

The Fort St John Association for Community Living

2015 Outcomes Management Report

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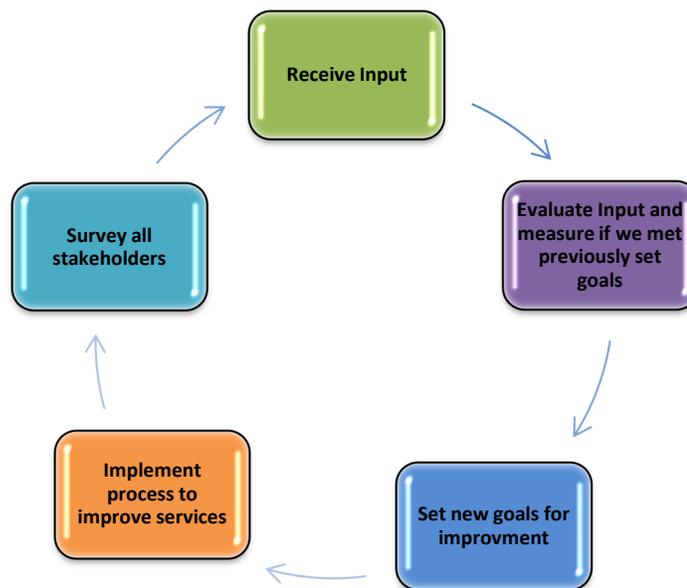
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Introductory Message

This report represents our 11th Annual Outcomes Management Report which summarizes our efforts in continually improving our services to meet the needs of the individuals we support. The performance improvement process includes us asking for feedback from all of our stakeholders: The individuals we support, their families and support networks, staff, community partners and our funders. We take this input, review it, set goals for improvement, and then evaluate how we are doing in meeting those goals. Each year, we then start the process again, by asking for input from our stakeholders. The process is summarized in the chart below:



Because the individuals we support, families, staff and other stakeholders take the time to give us their feedback, we can put together our year end reports, see how well we have done and set goals for improvement.



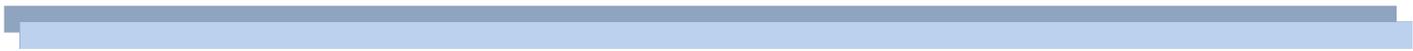
Performance improvement efforts should always work towards achieving our mission:

“Supporting adults with developmental disabilities to achieve full and meaningful lives in our community by providing resources to individuals and families.”

As you read through our plan, you will see that for each program area, we will measure goals based on Effectiveness, Efficiency, Access and Satisfaction. The following defines what we mean by these terms:

- Effectiveness:** A measure that looks at the direct impact of our services on person’s served
- Efficiency:** A measure that looks at how well we do with the resources we are provided (funds, staffing, time, etc.)
- Service Access:** A measure that looks at barriers that exist in accessing our services or moving through our service system.
- Satisfaction:** A measure that reflects how satisfied people are with our services.
- Business Function:** A measure that looks at some of the administrative aspects of the agency

***It’s important to note that all figures in this report are accumulated and documented for the fiscal year April 1st, 2014 to March 31st, 2015*



Understanding this Report

It is the goal of the FSJACL that everyone can access and understand this report.



This report is like a report card. It says what we do and how we do it. It tells what we think we do well and what we want to do better.

If this report is hard to understand:

- If you are having trouble understanding or reading what is in this report, ask a friend, support worker or family member for help in reading this report.
- Or call our office for assistance; our phone number is (250) 787-9262.





We are an Accredited Agency

In August of 2014, the Fort St. John Association for Community Living attained their 4th, 3 year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CARF-accredited programs and services have demonstrated that they meet internationally recognized standards. CARF accreditation means that an organization has made a commitment to continually enhance the quality of its services and programs and its focus on the satisfaction of the persons served.

What is accreditation?

Accreditation is a process that demonstrates a provider has met standards for the quality of its services. CARF* establishes these standards to guide providers in offering their services. CARF also uses the standards to evaluate how well a provider is serving people and how it can improve.

What is a CARF survey?

As a step toward accreditation, a provider invites CARF to send a team of professionals, called surveyors, to visit its site and evaluate its services for quality. The surveyors consult with staff members and interview people who use the provider's services. Based on the surveyors' review, the provider may be awarded CARF accreditation for one or three years. In some cases, the provider may need to improve its services before it can become accredited.

***What is CARF?**

CARF is an international, not-for-profit organization that accredits human services providers. Founded in 1966 as the Commission on Accreditation for Rehabilitation Facilities, the accrediting body is now known as CARF.

Strategic Plan

The Board and Leadership Team set a new Strategic Plan in November 2010 with new goals, objectives and mission statement.

“Supporting adults with developmental disabilities to achieve full and meaningful lives in our community by providing resources to individuals and families.”

Strategic Goals

Note: Goals set will help us achieve our mission and the Objectives further clarify how we plan to reach that goal.

Goal #1

Foster a work environment that recognizes the value of empowering individuals with developmental disabilities to reach their goals.

Strategic Objective 1.1:

Develop key messages based on the Credo for Support and embed in all training and written documentation.

-  From the Credo for Support, we have developed Guiding Principles which are incorporated into all training, publications, job descriptions and performance appraisals. The Guiding Principles are also framed and displayed within each program.
-  The Guiding Principles are also continually reinforced in the program. We also surveyed all staff to see how we are doing in following the Guiding Principles.
-  We hold an annual workshop to review the Guiding Principles and also included it in the Orientation Day for new employees.
-  The Guiding Principles are discussed at each staff meeting and at each leadership team meeting.
-  We use Open Future Learning, an on-line program to help teach staff the ethics of this sector.

Strategic Objective 1.2:

Modify employee recruitment tools to include information that articulates the benefits of being FSJACL staff.

-  In our Guiding Principles, training and all publications we reflect the value of working at the FSJACL and empowering individuals.
-  We have updated our website to reflect the Credo of Support and highlight the benefits of being an FSJACL staff on the site.
-  We have changed the wording of our advertisements to help recruit staff
-  Encourage staff to share through blogs and surveys and inspire them to recruit their friends who they feel would be a great support worker; we also provide the “Recruit a Friend Program” which provides financial rewards for recruiting people.
-  Our Employee Handbook has been revised to include benefits, training offered and opportunities for advancement.
-  Have included testimonials from staff on our website.
-  We created recruitment cards that we can use to hand out to people who would be a great addition to our team

Goal #2

Create an organizational culture that respects the choices of individuals with developmental disabilities and offers flexibility.

Strategic Objective 2.1:

Create team charters based on the Credo for Support that build trust, commitment and accountability.

-  Team Charters were created and we continue to reinforce these in each program.
-  Team Charters are reflected in staff evaluations
-  Team Charters are discussed during the Orientation Day for new staff and discussed at each staff meeting.

Strategic Objective 2.2:

Create and implement a plan to increase the number of approved Home Share providers. Include recruitment, networking, promotional and educational resources and strategies.

-  A brochure for the Home Share Program was created
-  We continue to use Facebook and the newspaper for recruitment
-  We find that “word of mouth” is very effective and have included Home Share in our “Recruit a Friend” Program so that staff get a financial reward for recruiting home share providers.
-  We are advertising on FSJ Now, our local community website and find that it reaches the most people in our community.

Strategic Objective 2.3:

Develop a training program for approved Home Share providers.

-  We have developed a manual and continue to look for additional training
-  We offer Open Future Learning to all our Home Share Providers and some modules will be required before we enter into a contract with the provider
-  We require all home share providers to have First Aid and CPI. We coordinate the workshops, but they are responsible for paying for the training.

Strategic Objective 2.4:

Prepare for alternative residential opportunities.

-  We have gathered information and housing examples and are still in process of researching possibilities.

Strategic Objective 2.5:

Improve the Person-Centered Plan process.

-  A template, booklet and guide have been created.
-  More staff are now involved in the PCP process.
-  A PCP informational handout has been made for families and it was added to the Self Advocate and Family Handbook.
-  PCPs are reviewed more frequently by staff supports
-  All staff participated in a workshop around effective goal setting.
-  A quiz was created around each PCP to ensure staff understand what is in each PCP.
-  PCPs are discussed in more detail during the Orientation Day that is held for new staff.
-  There is a Person Centered Planning training module available through Open Future Learning that staff are required to take.

Goal #3

Support individuals in acquiring and maintaining meaningful employment.

Strategic Objective 3.1:

Create and implement a plan to increase successful employment opportunities for individuals. Include networking, promotional, and educational resources and strategies.

-  A Supported employment booklet was created.
-  An Employers Guide to Supported Employment was developed.
-  A Guide for Family and Support Networks was developed.

-  In depth training for all staff around the employment process was delivered in 2012 and early 2013.
-  Supported Employment Success Stories were published every month during 2013 in the Flipside newspaper.
-  We highlighted Supported Employment Success Stories during Community Living Month and in our Seasonal Newsletters.
-  We participated in “Mentorability”, a provincial initiative where you match a person with a disability with a business “mentor” for a day. This has led to some people obtaining permanent employment.
-  We have become a member of “CASE” Canadian Association for Supported Employment and will have access to their resources.
-  Our agency has joined the provincial “Mapping” project which shares employment success stories from around the province.

Satisfaction Surveys

Satisfaction Surveys - Persons Served

Survey Method: The majority of persons served were surveyed in person by our Quality Services Coordinator. A few were surveyed with key staff and a few did the survey on their own through a link to Survey Monkey.

Response Rate: 32 participants completed the survey. Although we serve a total of 57 people in various areas and degrees, not all are given the survey as some were supported for only a very short time, difficult to get the survey to or have moved.

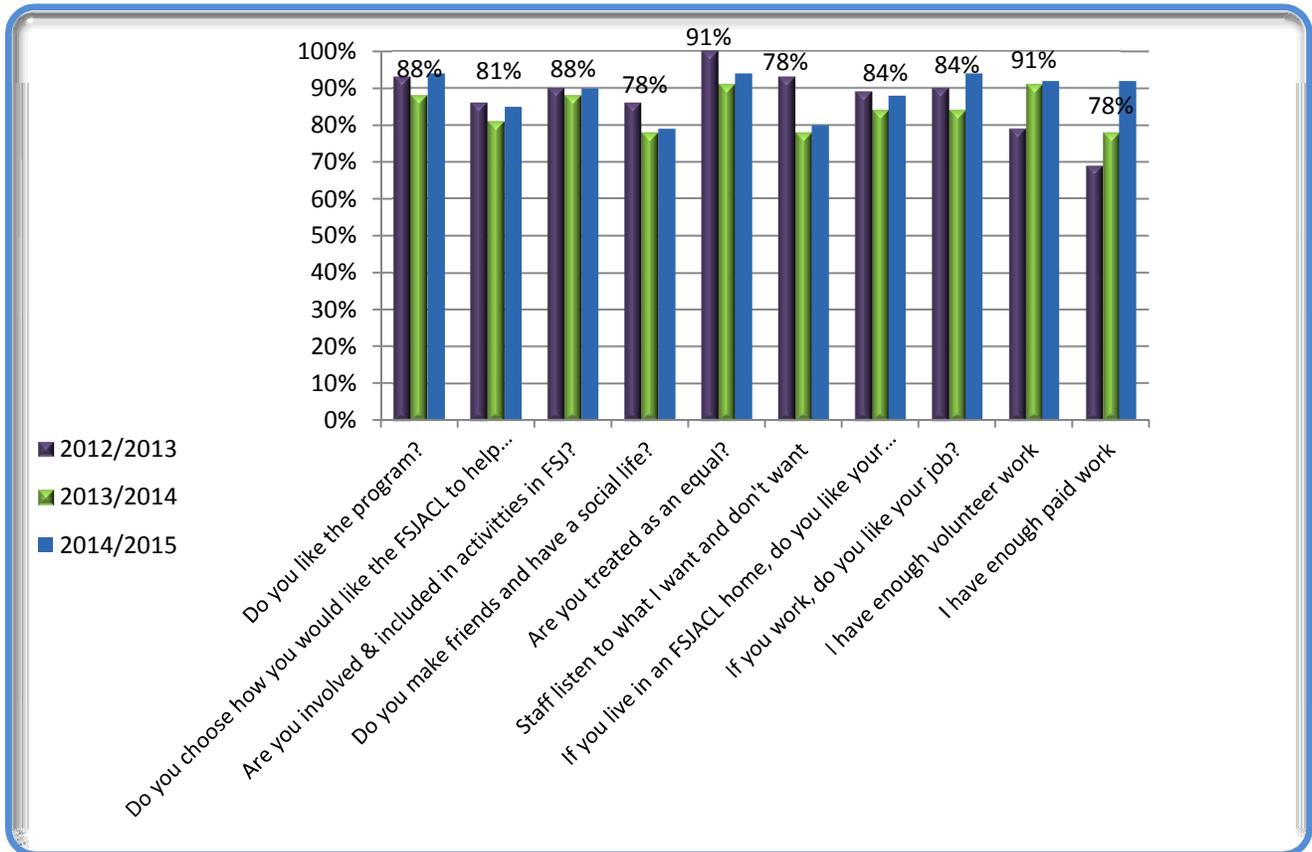
| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|------------------------------------|---------------------------------|-------------|------------------------------|---|----------------|
| Overall increased consumer satisfaction | All individuals receiving supports | April 1, 2014 to March 31, 2015 | Surveys | Quality Services Coordinator | Average of at least 95% satisfaction in all areas | 90% |

Last year satisfaction was rated at 85%, this year our result was 90%.

