



EARLY INTERVENTION PROGRAM

OUTOMES MANAGEMENT REPORT

2021-2022

The Early Intervention Program receives funding from BC Ministry of Children and Family Development

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The Early Intervention Program (EIP) is a community-based service for children with diverse abilities from birth to age five. The program supports children and their families living in the Vancouver, Burnaby, Richmond and North Shore regions.

Our values which include Family Centred Practice, Innovation, Kindness, Collaboration and Hope guide us in the delivery of service that enhance each child's development and promote participation in all aspects of their lives.

The EIP includes Occupational Therapy (OT), Physiotherapy (PT), Speech Language Pathology (SLP), and Social Work (SW) services. Services include:

- Coaching based services virtually and in-person in the home, community and clinic when safe to do so
- Resource information for families and parent workshops
- Toy & equipment library

Highlights:

- Accredited as a medical rehabilitation program by the Council of Accreditation for Rehab Facilities (CARF) for three years
- Successfully implemented Salesforce, a new electronic client record system
- Implemented a needs-based prioritization tool across all disciplines
- Transitioned back to in-person service delivery with an option for virtual service based on the family and child needs
- Maintained therapy support despite a significant amount of medical leave and decreased staffing levels

Opportunities for Growth:

- To make it quick and easy to access services when they are needed
- Expanding community partnerships for broader comprehensive family support
- Expanding family first service delivery by implementing the F-words for Childhood Development

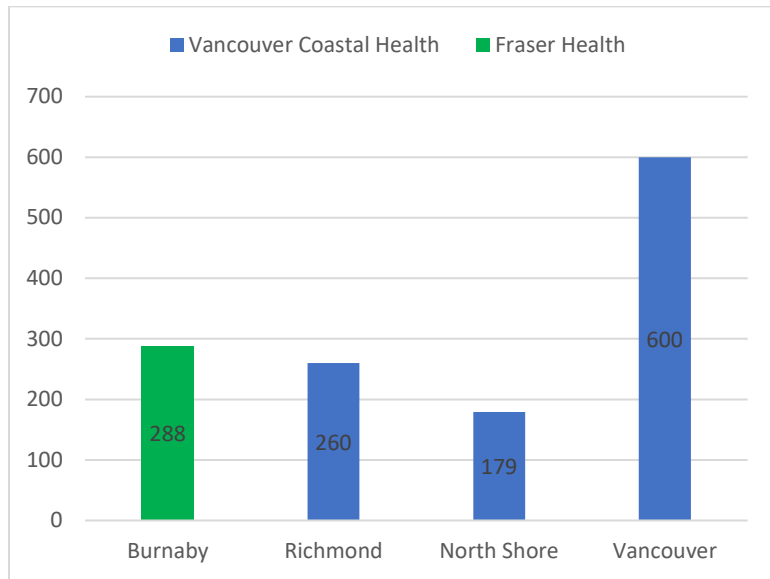


FIGURE 1: Number of Unique Children Served by Region*

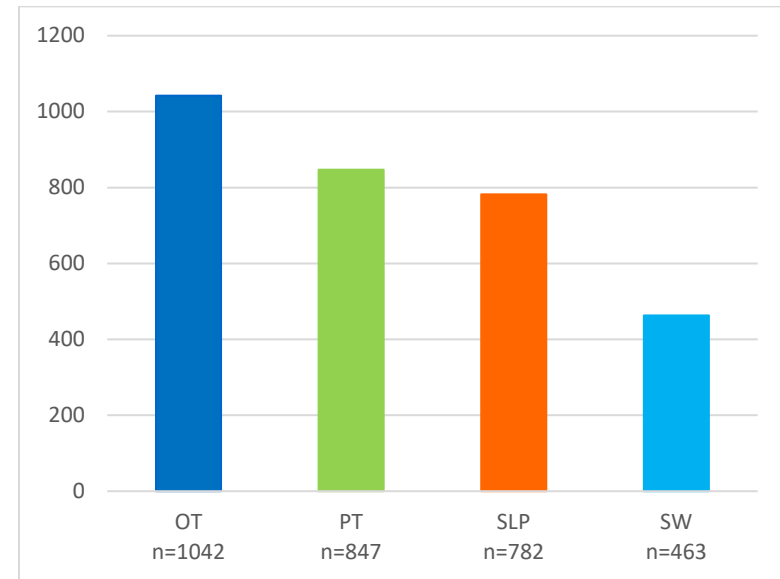


FIGURE 2: Number of Children Served by Discipline

Program Utilization Analysis – Children Served

- The EIP provided services to 1327 children this year
- Most children require more than one service to meet their needs

