

Community-Based Integrated Mental Health Service Hubs for Youth

Application Information Package



Policy Wise
for Children & Families

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PolicyWise for Children & Families

COMMUNITY-BASED INTEGRATED MENTAL HEALTH SERVICE HUBS FOR YOUTH CALL FOR APPLICATIONS

Background

This application call is for community-based agencies interested in leading a community-based integrated mental health service hub for youth (Integrated Hub). Integrated Hubs are commonly defined as the integration of health and social services in a youth friendly environment.

Communities can apply for **one** of two opportunities:

- (1) Capacity and Readiness
- (2) Plan and Prepare

Eligibility

- Willing and able to lead like-minded agencies in their community to integrate: mental health, community social services, and primary health.
- Willing and able to adapt services to serve youth ages 11-24.
- Located in a small to medium population centre.

Application Process

Applications Open

NOVEMBER 21, 2018



Info Webinar

DECEMBER 5, 2018

10:00 - 11:30 AM MST



Applications Deadline

JANUARY 28, 2019

4:00 PM MST



Panel Review

MARCH 2019



Capacity &
Readiness

Phone Interview

APRIL 2019

Plan & Prepare

Site Visits

APRIL 2019



Final Decision

MAY 2019

TO APPLY:

<https://policywise.com/research-evaluation/mental-health/2nd-call-for-application/>

Introduction

This application call is for community-based agencies interested in leading a community-based integrated mental health service hub for youth (Integrated Hub). **Integrated Hubs** are commonly defined as the integration of health and social services in a youth friendly environment.

There are two funding streams available for communities: (1) Capacity and Readiness, and (2) Plan and Prepare. Communities are only eligible to apply for one funding stream. The funding opportunities are described in further detail below.

	Capacity & Readiness	Plan & Prepare
Description	For communities who have established alignment and are looking to conduct analysis of resources and partner's willingness to make the vision a reality.	For communities who have committed partners, resources, and capacity to carry out preparation of operational needs for implementation.
Funding Amount	\$10,000	\$75,000
Funding Purpose	To facilitate bringing together stakeholders to assess capacity and readiness.	To coordinate a steering committee and working group to prepare for initial implementation.
PolicyWise Commitments	<ul style="list-style-type: none"> · Provide community-level service data. · Provide guidance to work through the Implementation Framework. · Facilitate community planning meetings and discussions. 	<ul style="list-style-type: none"> · Lead and facilitate all bi-weekly implementation and steering committee meetings with communities. · Provide guidance to work through the Implementation Framework. · Host planning summits and connections to other Integrated Hubs.
Community Commitments	<ul style="list-style-type: none"> · Capacity and readiness assessment demonstrates commitment to proceed to next stage or need to build further capacity. 	<ul style="list-style-type: none"> · Steering committee and working groups have adapted the Implementation Framework to meet local needs. · Community is prepared for Initial Implementation pending capital funds.

THIS PACKAGE IS NOT THE APPLICATION FORM.

IT IS THE CORRESPONDING INFORMATION PACKAGE.

PLEASE READ THIS INFORMATION PACKAGE BEFORE PROCEEDING TO COMPLETE THE APPLICATION FORM.

If you have any questions about the application process, please contact:

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Naomi Parker, Director of Projects, at nparker@policywise.com.

Background

The onset of 70-75% of mental health problems occurs by age 24 yet a majority of these youth do not seek professional help or know where to go for help (Provincial Territorial Working Group, 2016). Youth concerns regarding stigma, embarrassment and confidentiality, particularly from their parents, are barriers to accessing and maintaining access to services. When a youth does seek help, it is often through primary care or community services such as educational or vocational supports. These systems are separate and require youth to navigate between services for care. This challenge is compounded when youth turn 18 and need to move between separate child and adult services. As a result, emergency department visits and hospitalization for youth with mental health crises is on the rise in Canada. This highlights the need for easily identifiable, accessible and early intervention focused services for youth.

The [*Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015*](#) (Committee's Report) was accepted and released publicly by the Government of Alberta in February 2016. Developed by a committee led by MLA Dr. David Swann, the Committee's Report calls for a transformation of Alberta's addiction and mental health system by identifying 32 recommendations towards:

- Becoming more person-centred;
- Promoting positive mental health;
- Focusing on early intervention;
- Treating mental illness as a chronic disease;
- Strengthening the role of primary health care; and
- Collaborating with other sectors to become more coordinated, integrated.