Questions asked for Participants Satisfaction Survey

| Question | Yes | No | NA |
|---|-----|-----|----|
| Do you like the program? | 88% | 12% | |
| Is information about the FSJACL easily available and understandable? | 69% | 31% | |
| Do you choose how you would like the FSJACL to help you? | 81% | 19% | |
| Are you happy with the things you do at the FSJACL? | 94% | 6% | |
| Do you feel you have a choice in activities? | 84% | 16% | |
| Are you involved and included in activities in FSJ? | 88% | 12% | |
| Do you make friends and have a social life? | 78% | 22% | |
| Do you learn and practice skills to help you at home and in your job? | 84% | 16% | |
| Are you treated as an equal? | 91% | 9% | |
| Are your rights, beliefs and choices respected? | 91% | 9% | |
| Do you have enough volunteer work? | 91% | 9% | |

| | | | |
|---|------|-----|--|
| Do you have enough paid work? | 78% | 22% | |
| If you work, do you like your job? | 84% | 16% | |
| Do you like the staff who support you? | 88% | 12% | |
| Do staff listen to what you want and don't want? | 80% | 20% | |
| Do you feel comfortable in approaching FSJACL supervisors? | 100% | - | |
| If you live in a FSJACL home, does it feel like home? | 84% | 16% | |
| If you live in a FSJACL home, do you feel comfortable inviting your friends and family over to visit you there? | 84% | 16% | |
| If you live in a FSJACL home, do you like your roommate? | 88% | 12% | |
| Do you have friends and family involved in your life? | 88% | 12% | |
| Are you getting all everything you need or want from us? | 91% | 9% | |
| Are you familiar with your Person Centered Plan? | 69% | 31% | |
| Are you having a chance to work on your goals from your Person Centered Plan? | 78% | 22% | |



Previous Recommendations and Actions: Created PCP Quizzes, have been very successful in finding volunteer and paid work for individuals, added pictures to the day program calendar to help individuals understand the schedule, staff review a PCP monthly to keep information fresh in their minds, PCP checklist is being used by programs.

| Last Year's Recommendations | Actions |
|---|---|
|  Ensure exit interviews are completed for all individuals exiting service | No exit interviews for individuals leaving services were completed. It's difficult to get exit interviews completed after people leave the service, therefore, we will try to do the exit interview before they leave. This will continue to be a goal. |
|  Create Self-Advocate DVD | We have chosen not to continue this goal as it's too time consuming and would need to be consistently updated |
|  Continue to find more paid or volunteer work for individuals | Continue to find more paid or volunteer work for individuals |
|  Review Survey Questions | We reviewed the survey questions for this year, but will review them again prior to doing the survey next year, this goal will be continued. |
|  Create a Community Calendar of events that all employees can use and access | Calendar was created on Sharevision. |
|  Add "view website, Facebook page and community calendar" to house meeting agendas | This is now added to the agenda template |
|  Refer back to PCP on an ongoing basis, as required. This will assist individuals in becoming more familiar with their PCP. | This is being done, but goal will be continued |
|  Make the Self Advocate Complaint form more available to individuals | The Self Advocate Complaint form is now available in each program where self-advocates have access to them |

Exit from Services:

We had four people exit services in this past fiscal year. 3 people moved from our community and therefore that was the reason for exiting services, the other person received individualized funding.

Recommendations for the next year:

-  Continue to ensure exit interviews are completed for people who leave our services
-  Continue to find more volunteer and paid work for individuals
-  Survey questions will be reviewed and revised prior to sending out the survey next year
-  We will Continue to update the Community Calendar
-  Refer back to PCP on an ongoing basis, as required. This will assist individuals in becoming more familiar with their PCP.

Satisfaction Surveys –Family and Caregivers

Survey Method: For this report we e-mailed surveys via Survey Monkey, mail, phone calls or handed out gave surveys to those who do not have e-mail.

Response Rate: 24 surveys were completed – 12 out of the 24 that were emailed and 12 out of 14 that were hand delivered or phoned families. Therefore, a total of 24 out of 26 were completed, which is a 92% response rate. This is a higher rate than the last 3 years.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|--------------------------------|-----------------------|------------------------------|----------------------------|----------------|
| Increased satisfaction of Families and caregivers | All families, caregivers and advocates of the people we serve | April 1, 2014 – March 31, 2015 | Surveys (ShareVision) | Special Projects Coordinator | 95% | 95% |

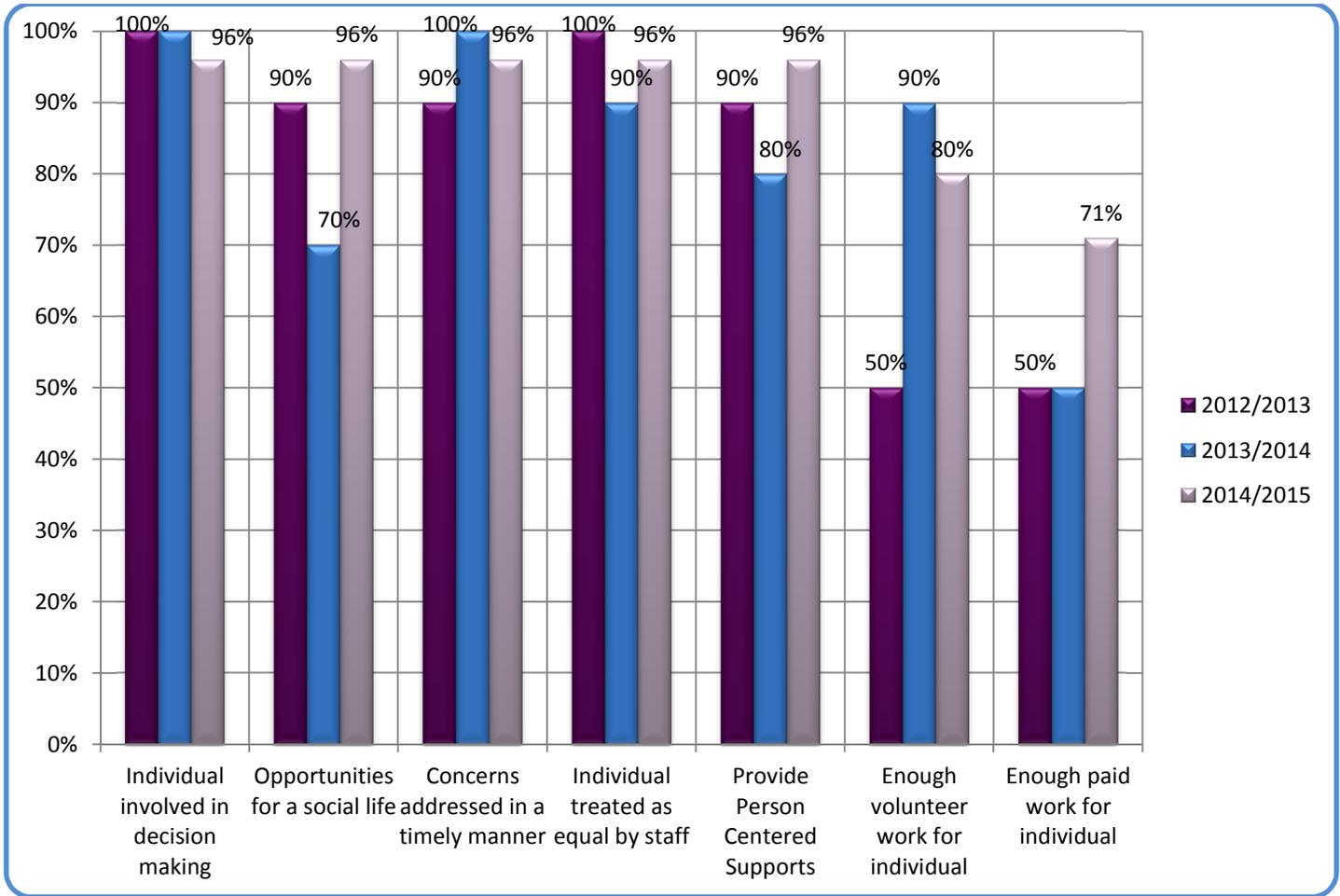
**Note: Family and “Caregiver” refers to caregivers who are not FSJACL staff.

** There is no longer an “na” option on the survey

Last year our target was 95% and we achieved 87%. This year our target was 95% and we achieved 95%

| Questions | yes | No |
|---|------|-----|
| Is the program accessible and conveniently located? | 100% | |
| Is information about the FSJACL readily available and understandable? | 100% | |
| Does the FSJACL provide ongoing and updated information? | 96% | 4% |
| Do you feel you are communicated with enough? | 92% | 8% |
| Is the FSJACL proactive in our community? | 100% | |
| Does the FSJACL provide timely and quality service? | 96% | 4% |
| Is the person you care for involved in decision making regarding their services? | 96% | 4% |
| Is the person you care for given opportunities to be involved and included in community? | 96% | 4% |
| Is the person you care for given opportunities to make friends and have a social life? | 96% | 4% |
| Is the person you care for given opportunities to learn and practice skills? | 96% | 4% |
| Is the person you care for treated as an equal by staff? | 96% | 4% |
| Is the person you care for receiving Person Centered Supports (rights, beliefs, and choices respected)? | 96% | 4% |
| Is the person you care for receiving enough volunteer work? | 80% | 20% |
| Is the person you care for receiving enough paid work? | 71% | 29% |
| Do you feel the FSJACL is advocating for the rights of the individuals they serve? | 100% | |
| Do you feel comfortable in approaching the FSJACL staff? | 100% | |
| Do you feel comfortable in approaching FSJACL supervisors? | 100% | |
| Do you feel comfortable in approaching the FSJACL Executive Director? | 100% | |
| Do you feel your concerns are addressed in a timely manner? | 96% | 4% |

Survey Results from Family/Caregivers



Previous recommendations and actions:

Involve families more in PCP process (as noted in PCP Guide) and ask them during the PCP Process how they would like to be informed (if person served wants them to be communicated with). We created a PCP information handout for families to better understand the process.

| Last Year's Recommendations | Actions |
|--|--|
|  Will keep Facebook updated weekly | This has been updated regularly this past year. This will continue to be a goal. |
|  Supervisors to connect with families on a more regular basis | This has improved. We will continue this goal. |
|  Programs to implement processes for communicating with individual's families, where it has been identified in their PCP | This has been done. |

Recommendations for the next year:

-  Will continue to keep Facebook updated
-  Will continue to connect with families on a more regular basis

Next Year's Target: 95%

Satisfaction Surveys - Staff

Survey Method: A survey was sent to staff using Survey Monkey. The link was sent by e-mail to the programs and on ShareVision. Supervisors were asked to encourage staff and give work time to complete surveys. All staff including new and casual staff were asked to fill out the survey.

Response Rate: 36 staff completed the survey, a decrease of 6 people from last year. We had 62 employees working for us this year; therefore, the response rate was 58%. Last year's response rate was 71%.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--------------------------------|---------------------------|--------------------------------|-------------|-----------------|----------------------------|----------------|
| Increase in staff satisfaction | All BCGEU Staff | April 1, 2014 - March 31, 2015 | Surveys | Human Resources | 98% | 96% |

**Please note: only the questions pertaining to staff satisfaction and not quality of service are used to calculate the staff satisfaction. Results were rounded up to the nearest number and if the result was .5, we rounded up on the "agree" side.

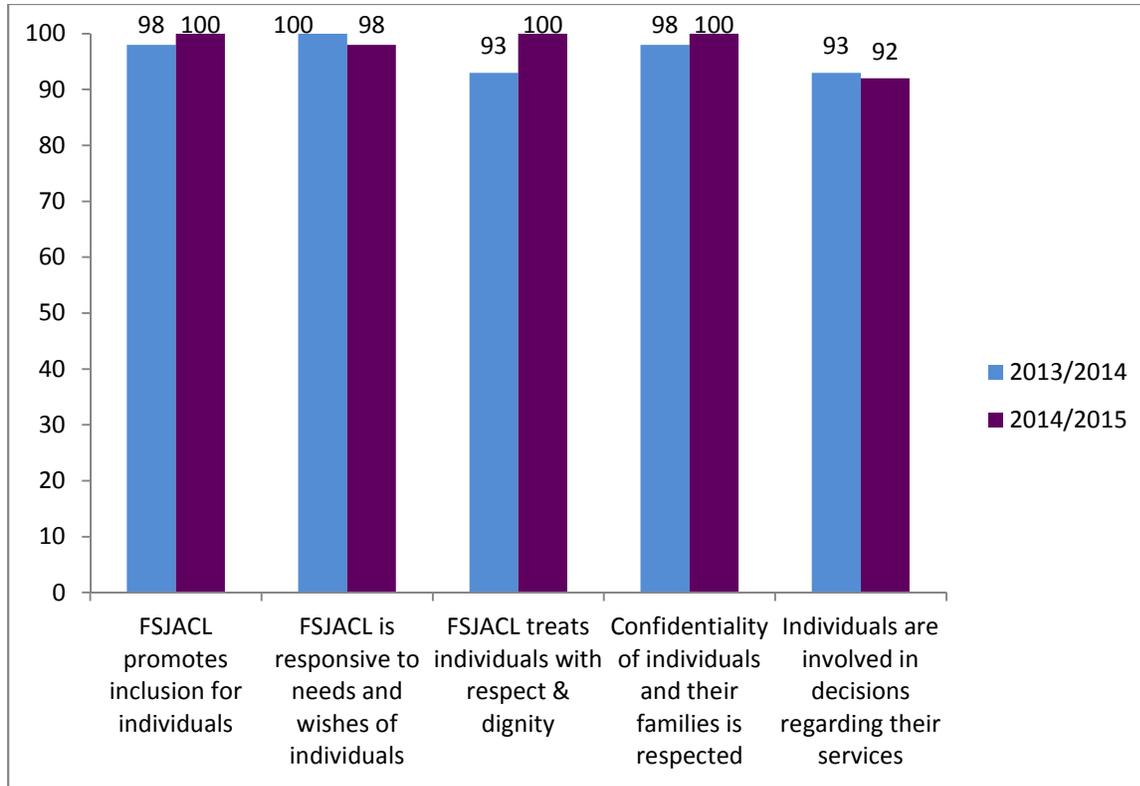
Result:

Last year we achieved 97% satisfaction. This year our goal was 98% and we achieved 96% satisfaction.

