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West Kootenay Local Action Team: Child & Youth Mental Health and Substance Use Wraparound Prototype Report

More than ever, mental health and substance use concerns touch our communities, friends and families. Perhaps, we are a more aware society with better diagnostic tools and a greater desire to deal with these challenges. Whatever it is, we are seeing more children and youth in our region struggle with mental health and substance use challenges. Their parents are faced with the stress of dealing with a complex support system while trying their best to create and maintain a loving supportive environment for their children. Like many small communities, the barriers to receiving timely and integrated mental health and substance use services in this region include wait lists for services, lack of coordination of services, and communication issues between service agencies. **In order to address part of this problem, the Child & Youth Mental Health and Substance Use (CYMHSU) - West Kootenay Local Action Team (WK LAT) conducted a Family-Centred Wraparound Prototype across the region.**

The Rationale

The case for Wraparound, a highly specialized care coordination model, is well established and clear, both for the benefits to children, youth and their families and to the business of providing mental health and substance use services. Wraparound services are considered among the most effective interventions for children with complex multi-agency needs spanning emotional, behavioural and mental health concerns and are an essential component of a children's mental health system.

The first phase of wraparound care and team development is resource intensive. However, the costs of uncoordinated and fragmented care far exceed the investment of resources needed in the initial phases of service coordination. Data supports the fact that children with complex mental health and substance use needs account for a substantial amount of health services utilization. Although service coordination can be complex and time consuming and is always challenging, it is essential for efficient management of the many issues surrounding the care of children with complex mental health and substance use needs.

Wraparound services are designed to give children and youth treatment interventions that allow them to remain in their homes, schools and communities. Long term studies have shown that children and youth make substantial improvements when provided wraparound services. Hospitalizations and arrests decrease, suicidal behaviours are reported less, school attendance and achievements are better and mental health improvements are sustained.

Other benefits of wraparound service include:

- comprehensive and meaningful assessments which include a day to day picture that draws on the parent's expertise. This assists in a better understanding of the child or youth's behaviour in the context of both family and peer involvement;
- more informal social supports identified by the youth/family that can be activated in a service delivery plan;
- careful attention to the service priorities identified by the youth/family rather than service priorities suggested solely by professionals; and
- an increased understanding for professionals about the community and cultural barriers that exist for youth/families to comply and take part in a service plan.



Overview of Prototype

Introduction

The Wraparound Prototype was funded by the provincial Shared Care Committee, a joint committee of Doctors of BC and the Ministry of Health working to improve health outcomes and the patient journey through the health care system, and implemented by the Kootenay Boundary Division of Family Practice (Division) in conjunction with the Child and Youth Mental Health Collaborative - West Kootenay Local Action Team (WK LAT).

The Wraparound Prototype ran from September 2016 to June 2017 after a six-month orientation phase. The overall purpose of the project was for the WK LAT to work collaboratively with key provincial, regional and community partners to undertake wraparound tests of change for a small sample group of youth with moderate to complex needs in the West Kootenay region. The goal was to improve outcomes for the youth and families by increasing coordination and information sharing among service providers, increasing informal social supports for families, prioritizing service priorities suggested by the youth/family and formalizing care pathways through local agreements.

Project Evaluation

The WK LAT Wraparound Prototype was evaluated at both an individual and systems level, recognizing that it is both an individual-level intervention (creating a collaborative team and support plan for a youth and family) and a systems-level intervention (developing relationships and patterns of collaboration among communities and agencies). Key evaluation methods included assessments of the youth and their family at the beginning and end of the project using standardized assessments, interviews with the families at the end of the project, interviews with wraparound coaches and team members at the end of the project, collection of administrative data, a focus group with the LAT and review of project documentation.

Key Prototype Activities

In the summer of 2016, the wraparound resource coaches were hired and started receiving training in wraparound from the project clinical supervisor. A workshop on Family-Centred Practice and Wraparound was held on September 15, 2016 to introduce service providers, physicians and school district staff from across the region to the principles and approaches associated with wraparound and provide an overview of the prototype. The workshop was attended by 40 individuals from a wide range of organizations.

A Wraparound Information and Referral Package was sent out by email to all of the service providers, physicians and school district staff who attended the workshop on October 13, 2016. It included: Wraparound Q&A - a response to questions and concerns brought forward by participants at the workshop; Service Provider Referral Form - includes referral criteria; Parent Letter - explains wraparound to families; and a Family Consent Form - explains all aspects of prototype testing.

