



# Performance Management Report

2015-2016

Constantly Improving

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## 1.0 Introduction

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It is important to us to measure how we are doing. So, we asked you to rate us on things such as how we deliver services, effectiveness, efficiency, access to services, family satisfaction, external relations, and staff satisfaction. We also want to report back on last year's suggestions for change.

In each area, goals are set and measured, and the targets or outcomes are reported. The indicators and data collection processes used to measure these outcomes are detailed and summarized on the pages that follow.

This is the 14<sup>th</sup> report for our organization covering six program areas including Early Intervention, Child and Youth Development, Preschool, School Age Therapy, VICAN and Supported Child Development.

The report includes demographic and outcome data collected for the year April 1, 2015 to March 31, 2016, as well as an update on actions taken as a result of the previous year's report – so you know we are listening and adapting to your comments.

**Copies of this report will be distributed to staff, clients, the Board of Directors, parents, our funding agencies, and posted on our website.**

**The data collection and reporting is done by your internal Performance Measurement Team (PMT) following CARF accreditation standards. The information presented is accurate, valid, and replicable for future years' reference.**

**We want to acknowledge the time and effort of the members of the PMT. This includes Pam McAdam, Ellie Wray, Nicole Waugh, Jennifer Diana and Vicki Boyd.**

## 2.0 Follow Up to 2014-15 Improvement Plan

A number of improvements from last year's PMT report were implemented. Here is an update:

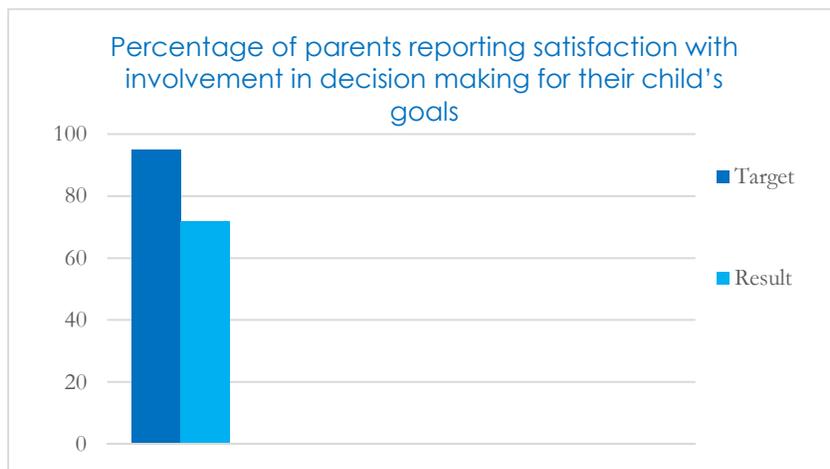
Suggestion and Action	Program Area	Timeline	Results
<b>Measuring effectiveness</b>			
Revise family satisfaction to reflect the highest rating as measured (5 on scale)	All programs	PMT	Completed
Focus on increasing number of goal outcome reporting	All programs	Staff	Completed
Measure Preschool effectiveness based on parent criteria	Preschool	Preschool intake	Incomplete
Survey MCFD stakeholders	All programs	PD	Completed April 2015
Provide staff orientation regarding 'priority goal' measure and reporting	All programs	PMT	Completed
<b>Family Engagement</b>			
Improve access to Family Development services through parent seminars	FD	FD Department	Seminars held Feb/March
<b>New positions</b>			
Implementation of the Family Resource Navigator position	All programs	PD	Completed
Measure Staff satisfaction with services of the Booking Clerk position	All Programs	Internal Staff	Completed Nov 2015
<b>Advocacy</b>			
Advocate with funding sources to address waitlists	EI programs	Board and Management	Ongoing

### How these efforts made us better: A Summary

The investments made to the items referenced here are part of our efforts towards continuous improvements. We aim to score a 5 of 5 for each area surveyed so we set the bar there this year. Each year we aim to move from 3's and 4's to 5's by finding ways to be better. The two new positions (Booking Clerk and Family Navigator) should begin to improve services and/or reduce wait times. We are tracking this. More parent support is a theme above, and we are focused on this and will measure it going forward. We also wanted to ensure we are getting feedback from as many sources as possible so we added MCFD stakeholders to broaden that. Lastly, a strong voice for the families is key. We have spent considerable time here at the local and provincial levels. We are committed to continued developments in this area.

