


Draft

Steering Committee Terms of Reference



Transitional Age Youth Project 2008 - 2009

Early Youth Interventions

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1. Background/Context

The Early Youth Interventions Project Charter (a.k.a., EYI Project Charter) was identified as a priority within the Central East Local Health integration Network (a.k.a., CELHIN).

A Health Prevention, Promotion best practices plan, a best practices self guided plan for Early Youth Interventions and the establishment of a steering committee in order to develop partnerships, develop a preferred “client journey/map”, create standardize protocols related to youth transitioning into adult mental health and addictions services were identified as deliverables and goals for the EYI Project Charter.

1.1. Purpose

The Transitional Age Youth Project Team is being established in order to:

Offer treatment modalities in order to address the current challenges in transitioning youths between adolescent mental health and adult mental health services. It is highlighted that these services often operate in a fragmented manner that create barriers to transitions for youths, noting that often times, there are unnecessary delays in early identification, treatment, continuous care planning and the “hand off “ of care from one service provider to another. Finally, the wait times and delays for service can occur when providers are unable to respond to transitional age youths.

The performance measures include success in creation of a network and number of organizations; a committed plan that is embraced by the system; longer term improvement in re-admission rates.

1.2. Scope

The EYI Project Charter (October, 2007) identified boundaries (“in” and “out” scope) for the Transitional Age Youth Project: (page 7).

“IN” Scope	“OUT” of Scope
<i>Describe specific items that WILL be included as part of the work performed by this steering committee.</i>	<i>Describe specific items that WILL NOT be included as part of the work performed by this steering committee.</i>
<ul style="list-style-type: none"> • Transitions from youth to adult services • Engagement of services providers and consumers • Engagement in purposeful relationships • Holistic health approach • Cultural competence • An integrated component within the future Clinical Services Plan of the CELHIN • Significant input from consumers and families • Significant input from diverse communities • Partnerships between organizations, ministries and communities 	<ul style="list-style-type: none"> • Implementation or provision of direct clinical services • Bed coordination • Provincial policy issues as they pertain to different ministries

1.3. Authority

The Transitional Age Youth Project Team (a.k.a., TAY Project Team) reports to the CELHIN and is accountable for meeting at regularly scheduled times and dates; accountable for researching and developing partnerships between service providers and consumers; creating standards and protocols related to youths who are transitioning into adult mental health and addiction services; developing a preferred journey/map/model of care for youths transitioning into the adult mental health and addictions services.

The TAY Project Team will submit recommendations to the CELHIN within prescribed timelines.

2. Roles & Responsibilities of the Steering Committee

2.1 The Role(s) of the Transitional Age Youth Project Team

The role of the TAY Project Team will be to create a comprehensive service for youths who are in transition between adolescence and adulthood. This may include mental health, addictions, residential, day treatment, educational, employment, legal, financial, medical, Psycho-Social Rehabilitation programs, research and communications services.

The work of Transitional Age Youth project team will be consistent with the strategic directions of the CELHIN:

To engage young people in all aspects of their care and treatment (transformational leadership, quality and safety).

To engage the community in order to build and strengthen community partnerships (systems integration, fiscal responsibility)

To collaborate in order to improve systems, programs and services (system integration, fiscal responsibility).

To evaluate data and documentation, in order to enhance quality of services to youths (quality and safety, fiscal responsibility).

The function of the Project Team will be to:

- Confirm the need for a TAY Project Team to address the transitional age youth challenges.
- Define the challenges associated with transitioning youths into the adult mental health and addictions services; age definition (14 to 21), treatment needs, substance abuse issues, youth justice issues, mental health and addictions needs, educational and vocational needs, housing needs, special medical needs.
- Identify gaps in mental health and addiction services and current practices within the CELHIN.
- Identify best practices and complete a literature regarding transitional age youths; establish a profile of TAY's.
- Identify stakeholders in the process – consumer, families, mental health and addictions service providers, schools, justice services, government and responsibility for care.
- Identify specific special needs of consumers (medical, psychiatric, social, legal, cultural).
- Develop a preferred client/journey map for transitioning youths into the adult mental health and addictions services and discuss the following “wrap around services”:
- Identification of adolescents and the referral process (accessing the service).
- Comprehensive assessment (CAFAS, BCFPI, RAI-MH, (Bio/Psycho/Social/Spiritual Assessments), medical and specialized assessments by a multi-disciplinary team.

