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# Four organizations partnered to address youth homelessness in Vancouver:

## ANALYSIS OF AN INTERSECTORAL COLLABORATION

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# Inside this report

# Executive summary

In the mid-2000's, health care and social service providers in Vancouver witnessed street-involved youth with undiagnosed and/or under-treated mental illnesses repeatedly entering their services in a state of chaos and crisis. They had no means of intervening with youth through the housing and mental health systems. In an attempt to break this cycle and fill the gaps in services for street-involved youth with mental illness, four organizations from different sectors partnered to collaborate on a solution. These four organizations (Inner City Youth Program at St. Paul's Hospital, Covenant House Vancouver, Coast Mental Health and BC Housing) created an innovative and effective service delivery platform to meet the needs of street-involved youth with mental illness.

To learn more about what made this collaboration successful, we conducted an institutional ethnography. We interviewed 22 service providers from the collaborating organizations and 7 youth who had used at least two of the collaborating services. We also reviewed over 300 documents from the four organizations (e-mails, meeting minutes, Memoranda of Understanding, annual reports, etc.). From this we identified several keys to building successful intersectoral collaboration for organizations focusing on addressing youth mental health and homelessness, many of which are supported in the research literature on intersectoral collaboration generally.

## Keys to building successful collaborations

### Establishing partnerships

- Work with diverse partners to fill observed gaps in services (e.g., health care, mental health, social service, shelter and housing providers)
- Find common values among organizations, and build relationships with organizations or people who share a common vision for change
- Select champions who are visionary, action-oriented, personable and committed
- Pursue small joint funding (grants, informal shared resources or spaces) to support opportunities for working together, building trust with small successes

## Formalizing and maintaining partnerships

- Foster alliances and positive working relationships with partners by frequent formal and informal communication; build on peer relationships and value positive social interactions
- Share resources, especially joint space or staff where possible
- Establish clear roles and boundaries between organizations, to clarify services
- Be flexible, willing to shift processes, and try new things
- Create a culture of mutual learning and knowledge exchange through joint staff workshops, trainings, and informal teaching
- Staff roles and responsibilities may change dramatically when working within the collaboration as the model of care becomes redefined
- Manage resistance to change and address inevitable conflicts in the collaboration
- Maintain ongoing, open dialogue with clear communication about expectations and boundaries between organizations. This may range from having regular meetings to signing formal collaboration agreements

## Expanding partnerships

- New collaborators require the same processes for building trust and aligning values that were needed in the earlier collaborations
- Stay flexible both with what the organization does and what is expected of other partners
- Check in frequently with clients to see how they feel about the collaboration and how it is working (or not working) to better meet their needs

## Challenges to collaboration

- Staff resistance to change requires attention and patience for managing growth/shifts
- Serving youth with more complex needs can strain skills and resources
- Mission or services in each organization may shift too quickly, or too much
- Managing the inevitable conflicts or differences of opinion requires trust and commitment
- Funding sources may create competition rather than collaboration
- Youth may view collaborative sharing of information as threatening instead of helpful

## Benefits of intersectoral collaboration

- Better tracking and support for youth within and across organizations
- Increased access to services for youth, especially those with complex needs
- Service improvement and capacity building within and across organizations
- A wider circle of supportive relationships among providers
- Youth report more stability, better access to life necessities and referral services, and healthy attachments with trusted adults

These four organizations created a successful collaboration that increased the availability of transitional beds for youth with mental health issues and long term supported housing, as well as increasing access to psychiatric care and mental health support. Although the organizations felt the partnerships developed organically, the evaluation demonstrates the use of key principles for effective intersectoral collaboration in working together. Recently, the organizations have extended their partnership to include new organizations, confronting again the initial challenges and recognizing the need for similar strategies in growing beyond their original partnership.

# The purpose of this research

We analyzed the process by which four organizations in Vancouver collaborated to fill the gaps in services for street-involved youth with mental illness. Our purpose was to identify the components of a successful collaboration to address youth mental health and housing among homeless youth, so that other organizations could draw on this example in building their own collaborations. By understanding how the collaboration occurred, we will be better able to create services that are more inclusive and integrated, and provide better, more comprehensive care for young people with mental health issues.

## Who are street-involved youth in Vancouver?

Estimates of Canada's true street-involved population—anyone who is living in crowded, temporary, or unsafe conditions, is homeless or at risk of being homeless—are between 200,000 and 300,000, and about 65,000 of those are youth[i]. In Vancouver, there were an estimated 2623 people who were counted as homeless on March 16, 2011[ii]. Of these, 13% were identified as youth under the age of 25. This number is thought to be a gross underestimation of the actual number of street-involved youth in need of services, because it can be difficult to reach youth who are in and out of different housing, especially those who are "couch surfing." In this report, we use the term "street-involved" to include individuals who are underhoused or have unstable housing in addition to those who are homeless.

Rates of mental illness and substance abuse among street-involved youth are high compared to the general population[iii]. In a study of 12- to 18-year-old street-involved youth in 9 cities across BC, 63% of young women and 50% of young men reported they had been diagnosed with one or more mental health problems or cognitive disorders[iv]. Several studies have found that a third or more of street-involved youth suffer from major depressive disorder or post-traumatic stress disorder. Up to 1 in 10 may have psychotic symptoms, and as many as 3 out of 5 have multiple mental health diagnoses. Suicide attempts are also extremely frequent among street-involved youth, with most reports indicating attempt rates as much as 5 to 10 times higher than the general population. Despite high rates of mental health issues, as few as 9% of street-involved youth with significant mental health concerns have accessed appropriate services and treatment[v].

Street-involved youth also often have histories of trauma and deprivation[vi]. Many have previous involvement with the foster care system. Most homeless and street-involved youth have experienced repeated sexual, physical, or emotional violence, family conflict, and stigma. As a result of growing up in challenging environments, many street-involved youth have not had the opportunity to develop consistent, positive, or stable connections with caregivers or other caring adults.

Early intervention for mental health problems is essential for giving youth the best possible chance of leading successful and fulfilling lives[vii]. It is within this context the four partner organizations recognized the need for more effective mental health care and housing for street-involved youth with mental health problems.

## The four partnering organizations

### Covenant House Vancouver

Since 1997, Covenant House Vancouver has served and supported street-involved youth aged 16-24 in downtown Vancouver with the use of private funding. Covenant House provides a continuum of services ranging from outreach and drop-in services, to residential and support services that enable youth to move toward independence. Their three core services are:

- Community Support Services (outreach, drop-in centre and housing support workers) which serve 1,100 youth per year
- A 54 bed crisis shelter program that supports approximately 530 individual youth per year
- Rights of Passage (ROP), a 25 bed supportive transitional living program for youth.

These programs are supported by a team of professionals who provide intensive, outcomes-focused, case management services to youth with care plans tailored to meet their individual needs. These plans include specific supports such as life skills, housing support and clinical counselling. In 2013, over 1,400 individual youth accessed Covenant House services.

### Inner City Youth Program

Since 2007, the Inner City Youth Program (Inner City Youth) has provided mental health and addiction care to street-involved youth. Inner City Youth began as a pilot of St Paul's Hospital psychiatric outreach project, in collaboration with Covenant House. Within six months, the pilot was formalized into a partnership between the two organizations. To date, over 500 youth have been assessed by the team and approximately 3000 annual psychiatric appointments occur. Inner City Youth psychiatrists and case managers (nurses, occupational therapists, and social workers) see patients on site at both Covenant House shelter locations, and three housing sites with 50 units total. Inner City Youth has a psychosocial rehabilitation team, which provides life skills, education and recreational opportunities. Inner City Youth staff share a record keeping system with Covenant House. Since 2007, Inner City Youth has put on several education days and multiple informal seminars with youth service staff on issues such as attachment theory training, medications and management of mental health clients.

## Coast Mental Health

Since 1972, Coast Mental Health has served individuals in the Greater Vancouver Area. They are funded primarily by Vancouver Coastal Health, with 10% of their funding coming from private donations. Today, Coast Mental Health provides supported housing to nearly 800 people. Through its social enterprise initiative, Coast helps adults suffering from mental illness find paid work and volunteer activities, and through its resource centre, provides community services for people with mental illness. Coast Mental Health participated in the four year national "At Home/Chez Soi" research demonstration project with the Mental Health Commission of Canada, exploring a 'housing first' intervention. Coast's role within this partnership is to improve the value of existing clinical services through embedding one clinician within Inner City Youth, and to coordinate seamless care for mutual clients. This reduces overlapping services, and builds on the strengths and abilities of each organization in the partnership.

