

Behaviour Stabilization Consultation Team: A Jointly “Owned” and Operated Pilot- A New Kind of Partnership



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History and Format



- Four cross-sector agencies identified a shared need for enhanced services to caregivers
- Grounded in evidence based practice that, alone, none of the agencies could establish
- Kinark asked to lead due to multi-year experience in implementing EBP in field of mental health
- Focus was on maintaining placement stability for children and youth in care
- Caregiver coaching model was designed to take place in the child/youth existing placement

Anticipated Outcomes of BSCT

- Fiscal service target: 24
- Increased stability of placements
- Increased caregiver skills
- Reduced behaviour problems; improved school performance
- Improved effectiveness and efficiency in permanency planning
- Reduced intensity of support for youth
- Improved allocation of resources
- Increased collaboration
- Increased use of standardized tools

Key Programme Elements

- Interdisciplinary Team
- Intensive Assessment and Intervention
- Caregiver skill development
- Intervention within the child's residential environment
- Intervention adapted to caregiver capacity and environment
- Contribution to evidence based knowledge

Governance of Programme

- Memorandum of Understanding was agreed upon in September 2009
- All four agencies jointly own, operate, monitor and evaluate in full partnership
- Structure of committees set up:
 - Governance
 - Management
 - Program

Governance Committee

- **Membership:**
Executive Directors and/or designates of each agency
- **Purpose:**
 - Endorse partnership agreement
 - Approve resources required
 - Oversee cost, utilization, outcomes and service pressures
 - Decide to renew, revise agreement
 - Receive feedback from Program Managers
 - Meet every 6 months or at the call of one of the parties

Management Committee

- **Membership:**
 - Designated Program Manager from each agency
- **Establish service delivery structure, roles and responsibilities**
 - Planning, implementing and monitoring operation of service
 - Recommend revisions to MOU as necessary
 - Establish outcome measurement tools and indicators
 - Track utilization
 - Problem solve operational challenges
 - Review and report outcomes quarterly
 - Accountable to Governance committee

Program Committee

- **Membership:**
 - Delegate of each CAS
 - BSCT Supervisor
- **Purpose:**
 - Collaborate to make timely operational decisions that ensure equitable access and benefit of the partners
 - Facilitate referrals/admissions
 - Provide input into identification of evaluation tools
 - Maintain oversight of consultation and coaching process
 - Track incoming referrals
 - Meets monthly

Target Child/Youth Profiles

- Complex and difficult to manage children and adolescents in long-term care/placements (foster, group home, kin, adoptive)
- Clients may be in behavioural/psychological distress but the intensity of support does not require a secure environment.
- Excludes youth:
 - a) requiring addiction treatment;
 - b) experiencing acute psychoses;
 - c) youth at imminent risk of harm to self or others.

Clinical Model of Service Delivery

- Theory and EBP:
 - Applied Behaviour Analysis
 - Trauma informed work
 - Caregiver coaching – Triple P
- Intervention is based on individualized treatment planning and caregiver education and skill enhancement
- Involvement is 3 months, intensive support 2-3 visits per week, 1 -2 hours in length
- 90% caregiver coaching, 10% direct child/youth work

Clinical Model cont'd

- Referral Package completed by CAS social worker
- Supporting documents including psychological assessments, social history also provided
- Formal Intake, Individual Treatment Plan and Discharge meetings held
- Assessment based:
 - Functional Behavioural Assessment
 - Pathways Inventory (R. Green)
 - Trauma Screen Tool
 - Child Attachment Checklist

Clinical Model cont'd

- Mental health (trauma) informed behaviour management strategies provided to caregiver
- Identification of additional supports and services needed
- Referrals to other service providers (trauma assessments, counseling)
- Some transfer to bio parents on individual case by case basis (access visits, etc)
- Focus on caregiver skill development for ongoing sustainable behaviour management

Unique Partner Perspectives- Peel



- Need to address high rates of 1:1 use
- Referrals draw from group homes vs foster homes
- Age range of children/youth referred: 10 -17
- Referrals tended to be more immediate crisis response
- Existing internal resources
- Complementary collaboration with CYW staff

Unique Partner Perspectives – Guelph Wellington



- Rural population: geographic considerations for support and service access
- Age range referred: 7-16
- Early lessons learned regarding importance of effectively communicating with foster parents and staff regarding program
- Have referred a range of children/youth both in foster care, adoption probation and group care.
- Early indications that caregivers are benefitting from learning new skills
- Impact on children/youth not yet fully understood

Unique Partner Perspectives - Halton



- Gaps in foster care training: Caregiver training/capacity building needs
- Age range referred: 6 – 17
- Learned that communication about program from top down crucial to success and engagement from caregivers referred
- Suburban population

Why Evaluate?



