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

Date of the Site Visit: October 15-17, 2019
Date of the Report: December 11, 2019
Accreditation Term: February 1, 2020 to January 31, 2024

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TABLE OF CONTENTS

Section 1: Introduction	3
A. Introduction to Accreditation with CCA.....	3
B. About This Report	3
Section 2: Overview	4
A. The Organization.....	4
B. The Review Team.....	4
C. The Review Process	4
D. The Accreditation Decision	5
E. Summary of Accreditation Review Results	5
Section 3: Accreditation Review Results by Module	6
A. CCA Organizational Standards Module	6
i. Strengths in this Module	7
ii. Further Areas to Improve Quality in this Module	8
B. Child and Youth Mental Health Standards Module	9
i. Strengths in this Module	10
ii. Further Areas to Improve Quality in this Module	10
C. Community-Based Primary Health Care Standards Module	12
i. Strengths in this Module	13
ii. Further Areas to Improve Quality in this Module	14
Section 4: Conclusion	15

SECTION 1: INTRODUCTION

A. 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.

B. 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: Introduction

Section 2: An overview of the accreditation process

Section 3: A summary of accreditation review results

Section 4: Concluding words

SECTION 2: OVERVIEW

A. THE ORGANIZATION

The Southwest Ontario Aboriginal Health Access Centre (SOAHAC) is one of ten Aboriginal Health Access Centres across Ontario that provide Aboriginal specific, indigenous informed health and social services to Indigenous communities, including traditional healing, primary health care, health promotion services, cultural programs, community development initiatives and social support services. SOAHAC serves 35,000 Indigenous people in 13 communities along the London-Windsor corridor and into the Grey Bruce, Owen Sound areas of the province.

SOAHAC is a charitable, not for profit, health organization incorporated under the laws of Ontario. The Chippewas of the Thames First Nation, Kettle and Stony Point First Nation, Oneida Nation of the Thames, N'Amerind Friendship Centre, At^lohsa Family Healing Services, Canadian Métis Council, and three Community members govern it. The leadership from each of these First Nation communities/organizations appoints their respective community members to sit as Board of Directors as per the Bylaws of the Corporation. The three community members are elected. There is one Board Director from each community.

The services provided by SOAHAC are based on a wholistic integrated care model that promotes an Indigenous cultural worldview. To fulfill this mandate, SOAHAC relies on integrated care teams of Doctors, Nurse Practitioners, Traditional Healers and Elders, Dieticians, Child and Youth Workers, Mental Health and Addictions Counselors, Social Workers, Nurses, Support Staff and more. The organization provides high quality, wholistic health services to on and off reserve, status, non-status, and Métis Indigenous people across a combined 17 service areas and locations.

The model of care recognizes Indigenous rights to determination in health, through Indigenous Traditional Healers and healing approaches, and blends them with culturally competent Western clinical practices. SOAHAC recognizes and supports the right of individuals to make informed choices about their own health care services (Source: SOAHAC, *Strategic Plan*).

B. THE REVIEW TEAM

The review team was made up of:

- Barry Fellingner, Community Health Services Manager, West Elgin CHC (CCA Team Facilitator)
- Donna Fancy-Lyle, Human Resources Manager, TAIBU CHC (CCA Reviewer)
- Shobha Oza, Director, Community Engagement, Flemingdon Health Centre (CCA Reviewer)
- Jackeline Barragan, CCA Accreditation Specialist

C. THE REVIEW PROCESS

A preliminary report was sent to the organization on October 31, 2019. The organization's response was received on December 6, 2019, and reviewed by Jackeline Barragan, CCA Accreditation Specialist.

D. THE ACCREDITATION DECISION

The Canadian Centre for Accreditation is pleased to inform you that your accreditation has been approved. All requirements for accreditation were assessed as met.

The organization's accreditation term is February 1, 2020 to January 31, 2024.

E. SUMMARY OF ACCREDITATION REVIEW RESULTS

Results are summarized by module.

