

Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

Local Action Team Aims and Measures for April 1, 2015 to March 31, 2016

Each Local Action Team will develop a one page document linked to the BC CYMHSU Collaborative Charter which will identify its aims and measures for the upcoming Action Period.

Local Action Team:		Central Okanagan				
Co-Chairs:		Scott Slater & Dr. Marianne Morgan				
Project/Community Development Lead:		Rachel Laird				
Members – Names, Title & Affiliations/Organization:						
Name	Title, Affiliation/Org		Name	Title, Affiliation/Org		
Amanda Swoboda	СМНА		Irene Maier	School District #23		
Andrea Antonishen	DDMHS/IHCAN		J.B. Cole	UBCO – School of Social Work		
Andrew Portwood	The Core Kelowna		Jane Mushta	KGH		
Anita Desjardins	COK LAT Administrative Assistant		Jason Mackenzie	MCFD		
Ashley Sherbino	СМНА		Joanne Deguevara	School District #23		
Beth Flynn	MCFD		Karen Davies	IH, Public Health		
Buffy Mills	Westbank First Nations		Karen Wnuk	MCFD		
CJ LeBlanc	CMHA Youth Services		Keddi-Ann Sherbino	Youth		
Cheryl Longeway	The Bridges Services		Kelly Andrews	School District #23		
Christa Akins	Parent		Kelly L'Hirondelle	Métis Community Services Society of BC		
Christine Walsh	KCR		Liz Talbot	NOW Canada		
Cindy Rhodes	School Dist	rict #23	Lori Sauer	KGH ER RN		
Colleen McEwan	KGH		Lynette Stirling	Parent		
Colleen Szalka	Parent		Lynn La Mothe	Family		
Dana Steele	KGH ER RN		Marnie Bland	ARC Programs		
David Wood	MCFD		Melissa Feddersen	UBCO		
Dawn Watters	CO Regional District		Melody Brewer	CMHA Family Navigator		
Dawn Wilkinson	KCR		Michelle Evans	Parent		
Deanna Rolston	Parent		Mike Gawliuk	СМНА		



PSP Coordinator	Niki Stevenson	Ki-Low-Na Friendship Society
KGH	Peter Molloy	School District #23
UBCO – Health & Social Development	Rachel Laird	COK LAT Project Lead
Psychiatrist, Adult MH Services	Rana Grace	School District #23
GP (CODFP)	Renee Hetu	Aboriginal Navigator, IH
GP (CODFP)	Sandra Robertson	IH Manager
GP (CODFP)	Scott B. Slater	MCFD
Psychiatrist	Sharon Marshall	Outreach Youth Counselling
Paediatrician	Tasie Haluska-Brown	MCFD
Paediatrician	Teresa Murray	Kelowna Boys & Girls Club
MCFD	Tom Harbour	School District #23
KCR	Traci Cooke	F.O.R.C.E. Society
ARC Programs	Tricia Labrie	School District #23
School Liaison, RCMP, SD #23	Tristan Smith	CODFP
Youth		
	UBCO – Health & Social Development Psychiatrist, Adult MH Services GP (CODFP) GP (CODFP) Psychiatrist Paediatrician Paediatrician MCFD KCR ARC Programs School Liaison, RCMP, SD #23	UBCO – Health & Social Development Psychiatrist, Adult MH Services Renee Hetu GP (CODFP) Renee Hetu GP (CODFP) Sandra Robertson GP (CODFP) Scott B. Slater Psychiatrist Sharon Marshall Paediatrician Tasie Haluska-Brown Paediatrician Teresa Murray MCFD Tom Harbour KCR Traci Cooke ARC Programs Tricia Labrie School Liaison, RCMP, SD #23 Tristan Smith



