

Provincial Services for the Deaf and Hard of Hearing Annual Report

2004-2005



Ministry of Children and Family Development

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Introduction

This document reviews and summarizes performance evaluations of the Provincial Services for the Deaf and Hard of Hearing (PSDHH) organization and its programs. PSDHH is a component of the Provincial Services Division, Ministry of Children and Family Development (MCFD).

PSDHH has four program areas that provide direct services to children with hearing loss and their families. PSDHH also manages contracted services to provide early intervention services for children with sensory loss (hearing, vision/hearing, and vision), mental health services, youth services, and intervenor services (for the deaf blind).

This document focuses on the evaluation of the direct services PSDHH provides through the four program areas: Services for Family and Community Development (SFCD), Victory Hill Residential Program (VHRP), Deaf Access Office (DAO) and Consultative Services (CS).

At the 2004 Leadership Retreat, the four program area coordinators developed objectives, strategies, outcomes and measures for progress in each program. During an interim review in November 2005 challenges emerged and some measures required adjustment. The measures and evaluations in this report reflect these adjusted measures.

PSDHH undertakes Continuous Quality Improvement (CQI) activities annually. The findings of the CQI activities are described in this report, including excerpts from the External Survey, the Organizational Health Survey, and other CQI activities.

Organizational Overview

Description

Provincial Services for the Deaf and Hard of Hearing provides direct services for families who have Deaf or Hard of Hearing* children. Provincial Services for the Deaf and Hard of Hearing also manages contracted services for people who are Deaf, Hard of Hearing, Deaf Blind, Visually Impaired or Blind.

** Indicates children who communicate in sign language*

Mandate

Provincial Services for the Deaf and Hard of Hearing (PSDHH) is a centre of information and services that promotes family and community capacity to support child* and family development.

** Indicates a child who is Deaf, Hard of Hearing or Deaf Blind.*

Vision

A well co-ordinated array of direct and contracted services to enhance existing family and community resources across the province ensuring children with sensory loss can maximize their potential and become fully participating citizens in our province.

Core Values

We believe in the right of families to raise their children in their home communities with opportunities to access resources and support networks as much as possible..

Service Philosophy

1. Programs and services are evidenced-based reflecting current best practices.
2. Programs and services are individualized to meet clients' needs as appropriate.
3. Our services are designed to meet the needs of Deaf, Hard of Hearing and Deaf Blind where resources are available.
4. Our services are available to those clients who fit the criteria in #3 but we do not discriminate on any other characteristics.

2005 PSDHH Leadership Retreat - Director's Note

The April 2005 Leadership retreat is our sixth annual retreat. Once again we have an opportunity to step back from the daily demands on our time to focus on our achievements as an organization and to set the direction for the coming year.

Two years ago, on the cover of our 2003/04 retreat summary, there was a picture of a group of people standing together while one person pointed to the horizon. This was a metaphor for the planning we engaged in as we prepared for several major projects. Last year, on the cover of our 2004/05 summary, there was a group of people furiously building a stairway- each person with their role and responsibilities. The metaphor communicated all the work needed to achieve the plans of the previous year. This year on the report cover there is an image of a 'leader' setting off with other people following. We are beginning to see the results of our efforts this past year: namely Continuous Quality Assurance (CQI) activities, Accreditation, Community and Residential Information System (CARIS), our completed Policy and Procedure Manual, and a full range of services now available to our clients.

Our way of thinking has changed dramatically over the past year. We have changed how we develop and provide our services, how we measure needs and successes, and how we respond. These changes reflect our increased emphasis on quality improvement in this past year.

The coming year provides us with many new opportunities and challenges: the Accreditation site visit (May 15- 17), implementing CARIS (September 2005), implementing new project funding (youth transition, Blind and Visually Impaired Early Intervention Program) and enhancing Cochlear Implant habilitation services. Other challenges include reviewing Early Intervention services for children and families to meet new service needs arising from increased funding for Early Hearing Detection (Ministry of Health Services).

I look forward to your presentations and our discussions during the two-day retreat. Please come prepared to discuss this past year and how you have measured your service outcomes. I look forward to a more comprehensive outcome-based measurement system making it possible to better measure client outcomes for this coming year.

Monte Hardy
A/Director
PSDHH

PSDHH Accomplishments and Projects 2004/05

Provincial Services for the Deaf and Hard of Hearing

- Accreditation Self Study – Completed and mailed March 7, 2005
- CARIS Development – Ready for implementation August 2005
- Policies and Procedures completion – Completed March 31, 2005
- Funding for new projects/programs – Obtained for 05-08 (Blind Early Intervention, Deaf Blind Early Intervention enhancement, Youth Transition, Drug & Alcohol services for Deaf clients; and Deaf Children and Youth program enhancement).
- Completion of PSDHH promotional brochure.
- Development of the Clients' Rights and Responsibilities.

Victory Hill Residential Program

- Residential Counselling Team – A noticeable increase in staff confidence and skills in dealing with challenging clients. A satisfactory support network for residential staff.
- Staff Presentations – The February workshops were presented by residential staff and resulted in confidence and interests in researching topics. Staff responded positively to this experience.

Note: For a more detailed 2004 –2005 highlights, see Appendix A.

Services for Family and Community Development

- Organized Client Filing System – expedited by the Accreditation process.
- Hiring a new Sign Language Specialist – Addition of the Sign Language Specialist has enhanced our ability to provide quality programs.
- Increased Outreach locations -- Prince George, Vancouver Island, Kelowna – families benefited from SFCD outreach.
- Services were more individualized – changes in strategies resulted in larger impacts from SFCD services.

Note: For more detailed 2004 –2005 highlight, see Appendix B.

Consultative Services

- Completion of 4 Care Plans
- Professional Development investments were very beneficial.
- Facilitation of FNDC Parent's Forum – a good opportunity to support a community activity as a representative of PSDHH.

Note: For more detailed 2004 –2005 highlights, see Appendix C.

Deaf Access Office

- Reorganization of office – Expedited by the Accreditation process.
- Completion of 1st Annual Report – positive feedback from consultative committee regarding annual report.

Note: For more detailed 2004 –2005 highlights, see Appendix C.

PSDHH Linkage with MCFD Goals and Objectives

MCFD operates under two broad Provincial Government goals:

1. A supportive social fabric.
2. Safe, healthy communities and a sustainable environment.

Within the context of these broad goals, relevant MCFD goals include:

1. Adults with developmental disabilities and children and youth with special needs achieve their full potential and live as independently as possible within their communities.
2. Children and youth are healthy and safe in their families and communities.
3. Adults with developmental disabilities, children, youth, and their families are served by effective, efficient and accountable community-based service delivery systems.

