



# Clements Centre Society

Outcomes Management Report

April 1<sup>st</sup> 2017 – March 31<sup>st</sup> 2018

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## **INTRODUCTION**

This Outcomes Management Report - Results Summary is based on data collected by Clements Centre Society and covers the period April 1<sup>st</sup>, 2017 to March 31<sup>st</sup>, 2018.

A copy of the Outcomes Report is provided in its entirety to members of the Board of Directors, the Executive Director, Program Directors and Managers and to key funding and community stakeholders. It is also posted on the agency web site and is made available to others upon request.

Findings from the Outcomes Management Report are distributed to employees and available to clients and other stakeholders.

## Quality Improvement Plan – Summary Goals for 2017-18

Action Plan
<p><b>Community Living/Adult Services</b></p> <p><b>Community Inclusion</b></p> <ul style="list-style-type: none"><li>• The focus for the next while is on the physical environment at South End. We are working towards a long term solution that involves the subdivision, rezoning and development of the property.</li></ul> <p><b>Staffed Residential</b></p> <ul style="list-style-type: none"><li>• Our aim is to ensure any new referral to the Campbell stress residence will be compatible with the current residents, to ensure long term stability. To increase accessibility we hope to repair the driveway at the Campbell Street residence this year.</li><li>• Last year we added a 2 piece washroom to Marchmont residence. One of the 3 piece washroom has a tub/shower combination which no longer meets the needs of residents with decreasing mobility. We aim to replace the tub/shower with a walk/roll in shower.</li></ul> <p><b>Supported Employment</b></p> <ul style="list-style-type: none"><li>• To address the effect of continuous intake on outcome measures, we plan to adjust program goals for the upcoming fiscal.</li><li>• To meet more regularly with persons served and/or their family to check in regarding satisfaction of service, outside of the annual/exit survey.</li></ul> <p><b>Supported Independent Living</b></p> <ul style="list-style-type: none"><li>• Efficiency goal - Regular, ongoing discussion with CLBC regarding each individual circumstance. Generally speaking CLBC prefers to maintain referrals in the event folks later require service. We will monitor hours each pay period and/or as individual needs require</li></ul>
<p><b>Sundrops Centre For Child Development</b></p> <ul style="list-style-type: none"><li>• Sundrops will work with BCACDI on provincial initiatives for early intervention services.</li></ul>

## **Early Intervention Therapy**

- Development of, and move to, the new facility.

## **Child Care Resource and Referral**

- Develop and build relationships with indigenous service providers by collaborating on a proposal to MCFD.
- Support applying RLNR to complete registration process.
- Recruit additional RNLN's through outreach events, workshops, and brochure mail out drive.
- Host annual Licensing Information workshop in partnership with Island Health Community Care Facilities Branch.
- Maintain Community Partnerships with Cowichan Success By 6, Aboriginal Success by 6, Coast Salish Employment & Training Society (CSETS), Ya Ya Tul Early Learning Table, Island Health, Vancouver Island University, CCFLB Licensing, School District # 79, Global Vocational Services, Cowichan Green Society, and Cowichan Child Care Council.

## **Children and Family Support**

- A long-term goal is to provide service to families living in the south Cowichan area, this would require contractual support from Ministry for Children and Family development.

## **Behaviour Support**

- Direct contact with parents/families has indicated a general level of satisfaction with both the plans and the service however, we would prefer to have survey results to include. We will discuss with families the best way to collect that information in an objective manner. With continual intake, perhaps the annual survey does not work for families. Instead, we could leave the survey open year-round and offer families the link as they exit the service.

