The object of all work is production or accomplishment, and to either of these ends there must be forethought, system, planning, intelligence and honest purpose, as well as perspiration.

~ Thomas Edison

PURPOSE

This manual is intended to guide the actions of all persons interacting with individuals receiving treatment and being supported in Central East Network of Specialize Care Treatment Homes.

The document is comprised of evidence informed practices, approaches and tools that will form the framework of current standards and guide the actions of caregivers and clinicians.

The term “Best Practices”, for the purpose of this manual, indicates programmatic approaches that hold the most promise for improving services and the systems that support the delivery of these services within the Central East Network of Specialized Care Treatment Homes.
TACT MODEL OF ACTION

DESCRIBE

SUBSCRIBE

MEASURE

PREScribe

EXPLORE

DISSEMINATE/CONTRIBUTE

TASKS

• Develop a task group to design consistent admission / discharge processes
• Define a set of best practices operating procedures
• Incorporate Person Directed Planning principles
• Identify tools for an assessment of treatment programs
• Follow up processes for individuals post treatment
• Investigate other treatment programs

AREAS OF INVESTIGATION

• Person Directed Planning
• Access and Process
• Evaluation and Discharge
• Staffing and Operations
FIRST RECOMMENDATION

Endorse the ethical guidelines as described in the "Standards of Practice for Behaviour Analysts in Ontario", document as a best practice.

This received a unanimous endorsement by the Central East Network of Specialized Care on November 25th, 2008.

METHODOLOGY

- Task Group
- Sub Groups
- Focus Group

RECOMMENDATION

It is therefore recommended that the four treatment homes, under the Networks of Specialized Care, formally state their intention to conduct all treatment activities within the ethical guidelines as articulated in the "Standards of Practice for Behaviour Analysts in Ontario".
MINISTRY OF COMMUNITY AND SOCIAL SERVICES

- Ensures services and supports for adults with a developmental disability are:
  - Equitable – Fairness and Equity
  - Accessible – Accessibility and Portability
  - Fair – Safety and Security
  - Financially Sustainable – Accountability
  - Citizenship – Sustainability

PERSON DIRECTED PLANNING

Values and Beliefs

- Self determination
- Strength based
- Inclusive
- Citizenship
- Community as a first resource

BEST PRACTICES

- A current Person Directed Plan
- Staffing
- Establish meeting schedule
- Update the Person Direct Plan and Goal Action Plan prior to discharge
ACCESS AND PROCESS

A formal admission to treatment beds and clear guidance regarding process is required for a community to navigate the Network system.

ROLES AND RESPONSIBILITIES

- Developmental Services Ontario
- Local Case Resolution
- Network Coordinator
- Mobile Resource Team
- Regional Case Resolution

TOOLS

- Support Intensity Scale and Application for Developmental Services and Supports
- Agency specific assessments
- Residential Treatment Request Feedback
- Residential Treatment Service Agreement
- Indicators of Readiness Checklist
- Residential Treatment Program Request Feedback Form
DISCHARGE AND EVALUATION

- An important component of specialized treatment is to evaluate the programs' effectiveness.
- The evaluation process will consist of a process evaluation and an outcome evaluation.

PROGRAM EVALUATION QUESTIONS

Process evaluation:
1. Was the program model implemented as planned?

Outcome evaluation:
1. To what extent did the expected changes in individuals' outcomes occur?
2. Can these changes be attributed to the treatment program interventions?
3. Were treatment results sustained after discharge?

PROCESS EVALUATION COMPONENTS

Intake and Assessment
Admission Review
Behavioral Assessment
Treatment Plan
Progress Case Conferences
Person Directed Planning
Discharge Planning Process
### Program Evaluation Components

**Behaviour Change During Treatment**
- Treatment Result Effects
- Behaviour Change After Discharge

### When Is Evaluation Data Collected?
- Prior to admission
- During treatment
- Up to 1 year after discharge

### What Types of Outcome Data Are Collected?

<table>
<thead>
<tr>
<th>Prior to Admission</th>
<th>During Treatment</th>
<th>After Discharge</th>
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<tbody>
<tr>
<td>Treatment Plans/Crisis Plans</td>
<td>Quality of Life Questionnaire</td>
<td>Staff Training Information</td>
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<tr>
<td>Behaviour Impact Questionnaire</td>
<td>Behaviour Data</td>
<td>Support Intensity Scale</td>
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<tr>
<td>Behaviour Data</td>
<td>Person Centered Plan</td>
<td>Staff Competence</td>
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<td>Sleep Data</td>
<td>Medication Records</td>
<td>Consumer Satisfaction Survey</td>
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<tr>
<td>Medication Records</td>
<td>Staff Training</td>
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<td>Aberrant Behavior Checklist</td>
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<td>Behaviour Data</td>
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<td>Vineland Adaptive Behavior Scale</td>
<td>Interview Observations</td>
<td>Medication Records</td>
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<tr>
<td>Frequency, Intensity, Duration and Discrimination (FIDD Target Behaviour Scale)</td>
<td>Staff Training Information</td>
<td></td>
</tr>
<tr>
<td>Current Management Strategies Inventory (CMSI)</td>
<td>Support Intensity Scale</td>
<td>Treatment Plans/Crisis Plans</td>
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<td>Videotaped Observations</td>
<td>Sleep Data</td>
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<td>Support Intensity Scale</td>
<td></td>
<td>Videotaped Observations</td>
</tr>
</tbody>
</table>
WHERE ARE WE AT?

- Evaluation recommendations implemented at 4 treatment sites.
- Pilot data being collected at 4 treatment sites.
- Evaluation completed at one treatment site.
- Evaluation will be implemented at other treatment sites.

PROCESS EVALUATION RESULTS

Results collected for 13 individuals
30 components in seven areas of evaluation:
1. Intake and assessment;
2. Admission process;
3. Behavioural assessments;
4. Treatment plans;
5. Progress case conferences;
6. Person directed planning;
7. Discharge planning process.

- High degree of completion and a high level of satisfaction for all clients.
- Mean percentage of completion across all clients is 92.4% (range: 46% to 100%).
- Mean level of satisfaction was 3.5 (using a 4 point scale; 1=low score and 4=high score); range of 2.3 to 4.
PROGRAM EVALUATION RESULTS

- Challenging behaviour decreased for all seven individuals who received treatment and were discharged.
- Mean rates of challenging behaviour decreased from baseline to discharge: 58% (range: 33% to 79%).

STAFFING AND OPERATIONS

- Staff qualifications
- Training
- Risk Management

STAFF QUALIFICATIONS

The TACT group has endorsed the Levels of Practice document, developed by the Training and Education Work Group of the Dual Diagnosis Implementation Committee in Toronto in November 2003.
**TRAINING**

- Identified basic requirements and in-house trainings that have to be completed by frontline staff before they work in the treatment locations.
- Timelines are identified for completion of specialized training.

**RISK MANAGEMENT**

- Non-Violent Crisis Intervention / Safe Management
- Behaviour Crisis Management Plan
- Incident / Serious Occurrence Reporting
- Medication Error Reporting

**COLLABORATIVE APPROACH**

- The four treatment homes with the Central East Network of Specialized Care
- Behavioural agencies across Central East region
- Representation from other agencies that provide treatment
ADVICE ~ CONSULTATION ~ GUIDANCE

- Treatment home and community agency contribution
- Focus group participants

MANUAL LAUNCH

- Central East Network of Specialized Care Advisory Committee
- Quadrant Local Access Mechanisms
- Across the province through the Coordinators of the Community Networks of Specialized Care
- Manual published in February 2012

ACKNOWLEDGEMENT

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