# The Fort St John Association for Community Living

## 2014 Outcomes Management Report

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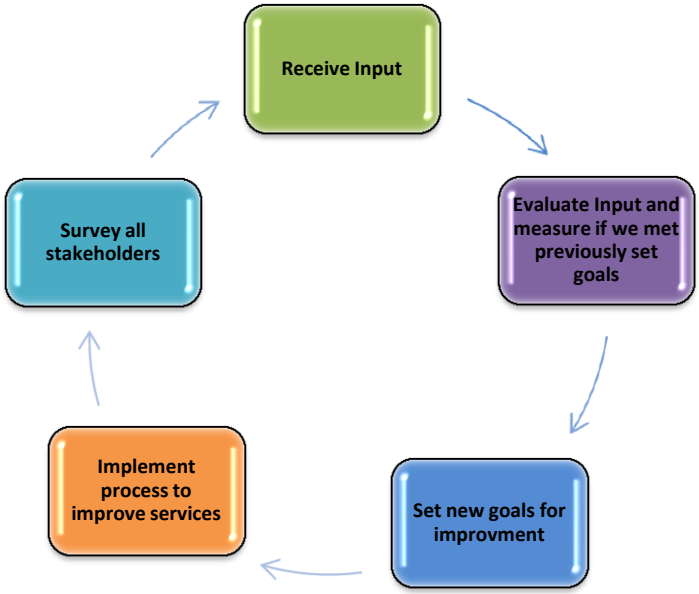
# Introductory Message

This report represents our 10th Annual Outcomes Management Report which summarizes our efforts in continually improving our services to meet the needs of the individuals we support. The performance improvement process includes us asking for feedback from all of our stakeholders: The individuals we support, their families and support networks, staff, community partners and our funders. We take this input, review it, set goals for improvement, and then evaluate how we are doing in meeting those goals. Each year, we then start the process again, by asking for input from our stakeholders. The process is summarized in the chart below:




Because the individuals we support, families, staff and other stakeholders take the time to give us their feedback, we can put together our year end reports, see how well we have done and set goals for improvement.

***We would like to sincerely thank each and every person who has taken the time to give us feedback***

Performance improvement efforts should always work towards achieving our mission:

"Supporting adults with developmental disabilities to achieve full and meaningful lives in our community by providing resources to individuals and families."

As you read through our plan, you will see that for each program area, we will measure goals based on Effectiveness, Efficiency, Access and Satisfaction. The following defines what we mean by these terms:

| | |
|---|---|
| **Effectiveness:** | A measure that looks at the direct impact of our services on person's served |
| **Efficiency:** | A measure that looks at how well we do with the resources we are provided (funds, staffing, time, etc.) |
| **Service Access:** | A measure that looks at barriers that exist in accessing our services or moving through our service system. |
| **Satisfaction:** | A measure that reflects how satisfied people are with our services. |
| **Business Function:** | A measure that looks at some of the administrative aspects of the agency |

***It's important to note that all figures in this report are accumulated and documented for the fiscal year April 1st, 2013 to March 31st, 2014*

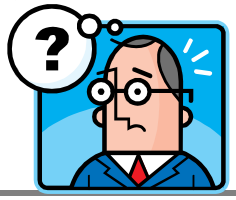
## Understanding this Report

It is the goal of the FSJACL that everyone can access and understand this report.

This report is like a report card. It says what we do and how we do it. It tells what we think we do well and what we want to do better.

**If this report is hard to understand:**

- If you are having trouble understanding or reading what is in this report, ask a friend, support worker or family member for help in reading this report.
- Or call our office for assistance; our phone number is (250) 787-9262.



# We are an Accredited Agency

In August of 2011, the Fort St. John Association for Community Living attained a 3rd, 3 year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CARF-accredited programs and services have demonstrated that they substantially meet internationally recognized standards. CARF accreditation means that an organization has made a commitment to continually enhance the quality of its services and programs and its focus on the satisfaction of the persons served.

## What is accreditation?

Accreditation is a process that demonstrates a provider has met standards for the quality of its services. CARF* establishes these standards to guide providers in offering their services. CARF also uses the standards to evaluate how well a provider is serving people and how it can improve.

## What is a CARF survey?

As a step toward accreditation, a provider invites CARF to send a team of professionals, called surveyors, to visit its site and evaluate its services for quality. The surveyors consult with staff members and interview people who use the provider's services. Based on the surveyors' review, the provider may be awarded CARF accreditation for one or three years. In some cases, the provider may need to improve its services before it can become accredited.

## *What is CARF?

CARF is an international, not-for-profit organization that accredits human services providers. Founded in 1966 as the Commission on Accreditation for Rehabilitation Facilities, the accrediting body is now known as CARF.

# Strategic Plan

The Board and Leadership Team set a new Strategic Plan in November 2010 with new goals, objectives and mission statement.

*"Supporting adults with developmental disabilities to achieve full and meaningful lives in our community by providing resources to individuals and families."*

## Strategic Goals

*Note: Goals set will help us achieve our mission and the Objectives further clarify how we plan to reach that goal.*

**Goal #1**

**Foster a work environment that recognizes the value of empowering individuals with developmental disabilities to reach their goals.**

**Strategic Objective 1.1:**

*Develop key messages based on the Credo for Support and embed in all training and written documentation.*

- The Credo for Support has regularly been viewed before each leadership, staff and board meeting.
- We have developed Guiding Principles which are incorporated into all training, publications, job descriptions and performance appraisals. The Guiding Principles are also framed and displayed within each program.
- The Guiding Principles are also continually reinforced in the program. We also surveyed all staff to see how we are doing in following the Guiding Principles.
- We hold an annual workshop to review the Guiding Principles.
- We are developing on-line training around ethics, which will help staff understand their role

**Strategic Objective 1.2:**

*Modify employee recruitment tools to include information that articulates the benefits of being FSJACL staff.*

- In our Guiding Principles, training and all publications we reflect the value of working at the FSJACL and empowering individuals.
- We have updated our website to reflect the Credo of Support and highlight the benefits of being an FSJACL staff on the site.
- We have changed the wording of our advertisements to help recruit people
- Encourage staff to share through blogs and surveys and inspire them to recruit their friends who they feel would be a great support worker; we also provide the "Recruit a Friend Program" which provides financial rewards for recruiting people.
- We created recruitment cards that we can use to hand out to people who would be a great addition to our team

**Goal #2**

**Create an organizational culture that respects the choices of individuals with developmental disabilities and offers flexibility.**

**Strategic Objective 2.1:**

*Create team charters based on the Credo for Support that build trust, commitment and accountability.*

- Team Charters were created and we continue to reinforce these in each program.
- Team Charters are reflected in staff evaluations

**Strategic Objective 2.2:**

*Create and implement a plan to increase the number of approved Home Share providers. Include recruitment, networking, promotional and educational resources and strategies.*

- A brochure for the Home Share Program was created
- We continue to use Facebook and the newspaper for recruitment
- We find that "word of mouth" is very effective and have included Home Share in our "Recruit a Friend" Program so that staff get a financial reward for recruiting home share providers.
- We are advertising on FSJ Now, our local community website and find that it reaches the most amount of people in our community

**Strategic Objective 2.3:**

*Develop a training program for approved Home Share providers.*

- We have developed a manual and continue to look for additional training
- We offer Open Future Learning to all our Home Share Providers
- We require all home share providers to have First Aid and CPI. We coordinate the workshops, but they are responsible for paying for the training.

**Strategic Objective 2.4:**
*Prepare for alternative residential opportunities.*

- We have gathered information and housing examples and are still in process of researching possibilities

**Strategic Objective 2.5:**
*Improve the Person-Centered Plan process.*

- A template, booklet and guide have been created.
- More staff are now involved in the PCP process.
- A PCP informational handout has been made for families and it was added to the Self Advocate and Family Handbook.
- PCPs are reviewed more frequently by staff supports
- All staff participated in a workshop around effective goal setting
- A quiz was created around each PCP to ensure staff understand what is in each PCP
- PCPs are discussed more in detail during the Orientation Day that is held for new staff

## Goal #3
**Support individuals in acquiring and maintaining meaningful employment.**

**Strategic Objective 3.1:**
*Create and implement a plan to increase successful employment opportunities for individuals. Include networking, promotional, and educational resources and strategies.*

- A Supported employment booklet was created.
- An Employers Guide to Supported Employment was developed
- A Guide for Family and Support Networks was developed
- In depth training for all staff around the employment process was delivered in 2012 and early 2013.
- Supported Employment Success Stories were published every month during the past year in the Flipside newspaper

# Satisfaction Surveys

## Satisfaction Surveys - Persons Served

**Survey Method:** The majority of person's served were surveyed in person by our Special Projects Coordinator. A few were surveyed with key staff and a few did the survey on their own through a link to Survey Monkey.

**Response Rate:** 31 participants completed the survey. Although we serve a total of 44 people in various areas and degrees, not all are given the survey as they are very minimally supported, supported for only a very short time, difficult to get the survey to or have moved.

**Response Distribution:**

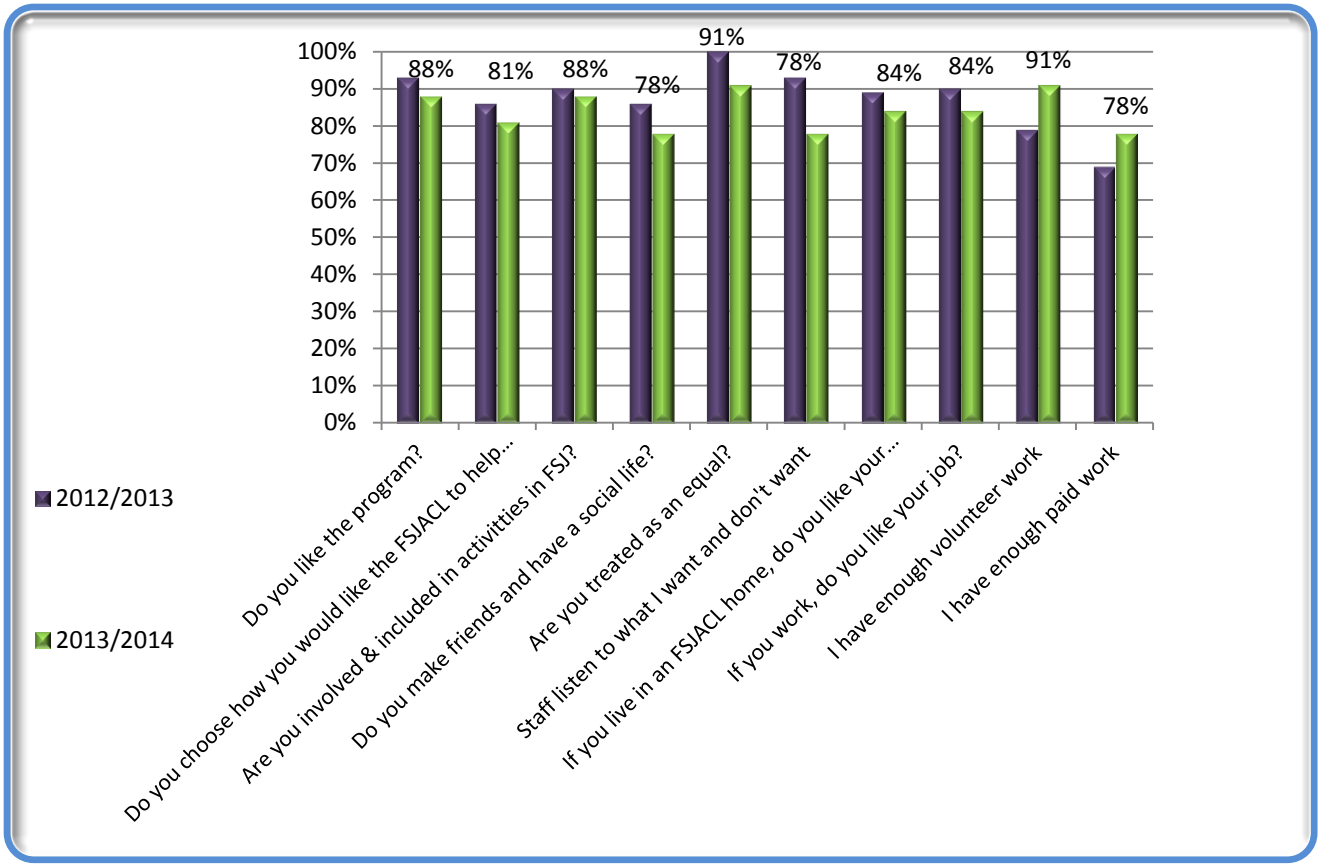
| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Overall increased consumer satisfaction | All individuals receiving supports | April 1, 2013 to March 31, 2014 | Surveys | Special Projects Coordinator | Average of at least 95% satisfaction in all areas | 85% |

Last year satisfaction was rated at 90%, this year our result was 85%.

Note: The NA was taken out of the on-line survey but was not taken out of the written survey so NA answered questions were put in as yes or no and then explained.

## Questions asked for Participants Satisfaction Survey

| Question | Yes | no | NA |
|---|---|---|---|
| Do you like the program? | 88% | 12% | |
| Is information about the FSJACL easily available and understandable? | 69% | 31% | |
| Do you choose how you would like the FSJACL to help you? | 81% | 19% | |
| Are you happy with the things you do at the FSJACL? | 94% | 6% | |
| Do you feel you have a choice in activities? | 84% | 16% | |
| Are you involved and included in activities in FSJ? | 88% | 12% | |
| Do you make friends and have a social life? | 78% | 22% | |
| Do you learn and practice skills to help you at home and in your job? | 84% | 16% | |
| Are you treated as an equal? | 91% | 9% | |
| Are your rights, beliefs and choices respected? | 91% | 9% | |
| Do you have enough volunteer work? | 91% | 9% | |
| Do you have enough paid work? | 78% | 22% | |
| If you work, do you like your job? | 84% | 16% | |
| Do you like the staff who support you? | 88% | 12% | |
| Do staff listen to what you want and don't want? | 78% | 22% | |
| Do you feel comfortable in approaching FSJACL supervisors? | 100% | - | |
| If you live in a FSJACL home, does it feel like home? | 84% | 16% | |
| If you live in a FSJACL home, do you feel comfortable inviting your friends and family over to visit you there? | 84% | 16% | |
| If you live in a FSJACL home, do you like your roommate? | 84% | 16% | |
| Do you have friends and family involved in your life? | 88% | 12% | |
| Are you getting all everything you need or want from us? | 91% | 9% | |
| Are you familiar with your Person Centered Plan? | 69% | 31% | |
| Are you having a chance to work on your goals from your Peron Centered Plan? | 78% | 22% | |
| | | | |




**Previous Recommendations and Actions:** Created PCP Quizzes, have been very successful in finding volunteer and paid work for individuals, added pictures to the day program calendar to help individuals understand the schedule, staff review a PCP monthly to keep information fresh in their minds, PCP checklist is being used by programs.

| Last Year's Recommendations | Actions |
|---|---|
| Ensure exit interviews are completed for all individuals exiting service | This continues to be a challenge. This goal needs to be continued. |
| Create Self-Advocate DVD | This project is still in progress |
| Continue to find more paid or volunteer work for individuals | Based on survey results, this is improving. This will continue to be a goal. |

## Exit from Services:

We had two people exit services in this past fiscal year. Both people moved from our community and therefore that was the reason for exiting services.

## Recommendations for the next year:

- Review survey questions
- Create a community calendar of events that all employees can use and access
- Add "view website, Facebook page and community calendar" to house meeting agenda
- Refer back to PCP on an ongoing basis, as required. This will assist individuals in becoming more familiar with their PCP
- Self Advocate Complaint form more available to individuals

# Satisfaction Surveys –Family and Caregivers

**Survey Method:** For this report we e-mailed surveys via Survey Monkey and mailed or gave surveys to those who do not have e-mail.

**Response Rate:** 10 surveys were completed – 5 out of the 20 that were emailed and 5 out of 7 that were hand delivered to families. Therefore, a total of 10 out of 27 were completed, which is a 37% success rate. This is a higher rate than the last 2 years.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Increased satisfaction of Families and caregivers | All families, caregivers and advocates of the people we serve | April 1, 2013 – March 31, 2014 | Surveys (ShareVision) | Special Projects Coordinator | 95% | 87% |

**Note: Family and "Caregiver" refers to caregivers who are not FSJACL staff.
Also note: we no longer have a na option on the survey

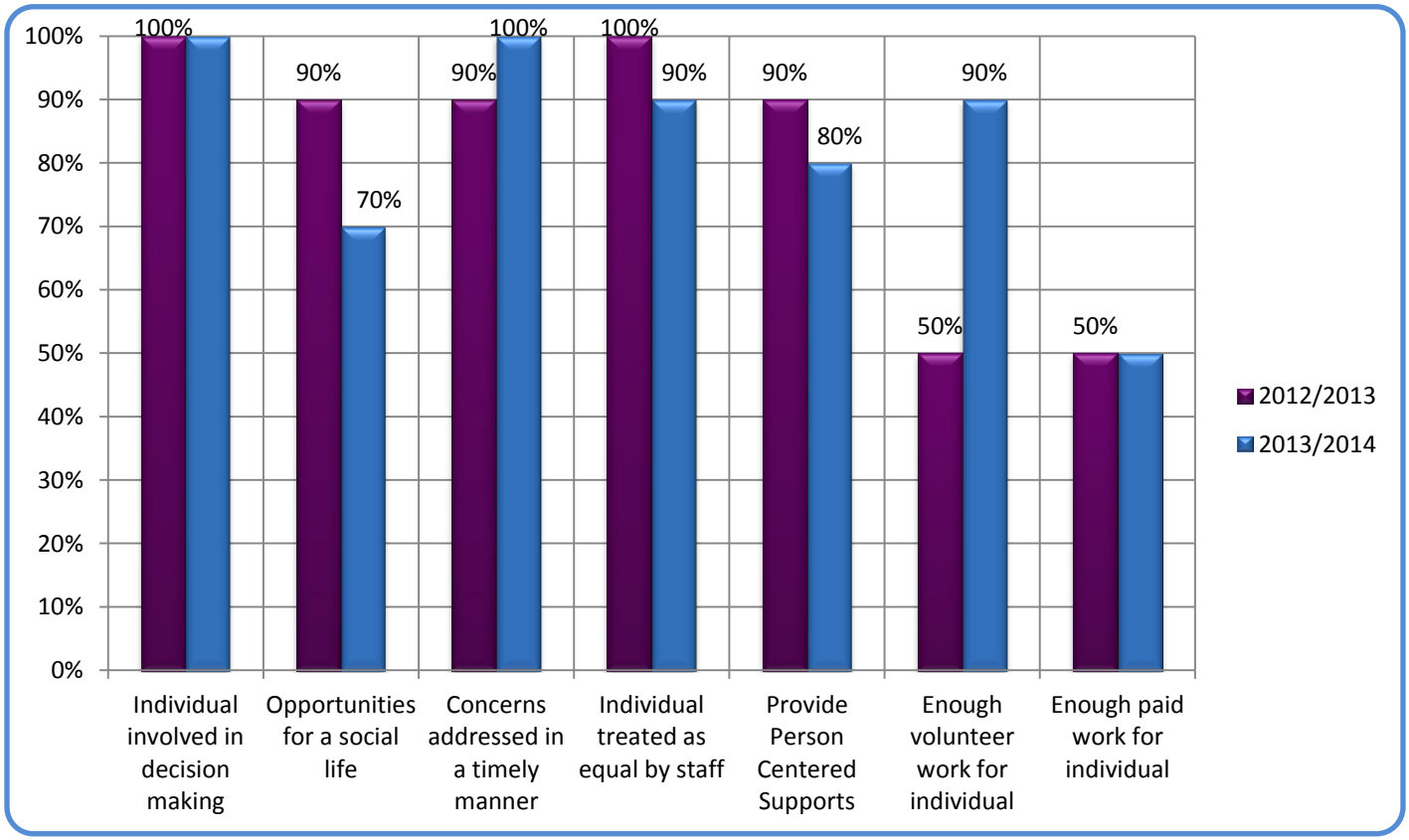
Last year our target was 100% and we achieved 90%. This year our target was 95% and we achieved 87%

| Questions | yes | No |
|---|---|---|
| Is the program accessible and conveniently located? | 100% | |
| Is information about the FSJACL readily available and understandable? | 100% | |
| Does the FSJACL provide ongoing and updated information? | 80% | 20% |
| Do you feel you are communicated with enough? | 70% | 30% |
| Is the FSJACL proactive in our community? | 100% | |
| Does the FSJACL provide timely and quality service? | 70% | 30% |
| Is the person you care for involved in decision making regarding their services? | 100% | |
| Is the person you care for given opportunities to be involved and included in community? | 80% | 20% |
| Is the person you care for given opportunities to make friends and have a social life? | 70% | 30% |
| Is the person you care for given opportunities to learn and practice skills? | 90% | 10% |

| | | |
|---|---|---|
| Is the person you care for treated as an equal by staff? | 90% | 10% |
| Is the person you care for receiving Person Centered Supports (rights, beliefs, and choices respected)? | 80% | 20% |
| Is the person you care for receiving enough volunteer work? | 90% | 10% |
| Is the person you care for receiving enough paid work? | 50% | 50% |
| Do you feel the FSJACL is advocating for the rights of the individuals they serve? | 100% | |
| Do you feel comfortable in approaching the FSJACL staff? | 100% | |
| Do you feel comfortable in approaching FSJACL supervisors? | 90% | 10% |
| Do you feel comfortable in approaching the FSJACL Executive Director? | 100% | |
| Do you feel your concerns are addressed in a timely manner? | 100% | |

Note: *'Do you feel you are communicated with enough?'* is a new question this year.

