

Performance and Quality Improvement Report

September 1, 2018 – August 31, 2019

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Executive Summary

Through the Performance Quality Improvement (PQI) process, Knowles Centre (KC) can ensure 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 and Quality Improvement Officer. This PQI report covers the period from September 1, 2018 to August 31, 2019. KC's PQI process is comprised of six sections, and each section can result in corrective action plans being identified and implemented.

1. 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.
2. Clients' incident reports involve a monthly analysis of reported incidents, accidents, and grievances generated by clients. Its purpose is to discern any trends during the year with incident reports in order to identify and reduce risk.
3. Stakeholder satisfaction surveys are completed annually, soliciting their opinions about different aspects of KC services. Its purpose is to identify how KC could be improved, according to KC's stakeholders.
4. Case record review assesses the quality of client files and is done quarterly during the year.
5. Staff retention data is annually analyzed.
6. A financial report assesses annually KC's financial performance.

Client Outcome Measures

For the Treatment Foster Care Program (TFC), there were a number of positive results. First, the majority of clients within the program were stable based on their CAFAS scores, functioning in the mildly impaired range, which is a positive outcome considering the history of trauma these clients encountered prior to entering the program. Moreover, three quarters of clients having a pervasive behavioral impairment score on the CAFAS showed improvement during the year. Second, 84% of the clients have been in the program three or more years, indicating stability of placement. Third, 71% of the clients that were discharged from the program left as a result of reaching the age of majority or being re-unified with a family member. The program director reported that the majority of the clients "are not simply stable but thriving in their respective foster homes."

For the Group Care Program (GCP), 58% of the clients showed improvement in functioning on the CAFAS relative to their admission into the program. Moreover, 63% of the clients who were identified as having a pervasive behavioral impairment score on the CAFAS at the initial assessment, no longer met this criteria at the most recent assessment. A total of 87 school credits were earned by clients, an increase from last year's total of 47 credits. However, KC and John G Stewart School (JGS) staff need to continue to problem-solve how to improve the class completion rate for clients within the program.

For the Independent Living Program/SAIL, 61% of the clients were rated as having no or minimal impairment on the CAFAS at the end of the reporting year. On the ABAS-III, 59% of the clients showed an improvement in their adaptive skills. Support staff within the program also assess clients for their competency in 11 skills areas; 72% of the clients demonstrated competency in nine or more skill areas.

For the Day Treatment Program (DTP), 50% of the clients showed improvement in their CAFAS scores relative to their initial assessment. Moreover, 50% of the clients who were identified as having a pervasive behavioral impaired score on the CAFAS at the initial assessment, no longer met this criteria at the recent assessment. A total of 35 school credits were earned by clients, an increase from last year's

total of 22 credits. Once again, KC and JGS staff need to problem-solve how to improve the class completion rate for clients within the program.

For the Sexual Abuse Treatment Program (SATP), the majority of clients was in the non-clinical range or improved on measures for trauma and depression. Also, clients demonstrated extensive knowledge about sexual abuse or an improved score for CKAQ.

Annual Summary of Clients' Incident Reports

For the TFC, the most common incident report (IR) was assault/aggression (41%). However, only 7% of IRs involved physical restraints.

For the GCP, there was no obvious trend with IRs, which were distributed across a number of categories.

For the SAIL, there was a 32% decrease in the number of IRs for the year relative to the previous year, despite having more clients in the program this year. Furthermore, AWOLs decreased 92% from the previous year.

There was only a small number of IRs for the DTP, SATP, and Moving Forward (MF), without any obvious trends within these programs.

Stakeholder Satisfaction Surveys

For the TFC, the majority of foster children who completed the survey rated the program favorably on all 14 items that comprised the survey, and the majority of foster parents who completed the survey rated the program favorably on all 17 items.

For the GCP, the majority of clients who completed the survey rated the program favorably on all 11 items.

For the SAIL, the majority of clients who completed the survey rated the program favorably on all 12 items.

For the DTP, the majority of clients who completed the survey rated the program favorably on 14/15 items comprising the survey.

For the SATP, the majority of client who completed the survey rated the program favorably on all 14 items

Case Record Review

For the TFC, client files were described by external reviewers as well organized, reports as well written, and case conferences occurring every 3 months. There was a problem with missing/overdue reports. The program has started implementing solutions to reduce the number of missing/overdue reports.

For the GCP, reports were described as well written and case conferences occurring quarterly. The program has started problem-solving how to improve the timeliness of reports.

For SAIL, the reports were described as organized and having clear goals. However, the program acknowledged it needs to identify strategies to reduce the number of missing reports.

For the DTP, the reports were described as well written, up-to-date, and case conferences occurring quarterly.

For the SATP, reports were described as well written and having regular case conferences.

Staff Retention

For the PQI year 2018-19, the KC staff retention rate was 89%, a 2% decrease from the previous year, which was 91%. A staff retention rate of 89% is a very good standard within our sector, where the staff turnover rate is much higher at other agencies within our sector.

The majority of KC staff who completed the staff satisfaction survey rated KC favorably on 9 of 14 items comprising this survey. For the five other items, the ratings were also in the positive direction.

The majority of KC managers who completed the survey rated KC favorably on 19 of 21 items.

The majority of board members who completed the survey rated KC favorably on all 14 items.

The majority of responders from the community who completed the surveys rated KC favorably on 16 of 17 items (for the one item, they were uncertain whether the organization undertakes a public education program to make its presence known to the community).

Financial Report

For this PQI year, KC reported a consolidated deficit of approximately \$111,000. This deficit was attributed primarily to a decrease in TFC revenues and empty bed days within the GCP. Moreover, our sector has not received any increase in provincial funding in many years, despite our costs increasing annually.

Conclusion

There were a number of positive findings across programs at KC:

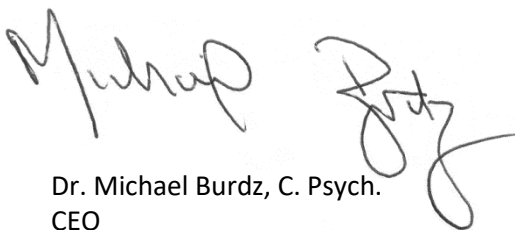
1. The majority of clients in the different programs showed improvement on standardized outcome measures during the year.
2. The majority of various stakeholder groups rated KC favorably on surveys.
3. KC still achieved a very good staff retention rate of 89% during the year.

However, there are two recommendations which would improve KC services:

1. KC and John G Stewart staff need to continue to problem-solve how to improve the class completion rate among group care and day treatment students in the school.
2. Some KC programs need to improve the timeliness of submitted client reports to address overdue client reports.

In closing, the PQI process is an evolving process at KC, not static. Future PQI reports will provide even more useful information for KC and its staff in order to improve the services delivered to KC clients.

Respectfully submitted,



Dr. Michael Burdz, C. Psych.
CEO

Treatment Foster Care

Program Summary

Knowles Centre's Treatment Foster Care Program employs an effective model of care that brings together professional treatment services with the strength of caring families from the community. Children of all ages who are referred to the program have specialized behavioral or emotional needs and may be depressed, acting out, suffer from a psychiatric illness, or a family crisis. They may have trouble forming relationships, or may be struggling to work out past relationships. Where possible, siblings are placed together.

Client movement	TOTAL	Male	Female	Other
Number of clients served	70	41	29	0
New admission	3	3	0	0
Discharged clients	14	10	4	0

Average age at admission
5.56 years

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	0	0	0
	Mood	1	1	0
	Anxiety	0	0	0
	Eating	2	1	1
	Sleep	0	0	0
	Impulse Control	3	3	0
	Adjustment	1	0	1
	Personality	0	0	0
	Self-Esteem	0	0	0
	Unspecified	2	1	1
Behaviour Concerns	Anger	7	7	0
	AWOLs	2	2	0
	General Behaviour	15	14	1
	Criminal/Gang Invol.	0	0	0
	Self-Care	1	1	0
	Self-Harm	2	2	0
	Sexualized Behav.	2	1	1
	Substance Use/Abuse	5	3	2
	Suicidal Idea./Threats	3	3	0
	Violent/Aggressive	9	9	0

		Total	Male	Female
Trauma Concerns	Abuse (Emotional)	8	6	2
	Abuse (Physical)	6	5	1
	Abuse (Sex./Exploit.)	5	5	0
	Grief/Loss	1	1	0
	Neglect	31	18	13
	Unspecified	1	1	0
Other	Developmental	17	11	6
	Cognitive	8	6	2
	Attachment	8	5	3
External Concerns	Birth Family Issues	55	31	24
	Cmty Living Prep.	1	1	0
	Legal Issues	0	0	0
	Prev. Plcmt Brkdwn	15	8	7
	School Issues	5	5	0
	Non-Offending Fam.	0	0	0

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	2	0	0	0	2	0	0	1	9
Still in TFC	0	1	0	0	0	1	0	1	53

Client Outcome Measures

Child and youth clients are referred to the Treatment Foster Care Program by child welfare agencies when their agency does not have a foster home available to adequately address the child's needs and generally, when the child(ren) are considered to have specialized behavioral, emotional, and/or mental health needs. Child welfare agencies become involved with the children and their respective birth families when parents are unable to provide safe and appropriate care for them, and/or the child's behaviors are beyond the care and control of their birth or alternative care providers. In addition to possessing numerous strengths, the children we serve may struggle with a variety of issues including grief and loss and various developmental, attachment, emotional, behavioral, and mental health issues and needs. The majority of children in our program have experienced some degree of trauma because of separation from their families of origin, in addition to often having experienced some combination of poverty, addiction, abuse, neglect, family violence, and the impact of colonization and intergenerational trauma.

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). We also incorporated the outcome of consideration of permanency of life, as evidenced by the stability of the child/youth's placement over the review year.

The CAFAS assessments guide the clinician to document functioning across eight (8) important life domains, which includes school, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking problems. A score of (0) is indicative of minimal or no Impairment; a score of (10) mild impairment; a score of (20) moderate impairment; or a score of (30) severe impairment is recorded for the child in each of the 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. The CAFAS are administered for children ages 5-19 years of age (full-time kindergarten and higher) and the PECFAS are administered for children 3-7 years of age, depending on the developmental (not chronological age) of the child. A CAFAS or PECFAS is completed for each child 3 years of age or older that is in the program within 30 days of placement and every 6 months thereafter.

The child's clinical case manager, with the strong input of the foster parent, completes the CAFAS/PECFAS.

FINDINGS

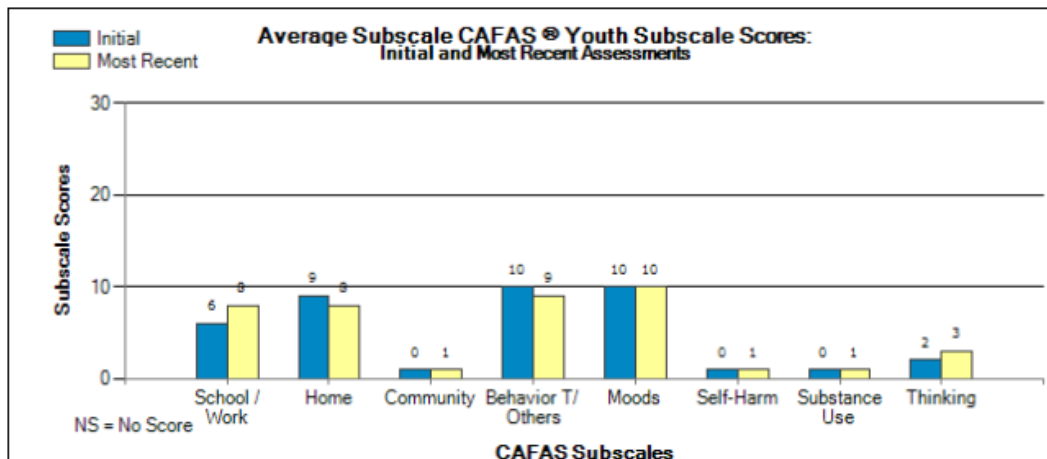
CAFAS

The CAFAS was implemented with 46 children/youth that enabled a comparison of initial and most recent scores within the review year. Five 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 7-20 years of age, with 57% being pre-adolescent and 43% being adolescents; 59% were male and 41% were female; and 0% were unspecified. 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 assessment score (40) and most recent score (45) was -5 indicating there was a slight decrease in functioning from pre-test to post-test. It is worthwhile to note that aggregate data from all eight sub-scales fell within the mild impairment range (0-10), with four of the subscales being only 1-3 points. Four of the forty-six children were assessed as having a pervasive behavioral impairment, with three of the 4, or 75%, showing improvement between testing periods.

CAFAS® Profile: Subscale Scores

Examination of the results by subscale highlights the needs of the youth you serve, which can be considered in program development.

The CAFAS subscales reflect the youth's day-to-day functioning across life domains. This chart presents a comparison of the average scores by subscale (aggregated across all clients selected) for the initial and most recent assessments.



