



North **BEAT**
COLLABORATIVE

SUPPORTED BY ST. JOSEPH'S CARE GROUP
& ONTARIO TRILLIUM FOUNDATION

NorthBEAT Collaborative
2017 Inaugural Knowledge Exchange Workshop
FULL WORKSHOP REPORT

Workshop Date: November 30 and December 1, 2017

Report Date: January 23, 2018



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The NorthBEAT Collaborative is funded by the [Ontario Trillium Foundation Youth Opportunities Fund](#) and sponsored by [St. Joseph's Care Group](#).



PURPOSE OF REPORT

This report provides a detailed account of the workshop process, presentations and outcomes of each activity completed by individuals and small groups. It is organized in sections that correspond to the agenda topics.

A Workshop Overview document summarizing the key themes was also created and circulated to workshop participants and other key audience groups.

The detailed information will be used to inform future NorthBEAT Collaborative initiatives and our developmental evaluation approach. We thank all workshop participants for sharing their perspectives, concerns, questions and ideas.

NorthBEAT Collaborative Core Team

Dr. Chi Cheng, Dr. Shevaun Nadin, Carole Lem, Sheila Cook and Cheryl Beech

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EXECUTIVE SUMMARY

On November 30 and December 1, 2017, NorthBEAT held its Inaugural Knowledge Exchange Workshop at the Valhalla Inn, Thunder Bay. The workshop theme was “starring partnerships”. The main purpose was to learn from each other, share ideas and gather input. Specific objectives were to:

- Launch the new NorthBEAT Collaborative
- Gather input and feedback into major components of the initiative’s work plan
- Start improvement efforts to understand how we can cooperatively shift the system of care and support for youth who experience psychosis
- Share the governance model and support available to promote action and outcomes

Sixty-two people attended from across the North West LHIN representing the diverse sectors of: health, mental health, education, youth services, police, ambulance, policy makers, and community services.

WORKSHOP OBJECTIVES

- Launch the new NorthBEAT Collaborative
- Gather input and feedback into major components of the initiative’s work plan
- Start improvement efforts to understand how we can cooperatively shift the system of care and support for youth who experience psychosis
- Share the governance model and support available to promote action and outcomes

WORKSHOP PARTICIPANTS

The NorthBEAT Collaborative’s Core Coordinating Team, with input from several members, generated a list of organizations which are involved in providing care, support and/or services to youth with psychosis. We invited 58 organizations from across the NW LHIN who represented the diverse sectors of: health, mental health, education, youth services, police, ambulance, policy makers, community services and research. A list of invitees may be found in **APPENDIX I** (page 83).

SIGNED MEMBER AGENCIES

Below is a list of workshop participants and organizations who signed agreements at the time the funding application was granted. (As of January 11, 2017)

1. St. Joseph's Care Group (Lead Institution)
 - a. Centre for Applied Health Research (CAHR), NorthBEAT Coordinating Team
 - b. Child Adolescent Psychiatry Services
2. Invizzen Knowledge Brokers Inc (Knowledge Brokers)
3. 211 Ontario North
4. Boys & Girls Clubs of Thunder Bay
5. Children's Centre Thunder Bay
6. Dennis Franklin Cromarty High School
7. Dilico Anishinabek Family Care
8. EPION (Early Psychosis Intervention Ontario Network)
9. Northern Nishnawbe Education Council
10. P.A.C.E. – People Advocating for Change through Empowerment
11. School Mental Health ASSIST
12. Thunder Bay Catholic District School Board
13. Thunder Bay District Health Unit
14. Thunder Bay Police Services
15. Thunder Bay Regional Health Sciences Centre
 - a. Child Adolescent Mental Health Unit
 - b. Forensic and Adult Mental Health
 - c. Northwest Base Hospital Program

DAY ONE NOTES

For a full agenda, please see **APPENDIX II** (page 83).

A. **WORKSHOP WARM-UP: SURVEY**

The workshop facilitator, Sheila Cook, warmly welcomed the participants. The first activity they were invited to complete was a survey. Gathering information from the NorthBEAT Collaborative contributors is an important part of the evaluation strategy. The survey previously received approval from the Research Ethics Boards at St. Joseph's Care Group and Lakehead University. Participants were given the following instructions and reminded that participation was voluntary:

STEP 1: Find the Survey in Your Kit Folder

- 3 documents paper-clipped together

STEP 2: Read letter of invitation

- "Dear Potential Participant"
- Your participation is voluntary. If you do not wish to complete the survey, please review the materials in the folder.

STEP 3: Complete Sections 1 & 2: Knowledge about Psychosis & The NorthBEAT Collaborative

- Place in "Survey #1" envelope on table
- Time for you to do this now – 12 minutes
- Please do independently without looking anything up.

STEP 4: Complete Section 3: "Your Organization".

- Place in "Survey #2" folder on table.
- Do before end of day on Friday.
- You may consult with colleagues and look up resources (e.g. strategic plan)

Dr. Shevaun Nadin, Project Coordinator and Evaluation Specialist is currently analyzing the results of the survey.

B. WELCOMING REMARKS – DR. CHI CHENG

Dr. Chiachen (Chi) Cheng, Project Lead, offered her heartfelt gratitude to everyone from across the NW LHIN for accepting our workshop invitation. She also thanked the Southern Ontario guests for traveling to Thunder Bay. One of the long-term goals is to apply the NorthBEAT Collaborative's learnings across the Province.

In the fall of 2016, the Core Coordinating Group started to work on the funding application and reached out to many organizations over the holidays to recruit members. Submitting a thirteen-page membership agreement was a requirement of the application process. Twenty-one organizations signed-on by the application deadline. Chi thanked these organizations for taking a leap of faith and for other potential members who are committed to improving the system of care and support for youth with psychosis. We are the little Collaborative that grew. We share a desire to do the right thing and intervene to help the marginalized and vulnerable youth who need our help.

Chi shared an example of a young woman who shared her story during an interview for the original NorthBEAT research project. At age 13, she told people she trusted that she was experiencing psychosis. No one believed her. She stopped telling people, dropped out of school and lost faith in the health care system. She finally got help at 19. What if she received help at 13? What if at 19 she wasn't turned away because she was no longer eligible for adolescent services? What if family care providers didn't have to quit their jobs and could find help to care for youth with psychosis, even if they live at great distances from specialized centres?

We're here to collaborate and to make some changes. We have some big questions to answer such as: What will change? How will we improve the connections between parts of the system? How do we improve the uptake of existing resources? One strategy is to expand training opportunities. Together we'll create other strategies.

This workshop is just the start of our work together. We're interested in learning more about: Why you are here, what you want out of being here and what you want to contribute. Because of the funding we received, we don't need your money. We need your time, expertise, networks, and connections. We want to give broad access to the resources and the training that we are going to develop together.

C. FACILITATOR REMARKS & NETWORKING ACTIVITY

Sheila Cook explained that the theme of the workshop was “starring partnerships”. The funding from Ontario Trillium Foundation Youth Opportunities Fund (YOF) is to support the creation of a new Collaborative, and partnerships are the only way to improve systems of care and support. She shared the following points to help participants understand what to expect during the 2 workshop days:

- There will be many opportunities to share your ideas and feedback
- Activities are designed for you to get to know each other while doing important work and having fun
- Focus of this workshop is learning from each other + gathering input + starting to plan
- Model healthy living – check your welcome package
- Move at a good speed – keep tabs on agenda
- Respect the timeframes
- If something isn’t clear – just ask

As a way to show the broad representation of participants, the facilitator asked people to stand if they identified with any of the following geographic and sectoral categories:

- City of Thunder Bay
- District of Kenora
- District of Rainy River
- District of Thunder Bay
- Northern IDN
- Health care
- Mental health care
- Policy maker
- Youth services
- Community services
- Research
- Education
- Other

Participants were also asked to put a sticky dot on a map of NW Ontario showing where they worked. See **APPENDIX III** (page 87).

“A simple hello could lead to a million things.”

The facilitator described that one of the most important aspects of launching the NorthBEAT Collaborative was to bring people together to start the process of building the Collaborative by establishing relationships across sectors and the NW LHIN. Then the participants played a lively game of Networking Bingo as a way to meet other participants and make a personal connection to them. See **APPENDIX IV** (page 88).

D. PSYCHOSIS AND EPI BEST PRACTICES

Working in small groups, participants answered quiz questions and then Chi explained the answers. The intention of this exercise was to give important background information to participants with differing levels of knowledge and experience with psychosis and early psychosis intervention best practices.

1. What percentage of the general population experience psychosis?

- A surprising 40%

2. What do the letters DUP stand for?

- Duration of Untreated Psychosis.
- Important because there is a critical period for intervention where youth can have the best chance for improved long-term outcomes.

3. Is psychosis: a) A diagnosis? b) A symptom? C) Both?

- A medical term to describe a symptom (not a diagnosis) where a person has experiences that may be difficult to discern what is real and what is not real.

4. What is EPI short for?

- Early Psychosis Intervention

5. Highlight examples of EPI best practices:

- *Early identification*
- *Public education*
- *Family education and support*
- *Peer support*
- *Admission to in-patient unit*
- *Genetic testing*
- *Supported employment*
- *Cognitive behavioural therapy*
- *Low dose medication*
- *Case management*
- *Family therapy*
- *High dose medication*
- *Interdisciplinary team approach*

6. Marijuana use has an impact on psychosis. True or False?

- True - Research evidence shows there is an association between early moderate use and later schizophrenia

7. Psychosis and schizophrenia are the same thing. True or False?

- False. Psychosis is a symptom, schizophrenia is one of the many causes of psychosis.

8. Can sleep deprivation cause psychosis? Yes or No?

- Yes indeed it can!

9. What does the BEAT in NorthBEAT stand for?

- Barriers to Early Assessment and Treatment

E. CONTEXT IN WHICH WE'RE WORKING - FROM VARIOUS PERSPECTIVES

In advance of the workshop, participants from various sectors were asked to select a picture/image that represented the characteristics of their sector (e.g. opportunities and challenges) and give a 2-3 minute micro-presentation. Below is each image and their remarks:

1) *Community Services* –

Mandy Tait-Martens, Executive Director, PACE



Remarks:

- People Advocating for Change through Empowerment (PACE) is run by and for people with lived experience of a mental health issue or addiction issue; in a non-clinical environment. Our approach comes from the common understanding that people can and do recover with the proper supports in place, and that peer support is integral to successful recovery. Our organization works closely with local mental health system tables to bring the consumer voice to service planning, evaluation, and coordination, and provide direct informal or formal peer support and self-advocacy support to individuals.
- Challenges: stigma of peer services, always defending and undervalued, “crazy people helping crazy people.”
- Approach: What do you need instead of this is what you need to do.
- <https://www.pace-tbay.net>

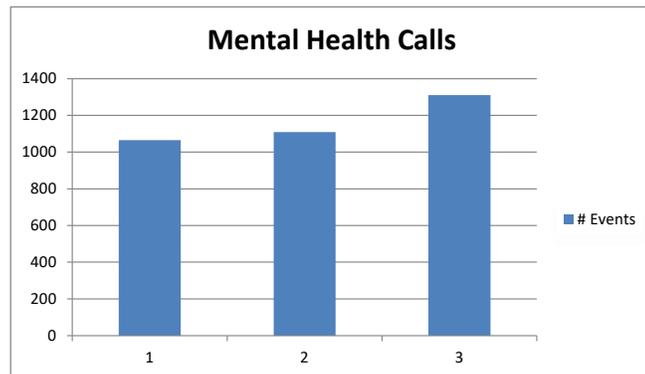
2) Police Services –

Jeremy Pearson, Constable, Critical Incident and Peer Support Coordinator, Thunder Bay Police Service

Mental Health Calls

	Event Type	Time Spent	# Events	Time Spent Hrs	Avg Hrs Spent
1	2014 MENTAL	107172	1065	1786	102
2	2015 MENTAL	105275	1109	1755	96
3	2016 MENTAL	125435	1310	2091	96

23% IN MENTAL HEALTH CALLS FROM 2014 TO 2016

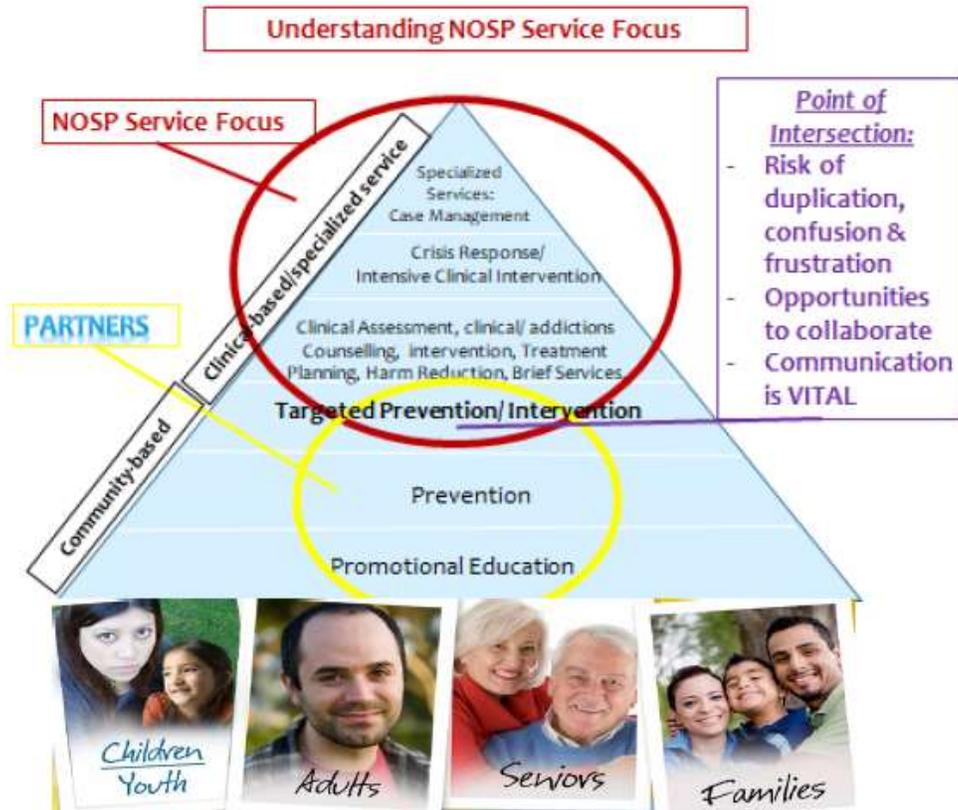


Remarks:

- The graph shows an increase in mental health calls from 2014 to 2016.
- 75% of crimes of violence involve a mental health crisis that requires police intervention.
- What if there were services that those in crisis can go to, without police intervention? Education is important so that officers can be as prepared as possible to deal with crisis situations.
- <http://www.thunderbaypolice.ca>

3) Mental Health Services –

Candace Davies, Adult Mental Health **Counsellor**/Special Project Lead, North of Superior Counselling Programs



Remarks:

- Counselors often the first call from schools, hospitals, children's aid, etc.
- A breakdown across the lifespan. Age 0-18 then into adult counseling services.
- There is a great distance between home and services in the city of Thunder Bay.
- Bridging the gap to provide services in broad geographical service areas.
- Clinical counselors for addiction and mental health.
- Bring specialized services into the District.
- Crisis response: traumatic event in the community, access services out of Thunder Bay.
- Family health teams for prevention and early intervention/education in schools and communities.
- Want to develop strong collaborations to support youth and families in the district.
- <http://www.nosp.on.ca/EN/>

4) Education –

Lori Carson, Special Education Officer and David Tranter, Mental Health Lead

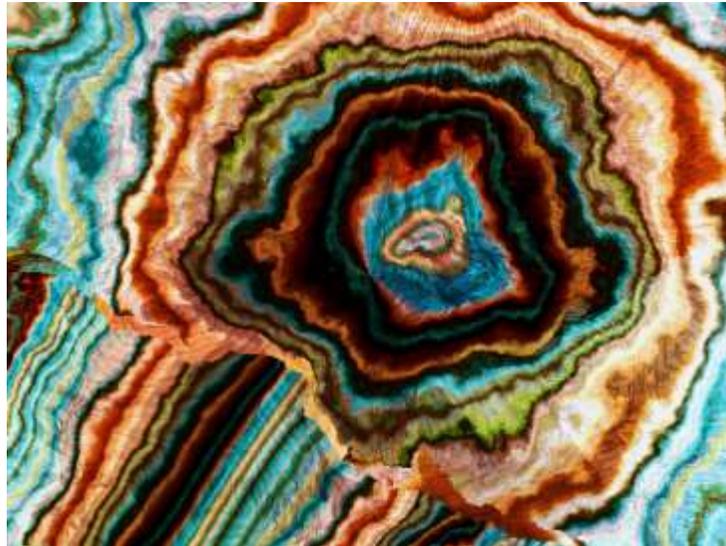


Remarks:

- Serve 8000-9000 students, ages 3 years - adult.
- Prevention and promotion tier 1-2 treatment, but tier 3 interventions need collaborative support.
- Challenges day to day in the realm of mental health.
- For every 5 of diagnosed mental illness, 1 gets help. They are all in school.
- Teachers #1 challenge is mental health in their classroom.
- High burn out (50%) of educators due to attending to the mental health concerns in the classroom.
- 50% of students miss school due to anxiety.
- Educators are not well equipped to address this area of work.
- <https://www.lakeheadschoools.ca>

5) Primary Care –

Juanita Lawson, Chief Executive Officer, NorWest Community Health Centres



Remarks:

- How do we look at youth in terms of strengths and challenges?
- *Photo: exemplifies a growing tree*
 - Provide primary care and extended health to the individual.
 - How can we wrap services around the client?
 - How can we grow the services that can help complex cases?
 - Strengths: accessible, multiple locations in different sectors, adaptability to individuals, passionate, diverse.
 - Challenges: human resources, training, navigating complex systems, pressure and multiple priorities.
- How do we keep focus on the individual and hear their perspectives?
- <http://www.norwestchc.org>

6) LHIN – Mental Health & Addiction Nurses –

Marcia Pederson and Miranda Thibeault

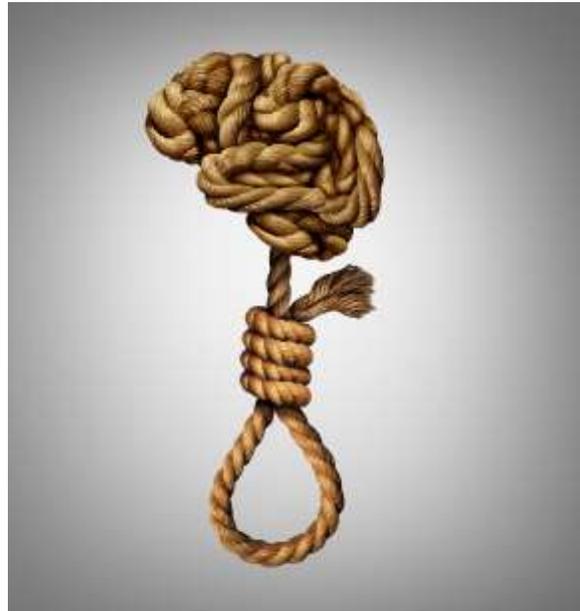


Remarks:

- 150 school nurses across the province.
- Mandate: quick service, quick connections.
- Screen for health and mental health concerns.
- Flexible, meet individual where they are at.
- Meet with educations and families.
- Connect and refer with physicians and local agencies.
- Trend that youth are not sleeping enough (worry, anxiety, social media, substance use).
- Marijuana use helps them sleep and relax.
- <http://www.mentalhealthatschool.ca/Home/About/>

7) Dilico – Cultural conceptualization challenge and services perspective

John Dixon (unable to attend in person – these are his notes)



Remarks:

- Psychosis has different meanings and outcomes in traditional indigenous cultures. It is a contested space, for it challenges a straightforward biological and/or psychological interpretation of psychosis, and addresses issues such as colonization, indigenous models and spirituality. Indigenous cultures historically may have conceptualized the symptoms as a gift and would have nurtured the person to understand the gifts and would have taught them how to use the gifts for the benefits of the community as a seer or healer.
- Trauma is another consideration for indigenous populations, cultural dislocation, intergenerational trauma; elevated rates of incarceration and suicide, high involvement in child welfare systems have all resulted in the erosion of family systems and the traditional cultural conceptualizations of illness in addition to eliminating the social support circles common in indigenous communities that historically would have supported and in some cases elevated the social standing of individuals that would in western constructs be identified as experiencing psychosis.
- Many youth experiencing first episode psychosis are alone without supports and often geographically isolated from professional care. Cultural constructs of psychosis may not be understood by western trained psychiatry and cultural isolation in health care systems further reduce opportunities for understanding psychotic symptoms through a cultural lens, in favour of medication and psychotherapy.
- Our landscape is complex and accurate effective diagnosis and management of the person experiencing psychosis is challenging due to remoteness factors and regional capacity. We are building strong clinical resources that are culturally safe, trauma informed and we use elders and ceremony to augment psychological interventions.

