

# The Fort St John Association for Community Living

## 2013 Outcomes Management Report

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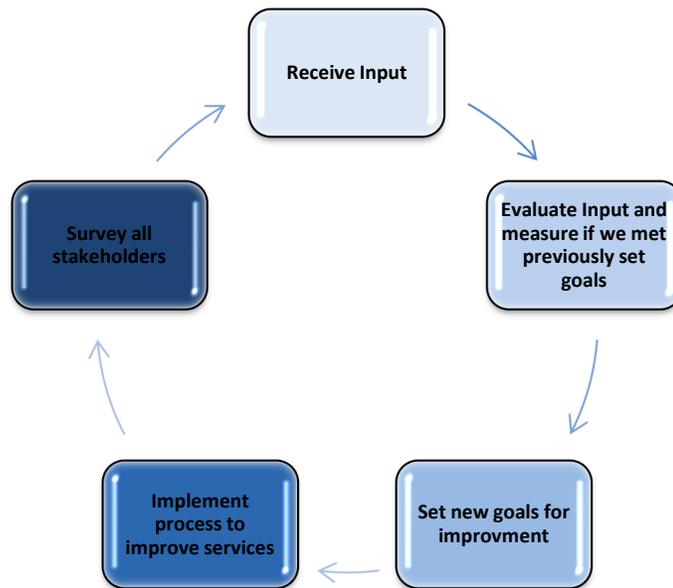
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# Introductory Message

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This report represents our 9<sup>th</sup> 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 that 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 1<sup>st</sup>, 2012 to March 31<sup>st</sup>, 2013*

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## 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

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In August of 2011, the Fort St. John Association for Community Living attained a 3<sup>rd</sup>, 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 FSJAC and empowering individuals.
-  We have increased the financial reward for the 'Recruit a Friend' program.
-  Encourage staff to share through blogs and surveys.
-  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 Home Share recruitment plan was created
-  A brochure for the Home Share Program was created
-  We continue to use Facebook and the newspaper for recruitment

### **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

### **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.
-  The Special Projects Coordinator is involved with each PCP creation and review to ensure consistency and that the individual is the center of the process.
-  More staff are now involved in the PCP process. A PCP informational handout will be made for Families.
-  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 are published every month in the Flipside newspaper

# Satisfaction Surveys

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## Satisfaction Surveys - Persons Served

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**Survey Method:** Person's served were surveyed in person by our Special Projects Coordinator and some key staff.

**Response Rate:** 29 participants completed the survey. Although we serve a total of 42 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, or difficult to get the survey to.

### Response Distribution:

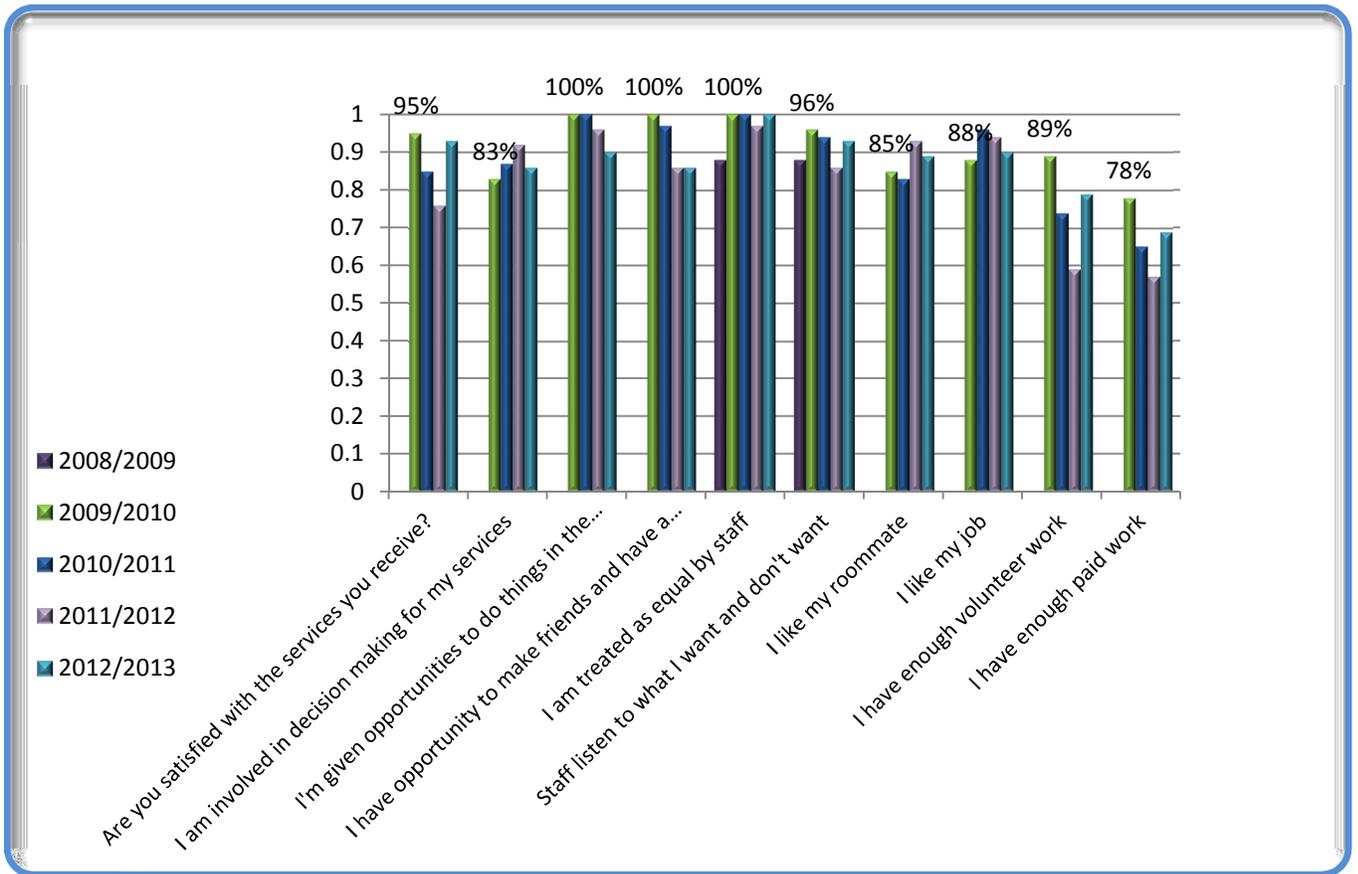
Indicator	Applied To (Target Group)	Time of Measure	Data Source	Obtained By	Goal (Target or Benchmark)	Actual Results
Overall increased consumer satisfaction	All individuals receiving supports	April 1, 2012 to March 31, 2013	Surveys	Special Projects Coordinator	Average of at least 95% satisfaction in all areas	90%

Note: The NA answers are not calculated into the actual result.

Last year satisfaction was rated at 86%, this year the satisfaction rate was 90%. While we didn't meet our target of 95%, we did increase the level of satisfaction.

## Questions asked for Participants Satisfaction Survey

Question	Yes	no	NA
Do you like the services you get from the program?	93%	7%	-
Is information about the FSJACL easily available and understandable?	62%	38%	-
Are you involved in decision making of services you receive?	79%	14%	7%
Are you happy with the things you do at the FSJACL?	83%	7%	10%
Do you feel you have a choice in activities?	83%	7%	10%
Are you given opportunities to be involved and included in community?	83%	10%	7%
Are you given opportunities to make friends and have a social life?	83%	14%	3%
Are you given opportunities to learn and practice skills?	79%	10%	10%
Are you treated as an equal?	100%	-	-
Are your right, beliefs and choices respected?	97%	3%	-
Do you have enough volunteer work?	62%	21%	17%
Do you have enough paid work?	41%	31%	28%
If you work, do you like your job?	55%	3%	41%
Do you like the staff who support you?	100%	-	-
Do staff listen to what you want and don't want?	93%	7%	-
Do you feel comfortable in approaching FSJACL supervisors?	100%	-	-
If you live in a FSJACL home, does it feel like home?	59%	-	41%
If you live in a FSJACL home, do you feel comfortable inviting your friends and family over to visit you there?	59%	-	41%
If you live in a FSJACL home, do you like your roommate?	48%	10%	41%
Do you have friends and family involved in your life?	90%	10%	-
Are you getting all the services you need or want from us?	86%	14%	-
Are you familiar with you Person Centered Plan?	59%	34%	7%
Are you having a chance to work on your goals from your Peron Centered Plan?	83%	14%	3%



**Previous Recommendations and Actions:** Individuals are to have their own copy of their PCP, Special Projects Coordinator oversees PCP process to assure consistency and individual is main contributor and an Audio option was also added to our web site.

Last Year's Recommendations	Actions
 To ensure that PCP goals are followed through with.	This is currently being done, however it's somewhat different in each program. Once ShareVision is upgraded, the procedure in reporting will be more consistent.
 To create training around individual PCPs.	Quizzes for PCPs are now complete for all current and new staff. Staff are also now more involved in the PCP process.
 To continue to find more paid and volunteer work for the people we serve	This has been very successful this past year. This will be a continuing goal.
 To continue to make information more understandable for the people we serve by using more simple language, explaining in different words and using pictures.	We are more conscious in making things easier to understand and in plain language, however, this has not been achieved yet. In the day program, we changed the calendar and added pictures to make it easier to understand.

	The house meetings in each home help to ensure individuals have an understanding of information. We are going to try to hire someone to review our materials to ensure they are presented in plain language.
 To create a DVD or You Tube video to explain different services and information	This has not been completed yet, currently in progress.
 Supervisors will have their staff review a PCP monthly.	Currently being done in each program.
 Continue to ensure that the proper procedure is followed during creation and review of the PCP (create a checklist for staff)	Checklist is currently being used.

### Exit from Services:

We had a total of 5 people who exited services. 2 went to other programs, 1 passed away, 1 moved from the community, and 1 left services and we are unable to determine why.

### Recommendations for the next year:

-  Ensure exit interviews are completed for all individuals exiting service
-  Create Self-Advocate DVD
-  Continue to find more paid or volunteer work for individuals

## Satisfaction Surveys –Family and Caregivers

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

**Response Rate:** 7 surveys were completed out of 28 successfully sent – a 25% response rate; last year’s rate was 30%.

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, 2012 – March 31, 2013	Surveys (ShareVision)	Special Projects Coordinator	100%	90%

\*\*Note: Family and “Caregiver” refers to caregivers who are not FSJACL staff.

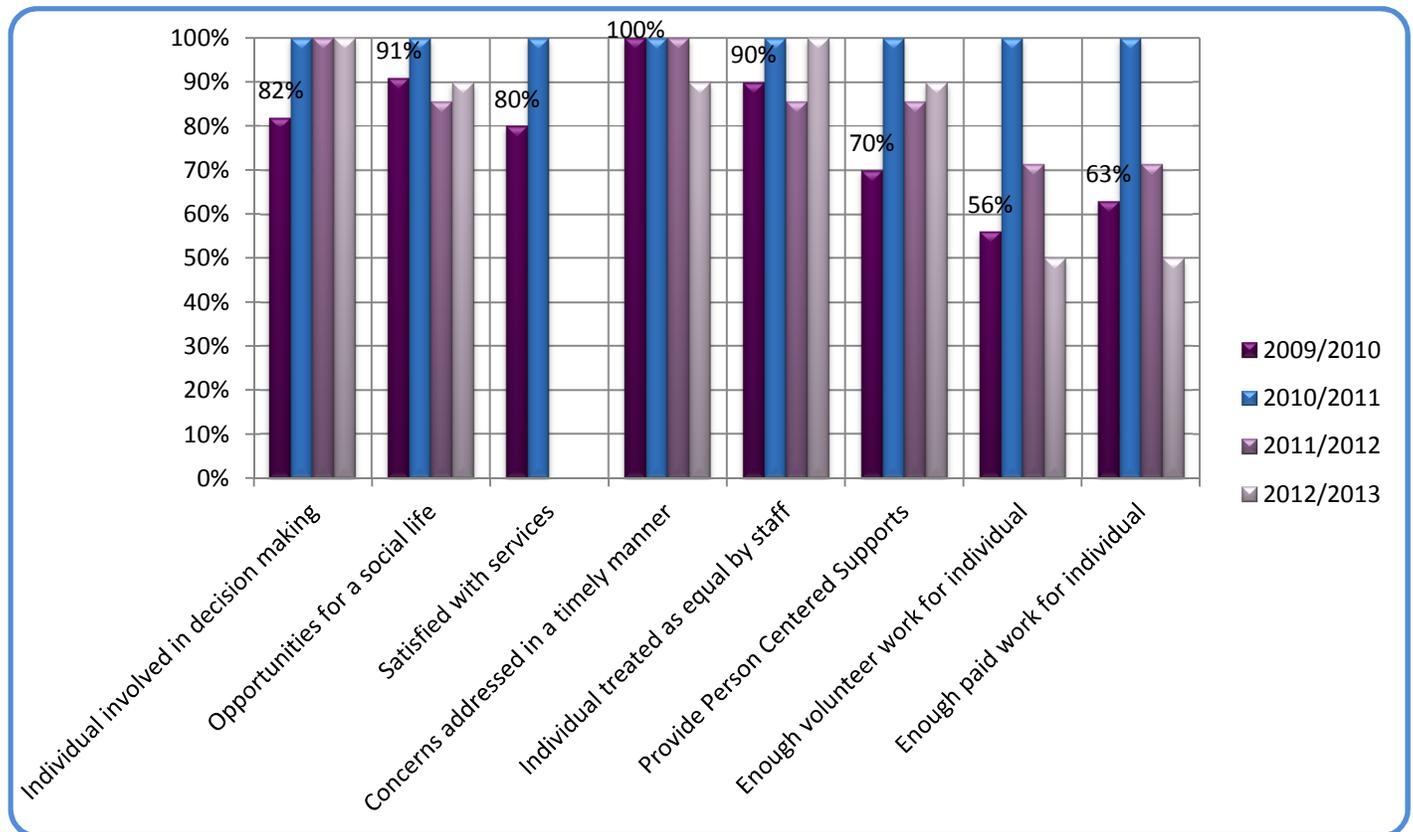
Also note: we no longer have a na option on the survey

Last year our target was 80% and we achieved 91%. This year our target was 100% and we achieved 90%

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?	100%	
Is the FSJACL proactive in our community?	100%	
Does the FSJACL provide timely and quality service?	100%	
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?	90%	10%
Is the person you care for given opportunities to make friends and have a social life?	90%	10%
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?	100%	
Is the person you care for receiving Person Centered Support (rights, beliefs, and choices respected)?	90%	10%
Is the person you care for receiving enough volunteer	50%	50%

work?		
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?	90%	10%
Do you feel comfortable in approaching the FSJACL staff?	90%	10%
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?	90%	10%

### Survey Results from Family/Caregivers



#### Previous recommendations and actions:

We decided not to provide a survey link on our annual report & web but to just send link out at one time per year. There is a PCP process guide and Special Projects Coordinator oversees the PCP Process to ensure consistency, parent involvement, and that individual in the center of the plan.

