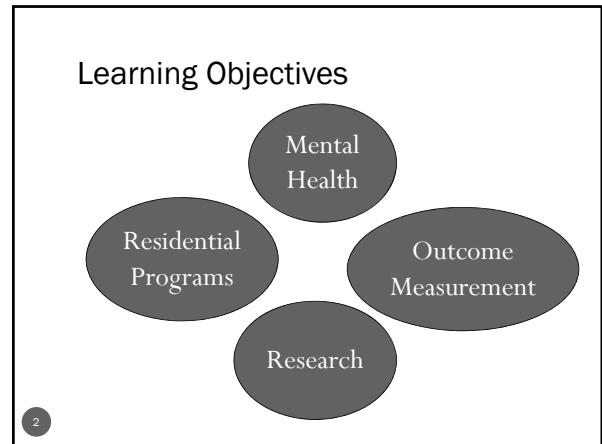
 **WOOD'S HOMES** Helping troubled children and their families since 1914
Serving Children And Their Families

Innovative Programs Responding to Community Needs


Cindy Jing Fang MSW, RSW, Research Assistant, Wood's Homes
 Amanda Starchuk BSc, Acting Supervisor, Wood's Homes
 Bjorn Johansson MSW, RSW, Director, Wood's Homes
 Bruce MacLaurin MSW, RSW, Senior Researcher, Wood's Homes and Assistant Professor, Faculty of Social Work, University of Calgary




History of Wood's Homes

A children's mental health centre
 Has served children and families
 Since 1914

PARKDALE CAMPUS



BOWNESS CAMPUS






3

How It All Began

In 1914, Reverend George Wood was asked by a young widowed soldier to care for his two children as he headed to serve overseas. Sadly the soldier did not return, but that pivotal moment was the beginning of an organization that today serves 10,000 young people and their families from across Canada every year.

Innisfail orphanage:
 Early 1920s






Reverend George and Annie Wood

4

Wood's Homes Today

- Around 400 staff in Calgary, Lethbridge, Canmore, Strathmore, Fort McMurray and Fort Smith, N.W.T.
- Accredited by Accreditation Canada
- Over 30 programs and services:
 - Crisis and counseling services
 - In-home support and foster care
 - Street services
 - Intensive treatment
 - Specialized learning centres
 - Next Steps: transitional services
 - Regional services
 - Outcome-based service delivery
 - Aftercare services





5

Wood's Homes Today

- Continuum of services are based on the needs of our clients
- Least intrusive to most intrusive

• CRT Intensive Residential

6

Needs of the Community

- Wood's Homes has developed a range of innovative programs and services to meet the emerging needs of communities in Alberta and Canada.
- While many continue to operate and evolve over time, some provided a temporary service ending when the community need was alleviated.



7

Stabilization

- The stabilization program provides quick access, no-fee crisis services for families with adolescents who are experiencing serious family crises.
- Typical family crisis may center on family conflict, behaviour management problems, school difficulties or suicidal ideation. At discharge, families are offered three follow-up visits with a Family Support Counsellor to consolidate the work they have started while the youth was in the program.



8

Stabilization

- The Stabilization program continues today to provide short-term residential respite for children and families in crisis as well as brief in-home and family support follow-up.



9

Community Resource Team (CRT)

- Designed to provide crisis intervention strategies to families at risk of breakdown.
- The Community Resource Team (CRT) views crisis as a normal process that all people encounter at some point in their lives. Our team of professionals represents the psychology, social work, marriage and family therapy disciplines, and provides service to all individuals and families who are experiencing immediate difficulty.



10

Community Resource Team (CRT)

- With the increase use in social media, in 2013 CRT introduced text messaging and live chat initiatives as an alternative way to access the younger demographic.



11

Exceptional Needs Program Under-12 (U-12)

- A community need of serving younger children and youth was identified in the early 2000's.
- Exceptional Needs Program Under – 12 was designed to provide a safe environment for behaviourally at-risk children who cannot be managed in less-intensive settings. The program addresses behaviour resulting from neurological and physiological causes or from neglect and abuse.



12

Exceptional Needs Program Under-12 (U-12)

- In partnership with the family, where possible, this program offers a comprehensive assessment and intervention service intended to develop effective plans for treatment and ongoing support of very challenging children, in a home-like setting with consistent daily routines and proactive programming.



