

EMYS Program Review: Priority Access Program 2008 - 2009

Description of Program:

The Priority Access Program, part of the Home Based Program along with Intensive Child and Family Services, is a treatment intervention for child welfare youth with acting out or anti-social behavioural concerns. The Priority Access Program provides comprehensive short term (3-5 months) treatment to the entire City of Toronto and is designed for families with youth between the ages of 12 and 18 who may be:

- Experiencing serious mental health problems that interfere with daily activities (e.g. attending school, spending time with peers);
- Using and/or abusing substances;
- At risk for out-of-home placement;
- Verbally or physically aggressive in the home and in the community;
- Skipping school, or at risk of expulsion;
- Involved in the youth justice system; or
- Returning from placement.

Major Themes:

There are a number of themes that present with frequency in the Priority Access Program. Significant mental health issues, both for the youth as well as the parents, continue to present on a regular basis and with increasing complexity. It was observed that clients are more frequently being referred that have mood disorders – more often Bipolar disorder– as well as have Asperger’s disorder and intellectual deficits; however, this did not always mean that the clients and their parents came with a clear diagnosis and obtaining one became a focus of the work. We have also seen several instances where the siblings have been experiencing significant struggles that have impacted the functioning of the family. Similar to last year, school-related issues, specifically attendance and learning needs, was also a dominant theme in the last year often requiring constant communication with the school staff. Lastly, and not surprisingly, involvement with the family itself in terms of addressing persistent and intense conflict was consistently encountered in both programs.

Program Objectives:

The Priority Access Program objectives are to reduce the risk of out of home placement for youth, to increase positive communication amongst all family members, and to decrease conflict that occurs in the home and community. In conjunction with these program objectives, and through consistent collaboration between the Priority Access Program and other service providers, such as Child Welfare; the Priority Access Program also aims to empower families to advocate and access community resources, by educating families on their rights and available services.

Program Changes and Successes:

By all accounts, it has been a successful year for the Priority Access Program (see support information below from consumers). The past 12 months for Priority Access saw the transition away from purely a Multi-Systemic Therapy (MST) approach. Priority Access workers have continued to use what is useful from MST and have started exploring and adopting CBT and DBT into their work.

In the spirit of collaboration, staff have created closer relationships with various schools they encounter. Along the lines of collaboration, the relationship between the referring child welfare agencies and Priority Access has been enhanced. This has come about through meetings with all four agencies with plans for additional ongoing contact.

The Priority Access program has also been able to return to a three month wait for service. To further complement our services, staff offered parent support groups as well as a group for youth whose family members have a mental illness.

Program Challenges:

As can be expected, the Priority Access Program is not without its challenges. Given the aforementioned increase in complex mental health referrals, staff encountered clients whose overall needs required not only intensive involvement but also greater referral and liaison work with collateral contacts. While such work was of critical importance, it provided an additional challenge to ensuring direct service time was maintained. Related to this, such complexities are also requiring the staff to adopt differing roles and point to the goal for further training on working with clients and families that have mental health diagnoses.

Given that the Priority Access Program receives referrals from child welfare agencies throughout the GTA, the staff are frequently required to travel across the city to meet with their clients, thus translating into some loss in direct service time.

Of further note is the apparent increase in desire by families for more frequent interventions during the follow up phase of both programs. At times, there have even been calls after a file has been closed, post follow-up, that have required a 'booster intervention'.

Finally, as is the case with all programs, there is the continual challenge to seek out evidence-based interventions that are proven to be successful. This is a particularly salient point given that the Priority Access Program has moved away from MST and is looking into alternative treatment methods.

Client Statistics

Clients referred to the Priority Access Program were youth who were experiencing the following issues:

- acting out and defiant behaviour;
- non compliance with parental expectations;
- aggression between family members;
- school attendance issues/truancy;
- separation and loss;
- anxiety and depression;
- self harmful behaviours and/or suicidal ideations/attempts;
- prodromal psychosis;
- parental mental health issues impacting care giving abilities; and
- substance use

