

MINUTES
COMMUNITY ADVISORY COMMITTEE

September 16, 2004

Attending:

Andy MacDonald
Jody Al-Molky (chair)
Lesly Derksen
Lindsay Setzer
Rosemary Braovac

Absent:

Jim Brown
Lee Cohene
Pat Konkin
Ruth Hess-Dolgin
Donna Murphy
Sue Hassard
Marlene Moretti
Hugh Hutner
Rick Kubo

-
1. The minutes from the last meeting (June 3, 2004) were approved as written.
 2. Director's update:
-The Maples has added staff members in the social work and psychology departments. Hiring process is underway for two Program Co-ordinators and two Outreach Workers.

Pilot projects underway:

- In Vancouver/Coastal Ministry of Children and Family Development, Child and Youth Mental Health and Vancouver School Board - Connect parent groups.
- In Maple Ridge with Ministry of Children and Family Development and Maple Ridge School District - Keeping Kids in School - ARC/Connex.
- Beginning a project with Tri Cities Day Treatment Program including development of parent groups for Dala Program.

Three other demanding projects are occurring at the Maples.

- i) Accreditation - site visit scheduled for November 2005.
- ii) CARIS - Community and Residential Information System. Roll out planned for mid 2005.
- iii) Facilities
Burnaby Youth Custody Centre is planning a move from the Willingdon site to the Women's prison at the foot of Byrne Road. The Maples may be included in this move. Target - report to Treasury Board in October will lay out options.

iv) Maples Strategic Plan - (2004 - 2007)

The plan (in draft) is circulated to this group and other key stakeholders. The key themes in the plan are: how do we have good communication with community partners? How do we build in feedback loops? What organizational structure will assist us to work with the kids, families and communities? The struggle is to achieve a balance between residential and community services. Next step in plan is to review and incorporate stakeholders' feedback and meet with the Assistant Deputy Minister for approval and sign off. At the Maples, project sponsors are developing time lines and outcome measures.

A communication plan will be developed and implemented.

NEXT MEETING IS THURSDAY, DECEMBER 2, 2004 AT MAPLES

2005 meetings:

March

June

August

COMMUNITY ADVISORY COMMITTEE (CAC)
Fraser Region
Child and Youth Mental Health

December 2, 2004

Attending:

Lindsay Setzer, Director, Maples Adolescent Centre, MCFD
 Jim Brown, Coordinator Residential Services, Maples Adolescent Centre, MCFD
 Jody Al-Molky, Coordinator Nursing Services, Maples Adolescent Centre, MCFD
 Andy MacDonald, Coordinator Community Services, Maples Adolescent Centre, MCFD
 Elizabeth Barbeau, COA mentor
 Ruth Hess Dolgin, C&YMH Vancouver
 Roxanne Still, C&YMH Vancouver Island
 Lee Cohene, C&YMH Fraser
 s.22 Vancouver foster parent
 Rosemary Brovac, Maple Ridge/Pitt Meadows School District

Absent:

Donna Murphy, School District 36 (and F.O.R.C.E.)
 Lesly Derksen, Social Worker, Maples Adolescent Centre, MCFD
 Marlene Moretti, SFU / Maples Psychology Dept.
 Hugh Hutner, C&YMH, Burnaby
 Patrick Konkin, C&YMH, Nanaimo
 Rick Kubo, MCFD Surrey
 Sue Hassard, MCFD Coquitlam

		<u>Action</u>
1.	Introductions	
2.	Minutes from last meeting approved.	
3.	Accreditation Introduce Elizabeth Barbeau, mentor. Role of CAC in Accreditation process. <ul style="list-style-type: none"> - Peer reviewers will meet with CAC. - List of members - Terms of Reference for this committee. 	Lindsay: <i>send to Elizabeth.</i> Lindsay
4.	Director's comments (Lindsay Setzer) <ul style="list-style-type: none"> - Bifrost evaluation in process - s.22 on or about March 31, 2005 - Facilities – submission to Treasury Board for funding to plan to move Burnaby Youth Custody Centre to Burnaby Correctional Centre for Women. 	
5.	Regional Updates Planning for a Behavioural Disorders Clinic for the Fraser Region	

- School districts – Burnaby, Coquitlam also involved
- First meeting Dec. 7th, Royal Columbia Hospital (RCH)
- Fraser Health Authority involved.
- They look at what contributions others could make – Maple Ridge, New Westminster
- Goal to create a Centre of Excellence

Postings for Mental Health Clinician for Early Childhood program which is a sub-regional program using Care Plan with Outreach liaison workers.

Fraser Region planning for:

- Multi-cultural Mental Health program.
- Centralized intake
- Intake worker will be available for brief therapy & groups
- A Program – elementary school age 6-12
- Suggest one liaison person for Maples program.

Jim will discuss –
R. Kubo; R. Hess
Dolgin

Vancouver Island (Roxanne Still)

- Ledger House – reconfiguring services, in line with National Standards. 6 inpatient beds devolve to outpatient services.
- Organizational issues arising
- Not travelling clinics
- Consider wait list / clinical services
- Concern about contagion factor at Maples
- Kids from island vulnerable, beds to be identified.
- When vulnerable youth are referred, Maples to predict milieu for referring sources

Jim Brown

Vancouver

- Reorganize into Vancouver 3 pods
 - Each with a supervisor
 - some regional, some geographic
 - centralized intake
- s.22 – foster parent
- 4 bed resource
- questions about cutbacks
- could Maples contract with resources?

6. Next Meeting date: **March 3, 2005 - 10:30 a.m.**
Admin. Conference Room,
Maples Adolescent Centre

Contact List – CAC (Community Advisory Committee)

