Early Years Programs

Niagara Child and Youth Services

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Executive Summary

Niagara Child and Youth Services (NCYS) is the primary provider of mental health services to children and youth from 0 – 18 years in the Niagara Region. The Early Years division of NCYS provides assessment, identification and intervention services for children between 0 – 6 years, their families and their school-based services.

The Evaluation Capacity Building Grant was awarded to the Early Years Program(s) at NCYS by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO to develop an evaluation framework that incorporated the Children’s Actions Relationships and Emotions (CARE) tool for the two streams of Early Years programs that are provided by the division.

The questions being addressed in the evaluation include how the score on the CARE tool directs the service delivery stream the child and his family are referred to, the use of the CARE tool as an interim measure that indicates the progress the child and his family are making toward their treatment goals and use of the post treatment score on the tool to inform all involved in the child’s treatment of his success toward his treatment goals. Stories that celebrate the success over challenges and the on-going work that needs to be done will also be gathered through the use of the evaluation questions.

As noted previously, there are two streams of service delivery available within the Early Years programs of NCYS. The first stream, Niagara Preschool Resource Services (NPRS) provides primarily consultative and brief solution-focused services to child care centres, professionals and individual families of children who present with moderate mental health and behavioural challenges as indicated, in part, by their score on the CARE tool. The second stream, Early Assessment Support and Intervention (EASI) provides more intensive services including Outreach, Family therapy, Play therapy and an Intensive child and family program (The Incredible Years®) for children who have been identified with more significant challenges as indicated, in part, by their score on the CARE tool.
NCYS has been fortunate to have dynamic and innovative stakeholders, both internal and external to the agency, who have joined with us in the process to develop an evaluation framework for the Early Years Programs. The activities began in September 2009 with an introduction to evaluation and the development of a draft Logic model for the program with the support of Dr. Evangeline Danseco from the Centre. Throughout the next seven months of the grant term, meetings and descriptive interview processes with stakeholders, support and education from the graduate students enrolled in MA programs at Brock University and ongoing dialogue between all involved have lead to the development of a comprehensive evaluation framework that includes measures, indicators and outcomes. As well, ongoing feedback on the progress of the project has been provided to community partners and internal stakeholders on a regular basis.

The evaluation framework for the Early Years programs at NCYS is now complete. The framework and the processes developed to analyze the data collected will help to ensure that each child who receives treatment from the agency will have definitive data available to inform treatment options, provide on-going quantitative information with respect to his progress toward his treatment goals as well as data available at the end of the treatment that reflects measurable outcomes.
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**Introduction**

The Evaluation Capacity-Building Grant was granted so as to provide a framework for the development of an evaluation tool for the Early Year Programs at Niagara Child and Youth Services. The main objectives of the evaluation are to study the utilization of the Children’s Actions, Relationships and Emotions (CARE) tool in the Early Years sector and to refine the tool to include post-measures that would be indicative of the outcomes achieved after treatment.

There are two distinct programs in the Early Years Division of the agency; Niagara Preschool Resource Services (NPRS) and Early Assessment Support and Intervention (EASI). The former programs provide both consultative and direct support to child care centres, schools and in family homes for children between the ages of 0 – 6 years who have identified mental health concerns and/or have demonstrated significant behavioural challenges. The specific goals of the program(s) are to improve the knowledge of parents and professionals with respect to the mental health needs of children 0 – 6 years, to provide services in collaboration with families and their support network that recognize and build on the family’s strengths and competencies, to provide interventions with effective outcomes that are multi-faceted and address the multiple determinants of behaviour, to be responsive, respectful and accountable to families and the community in the consideration of all the possible outcomes of treatment and in the provision of service and to use a multi-disciplinary approach to the provision of service through collaboration with other professionals both internal and external to the agency.

There are many significant reasons that it was determined that an evaluation of the program(s) should be implemented now. Initially, Niagara Child and Youth Services is an accredited mental health provider and so has the responsibility to provide treatment using Evidence-based practices (EBP). To this end, the ability to both implement EBP and the capacity to quantifiably document the outcomes gained from the treatment provided is of paramount importance. Prior to the decision to implement an evaluation framework, the primary
source of evaluation was qualitative and while the data collected illuminated positive treatment outcomes through stories, survey results and case studies, the need to be able to quantify the success of these children and their families was apparent.

