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ORIGINAL PAPER

A Promising Route Towards Improvement of Homeless Young People's Access to Mental Health Services: The Creation and Evolution of an Outreach Service Network in Montréal

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Abstract

Youth homelessness is a complex phenomenon as well as an important public health issue often compounded by mental illness of varying severity, in turn creating numerous deleterious consequences. While emergency health services usage remains high, access to mental health services is arduous and conventional interventions often fall short on providing integrated care and seldom lead to sustained positive outcomes for this group. From this observation, clinicians in Montreal, Canada, initiated collaborative meetings, eventually attended by a growing number of institutional and community stakeholders working with homeless youth. Acknowledging the unique needs of this population, the *Réseau d'intervention de proximité auprès des Jeunes de la Rue* (RIPAJ) or Montreal Homeless Youth Network was created to engage and seamlessly connect youth with the right resources within the network including mental health services amongst others. The genesis, philosophy and unique features of RIPAJ that allow for effective and cohesive interventions as well as future directions are discussed.

Keywords Homeless youth · Youth mental health · Access to care · Network · Integrated care

Introduction

Homelessness is one of the most pressing social problem and a public health issue in Canada (Hwang et al. 2012). Homelessness among youth is generally described as "the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence" (Canadian Observatory on Homelessness 2016). The population of homeless youth (HY) now accounts for roughly 20% of the homeless population or 6000–7000 people on any given night in Canada (Gaetz et al. 2016) and comprises marginalized groups such as aboriginals, transgender individuals and newcomers (youth born outside of Canada who recently immigrated for various reasons) (Gaetz et al. 2016).

Homeless Youth's Mental Health

The life trajectory of HY is marked by past and present adversity. They are more likely to have experienced hardship through physical or sexual abuse, bullying or involvement with child protection (Gaetz et al. 2016), and six times more likely to suffer from two or more mental disorders compared to their stably housed counterparts (Whitbeck et al. 2004). Indeed, studies suggest that homelessness can trigger severe mental illness and that severe mental illness can lead to homelessness (Folsom et al. 2005; Martijn and Sharpe 2006). A very high proportion (85%) of HY report high symptoms of distress (Gaetz et al. 2016). While rates of specific mental disorders vary greatly between studies (Gaetz et al. 2013), substance use disorder (SUD) and psychotic disorders are more prevalent (Martin et al. 2006).

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Further, Roy et al. (2004) reported rates of 90% of consumption of cannabis or hallucinogens, 81.6% of cocaine or crack and 46.2% for injected drugs in a cohort of 1013 street youth in Montreal, Canada. Suicidality among homeless youth also far exceeds that of other youth (Edidin et al. 2012; Kidd 2006) with completed suicide and drug overdose being the two leading causes of death (Roy et al. 2004). Lastly, homelessness in youth is associated with numerous other short and long-term deleterious consequences, including worsening physical health, academic derailment, sexual exploitation and involvement in crime (Gaetz et al. 2013) further compounding mental health issues and increasing the risk of self-abandonment and self-exclusion (Aubin and Flamand 2002).

While HY face great health challenges, access to care remains arduous (Kidd et al. 2018). Although the use of overall health services remains high for this group, utilization of mental health and substance abuse services remains paradoxically low (Gaetz et al. 2013). Moreover, homelessness is intrinsically traumatic (Goodman et al. 1991) even if the streets can be perceived as "alluring" by some HY (Janus et al. 1995) compared to the often equally traumatic environment they have fled (Coates and McKenzie-Mohr 2010). Lastly, it has been firmly established that homelessness remains a particularly costly societal issue (Gaetz 2012) and that interventions such as housing first translate into savings (Goering et al. 2014), hence the interest of designing interventions addressing homelessness and more specifically, HY.

The Conundrum of Caring for Homeless Youth with Serious Mental Health Issues

In response to HY, an array of emergency services (shelters, meal programs, drop-in centers) and some short and mid-term supervised housing, day centers, etc. are available to a varying degree in many urban centers (Coldwell and Bender 2007; Goering et al. 2014; Karabanow and Clement 2004). Although those services provide social support to HY, aiming at helping them to alter their state of homelessness, they rarely offer formal mental health services. The HY, whose mental health is often precarious, therefore often do not access mental health care services. Moreover, it is not infrequent for HY with severe mental illness to be banned from organizations or programs because they do not adhere to certain rules or conditions (Gaetz et al. 2013). Therefore most HY experiencing severe mental illness do not receive any form of treatment (Kamieniecki 2001). Furthermore, in the transition period between adolescence and early adulthood, a period of emotional, physical and social development, 75% of mental disorders emerge before age 24 (Kessler et al. 2005). A delay to access treatment or suboptimal treatment of mental illness, as is too often the case with HY, can cause serious short and long-term consequences (Iyer et al. 2015) and the persistence of homelessness can also have deleterious effects on mental health (Martijn and Sharpe 2006), worse outcomes being associated with longer time spent on the streets (Gaetz et al. 2016; Hadland et al. 2011; Solorio et al. 2006).

