

**TRAIL ASSOCIATION FOR COMMUNITY LIVING
PERFORMANCE MEASUREMENT & MANAGEMENT PLAN
2025-2026**

EFFECTIVE DATE: September 15, 2021

LATEST REVISIONS: April 30, 2026

Introduction

The Trail Association for Community Living (TACL) complies with all local, provincial and federal regulations, rules, policies and procedures. The leadership, staff, stakeholders and clients are accountable for the performance measurement and management plan (1.M.1.) and utilizing the information to communicate the value of services and improve client's lives.

Mission: "TACL's Mission is to remove barriers and create a community where everyone can thrive."

The organization is committed to applying up to date information management, performance improvement and business practices to management and service delivery. These procedures describe data, information, communication, and utilization of information performance analysis and business practices in conformance to state licensure regulations and accreditation standards. The Executive Director is responsible for oversight of the performance measurement, management and performance improvement functions.

As part of this role, she supervises and oversees the collecting, data entry, analysis, reporting functions and assures the communication and utilization of this information. All staff are educated and trained at orientation and regularly, in accordance with their roles and responsibilities with respect to performance measurement and management and the performance measurement and management plan.

Summary of Plan

Programs:

1. Residential Support;
2. Community Support and Day Program; and
3. Employment Programs and Supports.

See attached "grids" for identification of measures of service delivery objectives for each program including results achieved for persons served, experience of services received for persons served and other stakeholders, resources used to achieve results for persons served, service access and business function objectives.

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Gaps and Opportunities in Collecting and Utilizing Information:

TACL is committed to obtaining information from staff, stakeholders and most important, the persons served to enhance the organization's ability to deliver services and treatment that promote the client's dignity, self-sufficiency, and quality of life. The information received on an ongoing basis addresses how successful the organization is in fulfilling its mission and goals; responding to client's, staff and stakeholder's needs, suggestions and concerns. The organization collects organizational performance information as well as direct service results achieved (effectiveness), resources used to achieve results for persons served (efficiency), service access and experience of services received from the persons served and other stakeholders (satisfaction). The performance analysis system is comprised of the effectiveness, efficiency, accessibility, business functions and satisfaction objectives. Persons served are asked what they hope to achieve as part of the person-centered treatment planning process. Staff and stakeholders are also asked through surveys what the organization should be accomplishing.

The results of our performance measurement and management plan will be analyzed on a quarterly basis and aggregated on an annual basis for each program seeking accreditation and shared with persons served, personnel and other stakeholders in a manner that is understandable, accurate and in accordance with their interests and needs. This will be accomplished through the sharing of information in our annual report, newsletters, and our website for persons served and other stakeholders and internally with our personnel.

Opportunities

1. Committed leadership;
2. An information system capable of collecting and analyzing information; and
3. Third party payers desiring valid and reliable information on client's reduction in symptoms and improvement in functioning.

Gaps

1. Difficulty finding persons served after they are discharged from services;
2. Persons served and stakeholders often expressing "survey fatigue";
3. The characteristics of the population served (homeless youth, trauma); and
4. Social determinants such as poverty, lack of transportation, food insecurity.

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Characteristics of Persons Served:

Persons Served are mostly adults. The majority are low income to middle income. Persons Served lives are also impacted by violence, poverty, substance abuse and access to healthy foods. We expect that the longer a client is engaged in service the better the effectiveness of treatment. The majority of Persons Served are Caucasian but there has started to be a notable shift amongst the TAACL staff to a South Asian descent so we expect to see our Persons Served begin reflect this change in demographic.

Ethnicity of Person Served

Ethnicity	# Of individuals	Percentage
African American/Black	0	0%
Asian	1	0.43%
Caucasian/White	196	84.48%
First Nation	22	9.48%
Hispanic/Latino	6	2.59%
South Asian	7	3.02%
Other	0	0.00%

Age of Persons Served

Age of Person Served	# Of individuals	Percentage
Birth to Five	0	0%
Six to Seventeen	0	0%
Eighteen to Forty	128	55%
Forty-one to Sixty-Five	99	43%
Sixty-six to Eighty-Five	5	2.16%

Gender of Persons Served

Gender of Persons Served	# Of individuals	Percentage
Male	99	42.67%
Female	130	56.03%
Undisclosed Gender	3	1.29%

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Extenuating and Influencing Factors That May Impact Results:

Pandemics, labour disruptions, shortage of staff at our vendors, medical partners or ourselves. Severe weather and natural events may impact results.