## BC Housing

BC Housing is the provincial crown agency that develops, manages, and administers a wide range of subsidized housing options. BC Housing partners with private and non-profit partners, other levels of government, health authorities, and community groups to increase affordable housing options for British Columbians in need, including those who are street-involved or have addictions or mental health concerns. They house youth with mental health problems in partnership with Inner City Youth Mental Health and Coast Mental Health. Youth are housed on youth only floors at the St. Helen's Single Room Occupancy (SRO) Hotel and Pacific Coast Apartments, and provided with onsite mental health supports through the partnership. Creation of a Youth Supportive Independent Living Program in February 2011 provided an additional 10 rent subsidies in Vancouver. The subsidy includes the majority of rent and a heat allowance.

## Pre-partnership: Noticing gaps in services

As these four organizations provided care to street-involved youth, they began to notice that although they were serving common clients, they were not able to provide seamless care. There were significant gaps between and within their services. Prior to the collaborative partnership, these four organizations had limited interaction with one another, and none had services designed to specifically meet the needs of street-involved youth with mental illness.

St. Paul's Hospital had no dedicated youth worker or youth mental health service, despite more than 1000 annual ER visits by youth aged 17-24 presenting either with mental illness or substance abuse issues. Youth were typically discharged from the ER or inpatient unit without follow-up plans, and those youth with no fixed address faced multiple obstacles to receiving care from community mental health teams. Many were discharged to shelters, with only medication in hand and no information communicated to shelter staff.

Covenant House had broad experience working with street-involved youth, but had no mental health clinicians, and their staff had limited mental health training. Mental illness was often understood as a "behavioural concern," and youth risked being discharged because of it. In addition, they had a zero tolerance policy around substance use, so youth who were using were denied access to the shelter.

Coast Mental Health, which provided services to adults with mental illness, had not yet identified youth as a special population, despite having peer support training and tenanting several community housing projects.

Finally, BC Housing, the provincial organization responsible for social housing, had only a handful of youth in their buildings. With a waitlist as long as 3 or 4 years, youth were often considered adults by the time they were housed.

*"When we had kids with mental health coming, they didn't fit our criteria, they were beyond our level of care."*

Housing Service Provider

*"We had no psychiatrists or no mental health supports within the city, so [Agency] was only able to devise 3 plans for youth that were coming in: get them on income assistance, get them in housing; get them a job, get them in housing; or send them home. That was all that we had the capacity to do because we couldn't find anybody to do the medical part and the mental health part."*

Housing Service Provider

## Intersectoral collaboration

The World Health Organization defines **intersectoral collaboration** as "*A recognised relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone*." The Public Health Agency of Canada outlines a wide variety of situations where intersectoral collaboration has been used to fill gaps in services for marginalized populations, or to work towards public health equity.

Based on the complex needs of the street-involved youth population in Vancouver, psychiatrists from St. Paul's Hospital, Covenant House Vancouver, Coast Mental Health, and BC Housing saw that it was impossible to fill gaps in services for marginalized youth if each sector continued working alone. The process of intersectoral collaboration involves cooperation and partnerships between people and organizations from a variety of different perspectives, with a common mission and vision.

*"...we're all sort of trying to work together towards the same end. And we all bring different things to the table and have different perspectives and views, but are all, like, collaborative."*

Mental Health Service Provider

*"We just remained optimistic that we were working towards the same thing, and even though there were some growing pains, if we kept the best care of the kids in mind, we could work through pretty much anything."*

