

Hitchman, Harry J HLTH:EX

From: Boland, Blair HLTH:EX
Sent: Wednesday, October 29, 2014 10:52 AM
To: Hitchman, Harry J HLTH:EX
Subject: FW: SAMI Funding (VCHA)
Attachments: 1022345 VCHA SAMI Matching Funds v2 Oct 20(14) - SIGNED.PDF

fyi

From: Cross, Gordon HLTH:EX
Sent: Tuesday, October 28, 2014 12:01 PM
To: XT:HLTH Ackenhusen, Mary
Cc: Sidhu, Manjit HLTH:EX; XT:Copping, Glen HLTH:IN; Hughes, Doug J HLTH:EX; Armitage, Mark W HLTH:EX
Subject: SAMI Funding

On behalf of Manjit Sidhu, Assistant Deputy Minister, Finance and Corporate Services, Ministry of Health, I am forwarding a PDF copy of the approval letter in response to Vancouver Coastal Health Authority's business plan for strengthening services for individuals with severe addictions and mental illness (SAMI) and request for matching funding.

A hard copy of this letter will be forwarded to the CEO only.

If you have any questions concerning this, please do not hesitate to contact me.

Best regards,

Gordon Cross
Executive Director
Regional Grants & Decision Support
Ministry of Health
(250) 952-1120
gordon.cross@gov.bc.ca

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1022345

October 27, 2014

Ms. Mary Ackenhuse
President and Chief Executive Officer
Vancouver Coastal Health Authority
11th Floor 601 W Broadway
Vancouver BC V5Z 4C2

Dear Ms. Ackenhuse:

I am writing in response to Vancouver Coastal Health Authority's (VCHA) business plan for strengthening services for individuals with severe addictions and mental illness (SAMI) and request for matching funding.

As you are aware, \$2.0 million in base operating funding was provided to VCHA in 2014/15 to be used to strengthen approved services for the SAMI population in your region as part of a provincial approach coordinated through the Ministry of Health (the Ministry) and the Provincial Health Services Authority. This funding was frozen pending submission of proposals/business plans and subsequent approval by the Ministry.

s.17

Yours truly,

Manjit Sidhu, CA
Assistant Deputy Minister
Finance and Corporate Services

pc: Mr. Glen Copping, Chief Financial Officer, VCHA
Mr. Doug Hughes, Assistant Deputy Minister, Health Services Policy
and Quality Assurance Division
Mr. Gordon Cross, Executive Director, Regional Grants and Decision Support
Mr. Mark Armitage, Executive Director, Integrated Primary and Community Care

Hitchman, Harry J HLTH:EX

From: Boland, Blair HLTH:EX
Sent: Wednesday, October 29, 2014 10:51 AM
To: Hitchman, Harry J HLTH:EX
Subject: FW: SAMI Funding (PHC's Inner City Youth group home)
Attachments: 1022345 PHSA SAMI Group Home Funds v2 Oct 20(14) - SIGNED.PDF

Fyi...

From: Wong, Wilfred [<mailto:wwong4@phsa.ca>]
Sent: Wednesday, October 29, 2014 10:44 AM
To: Boland, Blair HLTH:EX
Subject: RE: SAMI Funding

Thanks Blair.

I have just advised Ron.

Wilf

From: Boland, Blair HLTH:EX [<mailto:Blair.Boland@gov.bc.ca>]
Sent: Tuesday, October 28, 2014 4:46 PM
To: Wong, Wilfred
Subject: FW: SAMI Funding

FYI...in case Tom hasn't passed this along. Thanks for your patience.

Blair

From: Cross, Gordon HLTH:EX
Sent: Tuesday, October 28, 2014 2:41 PM
To: XT:Roy, Carl EHS:IN
Cc: Sidhu, Manjit HLTH:EX; XT:HLTH Chan, Thomas; Hughes, Doug J HLTH:EX; Armitage, Mark W HLTH:EX
Subject: SAMI Funding

On behalf of Manjit Sidhu, Assistant Deputy Minister, Finance and Corporate Services, Ministry of Health, I am forwarding a PDF copy of the approval letter in response to Providence Health Care's business plan for its Inner City Youth group home and request for funding.

A hard copy of this letter will be forwarded to the CEO only.

If you have any questions concerning this, please do not hesitate to contact me.

Best regards,

Gordon Cross
Executive Director
Regional Grants & Decision Support
Ministry of Health

(250) 952-1120

gordon.cross@gov.bc.ca

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1022345

October 27, 2014

Mr. Carl Roy
President and Chief Executive Officer
Provincial Health Services Authority
700 1380 Burrard St
Vancouver BC V6X 2H3

Dear Mr. Roy:

I am writing in response to Providence Health Care's (PHC) business plan for its Inner City Youth group home and request for funding.

As you are aware, \$5.0 million in base operating funding was provided to the Provincial Health Services Authority (PHSA) in 2014/15 to support the development, implementation and continuing operations of five high-intensity group homes as described in the "Improving Health Services for Individuals with Severe Addiction and Mental Illness" report. This funding, in support of both youth and adult group homes, was frozen pending submission of proposals/business plans and subsequent approval by the Ministry of Health.

s.17

Yours truly,

Manjit Sidhu, CA
Assistant Deputy Minister
Finance and Corporate Services

Ministry of Health

Office of the Assistant Deputy Minister
Finance and Corporate Services

PO Box 9647 Stn Prov Govt
Victoria BC V8W 9P4

Facsimile: 250 952-1573

pc: Mr. Thomas Chan, Chief Financial Officer, PHSA
Mr. Doug Hughes, Assistant Deputy Minister, Health Services Policy
and Quality Assurance Division
Mr. Gordon Cross, Executive Director, Regional Grants and Decision Support
Mr. Mark Armitage, Executive Director, Integrated Primary and Community Care

Hitchman, Harry J HLTH:EX

From: Boland, Blair HLTH:EX
Sent: Wednesday, August 20, 2014 9:22 AM
To: Hitchman, Harry J HLTH:EX
Subject: FW: Worthington (VCHA/PHC Inner City Youth group home)
Attachments: MoC July 18, 2014.docx; Matched Funds Template for SAMI- ICY Group Home- rev.xls

fyi

From: Wong, Wilfred [mailto:wwong4@phsa.ca]
Sent: Wednesday, August 20, 2014 8:40 AM
To: Boland, Blair HLTH:EX
Subject: FW: Worthington

Hi Blair,

Please see the response from Ron. I will call you later to discuss. Thanks.

Wilf

From: [VCH] Van Halen, Ron [VC]
Sent: Tuesday, August 19, 2014 5:18 PM
To: Wong, Wilfred; Bradshaw, Denise
Subject: RE: Worthington

Hi Wilf and Denise. I'll respond to the questions noted.

s.17

From: Wong, Wilfred [<mailto:wwong4@phsa.ca>]
Sent: Tuesday, August 19, 2014 3:49 PM
To: Van Halen, Ron [VC]
Cc: [PHSA] Bradshaw, Denise
Subject: FW: Worthington

Hi Ron,

Please see the info request below. Thanks.

Wilf

From: Wong, Wilfred
Sent: Monday, August 18, 2014 1:44 PM
To: Bradshaw, Denise
Subject: RE: Worthington

Hi Denise,

s.17

s.17

Thanks.

Wilf

From: Bradshaw, Denise
Sent: Friday, August 15, 2014 3:11 PM
To: Wong, Wilfred
Subject: FW: Worthington

Hello Wilf.

I am not sure if you received this from me yesterday. It popped back to me as undeliverable so I want to make sure.

This is the information you requested from VCH – please confirm that this is everything you need to take forward to the MoH.

Thanks Wilf and have a great weekend, db

From: [VCH] Van Halen, Ron [VC]
Sent: Thursday, August 14, 2014 1:18 PM
To: Bradshaw, Denise
Cc: Reid, Jessie
Subject: RE: Worthington

s.17

From: Bradshaw, Denise [<mailto:DBradshaw2@cw.bc.ca>]
Sent: Thursday, August 14, 2014 11:02 AM
To: Van Halen, Ron [VC]
Cc: [PHSA] Reid, Jessie
Subject: Fwd: Worthington

Hi Ron.

Please send me the documents as indicated below by Wilf and I will move the request forward within PHSA and then Wilf will send to MoH.

Thanks, db

Sent from my iPad

Begin forwarded message:

From: "Wong, Wilfred" <wwong4@phsa.ca>
Date: August 14, 2014 at 10:50:20 AM PDT
To: "Bradshaw, Denise" <DBradshaw2@cw.bc.ca>
Cc: "Reid, Jessie" <JReid2@bcmhs.bc.ca>
Subject: RE: Worthington

Hi Denise,

s.17

Thanks.

Wilf

From: Bradshaw, Denise
Sent: Wednesday, August 13, 2014 6:51 PM
To: Wong, Wilfred
Cc: Reid, Jessie
Subject: Fw: Worthington

Hello Wilf.

