



Calgary and Area Regional Collaborative Service Delivery

Joint Development Day

May 3rd, 2019 Proceedings

Acknowledgements

Organizing the logistics for such an event, framing the agenda, inviting presenters, preparing advance materials, locating a vibrant environment for the day, and facilitating the various components of the day takes time, commitment, and careful attention to detail and purpose. Calgary and Area RSCD would like to acknowledge the following individuals who served on the planning committee and worked together to make the May 3rd 2019 Joint Development Day successful:

Regional Executive Team

Pat Firminger
Andrea Holowka

Regional Leadership Team

Don Andrews
Tom Brinsmead
Avril Deegan

Secretariat

Liz Mackay
Janice Popp
Daniel Sadler

Evaluators

Gene Krupa
Kate Woodman
Catalyst Research and Development, Inc.

Special thanks to Kate Woodman and Gene Krupa for their additional help with facilitating the day and preparing the draft proceedings. Thanks are also due to Patti Brown, Heather Hayes, and Margaret Maxwell for their logistical assistance on the day, and facilitation and recording of small group discussions.

And finally, a very special note of gratitude to the following individuals who took the time from their busy schedules to join us in the afternoon and present on key innovations from their systems that were of great interest and relevance to the work of Calgary and Area RCSD:

Laura Benard, Alberta Health Services
Tom Brinsmead, Calgary Catholic School District
Margaret Casey, Calgary Board of Education
Ryan Clements, Alberta Health Services
Carmen Esch, Children's Services
Pat Gilbert, Children's Services
Heather Hansen, Community and Social Services
Lisa Warner, Alberta Health Services
Rhonda Williams, Calgary Board of Education

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1. Participants

In Attendance:

Don Andrews, Independent Schools
Laurie Blahitka, Alberta Health Services
Sherri Black, Rocky View Schools
Wayne Braun, Calgary and Area RCSD
Tom Brinsmead, Calgary Catholic School District
Patti Brown, Calgary and Area RCSD
Jo-Ann Campbell, Independent Schools
Janet Chafe, Alberta Health Services
Debra Davison Morgan, Calgary Board of Education
Avril Deegan, Alberta Health Services
Eryn Dewald, Children's Link
Lana Dunn, Alberta Health Services
Linda Eirikson, Children's Services
Pat Firminger, Community and Social Services
Tom Hamer, Palliser Regional Schools
Heather Hansen, Community and Social Services
Heather Hayes, Calgary and Area RCSD
Andrea Holowka, Calgary Catholic School District
Jason Kupery, Palliser Regional Schools
Joanne Kuzyk, Alberta Health Services
Kurtis Leinweber, Foundations for the Future
Liz Mackay, Calgary and Area RCSD
Karen MacMillan, Foothills Academy
Margaret Maxwell, Calgary and Area RCSD
Lorne McDonald, Foundations for the Future
Dave Morris, Rocky View Schools
Catherine Morrison, Alberta Health Services

Afternoon Presenters

Laura Benard, Alberta Health Services
Tom Brinsmead, Calgary Catholic School District
Margaret Casey, Calgary Board of Education
Ryan Clements, Alberta Health Services
Carmen Esch, Children's Services

Evaluators/Facilitators

Gene Krupa, Catalyst Research & Development
Kate Woodman, Catalyst Research & Development

Darren Ness, Alberta Health Services
Diane Nunziato Tolley, Calgary Board of Education
Janice Popp, Calgary and Area RCSD
Carl Price, Parent Representative
Lori Roe, Alberta Health Services
Daniel Sadler, Calgary and Area RCSD
Melanie Sicotte, Renfrew Educational Services
Linda Sunderland, Parent Representative
Uma Thakor, Community and Social Services
Teresa Vancise, Calgary Board of Education
Rhonda Williams, Calgary Board of Education
Nicki Wilson, Renfrew Educational Services
Annamarie Zobatar, Parent Representative

Regrets:

Heather Brown, Alberta Health Services
Blythe Ibatuan, Parent Representative
John MacDonald, Calgary Catholic School District
Valerie McDougall, Tsuut'ina Education
Brenda McInnis, Providence Children's Centre
Carly McMorris, University of Calgary
Chris Pawluk, Rocky View Schools
Cath Petrinack, Children's Link
Sydney Smith, Calgary Board of Education
Christina Tortorelli, Children's Services

Pat Gilbert, Children's Services
Heather Hansen, Community and Social Services
Lisa Warner, Alberta Health Services
Rhonda Williams, Calgary Board of Education

2. Overview of the Day

Calgary and Area Regional Collaborative Service Delivery (RCSD) Executive and Leadership Teams met on May 3rd, 2019 for the fifth annual Joint Development Day. Also invited were members of the Accountability and Assurance Committee and Co-Chairs of other RCSD working groups or committees, along with the RCSD Secretariat staff. Forty individuals attended the session, with regrets from ten. The session was held at the Calgary Zoo, which provided a beautiful and vibrant environment that fit the tenor of the meeting. The theme for the day was *Learning and Leveraging to Optimize Our Work*.

This report provides a brief overview of the day, copies of evaluation and other presentation materials, raw data collected from small group activities, notes from plenary reporting sessions, and results of the Meeting Quality Review Survey. See Appendix A for the day's agenda; Appendices B, C and D for presentation materials; and Appendix E for process quality survey results.

The objectives of the session were to:

1. Enhance our ability to meet the needs of children, youth, and families
2. Deepen our understanding of one another
3. Strengthen our common commitment to the RCSD partnership
4. Utilize our data effectively for informed decision making

The stage was set with a warm welcome from Pat Firminger and Andrea Holowka, Co-Chairs of the Regional Executive Team. Following a Treaty 7 territorial acknowledgement, they thanked the planning committee and recognized the additional committee chairs joining in for the day. All were thanked for their leadership on RCSD work. They noted that provincially, Calgary and Area RCSD has developed an impressive reputation for quality work, research, monitoring and evaluation.

Janice Popp, Calgary and Area RCSD Regional Manager, provided the overview of the day that included a walkthrough of the agenda, objectives and the extensive document package prepared for each participant. In addition, she noted the reference materials on the tables for tablemates to share as the day proceeded. Finally, she affirmed the fine work of the partnership and noted the extensive work done in bringing together the outcome evaluation report that would be the focus of morning discussion.

Lana Dunn and Tom Brinsmead, Leadership Team Co-Chairs, facilitated an icebreaker session that had each person first identify with one of 20 possible zoo animals 'which most reflects you' and share with their table which animal they chose and why. Then, each table identified one animal from the set to represent them as their 'mascot for the day' or to represent the RCSD overall, based on attributes that aligned with either.

Choosing from among bears, to pandas and zebras, the groups selected the following mascots:

- **Giraffe:** has the largest heart, strategic vision, capacity to work within the ecosystem, and overall adaptability (*and willingness to put its neck on the line*); this animal fit for the groups at two tables.
- **Lion:** runs in a pack that works well together and has a voice that commands attention.
- **Meerkat:** is identified with trust and has an effective survival strategy.



- **Turtle:** symbolizes a truth about collaboration –it evolves slowly and takes time.
- **Zebra:** all its differing stripes share the same colour and work harmoniously to form beautiful patterns.

Next, Kate Woodman, from Catalyst Research and Development, walked participants through the collaborative’s first Outcome Evaluation Report findings (Appendix B). She began with a quick review of the Calgary and Area RCSD’s Logic Model, to ground the presentation in outcomes articulated in the Evaluation Plan (2017). The findings were presented as aligned with those stated outcomes. Kate then facilitated a Data Walk and Talk experience for participants. Each table group made their way through five data posters (Appendix C) showcasing significant findings by dimension.¹ The groups were prompted to reflect on the data through provision of sections of the Governance and Service Delivery rubrics and key evaluative questions. Upon completion of this exercise, poster discussions (led by the poster host) were reviewed in plenary and further discussion followed. Each table then worked together to identify action points, arising from the data discussions and findings presented, for the network to consider.

After a bag lunch and an optional short zoo walk, participants regrouped to engage in a panel discussion on trends emerging among their stakeholder systems. Janice introduced each presenter, who reviewed new developments in their sector. In total, the following five topics (Appendix D) were introduced:

1. FCSD Practice Approach;
2. What Matters to You - Matters to Us – AHS Rehabilitation Model of Care: The Future of Pediatric Rehabilitation in Partnership;
3. AHS Centre for Child and Adolescent Mental health;
4. Trauma Informed Schools; and,
5. Children’s Services – Impacts of Bill 22.

Participants were then invited to choose among the 5 presentations for further conversation with the speaker(s), by joining Presentation Topic Huddles of their choice. Upon return to plenary, Kate facilitated the post-session discussion. Janice concluded by thanking all the speakers for their time.

The full day of learning concluded with closing remarks from the Regional Executive Team Co-Chairs. The final activity included a brief evaluation of the process quality for the day, summarized in Appendix E.

3. Outcome Evaluation Findings: Data Walk and Talk Summary

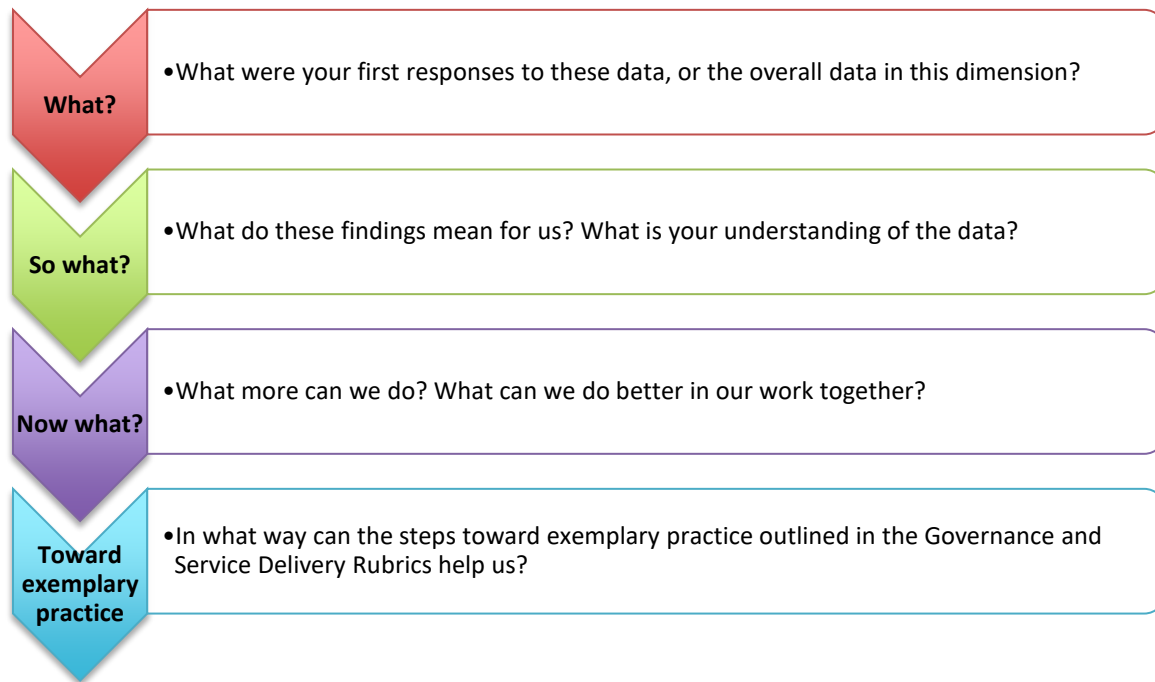
Following the presentation and plenary discussion of the Outcomes Report findings (slide deck in Appendix B), participants engaged the data directly with their tablemates (representing a cross-section of the sectors present). Each of the five posters (Appendix C) showcased a key theme (expressed as an over arching question) from the data and presented the exemplary practice for that theme, as described by the appropriate rubric (Governance or Service Delivery). In addition, several reflective questions were offered (Figure 1) and a ‘poster host’ was present to clarify as needed and



¹ RCSD Network; Children, Youth and Families; Service Providers, Service Delivery; Systems.

capture key thoughts from the discussions. The data from those thoughts is presented below.

Figure 1. Data posters reflective questions (adapted)



3.1 Summary of Poster Discussions

RCSD Network

Theme: *Are members bringing their full value to the network?* PARTNER Power/Influence data, a key indicator that assesses whether members are bringing their full value to the network, was presented for discussion. “Measuring value is important for an effective network in order to ensure you are leveraging all members’ value within the network adequately” (PARTNER). Members were invited to explore what more they can do to bring the full power and influence of the partners to the network.

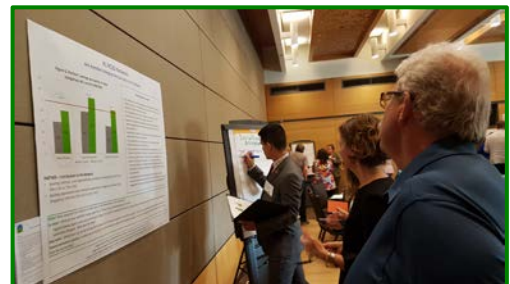
Discussion:

Data

- Clarity is needed to understand minor differences in the data, particularly around those data differences that may be tied to how respondents perceived questions and their intent, or those that may be affected by variations in response rates

Influence

- Ensure that power and influence does not dominate but is used to create equal standing among partners
- Equality among partners results in effective working relationships based on trust
- Network is ‘invisible’ at the frontline but an influencer at systems and sector levels



Elevating RCSD knowledge

- Leverage information externally – this is more important than internal leveraging, although both are important

Actions

- Clarify the network's purpose and vision
- Identify where best to place our efforts
- Focus priorities to better use our power and influence, and not dilute it
- Further support our successes with additional resources
- Look further at the work being done beyond our RCSD and go to those locations to see the work
- Explore various organizational styles
- Host 'discovery days' with common agencies, such as Access Mental Health
- Use our data on actions and needs to show progress and leverage for further support
 - Bring the RCSD 'pieces' together to create a regional picture
- Hold conversations on perceptions of power and influence and how they are leveraged to increase our understanding of the network

Children, Youth and Families

Theme: *How do we better engage families as partners in authentic Family Centred Practice?* MPOC, Parents and Service Providers data all indicated challenges in implementing Family-Centred Practice. Partners were invited to consider how Service Providers could better support parents to be active partners in service without feeling pressure to take on professional roles. Further, consideration of how the network could better support Service Providers in articulating what Family-Centred Practice is about and clarifying roles for all stakeholders was also explored.