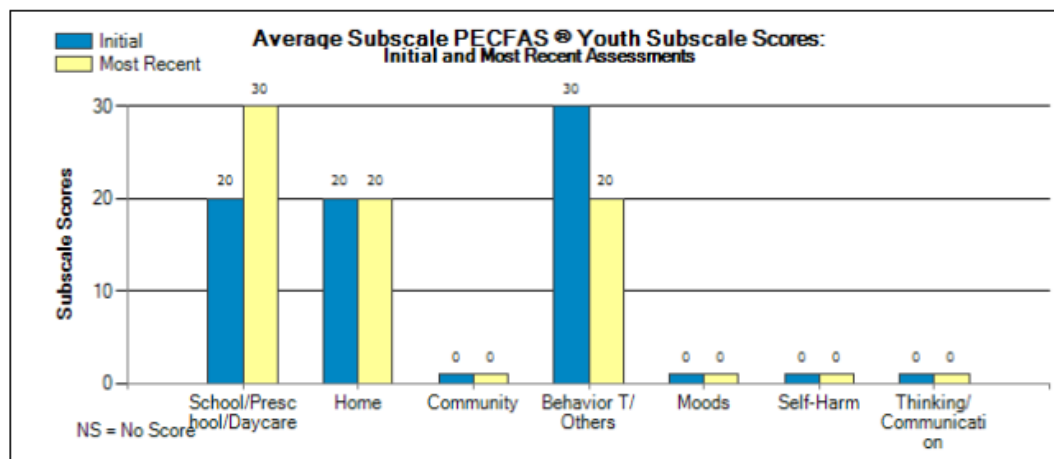
PECFAS

The PECFAS was implemented with one child between 4-6 years of age that allowed for a comparison of at least two results within the testing period. Thus, 100% was female. The difference between the average PECFAS Total Score for the initial score (70) and most recent score (70) was zero, indicating there was no significant change in functioning from pre-test to post-test. Of the seven sub-scales, four scores of zero remained the same and within the “no or minimal impairment” range (community, moods, self-harm and thinking/communication), which is positive. The home scale had the same score of 20, indicative of moderate impairment. Two scales changed, including the school/daycare category, which went from a score of 20 (moderate impairment) to a score of 30 (severe impairment). Conversely, behavior towards others had a positive change from a score of 30 (severe impairment) to 20 (moderate impairment), which is a positive development, and likely indicative that issues at school, do not appear to be social, thus can be analyzed and addressed accordingly.

PECFAS® Profile: Subscale Scores

Examination of the results by subscale highlights the needs of the child you serve, which can be considered in program development.

The PECFAS subscales reflect the child's day-to-day functioning across life domains. This chart presents a comparison of the average scores by subscale (aggregated across all clients selected) for the initial and most recent assessments.



Permanency of Life

An important outcome to consider is permanency of life for children in care. Placement stability with safe, caring, healthy care providers contributes towards positive outcomes for children. Much research indicates that children are significantly impacted by multiple moves, often due to being mismatched with their foster families and/or presenting with exceptional needs that foster parents are unable to manage over time. We are tracking children's reason for discharge to analyze what factors contributed to any unplanned discharges, and to strengthen any program areas identified.

- We provided care for 70 children/youth throughout the review period.
- At the beginning of this reporting year we had 67 children in the program, and at the end, we had 56 clients in the program.
- 3 children were admitted.
- 14 children/youth/young adults were discharged.
- In terms of length of time children have been in the program, 9 children have been in the program 0-3 years; 5 children for 3-5 years; 31 from 5-9 years; and 11 children/youth for over 10 years. The program started placing children in 2006, 14 years ago. Please see chart below.

Total Years in Program and at Discharge

Years in TFC	Number of clients discharged	Number of clients still in program
0-3 years	7	9
3-5 years	0	5
5-9 years	7	31
10+ years	0	11

Reasons for Discharge

- Planned family reunifications: 2 (14%)
- Unplanned family reunification: 3 (21%)
- Planned discharges: Age of Majority or beyond: 5 (36%)
- Care provider Issue(s): 4 (3 different homes; 1 sib pair) (29%) *2 children were also considered beyond care providers care and control; 1 reunified with prior foster parents; 1 child of sibling pair placed with young adult sister.
- 94% of the children remained in their placement, outside of reaching age of majority or family reunifications, indicative of placement stability over time.
- 71% of the children were discharged as a result of reaching age of majority or beyond, or being reunified with a family member, which is a positive outcome overall, however it is critical to analyze unplanned discharges going forward to consider what can be learned from this to reduce/prevent placement breakdowns/unplanned discharges to the fullest extent possible.
- In terms of unplanned family reunifications, one older adolescent struggled with remaining stable in placement as a result of his birth mother's involvement. Despite the foster parent and teams best efforts, the placing child welfare agency could not effectively support healthier contact with mom nor restrict access. This young person ultimately needed the opportunity to return to his mother's care, despite it not being in his best interests. It is critical we effectively engage the child welfare agency to become involved early and make strong pro-active efforts to address birth family issues. Every effort was made in this particular case to do so. 2 sibling sisters also had an unplanned family reunification with an extended family member after struggling in their placement, which was exacerbated by family contact, and agency response to same.
- Care provider issues were noted in 4 different treatment foster families. In one situation, interpersonal communication issues were red flagged during the home study process and in hindsight this foster parent should not have been licensed. This foster family file was closed following the child's discharge with recommendations she not foster going forward. In the second situation, a sibling pair was placed in a home on an emergency basis (atypical for the program). During this short placement, it became evident that despite a positive home study outcome, the foster parents were not appropriate candidates to provide treatment foster care. Issues related to their religious beliefs and how this was incorporated into parenting practices, occurred much differently than as discussed and presented during the home study process. This foster family file was closed following the children's discharge. Finally, an older adolescent began having parent-teen issues with his long-term foster mother. Despite efforts by the TFC team and agency worker, the foster parent could not sufficiently adapt her viewpoint or parenting style to better understand and address his needs, resulting in a discharge. His siblings remain in the home to date.

Strengths

Both the CAFAS and PECFAS demonstrate that the children all have some degree of functional impairment. This is expected given they are not residing with their biological families and have likely experienced some degree of trauma related to this and other factors. However, the aggregate data shows stability of this population over time.

1. All eight sub-scales fell within the mild impairment range (0-10), with four of the subscales being only 1-3 points. Three of the four children, or 75%, who were assessed as having a pervasive behavioral impairment, showed improvement between testing periods.

2. While comparison of the overall score at the initial and most recent assessment showed minor regression, rather than improvement, it was minimal, 5 points, underscoring the stability of this population.
3. The statistics related to permanency of life for children and youth in our program indicates 94% of the young people remained in their placement, excluding reunification with birth family and moving into independent living situations at age of majority or beyond, highly indicative of permanency of life situation. In addition, the majority of the children are not simply stable but thriving in their respective foster homes.

Weaknesses

1. Even though the impairment in the CAFAS and PECFAS is within the mild range, the goal is still to see more improvement within the mild range.
2. Limiting the analysis of data to aggregate data does not always provide the opportunity to consider more client specific outcomes.

Potential Extraneous Variables

There are extraneous variables that may influence scoring. Different Treatment Foster parents and different Clinical Case Managers may interpret questions differently, and/or have different perceptions of children's functioning, and change their perception of similar behavior between testing times. Scoring is also likely influenced by how the child is functioning most recently at the scoring date, rather than generally reflecting the past 6 months of functioning.

Recommendations for 2019-2020

1. To analyze case specific data as appropriate related to scores on the CAFAS/PECFAS.
2. To ensure if there are any red flags noted during the home study process, both within and outside of the SAFE Home Study process itself (i.e. rudeness to administrative staff), that they are clearly identified and evaluated for consideration of appropriateness to foster and work collaboratively within a team.
3. To ensure all prior contact checks are carefully evaluated prior to completing the home study process, and to err on the side of not proceeding if there are issues identified by other agencies.
4. To ensure de-briefing occurs regarding all case specific unplanned discharges for learning opportunities going forward.

Annual Summary of Client Incident Reports

Purpose

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

Findings

- There were 92 incident reports filed during the review period. Number of incidents ranged from 3 to 19 in any given month;
- 41.3% of the incidents were classified as assault/aggression;
- 15.2% were medical;
- 10% were “general” including non-categorized situations such as minor theft; playing with matches/lighter, etc.;
- 9% were AWOLS;
- 8% involved some form of self-harm;
- 6.5% involved behavior management (physical restraint);
- 4.5% involved abuse allegations (past or other);
- The remaining incidents involved inappropriate sexual comments/behavior (2.2%); police involvement (2.2%); and unsafe and/or unplanned family contact (1.1%).

Analysis

- The largest number of incidents, over 41%, involved assault/aggression. 16% of these included acting out behavior; 8% were against peer/sibling/foster sibling; 8% were experienced by a peer/sibling/foster sibling; and 2% of incidents resulted in property damage.

This highlights the continued need for ongoing training to ensure all team members understand how best to support children/youth with past trauma and emotional regulation issues. This includes assisting children to identify, express, and process their feelings in an appropriate and healthy manner. This requires a treatment team that understands trauma, attachment-based care, brain functioning, and strategies to promote emotional regulation. It also requires the provision of a high level of support and empathy from CCMs to foster parents.

Ongoing training in trauma informed care, attachment-based care, and non-violent crisis intervention will be essential in supporting this issue to decrease in frequency and intensity. It also highlights the need for agencies to continue to fund therapy to support children to process their past trauma experiences. In addition to training, emotional support to foster parents by their CCMs, and breaks from the day to day responsibilities of caregiving (respite) will also support foster parents to best support children with anger/aggression issues, who require much patience and supervision.

Given only 7% of incidents involved physical restraint, it appears hopeful that ongoing training has provided opportunities to assist care providers to identify emotional triggers (for the children and themselves), be attuned and responsive to their needs, and best respond in a manner conducive to calming a child down and co-regulating with them until they regain control of their emotions.

- The next largest category was medical, with significantly less incidents than aggression/assault, totaling 15% of the total incidents, and 71% requiring hospital attendance and 29% involving

medication error or refusal. These involved isolated incidents in the school, home, and community settings, and there were no concerning patterns noted.

- All other categories constituted less than 10% of the total incidents.

Overall Conclusion

1. Overall, the number of incidents appears to be reasonable, given children are in a treatment foster care program.
2. It would be helpful to document in more detail, incidents related to physical assault/aggression to better quantify and understand the intensity (mild, moderate, severe) of the incident. It would also be beneficial to know when other dynamics are present. For example, an incident may be categorized as acting out behavior, but may have also included verbal threats.
3. Appropriate matching between children and foster parents appears to promote stronger relationships which contributes towards less behavioral issues and/or more ability to manage or reduce difficult behaviors.
4. Relevant training contributes towards better understanding of and responding appropriately to children's and foster parents needs to reduce incidents.

Review of Prior Recommendations

1. To continue to monitor client incident reports on a monthly basis: complete.
2. To document in more detail, each "other/general" category on the Monthly Client Incident Statistics Graph: complete/continue.
3. To ensure any sexualized acting out behavior between children under 12 years of age is documented as such (acting out behavior: sexual) rather than sexual assault: complete.
4. Continue to have all team members continue to receive a high level of support/training/supervision/consultation available to them to support treatment foster parents to care for children with complex needs and promote placement stability: complete.
5. To determine training needs re: drug use and addressing sexualized behavior between siblings: partially complete; addressed with relevant care providers.
6. To consider formally documenting after hours/on call use each month to consider any trends: incomplete: occurs/can occur during regular team meetings: discontinue.

Recommendations

1. To document more details in incidents involving assault/aggression to have a better understanding of the intensity of the incidents (mild, moderate, severe), to more effectively analyze and address any patterns/trends in this regard.
2. To continue to document in detail any "other/general" incidents to be able to identify and address any trends.
3. To consider training needs/any unmet needs going forward.

Foster Parent Survey

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

10/27 TFCP foster parents completed the survey.

Client Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was provided with information about my client rights and responsibilities.	8	7	4	1	
2.	My Knowles worker treats me fairly.	16	3	1		
3.	My Knowles worker is respectful of my confidentiality and privacy.	17	2	1		
4.	I know I can talk to my Knowles worker if I have a concern or complaint.	13	6	1		
5.	My Knowles worker includes me in planning/setting goals regarding my life.	15	2	3		
6.	I feel safe in my foster home.	19	1			
7.	I feel cared about in my foster home.	18	2			
8.	My foster parents respect my privacy.	17	2	1		
9.	My foster parents will support me to participate in cultural/religious activities/services if I choose to.	15	4	1		
10.	My Knowles worker helps me see my family or makes my requests known to my CFS worker.	13	5	1	1	
11.	I feel my requests are considered.	13	4	2		1
12.	I would recommend this program to others.	12	3	3	1	1
13.	If I needed help or services again I would come back to Knowles.	12	4	3		1
14.	Overall, I am happy with the care that I am receiving through Knowles.	18	2			

20/27 TFCP clients completed the survey.

Case Record Review

Strengths

1. Files are well kept and organized;
2. Excellent care and case management appears to be occurring;
3. Conferences occurred in a timely manner and reports went out in a timely fashion;
4. There is a lot of medical information on file;
5. Clients strengths and interests are consistently identified;
6. Strong emphasis on cultural learning;
7. Client progress/gains are noted even when not part of an identified goal;
8. Good goals;
9. Reports continue to be comprehensive and well written;
10. Overall, there continues to be adherence to conferences occurring every 3 months, unless there are circumstances beyond the CCMs control;
11. Improvement in meeting written report deadlines was noted; and
12. Overall, goals clearly relate to the identified issues, needs, and strengths of the child.

Corrective Action Requests (CARS)

Case Record Review November 16, 2018

14 open files reviewed; 9 corrective actions

- 10 missing (overdue) reports
- 1 client missing exchange of information form
- 6 missing placement agreements
- 2 missing signatures on two reports
- 2 files missing admission physical and medical information *Contained in treatment conference reports; new committee member may not have been aware of this.

Case Record Review April 8, 2019

14 open files reviewed; 9 corrective actions

- 1 missing exchange of information form
- 3 files missing reports (15 in total)
- 2 missing medical consent forms
- 1 missing placement agreement
- 2 files missing admission physical and medical information. * It should be noted that TFC does not have an admission physical, and the medical information is located in the assessment and treatment conference reports, however a new reviewer may not have been aware of this.

Case Record Review May 6, 2019

14 open files reviewed; 6 corrective actions

- 9 reports missing/not on file

Case Record Review June 20 and 21, 2019

10 discharged client's files reviewed; 2 corrective actions

- 1 missing report
- 1 error on report siblings name used instead of client's in 2 reports

Weaknesses

1. Completing reports within designated time frames is the most significant weakness, which has resulted in some reports being amalgamated. This contributes to goals being more difficult to review by the CRR Committee. Higher caseloads and workload demands/prioritization of program needs; screening new foster parent applicants; home studies; case load crisis; case load day to day demands, annual licensing reviews, etc. impacts timeliness of written reports.
2. Some missing documentation re: signed medical consent, authorization to exchange information, placement agreements, etc. This is not a significant issue, and could be obtained at any time, but the team will be reminded of expectations in this regard.
3. Ensuring the discharge plan is explicitly identified in every report.

