SharedCare
Partners for Patients

CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE (CYMHSU) COLLABORATIVE IN BC

The Charter

The CYMHSU Collaborative originated in June 2013.

(Revised to guide Action Period 7 – March to September 2016)

BRITISH COLUMBIA
doctors of bc

Acknowledgement

We would like to acknowledge the Kozeletski Family for their thoughtful sharing of Hayden's artwork for the cover of the CYMHSU Collaborative Charter.

Hayden Blair Kozeletski was a much-loved daughter, friend and young artist from Campbell River, B.C. In 2010, Hayden died by suicide at the age of 16 years. As a result of the Coroner's Inquest, an Orientation Guide to CYMHSUS was created for families in Campbell River and the Comox Valley. The creation and development of the Orientation Guide was a true work of collaboration by families, First Nations Elders, The F.O.R.C.E. Society for Kids' Mental Health, Island Health, MCFD, CYMH, and service providers, and Hayden's art is displayed throughout. We are honoured to have her work shared with this Collaborative.

WHY DO WE NEED THE COLLABORATIVE?

For children, youth and families in BC who are experiencing mental health and/or substance use issues, navigating the system of care is often fragmented, confusing, and uncoordinated. There are a number of agencies and initiatives offering services, supports and programs in the area of child and youth mental health and substance use. Research shows that receiving appropriate mental health and substance use care at the right time may enable a child or youth to return to good health or prevent the escalation of problems and symptoms, staving off larger crises, and even saving young lives.[1]

> **"You are in crisis and you think that if you reach out you will get some help and nothing happens. And you are left to deal with it on your own. How do you do that? I kept saying, "I don't know how to do this."**
>
> **– Mother of Suicidal Teen**

- It is estimated that 12.6% (84,000) of children and youth 4 to 17 years of age in BC are experiencing mental disorders at any given time. Up to 69% (58,000) of these children and youth are not receiving the level of specialized service that they require.[2]
- For 2013/14, the Ministry of Health reported that 129,412 children and youth 0 to 25 years of age accessed mental health and/or substance use services. Of these children and youth, 91% visited a physician, 45% received a prescription, 14% visited an emergency department and 4% were hospitalized.[3]
- Barriers to youth *receiving* adequate mental health services include:
    - Wait times/waitlists for services;
    - A lack of family involvement and support; and
    - A lack of communication between service providers during transitions between the community and emergency room or from child and youth services to adult mental health services.[4]
- Barriers to youth *accessing* mental health and substance use services when they need support include:
    - Not wanting others to know (such as parents, peers, community members);
    - Feeling fearful and thinking/hoping the problem will go away;
    - Not knowing where to go for services or how to get there.[5]
- It is widely understood that the enduring effects of colonization – loss of culture and self-determination – continue to influence the mental health of Aboriginal people. Residential schools and intergenerational trauma underlie issues such as suicide, substance use problems, and emotional and behavioral challenges for children and youth. As a result, Aboriginal children and youth are at a higher risk for mental health and substance use problems than their non-Aboriginal counterparts.

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[1] McGorry PD, Purcell R, Goldstone S, et al. Age of onset and timing of treatment for mental and substance use disorders: Implications for preventive intervention strategies and models of care. *Curr Opin Psychiatry* 2011;24:301-306

[2] Waddell C, Shepherd C, Schwartz C, Barican J. *Child and Youth Mental Disorders: Prevalence and Evidence-Based Interventions.* Children's Health Policy Centre, Simon Fraser University: Vancouver; 2014.

[3] These data do not include mental health/substance use data from health authorities, as it is no longer available.

[4] Representative for Children and Youth. *Still Waiting: First-hand Experiences with Youth Mental Health Services in BC.* Victoria, BC: Representative for Children and Youth; April 2013.

[5] McCreary Centre Society. *From Hastings Street to Haida Gwaii: Provincial Results of the 2013 BC Adolescent Health Survey.* Vancouver, BC: McCreary Centre Society; 2014.

- Nationally, over a third of students in grades 7 to 9 have binged on alcohol. Over 40% of 15 to 19 year olds have binged at least once in the past year, and more than a quarter of drinkers aged 12 to 19 have binged 12 or more times in the past year.[6]
- Mental disorders among youth are ranked as the second highest hospital care expenditure in Canada, surpassed only by injuries.[7]

WHAT IS THE COLLABORATIVE BUILDING UPON?

