



McMan

2015-2016 Annual Outcome Report

McMan Calgary & Area

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2015-2016 Annual Outcome Report

EXECUTIVE SUMMARY

Introduction

McMan Youth, Family and Community Services Association of Calgary & Area delivers more than 20 programs that evoke positive changes and improve the quality of our community. Each year, more than 2,300 individuals are enriched by our services, which focus on family and caregiver support, youth and outreach services, youth homelessness and housing support, support for families with children with disabilities, and support for individuals and families affected by Fetal Alcohol Spectrum Disorder (FASD). A strong team of dedicated professionals, coupled with dynamic community partners, work to create responsive programs as diverse as the individuals we support. Since 1975, our belief remains to support individuals and families with empowerment, resilience and connection, which, in turn, creates strong communities of people reaching for their full 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 a strong 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:

- Safety
- Well-being
- Permanency
- 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 Calgary & Area 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 Calgary and Area 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)

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 both active and discharged clients, unless otherwise identified (ie: not all discharged clients worked on a particular goal area).

Report Highlights

During this reporting period, McMan Calgary and Area provided services to 1315 clients. Of this total, 921 children, youth, adults and families received 35,500 direct service hours of support through Calgary and Area Child and Family Services (CFS) funded programs (Child Intervention and FSCD). The average occupancy rate for our CFS programs was 82% with Foster Care (60%) and Journeys Family Development Program (54%) falling below the average. The three largest ethnic groups of CFS clients served were Caucasian (63%), Aboriginal (16%) and African (4%). All other ethnic groups accounted for less than 3% of our clients served. The gender of our clients served was equally distributed between males (50%) and females (50%). The age distribution of our CFS client was 0-11 years (40%), 12-17 years (25%), 18-24 years (11%) and 25+ years (23%).

As in previous years, the CFS client outcomes across all of the NOM domains were very positive. The client goals relating to the safety domain, measured by the recurrence of maltreatment and serious injuries or deaths, and critical incident reporting, reported an 81% successful goal attainment rating. The well-being domain, measured by client goals relating to school performance, child behavior, child development and health reported an 83% successful goal attainment rating. The client goals relating to permanency, measured by children/youth remaining at home, returning home, achieving permanency and successful transition to adulthood, received an 85% successful goal attainment rating. The final NOM domain of family and community support, measured by family moves, parenting capacity and connection to community resources and natural supports, reported an 80% successful goal attainment rating.

With respect to the client outcomes achieved, we are pleased with the overall performance of our programs. Nevertheless, as an organization we are committed to continual improvement through review and reflection on current practices. All CFS programs have reviewed their outcomes reports and identified recommendations to improve program performance and client outcomes moving forward. These program recommendations will be incorporated into operational plans for implementation for the following year. Furthermore, the outcomes reporting for next year will include other sources of data and information, including; analysis of assessment tools, client satisfaction survey results and more robust analysis of discharge data.

In addition, efforts will be made to better align our outcome reporting with the CFS desired outcome statements.

With respect to critical incidents, the agency-wide critical incident report analysis completed during this reporting period, indicated that the Residential and Community cluster experienced the most critical incidents with 570 or 82 percent of all agency critical incidents. The Manhattan Place group care program reported the majority of the critical incidents with 547 or 96 percent of the critical incidents within this cluster. The second highest number of critical incidents by cluster was the Outreach and Community cluster. The Outreach and Community cluster reported 13% of all agency critical incidents with a total of 93. Within this cluster, the Youth Alternative Program (YAP) accounted for 38 or 40 percent of all critical incidents in the cluster. The Family Engagement and Family and Community clusters combined for 31 or 5 percent of all agency critical incidents. The total number of critical incidents for 2015/2016 was 694. This number represents a 3% decrease from the total number of critical incidents (715) for 2014/2015. Similar to the previous year, Manhattan Place reported the most critical incidents (547) of any program. When compared to last year the Manhattan Place program reported a five percent decrease in critical incidents. The Hope Homes/Aboriginal Hope Homes program also experienced a decrease in critical incidents of 33 or 52 percent. Foster care also reported a decrease of 58 percent in critical incidents. Overall, there were no significant increases in reported critical incidents in programs.

Following a similar trend from last year, AWOL's were the highest number (343) of critical incidents reported. However, the number of AWOLs reported this year reflected a decrease of 80, or 19 percent, from the previous year. AWOL's accounted for 48% of all critical incidents in 2014/2015 and was reduced to 41% in 2015/2016. Drug/alcohol abuse related critical incidents showed a significant increase in this reporting year. In 2014/2015 there were 94 drug/alcohol related critical incidents compared to 191 in 2015/2016. This represents an increase of 103% in drug/alcohol abuse critical incidents. The Manhattan Place program reported the majority of drug/alcohol abuse critical incidents with 179 or 94% of incidents. No other program reported a significant increase in drug/alcohol abuse critical incidents. The critical incidents relating to medication (missed medication, refused medication and error in administration) comprised of eight percent of all agency incidents. In the previous year (2104/2015), the number of critical incidents relating to medication reflected 15% of all agency incidents. For this reporting year, the critical incidents relating to missed medication decreased by 68% from the previous year. This is a significant decrease and may be attributed to the training of all front-line staff and foster parents in medication administration. The critical incidents relating to error in administration of prescribed medication to child also showed a significant decrease of 75% from the previous year. Threat of self-harm/suicide attempt critical

incidents reported an increase of 92% from the previous year, with 27 reported in 2014/2015 and 50 in 2015/2016. Reports of self-harm/suicide attempts were reported throughout most programs; however, the youth residential programs reported the highest incident rate.

Based upon the critical incident analysis, McMan Calgary and Area will be implementing the following strategies to mitigate and reduce potential risk to our clients.

- Continue with the medication administration training for all front-line staff and foster parents to mitigate risk relating to the monitoring and administration of medication.
- Coordinate training and access to external support services to address drug/alcohol abuse in all programs – with particular attention to youth residential programs.
- Review and if necessary, revise practices, protocols, procedures and policies relating to AWOL events with the goal of reducing the number of AWOLS in youth residential programs.
- Coordinate training and access to external supports to enhance staff capacity to effectively support youth with mental health and self-harm/suicidal ideations.

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 Obligations

- Contracted spaces: 45
- Annual occupancy: 906 days/month (60%)
- Total clients served: 66
- Total discharges: 42

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	37	56%
Female	29	44%
TOTAL	66	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	31	47%
Indigenous	24	36%
Mixed Race	5	8%
Other	6	9%
TOTAL	66	100%

Age	Persons Served (Individuals)	Percent (%)
Infants (0-5)	32	48%
Children (6-11)	16	24%
Youth (12-17)	18	27%
TOTAL	66	100%

3. Tools Utilized

- Ages and Stages (ASQ) (0-5 years)
- Pediatrics Symptoms Checklist (6-12 years of age)
- Resiliency Initiatives (Child/youth 5-24 years of age, adult 25+ years of age)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients (24)

24 (100%) infants/children/youth did not experience a reoccurrence of Child Protection (Abuse and Neglect) concerns while in the program.

Discharged Clients (42)

41/42 (98%) infants/children/youth did not experience a reoccurrence of Child Protection (Abuse and Neglect) concerns while in the program

- 1/42 (2%) infant/child/youth was involved in a substantiated investigation of non-compliance.

Improved Well-Being

Active Clients (24)

24/24 (100%) infants/children/youth are maintaining or demonstrating improvement towards their overall well-being.

- 24/24 (100%) infants/children/youth are maintaining or are demonstrating improvement in their overall health and development (physical, mental, emotional)
 - 9 infants/children/youth were referred and are being monitored by a health care specialist (medical, psychologist/psychiatrist, pediatrician)
 - 2 infants/children/youth are involved with Collaborative Mental Health
 - 11 infants/children/youth are involved with BICS

Discharged Clients (26)

26/26 (100%) infants/children/youth maintained or demonstrated improvement in their overall well-being.

- 26 (100%) infants/children/youth maintain or demonstrated improvement in their overall health and development (physical, mental, emotional)
 - 11 infants/children/youth were referred and monitored by health care specialists (medical, psychologists/psychiatrists, pediatrician)
 - 6 infants/children/youth were involved with Collaborative Mental Health
 - 3 infants/children/youth were involved with BICS

Improved Permanency

Active Clients (24)

17/24 (71%) infants/children/youth are actively working towards permanency:

- 4 (24%) infants/children/youth have regular visits with biological parents
- 4 (24%) infants/children/youth are in the process of achieving permanency through adoption
- 2 (12%) infants/children/youth are in the process of achieving permanency through private guardianship
- 7 (41%) infants/children/youth are in the process of achieving permanency through kinship

7/24 (29%) infants/children/youth are currently waiting on a formalized permanency plan

- 3 infants/children/youth have a PGO application before the courts

15/24 (63%) infants/children/youth have maintained a connection to a significant natural support:

- 9 infants/children/youth have contact with their biological siblings
- 9 infants/children/youth have contact with their extended family
- 10 infants/children/youth (5 sibling groups) are residing in the same foster home with a sibling

Discharged Clients (42)

34/42 (81%) infants/children/youth achieved permanency:

- 14 (33%) infants/children/youth returned home
- 16 (38%) infants/children/youth moved to a permanent home
 - Kinship: 14
 - Adoption: 2
- 2 (5%) youth are living independently

15 (58%) infants/children/youth have a connection to a significant natural support:

- 8 infants/children/youth maintained contact with their biological sibling
- 10 infants/children/youth maintained contact with their extended family
- 12 infants/children/youth (6 sibling groups) resided in the same foster home with a sibling.

Improved Family and Community Support

Active Clients (24)

20/24 (83%) infants/children/youth maintained or increased their family and community support

- 15 (75%) infants/children/youth are involved in recreational activities
- 9 (45%) infants/children/youth are involved with community resources and/or activities

Discharged Clients (26)

13/26 (50%) infants/children/youth maintained or increased their family and community support

- 8 (62%) infants/children/youth were involved in recreational activities
- 12 (92%) infants/children/youth were involved with community resources and/or activities

5. Outcomes Context

In the 2015-2016 year, the foster care contract was reduced from 70 beds to 45 effective July 1, 2015 which would have impacted occupancy rates.

Out of the 42 infants/children/youth discharged from the program, 16 were in the program less than 45 days and therefore limited data was collected in the NOM domains of Well-Being and Family and Community Support.

Under permanency for discharged clients – the number of connections to natural support is based on 26 infants/children/youth.

Data from assessment tools was not used in reporting on the NOMS this year. Reasons for this are the current intervals for assessments completion are too large and therefore difficult to gather comparison data, error in completing the assessments in a timely manner and at the appropriate intervals and the lack of understanding of how to administer the assessment tool properly.

6. Recommendations and Next Steps

- Increase the intervals that assessments are being completed throughout the year to ensure adequate, accurate and meaningful data is being compiled.
- Continue to recruit new foster families to increase program capacity
- Increase the number of trainings offered to foster parents throughout the year
- Casey Life Skills will replace Resiliency Initiatives for assessing 12-24 year olds beginning in the 2016-2017 reporting year.

7. Critical Incident Summary

Total # of Critical Incidents: 8

Type of Critical Incident	#	%
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AWOL	3	38%
Destruction	2	25%
Injury to Child	1	12%
Other	2	25%

Trends:

Due to the small of number of critical incidents throughout the year there are no significant trends.

Actions for Improvement:

The few critical incidents that did occur are typical of this client population and age. These issues are commonly addressed through service plan goals, training sessions and support and consultation with the foster parents.

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 occupancy: On average, 37 bed nights/month by children and youth
- Total clients served: 21
- Total discharges: 12

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	18	86%
Female	3	14%
TOTAL	21	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	13	62%
Indigenous	3	14%
African	2	10%
Other	3	14%
TOTAL	21	100%
Age	Persons Served (Individuals)	Percent (%)
Children (6-11)	6	29%
Youth (12-17)	14	67%
Young Adults (18-24)	1	5%
TOTAL	21	100%

3. National Outcome Measures (NOM)

Improved Safety

Active Clients (9)

9/9 (100%) children/youth did not experience a recurrence of Child Protection (abuse and neglect) concerns while in the program.

Discharged Clients (12)

12/12 (100%) children/youth did not experience a recurrence of Child Protection (abuse and neglect) concerns while in the program.

Improved Permanency

Active Clients (9)

- 7/9 (78%) children/youth were able to maintain their current placement while in the program.
- 2/9 (22%) children/youth experienced a change in placement while in the program:
 - 1 child/youth moved to the respite home as an out of home placement
 - 1 child/youth moved to another foster placement due to closure of their foster home

Discharged Clients (12)

- 10/12 (83%) children/youth maintained their current placement while in the program.
- 2/12 (17%) children/youth experienced a change in placement while in the program:
 - 2 children/youth moved to a new kinship placement

Improved Family and Community Support

Active Clients (9)

9/9 (100%) families reported a decrease in the family stress level while accessing the program.

