

MANAGEMENT REPORT AND PERFORMANCE IMPROVEMENT PLAN

2022



**SALT SPRING AND SOUTHERN GULF ISLANDS COMMUNITY SERVICES SOCIETY
DECEMBER 2022**

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1. INTRODUCTION

The purpose of the Management Report and Performance Improvement Plan is to provide a summary of the performance of Salt Spring and Southern Gulf Islands Community Services Society (SSICS) for the year, and quality improvements identified for the future. Information within the report is gathered from program participants, community stakeholders, employees and volunteers, managers, and the Board of Directors. During the 2022-23 year SSICS provided 45 services in 12 program areas. This report covers information about the overall business practices, and limits the reporting on service delivery to areas that are subject to CARF accreditation.

The report includes:

- a) An overview of the scope and nature of SSICS activity.
- b) An evaluation and analysis of service delivery and business practices.
- c) A summary of planning and performance information from each area and facet of organizational management.
- d) An identification of quality improvements completed during the year
- e) A summary of what is working well and what needs improvement.

This report is based on information for the year ending March 31, 2022.

2. ACCREDITATION

The report covers SSICS business practices in general and has a further in-depth focus on clinical, counselling and support services. As a condition of receiving provincial government funding these specific services are subject to an external accreditation process. These services fall into two program areas: **Child, Youth and Family Services** and **Developmental Disabilities**. CARF accreditation typically occurs every three years, however the current Covid pandemic delayed the SSICS accreditation survey. SSICS was last surveyed and successfully accredited in March 2020.

3. OVERVIEW OF SERVICES

A. SERVICE NAVIGATION

1. NAVIGATOR

The Navigator provides intake, brief assessment and referral to services. The Navigator works primarily with the Child and Youth Team providing systems navigation as part of their service, with connections to other SSICS programs including: Seniors Wellness, Family Place Early Childhood Resource Centre, and the Developmental Disabilities Team.

Primary funding: Ministry for Child and Family Development

2. COMMUNITY DIRECTORY AND FETCH (FOR EVERYTHING THAT'S COMMUNITY HEALTH)

The Salt Spring Island Community Directory is updated on a regular basis and is available online and in a printable format. The FETCH Directory is an on line listing of non-profit societies, organizations and groups providing services to the community of Salt Spring at www.saltspring.fetchbc.ca. It is collaboration between SSICS and the Salt Spring Division of Family Practice.

Primary funding: n/a

B. EARLY CHILDHOOD SERVICES

3. FAMILY PLACE

Service available at Family Place Early Childhood Resource Centre on Park Drive include a range of supports and services for families with children under six, pre natal services, and community development activities to increase community capacity to support young families. A primary focus of Family Place is support, information and helpful connections for parents. Program activities for families and children include drop-in parent/child services, structured parenting and play programs, individual parent support, pre-natal education and support, toy library, and food programs. The Parent-Child Mother Goose program is offered throughout the year at Family Place and local schools. Family Place is home to the long standing Saturday Dad n' Me program, as well as Triple P Parenting and Family Fitness. Family

Place works in collaboration with the Vancouver Island Children's Health Foundation and Public Health on a service to strengthen the supports and connections to resources for families with high needs infants and toddlers.

Primary funding: Ministry for Child and Family Development, Public Health Agency of Canada, Vancouver Island Children's Health Foundation,

4. CAPITAL CHILDREN COALITION

SSICS provides the coordination, financial and administrative support for a coalition of eleven early childhood service organizations in the South Vancouver Island Region.

Primary funding: Public Health Agency of Canada

C. COUNSELLING AND FAMILY DEVELOPMENT

5. CHILD AND YOUTH MENTAL HEALTH

Child and Youth Mental Health services include assessment, counselling and case planning for children and youth with depression, anxiety, family conflict, unmanageable behaviour, or other mental health concerns in home, school or community. The service provides specialized clinical interventions and support and follow up in office or on outreach basis. Staff also provide consultation on mental health issues for others working with children and youth.

Primary funding: Ministry for Child and Family Development

6. YOUTH ALCOHOL AND DRUG

Youth Alcohol and Drug Services provide prevention, education and treatment services for youth and families where substance use is a concern, or where someone is affected by the substance use of another. Services include assessment, individual and family counselling, case management, referral to specialized treatment resources. Prevention activities include harm reduction, public awareness and community education about substance abuse issues.

Primary funding: Vancouver Island Health Authority

7. FAMILY DEVELOPMENT-SALT SPRING ISLAND

Family Development Services are provided on an outreach basis to families where children are determined to be in an unhealthy or risky home environment. These children may be in need of protective services or to be at risk of removal from the home unless significant intervention and change occurs. The service focuses on reducing risks to the children and to develop or restore a safe and healthy home.

Primary funding: Ministry for Child and Family Development

8. FAMILY DEVELOPMENT-PENDER, MAYNE, GALIANO AND SATURNA ISLANDS

Family Development Services include early intervention, prevention and other support activities for children and families experiencing stress, parenting challenges, or early signs of abuse, neglect or other risks to child well-being. The service is available on Galiano, Mayne, Pender, and Saturna Islands.

Primary funding: Ministry for Child and Family Development

9. SCHOOL-BASED YOUTH AND FAMILY COUNSELLORS

Youth and Family Counsellors work with School District 64 to provide counselling and support for children and youth experiencing difficulty functioning in the classroom and school environment. Services include counselling, family support, skill development and psychosocial interventions for children and youth. Services are provided to all levels of SD 64 schools. Counsellors work in schools (in and/or outside of regular classrooms) and in the community.

