Annual Quality Improvement Report

April 1st, 2020 – March 31st, 2021

Prepared by: Heather Becker, Quality Improvement Lead
In consultation with the Quality Improvement Committee
Presented to HPC Board of Directors on May 13th, 2021 for adoption

Executive Summary:

The Quality Improvement Report for 2020-21 has been prepared using the current policy as a framework and measured against our definition of quality:

"Quality is the degree of excellence related to all aspects of agency functioning as reflected in our Mission Statement. This includes, but is not limited to, overall child, youth and/or family experience; treatment provision delivered by a skilled and competent multidisciplinary team; strong collaborative relationships with community partners and a learning environment that cultivates innovation and evidence-informed practice that leads to positive outcomes. In addition, quality will be maintained through effective use and reporting of public funds and in compliance with accreditation standards."

On behalf of the Quality Improvement Committee, we present the 2020-21 Annual Quality Improvement Report; which is- the culmination of the quarterly reports (April 1, 2020 – March 31, 2021) and the annual Quality Improvement Plan (within the Quality Framework). **(See Appendix A)** This annual report allows us to reflect on:

Highlights of progress/celebration of accomplishments:

- All HPC Board, Managers, staff and volunteers continued to strive towards 'quality in all we do' despite the changing sands during a global pandemic. HPC developed a Pandemic Plan which has provided structure for staff including (but not limited to): Public Health guidelines (including use of PPE, cleaning/disinfecting, mask protocols etc.), clinical considerations for in-person service, safe use of spaces and resources, % of time in office work to provide in-person service and support clinical team etc.
- Several staff survey's (Annual OH&S survey, Pandemic Survey and Salary and Benefits survey) yielded valuable feedback which helped inform centre direction on health and safety, wellness and COVID specific/one-time spending.
- Use of Clinical Video Conferencing was implemented as a service delivery method and its use continues to be monitored quarterly and continues to be evolutionary. Ability to continue to offer in-person services based on guidance within the HPC Pandemic Plan and clinical considerations. In-person services included office based counselling service, in-home service, Summer Therapeutic Day Camp, Intensive Day Treatment
- Successful launch of a re-envisioned Intensive Day Treatment program (MOU from Sept 2020 – June 30 2021)
- Evidence of a 'good range of services' offered to clients (*across all programs*) including direct and in-direct
- Staff continued to utilize allocated Professional Development funds and had opportunities to attend centre funded PD opportunities. More centre funded training was granted this year to support staff in new shifts given the COVID-19pandemic.
- Access to Psychological Consultation through Tele-Mental Health
- Continued work and growth with Youth Engagement and Family Engagement endeavours.
- As part of an OHT improvement project, HPC implemented the use of a shared form (created by MH&A Alliance) to inform Primary Health Care Providers when their patient reach out for services at HPC and when services end.
- Every quarter, the number of days waiting between client first call and return from Timely Access clinician remained within goal

Recommendations for improvement: Improve the quality of data collection used to measure indicators of quality dimensions within the Quality Plan 2021-22 (see Appendix E):

- Complete Activity List Project – includes staff education re: consistent interpretation of definitions and exit dispositions to improve data integrity.
- To focus on a number of resources to find efficiencies
- Measure implementation of the communication tool with primary health (a HPA-OHT improvement project).
- Review the process of client surveys in order to explore ways to increase numbers of clients providing service experience feedback.

~ Heather Becker, Quality Improvement Lead

THE CENTRE'S POLICY STATEMENT ON QUALITY IMPROVEMENT:

"The Centre will maintain a commitment to the quality of services provided to the community through a variety of processes to promote continuous improvement. The CEO will ensure that there are defined processes to promote quality, improvement and address any issues of quality that may be identified. An annual Quality Improvement Report will be provided to the Board on an annual basis and will include a summary of all quality improvement activities, any actions taken for continuous improvement and recommendations for future actions."

The following information provides a summary of Quality Improvement processes/activities that occurred in 2019 to promote continuous improvement:

- **Quality Improvement Committee (QIC)** - QIC oversees various activities related to continuous improvement and documents any actions taken that relate to Quality Improvement activities, whether they are led by QIC or externally driven by other opportunities to conduct various activities related to quality. (See Appendix A for Quality Improvement Framework)

QIC Membership:

- Heather Becker, Huron Counsellor, QIC Lead
- Terri Sparling, CEO
- Cheryl Priestap, IT Support
- Rosemary Nicholson, Perth Counsellor
- Sarah Anderson, Huron Counsellor
- Erin Dietrich, School Based Outreach CYW
- Jessica D'Arcey, HPC Board Member
- Jill Carter, Perth Counsellor
- Cathy Graham, Huron Clinical Services Manager
- Val Millson, Huron-Perth Clinical Services Manager for Partnerships & Protocols *(inactive during 2020-21)*

The use of Quality Improvement procedure 4.60.10 continued to promote continuous improvement including, but not limited to: Quality Improvement Committee, Client Satisfaction Surveys, Community Consultations, Complaint Procedure, File Audits, Performance Evaluation and Program Reviews.

- **Quality Improvement committee -** In 2020 – 2021, QIC met on the following dates: April 7/20 April 30/20, October 22/20, January 25/21. Terms of reference for QIC are currently in development.

- **Client Satisfaction Surveys –** surveys are a key way for us to engage children, youth and families to solicit feedback about services, evaluate effectiveness of services and measure outcomes. Through this year, clients could offer comments at any point in service delivery through verbal feedback, and by electronic surveys (through survey monkey) Staff invite feedback through the treatment process as part of the review of treatment plans and any revision to goals.

