



KNOWLES CENTRE INC.

Helping Individuals Find Their Path: Yesterday, Today, and Tomorrow

Performance and Quality Improvement Report

September 1, 2011 – August 31, 2012

Performance and Quality Improvement Report

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Executive Summary

One of the benefits of COA accreditation is the development and implementation of the Performance and Quality Improvement (PQI) process. Therefore, Knowles Centre (KC) can ensure that its programs and services are both effective and efficient. The PQI process culminates with an annual report that is a collective effort of the senior management group. This PQI report covers the period from September 1, 2011 to August 31, 2012. KC's PQI process is comprised of seven sections, and each section can result in corrective action plans (CAPs) being identified and implemented.

1. *Case record review* assesses the quality of client files and is done quarterly during the year.
2. *Risk management report* is a monthly analysis of reported incidents, accidents, and grievances generated by clients. Its purpose is to discern any trends with incident reports in order to reduce risk.
3. *Stakeholder satisfaction surveys* are completed annually, soliciting their opinions about different aspects of KC's services. Its purpose is to identify how KC could be improved, according to KC's stakeholders.
4. *Client outcome measures* are reviewed semi-annually (using standardized measures) to assess how effective treatment is in helping clients improve their functioning and achieve their treatment goals.
5. The *John G. Stewart annual report* involves an analysis of data collected on attendance, class completion rate, and change in student achievement scores. This report is completed by the school principal.
6. *Staff retention* data is analyzed.
7. A *financial report* assesses KC's financial performance.

Some of the highlights from the above seven sections appear below.

Concerning case record review, client files across programs were described as: a) being well organized, b) being well written, c) having clear, measureable goals, and d) demonstrating good clinical work with clients. All program directors generated specific recommendations to ensure continuous improvement in this area for their respective programs.

Concerning risk management report, program directors identified specific staff training needs to address specific trends within their programs (e.g., substance abuse treatment for clients in Group Care and Independent Living, and anger management and problem-solving for clients in Day Treatment). Previous staff training contributed to improvement in some categories this year (e.g., in Group Care there was a 25% reduction in client self-harm incident reports and approximately 50% reduction in sexual exploitation incident reports).

Concerning stakeholder satisfaction surveys, these surveys were submitted directly to COA rather than to KC because a COA site visit occurred in June 2012. Consequently, KC had no raw data to analyze in this area for this reporting year.

Concerning client outcome measures, four of the five core programs (excluding Sexual Abuse Treatment) implemented new client outcome measures. In many cases, the new client outcome measures were administered to clients who were already in a KC program for a significant period of time. This fact may explain why clients both: a) obtained low scores, indicating better functioning and more stability; and b) showed only small changes from Time 1 to Time 2 (when the outcome measures were administered). The overall impression was that clients in the various programs showed improvement on client outcome measures. It is also possible that those examples where clients showed a slight decrease in functioning from T1 to T2 were demonstrating no significant statistical change (but rather random error in measurement).

Concerning the John G. Stewart School report, students achieved approximately 70% attendance throughout the school year. Older students (16 to 18 years old) were more truant and experienced longer period of incarceration. The most common behavior problem was impulsive in nature. Older students earned 111 high school credits, and approximately 18% of the student population improved their reading skills by one or more grade levels.

Concerning staff retention, KC had an impressive 99% staff retention rate for this reporting period, which was a 7% improvement from last year's excellent result (92% retention rate).

Concerning the audited financial statement, KC reported a surplus for the year ending March 31, 2012.

In closing, KC and its program managers will continue to use the annual PQI report to fine-tune KC's programs and services.

Case Record Review

Case Record Review Executive Summary

CRR Committee Members:

Tiffany Waite, Program Assistant, Group Care/PQI Facilitator
Dave Purpur, Director, Group Care
Lauren Hershfield, Clinical Director
Stewart Halper, Clinician/A/Clinical Director, Group Care
Andrea McKenzie, Director, Treatment Foster Care
Dawn Vandal, Director, SAIL
Kyle Spencer, Coordinator, Treatment Foster Care

Mandate of Committee:

The mandate of the CRR committee is to regularly review, as delineated by the COA (Council on Accreditation) standards, client files to ensure compliance with COA standards and/or Knowles Centre (KC) specific policies, as part of our Performance Quality Improvement (PQI) Program. KC is proud to be accredited by COA to strengthen, measure, and validate our organization's effectiveness.

Process of Committee

- The PQI Facilitator randomly identifies files from each program for review. The amount of files per program and review are based on guidelines from COA. Some reviews include active files, whereas other reviews are designated for discharged files;
- The PQI Facilitator, in consultation with all other committee members, is responsible for scheduling all file reviews at the beginning of the review period;
- The PQI Facilitator identifies files to be reviewed and advises each respective Program Director and/or Administrative Assistant;
- The PQI Facilitator attends and facilitates each CRR and ensures all required documents are present. This includes a list of client names, Corrective Action Request forms, and the most updated review template for each program;
- Each committee member reviews and completes the appropriate documentation for each file that is reviewed. No member can review a file from their own program;
- Open discussion, questions, clarification, etc. is encouraged. If there is a situation where a document is missing and has not been filed for example, the committee is flexible in allowing that person to retrieve the document and put it on file;
- The PQI Facilitator processes and distributes any Corrective Action Requests to the respective Program Directors for follow-up. We have agreed to a 30-day timeline for any Corrective Action Requests to be completed. Once the Corrective Action Request is

completed, it is signed off by the Program Director and submitted to the PQI Facilitator. The PQI Facilitator then signs off on the PQI document and the file is considered complete;

- The PQI Facilitator submits a copy of each completed review template to the respective Program Directors to note findings and recommendations;
- Each Program Director provides an annual summary of the findings and recommendations regarding their respective programs for the Annual PQI report;
- While all programs started out with a consistent template, this has changed over time, to accommodate differences between programs; templates are changed on an ongoing basis as necessary;
- The SAIL program became part of the Case Record Review in 2011;
- All committee members are committed to improving the process as we gain experience on what is and is not effective. A Corrective Action Request is completed by a reviewer when there is something about the file that is NOT in compliance with COA standards, however, CAN be corrected. For example, a treatment conference report that is not on file. Something that CANNOT be changed, such as attending an admissions physical, would NOT result in a corrective action, but a recommendation may be made to note on the file why this did not occur; and
- Findings and recommendations outside of a Corrective Action Request are shared with the Program Director for consideration by the Director and their respective team. It is up to the Program's respective Director to determine whether a recommendation will be implemented.

Outcomes of the CRR Process

- The CRR process continues to highlight the excellent quality of work being done by all service areas (Group Care: on-ground units and community homes; Clinical: Group Care, Day Treatment, and Sexual Abuse Treatment; SAIL, and Treatment Foster Care).
- It continues to provide insights into how we can improve the documentation of these services provided in a manner that is more in compliance with COA guidelines/best practice. In addition, it continues to assist all staff and Directors to become more familiar with COA standards.
- Improvement in files was noted as the reviews progressed. Reviews are also becoming less time consuming as files are reviewed and enhanced, and reviewers are more comfortable with the process.
- An overview of program specific recommendations is identified in a separate summary within this report.
- It helps familiarize senior managers with all Knowles respective programs and services, and assists with the identification of similarities and uniqueness.

- It assists with developing processes to ensure compliance with standards (i.e. adherence to conference and written report deadlines).
- It assists program directors, supervisors, and staff to receive external feedback from someone in a different program.
- It enhances confidence in our files as an organization should there be an external review.

Recommendations from 2010-2011:

- 1) To clearly determine whether files will be pulled randomly and not reviewed prior to the CRR, or if managers have the option to review them prior to the review (**Complete:** managers have the option to review them);
- 2) Each program manager will provide a list from their respective program regarding what specifically is considered the “Admission information” (**Partially complete:** will be completed by TFC and SAIL program managers/designate by December 31, 2012);
- 3) To add a prompt at the end of the review template to ensure the reviewer signs off that they have reviewed the file (**Incomplete:** Tiffany Waite will add to the template by the next review);
- 4) To change the template to reduce paper use to being double sided and less spacious, and to develop a template for files that have been previously reviewed that does not include the admission information component (**Incomplete:** Tiffany Waite to complete by the next review);
- 5) Develop a process to ensure files are reviewed within a year as not to accumulate extensive reports to be reviewed (**Complete:** this process has been implemented by Tiffany Waite);
- 6) Add a list of strengths to the template with tick boxes that the reviewer can check off (**Incomplete:** needs to be added by the next review by Andrea/Tiffany K. and Tiffany W.); and
- 7) To complete the discharge review in June of each review year (**Complete/ongoing**).

Recommendations for 2012-13

- 1) To ensure immediate implementation of the prior year’s goals noted above; and
- 2) To reach a resolution on matters where there is a difference of opinion between reviewers (i.e. medical documentation in files for non -group-care clients).

Case Record Review Summary

1. Open File Case Record Review – October 28, 2011

- a. Treatment Foster Care Program
 - 12 TFCP files were reviewed
 - 5 corrective actions resulted from the review of the TFCP files
- b. Group Care Treatment Program
 - 6 GCTP file were reviewed
 - 2 corrective actions resulted from the review of the GCTP files
- c. Day Treatment Program
 - 2 DTP files were reviewed
 - No corrective actions resulted from the review of the DTP files
- d. Sexual Abuse Treatment Program
 - 3 SATP files were reviewed
 - No corrective actions resulted from the review of the SATP files
- e. SAIL
 - 3 SAIL files were reviewed
 - No corrective actions resulted from the review of the SAIL files

2. Open File Case Record Review – January 6, 2012

- a. Treatment Foster Care Program
 - a. 12 TFCP files were reviewed
 - b. 10 corrective actions resulted from the review of the TFCP files
- b. Group Care Treatment Program
 - a. 6 GCTP file were reviewed
 - b. 3 corrective actions resulted from the review of the GCTP files
- c. Day Treatment Program
 - a. 2 DTP files were reviewed
 - b. No corrective actions resulted from the review of the DTP files
- d. Sexual Abuse Treatment Program
 - a. 3 SATP files were reviewed
 - b. No corrective actions resulted from the review of the SATP files
- e. SAIL
 - a. 3 SAIL files were reviewed
 - b. 2 corrective actions resulted from the review of the SAIL files

3. Open File Case Record Review – March 9, 2012

- a. Treatment Foster Care Program
 - 13 TFCP files were reviewed
 - 6 corrective actions resulted from the review of the TFCP files
- b. Group Care Treatment Program
 - 4 GCTP file were reviewed
 - 1 corrective actions resulted from the review of the GCTP files
- c. Day Treatment Program
 - 2 DTP files were reviewed
 - No corrective actions resulted from the review of the DTP files
- d. Sexual Abuse Treatment Program
 - 3 SATP files were reviewed
 - No corrective actions resulted from the review of the SATP files
- e. SAIL
 - 3 SAIL files were reviewed
 - 1 corrective actions resulted from the review of the SAIL files

4. Discharge File Case Record Review – June 7 and 8, 2012

- a. Treatment Foster Care Program
 - 12 TFCP files were reviewed
 - No corrective actions resulted from the review of the TFCP files
- b. Group Care Treatment Program
 - 37 GCTP file were reviewed
 - 15 corrective actions resulted from the review of the GCTP files
- c. Day Treatment Program
 - 4 DTP files were reviewed
 - No corrective actions resulted from the review of the DTP files
- d. Sexual Abuse Treatment Program
 - 5 SATP files were reviewed
 - No corrective actions resulted from the review of the SATP files
- e. SAIL
 - 12 SAIL files were reviewed
 - 4 corrective actions resulted from the review of the SAIL files

**Case Record Review
Overview of Findings and Recommended Changes
Treatment Foster Care Program**

Strengths:

1. Files are well organized.
2. Conferences are generally held within designated time frames or a rationale is provided if this did not occur.
3. Reports are very comprehensive and well written, “Great narratives in each section.”
4. Overall, goals are clearly identified/well defined that relate to issues, needs, and strengths.
5. Enhanced documentation was noted requesting social history from respective placing agencies, if it was not received upon admission.
6. Reviewers noted that clients had an opportunity to complete a “My Conference Report” whether they attended the conference or not, where they had the opportunity to share their thoughts and feelings.
7. Excellent care of the children is evident: “You really get a clear idea of how the child progressed during his time in the home.”

Review of Recommendations from 2011-12:

1. Changes to the Review Template
 - Consider changing heading from “Psychiatric consultation was considered” to “counselling/therapy/specialized intervention (i.e. speech-language, OT, etc.) was considered”: **(Complete)**.
2. Changes to the Client Information Sheet
 - Ensure any change in agency worker, as well as Knowles Clinical Case Manager, transfer between agencies or foster homes, etc. is clearly documented, including date of same **(partially complete: TFC Program Assistant will ensure this occurs consistently)**.
 - Ensure identification of CCM’S direct supervisor is noted **(partially complete: TFC Program Assistant will ensure this occurs consistently)**.
3. Changes to the Conference Tracking Sheet
 - Input date of CRR directly onto conference tracking sheet rather than tracking sheet previously utilized **(complete)**.

4. Changes to the Conference Report Template

- Assessment Conference – Have a clearly designated heading for Admission Physical /Initial Health Screening and note COA standard (**complete**); CCM's will ensure children are seen as soon as possible and note any reasons if this doesn't occur within the designated time line (**complete**); a medical appointment tracking sheet is currently being developed to place on the child's main file (**pending**: under consideration by the program director); medical information will continue to be documented in all conference reports (**complete/ongoing**); all medical contact sheets are kept in the CCM's working file given the long term care and resulting numerous appointments that would be difficult to retain on the main file (**under consideration by the program director**).
- Ensure Reasons for Referral are clearly noted. Although many RFR in treatment foster care are related to the functioning of the children's parents, it is essential presenting issues/needs are clearly identified, and that goals are clearly linked to the issues and needs identified, in addition to other areas (**complete/ongoing**).
- Consider whether "My Conference Report" should be on the main file or CCM's working file (**complete**: will be retained on the CCM's working file).
- Consider whether younger children should have treatment conferences every 6 months (**complete**: It was decided to continue to have all conferences every 3 months, however, this recommendation is being re-visited at this time by the TFC Director and Coordinator).