The Collaborative builds upon directional plans, programs, and practices. Some key foundational plans and supports that inform or link to the Collaborative include:

Healthy Minds, Healthy People: *A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (November 2010).

A Path Forward: *BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan* (December 2012).

Child and Youth Mental Health: Ministry of Children and Family Development CYMH strategic initiative to enhance child and youth mental health services.

The F.O.R.C.E. Society for Kids' Mental Health *(Families Organized for Recognition and Care Equality)* is a provincial organization that supports and empowers families and works collaboratively with professionals and systems in understanding and meeting the mental health needs of children, youth and families.

Practice Support Program includes a series of modules by the Doctors of BC and Ministry of Health providing CYMHSU training to general and specialist physicians, Nurse Practitioners, Medical Office Assistants, health authority staff, MCFD, school counsellors, school psychologists and community CYMHSU service providers.

The Ministry of Children and Family Development (MCFD) has the provincial mandate for child and youth mental health services in British Columbia. Services for youth impacted by substance use are provided through the Ministry of Health, Health Authorities and community agencies. Working with the Ministry of Health and other ministry and community partners, MCFD works to improve outcomes for children, youth and families and manages community based mental health services across the province. MCFD supports the Collaborative as an approach that brings community partners together to educate one another and make the system work better locally and provincially. MCFD's participation in the Collaborative is part of a larger series of initiatives that are focused on improving outcomes across all of MCFD's service lines.

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

– Mother on Local Action Team

The system of care designed for Child and Youth Mental Health and Substance Use balances out the needs for service provision to children and youth within the resources currently available. Initial learning from the Collaborative indicates more system collaboration is required at all levels to enhance the current models. At this time, MCFD's focus is direct services to children, youth and

[6] Canadian Centre on Substance Abuse. Substance Abuse in Canada: Youth in Focus, September 2007, p. 6

[7] Canadian Mental Health Association. Get Informed: Mental Illness in Children and Youth. http://www.cmha.bc.ca/get-informed/mental-health-information/child-youth-md

families, and organizational resources are directed to this area. MCFD is reviewing CYMH services to gain efficiencies and create a client-centered practice flow within available resources.

MCFD supports the concepts and principles of the Collaborative and is committed to finding a sustainable approach to the initiative within available resources.

HOW DID THE COLLABORATIVE START?

Child and youth mental health and substance use was identified as a priority by the Inter-divisional Strategic Council within the Interior Region; the Council represents seven Divisions of Family Practice (more than 800 family physicians), Interior Health, as well as the Ministry of Health and Doctors of BC (through the General Practice Services Committee). MCFD identified the need for a CYMHSU system review and developed a strategic plan. Together these groups created a charter that outlined the Collaborative goals, objectives, and activities. The Collaborative was sponsored and funded by the Shared Care Committee with the understanding that children, youth and families, together with providers and communities across B.C., would have the opportunity to work together tocreate meaningful, sustainable change.

> **"People have a genuine desire to collaborate. It is always better when we can work together."**
>
> **– Mother of child with ADHD/depression**

HOW IS THE COLLABORATIVE FUNDED?

Funding for the Collaborative comes from the Shared Care Committee (SCC), General Practice Services Committee (GPSC) and Specialist Services Committee (SSC) – all three are joint partnerships of Doctors of BC and the Ministry of Health. The Collaborative is also supported by the Joint Standing Committee on Rural Issues, another committee operating as part of the Doctors of BC/Ministry of Health partnership. These partnerships and contributions are critical to success, as the Collaborative's goals encompass the mandates of all four of the joint collaborative committees.

WHAT IS THE PURPOSE OF THE COLLABORATIVE?

The purpose of this powerful change engine is to engage children, youth and families, Aboriginal peoples, physicians, clinicians, police, provincial ministries, health authorities, schools, and communities to:

- Increase the number of children and youth (0-25 years old) and families seeking and receiving timely access to integrated, mental health and substance use services and supports throughout the province.[8]
- Document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development, which manifest the 'family-first, people-centered' goals of *Healthy Minds, Healthy People*.