Review of Recommendations from 2018-2019

1. For the administrative assistant to continue to process spreadsheets for managers and CCM's to actively monitor timeliness of reports. This will occur more regularly/as is during regular supervision, with the focus on developing a corresponding plan for timely completion of an overdue report(s): goal completed; this has assisted in better tracking of report completion and establishing a completion plan when reports are due/late. There are regular occurrences when other needs supersede this.
2. To continue the newly implemented process of making every second treatment conference report to be written up as a goal review to contribute toward time and caseload management, as well as maintaining a focus on setting, reviewing, revising goals as need be: goal completed; this has resulted in an improvement meeting deadlines some of the time.
3. To track data on specifically what circumstances are resulting in delayed reports (i.e. differentiate between it being a workload issue, a time-limited case crisis issue, a chronic issue with report writing, or circumstantial, and address accordingly: goal partially met; informal consideration has been given for rationale for lateness of reports, however a formal process has yet to be identified and implemented; bring forward.
4. CCMs will be reminded to ensure all relevant forms (consents, placement agreements) are completed at admission and designated intervals. The administrative assistant will further assist to monitor this and advise CCMs when information is outstanding so they can ensure it is completed: goal complete; improvement noted.
5. The CCM will note where the child is discharged to, upon discharge, and if for some reason they do not know, they will indicate this. Direct supervisors will ensure this is clearly documented prior to signing off: goal complete; this has been established.
6. To ensure there is a discharge planning section in the ongoing template. This has been added to the template. CCMs will be reminded to ensure this occurs, especially if working off an older template. This section needs to be completed, even if the child/youth is to remain in the foster home long term, it will simply be identified as such: goal complete; improvement in this area has been noted; however there was at least 1 occurrence of this not happening; bring forward.

Goals/Recommendations for 2019-20

1. To complete reports as per established guidelines 80 % of the time.
2. When reports are late, to reduce the length of lateness to less than 30 days.
3. To track data on specifically what circumstances are resulting in delayed reports (i.e. differentiate between it being a workload issue, a time-limited case crisis issue, a chronic issue with report writing, or circumstantial), and address accordingly.

Group Care Treatment

Program Summary

The Knowles Centre Group Care Treatment Program serves 28 youth aged 12 to 17. It offers four 6-bed and one 4-bed healing homes, including on-site and in the community. The program is suited to clients who have been affected by neglect, emotional, physical, and/or sexual abuse, impacts of intergenerational trauma and racism, and feelings of hopelessness, which often contribute to emotional and behavioural difficulties.

Client movement	TOTAL	Male	Female	Other
Number of clients served	53	17	35	1*
New admission	25	10	15	
Discharged clients	29	9	19	1*

Average age at admission
15.22 years

* Client counted as male in other statistics

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	1	0	1
	Mood	12	4	8
	Anxiety	9	0	9
	Eating	1	0	1
	Sleep	0	0	0
	Impulse Control	1	1	0
	Adjustment	0	0	0
	Personality	0	0	0
	Self-Esteem	4	2	2
	Unspecified	16	5	11
Behaviour Concerns	Anger	25	8	17
	AWOLs	21	6	15
	General Behaviour	13	3	10
	Criminal/Gang Invol.	5	3	2
	Self-Care	0	0	0
	Self-Harm	15	5	10
	Sexualized Behav.	2	0	2
	Substance Use/Abuse	23	10	13
	Suicidal Idea./Threats	10	4	6
	Violent/Aggressive	4	1	3

		Total	Male	Female
Trauma Concerns	Abuse (Emotional)	2	0	2
	Abuse (Physical)	0	0	0
	Abuse (Sex./Exploit.)	0	0	0
	Grief/Loss	4	3	1
	Neglect	1	0	1
	Unspecified	11	1	10
Other	Developmental	1	1	0
	Cognitive	0	0	0
	Attachment	3	1	2
External Concerns	Birth Family Issues	12	7	5
	Cmty Living Prep.	5	1	4
	Legal Issues	4	2	2
	Prev. Plcmt Brkdown	0	0	0
	School Issues	30	14	16
	Non-Offending Fam.	0	0	0

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	1	3	6	6	5	5	0	2	1
Still in GCTP	2	4	4	6	1	2	1	3	2

Client Outcome Measures

Clients are referred to the Group Care Program because of the severity of their emotional and/or behavioral struggles. 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 rates 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 0 to 240, with a higher score indicating greater impairment.

The second outcome being analyzed is each youth's class completion rate. These rates will be analyzed to help determine school performance.

Data Analysis

CAFAS

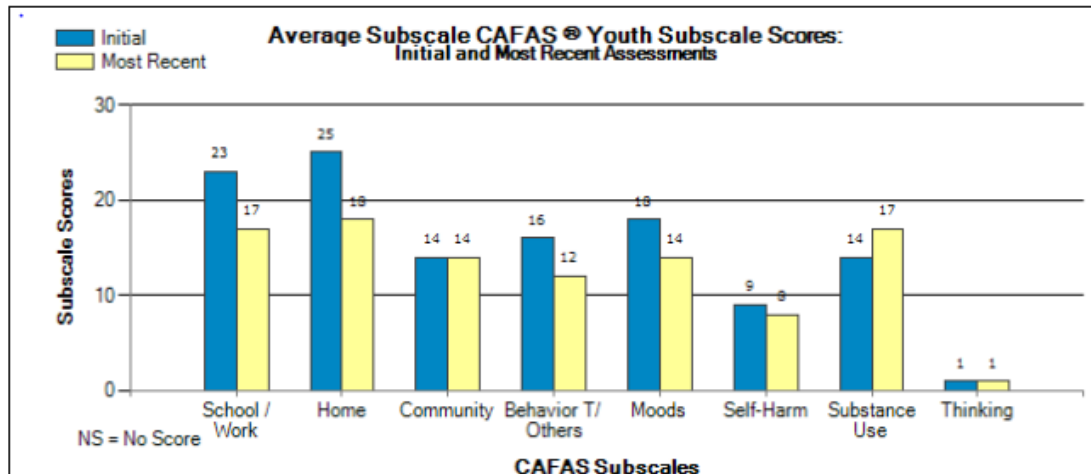
There were 36 clients that were assessed a minimum of two times during the reporting year. Of the 36 clients, 48% improved, 8% maintained their score, and 44% regressed within that year. When comparing these same 36 clients' initial scores (when they were first admitted to the program) to their most recent scores within the reporting year, 58% improved, 6% maintained their score and 36% regressed.

Based on the CAFAS Aggregate Report (computer generated report), which provides a comparison at initial assessment (when the youth first is admitted in to the program) versus their most recent assessment within this reporting year, the sample size for Group Care was 42 clients. The data indicated that the average CAFAS total score at initial assessment was 125 and that the average CAFAS total score at the most recent assessment was 105. The difference of 20 indicates an improvement in functioning from pretest to post-test. The data suggests that 60% of the clients improved on one or more outcome indicator, and that 60% of the clients showed meaningful and reliable improvement. Of note is that 63% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer met PBI criteria at Most Recent Assessment.

CAFAS[®] Profile: Subscale Scores

Examination of the results by subscale highlights the needs of the youth you serve, which can be considered in program development.

The CAFAS subscales reflect the youth's day-to-day functioning across life domains. This chart presents a comparison of the average scores by subscale (aggregated across all clients selected) for the initial and most recent assessments.



Class completion rates

To assist with the analysis of class completion rates, three categories were developed: (1) high class completion (students having over 70% class completion), (2) moderate class completion (students having between 50% and 70 class completion)) and (3) low class completion (students having under 50% class completion).

There were 23 Group Care clients whose class completion rates were compared from Time 1 (their first month in the stated school year) to Time 2 (their last month in the school year). To be included in data analysis, clients needed to be attending classes at John G. Stewart School for a minimum of 3 months during this reporting year.

- 8/23 (35%) clients completed the year within the high class completion range (five of these clients started the year with high class completion while the other three clients showed improvement, moving from the low class completion range to the high class completion range).
- 7/23 (30%) clients completed the year within the moderate class completion range (five of these clients started the year within the moderate class completion range while two of these clients showed some regression as they moved from the high class completion range to the moderate completion range).
- 8/23 (35%) clients completed the year within the low class completion range (4 of these clients started the year already within that low class completion range and 4 of these clients showed some regression as they moved from the moderate class completion range to the low class completion range).

During the 2018-2019 school year a total of 87 credits were granted to Group Care Day clients. This is an increase from the 2017-2018 year when 47 credits were granted to Group Care clients.

Recommendations:

1. Work closely with John. G Stewart School to see what strategies can be utilized to help increase class completion rates.

Annual Summary of Client Incident Reports

Note: Analysis and findings exclude November 2018 statistics, which are not available. In March 2019, Knowles Centre introduced a new data entry system that provided more accurate tracking of incident reports. This system allows for tracking of “secondary incidents,” which refers to reports that include more than one type of incident. This is useful information, as events are often complex and do not fall under one heading. The categories tracked now correspond with the categories listed on incident reports, as identified by Provincial Licensing Standards

Purpose

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

Trends and Analysis

In this reporting period there were 353 incidents recorded.

The three most common incidents reported were:

1. Police involvement - 25%. This includes calls for assistance from Knowles Centre for behavioral issues, warrants served or arrests made for activities which occurred outside of Knowles, as well as clients interviewed as witnesses.
2. Non Suicidal Self Injury - 13%. This includes self- injurious behaviors such as cutting or scratching, as well as homemade tattoos and piercings. Prior to March 2019 this category also included substance abuse. Due to changes in the provincial licensing standards substance abuse is no longer required to be reported. However, Knowles Centre will report it if the substance use is an escalation or change from the previous history of use (i.e. client begins to use meth as opposed to marijuana).
3. Suicide Ideation/attempt - 13%. This most often refers to clients expressing a desire to end their life.

An analysis of secondary incidents from March to August 2019 shows similar results in the above mentioned categories, although the highest recorded secondary incident was Hospital/Medical. This is indicative of a typical scenario where a client may self-injure or express suicidality, police are called for assistance and the client is taken to a hospital for assessment. Some clients may repeat this pattern of behaviour several times per week.

Assaults against staff represent only a small percentage of all incidents (15 recorded); there were also 13 recorded resident-to-resident assaults.

Conclusion

Group Care Treatment Program clients have complex needs and behaviors. They can present a danger to themselves and others.

Recommendations

1. Continue to train front line workers in ASIST and Safe Talk
2. Encourage healthy coping skills to clients reduce self-harm. Therapists will develop a worksheet for clients to use after they have self-harmed
3. Continue to train staff in NVCI and other de-escalation techniques
4. Review incidents and debrief with staff, if it appears that police intervention was not needed
5. Train staff about substance abuse, particularly around meth use
6. Continue mental health first aid training

Client Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given a copy of the Clients Rights & Responsibilities. *Two no answers to this question*	7	3	3	1	4
2.	The staff treats me with respect.	8	11	1		
3.	The staff is respectful of my confidentiality and privacy.	5	9	4		2
4.	I know who to talk to if I have a complaint.	6	12			2
5.	Knowles asks me about my ideas on how to improve things at Knowles.	3	8	4	2	3
6.	Knowles' buildings and offices are clean.	6	8	4	1	1
7.	I feel safe at Knowles.	7	10	2	1	
8.	I help set my goals.	7	7	3	2	1
9.	I would recommend this program to others.	6	4	7	1	2
10.	If I needed help after discharge, I would come back to Knowles.	4	8	3	2	3
11.	Overall, I am happy with the services that I am receiving from Knowles.	8	7	1	3	1

20/28 GCTP clients completed the survey.

Case Record Review

Identified Strengths

1. Conferences are generally being held on time.
2. Reports are described as well written, clear, easy to read, concise, informative and clearly identify strengths, interests and areas of concern.
3. Reports are described as strength based while still identifying issues and concerns.
4. The goals are reported to be appropriate and achievable. Some of the supervisors' goals are complimented for clearly identifying staff's role in actively supporting the youth. The fact that new goals are being formed to address new issues is positively acknowledged. Goals are noted to be addressed when possible and explanations are being provided when they are not met. The outcomes of the goals are complimented for being specific (for example comparing outcomes from the last reporting period).
5. Lots of family contact was evidenced and important goals around family are being included. Accommodations made for some families who couldn't come in for family therapy was positively acknowledged.
6. There is evidence that positive progress is being made and positive transitions to Knowles Centre's SAIL program. "Lots of great work seems to be occurring".
7. Proactive planning is occurring for clients as they approach the age of majority.
8. The strong relationship between the therapist and client was noted and in another case the great work of the therapist in helping to positively influence the youth to access external resources was indicated.
9. Staffs' efforts to connect with the youth were clearly evident.
10. The great group care and clinical work being done was evident in the report.
11. Awareness that consistent routines and expectations are contributing to stability.
12. A file was reported to have an excellent transition plan (as per school) that meets the client's needs.
13. The recommendations are included and are described as appropriate. The fact that specific resources/links were provided was praised.
14. The reasons for discharge are clearly specified

Recommendations

1. Ensure that reports are written within a timely manner as there are some that are significantly delayed. This area seems to be the most significant area of concern.
Outcome: The various factors that can lead to delayed reports are being explored and strategies are being implemented to try to address this issue.
2. Be sure to provide explanations as to why reports are late and why in some instances a discharge conference did not occur.
Outcome: This recommendation is generally already followed; however caution will be taken to ensure that it is always noted.
3. Ensure that all clinical contact sheets are made available at the Case Record Review meetings so they can be reviewed (as they aren't placed in the file until discharge).

