



McMan

Annual Outcome Report 2017-2018

McMan Calgary & Area

June 2018

www.McManCalgary.ca

Table of Contents

EXECUTIVE SUMMARY	2
Introduction	2
Data Collection	2
Performance Highlights	3
Continual Improvement.....	4
PROGRAM PERFORMANCE – CALGARY REGION – MINISTRY OF CHILDREN’S SERVICES	5
Foster Care	5
Respite Care Connection.....	11
Kinnections	13
Family Development Program (FDP)	19
High Fidelity Wraparound	24
Youth Transitions to Adulthood (YTA)	29
Manhattan Place.....	34
Skills Groups	38
Parent-Child Assistant Program (P-CAP)	40
Protection of Sexually Exploited Children and Adolescents (PSECA).....	45
Fetal Alcohol Spectrum Disorder (FASD) Maps.....	50
PROGRAM PERFORMANCE – FAMILY SUPPORTS FOR CHILDREN WITH DISABILITIES (FSCD).....	47
Milestones.....	47
Milestones Clinical.....	53
PROGRAM PERFORMANCE – Homeless, PCAP and Community Programs	56
Hope Homes/Aboriginal Hope Homes.....	56
Program Performance Summary	65
Parent-Child Assistance Program – Expanded Enrollment (P-CAP-EE) (CFAN Funded programs)....	67
Parent-Child Assistance Program Rural and Urban (P-CAP Rural and Urban)	63
Youth Alternation Program (YAP) Caseworker	68
Youth Alternation Program (YAP) Kick-Start/Restart Groups	71
Youth and Adult Action Club (YAAC)	74
Calgary Young Offender Center (CYOC) Community Reintegration Program	76
ASSESSMENT TOOL SUMMARY	80



Annual Outcome Report 2017 - 2018

EXECUTIVE SUMMARY

Introduction

Over 35 years of improving the quality of life in our community, McMan Calgary & Area has impacted the lives of over 25,000 children, youth and families. McMan Calgary & Area offers more than 20 innovative programs and support services that help youth and families with complex needs cope with multiple social issues, strengthen connections with family and natural supports, build resilience and transition successfully to independence. Responsive programs and individualized continuums of support that meet our communities' changing needs are at the heart of McMan's mission. With McMan Calgary & Area's support, individuals and families have been successfully empowered to fulfill their potential.

McMan Calgary & Area applies an evidence-based approach to its programs in order to offer effective services that empower children, youth, adults and families in the community. An evidence-based practice employs sector expertise, best practices and 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

Program success stories have been added to provide more contexts to client outcomes and accomplishments. For the purpose of this report, all names have been changed to protect confidentiality.

Data Collection

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

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



Performance Highlights

During this reporting period, McMan Calgary and Area provided services to 1329 clients. Of this total, 747 children, youth, adults and families received support through Calgary Region – Ministry of Children’s Services (CS and FSCD) funded programs. This number represents a 10% increase from the previous year. The average occupancy rate for our Children Services (CS) programs was 82% - a slight increase from the previous year. The three largest ethnic groups of CS served were Caucasian (42%), Aboriginal (20.2%) and African (4%). All other ethnic groups accounted for less than 3% of our total clients served. Female clients represented 63% of clients served, while males represented 36% of our clients. Five clients self-identified as transgendered. The age distribution of our CS clients was 0-11 years (28%), 12-17 years (22%), 18-24 years (14%) and 25+ years (36%). The average length of stay of active clients in CS programs was 480 days and 399 for inactive clients. There were no significant changes in our demographics and length of stay from the previous year.

The CS client outcomes across all of the National Outcome Measure (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 average of 82% successful goal attainment rating. The well-being client goals, measured by client goals relating to school performance, child behavior, child development and health reported an average of 86% 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 average of 87% 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 average of 81% successful goal attainment rating. As indicated by the table below, the entire NOM domain averages from active to completed client goals increase significantly. This strongly indicates that clients were successful in achieving their goals through service provision in programs.

Table 1 – Active and Complete NOM goal attainment by clients

NOM Domain	Active Goals	Completed Goals	Change
Permanency	24%	87%	+63%
Well-Being	39%	86%	+47%
Safety	56%	82%	+26%
Family and Community Support	42%	81%	+39%

Across all Children Services programs the survey feedback from clients was very positive. The client feedback survey results for each program is included in the individual program evaluation within this report. The stakeholder feedback survey (n = 50) also indicates a high level of satisfaction in the services provided. Ninety-six percent (96%) of Case Managers responded that they were very satisfied or satisfied with the quality of services their clients received. Similarly, ninety-six percent of Case Managers were very satisfied or satisfied in the support their client received in building connections and natural supports.

Throughout the year, we ask staff to submit client success stories to highlight the courage, growth and successes of our clients. The client success stories are another source of information to help assess the performance and impact of our services. A success story has been included with each individual program evaluation to help staff reflect on the work they do as well as share the many of our clients successes with our stakeholders. All names have been changed in the stories to protect the identity of the client.

Overall, we are pleased with the performance of our programs. Nevertheless, as a learning organization we are never satisfied and are always seeking out new ways to improve our support to clients. Annually, the Quality Assurance team meets with all programs to discuss their evaluation results and explore what is working well and areas for improvement. Through this process, the team is asked to develop a Program Enhancement Plan (PEP) for the current fiscal year. The PEP's are reviewed throughout the year at our Leadership Team Meetings to ensure we maintain a strong focus on continual improvement.

Moving forward, we are very excited in our strategic direction. McMan, Calgary and Area have worked with a consultant to develop a trauma informed practice framework. The practice framework will be reflected in all services and within the culture of our organization. Furthermore, we will be increasing our focus on the natural supports framework. We are confident that through increased connection to natural supports our clients will be able to sustain positive outcomes long after they leave our services.

Continual 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

PROGRAM PERFORMANCE – CALGARY REGION – MINISTRY OF CHILDREN’S SERVICES

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	25 (52%)	28 (47%)	+3 (-5%)
Female	23 (48%)	32 (53%)	+9 (+5%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	48 (100%)	60 (100%)	+12

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	20 (42%)	Caucasian	23 (38%)	+3 (-4%)
Indigenous	16 (33%)	Indigenous	29 (48%)	+13 (+15%)
Mixed race	4 (8%)	Hindu	4 (7%)	+1 (+1%)
Other	8 (17%)	Other	4 (7%)	-4 (-10%)
TOTAL	48 (100%)		60 (100%)	+12

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	23 (48%)	33 (55%)	+10 (+7%)
Children (7-11)	12 (25%)	11 (18%)	-1 (-7%)
Youth (12-17)	13 (27%)	16 (27%)	+3 (0%)
Young Adults (18-24)	0 (0%)	0 (0%)	0 (0%)
TOTAL	48 (100%)	60 (100%)	+12

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	45	45	N/A
Annual occupancy	57%	74%	+17%
Total intakes	24	29	+5
Total discharges	16	19	+3

Program Outcomes

National Outcome Measures

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	1	100% (1)
Improve Permanency	14	93% (13)
Improved Well-being	48	85% (41)
Improved Family and Community Support	11	100% (11)

2017-2018			
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	22	100%	+21 (0%)
Improve Permanency	18	83%	-10%
Improved Well-being	53	100%	+15%
Improved Family and Community Support	21	100%	0%

Assessment Tool Scores

Ages and Stages

ASQ-3

The ASQ system is a developmental and social-emotional screening system for children from birth to 6 years. Positive outcomes are demonstrated by percent of clients demonstrating no concerns.

*ASQ-3 data available upon request.

ASQ –SE2

Age Interval (months)	Clients Assessed	Below Cutoff (No concern)
2	1	100%
6	4	25%
12	3	50%
18	7	62%
24	7	92%
30	8	90%
36	4	75%
48	8	55%
60	3	100%

Pediatrics Symptoms Checklist (PSC)

The Pediatric Symptom Checklist is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. It has a maximum score of 70, with a cut-off score of 28, with decreasing scores indicating positive change.

Children Assessed	Pretest Score (mean)	Posttest Score (mean)
9	18.3	18.1

Casey Life Skills

Casey Life Skills is a youth assessment focusing on life and living skills. It is measured on a 5 point scale, with increasing scores indicating positive change.

Clients Assessed	Pretest Score (mean)	Posttest Score (mean)
6	3.92	3.89

Feedback Survey

Foster Child Feedback Survey (n=2)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I feel safe and cared for in my foster home	100%	0%	0%	0%	0%
I like my foster home	100%	0%	0%	0%	0%
My foster parents really cares about me	100%	0%	0%	0%	0%
My foster parent(s) know the things I like	100%	0%	0%	0%	0%
I feel I can go to my foster parent(s) when something is not right	100%	0%	0%	0%	0%
My foster parent(s) helps me with my school work	100%	0%	0%	0%	0%
I do fun things with my foster family	100%	0%	0%	0%	0%
I understand why I am in foster care	50%	50%	0%	0%	0%
My foster parent(s) tell me the good thing I do	100%	0%	0%	0%	0%
My foster parent(s) help me to learn new things	100%	0%	0%	0%	0%

Foster Youth Feedback Survey (n=6)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
My foster home is a safe and caring place to live	67%	33%	0%	0%	0%
I enjoy living in my foster home	50%	33%	0%	0%	17%
My foster parent(s) really cares about me	83%	17%	0%	0%	0%
My foster parent(s) know the things I like and dislike	50%	17%	17%	0%	16%
I feel I can go to my foster parent(s) when something is not right	17%	50%	17%	0%	16%
My foster parent(s) helps me with my school work	0%	83%	0%	0%	17%
I do fun things with my foster family	67%	17%	16%	0%	0%
I understand why I am in foster care	50%	33%	0%	17%	0%
My foster parent(s) tell me the good things I do	50%	50%	0%	0%	0%
My foster parent(s) help me to learn new things	50%	33%	0%	0%	17%
As requested, my foster parent(s) help me stay connected with my family and other important adults in my life	67%	33%	0%	0%	0%
As requested, my foster parent(s) help me stay connected with my culture and/or religion	50%	17%	0%	0%	33

Foster Child/Youth Feedback Survey comment - 2018

"It's good. I like being here"

"I love this family. I love my mother."

"I like where I am and the people I am with"

"I'd like to spend more time with everybody"

"I really like it here"



Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	4 (25%)	7 (37%)
Living with kin/natural supports	3 (19%)	7 (37%)
Living independently	0 (0%)	0 (0%)
Adoptive home/private guardianship	4 (25%)	0 (0%)
YTA placement	0 (0%)	0 (0%)
Group Care	1 (6%)	0 (0%)
Transition to other Foster Care Program	4 (25%)	5 (26%)
Unknown	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)

Critical Incident Summary (n=7)

Type of Critical Incident	# (% of total criticals)
Violence	2 (29%)
Accident	1 (14%)
Injury to the child	1 (14%)
Charges/offences	1 (14%)
AWOL	1 (14%)
Other	1 (14%)

Client Success Story

Ben was placed in a McMan foster home when he was one month old. He remained in this foster home for over two years until he was returned to care of his mother. Ben came into care due to his mother's struggle with mental health. Ben had supervised visits with his mother consistently for over a year. However, his mother was very resistant to working with the foster parents as well as with Children's Services.

Throughout his time in the foster home, it was apparent that he was struggling with his gross motor skills. Through advocacy from the foster parent and the placement coordinator, Ben was assessed as having low muscle tone and required extra support in being able to begin walking. Physiotherapy was put into place as well as custom orthotic shoes for Ben. Along with these supports, the foster parents and the placement coordinators worked diligently to ensure that Ben was practicing the exercises suggested, following the developmental support plan and encouraged him as he slowly began to show progress. Ben started walking independently just before he turned two years old.

Supports were put in place for the mother and she began working on her mental health concerns. Six months prior to Ben being returned to her care, the foster parents noticed a change in her. She was beginning to communicate with the foster parents and the case worker and worked hard to earn unsupervised visits with Ben. A transition plan was developed with the Caseworker, Placement Coordinator, foster parents with Ben's mother in mind. Ben's visits began to increase and eventually overnight visits were allowed. Ben was returned to his mother's care just before Christmas. Ben, his mother and the foster parents attended the McMan Christmas Party where they took time to celebrate together.

Program Performance Summary

The program had the support of a foster care recruiter for seven months to achieve contractual capacity. This resulted in the recruiting and licensing of four new homes.

- Licensed 4 new foster homes this year
- Had the extra support of a foster care recruiter for 7 months

Program Outputs

The foster care occupancy rate has steadily increased over the past year – reaching an occupancy rate of 81% by the end of March.

National Outcomes Measures

Safety

- This NOM is generally not an area that the program will create goals for clients as it is assumed that by being placed in a licensed foster home, safety concerns have been alleviated.
- This reporting year, safety is being tracked through our data tracking system, Sharevision. In previous years, safety was determined by the number of substantiated PRAT investigations on foster homes.

Permanency

- 6 infants, children and youth were in the program less than 45 days and therefore no goals were created.
 - All 6 infants, children and youth achieved permanency through returning to parents or kinship
- 7 children and youth were moved to another service provider or group care due to challenging behaviors and the foster parents' limited parenting capacity to manage the behaviours

Child Well-Being

- With the introduction on the Developmental Support Plans, there has been a greater emphasis placed on monitoring the well-being of children age 0-6years.

Improved Family and Community Support

- With the introduction of the Natural Supports Framework, the program has placed greater emphasis on establishing and maintaining family connections. The program has also placed value on children and youth being involved in community activities to increase connections and develop social and life skills necessary for success.

Assessment Scores

ASQ-3 and ASQ-SE2

- 86 ASQ-3 and ASQ-SE were completed
- 26 children (60%) required a Developmental Support Plan
- A total of 52 Developmental Support Plans were created
- Approximately 81% of children that were screened 2 or more times showed improvement in at least one developmental domain.

Pediatrics Symptoms Checklist (PSC)



- 13 children and youth were screened 2 or more times
- 7 (54%) children and youth demonstrated improvement in their overall behavior
- 11 (85%) children and youth scored below the cut off

CASEY

- CASEY Assessment is completed on youth ages 15 and up – due to this 6 youth have been screened using the Pediatrics Symptoms Checklist.
- All 6 youth had a least 1 screening completed – only 4 youth had 2 or more screenings completed.
- CASEY is only completed every 6 months on the youth in the program. Therefore depending on the intake dates, youth may only be screened once in a reporting period. Also, with sudden and unplanned discharges from the Program, it is challenging to complete a post screening on youth.

Feedback Surveys

- The child feedback survey is administered to children age 6 – 12 years. At the time of the survey there were 6 children available to complete the survey. 3 of the children were administered the youth survey instead.
- 8 youth were available to complete the survey. Only 4 youth were provided the link to complete the survey.

Critical Incidents Summary

- The majority of the critical incidents reported in foster care are standalone incidents and do not indicate trends or patterns.
- However, the 2 incidents of violence and 1 incident of injury to child involved a sibling group placed in the same foster home. There were on-going tensions between the sibling group and biological children in the foster home resulting in physical altercations occurring. The tension was related to the disrespectful treatment of the foster mother, perceived favoritism as well as the impact of the traumatic events that the sibling group experiences. Although supports were provided (BICS, 1:1 worker, extra respite), the sibling group was eventually moved to a different placement.

Respite Care Connection

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	11 (73%)	9 (69%)	-2 (-4%)
Female	4 (27%)	4 (31%)	0 (+4%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	15	13	-2

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	10 (67%)	Caucasian	9 (69%)	-1 (+2%)
Indigenous	2 (13%)	Indigenous	2 (15%)	0 (+2%)
African	2 (13%)	African	1 (8%)	-1 (-5%)
Other	1 (7%)	Other	1 (8%)	0 (+1%)
TOTAL	15 (100%)		13 (100%)	-2

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	6 (40%)	6 (46%)	0 (+6%)
Youth (12-17)	7 (47%)	7 (54%)	0 (+7%)
Young Adults (18-24)	2 (13%)	0 (0%)	-2 (-13%)
TOTAL	15 (100%)	13 (100%)	-2

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	20-25	20-25	N/A
Annual occupancy	21 bed nights	29 bed nights	+8 bed nights
Total intakes	6	1	-5
Total discharges	3	5	+2

Program Performance Summary

- Continues to be a demand for respite supports however the program did not have the capacity to provide services.
- There were a number of factors that influenced the success of the RCC program this year
 - The full time placement coordinator was on medical leave for 7 months and returned to work in December at a very limited capacity (12 hours/week)
 - Low number of respite providers - currently have 3 providers
 - Respite providers not having the capacity to manage the complex needs of profiled children and youth
- The program was able to hire a part-time contract staff to support the development of a training curriculum for new respite providers.
- New process has been created for on-boarding new respite providers which will alleviate past obstacles faced by the program
- By year end, the program was in the process of on-boarding 3 new respite providers.

Kinnections

The Kinnections Kinship Care program is partnership 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.

Caregiver Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	29 (17%)	29 (15%)	0 (-2%)
Female	147 (83%)	164 (85%)	+17 (+2%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	176 (100%)	193 (100%)	+17

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	113 (64%)	Caucasian	120 (62%)	+7 (-2%)
Indigenous	25 (14%)	Indigenous	33 (17%)	+8 (+3%)
African	7 (4%)	African	11 (6%)	+4 (+2%)
Other	31 (18%)	Other	29 (15%)	-2 (-3%)
TOTAL	176 (100%)		193 (100%)	+17

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	0 (0%)	0 (0%)	0 (0%)
Young Adults (18-24)	5 (3%)	5 (3%)	0 (0%)
Adults (25+)	171 (97%)	188 (97%)	+17 (0%)
TOTAL	176 (100%)	193 (100%)	+17

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	8544 hrs	8544 hrs	N/A
Annual occupancy	6920 hrs (81%)	7348 hrs (86%)	+428 hrs (+5%)
Total intakes	69	82	+13
Total discharges	60	60	0

Program Outcomes

National Outcome Measures

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific Nom Outcome
Improve Safety	70	80%
Improve Permanency	67	77%
Improved Well-being	10	83%
Improved Family & Community Support	89	77%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	78	79%	+8 (-1%)
Improve Permanency	91	86%	+24 (+9%)
Improved Well-being	4	100%	-6 (+17%)
Improved Family and Community Support	112	81%	+23 (+4%)

Assessment Scores

Family Assessment Form (FAF)

The FAF is a family functioning assessment measured on a 5 point scale, with decreasing scores indicating positive change.