Questions asked on the Employee Feedback Survey regarding Staff satisfaction

| Question | Agree | Disagree |
|--|-------|----------|
| Employees are provided with adequate and appropriate training to do their job well. | 93% | 7% |
| The FSJACL treats you with respect and dignity. | 92% | 8% |
| You are provided with opportunities for growth and development. | 84% | 4% |
| You are aware of your rights as an employee at work. | 100% | |
| Do you understand your responsibilities and expectations in your role as a support worker? | 100% | |
| Do you understand the PCP Process | 100% | |
| You are given opportunities to be involved with the PCP process. | 89% | 11% |
| The FSJACL respects your confidentiality. | 96% | 4% |
| Information and communications from the FSJACL are easily accessible to you. | 100% | |
| Your work environment is safe and healthy. | 76% | 24% |
| The FSJACL encourages feedback. | 100% | |
| The FSJACL is responsive to the feedback it receives. | 92% | 8% |
| The FSJACL makes appropriate changes to reflect feedback. | 92% | 8% |

Staff's Feedback on the Services Delivered



Previous recommendations and actions:

Employees are quizzed on Person Centered Plans annually, staff are more involved in the PCP review process to increase their understanding of the process and provide input, more awareness of how to deal with confidential documents, we've promoted the health and wellness program more this past year, continue to create an annual Staff Feedback news page, attended a high school open house to inform families and individuals who may require our services in the future, Guiding Principles have been added as a measure for all staff evaluations and we hold annual Guiding Principles Workshops as well as make it a part of our Orientation Day for new staff.

| Recommendations from last year | Actions |
|---|---|
|  Programs will have more staff meetings. | This has continued to be a challenge with staff shortages. We will continue to work on this goal. |
|  Will create a newsletter on Guiding Principles for families. | This was completed last year. |
|  Supervisors to ensure they refer employees back to the Guiding Principles when there are ethical decisions to be made. | This is being done. This goal will be continued. |
|  Supervisors are going to oversee | This is being done. This will continue to be a goal. |

| | |
|--|---|
| orientations. | |
|  Add a question to Knowledge Quiz – ‘If they see something done a different way then you’ve been shown, what would you do?’ This will help address some of the inconsistency in supports that happen in the programs. This will also be added to the orientation checklist so new staff are given direction to let the supervisor know if there are inconsistencies. | This has been added to the orientation checklist |
|  Staff have indicated that they require training in dealing with people who have mental health issues – we can only provide generalized training on how to communicate with someone who has mental health issues, as each person has their own challenges and we can’t categorize people, we need to allow professionals to make the diagnosis and create a plan to support that person, then we will follow the plan. | We continue to work with mental health in offering some training to staff in supporting people with mental health challenges. We will continue this goal. |
|  Remind staff that they are part of the PCP process when they add to the Notes Page, this can occur through the news page that we publish, through staff meetings and a question will also be added to the knowledge quiz. | This is being done. We will continue this goal. |
|  Will make a Table of Contents for ShareVision, to help staff navigate through the system. | This is being reformatted. We will continue this goal for the next year. |
|  Will add an ‘Actions’ column to our Leadership minutes | This is being done. |
|  When staff have questions regarding information that is in the Collective Agreement, supervisors need to refer the staff back to the Collective Agreement and show them where the info is so they get used to looking up things in the agreement. | This is being done. We will continue this goal. |
|  Supervisors need to work on having better communication with staff around scheduling changes and ensure schedules are always updated the same day as the change. | This has improved the past year. We will continue this goal. |
|  We need better communication. | This is being done. We will continue with the goal to |

Supervisors to ensure staff are checking e-mail daily. To assist in this process we will ensure that only relevant program related e-mails are sent to the program e-mail; informational e-mails that the employee may be interested in will be sent to their personal e-mails (unless they've requested otherwise).

improve communication and check and respond to e-mail requests in a timely manner.

Recommendations for next year:

-  Programs to have more staff meetings
-  Supervisors to ensure they refer employees back to the Guiding Principles when there are ethical decisions to be made.
-  Supervisors to continue to oversee orientations.
-  Will continue to work with mental health in offering some training to staff in supporting people with mental health challenges.
-  Continue to remind staff that they are part of the PCP process when they add to the Notes Page, this can occur through the news page that we publish, through staff meetings and a question will also be added to the knowledge quiz.
-  Will make a Table of Contents for ShareVision, to help staff navigate through the system.
-  When staff have questions regarding information that is in the Collective Agreement, supervisors need to refer the staff back to the Collective Agreement and show them where the info is so they get used to looking up things in the agreement.
-  Supervisors to continue to work on having better communication with staff around scheduling changes and ensure schedules are always updated the same day as the change.
-  We will continue to improve communication and check and respond to e-mail requests in a timely manner.

Target for next year: 98%

Satisfaction Surveys - Other Stakeholders

Survey Method: Stakeholders were e-mailed the survey through Survey Monkey. Surveys were e-mailed to professionals that we interact with, sponsors, our funder, donors, contractors, employers, partner agencies and other community agencies.

Note: the survey is called 'External Contacts Feedback Survey'

Response Rate: 45 surveys were sent out and 15 were completed, which is a 33% response rate but many of these stakeholders have limited contact with our organization and we also recognize we live in a very busy society. More surveys have been sent out in the last couple of years, in hopes of receiving more input from external contacts.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|---|--------------------------------|---------------|------------------------------|----------------------------|----------------|
| Increase overall satisfaction of external stakeholders | All external stakeholders (funders, professionals, community members, etc.) | April 1, 2014 – March 31, 2015 | Survey Monkey | Quality Services Coordinator | 100% | 100% |

Results:

Last year our results were 100% satisfaction. This year we also had a 100% satisfaction rate.

***Please note that all n/a answers were eliminated from the results.*

We have taken into consideration that different stakeholders will be interacting with us for different reasons, and therefore, they may not know certain information about us, but are content with the information they do have about us. We have been striving to reach a point where external stakeholders know general information about who we are and what we do and also know where to find more information if they need to. In addition, as recommended, we have worked on promoting our website, logo and Facebook page so that we are recognizable in our community (which ties into our strategic goals) by including it on all documents, memos, letters, posters, etc.

Questions asked on External Contacts Feedback Survey

| Questions | Agree | Disagree |
|--|-------|----------|
| Are the FSJACL programs accessible and conveniently located? | 100% | |
| Is information about the FSJACL readily available and understandable? | 100% | |
| Does the FSJACL provide ongoing and updated information? | 100% | |
| Does the FSJACL respond to the needs of its stakeholders? | 100% | |
| Is the FSJACL known for its integrity and ethical practices? | 100% | |
| Is the FSJACL proactive in our community to be a support to individuals, families and be a quality service provider? | 100% | |
| Does the FSJACL respect the rights, beliefs and choices of the individuals they serve? | 100% | |
| Is the FSJACL meeting the needs of the individuals they serve? | 100% | |
| Is the FSJACL staff qualified and competent in the performance of their jobs? | 100% | |
| Do the FSJACL staff members represent the agency in a positive way? | 100% | |
| Is the FSJACL responsive to critical feedback? | 100% | |
| Does the FSJACL work well with other community organizations to benefit the people they serve? | 100% | |

Previous recommendations and actions: Facebook is up and running and updated regularly, our website is updated regularly, articles published in Flipside monthly in 2013, Put articles in the paper for Community Living Month in October and continue to network within the community for employment opportunities.

| Previous Recommendations | Actions |
|---|---|
|  Continue to utilize Facebook and our website to communicate with the public | This is being done. We will continue with this goal. |
|  Continue to work on good relations with our sponsors and stakeholders | This has been a bit more of a challenge without a Special Projects Coordinator, but this is still a focus for us. We will continue this goal. |
|  For next year's survey – allow the responder to select “other” for “what is your relationship to the FSJACL”? On the current survey it forced people to select one of the other options, and then they could put a comment in “other”. | This was missed in this survey, we will do this next year. |
|  Ensure surveys are sent out to other | This was not done this year, will do next year |

| | |
|--|--|
| Community Living organizations in the north | |
|  Add to Facebook at least weekly | This is being done. We will continue this goal. |
|  Get more quality photos of FSJACL events and activities | This continues to be a challenge. Will continue this goal for next year. |

Recommendations for next year:

-  Continue to utilize Facebook and our website to communicate with the public
-  Continue to work on good relations with our sponsors and stakeholders
-  For next year's survey – allow the responder to select “other” for “what is your relationship to the FSJACL”? On the current survey it forced people to select one of the other options, and then they could put a comment in “other”.
-  Ensure surveys are sent out to other Community Living organizations in the north
-  Add to Facebook at least weekly
-  Get more quality photos of FSJACL events and activities to use in promotional materials

Target for Next Year: 100%

Plan to Communicate Outcomes Management Report

Persons Served

The Outcomes Management Report is available at all work sites. A memo will be sent out to persons served and their families, notifying them of its availability on our website or hard copies available at our office. We have also created a summary news page for individuals and families to help communicate important items in the report. Also, some information is summarized in our Annual Report which is available at our Annual General Meeting and on our website.

Staff

All staff will be notified once the annual Outcomes Management Report is complete. It will be uploaded into ShareVision and all staff will be required to review it. Our agency's goals, successes and steps to constantly improve are important for employees to see and be part of. We could not achieve any of our strategic planning goals and our mission would be unachievable without the work of dedicated employees and it is important that they see how they fit into the bigger picture. This year we also created an Employee Feedback news page to communicate to employees the survey results.

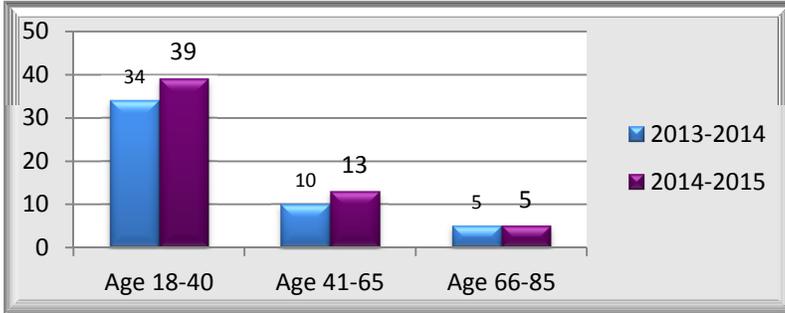
Other Stakeholders

The Outcomes Management Report is available on our website for all stakeholders. Through e-mail and newsletters we will notify people that it's on our website and also that a hardcopy is available by requesting one through our office. Also, some information is summarized in our Annual Report which is available at our Annual General Meeting and on our website. We will also publish some highlights in our Newsletter.

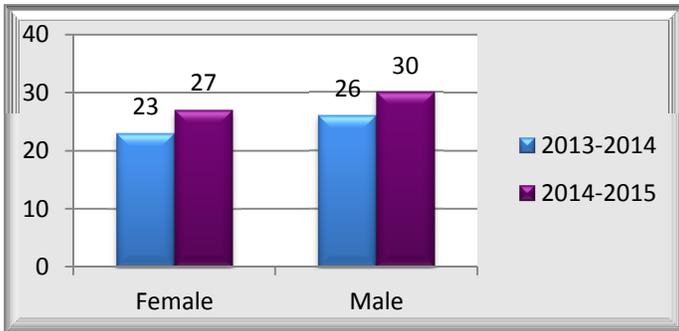
Characteristics of Persons Served

Number of Persons Served by the FSJACL – 57

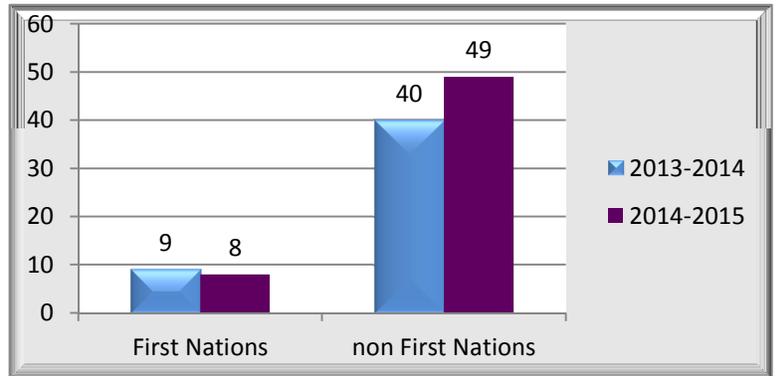
Age of Persons Served



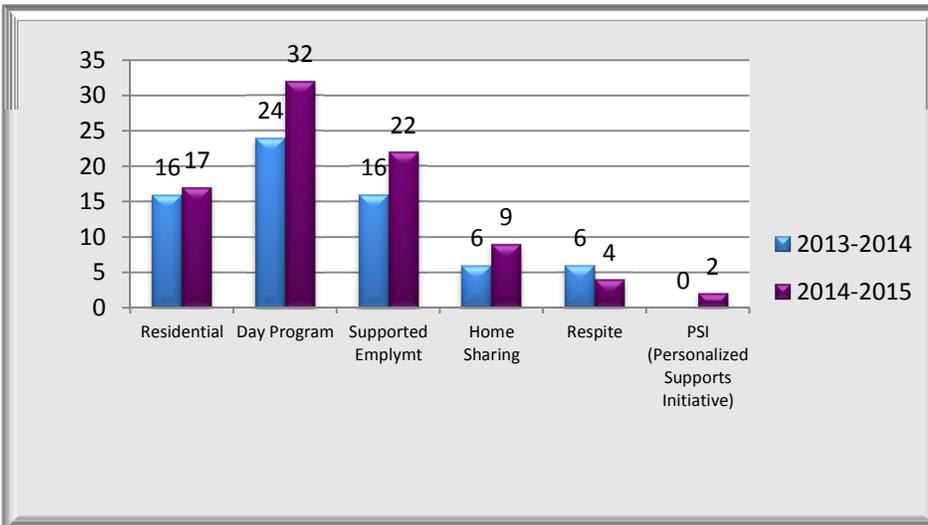
Gender of Persons Served



Ethnic Background of Persons Served



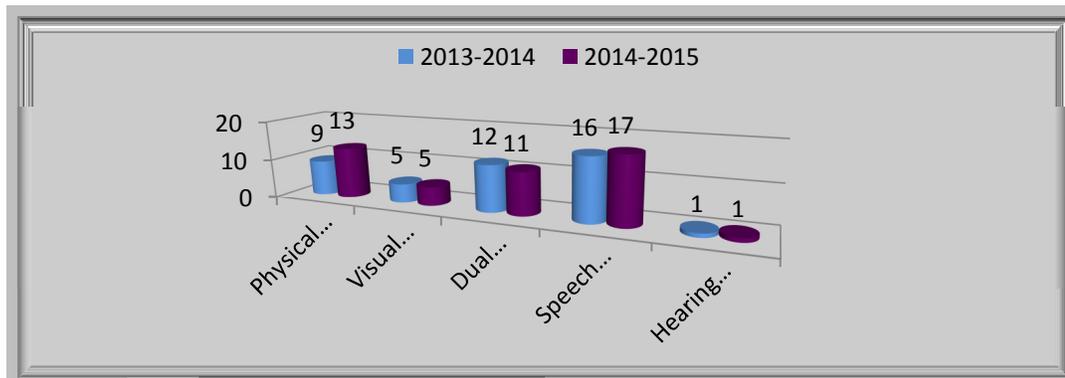
Which Programs are accessed by Persons Served



