

# Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

LS7 Storyboard Abstracts  #united4CYMH



## Contents

Information Sharing: Information Sharing guidelines released.....	3
Youth Transitions: Youth Mental Health Transition Protocol Agreement .....	3
Building CYMHSU Capacity in Schools: Right info, right time, right way, to the right people.....	3
Youth and Young Adult Services: Supporting youth and family engagement.....	4
Youth Mental Health Acute to Community Transition Protocol Agreement.....	4
Physician Recruitment and Retention .....	4
Tele-health Rural Remote Support: Planning for the future .....	5
ER Protocol: Moving towards trials and implementation.....	5
Evaluation and Measurement: Unique approaches within the evaluation framework.....	5
Physician Compensation: Addressing barriers to patient-centred care .....	6
Specialist Support: Learning Links — Enhanced CYMH Learning Series for physicians .....	6
Sunshine Coast LAT: Cannabis and Its Effects on the Developing Adolescent Brain .....	7
North Shore LAT: Connecting Dots: CYMHSU Resources on the North Shore .....	7
Vancouver LAT: First Steps: An Emerging Local Action Team .....	8
Maple Ridge & Pitt Meadows LAT: Listening, Visioning & Partnering for a Youth Wellness Centre.....	8
Abbotsford LAT: Building the Capacities of Youth, Family, and Service Providers .....	9
White Rock-South Surrey LAT: Wrapping care around Youth .....	9
Surrey North-Delta LAT: Reflecting Our Community: Inclusion and Diversity .....	10
New Westminster LAT: Public Awareness and Outreach.....	10
Tri-Cities LAT: Public Awareness and Outreach.....	10
Langley LAT: Mental Health Awareness and Self Help Campaign.....	11
Chilliwack LAT: Transforming the System of Care: A Stone Soup Approach .....	11
Burnaby LAT: Building on Community Knowledge and Lived Experience.....	12
Missions LAT: Mission’s Recipe for S.U.C.C.E.S.S .....	12
Fraser Cascades LAT: Making Diversity Work .....	12
Clearwater LAT: Optimizing MHSU Services for youth, families, and service providers.....	13
Ashcroft LAT: Filling the Gaps: asking the community first .....	13
Cariboo LAT: Cariboo Parent Connections for CYMH .....	14
Shuswap LAT: What We Did When We Plateaued.....	14
Oliver, Osoyoos, Okanagan Falls LAT: Trading on Relationships: Rural CYMHSU Service Delivery .....	15
South Okanagan Similkameen LAT: Innovating to improve CYMHSU care in a small BC town.....	15
Revelstoke LAT: Building Capacity and Wrap Around Care through Community Engagement .....	16
North Okanagan LAT: “Choose to Change”—Youth Substance Misuse Treatment .....	16
Creston, Golden and Kimberley/Cranbrook LATs (2): East Kootenay Working to Make a Difference .....	16
Central Okanagan LAT: Building a Common Language to Address Youth Substance Use .....	17
West Kootenay LAT: Family Centred Practice and Wraparound Care Tests of Change .....	17
Thompson LAT: Thompson Local Action Team Integrated Case Management.....	17
Nanaimo LAT: School Based Wellness in Nanaimo.....	18
Cowichan Valley LAT: Youth4Wellness: from Crisis to Wellness .....	18
Victoria LAT: School MHSU Literacy .....	19
Comox Valley LAT: Working Upstream .....	19
Sooke and West Shore LAT: Building on Our Strengths .....	20
Port Alberni LAT: Youth Feedback Helps Create New Navigation Tool.....	20
Mount Waddington LAT: .....	21
Salt Spring Island LAT: Weaving a Web of Connection.....	21
Prince Rupert LAT.....	21
Northern Haida Gwaii LAT: Our beginning.....	22
Smithers LAT: Pathways to Wellness.....	22
Hazelton LAT: Increasing communication and integrating local services .....	23
Introducing the New Northern LATs: .....	23
Services to Adults with Developmental Disabilities (STADD) .....	23

# LS7 Storyboard Abstracts

Storyboard presentations for LS7 will be displayed in the Junior Ballroom, and numbered according to their location in the room.

The list below has been created to help you identify projects you may be interested in exploring further, and key contacts have been provided in the event you wish to connect with your colleagues about their activities after the Learning Session.

(locations 1 to 11)

## WORKING GROUPS (WG)

1

Contact:

Michele Blais  
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### Information Sharing: Information Sharing guidelines released

Come talk to representatives about the newly released Information Sharing Guidelines. The guidelines provide background information on two acts that are relevant in BC – (i) the Freedom of Information & Protection of Privacy Act (FIPPA), and (ii) the Personal Information Protection Act (PIPA). They also share best practices for information sharing, including families, and tools that will assist service providers with fact sheets for youth and families, and decision-making aids. Learn, too, about the ongoing work on the common consent form soon to be tested this spring by some LATS.

2

Contact:

Kacey Dalzell  
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### Youth Transitions: Youth Mental Health Transition Protocol Agreement

Learn about the principles and work-to-date on the Youth Mental Health Transition Protocol Agreement. The Agreement supports positive transition experiences as youth (and their families) move from the child and youth system to the adult MHSU system. The protocol has six key principles and requires the establishment of “Joint Management Tables”, or a similar group, to support stewardship and conflict resolution related to the protocol. The protocol is now being disseminated with support from Health Authority and MCFD leaders. An implementation, communication, and evaluation plan have been developed to guide dissemination and ensure a seamless transition for youth. Local Action Teams are being encouraged to support dissemination and implementation.

3

Contact:

Michele Blais  
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### Building CYMHSU Capacity in Schools: Right info, right time, right way, to the right people

Schools can be optimal settings to reduce stigma; promote positive mental health; build student social emotional learning skills; identify students in need; and build pathways to care. This WG has a mandate to be increase awareness and capacity for early identification and support for those children, youth and families struggling with emerging MH&SU issues. A recent presentation from Ontario’s ASSIST Program (available from members of the WG), spurred new ideas and stressed the principle of knowledge exchange that provides the right information to the right people in the right way and at the right time. The group is also developing scenarios and working on challenges to information sharing in collaborative care, in conjunction with the Information Sharing WG.

## 4

### Youth and Young Adult Services: Supporting youth and family engagement

Contact:

Michele Blais  
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This WG is focused on areas of integrated models of care, workforce development, identifying and addressing barriers to service, and working with the BC Youth Integrated Youth Services (BCIYI) Initiatives to support their progress. The BCIYI recently initiated their first EOI for funding which will see one health centre/hub in each HA. The first phase also supported one or two additional groups in each area to develop their proposal. The Network of Health Centres/Hubs will continue to be connected to this working group and is increasing its membership from the original six to include other health centres from around the province.

