KNOWLES CENTRE INC.
Helping Individuals Find Their Path: Yesterday, Today, and Tomorrow

Performance and Quality Improvement Report

September 1, 2013 – August 31, 2014

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Performance and Quality Improvement Report

Contents

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 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, 2013 to August 31, 2014. Knowles Centre'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 Knowles Centre's services. Its purpose is to identify how KC could be improved, according to Knowles Centre'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 Knowles Centre's financial performance.

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

Related to case record review, clients' files were described as being in good condition: reports were well written and good work was being done with clients. Corrective action plans were implemented to address any shortcomings concerning the reviewed files. Each program generated recommendations to improve client files going forward.

Regarding clients' incident reports, the larger programs reported an increase for certain categories of incidents, influencing future staff training. For example, the Level V clients in the Treatment Foster Care hybrid homes generated more incidents involving AWOLs and substance abuse. Therefore, the program will emphasize staff training in the areas of substance abuse and self-injurious behavior. In Group Care, there was a 25% increase in AWOLs (which could be partly attributed to the outreach

worker being on a medical leave for most of the year) and 10% increase in self-harm (which could be attributed to the more complex cases being admitted into the program). Staff training has emphasized working with sexually exploited and suicidal youth. Knowles Centre has also started the process of trying to reduce the size of the two secure units from 10 beds to 6 beds. In the Independent Living Program (SAIL), a small number of clients generated a disproportionate number of incidents involving AWOLs, substance abuse, and suicidal ideation (these concerns existed with clients prior to their admission into the program). Therefore, the program will be pursuing staff training in the areas of addiction, suicidality, and mental health first aid. However, the program also pointed out the number of incidents reported remains low considering the vulnerability of the clients within the program.

Concerning stakeholder satisfaction surveys, the majority of clients who completed the surveys rated Knowles Centre programs and services favorably. The majority of adult stakeholders who completed surveys also rated Knowles Centre programs and services favorably (foster parents, clients' social workers, funders, Knowles Centre staff). However, the response rate for two stakeholder groups was low: group care clients and Knowles Centre board members. Consequently, recommendations were generated to increase their response rate for the following year.

Related to client outcome measures, it appears that clients either improved from pretest to post-test in some programs (Group Care, Day Treatment, Sexual Abuse Treatment) or stabilized from pretest to post-test for some programs (Treatment Foster Care, Sexual Abuse Treatment). The SAIL Program lacked data for analysis due to a staff shortage among program case managers, as they are responsible for this data collection (one of the two case managers was on an extended medical leave during the year).

Regarding the John G. Stewart report, the school year was described as challenging due to: 1) the steady turnover of students (147% within one year), 2) the number of drug related suspensions, and 3) the number of students with mental health issues. There were 309 days missed from school due to suspensions, a dramatic increase from the previous two years. Half of these suspensions were related to alcohol and drug use. Concerning academic achievement, students showed a decline in their math skills. There was a 29% increase in discharges relative to the previous year. Only 8 of 33 discharges were planned; the majority of discharges were for absenteeism or incarceration.

Concerning staff retention, KC had a 92% staff retention rate (the previous year was 91%). KC continues to have an excellent staff retention rate when compared to other agencies within our sector in the province.

Related to the audited financial statement, KC achieved a moderate surplus for the year (compared to a small deficit the previous year).

In closing, although producing the annual PQI report is a time-consuming process, it does provide useful information. There were encouraging finding in multiple sections: case record review, stakeholder satisfaction surveys, client outcome measures, staff retention rate, and financial audited statement. Conversely, data indicating areas needing improvement (clients' incidents reports, John G. Stewart report) motivate the organization to pursue improvement (pursuing specific training for staff, pursuing restructuring within the Group Care Program).

Case Record Review

CRR Committee Members
Tiffany Waite, Program Assistant, Group Care/PQI Facilitator
Dave Purpur, Director, Group Care Treatment
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 on a quarterly basis. 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;

- 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;

- A Corrective Action Request is completed by a reviewer when there is something about the file that is NOT in compliance with COA standards, however, CAN be corrected. For example, a treatment conference report that is not on file. Something that CANNOT be changed, such as attending an admissions physical, would NOT result in a corrective action, but a recommendation may be made to note on the file why this did not occur; and

- Findings and recommendations outside of a Corrective Action Request are shared with the Program Director for consideration by the Director and their respective team. It is up to the Program's respective Director to determine whether a recommendation will be implemented.

Outcomes of the CRR Process

- The CRR process continues to highlight the excellent quality of work being done by all service areas (Group Care: on-ground units and community homes; Clinical: Group Care, Day Treatment, and Sexual Abuse Treatment; SAIL; and Treatment Foster Care).

- It continues to provide an opportunity for 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.

- An overview of program specific recommendations is identified in a separate summary within this report.

Recommendations from 2013-14

No recommendations were identified for the 2013-14 review year. It appears this is based on the time and work invested to streamline this process to date.

Recommendations for 2014-15

There are no recommendations for 2014-15; however there was agreement, that despite the labor-intensive process of this type of review, there are valuable benefits derived from it.

Case Record Review
Data Summary

1.   **November 29, 2013 – Open File Case Record Review**

<u>Committee Members</u>

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

We reviewed 28 files from the five programs which were as follows:
TFCP – 14 files
GCTP – 6 files
SAIL – 3 files
SATP – 3 files
DTP – 2 files

7 corrective actions were generated from 28 files that were reviewed, which were as follows:

a.   <u>TFCP – 3 corrective actions, which were as follows</u>
   -   missing conference report (x3)
   -   missing signature of CCM on medical authorization form
   -   missing placement agreement

b.   <u>GCTP - 2 corrective actions, which were as follows</u>
   -   two clients with no admission physical on file

c.   <u>Clinical – 2 corrective actions, which were as follows</u>
   -   Clinical contact sheet not on file
   -   No referral for alternative placement and support on DTP file

d.   <u>SAIL – no corrective actions</u>

2.   **January 10, 2014 – Open File Case Record Review**

<u>Committee Members</u>

Dave Purpur, Director, Group Care Treatment Program
Andrea McKenzie, Director, Treatment Foster Care Program
Lauren Hershfield, Clinical Director
Dawn Vandal, Director, SAIL Program

Tiffany Krueger, Coordinator, Treatment Foster Care Program
Tiffany Waite, PQI Facilitator

We reviewed 28 files from the five programs, which were as follows:
TFCP – 14 files
GCTP – 6 files
SAIL – 3 files
SATP – 3 files
DTP – 2 files

23 corrective actions were generated from 28 files that were reviewed, which were as follows:

a.   TFCP – 13 corrective actions, which were as follows
    -   20 missing reports
    -   3 missing placement agreements
    -   1 missing social history

b.   GCTP - 6 corrective actions, which were as follows
    -   4 clients with no admission physical on file
    -   2 missing supervisors' reports

c.   Clinical – 3 corrective actions, which were as follows
    -   No psychiatric notes on GCTP file
    -   Missing review report on GCTP file
    -   No referral info on DTP file

d.   SAIL – 1 corrective action
    -   Missing attendance sheet

3.   April 11, 2014 – Open File Case Record Review

Committee Members

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

We reviewed 28 files from the 5 programs, which were as follows:
    TFCP – 14 files
    GCTP – 6 files
    SAIL – 3 files
    SATP – 3 files

DTP – 2 files

15 corrective actions were generated from 28 files that were reviewed, which were as follows:

a. TFCP – 5 corrective actions, which were as follows
    -   3 missing reports
    -   2 signature pages missing at the end of a recent report
    -   1 CCM signature missing from a report

b. GCTP – 5 corrective actions, which were as follows
    -   4 clients with no admission physical on file
    -   2 missing supervisors' reports

c. Clinical – 3 corrective actions, which were as follows
    -   1 missing psychiatric notes on DTP file
    -   1 client record form missing on DTP file
    -   1 missing review report on GCTP file

d. SAIL – 2 corrective actions
    -   3 missing reports

4.   June 19 and 20, 2014 –Discharge File Case Record Review for 2013-14

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, Clinical Director
Dawn Vandal, Director, SAIL Program

We reviewed 67 files from the five programs, which were as follows:
TFCP – 11 files
GCTP – 43files
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

<p style="text-align:center;">Case Record Review
Overview of Findings and Recommended Changes</p>

<p style="text-align:center;">Treatment Foster Care Program</p>

Strengths

1. Files are well kept and organized;

2. Excellent care and case management appears to be occurring;

3. Reports continue to be comprehensive and well written;

4. There continues to be strong adherence to conferences occurring every three months, unless there are circumstances beyond the CCM's control;

5. There was only one corrective action request generated from the discharge file review, which is indicative that by the time of closing, any and all outstanding documentation, reports, etc. are on file, as required; and

6. Overall, goals clearly relate to the identified issues, needs, and strengths of the child.

Corrective Action Requests (CARs)

Issues noted on the CARS include:

1. Some reports not on file due to delays in completing written reports;

2. A few occasions of the file missing documentation, such as a placement agreement, a signed conference sheet, indication of a change in CCM, and/or supervisor, etc.

Recommendations from 2012-13

1. Consider retaining reasons for referral on all reports, not just the assessment report **(Completed)**;

2. Ensure change in CCM or supervisor is noted on the main file **(Partially completed)**;

3. Review cover letter to ensure accuracy **(Completed)**;

4. Have the colored sheets separating the reports on the main file differentiate each report (assessment, review 1, review 2, etc.) **(Completed)**;

5. Ensure fax cover sheet and cover letter are very close in date **(Completed)**;

6. Ensure if counselling is not pursued, the rationale for this is clearly noted on the report **(Completed)**;

7. Ensure cutting and pasting from one report to another only occurs when absolutely necessary, and that content focuses primarily on the actual three months being reviewed **(Partially completed/bring forward)**;

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 **(Partially completed/bring forward)**; and

9. Ensure all medical/health documentation is consistently placed on the main file, not just on the conference reports **(Completed)**.

Recommendations from 2013-14

1. Complete written reports in a more timely manner;

2. Minimize cutting and pasting from one report to another, to more accurately reflect the review period being covered; and

3. When reviewing goals, ensure if a goal is ongoing, that it also clearly indicates to what extent the goal has been obtained, or not, during the review period.

Group Care Treatment Program

Strengths:

Please note these are the strengths identified specific to the group care supervisor aspects of the file.
1. Files are well organized.
2. Reports are very comprehensive and well written.
3. Overall, goals are clearly identified that relate to issues, needs, and strengths; goal are well defined.
4. Reports are clear and easy to read.
5. Reviewing of goals is easy to find.
6. Goals are specific and measurable.

Please note these are the strengths identified specific to the clinical aspects of the file.
1. Frequent clinical contact
2. Well organized
3. Reports are well written and detailed
4. Good adherence to report guidelines
5. Good job consulting with outside professionals
6. Good recognition of attachment issues
7. Good therapeutic goals

Recommendations:

Please note these concerns were identified specific to the group care supervisor aspects of the file.
1. Have a specific goal within the school section of the report.
2. State the date of a family visit within the family section of the report.
3. Ensure admission physical is on file.
4. Ensure reports are placed in file.
5. Ensure that issues identified in a report become goals.