## 3.0 Effectiveness the quality of service results

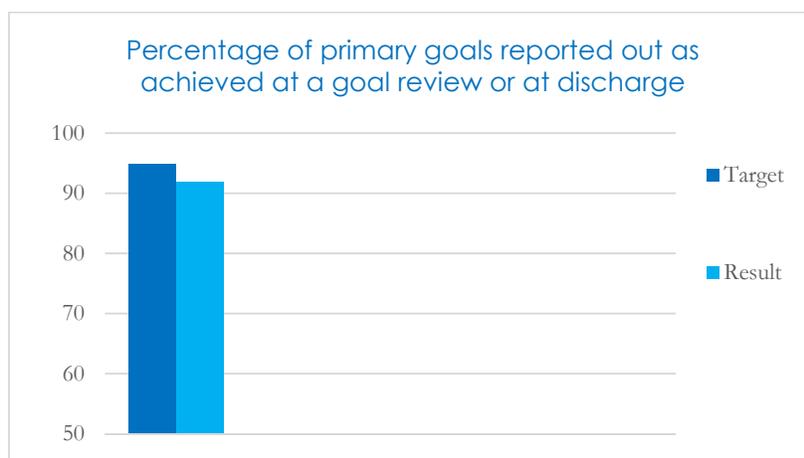
### 3.1 Outcome Measure: Maximize parent’s ability to facilitate child’s development



Clients actively receiving services were surveyed by staff during a 2 week “survey week” period in October 2015. This year saw a decrease in returned surveys from 79 to 58, with a goal of 100 returned surveys.

The effectiveness of service to clients is linked to parent ability to participate and use the information provided to facilitate their child’s development. Parents are asked about their satisfaction with participating in goal setting. A shift in measurement to reflect ‘excellence’ was incorporated into the scoring process. The results of 72% indicate parents reporting 5/5 effectiveness (rather than scoring 3-5 in previous surveys).

### 3.2 Outcome Measure: Maximize the client’s attainment of skills and abilities



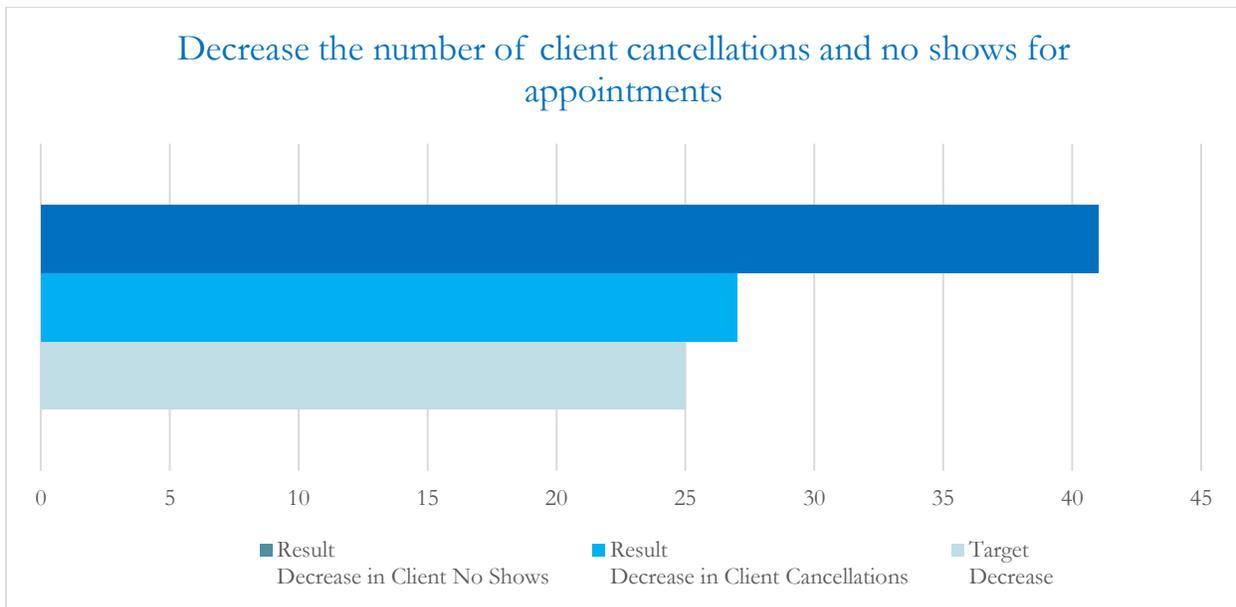
For the second year, results measured attainment of client goal identified by parents as the most important. Between April 1 2015 and February 28, 2016, 301 goal outcome results were measured. The results indicate 92% goal achieved, compared to 91% achieved last cycle. While not meeting the 95% goal, results continue to be high.