Discharged Clients (12)

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

- 0 families responded to complete 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.

6. Recommendations and Next Steps

- Continue with recruitment efforts to increase program capacity. This will allow us to meet the increased demand for respite services
- Implement the Health and Well-Being Index to track family stress levels and the effectiveness of the program
- Increase training to ensure Caregivers have the specialized skills to respond to the high number of youth in the program i.e. life skills, community activities.

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Fire	1	100

Trends:

Due to the small of number of critical incidents throughout the year there are no significant trends.

Actions for Improvement:

No immediate actions for improvement required.

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 hours: 8568 hours
- Service hours provided: 7428.78 hours
- Annual occupancy: 87%
- Total clients served: 167

- Total discharges: 60

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	29	17%
Female	138	83%
TOTAL	167	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	90	53.9%
Canadian	28	16.8%
Aboriginal	20	12%
African	6	3.6%
Other	23	13.7%
TOTAL	167	100%
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	7	4%
Adults (19+)	160	96%
TOTAL	167	100%

3. Tools Utilized

- Family Assessment Form (FAF) (Families)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients (109)

- 108/109 (99%) out of 109 infants/children/youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 107/109 (98%) out of 109 infants/children/youth live in safe and secure housing:
 - FAF sections supporting safety inside and outside of the home, use of physical discipline, and appropriateness of disciplinary methods was maintained or increased.

Discharged Clients (60)

- 59/60 (98%) of the 60 infants/children/youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 57/60 (95%) out of 60 infants/children/youth live in safe and secure housing:
 - FAF sections supporting safety inside and outside of the home, use of physical discipline, and appropriateness of disciplinary methods was maintained or increased.

Improved Permanency

Active Clients

- 100/109 (92%) out of the 109 active homes have maintained or improved the child's permanency.

Discharged Clients

- 53/60 (88%) of the inactive kinship homes maintained or improved the child's permanency.
- 26/60 (43%) infants/children/youth returned home.
- 20/60 (33%) infants/children/youth moved to a permanent home:
 - Kinship: 8
 - Adoption: 8
 - Private Guardianship: 4
- 3/60 (5%) youth turned 18
- 6/60 (10%) infants/children/youth moved to foster care
- 1/60 (1.7%) infants/children/youth moved to group care
- 4/60 (6.6%) infants/children/youth other

Improved Family and Community Support

Active Clients

- 48/49 (98%) caregivers who identified this as a goal, improved or maintained their connection to community resources:
 - FAF sections related to support from friends/neighbours and community involvement and available child care support was increased and maintained.
- 40/41 (98%) caregivers who attended the required training maintained or improved their parenting capacity:
 - FAF sections Caregiver-Child Interactions and Sibling Interactions were maintained or increased.

Discharged Clients

- 59/59 (100%) caregivers who identified this as a goal, improved or maintained their connection to community resources:
 - FAF sections relating to Support from Friends/Neighbours and Community Involvement and Available Child Care and Connections to Community and Resources was increased or maintained.
- 51/51 (100%) caregivers who attended the required training maintained or improved their parenting capacity:
 - FAF sections supporting Caregiver-Child Interactions and Parenting Capacity were maintained or increased.

5. Outcomes Context

Outcomes in all areas were very positive this year, with clients achieving at least 88% across all goal areas. Safety and Family and community Support outcomes were comparable to last year. Permanency outcomes increased from 81% to 88% for clients that have completed the program.

6. Recommendations and Next Steps

- All staff were trained in ASQ 3, ASQ-SE2 and Developmental Support Plans this year. This will improve and enhance the area of infant mental health within the program.
- Child Development data will be added to the annual report with data from the ASQ and ASQ-SE for next year.
- The program has developed more strategic goals that will address the service pillars/ NOMS. These should be added to the data base to improve the focus of the program.

7. Critical Incident Summary

There were no critical incidents during the reporting period.

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

- Contracted hours: 9968/year
- Service hours provided: 8330 (84%)
- Annual occupancy: 84%
- Total clients served: 141
- Total discharges: 91

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	75	53%
Female	66	47%
TOTAL	141	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Canadian/Caucasian	87	62%
Latin Canadian	14	9.9%
Indigenous	6	4.3%
Other	34	24%
TOTAL	141	100%
Age	Persons Served (Individuals)	Percent (%)

Infants (0-5)	47	33%
Children (6-11)	48	34%
Youth (12-17)	42	30%
Young Adults (18-24)	4	3%
TOTAL	141	100%

3. Tools Utilized

- Family Assessment Form (FAF) (Families)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

- 52/52 (100%) children and youth currently live in safe and secure housing.
- 3/3 (100%) families who identified safety as their service goal have improved this service goal while in the program.

Discharged Clients

- 91/91 (100%) 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.
- The Family Assessment Form supports the overall trend towards improvement in the area of Safety.

Improved Well-Being

Active Clients

- 5 child development goals have been identified by families. 3/5 (60%) have improved in this area thus far while in the program.
- 8 communication goals have been identified by families. 7/8 (88%) have improved or maintained in this area thus far.
- 3 health (mental, physical, emotional) goals have been identified by families. 3/3 (100%) have improved or maintained in this area thus far while in the program.

Discharged Clients

- 5 child development goals were identified by families. 5/5 (100%) improved in this area while in the program.
- 18 communication skills goals were identified by families. 17/18 (94%) of the goals improved while in the program.

- 4 health (mental, physical, emotional) goals were identified by families. 4/4 (100%) improved in this area while in the program.
- The Family Assessment Form supports the overall trend towards improvement in the area of Well-Being

Improved Permanency

Active Clients

- 50/51 (98%) families have been able to improve or maintain having their children remain in their home while in the program.

Discharged Clients

- 4/4 (100%) parents who identified family preservation as a service goal improved or maintained in this area while in the program. The Family Assessment Form supports the overall trend towards improvement in the area of family preservation.
- 2/2 (100%) parents who identified family reunification as a service goal achieved their goal while in the program.

Improved Family and Community Support

Active Clients

- 49 parenting capacity goals have been identified by families:
 - 24/49 (49%) of the goals have improved or been maintained thus far while in the program.
- 6 community resources/community involvement goals have been identified by families:
 - 1/6 (17%) of the goals have improved thus far while in the program.
- 2 referrals for additional services goals have been identified by families:
 - 2/2 (100%) have improved thus far while in the program.

Discharged Clients

- 66 parenting capacity goals were identified by families.
 - 61/66 (92%) improved in this area while in the program.
- 19 community resource/community involvement goals were identified by families.
 - 18/19 (95%) improved in this area while in the program.
- 5 referrals for additional services goals were identified by families.
 - 5/5 (100%) improved in this area while in the program.
- 10 education (conflict resolution, anger management, peer relationships, life skills) goals were identified by families.
 - 10/10 (100%) improved in this area while in the program.
- The Family Assessment Form supports the overall trend towards improvement in the area of Family and Community Support and increased parenting capacity.

5. Outcomes Context

Outcomes for 2015-2016 were very positive, with clients that completed the program achieving over 90% of their goals in all areas.

6. Recommendations and Next Steps

- TripleP Teen Groups – 1 Spanish speaking group was offered in the summer of 2015 through a partnership with CCIS. Due to a job position change of one of the facilitators this was the only group offered in the fiscal year. Moving forward into 2016/2017 fiscal year the Family Development Program will continue to offer TripleP Groups both in English and Spanish. As well, at least one 0-12 TripleP Group will be offered this fiscal year.
- Educating MST's about the family development program – a concerted effort was made by front-line staff and the supervisor to educate Child and Family Services and the community about the Family Development Program and the program's eligibility criteria. This effort has resulted in an increase in both CFS and community referrals. At the end of the fiscal year there was a waitlist for community referrals; there was no waitlist for CFS referrals as all referrals were assigned in short order from the day they were received.
- Quarterly community of practice groups will occur to review staff administration of the outcomes tools (FAF and ASQ) and peer discussion will occur regarding the scoring practice of the tools.
- The Family Development Program will facilitate a minimum of one Rainbows Group to address grief and loss amongst children.

7. Critical Incident Summary

Total # of Critical Incidents: 5

Type of Critical Incident	#	%
Threat of self-harm/suicide attempt	4	80%
Allegation of Abuse/Neglect	1	20%

Trends:

- There is a small trend of suicide ideations amongst the families served this fiscal year, though 75% of these CI's were written for the same individual.

Actions for Improvement:

- An increase in knowledge amongst staff regarding teen mental health
- An increase in knowledge regarding community supports for teens struggling with mental health concerns

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: 4,343
- Service hours provided: 2334.5 (54%)
- Annual occupancy: 54%
- Total clients served: 62
- Total discharges: 44

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	41	66%
Female	21	34%
TOTAL	62	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian/Canadian	54	87.1%
Metis	2	3.2%
Other	6	9.7%
Indigenous	0	0%
TOTAL	62	100%
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	18	29%
Children (7-11)	29	47%
Youth (12-17)	15	24%
TOTAL	62	100%

3. Tools Utilized

- Family Assessment Form (FAF) (Families)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients:

1/1 (100%) had a goal of improved child safety.

Discharged Clients:

- 5/5 (100%) goals related to safety concerns in the home were achieved by discharge.
- 44/44 (100%) infants/children/youth live in safe and secure housing upon discharge.
- The Family Assessment Form supports the Sharevision findings of improved safety in the home.

Improved Well-Being

Active Clients:

- 4 goals were created relating to communication.
- 1/4 (25%) have shown improvement.
- 3 goals were created related to Life skills/Education.
- These goals are newly established with nothing to report at this time.

Discharged Clients:

- 9/9 (100%) of the goals relating to life skills were improved.
- 15/16 (94%) of the goals to increase communication skills were improved.
- 3/3 (100%) of the goals on education showed improvement.

Improved Permanency

Active Clients:

- 18/18 (100%) infants/children/youth are currently at home.

Discharged Clients:

- 44/44 (100%) infants/children/youth were living in a permanent home at discharge.

Improved Family and Community Support

Active Clients:

- 15 goals were identified to increase parenting capacity.
- 5/15 (33%) have maintained or improved.
- 3 goals were created to support families in increasing connections to community resources.
- 1/3 (33%) have shown improvement while receiving services.

Discharged Clients:

- 30/34 (86%) of the goals related to increasing parenting capacity showed improvement.
- 13/13 (100%) goals of increased connection to community resources were achieved.

5. Outcomes Context

Outcomes in all areas were very positive this year, ranging from 86% to 100% across all four domains. The lowest scoring domain was Family and Community Support at 84%. While this was the lowest scoring domain, it is still a high rate of achievement, with no obvious issue requiring specific attention.

6. Recommendations and Next Steps:

- Quarterly community of practice groups will occur to review staff administration of the outcomes tools (FAF and ASQ) and peer discussion will occur regarding the scoring of the tools.
- Minimum of one Rainbows group will occur to address grief and loss amongst children.

7. Critical Incident Summary

Total # of Critical Incidents: 4

Type of Critical Incident	#	%
Threat of self harm/suicide attempt	3	75%
Allegation of abuse/neglect	1	25%

Trends:

There is a small trend of suicide ideations amongst youth. In all 3 situations the youth were ages 10-14.

Actions for Improvement:

An increase of training and knowledge for staff in the area of adolescent mental health

High Fidelity Wraparound

In partnership with Hull Services, Enviro 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: 5,181
- Annual occupancy: 73%
- Total clients served: 41
- Total discharges: 32

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
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Male	21	51%
Female	18	44%
Transgendered	2	5%
TOTAL	41	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	18	43.9%
Canadian	12	29.3%
Indigenous	8	19.5%
Other	3	7.2%
TOTAL	41	100%
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	5	12%
Children (7-11)	4	10%
Youth (12-17)	23	56%
Young Adults (18-24)	9	22%
TOTAL	41	100

3. Tools Utilized

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

4. National Outcome Measures (NOM)

*18 of the 32 discharges were clients that withdrew before completing the program. Client outcomes in this section are based on the remaining 14 discharges, unless otherwise noted.

Improved Safety

There were 22 identified active clients and 14 discharged clients that were reported on. Five youth/families were served but did not stay in the program long enough to demonstrate outcomes.

Active Clients

- 16/22 (73%) children/youth live in safe and secure housing.
- 22/22 (100%) children/youth did not require increased involvement from Child and Family Services.

Discharged Clients

- 14/14 (100%) children/youth did not experience a recurrence of abuse or neglect.
- 9/14 (64%) children/youth no longer required Child Intervention services.

