Children's Mental Health Services – HPE,

Hastings and Prince Edward District School Board and

Algonquin and Lakeshore Catholic District School Board

DAY TREATMENT PROGRAM

CARE, TREATMENT, CUSTODY AND CORRECTIONAL (CTCC)

PROGRAM DESCRIPTION

DRAFT Extended Day Treatment Program – As of January 2020

Table of Contents

Introduction

This program description is intended to provide a clear description of and rationale for the Children's Mental Health Services' Extended Day Treatment Program. The Day Treatment component of the service provided in collaboration with the Hasting and Prince Edward District School Board (HPEDSB), Algonquin and Lakeshore Catholic District School Board (ALCDSB) and delivered within Hasting and Prince Edward District School Board classrooms. The Individual and Family Intensive Service component of the program is delivered by CMHS Child and Youth Workers within our program, community and family home and is based upon current best practice. In this document, we provide the reader with the multiple contexts in which the program is situated from agency mandate and priorities, governmental and legislative expectations to what the research and evidence tells us is good practice. We will also provide the reader with as much detail as we can around what the program is, how it works, roles and responsibilities of the staff and who it best serves.

CMHS' Strategic Plan 2016-2021

Our Vision

Meaningful mental health treatment services for children, youth and their families in Ontario.

Our Mission

CMHS Hastings and Prince Edward, to be a leading provider of seamless, meaningful, mental health treatment services for children, youth and their families.

Our Values

Our vision and mission will be realized by demonstrating commitment to our values of: partnership and collaboration; accountability and integrity; excellence and innovation.

At CMHS, everything we do is driven by and supports our Strategic Plan. The plan sets our priorities for resources and services, guides our day-to-day work and creates accountabilities that we hold ourselves and expect our stakeholders to hold us to.

Our Goals

Goal 1

To provide excellent clinical services to children, youth and families to improve their overall emotional and social functioning within our community.

Goal 2

To be an active partner within a community that inspires the healthy social, emotional well-being of children, youth and families.

Goal 3

To have committed and clinically competent staff who strive for excellence and innovation in their role as treatment partners with children, youth and families.

Goal 4

To ensure, through effective communication, that children, youth, families, donors and the community, are aware of the children and youth mental health treatment options available throughout Hastings, Northumberland and Prince Edward counties.

Goal 5

To partner with children, youth and families to ensure that the services offered at CMHS are meaningful, timely and seamless.

HPEDSB's 2015-2020 Strategic Plan

Our Vision

All students prepared and empowered for the possibilities of today and tomorrow.

Our Mission

We create dynamic, inclusive educational experiences that develop capable, confident, curious learners who thrive and contribute to their communities.

Our Strategic Priorities & Goals

Goal #1: ACHIEVING EXCELLENCE & EQUITY

- Increase graduation rates and reduce achievement gaps for students not yet at the provincial standard
- Provide programs and services to help each student achieve success
- Support all students to be globally minded learners and leaders

Goal #2: LEARNING & LEADERSHIP

- Involve students, cultivate student leadership and voice
- Collaborate as a learning organization to engage all employees in developing their growth plans
- Implement a renewed succession planning process for school and system leaders

Goal #3: PUBLIC CONFIDENCE

- Ensure effective management of all resources (i.e. human, financial, environmental)
- Operate through good governance
- Be leaders in public education

Goal #4: WELL-BEING

- Develop the elements of well-being for students and employees collaboratively
- Create welcoming, inclusive and safe learning environments that optimize students' potential
- Build the capacity of employees to deliver positive social and emotional learning experiences

Moving on Mental Health – Draft Service Framework(2013)

In 2013, the Ministry of Children and Youth Services (MCYS) announced significant policy and service changes within the Child and Youth Mental Health sector in its Child and Youth Mental Health Service Framework. Essentially, these are the expectations that all Children's Mental Health Centres must adhere to in order to continue receive funding and provide services to the public. Within the Service Framework, the Ministry of Children and Youth Services (MCYS) outlines a number of expectations for intensive treatment settings, which includes requirements related to the:

- target population;
- availability of service;
- legislative/regulatory compliance;
- planned and transparent admission process;
- interdisciplinary treatment process;
- client-focused, strength-based approach;
- normalized treatment environment/program;
- structured, individualized interventions;
- positive and safe approach to crisis intervention and monitoring;
- continuity of staffing; and
- planned discharge to support successful transitions.

Children's Mental Health Services ensures that all of these expectations are not only met and but exceeded with respect to the structure and operations of its Extended Day Assessment/Treatment program. Evidence of each of these expectations can be found throughout the following Program Description.

MCYS Program and Guidelines Requirements #1

CMHS' Extended Day Treatment is classified by the Ministry of Children and Youth Services (MCYS) as an Intensive Treatment Service. Intensive treatment services focus on reducing the severity of and/or remedying the mental health problems of children and youth that are psychological, emotional, social, and behavioural-related. MCYS has outlined the following program and guideline requirements for the CMHS Extended Day Treatment Program:

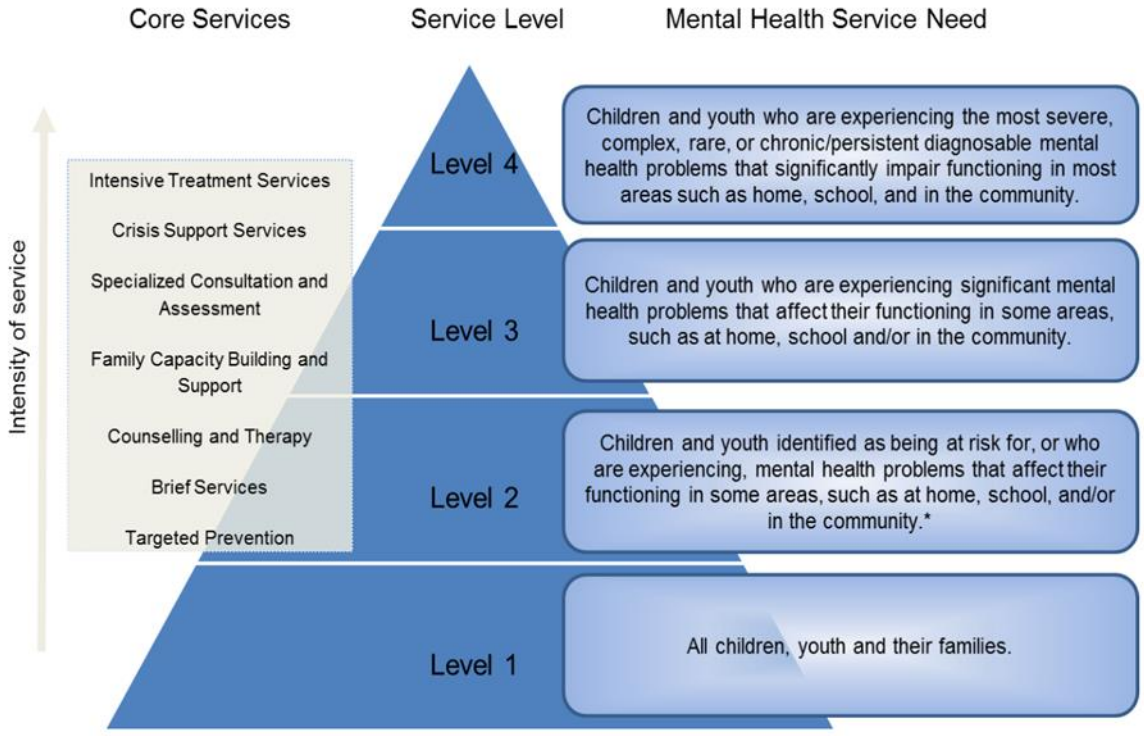
Intensive treatment services are designed to:

- Reduce the severity of mental health problems;
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Improve functioning at home, school and in the community; and
- Stabilize and transition the client to less intensive or intrusive treatment services.

Intensive treatment services are targeted to children and youth who have been diagnosed/identified with mental health problems that impair their functioning in some or many areas. Many of these

children/youth will require intensive intervention either for a defined period of time or periodically throughout their lifespan, to maintain functioning in their home, school and/or community. The following schematic outlines the full continuum of needs-based mental health services and supports, and shows conceptually how core services fit within this continuum. It also represents the relative demand for services – level one reflects all children and youth, while level four focuses on a smaller subset of the child/youth population with the most severe, complex needs.

Figure 1: Continuum of CYMH Needs-Based Services and Supports



* Includes members of a group that share a significant risk factor for a mental health problem(s).

