

## **Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative North Shore Community Action Team (CAT) Terms of Reference**

### **1. Background**

In BC, Child and Youth Mental Health and Substance Use (CYMHSU) has been identified as a priority by Divisions of Family Practice, Ministry of Children & Family Development (MCFD), health authorities, and Doctors of BC. Together these groups created a charter outlining goals and objectives for a CYMHSU Collaborative. With the funding from the Joint Collaborative Committees of Doctors of BC and the BC government, the CYMHSU Collaborative (the “Collaborative”) was created, allowing communities in BC to work together at a local level to improve services for children, youth, and their families. On the North Shore, the North Shore Division of Family Practice has held the contract for the Collaborative since June 2015.

With the CYMHSU Collaborative ending after December 2017, it is the intention of the North Shore Local Action Team (LAT) to continue the important work started by the Collaborative as the North Shore Community Action Team (CAT) for Child and Youth Mental Health and Substance Use.

### **2. Purpose**

The purpose of the CAT for Child and Youth Mental Health and Substance Use is to engage and collaborate with children, youth and their families, local Aboriginal communities, and service providers on the North Shore to:

- Be the primary reference group for, and active in, all CYMHSU initiatives on the North Shore.
- Ensure that young people and families with lived experience are intentionally and authentically engaged by the CAT to ensure their perspective and needs are represented in all CYMHSU initiatives and resulting services on the North Shore.
- Work to promote, catalyze, and witness healing from mental health and substance use issues in children and youth on the North Shore.

### **3. Objectives**

3.1. Between June 2015 and December 2017, the LAT worked collaboratively to achieve the following four objectives set by the Collaborative:

- 1) **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 families in their local communities, to move towards FamilySmart Practice<sup>1</sup>.
- 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, early intervention care for mild to moderate needs.
- 3) **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 skills of students, families, school personnel and community members.

- 4) **Promote culturally competent care** in our communities through education and practices to address cultural safety training including, but not limited to, the uptake of the PHSA Indigenous Cultural Safety (ICS) Training.
- 3.2. After December 2017, the CAT will continue its effort to improve CYMHSU services and support relevant to the above objectives. Additionally, the CAT will identify future priority areas.

#### **4. Responsibilities**

- 4.1. Bring together representatives of the continuity of care of supports and services for child and youth mental health and substance use for the North Shore community.
- 4.2. Identify continuous improvement actions which will change local collaborative practice aligned with the Collaborative objectives.
- 4.3. Ensure the work of the CAT is informed by and is communicated to community stakeholders.
- 4.4. Develop quality improvement (QI) measurements and collect data to document impacts of the work of the CAT and identify priority areas for improvement.
- 4.5. Create working groups to implement strategies to address top priorities.

#### **5. Membership**

- 5.1. The CAT shall be comprised of members who represent, collaborate with, and provide support to the CYMHSU community on the North Shore. These members may include but are not limited to: youth and family members, physicians (family and specialist, including psychiatrists, pediatricians and ER physicians), MCFD clinicians, school educators and counsellors, substance use experts, as well as representatives from health authorities, community agencies, RCMP, municipal police, and Aboriginal services.
- 5.2. Membership of CAT members shall be discussed at the CAT meeting as applicable, and decisions will be made based on the needs and contributions to the CAT activities through consensus decision making process (see 10).

#### **6. Role of CAT Members**

- 6.1. The role of each CAT member includes:
  - Be respectful and genuinely interested in and open to changes in supports and services for children, youth, and their families
  - Share knowledge, skills, and expertise and resources of their organization
  - Ensure two-way communication between the CAT and their representing organization
  - Represent the CAT throughout the North Shore community
  - Be committed to, and actively involved in, pursuing the CAT's objectives

#### **7. Role of Co-Chairs**

- 7.1. It is recommended that there be two or more Co-Chairs.
- 7.2. Co-Chairs will:
  - Set agenda for meetings
  - Chair CAT meetings
  - Participate in regular Co-Chairs teleconferences
  - Attend applicable learning modules/conferences and bring information back to the CAT
  - Ensure welcome and engagement of youth and families
- 7.3. Term
  - Term of Co-Chairs will be for one year, with the option to be renewed by membership.

## **8. Role of Administration**

### **8.1. Project Lead/Coordinator will:**

- With Co-Chairs, set agenda for meetings
- Attend and coordinate all meetings
- Track progress of smaller working groups
- Review QI data with CAT
- Liaise with stakeholders within and outside of the North Shore community
- Develop and monitor budget
- Prepare reports to be shared with CAT member organizations
- Participate in regular Co-Chairs teleconferences
- Offer continuity between the smaller working groups/task groups and CAT
- Develop and execute communication activities including events, media releases, and awareness programs

## **9. Meetings**

### **9.1. Frequency**

- CAT meetings will occur once a month. Meeting frequency is subject to change.

### **9.2. Minutes**

- Minutes will be taken at each CAT meeting and distributed in advance of the following meeting. The minutes will be monitored and maintained by the Project Lead/Coordinator as a complete record of the CAT proceedings.

### **9.3. Alternates**

- Members representing an organization shall nominate a proxy to attend a meeting if the member is unable to attend to maintain fair representation of the organization. The Co-Chairs and/or Project Lead/Coordinator will be informed of the absence/substitution prior to the scheduled meeting.
- Youth and parents who represent themselves will not have alternates.

## **10. Decision-Making**

10.1. Decisions except financial decisions shall be made through consensus decision making process<sup>ii</sup>, where CAT members can indicate if their agreement/disagreement with a proposal through providing: agreement, reservations, stand asides, or blocks.

10.2. Financial decisions require 2/3 majority vote.

## **11. Date Approved by the LAT: November 21, 2017**

## **12. Date Adopted by the CAT:**

## **13. Revision Date (to be reviewed annually):**

---

<sup>i</sup> *FamilySmart*<sup>TM</sup> is a values-based approach to listening, understanding and responding to the mental health needs of children, youth and families. It is a philosophy, practice and endorsement intended to help families and those connected with them to identify and act upon what is meaningful for families and what works to improve child and youth mental health.

<sup>ii</sup> Consensus Decision Making (2010): <http://www.seedsforchange.org.uk/shortconsensus.pdf>