



**inclusion** POWELL RIVER SOCIETY

*"fostering a safe, inclusive community where everyone belongs and lives a good life"*

60 years of advocacy and support for people with diversabilities 1954-2014

# PERFORMANCE REPORT

Quality Improvement Report

*2014-15*

# Performance Report Overview

## About Performance Improvement

Inclusion Powell River completes a Performance Report each year to help guide our work. The findings from the report help us to highlight both our strengths and those areas where we need to put more attention. We explore our work in relation to the **effectiveness, efficiency, accessibility, and the stakeholder's satisfaction** with our programs. Each of our programs sets targets and tracks their efforts in these four areas throughout the year. Results of their efforts are reviewed annually and action plans are developed in response to the results. In some cases, where results are not providing the information needed or best practices or other environmental changes suggest a new direction then new targets are set. This annual process contributes to the continuous quality improvement of the work that our staff are doing, in our quest to offer the people we support the best service possible. Our ultimate goal is that the people we support have great lives.

## What's New from last year!

**Group Homes/ Residential Services** - The individuals living in our residential homes did not change this past year. We had a vacancy in one of our homes and all others have been at full capacity. The vacancy was filled on April 1, 2015. During the first months of the year we transitioned the new resident into the home by having her come for short stays. We do have an aging population in our homes and with that comes more serious and more frequent health issues with some of our residents spending time in the hospital. Fortunately all are back home at this time. In addition, we used a vacant group home (previously used for an individual with a HomeShare caregiver) to provide a home to one individual from Kamloops for 4 months last year and later for another individual in crisis.

This service achieved its effectiveness and efficiency goals this year and satisfaction results were on target at 76%.

**HomeShare/Residential Services** - At the end of March, 2015 we held 18 HomeShare contracts which is the same number of contracts at the end of March 2014. There were some changes in caregivers during the year as individuals chose to move or contractors gave notice.

This program exceeded its effectiveness targets The efficiency goal of improving the timeline for eligible new respite and fulltime caregivers to be available for replacements was not met and the process is taking longer than hoped for.

**Community Life Program** – 13 individuals continue to use this day program service located at Community Living Place. We have a few very long term clients that appreciate the familiarity and stability of this program and the range of interesting activities that keep them engaged and enhances their quality of life.

One effectiveness goal was not achieved, however the other was exceeded, as were the efficiency, service access and satisfaction goals.

**Community Inclusion (Supported Living and Acquired Brain Injury)** These dynamic programs constantly change as people's needs change. The 42 individuals accessing this program either live either independently, with family or with a HomeShare caregiver and in addition some receive 1-1 supports, based on their goals and needs.

This program achieved its effectiveness target with 14% of clients achieving their goals based on their individual service plans. The program did not however achieve its efficiency target which was to reduce staff turnover in the program to ensure contracted hours would be delivered. They achieved a 70% result on a target of 80%. Satisfaction targets were met at 76% satisfied. The service access goal was not adequately tracked for results to be reported.

**Employment Services** has seen a marked increase in individuals served with 48 clients now receiving supports. Employment Services exceeded its target in the areas of both effectiveness and customer satisfaction. They did not however meet their efficiency goals. ES set 2 efficiency goals. 1 was that people become independent in their jobs. They target 90% and achieved 56% which was a lofty but perhaps not achievable goal. The other goal was that people would maintain their job, once placed. They targeted 90% and achieved 81%. Both are excellent achievements. In addition, ES continues to have positive relationships with local employers. Survey results show 100% satisfaction. ES continues to deliver the federal Skills Link program for young adults with barriers, which is a broader criteria for access to services than developmental disability. We have had some great success in placing these individuals into employment and are hopeful there will be ongoing opportunity to deliver this program. The next session is scheduled to commence in September 2015. Employment Services is continuing to partner with SD#47 to develop a transition program for youth that will increase their employability.

**Child and Family Services** - There has been a dramatic increase in the number of children and families served this year, increasing from 286 to 359 children. Occupational Therapy, Supported Child Development and Family Support have increased the number of children and families served by supporting them in groups. Even with the high numbers, the data collected shows that these programs continue to deliver high quality services that are effective and efficient and families indicate that overall they are very satisfied with the services provided. We want to make sure that our services are family centered and meeting the needs of all families, with that in mind we plan to delve deeper to ensure that we are in communication with those who are dissatisfied as we believe that those that are not happy with the services don't always

share their concerns with us. We are discussing some new ways to survey for customer satisfaction. In addition, Tla A'min nation has indicated their interest in taking on their own Supported Child Development services. Our staff have supported and mentored them to reach this point. We expect that the New Year will bring some change in this area as we transition the Supported Child Development services to the Tla A'min community.

**Community Connector** - In response to the Quality of Life Survey results in 2012, together with Community Living BC we created a community connector role in the agency and are taking a different approach to ensuring that individuals with diverse-abilities have meaningful relationships and are well connected into the community. The connector is introducing individuals to others in community and assisting them to develop reciprocal relationships that are sustainable. We are excited to watch the success of this program in using the Asset Based Community Development methods to ensure that we support the community to be welcoming to a diverse group of individuals and to ensure the people we serve have friends. As this service is delivered very differently than our traditional programs we have been working with our partners from the Burnaby Association for Community Inclusion, posAbilities and Simon Fraser Society for Community Living to develop a more meaningful way of measuring the success or failure of the service. Since the end of March 2015 we have completed the interview process to be used in evaluation and expect to have results from that process by Sept. 30, 2015 both for Powell River and the other agencies.

**Better at Home** –Since April 2014 we have been providing services to seniors to help them stay longer in their own residence. These services include home visits, transportation for shopping, doctor's visits, etc. as well as basic housekeeping and lawn care. The majority of supports are provided by a group of volunteers plus some contracted services. The program manager is assisted by a volunteer advisory committee. We are now providing services to 51 seniors, with 19 volunteers and 3 staff. Outcomes measures and data collection are beginning for the 2015-16 year.

**Employees** - Our employee survey indicates 28% reduction in staff morale and job satisfaction and reduced confidence in senior management. They continue to ask for more recognition for the work that they do. There was no change in attendance at the staff and volunteer appreciation dinner from our staff group. We did however enjoy that there was a large contingent of volunteers at the dinner. We have since launched a new approach to managing employees called Accountability Based Management. We expect it will take us 2 years to fully implement this new and exciting approach to how we work together and are looking forward to improved results in our management practices that will be reflected in our staff survey results. In addition, the majority of our middle management employees will take on new status with regards to their union involvement. We expect this to impact their engagement with the organization and expect there will be a trickle-down effect.

### Summary of Child and Family Services Performance Outcomes

These programs are highly effective, efficient and the families are satisfied with the services.

	Efficiency					Effectiveness					Satisfaction				
	Target	2014-2015	2013-2014	2012-2013	2011-2012	Target	2014-2015	2013-2014	2012-2013	2011-2012	Target	2014-2015	2013-2014	2012-2013	2011-2012
<b>Supported Child Dev.</b>	<b>90%</b>	91%	87%	100%	96%	<b>80%</b>	82%	87%	88%	83%	<b>75%</b>	100%	100%	97%	75%
<b>Infant Develop.</b>	<b>90%</b>	100%	94%	95%	87%	<b>60%</b>	58%	62%	63%	57%	<b>75%</b>	96%	100%	93%	100%
<b>Occupational Therapy</b>	<b>80%</b>	100%	90%	100%	100%	<b>60%</b>	98%	67%	66%	Direct 71%	<b>75%</b>	83%	100%	86%	83%
<b>Physiotherapy</b>	<b>80%</b>	80%	92%	90%	82%	<b>75%</b>	81%	81%	80%	Direct 81%	<b>75%</b>	100%	100%	100%	100%
<b>Family Support</b>	<b>75%</b>	95%	66%	79%	74%	<b>35%</b>	61%	72%	81%	67%	<b>75%</b>	95%	100%	No data	91%
<b>Fetal Alcohol Spectrum</b>	<b>90%</b>	100%	95%	89%	n/a	<b>50%</b>	33%	72%	75%	Direct 64%	<b>75%</b>	75%	100%	100%	No data

**Summary of Adult Services Performance Outcomes**

These programs are highly effective, efficient and the families are satisfied with the services.

	Effectiveness					Efficiency					Satisfaction				
	Target	2014-2015	2013-2014	2012-2013	2011-2012	Target	2014-2015	2013-2014	2012-2013	2011-2012	Target	2014-2015	2013-2014	2012-2013	2011-2012
<b>CLP</b>	<b>100%</b>	88%	100%	88%	100%	<b>3/8%</b>	100%	18%	6%	0%	<b>75%</b>	76%	100%	100%	78%
<b>FSLC</b>	<b>90%</b>	88%	100%	100%	100%	<b>30%</b>	100%	18%	23%	6%	<b>75%</b>	76%	67%	No data	64%
<b>Community Inclusion</b>	<b>75%</b>	100%	62%	76%	92%	<b>2/80%</b>	70%	88%	78%	2%	<b>75%</b>	76%	83%	90%	89%
<b>Homeshare</b>	<b>90%</b>	94%	76%	83%	63%	<b>5%</b>	21%	No Data	Changed indicator 30%	7%	<b>75%</b>	76%	100%	89%	97%
<b>Employment Services</b>	<b>90%</b>	100%	100%	100%	100%	<b>90%</b>	41%	63%	48%	47%	<b>75%</b>	100%	90%	96%	100%
<b>Group Homes</b>	<b>100%</b>	100%	100%	100%	97%	<b>50%</b>	No Data	50.1%	46%	46%	<b>75%</b>	76%	75%	75%	77%
<b>Supported Living</b>	<b>75%</b>	100%	63%	80%	80%	<b>80%</b>	70%	88%	78%	11%	<b>75%</b>	76%	67%	90%	77%

## **Community Living BC Contracted Outcomes are as follows:**

1. Emotional Well Being
2. Inter-personal Relations
3. Physical Well-Being
4. Self Determination
5. Social Inclusion
6. Rights

inclusion Powell River uses its survey questions to identify how we are doing with regards to the outcome requirements of our contracts with Community Living BC. We hire a self-advocate to administer the survey and ask participants for their feedback. This provides us with a high response rate so it is a practice we will continue. The survey will be done in January of each year. It includes clients, families, caregivers and stakeholders. We are pleased to report that our measurements show a high level of success and that the people we support and their families feel they are doing well in the areas identified.