****Some individuals access more than one program**

Barriers

All individuals we support have a developmental disability; however, some also have multiple barriers as indicated in the charts below



By identifying barriers, we can then measure how each barrier impacts individuals in meeting their goals. For example, if someone is unable to communicate verbally, and data shows they also have less of a support network than those who do not have a communication barrier, we then have identified an area in which we can put the necessary supports in place (communication devices, etc.) and help eliminate that barrier.

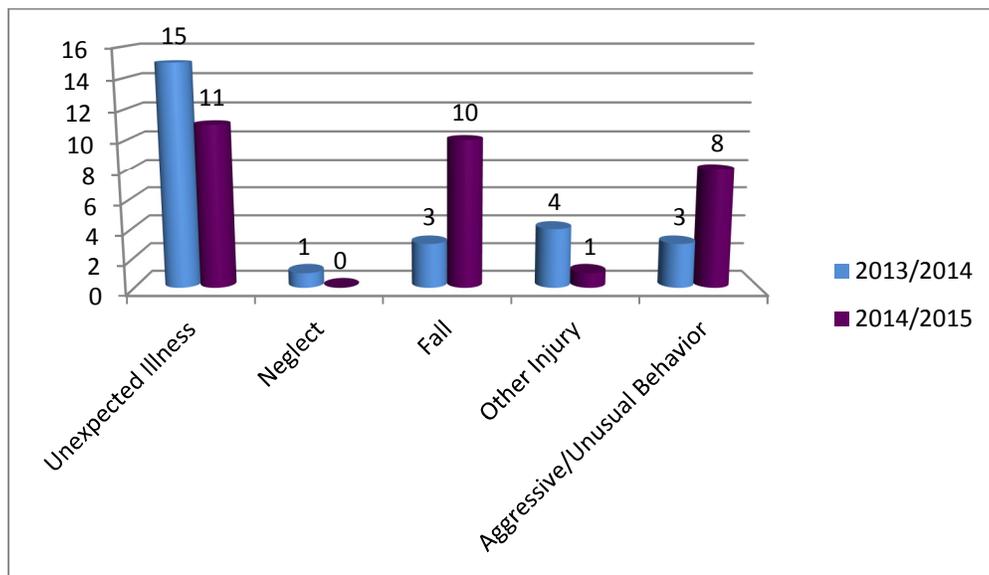
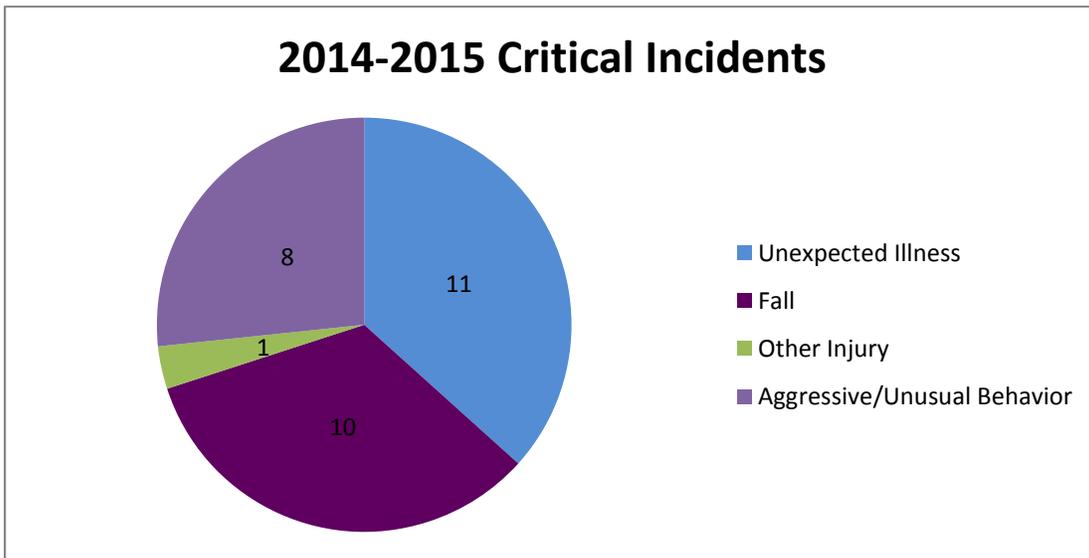
Previous Recommendations: We asked individuals about barriers such as community inclusion when surveying.

Critical Incident Review

On an annual basis, all critical incidents are reviewed to determine any trends or contributing factors to incidents occurring. This helps to identify areas of improvement and increase the health and safety of the individuals we support.

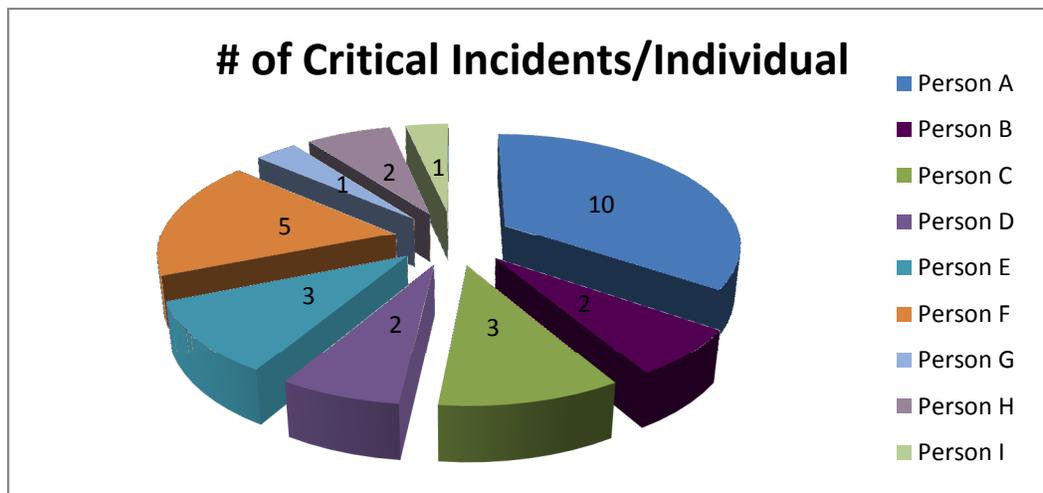
Definition: A Critical Incident is a serious or unusual event involving an individual receiving services. Some examples of a critical incident are; unexpected illness or injury, a fall that requires medical intervention, aggressive or unusual behavior, etc.

During the past year there were a total of 30 Critical Incidents.



Review Results:

- The number of incidents has increased by 4
- Unexpected Illnesses are difficult to control, however, the staff have been working with the Health Services for Community Living (HSCL) nurse on some on-going health issues that were causing critical incidents. 82% of the unexpected illnesses were involving our aging individuals with increased health issues, and people with higher medical needs.
- Falls Prevention is also very difficult. 100% of the incidents involving a fall where medical attention was required involved an individual who falls when he has seizures. While protective measures have been put in place to help prevent injuries, it's impossible to safeguard people all of the time.



| Previous Recommendations | Actions |
|---|---|
| <ul style="list-style-type: none"> Work with psychologist to create behavior support plans and continue to plan with individuals who have mental health issues to attempt to avoid crisis in their lives | <p>Continue to work with psychologist, where appropriate and Dual Diagnosis where appropriate.</p> <p>Will also continue to work with Mental Health on care plans, if required.</p> |
| <ul style="list-style-type: none"> Work with staff on proper completion of incident forms and documentation | <p>Working well, this goal can be discontinued.</p> |

Recommendations for next year:

- Will be creating charting through Sharevision and streamline that process.
- Continue to work with psychologist, where appropriate and Dual Diagnosis where appropriate.
- Will also continue to work with Mental Health on care plans, if required.

Cultural Diversity Plan

The Fort St John Association for Community Living is continually looking at ways in which it can be more welcoming to the people it supports, our staff and our stakeholders. We work to achieve this by educating and training our staff members on the dynamics of a growing and culturally diverse community. Through this process, we will increase awareness, compassion and the ability to effectively interact with others who are different than ourselves with dignity, respect, patience and understanding.

Embracing diversity in the workplace makes for better creativity, acceptance, tolerance and innovation. It also broadens the knowledge, skills and abilities of our staff members. In addition, by creating a welcoming environment for everyone, we then can provide good services that are also culturally sensitive, to the people we support.

The Fort St John Association for Community Living acknowledges and respects the value of a diverse community. This recognition includes gender, race/ethnicity, family status, age, mental/physical abilities, sexual orientation, religious beliefs, socio-economic status and occupational focus. We work to maintain an environment that is supportive of these elements by promoting inclusion within the organization and the communities we serve.

We commit to:

-  Offering services that respect individual and cultural differences
-  Promoting cultural awareness and understanding
-  Reflecting the diversity of our community at staff/volunteer and Board levels as well as with services provided
-  No tolerance for discrimination of any kind

Our current process includes the following:

-  Equal opportunity employment initiatives for our hiring process
-  All new employees take an on-line Cultural Diversity workshop during their orientation
-  We review the demographic of the people we support annually as part of our Outcomes Management Process
-  Try to recruit more employees who are aboriginal, by sending information to NENAS and Treaty 8.
-  We added some questions around diversity on our Annual Employee Feedback Survey.
-  Person Centered Plan template addresses cultural and spiritual beliefs.
-  All staff must read the Sexuality Handbook during their orientation to direct them on how to support someone regardless of their sexual orientation.
-  The board has set direction, through the Strategic Plan that states:
“Create an organizational culture that respects choices of individuals with developmental disabilities and offers flexibility”. This again speaks to the person centered planning and supports that need to be offered to individuals, respecting who they are
-  In addition, also in our Strategic Plan, Strategic Objective 1.1 states:
“Modify employee recruitment tools to include information that articulates the benefits of being an FSJACL staff.” A key component of this is being a welcoming workplace for staff, regardless of their culture.

| Previous Recommendations | Actions |
|--|---|
|  <p>Include questions in our annual staff feedback survey around cultural diversity and welcoming workplaces. This will allow us to get feedback and direction from people and implement actions as a result of that feedback.</p> | <p>We added questions to our employee feedback survey that addressed diversity in the workplace. Most of the responses were very positive and people feel that our work sites are very accommodating to different beliefs and cultures. The number one concern among the staff was language barriers.</p> |
|  <p>As a result of our New Employee Committee meeting in August of 2013, the following were recommendations:</p> <ul style="list-style-type: none"> ➤ Begin reviewing Association and Program Policies and Procedures at staff meetings – to gain a better understanding of the policies. Reading them all at once at the beginning of your employment is overwhelming and it’s difficult to absorb all the information | <p>This is being done, when time allows, will continue with this goal.</p> |
| <ul style="list-style-type: none"> ➤ Due to cultural differences in how people cook, we should have corresponding recipes and pictures, including spices. Staff are welcome to offer and cook their own dishes within people’s homes, so they can try something new, but keeping in mind the menu has to reflect their likes and dislikes, therefore if it’s something they like, keep it on the menu, if it’s something they don’t, we need to respect their choice | <p>This is being done.</p> |
| <ul style="list-style-type: none"> ➤ Ensure you have a quick reference for all individual’s menus with their likes and dislikes and health concerns. | <p>It’s being done where appropriate (some people can voice their concerns and pick their menu).</p> |
| <ul style="list-style-type: none"> ➤ Put on the staff meeting agenda, doing “with, not for”. This was due to different ways of “caring” for people in other cultures and how it’s helpful to have that ethical | <p>This is added to the staff meeting agenda and this has been added to orientation checklist.</p> |

| | |
|--|---|
| <p>discussion with your staff team. This will also be put on the orientation checklist for all new staff</p> | |
| <p>➤ Look for new ways to provide information and awareness about the differences in cultures. To begin this, we will send out some discussion questions for the staff team to answer regarding the differences in cultures, and ideas on how we can make the workplace more welcoming</p> | <p>We sent out a questionnaire to staff addressing how to make the workplace more accommodating and welcoming regarding differences in culture. We did receive feedback from this and the questionnaires we did receive back the overall tone was that people do feel welcomed no matter what their culture is. Employees continue to be encouraged to give feedback regarding their culture and differences they note during orientation and annual reviews.</p> |
| <p>➤ Continue to seek workshops that would increase the staff's awareness and compassion to other cultures to create a more culturally sensitive workplace.</p> | <p>When staff is hired and then annually, they complete an on-line PowerPoint and quiz to address diversity in the workplace.</p> |

Recommendations for the next year are:

-  Continue reviewing Association and Program Policies and Procedures at staff meetings – to gain a better understanding of the policies.
-  Continue to have questions regarding cultural diversity on the annual feedback survey.