Linked to the first two Provincial Government goals are two MCFD objectives that provide the context for PSDHH services and programs.

Linked to Goal Number One is the objective:

Increased access to early intervention and support services to assist families caring for children and youth with special needs.

Linked to Goal Number Two is the objective:

Increased family and community capacity to support early childhood development.

PSDHH is part of the Provincial Services Division, which is considered a core business area for both MCFD Goals Number Two and Three. This is an important linkage for although it is not specifically identified in the Ministry Service Plan, it is understood that PSDHH plays a role in meeting these ministry goals.

Organizational Outcomes Report

Evaluation of the PSDHH organizational outcomes is related to four objectives identified in the 2004 Leadership Retreat. The four objectives reflect the priority projects of the 2004/05 fiscal year. Each objective is linked to strategies and measures in order to track progress. The table below identifies the objectives and the associated projects. Appendix D provides more detail on the objectives, strategies, and outcome measures.

Objective	Project
Quality	Accreditation
Systems Thinking	Program Integration
Staff Development	Employee Professional Development Plans
Information Management	Electronic Information System Development

Overall, PSDHH achieved a high percentage of the target measures, however, there were some challenges in meeting some of the specific time lines. The following narratives briefly summarize progress on achieving the four objectives. More detailed information is provided in Appendix D.

Objective 1: Quality

There were three strategies related to improving the quality of PSDHH services.

- Preparing for accreditation under the Council on Accreditation;
- Improving feedback systems that measure organizational performance and collecting research-based information to support present services;
- Creating an organizational culture and procedures for timely responses to concerns identified by the CQI process.

The accreditation self-study process was completed by March 7, 2005. Several CQI feedback systems were established or enhanced (external user satisfaction surveys, organizational health survey, and a formal complaints procedure). These feedback systems provided excellent information for improving program quality. The goal of developing or gathering research-based evidence to support present services was largely achieved but will require further work in the new fiscal year.

Objective 2: System Thinking

The 2004 Leadership Retreat identified a lack of integration or coherence between the various program areas with PSDHH. Some staff did not feel well informed about other program areas and, as a result, did not feel part of the PSDHH organization. This feedback gave rise to a strategy of encouraging staff to become better representatives of their program area and to better understand other program areas. Three training days were scheduled that included all staff. One of these days provided reciprocal education on PSDHH program goals and activities. Staff responded positively to the 'organization-wide' training and the review of PSDHH programs. Staff are now able to better describe their own programs, other program areas, and how the various programs are linked. A second related strategy to improve a systemic approach within PSDHH was to create a monthly protocol meeting where the Program Co-ordinators can discuss issues that arise when their programs intersect or how the program areas could work collaboratively. This has been a productive strategy.

Objective 3: Staff Development

MCFD made staff development a priority in 2004/05. All MCFD staff were directed to complement Employee Professional Development Plans (EPDP) by March 31, 2005.

Although the target date was not met in all cases, the majority of EPDPs were complete by the deadline with outstanding EPDPs in progress and completed shortly. There has been an increase in staff training applications but there is limited availability of courses for front-line childcare counsellor staff.

Objective 4: Information Technology Development

PSDHH made significant contributions to developing the Community and Residential Information System (CARIS) application that will become the central electronic information system for PSDHH and many other MCFD programs and services. Although any development milestones involving PSDHH were met, external factors have delayed implementation until September 2005.

Continuous Quality Improvement Report

A significant change in the PSDHH organization during the past year and a half is developing and implementing a Continuous Quality Improvement (CQI) process.

Key highlights of the CQI process at PSDHH are:

- A CQI committee to review quality-related information and provide a monthly analysis to the Leadership Team.
- Consistent file reviews for all program areas to improve record quality and consistency between programs.
- Integrating relevant information from several Risk Management sources (Occupational Health and Safety, Significant Incident Reports, Community Care Assisted Living Incident Reports, and clients' complaints).
- Enhanced feedback systems such as annual stakeholder surveys for program areas.
- An annual CQI Summary for review at the PSDHH Leadership Retreat.

Key Points in the 2004-2005 CQI Report

- Summary of CQI activities for 2004-/05
- Summary of the Annual Stakeholders survey, generally positive- key issues are:
- Service needs for families with Deaf Plus (additional disabilities) children.
- Lack of knowledgeable resources in smaller communities.
- SFCD is identified as a key resource for many families in BC.
- Residents in VHRP like the social development opportunities.
- Summary of the Organizational Health survey, generally positive- key issues are:
- Relationships between supervisor and front-line staff are identified as a positive element in PSDHH.
- Most staff are satisfied with the training they received during the 2004-2005 year.

The PSDHH CQI 2004-2005 report is located at <http://www.mcf.gov.bc.ca/psdhh/index.htm>

Program Outcomes Reports

Services for Family and Community Development (SFCD)

SFCD developed objectives, strategies and outcomes aligned with MCFD goals. This section summarizes highlights of SFCD program activities in 2004/05. Additional details are provided in Appendix E.

MCFD Goal: Children and youth with special needs achieve their full potential and live as independently as possible within their community.

For SFCD, a key element in achieving this goal is to increase the level of communication for deaf children in their homes. Parents who learn to communicate in sign language (or improve on existing skills) will be better able to communicate with their deaf child.

Objective

Increasing the capacity of parents to communicate in sign or gesture with their child.

Strategies

- Sign Language Classes (1.5 hours per week for 8 weeks)
- In-home Sign Language Instruction (1 hour per week for 4 to 8 weeks)

Outcomes

- 100% of the participants report improved communication skills.
- Families requested additional instruction after the success of the in-home program.

MCFD Goal: Children and youth are healthy and safe in their families and communities.

There is substantial evidence supporting the strategy that improving the family and community understanding of a deaf child's experience leads to improved life experience for the child.

Objective

Educate family and community members on the nature of a deaf child's experience of families and communities.

Strategies

- Community Deaf Education Workshops (two hour session in each child's classroom)
- Educational workshop for parents (monthly, 2-hour sessions)
- Educational workshop for parents with children who are deaf and have additional disabilities (monthly, 2-hour sessions)

Outcomes

- Outcomes of Community Deaf Education Workshops were not measured this year but this strategy will be continued in 05/06 and measures will be developed.
- Parents reported an increased knowledge and understanding of their deaf child's experience.
- Parents reported an increased knowledge and understanding of their deafplus child's experience and improved communication strategies.
- The Stakeholders survey indicated 66% of clients reported an increased understanding of their deaf child's experience and needs.