## **Successes & Key Actions Taken Based on Last Year's Feedback and Action Plans**

1. Program Managers have made great strides in ensuring individual support plans are up to date for the adults they serve. Additionally goals for all clients have been reviewed this year and written in the SMART goal format. Managers will enter data on Person Centered Plans in a timely manner.
2. Each of the Child and Family Services Programs uses a unique method to reach families in an effort to increase the response rate to their surveys and get more meaningful feedback. We are going to use the practice that adult services use and do interviews to try to increase the response rate to the survey.
3. Program Managers are supporting their employees to review client goals regularly and report on progress as it occurs. Our new information management system (Sharevision) is designed to improve the accuracy of reports on goal progress.
4. The agency continues to provide networks for 2 individuals but have been unsuccessful in finding more volunteers to facilitators for others interested. We will be trying some new approaches in the fall of 2015. Our community connector is working with 12 individuals with diverse-abilities to ensure they have meaningful relationships and are well connected into the community. The connector introduces individuals to others in community and assists them to develop reciprocal relationships that are sustainable. We are excited to watch his success in using the ABCD method of practice and are currently doing an evaluation of the program.

5. Better at Home provides supports to seniors to enable them to live longer in the own residence and the majority of the services are provided by a volunteers. This program has grown dramatically and currently we have 19 volunteers and 51 seniors receiving support. There is huge potential for expansion of this program as there appears to be a growing interest in using this service.
6. Adult Residential Services is focusing on SMART goals and the percentage achieved each quarter for their effectiveness measure. The measurement is that every client in residential services will have 2 goals that are measurable.
7. Inclusion Powell River through its Employment Services program has completed a position paper in partnership with School District #47 which has been presented to various Provincial ministries and other funders recommending the implementation of a new curriculum to address the educational requirement of high school students with challenges. This recommendation is a follow-up to a pilot called Wired for Success that was undertaken in 2012 and will be offered again this September. This program has been proved very successful, resulting in several employment options for those who participated. The objective is to provide young adults with the skills and opportunities to live more independently upon graduation.
8. Employment Services is a member of a number of provincial working groups that are exploring innovative ways of creating employment opportunities for the people we serve. For example we work with the BC CEO Network Employment Services Working Group and have joined with a Vancouver organization called Communication Behavior Instruction (CBI) in their Self-Determination project for youth. We have also expanded the services provided under the Employment Program of BC to provide a broader base of supports for our clients. Inclusion Powell River works collaboratively with Model Community Project, sharing resources and providing services to the community.
9. In addition to the usual required training that we provide that is necessary to support our clients, our Program Managers attended training relevant to their management work this year. Several Managers attended a seminar on progressive Discipline and Accommodation in the Workplace. All Managers and Coordinators have Accountability Based Management training which will be our focus for 2015-2016. We continue to provide MANDT Training to all staff working with individuals with challenging behaviors. We also used our Positive Behavior Support (PBS) training with the Communication Behavior Instruction Co. (CBI) and continue to see a reduction in the number of Critical Incidents as a result of this practice.
10. The agency has two General Staff meetings per year to share important agency information with our employees and to get feedback from them that will help us with continually improving our services. All Directors attend these meetings. The turn outs for these meetings are often small at about 20 people per session. They are good discussions and we continue to provide staff with this opportunity to learn more about the larger context of the organization, offer feedback and ask questions.

## **Key Plans for Further Improvements for 2015-16 (See individual program reports for specific action plans)**

1. Supported Child Development's Summer Enrichment program will offer 6 weeks this year rather than four of inclusive programming for 3-5 year olds.
2. Supported Child Development will review and edit the orientation information for centres before distribution in September.
3. SCD is adding content to the website once per month to keep it current. Coordinators will do a mail out by August directing families & community to the website. SCD pamphlet has been updated and is awaiting printing.
4. Infant Development will ensure Continuity of Infant Massage while transitioning consultants and facilitate a child's program every other month at Family Place & on Orca Bus to ensure continuity of Infant Massage while transitioning consultants.
5. Early Intervention Occupational Therapist and the Physiotherapist will change its measurement to track wait time from referral to start of service because waitlist and consequently wait time for ongoing treatment has increased and both programs want to monitor this in terms of service accessibility.
6. Family Support Services - Target % of caseload involved in peer group activities supporting skills development will increase to 80%. Family Support staff will offer a sports drop-in over the summer. Spring break camps will continue to take place. 4. Practicum student will host drop in group
7. Community Living Place day program for adults will improve service by reviewing each client's S.M.A.R.T. goals quarterly or as frequently as the individual requires a review.
8. Community Living Place day program will coach staff to seek feedback from clients and families as a great opportunity to improve services.  
Community Inclusion & Supported Living Program Manager will review client goals with staff at regular check-ins to ensure that goals continue to be meaningful to the client and to monitor progress.
9. Employment Services Program will ensure work trials, work experience and other experiences will be used for all new job seekers to test abilities and suitability of jobs.
10. Employment Services Program will work with employers to set up natural supports for every new employee within 6 months.
11. HomeShare Program will set up at least one training opportunity for contractors offering HomeShare to our clients.
12. HomeShare Program Manager has set a new efficiency target to measure the time required to complete paperwork and orientate new contractors.
13. Residential Services has challenges providing continuity of service due to a high number of staff changes. We would like to improve the consistency of staff in order to improve the quality of service to clients. Payroll will provide reports that track all unplanned absences. Staff will be made aware of the affects this has on the agency and individuals we serve.

## Section ONE: Introduction

### About inclusion Powell River:

#### Numbers Served: April 1, 2014 to March 31, 2015

Adults	2014-15	2013-14	2012-13	2011-12	2010-11	Children & Youth	2014-15	2013-14	2012-13	2011-12	2010-11
At start of year	149	105	102	107	112	At start of year	286	225	245	246	213
New to services	32	7	10	8	1	New to services	140	69	64	79	91
Total served	181	111	112	115	113	Total Served	453	356	309	325	304
Completed all services or left for other reasons	20	4	7	13	6	Completed all services or left for other reasons	98	70	84	80	58
Remaining at year end	161	108	105	102	107	Remaining at year end	359	286	225	245	246

*Adult Services starting number jumped from 108 to 149 from 2014 -2015 to include Better at Home Seniors data.*

**Staffing** - On average we have approximately 198 staff (including full time, part time and casual employees) which translates to 103.17 Full Time Equivalents (FTEs). This is up 1.03% from last year where we saw a decrease of .01% from 2013-14 figures. Continued service changes have contributed to the change in staffing levels.

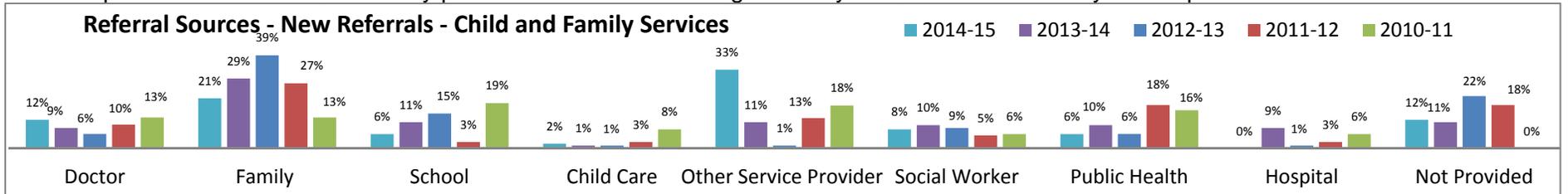
2014-2015	103.17 FTEs	2013-2014	100.09 FTEs	2012-2013	101 FTEs	2011-2012	95 FTEs	2010-2011	108 FTEs	2009-2010	130 FTEs
-----------	-------------	-----------	-------------	-----------	----------	-----------	---------	-----------	----------	-----------	----------

**Funding Sources/Finances** – inclusion Powell River continues to rely primarily on funding from government to operate its range of services. Income from other sources increased from 9.5% to 11% this year. Over this last fiscal year, IPR’s revenue had an increase of 5% overall compared to last year’s increase of .03%.

#### **Referral Sources:**

**Adult Services:** Referrals for all Community Living Services funded through CLBC are managed by CLBC directly with requests for service held regionally. Families can self-refer if they are purchasing their services with their own resources. Referrals also come from Vancouver Coastal health for persons with Acquired Brain injury and seniors self-refer.

**Child and Family Services:** Referrals for most of the children’s services programs can come from any source and frequently come from doctors and other professionals as well as the Ministry for Children and Family Development (see chart below). All services except the Powell River Community preschool are funded through Ministry for Children and Family Development.



## Section TWO: Demographics

### ➤ Age Distribution Among Those Served

	Birth to 3	4 to 5yrs	6-12 yrs	13-18yrs	19-24 yrs	25-44 yrs	45-64 yrs	65+	Not specified
2014-15	20%	13%	24%	9%	4%	10%	10%	6%	4%
	Birth to 4	5 to 9yrs	10-19 yrs	20-24 yrs	25-44 yrs	45-64 yrs	65+	-----	Not specified
2013-14	17%	38%	8%	4%	13%	13%	6%		
2012-13	21%	25%	23%	5%	11%	11%	5%		
2011-12	33%	28%	13%	4%	9%	10%	4%		
2010-11	21%	33%	12%	4%	12%	13%	5%		
2009-10	25%	28%	9%	7%	16%	11%	4%		
Census 2011	4%	4%	5%	4%	18%	35%	23%		

Inclusion Powell River continues to work with a larger proportion of the population in the years from birth through to age 9 as part of their early intervention programs. Programs for the population ages 10 and above are targeted towards those who have a developmental disability and represent a significantly lower proportion of the general population.