Dec. 8, 2004

NAME	ADDRESS	PHONE	EMAIL
Rosemary Broavac, Principal of Alternate Education	Maple Ridge/Pitt Meadows School District 42	(604) 467-1101	Rbroavac@sd42.ca
Donna Murphy	Schood District 36, or at F.O.R.C.E. (Families Organized for Recognition & Care Equality), 19779 Wildwood Cres S, Pitt Meadows V3Y 1N2		murphy-d@fc.sd36
s.22	(Vancouver foster parent)	s.22	
Elizabeth Barbeau,	Accreditation Consultant	(604) 253-3348, Fax: (604) 253-3369	Ebarbeau@shaw.ca
Lindsay Setzer, Director	Maples Adolescent Centre, Burnaby	(604) 660-5811, Fax: (604) 660-5814	Lindsay.Setzer@gems4.gov.bc.ca
Andy MacDonald, Coord. Residential Services	Maples Adolescent Centre, Burnaby	(604) 660-5813, Fax: (604) 660-5814	Andy.Macdonald@gems1.gov.bc.ca
Jody Al-Molky, Coord, Nursing Services	Maples Adolescent Centre, Burnaby	(604) 660-5842, Fax: (604) 660-5814	Jody.Almolky@gems3.gov.bc.ca
Jim Brown, Coord. Community Services	Maples Adolescent Centre, Burnaby	(604) 660-5815, Fax: (604) 660-5814	Jim.Brown@gems1.gov.bc.ca
Lesly Derksen Social Worker	Maples Adolescent Centre, Burnaby	(604) 660-5845, Fax: (604) 660-5814	Lesly.Derksen@gems3.gov.bc.ca
Marlene Moretti	at Simon Fraser University, or at Maples Psychology Dept.	SFU: (604) 291- 3604; 291-3354, Fax 291-3427 Maples: 660-5861	email at moretti@sfu.ca
Patrick Konkin	Child & Youth Mental Health , Nanaimo	250 741-3600	Patrick.Konkin@gems9.gov.bc.ca
Rick Kubo	MCFD Surrey	604 951-5844	Rick.Kubo@gems7.gov.bc.ca
Sue Hassard	MCFD Coquitlam	604 527-1220	Sue.Hassard@gems8.gov.bc.ca
Roxanne Still	MCFD Vancouver Island	(250) 952-4769 Fax: (250) 952-4282	Roxanne.Still@gems1.gov.bc.ca
Hugh Hutner	Child & Youth Mental Health, Burnaby	(604) 660-3522	Hugh.Hutner@gems6.gov.bc.ca
Lee Cohene	Child & Youth Mental Health, Port Moody	(604) 469-7659 or (604) 469-7600, Fax: (604) 469-7601	Lee.Cohene@gems3.gov.bc.ca
Ruth Hess-Dolgin	Child & Youth Mental Health, Vancouver	(604) 708-5276 Fax: (604) 874-7661	Ruth.hess-dolgin@vch.ca

**COMMUNITY ADVISORY COMMITTEE (CAC)
Fraser Region
Child and Youth Mental Health**

**March 3, 2005
Maples Adolescent Centre**

Attending:

Lindsay Setzer, Director, Maples Adolescent Centre, MCFD (CHAIR)

Jim Brown, Coordinator Residential Services, Maples Adolescent Centre,
MCFD

s.22 Vancouver foster parent

Rosemary Brovac, Maple Ridge/Pitt Meadows School District
Donna Murphy, School District 36 (and F.O.R.C.E.)

Hugh Hutner, C&YMH, Burnaby

Rick Kubo, MCFD Surrey

Sue Hassard, MCFD Coquitlam

Guest: Tim Sullivan, Quality Assurance Officer, Maples Adolescent Centre, MCFD

Absent:

Jody Al-Molky, Coordinator Nursing Services, Maples Adolescent Centre, MCFD
Andy MacDonald, Coordinator Community Services, Maples Adolescent Centre, MCFD
Elizabeth Barbeau, COA mentor
Ruth Hess Dolgin, C&YMH Vancouver
Roxanne Still, C&YMH Vancouver Island
Lee Cohene, C&YMH Fraser
Marlene Moretti, SFU / Maples Psychology Dept.
Patrick Konkin, C&YMH, Nanaimo

		<u>Action</u>
6.	Introductions	
7.	Minutes from last meeting of December 2, 2004 approved as amended. Changed s.22 date to June 27, 2005.	
8.	New Business: 1.) Accreditation (Tim Sullivan). See document attached "Quality Management Through	

<p>Continuous Improvement". The Maples solution – Stakeholder feedback in May input from this group.</p> <p>2.) Terms of Reference of CAC Committee.</p> <p>Add encouragement to give feedback. Invite others as guests.</p>	<p><i>Tim Sullivan (info. Re who to send survey to)</i></p> <p><i>Lindsay (see attached)</i></p>
<p>9. Regional Updates</p>	
<p>1.) Fraser Region (Sue Hassard)</p> <ul style="list-style-type: none"> - Behaviour Disorders Clinic initiative at this time involving Tri-Cities only, not the whole Fraser region. - Hiring is underway for new mental health workers and people are very up beat about that. - Service is not there for youth in adult services. - Plans for residential services are in the works. C&YMH to fund, but this is a long term goal (2006/07). <p>2.) School District 36 (Donna Murphy)</p> <ul style="list-style-type: none"> - Donna spoke of a new initiative in Surrey – a day treatment/outreach program to maintain kids in their own school. 8 kids in the program in school, grades 4 to 7. Younger youth to be followed by outreach. <p>3.) Federation of BC Youth in Care Networks (FBCYICN)</p> <ul style="list-style-type: none"> - Welcome to Nicole Herbert, Director of Programs, FBCYICN. - The FBCYICN talks of huge problems re services, resources for youth with mental health issues. - There are also gaps in service for youth with mental handicaps. Child & Youth officer is looking at this. - Discussion about gaps in service for youth over 16. <p>4) s.22 (Foster Parent)</p> <ul style="list-style-type: none"> - When he started in the business, there were mental health homes, which have disappeared. - Mixing youths with mental illness with other youths with behavioural problems does not work. - Everything between planning and risk identification and action does not matter. <p>5) Burnaby C&YMH</p> <ul style="list-style-type: none"> - Talks with adult mental health - Regional assessments for youths 6-12 years old. - Planning for lots of initiatives/pilot projects - Funding for program for youth whose parents have mental 	<p>Action: advocacy by all</p>

	illness.	
10.	Social Work services at Maples – circulated document <i>“Proposal for Changes to Social Work Practice in Response”</i> for input.	
6.	Next Meeting date: June 16, 2005 at 10:30 to noon. Admin. Conference Room, Maples Adolescent Centre	

COMMUNITY ADVISORY COMMITTEE

Maples Adolescent Treatment Centre, Burnaby

MINUTES

JANUARY 19, 2006

Attending: MCFD

Ken Moore, Maples Adolescent Treatment Centre, MCFD (*Chair*)
Jim Brown, Maples Adolescent Treatment Centre, MCFD
Andy MacDonald, Maples Adolescent Treatment Centre, MCFD
Jody Al-Molky, Maples Adolescent Treatment Centre, MCFD
Tom Jensen, Maples Adolescent Treatment Centre, MCFD
Lee Cohene, MCFD Port Moody
Sue Hassard, MCFD Coquitlam

