MOVING ON MENTAL HEALTH

COCHRANE-TIMISKAMING SERVICE AREA

COMMUNITY MENTAL HEALTH REPORT

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North Region

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Executive Summary

Background

Moving on Mental Health is an important part of Ontario's Mental Health and Addictions Strategy. The objective of the strategy is to ensure that children, youth and families are able to get mental health services in their communities that are accessible, responsive and meet their needs. This is made possible by strengthening the community-based system for delivering mental health services, and bridging the gap between people and the organizations responsible for the provision of services.

A local system of care benefits everyone. Ultimately, all children and youth with mental health problems in Ontario, and their families will know:

- What mental health services are available in their communities; and
- How to access mental health services and supports that meet their needs.

To ensure children, youth and families across the province have access to the same core services, the Ministry of Children and Youth Services (MCYS) has identified 33 geographical service areas within which lead agencies will ensure that core child and youth mental health services are available to the communities they represent.

By April 2017, 31 lead agencies were identified in 33 of the regions. One of the two regions that has yet to identify a lead agency is the Cochrane/Timiskaming service area. In the absence of an identified lead agency in this region, MCYS, North Regional office, engaged third party consultant(s) to advance the MOMH initiative with the development of the Community Mental Health Report (CMHR)

In April 2017, third party consultants, Helen Mullen-Stark, (HMS Inc. Human Resource Solutions) and Deb Cantrell (Cantrell and Associates), submitted a comprehensive work plan to the North Regional office to develop and finalize the 2016/2017 - Cochrane/Timiskaming Community Mental Health Plan.

On October 21, 2016, correspondence under the signatures of Jennifer Morris, Acting Assistant Deputy Minister and Rachel Kampus, Assistant Deputy Ministry, MCYS was sent to the Cochrane/Timiskaming community partners. The community partners were informed that the Ministry would be launching a community planning process focused on the child and youth mental health system in the Cochrane/Timiskaming service area and that the planning process would be facilitated by a neutral third party.

What Was In Scope

The responsibilities of the third party consultants were outlined as follows:

- To engage child and youth mental health core service providers and broader sector partners including Indigenous-led providers and health, education and child welfare sectors from the Cochrane/Timiskaming service area;

- To facilitate discussions with community partners regarding appropriate planning processes for the Cochrane/Timiskaming community regarding community mental health planning;
- To coordinate and develop a child and youth mental health Community Mental Health Report with community partners; and
- To working closely with and report back to the Ministry on the progress of the Community Mental Health Report.

In addition to the above, the consultants were responsible for:

- Leading a youth and family engagement process in collaboration with the Centre of Excellence; and
- Developing a modified Core Services Delivery Report.

In the absence of a lead agency being confirmed, the focus of the CSDR included:

- A description of child and youth engagement activities;
- A Core Services Summary; and
- An inventory of existing formalized referrals, protocols and intake access points.

What Was Not In Scope

While the engagement of Indigenous- led service providers within the Cochrane-Timiskaming community was expected, the consultants were not expected to engaged First Nations communities in the process. This direction was provided by MCYS in light of the parallel consultation process that is being undertaken within the "Ontario Indigenous Children and Youth Strategy". The consultants were however, asked to address Indigenous client needs for youth and families residing within First Nation communities and/or the James Bay coast within the context of service pathways, i.e. access to services, ongoing service and transitioning from services when those services were being provided by both core and community service providers within the Cochrane/Timiskaming service area.

The third party consultants were not expected to identify "Lead Agency" core service priorities, as a Lead Agency had not been confirmed.

Approach

The third party consultants undertook a thorough and comprehensive approach for the development of both the CSDR and the CMHR that was inclusive and collaborative. Community partner engagement took the form of large group meetings and the conducting of individual service providers in key sectors.

In collaboration with the Centre of Excellence, a youth and family engagement plan was developed and numerous youth and families participated in focus groups and/or provided information through surveys.

The third party consultants also engaged with the core service child and youth mental health provider, North Eastern Ontario Family and Children's Services (NEOFACS) beyond their participation in the community partner sessions.

The specific activities undertaken with youth, families, community partners and the core child and youth mental health service provider are described in detail in the CSDR and the CMHR.

Achieved Outcomes

The following outcomes were successfully achieved:

- Community service partners actively participated and contributed to the development of the CMHR.
- Youth and families were engaged in a meaningful process such that their voices were heard and considered in the development of the CMHR.
- The community partners have a preliminary understanding of their service landscape, pathways to services, service gaps and service priorities.
- The community has an understanding of existing planning mechanisms, potential overlaps/duplications and planning mechanism linkages.
- The community partners were able to identify and rank 5 service priorities as a foundation for moving forward.

Conclusion

In conclusion, we are pleased to submit the Core Service Delivery Report and the Community Mental Health Report that was developed by community service providers and influenced by the voice of youth and families.

We believe the reports are comprehensive and in some areas exceed expectations. We are most grateful to the youth, families and community partners who gave of their time and resources throughout the development process.

We also wish to acknowledge the Centre of Excellence for their leadership and collaborative partnership in carrying out the youth and family engagement activities.

We are most grateful for the guidance and support provided by Kelly Wakeford, Program Supervisor throughout the process. She has consistently responded to our many enquiries in a thoughtful and thorough manner.

Community Mental Health Report for Children and Youth:
2016-2017 Reporting Template

Instructions and Guidelines for Completing the Community Mental Health Report

Child and youth mental health is a shared responsibility. Reflecting this, Ministry of Children and Youth Services (MCYS) child and youth mental health lead agencies are responsible for engaging with their child and youth mental health and broader sector partners to develop a Community Mental Health Report (CMHR) and a Core Services Delivery Report (CSDR):

- The CMHR describes child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as services delivered by the lead agency that are not core. This report reflects the valuable role that broader sectors play in the delivery and funding of child and youth mental health services and will support the lead agency's work with their community partners to improve service delivery and pathways to, through and out of care.

- The CSDR focuses on describing the current delivery of core child and youth mental health services within a service area and how MCYS funding is being used to support these. It also identifies activities that will result in improvements to these services, and support a more effective and efficient system.

The development of the 2016/17 reports will be led by a neutral third-party in consultation with core service providers and broader community partners.

Program Guidelines and Requirements are under development which will describe the requirements for the reports at full implementation. The two reports are complementary, and together will support a fulsome description of, and action plan for, the child and youth mental health system, including steps to be undertaken by the lead agency, and others.

The objectives of the CMHR are to:

- describe the roles, responsibilities and services provided by other community providers within the Cochrane/Timiskaming service area, in the provision of child and youth mental health services across the continuum;
- identify priorities for work with community partners to address service needs/gaps and the work plan for addressing those priorities;
- describe and transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and
- support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Reflecting the shared nature of child and youth mental health, a number of community partners may be involved in supporting these services at the local level. The following community partners should be engaged in the development of the CMHO:

- District School Boards
- Hospitals
- Community Care Access Centres
- Local Health Integration Networks
- Children's Aid Societies
- Youth justice providers
- Public health
- Local Centre for Addiction and Mental Health offices
- Early Years providers
- Specialized services
- Other "non-core" Child and youth mental health service providers
- Other community partners you may identify as appropriate

Minimum Expectations for 2016-17:

- The MCYS program supervisor must be engaged throughout the development of the CSDR which must be submitted by March 31, 2017 for approval;
- the needs of particular diverse groups (e.g. Francophone, Aboriginal) in a community should be considered (note: where comprehensive mechanisms do not exist this should be noted and considered an area of focus for 2016-17);
- appropriate engagement should be undertaken activities (as determined based on local service area composition) and describe the effort to engage appropriate community partners in the report; and
- the CMHR should describe current targeted prevention activities and mental health services delivered in Cochrane/Timiskaming:

    - These services are those focused on meeting the needs of children/youth at levels 2, 3 and 4 on the Continuum of Needs outlined in the PGR #01: Core Services and Key Processes, (available online at ontario.ca\movingonmentalhealth).
    - These services can be expected to have measureable mental health outcomes.
    - Services for children and youth at level 1 of the Continuum of Needs will be considered in further iterations of the CMHR.

The following provides a description of each section in the 2016-17 CMHR reporting template, including additional context and what should be captured in each.

Section A: Community engagement:

In this section please describe the engagement process undertaken to inform this report (see above for examples of community partners):

- Who was engaged and a description of the engagement approach.

Please note that specific youth and family engagement activities will be captured through the CSDR.

Section B: Current service provision and pathways to care:

For 2016-17 the report will focus on understanding existing targeted prevention activities and child and youth mental health services delivered, as well as initial identification of some of the formalized processes that support pathways to-and out of child and youth mental health care.

<u>Current service provision and pathways to care:</u>

In this section please describe the targeted prevention and mental health services in Cochrane/Timiskaming, including target population, age, and geographic spread.

- Services listed should include any services delivered by agencies that are not funded through MCYS' core services/key processes detail codes.
- For each service please also describe the formalized protocols and/or processes (e.g. MOUs, operational agreements) that support pathways to and out of core child and youth mental health services
- Note that pathways to support successful transitions through child and youth mental health core services will be addressed in the CSDR.

Section C: local child and youth mental health community planning mechanisms:

This section focuses on describing local community planning mechanisms (e.g., planning tables) that have an impact on child and youth mental health, and undertaking an analysis of their future role in supporting child and youth mental health related discussions, including their potential role in supporting the development of the CMHR and CSDR.

C.1: Existing Planning Mechanisms (Existing mechanisms):

In this section identify the existing local community planning mechanisms including who is at the table, their role etc. (add rows as necessary).

C.2: Existing Planning Mechanisms (Analysis of mechanisms):

In this section please start to undertake an analysis of the appropriateness and effectiveness of existing mechanisms to support community mental health planning, and recommendations for improvements, including changes to existing mechanisms and/or new approaches where needed.

2016-17 Community Mental Health Report for Children and Youth Template:

Section A: Community Engagement

The engagement process undertaken to inform this report included the following activities / events:

1. An exploratory meeting occurred on 01 September 2016, with North Eastern Ontario Family and Children's Services (NEOFACS), the organization mandated to provide core mental health services for children, youth and families within the Cochrane-Timiskaming region. This meeting introduced the third party consultants' role and responsibilities and their proposed process. The meeting allowed for an orientation to services provided by NEOFACS, the preliminary identification of community partner agencies, and collaboration in the development of a work plan for the community engagement process. Summary minutes from this meeting are contained in Appendix 'A'.

2. Development of a comprehensive list of partner organizations and the subsequent invitation of partners to a day-long meeting on 05 December 2016 ensured. The invitation provided a high-level introduction to the province's Moving on Mental Health (MOMH) initiative to this meeting. The list of partner organizations invited to the meeting is contained in Appendix 'B'. Appendix 'C' contains the invitation.

3. Facilitation of a day-long community partner meeting occurred on 05 December 2016. In addition to orienting partner representatives to the MOMH initiative, participants were introduced to the Current Service Provision and Pathways to Care Template and the Local Child and Mental Health Community Planning Mechanisms Template and the ways in which this service mapping ultimately provides a foundation for development of a community mental health plan. The importance of giving voice to youth and families in any planning process and approaches for youth and family engagement was articulated. The role of the Ontario Centre of Excellence for Child and Youth Mental Health in facilitating the youth and family engagement sessions was confirmed. Next steps were outlined including: reaching out to partner organizations that were unable to attend the meeting; on-site follow-up interviews with specific partner organizations was confirmed; and a date was confirmed for a follow-up meeting was confirmed (08 March 2017). The minutes from the 05 December 2016 meeting can be found in Appendix 'D'.

4. Distribution of the template documents (referenced above) to all partner organizations that participated in the 05 December 2016 meeting took place in early January 2017. Distribution continued into late January as additional partner organizations were identified. Thirteen (13) partner organizations submitted Current Service Provision and Pathways to Care Templates. Twenty-four (24) Local Child and Mental Health Community Planning Mechanisms were identified.

5. Between December 2016 and 13 February 2017, the consultants collaborated with the Ontario Centre of Child and Youth Mental Health and the Parents for Children's Mental Health to develop a methodology for the youth and family engagement sessions. The methodology included a series of focus group sessions held exclusively with youth and focus group sessions held exclusively with family members. An agenda to guide the focus group discussions was developed. A survey was designed specifically for youth and another specifically for family members. Posters were created for both target groups, and, invitations were developed for each group. The posters and invitations (in both English and French language) were distributed to all partner organizations within the Cochrane-Timiskaming region. The invitations included the links to the on-line surveys. Partner organizations were encouraged to issue personal invitations to their respective youth and family member clientele and to make hard copies of the survey available to individuals preferring this to the on-line version. The Invitations and posters are contained in Appendices 'E' and 'F' respectively.

Note: To maximize the participation of youth and family members in the youth and family consultation sessions, incentives were advertised in the posters and invitations that circulated throughout the region. Incentives included: an honorarium for each individual attending; transportation to/from the session; and, child care costs where babysitting/child care was required.

6. Between December and February 01 February 2017, the consultants reached out to all partner organizations requesting their assistance in hosting engagement sessions for youth and/or family members. Partner organizations were also asked to identify potential youth and/or family members that might be interested in co-facilitating the focus groups with coaching from the facilitators provided by the Centre of Excellence and Parents for Children's Mental Health.

7. Engagement of and collaboration with several partner organizations was critical to the success of the youth and family engagement focus groups. The mental health leads affiliated with the school boards, the Executive Director of the Timmins-based YMCA, the Youth Coordinator at Misiway Milopemahtesewin Community Health Centre, and several staff from NEOFACS were instrumental in coordinating focus group sessions at the following locations:

    - Hearst (Youth)
    - Kapuskasing (Youth)
    - Kirkland Lake (Youth, Family)
    - New Liskeard (youth, Family)
    - Timmins (Youth -2; Family, Indigenous Family)

    Seventy-five (75) youth including four (4) youth co-facilitators were consulted in-person over six (6) consultation sessions. Twenty-six (26) family members were consulted in person over four (4) consultation sessions. Twenty-two (22) surveys were submitted by family members. Ten (10) surveys were submitted by youth.

8. Findings from youth and family engagement sessions and an analysis of data obtained from surveys completed by youth and family members are highlighted in reports contained in Appendix 'L' (Youth) and Appendix 'M' (Family).

9. Between December 2016 and 10 February 2017, the consultants undertook telephone interviews and on-site interviews with representative from several partner organizations that had been unable to attend the December meeting or did attend but were desirous of the opportunity to provide more comprehensive information. On-site interviews were held in Cochrane, Kirkland Lake and Timmins. In view of the number of NEOFACS staff providing mental health services throughout the region, and their learned knowledge/experience in every part of the region, the consultants undertook two separate consultations (different dates) to maximize staff opportunities to participate.

10. Subsequent to the February submission deadline for the completed templates, the consultants sent out two communiqués reminding partner agencies to submit templates in order that the analysis of service mapping is as reflective as possible of existing mental health services for children, youth and families in the region.

11. To maximize the participation of representatives from partner organizations at the 08 March 2017 meeting, participants at the December 2016 meeting were asked to save the date. A formal invitation was disseminated on 02 February 2017. A meeting reminder was distributed in early March.

12. A follow-up to the 05 December 2016 meeting occurred on 08 March 2017. The third party consultants provides participants with a variety of updates and service information gathered since the group last met, and, engaged participants in a discussion about community priorities. Participants were familiarized with themes arriving from the youth and family engagement activities; interviews with representatives from selected partner agencies; and, from a preliminary and high-level analysis of community service landscape and service pathways templates and planning tables/mechanisms that they had submitted. The day concluded with the group's agreement on five (5) service priorities that will provide a foundation and focus for future planning moving forward. The minutes of the 08 March 2017 meeting are contained in Appendix 'G'.

Section B: Current Service Provision and Pathways to Care[1]

The summary chart that follows describes targeted prevention activities and mental health service delivery (Note: This does not include core MCYS-funded child and youth mental health services which are captured through the CSDR).

Thirteen (13) partner organizations[2] submitted templates describing targeted prevention activities/services delivered, details about their activities/services, & current pathways to services identified. Organizations were asked NOT to include core MCYS-funded child & youth mental health services.

Abbreviations: SRF = Smooth Rock Falls; KL = Kirkland Lake; Kap = Kapuskasing; IF = Iroquois Falls; NL = New Liskeard; PHU = Porcupine Health Unit.

Partner	**Service Description**	**Where Delivered?**	**# Staff in each location**	**Frequency**	**Hrs. of Service**	**Specific target population**	**# clients served**	**# clients waiting**	**Pathway/protocol to service**
Community Partner delivering service	**Description of service** (please include where the service falls on the services continuum i.e. Level 1, 2, 3, or 4)	**Details of service**							**Please describe the protocol/pathway to your service**. (where applicable)
		Where is this service delivered? (i.e. what community?)	**How many staff deliver this service in each location** (if provided in more than one location)?	**How often is this service delivered** (e.g. daily, weekly, monthly, annually)? If the service is delivered over a specific period of time (e.g. support group weekly for 8 weeks, etc., etc.) please indicate.	**Hrs. of Service** (e.g. time of day)	**Specific target population** (age range, language/cultural group)	**# of clients that have received this service during the past year**	**# clients waiting to receive this service at a given time**	

[1] The Summary Chart has been modified to include additional information at the request of community partner agencies.
[2] The North Cochrane Detox Centre is a program of North Cochrane Addiction Services however both are identified as separate programs in this section.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
Cochrane Temiskaming Resource Centre									
	Behaviour Consultation / Behaviour Assessment / Behaviour Intervention / Behaviour Therapy Level 2, 3, 4 (MCSS funded)	All communities in Cochrane and Temiskaming Districts	KL – 2 NL – 1 Kap – 1 Timmins - 5	No set frequency or duration; individualized to client's needs	M-F 8:15-4:15	Birth through death Clients must have an intellectual disability English and French	60	20	Referrals can come from self/family, child care/school, health care provider, other service providers
	Infant Development Program Behaviour Consultation / Behaviour Intervention Level 1, 2 (MCYS funded)	All communities in Cochrane & Timiskaming Districts, including Moosonee & Moose Factory	KL – 1 NL – 1 Cochrane – 1 Timmins – 2 Kap – 1 Moosonee/Moose Factory - 1	No set frequency or duration; individualized to family's needs	M-F 8:15-4:15	0-6 Clients must have or be at risk for a developmental disability English & French	385 – level 1 75 - level 2	10	Referrals can come from self/family, child care/school, health care provider, other service providers
North Cochrane Addiction Services									
North Cochrane Addiction Services	**Substance Abuse Program & Problem Gambling Program** Screening/ Assessment /Referral & Individual Counselling services are offered to youth in most local high schools. Level 2 – 3 Girls Talk (CAMH program)	Kap Hearst & some in Cochrane Will discuss possible service delivery in SRF HS with new principal & with other HS in Cochrane Prevention Program for young girls	Kap – 3 staff Hearst/Constance Lake- 2 Cochrane 1 SRF- possibly 1 Was delivered once by a Hearst staff. May be offered again shortly.	**Kap** - Weekly ongoing at the following schools: ECHO du Nord, CANO, Cité des Jeunes, Ecole Alternative KDHS when we have referrals (they have no office space) **Hearst** – Ecole Secondaire Hearst HS one half day / per week & **Constance Lake** Mamawmatawa	Kap at least four hours per week Hearst /Half a day per week Work hours are between 8:30 – 4:30 therefore during that time Girls referred by school	Youth in High school (14 - 18) English, French & Native Girls 12 - 13	**2015** Kap 15 Cochrane 1 Hearst 6 SR 4 **2016** Kap 20 Cochrane 5 Hearst 6 SR 0	No waiting list	Youth are referred by the school system, self, family or social services. We have made arrangements with schools & in some instance we have a signed protocol with the School Board with regards to entering their school for the purpose of delivering Counselling services. People can also call Connex Ontario, the Drug & Alcohol Helpline or email the agency on our website @ www.addictionservicestoxicomanie.com The program was offered from January 2015 to April 2015. Due to no one available to offer

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
				Holistic Education Centre/one half day/per week Clayton Brown Elementary School in Hearst.					the program in Hearst, our agency is presently discussing with school principal the
	Substance Abuse Program & Problem Gambling Program Screening/ Assessment/Referral & Individual Counselling services are offered to youth Level 2 - 3	In our offices in all four communities	Kap – 3 Hearst -2 SRF – 1 Cochrane -1	When youth are referred	Youth are scheduled between 8:30 – 4:30	Youth between (14 -18) English, French & Native	Clients are included in above mentioned	No waiting list	People can also call Connex Ontario, the Drug & Alcohol Helpline or email the agency on our website @ www.addictionservicestoxicomanie.com
	Substance Abuse Program & Problem Gambling Program Screening/ Assessment/Referral & Individual Counselling Services are offered to youth Level 2-3	In local residential closed facility for Youth (Mee Quam) Pavillon Jeanne Sauve Local Hospitals & Friendship Centres when requested	Cochrane 1 Kap 1 Kap –3 Cochrane – 1 SRF-1 Hearst - 2	When requested by the facility	In between 8:30 – 4:30 (office open one evening per month in each community)	Youth in High school (14 -18) English, French & Native	Clients are included in above mentioned	No waiting list	People can also call Connex Ontario, the Drug & Alcohol Helpline or email the agency on our website @ www.addictionservicestoxicomanie.com
	Family Program for parents &/or friends of Youth & other clients. This program offers assessment/referral & individual counselling Level 1-2-3	Available in all communities in the NCAS offices	Kap – 3 Hearst -2 SRF – 1 Cochrane -1	Ongoing basis /as requested	8:30 – 4:30 (office open one evening per month in each community)	All ages & all ethnic groups	**2015** Kap- 38 Cochrane -6 Hearst - 18 SR 0	No waiting list	Family & friends are encouraged to call the agency for support. People can self-refer. People can also call Connex Ontario, the Drug & Alcohol Helpline or email the agency on our website @ www.addictionservicestoxicomanie.com

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
							2016 Kap 34 Cochrane 2 Hearst 7 Smooth Rock 5		
North Cochrane Addiction Services **North Cochrane Addiction Services**	**Nicotine Replacement Therapy (NRT)** **Promotion & Prevention** NCAS staff make presentations on a wide variety of subjects all related to substance abuse issues or problem gambling / Level 1	To youth only in North Cochrane Addiction Services' offices Available in all communities we serve & delivered in various settings, office, school, mall, etc.	All staff are qualified to deliver the program Kap – 3 Hearst -2 SRF – 1 Cochrane -1	Ongoing basis Ongoing basis /as requested	between 8:30 – 4:30 (one evening per month in each community) between 8:30 – 4:30 (office open one evening per month in each community)	All ages & all ethnic groups All ages & all ethnic groups		No waiting list	Anyone wanting a presentation can call one of our offices
Cochrane District Detox Centre									
Cochrane District Detox Centre	Youth (including youth who are 15 with parental permission) The CDDC offers detoxification & residential support services to Youth. Services include access to the Falls Medical Clinic, a comprehensive assessment done by staff or NCAS with the use of GAIN Q3 if necessary. A typical day	Residence is located at 105, 2nd avenue in SRF.	A 20 bed facility staffed with a minimum of 2 staff after hours. During the day 2 managers & a case manager are also available. The CDDC operates 24/7. Staffing are in accordance with the Ontario Withdrawal	24/7 to the exception of Case Management Program which is offered during week days from 9-4.	24/7	All ethnic groups	**2015** Youth age is 16-24 # in 2015: 87 No youth under 16 **2016** 55 Under 16:0	No waiting list	In our system, Youth is defined as 18 & under. Note: In order for a youth under the age of 15 to be admitted there are conditions: 1) Youth has to agree to the admission (it is a voluntary service) 2) Pre-determine length of stay i.e., the youth is scheduled to enter a

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	includes structured routine including several therapeutic hours either in group or individual & mandatory AA or NA meetings.		Management Standards						residential treatment facility & will be at the CDDC pending his or her admission. 3) Parental/guardian consent
Misiway Community Health Centre									
Misiway Community Health Centre	Level 2 & 3	Timmins & area, 140 km radius. Includes 6 First Nation Communities	4 staff	Weekly, bi-weekly & monthly	8:30-4:30 pm	Children/Youth ages 6-18	196 active clientele rosters	NA	Children's Mental Health & Addictions program provides culturally appropriate direct support & services to Aboriginal children & youth up to the age of 6-18 years of age who have identified mental health &/or addictions issues including social, emotional, behavioural, psychiatric &/or other challenges.
Porcupine Health Unit-Growing Healthy Families (PHU)									
Porcupine Health Unit-Growing Healthy Families	**Postpartum Mood Disorder (PPMD) Screening** – Level 2 Administration of Edinburgh Postnatal Depression Scale (EPDS) by public health nurses – indicator based screening, administered face to face or over the phone. Funding from PHU general programming budget (MOHLTC)	Communities within the PHU catchment area.	1 PHN in Moosonee 1 PHN in Hearst 2 PHNs in Kap 1 PHN in Cochrane 1 PHN in IF 7 PHNs in Timmins *PHN = Public health nurse	As needed – monthly on average	Monday to Fridays during business hours	Mothers who are experiencing signs & symptoms of PPMD	Approximately 10-15	N/A	Self-referral through our family health intake line or HBHC Home Visiting Program.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Postpartum Mood Disorder (PPMD) Campaign - Level 1 In planning phase of campaign which may include a workshop for service providers & primary care providers as well as a Mood Walk for those who have been affected by PPMD Communications & /or awareness building activity Funding from PHU general programming budget (MOHLTC).	Timmins	1 PHN in collaboration with community partners & Best Start Resource Centre.	N/A	N/A	Service providers, primary care providers, women who have experienced PPMD & anyone affected by PPMD	N/A	N/A	
	Partners in Parenting Education (PIPE) – Level 2 Parenting Curriculum implemented within the HBHC Home Visiting program to enhance the parent-child interactions to promote healthy growth & development of children (e.g. activities & health teaching to promote self-care, communication between caregiver & baby & learning through play) Component of the HBHC Protocol (Ministry of Children & Youth Service	Communities within the PHU catchment area.	1 PHN & 1 FHV in Hearst 2 PHNs & 1 FH Vin Kap 1 PHN & 1 FHV in Cochrane 1 PHN & 1 FHV in IF 3 PHNs & 3 FHVs in Timmins *FHV = Family Home Visitor *Not full time positions	Depends on the needs of the family. Can be up to weekly.	Monday to Fridays during business hours	Participants of the HBHC Home Visiting Program with children under the age of 4 years.	Approxi mately 50 – 60 families	N/A	Referrals to the HBHC program where PIPE is delivered are accepted by the client herself/himself or by service providers & primary care providers.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Promoting Maternal Mental Health (PMMH) – Level 2 Activities implemented within the HBHC Home Visiting program to prepare the pregnant women for the transition to her role as mother & to promote healthy attachment with her child starting during pregnancy (e.g. activities & health teaching to promote self-care, coping skills, social supports, etc.) Component of the HBHC Protocol (Ministry of Children & Youth Service)	Communities within the PHU catchment area.	1 PHN in Moosonee 1 PHN in Hearst 2 PHNs in Kap 1 PHN in Cochrane 1 PHN in IF 3 PHNs in Timmins	Ongoing	Monday to Fridays during business hours	Participants of the HBHC Home Visiting Program who are pregnant or in the early postpartum period.	Approximately 15 – 20 families	N/A	Referrals to the HBHC program where PMMH is delivered are accepted by the client herself/himself or by service providers & primary care providers.
	Me, My Baby, Our World – Level 2 Parenting program for young with risk mothers & their baby delivered in group setting in collaboration with the Ontario Early Years Centre (OEYC) & the Timmins Native Friendship Centre to promote parenting confidence & enhance attachment & parent-child interactions (e.g. activities & health teaching to promote coping skills,	Timmins	2 PHNs in Timmins	12 weekly 1.5 hour sessions offered in the fall & the spring at the OEYC & the Timmins Native Friendship Centre.	Depends on community partners. Generally 17:00 to 18:30	Young mothers (up to the age 25 years) with a baby 18 months of age or younger who experience risk factors that have an impact on children's growth & development (e.g. low SES, limited social support, young parents, etc.)	Approximately 15 to 20 families	N/A	Referrals are accepted by the mother herself, service providers & primary care providers.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	attachment with baby, positive parenting skills). Funding from PHU general programming budget (MOHLTC).								
Porcupine Health Unit-Chronic Disease & Injury Prevention Programs	**Between Girls** - Level 2 - A voluntary 10 week peer support group model facilitated by PHNs in school setting; Facilitated discussions regarding media literacy training, assertive communication styles, ways to build positive relationships & self-esteem enhancement skills to help modify/improve health promoting attitudes & behaviours within the peer culture.	Schools – if interested. PHNs available to offer in Moosonee, Hornepayne, Hearst, Kap, SRF, Cochrane, IF, Matheson & in Timmins Have been delivered in Hearst, Kap, SRF, Timmins		A 10 week peer support group model facilitated by PHNs in school setting; Facilitated discussions regarding media literacy training, assertive communication styles, ways to build positive relationships & self-esteem enhancement skills to help modify/improve health promoting attitudes & behaviours within the peer culture.	During school hours (generally lunch hour as only available time in school)	Grades 5-6 girls offered in French & English	93		All girls identified with issues of eating disorder or other mental health issues are referred to the school mental health lead. Mental health workers in one school board attend sessions.
	Safe TALK - Level 1 – half day training on how to recognize & address suicide talk in the general public to decrease suicide rates in the communities.	Moosonee, Timmins, Hearst, Kap	4 PHNs trained facilitators 1 in Hearst & 3 in Timmins.	Half day training available on request & registration.	Usually during the week as negotiated with community & partners agency (day or	Age 15+	167		Service mapping needs to be completed prior to delivering training so that resources are in place for participants to refer to. Work with NEOFACS to ensure there is an ASIST trained