Please see the question below from VCH Finance.

Can you please provide me with the answers to Ron's questions and I will get back to him.

Many thanks,

Denise

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: [VCH] Van Halen, Ron [VC]
Sent: Wednesday, August 13, 2014 6:12 PM
To: Bradshaw, Denise
Subject: FW: Worthington

Not Responsive

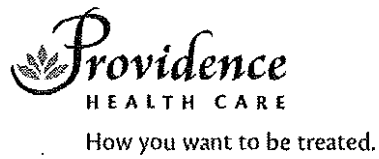
s.17

Thanks.

Ron Van Halen
Director, Financial Planning & Business Support, Vancouver
Vancouver Coastal Health
Phone (604) 714-3766
ron.vanhalen@vch.ca

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Not Responsive



Inner City Youth Program

Model of Care

July 18, 2014

TABLE OF CONTENTS

1.0 Introduction	3
2.0 Definition of Inner City Youth Population	4
3.0 Inner City Youth Philosophy	7
4.0 Program Description	9
4.1 ICY Clinic	
4.2 ICY Group Home	
4.3 Housing & Partnerships	
4.4 Research	
5.0 Programs & Services	17
6.0 Access	21
6.1 ICY Clinic	
6.2 ICY Group Home	
6.3 Housing	
7.0 Continuum of Care and Transition from ICY to Adult	27
8.0 Staffing Model	28
8.1 ICY Clinic	
8.2 ICY Group Home	
9.0 ICY Clinical Documentation	30
10.0 Academic teaching, education, advocacy	31
11.0 Program Evaluation and Quality Improvement	32
12.0 Budget	33

1.0 Introduction

The Inner City Youth (ICY) program is operated by Providence Health Care (PHC) and provides comprehensive mental health and addictions services and programming to youth and young adults (16-24) who are homeless or tenuously housed and facing mental illness and/or addiction. The goal of the program is to address three basic needs of Vancouver's street youth population: (1) healthcare; (2) shelter; and (3) social support.

The program also aims to decrease hospital emergency room visits by providing services to street-involved youth/young adults who have traditionally been hard to reach and retain in care.

The program was established in 2007 by PHC in response to a growing concern involving homeless youth and young adults with undiagnosed and/or untreated mental illness repeatedly entering health and community services in a state of chaos and crisis. A gap in services was identified and a commitment was made to effect change in the delivery of services for this population.

ICY has established partnerships with Covenant House Vancouver, the City of Vancouver, BC Housing, and Coast Mental Health to address untreated mental illness and addiction in the homeless youth/young adult population. ICY provides direct links to 80 youth designated housing units across various sites in Vancouver's inner city. Intensive Case Management (ICM) and psychosocial rehabilitation services are delivered through assertive community outreach.

Early on, ICY program was funded through time-limited grants and psychiatric sessions from Providence Health Care and Vancouver Coastal Health. In December 2012, Silver Wheaton donated \$1.6 million over three years to the ICY program. This doubled the case management capacity and allowed for the expansion of the program into the Downtown Eastside. ICY services also grew to include recreational and rehabilitation opportunities.

Recent expansion of the program includes a group home for clients needing an abstinence-based environment where more intensive clinical supports are in place. In addition, a storefront clinic is the main hub for ICY integrated services and offers a unique youth-friendly space where youth can access mental health and/or addictions treatment and primary care. All ICY services are integrated and offer continuity of care allowing clients to maintain their therapeutic alliance with ICY team members as they navigate their way towards recovery and a better quality of life.

ICY has shown it is possible to optimally support youth at risk by delivering client-centered care with a focus on housing, mental health, addiction and other key determinants of health such as education and vocational support.

This document outlines the Model of Care for the Inner City Youth Program and draws on standards and guidelines from Intensive Case Management developed by the Ministry of Health, Province of British Columbia (Ministry of Health, 2013).

2.0 Definition of Inner City Youth Population

Addressing the multiple needs of homeless or “street” youth is a growing concern in many Canadian urban ‘magnet’ cities and Vancouver is far from the exception. It is estimated there are 2,200 homeless people living in Vancouver, an increase of 235 percent since 2002. The street youth population is estimated to consist of over 700 (and growing) youth aged between 16-24 years old. Although ninety-five percent of these youth originate from within British Columbia, approximately 60% come from outside Greater Vancouver.

The great majority of street-involved youth are not homeless by choice. Rather, several common pathways to homelessness exist including “graduation” from Ministry Care, psychological determinants such as mental illness, neurocognitive deficits or substance use as well as social determinants such as poverty and lack of resources. In the vast majority of cases, it is the deterioration of a personal relationship, rather than simply economic circumstances that propel young people into homelessness.¹

Street-involved youth face substantial risks for both physical and mental health issues. These include disproportionate rates of emotional disturbances, problematic substance use, suicidal ideation and behavioural issues, plus the risk of sexually transmitted infections, HIV, and Hepatitis C.² Half of all lifetime cases of mental illness and addiction begin very early in life, typically by age 14.³ Seventy-five percent of all mental illness will present by the age of 25.

ICY’s youth present in various states of mental illness, ranging from mild or moderate to more severe and persistent symptoms. Mental health concerns include anxiety, depression, trauma, attachment issues, poor coping patterns and personality disorders, psychosis and substance use. Common neuropsychiatric issues include acquired brain injury, under-recognized learning disabilities, fetal alcohol spectrum disorders and developmental delay. Nearly half of our youth are foster care ‘graduates’ who have been effectively homeless since timing out of the system or choosing to leave their foster homes. Others are estranged from their families of origin due to behavioural and conduct disorders related to undiagnosed or untreated mental illness.

These youth also experience exposure to criminalized behaviour, wide access to street drugs, predatory adults and the risks associated with survival sex.⁴ They deal both with their own sense of vulnerability and victimization and with the fact that they are generally perceived by the public and by law enforcement as a potential threat or menace rather than as children in need of protection.⁵ Youth with severe mental illness and addiction have a lifespan that is three decades shorter than someone in the average population⁶

Typically, they are highly migratory and move through multiple tenuous housing options. Marginalization and mobility make it difficult to accurately determine their numbers, much less assess their multiple needs.⁷ As a result, they use health and social services sporadically, if at all, and tend to distrust and avoid contact with mainstream agencies.

¹ Kidd, S. 2010. Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry*; 78(2); 163-172.

² Ferguson, K.M. 2010. A comparison of addiction and transience among street youth. *Community Mental Health*; 46; 296-307.

³ Kessler R, Berglund P, Demler O, Jin R, Merikangas K, Walters E. Lifetime Prevalence and Age-of-Onset Distributions of DSM IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(5):593-602.; Wang P, Lane M, Olsson M, Pincus H, Wells K, Kessler R. Twelve-Month Use of Mental Health Services in the United States. *Arch Gen Psychiatry*. 2005;62(6):629-40. BC Centre for Excellence in Addiction and Concurrent Disorders 61.

⁴ Solorio, M.R. et al. 2008. Predictors of sexual risk behaviour among newly homeless youth: A longitudinal study. *Journal of Adolescent Health*. 42(4); 401-409.

⁵ Bender, K et al. 2007. Capacity for Survival: Exploring strengths of homeless street youth. *Child Youth Care Forum*; 36; 25-42.

⁶ Colton C, Manderscheid R. Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Diseases* 2006;3(2):1-10.

⁷ Bernstein, N. Foster, L. (2008). *Voices from the Street: A survey of homeless youth by their peers*. Los Angeles; California Research Bureau.

⁸ Kelly, K. 2007. Health and Street/Homeless Youth *Journal of Health Psychology*; 12(5); 726-736.

The literature supports the need for targeted treatment resources for this age group as a whole. Data from the 2002 Statistics Canada Canadian Community Health Survey indicates that nearly 20% of young people aged 15-25 experienced a mental disorder in the last 12 months⁹. Yet over 60% of those experiencing a mental disorder do not seek professional help. When they do seek professional help, it is typically via an acute care emergency department (ED) visit or a primary care walk-in clinic.

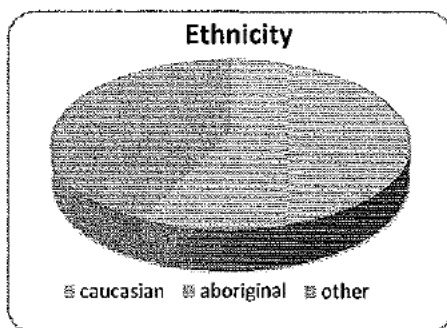
St Paul's Hospital, home of ICY, is an urban hospital located in downtown Vancouver. Across the street is a 24 hour/day youth drop-in and within a five minute walk are the city's two youth shelters. As such, the number of visits to St Paul's Hospital by youth seeking help for mental health or substance use disorders dwarfs those of other hospitals in the region. In fact, one in five visits to the St. Paul's Hospital Emergency Department for the treatment of mental health and addiction related issues are by youth/young adults under the age of 24. This equals nearly 1,800 visits annually¹⁰. For this reason alone, St Paul's Hospital refers a large volume of youth to ICY, which in turn, provides in reach to the Emergency Room and inpatient units in the hospital.

