

The Fort St John Association for Community Living

2012 Outcomes Management Report

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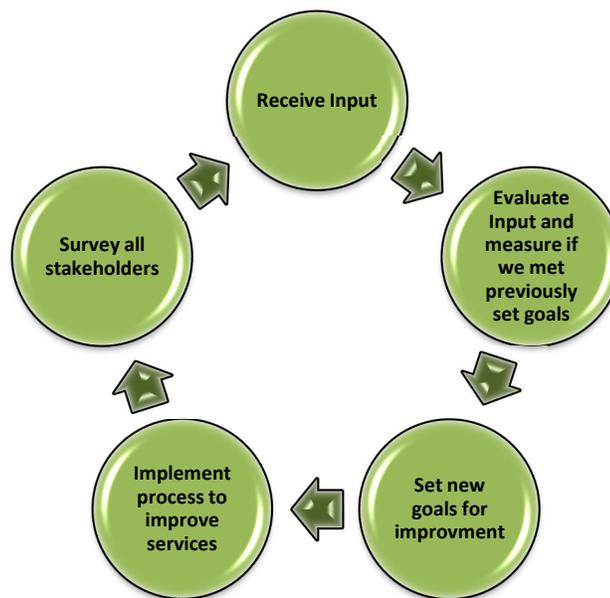
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Introductory Message

This report represents our 8th 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.

We would like to sincerely thank each and every person that has taken the time to give us feedback.

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, 2011 to March 31st, 2012*

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 2011, the Fort St. John Association for Community Living attained a 3rd, 3 year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CARF-accredited programs and services have demonstrated that they substantially 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

Our original Strategic Plan was developed in April 2005 and then reviewed in May 2007. The Board and Leadership Team, assisted by Paula Schmidt of Strategic Dynamics, set a new Strategic Plan in a four day Strategic Planning session 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

Below we have noted our strategic goals that were developed in 2010, which will help us achieve our mission. 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.

Past Progress:

-  Before each staff meeting, the Credo for Support is viewed (*we view the “People’s First Version” available on You Tube*).
-  As we review and update materials within our agency the ideals presented in the Credo of Support are reflected.
-  Our website has been updated to reflect the Credo for Support
-  Board meetings are started with the Credo for Support

Progress since April 1, 2011:

-  We have developed Guiding Principles which have helped guide our staff; these principles are now reviewed regularly by staff and used to make ethical decisions
-  The Guiding Principles are now used in employee performance appraisals to ensure that we are all evaluated based on how well we abide by the Guiding Principles

-  The Guiding Principles are now framed and on display in all programs
-  Job Descriptions reflect our Guiding Principles
-  Our training continually refers to the Guiding Principles
-  A new training program has been created for all new staff. We hope this will better prepare new staff and give them more knowledge around expectations, ethics and safety. This should also create more consistency in the programs for the individuals we support.
-  Staff are asked to present on Guiding Principles and the Team Charter at staff meetings to their peers. This gives each staff person an opportunity to really think about the Guiding Principles and Team Charter from their perspective and relate it to their peers. It will be a fun way to ensure buy-in from all staff.

Strategic Objective 1.2:

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

Past Progress:

-  Wording in advertisement postings has changed to reflect the Credo for Support.
-  We have changed all publications to reflect the value of empowering individuals.
-  One of our greatest recruitment tools is our staff; our staff training promotes ethics, equality, the Credo for Support, Community Inclusion, and our Mission Statement- what the FSJACL is all about.

Progress since April 1, 2011:

-  Held an employee blog to gain information from staff on the benefits of being an FSJACL staff. We have used these quotes in some of our recruitment materials.
-  We have increased the value of our “Recruit a Friend Program” so staff now get more of a financial reward for recruiting their friends, if they make it through the hiring process and also if the person stays for a length of time.

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.

Past Progress:

-  Each program developed a team charter specific for that program.
-  We have displayed team charters in a poster format in each program.
-  During each program staff meeting team charters are reviewed and discussed.

Progress since April 1, 2011:

-  We continue to find ways in which we can keep Team Charters in discussions so they aren't forgotten and become part of the agency culture; this also includes openly discussing barriers and challenges so that we can overcome them as they arise.
-  Ability to follow the Team Charter is also a factor in performance appraisals.

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.

Past Progress:

-  Plan was created
-  All leadership and staff are networking to recruit people interested in providing this type of support.
-  We have included Home Share information in documents and publications.
-  Home Share information is included on our website

Progress since April 1, 2011:

-  We joined the Tradeshow to promote our Home Share Program
-  We have created a temporary position to have a full time home share coordinator to work on the program and recruitment of home share providers
-  We have worked with CLBC to transfer two of their current home share placements to our agency. We will now be responsible for these placements and have taken over the monitoring and administration for them.

Strategic Objective 2.3:

Develop a training program for approved Home Share providers.

Past Progress:

-  We have developed a complete Home Share informational manual

Progress since April 1, 2011:

-  We currently have required basic training in place, but are continuing to look for additional training that meets the needs of home share providers. Provincially they are looking at this issue so we are waiting to see if something is developed on a provincial basis that we can use.

Strategic Objective 2.4:

Prepare for alternative residential opportunities.

Progress:

-  In the process of information gathering
-  The Family Network Group also researching information

Strategic Objective 2.5:

Improve the Person-Centered Plan process.

Past Progress:

-  A new Person Centered Planning Booklet has been created.
-  A Person Centered Planning Template has been created.
-  Created Person Centered Planning policy
-  Person Centered Planning process is included in Orientation for new employees

Progress since April 1, 2011:

-  A PCP Guideline has been created and the Special Projects Coordinator is involved with each PCP setup and review – to ensure consistency and to also ensure that the individual is the center of the PCP Meeting. We are also involving staff to a greater degree which is expanding their knowledge around PCPs and the process.

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.

Past Progress:

-  Job coach attends staff meetings to discuss and share information about employment with other programs
-  The FSJACL helped to host an Employment Workshop to educate employers and community members.
-  We have offered modified courses in Food Safe and First Aid to individuals seeking employment
-  We have offered on-line job coach training to support staff

Progress since April 1, 2011



We have developed an employer handbook



We have developed guidelines for potential employees and their support networks so that everyone understands their role and responsibilities in ensuring an employment placement is successful

Satisfaction Surveys

Satisfaction Surveys - Persons Served

Survey Method: We surveyed persons served in January and February of this year. This was done in person by our Special Projects Coordinator and a practicum student to ensure that all individuals could give their input. Each person was asked questions from a survey; all individuals were asked the same questions.

Response Rate: 29 participants completed the survey. We serve a total of 41 people in various areas and degrees. Some of the people are only supported rarely so did not complete the survey. Survey response rate is 71%.

Response Distribution:

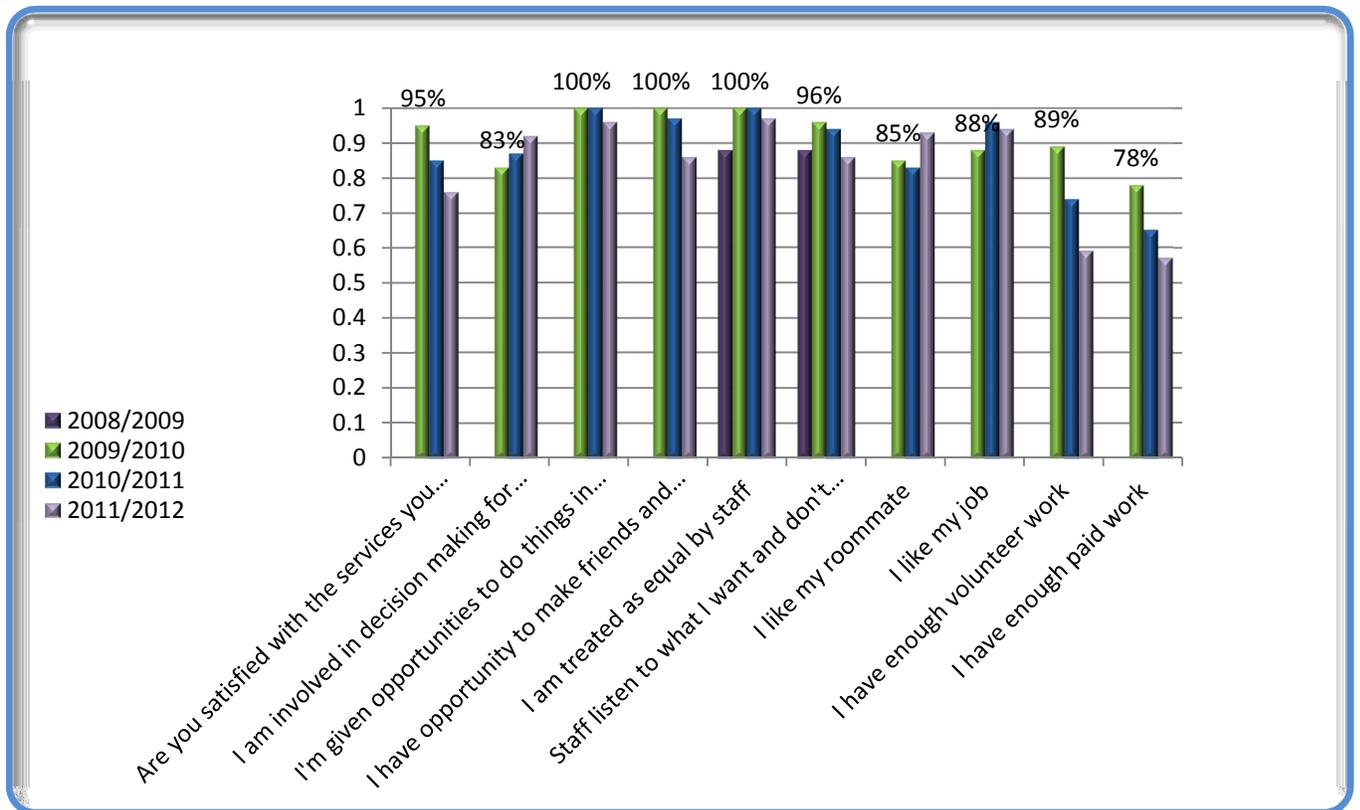
Indicator	Applied To (Target Group)	Time of Measure	Data Source	Obtained By	Goal (Target or Benchmark)	Actual Results
Overall increased consumer satisfaction	All individuals receiving supports	April 1/2011 to February 29/2012	Surveys	Special Projects Coordinator	Average of at least 95% satisfaction in all areas	86%

Note: The NA answers are not calculated into the actual result.

Questions asked for Participants Satisfaction Survey

Question	Yes	no	NA
Do you like the services you get from the program?	76%	24%	-
Is information about the FSJACL easily available and understandable?	62%	38%	-
Are you involved in decision making of services you receive?	76%	7%	17%
Are you happy with the things you do at the FSJACL?	83%	10%	7%
Do you feel you have a choice in activities?	76%	10%	14%
Are you given opportunities to be involved and included in community?	83%	3%	14%
Are you given opportunities to make friends and have a social life?	83%	14%	3%
Are you given opportunities to learn and practice skills?	76%	10%	14%

Are you treated as an equal?	97%	3%	-
Are your right, beliefs and choices respected?	90%	7%	3%
Do you have enough volunteer work?	34%	24%	41%
Do you have enough paid work?	41%	31%	28%
If you work, do you like your job?	55%	3%	41%
Do you like the staff who support you?	90%	7%	3%
Do staff listen to what you want and don't want?	86%	14%	-
Do you feel comfortable in approaching FSJACL supervisors?	76%	7%	17%
If you live in a FSJACL home, does it feel like home?	52%	3%	45%
If you live in a FSJACL home, do you feel comfortable inviting your friends and family over to visit you there?	48%	3%	48%
If you live in a FSJACL home, do you like your roommate?	48%	3%	48%
Do you have friends and family involved in your life?	93%	7%	0%
Are you getting all the services you need or want from us?	83%	17%	0%
Are you familiar with your Person Centered Plan?	66%	14%	21%
Are you having a chance to work on your goals from your Peron Centered Plan?	79%	14%	7%



Previous Recommendations and Actions: The FSJACL has focused a lot of effort towards paid employment and in 2011 87% of participants surveyed said they had enough work. The PCP process and services offered are better communicated to staff, individuals and families. Individuals served are part of staff evaluations.

Last Year's Recommendations	Actions
 We will ensure that each person has their own copy of their PCP. Staff will ensure PCP's are reviewed quarterly with individuals.	Summer of 2011 it was assured that each person had their own copy of their PCP.
 We will continue to work on and make clear to individuals that they are the main contributor to their plan and that we are just the facilitator in the planning process. This needs to be communicated to staff as well to ensure everyone understands the process.	The Special Projects Coordinator now oversees each PCP process and review meeting to assure the individual is the main contributor.
 In addition, it was identified that individuals don't feel that information is easily accessible by them. We will include other options for individuals to access information such as audio option on our website and videos, where possible.	Audio option has been added to the website. DVD has not been made yet. We also use Board Maker for some of the schedules and information for individuals.

Exit from Services:

We had a total of 5 people who exited services the previous year. This past year we had 5 people exit from services – 2 went to other programs, 2 left as respite services were no longer required, and 1 left to another day program.

Recommendations for the next year:

-  To ensure that PCP goals are followed through with.
-  To create training around individual PCPs.
-  To continue to find more paid and volunteer work for the people we serve
-  To continue to make information more understandable for the people we serve by using more simple language, explaining in different words and using pictures.
-  To create a DVD or You Tube video to explain different services and information



Supervisors will have their staff review a PCP monthly.



Continue to ensure that the proper procedure is followed during creation and review of the PCP (create a checklist staff)

Satisfaction Surveys –Family and Caregivers

Survey Method: For this report we e-mailed surveys via Survey Monkey with 3 reminders over a period of 1 ½ months.

Response Rate: 7 surveys were completed out of 24 that were emailed out – a 30% response rate which is higher than last year at 26%. In addition, we received 1 survey back out of 7 that were mailed out.

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 1/11 – March 31/12	Surveys (ShareVision)	Special Projects Coordinator	80%	91%

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

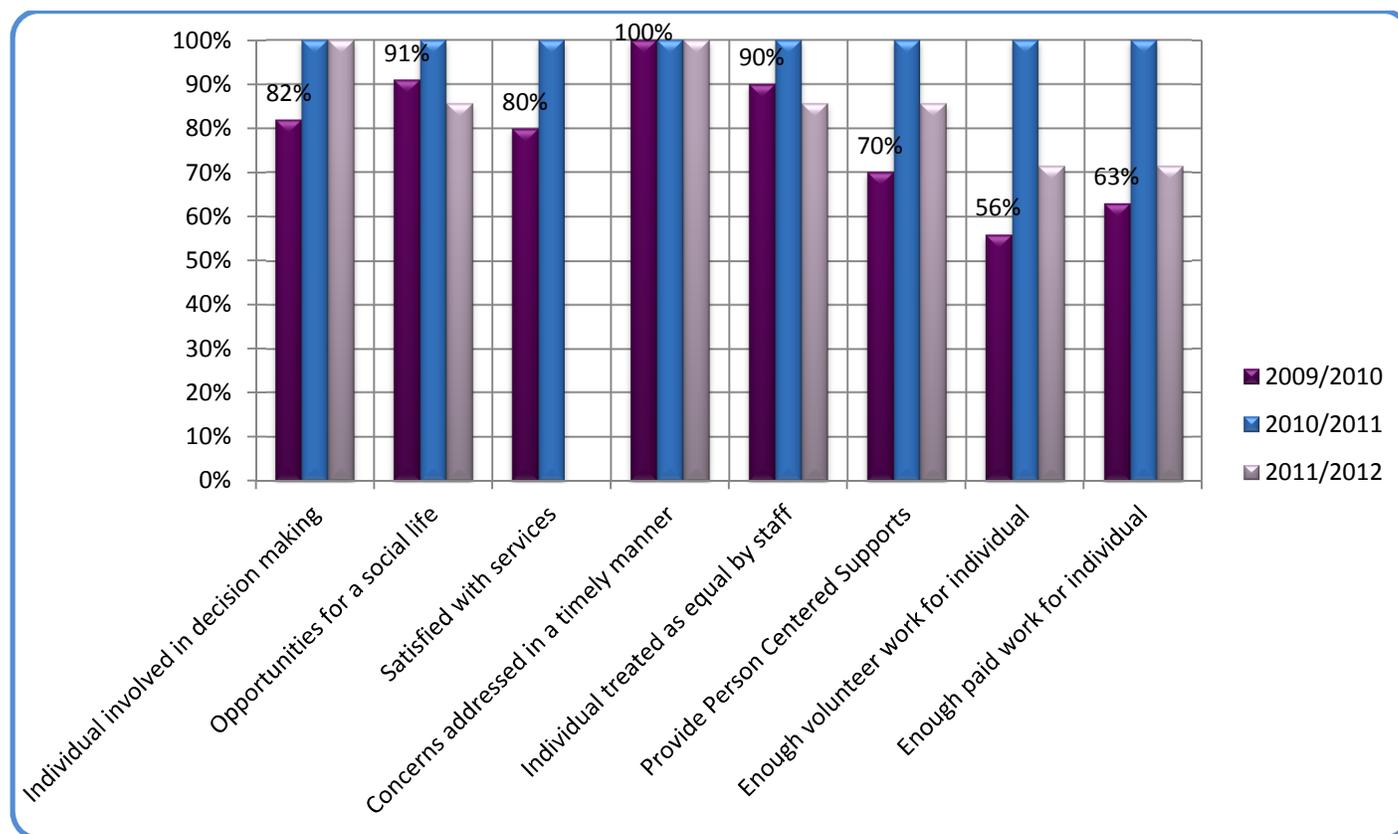
Also note: we no longer have a na option on the survey

The previous year our target was 80% satisfaction and the actual result was 100%. This year our target was 80% and our actual results were 91%.