  Currently HPC monitors the completion of 3 surveys; Timely Access (TA), Client Satisfaction (CSS) and School Based Outreach (SBO). Surveys for other HPC services ie. Violence Against Women, Youth Justice Services are collected by external funders. Survey response rates continues to be an area that the QIC committee has been analyzing due to the sharp decline this past year (see annualize response chart below). While competing priorities and additional stress in families during the pandemic may have contributed to decline in response rate; the QIC committee continues to strive towards implementing new strategies to increase the response rate as client

feedback re: their experience of services is one of our best way to know how services have impacted clients/caregivers.

As part of the Provincial Priorities Report, client experience was one of the priorities. CYMH & Addiction services have partnered with CAMH and the Centre for Excellence to run a monthly long Blitz during May 2021 to pilot the use of the Ontario Perception of Care tool. QI Lead attended virtual meetings throughout Q4 and has begun preparing HPC for the OPOC Blitz in May. The QIC committee is hopeful that what we learn from the Blitz might inform HPC on what direction to take in regards to client feedback and methods used to collect, store and utilize the data. More information will be provided in upcoming quarterly QI reports throughout 2021-22.

SURVEY RESPONSES FOR 2020-21

Number of completed surveys/number of discharges = response rate	**Client Satisfaction Survey**	**Timely Access Survey**	**School Based Outreach**
Q1 – Apr 1 – June 30/20	2/34 = 6%	11/95 = 12%	11/15 = 73%
Q2 – July 1 – Sept 30/20	9/68 = 13%	13/185 = 7%	10/36 = 28%
Q3 – Oct 1 – Dec 31/20	2/19 = 11%	4/104 = 3%	5/52 = 10%
Q4 – Jan 1 – Mar 31/21	7/38 = 11%	9/126 = 7%	5/22 = 23%
Annual Total for 2020-21:	**20/159 = 12%**	**37/510 = 7%**	**31/125 = 25%**

ANNUALIZED SURVEY RESPONSES

Year	# of combined completed surveys totals
2016	149
2017	153
2018	203
2019	198
2020	88

- **Community Consultations** – Feedback from the last community consultation (2019) was included in a broader E-bulletin. No formal community consultation has occurred via survey; actions relate to ongoing linkages with others including:
    - 3 year plan for CYMH developed in collaboration with CYMH Leadership Team and Stakeholders group
    - CYMH/YJ and Education - Senior leaders from school boards and HPC met in August to consult with Dr. Gharabaghi re shared approach to return to school; School Advisory met several times to coordinate resources and service responses.
    - MH&A and primary health – collaborative planning to offer webinar with Professor Solomon "Confidentiality and the changing health context", launch of primary health communication forms; via the following groups: Working group on Psychiatry, A& MH Alliance, MH&A Network
    - New protocol between HPC, HPCAS and CSCN re complex need cases
    - Continued contributions to an updated MH&A Report through Social Research & Planning Council
    - VAW & community - Continued membership on DART

- **Complaint Procedure –** Information about the complaint procedure is provided in the Client Handbook and on the website. During 2020 there was no formal complaints related to any services. Clinical Service Managers have followed up on any clients who voiced concerns to staff or through surveys.

  Serious Occurrences - Between April 1/20 and March 31/21, there were 2 Serious Occurrence Reports (SOR).

- **File Audits** – In Q1, an audit of files open prior to July 2017 (when HPC moved to electronic file) was conducted. It showed that there were 20 files remaining open. CSM's were notified and staff were asked to bring these cases to screening or supervision to consult.

  An informal/qualitative file audit was completed during the months of June and July 2020. Clinicians consulted with their CSM to review each client on their case load in order to determine eligibility for in-person services during COVID as per the HPC Pandemic Plan.

  A file audit following the implementation of Clinical Video conferencing as a service delivery method was conducted in Q3. There has been a delay in sharing the information /findings due to high work load demands.

- **Performance Evaluation -** we continue to value providing performance reviews on an annual basis. During the pandemic it has continued to be a challenge to meet this goal due to competing priorities although the annual schedule for reviews and bi-annual HR File audits have been helpful. Staff also receive verbal feedback in a number of ways. It would be helpful to consider revising the performance evaluation form to support ease of completion.

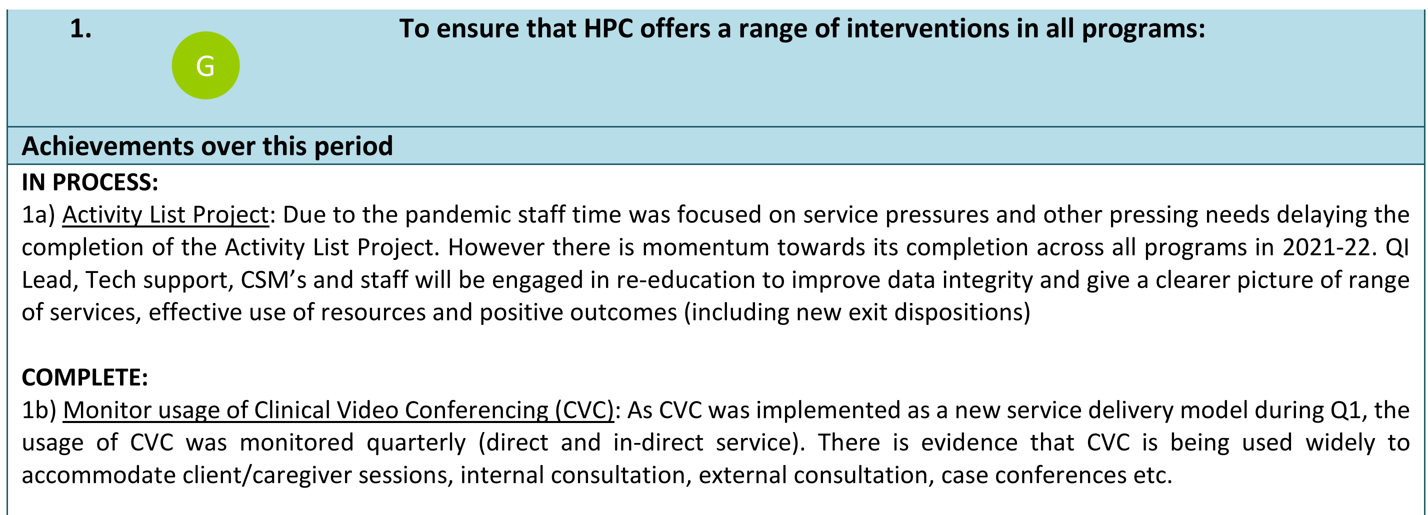
Progress on 2020-21 Quality Improvement Recommendations (from 2019 Annual Plan):