## Action Plan to Improve Effectiveness

Task	Responsibility	Timeline
Explore email options to increase number of effectiveness survey returns from families	PMT Team	December 2016
Provide staff training re: goal setting with families (review CFSP 2 document and implementation)	Management Team	February 2017
Trial POMS goal outcome measurement system	South Zone	2016/17

## 4.0 Efficiency measuring resources used compared to results achieved

### 4.1 Outcome Measure: Maximize provision of direct service to clients



### New Position: Booking Clerk

The efficiency of providing staff administrative support through the implementation of a Booking Clerk position, was measured for the second time. Informal reporting from staff indicated support with scheduling appointments and follow up reminders decreased their administrative workload. Using the fiscal year 13/14 as a benchmark, results indicate significant reductions in cancellations (27%) and no-shows (41%) in the programs measured (EI/IDP/Fee For Service). This is a continuing trend from last year.

*Note: SAT and SCD were taken out of the measurement this fiscal. As programs provided on site at Schools and childcare settings, cancellations and no-shows are not significantly influenced by the booking clerk support.*

## New Position: Family Navigator

With the support of fundraised dollars, the Family Resource Navigator position was launched this fiscal with goals of increasing parent and community access to information and resources, and allowing clinical staff to focus on service delivery while still meeting the needs of families. Two efficiency measures were identified:

- Number of client sessions
- Number of staff reporting referrals families to the Family Resource Navigator.

Based on the complexity of the influencing factors, the measure of the number of client sessions was found to be difficult to attribute directly to the Navigator position. Staffing changes, an increase in staff education hours, and nucleus stat definitions were 3 mitigating factors.

The staff were surveyed as to their use of the Navigator and 64% reported referring families to the service, thus freeing clinical time and increasing their efficiency. Baseline data was collected for future measurement.

208 families received the support of the Family Navigator.

## 5.0 Access Measuring how and when families reach our services

### 5.1 Outcome Measure: Minimize the number of clients waiting for NCDC services

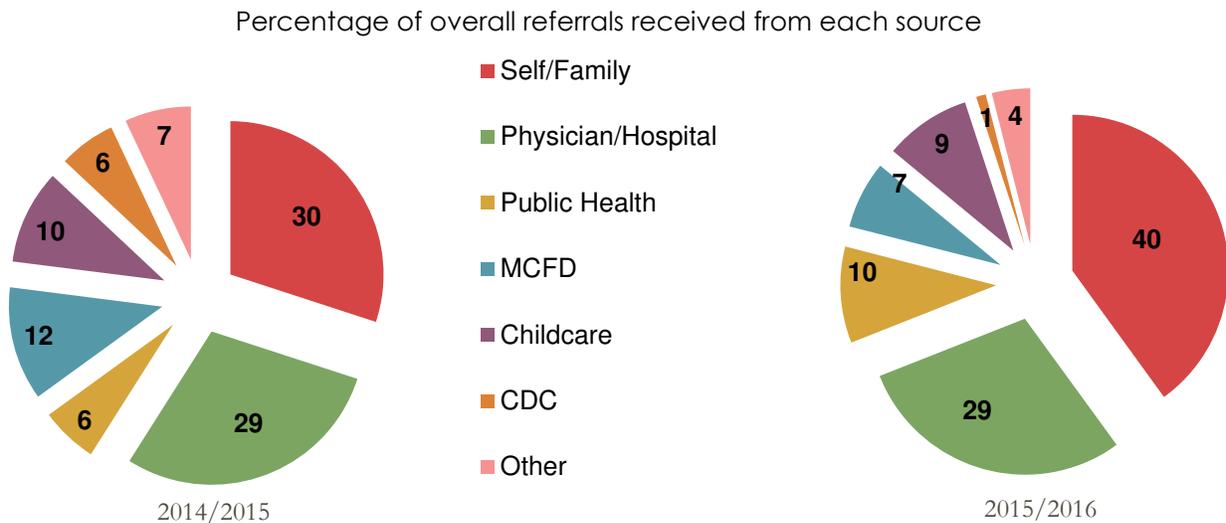
**Target: 10% decrease in clients waiting for service**



This fiscal year saw a 15% increase in waitlisted clients – 39 more clients waiting at March 31, 2016 than at March 31, 2015. This is a shift from a 3 year trend of decreasing waitlist numbers. Internal impacts on the waitlist include staffing changes (maternity leaves, retirement, educational leave) and an increase in staff accessing education.

