

1 OUTCOMES 013

2 ABSTRACT

(o13) Central Intake in Brant region (Ontario) uses 'BCFPI Triaging Guidelines for Central Intake' to support triaging referrals into 1 or more of 4 service streams, in accordance with their needs and BCFPI profiles. (see www.bcfpi.com | Core Functions | Triaging | Guidelines | 'Triaging Guidelines for Central Intake')

This project starts by broadly examining client uptake of this triaging approach; client satisfaction and outcomes at discharge; and outcomes at 6 and 12 month follow-up. Its case-handling capacity will be compared to previous approaches.

Then, satisfaction and outcome results grouped by the service combinations to which the cases are referred, including Brief (1-6 session) Therapy, 1 or more of 7 specific traditional clinic treatments, large COPE groups and referrals to community services will provide information re the effectiveness of these specific components.

The hope is that systematic triage, large groups and brief consults will increase system capacity, and that all aspects of the system will achieve high rates of client satisfaction, and outcomes comparable to benchmark outcomes for each of the CMH problems addressed by the system.

2.1 ABSTRACT DATE / UPDATE:

January 2005 / initial results, sec, 7.1 Sept 2005

3 SERVICE TYPE

Systematic triaging to, and then provision of 1 or more of: (i) Brief Clinical Consults, (ii) Traditional clinic services, (iii) Large skill building groups (COPE), + (iv) referral to community services

4 SERVICE DESCRIPTION

Contact Brant is the single point of access into children's mental health services in Brant. In response to the extended wait time for formal children's mental health services (14 month wait for non-priority office based counseling) Contact Brant and Woodview Children's Centre have jointly established a triaging process that will re-direct cases to most appropriate and most accessible agency and community services and resources, given case severity and problem type.

The initial triaging of the case will primarily be determined using the BCFPI parent rating. Contact Brant staff will also engage in an intake interview in the event that they have concerns about the validity of the BCFPI responses or results for a given case.

Contact Brant Intake workers will categorized cases, for triaging, into **1 or more** of the following 'types', in accordance with the following criteria. This categorization will be based on inspection of profiles and related intake information. The categorization will not be recorded in the data base, but will be calculated, post hoc, to group cases, for project data analysis. Triaging will be recorded, as described further below (Services).

- Type I. Referrals with Attention Management, Cooperativeness or Externalizing scores => 70.
- These will generally be triaged to evidence-based group interventions. (e.g. COPE.)
- Type II. Referrals with Conduct, Separation, Anxiety, Mood, Self-harm, Internalizing, Total mental health, or Global Child functioning scores =>70; or 'Other concerns' and /or narrative and /or related referral information suggesting a complex child mental health problem)

- These will typically be triaged for assessment and treatment by an accredited Children's Mental Health agency, clinic or professional.
- Ila. Selected cases in this group will be offered 'fast access' to Brief Therapy (1 - 6 session)... those with anger problems, behaviour problems, ADHD, social problems, bullied or bullying, parenting issues, separation and divorce, school issues, learning difficulties, mild depression or anxiety. This excludes clear psychiatric issues, debilitating anxiety, significant depression, suicidal ideation or act, complex, multi-problem cases, case management needs, significant CAS involvement, longstanding school issues and serious behaviour problems.

Type III. Referrals with any of 4 specific risk factors (Family Functioning, Informant Depression, Abuse, poverty (income <\$20K) above threshold).

- Type III cases who also meet criteria for types I or II above, will typically be assisted by the provider assisting them with these problems. Otherwise they will be triaged to community service(s) which addresses the issue(s) (Adult MH, FSA Child Welfare).

Type IV. Referrals with normal concerns or questions, but no significant child mental health symptoms or risk factors.

- Type IV cases will be informed re the community's full range of support services. (readings, videos, support and skill building groups).

Services to Which Cases Triageed, based on case type

The clinical CMH services provided for these cases typically include:

(For Type I cases (>70 for externalizing, but not conduct):

- **COPE:** 10 week psycho-educational group for parents of challenging 3 to 12 year olds with a social skills component for children aged 6 to 12. (<http://communityed.ca/frames.htm?training.htm~main>).