Considerable slippage and a significant risk that the completion date will not be me.

A possibility of some slippage but the issues are being dealt with.

On track and should be completed by the target date.

On hold.



1. G	To ensure that HPC offers a range of interventions in all programs:
Achievements over this period	

IN PROCESS:

1a) Activity List Project: Due to the pandemic staff time was focused on service pressures and other pressing needs delaying the completion of the Activity List Project. However there is momentum towards its completion across all programs in 2021-22. QI Lead, Tech support, CSM's and staff will be engaged in re-education to improve data integrity and give a clearer picture of range of services, effective use of resources and positive outcomes (including new exit dispositions)

COMPLETE:

1b) Monitor usage of Clinical Video Conferencing (CVC): As CVC was implemented as a new service delivery model during Q1, the usage of CVC was monitored quarterly (direct and in-direct service). There is evidence that CVC is being used widely to accommodate client/caregiver sessions, internal consultation, external consultation, case conferences etc.

2. **Optimize use of staff time to provide direct & in-direct service to clients**

Achievements over this period

ON HOLD:

2 a) Case flow: on hold; CSMs plan to use data/internal case screening and supervision procedures to understand case flow patterns & support the flow of cases including use of SEA model; CSMs used supervision to evaluate workload/caseload sizes.

2 b) Centre of Excellence support: In the event that data analyst resources from the Centre of Excellence become available this project will move forward.

3.

HPC aims to demonstrate visible collaboration with community partner(s) by co-creating plans together

Achievements over this period

COMPLETE:

3a) Implement communication tool with primary health (an OHT improvement project): In September of 2020, clients were asked at point of contact in Timely Access to share a notification with their Primary Health care provider that they had connected at HPC for mental health services and when services are complete. TA staff and the Clinical Support Staff work together to ensure the forms are sent to Primary Health care providers at intake and discharge.

COMPLETE:

3b) Re-engagement with broader community via email to keep SEA in the minds of community partners: Despite the pandemic, HPC continued to work with community partners re: SEA mentorship opportunities with Dr. Michael Ungar through funding from the United Way of Perth Huron. 12 mentees (comprised of HPC staff and community partners) took the opportunity to be part of this project with Dr. Ungar which included recording 2 client sessions and 2 hrs of consultation with Dr. Ungar re: the recordings and use of SEA during sessions. Plans are in place for community partner leaders to come together in May 2021 to continue to evolve this initiative.

4. **Clients report/show improvements/positive experience after service involvement**

Achievements over this period

ON HOLD:

4) The plan was for QIC to review the process of client surveys in order to increase numbers of clients providing service experience feedback through surveys but this has not occurred. Resources shifted to focus on piloting the provincial tool Ontario Perception of Care (OPOC) in the OPOC Blitz in May 2021. The QIC sees potential for this pilot to inform changes in how we gather client feedback and consider shifting to the OPOC. See also Client Surveys section for update.

5.

Service is provided within context of safety for staff and clients

Achievements over this period

IN PROCESS

5 a) Updated training for staff re: Serious Occurrence Reports procedures;5b) Expand reporting to include when mandatory service providers take the lead in filing SORs re: shared clients – staff education and support to CSMs who have the responsibility to complete SORs was shifted into the new fiscal year due to the pandemic.