The subsequent [*Valuing Mental Health: Next Steps*](#) (2017) document outlines the actions that will be taken by Alberta Health and partners to meet the recommendations of the Committee's Report. Action 1 is of specific interest to this funding opportunity.

Action 1

Implement a community-based service hub model where services are jointly planned and delivered by multiple sectors through one location, either physically or virtually. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, school-based services etc.

- 1.1 Implement the hub model focusing on children, youth and families first.
- 1.2 Work alongside the two Edmonton ACCESS Open Minds research projects, primary health care, and other initiatives that support youth and young adults in transition; and incorporate their learnings into the hub model.

Government of Alberta, 2017, p.9

While Action 1 was not a specific recommendation in the Committee's Report, it was identified by the Valuing Mental Health stakeholders as significant to transforming supports and services. Upon further discussions, there was an identified need for integrated youth services focused on prevention and early intervention, as

well as evidence-informed tools, guidelines, and standards (i.e., a framework) to support such services across the province, especially those outside of the major urban centres.

PolicyWise for Children & Families (PolicyWise) has been contracted to create a framework that will support community-led implementation of Integrated Hubs in small to medium population centres in Alberta for youth ages 11-24. This framework and supports includes implementation considerations, and collaborative governance and coordination.

Definitions

The following definitions are used to describe core components within the context of Integrated Hubs:

Care Continuum: Boon et al. (2004) note seven levels of team health care practice that denote increasing integration, from Parallel Practice to Integrative. The authors note that as one moves further along the continuum, there is an increasing emphasis on holistic care, a more complex team structure, and increased necessity of communication and consensus decision making. PolicyWise has applied this continuum to reflect care practices within the Alberta context as communities work towards Integrated Hubs.

	Continuum of Integrated Practice (Boon et al., 2004)	Integrated Hubs Ways of Working (Identified by PolicyWise, 2018)
Communication Approach	Parallel Practice	Services work independently to support youth. Communication happens within sector but rarely across systems (e.g., health, social services, education work in silos).
	Consultative	Services work independently to support youth. Communication happens across systems when required and is often in the form of a referral note but may be via direct communication.
	Collaborative	Practitioners across systems share information about a common youth client on a case-by-case basis.
Coordinated Approach	Coordinated	There are formalized structures for communication across two or more systems to allow for team-based care of a youth. Often, someone from the team is responsible for ensuring that information flows among the involved practitioners and the youth. Decision making remains independent to each provider.
	Multi-disciplinary	There is shared space where primary health is offered in a social service setting or where social services are available in a primary health setting along with appropriate stepped mental health care services.
	Interdisciplinary	Any point of access uses the same intake process with youth data accessible to other partners within the system as required
Integrated Approach	Integrated	Partner-wide restructuring of financing and administration of youth service delivery out of a single site, multi-access points, or mobile unit. Seamless continuation of stepped care as youth move to, through, and from services in the community.

Figure 1: Continuum of Integrated Practice (Adapted from Boon et al., 2004)

Integrated Hub: Community-based integrated service hub is best understood as the integration of health and social services in a youth friendly environment. Typically they focus on prevention and early intervention and the provision of resources to help youth manage their concerns and navigate pathways to specialized services as required.

Prevention and Early Intervention: Prevention works to reduce risk factors as well as improve known protective factors in order to promote resilience. In the context of mental health, this means promoting healthy social and emotional development and lays the foundation for mental health and resilience. Early intervention works to identify initial indicators of mental health problems, ensure appropriate access to services, and ultimately prevent mental illness.

Stepped Care: Stepped care is a healthcare delivery model that involves delivering the most effective, yet least resource-intensive treatment, to patients first (Richards et al., 2012). Stepped care involves different options of treatment intensity and is based on the assumption that lower intensity interventions can provide significant health gain (as compared to more intensive interventions) for at least a proportion of the population and are acceptable to patients and professionals. Within Integrated Hubs, stepped care refers to the best complement of health, mental health, and social services to meet a youth's needs.

Youth: In this context, youth refers to adolescents and young adults between the ages 11 and 24.