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?	100%	
Is the FSJACL proactive in our community?	100%	
Does the FSJACL provide timely and quality service?	100%	
Is the person you care for involved in decision making regarding their services?	100%	
Is the person you care for given opportunities to be involved and included in community?	100%	
Is the person you care for given opportunities to make friends and have a social life?	86%	14%
Is the person you care for given opportunities to learn and practice skills?	86%	14%
Is the person you care for treated as an equal by staff?	86%	14%
Is the person you care for receiving Person Centered Support (rights, beliefs, and choices respected)?	86%	14%

Is the person you care for receiving enough volunteer work?	71%	29%
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?	86%	14%
Do you feel comfortable in approaching FSJACL supervisors?	100%	
Do you feel comfortable in approaching the FSJACL Executive Director?	86%	14%
Do you feel your concerns are addressed in a timely manner?	86%	14%

Survey Results from Family/Caregivers



Previous recommendations and actions:

It was recommended to use a link on emails etc. and to make surveys available at the AGM but we did not do this as would create challenges in integrity of tracking data. We created more tools and information about the PCP process and created a Family Handbook.

Last Year's Recommendations	Actions
 To increase the response rate by using e-mail and newsletters, perhaps collect data during our AGM, provide a link in our Annual Report and provide a link on our website. We will provide an option for a hard copy survey or one done in person.	We haven't taken many of these steps as in looking at data collection methods, it would be hard to track if the survey was available all year using different methods, as then people could fill out more than one survey which would affect the integrity of the data collected. Therefore, we are continuing with only doing the surveys one time per year for a designated time period.
 Involve parent group and find ways to encourage parents to participate	The parent group has been meeting this past year, but they have not put FSJACL satisfaction on the agenda.
 Continue to ensure families or the individual's support network is involved in the Person Centered Planning Process (PCP)	We have created a PCP Review Guide and the Special Projects Coordinator oversees all PCP meetings to ensure the individual is the center of the plan and family is involved.

Recommendations for the next year:

-  To continue to involve and communicate with families more – will ask families during PCP Process how they want to be communicated with (phone, e-mail, etc.) and how often
-  Create written quizzes around PCPs so that staff are aware of specifics about the people we support and their person centered plan is at the forefront of their minds when providing supports.
-  Discuss with parent group areas of improvement

Satisfaction Surveys - Staff

Survey Method: A survey was sent to staff using Survey Monkey. The link was sent by email to the programs and on ShareVision. Three reminders were sent over a period of 1 ½ months. Supervisors were asked to encourage staff and give work time to complete surveys. All staff including new and casual were asked to fill out the survey.

Response Rate: 27 staff completed the survey. The FSJACL had a total of 54 staff during survey period. Therefore, the response rate was 50% which is a higher response rate of last year's 45%.

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 1/11to March 31/12	Surveys	Special Projects Coordinator	Overall average of 80%	96%

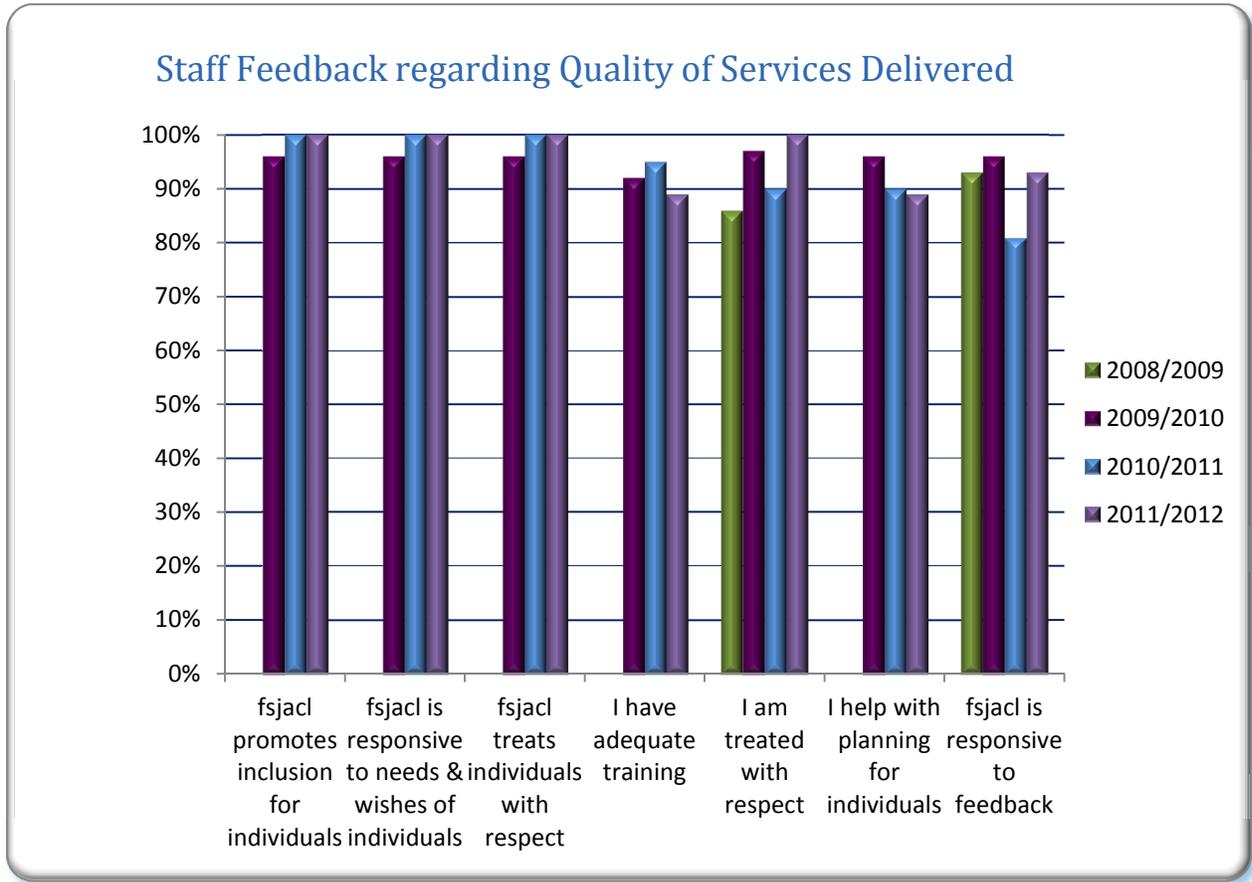
Please note: only the questions pertaining to staff and not quality of service are used to calculate the staff satisfaction

Result:

The previous year our goal was set for 80% and we achieved 91% overall satisfaction. This year 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.	89%	11%
The FSJACL treats you with respect and dignity.	100%	0%
You are provided with opportunities for growth and development.	100%	0%
You are aware of your rights and responsibilities at work.	100%	0%
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%	0%
Your work environment is safe and healthy.	93%	7%
The FSJACL encourages feedback.	100%	0%
The FSJACL is responsive to the feedback it receives.	93%	7%



Previous recommendations and actions: The staff felt the FSJACL did not make changes to reflect feedback given. It leads us to believe that staff were not reading the Outcomes Mgmt report and seeing the actions we had taken and recognition given to staff for giving the feedback.

- 2011 – Made it a requirement for all staff to read the Outcomes Mgmt report
- From question -The FSJACL makes appropriate changes to reflect feedback: 2011 - 76 % said yes – 2012 93% said yes and 1 person noted that changes were made in professional manner.
- We will continue to note staff input. Also in the Outcomes Introductory page, staff and others have been thanked and this is now in large bold font.

Recommendations from last year	Actions
To increase anonymity we will delete the age and time with our Association questions.	Done
Continue to ensure that staff's input is recognized and noted in this report.	Done, and also they continue to be recognized in the introductory message but this year we have put it in large

	bold font
 Continue to develop training for new staff so they are more prepared when they begin their orientations.	2011 - New employee orientation resources were created with quizzes and now must be completed before they begin working in any program.
 Provide training in Key Messaging and Guiding Principles to help guide staff in their role as a support worker.	Added guiding principles to Orientation Packages, staff meeting agendas, job descriptions and performance appraisals. All staff received workshops around the Guiding Principles.
 Comments were noted around how important it is that our vision and beliefs align with those of individuals and families. We will look at providing opportunities for workshops that both families and staff can participate in together.	 PCP review meetings allow us an opportunity to talk about the agency's values.  Representation Agreement meetings allow us an opportunity to discuss independence and support  Setting up Tyze networks  Revised Family Handbooks  Inviting families to programs, events and activities  Our Newsletter has an "ask Cory" column where we can address common questions or misconceptions  Open communication with families in programs  We forward resources and information to families through e-mail
 Communicate through the Employee Handbook what opportunities exist for training and development for employees.	Done- Dec/2011
 Comments were made by staff regarding difficulties in finding information in the program. We will create a ShareVision Guide to help staff locate information.	Share Vision guide is in process, we are also in the process of upgrading our version of ShareVision to make it more efficient.

Recommendations for next year:

-  More Training to do their job adequately – we will have all employees complete our orientation questionnaires that were recently developed to ensure everyone has the same knowledge.
-  More opportunities given to be involved in the PCP process – Continue to involve staff in the PCP creation and review process.
-  In need of more confidentiality – private information is getting out and ensure papers are shredded
-  Stream Line ShareVision – We will be upgrading ShareVision this year and the newer version promises to be more user friendly

-  Health and Safety -Too many things to do on the job – drained of energy – makes their environment unsafe (Burn out) - Leadership will continue to hire, train, and support staff.
-  Have Suggestions boxes-we have a forum/discussion site on ShareVision and will explore a different way to get feedback and suggestions
-  Will continue to recognize staff input

In the survey, we also asked for input regarding the services delivered, and as a result the following recommendations were made for the coming year:

-  Try to educate schools on what we do
-  More flexibility in how we do things; some senior staff are rigid in how they want things done and are not willing to look at other ways
-  Continue to reinforce Guiding Principles

Satisfaction Surveys - Other Stakeholders

Survey Method: Stakeholders were e-mailed the survey through Survey Monkey this year. Surveys were changed from Agree and Disagree answers to Yes, No and NA. Surveys were e-mailed (with on-going reminders) to professionals that we interact with, sponsors, donors, contractors, employers, partner agencies and other community agencies.

Response Rate: 60 surveys were sent out and 16 were completed – only a 26% response rate but many of these stakeholders have limited contact with our organization and we also recognize we live in a very busy society. Many more surveys were sent out this year in hopes of gathering more input from a greater variety of people in community.

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 1/11 – March 31/12	Survey Monkey	Special Projects Coordinator	Receive an average of 80% Satisfaction	99%

Results:

Last year our goal for satisfaction was 80% and our actual result was 100%. This year there was one person on one question that answered no, so our results were not quite 100%.

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 and logo 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	Don't Know
Are the FSJACL programs accessible and conveniently located?	75%		25%
Is information about the FSJACL readily available and understandable?	88%		12%
Does the FSJACL provide ongoing and updated information?	100%		
Does the FSJACL respond to the needs of its stakeholders?	63%		37%
Is the FSJACL known for its integrity and ethical practices?	94%		6%
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?	94%		6%
Is the FSJACL meeting the needs of the individuals they serve?	63%		37%
Is the FSJACL staff qualified and competent in the performance of their jobs?	75%	6%	19%
Do the FSJACL staff members represent the agency in a positive way?	100%		
Is the FSJACL responsive to critical feedback?	56%		44%
Does the FSJACL work well with other community organizations to benefit the people they serve?	94%		6%

Previous recommendations and actions: To have more information through our website, Facebook and our brochures and to continue to promote our website and logo. We continue to do all of this except we are still having some difficulties with Facebook.

Previous Recommendations	Actions
 We will continue to develop our new website	This is updated monthly.
 We will be adding an audio option on our website to increase accessibility	An audio option has been added

Recommendations for next year:

-  Have Facebook site up and running
-  Look for opportunities to promote agency with potential employers.

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.

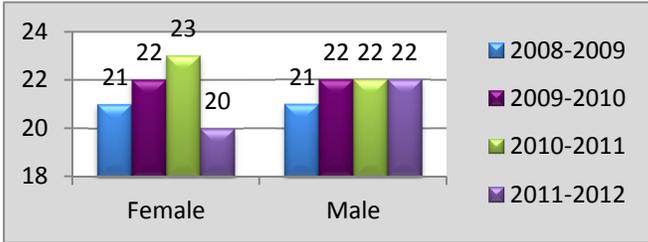
Other Stakeholders

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.

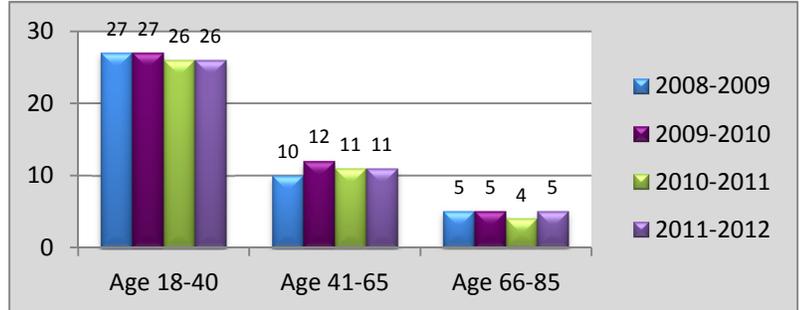
Characteristics of Persons Served

Number of Persons Served by the FSJACL – 42

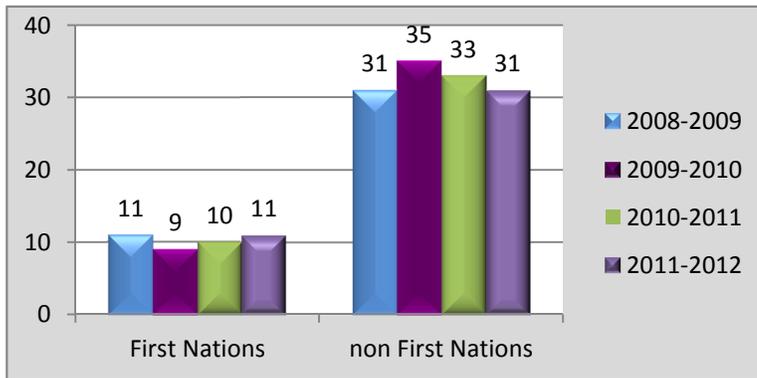
Gender of Persons Served



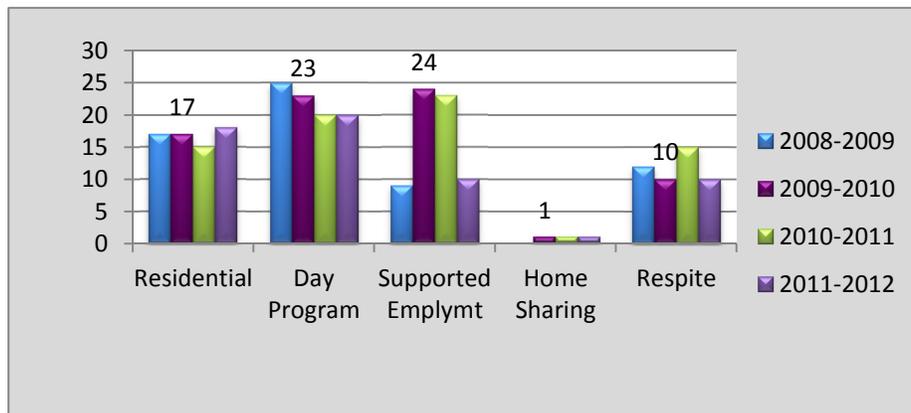
Age of Persons Served



Ethnic Background of Persons Served

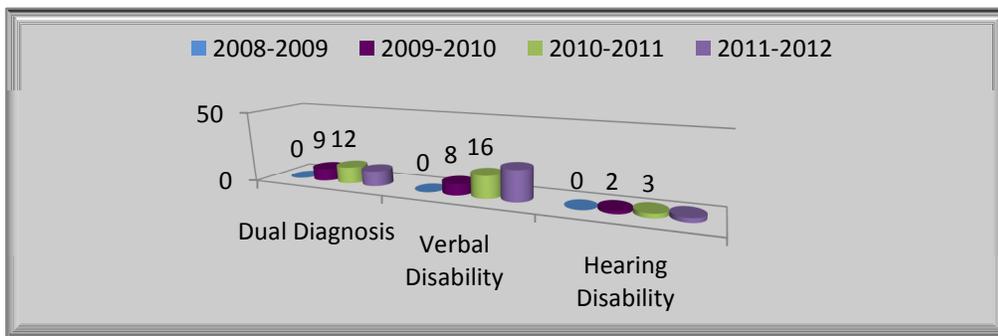
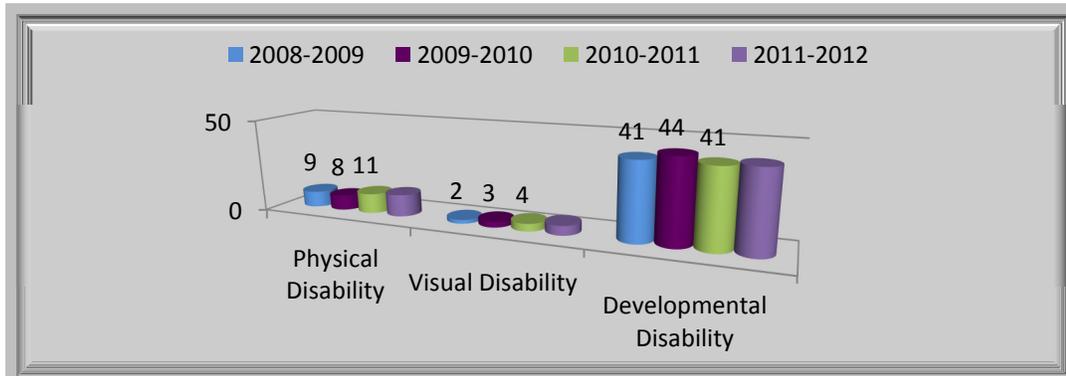


Which Programs are accessed by Persons Served

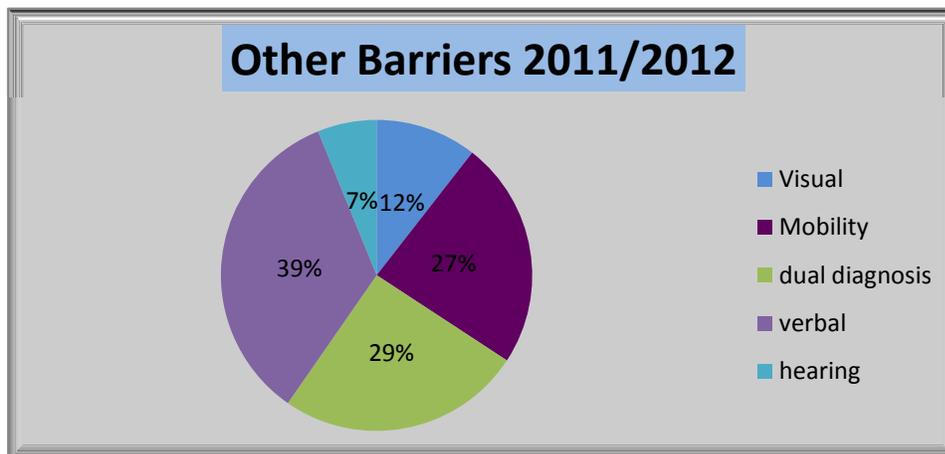


Barriers

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



Note: Disabilities range in severity. For example some people with verbal disabilities can say a few words clearly, some cannot talk at all, or some talk but are extremely hard to understand.



