



Haldimand-Norfolk
REACH

supporting children, families, communities

Continuous Quality Improvement Report

For The Year 2020

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SECTION 1:

OVERVIEW

The 2020 COVID-19 Pandemic:

In January 2020, the world began to experience what was to become a world-wide coronavirus pandemic. In Ontario, a Declaration of Emergency was issued by the government in March 2020 and has since been followed by a number of social, workplace, commercial and individual restrictions in an effort to control the spread of the virus. For Haldimand-Norfolk REACH, this resulted in an immediate and abrupt stop to the normal course of delivering services and executing administrative and governance operations.

By government mandate, our EarlyON Child and Family Centres and licenced childcare programs were immediately closed while our other services were required to immediately implement practices to address the containment and safety efforts related to COVID-19. For most of our services, an immediate switch to remote work and virtual services were initiated and our Bramble program (for both children and adults) was temporarily closed. Once these immediate mandated and safety requirements were attended to, our unit teams set out to work on developing new plans to support our children, youth and families during the pandemic experience. Since that time, the agency has adjusted operational and governance plans to stay in lockstep with the course of the COVID-19 pandemic and remain in compliance with the various public health restrictions that have been routinely issued by local, provincial and federal health authorities and other regulators.

The COVID-19 pandemic also resulted in most of our employees working from their homes for most of year. In-person and in-office services were delivered during periods of the pandemic where this activity was deemed necessary and permitted by the applicable restrictions at a given point in time. Our residential, childcare and autism services were general exceptions due to the nature of the work in these respective areas.

The COVID-19 experience placed H-N REACH and its employees in the unique position of supporting children, youth and families through a particularly challenging pandemic while simultaneously being subjected to the very same challenging conditions. The 2020 Continuous Quality Improvement (CQI) plan and related directions were adjusted to respond to the unique and unprecedented circumstances faced by H-N REACH over the past year.

Continuous Quality Improvement:

The Continuous Quality Improvement process, policy and reporting for the agency consists of Unit Reports that are completed for each service area of H-N REACH and an agency-wide report that focuses on overall measures of quality and areas of common direction across the organization. As a part of our annual planning cycle, a CQI Report is submitted to the Board of Directors in January of each year. For this particular review period, the report date was moved to the February Board meeting to accommodate some of the process delays resulting from the COVID-19 pandemic. The information and recommendations contained in the CQI Report are used for planning services and operations in the subsequent fiscal year.

Unit-based CQI reports are prepared by each manager and submitted to the Executive Director each January. Unit reports typically include measures of service participant satisfaction, service or personal outcomes, status of service participant records; staff input brought forward from unit planning days, unit professional learning priorities and progress in the implementation of program evaluation frameworks within a unit. The focus on outcomes and evaluation is consistent with the current Strategic Directions set by the Board of Directors. Unit CQI planning also considers feedback collected from collaterals and community partners throughout the year that is specific to the particular services provided by that unit.

For the agency-wide Continuous Quality Improvement Report, community, board member and staff feedback is collected through a web-based survey with some consistency in the questions

to measure change over time. The community survey is used every other year rather than annually to protect against survey fatigue. A community survey was not completed this year.

For board and staff input, the 2020 survey asked respondents to answer a series of questions that are specifically connected to the agency Value Statements developed for all services. These value statements are posted throughout the agency and are on the organization's website. Although the questions are tailored for each responding group, they essentially ask the respondent to rate our practices, processes and services to the standards and ideals we outline in our value statements. Again for the 2020 report, only our newer staff members were asked to respond to this section of our survey as we have captured the feedback of our longer serving employees in previous reports.

For 2020, we again included a series of follow up questions for our staff and board respondents related to the quality-based indicators found in our Operational Plan, Change Work Recommendations and the Strategic Plan released in June 2016. These questions are included to assist us in measuring our progress in targeted areas and updating data on specific variables we wish to track over time.

This report provides a high-level summary of the Unit Continuous Quality Improvement Reports as well as specific feedback collected from, board members, community partners and staff. More specific service participant and program-based data is found in the Unit CQI Reports that are available to Board members on request.

Section 5 of this report summarizes the review of the risk management activities/outcomes from 2020 and identifies patterns or areas of concern requiring attention from the organization.

Section 6 of this report outlines progress on goals developed for 2020 and Section 7 identifies the actions, plans and recommendations for 2021.