Discussion:

Strategize

- Create a response/ message that addresses the fact that families do not want to be a hub. Explore what this means to ensure the response is appropriate
- Explore how to use the data we have by linking it to the reality of current practice and provide education for families and Service Providers (everyone involved) to find solutions
- Elevate data to systems and clearly communicate the challenges and find solutions
 - Systems explore ways of being open to co-creating a solution on service delivery and providing the balance families and Service Providers need



Case Management

- Identify the economic return on investment in implementing a long-term case management plan
- Respond to the data of needing one key person to assist families in navigating the services and supports their child/youth receives

Actions

- Develop a common definition of a Family Centred approach and a common practice across systems (Note: The Service Delivery Rubric provides a working definition that could be adopted more systematically across partner systems)
 - Consider providing training on this across sectors

- Explore how to triage care coordination and consider the semantics and language used to develop a common approach
- Define ‘family’ to include kinship guardians
- Investigate the feasibility of changing the language of ‘family centred’ to ‘family focused’ or ‘family friendly engagement’ (Note: These terms have specific definitions in the literature so the implications of changing from one to another would need to be understood)
 - Ask, what do children and families need from these models? What supports do they need to take on these roles?
- Provide families with the information and knowledge they need to ensure they understand their child/youth’s circumstances
 - Identify information needs with families and co-design responses/resources to ensure they receive what they need and want
- Broaden the referral process, so that (for instance), schools can refer (directly) to the medical system.

Service Providers

Theme: *How do we nurture the collaborative culture among Service Providers?* For this dimension Service Provider Survey and Focus Group data was presented. The data explored the successes and challenges of creating ‘a culture of collaboration’. Discussants explored how the network might support Service Providers to share information, learn together and proactively embrace collaborative practice across disciplines, systems and sectors.

Discussion:

Creative ways for Service Providers to learn and network

- Need time to bring together and share their ideas and experiences
- Consider virtual spaces for meeting
- Use RCSD website for meeting spaces, sharing information, etc.
- RCSD events for training, such as: information sharing, relevant legislation, territorial considerations, consent forms, natural supports, trauma informed practice
- RCSD event for Service Providers to explore their data and be creative in developing success strategies
- Create opportunities for Service Providers to work together in real time
- Create a space for developing a ‘common voice’ among Service Providers with the goal of impacting systems – begin by having a shared understanding of a system’s unique perspective
- Provide training in technology so remote sites can participate, and to educate Service Providers in ways to share information

Discussions with Leadership

- Consider hosting collaborative discussions with multiple school boards on how to bring Service Providers together in a service model
- Explore implementing a pilot project at one school to trial integrated services in one place as ‘setting up for success’
- Work at the school board and health levels (they are disjointed) to explore more as to what the front-line staff require and how the RCSD can address these needs
- Note systems are more on board with ‘collaborative culture’ and to share information, than front line Service Providers

Data

- Leadership and Executive teams could explore the outcomes data report to find out what types of training are most important for Service Providers
- RCSD could explore the data to find the places where collaboration among Service Providers is not strong and build capacity in this area
 - Consider developing protocols to support collaboration
 - Look for the advances and successes, places of active growth and bring Service Providers together to discuss

Actions

- Address perceived challenges to implementing a 'child first' value by using a 'reference sheet' and bringing in trainers to talk about how to make this happen
- Support having hard conversations across silos on any challenges that emerged in the data. How do we learn from this data? What kind of strategic guidance could the Executive Team provide?
- Learn from other systems, such as medical culture and the case review. How could this help us with our transitions?
- Clearly define roles as to who can do what, and what can't be done
- Trust the professionalism of the partners and if breached, address it, knowing that every system has its own accountability process and we can (and must) trust this

Service Delivery

Theme: *How can we adapt to support better outcomes for children, youth and families?* Data from both Service Providers and Parents was brought together to explore this important question. The data showed the range of results across successes and challenges articulated by the two key stakeholder groups. Partners were invited to explore the data through the lens of 'integrated service delivery' and consider the actions that could be taken, grounded in the data, to move toward realizing exemplary practice.

Discussion:

Challenges identified

- Disconnect between external protocols and inter-agency communication
- External (i.e., across sectors and services) sharing of information is a challenge
- Inconsistent sharing of information with families

System actions

- Focus on keeping the child and family in the centre as a way to coordinate supports and common goal development
- Support goals that address both family and system needs
- Ensure that for one child there is one plan and ground this plan in regular conversations with the family
- Government to develop a template for sharing information across systems (Note: There are guidelines and processes and examples provided through the provincial Information Sharing Strategy that can be used to inform practice)
- Define outcomes, success, appropriate data across systems
- Coordinate services by aligning outcomes for children and families

Research

- Common language is critical and needs to be sensitive to the language, culture and socio-economic reality of the parents. Develop a working group to provide guidance around the best language to use
- Do an environmental scan to explore what partners have discovered worked and what did not in the development of cross sector planning and goals.

Actions

- Simply identified as ‘children and youth’, consider those children with exceptional needs
- Explore developing a web-based App to share information with parents
- Animate more creative thinking to resolve challenges
- Develop a multi-system and time-defined consent form
- Take steps towards integration of service delivery
- Provide parents with a binder that includes: their road map to navigate the systems they engage, plans, and a one-page information sheet on their child that is shared across the system

System

Theme: *We’re on our way – what more can we do to get there?* Participants explored PARTNER data for this dimension. They looked at how they work together and the extent to which they build awareness of RCSD work among organizations and communities. This includes both internal changes as a result of engagement with the RCSD and external elevation of RCSD knowledge to influence systems. The data showed improvement in working together and less time spent on building awareness in Wave 2 than in Wave 1 of PARTNER.

Discussion:

Challenges with elevating and leveraging RCSD work

- The turnover in organizational representatives to the network may be reflected in the data showing less time in sharing RCSD awareness and learning (i.e., new members are just getting oriented themselves)
- Focused, purposeful reflection on internal to RCSD processes, and less on external processes, may also be a factor in less time spent on building RCSD awareness externally
- Increased amount of RCSD work may reduce resources (time) to mobilize its knowledge
- RCSD Leadership is focused on problem solving and answering questions, versus external influencing
- Leadership is focused internally on our roles and responsibilities
- Some of the system transformations occurring, although supported by RCSD, are not tracked back to the RCSD – it is invisible and maybe that is OK



Approach

- RCSD information needs to be taken forward “correctly” (e.g., with deliberation and care)
 - Do we have a strategy to elevate our outcomes?
 - What is our role in elevating concerns?
- Consider if website could maximize opportunity to orient newcomers to network
 - Mutual links between RCSD website and partner websites

- Marketing of RCSD through use of logo, website, handouts (for schools, new members), using infographics

Actions

- Explore if less involved members feel less able to leverage RCSD work and speak with systems about the work of RCSD
- Reflect on community partners and if they are less aware of the RCSD
 - How can the network collaborate more broadly with the community?
 - Explore changing our language to facilitate these connections
- Consider if those who need to know about the RCSD, do in fact know about it
 - Partners may not identify work as ‘RCSD’ because they think more about it as a ‘program’
 - Do others really need to know about the RCSD or simply how to do their work?
 - Mobilize knowledge using a message matched to the audience
 - Consider increasing social media presence to benefit parents and community organizations
 - Reflect on how we explain what we do (e.g., clarify messaging, develop elevator pitch, use one-page summaries to take to our teams)
- Succession planning for RCSD members would support leveraging; consider inviting new representatives to the next meeting as guests

3.2 Summary of Action Points

Following plenary discussion arising from the data, participants were invited to undertake further table work focused on two exploratory questions:

1. What action points arise for us on each dimension based on the data and the discussion?
2. What can we commit to doing within the next 12 to 18 months?

Provided with the five evaluation dimensions, the tablemates self-selected which to address in the time available. Table 1 captures their responses in aggregate.

Table 1. Participant suggested action points

<p>1. RCSD Network</p> <ul style="list-style-type: none"> In what ways are we more effective in sharing our resources? Move meetings to different settings to increase action and engagement – have a meeting theme and locate in the appropriate setting Need to hear directly from parents, youth and families – have youth sit on committees (leadership youth who can share their experiences and bring in a ‘student voice’) Develop a youth advisory committee who attend part of the meetings OR utilize existing youth advisory groups Challenge systems to look at the work they are doing and how it can be shared with RCSD Glean data from provincial surveys (e.g., CAMAS form) and use to develop protocols/standardized practices. What can we do to create better care pathways? Invite a guest to meetings so they can see RCSD in action and increase support for it Provide an RCSD 101 to orientate to the network culture Encourage staff to engage with partners proactively Locate multi-system, demographic data to identify trends and impact on children, families, systems and structures – use to guide our decisions toward strategic plan and be responsive to emerging trends
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- Increased our understanding of what is happening in other RCSDs to learn how they are addressing issues, such as information sharing

2. Children, Youth and Families

- Review the questions we are asking to ensure understanding of what they mean, if they generate the data we need, and if the answers require a deeper dive
- Use our evidence to influence practice, what should we be doing?
- Include experience and not only evidence (Note: There is a growing trend to valuing ‘experience’ as legitimate data/evidence)
- Review outcomes to increase their clarity
- How do we shift from a deficiency view to recognize what we have and maximize this?

3. Service Providers

- Look at promoting existing professional development opportunities (e.g., AHS) and supporting online modules as well
- Vocational pathways – think more broadly
- Provide information sharing opportunities for youth, communities, and parents
- Work towards a case coordinator approach and work to develop trust with families
- Continue to support training for staff and share the knowledge of RCSD with new staff to ensure they prioritize/dedicate time for RCSD

4. Service Delivery

- Create collaborative plans and share what works
- Consider case studies to increase our understanding and then elevate and share successes learned
- Explore some information sharing case studies and identify where there are barriers, and then work to address those – both within and across systems

5. System

- Systems need our knowledge as it is best to hear results from the people on the ground
- Is our RCSD too large (and if so, what is the action needed)
- How do we inform [other] systems when our [system’s] learning indicates that others may be making “wrong” decisions
- Shift to focus on youth needs rather than our programs
- Continue to work on the clarity of our information for sharing
- Student Threat Assessment demonstrates the need for cross system collaboration – look for opportunities to build on this success
- Develop an RCSD communication/marketing tool that describes who we are that is easy, simple and has core messages, and can be adapted for different audiences (e.g., parents, frontline). Focus on ‘what do different people need to know?’ Include an FAQ section that answers the ‘why the RCSD is important to you’

4. Trends: System Changes and Impacts

4.1 Summary of Presentations

FSCD Practice Approach - Heather Hansen

This practice approach is for children and youth with a disability under the age of eighteen years. Families who identified the requirement for family involvement in intervention/treatment as a burden drove the practice shift. The approach includes providing:

- Family Support Services (information, referral and advocacy as well as family specific supports)
- Child Focused Services (developmental and behavioural supports)
- Specialized Services (for children with two or more service needs)

The Common Approach (PUF and FSCD) is used to ensure coordination and collaboration of services, resulting in 'one team, one plan across settings' experience for families. Parents are valued members of a multi-disciplinary team providing the services.

One challenge they are faced with is achieving the goal of delivering the service where it is best for the child and family. To date they are looking to expand into day cares and schools.

What Matters to You – Matters to Us – AHS Rehabilitation Model of Care: The Future of Paediatric Rehabilitation in Partnership - Lisa Warner and Laura Benard

The aim of this model is to improve access to services that will enhance functions for daily living. The presenters shared a compelling video showing the challenges and complexities of one family, with four children, one of whom requires specialized care. The circle graph visuals capturing the many services this child requires was offered as a perspective to remember throughout their presentation.

The Rehabilitation Conceptual Framework (2018) was designed to address service delivery challenges through five strategic directions:

1. Make 'Rehabilitation is Everyone's Responsibility' a principle to build on
2. Build a unified, sustainable, provincial blueprint for rehabilitation
3. Optimize patient outcomes in the community
4. Co-design integrated services through effective partnerships
5. Advance a future-ready rehabilitation workforce

Aligned with the strategy, the framework's outcomes are designed around the principle of 'what would parents say having received our services?', such as: 'I know where to go', 'Services meet my needs', 'I am aware of my progress', 'My care is seamless', and, 'My clinicians are skilled and caring'.

Improved Access to Appropriate Service: Alberta Health Services (AHS) Centre for Child and Adolescent Mental Health - Ryan Clements

The presenter began with compelling demographic data outlining the needs for mental health services in Calgary, 'on a typical day'. The data showed services in the city are always over capacity, resulting in long waits for children and youth to access the services they need. This led to an ongoing consultation with stakeholders and the decision to create the Centre (planned to open 2020/21). The building design was co-created with families and children/youth, resulting in play areas, art centres and park space. The Centre will provide services 7 days a week with extended hours and no referral required for many services:

- Mental health walk-in services: a better place to go for many of those currently using Emergency Departments (80% do not need that level of support)
- Intensive community treatment services: appointment based and focused on stabilization
- Day hospital: to support transitions out of hospital-based care and available for several weeks of service, every day, if needed

Services will be provided to children and youth under the age of eighteen years living within the Calgary and area catchment region.

Trauma Informed Schools - Margaret Casey, Rhonda Williams, Tom Brinsmead

The presenters indicated that the starting point for the school system is rooted in brain science. This means using a trauma informed lens to understand how the child/youth's brain has developed/is developing in their environment. This knowledge is foundational and should predicate all other interventions for the child/youth. The plan is to put the theory in to practice in the school systems, using a 'capture and share' approach (start with small learning, integrate across systems and settings, and move towards larger system changes).

Calgary Board of Education presenters noted that there is need for collaboration, common language and anchoring points as they move toward the development of a model that can be shared and scaled out. The goal is to be proactive and not reactive when mobilizing knowledge about brain science with individual children and youth impacted by Adverse Childhood Experiences (ACEs). They are using implementation guidelines, developing skill sets and using a 'lessons learned' approach to change paradigms in service delivery with trauma impacted children. This is a learning collaborative approach (outlined in a Learning Collaborative Toolkit [The National Child Traumatic Stress Network]) to build a foundation for designing, implementing and testing innovations.

