

# **Performance and Quality Improvement Report**

**September 1, 2012 – August 31, 2013**



## Performance and Quality Improvement Report

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## **Executive Summary**



## 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, 2012 to August 31, 2013. 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. *Clients' incident reports* involved a monthly analysis of reported incidents, accidents, and grievances generated by clients. Its purpose is to discern any trends during the year with incident reports in order to identify and 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 administered semi-annually (using standardized measures) to assess annually 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 annually analyzed.
7. A *financial report* assesses annually KC's financial performance.

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

Related to case record reviews, 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. As well, the case record review committee implemented the previous year's goals.

Regarding clients' incident reports, some programs reported a significant decrease in the number of incident reports generated. For example, the Treatment Foster Care Program (TFC) experienced a relatively low number of incident reports, despite having over 80 clients. The Group Care Program (GCP) reported a decrease in a number of categories: sexual exploitation (75% decrease), AWOLs (36% decrease), police involvement (12% decrease), self-harm (4.5% decrease), as well as a reduction in the use of the containment units. The Independent Living Program (SAIL) reported a

decrease in the number of AWOLs for the third consecutive year, and 36% decrease in incidents involving suicidal ideation.

Concerning stakeholder satisfaction surveys, the majority of clients who completed the survey rated Knowles Centre (KC) programs and services favorably. The one exception was GCP clients, who rated the program less favorably relative to the previous year's results. This finding contributed partly to KC's motivation to pursue restructuring with the GCP (i.e., developing and implementing smaller units, enhancing recreation services). The majority of adult stakeholders who completed surveys rated KC programs and services favorably (foster parents, clients' social workers, funders, KC staff and board members).

Related to client outcome measures, the impression formed is that clients have stabilized in their respective KC programs. This impression was evident in the two largest programs. For example, in TFC, the aggregated data for the CAFAS outcome measure indicated clients were functioning in the mildly impaired range, and few clients were viewed to have a pervasive behavioral impairment (which are positive findings when one considers their significant needs that warranted a referral to the program). As well, the majority of clients in TFC (61%) showed improvement on adaptive functioning over the year. In the GCP, the majority of clients showed improvement on the CAFAS outcome measure, and many clients no longer met the criteria for pervasive behavioral impairment.

Regarding the John G. Stewart report, student attendance fluctuated during the year. Attendance for Day Treatment students was better because they were younger and had greater family involvement. Conversely, GCP students had more AWOLs and longer periods of incarceration. Consequently, students earned fewer high school credits relative to the previous two years. The most common behavioral problem remained impulsive in nature. However, students used the student support room in the school, which resulted in a significant reduction in suspensions. Of the 23 discharges in the school year, 12 were planned and 11 were related to absenteeism or lengthy incarcerations.

Concerning staff retention, KC had a 91% staff retention rate for the year, which is still an excellent result within our sector.

Related to the audited financial statement, KC reported essentially a balanced budget (a small deficit of \$4372) for an operation approaching \$10 million.

In closing, although producing the annual PQI report is a time-consuming process, it does provide useful information. In those areas suspected of being strengths for the organization, it provides confirmation of these beliefs (e.g., case record reviews, clients' incident reports, stakeholder satisfaction surveys, staff retention rate). Conversely, data indicating areas needing improvement motivate the organization to pursue improvement in these areas (e.g., the need for restructuring within the Group Care Program).



## **Case Record Review**



## **Case Record Review Summary**

### **CRR Committee Members:**

Tiffany Waite, Program Assistant, Group Care/PQI Facilitator  
Dave Purpur, Director, Group Care  
Lauren Hershfield/ Clinical Director  
Andrea McKenzie, Director, Treatment Foster Care  
Dawn Vandal, Director, SAIL  
Tiffany Krueger, 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.
- 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.
- 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 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 for 2011-12:**

1. To ensure immediate implementation of the prior year's goals. (**Completed:** all goals were completed with the exception of one goal which was discontinued (regarding adding tick boxes of strengths to the review template), as this can be easily identified, thus deemed unnecessary.)
2. To reach a resolution on matters where there is a difference of opinion between reviewers. (**Completed:** recommendations may be made to the program director; however the program director has the right to make the final decision regarding his/her respective program.)

**New Recommendations:**

No recommendations were identified for the 2013-14 review year. This development is based on the time and work invested in streamlining the process to date.

## **Case Record Review Summary**

### **1. November 1, 2012 – Open File Case Record Review**

#### Committee Members:

Dave Purpur, Director - Group Care Treatment Program  
Andrea McKenzie, Director - Treatment Foster Care Program  
Stewart Halper, Acting Director – Clinical Services  
Dawn Vandal, Director – SAIL Program  
Tiffany Krueger, Coordinator – Treatment Foster Care Program  
Tiffany Waite, PQI Facilitator

We reviewed 27 files from the five programs, which were as follows:

- TFCP – 13 files
- GCTP – 6 files
- SAIL – 3 files
- SATP – 3 files
- DTP – 2 files

12 corrective actions were generated from 27 files that were reviewed which were as follows:

- a. TFCP – 7 corrective actions, which were as follows:
  - no social history or request for one
  - incorrect date on attendance sheet
  - no documentation of an admission medical form on file
  - last conference May 1, 2012 – no other further reports on file
  - no medical documentation on file
  - only one documented medical form on file
  - wrong client signature/participation sheet on file (siblings sign sheet is on this file)
- b. GCTP – 1 corrective action, which was as follows:
  - review report not on file
- c. Clinical – 3 corrective actions, which were as follows:
  - psychiatric consult notes not on file
  - review report not on file
  - assessment report not on file
- d. SAIL – 1 corrective action, which was as follows:
  - admission forms have not been signed by the guardian

## 2. **March 15, 2013 – Open File Case Record Review**

### Committee Members:

Dave Purpur, Director - Group Care Treatment Program  
Andrea McKenzie, Director - Treatment Foster Care Program  
Stewart Halper, Acting Director – Clinical Services  
Dawn Vandal, Director – SAIL Program  
Tiffany Krueger, Coordinator – Treatment Foster Care Program  
Tiffany Waite, PQI Facilitator

We reviewed 27 files from the five programs, which were as follows:

- TFCP – 13 files
- GCTP – 6 files
- SAIL – 3 files
- SATP – 3 files
- DTP – 2 files

Four corrective actions were generated from 27 files that were reviewed which were as follows:

- a. TFCP – 4 corrective actions, which were as follows:
- no social history or request for one
  - no medical information on file
  - no medical authorization on file
  - no conference reports on file after September, 2012

## 3. **March 20, 2013 – Open File Case Record Review**

### Committee Members:

Dave Purpur, Director - Group Care Treatment Program  
Andrea McKenzie, Director - Treatment Foster Care Program  
Stewart Halper, Acting Director – Clinical Services  
Dawn Vandal, Director – SAIL Program  
Tiffany Krueger, Coordinator – Treatment Foster Care Program  
Tiffany Waite, PQI Facilitator

We reviewed 27 files from the five programs, which were as follows:

- TFCP – 13 files
- GCTP – 6 files
- SAIL – 3 files
- SATP – 3 files
- DTP – 2 files

12 corrective actions were generated from 27 files that were reviewed which were as follows:

- a. TFCP – 8 corrective actions, which were as follows:
  - no medical information on file
  - no initial medical report on file
  - participate sheet for assessment report not signed
  - missing conference report (x3)
  - missing signature of CCM on medical authorization form
  - a medical appointment form on file for a different client but who does reside in the same foster home
  - no conference reports on file after August, 2012
  - missing CCM signature on report
- b. GCTP - 2 corrective actions, which were as follows:
  - no admission physical on file
  - supervisor's assessment report not on file
- c. Clinical – 1 corrective action, which was as follows:
  - missing psychiatric notes on file
- d. SAIL - 1 corrective action, which was as follows:
  - review conference report due February, 2013 not on file

#### 4. **June 19 and 20, 2014 – 2013 Discharge File Case Record Review**

##### Committee Members:

Tiffany Waite, PQI Facilitator  
Dave Purpur, Director - Group Care Treatment Program  
Andrea McKenzie, Director - Treatment Foster Care Program  
Tiffany Krueger – Coordinator Treatment Foster Care Program  
Lauren Hershfield, Director – Clinical Services  
Dawn Vandal, Director – SAIL Program

We reviewed 67 files from the five programs, which were as follows:

- TFCP – 11 files
- GCTP – 43 files
- SAIL – 5 files
- SATP – 6 files
- DTP – 2 files

31 corrective actions were generated from 67 files that were reviewed, which were as follows:

- a. TFCP – 1 corrective action
- b. GCTP – 16 corrective actions
- c. Clinical – 7 corrective actions
- d. SAIL – 7 corrective actions



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

**Strengths:**

1. Files are well organized.
2. Excellent care/work is clearly occurring with the children; excellent case management appears to be occurring.
3. Reports are comprehensive and well written.
4. Strong adherence to conferences occurring every three months.
5. Overall, goals are clearly identified/well defined that relate to issues, needs, and strengths.
6. “Many recommended changes have been incorporated. Great work.”
7. Only one CAR was required at the discharge review.

**Corrective Action Requests (CARs):**

Issues noted on the CARs include:

- Some occasions of required documentation not being on the main file and/or errors with documentation (i.e. social history, placement agreement, admission physical, or ongoing medical appointments; sibling conference participation sheets being misfiled; change in CCM or their direct supervisor not documented on the main file).
- Some conference reports were not on file.

**Review of Recommendations from 2011-12:**

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. (**Update:** All medical appointments are documented on the main file.)

2. Some reports are quite late; ensure stronger adherence to the designated timelines. (**Update:** Some reports continue to be quite late.)
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. (**Update:** Significant improvement in this area is noted.)
4. Ensure all significant issues/problem areas identified within the body of the report have a goal to address it. (**Update:** Improvement in this area was noted.)
5. Be very careful when cutting and pasting, to ensure that sibling names aren't left on the report in error. (**Update:** Improvement in this area was noted.)
6. Ensure all goals are specific and worded as goals (not summaries). (**Update:** Improvement in this area was noted.)
7. Consider whether younger children should have treatment conferences every six months (rather than three months). (**Update:** Reviewed by the team and decided to continue with conferences and reports every three months.)

#### **New Recommendations:**

1. Consider retaining reasons for referral on all reports, not just the assessment report.
2. Ensure change in CCM or supervisor is noted on the main file.
3. Review cover letter to ensure accuracy.
4. Have the colored sheets separating the reports on the main file differentiate each report (assessment, review 1, review 2, etc.).
5. Ensure fax cover sheet and cover letter are very close in date.
6. Ensure if counselling is not pursued, the rationale for this is clearly noted on the report.
7. Ensure cutting and pasting from one report to another only occurs when absolutely necessary, and that content focuses primarily on the actual 3 months being reviewed.
8. In reference to reviewing previous goals, replace the term “ongoing” with a sentence about what actually happened during the review period, and then note if it will be brought forward, revised, or discontinued.
9. Ensure all medical/health documentation is consistently placed on the main file, not just on the conference reports.

**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 related to clients' issues, needs, and strengths.
4. Goals are specific and measurable.

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

1. Reports are well written, informative, thorough, and well laid out
2. Reports are written close to conference dates, well before deadlines
3. Excellent clinical work is being done, including clinical sessions with parents
4. The clinical goals address the origins of the issues
5. The school goals are very specific
6. Good review of previous goals

**Concerns:**

*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. They have since been placed on file.
2. Some admission physicals were missing from files. They have since been placed on file.

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

1. There were some shortcomings with individual client files (late conferences, delayed reports, missing client signature, no follow-up with psychiatry). These concerns will be reviewed with the clinical team.

**Recommendations:**

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

1. Ensure all reports are placed in the main file promptly after they are faxed to the social worker (Dave and Tiffany will work on a timeline for reports to be placed on main file.)
2. Ensure supervisors place the admission physical documentation in the main file.

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

1. Holding conferences on time and writing reports within the designated 10 days.
2. Indicating why there are no family goals.
3. Making goals more specific on a clinical assessment report.
4. Ensuring that the psychiatric notes are within the Main File.
5. Encouraging all staff to watch Dr. Neufeld's the "Art and Science of Transplanting Children" that addresses attachment based care that can be incorporated into birth family work and care in the units.
6. Making a written recommendation to the family to address their issues, when appropriate, given the high likelihood of contact at some point in the future.
7. Ensuring that if an issue has been identified that there is a goal to monitor/address it.
8. Changing the Knowles Centre conference tracking sheet to track both clinical and group care reports, it would help detect missing reports sooner.
9. Providing more documentation (with confidentiality at forefront) on progress with previous goals.
10. Focusing in family therapy on parenting strategies to support clients in being successful.
11. Including recommendations on supporting the care providers. The recommendations need to address how essential it is to have the proper care environment for the youth when they leave the Centre.
12. Reviewing level of goal attainment within clinical reports.
13. Providing a rationale as to why psychiatry was not considered.

These recommendations will be reviewed with the clinical team and will be implemented as deemed appropriate.

### **Corrective Action Requests (CARs):**

Issues noted of the 23 CARs (Supervisor Reports):

- Nine Group Care reports were not on the main file (they have since been placed on file)
- Documentation concerning 14 admission physicals was not on the main file.