13

Community Psychiatric Unit (CPU)

- The Community Psychiatric Unit was created to support children and adolescents with mental health concerns which are typically seen within the Alberta Children's Hospital Emergency Departments.
- This service was developed to support youth and their families as an alternative to the hospital.



14

Community Psychiatric Unit (CPU)

- The program ran from January to June 2014, and demonstrated a highly successful partnership that served the immediate needs of the Calgary community.



15

Why Does Outcome Matter?



16

Background to Measuring Outcomes at Wood's Homes

- No systematic measurement of outcomes comparable between jurisdictions
- Disconnect between data collected and reporting
- Understanding need driven services
- Ongoing tensions between the paramount concerns for child welfare priorities



17

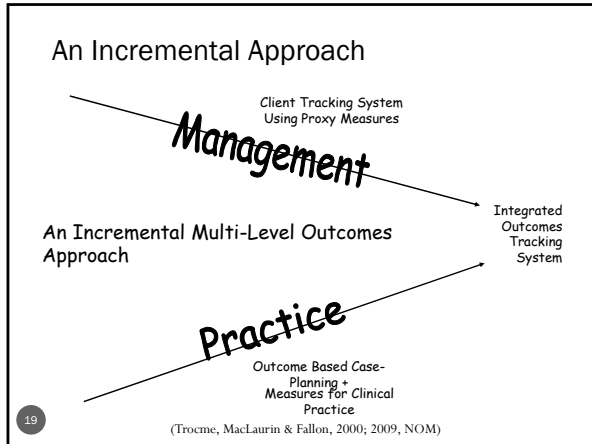
Origin of National Outcomes Matrix

- Develop a comprehensive overview of the state of knowledge about outcomes for child welfare in Canada
- Initiate a consensus-building process among key stakeholders for a coordinated strategy in tracking child welfare outcomes across Canada
- Initiate a coordinated outcome measure development process

(Trocme, MacLaurin & Fallon, 2000; 2009, NOM)




18



Research Department


- The research department tracks and records outcomes by monitoring quality and investigating promising practices.
- Created about 14 years ago with one person
- Gradually grew – a senior researcher, research assistant, and two data analysts
- Past five years – launching of new tools to capture outcomes



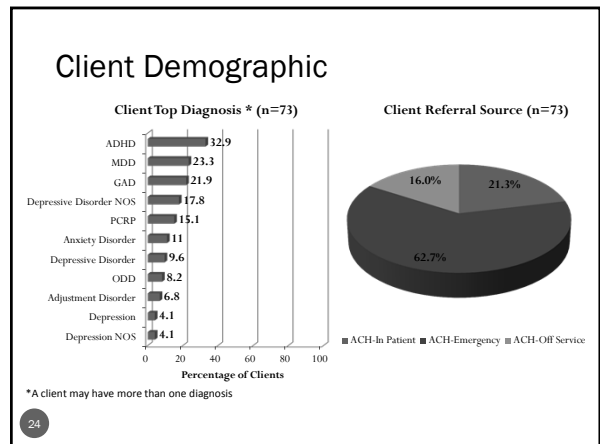
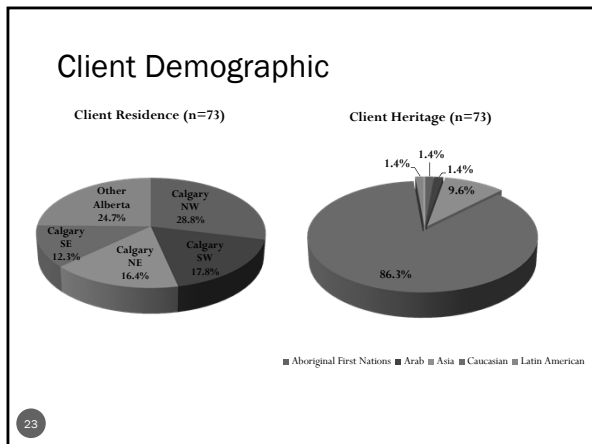
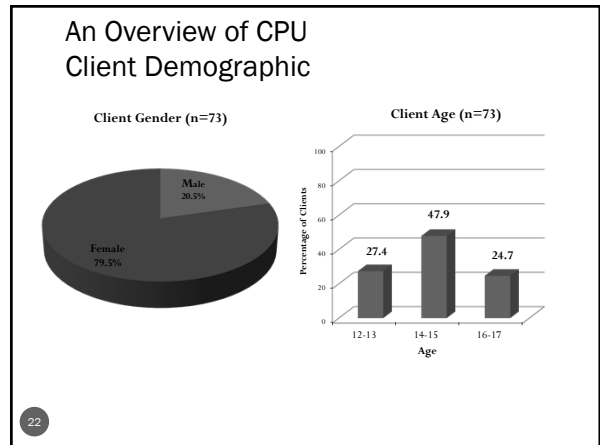
20