Corrective Action Requests (CARS):

Issues noted on the CARS include:

- Some occasions of required documentation not being on the file, including a few placement agreements and the child's social history, albeit there is a written request to the agency on file in most situations;
- A few conferences that had not been filed and/or had been misfiled (i.e. siblings reports on each other's file);
- A few reports were missing signatures;
- Ensure appropriate medical/health documentation is consistently placed on the main file.

Recommendation for 2012-13

1. Ensure all medical contacts are on the main file. This item is in the process of being considered by the program. It may be preferable to have the admission/initial physical and all annual physical forms maintained on the main file, possibly with a log of all other medical appointments, while the other appointments are maintained in the CCM's working file and all noted in the quarterly conference reports, due to the long term nature of the client's

involvement in our program and the amount of space it would take up in the file/filing cabinet. COA standards are being reviewed regarding this item to help make a final decision.

2. Some reports are quite late; ensure stronger adherence to timeline.
3. In reviewing goals,(in addition to indicating the status of the goal being complete, incomplete, etc.) ensure a brief statement/narrative about the level of attainment of the goal is consistently noted.
4. Ensure all significant issues/problem areas identified within the body of the report have a goal to address it.
5. Be very careful when cutting and pasting to ensure that sibling names are not left on the report in error.
6. Ensure all goals are specific and worded as goals (not summaries).
7. Consider whether younger children should have treatment conferences every 6 months (rather than 3 months).

**Case Record Review
Overview of Findings and Recommended Changes
Group Care Treatment Program**

Strengths:

Please note these are the strengths identified specific to the Group Care (Supervisor) aspects of the file.

1. Files are well organized.
2. Reports are very comprehensive and well written.
3. Overall, goals are clearly identified that relate to issues, needs, and strengths; goals are well defined.
4. Excellent work that conveys origin of issues and addresses the same.
5. Reports clear and easy to read.
6. Reviewing of goals is easy to find.
7. The format is clear.
8. Goals are specific and measurable.

Please note these are the strengths identified specific to the clinical aspects of the file.

1. The reports were all well written (organization, layout, and goals).
2. Good work was being done on addressing clinical issues.

Please note these concerns were identified specific to the group care (supervisors) aspects of the file

1. Some reports were missing from the main files.
2. Some conferences have not occurred within 30 days after admission.
3. Some admission physical reports were missing from the main files.

Concerns:

Please note these are concerns identified specific to the clinical aspects of the file.

1. There were missing signatures on treatment plans (i.e. legal guardian and/or client).
2. Conferences were delayed (please note that explanations for the delays were generally provided).
3. Reports were delayed (please note that explanations for the delays were generally provided).
4. There was no reason provided as to why a psychiatric consultation did not occur.
5. Psychiatric consult notes were missing from a file.
6. Individual client goals could have been more comprehensive, and, on occasion, a particular goal for an issue was deemed missed.

Recommendations:

Please note these recommendations were identified specific to the Group Care (Supervisors) aspects of the file

1. Ensure all reports are placed in main file after they are faxed to social worker (Dave and Tiffany to work on this recommendation).
2. Ensure that new goals are established from the concerns in the “overview” section of the report.
 - When a concern is mentioned in the overview, the writer will ensure that the concern is noted in the form of a new goal
3. Directors ensure conferences are held within proper timelines.
4. School goals should incorporate IEP plan (We are not always privy to this info at time of a report).

Please note these recommendations were identified specific to the clinical aspects of the file.

1. Consider including IEP goals in the school goals.
 - This can be done on a case-by-case basis, however, therapists are not always provided with the IEP at time of a case conference.
2. Recommendations within the discharge reports should highlight a parent’s need for support.
 - Should a client be returning home, a recommendation highlighting a parent’s need for support should be included.

Corrective Action Requests (CARS):

1. Issues noted of the 14 CARS include: (Supervisor Reports)
 - Eleven group care reports were not on main file (They have since been placed on file)
 - Documentation concerning three admission physicals was not on the main file.
2. Issues noted of the total 20 CARS: (Clinical Reports)
 - Four were for missing clinical reports: all reports have since been placed within the Main File.
 - Sixteen were for missing contact sheets: all have since been placed within the Main File.

Case Record Review
Overview of Findings and Recommended Changes
Supported Advancement to Independent Living (SAIL)

Strengths:

1. Files are well organized, easy to sort through
2. All needed material are in files
3. Goals are clear and measurable

Recommendations:

1. Changes to the file
 - Remove one of two Incident report sections
 - Remove admission forms that were faxed out for signatures once the forms are signed and faxed back
2. Changes to the Client Information/Conference Tracking sheet
 - No recommendations made
3. Changes to the Conference Report template
 - No recommendations made
4. Changes to the Case Record Review template
 - No recommendations made
5. Miscellaneous
 - Ensure all reports include client and legal guardian signatures
 - Ensure Case Managers indicate reason for late reports
 - Ensure all internal Knowles Centre clients transferred into SAIL have a letter on file cross-referencing their social history
 - Ensure all required signatures are on admission forms before filing
 - Consider using specific names of people sharing information on Release of Information forms
 - Use the SMART acronym when establishing goals. This was noted on older files that were reviewed. Subsequent comments were positive on newer reports

Corrective Action Requests (CARS):

Issues noted on the CARS include:

- There were five instances where the client's attendance sheets were not on file
- One report was not on file when the file was reviewed

- One file required a form that indicates what program file to cross-reference to obtain the social history. All other clients must have a social history in order to be referred to the SAIL program

Case Record Review Overview of Findings and Recommended Changes

Sexual Abuse Treatment Program (SATP)

Strengths:

The overall strengths identified in the above-mentioned Case Record reviews indicated that the files are well maintained and organized, and that the reports are well written and include well-defined and measurable goals.

Concerns:

Concerns identified throughout the 4 reviews included:

1. There was no guardian signature on two clinical reports (this was due to the guardian being unable to attend the conference).
2. On one report, there was no explanation as to why a report was delayed.

Please note: - As a result of the Case Record Review process, it was decided that should a guardian be unable to attend a conference and thus be unable to sign the treatment plan signing sheet, that a letter requesting their signature (which indicates their approval of the treatment plan) be sent to the guardian. Upon receiving the signed letter, it will be attached to the report that is placed within the main file.

Recommendations:

There were only two recommendations made throughout all 4 Case Record Reviews. These included:

1. In the case conference section of the Main File, to include dividers between reports or blue sheets of paper.
2. That two copies of the same report not be placed within the Main File (one is currently in the report section and the other one is under the correspondence section to show that it has been faxed out).

Going forward the SATP Coordinator/Therapist has agreed to make these suggested changes.

Corrective Action Requests (CARS):

Please note that throughout all 4 Case Record Review there were no Corrective Action Requests.

**Case Record Review
Overview of Findings and Recommended Changes
Day Treatment Program**

Strengths:

The overall strengths identified in the above mentioned Case Record reviews included:

1. Files were laid out nicely.
2. Files were well organized.
3. Nothing appeared to be missing from the files.
4. A particular file appeared “superb”.
5. Encouragement to continue the positive work.

Of note is that very few comments at all were made by the reviewer(s). More comments indicating strengths may be helpful for the next review.

Concerns:

Concerns identified throughout the 4 reviews included:

1. While an explanation was provided, there were some delays in holding both assessment and review conferences.
2. A previous goal was not well addressed.
3. A conference date was missing from a report.
4. In one file a significant time period was unaccounted for (while it is possible a report is missing from this file, it would be impossible to retrieve as the therapist involved is no longer with the Centre).

Again of note, is that very few comments at all were made by the reviewer(s). More comments may be helpful for the next review.

Recommendations:

There were only two recommendations made throughout all 4 Case Record Reviews. These included:

1. The files could be organized more like Group Care Files (to make them easier to review).
2. Title pages be put onto each section of the file.

These recommendations will be considered by the Day Treatment Team. Again of note, is that very few comments at all were made by the reviewer(s). More comments may be helpful for the next review.

Corrective Action Requests (CARS):

Please note that throughout all 4 Case Record Reviews there were no Corrective Action Requests.

Risk Management Summary Report

Risk Management Report

Treatment Foster Care Program

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports, and make appropriate recommendations to improve care and/or service to children/youth and/or their respective foster families and/or program staff/management.

Trends noted:

- Within this reporting year, there were 139 incident reports filed, which is up by 56 reports from last year. This is in large part due to the increase in adolescents in the program, especially in the specialized “Mike and Mike” resource. There was a range of 5-29 incident reports filed per month;
- Almost half (46%) of the incident reports were classified under 2 categories, Substance Abuse (28%), and AWOLS (18%);
- Approximately 7% of the incidents were related to self-inflicted injuries and almost 3% due to suicidal gesture/ideation;
- Approximately 12% were classified under the Assault/Aggression category including aggression/assault against a peer or sibling (6%) and acting out behavior (6%). Approximately 6% were classified under the Medical category of hospital/urgent care;
- Approximately 8% were classified under the Other Category, noted as “General”; and
- The remaining approximately 18% are divided between acting out against foster parent (2%), verbal threats (2%), property damage (3%), sexual assault client to client (1.5%), sexual assault involving a family member (1.5%), police involvement (1.4%), abuse allegations against a current foster parent (.7%), allegations against a former foster parent (2%), behavior management/restraint (.7%), unsafe/problematic use of the internet (1.4%), and minor car accidents (1.4%).

Analysis:

- The largest percentages of incidents were involving substance abuse (28%) and AWOLS (18%). Given the histories, issues, and needs of the client population being served by the program, especially with the addition of the new specialized “Mike and Mike” resource to care for 3 high needs male adolescents, these increased numbers were anticipated. It should be noted that there were several clients in particular that generated the majority of the substance and AWOL incident reports;
- While there were a number of clients who generated a lot of the incident reports, there were also many others who had occasional client-specific incidents;
- With over 75 clients being served by the program, we continue to experience a relatively low amount of AWOLs. The relatively low number of AWOLs is indicative that some good work continues to be done by the foster parents and CCM’s to address behaviors that generate these types of incident reports. The TFC program also continues to work with foster parents

and foster children regarding developing healthy relationships/attachments, emotional regulation, communication, effective parenting strategies, and ensuring additional professional services are identified and accessed as required;

- What is not evident in the findings is that there is an increase in sexualized behaviors particularly between 3 different sibling pairs/groups. At times this has been classified as sexual assault, client to client, and at other times it has been categorized as acting out behavior (sexual). Going forward it has been agreed that sexualized behavior between siblings under 12 years of age will be classified as acting out behavior, sexual, rather than sexual assault; and
- The category of “Other-General” will be discontinued going forward as it is an unhelpful category to understand and analyze information, and constituted only 8% of the incidents generated.

Overall Conclusion:

1. Overall, the number of incident reports filed continue to be relatively low for a treatment foster care program, averaging 12 incident reports per month;
2. The implementation of a new resource, “Mike and Mike” for 3 male youth with high needs has, as expected, significantly impacted and increased the number of incident reports generated in many categories, particularly related to substance abuse and AWOLS;
3. We have a lot of younger children in the program who tend to generate less incident reports;
4. Appropriate placement/matching between foster children and treatment foster parents contributes toward enhanced relationships, less behavioral issues, and/or ability to manage and/or reduce difficult behaviors;
5. Regular and active support and consultation between Treatment Foster Parents and Clinical Case Managers provides opportunities for relationship development, which enhances transparency of both strengths and struggles, and promotes pro-active treatment assessment, intervention, and planning;
6. Ongoing training and skill development of foster parents (and program staff/managers) is provided in order to: a) understand and address children’s issues and needs; b) focus on strengths, and c) develop positive, caring, and responsive relationships that are attuned to the child/youth’s needs;
7. Regular support and supervision/consultation (peer: peer and CCM: supervisor) promotes the early identification of strengths, issues, needs and planning for same; and some categories are not helpful in identifying and analyzing data.

Recommendations:

1. To continue to monitor incidents on a monthly basis;

2. To discontinue the Other/General category in the risk management report;
3. To ensure sexualized behavior between siblings under 12 years of age is clearly documented as such, under the category, “acting out behavior” (sexual will be specified, as it is not consistent with categorizing as sexual assault as defined by the criminal code/child welfare act);
4. To continue training in the following areas: a) attachment, b) working with children who have experienced trauma, c) working with children impacted by FASD and their care providers; and
5. To identify and implement specialized training in the next training year regarding: a) drug use – identifying/addressing/intervention, and b) addressing sexualized behaviors between siblings.

**Risk Management Statistics
September 2011 – August 2012
Treatment Foster Care Program**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
Assault / Aggression													
Against peer/sibling/foster child		2	1		1	2				1	1		8
Peer to peer													0
Against staff/foster parent/other			1			1	1						3
Acting out behaviour	1		2	1		1			1	1		1	8
Verbal threats - to staff	1												1
- To other					1								1
Property damage					2			1	1				4
Sexual Assault													
Client to client										1		1	2
Community member		1				1							2
Foster family										1			
Abuse Allegations													
Current staff/foster parent							1						1
Past (parent/extended family)	1					1			1				3
Former foster parent											1		1
Parent / guardian													0
Other (sexual abuse alleg.)													0
(Physical, emotional, sexual)													0
3 rd party allegation against foster parent													0
Police Involvement													
Client behaviour			1						1				2
Staff related													0
Other (e.g. Witness, interview)													0
Self-Harm													
Self-inflicted injury				1	2	4	1	1	1				10
Suicide attempt													0
Suicidal gesture / ideation				2	1							1	4
Substance abuse	4	6	3	3	8	13			1		1		39
Drug paraphernalia													0
Accidental injury								1					1
Medical													
Hospital or urgent care		1	3			1		1	1		1		8
Injury requiring medical attention													0
Public health issue													0
Medical error						2	2						
Behaviour Management													
Restraint resulting in injury/volatile					1								1
Physical int. Mct						1				1			
Other													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)		2	5			2	4	1	2	5	2	2	25
Mental health (hallucinations)													0
Unsafe/problematic use of internet			1						1				2
Unsafe and unplanned family contact													0
Unauthorized family contact													0
General									6	2	3		11
Car accident	2												2
TOTAL INCIDENTS:	9	12	17	7	16	29	9	5	16	12	9	5	139

Risk Management Report

Group Care Treatment Program

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports and make appropriate recommendations.