Mental Health Service Provider

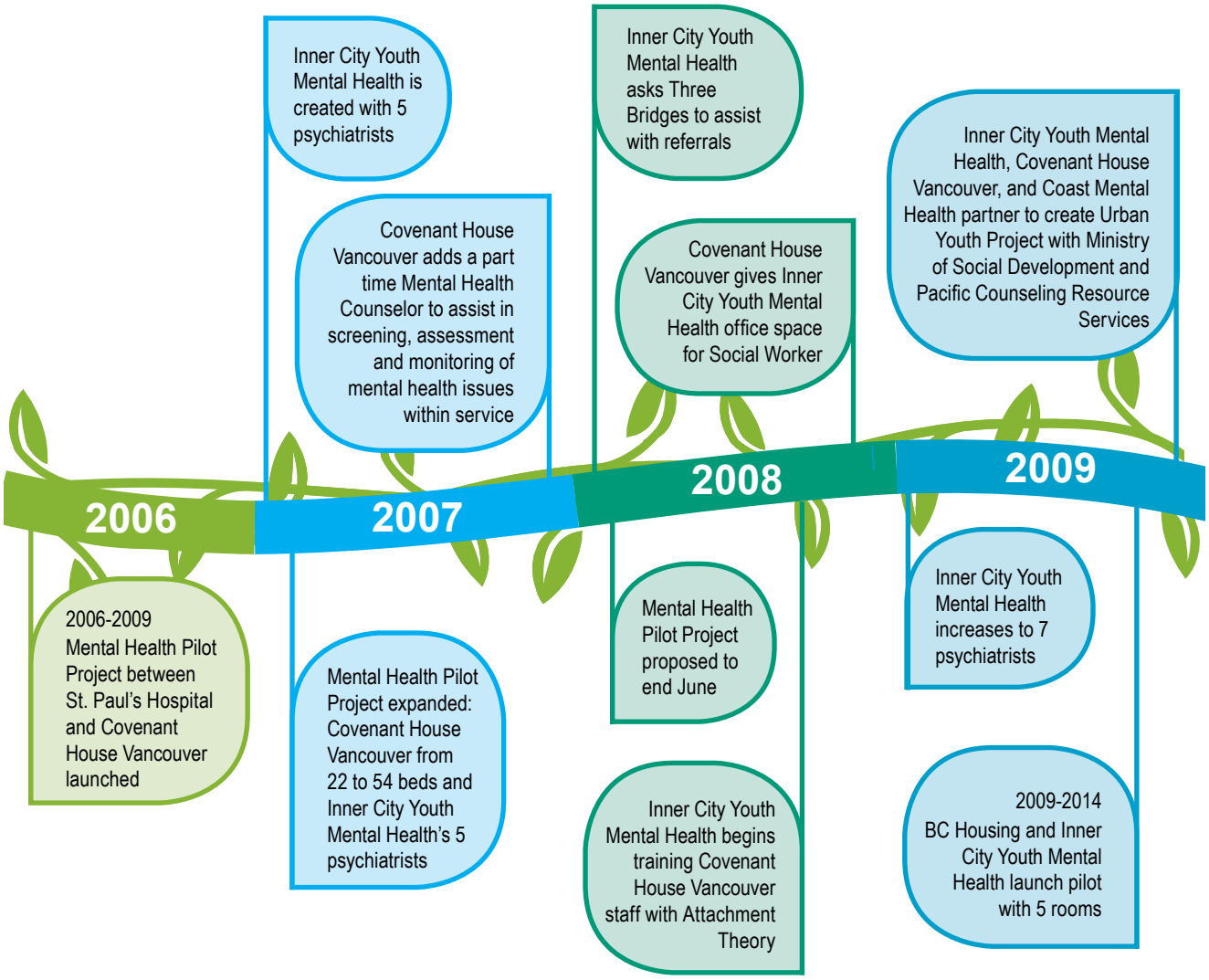
## Services within the collaboration

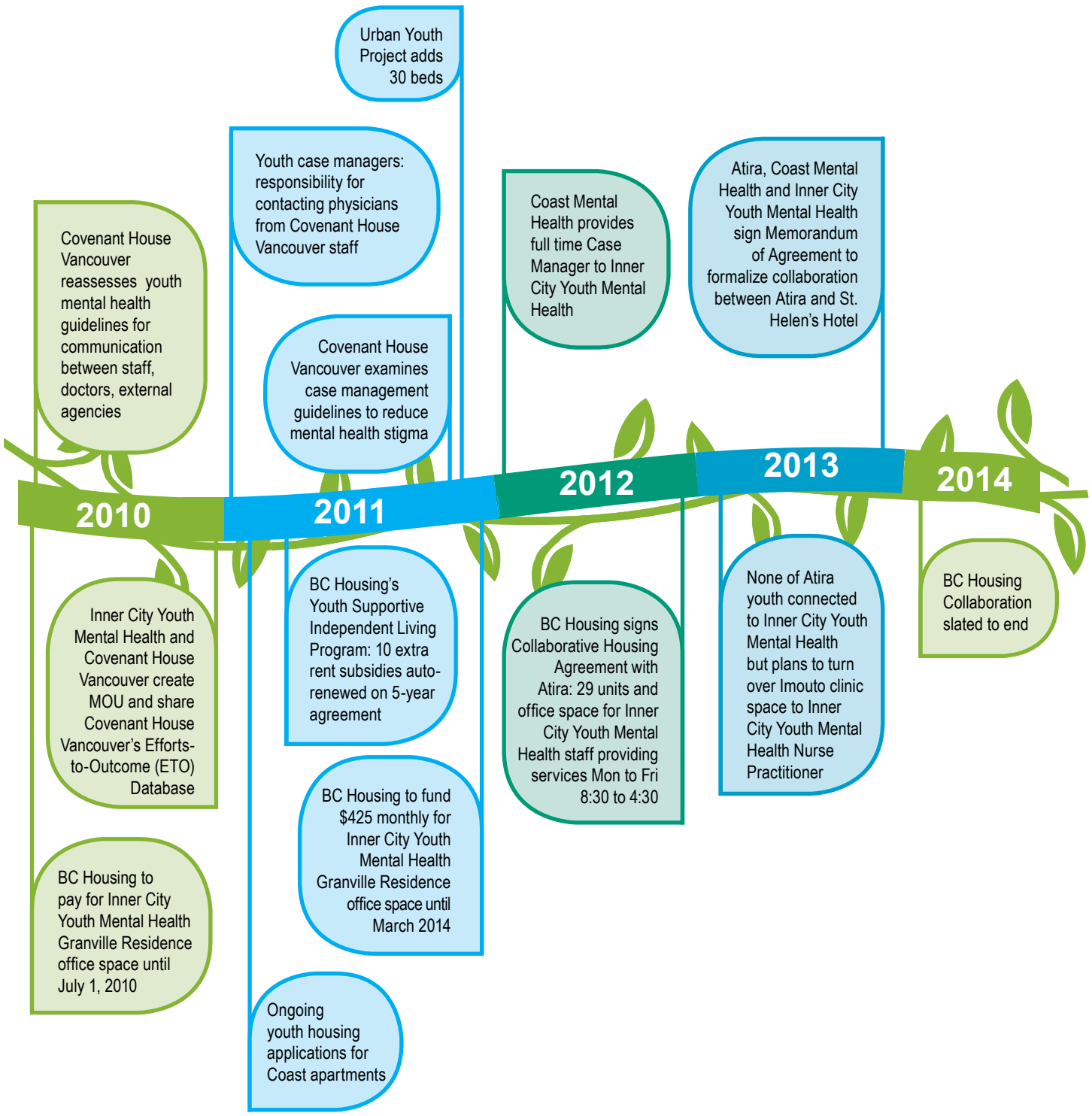
The Inner City Youth Program (formerly the Inner City Youth Mental Health Program) and Covenant House began working together following a pilot project in 2007, which created a team with a Covenant House youth worker and a handful of psychiatrists in order to provide outreach at the shelter, located less than one kilometre from the hospital. In 2009, Inner City Youth and Covenant House partnered with Coast Mental Health as part of the Urban Youth Project. This partnership, which also included Pacific Counselling Resource Services, the City of Vancouver, BC Housing and the Ministry of Social Development, provided intensive support for youth with mental illness placed in a low barrier housing stream.

As the partnership evolved, the roles of the four organizations in the collaboration began to crystalize. Covenant House became the point of first contact for homeless youth, and, in the majority of instances, the referral source of clients to Inner City Youth. Covenant House also provided outreach and drop-in meals. Inner City Youth provided assessments, developed care plans and identified youth for the housing continuum. In partnership with Inner City Youth, Coast Mental Health provided housing support to several buildings, and embedded a case manager within Inner City Youth beginning in 2010. Later, Coast Mental Health and Inner City Youth partnered on a peer support program. BC Housing supported the partnership with the provision of 60 low barrier housing units reserved for Inner City Youth youth. Additionally, BC Housing created the Youth Supportive Independent Living Program. Started in February 2011, this program in partnership with Inner City Youth provides 10 rent subsidies. The subsidies include the majority of rent and a heat allowance, and have been instrumental in the creation of a continuum of housing, from shelter to low barrier to market rental.

In order to coordinate this web of support, Primary Attachment Figures from each organization are identified. Covenant House, Inner City Youth and Coast Mental Health staff meet at biweekly interagency client conferences. “Circle of Care” confidentiality agreements are created with clients, for integrated case management. Youth are supported to transition from youth-focused organizations (e.g., Covenant House) and shelter/street-involved lifestyles to adult mental health focused agencies (e.g., Coast Mental Health) and ultimately secure housing.

## Collaboration timeline




2010
2011
2012
2013
2014
Covenant House Vancouver reassesses youth mental health guidelines for communication between staff, doctors, external agencies
Inner City Youth Mental Health and Covenant House Vancouver create MOU and share Covenant House Vancouver's Efforts-to-Outcome (ETO) Database
BC Housing to pay for Inner City Youth Mental Health Granville Residence office space until July 1, 2010
Urban Youth Project adds 30 beds
Youth case managers: responsibility for contacting physicians from Covenant House Vancouver staff
Covenant House Vancouver examines case management guidelines to reduce mental health stigma
BC Housing's Youth Supportive Independent Living Program: 10 extra rent subsidies auto-renewed on 5-year agreement
BC Housing to fund $425 monthly for Inner City Youth Mental Health Granville Residence office space until March 2014
Ongoing youth housing applications for Coast apartments
Coast Mental Health provides full time Case Manager to Inner City Youth Mental Health
BC Housing signs Collaborative Housing Agreement with Atira: 29 units and office space for Inner City Youth Mental Health staff providing services Mon to Fri 8:30 to 4:30
Atira, Coast Mental Health and Inner City Youth Mental Health sign Memorandum of Agreement to formalize collaboration between Atira and St. Helen's Hotel
None of Atira youth connected to Inner City Youth Mental Health but plans to turn over Imouto clinic space to Inner City Youth Mental Health Nurse Practitioner
BC Housing Collaboration slated to end

# Study methods

We used institutional ethnography as the approach to our evaluation. Institutional ethnography is a research method used to examine how people's social relationships organize their everyday life. It provides a framework for examining how the experiences, relationships, beliefs, and rules different people have in each organization affect the goals they wish to achieve.

## Interviews and other data

In order to get a complete picture of how the collaboration was structured, we collected data from a variety of sources. We conducted interviews with 22 service and healthcare providers working within the collaborating organizations, including frontline staff, health care providers, and senior managers. We were most interested in the individuals' relationships to the organizations, their experiences collaborating with the other organizations, and how their organization changed as a result of the collaboration.

We also met with seven youth who had used, or currently use, at least two of the collaborating organizations' services. The youth were recruited at the partner organizations; we placed information posters about the study in their waiting areas, and staff gave potential participants more detailed information. During interviews, we asked youth about positive experiences and challenges with accessing the services of the four collaborating organizations. All interviews were recorded and transcribed. Youth and service providers received a $20 gift card for participating.

To add to our understanding of the collaboration, we collected documents, such as email communications, memoranda of understanding, as well as internal and public organization reports and presentations. To determine how the youth moved through the services and the order that the services were accessed, we also tracked the number and types of referrals in youth clients' charts with their consent.

The anonymous quotes in this report are those taken from both interviews and documents.

## Analysis of the information

We analysed the interviews and documents together within the framework of institutional ethnography. Our goal was to identify the key features of successful relationships between collaborating organizations, and to understand the difficulties they face in collaboration. In order to let the results truly emerge from the data, the research assistants who first coded the interviews and documents did not read other research about intersectoral collaborations until after coding. Our lead investigator, who had experience in this area, waited until the first analyses were completed in order to confirm their results.

# Creating collaboration among service providers

## What is required to build intersectoral collaboration?

Over the past several years, service providers within the partner organizations intentionally fostered alliances and positive working relationships with one another. The collaboration was built on early, informal conversations between leaders, and then small projects were jointly funded. As the collaboration strengthened, it was maintained through large-scale meetings and interactions between staff at all levels. Relationships were founded on open dialogue and clear communication about roles, expectations, common values, and accountability. Those with leadership roles in the four organizations became champions for the collaboration, demonstrating specific qualities that contributed to their successful partnership. Participating staff from the organizations approached collaboration with flexibility, and the organizations were also willing to be flexible in changing their practices to work together.

This overall approach reflects key elements of successful intersectoral collaborations, and has allowed for these diverse partners to innovatively join forces. The partnering organizations have also encouraged their service providers to continually check-in with their youth clients, to see how the collaboration is working for them.

Specific processes for establishing the collaboration are described in more detail below.

## Early stages of partnership: Crossing paths and building trust

The collaboration between these four organizations did not arise randomly. There was a pattern of first activities that helped set the stage for more active collaboration. For example, some early connections between St. Paul psychiatrists and housing services began when the physicians went on "community walkabouts" to provide services and support:

*"[Doctors] were doing the walkabouts, and Covenant House was on their route. They would come into Covenant House and chit chat and talk to the staff and provide some support. But what it was...informal days of dropping in."*

Housing Service Provider

Other opportunities came from creating small grant applications together, which fostered trust and mutual goals. This led to informally sharing resources, like temporary office space in one organization or the other. Working in the same buildings meant the staff had chances to cross paths and share their ideas and values.

