"This province simply cannot afford to rest upon [its past] laurels or success... This report is all too full of accounts of children left behind. They are forgotten because of their age. They are forgotten because of their level of ability. They are marginalized because of their behavioural and mental health problems. They are often abandoned because they are so very hard to love. However, on most days, their humanity and their vulnerability can level the strongest amongst us." **Connecting the Dots, January 2008**

Problem and opportunity

Connecting the Dots told the stories of seven young New Brunswickers who faced extreme challenges due to the inability of all our systems – educational, clinical, child protection, mental health, public safety and justice - to coordinate and deliver the services and supports they and their families needed (NB Office of the Child and Youth Advocate, 2008). All of the children who shared their stories had a common experience of having run through every public service available and of being frustrated by having to relive their story at every step – as though nobody was listening, or working together to support child and family. Youths were not connecting with the mental health care they needed. Families were drained and at a breaking point. ***We needed a new way of addressing youth mental health and wellbeing.***

Transforming adolescent mental health services requires an overhaul of current policies, attitudes and practices. *Connecting the Dots*, and its companion piece *The Ashley Smith Report*, outlined a program of recommendations aimed at the optimal development of our most vulnerable youth through the delivery of services and supports as close to home and community as possible. A culture change took root, as was witnessed at the Connect the Dots rally in 2010, where over a thousand NB citizens took action on behalf of adolescent mental health by forming a human chain to support the public and government in moving forward together on these recommendations. Today the culture change is deepening and widening. The Adolescent Connections Team (A.C.T.) will build on this momentum.

A.C.T.'s overall objective is to mobilize all sectors of New Brunswick society to: a) make the maximum contribution we can to TRAM's vision for a national transformation in adolescent mental health; and b) to position the province's youth to the greatest advantage in benefitting from the transformation TRAM offers. A.C.T. proposes a Network of Excellence for adolescent mental health delivery with a mandate to support a rights respecting, recovery model of care that will integrate service delivery by all government departments, divert adolescent mental health patients from the criminal justice system, support and mobilize families as the main case-planning support mechanisms to youth, and work continuously to identify, apply and evaluate global and national best practices in adolescent mental health and support their implementation throughout Canada.

We are a team of parents, service providers, decision-makers, community volunteers and researchers who are united in our resolve to ensure that no young person falls through the cracks in their search for mental health care. As members of the A.C.T., we recognize that all adolescents and young persons have the right "to enjoy the highest attainable standard of health" and "to enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and active participation in community" (Arts. 23 & 24 UNCRC).

Leaders and partners

The A.C.T. TRAM proposal is provincial in scope and could easily be a significant member of an emerging national network. We have developed to meet one of TRAM's key deliverables: demonstrated transformation within at least one province, within five years. Part of that readiness program includes a governance model that is adaptable, inclusive of all stakeholders and strongly committed to co-leadership. Within the A.C.T. TRAM initiative, youth with experience of the mental health system and all their age peers have equal voice with all the stakeholders at the table. The A.C.T. TRAM process will be led and informed by a national set of hearings of youth with experience of mental health, modeled upon the recent and successful Youth in Care hearings in Ontario and New Brunswick.

Youth, family and communities provide the voice that informs all our actions (see figure 1). This community mobilization sector is lead on our team by Nancy Savoie, NB representative to the Mental Health Commission's Youth Advisory Board and by Maureen Bilerman, Founder and Executive Director of Dots NB with the help of Michael Leger, delegate for Youth Matters. The **Policy Sector** is lead by Christian Whalen, Acting Child and Youth Advocate, lead investigator of the Connecting the Dots and *Staying Connected* Reports, and also Barb Whitenect, Executive Director of Addictions and Mental Health, NB Department of Health, lead developer of the Province's Mental Health Action Plan. The **Research Community** is represented by Dr. Jimmy Bourque, Université de Moncton, director of the Center of Research and Development in Education, Faculty of Education and Dr. Ann M. Beaton, Université de Moncton, Canada Research Chair in intergroup relations at the Faculty of Health Sciences along with Dr. Bruno Battistini, CEO of the NB Health Research Foundation. **Service providers** have also been directly engaged in informing our team development through the leadership of Inspector Rick Shaw, Officer in Charge of Youth Intervention and Diversion, RCMP Atlantic Region with the help of Dr. Tara Kennedy, Clinical Leader, Paediatric Autism Rehabilitation Services, Stan Cassidy Centre for Rehabilitation, D.J. Joseph, Manager of Wellness and Community Development, Elsipogtog First Nation and Miguel Leblanc Executive Director of the NB Association of Social Workers.