A wraparound triage team was established, consisting of the wraparound coaches, the clinical supervisor and representatives from the WK LAT, to review incoming referrals and determine appropriateness for wraparound.

Referrers were requested to ensure they consulted with families, and that the Parent Letter was reviewed and the Family Consent Form signed before returning the referral form to the wraparound triage team.

In total, eleven families were referred to the wraparound prototype before referrals were closed in February/March 2017. All of these families were contacted to explore the need for wraparound services. Two of the families did not deem themselves appropriate for service. As a result, nine families received some level of service via the wraparound prototype. Of those nine, seven families went to full wraparound with a wraparound team and two withdrew from service early on in the process.

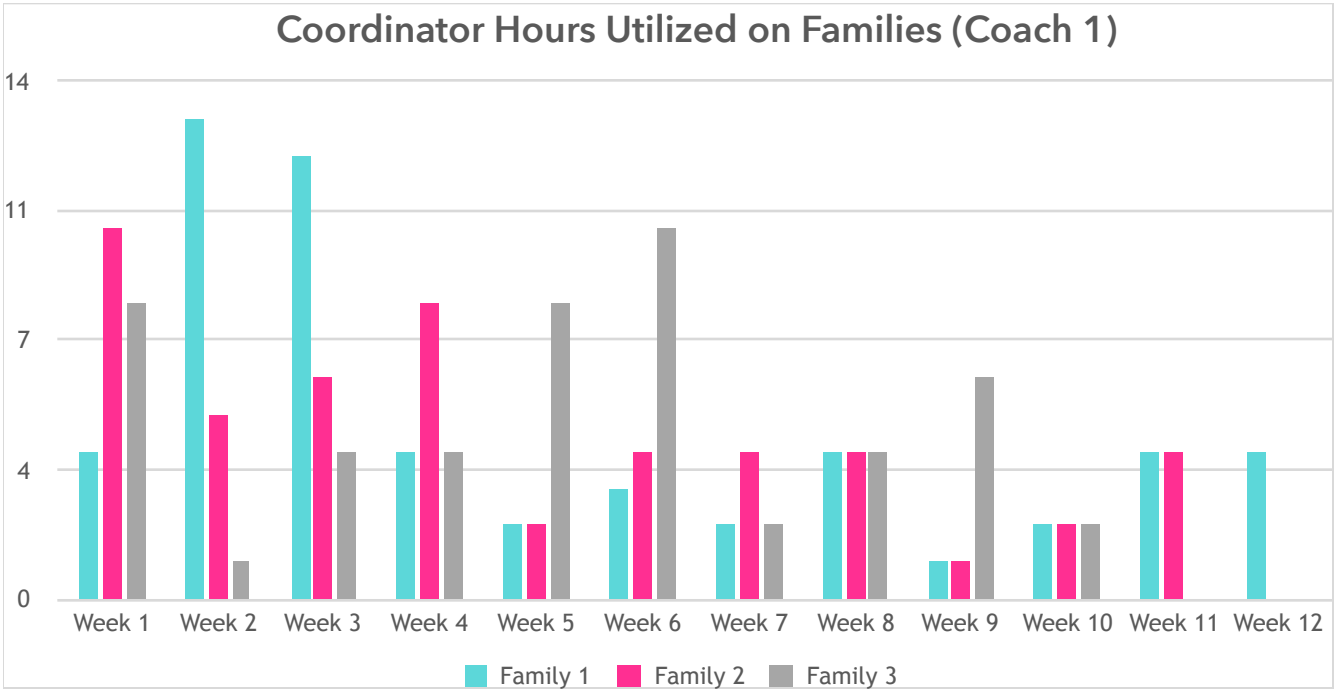
The nine youth involved in the wraparound prototype ranged in age from 7 to 18 and faced a variety of challenges including anxiety, substance use, depression, fetal alcohol syndrome disorder, attention deficit and hyperactivity disorder, autism and a serious life-limiting physical illness. Two of the youth were female, and seven were male. The term "youth" will be utilized broadly to refer to all of the children and youth who were the focus of the wraparound processes.

