

Whatever It Takes (WIT) Program Review 2008-2009

Logic Models for Whatever It Takes (WIT)

The Whatever It Takes Program (WIT) provides an intensive case management program for children and youth ages 0 to 18 years with complex mental health issues.

Components

- segments of service
- reflect common purpose

Intake and assessment of client and family needs
Provision of specialized assessments e.g. neuropsychological/forensic assessment
Purchase of individualized supports via one to one worker
Formation of community teams addressing complex cases
Collaboration with cross sector service providers to provide a continuum of care
Transfer to appropriate service coordinators in the community

Target Group

- to be addressed by activities
- mandate, population, intensity

Children and Youth aged 0 to 18 years in the East and South Quadrants of Toronto who, according to the Ontario Policy Framework for child and youth mental health “have the severe complex mental health issues that significantly impair their functioning in most areas i.e. home, school and community”.

Activities

- what program does to work towards desired outcomes

To provide integrated community based intensive case management taking into account the complexity of the emotional problems some children and youth present.
Hoagwood and Burns et al. in their discussion paper on Evidence Based Practices state that “studies of clinically oriented, intensive case management have found that children who have specially trained case managers require fewer restrictive services such as psychiatric hospitalizations than children who do not”.

Outcomes

- short and long-term objectives
- related to activities and within control of the program participants

Short Term – Children and Youth and their families with complex mental health issues access appropriate services in their own communities which oftentimes will require various service sectors.
Long Term – Fewer hospitalizations and out of home placements.
Continue to network and collaborate with Children’s Mental Health and cross sectoral partners in Health, Justice, Child Welfare and Education.

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The WIT Program was initiated in April 2005 as a joint venture between East Metro Youth Services and the Griffin Centre. It was designed to meet the needs of children and youth age 0 to 18 years who have complex clinical profiles and service requirements. The Ministry of Children and Youth Services recognized that there were numerous service situations requiring cross sector service provision and coordination which could not be managed by any one service provider. Rather than providing only direct service to clients, WIT is based on developing a collaborative approach that aims to provide a continuum of services and supports from various sectors such as Health, Education, Justice, Child Welfare and Children's Mental Health.

Program Successes, Challenges and Changes

One of the most noted successes of the WIT program this past year was offering a secondment opportunity to workers from Aisling Discoveries Child and Family Centre and the Geneva Centre for Autism (GCA). Funding was secured from the Community Priorities Fund at the East Quadrant Children's Services' Network, and was directed primarily towards covering the costs associated with filling the positions at those agencies allowing their workers to join WIT at EMYS. This secondment provided opportunities on various levels, such as the creation of a community of practice with regards to intensive case management services. This helped to create a more integrated and coordinated approach to serving complex needs clients. Further, the secondment also allowed for a knowledge transfer across all 3 agencies. Aisling Discoveries provided expertise with regards to serving younger clientele and GCA provided expertise related to children and youth with autism.

Another success to note was the enhanced profile that WIT has been gaining within the sector. This year more than ever, WIT staff were called upon to offer support and consultation with regards to dealing with complex-needs youth facing a variety of challenges. For example, the Special Needs Team Toronto and Service Resolution Toronto both requested consultation from WIT staff on particular cases.

One of the noted changes with regards to WIT this past year was a decrease in the number of clients served. It was expected that more resources in terms of seconded staff would translate to increased numbers of clients served. It was also anticipated that this funding would further enhance service capacity throughout both the South and East quadrants. However, as the program has moved beyond the development phase, we have learned that WIT clients require more long-term and intensive support than originally anticipated. In fact, there are some clients that have been with the program since inception in 2005. Further, we have also become more restrictive in the admission criteria as WIT is aimed at serving only the most complex-needs youth. This criterion has become more well known to our referral sources, who initially tended to refer a more broad range of clients. Thus, while the overall numbers served are lower, strong outcomes are being ensured so that the WIT clients receive the gamut of supports needed for improved well-being.

Client Statistics

For the year 2008 WIT provided services to 36 Children, Youth and their families between the ages of 4 and 19 years.

The perception in the community seems to be that WIT is a program for youth, possibly because it emanates from youth focused agencies and the numbers do tend to support this idea. During this service period the majority of clients were between the ages 13 to 16 (44%). Those under the age of twelve accounted for just 21% and those over seventeen accounted for 27%. This year there has been a shift as most of the clients were in the younger age group. The age range is as follows:

Age	Number of Cases
4-10	17
11-15	14
16-19	5

Males outnumber females by 30 to 6 which is not new.

This was the first year that the South Quadrant outnumbered the East by 21 to 15. In previous years there were more East Quadrant referrals which might have been due to the fact that our agency has traditionally served primarily Scarborough.

In the last year we have begun to list and rate the objectives for individual cases. The objectives/goals tend to be concrete and instrumental in nature. An example might be to access a specific treatment, a specialized assessment or possibly staffing supports. To date, we have rated goals as met, partially met or not met. Last year 77% were met, 10% partially met and 13% not met. This year we have 95% either met or ongoing and 5% partially met.

Client profiles also reflect that a majority of our clients have at least one axis one diagnosis. The second most prevalent diagnostic category is Aspergers/Autism. Presenting problems almost always involve aggressive behaviour (95%). Many of the presenting problems were combined with school issues and/or the impulsivity associated with an attention deficit disorder.

The children and youth continue to be diagnosed in the DSM-IV. The results were as follows:

	Number of WIT Cases
Single Diagnosis	25
Axis I	10
Axis II	0
Autism Spectrum Disorder	10

Developmental Delay	5
Multiple Diagnoses (n = 11):	10
Axis I & II	5
Axis I & Autism Spectrum Disorder	4
Axis I & Developmental Delay	0
Axis I, II, & Developmental Delay	1
No Diagnosis (n = 1):	1
Total	36

Supporting Information

Positive feedback from the families and service providers continued to be received over the past year. One parent wrote that the WIT Worker “never gave up on us! I could cry talking about her skills” and “I cannot thank her or your organization enough. Keeping up with teens with social and emotional issues that would otherwise just fall through the cracks.” Another parent wrote “my WIT Worker was amazing” and “it was a pleasant experience during a difficult time.” We also heard from service providers that it was great to know that a program like WIT was available to help families. One school Social Worker wrote that the WIT worker’s “diligence, professionalism and hard work in helping assist us and support a very challenging student with autism has been commendable” and that she “was very resourceful in putting together the medical, social and family supports that have made a difference in a very positive way for this family.”

Future Directions

Current Evidence-Based literature is very supportive of the need for Intensive Case Management in dealing with many of our more complex cases, but in reality the notion has been with us for quite some time. There have been references in the literature in the past that the development of comprehensive, coordinated, community-based and culturally competent systems of care have been related to the fact that our children are getting better. In the WIT Program we embrace the concept that “systems of care” and Intensive Case Management are integrally connected. As we move forward into the fourth year of the WIT Program, we are examining ways in which we might extrapolate from this model into other EMYS program areas, particularly those in VIP with a focus on youth justice. An action team has been assembled to focus on this task.