Improved Well-Being

Active Clients

- 11/14(79%) children/youth that identified success in school as a need experienced positive change in this area
- 11/11(100%) children/youth that identified a crisis behavior feel that they are better able to cope with stress and crisis

Discharged Clients

25 individuals had pre and post CAFAS profiles for this reporting period and out of these:

- 13/25 (54%) children/youth had a reduction in their CAFAS total score of 20 points or greater, indicating positive change
- 13/25 (50%) children/youth improved in PBI(Pervasively Behaviorally Impaired) using the three subscales of school, home and behavior towards others

Overall, CAFAS scores decreased (indicating positive change) by 17. The CAFAS pre score average of 109 decreased to a post score of 92, indicating positive change.

Improved Permanency

Active Clients

- 15/22 (68%) increased their natural supports in their life and on their team.

Discharged Clients

- 14/14 (100%) met their need of connection and belonging by increasing their family and lifelong connections.
- 12/14 (86%) achieved/improved their permanency (8 children/youth returned home, 4 youth are living independently).

High Fidelity Wraparound identified 2 lonely and isolated youth that needed Family Finding this fiscal year. Between both youth an increase of 250 family connections were identified. One youth was reunified and is now connected to 19 biological family members identified through family finding activities.

Improved Family and Community Support

Active Clients

- 15/22 (68%) improved their connection to community resources.
- 8/8 (100%) who identified to feel more confident as a parent as a service goal demonstrated improvement.

Discharged Clients

- 10/14 (71%) improved their social connections
- 13/14 (93%) are connected to community resources.

5. Outcomes Context

2015-2016 WFI scores										
	FVC	TB	NS	Col	CB	CC	Ind	SB	Per	OB
McMan	94	95	66	91	84	97	70	87	94	76
National Mean	88	78	69	88	76	94	73	87	87	72

According to the WFI scores, the natural supports and individualized principles were 3 points lower than the national mean. HFWA experienced more complex youth referrals this fiscal year. Some of these youth referrals required the facilitators to spend more time on building relationships and crisis safety plans were not identified until later in the process (after the WFI evaluation). Many of the complex youth also took longer to establish natural supports and family finding tools were often needed in these situations. Many of the natural supports/connections were identified later in the process and weren't necessarily on team, but considered lifelong connections they made in the community.

Family Finding continues to be enhanced and evaluated to increase competencies in practice with youth that are experiencing little to no Natural supports and/or disconnected from family members. This is a process that requires more time and energy in meeting the need of connection and belonging.

17 referrals did not open or closed shortly after introduction of HFWA. This is mainly due to the determination of best fit and whether the youth/family was ready to engage with the process.

1 referral requested a brief service (2 meetings and a plan) to help complete a prevention plan for the family.

- 11 youth did not engage and/or declined service
- 1 youth moved away with family
- 1 family refused service
- 2 CFS closed/ not resigning FEA
- 1 not a fit for HFWA(had other resources that could meet the needs)
- 1 brief services

6. Recommendations and Next Steps

- Our capacity is a continued concern in meeting the needs of complex youth and families. McMan Leadership and the High Fidelity Wraparound Evaluator are working to increase awareness to CFS and Agencies to help increase appropriate referrals to the program. More referrals will directly affect positive outcomes for complex youth and families.

- To better improve community resources and social connections (68% and 71% respectively), the supervisor and facilitators will address these needs with their HFWA teams during meetings. The staff will ask more questions of their HFWA teams to encourage out of the box suggestions for connection to community and educate themselves on current resources to help their HFWA teams along in the brainstorming activities.

7. Critical Incident Summary

Total # of Critical Incidents: 2

Type of Critical Incident	#	%
AWOL	1	50
Threat of Self harm/Suicide attempt	1	50

Trends:

Facilitators are often third party to Critical incidents. During these 2 incidents the facilitators were alone with the youth during engagement one to one work. Both incidents were handled appropriately and staff notified the appropriate supports.

Actions for Improvement:

Continue to educate on reporting of critical incidents in the event that they are involved and/or witness to an incident.

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 beds
- Annual occupancy: 99.5%
- Total clients served: 31
- Total discharges: 12

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	10	32%
Female	21	68%
TOTAL	31	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	19	61.3%
Indigenous	6	19.4%
Canadian	2	6.5%

Other	4	12.8%
TOTAL	31	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	3	10%
Young Adults (18-24)	28	90%
TOTAL	31	100%

3. Tools Utilized

- Resiliency Initiatives (Child/youth 5-24 years of age)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

- 18/21 (86%) of youth who identified housing as a goal had an improvement in their housing safety and security.
- 1/1 (100%) of youth who identified youth justice as a goal did not have further youth justice involvement.
- 4/5 (80%) of youth who identified addiction issues as a goal had a decrease in their drug and alcohol use.

Discharged Clients

- 7/9 (78%) of youth who identified housing as a goal had an improvement in their housing safety and security.
- 1/1 (100%) of youth who identified youth justice as a goal did not have further youth justice involvement.

Improved Well-Being

Active Clients

- 45/53 (85%) of educational goals identified by youth were achieved
 - 2/23 (9%) of youth are currently attending post-secondary education
 - 7/23 (30%) of youth are currently attending high school
 - 1/23 (4%) of youth are attending vocational training
- 27/29 (93%) employment or day program goals identified by youth were achieved
 - 7/23 (30%) of youth are currently employed
 - 17/23 (74%) of youth are currently either employed or attending school
 - 1/23 (4%) of youth are currently attending day treatment for addiction issues
- 15/17 (88%) of youth with transition to independence goals showed improvement

Discharged Clients

- 15/20 (75%) of educational goals identified by youth were achieved
- 8/11 (73%) of employment or day programs identified by youth were achieved
- 3/3 (100%) of youth with transition to independence goals showed improvement

Improved Permanency

Active Clients

- 16/23 (69%) of youth are living independently
 - 3/23 (13%) of youth are living with family
 - 1/23 (4%) of youth are living with foster parents
 - 3/23 (13%) of youth are living with supported a roommate
- 2/3 (67%) of identified youth increased their family involvement and achieved reunification

Discharged Clients

- 6/8 (75%) of youth had stable living arrangements upon discharge
 - 5/8 (63%) were living independently
 - 1/8 (13%) were living with natural supports
 - 2/8 (25%) refused YTA supports
- 2/2 (100%) of youth increased their family involvement and achieved reunification

Improved Family and Community Support

Active Clients

- 7/10 (70%) of youth with increased community connection and involvement as a goal showed improvement
- 6/6 (100%) of youth who are parenting had improvement in their parenting capacity goals
 - 6/23 (26%) of youth in the YTA program are currently parenting

Discharged Clients

- 2/3 (67%) of youth with increased community connection and involvement as a goal showed improvement
- 2/2 (100%) of youth who are parenting had improvement in their parenting capacity goals

5. Outcomes Context

The Youth Transitions to Adulthood program continues to accept complex youth with a variety of addiction and mental health concerns. Therefore, the ability for youth to attain consistent day programming is a challenge. The program has seen an increase in youth diagnosed with depression, anxiety, borderline personality disorder, PTSD and psychosis. Staff training and increased partnerships with Alberta Health Services are an ongoing priority.

6. Recommendations and Next Steps

- Ongoing training and implementation of the Family Find model to increase the ability of staff to connect youth with a natural support network.
- Due to the increase of youth in the program who are parenting, YTA will increase the services offered to youth in a family friendly environment.
- YTA will implement a coaching model of service which includes the theoretical approach of trauma informed practice.
- In order to ensure complex youth are receiving the best care, YTA will be tracking direct hours per youth to better address youth with differing levels of involvement.

7. Critical Incident Summary

Total # of Critical Incidents: 16

Type of Critical Incident	#	%
Threat of self-harm/suicide attempt	4	25
Injury to the child	3	19
Other	3	19
Serious change in child's health	3	19
Drug/alcohol abuse	2	12
Severe acting out	1	6

Trends:

The majority of critical incidents in the YTA program are in regards to suicide ideation. This is consistent with the increase in youth admitted to the program with complex needs including mental health challenges.

Critical incidents regarding injury to the child and serious changes in child's health are mostly related to pregnant and parenting youth. Youth are supported in their medical needs when they are pregnant, birthing and caring for a child as this can be a scary and isolating time during their lives.

Actions for Improvement:

All YTA staff are up to date with their certification in suicide intervention skills. Improvements will be explored in prevention of youth having thoughts of suicide as this can be linked to increased awareness of mental health, trauma informed strategies and addiction services.

YTA staff are skilled in supporting new parents. If a youth is pregnant and experiencing physical changes or pain, medical help is arranged to ensure everyone stays healthy.

Life Skills

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

1. Contractual Obligations

- Total clients served: 66

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	46	70%
Female	20	30%
TOTAL	66	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	36	55%
Indigenous	13	20%
Canadian	5	8%
Other	12	17%
TOTAL	66	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	40	61%
Young Adults (18-24)	26	39%
TOTAL	66	100%

3. Tools Utilized

- Pre/post survey

4. National Outcome Measures (NOM)

Improved Well Being

Discharged Clients

- 30/37 (81%) of youth who completed the Skills for Anger pre and post assessment reported an overall increase in skills related to managing anger
- 15/18 (83%) of youth reported being able to identify stress and deal with the situation in a positive way after attending a Skills for Life Course
- 13/18 (72%) of youth reported an increase in problem solving skills

5. Outcomes Context

Due to the nature of the group work completed in the Skills Programs, permanency, safety and family and community are not measured in large scale on the outcome framework. With 20% of the youth attending the Skills Groups being indigenous, a focus on cultural diversity is important. A large portion of

youth register for Skills Programming and then either do not attend at all or attend only one or two classes.

6. Recommendations and Next Steps

- Increase opportunities for parenting youth to attend Skills Programming
- Examine barriers for youth entering the Skills programming groups and create strategies for reducing barriers, such as transportation abilities

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Severe acting out	1	100

Trends:

There are limited critical incidents for the Life Skills programming. The incident which occurred during the last reporting year was limited an isolated incident.

Actions for Improvement:

Although the incident last year was isolated, the Life Skills programming is enhancing the safety of the facility and ensuring that staff and youth have a safe and secure place to gather by having extra staff in the building, phones, exit routes and the address posted in all rooms and an overview of safety measures at the beginning of each group.

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 beds (male)
- Annual occupancy: 77%
- Total clients served: 14 youth
- Total discharges: 8 youth

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	13	93%
Transgendered	1	7%
TOTAL		100%

Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	9	64.3%
Mixed Ethnicity	1	7.1%
Aboriginal, Metis, Inuit, Indigenous	4	28.6%
TOTAL		100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	14	100%
TOTAL	14	100%

3. Tools Utilized

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

4. National Outcome Measures (NOM)

Improved Safety

- 14 (100%) youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.

Active Clients:

- Of the 6 active youth 3(50%) were rated on the CAFAS scale.
 - There are 3 youth who have not been in the program long enough to complete more than the initial assessment.
 - 1/3 youth (33.33%) saw a decrease in his CAFAS scores. This demonstrates an improvement in his safety and behaviours. He was able to decrease the amount of supervision needed in the program by demonstrating safer behaviors around peers and staff.
 - 2/3 (66.7%) youth saw an increase in their scores. One youth had a substantial increase in substance use which may be leading him to have more negative behaviors and emotions that are contributing to more thoughts of self harm. The other youth although he had a decrease in negative behavior towards peers, he started having hallucinations that are likely a result of heavy substance.
- All 6 (100%) youth have been able to maintain their placement at Manhattan Place which is safe secure housing.

Discharged Clients:

- Of the 8 discharged youth, 6 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
 - 3/6 (50%) youth saw a decrease in their CAFAS scores. This demonstrates an improvement in their safety and behaviours. One youth was able to decrease his

incidents of self harm. One youth was able to regulate his emotions and decrease his negative thoughts significantly and the other youth was able to have more positive outcome in the community.

- 2/6 (33.33%) saw no change their CAFAS scores. This demonstrates that the youth continued to engage in high risk activities yet maintained a level of stability while residing at our program.
- 1/6 (17%) youth saw an increase in his CAFAS scores due to an increase in substance use and abuse.
- 4/6 (66.7%) youth live in safe and secure housing

Improved Well-Being

Active Clients:

- Of the 6 active youth at Manhattan Place, 6/6 (100%) have been able to show some level of improvement in their well-being.
 - 1/6 (17%) youth has been able to do so with improvements in his mental and emotional health leading to more positive behavior, maintenance of school attendance and performance and a commitment to little or no substance use through life skills classes offered by McMan.
 - 1/6 (17%) youth completed the Life Skills program offered by McMan and is currently attending school and a SAIT program consistently. He is also working towards independence for a possible YTA placement.
 - 2/6 (33%) youth have improved wellbeing as they were able to maintain sobriety for a period of time after confinement and/or treatment which showed much improved mental and physical health. With one of these youth attending school regularly.
 - 2/6 (33%) of the youth, although not at Manhattan long enough for a second assessment, have also shown improvement by attending a school program and/or maintaining a part time job .
 - 3/6 (50%)of active youth are currently being profiled for YTA

Discharged Clients:

- Of the 8 discharged youth at Manhattan Place, 3 youth (50%) were able to improve their overall well-being. They were able to do so with improvements in school/work, community interactions, and desires to self-harm.
 - 2/8 (25%) of the youth were able to successfully transition to independence
 - 3/8 (37.5%) of the youth, according to the CAFAS tool, were able to improve their impact in the community due to the increased function of life skills offered by the program on a regular basis.
 - 2/8 (25%) of the youth were able to exhibit more positive behavior
 - 1/8 (12.5%) youth was able to exhibit more positive emotions and ways of thinking

- 1/8 youth (12.5%) was able to keep himself safe by reducing self-harm incidents.