The Integrated Hubs Project

The Integrated Hubs project aims to minimize the service gap between child and adult services by providing a youth-oriented environment for youth to access mental health care as early as possible. The Integrated Hubs project uses a collaborative and integrated care model to improve service access and reduce the personal and public health costs of untreated youth mental health concerns. As these Integrated Hubs are community-based, they are flexible and adaptable to each community's social, cultural, and health needs.

It is recognized that each Integrated Hub are unique based on the context within which it exists and the relationships that form. As a result, the services in each Integrated Hub can be different in scope and the ways in which they evolve during this application process; however, to ensure a level of provincial consistency, critical elements for the Integrated Hubs have been identified. The Integrated Hubs seek to:

- Knit together existing applicable services in the community in a youth-oriented and accessible space.
- Include mental health supports as the core component and other services as deemed appropriate by the community.
- Offer services that are developmentally appropriate, trauma-informed, and available for youth ages 11-24.
- Designed with youth and families to reflect their needs and preferences.

Work to Date

Environmental Scan

An [environmental scan](#) of the literature was completed in 2017, which consisted of a literature review and interviews with comparable youth mental health hub practitioners across Canada and internationally. Key findings helped shape the definition and scope of Integrated Hubs. See [Appendix A](#) for overarching findings.

Implementation Framework

An implementation framework has been developed to guide communities through the process of how to change ways of working in their community to progress towards opening an Integrated Hub. Six stages of implementation have been identified:

- Exploration & Design: Determine need, outline vision, identify partners, and define your community-based approach to Integrated Hubs.
- Capacity & Readiness: Assess community readiness, assess organizational readiness, establish steering committee and secure commitment service partners.
- Plan & Prepare: Establish working groups, confirm vision and mission with steering committee, map out service pathways, establish governance and management, initiative information sharing, develop communication plan and protocols, address operations aspects, and incorporate ongoing monitoring and improvement.
- Initial Implementation: Communication and launch plan, structure for review, documentation process for review, adapt and revise.
- Full Implementation: Developmental evaluation of implementation and track outcomes.
- Ongoing Monitoring, Adaptation, & Improvement: Monitoring and support systems, establish feedback and improvement processes.

Communities

PolicyWise is currently working with two communities who are working through the stages of implementing an Integrated Hub. These Integrated Hubs use leading practices informed by the environmental scan conducted by PolicyWise. Initial lessons learned from the two communities include:

- Practice change and collaboration is an important precursor to achieving integrated care. This knowledge has informed the development of the Integrated Hub [continuum descriptions](#).
- As communities work towards developing integrated service delivery, the interpretation and operationalization of an Integrated Hub is different in each community.
- The time and community commitment required to work through the stages of implementation is important and space has been created for this to happen in a supported way where relationships are respected and fostered.

Application Process

As a reminder, this project will fund communities who can apply under either the Capacity & Readiness or Plan & Prepare funding opportunity:



Eligibility

The funding streams are open to community-based organizations that are:

- Willing and able to lead like-minded agencies in their community to integrate together existing mental health, community social services, and primary health.
- Willing and able to adapt services to be appropriate for youth aged 11-24.
- Located in a small to medium population centre (defined as a community) with a population between 1,000 and 99,999 (Statistics Canada, 2017) in Alberta. Outlined in [Appendix B](#).

Capacity & Readiness Application

The Capacity & Readiness application is intended to act as an exploratory document to determine preliminary community readiness and interest in offering an Integrated Hub. Please refer to the resource guide in [Appendix C](#) to support your application.

Communities who successfully receive this opportunity will facilitate bringing together stakeholders to assess capacity and readiness in their own community. PolicyWise will provide community-level-service data, guidance through the Implementation Framework, and facilitate community planning meetings and discussions. By the end of the term, communities will have evaluated their capacity and readiness and demonstrates commitment to proceed to the next stage or need to build further capacity.

Capacity & Readiness Application Review

The completed Capacity & Readiness application form should provide the review panel sufficient detail to confidently assess the:

- Need for an Integrated Hub;
- Community’s ability, experience and expertise in service delivery and working with partners; and
- Community’s commitment to further exploring Integrated Hubs.

