Quality Improvement Report 2017

Annual Report for January 1st, 2017 – December 31st, 2017

Prepared by: Amanda MacDonald, Quality Improvement Manager
In consultation with the Quality Assurance Committee

Shared with Management Team March 15th, 2018
Presented to HPC Board of Directors March 22nd, 2018 for acceptance

Executive Summary:

The Quality Improvement Report for 2017 has been prepared using the current policy as a framework. The Quality Improvement Committee remains committed to finalizing the development of a new framework to measure against our definition of quality:

Quality is the degree of excellence related to all aspects of agency functioning as reflected in our Mission Statement. This includes, but is not limited to, overall child, youth and/or family experience; treatment provision delivered by a skilled and competent multidisciplinary team; strong collaborative relationships with community partners and a learning environment that cultivates innovation and evidence-informed practice that leads to positive outcomes. In addition, quality will be maintained through effective use and reporting of public funds and in compliance with accreditation standards.

I am proud to share growth in our capacity and ability to use data and client and community feedback to assist us in striving for excellence in our clinical work. On behalf of the Quality Improvement Committee, I challenge the Centre once again to reflect on all progress made, continue to act on recommendations from our stakeholders, and celebrate the ongoing accomplishments our team and families have made so that 2018 will be even better.

~ Amanda MacDonald, Quality Improvement Manager

Huron-Perth Centre Quality Improvement & Continuous Improvement Policy (slated for revision in 2018).

The Centre will maintain a commitment to the quality of services provided to the community through a variety of processes to promote continuous improvement.

The CEO will ensure that there are defined processes to promote quality, improvement and address any issues of quality that may be identified.

A Quality Improvement Report will be provided to the Board annually and is based on the calendar year. It will include a summary of all quality improvement activities, consumer feedback, community communication strategies, complaints and/or serious occurrences, performance evaluation information, progress on recommendations made for 2017 and recommendations for future actions. The Quality Improvement Report for 2018, will have a new look, consisting of a quarterly "report cards", completed in a dashboard format for easy reference. This will provide stakeholders a "snapshot" of how HPC is measuring up against selected quality indicators. **See Appendix A - Quality Improvement Plan.**

The following information provides a summary of Quality Improvement activities that occurred in 2017 as per policy and offers recommendations for 2018.

Ongoing Internal Quality Improvement Processes:

1. **Quality Improvement Committee (QIC)**
   Formerly known as the Quality Assurance Committee, this committee oversees various activities related to continuous improvement and documents any actions taken that relate to Quality Improvement activities, whether they are led by QIC or externally driven by other opportunities to conduct various activities related to quality.

   In 2017, the Quality Improvement Committee met on the following dates: March 28, June 19, July 26, September 26, October 31 and November 28, 2017. The Centre for Excellence played an integral role for the HPC in 2017, offering consultation and training to the Quality Improvement Committee and staff at the Centre. One of the most significant consultations with the Centre for Excellence led the Quality Improvement Committee in the development of a Quality Plan for 2018-2019, including a plan for measurement of the selected indicators. Next steps will include the development of revised procedures to align with the new definition and a communication plan to support to implementation of the Quality Plan.

   QIC Membership:
   - Amanda MacDonald, Huron Counsellor, QIC Manager/QIC Chair
   - Terri Sparling, CEO
   - Cheryl Priestap, IT Support
   - Rosemary Nicholson, Huron-Perth Counsellor
   - Jill Carter, Perth Counsellor

- Mary McInnes, Perth Counsellor
- Michelle Evans, Executive Assistant
- Shirley Brooker, Perth Counsellor
- Julie Webster-Waldie, Huron-Perth Child and Youth Worker (maternity leave 2017)
- Cathy Graham, Huron Clinical Services Manager
- Jennifer Azzano, Perth Clinical Services Manager
- Val Millson, Clinical Services Manager for Partnerships & Protocols

2. **Consumer Feedback**
   a. Client Satisfaction Questionnaires – summary of data received from clients when exiting services and/or HPC Groups.

   A continued focus for improvement has been to increase the number of surveys received. In 2016, the Huron and Perth offices received a combined total of 149 Satisfaction Surveys, Timely Access Surveys and testimonials that were from the following programs: Drop-In, Counselling and Therapy, Timely Access, Renascence, Delta, Youth Justice Committee, School-Based Youth Outreach, and Co-ordinated Clinical Supports for Children in Care.

   In 2017, the Huron and Perth offices received a combined total of 153 surveys from the following program: Drop-In, Counselling and Therapy, Timely Access, Renascence, Youth Justice Committee, School-Based Youth Outreach, and Co-ordinated Clinical Supports for Children in Care. Please note Delta testimonials were not completed because of staff time constraints. As well there was less group programming offered in 2017, hence no surveys specific to group services.

   Several services are required by the funder to participate in a client satisfaction process that is external to the Centre, including the VAW program and Youth Justice Services. The expectation is for 100% client participation.