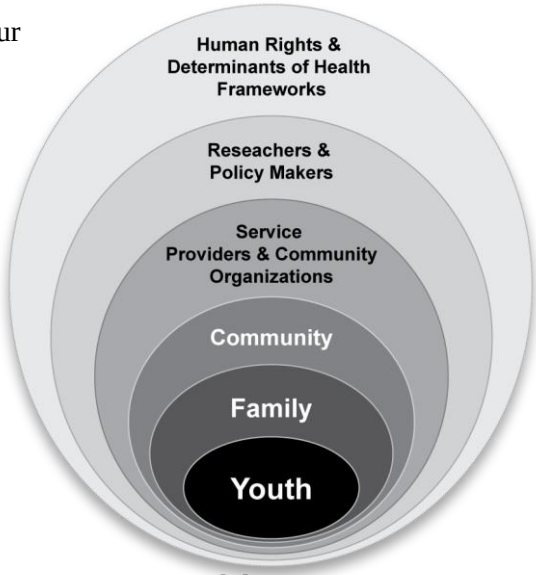

Figure 1. Adolescent Connections Team (A.C.T.) TRAM integration

Many other partners have been engaged within the A.C.T. TRAM project (see list provided in annex). The A.C.T. TRAM initiative seeks to offer the right intervention, to the right child, at the right time. We propose to achieve that through a robust program of networking and knowledge transfer. TRAM will be able to build a national network of knowledge transfer in adolescent mental health upon strength-based programs and platforms developed here, while using these platforms to pilot emergent, national and global best practices, demonstrate success, and then replicate it nationally.

A Network of Excellence to augment the TRAM'sformation: In the *Connecting the Dots* report, recommendations were brought forward for a provincial network of excellence for youth at risk and complex needs youth. In 2010 the Government commissioned a Task Force to prepare a blueprint for such a network of excellence. The vision set out in *Staying Connected* (Child and Youth Advocate, 2011) is now becoming a reality. Community, private sector and public sector leaders are mobilized around the establishment of a provincial network for clinical direction, research and knowledge transfer that will coordinate mental health services to children and equip local communities and families with appropriate models of intervention.

The TRAM Network of Excellence will constitute the hub of child and youth population mental health research in our province and nationally. It will create links internally connecting research centres, service providers and community supports within the province in order to better inform policy development, service delivery and care within the family circle. It will forge strong national ties with recognized research chairs and clinical practice leaders to put their programs and approaches to the test for the benefit of all Canadian youth. The Network will be supported by a new National Research Chair in Adolescent Mental Health and Knowledge Transfer. This Research Chair will be funded by an endowment external to the TRAM initiative and will be tasked with a mandate to identify further matching funds to support TRAM's program over the long-term, and throughout the country. The Network of Excellence will leverage the support of institutions dedicated to evidence-based policy-making such as the Social Policy Research Network at UNB and model its work on existing research-to-field knowledge transfer networks such as the national network of Operational Stress Injury Clinics.

Children's Rights and Well-being Framework: The A.C.T. TRAM proposal is inherently youth-oriented. Our central premise is that the 11 to 25 year old youths with experience of mental health systems are individual

human beings and rights holders. Their right to health and to equality is challenged doubly by reason of age and disability but often also by indigenous status, ethnicity, language, origin, sexual orientation, social condition or other factors. Transforming our system of care will require all stakeholders to focus on their role as duty-bearers to these young persons, committed to a program of equality and fundamental justice. The knowledge transfer initiatives proposed will be strengthened by integrating rights based approaches into mental health service systems which have traditionally been needs based. Most significantly rights based approaches to this program will provide support in two ways: 1) outcome measures and indicators will be developed in keeping with a Children's Rights and Well-being Framework which relates mental health indicators to a host of other rights based indicators fostering perspective on the whole child and the child's family and community, from a determinants of health perspective, 2) all major program initiatives supported by this TRAM will be the subject of a detailed Child and Youth Rights Impact Assessment to ensure that all youth benefit equally from the proposed programs and that all their rights are advantaged as much as possible (consistent with the province's new Child Rights Impacts Assessment (CRIA) process for all Cabinet decisions). UNICEF Canada, as a global partner in Child Rights implementation will support the A.C.T. TRAM expression of interest and provide strategic advice to the A.C.T., by helping ensure that the transformation underway is consistent with international human rights standards for the treatment of children in relevant policy, programs and services.