Last Year's Recommendations	Actions
 To continue to involve and communicate with families more – will ask families during PCP Process how they want to be communicated with (phone, e-mail, etc.) and how often	This is included in the PCP checklist
 Create written quizzes around PCPs so that staff are aware of specifics about the people we support and their person centered plan is at the forefront of their minds when providing supports.	This is now done
 Discuss with parent group areas of improvement	Parent group have not met consistently; this has not been addressed.

**Recommendations for the next year:**

 Put on survey “do you feel you are communicated with enough?”

**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:** 32 staff completed the survey. We had 60 employees working for us for this year; therefore, the response rate was 53%. Last year's response rate was 50%.

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, 2012 - March 31, 2013	Surveys	Special Projects Coordinator	95%	95%

Please note: only the questions pertaining to staff and not quality of service are used to calculate the staff satisfaction

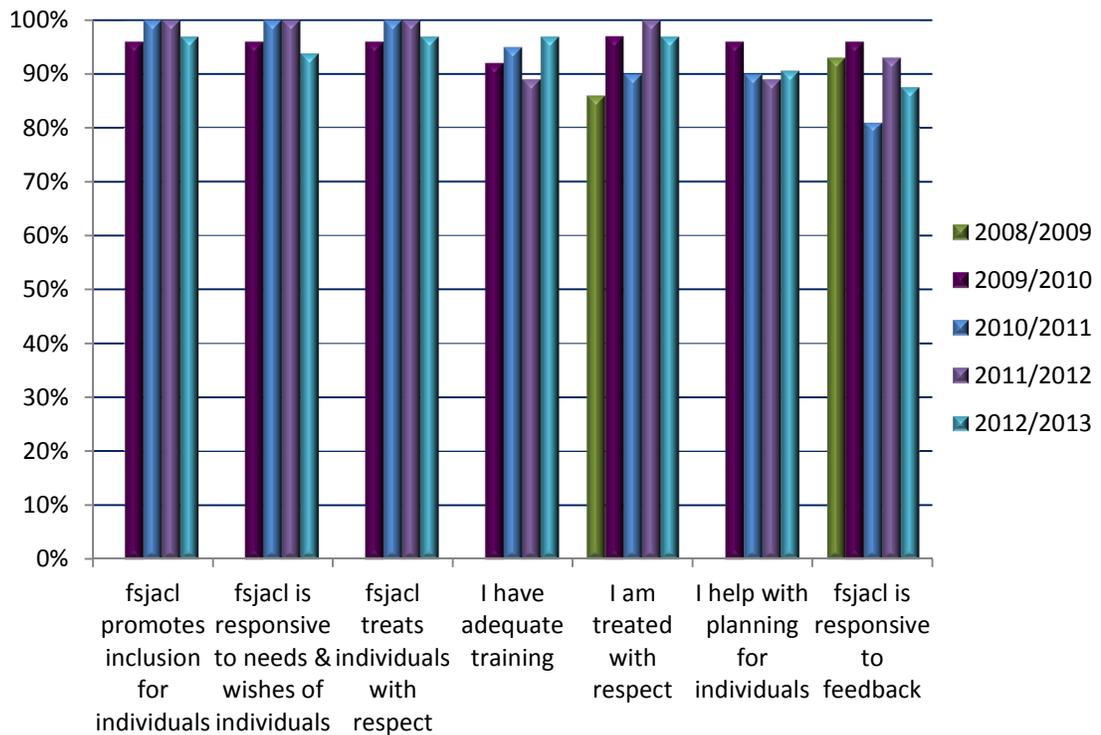
### Result:

Last year we achieved 96% satisfaction. This year our goal was 95% and we achieved 95% 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.	96.9%	3.1%
The FSJACL treats you with respect and dignity.	96.9%	3.1%
You are provided with opportunities for growth and development.	93.8%	6.2%
You are aware of your rights and responsibilities at work.	96.9%	3.1%
You are given opportunities to be involved with the PCP process.	90.6%	9.4%
The FSJACL respects your confidentiality.	96.9%	3.1%
Information and communications from the FSJACL are easily accessible to you.	100%	0%
Your work environment is safe and healthy.	93.8%	6.2%
The FSJACL encourages feedback.	100%	0%
The FSJACL is responsive to the feedback it receives.	87.5%	12.5%
The FSJACL makes appropriate changes to reflect feedback.	87.5%	12.5%

### Staff Feedback regarding Quality of Services Delivered



**Previous recommendations and actions:**

We recognized staff’s input in bold at the beginning of the Outcomes Report. New employee orientation resources & quizzes created & we also added Guiding Principles to packages & documents for employees. To align & incorporate our vision we do so in PCP meetings, Rep Agreements, Tyze networks, inviting families, newsletters, we forward resources to families and promote open communication with families. Training & development opportunities are now in the employee handbook. The ShareVision upgrade is in progress.

Recommendations from last year	Actions
More Training to do their job adequately – we will have all employees complete our orientation PCP questionnaires that were recently developed to ensure everyone has the same knowledge	This is now being done. Will complete quizzes once every three years
More opportunities given to be involved in the PCP process – Continue to involve staff in the PCP creation and review process.	Most regular staff are now involved with PCP reviews and developments.
In need of more confidentiality – private information needs to be secured and we	No longer seems to be a concern

need to ensure papers are shredded	
 Stream Line ShareVision – We will be upgrading ShareVision this year and the newer version promises to be more user friendly	Upgrade still in process – coming spring 2013
 Health and Safety -Too many things to do on the job – drained of energy – makes their environment unsafe (Burn out)- Leadership will continue to hire, train, and support staff.	Promote Health and Wellness program within the FSJACL. Program supervisors to ensure staff take vacation and lieu time.
 Have Suggestion boxes-we have a forum/discussion site on ShareVision and will explore a different way to get feedback and suggestions	This has not worked in the past. We are going to try to get input from information sharing days and continue to encourage on-going feedback.
 Will continue to recognize staff input	Have created newspaper to summarize the employee feedback summary. Will continue to encourage staff to read the Outcomes Mgmt Report so they can see how their feedback is used within the FSJACL.
<p>Other recommendations:</p>  Try to educate schools on what we do	<p>Attended open house at highschool to talk about the FSJACL and the services we provide</p>  More flexibility in how we do things; some senior staff are rigid in how they want things done and are not willing to look at other ways
 Continue to reinforce Guiding Principles	<p>Continue to empower staff to follow team charter and understand guiding principles; also educate staff on their role</p> <p>Added to staff evaluations and also will hold annual workshops to review and this topic is now on staff meeting agendas</p>

**Recommendations for next year:**

 Will continue to have an annual workshop for Team Building and Guiding Principles/Team Charters.

-  Will look into ways we can share with staff the outcomes from workshops like newsletter or DVD presentation.
-  Will put into annual workshop confidentiality how to's and continue to encourage accountability with each other.
-  We will continue to build relationships with family and ensure individuals are involved regarding their services (ie: PCP meetings)
-  We will find training for foot care as some individuals can't afford to go to the Wellness Center to have it done
-  Supervisors will put PCP booklet into program's Memo book for all staff to read.
-  We will make a staff newsletter regarding Staff Feedback Survey.
-  We will continue to take note of staff feedback in the Outcomes Report.
-  In process of creating Behavior Support Plans and will implement when done.
-  Order more staff encouragement items
-  Programs will have more staff meetings.

**Target for next year: 95%**

## Satisfaction Surveys - Other Stakeholders

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**Survey Method:** Stakeholders were e-mailed the survey through Survey Monkey. Surveys were e-mailed to professionals that we interact with, sponsors, donors, contractors, employers, partner agencies and other community agencies.

**Response Rate:** 49 surveys were sent out and 7 were completed – only a 14% 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 our stakeholders.

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, 2012 – March 31, 2013	Survey Monkey	Special Projects Coordinator	100%	100%

### Results:

Last year our results were 99% satisfaction. This year we had a 100% satisfaction rate.

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	NA
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?	71.4%		28.6%
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?	85.7%		14.3%
Is the FSJACL staff qualified and competent in the performance of their jobs?	85.7%		14.3%
Do the FSJACL staff members represent the agency in a positive way?	100%		
Is the FSJACL responsive to critical feedback?	71.4%		28.6%
Does the FSJACL work well with other community organizations to benefit the people they serve?	71.4%		28.6%

**Previous recommendations and actions:** Our website is updated at least monthly and an audio option has been added.

Previous Recommendations	Actions
 Have Facebook site up and running	It is up and running and updated biweekly.
 Look for opportunities to promote agency with potential employers.	Article is published in the Flipside. Word of mouth in the community and job coaches have been canvassing businesses.

### Recommendations for next year:

-  Continue to utilize Facebook and our website to communicate with the public
-  Continue to work on good relations with our sponsors and stakeholders

**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 newspaper to communicate to employees the survey results.

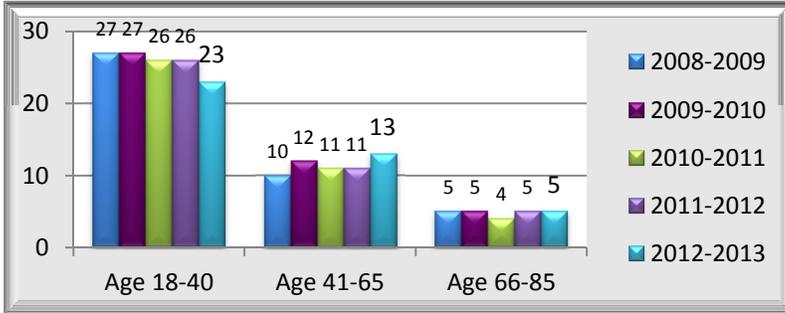
### Other Stakeholders

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.

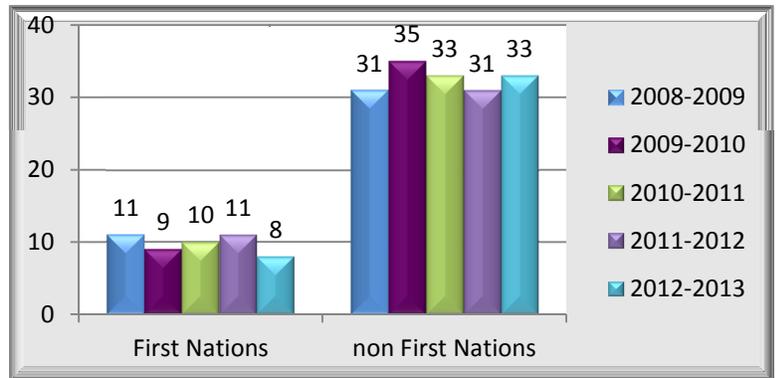
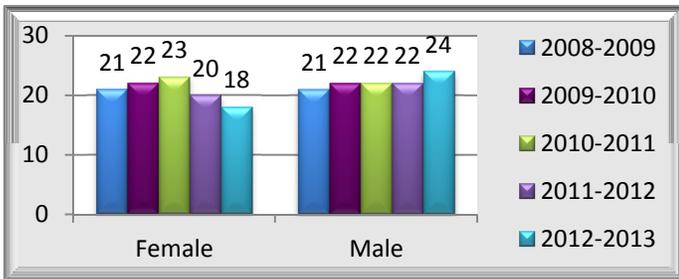
# Characteristics of Persons Served

Number of Persons Served by the FSJACL – 42

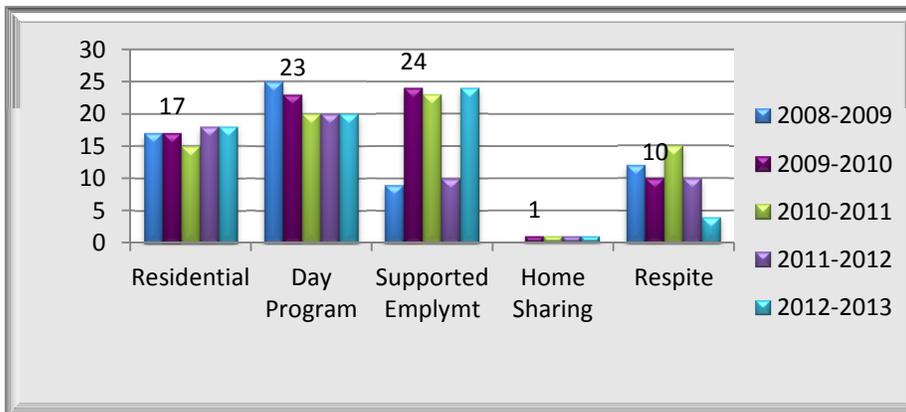
## Gender of Persons Served



## Age of Persons Served Ethnic Background of Persons Served

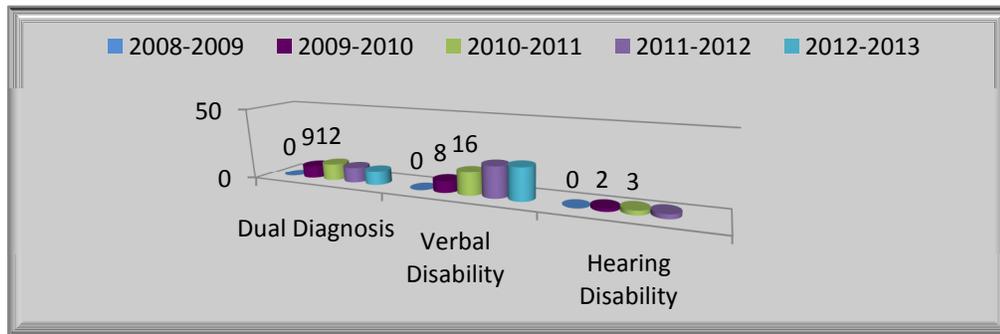
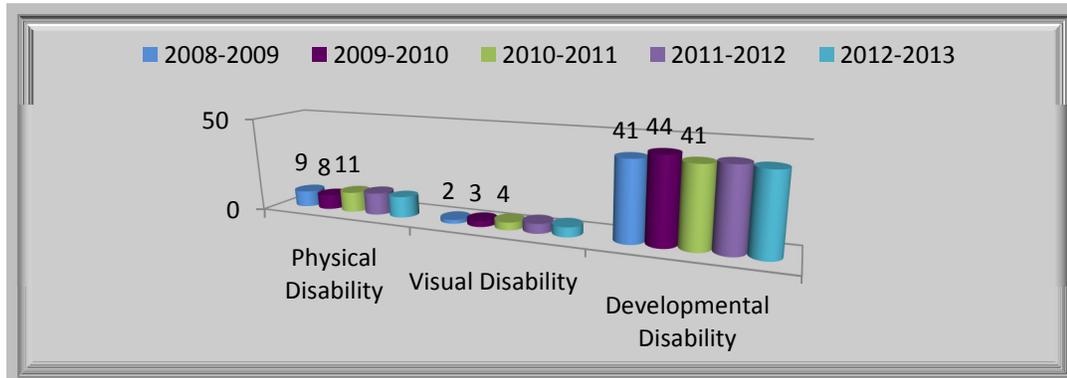


## Which Programs are accessed by Persons Served



## 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. For example some people with verbal disabilities can say a few words clearly, some cannot talk at all, or some talk but are extremely hard to understand. 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.