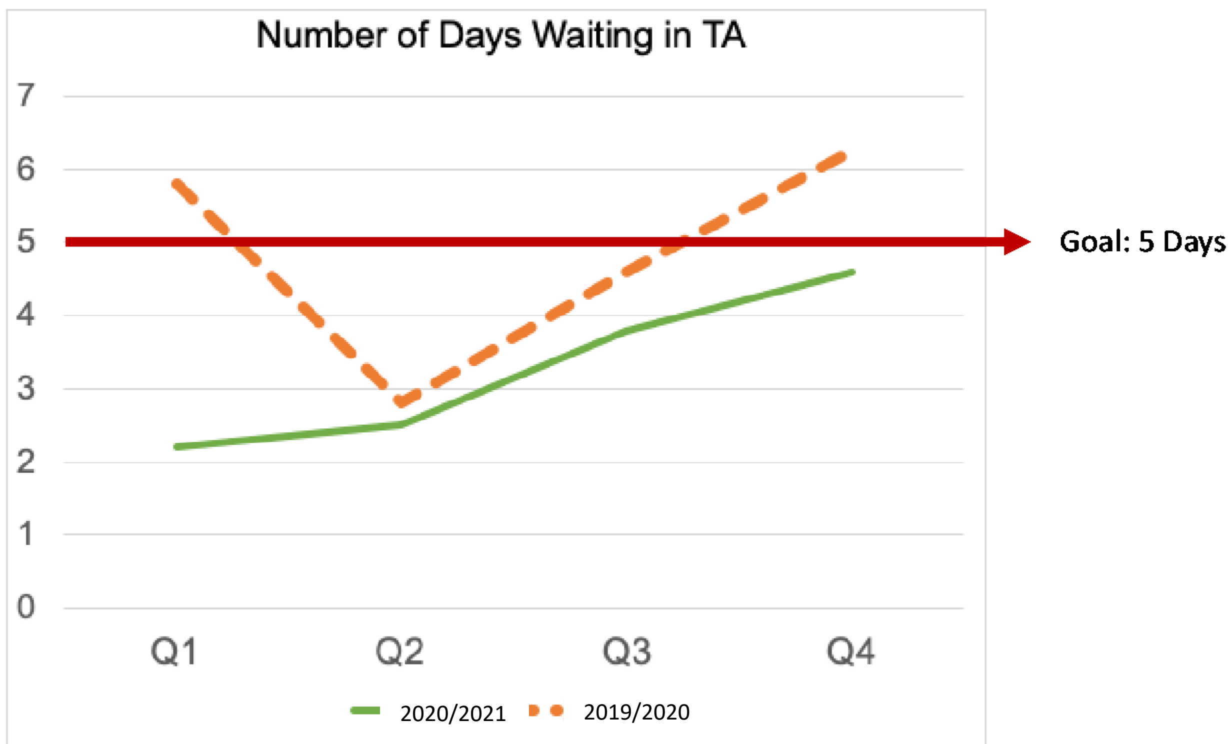
NEW & COMPLETE – The OHS Manager with the CEO and the Pandemic Task Force completed a detailed Pandemic Management Plan that applies Public Health restrictions to the level of risk based on office space limitations. This document supports decision-making that enables continuity of service response regardless of risk level. COVID Funding also provided valuable resources to assist the organization to pivot between virtual and in person services.

Fiscal Year Quality Report (Q1-Q4) April 1, 2020 – March 31, 2021

Quarterly Quality Improvement reports are reviewed by QIC and management team and presented to board and staff each quarter. Below is an annual summary review of each of the 9 Quality Dimensions that are analyzed each quarter

1. TIMELY RESPONSE: Throughout the fiscal year, the average number of days a family waited to hear from a TA clinician after their initial call to the agency was **3.3** days which met the goal of clients receiving call within 5 business days. Despite shifting response time to 10 days during Q3 (due to high volume of intakes), we were still able to exceed our goal across the year. This year, staff contracts were reviewed/renewed at an earlier date which promoted continuous service response in TA, prevented an increase in number of days waiting for return call and alleviated staff stress which had been the case in previous years when contracts were reviewed at year end.

The image below shows the average number of days waiting in TA for clients to receive a call back after they initiate a referral. This chart shows the data from 2019/2020 (green solid line) and 2020/2021 (orange dotted line).



	Avg. Number of days waiting in TA
Q1	2.2 days
Q2	2.5 days
Q3	3.8 days
Q4	4.6 days
Total Annual Avg. # of days waiting in TA	**3.3 days**

2. RANGE OF SERVICES: An impressive amount of services were offered to clients in all programs that ensured HPC offered a range of interventions in all programs (**See Appendices C & D**). EMHware reports demonstrated amount of intervention by program – number of activities and number of hours spent providing interventions to children/youth and families. Direct services and in-direct services were quantified in the quarterly QI reports to give a full picture of the client experience. See Appendix B for a snapshot of services over the last year.

3. EFFECTIVE USE OF RESOURCES:

See file audit section for updates.

The chart below highlights the total number of clients who did not need a referral after receiving services in Timely Access. The activity list project as well as the implementation of new exit dispositions (why clients leave service) will improve data integrity and show a more realistic view of why clients leave service. Exit dispositions will be implemented in Q1 of 2021 and the activity list project will be ongoing through 2021-2022.

Timely Access	# of discharges	# of internal referrals	# of external referrals	Total # of referrals	# of clients - NO referral needed after TA
Q1	91	37	4	41	57%
Q2	85	24	8	32	62%
Q3	104	39	4	43	58%
Q4	126	51	2	53	58%
TOTAL	**406**	**151**	**18**	**169**	**58%**

All staff were trained re: Clinical Video Conferencing with clients and Teams was implemented as a video platform for client sessions and for consultations (internal and external)

A small task force – otherwise known as "The Consolidators" worked together with a CSM to review the necessary documentation at time of intake. This task force is currently in process of making edits to "Participation in Service" form to consolidate the intake documents to be more efficient at time of intake and to ensure adherence to accreditation standards. This work will continue into the new fiscal year and will complement the work of the revisions to the TA summary.

Another small task force came together to make edits to the Timely Access summary with QI Lead and CSM. A review of this document provided suggestions to help with efficiency and adherence to accreditation standards. Similarly, the School Based Outreach team worked together with QI Lead and CSM to review and edit their School Based Summary for similar reason and objectives of the task force that reviewed the TA Summary. Both of these summaries will be implemented in Q1 of 2021.

