

MCYS Multi-Year Planning Process: Service Area Planning Template

(January 31, 2019 Submission to PPR Standing Committee)

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Stakeholder Engagement

Stakeholder Matrix

Please list all MCYS-funded core service agencies, Francophone and Indigenous agencies, health and education partners and additional relevant community stakeholders that have an impact on child and youth mental health in their service area.

1. In column one, identify all possible community providers in the sectors outlined above, and place a check mark beside those community providers with whom you have already engaged for planning purposes.
2. In column two, indicate the current level of engagement as defined below:

HIGH: A direct partnership with a high level of contact and regular participation in agency activities, as evidenced by support for or implementation of collaborative decisions and activities.

MEDIUM: Frequent contact with some meaningful participation and/or collaboration in agency activities, (i.e., where they know about MOMH, they participate in some of the key tables, seem to have a sense of what is happening in their community, and are developing relationships).

LOW: Infrequent contact with little to no participation and/or collaboration in lead agency activities.

Stakeholders Engaged	Engaged Y or N	Level of engagement (Please circle one)
1. Cochrane Timiskaming Resource Centre	Y	M
2. North Cochrane Addiction Services	Y	M
3. Cochrane District Detox Centre	Y	L
4. Misiway Community Health Centre	Y	M
5. Porcupine Health Unit-Growing Healthy Families (PHU) and Chronic Disease & Injury Prevention Programs	Y	M
6. South Cochrane Addictions Services	Y	M
7. Conseil scolaire public du Nord Est de l'Ontario (CSPNE)	Y	H
8. Northeastern Catholic District School Board NCDSB	Y	H

9. Conseil scolaire catholique du District des Grandes Rivières (CSCDGR)	Y	H
10. Timmins and District Hospital	Y	H
11. Canadian Mental Health Association Cochrane-Timiskaming Branch (CMHA CT)	Y	L
12. Community Care Access Centre: Mental Health and Addictions Nurses (MHAN)	Y	M
13. Kuuwanimano	Y	L
14. Payukotayno James and Hudson Bay Family Services	Y	L
15. Englehart Hospital	N	L
16. Timiskaming Health Unit	N	L
17. Kirkland Lake Hospital	N	L
18. Timiskaming Hospital	N	L
19. Smooth Rock Falls Detox / North Cochrane Addictions	Y	M
20. Timmins Native Friendship Centre	Y	M
21. Ministry of the Attorney General – Youth Justice	Y	L
22. YMCA	Y	L
23. Cochrane Timiskaming Children’s Treatment Centre	Y	L
24. Minto Counselling Centre	Y	L
25. Counselling HKS (Services de Counselling Hearst-Kapuskasing-Smooth Rock Falls)	Y	L
26. District School Board Ontario North East	Y	H
27. All the local hospitals	N	L

Community Assets, Challenges and Opportunities

Please provide a summary of forces and/or impacts that may act as assets, challenges or opportunities within your service area (please include qualitative and/or quantitative information to support this, where possible).

Service area assets	<ul style="list-style-type: none">▪ NEOFACS is an integrated children’s services organization providing an array of services throughout the Districts of Cochrane and Timiskaming and consequently, the agency has a comprehensive understanding and appreciation of service needs, gaps, strengths and opportunities within this broad geographic District.▪ NEOFACS is designated under the French Language Services Act and provides services in both official languages.▪ NEOFACS has accreditation standing through the Centre for Accreditation until 2020. Work is underway to be reaccredited from 2020 for a further four years.▪ NEOFACS has positive working relationships with its community partners throughout the District in both large and small communities as evidenced by the agency’s comprehensive participation in numerous Planning Tables with a strong focus on collaboration and community partner engagement. The positive working relationships are further demonstrated by the engagement and solid participation of community partners in MOMH district activities, including participation in planning sessions and the provision of services and pathways of information.▪ The collaboration among the four school boards and NEOFACS is inclusive and has resulted in improved service access within a number of schools.▪ Service providers have been proactive in initiating new services on behalf of youth including the creation of a Youth Wellness Hub which NEOFACS supports and the continued operation of The New Mentality by NEOFACS.▪ NEOFACS has a strong physical presence throughout Cochrane and Timiskaming with satellite offices situated throughout the Districts (1 head office and 9 satellite offices).▪ NEOFACS has experienced and knowledgeable staff who primarily deliver services within the communities where they reside and as such have an excellent understanding of community strengths and challenges.▪ NEOFACS has a solid infrastructure to support their role as a Lead Agency.▪ NEOFACS has a good working relationship with the Northern Lead Agencies and although NEOFACS was only recently confirmed (July 2018), the agency has engaged in several meetings and discussions that focus on the unique service needs pertinent to Northern Ontario.▪ A common information management system among the Northern agencies is a significant asset in regard to data collection, analysis and data comparisons.▪ NEOFACS receives the support of the Northern Psychiatric Outreach Program, which provides on-site psychiatric assessment for clients and ongoing support and training to NEOFACS’ clinical teams.▪ Approximately 90% of children and youth NEOFACS assesses for suicide/self-harm are not admitted to the hospital.▪ Approximately 80% of children and youth served are involved in more than one agency program at a time.
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- All of NEOFACS' clinicians in counselling and therapy services follow the Psychotherapy Act by being a member of CRPO or OCSWSSW.
- All of NEOFACS' CYMH service staff and managers are trained in mandatory ASIST and CPI. NEOFACS has internal capacity to offer the following training: ASIST, CPI, CWP, some OACAS, First Aid/CPR, Indigenous Awareness, and French Language Awareness.
- Service protocols and agreements are in place with multiple community service partners.
- NEOFACS participates in many internal and external committees throughout the Districts.