ICY statistics are consistent with existing research and demonstrate the complex needs of this vulnerable population. The measures are based on 494 youth/young adults that were assessed by program psychiatrists (March 2007 to December 2013). Please see Figure 1 on page 6.

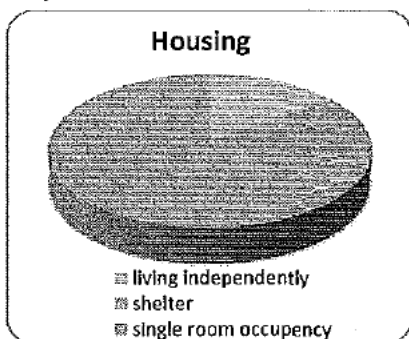
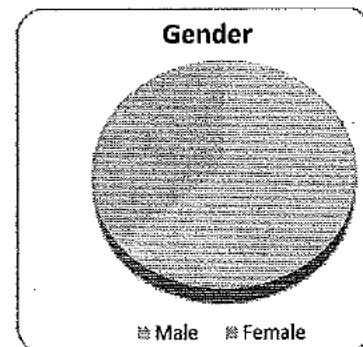
⁹ Gravel R, Beland Y. The Canadian Community Health Survey: Mental Health and Well-Being. *Can J Psychiatry*. 2005;50:10:573-9.

¹⁰ St. Paul's Hospital Data on file

Figure 1: Characteristics of ICY clients assessed between March 2007 and December 2013¹¹

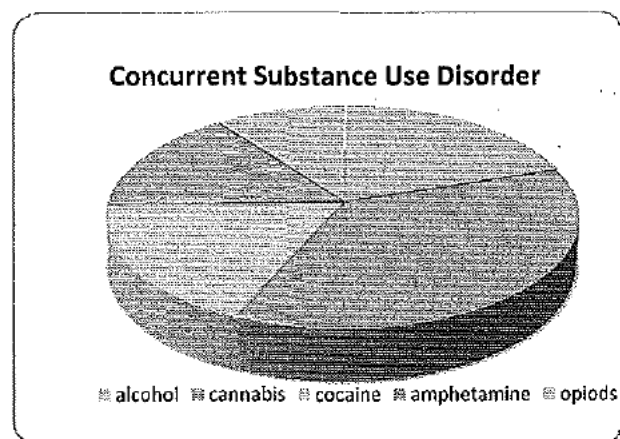
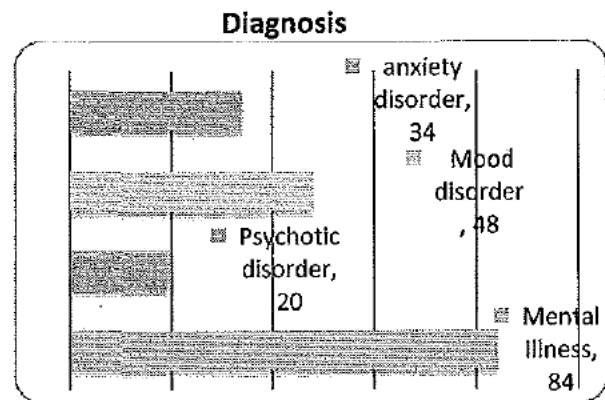


The population of youth was 64% male, primarily Caucasian (57%) or Aboriginal (21%) with an average age of 21 years.



Only 11% of youth were living independently with the majority currently living in a youth shelter (51%), single room occupancy residence (9%) or on the street/couch surfing (11%).

Of the 494 youth, 84% were diagnosed with a mental illness of which 20% were diagnosed with a psychotic disorder, 48% a mood disorder and 34% an anxiety disorder.



Of those with a diagnosed mental illness, the proportion with a concurrent substance use disorder was 25% for alcohol, 36% for cannabis, 18% for cocaine, 15% for amphetamine, and 10% for opioids. Overall, 276 (56%) of all cases were diagnosed with both a mental illness and substance use disorder

¹¹ St. Paul's Hospital Data on file.

3.0 Inner City Youth Philosophy

ICY youth/young adults present with multiple barriers to care and with relatively complex needs. As a result, ICY has evolved since its pilot years, into an inter-professional team that provides not only intensive case management but psychosocial rehabilitation.

Youth/young adults referred to the program are screened to determine whether they meet the ICY intake criteria of homeless or marginally housed youth with a substance use disorder and/or a mental illness. If the intake criteria is met, an intake interview is offered using an assertive outreach model, with a case manager traveling to meet the youth/young adult if they are unable to attend an appointment. At that time, intake information is obtained and the youth/young adult receives an explanation of the program and its various services.

Given the prevalence and acuity of mental illness and addictions in this population, it is imperative that services cater to the health care and social needs in order to prevent the shift to chronic homelessness. Thus, the services of the ICY Program matches youths' needs to a comprehensive and integrated collection of services including healthcare, shelter and social support. For instance, if the youth/young adult is homeless at intake, they are placed on a housing waitlist at that time. An assessment by a psychiatrist is completed within a targeted two-week period with schedules re-arranged to meet this timeline. ICY's experience is that the longer a youth/young adult waits, the less likely they are to appear for their assessment. Following the assessment, both case manager and psychiatrist typically communicate impressions to the youth/young adult regarding mental health and substance use concerns. If safety concerns arise, youth/young adult have been admitted to hospital on rare occasions where they are unable to be in the community. Similarly, ICY works with partners such as Covenant House to explore stabilization options, in order to increase the likelihood that the youth/young adult may be seen again and, if required, therapy may begin immediately after intake.

ICY has developed multiple best practice interventions targeting symptoms identified during the assessment. For instance, for its large Early Psychosis population, youth are typically offered depot anti-psychotic medications early in treatment, in order to maximize adherence to medications, minimize side effects and accelerate recovery. Similarly, those with self-harming behaviours, are referred internally to the Dialectical Behavioural Therapy program, supervised by an ICY psychiatrist and populated with DBT trained therapists from Covenant House and ICY. Mindfulness based cognitive therapy exists as an option for youth with mild anxiety and depression while Cognitive Behavioural Therapy and Motivational Enhanced Therapy exists for those with mood, anxiety and substance use disorders.

For youth/young adults with suspected or known neurocognitive deficits, referrals are made to the neuropsychology team at St Paul's which typically will assess a youth/young adult within six weeks of referral. This information steers clinicians not only in how they communicate with youth but also to address which services may be best for youth/young adult with intellectual disability or specific deficits. Community Living BC, the agency responsible for supporting youth with Autism Spectrum, Fetal Alcohol Spectrum and Intellectual Disability, have been engaged by ICY to support the transfer of youth/young adults to their services.

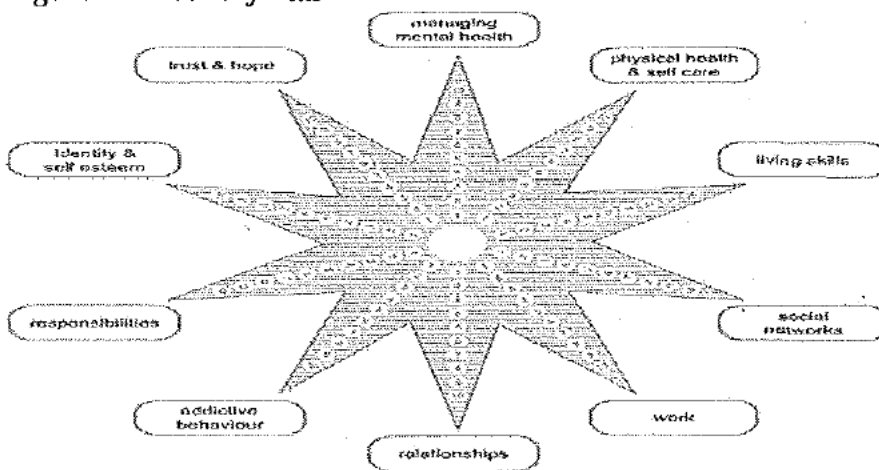
All ICY staff are trained in Aboriginal Cultural Competency as well as in Attachment Theory. Trauma informed care, given the nature of the population, is critical. These three philosophies form the foundation for how services are delivered. The fourth tenet, "Youth informed care", has

emerged as ICY has developed and, in partnership with Coast Mental Health, a Peer Buddy/Support Program and two peer support workers have been added to the team.

The psychosocial rehabilitation team, led by an occupational therapist and several rehab assistants, provide assessments of life skills and follow-up sessions and support for ICY youth/young adults. Early in its development, the team recognized that youth/young adults were struggling to live independently, and that the absence of certain life skills, such as financial literacy, personal hygiene or home disorganization often lead to loss of housing. For this reason the PSR team was developed with the dual purpose of supporting youth to maintain housing and to re-integrate in their community.