The following CCA modules apply to this review:

- CCA Organizational Standards
- Child and Youth Mental Health Standards
- Community-Based Primary Health Care Standards

SECTION 3: ACCREDITATION REVIEW RESULTS BY MODULE

A. CCA ORGANIZATIONAL STANDARDS MODULE

MAN Standards Required: 35

MAN Standards Achieved: 35

MAN Standards Must be met to achieve module: 0

LP Standards Total: 30

LP Standards Achieved: 30

LP Standards that must be met to achieve all components: 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-Achieve	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	4	1	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	1	1	—	1	0	—	1	0	—
Aboriginal Organizations	3	3	3	0	3	0	5	3	—	5	0	—	5	0	—
Community	0	0	0	0	0	0	7	4	—	7	0	—	7	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	35	35	33	2	35	0	30	—	24	30	—	0	30	—	0

Detailed Results for the CCA Organizational Standards Module

i. Strengths in this Module

Governance: The organization has an inclusive governance model. It was noted by the review team that SOAHAC Board Members choose to be part of this organization because they are committed to its mission and believe in its work. It was clear that members of the board of directors understand their role, follow straightforward guidelines addressing conduct and ethics, and have systems in place to support decision-making.

Leadership: The review team was impressed by the role played by the leadership team and the Executive Director in improving the quality of services, programs and operations, as well as their commitment to address the needs of persons and communities served and to advocate for issues impacting Indigenous peoples in the community, Ontario and across Canada. SOAHAC has committed to administer the Ontario Indigenous Cultural Safety Program, which has allowed thousands of people to receive interactive training to increase knowledge and enhance self-awareness about indigenous specific bias and discrimination in health and social services systems.

Stewardship: The organization has effective financial management systems. Reports and financial records are submitted on time, which has ensured a good relationship with funders and partners. The board reviews financial monitoring reports at least on a quarterly basis.

Strategic Plan: The vision, mission and values guided the design and implementation of the Strategic Plan and the Operational Plan. They are also incorporated into the work plans of all Staff.

Community: SOAHAC has successfully worked in the Community Health Centres (CHCs) and Child Youth Mental Health (CYMH) sectors very seamlessly. SOAHAC is adaptive due to its strong foundation – Indigenous knowledge, culturally safe environment, recognition of stakeholders' interests and expectations and committed staff. Community is at the heart of this organization and it consistently seeks and responds to community input.

Programs and services: The review team noted that expansions of services and programs were responsive to community needs. In addition, SOAHAC has a new wholistic intake process which is innovative and unique. The organization has been successful in building a trusting relationship with Indigenous communities and individuals. During the Client Journey interviews, clients stated that a contributing factor to this trusting relationship is the SOAHAC's ability to attempt to meet every need that they present, which has led to the organization occupying a mentorship role in the community.

Learning: SOAHAC is now a place that students seek out in order to do their co-op or student placement. The organization creates opportunities for students to enhance cultural safety and professional skills development in working with Indigenous people.

Systems and Structures: The policies and procedures of the organization are well written and are used to guide the staff in the daily operations. Staff members feel that data handling is an asset of SOAHAC. The review team heard that the quality of data collection and management are strong which is necessary for good reporting and decision-making processes. The sound data and electronic records system supports SOAHAC in its programming and planning.

Welcoming organization: SOAHAC offers a welcoming environment for staff and clients. One client said, *“Once I entered the building and I saw the art, I felt at home”*. SOAHAC’s clients know that this is a safe place to come for healing.

Human Resources: There is adequate space and resources for the staff to perform their duties and responsibilities and they are well supported by their managers when they are facing challenging clients and situations. The review team heard that that staff receive appropriate supervision and support when needed. The addition of the Regional Directors has filled a management gap with the continuous expansion of locations and services. The reviewers also noted that although SOAHAC operates from four sites, the staff operate as one unit and are supportive of each other across locations.

SOAHAC has continued to grow since its inception and this has meant not only an expansion of services but also an increase in staff. Efforts are made to hire qualified professionals from the Aboriginal Communities.

SOAHAC staff were identified as an essential asset to the organization. The staff believe in the model of service, and what it represents, which is evident in the amount of work they take on. They are dedicated to their clients and understand the wholistic integrated care model. Also, the staff have positive working relationships and SOAHAC implements activities to ensure these are maintained, with an example being the wholistic circle of care meetings which are held monthly at each site.

ii. Further Areas to Improve Quality in this Module

The organization is commended for its achievement of all Leading Practice Standards and indicators in this module. No immediate action is required for accreditation.

