



March 3, 2015
Neighbourhood Learning Centre

Co-chairs: Dan Bibby
Julie Unger

Recorder: Karen Steegstra

Present:

Anne Todd	Fraser Health	Anne.Todd@fraserhealth.ca
Dan Bibby	MCFD	<u>Daniel.Bibby@gov.bc.ca</u>
Debbie Denault	Chilliwack Learning Society	<u>debbied@chilliwacklearning.com</u>
Duncan Macdonald	CYMH	<u>Duncan.Macdonald@gov.bc.ca</u>
James Challman	CCS	<u>challmanj@comserv.bc.ca</u>
Julia Macaffery	FVACFSS	
Julie Unger	CSCL	<u>julie.unger@cscl.org</u>
Karen Steegstra	CYC	<u>karen@childandyouth.com</u>
Kathy Funk	Chilliwack Restorative Justice and Youth Advocacy	<u>kfunkrestorejustice@gmail.com</u>



Katrina Beppe	Division of Family Practice	kbeppe@divisionsbc.ca
Ken Neufeld	Youth Unlimited	ken@youthunlimited.com
Leah Froese	Cyrus Centre	leah@cyruscentre.com
Nathan Ngieng	SD #33	nathan_ngieng@sd33.bc.ca
Patti Macahonic	Ann Davis Transition Society	patti@anndavis.org
Rob Lees	MCFD	Robert.Lees@gov.bc.ca
Sabine Mendez	Chilliwack Healthier Community	coordinator@healthierchilliwack.ca
Steve Esau	Contact Centre	SEsau@pcrs.ca
Tobi Araki	RCMP	Tobi.araki@rcmp.grc.gc.ca
Todd Lueck	City Life	
Wayne Green	United Way of the Fraser Valley	wayne@uwfv.bc.ca
Wendy Bruzzese	FVDCD	wbruzzese@fvcdc.org



Regrets:

Collette Bohach	Big Brothers Big Sisters	collette.bohach@bigbrothersbigsisters.ca
Doris Marko	Ministry of Social Development and Innovation	
Kelly Janveaux	YMCA	
Ken Popove	City of Chilliwack	popove@chilliwack.com
Shari West	YMCA	
Smitty Miller	FVRL	smiller@fvrl.bc.ca
Sonja Mussell	FVACFSS	Sonja.mussell@xyolhemeylh.bc.ca
Stacy Wood	VYPER	
Theresa Warbus	Xyolhemeylh	Theresa.Warbus@xyolhemeylh.bc.ca

Guests: Lana Hergott, Alitha and Isabella D'Ottavio, Danielle Edwards

1. Welcome and Introductions

2. Review of February minutes. Karen will make updates an upload to website.

3. Breast Feeding Challenge – Lana Hergott (presenting at CYC as volunteer for Leleche League; Alitha volunteer coordinator of Breast Feeding Challenge event)

Last year Chilliwack place #1 in the world for having the most babied latch on at the same time; 213 babies. It is an international health promotion event and originated at a Guinness World Record event. The Challenge takes place the first Saturday of October



11:00 am local time. It is a grassroots movement which offers Mother 2 Mother support. Chilliwack Community Services has been involved for the last 13 years through Better Beginnings. The yearly event is run by volunteers and has the full support of the Mayor. Local businesses show support by donating items so each mother goes home with a gift bag. It is free to attend the event and any administrative costs are covered by a \$500 Success by 6 Grant. Currently looking for a NLC partner to help stabilize the event and lessen the costs of using the NLC facilities. James put forward the motion that CYC partners support the Breast Feeding Challenge. The motion was seconded by Anne Todd. Dan supports and is proud of this successful community event.

Lana made a note that the Leleche League covers liability insurance.

4. Challenge Day – update at next month’s CYC

5. Youth/Adult Partnership

The VYPER grant is currently being used for the process of hiring a Youth Adult Engagement Worker. The focus of this position is to help community agencies with youth engagement strategies. Mission currently has this position doing a pilot. Currently looking to do a 3 month pilot in Chilliwack. This person will help with CYC Conversation as well as a Regional Youth Engagement workshop. Meeting regarding the position will take place on March 17 at the NLC. CCS has agreed to host the funds for this position. Karen will support and provide supervision for the position. The person will report to the Youth Matters Committee. Currently looking for suitable office space. The position is part of the Legacy Projects of VYPER.

