies on donor funds, funding for TAY is a challenge, and the organization is always looking for ways to increase its scope of service.

# Appendix F: Evaluation



**YOUTH  
SERVICES  
SYSTEM  
REVIEW**

A project examining substance use services available to youth (age 12-24) in Ontario

## Participant Feedback Form

Thank you for your participating in:

*'Let's Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth'*

Please provide us with your feedback on the workshop by completing the following feedback form. Use an 'X' to mark whether you agree or disagree with the statement presented.

Content:	Strongly Disagree	←—————→				Strongly Agree	N/A
The workshop provided an opportunity to reflect on agency practices.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The workshop offered opportunities to exchange ideas with fellow participants.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The workshop identified gaps and opportunities that are present in the current system of service.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The participant materials were useful and relevant.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The workshop presented evidence-based research that is applicable to my work.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The workshop has prompted me to consider potential change(s) in my practice.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
The workshop has enhanced my knowledge of local resources.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	

Facilitation:	Strongly Disagree	←—————→				Strongly Agree	N/A
Facilitators/presenters were knowledgeable in the subject area.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	
Facilitators/presenters effectively communicated workshop material and instructions.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( N/A )	



**YOUTH  
SERVICES  
SYSTEM  
REVIEW**

A project examining substance use services available to youth (age 12-24) in Ontario

<b>Facilitation (cont'd.)</b>	Strongly Disagree	←—————→			Strongly Agree	N/A
Facilitators/presenters provided enough opportunities for participation.	(1)	(2)	(3)	(4)	(5)	(N/A)
The pace of the workshop was appropriate.	(1)	(2)	(3)	(4)	(5)	(N/A)

<b>Overall satisfaction:</b>	Strongly Disagree	←—————→			Strongly Agree	N/A
The workshop provided useful networking opportunities.	(1)	(2)	(3)	(4)	(5)	(N/A)
I would recommend this workshop to others.	(1)	(2)	(3)	(4)	(5)	(N/A)
Overall I was satisfied with the workshop.	(1)	(2)	(3)	(4)	(5)	(N/A)

**Comments:**

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**You may reproduce my comments (anonymously):**

**Yes:**

**No:**

**Thank you for your feedback!**

## Appendix G: Follow-up Survey

Thank you for taking the time to complete this survey about the Youth Services System Review (YSSR) event titled, “Let’s Talk: A conversation about developmentally-informed care and enhancing services for transitional-aged youth.”

### The following questions are about you:

#### Which workshop did you attend?

- Brantford – January 10th, 2014
- Sudbury – Main Site (In person) – January 31st, 2014
- Sudbury - Little Current site – January 31st, 2014
- Sudbury – Chapleau site – January 31st, 2014
- Sudbury – Espanola site – January 31st, 2014
- Toronto – February 5th, 2014
- Belleville (Hastings & Prince Edward Counties) – February 11th, 2014

#### What area of Ontario are you from?

- South West area (i.e.: Windsor, Elgin-St. Thomas, Grey Bruce, Perth, Oxford, London)
- Central West area (i.e.: Waterloo, Brant, Niagara, Wellington, Guelph, Haldimand-Norfolk)
- Central East area (i.e.: Peterborough, Haliburton, Simcoe, Peel, York Region);
- Eastern area (i.e.: Ottawa, Kingston, Renfrew, Hastings, Prince Edward)
- North East area (i.e.: Porcupine, Sudbury, Algoma, Timiskaming, North Bay)
- North West area (i.e.: Thunder Bay, Kenora, Dryden, Nipigon)
- Toronto area (i.e.: GTA);
- Other (please specify) \_\_\_\_\_

#### Which service sector do you currently work in?

- Addictions
- Child welfare
- Education
- Family services
- Health services
- Housing, outreach & support
- Justice
- Mental health
- Social services
- Other \_\_\_\_\_

#### Which population do you currently work with?

- Adult
- Youth
- Youth and Adults
- Other (please specify) \_\_\_\_\_

**To which discipline do you belong?**

- |  |  |
|--|--|
| <input type="checkbox"/> Aboriginal health worker                | <input type="checkbox"/> Occupational therapist  |
| <input type="checkbox"/> Advanced practice clinician             | <input type="checkbox"/> Pharmacist  |
| <input type="checkbox"/> Addiction counselor                     | <input type="checkbox"/> Psychologist  |
| <input type="checkbox"/> Case manager / Public health nurse      | <input type="checkbox"/> Registered nurse  |
| <input type="checkbox"/> Child and youth worker                  | <input type="checkbox"/> Researcher  |
| <input type="checkbox"/> Child and youth educator                | <input type="checkbox"/> Respiratory therapist / Clinical perfusionist / Asthma educator |
| <input type="checkbox"/> Community health worker                 | <input type="checkbox"/> Social worker   |
| <input type="checkbox"/> General practitioner / Family physician | <input type="checkbox"/> Specialist physician  |
| <input type="checkbox"/> Guidance counselor                      | <input type="checkbox"/> Teacher   |
| <input type="checkbox"/> Health promoter / Educator              | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Nurse practitioner                      |  |

