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Centre for Addiction and Mental Health

COMMUNITY NETWORKS OF SPECIALIZED CARE
TORONTO REGION

Collaborative and Individualized Resource (CAIR):

PILOT FINDINGS 2011-2013

Report For: Barbara Macdonald, Griffin Centre on behalf of CAIR Service Team, TNSC and MCSS Service Provider Committee

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Date: March 20, 2013

Acknowledgements

The Collaborative and Individualized Resource (CAIR) Service Team would like to extend its appreciation to the Ministry of Community and Social Services for funding the CAIR pilot initiative and providing the partners in this initiative with the opportunity to:

- Strengthen outcomes for clients with complex needs and behaviours;
- Enhance the capacity of care givers;
- Expand system capacity and collaboration via improved knowledge and skill in creating effective clinical plans.

The CAIR Service Team is comprised of:

- Gabriella Cappelletti, Director, Transitional Support Services, Griffin Centre;
- Cynthia Cabrera, CAIR Resource Supervisor, Griffin Centre;
- Jillian Carlyle, Manager, Outpatient Services, Dual Diagnosis Service, CAMH;
- Lindsay Wingham-Smith, CAIR Clinical Facilitator, CAMH;
- Louis Busch, Behaviour Therapist, Alternative Level of Care Service (ALC), CAMH;
- Sandra Bricker, Coordinator, Toronto Network of Specialized Care, Surrey Place Centre.

As the lead agency, in this initiative, Griffin Centre would like to thank the Toronto Network of Specialized Care for its consultation and participation in the development of the CAIR evaluation and to the Service Provider Committee for its oversight of the initiative on behalf of the developmental services sector. We extend a special thank you to Sandi Bricker, TNSC, for her ongoing commitment and collaboration on this new initiative. As well, thank you to Susan Morris (CAMH) and Ron McCauley (New Leaf) for reviewing drafts of the CAIR evaluation and offering feedback to strengthen the Report.

Griffin Centre also thanks the Centre for Addiction and Mental Health, Dual Diagnosis Service, for partnering with us on this initiative in new and unchartered waters. Especially, we would like to thank Jillian and Lindsay for their involvement in helping us to develop and implement the CAIR service, to learn together and for their participation in the evaluation process. We have also greatly appreciated Louis' contribution to understanding the clients served by CAIR and in the development of individualized strategies which meet their needs.

On behalf of Griffin Centre, thank you to Gabriella and Cynthia for their efforts to steer the development of CAIR and for their day-to-day support of this initiative. For Cynthia, we are aware that the support provided often extends after hours as you support elect-to-work staff in implementing plans which take place in a myriad of settings (i.e., family homes, group homes, treatment beds, hospitals).

To the service provider partners who referred clients to CAIR and those who provided feedback to the evaluation, thank you for the direct and comprehensive nature of your feedback which will help us to improve the development and implementation of clinical plans for clients with complex needs and behaviours.

Finally, Griffin Centre offers its' thanks to Deborah Goodman of the Child Welfare Institute, Children's Aid Society of Toronto for helping us to think through the outcomes and initial success indicators for this service which we will use to enhance the capacity of the service moving forward.

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EXECUTIVE SUMMARY

Collaborative and Individualized Resource (CAIR):

PILOT FINDINGS 2011-2013

Collaborative and Individualized Resource (CAIR) is a two-year pilot (2011 - 2013) that was created as a time limited intervention and clinical support for Toronto adults with a developmental disability and complex needs who require flexible, innovative, and individualized response to be maintained in the community. Funded by the *Ministry of Community and Social Services* and its Toronto Network of Specialized Care initiative, CAIR's services are provided through a partnership with Griffin Centre and the Centre for Addiction and Mental Health (CAMH) - Dual Diagnosis Service, where Griffin Centre is the transfer payment agency. CAIR services were divided into two key areas: Direct Services and Indirect Services with targets set for both types. See Table A.

TABLE A SERVICE TYPE	AIMED AT	DELIVERABLES
Direct Service: Includes activities that are direct service activities that support clients	**Clients:** ❖ Enhance family coping skills ❖ Support in development of clinical plan ❖ Participate in treatment/organizational planning meeting ❖ Fiscal allocation *(includes but is not limited to above examples)*	• 09 for 2011 [pro-rated]* • 30 for 2012 39 TOTAL
Indirect Service: Includes activities that aid in capacity building at the community level	**System Facilitation:** ❖ Mentor/support Lead Agency/Case Manager ❖ Training/ consultations on cases *(includes but is not limited to above examples)*	• 18 for 2011 [pro-rated]* • 30 for 2012 48 TOTAL

Methodology involved a mixed-method approach that included collecting Direct Services data, such as, clinical profile data, service data, which included flexible funding use, stakeholder satisfaction data (client's family and clients' care providers), and data on Indirect Services, for example the consultations, trainings and clinical case conferences provided through CAIR.

