



A Hospital-Community Model for Youth Substance Use Health Care: An Implementation Guide

Kids | Enfants
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Project Partners



Kids Come First

Kids Come First is a network that includes over 70 hospitals and community-based organizations, healthcare providers, and Youth and Family/Caregiver Partners with lived and living expertise.



1Call1Click.ca

1Call1Click.ca is a navigation and access mechanism for child and youth mental health, addictions, substance use health, and neurodevelopmental health services in Eastern Ontario.



CHEO

CHEO is a leading pediatric healthcare institution located in Ottawa, Ontario, that provides specialized medical care to children and youth across eastern and northern Ontario, western Quebec, and Nunavut.



CHEO Research Institute (RI)

The CHEO RI is a not-for-profit corporation that connects exceptional talent and technology in pursuit of life-changing research for every child, youth, and family.



Rideauwood Addictions and Family Services

Rideauwood is a community leader and a specialist in substance use, behavioural addictions, and mental health issues. Rideauwood offers over fifteen programs for clients, including youth and young adults, adults, families, parents, and support persons.



Le Centre d'appui et de prévention (Le Cap)

Le Cap offers a continuum of inclusive services, in French, from early childhood to adulthood, that promotes optimal development and support for wellness when facing the challenges of mental health, addictions and concurrent disorders.



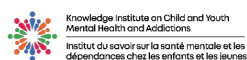
Dave Smith Youth Treatment Centre (DSYTC)

The DSYTC is a non-profit organization located in Ottawa, Ontario, dedicated to helping youth aged 13-21 struggling with substance use and mental health challenges. DSYTC offers comprehensive assessments, live-in treatment, and after-care services tailored to individual needs.



Parents' Lifeline of Eastern Ontario (Pleio)

Pleio is a non-profit organization that provides support to parents and caregivers of children, youth, and young adults (up to age 25) facing mental health and addiction challenges.



Knowledge Institute on Child and Youth Mental Health and Addictions (KI)

The KI is dedicated to enhancing mental health and addiction services for children and young people in Ontario. It provides a resource hub filled with toolkits, evidence briefs, webinars, and policy papers aimed at improving services and mobilizing evidence.



Ottawa Public Health (OPH)

OPH provides public health programs and services to individuals and communities in Ottawa, while advocating for public policies that promote health and prevent disease.



Ottawa Child and Youth Mental Health (CYMH) Lead Agency

The Ottawa CYMH Lead Agency oversees and coordinates the delivery of mental health services and programs in Ottawa and work with community partners to provide a wide range of supports for children and youth.



Health Canada

Health Canada's Substance Use and Addiction Program (SUAP) funded the Kids Come First Substance Use Health (SUH) Program.

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Purpose of this Guide

This guide is designed to support system planners, service providers, and service users in **developing, delivering, evaluating, and promoting a youth substance use health (SUH) program** grounded in a hospital-community model of care.

It walks through a three-phase approach - Plan, Do, Sustain - highlighting **goals, key activities, and guiding questions** at each stage.

The guide also includes **recommendations** informed by experience, along with **downloadable tools, templates, and resources** to help you build your program with a little head start.

Overview of the Kids Come First Substance Use Health (SUH) Program

The [Kids Come First Substance Use Health \(SUH\) Program](#), launched in July 2025, provides trauma-informed, culturally responsive care to youth under 18 years old who are experiencing SUH concerns, including those with co-occurring mental health and social needs. Delivered in English and French by a unified clinical team, the program operates in both community and hospital settings, offering screening, brief intervention, treatment, psychiatry consultation, care coordination, and peer support for caregivers across Eastern Ontario. Access is streamlined through [1Call1Click.ca](#), the regional navigation and coordination mechanism, or CHEO, ensuring timely connection to appropriate services.