8) Partnerships & Collaborations –

Sheila Cook, Partnership Broker

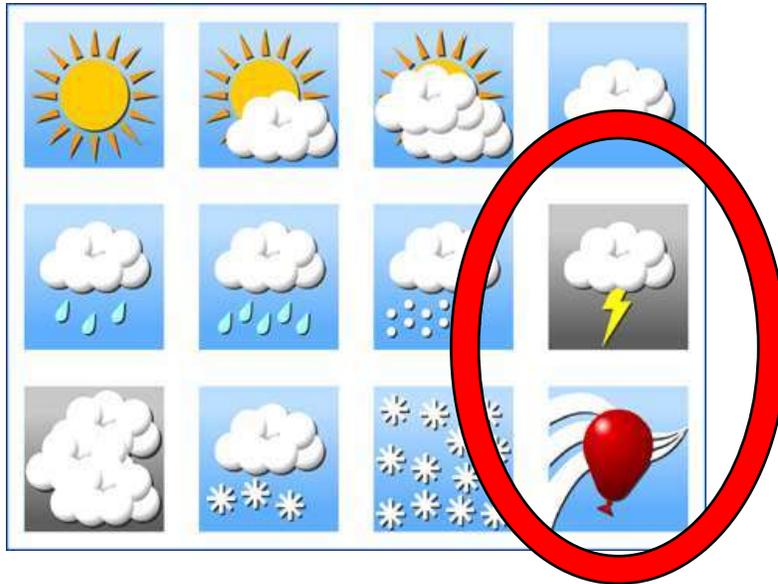


Remarks:

- This funding opportunity focuses on building and sustaining a Collaborative. We plan to contribute to a growing body of evidence related to collaborative/network best practices.
- Around the world there's a renewed sense of hope that by partnering in new ways we'll be able to solve complex, persistent challenges.
- The literature scans we conducted mention many things about what doesn't work well. The NorthBEAT Collaborative will focus on practical ideas that do work.
- <http://www.partnershipbrokers.org>

8) Family Perspective –

Sheila Cook on behalf of Family Advisory Council



Remarks:

- During the Family Advisory Council meeting, participants were asked: When you reflect on your experience, how would you describe it by using a weather system as an analogy? The two images selected were thunderstorm and blustery day.
 - Dark clouds that persist, don't know when they will lift. Once in a while have lightning bolts (crisis).
 - Gusty: help is out there, but trying to find it was hard. Not feeling grounded.

9) Youth Perspective – Quotes from Previous NorthBEAT participants

(Note: We had planned to have a Youth Advisory Council session before the workshop, but unfortunately our recruiting efforts did not identify any interested youth.)

Right Place, Right Time?

"Another thing I guess I should mention was that I probably could have used help when I was 13 years old, and it wasn't really available to me at that time just because of my age. So, maybe like if there were services that were like dedicated to helping people who are like even younger than like adolescent, then that might have helped me."

"I started experiencing it when I was like 13 but I didn't get the proper help because they kind of just brushed it off. And then it wasn't until this year that I finally, got the proper support."

Misdiagnosed

"Ah, and I checked myself in alone. I had difficulty getting myself checked in because of it being in psychosis. They made me stay overnight because there was no psychologist on board until 8:00 a.m. The issue with that was that my symptoms generally kind of went away by the time I was talking to him, so I wasn't in the same state of mind, so it was only put down as a thought disorder. And, I was told to just check up with my local doctor in 30 days. I didn't have a family doctor at the time, so I never got checked up in 30 days and I had no other symptoms at the time, so I just kind of ignored it as a one-off fluke."

Not Believed

"Well, when I turned to my doctor for help, she told my mom that I was faking it, so I wouldn't say to turn to your family physician. Umm, so I, I turned to my mom personally. And, it's pretty hard to get help, depending on how sick you are."

F. WHAT DOES THIS CONTEXT MEAN TO OUR COLLABORATIVE?

Following the micro-presentations, participants worked in their table groups to discuss and respond to the following questions:

- a) What significant challenges did you hear about?
- b) What major strengths and opportunities did you hear about?
- c) What surprised you? Good surprises and bad surprises.

[NOTE: The numbers in brackets, indicate the number of times the item was mentioned in the worksheets. Several of the points align with more than one theme area.]

a) What significant challenges did you hear about?

System Challenges

- Geography, distance to travel. (14)
- System navigation. (8)
- Volume of mental health issues. (5)
- Cultural needs/progress and absence of.
- Need to collaborate.
- Outreach.
- Lack of partnerships and communication.
- # of organizations facing complex mental health issues
- Need for education and knowledge.
- Rising pressure to meet rising demands.
- Mental health on the rise.
- Services are overwhelmed by the 'global need' (not just youth with psychosis) – lots of gaps.
- Economical/political pressure for competing priorities.
- Awareness of services.
- Specialized mental health care.
- Human resources.
- Lack of understanding with people working with youth.
- Displacement.
- Client-centred.

Access to Services

- Transitional support from 18 to adult. (11)
- Youth and peer counselors do not feel they are taken seriously – youth not believed, peers – their expertise dismissed. (10)
- Stigma. (7)
- Barriers to care. (2)
- Access/waiting lists. (2)

- Inappropriate or no follow up.
- Lack of after-hours access to services.

Youth and Family Challenges

- Youth not getting the services they need: awareness, access and capacity. (6)
- Volume of sleep issues. (5)
- Self-medicating/substance abuse problems. (6)
- Supports for families and friends. (2)
- Struggling alone.
- Peers not comfortable reaching out.
- Youth not attending school due to mental health issues.
- Safe space.

Service Provider Challenges

- High burnout rate. (7)
- Lack of skills to support mental health, especially police (4)
- Sadness re: need.
- Increase mental health calls for police.
- Human resources, staff turnover, proper training.
- Lack of mental health education.
- PACE undervalued.
- Limited mental health foundations to support children and youth.
- Lack of service providers.
- Need for staff to develop multiple skills which is hard to keep up.
- Lots of pressures to provide help.
- Need is still great.
- Challenges for education system.

b) What major strengths and opportunities did you hear about?

Collaboration and System Improvement

- Willingness to collaborate. (21)
- Flexibility. (9)
- Commitment from different perspectives to make the future different.
- Funding for a network/collaboration.
- 1st contact collaboration.
- Key themes: access, thriving for improvement of care to support youth.
- Service providers care and want to help.
- Everyone is able to identify gaps and needs, the first step to problem solving.
- Identifying the gaps (eg. Mental health lead for school board, accessibility for students)
- TBPS recognizing the need for more mental health support.

- Trying to breakdown stigma.
- Agencies want services to get better.
- Agencies are recognizing that services are needed.
- PACE. (6)
- Strengths of so many sectors involved.
- Communication between primary care.
- Amount of counseling services available for mental health and addictions.
- Shared interest/commitment.
- Strong partnerships (eg. MHA nurses for youth), person-centred/human rights based approaches, innovative approaches.
- Lots of resources but fragmented.
- Agencies are passionate and want to identify and fix gaps.
- Working at increasing knowledge within agencies.
- Many agencies face the same challenges, can learn from one another's strengths and open doors to working together.
- Police identified needs and requirements for staff.

Approaches

- Family.
- Kept trying, persevered.
- Educate.
- Multiple access to services – no door is the wrong door.
- Asking people what they need rather than telling them what to do.
- Responsive.
- Accessibility: mobile, open 7 days/week. (5)
- Client-centred. (3)
- Early intervention.
- Support in school.
- Increased awareness of mental health.
- A need: patient-centred values to empower and improve youth lives and improve service delivery.
- Passionate about helping.
- Traditional services.
- Meeting people where they are at.

c) What surprised you? Good surprises and bad surprises.

Facts and Statistics

- 50% of students miss school due to anxiety. (8)
- 50% of teachers would leave profession. (8)
- 75% of police calls are mental health. (7)

- High prevalence (40%) of psychosis. (2)
- Only 1 in 5 students get the help they need. (2)

System Challenges

- Staff burnout. (3)
- Unique challenge for each sector. (2)
- The availability of the NorWest CHC – 7 days/week. Potential to prevent ER visits.
- Police information.
- Crisis in district – NOSP.
- Thunder Bay district highly represented. Not the other areas. If Thunder Bay is lacking services and education, our smaller communities are severely lacking.
- High rate of mental health demands.
- Many similar services, but delivered in silos.
- Lack of connecting services.
- Need to build collaborative partnerships.
- Lack of services.
- PACE service is there, but kids not getting there.
- High rate of violence.
- Model of care by bringing specially trained mental health workers with them (police).
- The belief that clients get the services quickly.

Prevalence of Mental Health Issues and Stigma

- Connecting mental health to violence stigma.
- Prevalence of different mental health issues.
- High rate of self-medication.
- Level of sleep deprivation. (3)
- More young people are using marijuana to help with sleep.
- Stigma around peer support.
- Still continued stigma.
- Crazy people helping crazy people, still exists.

G. KNOWLEDGE EXCHANGE FAIR

The workshop coordinators set-up stations around the room for workshop participants to explore. Each station consisted of short background information and an interaction. The intention is to apply adult learning principles and allow participants to explore at their own pace, contribute ideas and questions, and help inform important aspects of the Collaborative's work.

i. Shared Purpose and Mutual Benefits

A key partnership principle is to create a shared purpose and identify mutual benefits.

This station asked participants to provide feedback on:

a) Draft vision statement

Our Collaborative makes it easier for Northwestern Ontario youth experiencing psychosis to get the services they need, where and when they need them.

Keeping in mind that strong vision statements paint a clear picture of the desired future, avoid jargon, and have an emotional connection (not just facts) ...

How strong is the draft vision statement? (43% of participants responded)

- Wimpy: 2 (7%)
- Firm: 17 (61%)
- Powerful: 9 (32%)

How to strengthen the draft vision?

- Knowledge: get rid of stigma-based thinking.
- Share information: timely and relevant.
- Is it just "services"? Acceptance, inclusion, dignity, care?
- What about how they are treated? Cared for, what about quality?
- Our Collaborative ensures NW Ontario youth experiencing psychosis, etc.
- "Makes easier" should be "will".

Note: The Core Coordinating Group will revise the vision statement based on the feedback.

b) Draft Values

Respect

Cooperation

Integrity

Inclusive

Innovative

Keeping in mind that values are principles that guide our interactions and how we make decisions...

Can you support the draft values? (29% responded)

- Yes: 19 (100%)
- No: 0 (0%)

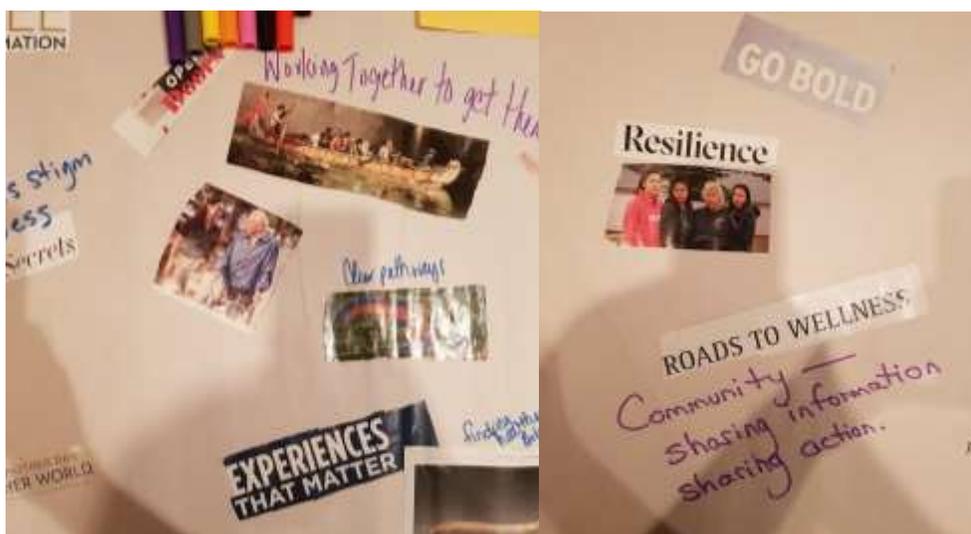
Values missing that you would like to add:

- Person-centered (3)
- Victim sensitivity
- Culturally safe (2)

Note: On Day 2, the participants crafted descriptions for each value.

c) What do the vision and values mean to you?

Participants were invited to create a collage to represent - What will be different in the system of care and support for youth with psychosis when we achieve the vision?

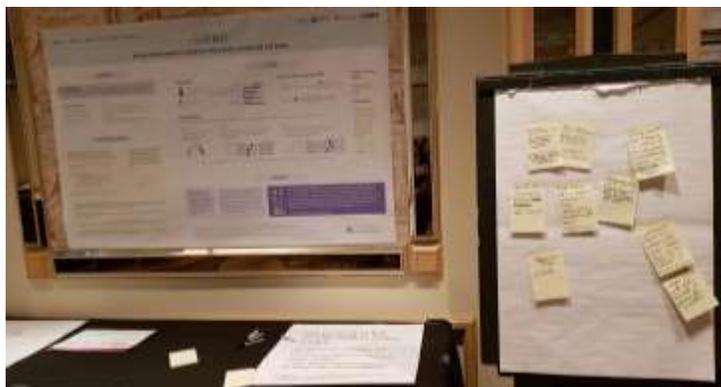


ii. History of NorthBEAT

Participants were invited to review the results section of a poster from the previous NorthBEAT research project ([link](#)) and respond to these questions:

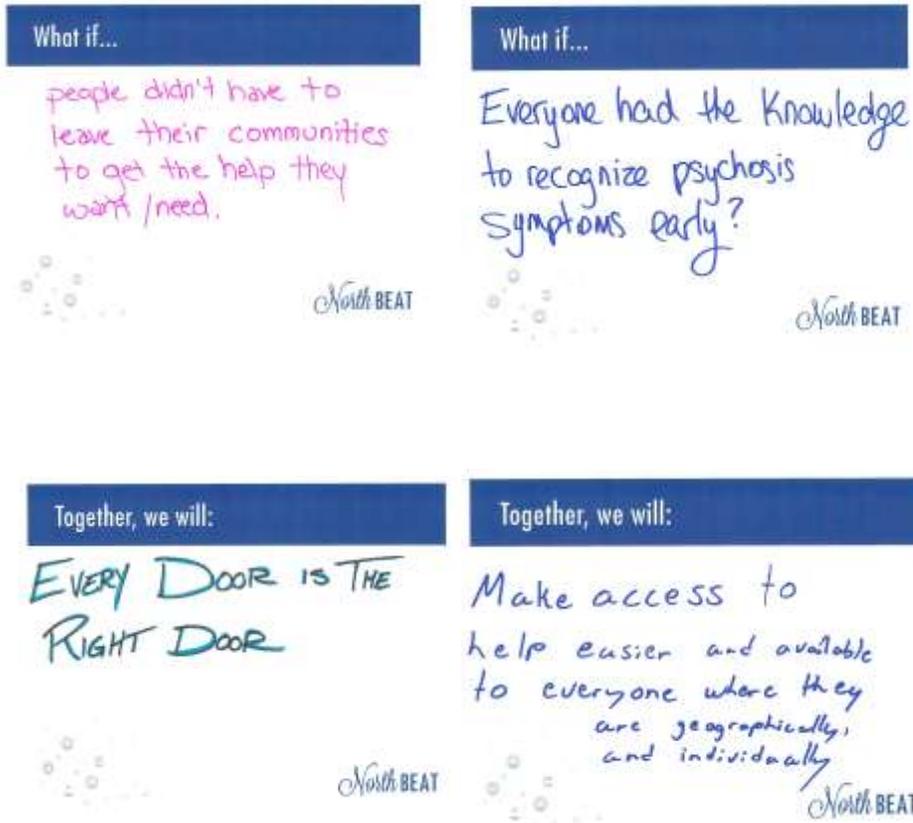
As champions of change, how can we...