Please note these are the concerns identified specific to the clinical aspects of the file.
1. Consider noting the actual JGS School goals within the school section of the report.
2. State clearly whether a psychiatric consult occurred and a reason that a client did not have a psychiatric consult.
3. Consider when addressing suicide ideation to ensure incorporation of support to client in addition to closer supervision (ASIST).
4. Ensure all signatures are present.
5. Ensure that issues noted become goals.
6. Should include recommendations about future placement with care provider or birth family.
7. Ensure important information from social history or assessment is brought forward on reports.
8. Indicate why a discharge conference did not occur in the discharge report.

9. Note where the youth is being discharged to within the discharge report.
10. Consider attachment based work as a goal when working with a family.
11. Have signing sheets at the conference.

Corrective Actions Requests (CARS)

Issues noted with the 29 CARS (supervisor reports):
- 10 group care reports were not on the main file (they have since been placed on file)

Issues noted with the 9 CARS (clinical reports):
- 3 corrective actions: 1 file was missing psychiatry notes on a file and 2 files were missing a review report
- 6 corrective actions for the discharge file review: 4 files were missing clinical contact sheets, 1 file was missing psychiatry notes, and 1 file was missing the clinical discharge report

<div align="center">**Case Record Review**
Overview of Findings and Recommended Changes

Supported Advancement to Independent Living Program (SAIL)</div>

Strengths

1. Reports are detailed and well written

2. Reports are easy to read

3. The goals are well defined

4. Good documentation on strategies used

5. Great detail in the Program Attendance Sheets

Recommendations

1. Changes to the file
   - Place a letter on file indicating the reason for any lengthy gap between conferences

2. Changes to the client information / conference tracking sheet
   - No recommendations made

3. Changes to the conference report template
   - Consider a "Reasons for Discharge" section

4. Changes to the case record review template
   - No recommendations made

5. Miscellaneous
   - Ensure admission papers include legal guardian (parent) signatures when client is VPA
   - Ensure any previous goals that aren't met are carried over
   - Ensure to address any other significant issues in reports
   - Ensure all reports are completed within 10 days of conference
   - Ensure assessments are completed within timeframe of program standards

Corrective Action Requests (CARs)

- There was a total of 12 missing reports on client files*
- There was three instances of missing attendance sheets

*NOTE: The majority of missing reports was due to a case manager's lengthy medical leave

Case Record Review
Overview of Findings and Recommended Changes

Sexual Abuse Treatment Program (SATP)

Strengths

1. Excellent clinical goals
2. Files are well maintained and organized
3. Reports are well written, are on time, and have all necessary signatures
4. Strong adherence to conferences occurring every three months
5. Clients are meeting treatment goals and are successfully completing treatment
6. Only one Corrective Action was required at the discharge review

Recommendations

1. Consider noting the reason the child didn't attend the case conference
2. Consider adding a goal for the care provider (i.e. ways they can support the client)
3. Consider not writing on the outside of the main file

The SATP Coordinator/Therapist has been notified of these recommendations and will follow the recommendations when deemed appropriate.

Corrective Action Requests

1. Something was in the file that should not have been there. The SATP Coordinator/Therapist removed this item from the file.

Case Record Review
Overview of Findings and Recommended Changes

Day Treatment Program

Strengths

1. Good connection between the reasons for referral and the goals

2. The treatment goals are appropriate and measurable

3. Excellent family therapy goals

4. The files were well organized

5. The reports were well written

6. Good work being done

Recommendations

1. Consider formatting the organization of the files similar to that of Group Care

2. Have parents/guardians sign the "Bill of Rights" to indicate they read it

3. Ensure that if issues are noted that there is a corresponding goal to address the issue

4. Ensure the report includes the signature page for conference participants

5. Ensure that all reasons for referral are being addressed

The above recommendations have been shared with the Day Treatment Therapists

Correction Action Requests

There were four corrective actions throughout the year:

1. One file was missing clinical contact sheets.

2. One file was missing the "Referral for Alternative Placement and Support Form."

3. A file was missing referral information.

4. Two admission forms were missing client signatures.

All of the Corrective Actions have been corrected.

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 summary reports, and make appropriate recommendations to improve care and/or service to children/youth, and/or their respective foster families, and/or program staff/management.

Trends noted

- Within this reporting year, there were 160 incident reports filed. There was a range between three and 28 incident reports filed per month;

- The largest amount of incidents was represented within the "Self-Harm" category (25%), and the "Medical" category (24%);

- 21% of incidents were within the "Assault /Aggression" category, and 19% were within the "Other" category, with more than half being related to AWOLS, and the remainder being related to "general," isolated type of situations (i.e. unsafe internet use, problematic contact with birth family, etc.);

- 8 % of incidents involved "Abuse Allegations;" and

- The lowest amount of incidents occurred within the category of "Police Involvement" (2%), and "Behavior Management" (1%). There were no incidents within the "Sexual Assault" category.

Analysis

- The largest percentages of incidents involved self-harm (25%), with almost half (42%) involving substance abuse, and 35% involving self-inflicted injuries. The remainder was divided between suicide attempt, suicidal gesture/ideation, and drug paraphernalia. This has implications for further training in these areas.

- The second largest category involved medical incidents (24%); 1/2 of those involved medical errors; almost 1/3 involved hospital or urgent care; and the remainder involved an injury requiring medical attention. These incidents were isolated and accidental, thus would be difficult to prevent, with a few exceptions.

- The third largest category of incidents fell within the category of "Assault/Aggression," with the majority (almost 40%) involving aggression against a peer or sibling, and the remainder dispersed between acting out behavior, aggression against foster parent, property damage, and verbal threats. Continued support and training in this area will occur,

- In terms of the "Other category," over half (53%) involved AWOLS, and 37% involved "general." It is significant to note that there were only 16 incidents of AWOLS, which was the second largest category the previous year.

- With respect to abuse allegations, the majority (62%) involved disclosures related to past abuse by a parent or extended family member, and a couple related to former (non-Knowles) foster parents. There was one abuse allegation against one of our foster parents, which was unsubstantiated.

- Police involvement occurred only one time in regard to client behavior, and three times due to "other" (being a witness, interview, etc.).

- There were no incidents in the "Sexual Assault" category.

- Given the histories, issues, and needs of the client population being served by the program, especially with four Level V placements, these numbers were anticipated. It should be noted that there were several clients in particular that generated the majority of the substance use and AWOL incident reports;

- While there were a number of clients who generated a lot of the incident reports, there were also many others who had occasional client-specific incidents;

- With over 80 clients being served by the program, we experienced a very low amount of AWOLs. The relatively low number of AWOLs appears indicative that some good work continues to be done by the foster parents and CCM's to address relationships and behaviors that contribute toward these types of incident reports. The TFC program also continues to work with foster parents and foster children regarding developing and maintaining healthy relationships/attachments, emotional regulation, communication, effective parenting strategies, and ensuring additional professional services are identified and accessed as required;

- With the implementation of the Circle of Security groups for foster parents, we expect increased skills and capacity to understand and effectively respond to children/youth's needs.

Overall Conclusion

1. Overall, the number of incident reports filed appears to be reasonable for a treatment foster care program, averaging 13 incident reports per month;

2. The largest category included self-harm, with the majority of incidents involving substance abuse and self-inflicted injuries;

3. The specialized hybrid resources for Level 5 youth, impacts and increases the number of incident reports generated in many categories, particularly related to substance abuse and AWOLS; however these decreased this year, in part due to better matching between youth with foster parents;

4. We have a lot of younger children in the program who tend to generate less incident reports;

5. Appropriate placement/matching between foster children and treatment foster parents contributes toward enhanced relationships, less behavioral issues, and/or ability to manage and/or reduce difficult behaviors;

6. Regular and active support and consultation between Treatment Foster Parents and Clinical Case Managers provides opportunities for relationship development, which enhances transparency of both strengths and struggles, and promotes pro-active treatment assessment, intervention, and planning;

7. Ongoing training and skill development of foster parents (and program staff/managers) is provided in order to: a) understand and address children's issues and needs; b) focus on strengths, and c) develop positive, caring, and responsive relationships that are attuned to the child/youth's needs;

8. Regular support and supervision/consultation (peer: peer and CCM: supervisor) promotes the early identification of strengths, issues, needs and planning for same.

Recommendations

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

2. To continue training in the following areas: a) attachment, b) trauma-informed care, c) working with children impacted by FASD and their care providers, and d) NVCI; and

3. To identify and implement specialized training in the next training year regarding: a) substance use – identifying/addressing/intervention, by both care provider and professionals, and b) self-inflicted injuries.

Client Incident Report Statistics
Treatment Foster Care Program

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
Assault / Aggression													
Against peer/sibling/foster child			2	1	3	1	2	1			1	2	13
Peer to peer						1	1		1				3
Against staff/foster parent/other							1		2			1	4
Acting out behaviour									2	2	2		6
Verbal threats - to staff													0
- To other		1			1								2
Property damage							1	2	1	1			5
Written threats													
Sexual Assault													
Client to client													0
Community member													0
Foster family													0
Abuse Allegations													
Current staff/foster parent								1					1
Past (parent/extended family)			1			2		1	1		2	1	8
Former foster parent				1						1			2
Parent / guardian													0
Other (sexual abuse alleg.)							1						1
(Physical, emotional, sexual)										1			1
3rd party allegation against foster parent													0
Police Involvement													
Client behaviour											1		1
Staff related													0
Other (e.g. Witness, interview)				1		1		1					3
Theft													0
Self-Harm													
Self-inflicted injury		1	1	1	1	3	1		1	3	1	1	14
Suicide attempt											1		1
Suicidal gesture / ideation			1	1		1				3	1		7
Substance abuse			1	1	2	1	3	1	2	4	2		17
Drug paraphernalia									1				1
Accidental injury													0
Medical													
Hospital or urgent care	1	1	1		1	2			2	1		3	12
Injury requiring medical attention		1			1		2	1	2				7
Public health issue													0
Medical error		6			1	1	1	2	2	3	2	1	19
Behaviour Management													
Restraint resulting in injury/volatile													0
Physical intervention or MCT intervention		1			1								2
Other													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)						1	2	4	2	5	2		16
Mental health (hallucinations)													0
Unsafe/problematic use of internet													0
Unsafe and unplanned family contact				1									1
Inappropriate sexual comments/behav.			1										1
General	2								1	2	4	2	11
Car accident			1										1
TOTAL INCIDENTS:	**3**	**11**	**6**	**7**	**11**	**15**	**14**	**17**	**22**	**28**	**17**	**9**	**160**

Annual Summary of Clients' Incident Reports

Group Care Treatment Program

Purpose:

To identify, summarize, and analyze the trends within monthly risk management reports and to make appropriate recommendations.

Trends noted:

<u>Unplanned absences</u> rate as the highest reported incident category. The total number of unplanned absences reported this year was 250, which is a 25% increase from last year.

1. *Expand Recreation Program* – As stated in last year's report, our goal was to hire a recreation supervisor who would then expand the recreation program as discussed. This recommendation has come to fruition. We have hired a recreation supervisor with a master's degree in recreation studies (.6 FTE) with the hope to increase the position to full-time.

2. *Youth Care Worker Relationships* – One of the most effective ways to prevent AWOLS is to build relationships with kids that we work with. The youth care workers do an amazing job with this goal. Most of the kids that we work with have lost trust in adults, and building-up this trust is a critical part in preventing AWOLs.