After initial meetings with the families to explain wraparound, determine their service priorities and identify what service providers, school district staff and natural supports the families wanted on their wraparound team, the wraparound coaches established the wraparound teams which met as a group with the family and the coaches to create a plan for the family. The coaches coordinated the meetings, developed the agendas based on the families' priorities and prepared meeting minutes with action items following the meetings. The original plan was to have the coaches serve as resources to a team member who would coordinate the wraparound, but very quickly it became evident that no one on the teams had time for the case manager role. So the coaches were needed in the primary coordination role on all of the wraparound teams, to ensure high fidelity to the Wraparound Model and the highest likelihood of success for each youth.

In total, 49 people participated on the seven teams including 18 school district staff, 12 parents and family members, 12 service providers, youth, 1 private therapist and 3 physicians.

Teams ranged in size from **three to eight members** and met two to four times each to work collaboratively on family service priorities. In total **21** wraparound meetings were held for the seven families involved. The coaches spent **289.5 hours** working with the families and coordinating the wraparound teams, an average of about **41 hours per family.** For one coach, this time was more front end loaded, with the majority of hours falling at the beginning of each of three cases. For the other coach the time was more variable throughout the coordination period.

The hours associated with each case do show the intensity of work required for wraparound. It is believed that the time required to coordinate a wraparound process tends to be front-loaded in the sense that there is a lot of upfront time to get it going and then less time required near the end of the process. Looking at a graph of the hours for one of the coaches with three families, one can see that there is a skewing of hours to the beginning of the process. The coaches felt their efficiency in coordinating wraparound meetings increased over the course of the prototype and would continue to increase if they were to continue on in their role, thus requiring fewer hours per family.



Wraparound Team Members, Coordination Hours & Observed Changes

Wraparound team members interviewed estimated that they spent 18 to 40 hours to participate on a wraparound team. The wraparound coaches spent between 22 and 65 hours working with each family and coordinating each team, with the average number of hours the coaches spent per family being 41 and the total hours spent by the coaches being 289.5.

The table on the following page shows the composition of each of the teams, the number of wraparound meetings held for each team, the approximate number of hours the coach utilized for each family, and changes observed by parents, youth, service providers and the coaches involved in the prototype.

Family	Team Members	Wraparound Meetings #	Coordination Hours	Changes Observed
B	Mom, Dad, Grandmother, Teacher, GP, Art Therapist, School Principal, Community Services Clinician, Coach	4 (3 by coach, 1 by mom)	62.25	**Decreased Anxiety:** Child under 10 now attending school without needing constant attendance by a parent in the classroom. Emotional outbursts and threats of self-harm have decreased at home and in the classroom. Summer included a sleep over at a friend's house and overnights with father. **Improved Communication:** Contact with the school throughout the summer ensured a successful transition back to school. Art therapist still supporting child, and both parents have accessed individual counselling and parenting supports.
C	Dad, MCFD Child Protection Worker, Community Services Clinician, School Vice-Principal, Coach	2	49	A complex case which involved a youth and single father, who both indicated interest in Wraparound but were not easily engaged. Communication between service providers was improved through the Wraparound process and has resulted in ongoing efforts by community and Aboriginal Services to support this family.
D	Mom, CYMH Clinician, Community Counsellor, MHSU Clinician, School Counsellor, GP, MCFD Child Protection, School Principal, Teacher, Coach	4 (2 by coach, 2 by service provider)	55	**Improved Mental Health:** Support for mom and her health issues relieved youth of her caretaker responsibilities, and this allowed the youth to focus on her own mental health and school. **Improvements in School Attendance and Family Interactions**: Both have been noted by mom and youth. Mother also reports she received more help during the Wraparound process than she had in the previous six years of trying to get help for her and her daughter.
F	Mom, Teacher, Freedom Quest Clinician, Coach	3	30.75	**Improved Mental Health and Reduced Physical Aggression:** Improvement in school attendance and interactions with friends and family, and compliance with school and family expectations. Real possibility of graduation this year for this youth, which was not an option pre-Wraparound.
I	Mom, Youth, CYMH Clinician, Freedom Quest Substance Use Worker, Work BC, Step-Dad, Freedom Quest Counsellor, Coach	3 (2 by coach, 1 by service provider)	22.25	**Reduced Hospital Use and Police Interactions:** Youth is more stable and agreed to seek treatment for substance use, currently in residential treatment. Mom visits regularly and son is doing well, no substance use since June. Youth taking more responsibility for his own well-being and complying with treatment. **Improved Family Interactions:** Mom reports learning new parenting strategies and focusing on her son's strengths was instrumental to him seeking treatment.
J	Mom, Dad, Grandmother, School Psychologist, School Counsellor, Paediatrician, Educational Assistant, School Administrator, MCFD Child Protection Worker, Coach	3	37.5	**Improved School Situation:** Diagnosis determined and child is receiving support, school situation has improved with a new approach. School went above and beyond by bringing the concept of school to the child's home to help successfully transition him back into the classroom. **Improved Family Interactions:** Compliance with family expectations have improved.
K	Mom, School Psychologist, MCFD Child Protection Worker, Paediatrician, School Behavioural Assistant, School Occupational Therapist, School Physiotherapist, MCFD Social Worker, Coach	2	32.75	**Improved Service Coordination and Information Sharing:** Accurate and up-to-date assessment information was shared between multiple physicians and service providers who are supporting a young boy with complex medical and mental health issues. The Wraparound process ensured both the mother and foster parent were key decision makers at the table.
TOTAL		21	289.5	

