System of Care Practice Review Final Report 2011-2012

Supported by:

Ottawa Children's Coordinated Access and Referral to Services Steering Committee

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The Child and Youth Mental Health Network

Participants

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The Ministry of Children and Youth Services

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Introduction

The following report describes the System of Care Practice Review (SOCPR) results conducted in Ottawa over the course of the 2011-2012 fiscal year. The project findings will be highlighted and results compared with the first SOCPR evaluation conducted in 2007-2008. In addition, the community action plan resulting from the 2007-2008 system evaluation will be presented to provide a context for the work undertaken and the on-going projects that have occurred in between both evaluations. Finally, recommendations for the future will also be presented.

It is important to highlight that the sample size for the evaluation was 20 cases which is considered to be appropriate for a community of Ottawa's size. Further, this type of qualitative evaluation does not require statistical significance but rather redundancy in the feedback to ensure validity (Hernandez, Vergon, & Mayo, 2008). Since redundancy was acquired in this evaluation, the feedback can be considered valid particularly as it relates to the children/youth with complex needs in the Ottawa Region.

History of the SOCPR in Ottawa

Since 2004, 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 SOCPR 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, Deputy Executive Director of a children's mental health centre in

Tampa 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 SOCPR. 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.

Current use of the SOCPR in Ottawa

The use of the SOCPR continues to be endorsed by the CYMHN as an on-going system evaluation tool to be administered every three years. Following the results of the first system evaluation in 2007-2008, the CYMHN also established a standing sub-committee, the Operations and Logistics Committee, whose mandate is to ensure the implementation of the system of care values and principles in the Ottawa region, develop an action plan based on the SOCPR evaluation conducted in 2008 and oversee the on-going use of SOCPR as a system evaluation tool. It is under the guidance and supervision of both the CYMHN and the Operations and Logistics committee that this second system evaluation was conducted with the project management responsibility remaining with Coordinated Access.

Operations and Logistics Committee Action Plan

The following action plan outlines the work that has been undertaken under the guidance of the Operations and Logistics committee following the 2007-2008 system evaluation. The action plan provides an additional frame of reference for the results of the 2011-2012 system evaluation.

1. **System Developments**

Activity	Date	Lead	Involved	Future Actions	Date of Completion
An Operations and Logistics Committee was formed as a subcommittee of the CYMHN to advance the SOC vision in Ottawa. The O&L committee guides and recommends the actions and enhancements needed for system transformation. The O&L also relies on the results of the SOCPR to prioritize and support that decision making process.	2008		**Chair – Karen Tataryn** Members – Cherry Murray, Barbara McKinnon, Michael Hone, Francine Gravelle, Natasha Tatartcheff-Quesnel	A project plan is developed and reviewed yearly	**On-going**
CYMHN commitment to develop a system training fund to support system transformation and training in mental health.	2007	Oversight by the CYMHN delegated to the Operations Committee Project management,	All CYMHN member agencies and their respective staff.	A yearly training plan is developed by CA and approved by the Operations committee	Completed every fiscal year

		CA			
CYMHN commitment to adopt the on-going use of the SOCPR for the next five years. Development of a community training plan specific to the SOCPR to increase the reviewer pool and plan future system evaluations. (see SOCPR community plan document for additional details)	2008 5 year plan (2013)	Project management lead, CA Review Team Trainers -Crossroads -YSB -CAS -CA	All CYMHN member agencies.		**On-going** **See SOCPR specific project plan for additional details**
CYMHN Visioning Exercise resulting in the formal adoption of SOC values and Principles facilitated by Mario Hernandez and Jodi Levinson-Johnston.	2008	CYMHN	All committee members and guests (managers/directors from each agency as well as CA).		Completed
Development of The Operations Committee as a standing sub-committee of the CYMHN. The committee's mandate is to move forward the SOC values and principles and continue to address the system challenges identified during the SOCPR system evaluation.	2009-present	Chair, Karen Tataryn, CHEO	CHEO CAS Crossroads YSB CA		

Development of a SOC Ottawa web-site to ensure communication with the community related to SOC developments in Ottawa.	2009 - present	CA	All members of the Operations Committee		Completed but continues to be updated
Operations Committee supports the development of a one day training curriculum to assist CYMHN member agencies to move forward the SOC values and Principles	2010	YSB Crossroads and CA to develop and deliver training.			On-going as needed by CYMHN members
Research project with the CYMHN and University of South Florida exploring the use of the SOCPR as a system transformation tool and assessment of the resulting changes in practice/thinking.	2010	Oversight, Operations Committee Project management, CA Research lead, USF	All member agencies of the CYMHN	In progress	
Research project on inter-rater reliability of the SOPCR with the University of South Florida, the state of Arizona and three of the Ottawa SOCPR Trainers. The O&L committee has agreed to participate however the release time for participation is determined with the reviewers'	2010	Project management for Ottawa's participation, CA Research lead, USF	YSB Crossroads CA Members of the CYMHN will be invited to participate through the provision of data. Those confirmed to date, CAS, Crossroads	In progress	

respective agencies. Further, no additional resources will be dedicated to the project. As a result, opportunities for participation will need to build on other projects and/or travel.					

2. The Service Plan Goals Incorporate the Strengths of the Child and Family

Activity	Date	Lead	Involved	Future Actions	Date of Completion
Community Training was provided to improve our ability to identify resiliency strengths and actively use them in them when working with children/youth and their families.	2008	Coordinated Access	Open to all member agencies of the CYMHN	None	Completed 2009
The Operations committee determined that a separate project to address strength based planning and service delivery would be overwhelming given the work already being done in other areas. As a result, the committee recommended that we work	2009	Operations Committee			Completed

closely with Stuart Ablon (Massachusetts General Hospital/Harvard) to incorporate that as part of the Collaborative Problem Solving Model (CPS).					
Crossroads Children's Centre worked closely with Stuart to redesign the Thinking Skills Inventory to incorporate a strength based focus	2009	Crossroads Children's Centre	All members of the CPS CoP		Completed - 2009

3. **Cultural Awareness & Competence**

Activity	**Date**	**Lead**	**Involved**	**Future Actions**	**Date of Completion**
A two day training session was conducted for agencies participating in the research project. Each agency assembled a team of individuals to attend the training and review internal policies and procedures in accordance with cultural competence guidelines. Both classroom instruction and direct coaching was a provided to each agency.	2008	Coordinated Access, project management	Open to all member agencies of the CYMHN. Agencies that participated; RSC YSB Crossroads	See committee developed below	Completed
A Cultural Competence Steering Committee was developed as the oversight	2008	Coordinated Access (project	Open to all member agencies of the CYMHN. Agencies that		

committee for an agency evaluation of its cultural competence under the guidance of Ada Sinacore (project consultant and researcher).		management only)	participated; RSC YSB Crossroads		
A Cultural Competence Committee was established to pursue ***system*** changes and activities to support the development of our community's cultural competence. (see committee terms of reference and work plan for a detailed list of activities)	2009-Present	YSB	Open to all member agencies of the CYMHN. Agencies that participated; CAS YSB Crossroads CA (RSC?)		On-going To be reviewed in 2012-2013

4. Integration, Coordination & Smooth and Seamless Transitions

Activity	Date	Lead	Involved	Future Actions	Date of Completion
Centre of Excellence Grant for the Collaborative Problem Solving Model (CPS). Tier 1 training and one year of Supervision to assist with implementation of a common treatment model and development of a CoP.	2008	Crossroads Children's Centre	CHEO RSC YSB Crossroads CA	See progression below and details of the CoP	Completed

Centre of Excellence Grant for CPS tier 2 training and one year of supervision focused on case specific presentations and skill development. Continue growth of the CoP.	2009	Crossroads Children's Centre	CHEO RSC YSB Crossroads CA Additional members of the CoP; Christie Lake Cornwall Hospital Ottawa Public Board		Completed
On-going use of the CoP to further refine skill development and increase sustainability by shifting the focus of supervision from Stuart to the coaches of the Cop (members who received training via the CoE grant). Provide training in Ottawa and across the province.	2010	Oversight by the Operations Committee specific to training. Crossroads, oversight of the CoP and community newsletter.	CHEO RSC YSB Crossroads CA Christie Lake Cornwall Hospital Ottawa Public and Catholic Board Algonquin College EOYJA Lower Town Community Resource Centre		On-going Weekly 1 ½ hour meeting

5. **Community Intervention Planning Project (also referred to as the High Risk project or EBBS) – Developing a common approach to working with children/youth with concurrent mental health and conduct issues.**