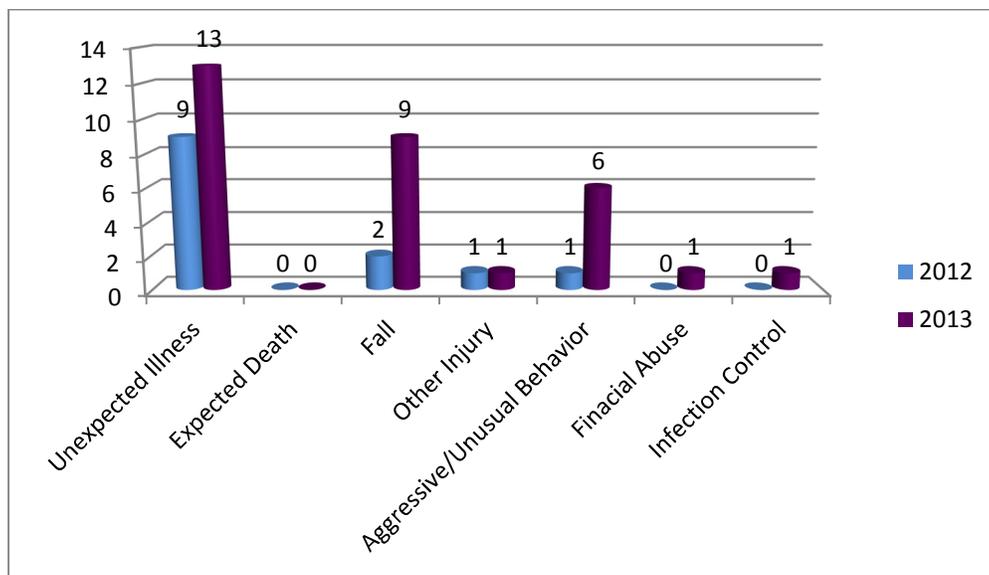
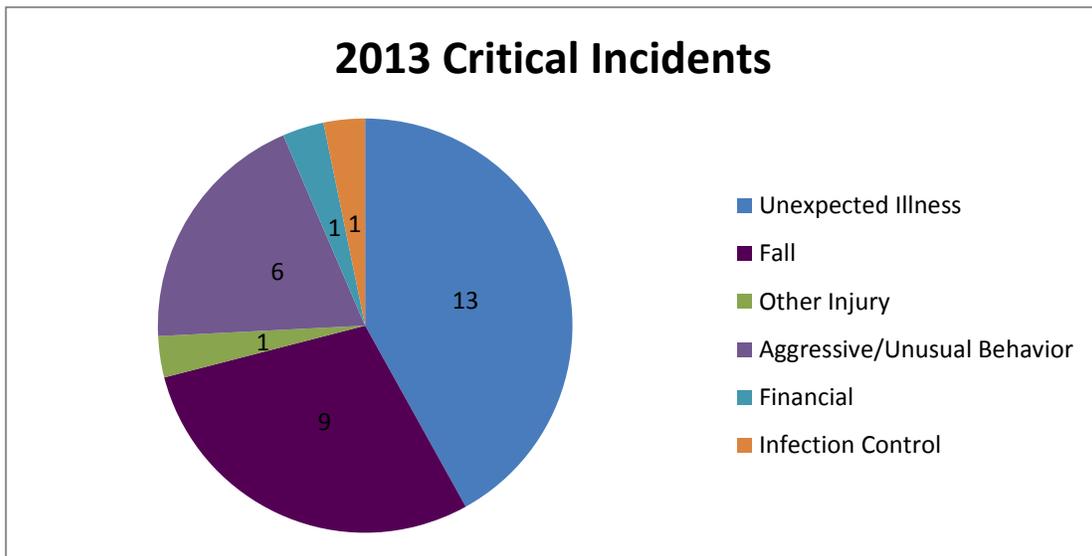
**Previous Recommendations:** We asked individuals about barriers such as community inclusion when surveying.

## 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.

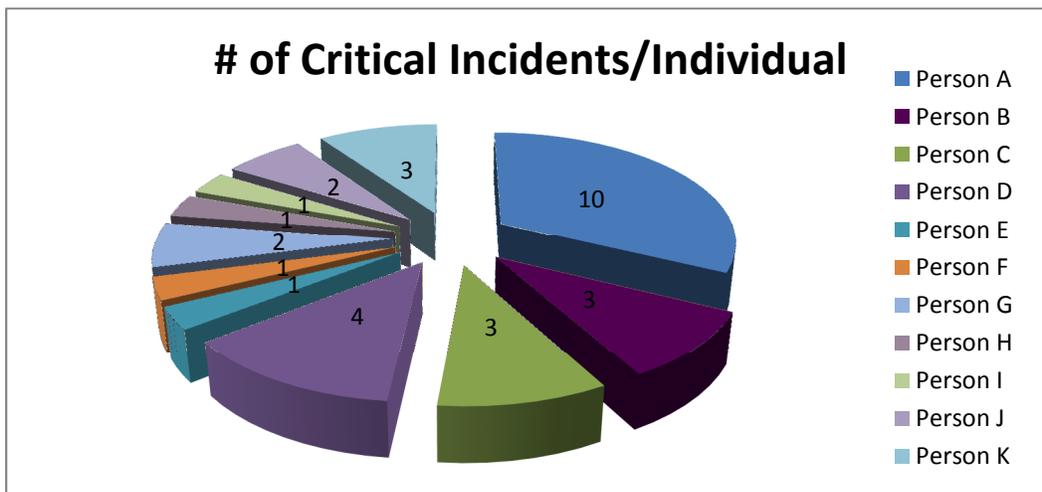
**Definition:** A Critical Incident is a serious or unusual event involving an individual receiving services. Some examples of a critical incident are; unexpected illness or injury, a fall that requires medical intervention, aggressive or unusual behavior, etc.

During the past year there were a total of 31 Critical Incidents.



**Review Results:**

-  The number of incidents has increased by 18
-  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. 62% of the unexpected illnesses were involving our aging individuals with increased health issues.
-  Aggression: There was an increase in aggression this past year, however, it's important to note that 67% of the instances reported were individuals living alone in community with mental health issues. While these people are in crisis, our staff try to step in and assist the person through the crisis as best we can, however, it's hard to prevent the crisis when you have limited contact with the person. We will try to find training to help our staff deal with mental illnesses to better assist people who are in crisis.



Previous Recommendations	Actions
Continue to consult with physicians and HSCL nurse on any illnesses that could cause emergency situations. Ensure proper protocols are in place to avoid individuals having to go to the hospital, outside of their regular physician appointments.	This has worked well over the year and the HSCL Nurse has helped problem solve some on-going health issues to try to put in preventative measures.
Ensure Behavior Support Plans are kept up to date and staff are knowledgeable about the	We will receive training in creation of positive behavior support plans

information in them.	
Continue to ensure training for staff around lifting and transferring so that they can properly assist individuals who fall without injuring themselves. This will now be part of the Level one Training.	Training for staff is being held approximately once every 6 months and is facilitated by the OT.

**Recommendations for next year:**

 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

 Find training for staff in dealing with mental illness

# 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, 2012 to March 31, 2013	ShareVision Goal Log	Supervisors	15	10

**Results:** The previous year, 14 out of 17 people in residential care had meaningful relationships. This past year, 10 out of 18 people had meaningful relationships, and our goal was 15.

**Previous Recommendations and Actions:** Guiding Principles were developed and incorporated into job descriptions and appraisals, Weaving the Ties that Bind workshop being taken by all staff, and regularly viewing Credo for Support. A more thorough Orientation process was created, PCP process includes more staff, a guideline and overseen by Special Projects Coordinator. Staff being trained to create Tyze sites and more sites being created for individuals.

Recommendations from Last Year	Action taken
Keep updating foundations training to match ethics and guiding principles	The supervisors revised the Foundations training materials, but since that occurred, the Foundations course was revised. The supervisors will review materials to ensure they match the ethics and guiding principles.

Explore using Representation Agreements to build a more meaningful support network	Will continue to explore this.
Staff need to ensure this is a part of the PCP process and that staff are following through with the goals set	This is part of the process and most individuals have building of support networks as part of their goals.

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:

-  Employment and volunteerism is a big part of building a support network – will continue to explore opportunities in the community
-  Explore opportunities for individuals to be part of community groups

**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.

**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 achieved	All individuals	April 1, 2012to	Quarterly	Supervisors	70%	56%

from QGL (PCP)	receiving residential care from FSJACL	March 31, 2013	Goal Logs	& Special Projects Coordinator		
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Results: The previous year 43% of individual’s goals were achieved. This year a total of 71 goals were set and 40 of them achieved – a 56% success rate.

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

**Previous Recommendations and Actions:** Goal log on ShareVision has not been very user friendly so it has been a little difficult to track goals this way, a new ShareVision version is in the process of being implemented. Special Projects Coordinator helps coordinate PCP process to ensure more realistic and measurable goal setting.

Recommendations from Last Year	Actions taken
 To have staff trained in setting goals	Held goal setting workshop in 2012
 Educate families on FSJACL values and beliefs (goals need to come from the person, not staff or family). Create a family handout in preparation for the PCP Meeting.	Need to create handout
 Upgrade ShareVision so we have use of the goal log	In progress
 Supervisors and Special Projects Coordinator will retrieve goals for the Outcomes Report to ensure validity and accuracy (one retrieve, one check)	Leadership team retrieving goals to ensure consistency

**Recommendations for the next year:**

-  Create PCP meeting handout for families
-  Continue the ShareVision upgrade
-  Leadership will continue to retrieve goals together

**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, 2012 – March 31, 2013	ComVida & personnel records	HR Supervisor	10	4

**Result:** The previous year we had 7 casual staff and this year we had 4 casual staff.

**Previous Recommendations and Actions:** We started to orientate casual staff in more programs, increased financial reward for Recruit a Friend initiative, increased ads in newspaper, and starting new employees with experience on a higher grid level.

Recommendations from Last Year	Action taken
 Use testimonials for website and recruitment materials.	Have not done yet
 Continue to work on training staff in more than one program	In progress
 Get Facebook working more efficiently	Done

 Explore other on-line advertising tools	We now use Facebook
 To ensure effective tracking on ComVida, supervisors must enter the availability for casual staff on ComVida once it's received	Being done. Availability isn't always received from employees.

**Recommendations for the next year:**

-  Gather and use staff testimonials in recruiting
-  Continue to cross train staff
-  Continue to orientate staff in more programs
-  Supervisors to continue to enter staff availability onto ComVida

**Target for next year: 5**



**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, 2012 – March 31, 2013	ComVida & personnel records	HR Supervisor	65%	83%

**Result:** The previous year our goal was 65% and our result was 34%. This year’s goal was 65% and we reached 83%.

Note: We have found it a big struggle 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 incentives we provide.

**Previous Recommendations and Actions:** All staff were part of developing Team Charters, have developed Guiding Principles and made them part of job descriptions. We have implemented a more thorough orientation process.

Recommendations From Last Year	Actions Taken
 Continue to promote Team Charters and problem solve within teams when they aren’t being used – should be discussed at each staff meeting	This is going well, team charters are continually reinforced in programs and discussed at each staff meeting.
 Put Team Charters and Guiding Principles on Orientation Checklist	This has been done
 Continue to promote Guiding Principles	Will hold annual workshop for staff to reinforce Guiding Principles

**Recommendations:**

-  Continue to hold annual workshop
-  Continue to reinforce Guiding Principles and direct back to Guiding Principles when making program decisions
-  Continue to promote health and wellness
-  Job swap (cross train) to prevent burnout
-  Educate staff on opportunities for advancement

**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, 2012 – March 31, 2013	PCP's	Supervisors	1	2

**Result:** The previous year our goal was 2 but we had no one using communication systems. This year our goal was 1 and we had 2 people start to use iPads as communication tools.

**Previous Recommendations and Actions:** We had one individual using an IPAD but not for communication, we completed the application process with CAYA and they came and started communication strategies & tools for certain individuals.