Clinical Supervision

A key element of the Wraparound Prototype was the clinical supervision provided by Dr. Barry Trute, a wraparound expert living in the West Kootenay region. The clinical supervisor played a key role in the design of the prototype and provided training to the service provider community as a whole and the coaches individually throughout the process. The coaches met weekly with the project clinical supervisor and project manager from November 2016 to March 31, 2017. Cases were discussed in detail at these meetings and the clinical supervisor offered specific advice on how to approach issues with families and wraparound team members. In addition, the clinical supervisor was available by phone at any time if the coaches needed him and participated in a couple of particularly difficult wraparound meetings.

Both coaches felt that these weekly meetings with the clinical supervisor and project manager were essential to their success with the families. **One noted, one of the biggest successes was the "level of support that myself as a coach coordinator felt having the weekly triage meetings – have never felt so supported or part of a team – and I work with a team on a regular basis. I did not realize it until after March 31 when I did not have the support. It felt like a true collaboration on many levels because of that weekly meeting. I thought I had one way to go, but then would talk with the team and would find a better way to go."**

Assessments

Assessments show that the youth referred to the wraparound prototype had moderate to severe mental health issues and that parenting morale and empowerment were generally low at the beginning of the wraparound process. Three of the four youth for whom pre- and post-wraparound assessments were conducted improved on their Symptoms and Functioning Severity Scale scores and three out of the four parents improved on their Parenting Morale Index scores from the beginning of the process to the end of the process. The families' improvement on the Family Empowerment Scale was statistically significant on the community and child services sub-scales.

In some cases, the changes in youth care were moderate and included changes in school programs, greater awareness in the schools among teachers and students regarding specific issues, and general support to make changes in their lives. Often changes were at the family level, such as coaching on boundary setting for parents or funding for a family to get help around the house to relieve a depressed youth of some responsibilities. Overall though whatever changes were made, they were felt to have improved the family situation and therefore the youth situation. There seemed to be a consensus on the part of the families and wraparound team members that wraparound was a better way to provide care that made families feel like they were in control in a true partnership and were being supported and empowered.

The testimonials from the families with respect to how great Family-Centred Practice and a Wraparound Model was compared to any other form of care they had received in the past are both a reflection of the power of the wraparound approach, but also the disjointed nature of the previous support they had received from the greater child and youth mental health system.

Interview Results

Interviews were a key element of the evaluation and were undertaken post-wraparound with four of the six families who completed the wraparound, the two wraparound coaches, two triage team members, and nine of the 34 wraparound team members from the school districts or service agencies. Interviews were open-ended based on general interview guides and ranged in length from 15 minutes to 90 minutes depending on the amount of time the participant had available. Respondents were informed that their participation was voluntary, and they did not have to answer any questions that they did not wish to answer. Interviews with the families were done in person, while those with the other interviewees were done by phone. Detailed notes were taken during the interviews which were content-analyzed and themed.

Family Perspectives

Family satisfaction with the Wraparound Prototype was high, with most parents observing improvement in their youth's mental health and functioning, as well as improvements in their own mental health, parenting morale, and the youth's interactions with their family. According to the parents, the most helpful aspects of the Wraparound Prototype were:

- having a complex care team in place to share up-to-date information and coordinate treatment;
- having a coach in place to be the central contact for families and the care team;
- the individual support and working alliance with a coach;
- having specific family service priorities addressed;
- realizing other families were in the same situation;
- developing a clear plan so everyone knew their roles; and
- starting with their children's strengths.