Outcome: Therapists to receive earlier reminders from the Director of Clinical Services prior to the Case Record Review.

4. Ensure that all relevant documentation is placed in the file (i.e., admission physical reports, contact sheets, psychiatric consultation reports).

Outcome: House supervisors and therapists are aware of and have been reminded of this requirement.

5. Verify that all admission forms are complete and signed. The reviewer recommended that sections of the forms that do not apply should be stricken out. A reviewer also recommended that Witeout® not be used on admission forms.

Outcome: The Group Care Administrative Assistant will ensure that all admission forms are completed and signed. Should a client choose not to sign, this will be indicated on the signature line rather than leaving the line empty. Rather than using Witeout® for any errors, the error will be stricken out and initialed.

6. Be mindful to incorporate any new issues/concerns into goals.

Outcome: This recommendation is generally already followed; however caution will be taken to ensure that it is always noted. In reviewing the reports, the Directors of Clinical Services and Group Care Treatment will also ensure that this recommendation is being followed.

7. Consider requesting that Knowles Centre's consulting psychiatrist type up consultation notes to enhance legibility.

Outcome: This recommendation will be brought to the consulting psychiatrist's attention.

8. In reviewing outcomes of goals, consider indicating the extent to which it has already been met (met, partially met, not met) rather than just indicating "Ongoing".

Outcome: This recommendation has been passed onto the house supervisors and therapists for their consideration.

9. Consider the use of co-regulation strategies being utilized with some clients.

Outcome: For clients who may benefit from co-regulation, the attached therapist will provide the house staff will applicable strategies.

10. Consider enhancing the use of family sessions to assist with family of origin struggles for the client.

Outcome: Increasing the use of family therapy is already being encouraged in the program and therapists will continue to do their best to implement as deemed appropriate.

11. In some cases, follow-up with clients after discharge should be considered. This recommendation was based on a client being discharged with needing only one remaining credit in culinary arts. The reviewer recommended continued support to assist this client in completing the program.

Outcome: Discharge follow-up with clients is definitely an area that needs further exploration and consideration. In relation to continuing with a school credit, this recommendation would need to be reviewed in partnership with John. G. Stewart School.

12. Consider pursuing more addictions training for clinical and group care staff. This recommendation is based both on the considerable concerns around addictions for some clients and the challenges, at times, to engage them in external services such as AFM, YASU and Compass (to name a few).

Outcome: A recent AFM presentation was made to Knowles Centre staff. While many topics were included, there was a request to focus on methamphetamines due to the current concerns in this area for some of the clients. A second presentation is scheduled for September, however this may need to be modified based on COVID-19 physical distancing recommendations. Knowles Centre's Director of Clinical Services is currently in conversations with program staff from YACI (Youth

Addictions Centralized Intake) to see if a specialized training can be developed for Knowles Centre's therapists.

Corrective Actions Requests (CARs)

Throughout the 2018-2019 year there was a total of 32 CARs. It should be noted that some of the CARs had more than 1 one missing item noted, thus the number of missing items is greater than 32.

The 3 open file reviews that occurred within the 2018 -2019 year revealed that

- 6 files were missing reports.
- 4 files were missing Admission Physical reports.
- 2 files were missing psychiatric consultation notes.
- There were 4 occasions where therapist's consultation notes were not available to be reviewed.

The 2018 discharge file case record review revealed that

- 2 files were missing reports
- 15 files were missing clinical contact sheets
- 2 files were missing the psychiatric consultation notes
- 4 files were missing the admission physical reports

All of the Corrective Actions have either been or are in the process of being corrected.

Supported Advancement to Independent Living

Program Summary

The SAIL Program helps youth living in care of the child welfare system to transition to living in the community as young adults. With guidance from a support worker, clients build on the skills and competencies needed for future independent living. Once on their own, their support worker continues to follow-up and provide guidance as their confidence and abilities grow. SAIL welcomes young people ages 16 and over who are living in care and have no plans to live at their family home after they reach the age of majority.

Client movement	TOTAL	Male	Female	Other
Number of clients served	42	24	18	0
New admission	17	11	6	0
Discharged clients	17	8	9	0

Average age at admission
18.11

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	0	0	0
	Mood	4	2	2
	Anxiety	8	3	5
	Eating	0	0	0
	Sleep	0	0	0
	Impulse Control	0	0	0
	Adjustment	1	0	1
	Personality	0	0	0
	Self-Esteem	1	0	1
	Unspecified	0	0	0
Behaviour Concerns	Abuse (Emotional)	5	3	2
	Abuse (Physical)	4	1	3
	Abuse (Sex./Exploit.)	5	4	1
	Grief/Loss	0	0	0
	Neglect	0	0	0
	Unspecified	5	1	4
	Developmental	0	0	0
	Cognitive	1	1	0
	Attachment	6	3	3
	Birth Family Issues	3	2	1

		Total	Male	Female
Trauma Concerns	Cmty Living Prep.	2	1	1
	Legal Issues	6	4	2
	Prev. Plcmt Brkdown	4	2	2
	School Issues	3	3	0
	Non-Offending Fam.	10	5	5
	Abuse (Emotional)	0	0	0
Other	Abuse (Physical)	7	4	3
	Abuse (Sex./Exploit.)	4	4	0
	Grief/Loss	0	0	0
External Concerns	Neglect	4	2	2
	Unspecified	42	24	18
	Developmental	1	0	1
	Cognitive	4	3	1
	Attachment	7	5	2
	Birth Family Issues	0	0	0

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	0	0	3	1	4	2	3	2	2
Still in SAIL	0	4	3	3	1	3	3	3	3

Client Outcome Measures

Background

Clients are referred to the S.A.I.L. program to gain and develop the skills needed to live independently. The program is designed to introduce more skills and responsibility to the client while in a supported environment. The Child and Adolescent Functional Assessment Scale (CAFAS), and the Adaptive Behavior Assessment System (ABAS-III) 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 to this date. S.A.I.L. also assesses progress through achievements of independent living targets developed by the S.A.I.L. program.

The ABAS-III and CAFAS were completed on clients at the three month point following their move into their SAIL suite and every three months after. The S.A.I.L. targets are assessed monthly through a Program Progress Checklist.

Data Analysis

CAFAS

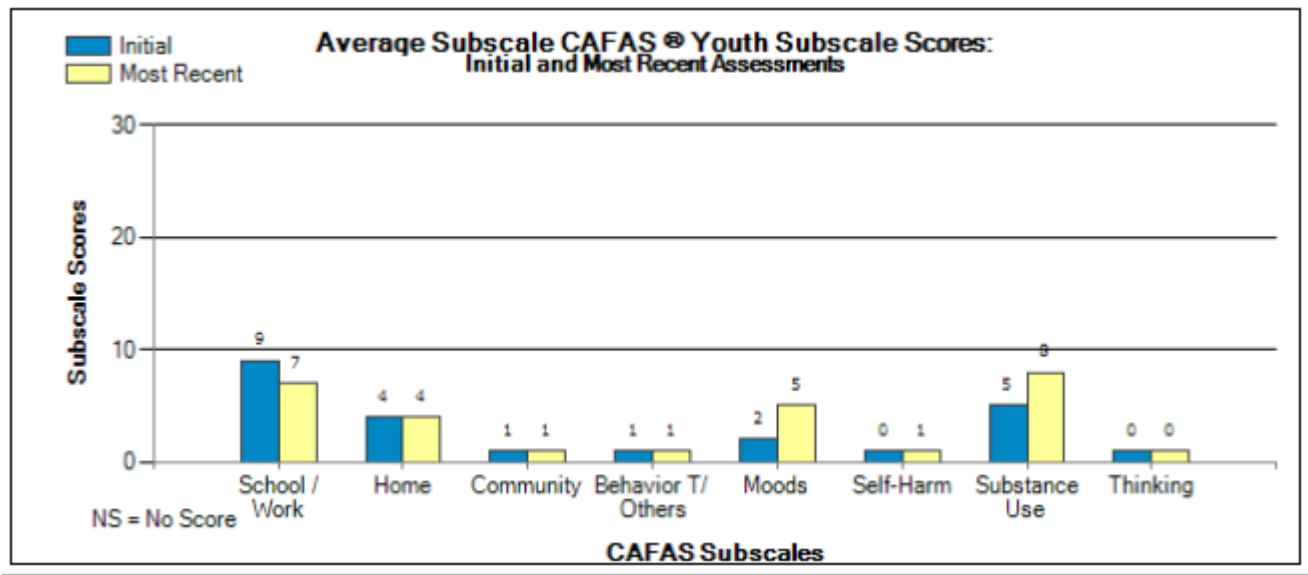
The CAFAS is a comprehensive assessment tool that reflects the youth's day-to-day functioning across eight critical life domains: School/Work, Home, Community, Behaviour Towards Others, Moods/Emotions, Self-Harm Behaviour, Substance Use and Thinking. For each sub scale, the rater selects the item(s)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

CAFAS Total Scores are aggregated across youths and a comparison is made between the average scores for the initial and the most recent within the reporting year. The age range of clients assessed was 17 to 20 with the average age being 18 years. The aggregate CAFAS Youth Total Score for the initial and Most Recent Assessments within the year indicate a small decrease (-6). This was likely impacted by two clients who regressed significantly in the reporting year. Data from the aggregate report indicates that all clients fell within the Mild impairment range of 0 - 10. No clients were identified as being Pervasively Behaviourally Impaired during the reporting year.

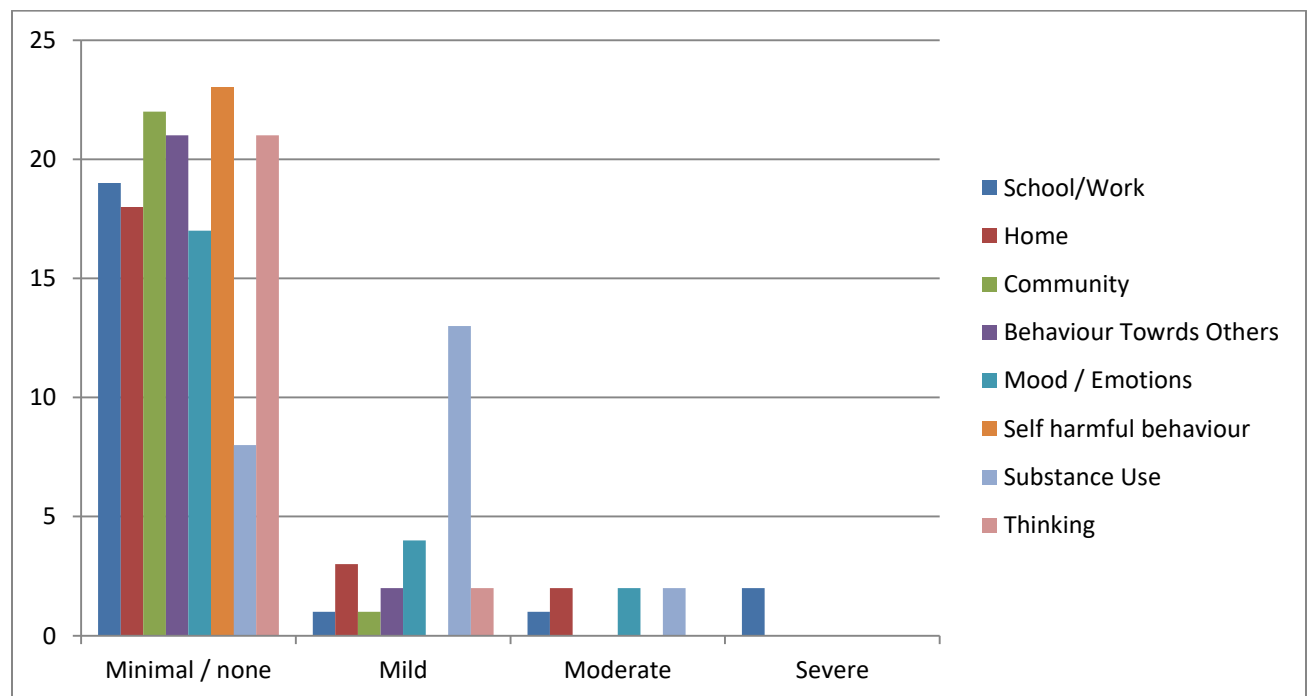
Of the clients that were assessed a minimum of two times during the reporting year (does not include assessments outside of the reporting year time frame), 35% improved, 35% regressed, and 30% remained the same. 71% of the clients whose score remained the same had minimal or no impairments throughout the year. In total, 61% of the clients rated as having none/minimal or mild impairments at the end of the reporting year.

In the last assessment conducted in the reporting year two clients (9%) were identified as having a severe impairment. Both clients were severely impaired in the sub-category of School/Work as they had either dropped out of school or had extremely poor attendance and did not hold a job.

Substance Use saw the greatest increase compared to clients initial score however 56.5% of the clients with identified substance use scored in the mild range (infrequent intoxication or marijuana use without serious consequences or regular alcohol use without intoxication), 8.5% scored in the moderate range (use interferes with functioning or in spite of potential consequences, gets into trouble because of use, use potentially endangers self or others, and intoxication or marijuana use 1 – 2 times per week) , and 35% scored in the none/minimal range.