Trends noted:

Unplanned absences were the highest reported incident category. The total number of unplanned absences reported this year was 291, **approximately 28% higher than last year**. This may be attributed to the lack of a proper recreation program at Knowles Centre; however, this no way reflects our current recreation programmers, but instead the lack of funds to run a proper recreation program. A second possible reason for this increase is the fact that we have had youth admitted to Knowles Centre who were AWOL for almost their entire stay, some not showing up at all. Many of the kids we work with have unplanned absences as their number one reason for referral. We are doing our best to combat AWOLS in the following ways.

- 1. Expand Recreation Program** – Studies indicate that boredom of youth directly relates to running behavior. Our goal is to expand our recreation program to include more options for kids, including drama club, dance club, and music lessons. We also plan to hire a recreation coordinator who will have a Master's Degree in Recreation to run this much-needed program. To accomplish this major goal, we will have to create a revenue stream that will allow us to expand this program, with the opening of our level 5 units; this will aid us in obtaining this revenue stream.
- 2. Youth Care Worker Relationships** – One of the most effective ways to prevent AWOLS is to build relationships with the kids we work with. The Youth Care Workers do an amazing job in this area. Most of the kids we work with have lost trust in adults, and building up this trust is a critical part in preventing AWOLS.
- 3. Outreach Worker** – Our current outreach worker has been a catalyst in getting kids off the streets and back to the Centre. His ability to connect with our kids while they are NOT AWOL has proven to be very effective in building relationships and trust with the kids.

Self-harm is the second highest reported incident category for this review period. Self-harm covers many issues, such as cutting, substance abuse, sexual exploitation and suicide ideation. The total number of self-harm incidents reported this year was 181, which is a **25% decrease from last year**. We attribute this decline to the time invested in staff training. Other relevant points include the following:

- a) Suicide ideation incidents involving females was 50% higher than for males.

- b) Substance abuse incidents involving females was 25% higher than for males.
- c) Reported cutting incidents were almost exclusively female.
- d) Sexual exploitation incidents were 100% female. However, the number of sexually exploited reported incidents **decreased from the previous year by almost 50%**; this decrease may be attributed to education of staff in this area. Staff attended Sexual Exploitation training with Jennifer Richardson from the province of Manitoba. This training was excellent. Knowles is also being diligent in referring sexually exploited youth to special units such as the TERF program.
- e) Although self-harm has decreased, we plan to continue training our staff to better address this issue.
- f) A Youth Care Worker with special trained in addictions, a Unit Supervisor, and a therapist once again facilitated this years “Addictions Camp” at our property in the Big Whiteshell. The camp was 5 days in length, which covered both alcohol and drug addictions in a fun setting. The kids not only learned about the effects of substances, but did so in combination with swimming, fishing, biking and more. The camp proved to be very successful.
- g) All new full time staff will be sent for the ASIST training, which is now offered as a core competency course by the province at a very low cost.

Police intervention is the third highest incident reported. The total number of police incidents reported this year was 137, **which is a 28% decrease from last year**. Police intervention also includes arrests, warnings, interviews, assistance, and transport calls. One of the factors contributing to the high volume of Police incidents is the fact that many of the calls are for repeat offenders. Meaning, the same kids are being arrested, picked up, and quickly released by the courts, only to re-offend again. This is very frustrating for both Police and Knowles Centre.

There were no discernible trends for the other reported incidents.

Please find attached the AWOLS of the past year (see graph).

Overall Conclusions:

1. Unplanned absences are now the highest reported incident category (up 28% from last year).
2. Self-harm incidents are down 25%. This decrease reinforces that the training in this area is paying off.
3. Females account for 60% of the incidents. (Total female incidents are 487 vs. 271 for the boys).

4. The number of containment unit incidents continues to be low. CPI training is ongoing for all staff in the program.
5. Police related incidents are down by 28%.
6. Our outreach worker has done a very good job helping kids return in a timely fashion.

Recommendations:

1. To expand the recreation program to combat the high number of unplanned absences.
2. To continue training in the area of self-harm; specifically, the sexual exploitation training offered by the province, as well as training on self-mutilation.
3. To continue to provide ASIST training to new staff.
4. To continue to provide regular CPI training refreshers to staff.
5. To look at options for the female secure unit with respect to the number of incidents they generate. Options may include, but are not limited: a) looking at the efficiency of an all-girls unit vs. co-ed unit; b) lowering the number of girls in the unit; and c) switching the boys secure and girls secure units. This review should involve input from the entire group care team, the province, and consultation with similar centres across the country.

**Risk Management Statistics
September 2011 – August 2012
Group Care Treatment Program**

	Unit 1	Unit 2	Respect House	Clyde Road	TOTAL
Assault/Aggression					
By current staff					0
By former staff					0
By community member	2	1	2	1	6
By family member					0
Between clients	3	4	3	8	18
Against staff	5	2			7
Verbal threats		1			1
Past Aggression					0
Weapons					0
Self-harming behavior					
Inflicted by client	24	4	10	3	41
Substance abuse (on site)	1	4	2		7
Substance abuse (off site)	41	25	17	7	90
Suicide attempt	1				1
Suicide ideation/verbal	15	9	3	1	28
Sexual exploitation (off site)	8				8
Self-Piercing	4				4
Sexual Exploitation (3rd party)	2				2
Allegation of abuse					
By current staff					0
By former staff					0
By member of community				1	1
By family member	1	1		1	3
By another client					0
By police					0
Past abuse	4				4
Internet contact by adult					0
False allegation					0
Allegation of sexual abuse					
By current staff					0
By former staff					0
By community member					0
By family member	2				2
By another client					0

Behavior management					
Involuntary containment	2	6			8
Voluntary use of containment	1				1
Use of isolation	7	1			8
Physical intervention/hold	1	2		1	4
Property damage	1	2			3
Possession of Weapon					0
Shoplifting				1	1
Acting out behavior					0
Fire					
False fire alarm (client)	1	1			2
False fire alarm (equipment)	1				1
Property damage					0
Fire					0
Police involvement					
Assistance required	9	2	2	1	14
Return of client(s)	15	7	2		24
Interview/questioning	8	5	2	2	17
Arrested/charged/warned	25	22	7	7	61
Other	12	3	4		19
Witness			1		1
PY 1	1				1
Medical					
Admission to hospital/emergency CSU	6	1	5		12
Medication error					0
Missed medication	7		10		17
Injury/health required medical attention	3	2		1	6
Refusal of Meds	4	6	4	3	17
Injury		1		1	2
Other					
Drug paraphernalia		1			1
Weapons					0
Vehicle accident					0
Bullets found					0
CSU					0
Other	10	11	2	1	24
SUB TOTAL					467
AWOLS					
AWOLS	142	89	42	18	291
Days absent while AWOL					0
TOTALS (Includes number of AWOL incidents but not number of days absent)	369	213	118	58	758

Risk Management Report

Supported Advancement to Independent Living Program (SAIL)

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports and make appropriate recommendations.

Within this reporting year, there were 144 incident reports filed.

Trends noted:

- Substance abuse accounted for 30.56% of the incidents. Two clients in particular made up a significant number of these incidents. Incidents involving substance abuse saw the greatest increase over last year (up 3.38%);
- Hospital/urgent care accounted for 12.50% of all incidents. Two clients accounted for over half of the incidents. This number is also up slightly from last year (up .85%);
- Suicidal ideation accounted for 9.72% of all incidents. One client in particular made up over half of these incidents. Suicidal ideation incidents saw the greatest decrease over last year (down 3.87%);
- Unplanned Absences/AWOLs accounted for 9.03% of all incidents. One client accounted for over 2/3rds of the reports. This number is also down slightly from last year (down 1.65%);
- Police involvement due to client behaviour accounted for 6.94% of incidents (up 3.06% over last year);
- Two incident reports involved attempted suicides by two separate clients during this reporting period;
- Two incident reports involved two separate clients being evicted from their apartments. These are SAIL's only evictions to date;
- 15.28% of all incidents generated fell under the category 'other'. These incidents vary in what occurred and do not fall under any other heading;
- The remaining 15.97% of incidents were spread out in various categories and do not have any obvious trends;
- An average of 12 incidents are filed each month;
- 27 clients accounted for the entire incident reports generated. Of those, 17 were female and 10 were male. Females accounted for a total of 65% of the reports, while males accounted for 35%.

Analysis:

Substance abuse accounted for the highest number of incidents throughout this reporting year. There were 44 incidents involving 15 clients. Two clients in particular accounted for slightly over 36% of the incidents. Both clients function at a low level and have qualified for ongoing care in adult services. They have refused to utilize outpatient services for addictions. The remaining 64% of incidents involved 13 other clients. All but one client had been admitted into the program with histories of substance use. While the majority of incidents involved either the

consumption of alcohol or drugs, there were a few incidents involving clients misusing their medication, possessing drug paraphernalia, or possessing drugs or alcohol. It is important to note that incident reports are automatically generated for clients under the age of majority who have consumed alcohol. For those at or over the age of majority incident reports are written only when evidence exists that their alcohol consumption is having a negative effect on their life or if they are an expectant mother. No report is generated if there is no concern present. Incident reports are written for all illegal drugs, regardless of age.

Hospital or Urgent Care was the second highest in incidents recorded. There were 18 incidents involving nine different clients. Two female clients accounted for 61% of all incidents recorded in this category. One female, a pregnant mother with a young boy, had made seven trips to the hospital. These hospital visits involved concerns about her pregnancy, the birth of her daughter, an accident/injury to her toddler, and the client's own anxiety issues (panic attacks). The other female client visited the emergency room due to an allergic reaction, flu like symptoms, side effects from medications, and a brief stay at the Crisis Stabilization Unit (CSU) to help cope with recent stresses. In both cases, the clients had become increasingly anxious as their planned discharges from SAIL and/or care approached. The remaining seven incidents involved seven other clients for various reasons, which were all addressed accordingly.

Suicidal ideation was the third highest in incidents recorded at 9.72% for the year. One client accounted for 64% of the incident reports generated in this category (down from 71% last year). This client had begun to see a therapist but did not continue with the appointments after a short while. Furthermore, this client refuses to take her medication consistently and by December she had made a suicide attempt by taking pills. This young lady briefly stayed at the Crisis Stabilization Unit before leaving. She has not been assessed for any suspected mental health issues, as she refuses to meet with a psychiatrist or psychologist. She is to be transferred to Adult Services at the end of September, 2012. The remaining incidents involved four clients - two have begun or are in the process of seeing a therapist. The other two clients refuse therapy but did not present ongoing safety concerns. The majority of the support staff have been trained in suicide intervention through ASIST.

Unplanned absences (AWOL) decreased from last year despite the fact that more clients were living in apartments. A total of 13 unplanned absences/AWOL's were reported in this period. One particular female client accounted for 69% of these incidents. This client has qualified for care in adult services due to a low cognitive functioning and is awaiting transfer into an adult program. Also, it is strongly suspected that this client suffers from undiagnosed mental health issues which greatly impact her ability to properly care for herself. She has significantly detached herself from the program. The balance of the incidents was spread out amongst four other clients at various times in the year with no apparent trend.

Police Involvement – client behaviour incident reports in this area increased during this reporting period compared to last year. There were 10 incidents spread out amongst 7 different clients. There were six incidents of police involvement in August alone. These issues range from breach of probation, returning via police intoxicated or due to a disturbance in the community, assisting with a client who had unsafe people in her community apartment, and assisting with the removal of a discharged client from the SAIL apartment. The discharged client had snuck her brother,

who was deemed unsafe and banned from the property and apartments, but brought in drugs and alcohol and provided alcohol to two underage clients. All but one of the seven clients had come into the program with a history of involvement with the law.

Overall Conclusion:

The numbers of incidents reported remains fairly low considering the vulnerability involved for clients living on their own with limited supports. An average of 12 incident reports per month is reported.

1. Substance Abuse continues to be the number one incident recorded. SAIL staff were directed to only report alcohol use if the client was under 18 or if their use was having negative consequences in their life. Drug use was reported regardless of age. The majority of clients living on their own were under the legal drinking age. In most cases, marijuana was the drug of choice. Staff was directed to report all instances of substance use for four clients who were over the age of 18 due to the issues their use was having in their lives. These four clients generated 45% of all substance abuse incidents.

With the recent addition of the supervised SAIL apartments as the second stage of the SAIL program, it is anticipated that the number of substance abuse incident reports will increase. This is in part due to the fact that previously, stage two clients lived in community based apartments where clients were seen only for a few hours each day. Currently stage two clients reside in the SAIL apartments that are closely monitored by SAIL staff. The majority of clients referred to and admitted into the SAIL program have some level of substance use, which will likely result in an increase in substance abuse incidents.

2. Incidents involving hospital or urgent care have gone up slightly compared to the previous year. In most cases the trips to the hospital were not seen as areas of concern considering the reasons for the visit. The need for medical attention in most of these cases did not stem from clients placing themselves in unsafe situations or making poor choices. Also, the majority of hospital visits saw the client going to the hospital independently (without support from SAIL), which is viewed as a strength in the program.