Primary funding: School District 64

10. CHILD AND YOUTH PSYCHIATRY

Collaborative Psychiatric Outreach began in 2011 as an innovative project to bring child psychiatry to a number of rural communities. The Salt Spring project was highly successful and is now a core component of the Child and Youth Team. A child psychiatrist from Queen Alexandra Hospital is on Salt Spring Island on a weekly basis working closely with the child and youth team to provide service to children and youth referred by family physicians or the SSICS team.

Primary funding: n/a

11. COMMUNITY COLLABORATIVE TABLE

SSICS hosts a multi-organizational case management committee with membership from Ministry of Child and Family Development, School District 64, Division of Family Practice, Public Health and others. The objective of this group is to plan effectively and efficiently so that families receive the appropriate kind and level of support to match their needs when their children are identified as vulnerable or at risk.

Primary funding: n/a

D. YOUTH PROGRAMMING

12. CORE INN YOUTH CENTRE

The Core Inn on McPhillips Avenue is a youth centre in the heart of Ganges that provides a drug and alcohol free, supportive environment for youth between the ages of 11 and 18. The ground floor of the Core Inn building is home to a drop-in centre providing a drop-in center, an internet café, and a combination of structured and casual activities (eg. Friday games night). The second floor is home base for the SSICS youth counsellors and the Options for Sexual Health clinic. The third floor is an open space for SSICS youth programming and rental by other community groups offering youth and family activities.

Primary funding: BC Gaming, United Way, donations

13. CHILD AND YOUTH SUPPORT

Child and Youth Support services are available to assist with the care, supervision and support of children who have special needs such as developmental disabilities and autism. Services include specialized and individualized child care interventions, respite, and other supports to families with children eligible for service from the Ministry for Child and Family Development (MCFD).

Primary funding: Ministry for Child and Family Development

14. SUMMER CAMP

The Summer Program provides a structured activity-based day program for children with special needs such as developmental disabilities and autism. The camp numbers are low (approx. 10 children at any one time) with a high staff ratio (maximum 1 to 4), with flexible

attendance requirements (full-time and part-time options). Referrals to the camp for children ages 6 to 18 can be made from MCFD, school, directly from families. The camp is free thanks to funding from MCFD.

Primary funding: Ministry for Child and Family Development, Service Canada

E. OUTREACH AND HOUSING FIRST

15. EMERGENCY SHELTER

The year round Emergency Shelter provides overnight shelter and a hot meal for people lacking adequate housing. In addition to shelter, food, laundry and other basic material supports the shelter service works closely with the SSICS Outreach Team to connect individuals with supports that will help them secure permanent housing.

Primary funding: BC Housing

16. HOMELESS OUTREACH AND HOMELESS PREVENTION (RENT SUPPLEMENTS)

Outreach workers services connect with homeless individuals and individuals with chronic mental health issues in non-office environments including peer drop in activities, community and their homes. Outreach activities include housing support, connecting with resources, life skills training, health and safety, and other activities required to having basic needs met. Youth are a priority group for this service, and workers provide assistance in building resources and supports so they may reconnect in a healthy way with family, friends and community.

Primary funding: BC Housing

18. HOUSING FIRST

'Housing First' is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. SSICS has been funded by the federal Homelessness Partnering Strategy over the past few years to build community awareness and capacity, and to implement housing first strategies such as identifying more immediate housing opportunities. Housing First staff provide support to individuals and

landlords, as well as manage a pool of rent subsidies provided through BC Housing and Island Health.

Primary funding: Government of Canada Reaching Home Program

19. INTERAGENCY HOUSING COMMITTEE

SSICS hosts a multi-organizational case management committee with membership from Island Health Mental Health and Substance Use and IWAV (Island Women Against Violence) and others. The objective of this new initiative is to plan cooperatively so that housing supports and rent supplements are used efficiently and effectively to assist individuals and families with serious housing challenges.

Primary funding: n/a

F. RECOVERY

20. YELLOW SUB DROP IN

The Yellow Sub Drop In Mental Health Consumer Support Program provides a safe and supportive environment for individuals with chronic mental health issues to experience peer support and connections. The service also includes focused components including health and self care, leisure and recreation, employment skills and other life skills.

Primary funding: Vancouver Island Health Authority

21. NEW BEGINNINGS

New Beginnings Vocational Development Program provides structured vocational development training and support for individuals with significant employment barriers who wish to enter, or re-enter the workforce. Unite Way has funded a portion of this program to involve participants in exploring work experience in the food security area through connections with SSICS garden and farming activities.

Primary funding: United Way, fees

G. COMMUNITY JUSTICE AND SAFETY

22. VICTIM SERVICES

The Police-Based Victim Services Program works in partnership with Salt Spring Island RCMP to provide support for victims of crime including

crisis intervention, emotional support, information, trauma debriefing and court preparation.

Primary funding: Ministry of Public Safety

23. VIOLENCE AGAINST WOMEN IN RELATIONSHIPS (VAWIR)

SSICS Victim Services hosts and provides staffing for this interagency group to coordinate more effective responses to family violence, increase community awareness and knowledge about family violence, and to develop new and improved resources (eg. Health care system response to rape). The Integrated Case Assessment Team (ICAT) is a case management component of this initiative.