In the Calgary Catholic School District, the same science informs a different approach – using an action-oriented approach. This year (2018/19) every school is required to report in school plans what they are doing for children/youth with high ACEs in terms of using a trauma-informed approach (based in a 'Fairy Tale model'). In this case, the teachers and service providers are invited to think about what is happening for the child in the moment and how brain science provides a different lens to understand it. The school based mental health therapists are trained in this model, as well.

Children's Services – Impacts of Bill 22 - Pat Gilbert, Carmen Esch

The Bill resulted from a public action plan developed by the Government of Alberta in response to the all-party ministerial panel on Child Intervention. One of the 39 actions recommended by the panel, Bill 22, *An Act for Strong Families Building Stronger Communities*, came into effect February 28, 2019. This legislation represents a paradigm shift in legislation and practice:

- Improved court access involving First Nations having a formal role in court processes involving Nation children
- New guiding principles to be added to the Child, Youth and Family Enhancement Act
- Closing loopholes regarding guardianship, requiring mandatory home study and cultural connection plan
- Transparent public reporting requirements designed to make the child intervention system more transparent and accountable
- Expanded financial supports for permanent guardianship/placement
- Improved decision-making by reducing mandatory matters and including all aspects of safety and well-being for the child, including family and cultural connections
- Stronger focus on safety to ensure it is always a top priority
- Mandatory all-party reviews every five years

4.2 Summary of Presentation Huddles

Following the presentations, participants were invited to attend the huddle(s) of most interest to them, in the time allowed. The following summarizes and where possible, themes, the discussions captured during the huddles. The conversations were guided by the following two questions:

- What are the implications of this initiative for RCSD as a whole? For individual partners?
- How could RCSD support, contribute to or leverage this initiative?

FCSD Practice Approach

- Process discussion on the necessary 1st step - talk to FSCD workers about the importance of understanding FSCD scope for community agencies
- Sustainability is found in FSCD being a legislated service
- FSCD is flexible but others may be less so – how does this impact 'system shopping'?
- Discussed opportunities to measure outcomes concerning 'change in practice'
 - Every 2 years implement a provincial survey with Service Providers and hope to capture data
 - Potentially survey those families receiving specialized services
- Explore undertaking a Social Return on Investment (SROI) arising from practice change making a difference for beneficiaries
- System impact explored through an SROI, possible indicators:
 - Reduced anxiety
 - Accessing other systems less
 - Parents remain working
 - Community sustained
- Calgary and Area RCSD consideration to explore: are we giving families the same message concerning family centred practice?

- Calgary and Area RCSD messaging to families: regarding Family Centred Practice (FCP) -> how do we define it?
- Calgary and Area RCSD knowledge mobilization: are we providing families with evidence regarding the efficacy of FCP?
- Calgary and Area RCSD consider language change: 'coach' and 'train' are not used in disability services but being adapted else where
- Most families say they still want to be involved in the process with their child/youth
- Evaluation focus group data (parents) indicates parents worry about making mistakes in therapy – are we supporting them enough?
- Explore policy vs. best practice: are we engaging parents in a way to meeting their needs and, are we monitoring this engagement?

What Matters to You – Matters to Us – AHS Rehabilitation Model of Care: The Future of Paediatric Rehabilitation in Partnership (A Guide to the AHS Rehabilitation Model of Care was also shared)

- *Transitions* (Patients and families experience optimal transitions) – parents report 'My care is seamless'
 - How do we collaborate and integrate with FSCD, and/or daycares, or early childhood service settings better?
- *Patient, Family and Community Outcomes* (Patients and families participate in all aspects of their own care) – parents report 'I am aware of my progress'
 - How do we collaborate on PedsQL² across sectors?
 - How do we collaborate on MPOC (Measure of Process of Care), especially with school age children (Calgary and Area RCSD data)? Starting with preschool, need to review the school aged questions and possible approaches. AHS has an outcome and experience survey including formal tools measuring collaborative goal setting, access, etc.
- *Access and Wayfinding* (Patients and families know how to find services) – parents report 'I know where to go'
 - How can we know and identify the children sooner? (AHS has a Pediatric Directory to assist with wayfinding; desire to work on access)
- *What Matters to Me* (Patient and Family Centred Care, Quality Care, Wellness, Enhancing Function for Meaningful Living, Resilience)
- *Service Options* (Patients and families receive appropriate services) – parents report 'services meet my needs'; Standards developed for Pediatric audiology (ABR); English Language Learners; Childhood Apraxia of Speech, others – Feeding Eating & Swallowing in progress.
- *Professional Practice* (Patients and families work with providers who have practice supports) – parents report 'My clinicians are skilled and caring'. Behavior Change approaches in use – patient and family centred, and shared decision-making practice expected.
- *Questions/Answers to explore new model*
 - *What is different between this and previous model?* AHS didn't have an 'old model'. This is the first provincial AHS Rehabilitation Model of Care. It is a framework to guide leadership and practice.
 - *Are you looking to allocate FTE equitably?* Yes, part of this model design is analyzing the current state of FTE per population to assist with gap analysis, be ready for any enhancing care in the community or other opportunities.
 - *How are outcomes determined?* As an organization, with a new electronic medical record, area councils determined the Child Health approach. Ex. PedsQL chosen for AHS broadly.

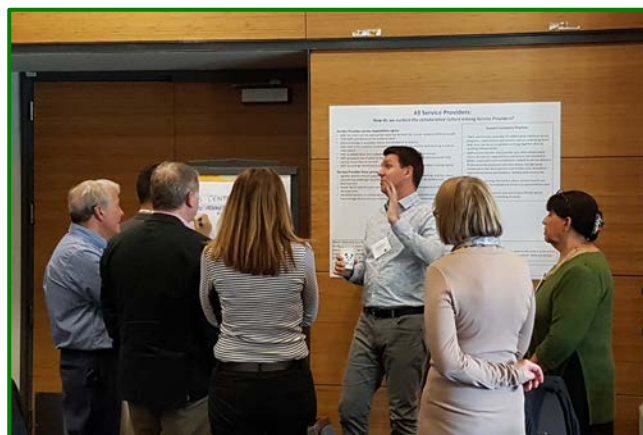
² Peds QL v4.0 https://www.pedsq.org/about_pedsq.html

The MPOC was chosen as the experience tool through consultations with youth and families across AHS. A preschool pilot will start with 8 teams across the province in June with plans to scale in 2020.

- *Future thoughts on collaboration?* There is a desire to focus on preschool first 0-6 years. There is a future desire to explore AHS and RCSD school age approach on metrics, provincially. Suggestion to review MPOC question wording for school aged.

Improved Access to Appropriate Service: AHS Centre for Child and Adolescent Mental Health

- Goal is to improve access to appropriate services for children and youth with mental health challenges
- Staffing and hours are based on data to maximize use
- Coordinate with emergency services and ensure service appointments are different in content and not a duplication for beneficiaries
- Collaborate and consult with community partners
 - This will include the RCSD Mental Health Transition Specialist (MHTS) who works in psychiatric emergency
- Services at the Centre will include Mental Health Walk-In, Intensive Community Treatment Services, and a Day Hospital
 - Collaborating with Calgary Board of Education regarding education support at the Centre
- Developing a communication, community and Primary Care Network strategy and will have this within 2 years
- Within scope of strategy is to define Mental Health (MH) and Mental Illness (MI)



Trauma Informed Schools

- Alberta Health Services brought the trauma concept forward at multiple levels and we need to bring in multiple perspectives, such as what does it look like on the ground in schools (i.e., what do the staff in schools know about trauma and its impacts?)
- Commonality: bring this model to educators among the RCSD's school boards
 - Similar human-centred processes would scale out
- Would like to create a practice framework to guide implementation
 - Develop a framework across the multiple ministries that have a stake in this work (Note: RCSD Leadership has interest in supporting if possible)
- Model inclusive of every person in the school – the students, staff, parents and partners
- Concerning staff well-being – what are we bringing to the table? How does it impact our work?
- Develop a culture of safety and trust that allows for 'permission' to fail, and then failures will become sites of learning
- Need to have a common language across the settings
- Leverage key learnings on content, process, skill sets and have multiple entry points to leverage the learning
- Continue the bridging and collaborative work accomplished by the Calgary and Area RCSD
- Goal: wellness is embedded in all schools driven by a comprehensive view of 'school health'

- Strategic planning should be embedded in everything and collaboration with post-secondary institutions is needed.

Children's Services – Impacts of Bill 22

- Bill 22 is included as part of Alberta Children's Services action on reconciliation implications
- Aligned with Jordan's Principle
- Is relevant to and should help Calgary and Area RCSD's work with First Nations
- Provides a formal structure for a practice that was growing in the sector
- Alberta Health Services Calgary Zone Indigenous work could have discussion with Children's Services in order to be proactive with changes to align with Bill 22. This would connect with the Health Action Plan
 - Children's Services team would come out to present the changes to partner systems, if requested
- Children's Services can fund cultural services post-permanency
 - This would keep connections with siblings no matter where they are residing

5. Final Reflections

All participants were invited to share their experience of the day through the Meeting Process Quality Survey (87% response rate). Assessing the quality of the day, 96% selected high/very high quality. The WordCloud visualizes the data, showing most felt *valued* (inclusion), *important* (equal) and *empowered* (authentic) as a result of attending the Joint Development Day. On the other hand, some felt anxiety (uncertainty). For full results, please see Appendix E.



Beyond the survey, participants offered suggestions using the 'Parking Lot' space, referencing opportunities for the Calgary and Area RCSD to consider for the future, as captured in the textbox below.

Parking lot thoughts:

- Invest in Quality Improvement Leadership session (e.g., consider developing a position for this role or sequestering funds for priority projects where change is desired)
- Host a *Design Lab* to scale up priority or existing work
- Support PedsQL throughout AHS

The Executive Team Co-Chairs, Pat Firminger and Andrea Holowka, closed the session by affirming the work of the day; expressing appreciation for the presentation of evaluation findings and new sector initiatives; and celebrating the opportunity to build relationships across the network's partners. Finally, Andrea noted again the Calgary and Area RCSD's very strong provincial reputation and suggested the work of the upcoming year would continue to build and deepen that widespread assessment.

Appendices

Appendix A. Agenda



Joint Executive and Leadership Development Day Agenda

DATE: Friday, May 3rd, 2019
TIME: 8:00 am – 3:30 pm
LOCATION: Calgary Zoo, Enmax Conservatory North Room

Objectives for the Day:

1. Enhance our ability to meet the needs of children, youth, and families
2. Deepen our understanding of one another
3. Strengthen our common commitment to the RCSD partnership
4. Utilize our data effectively for informed decision-making

8:00 am REGISTRATION, CONTINENTAL BREAKFAST AND FIND ASSIGNED TABLE			
Time	Item	Description	Facilitator
8:30 am	Setting the Stage	Welcome and overview of objectives for the day	P. Firminger A. Holowka
8:40	Overview of the Day	Overview of agenda and meeting package	J. Popp
8:45 am	Introductions / Icebreaker	Getting to know you	L. Dunn T. Brinsmead
9:00 am	Outcome Evaluation Highlights	PowerPoint presentation of results from Phase Two Evaluation	K. Woodman
10:00 am BREAK			
10:15 am	Data Walk & Talk	Small group rotation through the five dimensions to discuss results in more detail	K. Woodman G. Krupa
11:00 am	Plenary Report Back and Discussion	Plenary report back and action planning	K. Woodman
12:00 pm LUNCH			
12:45 pm	Trends: System Changes and Impacts <ol style="list-style-type: none"> 1. FCSD Practice Approach - Heather Hansen 2. What Matters to You - Matters to Us - AHS Rehabilitation Model of Care: The future of Pediatric Rehabilitation in Partnership - Lisa Warner, Laura Benard 3. AHS Centre for Child and Adolescent Mental Health - Ryan Clements 4. Trauma Informed Schools - Margaret 	Brief presentations for learning about system trends of relevance to RCSD	J. Popp K. Woodman

	Casey, Rhonda Williams, Tom Brinsmead 5. Children’s Services – Impacts of Bill 22 - Carmen Esch, Pat Gilbert		
2:00 pm	BREAK		
2:15 pm	Presentation Topic Huddles	Group huddles to explore implications of trends for RCSD	K. Woodman
3:15 pm	Final Reflections and Closing Remarks	Reflections on the day from participants; completion of Process Quality survey	P. Firminger A. Holowka
3:30 pm	Adjourn		P. Firminger A. Holowka

Appendix B. Evaluation Slides



Calgary and Area RCSD Joint Executive and Leadership Development Day:

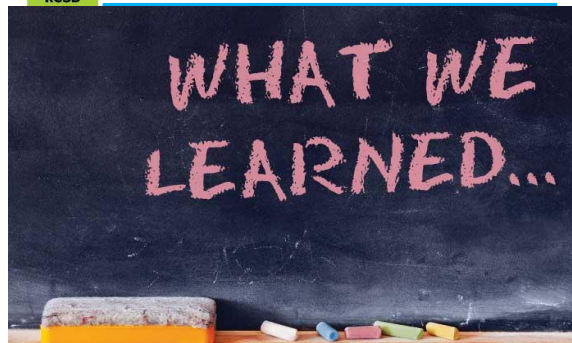
Learning and Leveraging to Optimize Our Work

2019 05 03
Facilitator: Kate Woodman, PhD, CE & Gene Krupa, PhD, CE
Catalyst Research and Development Inc.

