



McMan

2014-2015 Annual Outcome Report

McMan Calgary & Area

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2014-2015 Annual Outcome Report

EXECUTIVE SUMMARY

Introduction

Over 35 years of improving the quality of life in our community, McMan Calgary & Area has impacted the lives of over 25,000 children, youth and families. McMan Calgary & Area offers more than 20 innovative programs and support services that help youth and families with complex needs cope with multiple social issues, including youth homelessness, family fragmentation, mental health, Fetal Alcohol Spectrum Disorder (FASD), justice involvement and youth sexual exploitation. Responsive programs and individualized continuums of support that meet our communities' changing needs are at the heart of McMan's mission. With McMan Calgary & Area's support, individuals and families have been successfully empowered to fulfill their potential.

McMan Calgary & Area applies an evidence-based approach to its programs in order to offer effective services that empower children, youth, adults and families in the community. An evidence-based practice employs sector expertise, best practices and organizational culture to internal processes in order to consistently ensure positive outcomes for stakeholders.

The organization has developed an evaluation framework that will help guide its data collection and support development of evidence-based practice across all McMan Calgary & Area programming. The framework is grounded within theoretical and practice frameworks, and is anchored in the National Child Welfare Outcomes Indicator Matrix (NOM)

In this report, the National Outcome Measures (NOM) provides a framework for tracking outcomes for children and families who receive child welfare services. The NOM is comprised of four domains:

1. Safety
2. Well-being
3. Permanency
4. Family and community support

Reporting Guidelines and Continuous Quality Improvement

McMan Calgary & Area is a learning organization, using a continuous quality improvement cycle to support program development, funder accountability, improving client outcomes, as well as broader research in the sector.

McMan uses reporting guidelines as indicated by respective funder contracts, accreditation standards, and policy and procedures, to develop a culture of continuous quality improvement. Processes include, but are not limited to:

- Demonstrating the reliability, validity, completeness and accuracy of data
- Collecting data on persons served at various points in time (the beginning of services, appropriate intervals, the end of services and post service delivery, when applicable)
- Measuring the effectiveness and efficiency of services, service access, as well as the satisfaction of persons served and other stakeholders
- Quarterly file audits to ensure:
 - The quality of service delivery, as evidenced by the record of the person served
 - Appropriateness of services
 - Patterns of service utilization
 - Model fidelity, when an evidence-based practice is identified
- Quarterly program audits on outcomes and complete data sets
- The completion of an Annual Performance Analysis with corresponding action plans to improve performance

Data Collection Methodology

McMan utilizes an electronic case management database (Sharevision), various agency reports, as well as several data collection and outcomes processes, which include research and evidenced-based tools, which allows the organization to:

- Maintain and improve data collection processes
- Improve the Person's Served outcomes
- Ensure high reliability and validity of data and outcomes

McMan Program Data

In providing a continuum of prevention and intervention services, McMan Calgary & Area is a responsive and innovative partner for building community capacity. In this section, each program provides outcomes as follows (and as applicable):

- Service Deliverables
- Demographics
- Tools
- National Outcome Measures (NOMs)

- Child Safety is measured by the recurrence of maltreatment and serious injuries or deaths, and critical incident reporting
- Well-being is measured by school performance, child behavior, child development and health
- Permanency is measured by children/youth remaining at home, returning home, achieving permanency, transitioning to adulthood and duration of service
- Family and Community Support is measured by family moves, parenting capacity and connections to community resources and natural supports

Staff training, support, and automation of reports ensures that data collection is accurate, comprehensive and complete. For the context of this report, client demographic information is based on all clients served during the reporting year, and client outcome information is based on the total number of discharges, unless otherwise identified (ie: not all discharged clients worked on a particular goal area).

Outcome Highlights

- During the 2014-2015 fiscal year, McMan has provided direct service to 1,456 children, youth, adults and families and continues to impact the lives of over 2,300 people (ie: family members of clients that were positively impacted by our involvement). The 1,456 clients served in 2014-2015 is a 5% decrease compared 1,523 clients served in 2013-2014. Four programs, including Foster Care were below an 80% average occupancy rate which we feel was impacted directly by the shift in practice and Child and Family Services opening fewer files, resulting in fewer referrals for service. The remaining programs all maintained an average occupancy at or near 100% with a couple of programs being over capacity.
- McMan staff provided more than 39,500 service hours, compared to 39,000 in 2013-2014.
- Client outcomes across key indicators of the NOM domains continue to demonstrate high levels of achievement, with improvements seen across all four domains.
 - Safety: 93% of clients achieved their safety goals, an increase of 5% compared to 87% in 2013-2014. Safety is our highest scoring domain for 2014-2015
 - Well-being: 84% of clients achieved their well-being goals, a 5% increase compared to 79% in 2013-2014. This is the lowest scoring domain for the second consecutive year. Work continues to be done with respect to defining well-being and accurately reflecting appropriate outcomes in reporting
 - Permanency: 92% of clients achieved their permanency goals, an increase of 4% compared to 88% in 2013-2014
 - Family and community support: 90% of clients achieved their family and community support goals, a 2% increase compared to 2013-2014
- Client demographic information is very consistent with the previous fiscal year.

- Caucasian is the most common ethnicity, accounting for 65% of clients in 2014-2015 and 64% in 2013-2014.
- Indigenous clients accounted for 16% of clients in 2014-2015 and 17% in 2013-2014.
- The next most common ethnicities are: African (3% in 2014-2015, 3.5% in 2013-2014; Mixed race (2.5% in 2014-2015, 3.2% in 2013-2014; and Filipino and Latin clients accounting for 1.5% each of the client population the last two reporting years.
- All other ethnicities account for less than 1% each of the client population.
- Gender characteristics of clients served is identical to the previous year, with males and females accounting for 50% each of the client population.
- Client age characteristics are as follows:
 - 0-6 years: 12% in 2014-2015, 12% 2013-2014
 - 7-11 years: 19% in 2014-2015, 19% in 2013-2014
 - 12-17 years: 30% in 2014-2015, 23% in 2013-2014
 - 18-24 years: 18% in 2014-2015, 24% in 2013-2014
 - 25+ years: 21% in 2014-2015, 22% in 2013-2014
- Regarding Mental Health diagnosis, ADHD is the most common, accounting for 22% of all diagnosis (24% in 2013-2014), Autism accounting for 21% (19% in 2013-2014), and FASD, ODD, Asperger Syndrome and Developmental Delays accounting for 6% each of diagnosis the last two years.

CHILD INTERVENTION PROGRAMS

Foster Care

The Foster Care program provides a safe and caring out-of-home placement for children/youth (0-17 years) that are unable to live at home.

1. Contractual Obligation

- Contracted spaces: 70
- Annual occupancy: 1,144 days/month (54%)
- Total clients served: 73
- Total discharges: 40

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	47	64%
Female	26	36%
TOTAL	73	100

Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	35	47.9%
Indigenous	26	35.6%
Mixed Race	5	6.8%
Other	7	9.7%
TOTAL	73	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	40	55%
Children (7-11)	17	23%
Youth (12-17)	16	21%
TOTAL	73	100

3. Tools Utilized

- Ages and Stages (ASQ) (0-5 years)
- Pediatrics Symptoms Checklist (6-11 years of age)
- Resiliency Initiatives (12-17 years of age)

4. National Outcome Measures (NOM)

Improved Safety

35/40 (87.5%) infants/children/youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.

5/40 (12.5%) infants/children/youth experienced a recurrence of Child Protection (abuse or neglect) concerns while in the program

- 3/40 (7.5%) infants/children/youth were involved in a substantiated investigation of Assessment of Non-Compliance
- 2/40 (5%) infants/children/youth were involved in a substantiated investigation of Assessment of Abuse and Neglect.

Improved Well Being

Overall, 33/40 (83%) infants/children/youth demonstrated improvement in their well-being.

- 19/19 (100%) infants between the ages of 0-5 years demonstrated age appropriate development or increased progress towards developmental milestones
 - 9/19 (47%) infants/children/youth demonstrated age appropriate development
 - 10/19 (53%) infants/children increased progress towards developmental milestones

- 12 (100%) children between the ages of 6-11 years demonstrated age appropriate behavior or demonstrated improvement in behavior.
 - 4/12 (33.3%) children demonstrated age appropriate behavior
 - 8/12 (66.7%) children demonstrated improvement in behavior

- 2/2 (100%) youth between the ages of 12-17 years demonstrated improvement in well-being. Well-being for youth looks at physical, mental and emotional health as well as transitioning to independence.

Improved Permanency

Overall, 32/40 (80%) infants/children/youth achieved permanency.

- 11/40 (28%) infants/children/youth returned home
- 18/40 (45%) infants/children/youth moved to a permanent home
 - Kinship: 11
 - Adoption: 7
- 2/40 (5%) infants/children/youth returned to their aboriginal community
- 1/40 (2.5%) youth is living independently
- 40/40 (100%) infants/children/youth had a permanent connection to a significant natural support, including 9 siblings groups (18 infants/children/youth)

Improved Family and Community Support

Overall, 33/40 (82.5%) infants/children/youth maintained or improved their family and community support.

- 33/40 (82.5%) infants/children/youth maintained or improved their social connections
- 17/40 (42.5%) improved their connection to community resources and activities

5. Outcomes Context

For the domains of Client Well-Being and Family and Community Support, the sample size was reduced to 33 as seven infants/children/youth were in the program less than 45 days and therefore did not allow for adequate assessment and the creation of individualized goals.

For the domain of Family and Community Support, 10 infants were under the age of 3 years and therefore too young to be connected to community resources and activities

6. Recommendations and Next Steps

- Continue to recruit new foster parents to increase program capacity
- Begin implementing Developmental Support Plans for individuals aged 0-5 years.
- Increase caregiver capacity by focusing on the following areas; child development, trauma, grief and loss.
- Continue to promote and encourage foster parents to include foster children in community resources and activities. Each foster child will have an individualized service goal relating to family and community support.

Respite Care Connection

Respite Care provides planned, short-term respite for families and caregivers who parent high-needs children and/or youth.

