Youth Wellness Hubs Ontario (YWHO) Core Components

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It is becoming increasingly important to be able to identify the core components of complex interventions and service models. These are the essential functions, principles, and activities required for an intervention to achieve its desired outcomes. This document outlines the core components of the YWHO model of integrated youth service delivery. Each YWHO site works with the YWHO Provincial Office to implement these evidence-based and evidence-generating components. By implementing these core components with fidelity, we can ensure that youth and their families are receiving the best possible quality of care irrespective of the YWHO site they access.

YWHO Values:

The YWHO Values are at the heart of the YWHO Model's Core Components. The operationalization and adaptation of the model is meant to be guided by these values. All members of YWHO are asked to subscribe to these values and use them to guide decision-making in the co-design, implementation and evaluation of the model.

The YWHO Values are:

- Meaningful engagement;
- Access, equity and inclusion for diverse youth;
- High visibility and stigma-free;
- Integration across sectors;
- Continuous learning and quality improvement; and,
- Service approaches that are youth-centered, developmentally-appropriate and wholistic

Core Component 1: Youth & Family Engagement

Youth engagement empowers young people to be valuable partners making decisions about factors that affect them personally and/or that they believe to be important. It is an active and ongoing process that embeds youth representation and voice at all levels of hub planning, implementation and evaluation activities. Meaningful youth engagement ensures that youth are involved as co-creators.[1] Within integrated youth services, youth are directly engaged in how programs are developed, implemented, and evaluated.[1,2] Along with a local youth advisory structure, engaging young people within integrated youth services means that sites include service and physical design, governance, implementation efforts, and evaluation processes in the engagement processes, so that hub spaces are youth-friendly.

Family engagement in child and youth mental health services is considered a best practice for ensuring quality service support.[3] Meaningfully engaging families can have positive impacts on direct service outcomes for youth and their families, as well as for agencies and systems. Engaging families in integrated youth services settings can help to meet the needs of both youth and families, and can contribute to the overall system of care. Families are experts in their capacity to support their children/youth and therefore should be essential allies in developing, delivering, and evaluating services. Their involvement can ultimately improve outcomes for youth.

In addition to being a standalone core component, youth and family engagement is interwoven throughout all core components as an integral part of the YWHO model.

Table 1: Youth and Family Engagement in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Youth Engagement	- Many diverse youth members are meaningfully engaged as co-creators in services and processes that impact them, such as: governance and decision-making processes, space design to ensure youth friendliness of space, service design, and implementation/evaluation processes. [4]	- Minimal implementation practices in place. - Each hub establishes a local youth advisory structure at their site that is integrated with the governance model. - Youth have mechanisms in place for identifying barriers and priorities, and addressing them in collaboration with partners.[4] - Youth share in decision-making around potential changes and improvements to program delivery.[4]

[1] Brownlie, E. B., Chaim, G., Heffernan, O., Herzog, T., & Henderson, J. (2017). Youth services system review: Moving from knowledge gathering to implementation through collaboration, youth engagement, and exploring local community needs. Canadian Journal of Community Mental Health, 36(Special Issue), 133-149.
[2] Shaw, A., et al. (2014). Understanding youth civic engagement: debates, discourses, and lessons from practice. Community Development, 45(4), 300-316.
[3] Chovil, Nicole. (2009). Engaging Families in Child & Youth Mental Health: A Review of Best, Emerging and Promising Practices.
[4] The Knowledge Institute for Child and Youth Mental Health and Addictions (March 2021). Quality standard for youth engagement. Ottawa,

	- Contributions of youth are valued as demonstrated through appropriate compensation, employment, or skill-building opportunities. - Hubs actively work with youth to identify and eliminate barriers related to access to youth engagement opportunities, and create an environment that enables equitable access to engagement opportunities.	- Feedback loops are in place; youth are aware of exactly how and where their input/contributions were incorporated, and there is transparency in communication about why their input was used this way.[4] - Targeted resources are available and provided to support and sustain youth engagement practices.[4] - Explicit policies and procedures are in place for recruiting youth and adult allies.[4] - Youth engagement practices are inclusive; the diversity of engaged youth is valued and representative of the communities served. There are strategies in place to engage youth with diverse perspective, skills, and abilities, as well as different socio-demographic characteristics.[4] - All partners adopt an anti-oppressive practice (AOP) lens and actively use this approach to ensure diverse and inclusive processes.[4]
Family Engagement	- Engaging families within integrated youth services means that sites recruit and actively engage diverse family members in governance, decision making, space design, service design, and implementation/ evaluation processes.[5] - Contributions of families are valued as demonstrated through appropriate compensation.	- Minimal implementation practices in place. - Each hub establishes a local family advisory at their site that is integrated with the governance model. - Feedback loops are in place; families are aware of exactly how and where their input/contributions were incorporated, and there is transparency around why their input was used this way.[5] - Families and partners build and maintain mutually beneficial trust-based relationships that are evident in their interactions. All partners acknowledge differences in power and position and strive to challenge the processes and habits that uphold these differences.[5] - All partners work together to establish clear expectations about what family partnership looks like at all levels of decision-making. - Family engagement practices are inclusive; the diversity of partners is valued, and engagement is representative of the communities served. All partners adopt an anti-oppressive (AOP) lens and actively use this approach to develop diverse and inclusive practices.

ON. Available online: www.cymh.ca/ye_standard

[5] The Knowledge Institute on Child and Youth Mental Health and Addictions (March 2021). Quality standard for family engagement. Ottawa, ON. Available online: www.cymh.ca/fe_standard

Core Component 2: Integrated Governance & Partner Collaboration

Integrated governance refers to the processes of strategic collaboration between health care stakeholders in the context of delivering health services.[6] Governance bodies are responsible and are held accountable for the planning and organization of services, as well as decision-making around managing resources[1].