A dedicated focus of the A.C.T. TRAM initiative will be to rapidly achieve equality of mental health service delivery for First Nations youth and all their Canadian peers. With respect to First Nations Youth the team will have particular regard to the recommendations outlined in the 2010 *Hand in Hand* report. By involving Aboriginal health services in an integrated model of care, our A.C.T. TRAM proposal seeks to: 1) increase cultural equality in access to mental health services, 2) ensure specific considerations are made for issues pertaining to First Nations Youth Mental Health including: intergenerational impacts of Indian residential schools, the systemic racism in other assimilation programs and public policies, the legacy of colonization, the impacts of multi-generational survivors of sexual abuse and incest, and strict observance of Jordan's principle.

Research and implementation strategy

The Network of Excellence will be the incubator of new strategies for transformation in adolescent mental health that will apply the best approaches identified in research in a provincial test site that is functional, representative, measurable and portable in terms of scale and means. The Network of Excellence will draw upon strategies that are: 1) patient-oriented, 2) integrated for seamless service and program delivery, 3) empowering for youths, families, and communities, 4) evidence-based, 5) transformational, 6) real-world applications, 7) able to build upon youth's strengths and capabilities, 8) collaborative and inclusive in nature to foster and cement meaningful relationships among all stakeholders involved in mental health service delivery. The following strategies, Integrated Service Delivery, Youth Intervention and Diversion Program, Recovery model, Family Group Conferencing will be implemented with these principles in mind and serve as the vehicles for field application of best practices identified and validated through the Network. A prime focus will be placed upon the search for emerging best practices in transitioning young mental health patients form school to post-secondary and to the work-force.

Integrated Service Delivery Model (ISD): In 2011 an ISD Provincial Project Team was created in collaboration with Morrison & Assoc. (2011). What emerged was an integrated, youth-oriented mental health service delivery framework for children and youth (up to 21 years of age) with significant emotional, behavioural and mental health issues. The ISD model is designed to offer comprehensive programming for youths in the following areas of adaptation: mental health and addictions, emotional and behavioural functioning, physical health and wellness, educational development, and family relationships. This initiative brings together the Departments of Health, Social Development, Education and Early Childhood Development, and Public Safety, School Districts, Regional Health Authorities, families, and community leaders to ensure that seamless services for youth with an emphasis on prevention and early intervention to reduce the prevalence of complex cases. A key feature is the formation of interdisciplinary teams from the departments (school social workers, psychologists, intervention workers, nurses, teachers, addictions and mental health social workers) working within a cluster of schools, with families, community and school personnel.

Drawing from the work by the Provincial Project Team and Morrison & Assoc. the ISD approach was deployed in 2011 in two demonstration sites (anglophone and francophone) in New Brunswick. Currently, a team of researchers from the Centre for Research and Development in Education at the Université de Moncton is assessing the efficiency of the ISD model. Preliminary findings from quantitative and qualitative research have provided support for the ISD model. **Within a year,** there has been an increase in referrals, one team file (intake and intervention), the wait times for youth to access mental health services in those regions dropped by 98% and 75% and the indicators of the key elements of system integration (e.g., engagement and participation by all stakeholders) have increased over the mid-point mark. More importantly, success stories are emerging: "*Kids that had not been to school in a long time and for whom we believed they would not be there much longer, all of a sudden were functional, at school, and experiencing success."* (Regional stakeholder). To examine whether the mental health of youths has improved significantly, analyses are currently underway to compare responses to the Child Behavior Checklist (Achenbach & Rescoria, 2001). All in all, in the first year since the ISD model was implemented, communities from both demonstration sites have been mobilized around the vision.