Along with measuring the **number** of clients waiting for service, it is important to look at the **length of time** those families are waiting for service. Wait numbers has been tracked for many years, but little analysis has been done about the length of time waiting for service. This information can be valuable when analyzing service delivery models and addressing barriers to service.

Although referrals declined this year, self-referral (from families) increased this fiscal from 30% to 40% of referrals. This is considered a positive trend demonstrating an increase in information available to parents (also an access measure) and a lack of barriers for families to connect with services in a timely manner.



## 5.2 Outcome Measure: Maximize family’s access to information while waitlisted for service

The Family Development team targeted those waiting for service this cycle, based on ongoing waitlist issues. All 28 waitlisted families were invited to attend 3 Triple P seminars (parent education) in February/March. Seven families attended all 3 sessions, meeting the goal of reaching 25% of waitlisted families.

## 5.3 Outcomes Measure: Maximize access to general information

Feedback from staff confirmed the increasing trend of stakeholders accessing support and information through electronic media. The PMT chose to measure access by the community through social media (Facebook and Twitter) and the CDC website. Results indicated:

Facebook	784 likes
Twitter	1218 followers
Website	19,870 unique visitors

This will establish a baseline measurement for future monitoring and evaluation.

### Action Plan to Access

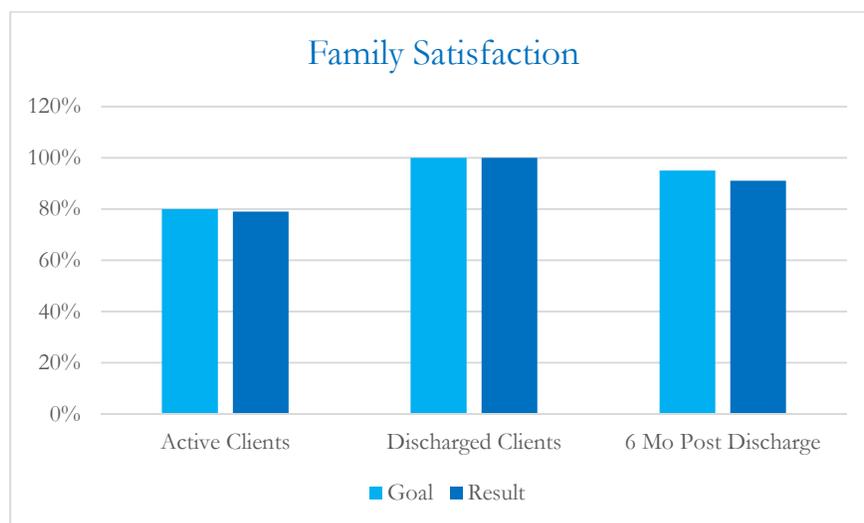
Task	Responsibility	Timeline
Continue to advocate with funding sources to specifically target program waitlists	Management and RD	March 2017
Measure wait times for active service along with number of clients waiting	PMT	March 2017
Enhance info on website (links to research-based information)	Program staff	2016
Continue to measure access to information through social media	Communications	March 2017

## 6.0 Family Satisfaction

*Analysis of results from families since 2010 indicate consistent satisfaction ratings of between 90 and 100%. With a goal of 'Excellence' in service delivery, the measurement criteria was narrowed to measure only the highest score on a satisfaction scale of 1-5.*