Despite the significant difference made by the various emergency services and interventions guided by overarching philosophies like housing first, some subgroups do not benefit as much from these interventions. For instance, there is evidence that HY suffering from a more severe symptomatology do not derive as much benefits from the integrated youth health care services (the "one-stop shops" approach) (Hetrick et al. 2017). Also, while housing first has been proven effective for the adult population, the question of how to implement it for the youth remains unexplored (Gaetz 2014). For instance, homeless young patients suffering from a first episode of psychosis were more likely to be men, and to have a lower education, more legal problems, worse premorbid functioning, more negative symptoms, more SUD, more cluster B personality disorder and more likely to suffer from non-affective psychosis than their housed counterparts (Abdel-Baki et al. 2014). These characteristics in turn create various barriers to care (see Fig. 1), due to organizational reasons, such as the lack of continuity and coordination of care (Clément and Aubé 2002), but also due to intrinsic features of this population.

Furthermore, their context of survival obliges them to prioritize very basic needs such as shelter and food, putting in second position other important issues such as health and social services which may eventually put an end to the precarity of their situation. Traditional, non-concerted interventions, offered by different organizations each specializing in specific services often ignore the reality of the chaos HY are facing, therefore fall short on helping HY for a variety of complex reasons that are inherent to both providers and recipients (Fig. 1). The *Réseau d'intervention de proximité auprès des Jeunes de la Rue* (RIPAJ) or Montreal Homeless Youth Network attempts to address this difficult issue by offering to HY dealing not only with numerous psychosocial challenges and psychological distress but also with mental health disorders an array of specialized services working in collaboration and even co-intervention. This network allows youth to benefit from continuity of care and both general and specialized services required by their needs and situation, with service providers who are accustomed to HY day-to-day reality.

Methods

Creation of the RIPAJ Network

In the early 2000s, three psychologists from different organizations working with the HY in downtown Montreal felt the

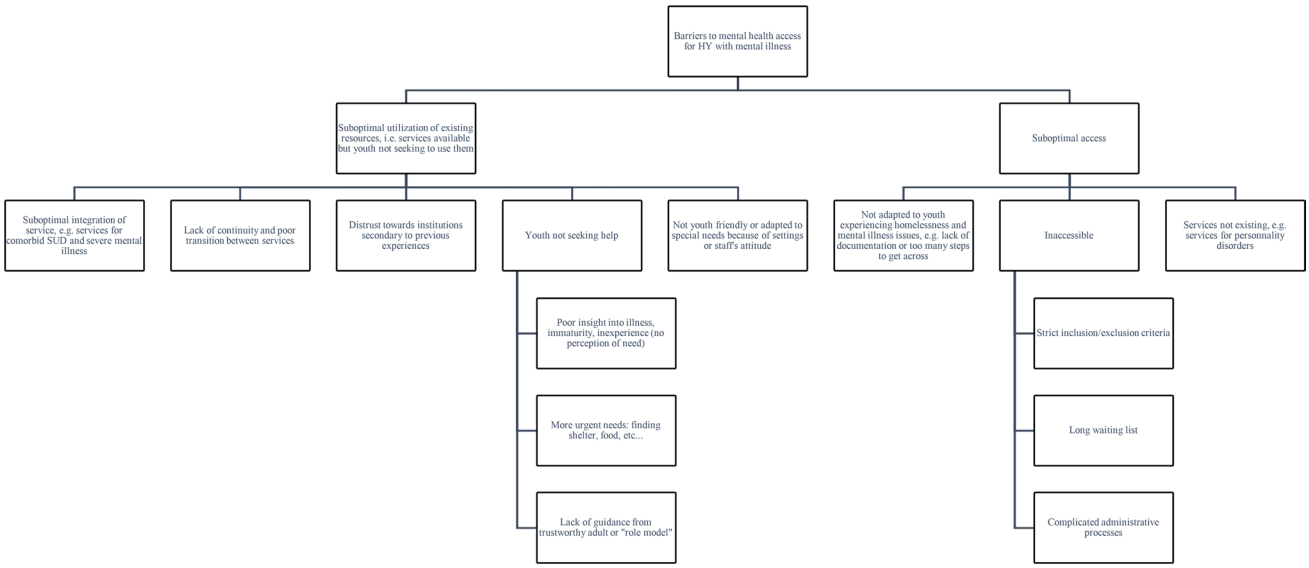

Fig. 1 Barriers to mental health care for HY

urge to exchange and avoid working in silos (Aubin et al. 2011). The group initiated "proximity meetings" to support each other, discuss about the various challenges they were facing in helping youth in a precarious housing situation as well as the unmet needs of their clientele and generate ideas on how to improve their approach and the access to mental health care to HY. Expanding on the proximity meetings, various local organizations helping the HY agreed on the necessity of integrating various expertise around the table, including stakeholders providing primary and specialized medical and psychiatric care, as well as the youth themselves.

