

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

Local Action Team Aims and Measures for April 1, 2016 to March 31, 2017

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.

Local Action Team:	Cariboo Action Team				
Co-Chairs:	Dr. Glenn Fedor – Chair, Troy Forcier – Co-Chair				
Community Development	Project Lead – Anna Meyers				
Worker/Project Lead:	Special Projects Lead – Deb Trampleasure				
Members – Names & Affiliations:					
Name	Position	Organization			
Dr. Glenn Fedor	Physician	Interior Health			
Troy Forcier	MCFD Clinical Team Leader	CMFD			
Deb Trampleasure	Practice Support Coordinator/Special	Interior Health			
	Projects				
Anna Meyers	Action Team Coordinator	CYMH SU Collaborative			
Lori Sellars **	Three Corners Health Director	Three Corners Health Services			
		Society			
Nancy Gale	Child Development Executive Coordinator	Child Development Center			
	Williams Lake				
Matt Neufeld	Executive Director Boys and Girls Club	Boys and Girls Club			
Becky Haselhan	Family Rep – Parent – Lone Butte	Parent			
Sky Haselhan	Family Rep – Youth- Lone Butte	Youth			
Larry Johannsen	School Counsellor	SD #27			
Dr. Monica McKay	Pediatrician	Interior Health			
Dr. Jeff Peimer	ER/ Mental Health Physician	Interior Health			
Kirsten Dressler	Community Mental Health and Substance	Interior Health			
	Use Clinician				
Tanya Mores **	TNG Aboriginal MH Navigator	TNG			
Carla Bullinger **	Communities that Care - CCPL	Communities That Care			



Milo MacDonald	RCMP Inspector	RCMP
Alyshia Morgan	Integrated Care Coordinator- MHSU	Interior Health
Debbie Morgan	Public Health Nursing-TL	Interior Health
Ruth Verkerk	Family Rep- Parent	Parent
Kim Nowotny	Counsellor	Sd#27
Dr. Matthew Burkey	Child and Youth Psychiatrist	Interior Health
Neil Burrows **	Team Leader Aboriginal Health Denisiqi	Denisiqi
Rachel Laird	Practice Initiative Lead	Shared Care
Adam Hildebrandt **	RCMP Special Projects	RCMP
Trevor Barnes	Executive Director	CIRD
Diane Goossens	Collaborative Coach	СМНА

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.

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 a chieve two or more objectives by March 2016. List the objective as it appears in the Charter. 	 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.)? Why? What do you want to accomplish Keep it realistic and achievable. 	What are the ideas/tests of change you want to try to meet this aim?	 Make measures meaningful not onerous! Measure by quantifying/counting, observing, asking Keep measures simple. Tie your measurements to what you are trying to accomplish.
Identify and communicate to service providers and community members how to access local and provincial mental health and substance use services and supports for children, youth, youth in transition, and their	Pt Journey Mapping as a tool for communication and planning With community engagement support from FNHA, the Collaborative LAT will offer an information and visioning session with health directors, frontline MH staff and invited leadership from	The communities will be invited to give input into what barriers or recommendations identified in the mapping can be prioritized for action planning and tests of change. Plan is for Dr. Burkey to be present on behalf of the LAT along with other interested team members and leads.	Collect and document valuable input as to what FN communities into priority barriers for improvement. Identify priority barriers to begin tests of change