1. Contractual Obligations

- Contracted spaces: 25
- Annual average occupancy: 35 bed nights/month were provided to children and youth.
- Total clients served: 26 (12 - FSCD, 11- Child Intervention, 3 – Supports for Permanence)
- Total discharges: 10
- Total people impacted (ie: siblings/family members of primary client): 38

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	21	81%
Female	5	19%
TOTAL	26	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	19	73.1%
Mixed Race	2	7.7%
Indigenous	1	3.8%
Other	4	15.2%
TOTAL	26	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	1	4%
Children (7-11)	7	27%
Youth (12-17)	18	69%
TOTAL	26	100

3. National Outcome Measures (NOM)

Improved Safety

- 10/10 (100%) infants/children/youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.

Improved Permanency

- 8/10 (80%) infants/children/youth maintained their current placement while in the program
- 2 (20%) infants/children/youth moved to group care

Improved Family and Community Support

All 10 families were contacted to complete the post parenting stress index after discharge.

- 1/10 (10%) family reported a decrease in the family stress level while accessing the program
- 9/10 (90%) families did not respond to completed the post parenting stress index.

5. Outcomes Context

Discharges from the program generally occur when families have not accessed services for a period of time. Often times, when a family's home situation is positive they discontinue accessing services without formally discharging themselves from the program. Due to this, it is difficult to gather data that accurately reflects to effectiveness of the program. Implementing an evidence based assessment will support this process.

Maintaining connections with families accessing the RCC program is also a challenge. As the program is voluntary and utilized on as needed bases, families do not maintain regular contact with the placement coordinator.

6. Recommendations and Next Steps

- Continue to recruit new respite providers to increase program capacity
- Recruit new respite providers that are able to manage complex medical needs and autism due to an increase in referral requests
- Provide training to respite providers to increase their capacity to work with higher needs children and youth
- Explore implementing an evidence based assessment tool or a tool that will capture how the impact of respite services improves a family's well-being.

Kinnections

The Kinnections Kinship Care program is collaboration between McMan Calgary & Area and Hull Services. It supports family members and / or significant others who provide care to children and youth who are unable to remain in their homes.

1. Contractual Obligations

- Contracted spaces: 150 (25 family caseload each for 6 FTE)
- Service hours provided: 7,622.50 (direct/indirect)
- Annual average occupancy: 89%
- Total clients served: 158
- Total discharges: 59
- Total people impacted: 468 (245 Kinship caregivers/223 Kinship children).

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	24	15
Female	134	85
TOTAL	158	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	119	75
African	4	2.5
Aboriginal	15	9.5
Other	21	12.5
TOTAL	158	100
Age	Persons Served (Individuals)	Percent (%)
Adult (19-25)	10	6
Adult (26-40)	38	24
Adult (41-64)	102	65
Adult (65+)	8	5
TOTAL	158	100

3. Tools Utilized

- Family Assessment Form (FAF) (Families)

4. National Outcome Measures (NOM)

Improved Safety

- 58/59 (98%) infants/children/youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.

- 59/59 (100%) infants/children/youth live in safe and secure housing.
- Pre-post FAF assessments show:
 - 57% of clients improved their Safety – Inside the Home section.
 - 44% improved on the Use of Physical Discipline section.
 - 33% improved on the Appropriateness of Disciplinary Methods section.

Improved Permanency

Overall 48/59 (81%) kinship homes improved or maintained their permanency.

- 23/59 (39%) infants/children/youth returned home:
- 16/59 (7%) infants/children/youth moved to a permanent home:
 - Kinship: 2
 - Adoption: 7
 - Private Guardianship: 7
- 4/59 (7%) Youth turned 18
- 8/59 (14%) infants/children/youth moved to Foster Care
- 3/59 (5%) infants/children/youth moved to a Group Home
- 5/59 (8%) infants/children/youth - other

Improved Family and Community Support

- 42/48 (86%) of 48 families who identified this as a goal improved or maintained their connection to community resources.
 - FAF sections Support from Neighbours, Friends and Community, and Available Child Care, indicate that connections to community and resources was increased and maintained.
- 34/39 (87%) families that attended required training improved or maintained their parenting capacity.
 - FAF sections supporting Child-Caregiver Interactions, and Developmental Stimulation, indicate an increase to parenting capacity that was maintained.

5. Outcomes Context

Historically Well Being has not been reported on. Going forward, Well Being will be measured specifically in the area of child mental health 0-5 yrs. by using the Ages and Stages questionnaire (ASQ-SE)

6. Recommendations and Next Steps

- Improve all NOM domain outcomes by creating more purposeful goals for each domain.
- Due to the Kinship Facilitators role shifting from an administrative/support focused role to providing increased support, measuring client capacity will shift from caseload numbers to tracking hours. This shift will more accurately reflect service delivery to families.

Family Development Program

The Family Development Program provides support and education to families in the Calgary community who have been identified as recipients for intervention support due to various challenges that they encounter.

1. Contractual Obligations

- Average monthly occupancy: 89%
- Contracted hours: 8,544hours/month
- Service hours provided: 7,579
- Total clients served: 105
- Total number of discharges: 60
- Total people impacted (ie: siblings/family members of primary client): 381

2. Demographic

Gender	Persons Served (Individuals)	Percent (%)
Male	48	46%
Female	57	54%
Transgendered	0	0
TOTAL	105	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	72	68.57%
Latin Canadian	8	7.62%
Indigenous	7	6.67%
Other	18	17.14%
TOTAL	105	100%
Age	Persons Served (Individuals)	Percent (%)
Infants (0-5)	44	42%
Children (6-11)	36	34%
Youth (12-17)	24	23%
Adults (18+)	1	1%
TOTAL	105	100

3. Tools Utilized

- Family Assessment Form (FAF)

4. National Outcome Measures (NOM)

Improved Safety

- 55/60 (92%) children and youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program
- 54/60 (90%) families successfully closed their files with CFSA at the end of service.
- 59/60 (98%) children and youth lived in safe and secure housing at the end of services.
- 6/6 (100%) families who identified safety as their service goal achieved it successfully.

Improved Well Being

- 7/7 (100%) parents who identified increased knowledge of child development as a service goal successfully achieved it while in the program.
- 12/12 parents who identified increased communication skills as a service goal successfully achieved it while in the program.
- 3/3 families who identified increased health (mental, physical, emotional) as a service goal successfully achieved it while in the program.

Improved Permanency

- 6/7 (85.7%) parents who identified family preservation as a service goal achieved their goal while in the program.
- 1/1 (100%) parent who identified family reunification as a service goal achieved it while in the program.

Improved Family and Community Support

- 47/47 (100%) parents who identified increasing parenting capacity as a service goal successfully achieved it while in the program.
- 13/13 (100%) families who identified an increase in accessing community resources/community involvement as a service goal successfully achieved it while in the program.
- 3/3 (100%) families who identified increased referrals for additional services as a service goal successfully achieved it while in the program.
- 2/2 (100%) of families who identified gaining employment/ or accessing a day program as a service goal successfully achieved it while in the program.

5. Outcomes Context

Child and Family Services Authority presented the opportunity to serve increased numbers of community referrals/non-status families for the 2014-2015 reporting year.

The program experienced a decrease in referrals compared to last fiscal year. This is directly related to Child and Family Services opening fewer files.

The Family Development Program implemented parenting groups demonstrating the following results:

- 9/9 (100%) Increased parenting confidence
- 7/9 (77%) Improved child behaviours
- 8/9 (88%) Expressed being very satisfied with the groups

Some outcome areas have small sample sizes. This is related to goal areas that very few clients identified as goals for themselves.

6. Recommendations and Next Steps

- The Family Development program will continue to offer and enhance Triple P parenting groups.
- Continue to educate MST's regarding requirements for being able to accept CFS referrals (ie: must be an open file) and the increase in ability to take community files.

Pathways

The Pathways program provides in-home support to community families with children who display complex behavioural needs.

1. Contractual Obligations

- Contracted hours: 1,424hours/month
- Service hours provided: 1,540.31 hours
- Average monthly occupancy: 108.16%
- Total clients served: 22
- Total number of discharges: 13
- Total people impacted (ie: siblings/family members of primary client): 81

2. Demographic

Gender	Persons Served (Individuals)	Percent (%)
Male	15	68%
Female	7	32%
Transgendered	0	0
TOTAL	22	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	13	59.1%

Indigenous	3	13.6%
Other	6	27.3%
TOTAL	22	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	3	14%
Children (7-11)	6	27%
Youth (12-18)	13	59%
Adults (19+)	0	0%
TOTAL	22	100

3. Tools Utilized

- Family Assessment Form (FAF)

4. National Outcome Measures (NOM)

Improved Safety

- 12/12 (100%) children and youth live in a safe and secure housing at the end of services.
- 1/1 (100%) family who identified increasing safety awareness in the home as a service goal successfully achieved it while in the program.
- 12/12 (100%) of families did not experience a critical incident report due to a reoccurrence of child abuse or neglect.

Improved Well Being

- 2/2 (100%) parents who identified increasing communication skills as a service goal successfully achieved it while in the program.

Improved Permanency

- 6/7 (87.7%) of families who identified decreasing parent-child/youth conflict as a service goal successfully achieved it while in the program.
- 12/12 (100%) of children and youth successfully remained in the home with their parents upon completion of services.

Improved Family and Community Support

- 4/4 (100%) families who identified increasing access to community resources/programs as a service goal successfully achieved it while in the program.
- 11/11 (100%) of families who identified increasing parenting skills as a service goal successfully achieved it while in the program.

5. Outcomes Context

Service hours exceeded contracted hours as a result of an increase in non-status referrals to the Pathways program. Pathways received many referrals upon the recommendation of CFSA, in addition to referrals received through active participation at community-resource fairs.

6. Recommendations and Next Steps

- To provide increased training to staff to assist them in having a more thorough understanding of how inputting information into the data base impacts outcomes.

Journey's Family Development Program

The Journey's Family Development Program provides support and education to families who are struggling with multiple challenges. These families have either identified a need for support or have been identified as recipients for intervention services in the communities of Willow Creek and the Municipal District of Foothills.

1. Contractual Obligations

- Contracted hours: 4,272 (direct and indirect)
- Service hours provided: 3,252 (direct and indirect)
- Annual occupancy: 76%
- Total clients served: 64
- Total discharges: 32
- Total people impacted (ie: siblings/family members of primary client): 234

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	42	34
Female	22	66
TOTAL	64	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	33	51.6
Canadian	21	32.8
Indigenous	6	9.4
Other	4	6.2
TOTAL	64	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	22	34
Children (7-11)	24	38
Youth (12-17)	18	28
Young Adults (18-24)	0	0
Adults (19+)	0	0

TOTAL	64	100
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3. Tools Utilized

- Family Assessment Form (FAF) (Families)
- Program Needs Assessments

4. National Outcome Measures (NOM)

Improved Safety

- 32/32 (100%) of infants/children/youth experienced a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 32/32 (100%) of infants/children/youth live in safe and secure housing. 30 (94%) with parents 2 (6%) with other relatives.