## Survey Results from Family/Caregivers



**Previous recommendations and actions:**
Involve families more in PCP process (as noted in PCP Guide) and ask them during the PCP Process how they would like to be informed (if person served wants them to be communicated with).

| Last Year's Recommendations | Actions |
|---|---|
| Put on survey "do you feel you are communicated with enough?" | This was added to the survey for 2014 |

## Recommendations for the next year:

- Will keep Facebook updated weekly
- Supervisors to connect with families on a more regular basis
- Programs to implement processes for communicating with individual's families, where it has been identified in their PCP

## Next Year's Target: 95%

# Satisfaction Surveys - Staff

**Survey Method:** A survey was sent to staff using Survey Monkey. The link was sent by e-mail to the programs and on ShareVision. Supervisors were asked to encourage staff and give work time to complete surveys. All staff including new and casual were asked to fill out the survey.

**Response Rate:** 42 staff completed the survey, an increase of 10 people from last year. We had 59 employees working for us for this year; therefore, the response rate was 71%. Last year's response rate was 53%.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Increase in staff satisfaction | All BCGEU Staff | April 1, 2013 - March 31, 2014 | Surveys | Special Projects Coordinator | 95% | 97% |

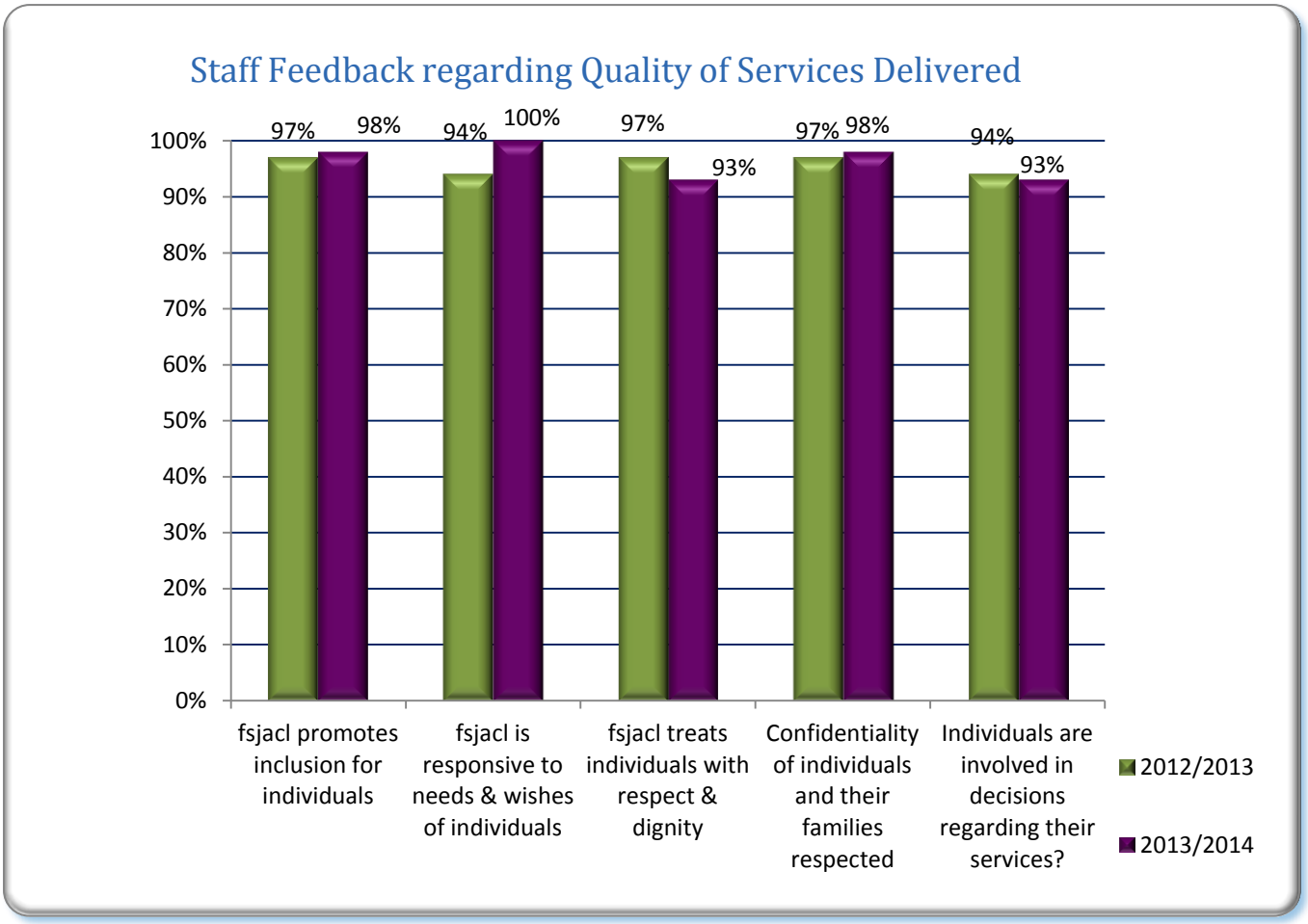
**Please note: only the questions pertaining to staff satisfaction and not quality of service are used to calculate the staff satisfaction. Results were rounded up to the nearest number and if the result was .5, we rounded up on the "agree" side.

## Result:

Last year we achieved 95% satisfaction. This year our goal was 95% and we achieved 97% satisfaction.

### Questions asked on the Employee Feedback Survey regarding Staff satisfaction

| Question | Agree | Disagree |
|---|---|---|
| Employees are provided with adequate and appropriate training to do their job well. | 93% | 7% |
| The FSJACL treats you with respect and dignity. | 95% | 5% |
| You are provided with opportunities for growth and development. | 100% | |
| You are aware of your rights and responsibilities at work. | 100% | |
| Do you understand the PCP Process | 98% | 2% |
| You are given opportunities to be involved with the PCP process. | 88% | 12% |
| The FSJACL respects your confidentiality. | 95% | 5% |
| Information and communications from the FSJACL are easily accessible to you. | 98% | 2% |
| Your work environment is safe and healthy. | 98% | 2% |
| The FSJACL encourages feedback. | 100% | 0% |
| The FSJACL is responsive to the feedback it receives. | 98% | 2% |
| The FSJACL makes appropriate changes to reflect feedback. | 95% | 5% |




**Previous recommendations and actions**:
Employees are quizzed on Person Centered Plans annually, staff are more involved in the PCP review process to increase their understanding of the process and provide input, more awareness of how to deal with confidential documents, we've promoted the health and wellness program more this past year, continue to create an annual Staff Feedback news page, attended a high school open house to inform families and individuals who may require our services in the future, Guiding Principles have been added as a measure for all staff evaluations.

| Recommendations from last year | Actions |
|---|---|
| Will continue to have an annual workshop for Team Building and Guiding Principles/Team Charters. | This is being done, no longer a goal. |

| | |
|---|---|
| Will look into ways we can share with staff the outcomes from workshops like newsletter or DVD presentation. | This hasn't happened and it may not be practical. We will continue to share materials from training as appropriate and send staff to training that benefits them. |
| Will put into annual workshop confidentiality how to's and continue to encourage accountability with each other. | This is added to our Guiding Principles Workshop. |
| We will continue to build relationships with family and ensure individuals are involved in decision making regarding their services (ie: PCP meetings) | The Special Projects Coordinator participated in some PCP meetings and the supervisors will ensure the PCP Guide is reviewed by staff involved in the PCP process. This will ensure that consistent communication with individuals and their support networks happen.<br><br>In addition, during planning meetings and house meetings the individuals have input into what is going well for them and what isn't. |
| We will find training for foot care as some individuals can't afford to go to the Wellness Center to have it done | We have looked into training staff to do foot care and have found this is not something that can be passed onto someone who isn't an RN. |
| Supervisors will put PCP booklet into program's Memo book for all staff to read. | This was done and all staff will review the PCP booklet prior to participating in a PCP review to ensure they understand the process |
| We will make a staff newsletter regarding Staff Feedback Survey. | Done, no longer a goal. |
| We will continue to take note of staff feedback in the Outcomes Report. | Done, no longer a goal. |
| In process of creating Behavior Support Plans and will implement when done. | Supervisors and some staff received training on creating behavior support plans and they should become part of the PCP. |
| Order more staff encouragement items | Done, no longer a goal. |
| Programs will have more staff meetings. | This has continued to be a challenge with staff shortages. We will continue to work on this goal. |

## Recommendations for next year:

- Will create a newsletter on Guiding Principles for families and give them direction to contact the supervisor if they have concerns, or comments regarding supports, so they can be properly addressed. This allows the supports to properly re-evaluate if required.

- Supervisors to ensure they refer employees back to the Guiding Principles when there are ethical decisions to be made.
- Supervisors are going to oversee orientations.
- Add a question to Knowledge Quiz – 'If they see something done a different way then you've been shown, what would you do?" This will help address some of the inconsistency in supports that happen in the programs. This will also be added to the orientation checklist so new staff are given direction to let the supervisor know if there are inconsistencies.
- Staff have indicated that they require training in dealing with people who have mental health issues – we can only provide generalized training on how to communicate with someone who has mental health issues, as each person has their own challenges and we can't categorize people, we need to allow professionals to make the diagnosis and create a plan to support that person, then we will follow the plan.
- Remind staff that they are part of the PCP process when they add to the Notes Page, this can occur through the news page that we publish, through staff meetings and a question will also be added to the knowledge quiz.
- Will make a Table of Contents for ShareVision, to help staff navigate through the system.
- Will add an 'Actions' column to our Leadership minutes
- When staff have questions regarding information that is in the Collective Agreement, supervisors need to refer the staff back to the Collective Agreement and show them where the info is so they get used to looking up things in the agreement.
- Supervisors need to work on having better communication with staff around scheduling changes and ensure schedules are always updated the same day as the change.
- We need better communication. Supervisors to ensure staff are checking e-mail daily. To assist in this process we will ensure that only relevant program related e-mails are sent to the program e-mail; informational e-mails that the employee may be interested in will be sent to their personal e-mails (unless they've requested otherwise).

**Target for next year: 98%**

# Satisfaction Surveys - Other Stakeholders

**Survey Method:** Stakeholders were e-mailed the survey through Survey Monkey. Surveys were e-mailed to professionals that we interact with, sponsors, funder, donors, contractors, employers, partner agencies and other community agencies.
Note: the survey is called *'External Contacts Feedback Survey'*

**Response Rate:** 47 surveys were sent out and 8 were completed, which is a 17% response rate but many of these stakeholders have limited contact with our organization and we also recognize we live in a very busy society. More surveys have been sent out in the last couple of years, in hopes of receiving more input from external contacts.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Increase overall satisfaction of external stakeholders | All external stakeholders (funders, professionals, community members, etc.) | April 1, 2013 – March 31, 2014 | Survey Monkey | Special Projects Coordinator | 100% | 100% |

## Results:

Last year our results were 100% satisfaction. This year we also had a 100% satisfaction rate.
***Please note that all n/a answers were eliminated from the results.*

We have taken into consideration that different stakeholders will be interacting with us for different reasons, and therefore, they may not know certain information about us, but are content with the information they do have about us. We have been striving to reach a point where external stakeholders know general information about who we are and what we do and also know where to find more information if they need to. In addition, as recommended, we have worked on promoting our website and logo so that we are recognizable in our community (which ties into our strategic goals) by including it on all documents, memos, letters, posters, etc.

## Questions asked on External Contacts Feedback Survey

| Questions | Agree | Disagree |
|---|---|---|
| Are the FSJACL programs accessible and conveniently located? | 100% | |
| Is information about the FSJACL readily available and understandable? | 100% | |
| Does the FSJACL provide ongoing and updated information? | 100% | |
| Does the FSJACL respond to the needs of its stakeholders? | 100% | |
| Is the FSJACL known for its integrity and ethical practices? | 100% | |
| Is the FSJACL proactive in our community to be a support to individuals, families and be a quality service provider? | 100% | |
| Does the FSJACL respect the rights, beliefs and choices of the individuals they serve? | 100% | |
| Is the FSJACL meeting the needs of the individuals they serve? | 100% | |
| Is the FSJACL staff qualified and competent in the performance of their jobs? | 100% | |
| Do the FSJACL staff members represent the agency in a positive way? | 100% | |
| Is the FSJACL responsive to critical feedback? | 100% | |
| Does the FSJACL work well with other community organizations to benefit the people they serve? | 100% | |

**Previous recommendations and actions:** Facebook is up and running and updated biweekly, our website is updated regularly, articles published in Flipside for the past year, and continue to network within the community for employment opportunities.

| Previous Recommendations | Actions |
|---|---|
| Continue to utilize Facebook and our website to communicate with the public | This is being done, will continue to be a goal |
| Continue to work on good relations with our sponsors and stakeholders | This is being done, this will continue to be a goal |

## Recommendations for next year:

- For next year's survey – allow the responder to select "other" for "what is your relationship to the FSJACL"? On the current survey it forced people to select one of the other options, and then they could put a comment in "other".
- Ensure surveys are sent out to other Community Living organizations in the north

- Add to Facebook at least weekly
- Get more quality photos of FSJACL events and activities

**Target for Next Year: 100%**

# Plan to Communicate Outcomes Management Report

**Persons Served**

The Outcomes Management Report is available at all work sites. A memo will be sent out to persons served and their families, notifying them of its availability on our website or hard copies available at our office. We have also created a summary news page for individuals and families to help communicate important items in the report. Also, some information is summarized in our Annual Report which is available at our Annual General Meeting and on our website.

**Staff**

All staff will be notified once the annual Outcomes Management Report is complete. It will be uploaded into ShareVision and all staff will be required to review it. Our agency's goals, successes and steps to constantly improve are important for employees to see and be part of. We could not achieve any of our strategic planning goals and our mission would be unachievable without the work of dedicated employees and it is important that they see how they fit into the bigger picture. This year we also created an Employee Feedback news page to communicate to employees the survey results.

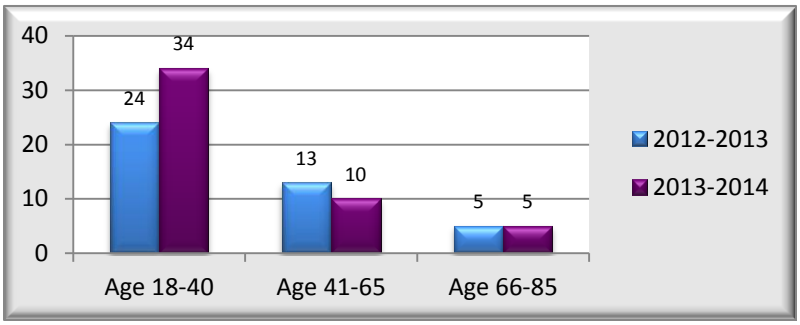
**Other Stakeholders**

The Outcomes Management Report is available on our website for all stakeholders. Through e-mail and newsletters we will notify people that it's on our website and also that a hardcopy is available by requesting one through our office. Also, some information is summarized in our Annual Report which is available at our Annual General Meeting and on our website. We will also publish some highlights in our Newsletter.

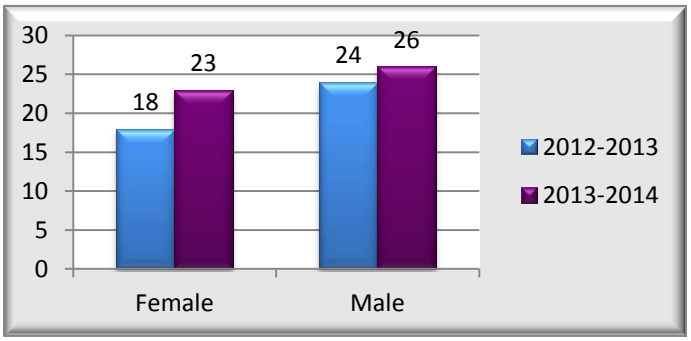
# Characteristics of Persons Served

Number of Persons Served by the FSJACL – 49

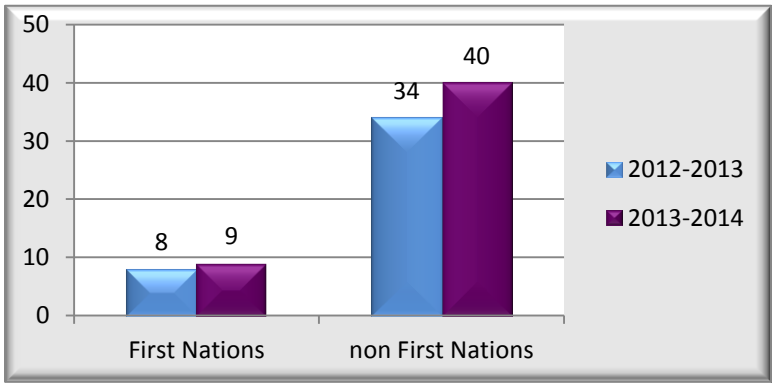
## Age of Persons Served



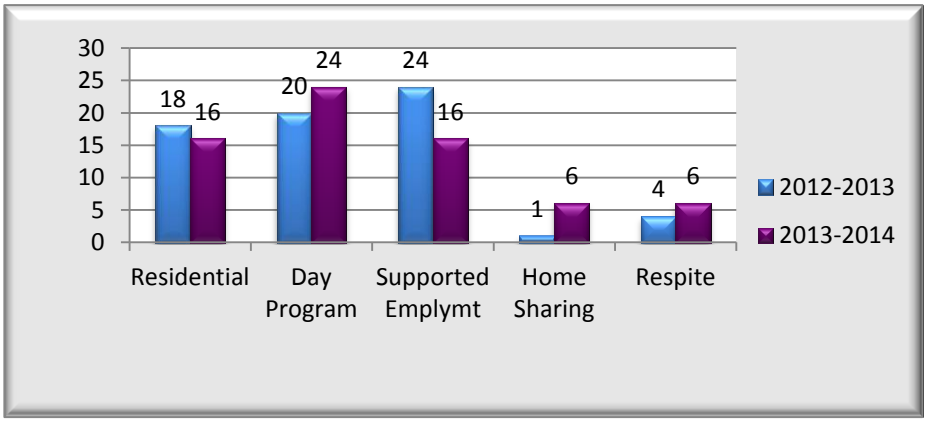

## Gender of Persons Served Served




## Ethnic Background of Persons




## Which Programs are accessed by Persons Served

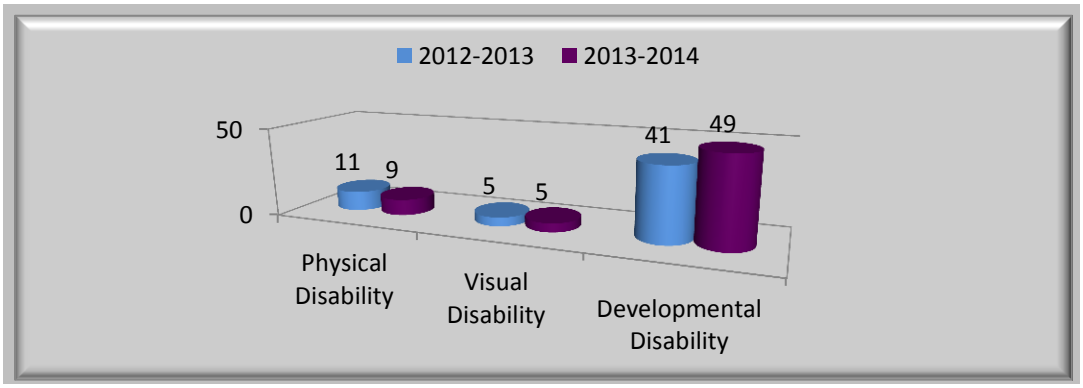


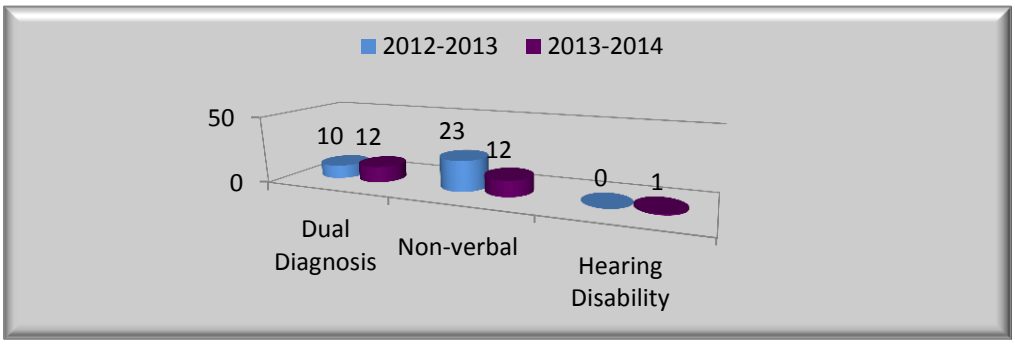

Some individuals access more than one program

As you can see, people moved from Residential Services to Home Sharing (# of placements in Residential decreased where Home share increased)

## Barriers

All individuals we support have a developmental disability; however, some also have multiple barriers as indicated in the charts below




***Note: Disabilities range in severity. Although there might be individuals that are/become a little hard of hearing we did not record anyone as it is not a diagnosed disability.*

By identifying barriers, we can then measure how each barrier impacts individuals in meeting their goals. For example, if someone is unable to communicate verbally, and data shows they also have less of a support network than those who do not have a communication barrier, we then have identified an area in which we can put the necessary supports in place (communication devices, etc.) and help eliminate that barrier.

