## 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. All documents will be accessible online at the** [**Shared Care website**](http://sharedcarebc.ca/initiatives/cymhsu-collaborative)**.**

**Using the Local Action Team objectives outlined in the BC CYMHSU Charter, please complete the following template for your Local Action Team for the period of April 1, 2015 to March 31, 2016. Following each Learning Session, you will have an opportunity to review/refresh your Chartlet, including aims and measures. Your Collaborative Coach can assist as needed.**

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| **Local Action Team:**  | **Burnaby** |
| **Co-Chairs:**  | **Joanne Granek/Dr James Hii and Rob York** |
| **Community Development Worker:** | Joanne Granek |
| **Members – Names & Affiliations:** |
| *Name* | *Position* | *Organization* |
| Aldo Bonato |  | START (formerly youth crisis response) |
| Angela Matson |  | Fraser Health Population and Public Health |
| Brenda Laface |  | School District 41 |
| Bridgette Ebing |  | Odyssey |
| Catherine North |  | CMHA/coach |
| Jackie Ainsworth | manager, public health Burnaby/New West | Fraser Health |
| Dana Martin |  | Youth Concurrent Disorders |
| Dawn Embree |  | Purpose Society |
| Gerda Wever |  | PARCY |
| Hugh Hutner |  | Child & Youth Mental Health, MCFD |
| Jackie Ainsworth |  | Fraser Health Authority |
| Dr. James Hii |  | Burnaby Division of Family Practice |
| Jamie Agtarap |  | The Force |
| Jen Ghioda |  | BACI (Bby Assoc. for Community Inclusion) |
| Jovana Turkovic |  | Healthy Communities Specialist Fraser Health |
| Ken Hyette |  | Burnaby Mental Health |
| Kristina Dixon |  | CMHA |
| Liliana Hernandez |  | Burnaby Family Life |
| Lucas Noel |  | Spirit of the Children |
| Lynne Godfrey |  | The Force |
| Mae Burrows |  |  |
| Manjit Sahota |  | Burnaby Youth Clinic |
| Margaret Manifold |  | City of Burnaby |
| Mat S. Kureju Dr. |  |  |
| Mena Perrotta |  | Cameray |
| Michael Ann McGuire |  | Team Lead Integrated Youth Team |
| Michel Pouliot |  | Burnaby Family Life |
| Monica Bhatara |  | St Leonard’s |
| Pauline Dan |  | Fraser Health PSP |
| Renata Aebi |  | St Leonard’s |
| Rob York |  | MCFD Child & Youth Mental Health |
| Stacey Milne |  |  |
| Steve Giannopoulos |  | Fraser Health Substance Use Services |
| Sue Dorey |  | Burnaby School District |
| Susan Hunt |  | Maples |
| Tanya Sather |  | BACI |
| Tracey Rusnak |  | Cameray |
| Tripta Thompson |  | Centre For Ability |
| Valery Dubenko |  | Burnaby Division of Family Practice |

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.

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| **LAT Charter Objective** | **Specific Aims****“What are we trying to accomplish?”** | **Changes you want to try****“What changes can we try that will lead to improvement?”** | **Measurements:****“How will we know that a change is an improvement?“** |
| * New LATs to identify one or more objectives to be completed by March 2016.
* Established LATs to achieve two or more objectives by March 2016.
 | * Aims are 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.)?
* Keep it realistic and achievable.
 | * What are the ideas you want to try to meet this aim?
 | * Make measures meaningful not onerous!
* Measure by quantifying/counting, observing, asking….
* Keep measures simple.
 |
| LAT Objective 2: Establish sustainable, community-based collaborative care processes that are experienced as family friendly and determined by children, youth and families to be effective in responding to their needs. These practices can apply to any services across the continuum of care, i.e. crisis intervention, suicide and self-harm prevention and early intervention care for mild to moderate needs.  | 1. Ensuring as many local community stakeholders as possible are engaged by the LAT

With special attention to: * youth,
* organizations that serve newcomer populations
* concurrent disorders
* Acute care (re: appropriate referral to ED)
 | 1. Invite a broad range of community partners to participate in the LAT
2. Share knowledge of existing resources
3. Engage partners in a review of needs and gaps in service / support that have been previously identified by community partners, including:
* Patient Journey mapping and gaps (HCP)
* Task Force on Sexually Exploited and At Risk Youth 2015 Count
* Mental Health & Addiction Roundtable 11.12.14 (Canadian mental Health Commission)
* Parents At The Centre Advisory Committee learning and sharing
1. Build upon strengths of the community while identifying and filling gaps/needs
 | * # and type of organizations & stakeholder groups represented on the Burnaby LAT
* # & type of specific engagement strategies that are tried
* # & type of existing resources identified, from which to build / leverage activities
* # & type of gaps / needs identified as priorities for action by Burnaby LAT
* # tests identified & tried which address the priority gaps / needs
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| **Activities for next action cycle** | Define priorities for the Burnaby LAT for 2016/2017 in order to:* Improve children, youth and family access to services in a timely seamless process

Improvements will be informed by a review of the strengths, learning, information and identified gaps from community processes and research from the last 18 months, including * Patient Journey mapping and gaps (HCP)
* Task Force on Sexually Exploited and At Risk Youth 2015 Count
* Mental Health & Addiction Roundtable 11.12.14 (Canadian mental Health Commission)
* Parents At The Centre Advisory Committee learning and sharing
* Other

Reduce inappropriate referrals to the Emergency Department and increasing awareness of appropriate alternatives | Review, learn from and build on current community strengths, including* partnerships
* identification of challenges (patient journey mapping)
* research pertaining to at risk youth (Task Force on Sexually Exploited and At Risk Youth)
* Youth Hub; Headspace initiative and its development
* Member connections to other networks

Engage with Burnaby youth up to and including 24 year olds to invite their contribution to the Burnaby LAT conversation and decision making.We have identified some of the groups as follows* High school youth clubs whose focus is mental health and stigma
* Advisory committee for the youth hub and head space
* The Task Force on Sexually Exploited and at Risk Youth
* Activities will include
	+ Presentations
	+ Individual or small group face to face conversations
	+ Focus groups of youth
	+ Parks & Recreation gatherings

LAT members will reach out to existing groups of young people to invite them to share their thoughts and ideas, to have their voices present in our discussions, either through * + their attendance at LAT mtgs
	+ joining LT meetings through the use of technology
	+ having LAT members attend their gatherings and be a conduit for their ideas. Concerns, questions, decisions
 | * We will identify four priorities from which to choose two to work on in the remaining months, balancing:
* the strength of the LAT’s concern
* survey of possible strengths and resources on which to build strategies and solutions
* the availability of resources and access to the contributing factors/people
* confidence that we could influence or introduce change.

The chartlet will be updated, and a project and implementation framework will be developed, indicating:* # projects (change ideas) identified by consensus for action by LAT
* desired outcomes identified
* the tasks we will do
* the measures to assess achievement of desired outcomes

At least two youth will be engaged with the LAT by the end of April 2016Youth who agree to stay engaged will feel welcomed and respected, comfortable with the model of participation to which they and the LAT agree (might be at meetings in person, calling in, skype, through written documentation…)LAT members will engage in no less than 6 activities to reach out and engage young people in the Local Action Team and to convey the importance of their input, participation (in whatever way works) and oversight of the LAT work. |

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.