The group identified that among the obstacles hindering access to care for HY (Fig. 1), there was an absence of cohesive and tailored care within a system that was already difficult to navigate for this marginalized population, irrespective of the severity of their mental health issues. Concretely, youth often had a good rapport with community organizations, e.g. shelters or drop-ins, but consulted health care institutions reluctantly. When they consulted, it was on an urgent and sporadic basis that was devoid of continuity in a complex system of referrals and rigid follow-ups with relatively inflexible rules and not amenable to their nomad and unpredictable living circumstances (Farmer 2011). Moreover, their contacts with mental health care were often affected by anger from feeling exposed by service providers (Collins and Barker 2009).

The protean nature of the "proximity group", with various organizations joining with different levels of involvement, allowed for exchange of ideas and discussions about issues they were facing and possible solutions. The initial partners, HY day centers, HY housing and addiction service providers, began to invite their own community and institutional partners and gradually formed a network; this alleviated previous resistance of some partner organizations to work with HY who suffered from psychological distress or mental health issues. One conclusion rapidly became obvious: it was pivotal to create a network that could be available for youth whenever they need help and link them seamlessly without delay with the right care provider regardless of which services they came in contact with first. This network would also need to connect as many service providers (offering services to HY) as possible to expedite access to the various services through enhanced continuity and collaboration. In 2003, from this group of professionals collaborating to optimize care to HY and guided by this key conclusion, RIPAJ was born and continues to evolve (see Fig. 2).

The authors declare that there have no conflicts of interest to address and certify responsibility for the manuscript.

Results

At this moment, RIPAJ comprises various non-profit organizations (see Appendix Table 1) that can be broadly divided between psychological and health care services, housing services and specific services for special needs. We will briefly discuss the components of each giving some examples of partner organizations while recognizing that the list is not exhaustive since RIPAJ has built partnerships with numerous organizations that cannot all be described (please refer to Appendix Table 1 for a more complete list of partners).

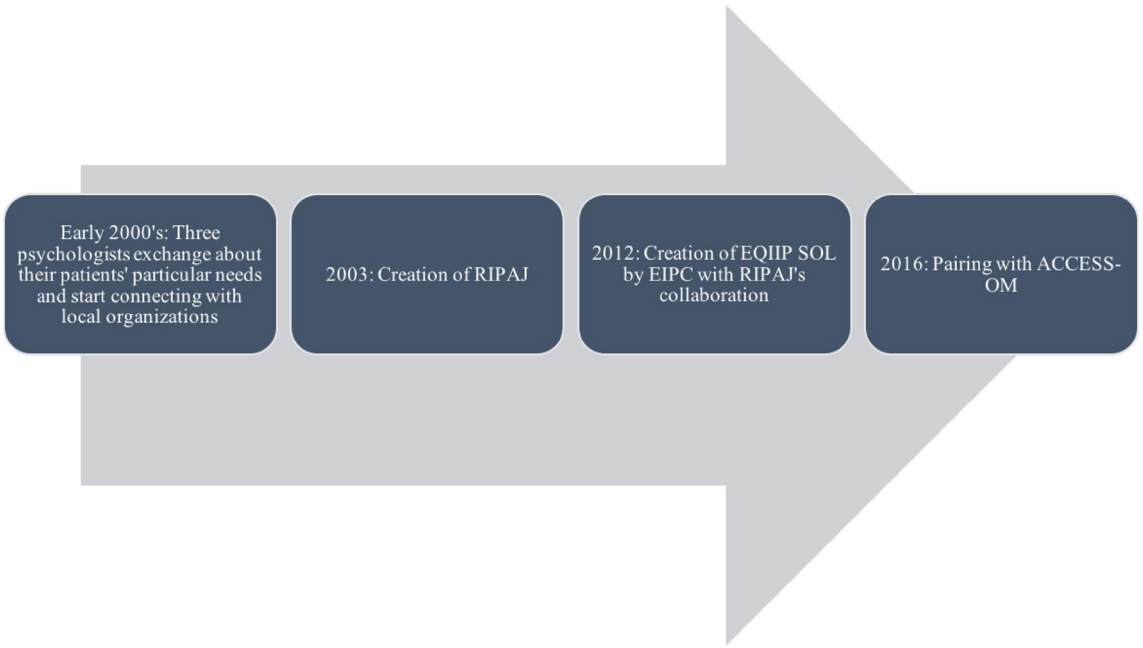

Fig. 2 Key steps in RIPAJ's history

Psychological and Health Care Services Within "One-Stop Shops"

Youth homelessness with its multi-factors components, complex conditions and complications justifies a rapid and flexible access to mental health services in youth friendly environments, as well as a collaborative and integrative approach. Among the services available through the health care component of RIPAJ are consultations and interventions which are free of charge, for youth and workers, with psychologists specifically adapted to the needs of HY at different locations in the downtown Montreal area. Some of these organizations, of which *Dans la Rue* is the biggest, offer on site psychosocial support and psychological evaluations and interventions (by two full time psychologists) as part of a range of other services, therefore normalizing those services and rendering them easily accessible. The youth can both access psychological services, school and employment programs, get a meal and shower, family interventions for HY having children themselves, and art and music therapy, among others at the same location. They also link to other services within RIPAJ. This aims at simplifying access to mental health services to help HY cope with complex psychosocial situations and traumas like intimidation, abuse, self-injury, as well as different conditions of different severity ranging from anxiety and depression to psychotic disorders. The Street Youth Clinic (*Clinique des jeunes de la rue* in French) where youths can consult a general practioner or a nurse (for physical or mental health difficulties), as well as a psychologist, a social worker and a dentist (among other services) offers primary care in addition to psychological and social services. Located a few minutes away by foot from most HY organizations in downtown Montreal, the clinic caters to the needs of HY, e.g. by conducting sexual transmitted disease screening, pregnancy tests and follow-up of drug use-related health issues as well as general health issues.