Service area challenges

- One of the most significant challenges within this service area is its geographic size and the capacity to reach both urban and rural communities in a comprehensive and consistent manner.
 - NEOFACS services the districts of Cochrane and Timiskaming. These districts have a combined population of 111,933 (2016 Census) over a geographic area of 154,550 square kilometers.
 - The population density per square kilometer for Cochrane District is 0.6 and for the District of Timiskaming it is 2.4, whereas the Ontario provincial average is 14.8.
 - In the Cochrane District, 38.4% of 0-19 olds have French as their mother tongue and 20.8% of 0-19-year olds in the District of Timiskaming have French as their mother tongue. The Ontario provincial average is 2.1%.
 - Indigenous children and youth age 0-18 constitute 7.6% of the population in the District of Timiskaming and in the District of Cochrane, Indigenous children and youth constitute 20.5% of the youth population.
- While there is capacity for NEOFACS to provide services in French, the lack of community-based Francophone children's mental health resources is a significant challenge, i.e. lack of psychiatry, psychology, evidenced based French resources etc. It should be noted that NEOFACS does provide evidence-based or informed programming in many service areas despite the lack of French resources.
- The need for Indigenous children's mental health services far exceeds the availability of culturally relevant services.
- While there are rumored to be initiatives and strategies underway which include increased funding for Indigenous CMH services, NEOFACS and its community partners have not received anecdotal nor formal notification of this resourcing. It would be appropriate for NEOFACS as the Lead Agency to reach out to the Indigenous service providers within the Region to confirm their needs.
- The diverse geographic nature of the District results in some service delivery disparity for smaller communities, particularly in regard to complex children's mental health needs.
- The number of communities to be serviced and the variance in population can be challenging when addressing specific children's mental health issues such as services for youth within the LGBTQ community.
- Service access is a challenge when providing service within such a broad geography. It requires youth, families and clinicians to drive significant distances in order to provide or receive service, and the northern-most communities in the region are accessible only by plane. Service access is further complicated during the winter months when travelling is often hazardous. Many communities do not have public transportation which creates additional service barriers.

	<ul style="list-style-type: none"> ▪ There is significant diversity within the Districts and as such there is a need to customize services to address unique needs and at the same time ensure there is consistency and standardization. Ensuring a balance between meeting customized needs and delivering standardized services can be challenging. ▪ While there are many strengths associated with being an integrated agency, there are also inherent challenges. As voiced by youth, families and service partners, the fact that NEOFACS delivers child protection services in addition to children’s mental health services can be perceived as a barrier to accessing services. Despite efforts to minimize concerns for youth, families and community partners, there continues to be a perception that there is a stigma associated with accessing mental health services from an agency who also provides child welfare services and programs.. ▪ NEOFACS is the sole Core Service Provider within the two districts and consequently, there is a need to develop and maintain an accountability structure within the community that ensures services are appropriate, relevant and accessible. Balancing accountability and agency authority may present unique challenges. ▪ Staff recruitment and retention is challenging in a rural and remote environment. This can significantly impact service delivery, in particular service wait times: <ul style="list-style-type: none"> ○ It is often necessary to post positions three and four times when replacing vacant positions and in some situations these efforts are unsuccessful; ○ In many areas within the District, staff must be bilingual which reduces the number of potential applicants; ○ Many new initiatives have resulted in a very competitive hiring market and NEOFACS must compete with other service providers within the community that are perceived to offer more favorable employment terms. ▪ Trainings, which are often offered in Southern Ontario, limit the number of NEOFACS’ participants due to travel and time costs. ▪ NEOFACS strives to offer as many training opportunities as possible, however, offering intensive, in person training for clinicians can be challenging and very costly as trainers often must travel up from distant urban centres. ▪ Certain types of intervention are more difficult to provide because of the sparse population bases spread throughout the region (i.e. group services).
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<p>Service area opportunities</p>	<ul style="list-style-type: none"> ▪ The Lead Agency confirmation and the opportunity to build on current community partner relationships provide numerous opportunities to improve services to children, youth and families within the Cochrane and Timiskaming Districts. The following opportunities flow from the strengths and challenges identified above and reflect planning activities that are currently underway: <ul style="list-style-type: none"> ○ The commitment to a comprehensive stakeholder framework will provide meaningful feedback from youth, families and community partners that will inform the enhancement, modification and development of relevant core and community-based services. ○ A comprehensive mapping of services will provide a solid foundation to address service gaps and service duplication.
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- A review of current service access processes within the context of youth, family and community service partners' feedback will provide an opportunity to modify processes that ensure ease of access and the delivery of the right children's mental health services; at the right time; by the right service provider.
- The review will also afford the opportunity to examine service access processes with a view to addressing stigma, expanding service access mechanisms and improving accessibility.
- The confirmation of the Moving On Mental Health Community Partners' Table will provide an opportunity for further identification of service gaps, service delivery enhancements and modifications. It will also provide for an effective accountability structure.
- Collaborative service planning will afford the opportunity for clear articulation of service needs and the opportunity for informed advocacy by community service providers.
- NEOFACS will have the opportunity to benefit from the experiences to date of the other Northern Lead Agencies.
- The availability of comparable northern data provides an opportunity for informing quality planning and decision making.
- In light of evolving alternative service delivery strategies/methods, there is an opportunity to increase agency use of technology.
- As a result of several engagement activities, there is both a need and an opportunity for additional community education regarding the children's mental health services provided by NEOFACS as a multi-service agency. There may be an opportunity for increased education to stakeholders regarding mental health as a service being provided within the Ministry of Health and Long Term Care.