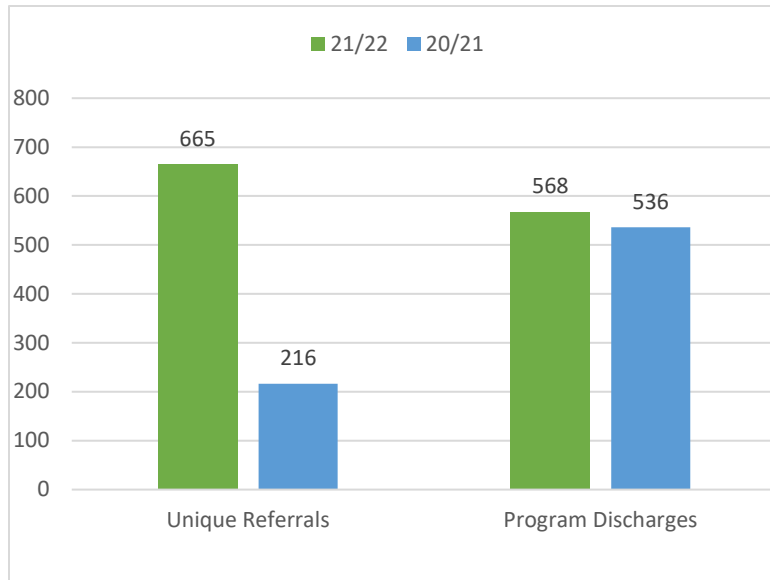


FIGURE 3: Program Utilization

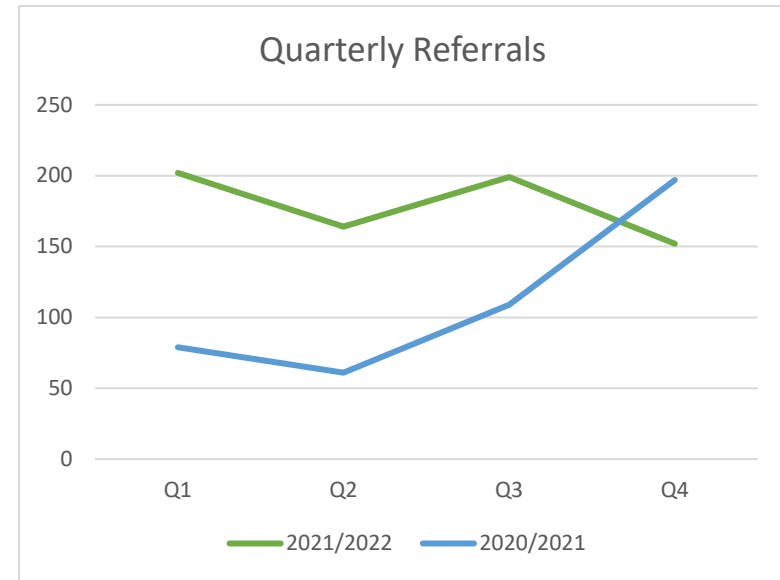


FIGURE 4: Referrals Received Quarter to Quarter

Program Utilization Analysis – Referrals

- Referrals recovered to pre-pandemic levels late last year and have been consistent in 2021/2022.
- Program discharges were consistent in 2021/2022 with 2020/2021.