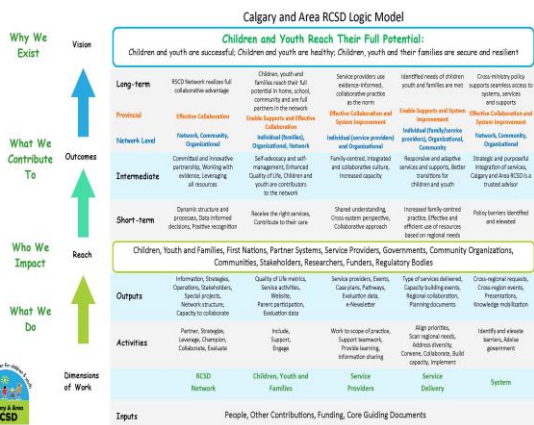
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Outcome Evaluation Highlights



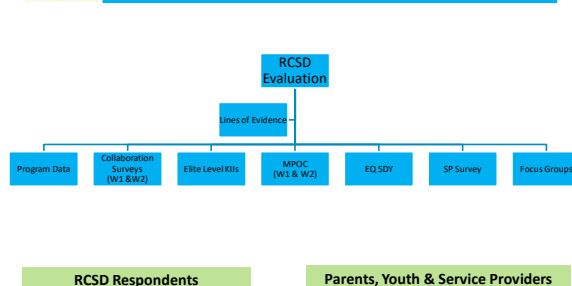
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9



2014 – 2019 Outcome Evaluation



10



Key Findings by Dimension

1. RCSD Network
2. Children, Youth, and Families
3. Service Providers
4. Service Delivery
5. System

11



1. RCSD Network: How well is Calgary and Area RCSD functioning as a network?

- Clearly defined
- Capacity to collaborate
 - Linked, communicating, engaged
 - Learning and reflecting
 - 'Value' and 'working together'
 - Accountability
 - Growing sustainability

12



Capacity to Collaborate

Wilder

Overall,

- Two waves of data (2014 & 2017) show little change
- Assessed as 'borderline'

54% of partners 'are willing to compromise'

PARTNER

Outcomes most frequently chosen:

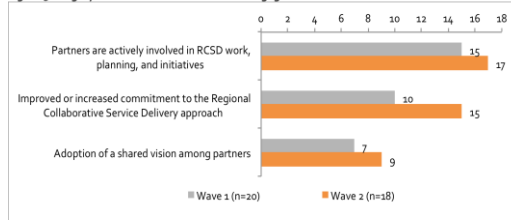
- 'Improved or increased collaboration and partnering processes among partners' (17)
- 'Improved or increased information across service systems' (17)

13



Linked, Communicating & Engaged

Figure 5. Calgary and Area RCSD 'Partners are Engaged' outcomes W1 and W2



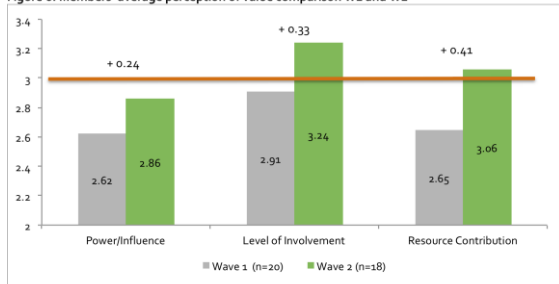
91% communication happens both formally and informally (Wilder) & most organizations linked to 76% of network's total organizations (PARTNER)

14



'Value' and 'Working Together'

Figure 6. Members' average perception of value comparison W1 and W2

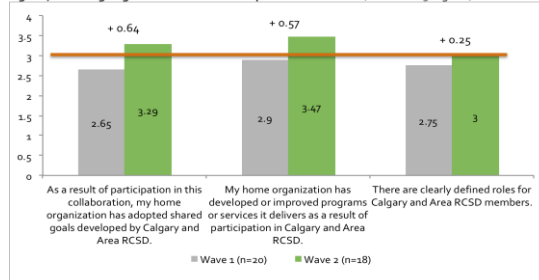


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'Value' and 'Working Together'

Figure 7. Working Together Scale results comparison W1 and W2 (score over 3 is good)

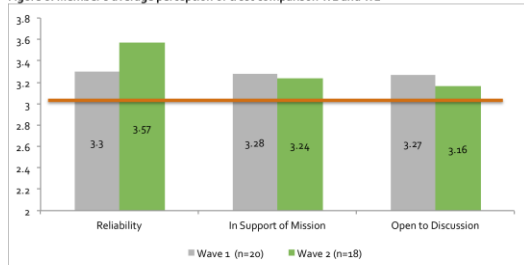


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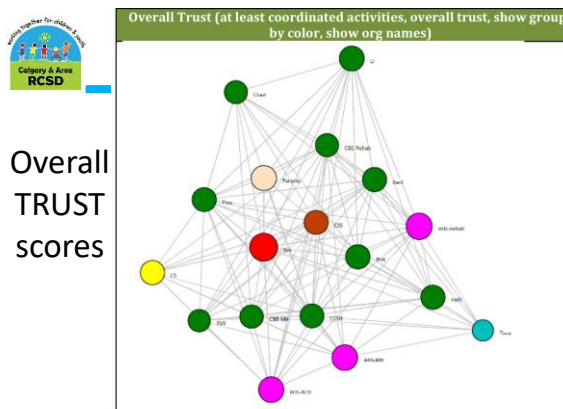


Accountability

Figure 8. Member's average perception of trust comparison W1 and W2



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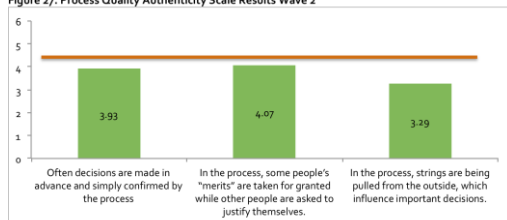


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Area for Further Reflection

Figure 27. Process Quality Authenticity Scale Results Wave 2



*It was not possible to compare W2 Process Quality Authenticity Scale to W1s data as the benchmarks used were different.

19



2. Children, Youth and Families: Are they included, supported and engaged effectively by the network?

- Optimizing services through specialist interventions
- Beneficiary voice is emergent
- Parents emergent partners
- Parents advocates and managers -> uneasy in this role
- Children and youth -> challenges with managing anxiety
- Network is intentional about smooth transitions

20



Optimizing Services

Parents

Appreciate:

- Access to quality services and supports they receive
- Compassion and care they have experienced
- 80% agree service providers 'look at the needs of the whole child' (MPOC)

Elite Level KIIs

Agree network would benefit from stakeholder engagement:

- Youth justice
- Family justice
- Indigenous organizations
- Treaty right experts

Network program data highlights specific services that have made a difference: SBMH, COPE, Complex Needs, CONeX, etc.

21



Beneficiary Voice is Emergent

Parents agree

- 76% 'service providers help parents feel competent'
- 50% agree/disagree they were included in service planning
- 75% agree 'provided with opportunities to make decisions about supports and services'

Service Providers agree

- 61% 'parent/children/youth are involved as much as possible in service planning'
- 68% 'information about transition plans and actions is made available to families'
- 75% 'parents are informed of the child/youth's progress'

22



Parents Uneasy Advocates and Managers

Parents agree service providers

- 77% 'fully explain and support service choices to parents'
- 74% 'let parents choose when to receive information and the type of information'

Parents agree

Don't let 'family centred' come to mean 'family driven'. I want to be there but I can't carry the load of driving the process in providing the 'therapy.'

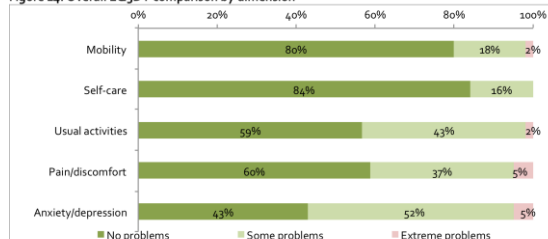
Parents are learning how to: **ADVOCATE** to ensure child receives what they need; **NAVIGATE** by learning the role of each system and service provider; **NEGOTIATE** to achieve purposeful engagement and participate in decision-making; and, **RESEARCH** and find what they need to know.

23



Quality of Life: Youth Report Anxiety

Figure 14. Overall EQ5DY comparison by dimension



EQ5DY aligns with RCSD program data: SBMH, MHTS, COPE, CONeX

24



3. Service Providers: Do they work to scope, support teamwork, participate in/provide shared learning opportunities and share information?

Designing for coordination and collaboration

Sharing information a challenge

Gaining new, relevant skills -> culture of collaboration requires ongoing nurturing at all levels.

25



Designing for Coordination and Collaboration

Service Providers agree

- 60% 'staff are proactive in anticipating the needs of one another/ ensuring access to information'
- 59% 'a collaborative lens is deeply embedded in the decision-making processes'
- 58% 'methods of communication between service providers ensure clear and timely transfer of important information'
- 55% 'systems are responsive to feedback provided by families and youth about their services, when appropriate'

Parents agree

- In-school services are nearly seamless but beyond the school there is a communication breakdown

26



Designing for Coordination and Collaboration

Network 'working groups' strengthen coordination and collaboration

- Early Childhood Working Group
- Transitions Working Group
- Tri-Region Complex Needs Working Group
- Complex Communication Needs Working Group



Gaining New Skills and Culture of Collaboration

Service Providers

Sectors should support interdisciplinary learning and networking and this means overcoming challenges of professionals privileging their own area for PD.

Imagine That!

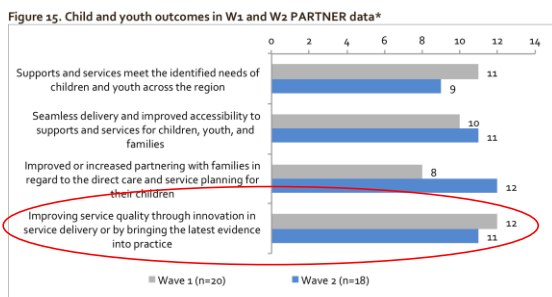
Data shows a consistent trend in agreement scores:

- Learning new perspectives . . .
- Learning how to use . . .
- Learning more about . . .

27



Contributing to a culture of evidence-informed, collaborative practice



*Data informs priority setting (n=14) and Regional priorities are addressed (n=13) were not included in W1.

29



4. Service Delivery: Is it aligned with regional priorities and integrated across partners?

- Core challenges to overcome -> progress towards equitable resource allocation
- Family Centred Practice is a challenging model to implement -> making progress
- Cross-regional and cross-sector learning wanted -> variable opportunities
- Integrated, cross-system planning -> progress and some challenges
- Variable rating of adaptation to support better outcomes for children and youth
- Network solution-focused, creative and strategic in delivering services -> but variable perspectives
- Much to do to improve service transitions -> network is responding
- Inclusive communities valued -> but could do more
- Network's special projects evolve practice and engage service providers.

30



2017 Transition to full service delivery



- AHS rehabilitation and mental health supports/ therapy services increase
- Partners working with Tsuut'ina colleagues to culturally adapt/ incorporate Nation values into service model
- MHCBC and COPE in schools
- Health, Education, Child and Family Services invited to sit on Leadership team
- Education Director joined Leadership team 2017 05

43



Summary

Network Level

- Overall network measure scores (density, centralization and trust) show positive growth across time
- Partnership is healthy
- Emergent and increasing evidence of network's reach and influence

Children, Youth and Families

Parents and others confirm:

- Network has optimized quality of existing services
- Moderate agreement services and supports are meeting the region's needs
- Moderate agreement transitions are seamless
- Core challenges to Family Centred Practice model

44



Summary

Youth

- First time this beneficiary is included in data gathering
- Data affirmed the many specialized programs being implemented to address the mental health needs of children and youth.

Service Providers . . .

- Moderate rating in coordination and collaboration
- Would like more cross-sector PD
- Erosion of information sharing barriers
- Confirm their skill set and commitment to evidence-informed supports.

45



Summary

Service Delivery

- Uncertain of inclusion of parent voice and Family Centred Practice model implementation
- Capacity to integrate services and cross system plans a challenge

System

- Some positive change at service provision level
- Network is broadly sharing its learning and evidence
- Agreement the right people are at the table but knowledge mobilization needs attention – more could be done by the partners as advocates and champions of the network

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Recommendations

1. Define 'success' in achieving key outcomes
2. Develop a shared understanding of Family Centred Practice
3. Develop a practicable approach to implementing Family Centred Practice
4. With trust improving, there is increased opportunity to promote reciprocity among partners
5. Champion system change
6. Continue to link service providers and build their capacities
7. Continue to engage beneficiaries in design and evaluation.
8. Update the evaluation framework

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Reflection

- Overall, what did the data presented from the outcome report tell you?
- What are your initial reactions to what you heard?
- Any clarifying questions?

