Think:Kids
RETHINKING CHALLENGING KIDS

Youth Haven

Evaluating Implementation and Youth Outcomes when a Residential Agency Adopts a System-wide Practice: A Case Study

M. Dorfman[1], A. R. Pollastri[1,2], S. Ablon[1,2]

[1]Massachusetts General Hospital, Boston, MA
[2]Harvard Medical School, Boston, MA

Two years of system-wide Collaborative Problem Solving implementation support enabled a residential agency to **improve youth outcomes.**

INTRODUCTION

- Collaborative Problem Solving (CPS) is an evidenced-based practice implemented in residential and other settings to help adults understand and address children's challenging behavior.
- CPS is based on the philosophy that skill, not will, is the reason for youths' challenging behavior, and prior evidence suggests that CPS helps residential agencies eliminate point and level systems as well as restraint/seclusion.
- Organizations can partner with Think:Kids, the purveyor of CPS, for organization-wide CPS implementation, which includes training, coaching, project management, and evaluation services over three years.
- We present a case study of the first two years of implementation of CPS at Youth Haven, an agency that provides residential and emergency shelter services to youth with histories of abuse, neglect, or homelessness in southwest Florida.
- Youth Haven chose to implement CPS to establish a common language for staff to understand and communicate about clients, provide staff with skills to build strong relationships with clients, move away from ineffective level systems, and help build client capacities.