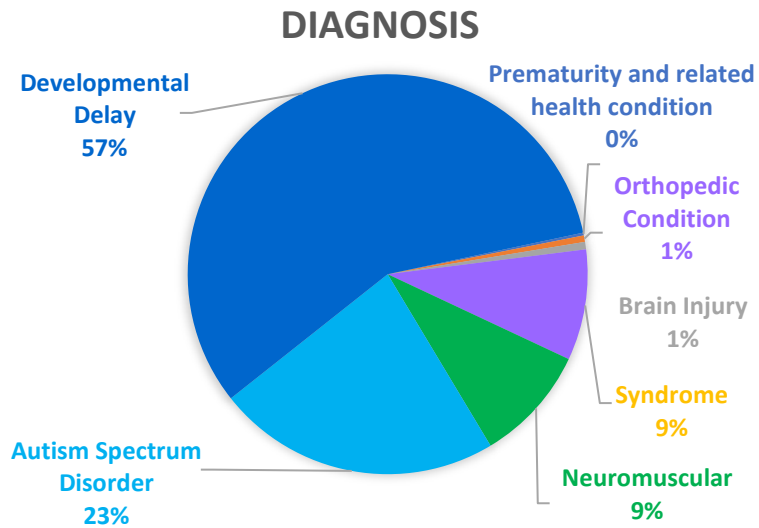


FIGURE 5: Global Diagnosis of Children Served

Diagnosis Analysis:

The largest diagnostic categories include:

- **Developmental Delay:** This category includes children undergoing diagnostic investigations (waiting for Autism assessment, genetic testing, imaging), children with no known diagnosis, children that have not been assigned a diagnosis in our record system and children given the developmental delay diagnosis by their medical team. All children that are eligible for our program present with a functional developmental delay.
- **Autism:** Autism is the second most frequent diagnosis reported, this percentage may be an under representation as many children are waiting assessment and therefore included in the above category. In addition, this does not capture children that have a different primary diagnosis such as a Syndrome or a Neuromuscular condition and have Autism as a secondary diagnosis.

STATUS REPORT 2021-2022 PERFORMANCE PLAN

Area for Improvement	Action Plan	Results
Centre services on our needs and preferences	Caregivers will regularly provide input to inform changes that directly impact families by March 2022.	Surveys were sent out twice during the year to offer increased opportunity for feedback and to recruit parents that would participate as part of an advisory pool. A list of parents willing to participate in focus groups or feedback sessions has been collated. This group will be drawn on to support the transition to using the F words of development framework.
	Caregivers will provide input into the use of virtual health in conjunction with in-person appointments by March 2022.	99% of respondents were satisfied with workshops presented virtually 84% of respondents were able to access virtual services
Make it quick and easy for us to access services	Locate a clinic space on the North Shore by September 2021.	A clinic space was located by March 2022 and is currently being used for services on the North Shore.
	By December 2021, the average time to receive a service plan will be 2 weeks or less from the date of referral.	The average time to receive a service plan is 1 month. Throughout the year this wait time has decreased and increased due to time associated with learning to navigate a new client record management tool.
	By March 2022 the average wait time for a child to receive a service will be 6 months or less.	The average wait time was 8 months in 2021/2022. Multiple regions and disciplines experienced staff vacancies resulting in increased wait times.
	90% of respondents to the 2022 stakeholder survey will agree that program eligibility is clear.	81% of community stakeholder survey respondents said eligibility was clear. Increased staff turnover at partner agencies along with adapting to changes in service provision associated with the pandemic may have continued to reduce clarity.
Expand services	Proof of concept for BCCFA's role in identifying children at high risk for ASD will be shared with community partners by December 2021.	The BC CFA continues to work with BC Autism Assessment Network to expand the services the BC CFA can provide to children suspected of being on the autism spectrum.
Improve service delivery	New waitlist prioritization guidelines based on clinical need will be implemented in all programs by March 2022.	OT/PT/SLP have implemented the use of the Needs Based Prioritization Tool. SW is in the process of refining their tool.

STATUS REPORT 2021-2022 PERFORMANCE PLAN

Area for Improvement	Action Plan	Results
Innovate	Families will access their child’s information through our client portal by March 2022.	The parent portal launch was delayed until May 2022 to allow for increased staff training in order to support families’ use of the system.
	Meaningful and measurable outcomes will be established with staff, community partners and families by March 2022.	Staff have begun developing goals and rating outcomes with families and partners using the F words of childhood development framework. The goals are written using the family’s voice and are based on their priorities. Families are determining with staff if the outcomes have been achieved.
Excel	The program is CARF accredited by December 2021.	The EIP program received a 3-year accreditation in March 2022 with no recommendations.