Residential Programs

Residential Programs - Effectiveness Measures

Objective: To develop support networks for the individuals we support.

Definition: Support networks are meaningful relationships and interactions with people who are outside of the FSJACL or are relationships that exist between an individual and a person/people in the community. For this purpose we do not include family in the measurement.

Rationale: Inclusion happens by people having supports outside of their relationships with paid supports, care givers and family. Supports are friends, co-workers and acquaintances, with similar interests in the community.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|-------------------------------------|---------------------------------|----------------------|-------------|----------------------------|----------------|
| # of individuals who have meaningful relationships in the community (the person knows them) | All individuals in residential care | April 1, 2014 to March 31, 2015 | ShareVision Goal Log | Supervisors | 12 | 5 |

Results: The previous year our goal was 12, and 9 out of 16 people in residential care had meaningful relationships. This past year, 5 out of 17 people had meaningful relationships, and our goal was 12.

Previous Recommendations and Actions: We use Open Future Learning to train staff on their role to facilitate relationships and hold staff accountable for this in performance evaluations.

| Recommendations from Last Year | Action taken |
|---|---|
|  Employment and volunteerism is a big part of building a support network. We will continue to explore opportunities in the community. | Doing well in this area, will continue with this goal. |
|  Explore opportunities for individuals to be part of community groups. | Some are beginning to connect to churches, yoga studio, Friendship Center, Senior's Bingo, and The Legion for Karaoke. Will continue this goal. |
|  Ensure that all staff take the Open Future Learning Workshops. | The FSJACL staff continue to take OFL modules as they become available. |

| | |
|---|---|
|  Supervisors need to hold staff accountable for looking for opportunities for individuals. Evaluations will be used as one way to hold staff accountable, as Guiding Principles are part of performance appraisals. | This is happening, we will continue with this goal. |
|  Try to hire staff with similar interests as the individuals they work with. | Try to put new staff in programs where their interests and skills are best utilized. Will change this goal to “once staff are hired, will try to utilize their skills and interests in programs that are a good match”. |

In discussing the results, the leadership team felt that a continued barrier in facilitating opportunities for individuals to form meaningful relationships outside of paid supports continues to be staff’s awareness in understanding their role, and allowing individuals some freedom to develop those relationships.

In addition, we continue to find it is more difficult for individuals who are non-verbal to create new relationships and friendships in the community. Another barrier in our community is accessibility for individuals who have mobility challenges but the city is taking steps to improve this.

Recommendations for the next year:

-  PCP goals – will assign to staff person so one person is accountable for assisting people in accomplishing certain things (eg. Looking for class in sewing, etc.)
-  Employment and volunteerism is a big part of building a support network – will continue to explore opportunities in the community
-  Explore opportunities for individuals to be part of community groups
-  Supervisors need to hold staff accountable for looking for opportunities for individuals. Evaluations will be used as one way to hold staff accountable, as Guiding Principles are part of performance appraisals.
-  Once staff are hired, we will try to utilize their skills and interests in programs that are a good match”.

Target for next year: 8

Objective: To ensure that individuals are meeting their goals as stated in their PCPs.

Definition: Each person we support has goals which are stated in their Person Centered Plan and measured regularly. This measure only looks at individuals in residential care. A goal will be considered successful if there is at least a 75% success rate.

Rationale: An individual’s Person Centered Plan should be a true reflection of who they are, how they need to be supported and what they want to achieve. The FSJACL is here to support individuals to reach their potential and therefore, empower and

assist them to reach the goals they have set for themselves. This measure allows us to track how we are doing in assisting people in achieving their goals.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|--|---------------------------------|-------------|-------------|----------------------------|----------------|
| % of goals that are successful from Goal Log (PCP) | All individuals receiving residential care from FSJACL | April 1, 2014 to March 31, 2015 | Goal Logs | Supervisors | 75% | 58% |

Results: The previous year 43% of individual’s goals were achieved, this year a total of 58% of their goals were achieved, therefore we did not meet our target. This year the programs have worked on their processes to ensure that the goals are reported on effectively.

***Note: Sometimes goals are set but discontinued for various reasons – these goals were not counted.*

Previous Recommendations and Actions: Had goal setting workshop in 2012, in process of updating ShareVision and supervisors review goals to ensure consistency.

| Recommendations from Last Year | Actions taken |
|--|--|
|  Leadership will continue to retrieve goals together. | This did not work, therefore we have set parameters for supervisors to review goals within their programs and gather the required information. |
|  Continue to work with staff and individuals to ensure goals are measurable and obtainable. | This is improving. Will continue this goal. |
|  Ensure staff review the PCP Manual prior to doing a PCP. | This is being done. We will continue with this goal. |
|  Ensure regular review of the goal logs by the supervisor. | This is being done, this is on the program checklist. This goal can be discontinued. |
|  Create a quarterly report in ShareVision to monitor individual’s progress. | Haven’t done yet, will continue this goal for next year. |

Recommendations for the next year:

-  Ensure PCP template is being used.
-  Continue to work with staff and individuals to ensure goals are measurable and obtainable.
-  Ensure staff review the PCP Manual prior to doing a PCP.
-  Create a quarterly report in ShareVision to monitor individual’s progress.

Target for next year: 65%

Residential Programs - Efficiency Measures

Objective: To recruit enough staff to effectively deliver services while regular staff is absent (backfill).

Definition: To reach this goal we are tracking the number of casual staff who work in residential programs and who aren't filling regular positions due to a recruitment lag. This would be people who are on a casual staff list who are available to fill in for staff away on sick time, vacation, etc. To qualify as a person on the casual list, they would need to meet minimum availability criteria, as per the Collective Agreement.

Rationale: One of the agency's biggest challenges is the recruitment and retention of staff. This leads to service delivery challenges if the agency does not have enough trained staff to effectively deliver the contracted hours. In addition, added workload is placed on existing staff which leads to burnout.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---------------------------------------|---|--------------------------------|-----------------------------|---------------|----------------------------|----------------|
| Build a substantial casual staff pool | Applied to residential programs, does not include casual staff who are in regular positions (recruitment lag) | April 1, 2014 – March 31, 2015 | ComVida & personnel records | HR Supervisor | 9 | 13 |

Result: The previous year we had 7 casual staff and this year we had 13 casual staff. We actually had a total of 63 casual staff but only 44 met minimum availability as per our Collective Agreement. Out of the 44 staff people that met minimum availability, 33 of those staff members were filling regular positions.

Previous Recommendations and Actions: We are in the process of training staff in more than one program, continuing to use Facebook to promote agency and advertising on FSJ Now which seems to reach the most people in our community; and supervisors entering availability for casual staff on ComVida when they have it.

| Recommendations from Last Year | Action taken |
|---|---|
|  Gather and use staff testimonials in recruiting. | This has been completed and has been put onto our website and in newsletters. |
|  Continue to cross train staff | We have looked for opportunities to do this when we are |

| | |
|--|--|
| | able |
|  Continue to orientate staff in more programs | We have hired a lot of staff in the last year and have been diligent about making sure they are trained and orientated in more than one program. |
|  Continue to attend job fairs to recruit more employees | We attended 2 job fairs last year, but only received a few applications from this and 2 successful hires. We have found that using social media to attract potential employees is more valuable, cost effective and not as time consuming. |
|  The HR supervisor to check in with new staff to see how their orientations are going. | The HR supervisor does contact new employees and continues to have an “open door” policy so employees feel comfortable coming and speaking with her if they have a concern or question. |
|  Supervisors to continue to be more involved in orientations, this will provide consistency. | This has been happening. We will continue with this goal. |
|  For the next year, the measure will change from 1000 hours to staff who meet minimum availability, as per our local Collective Agreement. | This was done this year. |
|  Continue to promote “Recruit a Friend Reward Program”. | This continues to be a success in our agency and we have explained this to new employees during the interview process. We receive many applications through the “recruit a friend” program. |

Recommendations for the next year:

-  Continue to cross train staff.
-  The HR supervisor to continue to check in with new staff to see how their orientations are going.
-  Supervisors to continue to be more involved in orientations, this will provide consistency in the programs.

Target for next year: 9

Objective: To retain staff in programs for a longer term

Definition: For this goal, we track regular staff that have stayed in a program for at least one year, we do not track casual staff, unless they were filling a regular position due to a recruitment lag.

Rationale: Staff who have been in a program for over a year provide a number of benefits to the agency, such as:

-  Provide consistency for the individuals in the program;
-  Have built relationships with the individuals they support and actively assist them in reaching their goals and assist with person centered planning;
-  Provide assistance with program documentation;
-  Lessen the funds spent on orientation and training; and
-  Provide more leadership in the program

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|---------------------------------|--------------------------------|-----------------------------|---------------|----------------------------|----------------|
| % of staff who have been in the same program for at least one year | Applied to residential programs | April 1, 2014 – March 31, 2015 | ComVida & personnel records | HR Supervisor | 85% | 78% |

Result: The previous year our goal was 85% and our result was 91%. This year, our goal was 85% and our result was 78% which is a substantial decrease. There were some challenges in one program due to challenging behaviors of one resident and this caused many employees to seek employment in other programs within the organization.

Note: We have found it a challenge to recruit and retain staff as we are a transient community and also our wage is a barrier. We are finding however that more and more staff are staying because the job offers so much satisfaction in other areas, like working with the individuals and the training and the incentives we provide.

Previous Recommendations and Actions: We continue promote Team Charters and they are reinforced in each program and discussed at each staff meeting to maintain good morale in the programs. If values and ethics are consistent in the programs, staff will be more content as they realize the difference they are making in people’s lives. Reinforcing the Guiding Principles are a big part of that, therefore we continue to promote and use the Guiding Principles to ensure we are providing good services. We also promote Health and Wellness and have expanded the program to include more benefits for employees. This past year, there has been a focus on behavioral training and supports for employees who support individuals with challenging behaviors.

| Recommendations From Last Year | Actions Taken |
|---|---|
|  Continue to reinforce Guiding Principles and direct staff back to Guiding Principles when making program decisions | It continues to be part of staff evaluations, knowledge quizzes and annual reviews. We also have this as a topic for discussion on the staff meeting agendas. We will continue this goal. |
|  Continue to promote the Health and | We hold Health and Wellness meetings semi-annually, |

| | |
|--|--|
| Wellness Program. | discuss at the General Staff meetings and during staff meetings. We send out a memo annually to employees to remind them of the Health and Wellness Program. We will continue this goal. |
|  Job swap (cross train) to prevent staff burnout. | We have had several employees “job swap” this year |
|  Continue to discuss incident reports at staff meetings so that the team can discuss techniques that may be successful. | This is being done. We will continue this goal. |
|  Supervisors to regularly “check in” with staff to see how the Team Charters are working, at staff meetings, etc. | This is being done. |
|  The HR Supervisor will call new staff to see how their orientations are going. | This is being done. The HR supervisor will continue to do this. |
|  Staff to do presentations of Guiding Principles at program staff meetings to keep the Guiding Principles fresh in people’s minds and continue to reinforce Guiding Principles | Not doing presentations, but at each staff meeting a staff person picks a Guiding Principle and discusses it. This is now part of the staff meeting agenda. |
|  Programs to have more staff meetings. | This is improving. We will continue this goal. |
|  Hold staff accountable for following the Team Charter. | This is being done and is now part of regular processes in the programs. We will discontinue this goal. |

Recommendations for the next year:

-  To increase morale. The following goals were set during the last General Staff Meeting:
 - Encourage a staff person to lead a fitness challenge.
 - Encourage staff to put in a team for Relay for Life or other similar activity.
 - Designated a “Welcoming Person” in each program to make new staff feel welcomed.
 - Hold a Staff Appreciation Breakfast.
 - We will create a staff newsletter with “what’s your story” so that staff get an opportunity to know about each other.
 - Will create an Employee Recognition Program where employees can submit “stars” to nominate other employees who have done something great
-  Continue to try to match staff to programs
-  Continue to reinforce Guiding Principles and direct back to Guiding Principles when making program decisions
-  Continue to promote health and wellness
-  Job swap (cross train) to prevent staff burnout
-  Continue to discuss incident reports at staff meetings so that the team can discuss techniques that may be successful
-  Supervisors to regularly “check in” with staff to see how the Team Charters are working, at staff meetings, etc.
-  The HR Supervisor will call new staff to see how their orientations are going

Target for next year: 90%

Residential Programs - Access Measures

Objective: To assist individuals in communicating

Definition: This goal would apply to those individuals who have little or no verbal communication and the FSJACL has taken steps to provide tools for them to improve their ability to communicate. The measure for this would be to consider whether someone uses this system to communicate to people outside of paid staff or family.

Rationale: The basis of our mission is to help individuals achieve full and meaningful lives in our community. Being able to communicate with others is key to building relationships with others in the community; to speak up for yourself and to live as independently as possible in the community.