### ➤ Gender

	Youth Females (< 19)	Youth Males (< 19)	Adult Females (> 19)	Adult Males (> 19)
2014-15	36%	64%	37%	63%
2013-14	36%	64%	36%	64%
2012-13	38%	62%	35%	65%
2011-12	37%	63%	35%	65%
2010-11	41%	59%	30%	70%
2009-10	38%	62%	30%	70%
Census 2011	48%	52%	52%	48%

Across both child and youth and adult services, inclusion Powell River serves a larger proportion of the overall male population than they do female. This trend has been evident for the last 4 years.

### ➤ Marital Status (Adults)

	Single	Married	Common Law	Divorced/Separated	Widowed	Not Known	Child/Youth
2014-15	26%	1%	3%	0%	0%	13%	56%
2013-14	92%	1%	4%	2%	0%	2%	
2012-13	94%	1%	3%	2%	0%		
Census 2011	28%	46.4%	11.3%	8.5%	5.7%		

Compared to the general population, adults served through inclusion Powell River are primarily single.

➤ **Ethnicity among adult population**

	Aboriginal	Caucasian	Asian	Other	Not specified
2014-15	8%	33%	1%	6%	52%
2013-14	9%	76%	1%	6%	8%
2012-13	10%	77%	1%	4%	9%
2011-12	8%	79%	1%	4%	8%
2010-11	9%	85%	1%	N/A	5%
2009-10	9%	80%	1%	N/A	10%

When system transferred to Sharevision V3 ethnicity was not accurately entered, data will be adjusted for the 2015-2016 year.

➤ **Employment Status among adult population**

	Not seeking work	Not Employed and Seeking Work	Employed PT and seeking more work	Employed Part-Time	Employed Full-Time	Not Reported
2014-2015	38%	11%	13%	21%	1%	16%
2013-14	45%	8%	16%	11%	1%	16%
2012-13	42%	13%	13%	26%	1%	4%
2011-12	41%	16%	13%	23%	1%	6%
2010-11	51%	11%	10%	28%	2%	0%
2009-10	35%	17% Reported as 1 section previously		28%	4%	17%

Employed numbers have increased this year. Of those responding, unemployed numbers are down marginally, with employed part-time and seeking more work showing a marked drop.

**Child and Family Services**

	Delay	At Risk	Behaviour Issues	FASD	Autism	Speech	Physical Disability	Premature Birth	Family Concerns	Other	Not Reported
2014-15	3%	2%	0%	5%	5%	0%	3%	3%	0%	50%	29%
2013-14	1%	0%	3%	3%	0%	2%	2%	2%	1%	11%	2%
2012-13	13%	9%	19%	5%	3%	0%	6%	4%	3%	23%	18%
2011-12	20%	12%	8%	4%	2%	5%	9%	6%	2%	14%	17%
2010-11	25%	18%	4%	4%	N/A	7%	10%	13%	6%	13%	6%

## Adult Services

	2014-15	2013-14	2012-13	2011-12	2010-11
Physical Disability	23%	25%	25%	25%	31%
Mental Health	11%	11%	11%	10%	7%
FASD	4%	7%	9%	6%	6%
Autism	12%	8%	14%	12%	12%
Brain Injury	3%	4%	4%	4%	5%
Not Specified	16%	-	-	-	-
Other	31%	-	-	-	-

98% of adults served have a developmental disability.  
 61% report a secondary disability as shown in the chart here  
 \* More than 1 secondary disability may be reported

## Section THREE: 2014-2015 Child and Family Services

**Legend for All Child and Family Services Program Efficiency Measure:** Direct Services = Activities specific to an individual child & family including face to face and phone , meetings, advocacy work, reports, letters & phone call to professionals and/or others, overall case management etc Support Services- Staff pro-d, program planning, staff supervision & scheduling, administration and other related tasks Community Development - Community Education, presentations, info displays, program marketing etc ..

### 1.) Supported Child Development

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Effectiveness</b>	Children on caseload are engaging in inclusive activities within child care and peer group settings	% of children receiving extra staffing support involved in inclusive child care or peer groups	Inclusive settings = settings where children requiring extra support are engaged with same aged peers	90%	63%	Children on caseload receiving extra staffing support in preschool and daycare settings, Children 6-12 attending Kids Kreate Program 1x per week for 7 weeks. Children 3-5 attended Enrichment Program 2x per week for 7 weeks. For the final quarter this year the Kids Kreate age range was changed to 5-12 to continue service for children remaining on caseload who are now in Kindergarten. 3-5 year olds in preschools and daycare currently being served in 8 different centres. Adjusted staffing schedules to accommodate 5 children requiring additional staffing support.	I will check to see whether all Inclusion audits have been entered for all the months.	New children coming on caseload will be offered the opportunity to attend Kids Kreate to engage in inclusive activities for 6-12 year olds
<b>Effectiveness</b>	Children on caseload are engaging in inclusive activities within child care and peer group settings	% of time each child spends engaged in activities with their peers within child care settings		80%	97%	Staff are routinely using Inclusion audits to track time children engaged with peers, and we are in the process of reviewing the audits to see if we can make any improvements.	Exceeding expectations; will continue the same plan.	Summer Enrichment program will offer 6 weeks this year rather than four of inclusive programming for 3-5 year olds.

**1.) Supported Child Development (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	Maximize satisfaction with services	% of centre operators and other stakeholders who indicate satisfaction	All centre operators who have children placed in their centres will be invited to give feedback on the service each year	75%	86%	Coordinators reviewed and edited orientation documents to ensure language is more clear. Met with centres in September to review the materials for orientation. Reviewed and made changes to services for children in two centres. Reviewed the need for changes with centres to extend our ability to provide service to new and existing children on caseload. Annual Survey was taken directly to centres currently using SCD services. The number of responses returned increased as a result.	Ensured all centres received the annual survey personally from support staff.	SCD will review and edit the orientation information for centres before distribution in September.
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to children by front line staff		80%	89%	Tracking reviewed at staff meeting by using a random question game. Discussed at staff meeting in regards to SV3 and ComVida changes. Provided all SCD staff with new timesheet templates, corrected errors in calculations. SCD staff are currently using SV3 to track all direct and indirect support to families. Questions are still arising on how tracking needs to be done; several changes to the SV3 program were requested and made to streamline the process.	Exceeding expectations.	Review tracking with staff 2x per year at SCD staff meeting; make it an activity.

**1.) Supported Child Development (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to families by program coordinators		25%	30%	Staff were oriented to SV3 and began entering information. Staff are using SV3 to track service to children using CF Case notes. By the third quarter Staff are solely using SV3 to track service. Still working out some bugs with the system, and updating staff to any changes required in reporting. SCD Coordinators have a monthly tracking system in place to ensure that all families are being contacted monthly. Many are contacted more frequently than this	Exceeding expectations	Use new V3 system to track these hours
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	%of time spent on support services by front line staff		16%	6%	During the first quarter the tracking system was being worked on. By the second quarter Tracking on SV3 was being completed; some questions have arisen and are being addressed to ensure tracking is done efficiently.	Will look at how this is being tracked and revise if necessary.	Develop new system for tracking these hours on V3
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	%of time spent on support services by coordinators		50%	38%	Coordinators still using the current stats forms; looking at ways to track this on SV3, Coordinators started doing timesheets differently; looking for ways to track in SV3.	Will look at how this is being tracked and revise if necessary.	If V3 system for tracking this measure is not found, consider a new measure for assessing program efficiency

**1.) Supported Child Development (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	% of front line worker time spent doing community building		4%	5%	ECE Senior still using current Stats measurements, but now using SV3 for reporting daily planning.	Exceeding expectations- we actively seek community events for staff to represent SCD	Use new forms on Sharevision to track this activity
<b>Efficiency</b>	An optimum balance is maintained between direct services to children and their families and those activities that complement and enhance these direct services	% of coordinator time spent doing community building		25%	31%	Laura presented Ethics training to 8 ECEs, Participated in Ages & Stages Fair, and sit on both Building Blocks committees, ECEBC memberships and executive committee, liaison with VIU to support ECE program in Powell River with Alison Taplay; Laura is chair of Ages & Stages committee this year, Laura presented "Child Care: Business Matters" workshop to local preschool/daycare operators; Jeanie assisted at the Sliammon Kindergarten Health Fair. Laura is currently working on the Ages & Stages event coordination in addition to current committees.	Exceeding expectations	Increase our community building activities through workshops; Ages & Stages, training with centre staff

**1.) Supported Child Development (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	Maximize satisfaction with services	% of families who indicate satisfaction		75%	100%	Blog type info added to the new website. Brochure distribution happening through Steps to Employment. Created a Kids Kreate specific questionnaire and handed out to parents. Several have been returned. Kids Kreate questionnaires were being compiled by the 4 <sup>th</sup> quarter.	Exceeding expectations	<ol style="list-style-type: none"> <li>SCD is adding content to the website once per month to keep it current.</li> <li>Coordinators will do a mail out by August directing families &amp; community to the website.</li> <li>Pamphlet has been updated and is awaiting printing.</li> </ol>
<b>Service Access</b>	Individuals referred to services will receive a prompt response	Average # of days between referral and first contact for all individuals who have been referred	Days from initial referral to the first contact with the family by an SCD consultant.	30%	28%	Referrals are handled in a timely manner, reviewed weekly	Exceeding expectations.	<ol style="list-style-type: none"> <li>SCD has created a binder with monthly Stat information, handed in one week prior to due date. This is located in Secretary's Inbox.</li> <li>Continue to handle referrals in a timely manner; coordinators review and discuss each Monday.</li> </ol>