Primary funding: Civil Forfeiture Program

24. RESTORATIVE JUSTICE

Restorative Justice is a volunteer-based group which facilitates community justice resolutions for individuals diverted from the court system.

Primary Funding: Minister of Public Safety

H. DEVELOPMENTAL DISABILITIES

25. INDIVIDUAL SUPPORT

SSICS provides individualized one-to-one programming for adults who have special needs. The service assists participants and their support networks to implement individualized plans to promote health, socialization and community involvement. This service is qualified to provide CLBC-funded community inclusion and skill development in both the Developmental Disabilities (DD) and Personal Supports Initiative (PSI) program streams.

Primary funding: Community Living BC

26. GROUP PROGRAMMING

Community Initiatives provides group-based day programming for adults who have special needs. This service has been provided continuously since the 70's and is the longest standing of SSICS programs. "CI" provides structured individual and group activities, and assists participants and their support networks to implement

individualized plans to promote health, socialization and community involvement.

Primary funding: Community Living BC

27. HOUSING SUPPORT

The Community Living Housing Support Program provide services ranging from intensive to moderate to designated individuals to ensure they maintain a safe and healthy living situation. Supports may include one to one supervision, personal care, meal preparation, activity supervision or general support through daily living.

Primary funding: Community Living BC

28. HOME SHARE

Coordination and support for individuals and families caring for adults with developmental disabilities. This is a new activity area for SSICS.

Primary funding: Community Living BC

I. SENIORS WELLNESS

29. BETTER AT HOME

The Better at Home service provides a range of non-medical supports to seniors who require assistance to maintain a healthy lifestyle while living at home. Services include friendly visitors, transportation and assistance with housekeeping and basic yard work. The SSICS program is part of a provincial network of Better At Home programs across.

Primary funding: United Way, fees

30. HEALTH AND WELLNESS EDUCATION

The Seniors Wellness Program organizes free public sessions that cover a range of health and wellness information and education such as pain management, personal safety, self-care etc.

Primary funding: Vancouver Island Health Authority

31. PEER COUNSELLING

Peer counselling is available for seniors wanting confidential and supportive counselling for life stresses and other issues. Peer counsellors

are trained in basic counselling skills and are supervised by an experienced professional counsellor.

Primary funding: Vancouver Island Health Authority

32. EXCURSIONS

The Van Excursion Program organizes trips for small groups of seniors who are unable to travel much and may be feeling isolated in the community. Trips can range from one to three vans carrying 5 to 15 seniors, and do day trips on destinations and events on and off Salt Spring. Participants are expected to pay a small fee to supplement costs.

Primary funding: fees

J. COMMUNITY HOUSING

33. MURAKAMI GARDENS

Murakami Gardens is a 27 unit apartment building located centrally in the Ganges Village. It provides affordable, secure, and safe housing for low to medium income individuals and families residing on Salt Spring Island. A car share program is in place for eligible tenants.

Primary funding: rental income

34. LAUTMAN DRIVE

Lautman House is a 7 unit rooming house style residence for low income individuals. The house is typically used as transitional housing, although here is no limit to length of residence.

Primary funding: rental income

35. SCATTERED SITES

SSICS has established a number of single unit rental sites in the community. These affordable rentals range from small trailers to family apartments. This strategy to develop single sites works alongside the more common strategy of building larger congregate housing projects to provide a range of 'Housing First' options.

Primary funding: rental income

36. SALT SPRING COMMONS

SSICS is a five acre site within walking distance of the Ganges village with eight triplexes making up 24 two- and three-bedroom affordable family homes.

Primary funding: BC Housing, rental income

K. FOOD PROGRAMS

37. HARVEST FOOD BANK

The longest standing service, which includes a traditional food bank operation distributing over 9,000 bags/boxes annually (150-200 people per week) and Christmas hampers (approximately 190 individuals and families)

Primary funding: donations

38. HARVEST FARM

SSICS has a 0.5 acre garden plot within the Shaw Family Community Garden, 0.5 acre of orchard within the community farm area, and several greenhouses in operation within this SSI Farmland Trust project.

Funding: Berman Foundation

39. FOOD BANK MEAL PROGRAM

Weekly "Lets Do Brunch" meal serving approximately 40 to 60 individuals per week.

Primary funding: donations

40. MARKET NUTRITION COUPON PROGRAM

SSICS distributes approximately \$ 35,000 in coupons to low income individuals and families that can be used at the Tuesday Farmers Market. Half of this amount is provided by the provincial government, and half is generated by SSICS through donations. SSICS staff are active on market day with vendors and coupon recipients to increase comfort and connections.

Primary funding: BC Farmers Market Coupon Program, Berman Foundation, donations

41. SECOND HARVEST FOOD RESCUE

Excess perishable food from local grocers and growers is re-directed from waste back into a variety ways to distribute to low income and vulnerable individuals and families. This program has been named "Second Harvest".

Primary funding: Victoria Foundation, Country Grocer, donations

42. HARVEST CONNECTIONS

SKILL BUILDING. Healthy and affordable food sourcing, preserving and preparing workshops are offered with an emphasis on local food. This is often done in conjunction with the Tuesday Market, or as part of other programs such as mental health recovery services.

VOCATIONAL DEVELOPMENT. Work experience within SSICS food programs includes volunteer opportunities, paid stipends for training positions, and summer students. Some placements are done in conjunction with the SSICS New Beginnings Vocational Development program.

