

Case in Point

10:30-11:15

Evaluating Child and Youth Mental Health & Addiction Services in Saskatchewan



SASKATCHEWAN CHILDREN AND YOUTH MENTAL HEALTH AND ADDICTION SERVICES

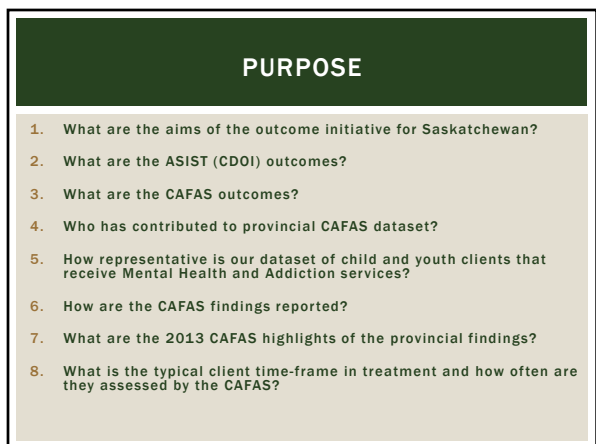
2013

Outcome Initiative Overview
Is there evidence that our services are helping?

C. Randy Duncan
Betty Anne Rohr

February 27, 2014

Park Town | Saskatoon



PURPOSE

1. What are the aims of the outcome initiative for Saskatchewan?
2. What are the ASIST (CDOI) outcomes?
3. What are the CAFAS outcomes?
4. Who has contributed to provincial CAFAS dataset?
5. How representative is our dataset of child and youth clients that receive Mental Health and Addiction services?
6. How are the CAFAS findings reported?
7. What are the 2013 CAFAS highlights of the provincial findings?
8. What is the typical client time-frame in treatment and how often are they assessed by the CAFAS?

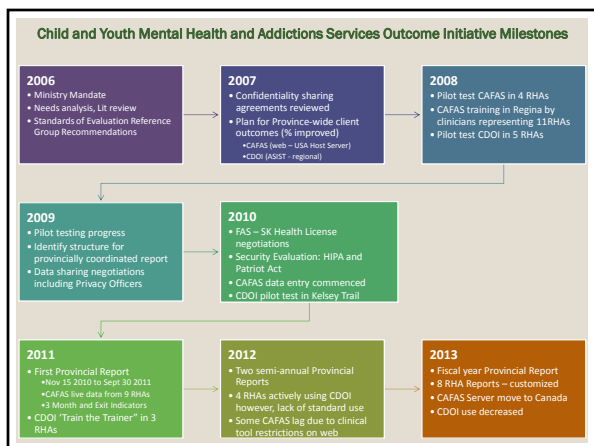
WHAT ARE THE AIMS OF THE OUTCOME INITIATIVE FOR SASKATCHEWAN?




OUR GOAL

Improve the quality of life for children, youth, and their families





The Canadian Server has arrived!! 

MHS has established a server in Ontario

- Our data will be migrated to the Canadian server
- Patriot Act considerations will no longer be of concern




WHAT ARE THE ASIST (CDOI) OUTCOMES?



CLIENT DIRECTED OUTCOME-INFORMED

CDOI approach using two Instruments (client rated)



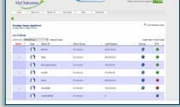
- ORS (Outcome Rating Scale)
 - 4 items measure psychological well-being
 - personal, interpersonal, socially, overall
- SRS (Session Rating Scale)
 - 4 items measure status of client-therapist alliance
 - relationship, goals, method, overall

CDOI management systems

- ASIST for Agencies (on local computer)
 - requires upgrades or will run into technical issues
- MyOutcomes (web-based - BC server)

Provincial Outcomes

- Intended as a complementary indicator
 - % at risk for poor therapeutic outcomes
- Use is not standardized enough across province to warrant aggregating data
- Age level concerns
 - Some use with youth but mainly adult

WHAT IS THE CAFAS?



