

# Central East Priority Project Summary

Project Name: Early Youth Intervention

**Purpose of Board Review**  For Information Only  
 For Approval  
 For Endorsement to Proceed with Further Planning/Refinement/Review

**Project Charter Sponsor(s)** Durham West Collaborative

**Project Type**  Service Enhancement  
 New Service / Program  Single Phase Project  
 Integration Activity  Multi-Phase Project  
 Demonstration Project

**Funding Required** 52,357 [2007-2008]; 226,950 [2008-2009]; Total \$279,307

**Funding Source** LHIN Priority Funding  
**Funding Year (s)** 2007/2008 & 2008/2009 & beyond as appropriate  
**Funding Type** Demonstration project appropriate

**Anticipated Project Owner (Accountability)**  CE LHIN  Assigned CE LHIN Project Team  
 CE LHIN Health Service Provider

**Project Deliverables / Goals**

1. Identify strategies for prevention and health promotion and develop and oversee the implementation of a best-practices guided plan
2. Identify available strategies for youth early intervention and develop an implementation of the plan
3. Establish a Taskforce to develop partnerships; develop a preferred "client journey/map"; create standardize protocols related to youth transitioning into adult mental health and addiction services, address standardizations

**Project Timelines** Start: January 2007 Completion: March 2009

**Project Reviewed By:** Networks: *Mental Health and Addictions*  
Collaboratives: *Durham West*  
Task Groups: *N/A*  
CE LHIN Staff: *Initial review*  
DMF: *80.4%*

## Strategic Directions

- The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- Healthcare will be person-centred in safe environments of quality care.
- Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- Resource investments in the Central East LHIN will be fiscally responsible and prudent.

## Priorities for Change

- Seamless Care for Seniors
- Mental Health and Addictions
- CDPM
- Wait Times and Critical Care

## Enablers

- Primary Care
- E-health
- Health Services Planning
- Health Human Resources
- Diversity
- Back Office Transformation
- Moving People Through The System

## System Outcomes

- Accessible
- Safe
- Appropriately Resourced

Project Charter

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<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> People Centred	<input type="checkbox"/> Equitable
<input type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Focused on Population Health

Project Name <b>Youth Early Intervention Strategy</b>		Project Acronym or No.	
Project Sponsor Durham West Collaborative		Target Project Completion Date 2009/03/31	
Project Lead/Project Manager Proposed funding through existing TPA within CE LHIN.		Version No. 3.1	Version Date 2007/12/05

## Project Background

The development of a Youth Early Intervention Strategy was initiated by the Durham West Collaborative, as the Project Sponsor, in partnership with the Mental Health and Addictions Network, on several bases:

- The Central East LHIN identified Youth Early Intervention as a Priority Project, within the priority area of Mental Health and Addictions, of the Integrated Health Services Plan
- The demographics within CE LHIN and in particular Durham West, show a robust rate of projected population growth. Ministry of Finance (2007) population projects evidence that the age 10-24 grouping, and in particular 15-19 age grouping will continue to trend higher in coming years.
- Throughout Central East, and Ontario, there is broad recognition in the value of prevention and early intervention strategies, and the Durham West Collaborative identified a current gap not having strategies that could have considerable benefit, among youth and families in CE LHIN.
- Data has demonstrated that about 1 in 5 adolescents will experience mental health and addiction issues. Specifically, 18% of Ontario's children have a diagnosable mental health disorder (Children's Mental Health Ontario, 2004; Ontario Child Health Study, 1989; Stats Canada 2002).
- Currently both the child/adolescent and adult mental health systems offer treatment modalities with a high degree of excellence, however there remains significant gaps in resources dedicated to education, prevention and early intervention. Moving services and interventions to an earlier point (ie. "upstream"), enables broader public knowledge to be accessible, potential clients to be identified sooner, and earlier access to provide service prior to crises or worsening of mental illness.
- Service providers and consumers recognize current challenges in transitioning youth between adolescent mental health and adult mental health services. These systems often operate in a fragmented manner that creates barriers to smooth transitions. Unnecessary delays in early identification, treatment, continuous care planning and the "hand-off" of care from one provider to the next, and wait periods result when service providers are unable to efficiently respond to transitioning.
- Well recognized by youth, families and service providers is that youth are currently falling through cracks in the system, with the result of homelessness among youth and young adults, avoidable hospital admissions, and demands on other health and social services.
- Youth are living increasingly complicated lives that often contribute to feelings of hopelessness and little ability to control their lives; resulting in stress, often enduring stress that can impact mental health.
- With the highly diverse demographic profile within CH LHIN, especially Scarborough and Durham West, special attention should be given to youth from diverse communities, who face numerous challenges in migration, language, values and identity that pose tremendous stress on youth mental health, and their families.
- Finally, it is well-summarized in *Out of the Shadows at Last* (2006): "It is the responsibility of mental health professionals to work in concert to tear down barriers within and between the adult and children's systems. All treatment services, be they community-, school- or community-based, should be fully integrated to ensure children and youth receive age appropriate interventions for as long as they are needed," (2006, Standing

