

## Program and Services Quality Assurance Quality Improvement Report and Recommendations 2018-2019

This report focuses on quality dimensions of program and services, key performance indicators (KPI's) and client metrics. This report does not focus on operational dimensions, admin, finance, H.R. and agency development. The annual Service/Business Plan and Strategic Plan review are reported separately to the Board of Directors.

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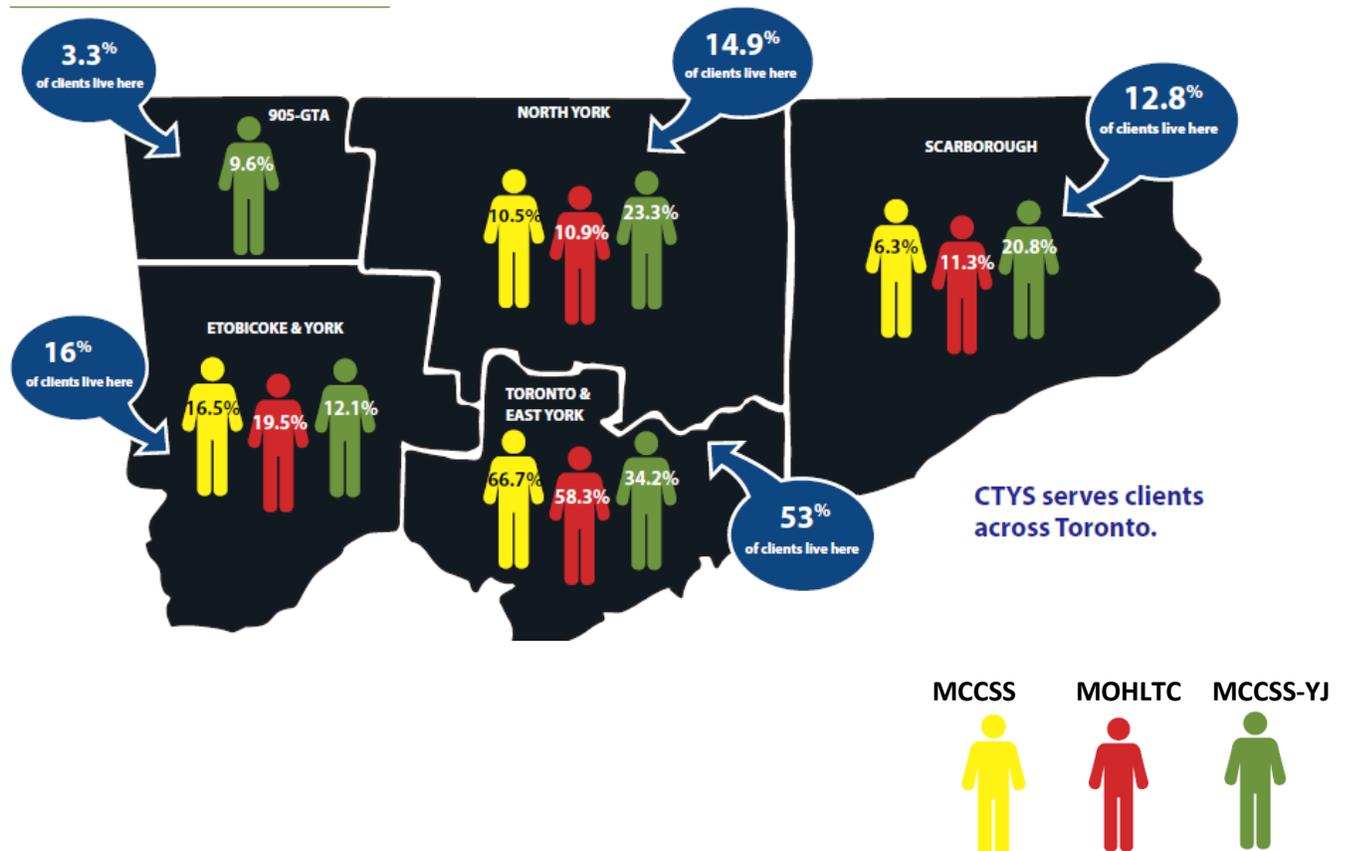
## 1) Review of Quality Improvement recommendation 2017-2018

9 of 13 (70%) of recommendations were considered, implemented, or are in process of being implemented. 3 recommendations were deferred to the 2019-2020 service year, one as a result of CMH Toronto system. Thus, 92% of recommendations are being implemented, or there is a plan to implement.