Families Assessed	Pretest Score (mean)	Posttest Score (mean)
47	2.0	1.8

FAF Domain	Living Condition	Financial Conditions	Support to Caregivers	Caregiver/Child Interactions	Developmental Stimulation	Interaction Between Caregivers
% Improved	45%	56%	58%	58%	39%	61%

Ages and Stages (ASQ)

The ASQ system is a developmental and social-emotional screening system for children from birth to 6 years. Positive outcomes are demonstrated by percent of clients demonstrating no concerns.

ASQ-3

*ASQ-3 data available upon request

Age Interval (months)	Clients Assessed	Below Cutoff (No concern)
2	4	75%
6	11	80%
12	21	83%
18	13	100%
24	10	88%
30	18	78%
36	18	86%
48	26	61%
60	11	92%

Feedback Survey

Kinnections Client Feedback Survey (n=28)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The Kinnections Worker was helpful in supporting our family	60%	36%	4%	0%	0%
The Kinnections Worker was respectful towards our family	86%	14%	0%	0%	0%
The Kinnections Worker understood the needs of our family in taking care of our child	64%	32%	4%	0%	0%
The Kinnections Worker helped us to better understand the developmental needs of our child	56%	36%	0%	4%	4%
The Kinnections Worker helped us to better meet the developmental needs of our child	50%	36%	4%	4%	6%
The Kinnections Worker helped our family to connect with community services and resources	54%	29%	0%	4%	13%
The Kinnections Worker was responsive to the needs of our family	68%	28%	4%	0%	0%

Kinnections Client Feedback Survey comments - 2018

I have had positive experiences. Knowledgeable staff, very helpful, has good insight

Without the help we have received our Family and Grandchild would have been lost. Thank God for you people I truly love our worker she is like family

I appreciate everything they have done for my family...and I love the workshops...I hope there are more...Thank-you!

The program has been an advocate for us and made us feel heard. I truly appreciate the hard work they have done and believe the role is necessary in supporting us and other kinship homes during times like these. Thanks!!

I am very grateful for such a wonderful service provided by my worker. I don't know where I would be without your company's service. Thank you.

The services have been very helpful. Staff are amazing to work with. Very supportive, understanding and uplifting.

Our family feels that the kinship program is very helpful dealing with social services.

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	27 (44%)	17 (28%)
Living with kin/natural supports	20 (33%)	28 (46%)
Living independently	0 (0%)	0 (0%)
Adoptive home/private guardianship	2 (3%)	4 (7%)
YTA placement	3 (5%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Other	9 (15%)	11 (19%)

Critical Incident Summary (n=3)

Type of Critical Incident	# (% of total criticals)
Allegation of abuse/neglect	1 (33%)
Use of physical restraint	1 (33%)
Other	1 (33%)

Client Success Story

I work with a caregiver that is a proud Blackfoot woman, considered an Elder in her family, and is caring for her two young great grandkids. She works hard to connect them to their culture by showing them how she makes traditional dresses, taking them to Sundances, teaching them to smudge, and teaching them Blackfoot words.

I love spending time with her! She's always telling me stories and sharing her history with me. She's taught me why burying cut hair is sacred and what tobacco ties are for. She recently told me that she prays for me and teaches the kids to "pray for the workers" in their lives because of the weight and value of the work they do. She's shared family pictures with me and often has pictures of her grand kids at Sundances wearing the traditional outfits she has made herself.

In completing her genogram, she shared a sketch of a family photo with me of her father, Brad, as a child with his own grandfather. She was so proud to show me this picture and remarked that somebody had sketched it from a photograph that is currently on display at the Glenbow Museum. She proudly showed me this sketch and remarked that someday she wishes to have it professionally framed and hung in her home.

Her great grandfather, Bobtail Chief, was the wealthiest man on the Blood Nation. He was a rancher and owned a significant amount of land that to this day, his children own. In telling me this part, she remarked that she "has a home" and would like to someday be back on the land instead of in the city. I can't be certain if it was the same side of the family or not, but she also told me that her grandmother's name was "Pretty Woman". No first or last name, just a traditional name. How amazing!

In an effort to increase the connection for the children and offer them a part of their history, I was able to successfully obtain the digital copyrights to this photo through the Glenbow Museum archives.

I printed a beautiful high quality 8x12 and framed it for the caregiver. I also provided her with several smaller prints to give to the kinship children to add to their Life Books.

A digital copy of the print will be provided to the caseworkers involved for their file.

I believe this is a tangible and practical way to increase natural connections for this family. This also allows for the preservation of family history and respect for culture while increasing rapport and the quality of service delivery in the process.



Program Performance Summary

Kinnections continues to serve the same population however; the scope of practice has shifted over the last couple of years to align more closely with the Regions focus on the foundations of caregiver supports. A key focus area has been to focus on one of the foundational pillars; that being Child development. This year the program supported 94 children under the age of six.

There is an increasing complexity to the type of families that are being supported in the program. This ranges from families that are already financially strained to caregivers that require additional supports in caring for the complexities that the kinship children may come with. Additional staffing resources would enable the program to more effectively manage these needs as historically the Kinnections program primarily focused on supporting the caregiver; however the program now has a significant focus on child development and well-being. This is a result of the integration of funder and organizational initiatives: Developmental Support plans, Ages and Stages, Natural supports, Trauma informed practice, client goals and objectives, caregiver capacity and front end practice.

Program Outputs

- This past year the program experienced a waiting list. Measures and supports were implemented with Children's Services staff to support families on the list which resulted in an addition of 1 FTE being added to the contract.
- Increase in intakes
- More families are being seen in the kinship stream
 - o Families are remaining in the program for a longer time period as legal permanency is taking longer to reach
- Discharges have not increased
 - o Families are opting to stay connected after PPA until Legal Permanency is granted as they want to ensure support is readily available to them.

National Outcome Measures

- Improve Permanency
- The increase here is attributed to a number of factors related to the Home Assessments. Efforts were made in streamlining the process of orientating and collecting paper work related to Home Assessments. Also, more writers were contracted by the region to write home assessments.
 - o I believe that this has been influenced by the new process introduced for the Home Assessment Process and having more home writers available through McMan's contract, to complete the Home Assessments.

Assessment Scores

- ASQ is a new initiative within the year for the program
- Children are screened at every interval of the ASQ

- In Kinnections (being paired with the appropriate ASQ SE2. Meaning 2 assessments each time, doubling the 193)
 - o 193 ASQ-3 assessments completed
 - o 45% required DSP's (54 children made up the 45%)
 - o Approximately 73% of children that were screened 2 or more times showed improvement in at least one domain
- A total of 88 DSP's were created

Critical Incident Summary

Kinnections will begin to track all secondary critical incidents in order to more accurately capture a snap shot of the challenges that are being experienced by kinship families. This will also aid in targeting needed supports. Currently we only track the critical incidents where we are 1st contact, typically the Kinnection Facilitators are not the 1st contact person and therefore the incidents are not being captured.

Family Development Program (FDP)

The Family Development Program provides support and education to families in the Calgary community and rurally in the Municipal Districts of Foothills and Willow Creek, who have identified needs or challenges that impact the well-being of the child and family.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	119 (55%)	105 (51%)	-14 (-4%)
Female	97 (45%)	101 (49%)	+4 (+4%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	216 (100%)	206 (100%)	-10

	2016-2017		2017-2018	
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	156 (72%)	Caucasian	160 (78%)	+4 (+6%)
Indigenous	11 (5%)	Indigenous	6 (3%)	-5 (-2%)
Latin	14 (7%)	Latin	10 (5%)	-4 (-3%)
Other	35 (16%)	Other	30 (14%)	-5 (-2%)
TOTAL	216 (100%)		206 (100%)	-10 (0%)

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	77 (36%)	71 (34.5%)	-6 (1.5%)
Children (7-11)	89 (41%)	86 (42%)	-3 (+1%)



Youth (12-17)	48 (22%)	48 (23%)	0 (+1%)
Young Adults (18-24)	1 (0.5%)	1 (0.5%)	0 (0%)
Adults (25+)	1 (0.5%)	0 (0%)	-1 (-0.5%)
TOTAL	216 (100%)	206 (100%)	-10

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	14240 hrs	14240 hrs	N/A
Annual occupancy	11534 hrs (81%)	12246 hrs (86%)	+712 hrs (+5%)
Total intakes	158	144	-14
Total discharges	129	132	+3

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	2	50%
Improve Permanency	2	100%
Improved Well-being	49	84%
Improved Family and Community Support	160	84%

2017-2018			
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	43	96%	+41 (+46%)
Improve Permanency	85	91%	+83 (-9%)
Improved Well-being	56	81%	+7 (-3%)
Improved Family and Community Support	186	84%	+26 (0%)

Assessment Scores

Family Assessment Form (FAF)

The FAF is a family functioning assessment measured on a 5 point scale, with decreasing scores indicating positive change.

Families Assessed	Pretest Score (mean)	Posttest Score (mean)
73	2.3	2.3

FAF	Living	Financial	Support to	Caregiver/Child	Developmental	Interaction
-----	--------	-----------	------------	-----------------	---------------	-------------



Domain	Condition	Conditions	Caregivers	Interactions	Stimulation	Between Caregivers
% Improved	36%	50%	56%	78%	59%	66%

Ages and Stages (ASQ)

The ASQ system is a developmental and social-emotional screening system for children from birth to 6 years. Positive outcomes are demonstrated by percent of clients demonstrating no concerns.

ASQ-3

*ASQ-3 data available upon request

ASQ –SE2

Age Interval (months)	Clients Assessed	Below Cutoff (No concern)
2	2	100%
6	4	80%
12	4	75%
18	5	67%
24	3	33%
30	8	50%
36	6	43%
48	9	40%
60	5	100%

Feedback Surveys

FDP Client Feedback Survey (n=46)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The FDP Worker was helpful in supporting our family connection.	91%	9%	0%	0%	0%
The FDP Worker was respectful towards our family	100%	0%	0%	0%	0%
The FDP Worker understood the needs of our family	93%	7%	0%	0%	0%
The FDP Worker was active in helping our family with our needs	96%	4%	0%	0%	0%
The FDP Worker helped us to be more effective parents/caregivers	91%	6%	0%	0%	3%
The FDP Worker helped our family to connect with community services and resources	74%	13%	0%	0%	13%



The FDP Worker provided opportunity to connect with	50%	2%	0%	0%	48%
---	-----	----	----	----	-----

FDP Client Feedback Survey comments - 2018

They were helpful and eye opening. The suggestions given are going to save my family and put it on track.

Staff X is great and has given us lots of insight and knowledge about our growing baby and has connected both me and my husband to the community.

Can't say enough about how helpful the program has been to our family. They are resourceful, proactive, respectful, humanitarian, loving and knowledgeable.

Now I don't feel alone, I know where to go for help.

Our family was struggling with our daughter's anger. Now we are much more functional and making huge progress. Thanks!

We learned so much in the sessions. This is information that we will keep and use for many years.

The program is totally helpful and the worker is an amazing person. Thank you so much for your help.

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	103 (80%)	117 (88%)
Living with kin/natural supports	13 (10%)	6 (5%)
Living in children services placement	3 (2%)	4 (3%)
Other	10 (8%)	5 (4%)

Critical Incident Summary (n=16)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm/suicide attempt	8 (50%)
Severe acting out	1 (6%)
Allegation of abuse/neglect	6 (38%)
Charges/Offences	1 (6%)

Client Success Story

The Masterson family consist of Tom (Dad), Diane (Mom), Kerry (7) and Denise (15 months).

Tom and Diane are biological parents to Denise. Diane is the biological Mom to Kerry. Diane has an extensive history

with CS being a child in need, as well as Kerry being apprehended and placed in foster care in 2015 due to Diane's struggles with substance abuse. CS reports that Diane also used through part of her pregnancy with Denise. Diane's family has a history of drug abuse and dysfunction. Diane's Mom died from a drug overdose when she was a teenager. Kerry was placed in kinship care with Tom's parents has been residing with them for almost two years, while Tom and Diane worked towards transitioning Kerry back to their care full time. Tom and Diane were seeing Kerry on a regular basis.

Just before the Christmas holidays the hard work towards transitioning Kerry back into the care of Tom and Diane took an unexpected turn when Diane relapsed. Diane started to abuse prescription meds and was showing increasing signs of her inability to manage herself and the day to day care of her infant daughter, Denise.

The news of Diane's relapse affected all who supported her. Tom was left with the difficult decision to leave Diane for the safety and wellbeing of both Denise and Kerry. Tom's world was turned upside down. Tom expressed grief and loss for Diane's choices to use again when they as a family, were so close to having Kerry return to their care and for CS to eventually close their involvement.

Tom's parents, Gina and Don have opened there arms to Tom and Denise as well as continuing to provide care for Diane's son, Kerry. Tom has been surrounded by love and support of family members and friends. Tom maintains full time employment while abruptly becoming a single father. Tom has continued to work with in-home support, meeting with this writer on a regular basis. This writer has observed the wonderful bond Tom has with his daughter, making her laugh through interactive play. Tom has stated he would not change any part of the circumstance he is in because he was given the gift of Denise. Tom also has strong bond with Kerry and has taking on a father role to Kerry without complaint. Although Kerry's future is unknown, Tom and his parents give Kerry unconditional love and support.

I truly admired Tom's level of resiliency and ability to persevere. Tom's strength comes from a strong support network combined with his drive to provide his family with a loving, nurturing environment. Tom has expressed excitement for the future.

Program Performance Summary

The 2017/2018 fiscal year has shown overall positive outcomes for the Family Development Program where all NOM Domains achieved 80% or higher positive goal achievement. As well, client feedback was overall very positive regarding the supports the program offered to families.

The assessment tool (Family Assessment Form – FAF) also highlights positive outcomes for the primary focus areas of the Family Development Program. Specific areas to highlight within in the tool are Caregiver/Child Interactions (78% improvement) and Interaction between Caregivers (66% improvement). These key areas support the efforts in-home puts into strengthening protective factors (i.e. knowledge of parenting and child development, parental resilience) to ensure optimal child development and an overall strengthened family environment.

Areas which may not be a primary focus for families accessing supports through the Family Development Program are reflected in the Client Feedback Survey, though overall the results are still positive. For example the survey question asking families if their FDP worker supported the family to connect with their culture, 48% indicated an N/A response. As most families accessing supports through FDP are seeking parenting capacity targeted

information, connecting to their culture is either often already well established or not a priority area at that time. All families are offered supports to seek out cultural connections throughout their involvement with the program.

During the 2017/2018 fiscal year, FDP experienced an increase in annual occupancy while experiencing a decrease in overall intakes. It has been noted that in-home workers have increased the amount of face-to-face time spent with families addressing complex issues. As well, due to the complexity of issues, many families are remaining in the program for a longer period of time (42% of families were in the program for 6+ months). Some of the complex issues include domestic violence, addictions, mental health, and trauma. It is anticipated that the trend of annual occupancy rates will remain consistent due to the complexities of families accessing the program.

Over the last fiscal year additional data collecting measures were introduced which is reflected in the 46% increase in the Improve Safety NOM domain.

Over the coming year, FDP looks forward to incorporating new frameworks which will support the work being offered to families and improve the relationships being developed. The Building Connections framework will help to positively increase natural supports in a family’s life while utilizing a Trauma Informed lens to help families understand the impact of trauma and how it affects many facets of their lives. Through these frameworks, FDP will be able to respond appropriately to trauma related behaviour and implement strategies that support the growth of the family.

High Fidelity Wraparound

In partnership with Hull Services, Enviro and Calgary Children’s 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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	24 (50%)	24 (49%)	0 (-1%)
Female	21 (44%)	21 (43%)	0 (-1%)
Transgender	3 (6%)	4 (8%)	+1 (+2%)
TOTAL	48 (100%)	49 (100%)	+1

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	27 (56%)	Caucasian	26 (53%)	-1 (-3%)
Indigenous	15 (31%)	Indigenous	13 (27%)	-2 (-4%)
Mixed Race	4 (8%)	Mixed Race	2 (4%)	-2 (-4 %%)
Other	2 (5%)	Other	8 (16%)	+6 (+11%)
TOTAL	48 (100%)		49 (100%)	+1

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	7 (15%)	3 (6%)	-4 (-9%)
Children (7-11)	5 (10%)	6 (12%)	+1 (+2%)
Youth (12-17)	23 (48%)	26 (53%)	+3 (+5%)
Young Adults (18-24)	13 (27%)	14 (29%)	+1 (+2%)
TOTAL	48 (100%)	49 (100%)	+1

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	7120 hrs	7120 hrs	N/A
Annual occupancy	5340 hrs (75%)	5838 hrs (82%)	+498 hrs (+7%)
Total intakes	27	25	-2
Total discharges	24	28	+4

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with specific NOM outcome	Percentage achieving specific NOM outcome
Improve Safety	22	64%
Improve Permanency	22	95%
Improved Well-being	22	85%
Improved Family and Community Support	22	100%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Goal	Difference
Improve Safety	26	90%	+4 (+26%)
Improve Permanency	24	92%	+2 (-3%)
Improved Well-being	21	72%	-1 (-13%)
Improved Family and Community Support	26	86%	+4 (0%)

Assessment Scores

Child and Adolescent Functional Assessment Scale (CAFAS)

CAFAS is a youth behavioral assessment. Decreasing scores indicate positive change

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
35	97	84

-72% (15/21) of youth improved from admission to discharge

-62% of youth improved in more than one domain

-90% (9/10) of youth that identified as being Pervasively Behaviorally Impaired (PBI) at initial assessment no longer meet the PBI criteria.

Feedback Surveys

HFWA Client Feedback Survey (n=25)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The HFWA Facilitator was helpful in supporting me/our team to work together	72%	28%	0%	0%	0%
The HFWA Facilitator was respectful towards me	80%	20%	0%	0%	0%
The HFWA Facilitator understood my needs	72%	28%	0%	0%	0%
The HFWA Facilitator was instrumental in helping to reduce conflict in our home	52%	32%	0%	0%	16%
The HFWA Facilitator coordinated team meetings to meet my goals	60%	36%	0%	0%	4%
The HFWA Facilitator helped me to identify my strengths and my team's strengths	64%	20%	8%	0%	8%
The HFWA Facilitator helped me to connect with community services and resources	60%	20%	12%	0%	8%
The HFWA Facilitator helped me to identify and connect with family and natural supports	60%	28%	4%	0%	8%

HFWA Client Feedback Survey comments - 2017

I really like the way Wrap helped me connect with my family.

