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CCA ACCREDITATION REVIEW FINAL REPORT FOR SOUTHWEST ONTARIO ABORIGINAL HEALTH ACCESS CENTRE

Date of the Site Visit: October 19-22, 2015

Date of the Report: January 27, 2015

Accreditation Term: February 1, 2016 to January 31, 2020

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INTRODUCTION

INTRODUCTION TO ACCREDITATION WITH CCA

The Canadian Centre for Accreditation (CCA) is a national not-for-profit offering accreditation to community-based health and social service organizations in Canada.

Accreditation provides an external review of an organization's operations in relation to accepted standards of good practice and risk management. Standards address all aspects of the organization, including governance, management, programs and services. It is also a system to promote learning, improvement, excellence and innovation.

CCA looks at the whole organization. Reviews are conducted by CCA-trained teams made up of senior staff, governing body members and volunteers from the community-based organizations that participate in CCA.

ABOUT THIS REPORT

This report summarizes the findings of the CCA review process. Comments are illustrative and not comprehensive. The report includes the following:

Section 1: An overview of the accreditation process and results

Section 2: Detailed accreditation review results by module, including:

- A summary of results
- A description of strengths
- Areas to further improve quality

Section 3: Concluding words

Enclosures: Compiled summary of responses to CCA surveys.

SECTION 1: OVERVIEW

THE ORGANIZATION

The Southwest Aboriginal Health Access Centre (SOAHAC) provides high quality, holistic health services to on and off reserve, status, non-status, and Métis Aboriginal people through locations in London, Chippewas of the Thames First Nation (Muncey), Windsor and Owen Sound.

Programs and services include:

- Traditional Healing
- Primary Healthcare
- Mental Health Services
- Diabetes Education
- Physiotherapy (Chippewa Site)
- Health Promotion
- Nutrition and Healthy Lifestyles
- Maternal and Child Health
- Youth Programs
- Smoking Cessation
- Supporting Aboriginal Seniors at Home (SASH)
- Indigenous Cultural Competency Training(for service providers)

THE REVIEW TEAM

The review team was made up of:

- Michael Barkley, Consultant, Self-Employed (CCA Team Leader)
- Onalee Randell, Director, Rideau Community Health Services (CCA Reviewer)
- Michael Tross, Director, Counselling and Residential Programs, YouthLink (CCA Reviewer)

THE REVIEW PROCESS

The review team:

- Reviewed results of CCA's surveys of the organization's board, staff, community partners and educational partners (see summaries enclosed).
- Reviewed the organization's documents and narratives submitted ahead of the site visit.

- Conducted a site visit which included:
 - An orientation to the organization
 - Staff group interviews (including with a Staff Group Cross-Section, with Primary Care and Traditional Healing & Mental Health Counselling staff, with Community Services staff, with CYW Mental Health Program Staff/Managers, with Admin/Finance Staff, and with Managers)
 - An interview with the Executive Director
 - Observations and visits of three sites (London Dundas St, London Clinic and Muncey)
 - The tracing of three client journeys through interviews with clients and providers, and file review
 - Examination of some documents on site
 - Presentation of a verbal wrap up to members of the board and staff at the end of the visit

A preliminary report was sent to the organization on November 23, 2015. The organization's response was received on December 17, 2015 and reviewed by a CCA Accreditation Manager.

The Accreditation Decision

At its January 20, 2016 meeting, the CCA Board made the decision to fully accredit the Southwest Ontario Aboriginal Health Access Centre.

The organization's accreditation term is from February 1, 2016 to January 31, 2020.

SUMMARY OF ACCREDITATION REVIEW RESULTS AT THIS STAGE

The organization is commended for meeting all the standards in this review – a remarkable achievement.

Overall, the review team found SOAHAC to be a healthy, effective organization that is delivering needed programs and services to its clients and community.

Results are summarized by module.

The following CCA modules apply to this review:

- CCA Organizational Standards
- Child and Youth Mental Health Program and Service Standards
- Child and Youth Mental Health Service- and Setting-Specific Standards
- Community-Based Primary Health Care Standards

In order to achieve accreditation, organizations must satisfy the requirements of all modules that apply. A module is achieved when all its components are met AND at least 80% of its Leading Practice Standards are met. A component is met when all its Mandatory Standards and 50% of its Leading Practice Standards are met. (If there is one Leading Practice Standard, it must be met).