families in their local communities, to move towards FamilySmart practice.	all 3 Nations where the mapping process and recommendations will be presented.	Mapping presentation requested of FNHA, TNG Engagement Coordinator and the 3 Corners ED- all interested in February but unable commit a time. Re-requested April 25th	
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.	Integrated MH Crisis Response (Wraparound) Initiate the development of a comprehensive wrap around a proach in the community for Crisis Response in CYMH using resources from Interior Health (ED + CRT) MCFD, physicians, RCMP, CYMH Specialist physician expertise, aboriginal teams, and contracted child and youth serving agencies.	The collaborative has the ability to strengthen the trauma informed school project by providing expertise and consultation between School District 27 staff and Evelyn Wothers poon (subject expertise) • Dr. Burkey is leading the use of research methods to guide the work • Electronic needs Assessment developed • Distribution list and plan drafted • IH MHSU Practice Lead has been engaged and is supporting the project • Kamloops protocols reviewed • Abbots ford program reviewed • Sharing Circle facilitation sought through IH • IPCC engaged to support data collection • CMH training on ER protocols provided by the LAT.	The goal of providing this focused consultation would be the development of a document backed by expert knowledge that would enable other district and bandschools to adopt the Trauma Informed School model. Distribute needs assessment draft to working group for a pproval/input Problem identification Community Planning and development of MOU's (long term) Engage Dr. Burkey Support School counselor lead with resources Evelyn Wotherspoon engaged for September consultation. Document expected by November.
	ER Protocols Pilot project Implantation and measurement with IH, family physicians and service providers.		14 Physicians and 55 service providers attended the rollout event 6 month follow up with the ER protocols in place at CMH, measure MH registrations, discharges, transfers, etc.

3. Adopt and integrate new provincially developed system-level information sharing guidelines into existing local practices.

Early Intervention in MHSU Awareness

By diverse agencies, service providers and caregivers understanding the core story of mental health and **substance use development**, the fostering of caring adults is more likely and will be trauma informed for high risk families.

A full spectrum plan for early integrated intervention **awareness** in child and youth mental health and substance use.

- 1) Targeted groups within the planning would be early childhood service providers, RCMP, physicians, educators, social service providers, nursing, clinicians, crisis workers, parent support roles, caregivers, care coordinators, victim service workers, FN service providers and service providers in rural and remote communities to inform and strengthen each door of service entry for families in need or in crisis.
- 2) MH and Substance Use Literacy Event in High School
- 3) APP and Website
- 4) CYMH and SU Family Support group in the Child Development Centre

Build on the Evelyn Wotherspoon event November 24th and the feedback of over 100 service providers that the content of early intervention was relevant and timely.

The plan consists of a series of integrated community events, consultations and learning sessions to raise awareness of trauma informed practice and integrated early intervention in the areas of childhood adversity and toxic stress as it connects to mental health and substance use

Empowering youth and caregivers with information on Substance Use

Connecting with RCMPs ervices as the interest for coverage of this topic this has been expressed

Connect with Fetch/IPCC to populate

Sustainment plan

Support with communication/media

Support with guest speakers

APP in testing phase, need to populate with data, LAT hiring someone to enter data.

The long term goal is decreasing the incidence of complex mental health and substance use issues developing in the future.

The short term goal is that care providers and agencies attend the sessions evaluate feeling more knowledgeable and motivated to increase community collaboration and integration of services.

(measure attendance and evaluations)

5. Partner with schools and communities on mental health and substance use literacy initiatives, with the goals of: reducing stigma, positively impacting health seeking behaviours and building capacity and	Continue support of "Communities that Care" initiative that is currently engaged in the collation of survey results of a large demographic of children/youth to inform community planning in CYMH SU	Project to be completed and then inform community planning in CYMH,	Measure uptake Attendance and evaluations
skills of students, families, school personnel and community members.	Promote and support activities for youth and families.	Planning underway for CYMH Resource Fair at the local high school and a presenter with a focus on substance use and engagement of RCMP	Work collaboratively with the Boys and Girls Club for student resource table event.
7. Promote culturally competent care in our communities through education and practices to address cultural safety including, but not limited to, the uptake of the PHSA Indigenous Cultural Competency (ICC) Training.	Assess reasons of lack of uptake Connect to PSP	Contact IH Cultural Educator to plan shorter session with a local lens	Physicians express feeling more a ware of local cultural influence on CYMHSU Initiate and maintain regular communication with the Divisions to promote a wareness and uptake. 7 physicians attended trauma informed MH Workshop with Gabor mate