

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:	Comox Valley		
Co-Chairs:	Carol Coxon, Curtis Cameron, Janice McLaughlin		
Project/Community Development Lead:	Sue Pearson Note: * Working Group Leads □ Working Group Members		
Members – Names, Title & Affiliations/Organization:			
<i>Name</i>	<i>Title, Affiliation/Org</i>	<i>Name</i>	<i>Title, Affiliation/Org</i>
*Wendy Morin	John Howard Society	Jasmine Hart	Military Family Resource Centre
*Esther Shatz	Dir. Instruction, School District #71	Brett Hodson	Public Health Manager
*Colleen Clark	The F.O.R.C.E.	David Somers	Psychiatric Nurse, St Joe's
Jeff Stewart	NIDES Alternate school	Gillian Normandin	Comox Valley Family Services
Daryle Mills	Wachiay Friendship Centre	*Joanne Schroeder	Comox Valley Child Development Centre
Doug Hillian	City Councillor, Courtenay	Lori Nawrot	Hornby & Denman Community Health Care Society
Dr Sara Sandwith	Family Physician	Dr Laura Bell	Physician
Vicki Luckman	John Howard Society	Larry Winter	Youth as Caregivers Program, Comox Valley Justice Centre
Heather Ney	Transition Society	Elaine Halsall	Island Health, CYMHSU
Bruce Curtis	Diversity Caravan	Alison Abraham	Wachiay FC, FASD Keyworker
Kristine Klupsas	LINC Youth Centre	Vicki Sheppard	Crisis Nurse, St Joe's
Monica Goodheart	Comox Valley Housing Task Force	Izzy Pichette	FORCE parent rep
Kim Bearchall	FORCE Family rep	Ming Ow	Ministry Children & Families
Bob Haubrich	Manager Psychiatry St Joe's	Sue Diewart	elementary school Counsellor

Jenny Nijhoff	Clinical Coordinator, Public Health nursing	Janet Brydon	Division of Family Practice Exec. Dir.
Susan Guthrie-Dick	Aboriginal Child & Family Outreach Worker, Upper Island Women of Native Ancestry	Joanne Restoule	Youth and Family Worker, Isfeld
<input type="checkbox"/> Carolyn Gauthier	School counsellor, Isfeld high School	<input type="checkbox"/> Laura Commins	School counsellor, Vanier High school
<input type="checkbox"/> Laura McLaren	JHSNI Prevention Coordinator	<input type="checkbox"/> Janna Buckle	School counsellor, Lake Trail high school
<input type="checkbox"/> Kelsea Lochhead	<input type="checkbox"/> School counsellor, Glacierview high school	<input type="checkbox"/> Jill Koptaski	School counsellor, Highland high school

These are working group members who have not been attending LAT meetings but are engaged in the projects in a hands-on way.

LAT CYMHSU Charter Objective(s) for Action Period ending October, 2015 (Learning Session 6).	Specific Aims for Action Period ending October, 2015 (Learning Session 6).	Measurements
“What objective (s) from the Charter are we addressing for this action period”?	“What are we trying to accomplish and how”?	“How will we know that a change is an improvement”?
<ul style="list-style-type: none"> • New LATs to achieve one or more objectives. • Established LATs to achieve two or more objectives. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>LAT Objective</p> <p>#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, early intervention care for mild to moderate.</p> <p>#4: Increase participation of schools and communities in fostering “caring adults” to provide support and protective factors for children and youth.</p>	<p>Peer Support Working Group</p> <p>Establish a youth-driven, peer support program with youth from four high schools (Glacier View, Highland, Isfeld, Vanier). The youth will be invited to peer support training at a regional level, but we will do PDSA cycles on only one of the schools. The training will focus on emotional/mental health/substance misuse but the youth will choose their priority areas as a group. Aim for peer support program launch date in November 2015.</p> <p>Stage One (June to September 2015)</p> <ol style="list-style-type: none"> 1. Research and gather training content options for the program. The philosophy is to gather options that the youth can choose from based on their identified needs. 2. Compile and utilize existing supports (e.g. www.Jack.org; PeerNet BC, Kelty Mental Health, First aid mental health, etc.). 3. Consider Martin Brokenleg’s Circle of Courage model as a framework (First Nations content= 	<ul style="list-style-type: none"> • Focus group of youth to survey interest and identify needs (Who wants to be involved and what are the main issues to address?) • The materials for training will be chosen by the youth, based on their identified needs and interests (consensus). • The training program will be evaluated by the youth in attendance (Survey of satisfaction based on assets /competency development)