MCFD Goal: Child, youth and families are served by effective, efficient and accountable community-based service delivery systems.

Parents of deaf children may have little experience in accessing services to support their child and family. Providing positive experiences with accessing services in the 'formal' service network improves the child and family's experience as well as the parent's confidence in their own and their child's abilities. These successes also contribute to increased use of 'informal' networks and services.

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Objective 1

Accessing SFCD services will increase parent confidence.

Strategy 1

- Provide various SFCD services such as education, sign language classes, in-home program, and family days.

Outcome 1

- Stakeholders survey reported 55% of parents felt an increased confidence level after accessing SFCD services.

Objective 2

Create venues that increase informal parent support networks.

Strategy 2

- Provide various multi-family activities including community support professionals.

Outcome 2

- Stakeholders survey reported 54% of parents had increased their support network as a result of SFCD sponsored services or activities.

Consultative Services (CS)

Consultative Services focuses on providing information and advice to community service providers who encounter deaf, deaf blind or hard of hearing clients and their families. This service also provides internal consultation to PSDHH programs and services. In addition, this service provides clinical services such as Care Plans for school-aged children and their caregivers who need specialized knowledge for successful living in the home community. More detailed information can be found in Appendix F.

MCFD Goal: Children and youth with special needs achieve their full potential and live as independently as possible within their community.

Children and youth with special needs require caregivers with specialized knowledge and training.

Objective: Increase the knowledge and confidence of SFCD and VHRP staff in their work with Deaf, Hard of Hearing and Deaf Blind school-aged clients.

Strategies:

- Pilot a new model of systems-based therapeutic support for VHRP residents and families.
- Contribute to developing new SFCD service stream for families with DeafPlus children.

Outcome

- 83% of the VHRP Counselling Team reported benefit from the collaboration of the Team.
- The SFCD staff working with DeafPlus clients reported positive results from the regular meetings with Consultative Services in her ability to support the clients.

MCFD Goal: Children and youth are healthy and safe in their families and communities.

Many parents of deaf children do not have a full appreciation of the impact of their child's hearing loss on their family and individual dynamics. Improving this insight will lead to improvements in child and family quality of life.

Objective

Provide a comprehensive and respectful opportunity for families to explore their histories and to develop recommendations to support the youth's connection to family and/or community.

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Strategies

- Co-ordinate developing individualized Care Plans for at-risk Deaf youth and their families in BC – partnering with the Well Being Program and the Maples Adolescent Treatment Centre.
- Complete three Care Plans in fiscal 04/05.

Outcomes

- Three Care Plans were completed in the 04-05 year.
- The initial plan to use the Annual Stakeholders survey to measure the impact of the Care Plan fell short of expectations. In 05/06 other measures such as the ‘Parent’s Sense of Competency’ or other tools will be used to evaluate the Care Plan process.

MCFD Goal: Child, youth and families are served by effective, efficient and accountable community-based service delivery systems.

Service delivery systems require minimum levels of awareness and education about unique client needs to be effective and efficient. Deafness is a relatively low incidence disability with a concomitant lack of information about the disability and support services in the general public and professional community.

Objective

Provide information to MCFD professionals, community partners, and families regarding meeting the needs of families with Deaf members.

Strategies

- Respond to consultation request in accordance with best practices and available resources.
- Promote awareness of CS services via intranet, internet, and through MCFD training programs.
- Document consultation requests to analyze service themes and trends.

Outcome

- Stakeholders survey reported 72% of respondents felt that CS helped them to effectively support their deaf or hard of hearing clients.
- Stakeholders survey reported 67% of respondents felt that CS helped to increase their knowledge and understanding of their deaf or hard of hearing clients needs.

Deaf Access Office (DAO)

DAO serves perhaps one of the most challenging populations in British Columbia-- a portion of the Deaf, Hard of Hearing and Deaf Blind community that have multiple barriers, both personal and systemic. Many DAO clients view DAO as a lifeline to access basic necessities. Measuring performance of the DAO is the most challenging of all the PSDHH programs. The challenge is not setting the outcome measures or strategies but collecting sufficient data from clients to measure the effectiveness of the service. Only 14 respondents rated DAO services from a total of 215 surveys. More detailed information can be found in Appendix G.

MCFD Goal: Child, youth and families are served by effective, efficient and accountable community-based service delivery systems.

Service delivery systems require minimum levels of awareness and education about unique client needs to be effective and efficient. DAO clients have very unique and low incidence disabilities with a concomitant lack of information about their disabilities and available services in the general public and professional community. DAO clients, themselves, often face so many barriers that they, too, are not always fully aware of available services and supports.

Objective

- Increase professional service provider’s ability to serve their deaf, hard of hearing and deaf blind clients effectively.
- Increase DAO’s clients knowledge of available programs, services and resources.

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Strategies

- Provide consultation and advice to ministry professionals and community members to advise them of programs and services and facilitate access for Deaf, Hard of Hearing and Deaf Blind clients to these programs and services.
- Work in partnership with other agencies to develop support networks, especially for isolated and vulnerable clients.

Outcomes

- Stakeholders survey reported 36% of respondents felt that DAO helped them access services.
- Stakeholders survey reported 43% of respondents felt that DAO helped them understand how to access government services.

Victory Hill Residential Program (VHRP)

In addition to providing a residence for Deaf children and youth who must live away from home to attend the BC School for the Deaf, The Victory Hill Residential Program helps the students to develop knowledge, skills and abilities outside of the school setting in preparation for future independent living. Progress on these objectives is measured using an Independent Living Checklist and the Annual Resident's survey. More detailed information can be found in Appendix H.

MCFD Goal: Children and youth with special needs achieve their full potential and live as independently as possible within their community.

The capacity for children and youth with special needs to live independently can be underestimated and underdeveloped as a result of these low expectations.

Objective

- Increase aggregate student score on the Independent Living Checklist over the school year.

Strategies

- Individualized plans of care developed for each student in collaboration with the students and their parents by September 2004
- Residential mid-term reports completed by residential staff and distributed to students and parents by December 2004.

Outcome

- There was a slight decrease in the aggregate rating of Independent living skills and abilities. Analysis of these results led to the conclusion that staff were not using the rating scale appropriately. Staff will be retrained in using the tool and the student performance will be re-examined in May 2005.
- A survey of parents and students in VHRP indicated a high level of satisfaction and knowledge about the program and services amongst the parents and residents.

Environmental Scan

In the 2004/05 Leadership Retreat the Leadership Group conducted an environmental scan exercise that identified PSDHH strengths, weaknesses, opportunities, and threats (page 19). Flowing from this exercise were a number of strategies that capitalize on our strengths and opportunities and work toward overcoming the identified weaknesses and threats.