Improved Permanency

Active Clients:

- Of the 6 youth that are active at Manhattan place, all 6(100%) have maintained their current placement.
 - 3/6 (50%) are currently being profiled for YTA
 - 1/6 (16.7%) has a possible permanent placement(kinship) option being investigated by his case worker
 - 2/6 (33.3%) are currently investigating transition plans with a possible return home.

Discharged Clients:

- Of the 8 discharged youth from the program, 3 (37.5%) transitioned to permanent placements, 3/8 (37.5%) have unknown locations after discharge, and 2 (25%) resulted in a placement at youth shelters.
- 3/8 (37.5%) youth moved to a permanent home:
 - Kinship: 1 youth moved in with a girlfriend and her family
 - 1 (12.5%) youth returned home
 - 1 (12.5%) youth is living independently
- 2/8 (25%) youth were not a fit for Manhattan because; the behaviours were too high risk. As a result of this they were discharged to youth shelters.
- 3/8 (37.5%) youth were discharged from Manhattan after leaving the program on their own for an extended period of time and not returning, it is unknown where they were residing.

Improved Family and Community Support

Active Clients:

- 6/6 youth (100%) currently participate in recreation and community activities as part of Manhattan Place programming.
 - 2/6 youth (33.3%) continue to have a positive relationship with family
 - 1/6 (16.6%) youth is reaching out to family and trying to rebuild the relationship and actively making new friends in the community.
 - 2/6 (33.3%) are unable to connect with family for legal or safety reasons
 - 1/6 (16.7%) is currently not connecting to family although contact with his sister is being explored. He is currently being considered for a kinship placement.

Discharged Clients:

- 8/8 youth (100%) participated in regular recreation and community activities as part of Manhattan Place programming. Of the 8 discharged youth from Manhattan Place there were 5 youth who have completed this goal. 2/5 (25%) of the youth saw no change, and 3/5 (37.5%) saw an improvement.
 - There was 1 youth who worked to improve his relationship with his mother, moving to her residence at discharge.
 - 1 youth connected with the family of his girlfriend who became his permanent residence.
 - 1 youth was able to connect to community supports and find residence within their programs.

5. Outcomes Context:

Over the last year, the youth who have been referred to Manhattan Place have demonstrated increasingly complex behaviours and have engaged in high risk activities. Some of these youth were not able to stabilize in a community placement, which has impacted outcomes. With a focused effort on appropriate training and increasing staff capacity, we anticipate seeing stronger outcomes as we move forward. Manhattan place has had a consistent staff team, with the exception of a change in program supervisors.

McMan is participating in CFS Streaming meetings with the Placement Services Office (PSO) which is helping to address the complexities / needs of the youth. This process also ensures the right supports are put into place collectively and that youth permanency and transition plans are kept in the forefront. McMan also met with PSO and Resource management to look at current referral process and program needs with respect to supporting high risk youth. This initiative has supported an increase in referrals which resulting in increased occupancy to 77%, compared to 60% last year.

6. Recommendations and Next Steps:

- With the increase of complex youth entering the system we have seen a shift in occupancy rates. As a result of this, there is a plan to move gradually toward trauma informed care by increasing training and capacity for staff.
- Research / explore model of care in order to identify and respond to current needs of youth, system trends and program’s resources with anticipation of Group Care RFP.

7. Critical Incident Summary

Total # of Critical Incidents: 666

Type of Critical Incident	#	%
AWOL	295	44%
Charges	6	1%
Confinement	2	1>%
Destruction	11	2%

Drug/Alcohol use	176	26%
Medication Error	5	1%
Injury to Child	12	2%
Other Inappropriate Sexual Behavior	2	1>%
Other N/A	32	5%
Other Missed Medication	22	3%
Other Refused Medication	41	6%
Other Returned Late	6	1%
Serious Change in Child's Health	3	1>%
Severe Acting Out	27	4%
Threat of Self Harm/ Suicide Attempt	13	2%
Violence	13	2%

Trends:

During this reporting period the program trends contributing to Critical Incidents were:

- Increased #'s of high risk youth being profiled to Manhattan Place than in previous years
- High number of AWOLs
- Significant use/abuse of drugs or alcohol – leading to high risk behavior
- Youth exercising their rights to refuse medication

In response to these trends Manhattan Place has been working at building the capacity of the staff with training, coaching and change in practices. This has and will continue to support the increase of complex youth who have experienced significant trauma, grief and loss and require a different level of intervention. Youth are being supported to see professionals for support with medication, drug/alcohol concerns and all other needs.

Actions for Improvement:

With a move to trauma informed care and a focus on program specific training for staff the goal is to improve youth engagement in order to decrease negative, limiting behaviors and increase resiliency. This in turn will influence more positive outcomes in the areas of Safety, Wellbeing, Permanency, and Family/Community Support and thus reduce the number and frequency of critical incidents within the program. A more relational approach should also reinforce a positive connection and facilitate a more successful transition to supported independent living.

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

- Contracted hours: 1454 hours
- Service hours provided: 1134

- Annual occupancy: 79%
- Total clients served: 15
- Total discharges: 6
- Total Community presentation hours: 61.5

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Female	15	100%
TOTAL	15	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian/Canadian	12	80%
Hindi(India)	2	13%
Indigenous	1	7%
TOTAL	15	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	14	93%
Young Adults (18-24)	1	7%
TOTAL		100%

3. Tools Utilized

- Sexual Exploitation Risk Assessment Form (SERAF)
- CASEY Life skills Assessment

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

- 5/6(83%) youth improved on their goal of client safety.

Discharged Clients

- 6/6 (100%) of youth experienced a reduction in risk factors for sexual exploitation.
- 4/6 youth experienced over 60 % reduction in risk factors. (examples of Risk factors: substance use, lack of positive relationships, breakdown of family relationships, domestic/sexual abuse, internet use, AWOLS)

3 of the youth that were considered active were often AWOL and hard to engage and therefore not included in the reporting.

Improved Well-Being

Active Clients

- 3/6 (50%) youth improved on their goal of sexual exploitation prevention.
- 3/7 (43%) that completed the CASEY life skills indicate that they have increased knowledge of healthy relationships and communication.
- 3/7 (43%) that completed the CASEY life skills indicate an increase in self care.

Discharged Clients

- 4/6 (80%) improved their knowledge of sexual exploitation prevention
- 5/6 (83%) increased or strengthened their natural support network

Improved Permanency

Active Clients

- 6/7(85%) youth that completed the CASEY life skills indicate they have a permanent connection to a significant natural support
- 5/6 are living at home
- 1 youth is living independently

Discharged Clients

- 5/6 youth(83%) maintained at home and/or extended family
- 1 youth was AWOL at the time of discharge

Improved Family and Community Support

Active Clients

- 7/9 (77%) improved their connections to supports in the community (HFWA, Grimmon, Eleanor's, AB works, Fusion, Hera)

Discharged Clients

- 4/6 (66%) improved their connection to community resources.

5. Outcomes Context

15 youth were served during the fiscal year. The PSECA program identified that there is a need to improve outcomes in the area of well-being. The CASEY life skills assessment tool was introduced later in the year and only 7 youth were able to complete an assessment. The tool has proved to be helpful in identifying areas of need for the youth being served. The areas that the tool is being used for is permanency, daily living, self-care, relationships, school, work and looking forward.

Community presentations continue to be in demand addressing the need of raising awareness and education in the areas of risk factors, online exploitation and the supports and resources available to youth at risk and/or experiencing sexual exploitation.

The target outcome of 80% was not reached under the Well Being NOM for active clients. Many of the clients were working on client safety at the beginning of the fiscal year and when the CASEY tool was introduced near the end of the year, efforts were directed more towards improving well-being. School and work are not a priority for youth involved in sexual exploitation. Higher risk youth are presenting with addictions and street entrenched activities that require longer timeframes to build relationships and invest in making goals that address their well-being.

6. Recommendations and Next Steps

- The SERAF tool was implemented last year and helped to indicate levels of risk for youth. The tool indicated a score that helped staff create individual safety goals for the clients served. All discharged clients that received a post score indicated a decrease in level of risk. Some scores indicated a significant decrease in risk. This directly improved outcome of client safety.
- The recommendation of utilizing Family finding tools was suggested for this last fiscal year. The coordinator has been trained in using the tools and the plan for this upcoming year is to implement the use of the tools to identify, strengthen and/or increase lifelong connections for youth in the program which will improve the outcome of permanency.
- Implement the CASEY life-skills assessment to help indicate areas of need under well-being. This will help the staff direct the most appropriate referrals to community resources. It will also help indicate the need of increasing the natural supports of individuals we serve in the program.

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Severe Acting out/Violence	1	100

Trends:

There was only one critical incident to report in this fiscal year. Youth was escalated and uttering threats to her mother while staff was present at the PCHAD program.

Actions for Improvement:

The incident was managed appropriately by calling police and involving program staff from PCHAD. The PSECA coordinator is often a third party to critical incidents and therefore not often involved in the reporting. The recommendation would be to continue to educate on reporting of critical incidents in the event that they are involved and/or witness to an incident.

Coached Visitation and Transportation (CVT)

Coached Visitation and Transportation program provides supported visitation and transportation services to promote a healthy attachment between children and families, to assist in more

meaningful development of parental capacity, and to build on a parent’s strengths and guide improved parenting.

1. Contractual Obligations

- Total clients served: 9
- Total discharges: 5

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	6	67%
Female	3	33%
TOTAL	9	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	6	67%
Indigenous	1	11%
Mixed Race	1	11%
African	1	11%
TOTAL	9	100%
Age	Persons Served (Individuals)	Percent (%)
Infants (0-5)	5	56%
Children (6-11)	4	44%
TOTAL	9	100%

5. Outcomes Context

The program has struggled to receive adequate numbers of referrals despite communication and promotion with relevant stakeholders. Services provided have been successful to date, with visits and parent coaching going very well.

6. Recommendations and Next Steps

- To have a streamlined approach to increasing referrals from Calgary Area Child and Family Services so that the program can adequately respond the needs of the region

7. Critical Incident Summary

There were no Critical Incidents during the reporting period.

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: 48 women with histories of alcohol and drug abuse who are at risk of giving birth to a child affected by pre-natal exposure to alcohol or drugs would receive one to one support involved with CFS.

- Annual occupancy: 100%
- Total clients served: 72
- Total discharges:17

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Female	72	100%
TOTAL	72	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	40	56%
Indigenous	28	39%
Other	4	5%
TOTAL	72	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	1	2%
Young Adults (18-24)	18	26%
Adults (19+)	53	72%
TOTAL	72	100%

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

- Mother is not using drugs/alcohol.
33/51 (65%) of the mothers are not using drugs or alcohol.
5/51 (10%) mothers are smoking medical marijuana
- Mother is using effective Birth Control.
35/51 (69%) mothers are using effective Birth Control
5/51 (10%) mothers are currently pregnant with the target child.

Discharged Clients

- Mother is not using drugs/alcohol.
12(71%) of the 17 mothers are not using drugs or alcohol.

2(12%) of the 17 mothers are smoking medical marijuana

- Mother is using effective Birth Control.

14(82%) of the 17 mothers are using effective Birth Control

Improved Well-Being

Active Clients

- Child does not require Child and Family Services involvement.
34/51 (67%) mothers have no Child and Family Services(CFSA) involvement.
8/51 (16%) mothers have CFSA involvement but their children continue to live with them.
5/51 (10%) mothers have a TGO with CFSA and are actively working towards having their children returned.
4/51 (7%) mothers have a PGO with CFSA and are no longer able to parent their children.
- Abstain/reduce drug and alcohol use during next pregnancy.
9 mothers have had a 2nd pregnancy while in the program and 7/9 (78%)were free of drugs and/or alcohol
- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
51/51 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Discharged Clients

- Child does not require Child and Family Services involvement.
14/17 (82%) mothers have no Child and Family Services(CFSA) involvement.
1/17 (6%) mothers have a TGO with CFSA and are actively working towards having their children returned.
2/17 (12%) mothers have a PGO with CFSA and are no longer able to parent their children.
- Abstain/reduce drug and alcohol use during next pregnancy.
3 mothers have had a 2nd pregnancy while in the program and 3/3 (100%)were free of drugs and/or alcohol
- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
17/17 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Improved Permanency

Active Clients

- Mothers are able to provide appropriate housing for their children.
46/51 (90%) mothers lives in appropriate housing.
31/51 (61%) mothers live in their own home.
7/51 (13%) mothers are living with family.
8/51 (16%) mothers are living in a Social Services provided home (supportive roommate, Brenda’s House etc)
5/51 (10%) mothers are currently homeless.