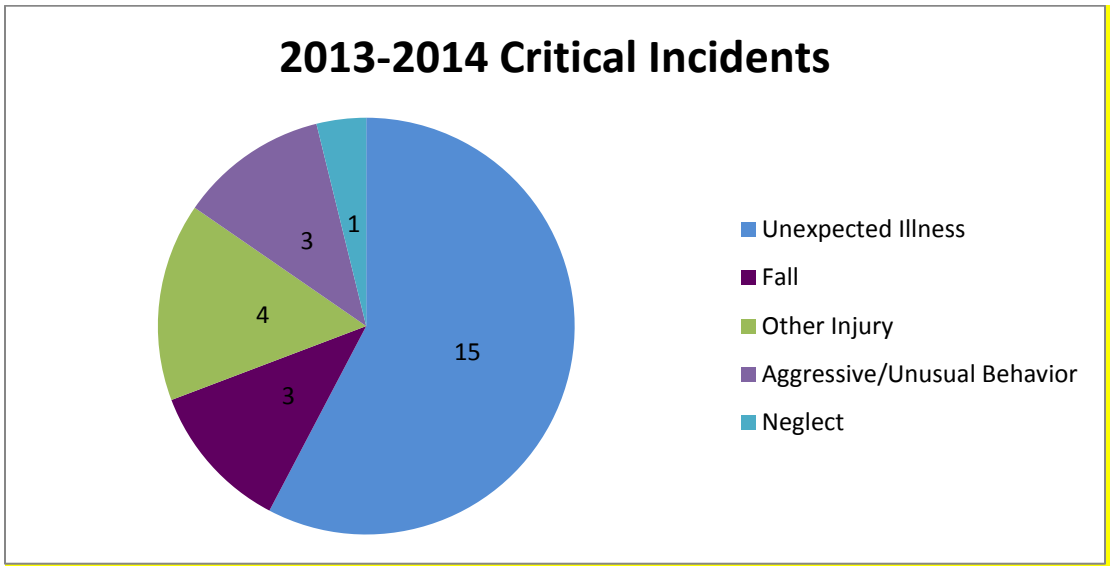
**Previous Recommendations:** We asked individuals about barriers such as community inclusion when surveying.

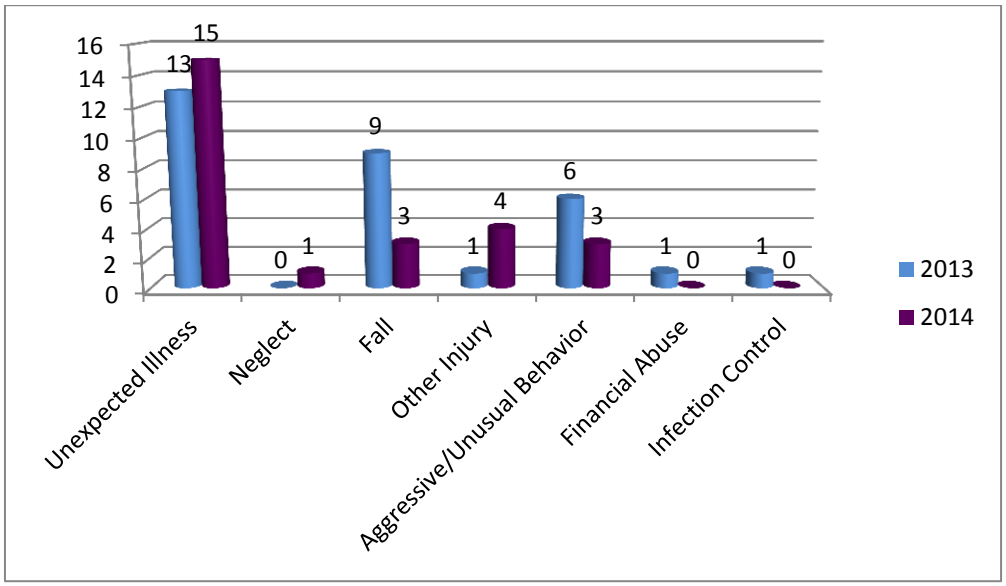
# Critical Incident Review

On an annual basis, all critical incidents are reviewed to determine any trends or contributing factors to incidents occurring. This helps to identify areas of improvement and increase the health and safety of the individuals we support.

Definition: A Critical Incident is a serious or unusual event involving an individual receiving services. Some examples of a critical incident are; unexpected illness or injury, a fall that requires medical intervention, aggressive or unusual behavior, etc.

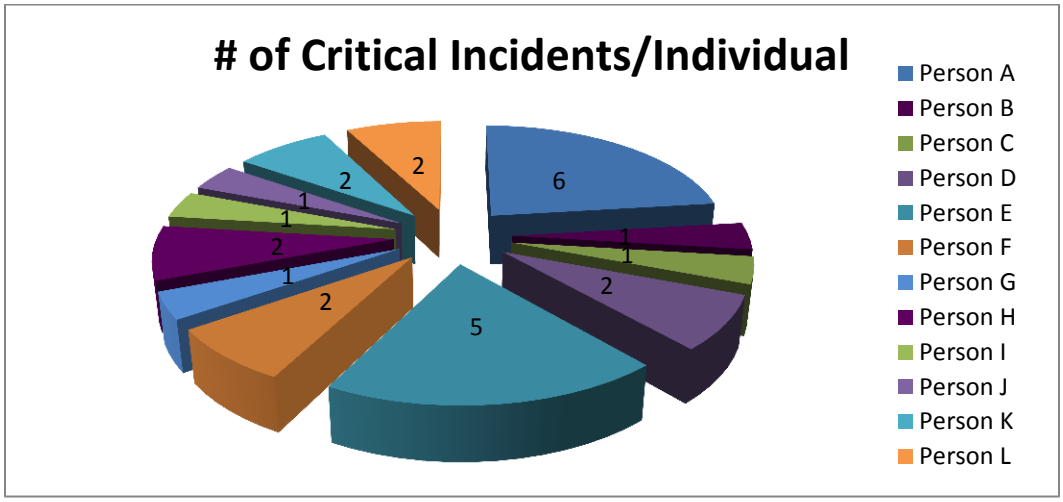
During the past year there were a total of 26 Critical Incidents.



## Review Results:

- The number of incidents has decreased by 6
- Unexpected Illnesses are difficult to control, however, the staff have been working with the Health Services for Community Living (HSCL) nurse on some on-going health issues that were causing critical incidents. 31% of the unexpected illnesses were involving our aging individuals with increased health issues, one being treated for cancer.




| Previous Recommendations | Actions |
|---|---|
| Work with psychologist to create behavior support plans and continue to plan with individuals who have mental health issues to attempt to avoid crisis in their lives | We have been contracting with a psychologist for assistance in evaluating and creating behavior supports for an individual we support. We will continue this process in the coming year. |
| Find training for staff in dealing with mental illness | We cannot train staff in dealing with mental illness as each case is so individual. We will work with psychologists and psychiatrists to have support plans in place for people who have mental health issues. |

## Recommendations for next year:

- Continue to work with psychologists to create behavior support plans
- Work with staff on proper completion of incident forms and documentation

# Cultural Diversity Plan

The Fort St John Association for Community Living is continually looking at ways in which it can be more welcoming to the people it supports, our staff and our stakeholders. We work to achieve this by educating and training our staff members on the dynamics of a growing and culturally diverse community. Through this process, we will increase awareness, compassion and the ability to effectively interact with others who are different than ourselves with dignity, respect, patience and understanding. Embracing diversity in the workplace makes for better creativity, acceptance, tolerance and innovation. It also broadens the knowledge, skills and abilities of our staff members. In addition, by creating a welcoming environment for everyone, we then can provide good services that are also culturally sensitive, to the people we support.

The Fort St John Association for Community Living acknowledges and respects the value of a diverse community. This recognition includes gender, race/ethnicity, family status, age, mental/physical abilities, sexual orientation, religious beliefs, socio-economic status and occupational focus. We work to maintain an environment that is supportive of these elements by promoting inclusion within the organization and the communities we serve.

### We commit to:

- Offering services that respect individual and cultural differences
- Promoting cultural awareness and understanding
- Reflecting the diversity of our community at staff/volunteer and Board levels as well as with services provided
- No tolerance for discrimination of any kind

### Our current process includes the following:

- Equal opportunity employment initiatives for our hiring process
- All new employees take an on-line Cultural Diversity workshop during their orientation
- We review the demographic of the people we support annually as part of our Outcomes Management Process
- Try to recruit more employees who are aboriginal, by sending information to Nenas and Treaty 8.
- We formed a committee of new employees, ensuring that different cultures were represented and asked them about the workplaces to gain more insight into the barriers or differences they notice
- Person Centered Plan template addresses culture and spiritual beliefs

- All staff must read the Sexuality Handbook during their orientation to direct them on how to support someone regardless of their sexual orientation
- The board has set direction, through the Strategic Plan that states: "Create an organization culture that respects choices of individuals with developmental disabilities and offers flexibility". This again speaks to the person centered planning and supports that need to be offered to individuals, respecting who they are
- In addition, also in our Strategic Plan, Strategic Objective 1.1 states: "Modify employee recruitment tools to include information that articulates the benefits of being an FSJACL staff." A key component of this is being a welcoming workplace for staff, regardless of their culture

### Recommendations for the next year are:

- Include questions in our staff feedback survey around cultural diversity and welcoming workplaces. This will allow to get feedback and direction from people and implement actions as a result of that feedback.
- As a result of our New Employee Committee meeting in August of 2013, the following were recommendations:
    - Begin reviewing Association and Program Policies and Procedures at staff meetings – to gain a better understanding of the policies. Reading them all at once at the beginning or your employment is overwhelming and it's difficult to absorb all the information
    - Due to cultural differences in how people cook, we should have corresponding recipes and pictures, including spices. Staff are welcome to offer and cook their own dishes within people's homes, so they can try something new, but keeping in mind the menu has to reflect their likes and dislikes, therefore if it's something they like, keep it on the menu, if it's something they don't, we need to respect their choice
    - Ensure you have a quick reference for all individual's menus with their likes and dislikes and health concerns
    - Put on the staff meeting agenda, doing "with, not for". This was due to different ways of "caring" for people in other cultures and how it's helpful to have that ethical discussion with your staff team. This will also be put on the orientation checklist for all new staff
- Look for new ways to provide information and awareness about the differences in cultures. To begin this, we will send out some discussion questions for the staff team to answer regarding the differences in cultures, and ideas on how we can make the workplace more welcoming
- Continue to seek workshops that would increase the staff's awareness and compassion to other cultures to create a more culturally sensitive workplace

# Residential Programs

## Residential Programs - Effectiveness Measures

**Objective:** To develop support networks for the individuals we support.

**Definition:** Support networks are meaningful relationships and interactions with people who are outside of the FSJACL or are relationships that exist between an individual and a person/people in the community. For this purpose we do not include family in the measurement.

**Rationale:** Inclusion happens by people having supports outside of their relationships with paid supports, care givers and family. Supports are friends, co-workers and acquaintances, with similar interests in the community.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of individuals who have meaningful relationships in the community (the person knows them) | All individuals in residential care | April 1, 2013 to March 31, 2014 | ShareVision Goal Log | Supervisors | 12 | 9 |

**Results:** The previous year our goal was 15, and 10 out of 18 people in residential care had meaningful relationships. This past year, 9 out of 16 people had meaningful relationships, and our goal was 12. The results changed from last year because some people are no longer in our staffed residential programs, one went to a homeshare and one passed away.

**Previous Recommendations and Actions:** We have revised Foundations training materials and continue to educate staff on their role in facilitating opportunities for individuals to form relationships.

| Recommendations from Last Year | Action taken |
|---|---|
| Employment and volunteerism is a big part of building a support network – will continue to explore opportunities in the community | Some programs did really well with volunteerism opportunities, while other programs didn't achieve this goal. |
| Explore opportunities for individuals to be part of community groups | Some individuals joined a community bowling league, in addition individuals go to the Friendship Center for Soup and Bannock |

In discussing the results, the leadership team felt that a continued barrier in facilitating opportunities for individuals to form meaningful relationships outside of paid supports continues to be staff's awareness in understanding their role, and allowing individuals some freedom to develop those relationships.

In addition, we continue to find it is more difficult for individuals who are non-verbal to create new relationships and friendships in the community. Another barrier in our community is accessibility for individuals who have mobility challenges but the city is taking steps to improve this.

### Recommendations for the next year:

- Ensure that all staff take the Open Future Learning Workshops
- Supervisors need to hold staff accountable for looking for opportunities for individuals. Evaluations will be used as one way to hold staff accountable, as Guiding Principles are part of performance appraisals.
- Try to hire staff with similar interests as the individuals they work with

### Target for next year: 12

**Objective:** To ensure that individuals are meeting their goals as stated in their PCPs.

**Definition:** Each person we support has goals which are stated in their Person Centered Plan and measured regularly. This measure only looks at individuals in residential care. A goal will be considered successful if there is at least a 75% success rate.

**Rationale:** An individual's Person Centered Plan should be a true reflection of who they are, how they need to be supported and what they want to achieve. The FSJACL is here to support individuals to reach their potential and therefore, empower and assist them to reach the goals they have set for themselves. This measure allows us to track how we are doing in assisting people in achieving their goals.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| % of goals that are successful from Goal Log (PCP) | All individuals receiving residential care from FSJACL | April 1, 2013 to March 31, 2014 | Quarterly Goal Logs | Supervisors & Special Projects Coordinator | 70% | 43% |

Results: The previous year 56% of individual's goals were achieved, this year a total of 43% of their goals were achieved, therefore we did not meet our target. We struggled again this year with measuring the goals, and we therefore had to re-visit what is successful and what is not. We also changed the indicator from "Goal Achieved" to "Goal Successful", as there are on-going goals that may not be achieved, but that doesn't mean that the person isn't successful in working on that goal.

**Note: *Sometimes goals are set but discontinued for various reasons – these goals were not counted.*

**Previous Recommendations and Actions:** Had goal setting workshop in 2012, in process of updating ShareVision and leadership team retrieve goals to ensure consistency.

| Recommendations from Last Year | Actions taken |
|---|---|
| Create PCP meeting handout for families | Created a PCP double sided sheet for families |
| Continue the ShareVision upgrade | ShareVision is upgraded |
| Leadership will continue to retrieve goals together | Retrieving goals was a difficult process this year and we will continue to work on this for the coming year |

## Recommendations for the next year:

- Continue to work with staff and individuals to ensure goals are measurable and obtainable
- Ensure staff review the PCP Manual prior to doing a PCP
- Ensure regular review of the goal logs by the supervisor
- Create a quarterly report in ShareVision to monitor individual's progress

## Target for next year: 70%

## Residential Programs - Efficiency Measures

**Objective:** To recruit enough staff to effectively deliver services while regular staff is absent (backfill).

**Definition:** To reach this goal we are tracking the number of casual staff who work in residential programs and who aren't filling regular positions due to a recruitment lag. This would be people who are on a casual staff list who are available to fill in for staff away on sick time, vacation, etc. To qualify as a person on the casual list, they would need to work an average of 1,000 hours per year.

**Rationale:** One of the agency's biggest challenges is the recruitment and retention of staff. This leads to service delivery challenges if the agency does not have enough trained staff to effectively deliver the contracted hours. In addition, added workload is placed on existing staff which leads to burnout.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Build a substantial casual staff pool | Applied to residential programs, does not include casual staff who are in regular positions (recruitment lag) | April 1, 2013 – March 31, 2014 | ComVida & personnel records | HR Supervisor | 5 | 7 |

**Result:** The previous year we had 4 casual staff and this year we had 7 casual staff. We actually had a total of 22 casual staff but only 7 work an average of 1000 hours per year. For the next year, we will be changing the definition from 1000 hours per year, to "meets minimum availability" as per our Collective Agreement. Therefore, we can count casuals who haven't been here for the full year.

**Previous Recommendations and Actions:** We are in the process of training staff in more than one program, continuing to use Facebook to promote agency and advertising on FSJ Now, which seems to reach the most people in our community; and supervisors entering availability for casual staff on ComVida when they have it.

| Recommendations from Last Year | Action taken |
|---|---|
| Gather and use staff testimonials in recruiting | In the process of putting them on our webpage; we do use them in our brochures and at job fairs (put on the PowerPoint presentation)<br>The job fairs have proved to be very helpful and we've had a |

| | |
|---|---|
| | lot of interest as a result of attending the job fair |
| Continue to cross train staff | We didn't cross train staff in 2013, but have plans to do more cross training in 2014 |
| Continue to orientate staff in more programs | We are in the process of doing more of this. This will continue to be a goal. |
| Supervisors to continue to enter staff availability onto ComVida | This is currently being done. |

**Recommendations for the next year**:

- Continue to attend job fairs to recruit more employees
- The HR supervisor to check in with new staff to see how their orientations are going
- Continue to orientate staff in more programs
- Supervisors to continue to be more involved in orientations, this will provide consistency
- For the next year, the measure will change from 1000 hours to staff who meet minimum availability, as per our local agreement
- Continue to promote recruit a friend

**Target for next year: 9**

**Objective:** To retain staff in programs for a longer term

**Definition:** For this goal, we track regular staff that have stayed in a program for at least one year, we do not track casual staff, unless they were filling a regular position due to a recruitment lag.

**Rationale:** Staff that have been in a program for over a year provide a number of benefits to the agency, such as:

- Provide consistency for the individuals in the program
- Have built relationships with the individuals they support and actively assist them in reaching their goals and assist with person centered planning
- Provide assistance with program documentation
- Lessen the funds spent on orientation and training
- Provide more leadership in the program

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| % of staff who have been in the same program for at least one year | Applied to residential programs | April 1, 2013 – March 31, 2014 | ComVida & personnel records | HR Supervisor | 85% | 91% |

**Result:** The previous year our goal was 65% and our result was 83%. This year, our goal was 85% and our result was 91%, which is a substantial increase.

Note: We have found it a challenge to recruit and retain staff as we are a transient community and also our wage is a barrier. We are finding however that more and more staff are staying because the job offers so much satisfaction in other areas, like working with the individuals and the training and the incentives we provide.

**Previous Recommendations and Actions:** We continue promote Team Charters and they are reinforced in each program and discussed at each staff meeting to maintain good morale in the programs. If values and ethics are consistent in the programs, staff will be more content as they realize the difference they are making in people's lives. Reinforcing the Guiding Principles are a big part of that, therefore we continue to promote and use the Guiding Principles to ensure we are providing good services. We also promote Health and Wellness and have expanded the program to include more benefits for employees.

| Recommendations From Last Year | Actions Taken |
|---|---|
| Continue to hold annual Guiding Principles workshop | This is being done. |
| Continue to reinforce Guiding Principles and direct back to Guiding Principles when making program decisions | This is being done, however, we will continue to work on this goal. |
| Continue to promote health and wellness | We promote our Health and Wellness Program and will continue to do so. |
| Job swap (cross train) to prevent burnout | We didn't do this in 2013, but will be working on this for 2014. |
| Educate staff on opportunities for advancement | We have noted opportunities for advancement in the Employee Handbook and recruit annually for staff who are interested in the Acting Supervisor Program. |

**Recommendations:**

- Continue to discuss incident reports at staff meetings so that the team can discuss techniques that may be successful

- Supervisors to regularly "check in" with staff to see how the Team Charters are working, at staff meetings, etc.
- The HR Supervisor will call new staff to see how their orientations are going
- Staff to do presentations of Guiding Principles at program staff meetings to keep the Guiding Principles fresh in people's minds and continue to reinforce Guiding Principles
- Programs to have more staff meetings
- Do cross-training
- Continue to promote health and wellness at staff meetings
- Hold staff accountable for following Team Charter

**Target for next year: 85%**

## Residential Programs - Access Measures

**Objective:** To assist individuals in communicating

**Definition:** This goal would apply to those individuals who have little or no verbal communication and the FSJACL has taken steps to provide tools for them to improve their ability to communicate. The measure for this would be to consider whether someone uses this system to communicate to people outside of paid staff or family.

**Rationale:** The basis of our mission is to help individuals achieve full and meaningful lives in our community. Being able to communicate with others is key to building relationships with others in the community; to speak up for yourself and to live as independently as possible in the community.

Individuals need to have the tools to communicate their needs and wants. While non-verbal individuals find other ways to communicate, usually only the people closest to them are able to interpret which makes true inclusion very challenging. For building of support networks, having the ability to communicate with people you meet is extremely important and is often a basis for forming a relationship with someone. We would like to explore augmented communication devices and see if some of the people we support would welcome this kind of tool into their lives and hopefully as a result, open up doors to opportunities they did not have before.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of non-verbal persons who have augmented communication systems | To all individuals in residential programs | April 1, 2013 – March 31, 2014 | PCP's | Supervisors | 3 | 0 |

**Result:** The previous year our goal was 1 and we had 2 people using IPads. This year our goal was 3 and we had 0 people (the same people as the previous year). We looked at how the 2 people from the previous year are using their IPADS and it was decided that they use it more in the home, and not as a way to communicate to anyone in the community.