Client Impairments by Category

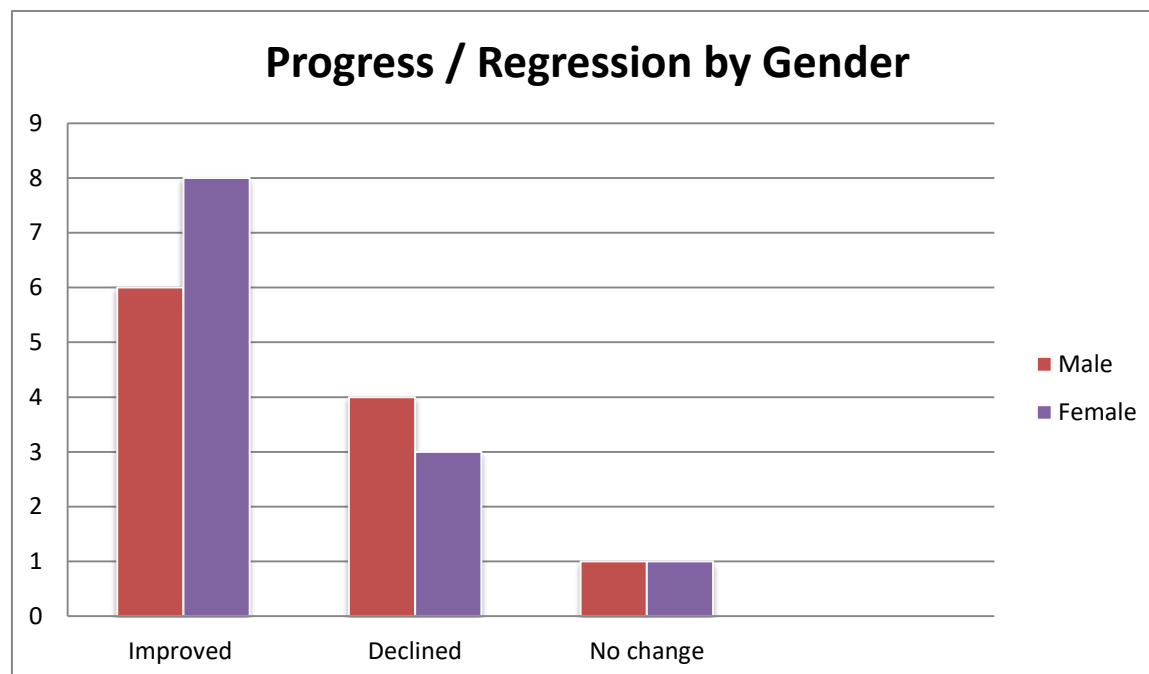
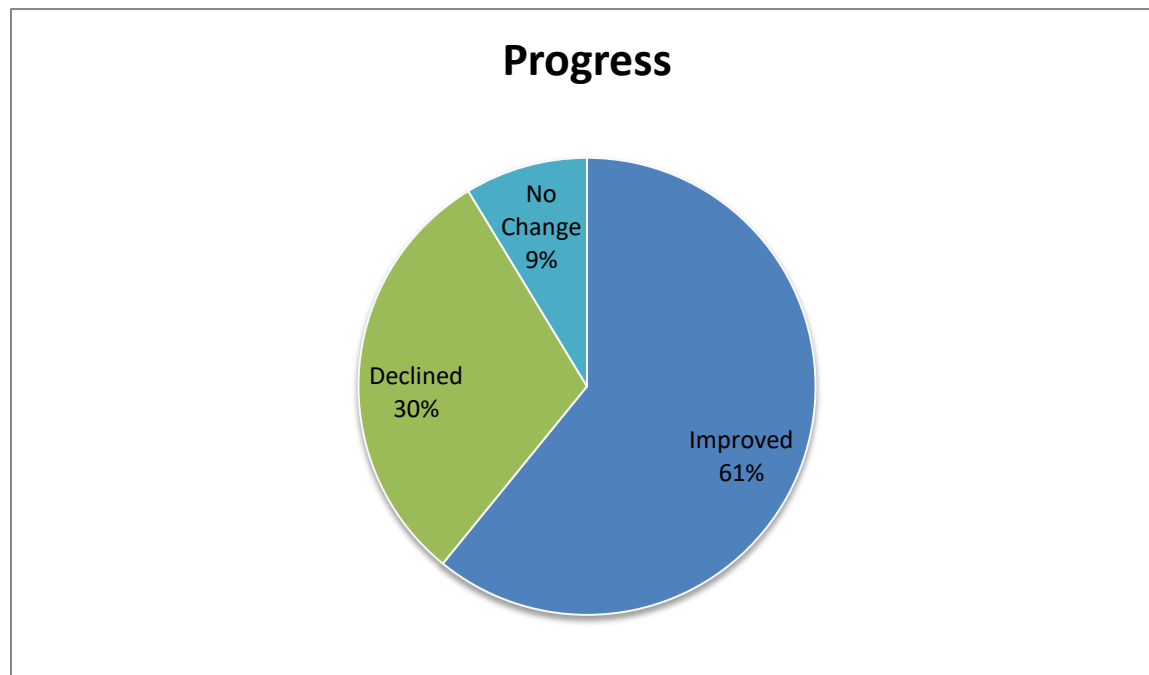


ABAS-III

The ABAS-III uses a behavior-rating format to assess adaptive behavior and related skills for individuals 16 through 89 years of age. ABAS-III 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 areas encompass the practical, everyday skills required to function

and meet environmental demands, including those needed to effectively and independently care for oneself and interact with others.

Clients were assessed a minimum of two times during this reporting period. Improvement was noted in 59% of the clients, 9% remained the same, and 32% declined in functioning. 71% of the clients that recorded a decline remained in the average range as the decrease in scores were fairly minimal.



S.A.I.L. Targets

The S.A.I.L. program is designed to introduce more skills and responsibility to each client while in a supported environment. Support staff regularly assesses their clients competency in 11 skill areas. They

are: Personal Care/Hygiene, Health, Laundry, Transportation, Education/Employment, Money Management, Shopping, Food Preparation, Savings, Resources, and Identification.

The same clients identified in both the ABAS III and the CAFAS measures were included in the outcomes for the target skill areas listed. Of these clients, 72% demonstrated competency in at least nine skill areas, 14% demonstrated competency in eight skill areas, and 14% demonstrated competency in seven or less skill areas. During the reporting year, 27% of these clients had graduated from the supervised S.A.I.L. apartments to apartments within the greater community with another 36% deemed ready and actively looking for a community apartment.

By the end of the reporting year 41% of clients were still developing their skills in Money Management- specifically paying bills, tracking receipts/ funds and staying within budget. Struggles with overspending, and choosing not to save money when faced with the opportunity was still an area that 28% of our clients were still working on within the reporting year. Last, 23% of clients were still learning some key aspects of health related skills such as making and attending their medical, dental and optical appointments. The remaining skill areas all fell under 14%.

Recommendations

1. Continue to use the CAFAS and ABAS-III as client outcome measures.
2. Continue to ensure all new SAIL staff are provided detailed training for ABAS-III.
3. Continue to ensure Case Managers are reviewing the ABAS-III completed by staff.
4. Ensure Case managers are utilizing the outcome measures to develop treatment plans/goals.
5. Revamp the Program Progress Checklist to better identify goal/skill attainment
6. Provide training to staff on new goal attainment process once complete

Annual Summary of Client Incident Reports

- 2018 to 2019 average number of clients in the program was 26.75 versus last year's average of 23 clients
 - Increase of 16.3% of clients
- 94 incident reports generated in 2018 - 2019 versus last years total of 139 incident reports
 - Decrease of 32.37 over the previous year
- Average of 7.83 incidents reported each month
- November had the highest number of incidents at 13
- Incidents involving females for the year: 45%
- Incidents involving males for the year: 55%

Top 3 Incidents reported

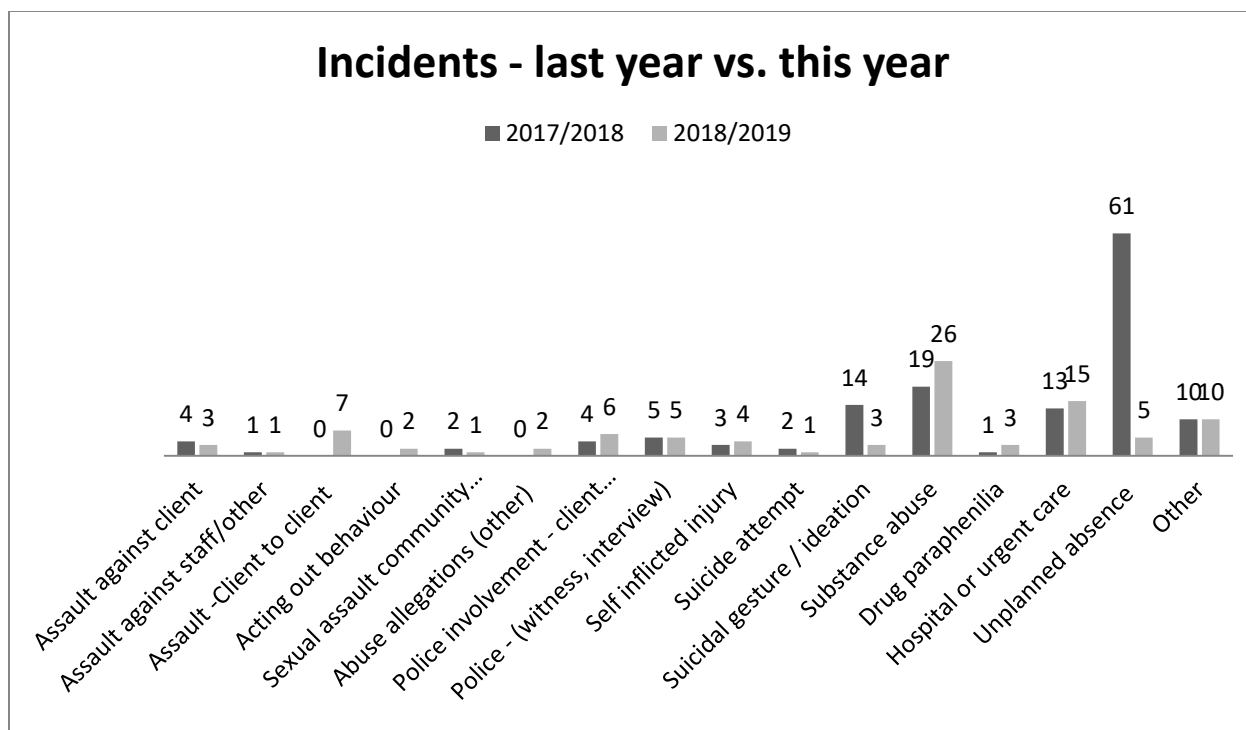
1. Substance Abuse - 26 incidents reported (a total of 27.66% of all incident reports generated)
 - Increase of 36.84% over last year
 - Incidents primarily involved alcohol and marijuana consisting of 92% of incidents
2. Hospital or Urgent Care - 15 incidents reported (a total of 15.96% of all incident reports generated)
 - Increased 15.38% over last year
 - Three of the 15 incidents that occurred were for mental health issues while the remaining were for standard medical issues such as twisted ankles, hurt hand, sore neck etc.
3. Assault – Client to Client – 7 incidents reported (a total of 7.45% of all incident reports generated)
 - These incidents involved altercations with 2 female clients on separate occasions while another incident involved two male clients on one occasion

Greatest increase from previous year

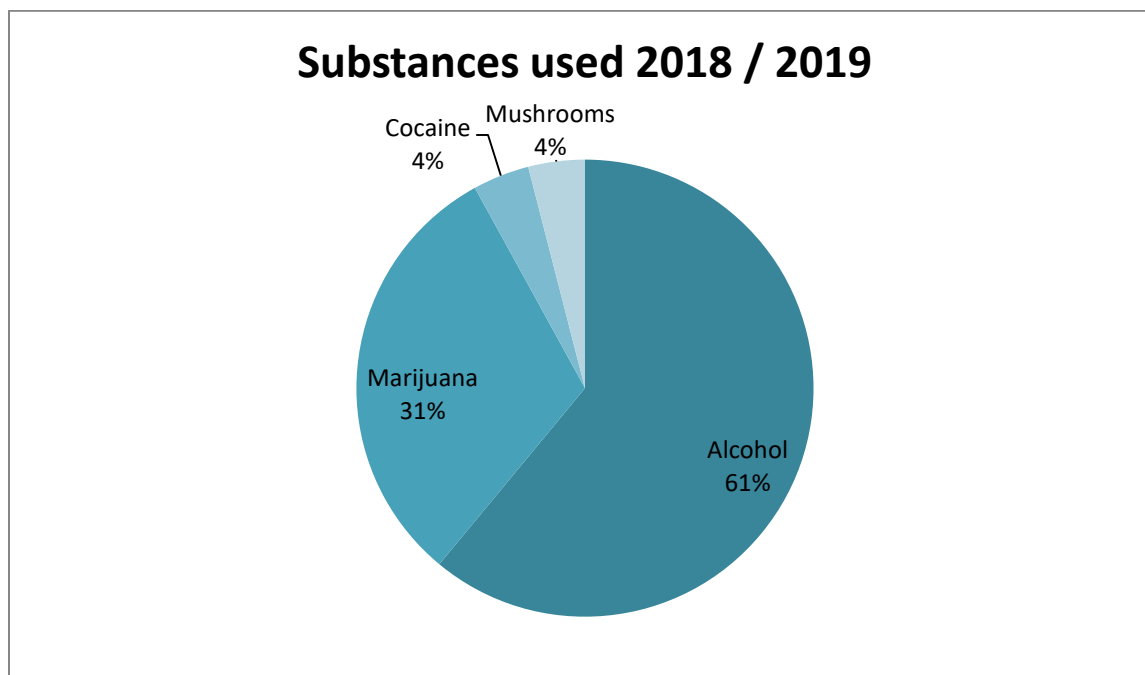
- Assault – Client to Client – there were no incidents reported of this nature last year

Greatest decrease from previous year

- Unplanned Absence/ missing - 91.80% decrease over last year



Substance Abuse



Substance Abuse continues to be one of the top incident report that are generated in a given year. Currently SAIL staff will write an incident report:

- When a client under the legal age uses or is suspected of being under the influence of a substance such as alcohol or legal marijuana
- When clients at or above the legal age are consuming alcohol or legal marijuana, but their use is beginning to interfere with their daily lives, such as misusing their funds, missing school, work or

other commitments, or they require outside observation as a result of their consumption for safety reasons

- When a client uses illegal substances regardless of age or misuses prescription medication

Licensed facilities within the Province of Manitoba no longer require incident reports to be done regarding substance use. While SAIL is not a licensed facility, incident reports are still be generated and sent to CFS agencies.