Clinical Reports:

- The Psychiatric consult notes were not on the file on three occasions
- There was a missing clinical review report
- An Assessment report was missing from the file
- A Clinical Discharge report was not on the file
- Clinical contact sheets were not on the file on five occasions
- There were no reports on a discharged file

**Case Record Review  
Overview of Findings and Recommended Changes**

**Supported Advancement to Independent Living Program (SAIL)**

**Strengths**

1. Files are well organized, easy to sort through
2. All needed documents are in files
3. Reports are detailed

**Recommendations:**

1. Changes to the files
  - Use titled divider sheets in the Conference section; IE: “Assessment”, “Review 1”, “Review 2” etc.
  - Use an admission form or letter stating clients admission and date of admission into the program
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 to address any other significant issues in the clients assessment report (i.e. substance use, need for therapy etc.)
  - Ensure all reports are completed within 10 days of conference
  - Ensure assessments are completed within timeframe of program standards
  - When clients are transferred from another Knowles Centre program to SAIL, ensure the required form indicating what program file contains the social history is placed in the SAIL file

**Corrective Action Requests (CARs):**

One report was not on file when the file was reviewed

**Case Record Review**  
**Overview of Findings and Recommended Changes**  
**Sexual Abuse Treatment Program (SATP)**

**Strengths:**

1. Files are well organized
2. Therapist's reports are very detailed and well written
3. Conferences are occurring on time
4. Reports are being completed on time
5. Goals are well defined and measurable
6. Previous goals are being addressed and new goals are appropriate
7. Good work is being done

**Concerns:**

1. During the summer months there was no contact with two particular clients for six to seven weeks.
2. Two reports were missing the legal guardian's signature.

These concerns will be shared with SATP Coordinator/Therapist.

**Recommendations:**

1. To be more detailed within the contact sheets (i.e. identifying why messages are being left for the client).

This recommendation will be shared with the SATP Coordinator/Therapist and will be implemented if deemed appropriate.

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

**Strengths:**

1. The reports are well-written and the files organized.
2. Reports are being completed on time.
3. Previous goals are being addressed and new goals are appropriate.

**Concerns:**

1. The conference participant signature sheet was missing from a conference report.

This concern will be reviewed with the Day Treatment Therapists.

**Recommendations:**

There were no recommendations made.

**Corrective Action Requests (CARs):**

1. One file did not contain the Referral for Alternative Placement Support Form.





## **Annual Summary of Clients' Incident Reports**



## Annual Summary of Clients' Incident Reports

### Treatment Foster Care Program

#### **Purpose:**

To identify, summarize, and analyze the trends in the findings of the monthly client incident reports for the year, and make 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 73 incident reports filed, which is down by 66 reports from last year, despite having 12 more clients in the program. There was a range of 2 to 13 incident reports filed per month, with 1 to 10 children involved in an incident per month.
- Approximately a third of the incidents (31%) were related to Assault /Aggression: acting out behavior (10%), against peer/sibling/foster child (8%), against foster parent/other (4%), property damage (4%), peer to peer (3%), verbal threats (1%), and written threats (1%).
- Approximately 26% involved Other: unplanned absences (11%), inappropriate sexual behavior/comments (7%), general (7%), and a minor car accident (1%).
- Approximately 17% were classified as Self Harm – self-inflicted injury (8%), suicidal gesture/ideation (3%), substance abuse (3%), and drug paraphernalia (3%).
- Approximately 17% were Medical: hospital or urgent care (11%), injury requiring medical attention (3%); and medical error (3%).
- The remaining, approximately 9% of incidents, included: Sexual Assault: sexual assault/community member (3%), Abuse Allegations: past abuse allegation (1%), current abuse investigation (3%), Police Involvement-client behavior (1%), and theft (1%).

#### **Analysis:**

- Incident reports are greatly reduced this reporting year compared to last year, largely in part to a couple of the adolescents who generated the majority of AWOL and drug-related incidents being discharged from the specialized hybrid home, and a number of clients who previously generated a lot of incident reports being in the program longer and becoming more stable.
- The largest percentage of incidents was related to assault and aggression, which is common with children/youth with a history of trauma. It should also be noted that the actual number of incidents only involved a maximum of four incidents in any given month.

- All other categories noted have a smaller but understandable level of incidents, again, given the trauma histories of the children in the program.
- While there were some clients who generated a number of the incident reports, there were also many others who had only occasional client/situation-specific incidents.
- With over 85 clients being served by the program, we continue to experience a relatively low amount of incident reports. The relatively low number of incidents appears to be indicative that some good work continues to be done by the foster parents and CCM/program to effectively address the needs and behaviors that contribute toward these types of incident reports. The TFC program also continues to work with foster parents regarding developing healthy relationships/attachments, emotional regulation, communication, effective attachment-based parenting strategies, and ensuring additional professional services are identified and accessed as required.

### **Overall Conclusions:**

1. Overall, the number of incident reports filed continues to be relatively low for a treatment foster care program, averaging six incident reports per month, half of what was generated last year.
2. The specialized placements in each of our specialized hybrid homes are well-matched, and currently more stable, which has contributed to less incident reports being generated overall.
3. We continue to 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, better ability to meet children's needs, less behavioral issues, and/or ability to manage and/or reduce difficult behaviors.
5. Trauma-informed, attachment-based, developmentally appropriate care-providing contributes positively to children's overall functioning, and training and support has focused on these areas.
6. Regular and active support and consultation between Treatment Foster Parents and Clinical Case Managers continues to provide opportunities for relationship development, which enhances transparency of both strengths and struggles, and promotes pro-active treatment assessment, intervention, and planning.
7. Ongoing training and skill development of foster parents (and program staff/managers) is provided in order to: a) better 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.
8. Regular support and supervision/consultation (peer-to-peer and CCM-to-supervisor) promotes the early identification of strengths, issues, needs and planning for same.

9. The other/general category continues to be unhelpful in identifying and analyzing data.

#### **Review of Recommendations 2011-12:**

1. To continue to monitor incidents on a monthly basis (**Ongoing**).
2. To discontinue the Other/General category in the monthly client incident report. (**In progress**: template is being revised.)
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). (**Not completed**: template needs to be revised; bring forward).
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. (**Completed/ongoing**)
5. To identify and implement specialized training in the next training year regarding: a) drug use – identifying/addressing/intervention (**Completed/ongoing**); and b) addressing sexualized behaviors between siblings (**Partially completed**: being addressed with relevant children’s treatment teams).

#### **New Recommendations:**

1. To discontinue the Other: General category in the client monthly incident report template.
2. To ensure sexualized behavior between siblings/peers under 12 years of age is clearly documented as such, by adding the category, “acting out behavior – sexual” on the template.
3. To continue with the provision of trauma informed, attachment- based parenting, and additional training (i.e. sexualized behavior, ARND, etc.) to ensure all treatment team members understand, and can effectively address the children’s issues and needs to promote overall health, well-being, and placement stability.

## Client Incident Report Statistics Treatment Foster Care Program

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
<b>Assault / Aggression</b>													
Against peer/sibling/foster child		1	2					1	1			1	6
Peer to peer		2											2
Against staff/foster parent/other	1									1	1		3
Acting out behaviour	2		2		2						1		7
Verbal threats - to staff													0
- To other									1				1
Property damage										2		1	3
Written threats						1							1
<b>Sexual Assault</b>													
Client to client													0
Community member										2			2
Foster family													0
<b>Abuse Allegations</b>													
Current staff/foster parent				2									2
Past (parent/extended family)										1			1
Former foster parent													0
Parent / guardian													0
Other (sexual abuse alleg.)													0
(Physical, emotional, sexual)													0
3 <sup>rd</sup> party allegation against foster parent													0
<b>Police Involvement</b>													
Client behaviour	1												1
Staff related													0
Other (e.g. Witness, interview)													0
Theft									1				1
<b>Self-Harm</b>													
Self-inflicted injury		1	2			1						2	6
Suicide attempt													0
Suicidal gesture / ideation		1							1				2
Substance abuse								1	1				2
Drug paraphernalia		2											2
Accidental injury													0
<b>Medical</b>													
Hospital or urgent care		1	1		1		1	1	1	2			8
Injury requiring medical attention									1			1	2
Public health issue													0
Medical error										1		1	2
<b>Behaviour Management</b>													
Restraint resulting in injury/volatile													0
Physical int. Mct													0
<b>Other</b>													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)	1	2	2		1		1			1			8
Mental health (hallucinations)													0
Unsafe/problematic use of internet													0
Unsafe and unplanned family contact													0
Inappropriate sexual comments/behav.							1	1		2		1	5
General			1	1						1		2	5
Car accident				1									1
<b>TOTAL INCIDENTS:</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>13</b>	<b>2</b>	<b>9</b>	<b>73</b>

## Annual Summary of Clients' Incident Reports

### Group Care Treatment Program

#### **Purpose:**

To identify, summarize, and analyze the trends in the monthly summary of clients' incident reports and make appropriate recommendations.

#### **Trends noted:**

Unplanned absences rate as the highest reported incident category. The total number of unplanned absences reported this year was 188, which is a **36% decrease** from last year. This decrease may be attributed to the increase of recreation funds to the secure units. With more money to program with, the youth are more engaged than they were previously. The increase in funds also allowed us to provide a more diverse recreation program.

1. *Expand Recreation Program* – Studies indicate that youth boredom relates directly 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.
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 piece 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 here has proven to be very effective in building his 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 179, which is a **4.5% decrease** from last year. We attribute this decline to the time invested in staff training.

- a. Suicide ideation incidents involving females totaled 68% compared to 32% for males.
- b. Substance abuse incidents involving females totaled 64 % compared to 36% for males.
- c. Cutting incidents were almost exclusively female (83%).
- d. Sexual exploitation incidents were 100% female. There was a **75% decrease** in the number of incident reports dealing with sexual exploitation relative to the previous year. This decrease may be attributed to the education staff received in this area. It should be noted that it is very difficult

to distinguish “suspected sexual exploitation” from “confirmed sexual exploitation.” We had suspicions of sexual exploitation occurring, however, these were difficult to confirm and thus excluded from our data. Knowles Centre is also being diligent referring the youth involved in sexual exploitation to specialized programs, such as the TERF program.

- e. A former Youth Care Worker trained in addictions, a unit supervisor, and therapist facilitated this year’s “Addictions Camp” at summer camp. The camp was five days, covering both alcohol and drug addiction. The kids learned about the effects of substance abuse, while participating in swimming, fishing, biking and more. The camp proved to be very successful.
- f. All new full-time staff will be sent for 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 121, which is a **12% 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. That is, the same kids are being arrested and then released shortly afterwards by the courts, only to re-offend again. This is very frustrating for both police and Knowles Centre.

Assaultive Behavior – There were 13 assaults against staff this year (up from seven from last year). These assaults varied from minor (pushing) to severe (three girls had assaulted one staff). Further training, including NVCI, will be offered to try to reduce this number.

There were no other discernible trends.

### **Overall Conclusions:**

1. Unplanned absences are the highest reported incident category (but down 36% from previous year).
2. Self-harming incidents are down 4.5%. This finding reinforces that the training providing in this area is paying off.
3. The females account for 60% of the total incidents, whereas the males accounted for 40%.
4. The number of containment unit incidents continues to be low. Non-violent crisis intervention training is ongoing for all staff in the program.
5. Police-related incidents decreased by 12% from last year.
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. ASIST training for new staff should continue.
4. Non-violent crisis intervention training for staff should continue with regular refreshers being offered.
5. Increase recreation money to the open units to combat AWOLS, which was implemented last year in the secure units.
6. Mental Health First Aid Training will commence this spring for all staff at Knowles Centre.