> *"I think we've developed a more comprehensive view of what it takes to work with homeless youth."*
>
> Housing Service Provider

## Engaging diverse partners

To address the gaps in service and work together, the four organizations needed to recognize how their strengths and limits complemented each other. Each partner brought different skills and resources and working styles to the collaboration, and there was a clear and honest understanding of the strengths and roles of each partner.

*"We're all trying to work together towards the same end. And we all bring different things to the table and have different perspectives and views, but are all collaborative."*

Housing Service Provider

*"A great understanding of collaboration. You're good at this, so you'll do that, you're good at this, so you'll do that, you're good at this, so you'll do that. So it's not one person or one organization taking the lead in doing everything."*

Housing Service Provider

## Finding common values

One of the key strategies for developing and sustaining the collaboration was finding common values among the collaborating agencies. Sometimes this was a strategy of partnering with people who already had a common vision, while at other times this meant working together to align differing organizational values, for example, or jointly aligning with a particular approach, like designing services around Attachment Theory. Staff and managers from the organizations identified a number of different ways they worked to adopt and share common values.

### Advocating for youth

Service providers and lead collaborators used their privileged positions as part of these partnering agencies to bring attention to youths' marginalized situation, and to advocate for adequate government and community support services. Specifically, staff within the four organizations advocated for youth by negotiating access to specific services for individual youth, providing education about youth mental health, and increasing access to necessary support services for youth.

As one collaborator identified, they wanted to:

*"... empower [youth] regardless of where they're from, advocating for change, respecting where they're at."*

Mental Health Service Provider

*"Now [housing staff] have the medical expertise so that they can advocate for their clients in a way that they weren't able to before."*

Mental Health Service Provider

The type of advocacy could look different depending on the individual needs of the youth and the specific experiences of individuals within the collaborating organizations. For example, when youth became frustrated or began to show symptoms related to their mental health, the service providers and staff ensured the youth could access the necessary services.

*"I got a call from [Staff at Partnering Agency] and they're like "oh, there's this kid lying out on the street, we're worried about his physical health," and I was like "that's not okay" and ... I left my job, I went out, I saw the kid, I certified him, I talked to police and I brought him into hospital."*

Mental Health Service Provider

## Building professional relationships

Professional relationships within the collaboration were built through office-based activities such as regular meetings and requests for assistance. This included sharing office space between organizations, which provided the opportunity to talk with one another more frequently. Service providers in the partner organizations strengthened their professional relationships by providing training to collaborating partners and through frequent, informal communication. This improved partnering organizations' abilities to create alliances with one another.

*"It really boils down to the expertise of the professionals that come in. I mean people like this psychiatric team that work with these youth are incredibly approachable, will often give seminars on psychotherapy, on medication, on attachment, and so they bring to the table a broad slate of expertise and knowledge that they don't hold jealously."*

Housing Service Provider

Having regular meetings was an essential component that kept staff in the partner organizations in touch. Collaborators also scheduled meetings for focused discussion on various topics, such as funding proposals or managing conflicts between organizations.

Shared professional training was another way organizational relationships were built and maintained. During the early stages of the collaboration, service providers in the different organizations did not have the same knowledge base and experience working with street-involved youth or mental health issues. Specialists from one organization provided training for all the staff within the collaboration in areas specific to mental health, youth intake software, and managing youth behaviours.

*"Because over time, what had ended up happening was it became a real collaboration. We were down there in their space, we started to educate their case workers and youth workers about the mental health needs of their patients. And so they became more literate on mental health things and that sorta stuff. And likewise we learned from them, it was just a great partnership that way."*

Mental Health Service Provider

Professional relationships were reinforced by less formal interaction than in traditional business or medical settings. Several collaborators said they enjoyed the fact they could address physician team members by their first names, instead of by their title. By breaking down this traditional hierarchy, collaborators felt communication was easier, and more information was shared.

> *"I think we are either getting to that or we're at that point where we know each other by first names; we're able to communicate in a fairly efficient manner. And we're able to tip each other off and say, this is what's going on, be aware of this, look out for this, this is what's worked in the past, this may work in the future."*
>
> Mental Health Service Provider

## Building personal relationships

Staff in the collaborating organizations also fostered personal relationships with one another. These relationships were important because it meant that they could provide mutual support in working with youth who had complex needs. Members of the partnership said personal relationships were built by having their meetings in less formal settings, such as over a meal, while playing golf, or during field trips arranged for the youth. Having team meetings outside of the office allowed team members to feel comfortable sharing pieces of information about their lives outside of the workplace.

*"We have a private room so it should be a nice summer evening dinner! I am personally excited by everyone's commitment and availability. I look forward to seeing you Monday evening!"*

Email from Mental Health Service Provider to Leaders from Collaborating Organizations

The collaborators also communicated about other personal life events that had a positive or negative effect on them. Personal relationships contributed to the ability to maintain the common goals and values for the collaboration.

## Mutual support and understanding

Staff in the partner organizations cultivated mutual understanding and support as part of the collaboration. Key to this support was the shared understanding that no single agency had the resources to meet all a youth's needs on their own. They needed to rely on each other.

*"... understanding the shared responsibility to help youth... [there is] less authority over more partnership with [each other], you've identified goals so let's work on them together, so there was lots of consulting that way."*

Housing Service Provider

*"... we know we have each other's backs, and I think we continue to educate each other about things."*

Mental Health Service Provider

Service providers needed to create 'good will' between the organizations, for a better working experience and support for each other even in times when there was conflict between partners. One collaborator emphasized that it was important to keep in mind that building trust and support between organizations required a lot of time, sometimes years.

*"You know you feel comfortable talking to the rest of the team, and you can kinda be upfront or whatever about it."*

Mental Health Service Provider

### Funding priorities

The collaborators recognized the need for prioritizing funding around common values, demonstrating the collaboration as an asset to funders, and sharing financial responsibility and decision-making among the organizations. Each organization had different funding sources, and remained aware of the different responsibilities that collaborating agencies had to their funders.

*"...gives [the collaboration] credence in the community, and some viability in terms of funding requests and things. They see that people are working together and they're really trying to maximize the dollars that we have, the best we can. Then I think it makes a good case for proposals and funding requests."*

Mental Health Service Provider

The partner organizations were also aware of the costs associated with providing the service, and the continual need to reallocate funds and find new funding sources to cover these costs. When funding was prioritized for youth needs, incoming money was used to expand youth services, increase staff numbers and provide assistance in other areas within the city.

*"A donor came through ... and that's allowed us to expand more into the Downtown East Side. So with the donor money we hired another nurse."*

Mental Health Service Provider

## Collaboration needed champions

The champions for this collaboration were the leaders within different levels of the organizations who identified the gap in services for youth, had a vision about what was needed to provide the services, and knew where to begin looking for the resources to achieve the collaboration goal. We identified overall qualities of champions, as well as qualities needed to start and to sustain the partnership.

Overall champion qualities were shared among many members, and included being **personable**, passionate, confident, and committed. Personable referred to the ability of the champion to meet each person (from senior management to frontline staff) where they are, without judgment, and to remain respected and well-liked even when challenging others' ways of doing things.

*"I may not agree with [the champion] but I like [the champion]. So you can be forgiving and understanding."*

Housing Service Provider

**Passionate** champions demonstrated they were involved in the collaboration for the purpose of helping youth. A **committed** champion was willing to be accountable for their decisions and continue to follow-though towards the goals of the collaboration even when facing difficulties or setbacks. Champions were **confident** that they had the skills and team necessary to make progress towards their goals.

Champions need other qualities for starting the collaboration. These included being politically informed and action-oriented, as well as having a vision. **Having a vision** meant looking towards the future of youth mental health services, and forecasting how the collaboration could provide better outcomes for the youth.

*"A good vision on how to make this happen, specific to [the champion], where youth is a passion for [them]."*

Housing Service Provider

A champion also needed to be **politically informed** in order to use the political environment to the best interest of the team's shared goals. An **action-oriented** champion was willing to push ideas forward to make sure the group was moving toward those goals.

*"It was really over coffee or lunch one day we were looking at the issues and we were saying, oh, 'we can't keep waiting, let's do something, let's just start and see what happens'."*

Mental Health Service Provider

The collaborators noted other champion qualities for maintaining the collaboration, such as being resilient, resourceful and accessible. The ability to be **resilient** meant being willing to try and fail, and try again, in collaborative relationships. A **resourceful** champion has the reputation, network, or power to find a diverse number of resources from different places including funding, physical space or support from organizations external to the collaboration. **Accessible** champions were open and easy to communicate with.

