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

Performance and Quality Improvement Report

September 1, 2016 – August 31, 2017

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Performance and Quality Improvement Report

Contents

Executive Summary

Through the Performance Quality Improvement (PQI) process, Knowles Centre (KC) can ensure that its programs and services are both effective and efficient. The PQI process culminates with an annual report that is a collective effort of the senior management group. The PQI report covers the period from September 1, 2016 to August 31, 2017. KC's PQI process is usually comprised of seven sections, and each section can result in corrective action plans being identified and implemented.

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

KC made the decision to alternate the length of the PQI report during each four year cycle (i.e., year 1 will be a longer report comprised of the seven sections listed above; year 2 will be a shorter report comprised of four sections; year 3 will be a longer report comprised of seven sections; and year 4 will be a shorter report comprised of four sections, which coincides with the year of the Council on Accreditation/COA site visit). The shorter version of the PQI report in years 2 and 4 will consist of the following four sections: 1) stakeholder satisfaction surveys, 2) John G. Stewart School annual community report, 3) staff retention data, and 4) financial report. Therefore, the present PQI report for 2016-17 consists of seven sections. Some highlights from this year's PQI report appear below.

Case Record Review

External examiners rated each program's client files in positive terms: client files were well organized, client reports were well written, and good work was occurring in treatment, resulting in few corrective actions being requested.

Annual Summary of Clients' Incident Reports

Treatment Foster Care (TFC) clients generated a low number of monthly incident reports, despite having up to 80 clients within the program.

Within the Group Care Program, client AWOLs and self-harm incidents increased significantly relative to the previous year. Conversely, incidents involving police and assaults against staff decreased significantly relative to the previous year. As well, the number of incidents involving the use of the containment units remained low.

Within the Independent Living Program/SAIL, the number of substance abuse incidents decreased significantly from the previous year, whereas AWOLs increased. These incident reports tended to be concentrated among a few clients. Overall, the number of monthly incidents generated by clients decreased significantly relative to the previous year.

Within the Sexual Abuse Treatment Program (SATP), there was only one incident report for the year.

Within the Day Treatment Program (DTP), the number of incident reports was similar to the previous year.

All of the programs generated specific recommendations concerning training for clients and staff in response to the trends observed within each program.

Stakeholder Satisfaction Surveys

The majority of clients in all the programs (excluding the Day Treatment Program) rated KC's programs favorably on all items listed in the survey. This year, there was significant improvement in the response among group care clients to the survey relative to the previous year. More specifically, the number of respondents increased significantly and their views of the program were significantly more positive. There are two possible explanations for this improvement: 1) reducing the size of the two semi-secure units from ten beds to six beds; and 2) having the Program Director and unit supervisors take a more active role concerning the clients completing the survey.

Among adult stakeholders, the majority rated KC favorably on virtually all the items listed in the surveys, whether it involved KC staff, supervisors and managers, board members, or foster parents. The number of respondents from each category was also good (over 50%). The majority of community stakeholders (funders, CFS workers of KC clients) also rated KC favorably on the items listed in their survey; however, only 10% of the eligible respondents completed the survey.

Client Outcome Measures

For the Treatment Foster Care Program, there was no significant change in clients' CAFAS scores (assessing functioning in eight life domains) for clients five to 19 years old during the year;

however, six of the eight subscales that comprise this instrument, fell within the mild impairment range. Moreover, 88% of the clients were assessed as not having a pervasive behavioral impairment. For younger clients (four to six years old with lower developmental functioning), their PECFAS scores showed a slight decrease in functioning during the year. However, five of the seven subscales that comprise this instrument fell within the mild impairment range. Moreover, none of the children were assessed as having a pervasive behavioral impairment. Finally, there were only five unplanned discharges for the 86 clients served during the year, indicating that 94% of the clients remained within their placement since their admission (i.e., having permanency/stability of placement).

For the Group Care Program, 46% of the clients showed improvement on their CAFAS scores, 18% showed no change, and 36% showed regression. Half of the clients showed no change in their class completion rate and the other half showed a decline in their class completion rate. The program will need to work with John G. Stewart (JGS) School staff to see what strategies can be identified to increase students' class completion rates.

For the SAIL Program, 42% of the clients showed improvement on their CAFAS scores, 21% showed no change, and 37% showed regression. On the ABAS (a measure of adaptive functioning), 59% of the clients showed improvement, 6% showed no change, and 35% showed regression. On SAIL's monitoring of 11 skill areas, 59% of the clients showed competency in at least nine skill areas, 12% showed competency in eight skill areas, and 29% showed competency in seven or fewer skill areas. Moreover, 41% of the clients moved from the SAIL apartment to their own apartment in the community, and 18% were ready and looking actively for their own apartment in the community.

For SATP, clients' scores fell in the non-clinical or mild range for anxiety and depression measures, and clients' scores indicated good knowledge of appropriate boundaries.

For the Day Treatment Program, 50% of the clients showed improvement on their CAFAS scores, 7% showed no change, and 43% showed regression. Also, the majority of the clients showed either no change in their class completion rate or a decline on class completion rate. Once again, DTP staff will need to work closely with JGS School staff to see what strategies can be identified to help increase students' class completion rate.

John G. Stewart School Annual Community Report

The highlights from this report included the following:
- 132 high school credits were earned in the 2016-17 school year (a 35% increase over the 2015-16 school year).
- 23% of the students had a increase of one grade level in their reading grade level and 15% had a increase of four grade levels.
- 40% of the students improved by at least one grade level in the area of numeracy
- There was an 18% reduction in the total number of student referrals to Room 1, which is the behavioral support room.

Staff Retention Data:

KC's staff retention rate was 91% for the year (an improvement of 3% relative to the previous year), which is an excellent rate within our sector.

Financial Report:

For the year ending March 31, 2017, KC posted a deficit of approximately $20,000 (a moderate deficit), which was a slight improvement relative to the previous year, when KC posted a deficit of approximately $25,000.

Conclusion:

After completing this data analysis, a number of strengths, areas needing improvement, and recommendations were evident. These respective sections will be highlighted below.

A number of strengths were identified and appear below:

1. Client files within all programs were in good condition.
2. Concerning incident reports, the containment units in the Group Care Program were infrequently used. As well, the number of monthly incident reports in the Independent Living Program decreased significantly relative to the previous year.
3. The majority of clients within the Treatment Foster Care, Group Care, Independent Living, and Sexual Abuse Treatment Programs rated these programs favorably in their client satisfaction surveys.
4. The majority of adult stakeholders rated KC favorable on their stakeholder satisfaction surveys.
5. On the standardized outcome measures (e.g., CAFAS), the most frequent outcome for clients within the various programs was to demonstrate improvement in functioning during the year (rather than demonstrating no change or regression).
6. In the Treatment Foster Care Program, 94% of the clients remained in their placements since admission into the program, indicating excellent stability of placement.
7. The school report indicated that students are making academic gains, despite concerns around attendance and class completion rates.
8. KC achieved a staff retention rate of 91%, an excellent rate within our sector.
9. KC was able to get through the fiscal year with only a small deficit, despite the major restructuring within the Group Care Program, and the lack of referrals to the Treatment Foster Care and Independent Living Programs (which was a system-wide concern and not unique to KC).

However, there were also a few areas requiring improvement:

1. The need to identify why Day Treatment students have mixed feelings about the program based on their responses to the client satisfaction survey.
2. The need to improve school attendance and class completion rates for Day Treatment and Group Care students.
3. The need to increase the response rate for community stakeholders on the stakeholder satisfaction survey.

Therefore, the following recommendations were generated:

1. The Day Treatment and Group Care Programs need to consult with John G. Stewart School on how to improve attendance and class completion rate among students.
2. The Day Treatment Program needs to meet with students within the program to see how the program could be improved for them.
3. The KC management group needs to problem-solve how to increase the survey response rate for community stakeholders.

In closing, the PQI process is an evolving one, never static. It is the present writer's opinion that this PQI report is an improvement over the previous ones and a stepping-stone toward improved future reports.

Dr. Michael Burdz, C. Psych.
PQI Coordinator and CEO

Case Record Review

Case Record Review Summary

CRR Committee Members:

Tiffany Waite, Program Assistant, Group Care/PQI Facilitator
Dave Purpur, Director, Group Care
Lauren Hershfield, Clinical Director
Andrea McKenzie, Director, Treatment Foster Care
Dawn Vandal, Director, SAIL
Tiffany Krueger, Coordinator, Treatment Foster Care
Pam Freeth, Acting Coordinator, Treatment Foster Care (Effective June 2017)

Mandate of Committee:

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

Process of Committee

a. The PQI facilitator randomly identifies files from each program for review on a quarterly basis. The amount of files per program and review are based on guidelines from COA. Some reviews include active files, whereas other reviews are designated for discharged files.

b. Each committee member reviews and completes the appropriate documentation for each file that is reviewed. No member can review a file from their own program.

c. Open discussion, questions, clarification, etc. is encouraged. If there is a situation where a document is missing and has not been filed, for example, the committee is flexible in allowing that person to retrieve the document and put it on file.

d. The PQI facilitator processes and distributes any Corrective Action Requests (CAR) to the respective program directors for follow-up. We have agreed to a 30-day timeline for any CAR to be completed. Once the CAR is completed, it is signed off by the program director and submitted to the PQI facilitator. The PQI facilitator then signs off on the PQI document and the file is considered complete.

e. The PQI facilitator submits a copy of each completed review template to the respective program directors to note findings and recommendations.

f. Each program director provides an annual summary of the findings and recommendations regarding their respective programs for the annual PQI report.

g. While all programs started out with a consistent template, this has changed over time, to accommodate differences between programs; templates are changed on an ongoing basis as necessary.

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

i. Findings and recommendations outside of a CAR are shared with the program director for consideration with his or her respective team. It is up to the appropriate program director to determine whether a recommendation will be implemented.

Outcomes of the CRR Process

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

2. It continues to provide an opportunity for program directors, supervisors, and staff to receive external feedback from someone in a different program.

3. It enhances confidence in our files as an organization should there be an external review.

4. An overview of program specific recommendations is identified in a separate summary within this report for consideration by the program director and program team.

Recommendations for 2017-18

It is recommended that the case record review template be reviewed and updated by the reviewers to ensure we are identifying what we want to be evaluating at the present time and to ensure the questions are consistent in obtaining this information.

Case Record Review
Overview of Findings and Recommended Changes

Treatment Foster Care Program

Strengths:

1. Files are well kept and organized.

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

3. Reports continue to be comprehensive and well written.

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

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

6. There were only three corrective action requests generated from the discharge file review (two medical consents and one authorization to exchange information were not on file), which is indicative that by the time of closing, any and all outstanding documentation and reports are generally on file, as required.

Corrective Action Requests (CARS):

Case Record Review: January 2017

14 files were reviewed / 6 corrective actions:
- 1 missing (or not filed) report
- 1 report with missing signatures
- 4 missing documents (i.e. medical authorization, authorization to exchange information, placement agreement, and 1 missing social history).

Case Record Review: April 2017

14 files reviewed / 5 corrective actions:
- 1 missing (or not filed) report
- 3 missing placement agreements
- missing signature on two reports

Discharge Case Record Review: June 2017

7 files were reviewed / 3 corrective actions:
- 1 missing/not filed placement agreement
- 1 missing/not filed medical consent
- 1 missing/not filed authorization to exchange information

Weaknesses:

1. Completing reports within designated time frames is the most significant weakness.

2. Some missing documentation re: medical consent, authorization to exchange information, etc.

Recommendations for 2017-2018

1. Develop and implement process to ensure written reports are consistently completed within designated time frames, or, if not, that this may be identified and addressed.

   Update: This was implemented prior to the recommendation. A tracking system has been developed and implemented within regular supervision meetings for CCMs and supervisors to monitor completion of reports and to address this issue in a timely manner. Other program changes were also implemented to support CCMs with increased and busy caseloads to meet report deadlines, as previously identified above.

2. To continue to reduce cutting and pasting from prior reports unless absolutely necessary.

3. To ensure all documentation (placement agreement, medical consent, authorizations to exchange information, etc.) are consistently placed on the main file.