METHODS

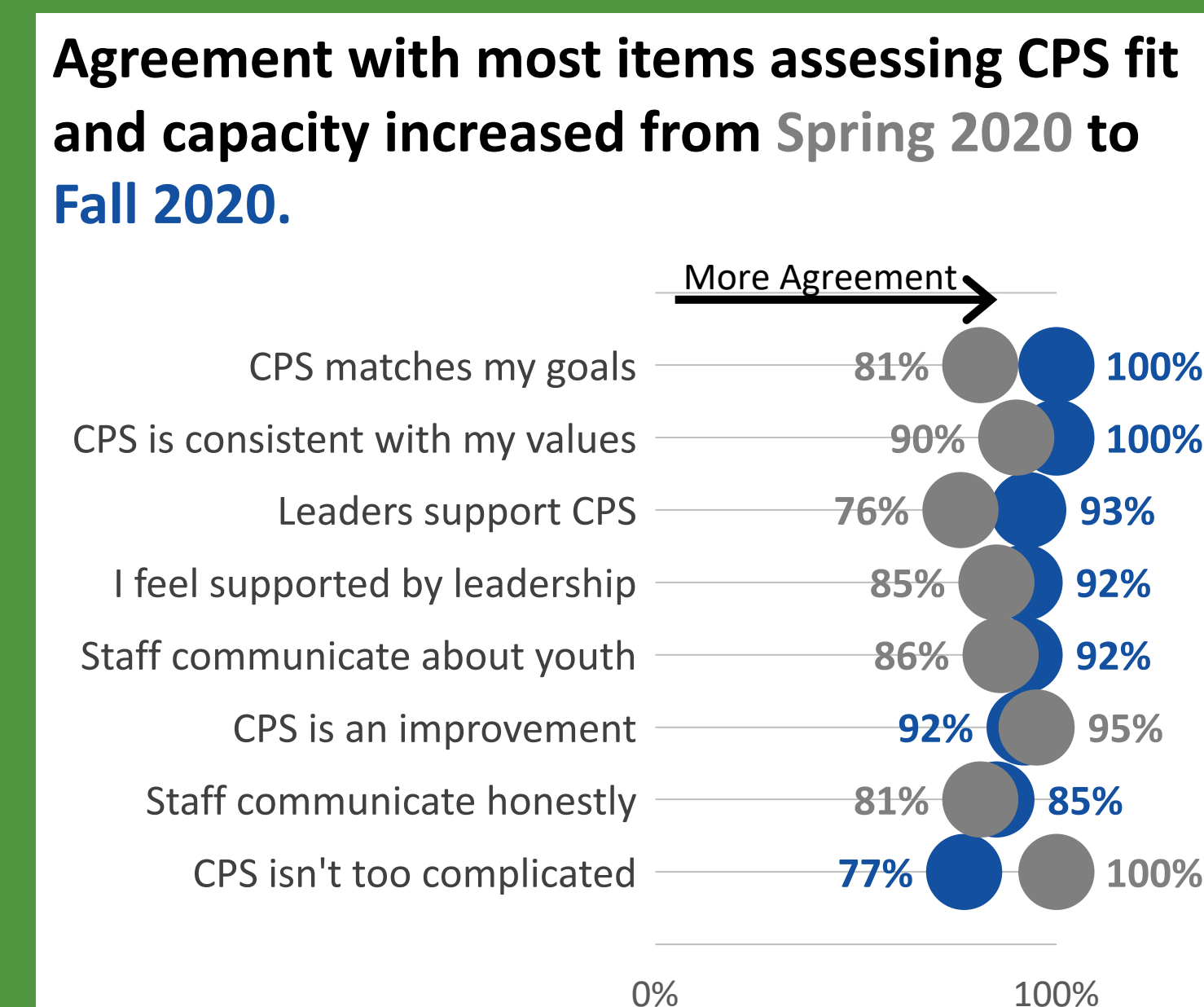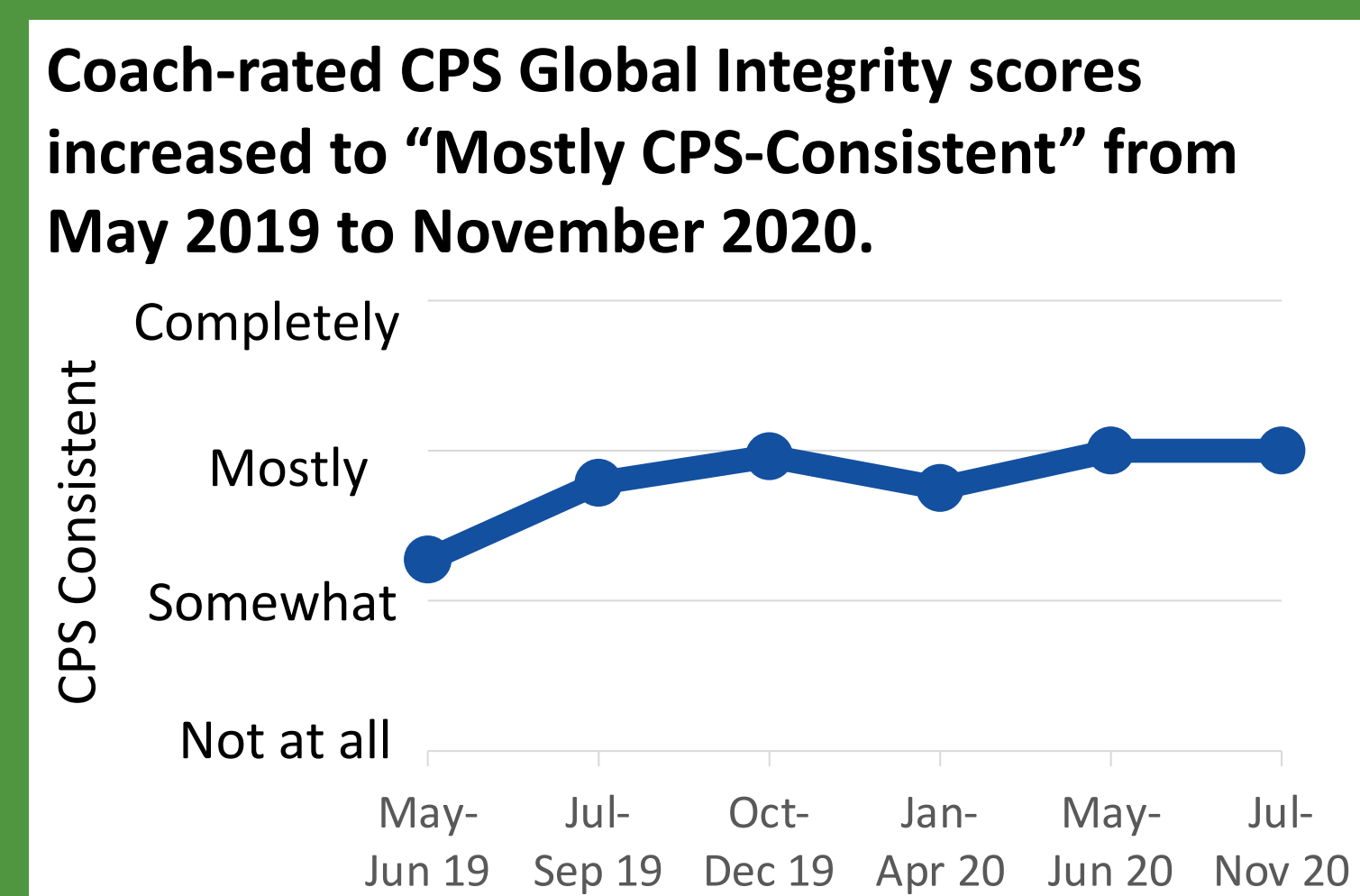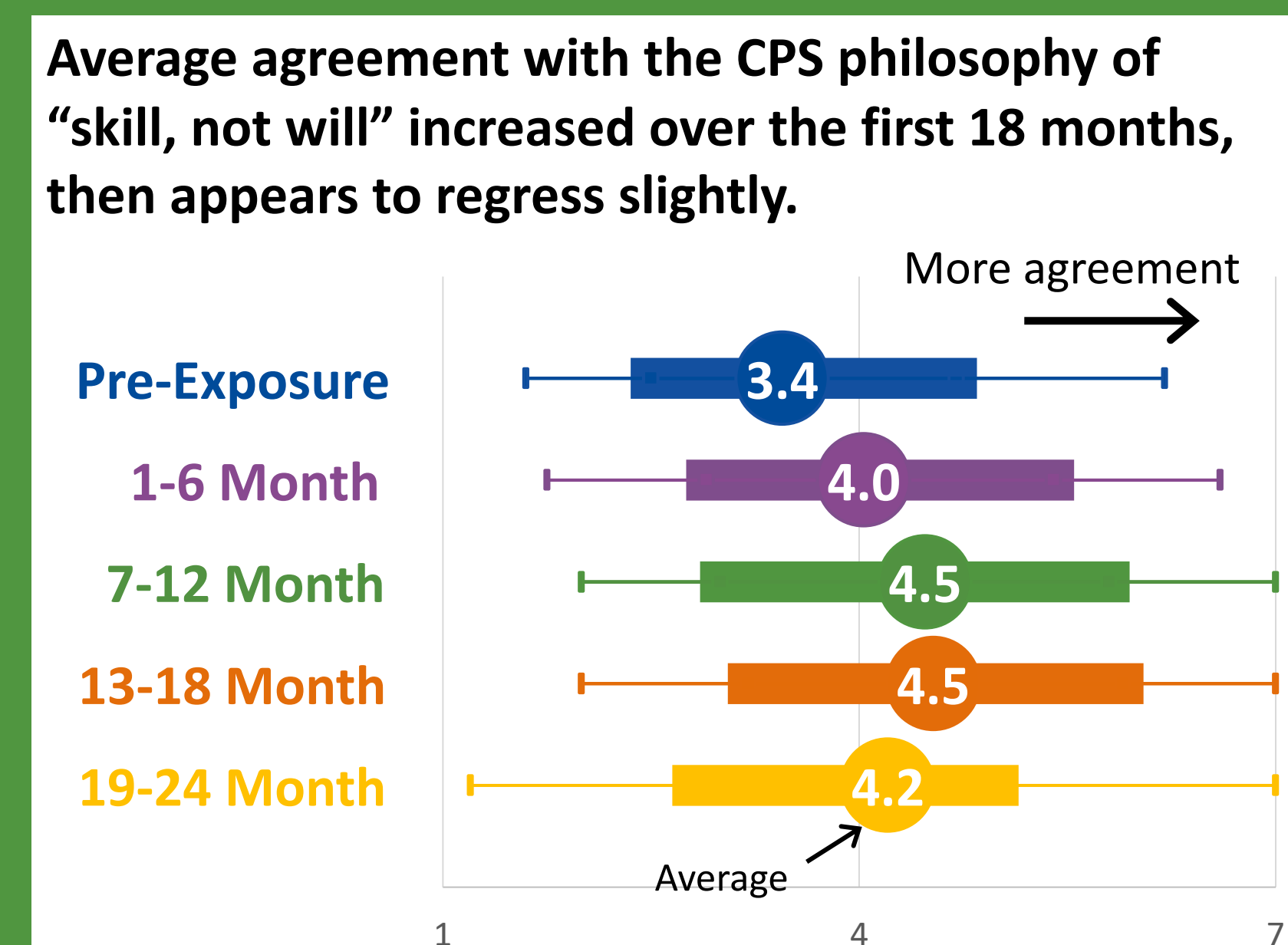**Three key domains are measured throughout the three-year partnership:**
1. Quality and dose of CPS training
2. Changes in staff knowledge and behavior
3. Agency- and youth- level outcomes