## 2017-2018 Outcomes

### Community Inclusion Services

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Individuals will achieve or meet one community based goal.	% of people who achieve a goal	Everyone in the program	Annually	Individual service plans. Data tracking.	Manager	100%	South end: 61.8% PIC: 80% AL/LOC 66%/58% Next Step 75% Yellow House 100%
Efficiency	Maximize number of persons served	Number of globally funded positions filled	Everyone in the program	Annually	CLBC contracted capacity and periodic reports	Manager	100%	South end: 95% PIC: 100% AL/LOC: 90%/97 Next Step 67% Yellow House 100%
Access	Meet the changing needs of the persons served. (related to aging, mental health etc.)	% of accessibility requests successfully accommodated	All individual requesting a health or mobility accommodation	Annually	Accessibility report	Manager	90%	See notes below.
Satisfaction	Individuals are satisfied with service	% of individuals who indicate overall satisfaction	All individuals completing the survey	Annually	Satisfaction Survey	Program Director	90%	South end: 87.5% PIC: *see below AL/LOC: 93%/91% Next Step: 100% Yellow House: 100%

### Interpretation of Results

#### Effectiveness:

A/L & LOC: of the 54 individuals served in this reporting period, there were 4 who completed first goals plans, 6 who had no community based goals, 3 who exited or were deceased, 2 still waiting to do their first goal plan, 2 who are overdue due to

rescheduling requests by family and 3 who did not meet their CI goals. The low numbers in both programs are a reflection of the aforementioned. Of the individuals who had set CI goals in the previous reporting period, and who did not exit, the percentages are A/L – 87% and LOC 85%. When an individual is swerved in both programs, their results have been included in the numbers for both programs, regardless of where the bulk of their time is spent.

**Accessibility:** When surveyed, no respondents identified barriers to accessibility. Program managers and employees however, often report items they would like to see addressed to improve accessibility for both persons served and employees. Clements has applied to the Rick Hansen Foundation to review accessibility at all of our sites.

**Satisfaction:** \*In the PIC program only 1 of the 3 people supported responded, they reported their overall satisfaction of the program as 'excellent'.

## Staffed Residential

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Individuals will experience stability on their living arrangements	# of moves between or out of placements	Everyone experiencing a move.	Annually	Individual file review	Manager	0	Ryall – 0 Marchmont – 0 Campbell - 1
Efficiency	Maintain required number of service hours provided to persons served.	Number of service hours per residence	All residents	Annually	CLBC Service Level Hour reports	Program Director	90%	Ryall 11,019/10,437 Marchmont 10,796/10,396 Campbell 10,693/10,470
Access	Accessibility needs related to health and mobility will be accommodated.	% of accessibility requests successfully accommodated	All individuals requesting a health or mobility accommodation	Annually	Individual file review	Manager	90%	Ryall- 0 outstanding Marchmont-1 outstanding Campbell 1 outstanding
Satisfaction	Individuals are satisfied with service	% of individuals who indicate overall satisfaction with service	All individuals completing the survey	Annually	Satisfaction Survey	Program Director	80%	Campbell 75 % Ryall 100% Marchmont 75%

## Interpretation of Results

**Effectiveness:** regrettable one of the residents at Campbell Street passed away after a period of illness.

**Efficiency:** All three homes ove delivered service hours this fiscal. Over delivery can result from resident vacations and hospitalizations. We attempt to recover costs for hospitalizations from the Health Authority.

**Accessibility:** Investment in our residences this past year to ensure they provide the types of support necessary for the comfort and safety of each resident include: Low ramp to the entrance at Campbell and additional 2-piece washroom at Marchmont



### Supported Employment

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Individuals will find employment.	% of people who find work.	Everyone in the program	Annually	Individual Files	Manager	75%	77%*
Efficiency	Maximize number of persons served in a year.	Number of persons served.	Everyone in the program	Annually	Periodic Reports	Manager	30	39
Access	Worksite accessibility needs related to health and mobility will be accommodated.	Percentage of accessibility requests successfully accommodated.	All individuals requesting a health or mobility accommodation	Annually	Client File	Manager	90%	100%
Satisfaction	Individuals are satisfied with service	% of individuals who indicate overall satisfaction	All individuals completing the survey	Annually	Satisfaction Survey	Program Director	90%	75% Excellent 19% OK/Acceptable 6% needs improvement

### Interpretation of Results

**Effectiveness:** \*30 of 39 total referrals in the past year have found employment!

**Accessibility:** although not captured in our outcomes, transportation is the most significant barrier to transportation.