Group Care Treatment Program

Strengths:

1. Great identification of the youth's strengths noted on multiple occasions.

2. Great support provided to a youth who went out of town for addictions treatment.

3. Great support keeping the client connected to his former foster families.

4. Excellent file: All areas are complete and up-to-date.

5. Therapist noted explicitly the need to provide the clients with extra support to help regulate.

6. Great assessment reports.

7. Reports are well written and easy to read.

8. Excellent file (kept updated) – noted on multiple occasions.

9. Informative summaries in all areas of the report.

10. Excellent Group Care reports identifying needs, strengths and underlying issues – Group Care reports are strength based.

11. Supervisors' sections are well written with measurable goals.

12. Excellent clinical reports – noting on one occasion that the reader appreciated the emphasis placed on trauma and emotion regulation.

13. Reports are well written – leaves reader with a good understanding of client's strengths and challenges.

Recommendations:

1. Ensure there are specific goals related to identified concerns and/or areas needing improvement.

   Update: Both supervisors and therapists have been informed of this recommendation and the Clinical Director will be conscientious of this recommendation when reviewing reports.

2. Ensure explanations are provided as to why a medication was discontinued.

   Update: Generally speaking, this recommendation is usually done. With that being said, a reminder has been sent to all relevant parties.

3. Ensure an explanation is provided as to why a report is delayed.

   Update: Generally speaking, this recommendation is usually done. With that being said, a reminder has been sent to all relevant parties.

4. Consider enhanced family intervention to increase the likelihood of successful home visits and reunification home.

   Update: Whenever possible, both supervisors and therapists will be encouraged to work closely with families and to advocate with CFS on behalf of families to increase supports/resources within homes in order to increase the likelihood of success.

5. Review admission package to ensure the use of updated forms/policies.

   Update: The admission package has been reviewed and all forms and policies (with one exception) have been updated. The remaining policy still needs to be updated and approved.

6. Be careful with cutting and pasting portions from prior reports.

   Update: Generally speaking, this concern in not a common problem. With that being said, a reminder has been sent to all relevant parties.

7. Ensure that the outcome of each listed goals is very clear (i.e., met, partially met, not met), rather than just writing a narrative/explanation of what has occurred regarding the goal.

   Outcome: This recommendation will be considered on a case-by-case basis and will not, at this point, be enforced, as long as there is a good explanation as to what has occurred regarding each specific goal.

Corrective Actions Requests (CARs):

1. Some of the files were missing admission physical forms.
2. Some of the reports were not within the files due to delays in completing written reports.
3. Some of the files were missing clinical contact sheets.

Recommendations:

All of the corrective actions have been or are in the process of being corrected.

Case Record Review
Overview of Findings and Recommended Changes

Supported Advancement to Independent Living Program (SAIL)

Strengths:

1. Reports are detailed and well written with good overall picture
2. Reports are easy to read
3. Everything is up to date / complete files
4. Conferences were on time
5. Good documentation of client progress

Corrective Actions Requests (CARs):

1. There was one missing report
2. There was one instance of missing attendance sheets

Recommendations:

1. Changes to the file
    -   No recommendations made

2. Changes to the Client Information / Conference Tracking Sheet
    -   No recommendations made

3. Changes to the Conference Report Template
    -   Consider a "Reasons for Discharge" section

4. Changes to the Case Record Review template
    -   The templates will be revised to help draw out more useful information to better ensure treatment is effective, continuation of treatment is warranted, and resources are managed efficiently.

5. Miscellaneous
    -   Ensure any previous goals that aren't met are carried over
    -   Ensure goals are precise and measurable
    -   Ensure report contains more information; one writers reports tended to be brief with minimal information
    -   Ensure reports indicate reason for conferences being late
-   Ensure goals capture issues identified in overview or in CAFAS outcomes

Case Record Review
Overview of Findings and Recommended Changes

Sexual Abuse Treatment Program (SATP)

Strengths:

1. Reports were well written, organized and described as excellent

2. Reports were all written on time

3. Files are described as well organized

4. Client goals are being achieved

5. Strong adherence to conferences occurring on time

6. Great work being done with a long-term client

Corrective Action Requests:

There were no corrective action requests for the SATP program during the year.

Recommendations:

1. Consider changing the Consent to Seek Medical Attention form to be more applicable for adult clients.

   Update: This recommendation has been followed and a new form has been developed.

2. Consider alteration of goals so as to address mental health concerns in therapy rather than only to monitor these concerns.

   Update: This recommendation has been and will continue to be followed, as deemed appropriate.

3. Consider storing certain items in the Clinical File rather than the Main File (i.e., copies of emails), as many of the Main Files are completely full.

   Update: The SATP therapist, in consultation with her supervisor, has decided to continue her practice of storing copies of emails in the Main File rather than the Clinical File. The concern with transferring this information to the Clinical File is that the Clinical File gets destroyed after 10 years (as per Knowles Centre policy) while the Main File remains indefinitely.

4. Consider not documenting every phone call and/or email (felt it was excessive and unnecessary).

   Update: The SATP therapist, in consultation with her supervisor, has decided to continue this practice.

Case Record Review
Overview of Findings and Recommended Changes

Day Treatment Program

Strengths:

1. Great organization of the files

2. The reports are detailed and well written

3. The reports were described as clear, concise and easy to read

4. The files were up-to-date

Correction Action Requests (CARs):

1. A conference tracking form was missing from the file.

2. A review report was not in the file.

3. A file needed to be re-organized (place labels on the reports) and date of admission needed to be reviewed to ensure accuracy.

4. A file was missing the client's signature on the admission forms, and a Social History and/or School Referral Form was missing.

Update: All of the Corrective Actions have been corrected.

Recommendations:

1. Ensure that the conference review form is filled out.

   Update: The therapists within the Day Treatment Program have been reminded to fill out these forms.

2. Ensure organization of the file (i.e., use reinforcements for loose sheets, replace files that are in rough shape, and ensure documents are placed right side-up).

   Update: This recommendation has been followed.

3. Consider including the date of admission on the Information Form.

   Update: The date of admission is in fact already on the "Information Form." This form is in the process of being updated and will include the date of discharge, which is currently not on the form.

4. Ensure that client signatures are on all admission forms.

   Update: The therapists within the Day Treatment program will ensure all forms are signed, provided the client is willing to do so.

Annual Summary of Clients' Incident Reports

Purpose:

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

Trends noted:

1. Within this reporting year, there were 132 incident reports filed. There was a range between six and 14 incident reports filed per month.

2. The largest number of incidents was represented within the Assault/Aggression category (37%).

3. The second largest category of incidents involved Self-Harm (20%) with the majority being suicidal gesture/ideation and substance abuse.

4. 19% of incidents were within the Other category, with more than half (61%) being related to AWOLS, and the remainder being related to more general, isolated type of situations (i.e. a car accident; unsafe/unplanned family contact).

5. 13% of incidents involved Medical incidents.

6. The lowest number of incidents occurred within the category of Police Involvement (4%), Abuse Allegations (6%), and Sexual Assault (1%).

Analysis:

1. The largest percentages of incidents involved assault/aggression (37%), with over a quarter against a foster parent/other; almost a quarter against a sibling or peer; and just under a quarter acting out behavior. The remainder was divided between threats and property damage. This supports continued training in non-violent crisis intervention, attachment-based parenting strategies, and other training relating to trauma, brain development, and emotional regulation.

2. The second largest category involved Self-Harm, with the majority being related to suicidal ideation/gesture (40%) and substance use (40%). There was a much smaller amount of self-inflicted injury (15%) and drugs/paraphernalia (5%). This is indicative that ASIST training should continue. In addition, further training in educating children and foster parents regarding substance use and prevention and intervention is warranted. Having a combination of caring, responsive care providers, and training and therapy to address trauma-related needs is paramount.

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

4. With 73 to 80 clients being served by the program throughout the year, we experienced a very low number of AWOLS (12%). This appears indicative that some good work continues to be done by the foster parents and CCMs to address relationships and behaviors that contribute toward these types of incident reports. The TFC program also continues to work with foster parents and foster children regarding developing and maintaining healthy relationships/ attachments, emotional regulation, communication, effective parenting strategies, and ensuring additional professional services are identified and accessed as required.

5. With Circle of Security groups being completed by the majority of foster parents, we expect increased skills and capacity to understand and respond effectively to children and youth's needs that will contribute to positive outcomes going forward.

Conclusion:

1. Overall, the number of incident reports filed appears to be very reasonable for a treatment foster care program with almost 80 clients, averaging only 11 incident reports per month.

2. The largest category included Assault/Aggression. While there were 50 such incidents this review period, they were generally managed well, and resulted in the child or youth settling and relationship repair. It appears training prevented many situations from escalating and/or resulting in placement breakdowns.

3. A strength of the program is matching children with appropriate care providers that enhance the likelihood the child and care providers will develop a healthy attachment relationship. This impacts the child's willingness to be positively influenced by the care provider. That combined with positive, respectful working relationships between the CCM and foster parent provide an environment of safety and trust, whereby strengths can be magnified and issues can more readily be identified and addressed.

4. Given the significant number of incidents involving substance abuse and self-inflicted injuries, it is important to ensure detailed safety plans in this regard, and to increase training regarding educating children and foster parents re: substance use.

5. We have a lot of younger children in the program who tend to generate fewer incident reports.

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

7. Regular and active support and consultation between treatment foster parents and clinical case managers provides opportunities for relationship development, which enhances transparency of both strengths and struggles, and promotes pro-active treatment assessment, intervention, and planning.

8. Knowles commitment to providing ongoing training and skill development of foster parents (and program staff/managers) contributes significantly towards: a) understanding and addressing children's issues and needs, b) focusing on strengths, and c) developing positive, caring, and responsive relationships that are attuned to the child/youth's needs.

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

Recommendations:

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

2. To ensure more accurate reporting of children and youth with ongoing AWOL and substance use issues. There was a youth/young adult in the program that had chronic issues with these issues and given he was an adult, this was underreported.

3. To gather more detailed information re: incidents particularly related to aggression, substance use, and suicidal ideation/gestures to better understand trends in this area.

4. To continue training in the following areas:
   a. Attachment
   b. Trauma-informed care
   c. Emotional regulation
   d. Working with children impacted by FASD and their care providers
   e. NVCI
   f. ASIST
   g. Mental Health First Aid
   h. Commit to Kids

5. To identify and implement specialized training in the next training year regarding substance use: education of young people and care providers, and identifying/addressing/intervention by both care provider and professionals.

Annual Summary of Clients' Incident Reports

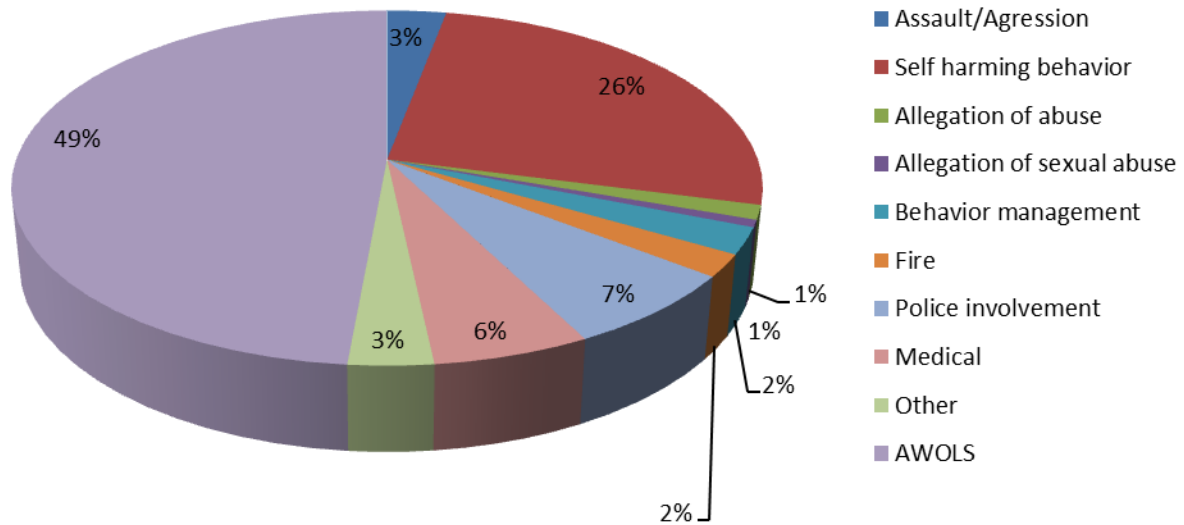### Group Care Treatment Program

Purpose:

To identify, summarize, and analyze the trends in the findings of the monthly risk management reports and make appropriate recommendations. (Due to computer issues, the month of May 2017 was omitted from this report.)