**The following questions are in reference to the change that you indicated on the postcard that was recently mailed to you.****Did you successfully implement the change you indicated on your postcard?**

- Not at all
- Very little
- Somewhat
- Completely
- Not sure

**Are you currently working towards implementing the change you indicated on your postcard?**

- Not at all
- Very little
- Somewhat
- Completely
- Not sure

**If you have yet to start making the change, do you have plans to implement the change you indicated on your postcard?**

- Not likely
- Somewhat likely
- Quite likely
- Definitely
- Not sure

**What have been some of the strategies that have assisted you in making the change (check all that apply)?**

- Creating a plan of action
- Collaborating with a colleague
- Knowledge gained from the workshop
- Setting reminders/deadlines
- Formal or informal reflection
- No strategies used
- N/A - no plans to make a change
- Other (please specify)

**What have been some of the barriers to implementing the change (check all that apply)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Time  | <input type="checkbox"/> Need more concrete clinical tools    |
| <input type="checkbox"/> Funding/finances                            | <input type="checkbox"/> Course content/discussion not useful |
| <input type="checkbox"/> Organizational support                      | <input type="checkbox"/> No barriers encountered              |
| <input type="checkbox"/> Not enough staff support for implementation | <input type="checkbox"/> N/A - no plans to make a change      |
| <input type="checkbox"/> Staff/peer resistance                       | <input type="checkbox"/> Other (please specify)               |

**To what extent did your participation in the workshop change your knowledge/attitudes about developmentally-informed care and enhancing services for transitional-aged youth?**

- Very little
- A little bit
- Somewhat
- Quite a Bit
- Very much

**During the past month, in what ways have you communicated to your colleagues any of the discussion from the workshop? (Check all that apply.)**

- Brief presentations(s) (up to one hour)
- Longer presentation(s) (up to half day)
- Workshop(s) of one day or longer
- Informal discussion/information sharing with staff/colleagues
- Written article or report
- I have not shared information but plan to
- I have not shared information and have no plans to

**If you feel the survey has missed out on some important information you'd like to share with us, please take this opportunity to let us know:**

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# Appendix H: Youth and Adult Service Provider Youth Transition Readiness Checklists

Completer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Service: \_\_\_\_\_

## Checklist for Developmentally-Informed Services in Youth Services (CDSYS)

Preparing transitional-aged youth (16-24) for their transition into the adult service sector can be challenging for youth, their families, as well as service providers. This checklist provides a list of questions to help you think about how to prepare youth and their families for a successful transition, as well as facilitate a smooth hand-off between services providers in the youth and adult sectors. This checklist has been designed for use by individual service providers, service teams and agencies.

### Organizing your services to support transitions

	Checklist Item	Yes/No	If no, Plans for Development
1.	Do you have all the information your agency needs about relevant adult services? <ul style="list-style-type: none"> <li>■ About referral processes?</li> <li>■ About wait times?</li> <li>■ About eligibility criteria?</li> <li>■ About model of service delivery (e.g., groups)?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Have youth and young adults been included in developing transition supports & materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does your service incorporate strength-based approaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Do you talk about transitions in your team meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Do you have a database of adult services, including those offered through universities and colleges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Do you meet regularly with local adult services to discuss youth needs, processes and adult service options, concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Are you able to provide active transfers? <ul style="list-style-type: none"> <li>■ Can you accompany youth to adult services?</li> <li>■ Can you introduce the youth to the adult worker?</li> <li>■ Can you provide a case management bridge between your services and adult services?</li> <li>■ Can you stay connected until the youth is connected with adult services?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Do you have SOPs that include transition planning, with specific timelines (3-6 months ahead)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Do you have forms or screening tools in common with adult services to promote clear communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Do your services include opportunities for youth to learn to advocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Do you offer a prep session for transitioning to adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Do you have a program to teach youth about their brains, health and well-being?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Do you have services to help youth get connected up with housing, education, employment/income support, a family doctor, a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Do you have services to teach youth how to communicate effectively, or interpersonal skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Please let us know if you are using this checklist so we can keep you informed of updates ([Joanna.henderson@camh.ca](mailto:Joanna.henderson@camh.ca)).