Improved Well Being

- 19/22 (86%) parents who identified increased parenting capacity as a service goal demonstrated improvement.
- 4/6 (67%) parents who identified increased child development knowledge as a service goal demonstrated improvement.
- 3/4 (75%) of parents who identified anger management as a service goal demonstrated improvement.

Improved Permanency

- 3/3 (100%) of families who identified family preservation as a service goal achieved their goal.
- 3/3 (100%) of children who did not have a permanent placement at the beginning of service achieved permanency by the end of service (one child with kinship and 2 children with bio parent).

Improved Family and Community Support

- 11/11 (100%) of families who identified increased connection to community resources as a service goal demonstrated improvement.
- 14/16 (88%) parents who identified increased life skills as a service goal demonstrated improvement.

- 6/6 (100%) of families who identified conflict resolution as a service goal demonstrated improvement.

5. Outcomes Context

The contractual obligation of 4,272 service hours was not met as the actual hours were 3,252. This shortfall was due to staff turnover.

The Journeys program has identified child development and anger management as area which did not reach our target of 80%. During the next fiscal year these areas will be explored to discover why the outcomes fell below our target. Areas of exploration will include effects of sample size, staff training and client population characteristics.

6. Recommendations and Next Steps

- To better address domestic violence and anger challenges in the community (3/4 (75%) families improved in this area) the Journeys program has developed a partnership with Peer Support Services for Abused Women and will be attending training to better address domestic violence and anger challenges in the community.
- To improve the outcomes for child development (4/6 (67%) families improved in this area) staff has been provided additional resources including online Triple P which has child development integrated into its curriculum.

High Fidelity Wraparound

In partnership with Hull Services, EnviroS and Calgary Child and Family Services, this program ensures that children and youth grow up in their natural homes and communities. The model emphasizes voice and choice. It enables family/children/youth to identify a team of people they consider to be helpers in their lives. The team then supports these individuals to achieve their goals.

1. Contractual Obligations

- Contracted hours: 7,125 Annually
- Service hours provided: 5,169
- Average monthly occupancy: 72%
- Total clients served: 48
- Total discharges: 28
- Total people impacted (ie: siblings/family members of primary client): 75

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	24	50
Female	23	48
Transgendered	1	2
TOTAL	48	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	21	44
Canadian	12	25
Jamaican	1	2
Indigenous	13	27
Other	1	2
TOTAL	48	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	7	15
Children (7-11)	3	7
Youth (12-17)	32	66
Young Adults (18-24)	4	12
Adults (19+)	0	0
TOTAL		100

3. Tools Utilized

- Child and Adolescent Functional Assessment Scale (CAFAS) (5-19 years)
- Wraparound Fidelity Index (WFI)
- Data outcomes tracking form

4. National Outcome Measures (NOM)

*10 of the 28 discharges were clients that withdrew before completing the program. Client outcomes in this section are based on the remaining 18 discharges, unless otherwise noted.

Improved Safety

- 18/18 (100%) children/youth did not experience a recurrence of abuse or neglect
- 18/18 (100%) children/youth did not require increased involvement from Child and Family Services
- 7/18 (39%) children/youth no longer required Child Intervention Services
- 13/18 (72%) children/youth live in safe and secure housing

Improved Well Being

26 individuals had pre and post CAFAS profiles for this reporting period. Out of these:

- 14/26 (56%) children/youth had a reduction in their CAFAS total score of 20 points or greater, indicating positive change

- 13/26 (50%) children/youth were identified at intake as PBI(Pervasively Behaviorally impaired using the three subscales of school, home and behavior towards others)
 - 6/13 (46%) improved and no longer met the PBI criteria at discharge.

Overall, CAFAS scores decreased (indicating positive change) by 24%. The CAFAS pre score average of 104 decreased to 80.

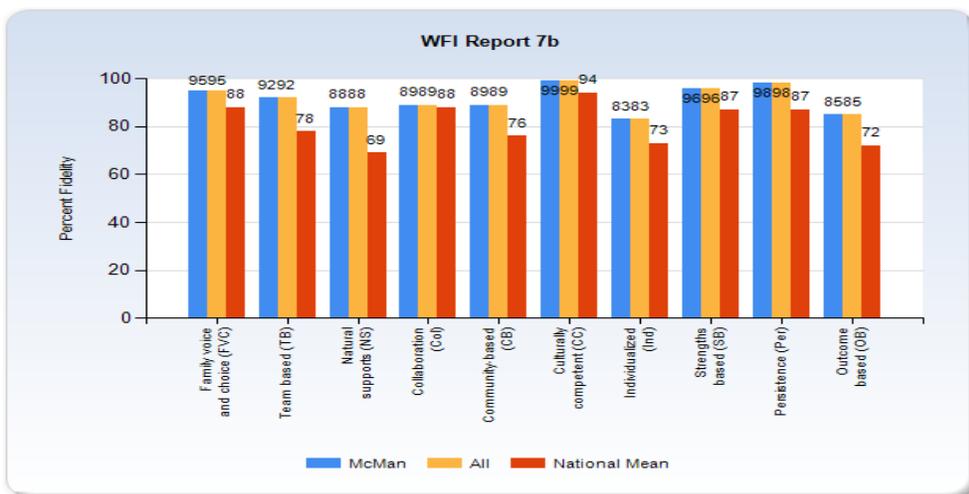
Improved Permanency

- 4/18 (22%) infants/children/youth maintained at home
- 5/18 (28%) infants/children/youth returned home
- 1/18 (1%) infants/children/youth moved to a permanent home
 - private guardianship with a natural support
- 3/18 (16%) youth are living independently
- 6/18 (33%) youth had no change and remained in group care and/or foster care
- 18/18 (100%) infants/children/youth have a permanent connection to a significant natural support

High Fidelity Wraparound identified 4 youth/children that needed Family Finding this fiscal year. Between all 4 children an increase of 306 family connections were identified. One child was reunified and is now living with biological family identified through family finding activities.

Improved Family and Community Support

- 14/18 (78%) improved their connection to community resources
- 13/18 (72%) improved their social connections
- 5/8 families (63%) that identified parenting capacity as a goal increased their parenting capacity.



	FVC	TB	NS	Col	CB	CC	Ind	SB	Per	OB
McMan	95	92	88	89	89	99	83	96	98	85
All	95	92	88	89	89	99	83	96	98	85
National Mean	88	78	69	88	76	94	73	87	87	72

The fidelity to the principles of Wraparound consistently demonstrates McMan Calgary & Area exceed the National Mean. The facilitators' quality of service and commitment to providing best practices are reflected in the higher numbers.

5. Outcomes Context

- Compared to last year the referrals were lower and at times there were none on the list. More complex youth were referred this year with an increase of 5 being PSECA youth. These youth require more time for engagement and are on the facilitators list longer with AWOLS etc...
- 14 referrals did not open. This was mainly due to the determination of best fit with HFWA and that many of the referrals were youth who did not want to and/or were ready to engage with the process.
 - 8 youth did not engage
 - 1 youth deceased
 - 3 families withdrew – 1 family felt it wasn't a cultural fit
 - 2 CFS withdrew – 1 family was in addictions treatment; 1 family had other resources
- Overall with a commitment to increasing natural supports and potential lifelong connections, HFWA was able to meet this outcome at 100%

6. Recommendations and Next Steps

- Increase awareness and education of HFWA and Family Finding to agency staff and CFS staff to assist in obtaining more referrals.
- Continue to coach and encourage family finding for isolated youth and families.
- Continue to provide consultation at the Youth Assessment Team Triage to increase complex youth referrals and strengthen the partnership between McMan and CFS.

Youth Transitions to Adulthood (YTA)

The YTA program assists youth who require support in order to live independently, yet are unable to stay with their natural families.

1. Contractual Obligations

- Contracted spaces: 23
- Annual occupancy: 97%
- Total clients served: 30
- Total discharges: 8

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	13	43
Female	17	57
TOTAL	30	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	20	67
Indigenous	4	13
African	2	1
Other	4	13
TOTAL	30	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)		
Children (7-11)		
Youth (12-17)	3	10
Young Adults (18-24)	27	90
TOTAL	30	100

3. Tools Utilized

- Resiliency Initiatives (Child/youth 5-24 years of age, adult 25+ years of age)

4. National Outcome Measures (NOM)

Improved Safety

- 2/2 (100%) discharged youth who identified a goal in this area were successful.
- 1/2 (50%) youth did not have any further youth justice involvement
- 1/2 (50%) youth successfully decreased his drug use.
- 8/8 (100%) of youth discharged had no increase in child protection related issues

Improved Well Being

- 8/8 (100%) of youth who identified increased educational/employment/day program as a goal showed improvement.
 - 1/8 (13%) youth graduated high school and is now attending the University of Calgary.

- 2/8 (25%) are attending transitional/vocational programs. These programs support persons with disabilities to further them in the attainment of their employment/educational goals.
- 3/8 (38%) of youth are attending and passing their high school classes.
- 2/8 (25%) youth did not engage in programming

Improved Permanency

- 6/8 (75%) youth were living in stable housing at time of discharge. 1 youth is currently living with their biological parents. 1 youth is living with relatives, 2 youth are living in long term supported homes.
- 2/8 (25%) refused service and were living with friends.

Improved Family and Community Support

- 8/8 (100%) youth identified an improvement in their connection to resources and networks
- 2/8 (25%) youth had increased contact with their biological parents
- 6/8 (75%) youth improved on their family and community goals

5. Outcomes Context

For the domain of Safety only 2 youth had a goal related to this outcome. For the remaining youth, no safety concerns were identified.

Program youth continue to struggle with mental health issues and diagnoses which may impact their ability to achieve some of their goals. Youth are not always diagnosed when they enter our program. The program has seen an increase in diagnoses, including Fetal Alcohol Syndrome Disorder (FASD), Asperger's/Autism, low cognitive ability/development, anxiety disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Post Traumatic Stress Disorder (PTSD). Staff training regarding mental health issues and how to support youth with mental health issues will be explored.