Intensive, Integrated Mental Health and SUD Services and Case Management for the Most Severely Ill

RIPAJ aims to help HY suffering from mental illness across the whole spectrum of severity, e.g. from milder forms of mood and anxiety disorders, post-traumatic stress disorders, personality disorders, SUD to more severe illnesses such as psychotic disorders. For homeless youth suffering from psychosis and SUD (HYPS), the intensive outreach team *Équipe d'intervention intensive de proximité* (EQIIP SOL) is at the cornerstone of delivery of specialized services. Prior to the creation of EQIIP SOL, HYPS were followed with other stably housed patients at the Early Intervention for Psychosis Clinic (EIPC or *Clinique des jeunes adultes psychotiques*) of the *Centre hospitalier de l'Université de Montréal* (University of Montréal Hospital) where the team is responsible for providing psychiatric care to youth with a

diagnosis of early psychosis aged between 18 and 30-years-old in the downtown Montreal area. They offer integrated services with both individual and group interventions for early psychosis and its comorbidities (e.g. SUD). In 2012, following RIPAJ observations that HYPS were facing specific challenges that needed to be addressed quickly in order to prevent the perpetuation of their mental difficulties, and benefiting from special funding from the government, EIPC with the help from RIPAJ, created EQIIP SOL—an intensive outreach case management team where HYPS can receive integrated psychiatric and psychosocial services focusing on ending homelessness as well as offering specialized psychiatric services for comorbid SUD and psychosis. Practically, three case-workers with small patient/professional ratios (10:1) are responsible for coordinating services provided to the youth, liaising with the different RIPAJ collaborating organizations and establishing a trusting relationship between youth and the network that facilitates access to care (Aviles and Helfrich 2004). They assist the youth in obtaining appropriate housing (considering their needs and limitations), mental health and medical services, medical insurance and identity cards, helping them with their legal problems and regularizing their financial situation, e.g. by finding a source of income such as governmental subsidies and providing help with budgeting. The case-workers of EQIIP SOL also work closely with the four psychiatrists of EIPC who can conduct a more or less frequent outpatient follow-up or even directly hospitalize the patient if needed.

Housing Services

With regards to housing services, RIPAJ facilitates access to shelters and resources that are specifically adapted to HY of different age groups and situations. For instance, *Refuge des jeunes* welcomes homeless young men while *Passages* is a shelter specifically dedicated to homeless young women which also offer psychosocial support. Younger youth requiring emergency housing can stay at the smaller shelters en *Marge 12–17*, and the *Bunker—Dans la Rue*'s emergency shelter (for youth up to 21 y.o.), created in 1993. Since 2015, the *Bunker* also offers longer periods of emergency shelter housing for youth presenting severe mental difficulties with the aim of accompanying them to get specialized mental health services. Some subpopulations such as transgender youth and those identifying themselves as nonbinary (i.e. "express[ing] a gender identity that is neither entirely male nor entirely female") (Merriam-Webster Dictionary 2018), face extra barriers in accessing emergency shelters which tend to be gendered spaces. Some emergency shelters of the network have taken steps to welcome these subgroups of youth. These shelters constitute with *Dans la Rue* day center, the major entry point into the network. Another key resource is *En Marge 12–17* that offers services to minors and runaway youth (including emergency shelters) and has a service dedicated to parents of these youth within RIPAJ. All the four community organizations running shelters also offer supervised apartments to help obtain stable housing along with other key resources (see Appendix Table 1) who offer group home and supervised apartments for varying durations (from emergency places for 2 months to others with no time limit), as well as psychosocial support and help towards social reinsertion via housing support for people suffering from severe mental illness. In all these group homes and supervised apartments, youth can learn and be supported on how to care for themselves and their new home (from chores like cooking and laundry to budgeting) and achieve the goals they set for themselves. Many of these organizations offer services to some more specific clienteles in addition to the general HY clientele, e.g. some offer shelter places and specialized psychological services for transgender youth that are very often excluded from many resources based on inclusion criteria or estranged from families.

SUD Specialized Services

Lastly, RIPAJ also delivers adapted services for SUD or other specific problems through various organizations. For young patients dealing with either substance use or gambling, RIPAJ also links with the *Centre de Réadaptation en Dépendance de Montréal* that provides inpatient and outpatient rehabilitation services including psychotherapy, as well as a school program and psychosocial support including help for legal problems. Another example of an adapted service is *Cactus*, an organization that helps intravenous drug users on a harm reduction model not only by supplying clean material and a safe location for administration of the drugs, but also by establishing contact via the *Groupe d'intervention alternative par les pairs*, a peer support team outreaching to HY wherever they are in the RIPAJ; *Cactus* also has a program specifically supporting transgender youth (ASTEEQ).