1. There is a need for more PSDHH program information and promotional materials.

Solutions:

- Revise and publish the PSDHH information package
- Update and enhance the PSDHH website
- Continue promotion and circulation of the VHRP information video
- Continue production work on the SFCD information video

2. There are limited training opportunities for front-line staff.

Solutions:

- Complete all staff EPDPs to better identify training needs and support applications
- Improve understanding of how to access the budget dedicated to training front-line staff

3. There is limited knowledge amongst staff of changing factors in the hearing loss field.

Solutions:

- Six staff attended cochlear implant training offered by Children's Hospital
- SFCD identified opportunities to provide support and services to families of children with cochlear implants
- SFCD is researching service needs of hearing children with Deaf parents

4. There is a need for new research-based evidence to support continued growth in best practices. There are limited external sources for this evidence.

Solutions:

- SFCD is supporting three research projects linked to their services
- CS is supporting a research project linked to its services

5. Developing, monitoring and using an outcome-based approach to services and programs.

Solutions:

- Each program developed and monitors outcome measures for their services
- Mid-year analysis and discussion of program performance to identify necessary adjustments to services or evaluation processes.

6. The lack of a centralized information system creates barriers to effective and efficient service.

Solution:

- PSDHH has been a member of the development team for the Community and Residential Information System (CARIS) to ensure PSDHH business needs are accommodated. CARIS is nearing completion and will be implemented in September 2005.

7. Distance and communication challenges make it difficult to support families of children and youth in VHRP.

Solutions:

- A Residential Counselling Team was established to aid VHRP staff in supporting residents and their families
- SFCD has increased services to VHRP families

8. MCFD is prioritizing services for children with special needs.

Solution:

- PSDHH played a significant role with partner ministries and agencies to prepare business cases for services to specific subgroups of children with special needs. Funding was allocated to several service gaps identified by PSDHH.

Environmental Scan Summary

Strengths	Opportunities
<ul style="list-style-type: none"> • Connections with community-based service providers (CSP, DBC-BC, Blind and Visually Impaired) • Strong focus on developing community-based resources • Common Policies and Procedures • Effective CQI system • Stable funding • Staff skill level has increased • Strong self-perception amongst staff as resources • Completed EPDP • Clear Objectives, strategies and outcomes including monitoring system • Concentration of Deaf Professionals • Clear Mandate • Commitment at all levels • Valuing our clients and community partners • Visionary thinking • Ability to influence in various arenas • Strong Leadership Team • Willingness to evaluate our programs 	<ul style="list-style-type: none"> • Develop a communication strategy • Focus on PSDHH succession planning • Youth Transition Project • Development plans for Visually Impaired and Blind early intervention programs • PSDHH continues to grow and strengthen • Adventure Therapy pilot • Provide organizational leadership to other organizations • Cochlear Implant strategy • Leadership in the ministry re: our field • Post-Care Plan Support • Links with the Provincial Deaf Community • CODA services • Accreditation certification
Weaknesses	Threats
<ul style="list-style-type: none"> • Promotional strategy needs developing • Need for better use of EPDPs • Need for better PSDHH training strategy • Lack of clarity in understanding existing services for visual impaired and blind children • Continued need for updated research and the time to gather it • Available skilled staff to backfill opportunities such as Youth Transition 	<ul style="list-style-type: none"> • A noticeable lack of vision in other organizations. • Unpredictable numbers for the residential program • Limited Resources = frustrated parents • Changes in MCFD and other ministries

Appendices

Appendix A: Victory Hill Residential Program 2004/05 Highlights

August '04	<p>Staff 3 day Orientation</p> <ul style="list-style-type: none"> • Review of Policy & Procedure <p>Staff Deployment</p> <ul style="list-style-type: none"> • Children/Youth Placement • Accreditation presentation
September '04	<p>Parent Orientation Week</p> <ul style="list-style-type: none"> • Parent/Teacher/CCC picnic evening • Parent/Teacher/CCC Interview <p>Staff Training</p> <ul style="list-style-type: none"> • Policy & procedure • Anaphylaxis & seizure management emergency protocol
October '04	<p>Staff Training</p> <ul style="list-style-type: none"> • First Aid & CPR
November '04	<p>Accreditation Review</p> <p>Staff Training</p> <ul style="list-style-type: none"> • Emergency Preparedness
December '04	<p>Staff Training</p> <ul style="list-style-type: none"> • English Upgrading
January '05	<p>Staff Training</p> <ul style="list-style-type: none"> • Cultural competencies
February '05	<p>Staff Training</p> <ul style="list-style-type: none"> • Presentation skills "Train the Trainer" • Suicidal intervention, sexual awareness, values & beliefs, FAS, stress management, Care Plan & Cochlear implants
March '05	<ul style="list-style-type: none"> • Addition of 2 new residents at VHRP
April '05	<p>Staff Training</p> <ul style="list-style-type: none"> • Progressive Intervention
May '05	<ul style="list-style-type: none"> • British Columbia School for the Deaf Graduation Ceremony • Burnaby South Graduation Night • VHRP Award Night • VHRP Traditional First Nations meal
June '05	<ul style="list-style-type: none"> • VHRP Traditional First Nations meal • VHRP Annual Picnic
Summer '05	<ul style="list-style-type: none"> • Two of our residents have been chosen to attend world deaf youth leadership camp in Sweden this summer.

Appendix B: Services for Family and Community Development 2004/05 Highlights

April '04	<ul style="list-style-type: none"> • Science World Family Day. • Sign Class in Burnaby for ESL parents. • After School Programs set up April to June for students transitioning from elementary to high school and grade 8/9 • Provincial Outreach trip to Prince George – collaboration between DCS/DCS-Prince George and SFCD.
May '04	<ul style="list-style-type: none"> • Family Day for ESL families living in Surrey -bridging connections. • Children's Festival – 'Flying Hands Tent' – successful event.
June '04	<ul style="list-style-type: none"> • End of Year Family Day for Okanagan families
July '04	<ul style="list-style-type: none"> • Summer Immersion/Learning Vacation Experience partnership between SFCD/DCS.
September '04	<ul style="list-style-type: none"> • Sign Classes set up in Kelowna, Vernon, Burnaby • Learn Together Program serving 19 families
October '04	<ul style="list-style-type: none"> • Learn Together Program serving 15 families • Your Child's Self-Esteem – parent workshop • CHHA Family Weekend at the YMCA, Surrey a success • Provincial Outreach – Prince George • Provincial Outreach - Okanagan
November '04	<ul style="list-style-type: none"> • Community Based Reading with Hester Hussey • Sign Class in North Vancouver families – 7 parents with hard of hearing children/youth • Family Day at Science World – 17 families • After-school program set up by request – 7 students • Internet Safety Workshop – SFCD/WBP/RCMP • Discipline vs. Punishment – parent workshop • Learn Together Program serving 15 families
December '04	<ul style="list-style-type: none"> • Provincial Outreach – Prince George • Provincial Outreach - Okanagan
January '05	<ul style="list-style-type: none"> • Sign Classes in Kelowna, Vernon, Burnaby, North Vancouver • Stress Management – parent workshop • Visual support Strategies for the Community – parent (Deafplus) workshop
February '05	<ul style="list-style-type: none"> • Sign Class for North Delta parents and hard of hearing child/youth/community • Visual Support Strategies for Home – parent (Deafplus) workshop • Provincial Outreach – Okanagan by SLS
March '05	<ul style="list-style-type: none"> • Teaching Personal Safety – parent (Deafplus) workshop

