



Outcomes Report of Activities Supported by Campus Alberta HOPH Meeting Grant

Please provide responses to the six questions below, expanding as necessary to a maximum of two, single-spaced pages.

This report is due April 30, 2018 to [Jamie Day](#).

Date of Report	April 25, 2018
Date of Meeting	February 28, 2018
Title of Meeting	<i>Helping Kids and Youth in Times of Emotional Crisis – Brain Trust 2 Meeting</i>
Team Lead(s)	Marni Bercov (Executive Director, AMH Strategic Clinical Network™) Heather Hair (Executive Director, Emergency Strategic Clinical Network™)
Amount of Award	\$3,500

1. Please append the program/agenda for your HOPH-sponsored meeting.

- see Appendix A

2. Meeting attendance (total number of attendees, affiliations represented, etc.):

- A total of 71 individuals attended the full-day session in Calgary, AB
- All 5 Alberta Health Services (AHS) zones were represented
- Attendees were from AHS (Addictions and Mental Health, Emergency Department, Knowledge Performance and Integrated Planning, Pediatrics, and Strategic Clinical Networks), University of Alberta (Psychiatry, Epidemiology, Research, and Public Health) University of Calgary (Research), Mental Health Commission of Canada, Patient Representatives, Ministry of Health (Government of Alberta), Physicians, Psychiatrists, PolicyWise for Children and Families, CASA Child Adolescent and Family Mental Health, Palix Foundation, Patient and Community Engagement Research (PaCER), Mapping and Planning Support Alberta Capital Region (M.A.P.S.), Canadian Mental Health Association, Provincial Advisory Council

3. Outline the meeting expenses covered by the awarded funding:

- \$4497.42 - Conference Centre Rental (includes room rental, AV equipment, food, etc.)

4. List, provide, or explain outcomes from the meeting (reports, publications, etc.):

- Present, gather input, and seek validation of the Current State (Patient and Family experience in the ED, in depth look into data of who is presenting to the ED, and mapping the flow of the EDs in urban centres)
- World Cafés were held where attendees participated in, and facilitated, in-depth discussions, including how the information presented made them feel, clarification on information that may have been missed or that did/did not resonate with their own knowledge and experience, and brainstormed potential solutions (and barriers) to the implementation of some of the identified solutions
- Completion of the *Helping Kids and Youth in Times of Emotional Crisis* Phase 1 Final Report



Faculty of Health Sciences



5. List (with projected timelines and names of participants) what activities or next steps are ensuing from the meeting (follow-up meetings, etc.):

- Pre-planning process to prioritize the potential opportunities for improvement identified at the Brain Trust 2
- Root cause analysis to barriers identified in Phase I
- Identification of work that is currently in progress will be investigated to search for opportunities to connect and leverage existing initiatives
- Identify governance structure for the projects that are prioritized out of the pre-planning phase
 - These four activities will be completed by the Project Team (with help from the Project Sponsors and SCN Core Committees) between April – August 2018
- Beginning of Phase II work
 - The number of Working Groups will be dependent on the number of projects to be completed in Phase II.
 - Phase II work will begin in September 2018

6. Please provide any additional commentary on the benefits or unexpected consequences arising from the meeting:

- Based on all of the data and information gathered, five themes were identified and presented for validation at the Brain Trust 2. A common theme – **stigma** experienced during visits to the ED for addiction and/or mental health emergencies or crises – emerged at the forefront as a large gap across all five themes. This became the overarching theme of the Brain Trust 2. Any work to be completed in Phase II to address these 5 themes will also have a secondary focus on decreasing stigma.
- While the majority of our focus was spent on the Calgary and Edmonton Zones, we recognize that there are unique challenges faced by the rural zones, such as geographic dispersion/distribution, limited resources/staffing, and access to beds. Initiatives that are rolled out in the two urban zones may need to be adjusted to suite the rural zones. Special consideration of how work can be adapted/enhanced to better support these zones will be required.