Case Examples

To illustrate how RIPAJ facilitates caring of youth suffering from varying degrees of mental health issues and in a precarious housing situations, let us consider two different examples that illustrate the versatility of the services provided by RIPAJ. First, one might encounter a previously employed young single mother with a moderate alcohol use disorder and gambling problem who is estranged from her family and

was evicted from her apartment as she could no longer pay for rent, in turn jeopardizing the custody of her child. This young woman may start attending the *Dans la Rue* drop-in center where she'll be able to receive psychotherapy from a psychologist, family services and can even benefit from transitional housing for her and her child at the supervised apartments of *Dans la Rue*. Once her living arrangements have stabilized and basic needs are met, she can be referred to the *Centre de Réadaptation en Dépendance de Montréal* where she can receive help for her alcohol consumption and gambling. In this example, *Dans la Rue* serves as gateway to a wide array of services that expedite recovery and caters to the individual's global needs. Another example of a HY with a more severe psychiatric condition is that of an increasingly psychotic young man banned from multiple shelters because of his worsening disorganization and belligerent behavior. One employee of a drop-in where the young man shares meals, with whom he has good rapport, can initiate a discussion about symptoms and associated distress, and upon a call to EQIIP SOL, organize a first meeting with the team. Building on the pre-existing alliance, the first encounter between the drop-in employee, the case-worker and psychiatrist from EQIIP SOL and the patient will be significantly facilitated. This prevents an alternative scenario in which, for instance, the patient would be brought to the emergency room by police officers while experiencing worsening symptomatology and would meet the psychiatrist alone, thereby being further antagonized. With RIPAJ, members of the team can make the best use of the various service providers to individualize care for the patient and promptly refer the patient within the RIPAJ network (Fig. 3). For instance, an emergency shelter, encouraged by the fact that the patient will be followed-up closely, may decide to house the young man until he can move in a supervised apartment from a RIPAJ organization. If it is determined that an antipsychotic medication ought to be started, case-workers present at the shelter may supervise its administration with the patient's approval, creating opportunities for contact and informal, non-intrusive follow-ups. After creating a trusting relationship, the patient may confide that he engages in risky sexual behaviors and can be referred to the Street Youth Clinic where screening can be performed, and risks associated with substance misuse discussed. Even if the patient stops the medication and leaves the supervised apartment where he lives, he is likely to be in contact at some point with another RIPAJ member who can offer help and expedite new contacts with EQIIP SOL if needed. Lastly, when this patient's state has stabilized, RIPAJ, through its various partners, can assist him in the various projects he may wish to undertake, e.g. complete his secondary education, find a job, while maintaining housing stability in a supervised apartment or a housing first program, etc.