**\*\*Accommodations made by employers included:**

- JYSK: length of shift with gradual increase
- 49<sup>th</sup> Parallel (Chemainus) – length of shift
- Fisher Road Recycling – number of work days each week

**Accommodations made by Clements:** staff have flexed shifts to include weekends and evenings when required for job coaching, extended office hours, meetings held where individual is most comfortable (e.g. home, coffee shop), requests for specific workers are honoured, where possible

## Supported Independent Living and Personalized Supports Initiative

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Individuals will achieve one goal identified in their ISP	% of people who achieve one goal	Everyone in the program	Annually	Service Plan	Manager	90%	74%*
Efficiency	Maintain minimum number of service level hours to deliver program	Number of service hours provided to each individual	Everyone in the program	Annually	Service level hour tracking	Manager	100%	Under-delivered.
Access	Individuals receive support to access services they need	% individuals who receive support to access a service	All individuals requesting support to access a community service	Annually	Satisfaction survey	Program Director	80%	
Satisfaction	Individuals are satisfied with service	% of individuals who indicate always or most of the time in the satisfaction survey question	All individuals completing the survey	Annually	Satisfaction Survey	Program Director	90%	81% Excellent 12.5% Acceptable 6.5% Needs Improvement

\*new referrals not included in tally

*Accommodations by staff:* extended office hours, meetings held where individual is comfortable (e.g. Home, coffee shop), service plans created through most comfortable means (e.g. Informal conversations made into formal plans, through texting), service plan goals re-written by request of the client, not only at 6 month or annual intervals, requests for specific workers are honoured, if possible

### Interpretation of Results

23 individuals measured for effectiveness. 17 achieved at least one goal. 4 new referrals and 2 short term crisis referrals were not included. Service was typically under-delivered – some due to absences of persons served, others difficult to contact and/or reluctant to receive service.

## Home Share

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Home share contractors will feel supported by CCS	% of home share contractors that feel support offered by CCS meets their needs.	Home share contractors who have provided services for three months or more	Annually	Survey	Program Director	85%	Met 60% yes supported 30% sometimes feel supported 10% do not feel supported  (total of 10 responses)
Efficiency	Maintain appropriate caseloads	Average caseload/FTE	All home share coordinators	Annually	Caseload lists	Home share coordinators	No more than 25 clients per FTE	Unmet Currently 41 individuals supported by 1.6 FTE. Late in the year we increased the number of coordinator hours, we will meet target this upcoming year.
Access	New referrals placed within 60 days	Percentage of individuals placed within 60 days of referral	All referrals	Annually	Files of persons served – intake forms	Home Share coordinators	75%	Unmet – of the 5 referrals 3 were placed within 60 days. 2 others were retruned after being unsuccessful in finding providers to support them.
Satisfaction	Individuals are satisfied with their living arrangement	% of individuals who indicate overall satisfaction	All individuals completing the survey	Annually	Satisfaction Survey	Program Director	85%	Met. 61% Excellent 38% Acceptable/OK 1% Needs Improvement

**Action Plan:** The providers and individuals supported were invited to a brunch which was a great success. This increased the number of respondents to our surveys. Some friendships have since evolved. A summer BBQ is being planned for next fiscal.

Due to the difficulty recruiting providers for the types of care required we will advocate to CLBC for increases to the rates paid to home share providers.