COMMUNITY MEAL PROGRAMS. Food is provided to meal programs including: In From The Cold Emergency Shelter, Yellow Sub Mental Health Drop In, Family Place Resource Centre, and Seniors Services. Each of these programs target a different vulnerable population.

COMMUNITY HOUSING. Food is distributed at Murakami Gardens, Lautman Drive, Croftonbrook and other affordable housing locations.

Primary funding: Berman Foundation, donations

43. HARVEST KITCHEN

This new activity currently which is under development is a social enterprise food cart that features a healthy lunch menu for the general public and discounts to low income and vulnerable individuals and families.

Primary funding: sales, donations

L. RECYCLE DEPOT

44. SALT SPRING ISLAND RECYCLING DEPOT

The Recycling Depot on Rainbow Road has been a SSICS service since 1989. The Depot operates under various contracts and agreements. The principal contract is with the CRD and MMBC to provide a free drop-off site for residential "Blue Box" materials. This provides Salt Spring with equivalent recycling services to the in curbside system other parts of the region. Virtually every one of the 6000+ Salt Spring households use the Recycling Depot on a regular basis. The Depot is a Product Care Plus Depot accepting leftover paints, pesticides, poisons, and flammable liquids. Under the Electronics Stewardship program the Depot accepts TV's, computers and related items. Tires are accepted under the Tire Stewardship BC program. The Depot accepts other materials under other programs or on our own initiative.

Primary funding: Capital Regional District, Multi Materials BC, Product Care, fees

And last but not least . . .

45. THE WALL

The Wall is an indoor recreational climbing facility. 40 foot walls provide challenges for all ages and skill levels. Access is open to all for evening drop ins, and special events may also be arranged. Fees are for use of the Wall and include safety equipment and trained supervision.

4. CHANGES AND NEW INITIATIVES THIS YEAR

- Services for people with developmental disabilities continue to expand. We established a five-bed residential service and first home share arrangement. Our day programming underwent a thorough review of how well we were accomplishing the community integration objective. Many improvements were made to increase the level of community and social interaction in the program, including re-naming the former “Community Initiatives” program “Friends” to better reflect the experience of participants.
- We undertook a major renovation of the Core Inn building to improve the youth services space. All three stories of the building are now connected and accessible for programming. Offices have been added for additional services, and the whole building is a lot safer, more efficient and brighter.
- We were fortunate to receive a three-year funding commitment from the Community Action Initiative for a Community Counsellor to provide basic mental health counselling for marginalized individuals who experience barriers or who are unwilling to connect with mainstream mental health services.
- The In From the Cold Emergency Shelter expanded services to move from seasonal to year round.
- The Salt Spring Commons family housing project is now completed, with the first phase of development housing 12 families in December 2021, and the second phase of 12 units completed in May 2022.
- Through the challenges of Covid-19 our Harvest Food Programs rose to the occasion and launched a food recovery initiative in collaboration with local grocery stores, and a meal preparation and delivery service for seniors and families. We anticipate these programs will continue in some fashion after the pandemic subsides.

5. PARTNERSHIPS

A highlight of the year was taking stock of the many old and new partnerships we have in the community. As a result of this work it was decided that “partnerships” would become a regular and ongoing component of SSICS reporting on its’s activities. It was also determined that “partnerships” would refer to significant intentional working relationships, not simply collateral organizations or minor connections. Partners in 2021-22 included:

Sharing Space for Service Delivery

- Beacon Community Services-BC Jobs Centre
- Ministry for Child and Family Development
- Ministry of Social Development-Income Assistance
- Options for Sexual Health
- 12 Step recovery groups
- Dr. Jessica Moretti
- RCMP

Planning and Service Coordination:

- ICAT (Interagency Case Assessment Team)
- Gulf Islands Early Childhood Coalition
- Salt Spring Health Advancement Network
- Interagency Housing Committee
- Child and Youth Collaborative Table
- Capital Kids Regional Coalition

Partnering for Service Delivery:

- Salt Spring Seniors
- Country Grocer
- Salt Spring Foundation
- Meadowbrook
- Greenwoods
- Umbrella Society for Addictions and Mental Health
- School District 64
- Public Health
- Queen Alexandria Centre for Children's Health
- Island Health Mental Health Substance Use

- SSI Doulas
- GIFTS
- Choices
- Together Against Poverty Society
- SSI Farmland Trust
- Copper Kettle
- Lady Minto Hospital
- RCMP
- Islanders Working Against Violence
- Tuesday Market

6. POPULATION SERVED

The following charts provide a summary of the basic characteristics of program participants in Developmental Disabilities and Child and Youth Counselling and Support Services. The summary does not include other SSICS services including recycling, outreach, food bank, and community housing. Information is based on self reports at the time of intake.