3. *Outreach Worker* – Our current outreach worker has been away from the job due to medical issues. Due to this loss, kids have been running more frequently, as there is no outreach worker looking for them. We did hire a part-time staff to fill this position; however, it did not happen until late in the year.

<u>Self-harm</u> 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 191, which is a 10% increase from last year. We attribute this increase to the complex nature of the youth that are being referred to us.

a. Suicide ideation incidents involving females was 49% compared to 51% for males.

b. Substance abuse incidents involving females totaled 68% compared to 32% for males.

c. Cutting incidents were 74% female compared to 26% for males.

d. Sexual exploitation incidents were almost exclusively female. We must note that it is very difficult to distinguish "suspected" sexual exploitation from "confirmed" sexual exploitation. We did have suspicions of sexual exploitation occurring, however, these suspicions were difficult to confirm; consequently, these suspicions were excluded from our data. Knowles is also being diligent to refer the youth involved in sexual exploitation to specially trained programs, such as TERF. This area has proven to be very difficult. Staff have been trained in SEY (Sexually Exploited Youth), provided by a specialist from the province.

e. All new full-time staff will be sent for ASIST training (working with suicidal clients) which is now offered as a core competency course by the province at a very low cost. ASIST training is now required annually by Knowles staff.

Police intervention is the third highest incident reported. The total number of police incidents reported this year was 119, which is a 2% decrease from last year. Police intervention also includes arrests, warnings, interviews, assistance, and transport calls. One of the factors that is 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 soon afterwards by the courts, only to re-offend again. This is very frustrating for both police and Knowles Centre.

Assaultive behavior - There were 12 assaults against staff this year, down from 13 the previous year. These assaults varied from minor (pushing) to more severe (3 girls assaulted 1 staff). Further training, including NVCI (non-violent crisis intervention), will now be required annually. The remaining incident reports revealed no pattern.

Overall Conclusions:

1. Unplanned absences are the highest reported incident category (up 25% from last year).

2. Self-harm incidents are up 10% from last year.

3. The females account for 61% of the total incidents versus 39% for the males (females/443 and males/281).

4. The number of containment unit incidents continues be low. CPI (Crisis Prevention Intervention) training is now required annually for all staff at the centre.

5. Police related incidents were down by 2% from last year.

6. Our outreach worker was on sick-leave for most of the year, which may have contributed to the increase in running behavior.

Recommendations:

1. To continue to expand the recreation program to combat the high number of unplanned absences. This will include making the current recreation supervisor a full-time position (it is currently .6 EFT).

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 will continue annually.

4. CPI training for staff will continue, with regular refreshers being offered.

5. Mental Health First Aid training, which commenced this past year, will continue on a regular basis.

6. To open two 4-bed units (level IV) in the community and decrease the number of kids in the secure units to 6.

Client Incident Report Statistics
Group Care Treatment Program

	Unit 1	Unit 2	Respect House	Marshall's Place	TOTAL
Assault/Aggression					
By current staff					
By former staff					
By community member	6		3	2	11
By family member	1				
Between clients	10	11	1		22
Against staff	6	2	4		12
Verbal threats	1	2		2	5
Past Aggression					
Weapons					
Self-harming behavior					
Inflicted by client	15	3	8	5	31
Substance abuse (on site)	7		2	1	10
Substance abuse (off site)	40	19	32	19	110
Suicide attempt	1				1
Suicide ideation/verbal	17	13		5	35
Sexual exploitation (off site)	2				2
Self-Piercing	1				1
Sexual Exploitation (3rd party)	1				1
Allegation of abuse					
By current staff		2			2
By former staff					
By member of community	3		1	3	7
By family member					
By another client					
By police					
Past abuse	1	2			3
Internet contact by adult		1			1
False allegation					
Allegation of sexual abuse					
By current staff					
By former staff					
By community member	4				4
By family member			1	1	2
By another client					

	Unit 1	Unit 2	Respect House	Marshall's Place	TOTAL
Behavior management					
Involuntary containment	2	2			4
Voluntary use of containment		2			2
Use of isolation	2	1			3
Physical intervention/hold	3	1	1		5
Property damage		5	2		7
Possession of Weapon					
Shoplifting	1				1
Acting out behavior		1			1
Fire					
False fire alarm (client)	13	3			16
False fire alarm (equipment)	2				2
Property damage					
Fire					
Police involvement					
Assistance required	6	11		1	18
Return of client(s)	14	6	2	1	23
Interview/questioning	3	8	2	2	15
Arrested/charged/warned	16	33	3	8	60
Other	1	2			3
Witness					
PY 1					
Medical					
Admission to hospital/emergency CSU	1	2	1		4
Medication error	3		1	1	5
Missed medication	1	4	5		10
Injury/health required medical attention	4	1		1	6
Refusal of Meds	4	4			8
Injury				1	1
Other					
Drug paraphernalia	2				3
Weapons					
Vehicle accident		2	1		3
Bullets found					
CSU			1		1
Other					
SUB TOTAL	**202**	**146**	**71**	**55**	**474**
AWOLS					
AWOLS	116	59	54	21	250
Days absent while AWOL	476	438	429	133	1476
TOTALS (Includes number of AWOL incidents but not number of days absent)	**318**	**205**	**125**	**76**	**724**

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 104 incident reports filed.

Trends noted

- Substance Abuse accounted for 43% of all incidents reported.
- Unplanned Absences/AWOLs accounted for 13% of all incidents (two clients accounted for 31% of these reports).
- Suicidal ideation accounted for 7% of all incidents.
- Assault/Aggression against client also accounted for 7% of incident reports for the year.
- Police involvement due to client behaviour accounted for 5% of incidents.
- Hospital/urgent care accounted for 2% of all incidents.
- Thirteen percent of all incidents generated fell under the category 'other'. These incidents varied and did not fall under any other heading.
- An average of nine incidents were filed each month.
- The remaining incidents were spread out in various categories and did not have any obvious trends,
- Females accounted for a total of 74% of the reports, while males accounted for 26%.

Analysis

Substance abuse accounted for the highest number of incidents throughout this reporting year. There were 45 incidents involving 14 clients. Three clients in particular accounted for slightly over 57% 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 43% of incidents involved 11 other clients. All but one client had been admitted into the program with histories of substance use. Incident reports are automatically generated for clients under the age of majority who have consumed alcohol. For those at or over the age of majority incident reports are written only when evidence exists that their alcohol consumption is having a negative effect on their life or if they are an expectant mother. Incident reports are written for all illegal drugs, regardless of age.

Unplanned absences (AWOL) increased from last year with a total of 13 unplanned absences/AWOL's in this period. Seven clients accounted for the incidents, with two female clients accounting for 31% of the reports. These two clients were admitted into the program with a history of high-risk behaviour, including AWOL's.

Suicidal ideation incidents decreased compared to last year. There were two female clients who expressed thoughts of suicide at various times of the year. One female client accounted for 71% of all incidents. She refused all strategies provided to her, wasn't consistently engaging in therapy, and would discontinue medications the doctor would prescribe before allowing them the opportunity to work. SAIL staff supported her through her difficult times and she is doing much better. The majority of the support staff have been trained in suicide intervention through ASIST.

Assault Against Client also decreased compared to last year. The incidents involved five females and one male. All incidents occurred in the community and did not have any significant trend.

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 nine incident reports per month is reported.

1. All clients in the program were residing in the SAIL apartments during this reporting year.

2. Due to funding changes within the government, SAIL was not running at full 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 but has decreased compared to last year. In most cases, marijuana was the drug of choice. The majority of clients being referred and admitted into the SAIL program have some level of substance use. However, with the addition of video cameras in the buildings and the introduction of the buzz system for the external doors, it is more difficult for clients to sneak alcohol in or drugs in.

4. Unplanned Absences increased over last year largely due to two high-risk females being admitted into the program. Incidents of unplanned absences greatly decreased once the clients were discharged.

5. Incidents of suicidal ideation have decreased from last year (down 22%). The availability of SAIL 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.

Recommendations

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

2. To continue to offer addictions related speakers at the SAIL client group meetings at least once a year;

3. To continue to promote addictions related workshops, including FASD, for staff to attend;

4. To 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. To utilize the Knowles Centre Outreach worker to help locate clients who are reported missing

Client Incident Report Statistics
Supported Advancement to Independent Living (SAIL)

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
Assault / Aggression													
Against client	1				1	1	1	1		1		1	7
Client to client													0
Against staff/other													0
Acting out behaviour													0
Verbal threats - to staff					1								1
- To client/other													0
Property damage							1						1
Sexual Assault													
Client to client													0
Community member									1		1		2
Abuse Allegations													
Current staff													0
Former staff													0
Former foster parent													0
Parent / guardian													0
Other						1							1
(Physical, emotional, sexual)													0
Police Involvement													
Client behaviour	1	1	1						1		1		5
Staff related													0
Other (e.g. Witness, interview)				1									1
Self-Harm													
Self-inflicted injury						1	2		1				4
Suicide attempt													0
Suicidal gesture / ideation		2	2	1		1	1						7
Substance abuse	2	2	7	6	6	7	5	4	2	2	1	1	45
Drug paraphernalia												1	1
Medical													
hospital or urgent care					1				1				2
injury requiring medical attention													0
public health issue													0
Behaviour Management													
Restraint resulting in injury/volatile													0
Other													
Client grievance													0
Death of client													0
Unplanned absence (AWOL)		1	3	1	4	2	2						13
Weapons													0
Landlord / caretaker issues													0
Evicted													0
Other	4	2	2		1		2	1	2				14
TOTAL INCIDENTS:	**8**	**8**	**15**	**9**	**14**	**12**	**14**	**7**	**8**	**3**	**3**	**3**	**104**

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, 2013 – August 31, 2014), there were only two incident reports filed. The first incident fell in the sub-category of suicidal ideation and the second incident fell in the category of current abuse allegations (against a current partner).

As a result of there only being two incidents within the year, no trends could be identified.

Overall Conclusions

As a result having two incident reports throughout the year, no conclusions can be drawn. With that said, these types of incident reports can be typical within this type of counselling program.

Recommendations

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

Client Incident Report Statistics
Sexual Abuse Treatment Program

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
Assault / Aggression													
Against client													
Client to client													
Against staff/other													
Acting out behaviour													
Verbal threats - to staff													
- To other													
Property damage													
Sexual Assault													
Client to client													
Community member													
Abuse Allegations													
Current staff													
Former staff													
Former foster parent													
Parent / guardian													
Other											1		1
(Physical, emotional, sexual)													
Police Involvement													
Client behaviour													
Staff related													
Other (e.g. Witness, interview)													
Self-Harm													
Self-inflicted injury													
Suicide attempt													
Suicidal gesture / ideation										1			1
Substance abuse													
Drug paraphernalia													
Medical													
Hospital or urgent care													
Injury requiring medical attention													
Public health issue													
Behaviour Management													
Restraint resulting in injury / volatile													
Other													
Client grievance													
Death of client													
Unplanned absence													
Weapons													
Unapproved care of child													
TOTAL INCIDENTS:										**1**	**1**		**2**

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, 2013 – August 31, 2014), there was a total of 15 incident reports.