H-N REACH recognizes that 'Quality Improvement' is a continuous and dynamic process rather than a practice that is implemented at the end of each year. While the summary of these activities is presented in an annual report, it is understood that the delivery of quality services and supports requires ongoing attention, frequent evaluation and regular reviews throughout the year. The Continuous Quality Improvement Plan is designed to mesh with the agency Planning Cycle, service contracting and the Strategic Plan that was released in 2016. Collectively, these coordinated activities serve to ensure that services are responsive to community needs and that feedback collected from service participants and community partners is considered in the agency planning process.

At the time of this writing, the province seems to be exiting the second wave of the COVID-19 pandemic and restrictions are just now being again relaxed. While reviewing this report, the reader is encouraged to reflect upon the significance of the COVID-19 pandemic and its impact on our service participants, volunteers and employees. In general terms, virtual services have been an adequate replacement for many families however this has not worked well for some of our service participants due to technology challenges, comfort level with virtual services or the nature of their specific needs and related interventions. For our employees, they have been required to work within mandated restrictions; providing services in less-than-ideal conditions while managing their own personal and family obligations.

H-N REACH is an agency that values reflection and evaluation. While we have been operating in emergency management mode, our periods of reflection have been atypically situational and issue specific due the pressing demands on our time and attention as we managed the many details that surfaced on a daily basis. At some point in the future, the agency will schedule sufficient time to conduct a more comprehensive review of our COVID-19 journey and experience. When we do so, we will make a point of identifying and keeping some of the creative and effective practices that we have developed in the past year. In particular, we have already learned that some of our virtual service delivery methods have actually improved access to our services by eliminating some of the barriers that our children, youth and families have

encountered in the past. We also learned that our switch to virtual work has reduced some of our reliance on paper records and the labour intensive practices associated with it. These are but a few of the many things that we will learn from this experience if we take the time to reflect and remain open to new possibilities. There are some good lessons to be learned from COVID-19, and a truly reflective organization is well-advised to use this remarkable experience to plan a new strategic course for the future.

SECTION 2: SUMMARY OF DIVISION QUALITY IMPROVEMENT REPORTS

In this section of the report, the reader will find summary data related to service participant outcomes, satisfaction, administration and service targets for each unit of the agency. The reader will find an organizational chart in [Appendix 1](#) to reference which programs are connected to each unit of the agency.

CONTACT HALDIMAND-NORFOLK

Environmental Scan

- As a result of the COVID-19 Pandemic, service delivery has been modified to align with the provincial and agency guidelines. Service delivery has fluctuated between virtual service and a modified version of in-person service. In response to this shift, several new practices were developed, and a new perspective of support is emerging.
- On a Regional level, the four Contact organizations; Brant, Hamilton, Niagara, and Haldimand-Norfolk, have been meeting with the purpose of ensuring consistent practices with EMHware and the implementation of the Business Intelligence (BI) Solutions for Child and Youth Mental Health (CYMH) Lead Agencies. H-N REACH began the practice of submitting BI information to the MCCSS in the spring of 2020.
- Information recently reported from the Ontario Autism Program Advisory Panel demonstrates that there is a high prevalence of mental health issues amongst those individuals diagnosed with Autism. It is anticipated that more families will be seeking information about services.

Summary of Unit Program Evaluation

The logic models for all Contact Unit programs have been completed. We are in process of developing Evaluation Frameworks based on the logic models.

Program Satisfaction tools have been implemented for all of the programs within the Contact unit.

Referral Sources Feedback

- Over the past year the number of referrals received by Contact H-N for mental health services has decreased by 25%.
- A review of referral source data indicates that there was a marked increase in referrals received from the Children's Aid Society (44%), and Hospitals (9.6%).
- Specific areas of referral source decreases include Early Intervention (100%), Self/Family/Friend (50%), Family Physicians/Doctors (8%).

Program Outcomes and Outputs

Over the past year, the Contact Unit has processed 975 calls, down from 1,294 the previous year. It is speculated that this 24% decrease in calls is a result of the COVID-19 pandemic.

Mental health inquiries accounted for 689 of the total number of calls; approximately 50 of these have identified the need for mental health support directly related to the COVID-19 pandemic.

Over the past year, the dedicated Coordinated Services Planning (CSP) Program supported 45 child/youth and their families which is a decrease from 58 the previous year.

