Introducing the Scoring Tool for Assessing Residential Treatment (START):
Measuring Critical Success Factors in
Mental Health Residential Treatment for Children and Youth
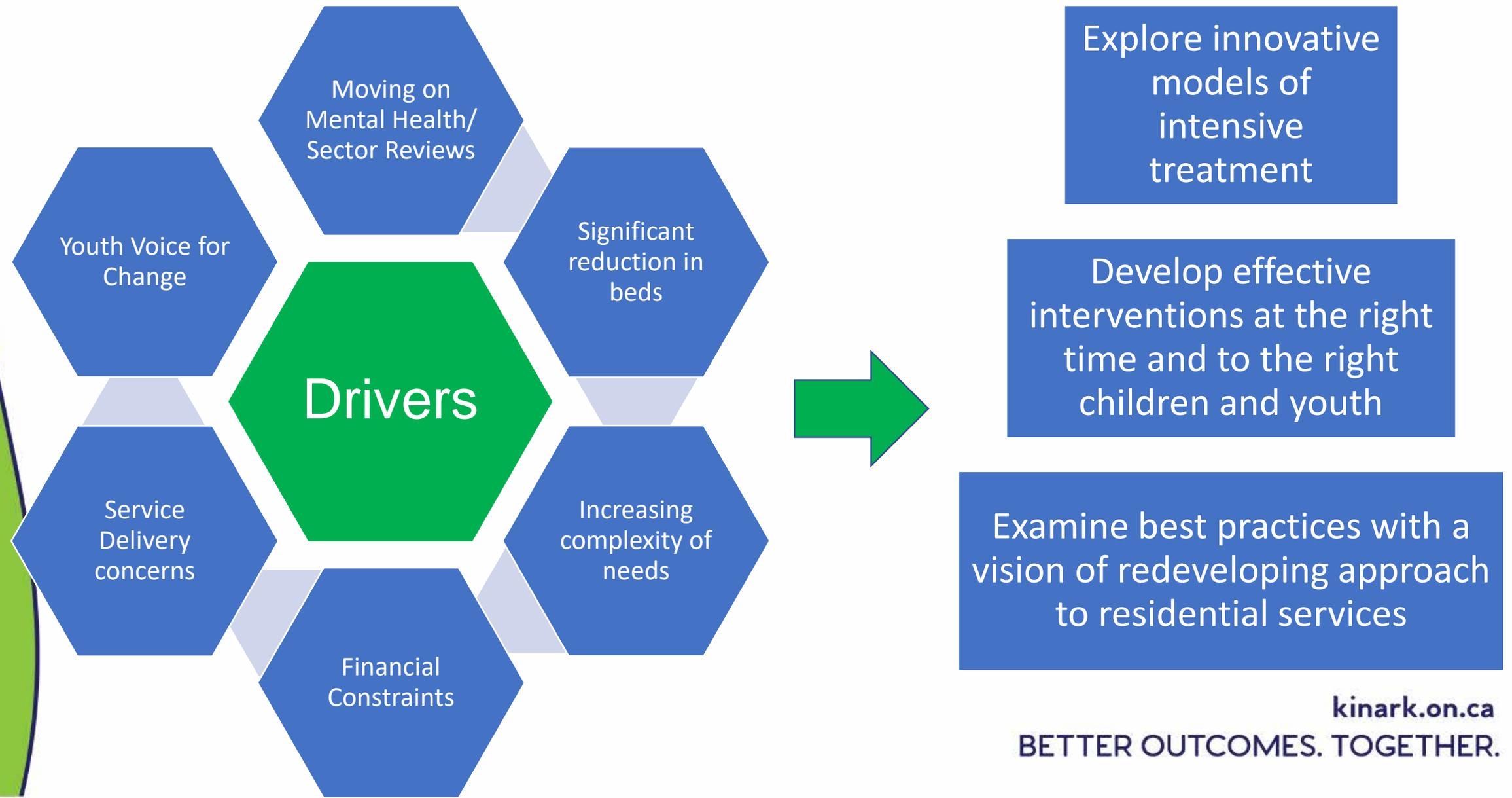
Claire Baxter, Larry Shaw, Laurel Johnson, Alex Elkader