*"So it's not rare, you know, it's not uncommon for someone to pick up the phone and call me and say "Hey [Name], can we talk about what just happened here?"*

Mental Health Service Provider

*"Sometimes [Name] would meet with the staff and answer questions and stuff like that just to facilitate those and to hear what are the issues and to report it back from program managers and strategize on how we can do things better to lessen the conflict that it caused."*

Housing Service Provider

## Flexibility with trial and error

Collaborators felt they needed to be flexible when providing services to youth with complex conditions, and they recognized that sometimes they would make mistakes as part of the process. Flexibility was both the ability to work with many different partner organizations who all had different skills and knowledge, and the ability to provide services in a different manner than in the past.

*"You know we went out there with a goal and instead of having everything in place beforehand, we just kind of did the work, and it still managed to build something really great. And so I think sometimes there's so much planning ahead of time, things don't get off the ground. You know alternatively, I see now as we've grown, that there are pitfalls of that too, and that we always have to be cautious not to let that get away with us."*

Mental Health Service Provider

Allowing for trial and error was important to collaborators, because it let them try new ways of doing things when a particular approach was not working.

*"And I said "you know what let's just start. We'll just start rolling this thing out and see how it works and we'll develop it organically."*

Housing Service Provider

## Collaborative growing pains

### Resistance to change

In order to meet the shared goal of filling gaps in services for street-involved youth with mental illness, organizations started to adjust their procedures and policies. These changes presented challenges for staff who were rooted in the traditional practices and uncertain about changes. Staff had to be educated about why the shift in methodology was important.

*"I think about two years now, that that conflict between the front-line leadership and case managers dissipated and...there just comes a point where they get it, and then we have a bigger conversation in the leadership about alignment, and stuff like that, and this is where we're going, are you on board or not?"*

Housing Service Provider

### Lower barriers = more complex youth

As the partners changed their intake rules and processes, a more diverse set of youth started using services. On a positive note, the services were becoming more inclusive and thus, more accessible to youth. For staff, however, this shift resulted in a marked increase in the complexity of their work, due to more complex social and health issues in the youth they were working with.

> *"We've lowered barriers, you know, and it's been difficult for some of the staff like myself who've been here for longer and were at the shelter when it was 18 beds and it was job search, accommodation search or treatment—and if you didn't do it, then we'd discharge them."*
>
> Housing Service Provider

### Limitations in staff skill set

In working with youth who had more complex needs, the partners needed more specialized and skilled staff members to work at every level in the collaborating organizations. At first, the gap between staffs' skills and their job requirements was particularly notable among front-line youth shelter workers.

*"We have staff who are qualified but they're not master's level, they're not PhD level."*

Housing Services Provider

*"Another huge barrier is a lot of the times in this helping field, the skills and experience that workers, staff, whoever have are quite limited."*

Mental Health Service Provider

## Increasing staff knowledge and capacity to care

Accepting more youth with mental health problems in services meant frontline staff and administrators had to learn more about best practices for working with youth who have a diagnosed mental health condition.

*"With the complexity of the youth becomes more violence, more incident reports, you know, more training is required."*

Housing Service Provider

Early in the collaboration, the partners identified the skills essential for working with street-involved youth who have mental health conditions, and began to train their staff and service providers with these skills. The two most noticeable skills were education about attachment theory and motivational interviewing.

*"There's a lot more shared knowledge and knowledge translation around mental health and addictions. You know, we have had the opportunity to educate the housing staff on medication regimes and depo injections and mental health treatments, and we've learned a lot from our partner agencies in different ways of engaging with youth and getting out of the 'health care professional, I'm in control' mindset."*

Mental Health Service Provider

With new skills mastered, the role of the staff transformed so dramatically that in some cases, the job title and descriptions also changed.

*"We used to have drug and alcohol counsellors, well now that's all been changed to mental health clinicians that can do all A and D counselling, talk therapy, mental health counselling, so their role has changed as well."*

Housing Service Provider

## Staff knowledge: Attachment theory

Attachment theory is a framework that explains how different connections are formed between people, and how early life connections can influence later ways of relating to others. Many street-involved youth have not had positive, stable adults in their life with which to form strong attachment relationships. The partners used this framework to maximize the ability of service providers to form meaningful connections with youth. This helped service providers to understand how youth were interacting with staff, based on their history. They drew on attachment theory in making sure the youth worked with the same person, such as a case manager, throughout their entire time accessing the partnered services: a Primary Attachment Figure.

*"The theoretical framework for the team and care delivery is really using attachment theory... so working with people where they are at, unconditional positive regard, ensuring that the youth feel safe, connected, allowing them the time to make relationships with the team, and allowing them a space to not always get it right."*

Mental Health Service Provider

One result from applying attachment theory, and the resulting procedural shift, was that youth did not have to tell their story to providers more than once.

*"Instead of the youth having to tell the same story over and over again it would be easier for the youth to come in and deal with one intake worker, who will again be the case manager. And be able to follow that youth right through the continuum, so they'll have all the information and be able to interact with outside agencies and within the agencies."*

Housing Service Provider

## Staff knowledge: Motivational Interviewing

Motivational interviewing was another essential approach the partners took up. In this approach, service providers facilitate change within individuals by helping youth plan future goals, and support their motivation to take steps towards achieving their goals.

*"We adopted a motivation interviewing and attachment theory so those are two required trainings now."*

Housing Service Provider

## Staff knowledge: Increased awareness of other issues

Increased experience working with more complex youth gave service providers the opportunity to help with more challenging experiences in the youths' lives, such as sexual exploitation and legal concerns.

*"It's opened our eyes to a lot more issues. I think there's also more issues that have become more current. Exploitation, you know sexual exploitation, you know gang involvement and stuff like that um that's really increased and I feel like we're more current with information that comes in about ongoing issues that our demographic experiences."*

Housing Service Provider

## Managing challenges in collaboration

### Managing communication breakdown among organizations

As the collaboration progressed, service providers were better able to coordinate wrap-around care for street-involved youth: a system of unconditional community supports that focused on individual youth strengths for positive outcomes. This resulted in new challenges. Given the complexity of the work, the partners needed to be in constant communication. Service providers sometimes reported difficulty maintaining this level of communication, especially between different organizations. For example, sometimes messages did not get passed along to another person on the care team, or a youth was not provided with reminders of their appointments with a partner organization. In such situations, the key to moving forward was identifying the concern, voicing the concern to the appropriate people, and developing a plan for how to move forward.

### Burnout

Collaborating agency staff reported a steep learning curve and significant shift in their work as they began working with a more complex youth population. Both staff and youth felt the effects as partners tried to rise to the challenge of their new working conditions:

*"The challenges the youth present to us, which is quite exciting because it's all different, never boring, but sometimes it shakes us to the core with the newness of the challenge we're facing."*

Housing Service Provider

*"The same amount of time, but the bulk of work and intensity is different, put it that way. Didn't change the pay or anything, it's the same, but the weight of and the demand of the job is more."*

Housing Service Provider

Staff also reported concerns that the partnership's greatest champions might burn out.

*"We need a program coordinator, I think we need [identified champion] not to burn out, and I think a dedicated space where the team could come together."*

Mental Health Service Provider

> *"You know, no one's each others' boss. We're just collaborating. So, you know, at what point do you start to give feedback, and what kind of feedback? And how do you deal with those kinds of challenges?"*
>
> Mental Health Service Provider

## Staff turnover

Whether related to burnout or normal transitions to other workplaces, service providers and youth spoke of the challenges they face when staff leave their positions. For service providers, the departure of those who were key partners can raise concerns about the collaboration's continuity of care. Both service providers and youth notice when someone leaves the organization, because they have built a strong relationship with that person.

*"I heard that [a Staff Member] has resigned. Should we be concerned? [This service provider] has been a key player for some time now and [they will] be missed on a number of levels. With [their] moving on, I'm wondering —what the impact on youth access to psychiatric support will be."*

Email from Housing Service Provider to Mental Health Service Provider

For youth who have attached to a particular health care or social service provider, the staff member's departure and how it is communicated can negatively affect the youth's relationship with the collaboration as a whole.

*"It totally sucks. I feel like there could have been better communication around it. Sometimes their boundaries are so high that they can't tell you anything. And they probably could have done something during that period that would have made that easier. 'Cause they didn't even tell the staff, the other staff that were working, what was going on. So if you were, like, "When's [Staff Member] going to be back?" And then they're like, "I don't know, I don't know." Or somebody's like, "Oh, I think I heard she's coming next week." Next week, not there...next month, still not there."*

Participant, Young Woman

# Formalizing and stabilizing partnerships

## Agreements and memoranda of understanding (MOU's)

With the partners continually crossing paths by caring for the same youth or by sharing space and building trust over time, they ultimately decided to formalize their collaboration. This took on the form of written agreements and Memoranda of Understanding. These documents were key for clarifying the roles and expectations of each partner, while building transparency and accountability into the collaboration.