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## Project Background

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Committee on Social Affairs Science and Technology, p.145)

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## Project Scope

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## Project Purpose

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The current project focuses on the special needs of adolescents and envisions LHIN-wide opportunities to move services “upstream” through education and prevention, early intervention, and improved transitioning of youth from adolescent to adult mental health services.

Three primary streams of activity are envisioned:

1. Prevention and Health Promotion interventions are based on the recognition that adolescents have a “right” to information about mental health, mental illness and addiction that will increase their knowledge, help self-identify symptoms, help facilitate earlier identification, understand the normalcy of mental illness/addiction, and provide assurance about available treatment resources. Health promotion has an overall goal of improving mental health, through targeting determinants of health and empowerment. Envisioned are more positive attitudes and acceptance toward mental health, building on strengths and assets of youth populations, decreased stigma and increased knowledge about signs/symptoms and available services, and enhanced self reliance and capacities of youth in taking care of their mental health.
2. Early Intervention offers an opportunity for youth experiencing signs and symptoms of mental illness/addictions to receive a level of intervention based on the principle of accessibility. This project component responds to the issue that mental illness and addiction often commences during adolescence and can be more effectively managed, when the response is immediate and appropriate. An environmental scan of available options would identify a selected practice, through such sources as CMHA, CAMH, CMHO, CHEO, Sick Kids, Kinark – Durham. Public awareness of services and the inclusion of families is central to this component.
3. Transitions between adolescent and adult mental health systems. This component responds to recognized challenges in gaps that often exists between services funded by MCYS and MOHLTC funded programs, with the vision of achieving a seamless model that integrates care planning and service provision across all age spans. Resolved, will be fragmentation and disjointedness during the ages 14-21, when existing adolescent client are often being identified as needing continued, longer term care. The potential of a new Taskforce including adolescent and adult service providers, MCYS and MOHLTC representation, consumers and others would build seamlessness, collaboration, and effect progress toward this project component.
  - Preliminary list of funded “transitional” agencies (ie. have transitional workers) includes:
    - RVHS, WMHC, Frontenac, Children’s Case Coordination and Resources for Exceptional Children and Youth (Durham), Youth Justice, Durham Social Services, youth shelters.

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## Strategic Alignment

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There are numerous avenues of existing support at the ministerial level including public policy. The most recent publication of such evidence is the Ministry of Children and Youth Services, *Ontario's Policy Framework for Child and Youth Mental Health* (2006) which identifies extensively the need for children, youth and their families/caregivers having access to a flexible continuum of timely and appropriate services. Specifically:

*"Facilitate effective transitions at multiple points that will support continuity of services and supports for children/youth with mental health problems/illnesses, including during:...transitions to adult mental health services and supports (e.g., adolescent mental health services to adult mental health services)"* (p.12)

### **Additional policy and organizational elements that would further support this Project:**

- Integration of Mental Health and Addictions at Ontario Ministry of Health and Long Term Care
- Priority Project within Central East LHIN IHSP
- Provincial strategy for Early Intervention in Psychosis Programs
- Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (2006)
- *Setting the Course*, MOHLTC (1999), that identified Youth as one of 12 priority areas
- *Making it Happen*, Operational Framework for Mental Health, MOHLTC (1999)
- *Making Services Work for People*, MCSS
- Alignment with future Clinical Services Plan of CE LHIN
- Concurrent Disorders Network of Durham Region
- Capacity Building process of Ontario Children's Aid Societies

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## Project Benefits

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Numerous benefits would result from all project components. The Durham West Collaborative recognizes the immense value in having an actual strategy for prevention and education, early intervention and transition, across CE LHIN.