Collection and Analysis of the Performance Measurement and Management Plan

Information and key indicators are regularly gathered, analyzed and reported for both direct services and the characteristics of clients as well as business operations. Information for the improvement of business functions is collected from financial, reimbursement, human resources, community data and trends, technology analysis, health and safety data, complaints and risk analysis. Information from staff is obtained from a variety of meetings in which they participate. Data on the measures related to business operations and the needs of clients are collected, analyzed and documented. The data is reported monthly and quarterly to the Board and Management Team. The Management Team periodically assesses the reliability and validity of the data by asking questions such as:

1. “are we measuring what we need to measure?”;
2. “is the data reliable and if sampled, is it representative of the population served?”;
3. “is the data valid?”;
4. “is the data complete and accurate?”; and
5. Most important, “how can we use the data to improve program performance?”.

Annually, information from referral sources and stakeholders is obtained by a survey regarding community needs and how they perceive the organization is meeting those needs. Staff is involved in a variety of community meetings to become better informed regarding the changing needs of the community. When appropriate, these needs are incorporated into the program services. Information from clients and the community is discussed as appropriate. Recommendations from these meetings are incorporated into program services. Staff has ongoing, open access to information received from clients, staff, and community.

Direct Services

Information from Persons Served (self-report) is obtained by a number of methods, including having an open-door policy, suggestion boxes and “town hall” type meetings on a regular basis. While input is obtained on an ongoing basis, a formal system of collecting such information is initiated at least annually. Evaluation of the organization’s ability to deliver services and recommendations from clients, staff, and management are reviewed and integrated into program policies and services when appropriate. Information from clients is received from the following sources:

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1. Client and Stakeholder Surveys;
2. Suggestion Box Information;
3. Client Self Report Outcome Measurement Tools;
4. Client Post Discharge surveys;
5. Client input into the development and accomplishment of their treatment plan; and
6. Complaint/grievance procedures.

Integrity of Data (Validity, Reliability, Completeness and Accuracy) (1.M.3.a.(5)(6)

To assure that data is reliable, valid, complete and accurate, TAFL has implemented the following measures.

Reliability:

1. Use standard outcomes and measurements defined by professional associations or other research efforts to create our tools;
2. Determine if results from particular measurement items are consistent with other known measurement items;
3. Hold focus groups and interview persons served to get feedback on what they feel is important; and
4. Establish measurement tools and approaches that are appropriate for the specific population with whom it will be used.

Validity:

1. Train personnel that are implementing the evaluation plan;
2. Assign certain individuals to do the data entry;
3. Create instructions on how to interpret the answers to open ended questions;
4. Provide regular supervision of the personnel implementing the evaluation plan;
5. Define levels of progress or achievement of persons served for personnel to use in their evaluations; and
6. Conduct quality checks of data entry.

Completeness:

1. Ensuring certain data elements are required fields in our database;
2. Supervisors review and approve data entered; and
3. Leadership reviews forms for completeness and notifies supervisors when information is missing; supervisors has staff member correct errors.

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Accuracy:

1. Leadership spot checks the records and data; and
2. Leadership notifies supervisors if mistakes are suspected, supervisors has staff member correct errors.

Implementation and Analysis of Indicators

Beginning October 1, 2021, management monitors the accomplishment of our business functions, efficiency, access, satisfaction and effectiveness performance objectives as described in this plan and reports the results of service. The system for performance analysis meets all accreditation standards employing best practice methods consistent with the Licensure Regulations. Information is collected and analyzed monthly and reported quarterly and annually to leadership, staff, clients and stakeholders. As a result of the data analysis and review, performance improvement plans are initiated by leadership.

Efficiency and Business Function Measures

Each month, the following information is tracked and entered in the Dashboard: Numbers Served, Admissions, Discharges, Billable Hours, Staff hires and terminations, incident and complaints and discharges due to non-compliance. In addition, the organization monitors financial information and internal and external industry trends.

Effectiveness Measures

TACL gathers data monthly but may only review quarterly.

Service Experience Measures

The organization measures satisfaction quarterly using the Client Satisfaction Survey. At the end of each year, an Annual Performance Report is developed that describes client status, measures, methods, sample, and number contacted. The results are reported in the form of narrative descriptions, tables and charts. The report also includes implications for treatment decision-making. All reports are shared with clients, staff, and leadership.

Access Measures

Each Survey includes appropriate questions related to access to services such as timeliness of appointments and staff availability. These scores are entered in the data base to measure percentage change.