[8] *Please note baseline data related to access to Child and Youth Mental Health and Substance Use services in British Columbia is difficult to gather. Through the Evaluation and Measurement working group the Collaborative is working with Ministries and other bodies to gather this baseline data in order to determine meaningful, attainable measurements to support continuous improvement and Collaborative outcomes.*

Our values:

- We engage children, youth and families as leaders and guides to prevention and care, and make them central to all improvements.
- We take an evidence-informed approach, including valuing emerging evidence from experiences of youth and families.
- We support connections to schools and communities – places where children, youth and their families spend considerable time.
- We work towards culturally compentent care for all.
- We build our services on integrated multi-disciplinary teams wherever appropriate.
- We honour the cultures and contributions of Aboriginal peoples, striving to adopt indigenous healing approaches and practices, as recommended by the Truth and Reconciliation Commission of Canada.
- We focus on the possibilities and strengths of individuals and families.
- We promote a blame-free environment.

> **"[The Collaborative] has got people who never sit down together …to the table to talk. It got people thinking, working, collaborating around the clock and trying to find solutions to the practices in the area."**
>
> **– Child Psychiatrist**

Our principles:

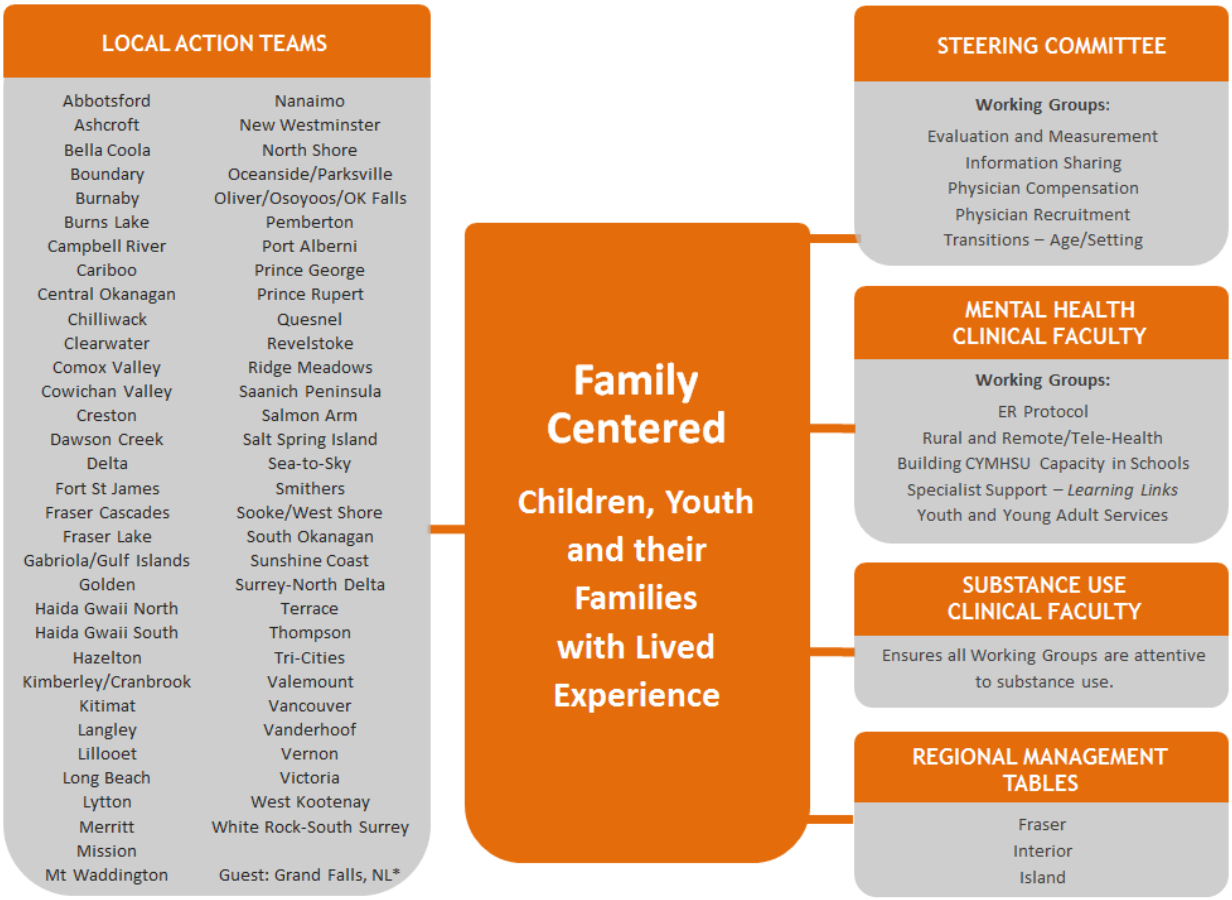
- We respect all practitioners and anyone affected by a decision will be involved in the decision-making process.
- Decisions of the Local Action Teams, Working Groups, Mental Health and Substance Use Clinical Faculties and Steering Committee are made by consensus.
- We start with small wins and build on the success of existing policies and practices underway throughout the province.