**Client Incident Report Statistics**  
**September 2012 – August 2013**  
**Group Care Treatment Program**

	Unit 1	Unit 2	Respect House	Clyde Road	TOTAL
<b>Assault/Agression</b>					
By current staff					0
By former staff					0
By community member	5		3	1	9
By family member					0
Between clients	12	15		1	28
Against staff	8	2	2	1	13
Verbal threats	1	3		1	5
Past Aggression					0
Weapons					0
<b>Self-harming behavior</b>					0
Inflicted by client	14	2	7	7	30
Substance abuse (on site)	3		3		6
Substance abuse (off site)	37	19	23	17	96
Suicide attempt	3				3
Suicide ideation/verbal	14	11	7	4	36
Sexual exploitation (off site)	1				1
Self-Piercing					0
Sexual Exploitation (3rd party)	1				1
<b>Allegation of abuse</b>					0
By current staff		1			1
By former staff					0
By member of community	3	1	2	2	8
By family member	1				1
By another client					0
By police					0
Past abuse		2			2
Internet contact by adult					0
False allegation					0
<b>Allegation of sexual abuse</b>					0
By current staff					0
By former staff					0
By community member	4				4
By family member					0
By another client					0

	Unit 1	Unit 2	Respect House	Clyde Road	TOTAL
<b>Behavior management</b>					0
Involuntary containment	3	1			4
Voluntary use of containment	1				1
Use of isolation	1				1
Physical intervention/hold	2	1	1		4
Property damage	1	4	1		6
Possession of Weapon					0
Shoplifting	1				1
Acting out behavior		1			1
<b>Fire</b>					0
False fire alarm (client)	14	1			15
False fire alarm (equipment)	1				1
Property damage					0
Fire					0
<b>Police involvement</b>					0
Assistance required	8	9	2		19
Return of client(s)	14	3	1	1	19
Interview/questioning	1	5	1		7
Arrested/charged/warned	16	29	4	9	58
Other	8	6	4		18
Witness					0
PY 1					0
<b>Medical</b>					0
Admission to hospital/emergency CSU	1	3	1		5
Medication error	2	1		1	4
Missed medication	2	1	5		8
Injury/health required medical attention	1	1		1	3
Refusal of Meds	2	3			5
Injury				1	1
<b>Other</b>					0
Drug paraphernalia	2		1		3
Weapons					0
Vehicle accident			1	1	2
Bullets found					0
CSU					0
Other	4	3		1	8
<b>SUB TOTAL</b>	<b>192</b>	<b>128</b>	<b>69</b>	<b>49</b>	<b>438</b>
<b>AWOLS</b>					
AWOLS	102	54	16	16	188
Days absent while AWOL	521	414	395	36	1366
<b>TOTALS</b> (Includes number of AWOL incidents but not number of days absent)	<b>294</b>	<b>182</b>	<b>85</b>	<b>65</b>	<b>626</b>

## **Annual Summary of Clients' Incident Reports**

### **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 161 incident reports filed.

#### **Trends noted:**

- Substance Abuse accounted for 36% of all incidents reported. Incidents involving substance use increased 32% over last year.
- Hospital/urgent care accounted for 12% of all incidents. Three clients accounted for almost half of the incidents. This number is also up slightly compared to last year (up 11%).
- Police involvement due to client behaviour accounted for 9% of incidents and increased significantly compared to last year (up 50% over last year).
- Unplanned Absences/AWOLs accounted for 6% of all incidents. One client accounted for slightly over 41% of the reports. The overall number decreased compared to last year (down 23%).
- Suicidal ideation accounted for 6% of all incidents. Suicidal ideation incidents saw the greatest decrease compared to last year (down 36%).
- Assault/Aggression against client also accounted for 56% of incident reports for the year. Incidents under this category increased 125%.
- Two incident reports involved attempted suicides by two separate clients during this reporting period. These accounted for 1% of incidents for the year and did not increase or decrease compared to last year.
- 11% 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 18% of incidents were spread out in various categories and do not have any obvious trends.
- An average of 13 incidents are filed each month.
- 19 clients accounted for the entire incident reports generated. Of those, 9 were female and 10 were male. Females accounted for a total of 48% of the reports, while males accounted for 52%.

## Analysis:

Substance abuse accounted for the highest number of incidents throughout this reporting year. There were 58 incidents involving 16 clients. Three clients in particular accounted for over 43% of the incidents. All three clients came into the program with known substance abuse issues. One client functions at a low level and qualifies for ongoing care in adult services. She sees an addictions counsellor regularly while the other two refuse addictions counselling. The remaining 57% 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 expectant mothers. 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 20 incidents involving thirteen different clients. Four female clients accounted for 50% of all incidents recorded in this category. All four females had gone to the hospital for issues pertaining to their respective pregnancies. The remaining incidents involved issues regarding substance use, a minor car accident, and minor injuries, and were all addressed accordingly.

Police Involvement – client behaviour incident reports in this area increased during this reporting period compared to last year. There were 15 incidents spread out amongst seven different clients with two male clients accounting for 67% of all incidents in this category. All incidents involved range from arrests for breach of probation, returning via police intoxicated, and assisting with a client who had unsafe people in their apartment. All but two of the seven clients had come into the program with a history of involvement with the law.

Unplanned absences (AWOL) decreased from last year with a total of 10 unplanned absences/AWOL's in this period. Only four clients accounted for the incidents, with one female client accounting for 40% of the reports. One of the clients often went to her mother's on the weekends and would neglect to call to check in. SAIL staff could not reach her mother as the phone was often out of service. This client has qualified for care in adult services due to a low cognitive functioning and is awaiting transfer into an adult program. The other three clients came into the program with a history of AWOL behaviour.

Suicidal ideation was the fifth highest in incidents recorded for the year (down from the third highest last year). There were eight clients who expressed thoughts of suicide at various times of the year with one client expressing these thoughts on two different occasions. Two of the eight clients began having these thoughts after being informed by their agency that they would be leaving care and would need to move from the SAIL apartment. All of the clients involved have a history of depression and/or substance use. In most cases the client has stated that they were upset at the time

and did not have plans of suicide. The majority of the support staff have been trained in suicide intervention through ASIST.

### **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 13 incident reports per month was reported.

1. All clients in the program were residing in the SAIL apartments during this reporting year. Given the fact that the buildings are staffed around the clock, incident reports were expected to rise.
2. Due to funding changes within the government, SAIL was not running at capacity during the year. It is anticipated that the number of incident reports will increase as the program fills to capacity.
3. 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. In most cases, marijuana was the drug of choice. The majority of clients admitted into the SAIL program and being referred have some level of substance use, which will likely result in an increase in substance abuse incidents. In many cases, clients' use of substances appears to be normal adolescent experimentation, not an addiction.
4. Incidents involving hospital or urgent care have gone up slightly compared to the previous year. The need for medical attention in some of these cases stemmed from clients use of drugs or alcohol, while four others were addressing concerns while pregnant. In all cases, the need for medical attention was warranted.
5. Incidents involving police due to client behaviour increased from last year. However, two thirds of the year's incidents involved two specific clients with a lengthy history of legal issues. Given the staff presence in the SAIL apartments it is easier to know when police are involved with clients. 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.
6. A decrease in unplanned absences (AWOL) has occurred for the third year in a row. Clients living in apartments are required to check in with staff when absent for 24 to 48 hours. Staff on site in the SAIL apartments has been able to monitor the comings and goings of the SAIL clients living in the blocks resulting in a lower number of actual unplanned absences.
7. Incidents of suicidal ideation have decreased significantly from last year (down 36%). The availability of SAIL's staff on site has proven helpful to clients living on their own, as many of our young clients have utilized the staff when they need someone to talk to. Many clients are offered counselling services, but only a few accept or follow through with the offer. Unfortunately, financial constraints within the government have impacted extensions of care for

clients 18 and over. There have been instances where clients are informed within short timeframes that they will not be extended in care beyond their current extension period. With the discharge comes the loss of all supports provided. Coping with the news and impending changes has been difficult for these clients. It is anticipated that as more pressure will be placed on clients 18 years of age and older to meet high agency expectations, an increase in agency discharges will result, as well as suicidal ideation.

8. 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, 30% of all incidents reported were generated from these three lower functioning, high needs clients. Due to these experiences, SAIL has recommended cognitive adaptive 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.
9. Client independent living assessments were previously conducted prior to the client moving into their own apartment (Stage 1). However, funding for stage 1 in all independent living programs has been drastically cut by the government. As a result, the assessment of clients skills, abilities and risk factors are now conducted within the first 30 days of the client living in the apartment.

### **Recommendations:**

1. To continue to offer addictions related speakers to the SAIL client group meetings at least once a year.
2. To continue to promote addictions related workshops, including FASD, for staff to attend.
3. To provide two small group activities to the SAIL clients per week. Topics will include (among others): stress management and coping skills, low to no cost recreational or culturally focused activities, and cooking or baking skills in an effort to combat boredom, loneliness, and replace/reduce substance use.
4. To provide mental health first aid training to all staff.
5. To ensure current staff receive refresher training in ASIST (suicide intervention) and all newly hired staff receive the full training.
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. At each client quarterly meeting, discuss, identify and support any possible healthy external support systems to help prepare the client for discharge.
8. To invite all collaterals to quarterly case conferences including probation officers, bail workers, and ISSP workers in an effort to reduce the clients' re-involvement with the law.



**Client Incident Report Statistics**  
**September 2012 – August 2013**  
**Supported Advancement to Independent Living (SAIL)**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
<b>Assault / Aggression</b>													
Against client			3				1	4				1	9
Client to client													0
Against staff/other	1						1				1		3
Acting out behaviour					1							1	2
Verbal threats - to staff													0
- To client/other		1											1
Property damage													0
<b>Sexual Assault</b>													
Client to client													0
Community member						1							1
<b>Abuse Allegations</b>													
Current staff													0
Former staff													0
Former foster parent													0
Parent / guardian													0
Other													0
(Physical, emotional, sexual)													0
<b>Police Involvement</b>													
Client behaviour													
Staff related													
Other (e.g. Witness, interview)													
<b>Self-Harm</b>													
Self-inflicted injury	2	1				1			1				5
Suicide attempt		1									1		2
Suicidal gesture / ideation		1	1	1				3			2	1	9
Substance abuse	8	4	10	7	7	3	5	1	3	2	6	2	58
Drug paraphernalia													0
<b>Medical</b>													
hospital or urgent care		1	1	2	1		2	1	3	1	7	1	20
injury requiring medical attention							1						1
public health issue													0
<b>Behaviour Management</b>													
Restraint resulting in injury/volatile													0
<b>Other</b>													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)			1			2		3	3			1	10
Weapons													0
Landlord / caretaker issues													0
Evicted													0
Other			1	2	1		1	1	2	4	4	2	18
<b>TOTAL INCIDENTS:</b>	<b>12</b>	<b>11</b>	<b>19</b>	<b>13</b>	<b>10</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>8</b>	<b>23</b>	<b>13</b>	<b>161</b>

## **Annual Summary of Clients' Incident Reports**

### **Sexual Abuse Treatment Program**

#### **Purpose:**

To identify, summarize, and analyze the trends in the findings of the monthly Client Incident Reports and make appropriate recommendations.

#### **Trends and Analysis:**

Within this reporting period (September 1, 2012 – August 31, 2013), there was only one incident report filed. This incident involved a parent of a client calling the SATP therapist and reporting a suicide attempt by the client. This client was taken to the Children's Emergency Hospital. Once released, as part of safety planning, enhanced supervision was recommended, the therapist continued to work on coping mechanisms and a referral was made for the client to see Knowles Centre's consulting psychiatrist.

As a result of there being only one incident within the year, no trends can be identified.

#### **Overall Conclusions:**

No conclusions can be drawn.

#### **Recommendations:**

Continue to monitor the safety of clients, and provide on-going support to clients and their caregiver(s).

**Client Incident Report Statistics  
September 2012 – August 2013  
Sexual Abuse Treatment Program**

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

## Annual Summary of Clients' Incident Reports

### Day Treatment Program

#### **Purpose:**

To identify, summarize, and analyze the trends in the findings of the monthly Client Incident Reports and make appropriate recommendations

#### **Trends and Analysis:**

Within this reporting period (September 1, 2012 – August 31, 2013), there was a total of ten incident reports.

**Assault/Aggression** was by far the most reported incident of the year (with a total of 7 incidents):

- 3 incidents were in the sub-category of client to client
- 1 incident was in the sub-category of acting out behavior
- 3 incidents were in the sub-category of verbal threats

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

Enhanced supervision and support; implementing strategies to reduce unsupervised contact between students (i.e. having students leave school at different times, having students take different buses); on-going individual therapy with a focus on developing and enhancing coping strategies, managing stress, problem solving, exploring what's behind the anger, and learning and practicing anger management strategies; and school suspensions with re-entry meetings designed to problem solve and discuss alternative methods of managing frustration. Please note that one incident required a level two threat assessment, which was conducted by the River East Transcona School Division.

The only other category containing more than one incident was Abuse Allegations. There were two incidents involving abuse allegations within the 2012 -2013 school year. One involved an allegation of physical abuse by a parent and the other involved an allegation of domestic violence by a client's mother's boyfriend to the client's mother. The first allegation was reported to ANCR and the second incident was reported to the client's social worker, who indicated that she would act on the incident. These disclosures were additionally debriefed with the student by their therapists.

There was only one remaining incident that was in the category of Police Involvement. This client was picked up at school by the police due to a breach of his conditions.

**Overall Conclusions:**

The vast majority of Day Treatment incident reports from the September 2012 – August 2013 school year fell in the category of Assault/Aggression.

The above- mentioned strategies will continue to be utilized with students who are struggling in this area.

**Recommendations:**

1. To continue with the above-mentioned strategies to help manage and reduce incidents of assault and aggression.
2. To have Day Treatment clients participate in anger management and/or Dialectal Behavior Therapy (DBT) groups.