As a result of the COVID-19 pandemic, the CSP workers have shifted their work to virtual services whenever possible. Workers have been able to successfully connect with families in a constructive and supportive way and coordinate case conferences involving several community/service partners, with an overall increased attendance rate for participation.

Over the past year the Fetal Alcohol Spectrum Disorder (FASD) program has supported 35 children/youth and their families which is an increase from 33 the previous year.

The FASD worker participated in twelve separate virtual speaking engagements sharing information about FASD to 127 school personal, community groups and respite support services.

Throughout this year, the FASD Parent Support Group continued to meet virtually, monthly, and has a consistent membership of nine families.

Service Participant Satisfaction

The feedback received for Intake Access has been monitored for several years and has been demonstrating a positive trend toward more responses. This is likely due to the shift from hard copy to an electronic response option. Feedback from satisfaction surveys sent out to families after they have completed the intake process continues to be positive.

Feedback regarding the dedicated CSP and the FASD programs was minimal during this past year because of COVID-19. The change to an on-line "Taking the Pulse" evaluation tool is anticipated to increase our ability to track this data more effectively.

Unit Training Plan

Over the past year, Contact Unit members completed training related to FASD and Neurodevelopmental Disorder, Sex Trafficking, FASD and Mental Health, Infant and Early Childhood Mental Health, and Bridging Service Gaps for Neuro Diverse Children with Mental Health Issues

Workers from the CSP and FASD programs completed bi-annual First Aid/CPR Training.

The FASD worker participated in the annual FASD Knowledge Exchange conference held in Ottawa.

Training goals for the next fiscal year include:

- Further development of Solution-Focused Training strategies.
- ASSIST Training.
- Increase our understanding of the diverse populations of the individuals we support including LGBTQ2S+, Indigenous, and those that are diagnosed with concurrent disorders.

Summary of Actions

- H-N REACH will provide a safe, healthy, and supportive work environment. The Contact Unit successfully adapted to the requirements outlined in the agency COVID-19 Staff Guidance Document to ensure the safety of staff and service participants. The team implemented new ways to stay connected and support each other while working virtually. These practices supported team cohesiveness and knowledge exchange.
- H-N REACH will improve service participant outcomes by providing meaningful, evidence-informed engagement practices as an integral component of agency planning and service

delivery. The Contact Unit will increase understanding of effective engagement practices by working through the 'Guide to Effective Engagement Practices' booklet in 2021.

- H-N REACH will continue to improve the quality of our programs and services using evidence-informed practices and ensuring that our services are subject to ongoing evaluation.

Contact H-N reviews evaluation feedback on a quarterly basis and is working toward the development of an evaluation framework.

The Contact Unit has made significant gains in the implementation of a paperless system that begins with our first point of contact and extends throughout the provision of service delivery.

We continue to look at ways of utilizing EMHware to create greater efficiencies for intake as well as program evaluation.

Unit Goals for 2021

- The Contact Unit will continue to improve efficiency of client satisfaction surveys by utilizing Survey Monkey for the CSP and FASD "Taking the Pulse" by the end of March 2021.
- The Contact Unit will complete the development of an evaluation framework for all Contact programs.
- The CSP and FASD will implement regularly scheduled Peer Review opportunities to assist with collaborative thinking, knowledge exchange and to lessen feelings of isolation.
- Intake Access workers will complete the transition toward a paperless system by developing templates designed for EMHware System Data by June 2021.

EARLY CHILDHOOD SERVICES

EARLY LEARNING AND CARE

The Early Learning and Care Unit includes EarlyON Child and Family Centres (EarlyON) and Licensed Child Care Programs (McKinnon Park Child Care Centre, St. Joseph School Age Program, Notre Dame School Age Program, St. Bernard of Clairvaux School Age Program, and Ready, Set, School Program).

Environmental Scan

- The Child Care and Early Years Act, 2014 came into effect on August 31, 2015. This past summer the government launched a review of the Act and is proposing a number of regulatory changes in the following areas: Flexibility and responsiveness; Qualification requirements; Administrative/regulatory burden; Health and safety; Regulations requiring clarification of intent; and Technical matters. The proposed regulatory amendments are anticipated to come into effect sometime in 2021.
- In March 2020, the Province of Ontario ordered the temporary closure of all schools, school age programs and child care centres. Building on *How Does Learning Happen?* a resource was released in July 2020 to support re-opening early year's programs, including child care, before and after school and EarlyON programs across the province.
- Professional Learning for educators is provided locally by Affiliated Services for Children and Youth (ASCY) providing virtual support, professional learning and resources as well as curbside pickup.
- Continued participation in community of practice via Southwestern Public Health to support our knowledge and work at our Houghton EarlyON Child and Family Centre.