Note: 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.

Recommendations:

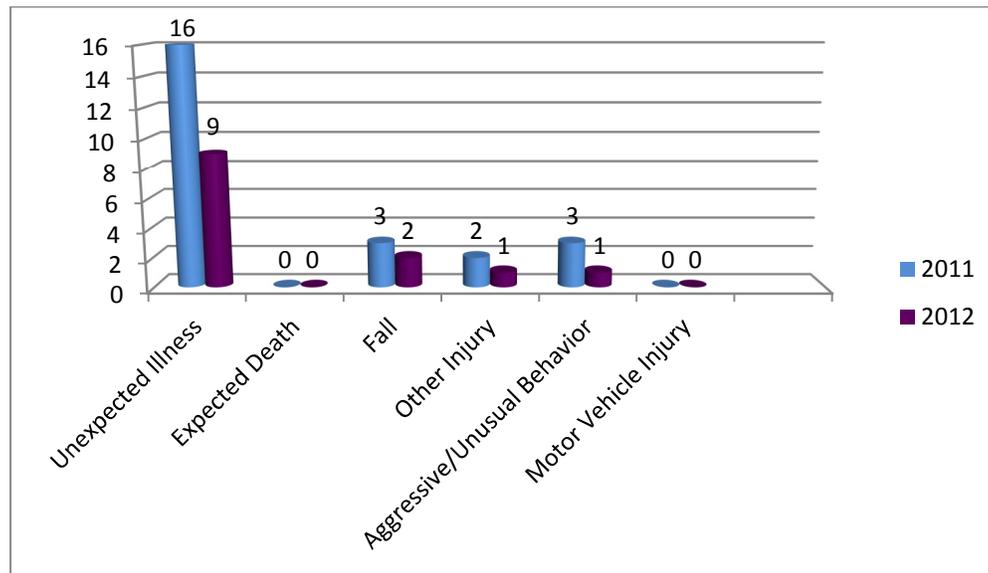
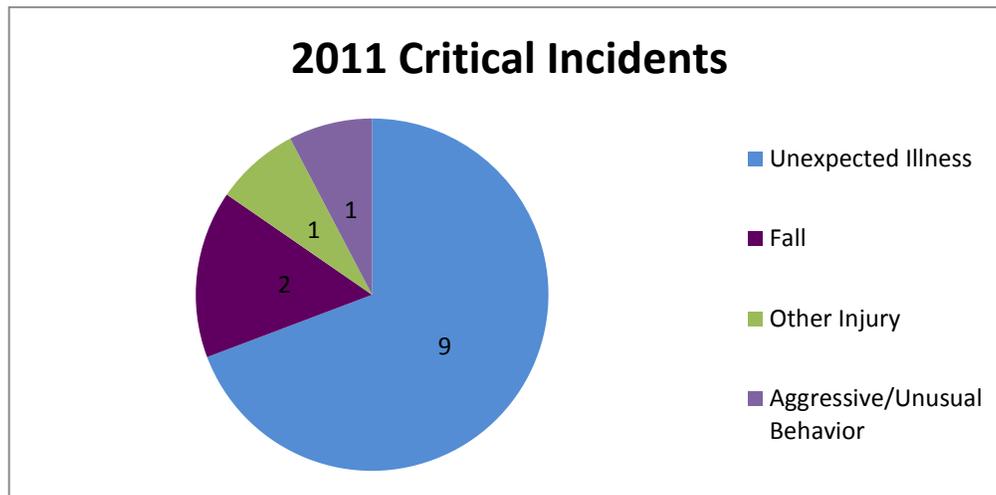
-  For the next year, when surveying individuals receiving services, we will be more specific in identifying barriers.
-  We will include some of the barriers from the Accessibility Plan, such as Attitudinal, and Community Integration

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.

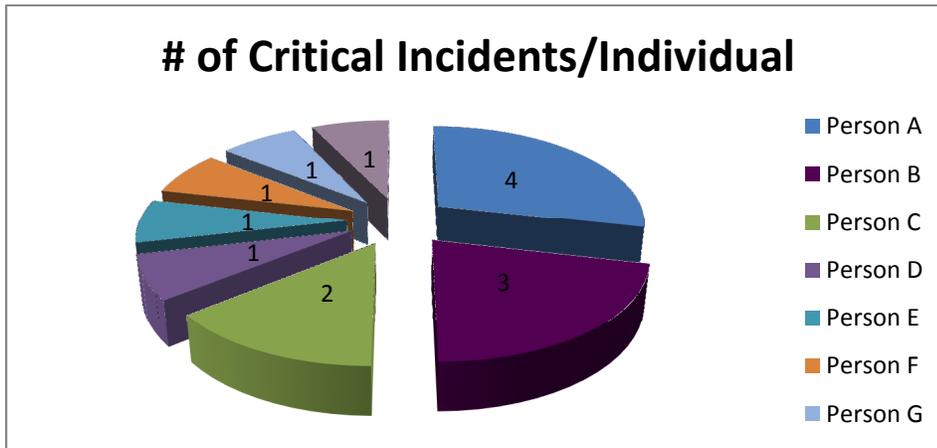
During the past year there were a total of 13 Critical Incidents.



Review Results:

 The number of incidents has decreased by 11

- 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.
- Aggression: While the number of incidents has stayed consistent for the past two years, we feel that there is more consistency among staff in dealing with behaviors due to implementation of comprehensive behavior support plans.



Previous Recommendations	Actions
 Continue to consult with physicians and HSCL nurse on any illnesses that could cause emergency situations. Ensure proper protocols are in place to avoid individuals having to go to the hospital, outside of their regular physician appointments.	This has worked well over the year and the HSCL Nurse has helped problem solve some on-going health issues to try to put in preventative measures.
 Continue to ensure proper training for staff who support individuals who can be aggressive.	This has worked well this past year and we have less incidents as a result.
 Ensure Behavior Support Plans are kept up to date and staff are knowledgeable about the information in them.	This has worked well and we've had less incidents as a result.
 Ensure more timely training in CPI	We have had staff trained to facilitate the CPI training which has helped us provide more timely training to all staff in CPI
 Ensure training for staff around lifting and	Lifting and transferring training was held more regularly this

transferring so that they can properly assist individuals who fall without injuring themselves.

past year.

Recommendations for next year:

-  Continue to consult with physicians and HSCL nurse on any illnesses that could cause emergency situations. Ensure proper protocols are in place to avoid individuals having to go to the hospital, outside of their regular physician appointments.
-  Ensure Behavior Support Plans are kept up to date and staff are knowledgeable about the information in them.
-  Continue to ensure training for staff around lifting and transferring so that they can properly assist individuals who fall without injuring themselves. This will now be part of the Level one Training.

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 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 1/11 to March 31/12	ShareVision Goal Log	Supervisors	13	14

Results: The previous year, 10 out of 16 people in residential care had meaningful relationships – exceeding our goal of 8. This past year, out of 17 people in residences, all but 3 have at least one meaningful relationship.

Previous Recommendations and Actions: To better communicate staff’s role, to inspire and to help them to empower individuals, ethics are discussed at staff meetings, Foundations training is provided for all regular staff, Credo for Support is viewed at each staff meeting, and article “Learned Helplessness” created for all to read. In addition, to improve PCP process and support networks we have developed PCP tools to help individuals set goals, and to have staff trained in creating PCPs.

Recommendations from Last Year	Action taken
 Continue to look at ways we can communicate staff’s role.	Guiding Principles were developed Weaving the Ties that Bind Workshop being taken by staff Continue viewing the Credo for Support
 Develop Guiding Principles and Key Messages	We have developed Guiding Principles for staff and have

	included the Guiding Principles a part of the job descriptions and performance appraisals.
 Develop more training for staff	We have implemented a more thorough orientation process which happens in our office and is approximately 3 days in length. It involves reading of resources and then completing a short quiz on each topic.
 Keep updating foundations training to match ethics and guiding principles	This has not been done
 Ensure staff are part of Person Centered Planning. If they have a role in helping create the person centered plan they may feel more accountability to follow it.	Our Special Projects Coordinator oversees the PCP creation and review meetings to ensure that staff are part of the process, but the individual is the center of the plan.
 Have created Person Centered Planning Booklet to help staff understand the PCP process	The PCP booklet is part of the initial orientation process and can be found on ShareVision.
 Have staff take the on-line workshop "Weaving the Ties that Bind"	Some staff have completed this course and others are signed up to take it.
 Set up Tyze Sites for individuals, where appropriate	We have 6 Tyze Connectors trained to help set up sites for individuals. 2 individuals have Tyze sites.

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:

-  Explore using Representation Agreements to build a more meaningful support network
-  Staff need to ensure this is a part of the PCP process and that staff are following through with the goals set
-  Update Foundations to match Guiding Principles and Credo for Support

Target for next year: 15



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.

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 achieved from QGL (PCP)	All individuals receiving residential care from FSJACL	April 1/11 to March 31/12	Quarterly Goal Logs	Supervisors & Special Projects Coordinator	80%	45%

Results: The previous year 73% of individual’s goals were achieved. A total of 66 goals were set and 30 of them achieved. We found that some were almost achieved but were not because a goal was not realistic or not enough staff support at times.

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

Previous Recommendations and Actions: All staff are completing goal logs, are following the PCP template, booklet and checklist that was created.

Recommendations from Last Year	Actions taken
 Both Supervisors and Special Projects Coordinator will retrieve goals for the Outcomes Report to ensure validity and accuracy (one retrieve, one check)	Due to continued issues with the goal log on ShareVision, this goal was again very difficult to collect data on.
 Fix Share Vision Goal Log so that it is more user-friendly and easier to track goals.	As stated above, the goal log in ShareVision did not work well, we have an older version that has some features that do not work efficiently, the goal log is one of those features. We will look into upgrading ShareVision completely.
 To ensure goals are realistic – work with individuals to “explore” goals that may not be realistic, to find “realistic” aspects of that goal that can be	 We will look into training to help understand goals and how to make them measurable.  The Special Projects Coordinator is part of all PCP set ups and reviews in order to ensure goals are realistic

Recommendations for the next year:

-  To have staff trained in setting goals
-  Educate families on FSJACL values and beliefs (goals need to come from the person, not staff or family). Create a family handout in preparation for the PCP Meeting.
-  Upgrade ShareVision so we have use of the goal log
-  Supervisors and Special Projects Coordinator will retrieve goals for the Outcomes Report to ensure validity and accuracy (one retrieve, one check)

Target for next year: 70%



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 work an average of 1,000 hours per year.

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 1/11 – March 31/12	ComVida & personnel records	HR Supervisor	10	7

Result: The previous year we had 8 casual staff and this year we had 7 casual staff. It's important to note that while we have many casual staff (38), most of them have very limited availability and due to our high turnover rate this number changes rapidly.

Previous Recommendations and Actions: Train more staff to more programs, developed a new brochure, completed a promotional video but do not use as we find it is not the best tool.

Recommendations from Last Year	Action taken
 Ensure casual staff are trained in more programs so that more than one program can utilize them and casual employees get more hours.	This has begun to happen, but not as much as we would like.
 Continue to do more advertising for positions and look for creative ways to recruit staff.	We have increased the financial reward for Recruit a Friend. Have increased ads in regional newspaper distribution routes.
 Advocate for more funding in our sector (need higher wages to remain competitive in our community)	Bargaining is currently underway for the new collective agreement, however, the government has not promised any new money for wages.
 Recruit a friend incentive program	We have increased the financial reward for the Recruit a Friend Program as we are finding that to be one of the most beneficial ways of recruiting new staff
 Hiring people with experience at a higher grid level will continue to be offered; we need to ensure that we are following through to ensure employees receive the compensation they are entitled to.	This is working well
 As per strategic plan; articulate the value of being an FSJACL staff.	We started a blog for staff around the value of being a staff and we will be using the testimonials on our web site, and in recruitment materials.

Recommendations for the next year:

-  Use testimonials for website and recruitment materials.
-  Continue to work on training staff in more than one program
-  Get Facebook working more efficiently
-  Explore other on-line advertising tools
-  To ensure effective tracking on ComVida, supervisors must enter the availability for casual staff on ComVida once it's received

Target for next year: 10

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 that 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
-  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 1/11 – March 31/12	ComVida & personnel records	HR Supervisor	65%	34%

Result: The previous year our goal was 65% and our result was 63%, this year’s outcome was 34%.

***Note: We calculated only the residence staff whereas last year all staff were calculated. We have 5 staff working in our Community Connections Program that have been working in that program for over a year (see Community Connections Measures)*

Our biggest struggle is recruiting and retaining enough staff to effectively deliver contracted services. Due to this being a transient community, and our workers being mostly secondary wage earners, many times staff leave as their spouses have been transferred, or workers leaving to go to school or a warmer climate.

In addition, our wage is a barrier as staff with certificates can work elsewhere for a much higher wage. We also have a number of staff who are single mothers and have difficulties getting affordable daycare, or having sufficient income through our agency to support themselves and their children.

Previous Recommendations and Actions: Team building training, and positive recognition, and developed Team Standards of Excellence.

Recommendations From Last Year	Actions Taken
 Continue to work on moral in each program	All staff were part of a workshop that created team charters, which has helped the moral in the programs. We also did more team building training in the programs
 Advocate for more funding in our sector so there may be a higher wage in the future	Bargaining is currently underway for the new collective agreement, however, the government has not promised any new money for wages.
 Continue with training for new employees and staff development for current employees	We have implemented a more thorough orientation process which happens in our office and is approximately 3 days in length. It involves reading of resources and then completing a short quiz on each topic.
 Develop Guiding Principles (key messaging)	We have developed Guiding Principles for staff and have made them part of the job descriptions and performance appraisals.

Recommendations:

-  Continue to promote Team Charters and problems solve within teams when they aren't being used – should be discussed at each staff meeting
-  Put Team Charters and Guiding Principles on Orientation Checklist - Trina
-  Continue to promote Guiding Principles

Target for next year: 65%



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 or day programs	April 1/11 – March 31/12	PCP's	Supervisors	2	0

Result: The previous year we did not have anyone using communication systems and this year we have individuals that now have communication tools but are in the process of learning and staff learning. We have a huge turnover of staff and very busy staff, so it is taking some time for this process to become part of the individual's life.

Previous Recommendations and Actions: Exploring IPAD for some individuals, and in the application process with CAYA.

Recommendations from Last Year	Actions Taken
 Continue to trial the IPAD for individuals and may purchase using fundraising dollars.	One individual is using an IPAD but not for communication.
 Look at assistive technology that can help individuals communicate.	CAYA came and spent time with certain individuals and recommended communication tools and strategies
 Progress with CAYA application process	Completed application process

Recommendations for the next year:

-  Bring CAYA back up to work with some of the programs

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.

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 QGL (PCP)	All individuals receiving support from a Community Inclusion Program	August 1/11 to July 31/12	Quarterly Goal Logs	Supervisors	60%	50%

Results: The previous year 20 people had a total of 94 goals and 48 of those goals were achieved, therefore, we did not meet our goal. This year 27 people had a total of 84 goals and 42 of those goals were met.

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

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.

Previous Recommendations and Actions: all staff completing goal logs, PCP booklet, template & checklists created, and the goal log on ShareVision which is more user friendly.

Recommendations from Last Year	Actions taken
 Supervisors and Special Projects Coordinator will retrieve goals for the	This happened, but unfortunately the tracking of goals needs to be improved. The goal tracking tool in ShareVision was

Outcomes Report to ensure validity and accuracy (one retrieve, one check)	being used, but didn't work.
 Fix Share Vision Goal Log so that it is more user-friendly and easier to track goals.	As stated above, the goal log in ShareVision did not work well, we have an older version that has some features that do not work efficiently, the goal log is one of those features. We will look into upgrading ShareVision completely.
 To ensure goals are realistic – work with individuals to “explore” their goals that may not be realistic to find “realistic” aspects of that goal that can be achieved	 We will look into training to help understand goals and how to make them measurable.  The Special Projects Coordinator is part of all PCP set ups and reviews in order to ensure goals are realistic and measurable.

Recommendations for the next year:

-  To have staff trained in setting goals
-  Upgrade ShareVision so we have use of the goal log

Target for next year: 60%

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 work an average of at least 1,000 hours per year. This measure is taken as of March 31, 2012.

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 1/11 – March 31/12	ComVida& personnel records	HR Supervisor& Special Projects Coordinator	To have 4 on the casual staff list	4

Results: The previous year we had 2 casual staff so we did not meet our goal. This last year we had 4, therefore, we met our goal.

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

Previous Recommendations and Actions: Casual staff trained in more programs as much as possible, new brochure developed, and a promotional video was developed but is not used as is not the best tool.