More emphasis on coping skills will need to be addressed as clients prepare for discharge from SAIL and/or the care of CFS. This was evident when two clients struggled with their anxieties as they neared discharge.

3. Incidents of suicidal ideation have decreased by 3.78% compared to last year's reporting period. As mentioned previously, one client accounted for more than 64% of the incidents in this category, whereas last year she accounted for 71% of the incidents. In the past year, SAIL has retained most of the support staff who work with our clients. This consistency has enabled the development of supportive relationships, the ability to recognize earlier when clients require additional supports, and greater confidence when dealing with clients in crisis. Weekly supervision between Case Managers and the support staff has continued to prove beneficial in identifying when clients may be at risk of becoming suicidal. The availability of SAIL's on call services has also proven helpful to clients living on their own,

as many of our young clients have utilized the on call services when they need someone they know to talk to. As clients become more independent and prepare for discharge, more emphasis will need to be made on ensuring they have supportive, trusting individuals in their lives to turn to when needing someone.

In this last year, SAIL has successfully advocated with Child and Family Services Agencies to fund therapy for clients who have been identified as needing it and willing to attend the sessions. Therapy has proven beneficial for the clients that have attended. Monthly group meetings with SAIL clients and staff occurred regularly during this reporting year. Providing these groups have given our young people the opportunity to interact with other young people who face the same or similar challenges.

4. In the past year, SAIL has been involved with three clients who were deemed eligible for care in Adult Services. In order to be eligible for these services, clients need to be assessed as meeting a narrow mental health criteria, such as schizophrenia or having a full IQ score below 70. All three of these clients began in the program before the determination of their eligibility for Adult Services was made. Unfortunately, these clients' needs exceeded what the SAIL program offers, but they could not be placed elsewhere as they were all 18 years old or over – a major obstacle for Child and Family Services (CFS). As a result, 38.89% of all incidents reported were generated from these three lower functioning, high needs clients. It is suspected that the number of incident reports would have been higher; however, one of the three clients left the program in early spring. It is important to note that the two suicide attempt incidents involve two of the three clients, who were awaiting services in the adult system. In both cases the clients claimed to have taken pills. One client disclosed her attempt days after the fact, stating she took a large number of sleeping pills. The client indicated that she did not experience any side effects; however, our call to a health care practitioner resulted in him stating that there would have been some sort of side effect. The other client had in fact consumed some pills and was taken to the hospital. After the client was medically cleared, a psych assessment was conducted and the client released.

As a result of these experiences, SAIL has recommended assessments be conducted for referred clients who appear to be lower functioning or have higher needs than other clients. Admission to the program has been denied until the appropriate assessments are conducted. Assessments that result in the client qualifying for Adult Services have been recommended to remain in their current placement until they can be transferred into an appropriate Adult Services program.

5. A decrease in unplanned absences (AWOL) has occurred for the second year in a row. One of our higher needs clients accounted for 69% of the 13 incidents reported. Utilizing our SAIL outreach worker and on call staff has helped connect with clients who haven't been seen or heard from over the course of a weekend, or when they did not meet with their staff. Clients living in apartments are required to check in with staff when absent for 24-48 hours. The Outreach Worker or On Call staff conducts safety checks in the client's home if they fail to check in or show up for a meeting.

It is anticipated that the number of unplanned absences will continue to decrease with the addition of the supervised SAIL apartments, as clients living in the community would often forget to communicate with program staff before being considered AWOL. Staff on site in the SAIL apartments will be able to monitor the comings and goings of the SAIL clients living in the blocks.

6. Incidents involving police due to client behaviour increased from last year. However, 50% of the year's incidents involved clients living in the SAIL apartments, during the month of August. Given the staff presence in the SAIL apartments, it is easier to know when police are involved with clients. Due to this fact, it is anticipated that the number of incident reports in this category will increase. Another factor in an anticipated increase is the number of clients referred and admitted into SAIL with legal involvement, such as probation orders and undertakings with strict conditions.

Recommendations:

1. To continue to monitor incidents on a monthly basis;
2. To offer addictions related speakers to the SAIL client group meetings at least once a year;
3. To continue to promote addictions related workshops, including FASD, for staff to attend;
4. To locate and introduce clients to low cost recreational and/or culturally focused activities offered in the community in an effort to combat boredom, loneliness, and replace/reduce substance use;
5. To offer refresher training for previously trained staff in ASIST (suicide intervention) and to continue providing training for newly hired staff;
6. Ensure identified high risk referrals are required to be assessed to rule out eligibility for Adult Services prior to admission in the SAIL program;
7. To offer a group to clients on stress management and coping skills;
8. To provide training opportunities for staff in mental health in order to better understand and work with clients;
9. To better prepare clients for discharge by identifying/establishing healthy external support systems;
10. To reduce the risk of client's re-involvement with the law by increasing involvement with client's probation officers and bail workers.

Risk Management Statistics
September 2011 – August 2012
Supported Advancement to Independent Living (SAIL)

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
Assault / Aggression													
Against client					1	1					1	1	4
Client to client													0
Against staff/other		1											1
Acting out behaviour													0
Verbal threats - to staff		1			1								2
- To client/other									3			1	4
Property damage								1					1
Sexual Assault													
Client to client													0
Community member													0
Abuse Allegations													
Current staff													0
Former staff													0
Former foster parent													0
Parent / guardian													0
Other													0
(Physical, emotional, sexual)													0
Police Involvement													
Client behaviour								2	1		1	6	10
Staff related													0
Other (e.g. Witness, interview)							1		2				3
Self-Harm													
Self-inflicted injury		1	1		1	2							5
Suicide attempt				1			1						2
Suicidal gesture / ideation	1			2		3	1	1	2	2		2	14
Substance abuse	5	2	4		2	3	13	7	2	1	1	4	44
Drug paraphernalia											1		1
Medical													
hospital or urgent care		1	2	1	3	1		5	2		1	2	18
injury requiring medical attention													0
public health issue													0
Behaviour Management													
Restraint resulting in injury/volatile													0
Other													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)		1	3	1			1		1	1	3	2	13
Weapons													0
Landlord / caretaker issues													0
Evicted													0
Other	1		1	2		4	3	4	1	1		5	22
TOTAL INCIDENTS:	7	7	11	7	8	14	20	20	14	5	8	23	144

Risk Management Report

Sexual Abuse Treatment Program

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports and make appropriate recommendations.

Trends and Analysis:

Within this reporting period (September 1, 2011 – August 31, 2012), there were a total of 3 incident reports filed.

One involved a client's disclosure of "snorting pills". This client is meeting with an AFM worker weekly and was seen by Dr. Koltek (Knowles Centre's consulting psychiatrist).

A second incident involved a parent disclosing her intention to leave her child with an alternative caregiver and requesting that the SATP therapist not inform the social worker. The SATP therapist explained to the parent that she needed to inform the social worker. The social worker indicated that she would follow up with the parent to discuss who would be caring for her daughter in her absence.

The third incident involved a client disclosing that she had been offered money for sex acts on Facebook. This was reported to Child and Family Services.

These incidents involved three different clients.

Overall Conclusions:

There were no discernible trends.

Recommendations:

To continue to monitor incidents on a monthly basis.

**Risk Management Statistics
September 2011 – August 2012
Sexual Abuse Treatment Program**

	Sep t	Oct	Nov	Dec	Jan	Feb	Mar	Apr l	May	Jun e	Jul y	Aug	Tota l
Assault / Aggression													
Against client													
Client to client													
Against staff/other													
Acting out behaviour													
Verbal threats - to staff													
- To other													
Property damage													
Sexual Assault													
Client to client													
Community member									1				1
Abuse Allegations													
Current staff													
Former staff													
Former foster parent													
Parent / guardian													
Other													
(Physical, emotional, sexual)													
Police Involvement													
Client behaviour													
Staff related													
Other (e.g. Witness, interview)													
Self-Harm													
Self-inflicted injury													
Suicide attempt													
Suicidal gesture / ideation													
Substance abuse						1							1
Drug paraphernalia													
Medical													
Hospital or urgent care													
Injury requiring medical attention													
Public health issue													
Behaviour Management													
Restraint resulting in injury / volatile													
Other													
Client grievance													
Death of client													
Unplanned absence													
Weapons													
Unapproved care of child							1						1
TOTAL INCIDENTS:						1	1		1				3

Risk Management Report

Day Treatment Program

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports and make appropriate recommendations.

Trends and Analysis:

Within this reporting period (September 1, 2011 – August 31, 2012), there were a total of 13 incident reports filed.

Assault/Aggression was the most reported incident of the year (with a total of 9 incidents):

- 3 incidents were in the sub-category of client to client
- 4 incidents were in the sub-category of aggression to staff/community member
- 1 incident was in the sub-category of verbal threats – to staff
- 1 incident involved the client assaulting his sibling

To help manage and reduce the number of incidents related to assault and aggression, the following strategies were utilized throughout the year:

Individual therapy focused on managing stress; problem-solving and learning and practicing anger management techniques; having some clients participate in an anger management group held at Knowles Centre; debriefing of each incident with school staff and the school principal; having school suspensions and re-entry meetings; reducing contact between specific students; recommending psychiatric consults and trials on medication; and supervising of a client at all times.

The only other category containing more than one incident was **Weapons**. There were two incidents involving weapons within the 2011-2012 school year. The first incident involved a client's mother notifying the school that the client was bringing a knife to the school. Unfortunately, this knife was not located. The second incident involved a knife being found in student's jacket. These clients were ultimately suspended. The incidents were additionally debriefed with the students and the clients' therapists worked on such concerns with these clients.

There were two remaining incidents. One was in the area of substance use – after drugs were found in the client's jacket, this client was suspended, was required to meet with the Division Re-entry Specialist and attend AFM. The other incident was in the area of a breach of no-contact order. This issue had to do with a client's parent, not the client himself.

Overall Conclusions:

The vast majority of Day Treatment incident reports from the September 2011 – August 2012 school year fell in the category of Assault/Aggression.

The above-mentioned strategies will continue to be utilized with students struggling in the area of anger management.

Recommendations:

1. To continue to monitor incidents on a monthly basis.
2. To continue with the above-mentioned strategies to help manage and reduce incidents of assault and aggression.
3. To have Day Treatment clients participate in further anger management and/or problem solving/skill building groups.

**Risk Management Statistics
September 2011 – August 2012
Day Treatment Program**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
Assault / Aggression													
Against client													
Client to client	1				1		1						3
Against staff/community member		1		3									4
Acting out behaviour													
Verbal threats - to staff				1									1
- To other													
Property damage													
Sexual Assault													
Client to client													
Community member													
Abuse Allegations													
Current staff													
Former staff													
Former foster parent													
Parent / guardian													
Other													
(Physical, emotional, sexual)													
Police Involvement													
Client behaviour													
Staff related													
Other (e.g. Witness, interview)													
Self-Harm													
Self-inflicted injury													
Suicide attempt													
Suicidal gesture / ideation													
Substance abuse			1										1
Drug paraphernalia													
Medical													
Hospital or urgent care													
Injury requiring medical attention													
Public health issue													
Behaviour Management													
Restraint resulting in injury/volatile													
Other													
Client grievance													
Death of client													
Unplanned absence													
Weapons		1			1								2
No contact order being violated									1				1
Physically assaulted brother									1				1
TOTAL INCIDENTS:	1	2	1	4	2		1		2				13

Stakeholder Satisfaction Surveys

Stakeholder Satisfaction Surveys

During the 2011-12 period, various stakeholder surveys were sent directly to COA, which coincided with the COA site visit to KC in June of 2012. The COA practice is for various stakeholder surveys to be submitted directly to COA rather than KC, when a COA site visit occurs in the year. Therefore, all completed surveys for the various groups were sent to COA: clients, foster parents, community members, personnel, supervisors/managers, and board of directors. Consequently, KC had no raw data to analyze for this section of the PQI report for 2011-12 year.

Client Outcome Measures

Client Outcome Measures

Treatment Foster Care Program

Outcome Measures Implemented:

Child and youth clients are referred to the Treatment Foster Care Program when their parents are unable to provide safe and appropriate care for them, and/or the child's behaviors are beyond the care and control of their birth or alternative care providers. In addition to possessing numerous strengths, the children we serve may suffer from a variety of issues including grief and loss, and various developmental, attachment, emotional and behavioral issues and needs.

In the past year the TFC program implemented 2 new clinical outcome measures including: 1) The Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS), and 2) The Adaptive Behavior Assessment System (ABAS - II).

The CAFAS assessments guide the clinician to objectively document functioning across eight (8) important life domains, which include: school, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking problems. A score of (0) is indicative of minimal or no Impairment, a score of (10) mild impairment; a score of (20) moderate impairment, or a score of (30) severe impairment is recorded for the child in each of the 8 domains. A total score is also determined by calculating the sum of the 8 individual domain scores. The higher the total score, the higher the level of impairment of the child. The CAFAS are administered for children ages 5-19 years of age (full-time kindergarten and higher) and the PECFAS are administered for children 3-7 years of age, depending on the developmental (not chronological age) of the child. A CAFAS or PECFAS is completed for each child 3 years of age or older that is in the program within 30 days of placement and every 3 months thereafter.

The ABAS-II assesses adaptive behavior in individuals from birth to 89 years of age. The ABAS-II addresses 10 adaptive skills areas that cover 3 domains: Conceptual, Social, and Practical. These domains encompass practical everyday skills required to function, meet environmental demands, care for oneself, and interact with others effectively and independently. An ABAS-II assessment is completed within the first 30 days of placement and every 6 months thereafter.

The CAFAS/PECFAS are completed by the child's clinical case manager with the strong input of the foster parent(s). The ABAS-II are completed by the foster parents, at times with the support of their Knowles's TFC Clinical Case Manager, and at times independently. A summary of the results is shared at ongoing treatment conferences and documented in the resulting treatment conference report.