*"We created an agreement around the medical records, so ETO [Efforts to Outcomes database shared between two of the organizations]."*

Mental Health Service Provider

## Resource sharing

Over the years of the collaboration, the processes for sharing resources have taken many forms. Early on, the sharing was informal and largely on an ad-hoc basis.

*"[It's] not like "You pay this and you pay this," but like, "I'll go downstairs and grab like paper and pens, and then I get ink from, I go to [Service] to get ink."*

Mental Health Service Provider

In other cases, there were more formal agreements about how arrangements about office space and staff time would be shared.

*"I really would give kudos to [Agency] because they've got a tiny building with not enough resources themselves, and they opened their doors to us and let us in, gave us space, donated staff... essentially providing the support that we needed to do private practice work."*

Mental Health Service Provider

Collaborating partners repeatedly indicated how important both the formal and informal approaches to resource sharing were in the successes of the collaboration. Informal sharing was enough for short term or limited sharing, but formal agreements were helpful for sharing staff time, and office space longer term.

## Influence of funding structures on partnerships

Each of the four organizations has a unique financial structure, founded on a range of funding sources. This fiscal diversity, ranging from government stipends to grant funding to donations, was another key part of the collaboration's success. For example, organizations with access to government stipends or larger grant funding helped the partners engage in longer-term planning, while organizations whose funding was largely donation-based were more flexible in how and when they were able to access and allocate that money.

*"[Service] was a great partner because so much of their funding is private money...They were able to change job descriptions very quickly to meet our needs, versus other organizations that might not be able to because they were linked to specific grants and can't go beyond the scope of the grants."*

Mental Health Service Provider

*"Health authorities tend to be seen as quite large, cumbersome creatures that are not always easy to work with or partner with. We're smaller, a little bit more nimble maybe, have a different way of doing business, and I think that's helped."*

Mental Health Service Provider

This balance of longer term, stable funding and ad-hoc, flexible funding allowed the partnership to grow from a foundation of both flexibility and stability, and ultimately contributed to the collaboration's resilience and success.

*"One of the strengths of [Service] is that it is...not government funded. So we can predict far more readily where revenue's gonna come from year to year...We were able to wheel ourselves, we weren't subject to government clawbacks and government cutbacks."*

Housing Service Provider

# Positive influence of collaboration for organizations

## Meeting youth mental health needs

We identified many positive outcomes the partnership has provided for the collaborating organizations. These include: an increased ability to understand youth mental health needs, identify and address youth mental health issues, and the capacity to provide more integrated services to youth, beyond just hospital care or housing.

*"There's less chaos in the system. People know who and how and when to refer, and I think that benefits the client hugely because there's an earlier pickup, there's earlier intervention."*

Mental Health Service Provider

*"Now we're getting much better at understanding what's actually going on for them. Rather than thinking they're being disrespectful to us and they're not following their plan, when they're in psychosis. So we were able to identify and learn about all the mental health diagnoses out there."*

Mental Health Service Provider

The intake process before the collaboration was less flexible for youth who were showing symptoms of their mental health conditions.

*"Unless they were a harm to self or others, we didn't do anything about it because we couldn't do anything about it. We'd encourage them to maybe go to [inner city walk-in clinic for youth] or somewhere to get services and that was it. That's all we could do. So now it's your much more active and able to push for mental health supports, because they're available."*

Housing Service Provider

## Improved understanding of mental health

The collaboration provided all partners with a better understanding about youth mental health. The results led to noticeable changes in how long youth were allowed to stay in care and in policies to encourage youth to have healthy longer-term attachment to individuals within the organizations.

*"The greatest one is that we're being able to [give] supports and access to some youth that weren't going to have gotten it before. We would've turned them away and they would've been inappropriate for intake, they would've been inappropriate for referral even. And now they are appropriate ... They're getting through the door. We're able to at least make a first point of contact with them."*

Housing Service Provider

The shared knowledge about working with youth as a result of the collaboration helped service providers become more flexible in how they provided services to the youth. Youth could access mental health services in a more comfortable setting such as over a coffee, in a park, or while walking.

*"...being flexible so, you know, a lot of them, I would be like "oh, well, I'll meet you for a coffee," because you knew they would show up for a coffee. And we'd buy them a coffee; or you know, let's just go for a walk, or that kind of thing. So there was sort of things that traditionally wouldn't be allowed."*

Mental Health Service Provider

*"Sometimes they literally just go to [the coffee shop], grab a donut and ice cap or something like that in a very informal setting, that stuff breaks down a lot of barriers and helps with building rapport and relationship with clients."*

Housing Service Provider

## Ability to identify and address mental health concerns

Service providers grew better at identifying and addressing youth's mental health needs. They became more comfortable addressing the concerns of youth with mental health conditions such as schizophrenia, borderline personality disorder, anxiety, and depression.

*"Some strategies and knowledge that we've gotten a lot of is in dealing with borderline personality disorder clients. So implement a firm, fair and consistent, and recognizing which youth might be triangulating staff or manipulating staff. Being able to recognize when that is happening, and then being able to address it with the youth, and to not get caught up in it."*

Housing Service Provider

## Providing more integrated services

We found that as the organizations increased their focus on youth mental health, they changed policies and practices to become more integrated. For example, more planning and follow-up care was provided to youth who were moving directly from the hospital into housing.

*"When we do actually transfer people from like SROs into independent living, it's to make sure that the proper linkage is there, and that we're communicating with staff on that end as to what we're trying to achieve. And maybe give a little bit of general education and background as to where they're coming from and where they want to be."*

Housing Service Provider

Even with the increased services available for youth, the partners noted it was important not to promise youth services beyond the capacity of the collaboration.

*"We've set better boundaries in terms of what they can expect from us and what exactly happens here. I think before there was unrealistic expectation, when the partnership initially started."*

Housing Service Provider

# Positive outcomes of the collaboration for youth

Each youth takes a different path to access services. The youth we spoke with were more likely to first make contact with Covenant House before being referred to other services. The collaborators indicated that the second most likely pathway through the partnership was youth who making initial contact through Inner City Youth, then were referred to Covenant House. Once the youth were stabilized, longer-term housing was provided by BC Housing.

Coast Mental Health operates their services within BC Housing residences, so stably housed youth can receive additional mental health support. As the collaboration has grown, the entry points into services have increased, which allows youth additional ways to access the same housing and mental health services.

*"I'm very grateful for them. Not only the housing, but also overall, the burden that they took in my life."*

Participant, Young Man

## Access to youth-friendly services

Youth-friendly services were central to the success of the collaboration. Several of the youth identified that they were afraid to access services they believed to be made for adults, due to bad experiences in the past.

*"And so they took me to the doctor at the adult detox and I was, like, holy shit, I'm never coming here. 'Cause the youth room that they had, I'm sure I wouldn't be considered a youth if I went there anymore, but it was like this box and it was, like, the youth room. And there's like the actual detoxing rooms which are basically clear jail cells that they have. And it just looked awful."*

Participant, Young Woman

Using a youth-centered approach to services, the collaboration focused on making services less intimidating for youth to access.

*"It was good at the beginning. Like, obviously I was really scared but then it was like, they were super helpful and I was, like, whoa! This place exists. This is awesome."*

Participant, Young Woman

The youth indicated that feeling comfortable using the services was a major reason they returned and trusted staff, a process which looked different for each youth and within each relationship.

*"They actually listen to my opinions. So if it's, like, I don't want to take something, I tell them and they don't make me take it. And I have a really cool, like, counsellor, therapist person and then my case manager is awesome, and they meet me wherever I need to be. Like, they make appointments and times that are easy for me to get to."*

Participant, Young Woman

The collaborators also found that within services that were originally adult-focused, the staff became better at caring for youth once their organization provided youth-focused services. Many youth identified the positive role of staff, and their ability to create comfortable treatment spaces. This also allowed youth to form healthy relationships with trusted adults.

*"When I first met with [the provider] I didn't really feel scared. It was kind of like a friend and a friend talking. So he kind of made me feel good. Like, he explained to me, like, what he could do for me. What he could help. What his organization does. Well, like, when he explained it to me, he only explained what he does."*

Participant, Young Man

## Increased access to additional services

Youth appreciated that when they got into the partnered services, additional needs were addressed, such as food and clothing. It was necessary for staff to link youth with several other services, including help getting government identification, employment, education, and additional health services.