B. CHILD AND YOUTH MENTAL HEALTH STANDARDS MODULE

MAN Standards Required: 16

MAN Standards Achieved: 16

MAN Standards Must be met to achieve module: 0

LP Standards Total: 18

LP Standards Achieved: 17

LP Standards that must be met to achieve all components: 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	M-Achieve	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
Knowledge and Learning	1	1	1	0	1	0	4	2	—	4	0	—	4	0	—
Intake, Client Orientation and Assessment	6	6	6	0	6	0	2	1	—	2	0	—	2	0	—
Service Delivery	5	5	5	0	5	0	3	2	—	3	0	—	3	0	—
Intervention Planning, Implementation and Closure	4	4	4	0	4	0	5	3	—	4	0	—	4	0	—
Groups	0	0	0	0	0	0	2	1	—	2	0	—	2	0	—
Community and Home-Based Services	0	0	0	0	0	0	2	1	—	2	0	—	2	0	—
Totals for Module	16	16	16	0	16	0	18	—	15	17	—	0	17	—	0

Detailed Results for the Child and Youth Mental Health Standards Module

i. Strengths in this Module

Knowledge and Learning: The organization uses a data-driven decision-making process. The review team read and heard examples of programs and services that were either enhanced or started based on review of data and information the organization had collected and analyzed.

Intake, Client Orientation and Assessment: The organization defines its eligibility criteria, process for screening and admitting persons served and the community's methods of accessing services. It was clear to the reviewers, based on interviews, how children and youth needs are prioritized and how they and their families are provided with holistic culturally safe care and services.

There is a comprehensive assessment process adapted according to the intervention/treatment needs of the child or youth and family. The review team also heard how treatment and counselling modalities are adapted to best meet the needs of these clients and how wrap around services mobilize the community to support children, youth and families. It is not a one size fits all approach but rather client and family centred and adapted according to what is the most appropriate for them.

Intervention Planning, Implementation and Closure: The intervention/treatment process promotes client involvement, partnerships and shared decision making. The review team was impressed by the collaborative model used: service providers, partner agencies, families, and others in the circle of care are brought into the process including traditional healing options.

The intervention/treatment plan is communicated in a manner tailored to support the understanding of the child or youth and family. This is a definite strength based on the review team readings of pre site documentation and what they heard from staff during interviews.

ii. Further Areas to Improve Quality in this Module

The organization is commended for its achievement of a sufficient number of Leading Practice Standards and indicators in this module.

The organization may wish to consider this unmet Leading Practice standard as an area for further development.

Standard CYMH-PIC-5 *Intervention/treatment is reviewed and recorded on a regular basis.*

- **Indicator CYMH-PIC-5.1** *There is a policy that requires review and recording in the file of a person receiving intervention/treatment at least every six months, unless the file is closed before six months.*
 - The review team heard that staff review the files of children and youth receiving mental health services within the timeline required by the indicator, but they could not find a written policy. CCA encourages SOAHAC to set the expectations of file review in writing as way to ensure consistency.

- **Indicator CYMH-PIC-5.2** *Files reflect review of client needs and goals and intervention/treatment methods at least every six months, unless the file is closed before six months.*
 - The team noted that there is not a written policy and procedure providing guidelines for file closure. The review team heard that some clients finish their counselling services, but may continue receiving other services at the Centre, such as primary health care, so the file continues open. The review team recommends the development of a clear policy in regard to file closure for the Children and Youth Mental Health program/services, regardless of whether the client is continuing to receive other services at the Centre.

No immediate action is required for accreditation in the above section: Further Areas to Improve Quality. However, CCA strongly encourages SOAHAC to continue to improve upon the areas identified.

C. COMMUNITY-BASED PRIMARY HEALTH CARE STANDARDS MODULE

MAN Standards Required: 13

MAN Standards Achieved: 13

MAN Standards Must be met to achieve module: 0

LP Standards Total: 3

LP Standards Achieved: 3

LP Standards that must be met to achieve all components: 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-Achieve	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	2	1	—	2	0	—	2	0	—
Delivery of Quality Programs and Services	6	6	6	0	6	0	1	1	—	1	0	—	1	0	—
Service Safety	5	5	5	0	5	0	0	0	—	0	0	—	0	0	—
Totals for Module	13	13	13	0	13	0	3	1	3	3	0	0	3	0	0

Detailed Results for the Community-Based Primary Health Care Standards Module

i. Strengths in this Module

Community Based Approach: The organization is guided by a population-based approach that is informed by health equity and grounded in the social determinants of health and principles of health promotion.

