System of Care Practice Review Final Report 2007-2008

Presented to the Child and Youth Mental Health Network and the Ottawa Children's Coordinated Access and Referral to Services Steering Committee

Supported by:

Children's Aid Society of Ottawa,
Crossroads Children's Centre,
Ottawa Children's Coordinated Access and Referral to Services,
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University of South Florida

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Introduction

The following report describes the System of Care Practice Review (SOCPR) project conducted in Ottawa over the course of the 2007-2008 fiscal year. The project findings will be highlighted and recommendations for the future will also be presented.

History of the Project

Over the course of the last two years the Child and Youth Mental Health Network (CYMHN) has explored various ways to inform their decisions regarding enhancements and transformations of the Children's Mental Health System in the Ottawa region. Precipitated by the Children's Mental Health Fund, the CYMHN identified that an annual allocation of funds should be set aside for system training dedicated to strengthening and directing the children and youth mental health system.

As a result of the system training fund, Dr. Friedman, a researcher from the University of South Florida (USF) came to present to the CYMHN a model for systems integration. At that time, Dr. Friedman also suggested that CYMHN explore using the System of Care Practice Review tool as a means of determining the priorities for system change.

Given the tools potential, the CYMHN and the Ottawa Children's Coordinated Access Steering Committee determined that they were in fact interested in using the tool as a system needs assessment. As a result, they approached the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO in order to determine if the tool was in fact sound and would be endorsed by the Centre. It was determined by the Centre of Excellence that the tool was sound and demonstrated promise. Further, they recommended that since there was currently no Canadian equivalent that a pilot project would be timely.

The CYMHN then decided to invite Sharon Hodges, Ph.D. from USF and John Mayo, Executive Director of a children's mental health centre in Florida that have experience with the tool and its implementation. The aim of the training provided was to further enhance the CYMHN's understanding of the System of Care Practice Review. Following the training session the CYMHN voted to move forward with a pilot project using the SOCPR through Coordinated Access. All members of the CYMHN unanimously agreed to participate in the project by allowing their employees to be interviewed. Further, the following agencies decided to train at least one staff member as an interviewer.

1. Children's Aid Society of Ottawa
2. Coordinated Access and Referral to Services
3. Crossroads Children Centre
4. Youth Services Bureau

This second level of participation required that each agency lend a staff member to the project for a two week period.

In order to keep the project of a manageable size, it was agreed that Coordinated Access would take the lead with respect to the coordination of the project. Further, the CYMHN agreed that the population of concern would be defined as those with severe emotional disturbances (SED) as outlined by the eligibility criteria for Coordinated Access. Finally, the information gathered during the SOCPR would be reflections of the system (not individual agencies) and thus be an asset to helping the CYMHN make future planning decisions.

System of Care Principles

The System of Care Practice Review (SOCPR) is a tool for assessing whether the system of care principles are operationalized at the level of practice, where children and their families have direct contact with service providers. More specifically, the purpose of the SOCPR is to collect and analyze data obtained from multiple sources and use this data to determine the extent to which the local service systems, through their direct service workers, adhere to the system of care philosophy. It also provides a measure of how well the overall service delivery system is meeting the needs of children with SED. The SOCPR provides feedback that can enhance quality improvement efforts and is applicable on two levels.

1) At the direct service level it provides users with specific recommendations that can be incorporated into staff training.
2) On a system-wide level it can be aggregated to identify strengths, as well as areas that need improvement.

The SOCPR has three primary objectives:

- Document the experiences of children with severe emotional disturbances and their families enrolled in a system of care.
- Document adherence to the system of care philosophy by the direct service providers and system.
- Assess the degree to which the system of care philosophy is implemented at the practice level and generate recommendations for improvement.

A system of care (SOC) can be defined as a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the changing needs of children and adolescents with SED. The system of care philosophy is built around three core values 1) Child-Centered and Family Focused, with the needs of the child and family determining the services provided; 2) Community-Based, providing less restrictive services (than the previously provided institutional facilities) within the child's home community and; 3) Culturally Competent, in which culture, ethnicity, and cultural contexts are taken into account in the provision of services (Stroul & Friedman, 1986).

Children with SED typically have multiple needs and thus are served by multiple agencies and organizations, such as education, social service, juvenile justice, health, mental health, vocational, recreation, and substance abuse providers. A system of care approach is an interagency approach in which organizations work together to develop and coordinate services for the child and family. The system of care approach also includes family involvement in which families of children with SED are treated as full participants in the planning and delivery of services. Cultural competence, the consideration of the unique needs of people from different cultural backgrounds, is a critical component of the system of care philosophy (Stroul & Friedman, 1986).

The children's mental health system of care, philosophically, is truly a system-based approach. Individual children are viewed systemically, within the context of their physical, mental, and emotional systems. They are also viewed within their family system, as well as within their community system, including extended family, neighbors, clergy, and other informal supports. In addition, their care services are viewed systemically, within the holistic array of multiagency, multidisciplinary services (Stroul & Friedman, 1986).