PolicyWise’ pre-existing review process will be used to evaluate applications submitted for this competition. This includes an external review panel, using criteria scored on a 9-point scale, where 0 is poor and 8 is exceptional. Only applications with an average weighted score of 75% or higher will be considered for an interview with PolicyWise. A ranked list of applications will be provided to the Review Team for final selection based on quality and distribution across geographic locations. The decisions of the review panel and Project Team are final. [Appendix D](#) contains information about the review criteria.

Important Dates and Deadlines

Capacity & Readiness Application Release	November 21, 2018
Integrated Hubs Application Information Session (Webinar)*	December 5, 2018 10:00-11:30 AM MST
Submission Deadline	January 28, 2019 4:00 PM MST
Submission Review	March
Phone Interviews	April
Notification of Application Status	May

[Click here to register for the Integrated Hubs Application Information Session \(Webinar\).](#)

[CLICK HERE FOR THE APPLICATION FORM](#)

Plan and Prepare

The Plan & Prepare application is intended to act as document that outlines committed partners, resources, and capacity to carry out preparation of operational needs for implementation. Please refer to the resource guide in [Appendix C](#) to support your application.

Communities who successfully receive this opportunity will coordinate a steering committee and appropriate working groups to prepare for initial implementation. PolicyWise will lead and facilitate bi-weekly implementation and steering committee meetings with communities, provide guidance through the Implementation Framework, and host planning summits and connections to other Integrated Hubs. By the end of the term steering committees and working groups will have adapted the Implementation Framework to meet their needs and the community will be prepared for initial implementation of their Integrated Hub.

Plan & Prepare Application Review

The core components of the Plan & Prepare application will require organizations to provide details on:

- Governance
- Needs assessment
- Partners
- Resources/ in kind
- Budget
- Operations (intake, service delivery, transitions, referrals)
- Youth involvement
- Objectives of the Integrated Hub
- Ability to participate in provincial evaluation
- Where help and resources are needed to reduce gaps

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References

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- Government of Alberta. (2017). *Valuing Mental Health: Next Steps*. Retrieved from <https://open.alberta.ca/publications/9781460134771>
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- Statistics Canada. (2017). Population and dwelling counts, for Canada, provinces and territories, and population centres, 2016 and 2011 censuses (table). Population and Dwelling Count Highlight Tables. 2016 Census. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo049a-eng.cfm>
- Suter, E., Oelke, N.D., Adair, C.E., & Armitage, G.D. (2009). Ten key principles for successful health systems integration. *Healthcare Quarterly*, 13, 17-23.

Appendix A: Integrated Hubs Overview



Integrated Service Delivery Hubs

VALUING MENTAL HEALTH


GUIDING PRINCIPLES

- Accessibility
- Youth Engagement
- Safety

FOUNDATIONS


- Client-Centred
- Community-Based
- Primary Health Care
- Stepped Mental Health Care
- Transition Focused

Integrated Hubs are commonly defined as the integration of health and social services in a youth friendly environment.




Integrating sectors that have historically worked in parallel with one another is a large operation that can have beneficial results by pooling resources for youth who need them the most.

Services can include, but are not limited to: housing, employment, physical and mental health, primary health care, addiction, justice, and social services.




Improvements across the following outcome domains are expected when integrated service delivery hubs are developed and implemented based on evidence-informed guiding principles and critical elements:

- *Engagement and Empowerment*
- *Early Identification and Intervention*
- *Service Integration and Coordination*




MIND THE GAP

Achieving the three outcomes can result in:




Improved Long Term Mental Health

&



System Transformation

The aim of the Integrated Hub is to minimize the service delivery gap between child and adult services by providing youth-oriented 'one-stop-shop' for youth 11-24 years of age, to improve mental health.



PolicyWise for Children & Families

Download the Environmental Scan at:

<https://policywise.com/research-evaluation/mental-health/>

Appendix B: Eligible Communities

The following Alberta communities meet the Integrated Hubs population centre criteria:

Medium Population Centres			
Airdrie	Grande Prairie	Lloydminster	Red Deer
Fort McMurray	Lethbridge	Medicine Hat	Spruce Grove
Small Population Centres			
Alberta Beach-Val Quinton	Coleman	La Crête	Sexsmith
Athabasca	Crossfield	Lac la Biche	Slave Lake
Banff	Crowsnest Pass	Lacombe	Springbrook
Barrhead	Cynthia	Lamont	St. Paul
Bassano	Devon	Lancaster Park	Stettler
Beaumont	Didsbury	Langdon	Stony Plain
Beaverlodge	Drayton Valley	Leduc	Strathmore
Bentley	Drumheller	Legal	Sundre
Black Diamond	Duchess	Magrath	Swan Hills
Blackfalds	Eckville	Manning	Sylvan Lake
Blairmore	Edson	Mayerthorpe	Taber
Bon Accord	Elk Point	Millet	Three Hills
Bonnyville	Fairview	Morinville	Tofield
Bow Island	Falher	Nanton	Trochu
Bowden	Fort Macleod	Nobleford	Turner Valley
Brooks	Fort Saskatchewan	Okotoks	Two Hills
Bruderheim	Fox Creek	Olds	Valleyview
Calmar	Gibbons	Onoway	Vauxhall
Camrose	Grand Centre	Oyen	Vegreville
Canmore	Grande Cache	Peace River	Vermilion
Cardiff	Grimshaw	Penhold	Viking
Cardston	Hanna	Picture Butte	Vulcan
Carstairs	Heritage Pointe	Pincher Creek	Wabasca-Desmarais
Chestermere	High Level	Ponoka	Wainwright
Clairmont	High Prairie	Provost	Wembley
Claresholm	High River	Raymond	Westlake
Coaldale	Hinton	Redcliff	Westlock
Coalhurst	Innisfail	Redwater	Wetaskiwin
Cochrane	Irricana	Rimbey	Whitecourt
Cold Lake	Jasper	Rocky Mountain House	
Reserves and Metis Settlements			
All reserves and Métis settlements with a combined population of over 1,000 are eligible to apply.			

Adapted from Statistics Canada, 2017

Appendix C: Resource Guide

The resources below have been curated based on each section of the helpful in developing your application – they include toolkits, prompting questions, case studies, etc.

General Resources

The Bridgespan Group, “[Business Planning for Nonprofits: What It Is and Why It Matters](#),” breaks down business planning for non-profits. Specifically, their work features comprehensive reviews on the components of strategic clarity, strategic priorities, resource implications, and performance measures. Based on client experience, and featuring many examples, this overview includes prompting questions and outlines various pathways that may help applicants in their development of their submission.

The National Implementation Research Network’s [Active Implementation Hub](#) provides a comprehensive set of implementation-focused resources. The website focuses on implementation science, with multiple [AI Modules](#) are available (i.e. implementation drivers, cycles, stages) and a [resource library](#) full of activities for implementation planning.

Youth and Family Engagement/Partnership

The website [Walking the Talk: A Toolkit for Engaging Youth in Mental Health](#) reviews the foundations of youth engagement, [guiding principles of youth engagement](#), and [great resources on creating youth-friendly spaces](#).

A comprehensive report called “[Ready...Set...Engage! Building Effective Youth/Adult Partnerships for a Stronger Child and Youth Mental Health System](#)” also reviews effective practices for youth engagement. It includes case studies, information about integrating youth into an organization (19), and alternative approaches to youth governance (p. 31).

Ontario Centre of Excellence for Child and Youth Mental health offers an extensive summary on [Developing a Family Engagement Model](#) [see PDF download on the right]. This document reviews definitions and the continuum of family engagement, and walks through the five stages of the process of family engagement.

Shorter resources like these may also help: a blog on the [top ten signs you’re doing family and youth engagement right](#), and [6 tips for engaging families across the organization](#).

Mission and Vision Statements

Dan Heath’s video and article on [How to Write A Mission Statement that Doesn’t Suck](#) is a great place to start – it focuses on avoiding the major pitfalls of mission statements by using concrete language and talking about the why.

The Community Toolbox is a UK-based resource that provides a comprehensive overview of vision and mission statements in “[Proclaiming Your Dream: Developing Vision and Mission Statements](#).” This

resource includes a start to finish method on developing your vision and mission statement (including questions to ask, ways to gather input, and how to achieve consensus).

Kevin Staff at the Stanford Social Innovation Review, reviews [The Eight-Word Mission Statement](#) – proposing you “ask three critically important questions: 1) Is this the best way to get there? 2) Is there anything else we should be doing to accelerate along the path? and 3) Is everything we’re doing really focused on getting there?”