## Sundrops Centre For Child Development

Domain	Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome
Effectiveness	Families are better able to care for their child with a disability.	% that they are better able to follow through with the recommended activities in the Family Service Plan	All clients	annually	Survey	Program Director	90%	94%
Efficiency	All families will be contacted within two weeks of referral.	% of families contacted within two weeks by the intake coordinator.	All clients	annually	Nucleus Data Survey	Intake coordinator	90%	72%
Access	Families feel that the service is accessible.	% of families who indicate that there are no accessibility issues	All clients	annually	Survey	Program Director	90%	89%
Satisfaction	Families are satisfied with the current level of service	% of families who are satisfied with the current level of service	All clients	annually	Survey	Program Director	90%	96%

### Interpretation of Results

- The data included in this report has been collected by Nucleuslabs data management reports, annual surveys and discharge surveys.
- There has been an 11% return rate for annual surveys (55 of 500 returned). A concerted effort has been made to gather email contact information for families and this allowed us to survey most families by email. There were only 10 surveys mailed with self-addressed return postage. There were a large number of email addresses returned as not deliverable. The

Intake Coordinator is gathering contact information at Intake and will remind families to provide updates of their contact information, including email addresses, should this change.

- Discharge surveys and annual surveys indicate that families are very happy with the service they receive from Sundrops. Families report that first contact following referral is often 3 to 4 weeks. This may be the result of personnel changes in the position of Intake Coordinator over the past year two years. The coordinator is aware of the concern and is confident that the goal will be met in the next fiscal year. Families report that appointments are scheduled that accommodate the needs of their families and are appreciative of the experience, expertise and flexibility of the consultants and clinicians. They feel that they are provided with the information necessary to make informed treatment choices for their child and to follow through with suggested activities.
- Families indicate that they would like more information regarding other services and community resources as appropriate to their needs. The Family Resource Navigator is available to all Sundrops families and therapists and consultants are encouraged to refer families on to the FRN.
- (Effectiveness) The score for effectiveness exceeds the target goal. Families report that information regarding their child's development is explained in a way that is easily understood and that they are able to follow the recommended activities for their child.
- (Efficiency) In general, families were contacted by the intake coordinator between 3 to 4 weeks following referral. This is significantly lower than in the past and there are strategies in place to insure that initial contact is within the 2 week time frame.
- (Access) The score on this measure is slightly below the target and is indicative of children waiting for service. There are still significant wait times for service, speech and language pathology continues to be a concern for families: comments made on the survey(s) indicate that although families are frustrated with the wait, they understand that the staff do their best with limited resources.
- (Satisfaction) 96% of families report that they are satisfied with the overall service that they receive.
- We have had an increase in MCFD funding that has allowed us to increase in FTE.'s in IDP, SLP, OT and PT. Unfortunately, there have been unexpected changes in physiotherapy staff due to illness and long-term disability. We continue to recruit to fill this position. Many of those families waiting for service have participated in the many focused groups offered by both physio and speech and language therapist.
- In July, 2017 MCFD increased funding to the Supported Child Development extra support budget. This allowed us to address the waitlist and prioritize the children waiting for an early childhood experience. There continues to be 30 children waiting for service.

- In August, MCFD increased funding to early intervention service and we have been able to increase therapy hours for OT, SLP and PT. We were able to fill the PT hours internally, and have hired an additional OT part-time. We were fortunate that an experienced pediatric SLP has filled the SLP position on a permanent basis. Unfortunately, in February, one of the physiotherapists went off on long term disability following an accident and we have not been able to refill that position. We continue to recruit provincially and nationally. We also received funding for a fulltime Infant Development Consultant and this position was filled internally.
- All families leaving Sundrops services are sent Exit surveys either by email or Canada post. The response rate continues to be low.
- Sundrops continues to offer, three times a year, a 6 week focused group for those waiting for PT. SLP groups will be offered again in 2018.
- Through the generosity of donors, we have been able to purchased adaptive toys and equipment that benefit children and their families.
- The Intake Consultant offers families a choice of where they would like to receive service. Ts'ewulhtun Health Services is offering pediatric SLP and OT services and First Nations families are offered the choice of where they would like to receive service upon Intake. There were 18 transfers to SLP at Ts'ewulhtun in June, 2017.
- The Family Navigator assists families in accessing community supports and resources (funded by United Way/Children's Foundation) by helping families to navigate the social service, educational and medical system.
- Consultants and therapists have participated in regional opportunities for training and workshops offered on the island. 16 staff attended the 'Making Connections' Conference with a focus on mental health and the development of children and youth.