

Child Development Centre

Performance Measures Report

September 2020

The Child Development Centre's mission: We work with families and community members to provide therapeutic services and support the developmental needs of all Yukon children from birth to kindergarten.

The Child Development Centre is accredited for programs providing early childhood therapy services and supports. The objective of the programs is to provide appropriate therapeutic services (screening, assessment, diagnosis, intervention and follow up) to children with developmental needs. This is done using a family-centered philosophy. These services may include the services of an occupational therapist, physiotherapist, speech-language pathologist, psychologist, developmental therapist, teacher or therapy assistant and are designed to meet the individual needs of the child and family.

The Child Development Centre strives to provide a high quality service to children and families throughout the territory and is committed to establishing performance measures that ensure this standard of service.

Performance measurement and management are the responsibility of program coordinators and the executive director.

The information provided in this report is a compilation of performance measures and data gathered over the past program year as it relates to the operational and strategic plans of the Centre. It examines the following service areas: effectiveness; efficiency; service access; input and satisfaction; staff development; and business functions.

The results of objectives as well as considerations and recommendations are discussed below.

Effectiveness

TARGET: 80% of children and families achieve or partially achieve their goals

Results: 97%



Families reported increased knowledge through parent only group intervention

100% Handle with Care

100% Hanen programs

94% Waitlist Workshop

Target: more than 90%

100% of families who responded to our family survey in Whitehorse, reported increased knowledge as a result of a group or working with a therapist

Target: 90%

93% of Early Childhood Educators reported they learned something in the professional development sessions that they can use in their work

Target: 80%

Efficiency

Staff will use their time efficiently to serve clients

74% of therapists used at least 75% of their time in client related activities

Staff moved to providing therapy over tele-practice within two weeks of closing the Centre to the public due to COVID-19

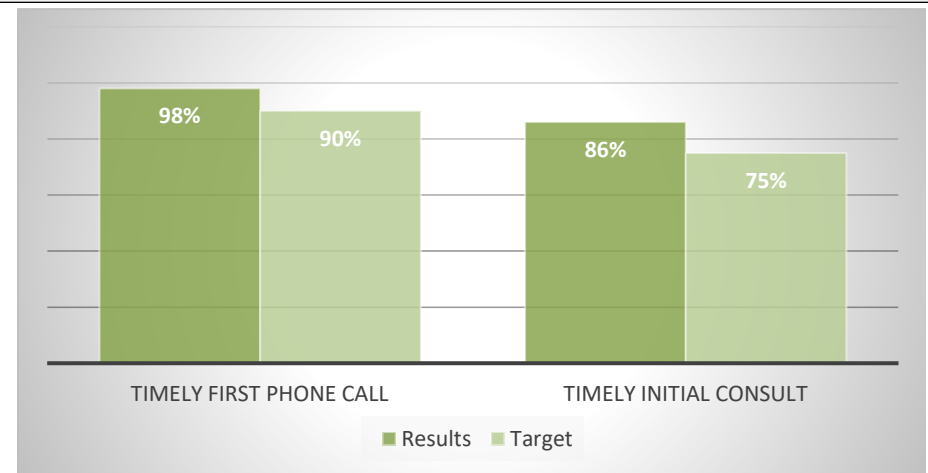
Maintain decreased therapy hours for the preschool while maintaining goal achievement

TARGET: Less than 690 hours

RESULTS: 495

**decreased target due to COVID and preschool closure in March*

Service Access



In 5 years since implementing intakes by phone followed by initial consults within 35 days, we have improved service access to first phone call by 32% and service access to initial consult by 41%.

CDC provided **four sessions** for families on the waitlist to learn some strategies to use while their children were waiting for regular intervention. **Target: 2 – 3 sessions**

Stakeholder Input and Satisfaction

- **99%** of families reported a positive initial phone call. Target: **90%**
- **100%** of families reported a positive initial consult. Target: **90%**

We surveyed families in Whitehorse and of those that responded:

98% found the services helpful
98% felt their opinions and values were respected

Families surveyed in Kwanlin Dun:
100% found the services helpful
100% felt their opinions and values were respected

“Staff are patient, respectful and resourceful.”
 “Both therapists we met with listen to use and our concerns and provide tools and strategies we can use at home with our child.”
 “At CDC you are treated like family, your opinion and suggestions are heard, they go above and beyond to assist you child.”