Intensive treatment services are to be provided in the least restrictive settings, in local communities and as close to home as possible (e.g., community, school). Services are to be delivered with minimal disruption to the continuity of family, school, and community life. Intensive community-based treatment services are provided within the context of the family, culture and community. A range of treatments can be provided through intensive community-based treatment services (e.g., wraparound services and family therapy). These services are customized to meet the individual needs of each child or youth and family, matching the level of need with the appropriate intensity of service. There is flexibility in the provision of intensive treatment services. This will help ensure smooth and timely transitions for children and youth to less intensive and disruptive forms of treatment and support, as their needs require.

Maintaining education is important for child and youth mental health and wellbeing. Every effort should be made to minimize schools transfers and maintain education programming. Within intensive

treatment services, there may also be a Care, Treatment, Custody and Corrections (CTCC) Section 23 educational program attached to the core service (e.g., day treatment services and intensive out-of-home services) and delivered as part of an integrated service plan. CTCC programs provide educational programming and treatment to students who cannot attend regular classrooms because of their need for treatment. These are intensive full- or part-time services delivered jointly by core service providers and district school boards. CTCC educational programs are often provided in a classroom setting, which can be located in a school or other community setting. The treatment component is delivered in collaboration and coordination with the education component, and both are provided intensively (three to six hours daily). These services require formal partnerships between district school boards and core service providers. The educational programming is delivered by school board-employed teachers and educational assistants. Mental health treatment is delivered by Children's Mental Health Services staff.

Day treatment services offer an intensive therapeutic approach that can provide children and youth with treatment and the necessary skills to successfully function in school settings. As with the delivery of other services, within this category there are a variety of elements as part of an integrated service plan with a range of strategies (e.g., individualized supports and family/group therapy). In general, the delivery of day treatment services requires an environment where psychiatric, psychosocial and academic problems are addressed by multi-disciplinary teams (Kotospoulos et al., 1996 as cited in Briad, 2013). Children/youth receiving day treatment services may continue to reside with their families and receive treatment throughout the day, for example, CMHS' 8 a.m. to 8 p.m. Extended Day Treatment Program.

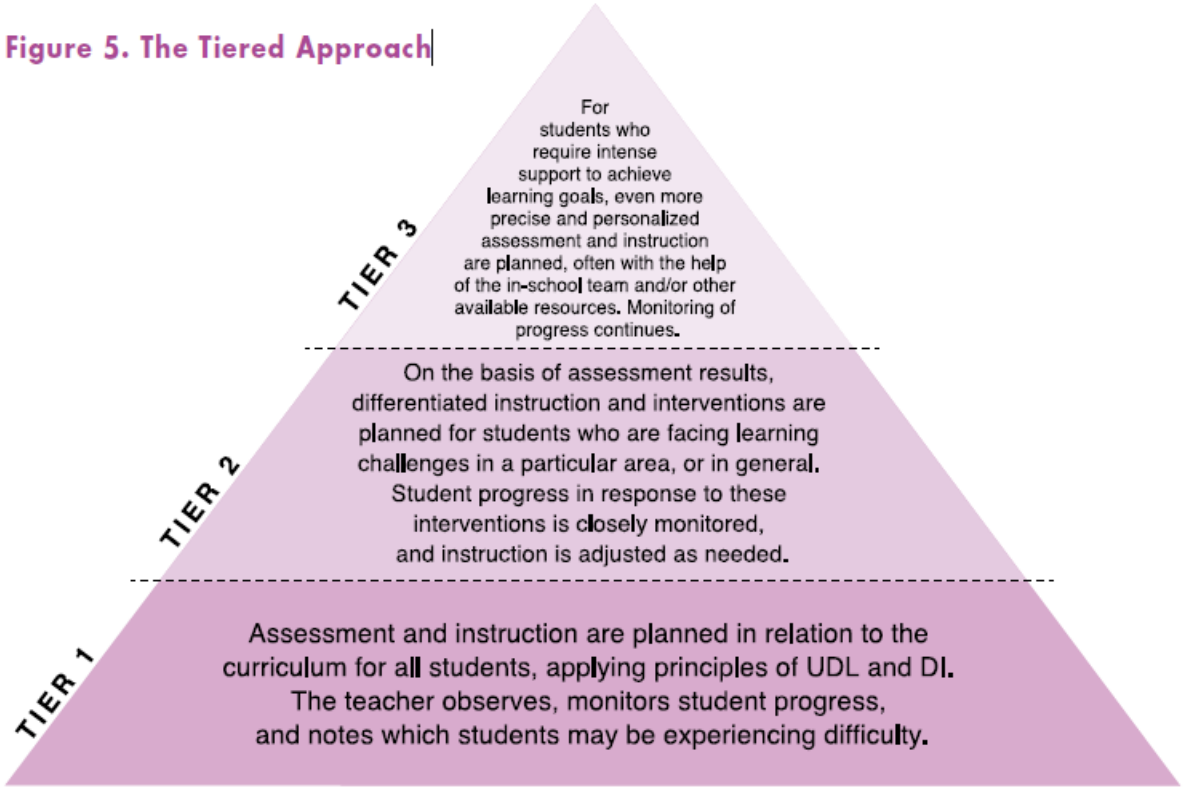
Ministry of Education Guidelines

Children's Mental Health Services ensures that our Extended Day Assessment/Treatment Program provides individualized and flexible services as part of the individual treatment plan of each and every child and their family.

As outlined in the Ontario Ministry of Education's Guidelines for Approval and Provision of Care and/or Treatment, Custody and Correctional (CTCC) Programs 2018-19, the Ministry of Education believes that the education goals of school-age students should continue to be supported when they are required to attend treatment programs. Whenever possible, students should attend regular or special education classes in local schools. However, in cases where students cannot attend local schools because of their need for care, treatment or rehabilitation, suitable educational programs which recognize the primacy of the care, treatment and rehabilitation needs may be provided by the school board within the program. It is a fundamental belief that all students can succeed when given the appropriate supports. Educators that work in CTCC educational programs cannot do this in isolation. Arrangements for the provision of such educational programs should be developed jointly by the staff of these agencies and school board personnel.

Similar to the MCYS Continuum of CYMH Needs Based Services and Supports, the Ministry of Education has developed a tiered approach to servicing children within the education system. CTCC programs such as the Extended Day Assessment/Treatment Program has been designated a Tier 3 program for students who require intensive support.

Figure 5. The Tiered Approach



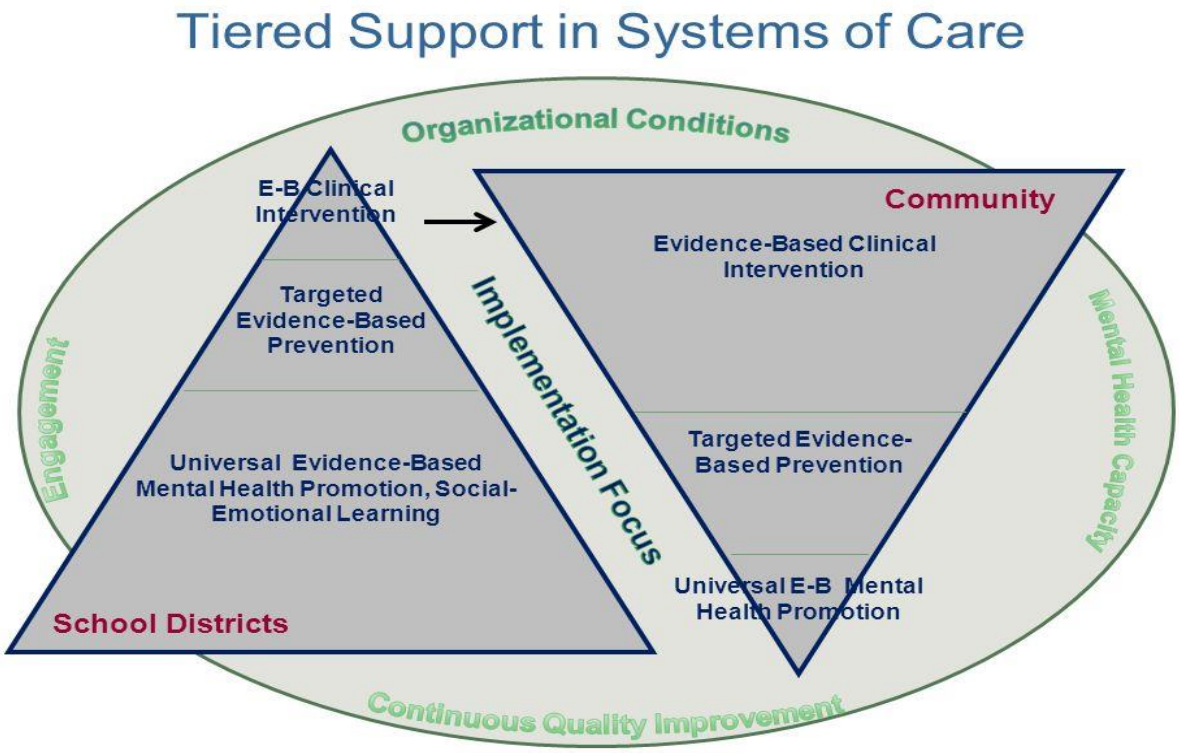
CTCC education programs are based on a collaborative model between the school board and the facility. The school board provides the educational programming and the facility provides the care, treatment and/or rehabilitation outcomes.