- a) Use these results to influence system change?
- Decrease rural barriers: collaborative approaches to increase access/continuum of care/early detection. (3)
 - Expand beyond just psychosis
 - Reduce wait lists for services. (2)
 - Assist primary care to have more knowledge/feel comfortable with treatment options.
 - Increase well-trained health care providers in Northern communities and schools. Services must be accessible to Northern children – FNIB must recognize this.
 - Appreciate and understand the reluctance. What is behind it?
 - Gatekeeper training widened so more citizens know early signs and symptoms of mental distress.
- b) Help those who are reluctant to change see new possibilities?
- Reduce stigma. (3)
 - Increase psychosis education. (2)
 - Increase targeted prevention.
 - Provide awareness.
 - Reduce service gaps.
 - Increase service: communities, schools, hospitals.
 - More services access points with folks trained to screen for psychosis.



iii. What if...

Participants were invited to share their own thoughts in response to the open-ended questions, “What if?” and “Together, we will”. Thirteen participants recorded their statements.



iv. Literature Scans

We are committed to using multiple sources of evidence including lived experience, practice-based knowledge and research to guide our work. We wanted to learn from teams who have gone before. As a first step, we searched the published scientific literature for insights. We selected the most relevant papers and summarized them. See APPENDIX V (page 89).

Literature Scan 1

Partnership/Collaboration Models and Success Strategies

Research Question:

- 1) What models/ frameworks have been used to evaluate collaboratives/ networks/ communities of practice/ partnerships?

Literature Scan 2

Partnership/Collaboration Governance Models

Research Questions:

- 1) What is the Constellation Model of Governance and how does it compare to other models?
- 2) How has the Constellation Model been applied?
- 3) What lessons have been learned about using this model and what is the evidence that it works?

<i>All articles (by chance) were from Lit Scan 1</i>	<i>How is NorthBEAT already using the lessons learned?</i>	<i>What else can NorthBEAT do to follow the recommendations?</i>	<i>Other comments</i>
Corbin 2015	<ul style="list-style-type: none"> • Funding secured. • Identifying potential challenges early on. • Creating missions. 	<ul style="list-style-type: none"> • Ensure communication and engagement with stakeholders regularly to keep momentum going. 	<ul style="list-style-type: none"> • Some collaborations lose momentum and purpose/value because of the reasons outlined.
Stock 2010	<ul style="list-style-type: none"> • Survey reviews/results, gathering/networking of involved stakeholders. 	<ul style="list-style-type: none"> • Stages/levels needed for moving forward approach – how will they (we) address the identified barriers and challenges? 	<ul style="list-style-type: none"> • Without stages/levels to address identified, there is no organization or message of further evaluating success.

Lemieux-Charles 2005	<ul style="list-style-type: none"> • Complex relationships and understanding types of relationships that exist. • Need to work more closely together. 	<ul style="list-style-type: none"> • Work on developing leadership roles and champions in each organization. 	<ul style="list-style-type: none"> •
Hamilton 2014	<ul style="list-style-type: none"> • Make connection with front-line staff in the Collaborative meetings. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
La Porta 2007	<ul style="list-style-type: none"> • Agreements, outline roles. • Feedback mechanisms. • Clear framework. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Already doing focus groups gathering richer data.

v. Constellation Model of Governance

This station introduced participants to the model of governance that this Collaborative will use. All successful collaborations have a governance structure that helps them efficiently achieve their goals. Collaborations are different from organizations, businesses and associations – and need a different type of structure. The recommended model balances structure and flexibility; is open to focusing on where the interests and energy of group members are; and establishes clear roles and accountabilities. See **APPENDIX VI** (page 90). Participants were asked to comment on:

a) Why might a traditional hierarchy not be a good fit for a multi-sectoral collaborative?

- Doesn't allow for creative solutions and team input.
- Decision-making is far removed from front line reality.
- Management heavy.
- Front-line staff have no voice or ability to cultivate change.
- Front-line worker/community have no voice.
- We need group decision and input.
- Crossing sectors is incredibly difficult for decision-making.
- Can be dictator-y and slow innovation/initiative.

b) What do you like about Constellation Model

- Adaptable.
- Can be task focused.
- Non-hierarchical.
- Much like DBT (dialectical behaviour therapy finding the middle ground).
- Inclusive of multiple sectors and relevant partners.

- More involvement.
- Collaboration.
- Jobs are defined.
- Co-support and accountability.
- Accountability.
- Youth family involved.
- Share of responsibilities and input.
- Clear, adaptable.
- Diversity of ideas.

c) What questions do you have about the model

- How do you get people to conform to a new way?
- Looks like lines of communication could be complicated
- Looks very 'hours' intensive – how can this be sustained? Lots of work
- Managing turnover with delegates?
- Overall responsibility to keep on track and moving forward?
- Communication pathway between teams? Cross-team awareness?

vi. Literature Scans Online Learning

A series of online learning modules is one of the system capacity building strategies that the Collaborative will create. We will use adult learning and eLearning best practices. Participants were asked about their past experiences with eLearning.

a) What is your typical eLearning experience like?

- Boring (17)
- Too much content (14)
- No chance to practice what I need to do in the real world (10)
- Too much reading (6)
- Takes too long (5)
- Too theoretical (4)
- Quizzes are guesswork (4)
- Not relevant to my job (4)
- Too much to memorize (1)

They were then asked questions to inform the development of learning objectives, evaluation measures and instructional design plans.

b) What would you like to be able to DO better when it comes to identifying potential signs of psychosis?

- Educate front-line workers such as educators, to recognize and understand signs and symptoms of psychosis and what to do. (12)

- Recognize and refer in a timely manner. (5)
 - Have some kind of standardized assessment/identification tool. (2)
 - Signs; I would like to better support teachers, administrations and mental health works to stay calm and supportive when noticing signs. I find schools become fearful and jump to diagnostic language and negative prognosis quickly, which is alarming to families and kids.
 - Timely assessments: comprehensive assessment tools.
 - Evidence based practices.
 - Network.
 - How to ask questions that don't embarrass clients.
 - Provide family support.
 - Identify services that youth can depend on when dealing with psychosis.
 - Increasing community awareness.
- c) What would you like to be able to DO better when it comes to referring youth with psychosis to the right place?
- Clear referral pathways/protocols. (9)
 - Better understanding of utilizing the right service for the youth. (4)
 - Be timely with referrals (3).
 - No wrong door.
 - Awareness of options for referrals and actual acceptance for care.
 - What to know if it's true psychosis symptoms or a reaction from trauma/or can this be the same?
 - Educating the public on psychosis and how/where to refer.
 - I would like to see more outreach to youth and families so they are screened in the environments they are most comfortable in (ie. Home, school). I think this better supports engagement, early detection and intervention (even in Thunder Bay).
 - Partnerships between police and caregivers to expand options beyond scope of the mental health act for police response to individuals in crisis.
 - Ensuring youth can access/support access and follow through with referral.

Then they were asked questions that will inform the development of learning objectives, evaluation measures and instructional design plans.

- d) What would you like to be able to DO better when it comes to identifying potential signs of psychosis?
- e) What would you like to be able to DO better when it comes to referring youth with psychosis to the right place?

vii. Evaluation

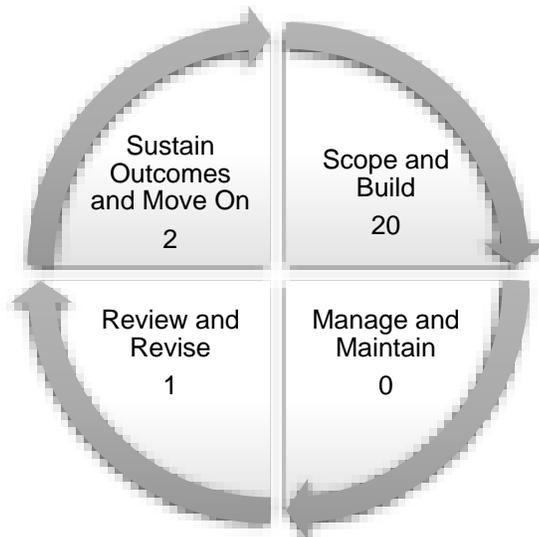
We are also committed to evaluation, learning, and accountability. We want to use evaluation strategies to learn about and improve what we're doing (along the way as we go), and assess how successful we've been. This station was intended to engage people in evaluation. Four questions were asked, and participants provided their responses on post-it notes. Their responses (by question) are summarized below. People also expressed their interest in joining the Evaluation & Knowledge Dissemination Constellation which will oversee the development and implementation of an evaluation and knowledge dissemination strategies.

- a) What type of data/information does your organization already collect that could you inform NorthBEAT?
- Mental health statistics and trends. (2)
 - # of mental health referrals received, # of incidents. (2)
 - School board resource mapping data re: student presenting needs, staff needs, what's working well, what's needed.
 - Presenting issues.
 - Patient records of incidents and care provided.
 - # of referrals from child protection or self-referral.
 - # of mental health calls received.
 - Calls for EMS that result from mental health crisis.
 - Client encounters, referrals, purpose of visit, occurrence/events related to mental health.
 - We don't so please help us.
- b) What burning questions do you have about collaborations/networks that you hope we answer?
- How do you sustain group interest?
 - What is expected of partners?
 - Sustainable pathways of care with no new resources? How?
 - How do you connect the care continuum between so many groups?
 - How does this fit within all mental health services for youth?
 - How do we involve families – far away in the North.
- c) What lessons learned, words of wisdom or advice do you have about evaluating this initiative?
- Need to encompass District.
 - Get a good cross-section of youth from the North.
 - Provide 'results' ASAP to participating partners.
 - Include youth in determining outcomes to be measured... what's important to them.

- Sharing success indicators.
 - Include youth voice and experience from the outset.
 - Include the remote Northern communities.
- d) What important questions do you have about youth and psychosis that you hope this project sheds light on?
- How to decrease wait times for services (3)
 - How best to access care from remote and isolated locations (2)
 - What services are available?
 - Funding to support youth.
 - Need to partner with public health and other agencies to produce youth friendly information re: cannabis and psychosis.
 - How, when and why has the incidents involving psychosis increased?
 - How much of the increase is related to pot smoking? Shouldn't we be targeting youth in elementary school? Are we already? Does it make a difference?
 - How can public health support this initiative?

viii. Partnerships

We will use the 4-phase partnership model to guide our work. Participants read a handout (See **APPENDIX VII**, page 101) which gave an overview of each phase and were asked to place a dot where they thought the NorthBEAT Collaborative was on the cycle.



In addition, participants shared lessons learned from previous involvement in partnerships/collaborations.

H. FAIR IMPRESSIONS

After the lunch break and Knowledge Exchange Fair, the facilitator asked each participant to record a couple of words that describe how you feel about the NorthBEAT Collaborative? OR something important you've learned so far?

Workshop and Workshop Process

- Hopeful. (3)
- Willingness to work together. (2)
- I wish decision makers were present. (2)
- Curious. (2)
- Confused. (2)
- Inspired. (2)
- Organized. (2)
- Interactive. (2)
- Engaging, innovative process.
- Agencies and people connecting: putting faces to agencies.
- Community.
- Constellation model of governance.
- Willingness to collaborate.
- Overwhelming content: requires deeper thought/consideration for meaning responses.
- Many ideas.
- Positive and optimistic.
- Teamwork.
- Unsure.
- Continued learning.
- Ambitious.
- Overdue.
- Cautious.
- Hopeful but skeptical.
- Hesitation, slow to warm up participation.
- Cheeky.
- Every idea is a good idea – reflects out Northern flexibility. Up in the North, we've to make do and mend.
- Pumped.
- Huge.
- Purposed, useful and exciting.
- Creative.
- Everyone is coming to the table with a specific focus.
- Everyone is sharing ideas to create better outcomes.
- Knowledge exchange is important to prevent fragmentation.
- Lots of info – how to get to stakeholders.
- Interesting as people are recognizing the need for youth services.
- Appreciate the amount of work that has already done and the work that still needs to be done.
- Collaboration and networking is important in mental health (community based) good to meet and see other partners.
- Learning what NorthBEAT is about.
- Positive that many people from various agencies are here. Addresses gaps, sees overlaps.
- Multiple sectors working together as teams.
- Challenges and strengths of our community partners.
- Great brain storming on academic level. Maybe advanced info would have helped.

Resources

- Need to develop resources locally for remote communities. How will this be addressed? (4)
- Increased awareness of resources. (4)

System Change, Partnership and Roles

- Unsure of what “my” current role would be (bigger picture, systemic piece?). (2)
- Who do we hold accountable? (2)
- Does not cover Sioux Lookout/North. (2)
- Am I the right person to be here? I’m front-line so maybe a decision maker instead. (2)
- Unaddressed need (never been addressed formally to the public)
- Legalization of marijuana and its’ impacts?
- I feel like the idea of EPI has been around awhile, but action is limited.
- Youth services are limited.
- I wish there were more to be able to bridge the gap in transition from 18 to adult.
- Mental health and wellness: spend more time on the wellness and less focus on the mental health.
- Decrease barriers.
- In the North, client brought out for services? Mix? OTN? Challenges with all.
- Application: where will the increased professionals for care come from?
- How will this impact our work?
- How are services going to be available to all sectors?
- How much of a strain is our current system on police and emergency services.
- What will be evaluated?
- 3-65% psychosis (40%).
- Young marijuana use linked to schizophrenia.
- We have common goals, but how do we get there?
- Knowledge is caring.
- Not sure what the goal or objectives of the Collaborative is.
- Where do we go next? What can I do?
- What can we do to make it better?
- Will my practice change as a result of this Collaborative?
- How will this expand outside of Thunder Bay?
- Where do the results go into locally, government?
- How will this Collaborative change processes, such as accessing treatment, mental health act.
- How will this affect change in agency practices and wait times?
- Great opportunity to meet others with the same questions.
- Opened eyes of different perspectives.

- Shared purpose (to help).
- People want commitment about how they can steer the project and stay involved - Governance model needs to reflect this,

I. HOW WILL WE KNOW WE'RE MAKING A DIFFERENCE?

The facilitator gave a high-level overview of the evaluation approach that will be used during the course of this project.

Traditional Evaluation approach implement an intervention and then conduct an evaluation. We will use a developmental evaluation approach that means we learn by doing. We try something out, measure how well it worked, adjust as necessary, try it out and measure again. We will not only use our evaluations to inform this project but also contribute to Collaboration's best practice literature. This type of evaluation requires the active participation of Collaborative members. One of the Constellations, or Action teams, will be Evaluation and Knowledge Dissemination. On Day 2, those with an interest in this area were encouraged to join.

The logic model (See [Appendix VII](#), page 101) is our "go-to" document that is a concise summary of what we plan to do and the difference we plan to make. Participants had an opportunity to discuss how they could use the logic model in their organizations to help describe the NorthBEAT Collaborative.

J. SYSTEM CHARTING

i. *Introduction*

Since our primary aim is to shift the system of care and support for youth with psychosis, it is essential to understand what the system is (e.g. What makes up the system, how it works, who is involved, strengths and gaps) now and what we would like it to become.

The facilitator introduced the concept of system charting:

- Outline a series of steps, resources/tools and decisions needed to achieve a goal.
- Helps us understand what happens and why so we can make improvements.
- Focus is on the system and process rather than “blaming” people. Principle = people are doing the best they can under the circumstances.

During the workshop, participants contributed to the three main phases of system charting:



While doing systems charting, it is important to keep these common system challenges in mind:

- System under stress shows the weak spots
- Lack of resources
- Poor systems to secure necessary resources
- Lack of people resources
- People without all the necessary skills/ experience must fill in and do the best they can
- Lots of expertise is held in people’s head and knowledge is not passed along
- Clients may not take accountability
- Clients and providers may not seek help early enough = crisis
- Lack of communication between resource provider and those who need the resources
- System organized around what’s convenient for provider
- Timing and sequence is important

ii. Geographic Groups

Working in geographic groups, with the support of a facilitator, participants used a case study example to start to chart the current state.

Geographic area: City of Thunder Bay	
i. Midnight in emerg	
<p>1. <i>How typical is it for youth in your communities who have mental health issues to end up in emerg?</i></p>	<ul style="list-style-type: none"> • Quite typical. • Common for youth to present to ED with substance use, can infer that it is related to mental health. • Risk issue → emerg. • Lower risk may not present to emerg, moreso MHAN, walk-in clinics, etc. • Vulnerable and stigmatized population may not present to emergency department due to discrimination.
<p>2. <i>What can the emerg department in your community offer Joe?</i></p>	<ul style="list-style-type: none"> • 1 ED in Thunder Bay. • Assessed through MHAT. • Formed/admitted. • See a Dr or psychiatrist. • Referred to community, MHAN. • BITT → Brief Intervention Treatment Team. • Busy, high turnover, at capacity. • Discharge plan.
<p>3. <i>If Joe lived in a community without a hospital emergency department, where would he go?</i></p>	<ul style="list-style-type: none"> • Police • EMS • Flight to appropriate facility • Jail • NOSP • Nursing stations • Primary care • School • Nowhere
ii. Six Months Ago	
<p>4. <i>In your communities, what would usually happen if teachers, coaches, peers, etc. believe a youth is experiencing grief or another major stressor in a youth's personal life? Who would do what? When?</i></p>	<ul style="list-style-type: none"> • In schools: self-referral, principal, resource teacher, guidance, caring adult → MHAN/school social worker <ul style="list-style-type: none"> ○ When? When a caring adult notices and acts on it, however there is a time lapse. A gap between acute service and then linking to long-term services.