Recommendations from Last Year	Actions Taken
 Bring CAYA back up to work with some of the programs	Have contacted CAYA will look at bringing them up in the fall of 2013

## Recommendations for the next year:



Change wording on goal to include people who have difficulty communicating



Look for opportunities to train staff in technology available



If technology is used; ensure it's in the PCP with clear instructions



Ensure technology is discussed at staff meetings if it's used to allow the program to identify barriers and resolve issues as they arise

**Target for next year: 3**

# 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 QGL (PCP)	All individuals receiving support from a Community Inclusion Program	April 1, 2012 to March 31, 2013	Quarterly Goal Logs	Supervisors	60%	42%

**Results:** The previous year 27 people had a total of 84 goals and 42 of those goals were achieved – a 50% success rate, therefore not meeting our target of 60%. This year 16 people set 50 goals and 21 were achieved – a 42% success rate, thus not reaching our target of 60%.

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

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
 To have staff trained in setting goals	Accomplished, goal setting workshop was held. No further action required
 Upgrade ShareVision so we have use of the goal log	In progress

## Recommendations for the next year:

-  Use new ShareVision goal log
-  Continue to find training for goal setting for new staff
-  Ensure a more timely review of PCP to ensure goals are current and realistic
-  Ensure staff are knowledgeable about PCP's

Target for next year: 60%

## 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, 2012 – March 31, 2013	ComVida & personnel records	HR Supervisor & Special Projects Coordinator	last year's results were 4	0

**Results:** The previous year we had 4 casual staff. This year, although we do have casual staff, none meet the criteria of an average of 1000 hrs worked per year.

**Previous Recommendations and Actions:** Starting to train casual staff in more programs, and continue to advertise. We have increased the financial reward for the Recruit a Friend Program.

Recommendations from Last Year	Action taken
 Use testimonials for website and recruitment materials.	This hasn't been done yet, continued goal
 Continue to work on training staff in more than one program	In progress, continued goal
 For the next year, we will change our measure to include any casual staff who are available an average of 20 hours per week	Currently using that measure

**Recommendations for the next year:**

-  Will work on following up quickly with new applicants to avoid them getting other jobs
-  Can begin office portion of orientation once successfully checking references and doing interview.
-  More communication between supervisors to ensure that casual staff are being orientated in other programs if they don't have a full schedule

**Target for next year:** 4

**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, 2012 – March 31, 2013	Quarterly Reports	Supervisors	2 people	2

**Result:** The previous year we did not have anyone who successfully used augmented communication systems and we therefore did not reach our goal. This year we have one person who CAYA set up a communication system with and the individual and staff are learning to use it more regularly.

**Previous Recommendations and Actions:** We had one individual using an IPAD but not for communication, we completed application process with CAYA and they came and started communication strategies & tools for certain individuals.

Recommendations from Last Year	Actions Taken
 Bring CAYA back up to work with some of the programs	We are looking at having them back in the fall of 2013

**Recommendations for the next year:**

-  Provide more training for staff in how to use augmented communication
-  Ensure clear instructions in PCP for staff

**Target for next year: 3**

# 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, 2012 – March 31, 2013	ShareVision	Supported Employment Supervisor & Special Projects Coordinator	3 people	8

**Previous Recommendations and Actions:** Continue to have staff take on-line job coach training, created a Supported Employment brochure, and created an Employer Handbook. Continued supported employment promotion in newsletters and networking with businesses.

Recommendations from Last Year	Actions Taken
 Continue to offer on-line job coaching training to staff, including staff in the residential programs	This was done, will continue in the coming year. We also held a two part employment workshop for all staff.
 Explore opportunities for more Employer Training	Created Employer Handbook. Will continue to look for training resources for employers

### Recommendations for the next year:

-  Continue to offer training for staff
-  Explore getting resources for employers (training video)
-  Continue educating employers on supported employment

**Target for next year: 5**

**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, 2012– March 31, 2013	Share Vision	Supported Employment Supervisor & Special Projects Coordinator	85%	100%

**Result:** The previous year 21 out of 21 people that had jobs, held their job for over 3 months – our goal was 80% and we achieved 100% success! This year 18 out of 20 people have been at their job for over 3 months. 2 of the 20 only started their jobs so cannot be factored. So that would result in 18 out of 18 people – a 100% success rate!

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:** It has been recommended to meet with Rotary & Chamber of Commerce but we have not done this yet. We continue to educate employers and promote Supported Employment in newsletters, face to face conversations, and through an Employers Handbook created.

Recommendations from Last Year	Actions Taken
 As noted in the previous goal we will explore opportunities to educate employers	Have created employer handbook

**Recommendations:**

 Will continue to look for training resources for employers, perhaps a video that we can give them

**Target for next year:** 100%



**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, 2012 – March 31, 2013	ComVida & Personnel Records	HR Supervisor & Special Projects Coordinator	1	0

**Results:** The previous year our goal was 2 and we had 3 casual staff. This year, although we have casual staff, none meet the required 1000 average hours worked per year.

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

**Previous Recommendations and Actions:** We continue to train staff for job coaching including residential staff.

Recommendations from Last Year	Actions Taken
 Try to have more staff take the on-line job coach training	This is being done. All staff who are regular job coaches take the on-line training
 Will begin to interview to ensure staff with proper skills are filling the job coach position	This is being done

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

**Recommendations:**

 Staff who support individuals in employment should take on-line job coach training

**Target for next year:** 2

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## 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, 2012 – March 31, 2013	Employer Contact Log ShareVision	Job Coach & Special Projects Coordinator	3	4

**Results:** We had 4 new businesses hire people and 1 provided a volunteer opportunity for an individual.

**Previous Recommendations and Actions:** We continue to promote the program in newsletters, created a Supported Employment brochure, and created an Employers Handbook. We did not meet with the Rotary or Chamber of Commerce or put any employment success stories in paper for Community Living month.

Recommendations from Last Year	Actions Taken
 Continue to look for ways to promote the Supported Employment Program in our community	<p>There is a monthly article in the Flipside; job coach meets with businesses to promote program; word of mouth in our community</p> <p>Ready willing and able campaign will help in promoting employment in our community</p>
 Create a newspaper story for Community Living Month on Supported Employment	<p>This was not done, however, we have published monthly articles in the Flipside</p>

**Recommendations:**

-  Be involved in Ready, Willing and Able campaign
-  Continue to explore opportunities to educate employers and promote program

**Target:** 4



# 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, 2012 – March 31, 2013	ShareVision	Special Projects Coordinator	90%	70%

**Results:** A total of 10 people accessed our respite services and 7 have PCP’s. Although we did not meet our target of 90% we have PCPs for all individuals that regularly access respite services with us.

**Previous Recommendations:** Special Projects Coordinator is to attend all PCP meetings to ensure consistency. We are working on ensuring PCP process is in a timelier manner, and Level of Supports is included in intake package.

Recommendations from Last Year	Actions Taken
 Work on creating a basic PCP as soon as they begin accessing respite, including the intake form and “Level of Supports Required” form	This is being done

### Recommendations for the next year:

 Continue with above recommendation and ensure PCP is done in a timely manner

**Target:** 90%

**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, 2012 – March 31, 2013	Home Share Site in ShareVision	Home Share Coordinator	1	2

**Results:** We approved two new caregivers last year, we therefore exceeded our target.

Our focus for last year was to recruit as many caregivers as possible to allow us 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:** A brochure was created, we will continue to advertise locally, on our website and in newsletters, continue to encourage past & present staff to consider Homeshare & Respite provision and we continue to promote current respite providers to families.

Recommendations from Last Year	Actions Taken
 Set up a table in the grocery store or mall to hand out information and recruit home share providers	This was not done, we went to the college and Tradeshow instead.



Continue to promote the program within our agency in hopes that staff will recruit suitable people as homeshare providers.

Informally we have promoted this, but haven't done anything formal within our agency

### Recommendations for the next year:



Try to recruit respite providers through churches



Try to recruit through the college



Communicate with CLBC and families regarding respite providers who are available and qualified

### 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, 2012 March 31, 2013	ShareVision respite log	Supervisors	.5 days per week per bed	.37 days per week per bed

**Results:** Our results the previous year were 5 beds being used a total of 175 days per year, which was .67 days per week per bed. This year we used only 4 beds for a total of 77 days 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.

**A Street Home:** A- Street has one respite bed which was only used for 15 days or .29 days per week for general respite because for most of the year it was occupied with a temporary resident.

**10<sup>th</sup> Avenue Home:** Has only one bed for respite but was only used a very short time as a gentleman came into service needing a permanent bed. Therefore, the bed was only used for 4 days or .08 days per week for general respite.

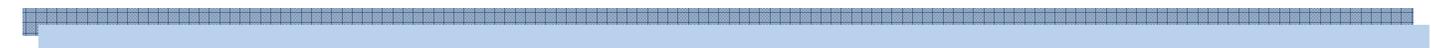
**Four-plex:** Has two beds which are available for respite. Due to having the respite beds we were able to accommodate a few crisis situations, as well as provide regular respite to families when required. The downside is that these are fairly small apartments with 2 individuals living in them, so adding a respite individual can cause disruption in the resident’s lives. The two respite beds were used a total of 58 days, which is a usage rate of .56 days per bed, per week.

Recommendations from Last Year	Actions Taken
 Continue to monitor respite utilization and work with families to find the best option for respite	This is being done; need to continue to communicate with families regarding what is available
 Explore the option of creating a respite contract with CLBC to enable us to provide other options	We are still exploring this option

**Recommendations for the next year:**

-  Continue to communicate with families regarding respite needs and utilization.
-  Continue to explore respite contract with CLBC

**Target for next year:** .5 days per week per 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, 2012 – March 31, 2013	ShareVision respite log	Supervisors & Special Projects Coordinator	2	1

**Result:** There was one new intake; therefore, we did not meet our goal.

Recommendations from Last Year	Actions Taken
 Promote our respite services to families and also touch base with families to determine what their respite needs are and work with them to provide the necessary respite	Attended open house at the high school to meet families and talk about our services. Continue this goal

**Recommendations for next year:**

 Continue to promote respite services to families and work with families to determine their respite needs.

**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, 2012 – March 31, 2013	ShareVision	Home Share Coordinator	2	1

**Result:** We had one home share placement in the past year; therefore, we did not meet our goal.

Recommendations from Last Year	Actions Taken
 Continue to look for ways to promote the program; through employees in our agency and also by setting up a table at the grocery store or mall	We are promoting home share through Facebook, our website, in churches and the college. We have recruitment ads in the newspaper.
 Provide article for paper during Community Living Month	This wasn't done last year, will look at doing this year.

### Recommendations for the next year:

 Provide Homeshare success story to submit for paper during Community Living month

## 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, 2012 – March 31, 2013	ShareVision	Home Share Coordinator	2	5

**Result:** Our goal the previous year was 3 and our result was 1. Our goal last year was 2 and our result was 5 so we exceeded our target.

Recommendations from Last Year	Actions Taken
 Provide article for paper during Community Living Month and interview current home share providers to contribute to those articles	This wasn't done last year, will do this year
 To continue to look at opportunities for advertisement – through attending promotion and education sessions at the college, attend the trade show in 2013, to revisit bulletin boards throughout the city and restock if applicable, approach Sobey's to request setting up a booth during Community Living Month, attend the parent's group to educate and promote	Attended Tradeshow in 2012 Advertise in newspaper every 2 <sup>nd</sup> week On Facebook Attended college On our website In our newsletters Attended Open House at the Highschool to talk to families about this option

the home share option, interview current contractors in the home share program for articles in the local newspapers.

### Recommendations for the next year:

 Use more word of mouth and personal stories (newspaper, etc.)

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, 2012 – March 31, 2013	Share Vision-Home Share Site	Home Share Coordinator	100% of Home Studies completed within 3 months of initial inquiry	100%

**Results:** We met our target, it took less than 3 months to complete home studies.

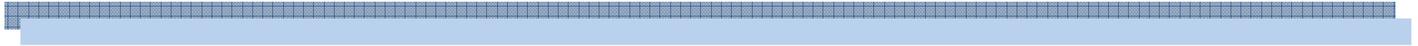
Recommendations from Last Year	Actions Taken
 Work with home share coordinator to ensure there is adequate amount of time for home share recruitment	We've had numerous barriers in staffing this past year. We've appointed a Senior RCW to allow Homeshare coordinator to spend time on home share duties. Continue with this goal

**Recommendations:**



We will continue to work with Homeshare Coordinator to assure there is adequate amount of time for recruitment.

**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 less than the Benchmark Rate – which is established at 37.5 hours/yr	All regular Staff	April 1, 2012 – March 31, 2013	ComVida	HR Supervisor & Mgr of Admin of Finance	75%	55%

**Result:** The previous year our goal was 75% and our actual result was 74%. This year our result was 55%.

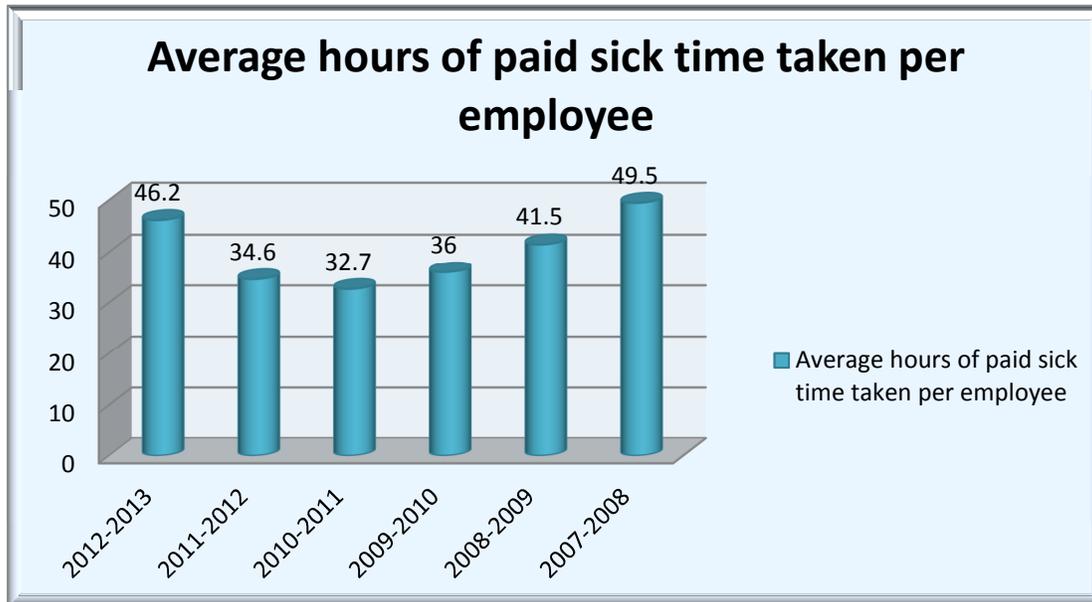
*\*\*Note: People who took over 100 hours of sick time for extended illnesses, surgeries, or short term disability were not calculated into the result.*

Recommendations from Last Year	Actions Taken
 Encourage healthy living through the Health and Wellness Program	Healthy Friday Lunches More participation in the H&W Program
 Add to Orientation Checklist	Done
 Partner with the Canadian Cancer Agency to provide the Wellness Fits Program to our employees	We did this for most of the year and completed three modules
 Continue to identify sick leave patterns and address them on a timely basis.	This seems to have gotten better, but would like to continue with this goal

## Recommendations for the next year:

-  Continue to promote H&W program
-  Ensure staff take lieu time and vacation

Target for next year: 75%



*\*\*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, 2012 – March 31, 2013	Personnel Files/ComVida	HR Supervisor	0	1

**Result:** We had 0 injuries that resulted in time away from work the previous year and this past year we had 1.

**Previous Recommendations and Actions:** Health & Wellness Program promoted, regularly ensure OH&S recommendations are followed up, regular CPI training by trained staff, Employee and Family Assistance Program promoted, and continual staff recruitment to avoid burnout.

