

The St. Amant Community Transition Process Residential Agency Process Evaluation Questionnaire

St. Amant is evaluating its **Community Transitions Process**. We are inviting your agency to complete this questionnaire to capture your feedback on the transition planning process for people who have transitioned from St. Amant to any of your residences. **One form should be completed for every residence in your agency that has had a person from St. Amant transitioned to it since 2014.** No respondents will be identified in any reports or presentations. All responses will be kept completely confidential.

1) The name of your agency:

1.1) If your agency has multiple residences what is the address of the residence you represent?

2) Your role in your agency: **(Please fill in ALL that apply)**

- Executive Director/CEO
 Program Director
 Residential Manager/Supervisor
 Direct Support Professional
 Other

3) Have you ever been a member of the Transition Steering Committee? Yes No

3.1) If 'Yes,' about how many meetings have you ever attended? If 'None,' please enter '0.'

4) How many homes does your agency manage in total?

4.1) How many of your homes have people who were transitioned from St. Amant since 2014?

4.2) In total, how many people reside in your agency's homes?

4.3) How many of these people were transitioned there from St. Amant since 2014?

4.4) The age of the person transitioned from St. Amant, upon entry and currently. If more than 1 person was transitioned, please provide information for **up to the four most recent people (if known)**.

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At Entry	Now	At Entry	Now	At Entry	Now	At Entry	Now

5) The **criteria** St. Amant uses to identify people who are ready for community living include:

- 1) People who do not generally require 24 hour nursing care.
- 2) The persons' and families' wishes regarding a transition to a community residence.
- 3) The St. Amant interdisciplinary team recommending the person for the community due to the variety of ways the person will benefit from the community (e.g. attending a full time day program, quieter living environment, etc.).

5.1) Overall, how effective do you believe these criteria are for identifying people from St. Amant who can successfully transition to community living?

- Very Effective
 Somewhat Effective
 Not Very Effective
 Not Effective At All
 Not Sure

5.2) Would you change the transition criteria if you could? Yes No Not Sure

5.3) If 'Yes,' what changes would you make to the criteria?

Draft



6) What factors do you believe St.Amant took into account when selecting your agency for a resident being transitioned into the community?	Very Much	Some-what	Not Very Much	Not At All	Not Sure
Your agency's experience working with people with similar needs to the person/people being transitioned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
St.Amant's prior involvement/experience with your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The neighbourhood or geographic location of the residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person's compatibility with other people living there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferences of the person moving to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferences of their family members/natural support networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/recreational activities other people living there are involved with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The accessibility of the residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The specific needs of the person moving to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other factor(s) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7) What factors did your agency take into account when agreeing to a person from St.Amant moving into one of your homes?	Very Much	Some-what	Not Very Much	Not At All	Not Sure
Our positive experience working with people with similar needs to the person being transitioned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our positive experiences with other St.Amant residents previously transitioned into one of our homes (<i>If not applicable skip</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our general positive experiences with St.Amant staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The anticipated support and expertise of St.Amant staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person's compatibility with other people living in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other factor(s) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) How were you **first notified** that St.Amant was exploring transitioning one of its people residing there to one of your homes? If this involved more than one prospective person please fill in all responses that apply.

- In person meeting
 By telephone
 By email
 By letter
 By text
 Another way

9) Overall, how long after first contact were the person(s) transitioned to your agency? . Months

10) Did your agency have contact with St.Amant staff prior to the person(s) moving to one of your homes?
 Yes No Not Sure

10.1) If 'Yes,' with which St.Amant staff did you have contact? (***Please fill in ALL that apply.***)

- St.Amant Clinician(s)
 St.Amant Nurse(s)
 St.Amant Social Worker
 St.Amant Dietician
 St.Amant Health & Transition Services Direct Support Staff
 Other St.Amant staff
 Not sure

10.2) On average, about how many transition planning meetings did you have with St.Amant staff regarding each person who moved from St.Amant to one of your homes? (***If NONE please enter '0'***)



10.3) How would you evaluate the amount of time you had with each of these St.Amant staff?	Far Too Much	Somewhat Too Much	Just Right	Somewhat Too Little	Far Too Little	Not Sure
Clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health & Transition Services Direct Support Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.4) Did you meet with the person(s) moving to one of your homes prior to that move? Yes No Not Sure

10.5) If 'Yes' to Question 10.4, where did this/these **first meetings** take place?

At St.Amant At our home Both (if there were multiple meetings)

10.6) Did the person(s) have the opportunity to visit your home prior to the final move? Yes No Not Sure

10.7) If 'Yes' to Question 10.6, on average how many visits were there prior to this move?

10.8) Did the person(s) have the opportunity to meet the new staff prior to the move? Yes No Not Sure

10.9) Did the person(s) have the opportunity to meet the other residents prior to the move?