48

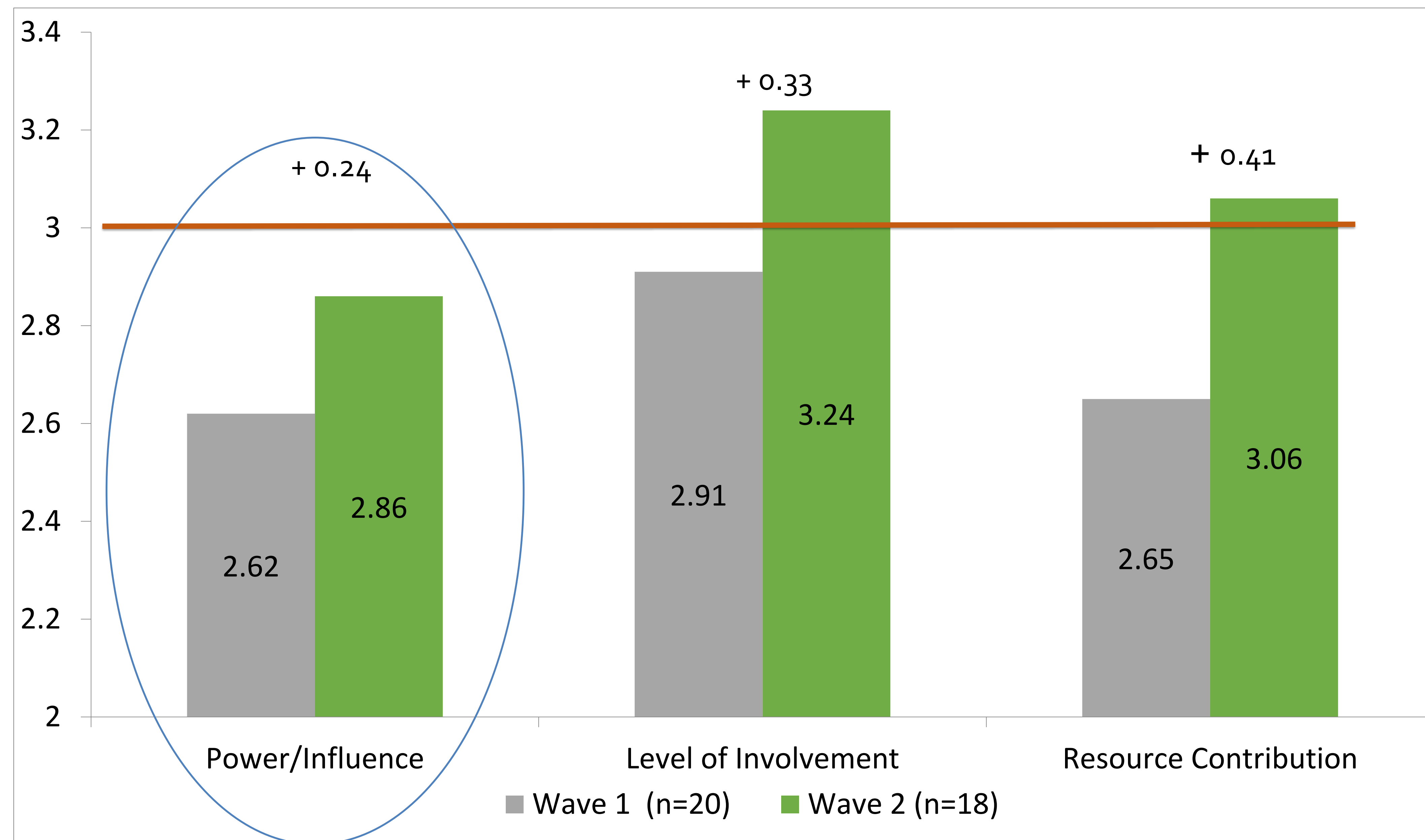
Appendix C. Data Walk Posters

- RCSD Network
- Children, Youth and Families
- Service Providers
- Service Delivery
- System

#1 RCSD Network:

Are members bringing their full value to the network?

Figure 6. Partners' average perception of value comparison W1 and W2 PARTNER



PARTNER – Contributions to the Network

- Selecting 'advocacy' as an organizational contribution dropped by 13% (from 90% in W1 to 77% in W2)
- Building organizational and community awareness of Calgary and Area RCSD dropped by 14% (from 75% in W1 to 61% in W2)

Toward Exemplary Practice:

- The Collaborative's work is integrated with the broader health, education, children's services, and community and social services sectors and has the capacity to influence key decision-makers
- The Collaborative has a breadth and depth of community allies that provide influence, advocacy and support when needed
- Capacity for leadership has developed enabling broad participation of partner organizations and smooth transitions when there is a need for new leadership
- Leadership for aspects of the Collaborative's work is embedded at various levels within the partner organizations
- The Collaborative continuously explores new mechanisms to access additional resources and further its work
- Action on priority items is facilitated through ongoing review of resource allocation and through involvement or leveraging of external partnerships
- Community agencies play a key role identifying and responding to the needs of families and children/youth. The Collaborative works with community agencies, other initiatives, partner organizations and families to strengthen the comprehensive network of support for both individuals and populations
- Collaboration with community agencies and the broader community includes advocating for systems level change and reaching out to increase engagement of families, community, and under-represented populations

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these PARTNER findings mean for us? What is your understanding of the data?

Figure 6 shows higher scores across the board in Wave 2, but still not meeting benchmarks in power/influence. Ratings on partners' contributions on advocacy and building awareness dropped. What does this mean?

Now what? What more can we do to bring the full power and influence of partners to the RCSD network? What can we do to bolster our network hats and our work together?

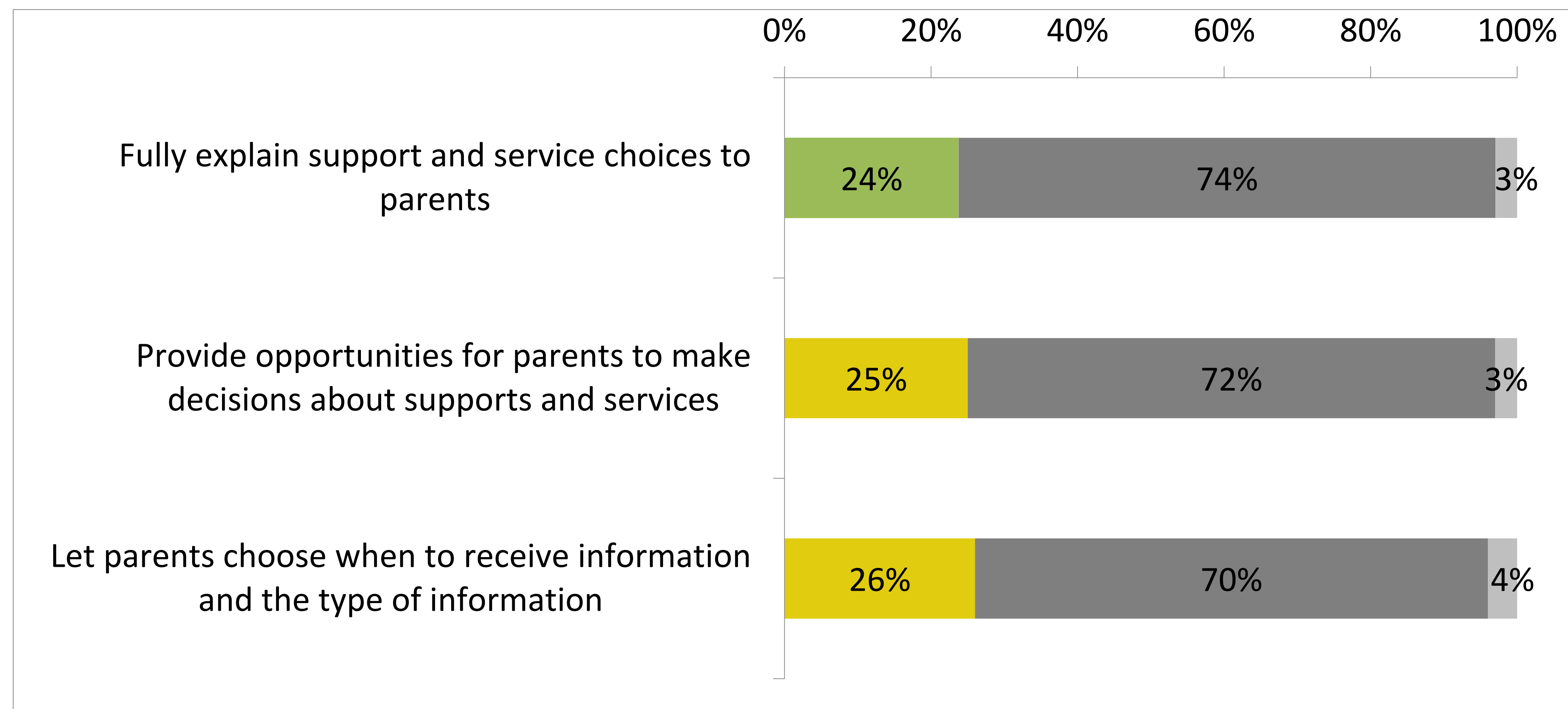
Toward exemplary practice: In what way can this help us to think about our roles in the network and what more we can contribute to the RCSD, in addition to what we can gain from the partnership?

#2 Children, Youth, and Families:

How do we better engage families as partners in authentic Family Centred Practice?

Figure 8. Enabling partnership MPOC dimension (n=77)

In the past year, to what extent do the PEOPLE who work with your child



- Parents report not being comfortable with: working on exercises with their child at home (practice partners) on exercises provided by the expert; being the ‘hub’ for all the service providers to ensure each of them know what the other is doing; and, taking on responsibility to close the gaps left by systems not providing sufficient information to plan ahead. These parents assess their experience of family centred practice as a burden
- Service Providers report: 33% agree ‘parents are fully engaged members of the service team.’; 61% agree ‘parent/children/youth are involved as much as possible in service planning’; 75% agree parents are informed of the child/youth’s progress
- Parent focus group data: Don’t let ‘family centred’ come to mean ‘family driven.’ I want to be there, but I can’t carry the load of driving the process and providing the therapy

Domain Name	Mean (1-7)	Definition
Enabling and partnership	5.3	Caregivers’ involvement in the service delivery process and decision-making

This data shows a positive score for the domain over all. The selected questions:

- “Fully explain support and service choices to parents” shows a good score
- “Provide opportunities for parents to make decisions about supports and services” and “Let parents choose when to receive information and the type of information” are moderate scores that are quite close to strengths, but show some room for improvement

Toward Exemplary Practice:

- Family strengths are integral components of the service plans. Programs are designed to capitalize on family strengths
- Systems are responsive to feedback provided by families about their services, service locations and site design
- Families are consistently engaged as team members in the identification, planning, monitoring and reviewing of progress on a scheduled basis
- Programming is directed at helping children/youth and families apply knowledge and skills across activities and environments

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we support parents to be actively involved at a level with which they feel comfortable? How can we support service providers to better articulate for families what Family Centred Practice is about?

Toward exemplary practice: How can we clarify roles for parents and strengthen an authentic Family Centred approach?

#3 Service Providers:

How do we nurture the collaborative culture among Service Providers?

Service Provider survey respondents agree:

- 83% 'our team has the appropriate expertise to meet the service needs of children/ youth'
- 75% 'staff contributes to the evidence base'
- 62% knowledge is accessed, shared and distilled in to practice
- 60% 'staff [are] proactive in anticipating the needs of one another and ensuring access to information'
- 59% 'a collaborative lens is deeply embedded in decision-making processes'
- 48% 'processes are in place to ensure the alignment of services for children/youth that receive more than on service'
- 44% 'Knowledge Mobilization capacity facilitates development of problem-solving teams'

Service Provider focus group respondents:

- Agreed: sectors should support interdisciplinary learning and networking, and this means overcoming challenges of professionals privileging their own area for professional development
- Rated: 90/10 ratio for participating in discipline specific vs. multi-sectoral professional development
- Identified barriers to collaboration: service providers do not work effectively together to best manage the transitions; information sharing and privacy considerations are a barrier

Toward Exemplary Practice:

- There are multiple examples of collaborative initiatives across programs, organizations and sectors, and an underlying belief that more can be accomplished working together than by working independently
- Staff actively identify and promote ways that collaboration across disciplines, organizations and sectors has resulted in better cooperation and coordination related to service delivery
- Professional development activities always include some collaborative skill development and involve cross-discipline/ organization/sector participation, families and community agencies
- Protocols for sharing information about children/youth are well established, formalized and there is broad awareness and consistent use
- Information that supports case planning is shared openly based on a solid understanding of needs



What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

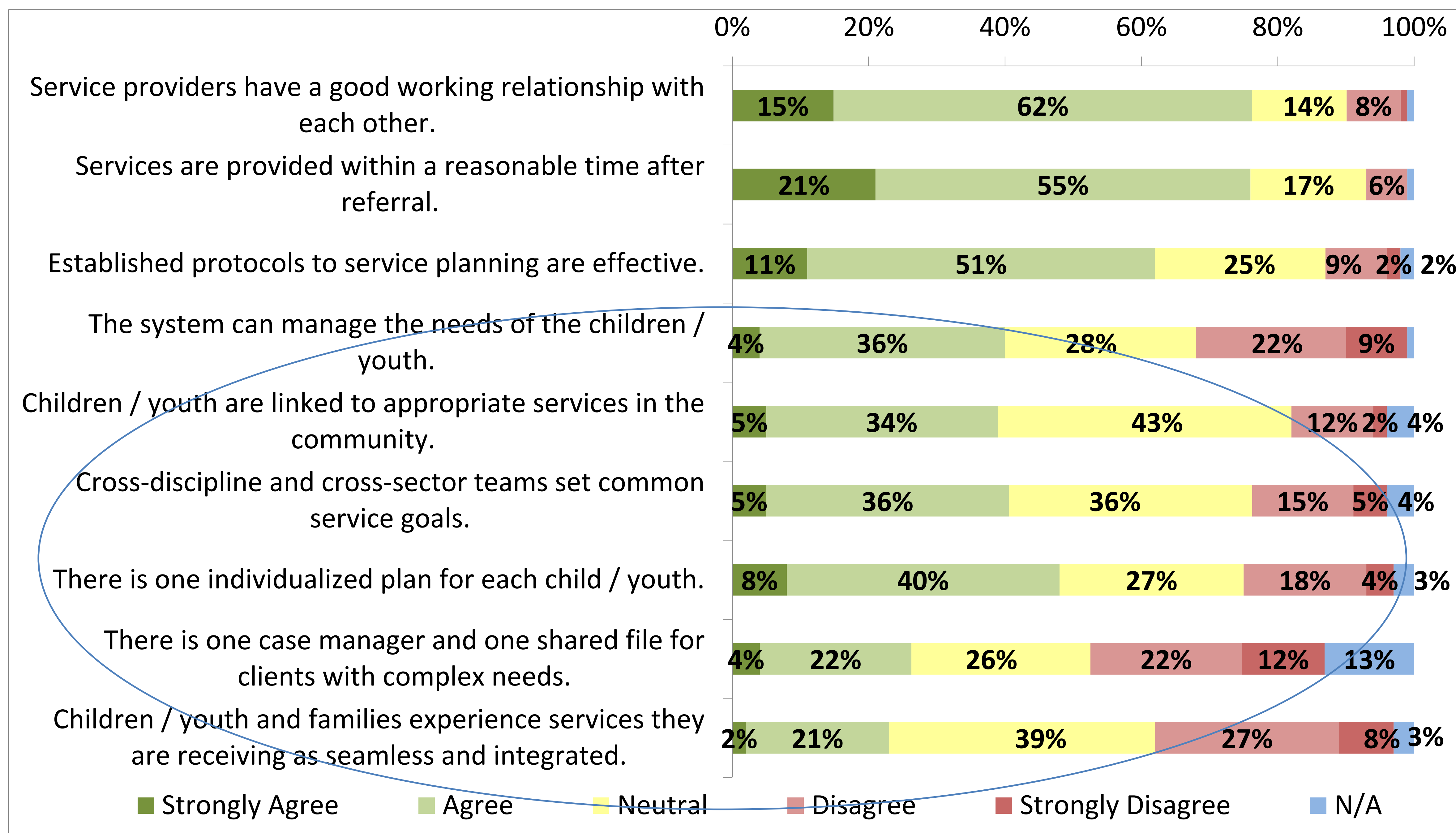
Now what? How do we support service providers to share information, learn together, and proactively embrace collaborative practice across disciplines, systems and sectors as the norm?