If there is a problem, we all debrief and come up with a solution.

Amazing at putting all my needs and meeting together, but talking to me and putting what others on the team have to say.

The team that was brought together allowed for my baby's file with Children's services to be closed. Yay!!

I can't say enough good things about this service. It really has helped me and my kids.



Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	7 (30%)	7 (25%)
Living with kin/natural supports	3 (12%)	5 (18%)
Living independently	3 (12%)	3 (11%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	2 (8%)	2 (7%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	1 (4%)	0 (0%)
Other (Absent from care, Foster Care, incarcerated, shared living,	8 (34%)	11 (39%)

Critical Incident Summary (n=3)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm/suicide attempt	67%
Other	33%

Client Success Story

Ocean was 16 years old when she was referred to the wraparound program in July 2016 by her caseworker; Ocean was referred to wraparound as there was significant parent/child conflict in the home that resulted in Ocean moving out of the home to live with a family friend. Ocean held a lot of anger against her adoptive parents, as she felt they took her away from her bio family. She exhibited many behaviors over the years and Sarah and John felt it was a toxic environment at home and were not sure if they could manage Ocean's difficult behaviors. These behaviors started as soon as she moved in with them at the age of 6 to the day she left home when she was 16. The caseworker wanted to get support from wraparound to preserve Ocean's relationship with her adoptive family, as well as to get support with family finding as Ocean identified finding birth family as one of her priority needs.

Both adoptive parents felt that finding the birth family and introducing them to Ocean was of upmost priority and the only thing left they can do to try and save their relationship with Ocean. Due to it being a closed adoption, there was little hope to finding the birth parents. The Case Worker stated that she looked through the file and pre-adoption records, and all names and phone numbers have been "blacked out" so that we are unable to see who family was and who was involved.

The Case Worker was on-board with family finding and starting 3-5-7 work for Ocean. The two of us met with Sarah and John and they were provided all of the pre-adoption records on Ocean for us to look through. We chatted about doing a pre-adoption timeline to give to Ocean so she can learn about her family and why she was taken into care. John and Sarah felt this was necessary and disclosed at this meeting that they found bio mom several years

ago and have sent letters to her with the hopes of getting her reconnected with Ocean. John and Sarah stated they never heard anything back from bio mom and fear that bio mom does not want a relationship with Ocean. Through careful examination, the facilitator noticed there were a couple of times where name's got missed and were not blacked out, and there was also one phone number that was missed too. Using the Google search engine, a name and address showed up. The facilitator searched Facebook and discovered that the Facebook account was that of a maternal uncle, and from there, was able to identify all of Ocean's maternal family. The search continued for several days and the facilitator was able to find out who the paternal father was through Facebook, and eventually, most of Ocean's paternal family. The facilitator made a genogram which listed 35 biological family members for Ocean.

Ocean moved back in with her adoptive father and John got an in-home worker through McMan, who worked alongside John helping build his parenting skills and learning to better manage Ocean's difficult behaviors. John felt he was finally at a point where he could share with Ocean info on her bio family and pre-adoption timeline.

The facilitator and Case Worker sat with Ocean and John and slowly through several meetings gave her information on her bio family, what brought her into care, why she was placed for adoption, and why there was no contact after she was adopted. Ocean learned so much about her family and identity during this period of several months, and eventually we provided her with the names of her parents. Eventually, Ocean was able to meet with her parents and she connected with them on her own through Facebook; meeting each of them at different times in a public space in Calgary. Ocean continued on her journey, and was starting to get to know her parents who were no longer together at this point in time. She met aunties, uncles, grandparents, cousins, and even some siblings she wasn't even aware she had. Ocean eventually let John meet with her bio family on Christmas Eve and Christmas day; the first Christmas she has had with her bio family in over 12 years. Ocean spent Christmas Eve with her maternal family and Christmas day with her paternal family. She also invited John's extended family to meet with the paternal family and to come together and celebrate as one big family which John said was amazing. Peter shared with John that he has been waiting the last 12 years to find his daughter and has been searching for her every day and worried about her. He was so happy that they were able to find him and he got to meet his daughter. He applauded John for doing a remarkable job raising his daughter into the young woman she is today.

A few weeks after Christmas, Ocean shared with John that she wished to move to Grand Prairie to live with her bio dad and his family. Ocean felt this way the right thing to do and felt she was in a negative place in Calgary and not motivated to attend school, counselling, and had fallen into depression. John, although sad to hear his daughter wished to move away, felt that letting her go would be the only way she would grow and learn as a person. John was supportive of Ocean, and said he will do what it takes to ensure ocean is happy and successful in life.

Bio dad recently shared that things are going really well, that ocean gets up on her own every day, is starting school soon and signing up for cadets. Bio dad plans to bring Ocean back to Calgary every month to visit with her adoptive family and paternal aunt and family.

Program Performance Summary

During this fiscal year there was an increase in youth and young adult files compared to family based referrals. Many of the referrals requested support in identifying, developing and strengthening natural supports for youth transitioning to adulthood. In addition, there was an increase in helping youth transition to adult services and

bringing on those systems for a smoother transition. The occupancy hours increased as the program credentialed three facilitators this past year resulting in a fully credentialed team working at fidelity to the model and providing strong and positive outcomes for the youth and families they served. The implementation of High Fidelity Wraparound (HFWA) into Manhattan’s group care facility resulted in creating a strong partnership of programs collaboratively working to help youth move towards their vision, increase their natural support connections, and accomplish goals supported by the adults in their life.

There was an 11 point decrease in the CAFAS Assessment tool. This is a positive change and a result of teams working on the right needs to help impact the youth’s behavior in a positive direction. Crisis behaviors were identified and explored that were typically a theme and had a negative impact on the youth’s interactions with others and the community. The facilitator and team created comprehensive prevention/safety plans to help decrease the need for the behavior. Similar plans are used for the 2 self-harm critical incidents which resulted in no further need for intervention. This also had a direct relationship to the increase in the NOM of improved safety from last fiscal year’s results. Well-being decreased slightly from the last reporting period. Some of this can be attributed to the increased youth files taken on this year and the resulting increase in complexity of those files. All clients that complete the HFWA process have improved overall well-being based on the increase of people in their lives identified as natural supports and the achievement of their needs, goals and vision.

All youth and families in High Fidelity Wraparound are supported by the facilitator to identify natural supports. This year there was 92% of clients served demonstrating an increase in natural supports from engagement to transition and the other 8% had the same amount upon discharge from the program. 61% of children and youth served returned home, are living in kinship and/or moved to independent living with a natural support network. Six of the eleven “other” discharges were in permanent placements with natural supports/shared living. The remaining 18% of youth/children maintained less intrusive placements with stronger connections to family and/or natural supports.

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	20 (45%)	25 (49%)	+5 (+4%)
Female	24 (55%)	25 (49%)	+1 (-6%)
Transgender	0 (0%)	1 (2%)	+1 (2%)
TOTAL	44 (100%)	51 (100%)	+7

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	24 (55%)	Caucasian	21 (41%)	-3 (-14%)
Indigenous	12 (27%)	Indigenous	17 (33%)	+5 (+6%)
African	4 (9%)	African	6 (12%)	+2 (+3%)

Other	4 (9%)	Other	7 (14%)	+3 (+5%)
TOTAL	44 (100%)		51 (100%)	+7

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	7 (16%)	5 (10%)	-2 (-6%)
Young Adults (18-24)	37 (84%)	45 (88%)	+8 (+4%)
Adults (25+)	0 (0%)	1 (2%)	+1 (+2%)
TOTAL	44 (100%)	51 (100%)	+6

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	23	23	N/A
Annual occupancy	23 (100%)	23 (100%)	0 (0%)
Total intakes	21	16	-5
Total discharges	8	19	+11

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	44	88%
Improve Permanency	44	93%
Improved Well-being	44	91%
Improved Family and Community Support	44	93%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	50	91%	+3%
Improve Permanency	50	100%	+7%
Improved Well-being	50	94%	+3%
Improved Family and Community Support	50	91%	-2%

Assessment Scores

CASEY Life Skills

Casey Life Skills is a youth assessment focusing on life and living skills. It is measured on a 5 point scale, with increasing scores indicating positive change.

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
34	4.3	4.62

-29 out of 34 (85%) of youth improved from their initial assessment to most recent or discharge assessment.

Feedback Surveys

YTA Client Feedback Survey (n=19)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I was provided support to find safe and stable place to live	90%	10%	0%	0%	0%
I felt that staff cared about my safety	90%	10%	0%	0%	0%
I was provided support when needed to maintain my safety	90%	10%	0%	0%	0%
I was provided support to attend school or find employment	90%	10%	0%	0%	0%
I was provided help to be successful at school and/or work	79%	21%	0%	0%	0%
I was provided with support to connect with community resources	58%	37%	0%	0%	5%
I was provided support to be physically healthy	69%	16%	10%	0%	5%
I was provided opportunities to learn new skills to be independent (cooking, budgeting, etc.)	74%	26%	0%	0%	0%
I was provided opportunity to reconnect with my family or other important people in my life	79%	21%	0%	0%	0%
If requested, I was provided opportunity to connect with my culture with my culture	64%	21%	0%	0%	15%

YTA Client Feedback Survey comments - 2018

Always goes above and beyond in providing assistance in every aspect of my life, whether it's education, employment or mental health care. Monthly keys provide a lot of education on different topics as well.

Thank you for all the support! It doesn't go unnoticed!

It's amazing! It has helped me become more independent and has really built my confidence with almost everything.



The program is awesome; having ongoing support.

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	1 (12%)	2 (11%)
Living with kin/natural supports	2 (26%)	3 (15%)
Living independently	1 (12%)	10 (53%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	1 (12%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Other	3 (38%)	4 (%)

Critical Incident Summary (n=24)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm/suicide attempt	20%
Serious change in child's health	17%
Drug/Alcohol Abuse	13%
Injury to the child	10%
Death	7%
Violence	7%
Hospitalization	7%
AWOL	3%
Severe acting out	3%
Destruction	3%
Threat from others	3%
Inappropriate sexual behavior	3%
Other	3%

Client Success Story

Yolanda came to the YTA in January 2014. She was referred due to her requiring support in meeting her basic needs, gaining life skills, and to increase her connection to community supports. Yolanda's family originates from El Salvador, where she lived until she moved to Canada when she was 12. She has expressed that when she was younger, she was able to identify the differences between the two cultures and how parents raise their children. Yolanda had felt that she was treated differently by her father, than the way he treated her younger brothers. Yolanda has stated that at that time, she knew how she was being treated was wrong and she had wanted him to recognize this. Yolanda struggled with the parenting she received from her father, which led to conflict in the home and eventually, the removal of her and her two younger brothers from their father's care. Yolanda and her

younger brothers were then placed in foster care in High River, AB.

Yolanda has a strong connection to her foster parents. She has expressed how the support received from her foster parents has helped her become the adult she is today. She continues to remain in contact with them. Yolanda has also been involved in an anger management program prior to being involved with YTA. Yolanda states that this program was beneficial as it helped her repair the relationship she had with her younger siblings. Yolanda had felt guilt for many years regarding her decision to speak up for the safety and care of her and her brothers, as she had felt it was her fault when they were removed from the home.

Yolanda graduated high school in May 2014 and had hopes of attending the Broadcasting Program at SAIT. Yolanda identified her foster parents, younger siblings and a few close female friends as positive supports. Yolanda attended the Skills for Life program offered through McMan. Yolanda credits this program in providing her with the necessary life skills needed and also helped strengthen the skills she already had. Yolanda has stated that the most impactful piece of the program was providing her with the confidence to not only think she can do something, but knowing how to take the appropriate steps to put those thoughts into actions. Yolanda was ready to plan for a transition from the YTA program in the summer of 2017. In September 2017, Yolanda found out that she was pregnant. The decision was made to keep Yolanda's file open to continue to support her in her new situation. Yolanda's openness and honesty has been of a great benefit to her. This has allowed her to set attainable goals, maintain stable housing and employment and continue to care for her own physical, emotional and mental health along with her baby's. Yolanda has not had any issues or concerns with her pregnancy and is due to have a baby boy in April 2018.

Yolanda has shown a significant amount of growth and development within her time in YTA. Yolanda is currently getting ready for the arrival of her baby. She is in the process of applying for maternity leave for added financial support. Yolanda often looks back at her journey and feels a sense of pride in all that she has achieved since coming to Canada. Yolanda has identified that she wants to parent differently that she was parented and that in order to do that, it is up to her, and she is committed to break the cycle.

Program Performance Summary

YTA has 23 contracted spaces and can also accommodate additional fee for service (FFS) spaces. Over the course of the year, McMan provided support to 16 FFS youth. The program has been focusing on transitioning youth who need fewer services with YTA and can achieve success with minimal supports such as community resources and financial support from Children's Services, thus the increase in discharges. These discharges showed a significant increase in the percentage of youth living independently, which rose from 12% last year to 53% this year. This can also be attributed to an increase in clearly planned out transitions for youth as well as, the youth's gained knowledge from being in the YTA program.

The YTA program has worked on a goal this reporting period to increase supportive housing in order to house youth with complex needs. At the end of this review, two YTA youth were receiving increased supports through living with supportive home providers.

YTA youth have increased areas such as safety, permanency, and well-being by as much as 7%. The national outcome measures demonstrate progress towards achievement of goals. Therefore, the 100% in permanency reflects that all youth with permanency goals in the program have increased their connections to family and natural

supports. Through incorporating the natural support framework, we will continue to focus on this area next year in order to maintain our positive outcomes and continue to grow connections for youth within YTA.

CASEY Life Skills is an assessment tool that is completed in the intake period and every six months thereafter. There is a 0.32 difference in pre and post scores. It has been observed that youth tend to report higher knowledge initially, and then the scores go down as they are beginning to learn more about what it takes to be successful in adulthood. The scores appear to go up as they gain more knowledge and get to practice living skills. We can conclude from this, that although the change in scores is not significant from intake to discharge, that youth have in fact made improvements in the areas of life and living skills. Of note, the majority of referrals are for youth who are transitioning from their family home/group care/foster care and have not had significant experiences with life and living skills.

There is a slight increase this year from 22 to 24 critical incidents, which continues to speak to program youth with mental health, addictions and complex needs. It is unfortunate that we report two deaths this year. These two incidents also reflect to the increasing complexity regarding mental health and addictions that our youth face.

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	12 (100%)	11 (100%)	-1 (0%)
Female	0 (0%)	0 (0%)	0 (0%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	12 (100%)	11 (100%)	-1

	2016-2017	2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	6 (50%)	Caucasian	7 (63%)	+1 (+13%)
Indigenous	3 (25%)	Indigenous	1 (9%)	-2 (-16%)
African	1 (9%)	African	1 (9%)	0 (0%)
Other	2 (16%)	Other	2 (19%)	0 (+3%)
TOTAL	12 (100%)		11 (100%)	-1

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	9 (75%)	8 (73%)	-1 (-2%)
Young Adults (18-24)	3 (25%)	3 (27%)	0 (+2%)

Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	12 (100%)	11 (100%)	

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	6	6	N/A
Annual occupancy	77%	89%	+12%
Total intakes	6	5	-1
Total discharges	5	6	+1

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	4	75%
Improve Permanency	4	50%
Improved Well-being	5	80%
Improved Family and Community Support	3	67%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	9	90%	+15%
Improve Permanency	11	83%	+33%
Improved Well-being	11	83%	+20%
Improved Family and Community Support	7	100%	+33%

Assessment Scores

Child and Adolescent Functional Assessment Scale (CAFAS)

CAFAS is a youth behavioral assessment. Decreasing scores indicate positive change

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
8	116	106

Feedback Surveys

Client Feedback Survey (n=3)



Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I felt safe residing at Manhattan Place	33%	67%	0%	0%	0%
I felt that staff cared about me	67%	0%	33%	0%	0%
I was provided opportunity to improve relations with my family/kin	67%	33%	0%	0%	0%
I was provided support to attend school or find employment	34%	33%	0%	0%	33%
I was provided help with things that concerned me	33%	67%	0%	0%	0%
I was provided with support to connect with community resources	0%	67%	0%	0%	33%
I was provided support to be physically healthy	67%	0%	33%	0%	0%
I was provided opportunities to learn new skills to be more independent (cooking, etc.)	67%	33%	0%	0%	0%
If requested, I was provided opportunity to connect with my culture with my culture	67%	0%	0%	0%	33%

Manhattan Place Client Feedback Survey comments - 2018

It was a great place to be 😊

Staff X is awesome!

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	
Living with bio-family	0 (0%)	1 (17%)
Living with kin/natural supports	2 (40%)	0 (0%)
Living independently	0 (0%)	3 (50%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	3 (60%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	2 (33%)
Unknown	1 (25%)	0 (0%)
Other	0 (0%)	0 (%)

Critical Incident Summary (n=327) (327 Critical Incident Reports indicating 376 types)



Type of Critical Incident	# of incidents	Percentage
AWOL	149	40%
Drug/alcohol abuse	39	10%
Other – N/A	38	10%
Threat of self-harm/suicide attempt	34	9%
Violence	24	6%
Severe acting out	23	6%
Other – Missed medication	22	6%
Other – Refused Medication	11	3%
Injury to the child	8	2%
Serious change in child’s health	7	2%
Charges/offences	5	1%
Destruction	5	1%
Other – Returned late	5	1%
Error in administration of prescribed medication to child	4	1%
Other - Expelled/suspended from school	1	<1%
Accident	1	<1%

Client Success Story

ML came to us at Manhattan Place in March of 2017 due to his aggressive behaviours at home with his siblings and mom. ML struggled with regulating his anger which would result in outbursts that could become risky for everyone involved. He would often isolate himself in his room and even break his things when he was getting upset. Initially, the smallest consequences could cause ML to get upset and start showing us his anger. After being here for nearly a year, we’ve watched ML make massive improvements in managing his feelings by using effective coping strategies. During his time at Manhattan, we’ve worked hard to hold ML accountable and he’s received that direction and challenge and continued to rise to the occasion. During his time with us, he has engaged in Skills for Anger to help regulate his emotions and is actively engaging with community resources in a very positive way (such as Hi-Fi, youth programs through church, as well as the youth employment center.)