CPU Client Overview

- CPU: 73 Youth (1 repeat client)
- CPU Classroom: 68 Youth
- CPU Family Support Service Follow Up: 57 Youth and Their Family

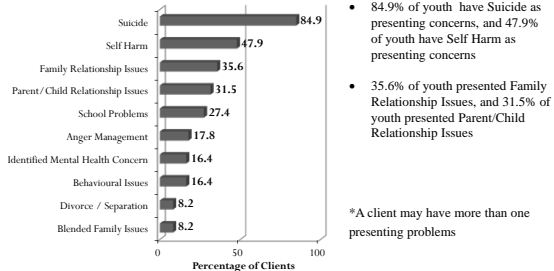


21



Client Top Presenting Problems

Client Top Presenting Problems* (n=73)



- 84.9% of youth have Suicide as presenting concerns, and 47.9% of youth have Self Harm as presenting concerns
- 35.6% of youth presented Family Relationship Issues, and 31.5% of youth presented Parent/Child Relationship Issues

*A client may have more than one presenting problems

25

CPU Safety Incident Reporting

- KIDS Database was used to track clients' behaviors that raised safety concern
- Each time an incident occurred in the program, staff were required to file a critical incident report in the database
- There were 25 incidents involving 16 youth
- Including:
 - 4 Mild Self-Harm Incidents (No Treatment Required)
 - 5 Suicide Ideation (Mild to Persistent Threats of Suicide)



26

CPU Children's Global Assessment Scale (CGAS) Reporting

CGAS Rating Scale		Strength/Concern Rating Scale	
1-10	Needs Constant Supervision	0	Insufficient Information
11-20	Needs Considerable Supervision	1	Severe
21-30	Unable to Function in Almost All Areas	3	Intense
31-40	Major Impairment to Functioning in Several Areas	5	Moderate
41-50	Moderate Degree of Interference in Functioning	7	Mild
51-60	Variable Functioning with Sporadic Difficulties	9	Slight
61-70	Some Difficulty in a Single Area	10	No Problem
71-80	No More than a Slight Impairment in Functioning	13	Average Adaptation
81-90	Good Functioning	15	Good Adaptation
91-100	Superior Functioning	20	Excellent Function

27

Wood's Homes
CGAS

Patient ID/ _____ Name/ _____ DOB/ _____
 Date: Referral/ _____ Assessment/ _____ Admission/ _____
 Staff: _____ Nursing Family Therapist

Initial Rating:
 Strength/Concern 1: _____
 Strength/Concern 2: _____
 Strength/Concern 3: _____

Discharge Rating:
 Strength/Concern 1: _____
 Strength/Concern 2: _____
 Strength/Concern 3: _____

Specific Strength or Concern:
 1. _____
 2. _____
 3. _____

Strength/Concern Rating	Description
0	Insufficient Information
1	Severe
3	Intense
5	Moderate
7	Mild
9	Slight
10	No Problem
13	Average Adaptation
15	Good Adaptation
20	Excellent Function

28

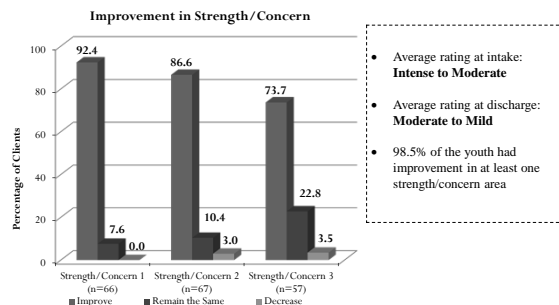
CGAS Rating Scale

- Average rating at intake: **45.4** (Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area)
Ranging from 24 to 65
- Average rating at discharge: **61.6** (Some difficulty in a single area but generally functioning pretty well)
Ranging from 40 to 90
- 96.9% of the clients have improvement in functioning