Appendix C: Consultative Services and Deaf Access Office 2004/05 Highlights

April '04	<ul style="list-style-type: none"> • DAO (first ever) Annual Report • DAO Consultative Committee meeting • Council of Service Providers meeting • Facilitated FNDC Parents' Forum on Deaf Education • Care Plan completed for Langley youth
May '04	<ul style="list-style-type: none"> • VHRP (first ever) Counselling Team meeting
June '04	<ul style="list-style-type: none"> • Care Plan completed for Walnut Grove youth • Presented at BCSD graduation
September '04	<ul style="list-style-type: none"> • DAO Consultative Committee meeting • Attended Canadian Mental Health and Deafness Conference, Ottawa
October '04	<ul style="list-style-type: none"> • Re-wrote the DAO job description – Community Resource Worker • Council of Service Providers meeting
November '04	<ul style="list-style-type: none"> • Joined EHDI-BC Consumers and Service Providers sub-committee
January '05	<ul style="list-style-type: none"> • Joined Burnaby Community Table committee • SFCD Visual Support Strategies for the Community workshop (with Brenda Fossett and Jillian Withers) • Council of Service Providers meeting
February '05	<ul style="list-style-type: none"> • Reorganized DAO office • SFCD Visual Support Strategies for the Home workshop • Power To Be – Adventure Therapy proposal • Care Plan completed for Abbotsford youth • Presented “Helping Children deal with Anxiety” to Bellingham Parents' Group • Attended <i>Leading the Way – Level 3</i> assessment workshop • Attended “Cochlear Implants – the Basics” workshop • MCFD child protection training at the Justice Institute
March '05	<ul style="list-style-type: none"> • Completed one year of group supervision - “Integrative Psychotherapy for Clinicians” • Transfer of DAO to Diana Tarchuk • Two new projects for 05/06 – (1) Youth Transition and (2) Blind, Visually Impaired, and Low Vision Early Intervention • Lynne Shepard to Community Living Services conference

Appendix D: PSDHH Objectives, Strategies, and Outcomes

Objectives	Strategies	Performance Measures
Quality	Preparing for accreditation under the Council on Accreditation.	<p>Meet Scheduled activity target dates</p> <ul style="list-style-type: none"> Self Study: completed March 7, 2005 <p>Contributors completed tasks as assigned</p> <ul style="list-style-type: none"> Completed
	Improving feedback systems that measure organizational performance and collecting research-based information to support present services.	<p>Establish effective feedback mechanisms.</p> <ul style="list-style-type: none"> Completed: implementation of CQI feedback mechanisms (external survey, OH survey, complaints process) <p>Each program can refer to 3 research articles to defend service strategies.</p> <ul style="list-style-type: none"> Incomplete: Carry over to 05-06
	Creating an organizational culture and procedures for timely responses to concerns identified by the CQI process.	<p>Meet CQI target timeframes in file reviews and reports.</p> <ul style="list-style-type: none"> Complete despite challenges. <p>Respond or implement recommended changes within 10 business days.</p> <ul style="list-style-type: none"> Met by Leadership Team. If changes are not immediate then responses have a clear implementation plan Okay, challenges evident
Systems Thinking	Develop and maintain inter-program collaboration.	<p>Protocols placed in PSDHH policies and procedures.</p> <ul style="list-style-type: none"> Protocol meeting is mentioned in the Policies and Procedures in OSR 4.5. <p>Once a month protocols discussions at Leadership Team meetings.</p> <ul style="list-style-type: none"> Completed: The three program coordinators met 7 out of 10 months reporting back to the Leadership Team. Results from these meetings are satisfactory.
	Increase staffs understanding of all PSDHH's programs.	<p>Schedule 3 PSDHH's training days to be available organization-wide.</p> <ul style="list-style-type: none"> Completed: August, November and January <p>75 percent of PSDHH staff are able to describe other PSDHH programs outside of their own.</p> <ul style="list-style-type: none"> Completed in January training.
Info Tech Dev't	Contribute to CARIS development process.	<p>Timelines are met within PSDHH's control.</p> <ul style="list-style-type: none"> Completed. A number of external factors has delayed until Aug. 2005. <p>Two-and-a-half days per week contribution to the development of CARIS.</p> <ul style="list-style-type: none"> Completed
	Include staff in CARIS development process.	<p>75% of PSDHH staff provide feedback, comment or productive information during the development phase.</p> <ul style="list-style-type: none"> All of PSDHH staff have reviewed parts of CARIS at least once. Feedback has been overwhelmingly positive.
Staff Dev't	Leadership Team complete EPDPs	<p>Outline and format sent out to leadership Team by March 30, 2004.</p> <ul style="list-style-type: none"> Complete <p>Rough draft approved by April 30, 2004</p>

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		<p>Final Draft by May 15, 2004.</p> <ul style="list-style-type: none"> • EPDP for 04-05 are complete. Dates were not met. Plan for completion of 05-06 forthcoming.
Objectives	Strategies	Performance Measures
Staff Dev't (continued)	Staff complete EPDPs	<p>Rough draft for each staff completed by May 30, 2004.</p> <p>Final Draft approved by June 30, 2004</p> <ul style="list-style-type: none"> • EPDP completed for all PSDHH staff by March 31, 2005. Timelines were not met. Undertaking EPDP transfer from paper to electronic format.
	Effective use of EPDPs	<p>Leadership EPDPs reviewed by November 15, 2004.</p> <p>Staff EPDPs reviewed by December 2004.</p> <ul style="list-style-type: none"> • EPDP mid-term reviews were completed for the Leadership Team. • Staff mid-term reviews will be completed by June 2005

Appendix E: Services for Family and Community Development Outcomes

Goal: Child and youth with special needs achieve their full potential and live as independently as possible within their community.

