

SYSTEM IMPROVEMENT THROUGH SERVICE COLLABORATIVES (SISC):



Implementing Cross-sectoral Initiatives Within The Justice System to Support Children and Youth with Mental Health and Addiction Needs

MEET YOUR FACILITATORS!

HELLO
my name is

Team Niagara

Marla Banning – Regional Implementation Coordinator, CAMH

Lee-Ann Standish – Co-chair of Youth Justice Collaborative, Pathstone

Mike Taylor – Co-chair of Youth Justice Collaborative,
Youth Resources Niagara

MEET YOUR FACILITATORS!

HELLO
my name is

Team Kenora
Rainy River

Gina Clark – Regional Implementation Coordinator, CAMH

Jack Martin – Implementation Team Member

Sheri Norlen - Justice Collaborative Co-Chair,
William W. Creighton Youth Services

MEET YOUR FACILITATORS!

HELLO
my name is

Team Champlain

Tania Breton– Regional Implementation Coordinator, CAMH

Kathy Neff- Co-chair of the Youth Justice Collaborative,
Executive Director of youturn and Robert Smart Center

A person wearing a light blue dress shirt and a light blue patterned tie is holding a rectangular wooden-framed chalkboard. The chalkboard has a black surface with the text "Why are we here?" written in white chalk. The text is arranged in two lines: "Why are" on the top line and "we here?" on the bottom line. The person's hands are visible on the left and right sides of the chalkboard, holding it steady. The background is a plain, light-colored wall.

Why are
we here?

AGENDA

- Introduce the **Systems Improvement through Service Collaboratives** (SISC) initiative
- Introduce and discuss the **Implementation Science** framework
- Share **examples** of how Implementation Science was used to successfully implement interventions through three Youth Justice Collaboratives
 - Niagara Youth Justice Collaborative
 - Kenora Rainy River Youth Justice Collaborative
 - Champlain Youth Justice Collaborative
- **Q and A**
- **Wrap Up**



SYSTEMS IMPROVEMENT THROUGH SERVICE COLLABORATIVES (SISC)

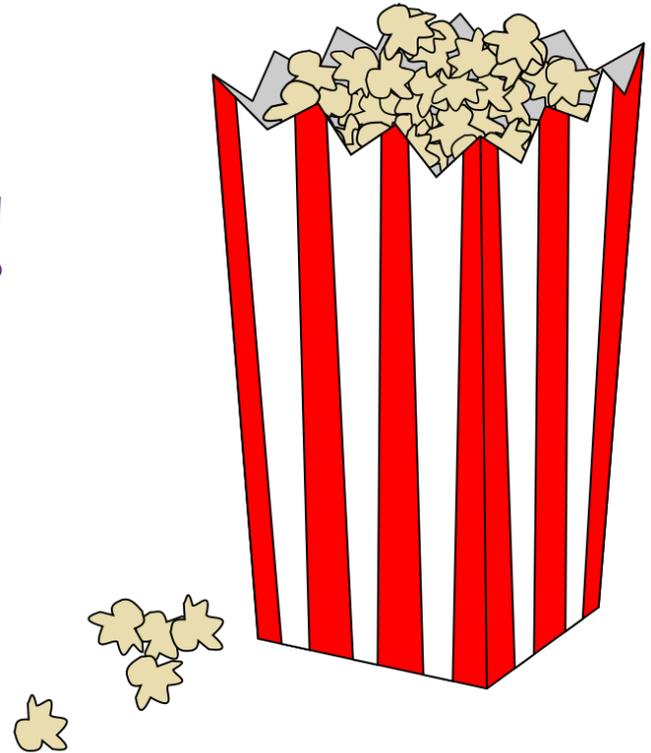


How this initiative supported the implementation and sustainability of innovative interventions across the province to improve the system for justice-involved youth with mental health and addiction issues.

TIME FOR A VIDEO!



Sisc video.mp4



COMMUNITY-DRIVEN, SYSTEM-LEVEL CHANGE



IMPLEMENTATION FRAMEWORKS

Implementation Science (IS)

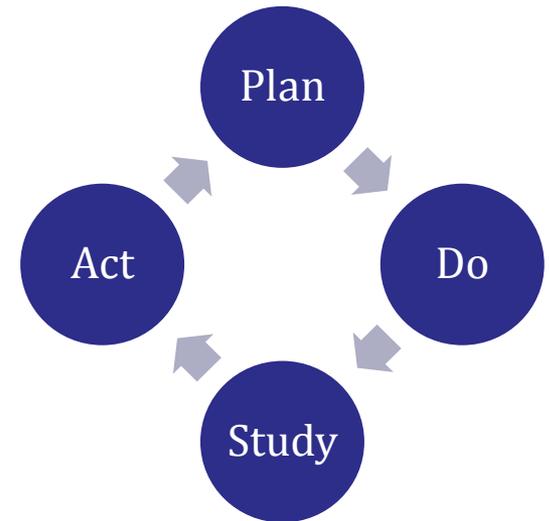
- Involves a **purposeful activities** designed to put into place a program or intervention of known dimensions, with fidelity.
- Science of bringing **evidence-based research** into practice to improve client outcomes.

Quality Improvement (QI)

- **Systematic analysis** of a system's performance and outcomes by monitoring data and using QI tools, such as the "PDSA Cycle".
- Increases system efficiency and value delivered to the client.

Health Equity (HE)

- Supporting communities to integrate a **health equity** approach throughout the implementation process, by considering the criteria in the Health Equity Impact Assessment (HEIA) Tool.

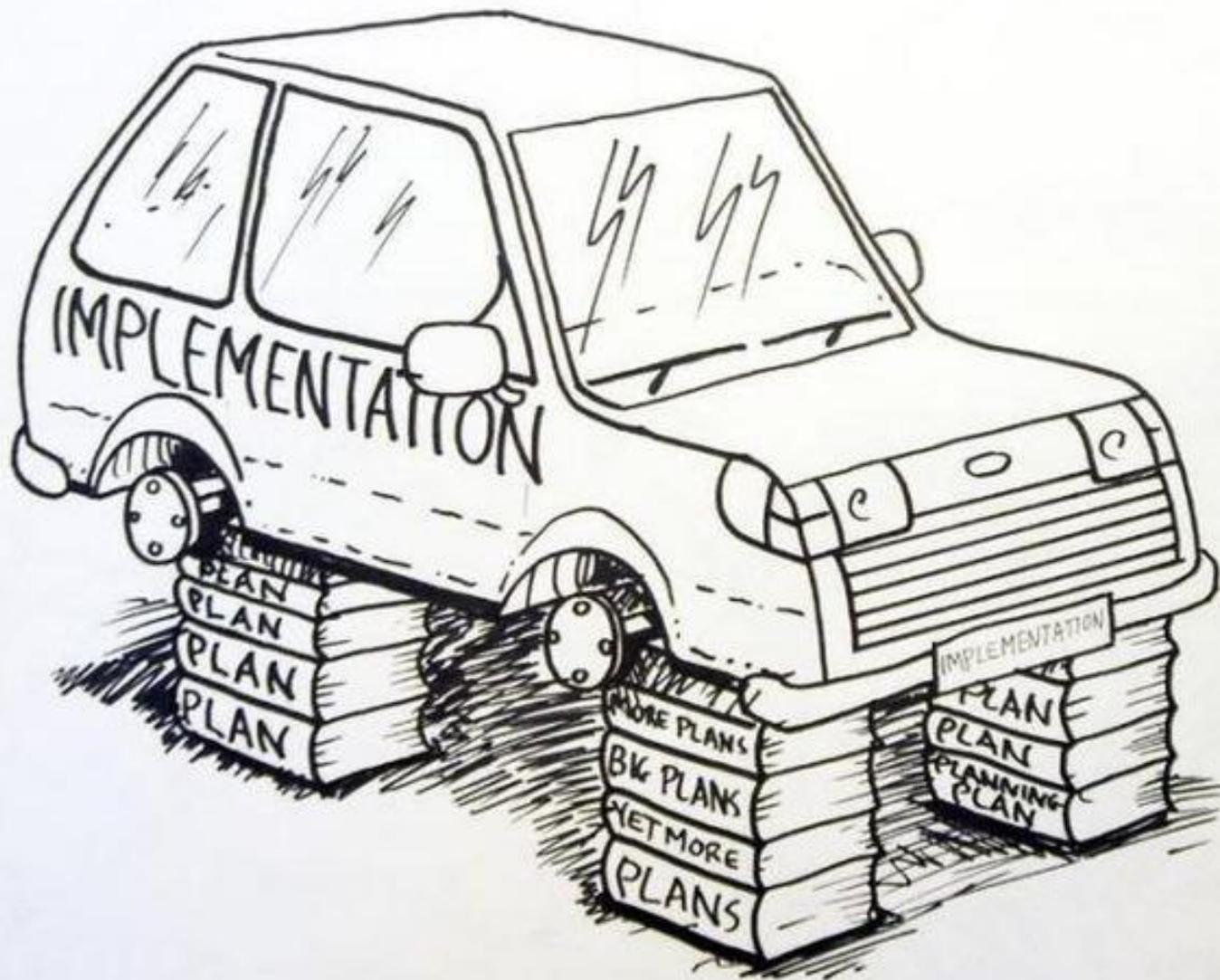


Plan Do Study Act (PDSA) Cycle



SO WHAT THE HECK IS IMPLEMENTATION SCIENCE ANYWAY?





Handwritten signature and date:
[Signature]
2014

WHAT IS IMPLEMENTATION SCIENCE?

- A specified set of **purposeful** activities at the practice, program, and system level designed to put into place a program or intervention of known dimensions with fidelity.
- The science of bringing **evidence-based research into practice** to improve client outcomes.

NIRN <http://nirn.fpg.unc.edu/learn-implementation/implementation-defined>



WHAT IS IMPLEMENTATION SCIENCE?

A “Making it Happen” approach...



Active implementation can enhance sustained change and lead to higher quality application of interventions.

Effective Practice

X

Effective Implementation

X

Enabling Environment

=

Socially Significant
Outcomes

A formula not yet discovered during
Einstein's time.....

DIFFUSION VS. ACTIVE IMPLEMENTATION

TRAINING COMPONENTS	OUTCOMES		
	% of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use new Skills in the Classroom		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+ Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

Joyce & Showers, 2002

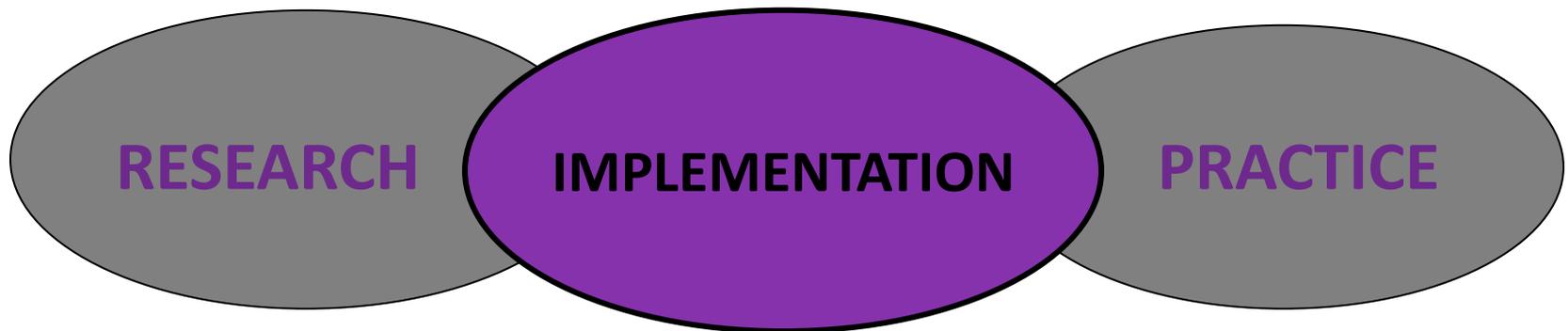


"IMPLEMENTING THESE CHANGES WON'T BE EASY.
WE'RE PRETTY SET IN DOING THINGS THE WRONG WAY."