One parent shared, **"Talking regarding strengths was really good [for my son]. He's decided to make changes in his own life and feels supported... He's more stable now and is going to seek treatment. Because everyone was on the same page and were pushing the same plan, he kind of had more accountability and it taught him the ball was in his court. Everyone was there to help him, but he had to do it."**

One of the youth participants noted, **"There was a real sense of community and a sense that everyone was working on the same thing, and I did not feel as alone. I felt that right from the beginning because we started with strengths."**

Another mom echoed, **"Realizing that I am a good advocate for my son and that we are strong dealing with everything was valuable. Starting with strengths was huge. Always before it was the negatives that we focused on and that gets on your brain and that is all you think about. Realizing that your child is good and has strengths is so helpful. Before it was all about the negatives."**

Several parents stressed in interviews that wraparound was the most effective intervention they had ever experienced for addressing their service priorities. The fact that the process was strengths-based, honoured family voice and choice and involved multiple team members sharing perspectives and communicating with each other with regard to how best to support the family really resonated with the families and was a key component of their satisfaction. Creative solutions were found for many families and mandates were stretched to accommodate families' wishes and youth needs.

One parent observed, "I felt like I had people on my side finally. Once we got everyone around the table, instead of going from person to person hoping they are going to do something for you, everyone collaborated and things got done way better, and you feel like you have family support."

Another parent commented, "Before wraparound, trying to get help for my daughter, there was a real sense of a desperate lonely lost feeling when you are trying to find help and don't know how to navigate the system. Wraparound changed that for me, everyone was sitting around the table together and got the ball rolling so there was a real sense of forward motion instead of just trying to hold your head above water. I got more help in this past six months than I have in the past six years."

Physicians, Service Providers & School Staff Perspectives

Physicians, service providers and school district staff who participated as wraparound team members also indicated a high degree of satisfaction with the Wraparound Prototype, indicating that not only did it seem effective in helping families by giving them a sense of hope and control, but that it seemed like a more natural way of working, generated new ideas, made people more accountable, and was better than working in isolation.

One project team member observed, **"The efficiency of being able to coordinate with various service providers to make a care plan or wellness plan is more efficient than working in isolation."**

Helping the families to feel supported was considered a key outcome in and of itself, beyond achieving service priorities. One service provider noted that the most important success was, "for the family to feel that for once they were supported – that was the biggest benefit, regardless of whether things unfolded the way they wanted to... having a visual of people sitting around the room that cared for them and supported them."

Team members also stressed the value of taking a strengths based approach, having clear agendas, meeting minutes and plans, and focusing on the concerns of the families. Many wraparound team members expressed a desire to continue using wraparound principles in their future work.

Dr. Cindy Loukras, Physician Lead of the Prototype shared**, "The most important thing was focusing on the concerns of the family. The coaches were so good at bringing us back to that, not what the professionals think. We tend to go off on that tangent, but the coaches brought us back."**

A service provider noted, **"I am really impressed with the fact that parents have such a big voice around the table and it is so goal oriented and everyone leaves knowing what their next steps are, so it feels like we are getting somewhere."**

Some of the key successes for the system identified by team members included:

- creating new relationships and improving and changing communication among physicians, service providers and school district staff;
- convincing service providers and school district staff and local agencies of the merits of wraparound; and
- training a wide range of service providers and school district staff in wraparound principles and implementation.

Additional Training & Support for Community

Several other training and support opportunities were provided to the larger community to ensure system uptake of a Wraparound Prototype. These included:

1. An inter-professional workshop on Family-Centred Practice and Wraparound in September 2016 with over 40 service providers in attendance, and eleven one-on-one meetings between the wraparound coaches and individual service providers/school district staff or particular agencies conducted between October and December 2016 to better explain wraparound and the prototype, and answer specific questions.

2. Two parent/peer coaching workshops to coach community members interested in volunteering as "caring adults" for families with children struggling with mental health and/or substance use issues held in February 2017. These were in part an attempt to address the challenges associated with the lack of natural supports for many of the families in the Wraparound Prototype.