Individuals need to have the tools to communicate their needs and wants. While non-verbal individuals find other ways to communicate, usually only the people closest to them are able to interpret which makes true inclusion very challenging. For building of support networks, having the ability to communicate with people you meet is extremely important and is often a basis for forming a relationship with someone. We would like to explore augmented communication devices and see if some of the people we support would welcome this kind of tool into their lives and hopefully as a result, open up doors to opportunities they did not have before.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|--|--------------------------------|-------------|-------------|----------------------------|----------------|
| # of non-verbal persons who have augmented communication systems | To all individuals in residential programs | April 1, 2014 – March 31, 2015 | PCP's | Supervisors | 2 | 0 |

Result: The previous year our goal was 3 and we had no people using iPads. This year our goal was 2 and we had no people using augmented communication.

Previous Recommendations and Actions: We have continued to work with CAYA to implement assistive technology

| Recommendations from Last Year | Actions Taken |
|---|---|
|  Look for opportunities to train staff in technology available | We invited CAYA to our agency last year, but they were working with people they had previously assisted. We will be inviting CAYA back this year again to work with some individuals. |
|  If technology is used; ensure it's in the PCP with clear instructions | We will continue this goal |
|  Ensure technology is discussed at staff meetings if it's used to allow the program to identify barriers and resolve issues as they arise | We will continue this goal |
|  Inquire about CAYA coming up annually | CAYA will be coming up in 2015 |

Recommendations for the next year:

-  Continue to explore possible opportunities for individuals to have a communication device if they would benefit from one
-  If technology is used; ensure it's in the PCP with clear instructions
-  Ensure technology is discussed at staff meetings if it's used to allow the program to identify barriers and resolve issues as they arise

Target for next year: 1

Life Skills and Community Inclusion Programs

Life Skills and Community Inclusion - Effectiveness Measures

Objective: To ensure that individuals are meeting their goals as stated in their PCPs.

Definition: Each person we support has goals which are stated in their Person Center Plan and measured regularly. As of this year, we will be measuring how many goals were successful, which will include on-going goals where the progress is 75% successful.

Rationale: An individual’s Person Centered Plan should be a true reflection of who they are, how they need to be supported and what they want to achieve. The FSJACL is here to support individuals to reach their potential and therefore, empower and assist them to reach the goals they have set for themselves. This measure allows us to track how we are doing to assist people in achieving their goals.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|--|---------------------------------|-------------|-------------|----------------------------|----------------|
| % of goals achieved from Goal Log (PCP) | All individuals receiving support from a Community Inclusion Program | April 1, 2014 to March 31, 2015 | Goal Logs | Supervisors | 75% | 56% |

Results: The previous year 34 people had a total of 94 goals and 17 of those goals were achieved – an 18% success rate. This year 29 people set 70 goals and 39 were successful – a 56% success rate, therefore, not reaching our target of 75%. This year we have worked on the processes to effectively reporting on the goals.

Our agency chose to track this goal as an indicator that we are supporting people to meet their individual goals. We wanted to ensure that all staff are aware of the goals for each individual they are supporting. If staff keep each person’s goals at the forefront of their program and activity planning, then each individual has a better chance at being successful at meeting or exceeding their goals.

| Recommendations from Last Year | Actions taken |
|---|---|
|  Continue to work with staff on how to set SMART goals | Will continue to do this and supervisors will ensure goals are SMART before putting on SV |
|  Continue to ensure that all staff are reading the PCP Guide prior to assisting with a PCP | This is being done. We will continue with this goal. |
|  Ensure staff are aware of, and using the PCP notes page to keep the PCP up to date | This is being done. We will continue with this goal. |

Recommendations for the next year:

-  Continue to work with staff on how to set SMART goals
-  Continue to ensure that all staff are reading the PCP Guide prior to assisting with a PCP
-  Ensure staff are aware of, and using the PCP notes page to keep the PCP up to date

Target for next year: 70%

Life Skills and Community Inclusion Programs - Efficiency Measures

Objective: To recruit enough staff to effectively deliver services while regular staff is absent (backfill).

Definition: To reach this goal we are tracking the amount of casual staff that are not filling regular positions in the Life Skills and Community Inclusion (day) programs due to a recruitment lag. This would be people who are on a casual staff list who are available to fill in for staff away on sick time, vacation, etc. To qualify as a person on the casual staff list, they would have to meet minimum availability as per the Collective Agreement. This measure is as of March 31, 2015.

Rationale: One of the agency's biggest challenges is the recruitment and retention of staff. This leads to service delivery challenges if you do not have enough trained staff to effectively deliver the contracted hours. In addition, added workload is placed on existing staff which leads to burnout.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---------------------------------------|---|--------------------------------|-----------------------------|---------------|----------------------------|----------------|
| Build a substantial casual staff pool | Applied to community inclusion programs | April 1, 2014 – March 31, 2015 | ComVida & personnel records | HR Supervisor | 3 | 8 |

Results: The previous year we had 1 casual staff that met last year’s criteria of working a minimum of 1000 hours. This year we changed the criteria and therefore casual staff must meet minimum availability as per the collective agreement to be counted. This year we had a total of 13 casual staff and 8 met the criteria of achieving minimum availability as per the Collective Agreement.

Previous Recommendations and Actions: Orientating staff in more than one program. Ensure our hiring process is more efficient so people don’t get other jobs while waiting to hear back from us.

| Recommendations from Last Year | Action taken |
|--|--|
|  More communication between supervisors to ensure that casual staff are being orientated in other programs if they don’t have a full schedule | We started to have scheduling meetings that include the program supervisors and the Human Resources supervisor to look at people’s schedules, ensure they are getting hours and being orientated in other programs. This has seemed to work very well. We will continue this goal. |
|  Continue to attend job fairs to recruit more employees | We continue to look for opportunities to recruit staff and attended two job fairs last year. We will continue with this goal if required. |
|  The HR supervisor to check in with new staff to see how their orientations are going | The HR supervisor continues to do periodic check in with new employees. Will continue with this goal. |
|  Promote Recruit a Friend Program | We continue to get a lot of interest from new employees through the recruit a friend program. |

Recommendations for the next year:

-  More communication between supervisors to ensure that casual staff are being orientated in other programs if they don’t have a full schedule.
-  Continue to attend job fairs to recruit more employees, if required.
-  The HR supervisor to check in with new staff to see how their orientations are going.

Target for next year: 4

Life Skills and Community Inclusion Programs – Access Measures

Objective: To assist individuals in communicating

Definition: This goal would apply to those individuals who have little or no verbal communication and the FSJACL has taken steps to provide tools for them to improve their ability to communicate.

Rationale: The basis of our mission is to help individuals achieve full and meaningful lives in our community. Being able to communicate with others is key to building relationships in the community; to speak up for yourself, be safe and to live as independently as possible in the community.

Individuals need to have the tools to communicate their needs and wants. While non-verbal individuals find other ways to communicate, usually only the people closest to them are able to interpret, which makes true inclusion very challenging. For building of support networks, having the ability to communicate with people you meet is extremely important and is often a basis for forming a relationship with someone. We would like to explore augmented communication devices and see if some of the people we support would welcome this kind of tool into their lives and hopefully as a result, open up doors to opportunities they did not have before.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|---|--------------------------------|---------------------|-------------|----------------------------|----------------|
| # of non-verbal persons who have augmented communication systems | To all individuals in residential or day programs | April 1, 2014 – March 31, 2015 | PCP's and Goal Logs | Supervisors | 1 person | 1 |

Result: The previous year we had 1 person who used augmented communication. This year our goal was 1 person and we had 1 person use an augmented communication system.

Previous Recommendations and Actions: Have worked with CAYA in the past and would like to continue to work with them to address communication barriers. We have added assistive technology into the PCP template to be used for when individuals require assistive technology to ensure that staff understand its importance and how to support individuals in using it.

| Recommendations from Last Year | Actions Taken |
|---|---|
|  Provide more training for staff in how to use augmented communication. | We will continue to work with CAYA if augmented communication devices are used. |
|  Ensure clear instructions in the PCP for staff on how to support people who have augmented communication. | We will continue this goal. |

Recommendations for the next year:

-  Continue to look for opportunities for individuals who will benefit from augmented communication devices.
-  Ensure clear instructions in the PCP for staff on how to support people who have augmented communication devices.

Target for next year: 1

Supported Employment Program

Supported Employment - Effectiveness Measures

Objective: To measure how many people in the Supported Employment Program have achieved paid employment.

Definition: For this goal we would like to measure the number of people who have achieved employment during the year, from our waitlist, through our Supported Employment Program. If they are no longer working, we would still measure that they had employment. If one person received paid employment and then left that job and moved onto a different job, that would only be counted once.

Rationale: To measure the number of people who obtained paid employment during the year.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--------------------------------------|--|--------------------------------|-------------|------------------------|----------------------------|----------------|
| # of people who have paid employment | All individuals receiving support from the FSJACL and who want to work | April 1, 2014 – March 31, 2015 | ShareVision | Employment Coordinator | 7 people | 9 people |

For the previous year we had set a goal of 5 people but had 9 people obtain paid employment. This year, our goal was 7 and we had 9 people obtain paid employment.

Previous Recommendations and Actions: Provided on-line job coach training for staff and a two part employment workshop for all staff in 2012-2013. We also created an Employer Handbook and offer Open Future Learning to staff.

| Recommendations from Last Year | Actions Taken |
|---|---|
|  Continue to look for resources for employers | The Employment Coordinator attended conferences where resources and training were given and she made many contacts through networking to share resources for employers. Inclusion BC is currently creating a link for their web site for employers to access resources. |
|  Continue to ensure that all staff take on-line training through Open Future | Staff that are working with individuals in employment or that have completed their probation period, have been given |

| | |
|--|--|
| Learning on Employment | access and are required to take this training through Open Future Learning. We will continue with this goal. |
|  Continue to ensure that employees that support individuals in employment take more in-depth training | The new Job Coach has completed TRN Job Coaching Skills training. We continue to offer these courses to employees who support people in employment in all programs. |
|  Offer Open Future Learning to Employers | We have offered this to a few employers, however, no one has showed interest in taking the courses. We will continue to offer this to employers. |
|  Continue promoting Supported Employment in the community | We give potential businesses, “employer packages” that are dropped off and emails are sent to the new businesses to introduce our agency. We have set a date in October to do a presentation to the Fort St John Chamber of Commerce and Rotary Clubs. Word of mouth has been significant in promoting supported employment in the community |

Recommendations for the next year:

-  Staff that are working with individuals in employment or that have completed their probation period with our agency, will continue to be given access and will be required to take employment training through Open Future Learning.
-  We continue to offer the TRN job coach training courses to employees who support people in employment in all programs.
-  We will continue to offer Open Future Learning to employers.
-  We will continue to promote Supported Employment in the community. We will be presenting to the Chamber of Commerce and Rotary Clubs in October.

Target for next year: 8

Objective: To track the number of people who are keeping paid employment for three months or longer.

Definition: We would be tracking the people who have paid employment and have kept their employment for three months or longer and are supported by the FSJACL. This would apply to all people who are working within this period. This includes self-employment as well.

Rationale: To measure the number of people who are keeping employment long term. This allows our agency to identify what reasons or barriers are preventing people from retaining employment.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal | Actual Results |
|--|---|--------------------------------|--------------|------------------------|------|----------------|
| % of people who have paid employment and have retained their employment for 3 months or longer | All individuals receiving services from the FSJACL and who want to work | April 1, 2014 – March 31, 2015 | Share Vision | Employment Coordinator | 90% | 95% |

Result: The previous year 92% of the people that had jobs, held their job for over 3 months. This year 21 out of 22 people held their job for over 3 months. Our goal was 90% and we had 95% achievement rate.

Our agency was interested in tracking this goal, as it may lead to indicators that while we are perhaps finding employment for people, we may not be finding good matches for people that lead to long term employment. If certain matches are not leading to long term employment, it may indicate that we need to provide more support to the employee or employer or that we are not properly matching the person’s skills and abilities to the job.

Our hope is that through the proper process we can find employment that lasts long term and therefore true connections and inclusion happen.

Previous Recommendations and Actions: Provided job coach training to employees and created an Employer Handbook.

| Recommendations from Last Year | Actions Taken |
|---|---|
|  Will continue to look for training resources for employers. | Inclusion BC is currently creating a website for employers with links to many resources. We are also looking into training for employers that is provided by AimHi (Prince George Agency) as they are currently creating an overview for this and will share this when it is completed. |
|  Continue to ensure that all staff take on-line training through Open Future Learning on Employment. | This is ongoing. We will continue this goal. |
|  Continue to ensure that employees that support individuals in employment take more in-depth training. | Ongoing, we will continue to offer TRN Job Coach training and Open Future Learning to employees. |
|  Offer the Open Future Learning Modules to employers. | We will continue to offer this to employers. |

Recommendations for the next year:

-  Continue to look for and offer training for employers.
-  Continue to make sure that staff take Open Future Learning and other job coach training.

Target for next year: 90%

Supported Employment Program - Efficiency Measures

Objective: To ensure that there is an adequate number of staff orientated to the Supported Employment Program to effectively deliver all contracted hours.

Definition: In addition to staff who are filling the permanent positions, we need to have adequate casual staff who are orientated to the positions so they can fill in when the permanent staff is away. Staff would need to be orientated to the position and be able to step in and deliver the required supports.

Rationale: Supported Employment is a priority of the FSJACL. We believe that employment is the key to true inclusion and all individuals who want to work, should be working. If we do not have adequate number of trained staff to deliver the services, we are unable to provide quality, consistent supports.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal | Actual Results |
|--|----------------------------------|--------------------------------|-----------------------------|--|------|----------------|
| To have enough casual staff to effectively deliver supports while the regular job coaches are absent | The Supported Employment Program | April 1, 2014 – March 31, 2015 | ComVida & Personnel Records | Employment Coordinator and HR Supervisor | 2 | 3 |

Results: The previous year our goal was 2 and we had 1 casual staff. This year, there are 3 casual staff that could deliver supports when the job coach is absent; therefore, we exceeded our target of 2.