Community

Rosemary Braovac, Maple Ridge/Pitt Meadows School District 42

Absent: MCFD

Marlene Moretti, SFU / Maples Adolescent Treatment Centre
Rick Kubo, MCFD Surrey
Hugh Hutner, MCFD Burnaby
Ruth Hess-Dolgin, MCFD Vancouver
Roxanne Still, MCFD Victoria

Community

Nicole Herbert, Federation of BC Youth in Care Networks
Donna Murphy, Surrey School District 36 (*and F.O.R.C.E.*)
s.22 Foster Parent (Vancouver)

Action

11. Introductions

12. Minutes from last meeting of March 3, 2005 were approved.

13. Director's remarks / Maples update

3.1 Maples completed their Accreditation process and is awaiting formal approval. The Peer Reviewers conducting the on-site visit were very positive and complimentary about our programs and services. The Accreditation process has had the benefit of confirming that we had good policies and procedures in place.

Maples Budget: having budget difficulties this fiscal year, so we have had to trim back some staffing and projects.

The Maples will be doing a presentation on Connect & Bifrost to clinical supervisors from around the province in February.

3.2 Report from Jim Brown

Outreach did approx. 25 presentations in the province last year, and will target the Interior this year. Presentations focus on Attachment

theory and information on the Maples.

Maples is working with the Surrey School District to provide training for their staff.

More areas in the province are becoming increasingly familiar with Maples Connect Program and Attachment approach. Our most active partners are Vancouver Coastal Region, Vancouver School Board and Tri-Cities Youth Day Treatment Program.

Lee Cohene reported their area would look at Connect training to assist a broader population, including CYMH giving support to 6-12 year olds.

Maples is preparing to assist with developing the Bifrost program based in Kelowna.

14. Old Business (no report)

15. New Business

16. Maples Program Satisfaction Survey 2005 – Report reviewed

Lee identified the Survey was useful but not completely representative of all Maples services due to low or no return for Crossroads program.

Rosemary stated schools can have difficulty following up on care plans where parents are reluctant to share the care plan with schools. This is a real barrier to effective use of school resources to help the youth and family.

Lee reported criticisms of care plans included: amount of personal information; length and one-sidedness of process; and comfort of parents. He suggested strategies to better engage parents.

17. Disclosure of family history or client information in Care Plans.

Sue Hassard followed with concerns over a specific care plan process where the caregiver reported that upsetting information was disclosed to the youth for the first time during the care plan meeting. Sue queried: what steps had been taken to prepare the youth; should alternative methods be examined; should follow-up be done after the meeting?

Ken described efforts made to minimize unnecessary distress. These strategies are incorporated into practice standards. Jim briefly summarized these and explained that the Maples increased the number of social workers to and mediate concerns that arise before, during and after the process. Jody described how follow-up is done by Maples Outreach staff.

<p>Sue suggested the referral process also be examined to identify potential problems with a youth.</p> <p>On the positive side, Lee said communities struggle with the care plan process, however most families felt the process was positive and family-oriented.</p> <p>Rosemary suggested the schools might be consulted more before the care plan meeting and also asked if there is a process in place to help illiterate/poor language caregivers understand the written reports.</p> <p>With respect to the literacy concern, Jim stated the care plan consultants gauge the response of the family on an individual basis to check for comprehension and reports are reviewed in a face-to-face setting. However, no specific procedure is in place and Maples will formalize a procedure (Action-Jim).</p>	Jim Brown
<p>18. Revised Terms of Reference</p>	
<p>The Terms of Reference for this committee have been revised (see attached). The language changed to reflect greater community involvement from the Province.</p>	
<p>19. Membership</p>	
<p>Historically members have changed every 2 years.</p>	
<p>CYMH Regions will be asked to pick reps for this table. Ken will request this at the next RTM meeting.</p>	Ken Moore
<p>Lee suggested this committee meet the same time as PAC (4 times a year) and invite those reps to this meeting. Ken agreed to raise this issue at the RTM (Regional Transitional Managers) meeting.</p>	Ken Moore
<p>Rosemary recommended school educational reps are included as well as foster parents and aboriginal representatives. Her school district's C&Y Committee / Provincial CASE may possibly send a rep. Rosemary to report back to this committee.</p>	Rosemary
<p>Travel costs will be covered by MATC to attend CAC meetings.</p>	
<p>20. Updates from members (no reports)</p>	
<p>6. Meeting date – To Be Announced (pending membership issue resolution). Ken Moore to advise.</p>	Ken Moore

COMMUNITY ADVISORY COMMITTEE

Terms of Reference

The Community Advisory Committee is a voluntary group made up of both government and community partners. The group's mandate is to advise the Maples Adolescent Centre on current services, as well as suggesting direction for future service enhancements. Additionally, the group may offer guidance around:

- Community needs and priorities relating to Maples Services.
- Quality assurance venue for user groups – encourage a forum for honest and open feedback .
- Improving interrelationships and communication between the Maples and user groups.
- Provide independent advice and observation.
- Advocacy for appropriate/effective service delivery.
- Spokespersons for Maples' programs in home communities.
- The Community Advisory Committee will meet three times annually (January, May, and October. Extraordinary meetings may be scheduled at the call of the Chair.
- Guests may be invited from time to time.

Membership:

- Each region will have a specific number of representatives (Vancouver Coastal -2, Fraser -2, Vancouver Island -1, Interior -1, North 1). Respective Regional Transition Managers will be requested to recommend members.
- Three organizations, FORCE, FBYICN, and BCFFPA will be requested to recommend members.
- Members will be replaced every two years by new members from their region/organization. The region/organization may choose to renew their current representatives' term of membership on the CAC.
- Replacement of members shall be staggered to maintain a core group of members with experience in the business of the CAC.
- If necessary, MATC will fund reasonable travel and accommodation costs to attend the CAC.