**Client Incident Report Statistics**  
**September 2012 – August 2013**  
**Day Treatment Program**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
<b>Assault / Aggression</b>													
Against client													
Client to client	1						1		1				3
Against staff/community member													
Acting out behaviour						1							1
Verbal threats - to staff			1						1				2
- To other				1									1
Property damage													
<b>Sexual Assault</b>													
Client to client													
Community member													
<b>Abuse Allegations</b>													
Current staff													
Former staff													
Former foster parent													
Parent / guardian							1						1
Other												1	1
(Physical, emotional, sexual)													
<b>Police Involvement</b>													
Client behaviour					1								1
Staff related													
Other (e.g. Witness, interview)													
<b>Self-Harm</b>													
Self-inflicted injury													
Suicide attempt													
Suicidal gesture / ideation													
Substance abuse													
Drug paraphernalia													
<b>Medical</b>													
Hospital or urgent care													
Injury requiring medical attention													
Public health issue													
<b>Behaviour Management</b>													
Restraint resulting in injury/volatile													
<b>Other</b>													
Client grievance													
Death of client													
Unplanned absence													
Weapons													
No contact order being violated													
Physically assaulted brother													
<b>TOTAL INCIDENTS:</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>		<b>2</b>			<b>1</b>	<b>10</b>

## **Stakeholder Satisfaction Surveys**





## **Stakeholder Satisfaction Surveys**

### **Treatment Foster Care Clients**

#### **Process:**

- A Client Satisfaction Survey, developed by COA, was utilized for TFC clients (children and youth) 12 years of age and over; it consists of a survey with 14 statements in which the client can indicate whether they “strongly disagree”, “disagree”, are “uncertain”, “agree”, or “strongly agree” with a statement.
- A memo went out to all foster parents explaining the purpose of the client satisfaction surveys and requesting their assistance and support in bringing their foster child(ren) to the TFC office for the purpose of the children completing the survey. They were provided with a general guideline of how to prepare their child(ren) for this process that would contribute toward them feeling comfortable.
- 2 separate dates were scheduled, after school hours, in an attempt to make this available for as many people as possible; a light snack was provided.
- 10 out of 26 clients who met the criteria (12 years of age or older) attended to complete the survey.
- A program staff representative was present with each client who attended while he/she completed his/her questionnaire in a private office, without the foster parent, Clinical Case Manager, or any other staff present.
- The staff representative gave the children the option of completing the questionnaire on their own or with her assistance; she used a brief script to prepare each client in the same manner; she remained present to clarify any question the child may have.
- Each child was asked to place their completed survey in an envelope and seal it.

#### **Findings:**

Overall, the results indicate that the children and youth in the TFC program are satisfied or very satisfied by the care they are receiving, indicated by the majority of the responses to the questions being in the “Agree” or “Strongly Agree” categories.

- The program staff administering the questionnaire noted issues with question 6 (“The organization is easy for me to get to”), as our clients are transported to our office by their foster parents for meetings and/or the clinical case manager attends their home; and question 11 (“I was able to receive service from the organization without too much waiting time”), as many of our clients may not be clearly aware of the waiting time.

- The majority of clients endorsed question 1, that they agree or strongly agree with the statement that they have received “written” information about their rights and responsibilities, when in fact, this has only occurred verbally.
- The administrator indicated that most of the children utilized her presence to clarify the meaning of some of the questions.

**Recommendations:**

1. Review the “uncertain” responses in the survey, and problem-solve how to assist clients with these questions.
2. Add a line on the survey for the option of the child/youth’s name, to allow follow up if necessary.
3. Complete the development and implementation of a client rights and responsibilities form.
4. Develop a clear process to elicit feedback from clients on how to improve our services.
5. Consider additional questions to address items not clearly addressed in the survey (i.e. cultural).
6. Continue to utilize a neutral administrator who remains present to respond to any questions the child/youth may have.
7. Consider options to increase participation in completing the surveys.

## Stakeholder Satisfaction Surveys

### Treatment Foster Care Client Questionnaire

\*\* Note 10/26 TFCP clients completed the TFCP consumer survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	4	2	3		1
2.	The people who work at the organization treat me with respect and courtesy.	8	2			
3.	The staff is respectful of my confidentiality and privacy.	8	2			
4.	I know where to go at the organization or whom to speak to if I have a complaint.	6		3	1	
5.	The organization asks me about my ideas on how to improve its services.	4	3	1	1	1
6.	The organization is easy for me to get to. **5 Responded N/A	3		1	1	
7.	The organization's services are available at times that are good for me.	6	3	1		
8.	The organization's building and offices are clean.	9	1			
9.	I feel safe while at the organization and on its property.	7	3			
10.	I help plan my services and set my goals.	9				1
11.	I was able to receive services from the organization without too much waiting time.	6	1	3		
12.	I would recommend the organization to my family and friends.	7	2	1		
13.	If I needed help or services again I would come back to the organization.	7	1	2		
14.	Overall, I am satisfied with the services that I am receiving.	9		1		

## **Stakeholder Satisfaction Surveys**

### **Treatment Foster Care Parents**

#### **Process:**

- The PQI Facilitator mailed out foster parent satisfaction surveys with 17 statements that had to be rated on a Likert scale, with the categories including: “strongly agree”, “agree”, “uncertain”, “disagree”, and “strongly disagree”.
- 12 out of 41 (29%) of foster parents completed and returned the surveys.
- Foster parents completed the surveys independently and mailed back their responses in a sealed envelope, in confidence, to the PQI Coordinator.

#### **Findings:**

The majority of treatment foster parents that completed the survey reported being “satisfied” or “very satisfied” with the support and services provided to them, and their foster children, as indicated by the overwhelming number of responses under the “strongly agree” or “agree” categories for all 17 items.

#### **Recommendations:**

1. Provide a line for the foster parent to have the option of identifying themselves so that follow-up may occur regarding any questions/concerns identified.
2. To consider strategies to increase response rate.

## Stakeholder Satisfaction Surveys

### Treatment Foster Care Parent Questionnaire

\*\* Note 12/41 foster parents completed the foster parent survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I participate in service planning for my foster child.	8	4			
2.	The organization provided me with specific information about the child prior to placement in my home.	5	6	1		
3.	The organization responds proactively to challenges and conflicts associated with the placement.	6	5	1		
4.	I am given adequate notice when I am to receive a child and when a child is to be removed. **1 responded N/A	6	4	1		
5.	My foster child maintains relationships with family members, friends and their community through visits and/or activities.	7	5			
6.	The organization ensures my foster child receives needed services identified in the service plan, such as: counseling, support, and education services.	9	3			
7.	My foster child has opportunities to participate in ethnic, cultural, and/or religious activities consistent with his/her cultural or native traditions.	8	4			
8.	My foster child receives needed medical, dental, developmental and mental health services.	9	3			
9.	I received information about my foster child's healthcare needs.	6	5	1		
10.	I have access to a caseworker whenever I need information and assistance.	7	5			
11.	I have a private visit with the caseworker at least once a month.	8	4			
12.	Foster parents are involved in the organization's foster parent recruitment and retention efforts.	5	4	2	1	
13.	The training I received from the organization has effectively prepared me to be a foster parent.	10	2			
14.	I have been informed of my rights and responsibilities as a foster parent.	8	3	1		
15.	I have access to services to prevent/reduce stress, such as childcare, respite care, counseling, peer support, or recreational activities.	8	4			
16.	The organization provided or helped me develop a plan for responding to emergencies such as accidents, run away behaviour, serious illness, fire, and natural disasters.	6	5		1	
17.	The organization assesses the safety of my home.	10	2			

## **Stakeholder Satisfaction Surveys**

### **Group Care Treatment Clients**

#### **Process:**

Surveys were given to all 32 clients in the Group Care Program, requesting them to respond to the statements. Statements were rated on a five-point scale from strongly agree to strongly disagree. When a client could not complete the survey on his/her own, unit staff provided assistance.

#### **Findings:**

- We received 15 completed surveys from a possible pool of 32 clients.
- The majority of clients rated the program favorably on only 5 of 14 statements (strongly agree or agree). This result is a significant decrease relative to the last available results in 2010-11, when the majority of clients rated the program favorably on 11 of 14 statements (in 2011-12, stakeholder survey results went directly to COA, coinciding with COA site visit in 2012).
- The Program Director attributes this decrease to three key factors: 1) there are too many clients in the 10-bed secure units, which is stressful both for clients and for staff; 2) older clients (16 years old +) are being referred to the program with well-entrenched behavior and less amenable to change; and 3) the referred clients' needs exceed the program's capacity to stabilize their behavior.

#### **Recommendations:**

1. The program is in the process of developing and implementing a plan to reduce the size of the two secure units from 10 females to 6 females and 10 males to 8 males (the latter unit is physically larger). This reduction in the size of the secure units will be accomplished by creating two new 4-bed units (one female and one male) in the community. The expectation is that smaller units will be beneficial to the clients.
2. Clients will be clustered according to their ages: clients 12 to 14 years old will be housed together, whereas clients 15 to 17 years old will be housed together. Moreover, those clients who are struggling in Group Care will be referred to the 1 and 2-bed placements that Knowles Centre is pursuing.
3. The program is in the process of enhancing its recreation program, which is also anticipated to have beneficial effects on clients.

## Stakeholder Satisfaction Surveys

### GCTP Client Questionnaire

\*\* Note 15/32 GCTP clients completed the GCTP consumer survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	1	5	3	3	3
2.	The people who work at the organization treat me with respect and courtesy.	2	6	3	3	1
3.	The staff is respectful of my confidentiality and privacy.		9	3	3	
4.	I know where to go at the organization or whom to speak to if I have a complaint.	5	6	2	1	1
5.	The organization asks me about my ideas on how to improve its services.	1	6	4	2	2
6.	The organization is easy for me to get to.		6	3	4	2
7.	The organization's services are available at times that are good for me.		6	6	2	1
8.	The organization's building and offices are clean. **1 Responded N/A	2	6	5	1	
9.	I feel safe while at the organization and on its property.	1	6	6	2	
10.	I help plan my services and set my goals.	3	7	1	2	2
11.	I was able to receive services from the organization without too much waiting time.	1	4	7	1	2
12.	I would recommend the organization to my family and friends.		4	3	2	6
13.	If I needed help or services again I would come back to the organization.		3	4	3	5
14.	Overall, I am satisfied with the services that I am receiving.	1	4	5	3	2

## **Stakeholder Satisfaction Surveys**

### **Supported Advancement to Independent Living (SAIL) Clients**

#### **Process:**

- Client Satisfaction Surveys were distributed to 13 out of 14 clients in the program during the month of May, 2013.
- The survey consists of 14 statements rated in a five-point scale from strongly agree to strongly disagree.
- Survey questions were reviewed with S.A.I.L. Case Managers and prior to the clients receiving the surveys.
- Each client was presented with the survey during a one on one meeting with their Case Manager.
- Time was set aside for the clients to fill out the survey. Case Managers were available to assist clients when they filled out their surveys in the event they did not understand any of the statements or had any questions.
- Clients who were not in attendance for the meeting were given the survey during their regular meeting time with their S.A.I.L. support worker. Clients were given time to fill out their surveys on their own with the expectation to return it sealed within the provided envelope at their next meeting with staff.

#### **Findings:**

- 11 out of 14 clients completed the survey.
- One client returned a blank survey.
- The majority of clients rated the program favorably (either strongly agree or agree) on all 14 items.
- Statement 5 shows only 10 responses, although there were 11 clients who filled out and returned the survey, but one client responded with “N/A.”
- There were 3 clients with developmental delays who did not ask for assistance and may not have fully understood the written statements.
- 4 clients were uncertain if they would come back to the organization if they needed help.



**Recommendations:**

1. Case managers will include asking clients if they have any suggestions for improvement at their monthly one-to-one meetings. Case Managers will inform clients at admission and at subsequent meetings about the avenues available for them to make suggestions for improved services.
2. Case Managers and the Program Director will develop a Program Handbook that will include client rights and responsibilities and suggestion forms.

## Stakeholder Satisfaction Surveys

### SAIL Client Questionnaire

\*\* Note 11/14 SAIL clients completed the SAIL consumer survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	5	5	1		
2.	The people who work at the organization treat me with respect and courtesy.	4	5	1	1	
3.	The staff is respectful of my confidentiality and privacy.	4	5	1	1	
4.	I know where to go at the organization or whom to speak to if I have a complaint.	7	4			
5.	The organization asks me about my ideas on how to improve its services. ** 1 Responded N/A	2	4	1	2	1
6.	The organization is easy for me to get to.	2	5	1	2	1
7.	The organization's services are available at times that are good for me.	3	5	2	1	
8.	The organization's building and offices are clean.	6	5			
9.	I feel safe while at the organization and on its property.	5	5	1		
10.	I help plan my services and set my goals.	6	5			
11.	I was able to receive services from the organization without too much waiting time.	2	7	2		
12.	I would recommend the organization to my family and friends.	4	3	3	1	
13.	If I needed help or services again I would come back to the organization.	1	5	4	1	
14.	Overall, I am satisfied with the services that I am receiving.	4	3	3	1	

\*\*One survey was returned with no answers

## **Stakeholder Satisfaction Surveys**

### **Sexual Abuse Treatment (SATP) Clients**

#### **Process:**

Surveys were given to six clients in the Sexual Abuse Treatment Program. Only clients over the age of 12 were asked to participate. The survey requested that they answer 14 questions on a five-point scale from Strongly Agree to Strongly Disagree. Clients were provided with the survey during a session at Knowles Centre. Clients were given privacy to complete the survey and were asked to return the completed survey in the sealed envelope provided.

#### **Findings:**

- 6 out of 6 SATP clients completed the survey.
- 100% of the responses rated the program favorably (Strongly Agree or Agree).

#### **Recommendations:**

1. Consider using a neutral administrator who remains present to respond to any questions that the SATP client may have. Having the client hand the sealed envelope to a neutral administrator rather than to their own therapist may reduce potential of clients slanting information.
2. The Coordinator/Therapist of the program will continue to seek feedback from her clients and clients' guardians (when relevant) to ensure clients' needs are being met and rights respected.