Activity	Date	Lead	Involved	Future Actions	Date of Completion
Partner agencies from the Children and Youth Mental Health Network in Ottawa identified the need for a common service approach for children/youth with concurrent mental health and conduct disorders. The intent was to develop a collaborative model of service delivery that builds the community's capacity to serve children and youth with concurrent mental health and conduct issues.	2010-2011	**Project Lead Ottawa CAS: Barbara McKinnon**	Project Steering committee members; Pamela Smith (project consultant), Kathy Neff, Karen Tataryn, Michael Hone, Francine Gravelle, Cameron MacLeod, Kelly Raymond, Natasha Tatartcheff-Quesnel		
Define client population and conduct SOCPR reviews (7 cases). Prepare the final report and present data to the project Steering committee	June 2010	Lead – CA (for SOCPR reviews and report only)	All project steering committee members and the SOPCR trainers team		Completed
Adoption of the CPS model as a common service delivery approach. Facilitate three Tier 1	February 2011 – may 2011	Lead – Crossroads; Michael Hone	Trainers for Tier One sessions; Michael Hone, Natasha Tatartcheff-Quesnel,		Completed

certification courses and one Tier 2 session.			David Murphy, Ellen Waxman-Caron, Jennifer Bogett, Catherine Doucett (approximately 300 participants received training). Trainer for Tier 2; Stuart Ablon (approx. 60 participants received the training).		
Development of a common approach for Community Intervention planning. Develop training curriculum and deliver the 2 day training session.	June 2011	Leads - CA	All project steering committee members. Curriculum development; Kelly Raymond, Francine Gravelle, Michael Hone, Natasha Tatartcheff-Quesnel. CIP facilitation; Kelly Raymond, Michael Hone, Natasha Tatartcheff-Quesnel		Completed
Adoption of the CANS assessment tool as a triage and community planning. Develop the CANS tool for the initiative. CANS training.	April – May – June 2011	Lead – Cameron MacLeod	All project steering committee members. Training facilitated by Dr. John Lyons		Completed
Determine the referral process for access to the initiative.	Throughout the project		All project steering committee members		Completed

Identify liaison staff in each referring agency. Develop the critical response team. Identified the flow through process for clients and staff through the existing CA mechanism.					
			TBD	Develop communication to agencies for referrals.	September 2011
			Kelly Raymond	Explore the development of project evaluation framework (costs/benefits)	In Progress
			TBD	Evaluate the project using the framework and the SOPCR.	Upon completion of 10 clients accessing the initiative

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; and
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; and
- 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 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/youth 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. 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 system of care philosophy by the direct service providers and system; and 3) assessing the degree to which the system of care 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 opportunities for improvement.

Methodology

Method

The SOCPR relies on data gathered from interviews with multiple informants, as well as through case files and record reviews. Document reviews precede interviews and provide an understanding of the family's service history, including the presence and variety of services from sectors outside of mental health care systems. These reviews also provide the chronological context of service delivery and help to orient the reviewer to the child/youth and family's strengths, needs, and involvement with services.

The interviews are based on a set of questions intended to obtain the child/youth and family's perceptions of the services they have received. Questions related to accessibility, convenience, relevance, satisfaction, cultural competence, and perceived effectiveness are included. These questions are open-ended and designed to elicit both descriptive and explanatory information that might not be found through the document review. The questions provide the reviewer with the opportunity to obtain information about the everyday service experiences of the child/youth and family and thereby gain a glimpse of the life experience of a child/youth and family in the context of the services they have received.

The SOCPR uses a case study methodology informed by caregivers, youth, formal providers, informal supports, and extant documents related to service

planning and provision. The unit of analysis is the *family case*, with each case representing a test of the extent to which the system of care is implementing its services in accordance with system of care values and principles. The family case consists of the child/youth involved in the system of care, the primary caregiver (e.g., biological parent, foster parent, relative), the primary formal service provider (e.g., behavioral health case manager, therapist), and if present, a primary informal helper (e.g., extended family member, neighbor, friend).

Domains

The SOCPR assesses four domains relevant to systems of care: 1) Child-Centered Family-Focused, 2) Community Based, 3) Culturally Competent, and 4) Impact.

> Domain 1, Child-Centered Family-Focused, is defined as having the needs of the child/youth and family dictate the type and combination of services provided by the system of care. It is a commitment to adapt services to children and families, as opposed to expecting children and families to conform to pre-existing service configurations. Domain 1 has three subdomains: 1) Individualized, 2) Full Participation, and 3) Case Management.
>
> Domain 2, Community Based, is defined as having services provided within or close to the child/youth's home community in the least restrictive and most appropriate setting possible, and coordinated and delivered through linkages between a variety of providers and service sectors. This domain is composed of 4 subdomains: 1) Early Intervention, 2) Access to Services, 3) Minimal Restrictiveness, and 4) Integration and Coordination.
>
> Domain 3, Culturally Competent, is defined by the capacity of agencies, programs, services, and individuals within the system of care to be responsive to the cultural, racial, and ethnic differences of the population they serve. Domain 3 has four subdomains: 1) Awareness, 2) Sensitivity and Responsiveness, 3) Agency Culture, and 4) Informal Supports.
>
> Domain 4, Impact, examines the extent to which families believe that services were appropriate and were meeting their needs and the needs of their children. This domain also examines whether services are seen by the family to produce positive outcomes. This domain has two subdomains: 1) Improvement and 2) Appropriateness.

Taken individually, these measures allow for assessment of the presence, absence, or degree of implementation of each of the domains and subdomains. Taken in combination, they speak to how close a system's services adhere to the values and principles of a system of care. The

findings can also highlight which aspects of system of care-based services are in need of improvement. Ultimately, results provide the basis for feedback, thus allowing a system's stakeholders to maintain fidelity to system of care values and principles.

Organization of the SOCPR

The SOCPR is based on the system of care values and principles and uses a case study methodology informed by caregivers, youth, formal providers, and informal supports, where available. The SOCPR is organized into the following 4 major sections.

Section 1—Demographic Information: Includes demographic information designed to create a snapshot of the child/youth's current array of services and summarizes the demographic profile of the child/youth and family.

Section 2—Document Review: Organizes the case records review and comprises 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 review of the file. It also provides information about all of the service systems with which the child/youth and family are involved (e.g., special education, mental health, juvenile justice, child welfare). It summarizes major life events, persons involved in the child/youth's history and current life, outcomes of interventions, and the child/youth's present status. Review of the Individualized Service Plan provides information about the types and intensity of the services received, integration and coordination, strengths identification, and family participation. The Document Review is completed prior to any interview so that the information gathered through the documents can inform and strengthen the interviews.

Section 3—Interview Protocol: Consists of the interview questions organized by the type of informant (primary caregiver, youth, formal service provider, informal helper); the interviews are designed to gather information about each of the four identified domains (Child-Centered Family-Focused, Community Based, Culturally Competent, and Impact). Questions for each of the four domains are divided into subdomains that define the domain in further detail and represent the intention of the corresponding system of care core value. Questions in each of the subdomains are designed to indicate the extent to which core system of care values guide practice. Data are gathered through a combination of closed-ended questions (i.e., quantitative) that produce ratings and explanatory responses from participants through more open-ended questions and narrative responses (i.e., qualitative). The open-ended questioning provides an 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.

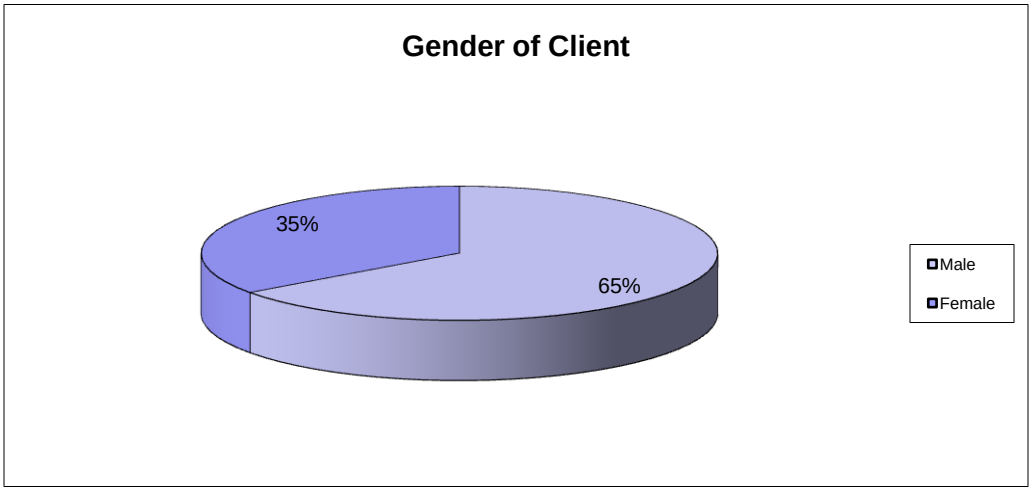
Section 4—Summative Questions: Consists of the summative questions in which reviewers record their ratings and the evidence derived from the file review and interviews to support the reviewer rating for each summative question. These ratings represent the reviewer's belief of the extent to which system of care values and principles are actualized.