This case study focuses on the second and third domains over the first two years of partnership.
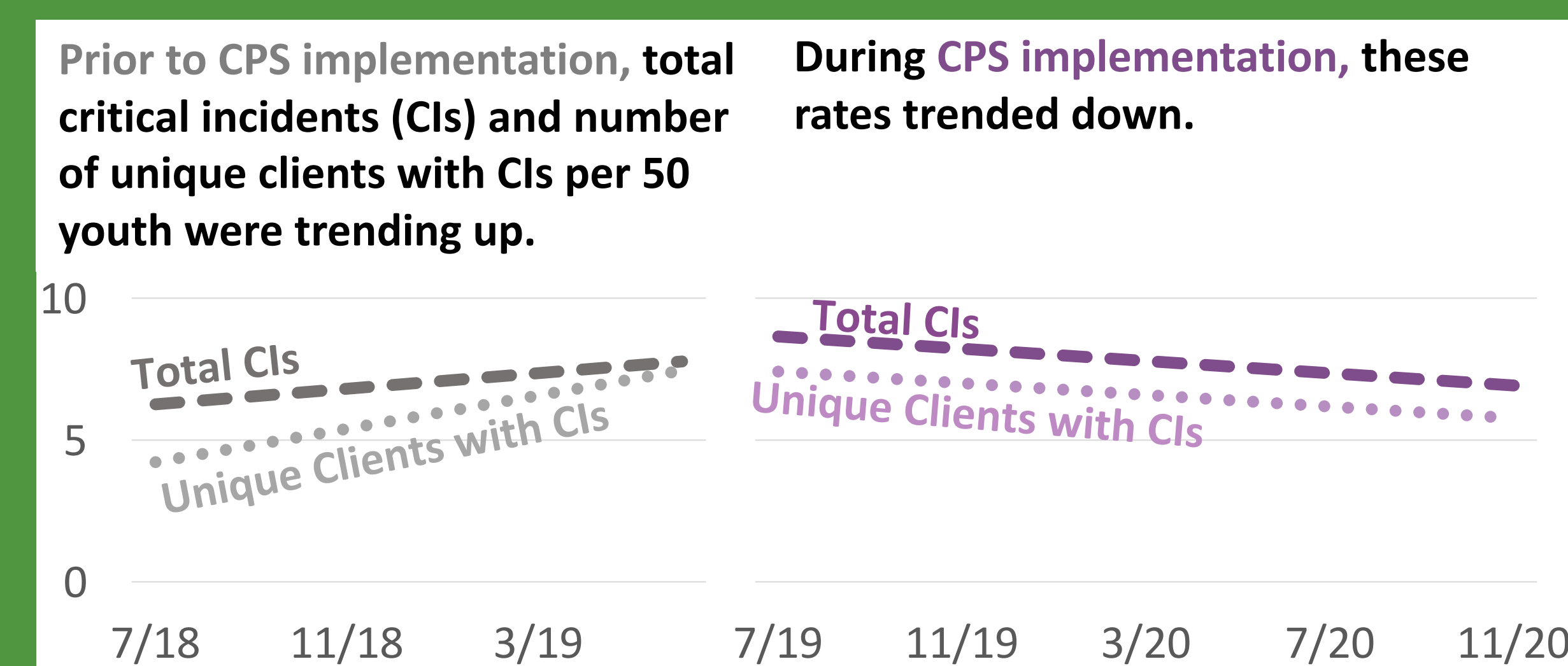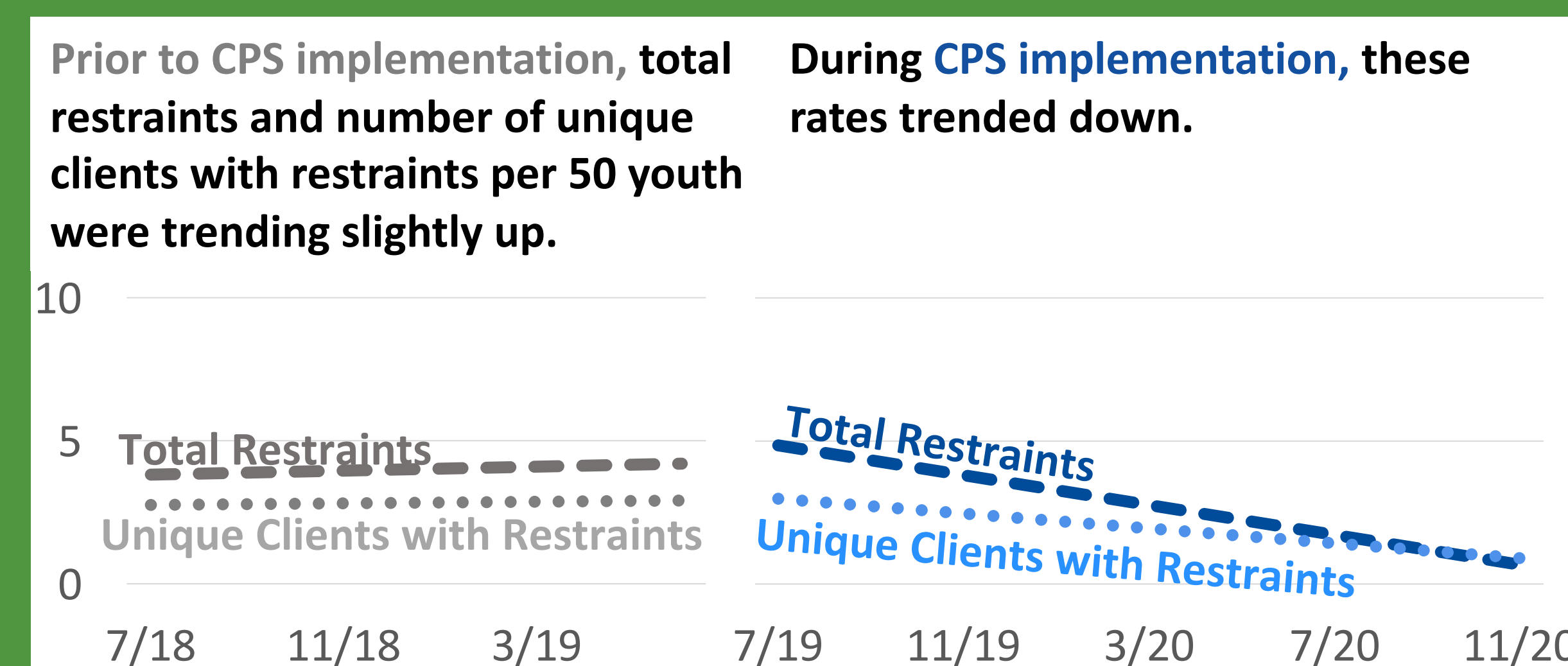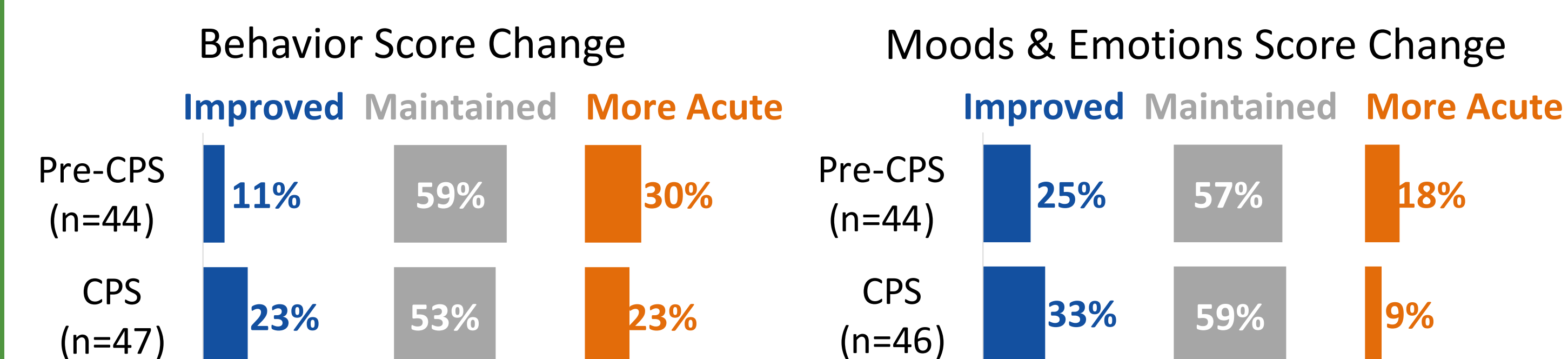
- The domain of staff knowledge and behavior includes measures completed by Youth Haven staff and by the Think:Kids Coach about the CPS skills of staff.
- Agency- and youth-level data are collected by Youth Haven administrators from agency records, de-identified, and shared with Think:Kids as part of standard evaluation support to guide implementation.