The system of care philosophy is built around the three core values listed above and ten guiding principles. The following ten principles, or basic beliefs, are at the core of any system of care are:

1. Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.

9. The rights of children with emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs. (Stroul & Friedman, 1986, xxiv). Key to the system of care process is system management, to coordinate and assess the service components within the system (Stroul & Friedman, 1986).

SOCPR Purpose and Objectives

The purpose of the SOCPR is to collect and analyze data from a variety of sources to determine the extent to which the local service systems, through their direct service providers, adhere to system of care principles. It presents a measure of how well the needs of children with SED and their families are being met by the total service system in their community. The SOCPR seeks to accomplish this task by: 1) documenting the experiences of children with SED and their families receiving services in systems of care; 2) documenting adherence to the SOC philosophy by the direct service providers and system; and 3) assessing the degree to which the SOC philosophy is implemented at the practice level and generate recommendations for improvement.

Information learned through the SOCPR can then be used as feedback to enhance the quality of the system of care. Feedback can be provided at the direct service level by providing specific recommendations that can be incorporated into staff training, and may also be used at the system level to identify strengths, as well as to highlight areas for improvement (Vergon, 2006).

Methodology

The SOCPR is based on the SOC values/principles and uses a case study methodology informed by caregivers, youth, formal providers, and informal supports, where available. The System of Care Practice Review (SOCPR) Protocol is organized into four major sections:

- Section 1 includes the child's demographic information.
- Section 2 guides the file review.
- Section 3 consists of interviews for the primary caregiver, the youth, formal service provider(s), and an informal helper, if available.
- Section 4 contains the Summative Questions that case reviewers use to summarize and integrate the information gathered.

Section 1—Demographic Information: This section of the SOCPR contains the youth's demographic information, which is designed to create a "snapshot" of

the child's current service array. It also summarizes the demographic profile of the child and family.

Section 2—Document Review: This section includes criteria for reviewing case records (e.g., case treatment plans, individualized education plans) and is comprised of the Case History Summary and the Current Service/Treatment Plan. The Case History Summary requires the reviewer to provide a brief case history based on a file review. It also provides information about all of the service systems with which the child and family may be involved (e.g., special education, mental health, juvenile justice, child welfare). It summarizes major life events, involved persons in the child's history and current life, outcomes of interventions, and the child's present status. Review of the treatment/service plan provides information about the types and intensity of services received, integration and coordination, strengths identification, and family participation. The Document Review is completed prior to any interviews, so that the information gathered through the documents can inform and strengthen the interviews.

Section 3—Interview Protocol: This section consists of the interviews for the primary caregiver, child/youth, formal provider(s), and informal helper. The interviews are designed to gather information about each of the four identified domains (Child-Centered and Family-Focused, Community-Based, Cultural Competence, and Impact). Each of the four domains includes several sub-domains that further define the concept and represent the intention of the corresponding SOC core value. The sub-domains also indicate the extent to which core SOC values guide practice. The structure of the SOCPR allows for the gathering of data through closed-ended questions (quantitative) that produce ratings and explanatory responses from participants through more open-ended questions (qualitative). The protocol provides the opportunity for the reviewer to probe issues related to specific questions, so that answers are as complete as possible. In addition, direct quotes from respondents are recorded whenever appropriate and possible.

Child-Centered and Family-Focused: The needs of the child and family dictate the types and mix of services provided. This child-centered and family-focused approach is seen as a commitment to adapt services to the child and family, rather than expecting children and families to conform to preexisting service configurations. This principle was operationalized into three measures: Individualized, Full Participation, and Case Management. These measures allow the study to analyze the effectiveness of the site in providing services that are *individualized*, independently of how successful they have been in including families as *full participants*, or providing effective *case management*.

Community-Based: Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers. This principle was operationalized into four measures: Early Intervention, Access to Services,

Minimal Restrictiveness, and Integration and Coordination. These measures evaluate the effectiveness of the site in identifying problems in order to facilitate *early intervention*, provide *access to services* with appropriate *minimal restrictiveness*, and providing these services with *integration and coordination* among all system partners.

Cultural Competence: Agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the population they serve. This means that diversity is valued and acknowledged by service providers' efforts to meet the needs of culturally and ethnically diverse groups within the community. This principle was operationalized into four measures: Awareness, Sensitivity and Responsiveness, Agency Culture, and Informal Supports. These measures allowed the evaluation of the level of cultural *awareness* of the site and its own *agency culture*, independently of *sensitivity and responsiveness* to the cultural background of families, or their inclusion of *informal supports* in service planning and delivery.

Impact: The SOC philosophy also assumes that the implementation of its principles at the practice level produces positive impact for children and families receiving services. In order to address this expectation, the study incorporated a fourth objective to evaluate the Impact of services on children and families. More specifically, this objective seeks to examine the extent to which families believed that services were meeting their needs and the needs of their children. This objective was operationalized into two measures: Improvement and Appropriateness. These measures assisted in evaluating the *improvement* of the children and families served at the site, independently of the *appropriateness* of the services provided.