Developmental Disabilities Services

GENDER	NUMBER	%
MALE	10	45
FEMALE	11	50
OTHER	1	5

AGE	NUMBER	%
0-6	0	0
7-12	3	14
13-19	5	23
20-35	6	25
36-50	6	25
51-70	3	13
71 AND OVER	0	0

CULTURAL IDENTITY MINORITY GROUP/DISTINCTIVE CULTURE	NUMBER	%
YES	3	14
NO	19	86

COMMUNITY	NUMBER	%
SALT SPRING ISLAND	21	96
OTHER ISLANDS	1	4

Child and Youth Counselling and Support Services

GENDER	NUMBER	%
MALE	207	45
FEMALE	232	51
OTHER	10	4

AGE	NUMBER	%
0-6	142	32
7-12	148	33
13-19	152	34
20-35	7	2
36-50	0	0
51-70	0	0
71 AND OVER	0	0

CULTURAL IDENTITY MINORITY GROUP/DISTINCTIVE CULTURE	NUMBER	%
YES	54	12
NO	395	88

COMMUNITY	NUMBER	%
SALT SPRING ISLAND	399	89
OTHER ISLANDS	51	11

TOTAL including seniors and outreach programs

GENDER	NUMBER	%
MALE	383	45
FEMALE	455	54
OTHER	15	1

AGE	NUMBER	%
0-6	145	17
7-12	136	18
13-19	166	22
20-35	139	9
36-50	177	6
51-70	235	16
71 AND OVER	21	12

CULTURAL IDENTITY MINORITY GROUP/DISTINCTIVE CULTURE	NUMBER	%
YES	116	13
NO	741	87

COMMUNITY	NUMBER	%
SALT SPRING ISLAND	771	90
OTHER ISLANDS	59	7
OTHER	27	3

7. SERVICE DELIVERY AND OUTCOMES MANAGEMENT

A. INFORMATION COLLECTED REGARDING SERVICE DELIVERY

There were three primary sources of information collected by SSICS across all service areas. Information was collected from program participants through satisfaction surveys, outcomes management and specific incidents or concerns. Information was collected from community stakeholders through surveys. The approach shifted this year to doing program-specific surveys rather than an organization-wide one covering all program areas. Information was collected from SSICS employees through satisfaction surveys, input into strategic planning and ongoing meetings and internal communication processes. Information was also collected through the usual reference/advisory groups including ones for early childhood services, developmental disabilities services, food programs, the collaborative table for child and youth services, and a community homelessness services committee.

B. COMPLAINTS, GRIEVANCES, INCIDENTS

3 formal Complaints and Suggestions were submitted during 2022. All were from Emergency Shelter users. A review of the Complaints and Suggestions submitted was done at a program level. Shelter staff have been encouraged and supported to be welcoming and open-minded about receiving complaints.

67 Critical Incident Reports were completed. All of the incident reports were reviewed by the Joint Safety and Health Committee, with specific recommendations and follow up as determined on an individual basis. Of all the incidents, none involved serious injury or death.

WorkSafe BC claims were completed as required for each of the 5 incidents of staff injury. These injuries were all connected to the transport/moving of persons served with mobility issues.

Staffed Residential Health Issues (11 reports) were concentrated on two circumstances. January 2022 serious flu outbreak (4 reports) followed by a February Covid-19 outbreak (5 reports). Medications

errors were the most frequent incidents, and it is noted that they were all of a minor nature with no adverse effects.

Complete report attached.

C. REQUESTS FOR ACCOMMODATION

There were no specific requests for accommodation from individuals for access to services this year, and no individual was limited or denied services due to any barrier. There are occasions when individuals are turned away because their service request or need is outside of the scope of SSICS mandate or capacity.

D. OUTCOMES MANAGEMENT SYSTEM

All staff in child and youth counselling support services, and developmental disabilities services use the Efforts To Outcomes (ETO) system for case management documentation. Other SSICS programs are beginning to use this case management system as well, which is enhancing data collection across the organization. Consistent ETO training and support strategy is in place and a focus this year has been to explore the options for drawing information from the database for analysis and reporting purposes. This is a slow and methodical process because we are still working with each of our service funders along the way to understand their reporting requirements and negotiating with them about accepting our ETO reports.

E. SATISFACTION OF PROGRAM PARTICIPANTS

Satisfaction surveys are provided for every person participating in SSICS family development, clinical or support services. Response is voluntary and confidential. The standard questions are available in two formats using plain language to make them inviting and easy to use—one form includes symbols and simple phrases for use with children and adults with limited communication capacity. 133 satisfaction surveys were returned in 2022, which is a bit higher than past years. The following table indicating the distribution of responses in percentages.

SATISFACTION WITH:	VERY DIS-SATISFIED	DIS-SATISFIED	NEUTRAL	SATISFIED	VERY SATISFIED
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Responsiveness to request/need for service	1	4	14	28	86
Ease of access to services	1	4	14	34	80
Provision of clear information about services	1	3	14	37	77
Provision of clear information about rights as a person receiving service	1	6	13	36	76
Inclusion and involvement in setting goals/planning the course of service	2	3	15	33	80
Competence and effectiveness of staff	2	5	14	28	84
Courtesy and respect shown by staff	2	5	14	29	83
Safety and upkeep of facilities	2	4	20	28	77
Would you access services again, or recommend SSICS services to others ?	NO 4 %		YES 96 %		

Evaluations from program participants continue to be very positive, with over 84% of respondents indicating either “satisfied” or “very satisfied” in every category. Over the past 4 years there has been a trend to scoring slightly lower on the questions on “providing information on rights” and “safety and upkeep of facilities”. The questions on “staff competence and effectiveness” and courtesy and respect shown by staff” have scored consistently highest over that time. The rating of “responsiveness to service request” continues to increase year after year.