ICY's overall aim is for a holistic and recovery focused approach of youth/young adults. To complement ICY's strength based philosophy, ICY utilizes the Recovery Star as a way of gathering information about client experience and measures change over time. The Recovery Star is a standardized outcome assessment tool that clients complete with their case managers on a quarterly basis. The tool guides a process to help clients report and identify strengths and challenges in outcome areas. The information gathered can then be used to guide therapy and interventions.

Figure 2: Recovery Star



4.0 Program Description

To provide comprehensive mental health and/or addiction services in addition to healthcare, shelter and social support, ICY has four major program components:

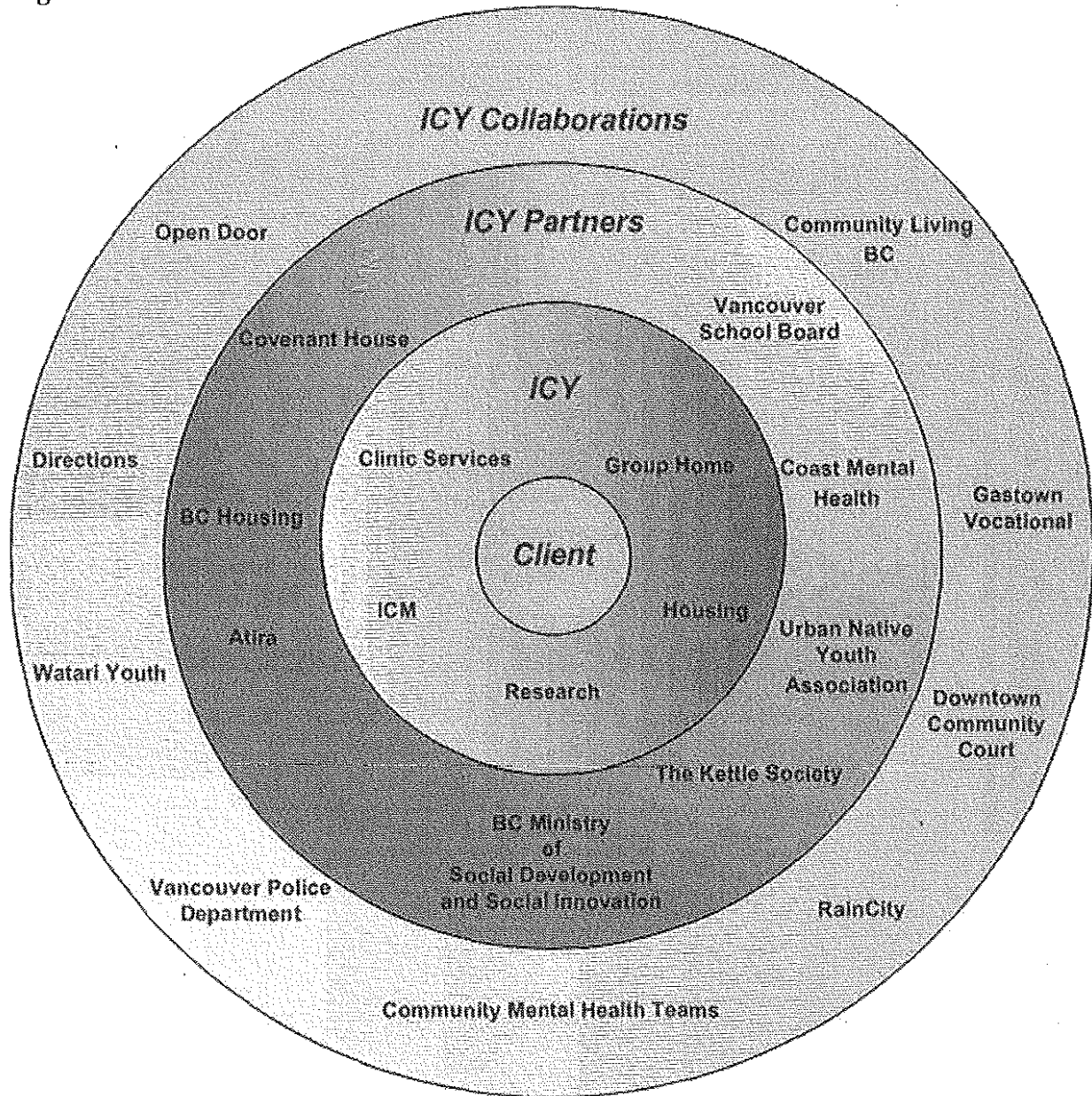
1. A clinic (opening November 2014) that is the central hub for access to specialized care for youth/young adult mental health/addiction services in Vancouver's inner city. The clinic serves as the home base for Intensive Case Management (ICM), Psychosocial Rehabilitation (PSR) and primary care services.
2. An 8 bed group home falls under the Community Care and Assisted Living Act : Residential Care Regulation and provides an abstinence-based residential resource for ICY clients who require a period of stabilization in a therapeutic recovery-based milieu.
3. A housing stream including low barrier, supported and independent housing options in partnership with several housing providers and community organizations.
4. A research node focused on the application and ongoing evaluation of best practice implementation, effectiveness of these interventions as well as the psychosocial rehabilitation and re-integration of youth into their community.

Collectively, each aspect of the program aims to:

- Improve health, social functioning and access to mental health/addiction services for youth/young adults ages 16-24 facing homelessness and/or precariously housed in Vancouver's Inner City.
- Provide youth-friendly space and environments where clients are able to access specialized care.
- Deliver ICM services that are highly integrated with community services to promote mental health and addictions recovery.
- Provide a continuum of care for youth/young adults as they transition from homelessness to supported housing
- Engage in ongoing evaluation re: client needs and clinical outcomes

Relationships with community service providers are critical in identifying and meeting the needs of this vulnerable youth/young adult population. The figure below illustrates ICY's "circle of care" and identifies key partnerships with whom Memorandums of Understandings have been developed. ICY collaborations include service providers who support ICY initiatives and specialized service delivery.

Figure 3: ICY Circle of Care



4.1 ICY Clinic Services

The 4,600 square foot clinic, located at 1260 Granville Street, is the ICY program hub and was designed with youth input. The purpose is to increase access to primary care, shared care and appropriate specialized youth/young adult mental health/addiction services in Vancouver's Inner City.

The clinic will open in the fall of 2014 and is projected to serve 1200 youth by 2016 as it builds its clientele base through social media, awareness campaigns and word of mouth. Based on the Australian *headspace* model, the philosophy of "one stop shop" in a youth friendly setting is

intended to draw youth/young adults in who would not typically be attached to a GP and would normally resort to either Emergency Rooms or Walk-in Clinics for their services.

The ICY Clinic serves as the home base for ICY case managers and clients will be able to access ICM services alongside primary, shared care also available on site. Within an ICM model, case managers are responsible for providing direct services for clients through linkage and coordination of services.

Services available in addition to ICM include:

- Psychiatric care
- Primary Care
- Housing Continuum
- Psychosocial Rehabilitation
- Mindfulness Based Cognitive Therapy
- Photography Group
- Contingency Management Program
- Dialectical Behaviour Therapy
- Peer Support
- Peer Buddy
- Lesbian Gay Bisexual Queer Group
- Individual Treatment

See 5.0 Programs and Services and 6.0 for Access details.

The clinic is also host to core psychosocial rehabilitation programs including group therapy room, and if funding allows a study and research room, and a therapy kitchen.

The hours of operation for clients are Monday to Friday 10am-7pm (subject to change) and Saturday 10-2pm.

4.2 ICY Group Home

The ICY Group home is a tier 4 facility which provides an abstinence-based resource for ICY clients who require a period of stabilization in a therapeutic recovery-based milieu. While staying in the group home, clients continue to receive Intensive Case Management and access the services and activities offered by the psychosocial rehabilitation team. ICY team members are directly involved in facilitating group home admissions and transfers back into the community. They provide in reach services to the group home site and offer clinical expertise in helping manage physical and psychiatric client needs.

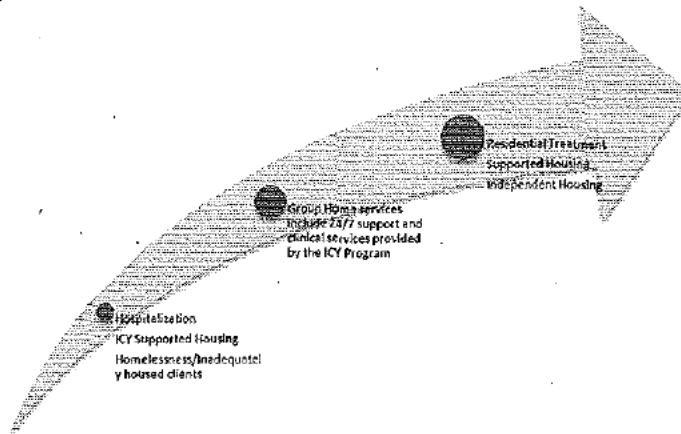
The Group home serves as a point of transition for the program, supporting various populations:

- Hospital Step Down: one of the eight beds is earmarked for hospital step down for clients no longer needing an inpatient stay but requiring nursing and care not available in the community e.g., ALC patients, patients that require clozapine starts.
- Community step up: beds are reserved for more intensive supports for clients that require stabilization, diagnostic clarification and can be safely treated in a group home/community setting, avoiding a hospitalization.
- Addiction treatment/ housing: youth waitlisted for addiction services find a safe abstinent environment while transitioning from their low barrier housing
- Mental Health housing: youth waitlisted for mental health housing and at risk of substance use or victimization in the community can be further stabilized in the home.
- Independent living: Youth in transition to independent living may require intensive life skills instruction for a 3 month period.