**Previous Recommendations and Actions:** We have continued to work with CAYA to implement assistive technology

| Recommendations from Last Year | Actions Taken |
|---|---|
| Change wording on goal to include people who have difficulty communicating | Done |
| Look for opportunities to train staff in technology available | Have been communicating with CAYA and they will come up in 2014 |
| If technology is used; ensure it's in the PCP with clear instructions | This wasn't done in 2013 as we hadn't met and received direction from CAYA yet, this will done in 2014 |
| Ensure technology is discussed at staff meetings if it's used to allow the program to identify barriers and resolve issues as they arise | This wasn't done in 2013 as we hadn't met with CAYA yet. |

**Recommendations for the next year:**

- Look for opportunities to train staff in technology that is available
- If technology is used, ensure it's in the PCP with clear direction
- Ensure technology is discussed at staff meetings if it's used to allow the program to identify barriers and resolve issues as they arise
- Inquire about CAYA coming up annually

**Target for next year: 2**

# Life Skills and Community Inclusion Programs

## Life Skills and Community Inclusion - Effectiveness Measures

**Objective:** To ensure that individuals are meeting their goals as stated in their PCPs.

**Definition:** Each person we support has goals which are stated in their Person Center Plan and measured regularly.

**Rationale:** An individual's Person Centered Plan should be a true reflection of who they are, how they need to be supported and what they want to achieve. The FSJACL is here to support individuals to reach their potential and therefore, empower and assist them to reach the goals they have set for themselves. This measure allows us to track how we are doing to assist people in achieving their goals.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| % of goals achieved from Goal Log (PCP) | All individuals receiving support from a Community Inclusion Program | April 1, 2013 to March 31, 2014 | Goal Logs | Supervisors | 60% | 18% |

**Results:** The previous year 16 people had a total of 50 goals and 21 of those goals were achieved – a 42% success rate. This year 34 people set 94 goals and 17 were achieved – an 18% success rate, therefore, not reaching our target of 60%. For the next year, we will be measuring how many goals were successful, which will include on-going goals where the progress is 75% successful.

Our agency chose to track this goal as an indicator that we are supporting people to meet their individual goals. We wanted to ensure that all staff are aware of the goals for each individual they are supporting. If staff keep each person's goals at the forefront of their program and activity planning, then each individual has a better chance at being successful at meeting or exceeding their goals.

| Recommendations from Last Year | Actions taken |
|---|---|
| Use new ShareVision goal log | This is now being done, there have been a number of challenges in creating and tracking goals, we will continue to work on this. |
| Continue to find training for goal setting for new staff | Supervisors are working with their staff to teach them how to assist the individuals in creating SMART goals |
| Ensure a more timely review of PCP's to ensure goals are current and realistic | PCP's are being reviewed annually and as needed if goals need to change. |
| Ensure staff are knowledgeable about PCP's | Staff are becoming more knowledgeable, but this will continue to be a goal. |

### Recommendations for the next year:

- Continue to work with staff on how to set SMART goals
- Continue to ensure that all staff are reading the PCP Guide prior to assisting with a PCP
- Ensure staff are aware of, and using the PCP notes page to keep the PCP up to date

### Target for next year: 70%

## Life Skills and Community Inclusion Programs - Efficiency Measures

**Objective:** To recruit enough staff to effectively deliver services while regular staff is absent (backfill).

**Definition:** To reach this goal we are tracking the amount of casual staff that are not filling regular positions in the Life Skills and Community Inclusion (day) programs due to a recruitment lag. This would be people who are on a casual staff list who are available to fill in for staff away on sick time, vacation, etc. To qualify as a person on the casual staff list, they would have to work an average of at least 1,000 hours per year. This measure is taken as of March 31, 2013.

**Rationale:** One of the agency's biggest challenges is the recruitment and retention of staff. This leads to service delivery challenges if you do not have enough trained staff to

effectively deliver the contracted hours. In addition, added workload is placed on existing staff which leads to burnout.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Build a substantial casual staff pool | Applied to community inclusion programs | April 1, 2013 – March 31, 2014 | ComVida & personnel records | HR Supervisor & Special Projects Coordinator | 4 | 1 |

**Results:** The previous year we had 4 casual staff but none meet the criteria of an average of 1000 hrs worked. This year we had a total of 5 casual staff and only 1 met the criteria of over 1000 hours worked, therefore, we did not meet our goal.

**Previous Recommendations and Actions**: Orientating staff in more than one program

| Recommendations from Last Year | Action taken |
|---|---|
| Will work on following up quickly with new applicants to avoid them getting other jobs | This is now being done, applicants are contacted right away |
| Can begin office portion of orientation once successfully checking references and doing interview. | This is being now being done and working well. |
| More communication between supervisors to ensure that casual staff are being orientated in other programs if they don't have a full schedule | This is getting much better, however, it continues to be a goal and will be monitored by the HR Supervisor. |

## Recommendations for the next year:

- Continue to attend job fairs to recruit more employees
- The HR supervisor to check in with new staff to see how their orientations are going
- Ensure casual staff are being orientated in more than one program if they are not getting enough hours in the programs they are orientated in.
- Promote Recruit a Friend

## Target for next year: 3

## Life Skills and Community Inclusion Programs – Access Measures

**Objective:** To assist individuals in communicating

**Definition:** This goal would apply to those individuals who have little or no verbal communication and the FSJACL has taken steps to provide tools for them to improve their ability to communicate.

**Rationale:** The basis of our mission is to help individuals achieve full and meaningful lives in our community. Being able to communicate with others is key to building relationships in the community; to speak up for yourself and to live as independently as possible in the community.

Individuals need to have the tools to communicate their needs and wants. While non-verbal individuals find other ways to communicate, usually only the people closest to them are able to interpret, which makes true inclusion very challenging. For building of support networks, having the ability to communicate with people you meet is extremely important and is often a basis for forming a relationship with someone. We would like to explore augmented communication devices and see if some of the people we support would welcome this kind of tool into their lives and hopefully as a result, open up doors to opportunities they did not have before.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of non-verbal persons who have augmented communication systems | To all individuals in residential or day programs | April 1, 2013 – March 31, 2014 | PCP's and Goal Logs | Supervisors | 3 people | 1 |

**Result:** The previous year we had 2 people, one person CAYA set up a communication system with and the individual and staff are learning to use it more regularly. This year that person is no longer with us. We have a new person though that uses a communication system.

**Previous Recommendations and Actions:** Have worked with CAYA in the past and would like to continue to work with them to address communication barriers. We have added assistive technology into the PCP template to be used for when individuals require assistive technology to ensure that staff understand its importance and how to support individuals in using it.

| Recommendations from Last Year | Actions Taken |
| --- | --- |
| Provide more training for staff in how to use augmented communication | We have arranged for CAYA to come to FSJ in the spring of 2014. |
| Ensure clear instructions in PCP for staff | This is currently not being done, but continues to be a goal once we've worked with CAYA on how to properly support people in using assistive technology |

## Recommendations for the next year:

- Provide more training for staff in how to use augmented communication
- Ensure clear instructions in the PCP for staff on how to support people who have augmented communication

## Target for next year: 1

# Supported Employment Program

## Supported Employment - Effectiveness Measures

**Objective:** To measure how many people in the Supported Employment Program have achieved paid employment.

**Definition:** For this goal we would like to measure the number of people who have achieved employment during the year, from our waitlist, through our Supported Employment Program. If they are no longer working, we would still measure that they had employment. If one person received paid employment and then left that job and moved onto a different job, that would only be counted once.

**Rationale:** To measure the number of people who obtained paid employment during the year.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of people who have paid employment | All individuals receiving support from the FSJACL and who want to work | April 1, 2013 – March 31, 2014 | ShareVision | Supported Employment Supervisor & Special Projects Coordinator | 5 people | 9 people |

**Previous Recommendations and Actions:** Provided on-line job coach training for staff and a two part employment workshop for all staff in 2012-2013. We also created an Employer Handbook.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Continue to offer training for staff | This is being done, and also there is a module through Open Future Learning that staff can take. |
| Explore getting resources for employers (training video) | We have been looking but haven't found anything yet. Inclusion BC is looking at creating some resources that may meet our needs. This will continue to be a goal. |
| Continue educating employers on supported employment | Have distributed brochure, we also did a number of articles in the Flipside |
| Continue promoting Supported Employment | Distributed brochure, we also did a number of articles in the Flipside |

### Recommendations for the next year:

- Continue to look for resources for employers
- Continue to ensure that all staff take on-line training through Open Future Learning on Employment
- Continue to ensure that employees that support individuals in employment take more in-depth training
- Offer Open Future Learning to Employers
- Continue promoting Supported Employment in the community

### Target for next year: 7

**Objective:** To track the number of people who are keeping paid employment for three months or longer.

**Definition:** We would be tracking the people who have paid employment and have kept their employment for three months or longer and are supported by the FSJACL. This would apply to all people who are working within this period. This includes self-employment as well.

**Rationale:** To measure the number of people who are keeping employment long term. This allows our agency to identify what reasons or barriers are preventing people from retaining employment.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal | Actual Results |
|---|---|---|---|---|---|---|
| % of people who have paid employment and have retained their employment for 3 months or longer | All individuals receiving services from the FSJACL and who want to work | April 1, 2013– March 31, 2014 | Share Vision | Supported Employment Supervisor & Special Projects Coordinator | 100% | 92% |

**Result:** The previous year 18 out of 18 people that had jobs, held their job for over 3 months. This year 22 out of 23 people held their job for over 3 months, which is 92% and our goal was 100%.

Our agency was interested in tracking this goal, as it may lead to indicators that while we are perhaps finding employment for people, we may not be finding good matches for people that lead to long term employment. If certain matches are not leading to long term employment, it

may indicate that we need to provide more support to the employee or employer or that we are not properly matching the person's skills and abilities to the job.

Our hope is that through the proper process we can find employment that lasts long term and therefore true connections and inclusion happen.

**Previous Recommendations and Actions**: Provided job coach training to employees and created an Employer Handbook.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Will continue to look for training resources for employers | We didn't find anything that would be appropriate for employers this past year. Inclusion BC is going to be working on their "Ready, Willing and Able" Campaign in the coming year and we hope to be able to use some of the resources that they are creating. |

### Recommendations:

- Continue to look for resources for employers
- Continue to ensure that all staff take on-line training through Open Future Learning on Employment
- Continue to ensure that employees that support individuals in employment take more in-depth training
- Offer the Open Future Learning Modules to employers

### Target for next year: 90%

## Supported Employment Program - Efficiency Measures

**Objective:** To ensure that there is an adequate number of staff orientated to the Supported Employment Program to effectively deliver all contracted hours.

**Definition:** In addition to staff who are filling the permanent positions, we need to have adequate casual staff who are orientated to the positions so they can fill in when the permanent staff is away. Staff would need to be orientated to the position and be able to step in and deliver the required supports.

**Rationale:** Supported Employment is a priority of the FSJACL. We believe that employment is the key to true inclusion and all individuals who want to work, should be

working. If we do not have adequate number of trained staff to deliver the services, we are unable to provide quality, consistent supports.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal | Actual Results |
|---|---|---|---|---|---|---|
| To have enough casual staff to effectively deliver supports while the regular job coaches are absent | The Supported Employment Program | April 1, 2013 – March 31, 2014 | ComVida & Personnel Records | HR Supervisor & Special Projects Coordinator | 2 | 1 |

**Results:** The previous year our goal was 1 and we didn't have any casual staff that met the criteria. This year, there is 1 casual staff that can deliver supports when the job coach is absent, however, we did not meet our target.

**Note: The casual staff pool is shared between Supported Employment and Community Inclusion Programs

**Previous Recommendations and Actions:** Provided on-line job coach training for staff, continue to train casual staff in more than one program.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Staff who support individuals in employment should take on-line job coach training | Will continue this goal, as we recruit more employees |

**Note: We have 17 staff from all programs that have taken the on-line job coach training.

**Recommendations:**

- Ensure that all staff take the Open Future Learning Employment Training

**Target for next year: 2**

## Supported Employment Program - Access Measures

**Objective:** To increase the number of businesses who are willing to hire someone with a disability.

**Definition:** This applies to all businesses in the FSJ area that have hired, or are willing to hire, someone with a disability. If they hire someone and the employment doesn't work out, this business is still counted. If the business hires more than one person, the business is still counted as one. If the business has more than one location but has different managers, each location would be counted.

**Rationale:** To increase the number of businesses in our area who are willing to hire someone with a disability. This goal allows us to measure how successful we are at advocating for the individuals we support. This was also a recommendation given to us during our last accreditation survey; to increase the types of businesses in which people are employed.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| To increase the # of businesses who hire people with disabilities | All businesses in FSJ and area | April 1, 2013 – March 31, 2014 | Employer Contact Log ShareVision | Job Coach & Special Projects Coordinator | 4 | 12 |

**Results:** Last year, our goal was 3 and we had 4 new businesses that were willing to hire someone with a disability. This year, our goal was 4 and we had 12 new businesses hire or ready to hire people, therefore, we achieved our goal.

**Previous Recommendations and Actions:** Have articles in Flip Side newspaper to raise awareness of supported employment; the job coach meets with businesses regularly, and general word of mouth in community. Ready, Willing and Able Campaign to start, which was created by Inclusion BC and highlights employment.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Be involved in Ready, Willing and Able campaign | We weren't able to get many resources from the campaign last year, but Inclusion BC is hiring someone this year for this campaign and plans to create more resources. We will continue this goal. |
| Continue to explore opportunities to educate employers and promote program | We didn't find any resource that was appropriate to use for employers, so we will continue this goal for the next year. |

**Recommendations:**

- Plan to put employment success stories in different media (Northeast News, Alaska Highway News, etc.)
- Attend job fair at Pomeroy Hotel
- Work with Inclusion BC to create resources for employers
- Continue to promote the Supported Employment Program

**Target: 6**

# Respite Program

## Respite - Effectiveness Measures

**Objective:** To be able to provide person centered supports to individuals while they are receiving respite services by having a Person Centered Plan (PCP) in place.

**Definition:** This measure applies to all individuals who receive regular respite (not emergency placements) in our residences; this does not include individuals who receive respite outside of our staffed residences.

**Rationale:** We want to ensure that all individuals receiving supports have a person centered plan in place so staff know the person's likes and dislikes and the person receives person centered supports.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of people receiving respite services who have a PCP | All individuals receiving respite in our residences | April 1, 2013 – March 31, 2014 | ShareVision | Special Projects Coordinator | 90% | 33% |

**Results:** The previous year, 10 people accessed our respite services and 7 had PCP's, which was a 70% success rate. This past year a total of 6 people accessed our respite services and only 2 had PCPs.

**Previous Recommendations:** Create a basic PCP as soon as person begins to access respite.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Continue with above recommendation and ensure PCP is done in a timely manner | This was difficult to achieve, as many times the person isn't going to be accessing our services on a regular basis and the intake pkg provides enough information for us to provide good respite services to the person. However, if someone is going to be using the respite services on a regular basis, it would be beneficial to have a PCP in place to ensure continuity and be able to help the person achieve goals. |

### Recommendations for the next year:

- For next year our efficiency measure will be the number of people who receive evaluations for respite as we feel this will be a better measure to ensure we are getting regular feedback regarding the respite services and continue to improve the service for people.
- Promote our services to people who will be eligible for our services in the near future (through high school)
- Continue to ensure that a PCP is created for individuals accessing our services on a regular basis; even if it's a condensed version.

### Target: 100 %

**Objective:** To increase the number of approved respite providers.

**Definition:** This measure refers to new people who are interested in becoming a respite provider in their own home and have gone through the application and home study process.

**Rationale:** To increase respite options for families. While we provide respite in our FSJACL homes, it is also important that we have other options for families where our homes are not a fit for their needs.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of new people we recruit and approve to be an approved respite provider | All people who are on an approved respite list | April 1, 2013 – March 31, 2014 | Home Share Site in ShareVision | Home Share Coordinator | 2 | 1 |

**Results:** The previous year our goal was 1 and we approved 2 new respite providers. This past year we approved 1 new caregiver, therefore we didn't meet our target.

Our focus for last year was to recruit as many caregivers as possible to allow a pool of people for families to choose from. This is a support that we are developing as more families receive direct funded respite money. This allows families to choose from a list of approved caregivers and feel confidence in the fact that they have gone through a thorough approval process.

In addition, respite providers may find that they really enjoy this work and eventually may become home share providers. This allows us another avenue to recruit caregivers who have had experience in supporting adults with developmental disabilities.

**Previous recommendations and actions:** Attended a job fair at Northern Light's College, have been in the Tradeshow in the past and informally promoted Home Share within our agency.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Try to recruit respite providers through churches | The Home Share Coordinator went to churches on six occasions and also sent brochures with staff when they attend church with individuals |
| Try to recruit through the college | The Home Share Coordinator and HR Supervisor did a presentation to the Social Worker Program at the College and they also set up a table at the job fair that was held at the college |
| Communicate with CLBC and families regarding respite providers who are available and qualified | We haven't had enough of a pool of respite providers to pass along a list, but we have communicated with families directly and referred people to them. |

### Recommendations for the next year:

- Continue to create a list of approved respite providers that families can access
- Continue to promote our respite services

### Target: 2

## Respite - Efficiency Measures

**Objective:** To maximize utilization of respite beds

**Definition:** This measure refers to the number of days the respite beds are being utilized.

**Rationale:** This is an important measure for our agency, as some respite beds are used consistently, and some are not used as much. It's important to note that our respite services are located in current FSJACL homes which have permanent residents living there. Therefore, while utilization is important, it's also important

to have a balance so that respite services do not cause disruption in the lives of the people who live there.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of respite days provided | All respite rooms in the FSJACL | April 1, 2013 March 31, 2014 | ShareVision respite log | Supervisors | .5 days per week per bed | .13 days per week per bed |

**Results:** The previous year we used 4 beds for a total of 77days for the year – a total of 19.25 days per bed per year, which equals .37 days per week per bed, which was under our target of .5. This year 4 beds were used a total of 26 days – 6.5 days per bed - .13 days per week per bed. This was substantially under our goal of .5 days.

**A Street Home:** A Street's respite bed has not been utilized because there have been serious health problems with a couple of the residents this year.

**10th Avenue Home:** Previously there was not a respite bed available as all the beds had permanent residents. Then one of the residents passed away and the room was not used for a period of time. It was then used by one person for a total of 10 days.

**Four-plex:** Has two beds which are available for respite. The respite beds were used by 4 people for a total of 15 days. Two of the respite users were new.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Continue to communicate with families regarding respite needs and utilization. | We attended an Open House at the high school this year again to make families aware of our services. |
| Continue to explore a respite contract with CLBC | We haven't made any progress with this yet, but are still exploring ideas for this. |

**Recommendations for the next year:**

- Continue to promote our respite services
- Look at opportunities to send info to families who may be requiring our service
- Continue to explore other opportunities to provide respite services to the community.
- Look at updating pictures for presentation we use and add videos of individuals talking about what they like about our services

**Target for next year: .5 days per week/bed**

## Respite - Access Measure

**Objective:** To measure the number of individuals who access our respite services

**Definition:** This measure would apply to all new intakes, meaning individuals who have not accessed our respite services previously.

**Rationale:** This indicator speaks to our ability to communicate our services to the people who need it. It is important that information is available in our community so all eligible individuals can access our services.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of new respite intakes | All respite rooms | April 1, 2013 – March 31, 2014 | ShareVision respite log | Supervisors & Special Projects Coordinator | 2 | 2 |

**Result:** The previous year our goal was 2 and we had 1 new respite intake. This year there were two new intakes; therefore, we met our goal.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Continue to promote respite services to families and work with families to determine their respite needs. | We attended an Open House at the high school to promote our services. |

**Recommendations for next year:**

- Look for ways to promote our respite services to families
- Start having meetings of families interested joined with home share providers and the persons they support, to share stories and rewarding experiences. This will give opportunity for the family to see how fulfilling this may be for their loved one to spend time with away in an environment that provides a high standard of care

**Target for next year: 2**

# Home Share Program

## Home Share Program - Effectiveness Measures

**Objective:** To find Home Sharing opportunities for people who would prefer that type of support

**Definition:** This measure will apply to all people we place into a home share situation. The home share situation would need to be managed by the FSJACL to be measured.

**Rationale:** The FSJACL is currently trying to increase its service options and is working hard to develop the home share program as a viable option for individuals who want that type of support.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of people who move into a home share situation | All people who want home share and have moved into a home share situation | April 1, 2013 – March 31, 2014 | ShareVision | Home Share Coordinator | 2 | 3 |

**Result:** The previous year we had 1 new home share placement and our goal was 2. This past year, we had 2 new home share placements and took over a home share contract that was previously managed by CLBC. In addition, we moved one person to a different home share, but this wouldn't be counted in our result as the person was already in a home share through our agency.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Provide a Home Share success story to submit for newspaper during Community Living month | We published a couple of home share success stories in the Flipside community paper |

### Recommendations for the next year:

- Continue to find ways to promote the home share program
- To publish stories from the perspective of the person being supported in a home share

### Target for next year: 2

## Home Share Program - Efficiency Measures

**Objective:** To recruit enough caregivers to ensure effective matches between home share providers and people who require supports

**Definition:** This measure applies to applicants who have applied, been screened and approved.

**Rationale:** We would like to recruit a large pool of potential home share providers so that we have a better chance of finding a good match for individuals who require supports. Ideally, we would like someone who has the same family values, share cultural preferences, interests, etc.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of screened and approved caregivers recruited | Home Share and Respite Program | April 1, 2013 – March 31, 2014 | ShareVision | Home Share Coordinator | 2 | 2 |

**Result:** Our goal the previous year was 2 and our result was 5. Our goal last year was 2 and our result was 2 therefore, we met our target.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Provide article for newspaper during Community Living Month and interview current home share providers to contribute to those articles | We published a couple of home share success stories in the Flipside Community Newspaper |
| Use more word of mouth and personal stories (newspaper, etc.) | We have found word of mouth to be the best avenue for recruiting home share providers. As noted above, we published success stories in the Flipside. |

### Recommendations for the next year:

- Continue to find ways to promote the home share program in the community
- Use media sources to advertise for home shares, but to try to be specific about the type of person who would be suitable and a bit of general information about the person needing support.

