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Clements Centre Society

Outcomes Management Report

April 1st 2018 – March 31st 2019

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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 1st, 2018 to March 31st, 2019.

Programming changes and extenuating circumstances of note during the report period were as follows:



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 Goals

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| Action Plan |
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| <p>Community Living/Adult Services</p> <p>Community Inclusion</p> <ul style="list-style-type: none">• The focus for the next while is on the physical environment at South End. We are working towards a long term solution to the septic, driveway, washroom and space concerns. <p>Staffed Residential</p> <ul style="list-style-type: none">• The need for a new washroom took priority over the previous request for a paved driveway at Marchmont residence. We aim to have the driveway paved in the upcoming fiscal. <p>Supported Employment</p> <ul style="list-style-type: none">• To address the effect of continuous intake on outcome measures, we plan to adjust program goals for the upcoming fiscal. <p>Supported Independent Living</p> <ul style="list-style-type: none">• 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. |
| <p>Sundrops Centre For Child Development</p> <p>Early Intervention Therapy</p> <ul style="list-style-type: none">• Development of, and move to, the new facility. <p>Child Care Resource and Referral</p> <ul style="list-style-type: none">• Develop and build relationships with families by attending programs at Hiiye 'yu Lelum in Duncan.• Support applying RLNR to complete registration process.• Recruit additional RNLNR'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. |

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Children and Family Support

- Not related to outcomes, the demographics of the children has us considering a change to the groupings. Historical Juniors, Tweens and Teens does not distribute the number equitably. Our goal for the upcoming year is to redefine these groupings.
- 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.

2018-2019 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% Clements 95% |

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| 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: 100% PIC: 100% Clements: 95% |
| 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: 80% excellent 20% OK PIC: 86% Excellent 14% OK A/L: 67% Excellent 22% OK LOC: 56% excellent 39% OK |

Interpretation of Results

Effectiveness: AL/LOC: Of the 54 individuals served in this reporting period, there were 4 who completed first goal plans, 6 who had no community based goals, 3 who exited or were deceased, 2 still 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 AL – 87% met LOC 85% met. Where an individual is served in both programs, their results have been included in the numbers for both programs, regardless of where the bulk of their time is spent.

Efficiency: Both programs are currently serving all referred individuals. LOC is near capacity, A/L has slightly more room. There are no current referrals for either program.

Access: When surveyed, no respondents identified any barriers to accessibility. Program managers and employees however, often report items they would like to see addressed to improve accessibility. Those are reported anecdotally below:

AL/LOC: One individual takes time from program to work; one individual takes time from program to attend counseling appointments; Behaviour Support Plans, Seizure Protocols, Fall Protocols in place as needed; one individual uses light transport chair when out in community; consulted with Maureen Chepsuik (OT) regarding choking for one individual; gluten-free options provided for individual who is Celiac and individual who has gluten sensitivity; one individual with poor eyesight wears a bicycle helmet when in the building; referral made to DDMHT for one individual;

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door stops put on doors in building that were causing perseveration for one individual; one individuals has their blood sugar tested daily at program; extra day added for one individual due to family need; one individual attends both SE and LOC to accommodate care arrangements with sisters; one individual took time off from program for cancer diagnosis/surgeries; one individual wears hearing aids in kitchen daily; one individual does not ride in Clements vehicles due to anxiety; one individual exited Mondays to go to Providence Farm; independent garbage p/u cancelled due to health and safety concerns; accommodated family request to not issue pay cheques directly to one individual (since rescinded); staff member volunteered to support individual 1:1 at campout so that the person could attend; individual moved to ½ days (semi-retirement) due to age and health.

Action Plan

The focus for the next while is on the physical environment at South End. We are working towards a long term solution to the septic, driveway, washroom and space concerns.

Our aim is to continue to support individuals with the achievement of their CI goals, while we recognize that many of our aging individuals are less inclined to set CI goals.

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 - 100%+ Marchmont - 100%+ Campbell - 100%+ |

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| 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-100% Marchmont- 1 outstanding Campbell - |
| 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 100 % Ryall 75% Marchmont 100% |

Interpretation of Results

Effectiveness: This past year, a new resident moved in to Campbell St

Efficiency: All three homes over 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.

Access: Investment in our residences this past year to ensure they provide the types of support necessary for the comfort and safety of each resident:

-low ramp to the entrance at Campbell St. was put in, driveway repaired and trees cut down

Action Plan

The need for a new washroom took priority over the previous request for a paved driveway at Marchmont residence. We aim to have the driveway paved in the upcoming fiscal.

Our aim is to ensure any new referral to the Campbell street residence will be compatible with the current residents, to ensure long term stability.

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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% | *76% |
| Efficiency | Maximize number of persons served in a year. | Number of persons served. | Everyone in the program | Annually | Periodic Reports | Manager | 30 | 41 |
| 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% |

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|--------------|--|--|---------------------------------------|----------|---------------------|------------------|-----|--------------------------------|
| Satisfaction | Individuals are satisfied with service | % of individuals who indicate overall satisfaction | All individuals completing the survey | Annually | Satisfaction Survey | Program Director | 90% | 94% Excellent Or OK/Acceptable |
|--------------|--|--|---------------------------------------|----------|---------------------|------------------|-----|--------------------------------|

Interpretation of Results

*31 of 41 total referrals in the past year have found work!

Efficiency: presently serving 34 clients; 7 individuals were exited in the past year

Access: although not measured in our outcomes, transportation and housing are the most significant barrier in the Cowichan Valley due to insufficient supply.