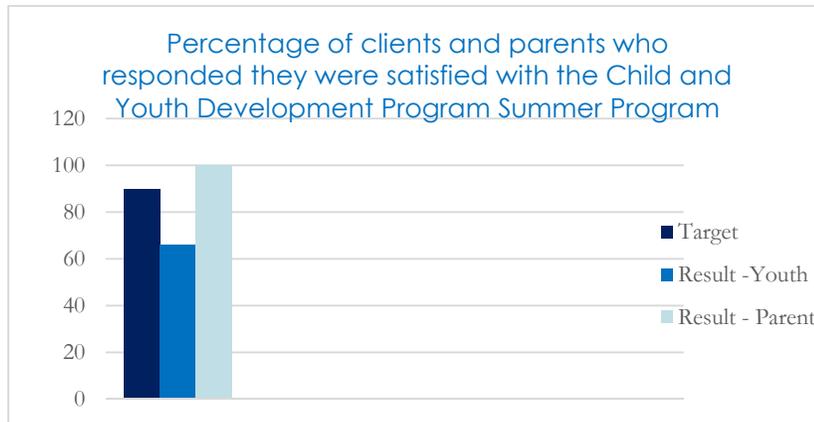
### 6.1 Outcome Measure: Maximize satisfaction of clients and families currently receiving services

Families were surveyed during Survey Week in October, with staff hand delivering surveys. Although the collection period continued at 2 weeks, the rate of returns decreased this year, with a total of 58 families responding. A lower goal was set this year, based on an adjustment to measure 'excellence' and with a narrow miss of 79%, continues to reflect a high rate of satisfaction.



### 6.2 Outcome Measure: Maximize satisfaction of Child and Youth Development clients currently attending groups

Clients attending CYD groups during the summer session were directly surveyed and both verbal and non-verbal responses were collected. Responses and ideas gathered are also used to guide changes in future Child and Youth groups. This year client satisfaction rate (at excellence) was 66% while parent satisfaction was 100%.



### 6.3 Outcome Measure: Maximize satisfaction of families at discharge and post-discharge

**At Discharge:** A Discharge Satisfaction Survey is mailed to families with their Discharge Summary Report when leaving the Centre services and included with the VICAN info binder provided post assessment. With a goal of 100% satisfaction, this cycle, 29 surveys were returned and a 97% satisfaction rate, reported at 5 on a 5 point scale.

Feedback provided was very specific to staff: knowledgeable, understanding, caring, and professional. 96% of surveys reported high satisfaction with “staff listening to and understood your child’s and family’s needs”. Suggestions for change focused on additional services: mental health services, full daycare program, and waitlists.

**Post-Discharge:** In phone surveys, 91% of respondents confirmed satisfaction with “CDC services improving their child’s skills and abilities”.

Although the post-discharge target of 95% satisfaction was not reached, there was a significant (53%) increase in the number of responses received, providing a wider representation of families served. A total of 67 families were contacted and 33 responded to the survey. Parent comments expressing dissatisfaction were focused on the wait times for service.

## Action Plan to Increase Family Satisfaction

Task	Responsibility	Timeline
Continue to advocate for funding to address the waitlist for service	Board & ED	Ongoing
Explore grant funding options for program expansion (mental health/school age services)	Resource Development	Ongoing

## 7.0 External Stakeholder Satisfaction

### 7.1 Outcome Measure: Satisfaction with communication with CDC staff

Ministry for Children and Families Social Workers, were surveyed this year. As recommended in the previous report, meetings with MCFD were used as venue for survey distribution in an attempt to increase response rate. Although only 5 responses were received, the results showed 100% satisfaction.

### 7.2 Outcome Measure: Satisfaction with collaboration with Supported Child Development Consultants

Child Care providers were surveyed as to their collaboration with the Supported Child Development Program. Hand delivering surveys to childcare settings provided greatly improved the rate of return. 20/21 reported satisfaction with collaboration with SCD team – 95% satisfaction rate, exceeding goal of 80%. The lack of a waitlist for extra staffing and providing educational support directly to centre teams has contributed to improved satisfaction. Two responses included comments expressing satisfaction with the support provided by the booking clerk.

With high rates of satisfaction reported from a small sample of Stakeholders surveyed this cycle, it will be important to broaden the search to other community stakeholders. As a new position with a high rate of interacting with community partners, the Family Resource Navigator provides an opportunity to survey a broader range of stakeholders.