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## 5

### Youth Mental Health Acute to Community Transition Protocol Agreement

Contact:

Verlie Martin  
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This cross-ministry initiative between MCFD and the Ministry of Health was established in response to an identified need in *Healthy Minds Healthy People* to improve transitions in care for children, youth and their families. Transitions for those who receive care from hospital emergency and/or in-patient mental health and/or substance use services that require community follow up are a priority. The RCY report *Still Waiting* also identified this urgent need. The project's objectives are:

- Increase the number of children and youth who leave hospital (emergency room and inpatient) with a timely community connection and follow-up;
  - Improve continuity of care (relational and informational continuity);
  - Identify and engage the partners involved in the transition process including families, youth, Aboriginal communities, and other agencies, as appropriate;
  - Align protocols and practices across provincial, regional and local levels;
  - Improve acute and community practitioner co-involvement while the child or youth is in hospital, including ongoing debrief, consultation, intake and discharge.
  - Under the guidance of an Advisory Committee specific to this project, and the Care Advisory Network, the WG is aiming to complete a final draft protocol by the end of March 2016, which will include an external review of the document by parents and youth.
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## 6

### Physician Recruitment and Retention

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&  
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A workforce analysis was sent to 925 Psychiatrists in BC and there was a 37.5 percent response rate with General Psychiatrists, Geriatric and Child and Adolescent specialists participating. The summary, available in March, will assist the group, and the BC Psychiatric Association, in understanding gaps in CYMHSU support across the province, and will help to inform future planning. BC Pediatricians are also preparing a workforce analysis in 2016 as part of future planning, as a significant portion of their practice involves caring for mental illness.

Other WG activities include:

- A formal request has been made to increase training spaces for C&A Psychiatrists in BC.
- Discussions have been held regarding challenges in recruiting and retaining C&A Psychiatrists to communities. Concerns vary from the fee structures to the need for administrative support from MCFD. These are important to the recruitment and retention of specialists and these barriers need to be resolved for access to

improve. There are ongoing challenges to be met by working with communities and Ministries.

- a briefing note from the Physician Compensation group and this group was presented to the Joint Clinical Committees outlining the need for increased compensation to support GPs with special focus supporting CYMHSU.

## 7

Contact:

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### Evaluation and Measurement: Unique approaches within the evaluation framework

This WG has developed an evaluation framework for the Collaborative that supports a multi-system focus and incorporates both development and outcome monitoring. Currently the group is focused on case studies that will describe the WG's journey of building new structures, making tests of change, and exploring what did and didn't work. Two case studies are due to be released shortly – a focused look on the development and structure of the CYMHSU Collaborative, and a look at the actions and impact of the East Kootenay eating disorders workshop. Additional work focuses on evaluating youth and family engagement, and the development of a robust overall evaluation framework for LATS.

## 8

Contact:

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### Tele-health Rural Remote Support: Planning for the future

This WG includes members from BCCH; Health Authorities; MCFD-CYMH; Divisions of Family Practice; Psychiatrists, MHSU services, all working to improve access to CYMHSU support for rural communities. Currently the North has a very robust CYMH tele-health service provided by BCCH, who will be blending their tele-health program with outreach services to include psychiatrists visiting rural and remote communities in person during the year. This blending of in-person and tele-health is recommended as the best approach for MH tele-health service.

MCFD has developed an implementation toolkit to assist their CYMH services with providing tele-health support. Psychiatrists within HAs will be able to expand their outreach services to rural and remote areas by providing tele-health support in between outreach visits to the communities. Challenges along the way include having technology that is compatible with service providers, but this is improving.

FNHA is also expanding their use of tele-health services and GPs are looking to engage. To prepare for growth in service, a planning retreat on March 1st is being held to review the environmental scan of CYMH services across the province including MCFD, FNHA, HAs, to look at gaps and future growth. The group will review current models of service and develop a plan for addressing gaps. SU support through tele-health is offered for adults and is in the beginning stages for youth.

## 9

Contact:

Michele Blais  
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### ER Protocol: Moving towards trials and implementation

The CYMHSU ER Protocol will be tested in four health regions this spring, with a fifth ideally added by the summer. Each of the regions have formed their own WG to review, test and implement the ER protocol, which includes the algorithm, assessment tools, and discharge forms.

The HA groups have been working together to share information on the protocol, training, and communication plans. The initial community training program took place in Williams Lake on Feb. 18th, presenting to ER staff; Physicians (ER and GPs); MCFD-CYMH& SU programs; FNHA; and community agencies. The lessons learned from this training will be shared with others to build a robust training process. The intention is to have the guidelines standardized across the province, however they must also

reflect differences in regional processes. To this end, the goal is 80% standardization. The evaluation process for the trials will include satisfaction and confidence surveys with the ER Departments; with CYMH&SU clinicians; and with youth and parents. The feedback from all of these groups will inform the next phase of implementation across the province.

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## 10

### Contact:

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### Physician Compensation: Addressing barriers to patient-centred care

This WG's purpose is to ensure that provincial and regional physician compensation models for specialists and family physicians support proposed service delivery models for children and youth seeking MHSU services. Through extensive engagement with the many partners involved in physician compensation across the province, a link was established between patient experience and physician compensation barriers. A detailed report, including an overview of the WG process, then identified physician compensation barriers impacting patient care and created 26 recommendations for province-wide changes to physician compensation. These recommendations were presented at the provincial committees responsible for physician compensation in BC at the end of 2014. Within one year, nine of the 26 recommendations (35%) and six of the eight opportunities for enhanced communication (75%) were achieved. Highlights of these completed recommendations include:

- Approval from the Ministry of Health for psychiatrists working in Interior Health to implement the provincial prototype of the Psychiatry Blended Billing Compensation Model. Implementation began with communication and changes to sessional contracts effective April 2015 and has since incorporated education on appropriate application of the Guide for physicians and program managers to support the change in billing practices.
  - The Specialist Services Committee incorporated all five of our recommendations for their fees into a broader strategy to change their fee codes. These changes were approved and implemented in November 2015.
  - BC Psychiatric Association in January 2016 made changes to their Section's fee codes which aligned with some of the WG's recommendations.
  - Continued work to influence change and adoption of the remaining recommendations by various committees across the province.
- 

## 11

### Contact:

Meagan Colenutt

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### Specialist Support: Learning Links — Enhanced CYMH Learning Series for physicians

Access to child and adolescent psychiatrists in BC is limited and therefore, in communities throughout BC, pediatricians and general psychiatrists are called upon to provide consultation for children and youth with mental health disorders. Feedback from these service providers indicates that they would like to have more in-depth training in child and adolescent psychiatry in order to manage these consultative expectations. To address this request, a provincially representative Steering Committee was formed to guide the development of Learning Links: Enhanced Learning Series in Child and Youth Mental Health.

Learning Links is a free 15-module interactive and online tool that aims to improve access for children, youth and families to medical specialists with expertise in child and adolescent psychiatry. In line with the PSP modules for primary care providers, Learning Links provides enhanced learning for specialists, such as pediatricians or general psychiatrists, to support cascading access to high quality evidence informed child and

youth mental health care across the province. MOC Section 2 Credits for Specialists or Mainpro-C Credits for Family Physicians are available for each module completed. Learning Links underwent pilot testing with pediatricians, general psychiatrists, GPs with a focus on CYMH, and several other service provider groups in early February 2016. These learnings have informed adaptations to the resource that will be incorporated prior to its final launch in spring of 2016 and will be shared at Learning Session 7. There will also be an opportunity for the WG to get feedback from LS7 attendees on best ways to disseminate Learning Links.