Toward exemplary practice: What actions can be taken to facilitate movement across the rubric towards success in collaboration and creating a collaborative culture? What are service providers free to do? What are their constraints?

#4 Service Delivery:

How can we adapt to support better outcomes for children, youth, and families?

Figure 17. Focus on integrating services in Service Provider survey



Service Providers explain 'strongly disagree/disagree' responses:

- There is increasing demand and complexity in the system with too few resources resulting in longer wait lists and less than optimal care (x28);
- There is a consistent lack of integration, collaboration and communication amongst the service providers in the system which makes it challenging to coordinate the best care (x26);
- Information sharing between service providers and families and where to access resources is not readily available (x6); and,
- There is often not one case manager who controls the file (x5)

Service delivery is disjointed between organizations/agencies. Different professionals working with child/youth do not have common files, especially if they are not from the same organization. Schedule conflicts and difficulties finding opportunities to communicate can sometimes impede effective collaboration.

Service Provider Survey respondent

Toward Exemplary Practice:

- One custom-made plan for the child/youth that reflects a unique profile of health, education and social services – developed with involvement of families, community agencies and staff from different disciplines, organizations, sectors
- One set of collaboratively-developed service outcomes is shared among all those involved with a child/youth
- One case manager and one shared file for children/youth with complex needs who use multiple services
- Support is coordinated around the individual, not organizational structure
- Team members from multiple organizations are viewed as components of a holistic team focusing on the needs of a child/youth and the family
- Children/youth/families experience services as seamless and integrated

Parent focus group respondents observed the following on service provision:

- A few found little transparency among the public service providers and with the family. They turned to the private system to ensure they would always be aware of what was happening among the team providing the interventions and have a leading voice at that table
- Most participants noted their GPs are limited to referring to a pediatrician, who then refers to the next specialist (e.g. a psychiatrist). This referral structure creates long waits for the families to access needed services

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we create mechanisms that support transparency and an experience of integrated services for families that includes: shared plans and files, proactive communication, and identification of a responsible case manager supported by an equally responsible cross system/sector team?

Toward exemplary practice: What actions can be taken to facilitate further movement towards success in developing an integrated service delivery approach that crosses systems and sectors, and supports the need of families for a coordinated, common approach? How can we take time to reflect on how things are working, support the challenging areas, and be willing to adjust in any or all systems in the service of children, youth and families?

#5 System Change:

We're on our way – what more can we do to get there?

Figure 7. Working Together Scale results comparison W1 and W2

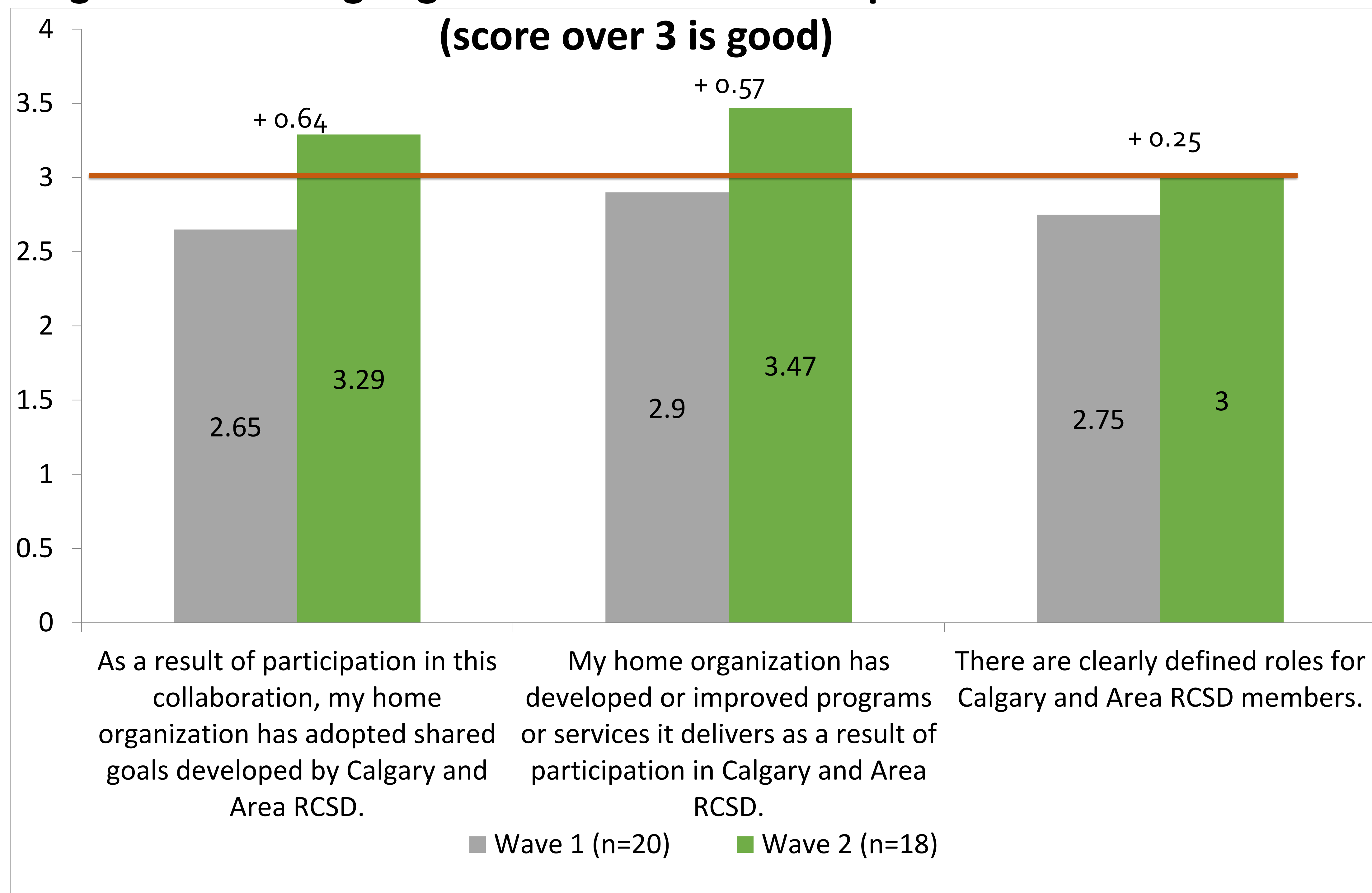
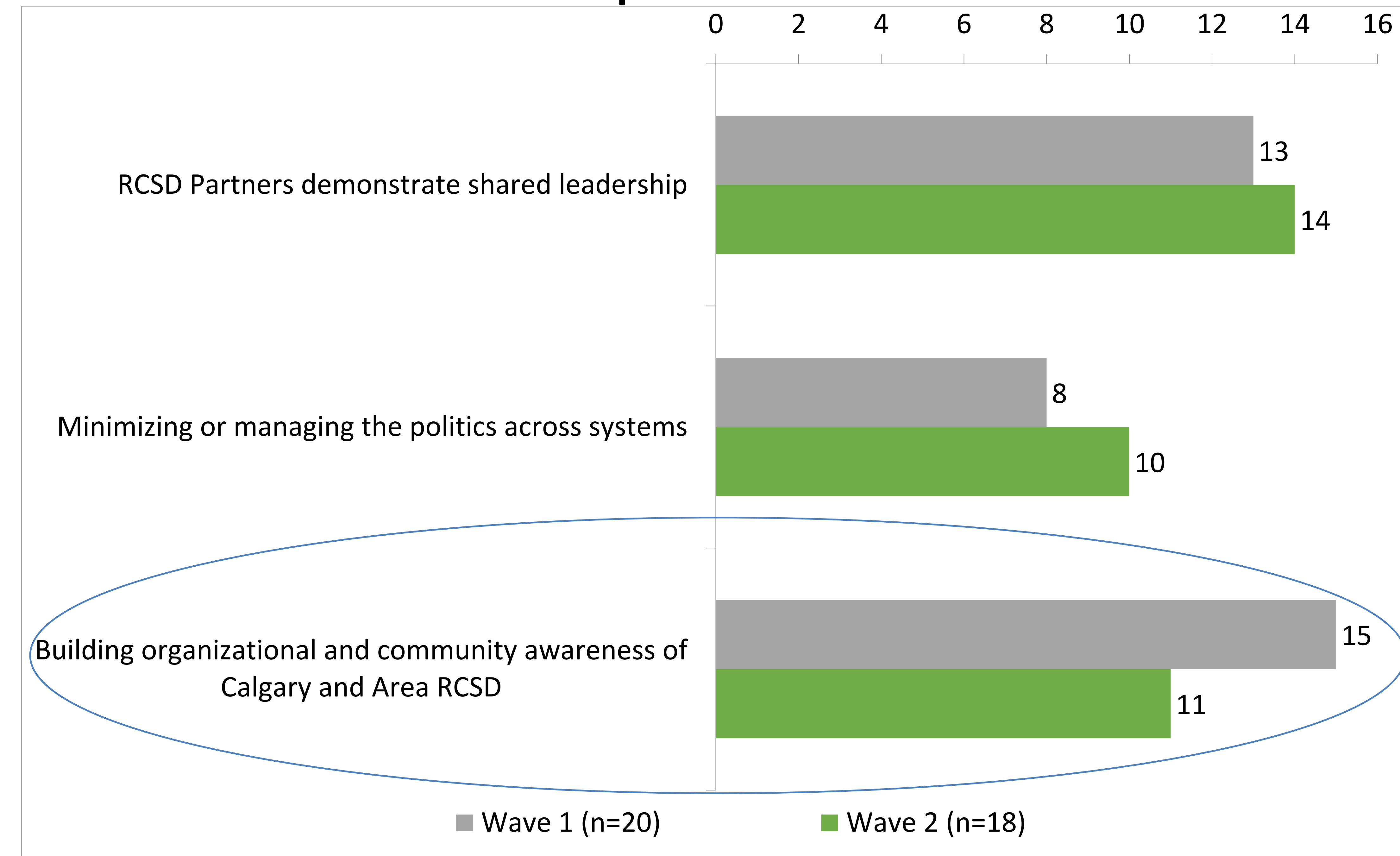


Figure 7. Outcomes Calgary and Area RCSD has made progress compared W1 and W2



Toward Exemplary Practice

- Knowledge is easy to access, actively shared within the Collaborative, across organizations and sectors, and with families in a variety of formats
- Knowledge mobilization efforts and capacity contribute to system-level learning and innovation within the Collaborative and its partner organizations
- New knowledge is created and informs the development of new projects, programs and initiatives
- The Collaborative and partner organizations contribute to the evidence base and promote research that translates into better practice.

- The role of Calgary and Area RCSD as a key leader within the province was acknowledged in a meeting with the Provincial RCSD Office in January 2019
- Requests for RCSD's research and evaluation documents is an indicator of an emerging reputation as a trusted source of the latest evidence and resources (e.g. *Partnership Governance Level Rubric*, *Service Delivery Rubric*, literature reviews and findings from the Student Threat Assessment and Youth Transitions to Adulthood projects)

What? What were your first responses to these data, or the overall data in this dimension?

So what? What do these findings mean for us? What is your understanding of the data?

Now what? How do we maximize benefits of RCSD for individual organizations and leverage the work of Calgary and Area RCSD to promote broader system change?

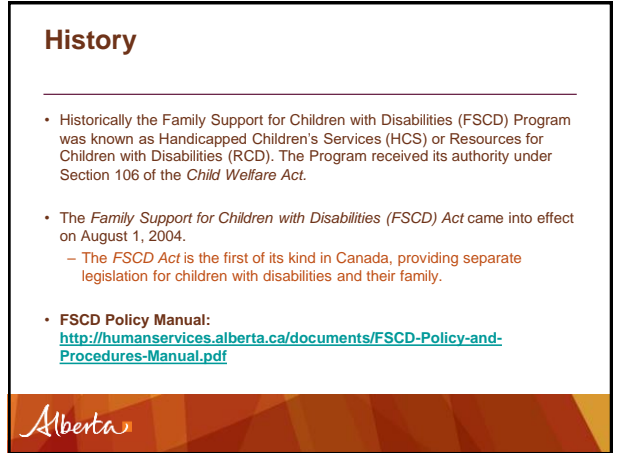
Toward exemplary practice: How can we create and use knowledge to extend our impact and contribute to a system of influence that makes a difference for children, youth and families?

Appendix D. Trends Presentation Slides

- FCSD Practice Approach
- AHS Rehabilitation Model of Care: The Future of Pediatric Rehabilitation in Partnership
- AHS Centre for Child and Adolescent Mental Health
- Trauma Informed Schools
- Children's Services – Impacts of Bill 22



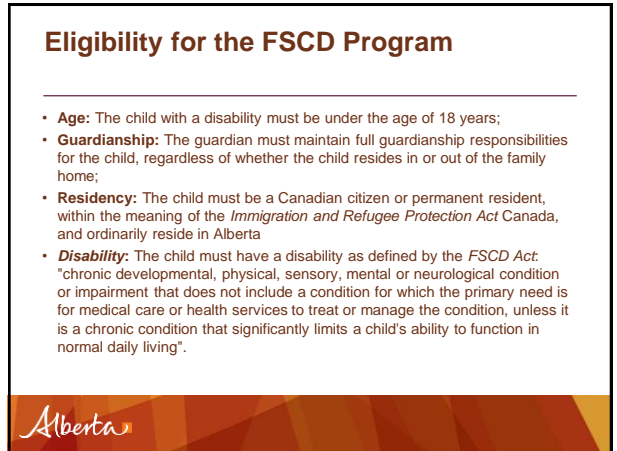
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4

FSCD Supports and Services

- Family Support Services
- Child Focused Services
- Specialized Services

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Family Support Services

Information, referral and advocacy supports as well as specific family support services to families with children with disabilities who meet program eligibility criteria. Family Support Services are intended to support families with the extraordinary demands of caring for a child with a disability.