Findings:

CAFAS

The CAFAS was implemented with 61 youth that enabled a comparison of initial and most recent scores within the past year. Two cases were excluded because the initial or most recent CAFAS was missing or not all of the subscales were calculated, thus a total score could not be generated. The age range was from 6-18 years of age, with 59% being pre-adolescent and 41% being adolescents; 57% were male and 43% were female. For the purpose of this report, the Total Scores are aggregated across youths and a comparison is made between the average scores for the initial and most recent assessments. The difference between the initial score (44) and most recent score (48) was -4 indicating there was a slight decrease in functioning from pre-test to post-test. It is worthwhile to note that aggregate data for all 8 sub-scales fell within the mild impairment range. Moreover, only six of the sixty-one children were assessed as having a pervasive behavioral impairment.

PECFAS

The PECAFAS was implemented for 12 children between the ages of 3-7 years of age that allowed for a comparison of at least two results within the testing period; 67% were male and 33% were female. The difference between the average PECFAS Total Score for the initial score (53) and most recent score (38) was 15 indicating there was improved functioning from pre-test to post-test. It is significant to note that all 7 sub-scales were within the mild impairment range with the exception of home, which was between the mild and moderate range. None of the children in this age range were assessed as having a pervasive behavioral impairment.

ABAS-II

There were 69 clients that were assessed a minimum of two times during the identified reporting period. Improvement was noted in 67% (40) of the clients, 12% (8) of the clients remained the same, and 30% (21) of the clients showed a decline in functioning. Of the 30% that declined in functioning, more than half (11) clients remained in the same descriptive category (i.e. mild).

Extraneous Variables:

The most significant factor that is likely contributing to results not showing much improvement on the CAFAS/PECFAS or remaining the same over time, is the reality that most of the measures were not implemented at the time of admission, as many of the children have already been in the program for some time and the results don't reflect the positive changes that staff and foster parents are aware of. The scores, however, indicate general stability overall. The reality that all Total Scores of the 7 PECFAS and 8 CAFAS subscales are in the mild impairment range (with the exception of one, the PECFAS home subscale, which is between mild and moderate impairment), is also viewed as positive.

Other mitigating factors include: different Treatment Foster parents and different Clinical Case Managers may interpret questions differently, have different perceptions of children's

functioning, change their perception of similar behavior between testing times, etc. Raters also struggled, particularly with interpreting some of the ABAS questions and adjusted their perspective over time, which also impacted the results, generally for the positive.

Recommendations From 2010-11:

1. Obtain a pre-placement baseline by having the child's primary care provider complete the CBCL at the time of admission (**reviewed:** decision made to have measures completed within 30 days of admission as this is more realistic, and provides more reliable data);
2. Implement an alternative measure to the CBCL such as the CAFAS (Child & Adolescent Functional Scale)(**complete**);
3. Implement the ABAS - II in addition to, or as a replacement to, the Nipissing Developmental Screen (**complete:** The ABAS-II was implemented; CCM's also have the discretion of using the Nipissing Developmental Screen);
4. Provide training to all staff on any measure that is being utilized and then separately to all treatment foster care providers to enhance reliability of the measure (**partially complete:** training occurred on the CAFAS; additional training on the ABAS-II is pending; training on the CAFAS has been provided for staff; goal of training the foster parents on this particular item has been discontinued);
5. Implement measures that teachers and other collaterals can complete to consider inter-rater reliability across different contexts (**incomplete:** generally not necessary, however, can occur as needed);
6. While individual Clinical Case Managers have an understanding of the factors that contribute towards increased and decreased functioning/test results, consideration should continue to be given to how this might be better captured for PQI purposes (**bring forward**; ongoing).

RECOMMENDATIONS FOR 2011-2012:

1. That the CAFAS continue to be used as a clinical outcome measure;
2. That additional ABAS-II training be provided as soon as possible;
3. That a review of the ABAS-II and its usefulness be considered further, once formal training is completed;
4. That the ABAS only be administered every 6 months rather than every 3 months going forward; and
5. That we continue to review how best to monitor and interpret the results of the clinical outcome measures to enhance understanding of client functioning and intervention strategies over time.

Client Outcome Measures

Group Care Treatment Program

Clients are referred to the group care program because of the severity of their emotional and behavioural problems. KC's intervention/treatment is designed to decrease the severity of their emotional and behavioral problems. In previous years, the Child Behaviour Checklist (CBC) and the Beck Depression Inventory II (BDI-II) were used to measure outcomes. It was decided on August 31, 2011, to replace these measures with the Child and Adolescent Functional Assessment Scale, a measure deemed to be more sensitive for assessing client emotional and behavioural functioning over time.

The CAFAS is a comprehensive assessment tool that reflects the youth's day-to-day functioning across eight critical life domains: School/Work, Home, Community, Behaviour Towards Others, Moods/Emotions, Self-Harm Behaviour, Substance Use and Thinking. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. The total score can range from 240-0, with a higher score indicating greater impairment.

Extraneous Variables:

It was decided to rate all of the Group Care clients that were in the program as of September 1, 2011. As a result, most of the initial assessments completed were done on clients who had already been receiving treatment in the Group Care Program for varying lengths of time.

The therapists, who completed the assessments, noted that there were several things that might have affected the results. Some felt that the Home subscale was not sensitive enough for our population. This subscale would be rated severe whether the client ran away 20 times during the reporting period or 2 times during the reporting period. Therapists also noted that the initial assessment was based on intake information, while subsequent assessments included information shared by the client. They felt that certain behaviours were disclosed as a result of the therapeutic relationships that were unknown at the initial assessment. They also noted that some behaviour would be discovered due to the close supervision at Knowles Centre, which may have been unknown at the initial assessment.

Data Analysis:

There were forty-five clients who were assessed initially in September 2011 and reassessed before August 31, 2012. As noted in the CAFAS Aggregate Report Comparing Initial and Most Recent Assessments, there was a positive change of 19 points. The report also notes small improvement in each of the eight subscales (please refer to the report for details). The data also indicated that 52% of the clients improved on one or more outcome indicators and that 52% of the clients showed meaningful and reliable improvement.

Recommendations:

It is recommended that the CAFAS continue to be used as a client outcome measure.

Client Outcome Measures

Supported Advancement to Independent Living (SAIL)

Background:

Clients are referred to the S.A.I.L. program to gain and develop the skills needed to live independently. The program is designed to introduce more skills and responsibility to the client while in a supported environment. The Child and Adolescent Functional Assessment Scale (CAFAS), and the Adaptive Behavior Assessment System (ABAS-II) were deemed appropriate and valuable measures for the SAIL program. The measures were introduced as of September 1, 2011. There was no outcome measures used prior.

The CAFAS is a comprehensive assessment tool that reflects the youth's day-to-day functioning across eight critical life domains: School/Work, Home, Community, Behaviour Towards Others, Moods/Emotions, Self-Harm Behaviour, Substance Use and Thinking. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. The total score can range from 240 to 0, with a higher score indicating greater impairment.

The Adaptive Behavior Assessment System (ABAS-II) uses a behavior-rating format to assess adaptive behavior and related skills for individuals 16 through 89 years of age. ABAS-II scores help describe a person's general adaptive behavior as well as his or her functioning in ten related adaptive skill areas: communication, community use, functional academics, school/home living, health and safety, leisure, self-care, self-direction, social, and work (for older adolescents and adults). These skill areas encompass the practical, everyday skills required to function and meet environmental demands, including those needed to effectively and independently care for oneself and to interact with others.

Extraneous Variables:

It was decided to rate all of the S.A.I.L. clients that were in the program as of September 1, 2011. There were a number of clients that had been in the program for some time when the initial assessment was conducted. This fact may have resulted in lower scores, suggesting higher functioning.

The ABAS-II was provided to the caregiver to complete shortly after the client's admission for those who were in long-term placements. A lack of understanding on how to properly rate the client's functioning proved problematic. It also shed light on the issue of a difference in rater perception of either the question itself or the client's functioning.

Confusion on how to properly rate clients using the ABAS-II became evident. Many staff were unsure how to rate clients in situations that never presented itself. Also, some staff were unclear

on how to rate the clients functioning when the client had to be prompted to complete certain tasks listed in the ABAS-II. This confusion likely affected the reliability of the data collected.

Data Analysis:

CAFAS:

There were 20 clients that were assessed a minimum of two times during the reporting period. While the average CAFAS Youth Total Score for the Initial and Most Recent Assessments indicate a small decrease in functioning (-6); 7 out of 8 subscales indicate no or minimal impairment. Of the 20 clients, 58% improved in one or more outcome indicators, 42% saw meaningful and reliable improvement, and 67% of clients were no longer identified as being Pervasively Behaviourally Impaired.

ABAS-II:

There were 12 clients that were assessed a minimum of two times during this reporting period. Improvement was noted in 50% of the clients, 8% remained the same, and 42% declined in functioning. Three of the 5 clients who declined in functioning still remained in the average range from time 1 to time 2. Three of the 12 clients assessed qualified for ongoing support and services within the adult system because of their low level of functioning.

Recommendations:

1. Continue to use the CAFAS and ABAS-II as client outcome measures.
2. Review the ABAS-II rating instructions with SAIL staff to ensure consistent understanding of the rating system.
3. Ensure all new SAIL staff are provided detailed training for ABAS-II.
4. Ensure Case Managers are reviewing the ABAS-II completed by newer staff.
5. Have all assessments completed three months after clients move into their apartment to improve reliability.

Client Outcome Measures

Sexual Abuse Treatment Program (SATP)

For victims of sexual abuse, the program is designed to decrease their trauma symptomatology, improve their emotional functioning, and reduce the likelihood of any re-victimization. Two outcome measures were selected to monitor changes in the first two areas:

1. The Trauma Symptom Child Checklist (TSCC) is a self-report measure for children and adolescents assessing trauma symptomatology. The Trauma Symptom Inventory (TSI) is used with adults (18 years and older). Both scales generate a total score, which is converted into a T-score with a cut-off score, indicating whether a score is clinically significant or not.
2. The Child Depression Inventory (CDI) is used with clients 12 years and younger, whereas the Beck Depression Inventory-Second Edition (BDI-II) is used with clients 13 years and older. These measures assess for symptoms of depression.

Concerning the issue of re-victimization, it should be noted that the Children's Knowledge of Abuse Questionnaire Revised III (CKAQ-R-II) is no longer being used for PQI purposes. The reason for this decision is that this measure is only used at intake and at discharge, not at six-month intervals. Also, given the very small number of adult clients, it was decided to exclude the TSI.

Data Analysis:

Concerning TSCC, three subscales were analyzed for PQI purposes (Post Traumatic Stress/PTS, Disassociation/DIS, and Sexual Concerns/SC), as they were deemed most relevant to the work being done in the SATP. Although ten clients completed the TSCC at both time 1 and time 2, data for two clients had to be excluded from analysis because their scores were deemed invalid. For the remaining eight clients, there was a slight decrease in score for five clients on the PTS subscale, a slight decrease in score for two clients on the DIS subscale, and a slight decrease in score for two clients on the SC subscale. Conversely, one client had a slight increase in the DIS subscale and one client had a slight increase on the SC subscale. Scores for all other clients on the PTS, DIS, and SC subscales did not change.

There were eight clients who completed the CDI at both time 1 and time 2: six showed slight improvement, one showed no change, and one regressed.

There was one client who completed the BDI-II at both time 1 and time 2: no change was noted.

In summary, the majority of clients reported some improvement on depressive symptomatology and the PTS subscale. However, there was little change noted on the DIS and SC subscales. There are a number of possible reasons for the lack of change on the DIS and SC subscales of the TSCC.

First, some sexually abused children may fail to exhibit overt symptomatology on clinical checklists. In fact, Briere reported that up to 40% of those sexually abused as children present with no obvious symptomatology on standard psychological tests (Kendall-Tackett, Williams, & Finkelhor, 1993). They often enter treatment following the discovery of abuse, not because of symptoms. Moreover, some children seek to suppress or deny abuse-related distress (Elliott & Briere, 1994).

Second, serious symptoms may not surface until many years later (Briere, 1992). Such symptoms are triggered by later developmental challenges (i.e., the “sleeper effect”).

Third, some clients may be resilient and are able to deal successfully with the challenges posed by the abuse.

Fourth, some clients may have a good support system, which assists in the recovery process, and is reflected in the trauma scores.

Recommendations:

1. Alternate measures will be explored for clients who do not exhibit trauma and/or depressive symptomatology at intake and /or admission.
2. The Trauma Symptom Checklist for Young Children (TSCYC) will be pilot-tested during the 2013 year for clients aged three to twelve who are exhibiting trauma symptomatology. The TSCC will continue to be used only for clients aged thirteen to seventeen who are exhibiting trauma symptomatology. The TSI will continue to be used for clients aged eighteen and up who are exhibiting trauma symptomatology.
3. The CDI-2, BDI-II, and the BYI-II (Beck Youth Inventory II) will be used only with clients exhibiting depressive symptomatology.
4. The Children’s Knowledge of Abuse Questionnaire - Revised III (CKAQ-R-III) will be used for all clients.

Client Outcome Measures

Day Treatment Program

Clients are referred to the DTP because of the severity of their emotional and behavioural problems, and their struggles to function within the regular school system. KC's intervention/treatment is designed to decrease the severity of their emotional and behavioural problems. In previous years, the Child Behaviour Checklist (CBC) and the Beck Depression Inventory II (BDI-II) were used to measure outcomes. It was decided on August 31, 2011, to replace these measures with the Child and Adolescent Functional Assessment Scale, a measure deemed to be more sensitive for assessing client emotional and behavioural functioning over time.

The CAFAS is a comprehensive assessment tool that reflects the youth's day-to-day functioning across eight critical life domains: School/Work, Home, Community, Behaviour Towards Others, Moods/Emotions, Self-Harm Behaviour, Substance Use and Thinking. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. The total score can range from 240 to 0, with a higher score indicating greater impairment.