## Stakeholder Satisfaction Surveys

### SATP Client Questionnaire

\*\* Note 6/6 SATP clients completed the SATP consumer survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	6				
2.	The people who work at the organization treat me with respect and courtesy.	6				
3.	The staff is respectful of my confidentiality and privacy.	6				
4.	I know where to go at the organization or whom to speak to if I have a complaint.	5	1			
5.	The organization asks me about my ideas on how to improve its services.	4	2			
6.	The organization is easy for me to get to.	5	1			
7.	The organization's services are available at times that are good for me.	5	1			
8.	The organization's building and offices are clean.	6				
9.	I feel safe while at the organization and on its property.	6				
10.	I help plan my services and set my goals.	6				
11.	I was able to receive services from the organization without too much waiting time.	3	3			
12.	I would recommend the organization to my family and friends.	5	1			
13.	If I needed help or services again I would come back to the organization.	5	1			
14.	Overall, I am satisfied with the services that I am receiving.	6				

## **Stakeholder Satisfaction Surveys**

### **Day Treatment Clients**

Unfortunately, due to staff error, the surveys were not distributed to Day Treatment clients. Through the use of supervision and reminders, this error will not be repeated in future years.

## **Stakeholder Satisfaction Surveys**

### **Community**

#### **Process:**

The PQI Facilitator mailed a cover letter and survey to 90 community stakeholders comprised of social workers of clients from KC's various programs (Group Care, Treatment Foster Care, Independent Living); and representatives of funders (United Way of Winnipeg for the Sexual Abuse Treatment Program, River East Transcona School Division for the Day Treatment Program, Provincial Central Placement Desk for the Group Care Program). The cover letter requested that stakeholders rate anonymously KC on various items and return their completed surveys within the provided postage-paid envelopes and mail them to the KC PQI Facilitator within a specified time period. A total of 27 community stakeholders (30%) responded.

#### **Findings:**

The majority of stakeholders rated KC favorably 15 of 17 items surveyed (responding either strongly agree or agree). The remaining two items just missed reaching this majority threshold of endorsement because a large number of stakeholders was "uncertain" about how to respond to items #2 and 14.

#### **Recommendations:**

1. Concerning item #2, a "not applicable" response option will be added to future surveys to see if this will reduce the number of respondents selecting the "uncertain" response category.
2. Concerning item #14, KC will continue to place an annual audited financial statement on the KC website.

## Stakeholder Satisfaction Surveys

### Community Questionnaire

\*\* Note 27/90 community members completed the community survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization's facilities are clean and well maintained.	13	10	2	1	1
2.	The organization's services are accessible to persons with disabilities. ** 1 Responded N/A	5	6	13	2	
3.	The organization's services are conveniently located and accessible to public transportation.	5	15	6	1	
4.	The organization does not discriminate in the provision of its services.	13	10	3	1	
5.	Information about the organization's services and eligibility criteria are made available to the community.	8	13	5	1	
6.	The organization provides culturally sensitive services.	11	13	2	1	
7.	The organization respects the confidentiality of the persons it serves.	13	13		1	
8.	The organization is known for its integrity and ethical practices.	11	10	5	1	
9.	The organization conducts a public education program to make its presence known in the community.	5	9	12	1	
10.	The organization works with other community organizations to advocate on behalf of the people it serves.	8	13	4	2	
11.	The organization promptly screens applicants and persons referred for its services.	7	12	7	1	
12.	Waiting periods for services are responsible.	5	13	8	1	
13.	Fees are reasonable and fair.	4	11	11		1
14.	The organization is fiscally responsible.	6	7	13	1	
15.	The organization's reputation with the community is favorable.	7	15	3	2	
16.	Personnel are qualified and competent in the performance of their jobs.	11	12	2	2	
17.	The organization is in compliance with all applicable laws and regulations.	8	12	6	1	

Have you visited Knowles Centre's campus during the last 12 months? 24 yes 3 no

\*\* One survey was returned with no answers on it.\*\*

## **Stakeholder Satisfaction Surveys**

### **Knowles Centre Personnel**

#### **Process:**

The PQI Facilitator distributed a cover letter and survey to 71 permanent full-time and part-time staff within KC's various programs (within their pay envelopes). The cover letter requested that staff rate anonymously KC on various items and return their completed surveys within the provided envelopes to the PQI Facilitator by a specified date. A total of 38 staff (54%) responded.

#### **Findings:**

The majority of staff rated KC favorably on 14 of 16 items surveyed (responding either strongly agree or agree). There were only two items (items # 9 and 10) that failed to reach this majority threshold of endorsement because of the significant number of staff who were "uncertain" about how to respond to these questions.

#### **Recommendations:**

Concerning items #9 and 10, KC will distribute this table containing staff survey results, and share with staff how their feedback influenced implemented changes.



## Stakeholder Satisfaction Surveys

### Personnel Questionnaire

\*\* Note 38/71 personnel completed the personnel survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	My job responsibilities are clearly outlined in my job description. **1 Responded N/A	6	18	4	7	2
2.	I received an orientation within the first three months of beginning work with the organization.	16	15	3	4	
3.	I have an up-to-date copy of or can access the personnel handbook. **1 Responded N/A	9	10	10	7	1
4.	I am aware of the organization's grievance procedures and know how to make a complaint.	11	15	9	2	1
5.	I am notified when positions that I may be qualified for become available within the organization.	15	20	1	2	
6.	I can access my personnel record.	8	14	11	4	1
7.	I receive annual performance evaluations.	3	16	9	6	4
8.	I receive regular supervision.	13	18		4	3
9.	At least annually, employee satisfaction is assessed by the organization.	7	9	15	3	4
10.	The organization implements changes based on the feedback received from personnel.	2	11	14	7	4
11.	I participate in quality improvement activities within the organization.	6	16	5	9	2
12.	I received information on program outcomes that is useful to me in working with persons served. **2 Responded N/A	6	13	7	10	
13.	I have participated in on-the-job activities that enhance my knowledge and skills. ** 1 Responded N/A	12	17	4	4	
14.	Case records of persons that I serve are readily available or accessible to me. **2 Responded N/A	11	15	4	2	4
15.	I participate with others at my organization in quarterly review of my client's progress toward achieving this goals. ** 3 Responded N/A	7	20	3	4	1
16.	I am aware of the organization's policies regarding:					
	1. Harassment	15	20	1	1	1
	2. Discrimination prohibition	14	21	1	1	1
	3. Prohibition of corporal and degrading punishment of consumers	13	17	5	2	1
	4. Confidentiality	17	16	3	1	1

## **Stakeholder Satisfaction Surveys**

### **Knowles Centre Supervisors/Managers**

#### **Process:**

The PQI Facilitator distributed a cover letter and survey to 13 supervisors and managers (within their pay envelopes). The cover letter requested that supervisors and managers rate anonymously KC on various items and return their completed surveys within the provided envelopes to the PQI Facilitator by a specified date. A total of 11 supervisors and managers (85%) responded.

#### **Findings:**

The majority of supervisors and managers rated KC favorably on all 17 items (responding either strongly agree or agree).

#### **Recommendations:**

KC will continue with this annual survey as the results reassure us that we are on the right track with the supervisors and managers within the various programs.

## Stakeholder Satisfaction Surveys

### Supervisors/Managers Questionnaire

\*\* Note 11/13 supervisors/managers completed the supervisors/managers survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization has an effective quality improvement program.	6	4	1		
2.	I participate in the organization's quality improvement activities.	7	3		1	
3.	The organization regularly examines its internal access and service delivery processes.	6	4	1		
4.	The organization conducts quarterly reviews of accidents, incidents, and grievances.	7	3			1
5.	Outcome data is used to improve services for consumers. ** 1Responded N/A	4	6			
6.	I am aware of the organization's conflict of interest policy.	7	4			
7.	The organization does not discriminate in hiring/promoting.	5	4	1	1	
8.	I receive an annual performance evaluation.	2	5		4	
9.	The organization is prepared to respond to natural disasters and other emergencies.	2	5	1	3	
10.	The finances of the program in which I work are managed by the organization with integrity and according to sound business practices.	4	6	1		
11.	The organization's services are well coordinated.	3	7	1		
12.	The organization facilitates timely and easy access for consumers.	4	6	1		
13.	Access to emergency and crisis intervention services is available for consumers.	6	4		1	
14.	I have time to conduct supervision with my staff.	3	6	1	1	
15.	The organization monitors its relationship with contractors who provide services to consumers.	4	6	1		
16.	The organization's governing body and the CEO/Executive Director have an effective working partnership.	6	2	3		
17.	I am aware of the organization's confidentiality policy and procedures.	9	2			

## **Stakeholder Satisfaction Surveys**

### **Board of Directors**

#### **Process:**

Both the PQI Facilitator and the Senior Administrative Coordinator facilitated board members completing this survey at a regular monthly board meeting (board members who were unable to attend this board meeting also had the opportunity to complete this survey). A total of seven of eight board members (88%) completed this survey.

#### **Findings:**

The majority of board members rated Knowles Centre favorably on all items (responding either strongly agree or agree).

#### **Recommendations:**

Knowles Centre will continue with this annual survey as the results reassure us that we are on the right track with the board of directors.

## Stakeholder Satisfaction Surveys

### Governance Questionnaire

\*\* Note 7/8 directors completed the governance survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	As a member of the governing body (GB), we effectively conduct/participate in long term planning.	2	4	1		
2.	As the GB, we effectively develop and approve policies.	3	4			
3.	As the GB, we establish resource development targets and goals.	3	3	1		
4.	We regularly review fiscal/financial reports.	6	1			
5.	We approve the organization's annual budget.	7				
6.	As the GB, we review and formally accept the annual audit.	5	2			
7.	As a member of the GB, I review and provide input regarding the organization's quality improvement activities/initiatives.	3	4			
8.	As a member of the GB, we receive information on the organization's program outcome and outcomes for persons served.	3	4			
9.	The organization's GB and the CEO/Executive Director have an effective working relationship.	5	2			
10.	At least annually as members of GB, we assess areas of risk to the organization.	3	4			
11.	We receive quarterly reports of immediate and ongoing risk within the organization.	3	4			
12.	The organization collaborates with the community to advocate for issues of mutual concern.	2	3	2		
13.	I received an orientation as to my GB responsibilities.	5	2			
14.	The organization's GB is representative of the community it serves.	3	3	1		
15.	To your knowledge, within the last four years, have any of the following occurred?  a. Allegations or findings of professional misconduct, b. Financial malfeasance, c. failure to comply with laws and regulations governing equal opportunity and workforce administration, d. investigations by regulatory or other monitoring bodies which have identified significant problems at the organization.	Yes 7	No			



## **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 needs are beyond the care and control of their birth or alternative care providers. In addition to possessing numerous strengths, the children we serve may struggle with a variety of issues related to grief and loss and various developmental, attachment, emotional, cognitive, and behavioral issues and needs.

In the past year, the TFC program continued to utilize two 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 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, and a score of (30) severe impairment: a score is recorded for the child in each of the eight domains. A total score is also determined by calculating the sum of the eight individual domain scores. The higher the total score, the higher the level of impairment of the child. The CAFAS are administered to children 5 to 19 years of age (full-time kindergarten and higher), and the PECFAS is administered for children 3 to 7 years of age, depending on the developmental (not chronological) age of the child. A CAFAS or PECFAS is completed for each child three years of age or older that is in the program within 30 days of placement and every three months thereafter. It should be noted that during this past year, there was a change to enable the CAFAS to be administered every six months, instead of every three months.

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 three 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 six months thereafter.

The CAFAS/PECFAS are generally completed by the child's clinical case manager in collaboration with 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 65 youth that enabled a comparison of the initial assessment scores and the most recent scores within the past year. One case was 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 to 19 years of age, with 57% being pre-adolescent and 43% being adolescents; 60% were male and 40% 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 (42) and most recent score (49) was -7 indicating there was a slight decrease in functioning from pre-test to post-test. It is worthwhile to note that aggregate data for 7 of the 8 sub-scales fell within the mild impairment range, with only one category just falling into the moderate range. Only six of the sixty-five children were assessed as having a pervasive behavioral impairment.

### PECFAS

The PECAFS was implemented for 12 children between the ages of 3 to 8 years of age that allowed for a comparison of at least two results within the testing period; 42% were male and 58% were female. Three of the cases were excluded because either the initial or most recent PECFAS was missing, or not all sub-scales were rated, and thus a total score for the child could not be calculated. Noting a “could not score” on the sub-scale could also prevent generating a total score. The difference between the average PECFAS Total Score for the initial score (29) and most recent score (39) was -10, indicating there was a decrease in functioning from pre-test to post-test. It is significant to note that 6 of the 7 sub-scales were within the mild impairment range. The exception was the home category, which just fell into the moderate range (by one point). None of the children in this age range were assessed as having a pervasive behavioral impairment.

### ABAS-II

There were 64 clients that were assessed a minimum of two times during the identified reporting period. Improvement was noted in 61% (39) of the clients, 6% (4) of the clients remained the same, and 33% (21) of the clients showed a decline in functioning. Of the four clients that remained the same, it should be noted that three of the four are in the above average to superior range and demonstrated stability in maintaining their positive functioning. Of the 33% that declined in functioning, more than half (11) clients remained in the same descriptive category.