Service Pathway Map

Centre for Addiction and Mental Health’s [overview of integrated care pathways](#) considers the definitions of pathways, their importance, staffing complements, and an overview of how pathways work. A simple, helpful diagram is featured (scroll down to see the pathway diagram). See also specific pathway examples: [schizophrenia](#), [depression and alcohol use](#) (click on the images in the top right to see large graphic representations of integrated care pathways).

To build a service pathway “from the ground up”, the exercise “[Post the Path](#)” may help your team. Using sticky notes, this exercise is designed to help understand a process from multiple perspectives and identify gaps/overlaps. The results of this exercise can then be distilled down into a defined service pathway.

The National Institute for Health and Care Excellence (UK) has a comprehensive clinical guideline, “[Common mental health problems: identification and pathways to care](#).” This guideline is particularly illustrative about stepped care (1.2 and onward), and provides some principles for developing local care pathways (1.5).

Stepped Care

The Queensland Centre for Mental Health Research provides brief [videos](#) describing the UK experience with stepped mental health care. The National Institute for Health and Care Excellence has list of [guidelines](#) for consideration when implementing stepped care.

Dr. Peter Cornish, developer of the Stepped Care 2.0 Model has an informative blog which contains resources on what [stepped care 2.0](#) is, offers [training videos](#), and a [quiz](#) to test your knowledge on stepped care.

Governance and Management

Several models for both governance and management may be illustrative here. Ultimately, both the governance and management structures will need to blend the principles of good governance with the specifics of the hub’s participants.

Within healthcare there has been a shift towards distributed leadership of management responsibilities. Gunzel-Jensen, Jain, and Kjeldsen (2016) define distributed leadership as the “sharing of generic leadership tasks to influence resource availability, decision making and goal setting within an organizational perspective” (p.2). Formal leaders are still necessary to ensure that the process is facilitated and inclusive but the responsibilities remain distributed. ([The University of Warwick’s short video and description](#) are a helpful overview.)

The Bridgespan Group’s article on “[Need-Moving Collective Impact Guide: Capacity and Structure](#)” features several helpful sections:

- The section “Examples of Collaborative Structures” (click the arrow next to the header to expand) reviews several structures and variations for collective work – from committees to partnerships to collaborative – and how these operate in real life applications.
- Another discussion on dedicated capacity reviews the key roles needed for day-to-day work of the collaborative (although these may not all be needed for the Integrated Hub, they are worth considering). Again, on-the-ground examples of staffing models are illustrative.

Liz Weaver’s work on “[Governance and Collective Impact](#)” considers six elements of structure that are key for collective work (like that of the Integrated Hub), including advice on Terms of Reference, MOUs, and shared values and definitions.

Information Management

The Ontario Centre of Excellence for Child and Youth Mental Health features [a high-level overview of risk management](#), specifically for this type of service delivery. It reviews the stages of risk management, with key steps (including ranking likelihood and impact) and activities for doing a risk assessment.

The province’s [Information Sharing Strategy](#) page includes [a comprehensive set of resources](#) on information sharing (including several 1-page overviews, tip sheets and fact sheets). Specifically, [information sharing decision trees](#) may be illustrative. The website also features [online courses](#) for members of the public, to learn about information sharing generally, under the Children First Act, and as an applied practice. There are also links to the following relevant legislation:

- [Personal Information and Privacy Act \(PIPA\)](#)
- [Freedom of Information and Protection of Privacy \(FOIP\)](#)
- [Health Information Act](#)

The Alberta Medical Association’s article on “[What you need to know about privacy agreements](#)” features several tools, information sharing agreement templates, and frequently asked questions.

Ongoing Monitoring, Adaptation and Improvement

This World Health Organization publication on operations at health care centres features a great primer on [Quality Improvement](#), with clear key steps, ways to build organizational culture for quality improvement, and implementation guidelines. (While this text is focused on service delivery in HIV care systems, it is largely transferable.)

Sean Stannard-Stockton’s brief overview at the Stanford Social Innovation Review - “[Getting Results: Outputs, Outcomes and Impact](#)” – reviews key definitions and differentiates types of measurements.

Ontario’s Ministry of Children and Youth Services gives [an overview of Service and Outcomes Indicators](#), including principles for selecting indicators, which may be a helpful guide in selecting outcomes for this question. Examples are also provided. Similarly, this dashboard provides [extensive example from a New Zealand Youth Mental Health project](#) with specified outcomes.