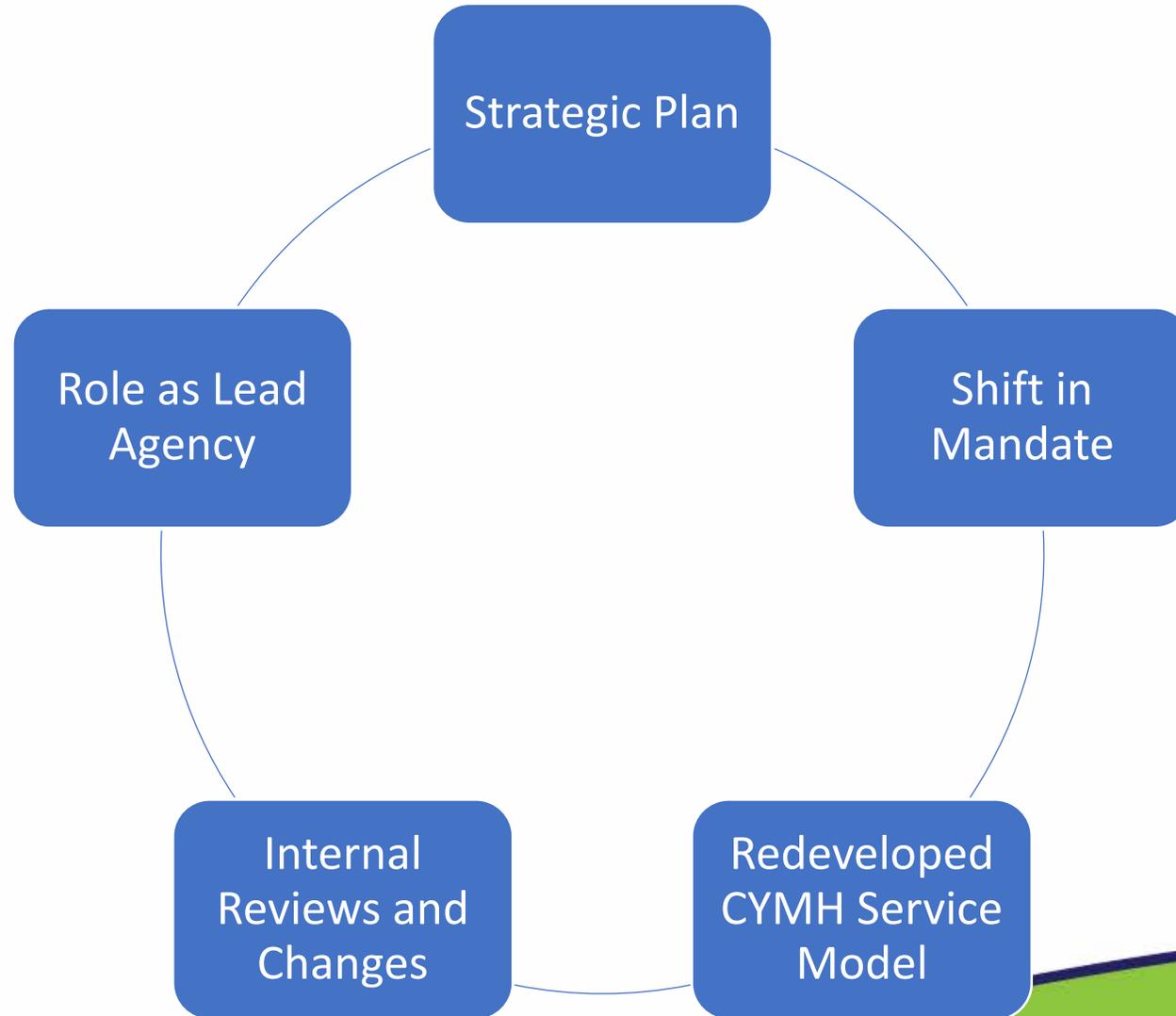CMHO Conference, November 14, 2017

Purpose

1. Introduction to Kinark's commitment to strengthening Residential Treatment

2. Introducing START: Scoring Tool for Assessing Residential Treatment

3. Discussion
    - Initial thoughts and considerations
    - Obtain feedback on the tool
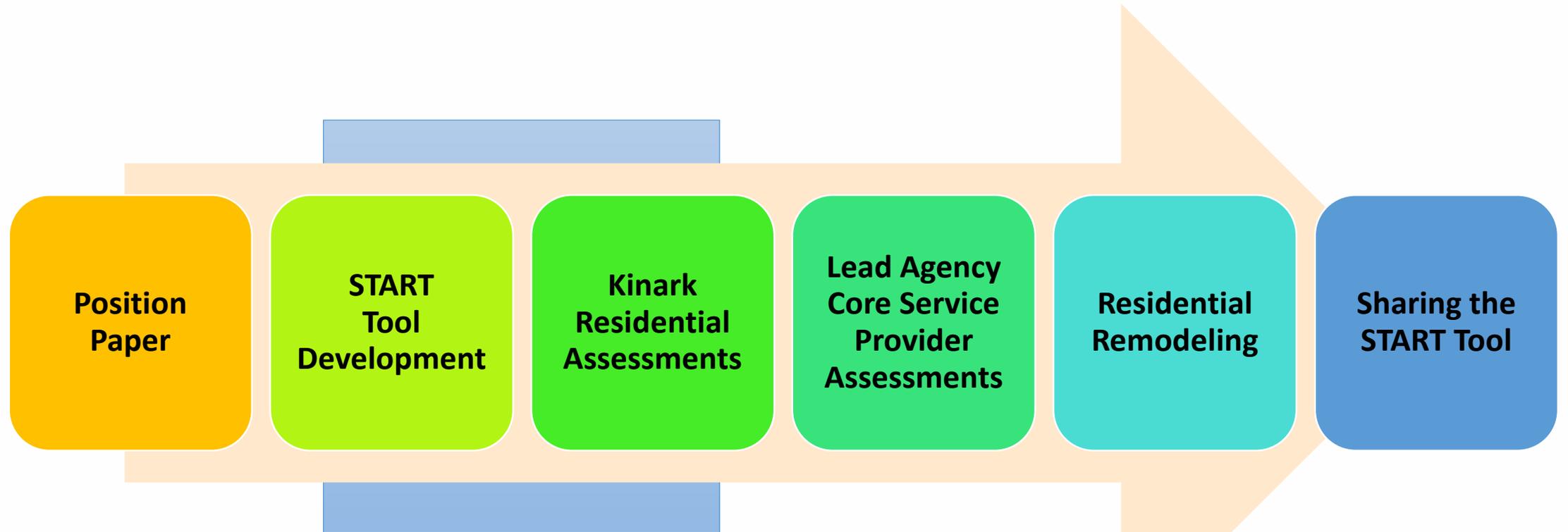   - Gauge interest from sector members