- Objectives: What is the program trying to achieve?
Change in:
 - Symptoms
 - Functioning
 - Consumer perspectives (Hoagwood, K. et al., 1996)
- Objectives can target different levels, including:
 - Child and family
 - Staff
 - Program
 - Organization
 - Field (Lyons, 2004)

Why Evaluate?

- **Rationale: What is the basis for the intervention?**
 - Theories
 - Guiding principles
 - Programs/services reviewed
 - Internal data
 - EBP's reviewed
 - Literature reviewed
 - Key informants

Why Evaluate?

- **Intervention & Client Population:**
 - What is the intervention?
 - Who is the focus of the intervention?
- **Activities & Outputs:**
 - What is done with clients?
 - What will be produced or delivered?
- **Process & Impact Factors:**
 - How and how well is service delivered?
 - What difference does the service make?
- **Measurement: How are objectives measured, when, by whom?**

Evaluation Framework

Objectives	Rationale	Intervention & Population	Activities & Outputs
<p>Client: Increased functioning/strengths Reduction in targeted/difficult behaviours Reduced behaviour problems</p> <p>Staff: Experience service as effective Increased skill</p> <p>Program: Improved effectiveness in permanency planning Youth matched to intervention</p>	<p>Theory: Applied Behavioural Analysis, Individual Treatment Planning/Individual Behavioural Strategies, Caregiver Education/Coaching, Trauma-informed Work</p> <p>Services Reviewed: Current CAS Services Client Profile</p> <p>Principles: In situ behavioural planning Caregiver education</p>	<p>Intervention: The 5 components of the BSP model: 1) Multidisciplinary team; 2) Applied behaviour approach; 3) Individualized treatment plan; 4) Caregiver and residential staff skill development ; and; 5) Case review and clinical supervision</p> <p>Population: Complex and difficult to manage children and adolescents in long-term care/placements.</p>	<p>Activities: Caregiver Coaching Teaching techniques and strategies through feedback, modeling and role plays Assessment and development of intervention strategies to address behaviour change</p> <p>Outputs: 24 youth served Weekly Team meetings Training courses Specialized assessments Individualized plans Measures/tools Database New initiatives</p>

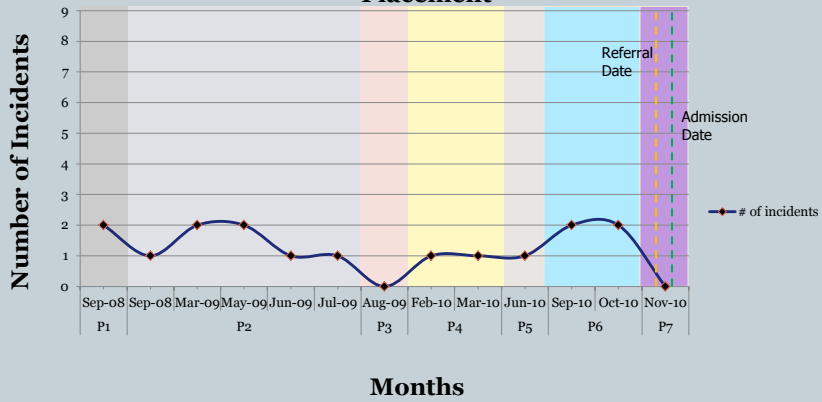
Tools of this Evaluation

Client and Caregivers	Objectives
Strengths and Difficulties Questionnaire	Increased Functioning/Strengths
Ontario Looking After Children (OnLAC) Measure	Improved relationship with Caregiver
Child and Adolescent Needs and Strengths (CANS)	Reduced behaviour problems
Plan of Care forms	Increase in Child's placement stability
Serious Occurrence forms	Experience service as effective
Client Experience Questionnaire	
Staff	
Staff Experience Interviews	Increased skill and satisfaction with service
Community	
Referral Source Questionnaire	Experience Service as efficient