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
					evening hours) Avoid Fridays.				individual to support participants during difficulties with topic.
	Youth Mental Health & Addiction Champion Toolkit – Level 1 – using Enhancing Healthy Adolescent Development Best Practice guidelines to build skills & confidence in youth.	Timmins & IF	PHNs in all communities	School year activity	During school hours or special activities outside of these hours	Age 12 to 18	2 schools in Timmins participated		After the development of the toolkit, public health staff are available on a consultative process to support school staff in the internal implementation of the toolkit. Work very closely with school mental health leads.
	Mindful Bottle Toolkit – Level 1- Toolkit developed by a group of community partners to teach stress management to children in the school system.	Across the PHU region	Accessible at all times on our website	Ongoing	Accessible at all times on our website	Age 0 to 18 (& possible more)	Difficult to provide numbers as available to all partners on line.		PHU has been identified as the partner responsible to keep the toolkit available & up to date. Developed by the Mental Health in School workgroup including school mental health leads, NEOFACS representatives, Timmins Native Friendship Center, YMCA, & community member. Piloted at Moosonee Northern Lights High School in 2014 throughout the school population with school wide education/ training & bottle making activity. Still being used today & expanded to Grade 8 in other school. Is used with children therapy at NEOFACS & in schools.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
South Cochrane Addictions Services									
South Cochrane Addictions Services	If Youth is identified as having Substance Use or Gambling/Gaming concerns South Cochrane Addictions Services is available as referral source If Youth is willing Consents are signed whether self-referral or by external source Assessment Tools: For now Gain SS (if not already completed) & ADAT (Addiction) Tools are being completed South Cochrane Addictions is Early Adopter for new Gain Q3 with specialized Youth components - workers are still in training & certification timeline is for March 15th, 2016 **Treatment**: The following services are provided: Intake/Assessment (Youth specific), Brief Service, Supportive Counselling in School or in office, Education/Awareness of Substance Abuse & Problem Gambling, Referral to Withdrawal Management/Residential Treatment for Youth as required Case Conferencing/Joint Services provided collaboratively with other Community Partners involved (i.e. School, NEOFACS, CCAC, Peds Mental Health, CMHA-CT, Aboriginal Services) Outreach has been provided at TADH (Peds Mental Health) for link with Youth & Assessment/Treatment as required **Follow-up Communication**: Communication by email/telephone to referral source to confirm involvement/non-involvement with Youth - with Consent Team approach is used to work with consenting Youth - i.e. coordination of services with Child & Youth Worker Preferred approach is "No Wrong Door" where all workers can facilitate back & forth referrals as required & as consented by Youth - once the need is identified (i.e. Mental Health, Addiction, Housing, Safety) appropriate referrals can be made in a timely fashion Keep in mind that there is a lot of stigma related to Addictions. Addictions Counsellors at South Cochrane Addictions Services are prepared to provide in-service presentations to help increase awareness related to Youth & Substance Misuse or Gambling/Gaming in Youth								Youth self-identify or are identified by staff who are in direct contact with Youth (i.e. Child & Youth Worker, Special Ed, Guidance Counsellor, Secretary, Principal) Some referrals come from Parents/Guardian Some referrals come from the Timmins Community Mobilization Situation Table if identified as at imminent risk Some Youth are referred by word of mouth from peers Process of referral - call with basic information to either School Linked Program (Outreach to schools) or to be assessed in-office If Youth is not willing to participate (i.e. Pre-Contemplation Stage) then link with agency is created by worker & some education is provided

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
District School Board 1									
District School Board 1	Tier 1 – class wide SEL programs for all JK/K, 1, 4 & 7 students across the board	schools	1	7 weeks every year	9-3	Ages 4,5,6, 9 & 11	Unsure at this time	0	
	Tier 2 – SEL & Brief Services are offered to small groups & one on one	schools	1	On an as needed basis	9-3	School aged youth	497 youth	0	Students referred by educators & parents. Once referred, they are screened using the SDQ, GAIN SS, GAD 7 & or PHQ-9. All youth who screen as having a probability of diagnosis are referred to community partner or organization for tier 3 services/
	Tier 3 – Crisis intervention services as well as monitoring & liaison services to community partners	schools	1	On an as needed basis	9-3	School aged youth	Unsure at this time	0	Students at risk of harm to self or others are referred to community partners including NEOFACS, family physician, NECCAC MHAN, Misiway, &/or emerge. For other students who are receiving community support services, a liaison & monitoring service is offered to promote adaptive functioning.
	Tier 4 – Re-entry plans	schools	1	On an as needed basis	9-3	School aged youth	Unsure at this time	0	Students who have been hospitalized &/or have been at risk of self-harm or harm to others are transitioned back to school with the help of NECCAC MHAN. A meeting is held with parents & a Safe Plan as well as tier 3 supports are put in place.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
Conseil scolaire public du Nord Est de l'Ontario (CSPNE)									
CSPNE Collège Boréal	Stagiaire Level 1 sensibilisation	North Region Schools	3	15 weeks : Jan to April	7	Kindergarten to grade 12	12	0	
CSPNE Collège Northern	Stagiaire Level 1 sensibilisation	North Region Schools	3	15 weeks : Jan to April	7	Kindergarten to grade 12	12	0	
CSPNE Bureau de santé	Level 1 sensibilisation	North Région	4	May 2017		Kindergarten to grade 12	500	0	Mental Health Week
CSPNE	Level 1 Spark	North Région School Lionel Gauthier	4	Daily	20 minutes	Kindergarten to grade 6	200	0	
CSPNE	Level 1 Social Emotional Tucker The Turtle	Schools	2	Weekly	1 heure x 5	Level 1 et 2	100	0	
CSPNE	Level 3 Crises Intervention	Schools	3	As needed	8 à 4	Kindergarten to grade 12	12	?	
CSPNE	Level 2 Counselling Services	Schools	5	Daily	8 à 4	Kindergarten to grade 12	250	0	
CSPNE CCAC	Level 3 Crises Services Navigation des systèmes	Schools	1	As needed	8h30 16h30	Kindergarten to grade 12	6	0	

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
Northeastern Catholic District School Board NCDSB									
NCDSB	Tier 1- awareness campaigns (ex anti-bullying, kindness campaigns, abuse prevention, mental health, faith based themes) Tier 1- class presentations on mental health & other skill based themes Tier 1-Class Wide Social-emotional learning (SEL) Note: Besides curriculum imbedded learning, we have offered specific learning/programming (ex. Kids Have Stress Too & Stress lessons; MindUP; Zones of Regulation) *Also, programming offered with community partners (PHU, NEOFACS)	District schools Some schools Some schools	All staff 1 1	Based on themes that are present throughout the school year As needed No consistency at this time.	9-3 9-3 9-3	All grades All grades Varies-all grades	All students Unsure at this time Unsure at this time	0 0 0	NA Via principal or teacher. No formal process. Teacher or school expresses interest. No formal process.
NCDSB	Tier 2- Child & Youth Worker delivers skill based small group work instruction Tier 2- Aboriginal Support Worker delivers cultural based small group work to FNMI identified students	Some schools *we do not have a cyw in all our schools at this time District schools	1 1	Mostly daily Daily	9-3 9-3	Various-targeted group work/skill building for students All grades-FNMI identified students	Unsure at this time Unsure at this time	0 0	Determine via principal or teacher. No formalized process.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
NCDSB	Tier 3- Mental Health & Addiction Nurse delivers brief service to child/youth with mental illness or mental health problems causing significant distress & impairment	District schools	1	Daily	9-3	All grades	Unsure at this time	0	Referral process established & communicated to board staff.
NCDSB	Tier 4- Mental Health & Addiction Nurse liaise between school/child/youth & primary care providers or hospital	District schools	1	As needed	9-3	All grades	Unsure at this time	0	Referral process established & linkages have been established.
NCDSB	Tier 3- Child & Youth worker provides linkages to community agency crisis services for students presenting with suicide risk	District schools *we do not have a cyw in all our schools at this time	1	As needed	9-3	All grades	Unsure at this time	0	Referrals to community partners are made either via the cyw or school principal. NEOFACS mobile crisis services are accessed for students presenting with suicidal risk.
NCDSB	Tier 2 & 3-Mental Health Guidance	Mental Health Guidance Counsellor *High School service only	1	Daily	9-3	9-12	Unsure at this time	0	School based process established.
Conseil scolaire catholique du District des Grandes Rivières (CSCDGR) **Note: Pathways to Student Services, and, Roles & Responsibilities of Service Providers are contained in Appendices G & H respectively**									
CSCDGR	Tier 1 – class wide SEL services to all students from JK to grade 8 in all schools	Schools	1	Some are delivered weekly and some monthly. It depends on the school and whether or not they have an assigned CYW or a centralized	8:30 to 3	Ages 4 to 12	Over 4000	0	All students from JK to grade 8 have access to this service without requiring a referral. Most schools have an assigned CYW, however, some CYWs are considered centralized as they provide services to more than one school (some offer services to up to 4 schools). The

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
				CYW who offers services to more than one school.					lessons offered in the classes occur in rotation meaning one school may receive 'Stress Lessons' in levels 1 to 3 for a period of 10 weeks and once this is completed, the CYW will move up to grades 4 to 7. The students in grades 1 to 3 will receive lessons several weeks later in a different program.
	Tier 2 – SEL and Brief Services are offered to small groups and one on one	Schools	1	On an as needed basis.	8:30 to 3	School aged youth	Numbers collected and analyzed at this time are from last year's referrals.	0	Staff refer students they are concerned about. Parents can refer their child via the school principal. When I receive a referral, I assign the child and youth worker who offers services within the students' school. In the assignment, I indicate that the student must participate in classroom lessons prior to obtaining group or individual support. This helps to ensure that all staff are learning about the importance of tier 1 services for tier 2 or 3 kids. In the schools where the lessons are on rotation, I will assign a group session prior to any type of individual support.
	Tier 3 – Crisis intervention services as well as monitoring and liaison services to	Schools	1	On an as needed basis	8:30 to 3	School aged youth	Numbers are based on last	0	Students who are at risk of harm to self or others are referred to community partners including

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	community partners						year's referrals.		NEOFACS, family physician, NECCAC MHAN, Misiway, and/or emerge. For other students who are receiving community support services, a liaison and monitoring service is offered to promote adaptive functioning.
	Tier 4 – Re-entry plans	Schools	1	On an as needed basis	8:30-3	School aged youth	Unsure at this time	0	Students who have been hospitalized and/or have been at risk of self-harm or harm to others are transitioned back to school with the help of NECCAC MHAN. A meeting is held with parents and a Safe Plan as well as tier 3 supports are put in place.
	Section classroom	School	1	As needed	8:30 to 3	Grades 1 to 8 only	Currently 3 students in this classroom. This number changes frequently depending on progress and need.	2 or 3 as the school must attempt various interventions prior to moving toward this very intrusive intervention. The board provides a behavioural consultation and follow up prior to referral to the section classroom.	Referral is made to our centralized referral and we assign a behavioural consultant. The consultant will work with the school for several months to attempt to improve the students' mental health and/or behaviour. IF these interventions do not prove effective, she will make a recommendation to have the child placed in the Section classroom. The Section classroom has one Spec Ed trained teacher and one CYW- full time.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Tier 1- SCP- Positive behaviour intervention supports	Schools	7 schools at this time and all staff in these 7 schools provide the support/intervention	Intended for everyone	8:30 to 3	Grades K to 8 at this time. Looking to expand to high schools.	Unsure		Each year, 3 schools are chosen or can request to become a SCP (PBIS) school. They attend three different trainings and have to follow a very strict year-long planning process in order to start their PBIS approach in their school the following school year.
Timmins and District Hospital 45									
	Acute/Tertiary in patient child and adolescent (0 to 17) 4 bed Mental Health Unit that	Timmins	We provide 24 hour care with 1 RN and 1 RPN per shift as well as MRP Paediatrician with access to Telepsychiatry Monday to Friday twice a day for rounds and consults. We also have a FT Social Worker Monday to Friday.	24/7 365 days a year	24 hours	Child/Adolescent ages 0 to 17 in an acute mental health crisis. At times will admit tertiary care admissions for medication change or stabilization	115 patients for 2015/16	No wait time unless at full capacity	Access through Cochrane district, James Bay Coast or Chapleau hospital ER, if patient if placed on a Form 1 under the Mental Health Act they will have access to a bed. Tertiary care admission, application must be completed and sent to the unit for review by the Paediatrician and Psychiatrist for acceptance into the program.
Canadian Mental Health Association Cochrane-Timiskaming Branch (CMHA CT)									
	Justice Support Services-Youth Support to youth who are diagnosed or suspected as having a mental illness, or	Timmins	1	Daily and as needed.	7	Youth ages 12-17	24	0	Protocol with NEOFACS re access to information / services i.e. case conferencing Protocol with Crown Attorneys office re mental health

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	concurrent disorder, dual disorder and who have been charged with a criminal offence. This takes the form of a mental health diversion, which allows the aforementioned to access and utilize support services in the community and consequently, avoid a criminal record. Also, mgt of section 34 requests in courts of south and north Cochrane Levels 1-2								diversion Protocol with South Cochrane Addiction Services: access to services Protocol with Timmins Police Service: referrals
	EIP- Early Intervention in Psychosis is designed to provide services to young people aged 16-35 who are experiencing their first episode of psychosis. In working with the teams throughout the Northeast Region, this program's coordinator works to ensure individuals experiencing psychosis for the first time are properly identified and helps them navigate the health care system in order to receive the best care and treatment possible	Timmins	1	Daily or as needed	7	16-35. there have been some exceptions to this age range i.e. 15 yrs.	26	0	Protocol with North Bay Regional Health centre: education, standards

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
Community Care Access Centre: Mental Health and Addictions Nurses (MHAN)									
The Mental Health and Addiction Nurses in school deliver services in the district school boards. Children must be registered in a publicly funded school.	MHAN mandates are: • System Navigation • Hospital Transition • Medication management • Early identification and intervention • Input and advice to assist DSBs with building capacity. On the continuum of needs-based services diagram we would mainly fall within Level 3 and 4 but could certainly assist in Level 2. We are not a crisis service and provide support and health teaching to the student and **do not** provide counselling.	Primarily delivered in schools but can see students at home, hospital, CCAC branch office and community areas(if private)	MHAN is a regional program therefore there are nurses in all the HUB areas of the NE. For this area there is are 4 nurses working with each of the 4 district school boards and a 5th nurse who will be providing service to the Moosonee area and assisting another board in the Englehart/New Liskeard area.	This service is provided Monday-Friday yearly however do not provide service on stat holidays.	Normally 8-4 but do work longer hours if the child needs to be seen at home with a parent present or to attend tele-psychiatry appointments.	We provide service to children in schools; age 3-21.	Approxi mately 400 children last year.	Our service does not have a waitlist.	Referrals can be submitted by anyone (parent, doctor, friend, self), the bulk of referrals for this program are generated from the schools. Criteria: 1) Student is aware of the referral and is consenting to the service 2) Enrolled in a publicly funded school 3) Valid OHIP card Referrals are received centrally through our access department and then processed by our team assistant (1 team assistant) who assigns to the nurse who is assigned to the district school board.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
Northeastern Ontario Family & Children's Services (NEOFACS)									
Northeastern Ontario Family & Children's Services (NEOFACS)	Triple P Level 2	All agency Sites	At least 2 per site	Weekly	Day & Evening		88	11	Note: NEOFACS keeps Triple P data as a whole (not specific to the diverse Triple P programs)
	Triple P 0-12					Parents of 0 to 12 French & English			Support to parents who are dealing with a variety of problems in a way that teaches a range of specific parenting skills that targets the behavioural issues of the child while promoting the child's development, social competence & self-control appropriate to their age.
	Triple P Teen					Parents of Teens French & English			Support to parents in identifying ways to encourage positive behaviours for teens & teach their teens new skills such as problem solving, conflict resolution & self-regulation. Parents also learn ways to use appropriate consequences for misbehaviours.
	Triple P Stepping Stones					Parents of children with a disability French & English			Support parents in acquiring new positive parenting skills & knowledge about the common behaviour of children with disabilities

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Triple P Family Transitions					Parents who are separated French & English			Foster peer support between separated/divorced parents while enhancing positive parenting, communication, & problem solving skills to deal with the specific trauma of separation on the family unit
	Triple P Pathways					Parents with anger management issues French & English			Identify sources of parental difficulty regulating emotion through utilizing new /maintaining anger management techniques & positive parenting skills in order to diminish risk of harm to children
	C.A.T. Project (cognitive-behavioural Family Therapy for Anxious Children) Level 2	All agency sites	At least 2 per site	Weekly	Day	14 – 17 (single gender recommended) English	NA	NA	Increase teens' flexibility in thinking patterns about problems, learn & practice new strategies to change those patterns associated with anxious behaviour.
	Camp Cope-A-Lpt Level 2	All agency sites	At least 2 per site	Weekly	Day	7 – 13 English	NA	NA	Increase teens' flexibility in thinking patterns about problems, learn & practice new strategies to change those patterns associated with anxious behaviour.
	Coping Cat Level 2	All agency sites	At least 2 per site	Weekly	Day	8 – 13 (single gender recommended) English	NA	NA	Provide information about the nature of anxiety, with a focus on how thoughts, feelings & behaviours affect children.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Anxiety Group – Unspecified	All agency sites					20	NA	
	ADHD	All agency sites	At least 2 per site	Monthly	Day & evening	Parents French & English	NA	NA	Information sessions for parents with children diagnosed with ADHD.
	20 Lessons in Self-Control & Anger Management for Middle-School Students Level 2	All agency sites	At least 2 per site	Annually	Day	9 – 14 English	NA	NA	Teach youth how to manage their own behaviour & anger using specific skills & strategies.
	Children in the Middle Co-Parenting Level 2	South & Central sites	At least 2 per site	Monthly	Day	Parents who are separated English	11	NA	Educate parents on co-parenting & keeping child out of conflict with the goal being family stabilization while meeting the needs of children growing up in two homes.
	Cool Kids Level 2	All agency sites	At least 2 per site	Weekly	Day	7 – 17 English	NA	NA	Teach practical skills facing fears & problem solving as well as assertiveness.
	Coping Bear Level 2	All agency sites	At least 2 per site	Weekly	Day	8 – 13 French & English	NA	NA	Teach children to recognize their emotional distress, & to learn & practice new coping skills.
	Girls Talk Level 1 & 2	All agency sites	At least 2 per site	Annually	Day	Girls 13-16 French & English	10	NA	Develop a safe space to learn about depression, & create coping strategies & awareness of contributing factors through artistic/recreational activities.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Intervention Group – Unspecified	All agency sites					25	NA	
	Lion's Quest Level 1	All agency sites	At least 2 per site	Annually (has not been requested by schools for few years)	Day	10 – 14 French & English	NA	NA	Encourage more positive social behaviours & reduce negative risk-taking behaviours in the transition from youth to adulthood.
	Mood Walks	North sites	2 staff in north campus	Seasonal	Day	12 – 17 French & English	21	NA	Promotes both physical & mental health by reducing barriers & creating new opportunities for people to be physically active.
	Pare-chocs Level 2	All agency sites	At least 2 per site	Annually	Day	14 – 17 French	NA	NA	Help children learn how to independently apply the skills learned to cope with their depressive symptoms.
	Pleins-feux sur l'intimidation Level 2	All agency sites	At least 2 per site	Annually	Day	4-5 6-7 7-9 9-11 11-13 French	NA	NA	Learn personal strategies to intervene in bullying situations; thus reducing it.
	Rainbows – Spectrum – Sunbeams Level 2	All agency sites	At least 2 per site	Bi- Annually	Day	5-7 7-9 9-12 12-14 French & English	NA	NA	Develop problem solving skills & appropriate behaviours & anger management related to grief; skills to reduce emotional pain & improve communication.

Partner	Service Description	Where Delivered?	# Staff in each location	Frequency	Hrs. of Service	Specific target population	# clients served	# clients waiting	Pathway/protocol to service
	Roots of Empathy	South sites	2 staff in south campus	Annually	Day	0 – 13 English	NA	NA	Classroom program aimed at reducing level of aggression amongst school children by raising social-emotion competence & increasing empathy.
	Stress Lessons Levels 1 & 2	All agency sites	At least 2 per site	Annually	Day	10-12 French & English	NA	NA	Teach stress management strategies & build emotional resiliency.
	Taking Action Level 2	All agency sites	At least 2 per site	Annually	Day	9 - 13 French & English	NA	NA	Children learn how to independently apply skills learned to cope with their depressive symptoms.

Additional Notes:

1. 'Pathways Support Toolkit: Preparing School Boards for Collaborative Planning with Community Partners to Support Child and Youth Mental Health', is a document developed for Ontario's 76 public School Boards by the Ontario Centre of Excellence for Child and Youth Mental Health in collaboration with the Ministry of Children and Youth Services (MCYS). One of the purposes of the Pathways Toolkit is to guide collaborative conversations between school boards and community partner agencies in the clarification of the roles played by all those who support students that require mental health services. Connecting children and youth with mental health problems in a timely way to the right mental health services by establishing clear and streamlined pathways of care between primary care, schools and the supports they need. The Toolkit can be downloaded at this web link: http://smh-assist.ca/blog/2015/10/16/pathways-support-toolkit/

Preliminary Analysis from
Community Based C&YMH Services and Pathways to Care Data

- Missing data: not all agencies providing mental health services within the Cochrane-Timiskaming region to children, youth and their families submitted templates.

- Further analysis of programs/services by age, gender, ethnicity & language is needed to more specifically identify service gaps and/or duplications;

- Programs are well distributed through the region as illustrated in the map on the following page with one exception: there is limited availability and barriers to access to services in Moosonee and the James Bay coastal communities;

- The community of Matheson has few treatment programs;

- Culturally responsive services for Indigenous children, youth and families living off-reserve are desperately needed[3];

- Further investigation of services for children 0 to 6 years of age is required to better understand service gaps; and,

- While there appears to be a reasonable breath of services/programs notwithstanding the need for services for Indigenous children, youth and families, the capacity to deliver services is compromised by too few staff to deliver services.

[3] The collection of data pertaining to on-reserve mental health services was not within the scope of thisproject.

Distribution of Service Types By Location

Section C: Local Child and Youth Mental Health Community Planning Mechanisms

This section focuses on describing local community planning mechanisms (e.g. planning tables) that have an impact on child and youth mental health, and undertaking analysis of their potential utility for the development of the CMHR and CSDR.