As such, joint planning and multi-disciplinary teams should be used to ensure consistent and continuous support for students in these programs in achieving their learning and care, treatment and/or rehabilitation outcomes.

Supervision, guidance and learning can only be accomplished through the co-operative development of individual plans for each student. In both preparing and applying these plans, education often becomes interwoven with the social and medical programs provided.

Students in CTCC education programs may be among the most vulnerable and at risk of not completing elementary and/or secondary education. Although some of the students served within these programs have primary needs other than education, there is recognition and agreement that maintaining

continuity of education during periods of care, treatment and/or rehabilitation complements and supports treatment objectives and supports improved life outcomes.



Note: As noted in the sections above, Day Treatment services are referred to differentially by various stakeholders (Day Treatment, Care and Treatment Custody and Corrections (CTCC) and Section 23). For the duration of this document, the term “Day Treatment” will be used to include all of these designations and provide clarity and consistency.

Accreditation Standards

Children’s Mental Health Services and all of its services and programs adhere to strict accreditation standards outlined by the Canadian Centre for Accreditation. These include a number of universal treatment standards that apply to all clients as well as site specific standards for Day Treatment and Community and Home-Based services.

Examples of these universal standards include:

- The use of and fidelity/adherence to evidence-informed practices
- Continuity of service delivery via case management
- Case manager leader’s responsibilities
- Assessment standards

Examples of Day Treatment specific standards include:

- The organization has a comprehensive system to promote the use of positive, safe methods to intervene in crisis situations with children or youth at high risk in day treatment.
- The day treatment program approximates, as closely as possible, the normal daily routine of children or youth and provides a range of educational and therapeutic activities appropriate to the learning style and achievement level of the children and youth served.
- Day Treatment staff make active use of interpersonal relationships and events that arise to produce change.
- The organization provides resources that promote day treatment staff's participation in ongoing learning, skill development and job support.
- The process for planning discharge from day treatment promotes continuity and supports the child or youth and parents/caregivers for a successful transition to the school placement to the extent possible.

Examples of Community and Home-Based specific standards include:

- Home and community-based services staff engage and collaboratively involve the caregiver, as well as the child or youth, in treatment planning and goal setting.
- Staff receive education and training to identify specific caregiver issues that will have major impact for intervention/treatment planning, including caregiver mental health problems, substance abuse, marital conflict and family violence in the home or community environment.
- When outlined in the intervention/treatment plan, staff provide assistance and advocacy to provide for concrete family needs such as food, transportation, child care and housing.

Children's Mental Health Services ensures that our Extended Day Assessment/Treatment Program meets and exceeds all CCA Accreditation Standards in service to children and their families.

Day Treatment Literature Review

In April 2013, the Ontario Centre for Excellence in Child and Youth Mental Health published a literature review on the effectiveness of day treatment programs. The authors found a range of literature on day treatment (DT) settings for children with externalizing mental health difficulties but found it difficult to find literature on particular practices within day treatment for children with severe or complex

behavioural problems. They noted that "the literature is further limited by a lack of research on multi-modal treatment and younger children, a lack of longitudinal data, and a lack of research looking at the most effective DT components (Jerrott, Clark & Fearon, 2009; Grizenko et al., 1997)." Despite these limitations, the authors noted that day treatment is becoming widely accepted as "an effective therapeutic intervention although the ideal structure of these programs has not been entirely determined (Kotsopoulos et al., 1996)."

In addition to studies on DT effectiveness, there is some research that focuses on factors contributing to the success of DT programs. Some factors that contribute to a child's progress or outcome in DT programs include parental involvement, age, intelligence levels and aggression subtypes (Bennett et al., 2001). Children who are younger and who score higher on intelligence tests have been found to have more positive outcomes in some DT studies (Bennett et al., 2001).

DT can be an appropriate therapeutic modality for children with severe psychiatric disorders, particularly behaviourally and emotionally disturbed children (Kotsopoulos et al., 1996). DT for children is challenging for mental health professionals involved in care because the greatest proportion of children referred to these services have disruptive behaviour disorders and these disorders may not respond readily to treatment (Kotsopoulos et al., 1996).

In their review of the DT programs offered by the George Hull Centre, Cunning and Bartlett, Evaluating the Effectiveness of Day Treatment Programs from Multiple Perspectives found "significant improvements between entry and exit to services in overall functioning and in key areas such as School, Community, Managing Mood and Substance Use".

Clark and Jarrott (2012) in their paper Effectiveness of Day Treatment for Disruptive Behaviour Disorders: What is the Long-term Clinical Outcomemfor Children? determined that Children with Disruptive Behaviour Disorder (BSD) who attended a short-term day treatment program using best-practice treatment strategies showed significant improvement in their behaviour at home. These improvements were relatively long lasting. Their findings support to the effectiveness of day treatment and the idea that severe DBD can be treated using multi-modal, intensive, and evidence-based treatment techniques resulting in long-term change.

Vanderploeg et al. (2009) provides an overview of an Extended Day Treatment model (EDT) that includes component interventions supported by evidence including DT, family therapy and after school programs. EDT is delivered during and after school hours and keeps clients in their homes, schools and communities.

Vanderploeg et al. noted that core services of an effective EDT program include:

- comprehensive assessment
- treatment planning
- structured therapeutic milieu
- psychiatric evaluation and medication management
- family therapy and parent training

- group therapy
- individual therapy
- 24 h crisis services
- therapeutic recreation and expressive therapies
- positive youth development activities
- discharge planning

Goals of the EDT model are to (1) reduce youth mental health symptoms, (2) enhance youth strengths and competencies, (3) promote better family functioning, and (4) prevent restrictive clinical placements, such as inpatient hospitalization and residential services.

Rokos and Bouchard review of the literature (2018) indicates that Day Treatment falls within a continuum of services ranging from low to high intensity and can be operationalized as any service that falls between inpatient and outpatient treatment (Jerrott et al, 2009). It has been treated as a cost efficient service alternative to those that seek to provide the level of intervention necessary to support sustained changes for children with significant emotional and behavioural difficulties (Whitemore et al, 2003). Studies have demonstrated that Day Treatment can be an effective treatment modality for children and youth with significant mental health issues (Robinson, 2001).

Day Treatment benefits include a treatment modality where children and their families can still receive intensive services without placement in residential or hospital settings (Van Bokhoven et al, 2005). Families also experience less disruption in day treatment compared to residential treatment, (Erker et al, 1993; Whitemore et al., 2003). That is to say, for children and youth who have significant mental health issues, day treatment provides a normalized community setting in which to receive treatment without being institutionalized (e.g. hospital or residential care) and suffering the trauma and separation from their family.

Day Treatment provides the opportunity and structure to facilitate academic, behavioural and social competence leading to greater success in school. By comparison, outpatient treatment brings with it limitations in responding to behaviour and providing opportunities for children and youth to process and remediate within their ecology.