YWHO is a network-based initiative. As such, implementation of the YWHO model at sites requires a governance table comprised of leadership from the Network Lead and key partner organizations providing services at the hub, whether these services are in-kind or otherwise. As a youth-centered initiative, youth engagement is needed in the development of hub services, as well as in ongoing governance for optimal implementation as an integrated youth service[7,8].

Table 2: Integrated Governance & Partner Collaboration in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Governance Membership	- Governance Table is established with active participation from the YWHO Site Network Lead and site network partner leaders who represent the diversity of the community from the YWHO Site Network, including representation of leaders with a demonstrated background in health equity. - Governance membership should also include partner organizations that provide services (funded or in-kind). - Site Network Partners are selected to provide services and input to the hub by taking into account how their services and representation meet the intersectional and diverse needs of youth residing in the region **(see key stakeholders description).**	- Minimal implementation practices in place. - Youth Advisory Council (YAC) or another mechanism established where youth are meaningfully participating in the co-design of all core components. (See key stakeholder description for details on youth representation). - Representatives from the YAC actively participate in decisions pertaining to hub design and governance. They have equal decision-making authority at the table. - Membership within governance tables and YACs reflect the diversity of the community. - Input from youth advisory members is documented, reviewed, assessed and incorporated at the Governance Table. Feedback loop is in place, i.e. report back to youth

[6] Touati, N., Roberge, D., Denis, J.L., Pineault, R., Cazale, L., & Tremblay, D. (2007). Governance, health policy implementation and the added value of regionalization. Healthcare Policy, 2(3):97–114. Referenced in YWHO Core Component Package.
[7] Brownlie, E. B., Chaim, G., Heffernan, O., Herzog, T., & Henderson, J. (2017). Youth services system review: Moving from knowledge gathering to implementation through collaboration, youth engagement, and exploring local community needs. Canadian Journal of Community Mental Health, 36(Special Issue), 133-149. Referenced in YWHO Core Component Package.
[8] Shaw, A., Brady, B., McGrath, B., Brennan, M. A., & Dolan, P. (2014). Understanding youth civic engagement: debates, discourses, and lessons from practice. Community Development, 45(4), 300-316. Referenced in YWHO Core Component Package.

	- Establishment of a Youth Advisory Council (YAC) or another structure where youth are regularly consulted on the design of all core components. (See key stakeholder description for details on youth representation). - Members of the YAC are informed and consulted in matters discussed by the Governance Table that impact direct hub service delivery and experience. - Adult allies support safe and meaningful youth participation by providing continuous support and encouragement.	on what was/was not incorporated, how, why and next steps. Youth engagement practices documented. Youth experience with advisory is gathered and acted upon. - Adult allies support safe and meaningful youth participation in alignment with YWHO's Engagement Arch (see appendix B).
Safer Spaces	- There is a commitment to co-creation between youth and partner organization leads at sites. Partners regularly check-in to establish and maintain an environment in which everyone feels comfortable, embraced and able to speak freely. Youth safety is a priority in all engagement processes. - The safety of young people is a priority in all engagement processes. This is supported by relevant policies and procedures for governance groups (and for hub staff). All staff, especially leadership, work to ensure safer spaces.	- Minimal implementation practices in place. - There is demonstrated evidence of ongoing co-creation between youth and partners in alignment with YWHO's Engagement Arch. - Youth collaborate in ongoing efforts to ensure safer spaces, including minimizing risks and ensuring an accepting environment where all can feel valued and respected. - There are mechanisms in place to ensure a physically and psychologically safe environment, including designated clinical and emotional support.
Governance Processes & Protocols	- Setting of shared governance protocols (i.e., Terms of Reference) that outline the purpose of the Governance Table, membership, roles & responsibilities, decision-making mechanisms, terms, conflict-resolution, values and principles anchored on those of YWHOs. - Processes that facilitate inclusion and meaningful participation of diverse youth are in place: use of group agreements, limited use of jargon, meetings are set at times youth can attend, youth are compensated for their time, and critical reflection/differing opinions are welcomed.	- Minimal implementation practices in place. - Youth perspectives at the governance table are gathered, and indicate that processes in place feel inclusive and offer opportunities for meaningful participation of youth from a range of diverse backgrounds. Any process concerns from youth are responded to in a timely, active, and respectful fashion.

Integrated Decision-Making	- The Network Lead, partner organizations, and youth work collaboratively together to make joint decisions. - Governance Table integrates youth friendly practices and policies and follows quorum (e.g., +50% of participation of all Site Network Partners) to plan and decide on all processes and protocols that facilitate the implementation of model core components and the development of integrated protocols. Quorum includes youth presence and participation.	- Minimal implementation practices in place. - The Network Lead, partner organizations, and youth involved in joint decision-making represent the diversity of the community, including representation of individuals with a demonstrated background in health equity.
Regular Governance Table Meetings & Asynchronous Collaboration	- Governance Table meetings occur monthly.	- Minimal implementation practices in place. - Meetings consist of agendas and action items specifically related to the core components of the model. - Accessible asynchronous collaboration takes place to complete needed work outside of meeting times.
Funding Decisions	- YWHO Site Network partners and YAC members are informed and consulted by Network Lead on decisions regarding the administration of funds for the hub. o This includes, but is not limited to, decisions regarding how funds will be distributed across the network when hiring the Youth Wellness Teams. For example: All 5 roles in Youth Wellness Teams can be hired by the Network Administrative Lead or the Network could decide to distribute the hiring across the partner agencies. - As part of budget planning, allocate financial contributions to anti-racist and culturally relevant supports brought in house and/or external supports that youth are being referred to. Many of these supports/services are grassroots, under-resourced and/or donation dependent. This work must be mutually beneficial for partnerships that meet the needs of diverse youth.	- Minimal implementation practices in place. - YWHO Site Network partners and YAC members make integrated decisions with Network Lead on all fund administration matters. This includes decisions regarding how funds will be distributed across the network when hiring the Youth Wellness Teams. - Hub networks demonstrate financial contributions to anti-racist and culturally relevant supports brought in house and/or external supports that youth are being referred to. Many of these supports/services are grassroots, under-resourced and/or donation dependent. This work must be mutually beneficial for partnerships that meet the needs of diverse youth.