Taken individually, these measures allow us to examine the presence or absence of the features of each principle. Taken in combination, they speak to how effective Ottawa has been in implementing each specific SOC principle, overall. As a result, the findings can more specifically detail Ottawa's successes and challenges in implementing the SOC principles. The SOCPR thus becomes an assessment of client satisfaction and providing specific feedback for systemic improvement.

Section 4—Summative Questions: The last section contains the Summative Questions. These Questions require the reviewer to summarize and integrate the information obtained through the Document Review and the interviews completed for a specific child and family for each of the four domains. The Summative Questions require that the reviewer rate each question and provide a brief explanation to support the reasoning for the rating (Vergon, 2006).

Case Study Selection

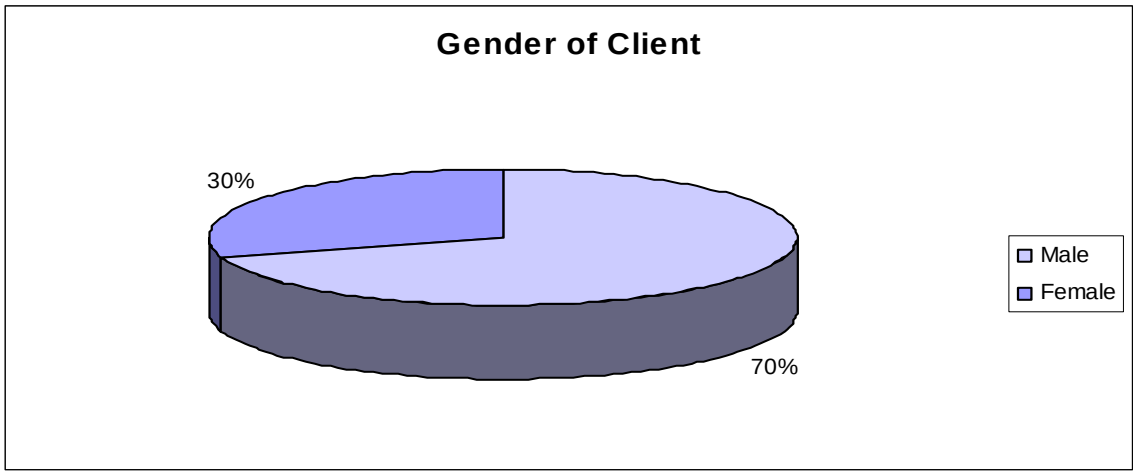
In an attempt to contain the project the CYMHN decided that the cases selected to participate in the SOCPR would have received services from CA and thus been identified as having complex needs. Since the SOCPR was designed with a hard to serve population in mind, using CA clients was congruent with the original development of the tool. In addition, CA clients are often identified as system children/youth due to their level of complexity and resulting high usage of services. As a result, CA clients were identified as being in a good position to provide informed feedback to reviewers about their experience within the system. Further, all cases were either actively receiving services or the case had been closed for no longer than six months. Finally, all cases were chosen using purposive sampling, meaning that cases were chosen randomly yet still being reflective of CA referrals patterns and community language distribution.