Extraneous Variables:

It was decided to rate all of the Day Treatment clients that were in the program as of September 1, 2011. Eight of the ten clients included in this report had already been receiving treatment in the Day Treatment Program for approximately one year when the initial assessment was completed. As a result, the initial ratings were likely lower than they would have been if the measure was completed at their intake. Consequently, the results indicate that seven of the ten clients were not considered Pervasively Behaviourally Impaired at initial assessment.

Data Analysis:

There were ten clients who were assessed initially in September 2011 and reassessed before August 31, 2012. The data suggests that 40% of the clients improved on one or more outcome indicators, and that 30% of the clients showed meaningful and reliable improvement.

Recommendations:

It is recommended that the CAFAS continue to be used as a client outcome measure.

John G. Stewart School Annual Community Report

**John G. Stewart School
2011-2012**

Mission Statement

The John G. Stewart School provides an opportunity for at-risk students to engage in a positive educational experience designed to enhance their self-esteem as well as develop the academic and interpersonal skills necessary for a successful integration into the community.

Belief Statements

- ✓ *All students want to be successful in school*
- ✓ *All students perceive their degree of success in school as a measure of their self-worth*
- ✓ *There is always a way to engage students in a school community*
- ✓ *Students and staff should be able to function in a safe environment*
- ✓ *Students must feel accepted and part of the school community in order to engage and be successful*
- ✓ *Students need to be empowered by participating in the planning process in order to be successful*
- ✓ *Students need to feel there is hope and that they can have control over their future*
- ✓ *Every student is valued and should be part of the school community*
- ✓ *All staff at John G. Stewart School need to be 100% committed to our mission statement in order that they and the students are successful*

2011-2012 Annual Community Report
John G. Stewart School
“Creating Success for Youth”

The indicators of program success for John G. Stewart School were mutually determined by the John G. Stewart School Student Support Team, Knowles Centre Clinical Team and the Special Education Review Initiative Team and supported by the River East Transcona School Division Student Support Services Department.

Indicators of Program Success:

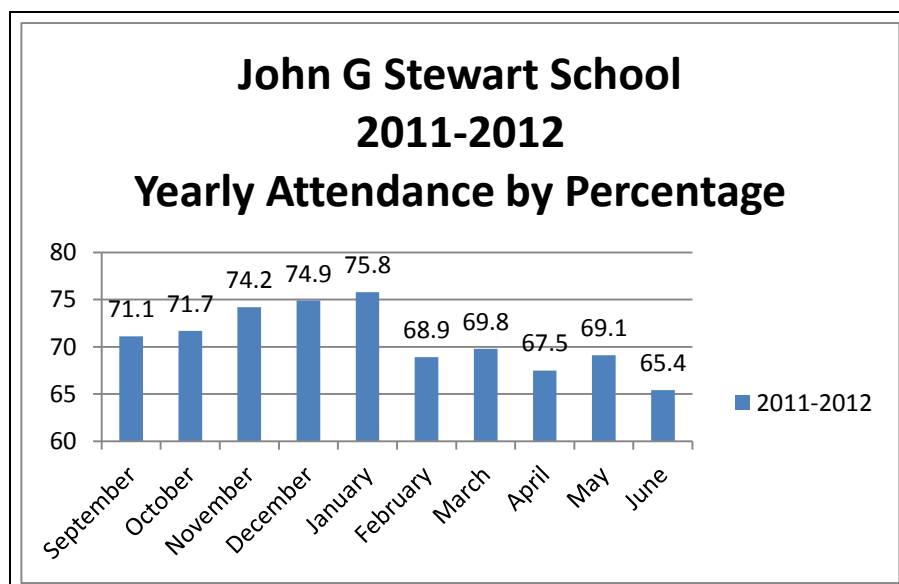
- ☐ Attendance (reported monthly to M.E.C.Y. and annually in the John G. Stewart Community/Annual Report)
- ☐ Behaviour Tracking (through daily charting and tracking)
- ☐ Academic Growth (through pre and post assessments of students)
- ☐ Student Discharge Summary Report (planned verses unplanned)
- ☐ Absentee Summary and Yearly Comparison Report
- ☐ September 30 – One year follow-up of previously enrolled students (provided by M.E.C.Y. in October of the following year)

2011-2012 will be the first reporting of the Discharge Summary and an Absentee Summary. The Discharge Summary will compare the number of positive or planned discharges to the unplanned discharges. The Absentee Summary will provide a detailed account of the reasons students are absent from school.

Student Attendance:

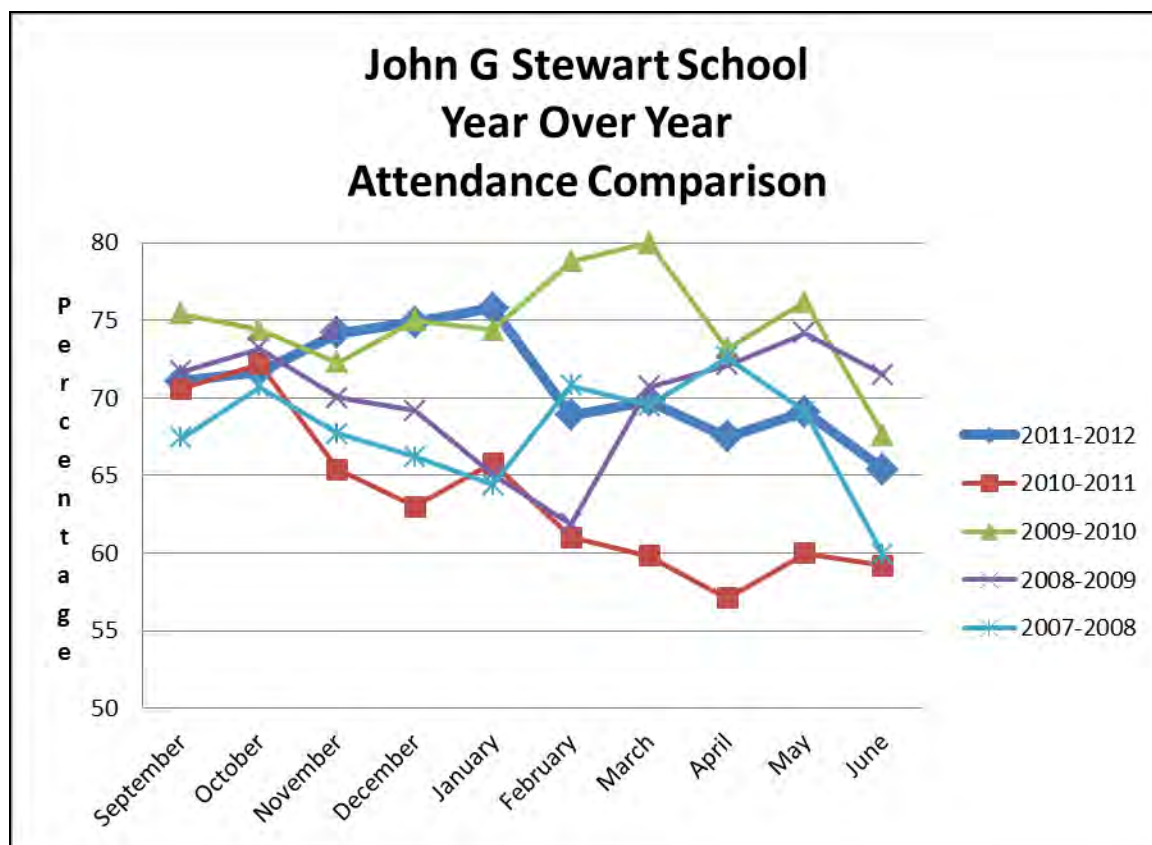
The first half of the school year started really well. We were able to maintain our 70% attendance rate during these months. The rest of the year we were unable to accomplish our goals but were close with percentages in the high 60's. There were several contributing factors to the decline in attendance in the second half of the year. The Knowles Centre clientele was very stable in the first half of the year. Shortly after the Christmas school break that all changed! They had a great deal of client turnover. With a sudden influx of new students came some relational difficulties particularly in the girls unit. This spilled over into the school. The boys unit was also affected and many students were held back in the unit until they were able to adjust to their new surroundings and caregivers. We again had many more 16 and 17 and even one 18-year-old students than usual. The older students chose to be truant more often, be AWOL from Knowles for longer periods of time and were sentenced to longer periods of incarceration. This year's 16 - 18 year olds accounted for 380 days of truancy.

As we moved into April the unseasonably nice weather had us outside for physical education and science down by the creek. This made it feel more like June than April. That feeling of school is almost over never seemed to leave the students.



Another disturbing trend that has continued this year is youth crime being more violent. Assaults with weapons, armed robbery and arsons are becoming almost daily news in our city and the justice system is keeping those responsible incarcerated for longer periods of time. Some of our students definitely were incarcerated for long periods of time!

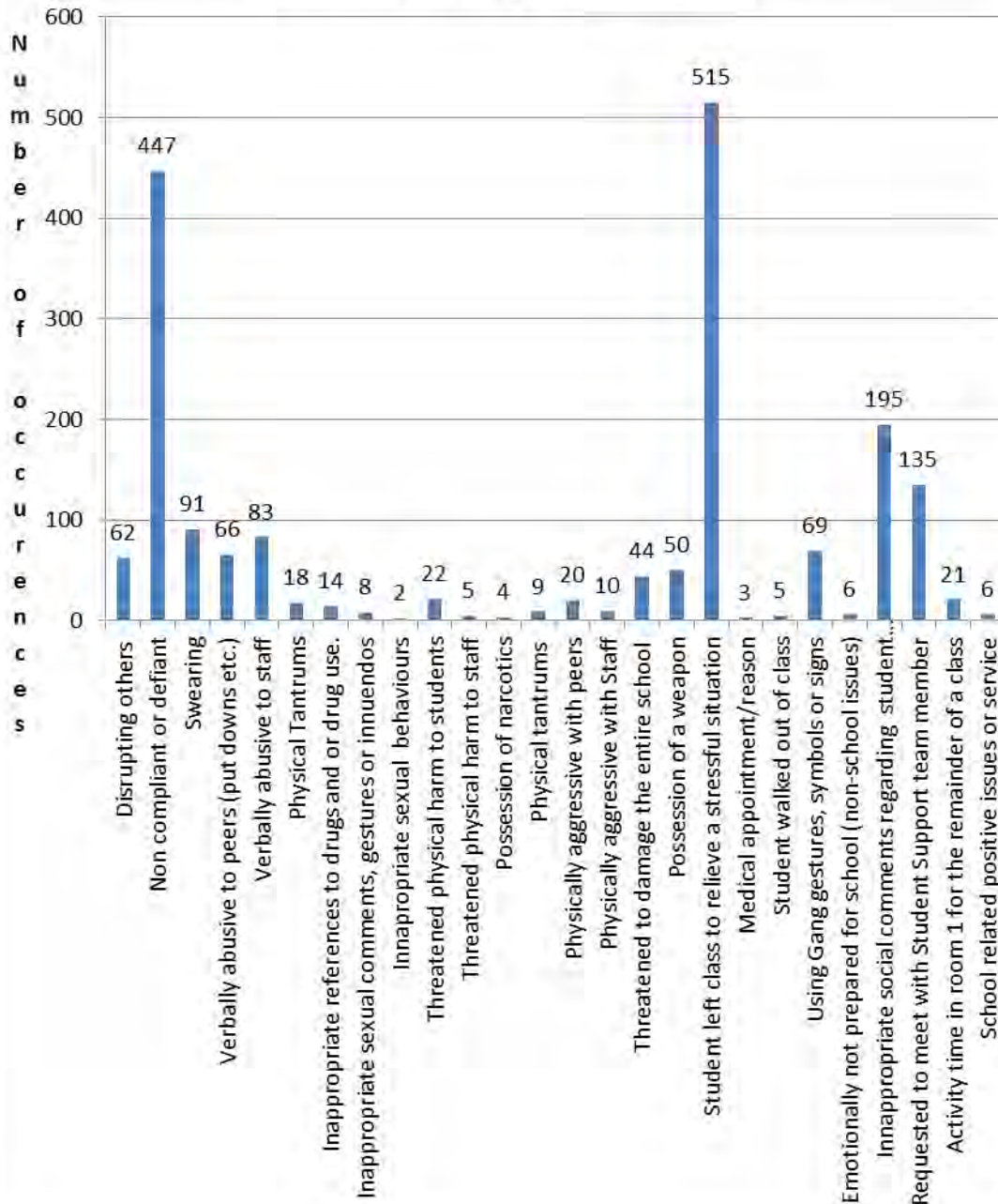
With the Provincial government changing the age of mandatory school from 16 years of age to 18 we anticipate an ever-increasing number of older students in our school. Both River East Transcona School Division and Knowles Centre will be challenged with programming for older students. Moving forward, we are currently studying the possibility of having a grade 11-12 classroom move into the current computer lab for the 2013-2014 school year. The computer lab will become available when the River East Transcona School Division Information Technology team converts John G Stewart School into a wireless setting.



Student Behaviours:

The Behaviour Tracking System graph below shows all behaviours that are tracked and is used as a school wide tool by our staff. It is a good visual indicator that most of the student's behaviours are impulsive in nature. The staff continues to work hard to eliminate any unnecessary stimuli that may invoke an impulsive remark or action. Close adult supervision, good differentiated instruction, and relationship building with individual students continue to be our best strategies to avert impulsive actions.

John G Stewart School 2011-2012 Behaviour Tracking System Results



For the 2011-2012 school year we wanted to learn how many times students visited the student support room for positive reasons. In the past, students would ask to meet with their support person at a time that was agreed upon mutually. Classroom teachers recognizing that when students had completed their work would ask if a student could come down to play ping-pong

against a staff or another student from that same class. This became a positive motivator for some to finish their work quickly! Teachers also appreciated that they could divide students that were having difficulties relating with each other that day during downtime in class.