Strengthening Residential Treatment: Why?

Moving on Mental Health/ Sector Reviews

Youth Voice for Change

Significant reduction in beds

Drivers

Service Delivery concerns

Increasing complexity of needs

Financial Constraints

Explore innovative models of intensive treatment

Develop effective interventions at the right time and to the right children and youth

Examine best practices with a vision of redeveloping approach to residential services

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Alignment with Kinark's Priorities

Strengthening Residential Treatment: Kinark's Approach

Position Paper → START Tool Development → Kinark Residential Assessments → Lead Agency Core Service Provider Assessments → Residential Remodeling → Sharing the START Tool

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Strengthening Residential Treatment: Kinark's Approach

"Strengthening Children's Mental Health Residential Treatment through Evidence and Experience"

Strengthening Children's Mental Health Residential Treatment through Evidence and Experience

Kinark
CHILD AND FAMILY SERVICES
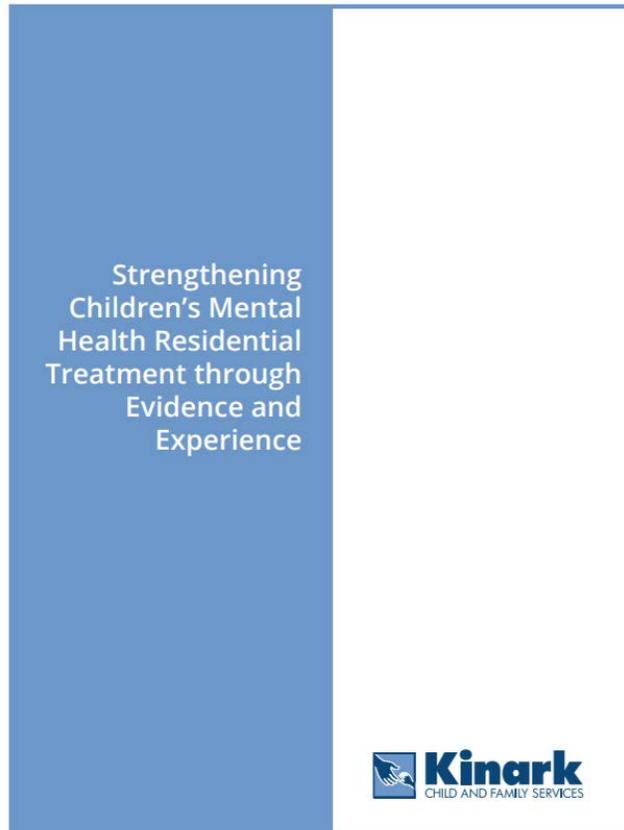
- Released 2015
- Available at:
- www.kinark.on.ca/news-and-events/position-paper/

Position paper: How we identified the critical success factors…

- Extensive review of best practice and research

- Internal and external consultation, including client feedback/input and community forum co-hosted with CMHO

- Clinical alignment with the needs of children and youth with complex mental health issues

- Integration of evidence and Kinark experience

  - Consistent with Kinark's mission and values

  - Consistent with Kinark's staff's experience of "what works"

Position paper: Why we need critical success factors...