3. Seven school sessions - one in every local high school across the West Kootenay and a follow up session at one school. The intent of the school sessions was to provide an opportunity for teachers to meet with mental health and substance use professionals, foster a sense of connectedness between school and community, reduce mental health stigma and increase comfort levels for supporting students coping with mental health and/or substance use issues.

4. A roundtable held on March 1, 2017 to provide additional training to the broader community of service providers/school district staff. Wraparound team members and families participated in a panel at the roundtable to provide their perspectives on their wraparound experience, and discussions were undertaken in small groups to brainstorm wraparound sustainability.

Family-Centred Wraparound vs Case Management

The Wraparound Prototype resulted in a notable shift to a more collaborative team-based care approach both with families and among service providers, and between service providers and physicians. Some service providers thought that a Family-Centred Wraparound Model was similar to Integrated Case Management but families and professionals noted marked differences in the models.

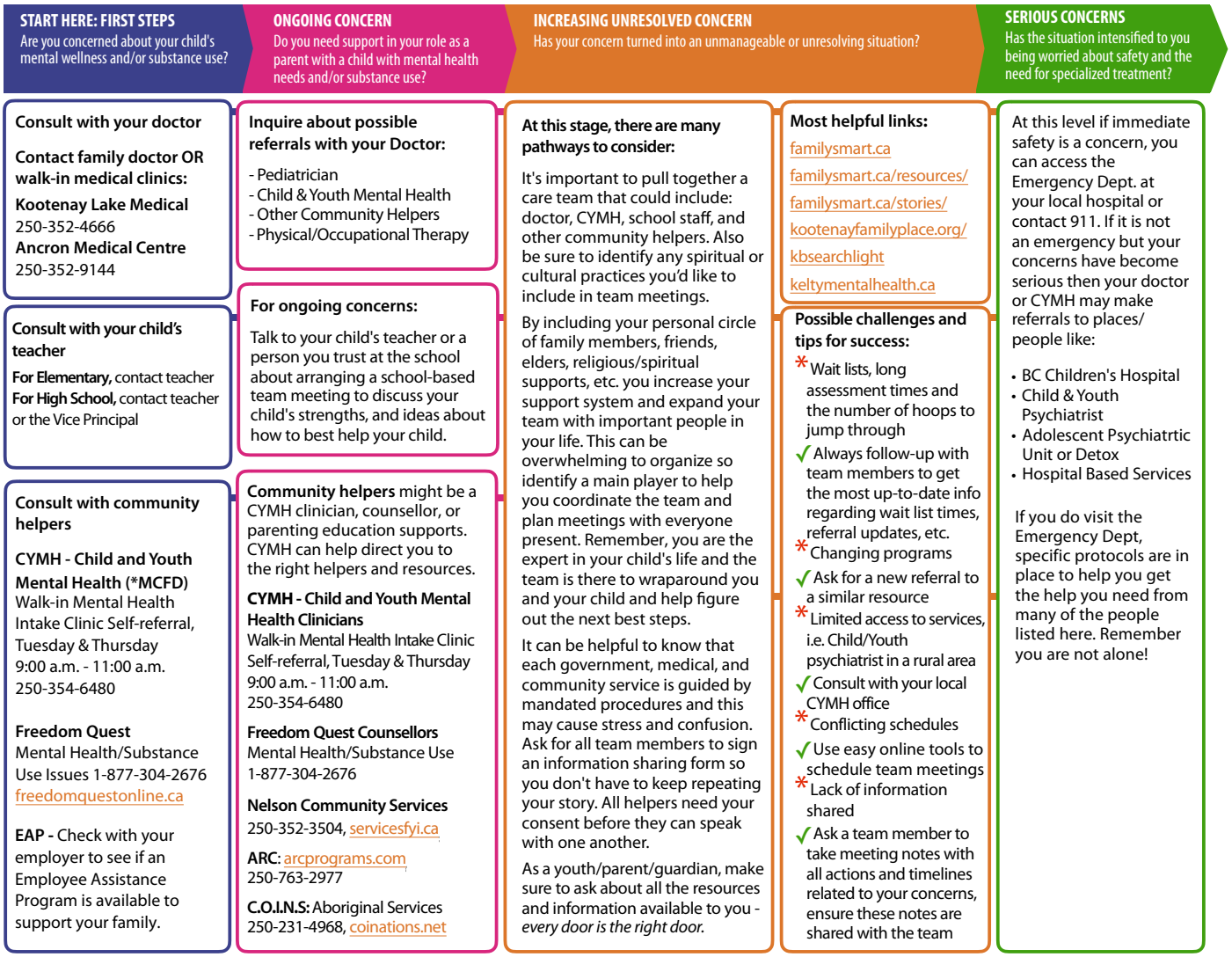
Traditional Case Management Meeting	Wraparound Meeting
Professional service providers who are involved with youth	Team members are only those that family identifies to be at the meeting; includes both professionals and also involved family and friends
Discussion is focused on the "target" client/ patient to exchange youth information and service history	The team starts with a shared appreciation of the social-ecology of the youth and family (facilitated by tools like genograms and ecomaps)
Expertise resides in and stays with clinicians; skills used to address assessed needs of those receiving treatment or support	Family enabled and empowered; service providers build from the identification of family strengths and then address family priority needs
Key concerns of service providers leads the work	Key concerns of family leads the work; they have "voice and choice"
Youth and family get access to what service providers think they need (and that fits within agency protocols)	Youth and family choose what they want to access, and service providers help them achieve their goals
Youth and family navigate through the system of service silos as they meet service protocols of each available program or agency	Service coordinator will navigate the system for youth and families as needed: consult with key service providers to facilitate and coordinate
Service mentality is "I know what is best for you"	Family identifies "what is best for them"
Information exchanged but little service integration across agencies	Service coordination and integration of resources is key element
First meeting often is team of service providers with minimal youth/family participation	First meeting is with the family. Team members involved are those that family identifies as most trusted and valued resources
Few family home visits and most interviews and services take place in agency settings	Family leads in the determination of time and place of meetings
No integrated family services that go beyond focus on the "target" youth	Parents and youth are assisted by both formal support (professional) and informal family support (extended family and friends)
No vision of family as "senior" service partners with all decisions made by service providers	Parents are recognized for the expertise they hold on their youth and on the life of their family
Service providers take over in all instances	In crisis – family may want service providers to take over temporarily but not permanently
Care plan based on determined needs of youth	Family-centred support plan (FCSP) created

