

PEACE PROGRAM SERVICES - OUTCOMES REPORT APRIL 1ST, 2017 – MARCH 31ST, 2018

PROGRAM DESCRIPTION – Program services in Cranbrook and Kimberley provide intervention strategies to children whose self-esteem and emotional health has been damaged as a result of experiencing violence. Augmenting service delivery principles includes, whenever appropriate or possible, consultation services to parents that assist with strategies that encourage the healthy development of their children.

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 Sharevision electronic database system.

Key Demographic Indicators	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	5 Year Comparative Average	Findings
# of male children served	29	29	30	38	26	30	There is a decrease noted in the number of individual children served compared to last year, particularly to male children served. Staff believe this decrease may be, in part, due to a lengthy staff vacancy that occurred in the third quarter of the year. Staff note that, however, that there is an increase in children served group delivery as noted below in the following category. The number of clients readmitted into the program remains fairly consistent over the past three years.
# of female children served	40	51	46	26	26	38	
# of clients readmitted during the year	8	15	10	13	9	11	
Total # of Individual Children Served	69	80	76	64	52	68	
Key Demographic Indicators	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	4 Year Comparative Average	Findings
# of School Groups Served	Data not recorded	9	13	8	12	10.5	Program staff continue to offer service delivery, (prevention, education, and counselling services) in group format, within school districts and the community. In addition to the 52 individual persons served, staff completed (12) school and community groups. Of these twelve groups, seven groups were at least 4 weeks in length. The remaining 5 groups delivered were based upon, "The Believe Project", the Agency participated in this year. The Believe Project is focused on helping students in grades 6-8 understand healthy relationships and sexual violence, specifically on topics such as consent, sexting, and sexual harassment and how one can access support. Average attendance in all group services was 11 individuals per group. Each school group was recorded as one unit in our database system, as individual files are not opened for each participant attending group sessions. A total of 135 additional children were served within school or community based settings. Groups delivered this year were: Rainbows Program, Violence is Preventable Program, Believe Project and those groups designed specifically to increase social skill building; learn zones of regulation and develop coping skills and safety planning for transitioning between two homes.
# on average of children served per Group	"	12	9	6	11	10	
Total # of Children Served through Groups	"	108	116	48	135	102	
Combined # Served (Individually or in Group)	"	188	192	112	187	170	The number of persons served during the year, either individually or in group format has notably increased as a direct result of the additional group delivery within schools and community.



Average length of service	187 days	124 days	173 days	173 days	196 days	171 days	The length of service to clients this year has slightly increased from last year. Staff believe the length of service may be reflective of the on-going, longer term family issues which are specific to separation and divorce. Additionally, this situation is exacerbated by the lack of affordable family mediation services and parenting through separation education services available in the community.
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Key Demographic Indicators (continued):

Key Demographic Indicators	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	5 Year Comparative Average	Findings
Average service wait time	9 days	12 days	12 days	5 days	13 days	10 days	Client families that access this program are often “in crisis” or in a period of transition. Contact is initiated by staff within 24 hours of receiving a referral and procedures have been implemented, such as staff attending the home address, when telephone contact is not successful after two attempts. Making initial contact with the family can be a challenge due to crisis circumstances, however a lengthy staff vacancy contributed to the longer wait time.
Average Age of Clients	8 Yrs.	8 Yrs.	9.5 Yrs.	9 Yrs,	9 Yrs.	9 Yrs.	This statistic remains reasonably constant year over year.
Percentage of ethnic minorities served	10% 7 clients	22.5% 18 clients	24% 18 clients	14% 9 clients	12% 6 clients	16.5% 12 clients	The percentage of ethnic minorities decreased again this year. Staff records indicate a much lower referral rate from the Ktunaxa Nation child services and residents of the Ktunaxa this year compared to years 2014-2016. Staff will continue to monitor.
File Status at Year End	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	5 Year Comparative Average	Findings
Open	20	26	20	25	39	30	These findings demonstrate a substantial increase in the number of open files at year end. This increase is a direct result of the funding Ministry (MPSSG), providing an enhancement grant, in the last quarter of the year that allowed for an additional 2 days per week of service within the program. Two additional days can provide service up to ten additional families.
Closed	49	54	56	64	52	55	
Risks & Barriers:	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	5 Year Comparative Average	Findings NB: Of note is that corrective action was taken 3 years ago to redefine more applicable risks & barriers and to ensure more consistent collection of this data. Revisions to the intake form and Sharevision database were made to ensure this information was accurately recorded.
# experiencing parental separation & divorce	*Data not collected	74% 59 of 80	86% 65 of 76	95% 61 of 64	85% 44 of 52	85%	Collection of 4 years of comparative data suggests that the majority of children served are experiencing significant challenges as a direct result of parental separation or divorce. Staff will continue to implement specialized one-to-one and group sessions specific to the development of coping skills and safety planning to address these issues.
# With Mental Health Diagnosis	*Data not collected	3.75% 3 of 80	2.6% 2 of 76	4.75% 3 of 64	12% 6 of 52	5.75% 4 of 68	This statistic is understandably very low, as typically young children are not formally diagnosed with a mental illness by a medical clinician and the onset age of most mental illnesses is later adolescence. However, this year, staff note there is a substantial increase of children diagnosed with a mental illness. Staff note the wait time for services at the local MCFD - Child and Youth Mental Office is nine (9) months. Referrals from this office remain high, in an effort to service