Evening sessions will be offered at the local 'Boys and Girls Club'. The group will run for 8 weeks and be offered once per quarter, for parents of 6 – 12.99 year old children with Attention Management, Cooperativeness or Externalizing scores => 70.

Intake workers will use a script similar to the following for introducing COPE to these parents...

"(One of) the problem(s) you've described is Johny's very challenging behavior.

In Brant, we're using COPE to help parents with this problem. Evidence shows that the COPE program is very effective for these problems.

COPE runs in 8 weekly evening sessions at the Kiwanis Boys and Girls club, at (location). The next group starts on (Tuesday) evening, and it runs from (x pm - y pm).

IN COPE, parents learn new approaches to the problems they're having, try these out at home, and then review and refine their approaches in the following weeks. They learn from each other's experiences, and are assisted by the group leaders, from Woodview Children's Centre'

There are still openings available for the next group... would you like me to register you? There's no charge!

(For Type II Cases (> 70 Internalizing and/or Conduct and or Global Child Functioning or serious 'other concerns/ narrative)

- **Brief Therapy:**

Woodview's Brief Therapy program provides an alternative to long-term treatment. The clinical research and literature demonstrates that most change occurs in the first 3-4 sessions and that as treatment goes on, the degree of change decreases. Not all individuals or families want or need long-term treatment. Brief therapy provides clients with an alternative to this and the wait time involved. The Brief Therapy program is solution-focused, strength-based and client driven. Criteria for referral includes cases where there are no acute psychiatric concerns or complex system issues that might require case management. Individuals or families must see brief therapy as a viable option for the issues that they want to address.

- **Woodview's Clinical Programs:**

1. Office-Based Assessment and Treatment Services

Services within the office-based treatment program focus on a comprehensive assessment of a wide variety of emotional, social, and behavioural issues and may include consultation regarding psychological and psychiatric issues. Treatment plans are developed in conjunction with the child or youth and their family. Cases identified with suicidal ideation or act, debilitating anxiety, significant depression or significant sexually acting out behaviour are assigned on a priority basis and seen by a clinician as soon as possible. Firesetting cases are referred to TAPP-C (The Arson Prevention Program for Children).

2. Priority Response

This is a home, school and community-based program that provide intensive support and stabilization to children and youth (ages 7 to 18) and their families. Criteria for referral include those with acute mental health issues that put their safety or others at risk and family functioning is compromised. Clients are seen on a priority basis for up to 30 days and service includes stabilization, problem-solving, conflict resolution and development of a plan to address the identified concerns. Support is provided 24 hours / 7 days per week. Some families may require further services and recommendations would be made to Contact Brant about this.

3. Intensive Child and Family Services

This is a home, school and community-based intensive therapeutic service, that provides counselling, and support to children and youth (ages 7-18) with significant mental health issues (social, emotional, behavioural, psychological or psychiatric) and their families who are experiencing multiple stresses and would benefit from more flexible and accessible services. This program provides up to 6 hours of service per week and support 24 hours / 7 days per week. Parenting groups and children's programs may be offered as well as follow-up "booster" sessions if required.

4. Early Years Program

The Early Years Program is an intensive home, preschool/school and community based service for families with children aged 0 to 6 who are exhibiting significant emotional and behavioural difficulties due to psychosocial factors. Services are focused on child development, parenting strategies, parent-child relationships, and consultation and support to preschool and school settings to enable the child to improve functioning in all aspects of their life. Support is available 24 hours a day, 7 days a week and services are flexible and accessible. "Booster" sessions are offered if required.

5. Wraparound Brant

This is a strength-based, individualized process that supports children and youth with complex needs that are not being met by social services agencies and/or the school system alone. A Wraparound facilitator helps families identify their unique strengths and needs and develop a personal plan to assist them. Plans include both formal and informal supports and are flexible and unique to each family. Wraparound is for children and youth and families for whom traditional services have not been enough. Wraparound is a planning process and/or a service coordination model, not a treatment intervention.