Recommendations

- It may be helpful to better adjust the criteria for when an incident report is required. Marijuana and alcohol consumption for many clients in SAIL who are underage could easily be seen as participating in 'normal adolescent behaviour' as their consumption is often quite low or not harmful. Suggested criteria for incident reports:
 - When the clients level of intoxication results in Safety Checks needing to be conducted
 - When the client cannot be safely monitored in their suite and are taken to the hospital or the city's Observation Unit for intoxicated persons
 - When their use is interfering with their day to day lives
 - When their frequency of use appears to be increasing
 - When any illegal drugs are used
 - When prescriptions drugs are abused
- Continue to offer addictions training to staff and clients

Hospital or Urgent Care

Three of the 15 incidents that occurred were for mental health issues while the remaining were for standard medical issues such as twisted ankles, hurt hand, sore neck etc.

Recommendations

- To provide mental health first aid training to all newly hired staff;
- To ensure current staff receive refresher training in suicide intervention (when required) and all newly hired staff receive the full training or receive training in Safe Talk

Assault – Client-to-Client

Client to client assaults are quite rare. However given the increasing number of clients in the program it is an area that requires attention.

Recommendations

- To provide healthy relationship presentations to clients
- To continue to encourage therapy for clients

Client Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given a copy of the Client Rights & Responsibilities.	12	10		1	
2.	The staff treats me with respect.	15	8			
3.	The staff is respectful of my confidentiality and privacy.	13	9	1		
4.	I know who to talk to if I have a complaint.	16	7			
5.	Knowles asks me about my ideas on how to improve things at SAIL.	9	8	4	2	
6.	I receive services at times that are good for me.	12	10	1		
7.	Knowles' buildings and offices are clean.	14	6	2		1
8.	I feel safe in SAIL and on its property.	14	8			1
9.	I help set my goals.	18	5			
10.	I was able to receive services without too much waiting time.	11	10	1	1	
11.	I would recommend this program to others.	13	10			
12.	Overall, I am happy with the services that I am receiving.	17	5	1		

23/26 SAIL clients completed the survey.

Case Record Review

Strengths

- Very organized and easy to follow
- Files/reports captures progress well
- Great documentation of all 'other' appointments attended by clients
- Goals are clear; goal summary is well documented
- Relevant information is documented
- Planning is clear
- Lots of support work contact
- Positive support work being done
- Discharge recommendations are good

Corrective Action Requests

- 10 corrective action requests were generated for the 33 files reviewed
 - 27 missing reports were noted
 - 3 missing attendance sheets

Recommendations

1. Changes to the File
 - No recommendations made
2. Changes to Client Information / Conference Tracking Sheet
 - No recommendations made
3. Changes to the Conference Report Template
 - No recommendations made however the template is in progress of being changed for all programs
 - to better capture more relevant data such as family and cultural/spiritual involvement
4. Changes to Case Record Review Template
 - The templates are in the process of being revised to help draw out more useful information such as ensuring the program's involvement is effective, continuation is warranted and resources are managed efficiently
5. Miscellaneous
 - ensure reports are written in a timely fashion; numerous late or missing reports
 - The Program Director and Case Management team will look at the Case Manager's workload as well as discuss revamping the quarterly conference reports to allow for greater efficiency
 - ensure the clients attendance sheet clearly indicates if the client was met or not
 - ensure it is documented in the discharge report where the client was discharged to
 - ensure the recommendations at discharge are more plentiful as some were limited
 - Attendance sheets, place of discharge, and recommendations at discharge will be monitored more closely

Day Treatment

Program Summary

The Day Treatment program is offered in partnership through Knowles Centre and the River East Transcona School Division. Students attend John G. Stewart School located on the grounds of Knowles Centre in addition to meeting on a regular basis with a Knowles Centre therapist. The program is directed toward adolescents (aged 12 to 17) experiencing emotional and behavioral difficulties in school and the community. Students may be living at home, in foster care, or a group home.

Client movement	TOTAL	Male	Female	Other
Number of clients served	16	8	8	0
New admission	6	1	5	0
Discharged clients	4	2	2	0

Average age at admission
13.99

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	2	1	1
	Mood	5	2	3
	Anxiety	3	1	2
	Eating	0	0	0
	Sleep	0	0	0
	Impulse Control	0	0	0
	Adjustment	0	0	0
	Personality	2	1	1
	Self-Esteem	2	0	2
	Unspecified	0	0	0
Behaviour Concerns	Anger	13	7	6
	AWOLs	1	1	0
	General Behaviour	4	0	4
	Criminal/Gang Invol.	2	2	0
	Self-Care	0	0	0
	Self-Harm	2	0	2
	Sexualized Behav.	1	0	1
	Substance Use/Abuse	5	2	3
	Suicidal Idea./Threats	7	3	4
	Violent/Aggressive	1	0	1

		Total	Male	Female
Trauma Concerns	Abuse (Emotional)	4	3	1
	Abuse (Physical)	0	0	0
	Abuse (Sex./Exploit.)	2	0	2
	Grief/Loss	0	0	0
	Neglect	0	0	0
	Unspecified	2	1	1
Other	Developmental	3	2	1
	Cognitive	0	0	0
	Attachment	1	1	0
External Concerns	Birth Family Issues	7	5	2
	Cmty Living Prep.	0	0	0
	Legal Issues	5	4	1
	Prev. Plcmt Brkdw	0	0	0
	School Issues	11	7	4
	Non-Offending Fam.	0	0	0

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	0	0	0	0	2	0	0	1	1
Still in DTX	0	1	3	0	2	0	2	1	3

Client Outcome Measures

Clients are referred to the Day Treatment Program because of the severity of their emotional and/or 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 first outcome measure being analyzed is the Child and Adolescent Functional Assessment Scale (CAFAS). This measure was selected to assess changes in client emotional and behavioral functioning over time.

The CAFAS is a comprehensive assessment tool 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 rates 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.

The second outcome being analyzed is each youth's class completion rate. These rates will be analyzed to help determine school performance.

Data Analysis

CAFAS

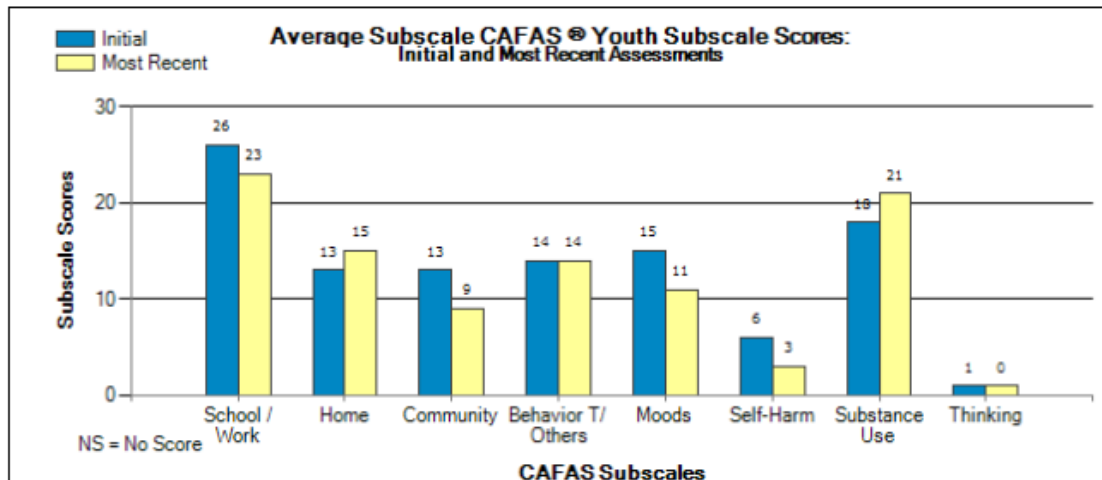
There were 14 clients that were assessed a minimum of two times during the reporting year. Of the 14 clients, 22% improved, 14% maintained their score, and 64% regressed within that year. When comparing these same 14 clients' initial scores (when they were first admitted to the program) to their most recent scores within the reporting year, 50% improved, 14% maintained their score and 36% regressed.

Based on the CAFAS Aggregate Report (a computer generated report), which provides a comparison at initial assessment (when the youth first is admitted into the program) versus their most recent assessment within this reporting year, the sample size for Day Treatment was 16 clients. The data indicated that the average CAFAS total score at initial assessment was 110 and that the average CAFAS total score at the most recent assessment was 99, which suggests an improvement in overall functioning from T1 to T2 when comparing the total aggregate score for the 16 clients. The data suggest that 44% of the clients improved on one or more outcome indicator, and that 44% 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.

CAFAS® Profile: Subscale Scores

Examination of the results by subscale highlights the needs of the youth you serve, which can be considered in program development.

The CAFAS subscales reflect the youth's day-to-day functioning across life domains. This chart presents a comparison of the average scores by subscale (aggregated across all clients selected) for the initial and most recent assessments.



Class Completion Rates

To assist with the analysis of class completion rates, three categories were developed: (1) high class completion (students having over 70% class completion), (2) moderate class completion (students having between 50% and 70% class completion) and (3) low class completion (students having under 50 % class completion).

There were 11 Day Treatment students whose class completion rates were compared from Time 1 (their first month in the school year) to Time 2 (their last month in the school year). To be included in data analysis, students needed to be attending classes at John G. Stewart School for a minimum of 3 months during this reporting year.

- 2/11 (18%) clients completed the year within the high class completion range (one of these clients started the year with high class completion while the other client showed improvement, moving from the moderate class completion range to the high class completion range).
- 1/11 (9%) client completed the year within the moderate class completion range (this client showed some regression as they moved from the high class completion range to the moderate completion range).
- 8/11 (73%) clients completed the year within the low class completion range (5 of these clients started the year already within that low class completion range; 3 of these clients showed some regression, as 2 of them moved from the moderate class completion range to the low class completion range and 1 of them moved from the high class completion range to the low class completion range).

During the 2018-2019 school year a total of 35 credits were granted to Day Treatment clients. This is an increase from the 2017-2018 year when 22 credits were granted to Day Treatment clients.

Recommendation

1. Work closely with John. G Stewart School to see what strategies can be utilized to help increase class completion rates.

Annual Summary of Client Incident Reports

Purpose

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

Trends and Analysis

Within this reporting year there were 4 incident reports filed.

All four Incidents fell into different categories.

The categories included: Sexual Assault (disclosure), Behavior Management (where a control position was ultimately utilized), Self-Harm (suicidal ideation), and Assault/Aggression (physical fight).

Since there were only 4 incidents within this reporting year and since all 4 incidents were in different categories, trends and analysis of such trends could not be completed. It should further be noted that all 4 incidents involved 4 different Day Treatment students.

Guardians were notified of all 4 incidents, CFS was called on 1 occasion (sexual assault disclosure) and police were contacted on 2 occasions (in relation to the incidents involving behavior management and assault/aggression).

It should be noted that a primary reason for referral to the Day Treatment program is behavioral struggles.

Conclusions

As clients and their families feel safe within a program, disclosures are not uncommon. It is also not uncommon for youth with significant behavioral struggles (which may be a symptom of disruptions in attachment and/or their experience of trauma) to act out using physical aggression. Based on these incidents, it reveals the importance of Day Treatment staff to continue to receive trainings in the areas of trauma, NVCI, mental health and suicide intervention. Additionally, the development of safety plans (as deemed appropriate) and therapy in the areas of emotion regulation and distress tolerance should continue.

Recommendations

For Day Treatment staff to:

- Continue to monitor the safety of clients
- Develop safety plans (as needed) in consultation with the client, their caregiver and their guardian
- Provide ongoing therapy to clients with consideration of expanding skills in the areas of emotion regulation and distress tolerance
- Report to CFS as deemed appropriate
- Explore and participate in further trainings in the areas of trauma, mental health, behavior management, and suicide intervention

Client Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given a copy of the Client Rights and Responsibilities	1	1		3	1
2.	The staff treats me with respect.	4	2			
3.	The staff is respectful of my confidentiality and privacy.	4	1	1		
4.	I know who to talk to if I have a complaint.	1	2	2	1	
5.	Staff asks me about my ideas on how to improve things at Knowles and how they can support me.	2	2	1	1	
6.	Knowles is easy for me to get to.	1	3	1	1	
7.	My meetings with my therapist are at times that are good for me.	3	1	2		
8.	Knowles' buildings are clean.	3	3			
9.	I feel safe at Knowles.	3	2	1		
10.	I help set my goals with my therapist.	1	2	2	1	
11.	I feel room 1 offers helpful support.	4	2			
12.	I know the cultural program is available to me. (One no answer to this question.)	2	1	2		
13.	I would recommend this program to others.	2	2	2		
14.	If I needed help after I leave this program, I would come back to Knowles.	3		2	1	
15.	Overall, I am happy with the services that I am receiving from Knowles.	4	2			

6 of 11 DTP youth completed the survey.

Case Record Review

Identified Strengths

1. Reports are described as well written, clear and concise.
2. Files are generally described as up to date.
3. Goals and recommendations are deemed to be appropriate.
4. Conferences are generally noted to be on time.
5. The positive relationship between the therapist and client was identified.
6. The effort that was made to stay connected with a youth while they were incarcerated was noticed.
7. Great work occurring with a client and their family.
8. Appropriate external resources being contacted/involved.

Recommendations

1. Ensure that a reason is provided if a conference is delayed and that reports are completed within the specified timelines.
Outcome: The therapists within the Day Treatment program are aware of and have been reminded of this requirement.
2. Consider having a Discharge Planning heading in the report template.
Outcome: This recommendation has already been implemented.
3. Ensure that admission forms are signed by clients.
Outcome: The Day treatment therapists will ensure that admission forms are signed by all youth.
4. While not noted specifically as a recommendation, the difficulty of meeting with some of the clients (ie., due to absences) is indicated in some of the files. As a result of this, limited progress can be made on their goals.
Outcome: For cases such as these, creative ways to meet/engage with the client and their families should continue to be brainstormed and various strategies should be implemented. Should the client continue to not engage in the program, the possibility of discharge planning should be considered to make the spot available for an alternative student.