15.	Does your service offer life skills development programs? (e.g., budgeting, financial literacy, apartment searches, cooking, time management, transportation, appointments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Do you regularly bring staff from adult services to your service to be introduced to youth and answer questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Do you have peer or informal transition supports available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Does your service offer a follow-up contact 3-6 months after transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Does your service monitor and/or evaluate transition success?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Are you able to keep youth who aren't developmentally ready to move on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### **Suggestions for interacting with youth to promote successful transitions**

	<b>Checklist Item</b>	<b>Yes/No</b>	<b>If no, Plans for Development</b>
1.	Have you assessed the youth for readiness for transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Have you updated the youth's assessment to ensure eligibility for adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Have you provided information about adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Have you helped the youth think through their needs and goals for the next phase of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Have you discussed with the youth their hopes, worries, potential barriers for participation in adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Have you discussed possible changes in family involvement in adult services with youth and/or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have you created a detailed (step-by-step) transition plan with the youth and given it to the youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Has the transition plan been shared with the youth's supporters/family (if youth consents)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Have you provided resources like 'questions to ask your doctor about medications'?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Are you confident the destination service provides the best available fit for the youth's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Have you discussed with the youth the details of the destination service and discussed how it may be similar/different to youth services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Has the youth been provided with a copy of all relevant documents from service (unless youth declines)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Have you ensured that the youth has had the support needed to complete the necessary paperwork?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Have you reviewed informed consent, confidentiality and limits to confidentiality with youth to ensure understanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Have you ensured you have all necessary consent to share information so youth does not have to retell story?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Have you role played first meeting with adult service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Can the youth re-contact you after they transition if it doesn't work out? Has the youth been informed of this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Have you ensured that the youth is receiving the necessary services from adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completer's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Service: \_\_\_\_\_

**Checklist for Developmentally-Informed Services in Adult Services (CDSAS)**

Engaging transitional-aged youth (16-24) in the adult service sector can be challenging for youth, their families, as well as service providers. This checklist provides a list of questions to help you think about how to prepare to work effectively with transitional-aged youth, and how to interact with them in a developmentally-sensitive way. This checklist has been designed for use by individual service providers, service teams and agencies.

**Getting ready to offer developmentally informed services/care:**

	Checklist Item	Yes/No	If no, Plans for Development
1.	Have you received training in developmentally-informed care and/or the unique needs of young adults and/or development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Are you trained/experienced in youth engagement strategies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Do you like working with youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are you familiar with the evidence about the challenges youth face in general?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Are you familiar with the challenges associated with transitions in service and treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Are materials about your services accessible to youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Did youth help develop materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Do you know who the main adolescent service providers are in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Can you offer alternatives to office based appointments, e.g., outreach into community setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Is your setting welcoming and friendly to youth? (e.g., youthful magazines? images?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Can you flex your eligibility/admission criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Are transitional aged youth able to access services when they need them?  <ul style="list-style-type: none"> <li>■ Are evening and weekend appointments available?</li> <li>■ Is the wait-time minimal and/or are other services available while the youth is on the waitlist?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Can you flex your no show/missed appointment rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Do you have any services specifically for transitional aged youth?  <ul style="list-style-type: none"> <li>■ Individual services?</li> <li>■ Youth-focused groups?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Do you have an orientation session for youth transitioning to adult services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Can you share with youth how your adult services may be different from adolescent services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Can you connect with youth using youth-friendly strategies (e.g., texting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Can you meet with the youth and their adolescent worker prior to the transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Please let us know if you are using this checklist so we can keep you informed of updates ([Joanna.henderson@camh.ca](mailto:Joanna.henderson@camh.ca)).

19.	Are you able to participate in a series of joint sessions with the youth and their adolescent worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Would you be able to attend a case conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Are you familiar with other resources for youth (e.g., legal, housing, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Can you support youth in connecting with other needed resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Do you have processes in place to systematically gather youth feedback about your services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24.	Do you have processes in place to systematically evaluate your services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### **Suggestions for interacting with youth using a developmentally informed approach**

	<b>Checklist Item</b>	<b>Yes/No</b>	<b>If no, Plans for Development</b>
1.	Are you familiar with current youth culture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Can you provide reminders about appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Have you explained the circle of care, confidentiality, and limits to confidentiality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Have you asked youth about their transition experiences, hopes and worries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Have you asked youth what their needs are?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Have you asked youth what their goals are?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have you asked youth what their barriers are for engaging in service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Have you asked the youth 'what helps you'? How can we help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Have you asked youth to identify their support people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Have you asked youth how they would like their support people involved in their care and have you obtained consents (if appropriate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Have you asked the youth who else they have shared their story with (i.e., who else has information about them) and obtained informed consent to get reports from other organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Have you had contact with previous service providers (with consent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Have you asked the youth what service supports are already in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Have you asked youth how to best reach them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Have you asked youth who to contact to book appointments (or for reminders)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Appendix E: References

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