- Among the benefits of the Prevention and Health Promotion component will be:
  - Short and long term cost savings related to a more knowledgeable community that identifies mental health and addiction issues at an earlier stage and who seeks access earlier (and for shorter durations of time)
  - Improved access to information
  - Improved knowledge and awareness of mental health
  - Reduced stigma toward mental illness
  - Inclusion of families
  - Overall reduction in risk factors for mental illness: crime, school drop out, substance use and abuse, high-risk sexual behaviour, isolation and boredom.
  - An holistic approach delivered to meet the needs of diverse youth populations
- Among the benefits of Early Intervention will be:
  - Better treatment outcomes, improved resiliency
  - Reduced functional impairment of youth and families
  - Reduced dependence on social, health and other services
  - The ability to treat individuals earlier, and less intensively, than waiting until adult-stage significant health problems occurs.
- Among the benefits of improved Transitioning will be:
  - Improved efficiency and effectiveness of existing services based on improved transitioning of clients between existing providers
  - Improved seamlessness and system performance that follows the individual throughout the continuum and across sectors

**Project Benefits**

- Improved access to care/services
- Better treatment outcomes, improved resiliency, and cost savings to health system
- Improved retention of youth and young adults in transitioning from youth to adult services
  
- It should also be recognized that this project offers global, longer-term benefit across other health systems, such as:
  - reductions in hospital emergency visits and admissions
  - reduced likelihood of future cardiovascular needs
  - reduced demands upon primary care and chronic disease resources
  - improved self-efficacy by increasing academic, social, physical and emotional competence
  - resiliency - heightening self-esteem and promoting pro-social behaviours
  
  - social participation and inclusion

**Goals, Objectives & Performance Measures**

Goals	Objectives/Deliverables	Performance Measures
1. Identify strategies for prevention and health promotion and develop and oversee the implementation of a best-practices guided plan	A. Conduct environmental scan of all existing/known strategies of prevention/education and healthy promotion, within Central East and recognized centres in Ontario (eg.,CAMH, CHEO) B. Review results of scan in comparison with best practice guidelines, documented evidence and field experience of each intervention. Disseminate results C. Develop strategy D. Implement strategy	<ul style="list-style-type: none"> <li>• Completion of scan</li> <li>• Success in identifying preferred models for prevention and education</li> <li>• Plan in place for prevention and education across the CE LHIN</li> <li>• Successful implementation of strategy. Indicators include: # individuals served; # prevention sessions per year; attitudinal changes toward mental health</li> </ul>
2. Identify available strategies for youth early intervention and develop an implementation of the plan	A. Conduct an environmental scan of early intervention strategies within Central East and recognized centres in Ontario B. Review results of scan in comparison with best practice guidelines, documented evidence and field experience of early intervention. Disseminate results C. Develop strategy	<ul style="list-style-type: none"> <li>• A/B/C. Success in identification of an appropriate strategy for CE</li> </ul>
3. Establish a Taskforce to develop partnerships; develop a preferred “client journey/map“; create standardize protocols related to youth transitioning into adult mental health and addiction services, address standardizations	A. Identify key stakeholders (eg., MCYS, MHOLTC, Kinark, Children’s Case Coordination, adult mental health providers, East Metro Youth Services, Youthlink etc.) B. Convene inaugural meeting with Terms of Reference C. Reduce re-admission and	<ul style="list-style-type: none"> <li>• Success in creation of Network; # of organizations</li> <li>• Committed plan that is embraced by system</li> <li>• Longer term improvement in re-admission rates</li> </ul>

Goals	Objectives/Deliverables	Performance Measures
	recidivism	

**Project “IN” & “OUT” of Scope Items**

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> <li>• Mental health and addiction education to adolescents and families</li> <li>• Multi-sectoral partnerships across all three components, between organizations</li> <li>• An integrated action plan</li> <li>• Significant input/involvement of youth and their families</li> <li>• Actively seeking input from diverse communities in understanding youth issues pertaining to mental health and involving youth, families and health or non-health related service organizations</li> <li>• Transitions from youth to adult services</li> <li>• Communications of project, progress and outcomes</li> <li>• Engagement of service providers and consumers</li> <li>• Engagement in new strategic, purposeful relationships</li> <li>• Broad input</li> <li>• Holistic health approach</li> <li>• Cultural competence</li> <li>• An integrated component within the future Clinical Services Plan of the LHIN</li> </ul>	<ul style="list-style-type: none"> <li>• Broad public education for all age groups</li> <li>• Implementation or provision of direct clinical service</li> <li>• Bed coordination</li> <li>• Provincial policy issues relating to different ministries</li> </ul>