As with all mental health agencies in the province, Niagara Child and Youth Services (NCYS) has not had an increase in funding from the Ministry or Region in several years. In the previous fiscal year of 2008 – 2009, NCYS provided services and supports including consultation to day cares and schools, assessments, play therapy, family counselling, outreach services and parenting groups to 985 children, between the ages of 0 – 6 years, and their families from across the Niagara Region with 7.4 FTE staff positions. As well, the former number does not include the training provided by the team to professionals in the community including teachers, early childhood educators and public health nurses, to name a few. To this end, with the increased demand for services from across the Region and the funding pressure that limits the agency’s ability to expand services, the need to develop an evaluation framework (including the logic model) now was identified so as to ensure that the match between the needs of the identified child and his/her family and the services and supports provided were verified through pre, interim and post measures.

Finally, just prior to NCYS being notified of the receipt of the evaluation capacity-building grant, the agency was informed that they had been awarded funding from the Canada Post Foundation for Mental Health to provide staff training and purchase the necessary program supplies and resources to introduce the Incredible Years program into the continuum of services provided for children from 3 – 6 years within the agency.

The addition of the option of this exciting program to the range of services provided by the agency to the identified target population reinforced the need for the development of an evaluation framework at this time.

As the primary provider of mental health services for children and youth in the Niagara Region, NCYS has developed extensive partnerships in the community. For this specified
evaluation process, our stakeholders have been identified as the staff members of both the
NPRS and EASI teams, the Clinical Manager of the program(s), the Director of Clinical Services
and selected community partners including a representative from the Regional Municipality of
Niagara – Children’s Services, the Inclusive Child Care Support Committee, the Joint
Implementation Planning Committee, the Child care Sector, the Resource Teacher Network and
Quality Child Care Niagara.

The audience for the evaluation would include the aforementioned stakeholders and the
committees and/or agencies they represent, the Board of Directors and Senior Management
team of NCYS and the families of the children 0 – 6 years who receive assessment and
treatment services from the agency.

The review of literature conducted for the purpose of this grant was two-fold. Initially, as
noted on the grant application form, the work of Carolyn Webster-Stratton informed the
development of the program(s) developed by NCYS for the identified population so the review
highlights this background process as well as the need to implement a sensitive
quantifiable outcome measure. Secondly, the review illustrates that pre-treatment measures on
the CARE tool, which was modelled after the Achenbach Child Behaviour Checklist and mirrors
the work of the CANS - MH tool, can be utilized to determine the treatment modality that would
be most effective for each identified child. Further, the literature indicates that post measures
on the CARE tool could be used to delineate quantifiable treatment outcomes for each child.

Early identification and intervention for children six years of age and under is the guiding
principle of the Early Years Programs at NCYS. In fact, the literature indicates that early
conduct problems in children have a direct correlation to health and behavioural problems such
as drug abuse, delinquency and depression in adolescence (Webster – Stratton & Hammond,
1997). Hence, the literature indicates that early intervention in externalizing behaviour may aid
in the prevention of more extensive and deleterious issues for the identified child.
To this end, when a referral is made to the Early Years division of the agency, the child and their family, teacher and/or child care provider are involved in a comprehensive assessment process that involves observations, interviews and the completion of standardized measures prior to be transferred to the appropriate treatment modality. The multi-modal type of assessment used by NCYS is recommended in the literature as young children cannot report accurately on themselves (Achenbach, Edelbrock & Howell, 1987; Sakimura, Dang, Ballard & Hansen, 2008).

A parenting component has proven to be of paramount importance for families with children under the age of seven referred to the agency for treatment. Initially, it has been proposed that the primary focus of intervention for children involved in the Early Years program should be parenting behaviour as it has been demonstrated that parents of children with severe externalizing behaviour problems such as Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD) frequently lack certain fundamental parenting skills (Webster – Stratton & Hammond, 1997).