## 2.) Infant Development Programme

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Effectiveness</b>	Families will have made progress in meeting short term goals (based on concerns or needs identified at initial intake and every subsequent 6 months)	% of short term goals identified will have been met within 6 months of setting them.	Family goals are tracked on CF goal forms and can be monitored from the program page	90%	58%	IDP staff have begun using the new goals tracking system on the new Sharevision., IDP now tracking family and developmental goals on sharevision. Coordinator reviewing each child's goals every quarter. Review of goals at the end of the quarter. Kara and Yumi attended meaningful goal setting workshop in December. IDP continue to track goals on sharevision. Staff are planning to review goals not achieved in the spring to determine the reason why goals have not been achieved within 6 months	We began tracking our developmental goals as well as our family goals using the new sharevision. Kara was also absent from work unexpectedly in February and had someone start to cover in March. Upon return to work she was working mainly in another program. We would like to continue to track this year with the same target and take some time to analyze after we see the 6 month results.	We will continue to support families to meet their goals. We will support each other's learning to ensure family goals are still met and tracked on V-3. We will include 5 things parents should know in our binders for all new families.
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent doing community building	Community Building: Community Education, presentations, info displays.	10%	18%	Parent Child Mother Goose session was facilitated this quarter. Roots of Empathy continued in 2 classrooms. Program could not be completed this year due to teacher strike. The IDP program went on the ORCA Bus. The Ages and Stages event happened in May. Infant Massage began in September. Hosted potluck with new Douala's and Midwives in town. Began prep and planning for ORCA bus, Sign with your baby, Roots of Empathy, and Mother goose., Mother Goose ran a 12 week session. Sign with your baby ran 2 week session. Sleep and your baby workshop, ORCA bus program, ROE started in 2 classrooms. Roots of Empathy was running 2 sessions at Kelly Creek school in January and February. One class is K/1 split the other is gr.7. Class. Mother Goose began on February 7 and runs for 8 weeks.	We have been doing the Roots of Empathy Program this year in 2 classes which happens for 27 weeks. This would account for the increase in time spent doing community support hours. There was a decrease at the end of the year as Kara was away for 2 months and not instructing the Roots of Empathy program.	Plan ROE 1-2 sessions 2014-2015. Facilitate Parent Child Mother Goose and Sign with Baby. Follow through with planned activities with Connecting Pregnancy and the BOND programs

**2.) Infant Development Programme (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to families	Direct Services : All activities specific to an individual child and his/her family including face to face and phone contact, meetings, advocacy work, reports, letters & phone call to professionals and/or others involvement, overall case management etc	60%	60%	Continue to carry caseload of 40+ children. Began implementation and practice of DAYC 2 assessment with families. Weekly playgroup continued. 3 new referrals and 1 discharge. New Consultant supported in learning home visit strategies and intake/discharge/assessment procedures. Weekly playgroup well attended Nov/Dec 8 new referrals, 5 accepted, 3 referred late December, 7 discharges. Playgroup has not been well attended February/ March. 3 referrals were made to the program, 1 intake was completed, and 3 children were discharged.	We are right on target for direct service and are currently carrying a caseload of 43.	Continue to maintain emphasis on direct service
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on support services	Support Services - Staff pro-d, program planning, staff supervision & scheduling, administration and other related tasks	30%	22%	Support services time spent prep for playgroup, prep for community based programs, and prep for bi weekly staff meetings. Orientation of new IDP consultant completed. IDP Consultants planned Staff Strategic planning day in September. Yumi and Kara attended Goal setting workshop. IDP staff are now having longer staff meeting once a month. Support service is spent prepping for community programs and group prep.	The extra time used in community development was taken from support service time.	Continue emphasizing community development - Ensure Continuity of Infant Massage while transitioning consultants and facilitate a child's program every other month at Family Place & on Orca Bus

**2.) Infant Development Programme (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	Maximize satisfaction with services	% of families who indicate overall satisfaction with services received	Satisfaction results need to be compiled from all sources including: Annual surveys with all families on caseload, discharge surveys with those who complete service during the year, and post service surveys conducted each fall with families who left service the previous year	75%	100%	Play Group picnic was hosted in June. We collected 10 surveys from parents. The team discussed conducting a new survey to families to identify some ways to increase playgroup attendance.	We feel that our families are satisfied with our service as is suggested by the surveys. The information came from the playgroup survey and the discharge surveys.	We have collected 10 surveys this picnic day and will continue to collect from all new participants in the summer playgroup. Our Goal will be to collect 25% of our case load.
<b>Satisfaction</b>	Maximize satisfaction with services	% of other stakeholders who indicate satisfaction with services	Use Annual Stakeholder survey and promote in person to increase response rate	75%	92%	IDP planning for promotional presentations where stakeholder feedback will be gathered. Yumi has several promotional presentations scheduled in January/February and will be handing out our updated stakeholder survey and collecting feedback. Yumi completed 3 promotional presentations during this quarter where she had participants fill out the Stakeholder survey.	We are proud in IDP of the connections and the work we do with our community partners. We did learn from our survey this year that there is still some confusion about referral and what our service does. We are addressing this with the support of our Advisory Committee.	We need to increase our requests and responses to stakeholders. At least one from each main agency we work with. MCFD, Dr.'s, PRCYFSS, Family Place, Public Health, SCD, Sliammon Health, SCD #47 and all daycares.

**2.) Infant Development Programme (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Service Access</b>	Individuals referred to IDP will receive services promptly.	# of days between referral and start date for all individuals who accept service	Changed this year from referral to initial response to referral to start of service to track service accessibility	30	10	New referrals and intake reviewed at bi weekly IDP staff meeting. New consultant has been orientated to intake procedure and acceptance letter. New consultant has taken on one new referral and scheduled to do intake in January. Referrals responded to in timely fashion. There is one pending referral where family has postponed service.	We are typically able to reach families promptly. In the rare case that we don't we are working on a policy with our advisory committee to address this.	Referrals will be discussed at inter-staff meeting once a month. New referrals will also be discussed at bi-weekly IDP staff meetings. A letter of acceptance of an update that we were unable to connect will be sent out within 30 days.

### 3.) Early Intervention Occupational Therapy and School Aged Therapy

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Effectiveness</b>	Support staff, family members and others will report confidence and competence in following through with the OT plan they are supporting.	% of support staff, family members and others who have been trained in following through on the recommended interventions for children they support		80%	98%	Will continue with plan to use feedback to gain insight on effectiveness. Surveys handed out during nutrition workshops. Good feedback obtained. Surveys continue to be handed out. Surveys handed out with all training. Feedback used to generate/progress future training development. Feedback from other professionals used to expand knowledge base of Occupational Therapy Profession through liaison with COTBC.	Results exceed target	1. OT will continue to use comments on feedback forms to guide future training sessions.
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to families	Direct Services : All activities specific to an individual child and his/her family including face to face and phone contact, meetings, advocacy work, reports, letters & phone call to professionals and/or others involvement, overall case management etc...	60%	60%	Continued to target the same percentages as last year's report. Will start to review on a quarterly basis. Will review with admin before annual report	Results on target. Continue with activities to maintain standard	1. OT will revisit performance targets with Executive Director to ensure that targets continue to reflect program direction and priorities.

**3.) Early Intervention Occupational Therapy and School Aged Therapy (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on support services	Support Services - Staff pro-d, program planning, staff supervision & scheduling, administration and other related tasks	30%	22%	Continued to target the same percentages as last year's report. Will start to review on a quarterly basis. Will review with admin before annual report.	Results below target. OT has received admin support for many of these tasks so OT services can be directed toward caseload management. Plan: to review target with Executive Director at next performance analysis.	OT will revisit performance targets with Executive Director to ensure that targets continue to reflect program direction and priorities.
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent doing community building	Community Building: Community Education, presentations, info displays, program marketing etc.	10%	18%	Continued to target the same percentages as last year's report. Will start to review on a quarterly basis. Will review with admin before annual report.	Results exceed target. Continue activities and review target with executive director as per action plan	OT will revisit performance targets with Executive Director to ensure that targets continue to reflect program direction and priorities.

### 3.) Early Intervention Occupational Therapy and School Aged Therapy (Cont'd)

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Satisfaction</b>	Maximize the satisfaction with the services received.	% of participants who indicate satisfaction	Satisfaction results need to be compiled from all sources including: Annual surveys with all families on caseload, discharge surveys with those who complete service during the year, and post service surveys conducted each fall with families who left service the previous year	75%	100%		Results exceed target. Continue with action plan	1. OT will continue to use individual feedback forms with all training sessions to provide a format for consistent client feedback
<b>Satisfaction</b>	Maximize the satisfaction with the services received.	% of other key stakeholder who report satisfaction		75%	83%	Satisfaction surveys are being distributed in January during promotional presentations for JPC services.	Results exceed target. Continue with action plan.	Make sure surveys go out and then follow up with referral agencies and other stakeholders to encourage their participation
<b>Service Access</b>	Individuals referred to OT will receive a prompt response	Average # of days between referral and first contact for all new referrals		30	45	Streamlined process with admin assist. Helping to improve info regarding new referrals. Hours for admin assist will cease. After midpoints OT will look at ways of improving how we contact families with the use of admin hours available., , Families encouraged to call OT directly to schedule appointments (use of letter by admin staff when available or others in JPC/schools as referral is being placed)	Referrals to and program caseload remains high. Results are below target so OT is continuing to review referrals upon delivery and admin support is sending letters to families of acceptance, etc. to program/request for families to call OT to book initial consult. Because of this process, change of target may need to be reviewed with Kara/Lilla	1/ OT will continue to use group and consultative training models to streamline access to services. 2/ OT will continue to use assistance of JPC secretary to respond to referrals in a timely manner.