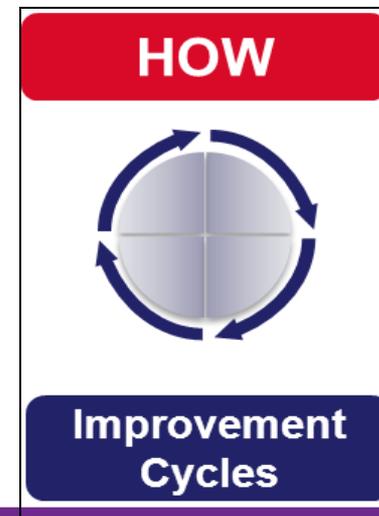
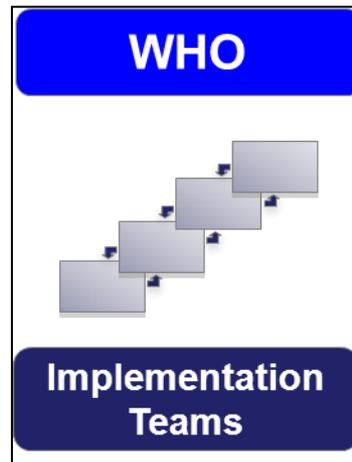
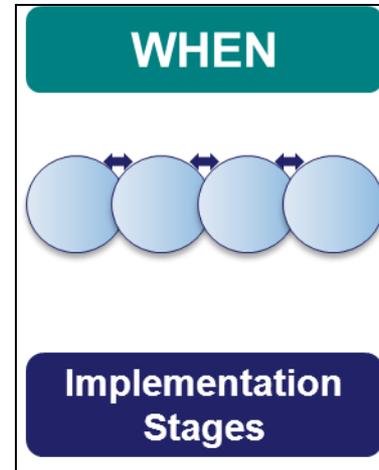
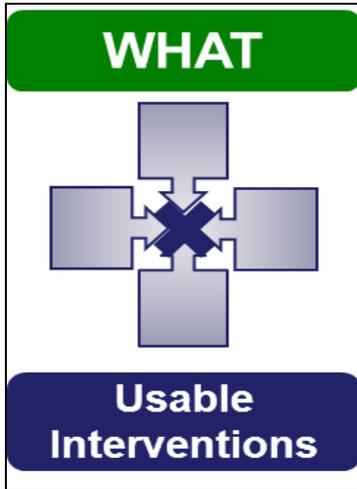


WHY IMPLEMENTATION SCIENCE?

Implementation Science bridges the “Science to Service” gap – it provides an **evidence-based approach** to putting **evidence-based programs/ practices** into practice.



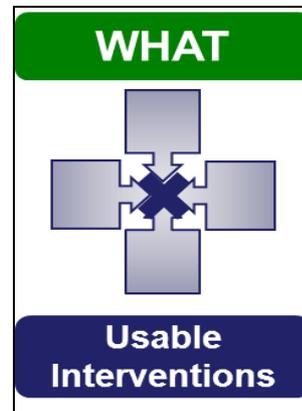
NIRN'S ACTIVE IMPLEMENTATION FRAMEWORKS



Slide courtesy of National Implementation Research Network,
University of North Carolina (Dr. Michelle Duda)

USABLE INTERVENTIONS (THE WHAT)

*To be usable, it's necessary to have sufficient detail about an intervention [...] An intervention needs to be **teachable, learnable, doable, and be readily assessed in practice** (NIRN website).*



USABLE INTERVENTIONS



Clear description of the program



Identified core intervention components



Operational definitions of core intervention components



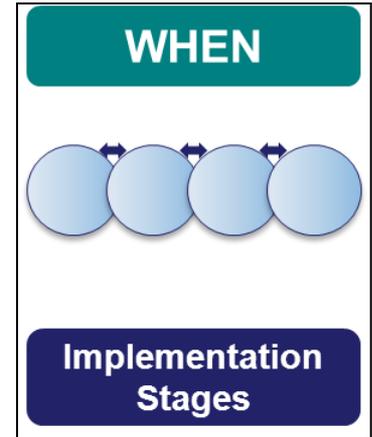
Practical performance/fidelity assessment

Does your “IT” meet these criteria?



IMPLEMENTATION STAGES (WHEN)

Conducting stage-appropriate implementation activities is necessary for successful service and system change (Metz & Bartley, 2012)



STAGE-BASED IMPLEMENTATION

Stages are not linear and overlap often occurs.

Sustainability planning is important at all stages.



Exploration

- Decide WHAT to adopt and implement



Installation

- HOW will it happen? Plan what needs to be in place to implement the WHAT.



Initial Implementation

- Put the plan on the ground and implement the WHAT (continuous PDSA cycles).



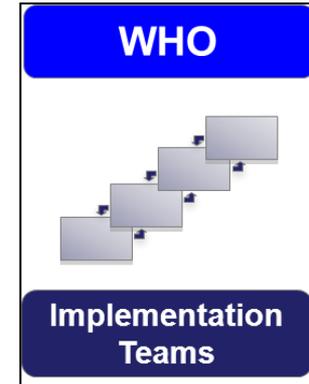
Full Implementation

- Make sure it works, then do it better (PDSA) and make it "business as usual."

IMPLEMENTATION TEAMS (WHO)

Creating Implementation Teams that actively work to implement interventions results in quicker, higher-quality implementation

(Metz & Bartley, 2012)



WHAT IS AN IMPLEMENTATION TEAM?

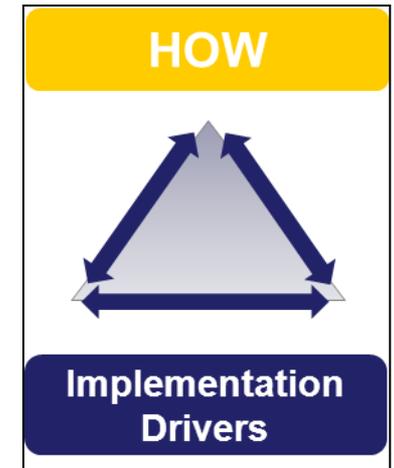
Implementation teams consist of a small number of individuals who can drive the promotion of sustainable implementation, organizational change, and systems transformations. They follow tasks and timelines to ensure a focused implementation process (Fixsen et al., 2005; 2010).



IMPLEMENTATION DRIVERS (HOW)

Developing implementation components (a.k.a. Drivers) results in an implementation infrastructure that supports competent and sustainable service delivery.

(Metz & Bartley, 2012)



Socially Significant Outcomes



© Fixsen & Blase, 2008

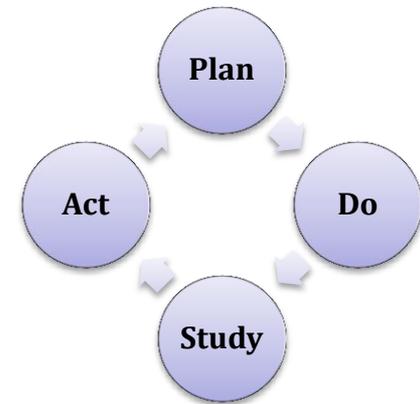


Technical

Adaptive

IMPROVEMENT CYCLES (HOW)

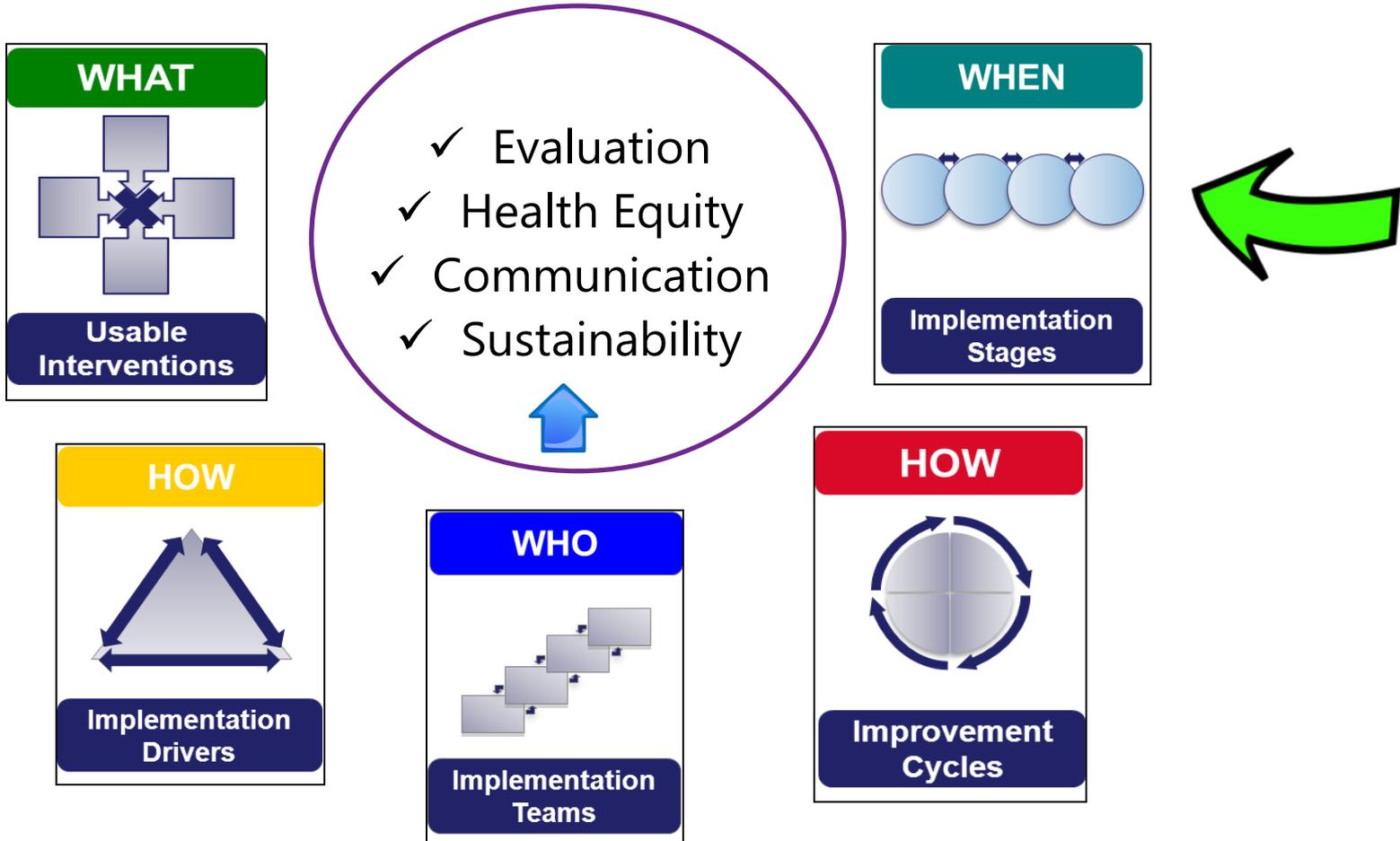
Improvement Cycles support the purposeful process of change. Implementation teams use improvement cycles to keep track of changes made to implementation. Improvement cycles are based on the Plan, Do, Study, Act process.



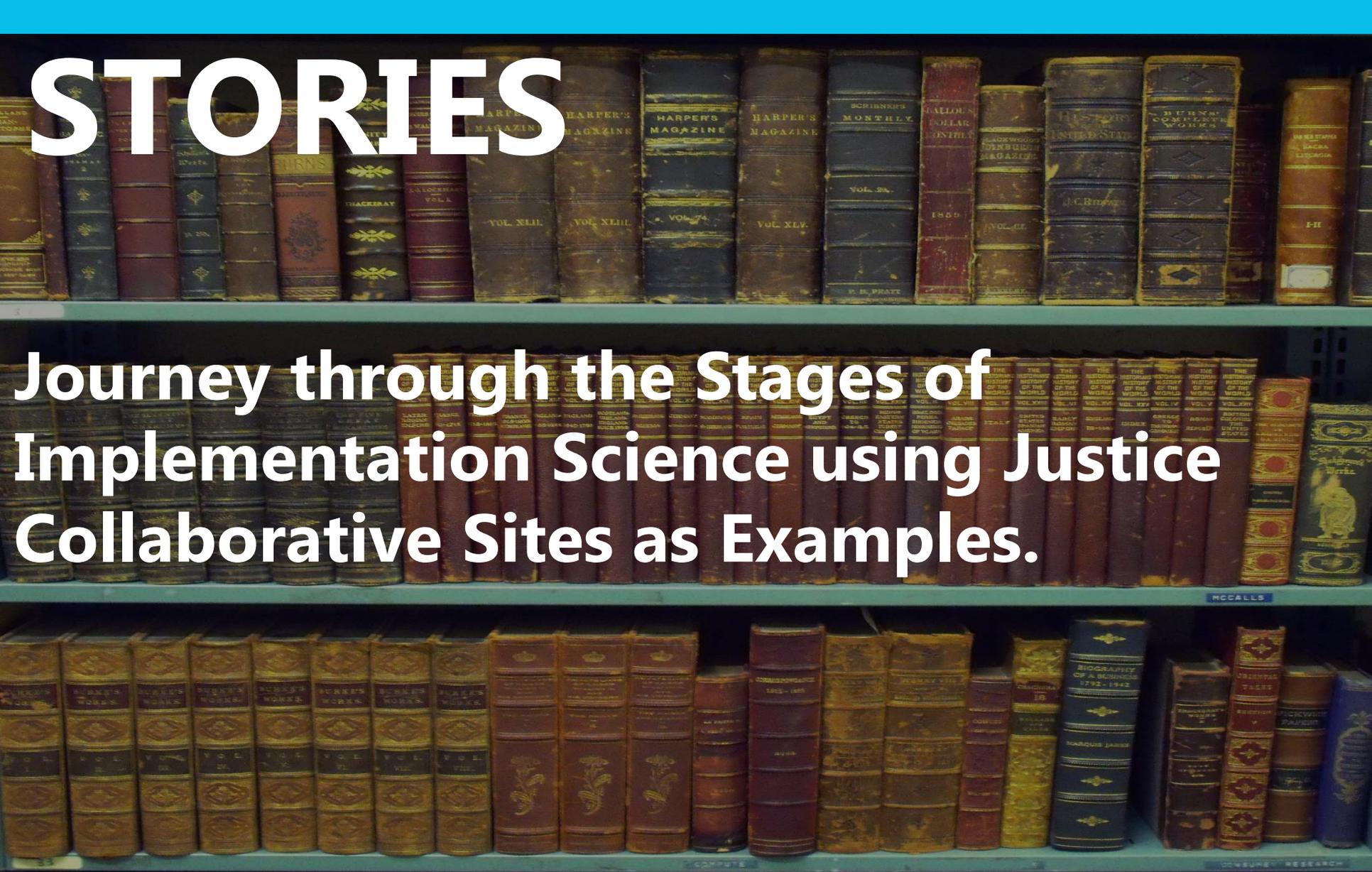


Are you all still with me?