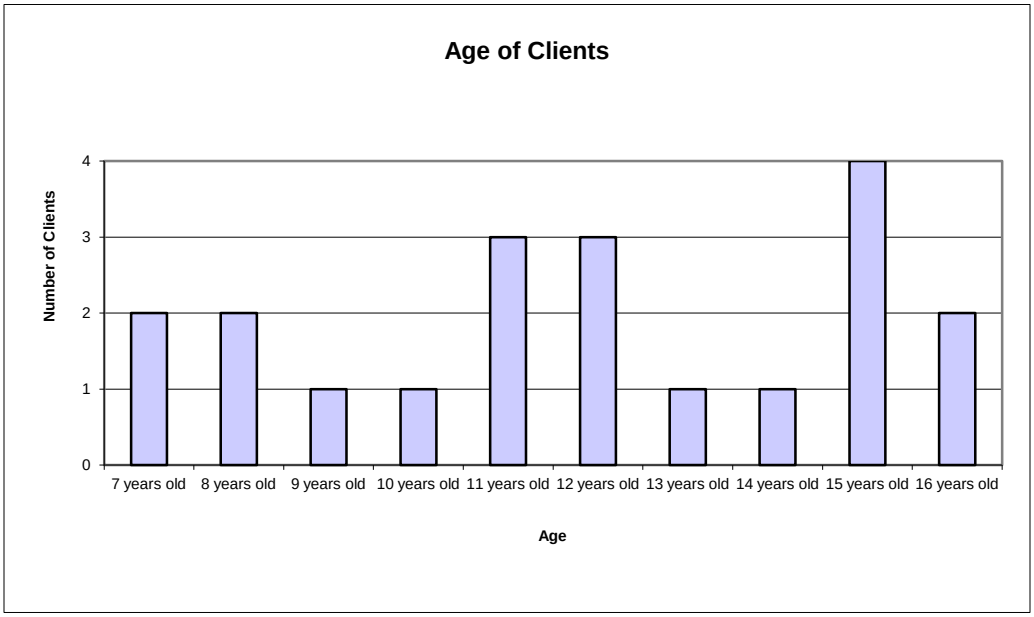
Case Study Selection

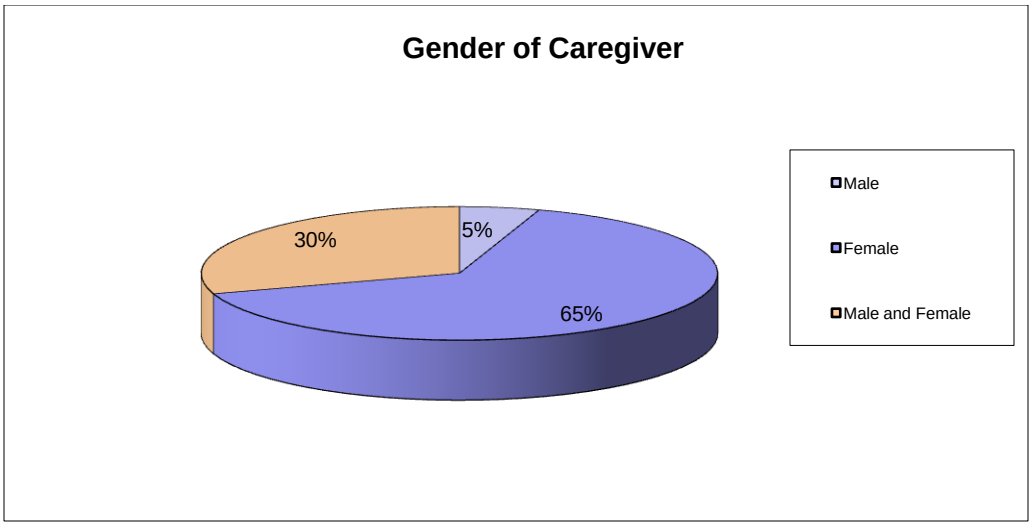
Cases were selected through the Coordinated Access (CA) mechanism and thus have been identified as having complex needs. Since the SOCPR was designed with a hard to serve population in mind, using CA clients is congruent with the original development of the tool. In addition, CA clients are often identified as "system" children/youth due to their level of complexity and resulting high usage of services. As a result, CA clients are 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. The sample size was 20 cases which is considered to be appropriate for a community of Ottawa's size. It is important to note that one case could only be partially used (qualitative data only) given the protocol was not completed. 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, Vergon, & Mayo, 2008). Since redundancy was acquired in this evaluation, the feedback can be considered valid particularly as it relates to the children/youth with complex needs to serve clients in the Ottawa Region.