Correction Action Requests (CARs)

Throughout the 2018-2019 review year there were 5 corrective actions issued.

Two Corrective Action Requests were for missing reports and three Corrective Action Requests were for missing signatures (client or therapist) and for missing group signing sheets.

The majority of the Corrective Actions have been or are in the process of being corrected. With that being said, there are some signatures that could not be acquired on one of the files due to the client already being discharged from the program.

Sexual Abuse Treatment

Program Summary

The Sexual Abuse Treatment Program (SATP) provides treatment services at no cost to clients referred through a variety of sources. Clients may be male or female, aged 4 to 21 years, who have previously made a disclosure of sexual abuse, or have a sibling who has made such a disclosure. Non-offending parents or caregivers may be referred to the program if they are caring for or have previously cared for a child who has made such a disclosure.

Client movement	TOTAL	Male	Female	Other
Number of clients served	21	4	17	0
New admission	6	1	5	0
Discharged clients	4	2	2	0

Average age at admission*
13.56 years
*not including parent who is a client in SATP

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	0	0	0
	Mood	10	1	9
	Anxiety	8	1	7
	Eating	0	0	0
	Sleep	4	1	3
	Impulse Control	0	0	0
	Adjustment	0	0	0
	Personality	0	0	0
	Self-Esteem	1	0	1
	Unspecified	2	0	2
Behaviour Concerns	Anger	8	3	5
	AWOLs	0	0	0
	General Behaviour	0	0	0
	Criminal/Gang Invol.	0	0	0
	Self-Care	0	0	0
	Self-Harm	0	0	0
	Sexualized Behav.	0	0	0
	Substance Use/Abuse	0	0	0
	Suicidal Idea./Threats	2	1	1
	Violent/Aggressive	0	0	0

		Total	Male	Female
Trauma Concerns	Abuse (Emotional)	2	2	0
	Abuse (Physical)	3	2	1
	Abuse (Sex./Exploit.)	18	3	15
	Grief/Loss	1	1	0
	Neglect	0	0	0
	Unspecified	0	0	0
Other	Developmental	0	0	0
	Cognitive	0	0	0
	Attachment	0	0	0
External Concerns	Birth Family Issues	3	1	2
	Cmty Living Prep.	0	0	0
	Legal Issues	0	0	0
	Prev. Plcmt Brkdwn	0	0	0
	School Issues	1	0	1
	Non-Offending Fam.	4	2	2

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	0	0	0	0	2	1	0	0	1
Still in SATP	0	0	3	0	3	0	3	1	7

Client Outcome Measures

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 all three areas:

1. Within the SATP, the Trauma Symptom Checklist for Young Children (TSCYC) is used for clients aged three to 12, the Trauma Symptom Child Checklist (TSCC) is used for clients aged 13 to 17, and the Trauma Symptom Inventory (TSI) is used with adult clients (18 years and older). These measures assess for symptoms of trauma.
2. Within the SATP, the Child Depression Inventory (CDI-II) is used with clients 12 years and younger, whereas the Beck Depression Inventory (BDI-II) is used with clients 13 years and older. These measures assess for symptoms of depression.
3. Within the SATP, the Children's Knowledge of Abuse Questionnaire (CKAQ) is used to assess clients' knowledge of abuse. With enhanced education in this area, the hope is to reduce the likelihood of re-victimization

Trauma Symptom Checklist for Young Children (TSCYC)

The TSCYC is a caretaker report that rates symptoms observed during the previous month. The SATP considers three subscales to assess client progress: posttraumatic stress totals, dissociation, and sexual concerns.

Change from Time 1 to Time 2 within the September 1, 2018 –August 31, 2019 year period:

Data analysis could not be completed as only one client's parent completed this measure at Time 1 (T1), however the client completed the TSCC at Time 2 (T2) due to the client meeting the age criteria for the TSCC.

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

One client completed this measure in 2018-19. Compared to the client's assessment, the client reduced their post-traumatic stress total score; reduced their dissociation score; and reduced their sexual concerns score.

The Trauma Symptom Checklist for Children (TSCC)

The TSCC is a self-report instrument that provides a measure of posttraumatic stress and related psychological symptomatology in children who have experienced traumatic events. The SATP considers three subscales to assess client progress: Post Traumatic Stress (PTS), Disassociation (DIS), and Sexual Concerns (SC).

Change from Time 1 to Time 2 within the September 1, 2018 –August 31, 2019 year period

(please note: if there are not 2 scores within the time period, the one score will be compared to the last time the client completed the measure):

12 clients had Time 1 and Time 2 scores that were analyzed.

Post-Traumatic Stress

- 6/12 (50%) clients' scores remained in the normal range
- 4/12 (34%) clients' scores improved
- 1/12 (8%) client's score deteriorated
- 1/12 (8%) client's score remained in the "suggests difficulty range"

Disassociation

- 8/12 (67%) clients' scores remained in the normal range
- 2/12 (17%) clients' scores improved
- 1/12 (8%) client's score deteriorated
- 1/12 (8%) client's score remained in the significant range

Sexual Concerns

- 8/12 (67%) clients' scores remained in the normal range
- 1/12 (8%) client's scores improved
- 2/12 (17%) clients' scores deteriorated
- 1/12 (8%) client's score remained in the significant range

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

14 clients' scores could be compared from time of original assessment to the most recent during the Sept. 1, 2018 – Aug. 31, 2019

Post-Traumatic Stress

- 8/14 (57%) clients remained in the normal range
- 4/14 (29%) clients showed improvement in their scores
- 2/14 (14%) clients' score deteriorated

Disassociation

- 9/14 (64%) clients remained in the normal range
- 3/14 (21%) clients showed improvement in their scores
- 1/14 (7%) client's score deteriorated
- 1/14 (7%) client's score remained in the significant range

Sexual Concerns

- 10/14 (71%) clients remained in the normal range
- 1/14 (7%) client's showed improvement
- 2/14 (14%) clients' scored deteriorated
- 1/14 (7%) score remained in the significant range

The Trauma Symptom Inventory (TSI-2)

The TSI is a self-report instrument that is designed to evaluate posttraumatic stress and other psychological consequences of traumatic events. The SATP considers three subscales to assess client progress: Intrusive Experiences (IE), Dissociation (DIS) and Sexual Disturbance-Sexual Concerns (SXD-SC).

Change from Time 1 to Time 2 within the September 1, 2018 –August 31, 2019 year period

(please note: if there are not 2 scores within the time period, the one score will be compared to the last time the client completed the measure):

4 clients had Time 1 and Time 2 scores that were analyzed.

Intrusive Experiences

- 4/4 (100%) clients' scores remained in the normal range

Dissociation

- 2/4 (50%) clients' scores remained in the normal range
- 1/4 (25%) client showed improvement
- 1/4 (25%) client's score remained in the significant range.

Sexual Disturbances/Sexual Concerns

- 3/4 (75%) clients' scores remained in the normal range
- 1/4 (25%) client's score remained in the significant range

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

7 clients' scores could be compared from time of original assessment to the most recent during the Sept. 1, 2018 – Aug. 31, 2019

Intrusive Experiences

- 5/7 (71%) clients' scores remained in the normal range
- 1/7 (14%) client's score showed improvement
- 1/7 (14%) client's scores remained within the clinically significant range

Dissociation

- 5/7 (71%) clients' scores remained in the normal range
- 1/7 (14%) client's score remained in the problematic range
- 1/7 (14%) client's score deteriorated

Sexual Disturbances/Sexual Concerns

- 5/7 (71%) clients' scores remained in the normal range
- 1/7 (14%) client's score remained in the clinically significant range
- 1/7 (14%) client's score deteriorated

Children's Depression Inventory (version 2)

The CDI-2 is a comprehensive multi-rater assessment of depressive symptoms.

Change from Time 1 to Time 2 within the September 1, 2018 – August 31, 2019 year period

(please note: if there are not 2 scores within the time period, the one score will be compared to the last time the client completed the measure):

Eight clients had Time 1 and Time 2 score that were analyzed.

- 7/8 (87.5%) clients' scores remained in the average range
- 1/8 (12.5%) client's score showed an elevation of concerns

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

9 clients' scores could be compared from time of original assessment to the most recent during the Sept. 1, 2018 – Aug. 31, 2019

- 7/9 (78%) clients' scores remained in the average range
- 1/9 (11%) client's score showed improvement
- 1/9 (11%) client's score remained in the very elevated range

Beck Depression Inventory (version 2)

The BDI-II is intended to assess the severity of depression.

Change from Time 1 to Time 2 within the September 1, 2018 –August 31, 2019 year period

(please note: if there are not 2 scores within the time period, the one score will be compared to the last time the client completed the measure):

9 clients had a Time 1 and Time 2 score that were analyzed.

- 2/9 (22%) clients' scores remained in the minimal range
- 4/9 (45%) clients' scores showed an improvement
- 1/9 (11%) client's score remained in the moderate range
- 2/9 (22%) clients' scores remained in the severe range

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

12 clients' scores could be compared from time of original assessment to the most recent during the Sept. 1, 2018 – Aug. 31, 2019

- 3/12 (25%) clients' scores remained in the minimal range
- 1/12 (8%) client's score remained in the moderate range
- 5/12 (42%) clients' scores showed an improvement
- 1/12 (8%) client's scores showed an elevation of concern
- 2/12 (17%) clients' scores remained in the severe range

Children's Knowledge of Abuse Questionnaire (Revised, version 3)

The CKAQ is a self-report instrument that can be used to assess clients' understanding of sexual abuse prevention concepts.

Change from Time 1 to Time 2 within the September 1, 2018 –August 31, 2019 year period

(please note: if there are not 2 scores within the time period, the one score will be compared to the last time the client completed the measure):

16 clients had Time 1 and Time 2 scores that were analyzed.

- 14/16 (87.5%) clients' scores remained in the extensive knowledge range
- 2/16 (12.5%) clients' scores improved

Change from the original assessment at admission to the most recent test during the Sept. 1, 2018 – Aug. 31, 2019 year:

16 clients' scores could be compared from time of original assessment to the most recent during the Sept. 1, 2018 – Aug. 31, 2019

- 11/16 (69%) clients' scores remained in the extensive knowledge range
- 5/16 (31%) clients' scores improved

Analysis

1. Concerning TSCC and TSI scores, the vast majority of clients either remained in the normal range or showed improvement in score range. Based on this analysis, it appears that the majority of SATP clients are either doing well in this area or are making improvements with their symptoms of trauma.

2. Concerning CDI-II and BDI-II, the vast majority of clients' responses again either remained in the average range or showed improvement in their score range. Based on this analysis, it appears that the majority of SATP clients are either maintaining their current emotional functioning or making improvements in this area.
3. Concerning the CKAQ scores, all of clients' responses either stayed within the same score range (extensive knowledge range) or showed improvement in their score range. No clients regressed. Based on this analysis, it appears that all SATP clients are either maintaining their knowledge about abuse or making improvements in this area.

Recommendations

For the SATP to continue to use the above self-report measures in order to measure outcomes in the areas of trauma symptomatology and emotional functioning.

Annual Summary of Client Incident Reports

Purpose

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

Trends and Analysis

Within this reporting year there were 4 incident reports filed.

Three of the four incidents (75%) fell in the category of Abuse Allegations.

The remaining incident (25%) fell in the category of Sexual Assault (disclosure)

All incidents were reported either to a direct CFS worker or to ANCR and were processed with the clients by the SATP therapist.

Due to the limited number of incidents, further identification of trends and analysis of such trends could not be completed.

Conclusions

As clients develop a relationship and feel safe within the therapeutic environment, disclosures are not uncommon.

Recommendations

For the SATP program to

- Continue to monitor the safety of clients
- Provide ongoing therapy to clients
- Provide support, guidance and resources to caregivers
- Report to CFS/ANCR as deemed appropriate

Client Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I was given a copy of the Client Rights and Responsibilities	11	1			
2.	The staff treats me with respect.	12				
3.	The staff is respectful of my confidentiality and privacy.	11	1			
4.	I know who to talk to if I have a complaint.	8	4			
5.	Knowles asks me about my ideas on how to improve things at Knowles.	7	3	2		
6.	Knowles is easy for me to get to.	4	6	1	1	
7.	My meetings are at times that are good for me.	7	5			
8.	Knowles' buildings and offices are clean.	8	4			
9.	I feel safe at Knowles.	9	2	1		
10.	I help set my goals.	7	4	1		
11.	I was able to receive services from Knowles without too much waiting time.	8	3		1	
12.	I would recommend this program to others.	10	2			
13.	If I needed help after I leave this program, I would come back to Knowles.	9	3			
14.	Overall, I am happy with the services that I am receiving from Knowles.	9	3			

12/12 SATP clients completed the survey.

Case Record Review

Identified Strengths

1. Reports were described as well written, clear, thorough, easy to follow, well laid out and as completed in a very timely manner.
2. Conferences were reported to be occurring on time.
3. Clear themes were noted, clinical goals were being addressed and recommendations were noted to be appropriate.
4. Clients' progression in therapy is seen and the therapist is noted to be doing great work over an extensive period of time with a client.
5. Case record review standards are being achieved

Recommendations

1. Ensure that the process for client's seeing/following up with Knowles Centre's consulting psychiatrist is clear (as some reports reportedly read as though it is up to the client to follow-up with psychiatry themselves).
Outcome: This recommendation has been passed onto the SATP coordinator/therapist and the language around this in future reports will be altered.
2. For clients who are over 18 and are not able to see Knowles Centre's consulting psychiatrist, ensure that it is noted whether a psychiatric consultation is recommended elsewhere or not.
Outcome: This recommendation is generally already followed; however caution will be taken to ensure that it is always noted.
3. Consider creating a separate psychiatric section in the main file to allow for quicker and easier access (as the reviewer found it difficult to find the psychiatric consultation notes). As means of creating space in the main file to do this, the reviewer recommended that the referral information could be placed in the same section as the admission documents with a colorful sheet with a label to separate the two.
Outcome: This recommendation has been passed onto the SATP coordinator/therapist and will be implemented for all new files.
4. Consider adding information on discharge planning in review reports
Outcome: This recommendation has been passed onto the SATP coordinator/therapist for her consideration.
5. If conferences occur over the phone, consider noting rationale.
Outcome: This recommendation is generally already followed; however caution will be taken to ensure that it is always noted.
6. Consider the use of smart goals for certain goals. The reviewer felt that many areas were combined together into one goal and felt that more specific goals for each item seem warranted.
Outcome: This recommendation has been passed onto the SATP coordinator/therapist and will be considered as deemed appropriate on a case by case basis.