Summary of Unit Program Evaluation

Program evaluation and continuous quality improvement is supported using the following ongoing tools: surveys, suggestion boxes, advisory/focus groups, verbal feedback and staff reflection to engage, gather and measure quality and improvement. Social Media surveys and polls provided instant feedback about our virtual programming; we used that insight to quickly adapt our program times and content. Regular team meetings connect staff and gain insight on each program strengths and challenges, support growth and learning while working through work plan and goal completion. Planned next steps for program evaluation include updating the EarlyON and Licensed Child Care logic models and continuing to build the evaluation framework. In 2021, survey style and timing will be reviewed in attempt to increase response rate.

Program Outcomes and Outputs

Data used is for the period November 1, 2019 to October 31, 2020.

The EarlyON program registered 728 adults who visited in-person programs 4478 times and virtual programs 96 times. Comparatively 1034 children were registered and visited in-person programs 6044 times and virtual programs 134 times. On average, that is 6 visits per child. 546 referrals were made connecting children and families to a variety of services and supports with licensed child care, the Early Years Check In, Speech and Language, and parenting supports such as understanding childhood behaviour and development as the top four referrals provided. There were 335 linkages which demonstrate the collaboration invested in strengthening partnerships, coordinating access and ensuring our integration locally as part of the early learning and care system. In our licensed child care programs 2020 saw a 25% decrease in operating capacity over the course of the year clearly demonstrating the impact of COVID-19 on these programs. As of March 13, 2020, there was an overall operating capacity of 90% and 176 service participants served. As of October 31, 2020, there was an overall operating capacity of 65% and 111 participants served.

As of March 31, 2020			As of October 31, 2020		
Program	# of children registered	# of spaces filled	Program	# of children registered	# of spaces filled
MPCCC	48	37/37	MPCCC	31	25.6/37
RSS	22	15/16	RSS	9	5/16
Notre Dame	43	28/30	Notre Dame	36	29/30
St. Joe's	32	21/30	St. Joe's	15	13/30
St. Bernard's	31	27/30	St. Bernard's	20	20/30

Service Participant Satisfaction

In October 50 EarlyON participants completed a programming survey which is 80% of service participants that are participating in programs at this time. Ninety-six per cent of survey respondents feel welcomed at H-N REACH EarlyON locations and programs and 92% feel they get valuable advice about child development. Ninety-one per cent indicate programs and activities are provided in a way that makes it easy to participate and that they have become more aware of the services and resources available in the community. In October MPCCC, RSS and the 3 School Aged programs had 50 respondents to the licensed child care survey. Ninety-five per cent of the respondents feel they receive enough communication and are connected to their child's experiences and learning through the day. This is a 17% increase from last year which can be attributed to the attention and commitment from the educators to communicate daily with each child's family through phone or email documentation. Ninety-five per cent of families indicate they feel a sense of belonging at our programs which is a slight decrease from last year although comments contribute any lack of belonging to not being able to enter the building and children's play space due to the COVID-19 Pandemic. In addition, participant feedback indicated great satisfaction in approaching the educators/program team

with concerns or questions and that their children have opportunities to engage in active, creative, and meaningful exploration and inquiry while attending our programs.

Unit Training Plan

In 2020 Early Learning and Care employees participated in a variety of professional learning opportunities, including:

Emotional Literacy in Childhood, Facilitated Leadership & Family Engagement, Inclusive Classrooms, Diversity in Child Care, Risk Play, Brain Story Certification, Infant Mental Health Promotion Foundations, Food Handler Certification, as well as In-service presentations on Pedagogical Documentation, Behaviour Guidance, and Autism Services. 2021 goals for learning include F-Words in Childhood Disability, Trauma Informed Practices, Self-Regulation as well as participation in EarlyON Community of Practice.