Analysis of the data included using both Excel and SPSSv20 for the quantitative data and conducting thematic and content reviews for the qualitative data.

Limitations included CAIR providing a "pre-service start" to the service based on client demand which resulted in not being able to include that service data in this review. Additionally, client satisfaction data was deemed to challenging to obtain, as well as there was a very low response rate by family members despite numerous efforts to gain their feedback. Finally, as is often the case with Pilot data, the sample size is small which curtails more statistical analytic approaches.

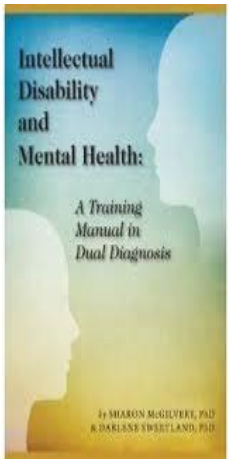
Results are outlined in Table B on the Page 4 and presents the summary of the results from the pilot evaluation of CAIR. Findings suggest the preponderance of intended outcomes were met.

Recommendations are detailed on Pages 5 to 7.

Summary from the analysis indicates that CAIR met and exceeded its Direct and Indirect Service Targets. CAIR holds much promised as an emerging evidence-informed practice that fosters improved client outcomes, aids in building caregiver capacity, and helps expand system capacity and collaboration.

TABLE B OUTCOME		CAIR OUTCOME AREA	TARGET	OUTCOME	BELOW, MEETS, EXCEEDS
CLIENT OUTCOME DATA					
1	CAIR clients to have an Intellectual Disability with a dual diagnosis	Improve Client Outcomes	100%	100% were dual diagnosis	MEETS
2	CAIR to serve complex clients	Improve Client Outcomes	Not set	71.4% severe/mod ID + autism; 64.2% mild ID + mental hlth	Not Determined
3	CAIR to help in resource transition to better meet clients' needs	Improve Client Outcomes	Not set	73.3% positive client outcome	Not Determined
		Expand System Capacity & Collaboration	Not set	66.6% positive system outcome	Not Determined
4	CAIR to provide 39 Direct Services	Improve Client Outcomes	39	42	EXCEEDS
STAKEHOLDER FEEDBACK					
5	CAIR helped individual clients	Improve Client Outcomes	70%	91% of service providers agreed	EXCEEDS
6	CAIR increased resources for client	Improve Client Outcomes	80%	82% of service providers agreed	EXCEEDS
7	CAIR helped improve individual Clinical Plan for clients	Improve Client Outcomes	50%	73% of service providers agreed	EXCEEDS
8	Stability of client improved via CAIR	Improve Client Outcomes	Not set	40% stability improvement	Not Determined
9	Recommend CAIR to others	Build Caregiver Capacity Expand System Capacity & Collaboration	80%	91% of service providers agreed	EXCEEDS
10	Satisfied with CAIR services	Build Caregiver Capacity Expand System Capacity & Collaboration	80%	63% of service providers agree	BELOW
USE OF FLEXIBLE FUNDING $					
11	CAIR clients will have use of flex funding	Improve Client Outcomes Build Caregiver Capacity Expand System Capacity & Collaboration	Not set	15 of 42 have flex funding; average is $41,552; total spent in staffing supports/ client needs: $739,283K	Not Determined
12	CAIR to help expand system capacity	Expand System Capacity & Collaboration	Not set	2064 hours CAIR service per client	Not Determined
13	CAIR to aid in the obtainment of services for clients	Improve Client Outcomes Build Caregiver Capacity Expand System Capacity & Collaboration	Not set	21 clients receive services from outside staffing agencies, DS, GC	Not Determined
INDIRECT SERVICES					
14	CAIR to provide Indirect Services via consultations, trainings and clinical case conferences	Improve Client Outcomes Build Caregiver Capacity Expand System Capacity & Collaboration	48	68	EXCEEDS

BROAD AREA	SPECIFIC RECOMMENDATIONS	ACTIONS
R1	**ADDRESS SYSTEM TENSIONS**	
1.1	**Advance Partnership Approach in Development of Clinical Plan**	
	The strength of the clinical plan is the collaborative development and implementation. In order to measure progress, there is a need for the service provider partners to review the plan and to refine the implementation particularly as we learn more about the needs of the client. The CAIR Service Team and its service provider partners need to be thoughtful about the role of the various staff implementing the CAIR clinical plan and the need to connect with them throughout the course of delivering services. To more cognizant of the multiple pressures on service provider partners, the CAIR Service Team and management team will:	❖ *Focus the discussions in meetings to actionable items to improve plan implementation;* ❖ *Work with service provider partners to refine the clinical planning tools to ensure the most salient information is captured.*
1.2	**Review Length of Service**	
	The CAIR Service Team and management team will work with service provider partners to:	❖ *Develop criteria to aid in decisions re- length of service provision on case-by-case basis;* ❖ *Continue to report impact of such changes and emergent trends to the TNSC/SR and the Service Provider Committee for a period of 2 years as ongoing efforts are made by Griffin Centre and CAMH to maximize the use of the CAIR resources.*
1.3	**Optimize Flexible Funding**	
	In order to secure such specialized services for CAIR clients, the CAIR Service Team proposes to:	❖ *Annually allocate up to $50,000 from the CAIR flexible funding budget to access necessary specialized supports (i.e., assessments), where required, which will inform development and implementation of clinical plans.*