In addition, consultative and intensive treatment services for children under the age of seven are an important component of the services provided by the agency. The major of the children referred for treatment present with moderate to severe externalizing behaviour problems that affect their ability to attend child care and/or school and are impeding on their ability to learn. The literature indicates that children with externalizing behaviour problems have shown to have deficits in social skills, problem-solving skills and self-control (Webster – Stratton & Hammond, 1987). Hence, the individual and group programs implemented by the agency foster the development, maintenance and generalization of those identified skills across several environments i.e. the centre, school and home. It has been demonstrated that programs that are multi-modal and cross-contextual demonstrate the greatest promise for maintenance and generalization (Webster – Stratton & Hammond, 1987).
The Children’s Actions Relationships and Emotions (CARE) Tool was developed by an internal working group consisting of the Director of Clinical Services and two Clinical Managers involved in the Early Years programs at NCYS. The CARE tool, the development of which was informed by the Child Behaviour Checklist (CBCL/1.5 – 5) for ages 1.5 - 5 (Achenbach & Rescorla, 2000), was initially developed to be used by Early Childhood Educators and Resource Teachers throughout the Niagara Region to help them determine the level of treatment intervention required for children under the age of seven who were presenting with challenging behaviours in child care settings. Training on the use of the tool provided by the agency under the auspices of Quality Child Care Niagara (QCCN) and consent from the parents of the identified child were both required before the staff involved could administer the tool.

The assessment of young children’s emotional and behavioural problems uses many different procedures; one of is the structured assessment tool such as a behaviour checklist. The information gathered on the checklist can be easily summarized via specific scores on the scales. With norms based on data collected in 1999, mental health professional using the data gathered on the CBCL/1.5 – 5 can rank the scores in each category as clinical, borderline or normal (Rescorla, 2000).

In comparison, with the CARE tool, the data collected is used to indicate one or more areas of concern with the identified child and the total score indicates the program model that would best provide services for the child whether it be a resource teacher from the agency providing support to the centre, the NPRS program from NCYS or the EASI program from NCYS. The manner in which the data collected from the CARE tool is used mirrors one of the proposed uses of data noted in the CANS – MH manual. That is, the use of the CANS – MH tool as a prospective assessment tool serves to inform decisions about case management and service delivery (Lyons & Anderson, 1999).

In addition, the CANS – MH tool can be used as a retrospective assessment tool that will highlight the appropriateness of a child’s individual treatment plan and determine if the child has
achieved the desired outcomes. As well, the retrospective use of the tool will identify gaps in the service delivery system thereby offering the opportunity for improvement (Lyons & Anderson, 1999). It is this latter illustration in the literature that highlighted the need for the development of an evaluation process for the CARE tool in conjunction with the treatment programs offered by the Early Years division of NCYS so as to be able to demonstrate quantifiable outcome measures related to the service delivery model and case management system developed and implemented for each identified child.

**Methodology**

The team began the process to select evaluation questions, indicators and measures immediately after our meeting with Dr. Evangeline Danseco from the Provincial Centre for Excellence for Child and Youth Mental Health at CHEO in September 2009. The internal stakeholders, including the assessment and treatment staff of the Early Years Programs, the Director of Clinical Services and two Clinical Managers and the external stakeholders, including community partners from the extensive Preschool network across the region, were the two distinct groups that influenced the choice of evaluation questions, indicators and measures.

The Logic Model (Appendix A) was developed for the Early Years Program(s) at NCYS so as to provide a framework to demonstrate how the programs are structured to produce measurable outcomes which, in the agency’s case, are related to both individual client and program goals. The Logic Model clearly delineated both the streams of treatment that are provided through the Early Years division of the agency and the continuum of services that are available for children 0 – 6 years, their families and the school-based program that is involved with the identified client. The framework provided by the Logic Model was then utilized to develop the evaluation questions and determine the indicators and measures that would be used for the evaluation process.
The Process/Outcome Evaluation Framework Table (Appendix B) clearly outlines the anticipated outcome, indicator, data source, method of data collection and time frame for each evaluation question that was developed. The plan for data analysis is three-fold. Initially, as noted on the table, pre, interim and post treatment scores of individual children will be gathered on the CARE tool. The former data will be used to measure both the individual child’s baseline behaviour that helped determine treatment goals and the progress made toward their treatment goals. Should the interim data collected indicate that the child is not benefiting from the chosen treatment modality; the treatment team would then use this information to select an alternate type of treatment. Secondly, the data collected will be used to validate that the CARE tool is sensitive enough to measure the child’s progress toward treatment goals. Finally, the qualitative data collected on satisfaction survey will be used to illuminate the individual stories of the children and families behind the quantitative data and give the families the opportunity to tell us in their own words what changes they have seen in their child and family system since treatment began (Patton, 2002).

The data collection plan has been clearly delineated on the Evaluation Framework Table (Appendix B). The plan for data analysis includes comparing pre and post scores on the CARE tool that reflect each child’s progress attainment of their treatment goals and analyzing the interim score on the CARE tool to ensure that the treatment modality chosen can be proven to be effective in meeting the child’s treatment needs. As well, the sensitivity of the CARE tool to measure these differences will also be evaluated. In addition, the qualitative data collected on the satisfaction survey will be used to highlight success stories from the perspective of the family and child who received the treatment and have achieved their goals.