Trends noted:

1. Unplanned absences were the highest reported incident category. The total number of unplanned absences reported was 523, which is over a 100% increase from 2013-14.

   a. Expand Recreation Program – We met our stated goal in the 2013-14 report to hire a Recreation Supervisor, who would then expand the Recreation Program. This has come to fruition. We hired a recreation supervisor with a bachelor's degree in recreation studies (.75 FTE), with the hope to increase the position to full time.

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

   c. Open Doors in Semi-Secure Units – The doors in Unit I and Unit II will soon be unlocked. It is believed that this change may transform the milieu in the units by:

      - Making kids less stressed with not being locked-up
      - Improving relationships with staff, by not providing staff with the option of locking kids in the unit
      - Lowering the duration of AWOLS, as kids know they can return anytime and not fear being locked up for a period of time
      - Reducing the stress on staff by not giving kids the impression that they are cornered in the unit with locked doors
      - Reducing running from school when kids are kicked-out of class knowing they will not be locked-up or grounded upon return, which should increase attendance at school
      - Decreasing anger in kids, as one of the main complaints we receive from kids is that they don't like being locked up

2. Self-harm was the second highest reported incident category for this review period. Self-harm covers many issues, such as cutting, substance abuse, sexual exploitation and suicide ideation. The total number of self-harm incidents reported this year was 281, which is almost a 50 % increase from the 2013-2014 reporting period. We attribute this increase to the complex nature of the youth that are being referred to us.

a. Of the 281 incidents regarding self-harm, 212 (75%) involved substance abuse.

b. Cutting incidents were approximately 70% female and 30 % male.

c. All sexual exploitation incidents (there were three reported incidents during this reporting period) involved females. We must note that it is very difficult to distinguish "suspected sexual exploitation" from "confirmed sexual exploitation." We did have suspicions of sexual exploitation, however, these were hard to confirm and therefore excluded from our data. Knowles Centre is also being diligent in referring the youth involved in sexual exploitation to specially trained units, such as the TERF program. Staff have also been trained in the Sexually Exploited Youth (SEY) training, provided by a specialist from the Province.

d. All new full time-staff will be sent for ASIST training, which is now offered as a core competency course by the Province at a very low cost.

3. Police intervention was the third highest incident reported. The total number of police incidents reported this year was 75, which is a 37% decrease from the 2013-2014 reporting period. Police intervention also includes arrests, warnings, interviews, assistance, and transport calls. One of the factors contributing to the high volume of police incidents is that many of the calls are for repeat offenders. Meaning, the same kids are being arrested, picked-up, and then released quickly by the courts, only to re-offend again. This is very frustrating for both police and Knowles Centre.

4. Assaultive Behavior – There were only three assaults against staff this year, down from 12 (75% decline) for the 2013-2014 reporting period. These assaults ranged from minor pushing to more severe assaults. Further trainings, including non-violent crisis intervention (NVCI) will be required on an annual basis.

5. The remaining incident reports revealed no discernible pattern.

2016-2017 Incident Reports

Legend:
- Assault/Agression
- Self harming behavior
- Allegation of abuse
- Allegation of sexual abuse
- Behavior management
- Fire
- Police involvement
- Medical
- Other
- AWOLS

Values shown: 3%, 26%, 49%, 3%, 6%, 7%, 2%, 1%, 1%, 2%

Conclusions:

1. Unplanned absences were the highest reported incident category (over 100% increase from the 2013-2014 report).

2. Self-harm incidents were up 50% from the 2013-2014 reporting period (75% of the self-harm incidents were substance abuse related).

3. The number of containment unit incidents continued to be low. NVCI training is now required annually for all staff at Knowles Centre.

4. Incidents involving police intervention were down by 37% from the 2013-2014 report.

Strengths:

1. Containment unit use was very low.

2. Assaults on staff were down by 75% from the 2013-14 reporting period.

3. Police intervention decreased by 37% from the 2013-14 reporting period.

Areas needing improvement:

1. AWOLs increased over 100% from the 2013-14 reporting period.

2. Incidents involving substance abuse increased.

Recommendations:

1. To continue to expand the recreation program to combat the high number of unplanned absences. This will include making the recreation supervisor position full-time, up from its current .75 FTE status.

2. To continue training in the area of self-harm; specifically, the sexual exploitation training offered by the province.

3. To try to have Addictions Foundation of Manitoba (AFM) provide services to our clients on-grounds at Knowles Centre.

4. To continue with ASIST training for new staff.

5. To continue having NVCI training for staff, with regular refreshers being offered.

6. To continue with Mental Health First Aid Training, which commenced this past year.

7. To open one 4-bed unit (level 4) in the community.

8. To change the Semi-Secure units (Unit I and Unit II) to open units for a one-year trial.

Annual Summary of Clients' Incident Reports

Supported Advancement to Independent Living Program (SAIL)

Purpose:

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

Within this reporting year, there were 83 incident reports filed.

Trends noted:

1. Substance Abuse accounted for 36% of all incidents reported (a decrease from last year).

2. Unplanned Absences/AWOLs accounted for 23% of all incidents (an increase from last year).

3. Suicidal ideation accounted for 11% of all incidents (an increase of one incident over last year's number).

4. An average of seven incidents were filed each month, a decrease of last year's monthly average of 18 incidents.

5. The remaining incidents were spread throughout in various categories and without any obvious trends.

6. Females accounted for a total of 42% of the reports, while males accounted for 58%.

Incidents - last year vs. this year
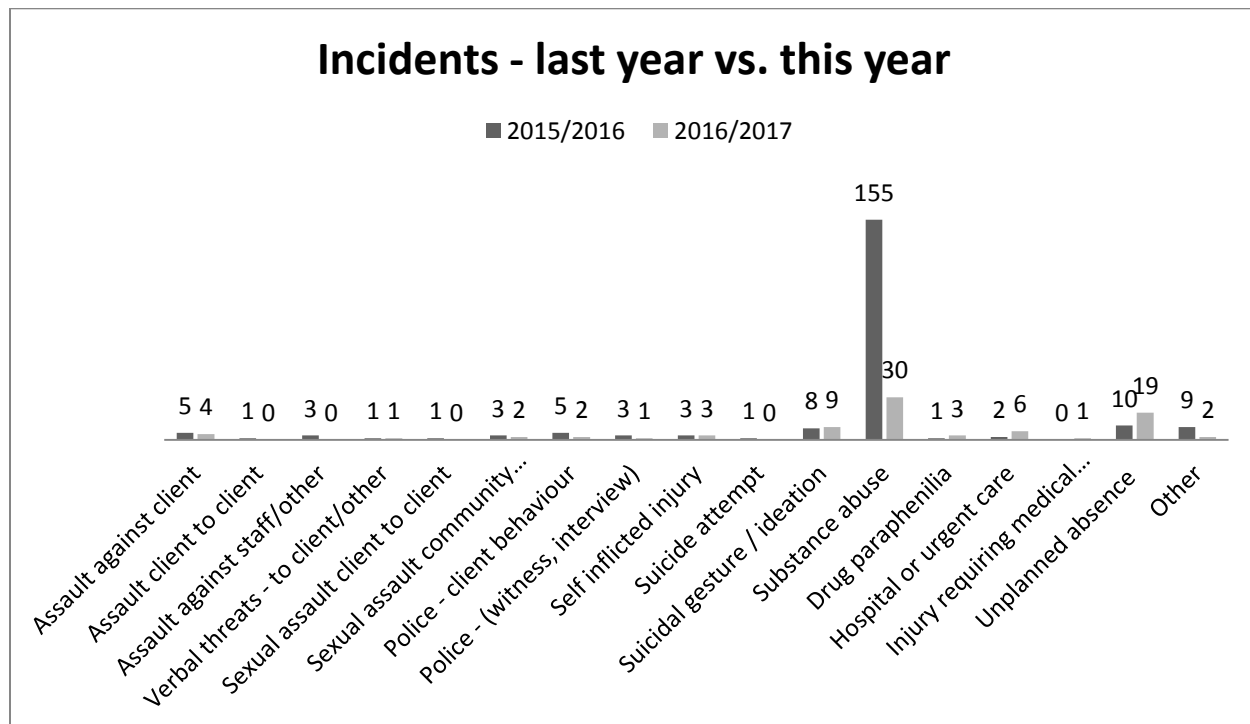
Analysis:

1. Substance abuse accounted for the highest number of incidents throughout this reporting year. Incident reports are automatically generated for clients under the age of majority who have consumed alcohol. For those at or over the age of majority, incident reports are written only when evidence exists that their alcohol consumption is having a negative effect on their life or if they are an expectant mother. Incident reports are written for all illegal drugs or misuse of prescription drugs, regardless of age.

   There were 30 incidents involving 11 clients. Four clients accounted for 47% of the incidents, with one client being responsible for 20% of the incidents. All four clients had limited involvement with addictions counselling by their own choice. The remaining incidents involved seven other clients. All but one client had been admitted into the program with histories of substance use. Overall, males accounted for 63% of the incidents generated while females accounted for 37%. Marijuana, alcohol, and crystal meth were the top three substances used, respectively.

   The first four months of the reporting period reflected 80% of the substance abuse incidents, with the remaining balance of 20% occurring over the last eight months. The primary clients involved in the majority of substance abuse incidents were discharged by January. There were five months, from January to August, when zero incidents of substance abuse were recorded. September 2014 was the only other month in the past five years when there were no incidents of substance use.
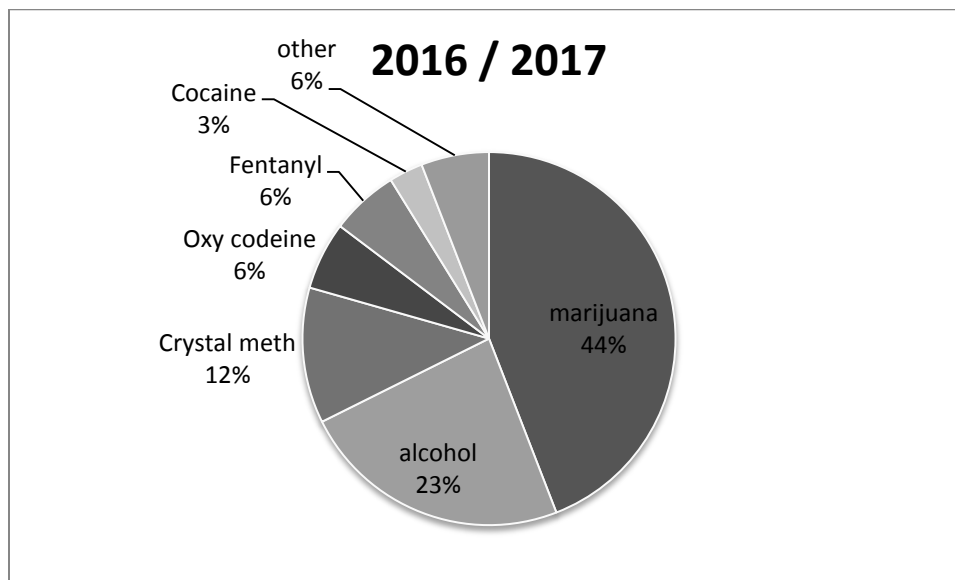
2. Unplanned absences increased from last year, with a total of 19 unplanned absences in this period. Eight clients accounted for these incidents. Eight of the incidents occurred in the last month of the reporting period among clients with a history of failing to check-in while they were away from their apartment.