- Treatment Plans: Psychiatric, primary care, dental and dietary issues (health cards, medical assessments, medication, addiction needs, psychiatric and primary health care, dental, cultural issues, nutrition).
- Psycho-Social Rehabilitation programs and services : individual and group/peer support, counselling regarding greater responsibilities for lifestyle changes, problem solving, stress and anger management, recovery, self management, advocacy, self help programs and services, life-skills programs, orientation groups for consumers in the adult mental health and addictions service network, ability to make individual choices, recreation/leisure, concurrent disorder programming, dealing with change, pregnancy prevention and parenting groups for youths, sexually transmitted disease prevention, principles of independence, trust, empowerment, self determination, self esteem, community living and graduated responsibilities and choices.
- Case management supports: advocacy, teaching life skills, stigma reduction, linkages and brokerage to other mental health and addiction services, counselling, grocery shopping, transportation, mental health case management services to parents and caregivers.
- Family role and responsibility: encouraging and supporting parents to continue and become active partners in their child's care, support parents in the provision of short term therapy and interventions aimed at reduction of certain behaviours, treatment and support of pro-social behaviours, addictions support for families, community service providers working "in home" with the families to support the consumer and family during crisis points.
- Spiritual Needs: recovery models recognize spirituality in wellness and treatment programs; dietary considerations, religious practices and prayer, the use of sweet grass, fasting.
- Legal issues: outstanding court issues, applying for legal aid, soliciting support of local legal services regarding pro-bono work, landlord and tenant legislation, availability of legal service brochures and education to consumers and families regarding rights and responsibilities as it pertains to the Human Rights Code, securing a valid form of identification, community supervision issues – probation and parole supervision.
- Financial needs and budget management (applying for financial assistance – Ontario Works Program (a.k.a., O.W.P.) and start up allowances, Employment Insurance, Ontario Disability Support Program (a.k.a., O.D.S.P.), completion of income taxes, starting a business; living on a fixed income and associated counselling, credit counselling, money management, opening a bank account, smart spending decisions.
- Travel and transportation issues: learning to use public transit, bus schedules, securing a driver's licence and auto insurance, attending driver education programs, available supports from ODSP and OWP to attend appointments.
- Employment/Educational/ Vocational programs: Day treatment programs; completion of high school and GED classes, tutoring, resume writing, applications to university and college, applying for jobs, hygiene, maintaining personal boundaries issues, employment interviews, job shadowing opportunities, job coach services, job discrimination, first aid and CPR, subsidized public and private sector employment, mentoring programs, job placement, volunteering, scholarship and tuition waivers by colleges and universities, computer training, leadership courses, acquiring social insurance cards/numbers. Programs should be designed to assist youths to transition from educational to work environment.

- Substance abuse and concurrent disorders: substance abuse screening, drug and alcohol assessments, drug and alcohol awareness, harm reduction and abstinence programs, self help groups for consumers and families, medication management and education, structured treatment plans, spiritual recovery, self discovery, positive self image, assertiveness training, anger management training and partnership development.
- Safe, affordable and supportive housing : homelessness amongst youths, crisis, short and long term housing needs, assisted and supported independent living with a view to transitioning into full independent living;
- Develop a communication and information exchange plan where mental health and addictions service providers in the adolescent and adult system share information according to established standards and guidelines; Privacy and consent forms, the Personal Health Information Protection Act, custodian of information and circle of care issues. Other communication plans may include health prevention and promotion campaigns; consumer involvement in the information sharing process and at what stage should service providers start the information sharing process?
- Develop a projection of the resource requirements in order to sustain a Transitional Age Youth service within the CELHIN – housing, PSR programs and services, transportation, medical and psychiatric, family, specialized supports, substance abuse treatment.
- Evaluation of the results of the programs and services: what will be measured and expected outcomes and involvement of youths in evaluation. (what youths who have left care say about the service- follow up evaluations).
- Research and Development in order to build upon and develop best practices services.
- Identify service/systems integration opportunities (creation of a network, partnerships between and amongst organizations).
- Independent living, aftercare standards and planning for the future: mentoring opportunities for successful graduates, staying in touch, emotional and social support during the transition from care, celebrating successes.
- Submit a plan for implementation that integrates care planning and service provision.