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## Storyboards of the Collaborative Local Action Teams

(12 to 14)

VANCOUVER COASTAL LOCAL ACTION TEAMS (LATS)

12

### Sunshine Coast LAT: Cannabis and Its Effects on the Developing Adolescent Brain

Contact:

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Cannabis use has been identified as a serious issue among youth on the Sunshine Coast. Our cannabis WG consists of doctors, an Aboriginal Wellness Support Worker, Child and Youth Mental Health Clinicians, an Alcohol and Drug Counselor, School District Support, RCMP Members and a parent rep. This group has rotated and delivered a number of panel presentations to the majority of Grade Seven students on the Sunshine Coast with parents invited. In order to reach a larger number of parents, two additional panels will be offered in the evening, with child care and dinner provided. The panel format is as follows: An overview of the topic is given, then a short video is shown, followed by the panelists speaking from their perspective. The audience is then divided into smaller groups in order to facilitate discussion. Surveys, completed by participants at the end of each panel, have been very positive. Most indicate that they think other parents and students would benefit from the information. Results from the surveys will be shared on the storyboard. **LAT Objectives: 5**

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13

### North Shore LAT: Connecting Dots: CYMHSU Resources on the North Shore

Contact:

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The North Shore Local Action Team (LAT) was established in June 2015 and since then the LAT has been meeting monthly to: build stronger relationships between youth, family, a diverse cross-section of mental health and substance use service providers, and stakeholders; and set our priority objectives and guide related activities to achieve the Collaborative goals.

The North Shore LAT's selected objectives this year are to: create resource of local services and supports; support sustainable models of collaborative care; and promote cultural competency training to address and enhance cultural safety.

We first focused on compilation of existing local CYMHSU resources. It was identified that the local municipalities (City of North Vancouver, District of North Vancouver, and District of West Vancouver) were developing an online-based youth services directory (nsyouth.ca) building upon their existing paper-based directory. Through the municipalities' representatives on the LAT, we were able to collaborate to leverage existing resources. The LAT members pooled resources from their respective networks to be added to the directory, tested the tool and its functionality through scenario ex-

ercises, and gave feedback on the directory pocket card that supplements the website. Planning of youth focus groups and further promotion of the tool is underway.

With a better understanding of the local CYMHSU services and resources, the LAT is in the process of identifying ways to improve continuity of care. In addition, we are exploring various cultural competency training opportunities that are best suitable for the North Shore communities.

## 14

### Contact:

Stacy Ashton  
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### Vancouver LAT: First Steps: An Emerging Local Action Team

Vancouver is a large and densely peopled urban centre made up of diversities at every level. Vancouver has 18 secondary schools and 75 elementary schools, and 22 alternate schools. Programs and services for children, youth and families are just as plentiful, but are still faced with more demand than can be met because of our large local population and because many Vancouver-based services and supports serve the region or province.

**The Vancouver Local Action Team began recruiting members in August 2015. We aim to ensure:**

- Children, youth and families can access local and provincial mental health and substance use services from any point of contact.
- Service providers are aware of one another and able to confidently refer from one service to another.
- Service providers are able to communicate youth and family centred best practices across sectors.
- Children, youth and families can give meaningful feedback that impacts quality improvement.

### Key Questions

As an emerging team, we have more questions than answers. Our key questions for those Teams who have been active longer are:

1. If you were able to start over, what would you have done differently to have been more successful sooner?
2. Who was missing from your Local Action Team early on? How did you make the connections you needed to make sure all the systems were at the table?
3. What other advice do you have?

(15 to 25)

## FRASER LATS

## 15

### Contact:

Lori Graham  
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### Maple Ridge & Pitt Meadows LAT: Listening, Visioning & Partnering for a Youth Wellness Centre

Major issues in Maple Ridge & Pitt Meadows (Ridge Meadows) are: Knowing what MHSU programs and services are available and how to access them; long wait lists to see a pediatrician or counsellor; lack of access to a child/youth psychiatrist. Ridge Meadows LAT therefore is focusing on implementing a multi-disciplinary network of professionals and advocates to help coordinate timely access to mental health and substance use programs and services for children, youth & their families in a supported wrap-around model of care. Information shared and ideas generated through a powerful youth and parent patient journey mapping session along with ongoing program vision meetings with the LAT are actively informing the vision for the Ridge Meadows Youth Wellness Centre- a hub for children, youth and their families to access



their mental health, substance use & primary care needs in a holistic, youth-friendly and supported environment. Additionally, members of the Ridge Meadows LAT are participating in the Tyze Implementation Team and look forward to testing this online tool to bring the care team together and increase the integrated support for children, youth and their families in a safe and secure environment. **LAT Objectives: 1, 2**

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## 16

Contact:

Louise Smith

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### Abbotsford LAT: Building the Capacities of Youth, Family, and Service Providers

**Quest:** To build the capacities of families and youth to access services and to articulate their needs. To build the capacity of service providers to listen to the needs of families and youth.

**Test:** A 1.5 hour panel presentation involving a youth, a parent, a clinical counsellor and a child psychiatrist to share their expertise and experience on youth depression and self-harm, and on related community resources.

**Process:** A youth and parent from our LAT led this process, and moderated the panel. To start, they generated panel questions through a document jointly edited by professionals, youth and family members. Then two weeks prior to the event they met with the youth and her parent to discuss the questions and different panel scenarios. The clinical counsellor and the child psychiatrist also received the questions. This ensured all presenters could build their capacity to share their story in a safe and supportive manner. In addition, the moderators ensured the four panelists met with each other before the presentation, and that there was a debriefing after the presentation.

**Results:** 40 participants attended and written evaluations confirmed that the format was engaging, and that the audience increased their knowledge. The panelists were also very enthusiastic about their experience and offered to participate again. Conclusion: Panel presentations are a strong format to build capacities in youth, families, and clinicians and we plan to explore this further in the next few months.

**LAT Objectives: 1**

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## 17

Contact:

Kay Abelson

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### White Rock-South Surrey LAT: Wrapping care around Youth

Our White Rock-South Surrey LAT storyboard, “Wrapping Care around Youth,” is inspired by two central metaphors. “The Quilt” symbolizes our LAT’s efforts to increase wrap around care, service integration, and improve communication among different service providers as well as increase awareness of community resources. “The Tree” illustrates our LAT’s growth from our root value system, growing into the many new projects that have successfully sprouted (depicted by leaves) over the last six months thanks to our members’ hard work and dedication. There is a special focus on our root structure to give insight into the unique qualities of our LAT that gives it a solid foundation, and keeps members engaged and excited. This includes the strong element of trust and collaboration when facing challenges together, combined with an element of curiosity about what is possible. We have recently identified the need to create a “Welcome Package” for all our LAT members to ensure realistic expectations of what it means to be part of our LAT, as well as ensuring that supports are in place to meet the mental health needs of members (if required). Despite all of our community engagement and education events to raise awareness and reduce stigma, our message is not filtering through to those outside of the LAT. We have identified the need to develop a comprehensive communication strategy to focus our efforts even more. **LAT Objectives: 2, 5**

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## 18

### Surrey North-Delta LAT: Reflecting Our Community: Inclusion and Diversity

Contact:

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Surrey and North Delta are unique within the Fraser Region and, indeed, within BC. As one of the fastest growing communities, we have the privilege of being home to a rich tapestry of people from many cultures. As we get started with our work in testing and implementing solutions for integrated MH/SU services for children and youth, we've chosen to keep in mind two key words: Inclusiveness and Diversity. As we focus on objectives 4 and 5 of the Provincial CYMHSU Charter, we have recognized that the schools are a common ground for us to start to connect with children, youth-and their families in our diverse community; but we are by no means stopping there. We also recognize the need to cast our net wider and capture the children and youth who are not in the school system either because they are too young (under 6) or have dropped out due to lack of support or other circumstances. We recognize that, in many ways, these children and youth need our support, perhaps more, than those in the school system. These elements of inclusion and diversity are evident in our first couple of activities, from making sure the invitations to join our LAT are extended to every group and organization in both Surrey and North Delta, to making sure our Mental Health info night at KB Woodward Elementary, organized for parents, reflected the area's diversity. We are excited to get started in leading our communities in this important work. **LAT Objectives: 4, 5**

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## 19

### New Westminster LAT: Public Awareness and Outreach

Contact:

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The New Westminister LAT was formed in July of 2015. The community felt strongly about the lack of knowledge of the resources available to them. Thus, it is the aim of the NW LAT to (a) decrease the stigma of mental health and substance use (MHSU) and (b) increase awareness of MHSU services in NW. The change to try to reach our aim is twofold:

1. Attempting to engage with as many local community stakeholders as possible, in particular physicians and youth on providing their perspectives on the issues of MHSU in NW, and
  2. Developing an online resource map for the community. We plan to hold education forums in line with the launch of our resource map. **LAT Objectives: 1**
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## 20

### Tri-Cities LAT: Public Awareness and Outreach

Contact:

Belinda Chen  
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The Tri-Cities LAT was formed in July of 2015. The need for awareness of mental health and substance use (MHSU) resources and supports was identified by members of the Tri-Cities (Coquitlam, Port Coquitlam, New Westminister, and Port Moody) community. The LAT aims to increase awareness of MHSU services in the Tri-Cities for the general public and families, children and youth that are impacted by MHSU. Two specific projects were identified as a primary focus: (1) Education Forums in Schools to educate children, youth and their families about topics such as Anxiety, Depression etc., and (2) improving upon the existing Youth Clinic in Port Moody. Currently, we are in the planning stages of the education forum seminar format. We plan to have our first education forum by March 2016. For the Youth Clinic, we are currently looking to increase the mental health and psychosocial supports offered at the clinic (which runs every Wednesday evening). We are also hoping to partner with the school district to increase awareness and communication about the existence of the clinic to the community. We plan to have an additional clinic day at the clinic by summer of 2016. **LAT Objectives: 1**

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## 21

### Contact:

Barb Stack  
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### Langley LAT: Mental Health Awareness and Self Help Campaign

Langley CYMHSU LAT has worked on an Awareness and Education campaign targeting the youth and the community. Our focus was on 4 areas identified as high need: Stress, Worry, Sadness and Self -Harm. First step was to develop messaging that would go out into the schools and the community around these areas. Information included identifying concerns, self help tips, websites, apps. These rolled out both as posters and digitally. The next roll out will be a poster contest for the youth of Langley to redo the posters (keeping content) but making them youth friendly. Posters can be redone in paper or video. Our winners will be chosen at our community awareness day on May 6th- Yoga in the Park. These winning posters will be put up in the community again to keep the messaging going, reducing the stigma. **LAT Objectives: 5**

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## 22

### Contact:

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### Chilliwack LAT: Transforming the System of Care: A Stone Soup Approach

The Chilliwack LAT has three priorities:

1. Chilliwack Youth Health Centre (provides mental health, primary care, and substance use services):
  - Develop a website and poster campaign (Feb 2016)
  - Conduct community promotions with local collaborative tables, middle and high schools, and UFV (ongoing)
2. Training:
  - Supporting Families with Parental Mental Health and/or Substance Misuse Challenges (Nov 2015)
  - \*Proactive Care Planning for Patients with Mental Illness: Ulysses Agreements (Feb 2016)
3. Improving cultural safety and awareness:
  - Indigenous Cultural Safety (ICS) online training (PHSA, ongoing)
  - ICS online training debrief (Aboriginal Health, FHA, Mar 2016)
  - \*Local Indigenous History and Culture Workshop (Sto:lo Service Agency, Mar 2016)

\* = funded by LAT partners outside of the chartlet budget.

We are engaging multiple youth (texting works!), two at the LAT, and others that support/guide the WGs. An exciting opportunity that came about because of youth involvement is a partnership with the Chilliwack Chiefs (BCHL) and Canadian Mental Health Association to host a Mental Health Awareness Game Night. Youth filmed a video with players, coaches, and service providers in our community. It raises awareness and highlights services that are available for youth. Local, regional, and provincial agencies that provide mental health and substance use services hosted booths at the game. Looking to the future, we've secured funding from the First Nations Health Authority and Fraser Health to help bring Beneath the Surface, a play about Aboriginal youth suicide and accompanying youth workshops, to Chilliwack for Mental Health Awareness Week (May 2016). **LAT Objectives: 1, 2, 7**

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## 23

Contact:

Joanne Granek

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### Burnaby LAT: Building on Community Knowledge and Lived Experience

The Burnaby Local Action Team had its first meeting on November 30th, 2015; 31 people attended! At this meeting we not only learned about the Initiative (the technical briefing) but we also learned about the good work members of our LAT had engaged in over the last few years. And so began our learning. We scheduled a number of presentations over the next two meetings in January so we could develop a chartlet that is informed by the discussions that preceded this initiative and by the strengths already identified. Our story board will include a Patient Journey Map and Services Gap for children birth to 19 years, data on sexually exploited and at risk youth, the Terms of Reference for the Families at the Centre Provincial Advisory Committee and the aims outlined in our chartlet. We are in a formative stage, sharing discussions about what we are learning and what more we want to know. We are privileged to have family members as well as professionals who share their experience, expertise and ideas. We have only just begun. **LAT Objectives: 2**

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## 24

Contact:

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### Missions LAT: Mission's Recipe for S.U.C.C.E.S.S

Through meetings with our amazing LAT members we were able to identify that major areas of concern in our community were around anxiety, poor accessibility to mental health & substance use support services and the sustainability of Mission Youth House (MY House) We feel that these are top priority in Mission and thus have chosen to plan our "changes to try" around these areas. Once our Chartlet is approved, we will develop WGs for each of the changes from within our highly passionate LAT and hope to report next time on positive impacts of change for Mission. We will focus on:

1. Increased mental health literacy in our community through:
  - a. Tips posted on Facebook and other social media,
  - b. Resource tables at community events, craft fairs etc.
2. Identifying existing and needed supports for mental health and substance use in our community and the barriers to accessing them through:
  - a. Developing a service inventory;
  - b. Identifying services that have too long of waitlists, too many hoops etc.
3. Exploring a child, youth and family approach to raising awareness around anxiety through:
  - a. Placing simple info in washrooms of schools and restaurants etc.
  - b. Sharing ways (already developed resources) for people to recognize and learn about anxiety.
4. Testing and exploring ways of leveraging the goodwill among community partners to increase support for the Mission Youth House (MY House).

