

# 3.8 PARTNERSHIPS THAT SUPPORT MENTAL HEALTH INTERVENTION FOR STREET-INVOLVED YOUTH

David O'Brien<sup>1</sup>

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## INTRODUCTION

After decades of fragmentation within the community-based child and youth mental health sector, there is an emerging trend and understanding of how cross-sectoral partnerships and integration between organizations can improve mental health outcomes for children, youth, and young adults. This chapter describes the benefits of these partnerships and key considerations in developing them. It also presents a case study of a successful partnership that is helping to address mental health issues among youth in the shelter system.

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## CONTEXT

In 2011, the Ontario government developed the “Moving on Mental Health” strategy to improve access to high-quality mental health and addiction services. One of the deliverables was clear pathways between child and youth mental health organizations and out-of-sector stakeholders such as health care, youth justice, child welfare, education, and the youth shelter system. As of 2017, there are now 33 child and youth organizations across Ontario responsible for service alignment, integration with out-of-sector stakeholders, and service mapping across assigned regions. The objective will be to have a more responsive system where children and youth receive the right services, at the right time, at the right place.

Several factors are driving this “working together approach,” which is a shift from the usual situation where organizations work in silos. First, service users in the child and youth mental health system have become frustrated with poor communication between service providers, the absence of pathways between them, and the lack of infrastructure connecting community-based child and youth mental health with health care, youth justice, and the youth shelter system. The result of this fragmented system is that children, youth, young adults, and their families are often reassessed over and over without getting

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any actual treatment and most get lost in the transition when multiple supports through several sectors might be required. Many children and youth, along with their families, lose hope and become frustrated with the system; in extreme circumstances, their mental health deteriorates, resulting in a complete breakdown of their natural supports, which often leads to homelessness.

This gap between sectors is also perpetuated by funding formulas that stop child and youth mental health services when the person reaches age 18. Youth living in shelters are usually aged 16–24. The adult mental health system has very few community-based options in Ontario. This situation raises questions about which sector is responsible for treating youth who live in the shelter system and what community-based supports they receive after they leave the shelter system. While we struggle to provide answers, youth and young adults who are the most vulnerable, who have the highest rates of mental health impairment, are not receiving the supports they require. In Canada, homeless youth are 2.5 to five times more likely to struggle with a mental health issue (Atzema, C. et al., 2012). These youth face many barriers to treatment, including long wait times for service, lack of a formal diagnosis, and unstable housing.

We are seeing some movement toward addressing these issues through the Moving on Mental Health strategy in Ontario and developments across the country that are focusing on integrated care, cross-sectoral models. In British Columbia, Foundry is a province-wide network of integrated health and social service centres for young people aged 12–24. Foundry centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services, and youth and family peer support. Similar integrated service approaches have opened in Chatham-Kent, Ontario, and in Edmonton through a youth hub initiative called ACCESS Open Minds. In Toronto, ‘what’s up’ Walk In and YouthCan Impact use an integrated care approach. Each hub involves cross-sectoral partners integrated with one another in a co-location and offers barrier-free service. These emerging models across the country have the potential to engage youth who are homeless or at risk of being homeless because potential service users can simply drop in. No appointment or identification is necessary and each hub has a simple registration process.

## **PARTNERSHIP CASE STUDY**

In February 2015, East Metro Youth Services (EMYS), a community-based child and youth mental health centre, and Eva's Initiatives, a youth shelter, developed and implemented a partnership that would allow a child and youth mental health therapist to work onsite at Eva's twice per month. The idea was to allow youth living in the shelter to access onsite therapy rather than be referred to a location outside of the shelter. In previous years, youth who were referred to community-based mental health treatment would not make the connection or would not show up to appointments. Through the partnership, however, over 60 youth had onsite counselling from the EMYS therapist within a 24-month period. Having a therapist on location provides quick access, helps build trust, and creates an opportunity to make a warm transition to other community resources. Furthermore, partnering with a therapist from an outside organization gives youth the opportunity to separate their clinical treatment from their living environment and supports a wraparound service approach if youth feel comfortable with this. The EMYS therapist and Eva's case managers co-developed several coordinated treatment plans that addressed mental health needs, employment and school connections, and housing options through a wraparound approach. Perhaps the greatest strength of having a community-based organization send a therapist to Eva's was that the relationship built with the youth could be fostered within their living environment and then continue in the community over the longer term once the youth had transitioned out of Eva's.

The partnership with EMYS offers the chance to fill a much-needed gap within Eva's and the youth shelter system; that is, access to mental health therapy for the most vulnerable young adults. Given budget constraints within the youth shelter system and the barriers that youth who are homeless face in accessing community-based mental health services, both Eva's and EMYS felt it was essential to work together and share resources in the best interest of these youth. Not only has the partnership supported youth who are homeless; it has also provided a knowledge exchange opportunity between the organizations on topics such as mental health awareness for Eva's and building stronger capacity at EMYS to serve youth who require harm reduction supports.

