Children & Youth with Complex Care Needs Model of Care Presentation

MCFD Strategic Priorities, 2015

Ministry of
Children and Family
Development

BRITISH
COLUMBIA

Introduction

- MCFD identified the need to develop a <u>structured and integrated network of services and supports</u> for children and youth with complex care needs

- A response to findings in the Residential Review report and to recommendations made by the Representative for Children and Youth

- Identified in the Ministry's Service Plan and Strategic Plan

Answers to Key Questions...

- Who are these services for?

- What is being developed?

- How are these services connected to other Ministry services?

- How will these services be evaluated?

- How will these services be accessed?

Who are these services for?

- Services are for children and youth in care that;
  - Have co-occurring and persistent emotional, mental health, developmental and/or behavioural needs that cause functional impairment in the home, school or community;
  - Require specialized, integrated treatment and service plans that are individualized and typically involve multiple services systems;
  - Are in need of a high level of care and support to manage behaviour on a daily basis;
  - Have typically utilized and exhausted locally available supports and resources, and;
  - Are at a heightened risk of placement in a restrictive institutional setting such as hospital or juvenile justice

What is being developed?

- A Network of Services
- Guided by a Model of Care (The Approach to Providing Services)

- Four distinct but interconnected services in the Network:
  - The Complex Care Unit (CCU)
  - The Provincial Outreach Team
  - Complex Care Community Residential Resources (CCCRR)
  - Complex Care & Intervention (CCI)

- Model of Care (Approach) that guides the Network includes;
  - Model of Care Principles that apply to Design and Delivery
  - A High Level Theoretical Model
  - Use of Evidence Informed/Evidence-Based practices across all services and the system
  - Common Service Delivery (Service Process) Expectations

Services

Services: Complex Care Unit (CCU)

- A centralized 6 bed tertiary care service located at the Maples that includes;
    - A highly structured and supportive environment
    - A holistic approach
    - Based on a model developed by Hull Services, an emphasis on using Positive Behavioral Supports
    - Access to ancillary supports including;
        - Psychiatry
        - Occupational Therapy
        - Nursing Support

Services: Complex Care Community Residential Resources (CCCRR)

- A Network of contracted Community-Based Residential Resources that includes;
  - A holistic approach
  - Use and integration of Positive Behavioral Supports and Trauma Informed approaches
  - An emphasis on community re-integration
  - Active support from the Provincial Outreach Team
  - Two confirmed locations (Prince George & Vernon) each with 4 beds, with more to be developed

Services: Provincial Outreach Services

- Provincial Outreach Services that include;
  - A Team of 6 clinical staff trained in the Model of Care (5 Outreach Clinicians, 1 Aboriginal Outreach Clinician)
  - Active involvement in the referral and screening process for CYCCN Services
  - Clinical support and guidance to the Community-Based Residential Resources
  - Support for children and youth transitioning in and out of the Complex Care Unit
  - Community-based case consultation and support for complex cases

Services: Complex Care and Intervention (CCI)

- Complex Care and Intervention includes;
    - A Coaching Model designed to support local teams of professionals working with complex children and youth
    - A community-based approach grounded in the Model of Care
    - An emphasis on Trauma-Informed developmental interventions that can be used by caregivers and support staff
    - Currently available in 6 SDA's and will be rolled out to all SDA's

Model of Care

Model of Care: Guiding Principles

- Child & Youth Centered
- Permanency Focused
- Family & Community Involved
- Culturally Safe
- Trauma & Attachment Informed
- Ecologically Oriented
- Evidence-Informed/Evidence-Based
- Developmentally Appropriate
- Holistic
- Rights and Social Justice based
- Inclusive
- Integrated, Coordinated, and Coherent

Model of Care: High Level Theory

- ECOLOGICAL SYSTEMS THEORY
  - An explanatory development model
  - focus on individual risk and protective factors (e.g., biological, developmental, psychological)
  - Consistent with Aboriginal perspectives that emphasize a holistic approach

- SYSTEMS OF CARE
  - Theory-based systems response for supporting CYCCN
  - a comprehensive, consistent and effective system of natural and professional supports for CYCCCN

Model of Care: Evidence-Informed & Evidence-Based Practices

- A definition of evidence-based practice as "the integration of the best available research with clinical expertise in the context of *client characteristics, culture, and preferences*".