Core Component 3: Accessibility

Accessibility means that youth can get everything they need under one roof - a comprehensive array of services is offered in a one-stop-shop model of care. YWHO sites are designed to provide youth and their families with early intervention opportunities and rapid, seamless access to a continuum of high quality mental health and substance use services in easily identifiable, low-barrier, youth-friendly locations.[9] Integrated services reduce travel time and costs for youth, increase collaboration among youth's service providers in close proximity, and improves treatment outcomes for youth.

Being co-located in close physical proximity helps ensure that service providers participate in frequent informal consultations, develop mutual knowledge, and information-sharing, strengthen interpersonal relationships, and work collaboratively[10]. Furthermore, co-location increases availability of service providers for youth and improves the organizational culture which enhances safety and quality of services[11]. For example, close proximity among team members allows for a good working relationship between the administrative services and the clinical services[6]. At a more structural level, sharing a common space strengthens communication and interpersonal relations between teams[12]. This can lead to higher levels of job satisfaction and commitment to each role, which in turn enhances service efficiency[6].

Table 3: Accessibility in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Service Co-Location	- 80% or more of services (including Clinical and Community & Social Support services) are co-located. - Location provides sufficient space for most services; some services rotate through shared space.	- Minimal implementation practices in place. - Nearly 100% of services are co-located. - Location provides sufficient space for all services.
Physical Layout & Space Design	- Space includes private meeting & examination spaces, shared & private work spaces, group space, social space and a quiet area for youth. - Space includes a specialty space for youth-focused activities (e.g., teaching kitchen, music studio, art room, room for smudging and other cultural activities).	- Minimal implementation practices in place.

[9] YWHO Primer (2017). 1-15. Retrieved from https://youthhubs.ca/en/

[10] Xyrichis A, Lowton K (2008) What fosters or prevents interprofessional team working in primary and community care? A literature review. Int J Nurs Study, 45(1), 140-53.

[11] Rousseau, C., Pontbriand, A., Nadeau, L. and Johnson-Lafleur, J. (2017). Perception of interprofessional collaboration and co-location of specialists and primary care teams in youth mental health. Journal of the Canadian Academy of Child and Adolescent Psychiatry. 26(3): 198-204

[12] Rutherford, J., & McArthur, M. (2004). A qualitative account of the factors affecting team-learning in primary care. Education for Primary Care, 15(3), 352-360

	- Space is co-designed with local youth to ensure youth friendliness of space (e.g., space location, features low-barrier & youth friendly remote access options, layout, colours, artwork, welcoming reception, signage meets AODA requirements and is available in languages other than English, reflecting languages most spoken by diverse youth populations living in the region, etc.).	

Hub Physical Location	- Selection of hub location is overseen by some YWHO Site Network partners with the agreement of the entire network and includes youth input.
	- Consultations take place with youth and families to plan the physical hub location with the aim to achieve:
	  ○ Space that is accessible for youth with mobility needs or other AODA considerations.
	  ○ Space that is centrally located, close to public transit, and in proximity to services/spaces where youth frequently visit (e.g., other services, youth centres, shopping malls).
	- Location is non-stigmatizing: hub is located in a discreet location so youth can access services more privately or, alternatively, hub is located in close proximity to less stigmatizing services, like physical health. Input from local youth and youth workers is key to inform what defines a non-stigmatizing location. Regional variations will also impact what is possible.
		- Minimal implementation practices in place.
		- Selection of hub location is overseen by full YWHO Site Network team, including youth.
		- Actively develop a plan with youth and families to implement measures to ensure physical space is safe, welcoming and inclusive to all.

Equitable and inclusive access to remote service	- Youth informed & accessible remote service/program offerings are available, well promoted, and are relevant to the local community needs. - Hub develops in consultation with youth, families, and local community groups a youth-centered design and vision for remote services. - Hub actively works to understand how to reach all youth remotely, but in particular underserved youth, to access remote services (e.g., offering transportation options to youth, working around youth schedules if they have Wi-Fi at certain times only (near work/school), etc.).	- Minimal implementation practices in place - Hub develops in consultation with youth, families, and local community groups a governance structure for delivering remote services. - Hub implements innovative strategies to reach all youth remotely (e.g., mobile van for outreach) - Hub is responsive and proactive in ensuring access to high-quality broadband, devices, and technologies are made available to youth/families who need it, and in particular for youth/families living in rural and remote areas and/or

	- Hub actively offers every youth options to support access to a safe place for remote service appointments (i.e. flexible time slots, providing headsets to youth when needed, suggesting safe locations within the community (i.e. at a drop-in space near the youth at a trusted partner agency) etc.). - Hubs will engage in practices to understand which modality of remote services (e.g., telephone, video, email, text) is most suitable and preferred for all youth. - Hub is responsive and proactive in adapting remote access for those with disabilities (e.g., visual or hearing impairments; neurodevelopmental differences). - Service providers are trained to provide equitable, remote services and necessary adaptations (e.g., understand platforms, principles of EDI, crisis protocols, etc.). - Remote care program workflows include education for youth around the use of virtual care platforms and how it might benefit them.	youth/families from underserved populations (e.g., Indigenous groups, low income groups). - Multiple virtual care modalities are available for youth and providers (ex. Zoom, Teams, WebEx, central phone line, live chat etc.) in line with organizational policies of the Network Lead and partner organizations. - Remote services designed with the active involvement of underserved groups to ensure effectiveness and relevance to their communities and regularly refreshed as needs are identified by youth and family input. - Hub engages in practices to review data related to remote services for indices of digital health equity (e.g., sociodemographic indicators). - Ongoing quality improvement processes are in place that ensures rapid identification and iterative improvement of equity and safety for youth/families receiving remote services. - Hub is responsive and proactive to ensuring providers have opportunities (e.g., training, supervision, knowledge resources, appropriate devices) to improve their remote service literacy.