Gap Analysis

Analysis of Current State versus Need – Core Services

Current state	NEOFACS delivers the 7 core services and two processes as identified in the “Program Guidelines and Requirements #01” (PGR - #01). It is expected that there will be changes to Brief Services in light of anticipated modification of the core service definition. Currently, Brief Services are provided within a walk-in context but also occur post-intake. In addition, the current Brief Services model allows for up to 6 sessions. While there will be a review of Brief Services, significant changes will not be undertaken until the new definition has been finalized. NEOFACS will also be examining its intake process with a focus on reducing stigma, streamlining and confirming an evidence-based screening and assessment tool. Changes within the Brief Services model may result in a reconfiguring of the intake process. Changes to Intensive services in 2017 entailed the closure of a residential program and the realignment of resources to home based residential care. An evaluation of this change will need to be undertaken, which may result in additional modifications.
Future state	In an ideal future state, core services and the delivery of those services will reflect children, youth and families’ needs as defined through a variety of stakeholder processes and client feedback mechanisms. Services will be accessible and include service delivery modalities not currently available (i.e. online/intervention by means of virtual conferencing within a secure format). There will be expanded service access by adjusting and extending service hours. A systematic review of core services will be undertaken and services will be modified to reflect any changes to the PGR definitions. Changes will be undertaken within core services and processes to address identified service gaps and service deficiencies. An updated description of core services that are congruent with the PGR will be completed and shared with key stakeholders.

GAP ANALYSIS					
Current state	Future state	Gap identification (Y/N)	Gap description	Gap solutions/actions	Gap evaluation
<i>List specific and factual attributes in need of improvement in your service area</i>	<i>List specific idealized attributes you would like to see in the future state</i>	<i>Is there a gap between current and future states?</i>	<i>Describe issues/elements/factors that characterize the gap between the current and future state</i>	<i>List <u>all</u> possible solutions, with specific actions, for bridging the gap between the current and future state. These solutions should directly address factors</i>	<i>Identify how you will evaluate the effectiveness/success of your response to this gap</i>

				<i>responsible for the gap.</i>	
<p>General Overview</p> <ul style="list-style-type: none"> Improved service access which includes accessing services online/virtual conferencing and expanded hours of service. 	<p>Features of a future state include: more options for youth and families as to when and where they can access services. This may include virtual conferencing, on-line counselling services, and expansion of services in schools. A future state would include expanded hours of service.</p>	Y	<p>Currently, NEOFACS' offices are not officially open any evening of the week. Clients are seen in the evenings, but those arrangements are made between clients and clinicians. The extensive geography and population density makes it difficult for youth and families to access services in more traditional ways (i.e. office visits). Alternative access methods need to be developed to improve access.</p> <p>Youth report that they would like to see more services within their schools. While some services are provided in some schools, it is not consistent. Access to services within the school depends upon which school board/or school youth attend. Youth also reported that they would like services to be available on the weekend. While clinicians regularly accommodate their clients, the regular offices hours are Monday through Friday, 8:30 AM – 4:30 PM. Traditional hours do not work for many families who work shift work. It should be noted that a Crisis Service is available 24/7, 365 days a year.</p>	<ol style="list-style-type: none"> Management will continue to engage in ongoing discussions with the union executive regarding clients' needs and how current hours of service impact service access. NEOFACS will actively pursue implementation planning related to the delivery of live virtual services technology. NEOFACS will engage in discussions with youth and school board mental health leads regarding expanding services within the schools. NEOFACS will engage in discussions with youth about increased 	<ol style="list-style-type: none"> Confirmation that alternative service delivery methods are available. Youth and family feedback will be gathered through evidenced client satisfaction tools. Youth and family feedback will be sought through other stakeholder strategies (i.e. attending Youth Wellness Hubs, and through existing mechanisms such as The New Mentality groups).