2.2 Responsibilities of the Transitional Age Youth Project Team

The TAY Project Team will assume responsibility for the business issues associated with the T. A. Y. project. Specifically, the Project Team will be responsible for developing a seamless model that integrates care planning and service provision across all age spans. The project team will submit a plan for implementation.

As noted above: see section 2.1.

3. Membership & Roles of the Transitional Age Youth Team Members

3.1 Membership

The TAY Project Team will be chaired by Daniel Roy, Project Manager and supported by Chris Kendall, Executive Assistant.

The TAY Project Team will be comprised of representatives from the following stakeholders:

<i>Name</i>	<i>Organization/Stakeholder Group</i>
<ul style="list-style-type: none"> • Rob Adams • Ellen Jones • Brenda Stewart • Clare Patterson • Marlon Belmar • Julie Kish • Dr. Nancy Wilkinson • Gord Langill • Cecilia Belcastro • Brian Mitchell 	<ul style="list-style-type: none"> • Durham Mental Health Services • The Youth Centre • Chimo Youth and Family Services • Northumberland Child Development Centre • Community Representative • Rouge Valley Health Centre, Centenary Site • Lakeridge Health Corporation • Canadian Mental Health Association • Community Representative • Centre for Addiction and Mental Health (CAMH) • Haliburton Highlands Mental Health Services • Community Representative
<ul style="list-style-type: none"> • Stephen Hendriks • Dianna Richard 	

3.2 Reporting Relationships

The TAY Project Team will report to The CELHIN and other stakeholders.

Daniel Roy, Project Manager and Chris Kendall, Executive Assistant to the TAY Project Team are responsible for managing the TAY Project on a day-to-day basis.

The project leaders will meet regularly to provide updates regarding the developments and work of the project team. Also, presentations regarding project status, progress updates, deliverables, developing issues and risk management will be made available.

Monthly updates in the monthly status reports, meeting minutes, agendas, blog updates and as requested information will be provided to the CELHIN and project team members.

<i>Responsible</i>	<i>Reporting Requirements</i>
<i>State name of those responsible for preparing and executing the report.</i>	<i>State the type, format & frequency of required status, update or progress reports.</i>

<i>Responsible</i>	<i>Reporting Requirements</i>
<ul style="list-style-type: none"> Daniel Roy and Christina Kendall 	<ul style="list-style-type: none"> TAY Project meeting minutes will be recorded by the Executive Assistant and submitted to the CELHIN in the Monthly Status Reports; regular updates will be completed and made available to team members.

3.3 Linkages & Partnerships

The TAY Project Team will have links with other project managers, CELHIN Consultants, Mental Health Addictions Steering Committee, Durham West Collaborative and other stakeholders which may include:

Representatives from the Concurrent Disorders Network

Consumer and Survivor groups

The Schedule 1 Health Centre programs (specialized medical, mental health and addictions issues).

Legal opinions may be required for interpretation of Privacy Legislation, memorandum of agreements.

Representatives from the Ministry of Community and Social Services may assist the project as it pertains to funding for residence and services.

Representatives from the Ministry of Housing, the Ministry of Community and Public Safety, the Ministry of Children and Youth services, Ministry of Skills, Training and Development, Office of the Privacy Commissioner, Ministry of the Attorney General may also be included in this partnership process.

3.4 Duration of Service

The members of the Project Team will serve for a term of approximately 12 months. The membership may review and propose any appropriate amendments to its mandate.

Membership renewal will follow the same process as original team selection.

It is suggested that membership may include individuals who do not attend the project team meetings, but participation should be limited to blog activities, access to minutes and agendas.

3.5 Individual Roles

- The roles of the team members will be to address the aforementioned “wrap around” functions outlined in section 2.1. – Best practices, service gaps, referrals and assessments, communication, Psycho- Social Rehabilitation programs/ services and housing needs.