Recently, ML was beginning to get heated with another youth in the house. Staff saw him becoming more aggressive and he even clenched his fist. But then he took a breath, he looked at his fist, and he loosened his hand. Right in the midst of the intense moment, he was able to see past his anger and understand that he was capable of making a safer choice. This is a huge celebration and we’re all incredibly proud of ML. Overall, he has made considerable progress in addressing the issues that brought him to Manhattan Place and we’re all really excited to see what else this young man is capable of while he’s here with us.

Program Performance Summary

Over the course of the 2017-18 fiscal year, Manhattan’s occupancy rate increased due to improved communication and collaboration between McMan and Children’s Services Placement office.

Incorporating the HFWA model into our practice has supported Manhattan in their ability to increase efficacy in many areas, including a significant improvement in permanency, improved goal setting and goal achievement and



an increase in natural supports. Through integrating principle based practice and team based planning of Wraparound into the programming at Manhattan; there has been an impact on the effectiveness of individualized work being accomplished and increase in our ability to respond to the needs of the youth and the needs identified through our outcome tool.

Within this fiscal year, Manhattan saw three youth move successfully into independence, which had an impact on the NOMs of Permanency and Well Being. We have also seen an increase in the number of natural supports upon discharge for youth receiving High Fidelity Wraparound.

The 10-point decrease in the CAFAS scores demonstrates an improvement in the skills and successful choices being made by the youth; the result of which is less behaviours. There are multiple environmental factors to consider in reading the results of this outcomes measurement tool. Things like the youth’s meds, natural supports, school engagement, and self-efficacy all play a role in how they will score on this tool quarterly. Manhattan is pleased to see that at year end, of the 5 youth living with us, 3 had decreased CAFAS scores.

It is important to note and explain that although two youth at Manhattan were discharged to homelessness (Safe House) this reporting period, both of these youth remained connected with and supported through Children’s Services. Both of these situations demonstrate the complexity of the youth served and the intensive support provided by both the staff at Manhattan Place and Children’s Services. In one situation, significant safety concerns lead to an agreement by the entire case-team that it was unsafe for him and the other youth living at Manhattan for him to return to community group care. In the other situation, the case team, including placement services, remained in ongoing communication with McMan. Through this communication, the youth was able to be referred for support through McMan’s Youth Transition to Adulthood program where he is currently residing in supportive housing and receives support from a Transition Worker.

Although there was a slight increase in critical incidents this year, we still continue to see a significant decrease in critical incidents from previous years. The majority of critical incidents this reporting period are attributed to youth AWOL’s which includes youth not returning on time for curfew or leaving the home overnight without approval. The number of AWOL’s has increased by approximately 60% from last year. We also saw increases in suicidal ideations and violence. The largest decrease can be noted in the area of drug and alcohol use. Changes year after year in critical incidents is mainly attributed to the youth in residing at Manhattan within the reporting period.

Skills Groups

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	20 (54%)	46 (69%)	+26 (+15%)
Female	17 (46%)	21 (31%)	+4 (-15%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	37 (100%)	67 (100%)	+30

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	19 (51%)	Caucasian	40 (60%)	+21 (+9%)
Indigenous	7 (19%)	Indigenous	11 (16%)	+4 (-3%)
African	3 (8%)	African	5 (8%)	+2 (0%)
Other	8 (22%)	Other	11 (16%)	+3 (-6%)
TOTAL	37 (100%)		67 (100%)	+30

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	16 (43%)	36 (53%)	+20 (+10%)
Young Adults (18-24)	21 (57%)	31 (47%)	+10 (-10%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	37 (100%)	67 (100%)	+30

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	1424	1424	N/A
Number of participants	37	67	+30
Number of participants completing the program	34	55	+19

National Outcome Measures (NOM)

	2016-2017		2017-2018	
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improved Well-being	37	100%	67	100%

Program Performance Summary

Over the last year of the Skills programs there was a change in staffing to the Skills for Anger program. With this change there was a new curriculum created which has been well received in the community. Along with the change in staffing there was a focus on advertising the program to different referral sources to generate improved attendance. Some of the sources that have been targeted are probation officers, youth justice committees, Gateway, Alberta Health Services and an increased focus on internal referrals.

With regards to the age group there has been an increase of younger referrals to both Skills for Anger and Skills for Life. This is demonstrated through the statistics that there is a greater percentage of youth attendance within the 14-

17 year old demographic.

Through the skills groups that are delivered both in the community and internally, the youth have reported and demonstrated that their capacity for wellbeing has been improved through the sessions. The youth have reported learning new skills or strategies to help guide their decision making process.

Parent-Child Assistant 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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	0 (0%)	0 (0%)	0 (0%)
Female	66 (100%)	68 (100%)	+2 (0%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	66 (100%)	68 (100%)	+2

	2016-2017		2017-2018	
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	34 (51%)	Caucasian	35 (53%)	+1 (+2%)
Indigenous	29 (44%)	Indigenous	26 (39%)	-3 (-5%)
Latin	2 (3%)	Latin	2 (3%)	0 (0%)
Other	1 (2%)	Other	3 (5%)	+2 (+3%)
TOTAL	66 (100%)		68 (100%)	+2

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	0 (0%)	0 (0%)	0 (0%)
Young Adults (18-24)	11 (17%)	9 (13%)	-2 (-4%)
Adults (25+)	55 (83%)	58 (85%)	+3 (+2%)
TOTAL	66 (100%)	68 (100%)	+2

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	5696	5696	N/A
Annual occupancy	5468 hrs (96)%	5126 hrs (90%)	-342 hrs (-5%)



Total intakes	17	25	+8
Total discharges	17	17	N/A

National Outcome Measures

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	66	73%
Improve Permanency	66	88%
Improved Well-being	66	72%
Improved Family and Community Support	66	100%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	68	78%	+2 (+5%)
Improve Permanency	68	85%	+2 (-3%)
Improved Well-being	68	80%	+2 (+8%)
Improved Family and Community Support	68	100%	+2 (-30%)

Feedback Surveys

P-CAP Client Feedback Survey (n=30)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The PCAP program helped me to stay safe	87%	13%	0%	0%	0%
The PCAP program helped me to maintain safe and stable housing	60%	23%	10%	0%	7%
The PCAP program helped me to maintain a sober/clean pregnancy	37%	13%	0%	0%	50%
The PCAP program helped me to connect with physical health care services in the community	77%	23%	0%	0%	0%
The PCAP program helped me to connect with mental health/addiction services in the community	67%	27%	0%	0%	6%
The PCAP program helped me build positive supports in my life (family, kin or friends)	93%	7%	0%	0%	0%
The PCAP program helped me connect with important community resources and services	93%	7%	0%	0%	0%
Participation in the PCAP program helped increase my skills and ability to care for my child(ren)	73%	23%	0%	0%	4%

The PCAP program helped me connect with cultural and/or spiritual supports	53%	17%	0%	0%	20%
--	-----	-----	----	----	-----



PCAP Client Feedback Survey comments - 2018

It's been up and down but Staff X always support me, even now when my kids are apprehended she is in our corner helping us to get things done for court and CFS.

My P-CAP worker is my biggest support. I wish the program could be longer.

The program is great. I only wish it could be longer. Will miss the program when I graduate

Thank you for everything you have done for me and my family. I really appreciate it from the bottom of my heart.

This is an awesome program that should be more known.

This program is amazing and I'm so grateful for the support and pushing forward I continue to get through this company.

P-CAP has given me continuous support and helped me achieve attainable goals. 1 by 1 my life has begun to piece itself back together.

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Treatment Program	0 (0%)	0 (0%)
Living with bio-family	0 (0%)	0 (0%)
Living with kin/natural supports	0 (0%)	1 (6%)
Living independently	6 (35%)	8 (47%)
Unsafe living arrangement	0 (0%)	0 (0%)
Incarcerated	0 (0%)	0 (0%)
Transitional placement (adult)	1 (6%)	2 (12%)
Homelessness	2 (12%)	0 (0%)
Unknown	6 (35%)	6 (35%)
Other	2 (12%)	0 (0%)

Critical Incident Summary (n=10)

Type of Critical Incident	# of critical incidents	Percentage
Violence	1	10%
Drug/Alcohol Abuse	3	30%
Threat of self-harm/suicide attempt	2	20%
Mental health concerns	1	10%
Missing person	1	10%
Severe acting out	2	20%

Client Success Story

Measuring success is as unique as each individual. Kaya was referred to the PCAP-EE program in August 2015 by her mother-in-law. When she entered the program, Kaya was living with her partner and young daughter Jenny. Kaya's mother-in-law had recently discovered Kaya had FASD and had concerns around parenting and employment possibilities. Kaya and her mother-in-law had a strained relationship. After meeting with Kaya and her partner I discovered that there was a lot of misconceptions about FASD and began educating Kaya and her partner on FASD. With this information Kaya's partner was able to alleviate his family's concerns, and we began to work on building Kaya's relationship with her in laws.

Since I began working with Kaya we have discovered her strengths (strong advocate) and weakness (money management). We managed to get Kaya's AISH reinstated with her mother as the guardian to control Kaya's spending habits. Kaya and I worked on an honest budget to look at where her money was going and where she could make changes. Kaya applied to Bow Valley and was accepted to do upgrading and work towards going into Human Resources. Kaya became pregnant in the months before starting classes and due to having high risk pregnancies she decided to put off school until after the baby came. Now Kaya, with her partners help is managing her money and parenting two little girls. Kaya has not had Children Service involvement and does not have drug or alcohol issues. Despite her FASD diagnosis Kaya is successfully parenting two active little girls, recognizing their cues and monitoring their development, running a home and will be looking at returning to school in the future. Kaya has also developed a better relationship with her in laws and has added them to her strong network of natural supports.

Program Performance Summary

The PCAP program delivers service to women that are pregnant or up to six months postpartum and acknowledge drug and /or alcohol use during this pregnancy. The main goal of the program is to prevent further children being born affected by drugs and /or alcohol.

PCAP has been functioning with 90% capacity this year. The program did have some staffing issues due to a medical leave and staff turnover. These staff changes had an impact on the number of women who were seen. The program had 17 women whom were discharged this year. The majority of these women had a successful transition and was living either independently or with family. Six of the women had unknown placements at the time of discharge. This can be attributed to one staff leaving their position and their clients had difficulty in connecting to the new worker once hired. Staff change is always a challenge for clients as the program is based in the Relational Model. Relational theory holds that a woman's sense of connectedness to others is central to her growth, development and definition of self. Clients attach to their worker and struggle with any change. Staff relates in different ways and sometimes that difference is enough for clients to disconnect with the program. Staff had tried unsuccessfully to contact the clients while waiting to fill the vacant position. These files were closed with the client's placement at discharge being unknown.

Well-being for the women in the PCAP program includes birth control, stable income, attending school and employment. The program has seen positive outcomes achieved for this domain. Seventy-five percent (75%) of the women were using effective birth control. There was an increase in the amount of clients who were attending school and gainful employment. For this client group, having a stable source of income is often difficult to maintain. Ninety-six percent (96%) of the clients had a stable source. Some of the income sources are: Social Assistance, AISH and

Employment Insurance (EI).

Permanency is not an area that is reported on for this program as many of the mothers do not maintain custody of their children. This is not an expectation for this program. This may be a goal for some of the mothers and many work hard to have their children return to their care. This past year sixty-seven percent (67%) of the women receiving services have their children in their care.

All of the women in the PCAP program are connected to Community Resources. The program works persistently with the women to ensure they have access and connection to community supports. This is an essential piece of service delivery for the program due to the complexities of the women's needs. PCAP Advocates continue to work with families in helping to identify and foster their natural supports by implementing McMan's Building Connections Framework. This can be both successful and challenging as many of the families we work with feel they have limited people to count on as they have exhausted what little support network they had and feel they have burned too many bridges to even ask for further support. Advocates work diligently with their families to identify opportunities that allow for natural supports to be active participants. This can include having natural supports attend Children Services (CS) meetings to provide families with additional support. Advocates view the natural supports in one's life as a potential asset and will often reach out by picking them up for these meetings in order to help reduce the psychological stress that many families experience in these types of meetings.

Overall, the results from the Client Satisfaction Survey are very positive. Clients feel that they are being adequately supported through the program in the areas of safety, community resources, natural supports, parenting skills and cultural competency.

Housing is an area where there was a slight decrease in satisfaction. Advocates work with the clients and landlords to ensure housing is maintained. Safety plans are conducted with clients to help support their needs and facilitate a stable living environment.

The PCAP program had ten critical incidents this year. The highest amount of incidents involved Drug and Alcohol Abuse. The PCAP program works with women in various stages of drug addiction and supports the women through the Stages of Change and Harm Reduction models. Advocates create safety plans, supports clients in accessing treatment and counselling.

Protection of Sexually Exploited Children and Adolescents (PSECA)

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	0 (0%)	0 (0%)	0 (0%)
Female	16 (100%)	19 (100%)	+3 (0%)
Transgender	0 (0%)	0 (0%)	0 (0%)

TOTAL	16 (100%)	19 (100%)	+3
-------	-----------	-----------	----

2016-2017		2017-2018		Difference
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	
Caucasian	14 (88%)	Caucasian	9 (48%)	-5 (-40%)
Indigenous	1 (6%)	Indigenous	4 (21%)	+3 (+15%)
Hindi	1(6%)	Mixed race	5 (26%)	+4 (+20%)
Other	0 (0%)	Other	1 (5%)	+1 (+5%)
TOTAL	16 (100%)		19 (100%)	+3

	2016-2017	2017-2018	Difference
Age	Persons Served	Persons Served	
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	12 (75%)	16 (84%)	+4 (+9%)
Young Adults (18-24)	4 (25%)	3 (16%)	-1 (-9%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	16 (100%)	19 (100%)	+3

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	1424 hrs	1424	N/A
Annual occupancy	1025 hrs (72%)	1097 hrs (77%)	+ 72 hrs (+5%)
Total intakes	7	19	+12
Total discharges	16	11	-5

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	16	94%
Improve Permanency	5	60%
Improved Well-being	6	67%
Improved Family and Community Support	2	100%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	11	100%	-5 (+6)%
Improve Permanency	11	80%	+6 (+20%)
Improved Well-being	8	80%	+2 (+13%)
Improved Family and Community Support	7	100%	+5 (0%)

Assessment Scores

Sexual Exploitation Risk Assessment Form (SERAF)

SERAF is a risk and protective factor assessment for sexually exploited youth. Decreasing scores indicate positive change.

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
13	24	22

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	10 (63%)	8 (72%)
Living with kin/natural supports	0 (0%)	0 (0%)
Living independently	1 (6%)	0 (0%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
Other Children's Services Placement	2 (12%)	0 (0%)
YTA placement	0 (0%)	1 (9%)
Transitional placement (adult)	0 (0%)	0(0%)
Homelessness	0 (0%)	1 (9%)
Unknown	3 (19%)	1 (9%)
Other	0 (0%)	0 (0%)

Feedback Survey

Program Survey (n=10)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I was provided opportunities to learn the risks of sexual exploitation	60%	40%	0%	0%	0%
I felt that staff supported me in making a positive connection to my natural supports	80%	20%	0%	0%	0%
I felt that staff really cared about my personal safety	100%	0%	0%	0%	0%

I was provided support when needed to maintain my safety	80%	20%	0%	0%	0%
I was provided support to attend school or find employment	30%	50%	10%	0%	10%
I was provided with support to connect with community resources	80%	10%	10%	0%	0%
I was provided opportunity to reconnect with my family or other important people in my life	80%	20%	0%	0%	0%
If requested, I was provided opportunity to connect with with my culture	40%	50%	0%	0%	10%

Feedback Survey comment - 2018

It makes me feel like I have someone I can go to and talk to about good or bad things going on in my life.

I enjoy going for coffee and talks with my worker because I feel I am safe to open up to her and she is very knowing.

Staff X was kind and helped me be better.

I like meeting and seeing my worker.

Critical Incident Summary (n=1)

Type of Critical Incident	# (% of total critical incidents)
Threat of self-harm/suicide attempt	1 (100%)

Client Success Story

Jana is a 15 year old female that is resilient, hilarious, determined and creative who currently lives with her mother Diane and her younger siblings. Jana that was referred to the PSECA Community Outreach Program after being identified by her school as vulnerable due to recent events in her life around the peer relationships that were placing at risk. Jana was frequently going missing within Calgary, spending time with older males, and using excess amounts of drugs/alcohol on a weekly basis. This would result in Jana returning home to a panicked mother usually in worse shape than when she was last seen. Jana would often feel discouraged like she could “never get it right” and would spend hours at Starbucks or at school with her PSECA worker talking about her strengths, harm reduction, empowering her self-esteem and reminding her that it’s always okay to start again.

Despite numerous setbacks, Jana connected with her mother Diane, and always seemed to make it home when things got too much. Jana continued to struggle with identifying her risk in the community, and a lot of the work done to keep Jana safe was accomplished by pulling in professional and natural supports in order to support her holistically where she was at. Building up Diane and her supports in the community was fundamental in allowing



Diane and Jana to see that they were not alone, and that they had someone to call when they needed support the most which was frequently on evenings or weekends where professionals were unable to be there.

Recently, Jana reported to her team of professionals that she was involved in a high risk situation in which she was not safe and was the victim of sexual exploitation. After supporting Jana and her family in identifying the safety concerns, Jana was placed in a protective safe house where she received continued support, counselling, groups and psycho-education around the risks involved in her life. Through the continued support of Jana's PSECA Community Outreach Worker and her professional and natural supports, she was able to identify for the first time in 6 months that she was at risk of being taken advantage of, and was ready to create an opportunity to set some realistic goals and see some change within her home environment, engagement in the community and the relationships that Jana was choosing to keep in her life.

Jana has been doing extremely well in the community, attending school on a regular basis, seeking the right support for her mental health, attending and advocating for herself during case conferences and building a strong and resilient relationship with her mom Diane that will be able to continue to support Jana as she discovers who she is and where she wants to be.