Core Component 4: Inclusive and Culturally Diverse Services that Reflect Population Groups

Understanding the needs and challenges experienced by diverse communities and groups is critical to recognizing and appropriately addressing youth mental health needs. Providing culturally-diverse services, or services that reflect specific population groups, means respecting and responding to the health beliefs, practices, and cultural and linguistic needs of diverse young people.

There is a wealth of evidence demonstrating that programs that take into consideration the diversity of their participants increase youth satisfaction, engagement in treatment, quality of care, and health outcomes.[13] Stereotyping, profiling, and assumptions of service providers expressed during intake and assessment can be strong determining factors of youth's experience of care, and can influence critical aspects of assessment, such as diagnosis. Anti-oppressive and anti-racist practices can prevent the potential impact of discrimination and bias, and ultimately improve care. By offering culturally-diverse services and approaches that reflect specific population groups, YWHO sites are better prepared to meet the needs of diverse youth.

Table 4: Inclusive and Culturally Diverse Services that Reflect Population Groups in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Inclusive and culturally diverse services that reflect population groups	- Access is available to local and regional population data to paint a clear picture of demographics and sub-populations in the hub's service area. (Refer to Use of Standardized Screening Tools, Equity Data Use, and Clinical Outcome Monitoring Core Component). - Conduct a scan and gap-analysis of the culturally-specific services currently offered across the hub site network. Use demographics and gap analysis data to inform hub planning and service delivery and to actively engage new hub network partners to address the gaps. - Anti-racist, anti-oppressive (ARAO), decolonizing, and culturally-focused services offered through the networks are accessible to youth with varying needs, identities, and abilities	- Minimal implementation practices in place. - Demonstrated use of sociodemographic data, youth feedback, and equity focused input from advisories to inform planning for more relevant, equitable and accessible service delivery. - Demonstrated alignment between identified priority populations and a portion of service/program offerings.

[13] Human Rights Commission of Canada. (2016). The Case for Diversity Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations. https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf

	(e.g., 2SLGBTQ+, Indigenous youth, youth with neurodiversities, etc.). - Allocation of funding to in-house supports grounded in anti-racist practice that can adequately support needs of youth with mental health challenges who also experience racism. - In the absence of in-house supports of this kind, provide financial contributions to the external anti-racist and culturally relevant supports that sites are referring youth to at this time, many of which are grassroots and donation dependent. - Clear definition of priority populations for service (methodologies identified to select priority populations).	
French Active Offer	- Management and staff are aware of the hub accountability in terms of serving Francophone youth and their family in French. - Francophone youth, as well as their families, are greeted and served in French. - Francophone youth are being identified. - Bilingual staff and volunteers are identifiable to youth. - External signage and public-facing communications and materials (e.g., website content, brochures, press releases) are available in French.	- Minimal implementation practices in place. - Hub staff complete French Active Offer training. - French Active Offer work plan template is completed and annual progress demonstrated.
Other Language Offer	- Using sociodemographic data, assess youth/family language needs to offer services in the most frequently spoken languages other than English and French that meet the language access needs of youth and families at the hub. - Identify staff language capacity and plan to hire staff who can provide services in languages other than English and French that meet the language access needs of youth and families at the hub. - Hub is responsive and proactive to serve youth with limited English proficiency through outreach. - The use of interpreters and/or translation services are provided to youth and families. - Prominently displaying appropriate language taglines on public-facing communications, materials and web pages of the hub (other than in English or French).	- Minimal implementation practices in place. - A language access plan is in place that details how the hub will provide services to youth and families in languages other than English and French. - Ongoing quality improvement practices are in place to evaluate language access hub policies and procedures.

Culturally appropriate and safe supports for Indigenous youth	- Supports, services, and programs offered for Indigenous youth at hub focus on developing youth assets, are strengths-based, celebrate resiliency, individual healing journeys of youth, and emphasize cultural connection. - Hub staff are encouraged to learn from Indigenous leaders, Elders, Knowledge and Wisdom Keepers, teachers, authors, artists, and speakers about the history, sacrifices, cultures, contributions, and strength of First Nations, Inuit and Métis people. - Provide trauma-informed care specific for First Nations, Inuit and Métis youth, achieved through participation in Indigenous-specific cultural awareness and trauma-informed care capacity building for all hub staff. - Collaborate with Indigenous organizations across Ontario to offer and address the need for wrap-around services for Indigenous youth in culturally grounded supports that are community-led and driven. - Recognize and promote understanding among hub staff of a broader definition of the youth's circle of care (for example, recognizing and establishing support from Elders, Aunties, and Uncles as part of the circle of care). - Provide culturally-specific youth-centered supports, such as access to traditional medicines and Indigenous-specific crisis supports.	- Minimal implementation practices in place. - Hub staff reflect upon and learn the history, sacrifices, cultures, contributions, and strength of First Nations, Inuit and Métis people. - Hub hires Indigenous staff that commensurate with reflecting local community/population. - Cultural safety training plans are place for hub staff that involve developing an ongoing personal practice of critical self-reflection. - Hub engages with local First Nations, Inuit and Métis partners/organizations to improve services to meet the physical, mental, emotional, and spiritual needs of Indigenous youth and families. - When offering services to Indigenous youth, the Aboriginal Children's Health and Wellbeing Measure (ACHWM) is used to understand the health and well-being of Indigenous youth.

Core Component 5: YWHO Integrated Service Delivery Model

YWHO reduces transitions between services through integration, co-location, and shared services with single points of access. Integrated youth services are highly convenient, non-stigmatizing, youth-friendly, and safe. These kinds of services have convenient locations and hours, and also ensure that youth are allowed to move in and out of services with minimal barriers.

