Increasing Accessibility of Integrated Mental Health & Addictions Care for Youth



Programs & Services

Transitional Housing

Permanent Supportive Housing

Youth Emergency Shelter & Rapid Re-Housing & Diversion

New Way Section 23

Trusteeship Program & Rent supplements

Case Management Team

Concurrent Youth Hub





HIV/AIDS RESOURCES & COMMUNITY HEALTH

Idea Origin/ Gap Analysis

Developed from the shared concern that youth in this community are not receiving effective, timely treatment for concurrent issues

> Partners formed the "Youth Concurrent Disorders Working Group"

> > Members of the committee are committed to a shared vision of a youth concurrent-focused program that adequately addressed these identified gaps

Urgent Need for Service

The pandemic has cast a light on existing health inequities across our system

Locally, we have seen a significant increase in sentinel events and overdoses for TAY youth

Collective recognition of the need for homelessness and healthcare services to happen in a coordinated and concurrent-capable way



Pilot and Program Development

1-year pilot was supported by partners through year-end dollars and fundraising

• 1 concurrent clinician, psychiatry hours and –in-kind nurse practitioner

Program Development

• Evaluated program and worked with partners and Ontario Health to seek funds

Funding

- Awarded a 15-month \$1.2 million grant from SUAP to expand and evaluate the service
- Funding was extended until March 2024

Concurrent Support Hub for Tier 4/5 youth >25

Urgent issue Management

Screening and Assessment

Preventative Care

- Immediate access to support at critical moments when intervention is urgently needed
- Enhancing collaboration and communication between healthcare services
- Streamlining services

- Specialized assessment services for TAYs
- Opportunity for developmental assessment
- Clinical supports that are complex-capable

- Appropriate, timely intervention to adequately assess presenting and emerging issues
- Timely intervention for issues that if untreated can become chronic and severe and have permanent negative health outcomes
- Increased diagnostic clarity/crisis support
- Prevention of chronic and severe health outcomes
- Preventing "graduation" into Tier 4/5 adult system/homelessness/justice

Eligibility Criteria



Significant co-occurring mental health and substance-related concerns that require specialized, complex-capable care



Other services have been tried and are not appropriate or sufficient due to complexity

| Mental Health balthe CSY Hub | Nursing and Primary Care | Healthcare and medication |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|
| | Mental Health Treatment | Assessment and treatment |
| | Psychiatry and Addiction Medicine | Diagnosis and medication management |
| | Case Management and Family Support | Service navigation and practical supports |
| | Project Implementation Coordinator & Site Coordinator | Intakes, medical appointment coordination and site programming |

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Key Service Design Elements

Simple intake process

It's a "yes", unless there is another referral pathway

Appointment Management and triaging

Assertive Outreach

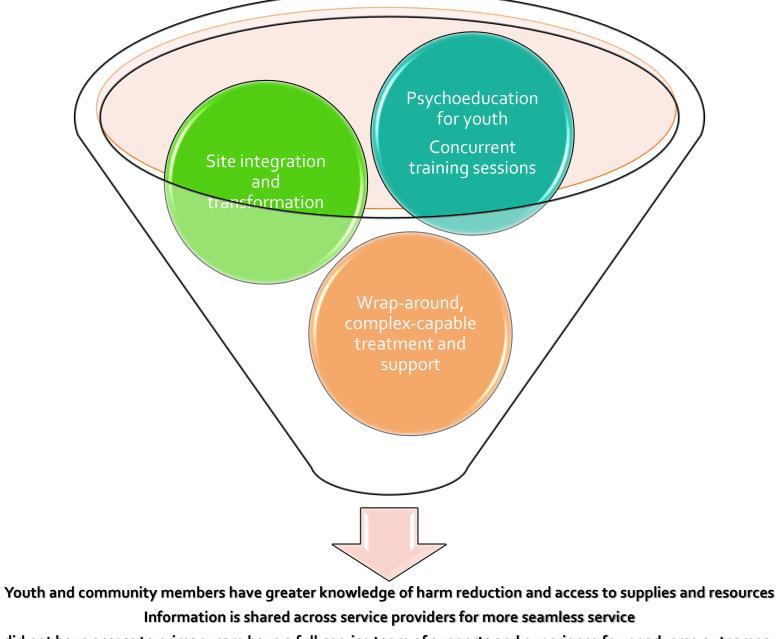
Health Information Management across multiple EMRs

Working with client families and support providers

Rolling case loads

Partner relationship development

Preliminary Outcomes



Youth who did not have access to primary care have a full-service team of supports and experience fewer adverse outcomes, greater life stabilization and greater engagement with meaningful activities of daily living

Integration of Individuals with Lived Experience



NOTHING ABOUT US, WITHOUT US YAC – YOUTH ADVISORY COMMITTEE (INSERT POSTER)



PEER WORKER



Integration of a health service within a homelessness-serving agency Goal/vision need to remain at the centre of the work

Process is very important

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Complex-capable

Integration of the voices of individuals with lived experience



Harm reduction and treatment together

Key Takeaways