The innovative hospital-community collaborative model was co-designed and co-implemented by Kids Come First, the Children’s Hospital of Eastern Ontario (CHEO), Rideauwood Addiction and Family Services, Le Centre d’appui et de prévention (Le Cap), the Parent’s Lifeline of Eastern Ontario (Pleo), Dave Smith Youth Treatment Centre (DSYTC), the CHEO Research Institute, Ottawa Public Health, the Knowledge Institute for Child and Youth Mental Health and Addictions, the Ottawa Child and Youth Mental Health Lead Agency, and youth, families, and caregivers with lived and living expertise.

Client Journey

- Program access begins through [1Call1Click.ca](#) (a coordinated access & navigation service) or at [CHEO](#) (a pediatric hospital).
- Youth are screened for substance use with the CRAFFT+N and connected to the program if substance use health risk is identified.
- Youth are offered a variety of services in English or French in-person at CHEO and community locations around Ottawa, or virtually, including:
 - ✓ Brief intervention with an Addictions Counsellor from the [Rideauwood](#) or [Le Cap](#) followed by ongoing treatment, if indicated
 - ✓ Care coordination and system navigation support with a Social Worker
 - ✓ Psychiatry consultation
 - ✓ Referrals to community treatment programs, including the [DSYTC](#), for physical, mental, and social needs
 - ✓ Family services, including peer support with the [Pleo](#)

The program also delivers information, co-developed with people with lived and living expertise:

- [Substance Use Information for Youth](#)
- [Substance Use Information for Parents and Caregivers](#)



Phase A: Plan

Getting people and systems ready for change.

In this stage, we will:

- ✓ **Lay the groundwork** - Develop a common understanding and commitment to a hospital-community model for youth SUH care.
- ✓ **Build our teams** - Establish diverse, multi-sectorial, and multidisciplinary leadership and clinical teams.
- ✓ **Understand our current state** - Describe the current state of youth SUH in our region and compare it to the ideal state of the hospital-community model for youth SUH care.
- ✓ **Make a plan** - Review the information we collected, prioritize areas that need action, and outline strategies to put action into place.

Step 1: Lay the groundwork

Goal: Develop a common understanding and commitment to a hospital-community model for youth SUH care.

Activities:

- Identify and obtain a **commitment to collaborate** with key hospital and community-based partners in our community.
- **Engage people with lived and living expertise (PWLLE)**, including youth, families, and caregivers.
- Identify current and necessary **resources**, including physical space and technology.

Guiding Questions:

- Who is leading youth SUH care within our community (e.g., hospitals, community-based organizations, networks, government)?
- How can youth, families, and caregivers with lived and living expertise from our community be engaged?
- Is there a common understanding of youth SUH care (e.g., screening tools, treatment modalities, harm reduction approaches)?
- What is our shared understanding of a hospital-community model for youth SUH care (e.g., vision, mission, values, goals)?
- What funding sources and opportunities are available (e.g., government, private)?
- What resources (e.g., funding, time, staff) must we allocate to this work?

Recommendations:

- ✓ Involving senior leadership and clinicians from hospitals and community-based organizations helps with strategic decision-making and buy-in.
- ✓ Involving people with lived and living expertise from the start ensures the program is responsive to the needs of the people it will serve.

Tools and Resources:

- ❖ [Youth and Caregiver Consultation](#)

Step 2: Build our teams

Goal: Establish diverse, multi-sectorial, and multidisciplinary leadership and clinical teams.

Activities:

- Develop and sign a **Memorandum of Understanding** (including funding allocations, privacy sharing agreements, and roles and responsibilities) with each partnering organization.
- Form a **Program Oversight Committee** with leadership from each partnering organization.
- Form **Working Groups** to develop aspects of the program (e.g., processes and evaluation) with leaders, service providers, youth, and caregivers.
- Identify **clinical staffing roles and training needs**, informed by data and consultation with youth and caregivers, where possible.