## **Extraneous variables:**

The most significant factor that is likely contributing to a decline in functioning on the CAFAS and PECFAS, while generally remaining in the mild category, is the reality of typical day-to-day fluctuations in children’s actual behavior, as well as typical care providers perceptions and feelings about these behaviors on a day-to-day basis, and at the time of testing, and how this is communicated to clinical case managers. The scores indicate overall stability overall. The reality that all Total Scores for the seven PECFAS and eight CAFAS subscales were in the mild impairment range (with the exception of the PECFAS home subscale, which just entered the moderate range) is

also viewed as positive. Almost all of the children who declined in functioning were pre-adolescents and adolescents, and impacted by all the typical stresses of this developmental phase, which is exacerbated by their past trauma, ARND diagnoses, etc.

Other mitigating factors include: changes in medication; contact and plans with birth family; different Treatment Foster parents and different Clinical Case Managers may interpret questions differently, have different perceptions of children's functioning, and change their perception of similar behavior between testing times; etc. Some raters also struggled with interpreting some of the ABAS questions and adjusted their perspective over time, which also impacted the results.

#### **Review of Recommendations for 2011-12:**

1. That the CAFAS continue to be used as a clinical outcome measure. (**Completed.**)
2. That additional ABAS-II training be provided as soon as possible. (**Completed:** consultation occurred with Dr. Dell Ducharme.)
3. That a review of the ABAS-II and its usefulness be considered further, once formal training is completed. (**Completed:** mixed opinions, however will continue to use and continue to review.)
4. That the ABAS only be administered every six months rather than every three months going forward. (**Revised/completed:** should have indicated CAFAS (not ABAS) and this has occurred.)
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. (**Completed/ongoing.**)

#### **New Recommendations:**

1. To more closely analyze the clients that had a significant decline in functioning to better understand their needs and consider how to best meet their needs to enhance functioning.
2. To review whether we continue to utilize the ABAS as an outcome measure (rather than just a clinical measure that can be utilized as required) going forward.

## **Client Outcome Measures**

### **Group Care Treatment Program**

Clients are referred to the group care program because of the severity of their emotional and behavioral problems. Knowles Centre's intervention/treatment is designed to decrease the severity of their emotional and behavioral problems. Consequently, the Child and Adolescent Functional Assessment Scale (CAFAS) was selected to assess changes in client emotional and behavioral 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, Behavior Towards Others, Moods/Emotions, Self-Harm Behavior, Substance Use and Thinking. For each subscale, the rater selects the item(s) 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:** Please note that the extraneous variables that were noted last year would remain the same. The therapists, who completed the assessments, noted that there were several items 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 two times during the reporting period. Therapists also noted that the initial assessment was based on intake information only, while subsequent assessments included enhanced information shared by the client. Thus, they felt that certain behaviors were disclosed as a result of the close relationships formed over time that were unknown at the initial assessment. They also noted that some behaviors would be discovered due to the close supervision at Knowles Centre, which may have been otherwise unknown at the initial assessment.

#### **Data Analysis:**

The sample size for comparison of Initial (when they first were admitted into the program) to Most Recent Assessments for the Group Care Treatment Program was 58 clients. The data suggest that 65% of the clients improved on one or more outcome indicator and that 60% of the clients showed meaningful and reliable improvement. Of note is that 52% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer meet PBI criteria at Most Recent Assessment,

#### **Recommendations:**

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

## **Client Outcome Measures**

### **Supported Advancement to Independent Living Program (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 were 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.

#### **Data Analysis:**

Due to the absence of one of only two Case Managers, the ABAS-II and the CAFAS were not completed consistently. Therefore, the data is incomplete and cannot be analyzed.

#### **Recommendations from 2011-12:**

1. Continue to use the CAFAS and ABAS-II as client outcome measures. **(Ongoing)**
2. Review the ABAS-II rating instructions with SAIL staff to ensure consistent understanding of the rating system. **(Ongoing)**
3. Ensure all new SAIL staff are provided detailed training for ABAS-II. **(Ongoing)**
4. Ensure Case Managers are reviewing the ABAS-II completed by newer staff. **(Ongoing)**

5. Have all assessments completed three months after clients move into their apartment to improve reliability. (**Incomplete:** due to the absence of a Case Manager the completion of assessments were inconsistent and could not be monitored properly.)

**New 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.
6. Develop a system where the Support Workers drive the implementation of the assessments at each three-month interval.

## **Client Outcome Measures**

### **Sexual Abuse Treatment Program (SATP)**

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

1. The Child Depression Inventory – Second Edition (CDI-II) 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.
2. The Trauma Symptom Child Checklist (TSCC) is a self-report measure for children and adolescents assessing trauma symptomatology (used by the SATP for clients aged thirteen to seventeen). The Trauma Symptom Inventory (TSI) is used with adult clients (18 years and older) and the Trauma Symptom Checklist for Young Children (TSCYC) was pilot tested for clients aged three to twelve who are exhibiting trauma symptomatology.

#### **Data Analysis:**

Seven clients completed the CDI –II at time 1 and time 2: two clients showed improvement, two clients showed no change and three clients showed slight regression. Please note that an eighth client completed time 1 and time 2 but could not be properly analyzed as at time 1 the CDI-II was utilized and at time 2 the BDI –II was utilized. This client did appear to show some improvement.

Two clients completed the BDI –II at both time 1 and time 2: no change was noted for these clients. Their scores both remained in the “minimal range”.

Concerning the TSCC, three subscales were analyzed (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 six 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 (due to under reporting). For the remaining four clients in the areas of PTS and DIS, one client showed improvement, two clients showed no change, and one client showed some regression. In the area of SC, one client showed improvement, two clients showed no change, and one client showed some regression. Please note that an additional client completed both time 1 and time 2 but could not be properly analyzed as at time 1 the TSCC was utilized and at time 2 the TSCYC was utilized.

Concerning the TSI, three subscales were analyzed (Intrusive Experiences/IE, Disassociation/DIS, and Sexual Concerns/SC), as they were deemed most relevant to the work being done in the SATP. Two clients completed the TSI at both time 1 and time 2: no change was noted for these clients (their scores remained with the non-significant range).

While these results appear fairly mixed it is important to note that in relation to depressive symptomatology (utilizing the CDI–II and BDI – II) at time 2, client scores are all within a minimal

range and/or average range with absolutely no scores falling within a concerning range. This appears to be generally true in relation to post-traumatic symptomology (utilizing the TSI and the TSCC) as well. At time 2, all scores, but for one client, are within the “non-significant range” (one client’s SC scores are significant). Thus it seems that the vast majority of the clients in SATP aren’t demonstrating scores within a concerning range.

Of additional significance in interpreting this data it is important to understand that some sexually abused children may fail to exhibit overt symptomatology on generic tests. 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). In addition, most of those sexually abused children do not exhibit as much emotional and behavioral disturbance as the typical clinical populations of non-sexually abused children. This is in part because they come into treatment not because of symptoms, but as a result of the discovery of their abuse. Non-symptomatic sexually abused children are frequently sent to treatment, first because adults fear unseen damage that they want therapy to detect and improve, and second, because adults see treatment as protection against the onset of problems at some future time. Such data also suggests that sexual abuse may not have significant mental health consequences for all victims, although it is likely that some “asymptomatic” children are actually experiencing post abuse symptoms that are missed by generic (non-abuse-specific) test (Briere & Runtz, 1993) or that some children seek to suppress or deny abuse-related distress (Elliott & Briere, 1994).

In addition, serious symptoms may not surface until many years later (Briere, 1992). Such symptoms are triggered by later developmental challenges that may not be accessible to therapy at an earlier time (i.e., the “sleeper effect”). Finally, some may be resilient children who are dealing successfully with the challenges posed by the abuse. Sexual abuse does not occur in a vacuum. A variety of other individual, family, and community supports may reduce distress and assist in recovery, which is therefore reflective in the trauma scores.

Please note that time 1 and time 2 fell between September 2012 and August 2013. While all clients received testing in the area of trauma symptomology (TSCC, TSI or TSCYC), the CDI-II and BDI-II were used only with clients exhibiting depressive symptomatology.

As per last year’s recommendations:

1. Alternate measures will be explored for clients who do not exhibit trauma and/or depressive symptomatology at intake and/or admission: The SATP has access to multiple other measures including the Children’s Knowledge of Abuse Questionnaire, the Beck Youth Combination Booklet (which includes measures on depression, anxiety, anger, disruptive behavior and self-concept), the Conner’s 3 (ADHD) and the SASSI (Substance Abuse).
2. The Trauma Symptom Checklist for Young Children (TSCYC) will be pilot-tested: The Trauma Symptom Checklist for Young Children (TSCYC) was pilot-tested during the 2013 year for clients aged three to twelve who exhibited trauma symptomatology. This measure is completed by the parent/caregiver. The SATP did find the addition of the TSCYC to be very useful and plans to continue to utilize it.



3. The CDI-II and the BDI-II will be used only with clients exhibiting depressive symptomatology. This was met.
4. The Children's Knowledge of Abuse Questionnaire - Revised III (CKAQ-R-III) will be used for all clients. The CKAQ-R-III continued to be utilized for all clients (however not for PQI purposes).

**Recommendations:**

1. Continue to use the CDI-II or BDI-II when a client is exhibiting depressive symptomatology.
2. Continue to use the TSCC, TSI and/or the TSCYC for all SATP clients

## **Client Outcome Measures**

### **Day Treatment Program**

Clients are referred to the DTP because of the severity of their emotional and behavioral problems, and their struggles to function within the regular school system. Knowles Centre's intervention/treatment is designed to decrease the severity of their emotional and behavioral problems. Consequently, the Child and Adolescent Functional Assessment Scale (CAFAS) was selected to assess changes in client emotional and behavioral 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, Behavior Towards Others, Moods/Emotions, Self-Harm Behavior, Substance Use and Thinking. For each subscale, the rater selects the item(s) which in turn, determines the youth's level of impairment for that subscale. There are four 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:**

N/A

#### **Data Analysis:**

The sample size for comparison of Initial (when they first were admitted into the program) to Most Recent Assessments for the Day Treatment Program was 11 clients. The data suggests that 73% of the clients improved on one or more outcome indicators and that 64% of the clients showed meaningful and reliable improvement. Of note is that 67% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer meet PBI criteria at Most Recent Assessment,

#### **Recommendations:**

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

# **John G. Stewart School Annual Community Report**



**2012-2013 Annual Community Report**  
**John G. Stewart School**  
**“Creating Success for Youth”**

**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

**Indicators of Program Success:**

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.

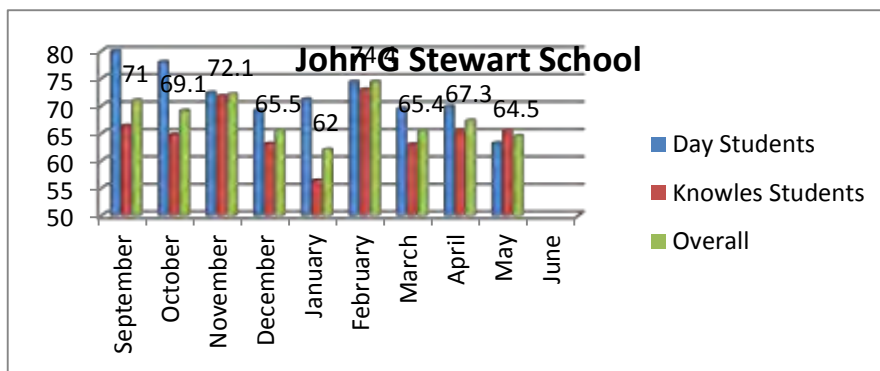
- Attendance (reported monthly to M.E.C.Y. and annually in the John G. Stewart Community/Annual Report)
- Behaviour Tracking (through daily charting and tracking)
- Academic Growth (through pre and post assessments of students)

- 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)

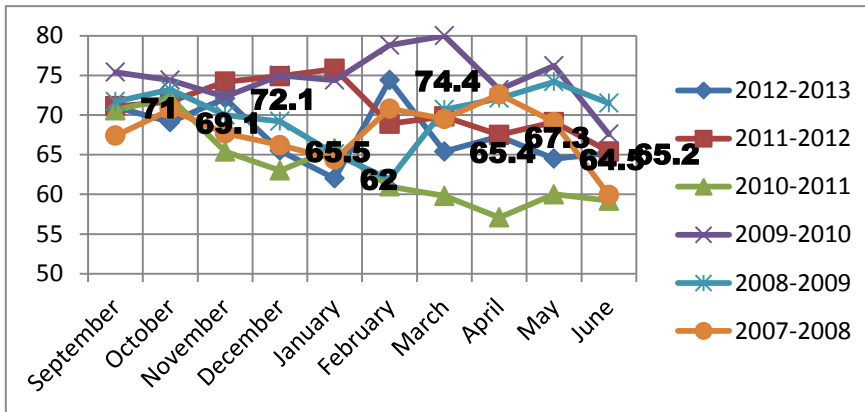
### Student Attendance:

2012-2013 will be best described as inconsistent. Our attendance data seems to reflect this. Some months we had very good attendance while the very next was 10% lower. We believe this is a direct result of the huge increase (92%) of the number of school days missed because our students were incarcerated and often for weeks at a time. As this graph shows, we had a huge discrepancy in the attendance of our Day Students verses the Residential students. This is really the first time in 15 years of tracking this that that this has happened. We believe that the high number of younger Day Treatment students was the major reason. Of our 12 Day Students, five were in grade 6, one in grade 7, two in grade 8 and the remaining four were enrolled in High School Courses. The younger students have greater commitment by families to have them attend school and tend to be arrested less. Three grade 6 students made the 90% or better monthly attendance honour roll each month of the school year!

