Case Study 1: **Brief**

Structure and Change Model of the CYMHSU Collaborative Core Components

The CYMHSU Collaborative originated in Spring 2013 with 250 people and eight Local Action Teams and by late 2015 had grown to 2000 people in 64 Local Action Teams in all five health authorities. It brings a wide cross section of stakeholders together to remove barriers, foster cooperation and coordination, and find innovative solutions to improving child and youth mental health services in BC by March 2017.

The Collaborative was formed to respond to issues around the mental health services to children and youth in BC including complex, siloed, disconnected services; youth and families falling through gaps or encountering barriers to care; increasing numbers of children and youth who are struggling with MH issues; the fact that 75% of all MH issues arise during adolescence and young adulthood, and the need for a more family-centred approach.

GOALS

The CYMHSU Collaborative has two goals:

1. To increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports throughout the province; and
2. To document examples and results of the involvement of youth and families in decisions related to program and system design, clinical practice, and policy development in child and youth mental health.

As one of four components of the CYMHSU evaluation, the case studies focus on exploring and describing specific themes and activities under the CYMHSU Collaborative umbrella. Case Study 1 is a 13-page report that includes the responses from 17 key informant interviews representing the wide diversity of the Collaborative. As well, it draws upon 44 semi-structured interviews conducted among each of the sectors represented in the Collaborative in the first 18 months. The interviews focused on the strengths and challenges of the structure of the Collaborative. It also includes a glossary of all the CYMHSU Collaborative core components, staff, and governance structures. In total, 17 recommendations are made to help magnify successes and address challenges through to March 2017. For the full report see *here.* This two page summary lists key recommendations.

1. **IHI CHANGE METHODOLOGY:** While key informants noted the model of health care change pioneered by the US Institute for Healthcare Improvement is a recognized mechanism of health care change used worldwide and with a track record in BC, it is usually applied to single clinical issues with an evidence base to close the gap between potential and actual performance. It has never been applied to such a broad, complex, societal issue as child and youth mental health, covering everything from prevention and promotion to tertiary care.

   RECOMMENDATIONS:

   1. **Adjust the methodology language** to say the IHI model "inspired" the CYMHSU Collaborative.
   2. **Describe the CYHMSU Collaborative on its own terms.**

2. **THE COLLABORATIVE ITSELF:** There is tremendous enthusiasm, pride, optimism about the Collaborative and its goals. Key informants particularly noted the strength of the youth and family engagement and the relationships that are being built. But they also noted challenges of extremely short timelines, clear consensus, effective communications, and high expectations.

   RECOMMENDATIONS:

   3. **Consolidate and keep moving,** build on the passion and supports, share consensus where it exists.
   4. **Keep the information flowing,** maintain and explore ways of effective communication.

3. **LOCAL ACTION TEAMS:** Key informants noted the now 64 LATs have been highly successful in bringing in the right people and the right organizations, they are safe and inclusive places to share ideas, they are effectively building strong relationships, networks, and essential, sustainable local infrastructure. Many LATs have already achieved changes. Challenges include times where members have different personalities and working styles, struggles with the scope of change, information overload, and effective youth and family engagement.

   RECOMMENDATIONS:

   5. **Validate relationship building as a key LAT activity** and not simply a "soft" result.
   6. **Define range of LAT scope** to help build consensus around local solutions that can be implemented.

7. **Support youth and families on the LAT** with the FORCE to create caring, connected relationships.
8. **Support effective information sharing** and adopt efficient and effective means to share information.

4. **SYSTEM WORKING GROUPS:** Now numbering 11, the Working Groups were seen by key informants as highly effective mechanisms for addressing system barriers, with some WGs already completing protocols or guidelines that are being tested or adopted. Strengths include a powerful structure and process to address longstanding problems. Challenges include the need to be adaptable, adding new members who can help with implementation and move actions forward.

   RECOMMENDATIONS:

   9. **Continued support and focus** on WGs as high functioning teams; prioritize implementation of their work.
   10. **Ensure effective representation** of service providers and decision-makers to co-develop solutions.
   11. **Anticipate approval barriers** to speed uptake and implementation.

5. **STEERING COMMITTEE:** With 36 members, the Steering Committee has a wide cross-section of representatives Key informants noted strengths such as the ability to build relationships across organizations, the effectiveness of information exchange, the identification of barriers and "elephants," the level of engagement and expertise. Challenges include some who were uncertain of the SC mandate and scope, roles and responsibilities, inclusive membership, accountability channels and perception of effectiveness.

   RECOMMENDATIONS:

   12. **Regularly review SC membership** to ensure engaged, diverse regional and provincial representation.
   13. **Review and renew Terms of Reference** so the mandate, roles and responsibilities are clear.

6. **MENTAL HEALTH CLINICAL FACULTY AND SUBSTANCE USE CLINICAL FACULTY:** The two separate expert advisory committees, the Mental Health Faculty (31 members) and the SU Faculty (28 members) were both seen by informants as having high quality expertise, the right network of experts, and the ability to create useful products and guidelines. Informants indicated it would be helpful to clarify the mandate, roles and responsibilities of Faculty and help LATs to know how and when to tap into their considerable expertise.

   RECOMMENDATIONS:

   14. **Clarify mandates** and the process of engagement with both committees in order to access expertise.

7. **LEARNING SESSIONS:** The large, semi-annual gathering, of which seven have so far occurred, were viewed by key informants as being very strong on youth and family presence, networking and relationship-building, fostering energy and enthusiasm, and sharing learning. Challenges include information overload and knowing what to focus on, and having enough time to network. Key informants stressed keeping the youth and family presence at the centre, reflecting full empowerment from the beginning of the planning. Key informants noted the need and desire to keep gathering in Learning Session-like events after the Collaborative ends.

   RECOMMENDATIONS:

   15. **Leave ample networking space in the program**
   16. **Explore continued meetings** past the end of the Collaborative to maintain networks and relationships.
   17. **Prioritize Youth and Family Engagement** and co-development of learning sessions from start of planning.

8. **EMBRACING A HYBRID IHI BREAKTHROUGH SERIES/ COLLECTIVE IMPACT MODEL:** Key informants noted the Collaborative has a number of features that align to a "Collective Impact" initiative, a change methodology now being used world-wide. CI is designed for large-scale "messy" issues that are highly complex, have unproven solutions, and "no single entity has the resources or the authority to bring about the necessary change." As noted in recommendation 2, the Collaborative should acknowledge its IHI quality improvement roots and the strong conceptual fit with Collective Impact, but define its own hybrid change methodology, one that has been adapted and nurtured to meet the unique needs of BC. It is a structure that continually asks: "What is working?" "How can we build on it?" "Who needs to be at the table?" "How do we make this happen?" By continually asking these questions, and creating the forum and structure in which they can be answered, the Collaborative creates a naturally-evolving quality improvement cycle for child and youth mental health in BC that has potential to be both sustaining and transformative through 2017 and beyond.

GLOSSARY

A glossary of the CYMHSU Collaborative's core components, support organization, and stewards accompany the full report of Case Study 1. It can be viewed *here*.