Recommendations from Last Year	Action taken
 Ensure casual staff are trained in more programs so that more than one program can utilize them and casual employees get more hours.	This has begun to happen, but not as much as we would like.
 Continue to do more advertising for positions and look for creative ways to recruit staff.	
 Advocate for more funding in CLBC (need higher wages to remain competitive in our community)	Bargaining is currently underway for the new collective agreement, however, the government has not promised any new money for wages.
 Recruit a friend incentive program as well as hiring people with experience at a higher grid level will continue to be offered; we need to ensure that we are following through to ensure employees receive the compensation they are entitled to.	We have increased the financial reward for the Recruit a Friend Program as we are finding that to be one of the most beneficial ways of recruiting new staff. We have also implemented a system to ensure the staff who are entitled to a “Recruit a Friend” reward are getting that reward on a timely basis.
 As per strategic plan; articulate the value of being an FSJACL staff	We started a blog for staff around the value of being a staff and we will be using the testimonials on our web site, and in recruitment materials.

Recommendations for the next year:

-  Use testimonials for website and recruitment materials.
-  Continue to work on training staff in more than one program

 For the next year, we will change our measure to include any casual staff who are available an average of 20 hours per week

Target for next year:

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 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 1/11 – March 31/12	Quarterly Reports	Supervisors	2 people	1

Result: The previous year we did not have anyone who successfully used augmented communication systems and we therefore did not reach our goal. This year we have one

person who CAYA set up a communication system with and the individual and staff are learning to use it more regularly.

Previous Recommendations and Actions: Exploring benefits of IPAD for some individuals, and in applications process with CAYA.

Recommendations from Last Year	Actions Taken
 Continue to trial the IPAD for individuals and may purchase using fundraising dollars	We trialed it for one person, but the person did not like it
 Look at assistive technology that can help individuals communicate.	CAYA helped us with this.
 Progress with the CAYA application process	Completed application process and CAYA came and spent time with the individuals. They set up Communication Tools and trained the supervisors and the staff present.

Recommendations for the next year:

-  Bring CAYA back up to work with some of the programs
-  Have more consistency in training staff in communication systems

Target for next year: 2

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 1/11 – March 31/12	ShareVision	Supported Employment Supervisor & Special Projects Coordinator	5 people	4

Result: Please note, the results were incorrectly reported for the previous year – we had reported that 29 people were on our waiting list (all individuals supported by our agency who weren't working) and 24 received paid employment. The correct data was, 9 people were on a waiting list for Supported Employment and 5 of those got paid employment. This year, 5 people were on our waiting list and 4 of them got jobs. The previous year 29 people were on the waiting list that wanted work and 24 of those had paid employment. This year out of 19 people, only 5 were on the waiting list and 14 have employment. This goal was very unrealistic.

The satisfaction survey showed that only 57% of those surveyed had enough paid work but of those that were surveyed, 97% loved their job. As was noted last year, that although we have been successful in finding work for individuals, many would like more hours or to add another job.

Note: not all the people we support have employment through Supported Employment

***Note: The NA answers were taken out of the equation to achieve a more accurate percentage when determining % of people who feel they have enough work.*

Previous Recommendations and Actions: Job-coach took on-line training, supported employment promotion, Employment Coordinator from BCACL facilitated an information session for our community, more businesses are being approached, we are being more creative in finding employment for individuals.

Recommendations from Last Year	Actions Taken
 Continue to provide on-line and other employment training to staff	Some staff have taken the on-line training, but we will continue to have staff in residential programs take it as well.
 Create Supported Employment Brochure	Done
 Create an Employer Handbook	Done
 Do more promotion around employing people with disabilities	Have published in newsletter, have done a lot of face to face promotion
 Approach more businesses to educate them on our program	Job Coach has done a lot of face to face promotion
 Approach Rotary and Chamber of Commerce to promote supported employment program	This was not done.
 Continue to find creative ways in which we can find employment for people who wouldn't fit into a conventional employment position.	Look at job carving with each person we support

Recommendations for the next year:

-  Continue to offer on-line job coaching training to staff, including staff in the residential programs
-  Explore opportunities for more Employer Training
-  For next year, we will add an employment section in this report that includes all people supported by the agency who are working

Target for next year: 3

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 1/11– March 31/12	Share Vision	Supported Employment Supervisor & Special Projects Coordinator	80%	100%

Result: The previous year 14 out of 24 people that had jobs, held their job for over 3 months, which was only a 58% success rate, therefore we did not meet our goal. This last year 21 out of 21 people that had jobs, held their job for over 3 months.

***Note: The NA answers were taken out of the equation to achieve a more accurate percentage.*

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.

In some situations; barriers were created through situations that were beyond the individual’s control, some of these factors include:

-  person left services
-  person moved out of town
-  family barriers
-  Some people do not want to keep employment long term
-  Health issues

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: We continued to find effective job matches, and continued to approach more businesses. We have not met with the Rotary or Chamber of Commerce as recommended.

Recommendations from Last Year	Actions Taken
 Promote the program at Rotary or the Chamber of Commerce	We have not met with the Rotary or the Chamber of Commerce
 Continue to educate employers and promote program	Have published in newsletter, have done a lot of face to face promotion
 Create Employers Handbook to help educate employers on how to work with someone with a developmental disability	Done

Recommendations:

 As noted in the previous goal we will explore opportunities to educate employers

Target for next year: 85%

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 1/11 – March 31/12	ComVida & Personnel Records	HR Supervisor & Special Projects Coordinator	2	3

Results: The previous year we had 2 casual staff and this past year we have 3 so have met our goal.

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

Previous Recommendations and Actions: We have tried to train more staff to fill job coach but it is difficult with such a huge staff turnover. Have not trained any residential staff in this area due to staff shortages.

Recommendations from Last Year	Actions Taken
 To train more staff to fill in for the job coaches	Many Supported Employment/Community Inclusion staff and also Residential Staff are trained to be job coaches

Recommendations:

-  Try to have more staff take the on-line job coach training
-  Will begin to interview to ensure staff with proper skills are filling the job coach position

Target for next year: 1



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. This was also a recommendation given to us during our last accreditation survey; to increase the types of businesses in which people are employed.

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 1/11 – March 31/12	Employer Contact Log ShareVision	Job Coach & Special Projects Coordinator	4	10

Results: We had eleven businesses come on board although they had hired a person with a disability previously but not with our organization. We have had a number of businesses already on board that have re-hired or hired an additional person but these businesses are not counted.

Previous Recommendations and Actions: We have not approached the Rotary and the Chamber of Commerce yet, the Supported Employment program is becoming very well-known because of promotion of the program by the job coach and information through events and our Website. We submit Employment Success Stories to the newspaper during Community Living Month.

Recommendations from Last Year	Actions Taken
 To promote the program at Rotary and Chamber of Commerce	Have not done yet
 To continue to promote the program throughout the community	Have published in newsletter, have done a lot of face to face promotion
 Create a brochure for Supported Employment	Done
 Create an Employers Information Package (Employers Handbook)	Done
 Put in Community Living Month insert in paper	This was not done last year

Recommendations:

-  Continue to look for ways to promote the Supported Employment Program in our community
-  Create a newspaper story for Community Living Month on Supported Employment

Target: 3



Respite Program

Respite - Effectiveness Measures

Objective: To be able to provide person centered supports to individuals while they are receiving respite services by having a Person Centered Plan (PCP) in place.

Definition: This measure applies to all individuals who receive regular respite (not emergency placements) 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 have a person centered plan in place so staff know the person’s likes and dislikes and the person receives person centered supports.

Indicator	Applied To (Target Group)	Time of Measure	Data Source	Obtained By	Goal (Target or Benchmark)	Actual Results
# of people receiving respite services who have a PCP	All individuals receiving respite in our residences	April 1/11 – March 31/12	ShareVision	Special Projects Coordinator	90%	54%

Results: A total of 11 people accessed our respite services and 6 have PCP’s. Our goal was set for 90% which we did not meet. Although we did not meet our target we have PCPs for all individuals that regularly access respite services with us.

Recommendations from Last Year	Actions Taken
 Ensure the residential programs are included in the PCP meetings for people accessing the community inclusion programs so that there is consistency and communication among all programs the person accesses	This has started being done, but we will continue to improve this process. One person now attends all PCP meetings to ensure consistency.
 Work on basic PCPs for individuals as soon as they begin accessing respite services	This has been difficult to date, but we will continue to improve our PCP system to ensure this happens on a timelier basis.
 Complete a “Level of Supports Required” form upon intake to help begin the PCP Process.	This is now part of our intake package and will be completed when someone accesses services.

Recommendations for the next year:

-  Work on creating a basic PCP as soon as they begin accessing respite, including the intake form and “Level of Supports Required” form.

Target: 90%

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 1/11 – March 31/12	Home Share Site in ShareVision	Home Share Coordinator	2	1

Results: We approved one new caregiver, therefore, have not met our target.

Our focus for last year was to recruit as many caregivers as possible to allow us a pool of people for families to choose from. This is a support that we are developing as more families receive direct funded respite monies. 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 may become 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: To look for more creative ways to recruit respite caregivers, such as posters on various bulletin boards around the community and to various organizations and educate staff about this opportunity.

Recommendations from Last Year	Actions Taken
<p> The FSJACL will look for more creative ways in which to recruit caregivers to provide respite services. We have been advertising in the local paper on a regular basis, however, this hasn't been successful. We will do the following:</p> <ul style="list-style-type: none"> ○ Participate in job fairs ○ Create Brochure ○ Provide home share information to current employers ○ Advertise on our website ○ Continue to explore opportunities to advertise, such as having a booth in the mall or grocery store ○ Promote the list of approved caregivers to families ○ Continue to speak to current staff and past staff and ask them to look within their social networks 	<p>We did not participate in any job fairs at the school as there was none. We did go to the college and present to the Social Worker Participants. We have signed up to join the Tradeshow</p> <p>A brochure was created.</p> <p>Not currently happening</p> <p>We continue to advertise locally, on our website and in our newsletter.</p> <p>We have not set up a booth in the mall or a store yet.</p> <p>We continue to promote approved respite caregivers to families and homeshare providers</p> <p>Continue to educate and encourage current and past staff to consider respite. We also provide the same financial incentive for finding a home share provider as we do "Recruit a Friend" Program</p>

Recommendations for the next year:

-  Set up a table in the grocery store or mall to hand out information and recruit home share providers



Continue to promote the program within our agency in hopes that staff will recruit suitable people as homeshare providers.

Target: 1

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 1/11 March 31/12	ShareVision respite log	Supervisors	1.5 days per week per bed	.67 days per week per bed

Results: This year our results were under target because the respite beds in one house became permanent residents. We have 5 respite beds in total which were used a total of 175 days for the year, which results in each respite bed being used an average of 35 days per year, .67 days per week. Therefore we were under our target of 1.5 days per week per bed.

A Street Home: A- Street has one respite bed which continues to have limited use because the house is quite full and busy. The respite bed was used 57.5 days, therefore the usage per week was 1.10 days.

10th Avenue Home: Has two beds which were available for respite, however, one bed has been used by one individual who was slowly transitioning into the home and is now a permanent resident. The other bed has been used by two people from Dawson Creek, as there are limited respite places, especially places that can care for high-needs individuals. However

this room was taken by a man that needed a permanent place to live. Since January the home no longer has any respite beds. The two respite beds were used a total of 58 days for respite which is a usage rate of 1.11 per bed, per week. This is considerably less than last year’s rate of 2.95 days per bed per week.

Four-plex: Has two beds which are available for respite. Due to having the respite beds we were able to accommodate a few crisis situations, as well as provide regular respite to families when required. The downside is that these are fairly small apartments with 2 individuals living in them, so adding a respite individual can cause disruption in the resident’s lives. The two respite beds were used a total of 59.5 days, which is a usage rate of 1.14 days per bed, per week.

Previous recommendations and actions: To utilize the beds effectively without bringing disruption to the homes. We also continue to communicate with and encourage families to use our respite facilities yet we watch that they are not over utilized. We have however had to over utilize in the past because of emergency situations.

Recommendations from Last Year	Actions Taken
 For respite beds which are utilized more than the target and where there is some disruption that affect the permanent residents, we will look at putting some limitations on the amount of respite being provided.	This year all beds were underutilized. The one home that has disruption is closely monitored as to how much and who is using the respite bed.

Recommendations for the next year:

-  Continue to monitor respite utilization and work with families to find the best option for respite
-  Explore the option of creating a respite contract with CLBC to enable us to provide other options

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 1/11 – March 31/12	ShareVision respite log	Supervisors & Special Projects Coordinator	4	1

Result: There was one new intake; therefore, we did not meet our goal.

Recommendations from Last Year	Actions Taken
 Continue to inform families and the community of our respite services.	We will continue to encourage families and community of our respite services through our website, handbooks, and CLBC.
 We will have more information about our respite services on our webpage	We will continue to ensure up to date and thorough information is on our website.

Recommendations for next year:

-  Promote our respite services to families and also touch base with families to determine what their respite needs are and work with them to provide the necessary respite

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 1/11 – March 31/12	ShareVision	Home Share Coordinator	2	1

Result: We had one home share placement in the past year; therefore, we did not meet our goal. We now oversee a homeshare contract that was already put in place under CLBC but is now being managed by our Home Share Program.

We find as a barrier that some families are hesitant in considering home share placements for their sons or daughters.

Previous recommendations and actions: We advertised in a number of places and added a new page to our web site.

Recommendations from Last Year	Actions Taken
 We will continue to advertise our home share program to recruit caregivers and also inform the public of this residential option.	Advertise regularly in the paper locally and also word of mouth.
 Speak to the Family Support Network about Home Share options	Have not done yet
 We will advertise during community	Have not done this yet

living month, perhaps set up a booth in a grocery store or mall.	
 Continue to use our web page to inform people of home sharing.	Page is set up and continues to be updated.
 Create a brochure	Done

Recommendations for the next year:

-  Continue to look for ways to promote the program; through employees in our agency and also by setting up a table at the grocery store or mall
-  Provide article for paper during Community Living Month

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 1/11 – March 31/12	ShareVision	Home Share Coordinator	3	1

Result: We did not meet our target as we only screened and approved one caregiver. There were two homeshare transitions from CLBC but only one was fulfilled.

Recommendations from Last Year	Actions Taken
 We will continue to recruit more caregivers.	We have had interest from a number of caregivers, but

	unfortunately, there are not many home share placements that were needed last year, therefore, we face losing them if there isn't a placement for them.
 Continue to look at opportunities to advertise, such as having a booth in the mall or grocery store	We did not have a booth in the mall or store. We did sign up for the 2012 Trade Show.
 Continue to post our advertisements on all bulletin boards	This was done last year and we will continue to advertise this way.
 Look internally at current staff and past staff and ask them to look within their social networks	This was done a bit, but we will continue to do this.

Recommendations for the next year:

-  Provide article for paper during Community Living Month and interview current home share providers to contribute to those articles
-  To continue to look at opportunities for advertisement – through attending promotion and education sessions at the college, attend the trade show in 2013, to revisit bulletin boards throughout the city and restock if applicable, approach Sobeye's to request setting up a booth during Community Living Month, attend the parent's group to educate and promote the home share option, interview current contractors in the home share program for articles in the local newspapers.

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 1/11 – March 31/12	Share Vision-Home Share Site	Home Share Coordinator	Home Studies completed within 3 months of initial inquiry	100%

Results: We met our target, it took less than 3 months to complete home studies.

Previous recommendations and actions: To find ways to free up Home Share Coordinator’s time to spend more time on Home Share Coordination and recruitment.

Recommendations from Last Year	Actions Taken
 Explore options for the Home Share Coordinator to allow her to focus on home share tasks for 10 hours per week.	Done

Recommendations:

 Work with home share coordinator to ensure there is adequate amount of time for home share recruitment

Target for next year: 100% of Home Studies to be completed within 3 months of initial inquiry (for those who qualify)

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 less than the Benchmark Rate – which is established at 37.5 hours/yr	All regular Staff	April 1/11 – March 31/12	ComVida	HR Supervisor & Mgr of Admin of Finance	70% Of staff who take less than 37.5 hrs/yr	74%

Result: The previous year our goal was 70% but our actual result was 63% of people (24 staff) took less than 37.5 hours of sick time for the year, which was an increase of 11% from the previous year. This past year, 74% took less than 37.5 hours of sick time.

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

Previous Recommendations and Actions: We have communicated info about our Health & Wellness program by having it in our Employees Handbook, on Sharevision and we also have an early intervention program. We have a timelier follow up for staff with sick leave patterns and we continue to find ways to recruit staff to prevent burnout of existing staff.

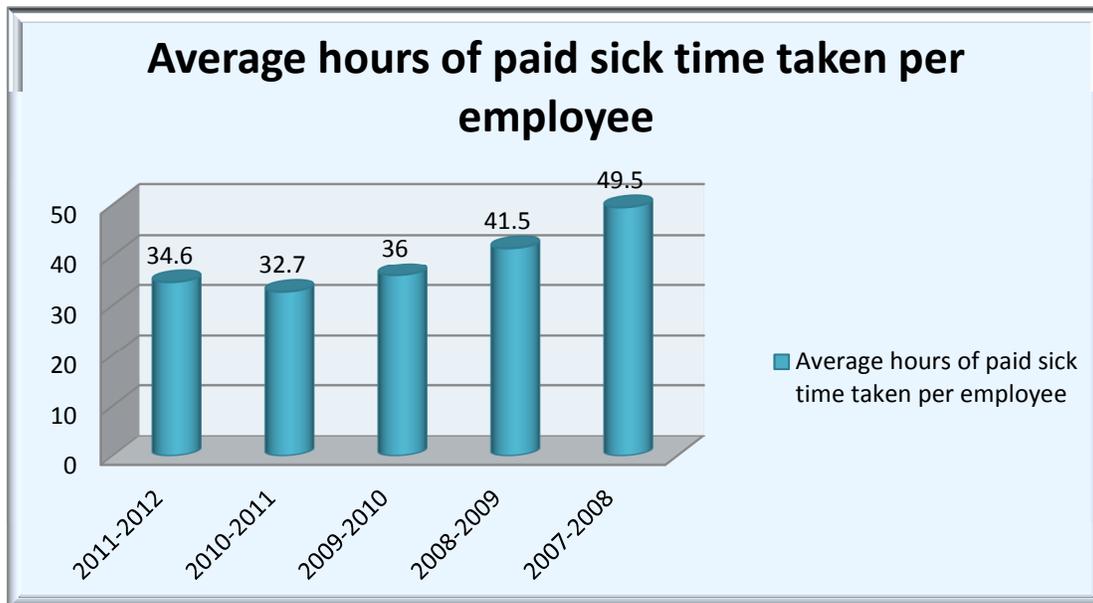
Recommendations from Last Year	Actions Taken
 Continue to work on communicating information	Information about our Health and Wellness Program is communicated through committee meeting minutes,

about the Health and Wellness program	through staff meetings, the General Staff Meeting and some information is presented through our Leadership Team Meeting Minutes.
 Continue to ensure timelier follow up for people who have sick leave patterns identified	We work with employees as patterns are identified.
 To try to build up our casual staff pool to avoid burnout of staff	We continue to work on this

Recommendations for the next year:

-  Encourage healthy living through the Health and Wellness Program.
-  Add to Orientation Checklist
-  Partner with the Canadian Cancer Agency to provide the Wellness Fits Program to our employees.
-  Continue to identify sick leave patterns and address them on a timely basis.