Summary of Actions

- In 2020 we strengthened the team and employee support with bi-weekly meetings focusing on coaching, mentorship, consistent communication, feedback and supervision. We continued to practice solution-focused coaching and significantly increased participation in professional learning activities.
- In 2020 we worked at further development of our logic models and evaluation frameworks for all programs to support our team and work plans.
- In 2020 we participated in professional learning to increase and strengthen unit capacity.
- In 2020 we successfully filled all our committee positions which have helped to maintain a culture of engagement through participation.

Unit Goals for 2021

Strengthening organizational health

- ELCU will strengthen unit connections and a supportive work environment by November 2021 through cross networking. We will provide 3 evening networking sessions within the unit to learn and share our work and available resources.

Strengthening engagement with service participants

- ELCU will improve engagement practices by using the Guide to Effective Engagement as part of supervision, completing the guide by December 2021 with every permanent employee.

Positioning the organization in a culture of evaluation

- ELCU will carry forward the goal to further develop logic models in all programs by March 31, 2021 by establishing a working group in order to support the development of evaluation frameworks by November 2020. Further development of these tools will support our team and work plans by clearly defining inputs, activities, outputs and outcomes.

EARLY CHILDHOOD INTERVENTION PROGRAMS

The Early Childhood Intervention Programs (ECIP) includes the Community Action Program for Children (CAPC)- Healthy Moms Eating Well for 2 (HMEWf2), Young Parents Program (YPP), Parenting Programs, Roots of Empathy (RoE), School's Cool (SC) and Infant and Child Development Service (ICDS).

Environmental Scan

When the province of Ontario declared a state of emergency towards the end of March 2020, in response to COVID-19, ECIP moved to providing virtual services. The home visiting programs

including Infant and Child Development Service, Healthy Moms Eating Well for 2 and Young Parents programs adapted procedures for working from home by providing telephone and video conferencing visits with service participants. Parenting group and Roots of Empathy programs within schools were discontinued in the spring. An in-person Positive Discipline in Everyday Parenting group was facilitated in the fall. A virtual parent-child School's Cool program was offered in place of the in-person program.

The ECIP manager participated in Public Health Agency of Canada South West Zone and Infant and Child Development Program meetings throughout the spring and fall. These meetings provided an opportunity to review challenges and opportunities that programs were faced with during the provincial restrictions implemented due to COVID-19, in addition to benefiting from learning about approaches used by other programs across the province.

The Ministry of Children, Community and Social Services completed work on the development of a performance measurement framework to identify opportunities to improve program reporting. In the 2019-20 Transfer Payment Budget package, the data service elements were reduced to better align with the new Program Guidelines.

Dr. Ben Klein, Developmental Pediatrician at McMaster Children's Hospital and Lansdowne Children's Centre, offered to collaborate with H-N REACH to provide consultations with employees and service participants. This has provided opportunities for employees and service participants to have direct referral and contact with Dr. Klein, with the goal of streamlining service.

Summary of Unit Program Evaluation

- CAPC and ICDS program satisfaction questionnaires; Program satisfaction questionnaires at exit for HMEWf2, YPP and ICDS; Measure of Processes of Care for Coordinated Service Planning; Data Service Elements for ICDS and Coordinated Service; Public Health Agency of Canada Reporting Tool and Children's Performance Management Tool, Ministry of Children, Community and Social Service Narrative Report and both open and closed file audits.
- Outcome Evaluation tools were developed for HMEWf2, YPP and ICDS.
- An ECIP Evaluation Plan was developed.

Referral Sources Feedback

The number of referrals to ECIP has remained consistent over the past two years, with 102 in 2019 and 106 in 2020. Data on Referral Sources highlights that there were a variety of referral sources to ECIP programs over the past two years, with the greatest number from 'Self, Family, Friend'. In addition, the number of views on the Community Information Database continues to provide useful information regarding the community's interest in both CAPC and ICDS programs. There was a decrease in the overall number of views in 2020 from the previous year.

Program Outcomes and Outputs

ECIP is on target with addressing program outcomes:

- HMEWf2 had 34 participants representing a drop in the total number of participants from the previous year.
- YPP had 18 participants representing no shift from the previous year.
- There was a decrease in parenting programs facilitated and participant enrollment due to restrictions implemented due to COVID-19. In 2020, there were 2 parent programs with 26 participants versus 8 parent programs and 158 participants in the previous year.
- RoE also had a decrease in participant numbers from 183 in 2019 to 80 in 2020. The fall programs did not resume due to the restrictions implemented due to COVID-19.