Yes No Not Sure

10.10) Did the person(s) have the opportunity to sleep over prior to the move? Yes No Not Sure

10.11) If 'Yes' to Question 10.10, on average how many sleep overs were there prior to this move?

10.12) Did you receive enough information about this person regarding the following factors: (If a factor was not needed please indicate this.)	Very Much	Some-what	Not Very Much	Not At All	Not Needed
Their dietary requirements or preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication they take and possible drug effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their behavioural or developmental issues or needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their physical health issues or needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their mental health issues or needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their sexual health issues or needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their safety or security issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their immunization histories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their social support network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members or friends who will be involved in their lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their interests, hobbies (etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.13) What additional information would you like to have received about this person?

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11) Did you have any concerns about St.Amant's community transition process? Yes No Not Sure

11.1) If 'Yes,' please briefly describe the nature of your concerns.

Empty text box with dashed lines for describing concerns.

11.2) Did you share these concerns with St.Amant? Yes No Not Sure

11.3) If 'Yes,' do you feel that your concerns were:	Very Much	Some-what	Not Very Much	Not At All	Not Sure
i) Clearly understood by St.Amant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii) Adequately addressed by St.Amant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii) Addressed by St.Amant in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12) Did you or your staff receive **training** from St.Amant to help you meet the needs of the person moving to your residence? Yes No Not Sure

12.1) If 'Yes' what topics were covered?

- Individualized health and support needs
- Medication administration
- Seizure protocol training
- Diet texture training
- G-tube training
- Lifts and transfers
- Other topic

Empty text box for 'Other topic'.

12.2) What other topics would have been helpful?

Empty text box with dashed lines for other helpful topics.

13) Did you or your staff receive any **resources** from St.Amant to help you meet the needs of the person moving to your residence? Yes No Not Sure

13.1) If 'Yes' please list the resources that were provided:

Empty text box with dashed lines for listing resources.

14) Has your agency had any unsuccessful community transitions after which the person left your residence? Yes No Not Sure (If 'No' or 'Not Sure' please go to Question 15)

14.1) Did the person return to St.Amant? Yes No Not Sure

14.2) How many residents from St.Amant returned to it?

14.3) What led to the person(s) leaving your residence? (Please fill in ALL that apply.)

- We could not ensure safety/security of the person
- We could not ensure safety/security of other residents
- We could not provide required health supports for the person
- We could not manage the person's dietary requirements
- We could not manage the person's behaviour
- We could not manage other risk factors
- Other reason
- Conflicts with other residents
- Family/SDM wanted person to return
- Person's preference to return
- Person was hospitalized
- Person is deceased

Empty text box for 'Other reason'.



14.2) About how many unsuccessful community transitions has your agency experienced?
(If NONE please enter '0')

14.3) Overall do you feel that St.Amant was responsive to your concerns?
 Very Much Somewhat Not Very Much Not At All Not Sure Not Applicable

14.4) What changes can you think of that might have helped to avoid this unsuccessful community transition?

15) What are the primary communication tools used by St.Amant to share information about the Community Transition Process? *(Please fill in ALL that apply.)*

- Standard mail Facebook Twitter In-person meetings Town hall sessions
 Email Blogs Newsletters Through agency fairs Other

16) Evaluate the process St.Amant uses to communicate with community agency representatives about the people moving to their residences.	Very Much	Some-what	Not Very Much	Not At All	Not Sure
Was the information provided in a clear manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the Information provided in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were attempts made to address any questions or concerns?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*(*If there were no questions or concerns please leave the response blank.)*

17) St.Amant develops **individualized transition plans** for people moving to the community. To what extent was your agency involved in developing these plans for the person(s) moving to your home?
 Very Much Somewhat Not Very Much Not At All Not Sure

17.1) Who else was involved in developing these transition plans? *(Please fill in ALL that apply.)*
 The person St.Amant Clinician(s)/Nurse(s) Family member(s) St.Amant Dietician
 St.Amant Social Worker St.Amant Direct Support Staff Not sure
 Other(s)

18) Overall, in your opinion, how successful has St.Amant been in implementing community transitions?
 Very Successful Somewhat Successful Not Very Successful Not Successful At All Not Sure

19) How likely are you to consider additional St.Amant residents moving to one of your homes in the future?
 Very Likely Somewhat Likely Not Very Likely Not Likely At All Not Sure

20) How likely are you to recommend that other residential agencies consider having St.Amant residents move to their homes?
 Very Likely Somewhat Likely Not Very Likely Not Likely At All Not Sure

21) How likely are you to recommend that St.Amant continue to offer community living options to the people they support?
 Very Likely Somewhat Likely Not Very Likely Not Likely At All Not Sure



22) What changes would you make to the Community Transition Process, if you could?

23) Final Thoughts:

Please provide your *final thoughts* regarding any components of St.Amant's Community Transition Process.

Thank you for taking the time to complete this survey!