Revised: January 19, 2006

COMMUNITY ADVISORY COMMITTEE

Maples Adolescent Treatment Centre, Burnaby

MINUTES

JUNE 26, 2006

Attending:	Ken Moore	MATC
	Jody Al-Molky	MATC
	Sue Hassard	Fraser
	Daryl Phelan	Fraser
	Dianne Wenham	Vancouver Coastal
	Dennis Padmore	Vancouver Coastal
	David Brown	Interior
	Carla Mantie	North <i>(attended by Teleconference)</i>
	Donna Murphy	Surrey School District 36
	Andy MacDonald	MATC
	Russell Ball (Guest)	MATC
Regrets:	Nicole Herbert	Federation of BC Youth in Care Networks (FBCYICN)
	Jim Brown	MATC
	Tom Jensen	MATC
	Roxanne Still	Island
	Rosemary Braovac	Maple Ridge School District 42

	Action
21. Call to Order	
22. Introductions	
23. Minutes from last meeting of January 19, 2006 were approved.	
24. Director's / Maples Update	
<p>25. It is the 1st year anniversary for Ken Moore as Director of Maples. Highlights of the last year included:</p> <ul style="list-style-type: none"> ▪ The Maples met its budget challenges, recovering from a projected deficit in September to finish with a modest surplus. ▪ s.22 s.22 Dr. Chris Booth is Acting Clinical Director. A new Psychiatrist, Dr. Steve Mathias, will start part-time on July 24th. He specializes in concurrent disorders. ▪ The recent/current reduced availability of psychiatric services has resulted in a temporary reduction in Care Plan production. ▪ The Connect Parent Group manual has been completed and published. This is a consultation version with carefully controlled circulation and an invitation for suggestions for improvement. ▪ Connect Parent Groups continue to have success locally. We have created a training and supervision model to support a provincial initiative to create CPGs in other regions this fall. ▪ We have an agreement with the Interior Region to develop a local Bifrost program in the Kelowna area this fall. ▪ Maples achieved accreditation through the Council On Accreditation effective to February 2010. ▪ We have made substantive improvements to in-house training. ▪ A new software application for managing client information (CARIS) for all CYMH services has been developed with Maples input and will be implemented in September. ▪ Maples internet web page is coming soon to address the need for wider public information access. It will be a page link on the CYMH internet site. ▪ Maples relocation planning is underway. It is still in conceptual phase but we anticipate moving in the next 3 to 5 years. The likely site is a co-location with Youth Justice and Youth Forensic services on the former <i>Burnaby Correctional Centre for Women</i>. 	
26. Old Business	
27. Client Literacy Concerns. Presently Social Workers go over and summarize Social History reports with parents to ensure they understand it.	
28. Regional representation selection for CAC .	

This issue was addressed through requesting regional reps to be identified by the Regional Transition Managers. The present membership represents the selections of the RTM. Former representatives will receive a note of acknowledgement and thanks for their services

Ken

Organizational representatives were maintained. A request for a Ministry of Education provincial representative was not acted on. In the absence of a provincial representative, Rosemary Brovac (Maple Ridge School District) has agreed to continue serving on the CAC.

29. Disclosure of Family Histories.

Darryl discussed concerns raised in their team meetings regarding the impact of disclosing confidential information during the Care Plan meeting. There were concerns regarding both the necessity of disclosing sensitive information as well as the preparation of family members for the Care Plan development meeting process. What is the Maples' staff practice in this regard? What information is available to community staff to prepare/support the family?

David asked what the Maples' response was to identify how the error occurred.

Ken Moore explained current practice guidelines that include:

- Informing parents that what they tell us in the Social History will be shared with the youth.
- If there is particularly sensitive information disclosed while collecting the Social History, asking the parent specifically if the youth is aware of this information.
- Not including in the Social History any *speculation* about events that could be upsetting unless we are assured that the youth is aware of this information.
- Not continuing with the CP process if there is information judged to be clinically significant that the parent has not or does not want shared with the youth.
- If the parent lives locally, requesting the parent to go over the Social History with the youth prior to the CP meeting.
- If the parent does not live locally, Maples staff will go over the Social History with the youth to provide an overview.
- Ask the parents prior to the CP meeting if they have any concerns about their youth hearing the information in the SH.
- The Social Worker contacts the parents after the CP process to debrief and check in.

There was discussion about the role of the community staff in assisting the parent(s) and youth in the CP process. This includes

<p>information at referral, participation in the CP development process, Integration Meeting, and subsequent on-going contact with Maples services. Existing information may not be reaching all community staff due to turnover, etc. Agreement that Ken will forward this information to CAC Regional Reps for dissemination. Note also that this info is available on the Maples intranet page: <i>Admissions\Response Program Handout for Parents</i>.</p> <p>With respect to Maples' response to complaints or concerns about individual practice (David Brown's query above), these should be forwarded to the Director or Community Services Coordinator with sufficient specifics (dates and names) to permit follow-up. The Maples has an active Quality Assurance process and is committed to responding promptly to complaints from clients or service partners.</p> <p>The discussion expanded to include practices for release of information. It became evident that there are different understandings between The Maples and community partners of how FOIPPA legislation and policies are applied. Dianne Wenham will raise this issue at the RTM table for discussion and clarification. Jody Al-Molky will also consult with the provincial manager of records and information at Information Services Branch for clarification of what level of detail would be severed from a Social History under FOIPPA regulations and report in the next CAC.</p>	<p>Ken</p> <p>Dianne</p> <p>Jody</p>
<p>30. New Business</p> <p>31. Statistics for Gatekeeper</p> <p>David Brown is the Regional Gatekeeper for Maples and Region. He would like discussion of the role of gatekeepers between regions. It would be useful to have information such as getting feedback on referrals (e.g. was the referral was completed, date & names of youth being accepted, etc.).</p> <p>David requested that a province-wide meeting for gatekeepers should be organized.</p> <p>32. Parent Involvement</p> <p>Carla Mantie queried whether parents visiting The Maples while their child is in Response could attend/observe the Connect Parent Group. Although this would not be possible as the CPG is a closed group following a specific agenda, parents are always welcome to visit/observe staff working with their youth on the Response unit. Jody added that there is a funding available through the Medical Benefits Plan for parents to travel with their youth. Jody will email this information to the Regional Representatives.</p>	<p>Ken</p> <p>Jody</p>

33. Maples Handouts discussed

- Maples Program Satisfaction Survey was reviewed by Russell Ball, Program Evaluation Officer. The survey is completed by caregivers and youth.
- Response Program Evaluation 2005 Summary was reviewed. The question arose about how many Care Plans are implemented. This data is difficult for The Maples to capture as the community, not The Maples, is the lead in implementation. A current 3, 6, and 12 month check-in with the person most involved in the case, typically the Community Case Manager, by Care Plan Consultants should help ameliorate this.

Jody described a project where the Maple Ridge school district partnered with The Maples to cross-reference records to identify which youth in the school district had CPs. There were 43 youth with CPs. Twenty-nine were actively being used or had been used by the School District. The other youth had moved from the school district or left school.