A wide range of evidence-based or evidence-generating services are available to youth through YWHO, covering areas such as mental health, substance use, primary care, education, employment and training, housing, community and social services, and peer support and navigation. These services comprise a continuum of care for youth, with varying levels of intensity, to address differences in the severity of their concerns. Integrated service delivery models and a continuum of care approach have demonstrated positive impacts on clinical treatment and health system outcomes, such as decreased symptoms and increased youth psychological and adaptive functioning, increased access to care, reduced wait times, and improved perceptions of care.[12, 14] YWHO's integrated services model and associated implementation practices are outlined in the tables below.

Table 5: YWHO Integrated Service Delivery Model in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Hours of Service	- Hub is open for service to youth at least 30 hours per week. - Convenient hours for youth are available (i.e., weekends and afterschool/evenings).	- Minimal implementation practices in place. - Hub service hours are informed by local youth and are set at times that maximize youth access (e.g., after school hours and/or weekends), and are in place over 30 hours/week, 6-7 days/week.
Service Age for Youth	- Hub serves youth ages 12-25 and their families/support persons, recognizing that 12-25 is not a homogenous age group and developmental stages of youth should also be considered when providing service.	- Minimal implementation practices in place.
Timely Access	- Youth are able to access walk-in/call-in services when accessing hub location or when calling for service. Within 30 minutes of checking in, youth should receive walk-in service, or if this is not possible, staff speak with the youth to share anticipated time to	- Minimal implementation practices in place. - For walk-in service; youth is seen the same day.

[14] Ratnasingham S, Cairney J, Manson H, et al., (2013). The burden of mental illness and addiction in Ontario. Can J Psychiatry2013; 58:529–37. doi:10.1177/070674371305800908

	being seen and/or offer a scheduled appointment time within 72 hours (or later if preferred).	
Common Consent	- A common consent form or process is in place that represents YWHO's integrated service delivery model. - All agencies/organizations who may be involved in the youth's care are indicated on the form, alongside brief details of types of services provided by each. - The form outlines details about when, how, and why youth information will be shared among members of their hub team. Limits to data sharing are also indicated in the form. - Hubs create a form/process that includes these key features of the YWHO Common Consent form template. Additional details are provided within the template. - The common consent form is presented to youth, upon learning that the reason for their visit relates to a need for Clinical Services or Community and Social Support Services. Consent form completion, in person or remotely, is required before a youth is able to complete any forms or screening tools on the MWP platform. - Even though the consent completion at initial service visit opens the door for youth to receive services from any of the hub lead or partner agencies, service providers should exercise transparent communication with youth regarding their care, throughout the youth's entire care journey. - Express consent – in this case, written – should be obtained once again if/when: o New organizations/agencies/service providers join the youth's YWHO team/circle of care; o Referrals are made to external agencies; o After leaving the YWHO services, the youth decides to reengage in services at a later date, at the discretion of the hub/site; o At the discretion of the hub/site.	- Minimal implementation practices in place.
Service Pathways	- Integrated service pathways (both in-person and remote) are developed that include (further details below): o Clinical Services (e.g. primary care (support from a Nurse Practitioner or other primary care provider), access to	- Minimal implementation practices in place. - Ongoing adaptation of service pathways to strengthen barrier free service

	mental health and substance use services (support from a Mental Health and Substance Use Clinician and Psychiatry). ▪ Clinical Services include support from funded Youth Wellness Team roles (i.e., Mental Health & Substance Use Clinician, Nurse Practitioner/Primary Care, Peer Support, Care Navigator, Youth Wellness Facilitator (intake, screening and engagement) as well as in-kind services. o Community & Social Support Services (e.g., outreach, family supports, education/employment/training, housing). o Skills & Well-being Activities (e.g., learning workshops, health-based/leisure activities, cultural programming, drop in, and more). - Plans in place/positions posted but may not have full Youth Wellness Team positions hired yet; - The pathways outline in sequence the categories of screening/care/intervention/activity that youth/families would receive. YWHO minimum data set (MDS) screening points are integrated. - A crisis protocol and pathway is in place for youth presenting to the hub (in person/virtually) who are in crisis informed by screening tools (PHQ-9 and Columbia Suicide Severity Rating Scale) and clinical judgement. - Youth are actively involved in the co-design of service pathways along with staff and leadership. - These pathways are fluid, and may change over time with new/varying services and partners and local community needs - Working to secure family support program.	offerings and integration of equity-focused considerations.
Clinical Service Pathway	- Services include non-judgmental, welcoming intake, screening and engagement, mental health, substance use, primary care, peer support, and care navigation services. - Services and interventions offered are of high quality, evidence-based (e.g., solution focused brief therapy, motivational	- Minimal implementation practices in place. - Services addressing most/all physical and mental health and substance use challenges are available at the hub, or

	enhancement therapy, cognitive behavioral therapy, dialectical behavior therapy, crisis support, or pharmaceutical intervention from nurse practitioner or psychiatrist) or evidence-generating (i.e., anticipated outcomes of practice are articulated and monitored to build evidence about innovative practice). - Services/interventions are youth-centered, developmentally appropriate, and relevant for youth, considering symptom severity and using the continuum of care model of the hub. - Services/interventions are decided on collaboratively with youth and their support people (if relevant), aligned with a harm reduction approach. - Services help to support youth/families navigate community supports and continuity of care. - Clinical Service Pathway includes a seamless transition to or from higher intensity services and follow-up services if required, as well as from other service categories (e.g., Community & Social Support Services, Skills & Well-Being Services). - May not yet have certain services in place for certain concerns available (e.g., disordered eating).	navigation to high intensity/specialist services when necessary. - Youth are involved in co-facilitating some of the services, where relevant.
Community and Social Support Services	- Offer community and social support services that meet the wholistic needs of youth and promote their overall well-being. - Service offering design is informed by youth. - Community & social support services include, but are not limited to: outreach, family supports, education/employment/training, housing, financial support services. - Some community and social support service staff roles may remain to be filled by hubs. - Services are available only for minimal hours per week (e.g., 5-10)	- Minimal implementation practices in place. - Service offering design is co-developed by youth. - A plan is in place for outreach to youth and there is sufficient staff support to implement the plan. - Roles are in place for all community and social support services. - Services are evidence-informed or evidence-generating. - Services are available for walk-in and appointments. - Services are available more than minimal hours per week (e.g., 15-20).