F. COMMUNITY APPRAISAL AND FEEDBACK

A change has been made over the past two years to the SSICS approach to community feedback surveys. The increasing range and diversity of SSICS services has made the single survey format more cumbersome and less reliable. It was determined that stakeholder and community feedback should be more specific with the survey content and process tailored to individual program areas. This process was launched in 2022 beginning with surveys for the CARF accredited service areas. The new process is already proving to be more robust, as the number of surveys distributed to service-specific stakeholders has increased, and the rate of return has increased dramatically.

Community survey results for accredited service areas attached.

G. EMPLOYEE SATISFACTION

Report attached.

H. OUTCOMES FOR PROGRAM PARTICIPANTS- ACCREDITED PROGRAMS

Each service within a program area has developed outcome statements and a process to collect information from program participants regarding their progress towards goals. Through the case management process outcomes and outcome measures are individualized, however each program area have a set of universal outcomes which are summarized below.

Program Area-Community Living

RATING SCALE: **1 – EXCELLENT, 2 - GOOD, 3 – FAIR, 4- POOR**

OUTCOME	INTAKE	DURING SERVICE
Maintains independence	1.8	1.5
Develops goals and plans	2.4	1.2
Increase socialization and community integration	2.3	1.7
Maintain physical fitness	3.0	2.1

Program Area-Child and Youth

RATING SCALE: **1 – EXCELLENT, 2 - GOOD, 3 – FAIR, 4- POOR**

OUTCOME	INTAKE	DURING SERVICE	POST SERVICE
Reduce risk	3.2	2.2	2.2
Increase supports	2.8	2.1	2.3
Improve relationships	2.8	2.2	2.2

8. ADMINISTRATION, MANAGEMENT AND LEADERSHIP

A. GOVERNANCE

During the 2021-22 year the SSICS Board of Directors focused on establishing best practices for committee work, identifying new community housing possibilities, and exploring several social enterprise ideas. Membership of the board was stable, although imminent changes prompted more conversation about recruitment and succession planning.

B. HEALTH AND SAFETY

Health and safety matters are handled primarily by the Joint Health and Safety Committee. This committee includes membership from management appointed by the Executive Director and employees appointed by the union. The Committee meets monthly, to review and track incidents, inspections, areas of concern, preventative actions, policies and procedures, and other health and safety matters.

Critical Incident Analysis Report attached

C. RISK MANAGEMENT

Report attached

D. FINANCIAL AND RESOURCE MANAGEMENT

Audited Financial Statement attached

E. HUMAN RESOURCES

The SSICS human resource strategy:

- Is comprehensive including the recruitment, deployment, direction, retainment, supervision and support of people.
- Considers both individuals, and the collective work environment and culture.

- Includes regular employees, casual employees, contracted employees and volunteers.

It is expected that effective human resource planning and management will have a positive impact on employee satisfaction and effectiveness, service delivery, quality improvement, and change management. The result will be a strong, positive and resilient organization.

SSI Community Services is one of the largest employers, and a desirable employer in the Gulf Islands and has low employee and volunteer turnover. Regular year round work with good benefits and decent pay is hard to come by in our area. Our human resource objectives are to:

- Develop and implement strategies to improve and maintain employee productivity and satisfaction.
- Develop and implement strategies that position the workforce for the future, including the impact of having a current employee base nearing retirement age.
- Provide continued learning, development and career path opportunities for people to broaden competencies and support life long learning.
- Develop and implement effective and efficient systems that provide openness and accountability in HR decisions and management.

Collective Bargaining Agreement:

SSICS employees, with the exception of exempt and contract persons, work under the terms of a negotiated collective agreement and are represented by the Hospital Employers Union (HEU). It is the responsibility of each unionized employee to know their responsibilities and rights as an employee by being familiar with both the current collective agreement and SSICS Policies and Procedures. The SSICS organization is a member of the Community Social Services Employers Association (CSSEA) and may call upon CSSEA labour relations consultants at times to assist with the interpretation and application of terms of the collective agreement as well as other labour relations issues.

SSICS Personnel Policies and Procedures generally cover items that are not included in the collective agreement. When an item is also included in the collective agreement, the policies and procedures are intended to complement the agreement, not substitute or amend it. The terms of the

collective agreement take precedence over SSICS policies and procedures.

Human Resources Planning Components:

- Adequate Staffing
- Recruitment
- Orientation
- Training and Development
- Leadership Development
- Performance Management/Supervision
- Labour Relations
- Joint Labour Management committees
- Employee Satisfaction and Healthy Workplace
- Volunteer Management
- Effective Human Resource System: policies, records
- Expectations, Job Descriptions
- Compensation

Current Staffing Complement:

- Total Employees: 106 (99 union, 7 excluded management)
- Status: 31 full-time, 52 part-time, 23 casual
- Average Age (full- and part-time): 48.2
- Tenure with SSICS (full-and part time): 11.7 years average

Staffing in Accredited Programs:

Developmental Disabilities Day Programming:

- Total Employees:14
- Status: 4 full- time, 7 part-time, 3 casual
- Tenure with SSICS: 11.7 years average
- Positions: 1 Director, 2 Coordinators, 11 Day Programming Workers

Child and Youth Services:

- Total Employees: 11
- Status: 7 full-time, 3 part-time, 1 casual
- Tenure with SSICS: 11.2 years
- Positions: 1 Director, 3 Clinicians, 4 Counsellors, 3 Child/Youth Workers

F. TECHNOLOGY

Report attached

Note: Disaster recovery and business interruption for key organizational functions have been addressed by using cloud-based systems where software and data storage is with a secure internet service and not SSICS computers. This includes financial and payroll systems, case management and client information systems, and management communication systems and file sharing.