- Program Utilization by Region for 2004 reviewed by Ken. The report shows where Maples' youths are referred from, with the majority from the Fraser region.
- Agency Goals 2006/07 reviewed by Ken. These include:
 - Use the CQI process to maintain and strengthen core programs, services, rigorous evaluation, and professional standards.
 - Develop and implement an agency communication plan and tools.
 - Continue developing and refining Maples resources designed to help in building/enhancing local service capacity.
 - Promote agency-wide use of attachment principles and language to plan and deliver services.
 - Maintain or improve agency organizational coherence, transparency of roles, responsibility and accountability.
 - Manage agency resources effectively and plan proactively to manage changes in resource quantity, type or configuration.

Darryl

34. Next Meeting date – November 21, 2006 at 1:30 pm to 3:30

COMMUNITY ADVISORY COMMITTEE

Maples Adolescent Treatment Centre, Burnaby

MINUTES

NOVEMBER 21, 2006

Attending:	Ken Moore	MATC
	Jody Al-Molky	MATC
	Jim Brown	MATC
	Tom Jensen	MATC
	Andy MacDonald	MATC
	Daryl Phelan	Fraser
	David Brown	Interior (<i>by teleconference</i>)
	Yvonne Reid (<i>for Carla Mantie</i>)	North
	Roxanne Still	Island
	Nathan Karmel (for Sue Hassard)	Fraser
	Donna Murphy	F.O.R.C.E.
Regrets:	Nicole Herbert	Federation of BC Youth in Care Networks (FBCYICN)
	Rosemary Braovac	Maple Ridge School District 42
	Carla Mantie	North
	Sue Hassard	Fraser
	Dianne Wenham	Vancouver Coastal
	Dennis Padmore	Vancouver Coastal

	Action
35. Call to Order	
36. Introductions	
37. Minutes from last meeting of June 26, 2006 were approved.	
38. Director's / Maples Update	
<ul style="list-style-type: none"> ▪ Since last meeting there has been a re-org at Headquarters. The impact on the Maples is unclear. Jayne Barker will not continue as Executive Director of CYMH. ▪ Maples budget is on track (in the black). ▪ <p style="text-align: center;">s.22</p> <ul style="list-style-type: none"> ▪ The Maples has a new Psychiatrist, Dr. Steve Mathias, who specialized on concurrent disorders, studied in Australia and also works at the Children's Hospital. He is working at the Crossroads Unit. ▪ The Maples will not move from this site for some time, however the move will go ahead for YFPS and 	

BYCS to South Burnaby.

- CARIS, the new electronic records system, is now operational.
- A new ½ time position has been created with Connect Parents Group.
- Connect Parents Group leadership training continues with 9 groups underway in BC. It has received positive feedback and foresee expansion of program. It can be used as a training model for other communities. Training will be dependant on obtaining travel funding from regions.
- Discussion followed. Could “Fee for Service” help pay for training? Ken informed members that no, we can’t charge fee for service within government, but may for outside agencies. We presently have no system set up to receive revenue.
- Connect is part of the Bifrost package.
- A new Bifrost program is started in Kelowna, where a Maples staff member is helping train staff. It is difficult to find resources to fund the program on an ongoing basis. We need minimum numbers of people in the program. Impact of Bifrost model is system wide, not just kid-specific. Much of the work is done if the family home and communities.
- Ken has done trips to the North including a presentation at a mental health symposium.
- Ken is looking at the issue of Gatekeepers for the province and anticipates more visits to the North.

39. Old Business

40. Release of information from Maples’ Social History document.

Jody Al-Molky explained Freedom of Information (FOI) procedures were examined historically. In a FOI request was received from the parent, sensitive information could be blacked out. However, the information gathered is for the sake of the child, therefore the child ‘owns’ the information and has a right to see it, and can request to see all information on their file under FOI at any point in time (even if not Care Plan meeting occurred). The purpose of the social history can be taken out of context. Social Workers have been instructed on FOI procedures.

41. Gatekeeping

David Brown (Interior) stated he send a referral by Fax that disappeared. It was explained that Les Derksen is our official intake person. The new procedure now is that he responds by email confirming receipt.

42. Travel Assistance

Medical Benefits Program provides assistance to parents to travel with the child. Note no gas costs are covered.

43. Care Plan Utilization

Jody Al-Molky explained the pilot program in Maple Ridge School District where they track care plans. In the past many care plans existed but not all were utilized and followed up.

44. New Business

45. Maples Intranet site will be active next week. It is designed for gatekeepers and mental health clinicians.

The Maples Internet (for the public) will appear on the CYMH site when it is finished (no date set yet).

Donna suggested adding information on travel medical benefits to the web site.

46. Maples Video. Plans are to do a video next year as part of the business plan.

47. Maples 2006 Client Satisfaction Survey.

The survey was done by a contractor. High points of evaluation are:

- good response for being treated with respect by staff
- members of community attend meetings
- parenting of child discussed in respectful manner
- Maples services helped understand child
- Maples was a positive experience.

Discussion followed. It was questioned if there appears to be a different type of client in the more remote parts of the province.

Noted a higher satisfaction rate from non residential clients.

The Maples would like to launch Aboriginal Connect

groups, and need input from the North and other areas on how to do this. There has been a historical reluctance for aboriginals to send kids to the Maples

48. Next Meeting date: To Be Announced (to coordinate with Regional Managers Meeting) approximately March 2007.



Maples Adolescent Treatment Centre Community Advisory Committee

February 8, 2008 10 – 12 am

Maples Administration Conference Room

PRESENT

Ken Moore MATC Director
Andy MacDonald MATC Response Services
Tom Jensen MATC Treatment Services
Karla Braber MATC Connect Program
Yvonne Reid CYMH North Region
David Brown CYMH Interior Region
Olga O'Toole CYMH Vancouver Coastal Region
Roxanne Still CYMH Vancouver Island Region
David Carmichael CYMH Fraser Region (sub for Darryl Phelan)
Sue Hassard MCFD Fraser Region
Keli Anderson FORCE Executive Director

REGRETS

Jocelyn Helland Youth in Care Network Executive Director

1. Review Minutes November 21, 2006 for errors or omissions (attached).
 - a) Minutes were accepted, though there was an acknowledgement that as it had been sometime since the last meeting, there may be some minor errors. No glaring errors were noted, however.
2. Issues arising from minutes.
 - a) None
3. Director's Update
"Another busy year, second in my mandate, while maintaining our core services we also have expanded the service mix and see more opportunities ahead despite (or because of) changes in ministry governance brought on by increased regionalization."