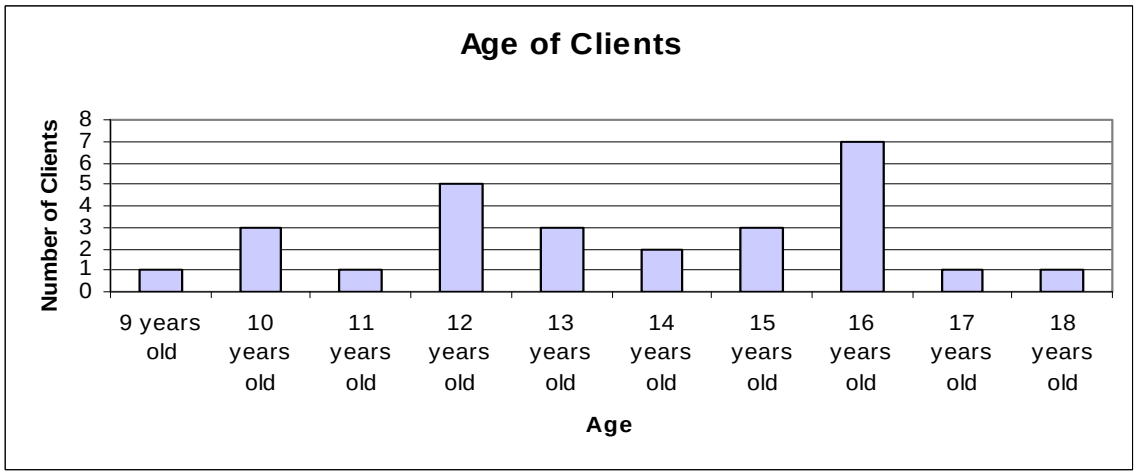
Context of the Data

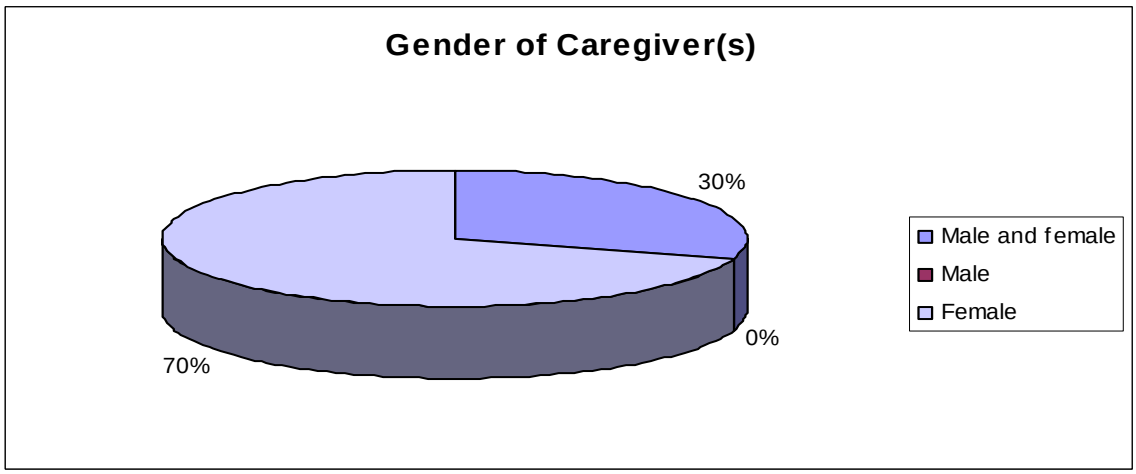
It is important to remain cognisant of the greater context in which the data was gathered. Firstly, this first year of data is considered our community's baseline data, which has been shown to be generous in various other studies due to the reviewers' lack of experience with the tool. Consequently, the scores might be somewhat higher in the first year than in coming years and demonstrates the importance of using the tool overtime. Secondly, since all cases were CA clients they were also receiving the most intensive interventions available within the system, e.g. Multisystemic Therapy, Intensive Services, Wraparound, Day Treatment. As a result, it will be important to broaden the scope in the future prior to making any generalizations about our system. This data does however, provide our community with good information about the types of strengths and challenges we are facing, as well as highlight areas that will require further examination in the future. Finally, Ottawa's sample size of 27 families is considered large for this type of evaluation given that a sample size of 20 is generally considered appropriate. However, it is also important to understand that this type of qualitative evaluation does not require statistical significance but rather redundancy in the feedback to ensure validity (Hernandez, 2008). Since redundancy was acquired in this evaluation, the feedback can be considered valid at least as it relates to the hard to serve clients in the Ottawa Region.