Rokos and Bouchard, having synthesized best practices identified within the literature, landed on 12 Critical Success Factors or components of successful Day Treatment programming. They are as follows:

1) Conducive Culture: An organizational culture that is conducive and supportive of the running of an intensive milieu service such as day treatment
2) Collaborative Partnerships: A strong and positive partnership with the local school boards and schools
3) Guided Accessibility: Referral, access, and intake processes that help to ensure that the referred children and youth are those best served by the program
4) Comprehensive Assessment: A thorough, multidisciplinary assessment that is strength-based, client- and family-centered, timely, and user-friendly
5) Engaged Families: Engagement and inclusion of the family/caregivers in treatment decisions/planning and the treatment itself when relevant
6) Goal Oriented Treatment: Treatment planning processes (including admission, treatment review, and discharge/ transition planning) that are multidisciplinary, inclusive of family and

stakeholders, have clear goals, and are tailored to individual client needs

7) Adaptive Programming: Programming that is structured and consistent while being flexible to accommodate client strengths and individual needs/ differences, including clinical, familial, and cultural
8) Competent Staffing: Staffing is well-trained, well-supervised, accountable, and well-supported in order to be effective and consistent
9) Integrated Academics: Academic supports and activities that are individualized when needed and well-integrated into the programming, creating opportunities for blended activities and academic successes tailored to the client
10) Supportive Supervision: Supervision and management provide experienced leadership for the program
11) Formal Monitoring: Formal processes regularly monitor the effectiveness of the program
12) Specialized Supports: Access to specialized consultation and assessment that is timely and relevant to the client population/ profiles admitted to the program

Dr. Kiaras Gharabaghi's recent research into residential treatment appears to have applicability to Day Treatment as the data has demonstrated that a child/youth's success in formal education; specifically, in schools, is not only co-related to their future employment prospects and well-being, but also self-efficacy, confidence, mental health and their well-being as they enter adulthood.

A new paradigm for intervention models that may be applicable to Day Treatment services could include the following core characteristics:

1. It should be based on a balanced approach to understanding and transferring into practice different forms of expertise, reflecting roles for professional expertise and expertise based on lived experience;
2. It should provide opportunity for young people to exercise and strengthen their sense of agency, along with their reflective understanding of Self;
3. It should promote processes and dynamics, indeed a culture, in which the context of everyday life is itself the subject of intervention, and both care givers and young people grow within this context; and
4. It should promote an overarching commitment to and sense of accomplishment in formal education, as measured through the instruments of formal education (i.e., grade-level progression, grades, academic achievement)

Program Overview - Operational

Population served:
The Extended Day Treatment is specifically designed to work with latency aged youth (7-13 yrs old, males/females/LGTBQ) who struggle to manage daily life in a regular school environment.

Inclusionary Criteria

- Children and youth who are experiencing the most severe, complex, rare or chronic/persistent diagnosable mental health problems that significantly impair functioning in most areas such as home, school and in the community. These are considered Level 4 clients on the MCYS Continuum of CYMH Needs and Tier 3 on the Ministry of Education's Tiered Approach to Service. The child/youth and their family must also commit to engaging with Children's Mental Health Services-HPE and participate in mental health assessment and treatment services.
- All children/youth referred to Day Treatment services must have been identified by their respective school board through the Identification, Placement and Review Committee (I.P.R.C.) and have or will have an Individual Education Plan (I.E.P.) developed.

Exclusionary Criteria

- Children/youth currently suspected of or diagnosed with either Autism Spectrum Disorder or Fetal Alcohol Syndrome Disorder.
- Current indications/diagnosis of active and untreated psychosis
- Extreme violent behaviours towards others or a history of aggression resulting in medical harm to others within the last year. This may be mitigated by a marked change in violent behaviours due to clinical intervention such as therapy, medication and/or environmental change.
- Severe developmental delays, cognitive impairment, or learning disabilities which might reasonably be expected to impact the effectiveness of the Extended Day Treatment service

Duration of stay: Based upon the Individual Treatment Plan of each child/youth and their family. Treatment Plans are formally reviewed every 3-4 months (or as required) and progress is monitored and fed back to the team frequently (daily or weekly) by the service team, as per the treatment plan. Monthly Client Progress Review meetings, including the family, also inform this process.

Resources:

- Typical school day (based upon school timetable) from September to June
- 1 Dedicated Child and Family Therapist, assigned to every child/youth and their family
- 2 Dedicated Child and Youth Workers
- 2 Dedicated Educational Staff (1 Teacher/1 Educational Assistant)
- Normalized classroom settings
- Access to assistive technology
- Access to all CMHS clinical resources such as psychiatry, psychology, nursing, etc.
- Dedicated supervisory mental health and academic personnel

Locations:

- Honeywell Program (Corbyville) – Grades 6-8 (8 Spots)
- Park Dale Public School (Belleville) – Grades 3 – 6 (7 Spots)
- North Trenton (Trenton) – Grades 1-3 (6 Spots)
- Marmora Senior Public School (Marmora) – Grades 1-5 (6 Spots)

Roles/Responsibilities of multidisciplinary team:

- Child and Youth Workers[1] –model, coach and reinforce the use of skills, provide observation and assessment information to treatment team, support individualized treatment plan of each client, Group/Family Support
- Teacher[2] – Assessment of individual educational needs and development of the Individual Education Plan (IEP), delivers age/stage appropriate curriculum
- Educational Assistant – supports the teacher in the delivering the curriculum and supporting the child/youth's success by working with the CYWs to provide a positive, safe and therapeutic learning environment
- Child and Family Therapist (CFT) [3] - Case Management, Assessment, Treatment Planning, Individual and Family Therapy, Transition planning
- Manager, Community Services (Day Treatment) – oversight and supervision of Extended Day Assessment/Treatment Program
- Manager, Community Services (Counselling/Therapy) – Clinical oversight and supervision of CFT
- Board of Education Support staff – System Principal & Mental Health Lead
- Psychology – Psychological Consultation is available to the treatment team and facilitated by the CFT, when required.
- Psychiatry – Psychiatric Consultation is available to the treatment team via Ontario Telemedicine Network (OTN) and facilitated by the CFT, when required.
- Nursing – TBD

[1] For details on Child and Youth Worker Scope of Practice and Code of Ethics – see the following:
http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/humserv/60701e.pdf
http://www.oacyc.org/join/code-of-ethics
http://garthgoodwin.info/Scope_of_Practice.html

[2] For details on Teacher's Standards of Practice and Code of Ethics – see the following:
*TBD

[3] For details on Child and Family Therapist Standards of Practice and Code of Ethics – see the following:
http://www.ocswssw.org/professional-practice/code-of-ethics/
http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf

Professional Competencies

Child and Youth Worker (Counsellor)

Child and Youth Workers in the Extended Day Treatment Program have developed and maintain the following professional competencies [(4)]:

- Assessing risk and developmental needs of vulnerable children/youth and families
- Designing and implementing therapeutic intervention into the child/youth's environment
- Implementing crisis intervention and safety planning with children/youth and their families
- Employing systems level intervention through direct care, supervision, consultation, training and advocacy
- Developing therapeutic relationships in challenging contexts
- Applying group and systems theories in milieu work
- Fostering resilience and applying a strength based approach to assessment and intervention

[(4)] http://www.oacyc.org/attachments/article/65/Safeguarding_FINAL_WEB_VERSION.pdf

Other responsibilities that a Child and Youth Worker may assume include[(5)]:

- Advocating
- Case management
- Clinical follow-up/care and discharge planning
- Coaching
- Coordinating
- Counselling and support
    - o advising / advice giving
    - o instruction
- Crisis intervention/management
    - o de-escalation
    - o safety planning
    - o referral to other services
- Intake and referral
- Monitoring
- Problem solving
    - o information and advice giving
    - o social skill development
    - o instruction
    - o emotional regulation
- Teaching
    - o social skill development
    - o emotion regulation
    - o prescriptive programs

[(5)]https://www.crpo.ca/wp-content/uploads/2018/03/CRPO-CATG-Consultation-Documents_Consultation-Draft.pdf

Summary of Community/Family-based Child and Youth Worker case management responsibilities

- Assist in completion of structured assessments for referral/treatment planning
- Transition planning, both in and out of program (including aftercare planning)
- Development and completion of safety plans
- Completion of goal tracking for client along with Day Treatment Team partners
- Coordinate, schedule and participate in treatment plan review meetings
- Coordination and collaboration with Day Treatment team
- Coordinate, schedule and participate in client progress review meetings with the CFT between formal treatment planning meetings

OCSWSSW Member Child and Family Therapist

Ontario College of Social Work and Social Service Worker members are committed to ongoing professional development and maintaining competence in their practice.