Guiding Questions:

- Are there existing networks or tables that we can leverage for this work?
- Have we meaningfully engaged youth, families, and caregivers and invited them to be involved in consultation and co-design?
- Have we established regular meetings that accommodate people and project timelines?

Recommendations for Consideration:

- ✓ Key working groups may include (1) Processes & Pathways (e.g., developing consent policies, program workflow, and clinical flowsheets); (2) Evaluation (e.g., developing key performance indicators and data collection tools); (3) Knowledge Mobilization (e.g., developing program promotional material and training); (4) Lived Expertise Engagement (e.g., developing and implementing consultations and co-design).
- ✓ Key resources for an effective program included a senior leader from each partnering organization, project management, research assistance, English and French-speaking addiction counsellors from partner organizations (as well as a clinical supervisor of these staff), care coordination, and psychiatry.
- ✓ Staff education should include trauma-informed training, SUH harm reduction, and screening, brief intervention, and referrals to treatment.

Tools and Resources:

- ❖ [Memorandum of Understanding Sample](#)
- ❖ [Partner Roles & Responsibilities](#)
- ❖ [Clinical Staff Roles & Responsibilities](#)

Step 3: Understand our current state

Goal: Describe the current state of youth SUH in our region and compare it to the ideal state of the hospital-community model for youth SUH care.

Activities:

- Explore **relevant past and/or current initiatives** in our region to understand lessons learned and/or align with.
- Create a **hospital and community resource map**, including referral pathways.
- Identify **documentation and reporting platforms and tools**.
- Identify existing healthcare provider **training**.
- Obtain **existing SUH resources** tailored to youth, families, and caregivers.
- Identify **space for in-person and virtual program delivery** in both the hospital and community settings.

Guiding Questions:

- What youth SUH services exist in our region, and are they meeting the current needs?
- How are youth referred to SUH services, what pathways exist, and are they timely and equitable?
- Who provides SUH services, to whom, and how effectively?
- Who is accessing services, what are their concerns and needs?
- Who is not accessing services and why? What are the barriers do they face?
- What youth SUH screening tools, protocols, and systems exist in the hospital and community setting, and are they being implemented effectively?
- What documentation platforms exist, and are they meeting the current needs?
- Where can clinical staff meet with clients (virtually and in-person) in both the hospital and community settings? How can we minimize barriers to attending appointments?

Recommendations for Consideration

- ✓ A coordinated access and navigation mechanism (e.g., 1Call1Click.ca) will significantly improve seamless and coordinated care.
- ✓ A shared documentation platform (e.g., Epic) will be vital for a fully integrated clinical team as well as comprehensive evaluation.
- ✓ Youth and caregiver consultation will provide invaluable insight into who is accessing care, who is not accessing care, and why.

Tools and Resources:

- ❖ [Substance Use Information for Youth](#)
- ❖ [Substance Use Information for Parents and Caregivers](#)

Step 4: Make a plan

Goal: Review the information we collected, prioritize areas that need action, and outline strategies to put action into place.

Activities:

- Create a **program logic model**.
- Build a **project charter** with activities, deliverables, timelines, and responsibilities for program partners.
- Establish a **clinical staff onboarding process, training plan, and clinical schedule**.
- Illustrate the **program workflow** and **client journey**.
- Develop a **knowledge mobilization strategy**.
- Establish an **evaluation framework**.

Guiding Questions:

- Which activities need immediate attention to move forward towards the ideal hospital-community model for youth SUH care?
- How will we sequence activities to ensure dependencies are managed?
- How are youth and caregivers engaged in co-designing and validating the plan?
- Who are our target audiences, and how will we reach them?
- What methods will we use to gather accurate data? How will we address ethical considerations during data collection?

Recommendations for Consideration

- ✓ The evaluation framework should include program evaluation, program impact, and the continuous collection of feedback from service providers (e.g., addiction counsellors) and service users (e.g., youth) to inform quality improvement initiatives.
- ✓ Target audiences for knowledge mobilization efforts should include system planners (e.g., Child and Youth Mental Health Lead Agencies, funders), system providers (e.g., hospital staff), and system users (e.g., youth and caregivers).

