



Cameray
Child & Family Services

**PERFORMANCE AND QUALITY
IMPROVEMENT PLAN 2022**



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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 leadership 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, leadership, and Board
- Action items outlined in 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 leadership team where appropriate. 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 that were created for 2021. Throughout 2022, the PQI Committee and leadership team will be analyzing the 2021 data, and creating new targets for 2022.

C. Short and Long Term Goals

Short Term Goals for 2021-2022 were created in September 2021 by program staff, leadership, and Board. These goals were created in alignment with the agency Long Term Plan for 2018-2022; a new Long Term Plan for 2022-2026 will be created in June 2022. The status of the goals are reviewed at least quarterly. The goals created for September 2021 to June 2022 are as follows:

1. Program Goals 2021-2022

- a) To increase ACTS access to schools and involve cooking and meal prep.
- b) To build an online presence through videos and increasing reminders to complete google reviews at closing of client contracts
- c) To streamline training for new staff, including creating a master document for all reports and other paperwork or training videos
- d) To decrease workload to focus more on and return to the passion behind supporting clients
- e) To create a culture shift to retain staff and address turnover rates

2. Leadership Goals 2021-2022

- a) Review and redesign intake processes in both Counselling and Parenting Support Programs, with sensitivity to trauma-informed practice, decolonization and anti-racism, efficiency, and decreasing client and community barriers.
- b) Develop an ongoing staff orientation, training and development model to ensure competency in:
 - agency policies and processes;
 - decolonization and anti-oppression; and
 - program-specific specialized competencies, e.g. group facilitation skills, sexual abuse intervention, suicide assessment
- c) Strengthen the leadership team and overall agency team sustainability through:
 - creating a healthy workplace culture of kindness and respect, and
 - identifying and implementing strategies to promote wellness and prevent burnout.

3. Board Goals 2021-2022

- a) To engage in diversity and inclusion and/or anti-oppression training and dialogue as a Board of Directors
- b) Plan an event in celebration of Cameray's 50th anniversary in 2022
- c) Solicit and secure donations from local businesses by February 2022
- d) Recruit one more Board member by March 2022

D. Improvement Plans

The PQI Committee and leadership team is overseeing the implementation of several Improvement Plans created in 2019-2021 as a result of PQI data. More plans may be created in 2022 as the current plans are completed and results from 2021 data is analyzed. At the beginning of 2022, there are four plans currently in process.

1. 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 included research, program restructure, and promotion of the program in the community.

The implementation of the new program was planned for April 1, 2020, with the goal of seeing a significant reduction in the waitlist by September 2020. However, the implementation was delayed due to the COVID-19 pandemic, and the first groups were started online in October 2020. At that time we saw fluctuation in the waitlist, but the initial reduction was likely due to the pandemic. The waitlist has continued to be a problem, particularly as demand for services have grown in the past two years.

Efforts in 2022 will be to adjust the program delivery model in the hopes of again reducing the waitlist. This includes reducing and streamlining the groups offered, and redesigning the intake process to improve screening for group appropriateness and to be more trauma-informed. As community needs have changed with the pandemic, ongoing communication will be had with our funders around staffing levels and support needs for the program.

2. Personnel Satisfaction Improvement Plan

This Improvement Plan was created by the leadership team in December 2020 as a result of a decrease in personnel satisfaction as evidenced by the annual staff survey in September 2020. While overall satisfaction was still quite high, there was a decrease from previous years. It was determined that much of this might be resulting from the COVID-19 pandemic, and is consistent with universal trends outside the agency. Still, the leadership team identified some specific efforts to increase morale. These actions were implemented throughout 2021 with some success, but several goals were still not achieved. The leadership team continues to focus on increasing personnel satisfaction in 2022.

3. Communication with Community Partners Improvement Plan

The 2021 survey of community partners showed a decrease in satisfaction with communication with the agency. However, there were few comments to describe the

problems. The PQI Committee and leadership team have discussed these results and presumed that the issues stem from difficulties with the telephone system and voicemail (particularly since staff have been working remotely much of the time), as well as inconsistent representation at community meetings (largely due to workload). Actions taken to address these issues include exploring new telephone systems and efforts to coordinate community committee membership when we are at full staffing capacity. We hope to see an increase back to 90% satisfaction on our 2022 survey.

4. Diversity and Equity Improvement Plan

Diversity and equity has been a focus of discussion at all levels of the organization since mid-2020. The staff, leadership and Board have expressed a commitment to making diversity and equity priorities in Cameray's structures, processes and culture, with a particular emphasis on decolonization and anti-racism practices. While this focus began in 2020, and several steps have already been taken, the plan was never formalized. This Improvement Plan was created in December 2021 to provide a structure to guide activities and accountability to action.

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 that are beyond our control. These include limits in funding, being understaffed, workloads that prohibit staff from taking on projects due to time constraints, barriers imposed by working remotely during the pandemic, and other unexpected circumstances. These barriers will be addressed to the best of our ability as they arise.

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. In addition, the dedication of the leadership team to the agency and the team, with time set aside at each leadership meeting to focus on PQI activities, supports its work toward continuous improvement.

F. PQI Committee Goals

Goals created by the PQI Committee for 2022 are as follows:

1. Continue with PQI binder for staff and ensure it is updated regularly
2. Take an active role in presenting PQI quarterly reports in team meeting
3. Support the long term planning process in June 2022
4. Ongoing monitoring and assessment of agency communication and team connection after the agency is decentralized with the move to the Rosser Avenue location

APPENDIX A



Performance and Quality Improvement Targets for 2021

PQI Report	Target for 2021 Data (To be reviewed in 2022)	IP?	Target Reached?*
Outcome Measures	Counselling – same or better results	No	
	PSP – same or better results	No	
	CVSS – 50% response rate and outcomes same or better	No	
Face to Face / Direct Hours Report	Meet or exceed face to face / direct hours requirements	No	
Cancellation Rates	Same or decreased cancellation rates	No	
Sick Time	No targets set	No	N/A
CAFAS Scores	No targets set as no control-continue to monitor	No	N/A
Terminated Client Tracking	Client still in program after 30 days – 90%	No	
	Ass't report/goals done by due date – 92%	No	
	Contract completed – 70%	No	
Staff Training	Meet goals in treatment plan – 90%	No	
	Increase in PSP training; Increase in intra-agency program sharing; Group facilitation training	No	
Board/ED Evaluation	Improve by 10%	No	
Client Evaluations	Counselling – same or better	No	
	PSP – same or better – 40% response rate	No	
	ACTS – same or better	No	
	CVSS – same or better – 80% response rate	No	
Three Month Follow-Up Calls	Increase satisfaction rate to 92%	No	
Staff Turnover	Remain the same or improve	No	
Service Units	Meet or exceed service unit requirements in all contracts in 2021-2022	No	
Exit Interview Summary	N/A – see Turnover Rate	N/A	N/A

Stay Interview Report	N/A – see Turnover Rate	N/A	N/A
Case Record Review	Improve accuracy of files and provide training in client record keeping and CRR	No	
Community Demographic Profiles	Continue to improve representation of Board Update data categories in accordance with census data	No/ Yes**	
Preservice Evaluations	Counselling – remain the same or improve – and decrease waitlist	Yes (WL)	
	PSP – remain the same or improve	No	
	CVSS – remain the same or improve	No	
Personnel Satisfaction	Improvement on several measures – see personnel satisfaction goals document	Yes	
Short Term Plans	Meet goals set in short term plans	No	
Stakeholder Feedback	Same or better results, except: Improve response rate to 16% Improve rating of overall quality to 90% Improve satisfaction with communication to 90%	Yes	

*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