**Discussion & Lessons Learned**

Ongoing collaboration and communication with both internal and external stakeholders played a significant role in the development of the evaluation questions, indicators and
outcomes sought during the term of the grant. As has been previously noted, the internal stakeholders for this grant process including member of the assessment and treatment divisions of the Early Years Program(s), the Director of Clinical Services and two Clinical Managers.

During the initial phase of the project, a sampling of active files was conducted and the CARE scores for those children currently receiving treatment were reviewed. At this juncture, it was noted that the CARE tool had not been utilized during the initial referral stage to help determine the treatment stream for the identified child in approximately thirty per cent of the active files. To this end, the first decision made was that the CARE tool would be used by the NCYS assessment staff as an integral component of the internal assessment process so as to ensure that all children referred to the Early Years programs would have a baseline CARE score gathered.

Throughout the term of the grant, the internal stakeholders were involved in determining the evaluation questions, the indicators and measures. The input from internal stakeholders was gathered at formal meetings and through anecdotal reports given that related to cases they were currently involved with or had historic involvement with and this all resulted in a culminating process whereby the evaluation framework table was developed.

The external stakeholders, who were all members of the extensive Early Years network in the Niagara Region and represented the child care sector, Quality Child Care Niagara, the Resource Teacher Network, the Inclusive Child Care Supports Committee and the Joint Implementation Planning committee, provide ongoing input and feedback primarily through a descriptive interview process whereby open-ended questions were given that produced myriad responses that reflected each representative’s experience with the program(s) provided as well as the CARE tool. Ongoing feedback was given on the status of the project and regular updates were given at monthly meetings of each forum.

Two key players in the process were the graduate students from the Master of Disability Studies program at Brock University that conducted the review of literature for the grant and
also provided input into qualitative evaluation methods. The graduate students clearly highlighted to the team the significance of the interplay between qualitative and quantitative measures in an evaluation process. This was especially important to the process in that the evaluation review team indicated the former as a weakness in the grant proposal.

Being involved in the development of an evaluation framework has been an interesting and informative process. Given the formal Accreditation process the agency is involved in and the Ministry’s shift to outcome-based measurement of service, the ability for an agency to be able to provide tangible proof of the outcomes they have achieved have become of paramount importance. Working on the evaluation framework has heightened the importance of evaluation within the Early Years program(s) and has provided the staff with opportunities to learn about and/or improve their skills in the various methods of data collection and the role of data collection and analysis in the dissemination of practice-based evidence to stakeholders and community partners. To this end, the internal capacity of the agency with respect to evaluation has been enhanced through this process.

There were several key lessons learned by this writer and the staff involved during the term of the grant. Initially, it is important to stress the significant impact the tools and resources including the webinars, background materials and on-line courses on program evaluation available on the website for The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO had on the learning curve within the staff of the Early Years Program(s) at NCYS. The material available on the website provided the pathway for the evaluation process and was easily accessible and answered any questions that arose. The module for the on-line course on planning program evaluation was reviewed and discussed at a meeting of the staff team during the early stages of the grant so as to familiarize all involved with the necessary background information for the project.

One key lesson learned was the importance of ensuring that the evaluation questions, indicators and measures selected truly link to the outcome that is sought and clearly
demonstrate that the outcome has been achieved. There were many versions of, particularly, the questions and outcomes and, through an iterative process, the final version was drafted and agreed upon by all involved. The aforementioned iterative process helped to ensure that the evaluation question and indicators were specific enough to elicit the data that supported the outcome.

Another important learning element was achieved during the discussion of process and outcome evaluation models and the interplay between the two forms of evaluation. The knowledge that a process evaluation reviews the infrastructure needed to support the activities of the agency’s programs and that the purpose of an outcome evaluation was to examine how specific programs achieved the desired outcomes was highlighted to all involved throughout the process.

Finally, a key lesson learned was the value of both quantitative and qualitative data collection in an evaluation process and the role that each type of data can play in the final evaluation report. For example, it was noted that while the quantitative data collected could indicate that the child had been successful in achieving his treatment goals as delineated by the score on the CARE tool, the “story behind the data” formulated in an interview with the parents of the child would inform the agency of the fact that the child is now able to attend school full-time and his marks have improved due to his success in the treatment program.