Youth Friendly Space

Walking the Talk provides a great [overview of creating youth-friendly spaces](#), including questions to consider, an example of a safer spaces policy, and key principles in developing youth-friendly spaces.

Healthy Teen Network’s “[Characteristics of Youth-Friendly Health Care Services](#)” includes lists of the features of youth-friendly providers, and of youth-friendly health facilities.

Appendix D: Capacity & Readiness Panel Review Criteria

All Capacity & Readiness applications must meet the three mandatory components in Section A to move forward for further review. In Sections B-C, the reviewers will assign numeric scores from 0-8 in the key areas. These scores will be weighted and averaged across reviewers, and applications will be ranked by score.

Section A: Mandatory Components			
1.	The organization is applying to be the lead of the Integrated Hub	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	The organization has demonstrated that they will work towards integrative mental health service delivery with other existing community services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	The services offered will be available to youth age 11-24	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ If 'No' is selected for one or more of the mandatory components, the application is ineligible			
➤ If 'Yes' is selected for all three mandatory components, the application review will continue to the Sections below			

Section B: Fit			
Criteria	Weight	Score	
1.	The applicant demonstrates a need in their community	1	/8
2.	The applicant has a vision for the Integrated Hub that can address this need	1	/8
3.	The applicant has pre-existing relationships with partnering organizations and their written response indicates an ability to utilize these relationships in the Integrated Hub	1	/8
4.	The applicant appears to have the capacity to bring together services that already exist in the community	1	/8
5.	The applicant demonstrates alignment with core values	1	/8
6.	The applicant has identified gaps in capacity and the support they will need to fill gaps	1	/8
Overall Section B Score			/48

Section C: Capacity and Readiness			
Criteria	Weight	Score	
1.	Need and vision	1	/8
2.	Partners	1	/8
3.	Services	1	/8
4.	Core values	1	/8
5.	Readiness	2	/16
Overall Section C Score			/48

Outcome of Review	
Section B & C: Combined Score	/96
A score of 72/96 is the minimum requirement to be considered for an application to move forward to the full review panel. Applications will be ranked based on a combination of score, written reviewer feedback, and review panel discussion.	

Appendix E: Plan & Prepare Review Criteria

All Plan & Prepare applications must meet two mandatory components in Section A to move forward for further review. In Sections B-C, the reviewers will assign numeric scores from 0-8 in the key areas. These scores will be weighted and averaged across reviewers, and applications will be ranked by score.

Section A: Mandatory Components

1. The lead agency has demonstrated that they will work towards integrative mental health service delivery in partnership with other existing community services. ☐ Yes ☐ No

2. The services offered will be available to youth age 11-24 ☐ Yes ☐ No

➤ If 'No' is selected for one or more of the mandatory components, the application is ineligible

➤ If 'Yes' is selected for all mandatory components, the review will continue below

Section B: Feasibility of Plan & Prepare

Criteria	Weight	Score
1. The guiding principles of accessibility, youth engagement and safety are represented throughout responses.	1	/8
2. Services and planned approach align with the project. The 5 critical elements of care (client-centred, community-based, primary care, stepped-care, and transition-focused) are captured.	1	/8
3. The application proves that the Integrated Hub is a collaborative approach and it is evident that all partners have played a role in the development of the Plan & Prepare application.	1	/8
4. Governance and management arrangement of the Integrated Hub aligns with practice needs and is representative of the confirmed partners to develop, implement, and operate the Hub.	1	/8
5. There is a plan in development to work with PolicyWise to build capacity to maintain evaluation practices and incorporate existing measurement tools.	1	/8
Overall Section A Score		/40

Section C: Overall Cohesiveness

Criteria	Weight	Score
1. Foundation	1	/8
2. Governance and Management	1	/8
3. Ongoing Monitoring, Adaptation and Improvement	1	/8
4. Resources and Space	1	/8
5. Next Steps	1	/8
Overall Section B Score		/40

Outcome of Review

Combined Score **/80**

A score of 60/80 is the minimum requirement for an application to move forward to the full review panel. Applications will be ranked based on a combination of score, written reviewer feedback, and review panel discussion.