				flexibility of service hours.	
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<ul style="list-style-type: none"> ▪ Youth, families and community partners have identified some service access barriers that need to be examined and solutions sought. Specifically, there is reluctance to access services because NEOFACS as an integrated agency provides child protection services as well as children’s mental health services. This is of particular concern to Indigenous families. Youth identified that in some smaller communities, youth are unwilling to access services due to the lack of “small town confidentiality”. Youth have indicated that the lack of transportation can be a barrier to service. 	<p>Modifications to the intake process would provide direct access to a children’s mental health intake worker. Youth and families would perceive the intake process being completed through a children’s mental health lens. A revised intake process combined with an approach that reflects cultural awareness and competency may assist in reducing perceived stigma.</p> <p>Alternative service access methods (i.e. telephone or virtual conferencing via technology) provide highly confidential service access.</p> <p>Access to service would not be restricted because of transportation issues.</p>	<p style="text-align: center;">Y</p>	<p>NEOFACS intake workers complete both child protection and children’s mental health referrals. While every effort is made to focus on the specific issues identified by the caller, some families have the perception that they are being screened for child protection concerns. Families who are fearful of having child protection intervention are reluctant to seek out services from NEOFACS. This concern has been reported by both community partners and families during stakeholder processes.</p> <p>The confidentiality and transportation concerns raised by youth require additional exploration. A collaborative examination is needed to understand the issues or elements contributing to these gaps.</p> <p>Accessible broadband internet is a potential gap within some communities.</p>	<ol style="list-style-type: none"> 1. Engage families and youth in any change processes associated with modifications to the intake process. 2. Engage Indigenous youth and families regarding their cultural experience when interfacing with NEOFACS to inform the nature of the gaps and how best to address them. 3. Engage youth in a process regarding their concerns pertaining to confidentiality. 4. Determine if transportation is a legitimate service barrier and if so, develop a plan to minimize this issue. 	<ol style="list-style-type: none"> 1. Track service access and determine if there is a change in the number of Indigenous youth and families accessing services through NEOFACS. 2. A client feedback satisfaction methodology will capture youth and families’ perception regarding access and cultural responsiveness. 3. Stakeholder processes pertaining to issues of confidentiality will be documented and action plans will be prepared and implemented as needed.
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<ul style="list-style-type: none"> ▪ As noted earlier, in the Cochrane District, 38.4% of 0-19 year olds have French as their mother tongue and 20.8% of 0-19 year olds in the District of Timiskaming have French as their mother tongue. The Ontario provincial average is 2.1%. Francophone and bilingual clinicians provide services in French, however different treatment modalities present challenges (i.e. group service intervention for both youth and families). Variances in the number of group participants available result in some groups being cancelled due to an insufficient number of participants. Certain assessment tools or clinical resources are not available in French. This is particularly problematic when evidence-based programs or resources are being applied. Moreover, it has been identified that there is a lack of access to specialized assessments (psychiatry, psychology) in French. 	<p>In a future state, Francophone groups will not be cancelled. However, it might not be possible to have everyone in the same room/same location and other service delivery approaches may need to be utilized, for example offering a virtual group experience.</p> <p>Through collaborative advocacy, NEOFACS and their community partners are able to access relevant Francophone resources.</p>	<p style="text-align: center;">Y</p>	<p>The gap is due to a lack of available Francophone resources.</p> <p>The variance in Francophone group participant numbers prevents certain groups from proceeding. If participants are expected to come to a central place to attend a group, there may be insufficient numbers to operate the group.</p> <p>There is a lack of French Psychiatrists and Psychologists to offer assessment to children and youth in the Districts of Cochrane and Timiskaming.</p>	<ol style="list-style-type: none"> 1. In collaboration with community partners, develop an advocacy strategy for obtaining relevant and necessary Francophone resources. 2. Pursue alternative service delivery options so Francophone youth and family groups occur on a consistent basis. In addition to using technology, collaboration with school boards regarding the delivery of youth Francophone groups needs to be pursued. 3. Explore alternative avenues and new partnerships in order to facilitate specialized MH assessments in French. 	<ol style="list-style-type: none"> 1. Stakeholders report an increase in Francophone services. 2. Clinicians report an increase in the availability of Francophone resources. 3. Youth and families report an improvement in ease of accessing Francophone services (i.e. through completion of satisfaction survey). 4. French psychiatric and psychological assessments are easily accessible and in a timely manner.
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<p>NEOFACS services may or may not be aligned with its population profile. There have been changes within the Districts' population profile within the last few years. An assessment and analysis should be undertaken to determine if service provision is aligned with the community profile.</p>	<p>In a future state, NEOFACS can confidently communicate that their services are aligned with its community profile and, if not, planning is underway to address any discrepancies.</p>	<p>Need To Determine</p>	<p>NEOACS has not undertaken a recent examination of the Districts' population profiles and compared those profiles to the services being delivered with respect to youth and family ethnicity, culture and language.</p>	<ol style="list-style-type: none"> 1. Complete population profile. 2. Analyze current service delivery to determine alignment with population profile. 3. Develop a plan to address any gaps or service relevancy issues. 	<ol style="list-style-type: none"> 1. There is evidence of a completed population profile and analysis of service alignment with the population. 2. An action plan is developed to address any gaps or discrepancies. 3. A plan for ongoing monitoring of service alignment is in place and is being implemented.
<ul style="list-style-type: none"> ▪ NEOFACS completed a core services summary 2016/2017 in collaboration with the third-party consultants. A revised description of available services and the articulation of service pathways are needed. 	<p>A comprehensive service mapping process has been undertaken. Service gaps, duplications and cumbersome service pathways have been appropriately adjusted. Youth, families and community partners have a good and accurate understanding of what services are provided and how they are accessed.</p>	<p>Y</p>	<p>The previously prepared core service summary is not current. This creates information gaps for youth, families and community partners.</p> <p>A current service landscape and pathways description will assist with the identification of service gaps and duplications and will provide clarity for service users and referral sources.</p>	<ol style="list-style-type: none"> 1. Complete service mapping process, including the articulation of service pathways. 2. Undertake the mapping in collaboration with community partners. The final service mapping results will be shared with key stakeholders. 3. Develop a communication plan designed to inform youth and families about what services are available and how they are accessed. 	<ol style="list-style-type: none"> 1. A completed service mapping process and articulation of service pathways provides a foundation for discussion and collaboration with community partners regarding service gaps, duplications and service barriers. 2. Youth and families report increased knowledge regarding available services and how to access them.