*Table created by Dr. Barry Trute

Family-Centred Wraparound Care Pathways

One of the outcomes of the Wraparound Prototype was the development of care pathways for children and youth with moderate to complex mental health and substance use needs in the West Kootenay region. These local agreements were developed at the end of the Wraparound Prototype and presented as sequential steps to help families find the best team-based care supports for their unique situations. At all levels these pathways embody 'walking along side' and not 'doing to' children, youth and families.

The care pathways will be presented in a series of family-friendly brochures, each version tailored for a specific community and disseminated through Emergency Departments, physician offices, schools, and community agencies. A CYMHSU Referral Matrix has also been developed for physicians, teachers and community helpers.



Prototype Challenges

The short time frame of the prototype was regarded as a challenge by both families and wraparound team members, and most pointed to at least a few family service priorities that had not been met as a result. Families and wraparound coaches also noted there were a small number of service providers on the teams who did not buy-in to the process, creating challenges, and a few families noted that turnover in service providers had some implications for their team. In addition, wraparound team members commented on the difficulties of coordinating services that did not exist in the community and fitting wraparound meetings in to their heavy caseloads and none felt they would have the capacity to organize a wraparound process for a family on their own, given their current resources.

Recommendations

High fidelity to a wraparound model of care is essential in order for it to be successful. Members of the WK LAT are committed to advancing the implementation of family-centred wraparound services for complex cases but its implementation requires that the greater child serving system and community are supportive and invested in the wellness of high risk children and youth in our province and region. Research on Family-Centred Practice and Wraparound in other provinces, and outcomes from the Wraparound Prototype strongly support the establishment of service coordinator positions. The WK LAT believes that developing a case management function for children and youth with moderate to severe mental health and substance use needs, and identifying someone who is responsible for it, is critical to removing barriers for families in our region, saving system costs in the long term and providing optimal care. A case management function is also essential for translating the wraparound philosophy into concrete policies and practices.