SHARING EXAMPLES...USING IMPLEMENTATION STAGES

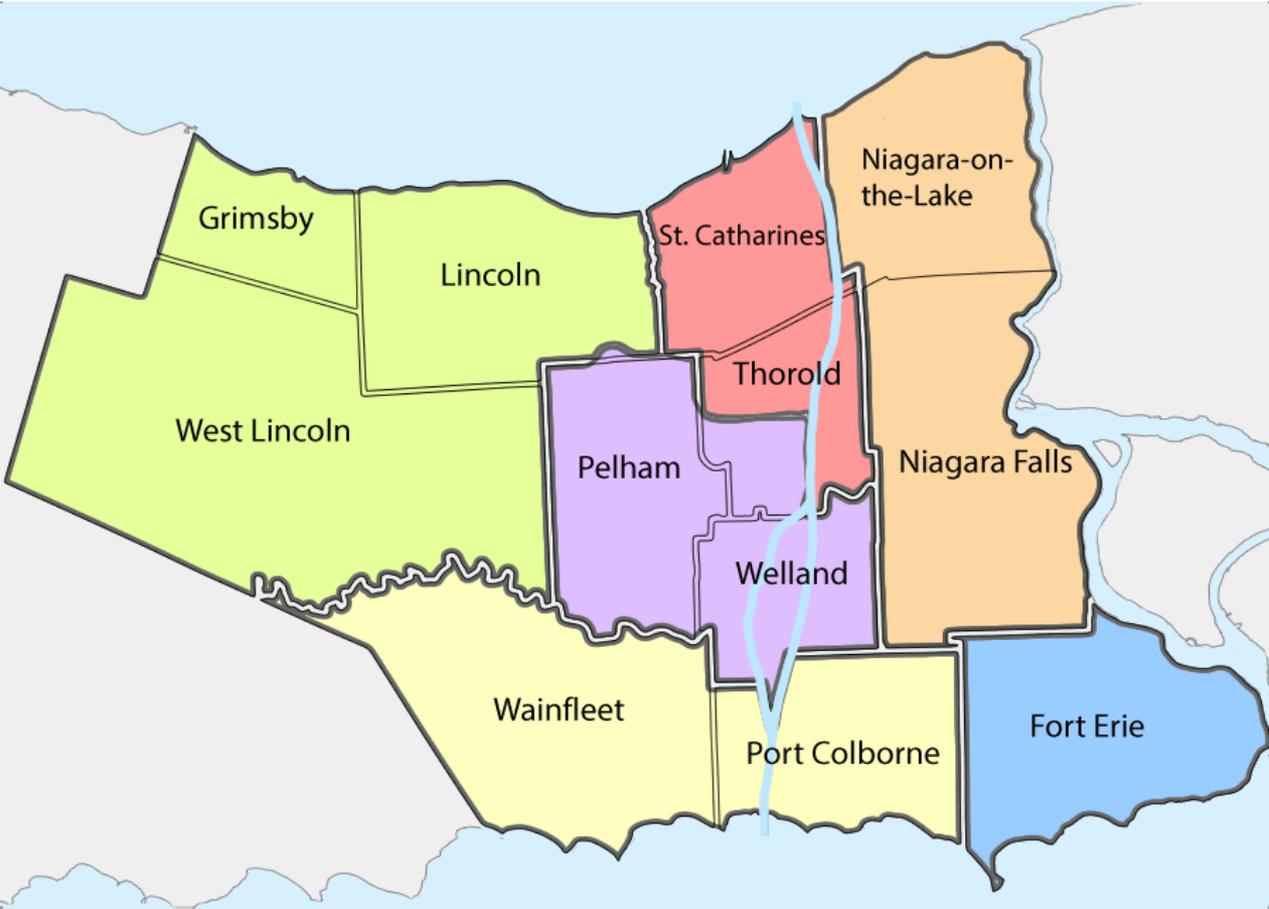


STORIES



Journey through the Stages of
Implementation Science using Justice
Collaborative Sites as Examples.

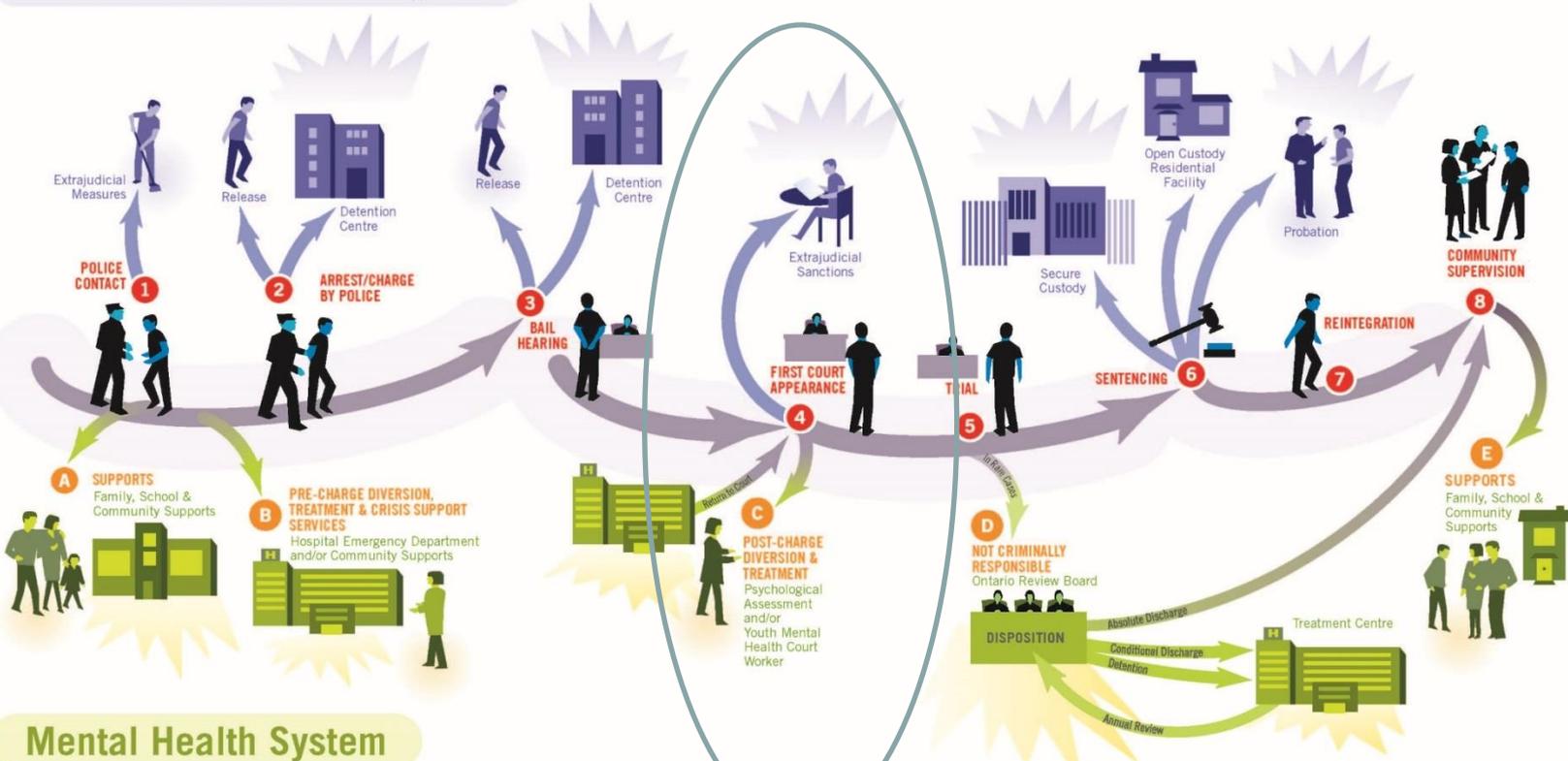
NIAGARA YOUTH JUSTICE SERVICE COLLABORATIVE



EXPLORATION – FOCUS ON JUNCTURE 4

Navigating the Youth Criminal Justice & Mental Health Systems

Youth Criminal Justice System



Mental Health System

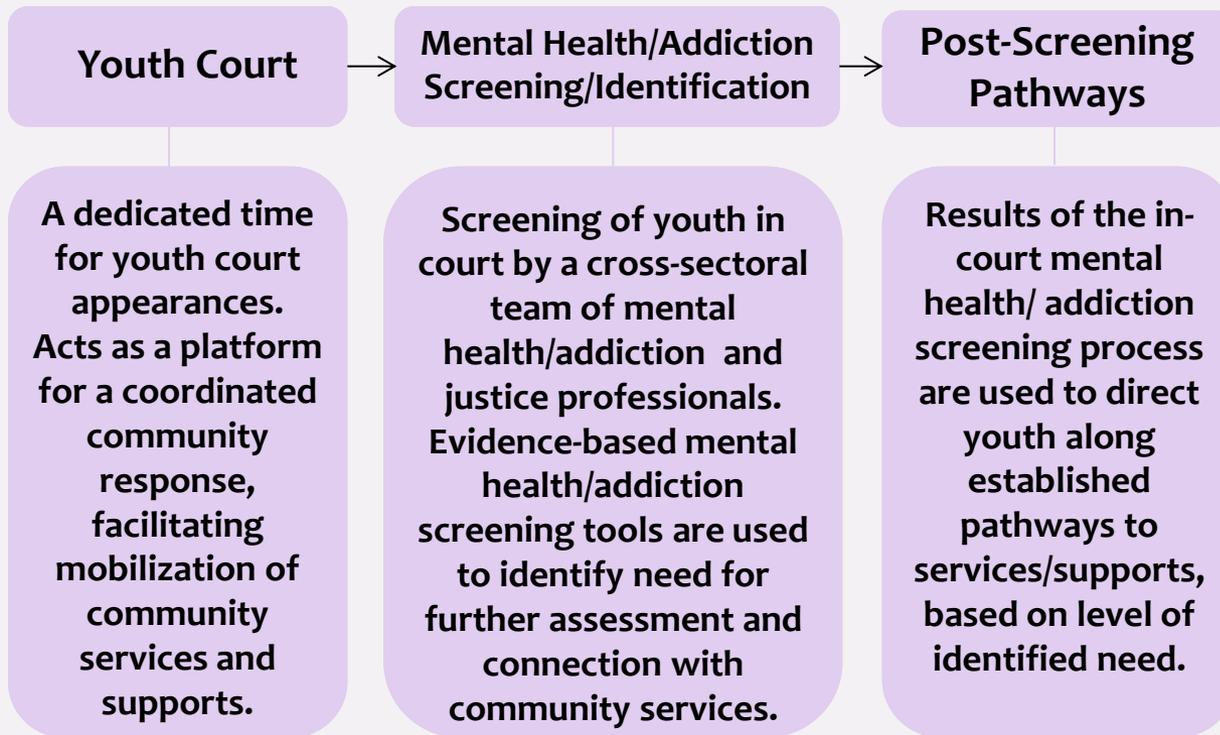
Adapted from: Canadian Mental Health Association, Ontario, (2009), "Navigating the Forensic System" Network Magazine, 24(2), 14-15. Retrieved from http://ontario.camh.ca/files/2009_03/winter_2009.pdf

SYSTEM GAP DEFINED

- Need for community to develop a **dedicated Youth Court**; at that time, youth cases were seen in adult court, which was not in alignment with the *Youth Criminal Justice Act (YCJA)*.
- The Youth Court to become **a platform to provide better services and support to justice-involved youth** with mental health and addiction issues.
- Addressing this gap would allow for:
 - increased efficiency in the court system,
 - alignment with the YCJA,
 - increased number of court-involved youth referred to appropriate community services,
 - improved use of service providers' time as they could be present at Court at pre-determined times,
 - service providers could respond to youth needs immediately,
 - improved access to services for youth and enhanced coordination between health/children's services and justice services.