4. CHILD/YOUTH & FAMILY ENGAGEMENT:

- **Youth Engagement** (YE): Highlights:
    - Adult Ally brought NH concerns re: Black Lives Matter movement from Disable the Label to HPC managers and staff teams.
    - In Q2, Erin Dietrich supported the New Horizons (NH) as the Adult Ally as Sarah Wigan took a leave of absence from HPC
    - Goals set in fall of 2020: 1) Recruitment 2) Raising awareness about MH.
    - NH submitted a grant to New Mentality to receive funds to support the work in YE this year.
    - NH invited the HPCDSB MH & Wellness Coaches to a NH meeting to see how they can work together.
    - NH developed an interest in branding. They created a new logo, a new advertisement poster, designed and ordered swag.
    - Interest in developing an online tool kit for youth (on HPC website) that would include tips and strategies to manage anxiety, information on community supports and some activities to keep them busy.
    - Youth attended various community events:

        - NH's planned and implemented CMH week virtual events that were on HPC's various social media platforms
        - Adult Ally attended a community of practice, supported youth to give voice to students transitioning from high school to post-secondary that have been impacted by COVID-19
        - Helped to plan & participated in a MH & Wellness event call "You Matter" hosted by local school board.
    - Youth attended various training opportunities:
        - Virtually attended the Disable the Label meetings in May and June 2020
        - Skills for Change workshop through New Mentality, Mental health & Wellbeing workshop offered by the local School Boards

- **Family Engagement** (FE): Highlights:
    - Family Advisory Committee provided questions for Dr. Ungar from a FE standpoint for the HPC AGM.
    - FAC continued to meet virtually this year:
        - Meetings in Q2 focused on planning for the family and community feedback surveys re: MH services, MH needs and beneficial models of service delivery.
        - Q3 meetings focused on holding meetings for potential new FAC members. A variety of themes were generated including; MH education, MH support for school age children, how to find MH services, local MH resources being offered/linked to parents/youth after a hospital stay, how to effectively use social media platforms
        - One face to face meeting (following COVID protocols) at a local restaurant allowed new members to 'get to know' the FAC group and to discuss the hopes of providing information and attending community events that promote, support and educate re: MH.
    - Survey's yielded 200 responses the findings were shared with HPC CEO and will be included in the HPC 3 year plan for CYMH services. The findings were shared with HPC staff and board, MH Leads in Schools, CYMH Leadership Team and Special Education Advisory Committee with both school boards. The survey findings are an important resource for service providers to consider as there are identified areas where more info about resources would be welcomed.
    - FAC parent chairs completed the Rainbow Health Ontario training (LGBTQ2S+) that all HPC stakeholders have been asked to complete.

5. SKILLED STAFF: During the year, HPC staff were supported during the COVID-19 pandemic in various ways.

- Implementation of Microsoft Teams for Clinical Video Conferencing (CVC) with team connection and client/collateral services
- Created space for staff to connect on Zoom for 'off hours' social connections
- CMS's check in with all staff during months of May/June re: overall check-in and needs re: return to in-person service
- Continued wellness efforts through Wellness Event Sub-Committee. May 13 – all staff wellness event with Faye Murray and staff check in and June 24 – all staff wellness event with Mike Masse and staff check in. Continued 'all staff' emails re: body breaks.
- Extensive centre funded Professional Development this fiscal year. In addition to individual PD choices based on professional learning goals, the Centre has endorsed a number of additional trainings, including (but not limited t): Rainbow Health Ontario Training (LGBTQ2S+), Virtual service delivery, Virtual Groups, Psychology consultations with Dr. Zayad and Kiaras Gharabaghi presented at September 2020 staff meeting.

- Clinical Service Managers provided extensive time providing 1-1 supervision and leadership to team screenings and meetings. CSM's responded to increased requests for case related consultations, support to staff who are struggling to manage the competing demands of work and home during the pandemic and case load discussions as they related to plans to return to part-time scheduled in-office days. CSM's re-instated evening coverage and expanded from 1 evening per week to 2 evenings per week.

Other highlights:

- Retired staff member Sandy Stuart returned to offer mentoring to new staff.
- 1 BSW student placement
- New staff hired and virtually oriented throughout the year.

6. LEARNING ENVIRONMENT: As mentioned above, in addition to personal Professional Development opportunities, HPC offered additional centre funded PD opportunities to support the shifts the pandemic brought about (see Skilled Staff bullet point 4) School Based Outreach staff had access to School Mental Health Ontario training resources for staff working in schools. The Intensive Day Treatment team also had access to specialized training and consultations to further develop the IDT program.

7. COLLABORATION WITH CLIENTS: Upon case closure, or at any point during services, clients can complete a satisfaction questionnaire. Clients can access either the Client Satisfaction Survey, the Timely Access Survey or the School Based Outreach survey in paper copy, on the tablet in wait rooms or by using a website link. **See Appendix B**. Surveys re: other programs/services are currently administered by other ministries; however, HPC is going to include these results in quarterly reporting in 2020.

The Social Ecological Approach (SEA) continued to be a model of service that HPC embraces which focuses on the relational understanding of well-being and resilience of children, youth and families with whom we support. Those children and youth with the highest complexity/ risk tend to be involved with, or could benefit from the involvement of multiple services. In order to continue to build a common conceptual framework and language in the community, HPC worked with internal and external SEA champions to break down barriers that can pose challenges for organizations when they collaborate to support a child/youth. This project aimed to bring more understanding of each other's roles and increase appreciated for the skills need work flexibly and together to meet the needs of those with the most complexity. It was hoped that this project would help organizations collaborate more often and more effectively. The introduction of the Social Ecological Approach (SEA) project allowed all involved to fulfill their responsibilities within their roles while recognizing the importance of how they intersect with other organizations. This project ultimately enhanced the flexibility required in responding to children and youth with complex needs. This project was made possible by the funds received from the Huron Perth United Way and various local agencies working together. Dr. Ungar provided leadership using common conceptualization and language through several group meetings as well as individual case consultation.