Organization

- Continuing organizational restructuring: three service streams stabilizing (Treatment, Response, Connect Parent Group)
- Continuing internal work process improvement for Referral/Admissions
- Maintaining focus on Quality Assurance – run up to re-Accreditation in 2009
- Making substantial steps forward in articulating Model of Practice

Personnel

- Psychiatry X 2: Mathias and Gubanov
- Psychology and Nursing recruitment challenge
- Social Work up to full complement- Mandana Sharifi
- 20+ CCC – shift in demographics to more visible minorities

Flagship Program Shift

- From Bifrost to Connect
- CPG manual writing moved us from “oral tradition” to a documented model of practice that is more teachable, supervisable, and measurable. Continuing and expanding our efforts to use this greater clarity/coherence to train ourselves & others.

Provincial rollout of the Connect Parent Group (CPG) program

- Substantial growth – now at 67 trained CPGs in the province
- First three CPG leader training sessions held at MATC but recently completed a fourth session in the Interior region. We are open to more regional events.
- The Interior training included a First Nations group (Métis). There will be follow-up supervision to determine what adaptations are required to be culturally relevant.
- National and international interest in the CPG model
- A CPG “growth-limiting” factor is keeping up to the demand for clinical supervision as we train new leaders. We have an initiative underway to train regional supervisors to move this responsibility to the regions.

Connect for Staff

- 90+ trained MATC staff trained – widely hailed as excellent and practical
- 5 external staff also trained and this validated the training for sites other than MATC and raises the prospect for more external training activities.
- This training module is now part of our on-going core training

Communications

- Intranet and Internet sites on-line
- Maples updates sent to CYMH clinicians directly
- Video conference capacity is now on-line for clinical services, meetings, and training/information activities.

Forensic trend

- Continued high utilization – 60% Crossroads population is through forensic stream and 50% of this population is developmentally delayed. The forensic youth frequently stay for long periods, sometimes more than 1 year.

Youth Forensic Psychiatric Services move

- YFPS has moved to the new YCC site leaving an administrative building and one secure 6 bed unit vacant.

s.13

s.13

Regionalization

- We are trying to keep abreast of the changes arising from increased regionalization. There has been some systems paralysis as communication and decision making processes get clarified.

Client Satisfaction Survey

- Annual component of our QA (PQI)
- Some shortcomings in data collection in some program areas
- Improving performance year over year.
- Generally very positive as per previously distributed report.

4. Agenda Items (in response to CYMH Clinician, FORCE & BCCYICN broadcast email)
- a) Confirmation of receipt of referrals (expand to include acceptance of referral)
 - i) Not discussed; bf to next meeting
 - b) Getting updates on client progress
 - i) Not discussed; bf to next meeting
 - c) Getting updates on service availability
 - i) Briefly discussed document showing then new online waitlist for intranet site
 - ii) Need for Vancouver Coastal Gatekeepers to have a copy e-mailed, as some don't have access to intranet.
 - d) Open CYMH file as an essential element for referrals
 - i) Not discussed; bf to next meeting
 - e) Process for accessing psychological assessment scores referrals
 - i) Not discussed; bf to next meeting
 - f) Access to psychological assessment scores (vs. Care Plan) for purposes of determining eligibility services to youth with a developmental disability
 - i) Not discussed; bf to next meeting
 - g) Capacity in Crossroads in light of dual mandate to provide priority treatment for Youth Before the Review Board (commonly referred to as Forensic youth)
 - i) See YFPS Move discussion in Director's Report.
 - h) Connect Parent Group training availability: next dates, can it be shorter in length? Can certified CPG leaders train others? Are there options for Maples to help in communities where CPGs are not available?
 - i) The next CPG training is April and September 2008. We have tried to compress the training but cannot make it any more tightly packed than 4 days (down from 5 but many protest it is too much in too short a time).
 - ii) Certification as a CPG leader does not provide qualification to provide CPG training. Training will remain the purview of MATC for the foreseeable future. CPG leader supervision is being distributed to regions as their certified CPG leaders demonstrate competence through a training/mentoring process provided by MATC.
 - iii) Maples can and does provide CPG training/information modules in communities that are useful for stimulating interest but these do not constitute training to a certified level. The Connect for Staff training also holds promise but both training modules require 4 days.
 - i) Can there be Care Plans development meetings where information is restricted?
 - i) This was a very vigorous and wide-ranging dialogue. It was clarified that the principle concern was Social History information being shared in the presence of others and the youth before and during the Care Plan development process. Despite the relatively low frequency of concern reported by parents in the Client Satisfaction surveys (10%) there were strong opinions expressed about the MATC model of practice requiring full disclosure of clinically relevant information to create a holistic Care Plan. These

opinions included speculation about the ethical validity of some aspects of the model of practice.

ii) There was an agreement to resume this dialogue with the assistance of a specialist in ethical practice as it pertains to MH services.

j) Services for youth past their 17th birthday

i) After the 17th birthday decisions are made on a case-specific basis by the clinical team for the requested program/service. This clinical decision is informed by MATC's capacity to deliver appropriate services for sufficient time, the treatment milieu if it is a residential service (i.e. age and dynamics of other residents), and the nature and extent of partnership available with the regional staff and caregivers.

k) Services for youth past their 18th birthday

i) Youth near or past their 18th birthday are well past the MATC mandate and not admitted for services or programs. There is a need for more services for this age group but MATC is not mandated or funded to provide them.

l) Access to Maples services for youth and families in remote areas

i) Not discussed; bf to next meeting

5. Next Meeting Date

June 12, 2008 9 to 4 to include further dialogue on CP model of practice.



Maples Adolescent Treatment Centre Community Advisory Committee

June 9, 2008 10 am to 4 pm

Maples Administration Conference Room

Membership

Attendees:

Andy MacDonald	MATC Manager - Response Services
Tom Jensen	MATC Manager - Treatment Services
David Brown	CYMH Interior Region
Janet Campbell	CYMH Vancouver Coastal Region (for Olga O'Toole)
Roxanne Still	CYMH Vancouver Island Region
David Carmichael	CYMH Fraser Region (for Darryl Phelan)
Sue Hassard	MCFD Fraser Region
Keli Anderson	FORCE Executive Director
Dr. Roy Holland	MATC Clinical Director

Regrets:

Ken Moore	MATC Director
Yvonne Reid	CYMH North Region
Olga O'Toole	CYMH Vancouver Coastal Region
Jocelyn Helland	Youth in Care Network Executive Director

1. Review Minutes February 8, 2008 for errors or omissions (attached).

- a) Roxanne Still moved to adopt, seconded by Keli Anderson. Minutes adopted as circulated.