> 2.1.1 College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. When a client's needs fall outside the College member's usual area of practice, the member informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the College member and have the member provide the service, the member may do so provided that:
>
> > (i) he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education and
> > (ii) the services are not beyond the member's professional scope of practice.
>
> Recommendations for particular services, referrals to other professionals or a continuation of the professional relationship are guided by the client's interests as well as the College member's judgement and knowledge.
>
> 2.1.2 College members remain current with emerging social work or social service work knowledge and practice relevant to their areas of professional practice. Members demonstrate their commitment to ongoing professional development by engaging in any continuing education and complying with continuing competence measures required by the College.
>
> 2.1.3 College members maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice.
>
> 2.1.4 College members ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge or a credible body of professional social service work knowledge.
>
> 2.1.5 As part of maintaining competence and acquiring skills in social work or social service work practice, College members engage in the process of self-review and evaluation of their practice and seek consultation when appropriate.

http://www.ocswssw.org/wp-content/uploads/2018/01/Code-of-Ethics-and-Standards-of-Practice-January-2018.pdf

CRPO Child and Family Therapists

College of Registered Psychotherapists of Ontario members are expected to practise within their areas of competence. Indeed, an important aspect of professional accountability is a requirement to continually assess one's knowledge, skills and judgment, i.e. competence – including one's ability to work with particular clients and clinical issues within particular modalities.

As self-regulated professionals, members are expected to understand their professional limitations, as well as their capabilities. They should provide only those services that are within their areas of competence, based on training and experience.

When a member encounters a client with an issue the member is not familiar with or not equipped to work with, the member must exercise professional judgment. Specifically, s/he must promptly determine whether to: pursue relevant study; seek clinical supervision; consult with a colleague who has the required knowledge, skill and judgment; or refer the client to another practitioner who is able to provide the required care.

STANDARD: Consultation, Clinical Supervision and Referral
A member understands not only his/her professional capabilities but also his/her limitations. A member provides only services that are within the member's knowledge, skill, and judgment, i.e. competence, to provide. When a member encounters a client who has needs beyond the member's capabilities, they pursue relevant study, consults with a more experienced colleague or seeks clinical supervision. If this does not provide adequate safeguards, the member refers the client to another professional who is qualified to provide the required care.

https://www.crpo.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf

Educational Assistant Professional Competencies - TBD

Teacher Professional Competencies - TBD

Referral, Assessment and Admission Process

Access to Service

a) Self-referrals from families are to be directed directly to the CMHS Intake department.
    a. Assigned Child and Family Therapist (CFT) to contact the Learning Support Coordinator (LSC)/ Student Services Representative (SSR) to request an information session

b) Third-party referrals are required to complete a Day Treatment referral form which is then to be directed to the CMHS Intake department. Note: Families must be aware and consent to the third party referral or the agency will not be able to process the intake. This must be done by the third party referrer.
    a. Assigned CFT to contact the LSC to request an information session

c) For ALCDSB/HPEDSB students, prior to a formal referral to a Day Treatment program, an information session must be arranged to discuss the referral with the family. (Note: Board personnel should review the Day Treatment Program Screener prior to

connecting to CMHS) The Learning Support Coordinator (LSC) will request representation from CMHS (CFT or CYW) from the Day Treatment Supervisor (via email) to participate in an information session including the child/youth's first name/last initial, home school and grade. The CMHS staff will participate and introduce the program to the family and answer questions and provide a program brochure for the family to review on their own time. If the family consents to proceed with the referral, referral forms are submitted to the Learning Support Coordinator and then directed to the System Lead. The System Lead forwards the referral to the Day Treatment Supervisor who will forward to the Intake Department, CFT and Day Treatment Staff. For ALCDSB students, the Student Services Representative (SSR) will forward all referrals on behalf of the ALCDSB to the Day Treatment Supervisor who will forward these to the Intake Department, CFT and Day Treatment Staff.

Intake

1. In all cases, families are required to initiate an intake
2. The Intake department will process (interRAI completed) and triage the case
3. Once the intake process is completed, the Intake worker will refer to Intensive Day Treatment in KIDS4e and change Case Manager to Day Treatment Supervisor

Assignment

4. For cases a) and b) above, the Day Treatment Supervisor will determine eligibility/suitability of the referral for the program
    a. If client referral is appropriate for the program, the Day Treatment Supervisor will assign the case to one of the Day Treatment CFTs for case management while waiting for service. During this time, the following services will be available to the family: Crisis calls to the Day Treatment CFT, a three (3) month phone check-in (minimum 1 call/3 month period) by the Day Treatment CFT. Families will have access to the CMHS Walk-in Service at either the Belleville or Trenton CMHS offices while waiting for Day Treatment assessment.
    b. If referral is **not** appropriate for the program, the Day Treatment Supervisor refers to the most appropriate service within CMHS and changes case manager to the supervisor of that program.

Assessment

5. When the Day Treatment CFT is able to begin the psychosocial assessment with the family (as determined by their supervisor based upon workload capacity), they will contact the family to determine if they are still interested and willing to participate in the psychosocial assessment. The Day Treatment CFT will organize a first meeting with the family to begin the psychosocial assessment. The Day Treatment Program Psychosocial Assessment is based upon a clinical and holistic psychosocial assessment of needs, risks and strengths. Concurrent to the psychosocial

assessment with the family, the Day Treatment CFT will review the Learner Profile, Referral Form, any current diagnostic/assessment information with Day Treatment staff (CMHS and Board of Ed personnel) to consider the child/youth and family's fit within the classroom dynamic of the program. Families must commit to participating weekly in the assessment process. Failing to do so will result in a delay in the determination and approval of the family into the program. If not already part of the referral package, the Day Treatment CFT will contact the LSC/SSR in order to secure an Educational Profile* to assist in completing the psychosocial assessment.

6. Once the psychosocial assessment is completed, the Day Treatment CFT will review the Psychosocial Assessment Report with the family. At this meeting, the family **must** agree with the findings (Clinical formulation, prognosis and recommendations) as well as review the risks and benefits of Intensive Day Treatment services. They **must** also consent to share the report with the CTCC Governance Committee in order to get approval for admission to the program.
7. The Day Treatment CFT will forward the Day Treatment Assessment Package to the Day Treatment Supervisor who will distribute the package to members of the CTCC Governance Committee.

CTCC Governance Review/Approval

8. The CTCC Governance Committee will make a determination with respect to immediate/delayed admission or non-admission into the Day Treatment Program.
9. Regardless of the determination, the Day Treatment CFT will then inform the child/youth and their family, EDT CYW, home school and LSC of the outcome. (Request for transportation should be made at this point)
10. If admission is determined to be delayed or requires further assessment, the Day Treatment CFT will work with the family to develop alternate strategies to manage the situation at home, the community and /or school.
11. For those children/youth and families whose admissions are delayed due to program capacity, the CTCC Governance Committee will maintain a waitlist (See Waitlist section below) and the Manager, Community Services will inform the Child and Family Therapist when conditions permit the admission to proceed.

Orientation/ Informed Consent Process, Transition and Treatment Planning

12. Treatment Plan and Safety Plan

    Upon confirmation that the child/youth and their family consent to proceed with admission, the Day Treatment CFT coordinates a meeting with the treatment team and the family to develop the Treatment Plan. (Note: At a minimum, the treatment team will be composed of the DT CFT, one DT CYW or EDT CYW and the family, including the child – where additional members of the Day Treatment program staff are able to join, they are welcome but not required) The treatment plan includes the client's goals, actions (of all involved parties) and indicators of progress/success. The development of actions and indicators should include all members of the treatment team with respect to the roles and responsibilities each member of the team will fulfil in contributing to the achievement of the client's goals.

It is during this meeting that the EDT CYW and program Teacher/program Principal will author, in consultation with the family and other Day Treatment team staff, CMHS and HPEDSB Draft Safety Plans. These two plans should be aligned and integrated as to reflect a common approach to planning and implementing strategies to keep the child/youth, other children/youth, staff and the family safe during their participation in the program.

13. Transition Plan and Orientation
    The Extended Day Treatment (EDT) CYW and LSC/SSR are responsible for coordinating the transitions into (and out) of the program. The EDT CYW and LSC/SSR will collaboratively develop a transition plan that considers the individualized needs of the child/youth as well as the program's current population of children/youth so that transition out of their home school and into the program are seamless and as least disruptive to the child/youth as possible. EDT CYW and LSC/SSR will coordinate a transition planning and orientation meeting to present this plan to the child/youth and their family, this should also include representation from homeschool and Day Treatment program.
    At this same meeting, the Day Treatment CYW(s) will meet with the child/youth and their family to complete an admission package. The admission package includes a number of health, education and program forms such as the client's medical needs, educational needs, religious and cultural considerations in planning, food preferences and allergies, transportation forms, etc.