Recommendations from Last Year	Actions Taken
 Ensure Lifting and Transferring training is consistently being delivered during the Level One Training	This is not being delivered during the level one training, however, Caroline Dunford, the OT is facilitating workshops for staff approximately every 6 months
 Ensure all Behavior Support Plans are up to date and being followed	We are going to have training to give staff the tools to create and update behaviour support plans
 For program knowledge quizzes, there must be questions regarding behavior support plans.	Done

**Recommendations for the next year:**

-  We will ensure that we make cleats available for staff working outdoors and ensure that icy surfaces are sanded
-  Will begin to replace the water coolers with ones where you don't have to lift the bottles

**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, 2012– March 31, 2013	ComVida	HR Supervisor	70%	76%

**Result:** Staff retention was 72% the previous year and this last year it is 76%.

**Previous Recommendations and Actions:** We created a more thorough Orientation process.

Recommendations from Last Year	Actions Taken
 Ensure exit interviews are done for all staff who leave the agency or programs	This continues to need improvement
 As per our Strategic Plan we will articulate the value of being an FSJACL Staff and make it part of the initial orientation for employees	This has not been done; but is reviewed during the shadow shift with the supervisor

**Recommendations for the next year:**

-  Ensure exit interviews are done.
-  Articulate the value of being a FSJACL employee during orientations.

**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, 2012 – March 31, 2013	ShareVision-Volunteer Site	Special Projects Coordinator	10 new Volunteers	59

**Results:** The previous year we had 11 new volunteers. We have a number of volunteers that continue to volunteer each year at certain events or programs, so they were not re-counted. This year we decided that we would count the amount of all volunteers, not just new volunteers (this includes staff volunteers).

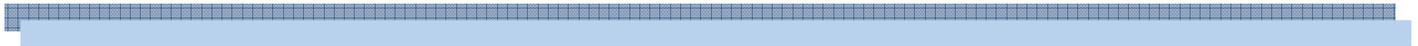
Recommendations from Last Year	Actions Taken
 Communicate the need for volunteers to staff; including the purpose for volunteers; add to General Staff Meeting Agenda	Talked about it at the General Staff Meeting in March/13 – newsletters and newspaper

 Advertise on FSJ Now for volunteers	This hasn't been done, will do this coming year
 Work on a clear process for using volunteers – we have the packages but there is still a gap between getting the information and the person actually volunteering	This has gotten better, however, we still need to work on the timely placing of volunteers

**Recommendations for the next year:**

-  Need guideline for each program in what volunteers can do
-  Need to bring info on new volunteers to leadership team so we can discuss the best program to put them

**Target for next year:** 65



## Glossary of Terms

<b>Casual Staff:</b>	Staff who are hired to fill in for absences. Once staff get a permanent position, they are called “regular staff”.
<b>CLBC:</b>	Community Living BC
<b>Fiscal Year:</b>	Our business year which is April 1 <sup>st</sup> every year to March 31 <sup>st</sup> of the following year.
<b>FSJ:</b>	Fort St. John
<b>FSJACL:</b>	The Fort St John Association for Community Living
<b>Home Share:</b>	Individualized living options with trained and screened “roommates” or families.
<b>HR:</b>	Human Resources
<b>Leadership Team:</b>	Program supervisors and management personnel This year our Leadership Team consisted of the following people: Cindy Mohr, Vernelda Nicholson, Elaine Bourdon, Cory Goodwin, Alice Hayley, Pat Taylor, Jodie Dixon, Trina Blank & Tanya Neil
<b>OH&amp;S:</b>	Occupational Health and Safety
<b>PCP:</b>	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.
<b>Respite:</b>	A term referring to a break from caring for another individual.
<b>Target:</b>	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.



# The Fort St John Association for Community Living

## 2013 Technology Plan

May 2013

everyone belongs



Fort St. John Association  
For Community Living

## 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 22 desktop computers (15 connected to the domain) and 10 laptops (3 connected to the domain). See Appendix A for detailed information on each computer.

### Printers

The Association office has 8 printers 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 September of 2007.

### 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 C2550 from Ikon Office Solutions. The lease expires in 2014 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 is 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, 10<sup>th</sup> 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](http://www.fsjacl.com) is registered through Brenden Gray Internet Services. Our e-mail is on Image Build's server which is hosted through gmail. The Association registered the domain [www.fsjacl.com](http://www.fsjacl.com) in the summer of 2002.

**Cell Phones and Pagers**

The Association has one pager and sixteen cell phones with service provided by Telus. Some supervisors have chosen to keep their personal cell phones and the association reimburses them \$60.00 per month for business use of their phone.

**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 began the upgrade to a newer version of Sharevision. We are still in the process of working out some of the issues.

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

- There is a server backup done daily and taken offsite. Our payroll records and scheduling in ComVida is kept on our server and therefore is part of this backup.
- ShareVision is hosted by Breakwater Designs and they do a regular backup of this data.
- The worksites and server have a web based back up that is done daily.

<b>Short Term Goals</b>	<b>(up to 12 months)</b>			
<b>Previous &amp; Ongoing Goals</b>				

<b>Goal</b>	<b>Reason</b>	<b>Action Completed</b>	<b>Ongoing Action</b>	<b>Cost</b>
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	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	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.	IT North has recommended an off-site backup system and we are determining cost – off-site workstations need to be cleared of unneeded data first to avoid unnecessary costs (backups cost /gb of data)	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	5 workstations were replaced in 2012 and one supervisor laptop was replaced.	Continue to upgrade computer systems as required	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. Some supervisors use FSJACL cell phones and some	Will be replaced as required	Continue to replace and upgrade phones as they become due	

	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.	We purchased laptops for all programs to allow the residents to work on Tyze networks and keep in touch with friends and family	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		\$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.		Upgrade and sign subscription agreement	\$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	Continue to upgrade the UPS's for all stations	Approx. \$85.00/workstation
Upgrade ShareVision	The ShareVision version that 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	In progress		\$5,000.00/yr and \$10,000.00 for set-up
<b>New Goals</b>				

<b>Computer Lab</b>	Purchase two new computers with touch screen capability for CC Computer Lab			\$4,000.00
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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.	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.
Investigate need and cost of	Our current server was installed in 2007 and we are starting to see some failures	Currently working with IT North to determine the appropriate system for us- this may include changing	Continue to work with IT North and get a firm quote on the	Approx cost will be \$20,000.00

## replacing Server

and may need more space to store data. In addition, it has Windows 2003 Business Server operating system which may be too out of date to be compatible with our systems as we update and replace our computers.

the e-mail system back to exchange

new system and set a plan for installation

## 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.

# The Fort St John Association for Community Living

## 2013 Risk Management Plan

everyone belongs



Fort St. John Association  
For Community Living

## **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:

**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/ Potential Risk	Description of Potential Risk	Strategy/Method used to Manage Risk	Further Person Resp
<b>Individuals Receiving Services</b>			
	<b>Injuries</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Injury prevention by removing obstacles such as snow, locking up of dangerous items, monthly program checks/fire drills (OH&amp;S).</li> <li>▪ Risk Assessments to determine if individuals pose a risk to other individuals.</li> <li>▪ CPI Training required for all staff</li> <li>▪ Follow Adult Care Regulations for locking up of medications and knives, as well as other dangerous items.</li> <li>▪ Risk assessments done on activities are reviewed by ED before activity occurs to ensure risk can be managed.</li> <li>▪ If any doubt whether there is an injury, individual goes to hospital.</li> <li>▪ Health care plans in place for each individual in residential care, where health issues are present.</li> <li>▪ All incidents of injury are reviewed to determine contributing factors and if changes need to be made to prevent future injuries.</li> <li>▪ Risk Assessments done on all activities involving water or any activity that may pose a risk.</li> <li>▪ Severe Weather Conditions Policy.</li> <li>▪ Bathing Clients Procedure.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ All staff trained in First Aid</li> <li>▪ All staff trained in WHIMS</li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> <li>▪ Additional liability Coverage on vehicles (5,000,000 from ICBC)</li> </ul>	Create policy on when activity risk assessments are required - Cindy
	<b>Injuries (Providing Support to</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Maintain a current Health Care Plan</li> <li>▪ Training by supervisor, OT/PT and HSCL Nurse.</li> <li>▪ Ensuring that staff read and sign all individual specific protocols and health care</li> </ul>	Due to Thriving in Community Workshop we will investigate possibility of changing

	<p><b>individuals with high medical needs)</b></p>	<p>plans during orientation.</p> <ul style="list-style-type: none"> <li>▪ Ensure staff receive training in individual specific protocols and any required Designation of Task by the HSCL Nurse before doing that task without supervision.</li> <li>▪ Ensure HSCL Nurse is consulted on any health issues.</li> <li>▪ Ensure physician is notified of any health issues.</li> <li>▪ Ensure staff understand their role; not to diagnose but to leave proper assessment of health issues to their physician</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ 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: <ul style="list-style-type: none"> <li>○ Staff/client ratio isn’t adequate</li> <li>○ requires nursing functions that staff cannot perform, don’t have required medical equipment.</li> </ul> </li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> </ul>	<p>DOT procedure to include senior staff monitoring and training staff who have DOT designation</p>
	<p><b>Injury (Swimming)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Water Safety Procedure</li> <li>▪ 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.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ After determining above, activity may or may not continue depending on risk rating.</li> <li>▪ Waiver</li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> </ul>	<p>No further action req</p> <p>May look at getting a lifeguard if we do camping, etc.</p>
	<p><b>Injury (Extreme Weather)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Severe Weather Conditions Policy</li> <li>▪ As per policy, if there is hot weather, staff must ensure that individuals are dressed appropriately, have access to water and have sunscreen.</li> <li>▪ 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, the risk is too great to be outside for long periods and</li> </ul>	<p>No further action req</p>

		<p>therefore activity must be discontinued or alternate transportation arrangements must be made to ensure risk is minimized.</p> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> </ul>	
	<p><b>Injury</b> (Transportation)</p>	<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>▪ All staff are required to get a driver’s abstract before beginning employment.</li> <li>▪ Vehicle Use Policy. Employees must drive safely and ensure passengers have seat belt on before operating the vehicle.</li> <li>▪ Out of Town Travel Policy. Ensuring that when travel is outside city boundaries (Charlie Lake and Taylor) employees must call on-call and give them details of travel and check in upon arrival.</li> <li>▪ Class 4 Drivers License Policy. All employees who operate a van with a wheelchair lift, must have a valid Class IV License.</li> <li>▪ Ensuring that there is a first aid kit in all Association vehicles and one available to be taken in employee vehicles.</li> <li>▪ 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.</li> <li>▪ Employees are orientated to the proper use of wheelchair restraints before operating our van with wheelchair lifts.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Vehicle Insurance \$5,000,000 third party liability through ICBC</li> <li>▪ Third Party Liability</li> <li>▪ Supervisors do an inspection on all personal vehicles being used, using a pre-trip inspection form to ensure vehicles appear reliable</li> <li>▪ 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)</li> <li>▪ The Association carries additional 3<sup>rd</sup> party liability for \$5,000,000 through ICBC</li> </ul>	<p><b>No further action req</b></p>
	<p><b>Injury (Sickness &amp; Disease)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Health Requirement Policy to ensure staff are healthy to work with individuals in care</li> <li>▪ Universal Precautions are practiced in all programs. Infection Control Policy to avoid contamination and spread of infectious diseases.</li> <li>▪ Medication delivery training for all staff administering medications to individuals in care.</li> </ul>	<p><b>Ensure flu shot is readily available to all staff this coming flu season</b></p>

		<ul style="list-style-type: none"> <li>▪ All staff receive Food Safe training to ensure safe measures are followed when preparing food in all programs.</li> <li>▪ Thermometer kept in all fridges to ensure safe temperature to avoid food poisoning.</li> <li>▪ Seizure Training for staff working with individuals who have seizures.</li> <li>▪ 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.</li> <li>▪ All staff are trained to work with certain individuals that require particular medical procedures (Designation of Task).</li> <li>▪ Have access to Health Services for Community Living Nurse.</li> <li>▪ Have access to pharmacist who sits on our Medication Safety Advisory Committee to consult with regarding medications and potential interactions</li> <li>▪ All individuals with health issues have a Health Care Plan in place.</li> <li>▪ Having appropriate benefits (sick time) to ensure employees don't come to work sick.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Made flu shot available, hired nurse to come to the office for people who couldn't attend the clinics in the community</b></li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> <li>▪ 25,000 medical payments per person</li> </ul> </li> <li>▪</li> </ul>	
	<p><b>Injury (Medication Errors)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Medication Administration Training upon hiring and then Medication Administration Refresher Training every 2 years.</li> <li>▪ Ensuring all employees are signed off by supervisors to administer medications, which means they have been observed on three separate occasions.</li> <li>▪ Medical Procedures &amp; Medication Administration Manual available on ShareVision</li> <li>▪ Medication Administration Procedures</li> <li>▪ All new staff must use a Medication Administration Checklist until they have passed probation and completed the Medication Administration Workshop.</li> <li>▪ Have watch in each program to remind staff of medication times</li> <li>▪ 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 &amp; Supervisors.</li> </ul>	<p><b>Need to hold medication refresher workshop on a timelier basis</b></p>