Lastly, our student leadership student would meet in the student support room to plan school activities and to prepare their community service activities.

Once again it was the impulsiveness of our students that created the bulk of the work for our student support team. We as a group have grown the last few years and have discovered that on many occasions students just didn't have any other skills to use during a difficult time other than walk away or create conflict with people. Our student support team has done a great job in coaching students to use alternative strategies to deal with these feelings that come up. This has had a huge impact on the culture of our building. Asking to leave to talk to a support member is an acceptable and preferred strategy to throwing a tantrum.

Academic Achievement for 2011-2012:

We are very proud of the results we can report each year that our students have improved their academic skills and this year is no exception.

For many students, living at Knowles Centre provides them with their first stable home environment with structure and routine. With their needs being met by Knowles Centre, school becomes a place where they begin to risk learning new things and feel confident enough to challenge themselves to do better. The small class size and intimate classroom settings also contribute to the academic improvement.

Having been disappointed with our reading results in 2010-2011, we embarked on a new plan for 2011-2012. After attending a reading workshop with Dr. Richard Allington in the spring of 2011 we decided to try his advice.

"If you want to improve their reading they must spend time reading material at their level and interest"

So we decided to create Classroom Libraries. Teachers went to the school library and selected books they thought would be appropriate for the students in their classes and placed them on bookshelves inside their classrooms designated as the Classroom Library.

To supplement the newly formed classroom libraries we allowed each classroom to spend fifty dollars a month to purchase books from book clubs. The students were involved in the selection of the books for their class.

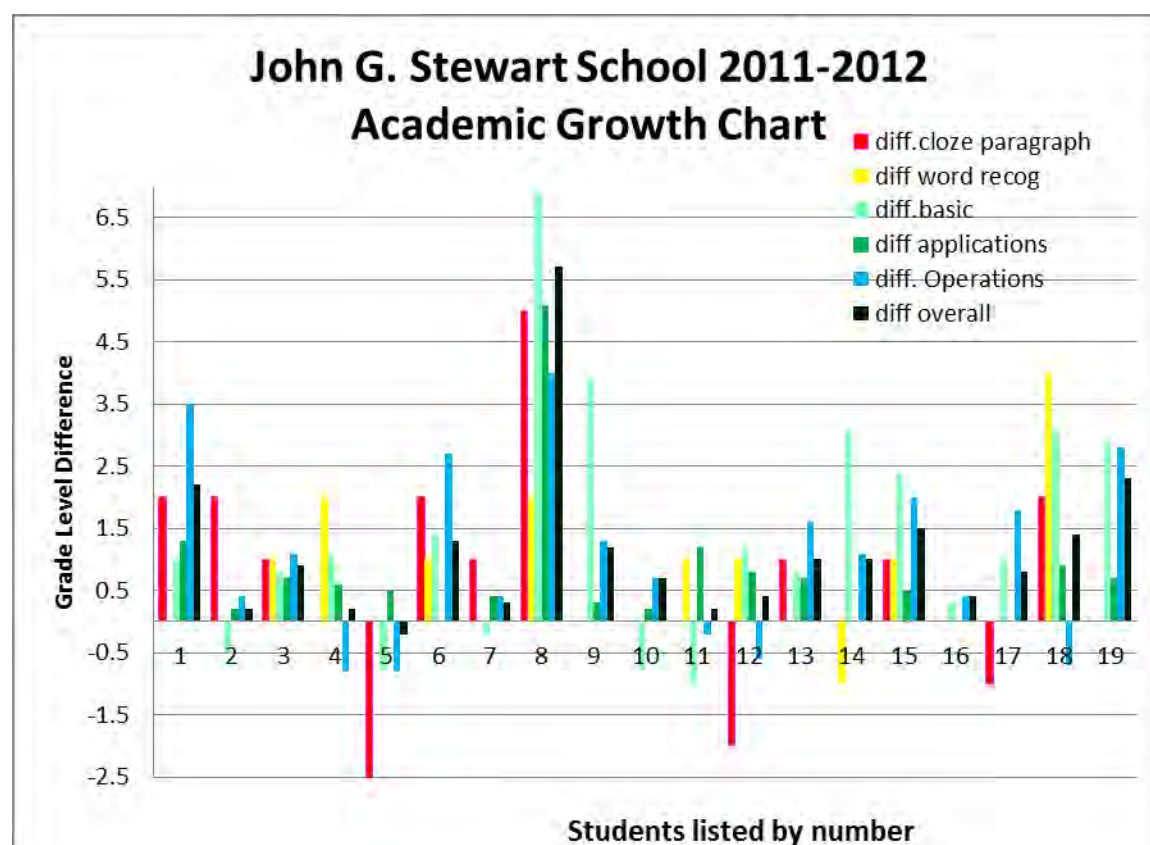
We discovered a few things! Firstly students always got excited when the new books arrived in their classrooms. Secondly, students would read and then recommend the books to the others in

the class. Thirdly, because they chose the books themselves there was little complaining over what there was to read.

Students were more engaged in our period 6 reading period than ever before.

We were very excited to see the growth that many of these students had in their reading post testing. We had 8 students, or roughly 18% of our student population, improve by one or more grade levels!

In our high school team we continue to offer 2 courses per 13-week term. This addresses the needs of a transient population and many students arriving after the start of the school year. We are very proud to say that 111 credits were earned by our high school students this year. That is only a half credit less than the previous year!



Discharge Summary:

During 2011-2012, there were 25 students discharged from the school. Twenty-one of these students were clients of Knowles Centre and six were students attending through River East Transcona School Division. A planned discharge is where students have left the school as part of a planned exit. Some examples of this would be students transferring out of John G. Stewart to attend other schools in the River East Transcona School Division, or are registered in alternative programs such as Training Resources for Youth, Workmates, Job Works or Independent Living courses or moving into a foster care situation. Non-planned discharges range from students being incarcerated for lengthy periods, being discharged from Knowles because of absenteeism, and Social Service Agencies no longer willing to pay daily per diems for empty beds.

Of the 7 RETSD students, 3 were discharged to attend other schools and 4 were discharged without a school plan. It is interesting to note that the three students with a plan were all students living at home with at least one parent while the 4 students without a plan were all students in care and were transferred from one group home to another because of ongoing issues within the group home. Of the 18 Knowles clients, 6 were discharged with good plans, mostly to foster homes or returned to family members while 12 were discharged either because of absenteeism, lengthy incarcerations, or violent outburst causing damage to Knowles' residences. Knowles refused to have this client return based on safety for staff and other clients.

Absentee Summary Comparison:

<i>Reason For Absence</i>	<i>Number of Occurrences</i>		<i>Reason For Absence</i>	<i>Number of Occurrences</i>	
	2010-2011	2011-2012		2010-2011	2011-2012
Student AWOL	514	502	Medical Appointment	18.5	39.5
Court Appearances	11	24	Parent Request for Absence	64.5	76.5
Incarcerated	360	362	Knowles Residents Refusing to go to school	234	47.5
Held Back in Unit	384.5	285.5	Student involved in half-day specialized programming	209.5	101.5
On Home Visits	158.5	91	Out of School Suspensions	203.5	164
Student Ill/Hospitalized	204	81	Truancy	971.5	624
On Program with Knowles Centre	78.5	89			

Staff Retention Data

Staff Retention Data

Breakdown by Department September 1, 2011 – August 31, 2012

		Admin	SAIL	TFC	Group Care	Mtnce	Clinical	Kitchen
# current full and part time staff	82							
# of Applicants Hired	5		2		1	1		1
# total full and part time staff	87							
# of FT/PT that Left Employment	1		1					
# of FT/PT Retirements	0							
# LOA (unpaid, maternity, sick)	3		1		1			1
Turnover %	1%							
Total FT/PT Staff	86							

Summary:

Sept.1/11 - Aug.31/12: During this time Knowles Centre's turnover rate has decreased by 7 % from the previous year (2010-2011).

Staffing level changes by department:

Administration - No changes

SAIL

- 1 case manager left employment
- 2 full-time case managers hired (1 to fill new position, 1 to fill existing position)
- July 2012 – 1 case manager went on an unpaid leave

TFC - No changes

Group Care - 1 full-time YCW on sick leave

Kitchen

- 1 full-time kitchen coordinator on sick leave
- Hired full-time kitchen coordinator to fill position on term basis

Maintenance - 1 full-time building cleaner hired (new position)

Clinical - No changes

Reasons for staff leaving:

The one staff member that left in the SAIL program was due to career change.

Financial Report

(March 31, 2012)

AUDITORS' REPORT

To the Directors
Knowles Centre Inc.

We have audited the accompanying financial statements of Knowles Centre Inc., which comprise the statement of financial position as at March 31, 2012, and the statement of changes in fund balances, statement of revenues and expenditures and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with many charitable organizations, the Centre derives revenue from donations and fundraising, the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Centre and we were not able to determine whether any adjustments might be necessary to donations and fundraising revenues, excess of revenues over expenses, current assets and net assets.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Knowles Centre Inc. as at March 31, 2012 and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Winnipeg, Manitoba
June 11, 2012



CHARTERED ACCOUNTANTS

KNOWLES CENTRE INC.

STATEMENT 1

STATEMENT OF FINANCIAL POSITION

MARCH 31

	Operating Fund	Capital Fund	Scholarship Fund	2 0 1 2	TOTAL 2 0 1 1
A S S E T S					
CURRENT					
Cash	\$	\$ 45,447	\$	\$ 45,447	\$ 34,700
Investments		412,130		412,130	409,516
Accounts receivable	886,071	5,932		892,003	895,263
Prepaid expenses	14,250			14,250	
Interfund balances	-	110,616	107,947	218,563	300,205
	900,321	574,125	107,947	1,582,393	1,639,684
CAPITAL ASSETS (Note 3)					
	-	1,776,613	-	1,776,613	1,670,162
	<u>\$ 900,321</u>	<u>\$ 2,350,738</u>	<u>\$ 107,947</u>	<u>\$ 3,359,006</u>	<u>\$ 3,309,846</u>

LIABILITIES

CURRENT					
Bank indebtedness	\$ 122,706	\$	\$	\$ 122,706	\$ 352,060
Accounts payable	523,504			523,504	282,546
Deferred revenue	424,064			424,064	364,399
Interfund balances	110,616	107,947		218,563	300,205
Current portion of long term debt	-	18,742	-	18,742	17,730
	1,180,890	126,689	-	1,307,579	1,316,940
LONG TERM DEBT (Note 6)					
	-	186,087	-	186,087	204,651

FUND BALANCES

FUND BALANCES (Statement 2)	(280,569)	2,037,962	107,947	1,865,340	1,788,255
	<u>\$ 900,321</u>	<u>\$ 2,350,738</u>	<u>\$ 107,947</u>	<u>\$ 3,359,006</u>	<u>\$ 3,309,846</u>

Approved on behalf of the Board

Wayne Benson

Director

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Director

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STATEMENT OF CHANGES IN FUND BALANCES

YEAR ENDED MARCH 31

	2 0 1 2	2 0 1 1
OPERATING FUND		
BALANCE, <i>beginning of year</i>	\$ (303,454)	\$ (247,284)
Excess of revenue over expenditures (<i>Statement 3</i>)	52,885	1,600
Interfund transfer - Capital Fund	(30,000)	(57,770)
BALANCE, <i>end of year</i>	<u>\$ (280,569)</u>	<u>\$ (303,454)</u>
CAPITAL FUND		
BALANCE, <i>beginning of year</i>	\$ 1,986,549	\$ 1,805,346
Excess of expenditures over revenue (<i>Statement 3</i>)	18,798	127,048
Interfund transfer - Operating Fund	30,000	57,770
Net change in unrealized fair value of investments	<u>2,615</u>	<u>(3,615)</u>
BALANCE, <i>end of year</i>	<u>\$ 2,037,962</u>	<u>\$ 1,986,549</u>
SCHOLARSHIP FUND		
BALANCE, <i>beginning of year</i>	\$ 105,160	\$ 103,834
Excess of revenues over expenditures (<i>Statement 3</i>)	<u>2,787</u>	<u>1,326</u>
BALANCE, <i>end of year</i>	<u>\$ 107,947</u>	<u>\$ 105,160</u>
TOTAL FUND BALANCES	<u>\$ 1,865,340</u>	<u>\$ 1,788,255</u>

STATEMENT OF REVENUE AND EXPENDITURES

YEAR ENDED MARCH 31

	Operating Fund	Capital Fund	Scholarship Fund	2 0 1 2	2 0 1 1
REVENUE					
Other income <i>(Schedule 3)</i>	\$ 5,702,823	\$ 2,960	\$	\$ 5,705,783	\$ 4,449,377
Group care treatment	2,579,826			2,579,826	2,515,875
Province of Manitoba grant	653,000			653,000	632,300
Roof donations		77,548		77,548	
Insurance proceeds	77,132			77,132	56,653
Investment income		18,574	5,583	24,157	24,358
Fundraising		12,854		12,854	
Thomas and Beatrice Gilroy Trust		4,553		4,553	5,050
C.H. Bowie, C.A. Bowie, and A.W. Gibson Memorial Fund		3,912		3,912	4,333
A.R. McNichol Fund		1,808		1,808	1,984
Furniture donations					47,119
Capital campaign	-	-	-	-	136,136
	<u>9,012,781</u>	<u>122,209</u>	<u>5,583</u>	<u>9,140,573</u>	<u>7,873,185</u>
EXPENDITURES					
Staff remuneration <i>(Schedule 1)</i>	8,078,165			8,078,165	6,674,665
Maintenance and repairs <i>(Schedule 1)</i>	210,395			210,395	311,731
Administration and general <i>(Schedule 1)</i>	177,977			177,977	225,417
Food, clothing, welfare and activities <i>(Schedule 2)</i>	493,359			493,359	440,793
Amortization		67,395		67,395	65,319
Interest on long term debt		10,858		10,858	15,857
Miscellaneous		3,415		3,415	4,823
Fundraising and public relations		750		750	
Repairs and maintenance		20,993		20,993	
Scholarships	-	-	2,796	2,796	4,607
	<u>8,959,896</u>	<u>103,411</u>	<u>2,796</u>	<u>9,066,103</u>	<u>7,743,212</u>
EXCESS OF REVENUE OVER EXPENDITURES (EXPENDITURES OVER REVENUE)	\$ <u>52,885</u>	\$ <u>18,798</u>	\$ <u>2,787</u>	\$ <u>74,470</u>	\$ <u>129,973</u>