   The VAW program facilitator's received 6 of the 7 mandatory surveys from participants. Each of the women received a Tim Horton's gift card upon completion of the survey and the member that wasn't present for the meeting, would have been provided an opportunity to complete the survey at a later date. Some action continues to be required to increase response rates for the Youth Justice Services funded by the MCYS-YJ. Centre staff continues to be aware of the importance of completing these surveys with their clients, and made efforts to have youth complete them at the time of closure.

   Overall, we continue to see an increase in response rates and the team is always looking for ways to improve in this area. In 2017, the team created and implemented the File Action Checklist when we moved to the electronic file, which helps to ensure consistency in the process of sending out surveys to individuals and families. **See Appendix B - File Action Checklist.**

Results from our Client Satisfaction Survey for 2017:

- Fast response time
- Caring, competent staff
- Great place to be able to ask questions and have questions answered, have someone listen
- Services/ staff are helpful
- Staff is non-judgmental
- Lack of local resources
- Waiting to hear back/ feel like difficult to get hold of someone- communication issues re: starting services, leaving voicemails that aren't returned, calls that aren't answered
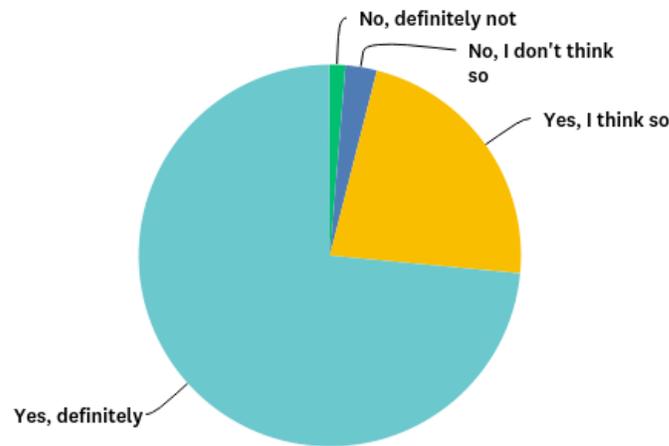- Accessibility of services (wait times/ transition to adult services external to the Centre)

Q5 How would you rate the quality of service you have received?
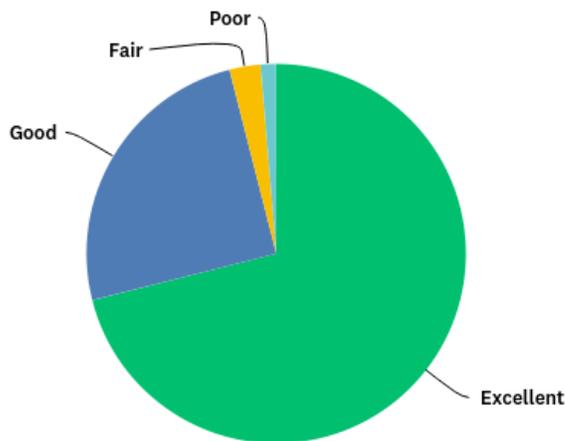
Q8 Have the services you received helped you to deal more effectively with your situation?
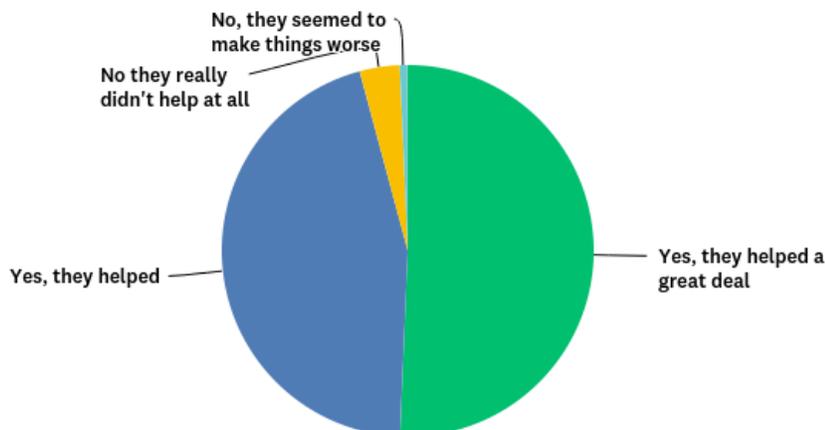
Q10 If you needed help again, would you come back to the Huron-Perth Centre?

Results from our Timely Access Survey for 2017:

36 respondents completed the Timely Access client survey in 2017. Respondents reported the following:

- They knew what next steps for service were
- They would recommend Timely Access service to others
- Service were offered in a timely manner
- Service was helpful, was received without a wait, and that they were grateful to have the option of coming back for more services if needed at a later date.