**Project Timelines – Total Duration 18 mths**

High-Level Milestones	Target Completion Dates
<p>From the point of approval, it is recommended that this project be funded from Oct 07 to March 09.</p> <p>Project Kick-off</p> <p>Coordinator Staff hired</p> <p><b>Components 1 and 2 (Education/Prevention/Health Promotion and Early Intervention)</b></p> <ul style="list-style-type: none"> <li>Environmental scans</li> <li>Review of scans and best practices</li> <li>Decisions RE: methods</li> <li>Implementation</li> </ul> <p><b>Component 3 (Transitioning)</b></p> <ul style="list-style-type: none"> <li>Inaugural meeting of New Taskforce</li> </ul>	<p>Late April, 2008</p> <p>Late May, 2008</p> <p>Dec 08</p> <p>Jan/Feb 08</p> <p>Feb 09</p> <p>Mar 09</p> <p>Oct. 08</p>

High-Level Milestones	Target Completion Dates
Project Completion	May 09

**Project Team**

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
1. Coordinator	1a) Facilitate all elements of project toward completion. b) Conduct environmental scans, compile results and review against best-practices c) Work collaboratively with all partners and stakeholders d) Chair new Taskforce for Transitions	17 months	<ul style="list-style-type: none"> <li>▪ Significant. This position will be point-person for all activity.</li> </ul>
2. Clerical	2a) Support Coordinator b) Engage in background information searches c) Prepare documents, including summary of scans	17 months	Significant.
3. Communications of CE LHIN	3a) Provide advice and leadership regarding communication options and strategies  <ul style="list-style-type: none"> <li>• Participation in environmental scans and implementation phase of prevention and education strategy</li> <li>• Participation within the proposed Transitional Services Network</li> </ul>	17 months	As required.

**Project Partners**

Partners	Common Interests & Priorities	Roles & Responsibilities
<ul style="list-style-type: none"> <li>• The Youth Centre and other CHCs</li> <li>• Ministry of Children and Youth</li> <li>• Whitby Mental Health Centre</li> <li>• Lakeridge Health</li> <li>• Youth and Adult Justice</li> <li>• Rouge Valley Health System</li> <li>• Mental Health and Addictions Network of CE LHIN</li> <li>• CMHA (LYNX Program)</li> <li>• All School Boards within Central East Region</li> <li>• Children’s Mental Health Organizations and CASs within Central East Region</li> <li>• CE CCAC</li> <li>• Public Health</li> <li>• Municipal Social Services</li> <li>• Durham Mental Health Services</li> <li>• Haliburton Highlands Mental Health Services</li> <li>• CAMH</li> </ul>	<p>All:</p> <ul style="list-style-type: none"> <li>• Commitments to improvements across mental health system, broadly</li> <li>• Commitment to closing current gaps</li> <li>• Recent investments in diversion programs are strategically aligned with current project</li> <li>• Broad engagement strategy across LHIN</li> </ul>	<ul style="list-style-type: none"> <li>• No commitments have been made, nor have MOUs been established</li> </ul>

**Project Stakeholders**

Stakeholders	Interests & Needs	Management Strategies
<ul style="list-style-type: none"> <li>a) Youth and their families</li> <li>b) Social Service, health care agencies within Central East Region</li> <li>c) Primary health care service providers (family physicians, nurse practitioners)</li> </ul>	<ul style="list-style-type: none"> <li>a) Initiative developed to impact directly upon their quality of life and ability to access support/treatment when needed</li> <li>b) Initiative will influence how they deliver services, etc.</li> <li>c) As above</li> </ul>	<ul style="list-style-type: none"> <li>a) Engagement; clear, ongoing communication/involvement</li> <li>b) Ongoing involvement as a project partner by representatives of both youth and their families</li> <li>c) Focus group involvement</li> </ul>

Stakeholders	Interests & Needs	Management Strategies
d) Central East LHIN	d) Addresses priority initiative for the LHIN	d) Clear, ongoing communication
e) School Boards	e) May become the primary service delivery venue for the education and prevention phase of the project	e) Representation
f) Mental health and addiction service providers	f) Engaged through environmental scans, consultation and participation on Taskforce	f) Engagement