On the residential side, incarcerated clients and clients choosing to go AWOL continue to be the main reason for absenteeism. The poor attendance has also reflected in a significant decrease in the number of High School Credits earned by our students. 2012-2013 school year saw John G Stewart School students earn 79 credits. This a huge drop off from the 110 and 111 earned the previous two years respectively.

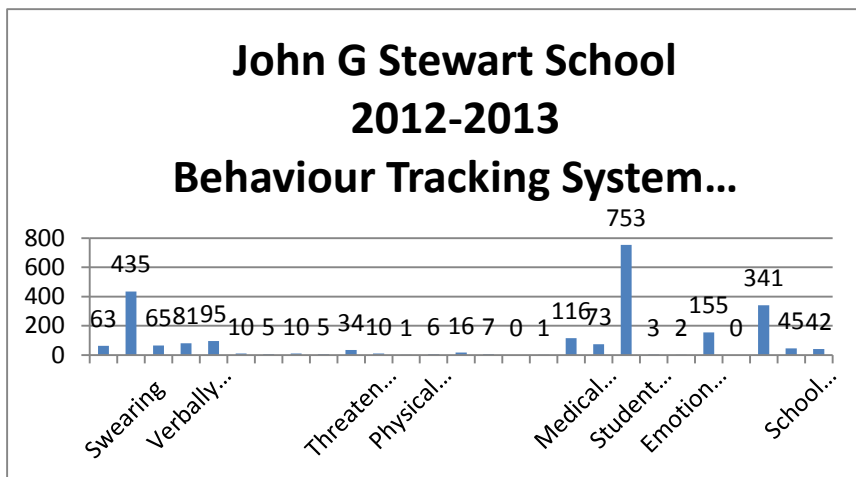


### John G Stewart School Year-Over-Year Attendance Comparison:



### 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.



We were surprised that the third highest reason for going in the student support room was students requesting to meet and touch base with their student support team member. This, we believe, speaks volumes to the special relationships and bonds developed between our students and their key worker in the building. We continue to work hard to reduce the number of times students walk out of class. This number seems high in isolation but when you factor in that we stress to students to keep issues small, to get yourself out of volatile situations and to delay dealing with conflict until your emotions are back under control. To keep this number in context we must also look at the large reduction in days missed because of out of school suspensions. Suspensions keep trending down mostly because students are using the student support room as the area to work through issues instead of escalating issues to the point that suspension is the only option.

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 continues to do a great job in coaching students to use alternative strategies to deal with these feelings that come up.

### **Academic Achievement for 2012-13:**

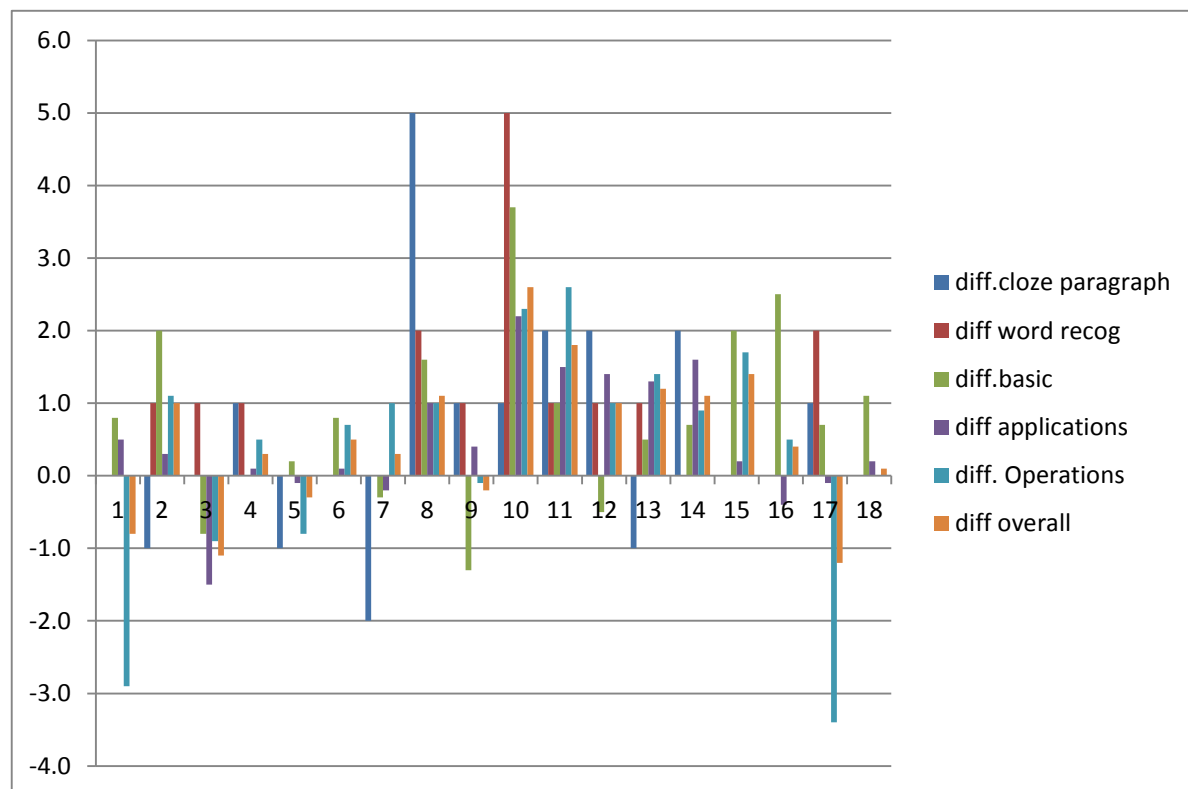
We are very proud of the results we can report each year that our students have improved their academic skills and this year is no exception.

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.

With our focus on improving reading levels this year we may have inadvertently lost some ground in math. We also discovered that the students who show the greatest increases in academic skills are also the same students who are regularly on our monthly Attendance Honour Roll. Students numbered 8 through 12 are members of our youngest classroom. This room is made up of grade 6 and 7 students who come from community schools that have struggled to deal with their behavior issues since grade 1. We are fortunate to have skilled staff who can work through the behavior, coach new strategies to cope with issues and provide them help as they try these new found skills out for the first time. Once students feel like they belong and the staff at John G Stewart School genuinely care for them they are better able to not only focus on academic improvement but in many cases start to develop a knowledge of how schools work, how they get assessed and how they can achieve in school. This feeling of achieving in school, as our belief statement refers, is an incredibly powerful contributor to their feeling of self-worth and providing hope for the future.



### Academic growth Chart:



### Discharge Summary:

During 2012-2013, there were 26 students discharged during the school year. Twenty-three of these students were clients of Knowles Centre and three were students from the Four Fires Lodge. There were no Day Students discharged during the school year.

A planned discharge is when a student has left the school as part of a planned exit. Some examples of planned discharges would be students transferring out of John G. Stewart to attend other schools in the River East Transcona School Division, or are registering 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 or Four Fires Lodge because of continuous absenteeism, and/or Social Service Agencies no longer willing to have their clients reside at either of these facilities.

Of the 23 Knowles clients, 12 were discharged with pre-conceived plans, mostly to foster homes or returned to family members, while 11 were discharged either because of absenteeism or lengthy periods of incarceration.

Of the three Four Fires Lodge clients, one was discharged with a plan.

**Year Over Year Absentee Summary Comparison:**

<i>Reason For Absence</i>	<i>Number of Occurrences</i>		
	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>
Student AWOL	514	460	500.5
Court Appearances	11	22	17
Incarcerated	360	344	659
Held Back in Unit	384.5	270	249
On Home Visits	158.5	82.5	88.5
Student Ill/Hospitalized	204	78	65.5
Medical Appointment	18.5	37	85
Parent Request for Absence	64.5	76.5	143
Knowles Residents Refusing to go to school	234	40	58.5
On Program with Knowles Centre	78.5	89	27.5
Out of School Suspensions	203.5	160.5	126.5
Truancy	971.5	583	344

## **Staff Retention Data**



## Staff Retention Data:

### Breakdown by Department September 1, 2012 – August 31, 2013

	Admin/ Mtnce	SAIL	TFC	Group Care/ Kitchen	Clinical
# current full and part time staff	84				
# of Applicants Hired	12	2	3	1	5
# total full and part time staff	96				
# of FT/PT that Left Employment	9	2	1	5	1
# of FT/PT Retirements	0				
Turnover %	9%				
<b>Total FT/PT Staff</b>	<b>87</b>				

### Summary:

During the period September 1, 2012 to August 31, 2013, Knowles Centre turnover rate was 9%, whereas for the previous year, it was 1%. However, a 91% staff retention rate is still a very good result within our sector.

### Staffing Level changes by department:

Administration/Maintenance: No changes in Administration. Changes in Maintenance as follows: 1 full-time Maintenance Coordinator and 1 full-time Maintenance Worker left employment; one of the Maintenance Workers was awarded the full-time Maintenance Coordinator position and 1 full-time Maintenance Worker was hired externally.

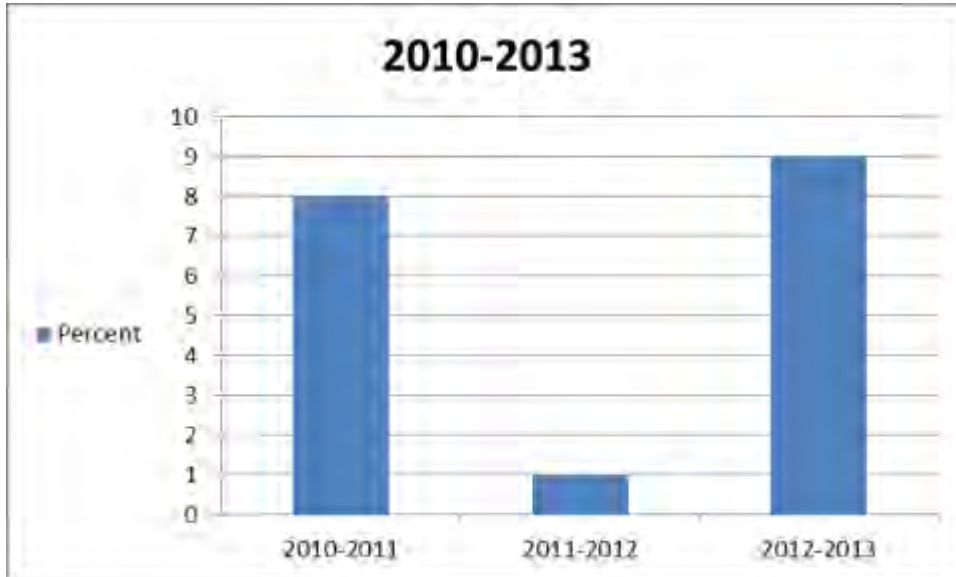
SAIL: Hired two full-time employees for On-Site Nights positions and 1 part-time employee for On-Site Nights position.

TFC: Full-time Coordinator position became vacant in September 2012 and was subsequently filled internally in November 2012.

Group Care: No changes to staffing levels. The five staff that left were filled by internal staff transfers. Group Care has one staff member on LTD.

Clinical: Full-time term position hired to fill vacant position.

### Staff Turnover Chart:



# **Financial Report**

(March 31, 2013)





## 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, 2013, 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 Accounting Standards for Not-for-Profit Organizations 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, 2013 and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

### Comparative Information

Without modifying our opinion, I draw attention to Note 2 of the financial statements which describes that the Knowles Centre Inc. adopted Canadian Accounting Standards for Not-for-Profit Organizations (ASNPO) on April 1, 2012 with a transition date of April 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements including the statement of financial position as at March 31, 2012 and April 1, 2011 and the statements of operations and changes in fund balances for the year ended March 31, 2012 and related disclosures. We were not engaged to report on the the restated comparative information and as such, it is unaudited.