2. Issues arising from minutes.

- a) There were no issues arising from the minutes.

3. Director's Update See e-mail update of June 3, 2008

- a) There were no issues arising from the Director's update that were not captured in the agenda.

4. Morning Agenda Items (in response to CYMH Clinician, FORCE & BCCYICN broadcast email)

a) Confirmation of receipt of referrals (expand to include acceptance of referral). (Interior)

i) Current practice was outlined:

(1) We will advise the referring clinician that we have accepted or rejected a referral within five business days for referrals to the Response program. Treatment referrals will be vetted for completeness and initial suitability by the intake coordinator, Lesly Derksen. Lesly will advise the referring clinician that the referral has been forwarded to the treatment unit's social worker within five business days. The Treatment unit will then usually make a decision and advise the referring clinician within a few weeks (though this can sometimes be longer – for example, Bifröst reviews referrals for upcoming cycles near the end of the current cycle).

(a) This practice was seen as meeting the community needs; however, the concern was around communication protocols when this breaks down.

ii) An example was given about attempts to contact a Program Coordinator, only to find the Program coordinator was on leave and no other contact number was given. Compounding this was calling to find the Program Coordinator had changed. Tom Jensen outlined the preferred contact order:

(1) Lesly Derksen for all Response referrals and Treatment referrals that had not been forwarded to the Treatment unit (when the referring clinician had not been advised by Lesly that the referral had been forwarded).

(2) The Treatment unit Social Worker for all referrals that Lesly had forwarded (the referring clinician had been advised the referral had been forwarded to the Tx unit). Lesly can be contacted as backup to the Treatment unit social worker.

(3) The Program Coordinator can be contacted if there is any trouble getting hold of the social worker. (However, as the Program coordinator is not typically responsible for managing referrals, they may not be able to provide an immediate response).

(4) The service manager (Andy MacDonald for Response, Psychology and Outreach & Tom Jensen for all treatment programs) should be contacted when the Social Worker or Program Coordinator is unavailable, or when they don't provide prompt courteous service.

iii) We had a brief discussion about how CARIS would soon be able to facilitate electronic referrals.

iv) Contact information changes, so the community asked if there was a way to keep the field updated as to who was working in what unit.

(1) PLAN:

- (a) Andy MacDonald will check to see if the inter/intranet sites have the appropriate contact information.
 - (b) Gatekeepers should be e-mailed with changes to PC and SW assignments.
 - (c) Program coordinators and social workers will be instructed to leave alternate contact information when absent from work for more than three business days. (This was not discussed, but it is a reiteration of standard business practice).
- b) **Getting updates on client progress** (Interior).
 - i) This item was tabled, as David couldn't remember the specifics behind this issue.
- c) **Open CYMH file as an essential element for referrals** (Fraser).
 - i) The problem described wasn't that the youth didn't need and have mental health supports; just that CYMH isn't necessarily directly providing these supports. David cited several examples of cases where a youth was being well serviced by a number of agencies (some contracted by CYMH to provide such services), but where the youth wasn't being seen directly by CYMH.
 - ii) The Maples, as a tertiary Mental Health facility would expect that CYMH be involved, but if the active service was being provided by another agency, their role could be consultative.
 - iii) The discussion moved on to include the requirement of all referrals to include a BCFPI. The discussion included whether or not the BCFPI and CAFAS were similar and should the Maples be administering follow-up a BCFPI.
 - iv) **PLAN:**
 - (1) CYMH will get clarification about frequency of BCFPI and mitigating circumstances that would excuse not completing a BCFPI.
 - (2) CYMH will contact their CARIS business lead about a less stringent case type that would allow them to demonstrate the work done in facilitating a referral, without requiring the full 'paperwork' of a case where active service was being delivered.
- d) **Process for accessing psychological assessment scores referrals** (Interior).
- e) **Access to psychological assessment scores (vs. Care Plan) for purposes of determining eligibility services to youth with a developmental disability** (Interior).
 - i) MATC will ensure that the process for raising concerns around appropriate requests is clear. Persons requesting information have the right to an explanation if their request is denied. All requests go through our medical records department. However, it is usually the professional generated the report who is responsible for determining

right of access. As all assessments and formal testing operate through the response program, concerns can be directed to the manager of response services - Andy MacDonald.

- ii) A related issue was raised by Keli Anderson:
 - (1) Keli noted that Maples reports are discounted as they don't meet CLBC rule (in order to receive services, a person must have an IQ below 70 and a current functional assessment showing impairment).
 - (2) Kelly suggested that the Maples seek clarification on 'eligibility' requirements for CLBC.
 - (3) PLAN:
 - (a) Ken Moore will draft a letter requesting clarity on this issue, and will report next meeting.
 - (b) Sue Hassard offered to do this from the MCFD side.
- f) **Access to Maples services for youth and families in remote areas** (Interior)
 - i) This issue was tabled until Yvonne can attend.
- g) **Anticipated impacts of the opening of the Burnaby Mental Health and Addictions Centre on Maples programs and clients.** (Maples)
 - i) The group suggested that we involve the school district (both the Maples school and Moscrop high school).
 - ii) It was also suggested that the zero to six-year-old mental health program on site be involved.
 - iii) Issues raised included:
 - (1) security
 - (2) are the patients being screened for sexual predation
 - (3) increased availability of drugs and alcohol on site
 - iv) Dr. Holland showed members of the committee a letter to doctors drafted outlining their concerns to the College of physicians.
 - v) PLAN:
 - (1) Kelli Anderson will draft a letter of concerns Ken Moore to present at a meeting Friday, June 20.
 - (2) Ken Moore will forward the concerns outlined in the above drafted letter to the Burnaby Center for Mental Health and Addictions (BCMHA).

Lunch

5. Afternoon Agenda: Model of Practice

- a) Dr. Holland and Andy MacDonald initiated this discussion by introducing/reviewing the concept of the therapeutic alliance, and that this alliance was with the entire family, not individual members of that family. Dr. Holland answered questions about this theoretical construct.