- By definition are essential to the success of an initiative

- Provide a common reference point for everyone involved

- Articulate what's important

Critical Success Factors

- Clearly defined eligibility and suitability criteria
- Family-centered care
- Strong and cohesive inter-professional staff team
- Minimizing physical interventions
- Cultural and linguistic competence
- Individualized and appropriate programming to match the needs of youth
- Seamless transition and integrated aftercare
- Connected residential and community partners in care
- Performance measurement

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Strengthening Residential Treatment: Kinark's Approach

A place to START

- Interest and excitement from stakeholders during policy paper consultations

- The nine critical success factors are a compelling call to action

- New and innovative
  - While in the sector different aspects of the critical success factors were known to be important quality in residential treatment, they hadn't been described in such a holistic manner

- Bring the Critical Success Factors to life, make it measurable
  - Standardized tool to gauge alignment between Critical Success Factors and service delivery

START: Scoring Tool for Assessing Residential Treatment

- 206-item standardized tool measuring a residential treatment program's alignment with the nine critical success factors

Clearly defined eligibility and suitability criteria	Individualized and appropriate programming to match the needs of youth
Family-centered care	Seamless transition and integrated aftercare
Strong and cohesive inter-professional staff team	Connected residential and community partners in care
Minimizing physical interventions	Performance measurement
Cultural and linguistic competence	

START: Scoring Tool for Assessing Residential Treatment

- Multi-rater, multi-source
  - Multiple assessors
  - Information from clients, staff, families and partners
- Mixed-methods approach
  - Interview
  - Focus Group
  - Questionnaire
  - Observation
  - File Review
  - Document review

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START Development

- Items were developed to operationalize each Critical Success Factor based on:
  - original policy paper and updated review of the literature.
  - Clinical and operational expertise from within Kinark

- Tool was refined thought a series of consultations:
  - Kinark residential staff (supervisors and CYWs)
  - Kinark residential working group, includes members of executive team, clinical leads (psychology) and program directors.

Further Consultation Planned

- Feedback from CMHO conference

- Feedback from youth

- Feedback from family and caregivers

- Feedback from core service providers in Durham, HKP, and York service areas

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#1 Clearly defined eligibility and suitability criteria

- **Treatment of children and youth should be first attempted in the least restrictive and most natural setting possible. Residential treatment should be reserved for those who present with highly complex needs unable to be met in a less intensive and less intrusive setting.**
  - A tiered mix of residential treatment programs
  - Seamless step up and step down movement
  - Clearly defined program characteristics
  - Clearly defined eligibility/suitability criteria
  - Standardized assessment framework
  - An interprofessional assessment team

#1 Clearly defined eligibility and suitability criteria

- **Sample questions:**

- Are there documented eligibility, suitability and exclusionary criteria?
- Prior to residential admission, were clients provided treatment in less restrictive settings?
- Does the agency use a standardized clinical assessment?

#2 Family-centered care

- **The most effective treatments for children and youth require some level of family involvement. Active family engagement in all aspects of the residential treatment program is paramount.**

- Family contact maximized

- Families active participants in both treatment planning and intervention

- Strengthening transition and after-care preparation and support

#2 Family-centered care

- **Sample questions:**

- Does the orientation meeting prepare the family and client for admission and what to expect along the way?

- To what extent were the caregiver(s) involved in the treatment planning process?

- Is in-home support provided in order to teach caregivers the skills needed to prepare for their child's return?

#3 Strong and cohesive interprofessional staff team

- **Evidence-based treatment should be carried out by an interprofessional team that is knowledgeable, collaborative, nurturing, skillful, and does not exhibit harmful conduct that may serve to re-traumatize those who are most vulnerable.**

- Appropriate training, supervision, and support is paramount for all front-line staff

- Clear roles and responsibilities
  - Child and adolescent psychiatrists
  - Nurses
  - Psychologists
  - Child and youth workers
  - Behaviour Therapists
  - Social Workers
  - Educators

#3 Strong and cohesive interprofessional staff team

- **Sample questions:**

- Is the ratio of staff to clients sufficient to enable staff to provide treatment and respond effectively to crises?

- Do staff have a clear understanding of the expectations of their role?

- Is the scope of practice for each of the therapeutic roles operating within the residence clear and appropriate to their respective professions?

#4 Minimizing physical interventions and maintaining safety

- **Residential treatment settings should create a safe and nurturing environment where seclusion and restraint are only to be used in situations when alternative, less restrictive interventions have been unsuccessful in promoting safety.**

- Restraints should be the minimum required, applied for the minimum time possible

- Avoid reliance on justice system

#4 Minimizing physical interventions and maintaining safety

- **Sample questions:**
- Are seclusion and restraints only used when other less restrictive interventions have failed or were expected to fail to promote safety and control aggression (e.g., only when imminent risk to self or others)?

- Do [staff/clients] feel that they will be protected from physical harm from others either by the absence of violence or by de-escalation/crisis intervention?

- Do [staff/clients] feel safe talking openly about incidents with their managers and their teams in order to learn from one another?

#5 Cultural and linguistic competence

- **Residential settings need to be competent in serving the diverse cultural and linguistic needs of the children and youth so they feel welcome, understood, accepted, and safe.**

- Practitioners must develop the necessary attitudes, skill, and knowledge base

- Policies and procedures must be developed

- Investment in culturally diverse staff

#5 Cultural and linguistic competence

- **Sample questions:**
- Does the <u>agency</u> have a diversity strategy/action plan?
- Is diversity training made available to staff?
- Is the residence accessible to diverse and marginalized groups?
- Does the residence work with community groups that represent diverse populations?