29

Strength/Concern Rating Scale



- Average rating at intake: **Intense to Moderate**
- Average rating at discharge: **Moderate to Mild**
- 98.5% of the youth had improvement in at least one strength/concern area

30

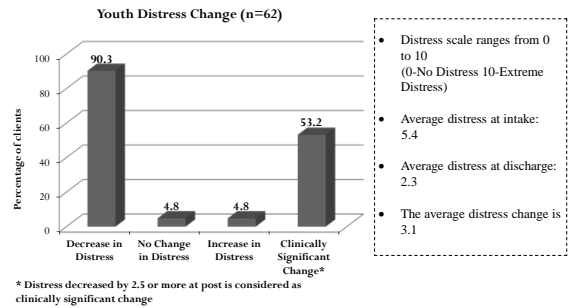
Top 6 Strength/Concern

- Suicidal Ideation/Self Harm: 69.7%
- Parent/Child Relationship Problem/Family Conflict: 37.9%
- Low Mood/Depressed Mood: 34.8%
- Anxiety: 27.3%
- Education/School Issue: 19.7%
- Self-Esteem Issues: 16.7%



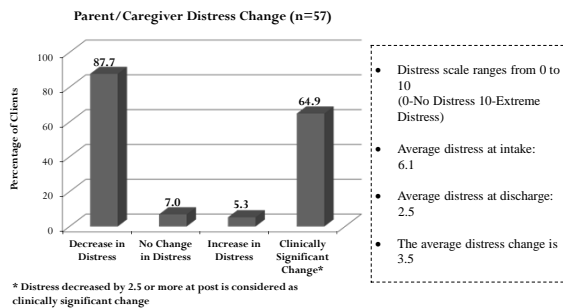
31

CPU Distress Reporting



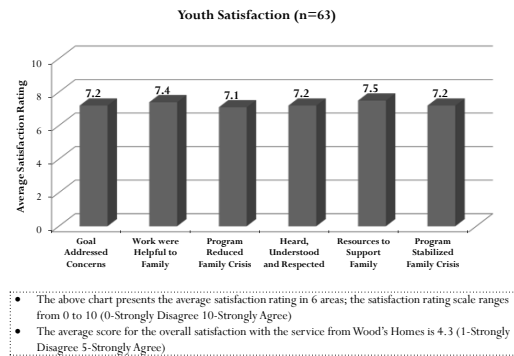
32

CPU Distress Reporting



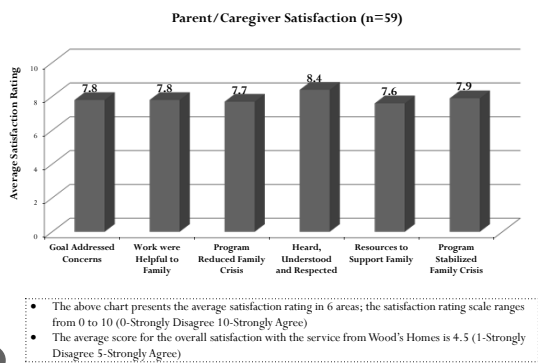
33

CPU Satisfaction



34

CPU Satisfaction



35

CPU School Reporting

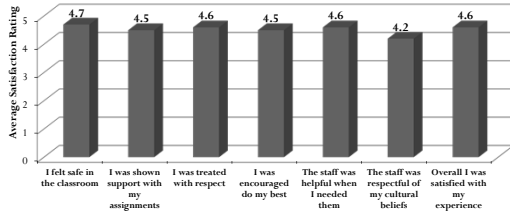
- School attendance, in class performance, on task performance and school behavior were tracked for 68 clients
- 100% of the discharged youth attended school during their stay at CPU
- 91.2 % youth have 100% in class attendance either at CPU classroom or at their community schools
- 64.7% clients have no issues with regard to school behavior in the classroom
- 35.3% of youth display behavior in direct correlation wit their treatment issues (i.e. Bullying, Anxiety, and Note Passing)



36

CPU Classroom Satisfaction

CPU Classroom Satisfaction (n=37)



- The above chart presents the average satisfaction rating in 7 areas; the satisfaction rating scale ranges from 1 to 5 (1-Strongly Disagree 5-Strongly Agree)
- 73.0% of the clients strongly agree that they felt safe in the classroom, and 70.3% of the clients satisfied with their experiences in the CPU Classroom