An SEA approach requires the involvement of key people as identified by the child/youth and family (including natural/informal supports), but this project is focused on the formal service system. SEA is a framework that can embrace a number of different interventions, roles and activities without interfering with them. It doesn`t necessarily require additional work or resources. Given that organizations must be efficient in the use of available resources, the SEA approach allows us to do more with less. *– Excerpt from our SEA Project Charter October 2018*

A file audit was completed in Q3 regarding the implementation of Clinical Video Conferencing as a method of service delivery. Due to high work load demand, the results have not yet been shared.

8. COLLABORATION WITH COMMUNITY: It is in the Quality Plan for 2021 to continue to monitor the implementation of the communication tool with primary health, which is an OHT improvement project. Staff and Clinical Support Staff work together to notify Primary health providers of clients initial request for HPC support and again at time of closing.

Each quarter, the total number of external contacts are documented as well as the number of hours staff spend in external consultation. External contacts include (but not limited to): schools support (teachers, principals, MH Leads etc.), primary health providers, community partners (ie. Family Services Perth Huron, Community Supports for Families, Huron Respite Network, HPCAS, CPRI, Choices for Change)

All programs	Number of external contacts	Number of external contact hours
Q1	557	148hrs
Q2	396	107hrs
Q3	730	235hrs
Q4	804	214hrs
TOTALS:	**2487 Contacts**	**704 Hours**

QI Manager receives File Action Checklist's (FAC) upon case closure and reviews each quarter to ensure letter has been mailed to community partners (if applicable). While this is a mechanism of reporting, it is not the most reliable way to collect data. HPC will continue to work within our database to develop a mechanism for more accurate data re: this quality dimension.

9. **POSITIVE OUTCOMES:** The quarterly Quality Improvement reports provide data re:

I. **Ministry outcome measures** – there are 3 outcome measures that the Ministry collects at time of services ending in C& T, Intensive, CCSCC, TA and Specialized Assessment and Consultation. This information is different than what is collected by EMHware as there are different business rules applied to these Ministry reports. The new directives/training re: Business Intelligence Solution generated an increase in reporting of these measures in Q3 and Q4. It is expected that this reporting trend will continue and data will be more reliable. See chart below:

	# of service ended (service close completely)	# of children/youth with positive outcomes (as determined by clinician)	# of caregivers/youth reporting positive outcomes	# of caregivers/youth reporting positive experience with the service system:
Q1	87	43	53	58
Q2	89	50	55	61
Q3	112	64	50	76
Q4	91	45	54	62
TOTALS:	379	202	212	257
ANNUAL AVG:		53%	56%	68%

II. **CAFAS data** (Child and Adolescent Functional Assessment Scale) – this scale is used when a client is accessing services in Counseling and Therapy or Youth Justice Mental Health services. It is a clinical assessment tool that is used to assess the degree of functional impairment in children and adolescents with emotional, behavioural, or substance use problems. *(NOTE: scores **50-90** indicate that youth may need additional services beyond outpatient care and scores **100-130** indicate youth likely needs care which is more intensive than outpatient/and or which includes multiple sources of supportive care.)*

	# of initial assessments completed	Avg. Initial CAFAS Score	# of outcome assessments completed	Avg. Exit CAFAS score	Avg. difference between initial and exit (showing degree of functional impairment changes)
Q1	16	94	10	33	⬇ 23
Q2	18	55	17	49	⬇ 37
Q3	25	62	16	58	⬇ 25
Q4	10	60	11	27	⬇ 33

III. **Client Satisfaction surveys** – See **page 3 & 4** of this report and **Appendix B** for details.

Recommendations for Quality Improvement in 2021 as per QIC: are reflected in the Quality Plan 2021-22 and focus on quality dimensions: Range of Services, Effective Use of Resources, Collaboration with Community and Positive Outcomes. **(See Appendix E)**

3 Strategic Directions

Created in consultation with Staff & Board 2018-2021 with 3 Strategic Directions:
Child/Youth/Family Voice Matters
Quality in all we do
Cultivate Collaboration

Annual Quality Plan

Created by the Quality Improvement Committee and approved by the Board.
Establishes quality improvement goals for the year.

Quarterly Quality Reports

Reported by the Quality Improvement Lead and shared with Board & Staff.
This report tracks progress on the goals established in the annual Quality Plan.

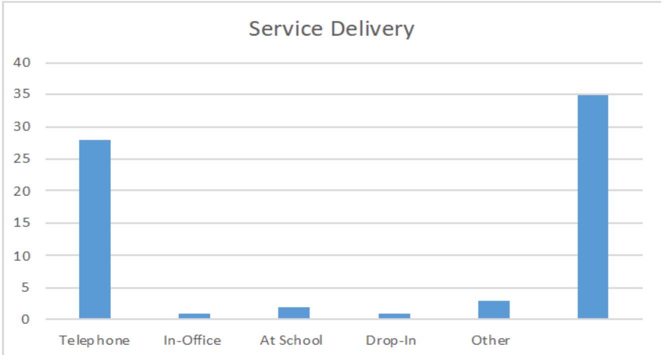
Annual Quality Report

Created by the Quality Improvement Lead and approved by the Board.
This report offers a snapshot of the progress made throughout the year.