Results



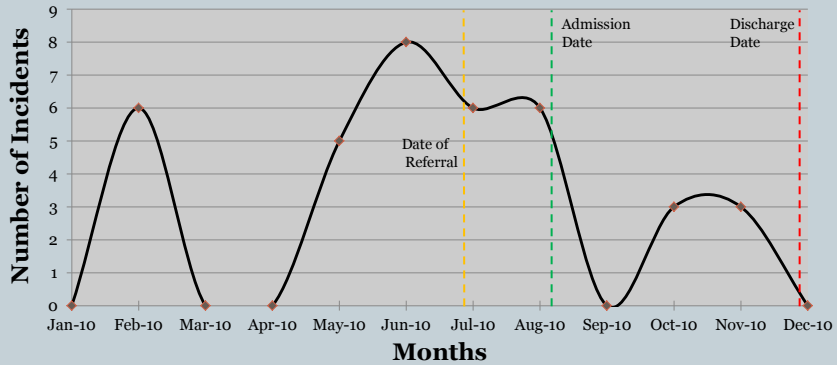
Child 1 – Frequency of Incidents per Month & Placement



Results

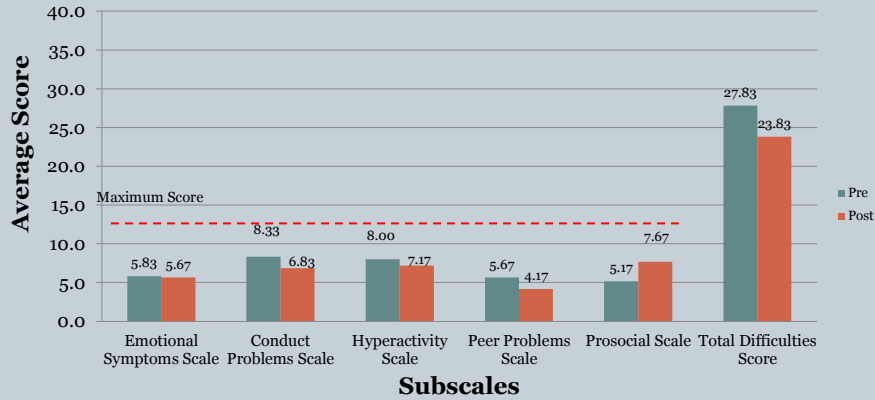


Child 2 – Frequency of Incidents Per Month



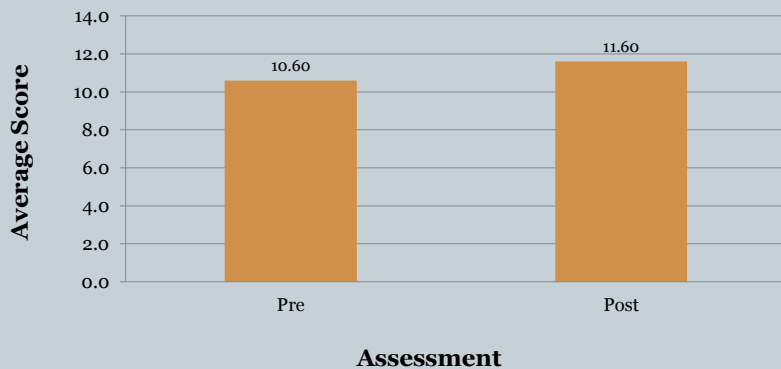
Results

**Strengths and Difficulties Scores from Caregivers 6-9
Pre (n=6) and Post (n=6)**



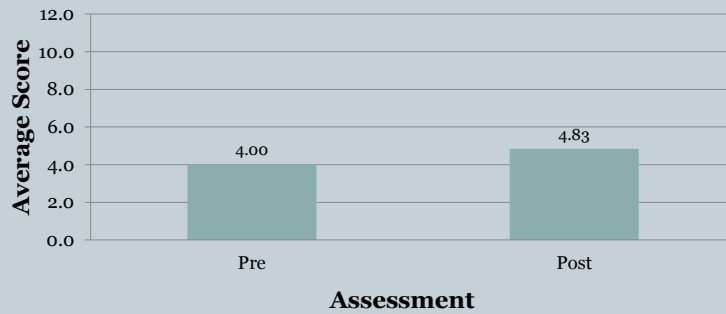
OnLAC Results – Youth (13 – 17)

