

Quality, Performance and Outcomes Measurement

Guided by our Mission, Vision, Values and Strategic Plan, the organization is engaged in improving the quality, performance and outcomes of our services and operation.

At Craigwood, we have robust performance accountability systems, including government licensing, service contracting and multiple data elements we report upon. We also believe in the value of input from youth, families, referring agencies, our funders, community partners, researchers and our staff regarding the services we provide. The Quality Assurance Program at Craigwood assesses the quality of care and treatment provided to children and families and measures outcomes. By analyzing the impact of treatment on the lives of those youth and families served, we are better able to evaluate our treatment programs to guide program development. The data we collect assists in shaping staff trainings, increasing efficiencies, informing our strategic and operational plans, focusing agency priorities and creating programming that is specific to youth and family needs. Additionally, evaluation of the data serves to help Craigwood tell the stories of the youth and families.

For more information about our quality, performance and treatment outcomes please use our [Contact Us](#) link.

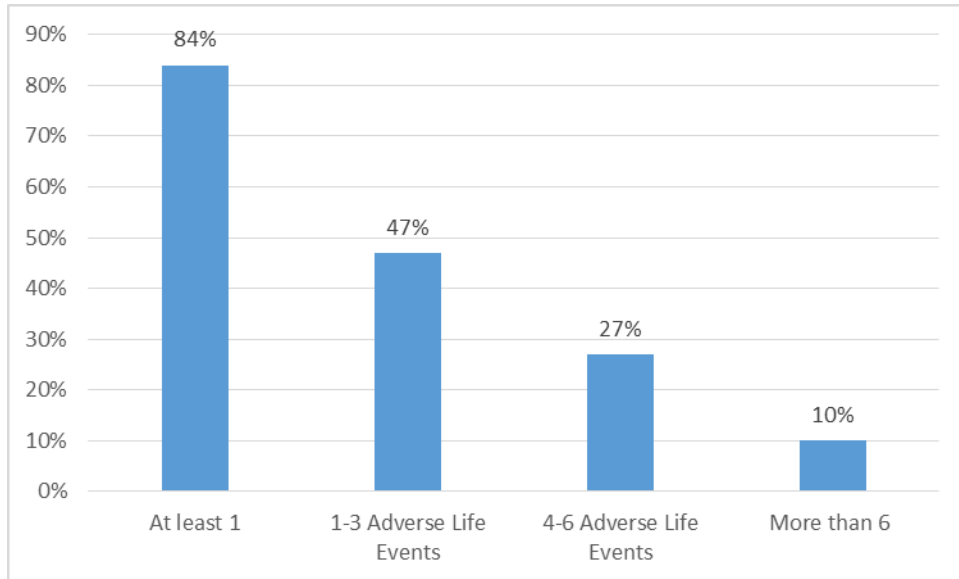
Who we serve: Profile of the youth receiving our Mental Health Services.

Our Children's Mental Health Programs service youth across five counties with the majority from London-Middlesex County. Our CMH funded services currently use the interRAI Child and Youth Mental Health Screener (ChYMH-S) tool at intake to support decision making related to triaging, placement, and service utilization.

In addition to the ChYMH-S, Craigwood uses the Child and Youth Mental Health Assessment (ChYMH) to assess clients in longer term services at intake and measure outcomes. The ChYMH tool provides an integrated health information system covering multiple sectors and age groups. It has been developed in collaboration with individuals with clinical expertise in the specific populations being assessed. The ChYMH specifically assesses social, psychiatric, environmental, and medical issues, child/youth functioning, strengths and resilience, as well as family-based factors, to develop a comprehensive evaluation of needs. To support optimal service delivery, these tools are accompanied by evidence-informed Collaborative Action Plan (CAPs) that indicate the presence of imminent risk and provide recommendations for further clinical review and intervention.

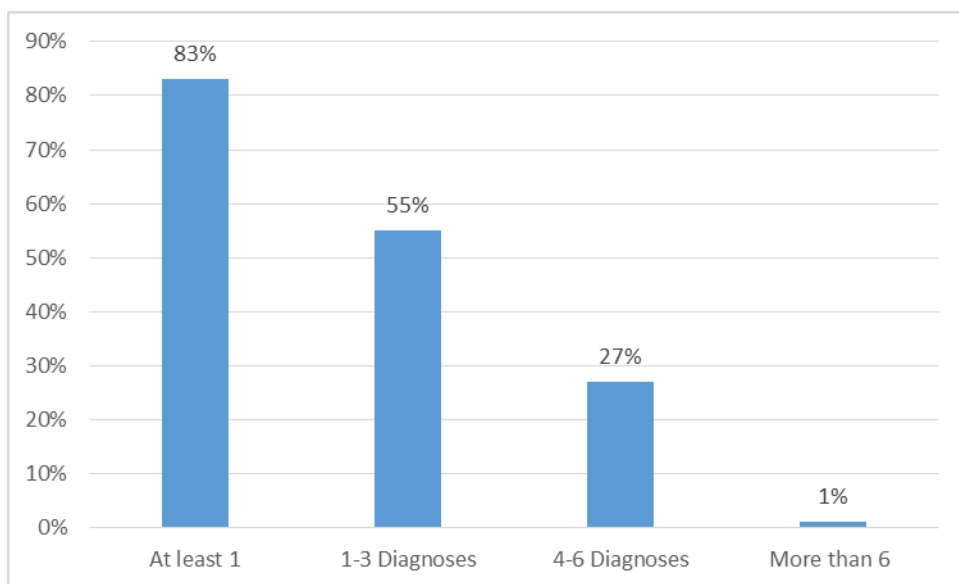
Many of the children, youth and families we serve have experienced trauma. The ChYMH assesses for the presence of adverse life events such as: sexual assault/abuse, physical assault/abuse, emotional abuse, parental addiction, bullying, death or loss of a parent, change in legal custodian, witness of domestic violence, immigration and neighbourhood with pervasive violence or criminal activity.