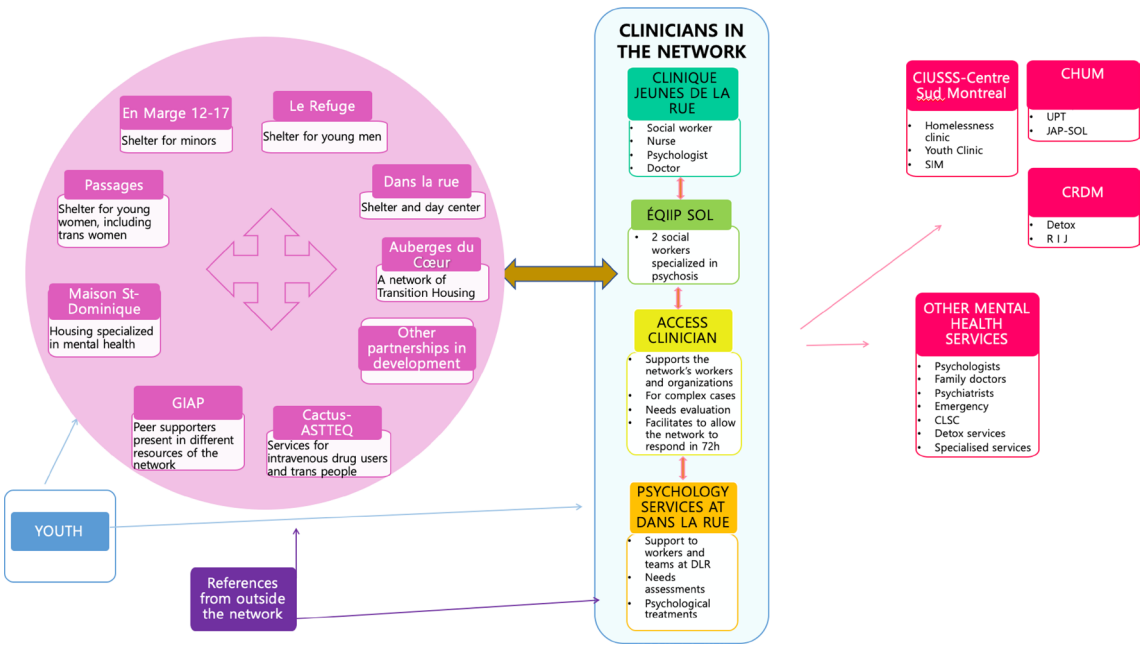

Fig. 3 Referrals within the RIPAJ network

Discussion

The Gap Filled by the RIPAJ Network

This closely-knit network of resources of RIPAJ allows for optimal coordination of services and rapid referral and access to mental health care, perpetuation of trusting relationships between HY and various care providers and finally complementarity of care between the various service providers. The core values of RIPAJ reflect the desire to fulfill the unique needs and challenges faced by the homeless youth: there is no "wrong door", no "bad timing" and no wrong source of referral. Another key feature of RIPAJ that contrasts with traditional care delivery is that files are not "closed" because a HY did not show up for a few months or a year. Follow-up can be reactivated rapidly anytime the youth seek help, in their unique trajectory. Processes, like direct and quick communication between first line and specialized service providers, in contrast with the traditional static referrals with waiting lists and many administrative steps/barriers, are put in place to allow optimal coordination of care during the initial assessment period and subsequent interactions. Particularly at the beginning of the process, this is of paramount importance, because engagement and adherence of HY to usual services remains typically low, often due to different factors such as their ambivalence to get help linked to previous bad experience with institutions (see Fig. 1). Engagement with services as well as medication adherence (when required) can be facilitated by consistent and supportive contact with workers and health care services with whom they can develop a trusting relationship (Muir-Cochrane et al. 2006). Patients are also less likely to be lost to follow-up as RIPAJ creates a form of safety net for HYPS. The information provided by front-line workers, e.g. about overall functioning or signs exhibited by HYPS, is also invaluable for the treating team. Respect for confidentiality is guaranteed as youth complete a form and decide what information is shared with which service provider, although most youth feel comfortable sharing information freely with this enlarged circle of care which they feel is respectful and trustworthy. This is particularly important since many youth feel the need to conceal their mental health issues when first asking for help (often because of stigma or fear of being judged or excluded) but progressively feel more comfortable discussing them with service providers who are accustomed to mental illness and better informed since RIPAJ provides training and support to workers of all these organizations. This also avoids the unfortunate and far too common situation of youth having to tell their personal stories repeatedly to different service providers.

The initial proximity meetings that led to the creation of RIPAJ still take place (about 5 times per year) between the psychologists and managers of RIPAJ along with monthly partner meetings with the ever-growing group of stakeholders and organizations working in the field (often front line workers, or coordinators of these field teams). These meetings between RIPAJ partners allow not only for identification of problems, but also brainstorming and generation of solutions that optimize complementarity of resources. They generate, with the youth friendly environments offered within the network, a shared knowledge about youth's own resources, talents, skills, resilience and developmental perspectives (Aubin 2008). This communication renders possible fast-tracking of HY with mental health difficulties between services, each time minimizing duration of untreated illness, loss to follow-up and permitting the acquisition of a global view of the services and potential gaps. Activities are also organized to raise awareness of RIPAJ among community organizations workers and youth themselves (e.g. Mental Health Fair, conferences on mental disorders and how to intervene, youth account of their mental illness and discussion, talent show on the theme of mental health where youth expressed their experience in songs, slam, poetry, lunches for LGBTQ2S+ and allied youth, etc.).

RIPAJ not only allows for provision of important care tailored to HY, e.g. psychological services where the youth gather, it also permits collection of important information about HY and the impact of interventions on their trajectory. As an example, a recent study assessed the impact on HYPS outcome, of the addition to an EIPC of EQIIP SOL an intensive outreach intervention team in link with RIPAJ (Doré-Gauthier et al. 2019a, b). The cohort benefiting from EQIIP SOL and the RIPAJ network in addition to the EIPC treatment, showed a quicker and higher rate of stable housing compared to those followed by the EIPC alone (RR = 2.38, $p = 0.017$).

Future Directions: Easing the Transition into Adulthood

Despite tremendous collaborative efforts on the part of RIPAJ stakeholders from both community organizations and institutions, some areas of improvement need to be addressed to best assist HY as well as those at risk for homelessness. In the province of Quebec, children and adolescents followed by youth protection (YP) typically do not receive services from this agency beyond the age of 18. Despite efforts to

connect youth with the right adult services, this abrupt transition can be challenging, especially for young patient benefiting from specialized psychiatric services and who are at risk of becoming homeless. Consequently, it is not surprising that the majority of HY indicated in a recent survey that they were involved at some point with YP in the past (Gaetz et al. 2016). The same sudden transition also often occurs in patients who received follow-up in child psychiatry or other pediatric services and who, when they turn 18, are no longer eligible for the same services. For example, in the EQIIP SOL population, more than half of HYPS had been followed by YP before and of those, 40% had psychotic symptomatology diagnosed when they consulted at least one child psychiatrist in the past. Moreover, of the 25 HYPS previously followed by YP and seen in child psychiatry, only one youth had a successful subsequent follow-up transfer organized in adult psychiatry. This is very unfortunate because in many cases, risk factors and vulnerabilities for mental illness, such as traumas or abuse (Gaetz et al. 2016), are the very reasons why the minors were placed with YP and are identifiable well before the disruption of services.