G. ACCESSIBILITY

Report attached

H. CULTURAL COMPETENCE

SSICS has promoted the attitude of Cultural Humility among all employees and volunteers, whereby individuals express a high level of curiosity and respect for cultural diversity, and explore the ways in which their own culture impacts their work. Salt Spring and the Southern Gulf Islands do not conform to the typical demographics of much of BC and Canada. There are very few visible minorities, aboriginal people, or first languages other than English. The most clear and identifiable cultural groups prioritized for the SSICS were the gay/lesbian population and the poor/homeless population. Staff training events, program development and hiring practices continue to build staff awareness and sensitivity regarding gender orientation. The expansion of SSICS services to the homeless, including the emergency shelter, continue to bring SSICS staff and volunteers in contact with low income and “street culture”.

A focus continues to be ensuring volunteers and support staff are oriented to these distinct cultures that make up a significant part of the population served by SSICS. Hiring over the past year has reflected the value SSICS places on diversity and ensuring the staff team are in tune with our program participants. Hiring has included a number of people that have “come up through the ranks” from being users of outreach services to become valuable members of the Mental Health and Emergency Shelter staff teams.

Cultural Competency Plan attached.

9. QUALITY IMPROVEMENT

A. STRATEGIC PLANNING

A shift in the strategic planning process that was made by the Board in 2017 has proved to be very effective. Some traditional elements were maintained, such as gathering information from surveys and staff focus groups. The shift came in considering the process a continuous quality improvement process as opposed to a linear time limited process. It was felt that to be responsive and truly plan for the dynamic organization that SSICS is, that strategic planning should also be dynamic and flexible. A time frame was rejected in favor of setting out a plan that provides a "snapshot in time" that is to be reviewed on an ongoing basis. Instead of accepting the plan as "being done" and shifting to simply tracking progress, the parts of the plan will be continually be evaluated for relevance. "Strategic Plan" is now a standing agenda item of every regular board meeting. To provide some general structure the broad areas of concern, or "strategic directions" were reconsidered from: 1. service development and delivery, 2. communication and community relationships, 3. leadership and 4. governance and business practices to a new structure of: 1. Quality programs and services, 2. Growth and innovation, 3. Communications and community relationships and 4. Organizational Capacity.

This has served the needs of such a diverse organization well. The strategic plan is attended to in real time as needed when the focus is there. A review of the plan then happens at the annual retreat that can take place in a few hours. Check for completeness, clear out old items, fine tune or tinker with wording to consider stakeholders staff, funders, community. With that done, each annual retreat then covers other governance areas and does a deeper dive into one or two service areas that may be of concern or are under development or expansion. It is a balancing act that works particularly well when there is membership longevity, which includes an Executive Director with 19 years tenure. The chair is in her sixth year as a board member. Continuity really helps continuous quality improvement.

2021 Strategic Planning process was deeply influenced by Covid pandemic. At all levels we were forced to do compete reviews to essential services, which in many ways made us get to the heart of

what we do, why we do it, and what is important. Board level faced with an organization under stress and stretched. Resources available but not people. Capacity was an issue and organizational health. The task was looking at strategic plan, which in past years was ambitious, and paring it back to be lean and simple. Maintain responsiveness, but limit new and ambitious. The plan is to stabilize and keep on a clear and steady course that everyone is familiar with.

B. POLICY DEVELOPMENT AND REVIEW

Governance and operational policies and procedures are developed on an ongoing basis as a response to emerging needs, new standards and requirements, and as a quality improvement action to make current policies and procedures more clear and effective. Policies are divided into manuals which cover distinct areas. These policy manuals are reviewed on a regular basis to ensure are complete with new and emerging policies being incorporated.

The policy manuals and their most recent review date include:

Governance Policies	May 2018 (several new policies added this year)
Management and Administration Policies	September 2020
Personnel Policies	February 2020
Health and Safety Policies	May 2020
Service Delivery Policies*: Clinical, Counselling and Support	December 2020

**this service delivery policy manual includes all policies for services subject to CARF accreditation. SSICS has additional program specific policies and procedures for other activities such as emergency shelter, community housing, food programs, seniors services, recycle depot etc.*

Policy development had taken place over the past year in the following areas:

- Social Media
- Use of Computers and Electronic Devices
- Complaint Policy and Procedures. (Governance)
- Virtual meetings (Governance)
- Medications
- Pandemic Health and Safety

Policies are under development for new residential services. Most residential policies are in place as a condition for residential licensing (achieved in October 2022). These will be included in a service delivery manual when this program is subject to the next CARF accreditation survey.

C. SERVICE DELIVERY REVIEW AND IMPROVEMENT

Operational improvements will continue to follow the path of Continuous Quality Improvement (CQI). One priority will be supporting processes that promote ongoing review, reflection and planning at all organizational levels through team meetings, planning retreats, and an emphasis on learning from the people served through feedback and observation. These processes are well established in the SSICS culture. The second priority, and one that must be fostered in the upcoming years, is the connections between the various teams, levels and parts of SSICS to ensure quality improvement efforts are interconnected and coordinated in the best possible way. This includes creating linkages and crossover between the various groups within SSICS, and creating language and culture that links all part of the organization back to a community-based and person served-based centre. Some work has been done in this area very successfully in the area of food security and housing. These are program areas of growth, but they have not grown or been developed in isolation or as discreet program areas. SSICS has consciously grown these programs to be fundamentally connected with other program areas.