MEASURES

Selected measures from Evaluation Plan:

CPS Adherence & Impact Measure
- Staff agreement with the CPS philosophy about youth behavior

CPS Fit & Capacity Survey
- CPS fit with agency culture, and personal and organizational capacity to implement CPS

CPS Practice Integrity Form
- Coach-rated integrity of staffs' CPS use

Program Logs
- Rates of restraints and critical incidents (per 50 youth) per month

Child and Adolescent Functional Assessment Scale (CAFAS)
- Youth symptoms and functioning, with focus on two subscales:
  - Behavior Towards Others
  - Moods & Emotions

RESULTS

Over the first two years of CPS implementation:
- Staff reported increased agreement with the CPS philosophy from baseline, with possible regression at last timepoint.
- Coaches rated improved integrity of staffs' CPS practice.

During the second year of implementation:
- Staff reported an increase in the fit of CPS and capacity to use CPS at Youth Haven.

From one year before CPS Implementation to 1.5 years into implementation:
- Linear trends for youth restraints and critical incidents both decreased.
- The proportion of youth whose behavior and moods/emotions improved over the first three months of treatment increased, and the proportion who became more acute decreased.

DISCUSSION

- After implementing CPS with consistent implementation supports at Youth Haven, there were positive impacts on implementation outcomes as well as restraints, critical incidents, and youth functioning.
- The Covid-19 pandemic affected youth census and staff turnover, which may have impacted results.
- Comprehensive, ongoing evaluation of CPS implementation allows for timely progress monitoring and, if necessary, altering the implementation plan based on identified barriers.

Staff Knowledge and Behavior

Average agreement with the CPS philosophy of "skill, not will" increased over the first 18 months, then appears to regress slightly.

More agreement →

	Average
Pre-Exposure	3.4
1-6 Month	4.0
7-12 Month	4.5
13-18 Month	4.5
19-24 Month	4.2

Coach-rated CPS Global Integrity scores increased to "Mostly CPS-Consistent" from May 2019 to November 2020.

Agreement with most items assessing CPS fit and capacity increased from Spring 2020 to Fall 2020.

More Agreement →

	Spring 2020	Fall 2020
CPS matches my goals	81%	100%
CPS is consistent with my values	90%	100%
Leaders support CPS	76%	93%
I feel supported by leadership	85%	92%
Staff communicate about youth	86%	92%
CPS is an improvement	92%	95%
Staff communicate honestly	81%	85%
CPS isn't too complicated	77%	100%

Agency- and Client-Level Outcomes

Prior to CPS implementation, total restraints and number of unique clients with restraints per 50 youth were trending slightly up. During CPS implementation, these rates trended down.

Prior to CPS implementation, total critical incidents (CIs) and number of unique clients with CIs per 50 youth were trending up. During CPS implementation, these rates trended down.

From intake to 3-months, a greater proportion of clients demonstrated improved CAFAS Behavior and Moods & Emotion scores and fewer became more acute during CPS implementation compared to the period prior to CPS implementation.

Behavior Score Change

	Improved	Maintained	More Acute
Pre-CPS (n=44)	11%	59%	30%
CPS (n=47)	23%	53%	23%

Moods & Emotions Score Change

	Improved	Maintained	More Acute
Pre-CPS (n=44)	25%	57%	18%
CPS (n=46)	33%	59%	9%

MGH 1811

HARVARD MEDICAL SCHOOL