## 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.

Local Action Team:	Cowichan				
Co-Chairs:	Noelle Philp, Trudy Woudstra, Carrie Barker				
Project/Community Development Lead:	Meghan Marr				
Members – Names & Affiliations:					
Name	Affiliation	Name	Affiliation		
Dale McDermit	Child Psychiatrist	Lorna Newman	SD79		
Sheena Nolli	Manager, Adult MHSU, Island Health	Joe Rhodes	SD79		
Tracy Beaton	Island Health Public Health	Michael Gintowt	CYMH, MCFD		
Brandi Keddell	Cowichan Tribes	Noelle Philp	CYMH CSM, MCFD		
Susie Girling	CYMH Crisis Coordinator, Island Health	Trudy Woudstra	GP and Rep for Shawnigan Lake School		
Peter Fahey	Site Director Cowichan Hospital, Island Health	Carrie Barker	CYFMHSU Coordinator, IH/Discovery		
Melie De Champlain	Director Community, Island Health	Cindy Lise	Our Cowichan Communities Health Network		
Anna Hill	ER, Island Health	Sheila Leadbetter	IH – Director, Geography 3		
Michelle Weizel	ER physician, Island Health	Dominick Rockall	Clement Centre		
Valerie Nicol	ED, Cowichan Division of Family Practice	Dan McGee	Psychologist, CYMH, MCFD		

Lisa Tate	Parent	Holly Lalande	Parent
Sandra Murray Loiselle	Parent	Victor Nowoselski	Cowichan Tribes
Joy Stott	Public Health/Island Health	Tasha Chamberlin	Island Health CYMHSU
Roxanne Blemings	Regional Practice Lead		
Allison Mcleod	Impact BC	Larry Mattin	SD79

LAT CYMHSU Charter Objective(s) For Action Period ending October 2015 (Learning Session 6).	Specific Aims For Action Period ending October 2015 (Learning Session 6).	Measurements
"What objective (s) from the Charter are we addressing for this action period"?	"What are we trying to accomplish and how"?	"How will we know that a change is an improvement"?
<ul> <li>New LATs to achieve one or more objectives.</li> <li>Established LATs to achieve two or more objectives.</li> </ul>	<ul> <li>Aims are steps intended to meet an overall objective but can be specific and unique to your community's needs.</li> <li>Who, What, Where, When?</li> <li>Be specific and keep it realistic and achievable.</li> </ul>	<ul> <li>Make measures meaningful.</li> <li>Measure by quantifying/counting, observing, asking</li> <li>Keep measures simple and establish a baseline if possible.</li> <li>Did you make a positive difference? If not, adapt your aim(s) and try again.</li> </ul>
#4. Increase participation of schools and communities in fostering "caring adults" to provide support and protective factors for children and youth.	Aim 1: Identify and reduce mental health and substance use access barriers within the Cowichan region for youth ages 12 - 25, by creating a "wellness centre" by October 2015.	Measurement of overall aim:  1) Establish a baseline measurement for access barriers: -Use QI methodology with students and providers to identify access barriers and to explore "idealized" services Conduct focus groups with youth, parents/caregivers and front line staff -Use McCreary Centre Society's 2013 BC Adolescent Health Survey Report re reasons for not getting mental health service (40% didn't know where to go, 22% could not afford, 38% did not want parents to know etc) 2) Use same methods to obtain post measurements with students and providers.
	<b>Step 1:</b> Create a multi-sector (Working Group) consisting of	Measurement of Steps 1,2, and 3: Starting March 18, 2015, the LAT

Public Health Nurses, CYMH clinicians, IH-SU workers, Physicians, School Counsellors, First Nations partners, Youth and Family, Community partners, Social Worker, RCMP, by May 15, 2015 to collaboratively plan for the development and ongoing functioning of the centre.

**Step 2:** Identify the multidisciplinary/wrap around team members that will be physically located within the wellness centre by September, 2015.

will track/count the number of agencies and persons that are consulting and/or collaborating on the development of the project and report/record how their contributions are integrated into project planning and into PDSA review cycles.

Once the centre is operational, a survey will be offered to students that use the wellness centre, to measure their perceived sense of wrap around support for their own wellness as well as their sensory response to centre.

Test and implement system-level prototypes, guidelines and protocols as recommended by the Collaborative Working Groups, such as ER Guidelines, or the recently revised provincial Youth to Adult Transition Protocol.

**Step 3:** Create a physical environment that reduces stigma and addresses the sensory needs of youth by October, 2015.

Aim 2: Improve access and quality of crisis response MHSU services for children and youth in Cowichan by March 2016

**Measures: TBD** 

**Step 1:** Create a multi-sector (Working Group?) consisting of Public Health Nurses, CYMH clinicians, IH-SU workers, Physicians, School Counsellors, First Nations partners, Community partners, Social

The above tool was derived from a Model for Improvement. Please visit <a href="http://www.impactbc.ca/sites/default/files/documents/Resources">http://www.impactbc.ca/sites/default/files/documents/Resources</a> <a href="Model%20for%20Improvement.pdf">Model%20for%20Improvement.pdf</a> for more detail.