POLICYWISE FOR CHILDREN & FAMILIES

Lessons Learned

PolicyWise for Children & Families has worked with 13 different communities, which included three Indigenous communities and one Indigenous land base, to implement integrated service delivery hubs. For the purposes of the project, the Youth Mental Health Hubs were defined as a service delivery entity that connects multiple, cross-sectoral community partners to increase access to mental health supports for youth ages 11-24. Timely feedback was important throughout the implementation process to provide communities direct feedback and allowed for the cocreation of a community-led Youth Mental Health Hub through collaborative engagement with a utilization focus.

> To access the full report please email PolicyWise at <u>info@policywise.com</u>



LESSONS LEARNED

Communication and Expectations. Consistent communication and expectations are needed to facilitate implementation between steering committee members and the project coordinator. Further communication of the provincial direction to communities would aid in the sustainability of the Youth Mental Health Hub implementation.

Youth and Family Engagement. Engaging youth in the development of an Youth Mental Health Hub is seen as a significant priority for communities. Accessing these youth for engagement within the provincial collaborative governance is an important next step. Further, youth have specifically affirmed the required component of low-to-no-barrier access to services.

Facilitating Community Implementation. Access to an implementation coach, the learning network, and implementation framework helped communities progress quickly through the phases of implementation. Communities were quick to hire or designate a person to act as a project coordinator for the development of the integrated service delivery. However, at times some steering committee members would disengage in the implementation process; assuming the project coordinator was leading the work.

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Engagement across Sectors. There have been significant difficulties engaging direct mental health service providers in this work. Defined provincial direction and communication could help facilitate the ability to navigate the barriers (e.g., competing mandates, resource allocation, etc.).

5

Integration beyond Co-Location. Recognizing the value of practice change as a precursor to integrated service delivery and ultimately integrated service delivery hubs; as such, a continuum of collaboration was developed in response to community needs to concretely consider the complexities of integrated service delivery and implementation.