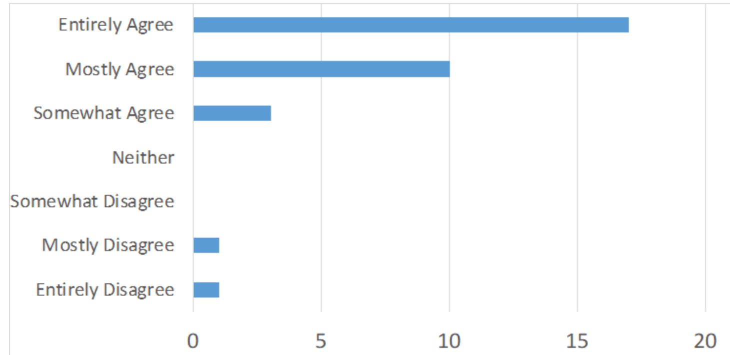
APPENDIX B – CLIENT SATISFACTION ANNUAL HIGHLIGHTS

Timely Access Survey Responses (N=37)

What services did you receive from the TA counsellor?



Do you feel that the service you received were helpful?

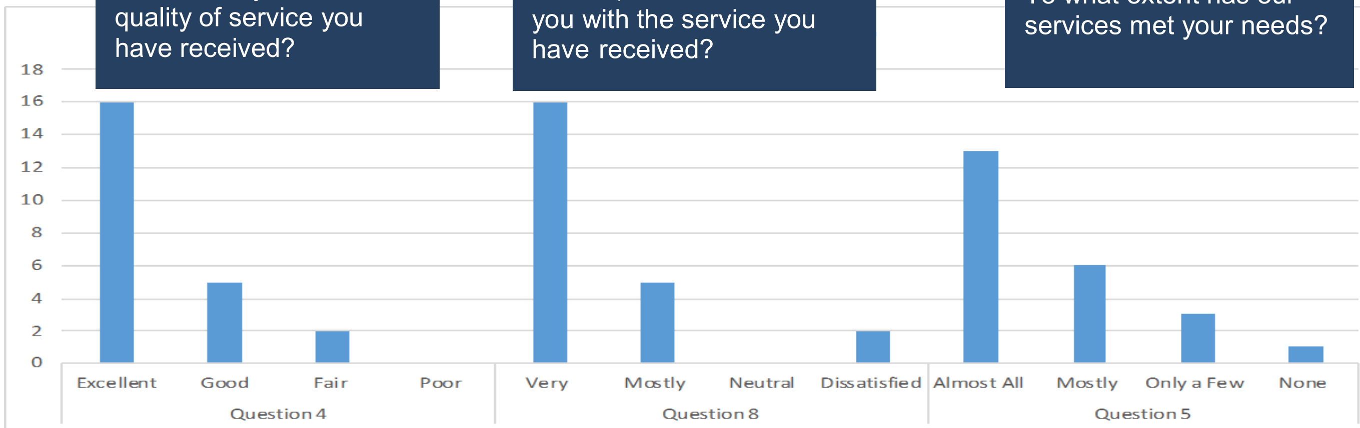


Client Satisfaction Survey (N=23)

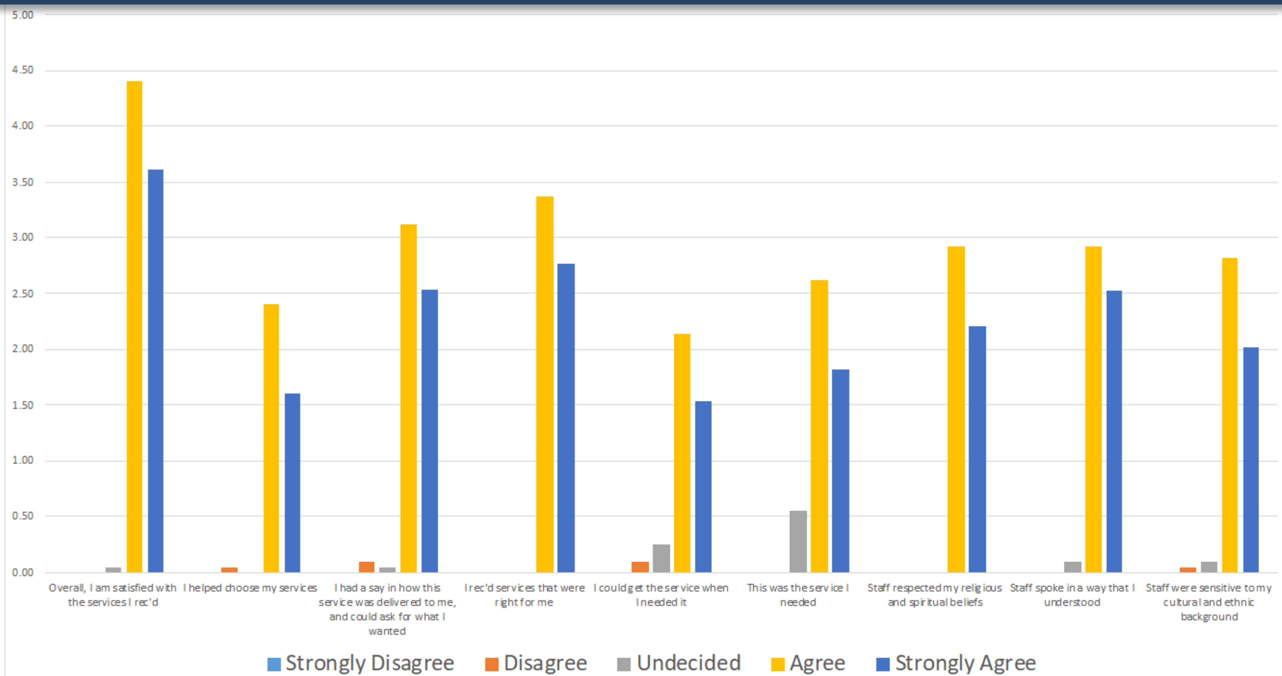
How would you rate the quality of service you have received?