C.1: Existing Planning Mechanisms (Existing mechanisms):

Process/mechanism (including frequency/timing)	**Partners involved**	**Purpose**	**Outcome/status** (e.g. planning document)
NEOFACS			
Applied Behaviour Analysis Program Monthly meetings	▪ North Eastern Ontario Family and Children's Services ▪ One Kids Place	Networking, planning, problem solving, clinical review with regards to ABA program across the region	▪ Meeting Notes
Autism Assessment Clinic Team Initially monthly meetings; now as required (at minimum annually)	▪ North Eastern Ontario Family and Children's Services ▪ Timmins Family Health Team ▪ Porcupine Health Unit District School Board Ontario North East ▪ Children's Treatment Centre ▪ Conseil scolaire catholique du district des Grandes Rivières ▪ North Eastern Ontario Catholic School Board ▪ Conseil scolaire public du Nord-Est de l'Ontario ▪ Infant Development Program (CTRC)	Develop, coordinate and maintain an autism assessment clinic, following best practice / evidence based guidelines, and using existing resources and in-kind contributions among community agencies.	▪ Meeting Notes ▪ TOR ▪ Flow Charts

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Child and Youth Mental Health and Addictions Committee 4 meetings yearly	• North Eastern Ontario Family and Children's Services • Timmins and District Hospital • Community Care Access Centre • All (4) School Boards (Mental Health Leads) Canadian Mental Health Association • South Cochrane Addictions Services • Cochrane District Detox Centre • Kunuwanimano Child and Family Services Misiway Milopemahtesewin Community Health Centre Porcupine Health Unit • North Cochrane Addiction Services	• Provide a forum to discuss and identify needs and gaps in services for children and youth who present with mental health and/or addictions difficulties • Identify best practices, interventions and programs to meet identified needs • Identify training needs for professionals working with children and youth presenting with mental health and/or addictions difficulties • Apply a continuum of care model to assist children and youth to obtain the services and supports they require in a timely fashion • Develop inter-agency collaboration to meet the identified needs of children and youth in the Cochrane Temiskaming District	• TOR Meeting Minutes • Work Plan • CYMH mapping completed in 2016
Clinical and Evaluation Working Group Every two months meetings	• North Eastern Ontario Family and Children's Services • Health Sciences North • Child and Family Centre • Sault Area Hospital • Algoma Family Services • North Bay Regional Health Centre • HANDS the Family Help Network • Simcoe Muskoka Child, Youth & Family Services Timmins and District Hospital • All 3 members of the Regional Children's mental Health program	Develops and provides a continuous quality improvement framework for the Regional Network of child and adolescent acute and tertiary inpatient mental health settings in North East Ontario and their community partners. Forum for sharing information, evaluate services, develop standards of practice and planning with a view to enhance the capacity, efficiency and effectiveness of hospitals and organizations.	• Minutes of meetings • TOR

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Cochrane Temiskaming Children's Respite Network Monthly meetings or as deemed necessary	• North Eastern Ontario Family and Children's Services • Cochrane Temiskaming Resource Centre • Access Better Living • Community Living Agencies (Hearst, Iroquois Falls, Cochrane, Kapuskasing, Timmins, Kirkland Lake, Temiskaming South) • Extend-A-Family Timmins • Cochrane Temiskaming Children's Treatment Centre • Special Services at Home Agreement Officer Parent representative	Ensure a responsive, equitable and effective model for the delivery of children's respite services in the Cochrane Temiskaming developmental services sector.	• Meeting Notes • TOR
Feeding and Swallowing Assessment Initiative Monthly Meetings	• North Eastern Ontario Family and Children's Services • Timmins and District Hospital • Porcupine Health Unit • Cochrane Temiskaming Children's Treatment Centre • Cochrane Temiskaming Resource Centre	Work together to develop, coordinate and maintain a clinic to address the feeding and swallowing difficulties of children ages 0-5 in Timmins, through assessment and intervention provided by an interdisciplinary team of professionals.	Monthly Meeting Notes
Hearst Mobilization Committee Monthly Meetings	• North Eastern Ontario Family and Children's Services • Notre-Dame Hospital • North Cochrane Addiction Services • Ontario Provincial Police • Hearst Counselling Services • Cochrane District EMS Habitat Interlude Kunuwanimano Child & Family Services Town of Hearst • Crown Attorney • Maison Renaissance • Probation Services • Équipe de santé familiale Nordaski • Ontario Works	Address community concerns	Meeting Minutes

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Infant Preschool Clinic (PPC) Quarterly Meetings	• North Eastern Ontario Family and Children's Services • Cochrane Temiskaming Children's Treatment Centre • Cochrane Temiskaming Resource Centre • Porcupine Health Unit • One Kids Place • Timiskaming Health Unit	Early identification and intervention clinics for children 0-5.	• Meeting Notes • TOR • Guidelines
Integrated Delivery of Rehabilitation Services (IDRS) Steering Committee Bi-weekly Meetings	• North Eastern Ontario Family and Children's Services • Cochrane Temiskaming Children's Treatment Centre • Cochrane Temiskaming Resource Centre Public Health Unit • One Kids Place • Conseil scolaire catholique du district des Grandes Rivières • District School Board Ontario North East • North Eastern Ontario Catholic School Board • Conseil scolaire public Nord-est de l'Ontario • North East Community Care Access Centre • Temiskaming Hospital • HANDS the Family • Help Network • Temiskaming District Social Services Administration Board • Cochrane District Social Services Administration Board	Oversee the activities and implementation of the Ontario Special Needs Strategy Integrated Delivery of Rehabilitation Services in the Cochrane Temiskaming service delivery area. IDRS services include occupation therapy, physiotherapy and speech-language therapy	• TOR • Minutes of Meetings

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Kapuskasing Mobilization Committee Monthly Meetings	North Eastern Ontario Family and Children's Services Sensenbrenner Hospital North Cochrane Addiction Services Ontario Provincial Police Kapuskasing Counselling Services Cochrane District EMS Kapuskasing Indian Friendship Centre Habitat Interlude Cochrane District Detox Centre Kunuwanimano Child & Family Services VCARS Town of Kapuskasing Crown Attorney North Eastern Ontario Family and Children's Services North Bay Regional Hospital HANDS The Family Help Network Other community partners in North Bay	Address Community Concerns	Meeting Minutes
North Regional Hub - Administrative Committee (Dormant)	North Eastern Ontario Family and Children's Services North Bay Regional Hospital HANDS The Family Help Network Other community partners in North Bay	Hub Administrative committee with input regarding the operations of the Tertiary Care program at North Bay Regional Hospital	TOR Meeting Minutes
North Eastern Ontario Mental Health Week Committee Every one to two months depending on the time of the year	All four mental health leads from the four school boards Porcupine Public Health Unit Misiway Milopemahtesewin Community Health Centre Timiskaming Health Unit	Organize, prepare and collaborate for promotion/events etc.… for Children's Mental Health Week and Mental Health Wee	Meeting Minutes

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
North Eastern Ontario Triple P Network Quarterly Meetings	• North Eastern Ontario Family and Children's Services • HANDS The Family Help Network • Payukotayno – James and Hudson Bay Family Services • Simcoe Muskoka Family Connexions • Ministry of Children and Youth Services	Champion and support the implementation of Triple P – in the Northeastern Ontario Region. To provide training, materials and resources equitably to partner agencies and to clients across the North East region. To promote sustainability of Triple P programming within NE region.	• Meeting Notes • TOR
Regional Autism Management Team Monthly Meetings	• North Eastern Ontario Family and Children's Services • HANDS the Family Help Network	Networking, planning, problem solving with regards to Autism intervention program	• Meeting Notes
Réseau du mieux-être francophone Every 2 months meetings	• North Eastern Ontario Family and Children's Services • North Cochrane Addiction Services • Public Health Unit • Hearst, Kapuskasing, Smooth Rock Falls Counselling Services • Centre de santé communautaire de Kapuskasing et region • Sensenbrenner Hospital • Collège Boréal • Conseil scolaire catholique du district des Grandes Rivières • Municipal Administrators • Kapuskasing & District Association for Community Living • Community Citizens • Canadian Red Cross • Conseil scolaire public du Nord-Est de l'Ontario	Plans, networks and engages the community to improve access and equity to French language health services.	• Strategic Plan

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Special Needs Strategy Steering Committee Meetings are currently on hold	↓ North Eastern Ontario Family and Children's Services ↓ Cochrane Temiskaming Children's Treatment Centre ↓ Cochrane Temiskaming Resource Centre Porcupine Health Unit ↓ One Kids Place ↓ Conseil scolaire catholique du district des Grandes Rivières ↓ District School Board Ontario North East North Eastern Ontario Catholic School Board ↓ Conseil scolaire public du Nord-Est de l'Ontario ↓ North East Community Care Access Centre ↓ Temiskaming Hospital HANDS the Family Help Network ↓ Temiskaming District Social Services Administration Board ↓ Cochrane District Social Services Administration Board ↓ Local Health Integration Network ↓ Keepers of the circle aboriginal family learning centre ↓ Misiway Milopemahtesewin Community Health Centre ↓ Kunuwanimano Child & Family Services	Guide the development of a unified approach to coordinated service planning and integrated delivery of rehabilitation services.	↓ TOR ↓ Minutes of Meetings ↓ Proposal

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Timiskaming District Addictions & Mental Health Systems Planning Group Every three months	• North Eastern Ontario Family & Children's Services • Canadian Mental Health Association Cochrane-Timiskaming • Centre de Santé Communautaire du Timiskaming • College Boreal • Community Care Access Centre Community Living Temiskaming South • Conseil Scolaire Catholique des Grandes Rivières • District School Board Ontario North East District of Timiskaming Social Services Administration Board • Englehart and District Hospital • Englehart Family Health Team • Haileybury Family Health Team • Kirkland and District Hospital • Kirkland Lake Family Health Team • Kirkland Lake O.P.P. • Kunuwanimano Child & Family Services • Ministry of Children & Youth Services • Northern College • Northern Ontario Addiction and Health • Ontario Disability Support Program • Pavilion Family Resource Centre • Temagami Family Health Team • Temiskaming Native Women's Support Group • Temiskaming O.P.P	The Timiskaming District Addictions & Mental Health Systems Planning Group comes together voluntarily to share and consolidate its knowledge, expertise and capacity, to provide addiction and mental health advice regarding prevention or intervention from a district systems perspective to the Regional Systems Planning Group (RSPG), to the Local Health Integrated Network (LHIN) and/or various funders. The Planning group will: • Provide strategic systems planning advice to the RSPG and they will pass it on to the LHIN and/or various funders; • Act as a conduit for systems planning information to the RSPG & LHIN and/or various funders from the district planning sub-groups. i.e. Addiction/Mental Health; • To inform the LHIN and/or various funders about addiction and mental health services and to identify and make recommendations and identify gaps to the LHIN regarding service gaps in the addiction and mental health systems; • To provide information and linkage on a biannual/annual basis to the LHINs and/or various funders and other government jurisdictions and community partners to improve and monitor addiction and mental health service coordination and integration; • Provide consistent communication, district service integration planning and evaluation to the RSPG, which will focus on ensuring that client needs are met in a coordinated, seamless,	• Meeting Notes

		manner, in the short-term and into the future; • To identify pressures and to provide strategic advice, discussion and any communication as needed; • Discuss and provide input to the use of psychiatric sessional fees. Without limiting the generalities or intent of the foregoing, and in the spirit of collaborative community-drive planning, it is understood and agreed that this committee will not act as substitute/parallel authority for existing agency governance structures/bodies.	
Process/mechanism (including frequency/timing)	**Partners involved**	**Purpose**	**Outcome/status (e.g. planning document)**
Triple P Ontario Network Quarterly Meetings	• North Eastern Ontario Family and Children's Services • Aisling Discoveries Child and Family Centre Algoma Family Services • Belleville Health Unit • Brant Health Unit • Children's Centre Thunder Bay • Dilico Anishinabek Family Care • Eastern Health Unit • Halton Region • Kinark Child and Family Services • Lakehead University • Leeds Greenville Health Unit • Middlesex-London Health Unit • New Path • Niagara Health Unit • Ottawa Children's • Services Oxford-Elgin Chid and Youth Centre Peel CAS • Peterborough Health Unit Sault • Ste.Marie Innovation Centre	**Support the implementation of Triple P in Ontario.**	• Meeting Notes • TOR • Strategic Plan

	▪ Sudbury District Health Unit ▪ Timmins Health Unit ▪ Triple P Canada ▪ Valoris ▪ Wellington-Dufferin-Guelph Health Unit ▪ Windsor Regional Children's Centre York, Hastings and Prince Edward		
Process/mechanism (including frequency/timing)	**Partners involved**	**Purpose**	**Outcome/status (e.g. planning document)**
Smooth Rock Falls Detox/North Cochrane Addictions			
Cochrane District Addiction and Mental Health System Planning Group Meets 3 – 4 times per year	▪ All Addiction and Mental Health Agencies in the Cochrane District	Get together to share and discuss issues, etc.	▪ One document done by the NE LHIN on Addiction and Mental Health
Cochrane District Human Justice and Social Service committee Meets 3 - 4 times per year	▪ Several addiction, mental health and social services in the district	Talk about priorities, system planning, etc.	▪ One study done on Crisis
Maillons de santé North Cochrane Health Link Executive Committee meets every two months, local committees meet every month	▪ Addiction, Mental Health, Hospitals, CCAC	Work on developing a process to work with and develop PCP (patient care plans) for those with complex needs The committee is also attempting to develop a model to sustain a Health Link without funding	▪ Policies have been developed. Educational training on Care Plans, etc.

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Community Mobilization Committees Monthly Meetings	▪ Hearst and Kapuskasing have such committees, which involve several stakeholders in the community. ▪ (Membership as noted previously)	They meet on a monthly basis to discuss community concerns. The OPP is the lead of this committee	▪ Minutes are kept. ▪ At times, individuals are discussed with a view to develop a plan to help these people. E.g., someone with mental health issue who is frequently involved with Police or Hospital. What plan can we come up with to help this person?
District School Board North East			
Timiskaming District Addiction Mental Health Systems Planning Group	▪ NEOFACS ▪ OPP, ▪ Temiskaming Hospital, ▪ Timiskaming Health Unit, ▪ Indigenous Best Start Service, ▪ Victim Services, Community ▪ Living Timiskaming South, ▪ NCDSB, ▪ DSBONE, ▪ CSCDGR, ▪ CMHACT, ▪ Centre de Sante	Regional planning and information sharing	▪ Planning, inform, consistent information, identify pressures, (see terms of reference)

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Children Mental Health and Addictions Working Group: 4 meetings yearly	NEOFACS, NCDSB, DSBONE, CSCDGR, Porcupine Health Unit, CMHACT, South Cochrane Addiction Services, NECCAC, Timmins and District Hospital, Misiway,	Regional planning and information sharing	Service mapping, planning, inform, consistent information, identify pressures, (see terms of reference)
Healthy Kids Steering Committee	Misiway CHC, City of Timmins, Porcupine Health Unit, CDSSAB, Heart & Stroke Foundation, Ontario Early Years, Red Cross, Metis Nation of Ontario, CSCDGR, DSBONE, NCDSB, YMCA, Timmins Economic Development Centre.	To improve the health of children by helping communities create environments that make it easy for children to lead healthy lives.	Planning, implanting, evaluation of Health Kids Community Challenge

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Cochrane/Timiskaming Crown Ward Education Championship Team **Monthly**	All schools boards NEOFACS (child protection)	Joint Planning for Student Achievement Committee	Planning
Community Mobilization Timmins – Steering Committee **Monthly**	Membership as previously noted.	Angele Desormeau from South Cochrane Addictions Services would have the most updated Terms of Reference	Planning
Timmins and District Hospital			
Cochrane District Mental Health and Addictions Planning Table Meets every 2 months	South Cochrane Addictions Services, CMHA, Smooth Rock Falls Detox, Jubilee Center, NELHIN, Minto Counselling, Maison Renaissance, Kapuskasing Counselling, TADH	Planning entity for the North East LHIN 13 region	Planning
Child and Youth Mental Health and Addictions Committee- Meeting frequency every 4 months	School Boards, NEOFACS, Public Health Unit, CCAC, TADH, Kunuwanimano, Smooth Rock Falls Detox, Misiway, CMHA	Planning and identifying priorities for the North East (Cochrane and Temiskaming Region) as it relates to child and adolescent population.	Planning

Process/mechanism (including frequency/timing)	Partners involved	Purpose	Outcome/status (e.g. planning document)
Children's Tertiary Mental Health Regional Network Infrequent at this time a review of this committee and purpose is occurring.	• All schedule 1 facilities in the North East, NEOFACS, Child and family center North Bay.	Review access to tertiary care services in the North East – created when divestment of tertiary care beds occurred in the North East.	• One document done by the NE LHIN on Addiction and Mental Health • Planning
Community Mobilization Timmins – Monthly	• South Cochrane Addiction Services, NEOFACS, Timmins Police, Misiway, Justice/Courts, Jubilee Center, School Board, OPP, NELHIN, CCAC,	The "situation table" reports to this committee, "situation table" reviews complex, high-risk cases on a weekly basis that require urgent intervention.	• Meeting notes • Individual case plans when relevant
Access to Schedule 1 bed project with James Bay Coast– NELHIN Project timeline began in October to end in Spring 2017	• Weeneebayko Area Health Authority, NELHIN, Schedule 1 facilities in the North East (TADH, NBRHC, HSN, SAH).	To review current access process to Schedule 1 beds and develop consistent process across the North East as well as overflow process or surge process.	• Planning
Mental Health and Addictions Advisory Council Meeting frequency every 2 months reports to the Provincial Mental Health and Addictions Council	• Multiple agencies from the NE	To develop priorities for the North East.	• Meeting Notes • Planning

C.2: Existing Planning Mechanisms (Analysis of mechanisms):

Analysis of community planning mechanisms:

Summary of Analysis:

The table above reflects input from four organizations. Not all community partners submitted planning table/mechanisms information. Consequently, there are in all likelihood additional planning mechanisms and tables not identified in this Community Mental Health Report. Also, it should be noted that within the list of planning tables/mechanisms, there is duplication.

The list above reflects local, regional and provincial committees and planning tables. Not all of the planning tables/mechanisms have direct impact on child and youth mental health services.

Analysis of Cochrane/ Timiskaming planning tables and mechanism is very preliminary and more comprehensive examination is needed.
The NE LHIN recently completed a survey of all health-planning tables in the North East. The report has yet to be approved. However, the third party consultants have requested a copy of the report once approved. This report may prove helpful when additional analysis is undertaken.

Among the planning tables/mechanisms noted, approximately ten (10) appear to be specific to child and youth mental health and addiction services.
The Child and Youth Mental Health and Addictions Committee, which is chaired by NEOFACS, may have potential as future formalized child and youth mental health and addictions planning table. The current membership includes representation from:

- Child and youth mental health service providers;
- District School Boards;
- Hospitals;
- Indigenous service providers;
- Public Health;
- Child Welfare (mainstream and Indigenous child welfare)
- Youth Justice; and
- Early Years.

It is the third party consultants' understanding that none of the planning tables/mechanism listed have youth or family representation nor how the voice of youth and families is integrated with planning activities.

Discussions about the possibility of Child and Youth Mental Health and Addictions Committee becoming the formalized planning table are very preliminary and a more fulsome dialogue is needed. If

there were to be support for this idea, a number of modifications would be needed including a revised Terms of Reference; a review of the planning table structure including an examination of the membership. There would need to be strong linkages with other district planning tables and the development of strategies to ensure effective collaboration and linkage would be essential.

An abbreviated summary of the planning tables/mechanism and a graphic depicting a possible structure is included Appendix 'I' of this report.

Recommendations:

It is recommended that the Cochrane/ Timiskaming community service partners undertake the following:

1. Review the NE LHIN planning mechanism review report.
2. Undertake further examination of the Child and Youth Mental Health and Addictions Committee as a potential for becoming a formalized child and youth mental health and addictions planning table.
3. Identify what modifications would be needed to the Child and Youth Mental Health and Addictions Committee to ensure that district planning activities meet the needs of the community.
4. Explore ongoing and sustainable strategies to ensure that the voice of youth and families are integral to planning activities, i.e. consider the possibility of youth and family representation.

Section D - Priority Identification

As a component of the engagement process, the third-party consultants undertook a priority identification exercise with partner agencies on 08 March 2017 that ultimately resulted in the identification of five (5) priority areas. The exercise was preceded by the distribution and examination of several documents the content of which is contained in this document. These documents including the following:

- Compiled Service Provision & Pathways to Care templates;
- Compiled Planning Mechanism Templates;
- Summary of Planning Mechanism Templates; and,
- Summary of Themes Arising From Interview and, Engagement Sessions (please see Appendix 'J')

The process of arriving at the priorities began with the division of participants into three (3) small groups with care taken to have diverse groups and thus maximize the cross-sharing of partner-agency information. Each group was directed to frame their discussion around the following three (3) questions:

1. *Debrief from morning session: consider what you heard. Did you hear anything that surprised you? Do you think there a need for more information? If yes, what do you think is the best means of getting more information?*

2. ***Each organization has its own priorities. These are similar in many cases and in others unique. Identify the priorities of each partner organization represented in your small group. List all the priorities identified on a flip chart. As a group, attempt to prioritize these ranking from what you agree is most important.***

3. *From your perspective (that of your small group) what do you see as the next steps towards development of a community mental health plan for the Cochrane - Timiskaming region?*

Upon reconvening of the large group, each small group presented a high-level overview of their respective discussions including identification of the four (4) priorities unique to their respective groups. Similarities in priorities allowed for the twelve (12) priorities and ample discussion led to unanimous agree on five (5) priorities common to the group as a whole. The large group then undertook an exercise that allowed for the anonymous ranking of the five (5) priorities in order of importance. To rank the priorities each participant was given an envelope containing six (6) one thousand dollar ($1000) bills. Five large envelops representing each of the five (5) priority areas were created. Participants were invited to disperse their money into the large envelopes according to the level of importance he/she attributed to each priority.

At the conclusion of the disbursement s, the money in each envelop was counted and the priority areas ranked according to how much money had been allocated to each. The five priorities according to money allocated to each are as follows:

1. Cultural Responsiveness, Cultural Congruence and Cultural Sensitively ($28,000)
2. Person Centred Services/Wrap around the client (meet client when it works for them, where, when, etc., etc.) ($27,000)
3. Engagement of Youth, Parents/Caregivers ($21,000)
4. Increase Awareness / Acceptance / Reduce Stigma [with respect to mental health / mental health issues]; ($15,000), and,
5. Inclusiveness/Linkages/Partnerships: creating a foundation for collaboration ($12,000).

The identification and prioritization of these priority areas have provided the partner agencies with a foundation and a focus going forward.

Section E - French Language System Partners

Lead agencies in all services areas are required to work with key partners at the local level, including French Language service providers in the development of their CMHP. Lead agencies responsible for service areas that include areas designated under the French Language Services Act must ensure that they engage with French language providers to support the delivery of French language services in the service area. Lead agencies in non-designated areas should also engage with their French Language stakeholders about the provision of services in French. Lead agencies must describe how they met this requirement, including:

1. Who is providing the core services in French;
2. Who was engaged and how were they engaged;
3. Any challenges regarding engagement with French language providers and stakeholders; and;
4. Any identified concerns from French language system partners.

In the absence of a designated Lead agency in the Cochrane-Timiskaming region, the third party consultants have, through the community partner engagement process, identified French-language service providers and in collaboration with all community partners, identified key issues related to the planning and provision of French-language mental health services.

Who is providing core services in French? NEOFACS is an integrated services agency and the sole provider of core mental health services in French language for children, youth and their families. The agency employs bilingual clinicians that are strategically located within the Cochrane-Timiskaming region and able to provide services in French.

Who was engaged and how were they engaged? NEOFACS has protocols with the French language school Boards within the region and collaborates with mental health Leads within the Boards. NEOFACS provides various levels of support to French language service providers throughout the region. In addition, NEOFACS is an active participant in the Réseau du mieux-être francophone planning table that meets bi-monthly and focuses on planning, networking and engaging the community to improve access and equity to French language health services.

Any challenges regarding engagement with French language providers and stakeholders? Among smaller-sized cities in the province, Timmins has the largest proportion of francophone residents at 41%. Strategically situated approximately half way between Hearst 3 hours to the north and New Liskeard 2 and ½ hours to the south, Timmins is a natural hub and meeting place to which partner agencies within the district travel for meetings. Travel time and driving conditions in adverse weather can be a deterrent to regular participation by partner agencies in planning tables. In addition, with the exception of the Réseau du mieux-être francophone planning table all other planning tables are held in English. The cost of translating documents from English to French and French to English is also a challenge owing to the associated costs.

Any identified concerns from French language system partners? Although French language services are available throughout the district, demand far exceeds supply particularly in those towns and cities where the majority of the population is Francophone[4]. As a consequence, those desiring or requiring services in French may have to wait longer for services, or, accept services in a second language (English) which in and of itself creates a barrier.

[4] These include Hearst (95%); Kapuskasing (70%); and Smooth Rock Falls (71%).

Appendix 'A'

Introductory Meeting to Moving on Mental Health in the Cochrane- Timiskaming Region Agenda and Summary Notes

Date: Thursday, September 1, 2016 **Time:** 10:00 AM – 2:00 PM **Location:** NEOFACS, 707 Ross Ave., E., Timmins

Invitees: John Raymond - Executive Director, Josée Belanger-Director of Services, Michael Cole-Program Manager, Lola Dufour-Program Manager (unable to attend), Nathalie Rochon-Program Supervisor –Hearst Kap area, Sharron Pountney-Program Supervisor-Timmins area, Karen Gurr – Program Supervisor – Temiskming area, Kelly Wakeford – MCYS Program Supervisor, Deb Cantrell – 3rd Party Consultant, Helen Mullen-Stark – 3rd Party Consultant.

Purpose

The Ministry of Children and Youth Services wishes to proceed with the Moving on Mental Health – Cochrane/Timiskaming initiative through the engagement of third party consultants. The purpose of this meeting is to provide an opportunity for the MCYS Program Supervisor, NEOFCS management staff and the 3rd party consultants, to discuss the focus, approach and next steps associated with this initiative.

Process

1. Joint Discussion guided by the agenda below.
2. Sharing of information by Program Supervisor - providing a context and parameters.
3. Third Party Consultants providing overview of proposed approach.
4. Sharing of NEOFACS' C&YMH service information

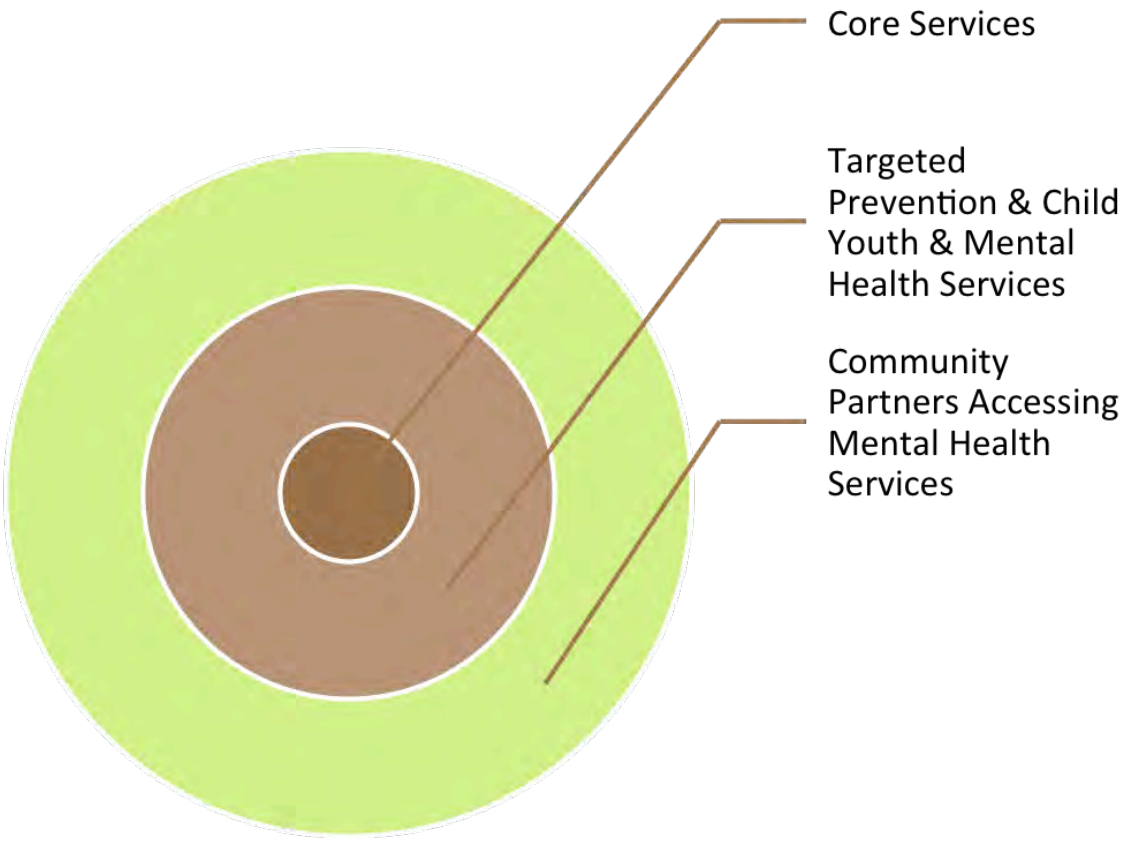
	Agenda Item	Summary Notes
1	**MCYS Overview – Context/Parameters, Role of 3rd Party Consultants**	▪ Kelly provided an overview of MCYS' plans to proceed with MOMH for Timiskaming/Cochrane with the engagement of a third party. Third party consultants will lead the development of the Community Mental Health Plan and a partial development of the Core Service Delivery Plan (service landscape and protocols) ▪ Official correspondence from MCYS confirming the plan to move ahead with 3rd Party Consultants has not yet been received. Upon receiving correspondence, communication with community partners will commence.
	Proposed Project Approach	Helen and Deb (Third Party Consultants) shared an overview of the approach to achieving the project deliverables. **Desired Project Outcomes:** ▪ Community service partners will actively participate and contribute to the development of a CMHP that will support a collaborative system of community-based mental health services and supports for children and youth. ▪ Youth and families will be engaged in a meaningful process such that their voices are heard and considered in community based service planning and decision-making. ▪ The community will have a preliminary understanding of their service landscape, pathways to services, service gaps and service priorities.