<p>Brief Services</p> <p>A review and modification of brief services and the intake process is needed. A brief services model needs to be re-defined and linkage between brief services and intake streamlined. Within the current model, some single session services are accessed outside of the intake process while other brief services (single session) are received post intake. Clients may receive up to 6 brief service sessions. The intent of brief services is to provide quick and easily accessible service. The availability of brief services is not consistent throughout the Districts.</p>	<p>In an ideal state, a brief services model would be concurrent with the PGR brief services definition and structured in a manner consistent with the service intent.</p> <p>Brief services are available throughout the Districts and accessed through a variety of different mediums (i.e. walk in, virtual conferencing, telephone conferencing etc.)</p>	<p>Y</p>	<p>The current delivery of walk in and single session intervention has not been clearly defined within a brief services model. It is anticipated that the current brief services approach will not be congruent with the PGR new definition (i.e. currently up to 6 sessions are available and single session is required after an intake has been completed, before brief services begin).</p>	<ol style="list-style-type: none"> 1. Within a collaborative framework, articulate a brief service model that includes service delivery components (i.e. walk in, scheduled walk in, number of sessions, modality, methods for accessing services etc.) 2. The model includes articulation of linkage with intake and avoidance of duplication of effort when determining need for ongoing service. 3. The model will include the identification of all relevant data elements to be collected and methods for collection. 4. The method for securing client satisfaction feedback will be 	<ol style="list-style-type: none"> 1. Youth and families report brief service intervention to be helpful and effective. 2. Youth and families report that brief services are accessible throughout the Districts. 3. The brief services model assists in streamlining services (i.e. youth and families most in need of service are linked with those services as quickly as possible).
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				clearly articulated within the model.	
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Analysis of Current State versus Need – Community Mental Health

Current state	<p>The Cochrane-Timiskaming region encompasses the second-largest region in Ontario. It is a primarily rural region, a portion of which is remote and accessible only by air (Moosonee-James Bay). With the exception of Moosonee, the driving distance from one end of the region to the other is approximately six hours. The vast geography and sparse population bases spread throughout the region challenges service providers to situate services that are within reasonable proximity to many of those in need. There are too few mental health services spread across the region – services that cannot adequately meet the needs of an increasingly diverse population. The cultural and linguistic diversity within the region – a mixture of French Canadian (38%), First Nation, Metis, and urban Indigenous (10%), and immigrant/refugee (growing) – is distinct from the rest of the province.</p> <p>In addition to mental health services provided by one core service agency (NEOFACS), there is an array of small organizations including hospitals, schools, community agencies and professionals in private practice. Most of the providers of services within these organizations do excellent work however they work in relative isolation from one another, which can pose serious impediments to both access and quality (continuity of service in particular).</p> <p>Knowing where to go for help, who offers what services and to whom (target population), and then accessing help in a timely manner can be very challenging for children, youth and families in need of mental health services. Transitioning from one service provider to another when someone is already involved with mental health services also presents challenges as the transition process and dearth of services often results in service recipients remaining in a state of limbo and in some cases falling through the cracks.</p> <p>There is a need for accessible and responsive mental health services for children, youth and families that are congruent with their cultural, linguistic and geographic circumstances, and, for the coordination and collaboration of these services.</p>
Future state	<p>An ideal future is one where mental health services for children, youth and families are culturally congruent and provided in their mother tongue; within reasonable proximity of where they carry out their day-to-day lives; available and accessible at times when those in need of services require them most; coordinated in a manner that allows for seamless transition from one service type to another; and, articulated in a manner that allows for those in need to quickly identify where they can go to get what they need (ease of access).</p>

GAP ANALYSIS

Current state	Future state	Gap identification (Y/N)	Gap description	Gap solutions/actions	Gap evaluation
<i>List specific and factual attributes in need of improvement in your service area</i>	<i>List specific idealized attributes you would like to see in the future state</i>	<i>Is there a gap between current and future states?</i>	<i>Describe issues/elements/factors that characterize the gap between the current and future state</i>	<i>List <u>all</u> possible solutions, with specific actions, for bridging the gap between the current and future state. These solutions should directly address factors responsible for the gap.</i>	<i>Identify how you will evaluate the effectiveness/success of your response to this gap</i>
<ul style="list-style-type: none"> • Increased access to and availability of culturally and linguistically congruent services available where and when these are needed most. • Articulation of who provides what services to who (by age in particular) is needed. Some organizations provide services to individuals 16 years of age and older, however it is 	<ul style="list-style-type: none"> • Services provided in the mother tongue of the service recipients and within reasonable proximity of where service recipients reside. • Visible partnerships between service providers that address identified service gaps. • Services are provided that acknowledge and build on the cultural 	<p style="text-align: center;">Yes</p>	<ul style="list-style-type: none"> • There is limited availability of services in the mother tongue of some of those in need. This compromises engagement, comprehension, retention, and ultimately the desired outcomes. • Those in need of services will go to those service providers they believe to be most aligned with their cultural and linguistic needs. • There is limited availability of and accessibility to services where and when these are most needed (evenings and weekends). • There is the potential for partnerships between organizations that could result in the provision of mental health services for sectors of the harder-to- 	<ul style="list-style-type: none"> • Establishment of mental health service hubs within proximity of target population bases. • Built-in mechanisms to facilitate transportation to/from services where and when needed. • Increased funding for services that are congruent with the linguistic and cultural needs of the target population. • Increased funding to Indigenous service providers to allow for expansion and provision of services that are congruent with the 	<ul style="list-style-type: none"> • Youth and family feedback will be gathered through evidence-based client satisfaction tools. These tools will capture children, youth and families’ perceptions regarding access and cultural and linguistic responsiveness. • Children, youth and families report increased knowledge regarding available services and how to access them. • An increase in service utilization by targeted groups will be reported by service providers. • Mental health services for Indigenous children, youth and families are promoted and a broad