							clients while they wait for clinical services and/or also at the end of clinical services as transitional support.
# Experiencing history of past abuse	*Data not collected	44% 35 of 80	80% 61 of 76	72% 46 of 64	71% 37 of 52	67% 45 of 68	The number of children recorded includes those who have experienced violence. The past three years (2015-2017) have similar findings. Staff believe there was an education piece following the first year of recording, as clients who experience violence tend to under report, or minimize the violent experiences.

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. All children are provided with the Kids Help Phone line and all applicable families are provided with the “Coping With Separation Handbook”. Others are referred to “Confident Parents, Thriving Kids”; “Bounce Back” and other programs at Child and Youth Mental Health.

GOAL SETTING & RESULTS: A standard component of the intake process is for staff to closely involve the person served in the setting of client goals. Service outcomes measuring safety risk, the ability to label and express feelings, and the ability to communicate feelings in a healthy manner are assessed at intake and at discharge. Of the 52 closed client files, 29 children (56%) responded to the pre and post survey questions, which measure service outcome achievement ratios.

Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To reduce level of crisis and safety risk	Percentage of clients with reduced safety risk	All children accessing service who identified with crisis or safety risk at intake and who completed both pre-post surveys	85%	(93%) 27 of the 29 children survey respondents (90%) 26 of the 29 parent survey respondents	✓
2. To increase ability to label and express feelings	% of clients with increased ability to label and express feelings	All children accessing service who identified as having difficulty labeling and expressing their feelings and who completed both pre-post surveys	85%	(97%) 28 of the 29 children survey respondents (93%) 27 of the 29 parent survey respondents	✓



3. To increase ability to communicate feelings in a healthy manner	% of clients with increased ability to communicate in a healthy manner	All children accessing service who identified as having difficulty communicating their feelings in healthy manner and who completed both pre-post surveys	85%	(93%) 27 of the 29 children survey respondents (93%) 27 of the 27 parent survey respondents	✓
<p>Findings: While the percentage of clients who completed both pre and post surveys indicates target achievement ratios were met, it is to be noted that the overall number of completed pre-and-post service surveys is low. A continuous focus of service delivery is to ensure we obtain the highest possible number of pre & post survey responses from clients. There has been a small, gradual increase in this area over the past 4 years. Measures were taken again this year to obtain surveys at the mid-point of service to help increase response rates. However, due to the crisis situations experienced by the majority of the families served it has continued to be very challenging, year after year, to obtain post surveys for close to 50% of the children served, despite the best efforts of program staff. Families served by the program often end services abruptly, without any notice, move to another location, or change contact numbers. Thus it often makes it difficult to obtain post survey (end of service) feedback.</p>				<p>Recommendations: 1. Continue to monitor effectiveness measure outcomes. 2. Maintain achievement ratio targets at 85% in the coming fiscal year. 3. Increase pre-post client survey response rates to 60%.</p>	

PAST PARTICIPANT FEEDBACK: Past Participant feedback is intended to solicit feedback from participants after they have left the program. It is our hope, that once out of the program for several months, the past participant has formulated thoughts about the program that they may not have had while in the program (i.e. did the services actually assist in obtaining and maintaining the desired outcomes). Due to the preventive nature of the services program staff deemed it inappropriate to formally contact participants after discharge. Rather staff attempt to secure past participant feedback from children readmitted to the program. During the year, 9 children were re-admitted to the program, and provided positive past-participant feedback relative to the question areas noted above.

PROGRAM EFFICIENCIES: The PEACE program staff recognizes that direct service to children and youth is crucial to achieving the client's goals, as well as meeting contract requirements. Direct service refers to all work directly related to the clients served such as face-to-face meetings, integrated case management meetings, telephone contact, and the travel to and from the client or other activities that support the client. Direct service hours are recorded on a monthly basis and reported via the Balanced Score Card. Staff are provided monthly targets for direct service utilization based on contract requirements of 107 hours for Cranbrook (70% direct service hours) and 25 hours for Kimberley (70% direct service hours) during the 2017-2018 fiscal year. Efficiency results have been tabulated below.