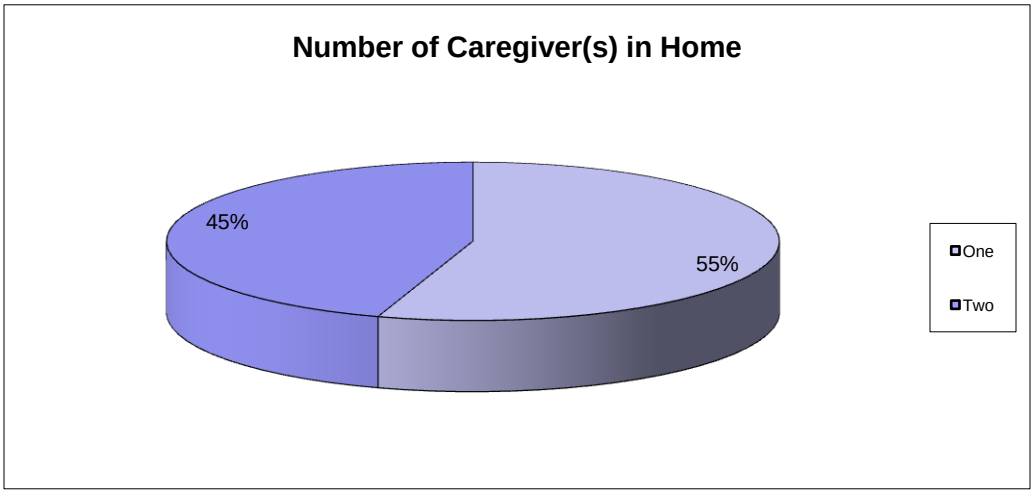
Quantitative Analysis

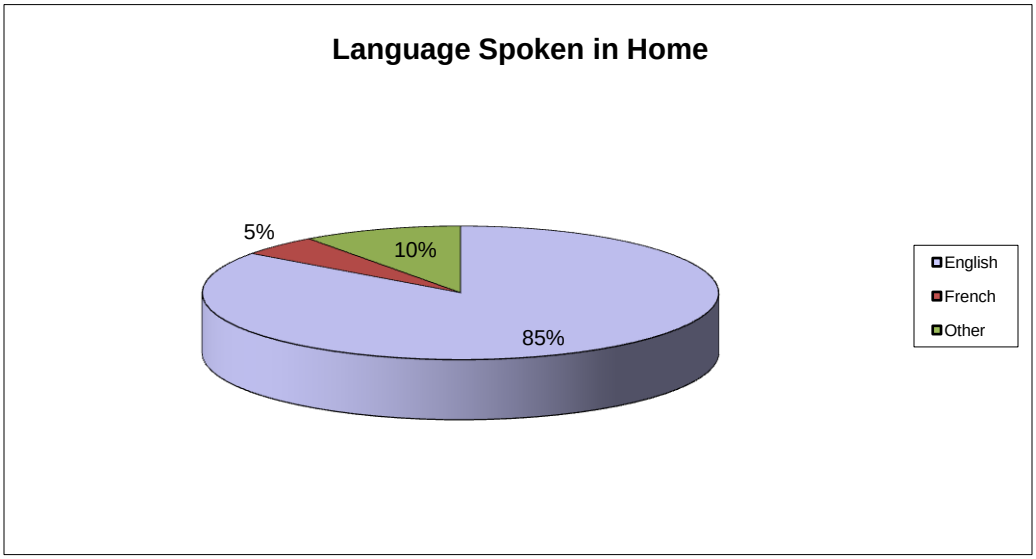
A. Demographic Information

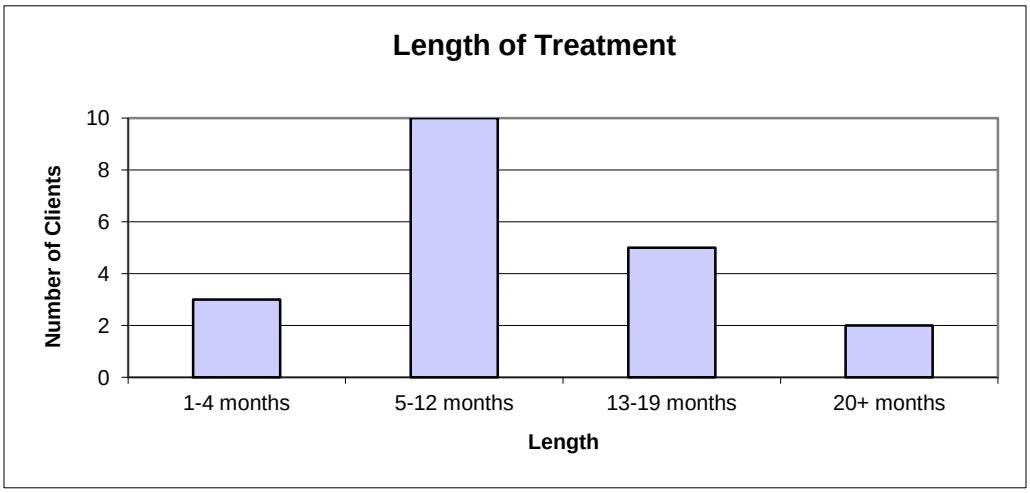


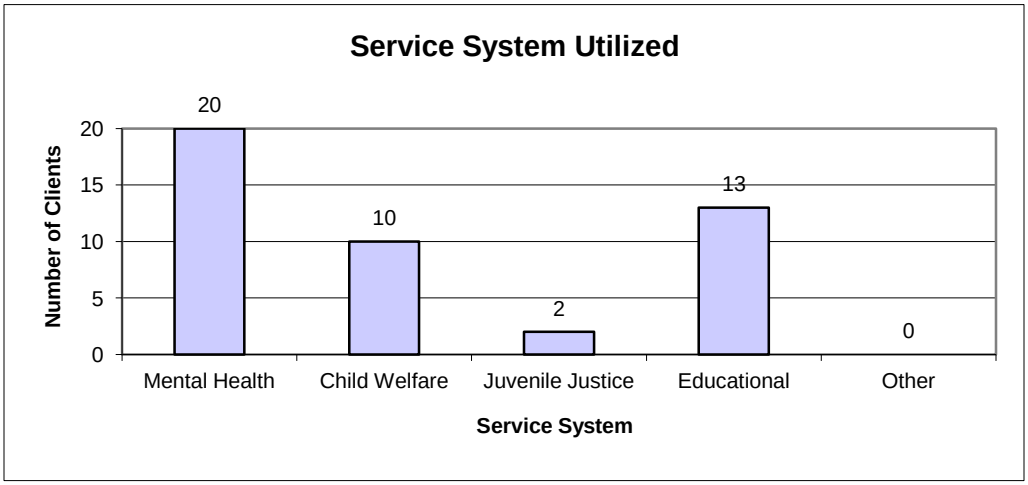


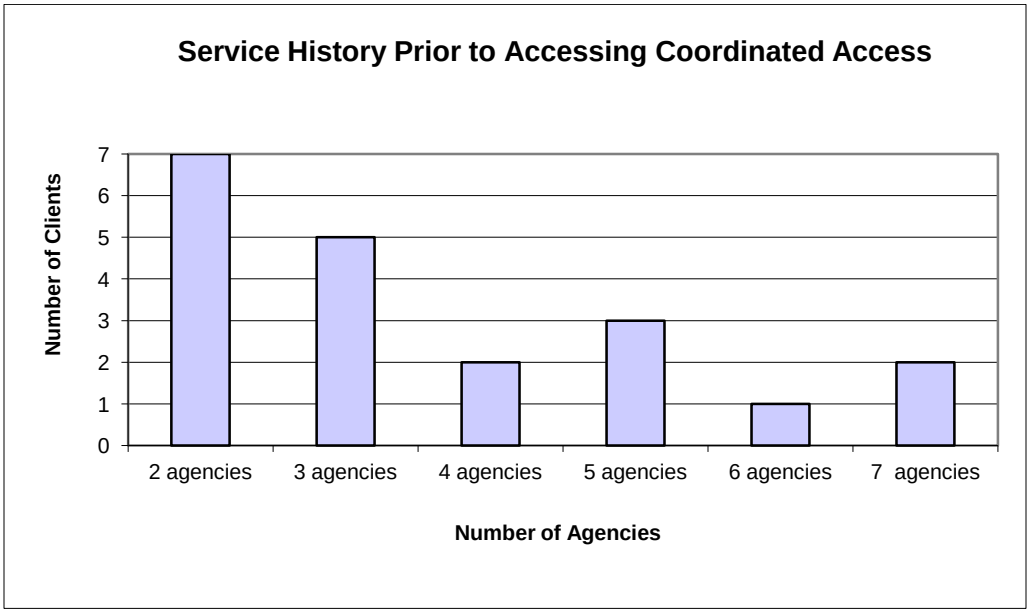

Gender of Caregiver
30%
5%
65%
Male
Female
Male and Female


Number of Caregiver(s) in Home
45%
55%
One
Two


Language Spoken in Home
5%
10%
85%
English
French
Other


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


Service System Utilized
Number of Clients
20
15
10
5
0
20
10
2
13
0
Mental Health
Child Welfare
Juvenile Justice
Educational
Other
Service System


Service History Prior to Accessing Coordinated Access
Number of Clients
7
6
5
4
3
2
1
0
2 agencies
3 agencies
4 agencies
5 agencies
6 agencies
7 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 are the average scores based on a sample of 20 families for FY2011-2012.

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	
1. A thorough assessment or inventory was conducted across life domains.	5.80
2. The needs of the child and family have been identified and prioritized across a full range of life domains.	5.20
3. The strengths of the child and family have been identified.	6.00
Service planning	
4. There is a primary service plan that is integrated across providers and agencies.	3.95
5. The service plan goals reflect needs of the child and family.	5.30
6. The service plan goals incorporate the strengths of the child and family.	3.50
7. The service planning and delivery informally acknowledges/considers the strengths of the child and family.	5.80
Types of services/Supports	
8. The types of services/supports provided to the child and family reflect their needs and strengths.	5.25

Intensity of Services/Supports	
9. The intensity of the services/supports provided to the child and family reflects their needs and strengths.	5.10

1B: Full Participation

10. The child and family actively participated in the service planning process (initial plan and updates)	5.50
11. The child and family influence the service planning process (initial plan and updates)	5.40
12. The child and family understand the content of the service plan.	5.95
13. The child and family actively participate in service.	5.90
14. The formal providers and informal helpers participate in service planning (initial plan and updates)	4.60

1C: Case Management

15. There is one person who successfully coordinates the planning and delivery of services and supports.	5.45
16. Service plan and services are responsive to the emerging and changing needs of the child and family.	4.95

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.	4.70
18. As soon as the child and family entered the service system, the system responded by offering the appropriate combination of services and supports.	3.85

2B: Access to Services

Convenient Times	
19. Services are scheduled at convenient times for the child and family.	6.70
Convenient Locations	
20. Services are provided within or close to the home community.	6.70

21. Supports are provided to increase access to service location.	6.78
Appropriate Language	
22. Service providers verbally communicate in the primary language of the child/family.	6.45
23. Written documentation regarding services/service planning is in the primary language of child/family.	6.70

2C: Minimal Restrictiveness

24. Services are provided in a comfortable environment.	6.55
25. Services are provided in the least restrictive and most appropriate environment.	6.15

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.	5.35
27. There is a smooth and seamless process to link the child and family with additional services if necessary.	3.95

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	5.15
29. Service providers know about the family's concepts of health and family.	5.50
30. Service providers recognize that the family's culture, values, beliefs and lifestyle influence the family's decision-making process.	5.40
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.	5.15

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.	5.25

3B: Sensitivity and Responsiveness

33. Service providers translate their awareness of the family's values, beliefs and lifestyle in action.	5.15
34. Services are responsive to the child and family's values, beliefs and lifestyle.	5.35

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	5.05
36. Service providers assist the child and family in understanding/navigating the agencies they represent.	5.45

3D: Informal Supports

37. Service planning and delivery intentionally includes informal sources of support for the child and family.	4.80

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

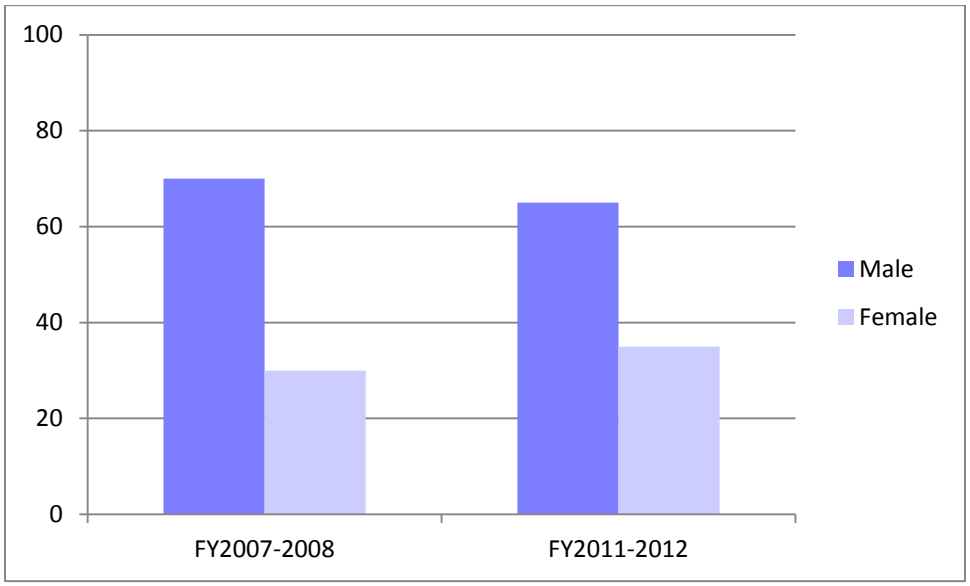
4A: Improvement

	CHILD	FAMILY
38. The services/supports provided to the child and family have improved their situation.	5.35	5.15