**4.) Early Intervention Physiotherapy**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	Children will have achieved identified goals related to their gross motor development	% of goals that are achieved by the 6 month follow-up		80%	81%	Children's goals are now logged on SV3. When a report is generated for SV3 to review goals PT will begin to meet quarterly with admin to review. Will review mid points. Numbers are not generated yet, will continue goal tracking as before, Goals have been and will continue to be tracked on SV3	Target of 80% has been met in the last quarter, other quarters were slight below target. System has been moved from SV2 to SV3 it should be easier now to keep track of the results.	PT will continue to review goals on a quarterly basis with admin. staff
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to families	Direct Services : All activities specific to an individual child and his/her family including face to face and phone contact, meetings, advocacy work, reports, letters & phone call to professionals and/or others involvement, overall case management etc	75%	83%	Direct time of 83%. Plan to review when we can run report from SV3. Reduced amount of Direct time to 77% for the quarter which will bring total closer to the desired target of 75%, No info available about % direct time. Will be still high because of priority 1 children in need of service. Continue to use waitlist management tools to manage waitlist to ensure quality service for those on caseload.	Direct time is above target of 75% due to many kids were on waitlist with priority one.	PT will continue to use waitlist management tools and admin support to manage waitlist to ensure quality service for those on caseload

4.) Early Intervention Physiotherapy (Cont'd)								
Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
Efficiency	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	%of time spent on support services	Support Services - Staff pro-d, program planning, staff supervision & scheduling, administration and other related tasks	20%	11%	Support services are on track. Will review quarterly. Reviewed with admin. Currently at 10% for the quarter. Expect to be the same because of time spent on Direct Time.	Result is below the target of 20% due to that many kids on caseload.	See action plan for efficiency measures above
Efficiency	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent doing community building	Community Building: Community Education, presentations, info displays, program marketing etc.	5%	6%	Continued to enter amount time spent on community Development. Unable to review percentages. Plan to review for next quarter. Reviewed mid-point percentages with admin. Will continue to review percentages with admin.	Result slight above target of 5%, been able to attend IDP playgroup monthly besides the usual talk for Bond and pre- and post-natal group Sliammon and Age & Stages.	See action plan for efficiency measures above

#### 4.) Early Intervention Physiotherapy (Cont'd)

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Satisfaction</b>	Maximize satisfaction with services	% of participants who indicate satisfaction	Satisfaction results need to be compiled from all sources including: Annual surveys with all families on caseload, discharge surveys with those who complete service during the year, and post service surveys conducted each fall with families who left service the previous year	75%	100%	Surveys have been handed out with discharge as before. Surveys were handed out in January to families on active caseload; phone call survey was done for families discharged last year	Excellent result the 100%, target is 75%.	PT will continue to hand out the survey in person in January at physiotherapy visits
<b>Satisfaction</b>	Maximize satisfaction with services	% of other key stakeholder who indicate satisfaction		75%	83%	1 <sup>st</sup> quarter: Surveys will be sent out in the fall 4 <sup>th</sup> quarter: Surveys have been received and databased.	Good results, above the target of 75%	Make sure surveys go out and follow up with referral agencies and other stakeholders to encourage their participation
<b>Service Access</b>	Individuals referred to PT access service	Average # of days between referral and start of service for all individuals who have been referred	Changed this year from referral to initial response to referral to start of service to track service accessibility	Gather baseline data this year	25	Plan to review the amount of days to first contact when we are able to run report. Decision made to change goal to reflect how long it took each child to come on to service after initial referral was made. Admin is keeping track of time it took each child to come on to service after initial referral was made.	Good results, 25 days is within 30 days limit. Kids have been taken so fast on caseload because most were priority.	Change measure to track wait time from referral to start of service because waitlist and consequently wait time for ongoing treatment has increased and we want to monitor this in terms of service accessibility

**5.) FASD/CDBC Key Worker**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	Increase family member/caregiver and community capacity to identify and/or support children living with FASD	# of new referrals that are accepted/quarter	Track numbers and sources of referrals to learn more about who and how to increase awareness and use of the program	2	2	New Key Worker position was posted. Kara met with new Key Worker in Sliammon, Brenda Pielle., New Key Worker position was filled and training started. 2 new referrals in July and on wait list., One referral to services that was waitlisted during this quarter., No new referrals sought as case load heavy. This measure has been changed for 2015-2016	Referrals in the FASD program remain steady each quarter.	Laura is planning on facilitating more group sessions this year with youth and parents. The focus of the program is becoming more geared at group intervention to address the waitlist and to reach as many families as possible.
<b>Effectiveness</b>	Increase family member/caregiver and community capacity to identify and/or support children living with FASD	% of families will self-report progress made on at least one goal they have identified	Ensure goals are set with each family and tracked on the CF goal tracking form.	90%	33%	V3 goals set up on site and Kara transferred goals, New key worker using V3 system, Key worker meets with families and has goals set for each family she is supporting., Key worker meets with families and has goals set for each family she is supporting.	The goal tracking system remains a great mystery	We will begin tracking goals on the new Sharevision site under the family goal tracking system.
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent doing community building	Community Building: Community Education, presentations, info displays, program marketing etc.	15%	14%	Target has been changed, FASD Day, Sept 9. EA FASD presentation, Sept 17. , Faith Bodnar did a presentation for staff and families in October. Key worker sits on Building Blocks committee and continues to facilitate the FASD Steering Committee., Organizations and schools have been targeted for information sessions	Community building is right on track. Currently progress is being made on creating partnerships with other agencies	This year we have changed the target percentages. 70 % will be spent on direct services with families, 15 % on both community building and support services.

**5.) FASD/CDBC Key Worker (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2015-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on direct service to families	Direct Services : All activities specific to an individual child and his/her family including face to face and phone contact, meetings, advocacy work, reports, letters & phone call to professionals and/or others involvement, overall case management etc	70%	65%	The Key Worker had discussions with Share Vision planning team about tools for tracking group participation. , New Key Worker has been meeting with families and attending IEPs. Three session parent group on behaviour. One session on Food 4 Thought with O/T., Key worker continues to meet with families and support them during team meetings. Key worker hosted 4 parent group sessions during this quarter., Key worker created ongoing parent group and hosted 6 week youth group	Direct time spent with families is close to target. Workshops have been down due to time spent creating larger programs.	This year we will review the amount of time spent doing group work with parents and children/youth.
<b>Efficiency</b>	Ensure an optimum balance between direct services to children and their families and those activities that complement and enhance these direct services	% of time spent on support services	Support Services - Staff pro-d, program planning, staff supervision & scheduling, administration and other related tasks	15%	21%	Key Worker spent lots of time in support services learning the new programs., Discussions to be brought forward at staff meeting next quarter re new efficiency measure, Key worker has added a monthly meeting with Senior coordinator to support time., Key worker working with parents and community organizers to create longer term programs to support children and families	Support services are right on track. The last quarter results are due to more time spent creating new programming.	Will need to continue to track on timesheets for this reporting year and either come up with a new system for tracking when switched to Com Vida timesheets or come up with a new measure

**5.) FASD/CDBC Key Worker (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	Maximize satisfaction with services received	% of families who indicate overall satisfaction with services received	Satisfaction results need to be compiled from all sources including: Annual surveys with all families on caseload that are delivered during group programs or at home visits, discharge surveys with those who complete service during the year, and post service surveys conducted each fall with families who left service the previous year	75%	100%	Kara is planning to orient new Key Worker and will discuss surveys., Key Worker planning to circulate surveys in January 2015., Planning to circulate surveys in January 2015., Key worker looking at revamping performance measures, programming, and parent involvement.	Family satisfaction is good.	Key worker will collect satisfaction surveys at parent groups and continue to collect feedback during home visits.
<b>Satisfaction</b>	Maximize satisfaction with services	% of other stakeholders who are satisfied with services	Use Annual Stakeholder survey and promote in person to increase response rate	75%	75%	Kara met with new Sliammon Key Worker., Key Worker planning promotional meetings in community and handing out stakeholder survey., Key worker planning promotional meetings for January where she will hand out stake holder surveys., Promotional meetings accomplished, surveys handed out and returned.	Surveys were conducted and collected.	New Key Worker will visit agencies to introduce themselves and personally hand out stakeholder surveys.
<b>Service Access</b>	Individuals referred to program will receive a prompt response	Average # of days between referral and first contact for all individuals who have been referred	Referral Date - Date a referral form was received by JPC for this program and/or a family member contacted the program to self-refer Response Date - Date the Keyworker responded to the referral or service request	30	0	Program History Form on V3 system is now tracking response time, Referral response time efficient. Key worker would like to alter measurement to track waitlist times. , Referral response time continues to be efficient., Referrals not actively sought as caseload and waitlist high.	Key worker wait list is long. No new referrals are being sought although some are still coming in.	Key Worker will track new referrals using a new system for tracking on the new sharevision.

6.) Family Support Program								
Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
Effectiveness	Family Support clients will increase their skills as identified in their Individual Personal Plans	Percentage of individuals achieving or making progress towards skill based goals.		75%	61%	Coordinator has facilitated 1 ISP and 1 PATH during this period. Kara and coordinator reviewed the performance measurements at the staff meeting in July 2014. Began planning goal setting workshop with Liz Kellough. Followed up on 1 PATH review. Family Support staff have been reviewing quarterlies with families. Goal setting workshop scheduled for December 17 2014. 1 ISP completed March 5 2015. 1 PATH review and 1 PATH scheduled for April 2014.	The coordinator continues to support staff with setting goals during check ins. There has been a shortage of staff in the program and we have been filling with relief staff. This may account for the results dropping at the 12 month mark.	1. Coordinator will review who needs an ISP .2.Family Support staff will review goals with families every 3 months Families sign off the quarterlies and copies are put in individual binders.
Efficiency	Family Support will develop peer group sessions focused on skill development to maximize use of staff time spent teaching/supporting new skills	% of caseload involved in peer group activities supporting skills development		80%	95%	Practicum student hosted a youth drop in day. Peer groups have been occurring on an informal basis. Social skills group met once a week, April to June 2014, Monday evening social group started beginning of September 10. Youth participate weekly at the group. Family Support staff have initiated opportunities for peer groups. Monday social group in full swing- going well. Average attendance 8-10 youth. More informal groups developing. Smaller peer groups happening on some Wednesdays- biking group. Looking to develop girls group	The staff in the Family Support program do an excellent job of connecting the youth to social activities and supporting them to learn new skills in this setting. We also run a social group once a week on Monday's.	1. Target % of caseload involved in peer group activities supporting skills development will increase to 80%.2.Family Support staff is planning a sports drop-in over the summer.3. Spring break camps will continue to take place.4.Practicum student will host drop in group.

