



Cameray
Child & Family Services

**PERFORMANCE AND QUALITY
IMPROVEMENT PLAN 2020**



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A. Overview of PQI

Cameray Community Fund demonstrates a commitment to continuous performance and quality improvement (PQI). It is Cameray's utmost priority to demonstrate organizational excellence, and this priority is embedded in the organizational culture, through the Board of Directors, the management team, the front line, and the administrative staff.

Cameray's PQI plan encompasses all programs and services, and includes ongoing collection, monitoring, and analysis of data, and creating improvement plans across the spectrum. Examples of data monitored include client outcome measures and evaluations, stakeholder surveys, case record reviews, budget analysis, and personnel questionnaires. The importance of PQI is embedded in all layers of organization functioning.

Details about Cameray's philosophy of PQI, the PQI structure, stakeholder participation, the data that is collected and analyzed, and the operational procedures, can be found in Cameray's PQI Operational Procedures manual.

The annual PQI Plan is created by the PQI Committee, to guide the work of the agency toward continuous improvement. The plan includes:

- Annual targets for all PQI data reports
- Short term goals for programs, management, and Board
- Goals created by Improvement Plans
- An assessment of barriers and supports for the implementation of the PQI Plan

B. Targets

The targets for PQI data reports are created by the PQI Committee, or by the management team where appropriate. These targets were based on the data reported on annual PQI reports. Every year, as PQI reports are produced and analyzed, the results are compared to the targets for that year, and new targets are made for the next year.

See Appendix A for the targets created for 2019. Throughout 2020, the PQI Committee and management team will be analyzing the 2019 data, and creating new targets for 2020.

C. Short Term Goals

Short Term Goals for 2019-2020 were created in September 2019 by program staff, management, and Board. These goals were created in alignment with the agency Long Term Plan for 2018-2022. The status of the goals are reviewed at least quarterly. The goals created for September 2019 to September 2020 are as follows:

1. Program Goals 2019-2020

- a) To increase and personalize social media presence in order to enhance Cameray's profile
 - Create social media committee
 - Liaise with management team around the social media strategy
 - Implement strategy and maintain weekly social media activities
- b) To increase sharing of information and resources between staff
 - To create an in-house training and sharing protocol
 - To implement protocol and plan for the year (create calendar)
 - To streamline resource drive to be more user friendly in order to maximize usage and sharing protocols
- c) To increase involvement in community events
 - To enhance current content package for even attendance (e.g. make it more accessible, dynamic, and transportable)
 - To create calendar of community events in Burnaby and New Westminster that staff can attend to represent Cameray and plan staff attendance over the year

2. Management Goals 2019-2020

- a) Develop a succession plan for the management team
 - Continue to explore leadership development opportunities, such as a coordinator internship program
- b) Streamline the collection of statistics through Penelope
 - Ensure the new case management system is working effectively and decreasing workload in regard to collection of data
- c) Redesign counselling program in order to decrease waitlist
 - Structure a stepped-care model of service to decrease waitlist
 - Develop group curricula and calendar
 - Train and support staff with the change
 - Implement new program model by April 1, 2020
 - See reduction of waitlist by September 2020
- d) Develop a social media strategy
 - Participate in training opportunities to build capacity in the use of social media
 - Enlist the assistance of business students to develop and implement a strategy

3. Board Goals 2019-2020

- a) Continue development of marketing plan
- b) Continue to develop stakeholder advisory group to inform and clarify direction for future Cameray initiatives
- c) Continue to develop Board through the work of the Board Development Committee

D. Improvement Plans

The PQI Committee and management team is overseeing the implementation of several Improvement Plans created in 2018-2019 as a result of PQI data. More plans may be created in 2020 as the current plans are completed and results from 2019 data is analyzed. At the beginning of 2020, there are five plans either currently in process or pending results from 2019 reports before being deemed complete:

1. CVSS Outcome Measures Improvement

This Improvement Plan was created in March 2018 to address poor return rates of outcome measures in the Child Victim Support Program. The CVSS response rate improved in 2018, but the overall number was very low, raising concerns about administrative practices, which were addressed in 2019. We are awaiting results from the 2019 CVSS Outcome Measures Report in January 2020 to determine whether the goals were achieved and the Improvement Plan may be deemed complete.

2. CVSS Evaluation Reports

This Improvement Plan was created in July 2018 to address the low return rate of CVSS evaluations. A target return rate was set at 25%. The PQI data from the 2018 CVSS Evaluation Report showed an improved return rate, but still poor and not to target. This was likely due to changes not being made to procedures until late 2018. We are awaiting results from the 2019 CVSS Evaluation Report in February 2020 to determine whether our goal was achieved and the Improvement Plan may be deemed complete.

3. PSP Outcome Measure Response Improvement

This Improvement Plan was created in April 2019, as a result of low response rates for outcome measures in the Parent Support Program. This plan is an extension of a 2018 plan for the same concern; a target of 25% response rate had been set for 2018, and while improvements were made, only a 15% response rate was achieved. Procedures for collecting outcome measures were changed in 2019, and we are awaiting results from the 2019 PSP Outcome Measures Report in January 2020 to determine whether our goal was achieved.