Appendix C - Timely Access Performance Management Project Report.

b) Parent/Caregiver Survey - In addition to internal consumer feedback surveys the Huron-Perth Centre in its role as Lead Agency worked with the Huron Perth Child & Youth Network to develop a parent/caregiver survey to seek feedback on experiences with the service system within our two county area. The survey was developed in consultation with the Centre of Excellence and Parents for Children's Mental Health Parent Regional Lead with assistance from several community partners. The survey was launched Oct 16 and based on parent concerns on one question the survey was revised and re-launched in November 2017. The survey closed December 8, 2017 with 251 respondents. The Network is now moving to analyse responses and the results will be reported out via the Centre's website as well as through the Network. What is clear is that parents who have been less satisfied with services within our area (from a range of sectors) felt more comfortable providing comment through this anonymous broader survey. It will be important to use this information to identify areas for improvement as this comes from service experience. It is also hoped that

through this survey will result in formalizing an ongoing means of parent/family engagement in service planning and quality improvement work.
Appendix D – Parent/ Caregiver Survey.

b. **The role of EMHware Data Management System in tracking positive service experiences and outcomes as a measure of client feedback**

   EMHware is the client database that collects all data for internal use as well as for Ministry reporting. As indicated in 2016, one important feature of this database is the mandatory collection of outcome data for Core MCYS services from the caregiver/youth and clinical perspectives. In 2017, a total of 535 cases were closed at the Huron-Perth Centre.

   1. 387 Caregivers/Youth reported having a positive experience with the service system at case closure
   2. 305 Caregivers/Youth reported having positive outcomes at case closure
   3. 264 Clinical staff reported that Children/Youth demonstrated positive outcomes

   As indicated in the 2016 Quality Assurance report, the change in the process for data entry and the inclusion of the Ministry related questions on HPC's clinical records have provided consistency to the practice of completion of these mandatory questions for staff upon closing a client file.

   In 2017, the new File Action Checklist was developed as the agency began shifting to an electronic file format. The inclusion of the ministry questions were added to this form and upon case closing, the clinical staff working with the client/caregiver will check off whether the client/caregiver has indicated having positive outcomes after treatment or a positive experience with the service system. Clinician's will also indicate from their perspective whether the client has demonstrated positive outcomes.

   HPC will continue to monitor this practice, provide ongoing education to staff on ministry definitions and continue to look for ways to enhance this practice to ensure ministry questions are being completed consistently and with integrity.

3. **Community Communication Strategies**

   The Quality Improvement Committee sent a community survey to 140 of our community partners. Partners including providers in Health, Education, Child Welfare, Probation/Youth Justice, Social Services and various other unique referral sources. Of the 140 surveys sent out, we received 28 responses back.

   Several positive and negative themes were identified in the community survey, which was shared with the management team, QIC and staff at the Centre. The management team and QIC decided to focus on the challenging feedback, which included: perception of long waiting lists/period, accessibility, communication with collateral and clients and limited services. A detailed plan was developed in effort to address areas of concerns. The plan included sending a

letter to our partners thanking them for their feedback, reaching out to specific partners for a more individualized response, an offering to meet with collaterals individually to provide clarity around HPC services and get a clearer understanding of any concerns that were identified. A detailed plan was crafted and sent to staff and community partners. **Please see Appendix E.**

Timely Access – Performance Measurement Project

During the last calendar year (January 1, 2017 thru December 31, 2017), approximately 600 individuals and families received service through the Timely Access (TA) Service. HPC continues to be proud of the successful program launch in 2015, and continues streamline processes to ensure goals of the service are consistently met. It is noted that a significant service challenge is managing within finite resources as there is a need for staffing levels that are sufficient to manage the volume of calls consistent with the goals. As part of the budget submission process the Management Team shifted some staff time from Counselling & Therapy in order to bolster staffing levels for Timely Access.

 The performance measurement pilot project was developed in collaboration with the Centre for Excellence to provide a "snap shot" of how well the Timely Access Service is meeting its stated goals. For each of the six core goals of the Timely Access service, an indicator was identified to measure performance.   The goals, indicators and results for 2017 are listed in Appendix C.

4. **Complaints and/or Serious Occurrences**
    In 2017, there was 1 Serious Occurrence Report, and no formal complaints filed against the HPC. The Management Team did receive some informal complaints, regarding collaboration challenges, response times from staff and inconsistent service responses. Corrective actions were made to appropriately address client concerns with the counsellors involved.

5. **Performance Evaluation**
    a) Annual Performance Evaluation
        The management team, have successfully completed all overdue performance reviews (PR's) with their designated staff group. At this time, managers endeavor to complete the written component of the PR's and hope to have them completed by March 31, 2018.

6. **File Audits**
    The completion of file audits occurred in 2017. 10% of all open files were reviewed electronically and/or via hard copy.   This review was more challenging as it occurred during the change to a fully electronic record. Several files were in a "hybrid" state with some file content in the hard copy and the balance contained within the Client Information System (EMHware).

    Each staff received a list of files that were audited and audit forms were uploaded to EMHware for their review. The Management Team, received a hard copy of the file audit form, and the Management Team endeavoured to meet with staff individually to review forms together and

create an individualized plan to address any corrective actions required to ensure compliance to our internal procedure.

