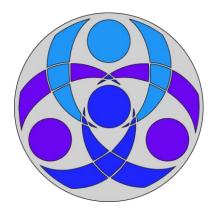
# Milieu Children & Family Services

## Residential Services Annual General Report

**Group Home Care** 



April 2014 - March 2015

#### **Residential Services Program Overview**

#### **Knight & Park Programs**

Focus: Residential service with a focus on preparing children and youth with mental health issues for family-based care or independent living

Details: Two homes with a combined capacity of 10 beds

Target Population: youth age 12 to 18 years

Intake: Referral by MCFD

Time Duration: Six months to one year; flexible Staffing: Residential Care Workers (2 per shift) supported by Family Support Worker, FASD Key Worker, Clinical Director, and Clinical staff.

Park and Knight Program both offer residential long-term stabilization programs for difficult to serve youth who require specialized behaviour management programs. Highly individualized service delivery plans developed at intake and a positive, supportive, structured milieu are designed to stabilize the youth and to prepare him/her for either family-based care or independent living. The aim of

The program is not to "treat" the youth, but to prepare a care-giving context to "fit" the needs of the youth.

Referred youth may have a mental illness, drug or alcohol abuse problems (but may not be suitable for residential drug or alcohol treatment), and/or may have some YOA charges/offenses, but not be primarily considered conduct disordered. Referred youth will also not be severely mentally challenged. Older youth may have a serious mental illness, and will be in the care of a psychiatrist or mental health team. The "mix" of the residents in each house is a central factor in the decision to accept the youth into the program.

Staff members work closely with community mental health teams and receive regular consultation and clinical supervision from a Milieu Psychologist and Psychiatric Nurse. Family Support Counselors may provide links and/or transition services to other Milieu programs.

### **Residential Services Demographics**

## **Park Program**

Gender	Males 1 Females 8
Ethnicity	Caucasions – 6 Aboriginal – 2 Asian-1
Age	6 at 18 years old 1 at 16 years old 2 at 17 years old
Specific Diagnosis	Attention Deficit disorder 3 Disruptive behaviour disorder 1 Genetic predisposition shchizophrenia1

## **Knight Program**

Gender	2 Females, 4Males
Ethnicity	3 Aboriginal , 2 Caucasian , 1 African Canadian
Age	3 at 16yrs; 2 at 18yrs
Specific Diagnosis	1 Psychosis, 1 Anxiety Disorder, Depression, Suicidal Ideation, 1 ADHD, Depression 1

## **Residential Services Outcomes Data Results**

Satisfaction: Redevelope the youth incentive profram to promote person centeredness as well as empower youth's independance	This will be indicated when new guidelines have been established and a higher percentage of satisfaction is reported through surveys	Individulas Served	75%	Written guidelines Satisfaction Survey	87 %	Yes
Effectiveness: Create Agency guidelines addressing on going issues in the homes to promote consistency and clear protocol	This will be indicated when 5 new guidelines have been created, and implemented	Employess	75%	Guidelines, policies and procedures	100% Exceded goal	Yes
Efficiency: To re-evaluate and decreased the overall amount of internal and external reporting on individuals served	Percentage staff reporting on surveys they saw a decrease of paperwork	Staff	75%	Staff surveys	0%	No
Accessibility: Provide a more ground level therapeutic approach to individuals served by Clinical Team	This will be indicated when percentage of youth as discussed in depth with management and clinical team on a	Individuals Served	75%	Manager meeting minutes	100 %	Yes

b	oi-weekly basis			

#### **Summary of the 2013/2014 Group Home Care Outcome Results**

Overall the Specialized Residential Treatment program areas under the Group Home Care section has achieved 3 of the 4 targets originally set for the 2013/14 outcomes results.

#### **Satisfaction**

**Goal:** Re-develop the youth incentive program to promote person centeredness as well as empower youth's independence though life skills, education, and self determination.