<p>5. <i>What resources might they use?</i></p>	<ul style="list-style-type: none"> • CCTB. • Walk-in clinic. • School social worker. • Kids helpline. • Special education, rule out learning disorder.
<p>iii. End of the school year</p>	
<p>6. <i>What typically happens at school in situations like this?</i></p>	<ul style="list-style-type: none"> • If still in school: case conference, talking to parents, attendance counselor. • If school is out: transition to another service through summer months. MHAN will continue to see student. • Consequences may occur, behavior vs. mental health. • Attendance counselor to connect with Joe. • Eventually, may be taken off student list.
<p>7. <i>What resources are available to help peers when they're concerned about a friend's mental health? What could a concerned friend do?</i></p>	<ul style="list-style-type: none"> • Natural helpers: students nominated by peers/teachers who are natural helpers, receive training and are in peer group. If peers notice, they can bring issue forward to school, social worker or MHAN. • MHAN: rotate through school, receive referrals through hospitals. • Social workers. • Guidance counselors. • VP/Principal: there is a process for referrals. • Be Safe app although psychosis symptoms may not be on the app. • Peers through social media (ie. Screenshots). • Bounce back after hours email with resources in crisis.
<p>iv. Summer</p>	
<p>8. <i>Where could Joe go for help in your region?</i></p>	<ul style="list-style-type: none"> • Community services (can go through 211). • Family doctors or nurse practitioner. • Walk-in clinic. • Children's centre. • Thunder Bay counseling services. • Crisis response. • Youth outreach workers. • CMHA/GAPS. • Kids Help Phone. • Our Kids Count. • NIHB

<p>9. <i>What would typically happen?</i></p>	<ul style="list-style-type: none"> • Opens the door to help and assistance with navigating the system. • Intake at Dilico/CCTB (fairly immediate). • Walk-in at Dilico/CCTB (weekly). • Admission to various programs: Choices (depends on time), U-turn (no waitlist), Outpatient mental health (telepsychiatry). • Through EAP or private (depends on provider, how long it will take). • Medical: medication, telehealth, Kids Helpline, crisis, follow up with doctor.
<p>v. Fall</p>	
<p>10. <i>What phone service could she call in your region?</i></p>	<ul style="list-style-type: none"> • Crisis response: gives immediate support for current situation or can recommend services. • U-turn parent consult. • Walk-in counseling. • CMHA: families in recovery. • CCTB: families in connection. • GAPPS
<p>11. <i>Normally, what guidance would she be given?</i></p>	<ul style="list-style-type: none"> • Where to go to get help.
<p>vi. Back to the start</p>	
<p>12. <i>Most often, what would the police do in this type of situation?</i></p>	<ul style="list-style-type: none"> • Police would transport Joe to ED if he is a threat to himself or others. • Does behavior of Joe meet criteria of apprehension? <ul style="list-style-type: none"> ○ Yes: usually err on the side of caution/risk of harm. <ul style="list-style-type: none"> ▪ Cuffed for safety. ▪ Bring to ED. ▪ Enter through ambulance door. ▪ Access to immediate triage. ▪ Usually a wait. ▪ See MHAN and psychiatry. ▪ Form or not? <ul style="list-style-type: none"> • Discharge to community supports. ○ No: leave, give brochure
<p>13. <i>What would happen if Joe was admitted to the hospital?</i></p>	<ul style="list-style-type: none"> • Stay and be assessed. • Treatment plan. • Medication.

<p>14. <i>What usually happens when someone like Joe is discharged from hospital?</i></p>	<ul style="list-style-type: none"> • If diagnosed with psychosis, discharge on medication with referral to First Place. • If alternative diagnosis, connected with services and with a safety plan.
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Geographic area: District of Thunder Bay	
<i>i. Midnight in emerg</i>	
<p>1. <i>How typical is it for youth in your communities who have mental health issues to end up in emerg?</i></p>	<ul style="list-style-type: none"> • Frequently brought in by police, however most youth that experience mental health issues are not brought to ER.
<p>2. <i>What can the emerg department in your community offer Joe?</i></p>	<ul style="list-style-type: none"> • Easy, quick transfer of care to hospital
<p>3. <i>If Joe lived in a community without a hospital emergency department, where would he go?</i></p>	<ul style="list-style-type: none"> • NOSP, family physician.
<i>ii. Six Months Ago</i>	
<p>4. <i>In your communities, what would usually happen if teachers, coaches, peers, etc. believe a youth is experiencing grief or another major stressor in a youth's personal life? Who would do what? When?</i></p>	<ul style="list-style-type: none"> • Guidance, social work, school nurse, MHAN.
<p>5. <i>What resources might they use?</i></p>	<ul style="list-style-type: none"> • Safe Talk training. • Mindfulness training. • Situation table. • Natural helpers.
<p><i>Chart the system</i> Staff refer to internal policy → contact parent → obtain consent from youth or parent to refer to . . . school, counselor, MHAN → assessment → possible external referral.</p>	

iii. End of the School Year	
6. <i>What typically happens at school in situations like this?</i>	<ul style="list-style-type: none"> • It depends. Could be nothing, or same as above
7. <i>What resources are available to help peers when they're concerned about a friend's mental health? What could a concerned friend do?</i>	<ul style="list-style-type: none"> • Natural helpers. • LDSB. • Friend could talk to a trusted adult. • Kids Helpline. • Student from LDSB. • 211. • Tell a coach
iv. Summer	
8. <i>Where could Joe go for help in your region?</i>	<ul style="list-style-type: none"> • A mom would think to bring to the physician, community health unit, walk-in counseling or CAS.
9. <i>What would typically happen?</i>	<ul style="list-style-type: none"> • Physician. • Walk-in counselor. • Nothing.
v. Fall	
10. <i>What phone service could she call in your region?</i>	<ul style="list-style-type: none"> • Crisis response. • CAS. • Police.
11. <i>Normally, what guidance would she be given?</i>	<ul style="list-style-type: none"> • "He'll get over it." • "Situational." • Crisis/CAS/Police would suggest NOSP or other counseling service, notify physician.
vi. Back to the start	
12. <i>Most often, what would the police do in this type of situation?</i>	<ul style="list-style-type: none"> • Not brought to hospital. • Suggest youth speak to a professional. • Depends on officer, if he is brought in under section 17 of MHA.
13. <i>What would happen if Joe was admitted to the hospital?</i>	<ul style="list-style-type: none"> • Assessed. • Probably treated for psychosis.
14. <i>What usually happens when someone like Joe is discharged from hospital?</i>	<ul style="list-style-type: none"> • Let possible community resources available know of youth.

Geographic area: Northern IDN	
i. Midnight in emerg	
1. <i>How typical is it for youth in your communities who have mental health issues to end up in emerg?</i>	<ul style="list-style-type: none"> • Very common.
2. <i>What can the emerg department in your community offer Joe?</i>	<ul style="list-style-type: none"> • Safe space: medication, referrals. • Safety for self and others. • Security for personal protection.
3. <i>If Joe lived in a community without a hospital emergency department, where would he go?</i>	<ul style="list-style-type: none"> • Nursing station. • Health clinic. • Police station. • Home – safe space.
ii. Six Months Ago	
4. <i>In your communities, what would usually happen if teachers, coaches, peers, etc. believe a youth is experiencing grief or another major stressor in a youth's personal life? Who would do what? When?</i>	<ul style="list-style-type: none"> • Nursing stations. • Refer to mental health worker. • Offer extra attention: monitor student, check-in, spend more time. • Opportunity to speak and play sports. • Teacher: more attention and check-ins. • Peer: recognize grief, utilizing after safety plan. • Teacher/coach: refer to mental health. • Community patrol: supervise and on weekends.
5. <i>What resources might they use?</i>	<ul style="list-style-type: none"> • NODIN. • Counselor. • Chief and Council • Tikinagan. • Nursing station. • NAPS. • NIHB. • Family. • Health authority.
iii. End of the School Year	
6. <i>What typically happens at school in situations like this?</i>	<ul style="list-style-type: none"> • Nothing. • Possible attempts to contact parents.

7. <i>What resources are available to help peers when they're concerned about a friend's mental health? What could a concerned friend do?</i>	<ul style="list-style-type: none"> • Safe Talk. • Tell teachers, counselors, parents. • Helpline.
iv. Summer	
8. <i>Where could Joe go for help in your region?</i>	<ul style="list-style-type: none"> • Nursing station. • Community mental health. • Band Council. • Friends. • Elder.
9. <i>What would typically happen?</i>	<ul style="list-style-type: none"> • {no responses provided}
v. Fall	
10. <i>What phone service could she call in your region?</i>	<ul style="list-style-type: none"> • 211. • Kids Help Line. • Any child or mental health agency.
11. <i>Normally, what guidance would she be given?</i>	<ul style="list-style-type: none"> • Go to nursing station for doctor referral. • Send to larger centre or OTN (but OTN is not great). •
vi. Back to the start	
12. <i>Most often, what would the police do in this type of situation?</i>	<ul style="list-style-type: none"> • If police exist, and if he is a risk to himself or others → police would take him. • If no police, someone in Chief and Council would be contacted and they decide who goes to check-in.
13. <i>What would happen if Joe was admitted to the hospital?</i>	<ul style="list-style-type: none"> • Assuming there is a hospital . . . • If under 16 years old, needs family escort for Ornge to take him → go to nearest hospital for assessment. Then, most often sent back North.
14. <i>What usually happens when someone like Joe is discharged from hospital?</i>	<ul style="list-style-type: none"> • Falls through the cracks. • Nothing. • Waitlisted.

Geographic area: Rainy River and Kenora	
i. Midnight in emerg	
1. <i>How typical is it for youth in your communities who have mental health issues to end up in emerg?</i>	<ul style="list-style-type: none"> • 100% daily. • At 10:30pm, it's the only place. • Legislation requires going to ER (for ambulance or police). • Hidden. • Jail.
2. <i>What can the emerg department in your community offer Joe?</i>	<ul style="list-style-type: none"> • Crisis response starts at 16 years old. • Through CAS for under 16 years old. • Medication. • Fort Frances combined mental health and CAS. • Neighbouring city = Kenora. • Send to hospital in Thunder Bay.
3. <i>If Joe lived in a community without a hospital emergency department, where would he go?</i>	<ul style="list-style-type: none"> • Nearest hospital (drive about 2 hours): ambulance, police. • Nursing station. • Cell. • To family.
ii. Six Months Ago	
4. <i>In your communities, what would usually happen if teachers, coaches, peers, etc. believe a youth is experiencing grief or another major stressor in a youth's personal life? Who would do what? When?</i>	<ul style="list-style-type: none"> • Teacher comfort level, personality, behaviour. • Reach out to talk to youth. • Mental health worker. • Firefly counseling. • In school: workers, MHAN, social worker, guidance counselor. • Outside of school: • Crisis. • Primary care. • Peers. • Social media.
5. <i>What resources might they use?</i>	
iii. End of the School Year	
6. <i>What typically happens at school in situations like this?</i>	<ul style="list-style-type: none"> • Nothing. • Consequences the following year.

<p>7. <i>What resources are available to help peers when they're concerned about a friend's mental health? What could a concerned friend do?</i></p>	<ul style="list-style-type: none"> • Dryden: Apps, Firefly, Health Unit, Friendship Centres. • Fort Frances: Friendship Centres. • Kenora: Friendship Centres. • Transfer to Winnipeg.
<p>iv. Summer</p>	
<p>8. <i>Where could Joe go for help in your region?</i></p>	<ul style="list-style-type: none"> • Self-refer to most services. • Waitlist 6-12 months. • Walk-in needs appointment. • Fort Frances Family Centres: no waitlist. • Mental health education: Chiefs, Kenora Advisory • Health access centres
<p>9. <i>What would typically happen?</i></p>	<ul style="list-style-type: none"> • Walk-in for help to ER or police. • Turns to pot use → addictions. • Directory, phone books. • MD → MHA. • Nothing. • Form 2. • Kenora: 97 mental health services, no one knows. Not available at 2:00am. • Situation table: imminent harm 24-48 hours.
<p>v. Fall</p>	
<p>10. <i>What phone service could she call in your region?</i></p>	<ul style="list-style-type: none"> • Crisis line. • Kids Help Line. • Be Safe app. • 911. • 211. • Call hospital in Thunder Bay. • Schedule 1 for under 15 years of age.
<p>11. <i>Normally, what guidance would she be given?</i></p>	<ul style="list-style-type: none"> • Go to ER (lots of driving). • Make an appointment. • Connect to numbers in other places. • Telemedicine. • Sick Kids. • Gap: 16-18 years psychiatry, Q6 weeks in Dryden.
<p>vi. Back to the start</p>	
<p>12. <i>Most often, what would the police do in this type of situation?</i></p>	<ul style="list-style-type: none"> • Apprehended under Mental Health Act. • ER. • Dryden cannot access, therefore cell until sober and let go. • Pressure under 17 years of age.

<p>13. <i>What would happen if Joe was admitted to the hospital?</i></p>	<ul style="list-style-type: none"> • ER Dr: admit 2-3 days then released (locals) • Release. • Depends on presentation. Acute MHA benefit Under 15 → Thunder Bay. Over 15 → Kenora or Thunder Bay.
<p>14. <i>What usually happens when someone like Joe is discharged from hospital?</i></p>	<ul style="list-style-type: none"> • Referral to Dryden mental health. • Warm hand-off.

L. CHECK-IN AND DAY 2 OVERVIEW

To wrap-up the day, participants wrote a tweet or newsletter/magazine/blog headline to describe:

- How you're feeling about the NorthBEAT Collaborative
- How you're feeling about today's workshop
- What you're looking forward to

Their responses:

- #workingtogethertomakeadifferenceinremotecomunities
- Hopeful there is more services for youth experiencing early psychosis in Kenora.
- Exciting potential.
- Good information, good networking, good lunch.
- Many thoughts, ideas, potentials – excited to see how it all comes together.
- NorthBEAT: joining of minds and organizations to improve mental health care services in Northwestern Ontario.
- Loved networking.
- Loved broad representation of systems.
- NorthBEAT will break down barriers.
- Enjoyed meeting different people from different organizations
- See what comes out of this.
- Recognition of these problems need to lead to something for the youth.
- I beat NorthBEAT.
- Feeling excited about addressing barriers to EPI in NWO.
- Help is here!
- #wethenorth
- Curiosity for tomorrow.
- Looking forward to a goal.
- #swagbag: much like what's in the bag, the room is a mix of services. Looking forward to seeing it to fruition.
- NorthBEAT brings hope to the North.
- Caring minds meet in Valhalla.
- NorthBEAT promises HELP by aligning mental health services to increase access by youth in the North.
- NorthBEAT: hope for youth through collaboration.
- Cared for with my gluten free lunch. Thankful for the organizing committee.
- Glad day 1 is over.
- Wide range of viewpoints.
- Diverse services available.
- Good framework.
- Helpful and hopeful.
- Ideas...
- Positive about the ideas and knowledge in the room.
- Hopeful.
- Energized.
- Good food and good people.

DAY TWO NOTES

For a full agenda, please see APPENDIX II (page 83).

OFFICIAL LAUNCH AND MEDIA EVENT

On December 1, 2017, the NorthBEAT Collaborative hosted an official launch to announce the funding from the Ontario Trillium Foundation – Youth Opportunities Fund; and to celebrate the creation of a new Collaborative. In addition to a press release, a post card describing facts and myths was given to guests and workshop participants. These resources are available on our website: www.northbeat.ca

Following this event, the workshop resumed.



NorthBEAT Collaborative Media Launch, December 1, 2017: Left to Right: Myrna Holman, VP People Mission and Values at SJCG; Bill Mauro, MPP for Thunder Bay-Atikokan; Dr. Chi Cheng, NorthBEAT Project Lead; Lesley Bell, Ontario Trillium Foundation Youth Opportunities Fund

M. FACILITATOR REMARKS

Sheila explained that the participants would continue the work they started on Day 1, specifically:

- Share back insights from the Knowledge Exchange Fair and have further discussion about the:
 - Partnership Model
 - Shared purpose, vision and values
 - Constellation Model of Governance
- System Charting
- Planning for Next Steps
- Evaluation
 - Day 1 (Part 2) Survey from Thursday – please submit before you leave
 - Day 2 Survey from Friday - please submit before you leave

N. WARM UP ACTIVITY

“When you’re surrounded by people who share a passionate commitment around a common purpose, anything is possible.” – Howard Schultz

Participants wrote something they felt proud of or hopeful about after the media launch and shared it with others:

- Collaboration. (8)
- Hopeful for change. (5)
- Public awareness. (2)
- Level of knowledge MP has.
- \$880 000 hopeful that funds are properly allocated.
- Hopeful about increasing early detection and intervention.
- Increased access to service; clearing barriers; removing silos.
- I’m hopeful youth will find the help they need now, not 6 months from now.
- Pathways at school board are clear and quick.
- Hopefully people who don’t work together well, will now work together.
- Hopeful we can address B.E.A.T.
- The French school board and clear pathways, quick service.
- Inspired!
- That individuals will get the service they require in a timely manner.
- Hopeful for better care for the very ill.
- Community response.
- Hopeful that this collaboration goes the distance.
- Excited about the future for our youth.
- Hopeful that more services will be available.
- Open doors.
- I am hopeful that NorthWest partners/stakeholders will integrate services to improve identification.

O. ADDRESSING QUESTIONS

On Day 1, we heard that some people were unclear about certain aspects of the NorthBEAT Collaborative and the project plan. Working in small groups participants wrote their questions on a worksheet. After lunch Chi answered some of the questions. A full question and answer document will be circulated to participants and workshop invitees early in 2018.

1. What is unclear for you about the NorthBEAT Collaborative?

Top Themes:

1. What are the expectations of Collaborative members? (3)
2. What are the deliverables? (3)
3. What are the next steps? (2)
4. How does this affect our day-to-day roles? (2)

Others:

- What are the timelines?
- How will it actually work?
- NorthBEAT is a thematic approach to care, but how does it embed with all healthcare services and within education settings?
- How will it support the role we do in schools?
- What is the role of: pre-hospital?
- What is the role of: public health?
- How things are going to change?
- How will the collaborations increase access for early identification of services – especially for remote/rural north?
- Where is the money going? How will it help EIP?
- What is the end product?
- How will success be measured?
- How will any of this make a difference if there isn't capacity for the specific services?
- What will this look like for front-line staff?
- The "how"?
- How serious of an issue is early psychosis? Don't we already do a good job? How many youth are actually missed?
- Will positions be placed strategically to reach remote communities?
- Practical interventions to implement now?
- We are unclear if this Collaborative will improve services in the North?

2. What do you need more information about?

Top Themes:

1. Expectations of members, next steps, timelines. (5)
2. How this will affect current capacity and wait list issues. (3)

3. Where the funds are being allocated. (2)

Others:

- How to improve access to services.
- Better information for online resources.
- What additional resources are available?
- Would First Place be willing to consult family physicians to start treatment while patient is waiting for services?
- What is the strategic direction?
- Are we building on the resources now?
- Service available pathways.
- How do you plan on connecting/integrating partnerships?
- Background information on pre-work done in forming/conceptualizing NorthBEAT.
- Where is all the information going and what will be the end product?
- Who, where, when services will be extended to North of Sioux Lookout. Will there be outreach services?
- More information on how to recognize psychosis and how to bring awareness to families in communities up North.