Discharged Clients

- Mothers are able to provide appropriate housing for their children.
16/17 (94%) mothers lives in appropriate housing.
13/17 (76%) mothers live in their own home.
2/17 (12%) mothers are living with family.
1/17 (6%) mothers are living in a Social Services provided home (supportive roommate, Brenda’s House etc)
1/17 (6%) mothers is currently homeless.

Improved Family and Community Support

Active Clients

- 51/51 (100%) mothers report increased knowledge and involvement with community resources.
10/51 (20%) mothers are in school or working.
- 51/51 (100%) mothers report increased parenting skills.
19/51 (37%) mothers have taken a parenting class.

Discharged Clients

- 17/17 (100%) mothers report increased knowledge and involvement with community resources.
8/17 (47%) mothers are in school or working.
- 17/17 (100%) mothers report increased parenting skills.
7/17 (41%) mothers have taken a parenting class.

5. Outcomes Context

PCAP is a 3 year program with the goal being to prevent further births of children being born affected by drugs and/or alcohol. The program utilizes a Harm Reduction model. The outcomes indicate that about 75% of women are presently not using drugs or alcohol, or are smoking legalised marijuana. 80% of the women are on effective birth control or are currently pregnant. Most of the 2nd births in the program have been drug and alcohol free.

We acknowledge that some of the mothers may not be able to parent their children effectively. At this time, most (83%) of the mothers have custody of their children. Also approximately 40% of our mothers have taken a parenting class which increases their ability to parent effectively.

Discharged clients have very similar outcomes to the mothers who are still in the program.

6. Recommendations and Next Steps

- 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 and achieve positive outcomes for the women served.
- Continue to focus staff training in Trauma Informed Care as this type of training fits well within the PCAP Model. This training will increase staff competency which in turn supports stronger and more confident staff, which is critical in working with this high risk population. We will also be increasing awareness with respect to Safety Planning for both clients and staff and using the PCAP Safety Protocol as a guideline for this work.
- Continue to increase efficiency around inputting data into Penelope so that the program continues to have robust and accurate data in support of outcome reporting and quality assurance practices.

7. Critical Incident Summary

Total # of Critical Incidents: 8

Type of Critical Incident	#	%
Threat of self harm/Suicide	2	25
Allegation of Neglect	1	12.5
Drug/Alcohol Abuse	1	12.5
Violence	2	25
Injury to a child	1	12.5
Police Involvement	1	12.5

Trends:

There have been a small number of critical incidents considering the number of clients in the program. 5 families were involved with self harm and violence being the most common recorded critical incidents.

Actions for Improvement:

Staff will need to continue to be trained in the ASIST model as per agency policy. Increased training in the area of Domestic Violence will also be put in place given the prevalence of this issue in the PCAP program.

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: 1454/year
- Service hours provided: 1332 hours
- Annual occupancy: average 91% occupancy rate
- Total clients served: 18
- Total discharges: 10

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	6	33%
Female	12	67%
TOTAL	18	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	8	44%
Canadian	2	11%
Metis	1	6%
Indigenous	7	39%
TOTAL	18	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	10	56%
Young Adults (18-24)	8	44%
TOTAL	18	100%

3. Tools Utilized

- Service Prioritization Decision Assessment Tool (SPDAT)
- Casey Life Skills

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

No active clients have goals that target safety at this time

Discharged Clients

1/1 (100%) of clients who identified safety as a goal achieved it

- 1 (100%) of youth who identified safety as a concern learned specific strategies in how to keep themselves out of dangerous situations, what to do in unsafe situations and what makes a safe friend/person.

Improved Well-Being

Active Clients

1/1 (100%) of youth who identified wellbeing as a goal, improved their overall well being

Discharged Clients

16/17 (94%) of youth improved their overall well being

- 8/9 (89%) of youth who identified life skills goals achieved their goals of increasing their life skills, including communication
- 12/12 (100%) of youth who identified education/employment goals achieved their goals of obtaining or maintaining education and/or employment

Improved Permanency

Active Clients

No active clients have goals that target permanency at this time

Discharged Clients

7/7 (100%) of youth who identified permanency as a goal were successful at achieving and/or maintain permanency

- 2 youth moved from home to successful independent or semi-independent living situations

Improved Family and Community Support

Active Clients

No active clients have goals that target Family and Community Support at this time

Discharged Clients

3/3 (100%) of youth improved or maintained family and community support goals.

5. Outcomes Context

There was an increase in the number of discharges this year from five in 2014/2015 to 18 in 2015/2016.

There was a change in our assessment tool from the SPDAT to the Casey Life Skills Assessment. This year's data is limited given the late implementation of this tool; however, the Casey tool provides much more accurate data in regards to youth needs and goals. We are confident that the upcoming year will demonstrate data that is more reflective of client outcomes and success.

Throughout the year, the program focused on an increased connection to other McMan programs as well as within the community. This included doing coaching sessions and presentations for others to gain a better understanding of FASD and strategies to help youth living with FASD. This was executed with a large emphasis on Executive Functioning and FASD and how others can assist those effected by FASD in this regard.

6. Recommendations and Next Steps

- Increasing the number of discharges by setting more specific discharge guidelines was one of the areas that we aimed to address in 2015. This in turn also decreased our waitlist substantially with the wait time decreasing from 1 year to 2-4 months. This will be continued into the following year.
- In 2016/2017 MAPS will continue to focus on building on presentations for the community as well as implementing the Casey Life Skills assessment to increase our data.

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Suicide ideation	1	100%

Trends: none noted

Actions for Improvement: nothing at this time

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

- Contracted hours: Milestones: 9,968
Counseling: 1,500
- Service hours provided: Milestones: 8,777
- Clinical hours provided: 1,007
- Annual occupancy: Milestones: 88%
Counseling: 67%

- Total clients served: Milestones: 190
Counseling: 80
- Total discharges: Milestones: 121
Counseling: 25

2. Demographics

Includes: Milestones Behavioral Aides, Counseling, Stepping Stones and Transition Coordinator

Gender	Persons Served (Individuals)	Percent (%)
Male	196	76%
Female	61	23%
Transgendered	1	1%
TOTAL	258	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Canadian/Caucasian	180	70%
Chinese	15	6%
Filipino	9	3%
Mixed Race	8	3%
Indigenous	2	1%
Other	44	17%
TOTAL	258	100%
Age	Persons Served (Individuals)	Percent (%)
Infants (0-6)	39	15%
Children (7-11)	128	50%
Youth (12-17)	91	35%
TOTAL	258	100%

3. Tools Utilized

- Family Assessment Form (FAF) (Families)
- Adult Needs and Strengths Assessment (ANSA-T) (Transitioning to Adulthood)
- Developmental Behaviour Checklist (DBC) (Stepping Stones)

4. National Outcome Measures (NOM)

MILESTONES

Improved Safety

Active Clients

37/46 (80%) parents who currently have identified safety as a goal have shown improvement in this area

Discharged Clients

206/227 (91%) parents who identified safety as a concern, learned strategies that improved their child's safety

- 96% of clients improved or maintained their child's community and/or home safety

Improved Well-Being

Active Clients

14/14 (100%) parents who currently have identified wellbeing as a goal have shown improvement in this area

Discharged Clients

61/68 (90%) parents who identified wellbeing as a concern, learned strategies that improved their child's overall wellbeing

- 12/14 (86%) parents learned strategies that improved their child's social skills
- 13/13 (100%) parents learned strategies that improved their child's communication skills
- 20/20 (100%) parents learned strategies that improved their child's daily living skills
- 29/34 (85%) parents learned strategies that improved their child's emotional and/or sensory regulation skills

Improved Permanency

Active Clients

56/56 (100%) clients remain in secure, stable and permanent homes

Discharged Clients

90/90 (100%) clients remained in secure, stable and permanent homes at time of closure

Improved Family and Community Support

Active Clients

14/21 (67%) parents who currently have Family and Community Supports as their goals are seeing improvements

Discharged Clients

69/75 (92%) parents learned strategies that improved their child's overall Family and Community Support

- 55/61 (90%) parents learned strategies that improved their child's overall behaviour
- 8/8 (100%) parents learned strategies that improved their child's educational experience (including advocacy and consistency between home and school)

- 6/6 (100%) parents who identified community and natural supports as a concern improved their support networks

TRANSITION COORDINATOR

Clients served: 20 (13 discharges)
 Service Hours: 1,067
 Capacity: 75% (2 months gap as staff went on unexpected early maternity leave)

This year the Transition Coordinator position was able to serve more families (up from 14 families) as compared to 2014/2015. This was due to increased efficiency and streamlining in the ‘life planning’ processes when working with families and young adults.

The Transition workshops, held twice monthly in partnership with Children’s Link also continued to be a great success. The attendance continued to be a mix of both parents/caregivers and professionals and the feedback to the presenters was very positive.

STEPPING STONES

Clients Served: 30 (19 discharges)
 Service Hours: 1,105

Two Family Coordinators delivered Stepping Stones in the 2015/2016 year and we doubled the number of Stepping Stone families we served (from 13 and 2 discharges) in 2014/2015. The two practitioners increased their caseloads to reflect a 70/30 split between Stepping Stone families and DBA families.

5. Outcomes Context

Over the 2015-2016 year, the Milestones program maintained a consistent and skilled team with significant staff turnover in the summer months, resulting in a slight lag of service hours. In addition, the Clinician took an unexpected medical leave for a significant part of the year, which explains the lower numbers this year in the Counseling program in comparison to the previous year.

The outcomes that the Family Coordinators are achieving with the families are very strong due in part to their high level of experience and education, as well to increased coaching within the program, additional trainings and a more streamlined process of writing Service Plan goals, with accurate and reflective measurement.

6. Recommendations and Next Steps

- Last year’s recommendations of increasing knowledge and training from increasingly complex families was achieved by having most Family Coordinators in the Milestones program trained in Dr. Ross Greene’s Collaborative and Proactive Solutions (CPS) model. This model is particularly helpful in assisting pre-teen/teen youth that we work with who have diagnoses such as ADHD, ODD, CD, and other challenging behaviour diagnosis. Several Coordinators have begun to

implement the CPS model with families that are interested in exploring this as an option for approaching challenging behaviour and we are seeing, so far, positive changes come from using the model. This will continue to be a focus throughout the 2016/2017 year.

- Milestones will continue to hold workshops for parents/caregivers throughout the year on a variety of topics, including some new areas such as Caring for the Caregiver.
- In the coming year, an additional 2 staff will be trained in Stepping Stones and the number of families served under this program is expected to increase.

7. Critical Incident Summary

Total # of Critical Incidents: 9

Type of Critical Incident	#	%
Threat of Self Harm/Suicidal Thoughts	5	55
Severe Acting Out/Safety Risk	2	22
Allegations of Abuse	2	22

Trends:

Increasing trend of suicidal thoughts /behaviour among children/youth

Actions for Improvement:

Continue to screen and monitor families/youth for risk of suicide at intake and throughout involvement. Maintain staff ASIST training.

OTHER FUNDED PROGRAMS

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. This program is funded through the Calgary Fetal Alcohol Network.

1. Contractual Obligations

To serve 18-20 high-risk families where one of the parents has FASD or is suspected of having FASD and is parenting a child/ren at least 50% of the time

- Annual occupancy: 100%
- Total clients served: 20
- Total discharges: 5

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	3	15%
Female	17	85%
TOTAL	20	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	13	70%
Indigenous	5	25%
Other	2	5%
TOTAL	20	100%
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	8	40%
Adults (19+)	12	60%
TOTAL	20	100%

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

20 (15 Active families and 5 Discharged families) of our families identified Safety as a goal.

Active Clients

- 15/15 (100%) families report an increase in knowledge of risk factors.
- 13/15 (87%) families no longer use substances.
- 15/15 (100%) families are not involved in criminal activity

Discharged Clients

- 5/5 (100%) families report an increase in knowledge of risk factors.
- 4/5 (80%) families no longer use substances.
- 5/5 (100%) families are not involved in criminal activity

Improved Well Being

20 (15 Active families and 5 Discharged families) of our families identified Well Being as a goal.