**Target for next year: 2**

## Home Share - Access Measures

**Objective:** To ensure timeliness in getting home share providers approved so they are available for placements.

**Definition:** This measure applies to the time period between the time the person completes an application to when they are approved and ready for a placement.

**Rationale:** As stated above, the FSJACL has been working hard to expand its service options for people. If the FSJACL does not work with potential providers to have a quick and efficient approval process, we risk losing them as home share providers, and therefore, this would prevent us from effectively providing home sharing services.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Timeliness in completing home studies - % of home studies completed within a reasonable timeframe | People who apply to be home share providers | April 1, 2013 – March 31, 2014 | Share Vision-Home Share Site | Home Share Coordinator | 100% of Home Studies completed within 3 months of initial inquiry | 100% |

**Results:** We continue to meet our target in this area, it took less than 3 months to complete all home studies.

| Recommendations from Last Year | Actions Taken |
|---|---|
| We will continue to work with Home Share Coordinator to assure there is adequate amount of time for recruitment. | This has again been a challenge as the Home Share Coordinator was moved back into a Supervisory position. For part of the year, we hired a Senior RCW at the residential program to allow the Home Share Coordinator to work in the Home Share Program. |

**Recommendations:**

- Continue to problem solve the Home Share Coordinator Position to ensure there is adequate time to work in the program.

**Target for next year:** 100%

# Business Function Measures

## Business Function Measures - Staff Use of Sick Time

**Objective:** To decrease staff absenteeism

**Definition:** "Staff absenteeism" will be defined as any hours in which an employee utilizes sick time as defined within the Collective Agreement. In this calculation we included only regular staff that get paid sick time.

**Rationale:** Staff absenteeism presents a tremendous financial cost to the agency both by requiring staff to cover the vacant shift and by utilizing resources to make sure that the shift is covered. Staff absenteeism also has a negative impact on staff teams and on service quality.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Percentage of Staff whose Sick time taken is the same or less than the Benchmark Rate – which is established at 37.5 hours/yr | All regular Staff | April 1, 2013 – March 31, 2014 | ComVida | HR Supervisor & Mgr of Admin of Finance | 75% | 51% |

**Result:** The previous year our goal was 75% and our actual result was 55%. This year our result was 51%, therefore we did not meet our goal of 75%.

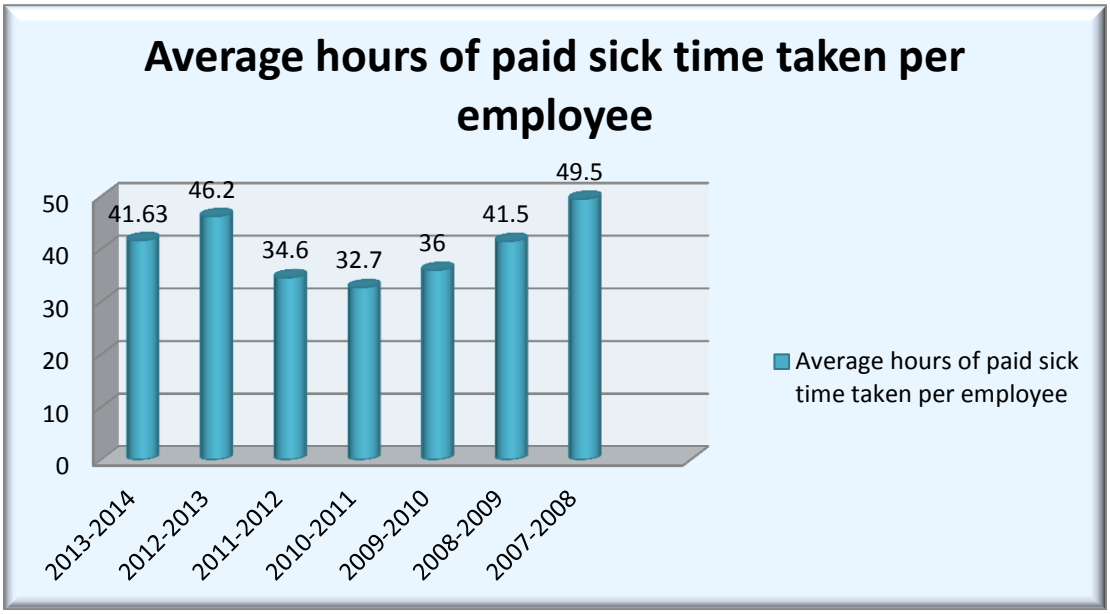
***Note: People who took over 100 hours of sick time for extended illnesses, surgeries, or short term disability were not calculated into the result.*

| Recommendations from Last Year | Actions Taken |
|---|---|
| Continue to identify sick leave patterns and address them on a timely basis. | This is being done, but needs to be done on a more regular basis. |
| Continue to promote H&W program | This is being done at staff meetings and the Health and Wellness Committee minutes are circulated among the staff |
| Ensure staff take lieu time and vacation | Most people are taking their lieu time, we will try to monitor and notify supervisors when staff's lieu time is getting high |

### Recommendations for the next year:

- Explore a process to review sick time on a more regular basis and address attendance issues on a more timely basis
- Supervisors to ensure on-call log is up to date and that all supervisors review the on call log weekly to identify any sick leave patterns

### Target for next year: 60%




***Note: People who took over 100 hours of sick time for extended illnesses, surgeries, or short term disability were not calculated into the average hours of sick time taken.*

## Business Function Measures - Staff Injuries on the job

**Objective:** To decrease the occurrences of staff injuring themselves while at work

**Definition:** This measure refers to all incidences of WCB claims which result in time away from work (does not include time away to seek first aid or see a physician)

**Rationale:** The Association works to provide a safe workplace. By measuring and identifying risk within the worksites, we are able to put safeguards in place to decrease the possibility of future injuries.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Decrease in the amount of injuries that result in time loss | All Staff | April 1, 2013 – March 31, 2014 | Personnel Files/ComVida | HR Supervisor | 0 | 2 |

**Result:** We had 1 injury that resulted in time away from work the previous year and this past year we had 2.

**Previous Recommendations and Actions:** Provide Lifting and Transferring workshops every 6 months for our staff, will be continuing training for behavior support plans, and have made knowledge quizzes to include behavior support plans.

| Recommendations from Last Year | Actions Taken |
|---|---|
| We will ensure that we make cleats available for staff working outdoors and ensure that icy surfaces are sanded | These have been purchased but staff are finding them difficult to use. We may explore other options for cleats in the coming year. |
| Will begin to replace the water coolers with ones where you don't have to lift the bottles | We have done this, no longer a goal. |

### Recommendations for the next year:

- Ensure that staff are orientated to the proper procedures in the residential programs. Supervisors will be more involved in orientations to ensure that proper procedures are learned.
- Ensure staff question when there are different ways in which things are being done. If staff are cutting corners and putting themselves or others at risk, they need to be corrected before an injury occurs.

### Target for next year: 0

## Business Function Measure –Staff Retention

**Objective:** To decrease the amount of staff leaving the agency

**Definition:** This measure refers to all staff who have left the agency during the below noted fiscal year. If the employee was hired and began orientations and training, they would be included in this measure.

**Rationale:** One of the biggest struggles our agency deals with is recruiting and retaining enough staff to fulfill our contracted hours of service. In addition, staff turnover is a huge financial burden when you factor in the cost of training new staff, the time it takes to recruit and hire people, as well as the loss of knowledge the agency suffers when losing staff and the lack of consistency it creates for the individuals we support. By tracking and identifying areas where the agency can improve their retention of staff, every facet of the agency benefits.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| Increase in the retention rate | All Staff | April 1, 2013–March 31, 2014 | ComVida | HR Supervisor | 75% | 73% |

**Result:** Staff retention was 70% the previous year and this last year it was 73%. Our goal was 75% retention rate; therefore we did not meet our target.

**Previous Recommendations and Actions:** Improvement in getting Exit Interviews, and addition of the "value of being an FSJACL staff" into the orientation.

| Recommendations from Last Year | Actions Taken |
|---|---|
| Ensure exit interviews are done. | This continues to be a challenge; we will continue to work on improving this process. |
| Articulate the value of being a FSJACL employee during orientations. | It's in the orientation process that occurs at the office |

## Recommendations for the next year:

- Continue working on getting exit interviews from staff who are leaving the agency
- Supervisors are now more involved in the orientation process, with the hope that it will provide more consistency in the training and make staff feel more competent to carry out their duties
- Work to ensure that staff who aren't getting hours get trained in other programs
- Work on holding staff accountable when there are performance issues to increase program morale

Remind people of Team Charter

**Target for next year: 75%**

## Business Function Measure – Volunteer Recruitment

**Objective:** To increase the number of volunteers we have in our agency

**Definition:** In the past we tracked all volunteers but we have changed our definition to refer to volunteers that volunteer at an event or help out with a program, not volunteers that spend time with an individual because that would be considered 'friend' or hopefully the development of a friendship.

**Rationale:** The FSJACL recognizes that our agency depends on volunteers to ensure the success of events and programs. Over the years, many volunteers have approached us and have wanted to volunteer their time with someone we support and give them the opportunity to access the community and make friendships. However, once a friendship develops, that person wouldn't really be considered a "volunteer", they would be considered a friend. Therefore, when someone first approaches the agency and wants to volunteer to spend time with someone we support, we will try to provide an effective match with someone we support in hopes that a friendship will develop. However, once a friendship develops, we would no longer count that person as a volunteer.

| Indicator | Applied To (Target Group) | Time of Measure | Data Source | Obtained By | Goal (Target or Benchmark) | Actual Results |
|---|---|---|---|---|---|---|
| # of volunteers who volunteer with our agency | All volunteers within the FSJACL | April 1, 2013 – March 31, 2014 | ShareVision-Volunteer Site | Special Projects Coordinator | 65 | 55 |

**Results:** We had a total of 59 volunteers the previous year. This past year we had a total of 55 volunteers, 37 volunteers for "Of The Vine" – 12 of them being new volunteers; 16 people volunteer for our AGM/Community Living Awards – 4 of them new; 10 people we support volunteer for the DGS Golf Tournament; and there were 8 volunteers who worked more than 1 event.

| Recommendations from Last Year | Actions Taken |
| --- | --- |
| Need guideline for each program in what volunteers can do | We have been developing these as required, but will continue this goal. |
| Need to bring info on new volunteers to leadership team so we can discuss the best program to utilize them | This is being done at our leadership team meetings. |

## Recommendations for the next year:

- Use Facebook to recruit volunteers
- Continue to develop guidelines for programs in what volunteers can do

## Target for next year: 60

## Glossary of Terms

**Casual Staff:** Staff who are hired to fill in for absences. Once staff get a permanent position, they are called "regular staff".

**CLBC:** Community Living BC

**Fiscal Year:** Our business year which is April 1st every year to March 31st of the following year.

**FSJ**: Fort St. John

**FSJACL:** The Fort St John Association for Community Living

**Home Share:** Individualized living options with trained and screened "roommates" or families.

**HR:** Human Resources

**Leadership Team**: Program supervisors and management personnel
This year our Leadership Team consisted of the following people: Cindy Mohr, Vernelda Nicholson, Trina Blank, Cory Goodwin, Sheri Ashdown, Alice Hayley, Desiree Babkirk, Jan Christian, Pat Taylor, Jodie Dixon, & Tanya Neil

**OH&S:** Occupational Health and Safety

**PCP:** Person Centered Plan – this is a plan that is developed for people receiving services from our agency. It has information on how someone would like to be supported, as well as their hopes and dreams for the future.

**Respite:** A term referring to a break from caring for another individual.

**Target:** The level to which we aspire to reach.

## Data Integrity

A great deal of time and effort goes into collecting the data that is summarized in this report. This data collection is important, as it is the template by which The FSJACL has decided to base its performance improvement activities. The effort in putting together this data is extensive: Meaningful measures need to be determined, we must have a reliable system in place to collect the data, the data must be analyzed and summarized, and an action plan on how to make the required improvements must be created. All of these activities lose their meaning if the collected data lacks integrity. The FSJACL strives to use the data collected to assist in organizational decision-making. Therefore, data that is not accurate or consistent means that this decision making is being done with bad information. Fortunately, some simple processes can ensure the integrity of the organization's data. Some of the FSJACL's processes are noted below.

Reliability is meant to ensure that data is collected consistently and in a way that could be reproduced at another time and by other people. To ensure reliability of data, the following steps have been taken:

- Very few personnel are involved in the tracking of data. This tighter circle of staff involvement limits misinterpretation.
- Worksheets and methods for each year are recorded and kept. This ensures that each year, when the data is compiled, we can look to see how data was collected and parameters around the data, to ensure we are using the same systems and measures (comparing apples to apples, so to speak). If we are using a different measure each year, the data would be skewed.
- Most data is collected directly from internal documents on ShareVision, ComVida or Finance and HR Reports, virtually eliminating any danger of the data not being collected the same way on another occasion.
- The Executive Director oversees and double checks that the data is collected in the manner in which it was intended.

Validity simply suggests that your data measures what it intends to measure.

- The organization's data is reflective of the needs of stakeholders as collected from Person Centered Plans and is reflective of the agency's mission and values.
- Ensure stakeholder surveys are specific about what they are asking and review all surveys annually and change as required to better collect the data intended to be collected.
- The organization's focus is not clinical in nature. It depends on the face validity of its measure— that is, does common sense indicate that the measure makes sense to address the area of concern? This face validity is achieved by having various parties from outside the program review measures to determine if they seem to make sense. This is

also done on all satisfaction survey items, where persons from outside the agency are sometimes used to determine face validity.

Completeness means that the data is as complete as possible and that collected data is not missing, be it intentionally or unintentionally. Incomplete data has little value, as it may exclude entire groups of persons served or may be missing data that will greatly influence success towards missing a target.

- The number of client records in all reports is routinely checked against the overall list of persons served to ensure that data is complete.
- All programs use the same forms in ShareVision and therefore the same data is collected from all individuals in care using the same forms.
- All attempts are made to find any missing data.

Accuracy simply means that all data is recorded properly and that any errors are caught and corrected.

- Checks are done by the Executive Director to ensure that there are no errors in the data collection or reporting of the data.

everyone belongs

FSJACL

Fort St. John Association
For Community Living

# Fort St John Association for Community Living

# 2014

**The 10th annual Accessibility Plan to address the various accessibility barriers for the persons served, personnel and other stakeholders of the Fort St. John Association for Community Living**

## Accessibility Plan

This is the Fort St. John Association for Community Living's 9th annual Accessibility Plan. It was created to address the accessibility needs of persons served, personnel and other stakeholders in the programs of the FSJACL.

This plan is divided into three parts:

1. Items Addressed – barriers that have been addressed and rectified.
2. Items Yet To Be Addressed – barriers that need to be addressed or that continue to need to be addressed
3. Items Identified That Will Not Be Addressed – barriers that will not or cannot be addressed due to uncontrollable circumstances.

In this plan, the following barriers are addressed:

1. Architectural
2. Attitudinal
3. Communication
4. Employment
5. Environmental
6. Financial
7. Physical
8. Transportation

**Identification of barriers:**

An Accessibility Checklist was given to each program for Supervisor and Staff to go over. Also an Accessibility Checklist was given to an individual from that program to complete. Each Accessibility Checklist includes questions for each of the barriers noted below. More checklists were made available for individuals to complete if required. After all Checklists are completed,

the information is compiled. The Special Projects Coordinator also talked to supervisors of each program to review the identified barriers from last year's plan.

The FSJACL Accessibility Survey and Accessibility Plan includes the following barriers:

1. Architectural – any physical factor that makes accessibility difficult for an individual.
2. Attitudinal – preconceived attitude people have towards persons served.
3. Communication – anything that inhibits information being accessible and understandable to all.
4. Community Integration – anything that may limit an individual's ability to fully access their community
5. Employment–an indication that a workplace does not provide sufficient flexibility or equipment to ensure a productive and satisfying workplace for employees
6. Environmental – settings that compromise service delivery and benefits to be gained
7. Financial – anything that may restrict a service because of a lack of sufficient financial resources.
8. Transportation – situation in which service recipients are unable to reach or participate fully in services because of lack of suitable and available transportation
9. Other Barriers – any barrier that is not noted above

The Accessibility Plan will be included with the Outcomes Management Plan and made available on our website, noted in our Newsletter and hard copies will be made available upon request. The next accessibility review will take place in January, 2015.

# Items that have been Addressed in 2013

| Barrier | Program | Priority | Description of Barrier or Solution Required | Date | Cost | Funding Source | Person Responsible | Progress |
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| Lack of Community Access (*Community Integration Barrier)* | 10th home | High | Need more staff with class 4 DL to take people out in the community. Also need to help staff understand what true community inclusion is. | Fall 2013 | NA | NA | 10th supervisor & staff and leadership | This is no longer an ongoing issue because we now have accessible buses in the city. Also, all staff take online training to learn more about what true community inclusion is. |
| Multi Purpose office cluttered (Architectural Barrier) | Main Office | High | People continue to put stuff into this room. Room will be organized into a resource room and will be locked. | Spring 2013 | None | N/A | Special Projects Coordinator | Done |
| No curb cut at accessible parking space at front of building (Architectural Barrier) | Main office | Low | Will inquire with city to have this done | Summer 2013 | NA | City of FSJ | Special Projects/City of Fort St. John | Done |

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| Front door in Community Connections not wheelchair accessible as the ramp is too steep (architectural barrier) | Main Office | Medium | Got specs from city. Hired DGS to do. | | | | Executive Director/ Special Projects Coordinator | Done summer 2013 |
| Individuals not accessing website and FSJACL information<br><br>(communication barrier) | All programs | Medium | Support individuals in regularly accessing our website and information<br><br>Make information and website more interesting for individuals | ongoing | NA | NA | All staff | Individuals can access information and staff will support them when needed.<br><br>Individuals access Sharevision and website with staff. |
| HandyDart idling at back door<br><br>(environmental barrier) | Day program | Low - med | | winter 2013 | NA | NA | CC Supervisor and Staff | Rarely a problem anymore. |

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| Not enough parking (Architectural Barrier) | Main office | Low - Medium | Assure all individuals with mobility issues have SPARC signs. Extra staff can use parking across from front of office or Treaty 8 parking lot. | Now part of Orientation Checklist | NA | NA | Supervisors & Management | Have rented space from Treaty 8 and informed staff to use that parking lot.<br>It is now part of our Orientation Checklist to inform new staff. |

# Items Yet To Be Addressed

| Barrier | Program | Priority | Description of Barrier or Solution Required | Date | Cost | Funding Source | Person Responsible | Progress |
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| Learned Helplessness – attitudes of families, support workers and individuals that individuals need someone to always do for them, keeping them dependent | Agency | Med - High | Education through Guiding Principles, Key Messaging, Learned Helplessness articles, newsletters, web site, informational sessions, conversations. | Ongoing | NA | NA | All FSJACL, Leadership and staff | Have made Open Future Learning Modules available to families.<br><br>Will be providing Guiding Principles workshop annually as staff are still doing for individuals.<br><br>Continued Goal |

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| *(attitudinal barrier)* | | | | | | | | |
| Accepting individuals as an equal (Attitudinal Barrier) | Agency & Community | Medium High | Education through Guiding Principles, brochures, newsletters, events, web site, informational sessions, conversations, promotion, recognitions of businesses & organizations that promote individuals | Ongoing | NA | NA | All FSJACL Leadership & Staff | Done<br><br>Need to do an annual workshop on Guiding Principles |
| Clutter around back entrance with boot rack, clothes rack and lockers all in the same area (Architectural Barrier) | Main Office, Community Connections | Medium | Will need renovations to change the space to be more functional | Will be part of future renovatio ns | | FSJACL | Executive Director Community Connections Supervisor | Completed renovations, most of the clutter is gone<br><br>Still some clutter of snow removal items and recycling items |
| Back yard not accessible (Architectural Barrier) | 4-Plex | Low | Put in back gate | By spring 2012 | $500.00 | FSJACL | Executive Director/ Supervisor of 4-Plex | Completed but it is still not feasible for a person in a wheelchair to come in the back gate – parking etc.- |
| Fully communicating our vision (Communication Barrier) | Agency | Medium - High | Brochures, newsletters, events, web site, informational sessions, conversations, promotion, emails, family group, self-a group | Ongoing | NA | NA | Leadership and all FSJACL staff/Special Projects will place brochures | We are continuing to put our mission in communications, but this is an ongoing task<br><br>Brochures need to be placed at some |

