

WOMEN'S SERVICES - KOOTENAY HAVEN TRANSITION HOUSE - OUTCOMES REPORT APRIL 1ST 2019– MARCH 31ST 2020

PROGRAM DESCRIPTION Kootenay Haven Transition House provides supportive transitional housing in a safe environment. Program objectives are individualized, practical and short-term (generally, not exceeding 30 days), 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 | 2015 2016 | 2016 2017 | 2017 2018 | 2018 2019 | 2019 2020 | 5 Yr. Comparative | Findings |
|---|--------------|--------------|--------------|--------------|--------------------------|--------------------------|---|
| # of Women accessing residential services | 94 | 84 | 71 | 55 | 81 | 77 | The total number of women and children residing in KHTH rose considerably over the last year and has realigned with the previous years trends. This could be attributed to the amount of marketing done in the community to increase community partnerships. |
| # of Female children in residence | 15 | 22 | 14 | 15 | 13 | 16 | |
| # of Male children in residence | 14 | 15 | 9 | 3 | 12 | 11 | |
| Total | 123 | 121 | 94 | 73 | 106 | 104 | |
| Average length of stay | 18 days | 17 days | 16 days | 21 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. Despite these extended stays, the overall average length of stay remains comparable with the previous 5 years. |
| File Status at Year End | 2015 2016 | 2016 2017 | 2017 2018 | 2018 2019 | 2019 2020 | 5 Yr. Comparative | Findings |
| Open | 2 | 5 | 2 | 2 | 4 | 4 | The trend remains the same for open files. |
| Closed | 92 | 79 | 69 | 53 | 77 | 78 | |

| Risks & Barriers | 2015 2016 | 2016 2017 | 2017 2018 | 2018 2019 | 2019 2020 | 5 Yr. Comparative | Findings |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------|---|
| # and % of women demonstrating behaviors indicative of mental health and / or anti-social behaviours | 55 of 94 58% | 42 of 84 50% | 39 of 71 55% | 27 of 55 49% | 50 of 81 62% | 55% | This years' findings are relatively the same trend over the last 5 years. Staff are finding that the trend continues to rise in MH behaviour amongst the women served. |
| # and % of women with personal health and safety concerns due to risk of violence | 87 92% | 81 96% | 68 96% | 35 64% | 78 96% | 91% | 96% of women served this year, indicated they were experiencing health and safety concerns due to their potential risk of violence. |
| # and % experiencing long-term mental health problems (list diagnosis at intake) | 40 42% | 43 51% | 35 49% | 31 56% | 22 27% | 49% | 27% of women this year have been diagnosed with a MH disorder. However, staff findings suggest that it would be considerably hire as many MH behaviours go undiagnosed. It should be noted that the Borderline Personality Disorder seems to be a relative trend this year. |
| # and % significantly involved in drug or alcohol usage | 42 44% | 40 48% | 41 58% | 28 51% | 32 40% | 52% | 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 | 17 18% | 17 20% | 9 13% | 4 7% | 6 7% | 13% | These findings are based on self-reported data during the intake process. |

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, 167 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 setting 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 81 women served, 40 responded fully to pre surveys and 34 completed post surveys, which measure 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 educational component referenced here 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 people served when leaving the program, indicate they were going to a safer place. | All women accessing service who identified with crisis or safety risk at intake who completed pre admission and post surveys were completed. (N= 35) | 75% of women accessing services. | 94% (33 of 35) of women completing services indicated at end of services they were transitioning into a safer place. | ✓ 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. (N=35) | 75% of women accessing services | 100% (35 of 35) 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 that identified limited or had minimal knowledge of help available in the community and for whom post surveys were completed by client or staff. (N= 35) | 75% of women accessing services | 100% (35 of 35) of women completing services identified they had an increased connectedness to community supports. | ✓ Exceeded |
| Findings: 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 either discharge or after the educational goals was completed. Achievement assessments looked at increased knowledge of cycle of violence and community resources on a before intervention basis and on a post teaching and learning basis. | | | | Recommendations: Continue to use pre and post surveys to measure the identified effectiveness outcomes. Continue to complete post survey at either discharge or after education goals are completed as this has increased completion rate. Achievement ratios remain consistent with the established minimum target of 75% for each of the 3 outcome measures. | |

PAST PARTICIPANT FEEDBACK - The program did not distribute past participant feedback forms after June 2018. 0 Past Participant Feedback forms were returned this 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 | 91% 1982 of 2190 | met |
| Findings: Based on an internal Balanced Score Card We reached 91% of our annual goal, and the monthly bed stays rate was 165 bed stays per month. | | | | | Recommendations: 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 and rated the services to be average or good. | All Persons served who completed exit survey | 85% | 100% 39 of 40 | ✓ Met |
| 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 | 100% | 100% 40 of 40 | ✓ Met |
| 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 | 85% | 100% | ✓ Exceeded |
| Findings: Only 3 responses from a Survey sent out to program stakeholders were received. Of all 3 they rated the levels of satisfaction at 100% | | | Recommendations: Continue to monitor to ensure a minimum of 85% satisfaction is sustained. | | |

PROGRAM ACCESSIBILITY During the year program staff received 35 requests to accommodate special needs of women in program . 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 | All persons accessing services who report concurrent issues | 50% | 100% 81of 81 | ✓ Exceeded |
| Findings: 1. Program staff had 35 requests to accommodate for special needs 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. 2. As was the case throughout previous years, all women served report concurrent issues .The trend whereby women report more than one co-occurring issue (sometimes as many as three or four) continues. | | | Recommendations: 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. Acquire new educational resources | New educational resources acquired | New educational resources acquired | Five new resources | <ul style="list-style-type: none"> - BC Transition House Training - Braving the Wilderness - Gifts of Imperfection - The Battered Woman Syndrome -Anxiety workbooks -Borderline Personality Disorder booklets -Trauma Informed Practice workbook | <p style="text-align: center;">✓</p> <p>Met</p> |

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 Data Source: Share Vision database system, balanced score card, Client files

Date: Apr 15 2020