		<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Individuals would be taken to the hospital if there were any adverse effects due to a medication error.</li> <li>▪ 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.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton 3<sup>rd</sup> party liability</li> </ul> </li> </ul>	
	<b>Missing Persons</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Missing Client Procedure. Search and Rescue info sheets printed off for all individuals and are located in Emergency Preparedness Binders.</li> <li>▪ All staff sign protocols in place for all individuals in care to ensure they have read and understand procedure.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> </ul>	
	<b>Injury (due to Abuse and Neglect)</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Code of Ethics (signed by employee) and reviewed annually by staff.</li> <li>▪ Criminal record search</li> <li>▪ Abuse &amp; Neglect Policy</li> <li>▪ Use of Physical Interventions Policy.</li> <li>▪ Policy on financial controls for individuals receiving services.</li> <li>▪ Sexuality Policy</li> <li>▪ Practice due diligence to minimize risk. We ensure that everyone is aware of their responsibility to the individuals we support.</li> <li>▪ As per the Association’s Policy and Procedure on Abuse and Neglect. Employees</li> </ul>	<b>Will be implementing Open Future Learning which has learning modules that include abuse prevention and role of a support worker</b>

		<p>are quizzed to ensure they are aware of this policy.</p> <ul style="list-style-type: none"> <li>▪ Staff discuss “ethical” issues at staff meetings.</li> <li>▪ As per abuse policy, it’s all staff’s responsibility to report situations of abuse</li> <li>▪ Investigation and inquiry into all instances of abuse and neglect – new practices may be implemented to avoid further instances of abuse and neglect.</li> <li>▪ Association has individuals in care review their rights and responsibilities annually and to report any abuse and neglect.</li> <li>▪ Employees who breach Abuse and Neglect Policy are subject to disciplinary action up to and including termination.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third party liability coverage for employees and directors for \$2,000,000.00 from AON per occurrence.</li> <li>▪ Have an additional \$1,000,000 for non-government funded programs, through Barton</li> </ul>	
	<p><b>Injury to Person’s Served (Supporting Individuals with high risk behaviors)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Behavior Management Policy. Ensure that a Safety Plan (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.</li> <li>▪ Use of Physical Interventions Policy</li> <li>▪ Ensure risk assessment is completed for all individuals in care and a behavior support plan in place, if required.</li> <li>▪ 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).</li> <li>▪ Staff and home share providers receive CPI (Crisis Prevention Institute) Training</li> <li>▪ 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.</li> <li>▪ We have created quizzes around behavior support plans to prove that staff understand them.</li> <li>▪ For individuals who may put others at risk in the day program, they must attend with one on one staff.</li> <li>▪ All employees wear an emergency button to alert emergency personnel if required.</li> <li>▪ 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</li> </ul>	

		<p>decreased the behaviors substantially.</p> <ul style="list-style-type: none"> <li>▪ 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</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> </ul> </li> </ul>	
<b>Employees</b>			
	<b>Injuries</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ OH&amp;S committee identifies and manages risks. All injuries are reviewed by OH&amp;S Committee and new procedures may be implemented to prevent future occurrences.</li> <li>▪ Policies regarding safety, i.e. closed toed shoes.</li> <li>▪ Staff receive training on proper lifting, transferring &amp; positioning methods during Level One Training.</li> <li>▪ Staff have received more extensive training on lifting and transferring from OT/PT.</li> <li>▪ All employees must be qualified (have class IV) to drive certain vehicles. (10<sup>th</sup> Ave Van)</li> <li>▪ Employees are encouraged to seek medical attention for injuries where required.</li> <li>▪ More in-depth investigations will begin to take place through the OH &amp; 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.</li> <li>▪ Where safety equipment or clothing is required for jobsites, the FSJACL provides such safety gear and clothing</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ We minimize the risk by having current WCB coverage; all injuries are reported to WCB.</li> <li>▪ Extended Health Insurance is provided to all employees</li> <li>▪ 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.</li> </ul>	

	<p><b>Injuries (aggression from individuals in care)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ CPI Training</li> <li>▪ Follow CLBC Behavior Support Guide for Service Providers</li> <li>▪ Behavior Support and Safety Plans for all individuals who may be aggressive; all staff must read and sign they have done so</li> <li>▪ Reviewing incidents at staff meetings to discuss prevention and how to deal with future incidents. Staff indicate they have read the minutes.</li> <li>▪ Following procedures for emergencies (calling on-call during incidents).</li> <li>▪ Each staff wears a panic button in case of aggression where they feel they can no longer keep themselves or others present safe.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ There is an Employee Assistance Program available to employees for counseling</li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ WCB</li> </ul> </li> </ul>	<p><b>Created checklist for supervisors in dealing with critical incidents, this will be implemented with new Sharevision Upgrade</b></p>
	<p><b>Injuries (sickness &amp; disease)</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Health Requirements Policy</li> <li>▪ Universal precautions &amp; Infection Control Policy</li> <li>▪ All staff take Food Safe</li> <li>▪ Medical Certification of Fitness required from a physician before someone is hired</li> <li>▪ Physician approval required before returning to work after an injury or illness has occurred.</li> <li>▪ We have a Health &amp; Wellness Committee which is available to all regular employees. This encourages physical and mental well-being which will prevent sickness.</li> <li>▪ Employees are entitled to sick days to prevent workers from attending work when they are sick.</li> <li>▪ 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.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ We manage this risk by having appropriate benefits sick time and extended health benefits.</li> <li>▪ We work to accommodate employees in returning to work.</li> <li>▪ Long Term Disability Insurance</li> </ul>	<p><b>No further action req</b></p>

		<ul style="list-style-type: none"> <li>▪ WCB</li> <li>▪ Early Intervention Services provided through DMI (part of extended health coverage)</li> </ul>	
	<b>Fraud/Theft</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Criminal Record Search on all employees &amp; volunteers . We have all employees get a criminal record check before starting employment with our agency, and every five years thereafter.</li> <li>▪ Theft Policy</li> <li>▪ Policies on safe handling of money. Adequate separation of duties with financial transactions eg. same person who creates cheques does not sign them, etc.</li> <li>▪ ED and board signing authority signs payroll cheque register for automatic deposits (two signatures required)</li> <li>▪ 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.</li> <li>▪ External annual audit</li> <li>▪ 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.</li> <li>▪ For Visa stmts, all receipts are attached and board member reviews and signs.</li> <li>▪ Staff are required to keep receipts for all purchases and record them within their shift.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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</li> </ul>	
	<b>Not having adequate number of staff</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Try to address morale issues. <ul style="list-style-type: none"> <li>○ Staff Reporting Protocol for complaints/issues.</li> <li>○ Employee Recognition.</li> <li>○ Proper follow up and disciplinary procedures for staff not meeting adequate standard.</li> </ul> </li> <li>▪ Employee Family Assistance Program</li> <li>▪ Health and Wellness Program.</li> <li>▪ Human Resources Plan done annually to address recruitment issues</li> <li>▪ Training for job specific duties as well as employee development.</li> </ul>	<b>See Strategic Plan</b>

		<ul style="list-style-type: none"> <li>▪ Collective Agreement assures fairness for all employees.</li> <li>▪ Negotiate with funding agent to ensure adequate funding for required staff to avoid burn-out.</li> <li>▪ Hire adequate number of casual staff so staff don't suffer burn out.</li> <li>▪ Post advertisement in paper to attract more employees.</li> <li>▪ Interview prospective employees on an on-going basis to ensure adequate number of employees.</li> <li>▪ Encourage new employees to obtain hiring requirements in a timely manner.</li> <li>▪ Exit interviews of staff that are leaving to see what we can improve on.</li> <li>▪ Anticipate staffing trends and plan for turnover.</li> <li>▪ Regular surveys for staff to voice concerns.</li> <li>▪ Staff development and opportunity to advance.</li> <li>▪ Creative approaches to hiring: <ul style="list-style-type: none"> <li>○ Hiring foreign workers</li> <li>○ Starting employees with experience at a higher grid level</li> <li>○ Hire a Buddy Program as an incentive for staff to recruit their friends, there is financial compensation of \$400</li> </ul> </li> <li>▪ Allowing employees to apply for a regular position, rather than having all new staff start as casual employees.</li> <li>▪ Programs work together to ensure adequate staffing in all programs</li> <li>▪ In the past we have been creative about our less desirable shifts, such as changing awake nights shifts to sleep shifts. 10<sup>th</sup> Avenue is now the only program with an awake night shift, and this can't be changed due to the resident's support needs.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ We would give notice on our contracts if we couldn't adequately staff the program</li> <li>▪ Overtime compensation for staff working additional hours</li> <li>▪ Supervisors fill in if no staff are available</li> <li>▪ Recruitment is also being worked on as part of our Strategic Plan</li> </ul>	
	<p><b>Employment Practices Violations</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Collective Agreement in place and interpretation guide for certain articles are provided by CSSEA</li> <li>▪ Personnel Policies &amp; Procedures</li> <li>▪ Non-Discrimination Policy</li> <li>▪ Harassment Procedure</li> <li>▪ BC Labor Standards</li> <li>▪ Bullying and Harassment Workshop</li> </ul>	<p><b>No further action req</b></p>

		<ul style="list-style-type: none"> <li>▪ Do regular surveys for staff satisfaction to resolve issues.</li> <li>▪ Have a respectful working relationship with BCGEU staff representative.</li> <li>▪ Continue to have Labor Mgmt Meetings to address local issues</li> <li>▪ Open Door policy for all staff when conflict occurs</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Grievance procedure – try to resolve at first step, if possible.</li> <li>▪ All grievances reported to board of directors.</li> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON (Wrongful Act; breach of duty, neglect, error, etc.)</li> <li>▪ \$250,000 Specific to Employment Practices Violations through Barton (Director’s Liability Insurance) for all non-government funded operations.</li> </ul> </li> </ul>	
<b>Board of Directors</b>			
	<b>Fraud/Theft</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Annual External Audit</li> <li>▪ Cheques are signed by 2 designated signing authorities</li> <li>▪ Criminal Record Search for all board members</li> <li>▪ Board Training Manual and Board Training</li> <li>▪ Code of ethics must be signed by all board members</li> <li>▪ Commitment to serve as board members signed by all board members</li> <li>▪ Policies are in place in Association’s Policy and Procedure Manual for the security of funds</li> <li>▪ Board of Directors do not create cheques, they have signing authority (appropriate separation of duties).</li> <li>▪ They are not in a position to distribute or take monies and therefore, risk is very minimal.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ May result in termination of position if fraud was suspected</li> <li>▪ AON: Wrongful Act Insurance - \$2,000,000</li> <li>▪ Barton: Director’s Liability - \$5,000,000</li> </ul>	<b>No further action req</b>
	<b>Legal Requirements (Due Diligence, liability)</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Board Training</li> <li>▪ Every member receives Duties and Responsibilities of Directors booklet</li> </ul>	<b>No further action req</b>

		<ul style="list-style-type: none"> <li>▪ Board Manual</li> <li>▪ Conflict of Interest Policy</li> <li>▪ Review of requirements and evaluation of how the board feels they are doing, this is done annually in the Board Self Evaluation Tool.</li> <li>▪ All possible risks are reported to the board in a timely fashion- risk mgmt. plan is approved annually</li> <li>▪ Consult with lawyer when legal issues arise. Currently we use Steve MacAdams.</li> <li>▪ 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.</li> <li>▪ Board members that have experience and knowledge in particular areas, are consulted on issues that are within their area of expertise.</li> <li>▪ Board meets with auditor once annual audit is complete to review any findings.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Have \$2,000,000 for all government funded programs</li> <li>▪ Have appropriate liability insurance for all directors in the amount of \$5,000,000.00 through Barton.</li> <li>▪ Our agency is a member of BCACL 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.</li> </ul>	
	<p><b>HBT Liability</b></p>	<p><b>Current Situation:</b> 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.</p> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ The CEO Network, which we are a member of, is representing us on this issue and have secured a lawyer.</li> <li>▪ We are one of 50 agencies who are contributing towards the legal cost of having this issue resolved.</li> </ul>	<p><b>On-going issue</b></p>

<b>Volunteers</b>			
	<b>Injury</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Safety Policies</li> <li>▪ Adequate training&amp; orientation</li> <li>▪ Volunteer information package</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Third Party Liability Insurance <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON</li> <li>▪ \$5,000,000 through Barton</li> <li>▪ \$25,000 medical payments</li> </ul> </li> </ul>	<b>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</b>
	<b>Harm to Individuals in Care</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Criminal Record Search done on all volunteers</li> <li>▪ Ensure that volunteers are aware of Association policy on abuse and neglect</li> <li>▪ Proper orientation and supervision</li> <li>▪ Volunteer Code of Ethics</li> <li>▪ Interview potential volunteers and monitor interaction with individuals in care.</li> <li>▪ 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).</li> <li>▪ Discontinue volunteer activities with that person if there are concerns (we feel there is a risk).</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ \$2,000,000 through AON for all government funded programs</li> <li>▪ An additional \$5,000,000 through Barton</li> <li>▪ 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)</li> </ul>	<b>No further action req</b>
<b>Community</b>			
	<b>Complaints</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Deal with any complaints immediately before they go public.</li> <li>▪ Conflict resolution procedure; ensure families are aware of this</li> <li>▪ Media Policy</li> <li>▪ All formal complaints must be reported to and handled by the Executive Director as per policy</li> </ul>	<b>No further action req</b>