The tools, resources and support available from the Centre to enhance the Early Years team’s skills in the area of evaluation planning were a significant highlight in the process of developing the framework. The process of developing the evaluation framework provided the opportunity for on-site training on the various components of developing the framework and to reflect on the excellent work that is being done by the team in the community.

As well, the opportunity to be involved in the teleconferences and to exchange thoughts, suggestions and support with people from across the province who were engaged in a similar process was also very noteworthy. It was interesting to hear about the programs and projects
that other agencies were developing evaluation frameworks for and to learn of potential partnerships and opportunities for knowledge exchange.

The experience of working with the Centre has been extremely positive and truly beneficial to the agency and one that this writer would recommend to anyone considering this type of grant application. From the initial telephone call made to the Centre to discuss the original submission for the grant, to the on-site visit from Dr. Danseco in the early stages of the process and continuing with the teleconferences and on-line and telephone support available from Dr. Danseco, the process has been educational and beneficial to the agency and respectful to all involved. It was very helpful that the invitation to be involved in the teleconferences with the Centre also provided the people involved with the readings and/or on-line courses they should complete prior to the teleconference so that all involved had a common language and basic foundational understanding of the discussion topic prior to the teleconference.

Conclusions & Recommendations

Upon careful review of the previous section of this report, the following insights have been formulated. Initially, anyone beginning the process of developing an evaluation framework should be aware that there may be “surprises” discovered during the initial stages of the development of the framework that may initially represent a set-back to the process. These may include the fact that a process that was integral to the initial stages of data collection has not been followed by a referral source or that some stakeholders need considerable education and support with respect to the importance of evaluation.

Secondly, it is important to take the time necessary to establish the evaluation questions, indicators and measures that will be the foundation of the evaluation framework. The input of all the stakeholders is important to the process and is necessary to ensure that valid and reliable measurement of the chosen outcome is achieved through the process. This process may be
quite time consuming and may require the use of various formats including focus groups, descriptive interviews and literature reviews.

A culture that supports internal evaluation is strongly established at Niagara Child and Youth Services and this has helped to facilitate the development of the evaluation framework for the Early Years Programs of the agency. The one recommendation that should be highlighted is that the schedule for interim outcome evaluation measures, as noted in Appendix B, be strictly adhered to in all treatment modalities within the Early Years programs to monitor the progress of the identified child and to modify the treatment program if needed to assist the child to meet his treatment goals. This is especially important as Child and Adolescent Functional Assessment (CAFAS) data is not clinically significant for children under the age of five years.

As noted previously, the support and training provided by the Centre prior to the submission of the grant proposal and throughout the term of the grant has been valuable and available as needed by the grant recipient. The only suggestion that this writer could offer is that the Centre require all grant recipients to complete readings and/or on-line courses prior to being involved in teleconferences. By ascertaining that all of the parties involved in the teleconference had the same background information and were familiar with the terms used in the full evaluation process, the discussions would be increasingly productive and beneficial to all involved.

**Knowledge Exchange**

The importance of knowledge exchange to the internal stakeholders, other members of the agency staff group, the Board of Directors, the external stakeholders and members of the community at large became the focus of many discussions during the latter stages of the grant term. All involved with developing the evaluation framework agreed that the knowledge gained through the experience should be disseminated as this knowledge could affect the evaluation practices of others.
To date, the primary knowledge exchange that has occurred is between the internal and external stakeholders with respect to the key elements of the final evaluation framework. There are plans to provide copies of this final report to all stakeholders and a formal offer to present our framework to the Senior Management team and Board of Directors of Niagara Child and Youth Services will be made.

Prior to the implementation phase, it has been proposed that “lunch and learn” sessions be arranged for the larger internal staff group on the development of logic models and the process of setting evaluation questions including indicators, outcomes and measures.

During the implementation phase, there will be many opportunities, both ad hoc and formal, for knowledge exchange. As the children involved in treatment at NCYS are also typically enrolled in school and/or child care, the teachers involved in those school-based programs will be involved with data collection on the CARE tool. Discussions with respect to the pre treatment score, the development of a holistic treatment plan based partially on the score on the tool, the collection of an interim score to ensure that the treatment needs of the child are being met and the scoring of the CARE tool after treatment is complete will help to ensure there are ample opportunities for knowledge exchange.