> **"The energy in the room for the Local Action Team is so exciting. I have been a pediatrician for almost 30 years and I have never seen anything sustain like this over a year. Usually it peters out, but if anything this is getting stronger and stronger, with more commitment, as the year has gone on. We are tackling real community issues and the energy is building and building, not dissipating."**
>
> **– Pediatrician**

HOW IS THE COLLABORATIVE STRUCTURED?

The Collaborative structure is based upon the *Collaborative Model for Achieving Breakthrough Improvement*, pioneered by the US Institute for Healthcare Improvement (IHI). This model is used worldwide as a method of rapid continuous quality improvement in healthcare.

The structure of the Collaborative is as follows:



* emerging Local Action Team

- **Children, youth and families** are actively involved in all aspects of the Collaborative, primarily through *The FORCE Society*.
- The **Steering Committee** is multi-sector and governs the Collaborative, providing overall accountability to the funders and stewards on a regular basis.
- The **Mental Health and Substance Use Clinical Faculties** explore issues of clinical care and delivery.
- **Regional Management Tables** are comprised of leaders from Ministry of Children and Family Development (MCFD), Health Authorities, schools, RCMP/local police, Aboriginal services and other key partners; these Tables are broader than the Collaborative and are intended to be long-term and sustainable.

"[The Collaborative methodology] looks to reinforce existing relationships, create new ones, clarify roles and have conversations regarding what can be done and what can't be done, and therefore improve the local service delivery process."

– Deputy Minister, MCFD

- **Local Action Teams** include a diverse cross-section of mental health and substance use service providers, stakeholders, and youth and families who concentrate on activities at the community level, including identifying system barriers and adapting and trialing new strategies and resources to combat these barriers.
- **Working Groups** identify potential solutions and make recommendations related to provincial systems barriers identified by Local Action Teams, Mental Health and Substance Clinical Faculties, the Steering Committee, sponsors and funders,.
- **Canadian Mental Health Association – BC Division** is an important partner for the Collaborative, providing leadership in coaching and project management.

The Collaborative Stewards

WHAT ARE WE AIMING TO ACCOMPLISH?

Local Action Teams:

Local Action Teams (LATs) are key components in the structure of the Collaborative and provide the foundation for approaching improvements at the local level. The long-term goal is to establish local multi-sector partnerships for a sustainable infrastructure to support children, youth and families experiencing mental health and substance use challenges across the province. Local Action Team members include: youth and families, family and specialist physicians, MCFD clinicians, school educators, counsellors and administrators, substance use experts, as well as representatives from health authorities, RCMP and community police, community agencies, municipalities and Aboriginal services.

> **"The piece that I like about the collaborative approach is getting people together at a local level into action teams. Empowering them to actually begin to identify issues as opposed to being a top down process."**
>
> **– Deputy Minister, Ministry of Health**

Creation of these LATs requires significant time and commitment to ensure initial and ongoing engagement of all partners to achieve desired objectives – objectives that include identifying system barriers, and adapting and trialing new strategies and resources to combat these barriers.

By March 2017, LATs will strive to achieve well defined aims, as outlined in their Chartlets, that align with the eight objectives below. Members will establish quality improvement measurements and specific activities for their work, supported by their Collaborative Coach.