SERVICE ACCESS

Objective/Outcome	Performance Indicator 2021-2022	Target	Measure Applied To	Achieved Outcome
				2021-2022
Clients are able to access services in their preferred language	Percentage of respondents that answer "agree" or "strongly agree" to: we were able to receive services in our preferred language	95%	All clients	94%
Services are quick and easy for all clients to access	Percentage of respondents that answer "agree" or "strongly agree" to: It was quick and easy for us to access services	90%	All clients	74%
Reduce the time children spend waiting for service	Average wait to receive an initial service plan	2 weeks	All new referrals	5 weeks
	Total average wait time	6 months	All new clients	7 months

Service Access Analysis:

- Wait times for an initial service plan are above target due to the implementation of a new client record system. This has started to decrease and it is expected to continue to decrease with familiarization of the new system.
- Wait times for ongoing therapy remain above target due to significant staffing changes.
- We have begun consistently applying a needs-based prioritization tool to ensure families with urgent needs are seen sooner.

RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)

Objective/Outcome	Performance Indicator 2021-2022	Target	Measure Applied To	Achieved Outcome
				2021-2022
All staff spend the majority of their time on direct service	All client-related time as a percentage of the total daily stats reported by staff.	75%	All EIP staff	67%

Efficiency Analysis:

- A significant number of staff leaves and client illnesses had a negative impact on direct therapy numbers in 2021/2022 due to the ongoing community presence of covid-19.
- Quality improvement initiatives to implement a new electronic client record system and introducing the F-words of childhood development as a framework for the services we offer have increased non-client time for staff.

RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Objective/Outcome	Performance Indicator 2021-2022	Target	Measure Applied To	Achieved Outcome
				2021-2022
Families have increased knowledge and have gained skills to help their child achieve their goals	Percentage of respondents who 'agree' or 'strongly agree' to: I have gained new knowledge during this workshop/group/training	100%	All workshop participants	99%
	Percentage of respondents who 'agree' or 'strongly agree' to: we have made progress towards our goals.	95%	All clients	81%
	Percentage of short-term outcomes that are rated as 'achieved', 'better than expected' or excelled.	75%	All clients	73%

Effectiveness Analysis:

- There continues to be a high level of satisfaction with the workshops, groups and training sessions. Families have reported that the workshops continue to provide them with new ideas to try at home. Families reported that the virtual offering made it easier and that they would like to see them recorded so other family members not present could watch later.
- Families rated their progress towards goals as lower than the set target. Families, clients and staff had to continuously adapt to a changing climate and therapy provision structure due to new COVID variants. Cancellations and rescheduling to a virtual session became a norm due to both client and staff illnesses which may have resulted in feeling as though progress had slowed. As we enter a phase where the service delivery model remains stable it is expected to see these scores rise again.
- The introduction of the F words of childhood development framework has resulted in a new way to create goals and measure outcomes with families. As both therapists and families become more experienced with this framework it is expected to see an increase in outcomes that are rated as achieved.

“I really liked the information presented in this workshop. It's given me a bunch of new ideas to create for my children.” -Parent

“Due to Covid most sessions were done virtually...would have preferred in person but what can we do?? :) The Physio met with us in person that was great!” -Parent

EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – PERSONS SERVED

Objective/Outcome	Performance Indicator 2021-2022	Target	Measure Applied To	Achieved Outcome
				2021-2022
Families are satisfied with the services offered by the EIT program	% of respondents that answer "agree" and "strongly agree" to: We have a clear understanding of the supports and services available from the BCCFA	90%	All clients	78%
	% of respondents that answer "agree" and "strongly agree" to: We were involved in developing our goals, strategies and/or service plan	100%	All clients	86%
	% of respondents that answered "agree" and "strongly agree" to: services from the BCCFA have made a positive difference in our lives	95%	All clients	82%
	% of respondents that answered "agree" and "strongly agree" to: we were treated with respect and courtesy during our time receiving services from the BCCFA	100%	All clients	94%
	% of respondents that answered "agree" and "strongly agree" to: we were satisfied with the quality of services we've received from the BCCFA	95%	All clients	87%