**6.) Family Support Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	Family Support will offer families opportunities to network and support one another	# of sessions held to support family networkin g		4	4	Coordinator planning to meet with other coordinators to plan upcoming parent groups. Family Support hosted a pot luck dinner and invited key worker families. Past participants were also invited to celebrate the 60 anniversary. 30 individuals attended. 1 family attended FASD day presentation. Faith Bodner Executive Director of Inclusion BC presented on inclusive education. 2 families in attendance. 5 families attended the Self- Regulation workshop that was hosted by 4 children. Transition workshop for families offered February 26 2015.	We reached are target and value to opportunity to bring families together.	1. Coordinator will work with key worker and other programs to coordinate joint parent groups.
<b>Satisfaction</b>	Maximize the satisfaction with the services received.	% of participant s who indicate satisfactio n	Participants = Participants and Family Members - separate surveys for each	75%	95%	Planning to distribute surveys in the new year. No satisfaction surveys collected in this period. No exit summaries in this quarter. 20 completed annual surveys collected in this period. 1 exit summary completed in February 2015. 1 new intake completed in this period	All families responded to our survey. There is satisfaction within the program.	1. Continue to collect satisfaction surveys from as many families as possible. 2. Aim to collect satisfaction surveys from 65% of the families on caseload.
<b>Service Access</b>	Individuals referred to Family Support receive a prompt response with information about terms of service options and wait time.	Average # of days between referral and first contact for all individuals who have been referred		30	6	No new referrals during this period. 2 new families receiving service within 2 weeks of being referred. MCFD holds waitlist, presently 5 families on waitlist. 2 discharges. 1 new referral in December. Contacted family within 2 weeks of referral. Service will start in February 2015.Waiting for space. Referral in December accepted and service started February 2015. No formal referrals from MCFD during this period as there are no spaces available.	The coordinator is able to reach families quickly once a referral has been sent her way.	1. Coordinator will continue to respond to new referrals as last year using new Sharevision Program History form to document

## Section FOUR: 2014-2015 Adult Services

7.) CLP Day Program								
Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Effectiveness</b>	Each participant will Increase or maintain personal expression and self-esteem through active choice making	% of participants that have a choice making goal	This outcome supports increased capacity to make personal choices at the centre.	100%	76%	Manager is continuing to support staff to ensure that all goals are S.M.A.R.T, Staff are working on assisting clients to create more choice making goals.	Manager had discussion with staff about the decrease in choice making goals. Staff requested more consistent coaching around the choice making goals to improve results for next year.	1. Manager will continue to work with staff each quarter to ensure each individual's goals will be written as S.M.A.R.T. and match their interests.
<b>Effectiveness</b>	Each participant will Increase or maintain personal expression and self-esteem through active choice making	% of participants who show progress towards their goals at least 75% of the time	Measured each Quarter	75%	100%	<p><b>**Outcome results flawed**</b>Manager is working with Tarra Tipton to troubleshoot.</p> <p>CLP program is behind on goal reviews. Manager is working with staff to catch up. 75% of the time is not an efficient measure as staff are not recording progress each day. They are only recording progress when there is some. On the days that a client attends and does not work on a goal a progress.</p> <p>Manager consulted with Tarra Tipton, V3 is not equipped to measure this outcome effectively a new outcome measuring % of goals achieved will be created for the 2015-2016 reporting year.</p>	<p>Progress was made on each goal, but staff do not track when clients make no progress. True results cannot be pulled from this data.</p> <p>This outcome will be adjusted for next year to track the number of goals achieved per quarter.</p>	<p>1. Goals will be reviewed, updated &amp; reported on at least once each quarter as part of the Quarterly Reporting process</p> <p>2. Staff meetings will be used for goal review to ensure goals are SMART and match individuals interests</p>

**7.) CLP Day Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	CLP will increase or maintain the number of individuals served by the program as drop ins while increasing the client to staff ratios to support these drop ins	Average number of times that individuals are served by the program as drop ins each month.	Number of Drop-In's per month -this includes clients, staff, community members and volunteers	8	12.53	1 <sup>st</sup> Quarter: Staff have created a drop-in sign-up sheet that differentiates between staff, community members and inclusionPR clients. This data is currently tracked on V2. 2 <sup>nd</sup> – 4 <sup>th</sup> Quarter: Calendar on Sharevision has been updated so that everyone in the agency can access the CLP Activity Schedule. An attendance tracking system has been created on the V3 site. There were 79 drop-ins in attendance during the 3rd quarter. Drop-in attendance continues to be tracked on Sharevision. 84 drop in clients in the 4th quarter.	Drop-ins at CLP have increased this year as group home staff are making more use of the days programs. Staff are hoping with our move to the new location will increase the number of community members as well. Staff are comfortable with the number of drop-ins as more individuals come with their support workers.	Staff will create a plan to ensure invitations are made to other agency staff, volunteers, community members, etc. to participate in the centres programming.
<b>Efficiency</b>	CLP will maintain the number of times that individuals are served by the program as drop ins while increasing the client to staff ratios to support these drop ins	# of drop in clients for every extra staff or volunteer in attendance each day		1:01	1.06:1	Staff are creating an evidence binder to store copies of invitations, etc. The ratio of staff tracked on the attendance tracking sheet. We continue to track drop in clients, staff, volunteers and community members.	Manager and staff have agreed to drop this outcome because the new CLBC structure has every individual attending with a support worker if they require one. If more community members begin to attend with the move the Manager will revisit this outcome if it appears that more CLP staff are required.	Staff will keep evidence showing that invitations are made at least 4x during the year.

**7.) CLP Day Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	All participants will report satisfaction with services	% of clients who report overall satisfaction with services		75%	76%	Annual Survey was completed by a self-advocate to ensure a 100% response.	Overall individuals we support are satisfied with their services. Staff were congratulated for meeting their target and will strive for 100% next year.	1. Send out Annual Survey with Self Advocate
<b>Service Access</b>	Individual will have a timely response to their formal requests for accommodations	# of Business Days from accommodation request to response		10	2	Manager introduced staff to the new Accessibility check list. Total of 2 accommodations made this year.	Tool on Sharevision V3 was not available until October 2014. Managers were coached on how to use the tool and data will increase for future entries. Staff have been made aware of this outcome and will notify Manager of any accommodations made at CLP.	Start tracking accommodation requests using the new Accessibility Checklist

### 8.) Community Inclusion and Supported Living

Outcome Type	Outcome	Indicators	Legend	Target	Results	Action on 2014-2015	2014-2015 Results Analysis	2015-2016 Action Plan
<b>Effectiveness</b>	Clients will achieve their goals based on Individual Service Plans	The % of goals achieved each quarter	We track or service effectiveness by monitor our support for client goals and the outcomes they achieve.	5%	14%	Ongoing monitoring of goals by Manager.	Results were discussed with staff and the agreed that they will work on making shorter term goals. These goals will be SMART and individuals will be able to achieve their goals more frequently.  This change is in response to client input.	1. Staff will review, update and report on client goals at least quarterly. 2. Program Manager will ensure goals have been reviewed, updated and reported on during staff check-in. #3 Goals will be SMART goals
<b>Efficiency</b>	Reduce Staff turnover to ensure contracted hours are delivered	% of permanent staff will have held their position for a full year.	Training new permanent and relief staff takes time away from direct service. We want to ensure hours assigned to each individual are delivered and that staff continuity is maintained. We will use payroll records to track staff turnover and that familiar staff are placed in block bookings for individuals.	80%	70%	HR has been tracking leaves, but no resolution to the problem as yet, HR provided internal postings data base, allowing us to calculate %, but no resolution to problem. One worker was on maternity, one was in a PIC position and one was on extended medical.	Continuity is affected by one employee who is in a long term assignment as a PIC. It is also affected by unplanned absences of regular staff at this time there is no possible way of preventing short term and long term illnesses or family obligations.  Staff will require information on the effects these unplanned absences have on the agency. It is also suggested to employees to choose other positions in the agency that do not require one on one support with individuals, as the individuals only contact.	We will set a new efficiency goal to: 1.) Retain permanent, familiar staff 2.) Reduce the number of times clients receive no service due to lack of relief availability or familiar staff. 3.) Develop a tracking tool to measure this goal