3. What questions do you have?

Top Theme:

1. What's next? (4)

Others:

- Who is leading the change?
- Do we have resources (ie. Authority, knowledge, HR, time) to meet expectations?
- How to take NorthBEAT to all key areas of mental illness ie. MHF Aid/MHCC?
- If NorthBEAT is a vertical intervention (focused) how will it also advocate for horizontal improvement in services?
- When will this group meet? Monthly? Will we be getting updates from NorthBEAT?
- We are talking about connections, but are we also talking at increasing and improving services/care in agencies outside of First Place?
- What will it look like?
- Has everyone who needs to be engaged been engaged?
- Is there a consumer voice?
- What stage of planning or phase is NorthBEAT in?
- Will it work to do this through video on conference calls or emails?
- Are there going to be regular meetings and updates?
- Is this only for Thunder Bay?
- Why do we not have existing mental health professionals for youth that can do assessments at the hospital? Sometimes they wait more than 24 hours.

4. We sense some discomfort or some degree of hesitancy in the room; can you shed some light on this for us?

Top Themes:

1. Role clarity: what are we here for? What is our purpose here? Where do we go from here? How are we doing this? (6)
2. Unclear as to the purpose and outcomes of this workshop. (2)

Other comments:

- Creating a new silo.
- Concept of EI in practice still unclear.
- How will this improve access to care/resources?
- Unclear if other agencies are being asked to provide EPI services? Or is the plan to just continue with First Place?
- Audience needs some education at the impact of EPI on the individuals' future and in the future system (ie. # of adults with severe psychotic disorders and the impact they have on our system and resources).
- How to be fully engaged.
- We didn't sense any discomfort.
- As adults and professionals ice breaking and forcing networking may not be the most productive use of our time.
- Sense of feeling like part of an experiment rather than contributors to the process.
- False sense of honesty.
- Need to be able to be critical of the current process and "point blame" on order to fix the problem.
- Folks expected more of a "teaching/learning" conference and so many service providers with no knowledge of each others' roles.
- Some fear of change.
- Practicalities of "back log" in the system seem unaddressed.
- Unsure if this Collaborative will meet the needs of the North.
- The scenario from yesterday, identify the barriers of getting help was really the only solid work that took place.

A question and answer document will be circulated to participants and workshop invitees early in 2018.

P. SHARED PURPOSE AND VALUES

A partnership best practice is to create a shared purpose or vision statement and articulate values that will guide interactions and decision-making. The results of the Knowledge Exchange Fair station indicated that for the most part the draft statements were on the right track. It is important that each value statement include a description of what that value means to the work of the Collaborative. Small groups crafted descriptors. As a next step, the Core Coordinating team will review the feedback and the descriptors from different tables and create a shared purpose and values document.

Respect

- Non-judgmental.
- Respectful of each other as professionals.
- Taking the time to be present – not distracted.
- Validate their experience.
- Kind and compassionate.
- The diversity of individuals, backgrounds, sectors are given the same value and space to contribute to the youth in need in the NW.
- No stigma.
- People first. (2)
- Asking permission.
- Not making assumptions.
- Engaging everyone present.
- Everyone is treated courteously, politely, welcomed.

Cooperation

- Everyone is accepting and recognizing their role and is doing their part. (4)
- Working together in a unified approach towards the same goals. (3)
- Everyone is being heard and contributing. (2)
- Values of: sharing ideas, patience, listening, being mindful and reflective on own behavior, how it may impact others.
- Using cultural sensitivity engages in courageous discussions to have all voices heard.
- Including the voice of families and lived experiences.
- Recognition that we all are working towards and for the best interest and safety of youth.
- Communication is clear and direct.
- The Collaborative has to involve and service the entire region.

Integrity

- Doing what we say we are going to do. (7)
- Honesty (2)

- Transparency across the systems to stand together and put the values into practice. (2)
- Accountability.
- A unified process to accomplish a common or shared goal.
- The Collaborative is committed to a shared response.
- Consistency in response, process, care.
- Say what you mean.
- Developing trust.
- We will work hard and do our part while being genuine and honest, clear and open.
- Keeping people in the loop.
- All of our actions and decisions are in alignment with our mission, vision and values.
- Working on behalf of the kids.

Inclusive

- Culturally sensitive.
- Accepting and receiving input.
- Safe space.
- We are inclusive with information sharing and location (Thunder Bay and North).
- Welcoming regardless of race, gender, location and inclusive with family, client and employee.
- Everyone's views are valued without judgment.
- Everyone is given the opportunity to participate.
- Diversity is encouraged at all levels and in all decisions.
- Everyone has a voice.
- Diversity is embraced.
- Different opinions, views respected.
- All working together for kids.
- Welcoming.
- Inclusive leadership.
- Not hierarchical.
- We all agree on processes.

Innovative

- Technology.
- Social media.
- Flexibility with providing care.
- Youth will get services they need, when they need it.
- Families will be included.
- Only collaborative dealing with psychosis.
- New.

- Outside the box.
- Paradigm shifting.
- Revolutionary.
- We like “creative” better – “we look for creative ways to solve problems”.
- Thinking outside the system box.
- Creative thinking and solutions.
- Flexibility.
- “keep knocking” – perseverance as professionals.
- Keep trying on behalf of the kids.

Person-centered

- Meeting the individual where they are at.
- They are in charge of their care.
- Honouring their stories.
- Truly hearing them, listening, showing empathy.

Q. CONSTELLATION MODEL OF GOVERNANCE

“This model helps with the difficulties that may come with collaborative action –a need to sustain interest and do more than talk and the desire to quickly harness innovations.”

We would like to learn more about collaboration experiences so that we can use the lessons learned, as well as published literature to guide our work. Participants reflected on other collaborations, partnerships and networks they were part of:

1. What were their strengths? What made them work?

- Shared purpose and values
 - Respect of others opinions. (5)
 - Shared vision and creation. (5)
 - Clear goals, expectations, agreements, signed at a high level. (4)
 - Role clarity. (3)
 - Passion. (2)
 - Commitment. (2)
 - Clear outcomes. (2)
 - Supportive.
 - Responsiveness – ability to adapt to more successful models.
 - Sense of ownership in the outcomes.
 - Reassessment of needs.
 - Strong leadership. Knowledgeable leadership.
 - Purpose/shared purpose.
 - Learn to empathize with other groups and find common ground.
 - Trust. Transparency.
 - Aware of other systems, organizations and their strengths and struggles.
 - Follow through.

- Collaboration and Communication
 - Communication. (3)
 - Information sharing. (2)
 - Good networking. (2)
 - Shared workload. (2)
 - Right people involved for the project. (2)
 - Accountability. (2)
 - Collaborative decision-making.
 - Key champions.
 - All necessary participants are included.
 - Inclusion of community partners.
 - Willingness to discuss challenges.

- Richness in ideas and perspectives.
- Support for external partners.
- Multi-disciplinary team, diversity in ideas and perspectives.
- Can problem solve face to face.
- Bottom-up.
- Structural Elements
 - Funding.
 - Agendas, timelines.
 - Facilitation leads.
 - Effective use of time.

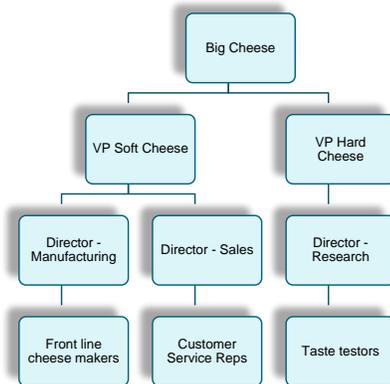
2. What was frustrating about them? What were their challenges?

- Shared purpose and values
 - No clear vision, goals. (6)
 - No follow through. (8)
 - Poor responsiveness. (2)
 - Sustainability of enthusiasm and momentum. (2)
 - Removed from practical practice and not relevant to front-line.
 - May not address challenges.
- Collaboration and Communication
 - Lack of clarity re: member roles and expectations. (3)
 - Lack of leadership. (2)
 - Competition for leadership.
 - Personality conflicts.
 - Not everyone on board.
 - Not inclusive.
 - Lack of communication.
 - Collaboration becomes an end in itself rather than action.
 - Collaboration gets dominated by one group (or one individual). Smaller groups can get marginalized.
 - Collaboration can water down goals.
 - Feeling overwhelmed, intimidated, powerless in large groups.
 - Not knowing who to talk to.
 - No accountability.
 - Blaming.
 - Ability to not work through issues, conflict resolution.
 - Workload not clearly divided.
 - Lack of mentorship.
 - Purpose and people come prepared.

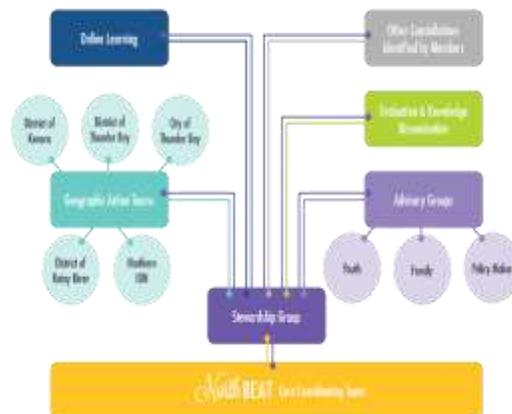
- People not showing up.
 - Hidden agendas.
 - One-way communication.
 - Not everyone having a voice or equal say.
 - Change in participants.
- Structural Elements
 - Coordination of common meeting times.
 - Too hierarchical: management driven leaving out the voice of the front-line.
 - Funding difficulties.
 - Poor role adherence.
 - Too much bureaucracy.
 - Created many more loopholes.
 - Decision making limitations
 - Lack on continuity in the groups.
 - Too much process.
 - Top-down/hierarchy.
 - Too large.
 - Timelines not met.
 - Lack of funding.
 - Not realistic plans.
 - Limitations on what can be shared (ie. Confidentiality).
 - Limitation: bureaucratic sectors, mandates, funding agreements.

GOVERNANCE MODEL

Traditional Organizational Structure



Constellation Model

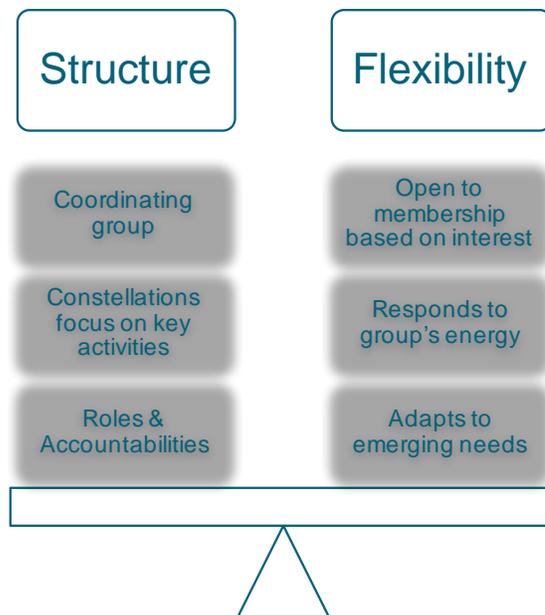


- Meeting to have a meeting.
- Overlapping initiatives.
- No values in attending.
- Meetings that could have been an email.
- Stick to agenda, respect peoples' time.
- No Terms of Reference/MOU.

The facilitator described the differences between a traditional model and the constellation model for those who did not come to this knowledge exchange fair station (see previous page).

She also shared back what people who attended the knowledge exchange fair said they liked about the model:

- Adaptable (2)
- Can be task focused
- Non-hierarchical
- Much like DBT, finding the middle ground
- Inclusive of multiple sectors and relevant partners
- More involvement
- Collaboration
- Jobs are defined
- Co-support and accountability
- Youth family involved



R. CURRENT STATE ANALYSIS

The first phase of systems charting was to outline what typically happens. In the second phase of Systems Charting, we try to understand why and answer questions such as:

- Are the right things happening?
- Is the timing right?
- Is the best person doing it?
- Is there easy access to the right resources?
- What are reasons for delays?
- Do support people have the resources and skills they need?
- How well do different parts of the system know each other, communicate, share information and/or collaborate?

Working in the geographic groups from Day 1 (i.e., the 5 Integrated District Network regions of the North West LHIN), participants completed a worksheet and were reminded to follow the principles of:

- No blaming
- No excuse making
- Good people doing the best they can with the resources available

Reflection on Context from Current State Mapping Exercise

City of Thunder Bay Group 1:

- New knowledge of specific resources/programs.
- Natural helpers: peers and teachers nominate students who then receive training and resources who then can be a first-line of communication for those in need or at risk.
- Peer program to reduce stigma and an existing pocket of resources without needing adults/professionals.
- Something that already exists and can build upon.

City of Thunder Bay Group 2:

- Lots of resources, but things are still missed.
- Much easier to discuss hypothetically, real world can be very different.
- Frustrating because the timelines were confusing, vague indicators.
- Early psychosis can be such a grey area.
- Read into what we are trained for... advocating for certain perspectives.

- Learning each other's roles, respecting each other's perspectives... how do you continue that dialogue that makes us uncomfortable/frustrating and yet, work together.
- Resources that are available by geography will greatly impact services.

Kenora/Rainy River:

- Lack of pathways and resources.
- Major differences of resources in different communities.

District of Thunder Bay:

- Lack of resources.
- Lots of gaps and barriers in the continuum of care.
- Rely on the same resources.
- Challenging hypothetical vs. reality.
- Burnout due to relying on the same people/systems/resources = overwhelming.

System Charting – Current state analysis

Working in geographic groups, participants analyzed the current state using a series of questions.

City of Thunder Bay

How would you sum up the context from yesterday?

- Psychosis in its' early stages is vague and falls in a gray area.
- Skills required for school staff as gatekeepers.
- Need more assessment.
- More organizations are available during the school year.
- Dependent on secondary person to refer.
- Difficulty with time of year, less "eyes" on the client.
- Knowing what to say and what to do for Joe.

What words would you use to describe Joe's experience with the system of care and support?

- | | | |
|--------------|----------------|------------|
| • Isolated | • Disconnected | • Annoyed |
| • Silos | • Distances | • Scared |
| • Fragmented | • Fearful | • Unsure |
| • Chaotic | • Frustrated | • Confused |
| • Not clear | • Alone | |

How coordinated is the system of care for:

	1 Not at all	2 Fairly	3 Well	4 Extremely
Joe	2	4		
Joe's friends	3	2	2	
Joe's family	4	1		
Educators		5	5	1
Health care providers	1		5	3
Community and social services	1	1	5	2
Community as a whole	2	4	4	
Others?	1	2		

Phase in Case Example	Why do things happen the way they do?	Strengths in the current system	Gaps in the current system
B. Six months ago	Support people doesn't equal resources and skills No clear guidance on stages of grief Normal grief reaction assumed	There are bereavement services available	Accessibility Consults Waitlists Culturally appropriate Age appropriate No clear route No follow up
C. End of school year	Timing was poor Less services Overloaded system No instruction on what to do in crisis	Still in school so access and programs are better	Harder to follow up
D. Summer	Timing is poor Harder to access Less "eyes on" for this youth	Strong program in community	Accessibility Centralized location Acceptance of assistance
E. Fall	Better timing Better access	Back into the school system	Silos/lack of communication to community based Wait lists Floodgates open
F. Back to the start	Lost in system Waiting for services Lack of knowledge Blurred line re: grief and psychosis signs	Social media Available programs but less knowledge	Fall through the gaps Confidentiality Lack of knowledge of psychosis Where to call

What do we need to learn more about so that we can improve the system of care and support for Joe and his family?

- Public knowledge about navigation.
- Mental health awareness.
- Deliverables.
- Basket of services.
- Widely administered.
- Language barriers.
- What does Joe want? Stage of readiness.
- What does Joe's family want?
- Understanding roles.
- Primary care consistency.
- Education on psychosis.
- Breaking down silos.
- Improving information sharing for cross sector awareness.

What are your groups top 3 reasons why Joe ended up in emerg?

- Lack of knowledge.
- Crisis services work very well.
- Lack of early support.
- Stigma: fear of possible diagnosis.
- Civil liberties and entitlements allow people autonomy until imminent risk.
- Early identification was not picked up.
- Lack of engagement from client.
- Mom could have used some education and support.
- Community awareness.
- Early support.
- Caregiver burnout.

District of Thunder Bay

How would you sum up the context from yesterday?

- Resources exist, need to develop a hand over out of city to the district.
- Increase district capacity building. Will we contribute to further over capacity by increasing the handover from the city to the district?

What words would you use to describe Joe's experience with the system of care and support?

- Complex

- Unclear
- Disagree
- Progress
- Fragmented

How coordinated is the system of care for:

	1 Not at all	2 Fairly	3 Well	4 Extremely
Joe		X		
Joe's friends	X			
Joe's family	X			
Educators			X	
Health care providers				
Community and social services	X	X		
Community as a whole	X			
Others?				

This group did not complete the rest of the worksheet.

Northern IDN

How would you sum up the context from yesterday?

- Complex
- Hard to fill positions.
- Variation of what's available.
- Hard to navigate.
- Service delivery is not what it needs to be.
- Self-referral and not enough in our communities.

What words would you use to describe Joe's experience with the system of care and support?

- Alone
- Limited
- Confused
- Shamed
- Disappointing
- Mixed feelings
- Mixed messages
- Scared

How coordinated is the system of care for:

	1 Not at all	2 Fairly	3 Well	4 Extremely
Joe	X	X		
Joe's friends	X			
Joe's family	X			
Educators	X			
Health care providers		X		
Community and social services		X		
Community as a whole	X			

Phase in Case Example	Why do things happen the way they do?	Strengths in the current system	Gaps in the current system
B. Six months ago	Gaps		Kids not being identified. Lack of education on identification.
C. End of school year			Anyone who noticed change in behaviours didn't do anything.
D. Summer	Behaviours worsened, still no one assisting. Affecting physical health.	Family: mom encourages to get help.	No communication between teacher, coach, peers, family.
E. Fall	Mom doesn't know where to turn (lack of understanding?). Maybe mom is grieving too.	Mom called helpline, tried to help with pamphlets.	
F. Back to the start		Neighbour concerned and acted on it, made the call.	