6. Recommendations and Next Steps

- All YTA staff have been trained in the Family Find model and the program will be implementing the tools and strategies over the next year with youth who identify the need or desire for increased natural supports.
- McMan Calgary & Area has recently been working with Alberta Health Services Complex Kids to further our understanding of youth living with mental health and/or

addictions issues. AHS will be providing workshops throughout the year to educate and provide staff with strategies surrounding these issues.

- YTA is looking into a new assessment tool to provide a comprehensive evaluation of youth’s progress in the program. At this time the Ansell Casey Assessment tool is being assessed by our Outcome and Evaluation Manager to ensure alignment and compatibility with the program.
- YTA will be doing coaching sessions with staff around goal planning and evaluation to ensure outcomes are being properly measured. These coachings will occur at minimum four times throughout the year.
- YTA staff has been trained and will be implementing the Genopro tool, genealogy software which helps create family trees and genograms

Life Skills

The Life Skills program provides youth with life skills and strategies to prepare them for adulthood.

1. Contractual Obligations

- Total clients served (Skills for Life, Skills for Anger, Career Track: 64

2. Demographics

Skills for Life

Gender	Persons Served (Individuals)	Percent (%)
Male	11	48
Female	11	48
Transgendered	1	4
TOTAL	23	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	12	52
Indigenous	6	26
African	3	13
Other	2	9
TOTAL	23	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)		
Children (7-11)		
Youth (12-17)	14	61
Young Adults (18-24)	9	39
TOTAL	23	100

3. Tools Utilized

- Pre/Post Survey

4. National Outcome Measures (NOM)

Improved Well Being

- 14 youth surveyed reported an overall increase over all life skills areas including communication, feelings, problem solving, self-awareness and active listening skills
- When asked if they use the skills learned
 - 76% of youth stated they utilize skills learned most or all of the time
 - 20% use skills some times
 - 4% said they rarely use skills learned

Skills for Anger

Gender	Persons Served (Individuals)	Percent (%)
Male	27	69
Female	12	31
Transgendered	0	0
TOTAL	39	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	27	70
Asian	4	10
African	2	5
Indigenous/Aboriginal	4	10
Other	2	5
TOTAL	39	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	0	0
Children (7-11)	0	0
Youth (12-17)	34	87
Young Adults (18-24)	5	13
Adults (19+)	0	0
TOTAL	39	100

3. Tools Utilized

- Pre/Post Survey

4. National Outcome Measures (NOM)

Improved Well Being

- 31/39 (83%) reported an overall increase in skills related to managing anger

Career Track

Gender	Persons Served (Individuals)	
Male	1	50
Female	1	50
TOTAL	2	100
Ethnicity/Cultural Background	Persons Served (Individuals)	
Caucasian	2	100
Indigenous		
African		
Vietnamese		
Other		
TOTAL	2	100
Age	Persons Served (Individuals)	
Infants (0-5)		
Children (6-11)		
Youth (12-18)	2	100
Adults (19+)		
TOTAL	2	100

3. Tools Utilized

- Pre/Post Survey

4. National Outcome Measures (NOM)

Improved Well Being

- 2/2 (100%) youth reported an overall increase in skills related to job and education preparation.

Manhattan Place

Manhattan Place is a community-based home for children and youth who are unable to live with their natural families and/or in their natural homes. The program provides a safe, stable and healthy living environment for its residents.

1. Contractual Obligations

- Contracted spaces : 6
- Average annual occupancy: 60%
- Total clients served: 14
- Total discharges: 11

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	14	100
Female	0	
Transgendered	0	
TOTAL		100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	9	64
Aboriginal	4	28.6
Mixed Race	1	7.1
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	0	
Children (7-11)		
Youth (12-17)	14	100
Young Adults (18-24)		
Adults (19+)		
TOTAL	14	100

3. Tools Utilized

- Child and Adolescent Functional Assessment Scale (CAFAS) (5-19 years)

4. National Outcome Measures (NOM)

Improved Safety

- 11/11 (100%) youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 9/11 youth discharged youth were rated on the CAFAS scale.
 - There were 2 youth who did not reside in the program long enough to complete the CAFAS assessment on them.
 - 2/9 (22%) youth saw a decrease in their CAFAS scores. This demonstrates an improvement in their behaviours and over all safety. One youth did not engage in criminal activity while in our program. The other youth decreased his drug use significantly.
 - 7/9 (77%) saw an increase in their CAFAS scores. This demonstrates that the youth continued to engage in high risk activities despite their residing at our program.
- 11/11 (100%) youth live in safe and secure housing

Improved Well Being

- 3/11 (27%) discharged youth at Manhattan Place improved their overall well-being. They were able to do so with improvements in school, family connection, and anger management courses offered at McMan Calgary & Area
- 2/11 (18%) youth, according to the CAFAS tool, improved their school performance, 4/11 (36%) decreased their school performance, and 4 (36%) remained the same score.
- 7/11 (63%) youth improved their school attendance. These youth were initially not enrolled in school and would not attend regularly however; these youth were enrolled and attended minimum 1 day a week.
- 11/14 (79%) youth saw a family physician for any medical needs
- 8/14 (57%) have seen an eye doctor and a dentist

Improved Permanency

- 5/11 (45%) youth moved to a permanent home
 - Kinship: 1/11 (9%) youth moved in with a friend, 1/11 (9%) youth moved in with his aunt
 - 2/11 (18%) youth returned home
 - 1/11 (9%) youth is living independently
- 4/11 (36%) youth placed were not appropriate referrals to Manhattan as their behaviours were too high risk and were recommended for residential treatment. As a result of this they were discharged to youth shelters
- 2/11 (18%) youth moved to a more intrusive program. One youth was transitioned to Evergreen with Woods Homes, while the other was incarcerated

Improved Family and Community Support

- 11/11 (100%) youth participated in regular recreation and community activities as part of Manhattan Place programming.
- 7/11 (63%) discharged youth from Manhattan Place there were 7 youth who identified a goal to increase their familial connections
- 4/7 (57%) saw an improvement, 2/7 (29%) of the youth saw no change, and 1/7 (14%) saw a decline.
 - One youth disengaged from his mom and was unwilling to work to improve his relationship but did get connected with his Aunt and Uncle and began to visit them every weekend
 - One youth connected with a family friend who became his permanent residence
 - Two youth were unable to improve their relationship with their mother's and disengaged from the relationship

5. Outcomes Context

Over the last year the youth who have been referred to Manhattan Place have demonstrated high risk behaviours and have engaged in high risk activities. As a result of this, the youth were not able to stabilize in a community placement, which is why we have not seen strong outcomes

6. Recommendations and Next Steps

- With the changes in Child and Family Services and a focus towards front-end practice, Manhattan Place saw a drop in monthly occupancy rate. As a result of this, there is a plan to assess which services are required for status youth in Calgary and how McMan Calgary & Area can best address that area of need. Manhattan will explore the option of having a Clinician attached to our program to help support the youth with their complex needs and provide support to staff.

Protection of Sexually Exploited Children and Adolescents (PSECA)

PSECA supports youth who are at risk of, or are involved in, sexual exploitation.

1. Contractual Obligations

Client capacity is flexible as per the needs of the clients and community

- Total clients served: 26
- Total discharges: 17
- Total Community presentation hours: 65.5
 - Hera
 - Eleanor’s house
 - James Fowler
 - Starburst girls programs
 - McMan
 - BGCC
 - YWCA
 - Bow Valley College
- Total PSECA training hours to CFS Region 3; Central region and Starburst staff: 22
- Total people impacted (ie: siblings/family members of primary client): 49

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	3	12
Female	23	88

Transgendered	0	
TOTAL		100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	19	75
Canadian	3	12.5
Hindi	2	4.1
Indigenous	2	8.4
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	20	80
Young Adults (18-24)	4	16
Adults (19+)	1	4
TOTAL		100

3. Tools Utilized

- Program Needs Assessments

4. National Outcome Measures (NOM)

All outcomes based on 17 discharged clients

Improved Safety

- 12/17 (71%) youth experienced a reduction of risk factors for sexual exploitation
- 5/17 (29%) youth improved their knowledge and understanding of sexual exploitation prevention

Improved Well Being

Addressing physical health, working on addictions issues and strengthening or increasing natural connections were measured as indicators of well-being.

- 14/17 (82%) youth increased their Well-Being
- 11/17 (65%) youth addressed their physical health and impacted it positively
- 6/17 (35%) youth addressed their addictions and had a positive impact
- 10/17 (59%) youth strengthened or increased their natural supports while in the program

Improved Permanency

- 5/17 (29%) youth maintained/returned home
- 2/17 (12%) youth are living independently:
- 11/17(65%) youth have a permanent connection to a significant natural support

Improved Family and Community Support

- 12/17 (71%) improved their connection to community resources

5. Outcomes Context

The program experienced staff turnover this fiscal year. As a result the SERAF assessment tool was not fully implemented. The program used a basic needs assessment to determine risk and to help identify individual goals.

Community presentation hours increased this year due to a greater demand from schools, agency staff and Alberta Central region indicating a need for more education and awareness of PSECA and the risk factors of sexual exploitation. Our focus on community education was to help strengthen the youth's supports in their community of origin.

The target outcomes of 80 % were not reached under the NOM of increased safety due to the degrees of risk of the youth being served. The youth that are presented in the 29% and 47 % data are more commonly youth that present with lower risk. These are youth that are more likely to have family/natural connections identified and connect with education and resources that can help reduce/prevent risk. Youth at higher risk often present with addictions, AWOLS and street entrenched activities that prevent them from connecting with services. The program's intent with these higher risk individuals is to continue the relationship building and be there when they are ready to open another service agreement. Education and support is often directed at the parents (if involved) of higher risk youth in navigating systems and understanding the trauma that these youth experience

6. Recommendations and Next Steps

- Utilize the SERAF Assessment tool to indicate level of risk and create individual goals that will support reducing the youth's risk factors. Provide a post assessment at discharge to focus on trends, patterns and outcomes for the program.
- Determine what resources are currently available to help reduce the risk of sexual exploitation and identify the gaps in service. Bring the information to the Street level meeting to brainstorm with other PSECA services on how to best meet the gaps.
- Review the goals types in the case management database to determine if they are meeting the needs of identifying a knowledge and understanding of sexual exploitation prevention and brainstorm ways to increase and indicate improved safety.
- If living at home is not an option for youth (AWOL, involved in sexual exploitation, addictions, independent living etc..) the PSECA coordinator will work with the youth and utilize Family Finding tools to determine current support network and if needed work on increasing their life long connections.
- Increase caregiver capacity by providing a Psycho-educational support group to parents.

