



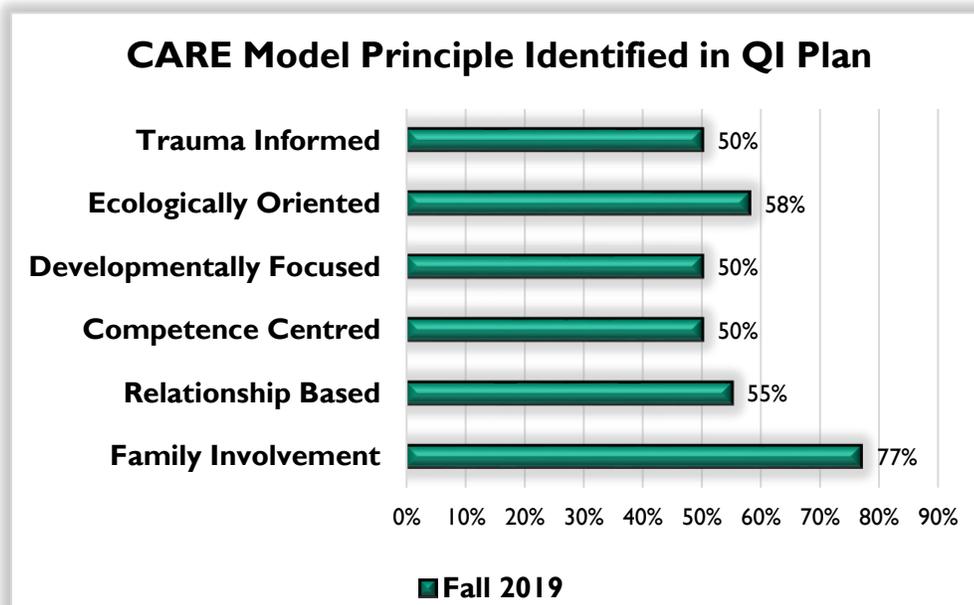
CARE Quality Improvement Plans Summary Report

Youth Residential and PDD Programs Summary of Progress

Spring 2020

Introduction

In the fall of 2019, PDD and Youth Residential Program teams were asked to review program outcomes and PQI data provided by Quality Improvement (QI), as well as review their CARE Model/QI goals. Programs then completed their CARE/QI Planning for the year based on CARE Activity 28, where teams are asked to identify the next most important steps in applying CARE principles to their practice. Teams focused on or more of the six principles (family involved, relationship based, competence centred, trauma informed, ecologically oriented and developmentally focused) to identify practical and concrete actions to implement CARE Model practice into program planning and agency culture. A template was provided to work systematically through this CARE/QI planning process and the resulting plans were uploaded to ETO.