Target for next year: 75%



***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. Extended sick time totaled 1608.43 hours among 8 people.*

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 1/11 – March 31/12	Personnel Files/ComVida	HR Supervisor	Less than 3	0

Result: We had only 1 injury that resulted in time away from work the previous year and this past year we had none.

Previous Recommendations and Actions: We provide more Lifting and Transferring and CPI training. We have info about the Health & Wellness Program in the Employee Handbook, on ShareVision and shared at Staff Meetings. OH&S Committee is more diligent with review and follow-up.

Recommendations from Last Year	Actions Taken
 Continue to provide staff with training and encouraging staff to access our Health & Wellness Program.	 Lifting and Transferring Training happened regularly.  The Health and Wellness Program was promoted throughout the year in meeting minutes and at staff meetings.
 Continue to ensure staff follow lifting and transferring guidelines provided	Supervisors continue to do a shadow shift with all new staff and also monitor staff on a regular basis.
 Continue to ensure OH&S recommendations are followed up and remedied	This is being done regularly.
 Continue to ensure all staff have CPI and follow behavioral support plans	We have trained a staff to teach CPI and therefore, we have more timely CPI training for all staff. In addition, supervisors monitor to ensure behavioral support plans are followed.

 Ensure staff are aware of counseling available through Walmsley & Assoc.	This is consistently promoted through their newsletter, at staff meetings and the contact information is at all worksites.
 Continue to recruit more staff to avoid burnout	Constantly being worked on.

Recommendations for the next year:

-  Ensure Lifting and Transferring training is consistently being delivered during the Level One Training
-  Ensure all Behavior Support Plans are up to date and being followed
-  For program knowledge quizzes, there must be questions regarding behavior support plans.

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.

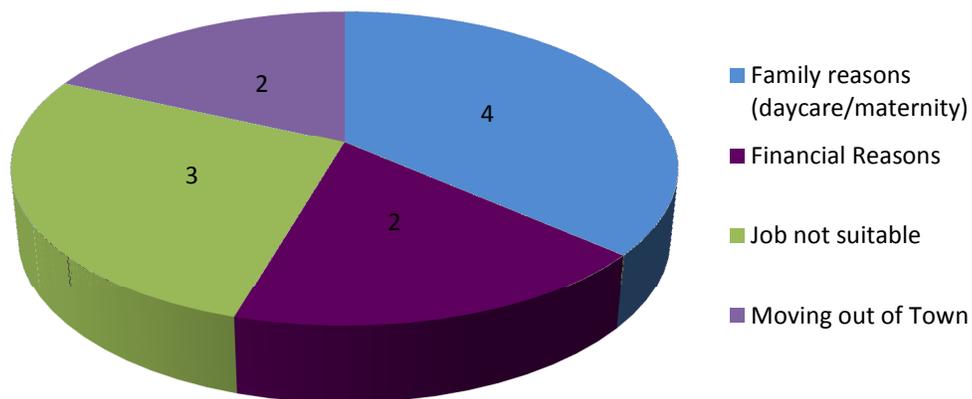
Indicator	Applied To (Target Group)	Time of Measure	Data Source	Obtained By	Goal (Target or Benchmark)	Actual Results
Increase in the retention rate	All Staff	April 1/11 – March 31/12	ComVida	HR Supervisor	Greater than 70%	72%

Result: Staff retention was 68% the previous year and this last year it is 72%.

Previous Recommendations and Actions: HR is working with supervisors to increase number of Exit Surveys, Employee Handbook given to all new staff, supervisors continue to do a Shadow Shift, Casual Staff Evaluations being done, Orientation Days, Health & Wellness Program promoted, Team Standards of Excellence created and followed, extra training, ED welcome letter to new staff, Collective Agreement issues discussed at staff meetings, more feedback from casual staff encouraged, annual Pay It Forward Day, and staff appreciation days.

Recommendations from Last Year	Actions Taken
 Continue to encourage staff to complete exit interviews so that we can identify areas that require improvement	We haven't improved in this area. We continue to only get a few exit interviews in annually.
 Create more training for staff, explore options for on-line training	We created a more thorough orientation process for new staff so they don't feel so overwhelmed when they start.
 Explore the possibility of providing a mentoring program	This hasn't happened, we are going to explore the possibility of having one person in each program doing orientations

Why People Left in 2011



Recommendations for the next year:

-  Ensure exit interviews are done for all staff who leave the agency or programs
-  As per our Strategic Plan we will articulate the value of being an FSJACL Staff and make it part of the initial orientation for employees

Target for next year: 70%



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 new volunteers who have joined our agency	All volunteers within the FSJACL	April 1/11 – March 31/12	ShareVision-Volunteer Site	Special Projects Coordinator	12 Volunteers	11

Results: This last year we had 10 new volunteers so did not meet our target. We have a number of volunteers that continue to volunteer each year at certain events or programs.

Recommendations from Last Year	Actions Taken
To continue to recruit volunteers through word of mouth, the various events we do in the community, through staff members, being involved in various committees within Fort St. John, and informing businesses and groups (like Rotary Club) of this need.	The FSJACL’s profile continues to increase. Alaska Highway News has a regular advertisement in their paper for volunteers.

Recommendations for the next year:

-  Communicate the need for volunteers to staff; including the purpose for volunteers; add to General Staff Meeting Agenda
-  Advertise on FSJ Now for volunteers
-  Work on a clear process for using volunteers – we have the packages but there is still a gap between getting the information and the person actually volunteering

Target for next year: 10

Glossary of Terms

Casual Staff:	Staff who are hired to fill in for absences. Once staff get 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”, families or partners.
HR:	Human Resources
Leadership Team:	Program supervisors and management personnel This year our Leadership Team consisted of the following people: Cindy Mohr, Vernelda Nicholson, Elaine Bourdon, Cory Goodwin, Alice Hayley, Pat Taylor, Jodie Dixon, Trina Blank & 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.



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Fort St. John Association
For Community Living

The Fort St John Association for Community Living

March 2012

Introduction

As technologies advance in our high paced society, it is imperative that organizations are aware of these advances and have a plan in place to administer upgrades when needed. It is more cost efficient for an organization to stay current rather than letting their technological level slip. By producing an information management and technology plan, we will be able to distinguish where we are today and produce short term and long term plans of where we will want to be.

The report will include what we currently have for hardware, software, and services and what we should look at purchasing or implementing in the next year or looking farther into the future. By providing this plan, we will be able to budget appropriate funds to keep our organization current with the ever-changing world of technology.

Technology is and will always be an evolving industry. By keeping up to date, an organization will be better equipped and more efficient at performing its daily duties. This information management and technology plan will provide the framework for keeping the staff and individuals served by the Fort St. John Association for Community Living technologically current. In doing so, the efficiency and productivity of process within our agency will be maintained and most likely improved.

The report will be broken down into three sections. The first will be a description of the current technological level of the Association. This section will include a list of current hardware, software, and services that the Association has or receives. The second section will be a short-term plan that will provide recommended improvements and purchases to be completed within the next 6 or 12 months. The plan will include a financial plan for funding for purchases. The last section will be a long-term plan of where the Association should be heading in the next five years. This section will also include a financial plan for budgeting for the purchases.

In recent years, Microsoft and many other software companies have introduced charity and non-profit pricing for their products. The incredible savings that this pricing introduced will allow our Association to maintain and increase our technological level. This plan will determine how to proceed with upgrades and make recommendation that will need to be addressed.

Currently IT maintenance is done internally and we also contract with IT North when we require more in-depth expertise.

Current Technological Level

The Association office currently houses a variety of equipment. Detailed information on each item is included in this report.

Computers

The Association has 18 desktop computers (11 connected to the domain) and 7 laptops (2 connected to the domain). See Appendix A for detailed information on each computer.

Printers

The Association office has 8 printers and each residence (4) contains one printer/all-in-one. The make and models as well as functionality vary between programs. Our computer inventory is kept separately, updated regularly and checked annually.

Fax Machines

There is now only one fax machine which is located at the office. This is also our photocopier and scanner.

Servers

The Association purchased a new server in September of 2007.

Office Telephone System

The Association uses the Nortel Norstar Compact DR5 telephone system (formerly known as the Meridian system). This system contains one M7324 telephone located at the receptionist's desk and eleven M7208/T7208 telephones, a 2.4 GHz, and an Audio Conferencing Unit. Voicemail is controlled through the Norstar CallPilot Manager.

Photocopiers

The Association currently leases a Ricoh MP C2550 from Ikon Office Solutions. The lease expires in 2014 and will be readdressed at that time. This machine functions as a color photocopier, scanner, fax machine and printer.

Internet Access and E-mail

The Association office is on high speed ADSL provided by Telus. The modem was replaced in March of 2010 as the old one was failing. Each computer on the network has access to the internet. The network is protected by a Firewall which was replaced in August of 2011. A Street, Dee Jay's, 10th Avenue and the 4-Plex each have Shaw High Speed internet services.

We have high speed ADSL bundle provided from Telus. The domain www.fsjacl.com is registered through Brenden Gray Internet Services. Our e-mail is on Image Build's server which is hosted through gmail. The Association registered the domain www.fsjacl.com in the summer of 2002.

Cell Phones and Pagers

The Association has one pager and sixteen cell phones with service provided by Telus. We reviewed and upgraded some of the cell phones in 2009 and 2010 to give some of the leadership team blackberry's. Some supervisors have chosen to keep their personal cell phones and the association reimburses them \$60.00 per month for business use of their phone.

Accessories

The Association owns one Hewlett Packard 618 2.11 mega pixel digital camera.

The Association purchased an Epson LCD Projector in November of 2010.

Video Camera, the Association purchased a Sony Handycam in May of 2011.

Xperiential Learning Solutions, virtual reality system was purchased in 2007. This is used by Community Connections for recreational, physical and therapeutic exercises. This has been replaced by a Wii Game Console for many of the recreational activities.

ComVida

ComVida is a scheduling and payroll program that was implemented at the end of 2006. This software provides staff with the ability to check their schedules online, for payroll to be completed in a more timely fashion, and for supervisors to schedule staff in real-time.

ShareVision

ShareVision is a SharePoint based client management database that was implemented in 2006. This software allows the Association to keep detailed records of individuals in service with the ability to produce reports on various activities. We are currently investigating upgrading our version to enhance its efficiency (see goal log below).

Security of IT (also see Risk Management Plan)

- There is a server backup done daily and taken offsite. Our payroll records and scheduling in ComVida is kept on our server and therefore is part of this backup.
- ShareVision is hosted by Breakwater Designs and they do a regular backup of this data.
- The worksites have an external drive which is used to back up their systems weekly. This has not been effective.

Short Term Goals	(up to 12 months)			
Previous & Ongoing Goals				

Goal	Reason	Action Completed	Ongoing Action	Cost
Ensure up to date Anti Virus on all Computers	Ensure up to date and adequate security on all computers	Purchased a corporate license for Trend, this has been installed on our server and on all computers	Ensure Anti Virus is kept current on all systems.	Approximately \$450.00/yr
Renew Comvida License	ComVida is our HR and Payroll database and the license must be renewed annually.	Renewed	Continue to ensure Comvida License is renewed annually	\$2,400.00/yr
Purchase a new Video Recorder	As we are looking at creating videos for staff training and also to present information to individuals receiving services, we need a high end video recorder that is also compatible with the current promo video we have (so we can continue to update it as necessary)	Purchased in May of 2011	None	\$379.00
Investigate and install a web-based back up for all off-site workstations	To ensure security in case of loss of information on current work stations.	IT North has recommended an off-site backup system and we are determining cost – off-site workstations need to be cleared of unneeded data first to avoid unnecessary costs (backups cost /gb of data)	Has not been completed to date, will be completed within the next year.	Approx. \$10.00/workstation/month
Continue to replace	We use a great deal of technology in our daily work	One supervisor laptop was replaced; and one new one was	Continue to upgrade computer systems as	Approx \$1,500/workstation, installation included

outdated computer systems	and old systems can cause delays and additional work, therefore putting pressure on our limited resources	purchased for a supervisor. No computers were upgraded in 2011, but we will budget for 3 computers to be replaced in 2012.	required	
Replace Cell Phones and Pager as required	All supervisors and the ED carry a cell phone for on-call purposes. It's important that it's up to date and reliable. Some supervisors use FSJACL cell phones and some supervisors receive reimbursement for the use of their cell phone	Will be replaced as required	Continue to replace and upgrade phones as they become due	
Investigate and purchase assistive technology for individuals we serve who have difficulties with communication	Communication has been identified as being a substantial barrier to community inclusion. By assisting individuals with communication tools, we could help individuals participate in community and employment activities and help build support networks.	We purchased an IPAD for the office, which can be signed out by any individual to try. CAYA purchased an IPAD for Dean. We purchased an IPAD for Cheryl. An IPOD was purchased for Bev by CAYA	Continue to work with CAYA and identify areas in which we can assist individuals with assistive technology.	Unknown as it's dependent on how much CAYA can assist us. IPADs and software cost approx. \$800.00 each
Replace Firewall	The old firewall failed in March of 2011 and need to be replaced.	IT North installed a new firewall in July of 2011		\$907.00 plus \$280/year for support, services, upgrades, etc.
Continue Hosting the ShareVision Site through ShareVision	Our ShareVision site is a web-based client management database. Currently it is hosted on ShareVision's server as they ensure all updates and backups are done regularly.		Continue to pay hosting fee	\$100/month
New Goals				

Get a UPS for each workstation	UPS helps avoid system damage in the case of power surges or failures and loss of data This would require the purchase of approx. 10 UPS Units	This has not been done to date, will look at purchasing in 2012		Approx. \$900.00
Upgrade ShareVision	The ShareVision version that we currently use is outdated and lacks some functions that would be useful as well as provide a recycle bin to avoid loss of information	Have received a quote for upgrading from Breakwater and will discuss with Board of Directors		Approx. \$5,000.00/yr and \$5,000.00 for set-up

Long Term Goals (Over 12 months)				
Goal	Reason	Action Completed	Ongoing Action	Cost
Review and replace phone system in FSJACL Office	The current system is obsolete and we are unable to receive compatible equipment. In addition, more up to date systems provide more features that would be useful and more efficient.	Received quote from Deltek and Telus.	Continue to investigate and budget for new phone system	\$6,390.00 to install new phone system and up to an additional \$5,270 in options which we would need evaluate what we would need. We could also lease for 60 months at \$145.00 per month with an

				<p>additional monthly lease payment of up to \$115.00 for the options. This quote was obtained from Deltek Business Solutions.</p>
<p>Investigate need and cost of replacing Server</p>	<p>Our current server was installed in 2007 and we are starting to see some failures and may need more space to store data. In addition, it has Windows 2003 Business Server operating system which may be too out of date to be compatible with our systems as we update and replace our computers.</p>	<p>.</p>	<p>.</p>	<p>.</p>

Conclusion and Recommendations

By reviewing and implementing the short term and long term plans, the Fort St. John Association for Community Living will be able to maintain their technological level as well as increase it. These plans are only recommendations and should be reviewed every year to ensure the costs and goals reflect the current direction of technology.

By budgeting funds to meet the costs reflected in this report, the Association will be able to upgrade and maintain all hardware and software without enduring a huge financial burden. As reflected in the cost analysis of each goal, it is more financially viable to maintain a current system through upgrades than to purchase a new system.

As with any technology, advances occur daily. This is reflected in the cost to purchase items. Each time this report is reviewed, updated costs should be included as items purchased today can be half the price six months from now. As well as reviewing costs, new advances should be analyzed to determine if they would meet the needs of the Association and its residences.

With each passing day, a new technological level is created. By following the advances and using this plan, the Association for Community Living will stay up to date with the ever-changing world of technology.

The Fort St John Association for Community Living

Risk Management Plan

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Fort St. John Association
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Purpose

The purpose of this risk management plan is to minimize the risks and the resulting impacts to the Fort St. John Association for Community Living. This plan addresses potential risks to the Association, the people we serve, personnel, and stakeholders by developing strategies to minimize the potential of risk.

The overall goals of the risk management plan are:

1. prevention of harmful events
2. protection of the organization's people, reputation and assets
3. ensure continuity of the organization

Overview of Organization's approach to risk

The Fort St. John Association for Community Living is operating in an environment that includes a community, regional and provincial context. Risk is part of everyday operations. To minimize the risk, the Fort St. John Association for Community Living is regulated by external authorities including Workers Compensation Board, Ministry of Health-Community Care Licensing, Community Living BC guidelines and contract requirements, CARF Accreditation Standards and Human Resources Act. Internally, a management team including the Executive Director who reports directly to the Board of Directors manages the organization. Ultimately, it is the Board of Directors who is responsible for accepting the Risk Management Plan, level of risk to be tolerated and preventative measures to minimize risks. In addition, it's equally important to create a plan in dealing with the risk, if that risk or harmful event becomes reality.

The Board of Directors is aware of the risk management responsibilities and delegates the operational authority and responsibility to the Executive Director through governance policies.

Responsibility for Risk Management Plan

The Management Team, headed by the Executive Director, is delegated the responsibility to develop, manage and report on the plan. The Executive Director may involve additional individuals in the development and implementation of the plan.

Definition of Risk Management

Risk management often involves activities that deal with uncertainty and potentially harmful future events. The risk management plan provides the opportunity to make responsible choices about how the organization conducts the business and responses to unexpected events. The basic principles of risk management are to consider people first, be practical, and use common sense.