**8.) Community Inclusion and Supported Living (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Result</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	All participants will report satisfaction with services	% of clients who report overall satisfaction with services	Council meeting is done in a café style format with key satisfaction questions listed and a facilitator to help lead and record responses to each question. This format has been adapted to get more meaningful feedback than the written survey previously used	75%	76%	Council meeting done July 2014, No results extracted from Council meeting yet. Manager discovered satisfaction results will be skewed for Council meetings as it is inclusive of those attending and not all are inclusion Powell River clients, Planning a Council meeting for 2015 with only inclusion Powell River clients to get accurate satisfaction stats.	Results are including only individual satisfaction Survey Results. Outreach will be removing council meeting results from our outcome data as it is skewed by many individuals attending that do not receive inclusion Powell River Services. Results are strong, staff will be encourage to keep up the good work and improve results to 100%	1. Distribute the Adult Client Satisfaction Survey in January 2015. 2. Use feedback to improve service and coach staff to seek feedback as an opportunity to improve services.
<b>Service Access</b>	Individual will have a timely response to their formal requests for accommodations	# of Business Days from accommodation request to response	Individuals requiring special support to participate will be considered in service planning	10	0	The Accessibility check list only became available on V3 October 2014. There were no requests for accommodation in this quarter for Community Inclusion or Residential options, Accessibility checklist to be used in future to track accommodations. Manager to use this tool. Accommodation to be defined.	Results were unable to be data based until October 2014 due to the tool not being provided on SharevisionV3 until then. Accommodations have been made, but not data based prior to October. Managers were coached on how to use the tool and results will improve for future data. Staff have also been coached on what qualifies as an accommodation and will notify Manager when one has been made.	Start using the accessibility checklist on V3 to document all requests for accommodations

**9.) Employment Services**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	People get paid work	The number of jobs, or increased hours within a job		15	39	Targets for marketing jobs were set. One discovery has been completed. The process of Discovery is very time consuming (up to 40 hrs). There were 10 new job placements this quarter. Discovery still remains a slow process due to time constraints. There were 13 new job placements this quarter. Discovery process for each client remains challenging. There were 7 new job placements this quarter with ES. This reporting period "Wired for Success" was running which led to 4 paid work placements as well as working with more job seekers through the EPBC.	This year has been a very successful year for our job seekers and Employment Service. At total of 37 jobs were found and 2 positions expanded into more hours. The Wired for Success program has also had a very positive impact on work found. ES has been out in community meeting new employers and networking which has resulted in more work placements.	1. ES will set targets for marketing jobs by Sept. 30, 2014 2. Discovery Process will be completed for every new client
<b>Efficiency</b>	People maintain jobs once placed	% of individuals who started a job in the previous year who are still in position at the current year end	Aiming to ensure all jobs are a good match and are sustainable over the long term. We will track all jobs found in the previous reporting year to see if they have been maintained in the current year	90%	81	Small private jobs were found to test the ability of clients for future job placement match. 8 jobs out of 9 are maintained (June 30, 2013 - June 30, 2014), Paid work trials are used to assess a job development opportunity and match this quarter. 11 jobs out of 13 are maintained (Sept 30, 2013 - Sept 30, 2014), Work Trials/experiences, informational interviews and job observation have contributed to successful placements. As of year to date 14 out of 17 jobs are still maintained. (YTD Date: Dec 31, 2013 - Dec 31 2014), ES continues with work trials/experience, and actual employment within inclusion PRS (shredding) to test skills. 1 out of the 3 jobs are maintained (Jan 1- March 31, 2015)	This past year have had more diverse jobs than ever. Community placements are strong and job seekers landing employment are well matched. The count for maintaining jobs this year is skewed by job seekers either losing a placement due to cutbacks, business closure, moving on to other work and temporary work. ES has recorded the highest amount of job placements ever this year.	Work trials, work experience and other experiences will be used for all new job seeker to test abilities and suitability of jobs.

**9.) Employment Services (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	People become independent in their jobs	% of individuals who have permanent positions who no longer need ES support	Our goal is to have clients become as independent as possible at their worksite. We work towards employees being naturally supported by their co-workers or employer at their worksite. ES will also seek other opportunity for supports within the employees personal networks if need be.	90%	3 clients reached independence at their work and no longer require ES support making a total of 9 jobs that became independent this year. 56%	Natural supports within the work placement are discussed with employers upfront when placement is made. ES continues to promote independence at the jobsite, however, some clients continue to need support and or monitoring. ES has been working on setting individual goals with jobseekers to move towards independence	ES promotes natural supports at worksites as much as possible. Some of the jobs that people were placed in are at a higher skill level than some of our previous jobs which result in a longer learning process and we have many new workers who require longer supports.	Will work with employers to set up natural supports for every new employee within 6 months.
<b>Satisfaction</b>	Participants will report overall satisfaction with services	% of participants who report overall satisfaction	Council meeting is done in a café style format with key satisfaction questions listed and a facilitator to help lead and record responses to each question. This format has been adapted to get more meaningful feedback than the written survey previously used	75%	ES - 100%	Annual Council meeting to collect feedback was held March 11, 2015		ES will obtain feedback through annual council meetings

**9.) Employment Services (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	Employers will report overall satisfaction with supports provided	% of employers who indicate satisfaction	ES uses Monkey Survey to gather feedback from employers. We make the survey as easy and as quick as possible in hopes to have more employer input.	75%	100% 4 employers responded to the survey	Date to send out survey set for March 4, 2015, No further action required at this time Survey was sent out via Survey Monkey to all employers March 10th. Only 4 employers gave feedback.	Employer response for the annual survey was a total of 4 employers. The survey was limited to 4 yes, no or undecided questions with a comment section for each and a stand-alone comment section. All the feedback was positive	Email Survey Monkey to be used to gather feedback from stakeholders by March 31/2015
<b>Service Access</b>	Employment Services will be easily accessed for all clients who are CLBC eligible.	# of days it takes for clients to receive service after referral.	We want to make sure all adults who have a developmental disability have access to our services. CLBC manages our program waitlist for their global funding and refers all of their waitlisted individuals to EPBC. We have contracted with EPBC to provide services to those individuals and will track both caseload numbers to monitor the numbers and types of services provided	15 days	Average response for the annual year is 7 days	Clarification with CLBC re: intake of clients and the use of CLBC global funding in conjunction with the EPBC was established. inclusionPR staff informed of how clients are to access service., CLBC notified of all new CLBC eligible clients who have been referred to Employment Services via the EPBC. , Will be meeting as a group (inclusionPRS/MCP) to discuss best practice for clients coming through EPBC, ES continues to respond as quick as possible to new referrals.	ES has responded as quick as possible to referrals through the EPBC	1. CLBC referral will be sought where extra supports are needed. 2. Community Inclusion staff will be informed 4x per year of the referral process to Employment Services

**10.) Homesharing Program**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	PRACL's Home Sharing Service will make effective matches between program participants and Host Families	Of the total Homeshare placements this period, % in which cited mismatches between participant and homeshare provider ended placement	2nd part to this outcome	less than 10%	6%	Manager checked-in during routine Spring Safety Visits & met with some clients for additional check-ins. 1 individual regarding caregiver had moved (client was happy with new home), 1 individual needed support with conflict regarding respite., Two new contracts this quarter. One individual moved from another province with their caregiver. Second individual was already living with their caregiver. Manager completed thorough orientations for both of these new contracts., Manager checked-in with 16 of 17 contractors during routine Fall Monitoring Visits, 1 contractor was away for health reasons, check in completed in January. 1 individual had a change in caregiver, thorough orientation was completed with new caregiver. , One new contract this quarter. Manager completed thorough orientation with caregiver, has discussed need to complete orientation with individual (TB) in care. Will complete by end of April 2015.	A thorough orientation was completed with the caregivers at the start of a new contract. Manager also complete ongoing safety visits with caregivers and check-ins with individuals to ensure it was a good fit. One contract was given immediate notice after investigating concerns from a family member.	Manager to complete orientation for new caregivers. Manager to complete a minimum of 2 monitoring visits annually. Training to be provided at least 1 X each year to contracted caregivers according to caregiver's needs

**10.) Homesharing Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	PRACL's Home Sharing Service will make effective matches between program participants and Host Families	% of Home Sharing participants who remain consistent in the same home share throughout the year	Our goal is to create long term, sustainable living arrangements for individuals served. We take time to try to find an effective match between the host family and the individual seeking a home share placement and want to measure our effectiveness. However, we recognize that some placements do not last due to other changes outside of program control. We will track and look at all placement terminations to see how and what we can do to support placement longevity. Training to be provided at least 1 X this year to contracted caregivers.	90%	94%	During this period one individual was supported to find a HomeShare placement after his caregiver gave notice. This placement had lasted two years. Caregiver stated changes to family dynamic as the reason for giving notice. , One contract was terminated without notice this quarter. Caregiver was given notice effective immediately due to their inappropriate conduct, temp (experienced) caregiver (DB) took over contract to allow for time to find suitable replacement., Temporary contract (DB) ended and a suitable replacement (PL) was found, contract signed to commence Jan 1/15. Training for contractors is being developed, program plans to roll out training for contractors during fourth quarter., One contractor (LP) gave notice this quarter, replacement (SG) signed contract to start April 1/15. Mandt training was delivered to five contractors this quarter. More contractors will be offered this training next reporting period.	Caregivers were offered MANDT training this year, 5 caregivers accepted and participated in the training. Manager recruited and screened potential caregivers before introducing them to individuals. Both the individual and caregiver would participate in the transition process after agreeing to the match and the contract signed.	Manager to complete orientation for new caregivers. Manager to complete a minimum of 2 monitoring visits annually. Training to be provided at least 1 X each year to contracted caregivers according to caregiver's needs.