Activities	Outputs	Outcomes
Sign Language Classes	1.5 hr/week X 8 weeks	Participant families report their knowledge has increased.
In-home sign language instruction	1 hr/week, number of weeks varies depending on request/need.	Participant families want this service to continue.

Goal: Children and youth are healthy and safe in their families and communities.

Activities	Outputs	Outcomes
Community Deaf Educational Workshop	Two hour session in mainstream child's classroom.	Not measured – project.
Educational Workshop for parents	Monthly 2 hour session.	All parents increased their knowledge on topic.
Educational Workshops for parents with Deafplus	Monthly 2 hour session.	All parents increased their knowledge on topic.

Goal: Children, youth and their families are served by effective, efficient and accountable community-based service delivery systems.

Activities	Outputs	Outcomes
Family Days	Five times/year	Annual Survey
Sign Classes	1- 1.5/ hr per week for 6 – 8 weeks.	Annual Survey
Workshops		Annual Survey

Appendix F: Consultative Services Outcomes 2004/05

Objective	Strategies	Outcomes
Pilot a new model of systems-based therapeutic support for VHRP residents and families (in partnership with SFCD and WBP)	<ul style="list-style-type: none"> • Monthly meetings throughout school year • Arrange for external therapeutic support (WBP) • Arrange for link to SFCD • Arrange for resident/family conference calls • Involve therapists when possible 	<ul style="list-style-type: none"> • VHRP Counselling Team staff were surveyed on 28 February 2005 • Six surveys were submitted • See VHRP Counselling Team staff survey summary for results(attached)
Participate in developing new SFCD service stream for families with Deaf + children	<ul style="list-style-type: none"> • Bi-weekly self-study meetings with Jillian Withers (Fall 2004/Spring 2005) • Facilitate workshops with Brenda Fossett (Spring 2005) • Pilot LTP for Deaf+ family(ies) with PBS focus (Summer or Fall 2005) 	<ul style="list-style-type: none"> • SFCD staff was surveyed on 2 March 2005 • See SFCD/CS collaboration on staff survey summary for results(attached)
Provide information to MCFD professionals, community partners, and families regarding meeting the needs of families with Deaf* members	<ul style="list-style-type: none"> • Respond to consultation requests in accordance with <i>best practices</i>* and available resources • Promote awareness of CS services via intranet, internet, and through MCFD training programs • Document consultation requests to analyze service themes and trends 	<ul style="list-style-type: none"> • PSDHH annual survey distributed in Jan 2005 and compiled in March 2005 • Of 215 surveys sent, 59 were returned, 16 were returned by MCFD professionals responded to: • <i>Did CS help you support your clients effectively?</i> • 13-Yes; 4-Not sure;1-No • <i>Did CS increase your understanding or knowledge of your Deaf client's needs?</i> • 12-Yes; 5-Not sure;1-No
Co-ordinate the provision of individualized Care Plans for at-risk Deaf* youth and their families in BC – in partnership with WBP and Maples	<ul style="list-style-type: none"> • Complete three Care Plans this fiscal year 	<ul style="list-style-type: none"> • In 2004, two Care Plans were completed and one Care Plan was begun but completed in 2005
Develop measurement mechanisms to document the effectiveness of the Care Plan service	<ul style="list-style-type: none"> • Develop pre/post service assessment • Write Care Plan review article 	<ul style="list-style-type: none"> • Parent Sense of Competence scale – modified to PSDHH • Review article in progress and will include: feedback from youth, families, professionals, staff, service strengths and gaps, directions for the future.

Appendix G: Deaf Access Office Outcomes 2004/05

Objective	Strategies	Outcomes
Consult with Ministry professionals and community members to promote equal access for Deaf clients to programs and services	<ul style="list-style-type: none"> • Respond to consultation requests in accordance with <i>best practices</i> and available resources • Convene DAO Consultative Committee bi-annually for multi-disciplinary guidance. • Document consultation requests to analyze service themes and trends 	<ul style="list-style-type: none"> • 13 returned surveys indicated use of Deaf Access Office • <i>Did DAO help you access services?</i> • 5–Yes; 6–Not sure;3–No • <i>Did DAO help you understand how to access gov't services?</i> • 6–Yes; 5–Not sure;3–No
Work in partnership with other agencies to develop support networks especially for isolated and vulnerable clients	<ul style="list-style-type: none"> • Support WBP community outreach initiatives • Continue as member of COAST Foundation board • Continue as member of Council of Service Providers • ½ day each week de-signated for resource development and networking 	<ul style="list-style-type: none"> • DAO individual client survey 1:1 feedback underway • DAO resource binder compilation underway

Appendix H: Victory Hill Residential Program Outcomes 2004/05

Objective	Strategies	Outcomes
Develop staff skills & knowledge and raise awareness of issues related to deaf children and youth.	<ul style="list-style-type: none"> • Orientation Training • 5 Professional development days • Regular 1-1 meeting with staff • Staff topic presentation Feb. 05 • P&P, Aug 04&Sept 04 • Presentation, Mar 04 • Progressive Intervention, April 2005 • Program/Team Analysis, Feb 04 • Team Counselling • First Aid, Oct 04 	<ul style="list-style-type: none"> • Feedback from staff evaluation of training were generally positive. • 83% of staff surveyed in the Organizational Health Survey indicated that they are informed of policies and procedures to do their job. • 88% of staff surveyed felt they received adequate training to do their jobs.
Maintain quality of deaf residential program. Conduct regular analyses of the satisfaction of clients served with the services they have received	<ul style="list-style-type: none"> • IQA Survey • Distribute reports to parents, residents, staff & leadership team • Follow up with parents, sep 04, staff, feb 04 & residents, Mar 04 • IQA results • Website 	<ul style="list-style-type: none"> • Many of the indicators responses from residents in their survey indicated a high 70 to 80 % satisfaction rate. • See attached annual survey for more details.
Increase in independence skills	<ul style="list-style-type: none"> • Review ILP HB • Staff Meeting <p>ILP activities</p>	<ul style="list-style-type: none"> • Independent Living Skills checklist for residents from November to March showed no change. • Possible explanation was in approach to evaluation of each skill area. • Need for development of Care Plan checklist for 05-06.
Develop parents' skills & knowledge and raise awareness to deaf children and youth	<ul style="list-style-type: none"> • POW Orientation • 4 day Training • Informative and functional family meetings <p>Increase network with BCSD staff, parents & community</p>	<ul style="list-style-type: none"> • Training Evaluation 95% satisfaction rate on evaluations. • 100 % of parents surveyed agreed that they were well informed of their child's progress and kept informed regularly.
Develop and maintain effective residents relations and social skills	<ul style="list-style-type: none"> • Behaviour Management Discussion • Family Conference • Counselling Team • Staff & residents 1-1 <p>Review youth handbook</p>	<ul style="list-style-type: none"> • 89% of residents felt safe while 11% were not sure. • 66% of residents felt positive about their relationship with other residents. 28% were not sure. • 72% of residents knew how to report a complaint. 28 % were not sure.