**Other Related Projects & Initiatives**

Project/Initiative	Interdependency & Impact
a) Very similar to LHIN Priority area in stigma-reduction efforts (to be started)	a) The Education and Health Promotion component of current project falls directly in support of stigma-reduction strategy

**People & Organization Change Impacts**

Description of Impact	Impact Management Strategies
<ul style="list-style-type: none"> <li>Prevention and Health Promotion – A well defined “package” for implementation will have immediate positive impact for youth/students, peers, families and teachers at area school boards. Education and knowledge has tremendous benefit within the general population, especially for those experiencing “early signs.”</li> <li>Early Intervention – Impact will be felt by youth, their families and community service providers as the strategies developed will potentially alter the method of delivering service (eg.integration of a screening protocol into day-to-day practice) as well as the timing of service delivery</li> <li>Transitions – community-based service agencies will be impacted as, by definition, the transitions segment of the project will require a change in processes for individual agencies in order to smooth a sometimes problematic process. Transitional age youth will also be positively impacted as the result of this part of the initiative should be a seamless movement within a better defined and more integrated system of service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Clear, open communication</li> <li>Engagement in the development process</li> <li>Maximizing synergies with existing strategies</li> <li>Integrate education and prevention initiatives into school curricula</li> <li>Ongoing communication, emphasis on “up-front” education and training</li> <li>Minimize gaps in the system</li> <li>Reduce street kids and homelessness</li> </ul>

**Project Communications – *Please note: A draft communications plan, based on the template below, was developed by the Pre-Project Planning Group of Durham West Collaborative. To conserve space, these details are available under separate document.***

Audience	Information Needs	Format & Timing	Responsible
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**Project Risks**

Risk	Likelihood	Impact	Risk Response
<ul style="list-style-type: none"> <li>CE LHIN does not accept/ support Project Charter</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Project does not proceed as immediately as hoped</li> </ul>
<ul style="list-style-type: none"> <li>Funding to hire supports required for the project, in the form of a Project Coordinator and Administrative Support, is not approved.</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Develop strategy to have partnership of organizations contributing resources and in kind supports.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of cross sectoral representation on project team. (Don't get the "right people" on the project team)</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Effective communication strategy focusing on the benefits of the strategy development for all sectors providing service to children.</li> </ul>
<ul style="list-style-type: none"> <li>Environmental scan does not support premise that there are gaps in services or that services for children with mental health and or addiction issues are fragmented.</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>Moderate</li> </ul>	<ul style="list-style-type: none"> <li>Project to focus on knowledge transfer of strategies employed by successful communities to those communities not meeting success in the provision of supports to the target population</li> </ul>

**Critical Success Factors**

- Requested funding to support project management
- Shared interest from project stakeholders
- Ability to hire (or have seconded) a Coordinator with proper skill set, within short timeframe

**Assumptions & Constraints**

Assumptions	Constraints
a) That the broader mental health and health systems will support Charter, and associated activities b) That Youth Early Intervention will remain a priority project area c) That youth populations will absolutely benefit directly from this project	No specific constraints are identified.

**Sign-Off**

**Workstream Lead/Project Sponsor**

Name & Organization	Signature	Date

**Project Lead/Project Manager**

Name & Organization	Signature	Date

**Project Partners**

Name(s) & Organization(s)	Signature(s)	Date(s)

**Project Team Members**

Name(s) & Organization(s)	Signature(s)	Date(s)

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There are numerous avenues of existing support at the ministerial level including public policy. The most recent publication of such evidence is the Ministry of Children and Youth Services, *Ontario's Policy Framework for Child and Youth Mental Health* (2006) which identifies extensively the need for children, youth and their families/caregivers having access to a flexible continuum of timely and appropriate services. Specifically:

*"Facilitate effective transitions at multiple points that will support continuity of services and supports for children/youth with mental health problems/illnesses, including during:...transitions to adult mental health services and supports (e.g., adolescent mental health services to adult mental health services)"* (p.12)

### **Additional policy and organizational elements that would further support this Project:**

- Integration of Mental Health and Addictions at Ontario Ministry of Health and Long Term Care
- Priority Project within Central East LHIN IHSP
- Provincial strategy for Early Intervention in Psychosis Programs
- Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (2006)
- *Setting the Course*, MOHLTC (1999), that identified Youth as one of 12 priority areas
- *Making it Happen*, Operational Framework for Mental Health, MOHLTC (1999)
- *Making Services Work for People*, MCSS
- Alignment with future Clinical Services Plan of CE LHIN
- Concurrent Disorders Network of Durham Region
- Capacity Building process of Ontario Children's Aid Societies

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## Project Benefits

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Numerous benefits would result from all project components. The Durham West Collaborative recognizes the immense value in having an actual strategy for prevention and education, early intervention and transition, across CE LHIN.

