

**WOMEN'S SERVICES - KOOTENAY HAVEN TRANSITION HOUSE - OUTCOMES REPORT APRIL 1<sup>ST</sup> 2015– MARCH 31<sup>ST</sup> 2016**

**PROGRAM DESCRIPTION** Kootenay Haven Transition House provides supportive transitional housing in a safe environment. Program objectives are individualized, practical and short-term transitional housing (generally, not exceeding 30 days) and support services available to adult women and their children who have experienced or are at-risk of abuse, threats, or violence. A fundamental premise to service delivery is to respect women's rights to make choices based on their own understanding of their options. The home has 10 beds and service is provided on a highest-need, first-served basis.

**PURPOSE** – This report is intended for Board, management, program staff, stakeholders, and persons served. Feedback and suggestions to assist with continuous quality improvement planning are both solicited and encouraged. The data referenced in this report was collected, recorded, and collated via the use of the Share Vision electronic database system and tabulation.

Key Demographic Indicators	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2011-16 5 Yr. Comparative	Findings
# of Women accessing residential services	90	67	79	97	94	85	The total number of women and their children served in Kootenay Haven 1 <sup>st</sup> Stage Services this year was higher than the five year average. Eleven of these women served, accessed the service more than once during the fiscal year.
# of Female children in residence	11	21	9	10	15	13	
# of Male children in residence	15	23	15	11	14	16	
<b>Total</b>	<b>116</b>	<b>111</b>	<b>103</b>	<b>118</b>	<b>123</b>	<b>114</b>	
Average length of stay	15 days	18 days	20 days	18 days	18 days	18 days	Ten of this year's overall total bed stays, were 40 days plus in duration, which exceeds the standard 30 day bed stay. It is the opinion of staff that these extended stays were primarily due to the lack of available affordable housing and longer income assistance wait times. Despite these extended stays, the overall average length of stay remains comparable with the previous 5 years.
Average Age	36 yrs.	35 yrs.	35 yrs.	34 yrs.	37 yrs.	35 yrs.	Average age is fairly consistent year over year. Further analysis indicates 1/3 of the women were over 45 while another third were under 25 years. Staff will continue to monitor for trends.
% of visible ethnic minorities served	23 (26%)	8 (11%)	36 (45%)	57 (58%)	33 (35%)	35%	The majority of visible minority is aboriginal which comprises 29 of 33 total visible minorities served.

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File Status at Year End	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2011-16 5 Yr. Comparative	Findings
Open	6	4	4	10	2	5	A fluctuation in this statistic is considered to be a part of the normal ebb and flow of occupancy and is not a concern.
Closed	84	63	75	97	92	82	
Risks & Barriers	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2011-16 5 Yr. Comparative	Findings
# and % of women demonstrating behaviors indicative of mental health / or anti-social behaviours	37 of 81 42%	28 of 67 41%	46 of 79 58%	57 of 97 58%	55 of 94 58%	45 of 84 53%	Over the past three years, the percentage of clients experiencing mental health issues remains close to the 60% threshold. These symptoms stem from the on-going trauma or multiple barriers the women we serve have been exposed to.
# and % of women with personal health and safety concerns due to risk of violence	74 3%	57 85%	61 77%	66 68%	87 92%	69 83%	92% of women served this year, indicated they were experiencing health and safety concerns due to their exposure, or potential exposure, to violence. This percentage is considerably higher than was recorded during the prior year, and may be the result of a more standardized intake process which better records this statistic
# and % experiencing long-term mental health problems (list diagnosis at intake)	41 46%	28 41%	44 55%	44 45%	40 42%	39 47%	Staff noted that almost half the women served have been diagnosed with some manner of mental health label, the most frequent of which is borderline personality disorder.
# and % significantly involved in drug or alcohol usage	42 47%	21 31%	43 54%	57 58%	42 44%	41 49%	This statistic is recorded based on self-disclosure of the woman at time of intake. This year's findings are congruent with the 5 year average.
% involved in criminal activity	21 24%	9 13%	21 26%	19 9%	17 18%	17 20%	Percentage of women served with criminal records is consistent with the five year average.

**REFERRAL ELSEWHERE** - Whenever risks and barriers such as those indicated above become prevailing factors program staff work collaboratively with clients to ensure appropriate community referral sources are identified and to provide assistance with the referral elsewhere process. In total 155 community referrals were made on behalf of clients to other programs and agencies.

**GOAL SETTING & RESULTS** As a standard component of the intake process staff work with the women served to engage them in the setting of client goals. Service outcomes measuring feelings of safety, understanding levels of the domestic violence cycle, and knowledge of where to access help in the community are assessed at intake and at discharge. Of the 98 women served, 70 responded fully (to pre and post surveys) which measures service outcome achievement ratios. Post surveys may occur at time of discharge, or at the time when a client has completed the educational component of the program. The referenced educational component is specific to the cycle of violence and to the development of sustainment of healthy relationships etc. Completion of post surveys prior to discharge is intentional, and serves to assist staff in capturing information required for both pre and post survey comparisons. Established service delivery effectiveness measures and outcomes achieved are recorded in the table below.