As a result of the File Audit, key issues were identified and recommendations have been provided to management.

Key Issues Identified from File Audit
1. Lack of documentation on Intake face sheet
2. Treatment Service Agreement not completed in its entirety
3. Lack of clear evidence of current consents in file
4. Non-compliance with agency policy RE: recording standards and time frames

Progress on Recommendations for 2017

R — *Considerable slippage and a significant risk that the completion date will not be met*

A — *A possibility of some slippage but the issues are being dealt with*

G — *On track and should be completed by the target date*

1.	G	Revise procedures to align with the new definition of Quality.
Project Description		
Define a new definition of Quality		
Achievements over this period		
In 2017, a significant amount of training and consultation with the Centre for Excellence was invested in developing a Quality Plan for 2018-2019. The revision of the procedures will take place throughout 2018 to align with the new QI plan.		

2.	G	Continue to develop capacity to use data to inform decision-making.
Achievements over this period		
EMHware personnel attended the HPC in the summer of 2017 and provided training to a number of staff, including IT Support and Management. Managers learned how to pull specific reports that would be beneficial to them and assist them in a decision making capacity. It has been recognized that some work has to occur to clearly define elements of how staff understand and report activities in EHMware to ensure consistency and accuracy in reporting. This has been identified in the Quality plan for 2018-2019. An EMHware Community of Practice was developed in 2017, and IT Support staff have joined in effort to continue to develop capacity in this area.		

3.	A	**Strengthen use of evidence-informed practice through tracking training events and documentation on how clinical decisions reflect EIP.**
		Achievements over this period

This recommendation has been identified on the QI plan for 2018-2019.

Preliminary discussions have occurred with the Centre for Excellence, in effort to develop a training opportunity to assist in the completion of this goal.

Development of a new form that documents team clinical consultations "screening form" is underway to track use of Evidence informed practices.

4.	A	**Implement changes to the clinical record system including increased monitoring of compliance to standards for intake, assessments and time frames.**
		Achievements over this period

In July 2017, the agency "went live" with the new electronic file format. This process has streamlined compliance to recording standards.

Renascence, Timely Access and School Based Youth Outreach streamlined their clinical recording practices. Next steps include, updating procedures to reflect this practice.

New in 2017, file audits were completed for School-Based Outreach and Adult service programs in effort to establish

File audits have been completed for 2017 in all programs to monitor compliance to standards.

Recommendations for 2018

1. **Establish written procedures to operationalize the new definition of quality.**

2. **Implement the Quality Improvement Plan (QIP) for 2018-2019.**

3. **Provide quarterly reports on the status of the QIP in dashboard format to staff and Board.**

4. **Implement and establish a communication plan to support the implementation of the QIP.**

Quality Plan 2018

Quality: Quality is the degree of excellence related to all aspects of agency functioning as reflected in our Mission Statement. This includes, but is not limited to, overall child, youth and/or family experience; treatment provision delivered by a skilled and competent multidisciplinary team; strong collaborative relationships with community partners and a **learning environment** that cultivates innovation and evidence-informed practice. In addition, quality will be maintained through effective use and reporting of public funds and in compliance with accreditation standards.

Mission: The Huron-Perth Centre provides **timely access** to **a range of assessment and treatment services** offered by **skilled professional staff** in **collaboration with children, youth, families and their community.**

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
Mission of: Timely Response	• Quality • Child, Youth & Family Engagement	• Provide a timely response for all services; within 3 days of client fall for Timely Access	• EMHware quarterly reports data will demonstrate response time for clinician contact	• Establish a baseline for response for all programs • Other program responses TBD
Range of Services (Programs)	• Quality • Child, Youth & Family Engagement	• To ensure that HPC offers a range of interventions in all programs	• EMHware quarterly reports will demonstrate amount of interventions by program that clinicians provide to children, youth and families in the following categories: ➢ Individual counselling ➢ Family counselling ➢ Group counselling ➢ Psychological Assessments	• Staff education • Review and determine definitions of interventions (activities on EMHware)
Effective Use of Resources	• Quality	• Maximize staff time to provide direct service to clients	• EMHware quarterly reports will count in-direct service time	• Develop mechanisms to ensure direct service time is maximized for staff • Staff education
Child/Youth/Family Engagement	• Child, Youth & Family Engagement	• Integrate client feedback into both service experience and service delivery planning	• EMHware reporting & Survey Monkey	• Review EMHware and Survey Monkey results from clients, families and community partners on