“They are nearby and very helpful.”
 “Open communication, feeling safe, great resources and staff.”
 “They call to check in.”
 “We get to see different people that are experts.”

Staff Development

- **98%** of therapy meetings and staff meetings included a documented case review, research related discussion or training opportunity.
 Target: **90%**

- **100%** of therapists reported that they learned something new from other therapies during professional development presentations Target: **90%**

Business Measures

Increase our presence on social media – 10% increase in likes on Facebook	We had a 21.5% increase in likes on Facebook
Fundraise \$2500	\$14639 for program year – main fundraiser was cancelled due to COVID-19
Increase in government funding	We received an increase to meet the demands of our collective agreement and accreditation
Develop a collaborative referral system and intake with pediatricians, CYFN and CFS for children in care	We met to discuss possible options and agreed to work on this further. Dealing with COVID-19 resulted in this being put on hold
Strengthen relationships with community by attending community events	Staff attended many events including Health Fairs, CPNP lunches, community groups and college campuses

Considerations and Recommendations

1. Continue to create goals with families within the allotted time for Whitehorse and the communities and collect data on progress towards SMART goals.
2. Continue to provide opportunities for parents to learn about child development and strategies they can use to support their children at home in a group or individually as this has shown to be an effective way to provide support.
Recommendation: Continue to gather data on developmental therapy waitlist workshops for parents whose child is waiting for services as we did not have enough data to analyze. Speech-Language Pathologist will be providing follow-up phone calls as a way to provide individualized strategies and we will collect data separately.
3. Continue to monitor staff time.
Considerations:
 - We had two new staff who did not meet targets.
 - COVID-19 affected staff ability to connect with families, particularly in our Kwanlin Dun program.
 - We moved quickly into providing virtual services, however, not all families wanted to do this and instead requested services in the Fall 2020.Recommendation: Our plan was to develop caseload management guidelines to help staff manage caseloads while providing maximum number of therapy opportunities. However, COVID-19 impacted our ability to finish this as well as the number of visits that were completed.
4. Continue to target and monitor timely connections with families for first phone call and initial consults.
 - 98% of first phone call fell within the target of 15 days, an increase from 92% last year and 75% the year before. The strategies we have implemented have led to a notable improvement.
 - 86% of initial consults were completed in the target of 35 days, and increase from 69% in the previous two years. This is a notable improvement. Analysis of missed target time:
 - Seven due to Centre closures
 - Three due to parent preference

- One due to staffing issues
- Three due to intake coordinator error
- Seven due to lack of consult times available
- Six due to difficulties connecting with families
- Two due to error in process with new website referral system

Considerations:

- The data we collected over the past year helped us to identify ways to improve timely access to initial consults. Specifically, we added the number of consult times available in order to meet the growing number of referrals.
- During COVID-19 staff continued to completed intakes over the phone and provided initial consults over the phone or through virtual visits.
- We offered consult times for two extra weeks over the summer.
- The intake coordinator used a cell phone last year which allowed her to connect with families via text.
- Previous data collection indicated families are happy with the process of intakes over the phone followed by the initial consult as it allows them to tell their story sooner. Therefore, the management team will continue to work with staff towards processes and measures that continue to support timely first phone calls and initial consults.

Recommendations:

- We will be monitoring the need for extra consult times in the upcoming year.
- We will review our summer coverage, number of extra consults added during our summer closure and our Collective Agreement to determine if it would be both beneficial and feasible to regularly have consult times available when we are closed.
- We did not have an increase in referrals in the spring due to COVID-19, however in years past we have seen an increase and will, as the budget and access to extra staff time allows, add consult times when there seems to be a rise in referrals.
- Offer consults over tele-practice or in person.

5. Continue to use iPad and survey app to collect feedback from families. COVID-19 interrupted our collection via the iPad, however we will continue to use a survey app or online survey to collect information from families and community agencies.
6. Continue to offer professional development opportunities to early childhood educators based on the information gathered by the Early Learning Support Program staff regarding their interests.
7. Continue to meet regularly with government to keep them updated with services and current needs.
8. Continue to promote clinical decisions based on research and best practice. We broadened the scope of therapy meetings and staff meetings to include discussion on research and training opportunities.