6. International UFV Social Work Conference

This will be the first international conference hosted by the School of Social Work at UFV. Currently have applicants from around the world and are partnering with local CYC’s and CQI. Conference dates are April 29 and 30th with fieldtrips taking place May 1. Click on link for more information and to register.

<http://www.ufv.ca/swhs/conference2015/>

CQI started as MCFD agencies but has expanded to include other agencies such as FVDC. The focus is to look at service delivery from feedback from clients. The government commitment to LEAN is about streamlining to better attend to client’s needs. The Regional CYC currently has a Youth Engagement Initiative which includes a Workshop which is youth designed and led. The Youth Engagement Facilitator will be the linkage back to the CYC. The original strategy was to have the youth event connected to the International Conference, but not sure there is enough time to organize an event.



7. Conversation Update

It is important this year to have people attend who are not traditionally at our annual event; particularly first responders. In the process of finalizing space and logistics.

8. Agency Profile – Division of Family Practice

The Chilliwack Division of Family Practice is a not for profit society, and the 4th Division formed in 2009 of now 34 Divisions in BC. The Chilliwack Division represents 101 physicians and 6 Nurse Practitioners (NPs) in the Chilliwack, Agassiz-Harrison, and Hope local health areas. It serves a population of 105,236. Forty-four of the 79 Chilliwack and Agassiz Family Physicians (FPs) provide inpatient care in the Chilliwack General Hospital. Hope and the surrounding community is served by a single practice of 7 FPs who provide emergency department coverage and inpatient care at the Fraser Canyon Hospital 24/7/365. Agassiz-Harrison is also served by a single practice of 3 FPs, and like Hope and the Chilliwack Primary Care Clinic, includes Nurse Practitioners (NPS) that work as part of an interdisciplinary team with FPs. We strive to optimize health care services to community members through a cohesive, cooperative and engaged community of primary care providers.

A GP for Me

Due to the community challenges revealed in the Assessment and Planning Phase of A GP for Me through extensive physician and community engagement, the CDoFP has identified six integrated strategies leveraging existing resources to address the following needs:

- Help patients find the appropriate primary care provider/team
- Stem the increase in unattached patients due to population growth and FP attrition
- Improve access to primary care services

Patient Attachment Mechanism - We have established a single point of contact for all unattached patients looking for a primary care provider, developed a process for attachment of patients into the community, and are building connections to community FPs and NPs to improve attachment rates and primary care provider-patient relationships. There are three phases to this roll-out (1) unattached patients, (2) patients with a primary care provider outside of their home community, (3) patients who would like a different primary care provider within the community. We are currently focused on those truly unattached patients without a primary care provider. Call PAM at 604-795-0034 or toll-free at 1-844-795-0034.

Table 1. PAM attachment numbers as of February 28, 2015



	Chilliwack	Agassiz and Seabird Island	Hope	TOTAL (all communities)
# of complex patients attached through PAM (physicians can bill code 14074)	211	9	25	245
# of healthy patients attached through PAM	162	9	26	197
TOTAL # of patients attached through PAM*	373	18	51	442

*This number does not include those patients who are accepted into family practices directly.

Chilliwack Primary Care Clinic Enhancement - During the A GP for Me Assessment and Planning Phase, the CPCC transitioned from a primarily nurse practitioner (NP) model with limited family physician (FP) support when needed, to a comprehensive interdisciplinary model with multiple FPs providing support to the NPs. This was done to shift the CPCC from a model that primarily provided care to unattached discharged and/or complex patients, to one that will serve as a site for all unattached patients who require care before being transitioned by our Patient Attachment Mechanism to a community practice. This includes better support for vulnerable and complex patients.

Physician Recruitment and Retention - A strong community of family doctors and nurse practitioners is important not only to ensure people have access to timely, ongoing care from their own primary care provider, but to also support the many other programs in the community: primary care clinics, in-patient care, emergency department support, and geriatric and palliative care. In the next ten years, another 25 full-time family doctors will be needed to meet the area's expected population growth. Partnering with the Chilliwack Economic Partners Corporation, Fraser Health, and Health Match BC, the Chilliwack Division is taking a coordinated and cohesive approach to recruitment and retention.