<p>#5,LS5: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.</p>	<p>culturally competent/relevant).</p> <ol style="list-style-type: none"> 4. Gather and review existing peer support models for youth to review in the fall. The training and resources used will be decided on by the youth based on what they consider priority. 5. Identify youth engagement process. Engage youth in the stage one process if possible (accessing youth who are attending summer programs) to find out what they would want in training and or as support in the school. 6. Confirm and establish champions for each school (5 school counsellors already in place as supports). 7. Establish and secure ongoing support structure for peer support leaders to help avoid burnout, stress – be cognizant of the peer support student’s mental health. <p>Stage Two (Sept – October 2015)</p> <ol style="list-style-type: none"> 1. Host focus groups with youth to identify interested participants. 2. Focus groups with youth to establish the priorities for mental health in the schools. 3. Youth group to review training materials and program options based on their identified mental health/wellness priorities. 4. Provide core peer support training over a two day retreat in Mt Washington in October (Pro D days) based on the youth priorities. 5. Form youth peer support groups with leadership from key youth in each school (Goal is to gain a mix of youth with MHSU experience and some without). 6. Consider a parent education component to complement the peer support model – possible tie in with local Parent-in-Resident’s work (FORCE Society for Kids’ Mental Health). 7. Continue with weekly meetings in school, monthly meetings with all peer support leaders in schools – create team building experiences: provide additional training – days, potluck meetings for support, review and evaluation. 	<ul style="list-style-type: none"> • Focus group to review strengths and challenges of existing training/ support for the current peer support youth. • Tests of change will be conducted in only one of the high school programs (gather info on what works, what doesn’t). • Potential to conduct wellness checks with the youth peer workers at monthly support meetings. • Evaluate youth experience of accessing peer support (# used services, # referrals from other youth, satisfaction survey).
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	<p>Stage Three (January to March 2016) Continue with weekly meetings and ongoing training as per indicated from the youth and PDSA cycles.</p>	
<p>LAT Objective</p> <p>#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: crisis intervention, suicide and self-harm prevention, early intervention care for mild to moderate.</p>	<p>Mental health support to vulnerable moms with children 0-6 yrs</p> <p>Development of a pilot project to help moms with mental health challenges likely to interfere with secure attachment in their young children. Exploring the development of a map of existing services (to support improved navigation for doctors and moms) and a pilot project to support the moms directly.</p> <p>Stage One (June – October 2015)</p> <ol style="list-style-type: none"> 1. Establish an expanded working group with additional representatives from current early years (0-6 yrs) service providers, planning groups and collaborative planning tables. 2. Review data from early development indicators (EDI) study, success by 6 survey, Comox valley perinatal survey (this info has recently been gathered via a local perinatal project) through a mental health lens. 3. Define gaps and specific target population currently underserved through analysis of data from numerous sources and service providers (e.g. midwives, obstetrics, GPs, maternity nurses). <p>Stage Two (October 2015- March 2016)</p> <ol style="list-style-type: none"> 1. Drawing on existing technical expertise from www.Valleychild.ca, develop a “map” of existing resources and services supporting vulnerable moms e.g. mental health toolkit for new moms. 2. Partner with Valley Child IT coordinator who can create and disseminate the map through website and Division of Family Practice. 3. Practice navigator to reach General 	<ul style="list-style-type: none"> • PDSA cycle testing assumptions re: usefulness of a visual map for new and vulnerable moms • Develop a draft “test” map for PDSA with new moms and GPS

	Practitioners (GPs). 4. Consider next steps based on emerging needs from reviewing the data and service needs.	
LAT Objective #2: Establish multi-sector, sustainable practices of care that are effective for children, youth and their families:	<p>Timely access to child and youth psychiatry</p> <p>Addition of a psychiatric nurse to the child and adolescent psychiatry team at St Joe’s General Hospital to increase immediate support to families, reduce wait times, and to streamline referrals.</p> <p>Stage One (June to October)</p> <ol style="list-style-type: none"> 1. Preparation of proposal for the addition of a psych nurse to the existing child and adolescent team. 2. Submission of proposal to appropriate funding sources. <p>Stage Two (October to March 2016)</p> <ol style="list-style-type: none"> 1. Implementation once funded. 2. Nurse would do intake, triage, waitlist management and early intervention for all children referred to child psychiatry. 	<ul style="list-style-type: none"> • Compilation of data on baseline waitlist times for psychiatry, as well as patient/family and referring source satisfaction re timeliness and quality of psychiatric service. • Numbers served • Measurement of changes in wait times and quality of service at 6 and 12 months
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 <i>FamilySmart Practice</i> .	<p>Print, update and disseminate the Mental Health resources Guide.</p> <p>Print and disseminate revised edition of Orientation To Child/Youth Mental Health and Substance Use Guide (Comox Valley & Campbell River) – written by the FORCE- into Comox Valley community (including Hornby Island and Denman Island).</p> <p>Stage One (June to October 2015)</p> <ol style="list-style-type: none"> 1. Consult with select community members including parents, Aboriginal & First Nation Elders, service providers, GPs, school counsellors, and other community partners through Island Health contract to make minor revisions and updates to the Guide. 2. Determine if guides are printed for sole purpose of distributing to parents, or if we are printing copies for other community 	<ul style="list-style-type: none"> • Communicate with parents and/or community partners to evaluate the reach of the Orientation Guide to parents • Consider having medical clinics and other community partners who may disseminate Guide track number of Guides given to parents.