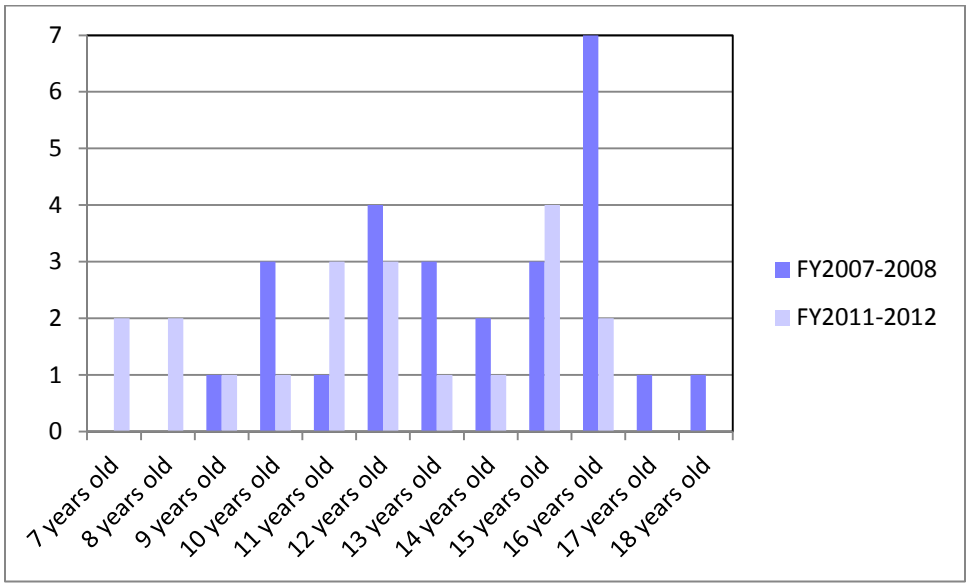
4B: Appropriateness

	CHILD	FAMILY
39. The services/supports provided to the child and family have appropriately met their needs.	4.80	5.10

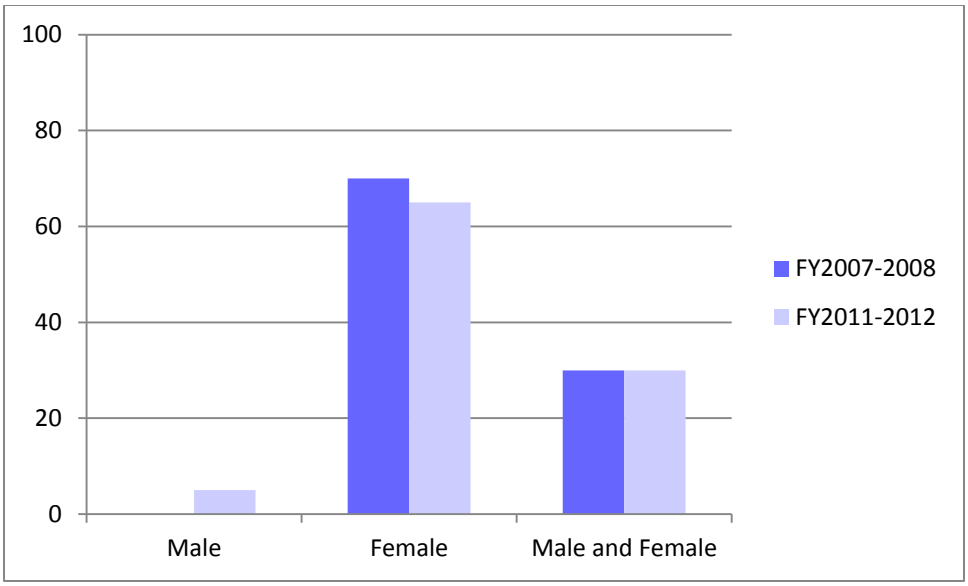
C. Comparison of FY2007-2008 and FY2011-2012



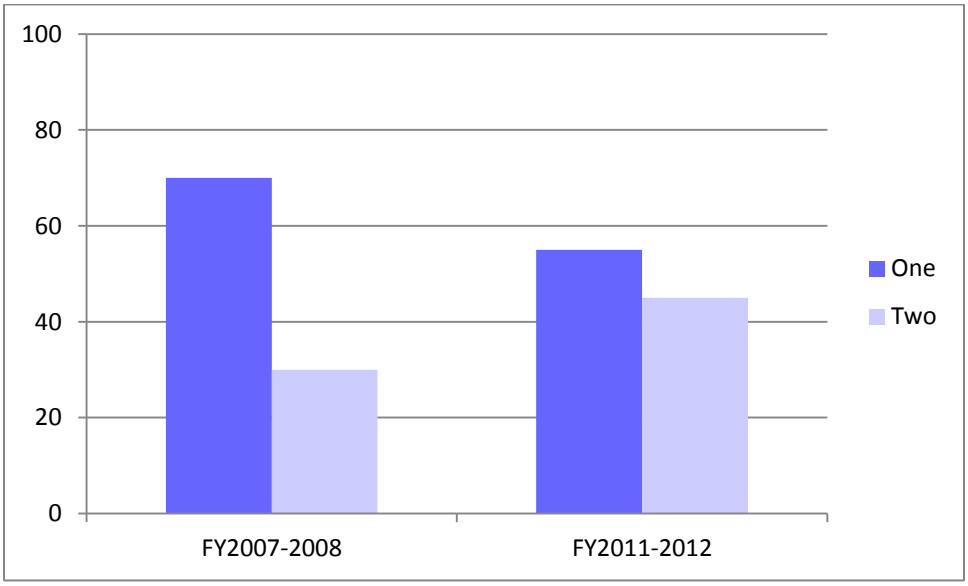
Gender of Clients



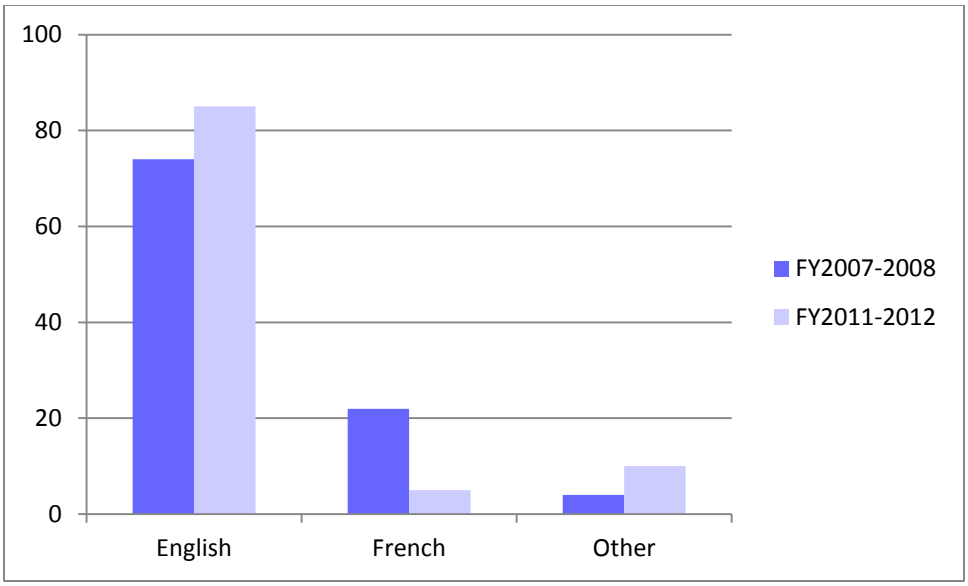
Age of Clients



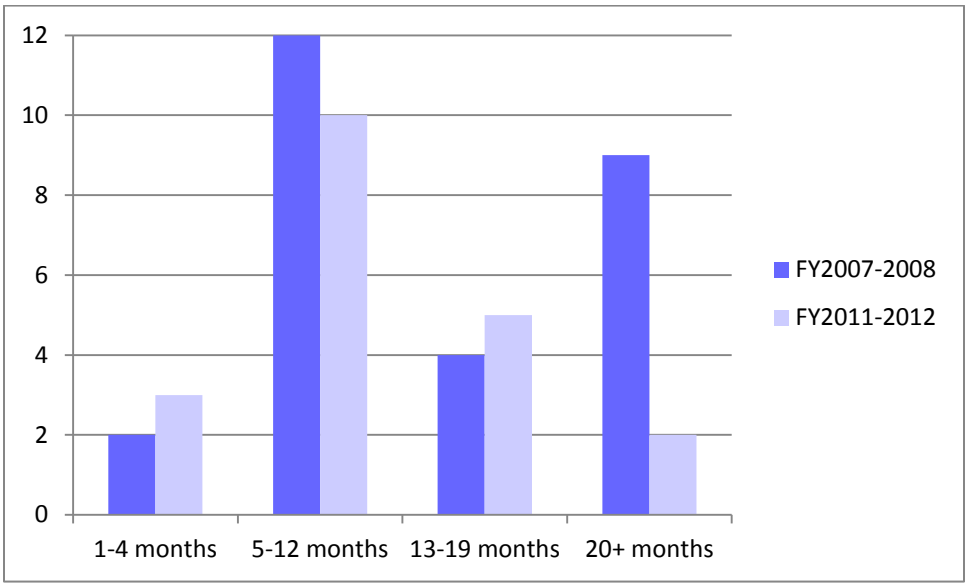
Gender of Caregiver(s)



