

1. Funding Requests:

The Shared Care Committee approved the following funding allocations:

Proposals

- i. Provincial RACE Evaluation -\$36,500
- ii. Providence RACE-94,915
- iii. Northern Gulf Islands: Enhancing Mental Health and Substance Use Care in the Northern Gulf Islands and Gold River-\$183,701.

Expressions of Interest:

- i. Fraser Health Authority Improving Delirium Care Across Fraser Health-\$14,297.68
- ii. Cowichan Optimizing Mental Health and Substance Use Care-\$15,000
- iii. Kootenay Boundary Implementing the Social Determinants of Health Tools and Protocols Across Kootenay Boundary-\$15,000
- iv. Kootenay Boundary Optimizing Care Transitions Between Primary and Secondary Emergency Medicine-\$15,000
- v. Kootenay Boundary Implementing a Population Management Approach to Addressing Full Spectrum of Palliative Needs in a Rural Region-\$13,790
- vi. Providence Shared Care Radiology-\$15,000
- vii. Kootenay Boundary Team Based Chronic Pain-\$14,889
- viii. Improving Integrated Substance Use and Pain Management in a Community Setting (Salt Spring Island Chapter, Rural and Remote Division) - \$13,980

2. Update: Child & Youth Mental Health and Substance Use (CYMHSU) Collaborative – Val Tregillus

- LATs, particularly on the Island, in the Interior and North, continue to focus on pathways to care
- Many LATs have also undertaken activities related to trauma-informed care, particularly the impact of Adverse Childhood Experiences (ACEs) on health outcomes.
- The first meeting of the CYMHSU Physicians Community of Practice will occur on September 29, 2017. To date, 55 physicians are registered to attend.
- An ER Protocol training video and fact sheet have been completed and are available on the Collaborative Toolbox [here](#).

3. Specialist Engagement Working Group Update

- Katie Hill, Margaret English and Valerie Nicol presented an overview of work conducted to date regarding specialist engagement within the Patient Medical Home/Primary Care Network model of care. Work has included the completion of a literature review, identification of key principles and problem statement.
- Two options for the collective impact framework implementation model were suggested – a target population prototype or system redesign.
- A collective impact framework for seniors care was discussed as co-morbidity (e.g., cardiac, COPD, dementia, diabetes, arthritis) has a high impact on the health system.
- A draft governance structure for a medical neighbourhood was discussed.
- The Shared Care Committee supported the framework as presented but suggested that the linkage to specialized services needs to be further clarified. It was also suggested that the collective impact framework be presented at a future meeting of the provincial *Primary Care Working Group*.