Local Action Team Objectives:

	# of LATs
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.	38
2. Establish sustainable, community-based collaborative care processes that are experienced as family friendly and determined by children, youth and families to be effective in responding to their needs. These practices can apply to any services across the continuum of care, i.e. crisis intervention, suicide and self-harm prevention and early intervention care for mild to moderate needs.	33
3. Adopt and integrate new provincially developed system-level information sharing guidelines into existing local practices.	TBD
4. Increase participation of schools and communities in fostering "caring adults" to provide support and protective factors for children and youth.	22
5. Partner with schools and communities on mental health and substance use literacy initiatives, with the goals of: reducing stigma, positively impacting health seeking behaviours and building capacity and skills of students, families, school personnel and community members.	26
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 counsellors, psychologists and community agencies. Targets for improvement will be locally determined in conjunction with PSP and should be robust and significant.	7
7. Promote culturally competent care in our communities through education and practices to address cultural safety including, but not limited to, the uptake of the PHSA Indigenous Cultural Competency (ICC) Training.	8
8. Test and implement system-level guidelines and protocols in the local community, as recommended by the Collaborative Working Groups.	TBD

Steering Committee Goals:

The Collaborative Steering Committee and its Working Groups will work with Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:

1. Remove system barriers identified by Local Action Teams and ensure Local Action Teams have the resources they need to undertake their work.
2. Identify system barriers that have legislative, budgetary, regulatory or policy implications and ensure these are forwarded to the Healthy Minds, Healthy People ADM Action Committee.
3. Provide overall accountability to the funders and stewards for the Collaborative through evaluation.
4. Take leadership in identifying the tipping points – transformed system elements – where change is irreversible and how those tipping points are demonstrated – i.e. the indicators of success.
5. Work with *The FORCE Society* and *Aboriginal Friendship Centres* to meet the second purpose of the Collaborative related to the meaningful involvement of children, youth and families in decisions that impact them.

> **"The best thing about the Collaborative is that they understand how important having the perspectives of parents and families."**
>
> **– Mother of Child with Severe Anxiety**

6. Support Working Groups in making recommendations to government to support implementation of the following system changes:
    a. Embed provincially developed transition protocols into practice related to age and setting (Transitions Working Groups).
    b. Develop and implement a child and youth psychiatrist recruitment and retention plan (Physician Recruitment and Retention Working Group).
    c. Test and embed existing and ongoing provincial work on information sharing guidelines, tools and processes (Information Sharing Working Group).
    d. Recommend changes to Provincial Physician Compensation Models that support the desired interdisciplinary service delivery model (Physician Compensation Working Group).
    e. Develop an e-assessment evaluation tool for children, youth and their families to provide feedback on their experiences of services (Evaluation and Measurement Working Group).

Mental Health Clinical Faculty Goals:

The Mental Health Clinical Faculty and its Working Groups will work with Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:

1. Ensure all members of Local Action Teams have clinical peer and organizational support as they work together for improvements.
2. Gather information about related provincial processes that are underway and involve provincial representatives as appropriate.
3. Support the Working Groups and Local Action Teams with their work on care improvements as follows:

a. Encourage the addition of tele-health options to currently available services, in order to increase the effectiveness and coordination of local multi-disciplinary teams.
b. Finalize Emergency Department CYMHSU care guidelines (ER Protocol Working Group).
c. Complete and implement a CYMHSU Specialist Practice Module (Specialist Support *Learning Links* Working Group).
d. With a specific view on 12-24 year olds, improve their access to SU and MH services while supporting their unique social determinants of health (Youth and Young Adult Services Working Group).
e. Work with school counsellors and administrators to ensure they have the important linkages they need to CYMHSU services and mental health and literacy supports (Building MHSU Capacity in Schools Working Group).

Substance Use Clinical Faculty Goals:

The Substance Use Clinical Faculty will work with the Working Groups of the Steering Committee and Mental Health Clinical Faculty, as well as the Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:

1. Ensure attention to substance use within the activities and deliberations of all working groups within the Collaborative.
2. Increase the engagement of youth and families in the planning, design and implementation of substance use services and supports in BC.
3. Identify and leverage existing and emerging local, regional and provincial resources and initiatives.
4. Support the Working Groups and Local Action Teams with their work by:
    a. Providing a framework for local multi-sector (health, justice, education, social services) action related to substance use.
    b. Providing feedback on issues and priorities related on work, as related to substance use.
    c. Providing attention to provincial needs related to knowledge translation and training and the facilitation of strategic relationships

For additional information on the CYMHSU Collaborative, including Bi-Annual Reports and Local Action Team Chartlets, please visit the Shared Care Committee website.