LAT CYMHSU Charter Objective(s) Action Period ending October 2015 (Learning Session 6).	Specific Aims Action Period ending October 2015 (Learning Session 6).	Measurements
 "What objective (s) from the Charter are we addressing for this action period"? New LATs to achieve one or more objectives. Established LATs to achieve two or more objectives. 	 "What are we trying to accomplish and how"? Aims are steps intended to meet an overall objective but can be specific and unique to your community's needs. Who, What, Where, When? Be specific and keep it realistic and achievable. 	 "How will we know that a change is an improvement"? Make measures meaningful. Measure by quantifying/counting, observing, asking Keep measures simple and establish a baseline if possible. Did you make a positive difference? If not, adapt your aim(s) and try again.
LAT Objective 1: Identify and communicate to service providers and community members how to access local and provincial mental health and substance use services and supports for children, youth, youth in transition, and their families in their local communities, to move towards FamilySmart Practice.	 Inclusivity of Professionals involved in CYMHSU Continue to make the Local Action Team inclusive to all Focus groups for populations that aren't attending LAT meetings Identify methods of participation and engagement for youth, parents, and aboriginal representatives in the work of the LAT Conduct youth focus groups to ensure that youth voice is informing and guiding work of LAT Ensure, through leadership of steering committee, that focus groups are targeting meaningful questions/feedback that will inform work of LAT subgroups Focus groups should support creating knowledge, building solutions, engaging youth that are at risk. 	 Inclusivity of Professionals Extent of diversity of membership Establish baseline of existing membership for future measurement Continue to invite potential participants from the COK community Focus Groups Run two pilot groups in June Schedule remainder for late summer and early fall Ensure at least one or more focus groups target aboriginal youth populations Ensure focus groups engage with both 'leaders' and 'non-leaders' (i.e. youth who may not be as naturally engaged but are the population the LAT is trying to serve/meet the needs of).



LAT Objective 2: Establish multi-sector, sustainable practices of care that are effective for children, youth and their families. These practices can include any areas of care that align with community priorities, for example: i.e. crisis intervention, suicide and self-harm prevention, and early intervention care for mild to moderate.

Substance Use:

Working Group is meeting regularly and represents all facets.

- Working group headed by Beth Flynn MCFD, in participation with IH, ARC, CMHA, schools, physicians, and others
- Regular updates of the KCR database based on SU services available

Improve access to youth and families to services; increase services.

- Train more SU clinicians
- Educate resource providers
- Provide YCAP Training in order to:
 - Increase capacity of first responders to effectively identify, assess and refer young people to service
 - Increase understanding of what services are available, access points and referral criteria for acceptance, to facilitate quality referrals and ensure existing services are efficiently and effectively utilized
 - Increase dialogue between first responders and substance use clinicians, with an eye to improve service coordination and interagency collaboration, while identifying gaps in service delivery.

Working Group:

- KCR Database accurately represents services available and provides correct contact information for service providers
- Increase numbers of clinicians trained (currently 7 only)

YCAP

- Target training participants from: MCFD, SD23, RCMP School liaisons & downtown Enforcement Unit representative, youth focused service providers, and other collaborative identified recipients.
- Identify and designate up to 5 service providers representing different youth service organizations to receive the Y-CAP 'train the trainer' programming so they may confidently assume a peer mentorship role for workshop participants post session completion.
- Baseline substance use training for approximately 60 youth focused service providers (three separate training sessions)



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prevention, and early intervention care for
mild to moderate.

Navigation - Navigation Working Group

- Work towards improved linkages of resource providers; children and youth and families; and programs.
- Proposal submission from Navigation
 Working Group (submission in June??)
- Continue supporting and testing "Wrap Around" model with care teams and resources available via LINC
- Explore incorporating "access" into navigation working groups mandate (improving navigation should improve access)

<u>Convergence</u>

 Explore opportunities to converge working groups (i.e. navigation, complex care, transitions, substance use, etc.)

Navigation

- Connect Physicians accepting unattached CYMH patients with support via CMHA Family Navigator
- Support and review of LINC/Hub initiatives
- Surveys of client/providers- pre and post proposal

Convergence

 Converge, at minimum, two subworking groups, trial at least 2 overlapping tests of change

LAT Objective 5: Partner with schools to provide mental health and substance use literacy for teachers, students, school personnel and families through initiatives targeted to address specific and community needs.