6. Day Treatment

Day treatment is a comprehensive therapeutic program located in a community school for children and youth who are experiencing emotional, behavioural, social, psychological and/or psychiatric difficulties which impair their ability to function in a mainstream school setting. The difficulties are not to the extent that residential treatment would be required. Day treatment focuses on social skills, peer relationships, remedial educational, individual and family counselling, parenting strategies & support, and recreational activities. The goal of the program is reintegration into a mainstream school program. There are day treatment programs at both the elementary level (ages 8 to 12) and the secondary level (ages 13 to 16). Family involvement is required.

7. Residential Treatment

Residential treatment is structured to provide a 24-hour therapeutic milieu, which includes a Section 20 educational program in a community school, for boys ages 8 to 12 with severe emotional, behavioural, social, psychological and/or psychiatric difficulties. Family involvement is required. Children and families are given opportunities for growth and change and assistance with reintegration of the child into the home and school. The program focuses on social skills, peer relationships, remedial education, recreation, individual and family counseling, parenting strategies.

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES:

The profiles of CMH referrals received in Brant are similar to Ontario's averages.

- 292 BCFPI parent interviews were completed for referrals occurring August 1 2003 – July 31 2004. (99 (34%) were 13 or older)
 - a. 196 (66%) matched Type I criteria (externalizing)
 - b. 225 (77%) matched Stream II criteria ('internalizing)
 - c. 171 (59%) matched for both Type I and Type II criteria.
 - d. 25 (9%) matched Type I criteria only
 - e. 54 (18%) matched Type II criteria only
 - f. 41 (14%) matched Type III or Type IV criteria only (no CMH scores >70)

5.1 UPDATE RE REFERRAL TYPE, JAN 1 2005 – JUNE 30 2005

The %'s for all of the above categories continued as above, +/- 1% for each.

6 OUTCOMES SAMPLE TARGET

See details below.

7 DATA GATHERING AND ANALYSIS POINTS AND METHODS

When CB's data is analyzed, cases will be grouped (based on profile scores) into 1 or more of the 4 types:

Case types

- Type I (externalizing) (~66% of referrals)
- Type II (Internalizing) (~77% of referrals)
- Type III (Risk factors)
- Type IV (Normal concerns only)

Agency enrolments

- Contact Brant (CB) will record a referral to CB showing date case referred to CB
 - CB will record a referral to Woodview¹ (WV) when the case is referred to WV.
 - CB will record an admission to WV on the date of the case's first admission to one of the WV services listed below.
- CB will record corresponding discharges.
 - From WV, on date of final WV discharge from last WV program.
 - Otherwise, date of discharge from specific services, listed below.

Programs/ Service Enrolments

CB will create list of programs /services to be tracked in this project, and record enrolments.

'Referral' = date case referred to service; 'Admitted' = date service starts, 'Discharge' = date service concludes.

Programs /services include any of the following, and any others which may be needed. (see service descriptions in sec. 4)

- Brief Therapy
 - Community
 - Office-Based Assessment and Treatment Services (Woodview²)
 - Priority Response (Woodview)
 - Intensive Child and Family Services (Woodview)
 - Early Years Program (Woodview)
 - Wraparound Brant (Woodview)
 - Day Treatment (Woodview)
 - Residential Treatment (Woodview)
 - COPE (Woodview)
 - Community Agency (non-CMH) (generic or list specific agency(s))
 - Additional agencies or programs will be added to this list as needed. e.g. St Leonard's Office Treatment would be 'Office treatment (St. Leonard's)
- Woodview (WV) will inform CB re admissions and discharges for services and CB will enter these dates.

The preceding will allow comparison of 'new' and previous system capacity, in terms of getting at least one service (an admission to Woodview), and more detailed examination of wait list duration and sizes, and outcomes, for the specific components listed above.

Monthly in-house runs of BCFPI's 'plug-in' 'Referrals, Admissions and Discharges' report, grouped by program, will allow staff to monitor the above data, and identify and correct significant omissions.

1. Contact Brant will continue to gather BCFPI 'Parent Before' data for all referrals as part of routine intake.
2. (optional) Woodview staff may attempt to administer BCFPI follow-up surveys to all cases at the end of each service listed above.
3. (optional) Contact Brant will may attempt to gather follow-up surveys for discharges from services missed by Woodview staff.

¹ In general, all of this can also apply to St. Leonards, a new agency participating in the project.