2		▪ The community will have an understanding of existing planning mechanisms, potential overlaps/duplications and planning mechanism linkages. **Deliverables**: 1. Core Services Summary: a. Inventory of child and youth mental health core services, including target population, age, geographic spread, budget, targets and measures used to assess service quality associated with that program. b. An inventory of existing formalized referrals, protocols, and intake/access points that support effective transitions and pathways between and through core services. 2. A Community Mental Health Plan (CMHP) in compliance with MCYS expectations and reporting requirements. **Approach:** ▪ Group sessions with identified community partners ▪ Individual sessions with identified community partners ▪ Distribution of MCYS templates – service data – to be completed be by NEOFACS (CSDP) and specific community partners (CMHP) ▪ Data analysis ▪ Youth and parent focus groups (proposed plan is to engage the support of Centre of Excellence) – details to be confirmed ▪ Feedback sessions ▪ Opportunity for input – re: findings ▪ Identification of three CMHP priorities ▪ Submission of CSDP (modified) and CMHP by March 31, 2016
3	**Communication (Who, What & When)**	▪ Upon receipt of official correspondence from MCYS (corporate) – Kelly and 3rd Party consultants will communicate with NEOFACS and an agreed upon list of community partners. ▪ Consultants will prepare an invitation to identified community partners in regard to initial group discussion and focus groups ▪ Kelly will identify next steps for communicating with Centre of Excellence and what the role of the Centre will be re: youth and family engagement ▪ Lola Dufour will be the primary contact person for NEOFACS ▪ When corresponding with NEOFACS/Third Party consultants, the following people will be copied on all communications: Lola Dufour, John Raymond, Josée Belanger, Kelly Wakeford, Deb Cantrell and Helen Mullen-Stark
4	**Overview of NEOFACS C&YMH Services**	▪ NEOFACS provided a comprehensive overview of their services with particular focus on child and youth mental health ▪ Josée shared an electronic version of the presentation with the consultants
5	**CSDP – CMH Service Landscape – Template & Protocols**	▪ Consultants to provide NEOFACS with CSDP – service landscape template for completion by NEOFACS (template attached as a separate document – legal size) ▪ CMHP template to be distributed at initial community partners meeting for completion by identified community partners
6	**Specific Cultural/Language Requirements (Engagement)**	▪ Identified the need to: o Ensure all communications are in both French and English o Provide Francophone parent focus group to be facilitated by French speaking facilitator o Consider the need to have a community partner meeting in Hearst

		facilitated in French o Conduct a focus group(s) specific to Aboriginal/indigenous families
7	**Next Steps -Week of October 17th, Launch – Community Partners**	1. Consultants to provide definitions for the identification of community partners. 2. NEOFACS to identify specific community partners that fall within the definitions and location, i.e. Timmins/ Timiskaming. 3. NEOFACS to provide specific documents - document list status included in summary document 4. Initial focus – tier of community partners within the second tier – see tiers on next page. 5. Consultants to provide NEOFACS with CSDP – Service Landscape template (attached as a separate document – Section **B.1: Core Services Summary * See note** 6. Consultant to provide Template: **B.2: Core Services Summary** Inventory existing formalized referrals, protocols, and intake/access points that support effective transitions between and **through core services**. 7. Upon receiving MCYS approval to proceed – consultants and Kelly to prepare invitation to community partners – initially two sessions – one in Timmins and one in Englehart – consider possible Francophone session in Hearst 8. Target sessions to occur the week of October 17, 2016. 9. Kelly to connect with or identify contact person at the Centre of Excellence.
		*** Note – attached as a separate document is the 2014/2015 Core Services Delivery Plan – during this phase of the MOMH (T/C) – the only sections that need to be completed are sections B:1 and B:2 – the entire document has been included in order to provide a full context.**

Community Partner Engagement – Phases of Engagement

- Initial phase of engagement – Targeted Prevention & Child and Youth Mental Health Service providers– not funded by MCYS
- Next phase of engagement – community partners accessing child and youth mental health services



Service Definitions

Targeted Prevention Services focus on changing views and behaviours, building skills and competencies and/or creating awareness and resiliency through the provision of information, education, and programming to defined at-risk populations. Work across sectors such as health and education, through community planning and strong community partnerships will support the development of a more comprehensive approach to targeted prevention. Targeted prevention programs may occur in a variety of settings including in education, health and community settings and may involve health practitioners and educators as partners.

Targeted prevention activities are:

- Therapeutic activities that intervene in, or avert the development or occurrence of, a mental health problem;
- Aimed at increasing the child, youth or family's capacity to understand mental health problems, identify these problems early in the course of illness, and change perspectives and enhance resiliency; and
- Avenue to promote early identification of mental health problems, provide time, effective an early intervention, and develop skills in the target population.

Target prevention is targeted at addressing specific risk factors, and does not include broad universal programming.

Target Population

Children and youth between 0-18 years old who have been identified as a member of a group that shares a significant risk factor for mental health problems or disorders are the primary target population. These children or youth would generally require services within a level 2 of the continuum of needs-based services and supports.

Counselling and Therapy Services focus on reducing the severity of, and/or remedying, the emotional, social and behavioural problems of children and youth. Services include a series of planned, interrelated interventions based on an assessment of the child, youth and family's multiple risks, needs and strengths. Counselling and therapy services can include a range of modalities (e.g., individual, group, and family, play-based) as well as clinical practices (e.g., cognitive-behaviour therapy). Services are provided within the context of the family, culture and community, and can be provided in a range of settings and frequency.

Mental Health services are designed to:

- Support children, youth and their parents/caregivers in the receipt of services designed to address identified needs;
- Reduce the need for more intensive and intrusive intervention;
- Reduce the severity of mental problems or symptoms; and
- Strengthen coping and resilience and improve functioning.

Target Population

Children and youth between 0-18 years of age who are experiencing a mental health problem, require services within levels 2 and 3 of the continuum of needs-based services and supports and are:

- Displaying early signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems.

The following outlines continuum of needs-based services and supports.

Table 1: Continuum of Needs

Least Intensive ← - - - - - - - - MCYS-Funded CYMH Services - - - - - - - → Most Intensive			
Level 1	Level 2	Level 3	Level 4
All children, youth and their families/ caregivers	Children and youth identified as being at risk for, or who are experiencing, mental health problems that affect their functioning in some areas, such as at home, school and/or in the community	Children and youth who are experiencing significant mental health problems that affect their functioning in some areas, such as at home, school and/or in the community	Children and youth experiencing the most severe, complex, rare or persistent diagnosable mental illnesses that significantly impair functioning in most areas such as at home, school and in the community

For the purpose of identifying community partners in this initial phase, we are looking at primarily levels 2 and 3. However, some community partners may be delivering services at level 4, i.e. health.

- As discussed, please prepare a list of community partners that would fall within the Targeted Prevention & Child and Youth Mental Health Service providers– not funded by MCYS and if possible identify partners that would be meeting in Timmins and Englehart as separate lists.

Appendix 'B'

Invitation Distributed to Community Partner Organizations

Invitation to Participate

in the Moving on Mental Health Initiative (MOMH)
in the District of Cochrane-Timiskaming

Background:

The Ministry of Children and Youth Services has launched a Comprehensive Mental Health and Addictions Strategy targeting children, youth and their families. The strategy includes a Moving on Mental Health Initiative the goal of which is to deliver a coordinated, responsive system that makes sense to parents and young people, that is easy to navigate, that enables fast answers and clear pathways to care. Most important of all: the system will deliver early and appropriate help for each child and youth who needs it.

In order to achieve this goal the Ministry is in the process of establishing Lead agencies in 33 regions of the province encompassing all on Ontario. The Lead agencies will be responsible for providing core services and collaborating effectively with other services that play a role in young peoples' lives, such as schools, hospitals, those working in primary care and child welfare authorities.

Lead agencies have been identified in 31 of the 33 service areas. The Cochrane - Timiskaming region is one of two service areas that have not yet established a Lead agency.

The Ministry has retained third party consultants to begin the process of mapping existing pathways to care within the Cochrane-Timiskaming region and identifying service providers and programs that currently provide mental health services for children, youth and their families. This process will lead to the development of a community mental health plan and eventually identification of the Lead agency within the region.

Please Join Us:

The third party consultants, Helen Mullen-Stark and Deb Cantrell, invite you to a meeting on 05 December 2016 at NEOFACS situated at 707 Ross Avenue East, Timmins, from 10 to 2 pm.to further discuss this exciting initiative and to confirm your role in the process.

In order to plan for this meeting we require confirmation of your availability to attend.

Lunch will be provided. Please indicate any dietary restrictions in your reply.

Please RSVP by 21 November 2016 by e-mailing Helen Mullen-Stark, Project Lead at:

Helen@mullen-stark.ca

We look forward to meeting with you on 05 December 2016.

Sincere regards,

Helen-Mullen Stark, Third Party Consultant

Deb Cantrell, Third Party Consultant

Appendix 'C'

Invitees to 05 December 2016 Meeting

- Community partners that provide Targeted Prevention and Child and Youth Mental Health services in Timmins;
- The Boards of Education that provide services across NEOFACS' catchment area;
- The Porcupine Health Unit that provides services in the district of Cochrane;
- CCAC provides services in the districts of Cochrane; and
- Timiskaming and CMHA provide services in Timmins and the district of Timiskaming.

Name	Agency	Position	E-mail Address
1. Denise Plante-Dupuis	District School Board Ontario North East (Targeted Prevention)	Mental Health Lead	Denise.Plante-Dupuis@dsb1.ca
2. Kim McEntree	North Eastern Catholic District School Board (Targeted Prevention)	Mental Health Lead	kmcentee@ncdsb.on.ca
3. Sandra Sparrow	Conseil scolaire catholique du district des Grandes Rivières (Targeted Prevention)	Mental Health Lead	Sandra.Sparrow@CSCDGR.education
4. Gerry Lajoie	Conseil scolaire public du nord-est de l'Ontario (Targeted Prevention)	Mental Health Lead	Gerry.Lajoie@cspne.ca
5. Suzanne Cechinni	Community Care Access Centre (CYMH service RN in schools)	Manager *4 RN providing supports in schools	Suzanne.Cecchini@ccac-ont.ca
6. Chantal Riopel 7. Christine Daigneault-Hache*	Porcupine and District Health Unit Targeted Prevention	Manager *RN Public Health, member of CYMH and Addictions committee	Chantal.Riopel@porcupinehu.on.ca Christine.Daigneault-Hache@porcupinehu.on.ca
8. Natalie Carle 9. Vicky Bernard*	Timmins and District Hospital (CYMH service-CAMHU)	Director QI/MH Unit Manager CAMHU	ncarle@tadh.com vbernard@tadh.com

Name	Agency	Position	E-mail Address
10. Mark Lionello 11. Clark McFarlane**	Canadian Mental Health Cochrane Temiskaming Branch (CYMH service 16+)	Manager Executive Director	mlionello@cmhact.ca
12. Doug Davey 13. Rachel Cull	Misiway Community Health Centre (CYMH service)	Aboriginal CYMH lead Executive Director	DDavey@misiway.ca
14. Michael Miller	Kunuwanimano (Targeted Prevention)	Executive Director	micheal.miller@kunuwanimano.com
15. Angele Desormeau	South Cochrane Addictions Service (Targeted Prevention)	Executive Director	scasinc@ntl.sympatico.ca
16. Kelly Hunter	Englehart Hospital		khunter@edhospital.on.ca
17. Jo-Anne Plante	District School Board Ontario North East	Superintendent	Jo-anne.plaunt@dsb1.edu.on.ca
18. Kerry Schubert-Mackey 19. Ryan Peters	Timiskaming Health Unit		schubertmk@timiskainghu.com petersr@timiskaminghu.com
20. Leslie Kirchmayer 21. Tyler Twarowki	Canadian Mental Health Cochrane Timiskaming branch		lkirchmayer@cmhact.ca ttwarowski@cmhact.ca
22. Susan Ranking	KL Hospital		srankin@kdhospital.com
23. Mark Tysick	Temiskaming Hospital		mtysick@temiskaming-hospital.com
24. Angle Desormeau	South Cochrane Addictions	Executive Director	scasinc@ntl.sympatico.ca
25. Sharleen Pope 26. Marielle Cousineau	Smooth Rock Falls Detox / North Cochrane Addictions	 Executive Director	Sharleen.Pope@ONE-Mail.on.ca Marielle.Cousineau@one-mail.on.ca
27. Marie Rouleau	Cochrane Timiskaming Children's Treatment Centre	Executive Director	marie.rouleau@ctctc.org
28. Jessie Spoon 29. Charlene Reuben	Payukotayno	DOS Executive Director	Jessie.Spoon@payukotayno.ca charlene.reuben@payukotayno.ca
30. Gary Dowe	Timiskaming Resource Centre	Executive Director	gdowe@ctrc.on.ca
31. Veronica Nicholson	Timmins Native Friendship Centre	Executive Director	vnicholson@tnfc.ca

Note: **Canadian Mental Health Cochrane Timiskaming is the service provider for addictions in Timiskaming

Appendix 'D'

MINUTES FROM THE 05 DECEMBER MOMH MEETING

DATE: Monday, 05 December 2016 **TIME**: 10:00 AM to 2:00 PM

LOCATION: NEOFACS, 457 Wilcox Street, Timmins

Attendees:

1. Anne Vincent, Timmins Native Friendship Centre
2. Donna Hester,Kunuwanimano Child and Family Services
3. José Belanger-Director of Services, NEOFACS
4. Lola Dufour-Program Manager, NEOFACS
5. Veronica Nicholson, Timmins Friendship Centre
6. Rachel Cull, Misiway Community Health Centre
7. Doug Davey, Misiway Health Centre
8. Denise Plante-Dupuis, District School Board Ontario North East
9. Gerry Lajoie, Counseil scolaire public du nord-est de l'Ontario
10. Kim McEntee, North Eastern Catholic District School Board
11. Sandra Sparrow, Conseil scolaire catholique du district des Grandes Rivières
12. Suzanne Cechinni, Community Care Access Centre
13. Stacey Fisher, Community Care Access Centre
14. Mark Lionello, Canadian Mental Health Cochrane Temiskaming Branch
15. Natalie Carle, Timmins and District Hospital
16. Jesse Spoon, Payukotayno James & Hudson Bay Family Services
17. Clark McFarlane, Canadian Mental Health Cochrane Timiskaming Branch
18. Marielle Cousineau, Smooth Rock Falls Detox/North Cochrane Addictions
19. Christine Daigneault-Hache, Porcupine and District Health Unit
20. Kelly Wakeford, MCYS Program Supervisor
21. Donna Chorney, MCYS Program Supervisor
22. Helen Mullen-Stark, 3rd Party Consultant
23. Deb Cantrell, 3rd Party Consultant

Regrets:

1. Micheal Miller, Kunuwanimano Child and Family Services
2. Marie Rouleau, Cochrane Timiskaming Children's Treatment Centre
3. Gary Dowe, Timiskaming Resource Centre
4. Pamela Stager, Timiskaming Resource Centre
5. Charlene Reuben, Payukotayno James & Hudson Bay Family Services
6. Jo-Anne Plante, District School Board Ontario North East
7. Vicky Bernard, CYMH – Service
8. Chantal Riopel, Porcupine and District Health Unit
9. John Raymond, NEOFACS
10. Angele Desormeau, South Cochrane Addiction Services
11. Leslie Kirchmayer, Canadian Mental Health Cochrane Temiskaming Branch
12. Kerry Schubert-Mackey, Timiskaming Health Unit
13. Ryan Peters, Timiskaming Health Unit
14. Tyler Twarowki, Canadian Mental Health Cochrane Timiskaming Branch
15. Sharleen Pope, Smooth Rock Falls Detox/North Cochrane Addictions
16. Melanie Ciccione, LHIN

Purpose

The Ministry of Children and Youth Services is proceeding with the Moving on Mental Health initiative in the Timiskaming - Cochrane region through the engagement of third party consultants. The purpose of this meeting was to share an overview of the Moving on Mental Health (MOMH) initiative and the process proposed for the development of a community mental health report in the Cochrane-Timiskaming region.

The dates of follow-up meetings with attendees in their respective communities will be scheduled during this meeting.

Process

- Joint Discussion guided by the agenda items below.
- MOMH PowerPoint Presentation with Third Party Consultants providing overview of proposed approach.
- High-level sharing of programs/services by attendees representing community/district organizations/programs
- Confirmation of next steps

Agenda Items

- Introductions
- Confirm / Modify Agenda
- Overview of MOMH (PPP)
- Proposed Project Approach
- Creating a community service landscape
- Community Planning Mechanisms (currently)
- Next Steps
  - Confirm contact information for additional partners
  - Confirm contact leads for attendee organizations/programs
  - Schedule dates/locations for District Meetings
  - Identify Specific Cultural/Language Requirements for Engagement in the communities and how to manage

Overview of Moving on Mental Health (MOMH) Initiative

The Ministry of Children and Youth Services has launched a Comprehensive Mental Health and Addictions Strategy targeting children, youth and their families. The strategy includes a Moving on Mental Health Initiative the goal of which is to deliver a coordinated, responsive system that makes sense to parents and young people, that is easy to navigate, and enables fast answers and clear pathways to care. Most important of all: the system will deliver early and appropriate help for each child and youth who needs it.

In order to achieve this goal the Ministry is in the process of establishing Lead agencies in 33 regions of the province encompassing all on Ontario. The Lead agencies will be responsible for providing core services and collaborating effectively with other services that play a role in young peoples' lives, such as schools, hospitals, those working in primary care and child welfare authorities.

Lead agencies have been identified in 31 of the 33 service areas. The Cochrane - Timiskaming region is one of two service areas that have not yet established a Lead agency.

The Ministry has retained third party consultants to begin the process of mapping existing pathways to care within the Cochrane-Timiskaming region and identifying service providers and programs that currently provide mental health

services for children, youth and their families. This process will lead to the development of a community mental health plan and eventually identification of the Lead agency within the region.

Proposed Project Approach

The project approach consists of the following methodology:

- An invitation to community partners and the core services agency (NEOFACS) to come together for an orientation to the MOMH initiative, an introduction to the third party consultants, and confirmation of project objectives and desired outcomes;
- Completion of a "Current Service Provision and Pathways to Care" (targeted prevention and child and youth mental health services not funded by MCYS) template by each partner organization/program **before 03 February 2017** that will inform a community service landscape;
- Engagement of youth and parents/families to be led by Ontario Centre of Excellence for Child and Youth Mental Health for the purpose of better understanding their experience with accessing and utilizing community mental health services and their perspectives about what works, what does not work, and what needs to be changed to make pathways to service more streamlined and responsive;
- One-to-one meetings between the third party consultants (Helen and Deb) and representatives from programs/agencies in the region;
- Presentation of findings arising from the engagement activities, one-to-one consultations and a preliminary analysis of data obtained from the templates to everyone in this meeting **on 08 March 2017** (by Helen and Deb);
- Preparation of a Community Mental Health Report (CMHR) by Helen and Deb for submission to MCYS on 31 March 2017.

Creating a Community Landscape

- Creation of a complete, wide-ranging and in-depth picture of the existing children's mental health service landscape will help us better understand the current state of child and youth mental health services and processes in the Cochrane-Timiskaming region.
- The community service landscape will be the primary tool with which to determine the most critical service gaps and/or barriers in service navigation and service pathways.
- The landscape will be informed by information provided by key stakeholders (the core services provider, partner service providers and families).
- Completion of the 'Current Service Provision and Pathways to Care' template by community partners is a requisite to creation of the community landscape and the community mental health plan.
- The draft template was distributed and suggestions were made for enhancements. A revised template will be distributed to everyone within the next week.

Community Planning Mechanisms

- Community planning mechanisms include protocols between the core services agency and community partners as well those planning tables that have an impact on child and youth mental health.
- The third party consultants will undertake an analysis of the appropriateness and effectiveness of existing mechanisms to support community mental health planning. Recommendations for improvements, including changes to existing mechanisms and/or new approaches where needed, will appear in the Community Mental Health Plan Report.
- The core services agency (NEOFACS) has provided the consultants with their protocols.
- The consultants have begun to identify planning tables that currently exist in the region. Identification of all planning tables including who sits at the various tables and their respective roles continues.

Next Steps

- The revised Current Service Provision and Pathways to Care template to be revised and distributed to everyone in attendance.
- Participants identified additional partners that provide services – the consultants will be following up with these in January and February.
- Contact Leads for all programs/organizations represented at this meeting were confirmed;
- The role of the Ontario Centre of Excellence for Child and Youth Mental Health was explained, and specifically that representatives from the Centre of Excellence will be facilitating the engagement sessions with youth and families. The tentative dates for the engagement sessions are the last week in January and the first two weeks in February – exact dates will be confirmed.
- Participants were asked to consider whether they may be able to be contact/leads for youth and/or family engagement sessions. The contact/leads will coordinate the engagement sessions and be the 'go-to' people for the Centre of Excellence facilitators. Identification of contact/leads will be ongoing over the next few weeks with the goal of confirming these before the school holidays commence.

- Potential sites for the engagement sessions are: Hearst, Kapuskasing, Cochrane, Kirkland Lake and Timmins. Engagement sessions will be held at three of the five sites and is contingent on confirmation of contact/leads at each site.
- Every effort will be made to hold an engagement session with both Anglo and Francophone groups in Hearst.
- The consultants will be reaching out to potential contact/leads over the next several weeks, and, will be confirming community visits with individuals and/or partner agencies not able to attend today's meeting.
- **The next meeting of the core service provider and partner agencies is <u>08 March 2017</u>**. Time and location will be confirmed closer to the date.

Outcomes From This Meeting

1. Identification of all partners in the region;
2. Shared understanding of MOMH initiative;
3. Shared understanding of mutual roles ,responsibilities, expectations (evolving);
4. A revised Current Service Provision and Pathways to Care template (distributed);
5. Tentative dates set for community meetings / engagement sessions;
6. Date for presentation of preliminary findings confirmed for 08 March 2017.

Appendix 'E'

Posters Targeting Youth and Parents/Family Members to Participate in Focus Groups


JOIN THE
CONVERSATION!
HELP SHAPE THE FUTURE OF CHILD AND YOUTH
MENTAL HEALTH SERVICES IN ONTARIO
WE WANT TO HEAR YOUR THOUGHTS!
TELL US WHAT'S WORKING, WHAT'S NOT
AND HOW WE CAN IMPROVE THINGS
Ontario Centre of Excellence
for Child and Youth
Mental Health


HAVE YOUR SAY AND TAKE PART
WE WANT TO HEAR FROM YOU!
JOIN US FOR A CONVERSATION ABOUT
MENTAL HEALTH SERVICES IN YOUR AREA.
TELL US WHAT'S WORKING AND WHAT'S NOT WORKING
HELP US IMPROVE OUR COMMUNITY

WE WANT TO HEAR YOUR THOUGHTS!

JOIN US FOR A CONVERSATION ABOUT MENTAL HEALTH SERVICES FOR CHILDREN, YOUTH AND FAMILIES IN OUR COMMUNITY

TELL US WHAT'S WORKING, WHAT'S NOT AND HOW THINGS COULD BE MADE BETTER

WHEN: Thursday
February 16th 2017
6 to 9 PM

WHERE: NEOFACS office, 25 Page Street, New Liskeard

Note: Participating parents will receive an honorarium at the conclusion of the meeting. Participants may also be eligible for reimbursement for transportation and child care costs. Inquire when pre-registering.

Pre-registration is necessary.
Call to pre-register: Maryse Laforest
(705)-360-7100 Ext 5999 (By Feb. 10, 2017)

This forum is being facilitated by the
Ontario Centre of Excellence for Child and Youth Mental Health.

Parents for Children's Mental Health

Appendix 'F'

Invitations to Youth and to Family Members

Ontario Centre of Excellence for Child and Youth Mental Health
Bringing People and Knowledge Together to Strengthen Care.

Youth Consultation Invitation

Dear (**name**),

Interested in helping to shape the future of child and youth mental health services in Ontario?

We want to hear your thoughts!

Ontario's *Moving on Mental Health* plan aims to improve the way child and youth mental health services are delivered across the province. The goal is to offer consistent, coordinated and effective mental health services that make sense for youth. Child and youth mental health agencies throughout Ontario are in the planning stage of improving these services, and it's important that we hear directly from youth.

Join us in a consultation about mental health services in your area. Tell us what's working, what's not and how can we improve things. We value the perspective that youth have to offer and want to ensure that your voice is heard. By participating, you're helping to shape how child and youth mental health services are delivered in your area and to identify priorities and opportunities for the coming years.

The youth consultation will be held on

DATE:
TIME AND TIME COMMITMENT:
LOCATION:

Light refreshments will be available and an honorarium of (**amount**) will be provided to compensate you for your time.

Confidentiality
Please note that your name and any identifying information you share with us will remain confidential. Your responses will be summarized along with other responses and used collectively to guide decision-making. No names or identifying information will be used when compiling this information.