- Due to the restrictions implemented due to COVID-19, the in-person School's Cool programs were not offered. A virtual parent-child interactive program was offered with 18 participants.
- ICDS had no shift from 2019 with 117 participants to 116 in 2020.

Due to the restrictions implemented due to COVID-19, an in-person School's Cool program was not facilitated, thus, Technicalities Plus did not complete a report analyzing the outcomes of the program. In addition, for Positive Discipline in Everyday Parenting, the University of Manitoba did not complete a Parent Program Evaluation Summary.

Service Participant Satisfaction

64 program satisfaction questionnaires were completed. Participant feedback indicated greatest satisfaction with quality of service received, services meeting needs, satisfaction with help received, and engagement with opportunities to set goals, to ask questions and have input into the process. Analysis of satisfaction with ECIP programs over the past four years has remained consistent at a high level of satisfaction. Each program has identified 'Plans for Improvement' from feedback received. A goal moving forward will be to provide individual program feedback reports to participants.

Unit Training Plan

ECIP completed training in Solution-Focused Coaching; Building Strong Families; Routines Based Model webinars; Infant Mental Health Webinars and Zones of Regulation. The 2021 training plan includes Non -Violent Crisis Intervention-recertification and F Words in Childhood Disability.

Summary of Actions

- Employees were invited to participate in lunch and learn sessions from January to March and participated in solution-focused activities during unit meetings.
- Two peer to peer sessions were held prior to COVID-19 lockdown. Peer to peer support was then offered through weekly check-ins.
- Feedback was received from participants on the Outcome Evaluation tools developed.
- Program satisfaction questionnaires were sent through survey monkey and hard copy to all program participants in September 2020. Response rate of 50% was met by all programs with the exception of ICDS programs.
- Outcome Evaluation measures were developed for all programs. An ECIP Evaluation Plan was also developed.
- An Evaluation policy was developed and reviewed with ECIP in December 2020.
- CAPC translated program satisfaction questionnaires into Low German.
- CAPC created an Instagram account in order to increase awareness of the HMEWf2 program.
- ICDS completed a review of the Ministry Infant and Child Development Program Guidelines.
- ICDS created Routines Based Model working documents including Routines Based Interview and Goal Setting and Next Steps Form.
- ICDS facilitated two Developmental Check-in clinics prior to the implementation of COVID-19 restrictions.
- ICDS updated statistical forms to align with the Ministry's updated measurement goals.

Unit Goals for 2021

ECIP Program Goals were developed through a collaborative process at the November 2020 unit planning day. Individual program goals and workplans were also developed in collaboration with individual programs.

- All ECIP employees will have an opportunity to participate in professional learning, including F Words in Childhood Disability and Non-Violent Crisis Intervention training in 2021, in order to increase skills to support work.
- ECIP will increase understanding of effective engagement practices by working through the 'Guide to Effective Engagement Practices' booklet.
- ECIP will ensure service participant engagement by striving for a minimum of 50% return rate of program satisfaction questionnaires.
- ECIP will begin to use Outcome Measures Evaluation tools in January 2021, in order to measure short, medium and long term program outcomes.
- ECIP will update all individual program Logic Models by June 2021 in order to reflect program changes.
- CAPC will explore potential partnership with Haldimand-Norfolk Health Unit to deliver the pre-requisite component of the pre-natal class by April 2021, in order to increase access to pre-natal information and instruction for young pregnant women. If partnership moves forward, employees will review on line component of pre-natal class by June 2021 and begin using this with service participants thereafter.
- ICDS will begin to implement the Routines Based Model working documents including Routines Based Interview, Goal Setting and Next Steps in January 2021, in order to support Routines Based Intervention.

FAMILY EARLY INTERVENTION PROGRAM

Environmental Scan

On March 13, 2020, in response to the COVID-19 pandemic, FEIP began gathering information through a multi-system environmental scan, both internally and externally. Key informants included: operational guidance provided by the province, Ministry of Education, local Public Health Agency, Consolidated Municipal Service Manager (CMSM), and H-N REACH COVID-19 Transition Team. The Ontario Network of Special Needs Resourcing Programs (ONSNRP), the Early Childhood Resource Network of Ontario (ECRTNO) and the local Early Learning and Care Network (ELCN) provided evidence and experiences to aid in goal-planning, decision-making and strategic development.