EXPLORATION - THE INTERVENTION

Provision of a coordinated community response for youth with mental health and/or addiction issues in the court system that involves meaningfully engaging and working collaboratively with youth and their families.



Core Values:
Health Equity
Youth and Family
Engagement

Niagara Youth Court Screening Initiative

INSTALLATION - NYCSI – THE NIAGARA YOUTH COURT SCREENING INITIATIVE

- The Collaborative developed the **Niagara Youth Court Screening Initiative (NYCSI)** intervention.
- Small **Screening Team** (made up of 8 Service Providers representing a diverse range of agencies) that are present at youth court to meet with all First Appearance youth.
- All youth complete a consent form, the MAYSI-2 (a youth justice screening tool), and a supplementary screening form.
- Outcomes from the screening process determine appropriate pathways to service and supports in the community.
- *Note:* Youth will be presented the option of meeting with a screening team member representing the First Nations/ Metis/Inuit (FNMI) sector or completing screening in French.



INITIAL IMPLEMENTATION YOUTH COURT



- **Youth Court officially commenced on Feb 2, 2015!**
 - presided over by a Judge, with a rotating Crown Attorney
 - takes place in St. Catharines twice monthly
- The Crown's office requested at the time Youth Court was established that the Screening Team process be folded into Youth Court at a later date; the goal was to get Youth Court well established before implementing any additional new processes.
- This allowed time for the Collaborative to mobilize the Screening Team, develop clear processes and establish the Screening Team materials.
- The CAMH team and Co-Chairs continue to meet quarterly to troubleshoot any issues.



IMPLEMENTATION – NYCSI

- With approval from the Crown's office, the **Niagara Youth Court Screening Initiative (NYCSI)** launched in Niagara Youth Court in St. Catharines on May 19th, 2015.
- The Screening Team is made up of representatives from:
 - the Youth Justice Court Social Worker Program (Early Intervention Program) at Pathstone
 - Extrajudicial Sanctions (EJS) programs at Pathstone and Port Cares,
 - Youth Resources Niagara,
 - Niagara Chapter of Native Women, and
 - Youth Probation.
- Positive feedback from the Crown's office, knowing that youth are able to better access community services.
- Community agencies report less duplication, better use of their time, and better access to service for justice-involved youth.



NIAGARA YOUTH COURT SCREENING INITIATIVE (NYCSI): PROCESS MAP



First Appearance youth pick up their disclosure from Crown's office. Cases eligible for diversion (EJS) are flagged by the Crown.

Youth proceed to Legal Aid office to consult with Duty Counsel

If further legal consultation is not required, youth are directed to the NYCSI team

A NYCSI team member: (1) carries out informed consent; (2) identifies youth interest in receiving screening in French or with a service provider from the Aboriginal sector

A NYCSI team member screens youth for Mental Health, Addiction, and other needs (e.g., housing, employment)

Team discusses screening results and determines referrals

**Mental Health/
Addiction needs
identified**

**No Mental Health/
Addiction needs
identified**

Intake to Early Intervention Program (Pathstone Mental Health)

Report back to Duty Counsel/Defense Counsel

No referrals needed OR referrals made to other community supports (e.g., housing)

Report back to Duty Counsel

Cases flagged by Crown for diversion are referred to an EJS program

*November
2015*

IMPACT ON SYSTEM

- As of the end of September, **43 First Appearance youth have been screened through NYCSI at 9 Youth Court sessions.**
- Almost half have been identified with mental health and/or addiction issues and have been referred to the Early Intervention Program.
- Multiple other referrals have been made for housing, employment, anger management, etc.
- **3 Youth have requested Aboriginal Services.**
- The Niagara court system is now aligned with the YCJA.
- Staff time spent at court is significantly decreased.
- Youth receive service immediately at court, and receive immediate referrals to further treatment/supports; better access to services for youth and their families.
- Mental health and addiction concerns in justice-involved youth are being identified much earlier.



WHAT'S NEXT?

The group will:

- establish improvement cycles at the systems level;
- monitor the NYCSI process at Youth Court and ensure any necessary changes are made to the process;
- provide training/education for internal stakeholders and across Niagara;
- bi-weekly Screening Team meetings to ensure fidelity to the Implementation Plan.

The Niagara Youth Justice Outcomes and Performance Measurement Advisory Team (OPMAT) has been formed to provide input regarding data tracking, reporting and performance and outcome monitoring needs.

- **A database is being developed to track all youth that are seen in court**
- Various reports will be able to be generated to better understand the needs of justice-involved youth.



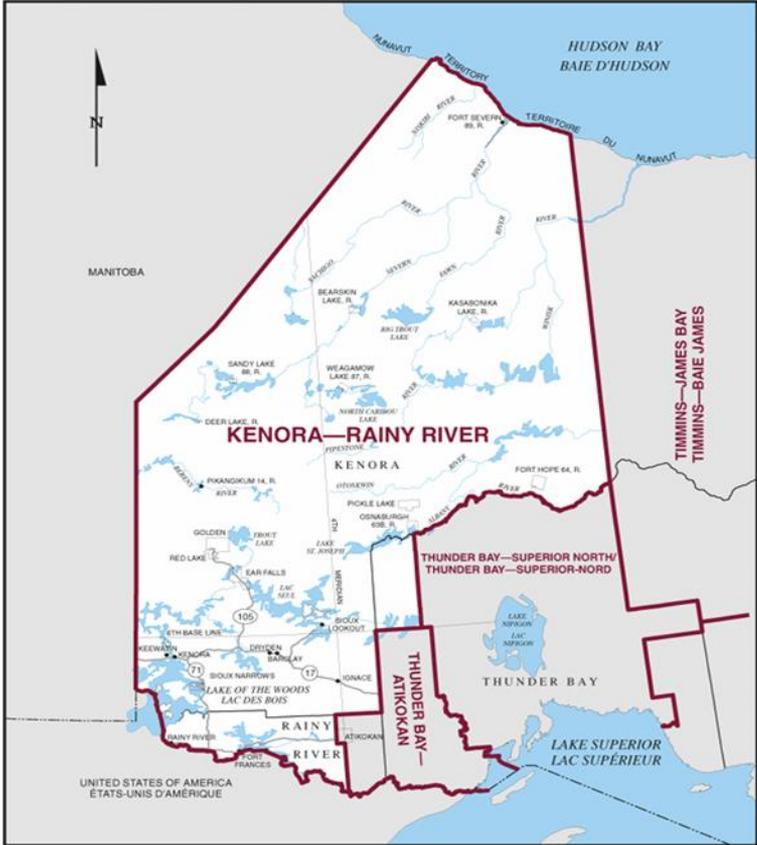
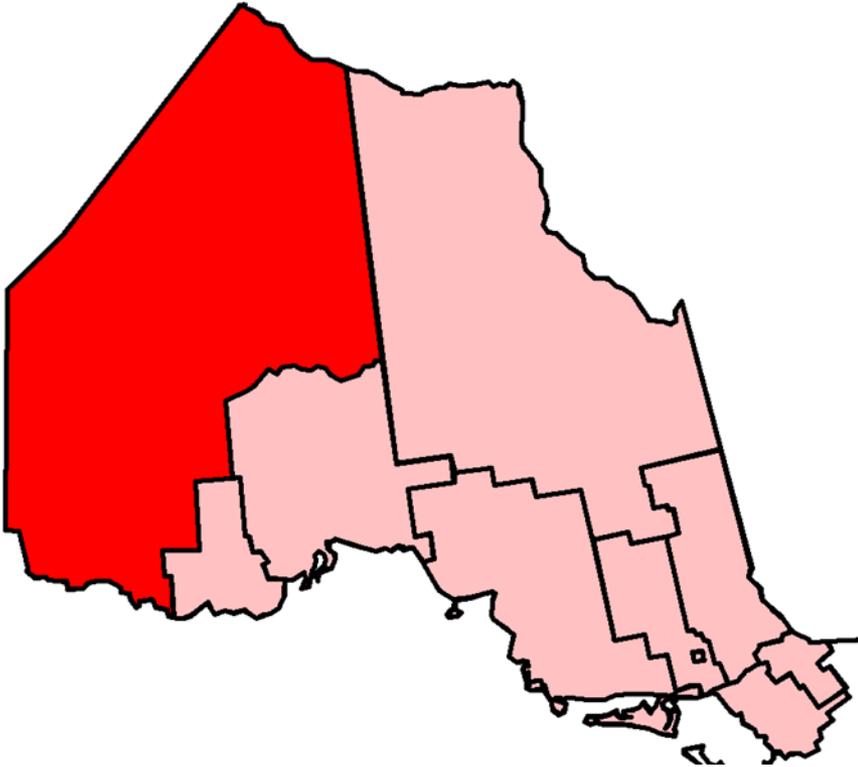
WHAT'S NEXT?

Phase 2 Scale-Up Project

- Approached by the Niagara South Crown's office to replicate the intervention in their court system (housed in Welland).
- Use the NYCSI model to establish a dedicated Youth Court.
- The Screening Team will be present to screen for mental health, addiction and other issues for First Appearance youth.



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

MISSION

To create an integrated service system built on a foundation of trauma-informed practice, to continue to educate, support, and promote collaboration around learning and working together, to acknowledge the significant issues of loss in all systems, and to develop a unified voice.

KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Membership:

- 53 active and informed members, representing 35 organizations.
- Representatives participate from First Nations, youth justice, and mental health and addictions agencies located across the Kenora Rainy River district.
- Three co-chairs were appointed representing Youth Justice, Youth Mental Health, and First Nations, respectively.

Active Sectors:

- Police (MCSCS), Crown Attorney (MAG), Probation, Detention Centres, Youth Justice (MCYS), Youth and Adult Addictions, Youth Mental Health, Court Diversion, Friendship Centre, Chiefs Advisory Council, Education Mental Health Leads, Child Welfare.



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

ADDRESSING THE GAP

The Service Collaborative is working to address the needs of justice-involved youth up to age 17 who require diversion from the justice system with a treatment focus.

DESIRED OUTCOMES

- Focus on improved connections and co-ordination of services at **key transitions points** between the health + justice system.
- Target a key transition or focal point for action, with consideration to the **unique needs** of each community.
- Assist** police, mental health workers, youth provincial courts, etc., to know when, where and how to assist persons with mental illness and addictions
- Improve integration and collaboration** between justice + health + other human services..

QUESTIONS

- Who is the **Service User** – needs, local community services needed, barriers, demographic profile
- What are the **System Issues** – addressing service gaps, how can the system better reflect the social realities of service users, system navigation, information-sharing
- What are the **Bright Spots** – what is working well, current initiatives and partnerships

WHO WE ASKED

The following stakeholders were consulted:

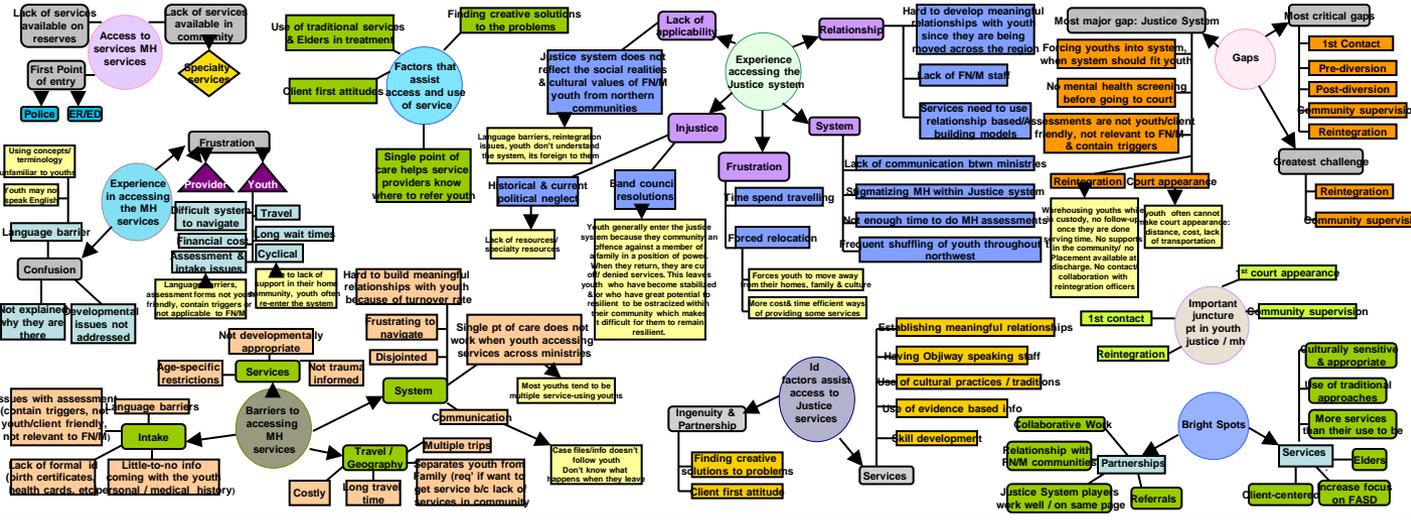
16 people were interviewed from the community (Ministry officials, First Nation / Métis community stakeholders and other key community players)