Risk Management Methods and Strategies to Address Areas of Risk

Providing training, equipment and tools, policies and procedures, supervision, clear expectations and controls all contribute to minimizing risk in the organization. The following are some examples of techniques to use in managing risks:

Avoidance: discontinue the activity or do not offer the service

Modification: change the activities to reduce the level of risk to an acceptable level such as implementing policies and procedures, provide further training, etc.

Retention: accept all or part of the risk and prepare for potential consequences by accepting deductible costs or self-insuring.

Sharing: purchasing insurance, sharing responsibility with another organization, contracting the service to another business

Approval and Implementation

The Board of Directors shall approve the Risk Management Plan. The implementation will occur under the direction of the Executive Director.

Communicating and Reporting Results

The risk management plan should be communicated throughout the organization so staff, and others involved in the organization can participate in reducing or removing risks.

The Board of Directors in consultation with the Executive Director makes adjustments and reviews the risk management plan as necessary.

Area of Risk Action/ Potential Risk	Description of Potential Risk	Strategy/Method used to Manage Risk	Further Person Resp
Individuals Receiving Services			
	Injuries	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Injury prevention by removing obstacles such as snow, locking up of dangerous items, monthly program checks/fire drills (OH&S). ▪ Risk Assessments to determine if individuals pose a risk to other individuals. ▪ CPI Training required for all staff ▪ Follow Adult Care Regulations for locking up of medications and knives, as well as other dangerous items. ▪ Risk assessments done on activities are reviewed by ED before activity occurs to ensure risk can be managed. ▪ If any doubt whether there is an injury, individual goes to hospital. ▪ Health care plans in place for each individual in residential care, where health issues are present. ▪ All incidents of injury are reviewed to determine contributing factors and if changes need to be made to prevent future injuries. ▪ Risk Assessments done on all activities involving water or any activity that may pose a risk. ▪ Severe Weather Conditions Policy. ▪ Bathing Clients Procedure. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ All staff trained in First Aid ▪ All staff trained in WHIMS ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton ▪ Additional liability Coverage on vehicles (5,000,000 from ICBC) 	No further action req
	Injuries (Providing Support to	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Maintain a current Health Care Plan ▪ Training by supervisor, OT/PT and HSCL Nurse. ▪ Ensuring that staff read and sign all individual specific protocols and health care 	No further action req

	<p>individuals with high medical needs)</p>	<p>plans during orientation.</p> <ul style="list-style-type: none"> ▪ Ensure staff receive training in individual specific protocols and any required Designation of Task by the HSCL Nurse before doing that task without supervision. ▪ Ensure HSCL Nurse is consulted on any health issues. ▪ Ensure physician is notified of any health issues. ▪ Ensure staff understand their role; not to diagnose but to leave proper assessment of health issues to their physician <p>Strategy:</p> <ul style="list-style-type: none"> ▪ We would not provide support to an individual (unable to adequately manage risk) if we determined that “any” of the following factors were present. We would first consult with CLBC and eliminate the risk before providing care: <ul style="list-style-type: none"> ○ Staff/client ratio isn’t adequate ○ requires nursing functions that staff cannot perform, don’t have required medical equipment. ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 	
	<p>Injury (Swimming)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Water Safety Procedure ▪ Follow water safety procedure to determine risk involved: ED or designate must determine if risk is manageable by reviewing the clients that will be near water, client/staff ratio, staff’s swimming abilities, life jackets available, etc. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ After determining above, activity may or may not continue depending on risk rating. ▪ Waiver ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 	<p>No further action req</p> <p>May look at getting a lifeguard if we do camping, etc.</p>
	<p>Injury (Extreme Weather)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Severe Weather Conditions Policy ▪ As per policy, if there is hot weather, staff must ensure that individuals are dressed appropriately, have access to water and have sunscreen. ▪ If it is extreme cold weather, staff must determine temperature, if it’s warmer than -20°C then they can proceed with appropriate clothing and transportation. If colder than -20°C, the risk is too great to be outside for long periods and 	<p>No further action req</p>

		<p>therefore activity must be discontinued or alternate transportation arrangements must be made to ensure risk is minimized.</p> <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 	
	<p>Injury (Transportation)</p>	<p>Prevention</p> <ul style="list-style-type: none"> ▪ All staff are required to get a driver’s abstract before beginning employment. ▪ Vehicle Use Policy. Employees must drive safely and ensure passengers have seat belt on before operating the vehicle. ▪ Out of Town Travel Policy. Ensuring that when travel is outside city boundaries (Charlie Lake and Taylor) employees must call on-call and give them details of travel and check in upon arrival. ▪ Class 4 Drivers License Policy. All employees who operate a van with a wheelchair lift, must have a valid Class IV License. ▪ Ensuring that there is a first aid kit in all Association vehicles and one available to be taken in employee vehicles. ▪ We have obtained signs that are placed on all Association vehicles that state “How is my Driving and our phone number” so people can report employees not driving safely. ▪ Employees are orientated to the proper use of wheelchair restraints before operating our van with wheelchair lifts. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Vehicle Insurance \$5,000,000 third party liability through ICBC ▪ Third Party Liability ▪ Supervisors do an inspection on all personal vehicles being used, using a pre-trip inspection form to ensure vehicles appear reliable ▪ Insurance on all Association Vehicles and proof of insurance on all personal vehicles that are used to transport individuals receiving services. (Special Excess Third Party Liability Policy to increase it to 5,000,000, APV212) ▪ The Association carries additional 3rd party liability for \$5,000,000 through ICBC 	<p>No further action req</p>
	<p>Injury (Sickness & Disease)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Health Requirement Policy to ensure staff are healthy to work with individuals in care ▪ Universal Precautions are practiced in all programs. Infection Control Policy to avoid contamination and spread of infectious diseases. ▪ Medication delivery training for all staff administering medications to individuals in care. 	<p>No further action req</p>

		<ul style="list-style-type: none"> ▪ All staff receive Food Safe training to ensure safe measures are followed when preparing food in all programs. ▪ Thermometer kept in all fridges to ensure safe temperature to avoid food poisoning. ▪ Seizure Training for staff working with individuals who have seizures. ▪ All individuals must see their physician at least annually. If any unusual illness or symptoms, individuals are taken to the hospital to see a physician. ▪ All staff are trained to work with certain individuals that require particular medical procedures (Designation of Task). ▪ Have access to Health Services for Community Living Nurse. ▪ Have access to pharmacist who sits on our Medication Safety Advisory Committee to consult with regarding medications and potential interactions ▪ All individuals with health issues have a Health Care Plan in place. ▪ Having appropriate benefits (sick time) to ensure employees don't come to work sick. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton ▪ 25,000 medical payments per person ▪ 	
	<p>Injury (Medication Errors)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Medication Administration Training upon hiring and then Medication Administration Refresher Training every 2 years. ▪ Ensuring all employees are signed off by supervisors to administer medications, which means they have been observed on three separate occasions. ▪ Medical Procedures & Medication Administration Manual available on ShareVision ▪ Medication Administration Procedures ▪ All new staff must use a Medication Administration Checklist until they have passed probation and completed the Medication Administration Workshop. ▪ Have watch in each program to remind staff of medication times ▪ The agency has a Medication Safety Advisory Committee that sets policies, procedures and reviews errors. The committee is comprised of the HSCL Nurse, Pharmacist, Executive Director & Supervisors. ▪ Any medication errors that require medical intervention are reported to CLBC and Licensing (if applicable) and investigated. New procedures may be implemented as a result to prevent future errors. 	<p>No further action req</p>

		<ul style="list-style-type: none"> ▪ All medication errors are reviewed by the ED and the Medication Administration Safety Advisory, follow up action is taken with employees who have medication errors which may include disciplinary action. ▪ As per our Medication Error Policy, all medication errors are immediately reported to on-call. Permission must be obtained by a pharmacist before administering or withholding missed medications, unless otherwise indicated in the person's health care plan. ▪ Individuals would be taken to the hospital if there were any adverse effects due to a medication error. ▪ As part of shift responsibilities, all staff must check medications upon the beginning of their shift so that if a medication error is made during the previous shift, it is then discovered and dealt with. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 3rd party liability 	
	Missing Persons	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Missing Client Procedure. Search and Rescue info sheets printed off for all individuals and are located in Emergency Preparedness Binders. ▪ All staff sign protocols in place for all individuals in care to ensure they have read and understand procedure. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 	
	Injury (due to Abuse and Neglect)	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Code of Ethics (signed by employee) and reviewed annually by staff. ▪ Criminal record search ▪ Abuse & Neglect Policy ▪ Use of Physical Interventions Policy. ▪ Policy on financial controls for individuals receiving services. ▪ Sexuality Policy ▪ Practice due diligence to minimize risk. We ensure that everyone is aware of their responsibility to the individuals we support. ▪ As per the Association's Policy and Procedure on Abuse and Neglect. Employees are quizzed to ensure they are aware of this policy. ▪ Staff discuss "ethical" issues at staff meetings. ▪ As per abuse policy, it's all staff's responsibility to report situations of abuse 	No further action req

		<ul style="list-style-type: none"> ▪ Investigation and inquiry into all instances of abuse and neglect – new practices may be implemented to avoid further instances of abuse and neglect. ▪ Association has individuals in care review their rights and responsibilities annually and to report any abuse and neglect. ▪ Employees who breach Abuse and Neglect Policy are subject to disciplinary action up to and including termination. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third party liability coverage for employees and directors for \$2,000,000.00 from AON per occurrence. ▪ Have an additional \$1,000,000 for non-government funded programs, through Barton 	
	<p>Injury to Person’s Served (Supporting Individuals with high risk behaviors)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Behavior Management Policy. Ensure that a Safety Plan (signed by approved behavioral consultant) is put in place to ensure the person and other’s safety, if there is a chance that person would be put at risk. ▪ Use of Physical Interventions Policy ▪ Ensure risk assessment is completed for all individuals in care and a behavior support plan in place, if required. ▪ Roommates selected based on his ability to keep themselves safe (remove themselves from the area if required and not at risk around the individual with high risk behaviors). ▪ Staff and home share providers receive CPI (Crisis Prevention Institute) Training ▪ Practice due diligence to minimize risk. We ensure that everyone is aware of their responsibility to the individuals we support. All staff read specific information regarding behaviors, how to re-direct to avoid violent behaviors and what to do to keep roommate safe. All plans are signed by staff stating that they have reviewed the guideline and understand it. ▪ For individuals who may put others at risk in the day program, they must attend with one on one staff. ▪ All employees wear an emergency button to alert emergency personnel if required. ▪ Incidents are reviewed to determine causes for the behavior and information is then used to prevent future aggression. This has been very useful and it has decreased the behaviors substantially. ▪ All instances of physical interventions must be reported to on-call and a serious incident form completed; as well as an investigation into the use of the physical intervention <p>Strategy:</p>	<p>Need to find a consultant who can sign a safety plan - or look at revising safety plan to eliminate restrictive practices</p>

		<ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton 	
Employees			
	Injuries	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ OH&S committee identifies and manages risks. All injuries are reviewed by OH&S Committee and new procedures may be implemented to prevent future occurrences. ▪ Policies regarding safety, i.e. closed toed shoes. ▪ Staff receive training on proper lifting, transferring & positioning methods during Level One Training. ▪ Staff have received more extensive training on lifting and transferring from OT/PT. ▪ All employees must be qualified (have class IV) to drive certain vehicles. (10th Ave Van) ▪ Employees are encouraged to seek medical attention for injuries where required. ▪ More in-depth investigations will begin to take place through the OH & S Committee to help prevent future injuries and hopefully encourage employees to take more care in how they do things and to not take short cuts which could put them at risk of injury. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ We minimize the risk by having current WCB coverage; all injuries are reported to WCB. ▪ Extended Health Insurance is provided to all employees ▪ Workers Compensation Board works with employees who are injured to rehabilitate them, ensure they receive appropriate treatments, etc. We also have a duty to accommodate an injured worker. 	Need training to help staff deal with instances of domestic violence
	Injuries (aggression from individuals in care)	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ CPI Training ▪ Follow CLBC Behavior Support Guide for Service Providers ▪ Behavior Support and Safety Plans for all individuals who may be aggressive; all staff must read and sign they have done so ▪ Reviewing incidents at staff meetings to discuss prevention and how to deal with future incidents. Staff indicate they have read the minutes. ▪ Following procedures for emergencies (calling on-call during incidents). ▪ Each staff wears a panic button in case of aggression where they feel they can no 	Review checklist for supervisors in dealing with critical incidents

		<p>longer keep themselves or others present safe.</p> <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Workers Compensation Board works with employees who are injured to rehabilitate them, ensure they receive appropriate treatments, etc. We also have a duty to accommodate an injured worker. ▪ There is an Employee Assistance Program available to employees for counseling ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ WCB 	
	Injuries (sickness & disease)	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Health Requirements Policy ▪ Universal precautions & Infection Control Policy ▪ All staff take Food Safe ▪ Medical Certification of Fitness required from a physician before someone is hired ▪ Physician approval required before returning to work after an injury or illness has occurred. ▪ We have a Health & Wellness Committee which is available to all regular employees. This encourages physical and mental well-being which will prevent sickness. ▪ Employees are entitled to sick days to prevent workers from attending work when they are sick. ▪ Physician reports are required for employees who are sick for extended periods of time, have a pattern of sick time, or are returning from a lengthy or serious illness. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ We manage this risk by having appropriate benefits sick time and extended health benefits. ▪ We work to accommodate employees in returning to work. ▪ Long Term Disability Insurance ▪ WCB ▪ Early Intervention Services provided through DMI (part of extended health coverage) 	No further action req
	Fraud/Theft	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Criminal Record Search on all employees & volunteers . We have all employees get a criminal record check before starting employment with our agency, and every five years thereafter. ▪ Theft Policy 	

		<ul style="list-style-type: none"> ▪ Policies on safe handling of money. Adequate separation of duties with financial transactions eg. same person who creates cheques does not sign them, etc. ▪ ED and board signing authority signs payroll cheque register for automatic deposits (two signatures required) ▪ Supervisor checks money, as well all staff who handle money, check the money at the beginning and end of each shift. ▪ External annual audit ▪ There is back up put with each cheque that requires a signature and signor is responsible for checking the cheque against the back up provided. ▪ For Visa stmts, all receipts are attached and board member reviews and signs. ▪ Staff are required to keep receipts for all purchases and record them within their shift. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ All instances of missing funds or potential theft are investigated and where an employee is suspected of stealing, he/she may be suspended pending further investigation. ▪ We are currently not insured for “Employee Dishonesty” as the limit was \$20,000 and we would be able to self-insure rather than pay an annual premium 	
	<p>Not having adequate number of staff</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Try to address morale issues. <ul style="list-style-type: none"> ○ Staff Reporting Protocol for complaints/issues. ○ Employee Recognition. ○ Proper follow up and disciplinary procedures for staff not meeting adequate standard. ▪ Employee Family Assistance Program ▪ Health and Wellness Program. ▪ Human Resources Plan done annually to address recruitment ▪ Training for job specific duties as well as employee development. ▪ Collective Agreement assures fairness for all employees. ▪ Negotiate with funding agent to ensure adequate funding for required staff to avoid burn-out. ▪ Hire adequate number of casual staff so staff don’t suffer burn out. ▪ Post advertisement in paper to attract more employees. ▪ Interview prospective employees on an on-going basis to ensure adequate number of employees. ▪ Encourage new employees to obtain hiring requirements in a timely manner. ▪ Exit interviews of staff that are leaving to see what we can improve on. ▪ Anticipate staffing trends and plan for turnover. 	<p>See Strategic Plan</p>

		<ul style="list-style-type: none"> ▪ Regular surveys for staff to voice concerns. ▪ Staff development and opportunity to advance. ▪ Trying creative approaches to hiring: <ul style="list-style-type: none"> ○ Hiring foreign workers ○ Starting employees with experience at a higher grid level ○ Hire a Buddy Program as an incentive for staff to recruit their friends, this year we have increased the financial compensation to \$400 ▪ Allowing employees to apply for regular position, rather than having all new staff start as casual employees. ▪ Programs work together to ensure adequate staffing in all programs ▪ Look at sleep shifts for night shifts, rather than awake shifts as these are easier to fill – this year, we made A Street a sleep shift and it’s seemed to help. 10th Avenue is now the only program with an awake night shift, and this can’t be changed due to the resident’s support needs. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ We would give notice on our contracts if we couldn’t adequately staff the program ▪ Overtime compensation for staff working additional hours ▪ Supervisors fill in if no staff are available ▪ This is also being worked on as part of our Strategic Plan 	
	<p>Employment Practices Violations</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Collective Agreement in place and interpretation guide for certain articles are provided by CSSEA ▪ Personnel Policies & Procedures ▪ Non-Discrimination Policy ▪ Harassment Procedure ▪ BC Labor Standards ▪ Bullying and Harassment Workshop ▪ Do regular surveys for staff satisfaction to resolve issues. ▪ Have a respectful working relationship with BCGEU staff representative. ▪ Continue to have Labor Mgmt Meetings to address local issues ▪ Open Door policy for all staff when conflict occurs <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Grievance procedure – try to resolve at first step, if possible. ▪ All grievances reported to board of directors. ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON (Wrongful Act; breach of duty, neglect, error, etc.) 	