		<ul style="list-style-type: none"> <li>▪ Complaint may need to be brought to board of directors.</li> <li>▪ Investigate every complaint and create and implement an action plan; complaints are noted on Beefs &amp; Bouquets site on ShareVision</li> <li>▪ Report on complaints/resolutions in Outcome Mgmt Report.</li> <li>▪ If complaint involves employee’s actions, appropriate disciplinary action may be required, following an investigation.</li> <li>▪ Once complaint is investigated, new procedures may be implemented to prevent further complaints.</li> <li>▪ Ensure community member is adequately communicated with to avoid them complaining to others in the community.</li> <li>▪ If complaint is a service concern we will investigate and work with CLBC to possibly look at additional staffing or training. If service complaint is unable to be adequately resolved, we would work with the individual and their family in finding a different service option.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ As above, ensure positive image in community and use preventative measures – if these are adequately addressed complaints should not damage our reputation</li> </ul>	
<b>Property &amp; Assets</b>  <b>Buildings</b>			
	<b>Damage, Destruction, Loss</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Fire inspections done annually – One internal and one external</li> <li>▪ Regular service of furnaces and fire extinguishers</li> <li>▪ OH&amp;S committee</li> <li>▪ Maintenance contractor ensures buildings are maintained. He is in contact with program supervisors to identify any maintenance issues that require attention.</li> <li>▪ Annual licensing inspections of licensed homes.</li> <li>▪ Annual BC Housing inspections of buildings owned by BC Housing.</li> <li>▪ We ensure that all maintenance items that could increase risk are fixed immediately.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Carrying appropriate insurance. We currently hold property insurance on DJ’s, 4-Plex and Office – BC Housing holds property insurance on A Street and 10<sup>th</sup> Avenue. We hold content insurance and additional \$5,000,000.00 liability on all properties. We have additional content insurance on contents at 10<sup>th</sup> Avenue (medical equipment). Property values are reviewed annually. Inventory taken</li> </ul>	<b>Create Capital Plan for all of our owned buildings to address repairs- ED</b>

		<p>annually.</p> <ul style="list-style-type: none"> <li>▪ Residents of the 4-Plex and DJ's have their own content insurance for their personal belongings.</li> <li>▪ Building Reserve fund can adequately fund maintenance items</li> </ul>	
	<b>Natural Hazards</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Emergency Response Plan (Emergency Preparedness Binder)</li> <li>▪ Regular emergency drills to ensure staff and individuals are prepared in case of an emergency</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Ensuring that the Emergency Preparedness Procedures are current</li> <li>▪ There are Emergency Procedures in the program manuals in all of the homes.</li> <li>▪ We have worked with the pharmacy to have extra vital medications in stock in case of an emergency.</li> <li>▪ We have emergency bags containing emergency items (food, water, candles, etc.) in all of the homes.</li> <li>▪ Individuals have some personal items stored at different residences in case of emergency at their own home (change of clothes, etc.).</li> </ul>	<p><b>Partner with another community agency in case of evacuation – OH&amp;S Committee</b></p> <p><b>Get Community Emergency Response Plan – OH&amp;S Committee</b></p>
	<b>Vandalism, Damage, Destruction, Loss, Theft of building contents</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Ensure all items and buildings are secure.</li> <li>▪ Lock code changed periodically.</li> <li>▪ Have installed keyless entries on all outside doors to the residences to avoid keys being lost or stolen.</li> <li>▪ 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.</li> <li>▪ ED or designate checks the office before going home each day.</li> <li>▪ All keys are secured and signed out when needed.</li> <li>▪ We have sheds at all the residences to secure items that can't be kept in the homes or at the office.</li> <li>▪ Association vehicles are not kept in the office parking lot overnight, as it's a bad area of town</li> <li>▪ Have outside lighting at residences</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ 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 10<sup>th</sup> Avenue are owned by BC Housing and are self insured through them. We also have content insurance through Barton for all locations.</li> <li>▪ Individuals carry their own content insurance in most residences. We have</li> </ul>	

		<p>some coverage for individual’s contents under Barton as well:</p> <ul style="list-style-type: none"> <li>○ 10<sup>th</sup> 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”</li> <li>○ 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</li> </ul> <ul style="list-style-type: none"> <li>▪ Up to date inventory kept on ShareVision</li> <li>▪ If property is damaged by an individual in care, they are responsible to replace or repair it</li> </ul>	
<b>Vehicles</b>			
	<p><b>Damage, Destruction, Loss, Theft</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Driver’s Abstracts required for all employees to ensure they are responsible drivers</li> <li>▪ Policy on Vehicle Use</li> <li>▪ Vehicles are secured at the residences. DJ’s vehicle is kept in their garage, 10<sup>th</sup> 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.</li> <li>▪ Ensure all vehicles are secured when parked as per Vehicle Use Policy.</li> <li>▪ We have “how is my driving signs” on all Association vehicles so unsafe driving practices can be reported.</li> <li>▪ There is a procedure to report any accidents – this would be investigated and new procedures may be implemented to prevent future accidents.</li> <li>▪ All vehicles receive regular services to ensure they are in good repair</li> <li>▪ Replace vehicles regularly to ensure they don’t become unsafe due to disrepair</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Ensuring that we have adequate insurance on all Association vehicles. We have fleet insurance on all Association vehicles (ICBC).</li> <li>▪ If employees use their own vehicles – they are required to have proper business insurance.</li> <li>▪ All complaints are investigated</li> </ul>	<p>No further action req</p>

Computer Technology			
	<p><b>Security</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Anti-virus software installed on server and all computers</li> <li>▪ firewalls enabled</li> <li>▪ use of passwords on computers</li> <li>▪ server room locked</li> <li>▪ Portable equipment locked up and sign out system in place.</li> <li>▪ Ensuring frequent scheduled virus scans on all computers.</li> <li>▪ Changing passwords periodically (admin password for server and computers just changed)</li> <li>▪ Change system permissions when someone leaves that has access</li> <li>▪ Technology Policy must be signed by all employees before starting employment</li> <li>▪ Have web based backups are now being done in all locations; this includes e-mail</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Daily backup stored off-site for the serverAny security breach would be reported to the RCMP</li> </ul>	
	<p><b>Information Mgmt</b></p> <p>(Loss of Information)</p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ “My Documents” folder redirected to server and backed up nightly, external backup drive (2) rotated and taken off-site when not in use.</li> <li>▪ All off-site Association computers have regular web based backups</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Ability to restore files using most recent backup.</li> </ul>	<p><b>No further action req</b></p>
	<p><b>Privacy &amp; Confidentiality</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Technology Policy – all employees must sign agreement.</li> <li>▪ Monitoring use of computers</li> <li>▪ Privacy Policy</li> <li>▪ Automatic locking of computers when not in use.</li> <li>▪ Confidentiality Policy</li> <li>▪ Social Networking Policy</li> <li>▪ Having all employees sign Oath of Confidentiality</li> <li>▪ Access to confidential information is restricted</li> </ul> <p><b>Strategy:</b></p> <p>This risk is moderate and is managed by:</p> <ul style="list-style-type: none"> <li>▪ Legal action would be taken against major breaches</li> </ul>	<p><b>No further action req</b></p>

		<ul style="list-style-type: none"> <li>▪ Breach of policy could lead to disciplinary action, up to and including dismissal</li> <li>▪ Third Party Liability Coverage <ul style="list-style-type: none"> <li>○ \$2,000,000 through AON (Wrongful Act, Breach of Duty)</li> </ul> </li> </ul>	
	<b>Theft</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Encryption</li> <li>▪ Securing of equipment</li> <li>▪ Restricted access</li> <li>▪ Theft Policy and Procedure</li> <li>▪ Have employees sign “Technology Policy” to prevent theft of information on computers</li> <li>▪ There is restricted access to programs to prevent theft of computers or other technology</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Insurance for contents in case of theft of computers or technology</li> <li>▪ If data is compromised, we would restore back ups</li> <li>▪ If theft of confidential data, we would report to RCMP and seek legal action against anyone responsible</li> <li>▪ If there is theft of physical equipment, it is covered under our content insurance for all worksites (Barton Insur)</li> </ul>	<b>No further action req</b>
	<b>Damage, Loss, Destruction</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Regular web based backup</li> <li>▪ IT North to deal with issues and regular maintenance of systems</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ The back up can be used to restore any data that has been lost.</li> <li>▪ Can use other computers until operational again.</li> <li>▪ IT North works with us and would restore system</li> </ul>	<b>No further action req</b>
<b>Financial Practices</b>			
	<b>Loss of Funding</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Maintain good relationship with funding agent.</li> <li>▪ Look at different fundraising opportunities.</li> <li>▪ Ensure any new contracts are adequately funded</li> <li>▪ Ensure that potential liabilities (overpayment of compensation funding) is accounted for.</li> <li>▪ Ensure contract requirements are met.</li> </ul>	<b>Investigate Loss of Bingo Funding/Vernelda</b>

		<ul style="list-style-type: none"> <li>▪ Look for more entrepreneurial relationships within community i.e. Individualized funding. This includes building relationships with potential consumers.</li> <li>▪ Continue to grow our HomeShare Program – this will help our agency to continue to grow.</li> <li>▪ Look for other services our agency could provide.</li> <li>▪ Look at available grants.</li> <li>▪ 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.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ See contract reductions/cancellations</li> <li>▪ See constitution and bylaws regarding dissolving society</li> </ul>	
	<b>Legal Requirements to record, report &amp; audit</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Auditor reports to board annually.</li> <li>▪ Annual external audit</li> <li>▪ Reporting to the Society’s Branch,</li> <li>▪ Annual General Meeting is held in September every year</li> <li>▪ 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.</li> <li>▪ Financial Statements are sent to BC Housing annually.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ All regulatory agencies would let us know if legal requirements were not adequately addressed, in addition to auditor helping to ensure we were compliant</li> </ul>	<b>No further action req</b>
	<b>Loss of Exposure (risk of losing income)</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Annual Audit</li> <li>▪ Ensure expenses don’t exceed revenue – monthly financial statements are given to the board</li> <li>▪ Continue efforts of promoting organization</li> <li>▪ Review budget and adjust as necessary</li> <li>▪ Forecast trends and losses and create plan to address with the board. This may include cut backs, layoffs, etc.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Contract Cancellation if contract amount didn’t cover costs</li> <li>▪ Adequate Contingency Fund</li> </ul>	<b>No further action req</b>

	<b>Investment Losses</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ All investments are guaranteed and locked in.</li> </ul> <b>Strategy:</b> <ul style="list-style-type: none"> <li>▪ There is no risk in our investments, all savings are currently in a Platinum Savings Plan.</li> <li>▪ The board approves investments.</li> </ul>	<b>No further action req</b>
	<b>Failing to Meet Contract Requirements</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ Review contract requirements regularly.</li> <li>▪ Supervisors now have a checklist of program requirements</li> <li>▪ ED reviews all critical incident reports</li> <li>▪ Auditor reviews financial reporting requirements</li> <li>▪ Having a continued relationship with funding agent – they will let us know if they require more information.</li> <li>▪ We keep track of all Contract expiry dates.</li> </ul> <b>Strategy:</b> <ul style="list-style-type: none"> <li>▪ Once notified, we would work to ensure we resolved the issue promptly – all correspondence sent to CLBC is reviewed by the ED</li> </ul>	<b>No further action req</b>
	<b>Contract Reductions or Cancellations</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ Maintain good relationship with funding agent.</li> <li>▪ Ensure contract requirements are met.</li> <li>▪ Keep up to date on provincial issues and be flexible to other support options</li> <li>▪ Review and adjust budget to reflect changes in revenue</li> <li>▪ Do not accept new contracts that would put the agency at risk</li> </ul> <b>Strategy:</b> <ul style="list-style-type: none"> <li>▪ Possible layoffs of employees - Work with union to ensure layoff is done in a fair and equitable manner -Communicate with staff to alleviate fears</li> <li>▪ Meet with staff to find efficiencies and determine responsibilities</li> <li>▪ 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</li> <li>▪ May have to look at being innovate and redesigning services.</li> <li>▪ Encourage staff to find efficiencies within programs.</li> <li>▪ Look at more fundraising opportunities.</li> <li>▪ Adjust work loads</li> <li>▪ Recruit more home share providers (if staffed residential program is being reduced/closed)</li> </ul>	<b>No further action req</b>

<b>Fundraising Events, Grants</b>			
	<b>Loss of Income</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ Ensure expenses don't exceed revenue when planning fundraiser.</li> <li>▪ Maintain good reputation in community</li> <li>▪ Work to maintain good relationship with sponsors</li> <li>▪ See Marketing Plan</li> <li>▪ Ensure Bingo funds are properly accounted for; ensure application is done when required</li> <li>▪ Promote events</li> <li>▪ Promotion of organization in community is vital to fundraising success. We have created new brochures.</li> <li>▪ Ensure high standard for all events (good entertainment, guests are being treated well, etc)</li> </ul> <b>Strategy:</b> <ul style="list-style-type: none"> <li>▪ Ensure our annual fundraiser is reflective of what community wants</li> <li>▪ Review fundraising and event planning strategies and change if necessary.</li> </ul>	<b>Investigate loss of bingo funds/Vernelda</b>
<b>Organization Reputation and Profile</b>			
	<b>Negative Media Coverage</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ Ensure good relationship with media and include them in all events/opportunities</li> <li>▪ Ensure you have media contact person.</li> <li>▪ Ensure complaints are dealt with as soon as possible.</li> </ul> <b>Strategy:</b> <ul style="list-style-type: none"> <li>▪ Designated board member and ED as media contact as per Media Relations Policy.</li> <li>▪ Contact media to follow up with any negative coverage.</li> <li>▪ Follow up article promoting organization in the community.</li> </ul>	<b>No further action req</b>
	<b>Loss of</b>	<b>Prevention:</b> <ul style="list-style-type: none"> <li>▪ Maintain relationship with media.</li> </ul>	<b>No further action req</b>

	<b>Credibility, Exposure</b>	<ul style="list-style-type: none"> <li>▪ Maintain good reputation and profile within the community and with families</li> <li>▪ Ensure agency &amp; staff follow mission and values</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Follow up with source</li> <li>▪ Meet with membership and keep them informed.</li> <li>▪ Promote organization within community. Use brochures and promotional materials to reach community members.</li> <li>▪ Address any issue that could lead to loss of credibility and create and implement an action plan.</li> </ul>	
	<b>Loss of ability to raise donations</b>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>▪ Maintain relationship with current donors.</li> <li>▪ Promote organization in community.</li> <li>▪ Keep relationships strong with sponsors and funders.</li> <li>▪ Network with businesses, consumers and families.</li> </ul> <p><b>Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ Look for opportunities to raise awareness in community.</li> <li>▪ Look for new funding sources for donations.</li> <li>▪ Review current reputation and find ways to improve it.</li> <li>▪ Look at developing new fundraisers if viable.</li> </ul>	<b>No further action req</b>
<b>Home Share Program</b>			
	<b>Legal Issues arising from Contractor Relationship</b>	<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>▪ Currently use contract template created by CEO Network Legal counsel</li> <li>▪ Clear guidelines in place</li> <li>▪ Ensure guidelines are clear before contract is completed</li> <li>▪ Home Study Certification taken by Home Share Coordinator</li> <li>▪ CEO Network is currently getting a legal opinion on contractor relationship and insurance issues</li> <li>▪ Ensure regular reporting</li> <li>▪ Ensure regular monitoring of home share sites</li> <li>▪ May have day program at the home which is provided by FSJACL employees – any problems would be reported</li> <li>▪ Contractor will need to have First Aid Training and CPI Training</li> </ul>	<b>No further action req</b>

		<b>Strategy</b> <ul style="list-style-type: none"><li>▪ Would involve auditor and contract lawyer and would use current legal opinions to appeal</li></ul>	
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Fort St. John  
Association for  
Community  
Living

2013

# Accessibility Plan

The 9th 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.