<p>not widely known that this includes youth ages 16 and older. The perception is that these organizations provide services to adults only when in fact they do offer services to youth.</p>	<p>heritage of the Indigenous population in need. This may involve the inclusion of natural and professional Indigenous service providers.</p> <ul style="list-style-type: none"> • Services are available and can be accessed in-person (in or outside of the office setting), on-line and via video conferencing. • Services are available outside of the regular 8:30 to 4:30 work week when children youth and families are less likely to have other commitments that may impede their ability to access services. 		<p>reach target population (i.e. the LGBTQ youth).</p> <ul style="list-style-type: none"> • Those organizations providing services perceived to target only adults are not widely advertising available services to youth 16 to 18 years of age, in large part because of limited resource capacity to serve this target group. 	<p>needs of this target population.</p> <ul style="list-style-type: none"> • Updated mapping of services will provide a solid foundation to address service gaps and service duplication. • Creation of a directory of mental health services by town and by region will tell those in need where they can go for services. Currently no such directory exists. • Collaboration in the development of the directory by mental health service providers in the region will allow for information sharing and distribution in a variety of ways (i.e. online, hard copy distribution, social media, etc.) 	<p>range of stakeholders report awareness of these services.</p> <ul style="list-style-type: none"> • A Directory is in circulation both in hard copy and online. • The Cochrane - Timiskaming MOMH for Children, Youth and Families Planning Table is an active participant in the development of the Directory.
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	<ul style="list-style-type: none"> • Services are available at locations that are perceived as inviting, engaging and non-threatening. 				
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Previously Identified Priorities

Please document previously identified priorities both at the core service and service area levels and the current status of each. For priorities that were not completed, please provide comments regarding any challenges or current plan to address.

Background Information

In July 2018, NEOFACS was confirmed as the Lead Agency for the Districts of Cochrane and Timiskaming. Prior to the confirmation, a process led by third party consultants was undertaken within the Districts of Cochrane and Timiskaming.

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 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.

In April 2017, third party consultants submitted a work plan to the North Regional office to develop and finalize the 2016/2017 – Cochrane/Timiskaming Community Mental Health Plan. The workplan was approved in September 2017 by the Ministry of Children and Youth Services.

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 Districts regarding community mental health planning;
- To coordinate and develop a child and youth mental health Community Mental Health Report with community partners; and,
- To work 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 engage First Nations communities in the process. This direction was provided by MCYS in light of the parallel consultation process 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 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 provider interviews 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, 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.

The following previously identified priorities flow from the process described above.

Priority	Included in Which Plan?	Status	Comments
	<p><i>Core Service Plan?</i></p> <p><i>Community Mental Health Plan?</i></p> <p><i>Both?</i></p>	<p><i>Completed</i></p> <p><i>Ongoing (carrying over into new plans)</i></p> <p><i>Not completed but no longer a priority</i></p>	<p>The Cochrane Timiskaming MOMH for Children, Youth and Families Planning Table recently convened. The Terms of Reference were finalized and the next four meetings scheduled. The Planning Table participants will be developing a plan to address these priorities throughout 2019/2020.</p>
1. Cultural Responsiveness, Cultural Congruence and Cultural Sensitivity Services and Service Delivery.	Community Mental Health Plan	Ongoing	
2. Person Centred Services/Wrap around the client (meet client when it works for them, where, when, etc.)	Community Mental Health Plan	Ongoing	
3. Engagement of Children, Youth, Parents/Caregivers	Community Mental Health Plan	Ongoing	<p>Planning Table members will contribute to NEOFACS stakeholder strategic planning as outlined in their Lead Agency System Management Capacity Building Plan.</p> <p>The addition of youth and parent advisors or ambassadors to the agency's Board of Governors will further enhance engagement with target population groups.</p>

4. Increase Awareness / Acceptance / Reduce Stigma [with respect to mental health / mental health issues].	Community Mental Health Plan	Ongoing	
5. Inclusiveness/Linkages/Partnerships: creating a foundation for collaboration.	Community Mental Health Plan	Ongoing	The Planning Table has reaffirmed the various Planning Table committees and mechanisms throughout the Districts and has developed a plan to ensure effective linkage between various District Planning Tables and the Cochrane Timiskaming MOMH For Children, Youth and Families Planning Table.