	<p>members/organization (Guide is available online for anyone to print).</p> <p>3. Establish guidelines for dissemination & awareness of newly revised Guide into Comox Valley.</p> <p>Stage Two (October to March 2015)</p> <ol style="list-style-type: none"> 1. Explore partnering with Comox Valley Division of Family Practice to inform GPs and MOAs of the Guide, and to provide copies of Guide for medical clinics with purpose of distributing guides to parents. 2. Work with community partners to link online version of Guide to more web sites and data bases. (ie: new ValleyChild.ca). 3. Track and measure impact of the guides being distributed to families (and from which sources: GP office, counsellors etc). 4. Link dissemination of the guide with public education events. 	<ul style="list-style-type: none"> • Continue to review any completed feedback forms that exist as part of the Guide • Tests of Change/Measure: Do users of the guide gain access to services they may not have? Does the FORCE get increased referrals after dissemination? Track the source of referrals to see if GP offices disseminating guides increases access to service /support?
<p>LAT Objective</p> <p>#5: Partner with schools to provide mental health and substance use literacy with teachers, students, school personnel and families.</p> <p>#4: Increase participation of schools and communities in fostering caring adults to provide support and protective factors for children and youth.</p>	<p>Wellness Clinic in Glacierview School</p> <p>Initiate the development of a wellness clinic in a neighborhood school, in collaboration with other agencies seeking to deliver wrap-around care to youth & families. LAT members would provide the mental health aspect of the services (eg. doctors who have PSP, literacy from the FORCE, youth peer support).</p> <p>Working in collaboration with an existing group including representatives from public health (nurses) physicians, school counsellors, parents, The FORCE, and early years partners (doctors, child psychiatrist, perinatal support).</p> <p>Stage One (June to October 2015)</p> <ol style="list-style-type: none"> 1. Establish a baseline of current mental health status and substance abuse of youth in the Comox Valley. Using McCreary Centre data from the North Island district as well as local health service data from the Comox Valley to establish a 	<ul style="list-style-type: none"> • Baseline report produced to establish needs and issues, and communicate with

	<p>baseline of data for barriers/ access/quality of service.</p> <ol style="list-style-type: none"> 2. Establish a baseline of current state of services available to youth with mental health and substance abuse needs in the Glacier View and Vanier Schools. 3. In collaboration with all the interested partners, explore the possibilities of wrap around care given the current space that is available on site at Glacierview. <p>Stage Two (October to March 2016)</p> <ol style="list-style-type: none"> 1. Engage youth from the Glacier View and Vanier school community to inform specific service design requirements to meet the youths' needs: <ul style="list-style-type: none"> • Establish a student reference group of youth to provide advice on the establishment of the service (Vanier and Glacierview to start) n=1200. • Design and implement a survey with youth to be conducted in Oct-Nov. Review MCreary survey results to identify measurements of change to be used in the youth pre-survey. 2. In collaboration with community partners, develop processes, structure, and physical space for school wellness clinic model: <ul style="list-style-type: none"> • Identify and address information sharing challenges and goals by linking and learning from other wellness clinics. • Improve coordination of services and information sharing practices between Glacier View School and the community. • Establish membership from Comox working group on larger provincial information sharing working group. • Identify a wide variety of service providers for in-reach to centre, including GPs, Mental Health Practitioners, School Counselors, Substance Use Counsellors, Public Health Nursing, The FORCE, and 	<p>community.</p> <ul style="list-style-type: none"> • Current state of service delivery model documented. Areas identified areas for specific quality and service improvements. • Youth reference group established and youth survey completed. • Youth input documented and integrated into future state planning and service delivery model documentation. • Youth satisfaction with engagement activities. • Future state model of care documented.
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	<p>Peer Support services delivered at Glacier View School.</p> <ul style="list-style-type: none">• Create plans and budget for physical space/building/development of wellness centre.	
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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.