4. Childminder Training Improvement Plan

This Improvement Plan was created in May 2019 when reviewing training needs at the PQI Committee. It was noted that childminders in PSP did not always demonstrate approaches that were fully consistent with the philosophy of the program. A training was provided to all childminders in July 2019, and the new childminder orientation was expanded to include the information provided. We are awaiting results from the 2019 PSP Evaluation Report in February 2020 to hear feedback from our clients about their experiences with the childminding. In addition, we will monitor feedback from clients and staff about childminding until July 2020, one year after the training, to evaluate its effectiveness.

5. Counselling Waitlist Improvement Plan

The waitlist in the Counselling Program is a recurring theme in our feedback from client evaluations, pre-service evaluations, three-month follow-up calls, and community surveys. This Improvement Plan was created in July 2019 in order to reduce the waitlist. At the same time, MCFD approached Cameray with a proposal and funding to redesign our program to incorporate a Stepped-Care model using groups for common presenting issues, in the hopes of decreasing the waitlist. This process includes research, program restructure, and promotion of the program in the community. Our goal is to complete the redesign and implement the new program by April 1, 2020, and to see a significant reduction in the waitlist by September 2020.

E. Barriers and Supports for Implementation

While every effort is made to achieve the above goals and complete the Improvement Plans, there may be some barriers to this that are beyond our control. These include limits in funding, workloads that prohibit staff from taking on projects due to time constraints (particularly in 2020 with the introduction of a new case management system), and an excess of information from PQI reports activities that results in some staff not reading or fully digesting the information. These barriers will be addressed to the best of our ability as they arise. For example, a binder of PQI information will be kept available in staff rooms for reference, as a reminder when staff have down time to peruse the information, rather than the staff needing to seek the information out from past emails.

Factors that support the implementation of the plan include a dedicated PQI Committee that provides focus to the PQI information, by relaying and highlighting the most relevant information at team meetings. By having frontline staff relay information to their peers, all staff are more engaged with PQI than when there is a more “top-down” approach. Finally, the introduction of an electronic case management system will simplify the process of collecting and analyzing 2020 PQI data.

F. PQI Committee Goals

Goals created by the PQI Committee for 2020 are as follows:

1. Create and maintain a PQI Binder for staff rooms, including the PQI Plan and Operational Procedures, all relevant PQI data reports, and quarterly PQI summary reports.
2. While undergoing major operational changes in 2020, particularly the transition to the Penelope case management system and the redesign of the Counselling Program to incorporate a stepped care model of service, continue to track processes and identify problems with data collection. Address and adjust processes and systems when problems arise.
3. Keep Improvement Plans in focus on a continuous basis.
4. Continue to promote and create enthusiasm for PQI throughout the organization.

APPENDIX A



Performance and Quality Improvement Targets for 2019

PQI Report	Target for 2019	IP?	Target Reached? *
Stakeholder Feedback 2018	Same or better results	No	
Outcome Measures 2018	Counselling – same or better results: Overall (#1) 75%; #2-55%; #3-50%; #4-55%; #5-61%	No	
	PSP – Increase response rate to 30%; Q1 87%; Q2 increase to 60%; Q3 remain at 83%; Q4 30%	Yes	
	CVSS – 25% response rate (set other targets when response rate improves)	Yes	
Face to Face Report 2018	Meet or exceed face to face requirements	No	
Cancellation Rates 2018	Same or decreased cancellation rates	No	
Sick Time 2018	No targets set	No	N/A
CAFAS Scores 2018	No targets set as no control – continue to monitor	No	N/A
Terminated Client Tracking 2018	Client still in program after 30 days – 90%	No	
	Ass't report/goals done by due date – 85%	No	
	Contract completed – no target	No	N/A
	Meet goals in treatment plan – 83%	No	
Staff Training 2018	Provide Childminder and Volunteer Training	Yes	
Board/ED Evaluation 2018	Improve by 10%	No	
Client Evaluations 2018	Counselling – same or better; increase response rate to 68%	No	
	PSP – same or better	No	
	ACTS – 95% rate as helpful	No	
	CVSS – increase response rate to 25%	Yes	

	Kitchens – 95% rate as helpful	No	
Three Month Follow-Up Calls 2018	Same or better results	No	
Staff Turnover 2018	Decrease to 16% in 2019	No	
Service Units 2018-2019	Meet or exceed service unit requirements in all contracts in 2019-2020	No	
Exit Interview Summary 2017	N/A – see Turnover Rate	N/A	N/A
Stay Interview Report 2018	N/A – see Turnover Rate	N/A	N/A
Case Record Review 2018	Reduce inconsistencies in rating	Yes	
Community Demographic Profiles 2018	Improve representation of Board	No/ Yes**	
Preservice Evaluations 2018	Counselling – remain the same or improve	Yes (WL)	
	PSP – remain the same; decrease barriers to 7%	No	
	CVSS – remain the same or improve	No	
Personnel Satisfaction 2019	Improve satisfaction with the management team to 85%	No/ Yes***	
Short Term Plans 2018-2019	Meet goals set in short term plans	No	Partially (some still in progress)

*See Improvement Plans and/or PQI Committee Meeting Notes for more information regarding the meeting of targets

**Regarding representation of the Board: There is no official PQI committee improvement plan; however, this issue is being addressed through the Board's short term plans

***This goal is being worked on at the management level through short term goals rather than through a formal Improvement Plan