**10.) Homesharing Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Result</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Efficiency</b>	Improved timeline for eligible new respite and fulltime caregivers to be available for placements	Average # of days from date initial application is received to date eligible caregivers have completed all required paperwork and are available to provide respite and/or full time care.		less than 45 days	57.5	Two caregivers applied for HomeSharing this quarter. It was 70 days from date initial application received for first caregiver (DD) to complete all required paperwork and 41 days for second caregiver (LM) to complete all required paperwork. One caregiver (GE) applied for HomeSharing this quarter. It was 36 days from date initial application received for caregiver to complete all required paperwork. Three applicants this quarter, 9 days from initial application for first caregiver (JR) to complete all required paperwork. Second applicant (BW) has not followed through with required paperwork. Third applicant (PL) completed screening in 35 days. Two applicants this quarter, 81 days from initial application for first caregiver (SG) to complete all required paperwork. Second applicant (BS) completed screening in 34 days.	Manager achieved this outcome in the first two quarters. Throughout the year 8 caregivers applied: 1 did not complete screening, 2 caregivers took longer than 45 days, 5 took less than 45 days.	Ensure new data for this new outcome is tracked on the HomeSharing checklists for new Caregivers (PRACL - HS 10.1.A) and documented at mid-point and end of reporting period.
<b>Service Access</b>	Individuals (and/or their families) who are referred to the HomeSharin g program will be supported to provide input and have choice in their placement.	Average # of caregivers individuals have opportunity to meet before making a placement decision	Persons served that are referred to the HomeSharin g program will have the opportunity to meet potential caregivers and be supported to find the right fit for their needs.	2	2	One new placement filled this quarter (CK). Only one suitable caregiver was available (GF). Manager matched three out of four referred individuals with host families. 1 (CK) - temporary until year end (DB), 2 (RS) & (CB) moved to inclusionPR with current caregivers (LM) & (DD), 1 (TB) met with 3 potential placements (PK), (KD) & (GE), still in progress. Good match found (TB) and transition plan in place for fourth quarter. Temp (DB) ended, only 1 suitable caregiver available as family insisted on caregiver that could move into CK's current home. Contract signed to commence Jan 1/15., One new placement filled this quarter (DL). Only one suitable caregiver was available (SG) as DL requested a suite in a caregiver's home to accommodate his wishes for a more independent living situation.	Manager attempted to ensure that all individuals were able to meet with more than one potential caregiver. 1 individual was able to meet with 3 potential caregivers before a suitable match was found. 2 individuals came to IPR came with suitable caregivers. 3 only had the opportunity to meet one suitable caregiver.	Manager will have a roster of approved host families available in anticipation of new contracts

**10.) Homesharing Program (Cont'd)**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	All participants will report satisfaction with services	% of clients who report overall satisfaction with services		75%	76%	Annual Survey was completed by a self-advocate to ensure a 100% response.	Overall individuals we support are satisfied with their services. Staff were congratulated for meeting their target and will strive for 100% next year.	1. Send out Annual Survey with Self Advocat
<b>Service Access</b>	HS Manager will work to ensure resources are available. Persons served through the HS program will have the opportunity to meet potential caregivers when requested and will be supported to find the right fit for their needs.	# of respite providers each individual has a chance to meet before selection		3	0	Posted a yearlong weekly ad in The Peak to recruit new respite caregivers., Screened four new caregivers, two have taken contracts (LM) & (DD), one (GE) is waiting for a good "fit" for full time contract and has been added to the respite list. One (MM) was determined to be unsuitable at this time. Screened 3 new caregivers, 1 applicant (JR) only available for respite at this time, 1 applicant (BW) did not follow through on required paperwork. Other applicant (PL) has signed full time contract to commence Jan 1/15. , Screened 2 new caregivers this quarter. One applicant (SG) has signed full time contract to commence April 1/15.	Manager has found that caregivers prefer to pick their own respite providers. There was only one caregiver who required the manager to introduce the individual to 3 potential respite providers.	Manager will have a roster of approved respite providers available for selection as needed

**11.) Residential Services**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Effectiveness</b>	Clients will achieve their goals based on Individual Service Plans	The % of goals achieved each quarter	We track our service effectiveness by monitoring our support for client goals and the outcomes they achieve	5%	24%	Ongoing monitoring of goals by Manager, it appears staff are editing inactive goals, more training for front line staff required to gain accurate data, Goal completed percentages appear to be dropping, but new goals have been created that are skewing the data	Target achieved. Results appear to be skewed as it's based on the total number of goals in adult services which is an ever changing number. We are setting a 2 goal maximum for each client which should change our data for next year.	Manager's to review goals once per quarter. Are the goals SMART and does each client have two goals.
<b>Efficiency</b>	We will increase continuity in staff at each residence thus reducing staff orientation time and changes/disruptions in service	Number of days permanent staff have unplanned absences and the number of staff changes in each residence	To ensure a consistent and comfortable home life and to minimize costs in training and orienting staff, we want to minimize the number of unexpected changes residents experience in their staff support.	Staff absences due to illness will average 50 days/month and staff turnover will be no more than 3/month over all residences	N/A	If totaling just sick days, we are meeting our target. Looking into reports that will track unpaid leave of absence hours and staff turnover. If totaling just sick days, we are meeting our target. Looking into reports that will track unpaid leave of absence hours and staff turnover, Staff changes over all residences are within the target this quarter. Currently Tracking sick use for permanent staff. Payroll is looking into recording Unpaid leaves of Absence's differently to allow us to include that data in our outcome. Payroll report would not process this data, reports will be separated for next year.	Reporting tool in payroll would not process the larger amounts of data. This outcome has been divided into three outcomes (WCB, Unpaid Leave of Absence, SICK) so that the reports can process properly. This goal is better tracked as a percentage, we will adjust this for the next reporting year. Staff need more information to understand the impact to the agency when it comes to unplanned absences.	In order to reduce changes/disruptions to client service due to poor staff attendance Program Managers will ask HR and/or Payroll staff to support them to review the attendance data of their staff, meet with staff and explore solutions.

**11.) Residential Services**

<b>Outcome Type</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Legend</b>	<b>Target</b>	<b>Results</b>	<b>Action on 2014-2015</b>	<b>2014-2015 Results Analysis</b>	<b>2015-2016 Action Plan</b>
<b>Satisfaction</b>	Individuals living in Inclusion Powell River Residences will report satisfaction with their residential services	% of residents who report overall satisfaction		75%	76%	Survey sent out, 76% overall Satisfaction for adult services, New survey to be sent out for 2015 results	<p>Client responses show that we are satisfied this year. Staff have been encouraged to keep up the good work and aim for 100% next year.</p> <p>Results have improved from 2012-2013 due to changing the survey to reflect CLBC contract outcomes and having a self-advocate support clients to answer their surveys.</p>	<p>1. Distribute the Adult Client Satisfaction Survey in January 2014.</p> <p>2. Use feedback to improve services and coach staff to seek feedback as an opportunity to improve services.</p>
<b>Service Access</b>	Individuals will have a timely response to their formal requests for accommodations	# of Business Days from accommodation request to response		10	0	Tracking System was not in Place, Tracking tool is now in place and managers were training to use in Oct 15, 2014., No accommodations requests were made in this year that were recorded.	<p>No results due to not data basing our accommodations. Reporting tool was not in place on V3 Sharevision until October 2014. Managers have been coached on how to use the new tool and have started inputting data for the 2015-2016 year.</p>	<p>Use new Accessibility Checklist to document all requests for accommodations from individuals and/or families on behalf of persons served.</p>

## Section FIVE: Staff Survey Results

These results are based on the staff survey from March 2015. A detailed copy of the results is available on our website at [www.inclusionpr.ca](http://www.inclusionpr.ca).

### Some Good Signs

- Staff were comfortable telling it like it is – comments were candid and to the point – a sign that staff feel comfortable using the survey tool as a way to have their voices heard
- The score related to staffing practices increased from 58% in the previous year to 63% in 2015.

### Key Concern

Our employee survey indicates 28% decrease in staff morale and job satisfaction. It also showed that employees are feeling less confident in management and are still wanting more recognition for the work that they do.

### Key Recommendations for Improvement

1. ED, Directors and Managers to meet and discuss implementing Accountability Based Management system during strategic planning sessions.
2. ED, Directors and Managers to discuss improvements to internal communication between management and staff.
3. Build practices that ensure all staff feel valued, recognized and respected for their contributions throughout the year.
4. Continue to highlight service excellence as a driver for improved morale.

Year	Engagement Score	Number of Respondents
2015	56	61
2014	67	76
2013	60	76
2012	57	107
2011	63	84

## **Action Plan for 2015-2016 in response to staff survey results**

1. Survey completed in March 2015 - HR is continuing to work with a new survey tool based on the Workforce Environment Survey used by BC Stats to gauge employee engagement in the public and non-profit sector. Feedback will be used to target action items designed by staff at all levels of the organization.
2. HR Director to discuss this year's survey results at General Staff Meetings scheduled for fall 2015 and include discussion regarding accomplishments achieved throughout the year.
3. HR to begin incorporating Accountability Based Management into all HR systems.
4. Communication – HR will work with senior management team to analyze internal communication systems.
5. Improve Staff Meetings: Included on the meeting agendas is a section where managers will communicate information discussed in Managers/Operational and Director Meetings to their staff. Executive Director and Human Resource Director will update programs at staff meetings throughout the year.
6. Staffing practices: Continue to improve staffing practices by implementing streamlined casual call in procedures, improved orientation and more involvement by program managers/coordinators in hiring and orientation.
7. Next survey will be done in 2015.

## **Section SIX: Final Remarks**

Overall our customer satisfaction results are very high. For 2 years we have hired a self-advocate to conduct our adult services survey. As a result we get an excellent response rate and we continue to get excellent ratings with this higher response rate. In Child and Family Services the response rates are not as good and we would very much like to improve them and are planning to hire a family member to conduct the interviews in order to ensure the accuracy of the data. We show good results from our efficiency, effectiveness and accessibility measures yet we still have some areas where our tracking systems are not in place. We will be focusing on making sure those systems are working or change our measures in the next 3 months in order to have results for next year that inform our practice.

Morale and confidence in senior management has dropped dramatically this past year. This drop mainly comes from our residential services where the majority of our employees work. Our other program staff have more direct contact with senior management and show more satisfaction with their employment. We will shift our focus to improving our relationship with those employees. We will increase the number of mandatory staff meetings per year as low attendance is impacting the relationships as well. In addition we will be reviewing and clarifying the roles of all employees, reviewing our orientation and performance review practices as we implement Accountability Based Management practices. Once the strategic plan is finalized we will ensure that our employees are familiar with it, then we can enlist their involvement in implementing the plan.