Assault/Aggression was by far the most reported incident of the year (with a total of seven incidents):
- six incidents were in the sub-category of against staff/other
- one incident was in the sub-category of acting out behavior

Of particular note is that all six incidents that fell in the sub-category of "against staff/other" involved the same student. Due to this student's personal struggles, he requires significant support and attention. Looking at all the incident reports for the year, eight out of the 15 were in relation to this same client. Thus, just over 50% of the incident reports involved this one Day Treatment client. This client was admitted to the program with these same concerns.

To help manage and reduce the number of incidents related to assault and aggression (as this was also an area of concern last year), the following strategies were utilized throughout the year: enhanced supervision and support; individualized safety plans; 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.

The category of self-harm had a total of four incidents reports within the school year.
- three incidents were in the sub-category of substance abuse
- one incident was in the sub-category of suicide attempt (which involved significant acting out behavior and aggression)

These incidents involved four different clients.

In regards to the sub-category of "substance use", while this appears to be an increase from last year's analysis (where there were no incidents in this category), it very well could just be more evident this year. Historically clients had to leave grounds to smoke cigarettes (unsupervised), over this past year Knowles Centre (as a harm reduction strategy) implemented a designated smoking area. This designated area allows for staff supervision. Consequently, behaviors such as substance

use, can be better prevented, detected and addressed. So, while there appears to be an increase in this area, it is plausible that there is just more awareness of this issue.

The category of Other had a total of three incident reports within the school year.
- All three incidents were in the sub-category of Unsafe Behavior.

These incidents involved students going onto the school roof. One of these incidents also included the student throwing rocks and making serious threats. One student was on the roof on two occasions and one student joined him on the roof on an occasion, thus making-up three incident reports.

Finally. the category of abuse allegations had one incident report.
- This incident was in the sub-category of parent/guardian

This disclosure was reported to ANCR and was debriefed with the client by the therapist.

Overall Conclusions

Forty-seven percent of all Day Treatment incidents within this reporting period fell in the area of Assault/Aggression. While this appears to be a high percentage, all but one of these incidents involved the same client. The Day Treatment team, including the day treatment therapists, will continue working with the Day Treatment students in the areas of anger, coping skills, emotion regulations, substance use and trauma, to name a few.

Recommendations

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

2. To continue to provide support and therapy to students to help manage their struggles, and ensure they feel supported and that their needs are being met.

3. To have Day Treatment clients participate in more group work including, but not limited to, anger management groups, dialectal behavior therapy (DBT) groups, and/or drug/alcohol prevention/ education groups.

Client Incident Report Statistics
Day Treatment Program

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Total
Assault / Aggression													
Against client													
Client to client													
Against staff/community member	1	1	1	1		1	1						6
Acting out behaviour					1								1
Verbal threats - to staff													
- To other													
Property damage													
Sexual Assault													
Client to client													
Community member													
Abuse Allegations													
Current staff													
Former staff													
Former foster parent													
Parent / guardian										1			1
Other													
(Physical, emotional, sexual)													
Police Involvement													
Client behaviour													
Staff related													
Other (e.g. Witness, interview)													
Self-Harm													
Self-inflicted injury													
Suicide attempt										1			1
Suicidal gesture / ideation													
Substance abuse			1					1	1				3
Drug paraphernalia													
Medical													
Hospital or urgent care													
Injury requiring medical attention													
Public health issue													
Behaviour Management													
Restraint resulting in injury/volatile													
Other													
Client grievance													
Death of client													
Unplanned absence													
Weapons													
Unsafe behavior	3												3
TOTAL INCIDENTS:	**4**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**0**	**0**	**15**

Stakeholder Satisfaction Surveys

Stakeholder Satisfaction Surveys

Treatment Foster Care Clients

Process

- A Client Satisfaction Survey, developed by COA, was utilized with 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 ;

- Two 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;

- Fifteen out of 29 (52%) 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 they completed their questionnaire in a private office without their 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.

- TFC will review the "uncertain" responses in the survey to determine if this is a result of not understanding the question, or being uncertain if it occurs, and if so, to address this.

- TFC will attempt to identify the child/youth who indicated their belief that their "…personal issues are shared outside of herself, her foster parents, and case worker," in an effort to address this.

- TFC will implement a client rights and responsibilities form.

- The TFC administrator highlighted the need to change the wording of some of the questions so they were more easily understood by the children/youth.

- The administrator indicated that most of the children utilized her presence to clarify the meaning of some of the questions.

Recommendations

1. Add a line on the survey for the child/youth's name to allow follow up if necessary;

2. Consider modifying the questions to make them more appropriate for treatment foster care clients;

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. Continue to utilize a neutral administrator who remains present to respond to any questions the child/youth may have; and

6. The TFC team will consider whether there are other means to administer the questionnaire if they do not attend the office (i.e. if they live outside of Winnipeg) and how to increase participation in the process.

Stakeholder Satisfaction Surveys

Treatment Foster Care Client Questionnaire

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

Note: 15 of 29 Treatment Foster Care Program clients aged 12 or over completed the consumer survey.

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 scale with the categories including: "strongly agree", "agree", "uncertain", "disagree", and "strongly disagree";

- Eleven out of 40 foster parents completed and returned the surveys (28%);

- 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 present as 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 of all 17 items;

- There were no items that anyone indicated "strongly disagree."

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

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

Note: 11 of 40 foster parents completed the foster parent survey

Stakeholder Satisfaction Surveys

Group Care Treatment Clients

Only two of 29 client surveys were completed, resulting in a lack of data for analysis. According to the Director of Group Care, there were a couple of reasons for this low response rate: 1) different youth care workers in each unit were assigned the task of having clients complete this survey, resulting in a lack of consistency; and 2) many clients were absent at this time due to different reasons (e.g., AWOLs, incarceration at the Manitoba Youth Centre). In order to increase the response rate going forward, unit supervisors will be assigned the task of having clients in their units complete this survey. It is anticipated that this increase in consistency will result in a significantly higher response rate in future years.

Stakeholder Satisfaction Surveys

GCTP Client Questionnaire

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

Note: Two of 29 GCTP clients completed the GCTP consumer survey

Stakeholder Satisfaction Surveys

Supported Advancement to Independent Living (SAIL) Clients

Process

- Client Satisfaction Surveys were distributed to all 14 clients in the program during the month of June, 2014
- The survey consists of 14 statements rated in a 5 point scale from strongly agree to strongly disagree
- Survey questions were reviewed with S.A.I.L. Case Managers and Support Workers prior to the clients receiving the surveys
- Most clients were presented with the survey by the Senior Support Worker to fill out on their own. The balance of clients completed the survey with their one to one Support Worker during one of their program meet times. Staff 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

Findings

- Eleven out of 14 clients completed the survey
- The majority of clients rated the program favorably (either strongly agree or agree) on all 14 items
- There were two clients with developmental delays who did not ask for assistance and may not have fully understood the written statements
- One client did not enter a response for statement 10

Recommendations

1. The Program Director will develop and implement a reworded survey to ensure better comprehension among clients completing the survey.

2. The Program Director will develop a formal process where Case Managers meet with clients at designated intervals throughout the client's placement within the program. During this time, clients will be asked how the program can improve its services.

Stakeholder Satisfaction Surveys

SAIL Client Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	1	8	2		
2.	The people who work at the organization treat me with respect and courtesy.	3	6	1	1	
3.	The staff is respectful of my confidentiality and privacy.	2	6	2	1	
4.	I know where to go at the organization or whom to speak to if I have a complaint.	5	4	2		
5.	The organization asks me about my ideas on how to improve its services.	3	3	1	2	2
6.	The organization is easy for me to get to.	1	9		1	
7.	The organization's services are available at times that are good for me.	1	9		1	
8.	The organization's building and offices are clean.	5	6			
9.	I feel safe while at the organization and on its property.	5	6			
10.	I help plan my services and set my goals. One "no answer" to this question. (NB: One "no answer" to this question.)	3	5	1		1
11.	I was able to receive services from the organization without too much waiting time.	1	7	2	1	
12.	I would recommend the organization to my family and friends.	3	5	1	1	1
13.	If I needed help or services again I would come back to the organization.	4	3	2	2	
14.	Overall, I am satisfied with the services that I am receiving.	4	6	1		

Note: 11 of 14 SAIL clients completed the SAIL consumer survey

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Stakeholder Satisfaction Surveys

Sexual Abuse Treatment (SATP) Clients

Process

Surveys were given to nine clients in the Sexual Abuse Treatment Program. Only clients over the age of 12 were asked to participate. The survey was completed by eight out of nine clients. 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. They were also informed that the surveys would be given directly to the Group Care assistant and not looked at by the SATP coordinator/therapist.

Findings

- The survey was completed by eight out of nine clients.

- The vast majority of clients rated the program favorably (either strongly agree or agree) on all 14 items.

- Two comments included: "This organization really helped me out. I'm in school regularly and getting along with others much better and I have heart to face my fears with the help of those around me!" and "I am very pleased with the services being offered – they are helpful – thank you".

- As per last year's recommendations in relation to having a neutral administrator provide clients with the survey, this has been deemed unnecessary since clients are completing the survey privately and are returning them in a sealed envelope.

Recommendations

1. That the program determine a means of seeking out client ideas on how to improve services.

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

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

Note: eight of nine SATP clients aged 12 and over completed the SATP consumer survey

Day Treatment Clients

Process

Surveys were given to the 10 Day treatment clients (at the time of the administration of the survey only 10 of 12 spaces were filled in the program). The survey requested that they answer 14 questions on a five-point scale from Strongly Agree to Strongly Disagree. The surveys were handed out by the Day Treatment support worker. Clients were asked to return the completed survey in the sealed envelope provided.

Findings

- Five out of 10 Day Treatment clients completed the survey.

- There appears to be a lot of responses that indicate "uncertain".

- The findings present as somewhat mixed. The answers that were rated the most favorably include: "The people who work at the organization treat me with respect and courtesy", "I know where to go at the organization or whom to speak to if I have a complaint", "The organization's services are available at times that good for me" and "overall I am satisfied with the services that I am receiving".

Recommendations

1. To consider changing some of the wording of the survey to ensure that it is easily understood by clients. This may help reduce the "uncertain" responses.

2. The Day Treatment therapists and Support Worker should continue to seek feedback from clients and clients' guardians to ensure clients' needs are being met.

Stakeholder Satisfaction Surveys

Day Treatment Program Client Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given written information about my rights and responsibilities as a consumer/client.	2		3		
2.	The people who work at the organization treat me with respect and courtesy.	2	3			
3.	The staff is respectful of my confidentiality and privacy.	1	1	2		1
4.	I know where to go at the organization or whom to speak to if I have a complaint.	3	1	1		
5.	The organization asks me about my ideas on how to improve its services.	1	1	1	3	
6.	The organization is easy for me to get to. One "no answer" to this question.	3			1	
7.	The organization's services are available at times that are good for me.	3	1	1		
8.	The organization's building and offices are clean.	1	2			2
9.	I feel safe while at the organization and on its property.	2	1	1		1
10.	I help plan my services and set my goals.	1	1	2		1
11.	I was able to receive services from the organization without too much waiting time.	1	1	2		1
12.	I would recommend the organization to my family and friends.	1	2	1		1
13.	If I needed help or services again I would come back to the organization.	2	1	1		1
14.	Overall, I am satisfied with the services that I am receiving.	1	3			1

Note: Five of 10 Day Treatment Program clients completed the consumer survey.

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 competed surveys within the provided postage-paid envelopes and mail them to the KC PQI Facilitator within a specified time period. A total of 19 community stakeholders (21%) responded.