*"It's easier when they're, like, offering you, like, clothes and a shower and food 'cause then you're, like, all right, I can get used to this."*

Participant, Young Woman

*"Yeah, they could connect you to a food bank, things l ike that."*

Participant, Young Man

*"So they helped me get my I.D. back and get all that stuff established. And I kind of just—'cause I was getting out of, like, alcohol issues, so they helped me like get through that and find a job. Like, they got me into a job training program and—yeah, so I kind of put my life back."*

Participant, Young Woman

> *"Well, I get a lot more sleep now, I'm eating better, I'm making like more positive changes. I actually just got enrolled in school."*
>
> Participant, Young Man

## Housing and mental health

Providing stable housing to youth was a central reason for the collaboration. Working together, the partnering organizations could help youth move from homelessness to independent living.

*"A number of them have been in housing, but before we put them in housing, we have already worked with that relationship. We did all the hard work towards preparing the youth to being even open to living on their own, and maintaining seeing their doctors, and living in the community, and forming their own community. We did the prep work, in other words."*

Housing Service Provider

*"I connected because I had no home. I was homeless and I moved, like, they give me an opportunity to live in their service, in their facility, yeah...I've been given a place to live in."*

Participant, Young Man

Youth spoke very positively about the kinds of housing they were given access to through the collaboration. Youth who had lived in Single Room Occupancy (SRO) buildings in the past were surprised there was clean, safe, and friendly housing accessible to them.

*"Living [in an SRO] on the East side, it's, like, you know, really shitty apartments. Like, the room smells like piss...there's rats, maybe cockroaches in there. Like, that's just a typical thing...I walk into the [new residence]...well, it was way cleaner. There's no hidden stuff, and it was cheaper. So I was, like...this is the place for me. Yeah, so it was friendly too."*

Participant, Young Man

Once youth moved into housing, service providers could focus on wrap-around care for them. The structure of the collaboration allowed for youth in stable housing to easily access mental health services.

*"There's a lot more overall support. So there's like, they have their sort of in-house support. You know, there's [Mental Health Agency] staff downstairs. You know: 12 hours a day, 7 days a week. Then there's me up here for hopefully the more, like, case management kind of stuff, and the connection to the psychiatrists...instead of just, you know, their psychiatrist and social worker dropping in a couple of times a week and trying to catch them."*

Mental Health Service Provider

Having the service providers in the same building as the youth also provides extra opportunities for them to interact with one another.

> *"I see her every two weeks, but her office is on the same floor as my suite, so [now] I see her every day."*
>
> Participant, Young Woman

# Youth concerns with collaboration outcomes

Not all the outcomes youth talked about were positive. In speaking with youth who accessed two or more collaborating services, we identified issues that made it more difficult for youth to access the wrap-around services offered by the collaborating organizations.

## Lack of clarity and comfort with services

For many youth, the collaborating services were their first contact with mental health care or social services as mature minors. Despite searching for the services, whether online or through word of mouth, many youth still reported feeling overwhelmed by, or skeptical about, the nature of the services provided. Some youth waited until they were truly in a state of crisis before accessing services.

*"When I told my family that I was going to be staying in a shelter...they were a little concerned 'cause the way that they hear about shelters is, like, it's for drug users, alcoholics, that kind of thing. And they didn't see it as—somebody that's, you know, maybe struggling to get their life started or get things going."*

Participant, Young Woman

Some youth also said they were uncomfortable with the level of information-sharing that happened among collaborating service providers in different organizations.

*"When they work together, they know too much. That's about it. They all know too much about me, which means I'm screwed whichever way I go. 'Cause if I do something wrong, then everyone knows about it. And everyone looks down upon it. Or everyone just thinks I need help, which I do, but not that much."*

Participant, Young Woman

## Difficult personal relationships affect service access

Because of the trauma many street-involved youth have experienced, they are often cautious about forming personal attachments to health care and social service providers. The onus is on staff to reach out and forge those positive, long-term attachments with youth, which can be challenging for some service providers.

*"I just didn't trust anybody so I was, like, I didn't know what I was getting myself into and I didn't know what the repercussions of going there would be."*

Participant, Young Woman

## Perceptions of professional capacity

Youth accessing the collaborative services told us how important it was for them to feel like their health care and social service providers had the skills necessary to meet their needs.

*"I came in here to talk to one of the workers and they were telling me, "Oh, well, if you want to join this program, we could set you up. You have to talk to a counsellor and then she'll set you up an appointment with the doc—like, a psychiatrist." And I didn't want to—I didn't really want to speak to the counsellor."*

Participant, Young Man

## Threats to attachment over time

Youth may first access the organizations' services in their late teens, and continue using the services through their early twenties. This is important, given the emphasis that the collaboration places on forming healthy, long-term attachments with youth. The belief is that by forming meaningful, stable relationships with youth over time, service providers will be better positioned to help youth. The challenge lies in maintaining these attachments. If, for example, a staff member leaves his/her position or if a youth ages out or is banned from one of the collaborating services, this can threaten the youth's support network.

*"It sucked so badly. All I wanted—I was living in [Housing Service] before...and all I wanted was to stay there 'cause, like, all my friends were there and I'd lived with them for, like, two years now."*

Participant, Young Woman

# Working towards filling youth care gaps

Despite improvements in youth care service delivery as a result of this collaboration, gaps still remain. Speaking with service providers and youth clients, we identified the following persistent gaps in care.

## Access to long-term support services

The partnership often played a significant role in breaking the cyclical chaos for street-involved youth with mental illness by providing basic supports like housing, food, and access to mental health support services. As youth achieve a level of stability and wellness, however, there is a lack of services available to support youths' longer-term progress. This includes everything from a lack of permanent housing, to primary care services, to alternative/adult education, and vocational skills training programs.

*"My issue here that I have in [Service] is that when the youth leave here and they're stable, they've been in school, they're clean, their mental health is stable, I have one choice: I have to find cheap market housing. Well, that's not in Vancouver."*

Mental Health Service Provider

Or, as one youth pointed out, there are limited resources available for street-involved youth who are pregnant.

> *"I'd like more parenting resources for youth... like, have maternity shelters for young people...It's not just, like, 'and folic acid is needed and don't smoke cigarettes. And don't do drugs and blah, blah, blah, blah.' It should be, like, 'This is why you shouldn't do it. These are the effects'....They should have more resources like that."*
>
> Participant, Young Woman

## Challenges working with youth with chronic mental illnesses

For most street-involved youth aged 16-24 living in Vancouver's downtown core, the collaboration has been effective in providing wrap-around housing and mental health services. Challenges persist, however, for a minority small number of youth struggling with severe, chronic conditions, including learning disabilities, developmental delays and mental illness. For these youth, finishing school, steady employment, and living in close quarters with other youth is not always feasible. With no youth-specific long-term inpatient psychiatric care facilities currently available in British Columbia, a subset of youth are condemned to living between the streets and a hospital emergency room.

*"Some of our kids are not able to keep a job—the most basic of jobs. So what do you do with them? Right? How do you support them to be a member of the community, that eventually gives back in some way?"*

Housing Service Provider

## Service access for youth using substances

According to the youth, services with strict rules about drug and alcohol use make it difficult for people with addictions to access needed services. These youth, who are often the most in need of health care and social services, are then sent back to live on the streets. This can jeopardize their overall wellness as well as their trust in and relationships with service providers.

*"I didn't really like their, like, how their program is structured, because I was, like, pretty deep in my drug addiction at that time. So I kept, I kept getting kicked out."*

Participant, Young Man

During the course of the collaboration, the shelter has relaxed their rules somewhat to allow for exceptions to the substance use rule, given the increased capacity for service providers to deal with these kinds of issues.

*"They should make at least one other shelter for people who are using, because it's not fair to them that they don't have houses because they use."*

Participant, Young Woman

## Under age/Over age clients

Several youth spoke of being street-involved before they turned 16, the minimum age requirement for people wanting to access the collaborative housing services. This often meant that youth, at their youngest and most vulnerable, had nowhere to go. For many youth, this led to unsafe living situations when they were too young to know how to help themselves.