14. The formal date of admission of the child/youth to the program will be set at this meeting.

Admission

15. Admission to the program occurs on the first date of child/youth's attendance to the program.

Waitlist Process

16. Children's Mental Health Services strives to ensure that children/youth and their families requiring the Day Treatment Program do not have to wait for this important service. However, there may be periods of time where the program is in high demand and the need outweighs the availability of the service. In these cases, clients will be prioritized for this service and the Day Treatment CFT will monitor the family's status by way of a three (3) month phone check-in. The Day Treatment CFT will not be providing service during this time, however they will respond to Crisis Calls. Families will have access to the CMHS Walk-in Service while waiting for Day Treatment assessment/placement by the Day Treatment CFT.

Daily Program Outline

See Individual Program schedules

Client and Program Safety

The safety of our clients and staff is key to the success of our services and client outcomes. In the process of redeveloping our clinical assessment process, CMHS-HPE has identified the need to include comprehensive risk identification and safety planning in all of our clinical assessments to best inform treatment planning. As such, every client receiving CMHS-HPE intensive services will have a program specific safety plan as part of their overall treatment plan.

To support the safety of all within the program, the following mandatory training is provided to all Extended Day Treatment staff:

First Aid/CPR

- First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance, as well as the complete treatment of minor conditions, such as applying a bandage to a cut.
- CPR (Cardiopulmonary resuscitation) is an emergency procedure that combines chest compression often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing

Therapeutic Crisis Intervention (TCI)

- TCI is a crisis prevention and intervention model that assist in preventing crises from occurring, de-escalating potential crises, effectively managing acute crises, reducing potential and actual injury to children/youth and staff, learning constructive ways to handle stressful situations, and developing a learning circle within the organization.

Applied Suicide Intervention Skills Training (ASIST)

- Applied Suicide Intervention Skills Training (ASIST) is an intensive, interactive, and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide.

Risks and Benefits of the Program

Benefits

- The program builds on your child/youth's strengths and looks for ways to encourage and enhance positive self- growth
- The program staff has specific training and experience working with children/youth with special behavioural, social and emotional needs
- Children/Youth in the program will have an individualized treatment, education and safety plan that is jointly developed by the child, family, guardian, teacher and program staff
- The classroom environment offers a lower student /staff ratio ensuring that the child/youth is provided individualized attention and support throughout the school day

- Each child/youth and his/her family can access the full range of clinical services offered at Children's Mental Health Services-HPE and support are provided to ensure that the child/youth feels safe and secure
- Parents/Guardians are provided copies of all written treatment plans
- Parents/Guardians will receive frequent updates from the program staff on how their child/youth is doing
- Children/Youth will learn new ways to identify and manage their emotions and behaviours
- Parents/Guardians will learn new skills to support their child/youth in identifying and managing their emotions and behaviours
- We encourage opportunities for the child/youth to be involved in regular school activities whenever possible
- Goals and objectives will focus on helping the child/youth develop and sustain strategies that will increase success when integrating to a mainstream school environment
- We will provide help working with the child/youth's school when they are ready to return

Risks

- In some instances, children/youth have to change schools and/or travel long distances to attend our program.
- The child/youth may be exposed to others with similar or more difficult behavioural problems, and may copy these behaviours. Staff will strive to help the child/youth cope within the classroom and integrate strategies that build resilience.
- The child/youth may feel different from other students and may be embarrassed to attend a day treatment classroom program. Time will be spent helping the child/youth with these feelings.
- Children/youth in the program may receive less academic time in order to provide time for treatment groups and life skills sessions, however they do receive instruction to advance literacy and numeracy skills.
- The child/youth may not receive an opportunity to join in with other classes within a regular school environment if their emotional or behavioural needs exceed that which the school can manage or if the school does not have an appropriate class placement.
- The child/youth will not have the opportunity to participate in extra-curricular activities; however the child/youth will participate in a daily physical education program.
- There are no assurances that the child/youth will do better in a day treatment program. In fact, they may regress in their emotional regulation and behaviours. This will be monitored and managed through the treatment planning process
- Occasionally, a child/youth's behaviour may require physical intervention to keep them and others safe. The child/youth may be involved in or be a witness to a physical intervention.
- Children/youth are, at times, sent home or withdrawn from the program for extreme behavioural problems that staff cannot manage. Every effort will be made to assist the child/youth to deal with these behaviours before withdrawal.
- Some parents/guardians may find the amount of telephone contact and meetings with the program difficult to manage. This is a requirement and we are not able to compromise the integrity of communicating with parent/guardians
- In some cases, the transition for children/youth to return to the regular school program may take longer that parents/guardians expect.

Transportation

The HPEDSB or ALCDSB are responsible for providing transportation for Enhanced Extended Day Treatment clients.

Program Overview – Clinical

Assumptions of the program:

- Children/youth are part of a family and community context – our practice must reflect this reality
- Families are critical in bringing about lasting change in children/youth's behaviours and beliefs
- Everyone is doing the best that they can
- Everyone wants to improve
- People must learn and practice new behaviours in all important situations of their lives
- The Extended Day Treatment Program cannot succeed in its work without complete commitment and partnership with the family
- All Extended Day Treatment Program staff take a strength based approach to working with children/youth and their families and avoid shaming and blaming behaviours

Primary Targets: 1) Enhance children/youth's strengths and competencies

2) Promote improved family functioning

3) Promote academic success

Program components:

A – Child/Youth Support:

Motivational Interviewing - Motivational Interviewing is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it's more focused and goal-directed. Motivational Interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. During counseling, some clients may have thought about making a behavior change, but may not yet have taken steps to make that change themselves. Alternatively, other clients may be actively trying to change their behavior and may have been doing so unsuccessfully for years. In order for a Child and Youth Worker to be successful at motivational interviewing, four basic interaction skills should first be established. These skills include: the ability to ask open-ended questions, the ability to provide affirmations, the capacity for reflective listening, and the ability to periodically provide summary statements to the client. These skills are used strategically, while focusing on a variety of topics, such as looking back, reflecting on a typical day, the importance of change, looking forward, and examining one's confidence about behavior changes.

Mindfulness Practice - Mindfulness is the psychological process of bringing one's attention to the internal and external experiences occurring in the present moment, which can be developed through the practice of meditation and other training. Large population-based research studies have indicated that the practice of mindfulness is strongly correlated with greater well-being and perceived health. This is applicable to society at large as well as specific settings such as schools. Studies have also shown that stress and worry contribute to mental illnesses such as depression and anxiety, and that mindfulness-based interventions are effective in the reduction of both stress and worry.

B – Academic Support:

Due to the unique academic needs of students in mental health Day Treatment programs, the Ministry of Education has identified four essential elements for these programs. The four essential elements are:

1. Assessment, Evaluation and Reporting on Student Achievement
   Assessment, evaluation and reporting of learning and achievement for students in Day Treatment programs will be consistent with and informed by Ministry of Education policies, and procedures detailed in Growing Success, Assessment, Evaluation and Reporting in Ontario Schools, First Edition covering Grades 1-12, 2010. Growing Success, Assessment, Evaluation and Reporting in Ontario Schools, First Edition covering Grades 1- 12, 2010.
2. Instruction and Intervention
   Students receive instruction based on individual strengths, interests and needs, student achievement and wellbeing.
3. Transition Planning
   Effective transition planning is important for all students, especially for students transitioning into or out of Day Treatment education programs. School board and facility staff plan and facilitate effective transitions so that students receive continuous programs and services with a minimum of disruption when they are admitted to and/or demitted from Day Treatment education programs. Personalized and precise student transition plans reflect the individual students' strengths, interests and needs and provide the foundation for successful transition experiences. Effective transition planning supports increased student achievement and well-being and improves the continuity of programs and services for students.
4. Information Management and Reporting to the Ministry of Education
   The appropriate protocols and procedures are in place for the gathering and storage of all relevant documentation.

C – Child/Youth & Family Skills Support:

Skillstreaming - Originally developed by Dr. Arnold P. Goldstein and Dr. Ellen McGinnis, Skillstreaming is a highly regarded, research-based prosocial skills training program. Skillstreaming employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills to children and youth.

Skill Areas include:

• Classroom Survival Skills
• Friendship-Making Skills
• Skills for Dealing with Feelings
• Skill Alternatives to Aggression
• Skills for Dealing with Stress

D – Parent Education:

Systematic Training for Effective Parenting (STEP) Parenting Program - The STEP approach to parenting is based on the belief that every child/youth and every parent has equal human worth and dignity. All are entitled to mutual respect. The system of discipline taught in STEP stresses this type of relationship. The program is based upon the belief that parents should provide opportunities for children/youth to make decisions, within limits, allowing children/youth to be responsible for their decisions.