Physician Practice Support and Coaching - A GP for Me has enabled the Division to partner with the Fraser Health Practice Support Program to bring a locally tailored Advanced Access and Office Efficiencies module to local practitioners and their staff. This will help to enable doctors run their practices more efficiently so that they can focus on quality, timely patient care. Practice support and training will make it easier for physicians and their staff to effectively provide and coordinate care for their patients – helping physicians to maintain a more equitable work-life balance, and improve access and strengthen attachment of existing patients.

Community Education - Residents in all communities need to be aware of the importance of primary care in achieving and maintaining good health. The Chilliwack Division will develop appropriate access education materials so that front-line health workers and community groups can advise people on when, how, and where to access primary health care. Community partners play an especially

important role in communications and outreach, as they already have strong relationships with the communities. Many additional types of communications will be used to build awareness, including radio, TV, and newspaper advertising, as well as social media and online channels.



The Healthy Kids Initiative and Live 5-2-1-0

Framed by a health promotion message, Live 5-2-1-0, the Healthy Kids Initiative is solution-oriented (we have tips and resources to help you follow it), and evidenced-based (it works!). We launched in December 2012 in partnership with SCOPE, a project of the UBC Department of Pediatrics, BC Children's Hospital, and the Childhood Obesity Foundation. We are working with SCOPE and community partners to ensure that the healthy choice is the easy choice for children in the community.

We have implementation dollars from SCOPE for the community that could be used towards creating a Live 5-2-1-0 supportive environment. We propose a Live 5-2-1-0 Playbox. Launched in Abbotsford through SCOPE, the Healthy Abbotsford table, and partners. They are secured to the ground and have locks that open with a code. The boxes hold sports and activity equipment that are free for the public to use.

Why a Live 5-2-1-0 playbox?

- Many parents don't know how to play with their kids
- Lack of money
- Lack of convenience of programs – signing kids up for programs can present a number of barriers for parents such as cost, location, and scheduling
- Commitment – for many families, committing to a 6 or 8 week program just feels like it's too much



- **Isolation** – with busy schedules, lack of interaction with neighbors, lack of family close-by, social isolation is becoming a significant problem in our community. How do you meet new people, where do you meet new people? How do you make the time to meet new people?

Questions for you:

1. **Do you think the Live 5-2-1-0 Playboxes would be beneficial to have in our community?**
2. **If the Live 5-2-1-0 Playboxes were in our community, what top two locations would you like the boxes to be? Please be as specific as possible.**
3. **What type of sports or activity equipment should be in the Live 5-2-1-0 Playboxes?**
4. **If the Live 5-2-1-0 Playboxes were in our community, do you have ideas for how the boxes and equipment could be sustained for the long-term**

Child and Youth Mental Health and Substance Use

The Child and Youth Mental Health and Substance Use Collaborative is a very broad initiative being rolled out across the province and just recently in the Fraser Health Region. The goal is “to increase the number of children, youth and their families receiving timely access to INTEGRATED mental health and substance use services and supports throughout the province”.

Who is involved?

- At the Government level – Ministry of Health, Ministry of Education and Ministry of Children and Family Development.
- At the Regional level – Health Authorities, First Nation’s Health Authority, School Districts, MCFD, Divisions of Family Practice.
- At the Local level – Family Doctors, Nurse Practitioners, Psychiatrists, Pediatricians, Community Agencies, Schools, Counsellors, Social Workers, RCMP, Youth and Families (FORCE).

The Chilliwack Division of Family Practice approved moving ahead with the formation of two Local Action Teams, one for Chilliwack and the other for Fraser Cascade, and will receive up to \$75,000 for each LAT. The next step is to identify other members of the LAT’s, the Co-Chairs and Objectives.

The LAT’s will, once formed, identify its first objective(s) aligned with the broad aims and objectives of the Collaborative Charter which is attached. The Collaborative and Local Action Teams are being supported with funding from the Shared Care Committee through local Divisions of Family Practice. The Division has expanded the role of Programs Lead, Katrina Bepple, to move this initiative forward.

Chilliwack LAT - Physician Lead: Melanie Madill MCFD Lead: Dan Bibby SD #33 Lead: Nathan Ngieng



This LAT is well positioned and the first meeting of the co-chairs will happen mid-March to review budgeting and direction. The Youth Health Centre (below) will become one of the objectives of the LAT. Most of the other partners sit at the Youth Health Centre table (see below) with the exception of RCMP, ER, a child Psychiatrist, and FORCE.