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Child Focused Services

Child Focused Services build on the foundation of support created through the provision of Family Support Services to support children & assist their families in helping them to reach their full potential.

Where information provided by the family and other relevant assessment information indicates that the disability significantly limits the child's ability to function in normal daily living, FSCD may provide Child Focused Services, in addition to Family Support Services.

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Child Focused Services: *Behavioural/Developmental Support*

Developmental Support

The intent of this service is to support the child's development and support the parents in relation to the child's needs. Developmental support helps to sustain or improve the child's level of ability and to prevent regression or a greater degree of dependence.

Behavioural Support

The intent of this service is to support parents to address specific behaviours exhibited by the child and to increase or reinforce parents' skills and strategies in managing the child's behaviour through evidence-based approaches.

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8

Specialized Services

- If a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:
 - Behaviour
 - Communication and socialization skills
 - Cognitive abilities
 - Physical and Motor Development
 - Self-help and adaptive functioning

And if:

- The level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services.
- A multidisciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the Director that a specialized service be provided.

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Specialized Services *MDT Panel*

Multi Disciplinary Team (MDT) Members include the following professionals:

- Psychologists
- Speech and Language Pathologists
- Occupational Therapists
- Physical Therapists

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10

PUF/FSCD Common Approach

- What is the Common Approach?
 - Through the Common Approach, PUF and FSCD are working together to provide programming and services to families of children who qualify for both PUF and FSCD specialized services.
 - The Common Approach provides a “one team, one plan across settings” experience for families.
 - Parents are valued members of a team that includes professionals working together to provide streamlined and integrated services that responds to the changing needs and circumstances of children with disabilities and their families.
- The PUF/FSCD Common Approach encourages greater collaboration and coordination of services to support children with severe disabilities and their families in their home, community and early learning setting

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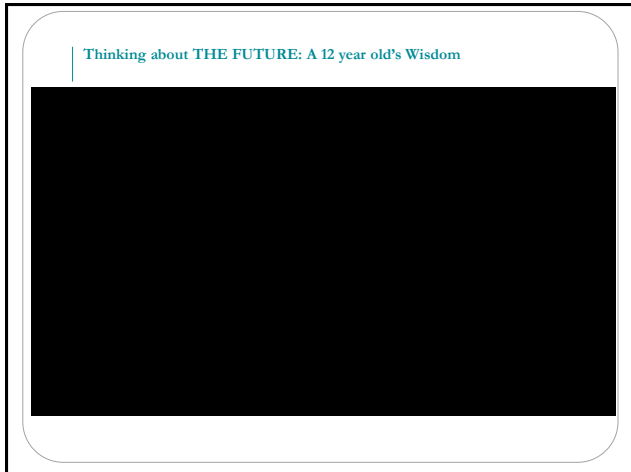
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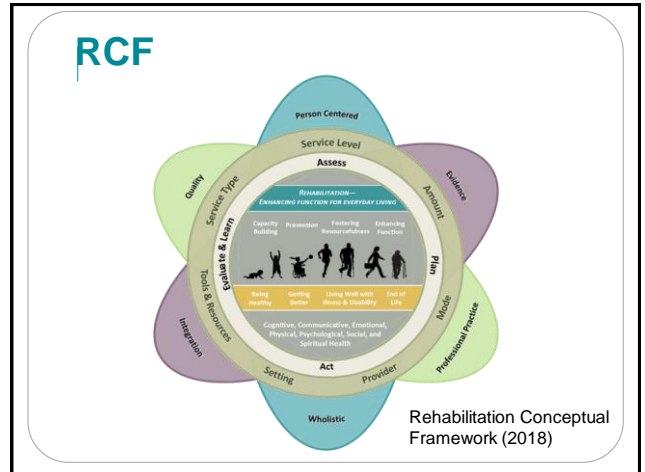
THANK YOU

FSCD Contact Information
FSCD Reception: (403) 297-7971
FSCD Intake: (403) 297-6022

12



5



6

1. Make "Rehabilitation is Everyone's Responsibility"
2. Build a Unified, Sustainable Provincial Blueprint for Rehabilitation
3. Optimize Patient Outcomes in the Community
4. Co-Design Integrated Services Through Effective Partnerships
5. Advance a Future-Ready Rehabilitation Workforce

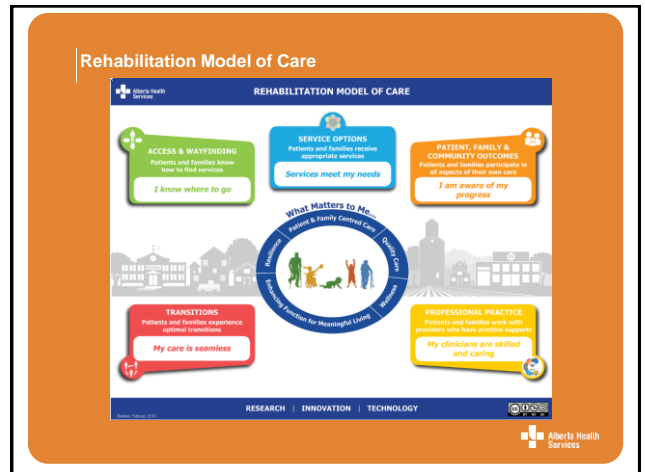
Strategic Directions

Rehabilitation Strategic Plan 2016-2019
AHS Provincial Rehabilitation Forum
March 2016

- Rehabilitation Strategic Plan 2016-2019 *Refresh underway!

Alberta Health Services

7



8

“See you in the huddle for further exploration!”

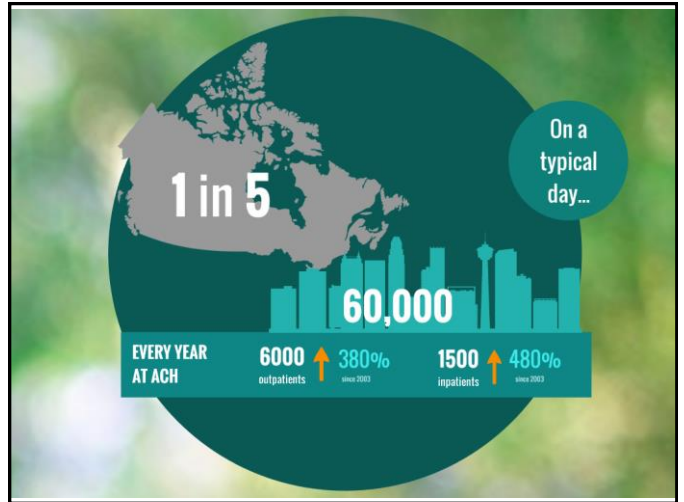


Laura.Benard@ahs.ca

Lisa.Warner@ahs.ca



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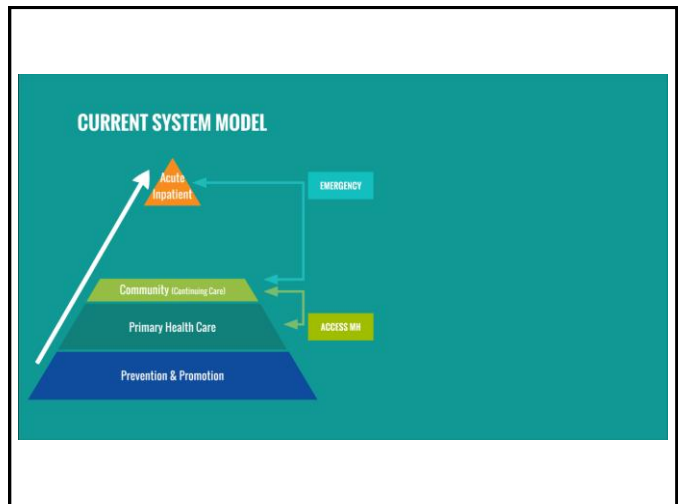


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ON A TYPICAL DAY

- **3 - 8 kids**
waiting to be admitted from Emergency to a Mental Health bed
- **3 - 4 kids**
occupy a bed that was not intended for mental health patients
- **50+% of kids**
who need help from Day Treatment Program can't get in due to lack of resources

3



4

Site Context



SITE CONTEXT

5

Consultation



6

Overview



7

View from Site Entrance



8

Concierge and Lobby Entrance



9

Walk-in Clinic



10

Living Room and Lobby Connection



11

Day Hospital Lounge




12

Day Hospital Play Space and Parkspace Connection



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Trauma-Informed Practice

Rhonda D. Williams, System Assistant Principal
Margaret Casey, Psychologist

Welcoming, Caring, Respectful and Safe Schools
Inclusive Learning: Supportive Practices

learning | as unique | as every student

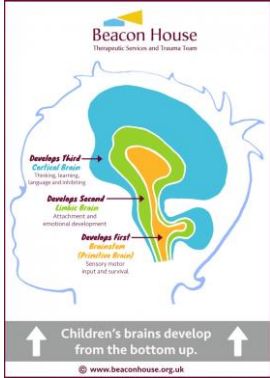


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Starting Point...



Beacon House
Therapeutic Services and Trauma Team

Develops Third →
Cerebral Cortex
Thinking, learning,
language and cognition

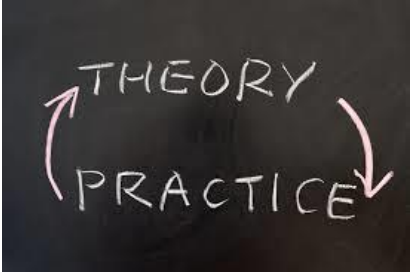
Develops Second →
Limbic Brain
Attachment and
emotional development

Develops First →
Brainstem
Sensory motor
input and survival

↑ Children's brains develop from the bottom up. ↑
© www.beaconhouse.org.uk

2

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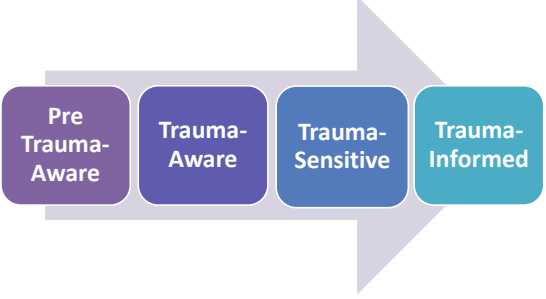


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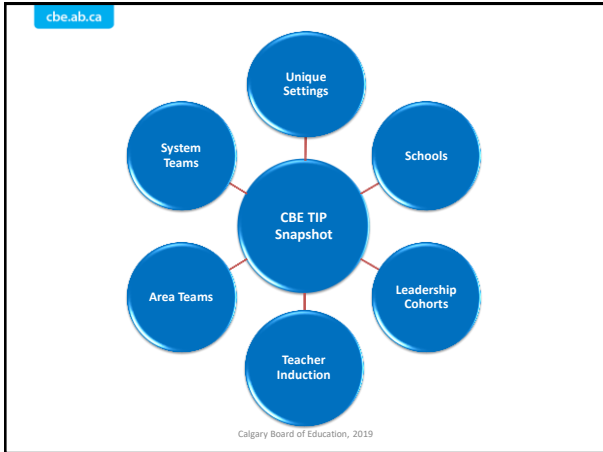
Trauma-Informed Practice Continuum



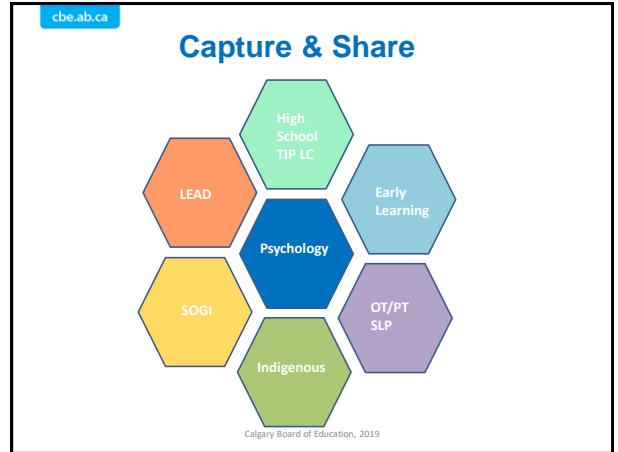
Pre Trauma-Aware Trauma-Aware Trauma-Sensitive Trauma-Informed

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High School Success Strategy 2018-21

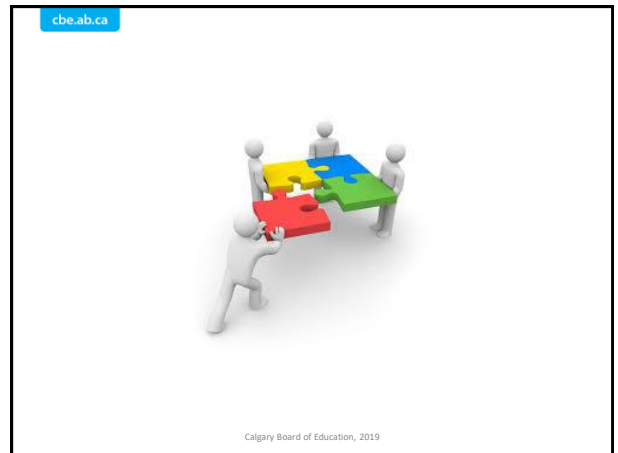
Key Actions

Key Actions 2018-19

- Extend instructional design practices that include outcomes-based assessment through:
 - professional learning networks.
 - responsive and distributed leadership.
- Communicate a continuum of flexible practices that allow students to be known and their learning/life goals to be supported and enriched.
- Expand and communicate opportunities for student voice/choice/leadership.
- Extend and share trauma-informed practices through the high school success learning collaboratives.
- Develop transition processes for students to enter, transition through and finish school their way.
 - strengthening career development opportunities.
 - increasing access to unique pathways including dual credit.