SECTION 2: ACCREDITATION REVIEW RESULTS BY MODULE

CCA ORGANIZATIONAL STANDARDS MODULE

Overview

MAN Standards Required: 32

MAN Standards Achieved: 32

MAN Standards Must be met to achieve module: 0

LP Standards Total: 23

LP Standards Achieved: 23

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements			Results at Preliminary Stage			Results After Response Assessed		
	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Governance	3	3	3	0	3	0	4	2	—	4	0	—	4	0	—
Stewardship	5	5	5	0	5	0	0	0	—	0	0	—	0	0	—
Risk and Safety	4	4	4	0	4	0	1	1	—	1	0	—	1	0	—
Organizational Planning and Performance	3	3	3	0	3	0	3	2	—	3	0	—	3	0	—
Programs and Services	5	5	5	0	5	0	0	0	—	0	0	—	0	0	—
Community	0	0	0	0	0	0	6	3	—	6	0	—	6	0	—
Learning Environment	3	3	3	0	3	0	2	1	—	2	0	—	2	0	—
Human Resources	5	5	5	0	5	0	6	3	—	6	0	—	6	0	—
Systems and Structure	4	4	3	1	4	0	1	1	—	1	0	—	1	0	—
Totals for Module	32	32	31	1	32	0	23	—	19	23	—	0	23	—	0

Strengths in this Module

The CCA review team noted the remarkable extent to which the organization's approach to service is centred on the person served and grounded in the importance of the whole person.

It was clear to the review team that the values, beliefs, needs and uniqueness of community members served are at the centre of all considerations.

In policy and in practice, the review team saw how the rights of community members to make decisions about service or supports are respected at every turn; the robust commitment to engaging community members in shaping programs and services; and the clear recognition of the importance of the whole context, including an individual's family, friends and community, as well as the social, cultural and spiritual aspects.

The wholistic, strength-based approach to assessment and service planning was borne out in the chart reviews as part of the client journeys conducted by the CCA review team. Different skill sets and strategies are integrated into programming, using the strengths of the individual and family unit as a starting point (for example, use of art in a young client's treatment; use of clay, singing, dancing incorporated as part of a wellness regime; working flexibly with children and youth who require an assessment; the full integration of traditional healing practices including the building of physical infrastructure to ensure accessibility, for example the sweat lodge in Muncney).

The role SOAHAC plays in building community capacity and honoring and supporting indigenous culture and teachings supports CCA standards' focus on dignity and respect. The diversity of persons served is respected and efforts are made to respect their uniqueness as individuals and across nations.

The CCA review team recognized how ably SOAHAC has taken up the challenge of serving very distinct nations over a vast geographical territory. Every attempt is made to accommodate differences in the types of services provided and partnerships required. Programs and service approaches are adapted to meet the cultures, ceremonies, practices and varied needs of different communities (for example, by integrating traditional healers who serve as consultants when staff healers are not proficient in ceremonies or healing modalities that are not appropriate for some people as they are not part of a nation's traditional practice).

Communication ensures that diverse needs, interests, cultural backgrounds, and language and communication skills are respected. Translation and interpretation is provided when required and an attempt is made to look for common linguistic ground when searching for names of programs. This is why, for example, SOAHAC's name is in English in absence of an Aboriginal name to adequately reflect the diversity of the communities served.

At every turn, the CCA review team could see the organization's effort to involve and empower the community member being served – whether in written policies, assessments, treatment plans, and through practice and collaboration internally and externally.

The role of inter-professional communication and the holistic structure are strengths as providers continue to connect community members to other appropriate services and supports through their journey with SOAHAC. Internal referral systems at SOAHAC are strong. There is the flexibility to move from provider to provider depending on current needs. Cultural safety is at the centre of all decisions. When internal capacity is not

available every attempt is made to find individuals or services that can meet the unique needs of a community member or group of members.

The CCA review team noted a number of strengths around accessibility. The organization respects territorial integrity and makes attempts to deliver programs in communities wherever practical to do so. Hours are very flexible depending on the needs expressed by community members. SOAHAC provides 24/7 access to primary care providers, traditional healers are accessible to community members after hours, home-based services are provided in all program areas, and there are outreach programs and efforts to set up service locations in a number of new communities. The organization has successfully arranged for additional financial supports to serve communities beyond the London home site, and continues to assess needs and make assertive moves to secure funding support to address identified needs.