## Action Plan to Measure Stakeholder Satisfaction

Task	Responsibility	Timeline
Family Navigator to survey community partners	Family Resource Navigator	2016-17

## 8.0 Staff Satisfaction

### 8.1 Outcome Measure: Staff reporting satisfaction with services of the booking clerk

The annual staff satisfaction survey was conducted November 2014, with 78% of staff responding: 74% of internal staff and 90% of external staff (SCD Support Workers). It is important to note that this year the results were adjusted to reflect excellence – capturing those scoring 4 and 5 on a 5 point scale.

The staff satisfaction with the support provided by the booking clerk was surveyed, as the ability to increase direct service to clients is closely related to staff satisfaction. While 74% of internal staff reported using the booking clerk, an error in data collection prevented a measurement of the perceived amount of time saved for clinical work. This measure will be surveyed again next cycle, with adjustments to the survey to provide clarity

The results of the staff survey were reviewed by the ED, the Joint Personnel Committee and circulated to staff. High satisfaction ratings were received in the areas of overall satisfaction (86%), having defined outcomes/measures (88%), valuing diversity (91%) and organizational ethics and values (93%).

Lower satisfaction rates included CDC providing opportunities for families to connect (45%) and internal centre communication (64%).

Staff satisfaction with the provision of educational opportunities continues to fluctuate. The lower score this year (54%) reflects the adjusted scoring of excellence – 4 or 5/5 but also highlights the value staff continue to place on educational opportunities.

In follow up to the review of the data, the Joint Personnel Committee has formulated a plan including implementing a process to document/track staff suggestions and creating an internal staff newsletter to improve internal communication.

#### Action Plan to Increase Staff Satisfaction

Task	Responsibility	Timeline
Measure staff report of time saved for clinical work through use of the booking clerk.	PMT	November
Increase staff survey responses	PMT	November
FRN will facilitate monthly family evenings	FRN	Monthly
Creation of bi-monthly internal newsletter	Communications	2016/17

## IN SUMMARY :

### Effectiveness:

- 72% parents rated “5” on ability to participate and use information in child’s development
- 92% parents rated “5” attainment of client goal identified by parents

### Efficiency:

- Booking clerk decreased team member administrative workload
- 27% reductions in cancellations
- 41% reduction in no-shows
- 64% of staff reported referring families to the Family Navigator freeing clinical time
- 208 families received the support of the Family Navigator

### Access

- 15% increase in waitlisted clients
- Referrals declined this year
- Self-referral (from families) increased this fiscal from 30% to 42% of referrals
- 25% of waitlisted families received some form of support
- Increasing trend of accessing information online

### Family satisfaction in service:

- Rate of returns decreased this year with a total of 58 families responding
- 79% satisfaction rate (at “5”)
- 66% CYD client satisfaction
- 100% CYD parent satisfaction.

### Family satisfaction at Discharge:

- 97% satisfaction rate (at “5”)
- 96% high satisfaction with “staff listening to and understood your child’s and family’s needs”.
- Suggestions for change - mental health services, full daycare program, and waitlists.

### Family satisfaction at Post-Discharge:

- 91% satisfaction with “CDC services improving their child’s skills and abilities”.
- 53% increase in number of responses received (67 families were contacted and 33 responded)
- Parent comments expressing dissatisfaction were focused on the wait times for service.

### External Stakeholder Satisfaction:

- 100% MCFD satisfaction although only 5 responses were received.
- 95% child care satisfaction rate, exceeding goal of 80%.
- Lack of waitlist for extra staffing and educational support directly to centre teams contributed to improved satisfaction.
- Two responses included comments expressing satisfaction with booking clerk.

### Staff surveyed:

- 86% Overall satisfaction
- 88% satisfaction having defined outcomes/measures
- 91% satisfaction valuing diversity
- 93% satisfaction with organizational ethics and values
- 45 % satisfaction with CDC providing opportunities for families to connect
- 64% satisfaction with internal centre communication.

## 9.0 Improvement Plan

Based on the results of this report, a number of actions have been identified and are detailed in the table below. These include organizational and program improvements for the next reporting period. A status update on progress will be included in the next Performance Measurement Report.