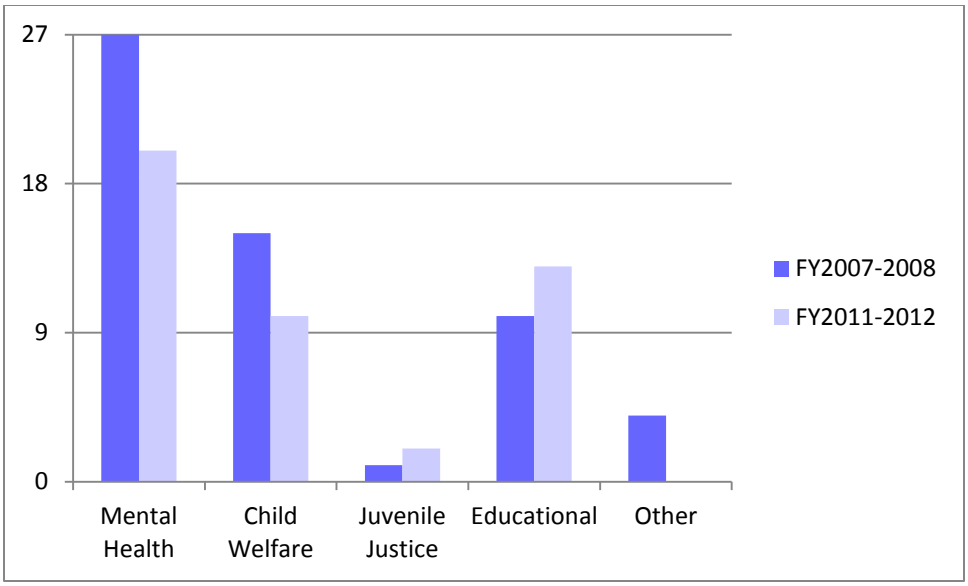
Number of Caregiver(s)
in Home



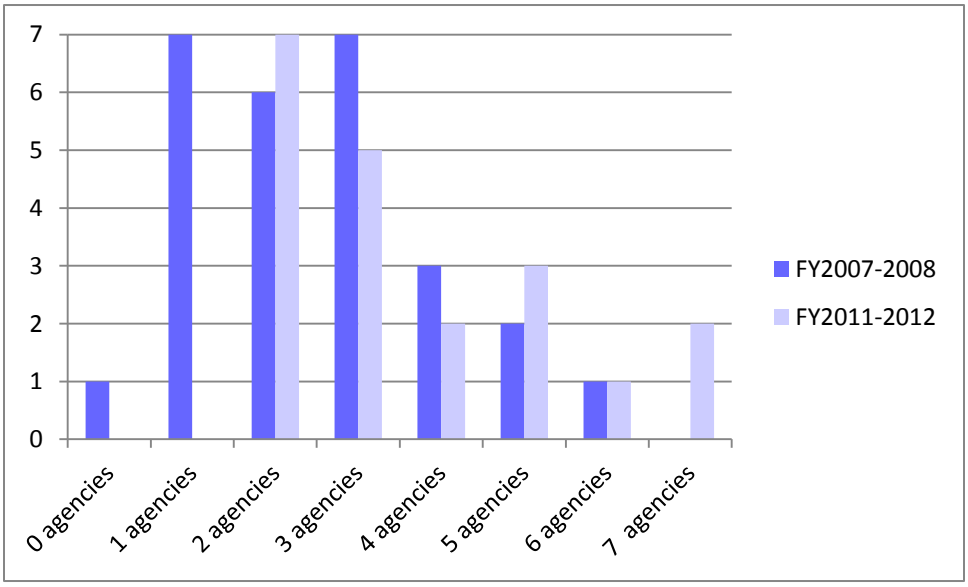
Language Spoken
in the Home



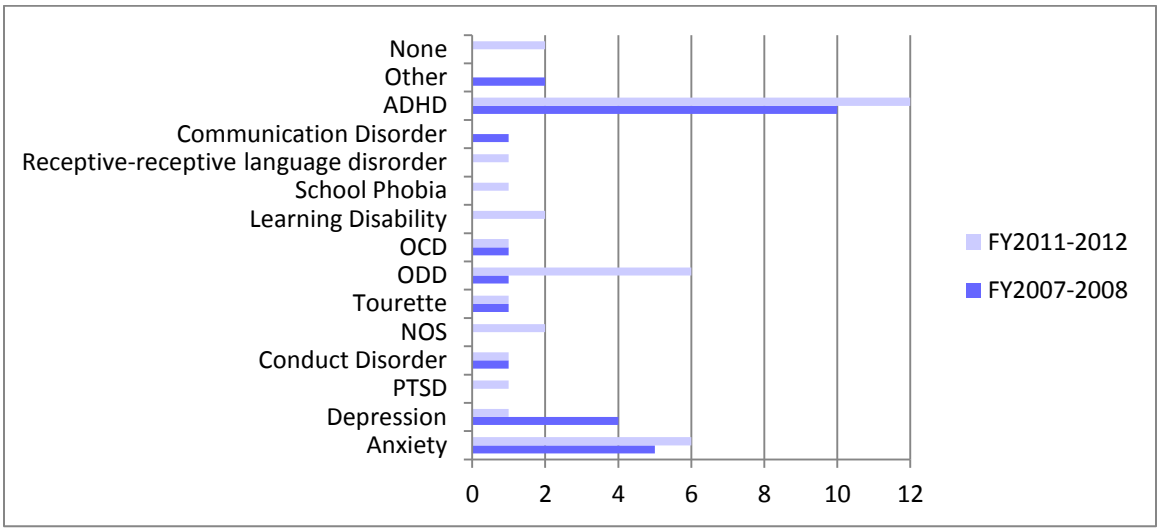
Length of Treatment



Service System Utilized



Service History



Psychiatric Diagnosis

	2007-2008	2011-2012	Change
	Mean	Mean	
Overall Score	4.85	5.24	0.39
Domain 1: Child-Centered Family-Focused	4.87	5.26	0.39
Individualized	4.97	5.10	0.13
Assessment/Inventory	5.37	5.67	0.30
Service Planning	4.71	4.64	-0.07
Types of Services/Supports	4.74	5.25	0.51
Intensity of Services/Supports	5.11	5.10	-0.01
Full Participation	5.07	5.42	0.36
Case Management	4.56	5.20	0.64
Domain 2: Community-Based	5.17	5.49	0.32
Early Intervention	4.05	4.28	0.23
Access to Services	6.01	6.67	0.66
Convenient Times	5.84	6.70	0.86
Convenient Locations	5.40	6.74	1.34
Appropriate Language	6.87	6.58	-0.29
Minimal Restrictiveness	6.16	6.35	0.19
Integration and Coordination	4.47	4.65	0.18
Domain 3: Culturally Competent	4.43	5.12	0.69
Awareness	4.69	5.29	0.60
Awareness of Child/Family's Culture	4.84	5.35	0.51
Awareness of Providers' Culture	4.63	5.15	0.52
Awareness of Cultural Dynamics	4.32	5.25	0.93
Sensitivity and Responsiveness	4.40	5.25	0.85
Agency Culture	4.19	5.25	1.06
Informal Supports	4.42	4.80	0.38
Domain 4: Impact	4.92	5.10	0.18
Improvement	5.21	5.25	0.04
Appropriateness	4.63	4.95	0.32

This table shows a comparison of domain and subdomain scores across two administrations of the SOCPR. All domains showed positive improvements from FY2007-2008 to FY2011-2012. Additionally, all subdomains showed positive change across both administrations of the SOCPR. Two areas in two different subdomains showed decreases in mean scores (Intensity of Services/Supports and Appropriate Language). Two of the four domains,

Culturally Competent and Impact, showed improvement across all subdomains and areas.