		<ul style="list-style-type: none"> ▪ \$250,000 Specific to Employment Practices Violations through Barton (Director’s Liability Insurance) for all non-government funded operations. 	
Board of Directors			
	Fraud/Theft	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Annual External Audit ▪ Cheques are signed by 2 designated signing authorities ▪ Criminal Record Search for all board members ▪ Board Training Manual and Board Training ▪ Code of ethics must be signed by all board members ▪ Commitment to serve as board members signed by all board members ▪ Policies are in place in Association’s Policy and Procedure Manual for the security of funds ▪ Board of Directors do not create cheques, they have signing authority (appropriate separation of duties). ▪ They are not in a position to distribute or take monies and therefore, risk is very minimal. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ May result in termination of position if fraud was suspected ▪ AON: Wrongful Act Insurance - \$2,000,000 ▪ Barton: Director’s Liability - \$5,000,000 	
	Legal Requirements (Due Diligence, liability)	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Board Training ▪ Every member receives Duties and Responsibilities of Directors booklet ▪ Board Manual ▪ Conflict of Interest Policy ▪ Review of requirements and evaluation of how the board feels they are doing, this is done annually in the Board Self Evaluation Tool. ▪ All possible risks are reported to the board in a timely fashion- risk mgmt. plan is approved annually ▪ Consult with lawyer when legal issues arise. Currently we use Steve MacAdams. ▪ Board President has regular contact with ED and is aware of all issues, big or small. If an issue arises that needs board attention, it is then communicated to all board members. 	No further action req

		<ul style="list-style-type: none"> ▪ Board members that have experience and knowledge in particular areas, are consulted on issues that are within their area of expertise. ▪ Board meets with auditor once annual audit is complete to review any findings. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Have \$2,000,000 for all government funded programs ▪ Have appropriate liability insurance for all directors in the amount of \$5,000,000.00 through Barton. ▪ Our agency is a member of BCACL and they can be used for legal issues. We are also a member of the CEO Network who also has legal counsel available for some issues. 	
	HBT Liability	<p>Current Situation: HBT, our benefit provider has a self-insured long-term disability plan. We were forced to switch to HBT in 2001 even though we were aware of the potential liability this would incur. We have two people on long term disability and our unfunded liability currently sits at \$79,000.00. Therefore we have left HBT, but have not paid unfunded liability as there is some talk provincially that the government may step in a resolve the issue.</p> <p>Strategy:</p> <ul style="list-style-type: none"> ▪ We have left HBT and are prepared to pay the unfunded liability from our contingency funds, if necessary. We will be working with CSBT on this issue and the CEO Network to ensure that we don't pay it unless we have to. ▪ The CEO Network, which we are a member of, is representing us on this issue and have secured a lawyer. 	On-going issue
Volunteers			
	Injury	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Safety Policies ▪ Adequate training & orientation ▪ Volunteer information package <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Third Party Liability Insurance <ul style="list-style-type: none"> ▪ \$2,000,000 through AON ▪ \$5,000,000 through Barton ▪ \$25,000 medical payments 	
	Harm to Individuals in	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Criminal Record Search done on all volunteers 	

	Care	<ul style="list-style-type: none"> ▪ Ensure that volunteers are aware of Association policy on abuse and neglect ▪ Proper orientation and supervision ▪ Volunteer Code of Ethics ▪ Interview potential volunteers and monitor interaction with individuals in care. ▪ Volunteers would have to sign any plans dealing with an individual's safety, if they are going to be responsible for that individual (no staff present). ▪ Discontinue volunteer activities with that person if there are concerns (we feel there is a risk). <p>Strategy:</p> <ul style="list-style-type: none"> ▪ \$2,000,000 through AON for all government funded programs ▪ An additional \$5,000,000 through Barton ▪ ICBC Insurance if it resulted from a vehicle accident (minimum of \$2,000,000 through ICBC, as well as special policy to increase to \$5,000,000) 	
Community			
	Complaints	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Deal with any complaints immediately before they go public. ▪ Conflict resolution procedure; ensure families are aware of this ▪ Media Policy ▪ All formal complaints must be reported to and handled by the Executive Director as per policy ▪ Complaint may need to be brought to board of directors. ▪ Investigate every complaint and create and implement an action plan; complaints are noted on Beefs & Bouquets site on ShareVision ▪ Report on complaints/resolutions in Outcome Mgmt Report. ▪ If complaint involves employee's actions, appropriate disciplinary action may be required, following an investigation. ▪ Once complaint is investigated, new procedures may be implemented to prevent further complaints. ▪ Ensure community member is adequately communicated with to avoid them complaining to others in the community. ▪ If complaint is a service concern we will investigate and work with CLBC to possibly look at additional staffing or training. If service complaint is unable to be adequately resolved, we would work with the individual and their family in finding a different service option. <p>Strategy:</p>	No further action req

		<ul style="list-style-type: none"> As above, ensure positive image in community and use preventative measures – if these are adequately addressed complaints will not damage our reputation 	
Property & Assets			
Buildings			
	Damage, Destruction, Loss	<p>Prevention:</p> <ul style="list-style-type: none"> Fire inspections done annually – One internal and one external Regular service of furnaces and fire extinguishers OH&S committee Maintenance contractor ensures buildings are maintained. He is in contact with program supervisors to identify any maintenance issues that require attention. Annual licensing inspections of licensed homes. Annual BC Housing inspections of buildings owned by BC Housing. We ensure that all maintenance items that could increase risk are fixed immediately. <p>Strategy:</p> <ul style="list-style-type: none"> Carrying appropriate insurance. We currently hold property insurance on DJ’s, 4-Plex and Office – BC Housing holds property insurance on A Street and 10th Avenue. We hold content insurance and additional \$5,000,000.00 liability on all properties. We have additional content insurance on contents at 10th Avenue (medical equipment). Property values are reviewed annually. Inventory taken annually. Residents of the 4-Plex and DJ’s have their own content insurance for their personal belongings. Building Reserve fund can adequately fund maintenance items 	No further action req
	Natural Hazards	<p>Prevention:</p> <ul style="list-style-type: none"> Emergency Response Plan (Emergency Preparedness Binder) Regular emergency drills to ensure staff and individuals are prepared in case of an emergency <p>Strategy:</p> <ul style="list-style-type: none"> Ensuring that the Emergency Preparedness Procedures are current There are Emergency Procedures in the program manuals in all of the homes. We have worked with the pharmacy to have extra vital medications in stock in case of an emergency. We have emergency bags containing emergency items (food, water, candles, etc.) in all of the homes. 	

		<ul style="list-style-type: none"> ▪ Individuals have some personal items stored at different residences in case of emergency at their own home (change of clothes, etc.). 	
	<p>Vandalism, Damage, Destruction, Loss, Theft of building contents</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Ensure all items and buildings are secure. ▪ Lock code changed periodically. ▪ Have installed keyless entries on all outside doors to the residences to avoid keys being lost or stolen. ▪ We have installed a keyless entry on the back door of the office to ensure that people that don't access our office can't get in. ▪ ED or designate checks the office before going home each day. ▪ All keys are secured and signed out when needed. ▪ We have sheds at all the residences to secure items that can't be kept in the homes or at the office. ▪ Association vehicles are not kept in the office parking lot overnight, as it's a bad area of town ▪ Have outside lighting at residences <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Having adequate insurance on property and contents (increased property by 4% and contents by 2% for 2011/2012). We have building insurance through Barton for DJ's, The Fourplex and the Office; A Street and 10th Avenue are owned by BC Housing and are self insured through them. We also have content insurance through Barton for all locations. ▪ Individuals carry their own content insurance in most residences. We have some coverage for individual's contents under Barton as well: <ul style="list-style-type: none"> ○ 10th Avenue <i>"Personal effects of residents are covered not to exceed and aggregate amount of \$140,000 per occurrence, but not exceeding \$35,000. Any one resident while at this location"</i> ○ 4-plex, DJ's and A-Street—<i>"Personal effects of residents are covered not to exceed an aggregate amount of \$25,000 per occurrence, but not exceeding \$5000 any one resident while at these locations"</i> ▪ Up to date inventory kept on ShareVision ▪ If property is damaged by an individual in care, they are responsible to replace or repair it 	

Vehicles			
	Damage, Destruction, Loss, Theft	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Driver’s Abstracts required for all employees to ensure they are responsible drivers ▪ Policy on Vehicle Use ▪ Annual Commercial Vehicle Inspection on vehicles that require it ▪ Vehicles are secured at the residences. DJ’s vehicle is kept in their garage, 10th Avenue van is kept in their garage, A Street van is kept where there is outside security lights, the Careers truck and 4-Plex van is parked at the 4-Plex as the office parking lot is not a safe place during the night. ▪ Ensure all vehicles are secured when parked as per Vehicle Use Policy. ▪ We have “how is my driving signs” on all Association vehicles so unsafe driving practices can be reported. ▪ There is a procedure to report any accidents – this would be investigated and new procedures may be implemented to prevent future accidents. ▪ We have now leased the A Street Van, this will ensure that it is replaced every four years to avoid it becoming unsafe or in disrepair. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Ensuring that we have adequate insurance on all Association vehicles. We have fleet insurance on all Association vehicles (ICBC). ▪ If employees use their own vehicles – they are required to have proper business insurance. ▪ All complaints are investigated 	No further action req
Computer Technology			
	Security	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Anti-virus software installed on server and all computers ▪ firewalls enabled ▪ use of passwords on computers ▪ server room locked ▪ Portable equipment locked up and sign out system in place. ▪ Ensuring frequent scheduled virus scans on all computers. ▪ Changing passwords periodically (admin password for server and computers just 	<p>Web based backups to be investigated/Cindy</p> <p>Look at backing up of e-mail as it’s kept on local drives in the office/Cindy</p>

		<p>changed)</p> <ul style="list-style-type: none"> ▪ Change system permissions when someone leaves that has access ▪ Technology Policy must be signed by all employees before starting employment <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Daily backup stored off-site for the server. Offsite computers are backed up to an external hard drive. ▪ Web based backup to be implemented this year ▪ Any security breach would be reported to the RCMP 	
	<p>Information Mgmt (Loss of Information)</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ “My Documents” folder redirected to server and backed up nightly, external backup drive (2) rotated and taken off-site when not in use. ▪ All off-site Association computers have regular back ups to an external hard drive <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Ability to restore files using most recent backup. 	
	<p>Privacy & Confidentiality</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Technology Policy – all employees must sign agreement. ▪ Monitoring use of computers ▪ Privacy Policy ▪ Automatic locking of computers when not in use. ▪ Confidentiality Policy ▪ Social Networking Policy ▪ Having all employees sign Oath of Confidentiality ▪ Access to confidential information is restricted <p>Strategy:</p> <p>This risk is moderate and is managed by:</p> <ul style="list-style-type: none"> ▪ Legal action would be taken against major breaches ▪ Breach of policy could lead to disciplinary action, up to and including dismissal ▪ Third Party Liability Coverage <ul style="list-style-type: none"> ○ \$2,000,000 through AON (Wrongful Act, Breach of Duty) 	<p>No further action req</p>
	<p>Theft</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Encryption ▪ Securing of equipment ▪ Restricted access ▪ Theft Policy and Procedure ▪ Have employees sign “Technology Policy” to prevent theft of information on computers ▪ There is restricted access to programs to prevent theft of computers or other technology 	<p>See actions above</p>

		<p>Strategy:</p> <ul style="list-style-type: none"> ▪ Insurance for contents in case of theft of computers or technology ▪ If data is compromised, we would restore back ups ▪ If theft of confidential data, we would report to RCMP and seek legal action again anyone responsible ▪ If there is theft of physical equipment, it is covered under our content insurance for all worksites (Barton Insur) 	
	<p>Damage, Loss, Destruction</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Daily backup ▪ Web based back up to be implemented this year ▪ IT North to deal with issues and regular maintenance of systems <p>Strategy:</p> <ul style="list-style-type: none"> ▪ The back up can be used to restore any data that has been lost. ▪ Can use other computers until operational again. ▪ IT North works with us and would restore system 	<p>See above actions</p>
<p>Financial Practices</p>			
	<p>Loss of Funding</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Maintain good relationship with funding agent. ▪ Look at different fundraising opportunities. ▪ Ensure any new contracts are adequately funded ▪ Ensure that potential liabilities (overpayment of compensation funding) is accounted for. ▪ Ensure contract requirements are met. ▪ Look for more entrepreneurial relationships within community i.e. Individualized funding. This includes building relationships with potential consumers. ▪ Continue to grow our HomeShare Program – this will help our agency to continue to grow. ▪ Look for other services our agency could provide. ▪ Look at available grants. ▪ Continue to be informed on provincial issues and be part of ED Network. This allows us to be one step ahead of provincial funding issues and if there are problems, join other ED’s to affect change. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ See contract reductions/cancellations 	<p>Investigate Loss of Bingo Funding/Vernelda</p>

		<ul style="list-style-type: none"> ▪ See constitution and bylaws regarding dissolving society 	
	Legal Requirements to record, report & audit	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Auditor reports to board annually. ▪ Annual external audit ▪ Reporting to the Society's Branch, ▪ Annual General Meeting is held in September every year ▪ ED reports to the board on a monthly basis. Detailed Financial Statements are submitted to President and Treasurer and consolidated financial statements are submitted to board on a regular basis. ▪ Financial Statements are sent to CLBC, BC Housing and BC Lottery Corp annually. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ All regulatory agencies would let us know if legal requirements were not adequately addressed, in addition to auditor helping to ensure we were compliant 	No further action req
	Loss of Exposure (risk of losing income)	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Annual Audit ▪ Ensure expenses don't exceed revenue – monthly financial statements are given to the board ▪ Continue efforts of promoting organization ▪ Review budget and adjust as necessary ▪ Forecast trends and losses and create plan to address with the board. This may include cut backs, layoffs, etc. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Contract Cancellation ▪ Adequate Contingency Fund 	No further action req
	Investment Losses	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ All investments are guaranteed and locked in. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ There is no risk in our investments, all savings are currently in a Platinum Savings Plan. ▪ The board approves investments. 	No further action req
	Failing to Meet Contract Requirements	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Review contract requirements regularly. ▪ Supervisors now have a checklist of program requirements ▪ ED reviews all critical incident reports ▪ Auditor reviews financial reporting requirements 	No further action req

		<ul style="list-style-type: none"> ▪ Having a continued relationship with funding agent – they will let us know if they require more information. ▪ We keep track of all Contract expiry dates. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Once notified, we would work to ensure we resolved the issue promptly – all correspondence sent to CLBC is reviewed by the ED 	
	<p>Contract Reductions or Cancellations</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Maintain good relationship with funding agent. ▪ Ensure contract requirements are met. ▪ Keep up to date on provincial issues and be flexible to other support options ▪ Review and adjust budget to reflect changes in revenue <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Possible layoffs of employees - Work with union to ensure layoff is done in a fair and equitable manner -Communicate with staff to alleviate fears ▪ Meet with staff to find efficiencies and determine responsibilities ▪ May have to adjust administration costs – work with Board of Directors and: Look at where efficiencies can be found - Review wages and benefits and possibly re-align duties - Look at possible restructuring scenarios ▪ May have to look at being innovate and redesigning services. ▪ Encourage staff to find efficiencies within programs. ▪ Look at more fundraising opportunities. ▪ Adjust work loads ▪ Recruit more home share providers (if staffed residential is being reduced/closed) 	<p>No further action req</p>

Fundraising Events, Grants			
	Loss of Income	Prevention: <ul style="list-style-type: none"> ▪ Ensure expenses don't exceed revenue when planning fundraiser. ▪ Maintain good reputation in community ▪ Work to maintain good relationship with sponsors ▪ See Marketing Plan ▪ Ensure Bingo funds are properly accounted for; ensure application is done when required ▪ Promote events ▪ Promotion of organization in community is vital to fundraising success. We have created new brochures. Strategy: <ul style="list-style-type: none"> ▪ Ensure our annual fundraiser is reflective of what community wants ▪ Review fundraising and event planning strategies and change if necessary. 	Investigate loss of bingo funds/Vernelda
Organization Reputation and Profile			
	Negative Media Coverage	Prevention: <ul style="list-style-type: none"> ▪ Ensure good relationship with media and include them in all events/opportunities ▪ Ensure you have media contact person. ▪ Ensure complaints are dealt with as soon as possible. Strategy: <ul style="list-style-type: none"> ▪ Designated board member and ED as media contact as per Media Relations Policy. ▪ Contact media to follow up with any negative coverage. ▪ Follow up article promoting organization in the community. 	No further action req
	Loss of Credibility, Exposure	Prevention: <ul style="list-style-type: none"> ▪ Maintain relationship with media. ▪ Maintain good reputation and profile within the community and with families ▪ Ensure agency & staff follow mission and values 	No further action req

		<p>Strategy:</p> <ul style="list-style-type: none"> ▪ Follow up with source ▪ Meet with membership and keep them informed. ▪ Promote organization within community. Use brochures and promotional video to reach community members. ▪ Address any issue that could lead to loss of credibility and create and implement an action plan. 	
	<p>Loss of ability to raise donations</p>	<p>Prevention:</p> <ul style="list-style-type: none"> ▪ Maintain relationship with current donors. ▪ Promote organization in community. ▪ Keep relationships strong with sponsors and funders. ▪ Network with businesses, consumers and families. <p>Strategy:</p> <ul style="list-style-type: none"> ▪ Look for opportunities to raise awareness in community. ▪ Look for new funding sources for donations. ▪ Review current reputation and find ways to improve it. ▪ Look at developing new fundraisers if viable. 	<p>No further action req</p>
<p>Home Share Program</p>			
	<p>Legal Issues arising from Contractor Relationship</p>	<p>Prevention</p> <ul style="list-style-type: none"> ▪ Have a contract template created by CEO Network Legal counsel ▪ Clear guidelines in place ▪ Ensure guidelines are clear before contract is completed ▪ Home Study Certification taken by Home Share Coordinator ▪ CEO Network is currently getting a legal opinion on contractor relationship and insurance issues ▪ Ensure regular reporting ▪ Ensure regular monitoring of worksite ▪ May have day program at the home which is provided by FSJACL employees – any problems would be reported ▪ Contractor will need to have First Aid Training and CPI Training <p>Strategy</p> <ul style="list-style-type: none"> ▪ Would involve auditor and contract lawyer and would use current legal opinions 	<p>No further action req</p>

The Fort St John Association for Community Living

2012 Accessibility Plan

This is the Fort St. John Association for Community Living's 8th annual Accessibility Plan. It was created to address the accessibility needs of persons served, personnel and other stakeholders in the programs of the FSJACL.

This plan is divided into three parts:

1. Items Addressed – barriers that have been addressed and rectified.
2. Items Yet To Be Addressed – barriers that need to be addressed or that continue to need to be addressed
3. Items Identified That Will Not Be Addressed – barriers that will not or cannot be addressed due to uncontrollable circumstances.