3. Suicidal ideation incidents involved five clients. One male accounted for 33% of the incidents reported, while the remaining incidents involved females. All of the clients involved expressed difficulties with their boyfriend or girlfriend, with the exception of one, who was struggling with her decision to leave care. All of the clients involved were receiving therapy, had been offered therapy and refused, or were in the process of accessing therapy. In each case, the client reached out to staff for support. The majority of the support staff has been trained in suicide intervention through ASIST.

Overall Conclusion:

1. Incident reports were significantly down from the previous reporting year (a decrease of 61%).

2. In a two and a half months timeframe, a male client accounted for 12% of all incidents recorded for the year.

3. Substance Abuse continued to be the number one incident recorded, but has decreased significantly compared to last year and previous years. The number of incidents decreased significantly following the discharge of a few key clients with a significant history of substance use, who refused therapy or substance abuse treatment. Some of the incidents that were recorded could easily be labelled as normal adolescent behavior. Despite infrequent evidence of substance use occurring within the SAIL apartments, most incidents of substance abuse occurred off site, not within the SAIL apartments.

4. Unplanned Absences increased from last year, due largely to a few newer clients who would forget to call to check-in. In most cases, the clients did not have a working cell phone or their family could not be reached due to lack of a working phone.

5. Although incidents of suicidal ideation have slightly increased from last year, clients are reaching-out to staff for support and are more open to participating in therapy.

Recommendations:

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

2. To continue to offer annually addictions-related presentations at the SAIL client group meetings.

3. To continue to promote addictions related treatment when required.

4. To continue to promote addictions-related workshops for staff.

5. To provide healthy relationship presentations to clients.

6. To continue to encourage therapy for clients.

7. To provide mental health first aid training to all newly hired staff.

8. To ensure current staff receive refresher training in suicide intervention (when required) and all new staff receive the full training.

9. To arrange systems meetings at the early stages of client absences.

Annual Summary of Clients' Incident Reports

Sexual Abuse Treatment Program

Purpose:

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

Trends and Analysis:

Within this reporting period there was only one incident report filed. This incident involved a client disclosing suicidal ideation (not active) and disclosing a past attempt. The therapist met with the client's house staff, safety planned, and contacted the CFS guardian.

Overall Conclusions:

Due to there being only one incident report throughout the year, no conclusions could be drawn.

Recommendations:

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

Annual Summary of Clients' Incident Reports

Day Treatment Program

Purpose:

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

Trends and Analysis:

Within this reporting period, there was a total of 21 incident reports.

1. Assault/Aggression combined with Behavior Management were by far the most reported incidents of the year (with a total of 10 incidents). There appears to have been an increase in this category compared to last year (with there being 10 incidents this year and 7 incidents last year).
   - 2 of these incidents were in the sub-category of client to client
   - 2 of these incidents were in the sub-category of verbal threats
   - 1 incident was in the sub-category of property damage
   - 5 incidents were categorized under behavior management, as they required the school to place clients into the controlled position.

   Of particular note is that five of the ten incidents involved the same student. Due to this student's personal struggles, he requires significant support and attention.

2. The category of Self-Harm had a total of seven incidents reports within the school year.
   - Four of these incidents were in the sub-category of substance use/drug paraphernalia
   - Three of these incidents were in the sub-category of suicidal gesture/ideation

   a. In relation to substance use/drug paraphernalia, these incidents involved four different clients. There appears to have been little change in this category compared to last year (with there being four incidents this year and three incidents last year).

   b. In relation to suicidal gestures/ideation, two of the three incidents involved the same client. There appears to have been little change from last year (with there being three incidents this year compared to one incident last year).

3. The category of Abuse Allegations had four incident reports.

   The disclosures were reported to either to CFS or to ANCR, and were debriefed with the clients by their assigned therapist.

Conclusions:

48% of all Day Treatment incidents within this reporting period fell in the area of Assault/Aggression and Behavior Management. While this appears to be a high percentage, 50% of these incidents involved the same client. The second highest area of concern (making up 33% of all Day Treatment incidents within this reporting period) was the category of self-harm (encompassing both substance use/paraphernalia and suicidal gestures/ideation). Abuse allegations made up 19% of all Day Treatment incidents within this reporting period. As clients develop relationships and feel safe within their environment, disclosures can be common.

Recommendations:

1. To continue to try to manage and reduce the number of incidents related to assault and aggression, the following strategies are recommended:
   a. Enhance supervision and support
   b. Use of individualized safety plans
   c. Ongoing individual therapy with a focus on developing and enhancing coping strategies, managing stress, problem solving, exploring what's behind the anger, and learning and practicing anger management and emotion regulation strategies
   d. Group work in the areas of anger management and emotion regulation
   e. School re-entry meetings designed to problem solve and discuss alternative methods of managing frustration
   f. As per behavior management, staff will additionally be reviewing NVCI concepts, strategies and techniques

2. To continue to try to reduce the number of incidents related to substance use, the following strategies are recommended:
   a. Enhance supervision and support
   b. Youth education and awareness in the area of substance use through both the school and therapists
   c. Ongoing individual therapy with a focus on developing and enhancing coping strategies, managing stress, and problem solving
   d. Ongoing requirements for students to have AFM assessments after receiving a drug suspension

Stakeholder Satisfaction Surveys

<h1 style="text-align:center">Client Satisfaction Survey Summary</h1>

Treatment Foster Care

Eleven of 27 clients (37%) over the age of 12 completed the survey during this period. The majority of respondents rated the program favorably on all 14 items listed.

Group Care

Sixteen of 24 clients (67%) completed the survey during this period. The majority of respondents rated the program favorably on all 11 items listed. These results were a significant improvement relative to clients' responses concerning the program in previous years. In previous years, few clients responded to the survey and their responses were often negative about the program (e.g., questions #9 and #10). The Group Care Director identified two possible explanations for this improvement. First, clients benefitted from the reduction in the size of the two semi-secure units from 10 beds to six in each unit. Second, the Group Care Director and the supervisor of the two semi-secure units took a more active role in having clients complete the surveys this year.

Independent Living (SAIL)

Twelve of 18 clients (67%) completed the survey during this period. The majority of respondents rated the SAIL Program favorably on all 12 items. Prior to next year, it would be worthwhile for the Director of SAIL to address question #5 (i.e., asking clients within the program how to improve things at KC).

Sexual Abuse Treatment

Six of 10 clients (60%) completed the survey during this period. The majority of respondents rated the program favorably on all 14 items.

Day Treatment

Seven of 12 clients (58%) completed the survey during this period. The majority of respondents rated the program favorably on 6 items. Conversely, clients rated the program less favorably on 7 items (see questions #1, 4, 5, 6, 8, 9, 12). The recommendation will be for the Clinical Director to follow-up on these items to address any changes required.

Treatment Foster Care Client Questionnaire

11/27 TFCP clients completed the survey.

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

Do you have any additional comments that you would like to make at this time?

No comments were made.

GCTP Client Questionnaire

16/24 GCTP clients completed the survey. However 4 of the clients were very recently admitted and therefore did not complete the survey.

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

Do you have any additional comments that you would like to make at this time?

No comments were made.

SAIL Client Questionnaire

12/18 SAIL clients completed the survey.

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

Do you have any additional comments that you would like to make at this time?

One comment was made.

SATP Client Questionnaire

6/10 SATP clients completed the survey.

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

Do you have any additional comments that you would like to make at this time?

No comments were made.

Day Treatment Client Questionnaire

7/12 DTP clients completed the survey.

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

Do you have any additional comments that you would like to make at this time?

No comments were made.

Knowles Centre (KC) Personnel

Forty-four of 82 staff (54%), who were permanent .5 EFT or greater, completed the survey during this period (24 completed a hard-copy of the survey and 20 completed the survey via Survey Monkey). The majority of respondents rated KC favorably on 13 of 14 items surveyed and were familiar with KC's key policies. Only question #9 failed to reach the majority threshold, as a high number of staff were "uncertain" if the organization implements changes based on the feedback received from personnel. This one item has historically failed to reach majority endorsement among staff, despite different attempts by the KC senior management group. The KC senior management group will continue to problem-solve how to change the perception of staff concerning this item.

KC Managers and Supervisors

Thirteen of 16 managers and supervisors (81%) completed the survey during this period. The majority of respondents rated KC favorably on all 21 items.

KC Board of Directors

Five of nine board members (56%) completed the survey during this period. The majority of respondents rated KC favorably on all 18 items.

KC Foster Parents

Twenty of 40 foster parents (50%) completed the survey during this period. The majority of the respondents rated KC favorably on 16 of 17 items. Question #12 just failed to reach the majority threshold, as a number of foster parents were uncertain if foster parents are involved in KC's foster parent recruitment and retention efforts. Going forward, foster parents' input will be solicited in KC's foster parent recruitment and retention efforts.

Community Stakeholders

Community stakeholders consist of key staff representing funders (from the Department of Family Services, River East Transcona School Division, United Way of Winnipeg) and Child and Family Services workers, who are the legal guardians of clients within KC's various programs. Seven of 70 community stakeholders (10%) completed the survey during this period. A majority of respondents rated KC favorably on 14/17 items. Historically, questions # 2, #9, and #13 elicit a large number of "uncertain" responses among community stakeholders. Although the response rate among community stakeholders has always been low, KC's senior management group will continue to problem-solve on how to increase the response rate among this stakeholder group going forward.

Personnel Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Not Applicable
1.	My job responsibilities are clearly outlined in my job description. - One no answer.	15	23	4	1		
2.	I received an orientation within the first three months of beginning work with the organization. – One no answer.	20	12	3	5	1	2
3.	I am aware of the organization's grievance procedures and know how to make a complaint. – Two no answer.	18	19	4	1		
4.	All positions which become available within the organization are posted so that I have the opportunity to apply. - One no answer.	28	12	2		1	
5.	I can access my personnel record. - Three no answer.	13	15	13			
6.	I receive annual or biennial performance evaluations. – Three no answer.	7	17	7	8	1	1
7.	I receive regular supervision.	13	24	1	5	1	
8.	Employee satisfaction is assessed by the organization (e.g., personnel survey). – Three no answer.	7	17	9	7	1	
9.	The organization implements changes based on the feedback received from personnel. One no answer.	6	12	16	8	1	
10.	I have the opportunity to share suggestions on making improvements within my program.	16	16	7	3	2	
11.	I have the opportunity to share suggestions on making improvements within the organization. One no answer.	14	17	6	6		
12.	I receive information on program outcomes that is useful to me in working with persons served. - Two no answer.	9	21	6	4	0	2
13.	I have the opportunity to receive training that enhance my job knowledge and skills. One no answer.	21	16	1	3	2	
14.	Case records of persons that I serve are readily available or accessible to me.	17	15	7	2	0	3
						Yes	No
15.	Are you aware of the organization's harassment policy? One no answer.					39	4
16.	Are you aware of the organization's discrimination prohibition policy?					40	4
17.	Are you aware of the organization's policy regarding prohibition of corporal and degrading punishment of clients?					39	5
18.	Are you aware of the organization's confidentiality policy?					42	2

Do you have any additional comments that you would like to make at this time?

Five comments were made.