The highest scoring SOCPR domain across both FY2007-2008 and FY2011-2012 was Community Based. This presents evidence of the consistent way Ottawa's CYMHN provided services to child/youth and families within their own community, in the least restrictive environment as possible, and delivery of services was through multiple providers. The remaining three domain scores were ranked differently across both administrations.

Only two subdomain scores were ranked the same across both administrations. These subdomains, Case Management and Early Intervention, ranked eighth and 13th respectively out of 13 subdomains. The two highest ranking domain scores were Minimal Restrictiveness and Access to Services although they were in a different order (first and second) in each administration of the SOCPR.

Opportunities for improvement and growth were most evident in the domain of Culturally Competent. In FY2007-2008 all of the subdomains and areas were in the 4 range but in administration two all but one of the 8 subdomains or areas were in the 5 range. This shows an overall improvement in rating scores indicating that the cultural, racial, and ethnic background and identity of the agency and the child/youth and family being served are recognized and accommodated. The Culturally Competent domain had the lowest mean scores in FY2007-2008 and the third lowest mean scores in FY2011-2012, although it was one of the two domains which showed positive improvements across all of it domains and subdomains. Two areas in Culturally Competent, Awareness of Child's/Family's Culture and Awareness of Providers' Culture, were ranked the same. Again this provides evidence of consistency not only of improvement and growth but also of Ottawa's CYMHN service provision.

The Culturally Competent domain showed the greatest amount of positive change across the two administrations of the SOCPR. Change scores ranged from .04 to 1.34. These improvements indicate that not only is there an understanding and awareness of culture by service providers, but also a responsiveness to the needs of families because of formal feedback like the SOCPR.

Community Based and Child Centered Family Focused domains both had one area with change in the negative direction. These areas were Appropriate Language and Intensity of Services/Supports respectively. Opportunities for improvement and growth might include attending to specific needs of families and sustaining matched services and needs.

Qualitative Analysis

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.

The qualitative data is compiled from responses to Summative Questions that SOCPR reviewers use to summarize and integrate information gathered throughout the Document Review and the series of interviews completed with a particular child/youth and family to address each of the four SOCPR domains. The Summative Questions call for the reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which the subdomain elements (e.g., individualized, full participation) are being implemented. In the final analysis, ratings for each measurement are clustered and considered in conjunction with reviewers' narratives to determine an overall rating for each domain, indicating the extent to which each subdomain was achieved. The narrative portion of each Summative Question response was used to assess the degree to which SOCPR items tied to each domain were met and an explanation for the evidence provided. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis examines the evidence provided to explain the rating.

The compiled narratives for all Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area (N=20). The frequency of Summative Question responses were examined and analyzed for emerging patterns/trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given domain or subdomain area. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered and Family Focused Services

	2007-2008	2011-2012	Change
	Mean	Mean	
Overall Score	4.85	5.24	0.39
Domain 1: Child-Centered Family-Focused	4.87	5.26	0.39
Individualized	4.97	5.10	0.13
Assessment/Inventory	5.37	5.67	0.30
Service Planning	4.71	4.64	0.07
Types of Services/Supports	4.74	5.25	0.51
Intensity of Services/Supports	5.11	5.10	-0.01
Full Participation	5.07	5.42	0.36
Case Management	4.56	5.20	0.64

The first domain of the SOCPR is designed to measure whether the needs of the child/youth and family determine the types and mix of services provided within the System of Care. This domain reflects a commitment to adapt services to the child/youth and family rather than expecting them to conform to preexisting service configurations. The review reflects the effectiveness of the site in providing services that are individualized, that families are included as full participants in the treatment process, and that the type and intensity of services provided is monitored through effective case management.

Overall, descriptive comments provided by SOCPR raters, suggest that providers within the mental health system in Ottawa are generally providing child-centered and family-focused services. A review of cases using the measures associated with Child-Centered and Family-Focused Services suggests that there is increasing evidence that life domains are being addressed and a greater indication of strength based planning. Documentation of information in file records is improving, although there is still seems to be a lack of connection between identification of goals and use of goals.

Strengths for Domain 1

The following area within the Individualized subdomain of Child-Centered and Family-Focused indicated is a strength evident in the Ottawa mental health system:

- Assessment/Inventory – the service planning and delivery informally acknowledges the strengths of the child/youth and family.
    - *"The goals were mutually agreed upon with the child and family after completing the needs assessment. "*

- *Goals addressed the needs and then some. I want her to stay."*
- *"Goals and needs are intertwined."*

Reviewers stated that the documentation in the file reviews seemed better and that there was greater evidence of strength based planning. Raters also indicated that life domains were being addressed.

Opportunities for Improvement for Domain 1
The following domain has been identified as an opportunity for improvement within the mental health system in Ottawa:

- Individualized – there appears to be difficulty in effectively integrating the strengths that have been identified for the child/youth and family into the service planning process and integrating the primary service plan across providers and agencies.
    - *"Family would have liked more involvement from psychiatrist and respite worker."*
    - *"It wasn't the right time for that service."*
    - *"Not always on the same page –school pulling supports now."*

This subdomain was consistently identified across both years of the SOCPR as an opportunity for improvement and growth for the Ottawa mental health system. This subdomain showed incremental positive improvement in means scores from administration one to administration two.

Reviewers indicated that there seems to be a disconnect between the structures and the families perception of their level of involvement and influence in the actual process. It appears that structures are in place, treatment plans are signed, child/youth and families are receiving signed copies, and meetings are being attended. There were questions as to whether this is truly full participation or just an exercise.

There appears to be continuing struggles around case managers and the case management service system. Families appeared to have difficulty identifying a case manager and often chose a services provider by "default" rather than by their roles or responsibilities. Many did not necessarily identify their service provider as a case manager. The family's lack of understanding of how the system works impacted their perspective about the roles of service providers and their case management responsibilities.

Even when case management was able to be provided, system challenges continued to exist given there are not structures in place to support the role. Case coordinators are not sure what they can and cannot do when assuming that function.

Reviewers indicated that there continues to be significant differences between workers. The quality of the service provided to child/youth and families is dependent on the worker rather than consistent services regardless of who is providing it. Therefore, working with multiple services providers was identified as a challenge for families.

Client files also continue to be problematic. There are still no common client files when there are several providers involved with a child/youth and family. In many cases there may be more than one file in existence. Also, client files needs to better reflect the work that is occurring with the child/youth and family. Many times the client files are often lacking important information. Further, the files need to indicate if an electronic file exists to ensure reviewers are aware of that documentation, and it is available for review.

Domain 2: Community-Based Services

	2007-2008	2011-2012	Change
	Mean	Mean	
Overall Score	4.85	5.24	0.39
Domain 2: Community-Based	5.17	5.49	0.32
Early Intervention	4.05	4.28	0.23
Access to Services	6.01	6.67	0.66
Convenient Times	5.84	6.70	0.86
Convenient Locations	5.40	6.74	1.34
Appropriate Language	6.87	6.58	-0.29
Minimal Restrictiveness	6.16	6.35	0.19
Integration and Coordination	4.47	4.65	0.18

The second SOCPR domain is designed to measure whether services are provided within or close to the child/youth's home community, in the least restrictive setting possible, and moreover, that services are coordinated and delivered through linkages between public and private providers. The sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early, facilitating access to services, providing less restrictive services, and integrating and coordinating services for families.

Raters reported that services appeared to be provided in environments that feel comfortable to the child/youth and family. There appeared to be a positive connection between delivery of services at home and attention to culture. Reviewers also noted that service delivery was given a much higher priority and staff was attending to delivery of services on a more regular basis.

Strengths for Domain 2

The following subdomains have been identified as some of the primary strengths of the mental health system in Ottawa:

- Access to Services – services are provided in locations and at times that meet the needs of the child/youth and families while also respecting their preferred language.
  - *"It's always her (mom's) call."*
- Minimal Restrictiveness – providing services in a comfortable environment that is the least restrictive possible while also remaining clinically appropriate.
  - *"They always make me feel welcome."*
  - *"He jumps out of bed to go to school."*

Both of these subdomains were consistently identified across both years of the SOCPR as primary strengths and successes for the Ottawa mental health system. Both subdomains showed substantial positive improvements in means scores from administration one to administration two.

Opportunities for Improvement for Domain 2
The following subdomains have been identified as opportunities for growth and improvement within the mental health system in Ottawa:

- Early Intervention – responses indicate that the service system may not have responded to child/youth and family needs in a timely fashion and the combination of services and supports may not be suitable.
    - *"We're not dealing with the entire or whole family-only dealing with a targeted child and not the unit - there is no unit because everyone is at different places."*
    - *"Wanted help sooner, but once identified as a crisis situation things moved quickly."*
    - *"Would not have gone that far if helped sooner (ended up in the juvenile justice system)."*
    - *"Services are not responsive to needs."*
- Integration and Coordination – the process linking child/youth and families with additional services is fraught with issues
    - *"Never smooth to link with additional services. It's hard and time consuming."*
    - *"Yes, finding the service is easy-to receive the servive there are more steps; long and frustrating to wait."*
    - *"Bumpy for transition/delays in implementing this program."*
    - *"Felt like is was a long time in coming."*
    - *"Not seamless at all."*

These two subdomains were consistently identified across both years of the SOCPR as opportunities for improvement and growth for the Ottawa mental health system. Both subdomains showed incremental positive improvements in means scores from administration one to administration two.