Fraser Cascade LAT - Physician Lead: Wayne Phimister MCFD Lead: Martin Bartel SD #78 Lead: TBD

In the process of reaching out to key players for the LAT, first meeting TBD.

Chilliwack Youth Health Centre

Vision: To create a Youth Health Centre that provides integrated health and wellness services to youth on a drop in basis in a safe and supportive environment.

Model: The Centre will function through a dedicated team of physicians, intake, and youth advocacy workers in a welcoming space that provides healthy food and beverages. Physicians would be available to discuss general health issues such as mood disorders, sexual health counselling, teen pregnancy, addiction and eating disorders and general medical conditions. Referrals would be made to appropriate counselling on site. Ongoing program development includes group sessions on topics such as anger management, stress management, physical and emotional wellness, addiction management, pregnancy and parenting teens.

Evaluation: 3 medical residents, supervised by Dr. Scott Bakker, will conduct a readiness survey with community stakeholders around the mental health, medical, and sexual health services.

Psycho-social counselling: Neighbourhood Learning Centre – (between Chilliwack Senior Secondary and Fraser Valley Distance Education)

Launched in January 2015. Every Tuesday from 1-8pm six intern students from the School of Social Work & Human Services at UFV provide mild to moderate counselling and addictions drop-in. They are supervised by a professional from MCFD or PCRS (see list of partners below).

Medical and sexual health: Stó:lō Nation Health Centre

Date TBD Spring 2015. There are currently 3 family physicians, 3 medical residents, and 1 pediatrician interested in working with the youth to provide longitudinal care. We are currently working out logistics with Stó:lō, and Katrina Bepple, Programs Lead, sits on the Stó:lō Nation Health Centre Steering Committee that meets biweekly to move this and other initiatives forward.

Partners

- Chilliwack Community Services - Youth Outreach Services
- Chilliwack Division of Family Practice - Family physicians and pediatricians
- Chilliwack Senior Secondary - Counselling & Psychology



- Fraser Health Authority - Aboriginal Health & Public Health
- Fraser Valley Aboriginal Children and Family Services Society/Xyolhemelyh
- Ministry for Children and Family Development - Aboriginal Child and Youth Mental Health, Child and Youth Mental Health & Youth Services
- Pacific Community Resource Society - Addiction Counsellors
- School District #33
- Stó:lō Nation Health Services
- University of the Fraser Valley - School of Social Work & Human Services

Contact

Phone: 604-819-4603 Email: chilliwackyouthhealthcentre@gmail.com
Facebook: www.facebook.com/chilliwackyhcc

For more information about any of the programs listed above, please contact me.

Sincerely,

Katrina Bepple, Programs Lead, Chilliwack Division of Family Practice

c. 604.845.5573 e. kbepple@divisionsbc.ca

w. www.divisionsbc.ca/chilliwack f. www.facebook.com/cdofp

9. Conversation – Social Community Planning

Federal Grant given to PCRS has initiated the discussion on how we as agencies strategically plan for gaps in our community. How does it come together with the CYC, CHC and City Council. How do we keep these strong community vehicles in the forefront. What are Chilliwack's priorities and can we collaborate to see needs being addressed.

Standard Social Review for Collective Impact states that aligned goals will have a bigger impact.

- 1) common agenda
- 2) measurement system
- 3) stakeholders work together
- 4) continuous communication
- 5) backbone organization that coordinates process

CYC MOU indicates a strong commitment from agencies. Current MOU should be reviewed and updated.



Rob Less shared his concern that the Learning to Lead grant came as a surprise to many community leaders. This was a significant amount of money with no community consultation. Rob is also concerned that the City is considering no longer funding the Social Research Council.

It was suggested that the CYC co-chairs write a letter to the Mayor, MP and MLA's on how social planning can be done. This is an opportunity to build bridges with the different levels of government.

Both Steve Esau and Tobi Araki shared that the process for application for this particular grant was very unique and information was not permitted to be shared.

Sabine will send Karen a copy of the graph distinguishing the differences between the CYC, CHC and SPRC created by Karen Stanton.

Members discussed forming a specific committee to come up with a community strategic plan to ensure that the needs of the community are being addressed. Collaborations such as the CYC which should be consulted as an advisory body for local initiatives around children and youth.

10. Monthly CYC meetings

Monthly meetings will now take place at the NLC. Nathan has agreed to book the space through the School District.

Next Meeting, April 7

Neighbourhood Learning Centre