What do we need to learn more about so that we can improve the system of care and support for Joe and his family?

- Level of awareness and education.
- Education on intervention.

- Clear trajectory of care.

What are your groups top 3 reasons why Joe ended up in emerg?

- Crisis and no one noticed.
- Proper services not available.
- Awareness when/which services to access.

District Rainy River and Kenora

How would you sum up the context from yesterday?

- Liked it, step back and take it back.
- Liked perspective.
- Learned a lot re: connection, ER and youth services (other processes), police perspective.
- Feel complexity and frustration.
- Kept listing the same 20 services.
- “what a mess” we can’t figure out clear pathways.
- It shouldn’t matter who they talk to, they should get to the same place.
- Lack of consistencies.
- Uniqueness of each community.
- How do you know?
- Afterthought outside of Thunder Bay.
- Simple salutation if the right people are on the right page → black and white and easy solutions.

What words would you use to describe Joe’s experience with the system of care and support?

- | | |
|----------------------------|----------------------|
| • Fell through the cracks. | • Alone |
| • A mess | • Not validated |
| • Desperate | • Helpless |
| • Complicated | • Lacking assessment |
| • Frustrating | • Late intervention |
| • Avoided | • Baffled |
| • Dismissed | |

How coordinated is the system of care for:

	1 Not at all	2 Fairly	3 Well	4 Extremely
Joe	7			
Joe’s friends	6	1		
Joe’s family	6	1		
Educators	1	6		

Health care providers	2	5	1	
Community and social services	2	5		
Community as a whole	3	4		
Others? Police		7		

Phase in Case Example	Why do things happen the way they do?	Strengths in the current system	Gaps in the current system
B. Six months ago	Prodromal phase was missed because of failure to recognize Avoidance “Normal” expectations of grief Just didn’t notice Wait Lack of knowledge Give space Assumptions Family stress Joe doesn’t even know	Education system and teachers ability to notice and take charge Counsellors available in school A friend noticed	Early recognition and intervention Public awareness of services Peers knowing what to do Services knowing of each other
C. End of school year	Natural pressures of school year Teacher burnout Teacher handoff Joe gets overlooked		Reduced adjunct services Loss of contact with people who know Joe No support for mom to assist with Joe
D. Summer	Natural progression of the illness, lose insight Loss of contact with school Lack of forced interaction, able to withdraw		Mom lack of parenting skills
E. Fall	Denial Peer avoidance Mom frustration limit	Mom identified Joe is in trouble, tried to help School can help again	No continuity Lack of medical attention
F. Back to the start	Lack of trust Illness attributed to normal teenage development		What is normal teenage behavior vs. illness Knowledge of changes

What do we need to learn more about so that we can improve the system of care and support for Joe and his family?

- Local mental health assessment place.
- De-mystifying mental health.
- Awareness and knowledge.
- Someone had to ask the right questions.
- Difference between personality and illness.
- How to ask questions.
- Have the conversation.

What are your groups top 3 reasons why Joe ended up in emerg?

- Disruptive behavior.
- Legislation.
- Lack of prevention.
- ER only available service at night.
- Neighbour.

S. EARLY PSYCHOSIS INTERVENTION (EPI) PRINCIPLES

Before moving to the third phase of Systems Charting – Future State, Chi reviewed EPI principles because we need to keep these front and centre as we work toward shifting the system. There are a set of Standards for EPI, available online: Ontario Early Psychosis Intervention Program Standards, MOHLTC 2011 ([link](#)).

EPI Principles:

- Youth and family centered
- Youth friendly, age-appropriate, sensitive to gender and culture
- Support maintenance of social roles (e.g., school, employment)
- Linked to other services
- Treatment is provided in least restrictive and least stigmatizing setting

EPI Key Components:

1. Facilitating Access and Early Intervention
2. Comprehensive Assessment
3. Treatment
4. Psychosocial Support
5. Family Education and Support
6. Public Education
7. Research

Other Standards:

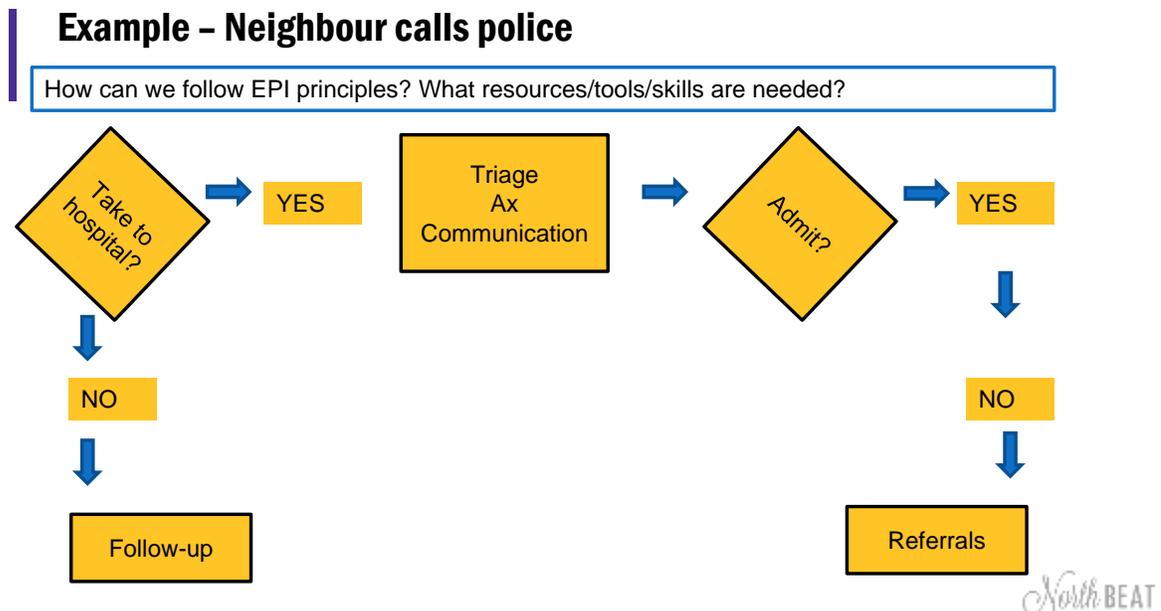
- Graduation from the Program
- Professional Training and Education
- Barrier-free services
- Program Networks
- Accountability

T. FUTURE STATE SYSTEMS CHARTING

The third phase of system charting is where we look toward the future and answer questions such as:

- What would we like to be different for youth with psychosis and their families?
- How would we like to shift the system of care and support?
- How can we improve the system for youth and families?
- How can we improve the system for providers?

The following example was provided as a starting point:



Working in geographic groups, they selected one of the following scenarios (from the Day 1 case example) and mapped the desired future state.

- Concerned neighbour calls police
- Worried friend notices Joe is acting strange
- Caring adult in school observes changes in behaviour
- Joe goes to primary care provider when symptoms first start
- Joe's Mom reaches out for support

City of Thunder Bay

Scenario: Joe goes to primary care provider when symptoms first start (assumption that Joe is 16 years old).

- Doctor asks about substance abuse, eating patterns, sleeping patterns, job and/or school, listens to mom's concerns, recent medical history, gives brochure.
- Yes to substance abuse:
- Talk about frequency, harm reduction, education materials, refer to a substance abuse resource.

Scenario: Concerned neighbour calls police.

- Does he meet the criteria: harm to self or others? Incapable to care for self?
- Go to hospital.
- Sees a MHAT or physician.
- Discharge plan: safety plan, MHAN, community support.
- Admitted: assessment, treatment, medication, treatment plan, discharge plan.

District of Thunder Bay

Scenario: Joe's mom reaches for help.

- Yes – sets up an appointment with family doctor for Joe.
 - Yes – medical intervention, referral, pharmacological intervention, mental health vs. behaviour assessment.
 - NOSP, family health, Dilico, First Place.
 - TREATMENT
 - No – status quo.
- No – grief counsellor, behaviour issues, social supports, educators.
 - TREATMENT
- No – try another route.
- No – posters, 211 sharing, public education and prevention.
 - Yes – education = action?
 - No – status quo.

Northern IDN

Scenario: Joe goes to primary care provider when symptoms first start

- Education/knowledge about psychosis identification.
- Goes to nurses station.
- Assessment by nurse for psychosocial factors.
- Call doctor or NP for a mental health consult.
- Mental health workers host case conference, connect, outline treatment plan.
- Connect with mental health counsellor, elder, NODIN, family, school, etc.
- Goes out on referral (eg. NODIN): follow up and evaluated by mental health worker.

- Educators and family can sufficiently support in the community.
- Hospital: liason with social worker
- Assessment.
- Triage.
- Form 1.

Scenario: Worried friend notices Joe is acting strange.

- Joe doesn't open up, friend seeks help for Joe, adult reaches out to Joe.
- Joe opens up and identifies his needs, expresses what is happening, friend validates his needs.
- Joe and his friend seek adult guidance.
- Adult is aware of symptoms of psychosis and available resources because of previous training (Safe Talk, keep Joe safe, ASSIST).
- Adult connects Joe to available resource like First Place.
- Joe is connected with a care coordinators to assist with appointments and follow through.

Scenario: Caring adult in school observes changes in behaviour

- Teacher: unusual behavior? Yes/No.
- Talk to student: assess situation and need. Yes/No.
- Consult colleagues: validate concern and next steps. Yes/No.
- Check with guidance, Is more support required? Yes/No.
- Meet with social worker or MHAN. Refer to specialized service? Yes/No.
- WAITLIST
- Student attend outside service? Yes/No.

Scenario: Concerned neighbour calls police.

- Police assess: trained, talk to parent, talk to caller.
- Joe cooperates with police.
- Police connect to crisis response.
- Crisis response: wellness checks, crisis bed, refer to other places, First Place, assist parent, connect with family doctor, school services, family, refer for therapy.
- Return to school: nurse monitors medication, educate staff, make accommodations for Joe as needed.
- Starts therapy, SCIP until picked up long-term.
- Joe uncooperative with police.
- Police talk to parent privately and gently.
- Send to ER: calm, nice space, quick response, MHAT/psych assessment, screen for psychosis.

- Refer to First Place, start medication.

District of Rainy River and Kenora

Scenario: Caring adult in school observes changes in behavior.

- School = hub: after school programs, 24-hour support through school, first contact, crisis response services 24 hours, program in school is accessible to students not in school.
- Mom communicates with school for support, ongoing communication, after hours help for students.
- Other available programs: 211, navigator, student success, student guidance of services, knowledge to assess in schools, Access Northwest, mobile response, 24 hour crisis line in each community, barrier free (ie. No age restrictions).
- Crisis- MHAT support by phone:
- Hospital: mental health crisis assessment to reduce time, train child protective services (24 hours) to assess.
- Admit: fly/drive to nearest hospital, know the pathway.
- No admit: education for all, decision point in safety issues (can emergency responders now leave?)
- No hospital available:
- Base hospital physician, crisis line, safety planning with ambulance and/or police, mobile or virtual unit, use school for internet/phone access.

U. CONSTELLATIONS ACTION PLANNING – GEOGRAPHIC GROUPS

One of the workshop goals was to start planning for future work together,

- Lessons learned from literature and experience
- Break a big complicated change into manageable pieces
- Start small and build
- Get a good handle on smaller systems and then take on the whole LHIN
- Build relationships and learn together in micro-ecosystems
- PLUS
- Provide opportunities for cross sharing and learning
- Get out of the gate quickly – start planning for January

The facilitator refreshed background information about the Geographic Constellations that the groups previously read about:

Accountabilities

- Identify existing resources available to support youth, families and support circles. Identify gaps in current resources (e.g. tools, programs, services) from youth, family, policy maker and provider perspectives.
- Create current state and desired future state care pathways.
- Support community capacity building and use of online learning resources.
- Trial new care pathways and application of evidence-based learning. Make recommendations based on evaluation results.
- Recommend sustainability strategies.

Meeting Frequency:

Monthly

Each geographic group completed a planning document to help determine the best way to organize meetings by webinar and to ask interested people to sign-up.

City of Thunder Bay

Name	Organization	Location
Fred Schmidt	CCTB	City
Jacqueline Ten Napel	Anishnawbe Mushkiki	City
Cathleen Larsen	CMHA	City
Kristen Tomcko	211north.ca	City
Neil Mills	CCTB	City
Alex Mauro	CSDCAB	City
Miranda Thibeault	NWLHIN	City

Jamie Gustafson	NWLHIN	City
Marcia Pedersen	NWLHIN	City
Aimee Juan	TBC	City
Nancy Hernandez-Basurto	TBDHU	City
Peter Voros	TBRHSC	City

Anyone else we could invite?

- SJCG mental health outpatients.

Dropbox?

- Okay

Webinars?

- 2-day turnaround.
- Confirm dates.
- Communicate with IT in advance to ensure that all technology and programs/plugins are in place to make webinar work.

Scheduling?

- Morning
- Tuesday, Thursday

Notes:

- Consider City of Thunder Bay and District of Thunder Bay together.
- Create job descriptions.

District of Thunder Bay

Name	Organization	Location
Crystal	TBRHSC	City
Jon	Police APS	District
Jennifer	NOSM	District
Joy	CMHA FF	District
Jennifer	North West	City?
Candace	NOSP	District
Mandy	PACE	District

Anyone else who we could invite?

- | | |
|---|--|
| <ul style="list-style-type: none"> • FHT • Dilico • Children's aid • Victim services • CMHA • EAP | <ul style="list-style-type: none"> • Lived experience • District school board • First Nation • DFC • NOSH |
|---|--|

Dropbox?

- Don't know – organization IT may not support for security reasons.
- Why not just email?

Challenges:

- Shared office space
- If organization is making it a priority, must make very clear the value add of attending, purpose, agenda, context, objectives to know who the most appropriate person to attend should be, what and when is involved.

Scheduling?

- 2 time zones to consider
- Morning
- Afternoon
- Tuesday
- Wednesday
- Thursday

Northern IDN

Name	Organization	Location
Nicole Robertson	KO	Sioux Lookout
Lindsey Poulter	NAN	City
Carol Wood	NECC – Pelican	Sioux Lookout
Erin Otto	NIHB	Sioux Lookout
Marilyn Lewis	Nodin	Sioux Lookout
Kaitlyn Ciddio	TBRHSC	City

Dropbox?

- Google Drive.
- Google classroom.
- Email is best.
- No to electronic data

Webinars?

- Do not use Skype.
- All needs 2B connect.
- Internet is unreliable.
- Telephone is best.
- Option to call in.

Scheduling?

- Can't access doodle polls.
- 2 times zones to consider.
- Tuesday
- Wednesday

Rainy River & Kenora

Name	Organization	Location
Dorion Chambers	UNFC	RR
Maureen Sullivan	Dryden MHS	Dryden
Marcel Penner	Dryden crisis response	Kenora
Dennis Boyd	KDSB	Kenora
Rochelle Shibish	WAHAC	Kenora
Heather Hobbs	EPION	
Renee Vachon	NOSM	
Jen Hyslop	CMHA	

Dropbox?

- Only if free version.
- Sharefile.

challenges:

- Travel to communities.
- Internet may be inconsistent in Grassy Narrows and Shoal Lake.

Scheduling?

- Early morning
- Afternoon
- Late afternoon
- Tuesday

J. CONSTELLATIONS ACTION PLANNING – OTHERS

The facilitator invited those who were interested to join one of the groups that would focus on:

- Evaluation and Knowledge Dissemination
- On-Line Learning
- Lived Experience

After describing, at a high-level, what each group will focus on, and answering questions, participants were invited to sign-up.

Evaluation and Knowledge Dissemination

Name	Organization	Location
Fred Schmidt	CCTB	City
Kristen Tomko	211	City
Renee Vachon	NOSM	City
Aimee Juan	TBay Counselling	City
Nancy Hernandez-Basurto	TBDHU	City
Erin Otto	NIHB	Sioux Lookout
Dorion Chambers	UNFC	RR

What interests you?

- Need to be sure we measure outcomes.
- Research/professional development eg. Learn REB, learn to develop surveys/evaluation tools, etc.

Lived Experience

Name	Organization	Location
Aimee Juan	TBC	City
Colleen McCreery	DFCHS	City
Neil Mills	CCTB	City
Jacqueline Ten Napel	Anishnawbe Mushkiki	City

What interests you?

- Shouldn't the lived experience constellation have people with lived experience?

Online Learning

Name	Organization	Location
Lindsey Poulter	NAN	City
Chris O'Shaughnessy	Children's Centre	City
Candace Davis	NSC	Red Rock
Erin Otto	FNIHB	Sioux Lookout
Carol Wood	NNEC	Sioux Lookout
Nicole Robertson	KO	Sioux Lookout
Nancy Hernandez-Basurto	TBDHN	City
Dorion Chambers	UNFC	Fort Frances
Maureen Sullivan	DRHC	Dryden
Jennifer Hyslop	CMHA	City
Mirella Fata	TBDSB	City

What interests you?

- Evaluation strategy – early in process.
- Evaluation design – target messaging.

W. WRAP-UP

Chi sincerely thanked people for participating in the inaugural workshop. People were reminded to complete Day 1 survey parts 1 and 2; and the Day 2 survey.

People who wanted a copy of the membership agreement or media release to take back to their organizations, and had outstanding questions were invited to speak to a member of the Core Coordinating Team.

Next steps include:

- Distribute Workshop Overview
- Make available the Detailed Workshop Report
- Distribute Q&A Document
- Start to book webinars for January 2018
- Create Mutual Purpose and Values Statements and Distribute

APPENDICES

DAY ONE APPENDICES

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APPENDIX I: WORKSHOP INVITEES AND PARTICIPANTS

Workshop Invitees

Organizations invited to join the NorthBEAT Collaborative/Attend Workshop. Signed and Unsigned, as of November 28, 2017.