<i>Name</i>	<i>Individual Role</i>
<ul style="list-style-type: none"> • Rob Adams • Ellen Jones • Brenda Stewart • Clare Patterson • Marlon Belmar • Julie Kish • Nancy Wilkinson • Gord Langille • Cecilia Celcastro • Brian Mitchell • Stephen Hendriks • Dianna Richard • Dan Roy • Christina Kendall 	<ul style="list-style-type: none"> • Integration of Services • Referrals, assessments, communication • Best Practices/Lit. Review • Integration of Services • PSR Programs • Referrals, assessments, communication • PSR Programs • PSR Programs • Housing • Best Practices • Housing • Integration of Services • Integration of Services and Housing • Administrative Assistant

4. Logistics and Processes

4.1 Role of Chair

4.2 The role of the Chair is to:

Organize the monthly meetings (location, food, snacks and transportation for consumers).

Ensure that the project charter is signed by the project team.

Ensure that the list of members for the project team is shared amongst the membership.

Ensure that the CELHIN has the list of members and the original, signed, confidentiality forms.

Ensure that Members are aware of the Early Youth Interventions Collaborative Website and to provide training and education as required.

Ensure that the Early Youth Interventions Collaborative Website is updated in an accurate and timely manner.

Liaise with team members on a regular basis regarding work activity of the project team.

Maintain agendas, minutes and post on the Early Youth Interventions Collaborative website.

Update the stakeholders regarding progress of the project.

Review issues for consultation and advice.

Complete revisions to the Terms of Reference (the Work Plan).

Complete documentation requirements. Coordinate written reports from the team members.

Delegate work activities for members and timelines for work activities of the project.

Maintain decorum within the meetings.

Ensure voting procedures are in place.

Maintain record of attendance.

Sign off minutes from meetings.

Ensure safe storage and privacy of documentation pertaining to the project team meetings.

Lead celebrations following successful tasks.

Assist in nominating a co-Chair person (shall be nominated by the Project Team).

4.3 Frequency of Meetings

It is anticipated that the team will meet at least once per month for approximately one year, or less. The project team can meet more frequently or less frequently.

It is noted that the team members are employees of an organization and the chair will be responsive to this issue.

Frequency of meetings will be discussed and finalized with the membership.

4.4 Decision-Making Process

The decision making process should be consistent with recognized committee practices; i.e., voting procedures with all recommendations and decisions recorded.

The decision making process will be discussed and finalized with team members.

4.5 Quorum Requirements

Quorum will be discussed with the project team membership but should follow recognized practice; i.e., two thirds of members in attendance. In the event that there is not a quorum for a meeting, it is recommended that meeting continue. When quorum is achieved for the next meeting, business and action items can be voted upon.

4.6 Proxies to Meetings

Proxies can be discussed by the project team membership yet it is good to recognize the importance of voting rights for the membership who attend the project team meetings. Approved persons may receive reading rights to the work of the project team and provide input into the process vis. a vis. the EYI Web blog, library and emails.

4.7 Regarding Agenda Items

Agenda items and minutes from the meetings will be forwarded (on the Early Youth Intervention Collaborative Website) to the project team members one week before the next regularly scheduled meeting.

The process for approval of minutes and agendas will follow recognized practice; i.e., voting by members to approve agendas and minutes. Any changes will be noted.

Minutes and agendas will be published on the Early Youth Interventions Collaborative Website.

A distribution list for access to minutes and agendas will also be included in the agenda.

4.8 Minutes & Meeting Papers

Recording and maintenance of the project team minutes will be delegated as the responsibility of the Executive Assistant to the EYI Project. Minutes will be posted on the Early Youth Interventions

Collaborative website and approval dates noted. The Chair or Co-chair will sign all approved minutes.

The Chair will be available to respond to questions pertaining to the minutes/agenda items.

4.9 Dispute Resolution

Dispute resolution will be discussed with the team members.

In the event that consensus cannot be obtained, the chair will seek advisement from other sources and share findings for further discussion.

If there is a "tie", the chair (or co-chair) will cast the deciding vote.

5. Acceptance & Sign-Off

Document the acceptance of these terms of reference by obtaining the appropriate signatures. Attach any conditions, assumptions or constraints articulated by steering committee members.