Overall, how satisfied are you with the service you have received?

To what extent has our services met your needs?



School Based Outreach Responses (N=28)



APPENDIX C – RANGE OF SERVICES – DIRECT SERVICE

MASTER DIRECT 2020-2021										
	Q1		Q2		Q3		Q4		Total	
	Contacts	Hours	Contacts	Hours	Contacts	Hours	Contacts	Hours	Contacts	Hours
BCFPI	22	21	18	20	27	28	19	18	86	87
Case Conference/Coordination Meetings	109	117	72	77	121	136	140	153	442	483
Crisis Response	4	4	7	5	13	17	8	5	32	31
Drop In	-	-	-	-	-	-	1	1	1	1
Electronic Communication - Email	25	8	14	5	36	6	19	5	94	24
Electronic Communication - Text	371	57	39	9	69	19	75	16	554	101
External Consult	20	9	12	5	47	19	29	13	108	46
Family Counselling	382	292	391	324	596	493	774	659	2,143	1,768
Group Counselling	-	-	6	12	3	2	5	5	14	19
In Home Services	1	1	-	-	-	-	-	-	1	1
Individual Counselling	696	481	679	586	1,188	902	1,206	882	3,769	2,851
Internal Consult	17	9	16	8	16	5	20	9	69	31
Phone Call /Client Only (client present)	691	334	400	160	582	193	540	203	2,213	890
Psychological Assessments/Consultation	10	16	6	12	6	11	4	6	26	45
Student Observation	-	-	1	2	20	31	6	8	27	41
Tele-Mental Health Assessments	-	-	-	-	-	-	1	16	1	16
Travel to/from client specific activity - travelling with client	3	3	29	38	7	5	8	9	47	55
Total	**2,351**	**1,352**	**1,690**	**1,263**	**2,731**	**1,867**	**2,855**	**2,008**	**9,627**	**6,490**

APPENDIX D – RANGE OF SERVICES – IN-DIRECT SERVICE

MASTER INDIRECT 2020-2021										
	Q1		Q2		Q3		Q4		Total	
	Contacts	Hours	Contacts	Hours	Contacts	Hours	Contacts	Hours	Contacts	Hours
Crisis Response	-	-	1	1	5	2	1	1	7	4
Electronic Communication - Email	1,289	201	993	173	818	354	1,016	148	4,116	876
Electronic Communication - Text	369	51	433	67	360	53	603	77	1,765	248
External Consult	535	141	404	118	689	222	775	238	2,403	719
Internal Consult	362	151	312	116	400	153	623	243	1,697	663
Phone Call/Client Only (client absent)	301	59	311	48	340	53	335	59	1,287	219
Report Writing	424	234	405	224	546	282	515	359	1,890	1,099
Travel to/from client specific activity	8	7	18	11	10	12	4	4	40	34
Total	**3,288**	**844**	**2,877**	**758**	**3,168**	**1,131**	**3,872**	**1,129**	**13,205**	**3,862**

APPENDIX E – QUALITY IMPROVEMENT PLAN FOR 2021/2022

Quality Plan – April 1, 2021 – March 31, 2022

Quality: Quality is the degree of excellence related to all aspects of agency functioning as reflected in our Mission Statement. This includes, but is not limited to, overall child, youth and/or family experience; treatment provision delivered by a skilled and competent multidisciplinary team; strong collaborative relationships with community partners and a **learning environment** that cultivates innovation and evidence-informed practice. In addition, quality will be maintained through effective use and reporting of public funds and in compliance with accreditation standards.

Mission: The Huron-Perth Centre provides **timely access** to **a range of assessment and treatment services** offered by **skilled professional staff** in **collaboration with children, youth, families and their community.**

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
Range of Services/Programs	Quality	To ensure that HPC offers a range of interventions in all programs.	EMHware – revisions to activity list for all programs	1. Complete Activity List Project – includes staff education re: consistent interpretation of definitions and exit dispositions to improve data integrity.
Effective Use of Resources	Quality	Optimum use of resources.	Work plan training EMHware – direct and in-direct service hours Results from feedback mechanisms (TBD)	2. To focus on a number of resources to find efficiencies. 2a) Centre of excellence training re: work plans for management. 2b) Ensuring the direct/in-direct service hours are consistently reported and percentage of time evaluated (all direct service staff). 2c) Broad engagement re: service delivery models.
Collaboration with Community	Collaboration	HPC aims to demonstrate visible collaboration with community partner(s) by co-creating plans together.	File Action Checklist	3. Measure implementation of the communication tool with primary health (a HPA-OHT improvement project).
Positive Outcomes	Quality	Clients report/show improvements/positive experience after service involvement	All Client Surveys Feedback from May Ontario Perception of Care (OPOC) Blitz	4. Review the process of client surveys in order to explore ways to increase numbers of clients providing service experience feedback. 4a) Continue to collect and monitor replies to all surveys 4b) Participation in OPOC project (C&T and Intensive in May) 4c) Review OPOC Blitz results to consider broader, ongoing use across all programs.

Quality Dimension	Strategic Pillar	Goal	Indicator	Improvement Ideas
			File Action Checklist, ongoing access/use of OPOC	

Maintenance of all Quality Dimensions: will continue to monitor & report on all quality dimensions quarterly to QIC, management, board & staff.

For Future:

- ✓ Follow up on the results of the improvement projects from 2021-2022 Quality Improvement Plan.
- ✓ Progress on all Provincial Priorities as opportunities arise (ie. potential changes in Access, Common Assessment (InterRai), Ontario Perception of Care (OPOC), Transformation of Intensive Services.