- ✚ Complete review of CSP program as actuals below targets-**deferred**
- ✚ Management, staff and Board to review recommendations from AOP&E evaluation report and create action plan **ongoing & management lead created**
- ✚ P&P staff and manager to develop brief service model to respond to lengthy wait for service **developed and implemented**
- ✚ Implement direct service hour benchmark for 15 hours per week **established ,now monitoring**
- ✚ Support more training for the admin department **received training & team development**
- ✚ New staff need to receive ASSIST suicide prevention training **provided for 2 new staff**
- ✚ The full file audit committee needs to meet in 2018-2019 (vs manager &staff 1-1) **deferred**
- ✚ Admin manager to monthly monitor scanning process to avoid backlog **new system developed**
- ✚ Management to consider a policy of limiting the amount of staff personal leave **POLICY not developed**
- ✚ Revise client info booklet to clarify reasons for service termination **in process**
- ✚ Quality assurance/improvement team to receive training in LEAN Q.I processes **in process**
- ✚ Implement the client voice satisfaction tool for MCYS services **implementation halted by system**
- ✚ Staff are encouraged to utilize CTYS social media accounts for promoting groups & events **some progress noted**

## 2- Client Metrics and KPI's

### A) Client Demographics:



### MCCSS Funded Programs



Presenting problems at referral	Rank
Anxiety	1
School/education difficulties	2
Parent/family	3
Depression	4
Suicidality	5
Peer Difficulties	6
Gender identity	7
Self-esteem	8
Social skills, Socialization	9
Trauma/victimization	10

### MOHLTC Funded Programs



Presenting problems at referral	Rank
Psychiatric illness	1
Psychological distress (anxiety/depression)	2
Parent / family difficulties	3
Gender identity issues	4
Suicidality	5
School/education difficulties	6
Self-esteem	7
Social skills, socialization	8
Trauma/victimization	9
Self-harming behaviour	10

### Youth Justice Funded Programs



Presenting problems at referral	Rank
Legal difficulties	1
School/education difficulties	2
Aggression (verbal, physical, relational)	3
Parent/family difficulties	4
Anger/temper	5
Peer difficulties	6
Learning difficulties	7
Attention deficit, hyperactivity	8
Cultural issues/cross-cultural issues	9
Addictive behaviours	10

#### Comments:

Anxiety, depression, trauma and suicidality remain prominent issues in our client population, especially in Community Counselling, Pride & Prejudice and New Outlook. Substance use and abuse is also an increasing concern, especially among our Youth Justice clientele.

With Anti-Oppression & Equity as a CTYS strategic priority and given our emphasis on serving racialized youth, we have increased our capacity to understand the racial background of the clients we serve. Clients identifying as Black made up 23% of the population in Community Counselling and in New Outlook. In Youth Justice, Black youth made up 40% of our clientele, reflecting the systemic over-representation of racialized youth in the justice system as a whole.

#### QI Recommendations:

1) Develop a report to pull race data by program towards goal of disaggregating data by race. 2) Monitor community counselling age data as we are reporting 8.9% as being over 18 which may be discarded by the Business Intelligence Solution report.

#### B) Service Targets & Direct Service Hours:

Service targets were met and exceeded in many service areas. It is recommended that the N.O Day program needs to shorten length of stay as a low turnover negatively impacts meeting targets. Also, client attendance rates needs to be improved. In MOHLTC direct service hours are noted as client visits. Increases in visits is required in YHOP.

In the YJ ACCESS program and Family Program service targets were not achieved. It is recommended that planning focuses on improving referral flow. Across the CMH system a standard of 40% direct service hours is being recommended. CTYS needs to actively monitor and increase direct service hours across programs.

#### C) Waitlist and wait times are KPI's monitored by the funders:

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The programs that maintain waitlists are P&P 1 and 2 and the Community Outreach Program. Focussed attention was placed on developing a Brief service (1-3 sessions) for P&P clients. The service is being evaluated & reviewed. Unfortunately, the goal of reducing wait times for clients has not been achieved. Clients are waiting an average of 160 days. **It is recommended that the P&P program continues to implement brief service models.**

#### D) Client complaints:

Each year a few clients make informal complaints about their service or worker .These are usually resolved directly with the worker and sometimes with the support of the manager. There was one formal complaint about a client's service and the overseeing manager made to the College of Psychotherapists. After a lengthy process, the college did conclude that no action was required. The client information booklet was revised and a cancellation/no show policy was developed.