**EFFECTIVENESS MEASURES:**

Objective: Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. Safer place to live	% of women who, at time discharge, indicate they are going to a safer place.	All women accessing service who identified with crisis or safety risk at intake who completed pre post surveys (n=70)	75% of women accessing services.	94% (66 of 70) of women completing services indicated they were transitioning into a safer place.	✓ Exceeded

**EFFECTIVENESS MEASURES (Continued):**

Objective: Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
2. To increase understanding of cycle of violence:	Increased understanding of the cycle of violence	All women accessing service <u>who identified limited or minimal understanding of the cycle of violence</u> and for whom post surveys were completed by client or by client with staff assistance. <b>(N=70)</b>	75% of women accessing services	<b>99% (69 of 70)</b> of women completing program services indicated they had an increased understanding of the cycle of violence	✓ Exceeded
3. To increase knowledge of help available in the community	Increased knowledge of help available in the community	All women accessing service who identified limited or had minimal knowledge of help available in the community and for whom post surveys were completed. <b>(N=70)</b>	75% of women accessing services	<b>97% (68 of 70)</b> of women completing services identified they had an increased connectedness to community supports.	✓ Exceeded
<b>Findings:</b> Each of the 3 effectiveness outcome measures exceeded the targeted achievement ratios! Service delivery effectiveness results were collected using a pre and post interview based survey. Multiple choice survey questions were posed to clients upon admission and at discharge or after educational teachings components had been completed.			<b>Recommendations:</b> Continue to use pre and post surveys to measure the identified effectiveness outcomes. Continue to complete post survey at discharge or after educational teaching components are completed as this has served to increase completion ratios. Achievement ratios remain consistent with the established minimum target of 75% for each of the 3 outcome measures.		

**PAST PARTICIPANT FEEDBACK** - The program distributed and received **14** responses from past participants. Past Participant feedback is intended to solicit feedback from women after they have left the program. Focus groups (Drop-ins; Christmas gathering) were the mechanism utilized to collect data. It is our hope, that once out of the program for several months, the past participant has formulated thoughts about the program that they not have had while in the program (i.e. Did the services actually assist in obtain and maintaining the desired outcome?). Fourteen women reported that since discharge they feel a reduction to their safety risk. One hundred percent (100%) of these women also indicated they had sustained their increased understanding of the cycle of violence and were more aware of resources available to them in the community. Higher return rates for past participant feedback will become an administrative objective for next fiscal year.

**PROGRAM EFFICIENCIES:** The efficiency measured by Transition House staff is service utilization rates. Monthly occupancy rates are recorded through the tabulation of the number of beds occupied each night at the Transition House (10 bed resource). The documentation of occupancy rates was monitored to determine service utilization rates over time. The target goal established was to maintain a minimum average service utilization rate (of 60% occupancy) over the term of the fiscal year. Efficiency results have been tabulated below.

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
To maintain service utilization rates	Occupancy Rate (bed stays)	Nightly Bed Utilization	60% occupancy rate	71%	✓ Met
<b>Findings:</b> The occupancy rate data was collected and recorded monthly by way of a manual data sheet. Monthly occupancy rates were tallied at the end of the fiscal year and then divided by 12 (months) to determine the annual monthly average. This annual monthly average was then tabulated as a percentage. The formula utilized is as follows: (100% occupancy is 10 beds x 365 days per year= 3650 bed stays). Actual occupancy for the year was 2608 bed stays. This equates to a 71% average occupancy rate for the year. This is 403 more stays than prior year; but we only served 3 additional women overall.					<b>Recommendations:</b> Maintain occupancy rates at a minimum of 60%.

**PROGRAM SATISFACTION**

Objective: Consumer Input	Indicator	Who Applied to	Target Expectancy	Actual Result	Met or Exceeded
1.a To maintain person served satisfaction levels	Percent of persons served who report overall program satisfaction.	All Persons served who completed exit survey 70/70	85%	100 % rated the services to be average or good	✓ Exceeded
1.b To maintain client centered services.	Percent of person served who reported that services were client centered.	All Persons served who completed exit survey 70/70	100%	100%	✓ Exceeded
Objective: Stakeholder Input	Indicator	Who Applied to	Target Expectancy	Actual Result	Met or Exceeded
2. To maintain stakeholder satisfaction levels	Percent of other stakeholders who report overall satisfaction with services	All other stakeholders (Surveys 20 distributed: 16 responses)	85%	100% All respondents indicated they are satisfied with services.	✓ Exceeded
<b>Findings:</b> Self-reporting from persons served and other stakeholders indicates satisfaction rates are above the established 85% target ratio.			<b>Recommendations:</b> Continue to monitor to ensure a minimum of 85% satisfaction is sustained.		