Consent
There is no obligation to participate in this focus group. You may refuse to participate or withdraw at any time and it will not affect the services you receive in any way.
A member of our team [**or provide name**] will be contacting you to provide more details about this event and answer any questions you may have. [**Name**] can also be reached at [**phone and email**].

We hope that you will be able to join us and participate in shaping mental health services in [**service area**].

Sincerely, AGENCY STAFF

Family Consultation Invitation

Dear

We need your help! A provincial initiative is underway to improve the way mental health services are delivered to child and youth across the province. Ontario's *Moving on Mental Health* plan aims to offer consistent, coordinated and effective mental health services that make sense for children, youth and their families. In order to do this we need your help!

As a parent or family member of a child or youth that has needed mental health services, we want to better understand how we can improve your service experience and make sure services make sense and are available for ***all*** children, youth and families in our community.

As someone who has sought help and/or used our programs, we want to hear your thoughts. What's working? What's not working? How can we make our services easier to find and easier to use? We will take all of your answers and use them to improve the services in our community.

We invite you attend a meeting to share your perspectives and your ideas.

A parent/family member forum will be held on:

DATE: Wednesday 15 February 2017 **TIME:** 6 to 9 PM

LOCATION: YMCA, 376 Poplar Avenue, Timmins

Light refreshments will be available.

An honorarium ($25.00 gift card per person) will be provided to each parent at the conclusion of the meeting.

Financial assistance for transportation and child care is also available. Enquire when you call to pre-register. Pre-registration is required.

To pre-register please call [enter contact name and number here]

NOTE: This meeting is being facilitated by staff from the Ontario Centre of Excellence for Child and Youth Mental Health (an organization in Ottawa), and Parents for Children's Mental Health.

We hope that you will be able to join us and participate in shaping mental health services in our communities.

If you are unable to participate in person, we welcome your feedback in an on-line survey available in French and English at these links:

English: https://www.surveymonkey.com/r/2NKDJY6

French: https://fr.surveymonkey.com/r/WGCKYSV

Parents for Children's Mental Health
SUPPORT. EDUCATE. EMPOWER.

Ontario Centre of Excel for Child and Youth Mental Health
Bringing People and

Appendix 'G'

Minutes From the 08 March MOMH Meeting

Date: Wed. 08 March 2017 Time: 10 AM to 4 PM Location: NEOFACS, 707 Ross Ave., Timmins

Participants:

1. Gerry Lajoie, Counseil scolaire public du nord-est de l'Ontario
2. Kim McEntee, North Eastern Catholic District School Board
3. Pamela Stager, Cochrane Timiskaming Resource Centre
4. Lola Dufour-Program Manager, NEOFACS
5. Natalie Carle, Timmins and District Hospital
6. Marielle Cousineau, Smooth Rock Falls Detox/North Cochrane Addictions
7. Mike Miller, Kunuwanimano
8. Jesse Spoon, Payukotayno James & Hudson Bay Family Services
9. Donna Chorney, MCYS
10. Rachel Cull, Misiway Community Health Centre
11. Doug Davey, Misiway Community Health Centre
12. Stacey Fisher, Community Care Access Centre
13. Erica Bigras, Misiway Community Health Centre
14. Simon Dubosq, HKS Counselling
15. Anne Vincent, Timmins Native Friendship Centre
16. Denise Plante-Dupuis, District School Board Ontario North East
17. Sandra Sparrow, Conseil scolaire catholique du district des Grandes Rivières
18. Chantal Riopel, Porcupine and District Health Unit
19. Joelle Aubin, Porcupine Health Unit
20. José Belanger-Director of Services, NEOFACS
21. Clark McFarlane, Canadian Mental Health Cochrane Timiskaming Branch
22. Mark Lionello, Canadian Mental Health Cochrane Temiskaming Branch
23. Karen Gurr, NEOFACS
24. Helen Mullen-Stark, 3rd Party Consultant
25. Deb Cantrell, 3rd Party Consultant

Regrets:

26. Veronica Nicholson, Timmins Native Friendship Centre
27. Janine Grenier on behalf of Micheline Gagnon, Minto Counselling
28. Suzanne Cechinni, Community Care Access Centre
29. Christine Daigneault-Hache, Porcupine and District Health Unit
30. Christine Leclair, NELHINS
31. Marie Rouleau, Cochrane Timiskaming Children's Treatment Centre
32. Gary Dowe, Cochrane Timiskaming Resource Centre
33. Vicky Bernard, Timmins and District Hospital
34. Angele Desormeau, South Cochrane Addiction Services
35. Leslie Kirchmayer, Canadian Mental Health Cochrane Temiskaming Branch
36. Sharleen Pope, Smooth Rock Falls Detox/North Cochrane Addictions
37. Kerry Schubert-Mackey, Timiskaming Health Unit
38. Ryan Peters, Timiskaming Health Unit

39. Tyler Twarowki, Canadian Mental Health Cochrane Timiskaming Branch
40. Jo-Anne Plante, District School Board Ontario North East
41. Kelly Wakeford, MCYS

Purpose

This Community Partners' meeting was a follow up to the 05 December 2016 meeting. The purpose of this meeting was to provide participants with a variety of updates and service information gathered since the group last met, and, to engage participants in a discussion about community priorities. Participants were provided with themes arriving from the youth and family engagement activities, interviews with representatives from selected partner agencies, and from a preliminary and high-level analysis of community service landscape and service pathways templates and planning tables/mechanisms.

Working is small groups; participants identified child and youth mental health community-based, service priorities. The service priorities will provide direction and focus for follow up work in the next fiscal year.

Process

- Presentation – large group
- Questions/Answer Period – large group
- Small working groups and feedback sessions – identification of service priorities
- Prioritizing service priorities for next fiscal within the large group
- Identification of next steps

Desired Outcomes

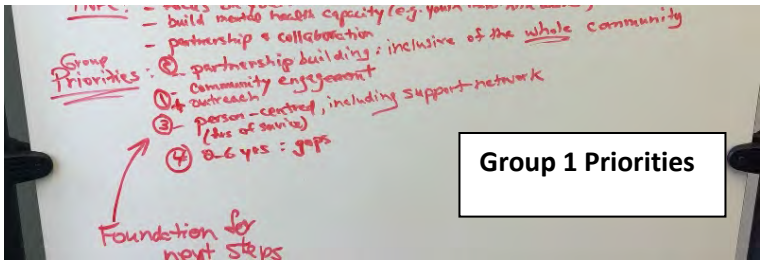
- Community partners' enhanced understanding of the service experience, service needs and service expectations from the perception of families and youth;
- Participants' common understanding of available services within the Region including: who is providing what; service gaps; and, barriers to the access and availability of services;
- The identification of service priorities for next fiscal year; and,
- A high level plan for moving forward.

Agenda Items

- Introductions/Welcome
- Overview of Dec. 5th Meeting and Activities Undertaken between then and Now
- Youth and Family Engagement: Presentation of high level results from youth and family engagement focus groups – Centre of Excellence
- Overview of Planning Mechanisms/Tables
- Summary of Key Learnings – On-site interviews
- Overview of Community Based child and youth mental health services/pathways to service (landscape template feedback)
- Small Group Discussions –Community Services Priority Discussion and Identification of Service Priorities
- Small Group Presentations to large group
- Prioritization Exercise
- Next Steps/ Closing Comments

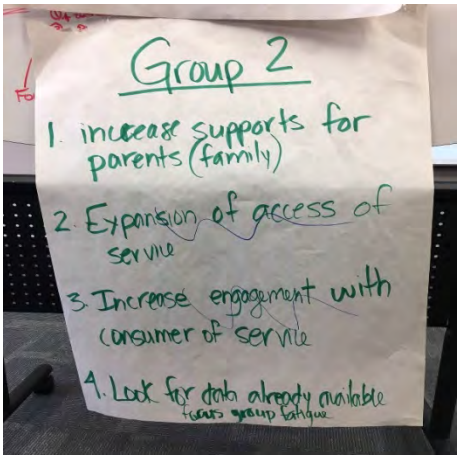
Overview of Meeting

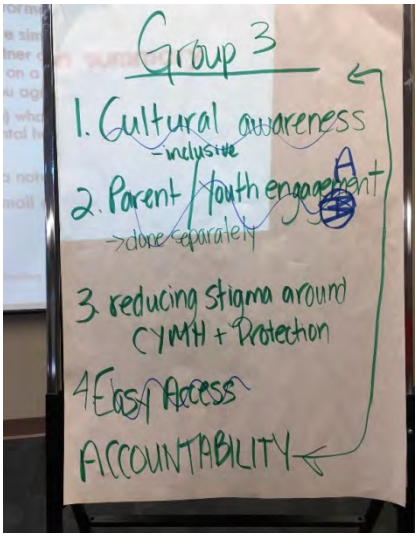
- A PowerPoint Presentation guided the meeting (attached);
- A summary of key learnings arising from Youth and Family Engagement sessions; on-site interviews; and a preliminary analysis of template data, is outlined in the attached document, 'Summary of Themes Arising';
- The focus of the small group discussion exercise was on community services priorities. The discussions were informed by five (5) documents (all attached): Summary of Themes Arising (noted above), Current Service Provision & Pathways to Care – Compiled Templates, Existing Planning Mechanisms (compiled from templates submitted), Existing Planning Mechanisms – Summary, and, Small Group Discussion Questions.



Group 1 Priorities

- Each of three (3) small groups presented the priorities they identified. These are captured in the photographs that appear on this page;
- An ensuing large group discussion focused on similarities in priorities and the emergence of five (5) priorities shared by the group as a whole. Through an anonymous voting process, participants ranked these priorities in order of importance by allocating a dollar amount to each. The priorities and the dollar amounts allocated appear on the following page;
- The Child and Youth Mental Health and Addictions Committee (see page 3 in the Existing Planning Mechanisms Summary document) was proposed as a potential forum to guide service providers in developing a plan that could address the four (4) service priorities.





Outcomes from This Meeting

1. Shared understanding of mental health and addiction services for children and youth in the Cochrane-Timiskaming region;
2. Shared understanding of the existing Planning Mechanisms;
3. Identification of shared priorities; and
4. Identification of a Planning Mechanism that has the potential to guide partner agencies in planning mental health and addition services for children and youth and their families.

Large Group's Five (5) Priorities

1. Cultural Responsiveness, Cultural Congruence and Cultural Sensitively ($28,000)

2. Person Centred Services/Wrap around the client (meet client when it works for them, where, when, etc., etc.) ($27,000)

3. Engagement of Youth, Parents/Caregivers ($21,000)

4. Increase Awareness / Acceptance / Reduce Stigma [with respect to mental health / mental health issues] ($15,000)

5. Inclusiveness/Linkages/Partnerships : creating a foundation for collaboration ($12,000)

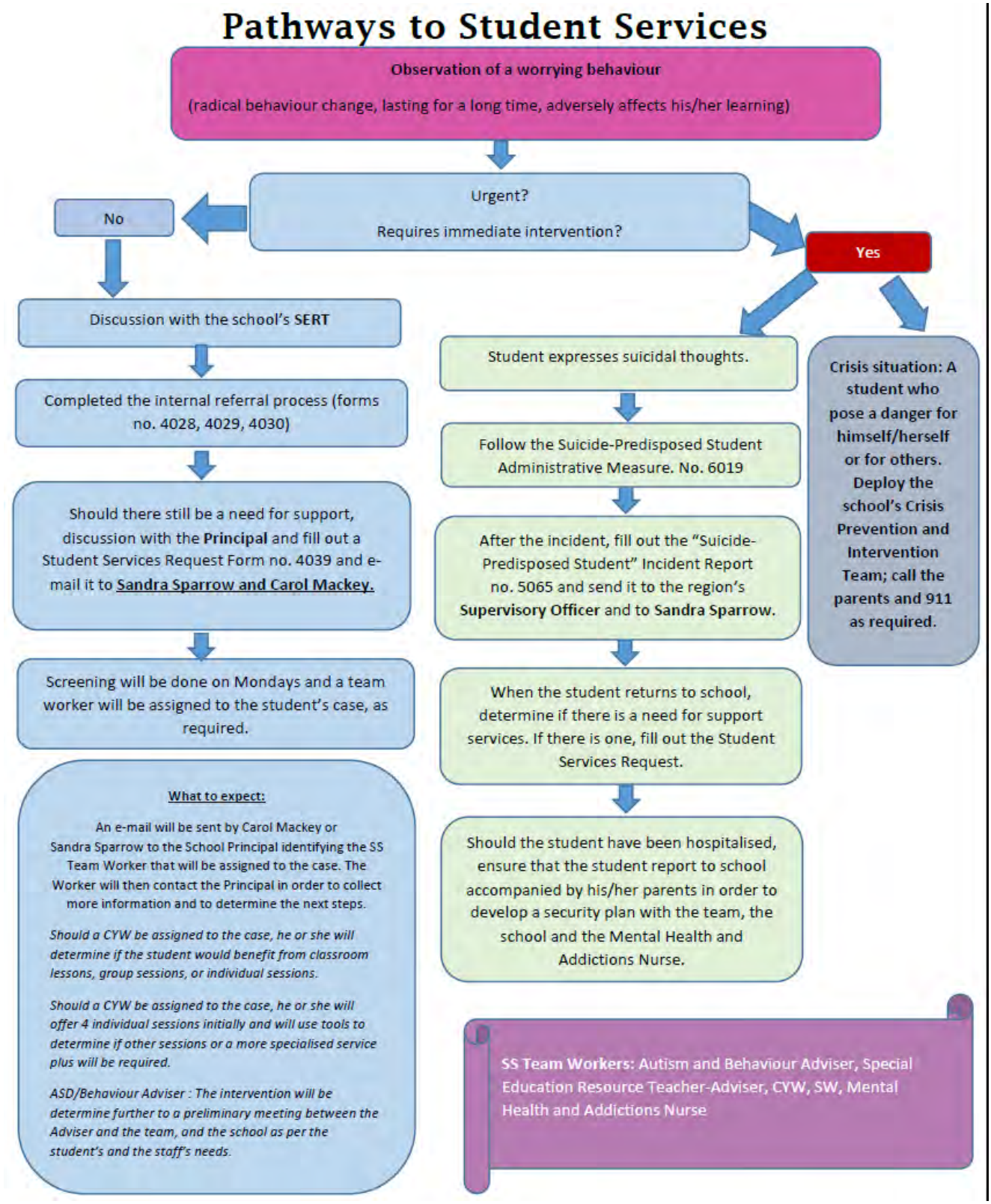
Next Steps

- Deadline for submission of outstanding templates: 17 March 2017;
- The third party consultants will submit drafts of the Core Services Delivery Report (CSDR) and the Community Mental Health Report (CMHR) to the Ministry of Children and Youth Services (MCYS) on 31 March 2017;
- The final report will be distributed by the third party consultants to partner agencies upon approval from MCYS; and,
- MCYS will determine next steps going forward.

Reminder

The deadline for submission of outstanding Templates to the third party consultants is 17 March 2017

Appendix 'H'[5]



[5] Provided by Conseil Scolaire Catholique de district des Grandes Rivieres (CSCDGR)

Appendix 'I'[6]

Roles and Responsibilities of the Student Services Team Members

Special Education Resource Teacher-Adviser – Staff Support

*consultations, case study * observations, classroom recommendations, classroom management *sits on community committees *supportive care and attention for special projects (crossroads, investigation, TDA, SCP *revision of documents SERT*SIS*IEP (follow-up) *IPRC (follow-up) *psycho-educational evaluation *equipment (recommendations, follow-up, and inventory) * assistive technology *Section 23 (academic support)

Behaviour and Autism Adviser

*STGC *crisis prevention and intervention *behaviour consultations * classroom management *autism consultation *behavioural case studies *offering training to staff *support schools concerning positive behaviour support

Child and Youth Worker

*student and staff support *participation in developing behaviour and security plans *individual intervention with the student in order to support him/her with a reinforcement schedule, follow-ups with the student, teaching management and self-regulation skills * offering lessons in the classroom (self-esteem, social skills, well-being, conflict resolution) *offering group sessions for certain students (social skills, emotional management, self-regulation, etc .)

Mental Health and Attendance Social Worker

*family and school support (liaising between the school and the family, as well as between the family and community services) *home visit *assisting families in identifying their needs and finding the appropriate services, as required *participating in the development of security plans

Mental Health and Addictions Nurse

*support to the student, the family and the school regarding self-mutilation, eating disorders, medication, addictions, and hospital discharges *assisting families in identifying their needs and finding the appropriate services assistance * participating in the development of security plans for students returning to school after hospital admission for a suicide attempt

[6] Provided by Conseil Scolaire Catholique de district des Grandes Rivieres (CSCDGR)

Appendix 'J'

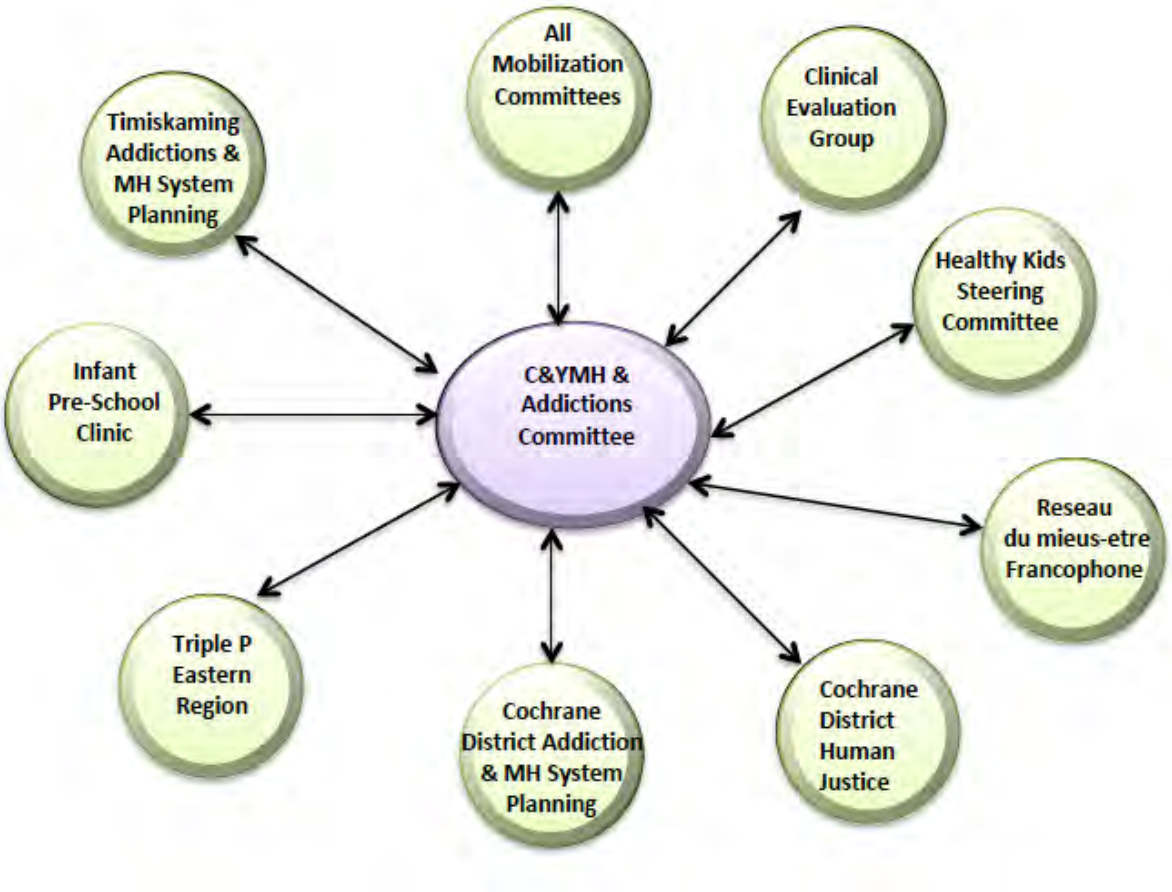
Planning Mechanisms Summary

The following is a summary of the various planning mechanisms, committees and service planning forums as submitted by three organizations. The table below highlights all children's mechanisms/planning tables identified to date and are not exclusively focused on child and youth mental health planning activities. A compiled "Planning Mechanism/Table" document identifies committee/planning table membership, the defined purpose and specific outcomes for each of the planning mechanisms/tables.

Process/Mechanism	Primary Purpose	Meeting Frequency	Service Area
Applied Behaviour Analysis Program	Networking – clinical review	Monthly Meetings	District
Autism Assessment Clinic Team	Coordination and development of assessment clinic	Annually	District
Child and Youth Mental Health and Addictions Committee	Planning – identification of service gaps, training needs, inter agency collaboration	4 Meetings per year	District
Clinical and Evaluation Working Group	Regional Network – child & adolescent acute and tertiary in patient care – planning, service quality assessment	Every two months	Northern Region
Cochrane Temiskaming Children's Respite Network	Ensuring delivery of children's respite services	Monthly Meetings	Cochrane Temiskaming
Feeding and Swallowing Assessment Initiative	Maintaining Clinic – children 0-5 years of age – assessment & intervention	Monthly Meetings	District
Hearst Mobilization Committee	Address community priority concerns	Monthly Meetings	Hearst
Infant Preschool Clinic	Early Identification and intervention clinics 0-5 years	Quarterly Meetings	District
Integrated Delivery of Rehabilitation Services	Oversee Implementation of Ontario Special Needs Strategy	Bi-Weekly Meetings	District
Kapuskasing Mobilization Committee	Address community priority needs	Monthly Meetings	Kapuskasing
North Bay Regional Hospital-Hub Administrative Committee	Input – operations of the Tertiary Care Program North Bay Regional Hospital	Dormant	North Region

Process/Mechanism	Primary Purpose	Meeting Frequency	Service Area
North Eastern Ontario Mental Health Week Committee	Mental Health Week – planning – community collaboration	Every one/two months	District
North Eastern Ontario Triple P Network	Champion Implementation of Triple P	Quarterly Meetings	District
Reseau du mieuz-etre francophone	Planning, networking – improving access and equity to French language health services	Meet every two months	Cochrane Temiskaming
Special Needs Strategy Steering Committee	Development of uninvited approach to coordinated service planning & delivery of rehabilitation services	Meetings on Hold	District
Timiskaming District Addiction Mental Health Systems Planning Group	Regional planning & information sharing	Every 3 months	Timiskaming District
Triple P Ontario Network	Support Implementation of Triple P in Ontario	Quarterly Meetings	Provincial
Healthy Kids Steering Committee	Improve the health of children - creating healthy communities		District
Cochrane/Timiskaming Crown Wear Education Championship Team	Improve educational outcomes for youth who are crown wards	Every two months	District
Community Mobilization Timmins Steering Committee	Address community priority concerns	Monthly Meetings	Timmins
Promotion and Prevention Tasks Group	Planning	Not sure of Status	
Cochrane District Addiction and Mental Health System Planning	Information Sharing = address service issues, gaps	Meets – 3 to 4 times a year	Cochrane District
Cochrane District Human Justice and Social Service Committee	Discuss service priorities, system planning	Meets – 3 to 4 times a year	Cochrane District
Maillons de santé North Cochrane Health Link	Development of a process to work with and develop PCP (patient care plans) for those with complex needs	Executive Committee meets every two months & local committees meet every month	Cochrane District

The following is a graphic depiction of the various planning mechanism identified by community partners. An expectation of MOMH is the development of a planning mechanism/table responsible for the planning of child and youth mental health services. The existing planning mechanism most reflective of this expectation is the "Child and Youth Mental Health and Addictions Committee". The C&YMH and Addictions Committee may be the foundation for an ongoing child and youth mental health and addictions planning table and has been placed at the centre of the spoke. The graphic depicts other suggested planning mechanisms/tables that would need to be directly linked to a C&YMH & Addictions planning table to ensure all relevant information is available to the planning table's membership in order to inform planning activities and decision-making.



Appendix 'K'

Summary of Themes Arising

EMERGING THEMES – ON-SITE INTERVIEWS

What are your strengths?

- Evidence of collaboration and partnerships at a local level;
- Good working relationships at a local level;
- Innovation and creativity in attempting to get services to clients;
- Increased focus on outreach in some schools.

What are your challenges?

Service Gaps

- Child and youth psychiatric services;
- No child psychiatrists within the community;
- In care psychiatric resources are non-existent in smaller communities;
- There are no tertiary in care beds for youth requiring stabilization and longer term treatment;
- More support is needed in smaller communities in addressing complex mental health needs;
- Provision of Indigenous services – demand surpasses capacity;
- In hospital beds are acute only – resulting in very short stays;
- Need for more education and prevention in the area of addictions;
- Need for more basic parenting supports/groups; groups that are more tailored to families' availability, i.e. 12 week course is too long;
- Need for additional supports LGBTQ population;
- More specialized intervention for 0-6 age group;
- More life skills support (to reduce anxiety, depression, suicidal ideation, etc.) for 16, 17 and 18 year olds;
- Case coordination and collaboration in service planning and delivery.

Service Barriers

- Service Access – centralized intake model at NEOFACS is a barrier to youth and families accessing service – concern that initial response is being seen through a child protection lens;
- Need to expand some Francophone services;
- Need to expand services to indigenous population in culturally responsive manner;
- Hours of operation that child and youth mental health services are being provided – not consistent with youth and family needs;
- Need for more outreach to families – our methodology of service intervention is not necessary what youth and families want;
- Service providers not always aware of what services are available and the nature of the services being provided by various community partners;
- Transportation

Improved Processes

- Improved communication among and between service providers;
- Need to examine if additional protocols are needed;
- There is some duplication of effort particularly in the area of assessing risk of suicide;
- Service providers not always aware of what services are available and the nature of the services being provided;
- Youth and families must tell their story too many times.

System Challenges

- Consents (too many consents –exploration of inter-agency consents);
- Communication with youth and families in a manner that works best for them;
- Information sharing;
- Lack of common data bases;
- Lack of common assessment tools;
- Geography;
- Limited resources particularly in smaller communities; and,
- Balancing standardized services with the need to customize care.

Appendix 'L'
Youth Engagement Report

Ontario Centre of Excellence for Child and Youth Mental Health

Bringing People and Knowledge Together to Strengthen Care.

Final report:

Timiskaming/Cochrane Service Area

Youth Consultations

March 2017

Prepared by:

Ontario Centre of Excellence for Child and Youth Mental Health

www.excellenceforchildandyouth.ca

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Overview

In the fall of 2016, the Ministry of Children and Youth Services' (MCYS) North Region office hired third party consultants to prepare the Community Mental Health Plan (CMHP) for the Timiskaming/Cochrane service area. The plan will be submitted to MCYS by March 31st, 2017. Recognizing that youth and families need to be engaged in the development of the plan, MCYS recommended that the consultants partner with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) to consult with youth regarding their access to mental health services, their experience accessing services and their input on youth engagement activities.