37

CPU Family Support Services Reporting

- 57 discharged youth received CPU Family Support Services follow up
- Average length of time for youth who received Family Support Services was 46.9 days (3-111 days)



38

Family Support Services CGAS Rating Scale

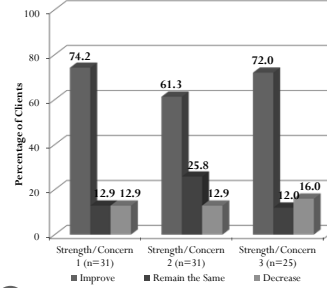
- Average rating at intake: **61.1** (Some difficulty in a single area but generally functioning pretty well) Ranging from 40 to 90
- Average rating at discharge: **74.8** (No more than slight impairments in functioning at home, at school or with peers) Ranging from 40 to 90
- 87.1% of the clients have improvement in functioning



39

Family Support Services Strength/Concern Rating Scale

Improvement in Strength/Concern

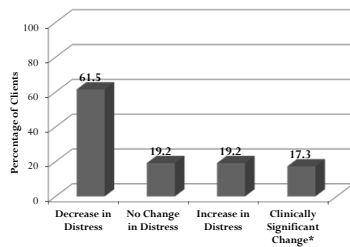


- Average rating at intake: **Moderate to Mild**
- Average rating at discharge: **Mild to Slight**
- 80.6% of the youth had improvement in at least one strength/concern area

40

Family Support Services Distress Reporting

Youth Distress Change (n=52)



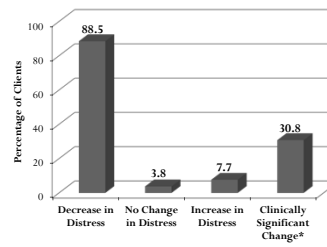
- Distress scale ranges from 0 to 10 (0-No Distress 10-Extreme Distress)
- Average distress at intake: 3.5
- Average distress at discharge: 3.0
- The average distress change is 0.5

* Distress decreased by 2.5 or more at post is considered as clinically significant change

41

Family Support Services Distress Reporting

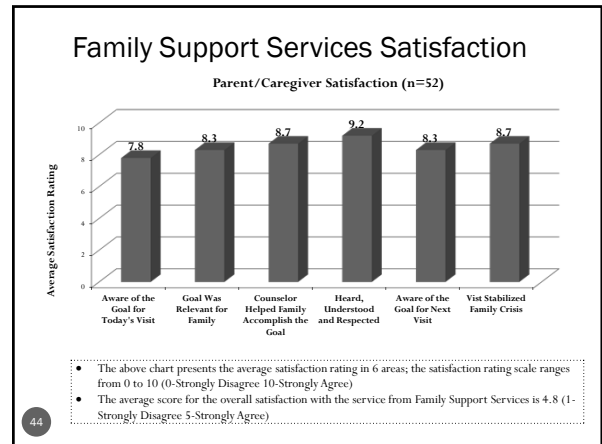
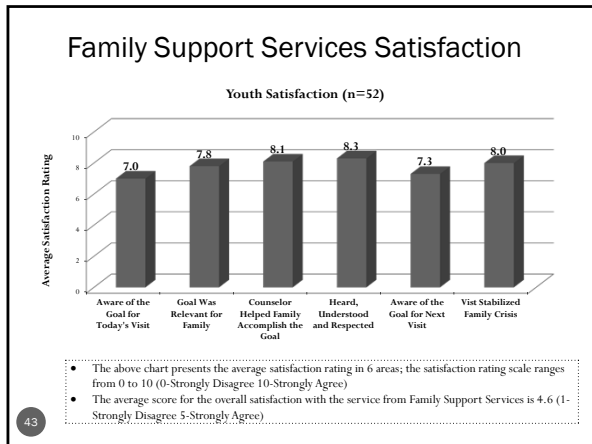
Parent/Caregiver Distress Change (n=52)



- Distress scale ranges from 0 to 10 (0-No Distress 10-Extreme Distress)
- Average distress at intake: 4.5
- Average distress at discharge: 2.8
- The average distress change is 1.7

* Distress decreased by 2.5 or more at post is considered as clinically significant change

42



Thanks You 😊

Amanda Starchuk: Amanda.Starchuk@woodshomes.ca

Cindy Jing Fang: CindyJing.Fang@woodshomes.ca