Other skills that are taught:

- identifying the four goals of misbehavior
- understanding beliefs and feelings
- encouraging your child/youth and yourself
- reflective listening and I messages
- helping children/youth cooperate
- discipline that makes sense

Day Treatment Client Review Meetings

The purpose of these meetings is to review individual client progress/plans in Extended Day Treatment programs.

The structure of the agenda allows for 15 minute meetings per client to review the following:

- The current treatment/educational plan for each child/youth and their family to ensure alignment with treatment/educational activities within the Day Treatment program
- To identify/assess strengths, needs and resources of each child/youth to inform treatment/educational planning and strategies for intervention
- To support the child/youth's family in developing knowledge/skills in order to maximize their success within the home and community (ie. outside of the Day Treatment program)
- To plan seamless transition in/out of the program to home school/program

This meeting is co-chaired by the CMHS – Manager, Community Service & HPEDSB – Student Services System Principal and attended by the following:

- Child/Family
- CMHS – Child and Youth Worker(s)
- CMHS – Child and Family Therapist
- CMHS – Manager, Community Services
- HPEDSB – Teacher

- HPEDSB – Educational Assistant
- HPEDSB – Social Worker
- HPEDSB – Student Services System Principal
- HPEDSB – Local Principal
- HPEDSB – Home School Principal or ISERT
- ALCDSB – Student Services Special Assignment Coordinator (as required)
- ALCDSB – Mental Health Lead (as required)
- Any outside agency representatives (as required)

Treatment Plan Review Meetings

Treatment planning is a collaborative process wherein the goals and outcomes for change are discussed and negotiated between the Child and Family Therapist (CFT) and client/parents/guardians.

Initial treatment goals are developed by the CFT through the process of clinician formulation (collection of information (presenting issues; relevant history; mitigating factors; identification of the problem; strategies attempted in past to resolve difficulties) from multiple sources including child(ren), youth, parent(s), guardian(s) collateral service providers (school/doctor/CAS/other), formalized assessments, observations by clinician and/or CYW, identified strengths and needs of the client and their natural ecology). The CFT's initial formulation and recommendations for treatment goals (most effective prognosis for change) are presented to the client, and any potential risks and benefits reviewed. The signed treatment plan is used to direct associated interventions and to reflect both clinical successes and challenges.

Treatment plans are subsequently reviewed at minimum every 3-4 months; or when a change in circumstance occurs necessitating a clinical revision of the original goals. Clients/parents/guardians are directly involved in the progress review process which is intended to review the following: the current status of the client/family/guardians; current safety/risk issues; review of client's prior goal, treatment interventions and progress status); review of current client needs and revised goals, including action plan, indicators of progress and timelines.

Treatment plans are intended to reflect the desires, strengths and needs of the client/family/guardian and reflect evidence of service co-ordination where other services are involved. In situations where the child/youth's distress is significantly disruptive at school, all efforts will be taken to have the client/parent/guardian agree to the school's active (direct) participation in the treatment planning / review process, including, when possible the holding of the treatment planning meeting at the school.

Client/Family Involvement

- Clients/Families are required to be involved in family and/or individual therapy (in their home or CMHS-HPE office) with their CMHS Child and Family Therapist weekly as well as participate in evening skills coaching with a Community/Family-based Child and Youth Worker within their homes on a specified evening of the week. Daily communication with the School-based Child and Youth Worker through communication books and telephone calls is also expected.

- Client/Family involvement, typically in the form of regular family therapy, with the program is required in order to achieve success. Consequently, lack of family involvement is likely to see persistence and/or deterioration of behaviours on the part of the child/youth and may result in withdrawal from the program.
- Siblings of clients are welcome to participate in the family work, as long as it has been included in the treatment planning. Siblings should not feel coerced or forced to participate in the service as it could undermine the interventions and support from Extended Day Treatment personnel.

Community Involvement

The Extended Day Treatment program plans a number of community-based excursions throughout the school year. The outings allow the children/youth to have fun but more importantly it will allow them to practice current skills or master skills within a more generalized or community setting. To be able to transfer these skills from the classroom to the community is of paramount importance and is part in parcel with being a well-rounded individual.

Supervision and safety will be the most important factor when determining whether the students are able to attend outings in the community. Planning will take place well in advance with special consideration being given to the individual needs of each child/youth (for example, individual medications may need to be packaged and distributed during the trip). Some of these outings may be local trips of a short duration (for example, going on a nature hike at a local conservation area or volunteering at the humane society) or it may be a longer trip that would require more extensive planning and preparation such as attending a Toronto Blue Jays game. Whatever the case rest, assure that these outings will be organized, well planned and safe.

What are some of treatment benefits of Community outings/activities?

1. **Hands-on/interactive learning:** Outings/activities may be planned that enhance lessons or activities that are being explored in the classroom from both an academic and treatment perspective.

2. **The wide variety of community outings/activities:** They may spend some time planning or preparing for the outings and then they can get to spend the time in a different learning environment. A lesson may be attached to the outing once the students return from school.

3. **New experiences:** The students may be exposed to different ideas, occupations and professions. These exposures may be an incentive to try new things because new interests and ideas may have taken root. For example, volunteer work may open up potential job opportunities in the future.

4. **Academic achievement and a better understanding of the world at large:** Real life application of lessons may help the students to see the importance and relevance of what they are doing. For example one of the units explores mapping and we will be mapping our route as we hike through a nature trail in Stirling.

Overall, community outings are important because they may assist certain students who struggle with social interactions. The outings will provide opportunities for the Extended Day Treatment program staff to observe behaviour in public settings and to determine what the students need to work on. The Extended Day Treatment staff will also assist and role model how to address challenging behaviours in a public setting. Community outings encourage the use of appropriate social skills such as speaking in public, shaking hands with strangers and staying close to an adult for example. Learning to successfully navigate different public settings becomes even more important as the students age.

Integration and Transition (Out) process

Guiding Principles/Goals of integration and transition

- Child/youth is familiar with environment
- Staff is aware of child/youth strengths and needs
- Goal of transition has to drive the process
- Home school has an clear understanding of why transition needs to take place
    - Avoid the "child/youth is fixed" mentality
- Families participate in the process, have reasonable expectations of their role in collaboration and the success of the transition back to their homeschool and are clear on why the transition needs to take place
- Transitions are unique, individualized to the needs of the child/youth
- Children/youth are given a voice and participate in the transition process

Pre-integration

Note: Integrations (host school) and Transitions (home school) are facilitated and coordinated by the Extended Day Treatment Child and Youth Worker in collaboration with HPEDSB Learning Support Coordinator(s)/ALCDSB Student Services Representative (SSR)

1. During a treatment plan review (which are held regularly and organized by the Day Treatment Child and Family Therapist (CFT)), a decision will be made that the process of transition back to the home school should be initiated. (Note: At a minimum, the treatment team will be composed of the DT CFT, one DT CYW or EDT CYW and the family, including the child – where additional members of the Day Treatment program staff are able to join, they are welcome but not required) The treatment team and family reviews the current treatment plan and progress and identifies that the previously determined threshold for the child/youth's goal(s) within the program have been achieved. The child/youth, family and treatment team develop a new goal(s) within the context of an integration classroom environment in the host school classroom. The Extended Day Treatment Child and Youth Worker (EDT CYW) and HPEDSB Learning Support Coordinator (LSC)/ALCDSB Student Services Representative (SSR) are to be identified in the

treatment plan for taking responsibility for developing an integration plan within the host school. The EDT CYW will inform the LSC/SSR who will inform the home school of this decision.

2. A Pre-integration package will be completed by the EDT CYW and LSC/SSR and shared with the host school (LST/P/VP)
    - The Pre-integration package is composed of the following:
        - CMHS/HPEDSB/ALCDSB Safety Plans – revised
        - IEP – revised
        - Planning for Success (Transition Planning document) - developed
        - Educational/Learning Profile – revised
        - Revised/new treatment plan for the child/youth

Note: Integration into host schools should not be considered a given for all children/youth and may be subject to availability or conditions of the desired classroom. The host school principal will initiate discussions with system lead/superintendent to clarify the viability of integration at the present time.