Appendix I: Annual Survey Results

External Survey: Services for Family and Community Development

THE CLIENTS HAD THEIR NEEDS MET	10% No 17% Not Sure 73% Yes
THE CLIENTS INCREASED THEIR UNDERSTANDING AND KNOWLEDGE OF THEIR CHILD'S NEEDS	16% No 18% Not Sure 66% Yes
THE CLIENTS' CONFIDENCE LEVEL IN THEIR COMMUNICATION WITH THEIR CHILD BEFORE ACCESSING SFC D SERVICES	15% Unsure 47% Reasonably Confident 38% Very Confident
THE CLIENTS' CONFIDENCE WITH THEIR COMMUNICATION WITH THEIR CHILD AFTER ACCESSING SFC D SERVICES	3% Less Confident 42% Same Level of Confidence 55% More Confident
THE CLIENTS' HAD AN IDENTIFIABLE SUPPORT NETWORK.	22% Low 44% Average 34% High
THE SUPPORT NETWORK HAD INCREASED DUE TO INTERACTION IN SFC D SPONSORED SERVICES OR ACTIVITIES.	54% Yes 46% No

Recommendations by the respondents:

- ~ A model similar to autism funding for families to receive.
- ~ Continued development of outreach services for families of deaf children that live outside the Vancouver area
- ~ More teen programs for hard of hearing such as building self-esteem, career planning, mentoring.
- ~ Programs to be provided for Deaf Plus children. Parents need extra support with their Deaf Plus children.
- ~ Improve networking and available resources for small towns.
- ~ Available resources such as websites, books, support groups or classes in rural towns and a chance to meet other families with deaf or hard of hearing children in their communities.
- ~ MCFD should be able to provide easier access and financial support for speech/language pathology, hearing aids, and speech therapy as well as movie theatres, social programs or summer camps.
- ~ Provide de-centralized services and access i.e. parenting programs, behaviour management and support with children's speech delays.

External Survey: Consultative Services

CLIENTS RECEIVED SUPPORT FROM SERVICE OR INFORMATION.	6% No 22% Not Sure 72% Yes
THE CLIENTS INCREASED THEIR UNDERSTANDING AND KNOWLEDGE OF THEIR DEAF CLIENTS' NEEDS	6% No 28% Not Sure 66% Yes

Recommendations by the respondents:

- ~ Provide de-centralized services and access, ie, parenting programs for deaf parents.
- ~ Develop more teen programs for hard of hearing such as building self-esteem, career planning, mentoring.
- ~ Set up advisory team for cochlear implant programs (doctors need to be educated on benefits of knowing both speech and sign language)
- ~ Bring all hearing loss agencies, organizations and programs together to unify goals to benefit all participants, remove barriers, gain acceptance, increase teamwork and achieve goals together.

External Survey: Deaf Access Office

CLIENTS RECEIVED ACCESS TO GOVERNMENT OR OTHER SERVICES	21% No 43% Not Sure 36% Yes
CLIENTS RECEIVED HELP AND UNDERSTAND HOW TO ACCESS GOVERNMENT SERVICES	21% No 36% Not Sure 43% Yes

Recommendations by the respondents:

- ~ Available resources, ie, websites or books to learn about ASL (American Sign Language)
- ~ Access funding programs providing TTYs, videophones, d-link, video conferencing (*Note: California provides d-link technology to all deaf FREE!* In addition, many states provide free TTY's and education funding.)
- ~ Increase deaf advocates in government (.0001% government employees are Deaf "1 out of 10,000").
- ~ Increase deaf rights and accessibility similar to ADA (American Deaf Association).
- ~ More funding for interpreters in each city.
- ~ Increase support for deaf parents of hearing children, ie., school meetings, tutorial sessions, speech support and sign language support.
- ~ Cochlear implant recipients should have a consistent rehabilitation program that teaches both speech and sign language.

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- ~ Set up an advisory committee for monitoring public schools using money received for deaf students (mainstreaming).
- ~ Provide ASLPI (American Sign Language Proficiency Interview) for mainstream teachers. (Set up a committee to access, monitor and authorize teachers to be qualified to speak ASL).
- ~ Establish a pilot for collaboration between the mainstream schools/student homes and deaf school/residence. For example, part of time at home with parents/mainstream school and part time at deaf school and residence.

External Survey: Victory Hill Residential Program

18 out of 19 residents completed the annual survey. 1 declined.

PARENTS WERE INCLUDED IN DECISION-MAKING REGARDING THEIR CHILD.	100% Yes No
PARENTS WERE INCLUDED IN PLANNING CARE PLAN GOALS FOR THEIR CHILD.	90% Yes 10% No
PARENTS WERE CONTACTED IMMEDIATELY WHEN THERE WAS AN EMERGENCY (I.E. THEIR CHILD WAS SICK OR INJURED).	100% Yes No
PARENTS WERE ABLE TO PROVIDE INFORMATION GIVEN BY THE KEYWORKER.	100% Yes No
PARENTS RECEIVED SCHOOL INFORMATION FROM THE KEYWORKER.	46% Excellent 45% Ok 3% Not Enough
PARENTS RATED THE TRAVEL ARRANGEMENTS.	14% Poor 0% Below Average 28% Average 29% Above Average 29% Excellent
RESIDENTS FELT RESPECTED BY THEIR KEYWORKER AND OTHER STAFF.	78% Yes 22% Not Sure
RESIDENTS COULD TALK TO ANY STAFF.	83 % Yes 17 % Not Sure
RESIDENTS VIEWED THEIR RELATIONSHIP WITH THEIR KEY WORKER POSITIVELY.	57 % Yes 29 % Not Sure 14 % No
RESIDENTS VIEWED THEIR RELATIONSHIP WITH STAFF OTHER THAN THEIR KEYWORKER POSITIVELY.	72 % Yes 22 % Not Sure 6 % No
RESIDENTS COULD COMMUNICATE WITH STAFF WHEN NEEDED.	84 % Yes 11 % Not Sure 5 % No
RESIDENTS WERE ALLOWED TO CONTACT THEIR PARENTS ANYTIME.	90 % Yes 5 % Not Sure 5% No
RESIDENTS WERE INVOLVED IN PLANNING THEIR CARE PLAN GOALS.	72 % Yes 22 % Not Sure 6 % No
RESIDENTS' CARE PLAN GOALS WERE HELPFUL.	67 % Yes 33% Not Sure
RESIDENTS' PARENTS HELPED THEM MAKE DECISIONS.	72 % Yes 22% Not Sure 6 % No
RESIDENTS RECEIVED HELP MAKING DECISIONS THAT AFFECT THEM.	59 % Yes 29 % Not Sure 12 % No
RESIDENTS KNOW HOW TO FILE A COMPLAINT IF THEY HAVE A PROBLEM WITH THE DORM OR STAFF.	72 % Yes 28 % Not Sure
RESIDENTS RECEIVED APPROPRIATE DISCIPLINE.	76 % 24 % Not Sure
POSITIVE BEHAVIOUR WAS NOTICED AND RECOGNIZED	59 % Yes