We have learned that Mission is a very close knit community with strong civic involvement and support from Mayor & council and community leaders and that members of our LAT are action orientated. They have existing relationships from previous collaborative efforts and have a passion for change! **LAT Objectives: 1, 2**

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### Fraser Cascades LAT: Making Diversity Work

The Fraser Cascade region is a diverse population of 14,000 of whom 10-20% are aboriginal. The area encompasses 2 high schools, 2 independent community schools, 14 First Nation communities, 3 municipalities and 5 independent tribal governments who subcontract federal services to 3 aboriginal health service providers. There are

## 25

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3 basic service areas but only 2 primary care provider teams. One is responsible for providing primary care and emergency services to the community hospital and outreach to the third area. To say the historical inter-relationships are complex would be an understatement. The Fraser Cascades LAT began its work tentatively in the summer of 2015. While other LATs were organizing projects around youth and families, our providers and youth said it wasn't safe to participate: someone they know could be there and out them at school; a relationship with another provider could be jeopardized if a frontline worker said what they thought. Many didn't seem to know how they fit in. Despite deep commitment to the youth in their hearts and minds, the task seemed impossible without an infrastructure to connect their offerings. And how could we make it sustainable beyond the LAT timeline? We think we found a solution: a connected network of youth services with virtual or physical hubs. We want to hear from other communities. How can this LAT make it safe for providers and youth to participate? What have other rural communities done to overcome multi-jurisdictional barriers? How can we improve the use of tele-health and mobile clinics?

**LAT Objective: 1, 2, 7**

(26 to 37)

## INTERIOR LATs

## 26

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### Clearwater LAT: Optimizing MHSU Services for youth, families, and service providers

Knowing what mental health and substance use supports and services are in our area to access and how to locate them is an issue for youth, families, and service providers. The Clearwater LAT has therefore chosen to make an inventory of existing services. This information will be compiled and shared amongst members of the LAT as well as at a yearly Meet and Greet event for service providers. The Meet and Greet will be organized to allow for face-to-face networking, to facilitate awareness of available resources and providers, and to ensure continuity of inter-agency collaboration. Information from all service providers will be compiled for each attendee. The Clearwater LAT has also chosen to create a unified understanding of what consent is by the various community organizations/agencies. A survey will be created in order to determine what local Service Providers understand to be available services and supports for children, youth, and their families as well as their understanding of consent and confidentiality limits. They will be asked to complete the survey before the Meet and Greet event. The ultimate aim is to create a single document to obtain consent to share information between service providers. The process map that was generated at two LAT brainstorming sessions will also be used as a baseline. The goal of the team is to improve the journey for youth and families through the system and to develop a consent process that will allow information sharing between organizations.

**LAT Objectives: 1, 2**

## 27

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### Ashcroft LAT: Filling the Gaps: asking the community first

The Ashcroft LAT, a small newly formed group, felt it was important in addressing the needs of the community to ask a key question first: What concerns do you have regarding mental health and substance use in youth in your community? We felt that in order to best serve our community we first had to learn about the needs and gaps our youth, families, and community members observed. We, as a group, chose this question and have compiled our results to be used to go forward in our goal setting and action plan. Our LAT is going forward with a guest speaker, Dan Reist, who is

well respected in the field of Youth and Substance Misuse. We have partnered with the school district to offer a workshop open to all community members and school staff. Rethinking Drug Education will be held in Ashcroft on Feb 19, with an evening workshop for parents on Feb 18, 2016. We will survey participants for feedback on the event and use this info to go forward with our future goals. The lesson we learned was to break down the question and give our audience more time to process the information. **LAT Objective: 5**

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## 28

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### Cariboo LAT: Cariboo Parent Connections for CYMH

The idea for a parent support group first came to light when we did our patient journey mapping. Through that experience our parent was able to speak to how important she felt it was to have connections to other parents to be able to discuss in a safe and supportive environment what it's like to be a parent of a child, youth or teen with mental health or substance use issues. She felt that this was a huge gap in our area. From this discussion the idea of a parent support group came into focus. Our aim is to have a group that facilitates support for putting together the puzzle of our kids' mental wellness and the mental health and substance use resources available to us. We aim to provide this through peer-support, education, and empowerment by linking networks of families and community resources. Our support group is still very much in its infancy but we have already learned some lessons. We recently branded our group to have more consistency and recognisability. We found that having a live presenter to provide some education has increased excitement around the group. We also found that having a social media presence has greatly increased our visibility and therefore, our group attendance. Keeping with these positive outcomes we hope to continue to have live presenters and release a schedule on our Facebook page. Ultimately, we would like the parents to take over the leadership, facilitation and operation of this group so that is solely self-sustainable. **LAT Objectives: 2, 5**

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## 29

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### Shuswap LAT: What We Did When We Plateaued

The Shuswap (pronounced /'ʃu:ʃwa:p/) LAT is one of the original LAT's. We hit a wall in re-engaging our local physicians and saw a need to create a meeting space to include more parents and youth. It was decided to have a dinner meeting with a more relaxed format, unlike the monthly daytime meetings, to attract those who can't normally attend. Two youth with lived experience were invited to join us and share their stories of what (and who) had worked well for them in their mental health journey; concentrating on the positives, not the negatives. A new physician also attended and based on what the youth shared and on the round table discussion, two things became apparent.

1. Relationships had been and were key for these youths' journeys and
2. Being attached to a family physician was part of their success.

Community Partners were concerned about youth who weren't attached to a GP. Dr. Currie felt that there was a possible solution around unattached youth and he would discuss it with some other colleagues who have an interest in Child and Youth Mental Health. He came back with a schedule of local GPs including himself that would be available Monday thru Friday. At the following meeting a guideline for implementation was discussed and then developed. The guideline was completed in February to be trialed for 3 months. Dinner meetings with the focus on youth and parents and information sharing will be held quarterly. **LAT Objectives: 1, 2**

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## 30

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### Oliver, Osoyoos, Okanagan Falls LAT: Trading on Relationships: Rural CYMHSU Service Delivery

A newly developing Local Action Team (LAT) representing the communities of Osoyoos, Oliver and Okanagan Falls (OOO), we began mapping a 'typical' journey of a complex youth presenting with self-harm and substance use at school. It quickly became clear that the significant service gaps found in most rural areas are prevalent in our area. Rural communities can never expect to attract the resources of a larger community. A member of the LAT summed up the rural experience: "In places like the Lower Mainland, it is like there is a Costco of services... aisles of services to choose from. In rural areas it is like we have a 7-11 of services. Here is our choice...is this a Tums® problem or a gum problem?" The challenge is to find solutions to fill the service gaps with existing resources. In a rural community a simple exchange of business cards at a meeting can catalyze strong collaborations. But reliance on personal relationships for service delivery has its obvious limitations. Rural communities also have unique assets. Can these be leveraged in a sustainable way to provide a better experience for children, youth and families struggling with CYMHSU issues? The OOO LAT will focus on 3 main deliverables over the coming months:

1. Map community assets and develop an accessible resource directory.
2. Share Practice Support Program tools with LAT members.
3. Explore existing pockets of integrated care in the communities as a jumping off point for co-designing a larger system of integrated care.