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Methodology

Staff providing services in person or online, in the home or community have the client complete the form at the first appointment on paper or entering responses on a mobile device or paper form. Each quarter a Performance Analysis Quarterly Report is developed identifying the results of all the objectives, performance indicators and targets. The four quarters are then combined in the Annual Performance Analysis.

Every three months, a follow up survey as part of the quarterly review will be completed to measure change. Data and responses will be entered into the database. At discharge or when a case is closed, direct service staff will administer the instrument with the person served.

At post service follow up, satisfaction questions are asked by telephone interview at the first quarter after admission and again at 90 days after discharge. Performance improvement measures for all programs are measured by collecting system information and client self-report information throughout the year. Information is collected at admission, at points of time during service and at one point 90 days after treatment for a representative sample of consumers and their families. Data is collected from our management information system and client self-report. The system provides maximum benefit to direct service staff in the development and implementation of the treatment planning process. The results of the Performance Analysis are reported to staff, Board and consumers in October-November of each year for the previous fiscal year.

Types and Methods of Data Collection

In addition to client input, Reach collects a variety of information to assist in program planning. This information includes: Client Admission and Intake information regarding their need for services, activities, goals, strengths, needs abilities and preferences; ongoing client treatment information collected in the client chart; Client Satisfaction Surveys; Client Post Discharge Surveys; Stakeholder Satisfaction Surveys; financial information including budget and budget status reports; Grievance and Incident Reports; exit interviews with staff and clients; Board minutes; status of the accomplishment of goals and objectives; Productivity and Outcome Management results; Health and Safety reports and utilization information.

Utilization of Information

The organization utilizes the above listed information sources in a variety of integrated ways. Information is collected and reported to the Executive Team. Critical information is compiled, integrated and provided during staff and committee meetings. Action plans are developed; an action

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plan is a description of the strategies to accomplish the agency's strategic plan and goals and objectives. Other information is used in individual and group supervision, reports to funding sources and other funding applications.

Performance Analysis

Reach engages in a variety of performance analysis activities coordinated by the leadership team, such as:

1. Ongoing monitoring of the quality of care through a record review process. These reviews examine the adequacy of service provision and documentation, provided to program staff and reported in the Annual Performance Analysis Report;
2. Quarterly monitoring of financial reports;
3. Quarterly monitoring of staff productivity;
4. Quarterly monitoring of the accomplishment of the goals and objectives;
5. Annual monitoring of the effectiveness (outcomes or results) of service; and
6. Annual review of the strategic plan, accessibility plan, health & safety plan, financial plan, and cultural competency plan.

Continuous quality improvement activities are designed to ensure that quality services are provided to all persons served. All aspects of the programs, including delivery of client care services and administrative systems, are evaluated as part of this ongoing process. The continuous quality improvement activities are designed to objectively and systematically measure, monitor, and evaluate the quality, appropriateness and outcome of care, and the processes by which services are delivered while continuing to pursue opportunities for improvement.

A significant component of quality improvement is in the identification and review of major aspects of care that have the greatest impact on the quality of care. This includes special need clients (defined as additional or different aspects of care beyond standard treatment and are a risk to the client if the care is not provided correctly), high volume clients (defined as the aspect of care which occurs frequently and affects a large number of clients), and problem prone areas (defined as aspects of care which have tended to cause problems for clients).

The following cases would be high-priority for review: special needs clients; re-admissions; assault/suicide attempt; unusual incidents, safety; and grievances. Quarterly, the leadership team reviews grievances, utilization reports, incident reports, new and revised policy and procedures, client

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suggestions, staff requests for review, chart audits, medical data and safety data. Annually, the leadership team reviews client satisfaction surveys, client outcome studies, and staff trainings.

The annual written performance analysis is developed in January to March for the previous year. Since the performance measurement system was initiated in January 2021, the first six months of data will be used as baseline data for future comparison of change scores. Since each program uses a slightly different client outcome survey form, improvement in functioning over time has been analyzed for some key variables related to desired client change.

Annual Performance Analysis Outline:

1. Mission;
2. Characteristics of our clients;
3. Extenuating or influencing factors that affected results;
4. Stories and Client Statements;
5. Service delivery results:
 - a. Effectiveness,
 - b. Efficiency,
 - c. Access,
 - d. Client and Stakeholder Experience of Service,
 - e. Trends and causes, and
 - f. Action plans for areas needing improvement;
6. Business function results
 - a. Trends and causes,
 - b. Extenuating or influencing factors that affected results, and
 - c. Action plans for areas needing improvement;
7. Charts and Tables of Results;
8. Lessons Learned and Examples of how data was utilized to improve the lives of the person served; and
9. Methods of Communication of these Results.