<u>Prevention/Intervention/Education</u> Has active Working Group

- Continue project to bring education to parents of infants to teens-Key Messaging
- Support PSP programs

Resiliency Training

 Follow through on sustainability planning for resiliency training

Prevention/Intervention/Education

- Finalize messaging
- Roll out Key Messaging program in schools.
- Propose pilot phase to IH for COK (not regional yet).
- Number of resource providers with improved training/skills

Resiliency

- Set expected # of trainees to receive resiliency training from the newly "trained trainers"
- Establish timeline and project plan for fall '15 roll out



Remaining LAT CYMHSU Charter Objective(s) LAT to meet this objective between October 2015 and March 31, 2016.	Aims (option to complete this section after Learning Session 6, October 2015).	Measurements (option to complete this section after Learning Session 6, October 2015).
LAT Objective 3: Integrate new provincially developed system-level information sharing guidelines into existing local practices. LAT Objective 4: Increase participation of schools and communities in fostering "caring adults" to provide support and protective factors for children and youth.		
LAT Objective 6: In consultation with PSP Regional Support Teams, increase participation in the Practice Support Program's (PSP) Child and Youth Mental Health Module by family and specialist physicians, as well as CYMHSU partners and service providers, such as MCFD, CYMH, school counselors, psychologists and community agencies. Targets for improvement will be locally determined in conjunction with the PSP program and should be robust and significant.		
LAT Objective 7: Promote uptake of the PHSA Indigenous Cultural Competency (ICC) Training and/or other education and practices to address and enhance cultural safety and competency in child and youth mental health and substance use for Aboriginals.		



LAT Objective 8:	
Test and implement system-level guidelines and protocols in	
the local community, as recommended by the Collaborative	
Working Groups.	

The above tool was derived from a Model for Improvement. Please visit http://www.impactbc.ca/sites/default/files/documents/Resources_Model%20for%20Improvement.pdf for more detail.



Appendix: Excerpt from BC CYMHSU Collaborative Charter, September 2014 to June 2015

WHAT ARE WE AIMING TO ACCOMPLISH?

Local Action Teams:

Local Action Teams (LATs) are key components in the provide the foundation for approaching improvements at is to establish multi-sector partnerships for a sustainable children, youth and families experiencing mental health Creation of these LATs requires significant time and ongoing engagement of all partners to achieve desired

"I feel really good about the Collaborative. I feel even more hopeful about the direction that the province could possibly be headed."

- Mother on Action Team

structure of the Collaborative and the local level. The long-term goal infrastructure to support local and substance use challenges.

commitment to ensure initial and objectives – objectives that

include identifying system barriers, and adapting and trialing new strategies and resources to combat these barriers. Teams are comprised of a diverse cross-section of mental health and substance-use service providers, stakeholders, and youth and families from the local community.

By June 2015, well established LATs will achieve two or more and newly engaged LATs will achieve one or more of the following objectives in their community. Members will establish measurements for their work, supported by their Collaborative Coach. The number, and timing of LATs created will depend on the ability of all partners to contribute the necessary time and resources to ensure success.

- 1. Increase the awareness and engagement of children, youth, families, practitioners and community members with CYMHSU services through activities such as identifying and communicating current access to services and supports for children, youth, youth in transition, and their families.
- 2. Establish or link to existing initiatives to provide multi-sector wraparound care to children, youth and their families.
- 3. Deploy local protocols to implement new provincially developed system-level information sharing guidelines.
- 4. Increase participation of schools and communities in fostering "caring adults" to provide support and protective factors for children and youth.
- 5. Work with schools to provide mental health literacy for teachers, students and parents through initiatives such as: professional development/training programs related to CYMHSU and youth and parent peer support.
- 6. In consultation with PSP Regional Support Teams, increase participation in the Practice Support Program's (PSP) Child and Youth Mental Health Module by family physicians, as well as CYMHSU partners and service providers, such as MCFD, school counsellors, and community agencies. Targets for improvement will be locally determined in conjunction with the PSP program and should be robust and significant.



- 7. Promote uptake of the PHSA Indigenous Cultural Competency (ICC) Training to address cultural safety challenges in mental health and substance use for Indigenous peoples.
- 8. Test and implement system-level prototypes, guidelines and protocols as recommended by the Collaborative Working Groups, such as ER Guidelines, or the recently revised provincial Youth to Adult Transition Protocol.