Program Performance Summary

The occupancy rate for this fiscal year was impacted due to a gap in staffing for 4 months. The new staff started rebuilding their caseload in May and this also affected the lower number of discharges to the program. PSECA did see one discharge to homeless this fiscal year. It is important to note that PSECA is a voluntary program and therefore, due to the youth's entrenchment in sexual exploitation they chose not to engage in the program.

There was only one critical incident within the year and through the support of the coordinator all concerns were addressed resulting in no other incidents. PSECA's collaboration with other services and the early intervention and prevention work that is being done by the coordinator provides the youth at risk with the supports and resources they need if a crisis should be presented.

Reducing the risk of sexual exploitation is the main goal of the PSECA Voluntary services program. This goal was achieved based on evidence in in the NOM domain of safety and in the decrease of the SERAF risk assessment tool. Although the SERAF results show a small decrease, it is important to note that results of the tool are based on experiences of the individual within the previous 6 months. This means that if a pre and post are completed within a 6 month period, the results usually remain unchanged. In looking at longer term clients, there was a more significant decrease in risk, with scores decreasing by 7.

The program also dedicated 66 hours to educating young people and community groups on the risks of sexual exploitation and the resources available for those who may be at risk. The combination of case management and education helps youth and families to understand where they are at and access the right supports for their needs.

Natural supports have been identified as an area where the program would like to see more focus. By implementing tools and being more intentional on goals we hope to increase natural supports in a young person's life. This would be reflected by an increase in permanency outcomes next reporting period.

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	11 (73%)	9 (56%)	-2 (-17%)
Female	4 (27%)	7 (44%)	+3 (+17%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	15 (100%)	16 (100%)	+1

	2016-2017	2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	10 (67%)	Caucasian	9 (56%)	-1 (-11%)
Indigenous	5 (33%)	Indigenous	5 (32%)	0 (-1%)
		Latin	1 (6%)	+1 (+6%)
Other	0 (0%)	Other	1 (6%)	+1 (+6%)
TOTAL	15 (100%)		16 (100%)	+1

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	10 (67%)	12 (75%)	+2 (+8%)
Young Adults (18-24)	5 (33%)	4 (25%)	-1 (-8%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	15 (100%)	16 (100%)	+1

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	1424 hrs	1424 hrs	N/A
Annual occupancy	1191 (84%)	1110 hrs (78%)	-81 hrs (-6%)
Total intakes	7	9	+2
Total discharges	8	7	-1

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	0	0%
Improve Permanency	13	86%
Improved Well-being	12	80%
Improved Family and Community Support	3	66%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	7	100%	+7 (+100%)
Improve Permanency	7	100%	-6 (+14%)
Improved Well-being	14	100%	+2 (+20%)
Improved Family and Community Support	10	71%	+7 (+5%)

Assessment Scores

Casey Life Skills (12-24 yrs.)

Casey Life Skills is a youth assessment focusing on life and living skills. It is measured on a 5 point scale, with increasing scores indicating positive change.

Youth/Adults Assessed	Pretest Score (mean)	Posttest Score (mean)
7	3.5	4.4

Feedback Surveys

MAPS Client Feedback Survey (n=7)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The MAPS coordinator treated me with respect	100%	0%	0%	0%	0%
The MAPS coordinator had timely and relevant communication with me	100%	0%	0%	0%	0%
The MAPS coordinator was professional	100%	0%	0%	0%	0%
The MAPS coordinator helped increase my understanding of FASD	100%	0%	0%	0%	0%

The MAPS coordinator helped me learn new skills and strategies	100%	0%	0%	0%	0%
I was provided with support to connect with community resources	100%	0%	0%	0%	0%
I was provided opportunity to reconnect with my family or other important people in my life	100%	0%	0%	0%	0%
My self-confidence has increased	100%	0%	0%	0%	0%
My decision making skills have increased	100%	0%	0%	0%	0%

Quote from program participant – 2018

My maps coordinator was awesome. She was very easy to understand and made everything visual for me which helped me a lot. I learned a lot about my FASD and I learned that FASD is ok

I am so happy that I got to be a part of the MAPS program. It changed my life so much. Thank you

MAPS taught me so much. Thanks for everything you helped me and my family with

Staff X broke down things very simple for me, she understands how my brain works and taught me things in a way I learn them. I am happy I did the maps program

I learned that it's ok to have FASD and that I have a lot of strengths and I should focus on the things I enjoy and things I'm good at

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	2 (25%)	5 (62%)
Living with kin/natural supports	2 (25%)	2 (24%)
Living independently	2 (25%)	0 (0%)
Treatment Program	0 (0%)	0 (0%)
Unsafe Living Arrangement	0 (0%)	0 (0%)
Incarcerated	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Other	2 (25%)	0 (0%)



Critical Incident Summary (n=0)

No critical incidents were reported

Client Success Story

Michelle (staff person) is always saying that if I want to be heard I need to talk. The first time I met Michelle was when I started the air freshener on fire in the bathroom during YAAC over 3 years ago. I am now closing out of the Maps program. I wanted to highlight some stuff. Michelle met me wherever; jail, court, probation, Tim Horton's, McDonalds, tattoo shops, malls, my house. We had visits while playing video games skateboarding, playing hockey, and bike riding. Michelle never made me feel like a client. Michelle taught me how to embrace myself, decode myself, taught me its ok to ask for help, taught me its ok not to know everything, taught me that I am William - not FASD. I no longer feel like I walk around with FAS across my forehead. Michelle taught me that I don't have to announce that I have FASD unless I want to. Before it was my introduction and everyone most times thought less of me, all of a sudden I could no longer do the tasks I was already doing. Michelle taught me that I can be successful with work. I just need to focus on jobs that are a good fit for me. I learned I need to be constantly moving and that I am not a morning person. I look for afternoon jobs that require me to on the move. Michelle taught be how to budget my money with a daily budget that makes sense. We even budgeted my weed money, Michelle always said if it's an expense write it down a budget doesn't work if you leave what your spending your money on out. Michelle found me a supportive roommate situation back in December. The place I was going to move into wasn't a good idea. I would have gotten in a lot of trouble if I stayed there. I am happy with where I live now.

Program Performance Summary

Over the last year the program saw some staff changes that have contributed to the deficit in program outputs. The hours that are deficit are directly affected by this change. However, program youth intakes were not affected by this, it actually saw an increase of one youth intake. This was due to the fact the staff was able to open a full new case load due to the lengthy referral list which is increasing for this age group. This is due to the MAPS coordinator working closely with the MAPS partnership to obtain referrals. Additionally, there has been an increased focus on working closely with Woods Parents Mentor to offer more services to caregivers.

There has been a shift in practice which has increased the focus on working with Natural Supports and offering them support to better understand the youth's behaviors and how it affects the youth's day to day living. This shift has increased the success of the youth accessing the program. There was also a shift in MAPS focusing on strengthening permanency, well-being and family and community support by offering education around how FASD affects the individual's day-to-day living. Support was offered to break challenges down, examine the diagnosis, and shift perspectives to focus on strengths and goals. With all this, it in turn increased the "youth's feeling to be ready" to transition out of the MAPS program.

PROGRAM PERFORMANCE – FAMILY SUPPORTS FOR CHILDREN WITH DISABILITIES (FSCD)

Milestones

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	130 (76%)	114 (70%)	-16 (-6%)
Female	41 (23%)	49 (30%)	+8 (+7%)
Transgender	1 (1%)	0 (0%)	-1 (-1%)
TOTAL	172 (100%)	163 (100%)	-9

	2016-2017	2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	118 (70%)	Caucasian	112 (67%)	-6 (-3%)
Indigenous	2 (1%)	Indigenous	0 (0%)	-2 (-1%)
Filipino	10 (6%)	Mixed race	13 (8%)	-
Other	42 (23%)	Other	48 (25%)	+6 (+2%)
TOTAL	172 (100%)		163 (100%)	-9

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	23 (13%)	18 (11%)	-5 (-2%)
Children (7-11)	99 (58%)	76 (47%)	-23 (-11%)
Youth (12-17)	40 (23%)	57 (35%)	+17 (+12%)
Young Adults (18-24)	10 (6%)	12 (7%)	+2 (+1%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	172 (100%)	163 (100%)	-9

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	9968 hrs	9968 hrs	N/A
Annual occupancy	7726 hrs (78%)	7576 hrs (76%)	-150 hrs (-2%)
Total intakes	113	101	-12
Total discharges	103	107	+4

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	10	90%
Improve Permanency	95	97%
Improved Well-being	100	95%
Improved Family and Community Support	74	92%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	7	86%	-4%
Improve Permanency	15	100%	+3%
Improved Well-being	159	92%	-3%
Improved Family and Community Support	127	87%	-5%

Assessment Scores

Family Assessment Form (FAF)

The FAF is a family functioning assessment measured on a 5 point scale with decreasing scores indicating positive change.

Families assessed	FAF Domain	Acting out behaviors	Inner directed behaviors	School Behaviors	Self-regulation	Safety Routines	Respite support
34	% Improved	94%	91%	81%	94%	94%	94%

Feedback Surveys

Milestones Client Feedback Survey responses (n=18)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The Milestones Family Coordinator was respectful towards our family	100%	0%	0%	0%	0%
The Milestones Family Coordinator was good at communicating with me	100%	0%	0%	0%	0%

The Milestones Family Coordinator was professional	100%	0%	0%	0%	0%
The Milestones Family Coordinator understood the needs of our family in taking care of our child	95%	5%	0%	0%	0%
The Milestones Family Coordinator helped us to better understand our child's diagnosis	72%	22%	0%	0%	6%
The Milestones Family Coordinator helped us to better meet the developmental needs of our child	77%	23%	0%	0%	0%
The Milestones Family Coordinator helped our family to connect with community services and resources	77%	23%	0%	0%	0%
The Milestones Family Coordinator taught our family strategies to decrease challenging behaviours	83%	17%	0%	0%	0%
I would recommend the Milestones Program to another parent/caregiver raising a child with a developmental disability	95%	5%	0%	0%	0%

Milestones Transition Coordinator Client Feedback Survey responses (n=3)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The Milestones Transition Coordinator was respectful towards our family	100%	0%	0%	0%	0%
The Milestones Transition Coordinator was good at communicating with me	100%	0%	0%	0%	0%
The Milestones Transition Coordinator was professional	100%	0%	0%	0%	0%
The Milestones Transition Coordinator understood the needs of our family in taking care of our child	100%	0%	0%	0%	0%
The Milestones Transition Coordinator helped my youth/family understand adult services	67%	33%	0%	0%	0%
The Milestones Transition Coordinator helped my youth/family make plans for my youth	67%	33%	0%	0%	0%

The Milestones Transition Coordinator involved my youth in all aspects of planning where appropriate	100%	0%	0%	0%	0%
The Milestones Transition Coordinator provided direction and advice when making plans with my youth for their future	67%	33%	0%	0%	0%
I would recommend the Milestones Transition Program to another parent/caregiver raising a young person with a developmental disability	100%	0%	0%	0%	0%

Milestones Client Feedback Survey comments - 2018

Staff X has been a much needed asset to our family. We truly appreciate all of her expertise, real solutions to our family. Always professional and dependable. We are very fortunate to have her on our "team"

Thank you for all the help to follow, understand and find solutions to our kids behaviors and social skills

Staff X was a huge help in teaching us daily calming strategies. The tools she gave us have been a huge part in keeping our home running calmly and smoothly.

It has been extremely important to receive the advice and guidance that I have. Not knowing what or where to go is a terrible experience as a parent who is basically in crisis. Having my worker come and help me gain knowledge has been a lifesaver

Much appreciated. Went above and beyond our expectations. Very organized

Thank you for helping me give my son information, advice, and support to advance and succeed in his future

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	92 (89%)	99 (92%)
Living with kin/natural supports	3 (3%)	3 (3%)
Living independently	0 (0%)	1 (1%)
Adoptive home/private guardianship	0 (0%)	2 (2%)
YTA placement	0 (0%)	0 (0%)
Transitional placement (adult)	1 (1%)	0 (0%)
Homelessness	1 (1%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Other	6 (6%)	2 (2%)

Critical Incident Summary (n=3)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm suicide attempt	2 (67%)
Threat to kill others	(33%)

Client Success Story

Jim is a 4 year old boy who is diagnosed with Autism. He has a keen interest in music, technology, and numbers. Jim was born in Canada but his parents are both immigrants from China who have created a successful life here in Calgary. They work hard to remain in contact with their family across the world through regular Facetime chats, but do not have the support of family in the city. They have become isolated because it is challenging to take their son out in the community. Jim is a quick boy with limited communication skills and it became easier to keep him in controlled environments like school, daycare and home.

This family became involved with the Milestones program for only a short period time - three months. When visits first began with their Family Coordinator, it was just Jim’s mother who was meeting to discuss various behavioral concerns that she had: how to increase their ability to communicate with Jim? How to address Jim’s ‘separation anxiety’ with her, and sleep issues.

At the third home visit the Family Coordinator became aware that Jim’s father was in the home at the time of these visits, although he was in an entirely different space in the house. The Family Coordinator extended an invitation to the mom for him to join our conversations. He joined in for the following meeting and remained present for all visits from that point forward. The Family Coordinator observed that Jim’s father’s English was less established than his mother’s. The Family Coordinator made an extra effort to engage both parents in addressing goals, as the mother took more initiative and had stated several times that ‘he does nothing’, in reference to her husband.

This family found another program for their son and that is why the Milestones program ended early. It was a communication based program much more in line with their needs. The reason why this is a success story for Milestones, is that the Family Coordinator was able to engage both parents in a way that they had not been able to do before. They learned the importance of teaching Jim skills in a way that he understands – visually. Visual tools were created to support his independence with bus rides and house rules. They learned the importance of a structured evening routine, and how to take baby steps using task analysis. They had a very extended and tedious evening with Jim which included meals being fed to him until close to 9:00pm at night, loud music played until bed time, and was sleeping with mom in her bed causing a night full of disrupted sleep.

The Family Coordinator made it very clear that many little changes could be made, and that there would be a process to achieve their end goals. Once both parents were in agreement with the long term plan, they became more willing to start with the baby steps - together. They were proud to share their trails each time the Family Coordinator visited. They had even created their own visuals to help their son because they had learned how important this was for his understanding. The Family Coordinator could see the pride in their shared accomplishments. This couple had come together for their son yet had started so far apart.



Program Performance Summary

In the 2017-2018 year, Milestones saw little change in the demographic areas of the families we serve. Gender, Culture/Ethnicity, and age of clients remained at similar rates from the 2016-2017 reporting year.

The diagnosis' of the clients that we have served has remained relatively stable from 2016-2017 year to 2017-2018. The most noteworthy changes were in the areas of anxiety, depression and Oppositional Defiant Disorder (ODD). The number of clients served with a diagnosis of anxiety rose from 25 to 32 and we also saw the addition of those diagnosed with social anxiety disorder and separation anxiety. The diagnosis of depression also rose from 4 to 9. Clients diagnosed with ODD rose from 13 to 20. This follows our observations of increased mental health diagnoses and challenges overall in the population we serve.

Due to this increase in mental health diagnosis' and challenges, the Milestones team has been accessing more training and workshops in these areas as well as accessing the Milestones Clinician through consultation.

Some upcoming changes to our services that will improve services to families include introducing a Youth Transition workshop. This will focus on teaching youth with developmental disabilities about the transition processes in plain language with a parent component to follow up with at home. As well, in the fall of 2018 we will introduce the Sibshops program to support our framework of Natural Supports and offer a safe space for siblings of children with disabilities to come together and share common challenges and have some fun.

Milestones overall capacity dropped slightly from 78% to 76% for the 2018-2018 year. It was a difficult year for staffing with 3 staff moving to other programs within the agency, 1 moving to Alberta Children's Hospital and one to FSCD Lethbridge. However, the stability with the team coming into the 2018-2019 year is already showing increased capacity which we continue to push moving forward.

There was a slight decrease in NOM domain outcomes this year, however, outcomes continue to remain high. This drop can be attributed to redefining goal types within our data base system to increase accuracy in the data collected. Milestones continues to work to address a variety of challenges that families face including stranger awareness, community and internet safety, self-harming behaviours, increasing natural supports, educating extended family members, decreasing challenging behaviours, increasing independence and daily living skills, establishing routines and schedules, increasing parental skill and confidence, teaching parents how to effectively advocate for their child in a variety of programming including school and community, friendship and social skills, communication skills, sensory regulation and emotional regulation strategies, connecting to community resources and addressing mental health concerns and basic needs.

Milestones started the 2017-2018 year using the Family Assessment Form (FAF) Behavioural Functioning Factors Assessment Tool and did a trial of the Adaptive Behaviour Assessment Score. This explains the low number (34) of clients assessed using the FAF. However, the outcomes provided by this sample of families demonstrate the strong results of Milestones programming. For the 2018-2019 year, Milestones has returned to using the FAF Behavioral Functioning Factors and also added the Transition Planning Inventory (TPI-2) to capture outcomes for our Transition to Adulthood work.

The Feedback Surveys that Milestones received demonstrate our strong capacity to engage families and provide excellent programing and service delivery that delivers results. This is both true in our BDA and Transition to Adulthood work.

Milestones have begun incorporating a strong emphasis on Natural Supports as a complement to services provided by FSCD. This is done from point of intake and throughout services, highlighting the importance of connection in times of need and having somebody to rely on for support. This also helps ease family’s apprehensions of closing when services are complete as they are not left ‘alone’. In order to facilitate this idea, Milestones began a parent support group, Parent Connect, which brings together caregivers of challenging kids in order to help facilitate and grow natural supports amongst parents.

The critical incidences that Milestones experienced during the 2017-2018 year were similar to the previous reporting year, with the addition of one incident of threats to others. No significant trends can be detected. Milestones continues to address these concerns by responding within policy and best practices; offering ongoing support, connection to additional resources, working with partnering agencies and professionals and ensuring the safety of all.