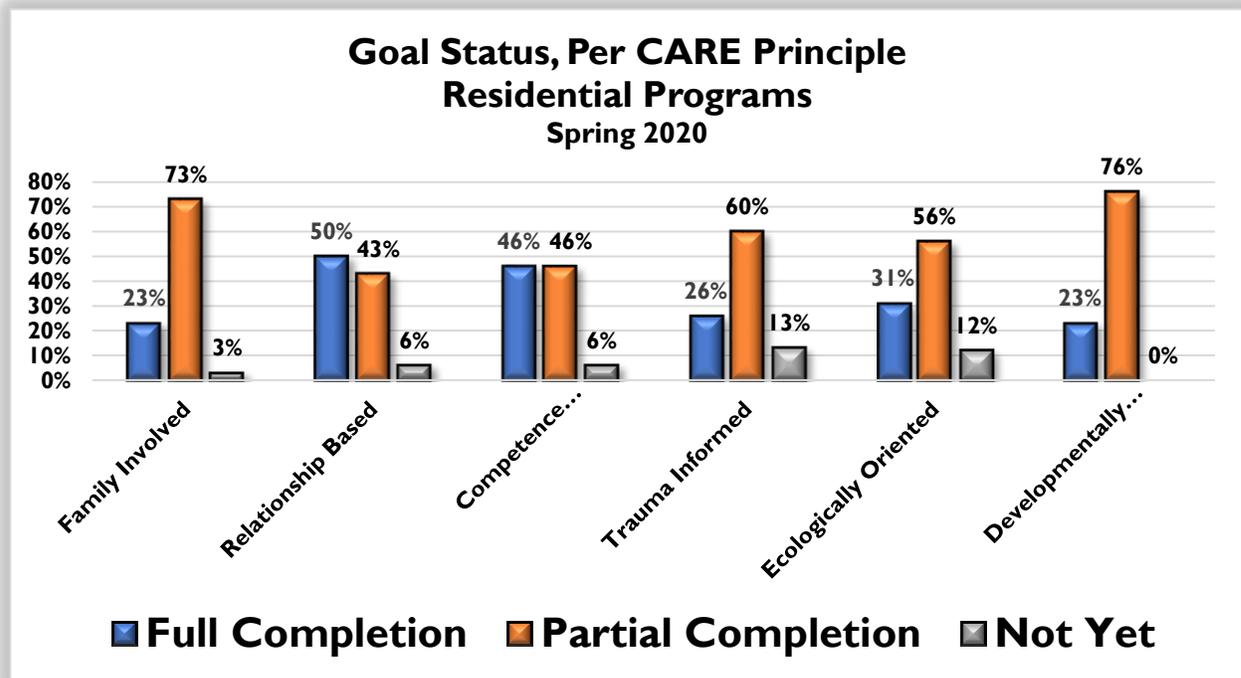


CARE/QI Plans - Progress Review

Teams reviewed their CARE/QI Plans during March and April 2020 and evaluated their progress to date. Teams indicated if the target was fully or partially reached, or if the goal was not yet met. This review is a fundamental step in CARE/QI planning, as it closes the loop on the Quality Improvement process. Programs were given the opportunity to assess the clarity and utility of their action plans and can now formulate informed decisions regarding goal modification and plan for future Quality Improvement activities.

Overall, progress to date on CARE/QI goals appears to be on track, with 94% of the goals rated by teams as fully or partially completed. Only 5 % of CARE/QI are rated as not yet met. While approximately two-thirds of the goals are rated as partially completed, the reasons for this are varied. Many of the family-based goals are not fully met due to the COVID-19 pandemic and cancelled activities, while goals related to developmentally focused, trauma informed, and competence centred principles are rated as partially completed because they are seen as ongoing.

Progress Review



Programs also provided comments in CARE/QI reports regarding the progress made. The majority of programs mentioned specific goals were ongoing or in progress, a likely demonstration of a partially reached goal, but also a testament to the continual adjustment of programming to meet the needs of participants. See a verbatim sample of the comments made below.

Family Involved

- Family connections and contact has increased. The pandemic forced ways to be more creative in making connections, which has resulted in more virtual family contact.
- Family contact has increased for all youth, during the pandemic there has been an increase in creative ways to connect with families virtually.
- Family involvement has vastly improved. Families are frequently involved in QPCs. When families are present at *** house, they're invited for supper and many youths' families will come for supper. Parents of youth have also attended the youth sports.
- A lot of great work is being done to connect with families, face-to-face or virtually. During the COVID-19 pandemic, great effort and creativity has been made to connect.
- For those who have no family involvement, tried to reach out to Big Brothers and other mentorship programs with no success, still exploring this area.
- It has been challenging to find opportunities and willing family members to gather together in house on a monthly basis.

Developmentally Focused

- Youth have been involved in activity planning and engaged in activities, there have been an increase in creative activities during the pandemic, the youth have been provided with toys, books, games of interest to them.
- Plans are improving in quality and are being reviewed at team meetings. Participation in group activities has also been improving over the past few months. Youth review meetings have included discussion around the developmental levels of each youth.
- Understanding of his environment has been improved using visuals and social stories.
- Zones of Regulation language is reflected in the daily emails to help the care team further understand emotional and sensory upregulation.
- Critical incidents are reviewed by the care team and then a plan is put into place to understand why the critical occurred and what we need to track to support the participant through the development of person-centered strategies.
- Treatment goals have been developed with team input and meet the participants zones of proximal development.
- There is a written visual schedule on the living room wall and most of the time the participants have been able to walk to it and read or ask what the plans are for the day.
- Verbal check-ins using the ZOR language is frequently used. The use of color-coded ZOR bracelets are great tools to conduct well-being check ins.