The partnership between EMYS and Eva's is built on a collective impact approach. Collective impact is a partnership framework that is used to address complex social problems. Through innovation and a highly structured approach, the objective is to develop, implement, and sustain partnerships across various sectors to accomplish sustained social

change. The assumption of a collective impact approach is that no one organization or policy alone can resolve a complex social issue; rather, it is through partnership in which all parties have the same goal that goals can be achieved (Kania & Kramer, 2011). In the case in the relationship between Eva's and EMYS, providing rapid and barrier-free access to mental health services is the primary objective.

The partnership between EMYS and Eva's is an individual and localized project, but the objective over time is to link with other similar initiatives. Such partnerships would develop a greater presence and awareness of need and create potential solutions to improving access to community-based mental health services for youth living in shelters.

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## **BENEFITS OF PARTNERSHIP**

Partnerships have numerous intrinsic and extrinsic benefits for organizations. These benefits include:

- Sharing resources (space, staffing, expertise, funding);
- Sharing knowledge and developing new ways of working within partnership agreements;
- Developing and delivering comprehensive programming that is holistic in nature;
- Increasing organizational capacity to provide additional services to the community;
- Enhancing community input into programmatic decision making;
- Positioning organizations for new sources of funding;
- Preventing duplication in services; and
- Creating an opportunity to provide aligned, standardized, evidence-based, and evidence-informed services at local, regional, or national levels.

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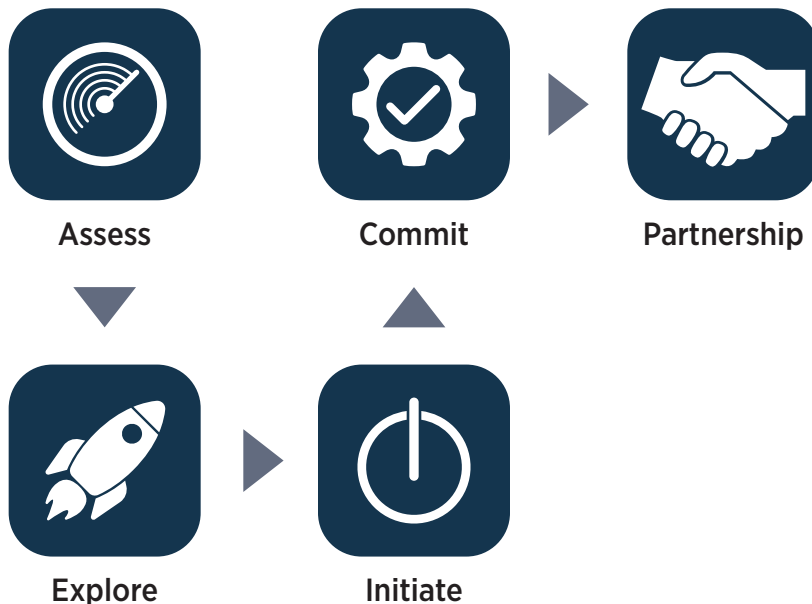
## **CHARACTERISTICS OF SUCCESSFUL PARTNERSHIPS**

### **ORGANIZATIONAL READINESS**

Over the last five years, partnerships between non-profit organizations have become a significant trend. Before jumping into a partnership, each organization should consider the following issues:

- Vision and purpose: does your organization have a clear understanding of why a partnership is required? What do the organization, community, and staff get out of the partnership? What can the organization contribute to the partnership? Is there a clear role?
- Commitment: is there a strong commitment at all levels of the organization? Are all levels within the organization willing to contribute to the partnership's success?
- Time: does your organization have the time for commitment? Partnerships can take several months and even years to develop.
- Capacity: does the organization have the capacity over the long term to sustain the partnership? How will positions be shifted to accommodate a new work assignment?
- Compromise: what will you give up? What is the organization willing to compromise on? What are the risks of compromising?
- Organizational culture: is the organization able to support and welcome new people, ideas, and innovations? Does your organization operate from a collective perspective? Do the organizational mission, values, and strategic objectives support a partnership culture? If so, does understanding of the organization's mission, values, and strategic objectives that support partnership development transfer to all levels?

FIGURE 3.8-1: PARTNERSHIP DEVELOPMENT



## **RELATIONSHIPS**

The key ingredient for any successful union is the quality of relationship between the leaders within the partnership. Even with all we have learned about partnerships through the theoretical research, if there isn't a strong relationship between the parties involved along with drive toward a common goal, the partnership can stagnate, fragment, or collapse altogether.