#### LAT Objective: 1

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## 31

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### South Okanagan Similkameen LAT: Innovating to improve CYMHSU care in a small BC town

Child and youth mental health and substance use (CYMHSU) services are stretched. Limited services are difficult to navigate, an experience that is exacerbated when a family is in crisis. Many youth don't have a family doctor. Information exchange among service providers is largely based on personal relationships, not a system of care. The list of problems is long. These challenges were identified from jointly mapping the experience of youth and families struggling with CYMHSU issues in the community of Penticton. Youth, families, physicians, clinicians, schools, and community mental health a substance use professionals formed the SOS LAT in 2013. With challenge comes opportunity. The SOS LAT used the collaborative space to co-design solutions to change the experience of children, youth and families dealing with CYMHSU issues. The group started by learning a common language and adopting common tools. A physician roster was created to ensure that every youth referred by a school counselor had access to a family doctor. Physicians and school counselors started working together more closely, sharing diagnostic results and care plans. Youth and physicians in the community started to present on CYMHSU experiences and self-care in schools. And local youth produced a stigma-fighting video that aired in the local cinema. The LAT now asks how other communities built on early momentum to find innovative solutions for the tougher issues like integrated service delivery.

#### LAT Objectives: 2

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## 32

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### Revelstoke LAT: Building Capacity and Wrap Around Care through Community Engagement

With a strong history of collaboration within and between organizations, we continue to build on these relationships by reaching out to community members not currently connected to one another. We are committed to stronger wrap around care through collaboration and support of the adult that children and youth are already connected to. When we identify an event to bring in to the community, we identify those missing at the table and invite them. For example, the Mental Health First Aid training last autumn: using a professional day (SD 19), teachers paid for the facilitator, and the collaborative paid for the manuals. We had 30 participants including school district staff, teachers, WorkBC staff, Community Connections staff, MCFD, RCMP victim services, and paramedics. Every participant spoke about being able to connect with other people in the community. Participants continue to reach out to one another, and send referrals as appropriate. The strong connections we have built meant that when the LAT decided to apply to BCIYSI expression of interest (despite a tight timeline); we identified and secured a lead agency, gathered 26 letters of support, and submitted the application on time. Regardless of the outcome this demonstrates our community commitment to youth.

We have identified less obvious adults who are supporting our youth in many ways (i.e. hair dressers, equestrian program, local youth/YYA mentors) and are committed to developing their capacity by inviting these individuals to future training opportunities. **LAT Objectives: 4, 5**

## 33

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### North Okanagan LAT: “Choose to Change”—Youth Substance Misuse Treatment

The North Okanagan Local Action Team, as well as various other service providers, saw a need for a youth day program for substance misuse in our community. As a result of the partnerships created at the Local Action Team, Interior Health, Ministry of Children & Family Development and North Okanagan Youth & Family Services Society collaborated to develop a pilot project called: “Choose To Change: A better lifestyle. A healthier you.” The program is a six week day program for local youth. Although the majority of the youth identify with substance abuse or dependence problems, they also look at several other difficulties including: impulsive behavior, self-harm, depression, anxiety, anger management, family conflict and relationships issues. The first six week session began in November of 2015. The First Nations Friendship Centre donated the space for the group to meet. There is no additional cost to run the program; each agency agreed to the clinician’s time. The only pre-requisites for acceptance are: risk of substance dependence or abuse; struggle with emotional, behavioural or social dysregulation; willing to be self-reflective and contemplative of change; aged from 15-20 years. The next session will begin in March 2016. **LAT Objective: 2**

### Creston, Golden and Kimberley/Cranbrook LATs (2): East Kootenay Working to Make a Difference

Golden: We’re a new LAT, so in order to inform the orientation of our projects it was decided to engage both parents & youth with surveys in order to identify what’s working, what’s not, and the perceived gaps. The results have been engaging and eye opening. Creston: Increase physician and community awareness of MHSU resources by producing a professional and community resource guide and a public website.



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Peer support group to be formed thru youth & parent surveys. Referral follow-up protocol project to improve the continuum of care. Introduced Assist & Need2 suicide training in schools. Kimberley/Cranbrook: Effective screening of youth helps ensure they get the services they need in a timely way. LAT involved with the Centre for Addiction and Mental Health and their GAIN screening tool. Quick identification of required follow-up , common language across the board, increased interagency communication and collaboration to goal. RCMP Youth Resilience workshop involved the LAT to facilitate a day including community providers, schools, Aboriginal leaders, youth and RCMP to share stories. Stories illuminated the challenges each face when working to help our youth. Barriers are coming down as a result. In the world of treating youth with significant eating disorders in the EK, things are better. This change started with the Collaborative hosting a one day ED training event in the spring 2015 for community professionals, schools, medical community. This has now grown to a coordinated approach to treatment. New resources being created with no new money is quite a feat! **LAT Objectives: 1,4,5**

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### Central Okanagan LAT: Building a Common Language to Address Youth Substance Use

Youth substance use is a difficult frontier for most communities. Caring adults, teachers, health care providers within the Central Okanagan are worried about and feel ill prepared to deal with this issue. The Central Okanagan historically provides disparate and divided services and messages. A task group was formed and a new training was developed for front line service providers to help them feel better prepared for the issues they are facing on the ward, in the schools and in the community. Six trainers have been trained with a new two-day curriculum and momentum is building after more than 50 community members have now participated! Next steps include developing shorter content specific for teachers, pediatric nurses and other specialty groups with varying degrees of pre-existing expertise.

**LAT Objective: 4, 5**

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## 36

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### West Kootenay LAT: Family Centred Practice and Wraparound Care Tests of Change

The West Kootenay LAT is committed to increasing the number of children, youth and their families seeking and receiving timely access to integrated, mental health and substance use services and supports throughout the West Kootenays. Barriers to youth receiving adequate mental health and substance use services in our region include wait lists and lack of coordination and communication between service agencies. In order to address part of this problem the WK LAT is learning about Family Centred Practice and conducting tests of change around the coordination of wraparound care meetings. Our storyboard will outline steps required by the LAT to implement a Family Centred Practice Model and coordinate wraparound care meetings, the roles and responsibilities of a Service Coordinator, sample consent forms and initial learnings from our first tracer case. **LAT Objectives: 1, 2**

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### Thompson LAT: Thompson Local Action Team Integrated Case Management

A pediatrician identified a complex family who could benefit from wrap around care and approached the Thompson LAT asking to support an integrated case management session. The intent of the session was to develop an integrated care plan for the

# 37

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family. The broader team included a pediatrician, a psychiatrist, two family physicians, BC Interior Community Services, a social worker from Ministry of Child and Family Development, biological dad, step mom, and a child (3 years old). Immediately following the session the family was able to access services faster, avoiding a crisis, and felt trust in the system and gained a sense of hope. Feedback from the session was that the relationship building during the trial was key; trust between the professionals and the family and trust between providers. However, a follow up evaluation of the session showed that over time this trust and follow through on action items proved to be quite challenging to maintain. In this storyboard we would like to share the strengths and weaknesses of our learnings to date. **LAT Objective: 2**

(38 to 45)

## VANCOUVER ISLAND LATS

# 38

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### Nanaimo LAT: School Based Wellness in Nanaimo