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
Child/Youth/Family Engagement			• Number of New Horizons participants and updates shared at the Long Range Planning Committees • Use advice from parent/caregiver survey to inform an ongoing Family Engagement Strategy	a quarterly basis at QIC, Management and staff meetings • Modify Client Satisfaction Survey to reflect client experience • Develop a "family friendly" vision statement approved by child, youth and family Develop a Family Engagement Strategy
Skilled Team	• Quality	• Staff hired meets defined job qualifications • Provide ongoing support to each staff	• Hiring practices reflect that 100% of Counsellors are registered with a College an future CYW hired meet minimum requirements • In-direct time – Amount of time spent in individual supervision and team screenings (peer supervision) • Time spent mentoring new staff and students	• Develop an Annual Attestation form to collect data (ATT) • Strengthen consistency of supervision model • Develop mechanisms to track to establish baselines • Create checklist/inventory of staff learning based on timesheet data

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
Skilled Team			• Performance reviews identify professional learning goals	• Create link between Performance Reviews and Professional Development Goals
Collaboration with Clients	• Collaboration • Child, Youth & Family Engagement	• Collaboration (partnering up and co-creation of treatment plan) is visible at the case level • The Treatment Service Agreement is developed with and signed by client during clinical session if applicable. Client is offered a copy	• Audit of client files • Measure through EMHware the number of external consults • Use of Social Ecological Approach (SEA) application/verified through screening notes • Number of File Action Checklist completions	• TBD • Staff education to ensure consistency in reporting • Staff education regarding documenting SEA application • Increase number of SEA champions • Letters to clients upon file closing
Collaboration with Community	• Collaboration	• HPC aims to demonstrate visible collaboration with community partner(s) by co-creating plans together	• Number of File Action Checklist completions indicating letter has been sent to community partners • Number of hours and number of contacts tracked for External Consultation in EMHware • Implementation plan to be developed for SEA community project	• Letters to community partners/referral sources upon file closing • Develop mechanism to track electronically • SEA Community Project pending

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
Collaboration with Community		• Integrate Community Partner feedback into both service experience and service delivery planning.	• Number of joint trainings/meetings re: SEA applications with community partners • Review Community Partner Consultation Survey	• TBD • TBD
Learning Environment	• Quality	• EBP/EIP and Promising Practices are chosen whenever possible for training opportunities • Staff/Management ensures effective use of PD resources that are aligned with Performance Reviews (time and money) • PD Committee ensures that larger team trainings are EB, EI or a Promising Practice	• Modify conference/workshop/in-house training on timesheet to reflect EB, EI, Promising Practice and Best Practice categories • Minutes from PD Committee meetings	• Provide staff education • Update orientation checklist to reflect HPC's key underpinnings (SEA, Circle of Security & ERH) • CSMs, in consultation with staff, establish guidelines and a formalized Professional Development Plan • TBD
Positive Outcomes	• Quality • Collaboration • Child, Youth & Family Engagement	• Clients report/show improvements/positive experience after service involvement • Service is provided within context of safety for staff and clients	• Outcome Questions on data elements; CAFAS scores • Number of incident reports and serious occurrences	• Review CAFAS scores on a quarterly basis • Get baseline data • Develop mechanisms for using Ministry data • TBD by Management

File Action Checklist

Name/ID # _____   **Date of First Contact:** _____

Timely Access
o Orientation to Service
o Treatment Service Agreement
o Client Privacy Agreement
o Consent(s)
o Timely Access Survey
o BCFPI

Counselling & Therapy
o Orientation to Service
o Treatment Service Agreement
o Client Privacy Agreement
o Consent(s)
o Client Satisfaction Questionnaire
o BCFPI
o CAFAS

Program Checklist

□ Standardized assessment complete?   Y or N
□ If yes, what are the Youth Assessed Needs?

Pick all that apply:

o Behavioural   o Complex   o Social

o Substance Use   o Psychiatric

o Emotional   o Trauma

□ Discharge Date: _____
□ File Action:

o Close   o Transfer   o Waitlist

□ Waitlist Location:

o Stratford   o Clinton   o Listowel

□ Exit Disposition:

o Completion w/ Referral   o Age limit reached

o Completion w/o Referral   o No face to face

o Withdrew/Notified   o Transferred

o Withdrew/Not Notified   elsewhere

□ Outcomes & Experiences:

o Child/Youth displays positive outcomes

o Caregiver/Youth reports positive outcomes

o Caregiver/Youth reports positive experience

Program Checklist

□ Standardized assessment complete?   Y or N
□ If yes, what are the Youth Assessed Needs?

Pick all that apply:

o Behavioural   o Complex   o Social

o Substance Use   o Psychiatric

o Emotional   o Trauma

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o Withdrew/Not Notified   elsewhere

□ Outcomes & Experiences:

o Child/Youth displays positive outcomes

o Caregiver/Youth reports positive outcomes

o Caregiver/Youth reports positive experience

Case Assignment
□ Program _____
□ Counsellor _____
□ Date _____

Case Transfer
□ Program _____
□ From _____
□ To _____
□ Date _____

Administration - Closing File Checklist
□ Program History
□ Check all Contacts/Case Notes are authenticated

Timely Access Performance Management Pilot Project

The performance measurement pilot project was developed in collaboration with the Centre for Excellence to provide a "snap shot" of how well the Timely Access Service is meeting its stated goals. For each of the six core goals of the Timely Access service, an indicator was identified to measure performance. The goals, indicators and results for 2017 are listed below.