Building trust between individuals and organizations is the primary characteristic in laying the foundation for a healthy and productive relationship. Like any type of relationship, trust is built on authenticity, mutual respect, and vulnerability. Building trust can start by structuring in social activities such as going to lunch, planning community events, attending retreats, and participating in brainstorming opportunities. By engaging in less formal activities, people can get to know one another outside of the project. Trust is also built through small-step projects that lead to larger-scale initiatives. Small-step successes can measure commitment level within the organizations and follow-through of objectives. They test the waters around how the relationship handles stress, disappointments, sudden changes of plans, and barriers that all projects face.

## **COMMON GOALS & OBJECTIVES**

Every partnership needs a clear direction. This means that participating organizations must agree on common goals. Goals need to be understood, accepted, and equally valued by each partner.

In the case of EMYS and Eva's, the overarching goal is to create access to mental health counselling services. Both EMYS and Eva's understood that having onsite access to counselling was the best way for youth living in the shelter to connect with this service. Previous attempts to send youth from Eva's to any of the six 'what's up' Walk In locations failed due to barriers that youth living in the shelter faced. The secondary objective of the partnership is to have the EMYS therapist continue to follow the youth once they have secured housing in the community. This warm transition was equally critical, although both organizations continue to face resource issues around maintaining support once youth leave the shelter. As a longer-term goal, both organizations have committed to developing a strategy and plan to seek funding sources for aftercare expansion of the project.

## COMMUNICATION

Once a clear direction is established, a communication infrastructure should be established. Successful communication requires the following components:

- Point people chosen from each organization who will develop a leadership team. They should have decision-making authority and hold a senior management position within their respectful organizations;
- Weekly partnership development and implementation meetings involving all parties in the partnership;
- Monthly meetings with all parties involved to review goals and troubleshoot issues that might develop once the partnership project has been implemented;
- Sharing and accessing youth information and knowledge on an ongoing basis between the organizations. This involves regular check-in by phone or through emails;
- Clear decision-making processes that are in place before the project is implemented; and
- Documentation of meetings and the decision-making process to create a spirit of transparency and accountability.

## SUSTAINABILITY & MANAGEMENT

Most partnerships are developed and implemented, but very few are sustained throughout the project life cycle. Often organizations become overwhelmed, work beyond their means, and do not have effective evaluation methods for revealing how the partnership is impacting the intended goals. Ongoing evaluation of impact provides an understanding of successes, which motivates the partners to continue, identify gaps, and review at what stage of the project the life cycle sits.

Partnerships and their projects need ongoing management. There is a myth within the non-profit sector that once a partnership project is developed and implemented, it will sustain itself. For partnerships to endure the project life cycle, they need to be managed. Communication infrastructure, strong leadership, outcome evaluation, trust, and transparency are as important in week 1 of a partnership as in year 3. Nuances from the original agreements may change to reflect a current state, but the overarching structures and principles should remain intact and need to be managed.

## AGREEMENTS

Each partnership agreement should have six clauses that cover the following areas:

- Decision making: how are decisions made? Who makes decisions? What is the protocol if decisions can't be made? Is there a hierarchy in terms of decision making?
- Capital contribution (including in-kind): this includes staff time, managers' and directors' time, space, rent, administrative costs.
- Indemnification: often partners in the non-profit sector will agree not to compensate each other for damages, losses, or expenses; not to guard or secure against anticipated loss; and not to give security against future damage or liability.
- Liability: each organization will be responsible for its own liability insurance.
- Conflict resolution: the agreement outlines the steps that will be taken between the partners to resolve conflict.
- Dissolution: the agreement outlines the steps a partner will take to withdraw from the agreement. A partner is usually required to give 60 days' notice to withdraw.

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## CONCLUSION

The complexity of challenges that street-involved youth face requires an interdisciplinary and inter-organizational approach that is barrier free and prioritizes access. No one organization alone has the resources to provide the services these young people need. A multi-organizational integrated care model creates a platform from which street-involved youth can reach their full potential. Formal collaboration that is standardized between organizations brings together expertise and creates seamless access for youth to receive services at the right place, at the right time, and at the right level of need.



## RESOURCES

Collective impact (Stanford Social Innovation Review, 2011)

[https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

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## RERFERENCES

Atzema, C., Schull, J. M., Kurdyak, P., Menezes, et al. (2012). Wait times in the emergency department for patients with mental illness. *Canadian Medical Association Journal*, 184(18).

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## ABOUT THE AUTHOR

**David O'Brien** is director of service at Yorktown Family Services, network manager of “what’s up” Walk-in, and co-lead for the Toronto child and youth mental health lead agency health care partnership strategy. He has co-created and implemented trauma treatment programs for youth involved in domestic sex trafficking.