1. 211 Ontario North
2. Anishinabek Police Services
3. Anishinawbe Mushkiki
4. Boys & Girls Club of Thunder Bay
5. Canadian Mental Health Association, Fort Frances
6. Canadian Mental Health Association, Kenora
7. Canadian Mental Health Association, Thunder Bay
8. Children's Aid Society
9. Children's Centre Thunder Bay
10. Confederation College
11. Dennis Franklin Cromarty High School
12. Dilico Anishinabek Family Centre
13. Dryden Police Services
14. Dryden Regional Health Centre
15. EPION (Early Intervention Psychosis Ontario Working Group)
16. Firefly Northwest
17. First Nations Inuit Health Branch
18. Gizhewaadiziwin Health Access Centre
19. Lakehead University
20. InVizzen Knowledge Brokers Inc.
21. Kenora Chiefs Advisory
22. Matawa First Nations Management
23. North of Superior Counselling Programs
24. Northwest EMS
25. Northwest Local Health Integration Network
26. Nishnawbe Aski Nation
27. Nishnawbe-Aski Police Service
28. Nishnawbe-Gamik Friendship Centre
29. NorWest Community Health Centres
30. Northern Nishnawbe Education Council
31. Northern Ontario School of Medicine
32. Ontario Provincial Police
33. P.A.C.E. – People Advocating for Change through Empowerment
34. Rainy River District EMS
35. Red Lake Indian Friendship Centre
36. Royal Canadian Mounted Police
37. School Mental Health Assist:

- i. CDS Catholique de Aurores Boréales
 - ii. Keewaitin-Patricia District School Board
 - iii. Kenora Catholic District School Board
 - iv. Lakehead District School Board
 - v. Northwest Catholic District School Board
 - vi. Rainy River District School Board
 - vii. Superior North Catholic District School Board
 - viii. Superior-Greenstone District School Board
 - ix. Thunder Bay Catholic District School Board
38. Shibogama First Nations Council
39. Sioux Lookout First Nations Health Authority
40. Sioux Lookout Meno Ya Win Health Centre
41. St. Joseph's Care Group
 - a. NorthBEAT Coordinating Team (Centre for Applied Health Research)
 - b. Child Adolescent Psychiatry Services
42. Superior North EMS
43. Thunder Bay Counselling
44. Thunder Bay District Health Unit
45. Thunder Bay Indigenous Friendship Centre
46. Thunder Bay Police Services
47. Thunder Bay Regional Health Sciences Centre
 - a. Child Adolescent Mental Health Unit
 - b. Forensic and Adult Mental Health
 - c. Northwest Base Hospital Program
48. Treaty 3 Police
49. United Native Friendship Centre
50. Waasegiizhig Nanaadawe'yewigamig Health Access Centre
51. Weechi-it-te-win Family Services

Workshop Participants

List of workshop participants in attendance. Alphabetical by Organization.

ORGANIZATION	NAME	
Anishinabek Police Service	Jon	Rivet
Anishnawbe Mushkiki	Jennifer	Bean
Anishnawbe Mushkiki	Jacqueline	Ten Napel
Children's Aid Society	Doug	Kashak
Children's Aid Society	Frank	Costa
Children's Centre Thunder Bay	Neil	Mills
Children's Centre Thunder Bay	Christine	O'Shaughnessy
Children's Centre Thunder Bay	Fred	Schmidt
CMHA Thunder Bay	Jennifer	Hyslop
CMHA Thunder Bay	Catheleen	Larsen
CMHA Thunder Bay	Evelyne	Leblanc
CSDC des Aurores boréales	Alexandra	Mauro
Dennis Franklin Cromarty High School	Mae	Katt
Dennis Franklin Cromarty High School	Colleen	Mccreery
Dryden Police Service	Ann	Tkachyk
Dryden Regional Mental Health and Addiction Service	Maureen	Sullivan
EPION	Heather	Hobbs
FNIHB, Health Canada	Erin	Otto
InVizzen Knowledge Broker Inc	Cheryl	Beech
InVizzen Knowledge Brokers Inc.	Reinhard	Zitzmann
InVizzen Knowlege Brokers Inc.	Sheila	Cook
Keewatinook Okimakanak	Armanda	Cimon
Keewatinook Okimakanak Board of Education	Nicole	Robertson
Kenora District Services Board - Northwest EMS	Dennis	Boyd
Lakehead Public Schools	Lori	Carson
Lakehead Public Schools	David	Tranter
Lakehead Social Planning Council, 211 Northern Region	Kristen	Tomcko
Lakehead University	Nakita	Guillet
Lakehead University	Irene	Pugliese
Ministry of Education	Bob	Greer
Nishnawbe Aski Nation	Lindsey	Poulter
Nishnawbe Aski Police	Pierre	Guerard
NNEC	Glen	Whiskeychan
NNEC	Carol	Wood
North of Superior Counselling Programs	Candace	Davies
North West Local Health Integration Network	Marcia	Pedersen
North West Local Health Integration Network	Jamie	Gustafson
North West Local Health Integration Network	Jolene	Slobojan
North West Local Health Integration Network	Miranda	Thibeault

NorWest Community Health Centres	Jennifer	Lawrance
NorWest Community Health Centres	Juanita	Lawson
NOSM	Jennifer	Turcotte-Russak
NOSM	Renee	Vachon
People Advocating for Change through Empowerment Inc. (P.A.C.E)	Mandy	Tait-Martens
Sioux Lookout First Nation Health Authority	Marilyn	Lewis
St. Joseph's Care Group	Jack	Haggarty
St. Joseph's Care Group (NorthBEAT)	Chiachen	Cheng
St. Joseph's Care Group (NorthBEAT)	Carole	Lem
St. Joseph's Care Group (NorthBEAT)	Shevaun	Nadin
Thunder Bay Catholic School board	Mirella	Fata
Thunder Bay Counselling Centre	Aimee	Jaun
Thunder Bay District Health Unit	Nancy	Hernandez-Basurto
Thunder Bay Police Service	Sharon	Komar
Thunder Bay Police Service	Jeremy	Pearson
Thunder Bay Regional Health Sciences Centre	Kerry	Posselwhite
Thunder Bay Regional Health Sciences Centre	Joslyn	White
Thunder Bay Regional Health Sciences Centre	Crystal	Edwards
Thunder Bay Regional Health Sciences Centre	Peter	Voros
Thunder Bay Regional Health Sciences Centre	Kaitlyn	Ciddio
United Native Friendship Centre	Dorion	Chambers
WNHAC	Rochelle	Shibish

APPENDIX II: PARTICIPANT AGENDA



Inaugural Knowledge Exchange Workshop

Objectives:

- Launch the new NorthBEAT Collaborative
- Gather input and feedback into major components of the initiative's work plan
- Start improvement efforts to understand how we can cooperatively shift the system of care and support for youth who experience psychosis
- Share the governance model and support available to promote action and outcomes

Agenda Day 1: Thursday, November 30, 2017

<i>Time</i>	<i>Topic & Activity</i>	<i>Facilitator</i>
0900 - 0930	Registration, Coffee, Informal Networking	
0930 - 0945	Workshop Warm-up	Shevaun & Sheila
0945 - 1000	Welcoming Remarks	Chi
1000 - 1015	What to Expect Today & Building our Collaborative	Sheila
1015 - 1030	Psychosis & EPI Best Practices and NorthBEAT Findings	Sheila & Chi
1030 - 1105	Break & Informal Networking Pin the Map	
1105 - 1145	Context – what's our terrain?	Members
1145 - 1200	What does this context mean to our Collaborative?	
1200 - 1315	Lunch & Knowledge Exchange Fair	
1315 - 1330	Small group discussion: Knowledge Exchange Fair Highlights	
1330 - 1400	How we'll know we're making a difference	Chi & Shevaun
1400 - 1530	System Charting – Current state mapping	Sheila
1530 - 1600	Report backs to large group	Sheila
1600 - 1630	Wrap-Up & Plan for Day 2	Chi & Sheila

Agenda Day 2: Friday, December 1, 2017

<i>Time</i>	<i>Topic & Activity</i>	<i>Facilitator</i>
0815 - 0900	Breakfast & Informal Networking	
0900 - 1015	NorthBEAT Launch - Media Event	
1000 - 1015	What to Expect Today & Building our Collaborative	Sheila
1000 - 1030	NorthBEAT Collaborative's shared purpose	Sheila
1030 - 1040	Constellation Model of Governance	Sheila
1040 - 1100	Networking Break	
1100 - 1200	System Charting – Current state analysis	Sheila
1200 - 1245	Lunch	
1245 - 1300	Refresh Goals and Best Practices	Chi
1300 - 1400	System Charting – Future state	Sheila
1400 - 1500	Small Group Work: Constellations Action Planning	Sheila
1500 - 1530	Wrap-Up Accomplishments & Next Steps	Chi

APPENDIX III: MAP SHOWING PARTICIPANT LOCATIONS



APPENDIX IV: NETWORKING BINGO CARD

<p>FIND SOMEONE WHO ... Write his/her name in the square</p>				
Dislikes chocolate	Likes to garden	Actively follows politics	Is allergic to cats or dogs	Enjoys watching sports
Is wearing blue socks	Hates cleaning the bathroom	Enjoys tea more than coffee	Knows how to count to 10 in at least 2 languages	Has a Linked In Profile
Birthday is in November or December	Dislikes to eat fish	FREE	Has already put up Christmas lights or decorations	Loves chocolate
Loves to travel	Shops on line	Likes to spend time outdoors	Keeps spare change in a jar	Hates mosquitoes
Likes winter better than other seasons	Plays a musical instrument	Likes the colour green	Lives in a different village/town/city than you do	Is wearing comfortable shoes

APPENDIX V: LIT SCAN SUMMARY OF KEY DOCUMENTS

One of our commitments is to use multiple sources of evidence including lived experience, practice-based knowledge and research to guide our work. We wanted to learn from teams who've gone before. As a first step, we searched the published scientific literature for insights.

Literature Scan I

Partnership/Collaboration Models and Success Strategies

Research Question:

- 1) What models/ frameworks have been used to evaluate collaboratives/ networks/ communities of practice/ partnerships?

Key Article Summaries

Abram, F. Y., & Lindhorst, D. (2008). **A process evaluation of collaborative planning for children of prisoners.** *Administration in Social Work*, 32(1), 39-54.

OVERVIEW

- Collaboration = “a fluid process through which a group of diverse actors (organization or individuals) undertakes a joint initiative, solves shared problems, or otherwise works to achieve common goals”
- Evaluation Considerations:
 - Beginning stages of collaboration characteristics include equality of representation, participation and collaborative fit; shared goals, clear expectations and procedures; open communication, cooperation, and role differentiation.
 - Task Achievement Scaling (TAS) to evaluate progress toward completion of project planning objectives and tasks.
- Challenges
 - Inconsistent participation
 - Lack of clarity whether developing or implementing a plan
 - Confusion about goals, expectations, tasks, timelines and progress – different communication mechanisms for providing updates
 - Lack of clarity about roles
- Lessons for Future
 - Specific project with realistic chance of completion
 - Ensure clarity of purpose
 - System to track goals toward purpose
 - Establish appropriate structure and clarity roles
 - Ensure attendance of key parties
 - Evaluation should include subjective and objective outcomes and achievement of stated goals

Bainbridge, D., Brazil, K., Krueger, P., Ploeg, J., Taniguchi, A., & Darnay, J. (2011).

Evaluating Program Integration and the Rise in Collaboration: Case study of a palliative care network. *Journal of palliative care*, 27(4), 270.

OVERVIEW

- Evaluation considerations
 - Multi-level evaluative framework (interviews, surveys and documents)
 - The Partnership Self-Assessment Tool
- Success Factors
 - Organizational commitment, educational opportunities, the use of volunteers, and palliative care (PC) promotion and communication.
 - Power equity in that all sectors (for example, academia and tertiary care) and geographic areas are represented in the network.
 - Partner organizations sign a voluntary partnership agreement outlining the responsibilities of the organization and the Palliative Care Network (PCN) in the development of the PC system plans; ensures commitment and alignment with PCN's vision.
 - Each partner organization has 1 vote on all major PCN system-wide decisions.
 - Interdisciplinary educational opportunities increased the complement of providers with specialty training in PC.
 - Reported strengths = leadership, commitment and skills of members
 - Major weaknesses = limited resources and their unequal distribution, having to work in silos and deal with turf wars, and a lack of higher-level LHIN support.

Corbin, J. H., Fernandez, M. E., & Mullen, P. D. (2015). **Evaluation of a Community–Academic Partnership: Lessons From Latinos in a Network for Cancer Control.** *Health promotion practice, 16*(3), 345-353.

OVERVIEW

- Evaluation Considerations
 - Apply a systems model, the Bergen Model of Collaborative Functioning (BMCF), to evaluate a long-standing community–academic partnership and examine its positive and negative processes.
- Challenges
 - Contributions of partners varied greatly (time, skills, level of engagement, access to community members, financial, expertise and knowledge)
 - Financial instability to sustain network's infrastructure – secured multiple funding sources > confusion about network's mission.
 - Structure - Competing demands on leader. Informal structure allowed flexibility but also led to lack of role clarity and poor communications.
- Lessons for Future
 - Shared decision-making among leadership team, providing leader with organizational support.
 - Communications strategies: clearly labeling all emails, web site, regular newsletters
 - Formalize structure and roles.
 - Broader mission & less clearly defined roles = more inclusive, more input and less productive. Working groups with shorter-term goals and defined products are more productive.
 - Long-lasting, informal, inclusive networks provide a steady, fertile soil from which smaller, production-oriented partnerships can blossom;

- Long-term interaction of this kind creates meaningful connections where partners can see people work consistently over time and know who to go to when projects or funding opportunities arise;
- This kind of network is valuable, and funding needs to be available to support the infrastructure enabling the cultivation of such networks; and
- It is important to recognize the trade-offs in partnership in terms of formality, flexibility, and inclusiveness and to make thoughtful decisions about the benefits and drawbacks of making choices one way or the other.

Hamilton, J., Begley, C., & Culler, R. (2014). **Evaluation of partner collaboration to improve community-based mental health services for low-income minority children and their families.** *Evaluation and program planning, 45*, 50-60.

OVERVIEW

- Evaluation/Research Considerations
 - How well is the collaborative process working?
 - What are the perceived costs and benefits of collaboration?
 - Do the benefits of collaboration outweigh the costs?
 - The Partnership Self-Assessment Tool (PSAT)
 - Subscales: synergy, leadership, administration and management, decision-making, financial resources, non-financial resources, and efficiency.
- Lessons for the Future
 - Front-line staff = distinct areas of frustration identified and allowed specific strategies. Involve front-line staff in policy decisions that impact them
 - Cost of participation = slowness of getting started
 - Benefits = new relationships

Johnson, H. H., Bobbitt-Cooke, M., Schwarz, M., & White, D. (2006). **Creative partnerships for community health improvement: a qualitative evaluation of the Healthy Carolinians Community Micro-Grant Project.** *Health promotion practice, 7*(2), 162-169.

OVERVIEW

- Evaluation & Research Considerations
 - Identify key elements that enabled the success of community-based organizations (CBO) projects
 - identify the significant barriers and challenges that diminished CBO achievement
 - describe aspects of this project that can be replicated in other communities
- Benefits
 - (a) built partnerships and connections within and outside their communities,
 - (b) gained new ideas and knowledge,
 - (c) developed local leadership and expertise, and
 - (d) increased their ability to focus on and make progress toward their missions and goals.
- Lessons for the Future
 - Decentralized approach provides a powerful mechanism for addressing community health improvement.

- Experience with the grant process from beginning to end, demonstrated flexibility in how money is used, experience working with slim resources, and the ability to train and build the capacity of CBOs.
- Emphasizing concepts such as community participation, community empowerment, and building and promoting community partnerships, the “principles of community engagement” are bolstered and supported.

La Porta, M., Hagood, H., Kornfeld, J., & Treiman, K. (2007). **Partnership as a means for reaching special populations: evaluating the National Cancer Institute’s (NCI) Cancer Information Service (CIS) partnership program.** *Journal of Cancer Education*, 22(S1), S35-S40.

OVERVIEW

- Evaluation & Research Considerations
 - Obtain feedback from partners of the CIS partnership program on various aspects of partnership functioning via a national survey
 - Partners’ perceptions about roles and responsibilities, leadership, formalization of the partnership, degree of collaboration, working relationships with CIS staff members, and the importance of partnering with CIS to the work of their organization. (Perceptions not impacts measured.)
 - Measures of functioning were based on the partnership synergy framework
 - Measured range of partnership effects (impact on outreach efforts, relationships with political decision-makers, government agencies, and other organizations, and capacity to meet needs of minority and underserved populations.)
- Lessons for the Future
 - Defined 3 types of partnerships with varying levels of commitment (Networking, Education and Program Development)
 - Good uptake of some awareness and education strategies by partners; lack of knowledge of some available strategies.
 - Importance of well organized communication and education strategies and materials, with strong coordination by centralized group. Build skills and expertise of partners to use resources.
 - Lowest effect level was for building relationships with political decision-makers

Lemieux-Charles, L., Chambers, L. W., Cockerill, R., Jaglal, S., Brazil, K., Cohen, C., & Schulman, B. (2005). **Evaluating the effectiveness of community-based dementia care networks: the Dementia Care Networks' Study.** *The Gerontologist*, 45(4), 456-464.

OVERVIEW

- Evaluation Considerations
 - Explore how to best systematically evaluate the effectiveness of four community-based, not-for-profit dementia networks.
- Lessons for the Future
 - Increasing administrative effectiveness to bridge the gap between administrative tasks and clinical service priorities.
 - The nature of relationships in which they are engaged and the self-reinforcing dynamic of overlapping groups need to be examined closely.

- Relationships are complex and it is important to understand the different types of relationships that exists among agencies.
- Constellations of agencies within networks need to work more closely together.
- Leadership in agencies is very important for support and access to resources.

Marek, L. I., Brock, D. J. P., & Savla, J. (2015). **Evaluating collaboration for effectiveness: Conceptualization and measurement.** *American Journal of Evaluation*, 36(1), 67-85.

OVERVIEW

- Evaluation Considerations
 - Provide a value and reliable evaluation instrument, the Collaboration Assessment Tool (CAT).
- Lessons for the Future
 - 7 factors have been identified as critical for effective collaboration: Context, Members, Process and Organization, Communication, Function, Resources, and Leadership.
 - CAT is an interactive assessment that can be used as both an informal inventory and a validated tool to evaluate the current functioning of coalitions.
 - The CAT is capable of evaluating longitudinal change, as a collaborative matures.
 - Communication, Function and Leadership have the highest correlation with success.

Noonan, P., Erickson, A. G., McCall, Z., Frey, B. B., & Zheng, C. (2014).

Evaluating change in interagency collaboration of a state-level interagency education team: a social network approach within a utilization-focused framework.

Educational Assessment, Evaluation and Accountability, 26(3), 301-316.