*"It was still kind of a difficult issue for me because I was underage still. I wasn't 16, so they let me stay here for a day and then passed me on to another underage safe house. So it was a little bit better, but I expected more, like, at the time 'cause I was a young 14-year-old kid. [...]I don't know, but they should have just kept me there."*

Participant, Young Man

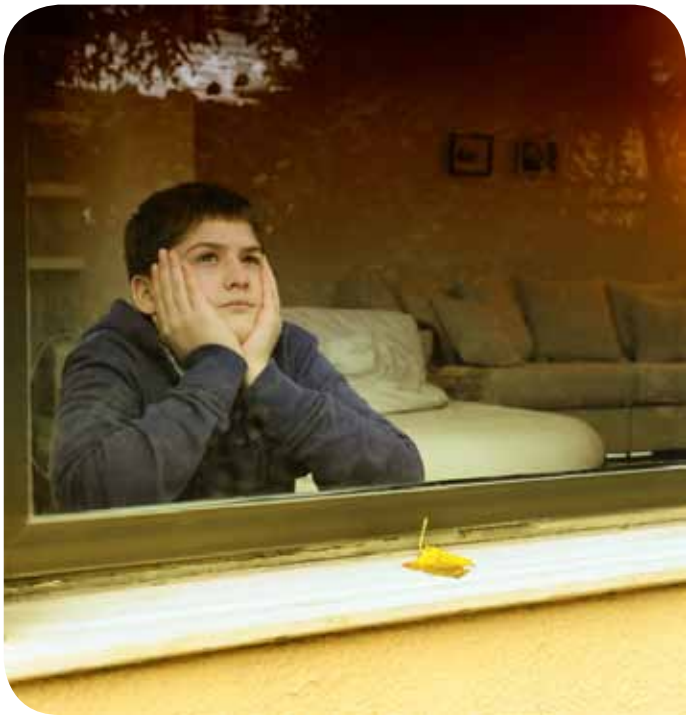
Youth also spoke of fearing a time when they will be too old to access youth-friendly services. Although efforts are made by collaborating service providers to transition youth nearing the age of 25 into adult services, this remains a source of concern for both youth and their social service/health care providers who have become accustomed to the wrap-around care provided by the collaboration.

## Concerns for safety in adult housing

Youth reported feeling safest when they were in supported housing environments with people similar in age to themselves. As one young woman explained why she felt uncomfortable in adult housing:

*"I think mostly just 'cause it was, like, people I didn't know and a lot older. And—I guess, like, a lot of people that were a lot more unstable than in [Service]."*

Participant, Young Woman



# Growing collaboration beyond the original partners

As the collaboration has seen increasingly positive outcomes in its work with youth, the initial champions have been faced with the challenge of how to effectively institutionalize nearly a decade of organic relationships, conversations and shared processes.

This hurdle has become especially apparent as the collaboration grows and expands its reach, always in pursuit of that first goal: improving youth health. With an ever-present pool of youth needing services and the partnership's proven success there were many opportunities for growth.

*"Because of the success from this, we expanded...brought on a bunch of new staff all at once...and then the perfect storm was created when we had to work with a partner who we never worked with before...we were placed in a situation where we had to deal with youth who were even more complex than we had been working with."*

Mental Health Service Provider

Moreover, although early champions have invested nearly ten years in this partnership, time and effort are required to effectively share the nuances of the collaboration with new partners. This can be especially difficult when those new partners may not share the original collaborators' values, and may not have a history of working with marginalized youth.

*"When you start a program small and you grow it organically, you tend to go where the favourable relationships are...you avoid the partners that don't return phone calls. What happens is that as you start getting bigger, you have to collaborate with partners that you didn't collaborate with early on for certain reasons... And all the stuff that was unresolved early on is now sitting there needing to be resolved."*

Mental Health Service Provider

*"Being a part of it from the beginning is really important in terms of really believing in it and then kind of bringing your staff on and being able to continue the momentum...I was just invited to the monthly meeting this morning and I think doing stuff like that [again] will really help bring the teams together."*

Mental Health Service Provider

# Conclusion

Service providers and youth working and living in Vancouver's downtown have identified the collaboration as successfully transforming services for street-involved youth with mental health issues. Prior to the collaboration, these agencies struggled to provide necessary care and youth fell through the cracks, further straining disjointed services. Joining efforts, this collaboration has led to several key outcomes and significant change in all four organizations. As of 2013:

- The Inner City Youth Program team now includes 7 psychiatrists, 4 social workers, 1 occupational therapist, 2 rehabilitation assistants, 2 psychiatric nurses, a nurse practitioner and a clinician supervisor. They have assessed over 500 youth in total, providing more than 3000 psychiatric appointments annually.

- Covenant House has created an intensive case management team with four full-time case managers and three mental health clinicians who support youth on a day-to-day basis. This will be expanding to six full time case managers in 2014, with a case load of 1:15.

- Coast Mental Health has embedded a clinician with the Inner City Youth Program, and has several case managers working in collaboration with them and with Covenant House.

- BC Housing has earmarked more than 60 housing units and 10 subsidies for street-involved youth with mental illness.

- In this model, youth mental health and housing services are collaboratively delivered in hospital, the emergency room, inpatient and outpatient departments, two shelters, two congregated housing sites, and 10 scattered subsidized market rental properties. Together, these collaborating organizations transition youth seamlessly from hospital to either shelter or housing, providing wrap around services and continuity of care.

- Youth services are delivered in a youth centred, attachment-based model of care, allowing for effective stabilization and leading them towards their recovery.

From the perspective of the collaborating partners, the scope grew organically: from mental health providers offering assessments and therapy onsite, to case managing dozens of youth in an integrated inter-agency case management model, tenanting youth in over 60 housing units, and providing state-of-the-science mental health training to community workers. This growth happened without sizeable new mental health funding, instead through the creation of critical partnerships. Built on a foundation of common values and trust established over time, the partners have truly grown into their collaborative framework.

In our evaluation, we have identified that their "organic" growth followed the key principles of effective intersectoral collaboration, for example: finding shared goals and values, fostering positive working relationships, creating opportunities for staff training, being flexible, maintaining open dialogue and clarifying roles, and signing formal agreements to cement collaboration. This may not have been a deliberate process, but it helps explain their success. Their success was the result of a commitment to facing novel and ongoing challenges in an innovative and trusting way. It was built through frequent informal communication, mutual respect and understanding, and formal agreements among all collaborating organizations. They fostered trust between collaborating organizations at every level, in the belief that the collaboration itself represented the best path forward.

With success emerged recognition of even bigger challenges facing street-involved youth. As the collaboration became better at providing services for youth, more severe challenges and important gaps became apparent to them. Youth with severe and highly complex mental health needs didn't fit well into available services. Younger youth, who didn't meet the age criteria for youth shelters, faced potentially more dangerous living options. And youth aging out of the services the collaboration provided had few options for permanent housing.

The collaboration is now at a crossroads: expanding beyond the four original partners to engage other agencies who provide housing or mental health services for street-involved youth. This evaluation has given them a chance to take stock and recognize what led to their successful partnership. They will need to take the lessons they've learned into the expanding circle of partners, and decide which strategies will sustain their growing success and ultimately unite diverse agencies around a common goal to stabilize mental health and housing for street-involved youth. The collaboration is well positioned to face these next challenges, and with recognized success, more funding opportunities and new potential partnerships have emerged. Importantly, the core partners have maintained their vision to improve health care for street-involved youth and view the potential for expanding as an opportunity to further improve health for street-involved youth.

# Further resources

## For more information about intersectoral collaborations:


Public Health Agency of Canada, WHO Health Systems Knowledge Network & Commission on Social Determinants of Health, & Regional Network for Equity in Health in East and Southern Africa. (2007). *Crossing sectors – Experiences in intersectoral action, public policy, and health*. Public Health Agency of Canada: Ottawa, Ontario.

Laurel, E., Huemann, E., Richtman, K., Marboe, A.M., & Saewyc, E. (2012). The Safe Harbors Youth Intervention Project: Intersectoral collaboration to address sexual exploitation in Minnesota. *Nursing Reports*, 2, 18-24.


## For more information about institutional ethnography and how it has been applied:


Dorothy Smith. (July 14, 2010). Institutional Ethnography (Video). Retrieved from: http://www.youtube.com/watch?v=1RI2KEy9NDw

Marjorie DeVault. (Feb 07, 2013). Information about IE. Institutional Ethnography: Online Resources and Discussion. Retrieved from: http://faculty.maxwell.syr.edu/mdevault

The Society for the Study of Social Problems. (Feb 7, 2013). Institutional Ethnography. Retrieved from: http://www.sssp1.org/index.cfm/pageid/1236/m/464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[iii] Kelly K., & Caputo T. (2007). Health and street/homeless youth. *Journal of health psychology*, 12(5), 726-736.

[iv] Smith A., Saewyc E., Albert M., MacKay L., Northcott M., & the McCreary Centre Society (2007). *Against the Odds: A Profile of Marginalized and Street-Involved Youth in BC*. Vancouver, BC: McCreary Centre Society.

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[vii] Yung AR, McGorry PD, McFarlane CA, Jackson HJ, Patton GC, Rakkar A. (2004). Monitoring and care of young people at incipient risk of psychosis. *Focus*, 2(1), 158-174.

[viii] WHO Health Organization (1997, p.3). *Intersectoral Action for Health: A Cornerstone for Health-for-All in the Twenty-First Century*. Report to the International Conference, 20-23 April 1997. Halifax, Nova Scotia, Canada: World Health Organisation, Geneva.




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