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| | | | | | | | | key places |
| Families & staff not treating individuals as adults (Attitudinal Barrier) | Agency | High | Education through training, newsletters, web, publications, email, staff evaluations, PCP meetings and Share Vision | Ongoing | NA | NA | Leadership Team | We have 'Open Learning' training now to help staff and have made them available for families as well<br><br>PCP meetings don't always include families.<br><br>Staff and Families continue to 'do for' instead of allowing individual to do for themselves |
| Using communication devices with individuals (Communication Barrier) | Agency | High | CAYA was booked to come up again in fall of 2013 to train staff to use communication programs with individuals but is postponed until spring of 2014 | Feb, 2014 | | Fundraising | ED<br><br>Supervisors | CAYA has set up communication programs with some individuals but staff need to be re-trained to follow the programs |
| Back parking lot builds up with ice due to poor drainage and uneven concrete | A-Street | Med - High | This has been addressed, but continues to be a problem.<br>The van is parked in the front to limit risk of individuals slipping<br><br>Could hire someone to chip ice | | | | BC Housing<br>A-Street Staff | BC Housing was to address this when they built the fence but did not adequately address it. |

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| (*Architectural Barrier)* | | | by gate. | | | | | A piece was added to eaves troughs to redirect water. snow is shoveled away from area. Still very icy. We hired someone put gravel in that spot |
| Rainwater on driveway, slippery (Architectural Barrier) | Dee-Jays | Medium | Divert water away from driveway. | Spring 2013 | Pending | FSJACL | Executive Director & Supervisor of Dee Jays | Still ices up – Maintenance person put heat tape on downspouts but still continues to be a problem |
| Lack of staff due to high turnover rate limits the individual's access into the community (Community Integration Barrier) | All Programs | Very High | We have recruitment challenges, please see Outcomes Management Report. We will continue to work on our retention rate. | Ongoing | N/A | FSJACL/ CLBC | CLBC/FSJACL Management | We have tried a number of things for recruitment but still continues to be a problem.<br><br>We try our best to be flexible but we also need to ensure we are being fair to all staff. |
| Accessible doors in community (Community Integration Barrier) | Community | Medium | Continue to advocate for more accessible doors in businesses and organizations. | Ongoing | NA | NA | All FSJACL, Mayor's Disability Advisory Committee, Energetic | Are starting to see some changes |

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| | | | | | | | Advocates | |
| Not enough accessible parking in the community, particularly at large events (Community Integration Barrier) | Community | Medium | Continue to advocate for more accessible spaces | Ongoing | NA | NA | All FSJACL Staff, Mayor's Disability Advisory Committee, Energetic Advocates | ED continues to be part of MDAC.<br><br>The Self Advocate group is working with MDAC during the Accessible Parking Campaign |
| Misuse of Accessible Parking Spaces (Community Integration Barrier) | Community | Mediu m | Continue to advocate and educate | Ongoing | NA | NA | All FSJACL Staff, Mayor's Disability Advisory Committee, Energetic Advocates | ED continues to work with MDAC. The Self Advocate group working with MDAC on awareness campaign<br>We have red placards available for people to use in public spots. |
| Snow & Ice removal on sidewalks (Community Integration Barrier) | Community | Medium | Continue to advocate and educate city and businesses | Ongoing | NA | NA | All FSJACL Staff, Mayor's Disability Advisory Committee, Energetic Advocates | ED continues to work with MDAC. |
| Dignity of Risk (Community Integration Barrier) | Agency | Medium | Educate staff, through Knowledge quiz and Orientation, to clarify their role | Ongoing | NA | NA | Leadership Team, Staff | Are starting to see changes.<br><br>Some staff understand dignity |

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| | | | | | | | | of risk while others have difficulty, and some allow too much risk. |
| Attitude with potential employers and community regarding individuals ability to work (Employment Barrier) | Community | Medium | Educate through brochures, information sessions and opportunities to have discussions about the importance of employment for people with disabilities | Ongoing | NA | NA | All FSJACL Staff | This continues to improve. Almost all individuals on our waiting list, now have a job. |
| Fluorescent lighting – Regular exposure to fluorescent lighting can cause health issues (Environmental Barrier) | Main office<br><br>Residential<br><br>programs | Low | Need to be replaced with better alternative.<br><br>Need to use lamps, and make use of natural lighting, not turn on fluorescents, or have them replaced if possible. | | Pending | Hydro put in new bulbs in 2011 but still a problem. | FSJACL Management | This is still a problem in main office. Also too many fluorescents at 10th home.<br><br>Some rooms have softer lighting, that staff are to use. |
| Air fresheners (Environmental Barrier) | Agency | Low | Find a healthier solution<br><br>Order air fresheners from Health Food Store? | Jan, 2012 now need to incorporate | $6 to 9 per bottle $60 per unit. | FSJACL | Special Projects Coordinator | There has been alternatives explored, but hasn't been put in place |
| Too warm in program, reduces air quality and | 10th home | Medium | Put in programmable thermostats | By spring 2014 | | FSJACL/BC Housing | Executive Director & 10th | This has not been done as it has to go through BC Housing. |

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| causes discomfort for individuals and staff (Environmental Barrier) | | | | | | | Supervisor | Both 10th St and A-Street have problems with thermostats – too hot or too cold.<br><br>Portable air conditioners were purchased to help control the temperature in the summer |
| Limited funds for individuals to obtain housing, vacations and other (Finance Barrier) | Agency | High | Continue to advocate for housing and employment opportunities | Ongoing | NA | NA | FSJACL leadership, City Affordable Housing Committee, BC Housing | Individuals that are employed have a greater opportunity for vacations because they have more funds.<br><br>Housing rents continues to rise. We continue to work with BC Housing to find solutions for affordable housing for the people we support.<br><br>A BC Housing Survey was completed in Jan, 2014 by our |

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| | | | | | | | | Human Resources person |
| Individuals understanding the concept of money<br><br>And accessing money<br><br>(Finance Barrier) | Agency | Medium | Education and support | Ongoing | Na | Na | FSJACL staff | Some staff are not involving individuals in managing their money and therefore the individuals don't have the opportunity to learn the skill (fill out their checks, pay, etc.)<br><br>Finances can seem to be in control of the staff/supervisor. |
| Public transportation for individuals in wheelchairs is only available Mon-Fri during business hours and Saturday for limited hours. (Transportation Barrier) | Community | Medium | Mayor's Disability Advisory Committee is advocating for accessible transportation. | Ongoing | None | City of FSJ | City of FSJ, Mayor's Disability Advisory Committee & Local Taxi Company | Because our residences have vehicles, the people living there have community access.<br><br>All busses in town are now accessible.<br><br>Handydart looking at adding more hours. |

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| | | | | | | | | ED is working with Taxi Company to find solutions |
| People are not able to get into the back door unless they have code/key & buzzer not working<br><br>(architectural barrier) | Office | Low | We will look for another one that does not need to be wired in and can run on batteries | Spring 2012 | | FSJACL | ED<br><br>Maintenance Person | A doorbell was installed but it is still not working correctly. |
| Misjudging & negativity<br><br>(Attitudinal Barrier) | FSJACL programs | Medium | Continue to use Team Charters so staff can hold each other accountable, have annual workshops and general staff meetings. | Ongoing | | FSJACL | Leadership Team and Staff | We hold annual General Staff meetings to alleviate misunderstandings and continue to remind staff of Team Charters throughout the agency.<br><br>Will continue to be ongoing because we have so many different personalities, old attitudes, and new staff that don't feel |

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| | | | | | | | | comfortable holding each other accountable. |
| Persons served not getting enough services *(financial barrier)* | All Programs | High | Continue to advocate with CLBC when we see that individuals are at risk to ensure they get the supports they need | Ongoing | | FSJACL | Executive Director | Continue to provide informal supports/drop in center so we can keep in touch with people and better recognize if there are problems that need addressed |
| Businesses - not enough room for wheelchairs *(physical barrier)* | Community | | Shelves in stores too close together for chair or walker to get around | | | | MDAC | MDAC continue to make businesses aware of accessibility issues |
| Desks *(Physical Barrier)* | Office and all programs | | Desks are either not available or not at proper height for individuals in wheelchairs to access | | | | | This has not been addressed in the past because has not really been needed. However, individuals would benefit if they could get up close to a computer screen to see and help staff access their site. |
| Families and individuals not accessing services as they don't know what we offer | All Programs | Medium | Continue working with the high school to distribute information – attend annual open house.<br><br>Work with CLBC to see if we can distribute information by other | Ongoing | Na | | Executive Director | Ongoing Goal |

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| *(Communication Barrier)* | | | means so that families have information to make decisions regarding services | | | | | |
| Homes too business like *(environmental barrier)* | Residences | | Homes can be too 'business like' with talking among staff and doing paperwork. Also staff items around home. | | | | Supervisors Staff | Supervisors need to continually remind staff of the Guiding Principles and ensure a home-like atmosphere |
| Patio Door *(physical barrier)* | A-Street Home | | Patio door is hard to open. Needs new door knob. | Summer 2014 | $50 | | Supervisor | Will get Tom to put new door knob on. |
| Respite *(environmental barrier)* | Residences | | Respite rooms at 4-plex tend to make apartments congested. Having respite person stay at residences can sometimes add stress to residents. | | | | Supervisors | We ensure that we control the amount of respite so that apartments aren't too busy. |

# Identified Items That Will Not Be Addressed

| Barrier | Program | Reason barrier is not being addressed |
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| Basement apartments not wheelchair accessible | 4-plex | This is a licensed facility and suites downstairs do not meet licensing requirements for people with mobility challenges. |
| Back door by back bedroom not accessible, no ramp (Architectural Barrier) | A-Street | This will likely not be resolved as there are alternate routes available. The back sliding glass door however is accessible. |

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| Basement Access not wheelchair accessible (Architectural Barrier) | A-Street | The program has one individual who uses a wheelchair and they do not access the basement. |
| Front entrance not functional as ramp is at a sharp angle to entrance. | A-Street | This issue could only be resolved by major renovations to make the entrance larger. Not feasible at this time. |
| No alternate exit off of deck (Architectural Barrier) | Dee Jay's | There are two front exits as well as an exit through the garage. |
| Location of house – not in residential area due to new commercial development (Architectural Barrier) | A Street | This issue could only be resolved by purchasing a home in a different part of Fort St John. Due to housing prices and the size of the house required, this would most likely be unachievable.<br>This continues to get worse – trucks stay running all night so vibrates house, wakes residents, and exhaust fumes. Also irresponsible drivers whip around corner – residents cannot go in front yard as is too dangerous. |
| Office Cluttered (Architectural Barrier) | 4-Plex | Is rectified as much as possible. Just is a very small office for 3 people and it would require major renovations to make the office bigger, which would take away from resident's space. |
| Extreme weather (Environmental Barrier) | All | As we cannot manage the weather we will continue to keep snow and ice removal in programs done and work with city and businesses to ensure access. |
| Ladies washroom not wheelchair accessible (Architectural Barrier) | Main Office | The men's washroom is wheelchair accessible with a lock on it, so ladies can use it. The additional washroom in Community Connections is also accessible. |

# The Fort St John Association for Community Living

# Risk Management Plan

**Purpose**

The purpose of this risk management plan is to minimize the risks and the resulting impacts to the Fort St. John Association for Community Living. This plan addresses potential risks to the Association, the people we serve, personnel, and stakeholders by developing strategies to minimize the potential of risk.

The overall goals of the risk management plan are:

1. prevention of harmful events
2. protection of the organization's people, reputation and assets
3. ensure continuity of the organization

**Overview of Organization's approach to risk**

The Fort St. John Association for Community Living is operating in an environment that includes a community, regional and provincial context. Risk is part of everyday operations. To minimize the risk, the Fort St. John Association for Community Living is regulated by external authorities including Workers Compensation Board, Ministry of Health-Community Care Licensing, Community Living BC guidelines and contract requirements, CARF Accreditation Standards and Human Resources Act. Internally, a management team including the Executive Director who reports directly to the Board of Directors manages the organization. Ultimately, it is the Board of Directors who is responsible for accepting the Risk Management Plan, level of risk to be tolerated and preventative measures to minimize risks. In addition, it's equally important to create a plan in dealing with the risk, if that risk or harmful event becomes reality.

The Board of Directors is aware of the risk management responsibilities and delegates the operational authority and responsibility to the Executive Director through governance policies.

**Responsibility for Risk Management Plan**

The Management Team, headed by the Executive Director, is delegated the responsibility to develop, manage and report on the plan. The Executive Director may involve additional individuals in the development and implementation of the plan.

**Definition of Risk Management**

Risk management often involves activities that deal with uncertainty and potentially harmful future events. The risk management plan provides the opportunity to make responsible choices about how the organization conducts the business and responses to unexpected events. The basic principles of risk management are to consider people first, be practical, and use common sense.

**Risk Management Methods and Strategies to Address Areas of Risk**

Providing training, equipment and tools, policies and procedures, supervision, clear expectations and controls all contribute to minimizing risk in the organization. The following are some examples of techniques to use in managing risks:

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| **Avoidance:** | discontinue the activity or do not offer the service |
| **Modification:** | change the activities to reduce the level of risk to an acceptable level such as implementing policies and procedures, provide further training, etc. |
| **Retention:** | accept all or part of the risk and prepare for potential consequences by accepting deductible costs or self-insuring. |
| **Sharing:** | purchasing insurance, sharing responsibility with another organization, contracting the service to another business |

**Approval and Implementation**
The Board of Directors shall approve the Risk Management Plan. The implementation will occur under the direction of the Executive Director.

**Communicating and Reporting Results**
The risk management plan should be communicated throughout the organization so staff, and others involved in the organization can participate in reducing or removing risks.

The Board of Directors in consultation with the Executive Director makes adjustments and reviews the risk management plan as necessary.

| Area of Risk Action/ | Description of Potential Risk | Strategy/Method used to Manage Risk | Further Person Resp |
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| **Individuals Receiving Services** | | | |
| | **Injuries** | **Prevention:**<br>▪ Injury prevention by removing obstacles such as snow, locking up of dangerous items, monthly program checks/fire drills (OH&S).<br>▪ Risk Assessments to determine if individuals pose a risk to other individuals or themselves<br>▪ Crisis Prevention Institute (CPI) Training required for all staff<br>▪ Follow Adult Care Regulations for locking up of medications and knives, as well as other dangerous items.<br>▪ Risk assessments done on activities that may pose a risk and are reviewed by ED before activity occurs to ensure risk can be managed. (see program policies and procedures)<br>▪ If any doubt whether there is an injury, individual goes to hospital.<br>▪ Health care plans in place for each individual in residential care, where health issues are present.<br>▪ All incidents of injury are reviewed to determine contributing factors and if changes need to be made to prevent future injuries.<br>▪ Severe Weather Conditions Policy.<br>▪ Bathing Clients Procedure<br>▪ We recently allowed an individual to use our accessible bathing equipment at 10th Avenue who isn't receiving services from CLBC. We created a liability waiver and guidelines for the mother to sign as the person being bathed was under 19.<br>**Strategy:**<br>▪ All staff trained in First Aid<br>▪ All staff trained in WHIMS<br>▪ Third Party Liability Insurance<br>  ▪ $2,000,000 through AON<br>  ▪ $5,000,000 through Barton<br>▪ Additional liability Coverage on vehicles (5,000,000 from ICBC) | No further action required |

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| | **Injuries (Providing Support to individuals with high medical needs)** | **Prevention:**<br>▪ Maintain a current Health Care Plan<br>▪ Training by supervisor, OT/PT and HSCL Nurse.<br>▪ Ensuring that staff read and sign all individual specific protocols and health care plans during orientation.<br>▪ Ensure staff receive training in individual specific protocols and any required Designation of Task by the HSCL Nurse before doing that task without supervision.<br>▪ Ensure HSCL Nurse is consulted on any health issues.<br>▪ Ensure physician is notified of any health issues.<br>▪ Ensure staff understand their role; not to diagnose but to leave proper assessment of health issues to their physician. This is included in the support workers code of ethics.<br>**Strategy:**<br>▪ We would not provide support to an individual (unable to adequately manage risk) if we determined that "any" of the following factors were present. We would first consult with CLBC and eliminate the risk before providing care:<br>○ Staff/client ratio isn't adequate<br>○ requires nursing functions that staff cannot perform, don't have required medical equipment.<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton | Due to Thriving in Community Workshop we will investigate possibility of changing DOT procedure to include senior staff monitoring and training staff who have DOT designation – still pending |
| | **Injury (Swimming)** | **Prevention:**<br>▪ Water Safety Procedure<br>▪ Follow water safety procedure to determine risk involved: ED or designate must determine if risk is manageable by reviewing the clients that will be near water, client/staff ratio, staff's swimming abilities, life jackets available, etc. This is done through an activity risk assessment (see program policies and procedures)<br>**Strategy:**<br>▪ After determining above, activity may or may not continue depending on risk rating.<br>▪ Liability Waiver<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton | No further action req<br><br>May look at getting a lifeguard if we do camping, etc. |

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| | **Injury (Extreme Weather)** | **Prevention:**<br>▪ Severe Weather Conditions Policy<br>▪ As per policy, if there is hot weather, staff must ensure that individuals are dressed appropriately, have access to water and have sunscreen.<br>▪ If it is extreme cold weather, staff must determine temperature, if it's warmer than -20°C then they can proceed with appropriate clothing and transportation. If colder than -20°C, and the risk is too great to be outside for long periods and therefore activity must be discontinued or assessed by supervisor and plan put in place to minimize risk (not walking, etc.)<br>**Strategy:**<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton | No further action required |
| | **Injury** (Transportation) | **Prevention**<br>▪ All staff are required to get a driver's abstract before beginning employment.<br>▪ Vehicle Use Policy. Employees must drive safely and ensure passengers have seat belt on before operating the vehicle.<br>▪ Out of Town Travel Policy. Ensuring that when travel is outside city boundaries (Charlie Lake and Taylor are the boundaries) employees must call on-call and give them details of travel and check in upon arrival.<br>▪ Class 4 Drivers License Policy. All employees who operate a van with a wheelchair lift, must have a valid Class IV License.<br>▪ Ensuring that there is a first aid kit in all Association vehicles and one available to be taken in employee vehicles.<br>▪ We have obtained signs that are placed on all Association vehicles that state "How is my Driving and our phone number" so people can report employees not driving safely.<br>▪ Employees are orientated to the proper use of wheelchair restraints before operating our van with wheelchair lifts.<br>**Strategy:**<br>▪ Vehicle Insurance $5,000,000 third party liability through ICBC<br>▪ Third Party Liability through our FSJACL insurance<br>▪ Supervisors do an inspection on all personal vehicles being used, using a pre-trip inspection form to ensure vehicles appear reliable | No further action required |

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| | | ▪ Insurance on all Association Vehicles and proof of insurance on all personal vehicles that are used to transport individuals receiving services. (Special Excess Third Party Liability Policy to increase it to 5,000,000, APV212)<br>▪ The Association carries additional 3rd party liability for $5,000,000 through ICBC | |
| | **Injury (Sickness & Disease)** | **Prevention:**<br>▪ Health Requirement Policy to ensure staff are healthy to work with individuals in care<br>▪ Universal Precautions are practiced in all programs. Infection Control Policy to avoid contamination and spread of infectious diseases.<br>▪ Medication delivery training for all staff administering medications to individuals in care.<br>▪ All staff receive Food Safe training to ensure safe measures are followed when preparing food in all programs.<br>▪ Thermometer kept in all fridges to ensure safe temperature to avoid food poisoning.<br>▪ All individuals must see their physician at least annually. If any unusual illness or symptoms, individuals are taken to the hospital to see a physician.<br>▪ Have access to Health Services for Community Living Nurse.<br>▪ Have access to pharmacist who sits on our Medication Safety Advisory Committee to consult with regarding medications and potential interactions<br>▪ All individuals with health issues have a Health Care Plan in place.<br>▪ Having appropriate benefits (sick time) to ensure employees don't come to work sick.<br>**Strategy:**<br>▪ Ensured that all staff knew when flu shot was available<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton<br>▪ 25,000 medical payments per person<br>▪ | Ensure flu shot is readily available to all staff this coming flu season |
| | **Injury (Medication Errors)** | **Prevention:**<br>▪ Medication Administration Training upon hiring and then Medication Administration Refresher Training every 2 years.<br>▪ Ensuring all employees are signed off by supervisors to administer medications, which means they have been observed on three separate occasions.<br>▪ Medical Procedures & Medication Administration Manual available on | Need to hold medication refresher workshop on a timelier basis<br><br>Will change the |

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| | | ShareVision<br>▪ Medication Administration Procedures in FSJACL Policies and Procedures<br>▪ All new staff must use a Medication Administration Checklist until they have passed probation and completed the Medication Administration Workshop.<br>▪ Have watch or alarm in each program to remind staff of medication times<br>▪ The agency has a Medication Safety Advisory Committee that sets policies, procedures and reviews errors. The committee is comprised of the HSCL Nurse, Pharmacist, Executive Director & Supervisors.<br>▪ Any medication errors that require medical intervention are reported to CLBC and Licensing (if applicable) and investigated. New procedures may be implemented as a result to prevent future errors.<br>▪ All medication errors are reviewed by the ED and the Medication Administration Safety Advisory, follow up action is taken with employees who have medication errors which may include disciplinary action.<br>▪ As per our Medication Error Policy, all medication errors are immediately reported to on-call. Permission must be obtained by a pharmacist before administering or withholding missed medications, unless otherwise indicated in the person's health care plan.<br>▪ Individuals would be taken to the hospital if there were any adverse effects due to a medication error.<br>▪ As part of shift responsibilities, all staff must check medications upon the beginning of their shift so that if a medication error is made during the previous shift, it is then discovered and dealt with.<br>**Strategy:**<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton 3rd party liability | Medication Delivery Workshop to be delivered by a designated staff instead of the HSCL Nurse so that it can be held on a more timelier basis |
| | **Missing Persons** | **Prevention:**<br>▪ Missing Client Procedure. Search and Rescue info sheets printed off for all individuals and are located in Emergency Preparedness Binders.<br>▪ All staff sign protocols in place for all individuals in care to ensure they have read and understand procedure.<br>**Strategy:**<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton | No further action required |