Findings:

The majority of stakeholders rated KC favorably on all 17 items surveyed (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 community stakeholders for our various programs

Stakeholder Satisfaction Surveys

Community Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization's facilities are clean and well maintained.	8	10	1		
2.	The organization's services are accessible to persons with disabilities. (NB: One "no answer" to this question.)	5	5	5	3	
3.	The organization's services are conveniently located and accessible to public transportation.	6	11	1	1	
4.	The organization does not discriminate in the provision of its services. (NB: One "no answer" to this question.)	9	8	1		
5.	Information about the organization's services and eligibility criteria are made available to the community.	7	11	1		
6.	The organization provides culturally sensitive services.	11	6	2		
7.	The organization respects the confidentiality of the persons it serves.	10	9			
8.	The organization is known for its integrity and ethical practices. (NB: One "no answer" to this question.)	7	9	2		
9.	The organization conducts a public education program to make its presence known in the community.	2	8	8	1	
10.	The organization works with other community organizations to advocate on behalf of the people it serves.	7	10	1	1	
11.	The organization promptly screens applicants and persons referred for its services.	6	10	3		
12.	Waiting periods for services are responsible. (NB: One "no answer" to this question.)	4	12	2		
13.	Fees are reasonable and fair.	5	8	6		
14.	The organization is fiscally responsible.	5	8	6		
15.	The organization's reputation with the community is favorable.	7	10	1	1	
16.	Personnel are qualified and competent in the performance of their jobs.	6	11		2	
17.	The organization is in compliance with all applicable laws and regulations.	5	9	5		

Have you visited Knowles Centre's campus during the last 12 months?   17 yes   2 no

Note: 19 of 90 community members completed the community survey.

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 15 of 16 items surveyed (responding either strongly agree or agree). There was only one item (#10), which just failed to reach this majority threshold of endorsement, because of the significant number of staff who were "uncertain" about how to respond to this question (this result also occurred last year).

Recommendations

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

Stakeholder Satisfaction Surveys

Personnel Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	My job responsibilities are clearly outlined in my job description.	16	17	5		
2.	I received an orientation within the first three months of beginning work with the organization. ** One "no answer" to this question.	12	16	2	4	3
3.	I have an up-to-date copy of or can access the personnel handbook.	7	15	10	4	2
4.	I am aware of the organization's grievance procedures and know how to make a complaint.	13	17	7	1	
5.	I am notified when positions that I may be qualified for become available within the organization.	12	20	3	1	2
6.	I can access my personnel record.	8	12	17	1	
7.	I receive annual performance evaluations.	6	19	4	6	3
8.	I receive regular supervision.	18	16		2	2
9.	At least annually, employee satisfaction is assessed by the organization.	4	17	15	1	1
10.	The organization implements changes based on the feedback received from personnel.	3	15	12	7	1
11.	I participate in quality improvement activities within the organization.	8	22	6	6	
12.	I received information on program outcomes that is useful to me in working with persons served.	4	21	6	6	1
13.	I have participated in on-the-job activities that enhance my knowledge and skills.	18	17	1	2	
14.	Case records of persons that I serve are readily available or accessible to me.	12	20	4	2	
15.	I participate with others at my organization in quarterly review of my client's progress toward achieving these goals.	11	18	2	7	
16.	I am aware of the organization's policies regarding: - Harassment - Discrimination prohibition - Prohibition of corporal and degrading punishment of consumers - Confidentiality	 15 15 15 17	 18 18 17 18	 4 4 5 2	 1	 1 1 1 1

Note: 38 of 71 personnel completed the personnel survey

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 nine supervisors and managers (69%) 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

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

Note: Nine of 13 supervisors/managers completed the supervisors/managers survey

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 board meeting (board members who were unable to attend this board meeting also had the opportunity to complete this survey). Only three of eight board members (38%) completed this survey.

Findings

The three board members rated KC favorably on all items (responding either strongly agree or agree).

Recommendations

Next year, the Senior Administrative Coordinator will send a reminder to board members to encourage them to complete the survey.

Stakeholder Satisfaction Surveys

Governance Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	As a member of the governing body (GB), we effectively conduct/participate in long term planning.	3				
2.	As the GB, we effectively develop and approve policies.	3				
3.	As the GB, we establish resource development targets and goals.	3				
4.	We regularly review fiscal/financial reports.	3				
5.	We approve the organization's annual budget.	3				
6.	As the GB, we review and formally accept the annual audit.	3				
7.	As a member of the GB, I review and provide input regarding the organization's quality improvement activities/initiatives.	3				
8.	As a member of the GB, we receive information on the organization's program outcome and outcomes for persons served.	3				
9.	The organization's GB and the CEO/Executive Director have an effective working relationship.	3				
10.	At least annually as members of GB, we assess areas of risk to the organization.	3				
11.	We receive quarterly reports of immediate and ongoing risk within the organization.	3				
12.	The organization collaborates with the community to advocate for issues of mutual concern.	2	1			
13.	I received an orientation as to my GB responsibilities.	3				
14.	The organization's GB is representative of the community it serves.	3				
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 - 0	No - 3			

Note: Three of eight directors completed the governance survey

Client Outcome Measures

<p style="text-align:center">Client Outcome Measures</p>

<p style="text-align:center">Treatment Foster Care Program</p>

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 trauma, grief and loss, and various developmental, attachment, emotional, cognitive, and behavioral issues and needs.

In the past year, the TFC program continued to utilize the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS), and discontinued using the Adaptive Behavior Assessment System (ABAS - II), although it may be utilized as deemed necessary.

The CAFAS assessments guide the clinician to objectively document functioning across eight (8) important life domains which include: school, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking problems. A score of (0) indicates minimal or no impairment, a score of (10) mild impairment, a score of (20) moderate impairment, or 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 score can range from 0 to 240). The CAFAS are administered for children ages five to 19 years of age (full-time kindergarten and higher), and the PECFAS are administered for children three to seven 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 six months thereafter.

The CAFAS/PECFAS are generally completed by the child's clinical case manager in collaboration with the foster parent(s). A summary of the results is shared at ongoing treatment conferences, and documented in the treatment conference report.

Findings

<u>CAFAS</u>

The CAFAS was implemented with 62 youth that enabled a comparison of the initial assessment scores and the most recent scores within the past year. Two cases were excluded because the initial or most recent CAFAS was missing, or not all of the subscales were calculated, thus a total score could not be generated. The age range was from five to 20 years of age, with the average age being 12 years old; 52% were pre-adolescent and 48% were adolescents; 56% were male and 44% 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 (45) and most recent score (52) was -7 indicating there was a slight decrease in functioning from pre-test to post-test, exactly the same as last year. It is worthwhile to note that the aggregate data for seven of the eight sub-scales continues to fall within the mild impairment range, with only one category slightly falling above this into the moderate range, again the same as the previous reporting year. Six of the sixty-two children were assessed as having a pervasive behavioral impairment, which is consistent with our clientele diagnosed with a pervasive developmental disorder. Four of the six youth identified with a pervasive behavioral impairment were noted to show improvements during the past year.

PECFAS

The PECAFS was implemented with 12 children between the ages of 3-7 years of age, with the average age being four years old, that allowed for a comparison of at least two results within the testing period; 42% were male and 58% were female. Four of the cases were excluded because either the initial or the 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 (26) and most recent score (43) was -17 indicating there was a decrease in functioning from pre-test to post-test. It is significant to note that all of the seven sub-scales were within the mild impairment range. None of the children in this age range were assessed as having a pervasive behavioral impairment.

Extraneous Variables

The most significant factor that is likely contributing to a decline in functioning on the CAFAS and PECFAS, while remaining in the mild category, likely reflects the following: (a) typical day-to-day fluctuations in children's actual behavior, (b) typical care providers' perceptions and feelings about these behaviors on a day to day basis, (c) time of testing, and (d) how this information is communicated to and interpreted by clinical case managers. The scores continue to indicate general stability overall. The reality that all total scores of the seven PECFAS and eight CAFAS subscales are in the mild impairment range (with the exception the CAFAS mood subscale, which just reached the moderate impairment level), is also viewed as extremely positive. Other mitigating factors include: changes in medication, changes in and contact and plans with birth family, treatment foster parents and clinical case managers having both different interpretations of questions and different perceptions of children's functioning, and changes in perception of similar behavior between testing times, etc.

Recommendations from 2012-13

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 (**Completed**: Individual clients functioning and needs were considered by their Clinical Case Manager, and in consultation with their immediate supervisor, and documented in the treatment conference reports.)

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 (**Completed**: Decision to

discontinue using the ABAS as an outcome measure, but to use it as a clinical outcome measure as deemed necessary.)

Recommendations for 2013-14

1. To review how the outcomes are assessed and addressed, to determine if this could be enhanced in any way.

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. Many of the youth have come to us in crisis, their young lives already affected by neglect, abuse, grief and loss, intergenerational trauma, racism and hopelessness. Knowles Centre's intervention/treatment is designed to help the youth heal and to help 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.

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 reports that the average CAFAS total score on initial assessment was 145 and that the average CAFAS total score on most recent assessment was 124. The difference of 21 indicates an improvement in functioning from pre-test to post-test. Of particular note is that the data suggests that 55% of the clients improved on one or more outcome indicator and that 52% of the clients showed meaningful and reliable improvement. Also of note, is that 39% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at initial assessment no longer met PBI criteria at most recent assessment.

Possible Extraneous Variables: Please note that the extraneous variables that were noted the past two years 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 only on intake information, 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.

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 (ABASII) 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 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.

The Adaptive Behavior Assessment System (ABASII) uses a behavior-rating format to assess adaptive behavior and related skills for individuals 16 through 89 years of age. ABASII 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 ABASII and the CAFAS were not completed consistently. Therefore, the data are incomplete and cannot be analyzed.

Recommendations

1. Continue to use the CAFAS and ABASII as client outcome measures.
2. Review the ABASII rating instructions with SAIL staff to ensure consistent understanding of the rating system.
3. Ensure all new SAIL staff are provided detailed training for ABASII.
4. Ensure Case Managers are reviewing the ABASII 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.

<center>**Client Outcome Measures**</center>

<center>**Sexual Abuse Treatment Program (SATP)**</center>

For victims of sexual abuse, the program is designed to decrease their trauma symptomatology, improve their emotional functioning, and reduce the likelihood of any re-victimization. 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 Checklist for Young Children (TSCYC) is used for clients aged three to twelve who are exhibiting trauma symptomology. 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). Finally, the Trauma Symptom Inventory (TSI) is used with adult clients (18 years and older).

Data Analysis

Ten clients completed the CDI-II at both Time 1 and Time 2: Four clients showed improvement and five clients stayed within the same range ("Average Range"). The final client was more difficult to compare, as at Time 1 they completed the CDI and at Time 2 they completed the BDI. With that said, this client appeared to show some slight improvement going from having an Average Score on the CDI to being in the Minimal Range on the BDI. Of particular note is that no clients appeared to regress in their scores.

Four clients completed the BDI-II at both Time 1 and Time 2: Two clients showed improvement (both of these clients' responses at Time 1 fell in the "Severe Range and at Time 2 fell in the "Mild Range"). The remaining two clients remained within the same range from Time 1 to Time 2; these scores were within the minimal range. Of particular note, no clients appeared to regress in their scores.