- All discharge data will coded form stage = 'A) After'.
- 5. The most important single discharge form is that gathered at the conclusion of a case's involvement with the service system. This can be gathered by the provider, and failing that, by CB.
- 4. Contact Brant staff will seek 6 and 12 month follow-up data from all cases for whom final system discharge data was obtained.
 - code form stage = 'F) 6 month follow-up' or 'G) 12 month follow-up 1 when entering follow-up data.
- 5. Contact Brant will gather follow-up data 3 and 6 months after referral to the community, for cases referred to community agencies only. 3 month follow-up forms will be coded as 'O) Option 1', and 6 month follow-up forms as 'F) 6 month follow-up'.
- 6. Contact Brant may gather data from cases remaining on the Wait list for > 3 months. Forms will be coded as 'Before'

This outcome and follow-up data will be sought for successive discharges from each program or stream until 60 discharge forms have been completed for each.

Monthly in-house runs of BCFPI's 'plug-in' 'Averages' report, grouped by program, will allow staff to monitor program enrolments, and identify cases discharged from programs which lack expected discharge or follow-up forms.

7.1 QUESTIONS AND ANALYSIS

7.1.1 IS THE BRANT SYSTEM PROVIDING SERVICE TO MORE CASES?

- The number of Woodview admissions by the end of 4 successive quarters, starting June 30 2005 will be compared with the same periods in 2003 - 4. (26, 47, 89 and 79 (T = 241)) respectively, starting June 30 2003). This counts the numbers of cases receiving their first significant clinical service in the period. The addition of COPE and Brief Therapy should increase this number.

7.1.1.1 UPDATE RE SERVICE VOLUMES, SEPT 05.

Data needed for this question has not yet been recorded in CB's BCFPI database, (as of Sept 05) and cannot be addressed using BCFPI data. However, CB's in-house system is said to show a wait list reduction from 191 cases in Sept 04 to 37 cases in August 05 for Woodview's major programs (Office based counseling, Home-based intervention and Day Treatment.

7.1.2 UPTAKE... ARE CLIENTS USING THE SERVICES TO WHICH THEY HAVE BEEN TRIAGED?

- Comparing # of cases referred to a given group with # admitted to that group will show extent to which referred cases attend at least 1 session.
- The Referral, Admissions Discharge report will show tenure of cases in each program, which can be compared to expected tenure. (This will require accurate entry of program discharge dates = last date attended.)

7.1.2.1 UPDATE RE SERVICE UPTAKE, SEPT 05

- **Entry of Agency and Program enrolment data needs to be refined before this question can be addressed using BCFPI data.**

7.1.3 FIDELITY TO TRIAGE MODEL... IS BRANT ADHERING TO ITS MODEL?

- The number of cases referred to each service will be compared to the number of cases eligible for each service. Exceptions will be examined qualitatively.