Supervisor/Manager Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization has an effective quality improvement program.	2	9	2	0	0
2.	I have the opportunity to share suggestions on making improvements within my program. One no answer.	6	5	0	1	0
3.	I have the opportunity to share suggestions on making improvements within the organization. One no answer.	5	4	0	3	0
4.	The organization examines its service delivery processes through client satisfaction surveys related to services provided.	7	6	0	0	0
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.	4	9	0	0	0
6.	The organization examines its service delivery processes including barriers to receiving or successfully completing services.	1	9	2	1	0
7.	The organization conducts reviews of accidents, incidents, and grievances.	8	5	0	0	0
8.	Outcome data is used to improve services for consumers (e.g., monthly incident reports, annual PQI report).	3	8	1	1	0
9.	I am aware of the organization's conflict of interest policy.	8	4	1	0	0
10.	The organization does not discriminate in hiring/promoting.	6	6	0	1	0
11.	I receive an annual or biennial performance evaluation.	0	8	1	1	3
12.	I receive regular supervision with my regular supervisor.	8	4	0	1	0
13.	The organization is prepared to respond to natural disasters and other emergencies (e.g., regular simulation of lockdown procedure, hold and secure procedure).	0	8	2	3	0
14.	The finances of the program in which I work are managed by the organization with integrity and according to sound business practices.	5	7	0	0	1
15.	Each program's services are well coordinated (e.g., intake, case management, accessing relevant services).	4	7	1	1	0
16.	The organization facilitates timely and easy access for consumers.	3	8	2	0	0
17.	Access to emergency and crisis intervention services is available to consumers.	6	7	0	0	0
18.	I have time to conduct supervision with my staff.	3	9	1	0	0
19.	The organization monitors its relationship with collaterals (e.g., KC psychiatrist, private therapists) who provide services to consumers.	2	5	6	0	0
20.	The organization's governing body and the CEO have an effective working partnership.	7	4	2	0	0
21	I am aware of the organization's confidentiality policy and procedures.	10	2	0	1	0

Do you have any additional comments that you would like to make at this time?

Two comments were made

Board of Director Questionnaire

		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	2	0	0	0	0
2.	As the Governing Body, we effectively develop and approve policies.	3	2	0	0	0	0
3.	As the Governing Body, we establish resource development targets and goals.	2	3	0	0	0	0
4.	We regularly review fiscal financial reports.	5	0	0	0	0	0
5.	We approve the organization's annual budget.	4	0	1	0	0	0
6.	As the Governing Body, we review and formally accept the annual audit.	4	1	0	0	0	0
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).	4	1	0	0	0	0
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	1	0	0	0	0
9.	The organization's Governing Body and the CEO or Executive Director have an effective working relationship.	5	0	0	0	0	0
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	1	0	0	0	0
11.	We receive reports of immediate and ongoing risk within the organization (e.g., Monthly Incident Reports, Monthly Financial Reports).	5	0	0	0	0	0
12.	The organization collaborates with the community regarding issues of mutual concern.	2	3	0	0	0	0
13.	I received an orientation as to my Governing Body responsibilities.	5	0	0	0	0	0
14.	The organization's Governing Body is representative of the community it serves.	1	4	0	0	0	0
						Yes	No
15.	To your knowledge, within the last four years, has the organization had any allegations or findings of professional misconduct?						5
16.	Within the last four years, has the organization had any allegations or findings of financial malfeasance?						5
17.	Has the organization failed to comply with laws and regulations governing equal opportunity and workforce administration?						5
18.	Has the organization had any investigations by a regulatory or other monitoring body which identified significant problems at the organization?						5

Do you have any additional comments that you would like to make at this time?

No comments were made.

Foster Parents Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	I participate in service planning and setting goals for my foster child.	11	7	1	1	0
2.	Knowles provided me with information about the child prior to placement in my home. Three no answer.	6	7	2	2	0
3.	Knowles responds proactively and effectively to challenges and conflicts associated with the placement. Two no answer.	9	4	2	2	1
4.	I am given adequate notice when I am to receive a child and when a child is to be removed. Three no answer.	5	7	4	1	0
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. Three no answer.	9	6	1	1	0
6.	My Knowles worker ensures my foster child receives needed services identified in the service plan, such as: counselling, support, and education services. Two no answer.	7	8	1	2	0
7.	My foster child has opportunities to participate in ethnic, cultural, and/or religious activities consistent with his/her cultural or indigenous traditions. Two no answer.	10	8	0	0	0
8.	My foster child receives needed medical, dental, developmental and mental health services. Two an answer.	9	8	1	0	0
9.	I received information about my foster child's healthcare needs upon placement. Three no answer.	7	7	1	2	0
10.	I have access to a Knowles worker whenever I need information and assistance. Two no answer.	10	7	0	1	0
11.	I have a private visit with my Knowles worker at least once a month. Two no answer.	12	6	0	0	0
12.	Foster parents are involved in the organization's foster parent recruitment and retention efforts. Three no answer.	5	4	6	2	0
13.	The ongoing training I received from the organization effectively supports me to be a foster parent. Two no answer.	11	7	0	0	0
14.	I have been informed of my rights and responsibilities as a foster parent. Two no answer.	7	8	2	1	0
15.	I have access to services to prevent/reduce stress, such as childcare, respite care, counselling, and peer support. Two no answer.	7	8	1	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. Two no answer.	8	9	0	1	0
17.	The organization assesses the safety of my home. Two no answer.	10	8	0	0	0

Do you have any additional comments that you would like to make at this time?

No comments were made.

Community Stakeholders Questionnaire

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The organization's facilities are clean and well-maintained.	3	4	0	0	0
2.	The organization's services are accessible to persons with disabilities.	1	0	6	0	0
3.	The organization's services are conveniently located and accessible to public transportation.	2	5	0	0	0
4.	The organization does not discriminate in the provision of its services.	3	4	0	0	0
5.	Information about the organization's services and eligibility criteria are made available to the community (see Knowles Centre website).	2	5	0	0	0
6.	The organization provides culturally sensitive services.	3	3	1	0	0
7.	The organization respects the confidentiality of the persons it serves. One no answer.	2	4	0	0	0
8.	The organization is known for its integrity and ethical practices.	2	4	1	0	0
9.	The organization conducts a public education program to make its presence known to the community.	0	1	6	0	0
10.	The organization works with other community organizations to advocate on behalf of the people it serves (e.g., Children's Advocate)	2	3	2	0	0
11.	The organization promptly screens applicants and persons referred for its services.	2	5	0	0	0
12.	Waiting periods for services are reasonable.	1	5	1	0	0
13.	Fees are reasonable and fair. One no answer.	1	2	3	0	0
14.	The organization is fiscally responsible.	3	2	2	0	0
15.	The organization's reputation within the community is favorable.	2	5	0	0	0
16.	Personnel are qualified and competent in the performance of their jobs.	2	5	0	0	0
17.	The organization is in compliance with all applicable laws and regulations.	2	5	0	0	0

Do you have any additional comments that you would like to make at this time?

One comment was made.

Client Outcome Measures

Outcome Measures Implemented:

Child and youth clients are referred to the Treatment Foster Care Program when their parents are unable to provide safe and appropriate care for them, and/or the child's behaviors are beyond the care and control of their birth or alternative care providers. In addition to possessing numerous strengths, the children we serve may struggle with a variety of issues including grief and loss, and various developmental, attachment, emotional and behavioral issues and needs. The majority of children in our program have experienced some degree of trauma as a result of being separated from their families of origin, in addition to often having experienced some combination of poverty, addiction, abuse, neglect, family violence, as well as 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 have recently incorporated a new outcome for the program, permanency of life, as evidenced by the stability of their placement over the review year. We discontinued using the Adaptive Behavior Assessment System (ABAS-II) as an outcome measure within the program, although it can be utilized by the clinical case managers (CCMs) when deemed appropriate, as with other clinical measures.

The CAFAS assessments guide the clinician to document functioning across eight (8) important life domains which include: school, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking problems. A score of (0) is indicative of minimal or no Impairment, a score of (10) mild impairment, a score of (20) moderate impairment, or a score of (30) severe impairment for the child in each of the eight domains. A total score is also determined by calculating the sum of the eight individual domain scores; the higher the total score, the higher the level of impairment of the child (the total score could range from 0 to 240).The CAFAS is administered to children ages five to 19 years of age (full-time kindergarten and higher) and the PECFAS is administered to children three to seven years of age, depending on the developmental (not chronological age) of the child. A CAFAS or PECFAS is completed for each child three years of age or older that is in the program within 30 days of placement and every six months thereafter.

The CAFAS/PECFAS is completed by the child's clinical case manager with input from the foster parent(s).
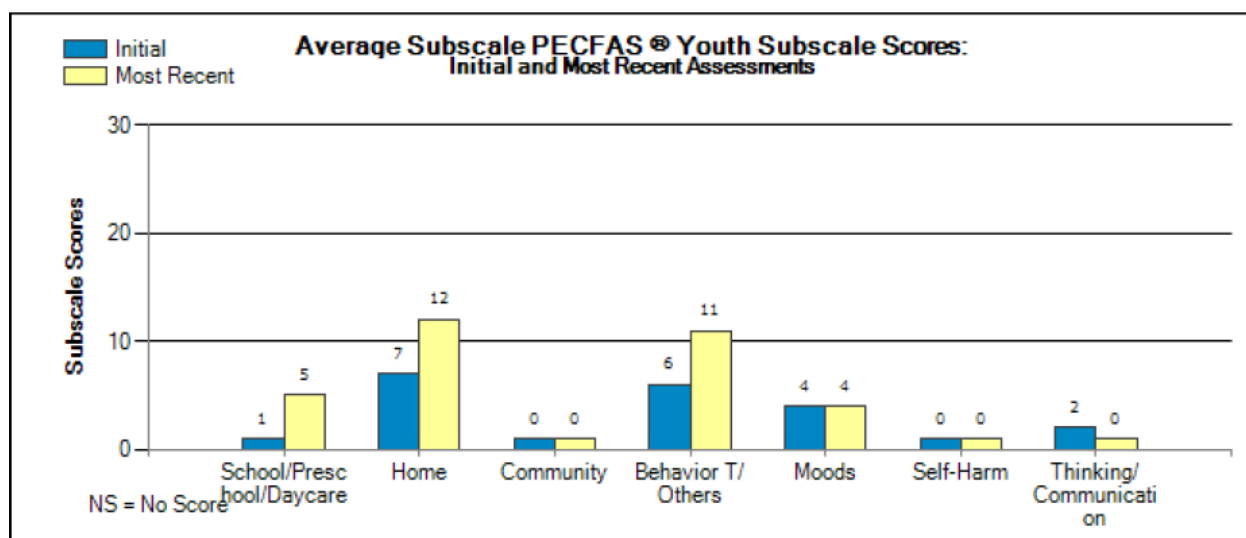
Findings:

CAFAS

The CAFAS was implemented with 59 youth that enabled a comparison of initial and most recent scores within the past 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 five to 19 years of age, with 53% being pre-adolescent and 47% being adolescents; 54% were male and 46% 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 score (51) and most recent score (53) was -2, indicating there was a very slight decrease in functioning from pre-test to post-test; however, this slight change in score could be considered as following within the standard error of measurement, thus indicating no statistically significant change in functioning from T1 to T2. It is worthwhile to note that <u>aggregate data from six of the eight sub-scales fell within the mild impairment range (0-10)</u>. The other two subscales were in the moderate range, but only by one to two points. Seven of the fifty-nine children were assessed as having a pervasive behavioral impairment, indicating 52 children (88%) did not have a pervasive behavioral impairment.
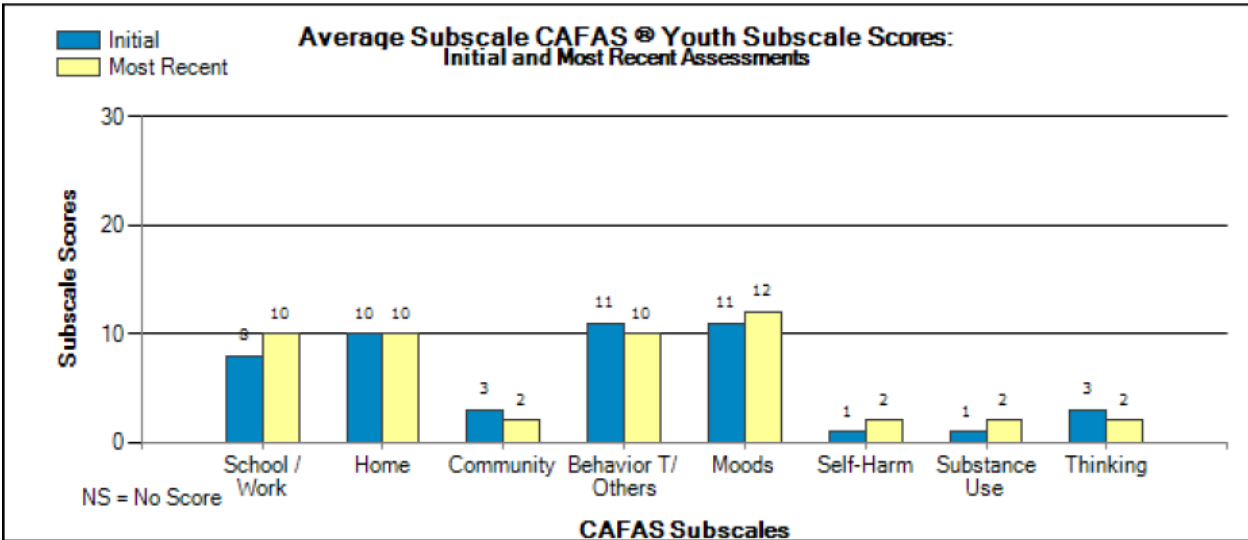
PECFAS

The PECAFS was implemented with 11 children between four and six years of age that allowed for a comparison of at least two results within the testing period; 45% were male and 55% were female. The difference between the average PECFAS Total Score for the initial score (22) and most recent score (35) was -13, indicating there was a decrease in functioning from pre-test to post-test. It is significant to note that <u>five of the seven sub-scales were still within the mild impairment range</u> (excluding home and behavior towards others). None of the children in this age range was assessed as having a pervasive behavioral impairment.