Risk and safety policies and procedures are comprehensive and address, in a clear fashion, the safety measures staff need to consider in keeping themselves, their colleagues and their community members safe. Policies address the use of FOBS for access control, checking in with home visits, assessments to highlight risks, WHMIS, the use of alerts and features of NOD to highlight risks for all providers. The CCA review team heard how the board took action to support the building of fences to protect the property to ensure needle use did not take place on the grounds of the centre. The review team found staff were aware of the supports in place to protect their and community members' safety, and were well oriented to related policies and procedures.

The CCA review team heard how staff are encouraged to work collaboratively with external partners to address community needs (for example, with the Ontario Renal Network to address First Nations issues for clients with renal failure; provision of a mental health worker to be available for walk-in clinics in an outside organization; crisis intervention team to work with regional team). Crisis intervention team are going to work with regional team to ensure Aboriginal issues are addressed. Staff described the organization's support of providing bundles for all programs within the centre, and orienting staff to what these bundles meant and how they could be used in providing services.

The organization engages the communities it serves and is responsive to community needs. The governance structure contributes to meeting this standard and the founding communities searched for ways to integrate new community wide members to broaden the input into decisions making and ensure broader representation.

The commitment to enhance and expand the role of resident and consulting traditional healers, lifestyle assistants and workers, and the strong commitment to the role they play both for community members and in healing the wounds indigenous people have experienced is commendable and a necessary component the organization will clearly continue to fight for as the years progress.

The organization actively promotes its interests, programs and services, including at local, regional and provincial tables. Every attempt is made to utilize whatever means are being used by community members (website, social media, brochures and flyers in easily accessible formats and widely distributed). Branding has taken place, and the consistent image demonstrates a professional and identifiable image to the community. The images and name of the organization were developed in a way that respects each nation's individuality.

When it supports the healing process, the organization uses technology. It is well represented on social media and the organization uses NOD to maximum advantage as a communication tool between providers. All classes of providers use this tool to alert other providers to key information in the notes, alerts, and other sections of the EHR that improve communication.

Research plays an important part in the life of the organization. Staff are allocated time to play a role in research that is clearly focused to provide evidence of need or designed to improve the way services or programs are delivered to the community. Collaboration with other Aboriginal healing centres is fostered when it is to the benefit of the communities served, and can be seen as a benefit to other communities outside the organization's catchment area. Staff teach or lecture in universities and colleges to try and influence tomorrow's health and social service leaders and to provide them with the wisdom they need to work with Aboriginal community members.

Further Areas to Improve Quality in this Module

The organization is commended for its achievement of all the Leading Practice Standards and in this module.

There are a few instances where the organization met a Leading Practice Standard but did not meet every indicator. The organization may wish to consider these/this unmet indicators/indicator as areas/as an area of further development:

- Indicator: LP - ORG-GOV-4.5 - Findings from evaluations are used to improve the work and performance of the governing body.
 - The governing body uses mechanisms to ensure its own effectiveness, stability and renewal. A more robust board evaluation process could be in place to give the board the opportunity to reflect and build further capacity to respond to the rapidly changing role it is playing in the community
- Indicator: LP - ORG-RS-5.4 - The organization tracks the themes of the complaints, monitors the outcomes and reports to the governing body at minimum annually on complaints and actions taken.
 - There is no formal process for this. While the review team understands that there are very few complaints in light of the fact that people tend to turn to talking it through or other methods, the rolling up and reporting of any complaints could be formalized as part of ED reporting or the board calendar to ensure the board is informed annually of any themes.

No immediate action is required in these areas for accreditation.

The CCA review team offers the following additional comments by way of encouraging Southwest Ontario Aboriginal Health Access Centre in its continued growth and pursuit of quality.

- Feedback about student placements could be rolled up and analyzed across the organization, not just at the program level (Met MAN Indicator ORG-LE-2.6).
- The organization may wish to formalize the succession plans it has discussed for key staff positions (Met LP Indicator ORG-HR-1.2).
- Staff orientation cover all the points required by CCA. The orientation checklist in the organization's personnel manual could be updated to reflect those requirements and SOAHAC's practice (Met LP Indicator ORG-HR-3.1).

No immediate action is required in these areas for accreditation.