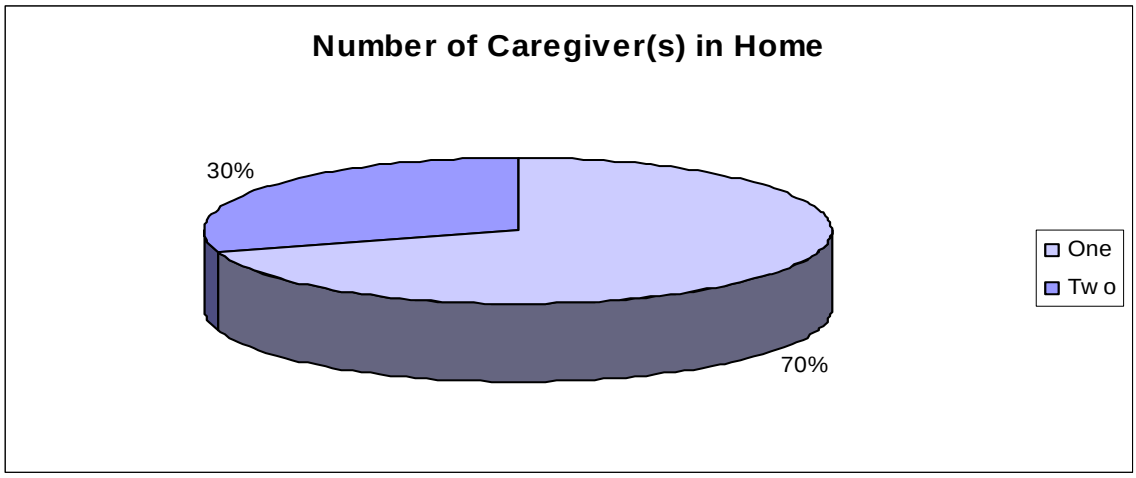
Statistics

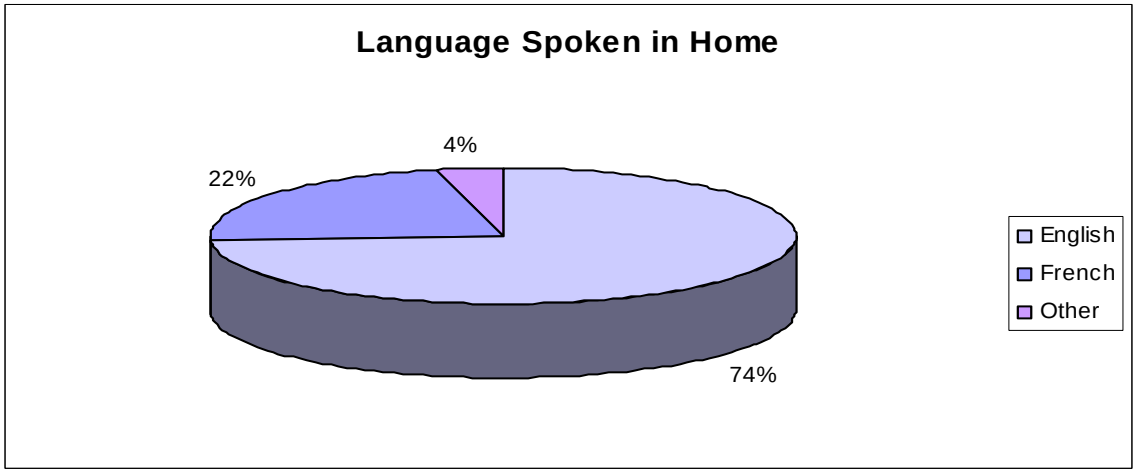
A. Demographic Information

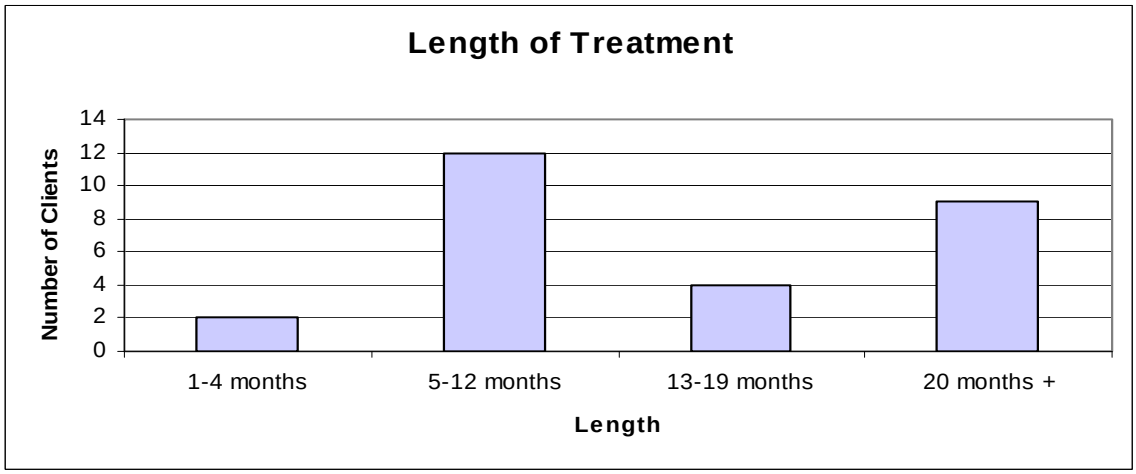


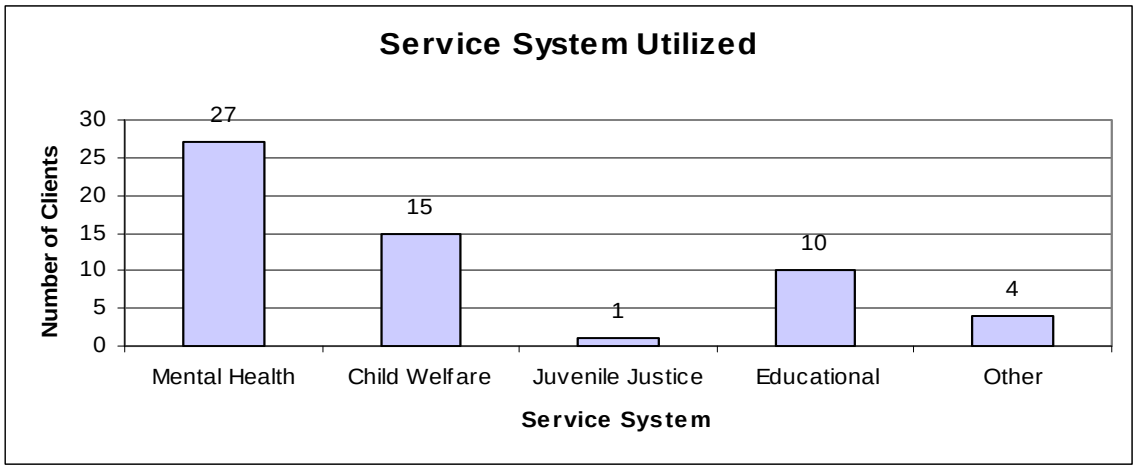


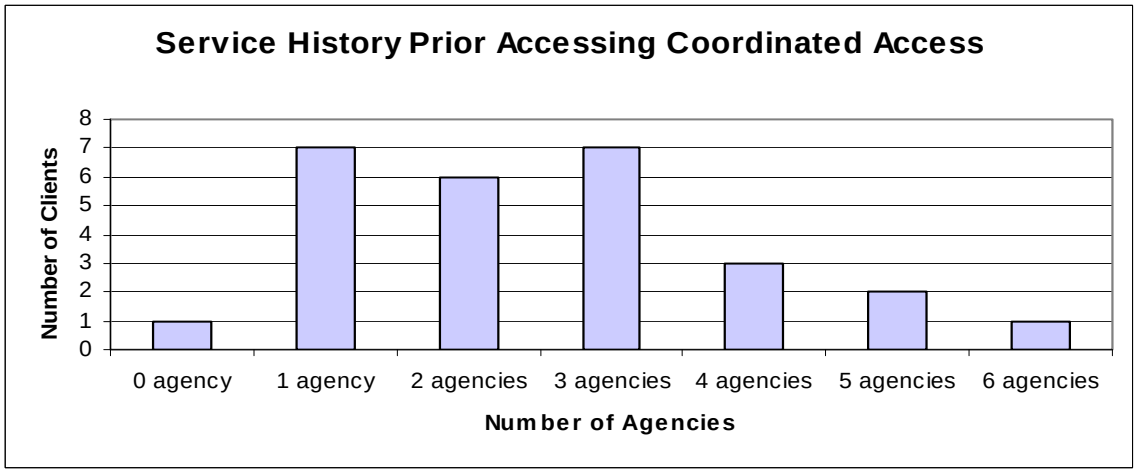



Number of Caregiver(s) in Home
30%
70%
One
Two


Language Spoken in Home
4%
22%
74%
English
French
Other


Length of Treatment
Number of Clients
14
12
10
8
6
4
2
0
1-4 months
5-12 months
13-19 months
20 months +
Length


Service System Utilized
Number of Clients
30
25
20
15
10
5
0
27
15
1
10
4
Mental Health
Child Welfare
Juvenile Justice
Educational
Other
Service System


Service History Prior Accessing Coordinated Access
Number of Clients
8
7
6
5
4
3
2
1
0
0 agency
1 agency
2 agencies
3 agencies
4 agencies
5 agencies
6 agencies
Number of Agencies

B. Domain Ratings

Each summative question was rated on a scale of "–3" (disagree very much) to "+3" (agree very much). These scores were transformed, as shown in the table below, on a scale from 1 (disagree very much) to 7 (agree very much), to eliminate the "–" and "+" signs. Thus, -3 was transformed to 1; -2 to was transformed to 2; -1 was transformed to 3, etc.

Summative Question Rating Scale

-3	-2	-1	0	+1	+2	+3
1	2	3	4	5	6	7
Disagree very much	Disagree moderately	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree moderately	Agree very much

***The following data is the average score based on a sample of 27 families.**

Domain 1: Child-Centered and Family-Focused (CCFF): The needs of the child and family dictate the type and mix of services provided.

1A: Individualized

Assessment / Inventory	5
1. A thorough assessment or inventory was conducted across life domains.	5
2. The needs of the child and family have been identified and prioritized across a full range of life domains.	5
3. The strengths of the child and family have been identified.	5
Service planning	5
4. There is a primary service plan that is integrated across providers and agencies.	4
5. The service plan goals reflect needs of the child and family.	5
6. The service plan goals incorporate the strengths of the child and family.	3

7. The service planning and delivery informally acknowledges/considers the strengths of the child and family.	6
Types of services/supports	5
8. The types of services/supports provided to the child and family reflect their needs and strengths.	5