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

Thrifty Foods: length of shift and multiple breaks for insulin (health)

Home Depot : customized position for stroke recovery (health)

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 by employers and/or family or clients are honoured, where possible

Action Plan: Satisfaction surveys will be delivered by phone or in person by a third party to encourage more participation

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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% | 93% |
| 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% | Achieved -There were no requests noted in the satisfaction survey. |
| Satisfaction | Individuals are satisfied with service | % of individuals who indicate always or most of the time in | All individuals completing the survey | Annually | Satisfaction Survey | Program Director | 90% | 100% answered Excellent or OK |

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| | | the satisfaction survey question | | | | | | |
|--|--|----------------------------------|--|--|--|--|--|--|

***new referrals not included in tally**

Interpretation of Results

Effectiveness: 27 individuals measured for effectiveness. 25 achieved at least one goal. 8 new or recent referrals were not included.

Efficiency: As is common, Clements under delivered service hours this year. Persons supported by the two programs have extremely changing needs for support. They often choose not to receive service for periods of time and then, during crisis, require support and often at increased levels. CLBC is aware of the situation and each individual circumstance is reviewed as appropriate with the CLBC analyst.

Access:

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.

Common accessibility concerns for those supported are housing and transportation.

Action Plan – Only 5 responses to the survey this year. Satisfaction survey response could be improved with a different delivery method i.e. in person or telephone with skilled 3rd party interviewer.

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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% | |
| 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 Objective: Maintain appropriate caseloads Goal: No more than 25 clients per FTE |
| 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 60% Objective: New referrals placed within 60 days Goal: 75% |
| 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% | 100% indicated Excellent or OK |

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Interpretation of Results

Effectiveness: We have continued to advocate for more funding/respice funding for our providers and have been successful in 3 out of 4 cases. We were able to accommodate all providers who could benefit from Mandt this year. 6 providers, 1 screened provider and 1 family member attended the in class workshop. We continue to offer Mandt as an online option as well.

We also facilitated the Medication Administration workshop to providers who administer medications. Again there was an in class session and an online version for those who chose that option.

We also facilitated a brunch that was open to provider and the people they support that was a great success. I gave providers an opportunity to meet and connect with each other. They have asked for more opportunities to connect with each other and we are planning to have a summer BBQ.

Efficiency: On March 31st Homeshare supported 41 individuals with 58.5 staffed hours. The new providers and supported individuals require a lot of support. Sometimes on a daily basis. This is due to the change in many in support levels of individuals being served. There is a higher instance of criminal activity and addiction this past year as well as an increase in mental health challenges. The aging population has increased our workload as well

Access: Of the 5 referrals we received this year we were able to place 3 within 60 days. 2 others were returned after being unsuccessful in finding providers to support them. There were many (too many to track) referrals that we received inquiries about, from CLBC, but we could not accept them because we had no providers on our wait lists with the necessary skills to support them.

There were 7 moves within CCS Homeshare this year that exhausted our list of potential providers. Four due to providers retiring and the other three because current providers were no longer able to support the individuals changing needs.

Satisfaction: 19 responses – 13 indicated Excellent, 6 indicated OK. Coordinators devoted time to individuals, meeting with many of them one-on-one to discuss how things are going to help them find the resources they need. They included access to IHA services, DDMHT referrals and access to community events. The brunch was a big hit with the people we support. They especially enjoyed the amazing food and the scavenger hunt. A couple of friendships have evolved from the brunch

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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 report they are better able to follow through with the recommended activities in the Family Service Plan % feel that staff explain their child's development in a way that they can understand | All clients | annually | Survey | Program Director | 90% | 91% |
| | | | | | | | 90% | 95% |
| 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% | 75% |
| Access | Families feel that the service is accessible. | % of families indicate that there are no accessibility issues % of families report that appointments are scheduled with consideration of their family's schedule | All clients | annually | Survey | Program Director | 90% | 89% |
| | | | | | | | 90% | 95% |
| Satisfaction | Families are satisfied with the current level of service | % of families who are satisfied with the current level of service % of families are satisfied overall with the services they receive | All clients | annually | Survey | Program Director | 90% | 96% |
| | | | | | | | 90% | 91% |

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Interpretation of results:

The data included in this report has been collected by Nucleuslabs data management reports, annual surveys and discharge surveys. There is a 13% return rate for the annual survey (64 of 500) and this is a slight increase from the previous year. Surveys are circulated primarily electronically (15 sent by the postal service). All families leaving Sundrops are sent discharge surveys. The response rate for discharge surveys continues to be low.

(Effectiveness) The score for effectiveness exceeds the target goal for both measures. Families report that they are better able to follow through with recommended activities and that staff explain their child's development in a way that they can understand.

(Efficiency) the score for this outcome has dropped significantly. All families are contacted within two weeks of referral by the Intake Coordinator. Following intake contact, the initial consult with a consultant or clinician may take three to four weeks because of the increase in referrals and the high caseload numbers for clinicians. There may be some confusion for families completing the survey regarding contact by the intake coordinator following referral and the initial consultation by a clinician. The annual questionnaire will be reviewed and adjusted for clarity regarding intake and initial consult prior to the next survey.

(Access) The score for access is slightly below the target and is indicative of children waiting for service. However, there is a significant increase in the numbers of families, who are receiving service, reporting that appointments are scheduled with consideration of their family needs.

(Satisfaction) 96% of families are satisfied with the current level of service and 91% are satisfied overall with the service they receive

Wait times for early intervention therapy services (OT, PT, and SLP) continue to be a concern. This is especially true for families waiting for speech and language services. Comments made on the annual survey indicate that although families are frustrated, they understand that staff are doing their best with limited resources. While families are waiting for a specific therapy many are receiving consultation and other service from Sundrops through Infant Development, playgroup, and Supported Child Development.

Sundrops CDC continues to advocate for increases in funding through its membership with BC Association for Child Development and Intervention (BCACDI) and Board Voice.