Priority populations include those whose psychiatric stability or safety is compromised if housed in the community. Waitlisted clients will be triaged based on length of time on waitlist and risk assessments completed by the ICM team.

Figure 4 below describes the flow through the ICY Group Home. All clients continue to receive support from both Intensive Case Management and Psychosocial Rehabilitation services as they flow in and out of the Group Home. During their stay, clients have access to intensive supports and help them acquire the life skills necessary to prepare them for the next step in their recovery. The ICY team will continue to offer clinical services until they are discharged from the ICY Program. Please refer to section 7.0 Continuum of Care and Transition from ICY to Adult for details.

Figure 4: Group Home flow



Services provided at the Group Home include:

- Pharmacotherapy and Medication management
- Physical activities such as yoga and recreation activities
- In reach by the Intensive Case Management team
- Comprehensive clinical assessments and recommendations
- Food and diet education and basic shopping and cooking skills
- Facilitate reconnection with families and communities

While at the Group Home, youth have an opportunity to continue to explore their community. For instance they are able to attend school or enter the workforce, knowing that they have a safe and supportive home during their transition. Clients continue to be fully engaged in ICY programs and activities and group home staff assist them in acquiring the skills required for successful community re-integration.

4.3 Housing and Partnerships

Unique partnerships and a shared commitment to provide integrated services for homeless youth/young adults with mental health and addictions have significantly reduced fractured care for this vulnerable population. With support from Covenant House Vancouver, BC Housing, Atira Women's Resource Society, RainCity Housing and Support Society, and The Kettle Society, ICY has designated office spaces across five sites in Vancouver's Inner City. These offices enable ICY to engage clients in intensive case management and psychosocial rehabilitation services where they live. In turn, partners are able to consult with ICY team members regarding client care and engage in a service delivery model that is truly collaborative.

Table 1: ICY Housing and Community Partnership

Partner	Mandate	Nature of partnership
Coast Mental Health	Coast Mental Health assists people recovering from a serious mental illness. They operate in the Lower Mainland providing approximately 1200 people with supportive housing and 3500 clients living in the community with a wide variety of programs and services.	A coast employee is dedicated to support 23 ICY clients housed at St. Helen's site 14 ICY dedicated housing units at Pacific Coast Apartments
Covenant House Vancouver	Covenant House provides housing, outreach, case management and services to homeless youth ages 16 to 24.	Covenant House case managers and mental health clinicians support ICY youth in shelter or accessing CH services. Source of referrals to ICY and also provides office space for ICY clinical appointments
BC Housing	BC Housing works in partnership with the private and non-profit sectors, provincial health authorities and ministries, other levels of government and community groups to develop a range of housing options for British Columbians in greatest need of affordable housing.	Allows for ICY to manage waitlists for youth designated housing units across 5 supported housing buildings (see below) and 10 independent housing subsidies
The Kettle Society	Supports people living with mental illness to lead healthier lives by providing housing, employment, advocacy and support services.	20 ICY designated housing units at The Kettle on Burrard Kettle employer is dedicated to support 20 ICY clients housed on site.
RainCity Housing and Support Society	RainCity delivers progressive housing and support solutions for people living with mental illness, addictions and other challenges.	19 ICY designated housing units at Margherite Ford Apartments ICY office on site.
Atira Women's Resource Society	Atira is a community-based organization that supports all women, and their children, who are experiencing the impact of violence committed against them and/or their children.	Provides tenancy and property management for 23 units at St. Helens housing site and Imouto building. ICM support to 14 SRO units at Imouto ICY office on site.

Key Government, Education & Community partnerships

The following partnerships are unique initiatives that further enhance the quality of care for ICY clients.

- The partnership with the **Ministry of Social Development Social Innovation** significantly improves access to Income Assistance services for ICY clients. A MSD Integration and Outreach worker provides office hours at several ICY supported housing sites. Drop-in and appointment based services are available for ICY clients.
- In 2012, the **Vancouver School Board (VSB)** funded a part-time teacher to support ICY clients re-engage in their education. The teacher provides evening drop-in classes on an outreach basis at ICY affiliated housing sites. By providing educational services where clients live, 20 ICY clients have enrolled during the 2013-2014 school calendar year.
- In a partnership with the **Urban Native Youth Association**, the ICY Aboriginal Nurse Practitioner provides primary care services at the UNYA site located at Commercial and Hastings. The aim is to provide specialized ICY services alongside UNYA community services to enhance early intervention efforts for the native youth population.

Partnership Collaboration

Maintaining regular communication between all parties involved in client care is critical for providing effective coordination of services:

- ICY case managers chair interagency client rounds across all housing sites on a bi weekly basis. This provides an opportunity for all service providers to share their observations regarding client progress, identify concerns as they arise and provide input for ICY care plans. This ongoing communication also ensures continuity of care and promotes intersectoral collaboration
- Program Managers meet on a monthly basis to review operations and complex clinical issues
- ICY hosts a monthly meeting to provide an opportunity for community partners to collectively share updates on programs and services

4.4 Research

ICY is a research node under the UBC Institute of Mental Health. This node is focused on research that will facilitate the psychosocial rehabilitation and re-integration of youth into their community.

Current research includes:

- The Hotel Study (Principal Investigator: Dr. W. Honer)- a study of a previously homeless youth cohort, examining psychological and ecological factors in this population, including brain imaging.
- Collaboration Study (PI: Elizabeth Sawyer, Steve Mathias)- a Qualitative Analysis of four organizations, including ICY, which partnered to support homeless youth with mental illness and the components that were critical to the success of the partnership
- Intensive Case Management Evaluation (PI: Chris Richardson, Steve Mathias)- an evaluation of the implementation of the provincial Intensive Case Management standards by ICY
- Youth Homelessness Policy (PI: Chris Richardson, Steve Mathias)- a look at the pathways to youth homelessness, their trajectories, the community programs developed to support the homeless and their incorporation of Best Practice into their services.
- Narcan use by Inner City Youth (PI: Jane Buxton)- a qualitative evaluation of the experience of youth trained in the administration of Narcan/Naltrexone
- Technology Utilization Survey (PI: Chris Richardson) - a survey of ICY youth to report on their utilization of technology and opportunity to expand interventions.
- ICY Descriptor (PI: Chris Richardson)- a summary of the first 5 years of the ICY program including demographics and mental health presentations
- EPI algorithm implementation (PI: Ron Davies, Steve Mathias) – a study examining the implementation of EPI guidelines in a general hospital setting and the lessons learned
- Depot effectiveness study (PI: Steve Mathias, Ron Davies)- a retrospective study examining outcomes of youth initiated on depot paliperidone and aripiprazole.
- Independent Living Scale Analysis (PI: Jeff Masse)- a retrospective look at a compilation of ILS scores in a homeless youth population

5.0 Programs & Services

Intensive Case Management

ICM is a form of case management that meets the needs of the clients with moderate to severe substance use problems, concurrent disorders and/or mental health illness, and is part of the spectrum of community-based case management services. ICM services may be provided to a broad range of individuals who are in need of more intensive services than standard office-based case management but do not meet the criteria for Assertive Community Treatment services. ICM clients may be persons with high health needs and low levels of health system access. Such individuals may actually be low users of services but have serious health and social needs and therefore ICM can be a strategy to engage individuals in needed services.¹² The criteria for clients meeting ICM standards was developed by a Ministry of Health working group and is summarized below.

Table 2: Criteria for Clients Meeting Intensive Case Management Standards

Element	Intensive Case Management
Primary Diagnosis	Severe substance use dependency with or without Psychosis, Severe Anxiety or Depression, PD, FASD/PDD, Mood Disorders
Functioning/Severity	Moderate/Severe
ED Days	moderate to significant; more ED and withdrawal management days.
Housing	Homeless Inadequate income to access housing Challenges in accessing housing Supports required Private accommodations with rent subsidy
Hours	Extended Hours/weekends
Team v Individual Case Management	Primary worker, Integrated, interdisciplinary team
Client to staff ratio	16-20:1
*Direct vs. Brokerage	Direct and Brokerage

**Direct Case management is the coordination of services for clients by allocating a professional to be responsible for the assessment of need and implementation of care plans. Brokerage professionals arranged for the provisions of services, without the need for direct client care or contact (i.e. a referral to service).*

¹² Intensive Case Management Standards and Guidelines (Ministry of Health, 2013, p 10).