Parent-Child Assistance Program (P-CAP)

P-CAP supports the development and maintenance of healthy family lives. The voluntary program aids to prevent further births of alcohol/drug exposed children.

1. Contractual Obligations

- Contracted spaces: CFS 48; CFAN 12-15
- Average monthly occupancy: 100%
- Total clients served: 99
- Total discharges: 13
- Total people impacted (ie: siblings/family members of primary client): 297

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male		
Female	99	100
Transgendered		
TOTAL	99	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Indigenous	39	39
Other	60	61
TOTAL	99	100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	1	1
Young Adults (18-24)	27	27
Adults (19+)	71	72
TOTAL	99	100

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

- 13/13 (100%) women identified Safety as a goal

Women are not using drugs/alcohol and/or are using effective Birth Control

- 12/13 (92%) women are using effective birth control
- 11 /13 (85%) women are not using drugs or alcohol

- 2/13 (15%) women who are actively using substances are on effective birth control

Improved Well Being

- 13/13 (100%) women identified Well-Being as a goal
 - 11/13 (85%) of the families have no Child and Family Services involvement.
 - 7/13 (54%) of the mothers attend school and are employed.

Improved Permanency

- 13 of the women identified Permanency as a goal

Women are able to provide safe and stable housing for their children.

- 13/13 (100%) women reside in safe and stable housing
- 11/13 (85%) women have their children in their care
- 2/13 (15%) women's children reside with kinship

Improved Family and Community Support

- 13/13 women identified Family and Community Support as a goal
 - 13/13 (100%) women improved their connection to community resources
 - 10/13 (77%) women attend parenting classes in the community
 - 13/13 (100%) women increased their parenting capacity

5. Outcomes Context

In November of this reporting year, one of the mothers who has been included in the outcome results died by suicide. She had lost custody of her child and was actively using when she passed away.

The PCAP Program is a 3 year program. This reporting year, we had 13 women complete the program. PCAP is based on the Harm Reduction Model and as no client is asked to leave the program, a decrease in substance use is seen as a success. A decrease in use or change to a drug that causes less harm to a fetus is also seen as progress and any move through the harm reduction model is positive. One of the goals of PCAP is that if mothers have a second pregnancy while in the program, that the pregnancy is free of drugs/alcohol. None of the 13 discharge women had a second pregnancy while in the program.

A significant component of the PCAP program is to increase the woman's connections to community resources. The Parent Advocates ensure clients have the resources and skills necessary to feel supported in all areas of their life.

54% of the women are either in school or working. In PCAP, this is a high percentage. The women typically experience significant trauma and struggle with addictions when entering into PCAP and demonstrating some independence and success is an excellent outcome for these women.

Safety is a crucial component to ensuring our women learn the necessary skills to keep themselves and their children safe. 2 (15%) of the 13 women at discharge were actively using but had not had a second pregnancy during that time. This is a success for the program that avoids future births affected by drugs and/or alcohol.

6. Recommendations and Next Steps

- During the next reporting year, the program will be searching for opportunities to participate in Trauma Informed Care trainings and /or workshops. This will increase the awareness for our Parent Advocates and help inform our practice.
- To enhance advocacy within the community, the program is committed to increasing connections with external employment resources to share knowledge and help increasing opportunities for the women and their families.
- An integral next step would be to train the staff team in the family finding model. This will help with the engagement process with other natural supports that are involved in the client’s life. It is critical that all people involved in the women’s life understand their challenges and recognize and build from their strengths and abilities to be successful.

Parent-Child Assistance Program-Expanded Enrollment (P-CAP-EE)

P-CAP-EE is a program that supports parents diagnosed with, or suspected of having, Fetal Alcohol Spectrum Disorder (FASD). The program provides support to parents in order to strengthen parenting skills, decrease breakdowns within the parent-child relationship and build on existing strengths within the home.

1. Contractual Obligations

- Contracted spaces: 18-20
- Annual occupancy: 100 %
- Total clients served: 19
- Total discharges: 7
- Total people impacted (ie: siblings/family members of primary client): 92

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
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Male	17	89%
Female	2	11%
TOTAL	19	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Indigenous	7	36.9%
Other	12	63.1%
TOTAL	19	100
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	2	11%
Adults (19+)	17	89%
TOTAL	19	100

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

Improved Safety

7 women identified Safety as a goal

- 7/7 (100%) women report an increase in knowledge of risk factors.
- 6/7 (86%) women no longer use substances.
- 7/7 (100%) women are not involved in criminal activity

Improved Well Being

7 women identified Well Being as a goal

- 5/7 (71%) women are on AISH (AISH is permanent funding-Assured Income for the Severely Handicapped.) 1 of these women has been approved for AISH, however she is presently using an inheritance for her living expenses and will access AISH when she no longer has the other funds.
- 2/7 (29%) women are presently employed.
- 6/7(86%) women have completed FASD assessments.

Improved Permanency

7 of the women identified Permanency as a goal

- Women are able to provide safe and stable housing for their children
 - 7/7 (100%) women live in safe and stable housing.
 - 6/7 (85%) women live independently.
 - 1/7 (14%) women lives with her parents.
- 6/7 (86%) women have remained intact with no Child Welfare involvement

- 1/7 (14%) women has had her child permanently removed from their care.

Improved Family and Community Support

7 of the women identified Family and Community Support as a goal

- 7/7 (100%) women report increased knowledge and involvement with community resources. The women and their families are able to refer themselves to services and have knowledge about what services are available in the community that they could access.
- 7/7 (100%) women are connected to one or more community resources.
- 5/7 (71%) women have attended parenting classes in their community.

5. Outcomes Context

The PCAP Expanded Enrolment program is a 3 year program. The length of the program impacts on the number of clients who graduate from the program each year. The staff maintains small caseloads due to their client's needs. The program will typically have a small number of graduates due to the length of service in the program.

For the women who have an FASD, working or attending school is challenging due to processing difficulties and some of the common behaviours seen with clients with an FASD. Obtaining employment decreases their reliance on Social Assistance and increases their self-esteem. Helping both the clients and the employer understand their strengths and difficulties is a necessary intervention for our staff. For PCAP EE, having 28% of our clients working, is a very positive and exciting outcome. Obtaining AISH funding is an acknowledgement that the client is not employable. It eliminates the need for clients to apply for Social Assistance and to have to continually prove that they are unable work.

FASD assessments will be accessed and the results will be explained to families and their support systems. If the FASD assessment was done in the past, the clients may need clarification on what the assessment means or support in accessing a new assessment. The staff members work hard at helping clients understand their strengths and support them in developing new strategies to help address areas of their life that they are having difficulties in.

Many of our clients have difficulty understanding what is being taught in parenting classes as they are not set up to address the needs of a person with an FASD so they avoid the experience as it makes them feel badly. It is exciting to see 5 of our clients being successful at this. Parents will continue to be supported in attending parenting groups to increase their skills.

We have outcomes under 80% in the following areas- parenting classes, employment and

obtaining AISH. Clients who have an FASD have many different abilities and for many working or attending a parenting classes would be an unrealistic expectation. Our goal is to support our clients in feeling successful in developing and reaching their goals.

6. Recommendations and Next Steps

- For the program to continue to have successful outcomes, we need to continue to maintain and develop relationships with other agencies providing services to the FASD community. Staying involved with the Calgary Fetal Alcohol Network is essential for this program to continue to move forward. It is also critical that we maintain our relationships with organizations such as Medigene, as assessments are required in order for the clients to receive AISH and other eligible supports.
- An integral next step would be to train the staff team in the family finding model. This will help with the engagement process with other natural supports that are involved in the client’s life. It is critical that all people involved in the women’s life understand FASD and recognize and build from their strengths and abilities to be successful.
- A barrier for our women and their families has been the financial strain of being able to provide bus passes and/or bus tickets. Transportation is challenging for our families without the support of the Parent Advocates. A next step for the program is to search for external funds or grants that can assist with this need.

Parent-Child Assistance Program (P-CAP Rural)

P-CAP Rural supports the development and maintenance of healthy family lives. The voluntary program aids to prevent further births of alcohol/drug exposed children.

1. Contractual Obligations

- Contracted spaces: Contracted spaces: 8-10
- Average monthly occupancy: 100%
- Total clients served: 11
- Total discharges: 1
- Total people impacted (ie: siblings/family members of primary client): 39

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male		
Female	11	100
Transgendered		
TOTAL		100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Indigenous	3	27

Other	8	72
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	1	9
Adults (19+)	10	91
TOTAL		100

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

Mother is not using drugs/alcohol or is using effective Birth Control

- 1/1 (100%) woman is not using drugs or alcohol

Improved Well Being

Child does not require Child Welfare involvement

- 1/1 (100%) family has no Child and Family Services involvement

Women are able to abstain/reduce drug and alcohol use in subsequent pregnancy

- 1/1 (100%) woman is pregnant with a second pregnancy. There has been no drug or alcohol use during this pregnancy.

Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

- 1/1 (100%) family report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Improved Permanency

Mothers are able to provide appropriate housing for their children

- 1/1 (100%) mother lives in safe and stable housing.

Improved Family and Community Support

- 1/1 (100%) woman report increased knowledge and involvement with community resources.

- 1/1 (100%) woman report an increase in parenting skills.

5. Outcomes Context

This year we have we have one client graduate. PCAP is a 3 year program and at that same time we had a staff go on sick leave for a number of months which caused a gap in staffing. When the new staff member was hired, the flood in High River occurred. Many of our clients lost their homes and were unavailable. We had a year of re-building in the program. The program is full and we will see more clients graduate next year.