The Youth Intervention and Diversion Program (YIDP model): The RCMP Youth Intervention Diversion Program (YIDP) is an evidence-based strategy designed to divert youth aged 12-17 away from the criminal justice system and into appropriate treatment services. The YIDP utilizes the Risk/Need/Responsivity (RNR) model (Andrews, Bonta & Hoge, 1990) to address the underlying causes of youth crime. Using an evidence-based risk-of-offending screening tool, police officers screen low risk/no risk youth out of the criminal justice system altogether while referring moderate to high-risk youth, pre-charge, to specially trained youth crime experts within the RCMP. These experts coordinate multi-disciplinary Youth Intervention & Diversion Committees (YIDC) made up of community partners such as child social workers, probation officers, addictions/mental health clinicians, educators, and other community service providers who complete in-depth, multi-dimensional assessments using evidence-based tools like the Youth Level of Service / Case Management Inventory, the How I Think Questionnaire, and the Child Behavior Checklist. They conduct case planning conferences and refer youth to appropriate community services based on their individual needs. Through this mechanism, young persons in conflict with the law as a result of an existing mental health condition are diverted from the traditional criminal justice system and connected with appropriate community and clinical intervention services. In 2009, New Brunswick was selected as the first province to implement this initiative on a broad scale in large part due to the aforementioned transformation already underway. Incidents of youth crime have dropped by almost one third, youth crime severity is down 30% and referrals to post charge extrajudicial sanctions are down by more than a quarter. The direction of the RCMP strategy was affirmed by an implementation evaluation in 2010 and is expanding this year into Nova Scotia, Newfoundland, PEI and parts of British Columbia, under the direction of Inspector Rick Shaw.

A Mental Health Action Plan based on Recovery: Recovery is emerging on the international scene as a fundamental change to the mental health culture (Slade, Amering, & Oades, 2008). This movement challenges current policy and practices to shift the focus away from a 'mental illness framework' toward hope-inspiring relationships, personal strengths, youth and family empowerment, and inclusion (Repper & Perkins, 2003). Preliminary findings on the impact of the Recovery model are promising (Tierney & Kane, 2011). In New Brunswick, the Action Plan for Mental Health 2011-2018 was launched in May of 2011 and the underlying theme is transforming the service delivery system through a recovery based model of care. This transformational change is also the underlying theme of the National Mental Health Strategy for Canada. Not only does recovery transform service delivery but it also lays the groundwork for a generation of young people to develop healthy self-directed care over their lifespan. The A.C.T. TRAM proposal will capacitate this Recovery model for adolescent mental health services. The Recovery model will be an integral part of the A.C.T. TRAM initiative and include change indicators that are consistent with this approach including, subjective and positive outcomes that are endorsed by family and youths (e.g., positive well-being, enrollment in school, relationships between mental health service providers, families and youths).

Family Group Conferencing and Mental Health: The Family Group Conferencing (FGC) model was originally developed to resolve child protection and youth justice cases (Connolly, 2006) and has been implemented by NB Social Development in 2010. Until recently, FGC has been adapted to address mental health needs. This approach is designed to place the family and the youth in the driving seat of mental health delivery

by building on the strengths of the extended family system. In essence, the main goal of the FGC is to allow the extended family to engage in the decision-making process to ensure the well-being of vulnerable youths. FGC is respectful of culture and allows families to come together to devise a mental health strategy. Research has revealed that FGC ensures greater stability for the youth, promotes family functioning (O'Shaughnessy, Collins, & Fatimilehin, 2010), increases emotional support, and decreases anxiety, depression and psychological distress among FGC recipients (Malmberg-Heimonen, 2011). The A.C.T. TRAM initiative will build on the success of the FGC model to ensure that communities, families and youths remain at the heart of mental health services and programming.

A.C.T.'s contribution to a pan-canadian network

As a smaller group seeking to work within an emerging national network, A.C.T.'s role would be significant. The process of transformation described in TRAM's call for proposals is ambitious and broad ranging. That same kind of transformation is already underway in our province to better serve youth with complex needs. It requires a total mobilization of all sectors of society towards a clearly defined goal, a commitment to evidence-based decision-making and results based management, sustained political will to see the change through to completion and sufficient investment to achieve the yield and returns expected. New Brunswick has experienced this type of change in the recent past with respect to other social policy agendas, such as poverty reduction and continuous learning. Our experience and success in these endeavours have however been limited owing to the provincial scope of the transformation process. TRAM offers young patients within the mental health system better hope by mobilizing all Canadians in the TRAM'sformation.

TRAM offers us a unique opportunity to share service integration models developed here with the rest of the country while improving them with nationally proven practices in adolescent mental health. These models, along with a disciplined rights based Framework, a commitment to evidence-based decision-making, to inclusive program development and to community mobilization that is child centered, family focused and community supported are what we have to offer TRAM. Additionally, we can offer these same vehicles as a test-bed for national TRAM supported knowledge transfer demonstrations. New Brunswick's rural/urban divide, it's linguistic profile, its rationalization of health care and educational and social services, and its IT infrastructure have traditionally allowed it to serve well as a living laboratory for the development of national programs.