ICM services are integrated across all components of the ICY program. Using an attachment-informed and assertive outreach model, case managers connect with clients regularly to promote engagement in services and treatment. To ensure that clients receive specialized care based on their treatment needs, ICY Intensive Case Management team is comprised of six Masters Level Social Workers and four Registered Nurses and Registered Psychiatric Nurses. For example, a client with more complex medication management will be assigned a case manager with a nursing background. Similarly, a client presenting with more complex psychosocial issues will be connected with a case manager trained in the social work discipline. All case managers work collaboratively with clients to determine their needs, develop care plans and link them with the ICY and community services to support their treatment and recovery goals.

Following the ICM model of care, ICY offers direct links to a variety of specialized services that are offered at the ICY Clinic, ICY Group Home, and ICY partner sites across Vancouver's Inner City. These include:

Psychiatric Services

Program psychiatrists are fully integrated in the ICM service delivery model. Along with providing comprehensive psychiatric assessments, consultation, therapy, and follow-up, psychiatrists facilitate groups across several housing and community sites. The team of psychiatrists (seven, providing 2.5 FTE) have in depth knowledge of mental health and addictions; attachment training; dialectical behavior therapy; motivational theory; and cognitive-behaviour therapy. A nurse practitioner with specialized training in mental health and addiction is also a core member of the clinical psychiatric team.

Primary Care

In partnership with the St Paul's Hospital Department of Family Practice, family physicians specializing in youth health provide primary care on a drop-in and appointment basis at the ICY Clinic. This service operates as a shared care model and family physicians have direct access to psychiatric consultation and mental health resources delivered by ICY team members. ICY Nurse Practitioners and Registered Nurses also provide primary care services on an outreach basis as appropriate.

The following services are available for ICY clients and require referral from ICY case manager or ICY psychiatrist/nurse practitioner:

Housing Continuum

ICY is the gatekeeper for over 80 low-barrier housing sites in Vancouver's inner city and 10 market rent subsidies across the Vancouver Region. By collaborating with housing providers many youth are successfully engaged in treatment and achieved stability in mental health/addiction and housing. ICY team members provide psychiatric outreach and psychosocial rehabilitation services across all housing sites. Clients must agree to terms of the ICY Program Agreement as well as the Residential Tenancy Act (RTA) required by the partnering housing provider.

Psychosocial Rehabilitation

The ICY Rehab Team includes an Occupational Therapist and Rehabilitation Assistants. An occupational therapist conducts functional assessments and develops rehabilitation plans to help clients regain and maintain independent living skills. Rehabilitation assistants work individually with clients and in groups to implement these rehabilitation plans. This group also links ICY clients to adult education, post-secondary education, volunteer and vocational opportunities. A recreation worker organizes and coordinates a wide range of social and recreational activities to engage clients in the community. These services are integrated with Intensive Case Management team members to support the needs of ICY clients.

Individual treatment

An experienced mental health/addictions clinician provides psychotherapy to clients on referral from a program psychiatrist or case manager. Treatment modalities can include Cognitive Behavioural treatment, Dialectical Behavioural Strategies, motivation interviewing and solution focused therapy. Assessing and adapting to the clients changing readiness and motivation to address particular mental health/substance use issues is paramount to the clinical process.

Peer Support

Peer support workers provide help and support from the perspective of people who have lived experience of mental health and/or addiction. Peer support workers are matched with ICY clients and can support them in tasks of daily living such as getting to an appointment and grocery shopping.

Mindfulness Based Cognitive Therapy (MBCT)

Mindfulness-Based Cognitive Therapy (MBCT) group is an eight-week program adapted for inner city youth with recurrent depression and/or anxiety. Mindfulness involves paying attention in a particular way, on purpose, with awareness, in the present moment and without judgment. This is an instructional and educational course to assist youth with incorporating Mindfulness into their daily life. The major goals of this program are to increase attention control, better manage stress and anxiety, become more compassionate and forgiving with oneself (and others), and generally learn how to best take care of oneself in order to assist with the prevention of depression.

Weekly 90 minute sessions involve didactic teaching and discussion around mindfulness, stress, anxiety and depression as well as guided instruction on basic mindfulness meditation practices (e.g. breathing meditation, body scan, mindfulness in everyday activities). Participants are also encouraged to participate in daily mindfulness practices during their involvement in the program.

Photography Group

Photography Group is a weekly drop-in group that aims to provide youth with opportunities to participate in a pro-social, recreational, group activity, while encouraging the use of creativity and facilitating self-expression through the medium of photography. By bringing greater awareness to the present moment and fully connecting with the visual richness of ordinary, daily experience, youth are assisted in gaining greater awareness and acceptance of how they view themselves and their surroundings. The group process also aims to foster positive social skills development for

youth within a safe group environment emphasizing respect, tolerance and understanding of one another. Outcomes of the group have included a photography exhibit and photography book, showcasing and highlighting the artistic talents of group participants. Regular group participants may also receive high school credit for their participation.

Contingency Management Program

ICY has an incentive program to help and motivate youth to meet their mental health and addiction treatment goals. Upon attaining their weekly goals, youth are rewarded through a random draw with an incentive gift card to support their living and comfort. This has taught youth how to set and complete goals. For many of the youth, they have never experienced rewards for their efforts. Youth are also able to bank their rewards to save for a larger gift card to a vendor of their choice. Weekly goal setting groups occur on a weekly basis at five ICY supported housing sites in Vancouver's Inner City.

Dialectical Behavioural Therapy

The Dialectical Behavioural Therapy program provides evidence-based psychotherapy to marginalized youth who are suicidal, self-harming or have other disorders of emotion regulation including addictions. The goals of the program are to diminish hospitalizations and improve overall function and quality of life. Youth commit to participating in both individual and group therapy for a duration of 12 months. During this time they address problem behaviours and learn to apply skills including mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness.

The DBT program is unique in that there are very few services in Canada offering this highly structured and empirically validated therapy to precariously housed youth.

Peer Buddy

This program involves three months of in-class training, a three-month work practicum and a six-month work placement. The training allows youth to utilize their lived experiences to work with other youth to increase their health, wellness, productivity, socialization and/or quality of life. The training is two days per week, usually including one day of in-class teachings on topics like boundaries, trust or communication and a team-building outing on the second day of the week. This outing may be educational (i.e. a tour of local community resources) or recreational (i.e. a trip to the aquarium or a tandem bicycle ride) and may be used as a place to discuss material learned in the classroom. Data regarding self-esteem, locus of control and anxiety is collected at pre-, post- and follow-up sessions. This information is used for funding and research purposes.

Lesbian Gay Bisexual Transgendered Queer Group

The LGBTQ group is a safe, supportive space for queer youth and their allies to meet, plan activities and participate in the queer community in a fun and friendly way. A peer support worker and case manager organize and facilitate activities for this group.