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NCTSN The National Child Traumatic Stress Network

A learning collaborative approach sets the stage for addressing a variety of issues, and builds a foundation for designing, implementing and testing innovations

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SCOPE

The scope of practice is not necessarily separate, discrete spheres of activity

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Essential Components

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Content	<ul style="list-style-type: none"> Neurobiology of Trauma Resilience Toxic Stress Executive Function ACES
Process	<ul style="list-style-type: none"> Implementation Guidelines PD Guidelines Human Centered Design: PDSA Progressive Student Discipline
Skill Sets	<ul style="list-style-type: none"> Observe-Regulate-Do Collaborative Problem Solving Reflective Listening Regulation Strategies

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Sample Lessons Learned

- **Intentional Approach:** small steps/tests that are appropriate to the context and the needs of staff and students then building on initial successes
- **Changing paradigms:** Schools that allow the work to evolve over time seem to recognize greater impact than schools that move to quickly to make change happen
 - Slow is Fast
 - Context Driven
 - Process is Key
 - Leveraging Change Agents

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Thank you!

learning | as unique | as every student



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High School Success Strategy 2018-21

Conditions for Success
Alberta Education Working Forward with High School Redesign (HSRD) highlights conditions for student success. Through the HSRD process the Calgary Board of Education aligned to these conditions:

Principles

- Designing personalized learning for students through professional learning/networks in schools and districts.
- Supporting innovation and teacher practices.

School Leadership

- Building school leadership teams that collaboratively interpret their response to the principles of High School Redesign including personalization, flexibility and studentism.
- Designing culture, structure based and evidence informed practices that accelerate student learning.

School Culture

- Creating a welcoming, caring, respectful and safe learning environment.
- Creating ongoing opportunities for student agency/voice/leadership.
- Engaging with partners around shared goals for student learning and career development.

School Structure

- Connecting and making visible the school practices that reflect the principles of high school redesign.



Key Actions

Key Actions 2018-19

- Embed technical design practices that include outcome-based assessment through professional learning networks.
- Engage and build capacity of school leaders that allow students to be heard and their learning goals to be supported and met.
- Equip and empower opportunities for student voice/leadership.
- Embed and share success informed practices through the high school success learning collaboration.
- Develop teacher practices for systems to create, sustain through and track school their way, strengthening career development opportunities.
- Investing in teacher learning pathways including dual credit.

Key Actions 2019-20

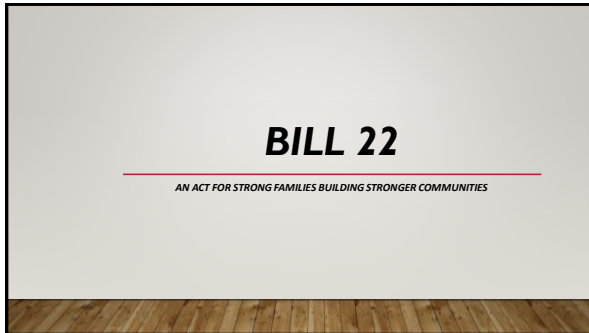
- Continue to set and track school action.
- Continue to build and assess of personal implementation strategies.

Key Actions 2020-21

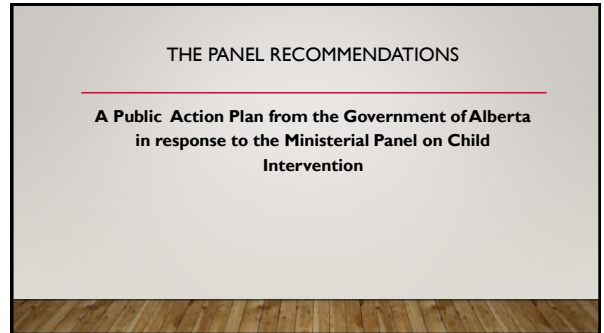
- Continue to build and assess of personal implementation strategies.

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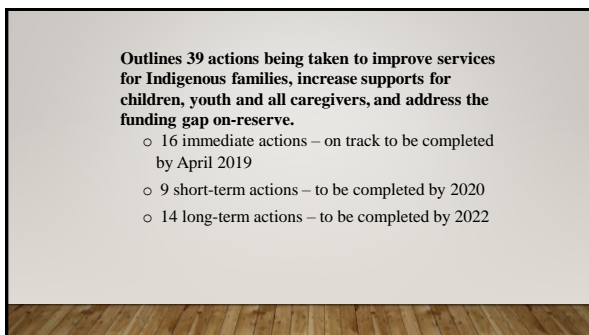
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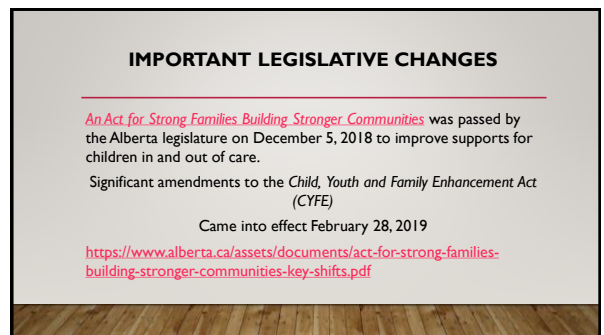
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AN ACT FOR STRONG FAMILIES BUILDING
STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Improved court access

- For the first time, First Nations will be formally notified whenever an application for private guardianship is made for a child member of their Band. Currently, First Nations have no formal role in court processes involving member children.

5

AN ACT FOR STRONG FAMILIES BUILDING
STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

New guiding principles

- Guiding principles will be added to the *Child, Youth and Family Enhancement Act* to help protect child safety and well-being. This includes a principle making Indigenous involvement a fundamental component of the system.

6

AN ACT FOR STRONG FAMILIES BUILDING
STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Closing loopholes

- All guardianship applications for children in care will be made under the *Child, Youth and Family Enhancement Act (CYFEA)*, which requires a mandatory home study and cultural connection plan, and is designed to meet children in care's needs. These applications were previously also made under the *Family Law Act*.

7

AN ACT FOR STRONG FAMILIES BUILDING STRONGER
COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Transparent public reporting

The new legislation will also create strict public reporting requirements designed to make the child intervention system more transparent and accountable.

Once the legislation comes into force, the Minister of Children's Services will be responsible for meeting strict reporting requirements. This includes publicly reporting:

- Every death, serious injury and serious incident within four days.
- Key statistical data.
- Findings and recommendations of designated reviews within one-year of the incident.
- Responses to external recommendations or any other reports.

8

AN ACT FOR STRONG FAMILIES BUILDING STRONGER
COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Expanded financial supports

- Financial supports for permanency help pay for counselling, respite care, transportation and other important services. Currently, this funding is disrupted or cut off when a child's guardian changes. Under the new legislation, these supports will stay with the child to provide the help they need.

9

AN ACT FOR STRONG FAMILIES BUILDING
STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Improved decision-making

- New, mandatory decision-making criteria will help courts, caseworkers and others make better decisions about child safety and well-being.
- Currently there are 16 matters that should be considered in all decisions. Under the new legislation, these will be reduced to 13 mandatory matters that must be considered in every decision made to support a child receiving services. This includes considering every facet of safety and well-being, including family and cultural connections
- <https://www.alberta.ca/assets/documents/child-safety-well-being-guiding-principles.pdf>
- <https://www.alberta.ca/assets/documents/child-safety-well-being-matters-consider.pdf>

10

AN ACT FOR STRONG FAMILIES BUILDING
STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Stronger focus on safety

- Increased emphasis on safety will ensure that it's always a top priority for courts and caseworkers and a child's safety and well-being are considered holistically.

11

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STRONGER COMMUNITIES
PART OF THE PUBLIC ACTION PLAN

Mandatory all-party reviews

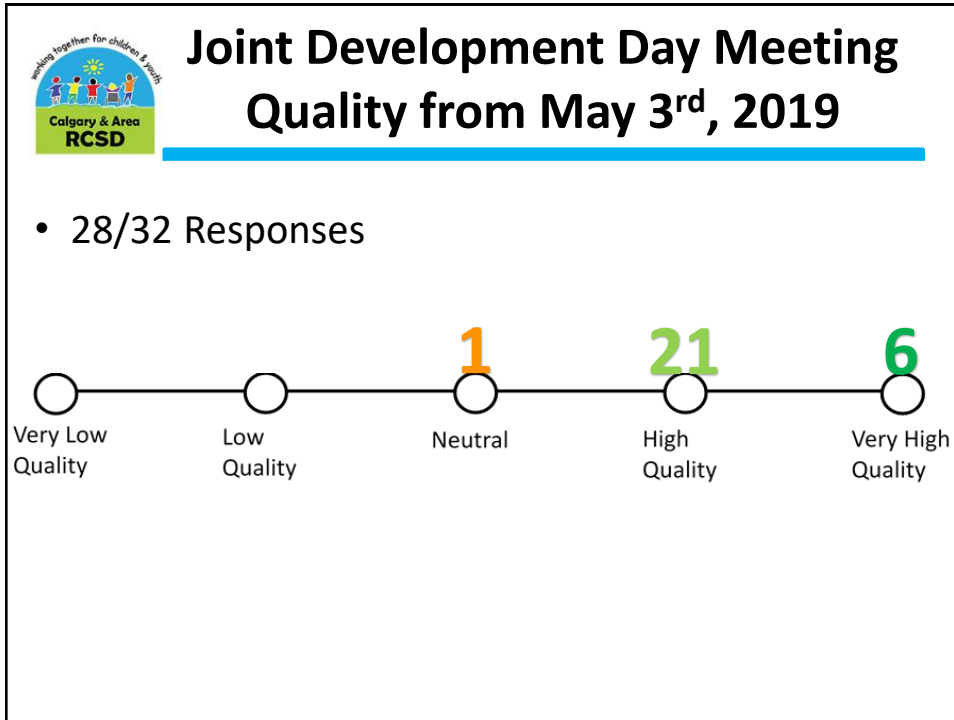
- Mandatory all-party reviews will occur every five years to make sure that CYFEA is still meeting children's needs.

12

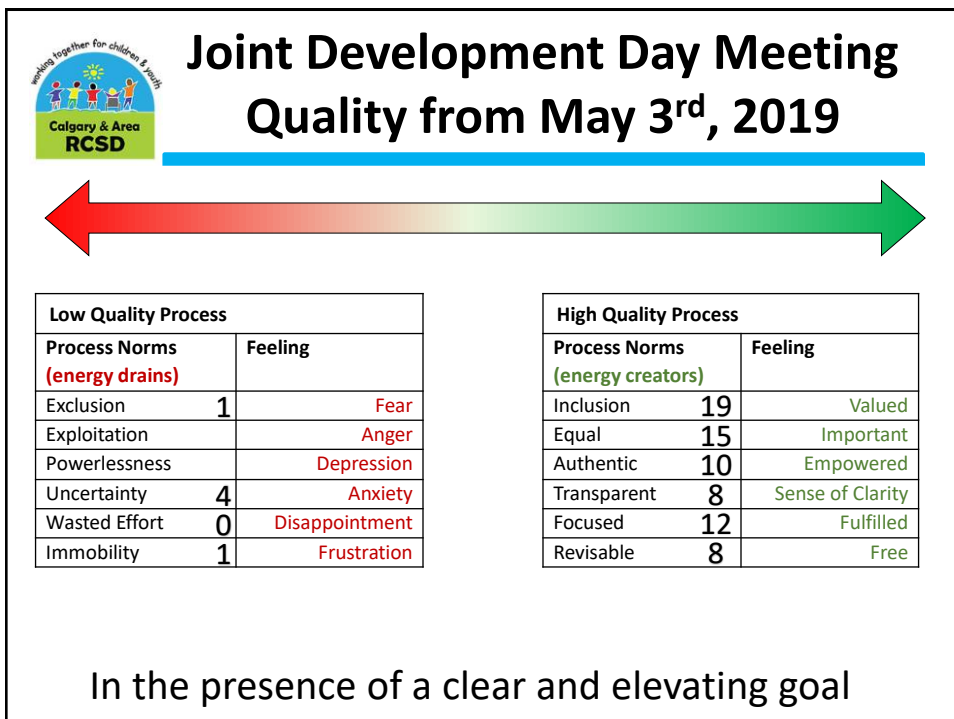
AN ACT FOR STRONG FAMILIES BUILDING
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QUESTIONS?

Appendix E. Meeting Process Quality Summary



1



2



What did you do to enhance and improve the quality of today's discussion process?

- Participation - questions, dialogue
- I think this larger group needs a constant stage set prior to data/evaluation report outs about why and how the info was gathered and from whom and reinforcement we are not relying on reporting "individual experiences" rather a data set using validated tools and processes
- I'd like to think I listened well while freely offering an opinion.
- Discussion/participation Thanks!

3



What did you do to enhance and improve the quality of today's discussion process?

- Being able to review the outcome Evaluation (maybe summary?) Felt like a massive amount of information without the ability to process from a bigger picture
Enjoyed the day Thanks to the organizers
- "Another great event Well organized and very informative"
- Engaged fully as possible, event when uncertain of the relevance
- Well engaged and willingness to share

4



What did you do to enhance and improve the quality of today's discussion process?

- Well organized!
- Participated in huddles, recorded information and presented
- More time to mull over the data
Can there be a follow up questionnaire/check in in a couple weeks and attendees have had more time to reflect on today's work and discussion
- More collaborative time and less talking at us
more emphasis on "now what"

5



What did you do to enhance and improve the quality of today's discussion process?

- The break out times and processes worked very well today - allowed for movement and energy and free flowing connection
- Ideas; ways to think and do differently; tried to share work that crosses our scope and boundaries
- Openly participated
Asked questions
Open to learning and changing
- Engaged in multiple discussions

6



What did you do to enhance and improve the quality of today's discussion process?

- Would have liked handout before hand
More focused
Uncertain as to how to go forward
- Connect with colleagues
Continue to deepen my understanding of RCSD and connections to the work of others
- Participated/listened
- Actively listened and participated.
Assumed the best of intention from others

7



What did you do to enhance and improve the quality of today's discussion process?

- Full participation
enjoyed the venue and lunch
thank you
- Great day
- Would have appreciated the outcome evaluation report before the meeting
- It was a great day
It should assist in more collaborative conversations

8