Active Clients

- 10/15 (67%) clients are on AISH (AISH is permanent funding-Assured Income for the Severely Handicapped.) AISH is their only form of income as most of these families are not able to be successfully employed.
- 2/15 (13%) are presently employed, however 2(13%) others were working during this year but have laid off.
- 10/15 (67%) families have completed FASD assessments. 4 (27%) assessments are in the process of being completed this year. 3 clients' assessments were completed in this last year. 1 of the families is in the process of having their child assessed as well.

Discharged Clients

- 4/5 (80%) clients are on AISH (AISH is permanent funding-Assured Income for the Severely Handicapped.)
- 0/5 (0%) are presently employed.
- 4/5 (80%) families have completed FASD assessments. 3 clients assessments were completed in this last year

Improved Permanency

20 (15 Active families and 5 Discharged families) of our families identified Permanency as a goal.

Active Clients

- Mothers are able to provide safe and stable housing for their children
 - 15/15 (100%) families live in safe and stable housing.
 - 13/15 (87%) families live independently in their own homes.
 - 2/15 (13%) families lives with family members.
- 10/15 (67%) families have remained intact with no Child and Family Services involvement.
- 3/15 (20%) families have remained intact with Family Enhancement Agreements in place.
- 2/15 (13%) families have had their children removed under a Temporary Guardianship Order and are actively working to have their children returned to them.

Discharged Clients

- Mothers are able to provide safe and stable housing for their children
 - 5/5 (100%) families live in safe and stable housing.
 - 2/5 (40%) families live independently in their own homes.
 - 3/5 (60%) families lives with family members.
- 5/5 (100%) families have remained intact with no Child Welfare involvement.

Improved Family and Community Support

20 (15 Active families and 5 Discharged families) of our families identified Family and Community Support as a goal.

Active Clients

- 15/15 (100%) families report increased knowledge and involvement with community resources. The families are able to refer themselves to services and have knowledge about what services are available in the community that they could access.
- 15/15 (100%) families are connected to one or more community resources.
- 7/15 (47%) families have attended parenting classes in this fiscal year.

Discharged Clients

- 5/5 (100%) families report increased knowledge and involvement with community resources. The families are able to refer themselves to services and have knowledge about what services are available in the community that they could access.
- 5/5 (100%) families are connected to one or more community resources.
- 3/5 (60%) families have attended parenting classes.

5. Outcomes Context

The program has outcomes under 80% in the following areas- parenting classes, obtaining FASD assessments, employment, and obtaining AISH funding. Clients who have a FASD have many different abilities; for many, working regularly or attending parenting classes is not a realistic expectation. The program's goal is to support clients in increasing their self-efficacy and feeling successful in developing and reaching their goals.

For this program, having 26% of clients who were working at some point in the year, is a very positive and exciting outcome. The other reality for clients who have an FASD is that they have difficulties maintaining employment due to the disability.

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 program will always have a small number of graduates due to staff carrying small caseloads because their clients are all affected with an FASD.

For clients who have an FASD, working or attending school often doesn't happen due to processing issues and some of the common behaviours seen with clients with an FASD. These clients are often seen as unemployable. 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.

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. This funding is permanent which allows for some financial security and helps mitigate financial stressors that these clients may have.

FASD assessments are accessed and the results are 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 require support in accessing a new assessment.

Many of our clients have difficulty understanding what is being taught in parenting classes as the curriculum is not designed to address the needs of a person with an FASD. As a result, families will avoid the experience as it makes them feel incompetent. It is exciting to see that 10 clients attended classes this year and demonstrates that the providers of parenting programs are starting to adjust the content and delivery of the information. This may result in the program seeing an increase in the numbers of parents who are successful in completing a parenting program.

6. Recommendations and Next Steps

- For us 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. We also need to maintain our relationships with places like Medigene for Assessments as that is one of the pieces our clients need in order to be eligible for AISH. Being involved in the FASD community allows for seamless services for our clients. As our clients become more successful in their lives, our outcomes will continue to improve.
- Housing is much better than in the past, however continues to be a challenge for the families we work with as they often have difficulties with landlords. One of the staff has been trained in doing SPDAT's (Service Prioritization Decision Assistance Tool). The SPDAT is an evidence informed approach to accessing an individual or families acuity. The tool, across multiple components, prioritizes who to serve next and why. SPDAT is a tool that has been accepted in the housing initiative in Calgary as the method for accessing the level of need for individuals in terms of housing. Having a staff who understands the needs of a person with an FASD increases the validity of the tool for this particular group of people. This staff member understands how a person with an FASD processes information and she will be available to clients so that they can quickly be re-housed if their housing situation breaks down. This will help support more positive outcomes related to housing.
- The lack of long term supports continues to be difficult. It is important that we support other people who are involved with our clients in their understanding of FASD and the strengths and deficits our clients have. We need to have a voice in the community for finding supports that are long term and FASD friendly. Our program is 3 years in length; however many clients need lifelong supports. Outcomes will only be maintained with this type of support.

- The program next steps will be to continue providing the one to one service to our clients and to have a role in finding and supporting development of other resources that are needed. The staff in this program and other programs in the agency that work with people with an FASD are planning to offer a 2nd level training on FASD for staff in the agency. The training program will look at Best Practices and how to successfully provide services to this clientele. We would be willing to provide this training to other agencies if requested.

7. Critical Incident Summary

Total # of Critical Incidents: 3

Type of Critical Incident	#	%
Threat of Self Harm/Suicide	2	67%
Violence	1	33%

Trends:

The program has experienced a small number of Critical Incidents. Both incidents related to suicide attempts involved different clients and resulted in hospitalization in both cases. The incident of violence was a one-time incident and the police were called.

Actions for Improvement:

It is important for staff to continue to receive training and implement strategies that reduce risk for clients as well as for themselves.

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: 8-10 alcohol and/or drug-using women who are pregnant or up to six months postpartum who live in rural communities in Region 3.
- Annual occupancy: 100%
- Total clients served: 12 clients
- Total discharges: 3 client

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Female	12	100%
TOTAL	12	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	9	75%

Indigenous	3	25%
TOTAL	12	100%
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	7	58%
Adults (19+)	5	42%
TOTAL	12	100%

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

12 (9 Active families and 3 Discharged families) of our families identified Safety as a goal.

Active Clients

- Mother is not using drugs/alcohol.
5/9 (56%) mothers are not using drugs or alcohol.
1/9 (11%) mothers is smoking medical marijuana
- Mother is using effective Birth Control.
7/9 (78%) mothers are using effective Birth Control

Discharged Clients

- Mother is not using drugs/alcohol.
2/3 (67%) mothers are not using drugs or alcohol.
- Mother is using effective Birth Control.
2/3 (67%) mothers are using effective Birth Control

Improved Well Being

12 (9 Active families and 3 Discharged families) of our families identified Well Being as a goal.

Active Clients

- Abstain/reduce drug and alcohol use during next pregnancy.
There are no second pregnancies.
- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
9/9 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Discharged Clients

- Abstain/reduce drug and alcohol use during next pregnancy.
There are no second pregnancies.
- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
 - 3/3 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Improved Permanency

12 (9 Active families and 3 Discharged families) of our families identified Permanency as a goal.

Active Clients

- Child does not require Child and Family Services involvement.
4/9 (44%) mothers have no Child and Family Services (CFSA) involvement.
2/9 (22%) mothers have CFSA involvement but their children continue to live with them.
2/9 (22%) mothers have Temporary Guardianship Orders in place and are actively working hard at having their children returned.
1/9 (11%) mothers has a Permanent Guardianship Order.
- Mothers are able to provide appropriate housing for their children.
9/9 (100%) mothers lives in appropriate housing.
4/9 (45%) mothers live in their own home.
2/9 (22%) mothers live with family.
3/9 (33%) mothers presently are living in a shelter.

Discharged Clients

- Child does not require Child and Family Services involvement.
2/3 (67%) mothers have no Child and Family Services (CFSA) involvement.
1/3 (33%) mothers has no CFSA involvement and her child lives with her grandmother.
- Mothers are able to provide appropriate housing for their children.
3/3 (100%) mothers live in their own home.

Improved Family and Community Support

12 (9 Active families and 3 Discharged families) of our families identified Family and Community Support as a goal.

Active Clients

- 9/9 (100%) mothers report increased knowledge and involvement with community resources.

- 3/9 (33%) mothers are in school or working.
- 9/9 (100%) mothers report increased parenting skills.
 - 6/9 (67%) mothers have taken a parenting class.

Discharged Clients

- 3/3 (100%) mothers report increased knowledge and involvement with community resources.
 - 3/3 (100%) mothers report increased parenting skills.
 - 2/3 (67%) mothers have taken a parenting class.

5. Outcomes Context

We acknowledge that some of our mothers may not be able to parent their children effectively due to their addictions. At this time, most (66%) of mothers have custody of their children and another 2 (22%) are actively working towards having their children returned. The program has only one mother who has permanently lost custody of her child. 67% of mothers have taken a parenting class which also increases their ability to parent effectively.

Housing in the rural communities is a challenge.

6. Recommendations and Next Steps

- Continue to develop relationships with other Service Providers in the rural area. These relationships are important so that a seamless continuum of services can be provided to our clients. Many services have wait times and specific entrance criteria and by building these relationships we can start to break down these barriers to services. One of the programs that PCAP worked most closely with has been closed. This program provided support to many of our clients by supplying coupons for food, diapers and prenatal vitamins.
- Continue to train and coach our staff in Trauma Informed Care as this type of training increase staff's skills which in turn makes them more effective helpers for our clients. Our staff will be better equipped to support clients in identifying the underlying causes of their issues and as a result will work on specific goals that will address the complexities of these issues. 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.
- Funding for basic needs continues to be a need for our clients with transportation being a priority. PCAP has applied to external funding to support staff in purchasing these items for clients.
- Staff attended a facilitated training called Finding Our Voices and has been using this curriculum on an individual basis with clients. This program is six weeks in duration and focuses on self-esteem development for women who have experienced Domestic Violence. By increasing their self-esteem our clients will be more likely to recognise the abusive behaviour and have the strength to leave the violent relationships.

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Sexual Assault	1	100

Trends:

There was only 1 critical incident.

Actions for Improvement:

Staff training in the areas of Suicide, Self-Harm, Domestic Violence and Sexual Assault will continue to support the high risk needs associated with the clients in this program. Training in the areas of addictions and trauma are also critical.

Parent - Child Assistance Program (P-CAP Urban)

1. Contractual Obligations

- Contracted spaces: 12-15 alcohol and/or drug abusing women who are pregnant or up to six months postpartum in Calgary.
- Annual occupancy: 100%
- Total clients served: 14
- Total discharges: 2

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Female	14	100%
TOTAL	14	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	4	36%
Indigenous	4	36%
Other	6	28%
TOTAL	14	100%
Age	Persons Served (Individuals)	Percent (%)
Young Adults (18-24)	5	36%
Adults (19+)	9	64%
TOTAL	14	100%

3. Tools Utilized

- Addiction Severity Index (ASI) (Adult)

4. National Outcome Measures (NOM)

Improved Safety

14 (12 Active families and 2 Discharged families) of our families identified Safety as a goal.

Active Clients

- Mother is not using drugs/alcohol.
8/12 (57%) mothers are not using drugs or alcohol.
2/12 (14%) mother are smoking medical marijuana
- Mother is using effective Birth Control.
11/12 (92%) mothers are using effective Birth Control

Discharged Clients

- Mother is not using drugs/alcohol.
1/2 (50%) mothers are not using drugs or alcohol.
- Mother is using effective Birth Control.
1/2 (50%) mothers are using effective Birth Control

Improved Well Being

14 (12 Active families and 2 Discharged families) of our families identified Well Being as a goal.

Active Clients

- Abstain/reduce drug and alcohol use during next pregnancy.
There are no second pregnancies.
- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
12/12 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Discharged Clients

- Mothers in the program reported increased knowledge of the effects of drugs and alcohol on babies during pregnancy.
2/2 (100%) mothers report an increased knowledge of the effects of drugs and alcohol on babies during pregnancy.

Improved Permanency

14 (12 Active families and 2 Discharged families) of our families identified Permanency as a goal.

Active Clients

- Child does not require Child and Family Services involvement.
6/12 (50%) mothers have no Child and Family Services(CFSA) involvement.
4/12 (33%) mothers have CFSA involvement but their children continue to live with them.
2/12 (17%) mothers have no CFSA and their children are living with family.
- Mothers are able to provide appropriate housing for their children.
10/12 (83%) mothers lives in appropriate housing.
2/12 (17%) mothers are currently homeless.

Discharged Clients

- Child does not require Child and Family Services involvement.
1/2 (50%) mothers have no CFSA and their children are living with family.
1/2 (50%) mothers has a Permanent Guardianship Order.
- Mothers are able to provide appropriate housing for their children.
1/2 (50%) mothers live in their own home.
1/2 (50%) mothers are currently homeless.