- Among the benefits of the Prevention and Health Promotion component will be:
    - Short and long term cost savings related to a more knowledgeable community that identifies mental health and addiction issues at an earlier stage and who seeks access earlier (and for shorter durations of time)
    - Improved access to information
    - Improved knowledge and awareness of mental health
    - Reduced stigma toward mental illness
    - Inclusion of families
    - Overall reduction in risk factors for mental illness: crime, school drop out, substance use and abuse, high-risk sexual behaviour, isolation and boredom.
    - An holistic approach delivered to meet the needs of diverse youth populations
  - Among the benefits of Early Intervention will be:
    - Better treatment outcomes, improved resiliency
    - Reduced functional impairment of youth and families
    - Reduced dependence on social, health and other services
    - The ability to treat individuals earlier, and less intensively, than waiting until adult-stage significant health problems occurs.
  - Among the benefits of improved Transitioning will be:
    - Improved efficiency and effectiveness of existing services based on improved transitioning of clients between existing providers
    - Improved seamlessness and system performance that follows the individual throughout the continuum and across sectors
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**Project Benefits**

- Improved access to care/services
- Better treatment outcomes, improved resiliency, and cost savings to health system
- Improved retention of youth and young adults in transitioning from youth to adult services
  
- It should also be recognized that this project offers global, longer-term benefit across other health systems, such as:
  - reductions in hospital emergency visits and admissions
  - reduced likelihood of future cardiovascular needs
  - reduced demands upon primary care and chronic disease resources
  - improved self-efficacy by increasing academic, social, physical and emotional competence
  - resiliency - heightening self-esteem and promoting pro-social behaviours
  
  - social participation and inclusion

**Goals, Objectives & Performance Measures**

Goals	Objectives/Deliverables	Performance Measures
1. Identify strategies for prevention and health promotion and develop and oversee the implementation of a best-practices guided plan	A. Conduct environmental scan of all existing/known strategies of prevention/education and healthy promotion, within Central East and recognized centres in Ontario (eg.,CAMH, CHEO) B. Review results of scan in comparison with best practice guidelines, documented evidence and field experience of each intervention. Disseminate results C. Develop strategy D. Implement strategy	<ul style="list-style-type: none"> <li>• Completion of scan</li> <li>• Success in identifying preferred models for prevention and education</li> <li>• Plan in place for prevention and education across the CE LHIN</li> <li>• Successful implementation of strategy. Indicators include: # individuals served; # prevention sessions per year; attitudinal changes toward mental health</li> </ul>
2. Identify available strategies for youth early intervention and develop an implementation of the plan	A. Conduct an environmental scan of early intervention strategies within Central East and recognized centres in Ontario B. Review results of scan in comparison with best practice guidelines, documented evidence and field experience of early intervention. Disseminate results C. Develop strategy	<ul style="list-style-type: none"> <li>• A/B/C. Success in identification of an appropriate strategy for CE</li> </ul>
3. Establish a Taskforce to develop partnerships; develop a preferred “client journey/map“; create standardize protocols related to youth transitioning into adult mental health and addiction services, address standardizations	A. Identify key stakeholders (eg., MCYS, MHOLTC, Kinark, Children’s Case Coordination, adult mental health providers, East Metro Youth Services, Youthlink etc.) B. Convene inaugural meeting with Terms of Reference C. Reduce re-admission and	<ul style="list-style-type: none"> <li>• Success in creation of Network; # of organizations</li> <li>• Committed plan that is embraced by system</li> <li>• Longer term improvement in re-admission rates</li> </ul>

