

## **Community-based Integrated Mental Health Services for Youth** *Capacity & Readiness Application*

---

Please submit signed and completed forms along with appropriate attachments by email to Naomi Parker ([nparker@policywise.com](mailto:nparker@policywise.com)) by **4:00 PM MST on January 28<sup>th</sup>, 2019**.



## Table of Contents

<b>Application Overview .....</b>	<b>3</b>
Organization Details .....	3
Need and Vision.....	3
Partners .....	3
Services .....	3
Core Values .....	3
Readiness.....	4
<b>Organization Details.....</b>	<b>5</b>
<b>Need and Vision.....</b>	<b>7</b>
<b>Partners.....</b>	<b>8</b>
<b>Services .....</b>	<b>10</b>
<b>Core Values.....</b>	<b>12</b>
<b>Readiness .....</b>	<b>13</b>
<b>Application Form Submission Checklist .....</b>	<b>15</b>

## Application Overview

This application is for the ‘Capacity & Readiness’ phase of implementation for a Community-Based Integrated Mental Health Hub for Youth (Integrated Hubs). It is intended for communities who are interested in leading the analysis of resources and partner’s willingness to make the Integrated Hubs vision a reality.

Your community is ready for this stage if:

- You have informal working relationships among health and social service sectors.
- You are having early conversations about the need to address youth mental health differently.
- You have champions in the community who have interest and capabilities to begin to address the need of approaching youth mental health differently.
- You have strategies to involve youth in the process.

The application form explores the following:

### *Organization Details*

The organization details of the lead organization applying to identify the types of services and scope of the organizations mandate to assist in the implementation of an Integrated Hub. In addition, this section provides confirmation that the organization is applying as the lead organization.

### *Need and Vision*

The needs and vision of the Integrated Hub supports all other activities. Within this section, you will provide evidence that the lead organization and the overall community have an understanding of youth mental health needs as well as the facilitators and barriers to accessing services available in the community. In addition, you will provide a brief description of how the community will meet the needs of youth through integrated service delivery.

### *Partners*

There is identification of confirmed and potential service partners who will work towards integrated service delivery. Within this section, describe the experience working with other organizations to improve the service landscape for youth.

### *Services*

The services of the Integrated Hub ensures that stepped care is considered when knitting together of mental health, primary health and social services. Within this section, you will describe the considerations for stepped care as well as identify potential benefits and challenges.

### *Core Values*

The core values of the Integrated Hub ensure there is shared and aligned values among community partners and that you have demonstrated them in current work with youth.

## Readiness

The readiness the community has for implementing an Integrated Hub. While it would be beneficial to already have space, staff, and overall capacity at this stage, it is more important to have an idea of how you can accomplish this with realistic expectations.

There is a corresponding information package which contains important background and details regarding the application process. Please read this corresponding **information package** before proceeding with the Capacity & Readiness application form. If you require clarity of additional support regarding the application questions, please contact:

Val Salt, Research & Evaluation Associate  
PolicyWise for Children & Families  
[vsalt@policywise.com](mailto:vsalt@policywise.com)

Naomi Parker, Director of Projects  
PolicyWise for Children & Families  
[nparker@policywise.com](mailto:nparker@policywise.com)

## Organization Details

**This application form is to be filled out by the lead organization.** The lead organization holds the funds, is accountable to PolicyWise, and is responsible for working in an equal partnership with supporting agencies. If you are unable to act as the lead organization, please connect with an organization who can serve as the lead. You may support them in writing this application.

<b>Name of Lead Organization:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Signature</b>	

**Primary type of service provided:** *(please select all that apply)*

Clinical Mental  
Health Supports

Non-clinical Mental  
Health Supports

Substance Use

Primary Health Care

Vocational Supports

Youth Supports

Other:

**Briefly describe the scope of the organization including relevant services provided and target ages:**

## Need and Vision

### Why are you applying?

*In answering this question, please address why you care about youth mental health and why your community is an ideal location for integrating youth services to better serve the ages of 11-24.*

## Partners

Please list any confirmed or potential Integrated Hub partners.

*If the service is not inclusive of youth from 11-24, please specify the ages to be served.*

Organization	Services Provided to Youth 11-24	Confirmed	Potential



**Are there pre-existing relationships and structures among partners that will facilitate the implementation of the Integrated Hub?**

*In answering this question, please describe the nature and length of the relationship.*

## Services

Which of the following services are you considering?

Services	Yes (services will be available from an Integrated Hub partner)	Yes (in community – will refer to)	No	Unsure
Mental health care (Stepped Care)				
Primary health care				
Sexual health				
Substance use / misuse				
Employment support				
Education support				
Housing				
Income assistance				
Peer support				
Transition support				
Other:				
Other:				
Other:				

**What is your planning approach to ‘knitting together’ services?**

*In answering this question, please describe how these services are going to come together to achieve the outcomes you articulated in the Need and Vision section. What type of staff will offer these services (e.g. nurse, social worker, frontline, etc.)? Do you anticipate being able to offer all of these services under one roof or will youth have multiple access points to obtain integrated service delivery?*

## Core Values

Core values for this project include:

- Youth and families are involved and drive the development and evaluation integrated services.
- Youth have the right to privacy and confidential services.
- Services are trauma-informed, culturally competent and developmentally appropriate.
- Services are relationship based, nonjudgmental and engaging to youth.
- Activities of the Integrated Hub work to reduce stigma of youth mental health in the community.
- Transitions are provided for youth to adult services when they at an appropriate time or when they turn 25.

**Please describe how these values are aligned and operationalized within your organization.**

*In answering this question, please provide evidence of how your organization aligns or will align with these values*

## Readiness

### Within your community:

Please select all that apply

	Yes- Lead Organization	Yes- Partners	No- To be developed
A youth friendly space to deliver Integrated Hub services out of exists.			
There is a willingness to work in a shared space with community partners.			
There are the right staff to bring together to serve youth through an Integrated Hub.			
There is a commitment from existing staff to operate and implement the Integrated Hub.			
There exists capacity to conduct a needs assessment to identify and clearly define the Integrated Hub goals based on evidence.			
There exists capacity to provide leadership across multiple partners (e.g., governance and communication).			
There exists capacity to participate in a developmental evaluation of the Integrated Hub.			
There is a willingness to develop and collect a common set of measures.			

**Please tell us how you will work to engage potential partners to form a steering committee and assess the community readiness and capacity to work towards an Integrated Hub?**

*In answering this question, please describe the components that are already in place, where work will be needed to prepare for implementation, and what support will be required to do so.*

## **Application Form Submission Checklist**

Before you submit your application, please double check that you have completed all of the required fields. Incomplete applications will not be considered for funding. If you have questions about your application, please contact PolicyWise before the application deadline.

The application has been fully completed and submitted by an organization willing to act as the lead organization.

The most recent annual report of the lead organization has been attached to the application.

No additional information has been submitted beyond the application and requested annual report attachment.

**Please submit signed and completed forms along with appropriate attachments to Naomi Parker ([nparker@policywise.com](mailto:nparker@policywise.com)) by 4:00 PM MST on January 28<sup>th</sup>, 2019.**