A.C.T. will contribute to the pan-canadian TRAM knowledge transfer initiative in four steps: 1) identify and integrate best practices in adolescent mental health, 2) put these into practice rapidly on a provincial scale using the integrated service delivery platforms described above, 3) evaluate and improve these programs and practices through this test bed application, and 4) support their further roll-out throughout the country. In the annex some initial outcomes and indicators of change are presented in Table 1 while proposed timelines and deliverables are provided in Table 2. The second part of our Annex provides a fuller description of our team and partners and some references informing our methodology.

Nationally, A.C.T. is supported by the Canadian Association of Social Workers, UNICEF Canada and the RCMP. Many others are now confirming their support. The reach, the partnerships and social capital of these agencies, their members and allies will allow the Adolescents Connections Team to grow and contribute meaningfully to TRAM's pan-canadian network. Together we hope to connect the dots and bridge the valleys and chasms where young Canadian patients in mental health are sometimes lost. All in all, transforming adolescent mental health requires a vision of community mobilization that serves as a cultural paradigm shift. As partners in the A.C.T. TRAM initiative, we recognize that we must extend the framework for mobilization beyond traditional boundaries and create a new space of intersection between those with mental health needs and those who work to serve them best. All members of our team understand their roles as duty-bearers to adolescents and young persons and are dedicated to ensuring their right to health and to a full and decent life active in community. We act not merely out of a sense of professional responsibility, we act in solidarity cognizant of our common humanity and frailties, we act as family and we act as community.

ANNEX

Table 1. Adolescent Connections Teams (A.C.T.) TRAM initiative outcomes and indicators of change[1]

Vision 1: Positive Youth Development	
Outcomes	**Indicators of Change**
Enhanced family and community attachments	Level of satisfaction of family/community partners
Increased school retention rates	Suspension and drop-out rates for schools
Positive growth and development	Pre- and post-treatment outcomes from standardized measures (e.g., Child Behavior Checklist)
Positive mental health	Positive self-esteem, connection to school and community
Decreased youth admissions to correctional services	Youth incarceration rates, charge rates and use of community sentencing
Vision 2: Timely Service	
Increased identification of needs at earlier stages	Number of referrals received and processed without extended wait time
Decreased wait time for assessment	Length of wait time and wait lists for assessment
Vision 3: Effective Case Planning Practices	
Increased continuity of case planning for youth and their families	Evidence of co-case management
Increased capacity to adjust service intensity and duration according to youth needs	Number and type of crisis responses and successful inter-professional team responses
Vision 4: Enhanced Relationships	
Increased collaboration among departments and community stakeholders	Level of consultation and collaboration with other community stakeholders
Increased job satisfaction among service providers	Level of satisfaction among service providers
Vision 5: System Efficiencies	
Increased coordination of departmental and community services/resources	Integration of program mandates and policies
Enhanced information management processes	Allocation of financial resources
Enhanced regional service delivery capacity	Average number of clients seen per day

[1] Due to space limitations, examples of outcomes and indicators of change are reported. The complete list is available upon request. The outcomes and indicators of change are taken from two sources. First, outcomes and indicators of change are drawn from the Child & Youth Advocate Rights and Well-Being framework to assess transformation of mental health national standards for youth (Child and Youth Advocate, 2012). The second set of outcomes and indicators of change are taken from the Integrated Service Delivery (ISD) Indicators of Change framework based on the work conducted by William Morrison and associates (2011) and that are currently applied to assess the two New Brunswick regional demonstration sites (Centre of Research and Development in Education, 2013).

Table 2. Adolescent Connections Team (A.C.T.) TRAM deliverables and timeline

Deliverables	**Timeline**
Governance manual and schematic	In progress
Demonstration regions and interdepartmental MOA	In progress
National hearings of Canadian youth mental health patients	Year 1
Communication plan awareness	
Regional service inventory document	
Intake forms and documented processes	
Finalized standards manual	
Child and Youth Teams	Years 1-2
Regional advisory committees	
Training framework and schedule	
Evaluation protocols and instruments	
Provincial roll-out plan	Year 2
Initial Provincial roll-out of A.C.T. TRAM	
Data collection events	Years 2-5
Initial A.C.T. roll-out to further national demonstration sites	
Ongoing awareness and training	
Sustained positive development	
Decreased use of residential placement	
Final evaluation report	Year 5

Adolescent Connections Team (A.C.T.)