Child And Adolescent Functional Assessment Scale

- Gold standard for assessing daily functioning
- Clinician-rated
- Inform decisions on level of care needed & treatment progress
- Compare change assessments over time
- Monitor outcomes
- Evaluate service programs

8 CAFAS Subscales

School/Work

Home

Community

Behaviour Toward Others

Mood/Emotions

Self-Harm

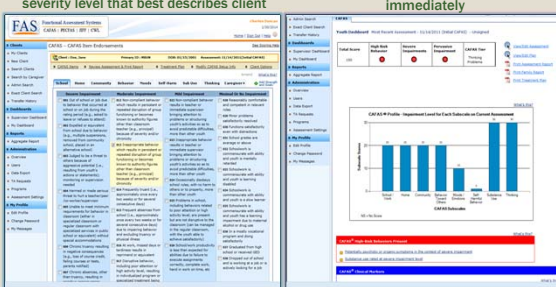
Substance Use

Thinking

CAFAS (WEB-BASED)

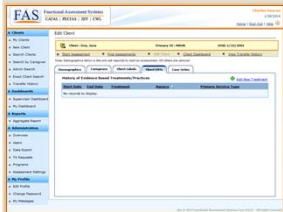
For each Subscale, items endorsed at severity level that best describes client

Clinician able to get client profile immediately

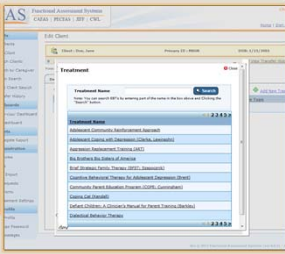


CAFAS (WEB-BASED)

Potential for tracking EBT




List of 41 EBT and Other option



Clinical Marker (PRE-assessment)	Outcome Indicator (POST-assessment)
CAFAS Total Score <small>^higher score = ^dysfunction</small>	Change in Total Score <small>'Meaningful and Reliable Difference' = reduction 20 points or more</small>
Serious Emotional Disturbance (SED) <small>total score = 50 +</small>	Change in SED <small>total score < 50 AND all subscale scores < 30</small>
Severe Behavioural Impairment (SBI) <small>total score = 30 + AND Subscale (s) = 30</small>	Change In SBI <small>Subscales < 30</small>
Pervasive Behavioural Impairment (PBI) <small>'School', 'Home' AND 'Behaviour Toward Others' > 10</small>	Change in PBI <small>'School', 'Home' AND 'Behaviour Toward Others' < 20</small>
CAFAS Tier® <small>classification defined by CAFAS Tiers</small>	Change in CAFAS Tier <small>'Less Salient Tier' classification</small>

CAFAS TIERS @ CLIENT TYPES

Hierarchically-arranged in Descending Order Of Severity

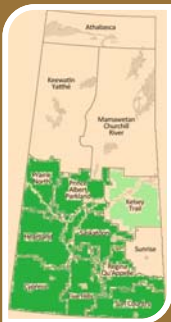


- Thinking Problems
- Substance Use Problems
- Possibly Self-Harmful
- Delinquency
- Behaviour Problems with Moderate Mood Disturbance
- Behaviour Problems without Moderate Mood
- Moderate Mood/Mild Problems only
- No Problems Reported

SEVERITY INTERVALS (DYSFUNCTION GROUPS)

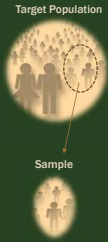
- 140+ • Consider very intensive services, residential, or inpatient
- 110-130 • Consider intensive community-based services
- 80-100 • Consider outpatient care with additional supportive services
- 50-70 • Consider Serious Emotional Disturbance (SED) and ongoing outpatient services
- 0-40 • Consider ongoing outpatient services