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. Seven clients completed the TSCC at Time 1 and Time 2, however, one of these client's scores could not be utilized because her Time 1 and Time 2 results were deemed invalid due to underreporting. In the area of PTS, three clients showed improvement and three clients showed no change. In the area of DIS, two clients showed improvement and four clients showed no change from Time 1 to Time 2. In the area of SC, three clients showed improvement, two clients showed no change, and one client showed some regression from Time 1 to Time 2.

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. Three clients completed the TSI at both time 1 and Time 2. Two clients showed improvement in

scores from Time 1 to Time 2 for all three subscales that were analyzed (IE, DIS, and SC). One client's responses remained unchanged Time 1 to Time 2. Of particular note, no clients appeared to regress in their scores.

Finally as for the TSCYC, three subscales were analyzed (Post Traumatic Stress-Total, PTS-TOT, DIS, and SC), as they were deemed most relevant to the work being done in the SATP. Five clients completed the TSCYC at both Time 1 and Time 2. Four clients' responses remained in the same score ranges for all three subscales (PTS-TOT/DIS/and SC) from Time1 to Time 2. The fifth client's scores remained unchanged for PTS-TOT and DIS (normal range), but showed some regression for SC.

In analyzing this data, it is important to note that depressive symptomology (using CDI-II and BDI–II at Time 2) fell in the average range, minimal range or mild range. Therefore it appears that the vast majority of the clients aren't demonstrating concerning scores at Time 2. Moreover, no clients appeared to regress in their depressive symptomology. This also appears to be generally true for the majority of clients in relation to post-traumatic symptomology at Time 2 (using TSCC, TSI and TSCYC). Consequently, according to this analysis, it appears that SATP is effective in addressing, managing and healing clients' overall emotional functioning and trauma symptomatology.

Concerning last year's recommendations:

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

Recommendations

The program has no new recommendations.

Client Outcome Measures

Day Treatment Program

Clients are referred to the Day Treatment Program 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 help these youth heal and help 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.

Data Analysis

The sample size for the Day Treatment Program was ten clients for comparison at initial assessment (when they first were admitted into the program) versus most recent assessment. The data indicated that the average CAFAS total score at initial assessment was 98 and that the average CAFAS total score at the most recent assessment was 79. The difference of 19 indicates an improvement in functioning from pre-test to post-test. The data suggest that 60% of the clients improved on one or more outcome indicators, and that 50% of the clients showed meaningful and reliable improvement. Of note is that 50% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer met PBI criteria at Most Recent Assessment.

Possible Extraneous Variables: Therapists noted that the initial assessment was based on intake information only, while subsequent assessments included enhanced information shared by the client. Therefore, they felt that certain behaviors were disclosed as a result of the close relationship formed over time that were unknown at the initial assessment. They also noted that some behaviors were likely discovered due to enhanced relationships built with parents/caregivers and to the close supervision at John G. Stewart School, which were unknown at the initial assessment.

Recommendations

The program has no new recommendations.

John G. Stewart School Annual Community Report

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 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

Student Attendance

2013-2014 was a year like no other. With so many students coming and going throughout the year our attendance was all over the map. The school year started well with many students entering the school for the first time and seemingly enjoying it. October saw Knowles student attendance drop below 60%. This was caused by the high number of AWOLS and days missed because of incarceration. In fact, 66% of all the absences from the Knowles side in October fell into these categories. The next two big drops came in December and January on the Day Treatment side. In December, three High School students struggling in school, chose not attend anymore and a fourth one did not return after the Christmas Break. Those four students accounted for over 60% of the Day Treatment student absences in that time frame. One of the largest contributors to the weaker than usual attendance was the number of out of school suspensions handed out this year. There were 309 days missed from school through suspension. This represents a dramatic increase over the previous two years. More concerning is that more than half of those suspensions are related to the River East Transcona Drug and Alcohol use policy. Fifteen different students were suspended under the policy. Twelve Knowles Residents and three Day Students were suspended through this policy. Two of the Knowles Residents were suspended three times this year and received Board suspensions. Another Knowles Resident was suspended once this year, but that was his fourth drug and alcohol suspension while attending River East Transcona School and he too was given a Board Suspension.

Monthly Attendance by Percentage
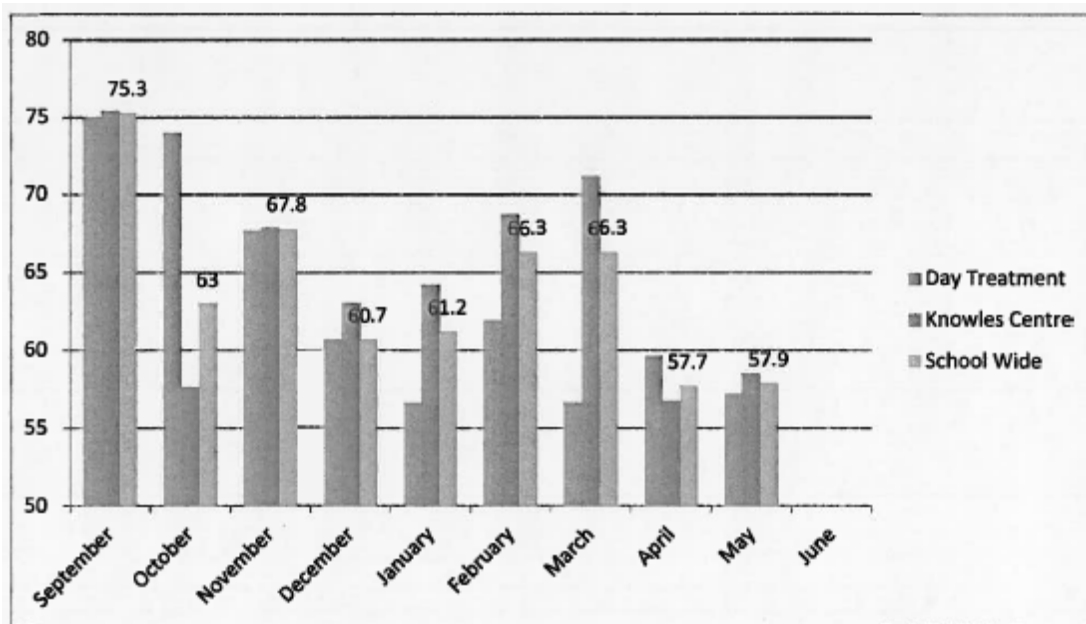
Year-Over-Year Attendance Comparison
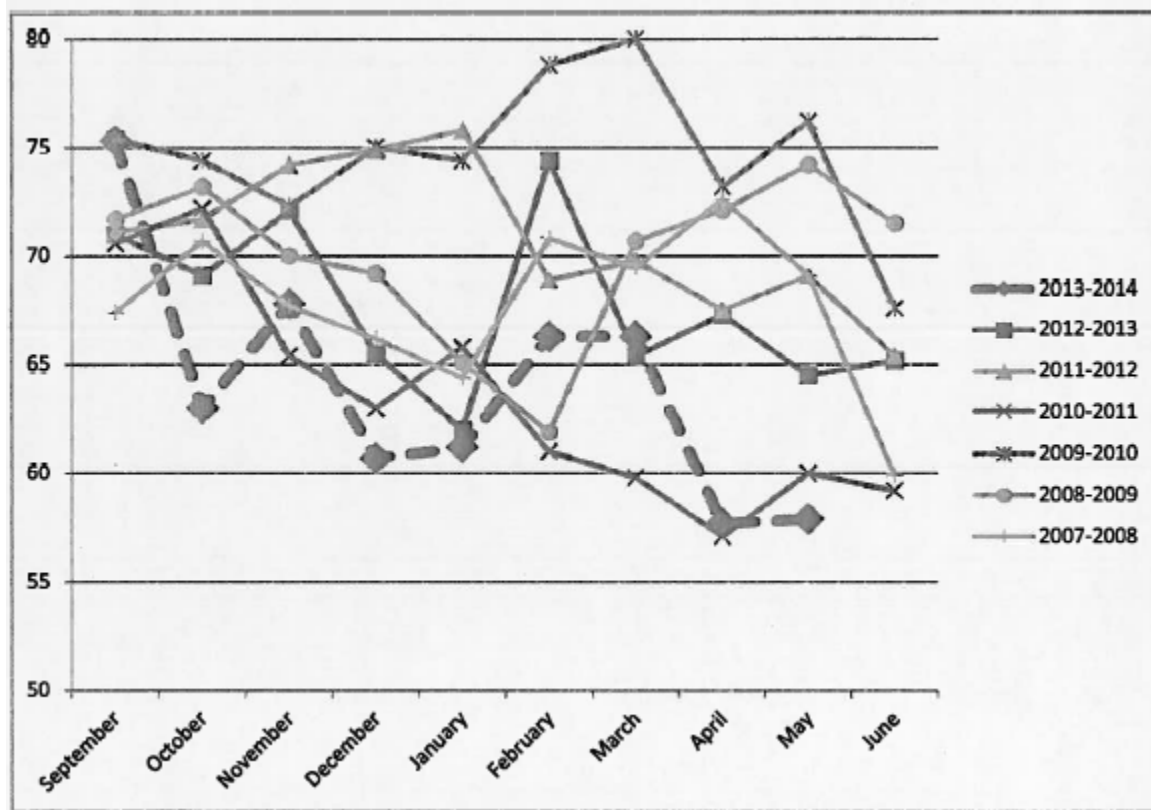
Student Behaviours

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 action.

2013-2014 was a school year that was unlike any in recent memory. The continuous addition of new students to school, the number of drug related suspensions, and the numbers of children with mental health issues were, in my opinion, the major contributing factors to such a challenging year.

John G. Stewart School registered 48 Knowles residents as students from the beginning of the school year until the end. This represents a 147% turnover of students within a one-year span. This registering and introducing of students to the school on a weekly basis was challenging for the staff. Before new students could be properly introduced to life at John G. Stewart they were rushed into classrooms because there were other students waiting to be registered. This created a continuous change in classroom dynamic, which in turn built anxiety in children, and resulted in significantly more walkouts and non-compliant behaviour. We also saw a small increase in physical aggression

amongst peers. This can be attributed to the high anxiety levels among students when they are new and trying to establish themselves in a new social structure.

Another area of concern around student behaviour was the dramatic increase in drug use among students this year at John G. Stewart School. Our collective experience tells us that when drugs are in or near the building the students become anxious and distracted. Some students are concerned they may be caught, some are worried they may not be included, many worry that they may be asked about the drugs and face the dilemma of telling the truth or "Snitching" to protect friends and enemies. Whatever the reason, it is usually noticeable in children's behaviour when drugs are near. This school year saw us suspend 15 students for drug use during the school day. 12 of these students were Knowles residents. If the school becomes unsettled when drugs are around I am quite certain the 4units at Knowles would be the same!

Another alarming trend was the addition of students with Mental Health issues into John G. Stewart School. This occurred on both the Knowles side and the Day Treatment side of John G. Stewart School. The school was and is designed to handle traumatized students exhibiting inappropriate behaviour and deemed to have an emotional behaviour disorder or disorders.