Corrective Action Requests

Throughout the year there were no Corrective Action Requests for the SATP program.

Moving Forward

Program Summary

Moving Forward is a community-based therapeutic counselling program. It is open to young people who are dealing with mental health challenges, as well as emotional or behavioural issues arising from current and past experiences. The program is offered on a fee-for-service basis, and takes referrals from families, CFS agencies, victim service agencies and other organizations that work with young people facing adversity. Moving Forward therapists can also work with the families or caregivers of young people registered in the program.

Client movement	Total	Male	Female	Other
Number of clients served	14	4	10	0
New admission	5	1	4	0
Discharged clients	9	4	5	0

Average age at admission
13.59 years

Reasons and/or concerns at admission

		Total	Male	Female
Mental Health Concerns	Psychotic	0	0	0
	Mood	4	0	4
	Anxiety	3	0	3
	Eating	0	0	0
	Sleep	1	1	0
	Impulse Control	1	1	0
	Adjustment	0	0	0
	Personality	0	0	0
	Self-Esteem	3	0	3
	Unspecified	2	0	2
Behaviour Concerns	Anger	6	4	2
	AWOLs	1	0	1
	General Behaviour	1	0	1
	Criminal/Gang Invol.	0	0	0
	Self-Care	0	0	0
	Self-Harm	3	1	2
	Sexualized Behav.	0	0	0
	Substance Use/Abuse	1	1	0
	Suicidal Idea./Threats	3	0	3
	Violent/Aggressive	0	0	0

		Total	Male	Female
Trauma Concerns	Abuse (Emotional)	0	0	0
	Abuse (Physical)	0	0	0
	Abuse (Sex./Exploit.)	0	0	0
	Grief/Loss	7	2	5
	Neglect	1	1	0
	Unspecified	1	0	1
Other	Developmental	0	0	0
	Cognitive	0	0	0
	Attachment	0	0	0
External Concerns	Birth Family Issues	3	2	1
	Cmty Living Prep.	0	0	0
	Legal Issues	0	0	0
	Prev. Plcmt Brkdw	0	0	0
	School Issues	1	0	1
	Non-Offending Fam.	0	0	0

Length of stay	< 1 mo.	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	12 – 15 months	15 – 18 months	18 – 24 months	24+ months
At discharge	0	2	2	2	0	1	0	1	1
Still in MF	0	0	0	0	2	2	1	0	0

Annual Summary of Client Incident Reports

Purpose

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

Trends and Analysis

Within this reporting year there were 5 incident reports filed.

All 5 of the incidents (100%) fell in the category of Self Harm. More specifically all 5 (100%) fell in the sub-category of Suicidal gesture/ideation.

During 3 out of the 5 incidents, Mobile Crisis was contacted. They were included in safety planning on 2 of these occasions and were ultimately dispatched to a client's home on the third occasion.

During 2 out the 5 incidents the client was ultimately taken to the hospital by their guardian/caregiver. Of note is that 4 out of the 5 incidents all involved the same client.

All incidents were reported to the caregiver and CFS, and safety planning was reviewed.

A primary reason for referral to the Moving Forward program is struggles with mental health.

Due to the limited number of incidents, further identification of trends and analysis could not be completed.

Conclusions

As clients develop a relationship and feel safe within the therapeutic environment, disclosures are not uncommon. It is also not uncommon for individuals struggling with their mental health and with grief and loss (which is another primary reason for referral to the program) to struggle with thoughts of suicide. Given the number of incidents in this category, it is important for the therapists to work with the clients and their caregivers on developing comprehensive safety plans, for psychiatric consultation to be scheduled as needed, and for on-going trainings in this area to be explored.

Recommendations

For the Moving Forward Program therapists to:

- Continue to monitor the safety of clients
- Develop safety plans (as needed) in consultation with the clients, their caregivers and their guardians.
- Provide ongoing therapy to clients
- Offer psychiatric consultations as deemed appropriate
- Provide support, guidance and resources to caregivers
- Report to CFS as deemed appropriate
- Explore and participate in further trainings in the areas of mental health, grief and loss, and trauma-informed care.
- Continue to receive regular consultation/supervision

Staffing

Staff Retention Data

Staff Movement from September 1, 2018 - August 31, 2019

		Count	Admin	SAIL	TFC	Group Care	Clinical
# current full and part time staff as of September 1, 2018	1-Sep-18	99	14	26	13	39	7
# of applicants hired between Sept. 1, 2018 to Aug. 31, 2019		11	2	4		4	1
# total full and part time staff		110	16	30	13	43	8
# of FT/PT that Left Employment		11	2	5	1	2	1
# of FT/PT Retirements		1			1		
Turnover %		11%					
Total FT/PT Staff	31-Aug-19	98	14	25	11	41	7

Notes

- Admin includes Administration staff, maintenance staff, and the kitchen supervisor.
- Group Care includes the cultural and recreation staff.
- Clinical includes GCTP therapists, DTX therapists and support worker and SATP Therapist.

Summary

During the period September 1, 2018- August 31, 2019, Knowles Centre's staff retention rate was 89%, a 2% decrease from the previous year, when it was 91%.

Administration - The full-time accountant left May 2019 and the position was filled as a term with the accounting assistant. The full time accounting assistant position was delete to create 2 PT positions ; a .75 EFT Accounting Assistant and a .75 EFT Payroll/accounting assistant . Only the .75 EFT Accounting Assistant was hired May 2019 the .75 EFT Payroll/accounting assistant who was hired in July 2019, left employment in August 2019 and the position remained vacant.

SAIL - 5 staff had left employment and 4 staff were hired in this time frame

TFC - down 2 staff as 1 staff left employment and 1 staff member retired and no replacements were hired.

GCTP - The cultural coordinator left in September 2018 and the position was not filled. The director of group care left May 2019 and the positon has been temporarily filled internally by one of the unit supervisors. The unit supervisor position was temporarily filled internally by a YCW. There were 4 relief staff that were promoted to full/part time YCW.

Clinical - One employee went on maternity/paternity leave and was replaced by term employee.

Staff Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Not Applicable
1.	My job responsibilities are clearly outlined in my job description.	3	22	8	4	1	
2.	I received an orientation within the first three months of beginning work with the organization. *One no answer to this question*	13	14	1	5	3	
3.	I am aware of the organization's grievance procedures and know how to make a complaint. *One no answer to this question*	8	22	4	3		
4.	All positions which become available within the organization are posted so that I have the opportunity to apply.	13	18	4	1	2	
5.	I can access my personnel record.	6	13	18	1		
6.	I receive annual or biennial performance evaluations.	3	12	6	7	10	
7.	I receive regular supervision. *One no answer to this question*	6	20	3	5	3	
8.	Employee satisfaction is assessed by the organization (e.g., personnel survey).	4	16	8	6	3	1
9.	The organization implements changes based on the feedback received from personnel.		5.5	13.5	11	8	
10.	I have the opportunity to share suggestions on making improvements within my program.	5	18	1	11	3	
11.	I have the opportunity to share suggestions on making improvements within the organization.	3	13	6	11	5	
12.	I receive information on program outcomes that is useful to me in working with persons served.	2	9	10	10	4	2
13.	I have the opportunity to receive training that enhance my job knowledge and skills.	5	19	5	7	2	
14.	Case records of persons that I serve are readily available or accessible to me.	7	16	7	5		3
15.	Are you aware of the organization's harassment policy?					5 yes	1 no
16.	Are you aware of the organization's discrimination prohibition policy?					5 yes	1 no
17.	Are you aware of the organization's policy regarding prohibition of corporal and degrading punishment of clients?					5 yes	1 no
18.	Are you aware of the organization's confidentiality policy?					6 yes	

38/74 Personnel completed the survey

Management Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization has an effective quality improvement program.	1	6	5	1	
2.	I have the opportunity to share suggestions on making improvements within my program	7	3	3		
3.	I have the opportunity to share suggestions on making improvements within the organization	6	3		4	
4.	The organization examines its service delivery processes through client satisfaction surveys related to services provided.	5	7	1		
5.	The organization examines its service delivery processes by reviewing immediate and ongoing risks related to service delivery such as use of behaviour management interventions.	2	8		3	
6.	The organization examines its service delivery processes including barriers to receiving or successfully completing services.	1	8	2	2	
7.	The organization conducts reviews of accidents, incidents, and grievances.	3	8	1	1	
8.	Outcome data is used to improve services for consumers (e.g., monthly incident reports, annual PQI report).		8	4	1	
9.	I am aware of the organization's conflict of interest policy.	6	7			
10.	The organization does not discriminate in hiring/promoting.	6	6	1		
11.	I receive an annual or biennial performance evaluation.	2	2	4	4	1
12.	I receive regular supervision with my regular supervisor.	6	6		1	
13.	The organization is prepared to respond to natural disasters and other emergencies (e.g., regular simulation of lockdown procedure, hold and secure procedure).	1	8 (plus one for lockdown procedure)	2 (plus .5 for natural disasters)	1 (plus .5 for natural disasters)	
14.	The finances of the program in which I work are managed by the organization with integrity and according to sound business practices.		6	6	1	
15.	Each program's services are well coordinated (e.g., intake, case management, accessing relevant services). *One no answer to this question*	3	6	2	1	

16.	The organization facilitates timely and easy access for consumers.	2	5	5	1	
17.	Access to emergency and crisis intervention services is available to consumers.	3	7	2 (prgm specific; not all programs)	1	
18.	I have time to conduct supervision with my staff. *One no answer to this question*	3	5	1	3	
19.	The organization monitors its relationship with collaterals (e.g., KC psychiatrist, private therapists) who provide services to consumers.	2	5	6		
20.	The organization's governing body and the CEO have an effective working partnership.	4	3	6		
21.	I am aware of the organization's confidentiality policy and procedures.	6	7			

13/17 Supervisors or managers completed the survey.

Stakeholder Surveys

Board Survey

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Not Applicable
1.	As a member of the Governing Body, we effectively conduct/participate in long term planning.	3	1				
2.	As the Governing Body, we effectively develop and approve policies.	3	1				
3.	As the Governing Body, we establish resource development targets and goals.	2	2				
4.	We regularly review fiscal financial reports.	4					
5.	We approve the organization's annual budget.	4					
6.	As the Governing Body, we review and formally accept the annual audit.	4					
7.	As a member of the Governing Body, I review and provide input regarding the organization's quality improvement activities initiatives (e.g., Annual PQI Report).	2	2				
8.	As members of the Governing Body, we receive information on the organization's program outcomes and outcomes for persons served (e.g., Annual PQI Report).	4					
9.	The organization's Governing Body and the CEO or Executive Director have an effective working relationship.	4					
10.	At least annually, as members of the Governing Body, we assess areas of risk to the organization (e.g., Monthly Incident Reports, Annual PQI Report).	4					
11.	We receive reports of immediate and ongoing risk within the organization (e.g., Monthly Incident Reports, Monthly Financial Reports).	4					
12.	The organization collaborates with the community regarding issues of mutual concern.	2	2				
13.	I received an orientation as to my Governing Body responsibilities.	3	1				
14.	The organization's Governing Body is representative of the community it serves.	3	1				
15.	To your knowledge, within the last four years, has the organization had any allegations or findings of professional misconduct?					0 Yes	4 No
16.	Within the last four years, has the organization had any allegations or findings of financial malfeasance?					0 Yes	4 No

17.	Has the organization failed to comply with laws and regulations governing equal opportunity and workforce administration?	0 Yes	4 No
18.	Has the organization had any investigations by a regulatory or other monitoring body which identified significant problems at the organization?	1 Yes	3 No

4/9 Board members completed the survey.

Community Survey

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

12/82 Community stakeholders responded and a 13th survey was returned blank

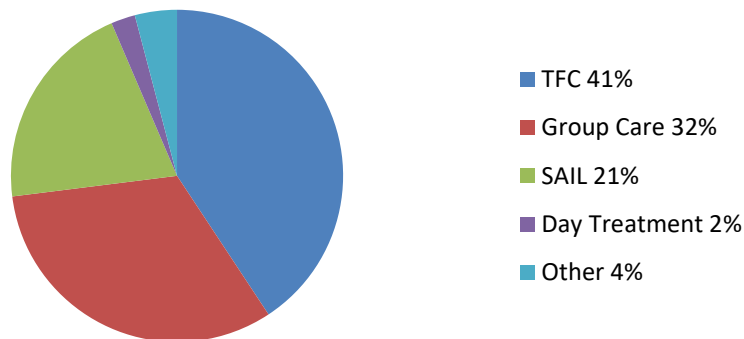
Financial Report

PQI Recap Year-End Financial Statement March 31, 2019

Knowles Centre ended the year with a consolidated deficit of approximately \$111,483 (Note: included in this total is an amortization charge of \$203,733).

Revenues in the TFC program declined by 11% over the fiscal year. On a positive note, the Independent Living Program (SAIL) saw an increase in revenues by 21%. On the expense side, interest on long term debt increased by 61% resulting from the newly acquired apartment buildings for the SAIL program.

Revenue by Program (March 31, 2019)



Resource Allocation (March 31, 2019)