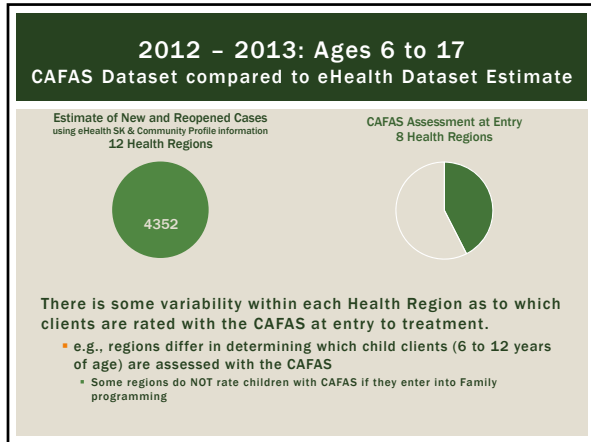
WHO HAS CONTRIBUTED TO PROVINCIAL CAFAS DATASET?



- Cypress
- Five Hills
- Heartland
- Prairie North
- Prince Albert Parkland
- Regina Qu'Appelle
- Saskatoon
- Sun Country
- Kelsey Trail

How Representative Is The CAFAS Dataset To All Clients Receiving Child And Youth Mental Health And Addiction Services?



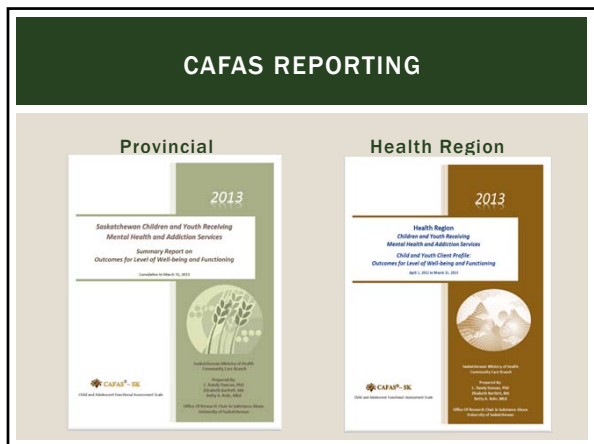


CAFAS Dataset compared to Population

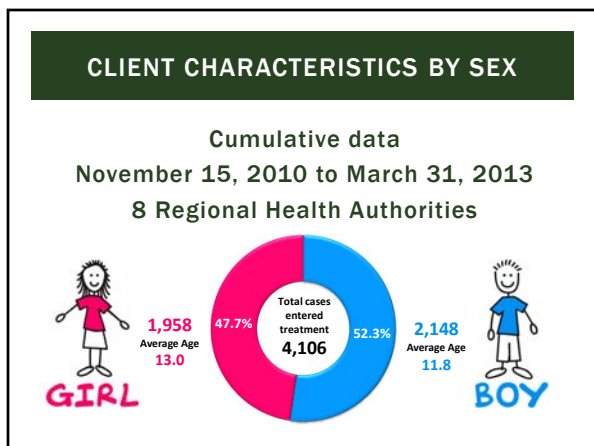
	Age Group	Total Population	Total CAFAS	Percentage
eHealth SK	6 - 17 yearolds	165,894	1,846	1.1%
Ontario	Grade 1 - 12	1,771,710	29,351	1.7%
Michigan	Under 21	2,914,052	39,306	1.3%

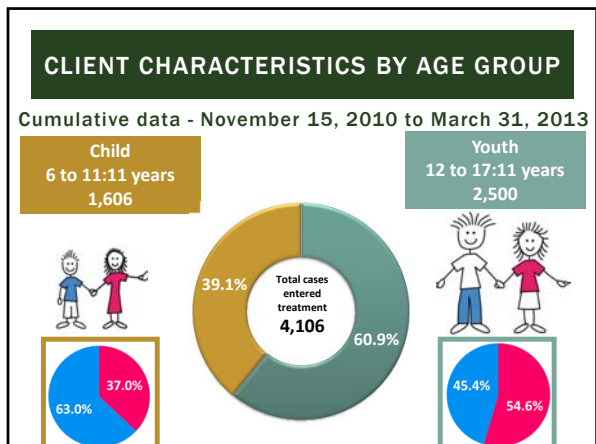
HOW ARE THE CAFAS FINDINGS REPORTED?