Improved Family and Community Support

14 (12 Active families and 2 Discharged families) of our families identified Family and Community Support as a goal.

Active Clients

- 12/12 (100%) mothers report increased knowledge and involvement with community resources.
6/12 (50%) mothers are in school or working.
- 12/12 (100%) mothers report increased parenting skills.
5/12 (42%) mothers have taken a parenting class.

Discharged Clients

- 2/2 (100%) mothers report increased knowledge and involvement with community resources.
- 2/2 (100%) mothers report increased parenting skills

5. Outcomes Context

PCAP is a 3 year program with the goal of preventing any further births of children being born affected by drugs and/or alcohol. The program utilizes a Harm Reduction model. The outcomes indicate that about 70% of mom's are presently not using drugs or alcohol or are smoking legalised marijuana. 92% of the women are on effective birth control and the program has not had any 2nd births in the program in the last year.

The program acknowledges that some of the mothers may not be able to parent their children effectively. At this time, most (83%) of mothers have custody of their children and the 2 (17%) have their children in the custody of family with no CFSA involvement. 40% of mothers have taken a parenting class which also increases their ability to parent more effectively.

With respect to the 2 discharged clients, one has left the city and is back using drugs but to our knowledge she is not pregnant. The other mother is doing well.

6. Recommendations and Next Steps

- Continue to focus staff training in Trauma Informed Care as this type of training fits well within the PCAP Model. This type of training increases staff skills which in turn makes them more effective helpers for our clients. The program will also be increasing awareness of Safety Planning for both clients and staff and will be using the PCAP Safety Protocol as a guideline for this work.
- Continue with timely and efficient data entry into Penelope so that we have continued access to accurate data for our outcomes reporting and quality assurance practices.

7. Critical Incident Summary

Total # of Critical Incidents: 1

Type of Critical Incident	#	%
Threat of Self Harm/Suicide	1	100

Trends:

This program only had one CI.

Actions for Improvement:

Continue to ensure staff are trained in the ASIST model as per agency policy.

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: 35
 - Hope Homes 27
 - Hope Homes for Aboriginal Youth 8
- Total clients served: 48

- Total discharges:

17

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	20	42%
Female	28	58%
TOTAL	48	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Indigenous/Metis/Aboriginal	21	43.8%
Caucasian	17	35.4%
African	5	10.4%
Other	5	10%
TOTAL	48	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	2	4%
Young Adults (18-24)	43	90%
Adults (24+)	3	6%
TOTAL	48	100%

3. Tools Utilized

- Service Prioritization Decision Assessment Tool (SPDAT)
- Key Performance Indicators (CHF)

4. National Outcome Measures (NOM)

Improved Safety

Overall, 24/27 (89%) of goals relating to personal safety were achieved.

Active Clients

- 12/12 (100%) youth achieved their goal of increasing their ability to keeping themselves safe
- 15/20 (75%) youth achieved their goal of improving their housing/tenancy skills (moving out of a support home into independent living, finding a roommate, maintaining safe affordable housing, etc.)

Discharged Clients

- 2/3 (67%) youth achieved their goal of increasing their ability to keeping themselves safe
- 12/13 (92%) youth achieved their goal of improving their housing/tenancy skills (moving out of a support home into independent living, finding a roommate, maintaining safe affordable housing, etc.)

Improved Well Being

Overall, 67/73 (92%) of goals relating to well-being were achieved.

Active Clients

- 16/16 (100%) youth achieved their goal of improving/increasing their life skills (cooking, cleaning, budgeting, etc).
- 17/18 (94%) youth achieved their goal of gaining employment or attending a day program.

Discharged Clients

- 3/4 (75%) youth achieved their goal of improving/increasing their life skills (cooking, cleaning, budgeting, etc).
- 5/6 (83%) youth achieved their goal of gaining employment or attending a day program.

Improved Permanency

Overall, 28/36 (78%) goals relating to improved permanency were achieved. Eighty-two (82%) of youth in the first nine months of participation in the program achieved permanent housing for over a three month period.

Active Clients

- 34/35 (97%) youth currently in the program are housed as of March 31, 2016

Discharged Clients

- 14/17 (82%) youth were housed at the time of discharge from the program (1 youth was in a treatment program and 2 were living in a shelter and chose not to be with the program)

Improved Family and Community Support

Overall, 24/27 (89%) goals related to improved family and community support were achieved.

Active Clients

- 31/31 (100%) youth have improved their connection to community resources (Alberta Health Services, Youth Employment, Calgary Food Bank, etc.)
- 7/8 (90%) youth achieved their goal of increasing connection with natural supports

Discharged Clients

- 17/17 (100%) youth, upon discharge, improved their connection to community resources (Alberta Health Services, Youth Employment, Calgary Food Bank, etc.)

5. Outcomes Context

The outcomes for the Hope Homes/Aboriginal Hope Homes were very positive. The performance indicators identified that program participant's enhanced personal safety while active in the program

and upon discharge. Maintaining personal safety is an important outcome for youth who may have experienced exploitation and vulnerability while homeless. The outcome data also indicates that youth learned tenancy skills and competencies while participating in the program and upon discharge. Enhancing tenancy skills will help youth maintain their housing in their transition to adulthood. Similarly, the outcome data suggests that youth demonstrated improved life skills while in the program and upon discharge. Enhanced skill development reflected in the positive permanency outcomes which identified most youth maintained safe and stable housing while participating in the program and upon discharge. A number of youth required re-housing while in the program, but with supports, were able to secure new housing and build on their tenancy skills.

Regardless of the positive outcomes reported, the Hope Homes/Aboriginal Hope Homes programs have identified a number of key areas for enhancement and continual improvement. These areas include family reconnection/natural supports, mental health/addiction supports, education/vocation, cultural connection and life skills development.

6. Recommendations and Next Steps

- Over the next fiscal year, the program will focus on improving outcomes in the aforementioned key areas. The Hope Homes/Aboriginal Hope Homes Case Managers will work closely with the support staff (Wellness Social Worker, Family Preservation Worker, Housing Coordinator) to help the youth achieve goals relating to mental health/addictions, family connection/natural supports and education/vocation. Program structure and process will be developed to effectively integrate the roles of the support team.
- Over the last year Wellington Place was absorbed in to the Hope Homes/Aboriginal Hope Homes agreement. Wellington is now an integral part of the Hope Homes housing continuum. It offers youth an independent living option with the security of a house parent for added support.
- Hope Homes/Aboriginal Hope Homes will continue to offer in-house training for staff related to the program youth's needs. Last year trainings included Harm Reduction, Motivational Interviewing, and Housing First. This year we will include training related to Stages of Change, Natural Supports, Trauma Informed Care, and Relationship Building. The Hope Homes/Aboriginal Hope Homes staff also regularly attends external training offered by the Calgary Homeless Foundation and other learning opportunities in the community.
- Beginning April 1, 2016 the Hope Homes/Aboriginal Hope Homes will be implementing the Youth Acuity Scale as an outcome tool along with continuing to use the Sharevision. This tool will assist youth in goal setting around life domains such as; addictions, mental health, life skills, education/employment and will monitor their successes.
- The Aboriginal Hope Homes program will continue to have quarterly culturally focused groups including smudging, aboriginal crafts, drumming, and trips to cultural centres. The program has also started handing out a newsletter to all youth which has youth art, aboriginal stories and cultural events in and around Calgary.

7. Critical Incident Summary

Total # of Critical Incidents: 30

Hope Homes: 23

Aboriginal Hope Homes: 7

Type of Critical Incident	#	%
Threat of Self Harm/Suicide Attempt	8	26.5
Violence	5	16.5
Severe acting out	3	10
AWOL	2	6
Serious change in child's health	2	6
Drug/alcohol abuse	2	6
Injury to the child	2	6
Hospitalization	2	6
Allegation of abuse	1	3
Charges/offences	1	3
Accident	1	3
Break and enter	1	3

Trends:

Threats of Self Harm/Suicide Attempts have been an increasing serious trend we have noticed amongst this population. We believe this is mainly due to an increased number of higher acuity/higher needs youth.

Actions for Improvement:

The program continues to build healthy, trusting relationships with youth so they will be able to recognize signs of distress. All staff continue to be certified in ASIST: Applied Suicide Intervention Skills Training and CPI: Non-Violent Crisis Intervention. Staff will also be trained in Trauma Informed Care. The youth are able to access the Wellness Social Worker for support and Case Managers may consult with her if needed.

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: 188
- Total clients served:
 - 27 youth were provided with case management support
 - 161 youth were participated in groups

- Total discharges: 18 youth were discharged from case management support

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	127	68 %
Female	59	31 %
Transgendered	2	1 %
TOTAL	188	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	126	67 %
Other	45	14 %
Indigenous	17	9 %
TOTAL	188	100%
Age	Persons Served (Individuals)	Percent (%)
Children (7-11)	43	23 %
Youth (12-17)	118	63 %
Young Adults (18-24)	27	27 %
TOTAL	188	100%

3. Tools Utilized

FCSS Social Inclusion Indicators (FSII)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients (Case Management)

- 6/9 (67%) youth were not involved in criminal activity upon entering the program. These six youth also did not engage in criminal activity for the duration of their service.
- 3/3 (100%) youth who were involved in criminal activity upon entering the program have not re-offended.
- 3/9 (33%) youth have disengaged from their negative peer group to increase their overall safety within the community

Discharged Clients (Case Management)

- 7/18 (39%) youth discharged from the program were not involved in criminal activity upon entering the program. These seven youth did not engage in criminal activity for the duration of their service
- 10/11 (91%) youth discharged from the program who were involved in criminal activity did not receive any new charges.

- 12/18 (67%) disengaged from negative peer group to increase their overall safety in the community.

Improved Well Being

Active Clients (Case Management)

- 5/9 (55%) youth have demonstrated an increase in social skill development
- 4/9 (45%) youth have demonstrated an increase in self-esteem and confidence

Discharged Clients

- 15/18 (94%) discharged youth have demonstrated an increase in social skill development
- 14/18 (78%) discharged youth have demonstrated an increase in self-esteem and confidence

Improved Permanency

Active Clients

- 8/9 (89%) youth currently in the program live in safe and stable housing
 - Seven youth currently live with biological family
 - One youth lives in the FASD Housing program

Discharged Clients

- 16/18 (89%) discharged youth live in safe and stable housing
 - Eleven youth reside at home with family/kin
 - Five youth reside in safe and stable housing (FSD Housing Program, Brenda's House, PSECA)

Improved Family and Community Support

Active Clients

- 9/9 (100%) youth have a permanent connection to a significant natural support

Discharged Clients

- 16/18 (89%) youth have increased their permanent connections to a significant natural supports

5. Outcomes Context

Overall, the outcomes relating to Case Management supports were positive. The youth who received case management supports experienced positive outcomes in all NOM areas of safety, well-being, permanency and family/community connection. Of particular interest was the impact of the program to support youth to stay out of the criminal justice system, maintain safe and stable housing and enhance natural supports. Outcomes relating to well-being (self-esteem and social skills) improved over time and

as youth transitioned out of the program. Youth also appeared to make better decisions relating to positive peer groups the longer they remained in the program and upon discharge. The Youth Alternative Program was unable to provide outcome data for the groups. As previously discussed, the FSII is used for the group work (Kickstart/Restart) within the program. This data is not available until July of each fiscal year.

6. Recommendations and Next Steps

- A standardized pre/post-test tool will be used next year to measure impact of the group work. The Youth Acuity Scale will be introduced to measure progress of youth involved in case management activities. The program will continue to explore additional CBE and community locations to offer Kickstart and Restart groups.

7. Critical Incident Summary

Total # of Critical Incidents: 42

Type of Critical Incident	#	%
AWOL	23	55%
Allegation of Abuse/Neglect	4	10%
Threat of Self Harm/Suicide Attempt	4	10%
Drug/Alcohol Abuse	3	7%
Severe Acting Out	2	5%
Confinement	1	2%
Mental Health Act Order	1	2%
Reported Missing	1	2%
Charges/Offences	1	2%
Violence	1	2%
PSECA	1	2%

Trends:

- There was a trend with AWOL’s over the last year with youth involved in the program. There were 23 incidents that were written for three youth. With the three youth; one incident was written for one youth, four reports were written for one youth and the remaining eighteen for one youth.
- There was a small trend of allegation of abuse/neglect, self-harm/suicide attempts and drug alcohol abuse while in the program.

Actions for Improvement:

- The case workers met with the youth and their case teams to help create safety plans to ensure the safety of the youth. Additionally, there were there was increased communication with youth’s friends there were created to help reduce the amount of AWOL reports written for the youth.