Skills & Well-Being Activities	- Offer drop-in and scheduled, structured or unstructured, skills and well-being activities meeting their cultural needs, social connection, engagement & leadership, learning and leisure. Examples include, but are not limited to: beading, fitness, healthy cooking and nutrition, life skills development, art, dance, and resume writing. - Youth/families are not required to register for these services at the hub but this pathway may serve as a segue to other supports (e.g., Clinical Service Pathway, Community and Social Support Services) if needed. - Plans in place but no/minimal culturally appropriate activities meeting Indigenous, Black, 2SLGBTQ+, or other racialized or marginalized youth needs. - Activities currently offered only in person or only remotely, not both. - Some activities are available for physical and/or mental health and/or education/training and/or culturally specific needs, but do not encompass all of the above.	- Minimal implementation practices in place. - Culturally appropriate activities in place meeting Indigenous, Black, 2SLGBTQ+, and other racialized or marginalized youth needs. - Activities are offered in person and remotely. - Activities span the range of all physical and mental health, substance use, education/training, and cultural, 2SLGBTQ+, and other specific needs.
Hub Staffing	- A Youth Wellness Team exists consisting of five key functions of care that can be offered in-person and/or remotely (online, phone): **1.** Mental Health & Substance Use Clinician **2.** Nurse Practitioner/Primary Care **3.** Peer Support Worker **4.** Care Navigator **5.** Youth Wellness Facilitator (intake, screening and engagement) - All Youth Wellness Team roles work from a harm reduction, collaborative/team-based, trauma-informed, concurrent disorders informed and youth-centered approach, and focus on using standardized measures (through the Minimum Data Set) to help improve youth outcomes (using a measurement-based care approach.)	- Minimal implementation practices in place. - Hub network employs equity focused hiring practices to build a team of service providers from diverse groups and cultural backgrounds that reflect the diversity of the populations living in the region (i.e., service providers who are Black, Indigenous and people of colour, 2SLGBTQ+, and people with disabilities and neurodiversities) and who have a background in equity practice.
Measurement-Based Care	- Measurement- Based Care (MBC) is integrated as part of the hub's Clinical and Community and Social Support service pathways.	-Minimal implementation practices in place.

	- Service providers have the knowledge, skills, and training to effectively implement My Wellness Passport (MWP; YWHO's data collection platform) and MBC at site. - MDS completed at intake before first session and various other points as detailed in training/on the Knowledge Base, and on hub's service pathway infographic. - Service providers review screening data for youth's service goals, areas of concern and risk, and other general information about youth prior to youth's session. - Service provider and youth/family review goals and youth responses together in session. - Offer youth needs-based services based on their goals as identified in the continuum of care model of the hub. - Service provider completes End of Visit form in My Wellness Passport after each visit. - Hub monitors and uses MDS data to understand the effectiveness of specific treatments, treatment components, and service usage, and identifies areas for quality improvement.	
Continuum of Care Model (i.e., youth have access to a variety of services based on level of need, youth preference and clinical judgment. Pathways through the continuum may not be linear *additional details are provided in table 6 below	- Offer high quality services at various levels of intensity through a continuum of care model matched to the youth's level of need – this is an individualized treatment approach across all services and youth concerns. - YWHO Minimum Data Set, youth goals, and clinical judgment help inform the level of need for care and the type of service(s) offered is/are matched accordingly. - This model is evidence-based or evidence-generating and informed by youth and families. - Services are offered either in person or remotely. - Services are culturally appropriate.	- Minimal implementation practices in place.
Enhanced Provision of Substance Use Services	- Direct care clinical service staff to complete Substance Use Part 1 training rolled out Winter 2020 (webinar, four eLearning modules) and Substance Use Part 2 training (to be rolled out Spring 2022) to enhance capacity around youth substance use concerns. - Hub to offer individual or group services in line with youth goals addressing substance use concerns and/or concurrent disorders.	- Minimal implementation practices in place - Hubs are affiliated with high intensity substance use related service (e.g., RAAM clinic, withdrawal management service, Telemental health Services) as part of continuum of care approach (Hub Nurse

	- Hubs collaborate with substance use services/organizations across sector/Ontario to share resources and address the needs of youth with substance use challenges.	Practitioners have access to consults/mentorships from these programs around high intensity youth substance use concerns).
Branding	- Hubs are to implement and follow the YWHO provincial brand guidelines with approved local nuances incorporated prior to January 1, 2024 as per the provincial funding agreement. - Naming conventions and brand transitions to YWHO completed by December 2023. - Usage of the YWHO logo for external activities, proposals or media engagement must be approved by the provincial office. - Consistent brand alignment on all internal and external communications, hub promotions, and signage across all provincial hubs. - Frequent brand alignment in media and social media interactions. - Established communication processes with YWHO and frequent alignment with provincial communications approach. - Accessible & youth friendly.	- Minimal implementation practices in place. - Strong communication processes established with YWHO and alignment with provincial communications approach.