Goal: Clients and/or families wait less from point of call to contact with clinician. The indicator for this goal was the average number of days between first call and contact with clinician.

Result: Due to the evolution of the Timely Access program and increasing knowledge about measures, the procedures for entering data regarding date of initial contact and date of case opening has undergone a review process and has changed throughout the course of 2017. The following data was obtained from the EMHWare Historical Client List First Contact Report, however due to changing processes it is not expected to be an accurate reflection of the wait that clients and families experienced between initial call to the centre and contact with clinician during 2017. The average amount of time recorded between first call and contact with clinician was 0.05 days during Q1 2017, 1.6 days during Q2 2017, 2.5 days during Q3 2017 and 3 days during Q4 2017.

Goal: Clients and/or families access a range of services. The indicator for this goal was the total number of contacts per service per quarter as measured by the Client Activity Time Summary report in EMHWare.

Result: A large range of activities were recorded as being accessed by, or on behalf of, clients and/or families through the Timely Access program in 2017. These activities included phone calls with clients, counselling with families, counselling with individuals, external consults, case conferences, and initial needs assessments using the Brief Child and Family Phone Interview, initial contacts after service requests, internal consults, drop-in services, electronic communications, report writing, crisis response, and telepsychiatry consultations. Of these activities, phone calls with clients were the most commonly recorded, with 1874 contacts in 2017, followed by counselling families with 653 contacts and external consults with 531 contacts. It is expected that the numbers reported below under-represent the frequency of contacts for many activities as measurement of certain types of activities has not been a requirement.

Activity	Number of Contacts
Q1 2017	
Counselling-Family	134
Phone Call/Client Only	394
Service Request (First Contact)	59
Case Conference	22
External Consult	85
Counselling-Individual	20
Initial Needs Assessment (BCFPI)	19

Internal Consult	53
Drop-in	9
Electronic Communication	50
Report Writing	6
Q2 2017	
Counselling-Family	185
Phone Call/Client Only	481
Counselling-Individual	67
External Consult	217
Service Request (First Contact)	83

Case Conference	31	Drop-in	4
Initial Needs Assessment (BCFPI)	29	Report Writing	14
Internal Consult	112	Crisis Response	6
Electronic Communication	102	Telepsychiatry Consultation	1
Drop-in	11	**Q4 2017**	
Crisis Response	3	Counselling-Family	183
Telepsychiatry Consultation	1	Phone Call/Client Only	654
Report Writing	4	Counselling-Individual	71
Q3 2017		Internal Consult	119
Counselling-Family	157	Case Conference	22
Phone Call/Client Only	345	Service Request (First Contact)	57
Counselling-Individual	46	External Consult	149
Internal Consult	85	Initial Needs Assessment (BCFPI)	20
Service Request (First Contact)	41	Drop-in	16
Initial Needs Assessment (BCFPI)	15	Electronic Communication	169
External Consult	80	Telepsychiatry Consultation	3
Electronic Communication	125	Crisis Response	3
Case Conference	8	Report Writing	14

Goal: Each client and/or family directs next steps and has understanding of decision. The indicator for this goal was satisfaction ratings gathered using a Timely Access client survey.

Result: 36 respondents completed the Timely Access client survey in 2017. 100% reported that they knew what next steps for service were, that they would recommend Timely Access service to others, and that services were offered in a timely manner. The comments also provided insight with clients stating that the service was helpful, was received without a wait, and that they were grateful to have the option of coming back for more services if needed at a later date.

Goal: Client and/or families' needs are met and do not require additional services beyond TA. The indicator for this goal was the total number of children and youth completing service without referral upon exit per quarter. This was measured by comparing the number of discharges per quarter (measured by the Client Information and Activity report in EMHWare) with the number of internal referrals (measured by the Internal Referral by Program summary in EMHWare) and the number of external referrals (measured by the Outbound Referrals report in EMHWare).

Result: Overall in 2017, the majority of clients and families who accessed Timely Access services did not require additional services upon exit. In Q1 2017, 96 of 149 clients (64%) completed Timely Access services without requiring referrals for additional services upon exit. In Q2 2017, 97 of 157 clients (62 %) completed Timely Access services without requiring referrals for additional services upon exit. In Q3 2017, 89 of 142 clients (63%) completed Timely Access services without requiring referrals for additional services upon exit. In Q4 2017, 79 of 145 clients (54%) completed Timely Access services without requiring referrals for additional services upon exit.

For clients requiring further services upon exit in 2017, referrals were made internally to counselling and therapy (179), intensive treatment services (16), restorative justice alternatives (5), co-ordinated clinical services for children in care (3), school based youth outreach (2), and youth justice mental health (1). 26 additional clients were referred to external services. It should also be noted that of the 733 clients who received Timely Access services during 2017, 668 were unique clients, indicating that there were only 65 cases of clients re-enrolling in Timely Access services during 2017.