The percentage of Children/Youth/Families in our longer term services who experienced trauma in their life prior to seeking services in 2018:



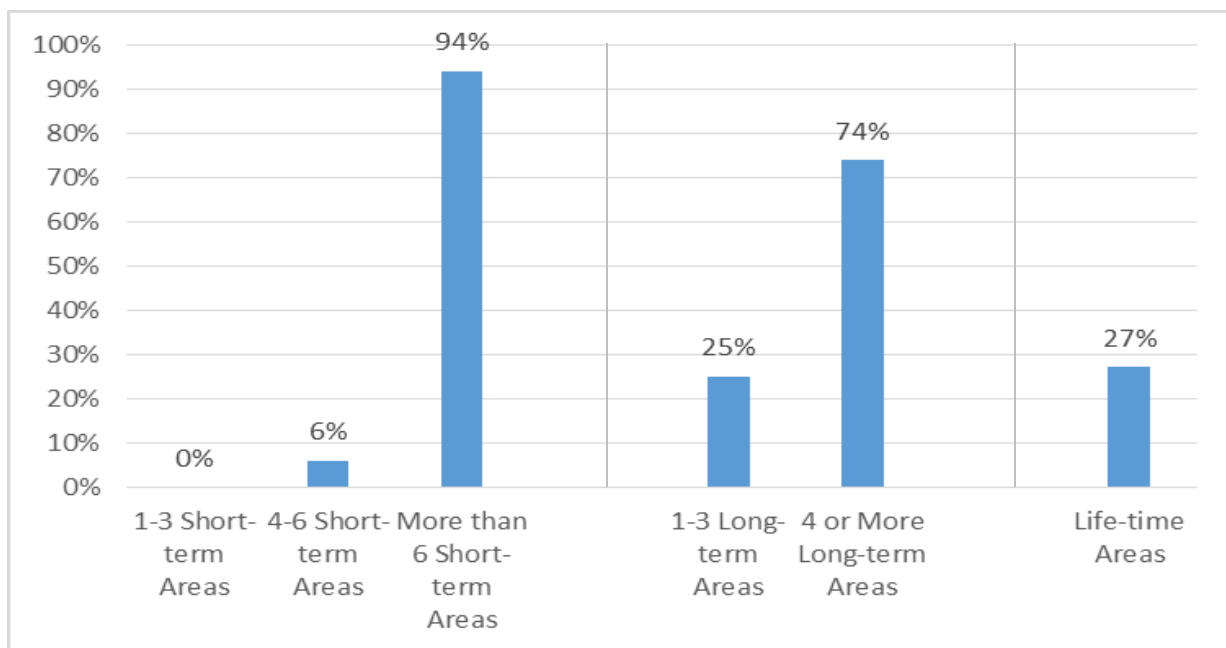
In addition to experiences of trauma, many of the children and Youth have received formal mental health diagnoses including substance related, mood, anxiety, psychotic, eating, sleep, adjustment, reactive attachment, attention deficit hyperactivity, learning or communication, autism spectrum, and disruptive behaviour disorders. It is important to note, some of those seeking services also receive medical diagnoses such as Fetal Alcohol Effects/Syndrome or other Brain Injury. In 2018, 6% of all clients were diagnosed in this category with an additional 2% diagnosed on the Autism Spectrum.

The percentage of youth with formal mental health diagnoses are as follows:



Many of the children, youth and families seeking services at Craigwood have a wide range of needs including those that require short-term supports (activities of daily living, aggression, anhedonia, anxiety, depressive symptoms, disruptive behaviour, distractibility/hyperactivity, mania, pain, positive hallucinations/delusion symptoms, risk of harm to others, self-harm, and sleep), long-term supports (caregiver distress, family functioning, few parenting strengths, quality of friendships, interactions with others and school disruption), and life-time supports (communication, sensory difficulties).

At admission the percentage of youth experiencing a number of needs requiring short-term, long-term, and life-time supports in 2018 were as follows:



How we measure Outcomes:

The ChYMH is Craigwood's primary outcome measurement tool. As children, youth and families progress through treatment and develop the skills to address their needs, improvements in areas of functioning are reported. ChYMH assessments are conducted minimally at intake, twelve months and at discharge.

The ChYMH assesses mental health across 23 areas of need (short-term, long-term, and life-time areas) and 25 areas of imminent risk that provide evidence-informed Collaborative Action Plans (CAPs) with accompanying recommendations for further clinical review and intervention. In 2017, at discharge, out of the 23 identified areas of need, 87% showed improvement and out of 25 CAP areas, 68% showed reduced levels of risk.

Consumer Satisfaction Surveys: What do our youth and families think?

We gather satisfaction feedback from youth and parents/guardians in a number of ways across our service spectrum. Our first contact with most clients takes place through our Crisis-Intake (C-IT) service. Satisfaction ratings are very high in that service. It is noted by 51% of questionnaire respondents that if C-IT was not available they would likely have used the hospital Emergency department. Other satisfaction ratings from C-IT remain high.

In 2017, it was noted 86% of questionnaire respondents found the sessions very much or mostly assisted them in understanding the issues that they wanted to talk about in a manner that was helpful. The majority of parents/guardians feel that our services have helped a lot and the majority of youth indicate the services have helped a little to a lot. We continue to receive positive comments about the work of our staff members and the assistance provided to help at a difficult time. We are receiving an increase in Out of Home referrals from outside our immediate 5 county area and positive feedback from those placing agencies.