#6 Individualized and appropriate programming to match the needs of youth

- **A standardized assessment framework is required to identify the appropriate individualized treatment requirements unique to each child and youth, aggressively targeting factors that will swiftly facilitate community reintegration, within a treatment milieu that is structured, strengths-based, and youth-guided.**

- Milieu-based interventions grounded in sound theory

- Engage the child or youth in shared decision-making and problem-solving

#6 Individualized and appropriate programming to match the needs of youth

- **Sample questions:**

- Are treatment plans developed prior to admission?

- Do relevant community partners (e.g., education, CAS) have an opportunity to provide input into the treatment plan?

- Are program activities geared towards clients' strengths?

- Are youth involved in the treatment planning process?

#7 Seamless transition and integrated after-care

- **Preparation for transition out of residential treatment is an essential element of the individualized treatment plan and includes integrated after-care that supports family/caregiver reunification and community re-integration.**

- Transition planning to occur at onset of treatment

- Commitment from community partners and the care-giving system

- Funding required for transitional supports and integrated after-care needs

#7 Seamless transition and integrated after-care

- **Sample questions:**

- Are services to ease the transition between residential treatment and home (or the next place of care) coordinated prior to discharge?

- Is there evidence of more frequent home visits as discharge approaches?

- Does the residential treatment program provide follow-up (e.g., phone call, boosters, counselling) after discharge from the residential program?

#8 Connected residential and community partners in care

- **Residential treatment is a component within a continuum of care that needs to integrate with programming offered by community partners, with an identified primary care provider responsible for the coordination of services and the overall treatment plan.**

- Residential treatment is ideally used as a targeted, short-term, and intensive intervention and support option

- Triage to less restrictive

- An integrated treatment plan requires the cooperation and coordination of various systems

#8 Connected residential and community partners in care

- **Sample questions:**

- Are there established partnerships between the residential service and Emergency Services (e.g., ED, EMS, police, mobile crisis teams)?

- Does the residential treatment program provide transportation to clients to access community programs or activities?

- Does the residential treatment program regularly engage clients in community programs that are in alignment with clients' treatment plans
(i.e., linked to identified goals or strengths)?

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#9 Performance measurement

- **To ensure that services and interventions for children and youth in residential treatment are effective, it is imperative that service providers develop and implement systems for defining and measuring organizational performance and client outcomes.**

- Performance at both the organizational level and the person level should be measured

- A common set of performance indicators across the residential treatment sector

#9 Performance measurement

- **Sample questions:**

- Are individual client outcomes (measured before and after an intervention or program) measured with a standardized assessment tool?

- Are incidents (e.g., serious occurrences, critical incidents) measured, aggregated and reported at the program level?

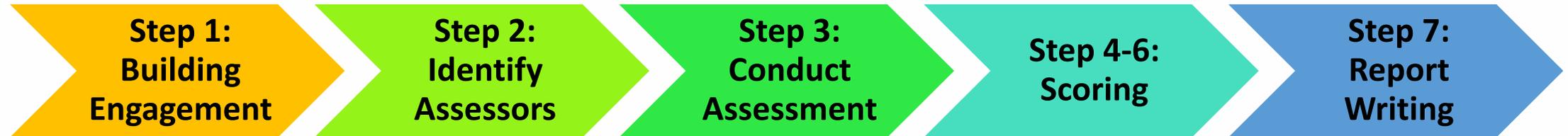- Do the report findings inform actions directed at program improvement?

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How we are using START

- Kinark is using the START tool at both the individual residence level and across all of our residential treatment services

- Going forward, Kinark will explore options and opportunities to deploy the tool more broadly within the sector