7.1.3.1 FIDELITY TO TRIAGE MODEL; UPDATE SEPT 2005

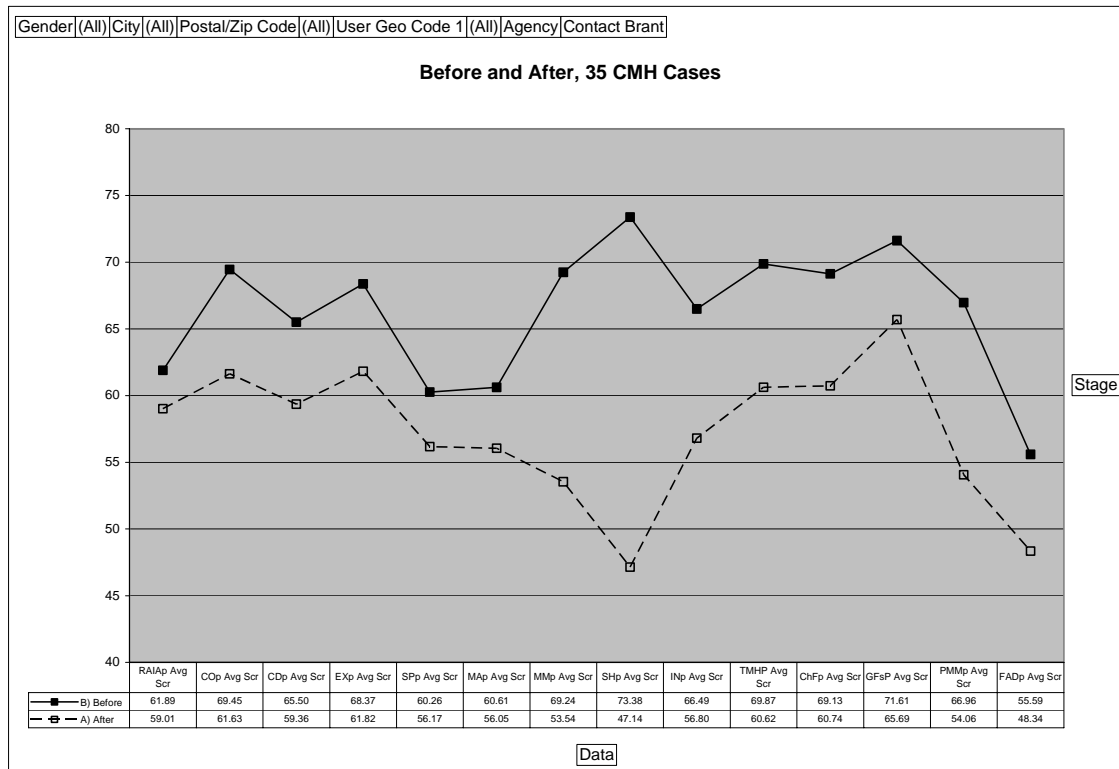
- Entry of Agency and Program enrolment data needs to be refined before this question can fully addressed using BCFPI data.
- Available data³ shows that 34% of type 1 cases (eligible for COPE) or other skill building groups were referred to COPE, Community programs, or Brief CMH interventions
- Available data shows that 52% of Type II cases were referred to a CMH.

The %'s cited above (34% and 52%) seem as though they should be higher, particularly if the triaging strategy is to be credited with improved productivity. This will be monitored as data reporting and entry is improved.

7.1.4 ARE THE SERVICES GENERALLY SATISFACTORY AND HELPFUL?

- Satisfaction and Outcomes data for 60 successive discharges from Woodview, upon **first discharge** from a Woodview program will be examined.
- Satisfaction and Outcomes data for 60 successive discharges from Woodview, upon **final discharge** from all Woodview programs will be examined.
- Satisfaction and 'Outcomes' data for 60 successive referrals from Contact Brant for Type III and Type IV cases, to community agencies, 3 and 6 months after referral to community agencies will be examined.
- Subsequent service requests or use after discharge from Woodview and community agencies will be tabulated as an estimate of longer term adequacy of that resource for specific case types.

7.1.4.1 OUTCOMES UPDATE: SEPT 2005: 'BEFORE' AND 'AFTER', 35 CASES REFERRED TO CMH



- All 'post' scores (dotted line on graph) are lower than 'pre' scores (solid line on graph).
- Largest gains occur for the most serious problems... those with 'pre' scores at or above the clinical borderline of 65

³ Supplementary report, 'BrantSuppDataReptforMgmtSep05.doc

7.1.4.2 EFFECT SIZES, 35 CASES REFERRED TO CMH (PRE SCORES =>65)

All programs combined						
Problem Area	# of pairs	Pooled SD	Avg Bef	Avg Aft	Effect Size	Benchmark
Reg Attention	15	8.3	75.8	64.9	1.3	1.0
Cooperativeness	22	8.3	77.3	64.3	1.6	
Conduct	12	19.4	88.8	65.6	1.2	1.6
Externalizing	22	9.6	77.4	65.8	1.2	1.8
Seperation	10	9.5	80.6	73.1	0.8	
Anxiety	11	13.1	79.3	63.2	1.2	1.2
Mood	23	12.8	81.5	55.8	2.0	1.1
Internalizing	19	11.8	78.9	65.8	1.1	1.8
Total Mental Health	23	10.5	77.2	66.0	1.1	1.2
Child Functioning	20	10.1	79.6	67.1	1.2	
Family adjustment	15	5.7	84.3	66.8	3.1	
Parent Mood	12	10.1	76.6	57.8	1.9	
Family Functioning	3	5.7	70.6	57.3	2.3	