Consultations

The consultants worked with staff from the Centre as well as two program managers from North Eastern Ontario Family and Children's Services (NEOFACS), a core service agency in Timiskaming/Cochrane, to plan, define and scope youth consultations that would inform the Community Mental Health Plan. The NEOFACS representatives worked with local schools to enlist the help of four youth to co-facilitate four of the six consultations. Centre staff met with the youth co-facilitators prior to the consultations to discuss the questions, activities and structure of the sessions.

The consultations were facilitated in schools across the service area to capture a variety of youth perspectives. Four consultations took place in French, while two consultations took place in English:

- February 6th, 2017 (2.5 hours) – École publique Passeport Jeunesse, Hearst (11 participants + one co-facilitator)
- February 7th, 2017 (2.5 hours) – École secondaire publique Écho du Nord, Kapuskasing (13 participants)
- February 8th, 2017 (2.5 hours) – Timmins High and Vocational School, Timmins (14 participants + one co-facilitator)
- February 8th, 2017 (2.5 hours) – École secondaire catholique Thériault, Timmins (11 participants)
- February 9th, 2017 (2 hours) – Kirkland Lake District Composite School, Kirkland Lake (12 participants + 1 co-facilitator)
- February 9th, 2017 (2 hours) – École secondaire catholique Sainte-Marie (10 participants + 1 co-facilitator)

A few students from three other schools joined the sessions listed above and are included in the number of participants noted:

- R. Ross Beattie Senior Public School, Timmins
- O'Gorman High School, Timmins
- Sacred Heart Catholic School, Kirkland Lake

A total of 75 unique youth (including the four youth co-facilitators) were consulted between the six consultation sessions. The way in which youth were invited to the sessions varied from school to school. In some instances, they received a direct invitation from the child and youth worker (CYW) or other mental health service provider in the school. In other cases, a blanket invitation went out to certain grades/classes within the school and interested youth came forward. Thus, four of the six sessions were largely comprised of youth who had experience with mental health services.

The remaining two sessions were a mixture of youth with and without experience with the mental health system. This means that their responses tended to reflect more what they had heard from others, rather than personal experiences with the mental health system. Each session was led by a Youth Advisor from the Centre, with an additional local youth co-facilitator in four of the sessions. Another Centre staff person took notes.

Throughout each consultation, youth were asked a series of questions relating to their knowledge of mental health services, the challenges that may prevent youth from accessing services, and possible solutions to those challenges. When time permitted, each consultation ended with a discussion around how mental health agencies in Timiskaming/Cochrane could best engage youth in the future (See Appendix A.)

Due to the very small size of some schools and the possibility that consultation participants could be identified, the results of the consultations have been, for the most part, aggregated. Only the least sensitive information is presented per school.

Survey

The consultants and NEOFACS representatives also worked with the Centre to disseminate a survey to supplement the responses gathered during the in-person consultations (See Appendix B). Surveys, which were available in both English and French, were completed on paper or electronically between February 1st and February 24th, 2017. Survey dissemination strategies included:

- Promoting the survey by speaking in person with NEOFACS staff and other service providers
- Sending the survey links to all NEOFACS staff, external agencies and school mental health leads, and asking that they speak to their clients about completing the survey
- Posting the survey links on the NEOFACS website and social media sites
- Having printed copies of the survey available for NEOFACS staff to hand to their clients
- Mailing out paper versions where appropriate

A total of 10 surveys were completed by youth. An 11th survey was completed by a parent and has not been included in this report. However, the responses will be incorporated in a similar report summarizing family consultations. All surveys were completed in English.

Survey respondents identified as between the ages of 13 and 17. Two respondents identified as First Nations, Inuit or Métis, two identified as Francophone, one indicated they preferred not to answer, while the remaining persons did not respond to the question.

Since the number of survey respondents was quite low, themes could not be drawn from the responses. For the most part, the full range of responses are included in text or table format. Wherever possible, quotations from consultation participants and survey respondents have been included in this report to elaborate on findings.

Summary of findings

ACCESS TO MENTAL HEALTH SERVICES

Youth in the consultations indicated that they use or would use mental health services for a range of reasons. Top stressors identified by the youth included such things as having to make choices for their future, bullying, the demands of school and difficult home situations.

When asked what services they know of that could help with such stressors, youth in all of the six consultations mentioned NEOFACS, the CYW/social worker at their school and Kids Help Phone. Other services that were mentioned in some of the sessions were: the mental health unit at the Timmins hospital, the Porcupine Health Unit, Children's Aid, the Native Friendship Centre, Sick Kids hospital and two residential facilities (Schumacher and Val-Rita). Youth also mentioned less formal supports such as parents, friends, teachers and things like diary-writing and online resources and recreational activities.

Survey responses revealed that the most common type of service accessed by youth was counselling/therapy at a community agency or at school.

YOUTH'S EXPERIENCES OF SERVICES

Youth were also asked about barriers to accessing services. The themes that emerged were: personal barriers such as perceiving that their problem is too small, a lack of trust in the system due to negative past experiences, a lack of support from parents/caregivers, missing activities such as school or work to get help, lack of transportation, stigma, and lack of fit with service providers. In terms of this final point, youth shared what they are looking for in their interactions with a service provider. They identified active listening, showing empathy and respecting confidentiality, among others, as qualities they appreciate in a service provider. Survey responses were in line with the themes that emerged in the consultations.

PRIORITIES FOR YOUTH

Youth had suggestions for improving their service experience that included: creating opportunities for building mental health awareness with parents/caregivers, teachers and their peers, expanding service offerings to times that suit youth's schedules, providing transportation support and mobile services, offering more services in schools, making room for more personalized mental health care, and investing in peer support and group-based programming.

YOUTH ENGAGEMENT

Although time did not allow for in-depth conversations with the youth around ways in which youth would like to be engaged, it was clear that they wanted more consultation-type opportunities to come together and share their experiences. They also clearly expressed their desire to be more full engaged by service providers, to be listened to and

to have more say and control in their treatment. A few of the youth who were consulted emerged as natural leaders who, with the support of adult allies, could play a role in moving youth engagement forward in their school and community.

Findings

1. WHY DO YOUTH USE MENTAL HEALTH SERVICES?

To frame discussions about mental health services in the Timiskaming/Cochrane service area, consultation participants were asked to think about **reasons why young people might use mental health services**. When asked about challenges faced by youth (i.e. what stresses youth out), the top stressors mentioned were:

- Having to make choices (e.g., about post-secondary education, employment, but also day-to-day choices around their well-being)
- Bullying
- Trying to live up to the expectations of family and friends, trying to make others happy
- Challenges associated with being a LGBTQ+ youth
- Mental health struggles (e.g., depression, anxiety)
- The demands of school (e.g., exams, homework, presentations)
- Trying to balance the demands of school, a job, family and friends
- Difficult home situations (e.g., abuse, problems with siblings, financial challenges, family members who are ill)
- Limited support from parents

Other stressors that were mentioned across groups:

- Romantic relationships
- Lack of self-esteem/self-confidence
- Feeling alone
- Social pressure/peer pressure
- Events from individuals' past

Some types of stressors were more prominent in some groups than others. For instance, one of the groups was largely composed of LGBTQ+ youth, so many of the stressors mentioned were quite specific such as not having access to gender neutral washrooms, homophobia, and being mocked and/or shunned by their peers and family members for their gender identity.

In another group, many of the youth expressed struggles related to social anxiety, public speaking, socializing, and worries around having to change schools the following academic year.

Variations in group responses did not appear to be related to geographic differences but rather to the composition of each group (e.g., whether the youth in the group had lived experience, and how/why they were invited to participate in the session).

2. PATHWAYS TO CARE: ACCESS POINTS AND KNOWLEDGE OF SERVICES

To explore *where* youth access mental health services in the Timiskaming/Cochrane service area, youth were asked: What services do you know of? What informal supports also exist for youth? and Who would you suggest a friend turn to for support?

What services do you know of?

Youth in all the six sessions mentioned **NEOFACS**, the **CYW or social worker in their school**, and **Kids Help Phone/Jeunesse J'Écoute**.

Although each school has onsite mental health supports in place, there appeared to be variation between schools around the availability of these supports. In some sessions, the youth mentioned the CYW or social worker is at their school every day, while in other schools it seems they are onsite on a part-time or occasional basis. There was also considerable confusion across sessions as to whether support persons were CYWs, social workers or guidance counsellors, and around the role of each. There also appears to be variability in how accessible the support persons are. In some cases, youth appear to be able to receive support as needed/on demand (i.e., walk-in), while in other cases youth mentioned needing to make an appointment. In some of the schools, the youth seemed to have a close relationship with the CYW/social worker and appeared to rely on them for support and guidance.

The youth in Timmins and Kirkland Lake knew of the **mental health unit at the Timmins Hospital**.

The **Porcupine Health Unit** was mentioned by youth in Hearst and Timmins, though they specified that supports were more health-related, such as those pertaining to sexual health. Youth in these locations were also aware of **two residential programs** (Schumacher and Val-Rita).

Children's Aid was mentioned in Hearst, Timmins and New Liskeard, though there was some confusion as to whether this was part of NEOFACS or not.

Some of the services that youth knew of were quite specific. Two youth mentioned receiving psychiatric services from Sick Kids via the Ontario Telepsychiatry Network (OTN) once every six months. Other youth knew of The Lodge and the Native Friendship Centre in Timmins. Others mentioned supports specific to their school (e.g., a program that helps youth in Grade 9 adapt to high school life).

What informal supports also exist for youth?

In addition to the formal supports mentioned above, youth in all the groups mentioned turning to parents, friends and/or teachers for support.

Other supports mentioned included writing in a diary or journal, online communities (e.g., chat rooms, Twitter), family pets, and recreational activities such as sports, listening to music, cooking and spending time outdoors.

Who would you suggest a friend turn to for support?

In cases where the school CYW/social worker was largely available and accessible to the students, they were mentioned many times as a person to whom a friend would be referred. NEOFACS was mentioned in two sessions (Hearst and Timmins). Overall, youth across the groups tended to mention informal supports rather than more formal services. Many of the youth said they would first ask their friend if he or she wants support. They then said they would be there for the person, spend time with them, and try to participate in activities with them to distract them from their troubles (e.g., going to Tim Horton's).

Surveys

Survey respondents were asked, in a multiple-choice question, **what type of mental health service(s)** they have received.

Type of service	**% and # respondents**
Counselling/therapy	90% (9)
School-based service	40% (4)
Intake/consultation/assessment	30% (3)
Intensive in-home services	30% (3)
Walk-in/counselling service	20% (2)
Residential treatment	20% (2)
Brief services – 1 to 6 sessions	20% (2)
Crisis services	20% (2)

In addition, survey respondents were asked to indicate **where they have received mental health services**.

Location of services	% and # respondents
At a community agency	70% (7)
At school	60% (6)
At home	30% (3)
At the hospital	30% (3)
At an office that is not in a community agency or hospital	30% (3)
At a clinic	10% (1)
In a public space	10% (1)
In a residential facility	10% (1)

When asked if there is a place **where they would like to receive services**, most the 10 respondents indicated that it doesn't matter where they receive services (7), while a few indicated at home (3), and one (1) indicated in an office setting.

When asked if there is a mental health service that is currently not available that they wish was available, three responses were provided: "Housing for kids that can't handle their family", "groups (e.g., anxiety, depression)" and "a treatment centre/rehab".

Respondents were asked **how they had learned about the mental health services** in their community.

How youth learned of services	% and # respondents
Family or friends	80% (8)
School staff	40% (4)
Youth worker/Children's Aid Society	40% (4)
Doctors/nurse practitioners/family health providers	10% (1)

Respondents were asked to indicate their level of agreement or disagreement with statements related to their **experiences with the mental health system**.

Statements	Agree	Disagree	Neither agree nor disagree	Total respondents
I was sent to the right places when I started to ask for help with my mental health	40% (4)	30% (3)	30% (3)	10
My opinion was respected and valued when I talked with service providers	50% (5)	10% (1)	40% (4)	10
I worked together with the service provider(s) I saw to come up with the best plan for me	60% (6)	10% (1)	30% (3)	10
I was provided information about available services, resources, next steps, etc.	70% (7)	20% (2)	10% (1)	10

3. PATHWAYS TO CARE: BARRIERS AND OVERALL SATISFACTION

Participants were asked to identify **barriers to care** (i.e., what gets in the way of accessing services). Youth in all six consultation locations named a number of common factors that might stop a young person from being able to use a service. The most significant barriers discussed at length in all consultations were:

- **Personal barriers:** Participants discussed several circumstances in which youth's own thoughts and feelings might prevent them from reaching out for help. Being "afraid" was mentioned many times (e.g., fear of the unknown/not understanding what treatment entails, fear of others finding out, fear of being labelled, fear of appearing weak, fear of not being believed, fear of an extreme reaction from whomever they tell, for instance being sent to hospital). Youth's self-perceptions were also an obstacle (e.g., that they do not deserve help, that their problem is too small, low self-confidence).

- **Lack of trust in the system due to negative past experiences:** Youth acknowledged that past experiences can also contribute to feelings of mistrust in the system. Much of the mistrust stems from previous interactions with service providers. Youth spoke at length of times when experiences and information they had discussed with a service provider were shared with their parents and/or with colleagues of the service provider. Participants also talked about how they often did not feel listened to, and that service providers spent too much time writing notes rather than listening to them. Others felt they had been treated like a baby/child. An important consequence of these experiences is that many youth across the groups perceive that services available to them are of a poor quality and that service providers are not competent or properly trained.

- **Lack of support from parents/caregivers:** In many of the groups, youth mentioned they did not seek help because their parents were unsupportive, did not believe there was a problem, or felt the youth were exaggerating the severity of their situation. In some of the groups youth mentioned not wanting to seek help for fear of repercussions from family members (e.g., abuse). A lack of support from parents can be a significant barrier when youth under 16 years need their consent to access certain services.

- **Missing activities to get help:** Another reason why youth do not access services is because they are often offered at times that cause them to miss class time, work or other activities, which can lead to an increase in stress and anxiety.

- **Lack of transportation:** Youth expressed experiencing challenges in getting to services. Many communities do not have public transportation and taxis are non-existent or are expensive.

- **Stigma or judgment from others:** Youth mentioned that the judgement of others (real or perceived) can be a significant barrier. Youth identified that in many cases, it seems that others (including teachers, parents, siblings and peers) do not understand the signs and symptoms of mental illness or even mental health in

general, which leads to stigma. Participants identified that this stigma is often exacerbated by the lack of privacy in small communities, in that youth fear that others will see them seeking help in the community (and tell others) and pass judgment.

- **Lack of fit with service providers:** Many of the youth cited examples when they did not feel connected to a service provider and would have liked to be able to request a different one. Some indicated preferring speaking with a male service provider but that few are available. Overall, youth want to feel as though they have a positive rapport or bond with their service provider. They feel this happens when the service provider is empathetic and understands the youth's situation, perhaps because they have lived through something similar. They also want their service provider to speak plainly and "tell how it is".

  Youth were asked what qualities they would like in their service provider(s) and they indicated that they would like someone who:

  - Is empathetic and understands what they are going through
  - Listens, and is less pre-occupied with reading their file or taking notes
  - Shows genuine interest in the youth and what they are going through
  - Engages in a conversation with the youth
  - Has a sense of humour
  - Will do something fun with them
  - Is welcoming and has an open mind
  - Respects confidentiality

  Examples of youth feeling supported by their service provider:

  - One youth mentioned feeling particularly supported when her service provider admitted to not knowing a lot about the youth's specific challenge but then took the time to do some reading and research about it.
  - One youth said a strategy she appreciated was when her counsellor had her read the notes she had taken during their meeting to ensure she had captured the information correctly.

Surveys

In a multiple-choice question, survey respondents were asked **what has made it difficult (or continues to make it difficult) for them to access services.**

Difficulties in accessing services	**% and # of respondents**	**Difficulties in accessing services**	**% and # of respondents**
Wait lists	40% (4)	Lack of money/finances	10% (1)
Stigma	20% (2)	Lack of culturally-appropriate services	10% (1)
Lack of support from family/friends	20% (2)	Scheduling conflicts	10% (1)
Hours of operation	10% (1)	Not knowing what is available	10% (1)
Location of services/geographic distances	10% (1)	Transportation	0%
Lack of child care	10% (1)	Language of services	0%
Accessibility issues	10% (1)		

When asked **how long they had to wait to receive services**, responses were:

Wait for services	**% and # of respondents**
Less than 1 week	20% (2)
1 week to 1 month	30% (3)
1 to 6 months	20% (2)
6 months to a year	10% (1)
More than 1 year	0%
More than 2 years	10% (1)

4. PRIORITIES FOR YOUTH

Participants shared several ideas and suggestions to improve youth's experiences of using mental health services in their community. These ideas and suggestions included programs, tools or service changes that youth felt could be helpful across the Timiskaming/Cochrane service area.

Youth in all consultations identified the following priorities as potential opportunities:

- **Build mental health awareness:** Youth said that they would like information about mental health to be shared/made available to their parents, teachers and peers. This could be in the form of presentations, forums or workshops. Awareness around the mental health needs of LGBTQ+ youth also needs to be enhanced. Youth talked about mental health topics needing to be part of the curriculum, and that teachers need to receive training related to mental health. This type of information sharing would go a long way in increasing awareness and reducing stigma. When those in the lives of youth have a greater understanding of mental health, it is beneficial to the youth who struggle. In one school, a youth mentioned being able to leave the classroom when her anxiety grew. This type of accommodation can be reassuring to a young person and give them a greater a sense of control.

- **Address existing barriers to access:**
    - **Expand service offerings:** Youth mentioned a need for more services and more service providers. A wider range of service hours (e.g., evenings/weekends) and flexible scheduling were also suggested. This would help reduce youth's anxiety around having to miss school and/or work to attend appointments.
    - **Provide transportation support and mobile services:** Youth need a greater range of options for getting to services. A youth in one community mentioned appreciating that her service provider came to her house to pick her up when her mother could not drive her to her appointment. Expanding mobile services would also be helpful in some cases. One youth said "let's bring services to youth rather than youth to services".
    - **Offer more services in schools:** One way of reducing the need for transportation is to provide more services in schools. Since many youth would prefer not to miss class to access services, it was suggested that services be available before/after class and during breaks during the day.

- **Make room for more personalized mental health care:** Youth would prefer mental health services to be more personalized and tailored to their individual needs, such as the flexible scheduling mentioned above. Youth acknowledged the importance of being able to choose their service provider whenever possible (including choosing between a male and female worker). Youth also emphasized that it is important to have mechanisms in place for them to change service providers (without penalty) if they feel the fit is not good. Many of the youth also expressed wanting to have a friend or family member attend appointments with them, at least initially, but that not all service providers agreed to this. Youth also want to feel like they have treatment options and that they can choose what they think is best for them. Choice includes being able to

decide if and what information a service provider can share with parents or colleagues. Youth expressed wanting to choose what is shared rather than a service provider making that choice.

- **Invest in peer support and group-based programming:** These consultations were the first opportunity many of the youth had to connect with others who have lived or are living with similar struggles. Many expressed a desire to repeat the experience and/or to have other opportunities to meet with youth who are also struggling with mental health challenges. As one youth expressed at the end of one session "I don't want this to end". Peer support programs (in or out of school) would enable youth to come together, share experiences and feel supported by other young people.

Surveys

Survey respondents were asked **how important certain services are to them**.

Services	Very important	Somewhat important	Not important	I don't know	Total
Mental Health Walk-in Clinic	40% (4)	30% (3)	10% (1)	20% (2)	10
24 hours/7 days a week crisis services	30% (3)	30% (3)	40% (4)	0	10
Crisis telephone line	40% (4)	20% (2)	30% (3)	10% (1)	10
Residential treatment	40% (4)	20% (2)	30% (3)	10% (1)	10
Therapy/Counselling Services	60% (6)	20% (2)	20% (2)	0	10

The respondents were also asked to identify **one thing they would change** about their experience of the mental health system. Eight (8) of the respondents provided answers.

"The time of appointments scheduled".
"Never to have taken them".
"To go more in depth, instead of info papers that are supposed to "help"".
"They should have a psychiatrist always ready. Like I need to see him now!"
"I would have got them to help me when I was a kid".

"To have more groups".
"Nothing".
"Being treated as a person and not an experiment. Ex: It's stressful when the counselor takes notes when you talk and it's not fun when they only talk about bad things. It's also unpleasant when they say they understand when they don't, it's better to say 'it must be really hard I'm here to help'. It's important to remind the patient about the little joys of everyday life".

5. WAYS TO ENGAGE WITH YOUTH

When time permitted, participants engaged in a discussion about youth engagement: what meaningful engagement is, what it can look like and the benefits for youth, agencies and communities alike. How can youth be engaged more? What opportunities in the community do you want to be engaged in?

As mentioned in the previous sections of this report, one way youth would like to be more meaningfully engaged is by having more trusting and open relationships with their service providers. They want to feel listened to and to have more choice and control in their treatment. They also want service providers to engage with them in innovative ways by doing something fun that does not feel so process-oriented and structured.

They also mentioned wanting to come together with other youth who have had similar experiences. Over time, such groups can be supported by their adult allies in deciding what kinds of awareness-building and stigma-reducing activities might be beneficial for their school or community. With proper support, youth can plan and implement many of these activities themselves.

One group mentioned the importance of greater information-sharing within their school. In many cases, they have heard of certain committees or groups but are not fully aware of what they do and/or what activities they plan. Building awareness and breaking down stigma can start with more information and transparency.

Surveys

Survey respondents were asked to identify the ways they would feel most comfortable providing feedback to service providers on the services they have received. Four (4) indicated completing surveys, three mentioned in-person meetings or discussion groups, one person mentioned online meetings or discussion forums, one indicated they do not have a preference, and three mentioned they do not wish to provide feedback.

Limitations and next steps

Although youth were consulted in different communities, within different school boards/schools, and in both English and French, the groups that were consulted may still be limited in representation. For instance, very few Indigenous youth participated in the sessions. Therefore, the feedback shared by the youth may not reflect the views of all youth across the Timiskaming/Cochrane service area.

Another limitation is that in other service areas, youth consultations have usually ranged from 3 to 5 hours in duration. The planning committee for the present consultations decided early on to reduce the consultations to 2.5 hours to minimize the demand on participants' and schools' time, and to accommodate the scheduling of the sessions across the service area. These shorter consultations made it difficult for questions pertaining to engagement to be asked. However, there are opportunities for more dialogue to occur. In every session, a sub-set of youth were particularly engaged and motivated to continue the conversation. The youth co-facilitators demonstrated leadership and could help mobilize a group of youth in their community to discuss engagement opportunities more deeply.

The low response to the survey is also a limitation, making it impossible to identify themes or draw any meaningful conclusions. However, the data collected through the consultations and the survey is a starting point. Moving forward, agencies in the service area could explore additional mechanisms (such as ongoing youth engagement activities, additional surveys and consultations, etc.) to incorporate youth voice into system planning and decision-making processes.

APPENDIX A

Consultation Agenda 2.5 hours

9:00 **- Welcome and Sign-In**

Make a name tag and grab a snack! Fill out consent forms

9:10 **- Introductions**

- A round of introductions, name, pronoun and what brings everyone here
- Who we are and the premise of this consultation
- Present and explain the agenda for the consultation
- Establish a set of guidelines and expectations; creating a safe(r) space, explanation of voluntary participation and the choice to not share when uncomfortable; privacy and confidentiality; explain clinical back up

9:30 - **Ice Breaker Activity:** Toilet Paper - For every piece of toilet paper tell us something about yourself.

9:40 - **Definitions whole group discussion:**

- What is the difference between mental health and mental illness?
  - Probe: What contributes to your positive mental health?
- What is a mental health service?
  - Probe: This could include many different types of services
- Who can be a service provider?
  - Probe: What kinds of informal and formal supports do you know about?

10:00 **- Break into groups and discuss**

Group brain storm and discussion: (Record answers on chart paper)

- STRESSORS: Why might youth use a mental health service? What makes youth stressed out?
  - Pair and Share: Turn to your left or right to pick a partner, share back with the group, 3 minutes, share back, 5 minutes
- AVAILABLE SERVICES: What is a mental health service? Name all the services you know about. Where would you send a friend if they had one of these problems? **(Dotmocracy)**
  - Probe: This could include many different types of services
- BARRIERS: What might make it difficult for you or a friend to access a mental health service? What might get in the way of getting help?
  - Probe: Scenario, a friend is in crisis and they are at school. What might get in the way of them accessing service?
- FACILITATORS: What would make accessing mental health services easier? **(Dotmocracy)**
  - Probe: What would improve physically accessing services, and knowing what's in your community?
- **Last question:** What types of programs and services do you feel your community needs more of?
  - Probe: What would you want to see at school, in your community?

HARVEST

10:40 – Break

10:45 - **Youth Engagement (Collective group discussion or World Café style)**

- *What is youth engagement? Facilitators provide examples to help give context*
- *How do you think an agencies services can be improved by listening to and working with youth?*
- *What are some ways that an agency could have more input from youth for their services and relationships?*
- *Think about what you are currently involved in, how could these activities be more youth led?*

11:10 - **Check-out and final questions –**Head, heart, feet

11:20- **Wrapping up:** Clean up and distribute honorariums, (have youth provide name, school, and contact information to generate a list of youth to contact for potential future events.)

APPENDIX B

Child and youth mental health services in Timiskaming/Cochrane
Youth consultation survey

The Ontario Centre of Excellence for Child and Youth Mental Health thanks you for taking the time to answer some questions about mental health services in Timiskaming/Cochrane. We are helping local agencies understand how your service experience and the experiences of all children, youth and families in your community can be improved.
As someone who has used local programs, we want to hear your thoughts. What's working? What's not working? How can services be easier to find and easier to use? We will provide a summary of all survey responses to local agencies who will be able to use the information to improve the services in your community. By filling out this survey, you will help shape how child and youth mental health services are delivered.
It should take you about 15 minutes to complete this survey. Not completing this survey will not affect the service you receive.
If you have any questions about this survey, or if you would like more information, please feel free to contact Melissa Jennings at 613-737-2297 x. 3720 or mjennings@cheo.on.ca

1. If you have received a mental health service, which type of mental health service(s) have you received? Please check all that apply.

- ☐ Intensive home-based services
- ☐ Counselling/therapy
- ☐ School-based service
- ☐ Residential treatment
- ☐ Day treatment
- ☐ Intake/consultation/assessment
- ☐ Walk-in counselling/service
- ☐ Brief service (1-6 sessions)
- ☐ Crisis services at the hospital (includes visit to the emergency department)
- ☐ Other (please specify): _____

2. Is there a mental health program or service that is currently not available in your community that you wish was available?

3. If you have received a mental health service, where have you received mental health services? Please check all that apply.

- ☐ At a community agency
- ☐ At home
- ☐ At school
- ☐ At the hospital
- ☐ At a clinic
- ☐ In a public space
- ☐ In an office not at a community agency/hospital
- ☐ Other (please specify): _____

4. Is there a specific place where you would like to receive mental health services?

- ☐ At home
- ☐ In an office setting
- ☐ It doesn't matter to me where I get services from
- ☐ At school
- ☐ Other (please specify): _____

5. If you have found (or continue to find) it difficult to get mental health services, what is getting in the way? Please check all that apply.