The organization works to reduce health inequities for clients and communities served. Health inequities are assessed by reviewing health outcomes, access issues and other barriers contributing to health risks for different demographic segments of communities served. The implementation of the Indigenous Palliative Care Team, SOAHAC's participation in the University of Western SOAR program, and the addition of dental and midwifery services are examples of strategies that have contributed to advancing health equity.

The review team heard about SOAHAC collaboration with system partners such as the South West LHIN Health Links and Palliative Care teams to complete Health Equity Impact Assessments, as a valuable exercise to ensure equitable access to services and to identify risk mitigation strategies to minimize the occurrence, or further widening, of existing health disparities.

Local information sources such as "*Our Health Counts*", program activity reports, and Client Survey results are utilized to identify site-specific access issues and barriers contributing to health risks.

Accessibility: SOAHAC is flexible, adaptive and responsive to clients' needs. This includes a low barrier/threshold to access SOAHAC services, which ensures that community members can easily receive the help they need. Some examples: transportation support for clients who need it (e.g. taking children for dental appointments), easy access to medication as a pharmacy is located at Chippewa site, work around the opioid crisis, mental health supports and crisis situations, particularly for youth. Partnerships with the Diabetes Coordinated Access program to ensure that Indigenous patients are seamlessly referred to SOAHAC for care.

Health promotion: The organization is actively engaged in health promotion. Placing culture and tradition at the core of all health and community development practices provides a space of safety and belonging where individuals, families and communities find meaning.

Many SOAHAC programs are focused on community health improvements:

- gardening programs that teach gardening skills and educate on traditional foods and related teachings,
- medicine walks to gather and educate on traditional medicines,
- traditional healing, traditional teaching, traditional healing liaisons,
- teaching circles and ceremonies and land based activities,
- spiritual guidance,
- health navigators,
- support living at home for as long as possible- Supporting Aboriginal Seniors at Home (SASH),
- communicating/education done creatively – using pictures, videos with clients, art.

ii. Further Areas to Improve Quality in this Module

The organization is commended for its achievement of all Leading Practice Standards and indicators in this module. No immediate action is required for accreditation.

SECTION 4: CONCLUSION

CCA and the review team appreciates the work undertaken by SOAHAC to prepare for its review and the warm welcome received while on site.

The evidence submitted and the site visit have confirmed that SOAHAC is an organization that understands clients' needs and ensures that clients have timely access to its services and programs.

SOAHAC has established innovative partnerships to reduce health disparities and respond to community needs such as the partnership with the Middlesex-London Health Unit to operate a dental clinic and to distribute Naloxone to clients who are at risk for opioid overdose; with the University of Western Ontario and Oneida Nation of The Thames, to work collaboratively as one team on the Pathways for Health Equity Research Program; with the Grey Bruce Health Unit to provide a needle/syringe exchange service for clients; and with the South West Local Health Integration Network to be part of the Indigenous-led Hospice Palliative Care Model.

The review team heard about the organization's commitment to work guided by a population-based approach that is informed by health equity and grounded in the social determinants of health and principles of health promotion. This approach is reflected in the strategic and operational plans and the quality of health services for Indigenous people across the region served.

The organization has demonstrated leadership in their work with Indigenous communities and has impacted the work of many social services and health care organizations through the Ontario Indigenous Cultural Safety Program.

The review team was impressed with the inter-professional collaboration within. There is a culture of reaching out to each other and working together to meet clients' needs.

Congratulations in meeting all the 64 Mandatory Standards in the Organizational, Child and Youth Mental Health and Community Based Primary Health Care Standards and 50 out of 51 of the Leading Practices Standards in the three modules.

SOAHAC's accreditation performance provides further evidence that the organization is strongly oriented to quality improvement, and that innovation, especially in forming collaborative and strategic partnerships is a critical feature of the organization's success.

CCA is pleased to accredit Southwest Ontario Aboriginal Health Centre for a four-year term.