In partnership with the families involved in the Wraparound Prototype, the WK LAT is currently exploring funding options to ensure wraparound services are available and sustainable for children and youth with complex mental health and substance use needs in our region, and on par with wraparound services offered by MCFD for children in care. One parent emphasized the huge value of wraparound and her desire to see it continue: **"We had so many years of crisis until we started wraparound, so many years where we felt we were not good. The wraparound process needs to be kept going because we are really making progress and I don't have the ability to take over. Just getting a taste of the possibility is huge because it is her future and our whole family is connected to that. It just wasn't long enough to feel solid to carry on, and I'm afraid it might fall apart."**

One team member stressed the importance ensuring that the work is sustainable, **"theoretically and practically there is a great hunger for wraparound, if [the coaches] took it on full time with funding, we would have no problem keeping them occupied full time. It is one of the greatest weaknesses in our community that we don't have people to help families in this way. It did not just help families, it made a difference in the kids."**

Next steps may include:

1. Extending the Wraparound Prototype until 2019 to continue testing the model in a rural region with limited resources, and collecting data on effectiveness and potential cost savings.
2. Establishing a partnership and a shared funding agreement for a Family-Centred Wraparound Service Model between the Ministry of Health, Ministry of Mental Health & Addictions, Ministry of Education, and Ministry of Children and Family Development to ensure optimal care coordination and seamless transitions for children and youth with complex mental health and substance use needs.
3. Contracting two FTE service coordinator positions to provide care coordination to eight communities in the West Kootenay region, managed by a contracted community service agency and supported by an advisory committee made up of WK LAT members who have specialized knowledge of the wraparound model. Service Coordinator responsibilities include:

    - establish working alliances with children, youth and their families throughout the West Kootenay region to ensure meaningful goals are formulated and their voices are included in all service planning;
    - coordinate wraparound care meetings, and the sharing and exchanging of information between team members;
    - provide leadership in the identification and possible expansion of local community resources that can potentially be available to wraparound teams. The intent will be to maximize the effective use of local treatment resources, and seek to build the pool of local treatment and support resources that are available to wraparound teams; and
    - foster a greater sense of connectedness between community mental health services and schools and assist them to develop and implement mechanisms to monitor wraparound fidelity, service quality, and outcomes to oversee the quality and development of an overall wraparound program.

4. Establishing care pathways for the patient medical home and primary care network so that physicians can easily access wraparound services and the support of service coordinators to ensure a plan of care is coordinated with educational and other community organizations.

Interviewees and focus group participants felt that additional funding to support service coordinator positions and a longer prototype could help integrate wraparound into practice. If additional funding for service coordinators is secured, the Wraparound Prototype has placed the West Kootenays in a strong position to implement and embrace wraparound as a service model. The Royal Bank of Canada has confirmed a $25,000 contribution for a wraparound program and local community organizations like Columbia Basin Trust have expressed interest and may help fund an extension of the prototype or step down funding to support a family-centred community organization to take over the management of a wraparound program.

West Kootenay Local Action Team

There is something to be said about the effectiveness of a properly funded grassroots table with strong relationships, expertise and leadership, and how these factors created a tenfold increase in the WK LAT's ability to coordinate a highly specialized care coordination initiative like Wraparound. Working directly with youth, families and service providers required a high level of skill, trust and sophistication which was all possible because of the support of the provincial CYMHSU Collaborative and the dedicated work of the Local Action Team members.

WK LAT members include:

Tyler Exner, Youth
Monique Lalonde, Parent
Katherine Shearer, District Principal of Learning SD #20
Devon Palmer, School Psychologist SD #20
Andrea Winckers, Healthy Schools SD #20
Lois Lien - MCFD/CYMH Director of Operations
Javier Gonzalez, MCFD/CYMH Team Leader
Dr. Lilli Kerby
Dr. Cindy Loukras
Erica Ortega, Interior Health Authority
Ben Eaton, Director of Learning SD #8
Todd Kettner, School Psychologist SD #8
Mike Kent, Healthy Schools SD #8
Kris Saliken, Circle of Indigenous Nations Society
Liz Kunkle, Concurrent Disorder Clinician - Freedom Quest
Jim Fisher, ED - Kootenay Family Place
Helen Lutz, ED - Kootenay Kids
S/Sgt. Leanne Tuchscherer - RCMP
Dr. Barry Trute, Wraparound Consultant
Julia Gerlitz, Wraparound Coach - Kootenay Boundary Division of Family Practice
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Rachel Schmidt, Project Manager - Kootenay Boundary Division of Family Practice
Jen Ellis, Evaluator - Kootenay Boundary Division of Family Practice
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Partners for Patients

Kootenay Boundary
Division of Family Practice
A GPSC initiative