- ☐ Wait lists
- ☐ Hours of operation
- ☐ Location of services (geographical distance)
- ☐ Transportation issues
- ☐ Language of service
- ☐ Stigma associated with mental illness
- ☐ Accessibility issues
- ☐ Lack of money/finances
- ☐ Lack of services adapted to my culture
- ☐ Scheduling conflicts (work, school)
- ☐ Not knowing what is available
- ☐ Lack of support (family, friends, etc.)

☐ Lack of childcare ☐ Not applicable

☐ Other (please specify): _____

6. How long did you have to wait before you received mental health services?

☐ Less than a week
☐ One week to a month
☐ Between one month and six months
☐ Between six months and a year
☐ More than a year
☐ More than two years

7. How did you learn about child and youth mental health services/resources in your community?

☐ Family/friends ☐ Doctors/nurse practitioners/family health providers

☐ School staff ☐ Youth worker/Children's Aid Society

☐ Program or agency website/phone book/posters/pamphlets

☐ Other (please specify) : _____

8. How important are these mental health services to you?

	Very important	Somewhat important	Not important	I don't know
Mental health walk-in clinic				
24 Hour/7 days per week crisis services				
Crisis telephone line				
Residential treatment				
Therapy/Counselling Services				

9. Please indicate whether you agree or disagree with the following statements.

	Agree	Disagree	Neither agree nor disagree
I was sent to the right places when I started to ask for help with my mental health			
My opinion was respected and valued when I talked with service providers			
I worked together with the service provider(s) I saw to come up with the best plan for me			
I was provided information about available services, resources, next steps, etc.			

10. If you could change one thing about your experience with the child and youth mental health services in your community, what would it be?

11. We want to be sure that those who use local services are able to have a say in how improvements are made. How would you feel most comfortable providing feedback to local service providers on the services you received?

- ☐ By participating in an Advisory group
- ☐ Telephone calls
- ☐ Completing surveys
- ☐ I would not like to provide feedback
- ☐ In person meetings or discussion groups
- ☐ Online meetings or discussion forums
- ☐ Other (please specify: _____)

12. Do you have any other thoughts or comments to share with us?

13. Do you identify with any of the following groups? If yes, please indicate which one(s).

- ☐ First Nations/Inuit/Métis
- ☐ Other ethno-cultural group
- ☐ Francophone
- ☐ Prefer not to answer

14. Age:

15. In what area do you live?

- ☐ Timmins
- ☐ Cochrane
- ☐ Iroquois Falls
- ☐ Hearst
- ☐ Kirkland Lake
- ☐ Englehart
- ☐ Kapuskasing
- ☐ New Liskeard
- ☐ Other: _____

APPENDIX C
Youth consultation feedback survey -RESULTS

A. Reflecting on your participation in this consultation, please tell us how much you agree with the following statements:

	1 (not at all)	2	3	4	5 (very much)
1. I clearly understood why I was asked to participate.	0%	0%	2% (1)	35% (20)	63% (36)
2. I was engaged throughout the session.	0%	4% (2)	19% (11)	32% (18)	46% (26)
3. I felt heard during the session.	0%	4% (2)	12% (7)	25% (14)	60% (34)
4. The session was well organized.	0%	0%	4% (2)	23% (13)	74% (42)
5. The facilitators were responsive to my needs/questions.	0%	0%	2% (1)	18% (10)	81% (46)
6. I had an opportunity to provide input on the needs and priorities for child and youth mental health services in my area.	0%	0%	4% (2)	25% (14)	72% (41)
7. I have a better understanding of how to engage with my mental health agency in the future.	0%	2% (1)	14% (8)	40% (23)	44% (25)

B. What did you like the most about the session? (55 respondents)

The following themes emerged from the responses:

- The group discussions and conversations
- That they felt they were contributing to the improvement of the child and youth mental health system
- The connections made between the participants
- The activities in the session (Dotmocracy)
- The high-degree of participation of youth in the session

- The atmosphere created by the facilitators
- The fidget toys and the food supplied

C. What about this session could be improved? (46 respondents)

The following themes emerged from the responses:

- Different activities (e.g., more moving around)
- Some participants' attention and focus during the session
- Larger group with more participants
- More time for the session
- More or different food / different room layout
- No changes to suggest

Appendix 'M'

Report on Family Engagement

Ontario Centre of Excellence for Child and Youth Mental Health

Bringing People and Knowledge Together to Strengthen Care.

Timiskaming/Cochrane Service Area: family consultations final report

March, 2017

Prepared by:

Ontario Centre of Excellence for Child and Youth Mental Health

www.excellenceforchildandyouth.ca /www.pcmh.ca

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Overview

In the fall of 2016, the Ministry of Children and Youth Services' (MCYS) North Region office hired third party consultants to prepare the Community Mental Health Plan (CMHP) for the Timiskaming/Cochrane service area by March 31st, 2017. Recognizing that youth and families need to be engaged in the development of the plan, MCYS recommended that the consultants partner with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) to consult with families and youth regarding their access to mental health services, their experiences, priorities for change, and input on engagement activities.

Parents for Children's Mental Health (PCMH) is a provincial organization that supports families through education, support, and empowerment. The organization, through its provincial network of family voice, and its expertise in family engagement, is in a unique position to support community processes to gather family input in a manner that lends itself to best practices in family engagement. The Centre partnered with PCMH to provide assistance in the planning and facilitation of the family consultation process.

Planning process

From December 2016 to early February 2017, the consultants participated in planning calls with PCMH, the Centre, and two program managers from North Eastern Ontario Family and Children's Services (NEOFACS), a core service provider in Timiskaming/Cochrane. The consultants, with input from PCMH and the Centre, determined the goals and objectives of the consultations and informed the development of an agenda for consultations with families. In addition to NEOFACS, the consultants were able to identify two other organizations (Timmins YMCA and Misiway Milopemahtesewin Community Health Centre) to host family consultations. Representatives from all three organizations were consulted on the locations and timing of the consultations and possible participant recruitment strategies. The consultants ensured that all partner agencies received the consultation invitations, posters and survey links. They also followed up with partner agencies to encourage their promotion of the sessions and the survey on their respective websites. It should be noted that despite several attempts, the consultants were unable to recruit a local family member(s) to participate in the planning of the consultations (including the review of the agenda and survey) and/or to co-facilitate the sessions.

Consultations

Working closely with community partners, the consultants organized six family consultations across the service area. About one week prior to the consultations dates, it was decided that two of the six consultations (to be held in French in the communities of Hearst and Kapuskasing) would be cancelled due to there being no registrants.

The remaining four consultations consisted of one French session and three English sessions. One of the English consultations was held at an Indigenous organization. The dates and locations of the four sessions were:

- February 15th, 2017 (English/Indigenous) -Misiway Milopemahtesewin Community Health Centre, Timmins (3 participants) ** It should be noted that of the 3 participants, 2 were service providers supporting Indigenous families; 1 participant had personal lived experience and an adult daughter with mental health challenges.
  Facilitated by Sarah Cannon, Executive Director, Parents for Children's Mental Health, Family Member
- February 15th, 2017 (English) – Timmins YMCA (12 participants)
  - *Facilitated by Sarah Cannon, Executive Director, Parents for Children's Mental Health, Family Member*
- February 16th, 2017 (English) – NEOFACS -Kirkland Lake office (8 participants)
  - *Facilitated by Sarah Cannon, Executive Director, Parents for Children's Mental Health, Family Member*
- February 16th, 2017 (French) – NEOFACS -New Liskeard office (6 participants)
  - *Facilitated by Michelle Hurtubise, Executive Director, The Ontario Centre of Excellence for Child and Youth Mental Health*

A total of 26 family members were consulted across the four consultation sessions. The three participants from Misiway are not included in the total since they did not directly identify as families in the child and youth mental health system.

Throughout each consultation, participants shared feedback through a series of activities (see Consultation agenda in Appendix B) that addressed the goals and objectives identified by the consultants.

Survey

The consultants worked with the Centre to tailor a survey that had originally been co-developed between the Centre and PCMH. The survey is meant to supplement the feedback gathered through the consultations and includes questions about family members' awareness of mental health services, their experiences with access and service delivery, priorities for improving the mental health system, and ways in which they would like to be more meaningfully engaged. Respondents may or may not have participated in the consultations.

The survey dissemination was led by the consultants and included them sharing electronic copies of the survey and the survey links with community partners who were encouraged to promote it widely within their organization. For instance, NEOFACS implemented the following specific dissemination strategies:

- The survey was promoted by speaking about it in person with agency staff and other service providers
- Agency staff were encouraged to present the idea of completing the survey to their clients/family members
- The survey links were sent to all agency staff, external agencies and school Mental Health Leaders
- The links were posted on the NEOFACS website and social media sites
- Paper versions of the survey were printed and available to staff for their clients/family members

- Agency support staff were informed they could mail out paper versions of the survey

A total of 22 surveys were completed (21 in English and 1 in French). Of the 17 persons who responded to the demographic questions, 3 (18%) mentioned identifying as First Nations, Métis or Inuit; 15 (94%) indicated their primary language as English while the other two indicated French; and 16 (94%) indicated they are the biological parent of the child who has accessed mental health services. The age of the children who had accessed mental health services in the community ranged from 3 to 17 years.

A copy of the survey can be found in Appendix D, while the survey results are included as Appendix C.

Limitations

As mentioned above, despite several attempts, the consultants were unable to recruit local family members to participate in the planning of the consultations (including reviewing and tailoring the agenda and survey to the local context) and/or to co-facilitate the sessions. This means that the richness of the local family voice and perspective were missing in discussions and preparation leading up to the consultations activities.

Although efforts were made to hold consultations in a range of communities across the Timiskaming/Cochrane service area, the cancellation of consultations in the northern part of the service area means that the current findings do not necessarily represent the experiences of families in those communities.

Similarly, although the voices of 26 family members were heard during the consultations, they do not represent the range of experiences across the service area. For instance, few Indigenous family members participated in the consultations. However, it should be noted that a parallel consultation process took place in Indigenous communities within the last year.

Summary of findings

In February 2017, four family consultation sessions were held in the communities of Timmins, Kirkland Lake and New Liskeard which included a total of 26 family members. In addition, 22 family members responded to a survey made available online and in paper format. Both the consultations and the survey aimed to gather information on family members' experience with the child and youth mental health system, suggestions for improvement, and ways in which they would like to be further engaged by service providers. Some of the main findings were:

Access to services, coordination of services and waitlists

- Families in the service area must travel to other communities or regions to access specialized services (e.g., psychologists, psychiatrists) which poses a significant barrier.
- Families tend to learn about services through word-of-mouth, friends or colleagues, their health care provider or their child's school.
- When accessing services, the following are important to families: Location of services, extended service hours, availability of child care, option to have services in the home, and services that meet cultural needs.
- Families would like better coordination of services where one worker would connect them to whatever they need. This would reduce frustrations around being "bounced around" to different services and them having to repeat their story multiple times.
- Both consultation participants and survey respondents indicated that wait times for services are a challenge. About one third of survey respondents indicated waiting for services after intake was the most frustrating aspect of accessing mental health services.

Service delivery

- As noted under "Access", families expressed disappointment with the lack of specialized professionals in the service area such as psychologists and psychiatrists, but also persons with training in specific interventions such as CBT, DBT and trauma-informed.
- Families mentioned that NEOFACS' dual mandate in child and youth mental health and child protection leads to stigma and a fear that seeking mental health services will lead to involvement with child protection services. Small-town dynamics also make it challenging for people to reach out for services for fear of it being known.
- Families expressed an appreciation for staff who work with families, children and youth, and recognized that they are often working in a system with limited resources. The vast majority of survey respondents indicated they felt respected and valued by service providers, and that they worked collaboratively with them to develop a plan for their child or youth.
- Families expressed a strong desire for longer term support from service providers that would include parenting, peer, home and financial support (e.g., subsidized activities for children).

- Families would like to have additional services available to them such as: respite, crisis and family preservation services, as well as more local hospital beds. They also see value in prevention programs, after-hours services, walk-in clinics and drop-in centres for youth. They also indicated that educational sessions on various mental health topics (e.g., eating disorders, managing stress) would be helpful. Family members also indicated that there need to be more services reflective of First Nations and Métis cultures, and also more French-language services.
- Family members feel that those who work with children and youth such as teachers, coaches and child care workers need to have a greater awareness and understanding of mental health.

Engaging families

- Families expressed a desire to be more engaged with service providers by being more involved in assessments and decision-making around their child or youth, but also by having more opportunities to have their voice heard. Online surveys, virtual meetings, face-to-face meetings and focus groups are mechanisms favored by family members for sharing their experiences and insights.

The information contained in this report will be made available to MCYS but also to families and community members so that the conversation around family engagement can continue and grow.

Findings

The families who participated in the consultations welcomed the opportunity to provide feedback and shared their experiences and suggestions.

While the participants' feedback was informative and valuable, the number of families who provided input is small compared to the overall number of families served in Timiskaming/Cochrane. However, the following themes can be a starting point for further reflection and inquiry into family experiences with the community mental health system.

1. Access points and knowledge of services

In order to gather information from families on their knowledge of services in their community, a Gallery Walk activity[1] was facilitated and addressed the following questions:

How did you figure out how to find resources that you thought would be helpful? (entry points)
What are existing barriers to accessing services for families? (could also do a mind-map for this question)
Where would you like to receive services? (home, office, community)
What is important when you work with several agencies at once? What would make that experience better?

Access: While many families noted being appreciative of the services their children and youth eventually received, they also expressed frustrations and disappointments in accessing mental health services.

- Families noted that to access psychiatric or psychological services they are often required to travel long distances such as Toronto, Sudbury, North Bay or Timmins. This travel can become costly for families, as well as requiring extended periods of time away from work and/or home. Francophone families shared the same concern and indicated that the burden is increased when seeking to access French-language mental health services.

Il n'y a même pas un seul [psychologue] dans la pratique privée [dans notre communauté] que nous pourrions payer si nous avions les fonds.

- After presenting at the hospital in crisis, one family recalls that they were referred to services in another town.
- Many families expressed being "bounced around" while trying to find the right service.

We are far away and sometimes we don't have access to certain services, so having more available professionals because mental health challenges just increase in the meantime.

[1] This activity and others mentioned in the report are described in the Consultation agenda included as Appendix B.

System navigation and coordination of services: Families are often unaware of what mental health services are available and how to best access these services.

- Families expressed frustration with trying to find information on what services are available, pointing out that while there may be some information online, not everyone has internet access. Some of the families who searched for information about services online were disappointed that websites often link to other websites, rather than provide useful information.
- Many families noted they learned of services through word-of-mouth, from friends or colleagues with knowledge of the system; others learned through their health provider (doctor or nurse practitioner) or through their child's school.
- Some families had knowledge of child and youth mental health services because they work in the sector (or a related sector), yet they still found it difficult to access services.

I still got the run around, but I knew what to say.

I lost my job because of all of this.

Barriers go up and I feel bad that I work in the system. [It made me think] about families that don't know what to say.

- Families also expressed frustration with having to repeat their stories to different service providers, including school personnel.

If I've filled out the form once, I've filled it out ten times. Now, I just take pictures of them so that I don't have to fill them out over and over.

- One participant mentioned confusion and a loss of service associated to the NEOFACS merger. (The authors of this report did not have enough knowledge of this situation to address fully in this report.)

Challenges related to the coordination of services also emerged in the survey results. Twenty-two percent of respondents indicated feeling frustrated with having to repeat their story, 17% found it challenging to have more than one worker in an agency, and 11% found it difficult to work with more than one agency at one time. Survey respondents indicated that the following are "very important" considerations for them and their family in accessing services: location of services (78%), extended service hours (50%), availability of child care (22%), option to have services in the home (39%) and services that meet cultural needs (11%).

It is important to note that three respondents provided qualitative responses indicating that they had not experienced frustrations with accessing child and youth mental health services (e.g., "I had no frustrations or roadblocks").

Suggestions for improving system navigation and service coordination:

- Families indicated that they would prefer to be connected to one person who would work to connect them to the appropriate supports and services for their children. Similarly, several families also noted a preference for having a "one-stop shop" for services, so that families don't have to do the legwork of coordinating their own services (e.g. exchange of reports, etc.). The following is a suggestion provided by a survey respondent:

  It would be instead of having to work with several counsellors and be discharged, that my children and I could have had 1 counsellor instead of all the change where my children have grown to not trust the counsellors.

- Families also said that more support is needed to navigate the system as their children approach 18 years of age.

  The service utilized was for my son who is under 18 years of age. The unfortunate thing is our son was unable to recognize his issues due to his mental health and if he says that everything is fine and he doesn't need the service....the service is stopped (even though he needs it). The family falls into crisis over and over again while they sit on the wait list for services again. In my case, he will age out.

- Families stressed the importance of communication between agencies, service providers, and cross-sectoral partners such as physicians and educators.
- Families felt that there could be better coordination and exchange of information (such as consent forms) amongst different providers.

  [Services] have been good so far, but we fight hard.

Long waitlists: Families in the consultations expressed frustration with the wait times associated with receiving services. This was echoed by survey respondents who were asked about the most frustrating aspect of accessing mental health services for their child or youth. Thirty-three percent indicated waiting for services after intake as a frustration, while 28% mentioned waiting for assessments.

I try everything to help my kid and get nowhere – I feel useless.

- While most families did not specify a particular wait time, some families noted they had waited up to 8 months after the initial meeting with the service provider to access appropriate services. Twenty-nine percent of survey respondents indicated waiting less than a week for child and youth mental health services, 24% indicated waiting between one week and one month, and 35% indicated waiting between 1 and 6 months. Eleven percent of respondents (2) indicated waiting more than six months for services.
- Families noted that there is a perception that services can be accessed more quickly by presentation at the hospital, when the situation has become much more serious. In addition to presenting at hospital, one family expressed that services were only accessed after the police became involved, while another family expressed that services were only accessed after there was an incident at school.

2. Service Delivery

A second activity involved participants sharing their experiences of service delivery, including a discussion of gaps and strengths. Questions posed included:

What has been your family's experience in service delivery?
What do families need from our services?
Are there services you would add or that are unavailable?
Are there services you would take away?

Specialized services and qualified professionals: Families expressed disappointment with the lack of specialized services and qualified professionals, specifically psychologists and psychiatrists, as well as clinicians with specialized training in treatments such as CBT, DBT, and trauma-informed interventions. Forty-one person of survey respondents indicated that the lack of specialized services has been a barrier to their family receiving the necessary support.

- Some families expressed that they have received services from clinicians whom they did not feel were able to give accurate diagnoses or provide the family with adequate resources.
- Families specifically pointed to a void in services for youth ages 16 to 18 years.
- One family member recalled how they were placed on hold while accessing a crisis line and others reported that waiting for a return call from crisis took days sometimes.

Stigma in the community and NEOFACS' child welfare mandate: Families experience stigma and "parent-blaming" when accessing and receiving mental health services for their children and youth.

- Some families stated they had been fearful of accessing children and youth mental health services because of NEOFACS' child welfare mandate, noting there is a perception in the community that by becoming involved with the agency, a child welfare "file" is opened on the family. Families expressed this is a major barrier to accessing services, stating that often times, the joint mandate of the agency prevents them from seeking support for mental health concerns, as they do not want to "risk" being reported to child welfare. Families expressed a perception that presenting at NEOFACS for child and youth mental health services leads to the child welfare staff being automatically notified of the family's attendance, and "flagged". This concern was also expressed in the survey results:

> *It is NOT a good idea to have children's mental health services offered out of the agency that is child welfare. Stigma of children's aid office has a negative impact on child's desire to be there and parent's interest in taking them there.*

- Some families worried about being judged and stigmatized because of the "small-town dynamic", noting this is a significant barrier. Some said that their children can be "too proud" to admit that they need help when there is a family history of addictions, "learning impairments" or mental health challenges.

- Families also experienced feeling blamed by some schools, and in some cases, even some workers. They reported being made to feel that they "should be able to handle it".

Appreciation of staff/clinicians: Many families were very grateful for the excellent staff/clinicians who work with their children and youth. Families expressed a concern that they are spread too thin and work in a system that is under-resourced and often inflexible. Families especially appreciate staff/clinicians who are understanding and patient with them.

Ma fille était « anti-sociale » et elle a reçu des services brefs, et une évaluation et le travailleur social a été bon de suggérer que peut-être je m'inquiétais trop, et peut-être j'avais besoin d'aide pour accepter ma fille pour qui elle est.

Responses from the surveys also revealed an appreciation for clinicians and services received. Thirty-nine percent of respondents indicated being “very satisfied” with services received from community agencies, while another 39% indicated being “somewhat satisfied”.

Ninety-four percent of respondents indicated they felt their opinion was respected and valued when they talked with service providers. Similarly, 94% of respondents indicated they felt that both they and their child/youth were treated respectfully by service providers. Seventy-eight percent of respondents indicated they worked together with service providers to come up with the best plan for their child/children.

The survey respondents were asked to indicate the type of mental health services their child receives/received:

Type of service	% of respondents	Number of respondents
Counselling/therapy	62%	13
Intake/consultation/assessment	38%	8
Early Years program	24%	5
School-based service	19%	4
Brief service (1-6 sessions)	19%	4
Crisis services at the hospital (includes visit to the	19%	4
Intensive in-home services	14%	3
Walk-in counselling/service	5%	1

Day treatment	0%	0
Residential treatment	0%	0
Other (please specify) *NEOFACS, Hospital*	5%	1

When asked what child and youth mental health services have been most helpful to them and their family, survey respondents indicated the following:

Type of service	**% of respondents**	**Number of respondents**
Counselling (individual, family, group)	68%	13
Psychological assessment	37%	7
School support	37%	7
Psychiatric consultation	32%	6
Parenting programs	26%	5
Tele-mental health consultations	16%	3
Referrals to other services	11%	2
Intensive in-home support	5%	1
Residential treatment services	0%	0
Day treatment services	0%	0
Other (please specify) *Workshops available in the evening – Attention deficit disorders + Triple P by NEOFACS. Wow!* *None has been helpful – no access, long wait list* *Not aware of anything available in our area*	16%	3

Suggestions for improving service delivery:

Continuous family support: Family members expressed a strong desire for longer term support for their families, that includes continuity of care in terms of not requiring to see multiple and different service providers.

Families highlighted the following as the types of supports they are looking for:

- Parenting support, including emotional support, advice and guidance on how best to support their children
- Peer support groups for both youth and family members
- Home support
- Financial supports or subsidized activities for children

Additional services and professionals: Families indicated a desire for additional services, including respite, crisis, family preservation services, as well as more local hospital beds. They feel that prevention programs, as well as after-hours services, walk-in clinics and drop-in centres for youth should be made available. As previously mentioned, families pointed to the need for additional psychologists and psychiatrists.

Families indicated that workshops/education sessions on different topics such as keeping children safe online, eating disorders, managing stress, building resilience, anger management, coping in the "real world" for growing teens, and general information on mental health topics as well as autism, Down syndrome, attention deficit disorders and learning difficultieswould be helpful.

Other supports families are looking for are:

- Pediatricians, speech-language therapists, occupational therapists, special needs workers
- ACT (team model)
- Big Brother / Big Sister program (currently only for people at NEOFACS)
- Swab tests (DNA medical swab test) . It is important to note that this statement was made in reference to a conversation about how services could be structured to more proactively address children and youth who are known to be at risk. One of the elements that was discussed was the strong genetic and familial component to illnesses, and in instances where there is a high likelihood of risk, preventative and early intervention strategies could be utilized. The "scribe" for the group conversation recorded this as a DNA test – indicating the need for early intervention for children and youth who would be considered to be at risk, rather than waiting for concerns to become crises.
- Emergency medical staff trained in mental health
- Mental health workers in schools

Survey respondents had the opportunity to identify whether the following services, that are <u>not currently</u> offered in the Timiskaming/Cochrane service area, are important to them or not.

Services	Very important	Somewhat important	Not important	I don't know
Mental health walk-in clinic	56% 10	28% 5	11% 2	6% 1
After hours crisis line	56% 10	28% 5	17% 3	0% 0
Residential treatment	28% 5	39% 7	22% 4	11% 2
Respite services	56% 10	22% 4	11% 2	11% 2

Quality of services: Family members offered suggestions for improving the quality of services.

- Services that are more reflective of First Nations and Métis cultures
- More French-language services
- Options for accessing services at school, daycare or at home, especially for children accessing services. For adolescents, there could be other possibilities (e.g., in the community, at a health service). Survey respondents also indicated a preference for receiving services at school (47%) and/or at home (47%). Forty-seven percent also indicated at an agency. Less common preferences included in an office setting (18%) and in a public space (6%)
- More possibilities for in-person sessions, rather than reliance on teleconferences/video-conferencing (for diagnoses, etc.)

Educating those involved with children and youth:

- Families expressed that providing coaches, teachers, daycare workers etc., with additional education to increase their understanding of child and youth mental health and the effects on children and youth, would be helpful.
- Families felt that including mental health in the school curriculum would be beneficial.
- Families indicated that doctors and medical clinics should not only be focused on diagnoses and lists of symptoms, but also on a holistic approach to supporting children and youth and their families.
- Survey responses also reflected a need for educating those who interact with children on a range of mental health topics. The following quotes are examples:

Possibility of training and educating teachers…because the first possibility of education on mental health is done at school and lots of teachers are not sensitized – aware, and do not know how to react to ADHD and other mental health challenges.

Get schools onboard to really truly care about children being bullied and rather than ignore it train teachers and principals to recognize the bullied child and end the bullying effectively. All schools to the talk but don't walk the walk when it comes to bullying. Bullying is increasing rather than decreasing.

3. Engaging families

A third activity invited participants to discuss how they would like to be engaged by mental health service providers. Some families expressed a desire to be more informed and involved in the services being received by children/youth. They expressed that their child/youth are given too much control and that, as family members, they had not been involved in the assessment. They expressed a desire to be more involved in decision-making and assessments of their child/youth.

If they [the child/youth] don't see a need [for a service], it won't happen.

Families also expressed that it would be helpful for a child/youth to be able to choose their worker.

Families expressed a desire to be more involved and engaged with service providers, and a desire to have opportunities to connect with other families and receive information on various topics. They expressed an interest in different types and sizes of events (from informal gatherings, to events with speakers). Families are eager to have their voices heard and want to be empowered to use their voices.

Il y a un sentiment de nos voix n'ont pas d'importance. Rien ne changera, rien ne sera écouté.

Honnêtement, je suis venue ce soir parce que c'était quelqu'un de l'extérieur de la ville […], quelqu'un qui a voyagé pour venir nous parler – cela à compté pour moi.

We want answers but we aren't getting them.

Survey respondents were asked to identify their preferred ways of sharing their ideas to improve child and youth mental health services. Online surveys was the most popular mechanism (82%), followed by virtual meetings (71%), face-to-face meetings/consultations (53%), focus groups (47%), participation in an Advisory Group (12%) and telephone calls (12%).