6.0 Access

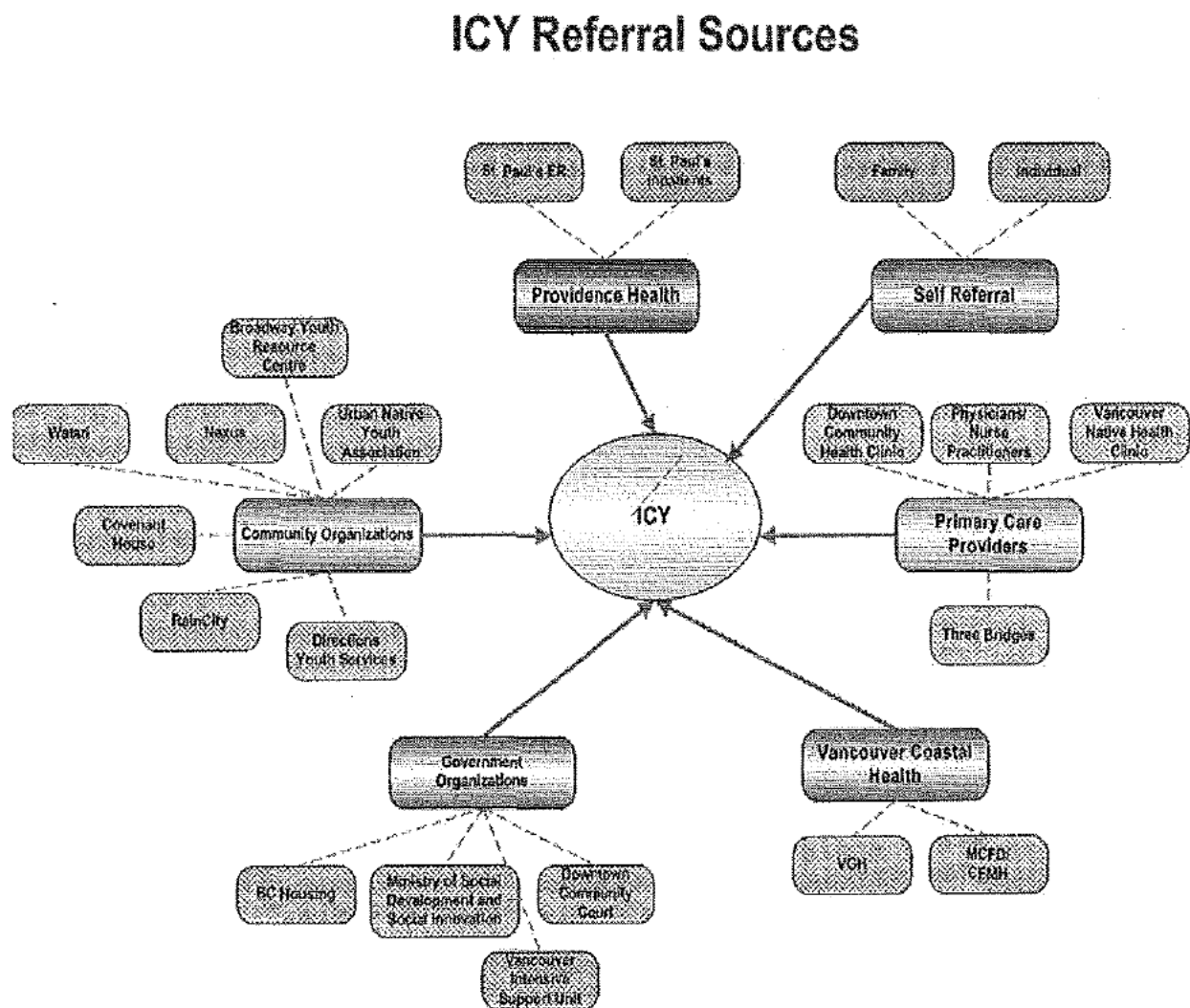
Referrals for the ICY Program are accepted from a variety of sources. Once a client is accepted, case managers refer to specialized ICY services as described above in section 5.0 Programs and Services.

6.1- ICY Clinic

Referrals

ICY maintains a low-barrier approach to accessing supports and referrals accepted from both health and community services. Self-referrals are also accepted. Referrals are centrally coordinated by and ICY intake clinician.

Figure 5: Inner City Youth Referral Sources



Intake Procedure

ICY uses the following broad criteria to determine whether referrals are appropriate:

Inclusion Criteria:

- Youth/young adult 24 years of age or younger at intake
- Homeless or precariously housed in Vancouver's Inner City
- Suffering from addiction and/or mental illness

Exclusion Criteria:

- Youth/young adult actively receiving service from a mental health/addictions teams

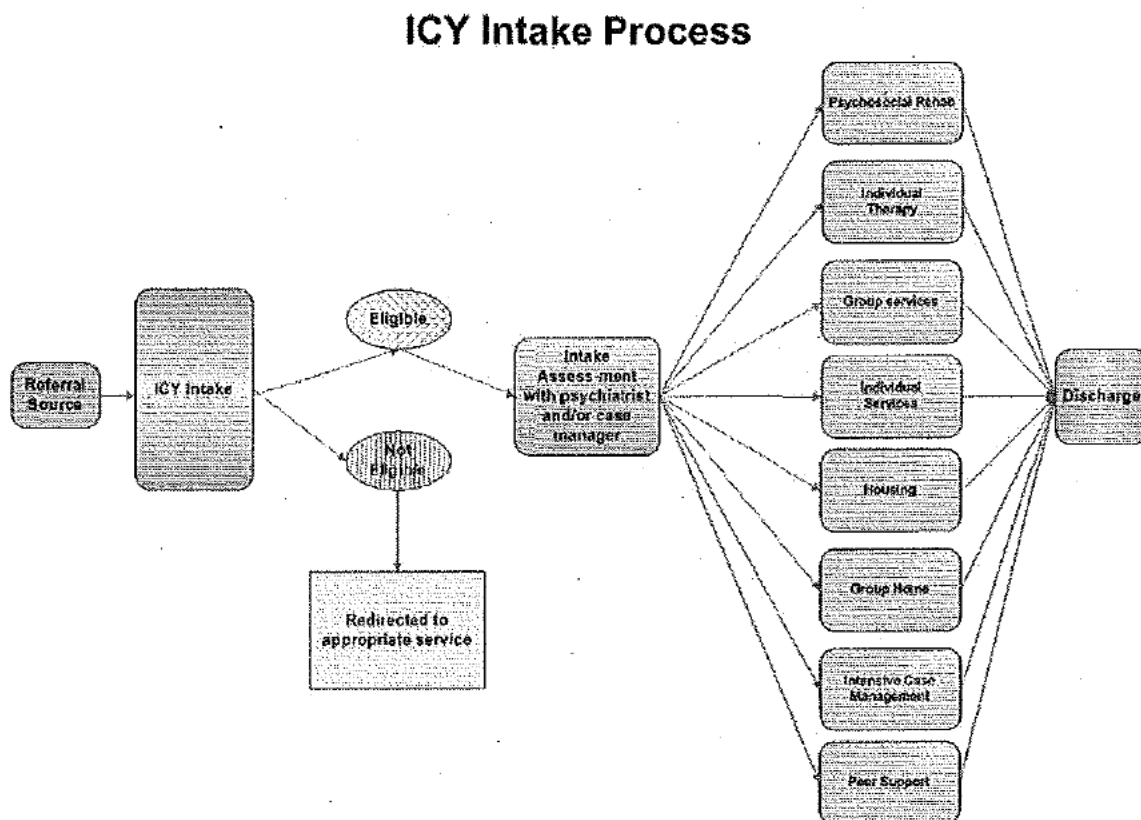
If a youth/young adult is not eligible for ICY services, the intake clinician will redirect the youth or referring agency as appropriate.

Triage Process

The intake coordinator assesses the level of acuity for referrals at intake.

- Accepted referrals presenting with a high level of acuity:
 - Intake Assessment with ICY psychiatrist or nurse practitioner is scheduled immediately. A case manager is assigned.
- Accepted referrals presenting with low-level acuity:
 - A case manager is assigned and an appointment is booked to assess client needs.
 - An intake assessment with ICY psychiatrist/nurse practitioner is scheduled once youth/young adult is engaged in services with case manager.
- Clients referred can expect contact from an ICY team member within seven- ten days of referral.

Figure 6: ICY Client Intake Flow Chart



Length of Service

Length of service varies for each client and the goal is to have healthy transitions to support the youth in their journey to recovery. ICY has resisted a cap on length of stay given a) the complexity and multiple service needs of its clients and b) the trauma incurred by youth when discharged prematurely due to arbitrarily defined age groups. Rather, ICY recognizes that there is a natural migratory pattern to its clientele, with much turnover, and that many youth require limited interventions to recover, while others require longer periods of time to reach their recovery goals or in rare cases, to be transitioned to adult services.

Discharges

- Clients have successfully reached individually established goals for discharge. Referrals can be made to less intensive service options including Adult Mental Health teams, Family Physicians, or other community/health services as appropriate
- More intensive treatment is required. A referral is made to Assertive Community Team (ACT) and ICY maintains contact until transfer is complete
- Move outside of ICY's service catchment
- Clients decline or refuse service despite team's efforts to promote engagement

Re-Admission

A formal re-referral is required if no contact has been made with the ICY team within a six month period.

6.2 ICY Group home

Referrals

Referrals are generated internally from the ICY Intensive Case Management population.

Intake Procedures

Clients are admitted to this program after a systematic, standardized assessment by ICY team members. These include:

- Comprehensive psychiatric assessments by ICY psychiatrists
- ICM case manager assessments
- Occupational Therapy Assessments

Inclusion

- Clients in the contemplation phase of change and motivated to address recommended treatment and rehabilitation. For example, a client waitlisted for treatment and housing in low barrier environment places them at risk for decompensation and relapse
- Clients contemplating treatment and requiring an abstinence based environment to support psychiatric stability. For example, a client residing in low-barrier housing who may benefit from a stay outside of the downtown core (short term relief).
- Clients requiring a period of stabilization or that may benefit from a supportive structured environment. For example, a client with significant primary health care issues that require supervised nursing care to manage needs (e.g., non-medically detoxed, fragile diabetic).

Exclusion Criteria

- ICY clients who are actively engaged in their substance use with no intent or motivation for change.

Triage Considerations

- Length of time on waitlist
- Risk assessment. For example, risk of re-hospitalization if discharged back into community housing where less intensive support is in place
- Clients waitlisted for residential treatment programs (Addictions/ Mental Health Programs)
- Group home stabilization considerations include the need to maintain a supportive environment for existing group home residents.