BROAD AREA	SPECIFIC RECOMMENDATIONS	ACTIONS
R2	**STRENGTHEN CAIR SERVICE MODEL**	
2.1	**Ensure Inclusion of Caregiver Feedback**	
	To obtain an adequate sample of the input regarding the CAIR service from families and care givers, the CAIR Service Team and joint management team will undertake to:	❖ Develop mechanisms to secure an increase in responses from caregivers and families regarding their satisfaction with the services provided by CAIR.
2.2	**Increase Care Provider Feedback**	
	Stakeholder feedback is an important mechanisms in the receipt of feedback from care providers, the CAIR Service Team and joint management team is committed to ensuring:	❖ All care providers have the opportunity to provide feedback on the CAIR service.
2.3	**Expand Quality of Service Pool**	
	To expand the quality, the CAIR Service Team will review its experience in administering the CAIR elect-to-work staffing pool and will consider a number of different options in expanding same as follows:	❖ Recruit from a broader base to better position CAIR to respond to the needs of clients, families and other caregivers; ❖ Attend information fairs at colleges to grow the Centre's staffing pool and create opportunities for skilled elect-to-work staff to work more independently; ❖ Re-explore the capacity of service provider partners to broaden the pool given the expertise/specialization of the partner agencies; ❖ Try to provide more consistent hours of work for elect-to-work staff who demonstrate an interest in this work; ❖ Review rates paid to elect-to-work staff in relation to the skills and acumen re-implementing clinical plans; ❖ Review the systems required to support elect-to-work staff as they implement clinical plans in a variety of settings in the community after-hours.
2.4	**Strengthen Service via Improved Partner Collaboration**	
	The feedback provided by service provider partners is critical in improving the CAIR service on behalf of clients and caregivers. The CAIR Service Team and joint management team will undertake to:	❖ Organize 2 meetings, within the year, with counterparts of service provider partner agencies involved with CAIR to understand what aspects of the service are working and what could be improved as we work together to build the capacity of the system; ❖ Continue to meet monthly with the CAIR Service Team to ensure that the CAIR service is able to address and respond to new challenges as they arise. ❖ Strengthen cross-agency planning (i.e., provide more general training regarding the development of clinical plans by providing more opportunities for education and learning with service provider partners.
2.5	**Focus 1st Meeting on Securing Agreements**	
	The first meeting is key in setting the clinical plan and establishing the work deliverables The CAIR Service Team proposes in its first meeting with service provider partners to discuss the following and secure agreement to same:	❖ Any limitations of the service provider partner in developing and implementing the clinical plan; ❖ Any concerns of the service provider partner regarding their ability to engage in and complete aspects of the work so that the plan developed is reasonable and doable; ❖ Clarification that all service provider partners at the table are learning together as we develop and implement clinical plans.

BROAD AREA	SPECIFIC RECOMMENDATIONS	ACTIONS
R3	**ENHANCE CAIR MANAGEMENT PROCESSES**	
3.1	**Review CAIR Team Roles**	
	To review the current CAIR Team model in order to optimize service effectiveness the CAIR Service Team and management team will:	❖ Review the roles and responsibilities of the CAIR Clinical Facilitator, CAIR Resource Supervisor and management team to ensure maximum collaboration with service provider partners in the development and implementation of CAIR clinical plans.
3.2	**Review CAIR Intake Processes**	
	The CAIR Service Team and joint management team will amend the intake process by:	❖ Developing a process to engage service provider partners in reviewing and revising the CAIR application form and related tools; ❖ Using the first meeting with the referring agency to work through the application form (especially for those agencies which do not have the resources or have not gone through this process before) rather than expecting the referring agency to complete the application form prior to the first meeting.
3.3	**Review & Revise Service Targets**	
	The review of the service targets and revision where necessary is needed. Slightly decreasing the CAIR targets recognizes the additional workload assumed by the CAIR Service Team in integrating the ALC mandate and requirements. The CAIR Service Team and joint management team recommend that the initial service targets derived for the CAIR service be revised as follows:	❖ Direct Service: from 30 to 25 plus 5 ALC cases; ❖ Indirect Service: maintain the target at 30 consultations/facilitations/education sessions.
3.4	**Review & Stabilize CAIR Funding**	
	The CAIR Service Team and joint management team recommend that based on the results of the evaluation:	❖ The CAIR funding management is annualized to Griffin Centre as the lead agency including the $5,000 which has been contributed by the TNSC to the salary and benefits costs in relation to the Clinical Facilitator position.