#### E) Client Feedback:

The Client Quality Survey was distributed to active New Outlook clients April/May 2018. 125 surveys were distributed with a return rate of 47% which is a drop from the 2017 return rate of 61%. Overall results indicate a high level of client satisfaction. The domains below satisfaction include accessibility and wait times for services, particularly Psychiatry. Some clients also added in the narrative section that they need more transitional support when aging out of service. **It is recommended that staff focus on increasing the client survey return rate.**

**Management needs to strategize on increasing access to Psychiatry. Staff needs to focus on accessing more transitional supports for clients when aging out of service.**

The implementation of the Client Voice on line satisfaction tool for MCCSS community counselling clients was delayed by the system lead. **It is recommended that CTYS employs the tool in September 2019 regardless whether the system decides to scrap the project.**

#### F) Client Outcomes:

Evidence-based tools are used to monitor the outcomes of all CTYS programs. The Child and Adolescent Functional Assessment Scale (CAFAS®) monitors the performance of Community Counselling, Pride and Prejudice 1 and Youth Justice Programs. The Ontario Common Assessment of Need (OCAN) evaluates outcomes for New Outlook programs.

The Youth Justice Outcome Framework's Outcome Data Collection Form (ODCF) has been implemented for Youth Justice Programs.

Note: reports are updated regularly and are accessible for review on the agency's Shared drive at W:\QUALITY IMPROVEMENT\QI REPORTS.

MCYS-funded programs: The CAFAS data shows that clients in the Priority Access for Students Program present with the highest risk scores, and these scores have been increasing over the past few years. Moreover the 28 point average improvement scores (pre/post) for these clients demonstrate the effectiveness of our services at reducing client risk and improving client functioning.

**Youth Justice Programs:** The CAFAS data shows clients higher than average risk in several YJ programs: EEJS, ERSP and especially YJOP where the average risk score at program entry is just under 100 points. Over the past few years, the risk ratings for EEJS and YJOP clients has been increasing. Our highest performing YJ program in terms of improvements pre/post is ERSP with an average in this year of 27 points. YJOP's average of 21 points demonstrates significant improvements in the functioning of these youth pre/post.

**New Outlook programs:** Our OCAN results demonstrate sustained performance for this fiscal year. A key outcome target monitored by OCAN is whether consumers and staff agree on the areas and level of need that make up the client's service plan. Research has demonstrated that where services are targeted to a client's professed needs, the best outcomes are achieved.

Our New Outlook OCAN results show a high level of concurrence between consumer and staff views of what needs to be worked on. The agreement levels across all life domains are Moderate, High or Very High.

It is recommended that management and staff look at the lowest concurrence domains (albeit ones that still scores at the level of Moderate or below), these are Company (0.46), Daytime Activities (0.46), Physical Health (0.46), Money (0.42), Benefits (0.40) and Sexual Expression (0.40). A discussion to how to serve clients unmet needs in these areas would likely reveal changes that could lead to improved outcomes.

### 3- Service Excellence

#### A) Program reviews:

**The Early Intervention in Psychosis Program** underwent a thorough

Fidelity Assessment Review to the Provincial Standards led by CAMH and the Provincial Support Program (PSSP).

Overall conclusions noted that The CTYS EPI program demonstrated excellent fidelity to the model and exceeded standards in many areas. **Recommendations for improvement included the need for more access to psychiatry and /or nursing and more focus and or partnership with employment services.**

#### B) Program evaluations and outcomes:

**The school based groups** are evaluated at the end of the school year. In TDSB, 98 students were supported with 136 sessions overall. Evaluation data shows very high level of satisfaction from both students and educational partners. 49% of students stated they met some of their goals while 45% stated they met most or all of their goals.

**It is recommended that management and staff review the 3 lowest reported improved areas; how I feel about myself, connection to school and ability to reduce conflict at school.**

**The Families In Transition Parent Group** is evaluated during and at the end of each cycle. The parent feedback remains very positive. In the spring 2018 cohort, 100% of parents rated the experience as excellent. 100% stated that they felt the group helped them learn how to support their youth. 70% felt their relationship with their youth

improved. In the winter 2019 we piloted running a youth group at the same time as the parent group. **It is recommended that we replicate this model of supporting the youth and parents simultaneously.**

The R.I.T.E.S group was externally evaluated by a partnership with YOUTHREX at York University. The evaluation noted very positive client satisfaction but no positive change was noted looking at the resilience measure. **The evaluation team recommended that YOUTHREX will develop a unique outcome tool to support R.I.T.E.S outcome data.**

#### **4- Our people; service program staff**

##### **A) Professional development:**

###### **1) Yearly Required Training**

- Ongoing Staff training in (C.R) Client Record enhancements as required by funders for new data elements and new “Participant Module” (May 2018) **COMPLETED**
- Management of Aggressive Behaviour- CPI training & recertification June 2018 (Admin staff will receive a separate training) **COMPLETED**
- First aid & CPR Training: May 2018 **COMPLETED**
- Monthly clinical consultations and supervision **ONGOING**