- b) Roxanne Still asked questions regarding frequency and clarified the process in place for when people change their minds about disclosure. Dr. Holland explained that in order to respect the individual members of the family, the entire process around CarePlan development would be stopped when any single member of the family decided they couldn't proceed.
- c) Dr. Holland explained that the psychiatrist responsible for developing the CarePlan could not ethically proceed if he knew that **critical clinically relevant** information was missing. The ethical principle that Dr. Holland mentioned was, 'do no harm.' Dr. Holland explained that, writing a Careplan, knowing that it was inadequate, had the potential for doing harm and so they could not proceed. It was noted by Dr. Holland that the same process of informed consent takes place with the youth; he further noted, as an aside, that the youth's right to keep their information private was rarely a concern for members of his community.
- d) The other point of clarification was that a CarePlan was not an assessment. Although a number of assessments occur during the CarePlan development process, the product at the end of it was intended to be a guide for caring for the youth into early adulthood. An assessment is, by its nature, a point in time reflection of current capacity. As a whole, the group seem to understand this point very quickly.
- e) As these issues were clarified (very rare occurrence that consent for disclosure was withdrawn, the principle of informed consent is rigorously applied, distinguishing CarePlans from assessments) the discussion shifted to a review of practice. Andy MacDonald explained that use of the family history in creating a Care Plan is reviewed with the family prior to a family history being taken, when the draft is complete, and prior to the start of the Care Plan development meeting. Janet Campbell noted that it was the community mental health clinicians' responsibility to ensure that families referred to the Response Program fully understands the expectations of that program.
- f) PLAN:
 - i) The gatekeepers for each region/office will ensure that the team leaders and clinicians provide proper preparation and information to the family being referred. That as gatekeepers, they ensure that all members of the family give informed consent to undertaking what is admittedly a difficult process. (This is the current expectation of CYMH team leads and clinicians.)
 - ii) When such situations arise, the family (or the community working with the family) may ask for a case review. This review can include all parties related to the case; the purpose of the review is to ensure that all parties understand the reasons and rationale for respecting the family's decision not to proceed. (It should be noted that this is current practice at the Maples, though typically only the family is involved. To respect the family's privacy, which is the heart of this issue, only those

persons directly involved in the case will be included in any review regarding decisions made about the case. The family has the right to include or exclude professionals from this case review.)

Next Meeting Date

December 3, 2008



December 3, 2008 1 pm to 4 pm

Maples Administration Conference Room

Membership

Attendees:

Ken Moore	MATC Director
Andy MacDonald	MATC Manager - Response Services
Tom Jensen	MATC Manager - Treatment Services
Yvonne Reid	CYMH North Region (phone)
Pam Singh	CYMH Interior Region (phone)
Keli Anderson	FORCE Executive Director
Sue Hassard	MCFD Fraser Region

Regrets:

Dr. Roy Holland	MATC Clinical Director
David Brown	CYMH Interior Region sub Pam Singh
Olga O'Toole	CYMH Vancouver Coastal Region
Jocelyn Helland	Youth in Care Network Executive Director
Roxanne Still	CYMH Vancouver Island Region
David Carmichael	CYMH Fraser Region (for Darryl Phelan)

6. Review Minutes June 9, 2008 for errors or omissions (attached).

Minutes adopted as circulated.

7. Issues arising from minutes.

- a) Contact info: the most reliable source for up-to-date staff contact info is to contact the central reception number during business hours 604.660.5800. Parents, caregivers and guardians all are provided with contact information when the youth is admitted. There is a generic mailbox link on both the intranet and internet MATC page: MCF.Maples@gov.bc.ca.
- b) BCFPI Policy: Consistent with CYMH policy, BCFPI screening will continue to be a step in referral to MATC. There will be exemptions from this policy for

contracted agencies in the North region who do not currently have access to BCFPI.

- c) CARIS case type: to indicate facilitating a referral rather than active service delivery (to reduce admission procedural requirements). No action by CAC members. This is beyond the CAC purview but there are continuing discussions at the Provincial Office level regarding potential new case type requirements for CARIS. Andy will also advise MATC rep to the ICM application development process, Jim Brown, about the advantages of creating such a case type.
- d) CLBC eligibility process: Maples is not an identified resource for determining CLBC eligibility. There have been circumstances where a youth, previously not identified as having a developmental disability, is identified during the Care Plan development process. There have been some cases where the assessments developed by MATC psychologists are questioned by CLBC contracted psychologists. MATC psychologists are registered and qualified to make these diagnoses. This was clarified and accepted in the past year.
- e) Maples services to rural/remote areas: Two chronic realities for Northern region are travel costs and shortage of multidisciplinary teams. Two suggestions arose to mitigate these: Pam (Interior) referenced a "Mental Health Toolbox" model used in the Interior. She and Yvonne will discuss off-line. Another suggestion was the possibility of a Maples' travelling clinic/outreach approach to Careplan development and support. This concept will be included in the Maples January 2009 strategic and operational planning.

8. Director's Update See e-mail update of November 25, 2008.

- a) There were no issues arising from the Director's update that were not captured in the agenda.

9. Co-Location with Burnaby Centre for Mental Health and Addictions

The Office of the Child and Youth Representative has taken some steps in response to the letters of concern coming from Maples' CAC and Clinical staff. She has met with the Ministers and senior staff of Health and MCFD. She has visited the site. She has written the Minister's with her observations and suggestions for higher levels of program separation and diligence with respect to BCMHA client screening.

The BCMHA program advisory team, senior VCHA and PSHA staff are preparing a response and are meeting to consult with MATC administration and clinical staff.

The management team of MATC meets biweekly with BCMHA to maintain active communication and problem-solve any issues. There have been no significant problems to date but there are continuing concerns that risk will escalate as the BCMHA program ramps up to full capacity and the clients advance through the program and begin unsupervised access to the community.

10. Client Satisfaction Survey:

The 2008 survey is complete and released for general distribution. There is some very positive data indicating high levels of satisfaction

The program has been a positive experience for me. Youth 82%, Caregivers 88%

Staff treated me with respect. Youth 94%, Caregivers 98%

Youth: *Respect by staff*
Comfort of facilities
Cleanliness of facilities
Learning to deal with my problems
Receipt of information regarding my rights.

Caregivers *Respect by staff*
 Knowledge of complaint process
 Respectful discussion of my parenting
 Participating in planning goals

Before I/my child came here, it was difficult to get information about the Maples and its programs. Youth agree 36%, neutral 32%
Caregiver agree 25%, neutral 29%

There were no suggestions arising in the meeting. Input prior to December 31 is welcomed.

Spring 2009 to be determined. In light of the current travel restrictions for fiscal 2008/09 we anticipate that this will be a teleconference.