6. Recommendations and Next Steps

- We will continue to develop relationships with other service providers in the rural area. The process of developing these relationships results in the rural agencies knowing about us and continuing to make referrals. It is important that the PCAP Rural Program continue to promote the services in the rural communities on an ongoing basis. The PCAP Program follows a model that is evidence based. We will continue to provide services to our clients that are consistent with the Model. The outcomes for this program are very positive.
- During this next year, we will be increasing staff training in Trauma Informed Care as this type of training fits well within the PCAP Model. We will also be increasing awareness of Safety Planning for both clients and staff. We will be using the PCAP Safety Protocol as a guideline for this work.
- We are seeking external funding for basic needs for our PCAP clients. We have identifies transportation costs such as bus tickets as a priority.
- The staff in this program took a facilitator training called Finding Our Voices. This program is a 6 week Self Esteem Program for Women who have experienced Domestic Violence which will be offered in rural Alberta. The clients in our program will have the opportunity to attend.
- An integral next step would be to train the staff team in the family finding model. This will help with the engagement process with other natural supports that are involved in the client's life. It is critical that all people involved in the women's life understand their challenges and recognize and build from their strengths and abilities to be successful.

Fetal Alcohol Spectrum Disorder (FASD) Maps

FASD Maps is an advocacy /mentorship program that supports youth and their respective families or caregivers. FASD Maps is a partnership program with Renfrew Educational Services, Hull Services and Woods Homes. The partnership offers a continuum of services for families with children and youth affected by FASD.

1. Contractual Obligations

- Contracted hours: 1,454 hours
- Service hours provided: 1,430 hours
- Annual occupancy: 97.75%
- Total clients served: 14
- Total discharges: 5
- Total people impacted (ie: siblings/family members of primary client): 152

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	2	40
Female	3	60
Transgendered	0	0
TOTAL		100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	3	60
Indigenous	2	40
Other	0	0
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	3	60
Young Adults (18-24)	2	40
Adults (19+)	0	0
TOTAL	5	100

3. Tools Utilized

- Service Prioritization Decision Assessment Tool (SPDAT) (youth and families)

4. National Outcome Measures (NOM)

Improved Safety

1/1 (100%) of youth who targeted safety as a specific goal achieved that goal.

- Youth involved with high risk and/or exploitive situations reduced their risk by 50%
- There was a 50% decrease of risk of personal harm or harm to others
- There were no critical incidences reported this year

Improved Well Being

5/5 (100%) youth improved their wellbeing overall.

- Overall, there was an increase of 86% of youths' financial literacy and money management skill
- One youth successfully transitioned to independence

Improved Permanency

100% of youth remain living at home or live independently.

- Over all there was an 86% improvement of secure and safe housing

Improved Family and Community Support

5/5 (100%) youth achievement in all family and community support goals was obtained.

- There was a 75% increase in the overall positive social relationships of the youth.
- 5/5 (100%) youth who had specifically outlined peer relationships as a goal, achieved their goal.
- 5/5 (100%) youth improved their family and social relationships.

5. Outcomes Context

FASD MAPS had five discharges over the course of the year resulting in very positive, but limited outcome data. Criteria, including more formal guidelines of transition and discharge plans are now in place. All youth entering the program will be provided service for a one month period, with the possibility of extending for an additional three months at a time (to a maximum of 1 year) if there is a need for the youth and progress is continuing towards goals. This will allow the program to move through the waitlist more quickly and service additional youth.

6. Recommendations and Next Steps

- MAPS will continue to connect with the community as well as support individuals, including professionals, by consulting and providing information on FASD . Over the next year, MAPS will focus on decreasing the waitlist and increasing community connections within the Calgary FASD community.

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES (FSCD) PROGRAMS

Milestones

The Milestones program provides behavioural and developmental aide to support families who have a child with a developmental disability.

1. Contractual Obligations

Behaviour/Developmental Aide Supports/ Transitions Coordinator/Stepping Stones

- Contracted hours: 9,968
- Service hours provided: 9,484
- Annual occupancy: 95 %
- Total clients served: 272
- Total discharges: 98
- Total people impacted (ie: siblings/family members of primary client): 866

Counseling Supports

- Contracted hours: 1,500
- Service hours provided: 1,586
- Annual occupancy: 106%
- Total clients served: 127
- Total discharges: 30
- Total people impacted (ie: siblings/family members of primary client): 316

2. Demographics

Behavioural/Developmental Aide Supports/ Transitions Coordinator/Stepping Stones

Gender	Persons Served (Individuals)	Percent (%)
Male	112	69.5
Female	48	30
Transgendered	1	.5
TOTAL	161	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Canadian/Caucasian	115	71.5
Chinese	10	6
Filipino	7	4.5
Indigenous	2	1
Other	27	17
TOTAL	161	100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	36	22

Children (7-11)	75	47
Youth (12-17)	50	31
TOTAL	161	100

Counseling Supports

Gender	Persons Served (Individuals)	Percent (%)
Male	78	80
Female	19	20
TOTAL	97	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Canadian/Caucasian	56	58
Mixed Race	8	8
Chinese	6	6
Indigenous	1	1
Other	26	27
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	20	21
Children (7-11)	35	36
Youth (12-17)	42	43
TOTAL		100

3. Tools Utilized

- Family Assessment Form (FAF) (Behaviour/Developmental Aide Support)
- Developmental Behaviour Checklist (DBC) (Stepping Stones)

4. National Outcome Measures (NOM)

Improved Safety

- 79/98 (81%) children/youth improved their safety within their home and community.
- 8/8 (100%) children/youth that identified goals related to safety achieved their goals.
- 11/11 (100%) children/youth that identified social skills including community safety awareness

Improved Well Being

- 47/55 (85%) children/youth that identified well-being as a goal improved
- 17/18 (94%) children/youth that identified goals related to their daily living skills achieved their goals.
- 6/7 (86%) children/youth that identified goals related to their mental health, addiction concerns and self-care improved

Improved Permanency

- 7/7 (100%) children/youth who's families specifically had goals to increase knowledge of their diagnosis achieved their goal.
- 98/98 (100%) children remained in the family home upon discharge from the program.

Improved Family and Community Support

- 14/17 (82%) children/youth that identified goals related to their family and community support/involvement improved
- 25/27 (93%) parents/caregivers that identified goals related to increasing their behaviour management skills improved
- 14/15 (93%) parents/caregivers that identified goals related to improving their knowledge of their child's diagnosis and/or child development improved
- 29/32 (91%) children/youth that identified goals related to increasing their cognitive, emotional, social and physical development improved
- 13/13 (100%) parents/caregivers that identified goals related to increasing their knowledge of sensory and/or emotional regulation improved
- 10/11 (91%) parents/caregivers that identified goals related to improving their knowledge of and/or access to community resources improved.

Transitions Coordinator:

Clients Served: 14 total (9 discharges)

Service Hours: 1383

Capacity: 97% (6 weeks off for staff medical leave)

Over the past year, the Transition Coordinator continued to facilitate the Transition to Adulthood Workshops in partnership with Children's Link. From September 2014 until March 2015 there were a total of 10 workshops presented with 113 people in attendance. The feedback to the workshops was overwhelmingly positive. Approximately $\frac{3}{4}$ of attendees were parents/caregivers and $\frac{1}{4}$ were professionals.

In addition, the Transition Coordinator, and co-facilitator, were invited to present at the Community of Pediatrics. This was very successful and resulted in having the Transition Workshop become a required part of the pediatric residency training program.

In February of 2015, the Transition Coordinator started using the Adult Needs and Strengths Assessment – Transition to Adulthood version (ANSA-T). Although it has only been implemented for a few months, it has proved to be very helpful in our work with youth and

their families. The Transition Coordinator will continue to utilize this tool throughout the 2015-2016 year.

Some other highlights this year for the Transition Coordinator include: Having two youth accepted into mainstream programming at post-secondary institutions, presenting at several schools and the Richmond Road Diagnostic and Treatment Centre as well as continuing to have an integral role within the community of disability in helping families understand all of the components (applications and life planning) of transitioning youth to adulthood.

Stepping Stones

Clients Served: 13 families (2 discharges)

Service Hours: 549

There are two Family Coordinators that have been serving families through the Triple P Parenting Stepping Stones program over the past year. The staff were accredited in March of 2014 and have worked over the last year to slowly and steadily increase their knowledge of the program as well as increase their caseloads. Overall, 14 families were served with a total of 549 service hours. All families that have completed the program showed significant improvement in their parenting skills as shown in their Developmental Behaviour Checklist (DBC) scores.

Over the next year, the Stepping Stones Coordinators will continue to serve Stepping Stones families, as well as providing Behavioural/Developmental Aide support to these families.

5. Outcomes Context

Over the 2014/2015 year, the Milestones program maintained a consistent and skilled team. There was a 2 month period when there was only 6/7 FTE due to maternity leaves. Quality and well-attended workshops were offered to families, which enhanced caregiver knowledge around their child's wellbeing, specifically their emotional and self-regulation, anxiety, ADHD and transitioning to adulthood. The feedback on the workshop from attendees was very positive and Milestones will continue to respond to the needs of families with a variety of workshop topics in the upcoming year.

Staff were trained in early October 2014 on using the Family Assessment Form, this has been implemented with all families, however, with being implemented so late in the year minimal data has been collected at the time of this report. Staff will continue to utilize this assessment with families throughout the 2015/2016 year.

6. Recommendations and Next Steps

- Milestones will continue to evolve in providing quality support to our increasingly complex families through continuous learning and consultation with other professionals, particularly in the area of mental health challenges. Workshops will continue to be offered to families on a variety of topics to improve their knowledge and increase their social connections to other parents and caregivers. The Family Assessment Form will continue to be utilized throughout the upcoming year to help inform services for families and collect outcome data.

Homeless Programs

Hope Homes/Hope Homes for Aboriginal Youth

The Hope Homes program and Hope Homes for Aboriginal Youth program provide service to youth, between the ages of 15-24, who are currently in the process of completing high school and are experiencing homelessness.