Winnipeg, Manitoba  
June 18, 2013

**HMA**  
CHARTERED ACCOUNTANTS LLP



# KNOWLES CENTRE INC.

STATEMENT 1

## STATEMENT OF FINANCIAL POSITION

As At

	Operating Fund	Capital Fund	Scholarship Fund	March 31, 2013	March 31, 2012	April 1, 2011
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### ASSETS

CURRENT						
Cash	\$	\$	\$	\$	\$	\$
Investments		29,601		29,601	45,447	34,700
Accounts receivable		415,600		415,600	412,130	409,516
Prepaid expenses	862,043	2,745		864,788	892,003	895,263
Interfund balances	31,031	-	110,168	31,031	14,250	
	<u>893,074</u>	<u>447,946</u>	<u>110,168</u>	<u>110,168</u>	<u>110,616</u>	<u>195,045</u>
				<u>1,451,188</u>	<u>1,474,446</u>	<u>1,534,524</u>
CAPITAL ASSETS (Note 5)						
	-	2,118,353	-	2,118,353	1,776,613	1,670,162
	<u>893,074</u>	<u>2,566,299</u>	<u>110,168</u>	<u>3,569,541</u>	<u>3,251,059</u>	<u>3,204,686</u>

### LIABILITIES

CURRENT						
Bank indebtedness	\$	\$	\$	\$	\$	\$
Accounts payable	142,254			142,254	122,706	352,060
Deferred revenue	481,104			481,104	523,504	282,546
Interfund balances	478,768			478,768	424,064	364,399
Current portion of long term debt	61,020	49,148		110,168	110,616	195,045
	<u>1,163,146</u>	<u>39,446</u>	<u>-</u>	<u>39,446</u>	<u>18,742</u>	<u>17,730</u>
		88,594	-	1,251,740	1,199,632	1,211,780
LONG TERM DEBT (Note 6)						
	-	478,160	-	478,160	186,087	204,651

### FUND BALANCES

FUND BALANCES (Statement 2)	( 270,072)	1,999,545	110,168	1,839,641	1,865,340	1,788,255
	<u>893,074</u>	<u>2,566,299</u>	<u>110,168</u>	<u>3,569,541</u>	<u>3,251,059</u>	<u>3,204,686</u>

Approved on behalf of the Board



R. Steupner

.....  
Director

# KNOWLES CENTRE INC.

STATEMENT 2

## STATEMENT OF CHANGES IN FUND BALANCES

YEAR ENDED MARCH 31

	2013	2012
<b>OPERATING FUND</b>		
BALANCE, <i>beginning of year</i>	\$( 280,569)	\$( 303,454)
Excess of revenue over expenditures ( <i>Statement 3</i> )	40,497	52,885
Interfund transfer - Capital Fund	( 30,000)	( 30,000)
BALANCE, <i>end of year</i>	<u>\$( 270,072)</u>	<u>\$( 280,569)</u>
<b>CAPITAL FUND</b>		
BALANCE, <i>beginning of year</i>	\$ 2,037,962	\$ 1,986,549
Excess of expenditures over revenue ( <i>Statement 3</i> )	( 47,090)	18,798
Transfer of realized gains to investment income	( 13,370)	
Interfund transfer - Operating Fund	30,000	30,000
Net change in unrealized fair value of investments	( 7,957)	2,615
BALANCE, <i>end of year</i>	<u>\$ 1,999,545</u>	<u>\$ 2,037,962</u>
<b>SCHOLARSHIP FUND</b>		
BALANCE, <i>beginning of year</i>	\$ 107,947	\$ 105,160
Excess of revenues over expenditures ( <i>Statement 3</i> )	<u>2,221</u>	<u>2,787</u>
BALANCE, <i>end of year</i>	<u>\$ 110,168</u>	<u>\$ 107,947</u>
<b>TOTAL FUND BALANCES</b>	<u>\$ 1,839,641</u>	<u>\$ 1,865,340</u>



**STATEMENT OF REVENUE AND EXPENDITURES**
**YEAR ENDED MARCH 31**

	Operating Fund	Capital Fund	Scholarship Fund	2 0 1 3	2 0 1 2
<b>REVENUE</b>					
Foster Care	\$ 4,960,104	\$	\$	\$ 4,960,104	\$ 4,557,746
Group care treatment	2,683,911			2,683,911	2,578,326
Province of Manitoba grant	672,700			672,700	653,000
SAIL Program	988,924			988,924	787,982
Other income <i>(Schedule 3)</i>	448,351			448,351	439,071
Fundraising		1,443		1,443	12,854
Investment income		28,223	4,756	32,979	24,158
Thomas and Beatrice Gilroy Trust		4,250		4,250	4,553
C.H. Bowie, C.A. Bowie, and A.W. Gibson Memorial Fund		3,587		3,587	3,912
A.R. McNichol Fund		1,709		1,709	1,808
Donations	-	1,778	-	1,778	80,508
	<u>\$ 9,753,990</u>	<u>\$ 40,990</u>	<u>\$ 4,756</u>	<u>\$ 9,799,736</u>	<u>\$ 9,143,918</u>
<b>EXPENDITURES</b>					
Staff remuneration <i>(Schedule 1)</i>	\$ 8,580,355	\$	\$	\$ 8,580,355	\$ 8,078,165
Maintenance and repairs <i>(Schedule 1)</i>	267,011			267,011	210,395
Administration and general <i>(Schedule 1)</i>	208,860			208,860	158,124
Food, clothing, welfare and activities <i>(Schedule 2)</i>	657,267			657,267	513,596
Amortization		72,022		72,022	67,395
Interest on long term debt		12,219		12,219	10,858
Miscellaneous		3,639		3,639	3,415
Fundraising and public relations		200		200	750
Repairs and maintenance					20,993
Scholarships	-	-	2,535	2,535	2,796
	<u>9,713,493</u>	<u>88,080</u>	<u>2,535</u>	<u>9,804,108</u>	<u>9,066,487</u>
EXCESS OF REVENUE OVER EXPENDITURES (EXPENDITURES OVER REVENUE)	<u>\$ 40,497</u>	<u>\$ ( 47,090)</u>	<u>\$ 2,221</u>	<u>\$ ( 4,372)</u>	<u>\$ 77,431</u>

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31

	Operating Fund	Capital Fund	Scholarship Fund	2 0 1 3	2 0 1 2
CASH FLOW FROM					
<i>OPERATING ACTIVITIES</i>					
Excess of revenue over expenditures (expenditures over revenue)	\$ 40,497	\$( 47,090)	\$ 2,221	\$( 4,372)	\$ 74,470
Items not affecting cash					
Amortization of capital assets		72,022		72,022	67,395
Gain on sale of investments		( 13,370)		( 13,370)	
Changes in non-cash working capital items					
Accounts receivable	24,029	3,187		27,216	3,260
Prepaid expenses	( 16,781)			( 16,781)	( 14,250)
Accounts payable	( 42,400)			( 42,400)	240,957
Deferred revenue	54,703			54,703	59,667
Interfund transfers	( 79,596)	81,817	( 2,221)	-	-
	( 19,548)	96,566	-	77,018	431,499
<i>INVESTING ACTIVITIES</i>					
Purchase of capital assets		( 413,762)		( 413,762)	( 173,846)
Proceeds from sale of investments		303,072		303,072	
Purchase of investments	-	( 314,500)	-	( 314,500)	-
	-	( 425,190)	-	( 425,190)	( 173,846)
<i>FINANCING ACTIVITIES</i>					
Proceeds of long term debt issuance		335,000		335,000	
Repayment of long term debt	-	( 22,222)	-	( 22,222)	( 17,552)
	-	312,778	-	312,778	( 17,552)
NET INCREASE (DECREASE) IN CASH	( 19,548)	( 15,846)		( 35,394)	240,101
CASH, <i>beginning of year</i>	( 122,706)	45,447	-	( 77,259)	( 317,360)
CASH, <i>end of year</i>	\$( 142,254)	\$ 29,601	\$ -	\$( 112,653)	\$( 77,259)
CASH AND CASH EQUIVALENTS CONSISTS OF:					
Cash				\$ 8,699	\$ 15,800
Bank indebtedness				( 142,254)	( 122,706)
Short term investments				20,902	29,647
				\$( 112,653)	\$( 77,259)



# KNOWLES CENTRE INC.

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2013

### 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. FIRST TIME ADOPTION

Effective January 1, 2012, the organization adopted the requirements of the new accounting framework, Canadian Accounting Standards for Not-for-Profit Organizations (ASNPO) or Part III of the requirements of the Canadian Institute of Chartered Accountants (CICA) Handbook - Accounting. These are the organization's first financial statements prepared in accordance with this framework and the transitional provisions of Section 1501, First-time Adoption have been applied. Section 1501 requires retrospective application of the accounting standards with certain elective exemptions and retrospective exemptions. The accounting policies set out in Note 3 - Significant Accounting Policies have been applied in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements for the year ended March 31, 2012 and in the preparation of an opening ASNPO statement of financial position at the date of transition of April 1, 2011.

The organization issued financial statements for the year ended March 31, 2012 using generally accepted accounting principles prescribed by the CICA Handbook - Accounting Part V - Pre-changeover Accounting Standards. The adoption of ASNPO resulted in no adjustments to the previously reported assets, liabilities, net assets, income and expenditures of the organization.

### 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

#### 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



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2013

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

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.

*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.

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2013

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

*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.

*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. 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, 2013

5. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net Book Value	
			2013	2012
Land	\$ 17,719	\$	\$ 17,719	\$ 17,719
Buildings	3,045,812	1,111,106	1,934,706	1,622,829
Ground improvements	99,637	19,878	79,759	29,529
Campsite conservation	179,869	169,452	10,417	11,574
Furniture and equipment	372,132	316,304	55,828	69,786
Tractor	15,824	15,824		73
Tractor loader	14,695	12,817	1,878	2,347
Camp equipment	33,745	33,745		200
Vans	182,384	164,339	18,045	22,556
	<u>\$ 3,961,817</u>	<u>\$ 1,843,465</u>	<u>\$ 2,118,352</u>	<u>\$ 1,776,613</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.

6. LONG TERM DEBT

Commercial mortgage, bearing interest at 2.9% per annum, payable in monthly installments of \$2,416, secured by a Promissory Note in the amount of \$435,650 and first charge on the property located at 2065 Henderson Highway, due on demand.

	2013	2012
	\$ 331,540	\$ -

Commercial mortgage, 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.

	186,066	204,829
	<u>517,606</u>	<u>204,829</u>

Less: Current portion

	39,446	18,742
	<u>\$ 478,160</u>	<u>\$ 186,087</u>

Principal repayment terms are approximately:

2014	\$ 39,446
2015	41,148
2016	42,930
2017	44,798
2018	46,755
Thereafter	<u>302,528</u>

7. GOVERNMENT ASSISTANCE

During the year, the Centre received operating grants of \$672,700 (2012 - \$653,000) from the Province of Manitoba - Department of Family Services which is included in operating fund revenue.

**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2013**

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**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 end March 31, 2013 were \$183,709 (2012 - \$165,747) and have been expensed during the year.

**SCHEDULE OF OPERATING FUND EXPENSES**
**YEAR ENDED MARCH 31**

	<b>2 0 1 3</b>	<b>2 0 1 2</b>
<b>STAFF REMUNERATION</b>		
Salaries	\$ 4,321,247	\$ 4,061,967
Foster Care	3,490,927	3,315,039
Canada Pension Plan	182,172	165,103
United Way pension fund	183,709	165,747
Employee group insurance benefits	124,471	113,798
Employment insurance	95,510	85,348
Manitoba payroll tax	94,750	89,259
Workers compensation	<u>87,569</u>	<u>81,904</u>
	<b>\$ 8,580,355</b>	<b>\$ 8,078,165</b>
<b>MAINTENANCE AND REPAIRS</b>		
Insurance	\$ 66,586	\$ 62,645
Building repairs	75,908	51,212
Driveway maintenance	9,210	
Equipment repairs and replacement	16,933	16,562
Heating fuel	10,230	11,272
Hydro and electrical	34,023	30,773
Maintenance and household supplies	42,070	26,793
Municipal taxes	6,280	7,172
Water	<u>5,771</u>	<u>3,966</u>
	<b>\$ 267,011</b>	<b>\$ 210,395</b>
<b>ADMINISTRATION AND GENERAL</b>		
Accreditation	\$ 9,271	\$ 4,200
Advertising	4,221	1,522
Bank charges and interest	5,374	8,216
Dues and subscriptions	9,467	5,996
Meetings	8,712	9,585
Miscellaneous	932	8,025
Office supplies	44,145	41,373
Payroll service charge	300	396
Postage	7,580	7,981
Professional fees	41,918	6,025
Public relations	1,958	10,381
Rent	13,725	5,249
Staff development	17,791	11,621
Telephone	<u>43,466</u>	<u>37,554</u>
	<b>\$ 208,860</b>	<b>\$ 158,124</b>



SCHEDULE OF OPERATING FUND EXPENSES

YEAR ENDED MARCH 31

	2 0 1 3	2 0 1 2
FOOD, CLOTHING, WELFARE AND ACTIVITIES		
Bedding and clothing	\$ 27,795	\$ 31,604
Food	151,958	151,123
Medical, dental and optical	5,329	6,188
Personal supplies	1,232	996
Program activities	97,259	46,626
Program supplies	22,212	22,512
Residents' gifts	4,542	4,394
Residents' transportation	10,230	12,905
SAIL Stage 2 - client living expenses	233,299	128,466
School supplies	210	958
Spending allowances	15,801	16,100
Summer outdoor education program	3,219	3,015
Transportation - general	81,862	86,234
Volunteer activities	<u>2,319</u>	<u>2,475</u>
	\$ <u>657,267</u>	\$ <u>513,596</u>

SCHEDULE OF OTHER INCOME

YEAR ENDED MARCH 31

	2 0 1 3	2 0 1 2
OTHER INCOME		
River East School Division	\$ 189,180	\$ 188,002
Sexual abuse treatment program	71,100	71,100
Outreach program	55,620	57,707
Donations	72,136	16,556
Miscellaneous	44,689	2,619
Meals	6,239	14,849
Special needs/clothing allowance	5,648	8,949
Rentals	3,739	2,157
Insurance proceeds	-	77,132
	<u>\$ 448,351</u>	<u>\$ 439,071</u>