Intensity of Services/Supports	5
9. The intensity of the services/supports provided to the child and family reflects their needs and strengths.	5

1B: Full Participation

10. The child and family actively participated in the service planning process (initial plan and updates)	5
11. The child and family influence the service planning process (initial plan and updates)	5
12. The child and family understand the content of the service plan.	6
13. The child and family actively participate in service.	5
14. The formal providers and informal helpers participate in service planning (initial plan and updates)	4

1C: Case Management

15. There is one person who successfully coordinates the planning and delivery of services and supports.	4
16. Service plan and services are responsive to the emerging and changing needs of the child and family.	5

Domain 2: Community-Based (CB): Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.

2A: Early Intervention

17. As soon as the child and family began experiencing problems, the system clarified the child and family's needs.	3
18. As soon as the child and family entered the service system, the system responded by offering the appropriate combination of services and supports.	4

2B: Access to Services

Convenient Times	6
19. Services are scheduled at convenient times for the child and family.	6
Convenient locations	6
20. Services are provided within or close to the home community.	6
21. Supports are provided to increase access to service location.	5
Appropriate language	7
22. Service providers verbally communicate in the primary language of the child/family.	7
23. Written documentation regarding services/service planning is in the primary language of child/family.	7

2C: Minimal Restrictiveness

24. Services are provided in a comfortable environment.	6
25. Services are provided in the least restrictive and most appropriate environment.	6

2D: Integration and Coordination

26. There is ongoing two-way communication among and between all team members, including formal service providers, informal helpers (if desired by the family), and family members including the child.	5
27. There is a smooth and seamless process to link the child and family with additional services if necessary.	4

Domain 3: Culturally Competent (CC): Services are attuned to the cultural, racial, and ethnic background and identity of the child and family.