CHILD AND YOUTH MENTAL HEALTH PROGRAM AND SERVICE STANDARDS MODULE

Overview

MAN Standards Required: 16

MAN Standards Achieved: 16

MAN Standards Must be met to achieve module: 0

LP Standards Total: 14

LP Standards Achieved: 14

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements			Results at Preliminary Stage			Results After Response Assessed		
	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Service Approach	0	0	0	0	0	0	1	1	—	1	0	—	1	0	—
Service Collaboration and Partnerships	0	0	0	0	0	0	2	1	—	2	0	—	2	0	—
Knowledge and Learning	1	1	1	0	1	0	4	2	—	4	0	—	4	0	—
Intake and Client Orientation	3	3	3	0	3	0	0	0	—	0	0	—	0	0	—
Service Delivery Practices and Staffing	4	4	4	0	4	0	0	0	—	0	0	—	0	0	—
Clinical Records and Service Participant Records	1	1	1	0	1	0	1	1	—	1	0	—	1	0	—
Assessment	3	3	3	0	3	0	1	1	—	1	0	—	1	0	—

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements		Results at Preliminary Stage		Results After Response Assessed				
By Component	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Intervention/Treatment Planning, Implementation and Review	3	3	3	0	3	0	3	2	1	3	0	1	3	0	1
Case Closure	1	1	1	0	1	0	2	1	1	2	0	1	2	0	1
Totals for Module	16	16	16	0	16	0	14	1	12	14	1	0	14	1	0

Strengths in this Module

It was evident to the CCA review team how SOAHAC is an agency that--whether the lead on a community service plan involving internal and external services or serving the client through only internal programs--takes pride in ensuring that all participants are kept exceptionally well-informed and that any internal/external services are expertly coordinated and integrated. This was clear both from speaking to staff and clients, as well as through the documentation in files.

Clients' plans are integrated and clearly written with regard to the nature of the services and when they will begin, the time frame, etc. It was notable that the staff person with overall case responsibility took a very active role in ensuring that all necessary service supports were involved. That included the clients themselves, their family members and other informal community supports.

It was clear to the review team that assessments identify and evaluate the strengths, needs and resources of the child or youth and family that are relevant to the intervention/ treatment process. Assessments demonstrate an active interest on the part of the assessor with regards to the client's strengths, and there is important information in the reports contributing to an awareness of the client's existing resources as well as their current needs. It was notable that SOAHAC staff frequently involved people from the client's community who were Aboriginal; and this was obviously something that was very helpful in determining case progress as the clients' anxieties appeared to be lessened as a result. Similarly, the agency's deep connections to the Aboriginal community were reflected in the assessments in their understanding of the client's culture, religion and ethnicity.

The assessment information is combined well with information from other sources and is clearly noted in the file. Assessments clearly demonstrate that information has been gathered regarding other service providers who have worked with the client during the past two years. The information is detailed and contributes to the case formulation and recommendations. This is closely related to the assessment strengths throughout the organization.

The CCA review team also saw as strength in how the organization uses data to make client-related, program, organizational and systems decisions.

Further Areas to Improve Quality in this Module

Southwest Ontario Aboriginal Health Access Centre has met all the standards in the Child and Youth Mental Health Program and Service Standards module – a remarkable achievement.

There is one instance where the organization met a Leading Practice Standard but did not meet every indicator. The organization may wish to consider this unmet indicator as an area of further development:

- Indicator LP - PSS-KL-5.4 - Data analysis focuses on outcomes and effectiveness of services.
 - The organization is on its way to working on this.

No immediate action is required in this area for accreditation.

The CCA review team offers the following additional comment by way of encouraging Southwest Ontario Aboriginal Health Access Centre in its continued growth and pursuit of quality.

- Where child and youth mental health programs are delivered jointly with other organizations, mechanisms for resolving conflict are spelled out in writing in some partnerships, but are agreed to only verbally in others. Conflict resolution could be spelled out in writing in all partnership MOUs (Met LP Indicator PSS-SCP-2.2).

No immediate action is required in this area for accreditation.

CHILD AND YOUTH MENTAL HEALTH SERVICE- AND SETTING-SPECIFIC STANDARDS MODULE

Overview

MAN Standards Required: 1

MAN Standards Achieved: 1

MAN Standards Must be met to achieve module: 0

LP Standards Total: 7

LP Standards Achieved: 7

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements		Results at Preliminary Stage		Results After Response Assessed				
By Component	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Prevention	0	0	0	0	0	0	2	1	1	2	0	1	2	0	1
Groups	0	0	0	0	0	0	2	1	1	2	0	1	2	0	1
Community and Home-Based	0	0	0	0	0	0	2	1	1	2	0	1	2	0	1
School, Early Learning and Child Care	1	1	1	0	1	0	1	1	1	1	0	1	1	0	1
Totals for Module	1	1	1	0	1	0	7	1	6	7	1	0	7	1	0

Strengths in this Module

When it came to home- and community-based services for children and youth and their caregivers, the CCA review team was impressed with intervention/treatment planning, including staff's skills and training to identify specific caregiver issues that would have major impact for intervention/treatment planning, including caregiver mental health problems, substance abuse, marital conflict and family violence in the home or community environment.