63 delegates participated via the Town Hall (Oct , 2013)

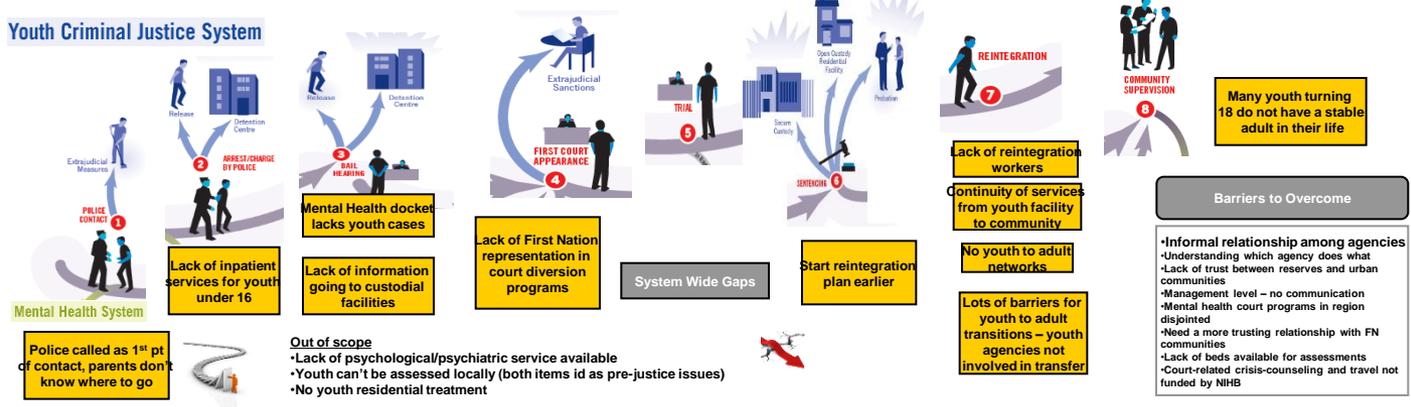
53 members of the service collaborative representing the area of Kenora Rainy River District.



WHAT WE HEARD



Navigating the Youth Criminal Justice & Mental Health System



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

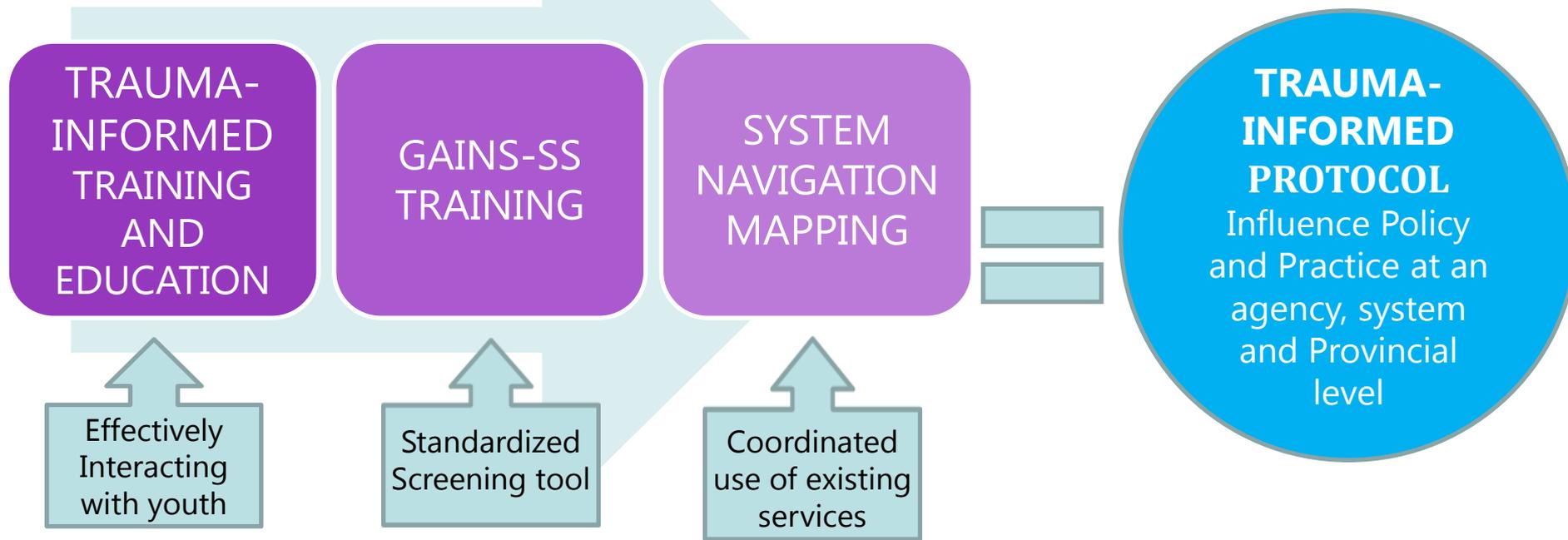
SYSTEM GAP - DEFINED

- Aboriginal populations are overrepresented in the Kenora Rainy River youth justice system.
- Aboriginal youth in Ontario are incarcerated at a rate **5-10 times** higher than the general youth population.
- Many re-offending youth in Kenora Rainy River have experienced tremendous trauma and loss in their lives.
- Many service providers in the youth justice sector lack a basic understanding of trauma and how it can affect behaviour.
- The Service Collaborative chose to develop a more **trauma-informed youth justice system.**



INSTALLATION – PLANNING THE INTERVENTION

The Service Collaborative has designed an **intervention** to meet the circumstances of youth in the district using multiple components of evidence-based practices including:



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Implementation To-Date:

Trauma-Informed Training

- The Service Collaborative has made training available to over **170 community service providers** in the Kenora Rainy River area through October 2015.
- Facilitators from Klinik Community Health led the workshops. Klinik houses the **Manitoba Trauma Information and Education Centre** which was established in 2011 as part of Manitoba's provincial trauma-informed human services strategy.



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Implementation To-Date: Trauma-Informed Training

March 2015

Unmasking Trauma with Dr. K.V. Hardy

- Almost **130 participants from across NW Ontario** travelled to Kenora★ for this workshop
- People from **23 communities, including 9 remote First Nations** attended
- Police, child welfare, education, probation, court diversion, Aboriginal reintegration workers, addictions, developmental services, youth mental health sectors represented



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Implementation To-Date:

Trauma-Informed Training

June 2015

Healing Trauma through a First Nation Lens
with Dr. Ed Connors, Dr. Renee Linklater,
and Rupert Ross

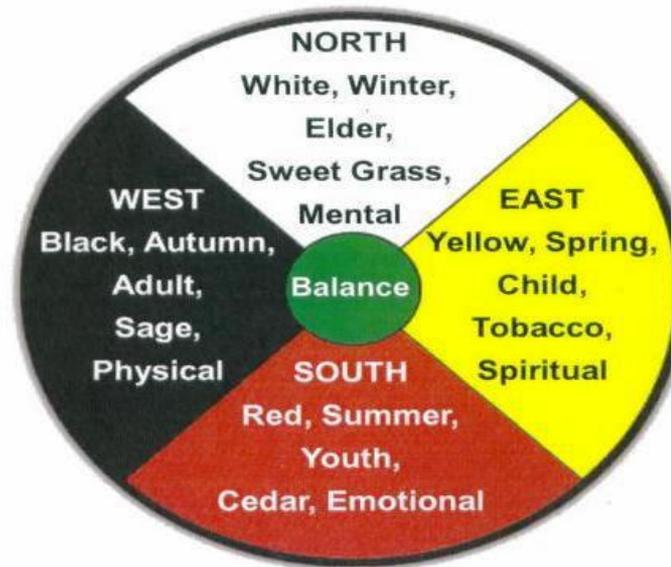
- Explored traditional trauma healing approaches and how to incorporate Indigenous cultural practices
- **Almost 180 participants from the Kenora Rainy River districts** travelled to Kenora for this workshop
- All guest speakers had specific connections to the First Nations communities within the Kenora Rainy River areas



Dr. Ed Connors explaining the Wampum Belt

KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Ojibwe Medicine Wheel



"Learning together as a way of working together."
Colin Wasacase, Service Collaborative member and Elder

PARTICIPANT FEEDBACK - Healing Trauma through a First Nation Lens:

- “Being able to witness, experience, and participate in **cultural practices, songs, and prayers was an amazing learning experience. It should be required for all people.** I have learned so much and am able to reflect on my own belief systems and how they affect my outlook and practice.”
- **“I LOVED the stories – amazing stories of resilience.** Incredibly humbling to hear these stories of trauma but also the hope of healing. They will stay with me and will deepen my heart’s understanding of historical trauma.”
- “I would like **more exposure to cultural ceremonies and elders** to cultivate a deeper understanding of how to best support and help our First Nations people.”
- “A very healing, moving conference.”



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Implementation To-Date:

GAIN-SS - Global Appraisal of Individual Needs Short Screener:

- Screening tool for youth populations for mental health, addictions, and cognitive issues.
- Using a consistent tool and language will make for easier screening and appropriate referrals across sectors.
- It can be **administered in 3-5 minutes** by a non-clinician.
- GAIN-SS training was provided to almost **100 cross-sectoral participants** from agencies across the Kenora Rainy River districts.
- **17 cross-sectoral agencies** have signed on to the GAIN-SS user license.

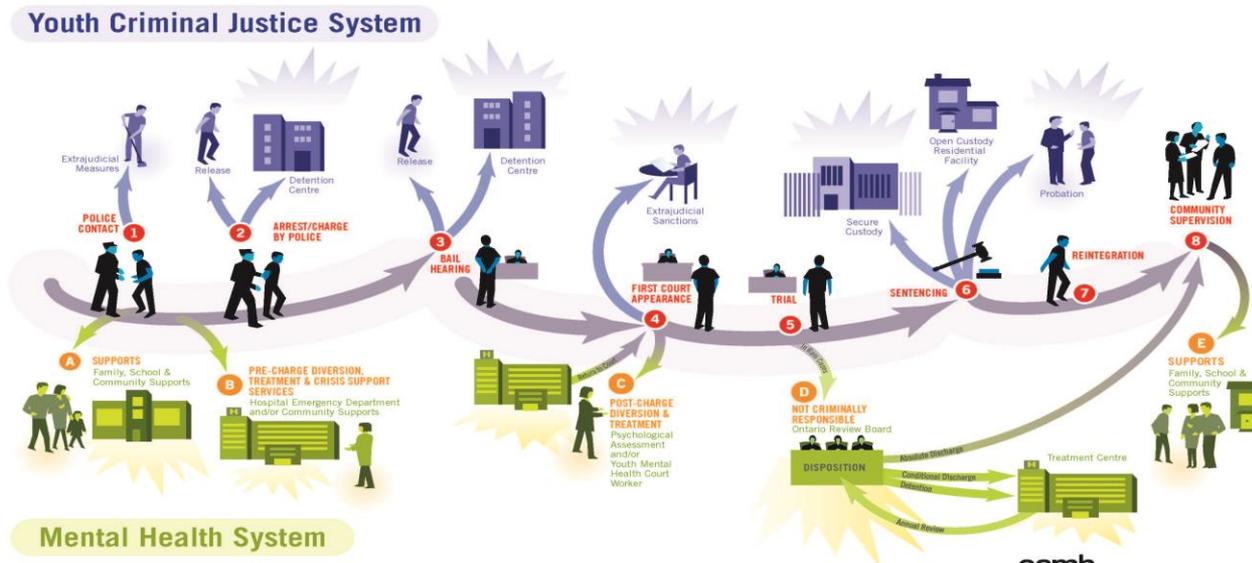


KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Next Steps – Youth Criminal Justice and Mental Health Systems Map:

- Partnership with the Canadian Mental Health Association (CMHA) Kenora Branch.
- Developing a **systems navigation map** to help individuals working in the justice system make appropriate referrals, and to help youth and families better navigate the system.