Goals	Objectives/Deliverables	Performance Measures
	recidivism	

**Project “IN” & “OUT” of Scope Items**

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> <li>• Mental health and addiction education to adolescents and families</li> <li>• Multi-sectoral partnerships across all three components, between organizations</li> <li>• An integrated action plan</li> <li>• Significant input/involvement of youth and their families</li> <li>• Actively seeking input from diverse communities in understanding youth issues pertaining to mental health and involving youth, families and health or non-health related service organizations</li> <li>• Transitions from youth to adult services</li> <li>• Communications of project, progress and outcomes</li> <li>• Engagement of service providers and consumers</li> <li>• Engagement in new strategic, purposeful relationships</li> <li>• Broad input</li> <li>• Holistic health approach</li> <li>• Cultural competence</li> <li>• An integrated component within the future Clinical Services Plan of the LHIN</li> </ul>	<ul style="list-style-type: none"> <li>• Broad public education for all age groups</li> <li>• Implementation or provision of direct clinical service</li> <li>• Bed coordination</li> <li>• Provincial policy issues relating to different ministries</li> </ul>

**Project Timelines – Total Duration 18 mths**

High-Level Milestones	Target Completion Dates
<p>From the point of approval, it is recommended that this project be funded from Oct 07 to March 09.</p> <p>Project Kick-off</p> <p>Coordinator Staff hired</p> <p><b>Components 1 and 2 (Education/Prevention/Health Promotion and Early Intervention)</b></p> <p style="padding-left: 20px;">Environmental scans</p> <p style="padding-left: 20px;">Review of scans and best practices</p> <p style="padding-left: 20px;">Decisions RE: methods</p> <p style="padding-left: 20px;">Implementation</p> <p><b>Component 3 (Transitioning)</b></p> <p style="padding-left: 20px;">Inaugural meeting of New Taskforce</p>	<p>Late April, 2008</p> <p>Late May, 2008</p> <p>Dec 08</p> <p>Jan/Feb 08</p> <p>Feb 09</p> <p>Mar 09</p> <p>Oct. 08</p>

High-Level Milestones	Target Completion Dates
Project Completion	May 09

**Project Team**

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
1. Coordinator	1a) Facilitate all elements of project toward completion. b) Conduct environmental scans, compile results and review against best-practices c) Work collaboratively with all partners and stakeholders d) Chair new Taskforce for Transitions	17 months	<ul style="list-style-type: none"> <li>▪ Significant. This position will be point-person for all activity.</li> </ul>
2. Clerical	2a) Support Coordinator b) Engage in background information searches c) Prepare documents, including summary of scans	17 months	Significant.
3. Communications of CE LHIN	3a) Provide advice and leadership regarding communication options and strategies  <ul style="list-style-type: none"> <li>• Participation in environmental scans and implementation phase of prevention and education strategy</li> <li>• Participation within the proposed Transitional Services Network</li> </ul>	17 months	As required.

**Project Partners**

Partners	Common Interests & Priorities	Roles & Responsibilities
<ul style="list-style-type: none"> <li>• The Youth Centre and other CHCs</li> <li>• Ministry of Children and Youth</li> <li>• Whitby Mental Health Centre</li> <li>• Lakeridge Health</li> <li>• Youth and Adult Justice</li> <li>• Rouge Valley Health System</li> <li>• Mental Health and Addictions Network of CE LHIN</li> <li>• CMHA (LYNX Program)</li> <li>• All School Boards within Central East Region</li> <li>• Children’s Mental Health Organizations and CASS within Central East Region</li> <li>• CE CCAC</li> <li>• Public Health</li> <li>• Municipal Social Services</li> <li>• Durham Mental Health Services</li> <li>• Haliburton Highlands Mental Health Services</li> <li>• CAMH</li> </ul>	<p>All:</p> <ul style="list-style-type: none"> <li>• Commitments to improvements across mental health system, broadly</li> <li>• Commitment to closing current gaps</li> <li>• Recent investments in diversion programs are strategically aligned with current project</li> <li>• Broad engagement strategy across LHIN</li> </ul>	<ul style="list-style-type: none"> <li>• No commitments have been made, nor have MOUs been established</li> </ul>