Average Subscale PECFAS ® Youth Subscale Scores: Initial and Most Recent Assessments

Legend: Initial (blue), Most Recent (yellow)

NS = No Score

Subscale	Initial	Most Recent
School/Preschool/Daycare	1	5
Home	7	12
Community	0	0
Behavior T/Others	6	11
Moods	4	4
Self-Harm	0	0
Thinking/Communication	2	0

Permanency of Life

An important outcome to consider is permanency of life for children in treatment foster care. Much research indicates that many children are significantly impacted by multiple moves throughout foster care, often due to being mismatched with their foster families. We are tracking children's reason for discharge to analyze what factors contributed to any unplanned discharges, and to identify any program areas that can be strengthened.

- We provided care for 86 children/youth throughout the review period.
- At the beginning of this reporting year, as well as at the end, we had 77 clients in the program.
- Eight children were admitted.
- Eight children/youth/young adults were discharged.

Reasons for Discharge:

1. The number of planned family reunifications was three.

2. The number of discharges due to clients being beyond the care and control of care providers was five.

   a. One female adult was discharged due to being beyond the care and control of her care providers (addictions), and psychiatric issues (depression; refusing medication and therapy; ongoing suicidal ideation, threats, and self-harm; allegations against foster parents; admitted to psychiatric hospital)

   b. Three other children discharged: two males and one female; one child was presenting with psychiatric issues and the other two, a twin sibling pair, were presenting with extensive behavioral issues, including sexualized behaviors. In these three situations, all parties (foster parents, Knowles, and agency worker) were in agreement that the children needed to be removed; regrettably, the discharge couldn't be planned (the sibling pair went to an emergency shelter, and the other sibling went into a licensed Knowles home and then to a group home).

c. One client self–discharged. This client left the program just prior to his 18th birthday; the foster parent discontinued fostering.

3. Given 94% of the children remained in their placement since admission, unless there was planned discharge, this is strongly indicative of stability of placement. Of the eight discharges, five were unplanned due to the children being beyond the care and control of the care provider. In analyzing the data more specifically, one of the three children required more staffed care to ensure safety and supervision while his psychiatric issues were further assessed and stabilized. The sibling twins may not have been appropriately matched to their treatment foster parents, however, in fairness, some of their needs were not clearly identified or known at the time of placement, and the treatment foster parents had significant personal factors impact their care that further contributed to the breakdown. At the time of discharge, it was recommended that the twins be separated to ensure their safety and for a care provider to have an opportunity to better address their needs. This type of recommendation involving siblings is not made without significant due thought, consideration, and consultation.

Strengths:

1. Both the CAFAS and PECFAS demonstrates that the children, while all having some degree of functional impairment, which should be expected given they are not residing with their biological families and have likely experienced some degree of trauma related to this and other factors, generally score within the mild range, with only minor elevation into the moderate range for two subscales (home and behavior towards others) and only by one to two points.

2. While the overall score at the initial and most recent assessment showed slight regression, it was minimal (two points), underscoring the stability of this population. The slight change in score could be considered as falling within the standard error of measurement, indicating no statistically significant change from T1 to T2 (i.e., stability).

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, with the exception of planned reunifications with family/discharges, 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 scores for the CAFAS and PECFAS fell within the mild impairment range, the goal is still to see improvement even within the mild range, especially related to home and behavior towards others.

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 impact 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 reflecting the past six months of overall functioning.

Recommendations for 2017-2018

1. Review the Evidence-Based Treatments for Children and Adolescents: A Compilation of Resources and Guide for Matching CAFAS Profiles to Evidence-Based Treatments.

2. To further consider how best to analyze the data to identify any areas of concern and areas for development, especially related to more client specific rather than aggregate outcomes.

Client Outcome Measures

Group Care Treatment Program

Clients are referred to the Group Care Program because of the severity of their emotional and behavioral problems. Many of the youth have come to us in crisis, their young lives already affected by neglect, abuse, grief and loss, intergenerational trauma, racism and hopelessness. Knowles Centre's intervention/treatment is designed to help the youth heal and to help decrease the severity of their emotional and behavioral problems. Consequently, the Child and Adolescent Functional Assessment Scale (CAFAS) was selected to assess changes in client emotional and behavioral functioning over time.

The CAFAS is a comprehensive assessment tool that reflects the youth's day-to-day functioning across eight critical life domains: School/Work, Home, Community, Behavior Towards Others, Moods/Emotions, Self-Harm Behavior, Substance Use and Thinking. For each subscale, the rater 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 33 clients that were assessed a minimum of two times during the reporting year. Of the 33 clients, 46% improved, 18% maintained their score, and 36% regressed. It should also be noted that no clients at Time 2 had severe ratings in the "Self-harmful behavior" or "Thinking" categories.

Based on the CAFAS Aggregate 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 37 clients. The data indicated that the average CAFAS total score at initial assessment was 130 and that the average CAFAS total score at the most recent assessment was 118. The difference of 12 indicates an improvement in functioning from pre-test to post-test. The data suggests that 54% of the clients improved on one or more outcome indicator, and that 43% of the clients showed meaningful and reliable improvement. Of note is that 33% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer met PBI criteria at Most Recent Assessment.

<u>Class completion rates</u>

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 16 Group Care students 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, students needed to be registered at John G. Stewart School for a minimum of six months.

- Eight of the 16 students remained within the same category from Time 1 to Time 2 (3 remained in the high range, two remained in the moderate range, and 3 remained in the low range).

- Eight of the 16 students appeared to regress in categories from Time 1 to Time 2 (two went from high to moderate class completion, four went from high to low class completion rate, and two went from moderate to low class completion).

Recommendations:

1. Continue to use CAFAS as a client outcome measure.
2. Continue to analyze class completion rates.
3. Ensure that therapists are utilizing CAFAS and class completion outcomes to develop appropriate goals/treatment plans.
4. Ensure that CAFAS is being completed by therapists every three months.
5. Consider whether CAFAS results should only be analyzed for clients who are in Group Care for a minimum of six months.
6. Work closely with John. G Stewart School to see what strategies can be utilized to help increase class completion rates.

Supported Advancement to Independent Living Program (SAIL)

Background:

Clients are referred to the SAIL 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. SAIL also assesses progress through achievements of independent living targets developed by the SAIL program.

The ABAS-III and CAFAS were completed on clients after three month following their move into their SAIL suite and every three months afterwards. The SAIL 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 subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are four levels of impairment: Severe (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. The total score can range from 0 to 240, with a higher score indicating greater impairment.
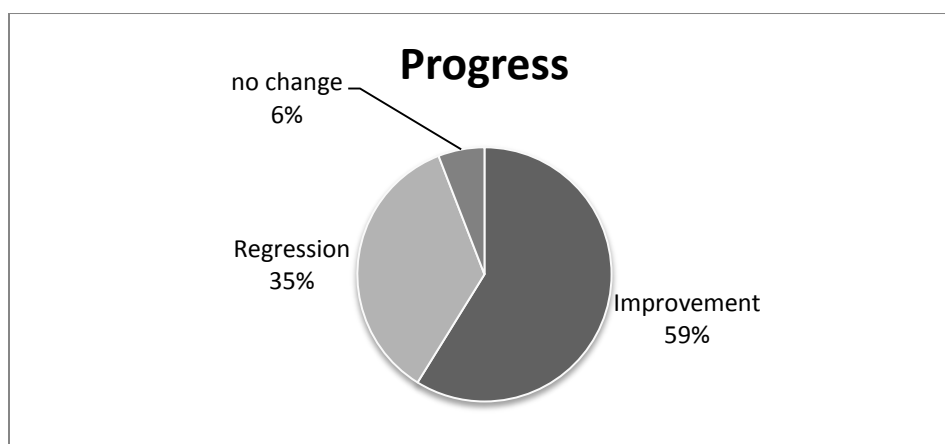
The average CAFAS Youth Total Score for the initial and most recent assessments indicate a small decrease (-11). This was likely impacted by two clients who regressed significantly in the reporting year. Of the 19 clients that were assessed a minimum of two times during the reporting year, 42% showed improvement, 21% showed no change, and 37% showed regression. Only one client was classified with Pervasive Behavioral Impairment (PBI), both at intake and at the end of the reporting year. Please note that two clients were included in the outcome despite a lack of involvement and quick discharge from the program.
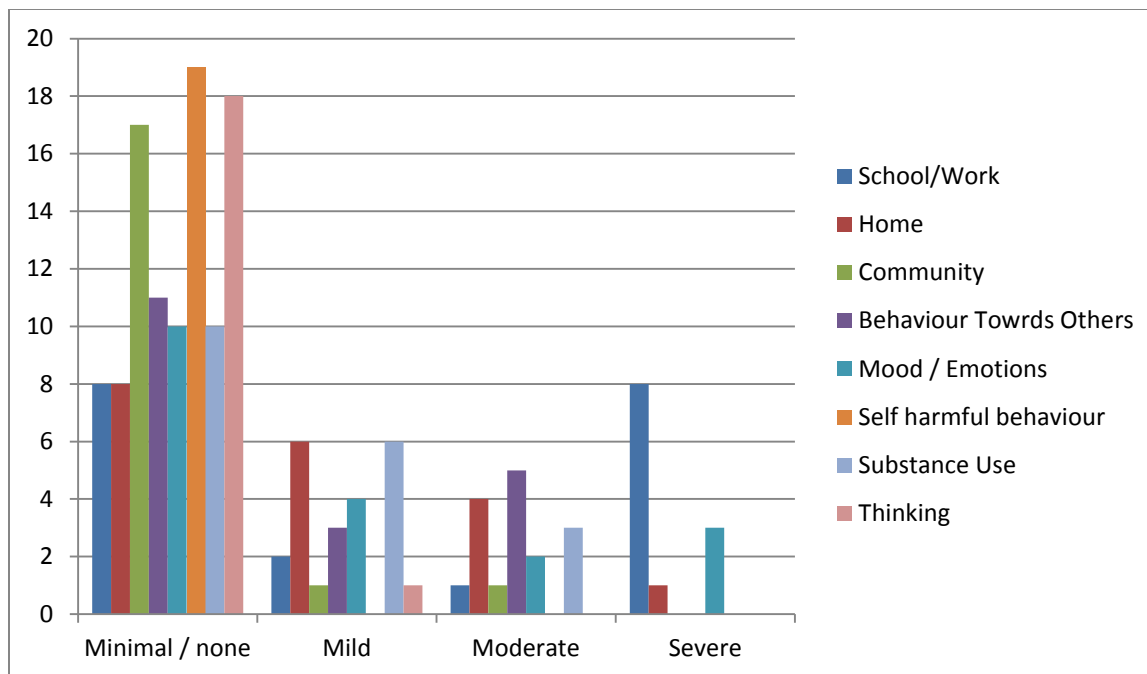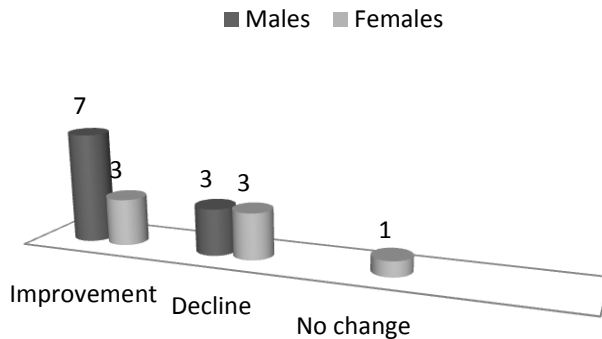
ABAS-III

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.