Milestones Clinical

The Milestones program provides a full time clinician who provides short-term counselling support and strategies in parenting a child with a disability, enhancing knowledge around diagnosis, addressing grief and loss, as well as exploring underlying factors contributing to the challenges of raising a child with a disability. The Clinician also commonly addresses family, marriage and/or sibling challenges including step parenting and parenting conflicts, mental health concerns and any other challenges specific to the families unique needs”.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	67 (80%)	60 (80%)	-7 (0%)
Female	17 (20%)	15 (20%)	-2 (0%)
Transgender	0 (0%)	(%)	0 (0%)
TOTAL	84 (100%)	75 (100%)	-9

	2016-2017	2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	52 (62%)	Caucasian	47 (63%)	-5 (+1%)
Indigenous	0 (0%)	Indigenous	1 (1%)	+1 (+1%)
Arabic	5 (6%)	Chinese	5 (7%)	-
Other	27 (32%)	Other	22 (29%)	-5 (-3%)
TOTAL	84 (100%)		75 (100%)	-9

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	9 (11%)	8 (11%)	-1 (0%)
Children (7-11)	33 (39%)	29 (39%)	-4 (0%)
Youth (12-17)	41 (49%)	35 (47%)	-6 (-2%)
Young Adults (18-24)	1 (1%)	3 (4%)	+2 (+3%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	84 (100%)	75 (100%)	-9

Program Outputs

	2016-2017	2017-2018	Difference
Contracted hours	1424 hrs	1424 hrs	N/A
Annual occupancy	1352 hrs (95%)	1053 (74%)	-299 hrs (-21%)
Total intakes	38	39	+1
Total discharges	42	34	-8

Discharge Status

Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	38 (91%)	32 (94%)
Living with kin/natural supports	0 (0%)	0 (0%)
Living independently	0 (0%)	0 (0%)
Adoptive home/private guardianship	2 (5%)	0 (0%)
YTA placement	0 (0%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	0 (0%)	2 (6%)
Other	2 (4%)	0 (0%)

Program Performance Summary

In the 2017-2018 year, Milestones saw little change in the demographic areas of the families we serve. Gender, Culture/Ethnicity, and age of clients remained at similar rates from the 2016-2017 reporting year.

Milestones Counselling has gone through many changes in the 2017-2018 year. There were several months that the Clinician position was vacant. As well, as the relationships between counsellor and client can be very personal, many clients had a difficult time with the change to a new counsellor and it has taken some time for families to find alternative options or adjust to the new Clinician. Because of these two factors, we experienced a lower than normal occupancy rate for counselling this reporting year.

There are also general challenges in maintaining the counselling occupancy rates. In order to achieve the monthly capacity of 119 hours per month, the Clinician would require carrying a caseload, at minimum, of 80 clients and seeing 4 clients each day. To account for cancellations and clients not booking on a monthly basis, more than 80 clients would be necessary which is unrealistic to achieve due to the nature of clinical work and maintaining quality of work.

An outcome survey is currently being developed in order to capture clients' experiences with Milestones Counselling to provide data for the 2018-2019 reporting year.

PROGRAM PERFORMANCE – Homeless, PCAP and Community Programs

Hope Homes/Aboriginal Hope Homes

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	20 (43%)	22 (47%)	+2 (+4%)
Female	26 (57%)	24 (51%)	-2 (-6%)
Transgender	0 (0%)	1 (2%)	+1 (+2%)
TOTAL	46 (100%)	47 (100%)	+1

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	19 (41%)	Caucasian	17 (36%)	-2 (-5%)
Indigenous	18 (39%)	Indigenous	21 (45%)	+3 (+6%)
African	2 (4%)	African	2 (4%)	0 (0%)
Other	7 (16%)	Other	7 (15%)	0 (-1%)
TOTAL	46 (100%)		47 (100%)	+1

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	1 (2%)	0 (0%)	-1 (-2%)
Young Adults (18-24)	40 (87%)	42 (89%)	+2 (+2%)
Adults (25+)	5 (11%)	5 (11%)	0 (0%)
TOTAL	46 (100%)	47 (100%)	+1

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	Hope Homes – 24 Aboriginal Hope Homes - 8	Hope Homes – 24 Aboriginal Hope Homes - 8	N/A
Annual occupancy	Hope Homes - 96% Aboriginal Hope Homes – 100%	Hope Homes - 98% Aboriginal Hope Homes – 100%	Hope Homes +2% Aboriginal Hope Homes 0%
Total intakes	10	12	+2
Total discharges	10	10	0

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	32	91%
Improve Permanency	46	83%
Improved Well-being	46	94%
Improved Family and Community Support	43	88%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	32	94%	+3%
Improve Permanency	47	83%	0%
Improved Well-being	47	93 %	-1%
Improved Family and Community Support	17	94%	+6%

Assessment Scores

Youth Acuity Scale

The Youth Acuity Scale is a youth risk assessment. Decreasing scores indicate positive change.

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
16	46	35

-14 of 16 (88%) youth improved from the initial assessment to their post or most recent assessment

-11 of 16 (69%) youth were in the low to medium acuity range at discharge or most recent assessment

FCSS Social Inclusion Indicators

The FCSS Social Inclusion Indicators scale is measured on a 5 point scale. Increasing scores indicate positive change

Youth Assessed	Domain	Pretest Score (mean)	Posttest Score (mean)	Difference
28	Housing stability and suitability	3.61 (72%)	4.43 (89%)	+0.82 (+17%)
28	Self-esteem, self-confidence, identity	3.02 (60%)	3.27 (65%)	+0.25 (+5%)
28	Family cohesion	3.3 (66%)	3.5 (70%)	+0.2 (+4%)

Client Feedback Survey (n=29)

Survey Item	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I was provided support to find safe and stable place to live	73%	27%	0%	0%	0%
I felt that staff cared about my safety	76%	21%	0%	3%	0%
I was provided support when needed to maintain my safety	69%	28%	3%	0%	0%
I was provided support to attend school or find employment	69%	17%	14%	0%	0%
I was provided help to be successful at school and/or work	52%	31%	7%	7%	3%
I was provided with support to connect with community resources	52%	34%	10%	4%	0%
I was provided support to be physically healthy	58%	28%	10%	4%	0%
I was provided opportunities to learn new skills to be independent (cooking, budgeting, etc.)	66%	20%	10%	4%	0%
I was provided opportunity to reconnect with my family or other important people in my life	45%	41%	0%	7%	6%
If requested, I was provided opportunity to connect with my culture	52%	24%	10%	4%	10%

Hope Homes and Aboriginal Hope Homes Client Feedback Survey comments - 2018

Hope Homes has helped me develop skills to build my own experience.

Amazing!

Best thing in my life helping to accomplish my goals.

The program has been very supportive to me and my family.

It has helped me figure out so much, I'm very thankful .



Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	0 (0%)	0 (0%)
Living with kin/natural supports	0 (0%)	0 (0%)
Living independently	5 (50%)	4 (40%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	0 (0%)	4 (40%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	1 (10%)	1 (10%)
Unknown	0 (0%)	0 (0%)
Other	4 (40%)	1 (10%)

Critical Incident Summary (n=20)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm/suicide attempt	4 (20%)
Violence	4 (20%)
Drug/Alcohol abuse	3 (15%)
Injury	2 (10%)
Accident	1 (5%)
Domestic violence	1 (5%)
Allegation of abuse/neglect	1 (5%)
Drug paraphernalia	1 (5%)
Destruction	1 (5%)
Serious change in child's health	1 (5%)
Death	1 (5%)

Client Success Story

E Success Story:

E is a youth who has a story of courage and resilience. She fled family violence and abuse at an early age. When E came into our program, she struggled with depression, and isolation. She dropped out of school, and became involved in an unhealthy relationship.

When she became pregnant, E wanted to better her life, not only for herself, but especially for her baby girl. She refused to let the cycle of abuse and violence be a part of her future.

E left the unhealthy relationship, and decided to take parenting courses to prepare to be a parent. E had no problem in reaching out for support to better her situation. Her new baby girl would be the driving force in her success, and continues to be. In addition to being a new parent, E returned to school to complete the courses she needed to get into post-secondary.

She is unstoppable in her goal to provide a better future for herself, and her daughter. She is currently a happy single mom, working part-time, and going to school!

Here is what E had to say about her journey, in her own words:

"I'd say I had a pretty normal childhood..... but I somewhat would be lying. I have a big family. When we were little kids we were really close. As we grew older we slowly became very distant.

My parents were the opposite of each other. My father is a quiet timid man and my mother a very loud 'in your face' person. My mother was and is still is a very selfish women. She didn't really raise us. Her version of parenting is as long as the children have food, a roof over their heads and clothes on their backs they were ok. My mother had no emotions except anger.

I was a really angry teenager. Because of the past heartaches I've had and trauma, I isolated myself. I thought isolation was the best way to heal but it made my life worst. I didn't want to feel anything. My parents never understood, no one understood and I was ok with that. I loved being alone.

I was the "black sheep" of the family. By the age of 16 I was sexually assaulted 3 times. The first time I was about 4 or 5 years old. I don't quite remember my age but because the trauma was so horrific my brain shut it off. It wasn't until I was about 17 years old when the memories came back. I think your mind is so powerful. It can either help you, or destroy you. At that point in my life it was destroying me.

My parents were not the best parents. Spankings usually turned to horrible beatings. My mom used to bite me out of anger. One time in middle school I came home an hour late because of the buses and weather. I remember attempting to walk home but it was so cold. My aunt saw me walking and gave me a ride home. My parents were livid. My mom bit me all over, stomped on me and my dad did the same. I hated them so much.

I became a McMan youth when I was 18 years old. At the time I didn't really understand what the McMan agency was or did. I was just happy to have a safe environment to sleep at every night.

Wanda was the first worker I had. She was amazing. She fought for my rights when I didn't know I had any. The next worker I met was Donna. As the years went by Donna has become a big support for me. I met my now worker Kristina a few years ago and we clicked right away. All of these McMan workers seen what I didn't see in myself.

Both Donna and Kristina pushed me to get my life back in order which is what I needed. In 2016 I became pregnant and didn't know what to do. I told Kristina my worker right away. Even though I was very scared and fearful, she helped me with my journey.

Before my pregnancy I didn't know what I wanted to do with my life. I was not taking advantage of the positive opportunities for a better life McMan offered. Donna is always reminding me to take advantage of the opportunities this amazing program offers, and I am so blessed for it.

McMan has helped me in ways I didn't know where possible. From McMan I found counselling. McMan has given me grants for school. McMan has helped me financially. Without McMan I wouldn't be able to take care of my daughter.

A few years ago I wouldn't have thought my life would turn out the way it is right now. I'm focused on my education, building a career for myself and my daughter and being the best mother I can. I'm currently upgrading courses at bow valley to become a teacher. In the fall I will be applying to St. Mary's university. I am so excited for my future. McMan has given hope back into my life. I wouldn't be where I am today if it wasn't for McMan and I will be forever grateful."

Program Performance Summary

There was no significant change in the demographics of the clients that accessed the Hope Homes and Aboriginal Hope Homes programs other than we had a 6% increase in Aboriginal youth entering the Hope Homes program.

The Critical Incident Reports for the Hope Homes and Aboriginal Hope Homes program is evident of the high acuity youth who are referred to the program. The youth in Hope Homes struggle with interpersonal relationships, trauma, addictions, suicide ideation and numerous mental health challenges. The youth and the program staff team work together on goals identified by the youth to ensure youth are provided with support and resources to help make healthy choices and maintain personal safety. The Hope Homes program offers DBT Food Fusion groups, skill building groups, access to the Breathing Room program, community referrals and resourcing, a full time clinician, who has monthly case consultations with staff and provides targeted training for staff around mental health and addiction to help support staff and youth.

After considering the results of the Client Satisfaction Survey program staff have identified specific areas for service delivery improvement; building natural supports, increasing cultural competency and improving life skill development.

All staff has been trained in the McMan Natural Support Framework. The Hope Homes team also has access and support of the Hope Homes Family and Natural Supports Coordinator, who is able to case consult with staff and/or visit with youth and their natural supports. This is reflected in the significant increase of Improved Family and Community Support NOM domain over this reporting period.

With regards to cultural competency the program will work to enhance programming and support they currently offer youth by consulting with youth on a more regular basis, and seeking out external supports for youths needs in their identified cultural community.

Youth on the program have high needs and Case Managers are helping youth through crisis (i.e. housing, addictions, mental health issues...) and building life skills may be worked on after their emergent needs. Staffs continue to role model and use teachable moments throughout their visits. Staff will also encourage youth to attend McMan life skill building groups.

100% of youth who completed the satisfaction survey reported that they agreed or strongly agreed the program provided support to find safe and stable place to live. This speaks to the work and support of the case managers and housing coordinators effort to maintain the programs housing first philosophy.

According to the FSII Social Inclusion Indicators scoring there was an increase in all domains; housing stability and suitability, self-esteem/self-confidence/identity, and family cohesion.

The program continued to provide successful clinical and mental health supports to youth. Using Dialectical Behavior Therapy (DBT) as the foundation for this support, clinical supports were provided to over 20 youth through the DBT Food Fusion groups. This method of delivery provides a creative,

interactive and engaging process to teach youth coping skills in the areas of interpersonal effectiveness, emotional regulation, distress tolerance and mindfulness, combined with learning daily living skills in a supportive peer environment. The DBT groups have received very positive feedback from both clients and staff.

Rapid Rehousing

The goal of Rapid Rehousing is to provide youth who are at risk of or experiencing homelessness with stable housing and supports. The program aims to reunify the young person and their family. If family reunification is not safe or appropriate, the program aims to enhance relationship between the young and their family while supporting the young person to secure safe and appropriate housing.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	1 (25%)	2 (29%)	+1 (+4%)
Female	3 (75%)	4 (57%)	+1 (-18%)
Transgender	0 (0%)	1 (14%)	+1 (+14%)
TOTAL	4 (100%)	7 (100%)	+3

	2016-2017	2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	2 (50%)	Caucasian	5 (71%)	+3 (+21%)
Indigenous	2 (50%)	Indigenous	2 (29%)	0 (-21%)
Other	0 (0%)	Other	0 (0%)	0 (0%)
TOTAL	4 (100%)		7 (100%)	+3

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	1 (25%)	2 (29%)	+1 (+4%)
Young Adults (18-24)	3 (75%)	5 (71%)	+2 (-4%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	4 (100%)	7 (100%)	+3

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	3	3	N/A
Annual occupancy	100%	100%	0%
Total intakes	4	4	0
Total discharges	1	5	+4

Program Outcomes

National Outcome Measures

2017-2018		
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	3	100%
Improve Permanency	6	83%
Improved Well-being	7	91%
Improved Family and Community Support	1	100%

Assessment Scores

Youth Acuity Scale

The Youth Acuity Scale is a youth risk assessment. Decreasing scores indicate positive change.

Clients Assessed	Pretest Score (mean)	Posttest Score (mean)
3	29	26

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	0 (0%)	0 (0%)
Living with kin/natural supports	0 (0%)	0 (0%)
Living independently	0 (0%)	3 (60%)
Living independently with supports	1 (100%)	2 (40%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	0 (0%)	0 (0%)
Group Care	0 (0%)	0 (0%)
Transition to other Foster Care Program	0 (0%)	0 (0%)

Unknown	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)

Critical Incident Summary (n=0)

No critical incidents were reported

Caregiver Success Story

Linda came to the Hope Homes Program in her early 20’s. She struggles with anxiety, and family history of mental illness, addictions, and homelessness. What set Linda apart was her strong determination to succeed and change her path for herself, but also her family. When Linda came to us, she was couch surfing, had high anxiety, and had struggles with her family challenges that weight on her heavily.

Read Jenny’s Story in her own words, of how her experience as a Home Provider with Linda has impacted her life.

“Linda first came to live at the house in February of 2015, and she was a sweet and quiet girl, who was obviously close to her family. I remember her being on her phone with various family members; she seemed happy about her new living arrangements, but nervous and unsure about how it was going to turn out. It didn't take long for her and I to get to know each other.

Her fun and bubbly personality far outshines her past struggles and challenges, but looking back on her time with me there is a very clear progression from an uncertain girl to a brave and confident young woman. It took some time for her to believe in what she had, a secure and safe place to live, a family and support team who only saw her amazing potential and her inner strength, but as time went on, this new reality has become a part of who she is. I watched her go from impulsive to mature in her decisions, from someone who avoids stress to someone who faces fear head on, someone who dropped out of school to a university student and someone who is already a success story.

I can't wait to see how the rest of her story turns out and I am so proud of her, proud to be her friend and to continue to support her even though she has moved out on her own. As a support home provider, I have been blessed and changed myself, the experience of being a part of a support team is extremely rewarding. Working with McMan I have known that they have always been there for me, and I couldn't have done it without them.”

Jenny, McMan Home Provider

Client Success Story

EB is a 20 year old, Caucasian, transgender male who came into the Rapid Rehousing Program. E identified experiencing PTSD from his childhood as well as anxiety, depression and suicidal ideation. E participated in the Rapid Rehousing program from May 2017 to January 2017. E demonstrated a lot of openness and willingness to engage in services and built trusting relationships with this writer and the resident worker. E was contemplative in regards to changing some of his narratives and behaviours. E demonstrated a lot of bravery and people skills putting him in different social situations to receive the help he needed. This is particularly impressive considering E's mental health social skills at time of intake. E also demonstrated a lot of bravery and determination in working on his relationships with family.



E worked on several major things while in the Rapid Rehousing program including financial readiness, mental health, family re-connection and gender identity. E worked closely with the Reach Clinician for support with mental health as well as with doctors and psychiatrists. This writer supported E in setting SMART goals to explore employment readiness programs to meet him where he was at. E engaged in the YCAP program as well at the McBride Growth 4 You program which supported E in obtaining employment. This writer and E built a rapport and connected with his family members to explore strengthening relationships. This writer spent time talking with many of E's family member's over the phone and in person to get a better understanding of family dynamics as well as offer resources. E gained support from the Reach Clinician as well as this writer in regards to his gender identity. This writer received resources from the Calgary Sexual health Centre as well as the Reach Clinician to empower and educate both E and his family. E decided he needed some on-going support both financially and in regards to his gender identity so he transitioned to the Boys and Girls Club Aura program which is specially designed for LGBTQ2S++.

At discharge E reported that the Rapid Rehousing program made a huge difference in his life by helping him gain autonomy and not depending on unhealthy relationships to support his basic needs such as food and housing. E reported that in a way this program saved his life as he didn't know what would have happened to him if he didn't have the program. At intake E had tumultuous relationships with all his family members. At discharge E had a better relationship with his mom and dad. E developed his confidence and personal autonomy and boundaries to have healthy relationships. E was able to adjust to living in the city with a supportive environment and built up his confidence in finding resources, using transportation and ensuring his needs were met. It was important for this writer to have a trusting relationship with E in order to support him in working through his goals. Housing, family connection, mental health supports and employment supports were key to E's success in the program.