- The preceding graph (sec. 7.1.4.1) compares average pre and post scores for CB Woodview cases having this data in a simple descriptive fashion.
- The table above converts these differences to '*Effect Size*'s which can be compared to the best effect sizes reported in the literature (as tabulated under 'Benchmark, Right-hand column, above table, for these problems. These literature benchmarks are based on randomized controlled trials, using well-established and clearly described (manualized) interventions.
- In the table above, cases are selected which have starting scores >65 for a given domain (i.e. cases with significant problems in that domain). The pre-post difference is converted to 'Effect size' (Avg. 'Before' – Avg. 'After')/(variation amongst scores.) This attempts to isolate the difference which could be attributable to the service, as opposed to normal day-day variation in scores.
- 'Effect size' is then compared to the benchmark. Reading row 1, above, right to left...
 - Of the 35 cases with paired data, 15 pairs had RAI A 'Before' scores >65; for these 15 pairs, Pooled SD was 8.3, Average 'Before' RAI A was 75.8; Average 'After' RAI A was 64.9.
 - 'Effect size for each Problem area' = (Avg. 'Before' – Avg. 'After')/Pooled SD
 - E.g., for RAI A, Effect size = (75.8 – 64.9)/8.3 = 1.3
 - Benchmark reported in literature = 1.0
 - This agency is performing as well or better than benchmark re RAI A, as measured upon discharge

In general, the system is achieving effect sizes similar to effect sizes reported in the literature for all problems.

7.1.4.3 SERVICE SATISFACTION: UPDATE SEPT 2005

% of 69 Clients Rating Aspects of Service 'Good', Very Good' or 'Excellent'	
Convenient location	86%
Time on Wait List	90%
Time of day when service provided	91%
Staff courtesy	99%
Information about problem	93%
Learned strategies	87%
Participation in service decisions	87%
Helpfulness of service	94%
Overall Quality	94%

- This covers all available satisfaction data, and was gathered between Jan 17 and Aug 24 2005.
- Satisfaction is very high, ~90% for all aspects.
- In other settings, Satisfaction with 'Time on Wait list' is typically reported as lower than 90%. This suggests CB/ Woodview's responsiveness to clients is seen as unusually good .by CB/ Woodview clients

Updates re program specific questions cited in 7.1.5 – 7.1.7, below, will be provided when larger numbers of case have been enrolled in programs, and provided pre-post data for analysis. Preliminary data suggests COPE is effective for cooperativeness problems and Parent Mood problems (i.e., Type 1 cases), and Office-Based Assessment and Treatment is effective for child internalizing and functioning problems, family adjustment and parent mood problems.

7.1.5 ARE SPECIFIC PROGRAMS ASSOCIATED WITH GOOD OUTCOMES (WITHIN CONTEXT OF USE OF OTHER SERVICES)?

- Satisfaction and Discharge and Follow-up Outcomes data for 60 successive discharges from each clinical program (including COPE) will be examined.
- Attempts may be made to examine the contributions of specific programs when a mix of programs is used if sample size and service configuration allows.

7.1.6 RE SPECIFIC PROGRAMS ASSOCIATED WITH GOOD OUTCOMES WHEN THEY ARE THE SOLE SERVICE USED?

- Discharge Outcomes and Satisfaction and Follow-up Outcomes data for 60 successive discharges for cases exclusively 1 program will be examined.

7.1.7 'CLUSTER ANALYSIS'... DO SPECIFIC TREATMENT / SYMPTOM / RISK FACTOR COMBINATIONS DO PARTICULARLY WELL OR POORLY?

Post hoc exploratory analysis will group cases by measure(s) of effect size, and seek explanatory patterns.

e.g

- Under what circumstances is a COPE alone sufficient; a useful adjunct to specific other services, or of limited value.
- Same questions for Brief Therapy, specific clinical services, referrals to stream IV (community supports) only.

8 START DATE

January 2005

9 CONTACT INFORMATION

Sandra Woodworth, Contact Brant; Sandra@contactbrant
Cindy l'Anson, Woodview; cianson@woodviewbrant.ca