*Table 6: YWHO Continuum of Care Model

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices

Low Intensity Needs Service Provision	Needs:
	- No/low risk of self-harm/suicide/psychosis and/or no/minimal functioning impairment
	- No/low substance use, mental health concerns and/or concurrent disorders (or low treatment readiness)
	- Adequate support system
	
	Matched Services (*all services listed below may not yet be in place, or are currently not available in the local community*):
	- Active monitoring
	- Psychoeducation, information, monitoring, self-care, guided self-help, suggested online resources/e-Health
	- Evidence-based brief individual or group interventions, including:
	  ○ Single Session Solution-Focused Brief Therapy
	  ○ Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET) or Cognitive Behavioural Therapy (CBT) 1-4 sessions (or other evidence-informed brief interventions)
	- Skills and Wellbeing Activities
	- Supported community and social services, including education, employment and housing support and youth outreach
	- Individual/group peer support
	- Traditional/cultural healing practices
	- Care navigation
	- Primary care
		- Minimal implementation practices in place
		- All matched services are in place/available
		- Standardized screening is in place

Moderate Intensity Needs Service Provision	Needs: - Low to moderate risk of self-harm/suicide/psychosis and/or - Mild/moderate functional impairment and/or - Moderate substance use, mental health concerns and/or concurrent disorders and/or - Low intensity services insufficient and/or - Limited support system Matched Services *(Low intensity services, PLUS)*:	- Minimal implementation practices in place

	- Evidence-based group and/or individual interventions/structured psychotherapy for mental health and/or substance use and concurrent disorder concerns, including: o Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET) or Cognitive Behavioural Therapy (CBT) or Dialectical Behavioural Therapy (DBT) 6-12 sessions - Family support - Medication consult (Nurse Practitioner) - Psychiatric consult - Access to crisis support	

High Intensity Needs Service Provision	<u>Needs:</u>
	- High risk of self-harm/suicide/psychosis, and/or
	- High/severe functional impairment and/or
	- High substance use, mental health concerns and/or concurrent disorders, and/or
	- Moderate intensity services insufficient and/or
	- Challenging support system
	
	<u>Matched Services *(Moderate intensity services PLUS)*</u>:
	- Psychiatric response – in-person or telepsychiatry
	- Pharmacotherapy (Psychiatry, Nurse Practitioner)
	- Possible comprehensive physical exam
	- Supported linkage/warm transfer to existing higher intensity youth mental health and/or addictions services, including:
	  o Long term psychotherapy
	  o Day treatment
	  o Inpatient or residential treatment
	  o Ongoing psychiatric services
	  o Addictions specialist assessment, treatment, and/or withdrawal management
	  o Access to crisis supports
		- Minimal implementation practices in place

Core Component 6: Measurement-Based Care

YWHO sites use standardized measures and outcome evaluations to unobtrusively collect information from all young people accessing services, as well as their caregivers. To reduce the burden of data collection on people seeking services, the type and amount of data that young people provide depends on the reason for their visit to a YWHO site. We collect only what is needed to determine how to best support each young person who walks through the door, while simultaneously supporting ongoing improvement of services for youth, and ultimately helping to ensure that all youth experience the same quality of care. All measures have been selected and tested for their ability to be used interactively with youth in the context of service delivery. This means the data is not only useful to YWHO staff, but also provides opportunities for youth to self-reflect, set goals, and monitor their progress. These activities have been shown to improve youth outcomes.

In the context of a continuum of-care approach to clinical service delivery, careful collection of data using validated and developmentally-appropriate clinical tools is one way that we can determine exactly what support a young person needs and appropriate forms of treatment. Using a standard framework across all sites for data collection and evaluation can contribute to better youth outcomes and to quality improvement, both at individual sites and across the whole care system. In addition, it can increase the evidence base on integrated, continuum of care models for youth service provision more broadly.

Table 7: Measurement-Based Care in Practice

Descriptor	Minimal Implementation Practices	Optimal Implementation Practices
Use of Standardized Measurement and Screening Tools	- Consistent and continuous collection of consent form, Reason for Visit, demographics and GBO completed at intake by youth seeking Community and Social Support Services. - Consistent and continuous collection of MDS clinical screening tool data completed at intake by youth seeking the Clinical Services Pathway. - Consistent and continuous review of youth's clinical screening responses (in accordance with YWHO's suggested timelines) by service providers prior to youth's ongoing sessions. - Service providers work collaboratively with youth to review and use clinical screening responses and scores to better understand youth's areas of concern and risk, service goals, and most relevant interventions.	- Minimal implementation practices in places.

Clinical Outcome Monitoring	- Service providers should routinely and consistently review clinical outcome data with youth (minimally before and after providing services – baseline vs end of treatment, but more frequently – at each screening point - if data is available) as a way of systematically evaluating individual treatment outcomes and progress. - Clinical outcome monitoring will provide quality information to service providers for determining the effects of treatments and the opportunity to adjust any treatment plan based on youth's progress. - Clinical outcome data mapped against sociodemographic data at the group level to identify and respond to disparities in outcomes.	- Minimal implementation practices in place. - Look at baseline level of youth individually and presenting to hub across several outcome measures (e.g. K-6, GAD-7,PHQ-9, GAIN-SSS). - Look at change from baseline (first visit) to end of intervention (last visit) for individual youth and across youth at hub (intervention time and service modality will be different). - Consider SRS and SwS data – youth qualitative feedback. - Data used to inform Clinical Service Pathway offered at sites (e.g., potential deficits, areas to increase staff/programs, pathways to care).
Data Privacy, Security, and Access	- Data inputted by youth into YWHO's measurement and screening tools is collected and stored on YWHO's My Wellness Passport (MWP) data platform. - MWP is housed on Dacima Clinical Suite software. Note that MWP data is stored in a private cloud owned and operated by Dacima and that servers are housed in secure data centers. - Each hub's MWP platform is accessible only by users identified by hub/management leadership. Hubs maintain up-to-date user access at all times by notifying the MWP Help Desk when users need to be added or removed. Hubs may also request platform permissions that allow them to manage their own user access. - MWP users access their hub's platform on computers or electronic devices that are locked and secure. - MWP users only access records of youth who are under their care, for the purpose of providing them care. When logging into to the platform to search or access records for currently registered youth, users input a youth's first name, last name, and date of birth into the search feature on the landing page. - Additional data security, storage, and access guidelines are in place and applied, based on the requirements of the Network Lead, as agreed upon by the hub's governance groups, and	- Minimal implementation practices in place.