1. Contractual Obligations

- Contracted spaces:
 - Hope Homes Program: 20
 - Hope Homes for Aboriginal Youth Program: 8
- Annual occupancy:
 - Hope Homes Program: 95%
 - Hope Homes for Aboriginal Youth Program: 100%
- Total clients served:
 - Hope Homes Program: 27
 - Hope Homes for Aboriginal Youth Program: 10
- Total discharges:
 - Hope Homes Program: 8
 - Hope Homes for Aboriginal Youth Program: 2
- Total people impacted (i.e.: siblings/family members of primary client): 235

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	15	41
Female	22	59
TOTAL	37	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	13	35
Indigenous	16	43
African	5	14
Other	3	8

	TOTAL	37	100
Age		Persons Served (Individuals)	Percent (%)
Infants (0-6)		0	0
Children (7-11)		0	0
Youth (12-17)		1	4
Young Adults (18-24)		36	96
	TOTAL	37	100

3. Tools Utilized

- Service Prioritization Decision Assistance Tool (SPDAT)

4. National Outcome Measures (NOM)

10 youth were discharged, (8) from the Hope Homes Program and (2) from the Hope Homes for Aboriginal Youth Program

Improved Safety

- 10/10 (100%) youth were provided support related to safety
 - 9/10 (90%) youth demonstrated improved practices related to safety
 - 1/10 (10%) youth requires continued support with this goal
- 5/10 (50%) youth reported having substance abuse issues
 - 4/5 (80%) youth decreased use of substances
 - 1/5 (20%) youth requires continued support with this goal

Improved Well Being

- 10/10 (100%) youth were provided support with improving their well-being*
 - 10/10 (100%) youth participated in Skills for Life and demonstrated increased life skills and social competencies
 - 8/10 (80%) youth attended an educational facility
 - 6 (75%) youth increased their number of high school credits
 - 2 (25%) youth discontinued going to school
 - 7/10 (70%) youth obtained and maintained employment

*Please note youth may have accessed support for more than one of these areas

Improved Permanency

- 10 youth (100%) were provided support with improving permanency
 - 8/10 (80%) youth obtained and maintained safe and stable housing

- 2/10 (20%) youth returned to their family home

Improved Family and Community Support

- 10/10 (100%) youth improved their connection to natural supports, community and cultural resources
 - 3/10 (30%) youth discharged from the program were Aboriginal
 - 3/3 (100%) youth participated in Aboriginal resources such as sweats, pow wows, Aboriginal dance and drumming

5. Outcomes Context

Results in the report have combined the Hope Homes Program and the Hope Homes for Aboriginal Youth Program because of the low discharge numbers within these programs. This also reflects the average length of stay each youth have in the program which is 1 to 2 years. The programs provide housing and supports and the majority of the youth entering into the program do require a longer transition into independence due to mental health challenges, lack of family supports and the ability to finish high school while in the program. Eight youth were discharged from the Hopes Homes Program, of which one youth was Aboriginal, and two youth were discharged from the Hope Homes for Aboriginal Youth Program. These are similar programs and have similar outcomes measures.

Mental health, addictions, lack of natural supports and long wait lists for professional services are challenges young people face as they enter into the program. Due to the housing first-central intake process using the SPDAT, youth with the highest acuity are housed first. As the youth's acuity is high, stabilizing the youth through the intake process takes longer and therefore may affect outcomes scoring during the first few months of involvement. As the youth engage with case managers and connect to more resources their acuity scores decrease. There are lengthy waitlists to access mental health supports which has been identified as a barrier for some of our youth. Due to long wait lists McMan applied for and was successful in obtaining a half time clinician to meet the needs of the Hope Homes Program's youth.

The Hope Homes Program's occupancy rate was at 95% due to the centralized intake process. At times spots would be kept open for youth who were referred to the program. Youth would not connect with the program or would not be willing to enter into the program.

During the 2014/2015 year the organization was successful in obtaining funds for a Housing Locator. This has been very effective in increasing the housing options for youth, decreasing the amount of time youth are being housed and has added increased support to the home providers who are taking youth into their homes.

6. Recommendations and Next Steps

- As of April 1st, 2015, the Hope Homes Program and Wellington Place merged in a new contract with the Calgary Homeless Foundation. The Hope Homes Program provides a housing continuum with several housing options for youth that meets their individual needs. The Hope Homes Program has increased the capacity to serve 35 youth on an annual basis.
- The Hope Homes Program and Hope Homes for Aboriginal Youth Program will be utilizing the Service Prioritization Decision Assistance Tool (SPDAT) as the primary program evaluation tool effective April 1, 2015. This tool will support housing movement and demonstrate success in all areas of the youth's life that have impacted their experience with homelessness.
- The Hope Homes Program is currently undergoing an evaluation to assess the programs overall data collection process and provide new strategies and tools to ensure seamless data collection aligns with the programs benchmarks, this evaluation is expected to wrap up in July 2015 and will have an evaluation plan to support the programs service delivery processes.
- Staff in both the Hope Homes and Hope Homes for Aboriginal Youth Programs will be trained in Family Finding this next reporting year 2015/2016 to support family searches and connection.
- Staff will receive further in-house training in the Harm Reduction Model, Motivational Training and Housing First model to help support their case management practice approaches. As many of the youth come into the program with addictions and mental health and are reluctant to connect with a case manager, staff receiving this training will enhance their skills in working with chronically and episodically homeless youth.

Wellington Place

Wellington is a supported living environment for youth who are at risk of or experiencing homelessness. The program provides flexible and responsive transitions to adulthood in a manner that meets the individual strengths and needs of the youth.

1. Contractual Obligations

- Contracted spaces: 5
- Annual occupancy: 80%
- Total clients served: 10
- Total discharges: 8
- Total people impacted (ie: siblings/family members of primary client): Unknown

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	7	70
Female	3	30
TOTAL		100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	6	60
Indigenous	3	30
Chilean	1	10
Mixed Race	1	10
TOTAL		100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	7	70
Young Adults (18-24)	3	30
TOTAL		100

3. Tools Utilized

- Service Prioritization Decision Assessment Tool (SPDAT) (youth and families)

4. National Outcome Measures (NOM)

Improved Safety

- 8/8 (100%) youth did not experience a recurrence of abuse or neglect while in the program.

Improved Well Being

- 6/8 (75%) youth demonstrated an increase in life skills and social competencies
- 6/8 (75%) youth maintained their school placements

Improved Permanency

- 6/8 (75%) of youth after discharge lived in safe and secure housing

Improved Family and Community Support

- 5 youth improved their connection to their cultural community

5. Outcomes Context

In the fall of 2014, the Youth Alternative Program entered into an Evaluation Project with an external evaluator to assess and analyze the programs functions and overall scope of service. This evaluation is still underway and has an expected end date for May 31st, 2015.

6. Recommendations and Next Steps

- McMan combined Wellington Place and the Hope Homes Program which can be referred to as the "Hope Homes Program" as of April 1st, 2015. The programs were combined to ensure continuum of service and continuity of case management/worker support. The merging of these two programs also ensures that a range of housing placements are available. The purpose of the program is to house chronically and episodically homeless youth between the ages of 15 to 24 who are not receiving services through child intervention. Based on the needs of the youth, this program will offer a variety of housing options which include supported roommates, place based, affordable housing and scattered site housing. This program also provides supportive case management, clinical support, consultation and specialized housing assistance.

Youth Alternative Program (YAP)

The Youth Alternative Program enables vulnerable children and youth to increase their self-esteem and self-confidence, build decision making and relationship skills so that they can make safe life choices delivered through group sessions and individual youth work

1. Contractual Obligations

- Contracted spaces: Client Capacity is flexible as per the needs of the clients and community
- Annual occupancy:
- Total clients served:
 - 184 youth participated in workshops
 - 24 youth were provided with one to one case management support.
- Total discharges: **15** discharges from the Case Management support
- Total people impacted (ie: siblings/family members of primary client): unknown

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	191	91%
Female	18	9%
Transgendered		
TOTAL	209	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	163	78%
Indigenous	14	7%
Other (African, Chinese, Vietnamese, east indian)	32	15%

	TOTAL	209	100
Age		Persons Served (Individuals)	Percent (%)
Children (7-11)		15	8%
Youth (12-17)		178	84%
Young Adults (18-24)		16	8%
	TOTAL	209	100

3. Tools Utilized

- FSII – Family and Community Support Services (FCSS Social Inclusion Indicators)

4. National Outcome Measures (NOM)

Improved Safety (workshops)

- 184 youth participated and received information identifying types of drugs and alcohol, the reasons for using drugs and alcohol, the risks of abusing drugs and alcohol and how it affects judgment.

Improved Safety (case management)

8 out of the 15 youth discharged identified Safety as a goal

- 7/8 (87%) youth reside in safe and secure housing
- 1/8 (13%) youth moved out of province
- 1/2 (50%) youth identified requiring support for mental health. Those youth experienced improvement in managing their mental health challenges by accessing supports.

Improved Well Being (case management)

5 out of the 15 youth discharged, identified Well-Being as a goal

- 2/5 (40%) youth identified education as a goal and improved their school performance
- 2/5 (40%) youth identified seeking employment as a goal and 1 (20%) of those youth achieved part time employment and the other youth moved out of province
- 5/5 (100%) youth increased in demonstrating positive life skills (cooking classes, budgeting, shopping)

Improved Permanency (case management)

4 out of the 15 youth discharged, identified Permanency as a goal

- 4/4 (100%) youth are living Independently
- 2/2 (100%) out of 2 youth had their children returned to their care due to securing safe housing

Improved Family and Community Support (case management)

12 out of the 15 youth discharged identified Family and Community Support as a goal

- 12/12 (100%) youth improved their connection to community resources
- 2/2 (100%) youth increased their parenting capacity

5. Outcomes Context

Reporting discharges and outcomes for workshops is problematic as many youth did not attend all sessions, the length of involvement is short and individual goals are not identified for this part of the program. Individual goals are identified if youth transition to one to one case management support. The workshops cycle youth in and out between different sessions as they are referred at different times. This poses an issue in tracking consistent pre/post measures of the lesson plans which is why the discharge information was not gathered.

In the fall of 2014, the Youth Alternative Program entered into an Evaluation Project with an external evaluator to assess and analyze the programs functions and overall scope of service. This evaluation is still underway and has an expected end date for May 31st, 2015.

During this reporting period the program experienced 3 staff turnovers. This impacted the number of referrals as well as the data collection processes.

The Youth Alternative Program adopted a new evidence based curriculum called the Botvin Life skills during this reporting period and started the implementation of the curriculum February 23rd, 2015.

The program has not had a Supervisor directly supporting this program since October 2015. This is related to the current Evaluation Project. This speaks to some delays in hiring and training staff in the program and supporting their immediate learning needs.

6. Recommendations and Next Steps

- Moving forward, the Youth Alternative Program will have completed its evaluation project by the end of May 2015 and will have a revised Program Logic Model as well as a final evaluation plan. This will help support the programs scope of service and provide evidence based measures for collecting outcome data. As mentioned, the program has

adopted a new curriculum February 2015 and has pre/post measures as well as Fidelity checklists to ensure the program workshop sessions align with the contractual obligations and are meeting the needs of the youth. Youth entering into the workshops will also be offered one to one case management support to help continue with the skill sets provided in the workshops and demonstrate a change in behavior with the support of case management.