****Note:** The casual staff pool is shared between Supported Employment and Community Inclusion Programs

Previous Recommendations and Actions: Provided on-line job coach training for staff, continue to train casual staff in more than one program.

| Recommendations from Last Year | Actions Taken |
|--|---|
|  Ensure that all staff take the Open Future Learning Employment Training. | We have made sure that casual employees take the employment portion of Open Future Learning when they start working in the program. |

****Note:** the majority of permanent employees and staff that have completed probation, from all programs have taken Open Future Learning training.

Recommendations:

-  Continue to look for opportunities within the casual staff pool to identify staff who would suit working as a job coach.
-  Continue to make sure that employees take employment training when available.

Target for next year: 2

Supported Employment Program - Access Measures

Objective: To increase the number of businesses who are willing to hire someone with a disability.

Definition: This applies to all businesses in the FSJ area that have hired, or are willing to hire, someone with a disability. If they hire someone and the employment doesn't work out, this business is still counted. If the business hires more than one person, the business is still counted as one. If the business has more than one location but has different managers, each location would be counted.

Rationale: To increase the number of businesses in our area who are willing to hire someone with a disability. This goal allows us to measure how successful we are at advocating for the individuals we support.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|--------------------------------|--------------------------------|-------------------------------------|------------------------|----------------------------|----------------|
| To increase the # of businesses who hire people with disabilities | All businesses in FSJ and area | April 1, 2014 – March 31, 2015 | Employer Contact Log ShareVision | Employment Coordinator | 6 | 10 |

Results: Last year, our goal was 4 and we had 12 new businesses that were willing to hire someone with a disability. This year, our goal was 6 and we had 10 new businesses hire or ready to hire people, therefore, we achieved our goal.

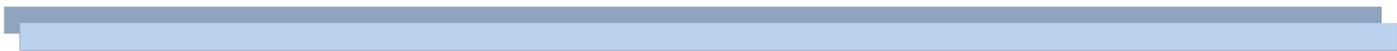
Previous Recommendations and Actions: Have articles in Flip Side newspaper in 2013 to raise awareness of supported employment; the job coach meets with businesses regularly, and general word of mouth in community. Ready, Willing and Able Campaign to start, which was created by Inclusion BC and highlights employment.

| Recommendations from Last Year | Actions Taken |
|--|--|
|  Plan to put employment success stories in different media (Northeast News, Alaska Highway News, etc.). | Success stories are posted on the Provincial website “Mapping Project” web page. The website is province wide and is for employers, individuals and agencies to see what is working in different areas of the province and what different agencies are doing to promote supported employment. We also highlight employment in our newsletter, many FSJ stories are featured in the Mentorability publication (available in hard copy and also on the “Employment for All” website). We will continue to advertise employment success stories for our agency. |
|  Attend the job fair at Pomeroy Hotel. | The Employment Coordinator and HR supervisor attended the job fair in 2014 and the Employment Coordinator made contacts with several businesses. We promoted the Careers program and did discuss it in depth with two companies about potential positions. |
|  Work with Inclusion BC to create resources for employers. | They are in the process of creating a web page for us to access and share with employers |
|  Continue to promote the Supported Employment Program in our community. | We are doing this by networking and approaching businesses. |

Recommendations:

-  Continue to promote the Supported Employment program to local businesses.
-  Build relationships and engage with employers via social media.

Target: 8



Respite Program

Respite - Effectiveness Measures

Objective: To ensure that we are delivering good services to people receiving respite.

Definition: This measure applies to all individuals who receive respite in our residences; this does not include individuals who receive respite outside of our staffed residences.

Rationale: We want to ensure that all individuals receiving supports are given the opportunity to give feedback regarding the services they receive so that we can continually improve to meet people’s needs.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|---|--------------------------------|-------------|--------------------|----------------------------|----------------|
| # of people receiving respite services who completed an evaluation | All individuals receiving respite in our residences | April 1, 2014 – March 31, 2015 | ShareVision | Executive Director | 100% | 29% |

Results: This past year a total of 7 people accessed our respite services and only 2 completed evaluations.

Previous Recommendations: n/a

| Recommendations from Last Year | Actions Taken |
|---|---|
|  For next year our efficiency measure will be the number of people who completed evaluations for respite as we feel this will be a better measure to ensure we are getting regular feedback regarding the respite services and continue to improve the service for people. | This was done. |
|  Promote our services to people who will be eligible for our services in the near future (through high school). | We met with CLBC and the high school to talk about how we can best communicate with individuals and families who are transitioning to CLBC services. The coming year we will be meeting more frequently with the high school and also participating in open houses. |



Continue to ensure that a PCP is created for individuals accessing our services on a regular basis; even if it's a condensed version.

This process is a bit slower than we like, however we use the information from the Application for Services and "Level of Support Required" as a short term plan for supports until a full PCP can be done.

Recommendations for the next year:



Invite skills teachers up to see our services (Dr. Kearney and Bert Bowes Skills teachers).



Continue to work with the high school and CLBC to inform individuals and families of our services.

Target: 100 %

Objective: To increase the number of approved respite providers.

Definition: This measure refers to new people who are interested in becoming a respite provider in their own home and have gone through the application and home study process.

Rationale: To increase respite options for families. While we provide respite in our FSJACL homes, it is also important that we have other options for families where our homes are not a fit for their needs.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|--|--------------------------------|--------------------------------|------------------------|----------------------------|----------------|
| # of new people we recruit and approve to be an approved respite provider | All people who are on an approved respite list | April 1, 2014 – March 31, 2015 | Home Share Site in ShareVision | Home Share Coordinator | 2 | 1 |

Results: The previous year our goal was 2 and we approved 1 new respite providers. This past year we approved 1 new caregiver, therefore we didn't meet our target.

Our focus for last year was to recruit as many caregivers as possible to allow a pool of people for families to choose from. This is a support that we are developing as more families receive direct funded respite money. This allows families to choose from a list of approved caregivers and feel confidence in the fact that they have gone through a thorough approval process.

In addition, respite providers may find that they really enjoy this work and eventually consider becoming home share providers. This allows us another avenue to recruit caregivers who have had experience in supporting adults with developmental disabilities.

Previous recommendations and actions: Attended a job fair at Northern Light’s College, have been in the Tradeshow in the past, gave out information at churches and informally promoted Home Share within our agency.

| Recommendations from Last Year | Actions Taken |
|--|---|
|  Continue to create a list of approved respite providers that families can access | We will continue with this goal. |
|  Continue to promote our respite services | We have given packages to the school district and will work with the high school and CLBC to inform individuals and families of our services. |

Recommendations for the next year:

 Continue to inform parents and caregivers or respite services

Target: 2



Respite - Efficiency Measures

Objective: To maximize utilization of respite beds

Definition: This measure refers to the number of days the respite beds are being utilized.

Rationale: This is an important measure for our agency, as some respite beds are used consistently, and some are not used as much. It’s important to note that our respite services are located in current FSJACL homes which have permanent residents living there. Therefore, while utilization is important, it’s also important to have a balance so that respite services do not cause disruption in the lives of the people who live there.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|----------------------------|---------------------------------|---------------------------------|-------------------------|-------------|----------------------------|---------------------------|
| # of respite days provided | All respite rooms in the FSJACL | April 1, 2014 March 31, 2015 | ShareVision respite log | Supervisors | .5 days per week per bed | .43 days per week per bed |

Results: The previous year 4 beds were used a total of 26 days – 6.5 days per bed - .13 days per week per bed. This year 4 beds were used a total of 89 days – 22.25 days per bed - .43 per week per bed.

A Street Home: A Street’s was used a total of 23.5 days, the majority was an emergency placement.

10th Avenue Home: 10th Avenue’s respite bed was used a total of 39 days.

Four-plex: Has two beds which are available for respite. The respite beds were used by 3 people for a total of 26.5 days.

| Recommendations from Last Year | Actions Taken |
|--|--|
|  Continue to promote our respite services in the community. | We dropped off packages at School District and talked to families coming into service. Had meetings at NPSS at the beginning and end of school year – they want to have open houses which will happen the coming year. |
|  Continue to explore a respite contract with CLBC. | This hasn’t happened, will look for opportunities in the future. |
|  Look at opportunities to send info to families who may be requiring our services. | We continue to work with CLBC and the High School on this. |
|  Continue to explore other opportunities to provide respite services to the community | We will continue with this goal. |
|  Look at updating pictures for presentation we use and add videos of individuals talking about what they like about our services. | We will continue with this goal as it wasn’t accomplished last year. |

Recommendations for the next year:

-  We will do more networking at Special O events, etc.
-  Continue to promote our respite services in the community.
-  Look at opportunities to send info to families who may be requiring our service.
-  Look at updating pictures for presentation we use and add videos of individuals talking about what they like about our services.

Target for next year: .5 days per week/bed



Respite - Access Measure

Objective: To measure the number of individuals who access our respite services

Definition: This measure would apply to all new intakes, meaning individuals who have not accessed our respite services previously.

Rationale: This indicator speaks to our ability to communicate our services to the people who need it. It is important that information is available in our community so all eligible individuals can access our services.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--------------------------|---------------------------|--------------------------------|-------------------------|----------------------------------|----------------------------|----------------|
| # of new respite intakes | All respite rooms | April 1, 2014 – March 31, 2015 | ShareVision respite log | Supervisors & Executive Director | 2 | 2 |

Result: The previous year our goal was 2 and we had 2 new respite intakes. This year there were two new intakes; therefore, we met our goal.

| Recommendations from Last Year | Actions Taken |
|--|--|
|  Look for ways to promote our respite services to families. | We will continue to do this. |
|  Start having meetings of families interested joined with home share providers and the persons they support, to share stories and rewarding experiences. This will give opportunity for the family to see how fulfilling this may be for their loved one to spend time with away in an environment that provides a high standard of care. | This didn't work, we will try to match families with respite providers if they are interested. |

Recommendations for next year:

 Look for ways to promote our respite services to families.

Target for next year: 2

Home Share Program

Home Share Program - Effectiveness Measures

Objective: To find Home Sharing opportunities for people who would prefer that type of support

Definition: This measure will apply to all people we place into a home share situation. The home share situation would need to be managed by the FSJACL to be measured.

Rationale: The FSJACL is currently trying to increase its service options and is working hard to develop the home share program as a viable option for individuals who want that type of support.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--|---|--------------------------------|-------------|------------------------|----------------------------|----------------|
| # of people who move into a home share situation | All people who want home share and have moved into a home share situation | April 1, 2014 – March 31, 2015 | ShareVision | Home Share Coordinator | 2 | 3 |

Result: The previous year we had 2 new home share placements and our goal was 2. This past year, we had 3 new home share placements, therefore we surpassed our goal.

| Recommendations from Last Year | Actions Taken |
|--|---|
|  Continue to find ways to promote the home share program | We are using FSJ Now and word of mouth. |
|  To publish stories from the perspective of the person being supported in a home share. | This didn't happen, will look at it in the future for Community Living Month. |

Recommendations for the next year:

-  When advertising on FSJ now be specific about the person needing support.
-  Continue to find ways to promote the home share program.
-  To publish stories from the perspective of the person being supported in a home share.

Target for next year: 2

Home Share Program - Efficiency Measures

Objective: To recruit enough caregivers to ensure effective matches between home share providers and people who require supports

Definition: This measure applies to applicants who have applied, been screened and approved.

Rationale: We would like to recruit a large pool of potential home share providers so that we have a better chance of finding a good match for individuals who require supports. Ideally, we would like someone who has the same family values, share cultural preferences, interests, etc.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|--------------------------------|--------------------------------|-------------|------------------------|----------------------------|----------------|
| # of screened and approved caregivers recruited | Home Share and Respite Program | April 1, 2014 – March 31, 2015 | ShareVision | Home Share Coordinator | 2 | 2 |

Result: Our goal the previous year was 2 and our result was 2. Our goal last year was 2 and our result was 2 therefore, we met our target.

| Recommendations from Last Year | Actions Taken |
|--|--|
|  Continue to find ways to promote the home share program in the community | We went into the college Social Service Program to promote the Home Share Program, dropped off packages at the high school for individuals and families who may require the service in the future and put ads on FSJ Now and Facebook. |
|  Use media sources to advertise for home shares, but to try to be specific about the type of person who would be suitable and a bit of general information about the person needing support. | We used FSJ now to try to target people that would be suitable for a home share placement for one specific individual. Unfortunately, we did not make a successful match through this ad. We will continue to place ads as needed. |

Recommendations for the next year:

-  Promote home share through the NPSS
-  Continue to find ways to promote the home share program in the community
-  Use media sources to advertise for home shares, but to try to be specific about the type of person who would be suitable and a bit of general information about the person needing support.

Target for next year: 2

Home Share - Access Measures

Objective: To ensure timeliness in getting home share providers approved so they are available for placements.

Definition: This measure applies to the time period between the time the person completes an application to when they are approved and ready for a placement.

Rationale: As stated above, the FSJACL has been working hard to expand its service options for people. If the FSJACL does not work with potential providers to have a quick and efficient approval process, we risk losing them as home share providers, and therefore, this would prevent us from effectively providing home sharing services.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|--------------------------------|------------------------------|------------------------|---|----------------|
| Timeliness in completing home studies - % of home studies completed within a reasonable timeframe | People who apply to be home share providers | April 1, 2014 – March 31, 2015 | Share Vision-Home Share Site | Home Share Coordinator | 100% of Home Studies completed within 3 months of initial inquiry | 100% |

Results: We continue to meet our target in this area; it took less than 3 months to complete all home studies.

| Recommendations from Last Year | Actions Taken |
|---|--|
|  Continue to problem solve the Home Share Coordinator Position to ensure there is adequate time to work in the program. | The Home Share Coordinator became the Home Share and Quality Services Coordinator last year so she has been able to dedicate more time to the program. |

Recommendations:

 None

Target for next year: 100%

Business Function Measures

Business Function Measures - Staff Use of Sick Time

Objective: To decrease staff absenteeism

Definition: “Staff absenteeism” will be defined as any hours in which an employee utilizes sick time as defined within the Collective Agreement. In this calculation we included only regular staff that get paid sick time.