**Nurturing Parenting
Pre (n=5) and Post (n=5)**



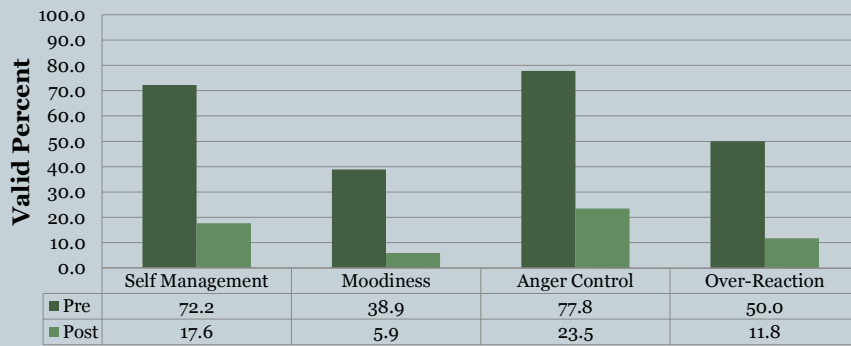
OnLAC Results – Caregivers (6 – 9)

Positive Social Interaction Pre (n=6) and Post (n=6)

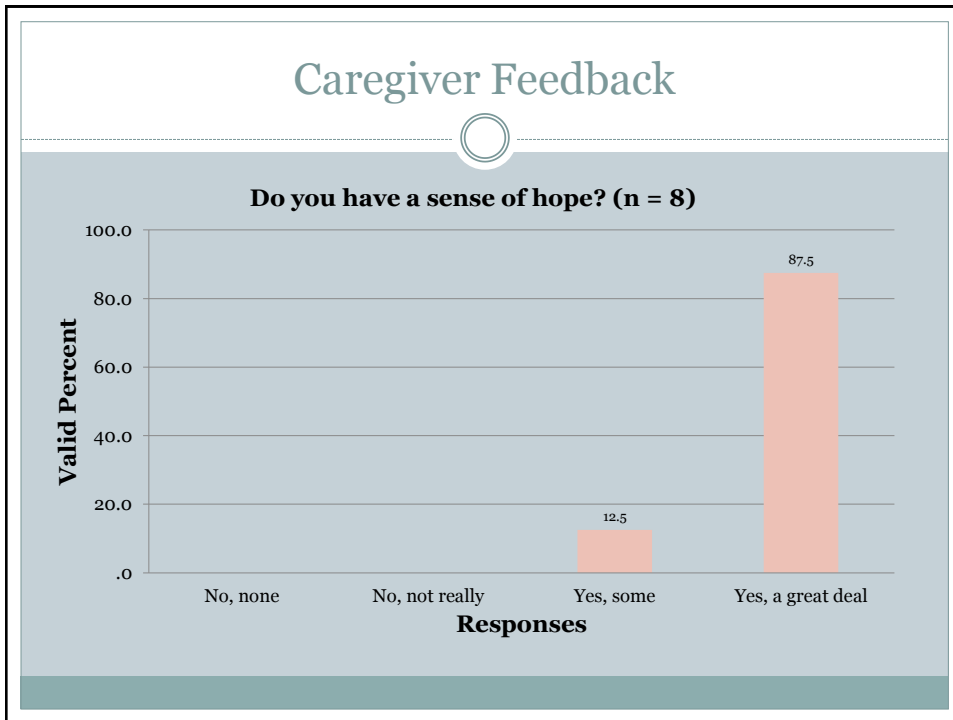


CANS Assessment

Percentage of All Clients in Behaviour Stabilization (n = 17) with Actionable (2 or 3) Emotion Regulation Needs at Entry and Exit



Emotion Regulation Skills



- ### Challenges & Next Steps
- **Challenges**
 - Early Results
 - Low number of responses
 - Different perspectives create a lot of noise
 - **Next Steps**
 - Staff Interviews
 - Referral Source Questionnaires
 - Continue to Collect Data from CAS Partners & BSCT Clients

Moving Forward

- Possible extension of services to kin, adoptive and bio families
- Continue to collect data and evaluate
- Use of evaluation framework to inform future direction and model of service:
 - Length of involvement
 - Optimal client profile
 - Refinement of clinical practices
 - Enhanced collaboration with internal agency support staff

Thank you!