Strengthening Residential Treatment: Kinark's Approach
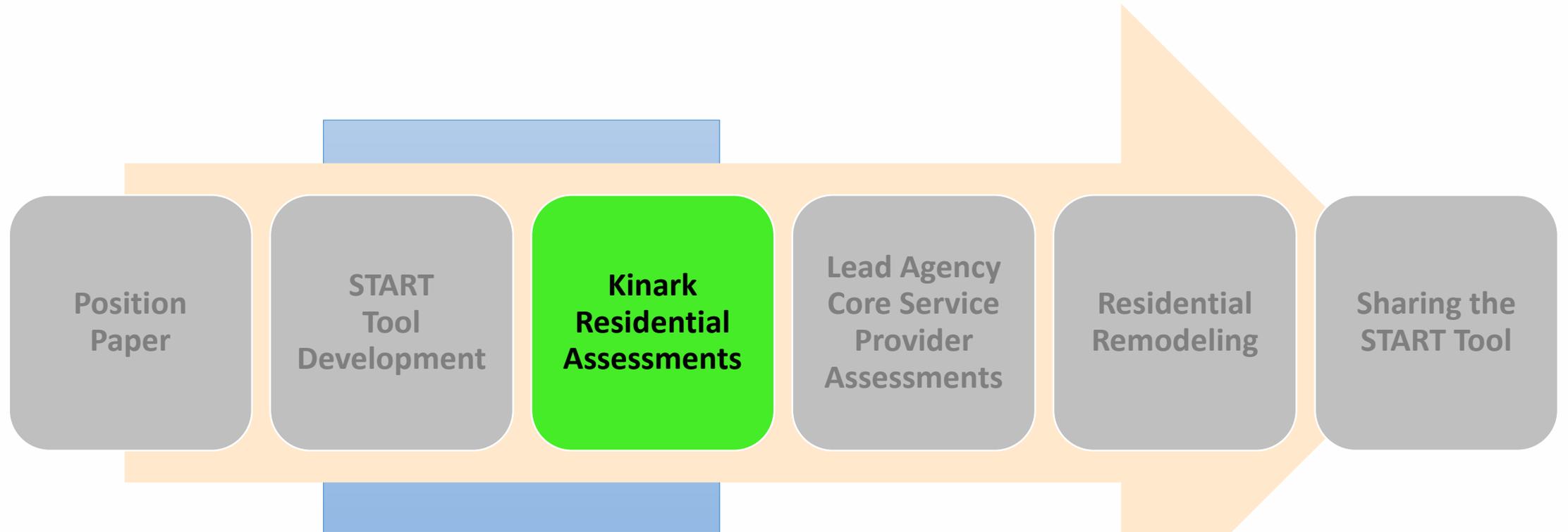
START Steps:
Steps in conducting a residential assessment

Step 1: Building Engagement → Step 2: Identify Assessors → Step 3: Conduct Assessment → Step 4-6: Scoring → Step 7: Report Writing

Step 1: Building Engagement

- Tone and approach to an assessment is critical
- Collaborative approach to quality improvement
- Partnership

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Step 2: Identify assessors

- Identify assessors, including a lead
  - Operational
  - Clinical

- Qualifications:
  - Significant experience in child and youth mental health
  - Significant experience in either clinical or operational fields

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Step 3: Conduct assessment

- Client file review (4-6 files)
  - Current and recently discharged clients
- Document review
  - Policies and procedures, daily logs, schedules, job profiles, meeting minutes, etc.
- Site visit (observational data)
- Interviews and/or focus groups
  - Staff
  - Clients and caregivers
  - Community partners (e.g., child welfare, police, hospital, education)
- Questionnaires

Example from Pilot Assessment

	Interview	Focus Group	Questionnaire	Observation
Clients	2	4		X
Caregivers	3			X
Residential Supervisor	1			X
Residential Staff (CYWs)	4	8	9	X
Clinical Therapists		4		
Case Managers		2		
Psychiatrist	1			
CMHA Police Liaison	1			
Durham Service Coordination	2			
Durham's Children's Aid Society	1			

Step 1: Building Engagement

Step 2: Identify Assessors

Step 3: Conduct Assessment

Step 4: Scoring

Step 7: Report Writing

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Step 4: Individual Scoring

- Based on all the data gathered, each assessor scores all items

C5   Family Involvement Expectations
The expectation of family/caregiver involvement is clearly communicated to the family/caregiver(s) before treatment begins?
Scoring:
☐   No
☐   Somewhat; major improvements are recommended (explain below)
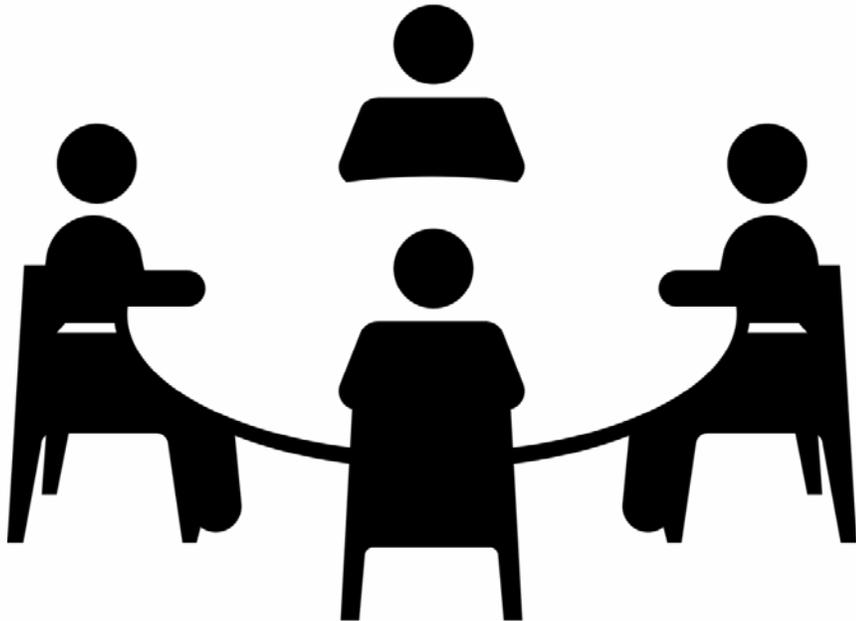☐   Somewhat; minor improvements are recommended (explain below)
☐   Yes
Notes:

_____

_____

Sources: ☐ Client File ☐ Interview/Focus Group ☐ Other document(s)
 ☐ Observation ☐ Survey

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Step 5: Group Scoring

- Individual scores are shared with the group of assessors
- Collectively, assessors determine final score for each question

Step 6: Final Scores

- All items for each critical success factor are totaled and a percentage is calculated for a final score for each section

Example

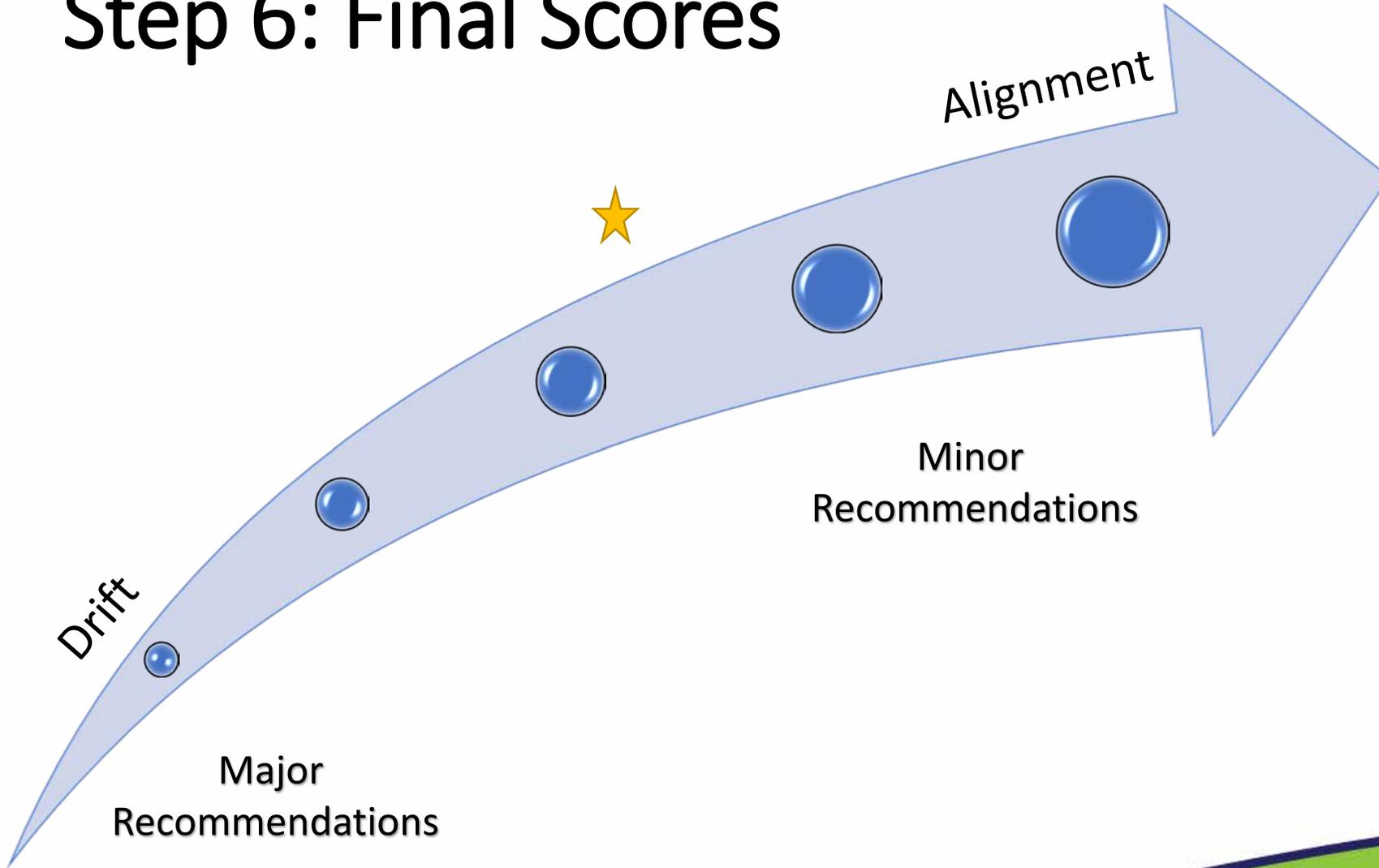| Domain	Percentage Score
Eligibility and Suitability	65%
Family-Centered Care	70%
Strong and Cohesive Interdisciplinary Team	80%
Minimizing Restraints	90%
Cultural and Linguistic Competence	60%
Individualized Programming	72%
Seamless Transition	50%
Connected Communities	50%
Performance Measurement	40%