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| | **Injury**<br><br>**(due to Abuse and Neglect)** | **Prevention:**<br>▪ Code of Ethics (signed by employee) and reviewed annually by staff.<br>▪ Criminal record search<br>▪ Abuse & Neglect Policy<br>▪ Use of Physical Interventions Policy.<br>▪ Policy on financial controls for individuals receiving services.<br>▪ Sexuality Policy<br>▪ Practice due diligence to minimize risk. We ensure that everyone is aware of their responsibility to the individuals we support.<br>▪ As per the Association's Policy and Procedure on Abuse and Neglect. Employees are quizzed to ensure they are aware of this policy.<br>▪ Staff take modules through Open Future Learning to learn ethics and role of a support worker<br>▪ Regular staff take "Foundations" which includes ethics.<br>▪ Staff discuss "ethical" issues at staff meetings.<br>▪ As per abuse policy, it's all staff's responsibility to report situations of abuse<br>▪ Investigation and inquiry into all instances of abuse and neglect – new practices may be implemented to avoid further instances of abuse and neglect.<br>▪ Association has individuals in care review their rights and responsibilities annually and to report any abuse and neglect.<br>▪ Employees who breach Abuse and Neglect Policy are subject to disciplinary action up to and including termination.<br><br>**Strategy:**<br>▪ Third party liability coverage for employees and directors for $2,000,000 from AON per occurrence.<br>▪ Have an additional $1,000,000 for non-government funded programs, through Barton | No further action required |
| | **Injury to Person's Served (Supporting Individuals with high risk behaviors)** | **Prevention:**<br>▪ Behavior Management Policy<br>▪ Ensure that a Safety Plan, if required (signed by approved behavioral consultant) is put in place to ensure the person and other's safety, if there is a chance that person would be put at risk.<br>▪ Use of Physical Interventions Policy<br>▪ Ensure risk assessment is completed for all individuals in care and a behavior support plan in place, if required. | Currently putting more extensive plans in place at the for a new residence – need behavior mgmt. plan |

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| | | ▪ Roommates selected based on his ability to keep themselves safe (remove themselves from the area if required and not at risk around the individual with high risk behaviors).<br>▪ Staff and home share providers receive CPI (Crisis Prevention Institute) Training<br>▪ Practice due diligence to minimize risk. We ensure that everyone is aware of their responsibility to the individuals we support. All staff read specific information regarding behaviors, how to re-direct to avoid violent behaviors and what to do to keep roommate safe. All plans are signed by staff stating that they have reviewed the guideline and understand it.<br>▪ We have created quizzes around behavior support plans to prove that staff understand them.<br>▪ For individuals who may put others at risk in the day program, they must attend with one on one staff.<br>▪ All employees wear an emergency button to alert emergency personnel if required.<br>▪ Incidents are reviewed to determine causes for the behavior and information is then used to prevent future aggression. This has been very useful and it has decreased the behaviors substantially.<br>▪ We involve a psychologist or behavior consultant if we need assistance in creating strategies in dealing with challenging behaviors<br>▪ All instances of physical interventions must be reported to on-call and a serious incident form completed; as well as an investigation into the use of the physical intervention.<br>▪ We currently don't support anyone who has safety plans in place that involve the use of physical restraints. Therefore, the use of physical restraints would only be used if there was immediate and imminent danger to the individual or others.<br>**Strategy:**<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton | |
| **Employees** | | | |
| | **Injuries** | **Prevention:**<br>▪ OH&S committee identifies and manages risks. All injuries are reviewed by OH&S Committee and new procedures may be implemented to prevent future | No further action required |

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| | | occurrences.<br>▪ Policies regarding safety, i.e. closed toed shoes.<br>▪ Staff receive training on proper lifting, transferring & positioning methods during Level One Training.<br>▪ Staff have received more extensive training on lifting and transferring from OT/PT.<br>▪ All employees must be qualified (have class IV) to drive certain vehicles. (10th Ave Van)<br>▪ Employees are encouraged to seek medical attention for injuries where required.<br>▪ More in-depth investigations will take place through the OH & S Committee to help prevent future injuries and hopefully encourage employees to take more care in how they do things and to not take short cuts which could put them at risk of injury.<br>▪ Where safety equipment or clothing is required for jobsites, the FSJACL provides such safety gear and clothing<br><br>**Strategy:**<br>▪ We minimize the risk by having current WCB coverage; all injuries are reported to WCB.<br>▪ Extended Health Insurance is provided to all employees<br>▪ Workers Compensation Board works with employees who are injured to rehabilitate them, ensure they receive appropriate treatments, etc. We also have a duty to accommodate an injured worker. | |
| | **Injuries (aggression from individuals in care)** | **Prevention:**<br>▪ Crisis Prevention Institute (CPI) Training<br>▪ Follow CLBC Behavior Support Guide for Service Providers<br>▪ Behavior Support and Safety Plans for all individuals who may be aggressive; all staff must read and sign they have done so<br>▪ Reviewing incidents at staff meetings to discuss prevention and how to deal with future incidents. Staff indicate they have read the minutes.<br>▪ Following procedures for emergencies (calling on-call during incidents).<br>▪ Each staff wears a panic button in case of aggression where they feel they can no longer keep themselves or others present safe.<br>**Strategy:**<br>▪ Workers Compensation Board works with employees who are injured to rehabilitate them, ensure they receive appropriate treatments, etc. We also | Created checklist for supervisors in dealing with critical incidents, this will be implemented with new Sharevision Upgrade- this has not been done to date, will be implemented in the coming year |

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| | | have a duty to accommodate an injured worker.<br>▪ There is an Employee Assistance Program available to employees for counseling<br>▪ Third Party Liability Insurance<br>▪ WCB | |
| | **Injuries (sickness & disease)** | **Prevention:**<br>▪ Health Requirements Policy<br>▪ Universal precautions & Infection Control Policy<br>▪ All staff take Food Safe<br>▪ Medical Certification of Fitness required from a physician before someone is hired<br>▪ Physician approval required before returning to work after an injury or illness has occurred.<br>▪ We have a Health & Wellness Committee which is available to all regular employees. This encourages physical and mental well-being which will prevent sickness.<br>▪ Employees are entitled to sick days to prevent workers from attending work when they are sick.<br>▪ Physician reports are required for employees who are sick for extended periods of time, have a pattern of sick time, or are returning from a lengthy or serious illness.<br>▪ Encourage all employees to get the flu shot annually<br><br>**Strategy:**<br>▪ We manage this risk by having appropriate benefits sick time and extended health benefits.<br>▪ We work to accommodate employees in returning to work.<br>▪ Long Term Disability Insurance<br>▪ WCB<br>▪ Early Intervention Services provided through DMI (part of extended health coverage) | No further action required |
| | **Fraud/Theft** | **Prevention:**<br>▪ Criminal Record Search on all employees & volunteers . We have all employees get a criminal record check before starting employment with our agency, and every five years thereafter.<br>▪ Theft Policy | No further action required |

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| | | ▪ Policies on safe handling of money. Adequate separation of duties with financial transactions eg. same person who creates cheques does not sign them, etc.<br>▪ ED and board signing authority signs payroll cheque register for automatic deposits (two signatures required)<br>▪ Supervisor checks money, as well all staff who handle money, check the money at the beginning and end of each shift. There is only one person at a time in a program who has access to the money.<br>▪ External annual audit<br>▪ There is back up put with each cheque that requires a signature and signor is responsible for checking the cheque against the back up provided.<br>▪ For Visa stmts, all receipts are attached and board member reviews and signs.<br>▪ Staff are required to keep receipts for all purchases and record them within their shift.<br>**Strategy:**<br>▪ All instances of missing funds or potential theft are investigated and where an employee is suspected of stealing, he/she may be suspended pending further investigation.<br>▪ We are currently not insured for "Employee Dishonesty" as the limit was $20,000 and we would be able to self-insure rather than pay an annual premium | |
| | **Not having adequate number of staff** | **Prevention:**<br>▪ Try to address morale issues.<br>  ○ Staff Reporting Protocol for complaints/issues.<br>  ○ Employee Recognition.<br>  ○ Proper follow up and disciplinary procedures for staff not meeting adequate standard.<br>▪ Employee Family Assistance Program<br>▪ Health and Wellness Program.<br>▪ Human Resources Plan done annually to address recruitment issues<br>▪ Training for job specific duties as well as employee development.<br>▪ Collective Agreement assures fairness for all employees.<br>▪ Negotiate with funding agent to ensure adequate funding for required staff to avoid burn-out.<br>▪ Attempt to hire adequate number of casual staff so staff don't suffer burn out.<br>▪ Post advertisement in paper to attract more employees.<br>▪ Interview prospective employees on an on-going basis to ensure adequate number of employees. | Continue to work on recruitment issues as noted in Strategic Plan |

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| | | ▪ Encourage new employees to obtain hiring requirements in a timely manner.<br>▪ Exit interviews of staff that are leaving to see what we can improve on.<br>▪ Anticipate staffing trends and plan for turnover.<br>▪ Regular surveys for staff to voice concerns.<br>▪ Staff development and opportunity to advance.<br>▪ Creative approaches to hiring:<br>  ○ Hiring foreign workers<br>  ○ Starting employees with experience at a higher grid level<br>  ○ Hire a Buddy Program as an incentive for staff to recruit their friends, there is financial compensation of $400<br>▪ Programs work together to ensure adequate staffing in all programs<br>▪ In the past we have been creative about our less desirable shifts, such as changing awake nights shifts to sleep shifts. 10th Avenue is now the only program with an awake night shift, and this can't be changed due to the resident's support needs.<br>**Strategy:**<br>▪ We would give notice on our contracts if we couldn't adequately staff the program<br>▪ Overtime compensation for staff working additional hours<br>▪ Supervisors fill in if no staff are available<br>▪ Recruitment is also being worked on as part of our Strategic Plan | |
| | **Employment Practices Violations** | **Prevention:**<br>▪ Collective Agreement in place and interpretation guide for certain articles are provided by CSSEA<br>▪ Personnel Policies & Procedures<br>▪ Non-Discrimination Policy<br>▪ Harassment Procedure<br>▪ BC Labor Standards<br>▪ Bullying and Harassment Workshop was held and a mini workshop is held during all orientation days for new employees<br>▪ Do regular surveys for staff satisfaction to resolve issues.<br>▪ Have a respectful working relationship with BCGEU staff representative.<br>▪ Continue to have Labor Mgmt Meetings to address local issues<br>▪ Open Door policy for all staff when conflict occurs<br>**Strategy:**<br>▪ Grievance procedure – try to resolve at first step, if possible. | No further action required |

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| | | ▪ All grievances reported to board of directors.<br>▪ Third Party Liability Insurance<br>  ▪ $2,000,000 through AON (Wrongful Act; breach of duty, neglect, error, etc.)<br>  ▪ $250,000 Specific to Employment Practices Violations through Barton (Director's Liability Insurance) for all non-government funded operations. | |
| **Board of Directors** | | | |
| | **Fraud/Theft** | **Prevention:**<br>▪ Annual External Audit<br>▪ Cheques are signed by 2 designated signing authorities<br>▪ Criminal Record Search for all board members<br>▪ Board Training Manual and Board Training<br>▪ Code of ethics must be signed by all board members<br>▪ Commitment to serve as board members signed by all board members<br>▪ Policies are in place in Association's Policy and Procedure Manual for the security of funds<br>▪ Board of Directors do not create cheques, they have signing authority (appropriate separation of duties).<br>▪ They are not in a position to distribute or take monies and therefore, risk is very minimal.<br>**Strategy:**<br>▪ May result in termination of position if fraud was suspected<br>▪ AON: Wrongful Act Insurance - $2,000,000<br>▪ Barton: Director's Liability - $5,000,000 | No further action required |
| | **Legal Requirements (Due Diligence, liability)** | **Prevention:**<br>▪ Board Training<br>▪ Every member receives Duties and Responsibilities of Directors booklet<br>▪ Board Manual<br>▪ Conflict of Interest Policy<br>▪ Review of requirements and evaluation of how the board feels they are doing, this is done annually in the Board Self Evaluation Tool.<br>▪ All possible risks are reported to the board in a timely fashion- risk mgmt. plan is | No further action required |

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| | | approved annually<br>▪ Consult with lawyer when legal issues arise. Currently we use Augustine Earmme.<br>▪ Board President has regular contact with ED and is aware of all issues, big or small. If an issue arises that needs board attention, it is then communicated to all board members.<br>▪ Board members that have experience and knowledge in particular areas, are consulted on issues that are within their area of expertise.<br>▪ Board meets with auditor once annual audit is complete to review any findings.<br>**Strategy:**<br>▪ Have $2,000,000 for all government funded programs<br>▪ Have appropriate liability insurance for all directors in the amount of $5,000,000 through Barton.<br>▪ Our agency is a member of Inclusion BC and they can be used for legal issues. We are also a member of the CEO Network who also has legal counsel available for some issues. | |
| | **HBT Liability** | **Current Situation:**<br>HBT, our benefit provider has a self-insured long-term disability plan. We were forced to switch to HBT in 2001 even though we were aware of the potential liability this would incur. We have two people on long term disability and our unfunded liability currently sits at $79,000.00. Therefore we have left HBT, but have not paid unfunded liability as we are currently involved in a lawsuit against the Province of BC and HBT.<br>**Strategy:**<br>▪ We have left HBT and are prepared to pay the unfunded liability from our contingency funds, if necessary. We will be working with CSBT on this issue and the CEO Network to ensure that we don't pay it unless we have to.<br>▪ The CEO Network, which we are a member of, is representing us on this issue and have secured a lawyer.<br>▪ We are one of 50 agencies who are contributing towards the legal cost of having this issue resolved.<br>▪ Our agency is one of the 4 agencies who were selected to be named in the lawsuit to take this issue forward. The pleadings have been filed and we are currently in the discover process. Our legal counsel, Heenan Blaikie dissolved their law firm. To ensure we didn't lose any of the work that had been done, we maintained the lawyer who did all of the work on the lawsuit and are currently | On-going issue – being handled by Legal Counsel |

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| | | being represented by another law firm to take this issue forward. The hope is that we are able to settle the suit outside of the courts and our legal representation is hopeful this can happen. | |
| **Volunteers** | | | |
| | **Injury** | **Prevention:**<br>▪ Safety Policies<br>▪ Adequate training & orientation<br>▪ Volunteer information package<br>**Strategy:**<br>▪ Third Party Liability Insurance<br>▪ $2,000,000 through AON<br>▪ $5,000,000 through Barton<br>▪ $25,000 medical payments | We will compile guidelines for each program that detail what an employee can and can't do within each program – Supervisors to draft and submit to ED – not been completed yet, will complete in coming year |
| | **Harm to Individuals in Care** | **Prevention:**<br>▪ Criminal Record Search done on all volunteers<br>▪ Ensure that volunteers are aware of Association policy on abuse and neglect<br>▪ Proper orientation and supervision<br>▪ Volunteer Code of Ethics<br>▪ Interview potential volunteers and monitor interaction with individuals in care.<br>▪ Volunteers would have to sign any plans dealing with an individual's safety, if they are going to be responsible for that individual (no staff present).<br>▪ Discontinue volunteer activities with that person if there are concerns (we feel there is a risk).<br>**Strategy:**<br>▪ $2,000,000 through AON for all government funded programs<br>▪ An additional $5,000,000 through Barton<br>▪ ICBC Insurance if it resulted from a vehicle accident (minimum of $2,000,000 through ICBC, as well as special policy to increase to $5,000,000) | No further action required |

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| **Community** | | | |
| | **Complaints** | **Prevention:**<br>▪ Deal with any complaints immediately before they go public.<br>▪ Conflict resolution procedure; ensure families are aware of this<br>▪ Media Policy<br>▪ All formal complaints must be reported to and handled by the Executive Director as per policy<br>▪ Complaint may need to be brought to board of directors.<br>▪ Investigate every complaint and create and implement an action plan; complaints are noted on Beefs & Bouquets site on ShareVision<br>▪ Report on complaints/resolutions in Outcome Mgmt Report.<br>▪ If complaint involves employee's actions, appropriate disciplinary action may be required, following an investigation.<br>▪ Once complaint is investigated, new procedures may be implemented to prevent further complaints.<br>▪ Ensure community member is adequately communicated with to avoid them complaining to others in the community.<br>▪ If complaint is a service concern we will investigate and work with CLBC to possibly look at additional staffing or training, if required. If service complaint is unable to be adequately resolved, we would work with the individual and their family in finding a different service option.<br>**Strategy:**<br>▪ As above, ensure positive image in community and use preventative measures – if these are adequately addressed complaints should not damage our reputation | No further action required |
| **Property & Assets Buildings** | | | |
| | **Damage, Destruction, Loss** | **Prevention:**<br>▪ Fire inspections done annually – One internal and one external<br>▪ Regular service of furnaces and fire extinguishers<br>▪ OH&S committee<br>▪ Maintenance contractor ensures buildings are maintained. He is in contact with program supervisors to identify any maintenance issues that require attention.<br>▪ Annual licensing inspections of licensed homes. | No further action required |

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| | | ▪ Annual BC Housing inspections of buildings owned by BC Housing.<br>▪ We ensure that all maintenance items that could increase risk are fixed immediately.<br>**Strategy:**<br>▪ Carrying appropriate insurance. We currently hold property insurance on DJ's, 4-Plex and Office – BC Housing holds property insurance on A Street and 10th Avenue. We hold content insurance and additional $5,000,000 liability on all properties. We have additional content insurance on contents at 10th Avenue (medical equipment). Property values are reviewed annually. Inventory taken annually.<br>▪ Residents of the 4-Plex and DJ's have their own content insurance for their personal belongings.<br>▪ Building Reserve fund can adequately fund maintenance items | |
| | **Natural Hazards** | **Prevention:**<br>▪ Emergency Response Plan (Emergency Preparedness Binder)<br>▪ Regular emergency drills to ensure staff and individuals are prepared in case of an emergency<br>**Strategy:**<br>▪ Ensuring that the Emergency Preparedness Procedures are current<br>▪ There are Emergency Procedures in the program manuals in all of the homes.<br>▪ We have worked with the pharmacy to have extra vital medications in stock in case of an emergency.<br>▪ We have emergency bags containing emergency items (food, water, candles, etc.) in all of the homes.<br>▪ Individuals have some personal items stored at different residences in case of emergency at their own home (change of clothes, etc.).<br>▪ We have contacted Dawson Creek Society and they will be our safe place in case of needing to evacuate the community. | Get Community Emergency Response Plan – OH&S Committee |
| | **Vandalism, Damage, Destruction, Loss, Theft of building contents** | **Prevention:**<br>▪ Ensure all items and buildings are secure.<br>▪ Have installed keyless entries on all outside doors to the residences to avoid keys being lost or stolen.<br>▪ We have installed a keyless entry on the back door of the office to ensure that people that don't access our office regularly can't get in.<br>▪ ED or designate checks the office before going home each day.<br>▪ All keys are secured and signed out when needed. | No further action required |

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| | | ▪ We have sheds at all the residences to secure items that can't be kept in the homes or at the office.<br>▪ Association vehicles are not kept in the office parking lot overnight, as it's a bad area of town<br>▪ Have outside lighting at residences<br>**Strategy:**<br>▪ Having adequate insurance on property and contents (increased property by 4% and contents by 2% for 2011/2012). We have building insurance through Barton for DJ's, The Fourplex and the Office; A Street and 10th Avenue are owned by BC Housing and are self insured through them. We also have content insurance through Barton for all locations.<br>▪ Individuals carry their own content insurance in most residences. We have some coverage for individual's contents under Barton as well:<br>○ 10th Avenue *"Personal effects of residents are covered not to exceed and aggregate amount of $140,000 per occurrence, but not exceeding $35,000. Any one resident while at this location"*<br>○ 4-plex, DJ's and A-Street—*"Personal effects of residents are covered not to exceed an aggregate amount of $25,000 per occurrence, but not exceeding $5000 any one resident while at these locations*<br>▪ Up to date inventory kept on ShareVision<br>▪ If property is damaged by an individual in care, they are responsible to replace or repair it | |
| **Vehicles** | | | |
| | **Damage, Destruction, Loss, Theft** | **Prevention:**<br>▪ Driver's Abstracts required for all employees to ensure they are responsible drivers<br>▪ Policy on Vehicle Use<br>▪ Vehicles are secured at the residences. DJ's vehicle is kept in their garage, 10th Avenue van is kept in their garage, A Street van is kept where there is outside security lights, the Careers truck and 4-Plex van is parked at the 4-Plex as the office parking lot is not a safe place during the night.<br>▪ Ensure all vehicles are secured when parked as per Vehicle Use Policy.<br>▪ We have "how is my driving signs" on all Association vehicles so unsafe driving practices can be reported. | No further action required |