In July 2020 with the re-opening of child care, the Ministry recognized that children with special needs and their families continued to need supports/services and were prioritized for access to child care spaces. FEIP scanned evidence-informed practices from other jurisdictions and research to guide the program's direction, giving special consideration to families' individual needs (e.g., social-emotional, cultural, technology). To identify opportunities/threats that impact service delivery, a SWOT analysis was completed and trends in the Special Needs Resourcing (SNR) sector identified. This information was used to strategically plan and operationalize goals.

Opportunities included new child care programs opening in 2021 in Hagersville, Cayuga, and Waterford; EMH ware efficiencies (e.g. reports, stats); virtual access to Zoom and Microsoft Teams; increased communication modes with families/programs (e.g. newsletter, resource emails); Solution-Focused Coaching strategies; decreased travel and related time and financial savings; introduction of screening appointments using disposable screen kits; virtual networking opportunities (e.g. unit, staff, leadership), and increased attention to self-care and well-being.

Threats identified included: continual shifts in SNR during pandemic; reduced staff availability due to family COVID-19 pressures; inability to work at home for Classroom Facilitators due to nature of direct work; reduced staff and program participants from quarantines/self-isolation; retention of enhanced staff; fear of unknown; increased staff insecurities, worries and pandemic-exhaustion; self-isolation working at home; decreased referrals; decreased screening clinics; temporary child care closures, lower reopening capacities and lower enrollment; decreased groupings in child care (e.g. toddlers/infants); reduction in caseloads; decreased in-person contacts; increased use of invoicing model for enhanced staff; and increased demands for higher staff skills to deal with extreme behaviors.

Summary of Unit Program Evaluation

The CQI process included the following surveys: program satisfaction with service participants, licensed child care programs, enhanced staffing, and screening clinic participants. SNR stats and EMH-ware reports were reviewed to highlight trends. File audits both open/closed and a review of FEIP policies/procedures provided evaluation data. The logic model and outcome evaluation framework served as planning tools. A six-month 'check in' survey was deferred to 2021 during COVID-19. The evaluation process is fluid and reviewed annually for improvement.

Referral Sources Feedback

One hundred percent of Licensed Child Care/Before and After-School Programs completed a satisfaction-with-service survey. Feedback focused on similar themes as last year with support the primary theme, followed by communication, staff values, resources and service provision.

Program Outcomes and Outputs

A review of the total number of special needs children for the FEIP indicated 110 participants were served. Notable outcomes include: eight screening clinics with 116 children screened; increased use of EMH ware reports (e.g., discharge); increased use of solution-focused coaching strategies; and increased use of technology to communicate with families/licensed programs. FEIP reported monthly SNR data to Norfolk County for the following outputs: # of child-care programs supported; # of children served; # of new referrals, # assessments, # ISPs completed; # visits to centers/programs/before after school, recreation programs, licensed camps; # of approved CF hours, # of hours of CF support provided, and # of hours invoiced. Data from the Community Data Base Program Record for number of FEIP views was analysed.

Service Participant Satisfaction

Twenty-nine percent of families completed satisfaction-with-service questionnaires. Feedback showed that the families valued: communication, resources, support, and service provision (e.g. goal planning, assessments, observations). Areas for improvement included: communication, increased planned visits, cultural diversity, and online resources. There were ten responses to the closure survey and 80% of respondents 'very much agreed' that they were satisfied with service, 10% agreed and one did not answer the question. Key areas appreciated included: behavior support, transition to school, resources, and help throughout the COVID shutdown.

Unit Training Plan

FEIP partook in the following: Non-Violent Crisis Intervention, First-Aid/CPR, Routines-Based Model, Solution-Focused practice, EMHware, Tools for Life, and COVID/PPE training. In 2021 focus will be on virtual learning with attention to self-care strategies to navigate during COVID-19.

Summary of Actions

- Maintained a culture of engagement via virtual platforms (e.g. Zoom, Microsoft Teams).
- Strengthened relationships through regular Zoom huddles/meetings and staff check-ins.
- Increased use of online EMH ware reports to increase efficiencies.