**Project Stakeholders**

Stakeholders	Interests & Needs	Management Strategies
<ul style="list-style-type: none"> <li>a) Youth and their families</li> <li>b) Social Service, health care agencies within Central East Region</li> <li>c) Primary health care service providers (family physicians, nurse practitioners)</li> </ul>	<ul style="list-style-type: none"> <li>a) Initiative developed to impact directly upon their quality of life and ability to access support/treatment when needed</li> <li>b) Initiative will influence how they deliver services, etc.</li> <li>c) As above</li> </ul>	<ul style="list-style-type: none"> <li>a) Engagement; clear, ongoing communication/involvement</li> <li>b) Ongoing involvement as a project partner by representatives of both youth and their families</li> <li>c) Focus group involvement</li> </ul>

Stakeholders	Interests & Needs	Management Strategies
d) Central East LHIN	d) Addresses priority initiative for the LHIN	d) Clear, ongoing communication
e) School Boards	e) May become the primary service delivery venue for the education and prevention phase of the project	e) Representation
f) Mental health and addiction service providers	f) Engaged through environmental scans, consultation and participation on Taskforce	f) Engagement

**Other Related Projects & Initiatives**

Project/Initiative	Interdependency & Impact
a) Very similar to LHIN Priority area in stigma-reduction efforts (to be started)	a) The Education and Health Promotion component of current project falls directly in support of stigma-reduction strategy

**People & Organization Change Impacts**

Description of Impact	Impact Management Strategies
<ul style="list-style-type: none"> <li>Prevention and Health Promotion – A well defined “package” for implementation will have immediate positive impact for youth/students, peers, families and teachers at area school boards. Education and knowledge has tremendous benefit within the general population, especially for those experiencing “early signs.”</li> <li>Early Intervention – Impact will be felt by youth, their families and community service providers as the strategies developed will potentially alter the method of delivering service (eg.integration of a screening protocol into day-to-day practice) as well as the timing of service delivery</li> <li>Transitions – community-based service agencies will be impacted as, by definition, the transitions segment of the project will require a change in processes for individual agencies in order to smooth a sometimes problematic process. Transitional age youth will also be positively impacted as the result of this part of the initiative should be a seamless movement within a better defined and more integrated system of service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Clear, open communication</li> <li>Engagement in the development process</li> <li>Maximizing synergies with existing strategies</li> <li>Integrate education and prevention initiatives into school curricula</li> <li>Ongoing communication, emphasis on “up-front” education and training</li> <li>Minimize gaps in the system</li> <li>Reduce street kids and homelessness</li> </ul>

**Project Communications – *Please note: A draft communications plan, based on the template below, was developed by the Pre-Project Planning Group of Durham West Collaborative. To conserve space, these details are available under separate document.***

Audience	Information Needs	Format & Timing	Responsible
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**Project Risks**

Risk	Likelihood	Impact	Risk Response
<ul style="list-style-type: none"> <li>CE LHIN does not accept/ support Project Charter</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Project does not proceed as immediately as hoped</li> </ul>
<ul style="list-style-type: none"> <li>Funding to hire supports required for the project, in the form of a Project Coordinator and Administrative Support, is not approved.</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Develop strategy to have partnership of organizations contributing resources and in kind supports.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of cross sectoral representation on project team. (Don't get the "right people" on the project team)</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>	<ul style="list-style-type: none"> <li>Effective communication strategy focusing on the benefits of the strategy development for all sectors providing service to children.</li> </ul>
<ul style="list-style-type: none"> <li>Environmental scan does not support premise that there are gaps in services or that services for children with mental health and or addiction issues are fragmented.</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>	<ul style="list-style-type: none"> <li>Moderate</li> </ul>	<ul style="list-style-type: none"> <li>Project to focus on knowledge transfer of strategies employed by successful communities to those communities not meeting success in the provision of supports to the target population</li> </ul>

**Critical Success Factors**

- Requested funding to support project management
- Shared interest from project stakeholders
- Ability to hire (or have seconded) a Coordinator with proper skill set, within short timeframe

**Assumptions & Constraints**

Assumptions	Constraints
a) That the broader mental health and health systems will support Charter, and associated activities b) That Youth Early Intervention will remain a priority project area c) That youth populations will absolutely benefit directly from this project	No specific constraints are identified.

**Sign-Off**

**Workstream Lead/Project Sponsor**

Name & Organization	Signature	Date

**Project Lead/Project Manager**

Name & Organization	Signature	Date

**Project Partners**

Name(s) & Organization(s)	Signature(s)	Date(s)

**Project Team Members**

Name(s) & Organization(s)	Signature(s)	Date(s)