- Case workers will continue to meet with the youth to help report the allegation of abuse to the proper authorities. Staff will continue to work with the youth to ensure that the abuse has stopped or plans/processes can be put in place to ensure that the abuse has stopped.
- Staff will continue to be trained in ASIST and offer help support to the youths' care givers to ensure the safety of the youth.
- Staff will continue to grow and learn their skills with regards to addictions. Staff will continue to try and connect youth to appropriate resources, such as addictions counsellors, to help them with any addictions issues present.

Calgary Young Offender Centre (CYOC) Community Reintegration Program

The CYOC Community Reintegration Program assists youth who are in transition from a justice facility, such as the CYOC, to their family and the community.

1. Contractual Obligations

- Contracted spaces: 42
- Annual occupancy: 39
- Total clients served: 39
- Total discharges: 26

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	26	67%
Female	13	33%
TOTAL	39	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Indigenous	19	48.7%
Caucasian	13	33.3%
Other	7	18%
TOTAL	39	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	12	31%
Young Adults (18-24)	26	67%
Adults (19+)	1	2%
TOTAL	39	100%

3. Tools Utilized

- Child and Adolescent Functional Assessment Scale (CAFAS)

4. National Outcome Measures (NOM)

Improved Safety

Active Clients (Case Management)

- 9/13 (69%) youth were not involved in criminal activity (re-offend) upon discharge from CYOC and involved in the program.
- 7/13 (54%) youth are considered to be safe in their environment

Discharged Clients (Case Management)

- 11/19 (58%) youth were not involved in criminal activity (re-offend) upon discharge from the program.
- 4/19 (21%) youth were considered to be safe in their environment upon discharge from the program.

Improved Well Being

Active Clients (Case Management)

- 8/13 (62%) youth with identified mental health concerns are receiving mental health supports
- 11/13 (85%) youth are attending school or employed

Discharged Clients

- 11/17 (65%) youth with identified mental health concerns were receiving mental health supports upon discharge
- 10/19 (53%) youth were attending school and/or working upon discharge

Improved Permanency

Active Clients

- 12/13 (92%) youth currently in the program live in safe and stable housing (family, kin, supported housing, independently)

Discharged Clients

- 9/19 (47%) youth lived in safe and stable housing (family, kin, supported housing, independently) upon discharge

Improved Family and Community Support

Active Clients

- 12/13 (92%) youth have a permanent connection to a significant natural support:

Discharged Clients

- 15/18 (79%) youth have increased their permanent connections to a significant natural supports upon discharge

CAFAS

Active Clients

- 3/11 (27%) youth have experienced a decrease in their overall CAFAS scores, indicating positive change.
- The youth currently in the program continue to work on their skills to increase their safety. The CYOC workers are working closely with the youth to ensure they are connected to supports both in CYOC and in the community to address their struggles. Youth are being connected to addictions counsellors, food bank, supported in finding and enrolling in school or support in finding employment.

Discharged Client

- 6/11 (55%) youth have experienced a decrease in their overall CAFAS scores upon discharge.
 - 4/11 (36%) youth saw a decrease of approximately 50% in their scores. This demonstrates that the youth have improved their safety a variety of environments such as; school/employment, behaviours towards others, and substance abuse.

5. Outcomes Context

The outcome data indicates that most youth appear to function better while actively involved in the program than they do as they discharge. The only exception to this trend are the CAFAS scores with only 27% of youth currently in the program (active) experiencing a decrease in score versus 55% of youth discharged experiencing a decrease in score. The decrease of CAFAS scores should support better discharge outcomes however does not in most NOM domains. The program will need to explore why outcomes were not maintained or increased as a young person moves towards discharge.

6. Recommendations and Next Steps

- The program was able to collect data on 32 of the 39 youth who were served throughout the year. Similarly, the CAFAS tool was only administered to 22 of the 39 youth in the program. Concerted effort will need to be made next year to ensure staff is inputting required data into Sharevision.
- The program will explore the factors/variables relating to reduce positive functioning of youth as they progress towards discharge status. Strategies will be identified and implemented to enhance support to youth prior to discharge. Ensuring youth are safe in the community, connected to natural supports and have safe and stable housing are critical to sustaining gains while in the program.
- The Justice Youth Acuity Scale will be piloted next year to replace the CAFAS. The Justice Youth Acuity Scale should be ready to use by June, 2016.

- The staff structure of the program will change. The Wrap-Around Worker position will be eliminated and replaced with a second Community Reintegration Worker position. The inclusion of a second Community Reintegration Worker will support an increase in clients served throughout the year.
- The program will clearly define discharge criteria for community reintegration to reduce the average length of time served and to increase client flow in the program.

7. Critical Incident Summary

Total # of Critical Incidents: 11

Type of Critical Incident	#	%
AWOL	4	36%
Drug/Alcohol Abuse	2	18%
Threat of Self Harm/Suicide Attempt	2	18%
Accused of Inappropriate Behaviour	1	9%
Police Interaction	1	9%
Severe Acting Out	1	9%

Trends:

- There were 4 incidences of youth AWOL over the last year which written for one youth in the program. Additionally, regarding the drug/alcohol abuse, one of two incidences was written for the same individual.
- There was a small trend of suicidal ideation or self-harm over the last year.
- The remaining trend can be attributed to inappropriate behaviours (ie. Violence, physically aggressive behaviours) displayed by the youth while in the community.

Actions for Improvement:

- The individual that the AWOL CIR's were written for, has had several meetings with his CYOC worker as well as his case team. There have been safety plans put into action to help reduce the occurrence of CIR's written for him. Team meetings regarding this youth will continue to occur to help safety plan with the youth to ensure his safety.
- Staff will continue to grow their skills in ASIST, addictions, and behavioural de-escalation strategies to help reduce the amount of reports in the program.

FASD – Housing Coordinator

1. Contractual Obligations

- Contracted spaces: 6
- Annual occupancy: 51.25 %
- Total clients served: 9
- Total discharges: 5

2. Demographics

Gender	Persons Served (Individuals)	Percent (%)
Male	7	77 %
Female	1	11 %
Transgendered	1	11 %
TOTAL	9	100%
Ethnicity/Cultural Background	Persons Served (Individuals)	Percent (%)
Caucasian	5	55 %
Indigenous	4	45 %
TOTAL	9	100%
Age	Persons Served (Individuals)	Percent (%)
Youth (12-17)	7	78 %
Young Adults (18-24)	2	22 %
TOTAL	9	100%

3. Tools Utilized

Youth Acuity Scale

4. National Outcome Measures (NOM)

Improved Safety

Active Clients

- 4/4 (100%) youth did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 4/4 (100%) youth live in safe and secure housing
 - Two youth entered the program upon discharge from Calgary Young Offenders Center (CYOC)
 - One youth entered the program from a previous CFS group home that stated the youth needed increased support and structure
 - One youth entered the program from Avenue 15 Youth Shelter
- 3/4 (75%) youth who are currently in the program have not reoffended

Discharged Clients

- 5/5 (100%) youth, upon discharge, did not experience a recurrence of Child Protection (abuse or neglect) concerns while in the program.
- 5/5 (100%) youth, upon discharge, live in safe and secure housing
- 4/5 (80%) youth, upon discharge, did not reoffend during the program

Improved Well Being

Active Clients

- 3/4 (75%) youth are enrolled in school (public)
- 1/4 (25%) youth has disengaged from school in recent months as he was able to obtain a full time position in the construction field
- 3/4 (75%) youth received support for their addictions. Youth accessed PChad, Enviro's (Base Camp) and Alcoholics Anonymous to increase support for their struggles with addictions

Discharged Clients

- 1/5 (20%) youth, upon discharge, were enrolled in school and increased his academic performance
- 3/5 (60%) youth, upon discharge, were involved in job searches
- 1/5 (20%) was enrolled in a culinary arts program
- 2/5 (40%) youth, upon discharge, had accessed counselling services for mental health and addictions
- 3/5 (60%) youth, upon discharge, improved their overall well-being by engaging in school, community services, various life skills programs, pairing up with mentorship programs, increased family connection and anger management programs offered at McMan Calgary and Area.

Improved Permanency

Active Clients

- 4/4 (100%) youth continue to be in the program and working towards permanent placements as their transition dates approach
 - Two youth have access to AISH/PDD
 - One youth has transitioned in to kinship home and working to maintain that placement. Currently the family is working with McMan supports as well as Enviro's Caregiver Support program as a part of the partnership established with them
 - One youth is working to increase his family connection to move home with his biological brother
- 3/4 (75%) youth have completed a life skills program
 - Three youth completed a life skills program through community agencies
 - One youth did not complete any life skills program

Discharged Clients

- 3/5 (60%) youth, upon discharge, transitioned into a permanent placement
 - One youth transitioned back with biological family
 - One youth transitioned into with kinship family
 - One youth transitioned into adult services
- 2/5 (40%) youth, upon discharge, transitioned into more intrusive setting
 - One youth transitioned into a group home
 - One youth reoffended and was incarcerated to CYOC

Improved Family and Community Support

Active Clients

- 4/4 (100%) of youth have improved their connections with community resources through accessing mentorship programs, counselling, addictions and recreation service. The youth were able to access Forensic Adolescent Program, Addictions and Mental health Supports, Culinary Arts programs among other programs.
- 4/4 (100%) youth have improved or maintained their family connection
 - One youth has increased his relationship with his family as he has currently transitioned into his Aunt and Uncles
 - One youth continues to have a relationship with her Grandmother and Grandfather
 - One youth has improved his family connection as he has continued to visit his biological brother and sister and is improving and increasing the frequency of visits with his biological mother
 - One youth continues to have contact with his biological mother

Discharged Clients

- 5/5 (100%) youth, upon discharge, improved their connections community resources through accessing mentorship programs, counselling, addictions and recreation service. The youth were able to access Forensic Adolescent Program, Addictions and Mental health Supports, Culinary Arts programs among other programs.
- 3/5 (60%) youth, upon discharge, maintained or improved their family connection.
 - One youth maintained his connection with his adoptive family
 - Two youth improved on family connection as they reconnected with family while in the program
- 2/5 (40%) youth did not reconnect to their family or relatives while in the program.

5. Outcomes Context

The FASD Housing project is a new program that was established February 2015 and there have been some significant learning's to date. Irene Hoffart with Synergy Research Group is in process of completing an evaluation of the program over the last year. With her recommendations there have been tools developed and implemented to capture the outcomes of the program.

The occupancy rate is low over the last year due to it being a new program and the need to recruit home providers and ensuring their security checks have returned. Additionally, promoting the program to appropriate referral sources took some time to receive youth referrals.

6. Recommendations and Next Steps

- Complete the evaluation with Irene Hoffart and implement the tools that are developed.

- Continue to recruit, screen and train home providers to increase program occupancy. Continue to promote the program with appropriate referral sources.
- Continue to seek out Case Management Supports for youth in the program.

7. Critical Incident Summary

Total # of Critical Incidents: 14

Type of Critical Incident	#	%
AWOL	12	86%
Severe Acting Out	1	7%
Drug/Alcohol Abuse	1	7%

Trends:

- There is currently a trend with AWOL incident reports while in the program. This is due to youth not returning home for their court ordered curfew and their whereabouts are unknown for minimum one day to several.

Actions for Improvement:

- Staff will continue to meet with the youth and create plans around their curfew and their approved contacts with friends and family. It is the hope to improve communication and plans with home provider so this is an approved plan before and therefore would reduce the frequency of AWOLs.

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.

Adult Needs and Strengths Assessment - Transition to Adulthood Version (ANSA-T)

The Adult Needs and Strengths Assessment-Transition to Adulthood version (ANSA-T) is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

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.

Child and Adolescent Functional Assessment Scale (CAFAS)

CAFAS is used to assess the degree of impairment in children and adolescents with emotional, behavioral, or substance use symptoms/disorders. It assesses a youth's day-to-day functioning across critical life subscales and helps determine whether a youth's functioning improves over time.

Casey Life Skills

Casey Life Skills (CLS) assesses the behaviors and competencies youth need to achieve their long term goals. It aims to set youth on their way toward developing healthy, productive lives through enhancing their life and daily living skills

Developmental Behaviour Checklist (DBC)

The DBC is a suite of instruments for the assessment of behavioural and emotional problems of children, adolescents, and adults with developmental and intellectual disabilities.

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.

Sexual Exploitation Risk Assessment Form (SERAF)

SERAF is a sexual exploitation risk assessment framework which forms part of an information and intervention pathway for safeguarding children and young. The assessment supports: identifying children and young people at risk of or abused through sexual exploitation; manage information about children and young people in a way that identifies risk; gathers intelligence and monitors the extent of the issue locally; identify appropriate interventions and safeguarding actions for children and young people at risk of child sexual exploitation; deliver evidence based practice in responding to the needs of children and young people at risk of or abused through sexual exploitation.

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.