There were 17 clients that were assessed a minimum of two times during this reporting period – seven females and ten males. Two other clients' assessment outcomes were deemed unreliable due to their lack of participation in the program and were excluded from this analysis. Improvement was noted in 59% of the clients, 6% remained the same, and 35% declined in functioning.

Progress / regression by gender

■ Males ■ Females

Improvement: 7 (Males), 3 (Females)
Decline: 3 (Males), 3 (Females)
No change: 1 (Females)

SAIL Targets

The SAIL 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, Health, Laundry, Transportation, Education/Employment, Money Management, Shopping, Food Preparation, Savings, Resources, and Identification.

The same 17 clients identified in both the ABAS III and the CAFAS measures were also included in the analysis of the above target skill areas. Of the 17 clients, 59% demonstrated competency in at least nine skill areas, 12% demonstrated competency in eight skill areas, and 29% demonstrated competency in seven or fewer skill areas. During the reporting year, 41% of these clients had graduated from the supervised SAIL apartments to apartments within the greater community, with another 18% deemed ready and actively looking for a community apartment.

Recommendations:

1. Continue to use the CAFAS and ABAS-III as client outcome measures.
2. Ensure all new SAIL staff are provided detailed training for ABAS-III.
3. Ensure Case Managers are reviewing the ABAS-III completed by newer staff.
4. Ensure Case managers are utilizing the outcomes to develop treatment plans/goals.
5. Explore options to improve clients educational and/or employment outcomes.

Client Outcome Measures

Sexual Abuse Treatment Program (SATP)

For victims of sexual abuse, the program is designed to decrease their trauma symptomatology, improve their emotional functioning, and reduce the likelihood of any re-victimization. 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.

TSCYC

Data analysis was not conducted using this measure because only one client's parent completed this measure at both Time 1 (T1) and Time 2 (T2), and the scores were deemed invalid at both times.

TSCC

Three subscales were analyzed (Post Traumatic Stress/PTS, Disassociation/DIS, Sexual Concern/SC), as they were deemed most relevant to the work being done in the SATP. While six clients completed this scale at both T1 and T2, two of these clients' scores could not be analyzed due to their T2 results being deemed invalid (due to under-reporting). Consequently, only four scores could be analyzed.

These four clients remained in the not significant range from T1 to T2 for the three subscales (PTS, DIS, SC).

TSI

Three subscales were analyzed (Intrusive Experiences/IE, Disassociation/DIS, Sexual Concern/SC) as they were deemed most relevant to the work being done in the SATP. Four clients completed the TSI at both T1 and T2.

On the IE subscale, all four clients remained within the not significant range from T1 to T2.
On the DIS subscale, three clients remained within the not significant range from T1 to T2, and one client remained in the significant range.

On the SC subscale, three clients remained within the not significant range from T1 to T2, and one client had an increased score (moving from not significant to significant range).

CDI-II

Four clients completed the CDI-II at both T1 and T2. Three of the four clients remained in the same range (average), and one client had an improved score (moving from the average range to fewer concerns).

BDI-II

Six clients completed the BDI-II at both T1 and T2. One client had an improved score (moved from mild to minimal) and five clients had no change in scores (three remained in the minimal range and two remained in the severe range).

CKAQ

Eleven clients completed the CKAQ at both T1 and T2. One client improved from T1 to T2 (moving from the moderate range to the extensive knowledge range) and the remaining 10 clients remained unchanged from T1 to T2 (nine remained within the extensive knowledge range and 1 remained with the moderate range).

Analysis

1. Concerning TSCC and TSI scores, the majority of clients had the same score from T1 to T2. This finding is not surprising since 1) the majority of the responses fell outside the significant range (indicating their trauma symptoms were in the manageable range); and 2)healing from trauma takes time, and the period between T1 and T2 is relatively brief (six months). Clients with elevated scores can be attributed to various factors such as clients going through the court process, clients entering different stages of sexual development, clients experiencing increased symptomatology when treatment is initiated, or client re-victimization.

2. Concerning CDI-II and BDI-II, the vast majority of clients' responses again stayed within the same range. No clients regressed according to their scores from T1 to T2. Based on this analysis, it appears that all of SATP clients are either maintaining their current emotional functioning or making improvements in this area.

3. Concerning the CKAQ scores, the vast majority of clients' responses stayed with the same range. No clients regressed according to their scores from T1 to T2. Based on this analysis, it appears that all SATP clients are either maintaining their knowledge about abuse or making improvements in this area. It should be noted all but one client had extensive knowledge of abuse. It should also be noted that the majority of these clients (nine out of 11) had been in the SATP for quite some time (between 6 and 54 months) prior to their T1 score (T1 was their initial score for the reporting year). This may explain how they had scores within the extensive knowledge range at T1 of this year.

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.

Client Outcome Measures

Day Treatment Program

Clients are referred to the Day Treatment Program because of the severity of their emotional and behavioral problems, and their struggles to function within the regular school system. Knowles Centre's intervention/treatment is designed to help these youth heal and help decrease the severity of their emotional and behavioral problems. Consequently, the 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, 50% improved, 7% maintained their score, and 43% regressed.

Based on the CAFAS Aggregate 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 15 clients. The data indicated that the average CAFAS total score at initial assessment was 113 and that the average CAFAS total score at the most recent assessment was 112, which suggests no significant change from T1 to T2 when comparing the total aggregate score for the 15 clients. The data suggest that 33% of the clients improved on one or more outcome indicators, and that 27% of the clients showed meaningful and reliable improvement. Of note is that 38% of the youth who were identified as being Pervasively Behaviorally Impaired (PBI) at Initial Assessment no longer met PBI criteria at Most Recent Assessment.

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 12 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 this analysis, students needed to be registered at John G. Stewart School for a minimum of 6 months.

- One of the 12 students improved in from Time 1 to Time 2. This student went from having initially a low class completion rate to having a high class completion rate.
- Six of the 12 students remained within the same category from Time 1 to Time 2.
- Five of the 12 students appeared to regress from Time 1 to Time 2.

Recommendations:

1. Continue to use CAFAS as a client outcome measure.
2. Continue to analyze class completion rates.
3. Ensure that therapists are utilizing CAFAS and class completion outcomes to develop appropriate goals/treatment plans.
4. Ensure that CAFAS is being completed by therapists every three months.
5. Work closely with John. G Stewart School to see what strategies can be utilized to help increase class completion rates.

John G. Stewart School Annual Community Report

John G. Stewart School 2016-2017
Annual Report to the Community

Report included as prepared by:
Trevor Holroyd, Principal
John G. Stewart School

About Us:

Belief Statements

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

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

The professional staff includes nine teachers, a resource teacher and a principal. Support staff includes an administrative assistant, three educational assistants, a head custodian and student interns.

John G. Stewart has a very positive working relationship with the University of Winnipeg's Faculty of Education and considers itself very fortunate to offer 6-8 faculty of education students the opportunity to gain valuable teaching experience working with at-risk youth throughout the school year. Out of this relationship, we have hired education students to our staff as student interns. This has proven to be a mutually beneficial partnership that we hope to continue well into the future. In 2016-2017 we also had 5 mentorship students from the University of Winnipeg complete a practicum placement at John G. Stewart.

John G. Stewart had 73 students registered in 2016-2017 and currently has 45 enrolled.

The school offers expressive arts programs including visual arts and a music program. We are very proud to announce that for the first time in school history, we had students earn high school credits in music.

Our high school students were offered 34 different credits this school year. A total of 132 high school credits were earned in the 2016-2017 school year.

Literacy:
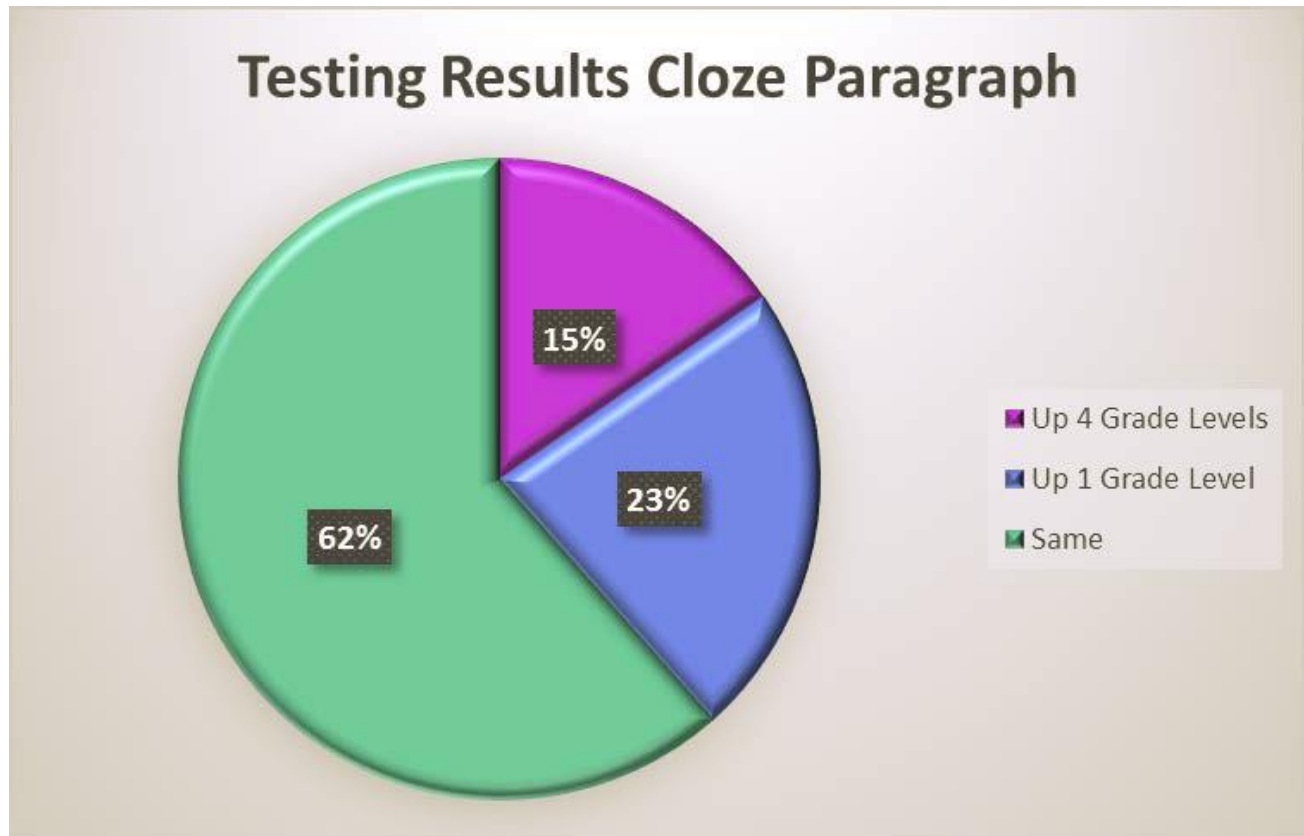
While we were not able to achieve our expected outcome, we did have some students who made significant gains. 23% of those students tested had an increase of 1 grade level in their reading grade level and 15% had an increase of 4 grade levels. All students tested were regular attenders and so I did not extract any students tested. Of those students who saw little or no gain, 90% were at or very near grade level and so we are very excited and encouraged by our results this school year. Many of our literacy initiatives continue to be very popular with our students. The classroom libraries continue to be very popular as students place orders each month with scholastic to stock their classroom libraries with books selected based on their personal interests. Barb Boerschers (Middle Years Consultant) supported our staff in their professional learning, introducing the Optimal Learning Model and meeting with our literacy committee to assist them in their planning for the year's 8-10 literacy committee led meetings. Teachers were also introduced to Dr. Allington's six elements of effective reading instruction and several of those were implemented into the daily routines within our classrooms. The Grizzly Buddy reading program had its share of struggles due to irregular attendance but staff see value in that initiative and with some tweaking will be back for the 2017-2018 school year.