OVERVIEW

- Evaluation & Research Considerations
 - Examine changes in collaboration among members of a state-level interagency education team.
 - Determine strategies used by the team to expand collaboration.
- Lessons for the Future
 - Identify the purpose of the evaluation.
 - Discuss the evaluation process with participants and collect data.
 - Analyze the data and develop a geographical display that is easy to interpret.
 - Ensure accuracy of the results.
 - Identify implications of the results.
 - Develop action plan strategies for continuous improvement.

Popp, J. K., L'Heureux, L. N., Dolinski, C. M., Adair, C. E., Tough, S. C., Casebeer, A. L., ... & Morrison, C. C. (2005). **How do you evaluate a network? A Canadian child and youth health network experience.** *The Canadian Journal of Program Evaluation*, 20(3), 123.

OVERVIEW

- Evaluation & Research Considerations
 - Describe key findings from the literature on networks, the evaluation, the experience and learning from network evaluation activities.
 - Help inform evaluation efforts in other networks or similar inter-organizational initiatives.
 - Southern Alberta Child and Youth Health Network (SACYHN). Implementation Evaluation Framework. Indicators were articulated in reference to level of impact, promoting multiple levels of analysis within evaluation of the network.
- Challenges
 - Developing innovative methods to focus on what needs to be measured as an indicator of network effectiveness.
- Benefits
 - Qualitative and quantitative measures allowed for improved understanding of network impact.
- Lessons for the Future
 - General network member surveys should not be the dominant form of data collection – should include interviews and focus groups..
 - Number of indicators should be limited, or better defined between goals, so that results can be accurately attributed when reporting against them.

Stock, C., Milz, S., & Meier, S. (2010). **Network evaluation: principles, structures and outcomes of the German working group of Health Promoting Universities.** *Global health promotion, 17(1), 25-32.*

OVERVIEW

- Evaluation Considerations
 - Orientation towards a reasonable outcome approach.
 - Attention to development stages or levels.
 - Consideration of key factors for sustainable capacity development.
- Benefits
 - The “Multifaceted Network Assessment Instrument” is an useful and applicable tool in conducting a network evaluation. It is based on 3 principles:
 1. Orientation towards a reasonable outcome approach.
 2. Attention to development stages or levels.
 3. Consideration of key factors for sustainable capacity development.

Stolp, S., Bottorff, J. L., Seaton, C. L., Jones-Bricker, M., Oliffe, J. L., Johnson, S. T., ... & Lamont, S. (2017). **Measurement and evaluation practices of factors that contribute to effective health promotion collaboration functioning: A scoping review.** *Evaluation and program planning, 61, 38-44.*

OVERVIEW

Evaluation Considerations

- Identify and compare promising factors that contribute to effective health promotion collaboration, along with measurement approaches.

- Make recommendations for strengthening assessments of population and public health promotion collaborations.
- Lessons for the Future
 - Leadership was identified as the most common measured collaborative factor and was also the factor most often empirically related to health promotion outcomes achieved through the collaborative. Which characteristics of leadership though, need further examination.
 - Trust has been found to significantly contribute to organization health promotion collaborative functioning.

Woodland, R. H., & Hutton, M. S. (2012). **Evaluating organizational collaborations: Suggested entry points and strategies.** *American Journal of Evaluation*, 33(3), 366-383.

OVERVIEW

Evaluation & Research Considerations

- Present the Collaboration Evaluation and Improvement Framework (CEIF).
- Identifies entry points to evaluating collaborations.
- Lessons for the Future
 - The evaluation of collaborations may be characterized by specific attributes and variables that can be measured, observed and/or documented.
 - Because teams are the predominant unit for decision making and getting things done in any organization, it is important to have a clear and accurate picture of the high-leverage groups at work.
 - All partnerships will navigate predictable stages of development, monitoring the stages can enhance organizational performance.
 - Data about level of organizational integration can inform decisions about appropriate allocation of resources. When used longitudinally, integration data can be correlated with other important outcome measures.
 - Results can be used to inform decisions about how to strengthen inter-professional collaboration and builds inter-organizational capacity for efficiency and performance.

Literature Scan 2

Partnership/Collaboration Governance Models

Research Questions:

- 1) What is the Constellation Model of Governance and how does it compare to other models?
- 2) How has the Constellation Model been applied?
- 3) What lessons have been learned about using this model and what is the evidence that it works?

Key Article Summaries

Clarke, A. N., & Cilenti, D. (2017). **Developing Collaborative Maternal and Child Health Leaders: A Descriptive Study of the National Maternal and Child Health Workforce Development Center.** *Maternal and Child Health Journal*, 1-7.

OVERVIEW

Description of Model

- Systems Thinking: to map complex relationships between programs, organizations and agencies to identify stakeholders.
- Vision-based Leadership: Partnerships and coalitions must align efforts and create and communicate a shared vision across collaborators.
- Collateral Leadership: A horizontal power structure is more common. Leaders must convene representatives of interested parties across a system.
- Power Sharing: shared planning and building consensus among partners in order to create mutually beneficial solutions.
- Process-based Leadership: leaders must possess a variety of soft-skills.
- Promising Practices for Implementation
 - Use collaborative practices to navigate the public health systems in which they work.
 - Crucial to convene and engage necessary stakeholders for a systems approach, especially important as work grows more complex and resources intensive.
 - Clarke, A. N., & Cilenti, D. (2017). **Developing Collaborative Maternal and Child Health Leaders: A Descriptive Study of the National Maternal and Child Health Workforce Development Center.** *Maternal and Child Health Journal*, 1-7.

Fitzgerald, L., & Harvey, G. (2015). **Translational networks in healthcare? Evidence on the design and initiation of organizational networks for knowledge mobilization.** *Social Science & Medicine*, 138, 192-200.

OVERVIEW

- Description of Model
 - Flat “superstructure”, but had separate divisions and strands of activity led and managed by different individuals.
 - Implementation teams became main point of contact between the university and stakeholders.
 - The unit level focussed on project teams in the Implementation division, reflecting that these teams were the interface with practitioners and help the remit of knowledge translation.
 - Implementation teams had similar multi-disciplinary membership.
 - Within teams, there was clear evidence that outward-facing knowledge mobilization was prioritized.
- Challenges
 - Lateral communication.
 - Flaw in model, composition and the processes of operation of the network board.
 - Evidence of tensions between inclusivity of multiple stakeholders and effective decision making processes.
 - The Board did not re-evaluate the impact of this structure – the structure was evidentially mismatched to the function.
- Promising Practices for Implementation
 - Examine translational networks with different structural forms, comparing these to networks pursuing other functions.

Surman, T. (2006). **Constellation Collaboration: A model for multi-organizational partnership.** Retrieved from the Centre for Social Innovation website at http://www.commark.com/UserFiles/17/File/Constellation_Governance_Model.pdf.

OVERVIEW

- Description of the Model
 - Organize a group of interested parties to meet a need without having to create a new organization to “hold” the issue.
 - Seeks to recognize the energy and to respect how this energy flows in a group.
 - Each constellation provides a specific value and serves a specific role.
 - The strength of the model is in its balance between strong base of roles, responsibilities, vision, strategy and planning that can then enable emergence to happen within the energetic constellations.
- Promising Practices for Implementation
 - For this model to work, there is a need for a clear third party agent to play the role of the process catalyst and capacity builder.
 - Collaborative leadership which serves the purpose of providing process support to the members
 - “In motion” money and power management ensures that the active partners are compensated for their initiative.
 - Communication and transparency supports the collaboration.

Schoch-Spana, M., Ravi, S., Meyer, D., Biesiadecki, L., & Mwaungulu Jr, G. (2017). **High-Performing Local Health Departments Relate Their Experiences at Community Engagement in Emergency Preparedness.** *Journal of Public Health Management and Practice.*

OVERVIEW

- Description of Model
 - Multi-sector partnerships, vulnerable populations initiatives and 2-way exchanges of information.
 - Change will entail adoption of evidence-based interventions (“what”) as well as evidence-based administrative approaches (“how”).
 - High performance is associated with nonmonetary administrative elements and organizational culture, especially where scarce resources are a reality.
- Challenges
 - Groups of all sizes reported limited budgets, staff and time.
- Promising Practices for Implementation
 - Community engagement is integral, rather than a luxury or standalone activity competing for resources.
 - Recognizing partners’ own needs, interests and strengths is essential.
 - Face-time, consistent outreach, follow-through on promises, and work on mutually beneficial issues embody meaningful collaborations.
 - Strategic planning by committed leader(s) can be a practical starting place.
 - Current community connections where pre-existing goodwill can serve as a foundation.

Wendl, M. J., & Cramer, M. E. (2017). **Evaluating Effective Leadership and Governance in a Midwestern Agricultural Safety and Health Coalition.** *Workplace Health & Safety*, 2165079917729172.

OVERVIEW

- Description of Model
 - Clear organizational structure which facilitates well-defined routes of communication, shared governance and collaboration among projects and programs, including evaluation: Administrative Core, Internal Advisory Committee, Centre Director, External Advisory Committee.
- Promising Practices for Implementation
 - Health and safety programs are often most successful with coalitions are formed with strong evaluation plans.

APPENDIX VI: CONSTELLATION MODEL DESCRIPTION



Constellation Model of Governance

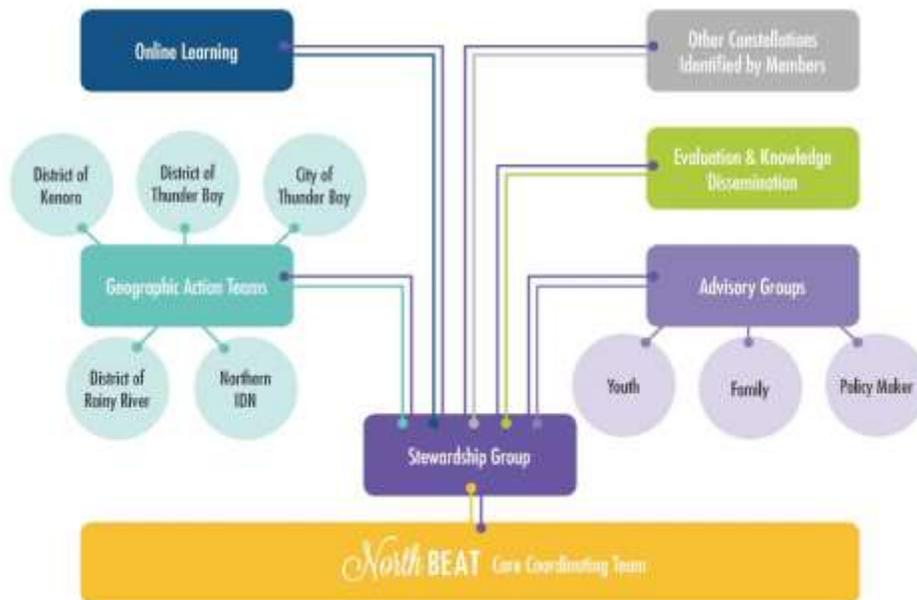
Background

The NorthBEAT Collaborative is using a novel governance structure called the Constellation Model. We selected it because it is a framework to serve and inform partnerships, coalitions, networks and movements; and to serve social movements and social change. Traditional governance models have a solid hierarchical structure with positions based on established functions (e.g. human resources, finance, research, communications). Considerable resources are required to support this structure and often the structure limits opportunities to be flexible, responsive, inclusive, and dynamic.

For this initiative, we needed a governance model that:

- Focuses on action – we have 4 years to make substantial progress on a complex issue in a huge geographical area
- Has the right balance of structure to hold the partnership together and enough flexibility to foster creativity, co-creation and shared decision-making
- Makes the best use of available resources and enables the contributions of diverse collaborators.

The Constellation Model is an ideal fit for our needs. It also encourages shared leadership and shared accountability for each Constellation or group's activities and outcomes. We believe co-leads are a good way to handle the leadership accountabilities.



CORE COORDINATING TEAM		
<p>Accountabilities: Using solid project management and partnership brokering strategies, this team will ensure the project stays on track and key deliverables are met. Accountabilities include applying promising practices to:</p> <ul style="list-style-type: none"> • Develop and implement detailed project plans • Conduct Literature Reviews/Scoping Reviews • Create and implement strategic communications and knowledge mobilization plans • Create and implement an evaluation strategy • Create and implement a deliberative partnership strategy • Develop interactive online learning modules and other educational materials • Provide Coordinationistrative, facilitation and implementation support to the Stewardship Group's plans/initiatives/interventions, Local Implementation Teams and Advisory Groups. • Support initiatives/interventions identified by the Stewardship Group. <p>Meeting Frequency:</p> <ul style="list-style-type: none"> • Weekly and as needed for specific project components. 		
Co-Leads	Chi & Sheila	
Facilitation and Coordination Support	Cheryl & Sheila	
Team Members	Carole, Shevaun, Katie and Reinhard Youth Engagement Coordinator	

STEWARDSHIP GROUP		
<p>Accountabilities With representation from each of the "formal partners/collaborators" OR Co-Leads from Constellations this leadership group:</p> <ul style="list-style-type: none"> • Oversees the overall strategic project plan and reporting requirements • Participates in knowledge exchange workshops • Provides organizational and sector perspectives • Helps recruit advisors and market the knowledge products created within their networks • Recommends sustainability perspectives. <p>Members of the Stewardship Group will also participate in constellations.</p> <p>Meeting frequency:</p> <ul style="list-style-type: none"> • 2x per year by webinar + workshops 		
Lead	Chi	
Facilitation and Coordination Support	Shevaun	
Partnership/Knowledge Broker Support	Sheila	
Members	Co-Leads from all Constellations	

EVALUATION & KNOWLEDGE DISSEMINATION CONSTELLATION		
<p>Accountabilities</p> <ul style="list-style-type: none"> Oversee the development and implementation of an evaluation strategy that meets the funder’s requirements and will contribute new knowledge to the field. Ensure ethical, evaluation and academic standards and practices are followed. Create and implement a knowledge dissemination strategy to share the new knowledge in professional, policy and academic environments. <p>Meeting Frequency:</p> <ul style="list-style-type: none"> 2x per year + writers’ meetings 		
Co-Leads	Chi & Shevaun	
Support	Carole	
Members	Anyone with an interest Academic collaborators	Sign-up at workshop

ON-LINE LEARNING CONSTELLATION		
<p>Accountabilities</p> <ul style="list-style-type: none"> Apply adult education, instructional design and eLearning best practices to develop online learning modules with evidence-based content. Contribute to the overall evaluation strategy from the on-line learning perspective. Recommend a marketing strategy and work closely with the Communication Specialist to implement a marketing campaign. Coordinate and/or create additional on-line resources as recommended by the advisory groups and stewardship group. <p>Meeting Frequency:</p> <ul style="list-style-type: none"> 2 group webinars, 2 phone interviews and feedback by email using template 		
Co-Leads	Sheila & Reinhard	
Facilitation and Coordination Support	Cheryl	
Members	Anyone who is interested. Sector representation.	Sign-up at workshop

GEOGRAPHIC CONSTELLATIONS		
<p>Accountabilities</p> <ul style="list-style-type: none"> Identify existing resources available to support youth, families and support circles. Identify gaps in current resources (e.g. tools, programs, services) from youth, family, policy maker and provider perspectives. Create current state and desired future state care pathways. Support community capacity building and use of online learning resources. Trial new care pathways and application of evidence-based learning. Make recommendations based on evaluation results. Recommend sustainability strategies. <p>Meeting Frequency:</p> <ul style="list-style-type: none"> Monthly 		
Co-Leads		
Facilitation and Coordination Support	Cheryl & Sheila	
Members	Anyone who is interested. Sector representation.	Sign-up at workshop

Co-Leads

What will you do?

- Facilitate monthly webinars with collaborators
- Provide strategic advice and guidance
- Lead important initiatives targeted to your geographic area
- Ensure the local context is considered
- Look for opportunities to recruit and engage collaborators
- Share updates, challenges and opportunities as a member of the Stewardship Group

What type of support will you get?

Built lots of coordination and facilitation support into the model to make it easier for you:

- Knowledge broker/facilitator/partnership broker (Sheila) will:
 - Outline a high-level quarterly plan for Constellations
 - Created terms of reference
 - Facilitate challenging conversation/decisions where you feel you need some extra support
 - Provide a learning burst on virtual team and webinar good practices
- Knowledge broker/project coordinator (Cheryl) will:
 - Book all planning meetings and webinars
 - Meet with you to discuss agenda and background work needed to support the objectives and agenda topics
 - Share ideas and lessons learned from other Constellations
 - Send emails and calendar appointments to members
 - Set-up the webinar platform
 - Take notes during the webinars and share them with members
 - Take questions/concerns to the Core Coordinating Group
 - Conduct background research/information seeking
 - Draft update reports

APPENDIX VII: PARTNERSHIP MODEL DESCRIPTION

Partnership Model

Why do we plan to use a model?

Multi-sectoral partnerships/collaborations are complex. Great collaborations rarely happen by chance. Successful collaborations require deliberate actions and frequent recalibrations. One of the challenges is to form robust collaborations that achieve important goals based on a shared vision, while minimizing disappointment, frustration, misunderstandings and conflict. This model acts as a guide that will focus our time, energy and other resources. We'll use this 4-Phase model to guide our work. Here's a quick look at key activities in each phase.

The Four-Phase Partnering Cycle

(Source: The Partnering Initiative)



1. Scope and Build

- Scope needs and options
- Identify potential partners
- Discuss potential risks and benefits
- Build relationships
- Map and plan
- Identify what each potential partner brings to the partnership
- >>> Decide whether to partner

2. Manage and Maintain

- Form governance structure
- Secure resource commitments
- Deepen engagement
- Develop a communications plan
- Build partnering capacity
- Solve problems constructively
- Agree on evaluation framework
- Deliver projects

3. Review and Revise

- Assess the impact of the partnership
- Draw out and apply lessons learned
- Review efficiency of the partnership
- Review the added value to partners
- Brainstorm new ideas and developments
- Make necessary changes to project or partnering arrangements

4. Sustain Outcomes and Move On

- Discuss a range of moving on options
- Recognize and celebrate achievements
- Identify further champions and spheres of influence
- Create plans to sustain the activities and/or outcomes
- Manage closure/sustainability/moving on procedures

APPENDIX VIII: LOGIC MODEL

NORTHEAST COLLABORATIVE: LOGIC MODEL