Rationale: Staff absenteeism presents a tremendous financial cost to the agency both by requiring staff to cover the vacant shift and by utilizing resources to make sure that the shift is covered. Staff absenteeism also has a negative impact on staff teams and on service quality.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---------------------------|--------------------------------|-------------|---|----------------------------|----------------|
| Percentage of Staff whose Sick time taken is the same or less than the Benchmark Rate – which is established at 37.5 hours/yr | All regular Staff | April 1, 2014 – March 31, 2015 | ComVida | HR Supervisor & Mgr of Admin of Finance | 60% | 63% |

Result: The previous year our goal was 75% and our actual result was 51%. This year our result was 63%, therefore we met our goal of 60%.

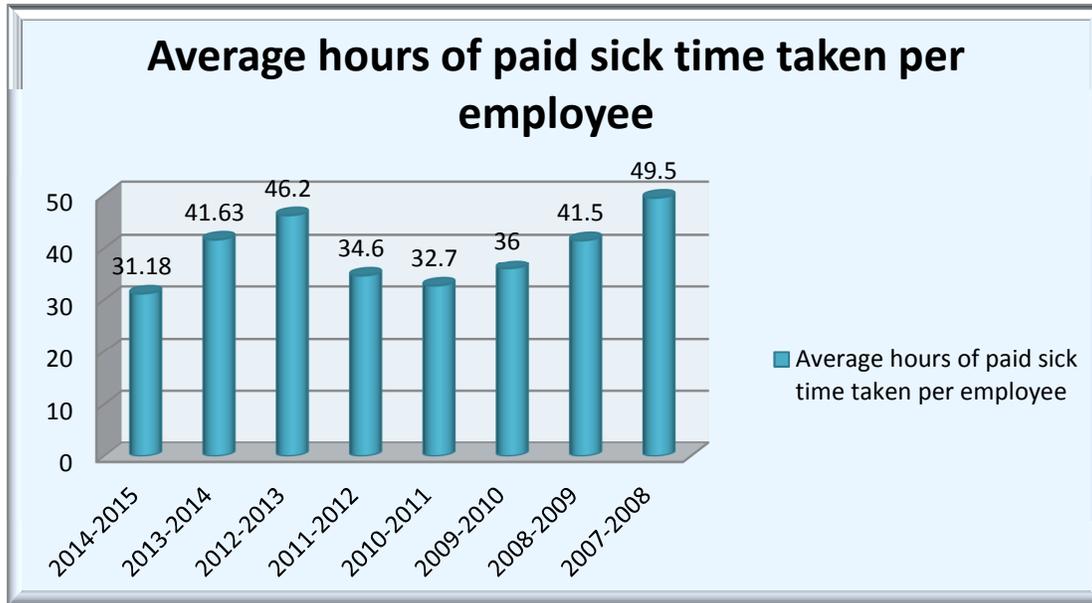
***Note: People who took over 100 hours of sick time for extended illnesses, surgeries, or short term disability were not calculated into the result.*

| Recommendations from Last Year | Actions Taken |
|---|--|
|  Explore a process to review sick time on a more regular basis and address attendance issues on a more timely basis. | The supervisor or on-call supervisor will bring staff patterns and concerns of abuse of sick time to the Manager Human Resources to address with the employee. |
|  Supervisors are to ensure the on-call log is up to date and that all supervisors review the on call log weekly to identify any sick leave patterns. | The on-call log is updated as employees call in sick so other supervisors can review and determine if there is a pattern. |

Recommendations for the next year:

 We will continue to monitor sick time and patterns for the employees

Target for next year: 60%



***Note: People who took over 100 hours of sick time for extended illnesses, surgeries, or short term disability were not calculated into the average hours of sick time taken.*

Business Function Measures - Staff Injuries on the job

Objective: To decrease the occurrences of staff injuring themselves while at work

Definition: This measure refers to all incidences of WCB claims which result in time away from work (does not include time away to seek first aid or see a physician)

Rationale: The Association works to provide a safe workplace. By measuring and identifying risk within the worksites, we are able to put safeguards in place to decrease the possibility of future injuries.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|-----------|---------------------------|-----------------|-------------|-------------|----------------------------|----------------|
| | | | | | | |

| | | | | | | |
|---|-----------|--------------------------------|-------------------------|---------------|---|---|
| Decrease in the amount of injuries that result in time loss | All Staff | April 1, 2014 – March 31, 2015 | Personnel Files/ComVida | HR Supervisor | 0 | 0 |
|---|-----------|--------------------------------|-------------------------|---------------|---|---|

Result: We had 2 injuries that resulted in time away from work the previous year and this past year we had none.

Previous Recommendations and Actions: Provide Lifting and Transferring workshops every 6 months for our staff, will be continuing training for behavior support plans, and have made knowledge quizzes to include behavior support plans, purchased cleats to be used during the winter months, replaced water coolers to avoid having to lift the heavy water bottles.

| Recommendations from Last Year | Actions Taken |
|---|---|
|  Ensure that staff are orientated to the proper procedures in the residential programs. Supervisors will be more involved in orientations to ensure that proper procedures are learned. | This has been happening in the programs and supervisors have made sure to be more involved in the orientation of new employees. |
|  Ensure staff question when there are different ways in which things are being done. If staff are cutting corners and putting themselves or others at risk, they need to be corrected before an injury occurs. | This has been added to the orientation checklist to make sure that new employees are discussing this while they are being trained in the program. |

Recommendations for the next year:

-  Continue to monitor injuries and find ways to prevent them.
-  To ensure that investigations regarding staff injuries are happening in a timely manner.

Target for next year: 0

Business Function Measure –Staff Retention

Objective: To decrease the amount of staff leaving the agency

Definition: This measure refers to all staff who have left the agency during the below noted fiscal year. If the employee was hired and began orientations and training, they would be included in this measure.

Rationale: One of the biggest struggles our agency deals with is recruiting and retaining enough staff to fulfill our contracted hours of service. In addition, staff turnover is a huge financial burden when you factor in the cost of training new staff, the time it takes to recruit and hire people, as well as the loss of knowledge the agency suffers when losing staff and the lack of consistency it creates for the individuals we support. By tracking and identifying areas where the agency can improve their retention of staff, every facet of the agency benefits.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|--------------------------------|---------------------------|-------------------------------|-------------|---------------|----------------------------|----------------|
| Increase in the retention rate | All Staff | April 1, 2014– March 31, 2015 | ComVida | HR Supervisor | 75% | 65% |

Result: Staff retention was 73% the previous year and this last year it was 65%. Our goal was 75% retention rate; therefore we did not meet our target.

Previous Recommendations and Actions: Improvement in getting Exit Interviews, and addition of the “value of being an FSJACL staff” into the orientation.

| Recommendations from Last Year | Actions Taken |
|---|--|
|  Continue to work on getting exit interviews from staff who are leaving the agency. | The HR supervisor reminds staff that are leaving to fill out the exit interview and if they left without notice, a letter is mailed to them with the link for them to complete the survey. |
|  Supervisors are now more involved in the orientation process, with the hope that it will provide more consistency in the training and make staff feel more competent to carry out their duties. | Supervisors continue to be more involved with the orientation process for new employees. |
|  Work to ensure that staff who aren't getting hours get trained in other programs. | We have been orientating staff in other programs. The Supervisors and HR supervisor have also been meeting monthly to discuss where staff can orientate next so they are trained in more than one program. |
|  Work on holding staff accountable when there are performance issues to increase program morale. | This is discussed during orientation (on the checklist), during Team Charter review and during evaluations. |
|  Remind people of Team Charter | Same as above |

Recommendations for the next year:

 Continue to get exit interviews from employees that are leaving the agency.

- Continue to make sure that employees are orientated in more programs when possible.
- Continue to hold staff accountable when there are performance issues.

Target for next year: 75%

Business Function Measure – Volunteer Recruitment

Objective: To increase the number of volunteers we have in our agency

Definition: In the past we tracked all volunteers but we have changed our definition to refer to volunteers that volunteer at an event or help out with a program, not volunteers that spend time with an individual because that would be considered ‘friend’ or hopefully the development of a friendship.

Rationale: The FSJACL recognizes that our agency depends on volunteers to ensure the success of events and programs. Over the years, many volunteers have approached us and have wanted to volunteer their time with someone we support and give them the opportunity to access the community and make friendships. However, once a friendship develops, that person wouldn’t really be considered a “volunteer”, they would be considered a friend. Therefore, when someone first approaches the agency and wants to volunteer to spend time with someone we support, we will try to provide an effective match with someone we support in hopes that a friendship will develop. However, once a friendship develops, we would no longer count that person as a volunteer.

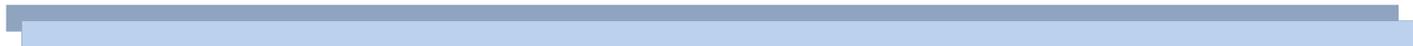
| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|----------------------------------|--------------------------------|----------------------------|---------------|----------------------------|----------------|
| # of volunteers who volunteer with our agency | All volunteers within the FSJACL | April 1, 2014 – March 31, 2015 | ShareVision-Volunteer Site | HR Supervisor | 60 | 44 |

Results: We had a total of 55 volunteers the previous year. This past year we had a total of 56 volunteers, 31 volunteers for “Of The Vine” – 6 of them being new volunteers; 11 people volunteered for our AGM/Community Living Awards – 2 of them new; 12 people we support volunteered for the DGS Golf Tournament.

| Recommendations from Last Year | Actions Taken |
|--|---|
|  Use Facebook to recruit volunteers | We continue to advertise on FSJ and other social media sites throughout the year. We did receive interest from 3 people to volunteer, but they want to participate in community events. |
|  Continue to develop guidelines for programs in what volunteers can do. | The supervisors have created these for their programs. |

Recommendations for the next year:

Target for next year: 60



Glossary of Terms

| | |
|-------------------------|--|
| Casual Staff: | Staff who are hired to fill in for absences. Once staff gets a permanent position, they are called “regular staff”. |
| CLBC: | Community Living BC |
| Fiscal Year: | Our business year which is April 1 st every year to March 31 st of the following year. |
| FSJ: | Fort St. John |
| FSJACL: | The Fort St John Association for Community Living |
| Home Share: | Individualized living options with trained and screened “roommates” or families. |
| HR: | Human Resources |
| Leadership Team: | Program supervisors and management personnel This year our Leadership Team consisted of the following people: Cindy Mohr, Vernelda Nicholson, Trina Blank, Cory Goodwin, Sheri Ashdown, Alice Hayley, Desiree Babkirk, Jan Christian, Pat Taylor, Jodie Dixon, & Tanya Neil |
| OH&S: | Occupational Health and Safety |
| PCP: | Person Centered Plan – this is a plan that is developed for people receiving services from our agency. It has information on how someone would like to be supported, as well as their hopes and dreams for the future. |
| Respite: | A term referring to a break from caring for another individual. |
| Target: | The level to which we aspire to reach. |

Data Integrity

A great deal of time and effort goes into collecting the data that is summarized in this report. This data collection is important, as it is the template by which The FSJACL has decided to base its performance improvement activities. The effort in putting together this data is extensive: Meaningful measures need to be determined, we must have a reliable system in place to collect the data, the data must be analyzed and summarized, and an action plan on how to make the required improvements must be created. All of these activities lose their meaning if the collected data lacks integrity. The FSJACL strives to use the data collected to assist in organizational decision-making. Therefore, data that is not accurate or consistent means that this decision making is being done with bad information. Fortunately, some simple processes can ensure the integrity of the organization's data. Some of the FSJACL's processes are noted below.

Reliability is meant to ensure that data is collected consistently and in a way that could be reproduced at another time and by other people. To ensure reliability of data, the following steps have been taken:

-  Very few personnel are involved in the tracking of data. This tighter circle of staff involvement limits misinterpretation.
-  Worksheets and methods for each year are recorded and kept. This ensures that each year, when the data is compiled, we can look to see how data was collected and parameters around the data, to ensure we are using the same systems and measures (comparing apples to apples, so to speak). If we are using a different measure each year, the data would be skewed.
-  Most data is collected directly from internal documents on ShareVision, ComVida or Finance and HR Reports, virtually eliminating any danger of the data not being collected the same way on another occasion.
-  The Executive Director oversees and double checks that the data is collected in the manner in which it was intended.

Validity simply suggests that your data measures what it intends to measure.

-  The organization's data is reflective of the needs of stakeholders as collected from Person Centered Plans and is reflective of the agency's mission and values.
-  Ensure stakeholder surveys are specific about what they are asking and review all surveys annually and change as required to better collect the data intended to be collected.
-  The organization's focus is not clinical in nature. It depends on the face validity of its measure— that is, does common sense indicate that the measure makes sense to address the area of concern? This face validity is achieved by having various parties from

outside the program review measures to determine if they seem to make sense. This is also done on all satisfaction survey items, where persons from outside the agency are sometimes used to determine face validity.

Completeness means that the data is as complete as possible and that collected data is not missing, be it intentionally or unintentionally. Incomplete data has little value, as it may exclude entire groups of persons served or may be missing data that will greatly influence success towards missing a target.

-  The number of client records in all reports is routinely checked against the overall list of persons served to ensure that data is complete.
-  All programs use the same forms in ShareVision and therefore the same data is collected from all individuals in care using the same forms.
-  All attempts are made to find any missing data.

Accuracy simply means that all data is recorded properly and that any errors are caught and corrected.

-  Checks are done by the Executive Director to ensure that there are no errors in the data collection or reporting of the data.