Lastly, High School students arriving midway or near the end of a term were attending school but had no inherent value to doing so. They would not be able to start working towards credits until the beginning of the next term. These students, with little invested in the school, would become defiant and disruptive to the point of just wanting to create mayhem during the day by negatively engaging staff (increase in verbal abuse of staff) or undermining classes (Increase in non-compliant or defiant behaviours) to the detriment of those trying to learn. This was very noticeable with the nine new students arriving in the last five weeks of the school year.

Behavior Tracking System Results
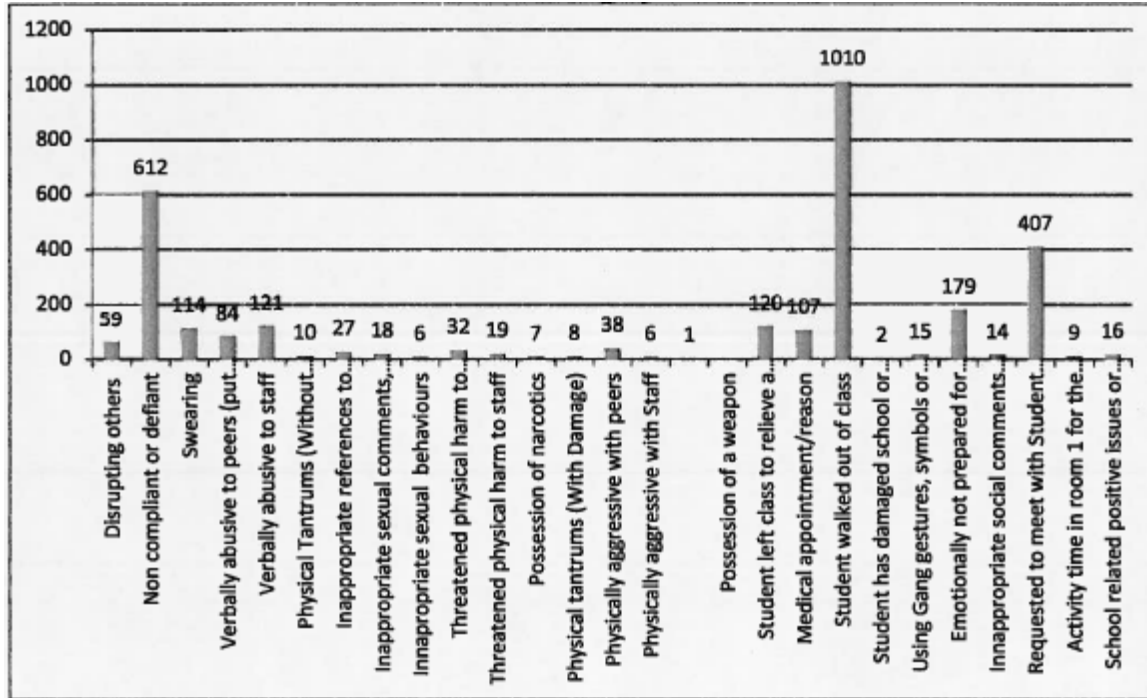
Academic Achievement

2013-2014 saw the lowest sample of students being tested at the start of the year and again at the end of the year. Again, the high turnover rate of Knowles Residents is the major cause of this. Our best growth areas were in the area of reading. We are very proud that two of our identified students that received additional support and time for their reading showed improvements. This was our first year of adding outside classroom supports and the results are encouraging. We noticed that many of our students showed a decline in their math skills. Upon further investigation we noticed that on half of those falling behind were High School students. For three of the four students, the post testing of their math skills took place 13 weeks or 26 weeks after taking their grade level math. One change for 2014-2015 will be having our High School Students post tested one week after their grade level math course ends.

A great lesson in assessment can be found in our data. The greatest overall gain was by one of our High School students who was with us all year. Despite showing impressive gains of up to two and three years in both reading and math, this student was unable to earn credits in all the High School courses she enrolled in.

In an effort to improve our math scores, our High School math teacher will become full-time not half-time, and our two middle years teachers will be engaging in an intensive ten-day training throughout next year and an extra period of math will be added to the middle years schedule.

Academic Growth Chart
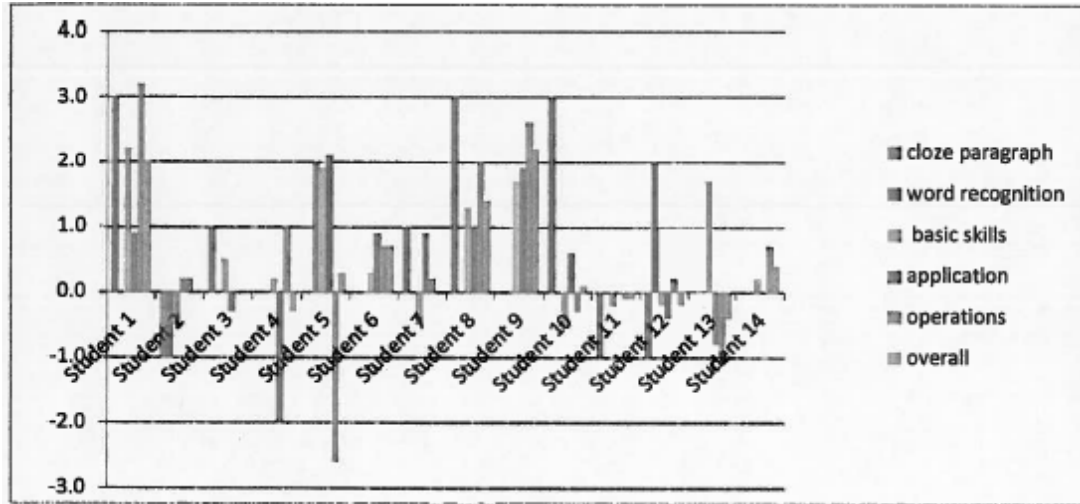
Discharge Summary

During 2013-2014, there were 33 students discharged during the school year. This represents a 29% increase over last year Twenty-eight of these students were clients of Knowles Centre, two were students in the Alternative Education Program, and three Day Students were 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 33 Knowles clients, eight were discharged with pre-conceived plans, mostly to foster homes or returned to family members, while 22 were discharged because of absenteeism, lengthy periods of incarceration, or Social Workers removed them Knowles Centre and three were removed from Knowles because of dangerous/threatening behaviour.

There were no clients attending school from Four Fires Lodge that were discharged during the year.

Year-Over-Year Absentee Summary Comparison

Reason For Absence	Number of Occurrences			
	2010-2011	2011-2012	2012-2013	2012-2014
Student AWOL	514	460	500.5	305
Court Appearances	11	22	17	13
Incarcerated	360	344	659	412
Held Back in Unit	384.5	270	249	413
On Home Visits	158.5	82.5	88.5	65.5
Student Ill/Hospitalized	204	78	65.5	119.5
Medical Appointment	18.5	37	85	72
Parent Request for Absence	64.5	76.5	143	168
Knowles Residents Refusing to go to School	234	40	58.5	478
On Program with Knowles Centre	78.5	89	27.5	-
Out of School Suspensions	203.5	160.5	126.5	357
Truancy	971.5	583	344	-

Staff Retention Data

Staff Retention Data:

Breakdown by Department from September 1, 2013 - August 31, 2014

		Admin/ Mtnce	SAIL	TFC	Group Care/ Kitchen	Clinical
# current full and part time staff	87					
# of Applicants Hired	10	1	4	2	1	1
# total full and part time staff	97					
# of FT/PT that Left Employment	8	2	2	2	1	1
# of FT/PT Retirements	0					
Turnover %	8%					
Total FT/PT Staff	**89**					

Summary

Knowles Centre's turnover rate was eight percent, whereas for the previous year it was nine percent. Knowles Centre continues to have an excellent staff retention rate (92 percent) when compared to other agencies within its sector.

Staffing Level Changes by Department

Administration /Maintenance: Development Coordinator left employment. Changes in Maintenance as follows: one Maintenance Worker hired as term and then left to return to school.

SAIL: One full-time Case Manager and one part-time On-Site Nights left employment; hired one full-time Case Manager; hired one full-time and two part-time Support Workers Nights positions.

TFC: Two full-time Clinical Case Manager positions became vacant; one was filled part-time and one was filled full-time.

Group Care: Following the death of a Supervisor, the supervisor from Unit 1 transferred over to fill vacancy, and the Unit 1 Supervisor position was filled internally.

Clinical: One full-time Therapist left position; hired one full-time Therapist to fill vacant position.

Financial Report

(March 31, 2014)

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, 2014, 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, 2014 and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Winnipeg, Manitoba
June 17, 2014

Collins Barrow HMA LLP

CHARTERED ACCOUNTANTS

KNOWLES CENTRE INC.

SUMMARIZED STATEMENTS OF FINANCIAL POSITION AND REVENUE AND EXPENDITURES

SUMMARIZED STATEMENT OF FINANCIAL POSITION
MARCH 31

ASSETS	2014	2013
Current Assets:		
Cash and investments	$ 459,641	$ 445,201
Accounts receivable	945,406	864,788
Prepaid expenses	17,350	31,031
	1,422,397	1,341,020
CAPITAL ASSETS	2,099,565	2,118,353
	$ 3,521,962	$ 3,459,373

LIABILITIES AND FUND BALANCES		
Current Liabilities:		
Bank indebtedness	$ 121,406	$ 142,254
Accounts payable	523,149	481,104
Deferred revenue	509,971	478,768
Current long term debt	42,768	39,446
	1,197,294	1,141,572
LONG TERM DEBT	445,383	478,160
Total Fund Balance	1,879,285	1,839,641
	$ 3,521,962	$ 3,459,373

SUMMARIZED STATEMENT OF REVENUE AND EXPENDITURES
YEAR ENDED MARCH 31

	2014	2013
REVENUE		
Foster Care	$ 5,259,614	$ 4,960,104
Group care treatment	2,700,419	2,683,911
Other income	2,192,173	2,109,975
Capital revenue	49,112	40,990
Scholarship revenue	3,019	4,756
	10,204,337	9,799,736
EXPENDITURES		
Staff remuneration	8,820,420	8,580,355
Maintenance and repairs	325,203	267,011
Admin. and general	236,120	208,860
Food, clothing & activities	684,385	657,267
Capital expenditures	97,975	88,080
Scholarship expenditures		2,535
	10,164,103	9,804,108
Excess Revenue	40,234	(4,372)
Change in fair value of investments and gains realized during the year	(590)	(21,327)
Fund Bal., beginning of year	1,839,641	1,865,340
Fund Balance, end of year	$ 1,879,285	$ 1,839,641

Approved on behalf of the Board

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Director

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Director

Detailed audited financial statements may be examined at the centre's office during normal business hours.

INDEPENDENT AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the Directors
Knowles Centre Inc.

The accompanying summarized statement of financial position and statement of revenue and expenditures are derived from the complete financial statements of Knowles Centre Inc. as at March 31, 2014 and for the year then ended on which we expressed an opinion with reservation concerning the completeness of revenue derived from donations and vacation pay accrual in our report dated June 17, 2014. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the centre's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Collins Barrow HMA LLP

CHARTERED ACCOUNTANTS

Winnipeg, Manitoba
June 17, 2014

Collins Barrow

KNOWLES CENTRE INC.