Many CQI priorities and actions are found with Management Plans and with the planning work of various SSICS teams. Four specific ones for 2022-23 include:

- Improving the orientation process for staff, volunteers and Board Members
- Developing the range of services provided to seniors
- Developing new social enterprise activities to create a new revenue stream for SSICS Food Programs

Performance indicators for CARF accredited programs follow the indicators prescribed in service agreements with funders. It is important that SSICS, with many funders across many programs, are flexible and responsive in a way that results in us being aligned with the “customer”

at all times. For example, SSICS has to show evidence of meeting specific performance indicator based on service hours for our Friends day programming, whereas our Youth Alcohol and Drug has to show evidence of delivering specific program activities.

Improvement activities linked to the two accredited program areas include:

OBJECTIVE ONE:

Increase opportunities for community integration for people with developmental disabilities by improving transportation resources and staff skill. The organization requires better vehicles and staff who have the knowledge and skill to transport individuals with mobility challenges.

Metrics for measuring success will be the purchase of a vehicle capable of transporting at least 2 individuals in wheelchairs, and the number of employees trained and authorized to drive the wheelchair van (at least 4).

Action (Program Director and Program Coordinator):

Identify funds to purchase vehicle from CLBC, SSICS and community fundraising. Research and purchase vehicle. Develop and implement an enhanced driver training and authorization policy and procedure to address additional risks and challenges with custom vehicle and mobility-challenged individuals (including managing falls).

OBJECTIVE TWO:

Expand and shift the focus of youth programming at the newly renovated Core Inn building to be more integrated and inclusive of community partners similar to the Foundry concept that is being introduced to many other BC communities.

The metrics for measuring success will be that there is an expanded number and range of services and activities provided through the Core Inn, and there is an increase in non SSICS programs and services actively engaged in the Core Inn location.

Action (Program Director, Executive Director):

Work with local and provincial partners (Foundry) to clarify and refine the vision and operational possibilities. Secure funding for a project

development coordinator. Establish a steering committee for development and ongoing operations that includes community members, service providers, and youth.

D. BUSINESS PRACTICES REVIEW AND IMPROVEMENT

OBJECTIVE ONE:

Strengthen the long-term financial stability of the organization by establishing diverse funding sources, and limiting the dependence on any one funder.

Metrics for measuring success: a) number of different funding sources over \$ 50,000 annually, b) percentage of total budget from one single funder.

Budget year	Funders \$ 50,000+	Largest single funder
2009/10	10	VIHA 18.4 %
2017/18	13	MCFD 24.2 %
2018/19	15	MCFD 20.8 %
2019/20	17	CLBC 18.7 %
2020/21	21	BC Housing 17.7 %
2021/22	20	BC Housing 18.9%

Action (Executive Director):

An active program development strategy will be established in each and every program area, with at least one new \$ 50,000 funder secured every two years. A new CLBC residential service (\$ 530,000) was added in 2022. In 2021 CYMH Counselling (MCFD), Seniors Navigation service (Min Health), Food Programs (Berman Foundation) , and 24/7 Emergency Shelter (BC Housing) will be pursued.

OBJECTIVE TWO:

Maintain an efficient and effective ratio of administrative vs. direct service spending as the organization grows. To ensure the organization is on a healthy growth path administrative capacity should increase with overall growth, and economies of scale should see the percentage of overall budget spent on administration decrease.

Metrics for measuring success will be to hold administrative spending to less than 8% of program funding in the upcoming years with a 5 million

+ annual operating budget and less than 7.5% if annual budget exceeds 6 million.

Budget year	Total agency operations	Admin recoveries from program funding*
2009/10	2,831,091	9.1 %
2017/18	4,325,039	8.7 %
2018/19	4,574,701	8.1 %
2019/20	4,515,815	8.3 %
2020/21	6104,208	7.7 %
2021/22	7,123,466	7.4 %

*Admin recoveries are the amount of funding drawn from every program budget to cover global administration costs.

Action (Executive Director and Finance Manager):

Review administration needs and costs annually including major cost items such as admin staffing and compensation, insurance, facilities costs and office supplies/equipment.

OBJECTIVE THREE:

Strengthen communications and relationship with donors by improving the Annual Report to be more engaging and to do a targeted distribution to large and regular donors.

Metrics for measuring success will be the donation numbers and amounts received as a direct result of Annual Report mail outs.

Action (Communications Coordinator):

Design new and engaging Annual Report and as well as general distribution and website posting, do a specific distribution to the top 200 large and/or regular SSICS donors. The target will be to see a 10% return (20) of donations (\$250 average) for a total of \$ 5,000.

OBJECTIVE FOUR:

Update and improve technology so that every SSICS employee has computer equipment and phones that are up to date and effective for their work and safety needs. We are currently in the middle of a computer upgrade, and this will be followed in 2023 by a complete update of phone systems and equipment.

The metrics for measuring success will be that every computer will be no older than 3 years (except high functioning older computers) and be upgraded to Windows 10. Every site and individual cell phone will be linked to a central phone system, every employee requiring a phone will be provided with a cellphone, and every cell will be equipped with an emergency/panic alert function.

Action (Operations Manager):

Work with Program Managers to assess needs, research best options, and implement improvements as detailed above. Complete work by December 31, 2023.