	according to the guidelines of staff regulated clinical professional bodies (e.g. social work, nursing, psychiatry).	
Understanding Service Reach and Applying Equity-Related Data	- Compare youth data to population data (e.g., demographic characteristics, health concerns) when possible to establish a clear picture of the hub's service provision and reach in the larger context of their region's population and demographic make-up. - Consistent and continuous review of MDS sociodemographic questions (in accordance with YWHO's suggested timelines) by service providers prior to sessions with youth to better understand access, service experience/satisfaction, and to inform ongoing planning, delivery and improvements in service provision.	- Minimal implementation practices in place. - Strategies to reduce/mitigate disparities are documented in coaching log or elsewhere. - Equity data (including youth sociodemographic data, qualitative input from Indigenous advisory & youth advisory, youth feedback, community profiles etc.) used to inform adaptations at the site including interventions/program offerings, enhancing particular skills in staff, targeted onboarding of diverse staff that represent local youth diversity, and concrete supports offered to improve accessibility (ex. bus tokens, childcare, etc.). Clear documentation of how the data was used to inform changes at the hub are captured in coaching log or elsewhere.

APPENDIX A: Glossary of Terms

Circle of Care: Traditionally, the "circle of care" refers to the group of healthcare providers treating a young person who need information to provide that care. The YWHO model expands the circle of care beyond service providers to include families and other support persons (e.g., Aunties, Uncles, Elders, etc.).

Coaching Log: The YWHO Coaching Log is a tool used in collaboration between the YWHO Provincial Office implementation team and Action Teams at the hubs to capture concrete steps required to achieve the hub's identified priorities. The coaching log helps the Action Team and Provincial Office identify what challenges exist, what programming and support gaps may exist for diverse youth within their communities, how these gaps will be addressed, how youth and family could be engaged in the work, and who is responsible for moving the work forward.

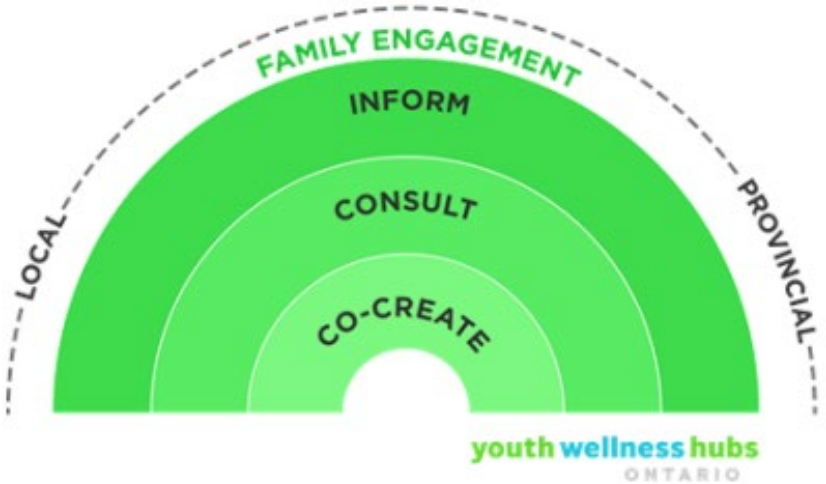
Local Youth Advisory Council (YAC): Youth ages 12-25 with lived experience of mental health and/or substance use challenges who represent the full diversity of communities residing in the region where the YWHO site is located, i.e. youth who are Indigenous, Black, who have lived experience of mental health challenges, 2SLGBTQ+ identity, lived experience of poverty and/or homelessness, disability, neurodiversity, or other racialized or marginalized populations.

YWHO Site Network Lead: The Network Lead is the organization acting as an administrative lead for the local YWHO site. This agency receives funds from the Ministry of Health through CAMH and administers the funds for the site. They represent the YWHO Site Network in meetings with the YWHO Provincial Office and are responsible for flowing information back to the Network. In alignment with YWHO's commitment to equity and inclusion, YWHO seeks leaders who have a demonstrated understanding and background in equity and that are representative of the full diversity of the province. This includes leaders who are Indigenous, Black, who have lived experience of mental health challenges, 2SLGBTQ+ identity, lived experience of poverty and/or homelessness, disability, neurodiversity, or other racialized or marginalized populations.

YWHO Site Network Partners: YWHO Site Network Partners have a shared agreement established with the Site Network Lead and/or the site network to provide services to youth accessing the hub. There is a clear referral pathway/warm transition established between the Network Lead and Network Partners. Site Network Partners may also offer on-site wellness programs/activities on an ad-hoc basis.

YWHO Site Network: This includes the collective group comprised of leadership representatives from each of the organizations providing services at the local YWHO site, including the administrative lead (i.e., YWHO Site Network Lead). There is representation and inclusion of service organizations that provide population-specific care and culturally-appropriate supports from an anti-racist, anti-oppressive (ARAO) and decolonial lens that serve youth with varying needs, identities, and abilities (e.g., 2SLGBTQ+, Indigenous youth, youth with neurodiversities, or other racialized or marginalized populations).

APPENDIX B: Youth and Family Engagement Arches



EXAMPLES OF FAMILY ENGAGEMENT

PROVINCIAL		LOCAL
YWHO Updates	INFORM	Newsletters
Review process for hub selection	CONSULT	Service experience for families
Provincial advisory committee	CO-CREATE	Services for families

*Please note that these are only examples and not an exhaustive list

EXAMPLES OF YOUTH ENGAGEMENT

PROVINCIAL		LOCAL
Provincial advisory committee	CO-CREATE	Site design/space
Branding	CONSULT	Service pathways
YWHO Updates	INFORM	Client information collection

*Please note that these are only examples and not an exhaustive list