STATEMENT OF FINANCIAL POSITION

	Operating Fund	Capital Fund	Schorlarship Fund	As At March 31, 2014	March 31, 2013
ASSETS					
CURRENT					
Cash	$	$ 41,631	$	$ 41,631	$ 29,601
Investments		418,010		418,010	415,600
Accounts receivable	942,660	2,746		945,406	864,788
Prepaid expenses	17,350			17,350	31,031
Interfund balances	-	-	113,187	113,187	110,168
	960,010	462,387	113,187	1,535,584	1,451,188
CAPITAL ASSETS *(Note 4)*	-	2,099,565	-	2,099,565	2,118,353
	960,010	2,561,952	113,187	3,635,149	3,569,541
LIABILITIES					
CURRENT					
Bank indebtedness	121,406			121,406	142,254
Accounts payable	523,149			523,149	481,104
Deferred revenue	509,971			509,971	478,768.
Interfund balances	9,770	103,417		113,187	110,168
Current portion of long term debt	1,936	40,832	-	42,768	39,446
	1,166,232	144,249	-	1,310,481	1,251,740
LONG TERM DEBT *(Note 5)*	7,772	437,611	-	445,383	478,160
FUND BALANCES					
FUND BALANCES *(Statement 2)*	(213,994)	1,980,092	113,187	1,879,285	1,839,641
	$ 960,010	$ 2,561,952	$ 113,187	$ 3,635,149	$ 3,569,541

Approved on behalf of the Board

....
Director

....
Director

KNOWLES CENTRE INC.

STATEMENT OF CHANGES IN FUND BALANCES

YEAR ENDED MARCH 31

	2014	2013
OPERATING FUND		
BALANCE, *beginning of year*	$(270,072)	$(280,569)
Excess of revenue over expenditures *(Statement 3)*	86,078	40,497
Interfund transfer - Capital Fund	(30,000)	(30,000)
BALANCE, *end of year*	$(213,994)	$(270,072)
CAPITAL FUND		
BALANCE, *beginning of year*	$ 1,999,545	$ 2,037,962
Excess of expenditures over revenue *(Statement 3)*	(48,863)	(47,090)
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	(590)	(7,957)
BALANCE, *end of year*	$ 1,980,092	$ 1,999,545
SCHOLARSHIP FUND		
BALANCE, *beginning of year*	$ 110,168	$ 107,947
Excess of revenues over expenditures *(Statement 3)*	3,019	2,221
BALANCE, *end of year*	$ 113,187	$ 110,168
TOTAL FUND BALANCES	$ 1,879,285	$ 1,839,641

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KNOWLES CENTRE INC.

STATEMENT OF REVENUE AND EXPENDITURES

YEAR ENDED MARCH 31

	Operating Fund	Capital Fund	Scholarship Fund	2014	2013
REVENUE					
Foster Care	$ 5,259,614	$	$	$ 5,259,614	$ 4,960,104
Group care treatment	2,700,419			2,700,419	2,683,911
Province of Manitoba grant	683,000			683,000	672,700
SAIL Program	1,059,230			1,059,230	988,924
Other income *(Schedule 3)*	449,943			449,943	448,351
Fundraising		22,008		22,008	1,443
Investment income		16,799	3,019	19,818	32,979
Thomas and Beatrice Gilroy Trust		4,124		4,124	4,250
C.H. Bowie, C.A. Bowie, and A.W. Gibson Memorial Fund		3,541		3,541	3,587
A.R. McNichol Fund		1,660		1,660	1,709
Marshall Gardner Memorial Fund		980		980	
Donations	-	-	-	-	1,778
	10,152,206	49,112	3,019	10,204,337	9,799,736
EXPENDITURES					
Staff remuneration *(Schedule 1)*	8,820,420			8,820,420	8,580,355
Maintenance and repairs *(Schedule 1)*	325,203			325,203	267,011
Administration and general *(Schedule 1)*	236,120			236,120	208,860
Food, clothing, welfare and activities *(Schedule 2)*	684,385			684,385	657,267
Amortization		72,890		72,890	72,022
Interest on long term debt		19,442		19,442	12,219
Miscellaneous		2,943		2,943	3,640
Fundraising and public relations		200		200	200
Scholarships	-	2,500	-	2,500	2,535
	10,066,128	97,975	-	10,164,103	9,804,108
EXCESS OF REVENUE OVER EXPENDITURES (EXPENDITURES OVER REVENUE)	$ 86,078	$(48,863)	$ 3,019	$ 40,234	$(4,372)

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KNOWLES CENTRE INC.

STATEMENT OF CASH FLOWS

	Operating Fund	Capital Fund	Scholarship Fund	2014	2013
CASH FLOW FROM					
OPERATING ACTIVITIES					
Excess of revenue over expenditures (expenditures over revenue)	$ 86,078	$(48,863)	$ 3,019	$ 40,234	$(4,372)
Items not affecting cash					
Amortization of capital assets		72,890		72,890	72,022
Gain on sale of investments					(13,370)
Changes in non-cash working capital items					
Accounts receivable	(80,617)	(5)		(80,622)	27,216
Prepaid expenses	13,681			13,681	(16,781)
Accounts payable	42,045			42,045	(42,400)
Deferred revenue	31,204	-	-	31,204	54,703
	92,391	24,022	3,019	119,432	77,018
FINANCING ACTIVITIES					
Proceeds from long term debt	10,500			10,500	335,000
Repayment of long term debt	(792)	(39,160)	-	(39,952)	(22,222)
	9,708	(39,160)	-	(29,452)	312,778
INVESTING ACTIVITIES					
Purchase of capital assets		(54,102)		(54,102)	(413,762)
Proceeds from sale of investments					303,072
Decrease (increase) in investments		(3,000)		(3,000)	
Purchase of investments	-	-	-	-	(314,500)
	-	(57,102)	-	(57,102)	(425,190)
NET INCREASE (DECREASE) IN CASH	102,099	(72,240)	3,019	32,878	(35,394)
CASH, *beginning of year*	(352,060)	34,700	-	(112,653)	(77,259)
CASH, *end of year*	$(249,961)	$(37,540)	$ 3,019	$(79,775)	$(112,653)

CASH AND CASH EQUIVALENTS CONSISTS OF:		
Cash	$ 14,044	$ 8,699
Bank indebtedness	(121,405)	(142,254)
Short term investments	27,586	20,902
	$(79,775)	$(112,653)

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KNOWLES CENTRE INC.

NOTES TO FINANCIAL STATEMENTS

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. 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 measured at fair value at the balance sheet date. Fair value fluctuations including interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses are included in investment income.

   Available-for-sale

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

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

   Loans and receivables

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

   Other liabilities

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

NOTES TO FINANCIAL STATEMENTS

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

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.

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

NOTES TO FINANCIAL STATEMENTS

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

    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.

3. BANK INDEBTEDNESS

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

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KNOWLES CENTRE INC.

NOTES TO FINANCIAL STATEMENTS

4. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net Book Value 2014	2013
Land	$ 17,719	$	$ 17,719	$ 17,719
Buildings	3,045,813	1,159,474	1,886,339	1,934,706
Ground improvements	125,262	22,512	102,750	79,759
Campsite conservation	179,869	170,494	9,375	10,417
Furniture and equipment	372,132	333,541	38,591	55,828
Tractor loader				1,878
Camp equipment	64,100	33,745	30,355	
Vans	182,384	167,948	14,436	18,045
	$ 3,987,279	$ 1,887,714	$ 2,099,565	$ 2,118,352

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

5. LONG TERM DEBT

	2014	2013
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.	$ 312,181	$ 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.	166,262	186,066
Commercial loan bearing interest at 5.00% per annum, repayable in monthly blended payments of $198. The loan matures on October 1, 2018 and is secured by equipment.	9,708	-
	488,151	517,606
Less: Current portion	42,768	39,446
	$ 445,383	$ 478,160

Principal repayment terms are approximately:

2015	$ 43,076
2016	44,957
2017	46,929
2018	48,995
2019	50,144
Thereafter	254,050
	$ 488,151

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NOTES TO FINANCIAL STATEMENTS

6. GOVERNMENT ASSISTANCE

During the year, the Centre received operating grants of $683,000 (2013 - $672,700) from the Province of Manitoba - Department of Family Services which is included in operating fund revenue.

7. PENSION PLAN

The employees of Knowles Centre Inc. are members of the United Way Agencies Pension Plan, a multi-employer, defined benefit pension plan, which is accounted for as a defined contribution plan. Knowles Centre Inc.'s matching contributions for the year were $210,206 (2013 - $183,709) and have been expensed during the year.

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KNOWLES CENTRE INC.

SCHEDULE OF OPERATING FUND EXPENSES

	YEAR ENDED MARCH 31	
	2 0 1 4	2 0 1 3
STAFF REMUNERATION		
Salaries	$ 4,331,437	$ 4,321,247
Foster care	3,711,913	3,490,927
Canada Pension Plan	179,453	182,172
United Way pension fund	210,206	183,709
Employee group insurance benefits	144,647	124,471
Employment insurance	97,875	95,510
Manitoba payroll tax	94,856	94,750
Workers Compensation Board	50,033	87,569
	$ 8,820,420	$ 8,580,355
MAINTENANCE AND REPAIRS		
Autopac and insurance	$ 89,350	$ 66,586
Building repairs	77,432	75,908
Driveway maintenance		9,210
Equipment repairs and replacement	33,660	16,933
Heating fuel	12,717	10,230
Hydro and electrical	38,060	34,023
Maintenance and household supplies	59,007	42,070
Municipal taxes	8,323	6,280
Water	6,654	5,771
	$ 325,203	$ 267,011
ADMINISTRATION AND GENERAL		
Accreditation	$ 4,200	$ 9,271
Advertising and miscellaneous	2,567	4,221
Bank charges and interest	11,004	5,374
Dues and subscriptions	5,563	9,467
Meetings	13,558	8,712
Miscellaneous	10,202	932
Office supplies	48,017	44,145
Payroll service charge	1,160	300
Postage	7,440	7,580
Professional fees	55,295	41,918
Public relations	2,125	1,958
Rent	19,387	13,725
Staff development	10,091	17,791
Telephone	45,511	43,466
	$ 236,120	$ 208,860

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KNOWLES CENTRE INC.

SCHEDULE OF OPERATING FUND EXPENSES

	YEAR ENDED MARCH 31	
	2014	**2013**

FOOD, CLOTHING, WELFARE AND ACTIVITIES

	2014	2013
Bedding and clothing	$ 27,015	$ 27,795
Food	152,530	151,958
Medical, dental and optical	3,389	5,329
Personal supplies	867	1,232
Program activities	91,772	97,259
Program supplies	22,376	22,212
Residents' gifts	4,033	4,542
Residents' transportation	12,192	10,230
SAIL Stage 2 - client living expenses	272,060	233,299
School supplies	37	210
Spending allowances	18,087	15,801
Summer outdoor education program	2,554	3,219
Transportation - general	73,876	81,862
Volunteer activities	3,597	2,319
	$ 684,385	$ 657,267

KNOWLES CENTRE INC.

SCHEDULE OF OTHER INCOME

		YEAR ENDED MARCH 31	
		2 0 1 4	2 0 1 3

OTHER INCOME

River East School Division	$	201,806	$	189,180
Sexual abuse treatment program		71,100		71,100
Outreach program		65,582		55,620
Donations		29,945		72,136
Miscellaneous		47,975		44,689
Meals		14,489		6,239
Special needs/clothing allowance		4,246		5,648
Rentals		14,800		3,739
	$	449,943	$	448,351

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