

Community Gaps identified in Staff Consultations

YOUTH IN TRANSITION

Homelessness (teens), residential services for late MY age and Teens

1. Transitional services to adult services
2. Our services to 18 and schools being until 21
3. Transitional aged youth/youth hab who does what?
4. Transition to adult services we still need more
5. 18 year olds and transitional youth
6. Shelters for homeless teens

ADULT SERVICES

1. Counselling and mental health supports for parents
2. Separation and divorce custodial consent high conflict
3. Marital disputes custody and access
4. Adult mental health issues that don't meet criteria for adult mental health services
5. Medical services, getting accessing family doctors
6. Dramatically different youth and adult system (confusing and complicated for youth and adults and professionals)

COMMUNITY SERVICES / NEEDS

1. Housing
2. Educational gap with health services – hospitals with our services
3. Client Basic needs are not being met (housing and food)

ACCESS TO SERVICES

Hours/Accessibility/Geography

1. Need more evening and weekend hours
2. Hours and accessibility after 8:30 to 4:30
3. Access issues – wheelchair accessibility Kemptville and Prescott offices have to borrow space from a partner
4. Challenges of a rural area
5. Geographic boundaries
6. Out of area clients
7. Services and gap between Lanark Leeds and Grenville families in obtaining on going service (border clients)
8. Service area borders

Transportation

1. Transportation
2. Accessibility to service – transportation difficult
3. Geography of the clients and communities – transportation and access
4. Lack of shared resources – transportation

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Community Partners

1. When community partners are not sure how to proceed
2. Community partners sometimes want things we can't provide
3. Community not knowing what programs are available
4. Differing opinions of treatment needs between staff and community partners
5. Different opinions between staff and community partners regarding level of intervention needed
6. Ongoing and follow through communication with 3rd party referral source
7. Inconsistent processes/relationships with community partners
8. Community partners are looking for immediate service
9. Partners not understanding why client did not follow through or chose not to commit to counselling
10. Community partners don't understand when file closes quickly
11. Challenge – community partners don't understand the scope of our work
12. Elementary schools wanting in-school assistance/ counselling
13. Who does what with respect to prevention

SPECIALIZED SERVICES FOR CMH CLIENTS – INTERFACE WITH OTHER SERVICES FOR CHILDREN

1. Psychological assessments including educational
 - a. Long waits
 - b. Monetary support for families
2. Residential assessment and treatment, respite and PATH
3. Access to psychiatry
4. CHEOs services ie admissions and outpatient
5. Psychological educational assessments – if we are not doing them who is>
6. No psychology services in house – assessments done in partnership with community partner
7. Waitlists for specialized services
8. Lack of psychiatry options in the community

SERVICES

1. Asked often for access to social skills and other mental health related groups, (ASD, Anxiety and Separation and Divorce)
2. Access to groups (parenting)
3. LGBTO supports and issue for staff, clients and the community
4. Need more youth and family engagement opportunities
5. Need more groups parent support, developmental delays and FASD
6. Wraparound
7. Child with limited family involvement is challenging to service
8. Multiple files for families – more than one sibling receiving service

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<p>FLOW OF CLIENT SERVICES</p> <ol style="list-style-type: none"> 9. What other agencies are involved not clearly documented 10. Notifying clients of closing of files 11. Refusal of services by clients 12. Incomplete 3rd party referrals 13. Complicated journey to access resource in the community 14. Case co-ordination 15. Process of making referrals 16. Closing files to soon 17. Gaps In collaboration and sharing information and gaps in who is responsible 18. Clients have to retell their story 19. Communication with teens – cells and texting 20. Waiting for groups and then location of groups 21. Wait times within programs 22. Clients having to change clinicians 23. Policy around contacting clients with respect to closing of files when not committed to service 24. Navigating 25. Internal referral 26. Internal referrals to other programs (also when other program is still involved)
<p>LCP/DEVELOPMENT</p> <ol style="list-style-type: none"> 1. Getting funding for developmental services (D.S.O) LCP 2. Community agencies are not sure how to access our agency (LCP and some schools) 3. Lack of Collaborative relationships with LCP
<p>STAFFING</p> <ol style="list-style-type: none"> 1. We are almost too busy, caseloads, or demands of job (meetings, committees and learning opportunities and new model) 2. School support worker cuts impact 3. us as there is increased demand 4. Not fully staffed as a team 5. Overcome silos – agency team building 6. Working with closed silos
<p>ADMINISTRATION, ORGANIZATIONAL SERVICES AND TECHNOLOGY</p> <ol style="list-style-type: none"> 1. Electronic communication texting and emails 2. Technology gaps – ipads in the community 3. Changes in client demographics information not always current 4. What other agencies are involved not clearly documented 5. PD’s timing for authentication 6. Communicating with teens – cells and texting
<p>FCSLLG</p> <ol style="list-style-type: none"> 1. Need more FCS connection to homelessness and shelters 2. Relationship with CAS *CHASM 3. Educating between CAS and MH services regarding delivery and understanding roles and changes due to transformation in all systems (it’s a mess /disaster) 4. Struggles with FCS and communication

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OTHER
<ol style="list-style-type: none">1. Our policy on working with family regarding complex separation and divorce issue2. Name of Open Doors is too vague as a service to mental health