On a more formal basis, training with respect to the CARE tool and how the score on the tool is used, in part, to determine the treatment stream that each child is referred to will continue to be provided to Early Childhood Educators through Quality Child Care Niagara. As well, ongoing reports on the status of the implementation plan will be given at all community network meetings thereby ascertaining that the knowledge exchange process continues with our external stakeholders. Finally, NCYS has a developed a strong linkage with Brock University and has provided placements and research opportunities for several graduate students from this institution. Through the implementation phase, it is planned that additional opportunities for research and evaluation on the CARE tool and the evaluation process
The data collected through the evaluation framework that has been developed for the Early Years programs at NCYS will be used in many ways. Initially, the score on the CARE tool will quantifiably indicate the number of positive outcomes that have been achieved for children 0 – 6 years through the treatment programs of the agency. As noted in the introduction to this report, the ability to report outcomes to the Ministry and to our accrediting body is of paramount importance. The interim scores on the CARE tool will be collected and analyzing to ensure that the treatment modality chosen for each identified child is appropriate for them and is helping them to meet their treatment goals. More in-depth analysis of the data will also be conducted to identify and address gaps in the Early Years services and to identify trends in the population served by this division.

Finally, the qualitative data collected will be used to celebrate success stories for children and families thereby providing positive feedback to staff and hope and support to families just starting this journey with their child.
References


Appendix A: Program Logic Model: An evaluation of the Early Years Programs of Niagara Child and Youth Services

**LONG-TERM GOAL:** To provide early identification and intervention programs to children ages 0 to 6, and their families, providers and community partners, to address mental health issues and behavioural difficulties among Niagara’s children and youth.

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>TARGET</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resources:</strong> Multidisciplinary team, 7.4 staff with ongoing professional development (e.g., Triple P, Incredible Years training)</td>
<td><strong>Approach:</strong> Collaborative multisystemic approach, with multidisciplinary team and bilingual services</td>
<td>Children 0 to 6 years</td>
<td>Identified initial diagnosis for child</td>
</tr>
<tr>
<td>Volunteers, consultants, students, parents</td>
<td><strong>Modalitys:</strong> Comprehensive multidisciplinary assessments, home visits, site visits with community partners, case conferences, intensive preschool treatment program</td>
<td>Families (nuclear, extended, foster) of children 0 to 6</td>
<td>Increased awareness by parents/caregivers of appropriate services and supports</td>
</tr>
<tr>
<td>Community partners/ agencies (schools, professionals, child supports)</td>
<td><strong>Streams:</strong> Niagara Preschool Resources Services (NPRS) Consultative and direct support services: Steppingstones, social skills training, wellness clinics</td>
<td>Child care providers</td>
<td>Development and implementation of holistic treatment plan for identified child and their family</td>
</tr>
<tr>
<td>Funders: government and private partners</td>
<td><strong>Early Assessment Support and Intervention (EASI)</strong> Consultative and direct support services: outreach, play therapy, counseling, PACES, toddler workshops or groups (e.g., 1-23 Magic, COPEing with toddler behaviour), Incredible Years treatment program</td>
<td>Professional staff from four local school boards FACS workers Public health professionals</td>
<td>Demonstrated improvement in child’s ability to function across several environments (e.g. home, school, child care, social settings)</td>
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<tr>
<td>Accreditation</td>
<td><strong>Dissemination and Knowledge exchange</strong></td>
<td></td>
<td>Ongoing review of diagnosis</td>
</tr>
<tr>
<td>Information technology resources: software, databases, measures</td>
<td></td>
<td></td>
<td>Families access appropriate services and supports</td>
</tr>
<tr>
<td>Physical building/s sites</td>
<td></td>
<td></td>
<td>Child maintains healthy outcomes within school, home and community settings</td>
</tr>
<tr>
<td>Management practices &amp; Governance</td>
<td></td>
<td></td>
<td>(Keeping families together) increased ability of family to cope with child’s mental and behavioural difficulties</td>
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<td></td>
<td></td>
<td></td>
<td>Parents/caregivers have an increased sense of empowerment and ability to advocate for their children’s mental and behavioural health needs</td>
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<td>Teachers/child care providers have an increased awareness of strategies and accommodations for children with mental health needs</td>
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### Appendix B: Niagara Child and Youth Services – Process/Outcome Evaluation Framework Table