Nanaimo has a high percentage of low income persons and vulnerable children; 29% are without a family doctor. Adolescents who do not have a primary care physician have a lower likelihood of receiving any type of health care. For this reason among others, the first aim of the Nanaimo LAT in 2015 was to provide health services within a school-based setting. The John Barsby Community School (JBSC) was selected due to its large population of approximately 800 students (grade 8 to 12) located in an area with a lack of health services, high number of low income families, vulnerable youth and children. John Barsby Wellness Centre (JBWC) opened in September 2015 and in just 3 months has had over 175 visits. JBWC is an innovative model of clinical practice that is youth-centred. It provides practitioners a coordinated system to work within an integrated model of school-based care. Community collaboration and partnerships have made this initiative successful. The Centre is supported by public health nurses, family physicians and a social worker. Students are provided a range of services (physical ailments, sexual health and mental health) in a private, safe environment, which are integrated within existing services offered in the school. Lessons: student consent for care, information sharing, physician compensation, staff knowledge transfer of crisis intervention, mental health and addiction are critical topics. Next steps for the JBWC will be to continue to consolidate a model that is integrated within the wider community, interdisciplinary and youth driven. **LAT Objectives: 4, 5**

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### Cowichan Valley LAT: Youth4Wellness: from Crisis to Wellness

The Cowichan Valley LAT was formed in November 2014, and consists of over 50 community members from different organizations and groups. The LAT has two WGs: Youth4Wellness Centre and Crisis Response. Youth4Wellness opened October 2015 for ages 12-25 at Cowichan Valley Open Learning Cooperative (CVOLC). Approximately 200 students attend this alternate program, many of whom have multiple complex needs and face significant barriers to success. The Centre is developing a continuum of wrap around care from proactive to crisis response interventions. Currently, the Youth4Wellness team is focused on wraparound for youth transitions to adult services. The Crisis Response WG hopes to complement the Wellness Centre by providing services to youth who present acute risk (i.e. suicide, risk of harm to others, placement breakdown, severe distress or serious mental illness). There are currently no after-hours crisis response services for youth making emergency room visits the only option for youth with mental health crisis. The WG is in the process of implementing and testing an after-hours pilot project. Lessons learned: Stigma creates

a significant barrier for youth accessing services at the Centre, building relationships with students and school staff is key to developing trust and conversations about wellness. The centre will focus on developing an ongoing dialogue and presence within the school in hopes of integrating a wellness philosophy, shifting conversations from mental illness to one of active and empowered participation in creating mental wellness. At-risk or hard-to-reach youth should have meaningful opportunity to be engaged in LAT projects. **LAT Objectives: 2, 4**

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## 40

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### Victoria LAT: School MHSU Literacy

Victoria's School MHSU Literacy WG has focused on supporting school based counsellors in acquiring a clear framework for accessing resources in the community for mental health concerns in youth. The storyboard will identify the stages in our journey, where we are now, and what we will accomplish. Ideas created included creating a resource to support counsellors to access the best community services and supports by creating a tool for use with schools, community, parents and teachers. The group decided on one initial focus: developing a "hub" style resource for counsellors. We surveyed school counsellors to identify their main types of referrals. Members of the WG each took a topic and identified the most likely organization and/or person to gather current information from. Next steps include finalizing a product, and getting feedback from counsellors and service providers as to its effectiveness in supporting school counsellors to quickly initiate a transition to the MHCU providing service. We will look soon to developing a proposal to support positive, proactive mental health experiences in schools, supporting WellAhead, creating a webinar library of mental health topics, and supporting district counsellor in-service opportunities.

**LAT Objectives: 5**

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## 41

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### Comox Valley LAT: Working Upstream

Intervention in the early years has consistently shown to improve long term outcomes in respect to mental health and substance misuse. As such, the Comox Valley LAT identified a 0 – 6 WG to explore innovative approaches to supporting young children in the community. Like most communities, the Comox Valley has many services to provide child development and parenting support in the early years. However, because of a lack of an integrated system for early childhood these can be disconnected, not well known, and difficult to access. The WG drew on local research to determine that indeed those families that have the most risk factors are the least likely to seek support. Pregnant women who have experienced, or are experiencing trauma, are reluctant to reach out and it is in these situations that the risk of intergenerational trauma and poor long term outcomes for the baby- to-be are prevalent. For these women often their physician is the only point of access for care and intervention. Yet, physicians are not necessarily trained in identifying and/or intervening with women who are living with trauma. We trained half a dozen GP's to simply identify, with some key questions, situations with risk and established a direct link (referral access) to the specialized service providers who can effectively intervene. Our version of a benevolent SWAT team! We will be evaluating the impact of the training through a pre and post test survey querying the physicians' knowledge and level of confidence in working with these women. This is an exciting partnership between physicians and the community in creating pathways to care for our most vulnerable families.

**LAT Objective: 1, 2**

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## 42

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### Sooke and West Shore LAT: Building on Our Strengths

The Sooke and West Shore Local Action Team (LAT) has been actively pursuing three Charter objectives, and will share one project that addresses each one.

1. Service pathway mapping was viewed as an important activity by our professional and family members. Unfortunately, pathway mapping can be a source of frustration for people living and working in a region with limited child and youth mental health resources. The LAT is working through a mapping process, and hopes to identify the strengths and gaps that exist at the local level. The Poster Board will provide the results of our efforts to date. A referral matrix developed for family physicians, which is one of the outputs of the process, will also be made available.
2. A parent education and support group is now being offered in Sooke for parents of children and youth with mental health challenges. The parent members of the LAT have taken a lead role in this six-session pilot. At LS7, the planning and evaluation process will be explained, and the content for the first session will be shared.
3. The LAT actively partners with School District 62. A pilot project has been initiated with John Muir Elementary School to respond to teachers concerns with student anxiety. This project involves a school based planning group; a pre-intervention assessment of student anxiety; a full day learning session; the selection of school-based tools; a post-session evaluation; and follow-up with students. A parent component is also under discussion.

**LAT Objectives: 1, 2, 5**

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## 43

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### Port Alberni LAT: Youth Feedback Helps Create New Navigation Tool

Navigating CYMHSU services can be challenging. The more obstacles one experiences accessing services the more likely they will become resistant to pursuing the supports and resources they need. This could lead to youth struggling alone while their mental health & substance use worsens. The Port Alberni LAT distributed youth surveys (62 subjects). Anxiety affected 68%, stress 69%, depression 48%, and suicidal thoughts 21%. Barriers to youth seeking help included:

1. Stigma,
2. Wait times,
3. Unsure of where to go,
4. Drug and alcohol use.

The LAT worked closely with youth to design an Alberni Community Youth Services Card. This card provides information about 24-hr emergency services, hospitals, emergency shelters, walk-in clinics, family and child services, counselling and MH services, online resources, and mobile apps. The card also includes a brief self-assessment tool for depression and anxiety as well as quick tips on how to improve overall mood. The goal of these cards is to improve knowledge about MHSU services offered in Port Alberni and BC, and to increase utilization by youth and families. The next step will be to distribute the Youth Services Card to schools, RCMP, hospitals, medical clinics, doctors' offices, and mental health service workers. After 6 months, we will repeat the Youth Survey to compare the results to our previous results. We will also determine if RCMP feel the Youth Services Card has impacted their communication with youth and families and decreased the time they are spending in the hospital Emergency with youth. **LAT Objectives: 1**

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## 44

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### Mount Waddington LAT:

The Mount Waddington CYMHSU LAT has embraced three objectives relevant to the identified goals of the region for improving timely access to mental health and substance use services for children, youth and families.