To be discussed with team members,

Prepared By:	Name	Signature	Date
	Title		
	Organization		
	<i>Daniel Roy, Project Manager</i>		<i>Date</i>
Approved By:	Name	Signature	Date
	Title		
	Organization		
	<i>Name, Title & Organization</i>		<i>Date</i>
Approved By:	Name	Signature	Date
	Title		
	Organization		
	<i>Name, Title & Organization</i>		<i>Date</i>
Approved By:	Name	Signature	Date
	Title		
	Organization		
	<i>Name, Title & Organization</i>		<i>Date</i>
Approved By:	Name	Signature	Date
	Title		
	Organization		
	<i>Name, Title & Organization</i>		<i>Date</i>
Prepared By:	Name	Signature	Date
	Title		
	Organization		
	<i>Daniel Roy, Project Manager</i>		<i>Date</i>
Approved By:	Name	Signature	Date
	Title		
	Organization		
	<i>Name, Title & Organization</i>		<i>Date</i>

Approved By:	Name	Date
	Title	
	Organization	
	<i>Name, Title & Organization</i>	<i>Signature</i>
Approved By:	Name	Date
	Title	
	Organization	
	<i>Name, Title & Organization</i>	<i>Signature</i>
Approved By:	Name	Date
	Title	
	Organization	
	<i>Name, Title & Organization</i>	<i>Signature</i>

Duplicate the rows in the above table to add room for additional steering committee members and their signatures.

6. Appendixes

4.10 Contact List

Attach the contact list for each steering committee member. You may wish to list the contact information for administrative or executive assistants as well.

Daniel Roy, Project Manager, Early Youth Interventions, The Youth Centre, 360 Bayly St., Ajax, Ont. L1S 1P1 – 905-428-1212; ext. 282 – danr@theyouthcentre.ca

Christina Kendall, Executive Assistant, Early Youth Interventions, The Youth Centre, 360 Bayly St., Ajax, Ont. L1S 1P1- christinak@theyouthcentre.ca

Brian Mitchell, CAMH, 266 Charlotte St., Suite 321, Peterborough, Ont. K9H 3R7 – 705-745-4248 –[Brian Mitchell@camh.ca](mailto:Brian_Mitchell@camh.ca)

Gord Langill, LYNX Program, CMHA, Peterborough - 466 George St. North ,Peterborough, Ont. K9H 3R7 – 705-748-6711; ext. 308. glangill@peterborough.cmha.on.ca

Steve Hendriks, Haliburton Highlands Mental Health Services, Box 539 Heritage Plaza, Ste. 101, Minden, Ont. K0M 2K0 705-286-4575 shendriks@halhinet.on.ca

Marlon Belmar. Community Representative

Dr. Nancy Wilkinson, ,Lakeridge Health Corporation, 1615 Dundas St., E., Whitby Mall, Whitby, Ont. L1N 2L1

Ellen Jones, The Youth Centre, 360 Bayly St. West, Ajax, Ont. L1S 1P1- 905-428-1212; ext.230 ellenj@theyouthcentre.ca

Julie Kish, Rouge Valley Health Centre, Centenary, 2877A Ellesmere Road, Scarborough, Ont. M1E 4C1 416-281-7301; ext. 4584 jkish@rougevalley.ca

Clare Patterson, Northumberland Child Development Centre, 38 Walton St., Port Hope, Ont. L1A 1N1 905-885-8137 clare@ncdcent.com

Brenda Stewart, Chimo Youth and Family Services, 2 Kent St. West, Lindsay, Ont. K9V 2Y1 705-879-6620 brenda@chimoyouth.ca

Rob Adams, Durham Mental Health Services, 519 Brock St. South, Whitby, Ont. L1N 4K8 radams@dmhs.ca

Cecilia Belcastro. Community Representative.

Dianna Richard. Community Representative.

Other may be included at a later date.

4.11 Meeting Schedule

The third Monday of each month(in the afternoons).

4.12 Meeting Agenda Template

Refer to agendas located on the EYI Collaborative Website.

4.13 Meeting Minutes Template

Refer to Minutes located on the EYI Collaborative Website.