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| | | ▪ There is a procedure to report any accidents – this would be investigated and new procedures may be implemented to prevent future accidents.<br>▪ All vehicles receive regular services to ensure they are in good repair<br>▪ Replace vehicles regularly to ensure they don't become unsafe due to disrepair<br><br>**Strategy:**<br>▪ Ensuring that we have adequate insurance on all Association vehicles. We have fleet insurance on all Association vehicles (ICBC).<br>▪ If employees use their own vehicles – they are required to have proper business insurance.<br>▪ All complaints are investigated | |
| **Computer Technology** | | | |
| | **Security** | **Prevention:**<br>▪ Anti-virus software installed on server and all computers<br>▪ firewalls enabled<br>▪ use of passwords on computers<br>▪ server room locked<br>▪ Portable equipment locked up and sign out system in place.<br>▪ Ensuring frequent scheduled virus scans on all computers.<br>▪ Changing passwords periodically (admin password for server and computers just changed)<br>▪ Change system permissions when someone leaves that has access<br>▪ Technology Policy must be signed by all employees before starting employment<br>▪ Web based backups are now being done in all locations; this includes e-mail<br>**Strategy:**<br>▪ Any security breech would be reported to the RCMP<br>▪ We would be able to restore data from our web based back ups | No further action required |
| | **Information Mgmt**<br><br>**(Loss of Information)** | **Prevention:**<br>▪ "My Documents" folder redirected to server and backed up nightly.<br>▪ All drives on server have web based backup<br>▪ All off-site Association computers have regular web based backups<br>**Strategy:**<br>▪ Ability to restore files using most recent backup. | No further action required |

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| | **Privacy & Confidentiality** | **Prevention:**<br>▪ Technology Policy – all employees must sign agreement.<br>▪ Monitoring use of computers<br>▪ Privacy Policy<br>▪ Automatic locking of computers when not in use.<br>▪ Confidentiality Policy<br>▪ Social Networking Policy<br>▪ Having all employees sign Oath of Confidentiality<br>▪ Access to confidential information is restricted<br>**Strategy:**<br>This risk is moderate and is managed by:<br>▪ Legal action would be taken against major breeches<br>▪ Breach of policy could lead to disciplinary action, up to and including dismissal<br>▪ Third Party Liability Coverage<br>  ○ $2,000,000 through AON **(**Wrongful Act, Breech of Duty) | No further action required |
| | **Theft** | **Prevention:**<br>▪ Encryption<br>▪ Securing of equipment<br>▪ Restricted access<br>▪ Theft Policy and Procedure<br>▪ Have employees sign "Technology Policy" to prevent theft of information on computers<br>▪ There is restricted access to programs to prevent theft of computers or other technology<br>**Strategy:**<br>▪ Insurance for contents in case of theft of computers or technology<br>▪ If data is compromised, we would restore back ups<br>▪ If theft of confidential data, we would report to RCMP and seek legal action again anyone responsible<br>▪ If there is theft of physical equipment, it is covered under our content insurance for all worksites (Barton Insur) | No further action required |
| | **Damage, Loss, Destruction** | **Prevention:**<br>▪ Regular web based backup<br>▪ IT North to deal with issues and regular maintenance of systems<br>**Strategy:**<br>▪ The back up can be used to restore any data that has been lost. | No further action required |

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| | | ▪ Can use other computers until operational again.<br>▪ IT North works with us and would restore system | |
| **Financial Practices** | | | |
| | **Loss of Funding** | **Prevention:**<br>▪ Maintain good relationship with funding agent.<br>▪ Look at different fundraising opportunities.<br>▪ Ensure any new contracts are adequately funded<br>▪ Ensure that potential liabilities (overpayment of compensation funding) is accounted for.<br>▪ Ensure contract requirements are met.<br>▪ Look for more entrepreneurial relationships within community i.e. Individualized funding. This includes building relationships with potential consumers.<br>▪ Continue to grow our HomeShare Program – this will help our agency to continue to grow.<br>▪ Look for other services our agency could provide.<br>▪ Look at available grants.<br>▪ Continue to be informed on provincial issues and be part of CEO Network. This allows us to be one step ahead of provincial funding issues and if there are problems, join other ED's to affect change.<br>**Strategy:**<br>▪ See contract reductions/cancellations<br>▪ See constitution and bylaws regarding dissolving society | No further action required |
| | **Legal Requirements to record, report & audit** | **Prevention:**<br>▪ Auditor reports to board annually<br>▪ Annual external audit<br>▪ Annual reporting to the Registrar of Societies<br>▪ Annual General Meeting is held in September every year<br>▪ ED reports to the board on a monthly basis. Detailed Financial Statements are submitted to President and Treasurer and consolidated financial statements are submitted to board on a regular basis.<br>▪ Financial Statements are sent to BC Housing annually.<br>**Strategy:**<br>▪ All regulatory agencies would let us know if legal requirements were not | No further action required |

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| | | adequately addressed, in addition to auditor helping to ensure we were compliant | |
| | **Loss of Exposure (risk of losing income)** | **Prevention:**<br>▪ Annual Audit<br>▪ Ensure expenses don't exceed revenue – monthly financial statements are given to the board<br>▪ Continue efforts of promoting organization<br>▪ Review budget and adjust as necessary<br>▪ Forecast trends and losses and create plan to address with the board. This may include cut backs, layoffs, etc.<br>**Strategy:**<br>▪ Contract Cancellation if contract amount didn't cover costs<br>▪ Adequate Contingency Fund | No further action required |
| | **Investment Losses** | **Prevention:**<br>▪ All investments are guaranteed and locked in.<br>**Strategy:**<br>▪ There is no risk in our investments, all savings are currently in a Platinum Savings Plan.<br>▪ The board approves investments. | No further action required |
| | **Failing to Meet Contract Requirements** | **Prevention:**<br>▪ Review contract requirements regularly.<br>▪ Supervisors now have a checklist of program requirements<br>▪ ED reviews all critical incident reports<br>▪ Auditor reviews financial reporting requirements<br>▪ Having a continued relationship with funding agent – they will let us know if they require more information.<br>▪ We keep track of all Contract expiry dates.<br>**Strategy:**<br>▪ Once notified, we would work to ensure we resolved the issue promptly – all correspondence sent to CLBC is reviewed by the ED | No further action required |
| | **Contract Reductions or Cancellations** | **Prevention:**<br>▪ Maintain good relationship with funding agent.<br>▪ Ensure contract requirements are met.<br>▪ Keep up to date on provincial issues and be flexible to other support options<br>▪ Review and adjust budget to reflect changes in revenue<br>▪ Do not accept new contracts that would put the agency at risk | No further action required |

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| | | **Strategy:**<br>▪ Possible layoffs of employees - Work with union to ensure layoff is done in a fair and equitable manner -Communicate with staff to alleviate fears<br>▪ Meet with staff to find efficiencies and determine responsibilities<br>▪ May have to adjust administration costs – work with Board of Directors and look at where efficiencies can be found - Review wages and benefits and possibly re-align duties - Look at possible restructuring scenarios<br>▪ May have to look at being innovate and redesigning services.<br>▪ Encourage staff to find efficiencies within programs.<br>▪ Look at more fundraising opportunities.<br>▪ Adjust work loads<br>▪ Recruit more home share providers (if staffed residential program is being reduced/closed) | |
| **Fundraising Events, Grants** | | | |
| | **Loss of Income** | **Prevention:**<br>▪ Ensure expenses don't exceed revenue when planning fundraiser.<br>▪ Maintain good reputation in community<br>▪ Work to maintain good relationship with sponsors<br>▪ Ensure Bingo funds are properly accounted for; ensure application is done when required – we currently aren't receiving new bingo funds and still have unspent bingo funds<br>▪ Promote events<br>▪ Promotion of organization in community is vital to fundraising success. We have created new brochures.<br>▪ Ensure high standard for all events (good entertainment, guests are being treated well, etc)<br>▪ We currently do a community living column in the Flipside<br><br>**Strategy:**<br>▪ Ensure our annual fundraiser is reflective of what community wants<br>▪ Review fundraising and event planning strategies and change if necessary. | No further action required |

| Organization Reputation and Profile | | | |
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| | Negative Media Coverage | **Prevention:**<br>▪ Ensure good relationship with media and include them in all events/opportunities<br>▪ Ensure you have media contact person.<br>▪ Ensure complaints are dealt with as soon as possible.<br>**Strategy:**<br>▪ Designated board member and ED as media contact as per Media Relations Policy.<br>▪ Contact media to follow up with any negative coverage.<br>▪ Follow up article promoting organization in the community. | No further action required |
| | Loss of Credibility, Exposure | **Prevention:**<br>▪ Maintain relationship with media.<br>▪ Maintain good reputation and profile within the community and with families<br>▪ Ensure agency & staff follow mission and values<br>**Strategy:**<br>▪ Follow up with source<br>▪ Meet with membership and keep them informed.<br>▪ Promote organization within community. Use brochures and promotional materials to reach community members.<br>▪ Address any issue that could lead to loss of credibility and create and implement an action plan. | No further action required |

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| | **Loss of ability to raise donations** | **Prevention:**<br>▪ Maintain relationship with current donors.<br>▪ Promote organization in community.<br>▪ Keep relationships strong with sponsors and funders.<br>▪ Network with businesses, consumers and families.<br>**Strategy:**<br>▪ Look for opportunities to raise awareness in community.<br>▪ Look for new funding sources for donations.<br>▪ Review current reputation and find ways to improve it.<br>▪ Look at developing new fundraisers if viable. | No further action required |
| **Home Share Program** | | | |
| | **Legal Issues arising from Contractor Relationship** | **Prevention**<br>▪ Currently use contract template created by CEO Network Legal counsel<br>▪ Clear guidelines in place<br>▪ Ensure guidelines are clear before contract is completed<br>▪ Home Study Certification taken by Home Share Coordinator<br>▪ CEO Network is currently getting a legal opinion on contractor relationship and insurance issues<br>▪ Ensure regular reporting<br>▪ Ensure regular monitoring of home share sites<br>▪ May have day program at the home which is provided by FSJACL employees – any problems would be reported<br>▪ Contractor will need to have First Aid Training and CPI Training<br>**Strategy**<br>▪ Would involve auditor and contract lawyer and would use current legal opinions to appeal | No further action required |

**The FSJACL has their insurance reviewed annually by an insurance broker to ensure the agency has appropriate coverage

# The Fort St John Association for Community Living

## 2014 Information Management & Technology Plan

May 2014

# Introduction

As technologies advance in our high paced society, it is imperative that organizations are aware of these advances and have a plan in place to administer upgrades when needed. It is more cost efficient for an organization to stay current rather than letting their technological level slip. By producing an information management and technology plan, we will be able to distinguish where we are today and produce short term and long term plans of where we will want to be.

The report will include what we currently have for hardware, software, and services and what we should look at purchasing or implementing in the next year or looking farther into the future. By providing this plan, we will be able to budget appropriate funds to keep our organization current with the ever-changing world of technology.

Technology is and will always be an evolving industry. By keeping up to date, an organization will be better equipped and more efficient at performing its daily duties. This information management and technology plan will provide the framework for keeping the staff and individuals served by the Fort St. John Association for Community Living technologically current. In doing so, the efficiency and productivity of process within our agency will be maintained and most likely improved.

The report will be broken down into three sections. The first will be a description of the current technological level of the Association. This section will include a list of current hardware, software, and services that the Association has or receives. The second section will be a short-term plan that will provide recommended improvements and purchases to be completed within the next 6 or 12 months. The plan will include a financial plan for funding for purchases. The last section will be a long-term plan of where the Association should be heading in the next five years. This section will also include a financial plan for budgeting for the purchases.

In recent years, Microsoft and many other software companies have introduced charity and non-profit pricing for their products. The incredible savings that this pricing introduced will allow our Association to maintain and increase our technological level. This plan will determine how to proceed with upgrades and make recommendation that will need to be addressed.

Currently IT maintenance is done internally and we also contract with IT North when we require more in-depth expertise.

# Current Technological Level

The Association office currently houses a variety of equipment. Detailed information on each item is included in this report.

**Computers**
The Association has 23 desktop computers (14 connected to the domain) and 10 laptops (1 connected to the domain). See Appendix A for detailed information on each computer.

**Printers**
The Association office has 3 printers (not including photocopier) and each residence (4) contains one printer/all-in-one. The make and models as well as functionality vary between programs. Our computer inventory is kept separately, updated regularly and checked annually.

**Fax Machines**
There is now only one fax machine which is located at the office. This is also our photocopier and scanner.

**Servers**
The Association purchased a new server in November of 2013.

**Office Telephone System**
The Association uses the Nortel Norstar Compact DR5 telephone system (formerly known as the Meridian system). This system contains one M7324 telephone located at the receptionist's desk and eleven M7208/T7208 telephones, a 2.4 GHz, and an Audio Conferencing Unit. Voicemail is controlled through the Norstar CallPilot Manager.

**Photocopiers**
The Association currently leases a Ricoh MP C3001 SPF from IOS Financial Services. The lease expires in 2016 and will be readdressed at that time. This machine functions as a color photocopier, scanner, fax machine and printer.

**Internet Access and E-mail**
The Association office if on high speed ADSL provided by Shaw. The modem was replaced in March of 2013 as we upgraded our internet service from Telus to Shaw. The programs also upgraded their internet service through Shaw at that time as well. Each computer on the network has access to the internet. The network is protected by a Firewall which was replaced in August of 2011. A Street, Dee Jay's, 10th Avenue and the 4-Plex each have Shaw High Speed internet services.

We have high speed ADSL bundle provided from Shaw. The domain www.fsjacl.com is registered through Brenden Gray Internet Services and is hosted by Image Build. Our e-mail is through Microsoft Office 365. This has allowed more flexibility and we can now access and manage our e-mail from the web and it syncs with what we have on our e-mail program (folders, calendars, etc.) The Association registered the domain www.fsjacl.com in the summer of 2002.

**Cell Phones and Pagers**
The Association has one pager and nine cell phones, one pager and one air card with service provided by Telus. Some supervisors have chosen to keep their personal cell phones and the association reimburses them $30.00 per month for business use of their phone, if they access their e-mails through their phone we will reimburse them $60.00 per month to account for the data plan.

**Accessories**
The Association owns one Hewlett Packard 618 2.11 mega pixel digital camera.

The Association purchased an Epson LCD Projector in November of 2010.

Video Camera, the Association purchased a Sony Handycam in May of 2011.

Xperiential Learning Solutions, virtual reality system was purchased in 2007. This is used by Community Connections for recreational, physical and therapeutic exercises. This has been replaced by a WII Game Console for many of the recreational activities.

**ComVida**
ComVida is a scheduling and payroll program that was implemented at the end of 2006. This software provides staff with the ability to check their schedules online, for payroll to be completed in a more timely fashion, and for supervisors to schedule staff in real-time.

**ShareVision**
ShareVision is a SharePoint based client management database that was implemented in 2006. This software allows the Association to keep detailed records of individuals in service with the ability to produce reports on various activities. In April of 2013 we upgraded to a new version of Sharevision (version 3).

**Security of IT** (also see Risk Management Plan)

- Our Comvida is hosted by a 3rd party company (Adaptive Technical Inc.) that Comvida uses. Their information is backed up daily and off-sited weekly.
- Sharevision is hosted by Breakwater Designs (the owner of ShareVision) and it's backed up regularly
- Our payroll records and our server are backed up online daily to storage guardian and it's also backed up and stored locally to an external Hard drive each night.
- The off site workstations (programs) are backed up on-line automatically every night.

| Short Term Goals | (up to 12 months) | | | |
|---|---|---|---|---|
| Previous & Ongoing Goals | | | | |

| Goal | Reason | Action Completed | Ongoing Action | Cost |
|---|---|---|---|---|
| Ensure up to date Anti Virus on all Computers | Ensure up to date and adequate security on all computers | Purchased a corporate license for Trend, this has been installed on our server and on all computers - completed | Ensure Anti Virus is kept current on all systems. | Approximately $850.00/yr |
| Renew Comvida License | ComVida is our HR and Payroll database and the license must be renewed annually. | Renewed - completed | Continue to ensure Comvida License is renewed annually | $2,400.00/yr |
| Investigate and install a web-based back up for all off-site workstations | To ensure security in case of loss of information on current work stations. | Done – they are now backed up using Storage Guardian | Was completed this past year. | Approx. $100.00/month |
| Continue to replace outdated computer systems | We use a great deal of technology in our daily work and old systems can cause delays and additional work, therefore putting pressure on our limited resources | 12 workstations were replaced in 2013 – these were all a result of the upgrade when we purchased a new server | Continue to upgrade computer systems as required- we have 3 that need to be upgraded in 2014 (2 for the 4-plex and | Approx $1,500/workstation, installation included |

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| | | | one for A Street) | |
| Replace Cell Phones and Pager as required | All supervisors and the ED carry a cell phone for on-call purposes. It's important that it's up to date and reliable. Some supervisors use FSJACL cell phones and some supervisors receive reimbursement for the use of their cell phone | Continue to change phones as necessary. | Continue to replace and upgrade phones as they become due | |
| Investigate and purchase assistive technology for individuals we serve who have difficulties with communication | Communication has been identified as being a substantial barrier to community inclusion. By assisting individuals with communication tools, we could help individuals participate in community and employment activities and help build support networks. | We had CAYA scheduled to come to Fort ST John and work with individuals who would benefit from Assistive Technology. | Continue to work with CAYA and identify areas in which we can assist individuals with assistive technology. | Unknown as it's dependent on how much CAYA can assist us. |
| Replace Firewall | The old firewall failed in March of 2011 and need to be replaced. | IT North installed a new firewall in July of 2011 | Done | $907.00 plus $700/year for support, services, upgrades, etc. |
| Continue Hosting the ShareVision Site through ShareVision | Our ShareVision site is a web-based client management database. Currently it is hosted on ShareVision's server as they ensure all updates and backups are done regularly. | We upgraded Sharevision in 2013 | Signed new subscription agreement – no further action required | $5000/year – this includes the subscription fee and hosting |
| Get a UPS for each workstation | UPS helps avoid system damage in the case of power surges or failures and loss of data | New UPS' have been purchased for all new workstations | No further action required | Approx. $85.00/workstation |
| Upgrade | The ShareVision version that | Completed in 2013 | Continue to receive | $5,000.00/yr and |

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| ShareVision | we currently use is outdated and lacks some functions that would be useful as well as provide a recycle bin to avoid loss of information | | training on Sharevision | $10,000.00 for set-up |
| **Computer Lab** | Purchase two new computers with touch screen capability for CC Computer Lab | Completed when we did the server upgrade in 2013 | No further action required | $4,000.00 |
| | | | | |
| **New Goals** | | | | |
| | | | | |
| Ensure up to date Anti Virus on all Computers | Ensure up to date and adequate security on all computers | | | Approximately $850.00/yr |
| Renew Comvida License | ComVida is our HR and Payroll database and the license must be renewed annually. | | | $2,400.00/yr |
| Continue to replace outdated computer systems | We use a great deal of technology in our daily work and old systems can cause delays and additional work, therefore putting pressure on our limited resources- continue to upgrade as required. We have 3 workstations that need to be upgraded in 2014 (2 for the 4-plex and 1 for A Street) | | | Approx $1,500/workstation, installation included |
| Replace Cell Phones and Pager as required | All supervisors and the ED carry a cell phone for on-call purposes. It's important that it's up to date and reliable. | | | |

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| | Some supervisors use FSJACL cell phones and some supervisors receive reimbursement for the use of their cell phone | | | |
| Investigate and purchase assistive technology for individuals we serve who have difficulties with communication | Communication has been identified as being a substantial barrier to community inclusion. By assisting individuals with communication tools, we could help individuals participate in community and employment activities and help build support networks. | | | |
| Receive Training on how to use ShareVision | Sign up for Webinars to learn how to maintain site and change as necessary | | | $400/session |
| | | | | |

| Long Term Goals | (Over 12 months) | | | |
|---|---|---|---|---|
| **Goal** | **Reason** | **Action Completed** | **Ongoing Action** | **Cost** |
| Review and replace phone system in FSJACL Office | The current system is obsolete and we are unable to receive compatible equipment. In addition, more up to date systems provide more features that would be useful and more efficient. | Received quote from Deltek and Telus. No further action has been taken. | Continue to investigate and budget for new phone system | $6,390.00 to install new phone system and up to an additional $5,270 in options which we would need evaluate what we would need. We could also lease for 60 months at $145.00 per month with an additional monthly lease payment of up to $115.00 for the options. This quote was obtained from Deltek Business Solutions. |

## Conclusion and Recommendations

By reviewing and implementing the short term and long term plans, the Fort St. John Association for Community Living will be able to maintain their technological level as well as increase it. These plans are only recommendations and should be reviewed every year to ensure the costs and goals reflect the current direction of technology.

By budgeting funds to meet the costs reflected in this report, the Association will be able to upgrade and maintain all hardware and software without enduring a huge financial burden. As reflected in the cost analysis of each goal, it is more financially viable to maintain a current system through upgrades than to purchase a new system.

As with any technology, advances occur daily. This is reflected in the cost to purchase items. Each time this report is reviewed, updated costs should be included as items purchased today can be half the price six months from now. As well as reviewing costs, new advances should be analyzed to determine if they would meet the needs of the Association and its residences.

With each passing day, a new technological level is created. By following the advances and using this plan, the Association for Community Living will stay up to date with the ever-changing world of technology.

everyone belongs

FSJACL

Fort St. John Association
For Community Living