Program Performance Summary

The Rapid Rehousing program has been continually growing and improving since its inception. Over the last year we moved locations and had a change in Resident worker, which effected one month of program capacity.

All Rapid Rehousing NOM domains have increased over the last reporting period. The Family and Natural Supports Coordinator has been working very closely with program youth to increase their independent living skills and capacity to live successfully independently in the community while improving their connections with natural supports.

There was an increase in the number of youth served due to the intake process being improved. Youth now are referred directly from the Coordinated Access and Assessment meetings instead of from the community. The programs funder, The Calgary Homeless Foundation, also reviewed and changed some of the Key Performance Indicators to better reflect client needs and program trends.

All youth have transitioned positively from the program. All youth were housed independently in the community and some were living independently with further supports.

There have been no critical incidents within the reporting period. This could speak to the intensive case management, lower acuity youth and/or involvement of support staff (i.e. Team Lead, Resident Worker, Clinician, and Housing Coordinator).



Parent-Child Assistance Program – Expanded Enrollment (P-CAP-EE) (CFAN Funded programs)

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.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	4 (20%)	4 (21%)	0 (+1%)
Female	16 (80%)	15 (79%)	-1 (-1%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	20 (100%)	19 (100%)	-1

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	10 (50%)	Caucasian	9 (47%)	-1 (-3%)
Indigenous	9 (45%)	Indigenous	9 (47%)	0 (+2%)
Portuguese	1 (5%)	Portuguese	1 (5%)	1 (5%)
Other	0 (0%)	Other	0 (0%)	0 (0%)
TOTAL	20 (100%)		19 (100%)	-1

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	0 (0%)	0 (0%)	0 (0%)
Young Adults (18-24)	5 (25%)	3 (16%)	-2 (-9%)
Adults (25+)	15 (75%)	16 (84%)	+1 (+9%)
TOTAL	20 (100%)	19 (100%)	-1

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	18-20	18-20	N/A
Annual occupancy	100%	98%	-2%
Total intakes	4	1	-3
Total discharges	1	2	+1

Program Outcomes

National Outcome Measures (NOM)

Families will experience more success in functioning in their environment	
Families will demonstrate progress towards self-efficacy and financial stability	4/17 (24%) are presently working 10/17 (59%) are on AISH 3/17(18%) are in the process of applying for AISH 7/17(41%) are on Social Assistance 3/17(18%) are presently attending school
Families will address their addiction issues appropriately with support.	3/17 (18%) of our families are addressing their addiction issues. 6/17 (35%) are moving in and out of addiction 8/17 (47%) currently have no addiction issues
Clients will develop goals and work toward achieving them with appropriate levels of support	
Clients will demonstrate achievement towards meeting personal goals	17/17 (100%) of families are making achievements towards personal goals
Safety of children will be enhanced by ensuring families are in stable and safe home environments	
Increased number of families will be in stable housing	17/17 (100%) of families are living in their own accommodation
Caregiver capacity and skills are increased, enhancing safety of children	
Families have increased knowledge and understanding of parenting skills.	100% of families have worked on parenting strategies with the Advocates. 5/17(30%) of our families have attended parenting classes in the community
Client is aware of and able to access services and resources to increase well-being, physical and mental health as necessary and with an appropriate level of support	
Families will be linked to community resources, professional services, and education that will help them build and maintain healthy and Independent families	17/17 (100%) of families are connected to one or more Community resources
Families will be supported in navigating Children's Services and court systems as necessary and have decreased involvement with Child and Family Services	
Involvement with Children's Services will decrease. Families have increased knowledge and understanding of how to navigate court processes	8/17 (47%) of our families have remained intact and have no Children's Services involvement 9/17 (53%) have Children's Services involvement. 5/17 (29%) have a Family Enhancement Agreement and their children continue to reside in their homes 3/17(18%) of our families have a TGO 1/17 (6%) of our families have a PGO

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Treatment Program	0 (0%)	0 (0%)
Living with bio-family	0 (0%)	0 (0%)
Living with kin/natural supports	1 (100%)	2 (100%)
Living independently	0 (0%)	0 (0%)
Unsafe living arrangement	0 (0%)	0 (0%)
Incarcerated	0 (0%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)

Critical Incident Summary (n=)

No critical incidents were reported this year

Client Success Story

Measuring success is as unique as each individual. Kaya was referred to the PCAP-EE program in August 2015 by her mother-in-law. When she entered the program, Kaya was living with her partner and young daughter Jenny. Kaya's mother-in-law had recently discovered Kaya had FASD and had concerns around parenting and employment possibilities. Kaya and her mother-in-law had a strained relationship. After meeting with Kaya and her partner I discovered that there was a lot of misconceptions about FASD and began educating Kaya and her partner on FASD. With this information Kaya's partner was able to alleviate his family's concerns, and we began to work on building Kaya's relationship with her in laws.

Since I began working with Kaya we have discovered her strengths (strong advocate) and weakness (money management). We managed to get Kaya's AISH reinstated with her mother as the guardian to control Kaya's spending habits. Kaya and I worked on an honest budget to look at where her money was going and where she could make changes. Kaya applied to Bow Valley and was accepted to do upgrading and work towards going into Human Resources. Kaya became pregnant in the months before starting classes and due to having high risk pregnancies she decided to put off school until after the baby came. Now Kaya, with her partners help is managing her money and parenting two little girls. Kaya has not had Children Service involvement and does not have drug or alcohol issues. Despite her FASD diagnosis Kaya is successfully parenting two active little girls, recognizing their cues and monitoring their development, running a home and will be looking at returning to school in the future. Kaya has also developed a better relationship with her in laws and has added them to her strong network of natural supports.

Program Performance Summary

PCAP EE works with families who are diagnosed or suspected of having Fetal Alcohol Spectrum Disorder (FASD) and who are parenting their children at least fifty percent (50%) of the time. Seventy-six percent (76%) of families have their children residing in their home. This success can be attributed to staff building parenting capacity and truly understanding the complexities of an FASD and how to implement successful strategies with their families.

Forty-one percent (41%) of individuals are either working or attending school. For clients with an FASD, working or attending school is often difficult due to the limitations of the disability. Seeing an increase in the number of clients working or attending school is a positive change for this program as these clients are often seen as unemployable. The Advocate’s job involves supporting both the client and employer to understand the abilities and challenges of an individual with an FASD. This support allows for a creative working environment.

For clients with an FASD, who are unable to work or attend school receive AISH funding in order for them to maintain living costs. Receiving AISH is an acknowledgement of the permanency of the disability.

Parenting classes are often difficult for clients with an FASD. Clients with an FASD often nod and are able to “parrot” back the information that was given. This is not an indication that they learned the material. The classes also have many distractions which increase the difficulties our clients have. Having five parents attend is a positive outcome. PCAP EE focuses on teaching parents about developmental milestones and helping them to understand what is normal for their children. Parents who have a good understanding of appropriate behavior are better able to successfully parent. Safety of children is enhanced when parents have a better understanding of their children.

Parent-Child Assistance Program Rural and Urban (P-CAP Rural and Urban)

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	0 (0%)	0 (0%)	0 (0%)
Female	28 (100%)	28 (100%)	0 (0%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	28 (100%)	28 (100%)	0

	2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference	
Caucasian	16 (57%)	Caucasian	17 (61%)	+1 (+4%)	
Indigenous	9 (32%)	Indigenous	9 (32%)	0 (0%)	
Other	1 (4%)	African	1 (4%)	0 (0%)	
TOTAL	2 (7%)	Other	1 (3%)	-1 (-4%)	
	28 (100%)		28 (100%)	0	

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	0 (0%)	0 (0%)	0 (0%)
Young Adults (18-24)	6 (21%)	6 (21%)	0 (0%)
Adults (25+)	22 (79%)	22 (79%)	0 (0%)
TOTAL	28 (100%)	28 (100%)	0

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	16-20	16-20	N/A
Annual occupancy	100%	100%	0%
Total intakes	8	5	-3
Total discharges	6	5	-1

Program Outcomes

Women are able to function better in their lives with appropriate levels of support from a mentor	
Women demonstrate an increase to function effectively in their lives effectively without having an advocate	27/27 (100%) clients worked actively with their advocate to improve the quality of their lives
Clients will develop goals and work toward achieving them with appropriate levels of support	
Clients have demonstrated increased progress towards working on personal goals	27/27 (100%) clients have developed goals and are actively working on them
Clients are properly supporting baby and successfully parenting (where applicable)	
Clients will be successfully parenting their child (where applicable)	7/13 (54%) are successfully parenting. 12/27 (44%) of women are parenting with no involvement with Children's Services. 3/27 (9%) are parenting with a Family Enhancement Agreement with Children's Services 5/27 (19%) are parenting during visits and are working towards having their children returned 7/27 (26%) have had their parenting rights terminated.
Clients have stabilized housing and sources of income	
Clients will be living in accommodations that are appropriate and affordable.	22/27 (81%) live in stable housing 5/27 (19%) are homeless 100% of clients have a stable source of income.
Clients will have stable sources of income	6/27 (22%) of clients are working, 12/27 (44%) are on Income Assistance or AISH
With appropriate levels of support, mothers will be aware of and able to access community resources for professional	

services and education that will help them build and maintain healthy lives	
Clients will have increased knowledge and ability to access community agencies and feel more confident in their abilities to maintain these relationships	100% of the clients have been connected to community resources
Clients will be supported in accessing alcohol and drug treatment, staying in recovery and resolving complex problems which have arisen during the period of their substance abuse	
Clients will have either stopped using or decreased the amount of use or have moved to drugs that are known to have less harm	9/27 (33%) of clients accessed treatment this year 17/27 (63%) of clients are currently abstinent
Clients will be helped to navigate the child welfare and court systems if necessary	
Clients will have increased understanding and support in navigating court processes	15/27 (55%) of the women were involved with Children's Services.
Mothers will be supported in finding and using reliable birth control, and if having another child, supported to ensure the pregnancy is alcohol and drug-free	
Clients will be either using effective birth control or will have stopped using drugs and/or alcohol	17/27 (63%) of the women are on birth control.
Clients will have a second pregnancy within the program that is drug and alcohol free.	1 woman is having a second pregnancy that is drug and alcohol free.

Discharge Status

Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Treatment Program	0 (0%)	0 (0%)
Living with bio-family	0 (0%)	0 (0%)
Living with kin/natural supports	1 (16%)	1 (20%)
Living independently	4 (67%)	3 (60%)
Unsafe living arrangement	0 (0%)	0 (0%)
Incarcerated	0 (0%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	1 (17%)	1 (20%)
Other	0 (0%)	0 (0%)

Client Success Story

Rainbow is a recent graduate of the PCAP program. She is twenty seven years old, Caucasian, and has had two children during her three year involvement. She has struggled with post-partum depression with the births of both children. She had substance abuse issues when she joined the program and had a relapse around the time that her relationship broke down with her older child's father. During this period in her life I was able to support her with getting the mental health care that she needed to help her cope with the changes in her life. I assisted her with accessing doctor's appointments, accessing health benefits to cover the cost of medications, as well as accessing support for sustainable housing.

Rainbow has had positive natural supports in her life since joining the program. She did suffer the loss of two family members during the three years. As part of her support network I did attend both services and spent time on different occasions helping Rainbow process her feelings around the losses. This has assisted her to come to terms with the deaths in a healthy manner rather than reverting to past methods of coping.

Rainbow is a very resilient individual and has had the long term goal of returning to school since joining the program. Although there were many obstacles and challenges to overcome along the way she was able to start that process and was accepted for student funding. She did attend upgrading over the last year and received marks that were in the 90 % and above range for all of her courses. She started a new relationship and was married last year.

Rainbow has graduated the PCAP program with long term natural support networks in place, stable housing, and mental health supports. She has been clean for over a year with no relapses. She has plans to continue her education and get back into the work force. I have no doubt that she will continue to build a better future for herself and her family.

Program Performance Summary

The primary goal of P-CAP Rural and Urban is to have no further affected births. The program had no second births that were affected by drug and/or alcohol this year. Sixty- three percent (63%) were abstinent from drugs and alcohol and seventy-seven percent (77%) of clients are on effective birth control.

The program did experience a decrease in percentages with regards to women maintaining their sobriety. Several of our women experienced relapses this year and are currently working towards their sobriety through treatment and counselling options.

This year 100% of our clients worked with their Advocate to improve their lives. All women connected with the program are taught the skills that are necessary for them to successfully access services in the community. This is often a new skill. Many have had negative experiences in the past with trying to connect with agencies due to their past histories and their addictions. This has resulted in women being refused services due to their behavior. Women have been supported by their Advocate to attend counselling to deal with past traumas and to access agencies that provide basic needs such as food, housing and clothing.

Fifty- four percent (54 %) of women are successfully parenting their children. This number accurately reflects the women who access our program. The women served are considered Calgary's most vulnerable and typically have a past that is complicated by personal and socioeconomic circumstances. Many of these women have experienced various forms of trauma and abuse, struggle with mental illness and have lived or currently live in poverty. PCAP understands that not all of the mothers in the program are capable of successfully parenting their children. Advocates support clients where they are at developmentally and readiness through the Stages of Change model.

While most clients will not be able to successfully parent their children, Advocates support the mothers in addressing the grief and loss that they will experience once learning their child can no longer be in their care. All of the women in the PCAP and PCAP EE programs are connected to Community Resources. The program works persistently with the women to ensure they have access and connection to community supports. This is an essential piece of service delivery for the program due to the complexities of the women's needs. PCAP Advocates continue to work with families in helping to identify and foster their natural supports by implementing McMan's Building Connections Framework. This can be both successful and challenging as many of the families we work with feel they

have limited people to count on as they have exhausted what little support network they had and feel they have burned too many bridges to even ask for further support. Advocates work diligently with their families to identify opportunities that allow for natural supports to be active participants. This can include having natural supports attend Children Services (CS) meetings to provide families with additional support. Advocates view the natural supports in one's life as a potential asset and will often reach out by picking them up for these meetings in order to help reduce the psychological stress that many families experience in these types of meetings.

Advocates become curious and explore the idea that while relationships are risky, so is isolation and loneliness. Advocates engage families to cultivate an interest in connecting, finding and strengthening potential supports. Questions such as, should something happen to you, who would you want the children to be with and why are explored. Families are supported in reaching out to the people they identify through coaching them on what to say in a phone call; helping them draft a letter or even accompanying them on a first meeting. Advocates have also helped families to identify their natural supports by asking families to make a list of people who they would want in their lives. By role modelling, coaching and engaging in healthy ways, the advocates allow the family to feel what it's like to be in a healthy relationship and they can begin to bring this into their other relationships while having the support along the way.

Youth Alternation Program (YAP) Caseworker

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	7 (34%)	7 (50%)	0 (+16%)
Female	13 (62%)	7 (50%)	-6 (-12%)
Transgender	1 (4%)	0 (0%)	-1 (-4%)
TOTAL	21 (100%)	14 (100%)	-7

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	15 (73%)	Caucasian	9 (64%)	-6 (-9%)
Indigenous	2 (9%)	Indigenous	3 (22%)	+1 (+13%)
Latin	2 (9%)	Mixed race	1 (7%)	-
Other	2 (9%)	Other	1 (7%)	-1 (-2%)
TOTAL	21 (100%)		14 (100%)	-7

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	2 (10%)	0 (0%)	-2 (-10%)
Youth (12-17)	11 (52%)	7 (50%)	-4 (-2%)
Young Adults (18-24)	8 (38%)	7 (50%)	-1 (+12%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	21 (100%)	14 (100%)	-7

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	10	10	N/A
Annual occupancy	96%	76%	-20%
Total intakes	12	8	-4
Total discharges	15	10	-5

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	6	83%
Improve Permanency	7	100%
Improved Well-being	17	100%
Improved Family and Community Support	5	80%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	1	100%	+17%
Improve Permanency	1	100%	0%
Improved Well-being	14	97%	-3%
Improved Family and Community Support	14	100%	+20%

Discharge Status

Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	9 (60%)	7 (70%)
Living with kin/natural supports	0 (0%)	0 (0%)
Living independently	2 (13%)	1 (10%)
Adoptive home/private guardianship	1 (7%)	0 (0%)
YTA placement	0 (0%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	1 (7%)	0 (0%)
Unknown	1 (7%)	1 (10%)
Other	1 (7%)	1 (10%)

Critical Incident Summary (n=13)

Type of Critical Incident	# (Percent of total critical incidents)
Threat of self-harm/suicide attempt	23%
Drug/alcohol abuse	15%
AWOL	15%
Charges/offences	15%
Allegation of abuse	8%
Violence	8%
Injury to the child	8%
Sexually inappropriate behavior	8%

Client Success Story

Suzie is a 23 year old indigenous female that has been in the Youth Alternative Program (YAP) for over 2 years. Suzie had been discharged after one year in the program as she had successfully completed her goals of getting into upgrading program with the Sunchild E Learning Program, obtaining her Indian status card, finding funding for the upgrading program, and following through with getting a low income bus pass. Suzie started attending the Sunchild E Learning program and was successfully attending with her low income bus pass. She was able to decrease the amount she was working because she was receiving funding from Alberta Works to help support pay for groceries and rent.

After 6 months of being out of YAP and attending Sunchild E Learning Suzie started to feel overwhelmed with the school work and having to work in order to afford her rent as she was only getting \$100 per month from Alberta Works. Suzie stated that she felt she had no one to talk to about feeling overwhelmed and decided to drop out of school and go back to working at her job more frequently.

Suzie decided to reach out to her past youth worker from YAP, after being out of the program for a year to see if she would be able to be readmitted into the program. Suzie stated that she wanted to work on getting in the Child Studies program that her twin sister is attending at Mount Royal University, get a better full time job, and build her natural supports up so that she doesn't always need to reach out for professionals for support.

Suzie has been in the program since Aug 2017 and has been able to accomplish most of the goals that she has set out for herself. Suzie has accomplished identifying and reaching out to her natural supports through talking with her YAP Youth Worker about who she can reach out to when she is experiencing needing emotional support. Suzie applied for the Aboriginal Learning Program with the Mount Royal University (MRU) with the support of her twin sister and her YAP Youth Worker attending the information session with her. Once Suzie applied at MRU her YAP Youth Worker supported Suzie with finding all the application paperwork necessary for her to apply for band funding for her education.