Navigating the Youth Criminal Justice & Mental Health Systems



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

Next Steps – System Protocol

- Developing a **protocol** that commits agencies to work together towards better system coordination.
- **Mandate, list of values and guiding principles, mission, and vision statement** for the protocol have been developed.

The protocol will aim to:

- Commit organizations to the process of transitioning to a more trauma-informed youth justice system using education, training, screening, navigation, and referrals.
- Clarify service provider roles and responsibilities from all sectors.
- Inform decision-making by service providers, and ensure the continuation and sustainability of the work.
- **Influence trauma-informed policy development at the system level.**



KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

IMPACT ON THE SYSTEM:

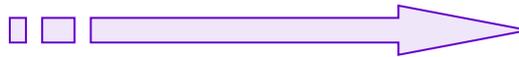
PRESENT STATE

Trauma is common but impacts are still not clearly understood

Aboriginal trauma must be acknowledged in a trauma-informed justice system

Justice partners need to be better-informed about trauma and its impacts

Practice-policy feedback is needed to secure funding and change the system



Trauma Education
+ GAIN-SS
+ Navigation Map
+ Protocol =

FUTURE STATE

Catalyst for trauma-informed policy change at the:
Agency Level
System Level
Provincial Level

P
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Strategic Goal

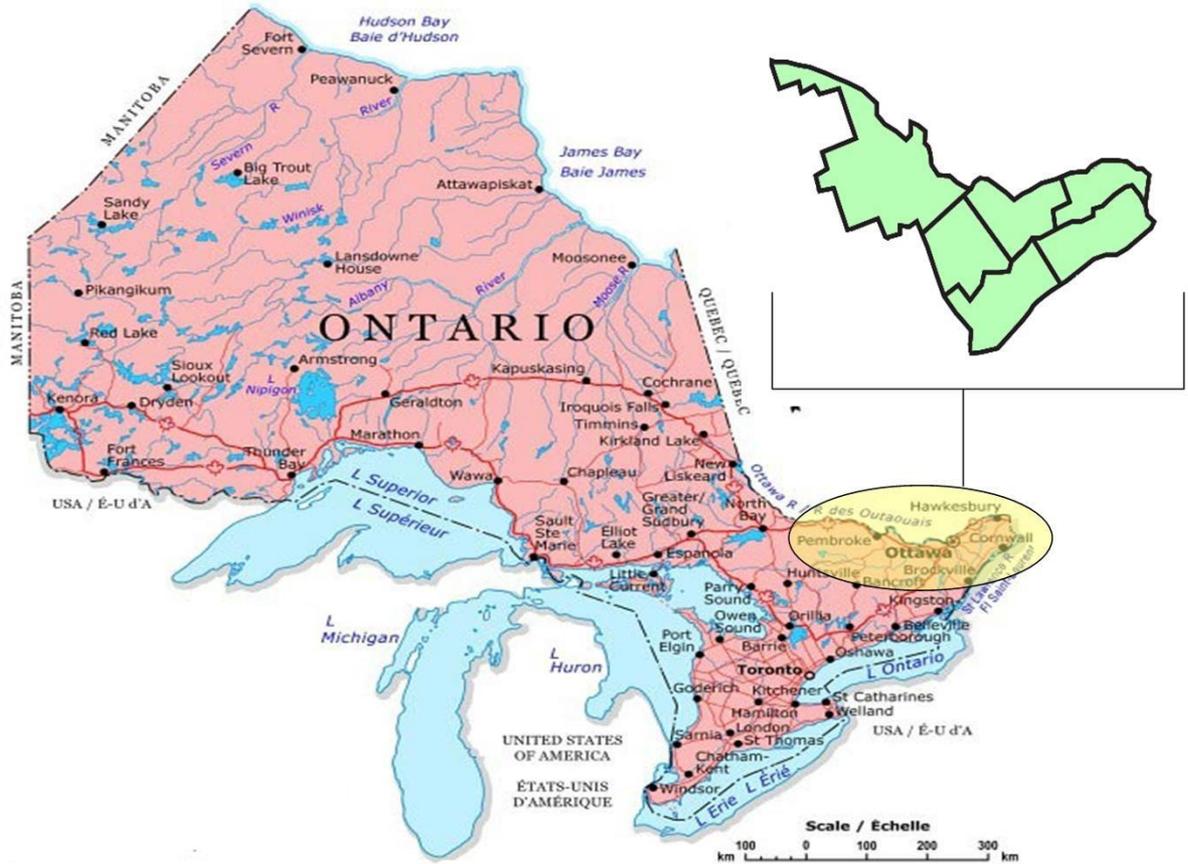
Building a stronger foundation to further develop a trauma-informed youth justice system in Kenora Rainy River over the next 3-5 years

KENORA RAINY RIVER YOUTH JUSTICE SERVICE COLLABORATIVE

VISION

Within 5 years, a systemic shift to a trauma-informed youth justice system that recognizes individual, family, and community response to trauma while fostering innate resiliency, where young people and their families are meaningfully supported, and where organizations work together in collaborative and culturally-responsive ways.

CHAMPLAIN YOUTH JUSTICE SERVICE COLLABORATIVE



CURRENT IMPLEMENTATION MEMBERSHIP

- Local Police Service-26
- Community Criminal Justice-20
- Child Welfare-8
- Community Mental Health and Addictions-14
- Client and family-1
- Aboriginal Services-4
- Developmental Services-6
- Education-8
- Hospital/Community Mental Health-4
- Community/Housing-3
- Military Police-1



HOW DID CHAMPLAIN GET THERE?



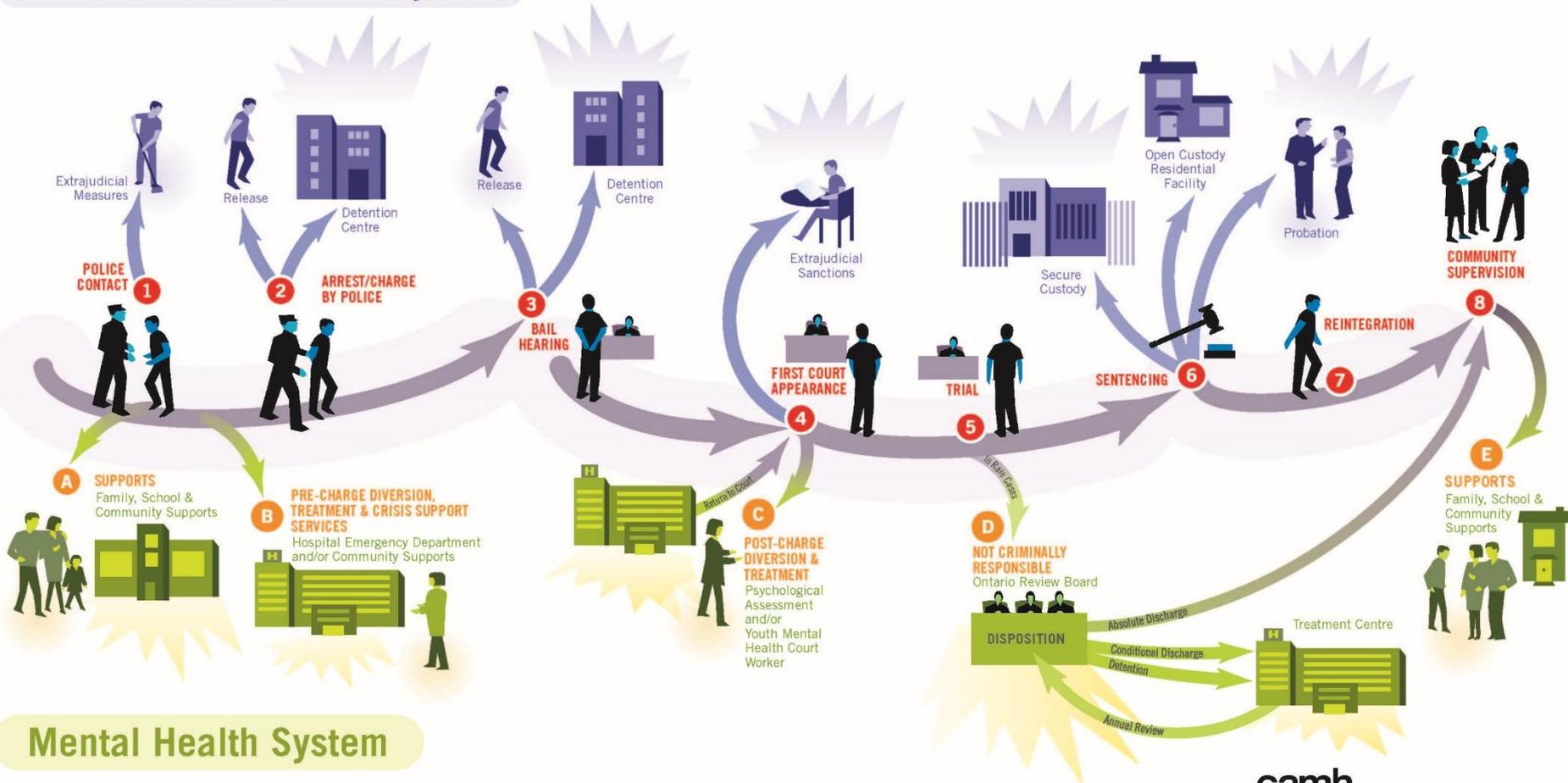
*Decision pathways that led to
"Intersections"*



CORRELATED GAPS TO THE 8 YCJA JUNCTURES

Navigating the Youth Criminal Justice & Mental Health Systems

Youth Criminal Justice System



Mental Health System

CHOOSE A JUNCTURE TO NARROW DOWN THE GENERATED GAPS



GAP 1- Navigation and support for service providers, families, and youth

GAP 2- Case management (child/family)

GAP 3- Specialized clinical interventions – Access to /Capacity to provide

GAP 4- Early Screening/Assessment and Integrated care plans

POLICE FOCUS GROUP FEEDBACK

Police reported responding to calls for social service-related issues, ongoing crisis incidents and mental health issues for children under the age of 12. They felt they needed a better solution to support families and youth.

"We had 42 occurrences where this kid needed help, but didn't get it"

- Deep River Police



EXPLORATION - GAP STATEMENT

Navigating youth through various pathways to appropriate individualized supportive services.

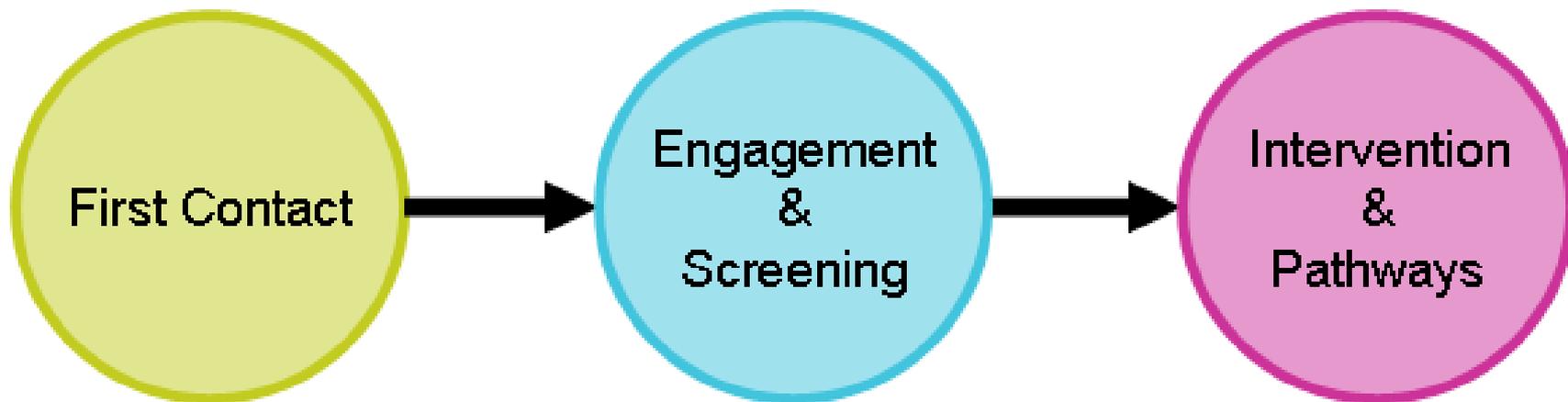




INTERSECTIONS

Champlain Youth Justice Service Collaborative

<http://youtu.be/hGL-oShoumI>



Easy as 1-2-3: What You Need to Know About Intersections!

1

FIRST CONTACT

- Police respond to an incident where the child/youth meets inclusion criteria:
 - 9-17 years of age; and
 - Suspected mental health, developmental disabilities and/or substance abuse issues
- Police fill out Intersections Referral Form and obtain consent from the parent/guardian.
- Police fax referral form to Phoenix within 3 business days of the incident.