1. The development of Community Resource Directories that are specific to families, service providers and physicians. Each Directory is specific to the audience it was intended for and has been tested through wide distribution at family events, community meetings and from review and feedback gathered from physicians.
2. We have partnered with local schools to identify mental health and substance use service needs. Dr. Bruce Perry will be presenting his theory on Neurosequential Model in Education (NME) in the spring to the Mt Waddington community. In preparation for this momentous occasion, the LAT has purchased NME Information Recordings for school staff to view and is working closely with the school district to improve access to mental health and substance use supports in the schools.
3. In order to assist service providers with developing culturally safe practices, the LAT has purchased seats in the ICS Training for non-profit agencies so that their staff may participate in this important training. All the seats have been filled and the antidotal feedback to date regarding the training content and impact on practice has been positive. **LAT Objective: 1, 5, 7**

## 45

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### Salt Spring Island LAT: Weaving a Web of Connection

We have three projects in our LAT that have momentum this term.

1. Suicide Intervention Kits are being developed in consultation with Community Parents, Youth, School District, Doctors, and Counselling Professionals and will hopefully be ready to share for the conference.
2. Case studies at our LAT meetings have engaged more school counsellors and the EMH Counselling team to participate in the LAT meetings and practice small tests of change within the process of communication during discharge and follow up care for Youth who come through emergency.
3. The Capacity Cafe has opened up more relationships with the schools and the Youth offering more insight into the Youth voice and their needs through 'youth to adult transitions and mental health literacy and support in our community. **LAT Objectives: 2, 5, 8**

(46 to 50)

## NORTH

## 46

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### Prince Rupert LAT

The Prince Rupert LAT was formed in September 2015. Our team consists of three co-chairs, a Project Lead and many community organizations, including MCFD, Northern Health, School District 52, North Coast Transition House, City of Prince Rupert, North Coast Community Services, and the Friendship House. Uncovering Prince Rupert's strengths and barriers for youth mental health and substance use services was our first step. There was a consensus with our LAT for a need to increase awareness in our community regarding current access to services and supports. This need sparked conversation about our first event that our LAT will be hosting, a "Who's Who" Event for community members, schools, parents, and youth to access information regarding youth service providers. During many of our LAT meetings, the need for Prince

Rupert to have a “one stop shop” for youth services was a common theme. We were ecstatic when we were informed of the BC Integrated Youth Services Initiative (BC-IYSI), as this initiative seeks to improve mental health services and provides funding and support for communities to develop the service centre our LAT dreams of having. Some of our LAT members worked collaboratively with the lead agency to submit an Expression of Interest for the BC-IYSI. Other projects that we are excited to be part of are developing an online Prince Rupert Community Guide and Facebook page to offer another venue for our community to access information. **LAT Objectives: 1,2,4,5**

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### Northern Haida Gwaii LAT: Our beginning

Our Local Action Team is based in Northern Haida Gwaii, from the communities of Masset and Old Massett; as of yet we do not have a team name. Our primary aim at this time is to support existing organizations, and to develop programs that fill gaps to improve support for, and outcomes for children and youth dealing with mental health or substance abuse difficulties. With our first meeting on September 14, 2015, our Haida Gwaii CYMHSU Collaborative began, but it was the next meeting in Old Massett, when we clarified three important objectives: Ending stigma around mental illness, allowing the resources in our community to start speaking to each other, and seeking volunteers who would allow us to map their patient journey. These were clarified into: youth-led initiatives to end stigma, like making bracelets with a clear message; posters with youth-decided criteria; a website designed and conceptualized by youth in classes; a resource list of all the organizations in the community that could be distributed widely; and clarify gaps. We are still beginning with our actions, but we have learned having clearer goals makes our meetings more productive.

**LAT Objectives: 1, 2, 4, 5, 6, 7**

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## 48

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### Smithers LAT: Pathways to Wellness

The Smithers Community Wellness Committee was formed in June 2014 in response to concerns about the increasing need for mental health services for children and youth, and the lack of awareness of services available in our community. When the CYMHSU Collaborative announced that northern communities would now be eligible to form Local Action Teams, we were ready to join, to share what we were already doing, and to become part of a network where we could learn and advance our work in collaboration with communities across BC. We began with Pathways to Wellness, an evening session for parents. A light dinner was prepared and childcare provided to encourage parents to attend. There was a musical performance by students, and a display of “Wellness Toolboxes” prepared by Grade 8 students. A panel of local professionals presented information on anxiety, nutrition, internet safety, a First Nations perspective of wellness, and connected parenting. Local health and wellness service providers brought displays and information to share. A similar event will be offered this year followed by a series of collaborative mental health education sessions. We are expanding our directory of health-related services, and will involve students in making it youth-friendly. We have created a visual triangle mapping of supports for wellness in our community. We are in the process of surveying teachers, then parents and youth, to see how we can help increase their understanding of the early symptoms of mental illness and how to access help. **LAT Objectives: 1, 5**

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## 49

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### Hazelton LAT: Increasing communication and integrating local services

Hazelton is a distinct place with a vibrant landscape and a unique culture and way of life. Hazelton is known as one of the “poorest” communities in BC and the primarily Gitxsan population is facing many challenges. Services must be rooted in place and local culture to be effective, which is a key objective of the Hazelton Local Action Team. This is a place where people naturally work together but we want to do it better by increasing communication and integration of local services. We plan to reach our objectives by creating current, culturally-relevant tools for service providers and community members to better navigate the flow and reach of local services. We plan to host a learning feast to inform the community about the objectives of the LAT and invite them to participate in strengthening and integrating local services into Gitxsan and Wet’suwet’en culture. **LAT Objectives: 1, 2, 7**

## 50

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### Introducing the New Northern LATs:

Come by and visit with the newest Northern LATs. Fourteen Local Action Teams have developed in the north and they are progressing quickly with their activities. Discover what these communities are focused on for their first changes and learn more about their communities.

(51 & 52)

## Other Provincial Programs of Note

## 51 & 52

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### Services to Adults with Developmental Disabilities (STADD) “Together is Better” – Integrated service delivery for youth with developmental disabilities transitioning to adulthood

STADD aims to lead a one-government approach to person-centered transition planning for youth and young adults with developmental disabilities. Working with government and community partners, STADD navigators help individuals and their families plan for goals and access available supports. Government and community supports include health and social service supports. Many youth with developmental disabilities live with dual diagnosis. STADD and its partners are testing a Collective Impact approach. Collective impact is a structured approach to problem solving that includes five core conditions: a common agenda with mutually reinforcing activities, a shared measurement system, and continuous communications with SDSI acting as the backbone organization. Short-term outcomes for this approach have been significant with steady growth of integrated planning teams supporting youth and multiple cross-ministry tables reinforcing shared activities and providing ongoing measurement, evaluation and communications.

Lessons learned: through ongoing performance monitoring and evaluation, evidence shows there has been substantial progress toward achieving a ‘one-government’ approach and the Navigator role is helping to bridge the gap for youth transition, between school years and adult services.

Next steps include expanding access to STADD services across the province as well as working towards STADD’s long-term outcomes which include: individuals experience a smooth and successful transition from youth to adulthood supporting person-centred goals towards education, housing, employment, community connections; demonstrated shared accountability for outcomes; and shared data to enable ongoing improvements to outcomes.