###### **2) Priority Agency Wide Training**

- Anti-Oppression & Anti-Racism training to include staff, management and board **EXTENSIVE TRAINING PROVIDED TO ALL STAFF GROUPS, MANAGEMENT AND BOARD**
- Ongoing training on services for Black youth & families **PROVIDED**
- DBT skills training **COMPLETED**
- Trauma informed approaches- **10 STAFF SENT TO A 2 DAY TRAINING AND 5 OTHERS TO A 1 DAY TRAINING**
- Approaches & understanding of Psychosis **N.A**
- Motivational interviewing (continuation) **N.A**
- **10 MANAGERS AND STAFF ATTENDED DEPRESSION TRAINING**

###### **3) Team level Training**

- Annual EPION conference (E.I) – **ATTENDED**
- Youth Justice: Ongoing MCYS- YJ training opportunities including Youth Worker Symposium, Continuum Conference for Youth with Sexual Offense & EJS forum- **ATTENDED**
- ABFT Level 1 for new family focused workers **COMPLETED ON LINE**
- P&P-Brief service model **SERIES TRAINING COMPLETED**
- Admin: In house software training & Team building activity **COMPLETED**
- Management team-Risk Management . **DEFERRED**
- Leaders of Success Program (1manager attending) **COMPLETED**

- DIRECTOR & QI STAFF ATTENDED LEAN LEVEL 1&2 TRAINING
- E.D ATTENDED INTENSIVE COLABORATIVE LEADERSHIP TRAINING

Professional development Recommendations: It is recommended that the primary focus of training continues to be on Anti Oppression and Anti Black Racism. See professional development plan 2019-2020 for more details.

## B) Health Safety and Wellness

The major issues the Health and Safety Committee addressed included:

1. Exterior hallway doors being left open
2. Lights being left on in counselling rooms
3. Naloxone kits & training
4. Gas fumes in building
5. Safety protocol & codes system at CTYS office
6. Air quality
7. Exterminators

### **Recommendations:**

The JHSC will do research on where CTYS can get naloxone kits and organize naloxone training for all CTYS staff. The JHSC will set up a meeting to discuss CTYS safety protocol and implementing a revised codes system at CTYS. It is recommended that Exterminators will come in once a month for the Day Program 2nd floor. The wellness subcommittee will become more active and support agent wellness trainings and activities.

## C) Staff Turnover:

The trend from the past two years has continued with respect to staff turnover rate. 2018-2019 saw 11 staff and 1 manager resign and or take leaves of absence. However, more than half were for pregnancy leaves or health leaves. Only 5 were resignations, this is less than 10% of the agency work force which is within acceptable industry turnover rates.

## 5) 2018-2019 Quality Improvement Recommendations Summary

- A)** Client demographics: Develop a report to pull race data by program. Monitor community counselling age data as we are reporting 8.9% as being over 18 which may be discarded by the Business Intelligence Solution report.
- B)** **Service Targets:** It is recommended that the N.O Day program needs to shorten length of stay as a low turn over negatively impacts meeting targets. Also, closer attention needs to be paid to attendance days
- C)** Increase direct service hours and client visits across programs to 40% direct service hours
- D)** P&P to implement more brief services
- E)** Client feedback; New Outlook staff to increase rate of client survey return. Management to explore greater access to psychiatry & staff to focus on transitional client needs. It is recommended that CTYS employs the Client voice tool in September 2019 for Community Counselling clients.
- F)** Client Outcomes: It is recommended that management and staff look at the lowest concurrence OCAN domains and explore how to support client unmet needs in these areas
- G)** E.I program review: It is recommended that management explore partnership opportunities to increase access to psychiatry and /or nursing and employment services.
- H)** School based evaluations: Staff and management to review the 3 lowest reported improvement areas and address whether targeted support in these areas is required.
- I)** F.IT group evaluations: It is recommended that we replicate the model of supporting the youth and parents by running both groups simultaneously
- J)** R.I.T.E.S evaluation: The evaluation team recommends that YOUTHREX will develop a unique outcome tool to support R.I.T.E.S data collection.
- K)** Professional Development: It is recommended that the primary focus of training continues to be on Anti Oppression and Anti Black Racism.
- L)** Health, Safety and Wellness: The JHSC will do research on where CTYS can get naloxone kits and organize naloxone training for all CTYS staff. The JHSC will set up a meeting to discuss CTYS safety protocol and implementing a revised codes system at CTYS. It is recommended that Exterminators will come in once a month for the Day Program 2nd floor. The wellness subcommittee will become more active and support agent wellness trainings and activities.