Priority	Included in Which Plan?	Status	Comment
As noted in the background document, service priorities were not identified as a Lead Agency had not yet been confirmed. The following are issues that require attention as identified through the community mental health engagement processes. NEOFACS was an active participant in all of the processes.			NEOFACS has addressed the identified areas in their Lead Agency Capacity Building Plan. Planning activities will be identified in the Current Priorities and Multi-Year Service Area Action Plan sections of this report.
1. Service Access – the centralized intake model at NEOFACS is perceived as a barrier by some youth and families seeking services. In addition, some youth, families and community partners have expressed concern that the initial response to those seeking services is being seen through a child protection lens.	Core Service Plan		
2. There is a need to expand access to Francophone services.	Core Service Plan		

<p>3. There is a need to examine the hours of operation within which services are currently being provided. The current hours are not consistent with youth and family requirements and needs.</p>	<p>Core Service Plan</p>		
<p>4. Need for more outreach to families – methodology of service intervention and delivery is not necessarily what youth and families want.</p>	<p>Core Service Plan</p>		

<p>Improving Service Access and Reducing Service Barriers</p>	<p>Description</p> <p>In response to youth, families and community service partners, address identified concerns including: perceived stigma when accessing mental health services through NEOFACS, hours of operation, modalities for accessing services.</p>	<p>Desired Outcomes</p> <ul style="list-style-type: none"> ▪ Increase in the number of Indigenous youth and families accessing NEOFACS services ▪ Reports of concern regarding stigma are reduced ▪ Indigenous youth and families experience and receive culturally responsive service ▪ Youth and families access services via alternative methods such as: <ul style="list-style-type: none"> ○ OTN ○ On-line counselling ○ Telephone conferencing ▪ Youth and families experience increased flexibility when accessing services (i.e. outside of regular office hours) ▪ Identified service barriers are addressed 	<p>Year 1 - Stakeholder and engagement process undertaken</p> <p>Year 2 - Implementation of identified solutions</p> <p>Year 3 - Evaluation and modification</p>
<p>Stakeholder Engagement Strategy</p>	<p>Description</p> <p>In collaboration with youth, families and community partners, develop and implement a sustainable and effective engagement strategy. Building on previous engagement experience, develop a stakeholder framework that reflects engagement practices that are authentic, sustainable and transparent.</p>	<p>Desired Outcomes</p> <ul style="list-style-type: none"> ▪ The engagement framework will be aligned with <i>Moving on Mental Health</i> for all CYMH engagement expectations; the framework will be evidence-informed and will reflect planned and thoughtful processes. ▪ The stakeholder engagement strategy will utilize existing mechanisms, expand others and develop new engagement approaches. ▪ The implementation of an effective stakeholder engagement framework will increase accountability, improve service response and foster the development of stronger community partnerships. ▪ An effective stakeholder engagement strategy will establish a solid foundation for effective stewardship. ▪ A comprehensive stakeholder engagement strategy will support successful leadership practices. Planning and decision making will be 	<p>Year 1 – Stakeholder Strategy Development</p> <p>Year 2 – Implementation</p> <p>Year 3 – Evaluation and refinement and/or modification.</p>

		informed by youth, family and community partners.	
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Community Mental Health Priorities

From the goals identified above, please list *up to three* priorities aimed at addressing community mental health gaps in the table below.

Priorities	Description	Objectives/Targets	Timelines (1, 2 or 3)
Mental health services that are responsive to and congruent with the cultural and linguistic needs of the target population.	<p>Mental health services that are responsive to and congruent with the cultural and linguistic needs of the target populations as evidenced by the utilization of natural and professional service providers, the establishment of land-based healing or therapeutic centres throughout the region.</p> <p>Timmins, Cochrane, and Kirkland Lake are major hubs for Indigenous populations that have intentionally relocated or have been displaced due to natural disasters (i.e. flooding, forest fires, etc.). There is a dearth of mental health services for Indigenous, Metis and Urban Indigenous target groups in these hubs.</p> <p>There is capacity throughout the region to provide mental health services for the Francophone target groups however organizations providing these are under resourced.</p>	<p>Collaboration between service providers and mutual advocacy for required services across cultural and linguistic boundaries.</p> <p>Establishment of services/programs that are a cultural and linguistic 'fit'.</p> <p>Established hubs or centres that can respond to the mental health needs of children, youth and families that have relocated and/or been displaced. Crisis intervention must be a component of the response.</p> <p>Expanded services and development of tools/resources that meet the cultural and linguistic needs of the Francophone target population.</p>	<p>Year 1: Development of a strategy for advocacy.</p> <p>Year 2 and 3: Implementation of the advocacy strategy.</p> <p>Year 1: Development of a strategy.</p> <p>Year 2 and 3: Implementation of the service delivery strategy.</p> <p>Year 3: Evaluation of utilization.</p> <p>Year 1: Develop plan.</p> <p>Years 2 and 3: Implement the plan.</p>

Priorities	Description	Objectives/Targets	Timelines (1, 2 or 3)
<p>Person Centred Services / wraparound: services that are available when and where it works best for children, youth and families.</p>	<p>Provision of services at times and locations that are congruent with clients' needs.</p>	<p>Mental health services for children, youth and families at locations that are convenient, comfortable and respectful of the need for privacy, offered when clients are most in need and at times that work first and foremost with the client's schedule in order to increase access and availability.</p>	<p>Year 1: Develop a delivery strategy.</p> <p>Years 2 and 3: Implement strategy.</p>
<p>Inclusiveness, linkages and partnerships creating a foundation for collaboration.</p>	<p>Increased awareness within the mental health services sector of who does what, and both formal and informal linkages that provide opportunities for collaboration.</p>	<p>Cross-cultural representation at the Cochrane-Timiskaming MOMH for Children, Youth and Families Planning Table.</p> <p>Creation of a cross-cultural and multi-lingual mental health services directory.</p> <p>Cross cultural mental health awareness and education.</p>	<p>Year 1: Engage, invite, and retain partners.</p> <p>Year 1-2: Collaboration on Evaluation and refinement and/or modification.</p> <p>Year 1: Collaboration on the development of an awareness program that includes an annual collaborative rollout</p>

