

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.

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| Local Action Team: | Kimberely/ Cranbrook – East Kootenay | | |
| Co-Chairs: | Jennifer Turner, Izabella Brehm, Jennifer Westcott | | |
| Project Lead: | Jill Bain Admin Support: Nancy Rainey | | |
| Members – Names & Affiliations: | | | |
| <i>Name</i> | <i>Affiliation</i> | <i>Name</i> | <i>Affiliation</i> |
| Jennifer Westcott | MCFD | | |
| Izabella Brehm | Interior Health, Manager Acute Care, Psychiatry | | |
| Jennifer Turner | School District #6 | | |
| Jason Feniak | Paediatrician - Cranbrook | | |
| Ron Nash | Family Physician- Kimberley | | |
| Dean Nicholson | East Kootenay Addiction Services | | |
| Darcy Verbeurgt | School District #5 | | |
| Natasha Benson | PSP Coordinator | | |
| Carrie Shypitka | AXIS Family Resources | | |
| Gail Rousseau | Parent-Cranbrook | | |
| Rebecca White | Ktunaxa Nation | | |

To sustain over time, LAT members need to create change that feels meaningful and achievable, not overwhelming. Creating a change process that is centered on the local needs of children, youth, and families experiencing child and youth mental health and/or substance use challenges, provides a solid place to start.

| <p>LAT Charter Objective:</p> <ul style="list-style-type: none"> • New LATs to identify one or more objectives to be completed by Sept 2015. • Established LATs to achieve two or more objectives by Sept 2015. | <p>Specific Aims for Action Period April 1 , 2014 to June 30, 2015:</p> <p>“What are we trying to accomplish”?</p> <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 are you trying to help (children, youth, youth in transition/young adults, families, caregivers, practitioners, community agencies, etc.)? • What will the aim (s) look like? • Be specific and keep it realistic and achievable. | <p>Measurements:</p> <p>“How will we know that a change is an improvement”?</p> <ul style="list-style-type: none"> • Make measures meaningful not onerous! • Measure by quantifying/counting, observing, asking.... • Keep measures simple. • Did you make a positive difference? If not, adapt your aim(s) and try again. |
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| <p>Objective #1</p> <p>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.</p> | <ul style="list-style-type: none"> • Publish service provider resource list • Host event to launch resources to community, including families • Create internet based/app based on database • Secure website developer, website live • Launch of resources to community partners, families, hard copy and online | <ul style="list-style-type: none"> • Number of physicians viewing press release, launch (Division newsletter) • Number of hits on site, number of referrals based on site • Narrative feedback from GP/SP’s on utility of site in practice |
| <p>Objective #2</p> <p>Establish or link to existing initiatives to provide multi-sector wraparound care to children, youth</p> | <ul style="list-style-type: none"> • Develop and implement a local community based eating disorder treatment protocol | <ul style="list-style-type: none"> • # of physicians trained in protocols • # of modules viewed by physicians, survey physicians |

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| <p>and their families</p> | <ul style="list-style-type: none"> • Develop video modules from eating disorder workshop • Map and review an eating disorder patient journey retroactively to study lessons learned • Streamline information sharing protocol between education and medicine • Work with MCFD, and GP for feasibility of a GP in MCFD to work with eating disorder youth. • Test new protocols and guidelines and measure effectiveness by using quality improvement measures | <ul style="list-style-type: none"> • Survey all stakeholders who were touch points of patient journey ,to see if improvements made since then, gaps remaining, test the process using same scenario, since the Eating Disorder workshop, test for improvements • Test # of faxed forms that are received at the appropriate school from paediatricians. • # of GP’s approached, #GP’s agree to test this idea • # of eating disorder youth in need of this setting with GP in MCFD office |
| <p>Objective #4 &5 Increase participation of schools and communities in fostering “caring adults” to provide support and protective factors for children and youth</p> <p>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.</p> | <ul style="list-style-type: none"> • Host a CAMH training in a research project for stakeholders, clinicians, physicians • Literacy education for suicide prevention to all stakeholders (NEED2 ?) • Investigate and build relationships with local organizations and services that can provide CYMHSU literacy education to professionals and peers on a regular basis. | <ul style="list-style-type: none"> • # of individuals trained • Hard copy of completed protocol and referral path between school and health • |
| <p>Objective #6 Increase participation in the practice support program's child and youth mental health module by family physicians, as well as CYMHSU partners & service providers, such as MCFD, school counsellors, and community agencies, in consultation with PSP managers. Targets for improvement will be locally determined in conjunction with the PSP program and should be</p> | <ul style="list-style-type: none"> • Launch Golden LAT as a result of PSP module in Golden. • Spread the PSP module Kimberley/Cranbrook for physicians who did not participate in the past • Include other community partners to attend PSP modules in Kimberley/Cranbrook • Secure paediatricians to offer content for PSP #3 module | <ul style="list-style-type: none"> • # of physicians and stakeholders attending PSP modules • # of improved relationships after PSP modules • • • |

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| robust and significant. | | |
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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.