Some suggestions to promoting and sustaining family engagement from families were:

- Compensation for travel and childcare
- Recognition of contribution (honorarium, grocery gift card, etc.)
- Refreshments provided (particularly when asked for participation around meal times)
- Varied times for participation (recognition of lots of shift work in some communities)
- French activities, or providing translation

- Parking
- Proximity to home/work
- Having enough information (on the topic, background, objectives, etc.)
- Having the option of youth joining
- Not during winter months

Families noted that service providers could use social media outlets to reach out to families, as well as set activities in a calendar or a blog.

Families also noted the importance of having champions and a diversity of voice, experience and geographic representation as part of family engagement.

Families indicated that it is important to receive follow-up information and reporting of how their contributions were "used" and what activities, decisions, or next steps evolved from the planning and their participation.

Feedback gathered from participants at the end of each consultation session has been analyzed and is provided in Appendix A of this report.

Next steps

A summary of the report will be prepared and made available to consultation participants as well as to broader community members.

Although the full report will be shared with MCYS as part of the Community Mental Health Plan, it will also be made available to local service providers to support them in their planning efforts.

The information gathered through this process and shared in this report represent the beginning of family engagement activities in this service area. Listening to how families want to be engaged will open the door to further meaningful engagement and make it possible to build on their ideas and suggestions for improving the child and youth mental health system.

Appendix A: Consultation feedback form & results

A. Reflecting on your participation in the family consultation, please tell us how much you agree with the following statements: (1 not at all-5 very much)

	1	2	3	4	5	*NA*[2]
1. I clearly understood why I was asked to participate.	0	0	1	4	21	
2. I was engaged throughout the session.	0	0	1	6	19	
3. I felt heard during the session.	0	0	2	3	21	
4. The session was well organized.	0	0	1	3	22	
5. The facilitator was responsive to my needs/questions	0	0	1	4	21	
6. I had an opportunity to provide input to my lead agency on the needs and priorities for child and youth mental health services in my area.	0	1	3	3	13	6
7. I have a better understanding of how to engage with my lead agency in the future.	1	0	5	6	8	6

B. What did you like the most about the session?

- *Participation de toutes les personnes*
- *J'ai aimé entendre les défis et les idées partagées durant les discussions*
- *L'échange, le dynamisme*
- *De pouvoir partager mes expériences et mes idées. Un bon groupe pour partager. Appris beaucoup de choses.*
- *Les différents points de vue des autres parents.*
- *Les discussions, les points de vues des autres sont semblables aux miennes.*
- *Personal experiences of everyone.*
- *Sharing.*
- *The group settings.*

[2] "NA" was not an option on the form, but was written in by all participants from the French focus group.

- *Small closed groupe.*
- *Listening to everyone speak about their lives and struggles.*
- *Input*
- *Being able to express what is needed*
- *Open mindedness, community approach*
- *Talking about our experiences*
- *Talking to other families*
- *Group interaction*
- *Someone to listen*
- *I am not the only person with a family member with mental illness.*
- *Brainstorming – problems vs cures*
- *That I'm not alone. There are other parents like us/or children like ours.*

C. What about this session could be improved?

- *Aucun pour la session en particulier, mais plus de notice et publicité.*
- *More frequent sessions.*
- *Longer time, offered more frequently.*
- *Nothing*
- *Rushed*
- *Nothing, thank you so much!*
- *During the day*
- *Timing – do in spring versus winter*
- *More seating room*
- *Nothing*
- *Not sure – it's pretty cost effective*
- *Ensure that our voices heard that what we talking about doesn't just fall to the wayside! There needs to be more education with new generations.*
- *Friendly supportive people.*

Appendix B: Consultation agenda

Time	Activity	Objectives	Supplies required/ comments
5 min	Welcome & Introductions		Name tags Markers
10 min	Overview of process Why are families being engaged? Overview of the Community Mental Health Plan and Core Service Delivery Plan	To explain the process To provide context for the meetings To explain Community Mental Health Plan and Core Service Delivery Plan	PowerPoint Projector Handouts
30 min	Access to service **Activity 1** Gallery Walk (have questions posted on flip chart paper, families circulate in groups with answers) How did you figure out how to find resources that you thought would be helpful? (entry points) What are existing barriers to accessing services for families? (could also do a mind-map for this question) Where would you like to receive services? (home, office, community) What is important when you work with several agencies at once? What would make that experience better?	To understand how families find out how to access services. To explore barriers to accessing services	Gallery Walk
30 min	**Activity 2: Gaps/strengths of current service environment** Could be a brainstorm activity (small groups, then take up) Questions: What has been your family experience in service delivery? (could be written or picture response) What do families need from our services? Are there services you would add or that are unavailable? Are there services you would take away?	To understand what families want from services To understand the family experience in service delivery	

Time	Activity	Objectives	Supplies required/ comments
10 min	**Activity 3: Engaging families - What is the best way to engage families?** Zero – two – four – all (think about best ways they want to be engaged, share with one other, then four, then report). (Think Pair Share).		Placemat/flip charts
5 min	Evaluation		Evaluation forms
5 min	Wrap-Up		

Appendix C: Survey findings

NOTE: Where it makes sense for the interpretation of the data, answers were sorted in descending order (top to bottom). This was not the case with answer scales (e.g. *most satisfied to least satisfied*). In addition, while 22 surveys were submitted, not every question was answered by every respondent, so the total responses per question is not always 22. To protect the identify of the 1 respondent of the French survey, their answer to open questions where translated into French. Questions and answers that could be identifying have been removed.

Question 1: What type of mental health services are available in your community?

Counselling/therapy	81.82%	18
Intake/consultation/assessment	77.27%	17
School-based service	68.18%	15
Early Years program	63.64%	14
Crisis services at the hospital (includes visit to the emergency department)	54.55%	12
Brief service (1-6 sessions)	40.91%	9
Intensive in-home services	31.82%	7
Walk-in counselling/service	31.82%	7
Residential treatment	31.82%	7
Day treatment	9.09%	2
Other (please specify) *Psychiatric Assesment* *O*[3]	9.09%	2

Question 2: What type of mental health services did/does your child/youth receive?

Counselling/therapy	61.90%	13
Intake/consultation/assessment	38.10%	8
Early Years program	23.81%	5
School-based service	19.05%	4
Brief service (1-6 sessions)	19.05%	4
Crisis services at the hospital (includes visit to the emergency department)	19.05%	4

[3] It is unclear if this is mistyped, or if the response is “zero”.

Intensive in-home services	14.29%	3
Walk-in counselling/service	4.76%	1
Day treatment	0.00%	0
Residential treatment	0.00%	0
Other (please specify) *NEOFACS, Hospital*	4.76%	1

Question 3: Where have mental health services for your child/youth been delivered?

Office/agency	71.43%	15
School/day care	38.10%	8
Home	28.57%	6
Community/public space	23.81%	5
Hospital	14.29%	3
Walk-in clinic	4.76%	1
Other (please specify) *NEOFACS*	4.76%	1

Question 4: Overall, how satisfied are/were you with the services you received from agencies in your community?

Very satisfied	38.89%	7
Somewhat satisfied	38.89%	7
Neither satisfied nor dissatisfied	11.11%	2
Somewhat dissatisfied	5.56%	1
Very dissatisfied	5.56%	1

If your level of satisfaction varies from agency to agency, please tell us more:

- *It is NOT a good idea to have children's mental health services offered out of the agency that is child welfare. Stigma of children's aid office has a negative impact on child's desire to be there and parent's interest in taking them there.*
- *Still waiting for a psychiatrist appointment.*
- *Very satisfied with Early Years Program but I didn't think it was mental health services.*
- *Waiting list can be very long.*
- *NEOFACS [office location redacted] Wow…What incredible, quick and professional services!!!!*

Question 5: What child and youth mental health services have been most helpful for you and your family?

Counselling (individual, family, group)	68.42%	13
Psychological assessment	36.84%	7
School support	36.84%	7
Psychiatric consultation	31.58%	6
Parenting programs	26.32%	5
Tele-mental health consultations	15.79%	3
Referrals to other services	10.53%	2
Intensive in-home support	5.26%	1
Residential treatment services	0.00%	0
Day treatment services	0.00%	0
Other (please specify) *Workshops available in the evening – Attention deficit disorders + Triple P by NEOFACS. Wow!* *None has been helpful – no access, long wait list* *Not aware of anything available in our area*	15.79%	3

Question 6: What was the most frustrating part of your experience in using these services?

Waiting for services after intake	33.33%	6
Appropriate services were not available	27.78%	5
Waiting for assessments for my child/youth	27.78%	5
Having to repeat my story	22.22%	4
Having more than one worker within an agency	16.67%	3
Working with more than one agency at once	11.11%	2
Feeling like my opinion was not valued	11.11%	2

Other (please specify) *None* *Never get frustrated* *I had no frustrations or roadblocks* *Feeling like I had to defend the way my family relates to each other. Having the worker imply that my child would not be able to get a job in the future because she has trouble expressing herself.* *Having brief service when our family issue is ongoing* *None, I would say that in [location redacted] we are very, very lucky to have a comptent, efficient and effective team.*	33.33%	6

Question 7: If you could change one thing about your experience with the child and youth mental health services in your community, what would it be?

- *Not to change, but to add: We are far away and sometimes we don't have access to certain services, so having more available professionals because mental health challenges just increase in the meantime. There would need to be media outreach (campaigns) to sensitize the public, for instance that suffering from ADHD is not a handicap, but a condition and that medication is the equivalent to wearing glasses for someone with vision problems, or a hearing aid for someone with loss of hearing. Bringing awareness to remove stigmas (stereotypes) associated with mental health challenges.*
- *That it not be housed within a child protection agency and be integrated with other mental health and healthcare settings.*
- *Being hospitalized in our community instead of having to go to Timmins.*
- *Don't have anything in mind to change.*
- *A follow up call to my child (teen) a month or so after just to check in.*
- *It would be instead of having to work with several counsellors and be discharged, that my children and I could have had 1 counsellor instead of all the change where my children have grown to not trust the counsellors*
- *It is NOT a good idea to have children's mental health services offered out of the agency that is child welfare. Stigma of children's aid office has a negative impact on child's desire to be there and parent's interest in taking them there.*
- *Have someone who could take a different approach when my child was not ready to open up. Perhaps turning the focus away from her and her problems to build a bond first.*
- *Ongoing services, one counsellor following the family "for life"*
- *More male workers to relate to young men/boys*
- *More access-too all services- without judgement!!!*
- *Increase the number of workers available to provide counselling especially for tweens and teens*
- *Better accessibility. Shorter waiting list.*

Question 8: How important are the following in getting quality child and youth mental health services for your family?

	Very important	Somewhat important	Not important	I don't know
Location of services	77.78% 14	16.67% 3	5.56% 1	0.00% 0

Extended service hours (e.g. evening and weekend hours)	50.00% 9	33.33% 6	11.11% 2	5.56% 1
Availability of childcare	22.22% 4	16.67% 3	55.56% 10	5.56% 1
Option to have services in the home	38.89% 7	38.89% 7	22.22% 4	0.00% 0
Services that meet my cultural needs	11.11% 2	33.33% 6	44.44% 8	11.11% 2

Are there other important aspects we missed? If yes, please tell us more:

- *frequency of services - if a clinician has a large caseload, it can be difficult to get appointments weekly outside of school hours.*
- *professionals with experience in special needs-autism, adhd*
- *Possibility of training and educating teachers…because the first possibility of education on mental health is done at school and lots of teachers are not sensitized – aware, and do not know how to react to ADHD and other mental health challenges.*

Question 9: These services currently do not exist in Timiskaming/Cochrane. How important are these mental health services to you?

	Very important	Somewhat important	Not important	I don't know
Mental health walk-in clinic	55.56% 10	27.78% 5	11.11% 2	5.56% 1
After hours crisis line	55.56% 10	27.78% 5	16.67% 3	0.00% 0
Residential treatment	27.78% 5	38.89% 7	22.22% 4	11.11% 2
Respite services	55.56% 10	22.22% 4	11.11% 2	11.11% 2

Question 10: Please agree or disagree with the following statements about your satisfaction working with more than one agency (including schools) to meet your child's mental health needs.

	Agree	Disagree	Does not apply to me
I worked together with the service provider(s) I saw to come up with the best plan for my child/children	77.78% 14	22.22% 4	0.00% 0
My child/family was/were directed to the right places	72.22% 13	16.67% 3	11.11% 2

My child received services in a timely manner	61.11% 11	33.33% 6	5.56% 1
My opinion was respected and valued when I talked with service providers	94.44% 17	5.56% 1	0.00% 0
We were given up-to-date information about available services, next steps, etc.	66.67% 12	33.33% 6	0.00% 0
The services I received were appropriate for my cultural needs	44.44% 8	5.56% 1	50.00% 9
The services made a positive difference or change for my child	64.71% 11	23.53% 4	11.76% 2
The services my child received were responsive to the challenges my family faces	66.67% 12	22.22% 4	11.11% 2
I was treated respectfully	94.44% 17	5.56% 1	0.00% 0
My child was treated respectfully	94.44% 17	0.00% 0	5.56% 1
Overall, the services my child and/or family received were helpful	82.35% 14	17.65% 3	0.00% 0

Question 11: From which Agency(ies) have you received mental health services for your child(ren)/youth?

- *NEOFACS, Private Psychologist*
- *NEOFACS, Timmins Hospital, School*
- *NEOFACS, Hospital*
- *NEOFACS Catholic School Board*
- *NEOFACS*
- *NEOFACS*
- *NEOFACS*
- *NEOFACS Temiskaming Hospital Clinics/[Redacted, name of Doctor]*
- *NEOFACS*
- *NEOFACS*
- *NEOFACS*
- *NEOFACS-CAMH*
- *NEOFACS Kirkland Lake*
- *NEOFACS as it is the only agency I know of who will provide services for children and youth*
- *Child and Family Services Mental Health. CMHA*
- *NEOFACS*
- *School board CSCDGR – NEOFACS, and other workers, support group, workshop*

Question 12: How did you learn about child and youth mental health services/resources in Timiskaming/Cochrane?

School	35.29%	6
Children's Aid	23.53%	4
Doctors	17.65%	3
Word of mouth	17.65%	3
Family	11.76%	2

Friends	5.88%	1
Lawyers/courts	5.88%	1
Internet, phone book	0.00%	0
Other (please specify): *I work in the field* *Ontario Early Years Centre*	11.76%	2

Question 13: What are (or were) some of the specific challenges that have gotten in the way of receiving services? Please check all that apply.

Availability of specialized services	41.18%	7
Wait time for services	35.29%	6
Worries about confidentiality or privacy	35.29%	6
Work schedule	29.41%	5
My child does not "fit" into available services	29.41%	5
Hours of operation	17.65%	3
Location of services	11.76%	2
Age of my child	11.76%	2
Family schedule/commitments	11.76%	2
Lack of money/finances	5.88%	1
Lack of childcare	0.00%	0
Language of service	0.00%	0
Transportation	0.00%	0
Culture	0.00%	0
Lack of support (family, friends, etc.)	0.00%	0
Other (please specify): *NA* *None*	11.76%	2

Question 14: Where would you prefer to receive services for your children? Please check all that apply.

At home	47.06%	8

At an agency	47.06%	8
In an office setting	17.65%	3
At school	47.06%	8
In a public space	5.88%	1
Within your own community	29.41%	5
I have no preference	11.76%	2
Other (please specify): *Whatever works for the child* *In a space my children feel safe, comfortable & space is inviting; sense of belonging*.	11.76%	2

Question 15: How long did you wait to receive child and youth mental health services?

Less than a week	29.41%	5
One week to a month	23.53%	4
Between one month and six months	35.29%	6
Between six months and a year	5.88%	1
More than a year	5.88%	1
More than two years	0.00%	0

Question 16: From your perspective, what should the top three priorities be? *(Responses have been grouped by theme)*

Access / wait times / timeliness:

- *Easy accessibility to services*
- *Access to Psychiatry/Assessments*
- *Shortening wait times for specialists*
- *Quick Assessments*
- *More access to ALL services - quickly - effectively*
- *Shorter waiting list*
- *Timeliness of service - usually a crisis triggers a youth's willingness to get help*
- *Funding to access private counsellors and psychologist when no extended benefits our available*
- *Not having to travel an hour for an evaluation or a psychiatry session, so alternating consultation locations amongst communities*

Staffing:

- *Trained Councillors, Certified competent mental health workers*
- *Clinicians who specialize in certain ages/programs/services*
- *More male counsellors that boys/young men would feel more comfortable with*

- *More workers to provide services*
- *More workers with less case loads*
- *More coverage in summer and Christmas to cover holidays*
- *more providers who will do the assessments needed*
- *More available staff*
- *Good fit between worker and child/youth*

Services:

- *After hours emergency support for parents*
- *More types of services for kids - psychologists*
- *Separate intake from child protection services*

Location / flexibility of services:

- *Setting of the Mental Health Service*
- *Location outside of NEOFACS office*
- *Mental Health at our Community Hospital*
- *Increasing hours of operation as single parents can't always make it after work*

Quality of care:

- *Based on intake the correct assessment for children's needs*
- *Flexibility to meet individual needs of child*
- *willingness by service providers to refer when they can not connect with client*

Schools:

- *Get schools onboard to really truly care about children being bullied and rather than ignore it train teachers and principals to recognize the bullied child and end the bullying effectively. All schools to the talk but don't walk the walk when it comes to bullying. Bullying is increasing rather than decreasing.*

Family-centered/patient-centered care / privacy:

- *Respecting what the family thinks they need and trying to accommodate that*
- *Reassuring children that what they say will be kept confidential*
- *Support for family members*
- *Space to meet children's needs*
- *No judgement - confidential - not worried to talk about true issues*

Other:

- *Child's Needs*
- *Family situation - for example, in our situation, we have ongoing mental health issues*
- *Positive media campaign to bring awareness to mental health aimed at the public, families and society*
- *Continue information sessions with the goal of educating parents but also adding sessions for teachers*

Question 17: What would be the best way to share your ideas to improve child and youth mental health services in Timiskaming/Cochrane?

Through online surveys	82.35%	14
Focus groups	47.06%	8

Face-to-face meetings or consultations	52.94%	9
Participation in an Advisory Group	11.76%	2
Telephone calls	11.76%	2
Virtual meetings	70.59%	12
Other (please specify) *Offer an evening forum so that parents and family members because I cannot participate in [the facilitated consultation] because my employer will not let me be absent. Do not forget that parents that work can not free themselves to participate in consultation, so keep that in while when planning next sessions.*	5.88%	1

Question 21: What is your relationship to this child/children?

Biological parent	94.12%	16
Step-parent	5.88%	1
Foster parent	5.88%	1
Guardian	5.88%	1
Grandparent/extended family	5.88%	1
Other (please specify)	0.00%	0

Question 22: Do you or your child identify as First Nations, Inuit or Métis?

Yes	17.65%	3
No	76.47%	13
Choose not to answer	5.88%	1

Question 23: Please indicate your primary language.

English		15
French		2
Other (please specify)		0

Appendix D: Survey questions

Child and youth mental health services in
Timiskaming/Cochrane

Family engagement consultation survey

The Ontario Centre of Excellence for Child and Youth Mental Health and Parents for Children's Mental Health thank you for taking the time to answer some questions about mental health services in Timiskaming/Cochrane. We are helping local agencies understand how your service experience can be improved so they can ensure services make sense and are available for all children, youth and families in your community.

As someone who has used local programs, we want to hear your thoughts. What's working? What's not working? How can services be easier to find and easier to use? We will provide a summary of all survey responses to local agencies who be able to use the information to improve the services in your community. By filling out this survey, you will help shape how child and youth mental health services are delivered.

It should take you about 15 minutes to finish this survey. Not completing this survey will not affect the service you receive.

If you have any questions about this survey, or if you would like more information, please feel free to contact Melissa Jennings at 613-737-2297 x. 3720 or mjennings@cheo.on.ca

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Over time, organizations in Timiskaming/Cochrane, will be responsible for ensuring that a full range of mental health services are available to meet the needs of children, youth and families.

Please tell us which child and youth mental health services you know about, which you have used, and where you access them.

1. What type of mental health services are available in your community?

- ☐ Early Years program
- ☐ School-based service
- ☐ Day treatment
- ☐ Brief service (1-6 sessions)
- ☐ Residential treatment
- ☐ Intensive in-home services
- ☐ Day treatment
- ☐ Walk-in counselling/service
- ☐ Counselling/therapy
- ☐ Intake/consultation/assessment
- ☐ Crisis services at the hospital (includes visit to the emergency department)
- ☐ Other (please specify) : _____

2. What type of mental health services did/does your child/youth receive?

- ☐ Early Years program
- ☐ School-based service
- ☐ Day treatment
- ☐ Brief service (1-6 sessions)
- ☐ Residential treatment
- ☐ Intensive in-home services
- ☐ Day treatment
- ☐ Walk-in counselling/service
- ☐ Counselling/therapy
- ☐ Intake/consultation/assessment
- ☐ Crisis services at the hospital (includes visit to the emergency department)
- ☐ Other (please specify): _____

3. Where have mental health services for your child/youth been delivered?

- ☐ Office/agency
- ☐ Home
- ☐ School/day care
- ☐ Community/public space
- ☐ Walk-in clinic
- ☐ Hospital
- ☐ Other (please specify): _____

Service satisfaction

We would like to know a little bit about your satisfaction with child and youth mental health services.

4. Overall, how satisfied are/were you with the services you received from agencies in your community? (Please check one)

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

If your level of satisfaction varies from agency to agency, please tell us more:

5. What child and youth mental health services have been most helpful for you and your family?

- ☐ Psychiatric consultation
- ☐ Psychological assessment
- ☐ Referrals to other services
- ☐ Parenting programs
- ☐ Intensive in-home support
- ☐ Counselling (individual, family, group)
- ☐ School support
- ☐ Tele-mental health consultations
- ☐ Residential treatment services
- ☐ Day treatment services
- ☐ Other (please specify): _____

6. What was the most frustrating part of your experience in using these services?

- ☐ Having to repeat my story
- ☐ Waiting for services after intake
- ☐ Appropriate services were not available
- ☐ Other (please specify): _____
- ☐ Working with more than one agency at once
- ☐ Having more than one worker within an agency
- ☐ Waiting for assessments for my child/youth
- ☐ Feeling like my opinion was not valued

7. If you could change one thing about your experience with the child and youth mental health services in your community, what would it be?

Service delivery

8. How important are the following in getting quality child and youth mental health services for your family?

	Very important	Somewhat important	Not important	I don't know
Location of services				

Extended service hours (e.g. evening and weekend hours)				
Availability of childcare				
Option to have services in the home				
Services that meet my cultural needs				
Are there other important aspects we missed? If yes, please tell us more:				

9. These services currently <u>do not</u> exist in Timiskaming/Cochrane. How important are these mental health services to you?

	Very important	Somewhat important	Not important	I don't know
Mental health walk-in clinic				
After hours crisis line				
Residential treatment				
Respite services				

10. Please agree or disagree with the following statements about your satisfaction working with more than one agency (including schools) to meet your child's mental health needs.

	Agree	Disagree	Does not apply to me
I worked together with the service provider(s) I saw to come up with the best plan for my child/children			
My child/family was/were directed to the right places			
My child received services in a timely manner			

My opinion was respected and valued when I talked with service providers			
We were given up-to-date information about available services, next steps, etc.			
The services I received were appropriate for my cultural needs			
The services made a positive difference or change for my child			
The services my child received were responsive to the challenges my family faces			
I was treated respectfully			
My child was treated respectfully			
Overall, the services my child and/or family received were helpful			

Access

We want to help improve access and awareness of child and youth mental health services in Timiskaming/Cochrane. Please help us understand how families are currently finding and getting services.

11. From which Agency(ies) have you received mental health services for your child(ren)/youth?

12. How did you learn about child and youth mental health services/resources in Timiskaming/Cochrane?

- ☐ Family
- ☐ Friends
- ☐ Doctors
- ☐ School

- [ ] Lawyers/courts
- [ ] Children's Aid Society
- [ ] Internet, phone book
- [ ] Word of mouth
- [ ] Other (please specify: _____)

13. What are (or were) some of the specific challenges that have gotten in the way of receiving services? Please check all that apply.

- [ ] Wait time for services
- [ ] Hours of operation
- [ ] Location of services
- [ ] Lack of childcare
- [ ] Language of service
- [ ] Age of my child
- [ ] Work schedule
- [ ] Transportation
- [ ] Lack of money/finances
- [ ] Culture
- [ ] Family schedule/commitments
- [ ] Lack of support (family, friends, etc.)
- [ ] Worries about confidentiality or privacy
- [ ] My child does not "fit" into available services
- [ ] Availability of specialized services
- [ ] Other (please specify: _____)

14. Where would you prefer to receive services for your children? Please check all that apply.

- [ ] At home
- [ ] At an agency
- [ ] In an office setting
- [ ] At school
- [ ] In a public space
- [ ] Within your own community
- [ ] I have no preference
- [ ] Other (please specify: _____)

15. How long did you wait to receive child and youth mental health services?

- [ ] Less than a week
- [ ] One week to a month
- [ ] Between one month and six months
- [ ] Between six months and a year

- [ ] More than a year
- [ ] More than two years

Priorities

Over the coming years, agencies that provide mental health services in your community will be setting priorities for child and youth mental health services in Timiskaming/Cochrane.

16. From your perspective, what should the top three priorities be?

1.
2.
3.

Family Engagement

Agencies want to work with children, youth and families in Timiskaming/Cochrane to plan, deliver and evaluate mental health services to make sure these services meet your needs.

17. What would be the best way to share your ideas to improve child and youth mental health services in Timiskaming/Cochrane?

- [ ] Through online surveys
- [ ] Face-to-face meetings or consultations
- [ ] Virtual meetings
- [ ] Other (please specify: _____)
- [ ] Participation in an Advisory Group
- [ ] Telephone calls
- [ ] Focus groups

Demographic questions

The last few questions will help us understand a bit more about who is completing the survey.

18. In what area do you live?

- ☐ Timmins
- ☐ Cochrane
- ☐ Iroquois Falls
- ☐ Hearst
- ☐ Kirkland Lake
- ☐ Englehart
- ☐ Kapuskasing
- ☐ New Liskeard
- ☐ Other: _____

19. How old is/are the child(ren) for whom you use(d) mental health services in your community?

_____

20. What is your child's gender?

_____

21. What is your relationship to this child/children?

- ☐ Biological parent
- ☐ Grandparent/extended family
- ☐ Step-parent
- ☐ Guardian
- ☐ Foster parent
- ☐ Other (please specify: _____)

22. Do you or your child identify as First Nations, Inuit or Métis?

- ☐ Yes
- ☐ No
- ☐ Choose not to answer

23. Please indicate your primary language.

- ☐ English
- ☐ French
- ☐ Other (please specify: _____)