Experience of Persons Served Analysis:

- We have identified an opportunity to improve the clarity of the supports and services available from BCCFA. We endeavor to make supports and services clearer by updating the website and creating family directed resources.
- With the introduction of the F-words for childhood development framework we expect to see an increase in family involvement in developing goals and strategies for the service plan.
- The majority of families continue to be satisfied with the services from BCCFA and feel that the services received make a positive difference in their lives. Through family engagement and a family advisory pool we aim to better understand the needs of all families to inform changes that impact service delivery.
- The EIT program continues to prioritize Cultural Safety & Trauma Informed Practice as we aim to reach our target of 100% of respondents indicating that they were treated with respect and courtesy during their time receiving services from BCCFA.

EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – STAKEHOLDERS

Objective/Outcome	Performance Indicator 2021-2022	Target	Measure Applied To	Achieved Outcome
				2021-2022
Program eligibility criteria are clear	% of respondents that agree or strongly agree: program eligibility criteria are clear	90%	all referring agencies	81%
Referral process is simple and easy to understand	% of respondents that agree or strongly agree: the referral process is simple and easy to understand	95%	all referring agencies	94%
Stakeholders are satisfied with services offered from the BCCFA	% of respondents that agree or strongly agree: I am satisfied with the services offered from the BCCFA	100%	all referring agencies	87%

Experience of Stakeholders Analysis:

- The majority of respondents feel that it is easy to go through the referral process. Several changes have been made over the past year to enhance the referral and intake process. These changes have resulted in a 14% increase since last year in the respondents who agree or strongly agree that the referral process is simple and easy to understand.
- The majority of respondents indicated that program eligibility criteria are clear. To reach our target of 90% we have identified an opportunity to make improvements to the website and resources available for community partners to increase program clarity.
- Several respondents have indicated that waitlist times are long. Multiple factors such as the large increase in unique referrals and significant staffing changes have impacted waitlist times. Changes to waitlist management to prioritize the waitlist based on need and support children in receiving the right service at the right time are under implementation.

“I love the new online referral option. Very simple and straightforward. Most of the professionals I work with collaborate with me regarding shared families.”-community stakeholder

“I have enjoyed working in a partnership/team with the early intervention therapists who share the same families on their caseload as I have.”
-community stakeholder

2022-2023 PERFORMANCE IMPROVEMENT PLAN

BCCFA Strategic Priorities	Initiatives	Targets
Centre services on our needs and preferences	Engage and compensate parent advisory pool for feedback obtained regarding services.	Parents and guardians will be engaged in feedback sessions to review the use of the F words framework.
	Complete F words training with CanChild, F words are integrated into key activity/ task.	Families create goals with staff using F words, key documents reflect F words framework.
Make it quick and easy for us to access services	Create user friendly resources for families and community partners to provide clarity on services available.	The website will be updated to provide a clear overview of the EIP program and resources (handouts) created for families and community partners.
	Parents will have access to their documents via the Parent Portal.	Staff will be trained on how to navigate the parent portal. Parents will easily Navigate the parent portal to access their documents and info.
Expand Services	Expand services that are offered to families with children on the autism spectrum.	Completion of pilot project evaluating the positive predictive value of SLP referrals (i.e., are the appropriate children being referred). Results to be shared in the community.
Improve service delivery	Waitlist prioritization is based on client need.	All children waitlisted have a priority scoring. Children receive the right service at the right time.
	Parents and staff will have access to information re: F words and Coaching when onboarded to the program.	Online workshops providing education will be created for staff and families. Parent advisory pool will provide feedback on the information provided.
Create meaningful and flexible careers to recruit. retain talent and engage top talent	The program will be innovative in its means of recruiting and retaining talent.	Vacancies receive multiple offers of interest and are filled quickly without causing delays in service.