2

ENGAGEMENT & SCREENING

- Intersections Worker confirms receipt of referral.
- Intersections worker meets with youth and family/guardian to confirm eligibility, conducts CANS (Child and Adolescent Needs and Strengths) screening and does active offer for Health Equity Survey.

Eligibility Criteria

- 9-17 years of age
- Under 12: chargeable offense
- Over 12: nuisance or troubling behaviour that isn't criminal
- Suspected mental health, developmental disabilities, and/or substance use issue
- Initial police contact

Non eligibility criteria:

- Youth qualifies for diversion
- Youth has previously been through diversion
- Youth has had previous charges
- Youth is in crisis
- Youth and parents/guardian are not willing to participate.

- Intersections worker will make recommendations of appropriate referral pathways given the needs and strengths of the youth and/or family/guardian.

3

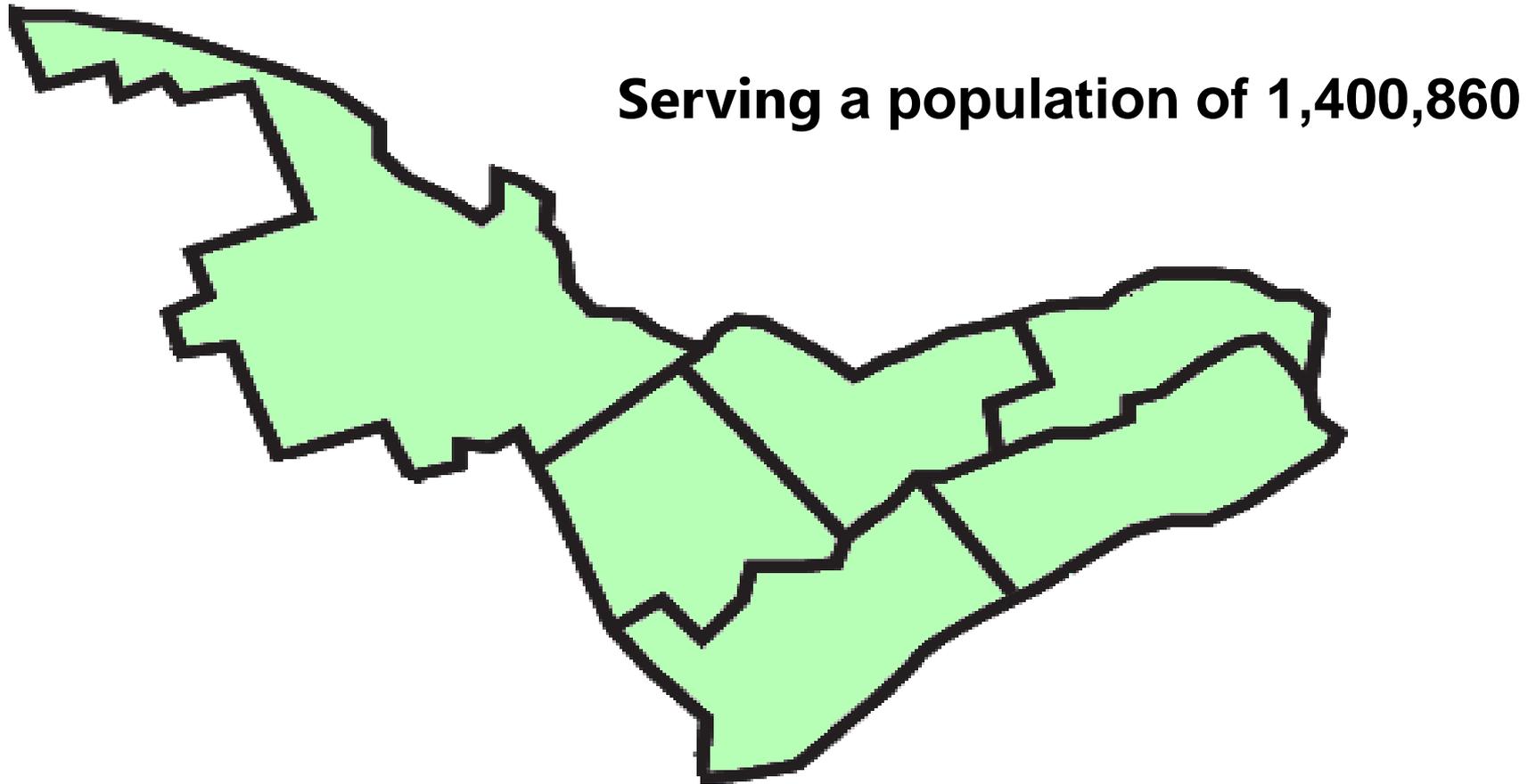
INTERVENTIONS & PATHWAYS

- Intersections worker completes referral as per referral protocol with specified agency.
- Intersections worker monitors the referral.
- Intersections worker follows up with youth/family/guardian to discuss closing file 30 days after active engagement.

INSTALLATION - How did Champlain Build and Implement Intersections?