In this plan, the following barriers are addressed:

1. Architectural
2. Attitudinal
3. Communication
4. Employment
5. Environmental
6. Financial
7. Physical
8. Transportation

Identification of barriers:

Last year we made the survey available on ShareVision for staff to fill out. However it was too large for ShareVision so had to be made into 4 parts which created some confusion and not all parts of the survey were completed. This year we did not use a survey on ShareVision. Instead the Special Projects Coordinator went to each program and interviewed the supervisor and

staff regarding accessibility. Also added this year was an Accessibility Checklist for the individuals to fill out or be assisted with if needed.

The FSJACL Accessibility Survey and Accessibility Plan includes the following barriers:

1. Architectural – any physical factor that makes accessibility difficult for an individual.
2. Attitudinal – preconceived attitude people have towards persons served.
3. Communication – anything that inhibits information being accessible and understandable to all.
4. Community Integration – anything that may limit an individual’s ability to fully access their community
5. Employment—an indication that a workplace does not provide sufficient flexibility or equipment to ensure a productive and satisfying workplace for employees
6. Environmental – settings that compromise service delivery and benefits to be gained
7. Financial – anything that may restrict a service because of a lack of sufficient financial resources.
8. Transportation – situation in which service recipients are unable to reach or participate fully in services because of lack of suitable and available transportation
9. Other Barriers – any barrier that is not noted above

The Accessibility Plan will be included with the Outcomes Management Plan and made available on our website, noted in our Newsletter and hard copies will be made available upon request. The next accessibility review will take place in January, 2013.

Items that have been Addressed in 2011

Barrier	Program	Priority	Solution	Date	Cost	Funding Source	Person Responsible	Progress
Multi Purpose office cluttered (Architectural Barrier)	Main Office	High	The glass office has been organized and sorted for drama and drumming, new blinds have been put up	Completed 2010	none	N/A	Special Projects Coordinator	2011 drums taken out due to lack of space
Prevent program from being 'hospital like' (Attitudinal Barrier)	10 th Ave Home	High	Keep a 'home like' atmosphere. Staff to work to ensure it feels like a comfortable home	Complete 2010, but will continue to be ongoing	None	NA	10 th Staff & Supervisor	More training will be given to staff & continue to improve
Community access due to staff not feeling comfortable, being left alone in the program. (Attitudinal Barrier)	10 th Ave. Home	High	Building confidence in staff through training and experience	Has improved greatly but is still ongoing	None	NA	10 th Staff & Supervisor	Will continue training and motivating.
Doors hard to open because shifting and hardware breakage	4-Plex	Medium	Have maintenance do regular spring checks Is working well now.	Spring 2011	NA	FSJACL	Executive Director/ Maintenance Contractor	
Front door hard to access in wheelchairs because of lip and raised mat (Architectural Barrier)	10th	Low	Mat is removed Lip is part of the door structure.	Summer 2011		FSJACL	Supervisor of 10 th Avenue House	

Communication devices for individuals (Communication Barrier)	Agency	High	CAYA has come up a couple times and has started communication programs for individuals that qualified. Have also provided the equipment for the individuals.	Nov, 2011		Fundraising	ED (Cindy) Supervisors	
More accessible website (Communication Barrier)	Agency	Medium	An audio option has been added to the website	Summer 2011	Approx. \$1,000	Fundraising	Executive Director	
Not treating individuals as adults (attitudinal barrier)	agency	med	changed mission statement and wording in brochures to reflect concept of empowering instead of caregiving. Input into Accessibility Survey from individuals		NA	NA	Leadership Team	
Ramp inside slippery for mobile individuals (Architectural Barrier)	A-Street	med	<i>This ramp was replaced in 2005 and will most likely not be replaced in the future again. A mat was placed on the ramp and it has eliminated the problem.</i>	summer 2011	BC Housing	BC Housing	BC Housing	We thought this would not be addressed but it did get addressed – BC Housing put in carpet so no longer slippery.
Include individuals as part of the team (Attitudinal Barrier)	Agency	High	Was added into Key Messaging in 2011	May, 2011	NA	NA	Leadership Team & Staff	staff are including individuals in things that effect them and the program (eg. staff meetings)

Fear of aggressive behaviors (Attitudinal Barrier)	Agency	Medium	Educate and encourage staff to create opportunities for individuals to form relationships	Ongoing	NA	NA	Leadership & Staff teams	All staff trained in CPI – we now have our own trainers so all staff can receive the training in a more timely manner Doesn't appear to be a negative attitude towards individuals with aggression
Back parking lot builds up with ice due to poor drainage and uneven concrete (Architectural Barrier)	A-Street	Medium-high	BC Housing arranged to build a concreted parking lot	Summer of 2011	N/A	BC Housing	Executive Director/BC Housing	BC Housing built a new parking concrete parking lot but drainage is still an issue BC Housing is still working to resolve this
All entrances to Community Connections not wheelchair accessible (Architectural Barrier)	Main Office	Medium	Need new ramps at all three entrances to be accessible.	Fall, 2011	\$350	FSJACL	Executive Director	Ashphalt ramps were put in at the back two doors but they are not very good so need to be fixed. City has given us specs for new ramp

Items Yet To Be Addressed

Barrier	Program	Priority	Solution	Date	Cost	Funding Source	Person Responsible	Statistics
Families & staff not treating	Agency	High	Education through training, newsletters, web, publications	Ongoing	NA	NA	Leadership Team	Is better within organization (see

individuals as adults (Attitudinal Barrier)			through email and Share Vision					addressed item above) but still a problem with families
Learned Helplessness (attitudes of families, support workers and individuals that individuals need someone to always do for them, keeping them dependant) (Attitudinal Barrier)	Agency	Medium - high	Education through Guiding Principles, Key Messaging, Learned Helplessness articles, newsletters, web site, informational sessions, conversations	Ongoing	NA	NA	All FSJACL, Leadership & Staff	Have done the Guiding principles, key messaging and input these into staff meetings. Add articles into newsletters and web site.
Accepting individuals as unequal (Attitudinal Barrier)	Agency & Community	Medium - High	Education through Guiding Principles, brochures, newsletters, events, web site, informational sessions, conversations, promotion, recognitions of businesses & organizations that promote individuals	Ongoing	NA	NA	All FSJACL Leadership & Staff	incorporating guiding principles into staff meetings and including individuals in staff meetings
Back parking lot builds up with ice due to poor drainage and uneven concrete (Architectural Barrier)	A-Street	Med - High	A piece will be added to eaves trough to help drain in another direction. When shoveling snow, will pile away from area.				BC Housing A-Street Staff	BC Housing has inspected. The parking lot was to be built on a bit of a slant for drainage but was not so water pools and freezes.
Front door in Community Connections not wheelchair	Main Office	Medium	Need to get city's approval to build concrete ramp at the front of the building				Executive Director/ Special	City has sent us the specs to build a ramp at the door. Now

accessible as the ramp is too steep (architectural barrier)							Projects Coordinator	we need to find contractor to build it.
Doorways and halls are at 90 degree angles, making it hard for wheelchairs to navigate through the building (Architectural Barrier)	Main Office	Low-Medium	will not be resolved in the near future as would need major renovations or a new building	will be part of future renovations		FSJACL	Executive Director/Community Connections Supervisor	Renovations are starting beginning of March, 2012 with WL Construction. Many of these angles will be resolved
Clutter around back entrance with boot rack, clothes rack and lockers all in the same area (Architectural Barrier)	Main Office, Community Connections	Medium	will need renovations to change the space to be more functional	will be part of future renovations		FSJACL	Executive Director Community Connections Supervisor	Renovations are starting beginning of March with WL Construction. So after this is done the issue should be resolved
No curb cut at accessible parking space at front of building (Architectural Barrier)	Main office	low	will inquire with city to have this done	Summer 2011	NA	City of FSJ	Special Projects	Richard with City Engineering said city can look into it in spring/summer but we will have to send a letter of request.
Not enough parking (Architectural Barrier)	Main office	Low - Medium	Assure all individuals with mobility issues have SPARC signs. Extra staff can use parking across from front of office	Ongoing	NA	NA	Supervisors & Management	staff better at not parking in middle. Special Projects printed off a company application for SPARC cards and individual applications and gave to CC supervisor to fill

								out. Also in winter snow piled up makes parking even smaller.
Railings on outside stairs (Architectural Barrier)	Dee-Jays A-Street 4-Plex	low	Build railings along each outside path & stairs.	Summer 2012	Pending	FSJACL	Executive Director/ Supervisors	A-Street has already. 4-Plex does not need. Dee Jays – Maintenance has been asked, and ED will look into with maintenance contractor
Falling hazard at stairwell as the stairwell is across for the main entrance (Architectural Barrier)	4-Plex	Medium-high	Put gate at top of stairs	Fall 2011	Pending	FSJACL	Executive Director/ Supervisor of 4-Plex	Will look at having a ½ door installed at the top of the stairs
Rainwater on driveway, slippery (Architectural Barrier)	Dee-Jays	Medium	Convert water away from driveway.	Fall 2011	Pending	FSJACL	Executive Director & Supervisor of Dee Jays	Supervisor will look into in spring to see exactly where water is coming from spring 2012
Snow not being cleared in a timely manner (Architectural/Environmental Barrier)	Agency	Medium	Each program to purchase a snow blower.	Fall 2012	\$400.0 per program	FSJACL	Executive Director/ Supervisors	Had little snow this year, none purchased. Dee-Jays would not be able to use as driveway is too dangerous because of steepness.
Garage difficult to access in winter due to angle to	10th	Low	Research possible solutions.	If asphalt then summer	Pending	FSJACL	Special Projects Coordinator	Special projects researched possible solutions and -

driveway (Architectural Barrier)				2012				Possible solutions would be to fill in with asphalt or drivers to just be more careful when backing out remembering that driveway is not straight.
Back deck lifting (Architectural Barrier)	10 th Avenue House	Low	Contact BC Housing for possible resolution	By fall 2011	N/A	FSJACL	Executive Director/ BC Housing	BC Housing has noted this in their inspection
Back yard not accessible (Architectural Barrier)	4-Plex	Low	Put in back gate	By spring 2012	\$500.0 0	FSJACL	Executive Director/ Supervisor of 4-Plex	
Fully communicating our vision (Communication Barrier)	Agency	Medium - High	brochures, newsletters, events, web site, informational sessions, conversations, promotion, emails, family group, self-a group	Ongoing	NA	NA	Leadership and all FSJACL staff	<ul style="list-style-type: none"> • Have our new brochures for agency: joining FSJACL, supported employment, & homeshare. • Email and deliver newsletters • New web site, kept updated. • Word of mouth and promotion. • Family Group and Self- Advocate group now functioning. • Have ongoing coverage with the media.

								<ul style="list-style-type: none"> partner with schools (which we have not done this last year).
Lack of staff due to high turnover rate limits the individual's access into the community (Community Integration Barrier)	Comm Inclusion Programs	High	We have recruitment challenges, please see Outcomes Management Report. We will continue to work on our retention rate.	Ongoing	N/A	FSJACL/CLBC	CLBC/FSJACL Management	Continues to be a very big problem
Accessible doors in community (Community Integration Barrier)	Community	Medium	Continue to advocate for more accessible doors in businesses and organizations.	Ongoing	NA	NA	All FSJACL, Mayor's Disability Advisory Committee	Are starting to see some changes.
Not enough accessible parking in the community, particularly at large events (Community Integration Barrier)	Community	Medium	Continue to advocate for more accessible spaces	Ongoing	NA	NA	All FSJACL Staff, Mayor's Disability Advisory Committee	SPARC applications need to be filled out and sent off ED continues to work with MDAC
Dignity of Risk (Community Integration Barrier)	Agency	Medium	Educate staff, through Knowledge quiz and Orientation, clarify their role	Ongoing	NA	NA	Leadership Team, Staff	Are starting to see changes.
Attitude with potential employers and community regarding	Community	Medium	Educate through brochures, information sessions and opportunities to have discussions about the importance of employment for	Ongoing	NA	NA	All FSJACL Staff	Has improved greatly, businesses more willing. As we see more

individuals ability to work (Employment Barrier)			people with disabilities					successes for people with disabilities in businesses, opportunities with grow
Fluorescent lighting – Regular exposure to fluorescent lighting can cause health issues (Environmental Barrier)	Main office Residential programs	Low	Need to be replaced with better alternative	Summer 2012	Pending	Talk to BC Hydro about rebate, incentive & options	FSJACL Management	BC Hydro put in different bulbs in 2011 and they flicker, which can cause headaches
Too much visual stimulus – causes disruption and anxiety for some individuals we support (Environmental Barrier)	Main office- Day Program	Low-Medium	Have certain area for information and pictures to be placed.	ongoing	NA	NA	Supervisor & Staff	After renovations will have certain area for information and pictures to be placed
Air fresheners (Environmental Barrier)	Agency	Low	Find a healthier solution	Jan, 2012 now need to incorporate	\$6 to 9 per bottle \$60 per unit.	FSJACL	Special Projects Coordinator	Special Projects has found natural air freshener bottles to use instead of febreze, etc. Also has found natural nebulizer with can put on a timer to spray natural scent.
Too Warm in programs; reduces air quality and causes discomfort	4-Plex 10 th A-street	Medium	Buy a fan or light filtering shades	2011-2012	Pending	FSJACL/BC Housing	Executive Director & Supervisors	4-Plex has fans but not enough room for them so will purchase blinds. 10 th is too hot

for individuals and staff (Environmental Barrier)								because of furnace setting being set too high-maybe have programmable thermostats put in, or staff ensure rooms at appropriate temp for individuals. A-Street has fans and blinds
Homes becoming too noisy with too many different noises at the same time – this can create anxiety for the people we support (Environmental Barrier)	FSJACL Residences	Low	Require music to be kept at a minimal level, be conscious of TV's, radios and stereos and ensure they aren't on at same time Promote Guiding Principles – It's the individual's home, is the music and noise for the residents or for the staff?	Ongoing	NA	NA	Supervisors & Staff	10 th – stereo & TV are now not on at same time. Seems to have improved, however here are some staff who can be loud Many individuals like quiet but have roommates that are noisy and a busy house.
Limited funds for individuals to obtain housing, vacations and other (Finance Barrier)	Agency	High	Continue to advocate for housing and employment opportunities	Ongoing	NA	NA	FSJACL leadership, City Affordable Housing Committee, BC Housing	Individuals working has given them a greater opportunity for vacations because they have more funds. Housing rent continues to rise
Individuals understanding concept of money (Finance Barrier)	Agency	Medium	Education and support	Ongoing	NA	NA	FSJACL staff	4-Plex staff continue to support and coach individuals regarding budgeting and have individuals included in

								all aspects as of managing their money.
Public transportation for individuals in wheelchairs is only available Mon-Fri during business hours and Saturday for limited hours. (Transportation Barrier)	Community	Medium	Mayor's Disability Advisory Committee is advocating for accessible transportation.	2012	None	City of FSJ	City of FSJ, Mayor's Disability Advisory Committee	Because our residences have vehicles, the people living there have community access. But public transportation has made no changes to be more accessible and accommodating All busses in town are now accessible
Lack of staff who have a Class 4 driver's license (Transportation Barrier)	10 th Ave. Home	Medium	Staff must have Class 4 license before the end of their trial period. They can also use public transportation during the day	Ongoing	NA	FSJACL Staff	FSJACL Staff/ Supervisors	
Lack of Community Access (Community Integration Barrier)	10 th home	high	Need more staff as well as staff with class 4 DL to take people out. Also need to help staff understand what true community inclusion is.	ongoing	NA	NA	10 th supervisor & staff and leadership	Staff have been taking the workshop "Weaving the Ties that Bind" which helps in teaching the ideals of community inclusion
Individuals not accessing website and FSJACL information (communication barrier)	all	med	Support individuals in regularly accessing our website and information	ongoing	NA	NA	all staff	
Lights (environmental)	10th	med	Buy smaller/softer lights for individuals rooms that need so	summer 2012	?	supervisor , staff, and	supervisor and staff	

barrier)			bright, harsh florescent lights are not used. Make sure individuals are not staring at bright light.			family		
staff items (architectural barrier)	residences	low	have cupboard/locker for staff's items	fall 2012	?	FSJACL	leadership and supervisors	
Trucks idling (environmental barrier)	day program	low - med	no idling and limited warm up time – individuals to dress warmer or have a blanket in vehicle	spring 2013	NA	NA	staff	May investigate where the fresh air intake is to avoid contaminates or perhaps have no idling policy for our association to avoid lengthy idling of vehicles
Back doors not able to get into unless have code/key & buzzer not working (architectural barrier)	office	low	get buzzer fixed	spring 2012		FSJACL	ED/Maintenance Person	

Identified Items That Will Not Be Addressed

Barrier	Program	Reason barrier is not being addressed
Back door access from living room to deck not wide enough (Architectural Barrier)	10 th Ave Home	Use the door approx. 10 feet away instead.

Basement apartments not wheelchair accessible	4-plex	This is a licensed facility and suites downstairs do not meet licensing requirements for people with mobility challenges.
Back door not accessible, no ramp (Architectural Barrier)	A-Street	This will likely not be resolved as there are alternate routes available.
Basement Access not wheelchair accessible (Architectural Barrier)	A-Street	The program has one individual who uses a wheelchair and they do not access the basement.
Front entrance not functional as ramp is at a sharp angle to entrance.	A-Street	This issue could only be resolved by major renovations to make the entrance larger. Not feasible at this time.
No alternate exit off of deck (Architectural Barrier)	Dee Jay's	There are two front exits as well as an exit through the garage.
Location of house – not in residential area due to new commercial development (Architectural Barrier)	A Street	This issue could only be resolved by purchasing a home in a different part of Fort St John. Due to housing prices and the size of the house required, this would most likely be unachievable.
Office Cluttered (Architectural Barrier)	4-Plex	Is rectified as much as possible. Just is a very small office for 3 people and it would require major renovations to make the office bigger, which would take away from resident's space.
Extreme weather (Environmental Barrier)	All	As we cannot manage the weather we will continue to keep snow and ice removal in programs done and work with city and businesses to ensure access.
Ladies washroom not wheelchair accessible (Architectural Barrier)	Main Office	The men's washroom is wheelchair accessible with a lock on it, so ladies can use it. The additional washroom in Community Connections is also accessible.

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For Community Living