Further Areas to Improve Quality in this Module

The organization is encouraged to keep up this high quality related to planning care for community members and families.

No action is required in this module for accreditation.

Southwest Ontario Aboriginal Health Access Centre is commended for meeting all the applicable standards and every indicator in the Child and Youth Mental Health Service- and Setting-Specific Standards module.

COMMUNITY-BASED PRIMARY HEALTH CARE STANDARDS MODULE

Overview

MAN Standards Required: 14

MAN Standards Achieved: 14

MAN Standards Must be met to achieve module: 0

LP Standards Total: 6

LP Standards Achieved: 6

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements			Results at Preliminary Stage			Results After Response Assessed		
	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Community-Based Approach	2	2	2	0	2	0	3	2	—	3	0	—	3	0	—
Delivery of Quality Programs and Services	7	7	6	1	7	0	3	2	—	3	0	—	3	0	—
Service Safety	5	5	5	0	5	0	0	0	—	0	0	—	0	0	—
Totals for Module	14	14	13	1	14	0	6	—	5	6	—	0	6	—	0

Strengths in this Module

A number of strengths highlighted in the Organizational Standards Module apply also to the Community-Based Primary Health Care Module.

The CCA review team learned how clients are actively engaged in the development of their care plans. In addition to providing information about other services either within the organization or within the community, clients are asked to identify their priorities, whether they are medical or socioeconomic, and this information is used in the development of the plan.

Client choice is paramount in decision making. Choices of treatment are outlined and up to community members - traditional, western or a combination. Through the client journeys, the CCA reviewer saw evidence of treatment plans that involved collaboration with external agencies and services provided in the home. Different disciplines identified that they use motivational interviewing as a tool to support client engagement. Frequent reference was made to the use of strength-based assessments and taking the time to get to know the client.

Support is available to clients who have difficulty carrying out their service plans and/or treatment plans (for example, the use of a family navigator in a family conference to help with service options, traditional healer visits to hospital to build trust).

Further Areas to Improve Quality in this Module

The organization is commended for its achievement of all the Leading Practice Standards and indicators in this module.

The CCA review team offers the following comments by way of encouraging Southwest Ontario Aboriginal Health Access Centre in its continued growth and pursuit of quality.

- Regarding regularly seeking clients' opinions on programs and services, the CCA review team encourages the organization to continue in its exploration of methods other than traditional written surveys to improve feedback (Met MAN Indicator PHC-CBA-5.2). The organization could share results of client surveys even more widely (Met MAN Indicator PHC-CBA-5.5).

No immediate action is required in these areas for accreditation.

SECTION 3: CONCLUSION

The CCA review team appreciates the work undertaken by the organization to prepare for its review and the warm welcome it received while on site. The extra effort taken to familiarize the review team with the Chippewas of the Thames site in Muncey and the efforts that are being made to more fully integrate traditional healing into the inter-professional care modalities used is impressive and visiting that site was extremely helpful for the Review Team's understanding of the progress being made.

Teamwork, accessibility, cultural awareness, cultural sensitivity, and the practice of these values ensures program and service mirror these approaches. The review team was impressed with the understanding and collaboration that takes place between traditional western medicine approaches and those of the traditional healers.

The children and youth mental health initiatives have been rapidly and effectively integrated into the agency's mandate. The administration, management, assessment and treatment approaches are sound and well designed. Staff are creative in their approaches to learning new ways to reach youth and their families, integrating community supports and encouraging traditional ways of addressing mental health.

The organization is intent on learning. It teaches, reaches out to others and attempts to inform other institutions of Aboriginal life. Research is an important component of its work as it tries to learn ways to improve service delivery. It is clear that the accreditation process was seen as another opportunity for learning and development, and was embraced by board, management and staff.

We continue to encourage the organization to document its experience so it can reflect on ways to effect continuous quality improvement and be able to pass this information on to future generations and its stakeholders and partners.