To ensure a more harmonious transition between child/adolescent care and adult care, different participant organizations of RIPAJ are currently aiming to establish a partnership between child/adolescent services and adult services. As an example, RIPAJ is actively working on connecting with YP to ultimately create a partnership that would guarantee a prompt identification of youth who would benefit from any of the RIPAJ services before they leave YP. Practically, YP is invited to join the meetings within RIPAJ and collaborative work is underway to elaborate joint policies to address the needs of this clientele.

Lastly, a partnership between RIPAJ and ACCESS-Open Minds (for Adolescent/young adult, Connections to Community-driven, Early, Strengths-based and Stigma-free services Open Minds or ACCESS-OM) has been established in 2016 (Abdel-Baki et al. 2019). ACCESS-OM is a research and evaluation project that aims to implement and evaluate a change in access and utilization of mental health resources for youth across 14 different Canadian sites (Malla et al. 2019), including downtown Montreal where RIPAJ is responsible for conducting the study site on HY. A research evaluation project aiming to compare access to mental health before and since the RIPAJ-ACCESS-OM partnership, measures different variables such as number of youth seeking help, delays between reference and first contact, evaluation and treatment as well as a variety of clinical and psychosocial outcomes (including duration of homelessness, housing stability, return to school and/or work, quality of life, global functioning, symptomatology and addiction severity). A description of youth characteristics and the reasons for seeking help as well as the services needed and offered to respond to their needs will also be reported. In addition, two qualitative studies (using community mapping and photovoice with youth) as well as in-depth interviews and focus groups with different stakeholders including youth, families, clinicians and carers from different organisations aim to describe obstacles and facilitators to access and use of mental health service in HY. These studies will allow further service tailoring and as well as knowledge creation, with the ultimate goal of improving access to services with specific targets such as initial contact with the evaluation team within 72 h from the reference for 90% of identified youth and a 20% decrease in delay for obtainment of quality mental health services adapted to the youth needs.

RIPAJ: A Model for Creation of Other Networks

More than 15 years after the creation of RIPAJ, it has become obvious that the complexity of the network is also its strength. The ecosystem of community organizations and institutions constituting RIPAJ is the result of long-term collaborative efforts between stakeholders who became united towards one goal: helping youth who need the most help. Therefore, HY can go wherever they feel more comfortable and get the help they need wherever they ask for it. For a similar network to be implemented elsewhere, development of an alliance between stakeholders as well as openness to potential new partners is key. The respect of each organization's mandate and philosophy is also a key characteristic, which takes advantage of each organization's strengths by recognizing local expertise and fosters sustainable and mutually profitable partnerships. Recognizing that local idiosyncrasies cannot be accounted for, we have created a list of essential and dynamic elements that are essential for the creation and maintenance of a network like RIPAJ (Fig. 4).