Relationship Based

- *** house continues to grow through building strong relationships with our youth using the CARE Relationship Principal. This is evident through fewer critical incidents and the voices of youth in clinical casework sessions in regard to voicing that they feel safe and trust staff.
- Have not completed the initiative. *** house has had nine different YCLs during this time period and many different staff. We have also had a new unit manager. Since most of our youth have attachment issues, this has been a struggle within our unit.
- Staff is evidencing a nice level of engagement especially during the COVID-19 pandemic. Conversation and time with youth have been less about “business” and more of an organic natural process. Dropping/changing expectations, increased flexibility, less transitions, and increased creativity with plans are all strengths being shown with staff/youth engagement.
- This is a huge strength of the caregivers. We have long term caregivers who have long standing relationships with the participants. They utilize creative ways to work out plans for one-on-one time despite having only one caregiver on shift. Each participant has an opportunity to choose an activity to attend, one-on-one, with a caregiver. Examples of these activities include watching individual sporting activities, attending movies, going to Agribition.

Trauma Informed

- Some of the staff took part in the ACES training with all the on-campus programs. It was suggested that CW provide education/training in upcoming team meetings teaching appropriate phases for youth that may be seen within their trauma journey and discuss the appropriacy of groups, concepts, and skills based on where they are at in their own adjustment to trauma needs. This will ensure that all discussions, activities, and staff groups are appropriate, sensitive, and trauma informed.
- Provided in-service training in the area of trauma informed care at the team meetings.
- Caregiver's knowledge was increased on past trauma history through review of the case formulations at a team meeting by the Clinical Consultant.
- Discussions around behaviors are approached with a trauma-informed lens.

Ecologically Oriented

- Décor – the home is filled with artwork created by the youth; they have also built planters and plan to grow and care for plants. Mural is in planning stages there will now be two different murals in which youth are involved. Smudging occurs regularly/daily as per youth request.
- Each participant has been able to experience having choice in personalizing their room with a new room colour, bedding, family pictures and posters in their area of interest. A fire pit and patio furniture were purchased to complete the backyard so that outdoor eating and a cookout on the fire can occur. A raised garden bed was purchased to grow vegetables and a variety of flowers were purchased for the front and the back of the house. The flowers and vegetables were tended to by one of the participants at the house.
- Sensory cart has been available, but it is not yet consistently used. Its function will be reviewed at an upcoming team meeting.
- This was really successful. They seemed to enjoy doing it and love looking at their pictures. We will continue to provide photos of activities they are participating in to put into their books!

Competence Centred

- Complete. Cooking, shopping, resumes, etc. activities tailored to each client.
- Team secured canvases and engaged with participants to design and paint individual canvases that depict cultural or other significant images that are important to the individual participants.
- Understanding of his environment has been improved using visuals and social stories.
- This has gone exceptionally well. All visuals within the home have been updated. Every participant has an Activities of Daily Living Goal developed around their Zone of Proximal development to facilitate success. With this, we have seen an increase in participants ability to complete various tasks (i.e. placing their dishes in the dishwasher, putting away laundry, making their beds, cleaning their rooms).

Conclusion

Over time, with increased practise in setting goals directed by CARE Model principles, programs will become more immersed in the tenets of CARE, which will surely inform daily interactions and activities. The implementation of CARE in the agency will never be complete, as it is an ongoing Quality Improvement process that evolves with the fluid nature of residential care. The planning process initiated by the Youth Residential and PDD programs in the spring of 2019 was the beginning of a continual process, where goals are set, adjusted, achieved and celebrated while moving through the CARE/QI planning cycle. The Quality Improvement team looks forward to following up with residential teams to discuss their experiences with the CARE/QI Planning process, to identify data and informational needs, and to find ways to improve the planning process.