There was a decrease in the area of Appropriate Language from the first to the second administration of the SOCPR. Reviewer comments indicated that there appeared to be an increased need for interpretation support for client and families which was not always attended to. Reviewers also identified professional language as a barrier to child/youth and family's understanding of the documentation created about them. They indicated that it was hard to read and understand field jargon.

Early intervention continued to be a challenge and was connected to many comments made by families about the roles (or lack thereof) that schools could play in identifying and supporting families.

Families identified repeatedly frustration with the school system. They indicated that the local school system was not working collaboratively with families. Parents felt frustrated with school barriers and their disconnection to broader systems even when kids were in section 23 placements (where partnerships between education and mental health are required). Barriers to the child/youth's return to school were also identified.

Access to services continues to be an issue for families. Families articulated having to become their own system navigators. They did not know where to find information about services.

Domain 3: Culturally Competent Services

	2007-2008	2011-2012	Change
	Mean	Mean	
Overall Score	4.85	5.24	0.39
Domain 3: Culturally Competent	4.43	5.12	0.69
Awareness	4.69	5.29	0.60
Awareness of Child/Family's Culture	4.84	5.35	0.51
Awareness of Providers' Culture	4.63	5.15	0.52
Awareness of Cultural Dynamics	4.32	5.25	0.93
Sensitivity and Responsiveness	4.40	5.25	0.85
Agency Culture	4.19	5.25	1.06
Informal Supports	4.42	4.80	0.38

The third domain of the SOCPR is intended to measure whether services are attuned to the cultural, racial, and ethnic background and identity of the child/youth and family. Ratings provided in each sub-domain are meant to evaluate the level of cultural awareness of the service provider, whether evidence shows that efforts are made to orient the family to an agency's culture, whether sensitivity and responsiveness is shown for the cultural background of families, and whether informal supports are included in services.

Strengths for Domain 3

The following area has been identified as a primary strength of the mental health system in Ottawa:

- Awareness of Child's/Family's Culture – providers recognize that the child/youth and family must be viewed not only within the context of their own culture group, neighborhood, and community but also understand their concepts of health and family and recognize that the family's culture, values, beliefs and lifestyle influence their decision-making process.
    - *"We talk about culture and I feel they understand it."*
    - *"It impacts everything from serving tea and cookies to not wanting to share her private life."*
    - *"I understand that many of my decisions come from my past and they help me to find new ways."*
    - *"They are a family and will stick together."*

Reviewers noted that there seemed to be an increased understanding of the concept of cultural competence since the last SOCPR administration. Descriptive comments indicated a higher level of familiarity with the domain of Culturally Competent Services that was not present previously. Providers

generally understood the culture and community of the child/youth and family with whom they worked. There appeared to be a positive connection between delivery services at home and attention to culture. The more providers were immersed in a family's home (and by extension their reality), the more connected they seemed to be to the family's culture. It was reported via interviews that families felt that providers were responsive to their culture by adapting services whenever possible.

Opportunities for Improvement for Domain 3

Families felt the schools breached their confidentiality, were judgmental, and stereotyped them. For example families felt they were stereotyped because they utilized mental health services. In some cases families felt mistreated and labeled. They felt that assumptions were being made about them by the school system, which were inaccurate.

Domain 4: Impact

	2007-2008	2011-2012	Change
	Mean	Mean	
Overall Score	4.85	5.24	0.39
Domain 4: Impact	4.92	5.10	0.18
Improvement	5.21	5.25	0.04
Appropriateness	4.63	4.95	0.32

The final SOCPR domain evaluates whether services have produced positive outcomes for the child/youth and family. This domain includes two subdomains, Improvement and Appropriateness of Services, which are meant to determine whether services have had a positive impact on the child/youth and family and if so, whether these services met the child/youth and family's identified needs.

Strengths for Domain 4

The following subdomain has been identified as a primary strength of the mental health system in Ottawa:

- Improvement –services and supports provided to the child/youth and family have positively improved their situation.
  - *"We see the light at the end of the tunnel."*
  - *"The family is moving in the right direction."*
  - *"Before, we did not know what to do as parents."*

Raters found some evidence that providers were trying to work better together to produce positive outcomes for children and families. The types and intensity of services that were offered to children and families appeared to be well matched to the client/family needs at least in the beginning. Families mentioned a treatment modality, CPS, as a preferred treatment option that they identified with, embraced, and endorsed. A discussion about treatment modalities by families has not been observed by reviewers before.

Opportunities for Improvement for Domain 4

Reviewers indicated that agencies appeared to being doing the best they could do. The challenge of not having a case management service in mental health remains. For example, termination of services for child/youth and family appears to be based on predetermined time lines rather than actual individualized skill acquisition.

The current system structure and resulting data collection process may have impacted the data analysis process in multiple ways. Reviewers continued with the interview questions to service providers even when their "case management role" itself was not evident (i.e., case managers may not have been viewed as the case manager at all) which was also the case with the

child/youth and family. Consequently, the results for case management may be inflated. In addition, families with multiple "identified" children may not have been as concerned about the targeted child/youth during the interview. Both of these concerns need to be taken into account when the results are examined.

Limitations

With all studies there are limitations based on the design, methodology, or generalizability of the findings. A limitation of Ottawa's system evaluation is its lack of specificity. In particular, it does not identify specific programmatic issues. It only speaks to more general and global issues of the entire system. As a result of that lack of specificity, it may not be able to provide the required information to identify exactly where problems exist and what programmatic changes could enhance service delivery.

Areas of Potential Future Endeavors

The use of the SOCPR has highlighted not only our strengths and successes but also indicated areas of growth and improvement at various levels within the community of Ottawa. The development of the potential future endeavors was based on the results of both the quantitative and qualitative data analysis. It provide ideas and strategies that can assist the system and agencies capacity to improve the provision 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 not only each agency's but also our systems' capacity to deliver services in accordance with the provincial policy framework goals. It is important to note that the Operations and Logistics Committee is responsible for the development of a specific action plan to address the growth areas. However, it is critical to highlight that resources may be necessary to realize those future endeavors. Consequently, the development of the community action plan may be limited to the availability of resources. Where possible, intersection points between sectors and collaboration will be sought to explore shared opportunities to ameliorate the system. Once the action plan is developed, it is shared with the broader community for endorsement and to support its implementation. Lastly, there are a number of community projects/initiatives either in development or currently under way that have the potential to support the suggestions for change identified below. Those initiatives and projects will in turn impact the development of the community action plan. The community can look forward to future system evaluations to assess the possible impact of the various efforts.

Potential Future Endeavors

1. System Navigation and Access to Services
    - Develop better connections between identification of goals and how to use those goals within the treatment/service delivery process
    - Develop a "how to" training to use identified strengths within the goals;
    - Provide families with the information about the services they need and what is available so they have to access information in a timely fashion;
    - Provide families with the skills necessary to navigate the system so they can find needed information

2. Case Management
    - Explore funding to extend the breadth and depth of the Community Intervention Planning Pilot Project (also referred to as the High Risk Project or EBBS) to address the issue of case management
    - If resources are available widen the scope of the project
    - Test to see if having a case management system alters the results found in the SOCPR
    - Potential positive results may also respond to many of the other areas of growth identified in this evaluation (system navigation/service access, early intervention),

3. Cultural Competence
    - Continue to provide culturally competent services to the Ottawa community in diverse therapeutic environments such as through home based services
    - Continue use of the SOCPR to generate conversations among staff about culturally competent treatment/service delivery
    - Address the decline in "appropriate language needs" potentially resulting from a changing demographic population in Ottawa even though there are no funding resources available
    - Discover intersections with other service systems
    - Investigate if other interpretation services are available in the community
    - Link with other services for access to interpretation for growing and diverse demographics

4. Early Intervention
    - Enhance the collaborative relationship with the school system to increase opportunities for earlier identification/intervention for children/youth with mental health concerns and their families;
    - Help reduce wait time for those most in need,
    - Assist in integrating and coordinating needed services with other sectors such as Child Welfare and Youth Justice

Conclusion

This project continues to be 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 results and analysis of the last two administrations of the SOCPR indicate that change has been incremental, consistent, and in a positive direction. The on-going use of the SOCPR and the resulting recommendations/community action plan make us a "community of practice" looked upon 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.

References

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Stroul, B. A. & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances*. (Revised edition). Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

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, Royal Ottawa Mental Health Centre, 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, Royal Ottawa Mental Health Centre, St. Mary's, Youth Services Bureau, Youville Centre.