<u>Integration (Host school)</u>

3. The EDT CYW will initiate the process of arranging a host school classroom placement by organizing a meeting through the Principal. This meeting will include the Day Treatment classroom teacher. The Principal will invite the school SERT/LSC and identified host teacher to join the meeting to review the Pre-integration package. At this meeting, the team will determine appropriate integration opportunities based upon the child/youth's strengths, interests and goals and the host classroom timetable. A gradual integration plan will be developed with an emphasis on success and eventual inclusion in core subject areas. The plan should also include a plan to reduce Day Treatment staff support with a view towards independence within the classroom. This plan will then be shared with the family by the EDT CYW.
4. The child/youth starts participation in the host school integration classroom
5. Reporting assessment responsibility of program teacher
6. The Day Treatment team invites continuous feedback from the host school integration classroom teacher
7. A home school personnel (Teacher/SERT/Principal/CYW) will be invited to observe the child/youth in the host school integration classroom
8. The treatment team and the family review the child/youth's progress at the next treatment plan review, coordinated by the DT CFT, and identifies that the agreed upon threshold for the child/youth's goal(s) within the program have been achieved within the host school classroom. The EDT CYW will coordinate with the LSC/SSR to inform the home school of this decision.
9. A Transition package will be completed by the EDT CYW and LSC/SSR and shared with the home school (LST/P/VP)
    - The Transition package is composed of the following:
        - CMHS/HPEDSB/ALCDSB Safety Plans – revised
        - IEP – revised
        - Planning for Success (Transition Planning document) - revised
        - Educational/Learning Profile – revised

- Revised/new treatment goal for the child/youth, if applicable

10. The Extended Day Treatment Child and Youth Worker and LSC/SSR will consult and work with program educational, treatment staff and home school personnel to develop a transition plan to present to the family. A date for child/youth's transition will be confirmed and shared with all parties.

Transition (Home school)

11. Extended Day Treatment educational, treatment and LSC/SSR staff will support the transition from/back to their home school by providing support and consultation to the home school administration and academic personnel, as per the Transition Plan.

Aftercare/Follow-up

- Aftercare and/or follow-up may be provided to those who are transitioning out of the program following completion of the service or who choose to opt out of ongoing support/treatment. This would be included in the treatment plan and on a time-limited basis due to limited program resources.

Clinical Sustainability Plan

- Ongoing training/boosters
  - First Aid/CPR – Mandatory – every 2 years - Agency directed
  - TCI – Mandatory – every year – Agency directed
  - ASIST – Mandatory – One time training – Agency directed
  - PCOMS – Mandatory – One time training – Self-directed
  - Motivational Interviewing – One time training – Self-directed
  - Mindfulness – One time training – Self-directed
  - Skillstreaming – One time training – Self-directed
  - S.T.E.P. – One time training – Self-directed
- Manuals

  Motivational Interviewing 3rd edition
  https://www.guilford.com/books/Motivational-Interviewing/Miller-Rollnick/9781609182274
  William R. Miller and Stephen Rollnick 2013 The Guilford Press.

  Motivational Interviewing in Schools: Conversations to Improve Behavior and Learning
  $33 each
  https://www.amazon.ca/Motivational-Interviewing-Schools-Conversations-Behavior/dp/1462527272/ref=sr_1_12?ie=UTF8&qid=1533654212&sr=8-12&keywords=motivational+interviewing
  Stephen Rollnick , Sebastian G. Kaplan, Richard Rutschman The Guilford Press

  S.T.E.P. Parenting – Leader guide (includes manual and videos)

https://www.steppublishers.com/products/step-kit
Parent handbooks
https://www.steppublishers.com/products/books/step-participants-handbook
Don Dinkmeyer, Sr., Gary D. McKay, Don Dinkmeyer, Jr. 1997 STEP Publishers
1-800-720-1286

Skillstreaming the Elementary school child Revised edition
https://www.researchpress.com/books/727/skillstreaming-elementary-school-child
Skillstreaming the Adolescent Revised edition: A Guide for Teaching Prosocial Skills
https://www.researchpress.com/books/719/skillstreaming-adolescent
Skillstreaming Children and Youth with High-Functioning Autism
https://www.researchpress.com/books/1330/skillstreaming-children-and-youth-high-functioning-autism
Ellen McGinnis Arnold P. Goldstein Research Press (800) 519-2707

Mindfulness for Kids: Create a Happier Life for Your Kids by Reducing Stress, Anxiety and Depression
https://www.amazon.ca/Mindfulness-Kids-Happier-Reducing-Depression/dp/1979839352/ref=tmm_pap_swatch_0?_encoding=UTF8&qid=1532956893&sr=8-2
Jasmine Warren

Mindful Games Activity Cards: 55 Fun Ways to Share Mindfulness with Kids and Teens Cards
https://www.amazon.ca/Mindful-Games-Activity-Cards-Mindfulness/dp/1611804094/ref=sr_1_4/130-6558499-2171065?ie=UTF8&qid=1532956893&sr=8-4&keywords=kids+mindfulness+books
Susan Kaiser Greenland (Author), Annaka Harris (Contributor)

- Resources to support clinical approach
    - Regular Individual Clinical Supervision and Peer Supervision
    - Access to Specialized Consultation Services

Program and Outcome Evaluation

- Client Outcomes
    - Treatment Goals – SMART Goals tracking by CYWs and coordination with Child and Family Therapist –reported in Service Summary Report
    - PCOMS – Partners for Change Outcome Management System – Outcome Rating Scales– reported in Service Summary Report

- Program Evaluation
    - Client Success – Pre and Post Outcomes (interRAI)
    - Clinical Fidelity - SkillStreaming Fidelity Measures Report (Quarterly)

- STEP Parenting Fidelity Measures Report (Quarterly)

- Process Evaluation – Critical Success Factor Quarterly Report

- Performance Measurement – CMHS Strategic Plan Report Extended Day Treatment Program Report

Appendix: 1 **Program Screener**

The following information is intended to provide guidance and assistance to individuals in informing their decision to refer children/youth and their families to the Extended Day Treatment program.

Basic Criteria to initiate a referral:

- ❑ Child/Youth is registered in Hastings Prince Edward District School Board (HPEDSB)/Algonquin Lakeshore Catholic District School Board (ALCDSB)
- ❑ Child/Youth is in grade 1 to 8

Children/youth should not be referred if (any of the following 3 conditions exist):

- ❑ Child/Youth has been diagnosed with or suspected of a diagnosis of Autism Spectrum Disorder
- ❑ Child/Youth has been diagnosed with or suspected of a diagnosis of an Intellectual disability
- ❑ Child/Youth has been diagnosed with or suspected of a diagnosis of Fetal Alcohol Spectrum Disorder

Child/Youth's concerns/presentation:

- ❑ Child/Youth experience severe, complex, and/or chronic/persistent mental health problems that significantly impair their functioning in home, school and in the community
- ❑ Child/Youth presents with social, emotional and/or behavioural needs exceeding their capacity to be successful in their educational program despite concurrent implementation of school-based interventions due to their primary need for mental health treatment and education plan.
- ❑ Child/Youth demonstrates the basic skills needed to benefit from the therapeutic interventions used in a group environment, and in accordance with the mental health services model (Mindfulness, SkillStreaming, Motivational Interviewing, STEP Parenting).

- ❑ Child/Youth demonstrates the basic skills and ability to manage their behaviours/classroom expectations through the implementation of program interventions (ie. verbal prompts, social cuing, modeling, positive reinforcement, visual schedules) in the absence of physical restraint.

- ❑ Child/Youth demonstrates the willingness and ability through self-regulation to integrate and learn safely with other children/youth
    - o No evidence of extreme violent behaviours towards others or a history of aggression resulting in medical harm to others for which they have not demonstrated some form of remorse and remediation, including mental health treatment.

For Board of Education initiated referrals only:

- ❑ Specialized strategies and interventions have been tried within the classroom as outlined in the child/youth's Individual Education Plan (IEP).

- ❑ A Learner Profile will be completed and approved by the respective System Lead for that Board of education (HPEDSB or ALCDSB).

Family commitment:

- ❑ Child/Youth and Family are willing and able to engage and work cooperatively and collaboratively with Children's Mental Health Services and HPEDSB / ALCDSB

- ❑ Child/Youth and Family voluntarily commit to participate in all aspects of the Extended Day Treatment program, as outlined in the program's brochure

- ❑ Child/Youth and Family voluntarily commit to communicate daily with Day Treatment program staff and attend a minimum of 2 family (1coaching session with EDT CYW, 1 therapy session with CFT) sessions per week