PROGRAM EFFICIENCIES (CONTINUED):

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Maintain Direct Service rates that meet the Cranbrook PEACE contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 1:</u> Cranbrook 70% of total contract hours must be direct service hours =Avg. 107 hrs/mo.	Annual direct service hours average for Cranbrook: Avg. 112 hrs/mo.	✓



Maintain Direct Service rates that meet the Kimberley PEACE contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 2</u> Kimberley 70% of total contract hours must be direct service hours = Avg. 25 hrs/mo.	Annual direct service hours for Kimberley: Avg. 22 hrs/mo.	x
<p>Efficiency Findings: The direct service hours recorded above were collected monthly by the Director of Youth & Children’s Services and recorded via the Ministry’s online reporting website. These hours are also reported in the Association’s monthly Balanced Score Card Report. At the end of the fiscal year, monthly totals are tallied and 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: (Cranbrook requires 70% direct service hours rate which is equivalent to 107 hours monthly, Kimberley requires 70% direct service hours which is equivalent of 25 hours monthly). Actual direct service hour rate averages for each month of the year in Cranbrook was 112 hours and Kimberley was 22 hours. When there is not a sufficient number of referrals clients to meet the required direct service in the Kimberley program, this time is invested into the Cranbrook program. Staff note, the target of 70% of total contract hours be direct service hours is an internal target set in previous years.</p>				<p>Recommendations: Staff will continue to work diligently to ensure the contract stated direct service hours are regularly met in order to achieve the 70% target ratio.</p>	

PROGRAM SATISFACTION

Objective: Consumer / Stakeholder Input Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To maintain person served satisfaction levels – parents.	Persons served who report overall program satisfaction	All parents of clients accessing services who responded to the survey	85%	93% (27 out of the 29 families who responded were satisfied with services)	✓
2. To maintain stakeholders satisfaction levels	Stakeholders who report overall service satisfaction	All stakeholders (non-family members or clients) responding to survey	85%	100% (6 out of 6 completed stakeholder feedback responses were received)	✓
<p>Findings: Twenty-nine (29) families at time of discharge completed satisfaction surveys. Of these 29 families, 93% indicated overall satisfaction with program services. Six stakeholders also responded to the satisfaction survey and of these six, all indicated their overall satisfaction with the program services. It is important to note that the option for increased stakeholder feedback is limited due to overwhelming number of program referrals received from one Ministry (Ministry for Children & Family Development). Although it remains an ongoing challenge to obtain parental feedback during program services or at time of discharge, significantly more parental surveys were completed this year.</p>				<p>Recommendations: Continue to target client and stakeholder satisfaction ratios at a minimum of 85%. Significantly increase the number of surveys distributed. Actively encourage participation of both parents and stakeholders in order to gather satisfaction feedback.</p>	



PROGRAM ACCESSIBILITY: During the year program staff did not receive any requests for further accommodation of a client accessing the program. As an on-going measure to enhance accessibility, staff chose to monitor service utilization rates in the hope to reduce waitlist timelines. Results are as follows.

Objective: Access Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
To maintain or increase service utilization rates	Average # of days on waitlist	All clients accessing services	1 -12 days	13 days	x
Findings: It is important to note that in the latter part of the year, the Program Director held a “wait list” which was required due to a staff vacancy and a maternity leave within the PEACE programs. Timeframes between referral and intake continued to be monitored closely. Families accessing this program are often in crisis, and although staff make every attempt to contact families within 24 hours of the referral; families are routinely non-responsive to staff telephone calls. Staff follow protocols which involve attending the home location after two unsuccessful telephone attempts. This method has proven to be a successful tool in establishing completed intake appointments and reducing program access timelines.				Recommendations: Continue to monitor service wait time, targeting 1-12 days maximum time frame, to ensure service is delivered in a timely manner. Continue with immediate contact attempts to set up intake (two phone calls); after which a home visit, within one week of receiving referral, is initiated. Further methods include the sending of text message reminders or telephone calls prior to intake appointment.	

ADMINISTRATIVE OBJECTIVES:

Objective: Key Administrative Tasks	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
a. Program Director will monitor to ensure that all program staff will maintain client files and continue to implement the revisions noted in this report to Share Vision database.	Revised annual program reports.	PEACE Program client files	Incorporate revisions and recommendations for implementation during the 2017-2018 reporting timeframe.	Achieved	✓
b. Program Director will monitor to ensure all program staff continues to maintain program training using the Relias Learning Program	Relias Learning reports.	PEACE Program Staff Team	All current staff to complete core and service area specific Relias Learning courses.	All staff completed the identified, required Relias Training courses.	✓

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Reviewed by: Carey Fraser, Executive Director

Data Source: Share Vision database system and Monthly Reports

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