This is the Fort St. John Association for Community Living's 9<sup>th</sup> 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 for 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 Special Projects Coordinator compiled the information. The Special Projects Coordinator also talked to supervisors of each program regarding 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, 2014.

## Items that have been Addressed in 2012

Barrier	Program	Priority	Solution	Date	Cost	Funding Source	Person Responsible	Progress
Learned Helplessness (attitudes of families, support workers and individuals that individuals need someone to always do for them, keeping them dependant) (Attitudinal Barrier)	Agency	Medium - high	Education through Guiding Principles, Key Messaging, Learned Helplessness articles, newsletters, web site, informational sessions, conversations	Ongoing	NA	NA	All FSJACL, Leadership & Staff	Have done the Guiding principles, and input these into staff meetings. Add articles into newsletters and web site.
Doorways and halls are at 90 degree angles, making it hard for wheelchairs to navigate through the building (Architectural Barrier)	Main Office	Low-Medium	will not be resolved in the near future as would need major renovations or a new building	summer 2012		FSJACL	Executive Director/Community Connections Supervisor	Renovations are completed so there are now less angles in the building
All entrances to Community Connections are not wheelchair accessible (Architectural Barrier)	Main Office	Medium	Fix ramps at back doors	Fall, 2012	No charge	FSJACL	Executive Director	DGS re-did the 2 asphalt ramps at the back doors

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	Incorporating guiding principles into staff meetings and including individuals in staff meetings
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 renovations		FSJACL	Executive Director Community Connections Supervisor	Completed renovations, so there is no more clutter around back entrance

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	Done as much as can be done	NA	NA	Supervisors & Management	Staff are better at not parking in the middle of parking lot as there are only 3 spaces available. CC has applied for and recieved three Association SPARC Permits. In the winter, snow is piled up in the area which makes parking lot even smaller. Supervisors and staff are reminded to use Treaty 8 parking lot
Railings on outside stairs (Architectural Barrier)	Dee-Jays A-Street 4-Plex	Low	Build railings along each outside path & stairs.	Summer 2012	Pending	FSJACL	Executive Director/ Supervisors	A-Street has railings already. 4-Plex does not need railings. Dee Jays – completed
Falling hazard at stairwell as the stairwell is across from the main entrance to the staff office (Architectural Barrier)	4-Plex	Medium-high	Put gate at top of stairs	Fall 2011	Pending	FSJACL	Executive Director/ Supervisor of 4-Plex	½ door was installed at the top of stairwell

Snow not being cleared in a timely manner (Architectural/Environmental Barrier)	Agency	Medium	Each program to purchase a snow blower.	Fall 2012	\$400.0 per program	FSJACL	Executive Director/ Supervisors	Programs decided they do not need snow blowers, but are keeping driveways cleared by using a snow removal service
Garage difficult to access in winter due to angle to driveway (Architectural Barrier)	10th	Low	Research possible solutions.	If asphalt then summer 2012	Pending	FSJACL	Special Projects Coordinator	Special projects researched possible solutions and drivers to be careful when backing out remembering that driveway is not straight and can't be fixed as there is a power box in the way
Back deck lifting (Architectural Barrier)	10 <sup>th</sup> Avenue House	Low	Contact BC Housing for possible resolution	By fall 2011	N/A	FSJACL	Executive Director/ BC Housing	Completed July, 2012
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

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	<ul style="list-style-type: none"> <li>• Have our new brochures for agency: joining FSJACL, supported employment, &amp; homeshare</li> <li>• Email and deliver newsletters</li> <li>• New web site kept updated</li> <li>• Word of mouth and promotion</li> <li>• Family Group and Self-Advocate group now functioning</li> <li>• Have ongoing coverage with the media</li> <li>• Partnered with the High School</li> </ul>
Too much visual stimulus – causes disruption and anxiety for some individuals we support (Environmental Barrier)	Main office-Day Program	Low-Medium	Have certain area for information and pictures to be placed.	Completed	NA	NA	Supervisor & Staff	Now have only certain areas for information and pictures

Too warm in programs; reduces air quality and causes discomfort for individuals and staff (Environmental Barrier)	4-Plex A-street	Medium	Buy a fan or light filtering shades	2011-2012	Pending	FSJACL/BC Housing	Executive Director & Supervisors	4-Plex put on light reflectors on windows. A-Street has fans and blinds and a air conditioner
Homes becoming too noisy with too many different noises at the same time – this can create anxiety for the people we support (Environmental Barrier)	FSJACL Residences	Low	Require music to be kept at a minimal level, be conscious of TV's, radios and stereos and ensure they aren't on at same time  Promote Guiding Principles – It's the individual's home, is the music and noise for the residents or for the staff?	Ongoing	NA	NA	Supervisors & Staff	This has improved. No longer have various devices playing in different rooms. Although there are some loud staff and individuals, overall house tries to keep peace and harmony as much as is possible
Lack of staff who have a Class 4 driver's license (Transportation Barrier)	10 <sup>th</sup> Ave. Home	Medium	Staff must have Class 4 license before the end of their trial period. They can also use public transportation during the day	Ongoing	NA	FSJACL Staff	FSJACL Staff/ Supervisors	On-going issue

Lack of Community Access (Community Integration Barrier)	10 <sup>th</sup> home	High	Need more staff with class 4 DL to take people out. Also need to help staff understand what true community inclusion is.	Ongoing	NA	NA	10 <sup>th</sup> supervisor & staff and leadership	Staff have been taking the workshop "Weaving the Ties that Bind" which helps in teaching the ideals of community inclusion
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## Items Yet To Be Addressed

Barrier	Program	Priority	Solution	Date	Cost	Funding Source	Person Responsible	Statistics
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	SP will take Christmas items to DJs shed when alley clear of snow.
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	Continues to be a challenge however, when PCP meetings and other meeting are held with parents, the supervisors make sure that this is communicated to the families in a positive way. The staff is reminded of

								treating people as adults through the guiding principles and they are evaluated on this at least annually.
Using communication devices with individuals (Communication Barrier)	Agency	High	CAYA is booked to come up again in fall, 2013 to train staff to use communication programs with individuals	Sept, 2013		Fundraising	ED (Cindy)  Supervisors	CAYA has set up communication programs with some individuals but staff need to be re-trained to follow the programs
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	Have been informed by Mayors Disability Committee that a curb cutout will be done in the summer 2013
Back parking lot builds up with ice due to poor drainage and uneven concrete (Architectural Barrier)	A-Street	Med - High	as much as house can do has been done. during the melting/freezing season, the van is parked in the front to limit risk of individuals slipping				BC Housing A-Street Staff	BC Housing was to address this when they build the fence but did not A piece was added to eaves to redirect water. snow is shoveled away from area
Front door in Community Connections	Main Office	Medium	Got specs from city. Hired DGS to do.				Executive Director/ Special	City has sent us the specs to build a ramp at the door.

not wheelchair accessible as the ramp is too steep (architectural barrier)							Projects Coordinator	Working with DGS to have rectified
Rainwater on driveway, slippery (Architectural Barrier)	Dee-Jays	Medium	Convert water away from driveway.	Spring 2013	Pending	FSJACL	Executive Director & Supervisor of Dee Jays	Supervisor will look into in spring to see exactly where water is coming from
Lack of staff due to high turnover rate limits the individual's access into the community (Community Integration Barrier)	Com Inclusion Programs	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	Continues to be a very big problem, however, we have tried to be creative in the way that we are recruiting new staff by our "Recruit a Friend" program, handing out business cards to people in the community that may be suitable to work in our agency and offering training to staff that want to have a career with our agency
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.

							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. Self Advocate group working with MDAC.
Misuse of Accessible Parking Spaces (Community Integration Barrier)	Community	Medium	Continue to advocate and educate	Ongoing	NA	NA	All FSJACL Staff, Mayor's Disability Advisory Committee, Energetic Advocates	ED continues to work with MDAC. Self Advocate group working with MDAC on awareness campaign Can use red placards in public spots.
Snow & Ice removal on sidewalks (Community Integration Barrier)	Community	Med	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. Self Advocate group working with MDAC. Can use red placards in public spots.
Dignity of Risk (Community Integration Barrier)	Agency	Medium	Educate staff, through Knowledge quiz and Orientation, clarify their role	Ongoing	NA	NA	Leadership Team, Staff	Are starting to see changes.
Attitude with potential employers and community	Community	Medium	Educate through brochures, information sessions and opportunities to have discussions about the importance of employment for people with	Ongoing	NA	NA	All FSJACL Staff	Has improved greatly, businesses more willing.  As we see more

regarding individuals ability to work (Employment Barrier)			disabilities					successes for people with disabilities in businesses, opportunities with grow
Fluorescent lighting – Regular exposure to fluorescent lighting can cause health issues (Environmental Barrier)	Main office Residential programs	Low	Need to be replaced with better alternative		Pending	Talk to BC Hydro about rebate, incentive & options	FSJACL Management	BC Hydro put in different bulbs in 2011 and they flicker, which can cause headaches
Air fresheners (Environmental Barrier)	Agency	Low	Find a healthier solution	Jan, 2012 now need to incorporate	\$6 to 9 per bottle \$60 per unit.	FSJACL	Special Projects Coordinator	Special Projects has found natural air freshener bottles to use instead of febreze, etc. Also has found natural nebulizer with can put on a timer to spray natural scent.
Too Warm in program, reduces air quality and causes discomfort for individuals and staff	10 <sup>th</sup> home	Medium	Put in programmable thermostats	By spring 2014	?	FSJACL/BC Housing	Executive Director & 10 <sup>th</sup> Supervisor	10 <sup>th</sup> is too hot or too cold or too cold as hard to regulate thermostats. Also staff get mixed up as to what thermostat is for what area

(Environmental Barrier)								
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 gives them a greater opportunity for vacations because they have more funds. Housing rent continues to rise. We continue to work with BC Housing to find solutions for affordable housing for the people we support
Individuals understanding concept of money (Finance Barrier)	Agency	Medium	Education and support	Ongoing	NA	NA	FSJACL staff	Support staff continues to support and coach individuals regarding budgeting and have individuals included in all aspects as of managing their money. Natural learning with money during shopping and budgeting seems to be the best way to teach the individuals

								about their finances
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	Because our residences have vehicles, the people living there have community access. All busses in town are now accessible. Handydart looking at adding more hours.
Individuals not accessing website and FSJACL information (communication barrier)	All programs	Medium	Support individuals in regularly accessing our website and information  Make information and website more interesting for individuals	Ongoing	NA	NA	All staff	Individuals can access information and staff will support them when needed.  Individuals do not always know about the information we have or seem interested. We are trying to make information easier to read and understand and this is an ongoing goal.

Lights (environmental barrier)	10th	Medium	Buy smaller/softer lights for individual's rooms that are not so bright or harsh. Make sure florescent lights are not used when possible.  Make sure individuals are not positioned at bright lights. Look into replacing florescent lights in the future	ongoing	?	Supervisor , staff, and family	Supervisor and staff	Use table and floor lamps.  Look into replacing florescent lights in the future
Staff items (architectural barrier)	Residences	Low	Have cupboard/locker for staff's items	Fall 2012	?	FSJACL	Leadership and supervisors	All programs have spots for staff items to not clutter residents home except 10 <sup>th</sup> . 4-plex does not have a spot, but staff keeps personal items in their vehicles.
Handi-dart idling at back door (environmental barrier)	Day program	Low - med	Ask the Handi-dart if they can pick up and drop off people at the front access door in the winter time.	winter 2013	NA	NA	CC Supervisor and Staff	When the Handi-dart idles in the winter outside the back door, it causes exhaust fumes from the diesel engine to come into the building and it can be very strong in the day program

People are not able to get into the back door unless they have code/key & buzzer not working  (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/Maintenance Person	A doorbell was installed but it was not working correctly.
Misjudging & negativity  (Attitudinal Barrier)	FSJACL programs	Medium	continue to use Team Charters, have annual workshops and general staff meetings.	Ongoing		FSJACL	Leadership Team and Staff	We hold semi-annual General Staff meetings to alleviate misunderstandings and continue to remind staff of Team Charters throughout the agency

## Identified Items That Will Not Be Addressed

Barrier	Program	Reason barrier is not being addressed
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 not accessible, no ramp (Architectural Barrier)	A-Street	This will likely not be resolved as there are alternate routes available.
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.
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.