Multi-Year Service Area Action Plan

NEOFACS submitted a System Management Capacity Building Plan in July 2018 following confirmation of their Lead Agency status. The following description of Multi-Year Service Planning includes the previously noted priorities and additional service priorities within the following capacity building categories:

- Leadership
- Planning
- Service Delivery and Program Alignment
- Performance Management

Action Plan Template

Priority	Most responsible person (MRP)	Team	Deliverable(s)	Timeline(s)
CORE SERVICE PRIORITIES				
Leadership				
1. Development of a detailed stakeholder engagement strategy.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	In collaboration with stakeholders' defined goals, scope and accountability structure for a stakeholder engagement strategy and related operational processes.	Year 1 - Strategy development Year 2 – Partial implementation Year 3 – Full implementation & review, evaluate and revise as needed
2. Confirmation of a data collection and quality assurance framework.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	<ol style="list-style-type: none"> 1. Defined data elements and confirmed data collection processes and procedures. 2. Completed assessment of agency system capacity readiness. 3. Identification of system capacity issues and prepare a plan to address limitations. 4. Enhancement of IT support. 5. An effective collection and quality assurance framework structure is operating at full capacity. 	Year 1 and 2 Year 3

3. Internal capacity to support Lead Agency activities.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	<ol style="list-style-type: none"> 1. Hiring of Lead Agency MOMH Supervisor. 2. Confirm internal team membership. 3. Approved Terms of Reference for internal project team. 	<p>Year 1</p> <p>Role of the Internal Project Team will be evaluated after one year and modifications undertaken if warranted.</p>
Planning				
1. Confirm Cochrane Timiskaming MOMH For Children, Youth and Families Planning Table.	MOMH Lead Agency Supervisor	Planning Table Membership	<ol style="list-style-type: none"> 1. Confirm membership. 2. Finalize Terms of Reference. 3. Confirm Planning Table priorities. 4. Develop an action plan to address priorities. 	Year 1
2. Service re-mapping of core services/ processes and service access pathways.	MOMH Lead Agency Supervisor	CMH supervisors	<ol style="list-style-type: none"> 1. Develop a plan for the re-mapping of each core service and two processes including pathways to service. 2. Revise the core service summary as outlined in the C2016/2017 CSDR. 3. Identify service gaps and service barriers. 4. Develop a plan to address service gaps and barriers. 5. Implement required change. 6. Revise existing protocols if necessary and prepare new protocols where needed. 	<p>Year 1</p> <p>Year 1</p> <p>Year 1 and 2</p> <p>Year 2 and 3</p> <p>Year 1 and 2</p>

Service Delivery and Program Alignment				
1. Address concerns expressed over the centralized intake model currently in place at NEOFACS.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	1. Project Team, in collaboration with stakeholders, will examine and determine how intake process could be modified to reduce real or perceived barriers to accessing service.	Year 1 – Examination Year 2 – Implementation Year 3 – Evaluation and modification if necessary
2. Address Francophone resource/service gaps.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team & community service providers	1. Assessment of service gaps pertaining to the delivery of Francophone services – both within NEOFACS and the broader community. 2. Develop a plan to address gaps.	Year 1 – Assessment and plan development Year 2 and Year 3 – fill gaps in service
3. Expand and enhance service access.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	1. Examine the hours of operation within which services are currently being provided with a view to expanded hours of service. 2. Improve outreach to families through the expansion of alternative service methods. 3. Address other identified barriers (i.e. transportation).	Year 1 – Examination and plan development Year 2 – Implementation Year 3 – Review and modification
4. Confirm a screening and assessment tool.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	1. Identify potential tools. 2. Reach out to other CMH providers regarding their experience with various screening and assessment tools. 3. Determine which tool best meets the needs of children and youth and can be effectively supported by NEOFACS' information management system. 4. Confirm a screening and assessment tool.	Year 1 – Study existing tools and gather relevant information. Year 1 – Confirm the screening and assessment tool. Year 2 – Begin the implementation process. Year 3 – Continue with implementation process.

Performance Management				
Ensure a strategy is in place to evaluate performance.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	<ol style="list-style-type: none"> 1. Work at a Provincial level on Business Intelligence Solutions initiative (i.e. collection and reporting of data). 2. Share information and ensure it is available to those responsible for service planning at an agency and community level. 	<p>Year 1 – Confirming the strategy and framework.</p> <p>Year 2 and 3 focused on implementation and data sharing.</p>
Ensure a framework and process is in place to receive feedback from children, youth, families and community partners.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	<ol style="list-style-type: none"> 1. Develop a stakeholder engagement strategy (previously noted). 2. Implement the pilot for OPOC (<i>Ontario Perception of Care Tool</i> for Mental Health and Addictions). 3. Determine if this is an effective tool for gathering feedback on the quality of care/service received. If so, implement as appropriate. 	<p>Year 1 – Develop strategy.</p> <p>Year 1: OPOC pilot.</p> <p>Year 2 and 3: continue OPOC if deemed effective/appropriate.</p>
Ensure measurement and outcome tools are in place.	MOMH Lead Agency Supervisor	NEOFACS' MOMH Lead Agency Project Team	In collaboration with the Planning Table members, review current outcome tools and determine if new or additional tools could/should be implemented.	<p>Year 1 – Research tools available.</p> <p>Year 2 and 3 – Determine which tool meets the needs. Implementation of tool(s).</p>