NAME	EXPERTISE	ROLE[1]
Albert, Hélène	Professor, Université de Moncton, Director, School of Social Work	R
Barrieau, Nicole	Advisor, Office of the Assistant VP of Research, Université de Moncton	PO
Battistini, Bruno	CEO of the NB Health Research Foundation	PO
Beaton, Ann M.	Professor, School of Psychology, Université de Moncton	R
Bélanger, Mathieu	Research Director, Centre de formation médicale New Brunswick	PO
Bernstein, Marv	Chief Policy Advisor, UNICEF Canada	PO/A
Bilerman, Maureen	Executive director, Dots NB/Connexions N.-B.	C/F
Bourque, Jimmy	Professor, Faculty of Education, Université de Moncton	R
Carr, Leah	Funding Manager, NB Health Research Foundation	PO
Daigle, Jean	Vice President Community Health, Horizon Health Network	C
Decourcey, Matt	Office of the Child & Youth Advocate	P
Devlin, Julie	Research & Program Evaluation Officer, Horizon Health Network	R
Doiron, Yvette	Director, Child & Youth Services, Department of Health	P
Doucet, Danielle	Researcher, Centre of Research and Development in Education, Université de Moncton	R
Dubois, Lise	Dean of Faculty of Graduate Studies and Research, Assistant VP of Research, Université de Moncton	PO
Eckstein, Bob	Director, Department of Education and Early Childhood Development	P
Fuller, Rice	Director & Counsellor, Counselling Services, Student Affairs and Services, University of New Brunswick/Saint Thomas University	SP
Gauthier, Eileen	Project Manager, Center of Excellence for Children and Youth with Complex Needs, Department of Social Development	P
Hoge, Robert	Emeritus Professor, Distinguished Research Professor, Psychology Department, Carleton University	A
Joseph, D.J.	Manager of Wellness and Community Development, Elsipogtog First Nation Mental Health Services	C/SP/P
Kennah, Mel	Executive Director of Moncton Youth Residences	Y
Kennedy, Tara	Clinical Leader, Paediatric Autism Rehabilitation Services, Stan Cassidy Centre for Rehabilitation, Horizon Health Network	SP
Leblanc, Miguel	Executive Director, New Brunswick Association of Social Workers	SP
Leblanc-Cormier, Gaëtane	Director, Research Services, Vitalité Health Network	R
Leger, Michael	Youth delegate for 'NB Youth Matters'	Y
Mancuso, Michelina	Executive Director, New Brunswick Health Council	PO
Mix, Joan	Executive Director, Canadian Mental Health Assoc., NB Branch	PO
Miles, Cindy	Operations Manager, Dots NB/Connexions N.-B.	C
Morrison, William	Professor, Faculty of Education, University of New Brunswick	A
Peterson, Patricia	Professor, Faculty of Education, University of New Brunswick	A
Pugh, Dan	Manager of Crime Prevention and Policing Standards, NB Public Safety	SP/P
Richard, Bernard	Former New Brunswick Ombudsman and Child and Youth Advocate	A
Richard, Jacques	Professor and Child Psychologist, School of Psychology, Université de Moncton	R/SP
Ronis, Scott	Professor, Clinical Psychologist, Department of Psychology, University of New Brunswick	R/SP
Savoie, Nancy	Mental Health Commission, Youth Advisory Board	Y
Sedge, Paul	Directorate of Mental Health, Canadian Forces	PO
Sharpe, John	Executive Director, Partners for Youth	Y
Shaw, Rick	Officer in Charge of Atlantic Youth Intervention and Diversion, RCMP	SP/P
Shields, Norman	Research Consultant, Operational Stress Injuries National Network	PO
Simard, Louis-Marie	VP, Vitalité Health Network	SP
Utzschneider, Anouk	Research Officer, Vitalité Health Network	R
Weaver, Kate	Professor, Faculty of Nursing, University of New Brunswick	R
Whalen, Christian	New Brunswick Acting Child and Youth Advocate	P
Whitenect, Barb	Executive Director of Additions and Mental Health, Department of Health	P
Wolff, Lisa	Director of Policy and Education, UNICEF Canada	PO/A

[1] **Role:** A = Advisor, F = Family representative, Y = Youth representative, C = Community representative, R = Researcher, SP = Service provider, P = Policy maker, PO = Participant observer

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