**PROGRAM ACCESSIBILITY** During the year program staff received **67** requests to accommodate the specials needs of women in program (9 mobility related, 52 dietary, 6 learning disabilities, etc.). Each of these requests were considered and upon review deemed reasonable to accommodate. Additionally, it is understood by staff that women seeking services frequently experience additional issues and, as such, we endeavor to extend services whenever possible to this client group as well. We target at minimum, half the women served, to be those who experience concurrent issues/disorders.

**PROGRAM ACCESSIBILITY**

Objective: Access Measures	Indicator	Who Applied to	Target Expectancy	Actual Result	Met or Exceeded
1. Respond to requests for accommodations	People with special needs (dietary, disabilities etc.) are accommodated wherever possible.	All persons accessing services who report the need for accommodations	100%	100%	✓ Met
2. To maintain access by continuing, whenever possible, to include or extend service access to women at-risk of violence but also who experience concurrent issues	Percent of persons served who report concurrent issues including: homelessness, mental health, or substance misuse issues ( <b>72/94 women</b> )	All persons accessing services who report concurrent issues	50%	76%	✓ Exceeded
<b>Findings:</b> 1. Program staff had <b>67</b> requests to accommodate for special needs (9 for mobility; 52 for dietary; and 6 for learning disabilities). Upon review these requests were deemed reasonable and we were able to accommodate. Regarding the mobility issues requests we provided services on one level of the house and transportation beyond the norm. We also purchased speciality items as available and whenever possible to address other special needs requests for accommodation. As was the case throughout the three previous years, many women reported concurrent issues (72 of 94). The trend whereby women report more than one co-occurring issue (sometimes as many as three or four) continues. 45 women reported substance misuse issues; 84 reported homelessness; and 40 women reported a mental health diagnosis. Staff regularly receives trainings which are helping them become more knowledgeable about concurrent issues. This knowledge is invaluable because many women served experience addictions and mental health issues while simultaneously experiencing exposure to violence.			<b>Recommendations:</b> Continue to maintain and broaden program access to include those women experiencing concurrent issues at a minimum of 50%, while managing the intake process to ensure that beds remain available for women fleeing violence.		

**ADMINISTRATIVE OBJECTIVES**

Objective: Key Administrative Tasks	Indicator	Who Applied to	Target Expectancy	Actual Result	Met or Exceeded
1. To increase customized staff professional development trainings for staff in Women’s Services program.	Increased staff knowledge	Transition House Staff Team	Minimum two trainings during the year related to concurrent issues.	<ul style="list-style-type: none"> <li>-Little Warriors Training (2 staff)</li> <li>-Safety Planning (1 Staff)</li> <li>-Domestic and Sexual Violence Forum (2 staff)</li> <li>-First Aid (10 Staff)</li> <li>-2day ICAT/Coordination conference (2 staff)</li> <li>-Annual EVA/BCSTH Conference (1 frontline staff, 1 Supervisor)</li> <li>-In-service on Personality Disorders (8 staff)</li> </ul>	<p>✓ Exceeded</p>
2. Acquire new educational resources	New educational resources acquired	New educational resources acquired	Five new resources acquired.	<p><b>12 purchased</b></p> <ul style="list-style-type: none"> <li>-Women’s Rights (About Canada &amp; Aboriginal rights)</li> <li>-Surviving Domestic Violence</li> <li>-Respect (A girls guide to getting respect and dealing when your line is crossed)</li> <li>-Building Motivational interviewing skills</li> <li>-Coping with Chaos</li> <li>- Everyday Positive Thinking, by Louise Hay and Friends</li> <li>-Rebuilding: when your relationship ends, Third Edition, by Dr. Bruce Fisher and Dr. Robert Alberti</li> <li>-He’s Just Not Your Type (And That’s A Good Thing), by Andrea Syrtash</li> <li>-Daring Greatly: how the courage to be vulnerable transforms the way we Live, Love, Parent, and Lead, by Brene Brown</li> <li>-In The Realm of Hungry Ghosts: close encounters with addiction, by Gabor Mate</li> <li>-Stop Walking on Eggshells: Taking your life back when someone you care about has borderline personality disorder, by Paul T. Mason, MS and Randi Kreger</li> <li>-The Anxiety &amp; Phobia Workbook, Fifth Edition, by Edmund J. Bourne, PHD</li> </ul>	<p>✓ Exceeded</p>

**Data Confirmed by:** Nancy Reid, Administrator of Women’s and Crisis Line Services  
**Reviewed by:** Janice Ivan, Executive Director

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**Data Source:** Share Vision database system; excel