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31

	Operating Fund	Capital Fund	Scholarship Fund	2 0 1 2	2 0 1 1
CASH FLOW FROM					
<i>OPERATING ACTIVITIES</i>					
Excess of revenue over expenditures (expenditures over revenue)	\$ 52,885	\$ 18,798	\$ 2,787	\$ 74,470	\$ 129,974
Items not affecting cash					
Amortization of capital assets		67,395		67,395	65,319
Changes in non-cash working capital items					
Accounts receivable	3,325	(65)		3,260	(237,966)
Prepaid expenses	(14,250)			(14,250)	4,800
Accounts payable	242,157	(1,200)		240,957	(105,464)
Deferred revenue	<u>59,667</u>	<u>-</u>	<u>-</u>	<u>59,667</u>	<u>72,267</u>
	<u>343,784</u>	<u>84,928</u>	<u>2,787</u>	<u>431,499</u>	<u>(71,070)</u>
<i>FINANCING ACTIVITIES</i>					
Repayment of long term debt	<u>-</u>	<u>(17,552)</u>	<u>-</u>	<u>(17,552)</u>	<u>(73,563)</u>
	<u>-</u>	<u>(17,552)</u>	<u>-</u>	<u>(17,552)</u>	<u>(73,563)</u>
<i>INVESTING ACTIVITIES</i>					
Purchase of capital assets	<u>-</u>	<u>(173,846)</u>	<u>-</u>	<u>(173,846)</u>	<u>(180,442)</u>
	<u>-</u>	<u>(173,846)</u>	<u>-</u>	<u>(173,846)</u>	<u>(180,442)</u>
NET INCREASE (DECREASE) IN CASH	343,784	(106,470)	2,787	240,101	(325,075)
CASH, <i>beginning of year</i>	<u>(352,060)</u>	<u>34,700</u>	<u>-</u>	<u>(317,360)</u>	<u>7,715</u>
CASH, <i>end of year</i>	<u>\$ (8,276)</u>	<u>\$ (71,770)</u>	<u>\$ 2,787</u>	<u>\$ (77,259)</u>	<u>\$ (317,360)</u>
CASH AND CASH EQUIVALENTS CONSISTS OF:					
Cash				\$ 15,800	\$ 19,042
Bank indebtedness				(122,706)	(352,060)
Short term investments				<u>29,647</u>	<u>15,658</u>
				<u>\$ (77,259)</u>	<u>\$ (317,360)</u>

KNOWLES CENTRE INC.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

1. DESCRIPTION OF OPERATIONS

Knowles Centre Inc. is a private, not-for-profit agency established in 1907 and incorporated in 1910. The Centre is a registered charity under the provisions of the Income Tax Act, Canada. The Centre serves as a community resource for children and families in Manitoba and Northwestern Ontario who require intensive therapeutic intervention in order to reach their personal and social potential.

2. CHANGES IN ACCOUNTING POLICIES

Financial Instruments

The Centre adopted the following recommendations of CICA Handbook:

- a) Section 3855, Financial Instruments - Recognition and Measurement. This section describes the standards for recognizing and measuring financial instruments in the balance sheet and the standards for reporting gains and losses in the financial statements. Under the new standard, financial assets and liabilities are initially recorded at fair value. Subsequently, financial instruments designated as held for trading are carried on the balance sheet at fair value and all periodic changes in fair value are recorded in income. Financial assets designated as available for sale are carried on the balance sheet at fair value and all unrealized periodic changes in fair value are recorded directly in the Statement of Changes in Fund Balances and reclassified to net income when realized. Other financial instruments are measured at amortized cost using the effective interest method.
- b) Section 3861, Financial Instruments - Disclosure and Presentation. This Section establishes standards for presentation of financial instruments and non-financial derivatives, and identifies the information that should be disclosed about them.
- c) Section 3251, Equity - This Section establishes standards for the presentation of equity and changes in equity during the reporting period.

The Centre has classified its financial assets and liabilities as described in Note 3.

These new standards were applied retroactively as of April 1, 2007 without restatement of the prior year's amounts. The adjustment made to the balance sheet as of April 1, 2007, upon the adoption of the new standards, resulted in an increase of \$67,940 in the carrying value of investments.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

FINANCIAL ASSETS AND FINANCIAL LIABILITIES

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose, for which the financial instruments were acquired or issued, their characteristics and the Centre's designation of such instruments. Settlement date accounting is used.

Classification

Cash	Held for trading
Investment in money market funds	Available-for-sale
Investment in bonds	Available-for-sale
Accounts receivable	Loans and receivables
Bank indebtedness	Other liabilities
Accounts payable	Other liabilities

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Held for trading

Held for trading financial assets are measure at fair value at the balance sheet date. Fair value fluctuations including interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses are included in investment income.

Available-for-sale

Available-for-sale financial assets are carried at fair value with unrealized gains and losses recorded directly in the Statement of Changes in Fund Balances until realized when the cumulative gain or loss is transferred to investment income.

Interest on interest-bearing available-for-sale financial assets is calculated using the effective interest method.

Loans and receivables

Loans and receivables are accounted for at amortized cost using the effective interest method.

Other liabilities

Other liabilities are recorded at amortized cost using the effective interest method and include all financial liabilities, other than derivative instruments.

FUND ACCOUNTING

The accounts for the Centre are maintained in accordance with the principles of "fund accounting". Fund accounting is a procedure whereby a self balancing group of accounts is provided for each accounting fund established by the Centre.

For financial reporting purposes, the accounts have been classified into three funds. The activities carried out by each fund are as follows;

Operating fund

The Operating Fund accounts for the Centre's program delivery and administration activities. This fund reports unrestricted resources and operating grants.

Capital fund

The Capital Fund is utilized by the Centre as a building fund. All capital expenditures, including facility construction and expansion, and vehicle purchases are funded through this fund.

Scholarship fund

The Arthur Prior Estate Scholarship Fund was established as a result of a bequest. This fund is to be used as a scholarship fund for the further education of graduates or students of the Centre.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

REVENUE RECOGNITION

Restricted contributions on account of group care treatment and other income are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred.

Capital Fund revenue is recognized as follows:

Interest and investment income are recorded on an accrual basis. Fundraising and donations are recorded as revenue when received. Restricted contributions are recorded as revenue in the same period as they are received.

Interest income is recorded on the accrual basis in the Arthur Prior Estate Scholarship Fund.

CAPITAL ASSETS

Replacement of furnishings and equipment and ground improvements are recognized as operating expenses. New additions of fixed assets are capitalized and are funded by the capital fund at cost less government assistance.

Amortization of fixed assets is not recognized as an operating expense item that is recoverable from government agencies. It is provided for by a reduction in the capital fund as follows:

Buildings	2-1/2%	declining balance method
Program building	5%	declining balance method
Campsite conservation	10%	declining balance method
Ground improvements	2-1/2%	declining balance method
Furniture, equipment, vehicles	20%	declining balance method

DONATED MATERIALS AND SERVICES

During the year, the Centre received a significant amount of donated materials and services from volunteers, for which there has been no amount recorded in the financial statements.

FINANCIAL INSTRUMENTS

Interest rate risk

Financial risk is the risk to the Centre's earnings that arise from fluctuations in interest rates and the degree of volatility of those rates. The Centre does not use derivative instruments to reduce its exposure to interest rate risk.

Credit risk

Credit risk arises from the potential that a counterparty will fail to perform its obligations. However, due to the nature of the receivables and the composition of its investment portfolio, this risk is minimized.

Fair value

The fair value of cash, accounts receivable, bank indebtedness, and accounts payable is approximately equal to their carrying values due to their short-term maturity.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

VACATION PAY

In previous years, the Centre did not accrue for vacation pay. During the current year, the Centre adopted a policy of accruing for all vacation pay.

Management estimates that the unaccrued vacation pay liability at March 31, 2011 would have been approximately \$261,000. Had the vacation pay liability been accrued, accounts payable would have increased by \$261,000 and the ending balance in net assets would have decreased by \$261,000.

USE OF ESTIMATES

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statement and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

4. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net Book Value	
			2 0 1 2	2 0 1 1
Land	\$ 17,719	\$	\$ 17,719	\$ 17,719
Buildings	2,684,326	1,061,497	1,622,829	1,520,137
Ground improvements	47,362	17,833	29,529	8,967
Campsite conservation	179,869	168,295	11,574	12,860
Furniture and equipment	372,132	302,346	69,786	79,008
Tractor	15,824	15,751	73	92
Tractor loader	14,695	12,348	2,347	2,934
Camp equipment	33,745	33,545	200	250
Vans	<u>182,384</u>	<u>159,828</u>	<u>22,556</u>	<u>28,195</u>
	<u>\$ 3,548,056</u>	<u>\$ 1,771,443</u>	<u>\$ 1,776,613</u>	<u>\$ 1,670,162</u>

Land was revalued by directors' resolution in 1955. The stated amount of \$17,719 consists of \$7,650 cost and \$10,069 appraisal increase.

5. BANK INDEBTEDNESS

The Centre has available a maximum credit facility of \$300,000. The credit facility bears interest at prime plus 1.00%.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

6. LONG TERM DEBT

Mortgage payable, bearing interest at 5.60% per annum, payable in monthly installments of \$2,467, secured by land and buildings, general security agreement and assignment of fire and liability insurance, due November 1, 2014.

	2012	2011
	\$ 204,829	\$ 222,381
Less: Current portion	<u>18,742</u>	<u>17,730</u>
	<u>\$ 186,087</u>	<u>\$ 204,651</u>

Principal repayment terms are approximately:

2013	\$ 19,806
2014	20,931
2015	22,120
2016	23,376

7. GOVERNMENT ASSISTANCE

During the year, the Centre received operating grants of \$653,000 (2011 - \$632,300) from the Province of Manitoba - Department of Family Services which is included in operating fund revenue.

8. PENSION PLAN

The employees of Knowles Centre Inc. are members of the United Way Agencies Pension Plan, a multi-employer, defined benefit pension plan, which is accounted for as a defined contribution plan. Knowles Centre Inc.'s matching contributions for the year were \$165,747 (2011 - \$149,444) and have been expensed during the year.

SCHEDULE OF OPERATING FUND EXPENSES
YEAR ENDED MARCH 31

	2 0 1 2	2 0 1 1
STAFF REMUNERATION		
Salaries	\$ 4,061,967	\$ 3,511,311
Foster Care	3,315,039	2,524,465
Canada Pension Plan	165,103	145,411
United Way pension fund	165,747	149,445
Employee group insurance benefits	113,798	112,579
Employment insurance	85,348	82,919
Manitoba payroll tax	89,259	78,379
Workers compensation	<u>81,904</u>	<u>70,156</u>
	\$ <u>8,078,165</u>	\$ <u>6,674,665</u>
MAINTENANCE AND REPAIRS		
Autopac and insurance	\$ 62,645	\$ 63,324
Building repairs	51,212	130,125
Equipment repairs and replacement	16,562	29,481
Heating fuel	11,272	11,140
Hydro and electrical	30,773	29,932
Maintenance and household supplies	26,793	33,560
Municipal taxes	7,172	6,957
Water	<u>3,966</u>	<u>7,212</u>
	\$ <u>210,395</u>	\$ <u>311,731</u>
ADMINISTRATION AND GENERAL		
Accreditation	\$ 4,200	\$ 9,400
Advertising and miscellaneous	34,649	56,275
Bank charges and interest	8,216	6,613
Dues and subscriptions	5,996	5,779
Meetings	9,585	8,283
Office supplies	41,373	50,952
Payroll service charge	396	638
Postage	7,981	6,906
Professional fees	6,025	24,069
Public relations	10,381	7,845
Staff development	11,621	16,992
Telephone	<u>37,554</u>	<u>31,665</u>
	\$ <u>177,977</u>	\$ <u>225,417</u>

SCHEDULE OF OPERATING FUND EXPENSES

YEAR ENDED MARCH 31

	2012	2011
FOOD, CLOTHING, WELFARE AND ACTIVITIES		
Bedding and clothing	\$ 31,604	\$ 30,082
Food	151,123	143,061
Medical, dental and optical	6,188	4,834
Personal supplies	996	1,428
Program activities	46,242	40,397
Program supplies	22,512	27,421
Residents' gifts	4,394	3,117
Residents' transportation	12,905	14,181
SAIL Stage 2 - client living expenses	133,716	78,370
School supplies	958	682
Spending allowances	16,100	15,220
Summer outdoor education program	3,015	3,317
Transportation - general	61,131	73,839
Volunteer activities	<u>2,475</u>	<u>4,844</u>
	\$ <u>493,359</u>	\$ <u>440,793</u>

SCHEDULE OF OTHER INCOME

YEAR ENDED MARCH 31

	2 0 1 2	2 0 1 1
OTHER INCOME		
Foster care	\$ 4,554,402	\$ 3,487,174
SAIL Program	786,482	572,144
River East School Division	188,002	199,124
Sexual abuse treatment program	71,100	71,100
Outreach program	57,707	57,550
Miscellaneous	26,417	58,120
Donations	15,325	2,122
Rentals	<u>3,388</u>	<u>2,045</u>
	\$ 5,702,823	\$ 4,449,379