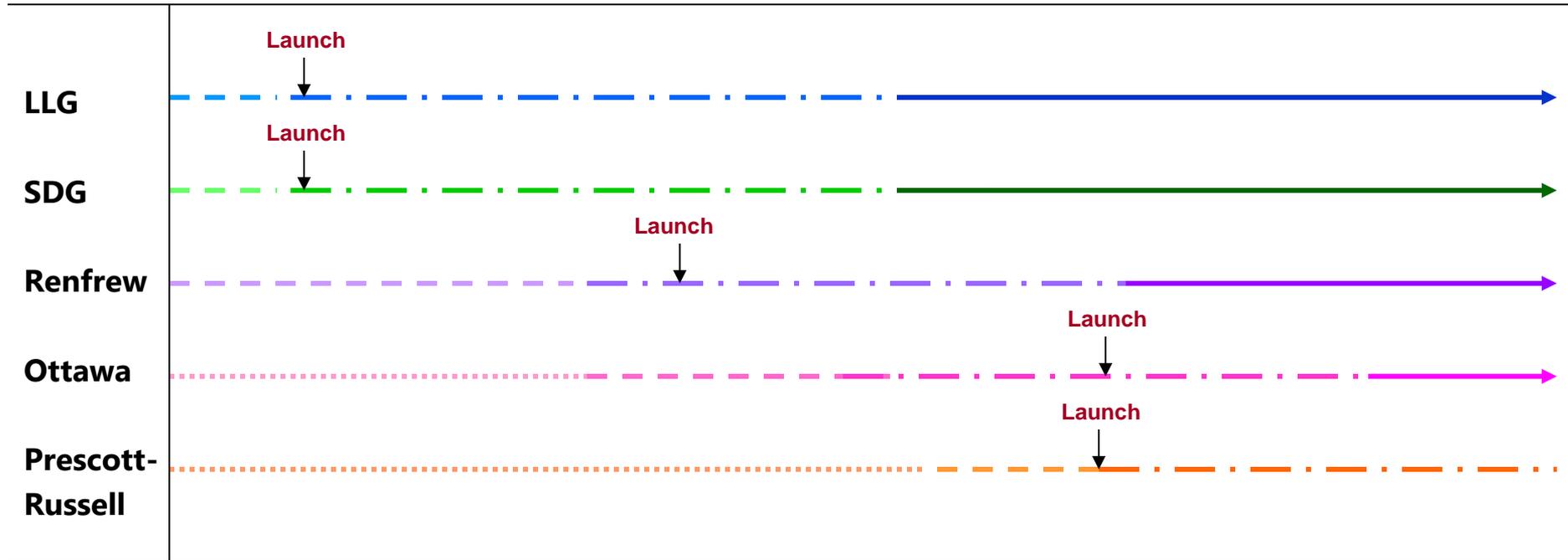


DIVIDED THE CHAMPLAIN REGION INTO FIVE REGIONAL GROUPS



PROJECTED TIMELINE FOR THE IMPLEMENTATION OF INTERSECTIONS IN EACH REGION

Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15

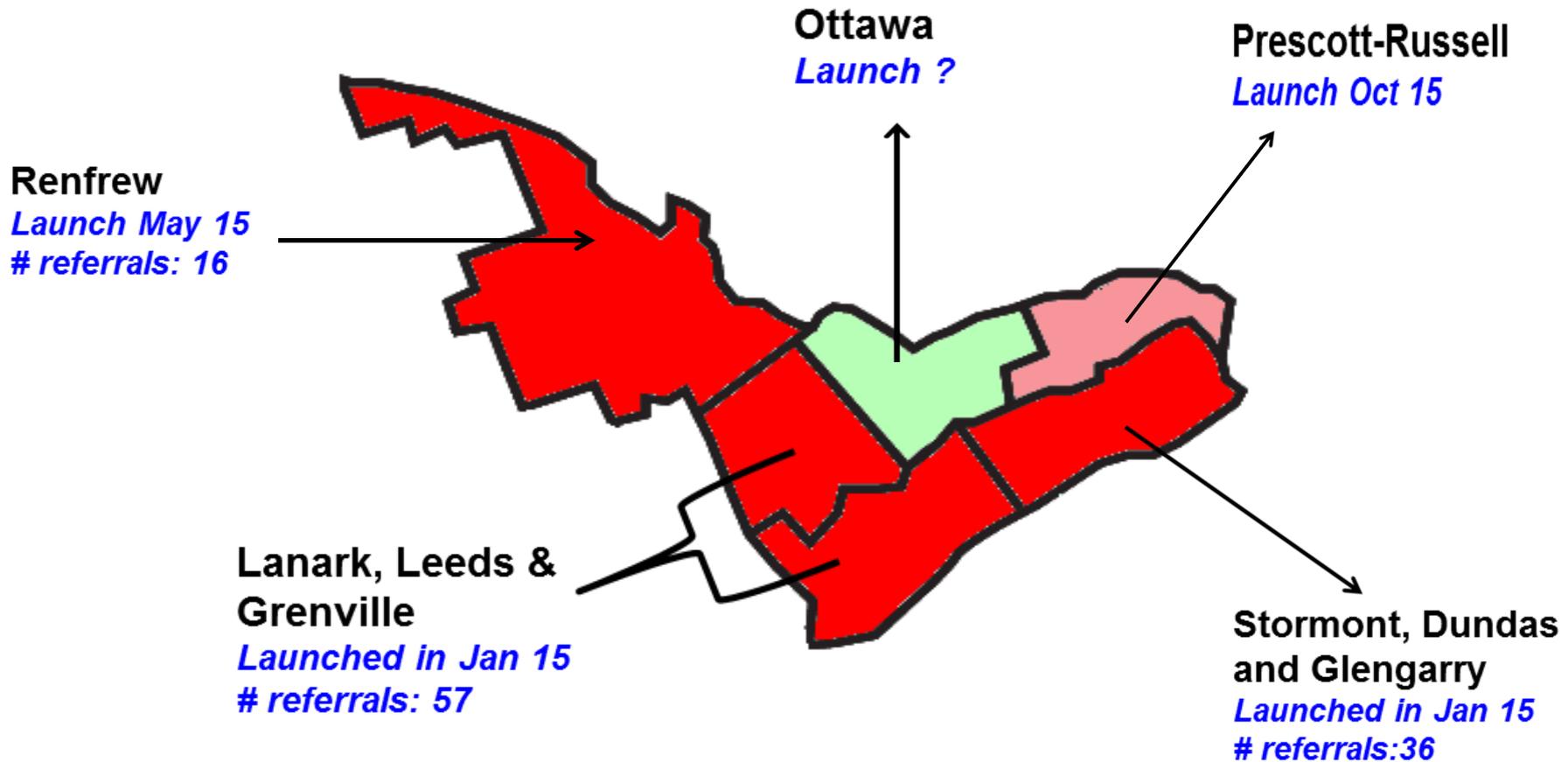


Legend

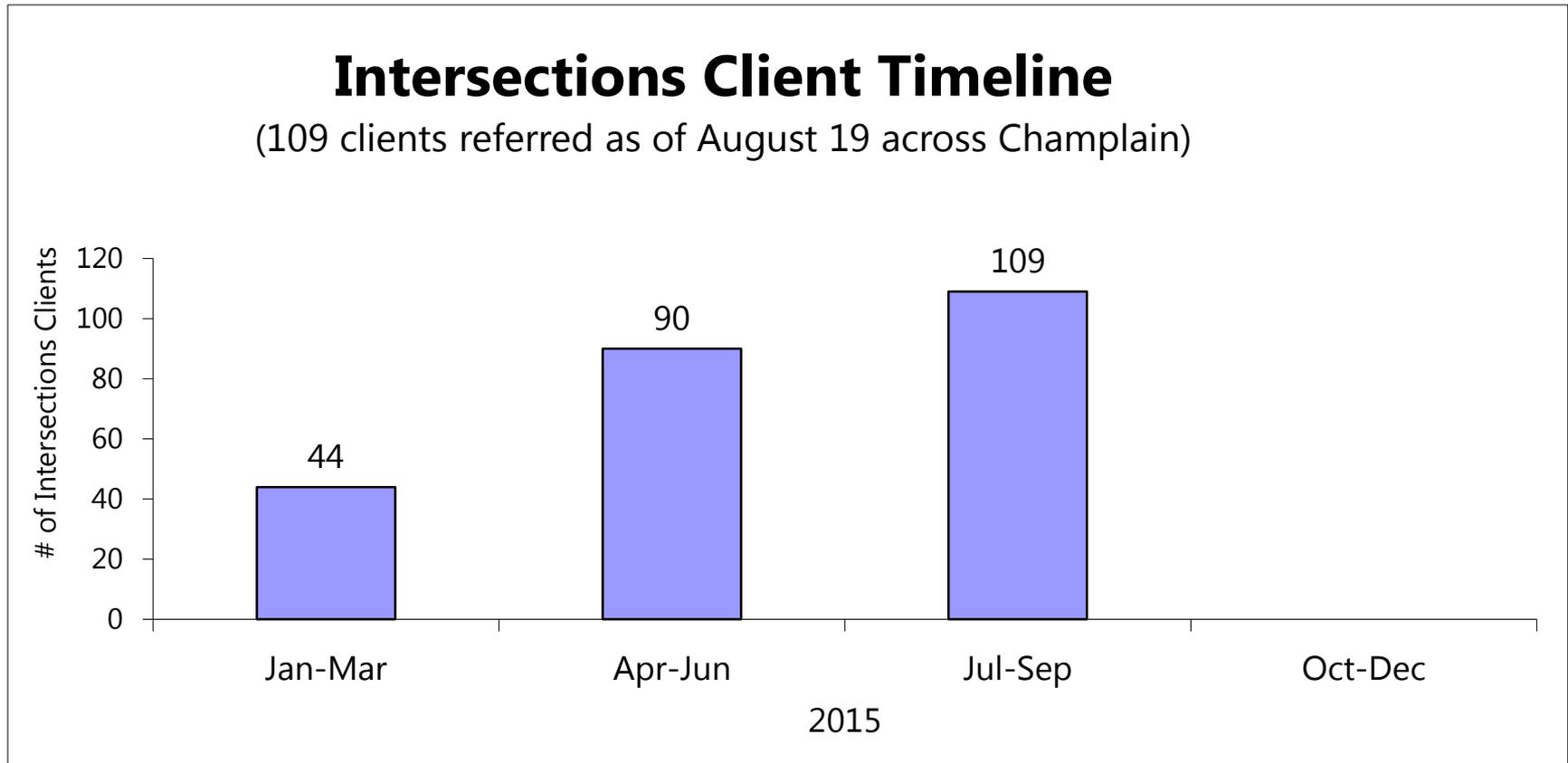
- Engaging Partners* (dotted line)
- Building Readiness* - - - - - (dashed line)
- Initial Implementation* — . — . — (dash-dot line)
- Full Implementation* —————> (solid line with arrow)



INTERSECTION IMPLEMENTATION UPDATES

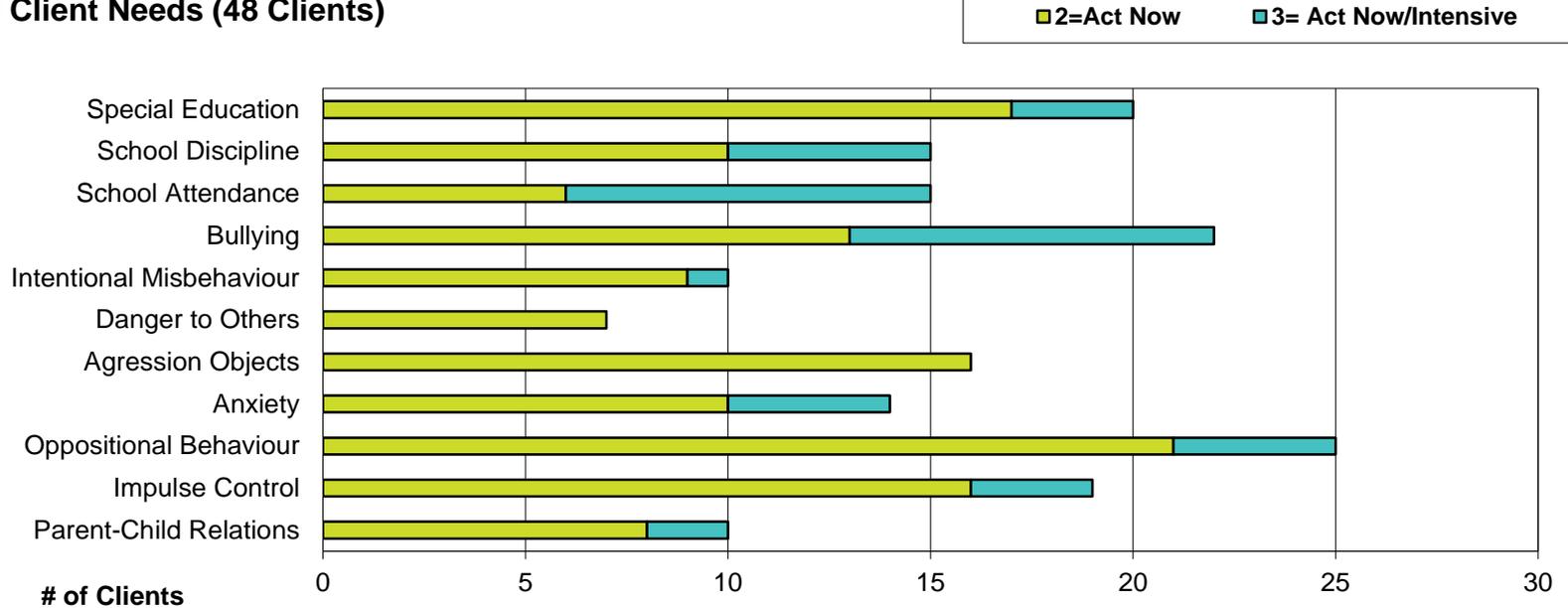


INITIAL OUTCOMES

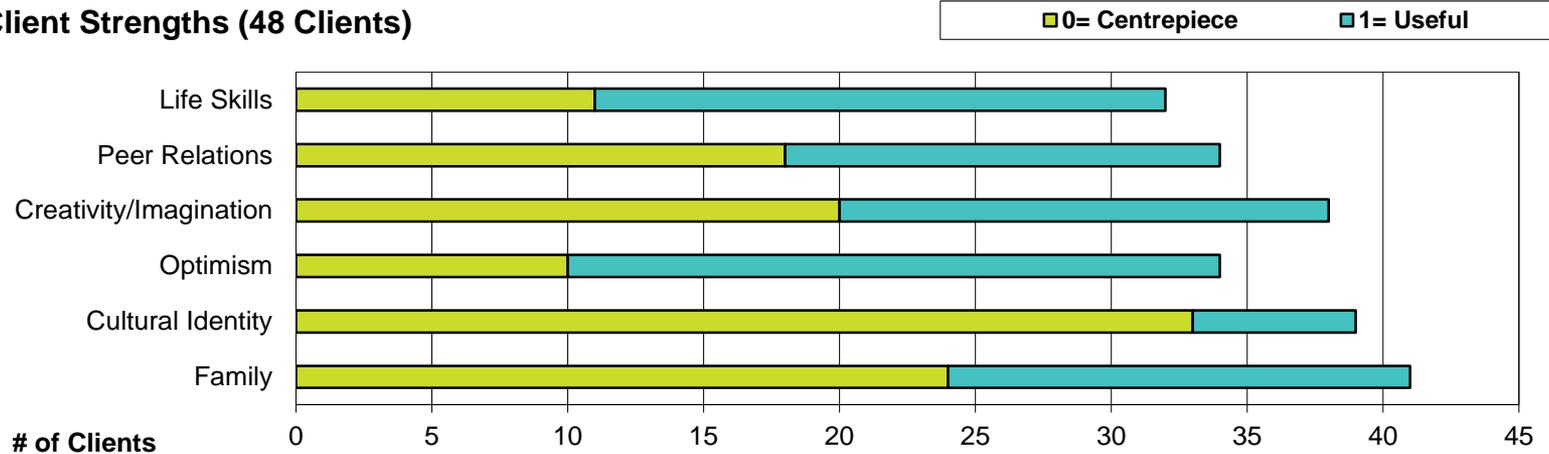


INITIAL OUTCOMES

Identified Client Needs (48 Clients)



Identified Client Strengths (48 Clients)



INTERSECTIONS: FROM A COMMUNITIES PERSPECTIVE



FAMILY & YOUTH



“Intersections helped our boys to **understand consequences.**”

“**The most helpful part was the assessment** – it helped me to see what kind of help my boys needed – I could see the anger in both boys, that really came out during the assessment. Then I knew we needed help.”

“It was **wonderful having a police officer offering to help** and not punishing.”

“Officer was awesome and my son really opened up to him.”



THE POLICE



“For the life of me I can’t imagine why any detachment wouldn’t want an intersections program”

“**Finally we don’t have to wait until a youth turns 12 and breaks the law to intervene.** Now we can get in before the cycle of police contact really starts to get serious.”

“The Intersections Workers are our google. **Whatever our families need, Intersections finds it.**”

“Intersections was **designed by cops for cops**”



SERVICE PROVIDERS



“It’s the **warm hand-off and high level of engagement** that make this program stand out.”

“As a result of intersections **police in our community are more educated and more aware of the mental health needs in our community**. Reciprocally we have a much better understanding of what the police are dealing with.”

“Intersections brought a link to police, links to other resources, case management and navigation role. **Intersections got everyone pointed in the right direction**. There used to be a vast void between services.”

“Strengths of the Intersections include the level of engagement with the family, use of the CANS for rapport building, the level of collaboration between the police and the community services and **a shared passion to help Intersections clients**.”

“Intersections is the yellow brick road for our community and losing it would be a significant loss to the community.”



NEXT STEPS

- ✓ **Support** the 8 counties through initial implementation to full implementation;
- ✓ **Build** implementation readiness with Ottawa and Prescott-Russell;
- ✓ **Advocate** for Sustainable Annualized funding;
- ✓ **Initiate** a Champlain governing table to enhance community practices;
- ✓ **Produce** an Intersections Mobilization kit for future communities;
- ✓ **Share & Present** on Intersections in the fall to:
 - ❖ the Provincial Human Services and Justice Coordinating Committees (HSJCC) conference
 - ❖ the Chiefs of Police Zone 2 Committee
 - ❖ Committee of Youth Officers (COYO) conference



ANY OUTSTANDING QUESTIONS?



**Thank
You**

Mahalo

Kiitos

Tack

Toda

Grazie

Obrigado

Thanks

Takk

Merci

Gracias



Systems
Improvement
through Service
Collaboratives

camhPSSP

Provincial System
Support Program

**OTHER IS TOOLS/RESOURCES FOR YOU
TO EXPLORE IN YOUR FREE TIME!!!**



OUR WEBSITE - servicecollaboratives.ca

The screenshot shows the website header with the following elements:

- Logo:** Systems Improvement through Service Collaboratives (with a colorful line graphic).
- Navigation:** About SISC, Service Collaborative Communities, News & Resources, Contact Us.
- Utility:** community login, français, Search ... (with a magnifying glass icon).
- camh:** Centre for Addiction and Mental Health / Centre de toxicomanie et de santé mentale.

The main content area features a blue background with a smiling woman on the left. The text on the right reads:

Bienvenido Bem-vindo Tansi
Bienvenue Ahneen ترحيب
Welcome Willkommen
Maligayang pagdating **Sago**
Boozhoo 歡迎 Benvenuto

A purple text box in the foreground contains the following text:

Based on Ontario's Comprehensive Mental Health and Addictions Strategy, the goal of a Service Collaborative is to improve access to and coordination of mental health and addictions services for children, youth and families by:



OUR KNOWLEDGE EXCHANGE NETWORK



We connect **people** and **evidence**.

Evidence Exchange Network (EENet) is a knowledge exchange network that brings together mental health and addictions stakeholders from across Ontario.





About the AI Hub



"The Active Implementation Hub is a free, online learning environment for use by any stakeholder involved in active implementation and scaling up of programs and innovations. The site goal is to increase the knowledge and improve the performance of persons engaged in actively implementing any program or practice."
- SISEP

[Read More >>](#)

Quick Resource Links

- [The Hexagon Tool - Exploring Context](#)
- [ImpleMap: Exploring the Implementation Landscape](#)
- [Stages of Implementation Analysis: Where Are We?](#)
- [Implementation Drivers: Assessing Best Practices](#)

[View All Resources >>](#)