3A: Awareness

Awareness of Child/Family's Culture	
28. Service providers recognize that the child must be viewed within the context of their own culture group and their neighborhood and community	5
29. Service providers know about the family's concepts of health and family.	5
30. Service providers recognize that the family's culture, values, beliefs and lifestyle influence the family's decision-making process.	5
Awareness of Providers' Culture	
31. Service providers are aware of their own culture, values, beliefs & lifestyles and how these influence the way they interact with the child and family.	4
Awareness of Cultural Dynamics	
32. Service providers are aware of the dynamics inherent when working with families whose cultural values, beliefs & lifestyle may be different from or similar to their own.	4

3B: Sensitivity and Responsiveness

33. Service providers translate their awareness of the family's values, beliefs and lifestyle in action.	4
34. Services are responsive to the child and family's values, beliefs and lifestyle.	4

3C: Agency Culture

35. Service providers recognize that the family's participation in service planning & in the decision making process is impacted by their knowledge/understanding of the expectations of the agencies/programs/providers	4
36. Service providers assist the child and family in understanding/navigating the agencies they represent.	4

3D: Informal Supports

37. Service planning and delivery intentionally includes informal sources of support for the child and family.	5

Domain 4: Impact (IM): The impact that services and supports have had on this child and family.

4A: Improvement

	CHILD	FAMILY
38. The services/supports provided to the child and family have improved their situation.	5	5

4B: Appropriateness

	CHILD	FAMILY
39. The services/supports provided to the child and family have appropriately met their needs.	5	4

Highlights of the Data

The data compiled above highlights the quantitative information gathered as a result of conducting the SOCPR. While this information can be useful, it is only a portion of the equation and thus does not provide a complete understanding of the system. The richness of using the SOCPR is that it also provides a context for comprehending the data through the qualitative information acquired. It is the qualitative information that the SOCPR was designed to collect, that makes this tool exceptional and different from many others. The information presented in the following section assists in understanding the scores presented above and perhaps more importantly clarifies "why and what" the score really means.

A. System Strengths

The following domains have been identified as the three primary strengths of the mental health system in Ottawa;

1. Service Delivery is Accessible – services are provided in locations and times that meet the needs of the client while also respecting their language of choice.
2. Restrictiveness- refers to the ability to provide services in a comfortable environment that is the least restrictive possible while also remaining clinically appropriate.
3. Identification of Strengths – the service planning and delivery informally acknowledges the strengths of the child and family. Perhaps this can be best illustrated by one reviewer who said;
    - "I am amazed at how often we can match up the list of strengths created by the child, family and worker and they are almost identical" (Ottawa, reviewer)".

B. System Challenges

The following three domains have been identified as the three primary challenges of the mental health system in Ottawa;

1. The Service Plan Goals Incorporate the Strengths of the Child and Family Our system has difficulty effectively integrating the strengths that have been identified for the child and/or family into the service planning process.
2. Early Identification & Intervention - the service system clarified the needs of the child and family quickly and responded by providing the right combination of services and supports.
    - "If I had received counselling sooner, I might still be living at home (youth 15)".
    - It was only when we kicked him out of the house that services finally kicked in (father)".

3. Integration of Service Plan Across Agencies – the child and family have one plan that all providers work from.
    - "I was asked a lot of the same questions by different people (youth)".
    - People seemed really slow to communicate. I had to say my stuff over and over again (youth, 16)".
4. Smooth and Seamless Transitions – linking the child and family with services while ensuring that there is on-going, two-way communication between providers. According to respondents, transitions across sectors and from latency services to adolescent services and the transition to adult services were of particular concern. This domain can best be summarized by a mother who responded the following when asked about smooth and seamless transitions.
    - "It was like pulling wisdom teeth out (mother)".
    - "Programs have a beginning and an end, no follow up, you just fall off the radar (mother)".

C. Areas Needing Further Exploration

The two domains listed below illustrate the need to go beyond the quantitative data to fully understand the context of the scores. The middle of the range ratings cannot properly be understood without the qualitative data gathered.

1. **Case Management** – there is one person who successfully coordinates services while ensuring that the treatment/service plan is responsive. This domain requires much greater attention than can be understood by the quantitative data presented. Currently, there is no agency or program with the mandate to coordinate services for our families yet the domain itself receives a mediocre score. The relatively high rating is a direct result of the dedication of the service providers and programs within that recognize this system failure and as such attempt to deliver this service to the best of their ability. However, since programs or agencies are not funded to deliver case management, they must do so at a cost to the service they ought to deliver, which results in a diluted service or less time to deliver the intended program. Further, the lack of case management is related to the difficulties experienced by families when attempting to access services or move between services within the system. As a result, the lack of case management warrants and its impact will require further exploration over time. Perhaps the impact can be better understood by the following two quotes from families.
    - "This has been a bumpy road. I have been left to figure out the system on my own. It wasn't explained to me, so I had to do my own research (mother)".
    - "In Alberta there were comprehensive services but in Ontario, mom had to phone CAS to find out what was available (youth 16)".