<table>
<thead>
<tr>
<th>Anticipated Outcome</th>
<th>Indicator</th>
<th>Evaluation Question</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Who Collects Data</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>All referrals for treatment to the Early Years program(s) will have the CARE tool completed</td>
<td>100% of referrals to the treatment sector of the Early Years division of the agency will have completed CARE tool forms included.</td>
<td>Has the CARE tool been completed for the identified child indicating areas of concern and total score?</td>
<td>Parents, teachers and child care providers of the identified child</td>
<td>Pre treatment completion of the CARE tool</td>
<td>Referral source (Child care, Contact Niagara) or NCYS assessment team</td>
<td>CARE tool will be administered upon referral to the treatment sector</td>
</tr>
</tbody>
</table>
| The identified child’s score on the CARE tool will become one of key indicators, in conjunction with family goals, of treatment stream provided to the child and family | • Active involvement of parent/guardian in treatment program for the child.  
• Treatment provided fits the needs of the identified child and their family | Does the total score for the identified child on the CARE team indicate the appropriate stream of service delivery for the child? | • Parents, teachers and child care providers  
• Treatment staff of the Early Years program(s) | Review of the initial treatment plan illustrates that treatment stream delineated by CARE tool is appropriate and aligns with the goals of the family for the identified child | Treatment staff of the NPRS or EASI program | Data to be collected during completion and review of treatment plan with family (within 30 days of first meeting) |
<table>
<thead>
<tr>
<th>Anticipated Outcome</th>
<th>Indicator</th>
<th>Evaluation Question</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Who Collects Data</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| The indicators that informed the decision to refer the identified child for treatment at NCYS have decreased resulting in improved ability to attend child care or school and improved family functioning | • 10% decrease in overall score on the CARE tool  
• 5% decrease in areas of concern noted on CARE tool (if applicable)                                                                                                                                                                                                                                                                                                                                                               | To what extent has the treatment provided by NCYS decreased the identified child’s score on the CARE tool?                                                                                                                                                                                                                                                                                                                                                       | The parents, child care provider/teacher or treatment staff of the Early Years program(s) of NCYS                                                                                                                                                                                                                     | Interim completion of CARE tool on the identified child                                                                                           | At least two of treatment staff of NCYS, parents or teacher/child care staff (so as to ensure inter-rater reliability)                                                                                     | CARE will be administered three months after treatment phase of program begins                                                                                                                                                                                                                       |
<p>| The factors that were indicative of the identified child requiring treatment from NCYS have decreased significantly or been ameliorated resulting in significant improvement in the child’s functioning across all domains | • Overall score on the CARE tool indicates the child is no longer in need of treatment services from the Early Years programs of NCYS or is now in need of only consultative services/connection to Parents for Children of Mental Health (PCMH)? | Does the total score on the CARE tool indicate that the child would not be eligible for intensive treatment services from the Early Years programs at NCYS?                                                                                                                                                                                                                       | The parents, child care provider/teacher or treatment staff of the Early Years program(s) of NCYS                                                                                                                                                                                                                     | CARE tool will be completed after treatment has been completed                                                                                      | At least two of treatment staff of NCYS, parents or teacher/child care staff (so as to ensure inter-rater reliability)                                                                                     | CARE will be administered after the treatment phase of the programs ends and again six months after the program ends                                                                                                                                                                                                                     |</p>
<table>
<thead>
<tr>
<th>Anticipated Outcome</th>
<th>Indicator</th>
<th>Evaluation Question</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Who Collects Data</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>The parents will report less stress in the family resulting in improved family functioning after the completion of the treatment program</td>
<td>Reported increase in ability to function as a family due, in part, to reduced level of stress in the family</td>
<td>To what extent has your child and family’s involvement in the program decreased your family's stress level and increased your ability to function as a family?</td>
<td>Satisfaction Survey</td>
<td>Completion of satisfaction survey</td>
<td>Survey will be given to family by the program staff after the treatment phase is completed</td>
<td>The survey will be given to the family immediately after the treatment phase of the program is completed</td>
</tr>
<tr>
<td>The parents will be able to report positive changes in their child’s behaviour after the treatment phase of the program is completed.</td>
<td>Parents will be able to share significant changes in their child’s behaviour since the completion of the treatment phase</td>
<td>Can you tell me a success story about your child that you have observed since he completed the treatment phase of the program?</td>
<td>Satisfaction survey</td>
<td>Completion of satisfaction survey</td>
<td>Survey will be given to family by the program staff after the treatment phase is completed</td>
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