Goal: Referral source receives information about the disposition or decisions at completion of service. The indicator for this goal was the total number of follow-ups with referral sources at the point of discharge per quarter.

Result: HPC currently has mechanism in place to measure this goal, however we need to fine tune our procedure in effort to ensure consistency with this practice. Communication with referral sources continues to improve and continues to remain a focus. Future work will focus on creating a streamlined way of measuring follow-ups with referral sources at completion of service.

Goal: Community partners see HPC as a key access point and understand the range of services provided. The indicator for this goal was the total number of hours documented for consultations with community partners, as measured by the "External Consult" activity in the Client Activity Time Summary report in EMHWare.

Result: In 2017, 113 hours were documented in EMHWare as being spent on external consults. This represents approximately 6% of all time recorded for Timely Access services, and represents approximately 1 hour of time spent on external consults for every 7 hours of time spent in face-to-face counselling with clients.

Appendix D

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Child & Youth Mental Health Services in Huron and Perth Counties
Parent/Caregiver Consultation Survey

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This survey is a project of the Huron Perth Child and Youth Mental Health Network, the community planning body that works to coordinate child and youth mental health services in Huron and Perth Counties.

Thank you for taking the time to answer some questions about mental health services in Huron and Perth Counties. We want to 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 used one or more Children and Youth Mental Health services in our Huron Perth area we want to hear your thoughts. What's working? What's not working? How can we make the services easier to find an easier to use? We will take all of your answers and use them to improve the services in our community. By filling out this survey, you will help shape how child and youth mental health services are delivered.

By participating in this survey you have the chance to win one of 3 grocery cards to a Foodland near you valued at $100. Your responses to questions are NOT linked to your registration for the draw.

Here are the details about the survey:

- It is open to all residents of Huron and Perth Counties over the age of 18, and will take about 5-10 minutes to complete.
- Your participation is voluntary and anonymous.
- You may skip any question if you don't feel like answering or stop answering questions at any time.
- If you exit the survey before you have completed it, you will not be able to return to your saved responses.
- Once you are done the survey, you will not be able to withdraw your responses as the survey does not ask your name.
- Once completed, all responses will be downloaded to a secure, password-protected server linked to the Huron-Perth Centre for Children and Youth.
- Results of the survey will be presented in a report and will be made available to the Huron Perth Child and Youth Mental Health Network and available to anyone on the Huron-Perth Centre's website - www.hpcentre.on.ca.
- You may complete the survey only once.

If you have any questions about this survey, or if you would like more information, please feel free to contact Terri Sparling, CEO of Huron-Perth Centre at 519-273-3373 x 2230.

If you require a hardcopy of this survey, please email Michelle Evans at michellee@hpcentre.on.ca.

Over time, we, along with other organizations in Huron and Perth, 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 note that based on concerns from some respondents, the survey has been updated to clarify Question 6. Respondents who completed Version 1 are welcome to respond again. Responses from both surveys will be summarized and all will qualify for one chance at the draw.

1. **From which organization did/does your child/youth receive mental health services? Please check all that apply.**
- HPC
- Choices for Change
- PDHU – School Based Services
- HCHU - School Based Services
- AMDSB – Learning Services
- HPCDSB – Learning Services
- LHIN Mental Health & Addictions Nurses
- Family Health Teams
- Doctor (specify below)
- Other (specify below)

2. **Which organization has/have been the most valuable to you and your family? Please check all that apply.**
- HPC
- Choices for Change
- PDHU – School Based Services
- HCHU - School Based Services
- AMDSB – Learning Services
- HPCDSB – Learning Services
- LHIN Mental Health & Addictions Nurses
- Family Health Teams
- Doctor (specify below)
- Other (specify below)

3. **What service(s) have been the most valuable to you? Please check all that apply.**
- Counselling (individual)
- Counselling (family)
- Counselling (group)
- Psychological consultation/assessment
- Psychiatric consultation/assessment
- Day Treatment Classroom Program (Clinton PS, Anne Hathaway PS, Romeo PS)
- Referral(s) to other services
- Other (please specify)

4. **Please indicate any barriers your child and/or family faced in accessing mental health services in Huron and Perth Counties. Please check all that apply.**
- Having to repeat my story
- Waiting for services after intake
- Appropriate services were not available

- Working with more than one agency at once
- Waiting for assessments for child/youth
- Feeling like my opinion was not valued
- Location of services
- Hours of services
- Lack of childcare
- Transportation
- Culture
- Worries about confidentiality or privacy
- My child does not "fit" into available services
- Other

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

6. **The following statements will tell us about your experience with one or more child and youth mental health services in Huron and Perth. Please tell us how much you agree or disagree with the following statements:**

   *Please note that this question has been revised to more clearly reflect interest in your feedback regarding the degree of satisfaction on your service experience with one or more services in our area.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
I/we worked together with the service provider(s) I/we saw to come up with the best plan for my child(ren)						
My child/family was/were directed to the right places.						