Tools and Resources:

- ❖ [Logic Model](#)
- ❖ [Clinical Schedule](#)
- ❖ [Program Workflow](#)
- ❖ [Client Journey](#)
- ❖ [Knowledge Mobilization Strategy](#)
- ❖ [Evaluation Framework](#)
- ❖ [Summary of Measurement-Based Care](#)



Phase B: Do

Putting our plans and changes into place.

In this stage, we will:

- ✓ **Gear up for launch** - Ensure resource, process, and system readiness for launch of our hospital-community model for youth SUH care.
- ✓ **Implement the program** - Officially launch the hospital-community model for youth SUH care by executing plans and implementing the program.

Step 1: Gear up for launch

Goal: Ensure resource, process, and system readiness for launch of our hospital-community model for youth SUH care.

Activities:

- **Secure, onboard, and train clinical staff** who will deliver the program.
- Create **policies and procedures**, such as booking, scheduling, decision-making, consent, and urgent response.
- Identify and consolidate clinical **screening and intervention techniques** from partners.
- Create **bi-directional referral pathways** to the program from both hospital and community settings, leveraging technology and innovation where possible.
- Secure access to **systems** for inter-agency collaboration.
- Develop **documentation and reporting** tools, resources, and policies.
- Develop **data collection and reporting** tools, mechanisms, and processes.
- Create and disseminate **knowledge mobilization deliverables**.

Guiding Questions

- Do clinical staff have the tools, resources, and processes in place to successfully deliver their care effectively and safely?
- How will referrals be streamlined to create smooth and connected pathways from hospital to home to community?
- Does the program workflow clearly illustrate each step of the client journey?
- What do systems planners, healthcare providers, and system users need to know about the program and how they can access it?
- What quality improvement cycles can be put in place to continuously get feedback from service providers and service users?

Recommendations for Consideration:

- ✓ Knowledge mobilization deliverables should include information sessions for hospital and community partners to announce the launch and explain referral processes.
- ✓ If possible, integrate hospital and community partner policies, processes, clinical screening tools, and treatment modalities to promote accountability and equitable care.

Tools & Resources

- ❖ [SUH Program Info Sheet](#)
- ❖ [Healthcare Provider Tip Sheet](#)
- ❖ [Treatment & Caregiver Support Flowsheets](#)
- ❖ [Screening Tool](#)

Step 2: Implement your program

Goal: Officially launch the hospital-community model for youth SUH care by executing plans and implementing the program.

Activities:

- Host **huddles** for clinical staff to consult and receive clinical guidance.
- Host **oversight committee meetings** with partner leadership for decision-making.
- Continuously implement **knowledge mobilization strategies**.
- Continuously **collect, analyze, and report data** as per the evaluation framework.

Guiding Questions

- Are clinical staff receiving the guidance that they need? What are their continuous learning needs?
- Are partners receiving timely and accurate information to make decisions?
- Are knowledge mobilization strategies being implemented consistently and reaching the intended audiences (e.g., youth, families, service providers, funders)?
- Is data being collected and reported to inform decision-making and program adjustments?

Recommendations for Consideration:

- ✓ Biweekly clinical huddles with clinical staff and supervision from all partner organizations will promote a fully integrated team and facilitate communication and learning.
- ✓ Monthly oversight committee meetings will maintain partner accountability, collaboration, engagement, and communication.

Tools & Resources

- ❖ [Clinical Huddle Template](#)



Phase C: Sustain

Monitor and review the impacts of implementation.

In this stage, we will:

- ✓ **Evaluate our progress** - Track progress towards meeting impact and process outcomes of program implementation.
- ✓ **Maintain momentum** - Ensure what we have put into place becomes integrated into the system.
- ✓ **Share our story** - Connect with system planners, service providers, and service users to share our story.