**Action Plan:** Managers in collaboration with staff will recreate the new incentive program that will be based on incentives being earned through life skills and youth specific goals. The incentive program will be presented to the Youth Advisory Committee prior to being implemented. The goal will be measured through exit surveys completed by individuals served.

**Complete:** New incentive program was created in collaboration with management, staff teams, and youth served. Staff were trained on the new guidelines and they were implemented in the homes. Youth reported back on their satisfaction survey 52 out of 60 were satisfied with the new incentives programs.

#### **Effectiveness**

**Goal:** Create Agency guidelines addressing on-going issues in the homes to promote consistency and clear protocols.

**Action Plan**: Milieu Managers, Clinical Director, and Executive Director will work in collaboration with MCFD and Police to create clear guidelines and protocols for on going issues in the home. Satff will be trained on all protocols, upon hiring, through professional development and annual competencies therefore promoting seamless communication and consistency for all staff to provide the most effective service delivery as possible.

**Complete**: Milieu Managers, Clinical Director, and Executive Director in collaboration with MCFD and Police met and identified on going issues in the homes that needed to be addressed. Protocols and guidelines in the following areas were created and all staff were trained; professional writing, guidelines for calling police and Yankee 20, drugs and drug paraphanalia, house shut down, case management, incentives, roles and responsibility, self injury, sexual behaviour problems, and healthy boundaries.

#### **Efficiency**

**Goal:** To re-evaluate and decrease the overall amount of internal and external reporting on individuals served.

**Action Plan**: The management team will review our current reporting practices and eliminate any unneeded or duplicated reporting practices within our contractual requirements and CARF standards. This goal will be measured through Staff surveys

**Complete:** All internal reporting and external reporting was reviewed, upon reviewing, all current reporting is necessary, therefore will stay status quo.

#### **Accessibility**

**Goal:** Provide a more ground level therapeutic approach to individuals served by having the clinical team accessible to youth served at least bi weekly.

**Action Plan:** The management team will meet weekly to discuss all individuals served with the Clinical Team. The Clinical Team will make recommendations, create individualized plans, attend ICM's, as well as work one to one with youth as needed, in collaboration with the consulting physiologist.

**Complete:** The bench mark for this goal was to have the clinical team review at least 75 % of youth served, this goal was achieved; Management team and Clinical team met bi-weekly and discussed 100% individuals served. The Clinical team made recommendations, created individualized plans, attended ICM's, as well as work one to one with youth as needed, in collaboration with the consulting physiologist.

#### **Congregate Care 2015/16 Strategic Planning:**

#### **Satisfaction**

**Goal:** Increase the sastisfaction of Stakeholders specific to; the implementation of new program guidelines, policies, and procedures.

**Action Plan:** Executive Director ,Clinical Director, and Managers will meet with with MCFD , and VACFSS for a feedback meeting. The goal will be measured by a noted increase in satisfaction reported.

#### **Effectiveness**

Goal. Increase the effectiveness support startegies and goal setting in the Individual Support Plans.

**Action Plan**: Managers will meet with Yisrael Shurack, Quality Assurance, to re-frame our current Individual Support Plans. The plans time frames, and support strategies need to reflect how to successfully achieve goals while living in crisis and incorporate stabilization.

#### **Efficiency**

**Goal:** Reduce the overall amount of preparation prior to CARF surveys, while subsequently upholding CARF's standards as an ongoing best practice.

**Action Plan**: Managers will review the CARF standards every July, and make appropriate changes needed to reflect the new standards. This goal will be measured by the amount of new standards put into practice within 30 days of receiving notice of change.

#### **Accessibility**

**Goal:** Increase the accessibility of staff to youth served.

**Action Plan**: Milieu Children and Family Services will create an online outreach program. This program will break down barriers and allow youth to have communication with staff, and vice versa, when they are out in the community, missing, or not ready return to the home for various reasons. This goal will be achieved when a decrease in missing persons reports are filed in a one year time frame.