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APPROPRIATELY.	41 % Not Sure
RESIDENT'S RELATIONSHIPS WITH OTHER RESIDENTS WERE VIEWED POSITIVELY.	66 % Yes 28 % Not Sure 6 % No
RESIDENTS HAD ENOUGH FREE TIME EACH DAY.	72 % Yes 17 % Not Sure 11 % No
RESIDENTS WERE OFFERED OPPORTUNITIES TO ENGAGE IN STRUCTURED PHYSICAL ACTIVITIES EACH DAY (SPORTS AND GAMES).	83 % Yes 11 % Not Sure 6 % No
RESIDENTS ARE GIVEN A COMPLETE RANGE OF LIFE SKILLS EXPERIENCES (TIME MANAGEMENT, HYGIENE, BUDGETING, ETC)	77 % Yes 17 % Not Sure 6 % No
RESIDENTS WERE ENCOURAGED TO EXPLORE THEIR OWN INTERESTS I.E. SPORTS, HOBBIES, ETC.	77 % Yes 17 % Not Sure 6 % No
RESIDENTS LEARNED ABOUT DEAF CULTURE.	83 % Yes 17 % Not Sure
RESIDENTS COMFORTABLE WITH THEIR CARE WHEN SICK OR NEEDED SPECIAL HEALTH CARE.	77 % Yes 17 % Not Sure 6 % No
RESIDENTS FELT THEY RECEIVED MEDICAL ATTENTION IN A TIMELY FASHION.	50 % Yes 44 % Not Sure 6 % No
RESIDENTS ARE SATISFIED WITH THE SAFETY PRECAUTIONS AT THE DORM.	94 % Yes 6 % Not Sure
DORM WAS ACCESSIBLE (WHEELCHAIR LIFT, DOOR WIDTH, FLASHING DOORBELLS AND PHONES).	84 % Yes 11 % Not Sure 5 % No
RESIDENTS FELT SAFE WHEN BEING TRANSPORTED BY STAFF.	86 % Yes 14 % Not Sure
THE DORM WAS SAFE.	89 % Yes 11 % Not Sure
RESIDENTS' BEDROOMS WERE SAFE AND COMFORTABLE.	78 % Yes 11% Not Sure 11% No
RESIDENTS WERE SERVED HEALTHY FOOD.	72 % Yes 17 % Not Sure 11 % No
RESIDENTS WERE SERVED THE RIGHT AMOUNT OF FOOD.	72 % Yes 11 % Not Sure 17 % No
RESIDENTS WERE SATISFIED WITH THE INTERPRETING SERVICES PROVIDED BY PSDHH.	71 % Yes 29 % Not Sure

The challenging aspects of the dorm identified by respondents were:

- ~ Mattress
- ~ Staff under stress
- ~ Loud music

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~ Homework

~ Unsatisfied with meals

The best aspects of the dorm identified by respondents were:

~ Friends Outings (social, sports, games)

~ Own bedroom Food

Appendix J: Organizational Health Survey

MY COORDINATOR/SUPERVISOR	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Gives me recognition when I do my job well.	-	12%	18%	29%	41%
Makes it clear what is expected of me.	6%	-	25%	38%	31%
Treats me with respect.	6%	-	6%	33%	55%
Asks for input before making decisions that affect my work.	6%	-	17%	38%	39%
Gives me regular feedback on how I do my job.	6%	11%	22%	28%	33%

TEAMWORK	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Clear goals <i>Everyone knows, understands and accepts the goals of the team. Goals and ways of measuring them are in writing. Goals are used to set priorities and team activities. The questions, "How will we know when we're successful?" has been answered clearly.</i>	6%	6%	6%	66%	16%
Clear Roles <i>Everyone knows, understands and accepts what contribution each member brings to the team. Each team member's contribution is important to ensure the team's goals are met.</i>	6%	11%	6%	55%	22%
Good Relationships <i>Everyone listens with respect to others' opinions. There is a relaxed atmosphere where people can be honest with each other. Team members trust each other and criticism is not taken personally. Most decisions are decided by consensus.</i>	6%	6%	6%	58%	24%
Resolution of Conflicts <i>Conflict itself is accepted as healthy. Clear guidelines for resolving conflict have been developed in writing and are used by the team members. Conflicts are resolved quickly and do not result in lingering resentment.</i>	6%	6%	12%	52%	24%
Self-evaluation <i>Once or twice a year, the team evaluates its own performance. This is a formal process resulting in written guidelines for improvement that are taken seriously.</i>	6%	6%	18%	46%	24%
Efficient Team Meetings <i>The Chair keeps the meeting on target, unproductive discussions and interruptions are held to a minimum, the meetings start and stop on time, agendas are normal, minutes are kept everyone knows why the meetings are needed, no person or clique dominates the meeting, everyone attending wants to be there. The meetings result in action.</i>	5%	-	26%	43%	26%
Team Contribution <i>The work of the team is accepted and used. Team members know they make a valued contribution to the organization. They are recognized both formally and informally.</i>	5%	-	5%	66%	24%
Clear Procedures <i>Procedures exist to guide the team in setting goals, solving problems, resolving conflict, making decisions, and ensuring follow-up.</i>	6%	-	6%	70%	18%

Comments made by the staff were:

- ~ OSH Committee seeks more active roles from staff.
- ~ Staff receives training opportunities.
- ~ Staff receives support and encouragement from their supervisor.
- ~ EPDP and Appraisals have begun following the annual survey.