Step 1: Evaluate our progress

Goal: Track progress towards meeting impact and process outcomes of program implementation.

Activities:

- **Collect** data as outlined in the evaluation framework.
- **Analyze** findings.
- **Summarize** findings.

Guiding Questions

- How was the program implementation process? What went well and what did not?
- How were changes adopted, and what facilitators and barriers affected these?
- Were any program modifications made, and why?
- What factors are needed to sustain the program beyond initial implementation?
- To what extent did the program achieve its intended short- and long-term outcomes?
- How can findings be used to clearly demonstrate impact?

Recommendations for Consideration:

- ✓ Regular evaluation reports to the oversight committee and clinical team promote a shared understanding and opportunities for quality improvement suggestions.

Tools & Resources

- ❖ [Evaluation Framework](#)
- ❖ [Summary of Measurement-Based Care](#)

Step 2: Maintain momentum

Goal: Ensure that what we have put into place becomes integrated into the system.

Activities:

- **Celebrate wins** (e.g., Kudos, staff recognition).
- Continuously **support our team** with coaching and supervision.
- Continuously identify clinical **staff learning needs** and provide training and education.
- Implement quality improvement cycles using **a learning health systems approach**.

Guiding Questions

- How can we better support clinical staff members so they are seen and heard?
- Are the resources allocated sufficient to continue safe and effective program delivery?
- How can we ensure that measurement-based care and real-time clinical services are integrated to inform quality improvement initiatives?

Recommendations for Consideration:

- ✓ Celebrating wins during oversight committee meetings and clinical huddle increase staff satisfaction and reinforces a positive, team-based culture.
- ✓ Supervision of clinical staff at each partner organization ensures consistent practice standards, high-quality care, and ongoing professional development.

Tools & Resources

- ❖ Learning Health Systems Approach

Step 3: Share our story

Goal: Connect with system planners, service providers, and service users to share our story.

Activities:

- Generate awareness to **inspire sustainability, spread, and scale**.
- **Disseminate findings** from our evaluation.
- Join **collective spaces** and communities of practice.

Guiding Questions

- What visuals can enhance your storytelling of the hospital-community model for SUH care and its impact on youth and caregivers in your community?
- What tools and resources can be shared to help with spread and scale?
- How can we inspire even more engagement from partners and people in our community?

Recommendations for Consideration:

- ✓ Publishing information and deliverables online streamlines communication and improves accessibility.
- ✓ Accepting opportunities to present to networks and collectives, as well as at events and conferences, amplifies stories and accelerates spread and scale.

Tools & Resources

- ❖ [Program Infographic](#)



Conclusion

You have worked through this implementation guide and are well on your way to building capacity for youth SUH care in your community. In phase A, you got people and systems ready for change by laying the groundwork, building your teams, understanding your current state, and making a plan. In phase B, you put your plan and changes into place by gearing up for launch and implementing the program. In phase C, you monitored and reviewed the impacts of implementation by evaluating your progress, maintaining momentum, and sharing your story.

As you move forward, we hope that you can help spread and scale similar hospital-community models for youth SUH care to make change provincially, nationally, and internationally.

Tools and Resources

Downloadable Documents:

- [Clinical Huddle Template](#)
- [Clinical Schedule](#)
- [Clinical Staff Roles & Responsibilities](#)
- [Client Journey](#)
- [Evaluation Framework](#)
- [Healthcare Provider Tip Sheet](#)
- [Knowledge Mobilization Strategy](#)
- [Logic Model](#)
- [Memorandum of Understanding](#)
- [Partner Roles & Responsibilities](#)
- [Program Infographic](#)
- [Program Workflow](#)
- [Screening Tool](#)
- [Substance Use Health \(SUH\) Program Info Sheet](#)
- [Substance Use Health Brochure for Caregivers](#)
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