- Understanding that there are significant limitations in the existing evidence base in some areas of practice and on some modalities and limits to the effectiveness of some of the most well-researched interventions.

Model of Care: Evidence-Informed & Evidence-Based Practices

- Examples of Evidence-Informed/Evidence-Based practices utilized in current CYCCN services include;
  - Use of interventions consistent with Positive Behavioral Supports (PBS) model at CCU
  - Use of a Trauma-Informed approach to all services
  - Use of a Trauma-Specific model in CCI
  - Culturally Responsive Programming in all services to create culturally safe, accessible and inclusive services
  - Implementation of early and comprehensive assessment to support "goodness of fit" between the child's needs and interventions that are chosen.

Model of Care: Applying a Trauma Lens

- Appling a trauma lens within CYCCN services will draw on the Ministry's "Trauma-Informed Practice Guidance" document, which outlines;
  - Definitions of Trauma-Informed vs. Trauma Specific
  - Principles of Trauma-Informed Practice

Model of Care: Applying a Trauma Lens

- Trauma-Informed: integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work.
- Trauma Specific: services that directly facilitate trauma recovery through specialized clinical interventions and Aboriginal traditional practices.

Model of Care: Applying a Trauma Lens

- The Principles of Trauma-Informed Practice include;
    - Trauma Awareness
    - Emphasis on Safety and Trustworthiness
    - Opportunity for Choice, Collaboration and Connection
    - Strengths-Based and Skill Building

Model of Care: Common Service Delivery Expectations (Processes) Across Services

- Screening & Review
- Comprehensive Assessment
- Individualized Intervention Planning
- Consultation
- Transition Planning
- Monitoring & Evaluation of Progress
- Post-Residential Treatment Care Support
- Workforce Competencies
- Staff Education & Skill Development
- Clinical Supervision & Oversight

How are these services connected to other Ministry Services?

- Services are 'nested' within the larger system of MCFD residential services and supports.
- Model of Care <u>does not</u> apply to other MCFD services, but may be influenced by current efforts to implement Residential Review recommendations.
- An expectation that children and youth will be accessing services from the broader system of care before, during and after involvement with CYCCN services.
- Model of Care document and CYCCN policy outline processes for collaboration and coordination between MCFD supports and services and those provided by DAA's, other ministries, agencies, and communities involved in supporting children and their families/caregivers.

How will these services be evaluated?

- An Evaluation Framework has been developed
- Addresses performance measures for each service as well as for the system as a whole
- Will be implemented in phases and in the context of ensuring appropriate data collection systems are in place in all services

How will these services be evaluated?

- Current short term (service specific) outcomes for children/youth include;
    - Placement Stability;
    - Improved Physical Health;
    - Improved Behavior;
    - Strengthened Connection to Cultural or Spiritual Heritage;
    - Increased Involvement in Positive Community-Based Activities, and;
    - Increased Engagement in Educational Programming.

How will these services be evaluated?

- Current short term (service specific) outcomes for caregivers include;
  - Increased skills/strategies to manage challenging and problematic behaviors, and;
  - Increased support from a community-based team of professionals.

How will these services be accessed?

- A referral and screening process is being established to ensure fair and equitable access to all CYCCN services.
- Screening will consider the 'best fit' based on the child/youth's needs.
- Referral and screening process will begin at the LSA level. If resources are not appropriate, they will be referred to an SDA level screening.
- Screening may result in recommendations for local services (including CCI and CCCRR's) or Provincial Services (CCU and Provincial Outreach)
- Further screening will be conducted by each service to consider fit based on current population served, capacity and availability of other supports.

Other questions?