Length of Service

The goal of admission to the group home is to allow for a short stay stabilization period. The target average length of stay is approximately three-six months with a goal to transition clients into long term permanent housing and adult community health support services whenever possible. Twenty youth per annum are expected to use the Group Home. Please refer to 7.0 Continuum of Care and Transition from ICY to Adult.

Discharges/transfers

- Discharge and transition planning will begin on admission and include early identification of the community most suited for reintegration. Early collaboration and two-way communication with providers / services that will be assuming care of the client post discharge will be critical to facilitating smooth transition for clients and optimal utilization of group home resources. Discharge and transition plans will be focused on clients' own identified goals, designed to leverage each client's strengths, and will take into account the specific resources that may or may not be available in each destination community.
- Intensive Case Management continues to support clients as they transition in and out of the group home. This applies to both planned and unplanned discharges. In the event of an unplanned discharge, the goal is to prevent reoccurring homelessness by facilitating transition into ICY supported housing as available. The goal for planned discharges is that care can be transferred to adult community and housing services and then discharged from the ICY Program. Refer to 7.0 Continuum of Care and Transition from ICY to Adult.
- Youth requiring more acute care services, actively in their substance use or not participating in their recovery may be discharged or transferred to a more suitable environment e.g. hospital, ICY supported housing in the community, ACT team.

Re-Admission:

Re-admission is available on a case-by-case basis by Group Home team members in collaboration with the ICY Clinic team

6.3 Housing

Referrals

To be eligible for ICY housing, clients must be actively engaged in ICM services. A psychiatric assessment is also mandatory. Case managers and attending psychiatrists make direct referrals to the ICY housing waitlist. ICY team members facilitate the transition into ICY supported housing in collaboration with community partners.

Intake Procedures

Client and ICY case manager meet with housing provider for initial meeting and building orientation. Client agrees to terms of the ICY Housing Program Agreement and completes paperwork required under the Residential Tenancy Act.

Inclusion

ICY clients actively engaged in ICM and willing to participate in program and services

Exclusion

Clients with a history of violence and extensive involvement in criminal activity

Triage Process

Decisions are made collectively with ICY team members when there is a waitlist for housing:

- Length of time on waitlist
- Vulnerability/level of risk if client street/homeless
- Level of engagement in ICM
- Hospital discharge pending housing status

Discharges/transfers

Discharges from housing are tied to the Residential Tenancy Act. The housing provider maintains the responsibility of following the standards and guidelines as above. If ICY clients transfer to other ICY affiliated housing, they must provide 30 days notice.

7.0 Continuum of Care and Transition from ICY to Adult

Given the complex needs of this client population, ICY recognizes that health, shelter and social supports need to be maintained long term. Individual care plans are developed at intake and are reviewed on a regular basis until clients are transitioned to appropriate adult programs and services. Given that the majority of youth/young adults were homeless and/or inadequately housed at intake, maintaining their housing long term is essential.

ICY works with housing providers to ensure that clients remain housed once they are discharged from ICY services. In some cases, clients are able to move to adult units within the building, while others are transitioned to more appropriate housing resources in the community. While the ICY housing program is transitional, the goal is to support young/young adults in acquiring the life skills needed to live independently or with less intensive supports in place. After a period of intensive supports from the ICM and PSR teams, the intent is that ICY clients are further along in their recovery and better able to access existing adult community support services. In cases where ICY interventions have been exhausted, clients are transitioned to Assertive Community Act teams for long term intensive support services.

Figure 7: Inner City Youth Program Discharge Pathways



8.0 Staffing Model

The ICY program is comprised of an interprofessional team of experts. Although staff is assigned to either the ICY Clinic site or ICY Group Home site, the staffing model is integrated to allow team members to flex program wide. The staffing model for the group home is integrated with Coast Mental Health (MOU in development). Coast Mental Health is the primary operator of the group home. The sharing of resources across the program is to support continuity of care and enable clear lines of communication between sites.

The Mental Health Program Director oversees and provides leadership to the program.

The following staffing model provides a brief outline of ICY's operational structure. Please refer back to 5.0 Programs and Services for in-depth description of staff roles and responsibilities. Detailed FTE and budget is provided in section 11.

8.1 ICY Clinic

Intensive Case Management Team

- Psychiatry
 - Delivery of psychiatric consultations, assessments, treatment and follow-up
- Nurse Practitioners
 - Provide primary care, psychiatric assessments and follow-up
- Social Work
 - Case Coordination
 - Provides Clinical Supervision, Individual Therapy, and Case Management for Complex Cases
 - Key provider for case management including assessment and supporting client care plans
- Nursing
 - Registered Nurses and Registered Psychiatric Nurses
 - Key provider for case management including assessment and supporting client care plans
 - Deliver primary care and medication management support for clients.

Psychosocial Rehabilitation Team

- Occupational Therapist
 - Completes pre-admission assessment to identify rehab appropriate youth and to develop a psychosocial rehab program. Supervises rehab staff who coordinate meal planning, cooking groups, relevant life skills (hygiene, home environment) and other psychosocial rehabilitation activities.
- Mental Health Rehabilitation Assistant
 - Supports clients both individually and in groups
- Recreation Worker
 - Organizes social and recreational activities

- Peer Support Workers
 - Engages clients both individually and in groups to support them in meeting their recovery goals

Research and Administration

- Research assistants
 - Involved in a variety of research initiatives
- Program Assistant
 - Manages daily program administrative duties

8.2 ICY Group Home

Clinical

- Nurse
 - Case manages and provides clinical support (e.g. medication administration, vitals) for the clients
- Occupational Therapist
 - Conducts occupational therapy assessments and develops psychosocial rehabilitation care plans
- Social Work (MSW Intake)
 - Intake Coordinator
 - Facilitates the bed flow for group home; transition into housing in the community, and intake
 - Provides individual and family support and facilitates groups
- Coast MH Manager
 - Manages Daily operations at group home and hand on clinical leadership of Coast Team
- Coast MH Rehab Assistant
 - Provides housekeeping, cooking support for group home and other related house activities
- Coast Peer Support Worker/ Youth Workers
 - Engages clients both individually and in groups to support them in meeting their recovery goals
 - Manages day-to-day care needs and support group home operation

Administration

- Medical Office Assistant (Clerk V)
 - Provides administrative support for clinical staff and intake worker

9.0 ICY Clinical Documentation

The interdisciplinary team completes all necessary documentation related to the client's care. This includes intake notes, progress notes, care plans, and discharge summaries. Electronic Medical Records are kept on PARIS.

Sunrise Clinical Management (SCM)

Physicians and Nurse Practitioner chart psychiatric assessments and discharge summaries on SCM. These are available for review via Care Connect.

PARIS

Clinical documentation related to client care plans and progress (as above).

Care Connect

Online portal to clinical systems

10.0 Academic teaching, Education, and Advocacy

Academic teaching

ICY has become a highly sought after learning experience for psychiatry residents in training. The program's psychiatrists regularly provide clinical supervision for UBC Psychiatry Residents. ICY social workers and nurses also offer practicum placements for Masters in Public Health students, Community Medicine residents, Social Work and Nursing students. The team will continue to offer educational placement and rotations for residents in psychiatry and family practice, and nursing and allied health.

Education

ICY team members provide a wide range of in-service education for community and housing providers including:

- Complex Case Rounds
 - A monthly basis collaborative approach for coordination of care for clients
 - Acts as a problem/issue specific forum for all those involved in the care of the client to collaborate and strategize on next steps for care working together for a common goal and plan
 - Acts as an education forum for those involved
 - Identifies common themes and issues that affect the ICY population
- Take Home Naloxone Training
 - A group of ICY team members are trained to provide overdose prevention training and take home naloxone.
- Attachment Training
 - ICY program psychiatrist offer workshops for community partners on a yearly basis
- Harm-reduction
 - ICY nurses offer harm-reduction training to clients and community groups to promote safe substance use practices

Advocacy

ICY team members are members of the following committees and community groups:

- City of Vancouver's Mayor Task Force Workshops
- Youth Housing First Taskforce
- Imouto Advisory Committee
- Vancouver Board of Trades
- Civic Affairs Committee - Urban Study Trip

11.0 Program Evaluation and Quality Improvement

The ICY program's goal is to have a comprehensive yet manageable set of outcome, process and structural indicators that focus on key dimensions of quality including: access, effectiveness, appropriateness, and safety. As such, the program will continue to build on its well established research and program evaluation activities which currently include regular collection and monitoring of a variety of clinical and non-clinical performance measures: client GAF and SOFAS scores, hospitalizations admissions, ER visits, statistics related to housing outcomes, and client self-reported measures gathered from the Recovery Star tool. All aspects of research and evaluation will continue to conform to relevant Providence Health Care policies and procedures (e.g., patient consent to participate in surveys, research ethics, data access, collection, and storage procedures, etc.)

ICY leadership will conduct regular reviews of program data to assess for patterns and trends, identify opportunities, and where possible rapidly test and/or incorporate improvements into services.

12.0 Budget

s.21

Pages 46 through 59 redacted for the following reasons:

s. 17

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