2. **Cultural Awareness & Competence** – refers to the ability to not only be aware of cultural differences, but also be sensitive and responsive to those needs for all people and agencies involved in a respective family (see description below). Further, there are additional barriers that prevent our systems ability to deliver culturally competent services such as recruitment, outreach, evidence based programs that are considered culturally competent. As a result, our system will need to work cohesively in order to improve our capacity to deliver culturally competent services.

    - "We never even talked about that (youth 17)".

D. Training Needs

1. Strength based planning & Goal setting – though our system has excelled in the area of strength identification, it has not be able to effectively use that information for goal setting or service planning with families. In order to move beyond the identification stage, our service providers will need training in this area.
2. Cultural Competence – when this domain is examined as a whole it also receives a middle of the range score. It is only when the domain is broken down that the training needs can be identified. Our system has an awareness of culture issues and dynamics at the planning level. However, training is required to effectively equip service providers to use that information in their work in order move beyond awareness to sensitive, responsive and thus culturally competent practice.

Suggested Next Steps / Recommendations

The use of the SOCPR has highlighted the need to address areas of improvement is various levels. The following recommendations outline concrete strategies that will assist agencies with the improvement of child centered and family focused, community based and culturally competent service delivery. Further, the endorsement of these suggestions for change and the use of the SOCPR will elevate each agency's and our systems' capacity to deliver services in accordance with the provincial policy framework goals.

A. SOCPR Results Based

- Use system training funds to provide opportunities for front line staff to acquire knowledge related to the use of strength based planning and treatment strategies with children/youth and families.
- Create a working group to develop memorandums of understanding between agencies in order to facilitate the

sharing of client information thus improving client transitions and communication.
- Coordinated Access in collaboration with its partners develops a concrete and community wide training strategy to enhance our ability to provide culturally competent services.

B. Use of the SOCPR

- Community commitment for the on-going use of the SOCPR as a system evaluation tool.
- Train additional reviewers in order to sustain the use of the tool over time and respond to request from other community agencies that would like to participate.

C. System Implications

- Broaden the population of focus to increase the breadth and depth of the data thereby enhancing the validity of future systemic results.
- Support the use of the tool as a quality assurance and improvement measure on an agency level.
- Engage the Child and Youth Mental Health Network in a guiding principles and visioning exercise that would serve as the foundations of future system decisions and assess congruence with the SOCPR.
- Make use of the mapping exercise to determine availability of services on a continuum and identify gaps in service.
- Articulate a shared decision making strategy for our mental health community to further assist the CYMHN in any future system decisions as it relates to their mandate and as requested by the Ministry of Children and Youth Services.
- Develop a working group that reports to the CYMHN to draft work plan that would support the development of a decision making strategy in accordance with the guiding principles. The mandate of the working group could be defined as follows;

The work group will develop a decision making strategy and resulting work plan that includes the identification of the population context, the proposed strategies/actions and the expression of desired outcomes in order to support a community framework for future system transformation. The development work plan would be congruent with the vision; values and principles determined by the CYMHN and include any necessary community consultations. Further, the work group would report to and operate under the leadership of the CYMHN.

- Apply for grants through the Centre of Excellence in order to further support the above mentioned activities and ensure the greatest possible community participation.

Conclusion

This project is an excellent example of community partnerships, collaboration and sharing of resources to work towards the improvement of the child and youth mental health system in Ottawa. It is the hope of the review team that the SOCPR will continue to be embraced as an asset to the system while being a catalyst to further system change. The use of the SOCPR and the resulting recommendations in this report have provided our community with the roadmap to becoming a "community of practice" and thus be looked to as a model of effective collaboration and a leader in transformation. Our community's willingness to examine itself honestly with the ultimate goal of improving the overall quality of life of the children/youth and families we serve is what makes Ottawa an exceptional community.

Annex A: Breakdown of Committee Membership

Governance Committees:

1. **Joint Steering Committee:**

Centre psychosocial, Children's Aid Society of Ottawa, Children's Hospital of Eastern Ontario, Crossroads Children's Centre, Ministry of Community and Social Services – Ministry of Children and Youth Services, Ottawa Children's Coordinated Access and Referral to Services, Ottawa Children's Treatment Centre, Roberts/Smart Centre, Rotary Home, Service Coordination and Youth Services Bureau

2. **CYMHN Group:**

Bethany Hope Centre, Centre Psychosociale, Children's Aid Society, Children's Hospital of Eastern Ontario, Crossroads Children's Center, Eastern Ontario Young Offenders Services, Emily Murphy Housing, McHugh Schools, Ministry of Community and Social Services – Ministry of Children and Youth Services, Rideauwood, Roberts/Smart Centre, St. Mary's, Youth Services Bureau, Youville Centre.