Action	Program Area	Person Responsible	Timeline
Advocate for increased funding	All programs	CDC Board	2016/17
Staff In-service “Supporting Parent Partnerships”	All programs	staff	April 2016
Provide staff training on goal setting with families	All programs	Staff	February 2017
Trial POMS goal attainment system (Nucleus)	SCD/EI programs	South zone	2019/17
Implementation of monthly Family Evenings	All Programs	FRN	Fiscal year
Schedule staff survey during department meetings	All programs	Department Leads	November 2016
Survey community partners accessing Family Navigator	CDC	FRN	September 2016
Enhance website information	All programs	Program staff	2016
Measure length of time clients waitlisted for active service	Early Intervention Programs	PMT	2017
Measure length of time to provide screen to waitlisted families	Speech/Language Pathology	SLP team	2016/17
Monthly internal newsletter	All programs	Communications	September 2016
Measure staff report of time saved for clinical work through use of the booking clerk.	All staff	PMT	November 2016
Email family satisfaction survey	EI/SAT/SCD	PMT	2016/17

## 10.0 Services

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While all programs support children, youth and families, each has distinct mandates, eligibility criteria and services as follows:

### **C.A.R.E. Program** (Child & Community Advocacy, Resources and Education)

**Mandate:** To provide child and community advocacy opportunities, parent and community education, along with access to resources and materials.

- Child Health Promotion & Prevention (Outreach Clinics, playgroups)
- Community Advocacy & Capacity Building (Workshops, Volunteers)
- Therapeutic Toy, Equipment and Book Lending Libraries (Resources)
- Lending Library for parents and community professionals
- Parent /Community Education (Parenting Groups)

### **Vancouver Island Children's Assessment Network (VICAN)**

**Mandate:** To provide tertiary assessment services for children aged birth to 18 years with a query of ASD, FASD, or other complex conditions.

**Admission Criteria:** Referral catchments of central and northern Vancouver Island with a referral from a physician, paediatrician, or psychiatrist.

**Services Provided:** Assessment, functional recommendations, referrals to other resources as needed and a post-assessment family conference.

#### **Professional Staffing:**

- Psychologist
- Assessment Coordinator
- Speech & Language Pathologist, Occupational Therapist
- Paediatric and Psychiatric consult

### **Early Intervention Program (EIP)**

**Mandate:** To provide early intervention services in a family-centered model

**Admission Criteria:**

- Open referral with parent's approval
- Birth to school entry with early intervention support needs
- Reside within Lantzville to Ladysmith geographic area

Early identification and intervention, referral and resources, Developmental assessments, Consultation with families, care providers, professionals and community members; Advocacy, education & training, supportive services

**Professional Staffing:**

- Physiotherapy, Speech Language Pathology, Occupational Therapy
- Family Development
- Infant Development

**Child and Youth Development Program (CYD)**

**Mandate:** To build family capacity by providing opportunities for clients and families to increase their knowledge and skills to maximize social skills, independence and community integration

**Admission Criteria:**

- Children birth – 19 years old with identified special needs
- Referral and eligibility criteria set by MCFD - CYSN.

Therapeutic and skill-based individual and group support sessions, education and training, Consultation with families and community members - range of topics includes safety, social skills, behavioural supports

**Professional Staffing:**

- Child and Youth Development Workers

**Preschool Program (PS)**

**Mandate:** To provide licensed, high quality, inclusive and developmentally appropriate early childhood education

**Admission Criteria:**

- Children 30 months to school age entry
- Fee for service

Preschool experience focusing on education and facilitation of child development through play; family support and advocacy; early identification of developmental delays and referrals for services

**Professional Staffing:**

- Early Childhood Educators, Support Workers

**School Age Therapy Program (SAT)**

**Mandate:** To provide OT and PT services to school age children to assist in health maintenance; education to increase the benefit of educational programs

**Admission Criteria:**

- Referrals meeting SD 68 Guidelines and with parent consent
- Students within the School District 68 catchment area who have a “low incidence” designation and meet at least one of CDC school age therapy criteria.

Client focused consultation to School District support personnel, advocacy and education

**Professional Staffing:**

- Physiotherapy and Occupational Therapy

**Supported Child Development Program (SCD)**

**Mandate:** To support inclusive child care for children from birth to 12 years of age (and to age 18 in exceptional circumstances) who require extra supports.

**Admission Criteria:**

- Open referral system with parent approval
- Children birth to 12 years with development issue(s) requiring support in a childcare setting

**Services Provided:**

Consultation with staff, family members, childcare settings, and professionals regarding services and support in childcare settings, assessment and screening for 1:1 support, resources, education and advocacy

**Professional Staffing:**

- Early Childhood Educators, Child and Youth degree