

CYMHSU Collaborative

East Kootenay Kimberly Cranbrook - Local Action Team Aims and Measures for September 1, 2014 to March 31, 2015

Each Local Action Team will develop a one page document linked to the BC CYMHSU Charter which will identify its aims and measures for the upcoming Action Period. All documents will be accessible on-line at the Doctors of BC website.

Using the Local Action Team objectives outlined in the BC CYMHSU Charter of September 2014 to June 2015, please complete the following template for your Local Action Team for the period of September 1, 2014 to February 28, 2015. Your Collaborative Coach can assist as needed.

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		

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 June 2015. • Established LATs to achieve two or more objectives by June 2015. 	<p>Specific Aims for Action Period July 1, 2014 to March 31, 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.
<p>Objective #1 Identify, map and communicate access to local services and supports for both youth, youth in transition and their families through patient journey mapping, service mapping and creation of resource inventories.</p>	<ul style="list-style-type: none"> • Identify, map community resources • Create internet based/app based on database • Create PDF printable version of resources • Launch of resources to community partners 	<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 #3 Deploy local protocols to streamline care using newly developed information sharing guidelines, while fostering a culture of information sharing within the community. - Information sharing – bring</p>	<ul style="list-style-type: none"> • Develop and implement a local community based eating disorder treatment protocol • Develop information sharing protocol between education and medicine • Test new protocols and 	<ul style="list-style-type: none"> • # of physicians trained in protocols • Information requests from schools are currently not being used by FP’s

<p>school/MCFD/IH/FPs/RCMP together to share new guidelines</p>	<p>guidelines and measure effectiveness by using quality improvement measures</p>	
<p>Objective #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.</p>	<ul style="list-style-type: none"> • Multi-Sector focus group to map school-based substance use/early intervention services, identify any current gaps or barriers • Based on focus group findings, work development and implementation of a K-12 early intervention program • Development and implementation of a local community based identification, intervention and referral protocol for youth who self harm • Investigate and build relationships with local organizations and services that can provide CYMHSU literacy education to professionals and peers on a regular basis. What CYMHSU topics/programs would be beneficial for schools 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</p>	<ul style="list-style-type: none"> • Spread the PSP module to Golden, Invermere and Fernie, if requested • Include other community partners to attend PSP modules 	<ul style="list-style-type: none"> • PSP module has not been offered in Golden, Invermere or Fernie • Education has not been involved in PSP modules in areas above

determined in conjunction with the PSP program and should be 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.