When Suzie was declined in December from her band for funding her YAP Youth Worker encouraged her to reach out to the band and get some feedback on why she was declined. Once she received the feedback Suzie reapplied for the funding for the following 2018 fall session. While Suzie waits to start school in the fall she was able to take the resume that she completed with her YAP Youth Worker and reached out to her natural supports to see if they had a connection to employer. Suzie was able to connect with an old friend who set her up for an interview, where she obtained a full time job at a café. The YAP Youth Worker encouraged Suzie to continue with her part time job if it was manageable on an occasional basis in case the new job wasn't able to work out. Suzie and is still working at the theatre occasionally as she felt it could be a good part time job for her when she starts school. Suzie has also identified that her anxiety has become something that she feels is a barrier with her being able to fully accomplish her goals that she still has. Suzie decided to access the Clinician at McMan after her YAP Youth Worker gave her information on the McMan Clinician, in order to explore what the possible root of her anxiety is.

Program Performance Summary

There was a shift in practice that has affected the case load numbers within the program. It was determined that the program could capture more youth to deliver services to if there was an increase in groups in the community. Therefore, with the increase in group facilitation there was a required decrease in one to one caseloads. However, the quality and level of intensity of the one to one work remained high.

Program Outputs have been affected due to the shift in practice with there is a focus on increased groups in the community. The results in the safety goal type appear to be a dramatic decrease. However, the small sample size is affecting the results. As the youth entering the program are in need of increased supports long term there was an increase in focus with our youth to engage in seeking out and including their Natural supports. With that said all of our youth were able to identify and engage someone in their lives that have the capacity and ability to remain with them once they were transitioned out of YAP.

The majority of the youth discharged from the program either remained with their family or moved independently. It is the focus of the YAP worker to try to ensure that the youth are placed in safe and stable living arrangements to the best of their abilities.

Youth Alternation Program (YAP) Kick-Start/Restart Groups

KICKSTART (Kids In the Community with Knowledge) is a workshop based program for young people aged 7-11 years of age who are interested in improving their personal development and leadership skills. Over the course of the program the young people will come together to improve their social competence and overall emotional well-being.

RESTART (Re-Entering Society Through Active Responsible Thinking) is a workshop based program for young people 12-24 years of age who are looking to increase and develop their life and coping skills.

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	117 (73%)	173 (77%)	+56 (+4%)
Female	44 (27%)	51 (23%)	+7 (-4%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	161 (100%)	224 (100%)	+63

	2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference	
Caucasian	95 (59%)	Caucasian	128 (57%)	+33 (-2%)	
Indigenous	24 (15%)	Indigenous	29 (13%)	+5 (-2%)	
African	10 (6%)	African	21 (10%)	+11 (+4%)	
Other	32 (20%)	Other	46 (20%)	+14 (0%)	

TOTAL	161 (100%)		224 (100%)	+63
-------	------------	--	------------	-----

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	60 (38%)	59 (26%)	-1 (-12%)
Youth (12-17)	81 (50%)	126 (56%)	+45 (+6%)
Young Adults (18-24)	20 (12%)	39 (17%)	+19 (+5%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	161 (100%)	224 (100%)	+63

Program Outputs

	2016-2017	2017-2018	Difference
Total intakes	134	183	+49
Total discharges	105	177	+72

Assessment Scores

FCSS Social Inclusion Indicators

The FCSS Social Inclusion Scales are scored on a 5 point scale with higher scores reflecting positive change.

Kickstart FSII Outcomes

Youth Assessed	Domain	Pretest Score (mean)	Posttest Score (mean)	Difference
33	Positive friendships/Social skills	2.37 (47%)	2.34 (47%)	-0.03 (0%)
33	Self-esteem, self-confidence, optimism	2.32 (46%)	2.37 (47%)	+ 0.05 (+1%)
33	Pro-social attitudes, clear values	2.49 (49%)	2.56 (51%)	+0.07 (+2%)
33	Family cohesion	3.3 (66%)	3.5 (70%)	+0.2 (+4%)

Restart FSII Outcomes

Youth Assessed	Domain	Pretest Score (mean)	Posttest Score (mean)	Difference
78	Self-esteem, self-confidence, identity	3.49 (70%)	3.73 (75%)	+0.24 (+5%)
78	Pro-social attitudes, clear values	2.92 (58%)	3.0 (60%)	+0.08 (+2%)
78	Constructive use of time	3.34 (66%)	3.5 (70%)	+0.16 (+4%)
78	Family cohesion	3.3 (66%)	3.5 (70%)	+0.2 (+4%)

Discharge Status

	2016-2017	2017-2018
Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	73 (71%)	126 (71%)
Living with kin/natural supports	0 (0%)	1 (<1%)
Living independently	1 (1%)	1 (<1%)
Adoptive home/private guardianship	0 (0%)	0 (0%)
YTA placement	0 (0%)	0 (0%)
Transitional placement (adult)	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Incarcerated	26 (25%)	29 (16%)
Unknown	3 (3%)	13 (7%)
Other	0 (0%)	7 (4%)

Client Success Story

June is an 18 year old girl who came into the Youth Alternative Program in August of 2017 after completing the Restart Program. June currently lives with her boyfriend and is very independent, focused and task orientated. June works hard and although she sometimes struggles with following through on tasks assigned to her she only needs some gentle reminding to get back on track. June was living with her Mother for some time before coming into the program but left to live with her boyfriend as there was conflict between her and her Mother. June also lived with her step-father for a couple of months at the end of last year but moved back in with her boyfriend again due to conflict. While her relationship with both her mother and step-father is strong it is not always healthy and they struggle to communicate. June's goals while in the program are to find employment, start taking her medication more consistently, to find a new doctor and to be connected to community resources and programs such as Fair Entry and The Alex.

The relationship with June was beneficial as it encouraged her and gave her the motivation to work on her goals. June was able to get approved for the Fair Entry program which will allow her to pay a reduced rate for her bus pass reducing the barrier to get to and from work. June is currently working part time as a hostess and is working on her resume to submit to further employers. June hopes to be able to continue to work and be independent. June was connected to The Alex which was able to provide her with affordable birth control. She hopes to be able to access the doctors as her future goals are to get a new doctor and get back on her medication.

June was quiet at first and took a while to open up but when she did she really came out of her shell. June has said that she has enjoyed being in the Youth Alternative Program as it has allowed her to achieve the goals she has set for herself. June has said that without the program she wouldn't have been able to achieve so much. June is very motivated to work on her goals that will allow her to be successful; she will go on to do wonderful things with her life. Her future looks bright and promising.

Program Performance Summary

This year there was an increased focus to deliver the Kick-start and Restart groups to the community. Due to this shift in practice the groups were focused on increasing the amount of schools the program was delivered to. This year there was the ability to increase the school groups from 5 schools to 10 schools. The program continued to serve the schools it was previously in but was able to acquire the new schools. The program acquired a master agreement from the CBE which allows for much more freedom to deliver the program to the schools in Calgary. All this attributed to the increase of youth served in the community due to the increased groups delivered in Calgary. There is such a small variance in the FSII outcomes (from 0% to 5% in the positive direction). A focus on the next year will be to ensure these outcome tools are understood by the youth completing them.

The majority of the youth discharged from the program either remained with their family or moved independently. It is the focus of the YAP worker to try to ensure that the youth are placed in safe and stable living arrangement to the best of their ability. Youth discharged to incarceration is due to the Re-start group in CYOC. The discharge status of unknown is attributed to youth in the Re-start group at CYOC as when these youth are released there is occasionally limited information available as to where they are released to.

Youth and Adult Action Club (YAAC)

The goal of the YAAC program is to provide a peer support group for youth living with an FASD. Specific services provided include:

- Increase natural supports and community connections
- Increase understanding of FASD
- Better able to manage their day to day routines
- Connect youth exiting CYOC to post discharge supports
- Support youth in 6 key areas- cognitive functioning/communication, adaptive daily living skills, physical health, mental health and behaviour, sleep and sensory issues

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	43 (69%)	7 (100%)	-36 (+31%)
Female	20 (31%)	0 (0%)	-20 (-31%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	63 (100%)	7 (100%)	-54

	2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference	
Caucasian	19 (30%)	Caucasian	0 (0%)	-19 (-30%)	
Indigenous	31 (50%)	Indigenous	7 (100%)	-24 (+50%)	
Japanese	1 (1%)	N/A	0 (0%)	-1 (-1%)	
Other	12 (19%)	Other	0 (0%)	-12 (-19%)	

TOTAL	63 (100%)		7 (100%)	-54
-------	-----------	--	----------	-----

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	32 (51%)	6 (86%)	-26 (+35%)
Young Adults (18-24)	31 (49%)	1 (14%)	-30 (-35%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	63 (100%)	7 (100%)	-54

Program Outputs

	2016-2017	2017-2018
Number of workshop sessions	17	1
Number of participants	63	7
Number of participants completing the program	N/A	N/A

Program Performance Summary

The YAAC program did not receive the renewed contract until 3 months after the reporting year. Upon receipt of the new contract the focus was to develop a new curriculum. The program began to advertise for youth groups in December 2017. At that point there was no interest from the community. The program advertised again from December to February with no youth interest. Therefore, a shift in focus to repurpose the program proposal was submitted to CFAN in March 2018. The shift was to continue groups at the Calgary Young Offenders Center (CYOC) completing 4 sessions on a weekly basis. Youth who were identified as needing additional supports would be transitioned to a community worker for one to one supplemental support. At this point the program has generated some interest and will go forward into the New Year with working with 3 youth and the CYOC groups to begin. For these reasons the YAAC program did not see the intended level of participants.

Calgary Young Offender Center (CYOC) Community Reintegration Program

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

Client Demographics

	2016-2017	2017-2018	
Gender	Persons Served	Persons Served	Difference
Male	66 (82%)	41 (72%)	-15 (-10%)
Female	14 (18%)	16 (28%)	+2 (+10%)
Transgender	0 (0%)	0 (0%)	0 (0%)
TOTAL	80 (100%)	57 (100%)	-23

2016-2017		2017-2018		
Ethnicity/Culture	Persons Served	Ethnicity/Culture	Persons Served	Difference
Caucasian	36 (45%)	Caucasian	23 (40%)	-13 (-5%)
Indigenous	34 (43%)	Indigenous	24 (42%)	-10 (-1%)
African	6 (8%)	African	3 (5%)	-3 (-3%)
Other	4 (4%)	Other	7 (13%)	+3 (+9%)
TOTAL	80 (100%)		57 (100%)	-23

	2016-2017	2017-2018	
Age	Persons Served	Persons Served	Difference
Infants/Toddlers (0-6)	0 (0%)	0 (0%)	0 (0%)
Children (7-11)	0 (0%)	0 (0%)	0 (0%)
Youth (12-17)	37 (46%)	28 (49%)	-9 (+3%)
Young Adults (18-24)	42 (53%)	29 (51%)	-13 (-2%)
Adults (25+)	0 (0%)	0 (0%)	0 (0%)
TOTAL	80 (100%)	57 (100%)	-23

Program Outputs

	2016-2017	2017-2018	Difference
Contracted spaces	70	70	N/A
Annual occupancy	100%	88%	-12%
Total intakes	73	61	-12
Total discharges	67	55	-12

Program Outcomes

National Outcome Measures (NOM)

2016-2017		
NOM	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome
Improve Safety	10	80%
Improve Permanency	23	91%
Improved Well-being	42	93%
Improved Family and Community Support	23	74%

2017-2018			
	Persons Served with Specific NOM Outcome	Percentage Achieving Specific NOM Outcome	Difference
Improve Safety	4	100%	+20%
Improve Permanency	4	100%	+9%
Improved Well-being	52	98%	+5%
Improved Family and Community Support	13	100%	+26%

Assessment Scores

Youth Justice Community Reintegration Scale (YJCRS)

The YJCRS is an acuity scale with lower scores reflecting decreased levels of acuity and positive change.

Youth Assessed	Pretest Score (mean)	Posttest Score (mean)
22	43	37

-16 of 22 (73%) youth improved between their initial assessment and their post or most recent assessment

-12 of 22 (55%) youth were in the low to medium acuity range at discharge or most recent assessment

Discharge Status

Discharge Status	Person's Served (#/%)	Person's Served (#/%)
Living with bio-family	22 (31%)	7 (13%)
Living with kin/natural supports	2 (3%)	6 (11%)
Living independently	0 (0%)	5 (9%)
Unsafe living arrangements	2 (3%)	1 (2%)
Living in children services placement	1 (1%)	2 (4%)
Treatment program	0 (0%)	0 (0%)
Incarcerated	33 (48%)	27 (49%)
Open custody	0 (0%)	0 (0%)
Homelessness	0 (0%)	0 (0%)
Unknown	2 (3%)	7 (12%)
Other	5 (7%)	0 (0%)

Critical Incident Summary (n=5)

Type of Critical Incident	# (Percent of total critical incidents)
AWOL	40%
Threat of self-harm/suicide attempt	20%
Charges/offences	20%
Theft	20%

Client Success Story

My client Jimmy was in his mid-teens when referred to the CYOC Community Reintegration Program. He is from a single parent family that consists of his mom and two sisters, all of which live in Northwest Calgary. Jimmy feels very connected to his family and they are supportive of Jimmy as well. Jimmy was enrolled in community school, however, had difficulty with peer relationships at times due to struggles with anxiety. This often resulted in Jimmy not attending school when required to. Jimmy began engaging in drug and alcohol related activities which in his mind, eased his anxiety and made it easier for him to relate to his peers. His use eventually became more than recreational and led him down a slippery slope and he soon became addicted. Jimmy struggled most with alcohol. He would go to great extremes in order to get intoxicated. Jimmy would use alcohol excessively and at times would black out. Jimmy could become violent when he was using and this eventually landed him in custody due to a physical altercation while under the influence.

When in custody, Jimmy was referred to McMan's CYOC Community Reintegration Program to assist with his transition from custody to community. When I met with Jimmy to discuss what he would like support with, he identified that his major concern was his addiction. I was honest with Jimmy in letting him know that I was there to support him with his goals and I would put in as much effort as he did to achieve those goals.

As Jimmy identified that his major concern at the time was his alcohol addiction I referred him to Youth Addictions Services with Alberta Health Services. He began seeing a youth addiction counsellor while in custody. They discussed many treatment options and decided that meeting one to one to start would be best. Jimmy would continue with this support upon his release from custody a short while later.

Once back in the community, living in the family home, Jimmy would be starting community school immediately. It was a new school for him and his anxiety was at an all-time high. I was able to support Johnny in learning the transit system to and from his school by riding transit with him. This seemed to relieve some of his stress, however, Jimmy quickly began struggling with his attendance in his new school. He was not engaged in his learning and had only met one friend there. He continued to use substances regularly and even got intoxicated while at school. I requested to meet with Jimmy's Guidance Counsellor on numerous occasions to try to come up with options and strategies to support Jimmy in the academic setting. In the end, the school placement did not seem like the best fit for Jimmy. Finally, after consideration between Jimmy's mom, Probation Officer and myself, a referral was made to a specialized school in Calgary that consisted of a smaller student population. I was convinced that with a smaller classroom size and less students that Jimmy would feel more comfortable attending. The teachers were also very invested in their students and worked with them towards achieving their individual academic goals. Jimmy agreed to go for the intake and I had the opportunity to take him. Jimmy liked what he heard at the intake and agreed to give this new school a shot. Jimmy started attending regularly and was engaging in the programming being offered.

It's been over a year now and Jimmy is still attending the specialized school. He has great attendance and is well respected and liked at the school. He is in a work experience program and learning a trade while earning credits. He is thoroughly enjoying program and is committed with his attendance. Jimmy has engaged in a DJ music program that is separate from the school but offered their weekly. Jimmy struggles less with his anxiety since finding a learning environment that works for him. He still uses substances on occasion, but indicates that it is more for recreation use rather than using in excess for other reasons. He continues to meet with an addiction counsellor at his school to support working towards sobriety. He is engaged in the family home and he is a proud son, brother and uncle. Jimmy has more confidence in himself and has been in a committed relationship for the past year.

Through the process of supporting Jimmy it was important that he was given the opportunity to identify what he felt his biggest struggles were. I made suggestions to Jimmy, but ultimately it was him that chose what would work best for him. If the first choice didn't work, then we would try something else. Consistency was also important. I showed up when I said I would and I followed through with tasks to help him reach his goals. I was supportive of his relationships with his family and valued their input. I was very open about communicating with them. If Jimmy had a slip, we talked about ways he could keep his family in the loop and I supported him with many conversations through this process. We built a trusting working relationship. With that trust, Jimmy knew I would be there to support him no matter what, with no judgements. Jimmy worked really hard and he was open to trying new things which has all contributed to the success he is having today.

I'm so very proud of all the hard work Jimmy has done to be where he is today.

Program Performance Summary

- In the last year, the Center saw a decrease in youth who entered CYOC so in turn there was a decrease of youth who entered the Community Reintegration Program. This could be attributed to the focus to increased preventative measures within Calgary. Other factors which have led to a decrease in program participant numbers include the justice system changing for youth with short term stays close to their 18th birthday. This has resulted in youth being transitioned to adult services. Additionally, older offenders would be referred by IRCS to the reintegration program. Typically older youth were had longer sentences and did not require reintegration services at this time.
- During this reporting year the program saw an increase in different cultural backgrounds in the youth entering CYOC.
Due to the lower number of youth entering the center and the loss of the contract, the youth were not referred or being "opened" with reintegration services. The youth received short term referrals to other services to meet their needs.
- The center saw higher acuity youth who entering the program which could have attributed to the discharge placements. There were more than half of the youth who were discharged to incarceration or their whereabouts were unknown which speaks to the increase needs of the youth. Alternatively, there were 18 youth who were successfully transitioned to safe and stable living environments which did include bio family and natural support placements. This was a large focus of the reintegration program.

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.

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. The ASQ-SE2 focuses on the social and emotional development and well-being of the child

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

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.

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 Neighborhoods
2. Increasing Social Inclusion

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 people. 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.

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.

Youth Justice Acuity Scale

The Youth Justice Acuity Scale was adapted from the Youth Acuity Scale. It is designed 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, through a justice lens: 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.