Step 1: Building Engagement

Step 2: Identify Assessors

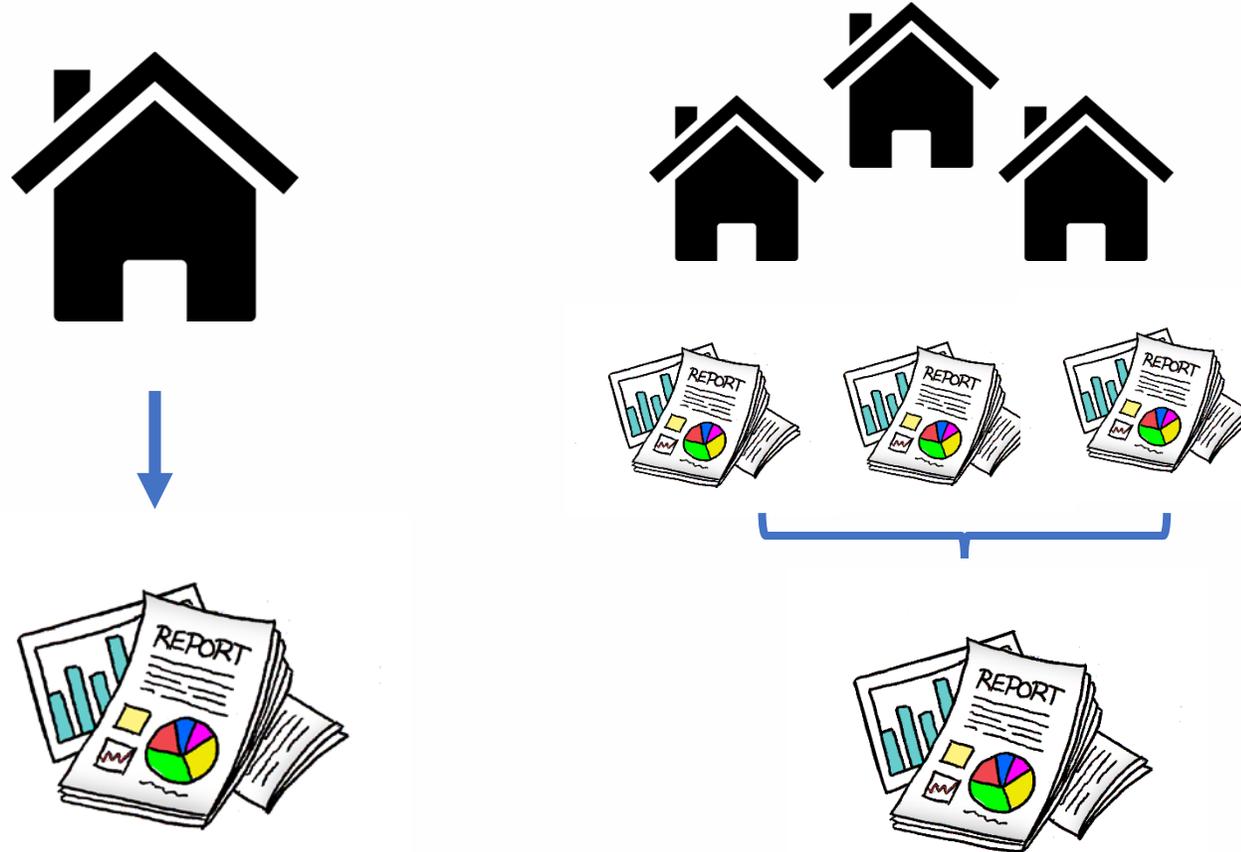Step 3: Conduct Assessment

Step 4: Scoring

Step 7: Report Writing

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Step 7: Report Writing

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Key Learnings from Kinark's Experience

- More than three days required for interviews

- No more than two days onsite at the residence to reduce stress on clients and staff

- Recommend to do client file reviews in advance

- Three people recommended on assessment team. Consider bringing a fourth, to increase internal capacity.

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Evaluation of START

Step 1: Building Engagement → Step 2: Identify Assessors → Step 3: Conduct Assessment → Step 4-6: Scoring → Step 7: Report Writing

Evaluation

- Reliability and Validity Assessment

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Reliability Assessment

- Inter-rater reliability:
  - Measures the degree of agreement across raters
  - Tell us whether the question is clear and precise enough that it elicits the same score, regardless of who rates it
  - To obtain inter-rater reliability, 4-6 assessors rate 4 residential treatment programs on each attribute

Validity Assessment

- Content and construct validity through literature and clinical expertise in the development and consultation process

- Next Step
  - In order to ensure that the tool is indeed measuring critical factors which promote client success, START could be compared with clinical outcomes
    - Greater alignment with critical success factors should be associated with greater improvement in clinical outcomes

Key Recommendations

- Successes

- Opportunities for growth

Discussion

- Small Group Discussion
  - Review and comment on a section of the START

1. What are some of the opportunities and challenges for the START to contribute to quality improvement in residential treatment services?

2. Are there any special considerations (e.g., unique programming) that would require adapting the START or assessment process?

3. What should we consider as we plan to share the START with the Children and Youth Mental Health sector?