Numeracy:
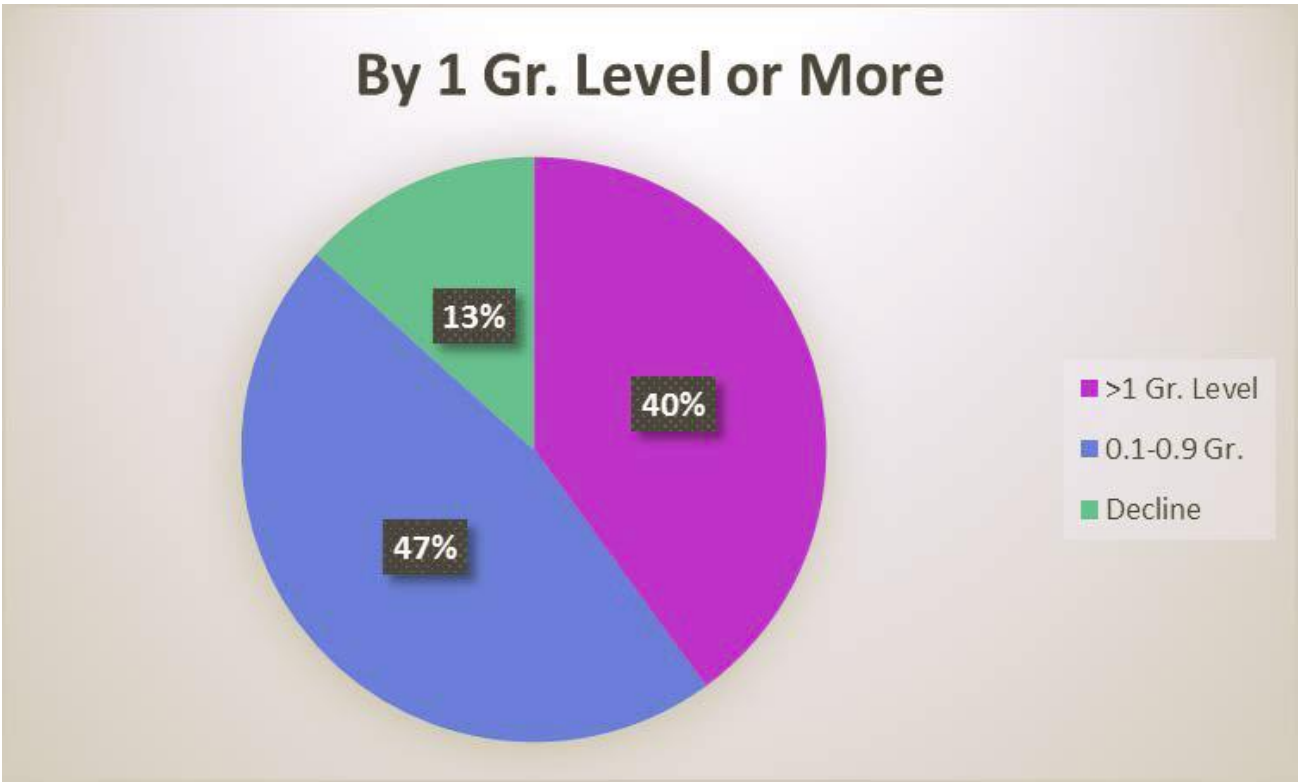
The 2016-2017 school year saw some significant improvement in the area of numeracy. We had a 25% increase over last year in the number of students who had improvement in their math throughout the year. 87% of our pre and post tested students saw an increase in their math grade level with 40% of those students improving by at least 1 grade level. Much of this year's success can be attributed to our numeracy committee's commitment to improvement of math scores. New events such as the Math Olympics, Math Scootering, Math Bingo, and others have clearly had a positive impact on our students. Our teachers continue to evolve in their use of iPad technology. The TELP initiative is very prevalent throughout the building with 4 of our teachers guiding learning through educational technology. Three teachers used the Mathletics online program which continues to have an impact. Our high school math teacher began using the Mathletics program for the first time this year and has seen measured growth and a new level of willingness on the part of his classes to embrace math learning. Staff at John G. Stewart are very encouraged by this increase and excited about the possibilities for the 2017-2018 school year with several new initiatives planned.

Safe School:

We are very pleased to share that in our annual safe school survey, 80% of respondents identified that they feel safe at John G. Stewart school and do not identify any specific time or place where they feel unsafe. We also had an 18% (617 fewer) reduction in total number of students referred to room 1 this school year from last. Staff's commitment to a variety of resources and strategies such as P.B.I.S., Tyler Pulse data, Behaviour Tracking System and our Student Support Team has ensured

that John G. Stewart provides a safe learning environment that fosters academic risk taking. All students at John G. Stewart were involved in the "Kids in the Know" digital citizenship lessons, which were made a priority by their teachers. All staff at John G. Stewart are trained in W.E.V.A.S. strategies, all staff completed the P.I.C.S. program, and most staff are trained in N.V.C.I.. At John G. Stewart, we have adopted a strength-based approach, with most staff trained in that practice at a Charlie Appelstein workshop. Those that have not yet received the strength-based training will attend Charlie's workshop in September 2017. L.S.C.I. (Life Space Crisis Intervention) strategies are used daily throughout the building and have proven to be a very effective method of fostering pro social behaviours. John G. Stewart staff have embraced the R.E.T.S.D.'s human diversity policy. Staff and students celebrated pride week for the first time this past May led by our student leaders who doubled as our Gay Straight Alliance. John G. Stewart provides students that have gender issues/questions with easy and frequent access to our "Safe Contact". Recognizing that a sense of safety is critical to learning, we are encouraged and determined to ensure that John G. Stewart School continues to be a safe place for learning.

Highlights:

Staff and students had a great deal to celebrate this school year. While there were many highlights throughout the year, the following are worth noting as they surfaced in our year end data and are very affirming that we are on the correct path.

An indicator that students in attendance were committed to remaining in class was seen in an 18% reduction in the total number of students referred to room 1, which is our behavior support room. This was a significant reduction that we can attribute to our staff's commitment to using a variety of effective strategies and most importantly, worked very hard to establish positive relationships with our students.

The high school students that attended John G. Stewart this year were very productive. There were a total of 132 high school credits earned this school year. This is an increase of 35% over the 2015-2016 school year where students earned a total of 95.5 high school credits. We are very encouraged by this significant increase and hope to build upon that total in years to come.

On June 20th, Teacher Terence Hoorman and two of our students signed of City of Winnipeg's Indigenous Accord .In signing the accord, staff and students of John G. Stewart committed to the journey of reconciliation in Winnipeg. "Inspiring Indigenous and non-Indigenous peoples to transform Canadian society so that our children and grandchildren can live together in dignity, peace, and prosperity on these lands we now share." We are now working along with the City of Winnipeg to achieve our goal to honor the Truth and Reconciliation Commission's Call to Action #83.

Priorities for 2017-2018:

- To improve numeracy and problem solving skill for all students.
- To continue to develop ways to improve outcomes in reading and writing for all students.

- To fulfill our goals indicated in our Education for Sustainable Development Grant we received for the 2017-2018 school year.

- To continue to maintain our Aboriginal Education and cultural commitments for all students willing to participate in teachings and events.

- To further develop staff and students understanding of technology as a learning tool.

Staff Retention Data

Staff Retention Data:

During the period September 1, 2016 to August 31, 2017, the number of full-time and part-time workers increased by 4 (from 88 FT/PT workers to 92 FT/PT workers). During this same time period, the Knowles Centre turnover rate decreased by 3% relative to the 2015-16 year (from 12% to 9%); that is, the staff retention rate was 91% for the 2016-17 year. The reason for this more favorable turnover rate is due to the following:

1. The Independent Living Program (SAIL) expanded by a net number of four new FT/PT workers, this was to accommodate our move to an additional apartment building to enhance the program.

2. The Group Care program lost two FT/PT workers during this period, this loss included the part-time female cultural worker.

3. The Administration department hired a new full time assistant accountant.

Financial Report

(March 31, 2017)

Financial Report

For the fiscal year ended March 31, 2017, Knowles Centre's operating account posted a deficit of approximately $20,000 (which was a slight improvement to the previous year's $25,000 deficit). A detailed look at the income statement shows that the Centre's revenues for the period dropped by $1.1 million. With the foster care program steadily losing clients thought the year, this program experienced the largest revenue drop at $800,000.

The restructuring in the Group Care Treatment Program resulted in the on-grounds units going from 20 clients served down to 12 clients served. This resulted in a $300,000 drop in the program's revenues.

The above changes also impacted the Centre's expenditure side; specifically, staff costs declined by $1.1 million.

The expansion of the SAIL Program required the acquisition of property which shows on the Centre's balance sheet in both the increase in capital assets and increase in long-term debt.

KNOWLES CENTRE INC.

SUMMARIZED STATEMENTS OF FINANCIAL POSITION AND REVENUE AND EXPENDITURES

SUMMARIZED STATEMENT OF FINANCIAL POSITION
MARCH 31

ASSETS	2017	2016
Current Assets:		
Cash and investments	$ 94,733	$ 272,622
Accounts receivable	905,267	954,560
Prepaid expenses	14,366	13,821
	1,014,366	1,241,003
INVESTMENTS	344,680	326,488
CAPITAL ASSETS	4,721,759	2,013,163
	5,066,439	2,339,651
	$ 6,080,805	$ 3,580,654

LIABILITIES AND FUND BALANCES	2017	2016
Current Liabilities:		
Bank indebtedness	$ 316,945	$ 24,402
Accounts payable	359,840	664,241
Deferred revenue	545,956	636,269
Current long term debt	149,380	51,133
	1,372,121	1,376,045
LONG TERM DEBT	2,879,292	357,865
Total Fund Balance	1,829,392	1,846,744
	$ 6,080,805	$ 3,580,654

Approved on behalf of the Board

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Director

SUMMARIZED STATEMENT OF REVENUE AND EXPENDITURES
YEAR ENDED MARCH 31

	2017	2016
REVENUE		
Foster Care	$ 4,231,310	$ 5,068,018
Group care treatment	2,501,006	2,821,198
Other income	2,609,725	2,550,978
Capital revenue	24,065	17,667
Scholarship revenue	-	-
	9,366,106	10,457,861
EXPENDITURES		
Staff remuneration	8,083,981	9,206,840
Maintenance and repairs	288,647	294,352
Admin. and general	218,081	221,989
Food, clothing & activities	630,467	675,631
Capital expenditures	165,559	84,169
	9,386,735	10,482,981
Excess Expenditures	(20,629)	(25,120)
Change in fair value of investments and gains realized during the year	3,277	3,345
Fund Bal., beginning of year	1,846,744	1,868,519
Fund Balance, end of year	$ 1,829,392	$ 1,846,744

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Director

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

INDEPENDENT AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the Directors
Knowles Centre Inc.

The accompanying summarized statement of financial position and statement of revenue and expenditures are derived from the complete financial statements of Knowles Centre Inc. as at March 31, 2017 and for the year then ended on which we have expressed an opinion with reservation concerning the completeness of revenues derived from donations and fundraising in our report dated June 13, 2017. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Chartered Professional Accountants Canada, is to report on the summarized financial statements.

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

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

Collins Barrow HMA LLP
Chartered Professional Accountants

Winnipeg, Manitoba
June 13, 2017