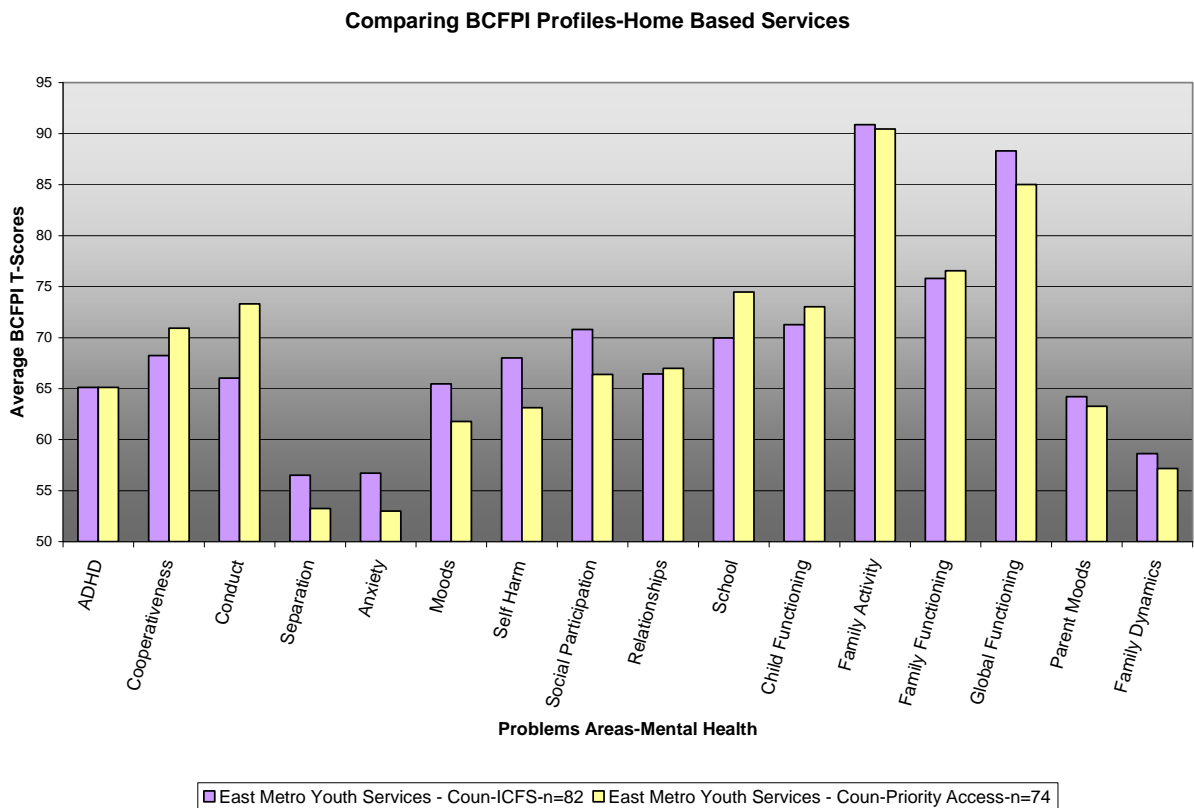
Upon completion of the Priority Access Program, all clients and families reviewed with their worker the interventions that were successfully utilized throughout treatment as well as what other goals require further work. When necessary, clients and families were referred to other service providers, including counselling resources as well as psychiatrists in those instances when clients were assessed as having significant mental health issues. With regards to follow up, it was primarily used to support the gains made during treatment as clients and families sometimes experienced anxiety without having the intense support of the worker as was experienced prior to the follow up phase.

Note: Please note that the data analysis for both programs focused on the calendar year and as a result our numbers may not completely match. However the trends remain the same.

The total number of clients served in the Priority Access Program this fiscal year has been 33. As expected, given their relative sizes, most clients were referred by the Children’s Aid Society of Toronto and the Catholic Children’s Aid Society while Jewish Child and Family Services and Native Child and Family Services referred several cases each.

Clients that were referred to the program ranged in age from 12-16 with the dominant age falling at 14. The Priority Access Program client population consisted of 51.5% females and 48.5% males. On average, clients participated in the program for 5 months, with follow up between 6 and 8 weeks.

Aggregate Data



The BCFPI data displays aspects of the referral behaviours that youth and families exhibited on entry to the program.

In exploring the above profiles, the majority of clients referred to the Priority Access Program struggled within the areas of cooperativeness, conduct, social participation, relationships, school, child functioning, family activity, family functioning and global functioning.

In terms of the pre and post treatment overall CAFAS scores within the Priority Access Program, there was only a slight decrease in the overall score, dropping from 81 to 79. There is some indication that the assessment and treatment process frequently identifies new information and, subsequently, it provides a more accurate CAFAS picture when it is done for a second time. If this is the case, this would suggest that the first CAFAS might be higher than actually indicated. While it cannot be substantiated, the possibility of a higher initial CAFAS score for the Priority Access Program may also be related to the fact that these clients are referred by child welfare agencies. As a result, they may want to report that things are 'better' than they are out of concern about the possible response by the referring child welfare agency if they were to provide more accurate information. However, it is important to note that in terms of goal achievement, 84.19% of clients and their families either met or partially met their goals.

Supporting Information from Consumer Satisfaction Survey

"[Our counsellor] saved our lives because of his willingness to be available and his ability to connect with [son]. He is fabulous and persistent, and his non-aggressive manner is great. He was quick in finding options for us. He went above and beyond. He checked in. What he said would happen did, which helped me prepare for the future. Very high praises for him. Without EMYS, I don't know where we'd be. It was just very surprising. I am grateful for the service." (parent; PAICFS)

Future Directions

The search for evidence-based practices will continue for the Priority Access Program. However, it will also be important to build on the fact that, as has been noted, the majority of client goals are being met or partially met. In recognition of this, the Priority Access team will summarize the successful assessment and treatment processes in an attempt to collect evidence-based practices that are successful.

Given the increasing complexity of cases, additional training with regards to how to work with families that are encountering significant mental health needs will

be required. Along these lines, enhancing our ability to design with families realistic and achievable goals that also takes into account motivation levels will be critical.

Of course, the Priority Access Program is always moving in the direction of increased collaboration with the four child welfare agencies in order to best meet the needs of their clients in a timely and successful manner. Thus far, this has included having Priority Access staff join team meetings of the child welfare agencies as well as have child welfare staff sit in on a Priority Access meeting.