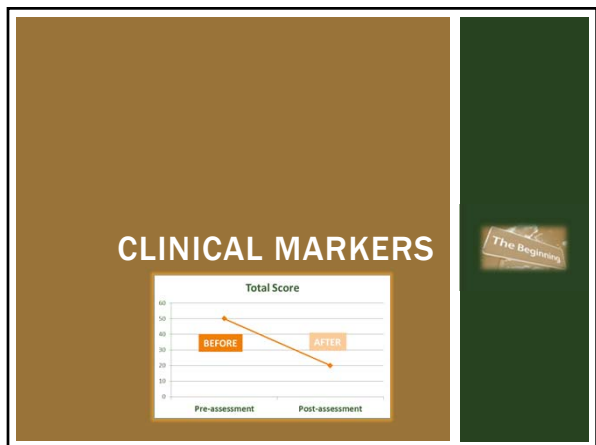


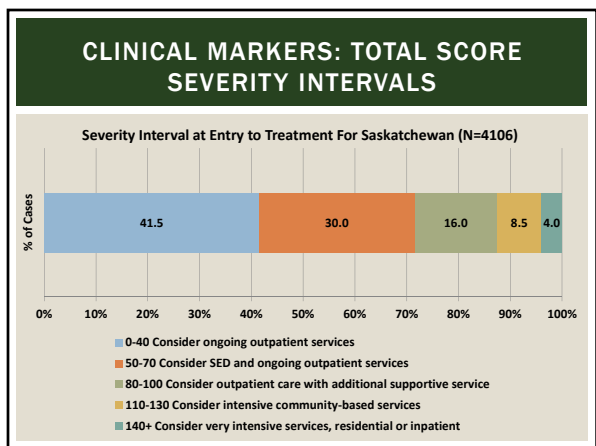




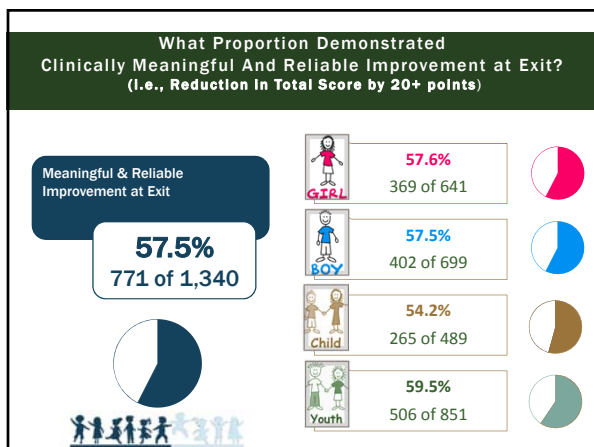


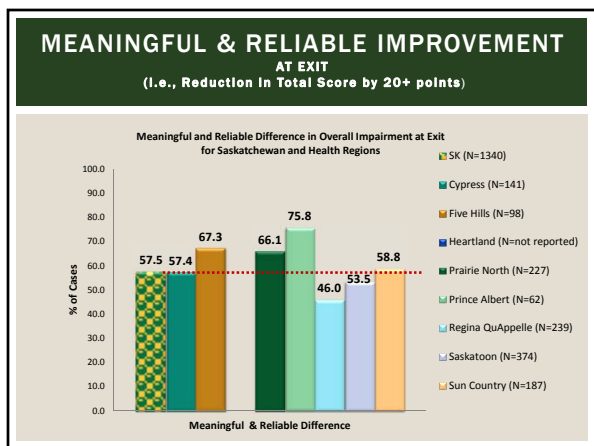




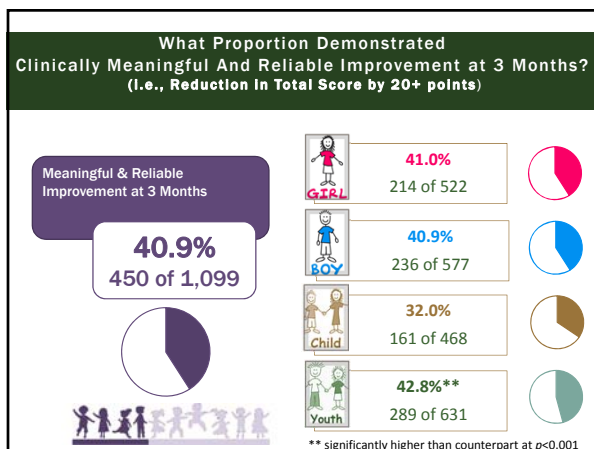


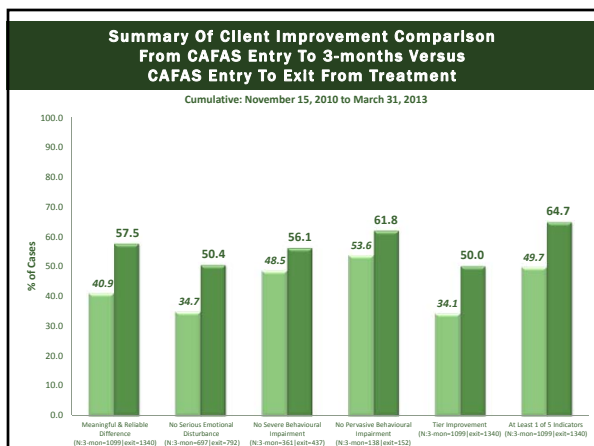













WHAT IS THE TYPICAL CLIENT TIME-FRAME IN TREATMENT?

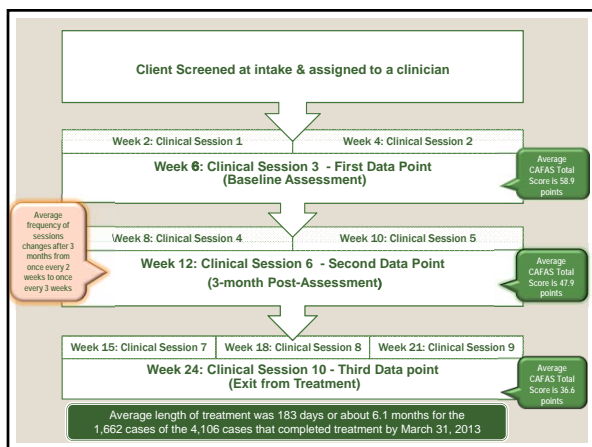
HOW OFTEN ARE THEY ASSESSED BY THE CAFAS?

Hawaii CAMHD implemented a policy of quarterly assessment using CAFAS, CALOCUS, and ASEBA.

- found CAFAS to serve as a model because of high response rates, broad assessment, and completion of certified professionals.
- across the 4 years, the average length of service was reduced by 40% to 60%, depending on what factors were statistically controlled.
 - 866 days in 2002 → 393 days in 2005.

(Daleiden, Chorpita, Dondervoet, Aresndorf, and Bregan, 2006.)





ACTIVITY -- FOOD FOR THOUGHT AND DISCUSSION



Activity & Discussion

- Considering the message of the video

If such a study was conducted in your region, what evidence does your Health Region have to confirm or deny the claims made?

What are some of the benefits or disadvantages of the evidence provided by CAFAS outcomes for your Health Region?

For Province overall?

One other major benefit that state-level stakeholders noted about Michigan's use of the CAFAS is that it provides statewide data to guide decision-making. The data are transparent and help to mitigate chaos and reactivity among stakeholders at state and local levels when system changes are required.

What program changes are needed to better serve needs based on client profile

*What is the typical client's length of stay in services?
In program?
The clients who have improved?*

*Are there changes from year to year?
In client profile, in improvement rates*

*Which clients have improved?
Which clients have not improved?*

*Are there differences between clients with primary addictions
versus
clients with primary mental health issue*

FOOD FOR THOUGHT

Case in Point

11:15-12:00

What's Your Cap? U of S Student Binge Drinking Prevention Initiative