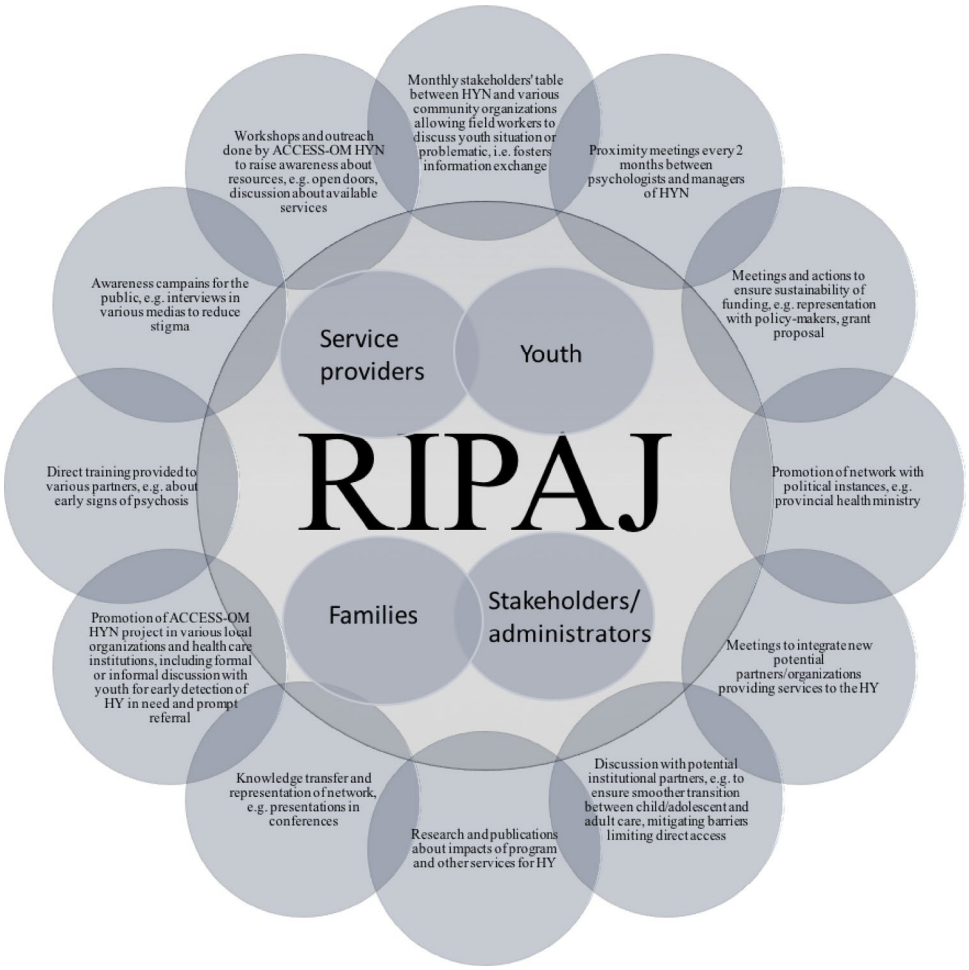

Fig. 4 Essential elements in the development and maintenance of RIPAJ network

Conclusion

Youth homelessness is a complex phenomenon related to multiple factors. It is also an important problem both at the societal and individual level. Homelessness and mental illness play a synergistic role in which each can feed the other. Addressing HY is critical to prevent more protracted homelessness and severe mental illness. With the RIPAJ network and its various partakers, we have been able to demonstrate the interest of building sustainable relationships with various community organizations and health care institutions to fast-track HY for whom access to care, and resources remains otherwise laborious. RIPAJ can serve as a model for other urban centers where proximity meetings can be not only the occasion to share about common experiences with HY, but also an occasion to create a network that greatly optimizes services. Lastly, such network is also an opportunity to generate knowledge about care provision for HY and influence future services and policies.

Appendix

Description of some major RIPAJ partners and the services they offer to HY (See Table 1).

Table 1 RIPAJ network information—list of non-profit organizations

Organization	Description
Dans La Rue	Population 12–25 years old (transition to adult services after 25) Homeless youth Services (three locations: the Van, the Bunker, Day Center Chez Pops) Clothing, meals and shower Shelter Psychology service (2 psychologists and clinical consultants Nursery (one nurse, collaboration with Clinique des jeunes de la rue) Diverse social services (legal support, etc.) Family service (18–30 years old) Emmett-Johns School Employment programs (including Pay-by-day program) Liaison and accompaniment Veterinarian clinic Leisure and cultural activities Program Music Program and music room (including music therapy) Art room Les Logements (supervised apartments)
Clinique JAP - CHUM Jeunes adultes psychotiques and ÉQIIP SOL	Population 16–33 years old, First episode psychosis patients Services Social workers Psychiatrists Occupational therapists Nurses Psychosocial interventions (including Group therapies, employment/school support, housing support, substance misuse interventions, etc.)
Le Refuge des Jeunes	Population 17–25 years old Young homeless men Services Temporary shelter Dormitory Meals and food banks Personal hygiene products and clothing First aid services Recommendations and counselling Accompaniment and support Supervised apartments
Passages	Population 18–30 years old Young women in precarious situations Services: Transitory affordable supervised housing (shelter, group home and supervised apartments) Housing support (housing first) Reinsertion
Clinique des jeunes de la rue CSSS Jeanne-Mance	Population 14–25 years old Homeless youth Services: Nursing, medical and dental care Psychology and social work Psychiatrist Peer helper, accompaniment Showers

Table 1 (continued)

Organization	Description
Diogène	Population 18 years old and older with severe mental health issues ± SUD with legal problems and/or homeless Services Outreach Accompaniment and support (homelessness, mental health, legal problems) Housing support (housing first)
Maison Saint-Dominique	Population 18 years old and older Suffering from mental disorders Services Psychosocial support Supervised apartments Housing support (Housing first)
Centre de Réadaptation en Dépendance de Montréal	Population 24 years old and younger Addiction issues Services Addiction rehabilitation services (including detoxification) Educational and legal support Service to parents and social network Transitory group home
Cactus	Population Anyone Services Prevention of STIs Supervised injection site Street messengers and outreach work Accompaniment and support
Direction de la protection de la jeunesse	Population 18 years old and younger Youth with compromised security and development Services Medical care for all needs Mental health care Housing and legal support
Le tournant–Auberge du coeur	Population 18–29 years old Homeless young men Services Transitory affordable supervised housing (group home and supervised apartments) Accompaniment and support post-housing
Maison Tangente–Auberge du coeur	Population 18–25 years old Homeless youth Services: Transitory affordable supervised Housing (group home and supervised apartments) Accompaniment and support post-housing Social services and activities
Le Foyer des Jeunes travailleurs et travailleuse de Montréal–Auberge du coeur	Population 17–24 years old Youth in precarious situations Services Transitory affordable supervised Housing (group home and supervised apartments) Accompaniment and support Employment services and support

Table 1 (continued)

Organization	Description
GIAP Groupe d'intervention alternative par les pairs	Population 12–30 years old Youth in precarious situations Services Peer intervention group Sexually transmitted infections prevention Harm reduction interventions
En Marge 12–17	Population 12–17 years old and their parents Youth in precarious situations, including homelessness Services Emergency shelter Short-term housing (60 days) and supervised apartments Support for parents of vulnerable youth

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