- This next reporting period, we have secured partnerships with the Calgary Board of Education as they have expressed they have a population of vulnerable children/youth who would benefit from the Youth Alternative Programs workshops and supports. We continue to promote the program both internally and externally and will be participating in several resource fairs throughout the year, including presentations at various community agencies.
- The next reporting year will demonstrate that both of our Youth Alternative Facilitators/Case Managers will be trained in the Botvin Life skills curriculum levels, 1,2,&3. These levels support the scope of all ages the program serves.

Other Funded Programs

Youth and Adult Action Club (YAAC)

YAAC provides a safe environment, for both youth and young adults who have Fetal Alcohol Spectrum Disorder (FASD), to learn about FASD and understand how it impacts daily living.

1. Contractual Obligations

- Contractual Capacity: Serving a minimum of 8-12 youth/young adults per year.
- Total clients served: 24

2. Demographics

Community YAAC

Gender	Persons Served (Individuals)	Percent (%)
Male	5	71
Female	2	29
Transgendered	0	0
TOTAL	7	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	5	71
Indigenous	2	29
TOTAL	7	100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	6	86

Young Adults (18-24)	1	14
TOTAL	7	100

CYOC Location

Gender	Persons Served (Individuals)	Percent (%)
Male	17	100
Female	0	0
TOTAL	17	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	4	24
Indigenous	13	76
TOTAL	17	100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	16	94
Young Adults (18-24)	1	6
TOTAL	17	100

3. Tools Utilized

- YAAC survey
- Calgary Fetal Alcohol Network Survey

4. National Outcome Measures (NOM)

Improved Safety

- 10/10 (100%) youth surveyed had an understanding of how FASD affects them

Improved Well Being

- 8/10 (80%) youth stated they are better able to take care of themselves
- 9/11 (82%) youth could identify their strengths

Improved Permanency

- 9/11 (82%) of youth maintained permanent housing

Improved Family and Community Support

- 9/11 (82%) of youth reported knowing who to call for support and where to look for help
- 11/11 (100%) improved their social connections

5. Outcomes Context

Due to the nature of providing services in a group setting, we track the number of youth served, versus admissions and discharges. This year the YAAC community program held two caregiver nights, where youth and caregivers attended together. There was great feedback and we will continue run these minimally twice per year.

Attendance to the community YAAC group has increased as the facilitator has increased communication reminders via text message, social media and emails.

6. Recommendations and Next Steps

- This year the YAAC coordinator will regularly administer a YAAC program survey that is directly related to the NOM domains
- The facilitator will provide education around the use of drug and/or alcohol as some of the youth have stated that they have been using or are experiencing peer pressure to do so.

Calgary Young Offender Centre (CYOC) Wraparound

The Wraparound program assists youth who are in transition from a justice facility, such as the Calgary Young Offender Centre (CYOC), to their family and the community.

1. Contractual Obligations

- Contracted spaces: 42
- Annual occupancy: 42
- Total clients served: 42
- Total discharges: 23
- Total people impacted (ie: siblings/family members of primary client): 93

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	30	71%
Female	12	29%
TOTAL	42	100
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	14	33%
Indigenous	24	57%
Other	4	10%
TOTAL	42	100
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	17	40%
Young Adults (18-24)	25	60%
Adults (19+)		

TOTAL	42	100
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3. Tools Utilized

- Child and Adolescent Functional Assessment Scale (CAFAS) (5-19 years)

4. National Outcome Measures (NOM)

Improved Safety

15 youth identified safety as a goal

- 13/15 (87%) youth who identified Safety as a goal demonstrated an increase in knowledge related to personal safety by decreasing criminal activity and overall negative behavior in the community.
- 4/10 (40%) youth identified support for mental health of those youth experienced a decrease in thoughts of suicide or self-harm ideation and improved their overall mental health.

Improved Well Being

16 youth identified Well-Being as a goal

- 10/12 (83%) youth that identified education as a goal improved their school attendance
- 6/10 (60%) youth addressed their addictions and had positive improvement in sobriety performance
- 6/6 (100%) youth increased in demonstrating positive life skills (improved communication, conflict resolution, attended culinary classes, creating a life routine plan and coping mechanisms for managing stress)
- 7/10 (70%) youth identified employment as a goal and obtained some form of employment/day program (part-time) or vocational program
- 3/3 (100%) youth who identified basic needs as a goal had all basic needs met (medical coverage, government identification)

Improved Permanency

13 youth identified Permanency as a goal

- 3/13 (23%) youth are living independently:
- 5/13 (38%) youth maintained or returned home to live with family

- 3/13 (23%) youth are living in semi-independent community housing programs (Roofs for Youth, Aboriginal Hope Homes and Hope Homes)
- 2/13 (15%) youth obtained safe and stable housing within more supported community housing programs (group homes etc.)

Improved Family and Community Support

13 youth identified Family and Community Support as a goal

- 10/13 (77%) youth accessed community resources
- 9/13 (69%) youth increased their connection to family and natural supports
- 6/7 (86%) youth increased their connection to their culture and community (elder, mentor, cultural activities)

5. Outcomes Context

The number of youth entering into the Calgary Young Offenders Centre has declined during the past several years. On average there are 75 youth in custody at the Calgary Young Offenders Centre. This past year, there has been an increase in youth programming that supports reintegration back into the community. McMan is an active participant of the reintegration committee. McMan co-chairs the coordination of services amongst all partnering agencies and equally provides support to youth exiting the Calgary Young Offenders Centre. This has impacted the amount of youth we serve on a monthly basis. Due to the lower numbers of youth in the centre, we have experienced some youth only requesting quick immediate support as they exit for things such as (basic needs – food bank referral, bus pass, resume building etc) Often times when we engage with a young person in the community, their participation is infrequent and inconsistent if we are unable to engage with them for longer period of time in the centre.

Housing and Supports remain to be a challenge within our community as it impacts our youth being released from the community. Although all youth served were released to some form of housing, we are continually searching for options that create immediate housing after release that offers regular support to the youth. With little notice and planning around release dates, this makes finding and maintaining immediate housing for youth difficult at times.

Mental Health options for youth upon release continue to be a struggle. Often times youth will not admit to any challenges they face and want to seek the support once they are released. When a young person is identified with mental health concerns, the program staff works closely with the psychologists in the centre to ensure their mental health supports are established prior to their release. Within the High Fidelity Wraparound Program, the centre staff is

encouraged to participate on the team to participate in conversations related to any mental health concerns the young person is living with so effective planning can take place.

Youth have demonstrated an increase in family connection this reporting year. This speaks to the McMan training and education that has been provided through the family finding process. The facilitator and reintegration worker both have knowledge and strategies that positively impact the search and connection youth require having healthy family connections. This is also demonstrated in how many youth returned to their family unit once released.

6. Recommendations and Next Steps

- An identified need within this program is the engagement of the youth. In the fall 2015, we will be notified with the next steps regarding our contract. Currently, our contract has been extended to September 2015.

Assessment Tool Summary

In order to obtain relevant data, several different tools have been utilized to capture accurate outcomes. These tools will be identified in their respective sections however, a more detailed explanation of each tool is found below.

Addiction Severity Index (ASI)

The ASI is a semi-structured interview designed to address potential problem areas in substance-abusing patients. The ASI can be used to effectively explore problems within any adult group of individuals who report substance abuse as their major issue. The main use of the ASI has been with adults seeking treatment for substance abuse problems.

Ages and Stages (ASQ)

Professionals rely on ASQ for the best developmental and social-emotional screening for children from one month to 5 ½ years. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parents about developmental milestones and incorporates parents' expert knowledge about their children.

Family Assessment Form (FAF)

The FAF is used to aid in family assessment, development of service plans and progress monitoring. The instrument looks at physical, social and financial environments. Both strengths and weaknesses can be monitored and summarized as the basis for a treatment plan. The target population is families at risk for out-of-home placement of children.

Family Quality of Life Survey (FQOLS)

The FQOLS is a method of focusing on the quality of life of families who have one or more members with an intellectual or developmental disability. It addresses the degree to which a family's quality of life is enjoyable, meaningful and supported by the types of resources that are important to family members. It also identifies the struggles faced by families. Families are asked about their experience in nine key areas:

FCSS Social Inclusion Indicators (FSII)

This is a framework that was developed by the City of Calgary and the FCSS to track and communicate the impact of prevention programs. Indicators have been developed around two main priorities:

1. Strengthening Neighbourhoods
2. Increasing Social Inclusion

Resiliency Initiatives

The purpose of the Resiliency Initiatives questionnaires is to provide a statistically sound and research-based approach to understand the strengths that are related to long-term resiliency. Aggregate summaries are generated to develop strength-building strategies and preventative initiatives in child, youth, family and community settings. The questionnaires provide a portrait

of the positive/constructive resiliency indicators and their relationship to the deficits and risk behaviours of children, adolescents and families.

Service Prioritization Decision Assessment Tool (SPDAT)

This tool is designed to help prioritize housing services for homeless individuals in discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, as well as work in supporting people with fetal alcohol spectrum disorders.

Triple P – Stepping Stones

Triple P aims to enhance family protective factors and to reduce risk factors associated with severe behavioral and emotional problems in children. The program is regarded as having a very strong evidence-base which is supported through extensive research and evaluation.

Youth Acuity Scale

The Calgary Homeless Foundation developed the Youth Acuity Scale to assess client acuity and to match that acuity to, and inform, case management service planning. The acuity scale is a short assessment completed to assess the level and intensity of services an individual requires, as well as progress and/or setbacks the young person experiences while receiving services. The Youth Acuity Scale assesses the status of a young person in the following areas: current housing; financial readiness for independence; living skills; education/employment; mental health; mental health supports; addiction; social competency; social supports; victimization; medical needs.

Wraparound Fidelity Index (WFI)

The Wraparound Fidelity Index 4.0 (WFI-4) is a set of four interviews that measures the nature of the wraparound process that an individual family receives. The WFI-4 is completed through brief, confidential telephone or face-to-face interviews with caregivers, youth (11 years of age or older), Wraparound facilitators and team members.