My child received services in a timely manner.					
My/our opinion was respected and valued when I/we talked with services providers.					
I/we were given up-to-date information about available services, next steps etc.					
The services I/we 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 faced.					
I was treated respectfully.					
My child was treated respectfully.					
Overall, the services my child					

and/or family received were helpful.					

7. **Overall, how satisfied are/were you with the services you received from the service providers/professionals in our community? Please check one.**

Very Satisfied	Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied

8. **How did you learn about the child and youth mental health services/resources in Huron and Perth Counties?**
   - Family
   - Doctor
   - Lawyer
   - Internet
   - Friends
   - School
   - CAS
   - Word of mouth
   - Other

9. **Over the coming years, the Huron and Perth Child and Youth Mental Health Network will be involved in setting priorities to continue to improve child and youth mental health services in Huron and Perth counties. In your opinion, what are the most important things for us to keep in mind?**

10. **We want to involve children, youth and families in Huron and Perth in the planning, delivery and evaluation of mental health services to make sure these services meet your needs. How would you prefer to share your ideas to improve child and youth mental health services in our area? Please check all that apply.**
    - Online surveys
    - Face to face meetings
    - Virtual meetings
    - Participation in advisory group
    - Teleconferences
    - Focus Groups
    - Other

11. **In what area do you live?**
- Huron County
- Perth County

- Stratford

12. Has your child received services within the past 3 years (2014-2017)
- Yes
- No

13. My responses are based on my child/youth that is currently under the age of 18:
- Yes
- No

14. What is your relationship to the child/youth?
- Biological parent
- Step-parent
- Adoptive parent
- Grandparent/extended family
- Foster parent
- Other

15. Do you or your child identify as First Nations, Inuit or Metis?
- Yes
- No

16. Please indicate your primary language:
- English
- Other (please specify below)

Visit www.hpcentre.on.ca for a complete listing of services **Sept 2017**

To our community partners:

Earlier this year you were invited to participate in an on-line community consultation survey. 140 community professionals from a range of sectors received the invitation and we received a **34% response rate**! Thank you to all who were able to take the time to provide feedback and suggestions. Your opinions matter and we appreciate all comments; your feedback affirms that we have been helpful. However, we have paid closer attention to a number of service issues identified through this survey and we want you to know that we are taking a number of actions to improve consistency and quality. As well here is some important information of value to you:

WAITING LISTS & WAITING PERIOD - Your concern is our concern and we have made significant improvements to manage the demand for our services. Our waiting period and wait times have been reduced! The Timely Access Service was launched in November 2015 and this new service has helped families and professionals connect to us and receive a response back within 1-3 days from the point of your call. In this service, we have up to six weeks to provide some level of service that either resolves the concern or provides preparation for other services. Based on your responses we offer the following clarity on how Timely Access can assist you:

- **When you know of children, youth and families who many benefit from our services but are not yet connected** – we recognize that you may have important information that we should know; we welcome your call to discuss a plan.
- **When clients are waiting for service** – in the event that a family needs more than what Timely Access can provide they may wait for other services.   We strive to keep clients and referring professionals aware of the service plan. You may have additional information that we would benefit from knowing and would impact our decisions. If you have any information, questions or concerns we welcome a call from you. Verbal consent allows us to share information and discuss client specific situations.
- **When clients are active in our services** – with consent, we strive to involve and collaborate with key professionals who also play a vital role in meeting the needs of the child/youth and family. We actively seek consent to collaborate but also rely on community partners to obtain consent in order to support ongoing case collaboration.

If at any point you have concerns about our services we would want you to discuss it with the assigned clinician. If this is not possible, connect with any one of our Clinical Services Managers. You can call any office to speak to the Clinical Services Manager available.

ACCESSIBILITY - we provide assistance to help clients access our services. We routinely help clients to navigate ODSP/Ontario Works assistance for travel and/or we pay for taxis, bus tickets and gas subsidies with fund raised dollars when transportation is a barrier. We provide evening appointments and help problem-solve unique challenges that may make it hard for a family to follow through on getting help. **If you know of a client that needs this help, we welcome you to let us know.**

COMMUNICATION - we value working in collaboration with any and all professionals who are working with the family. **We do continue to value self-referral but with consent, we can collaborate in developing a plan to respond to the unique needs of each child, youth and family.**

MORE SERVICES - our reality is that funding for child and youth mental health has never kept the pace of the actual need. We continue to advocate for new investments but in the absence of additional resource, we work to create partnerships that help us optimize what resources we have available. There were a number of suggestions for improvements and enhancements and all ideas will be shared with the Huron Perth Child and Youth Mental Health Network as this planning body plays a key role in any plans regarding changes to services as well as how to use new investments. **We are indebted to community partners who collaborate to help make a difference in the lives of the children and youth who struggle with mental health issues.**