- Utilized Solution-focused coaching strategies and integrated into practices.
- Increased direct-service level of consultative support to programs, prior to COVID-19.
- Engaged families via eight screening clinics (116 children at five child care programs).
- Completed Tools for Life training with ASCY. Training for CFs deferred due to COVID-19.
- Shared updates/strategies with programs/families face-to face and via virtual means.
- Increased family connections via technology (e.g. Zoom, Newsletter, Resource emails)
- Developed Family Service Plan to replace ISP planning worksheets with all families.
- Trained Supervisors in ECSIT. Implementation deferred till funder's review post-COVID-19.
- Developed enhanced staffing orientation process with the licensed child care programs.
- Analyzed SNR monthly data to measure outputs/outcomes and determine new targets.

FEIP Unit Goals 2021

SMART goals from 2020 that were not achievable due to COVID-19 barriers will be carried forward. External factors may continue to impact the ability to accomplish goals; however, FEIP will pivot and change as needed, while not losing sight of key program objectives. Staff well-being and safety will be the over-arching goal. The team will move forward with unit goals better equipped with COVID-19 lessons learned, pandemic knowledge, and past experiences to build upon.

Strengthening organizational health

- FEIP will deliver Tools for Life training to the Classroom Facilitators in collaboration with ASCY by October 2021 to build capacity to support emotional/behavioral challenges.
- FEIP will increase use of online EMH ware reports by September 2021 to increase efficiencies.
- FEIP will utilize Solution-Focused Coaching strategies in 2021 in order to contribute to a safe, healthy and supportive work environment; promote positive and constructive conversations; and support respectful, strength-based peer-to-peer interactions.
- FEIP will develop wellness initiatives and self-care strategies to support staff psychosocial needs and the well-being of the team during the pandemic.

Strengthening engagement with service participants

- FEIP will share consultation notes and/or post card notes from licensed child care/before-and after-school visits with center staff/and families by October 31, 2021, in order to build communication pathways and stronger relationships (virtually or in-person).
- FEIP will develop virtual strategies to increase family connections in 2021 in order to address the gap created by the reduction of in-person consultations.
- FEIP will develop two surveys by October 31, 2021 in order to assess FEIP services (e.g. Check-In Survey at six months, Transition to School process survey).

Positioning the organization for growth

- FEIP will hold screening clinics in all licensed child care programs in the fall 2021, to increase identification/referral children with special needs and social-emotional needs.
- Resource Consultants will consistently meet the target of 50% time of direct support with centers/children by the third quarter of 2021, in order to increase direct service level.

- FEIP will implement use of the ECSIT tool with programs by October 31, 2021, in order to streamline the Classroom Facilitator application process (pending funder's approval).

Positioning the organization in a culture of evaluation

- FEIP will further develop the Logic Model by September 2021, in order to have an actionable and updated plan that outlines inputs, activities, outputs and clear outcomes.
- FEIP will build on the Evaluation Outcomes Framework by October 31st, 2021, in order to provide an outline that clarifies evaluation questions and tools to be used (e.g., develop new survey/methodology at closure).
- FEIP will analyze data collected from SNR reporting monthly to measure outputs and outcomes, in order to evaluate service and determine new targets.
- FEIP will complete open-file audits on all new participants after six months of service beginning in July 2021, in order to evaluate initial FEIP service.

REGIONAL STUDENT NUTRITION PROGRAM

Environmental Scan

The provincial Student Nutrition Program (SNP) is intended to help provide school-aged children and youth with access to nutritious meals and/or snacks in schools and community locations.

This past year new community-based models of service delivery were initiated following the closure of schools due to the COVID-19 pandemic in mid-March.

During the months of July and August, the community partnerships across the Hamilton Niagara region continued with the initiatives that were started in April.

As schools restarted in September, volunteers with student nutrition programs were either not available or not allowed in schools due to COVID-19. This resulted in programs shifting to serving more costly prepackaged and single serve foods. And as the cost of food increased, we noted a 76% decline in local and parental fundraising as well as 95% decline in school fundraising.

As schools continue to provide in-person and virtual learning, the two program delivery models will continue; one for in-school students and a second for virtual learners.

Summary of Unit Program Evaluation

This past year program development was monitored through monthly reporting by all programs, school and community-based. This year due to the COVID-19 pandemic the annual spring web-based survey that is completed by school-based program volunteers and school personnel in the spring was not circulated. Informal feedback was gathered from the Hamilton Niagara region community development workers and program managers in each of the areas; the anecdotal feedback is based on their observations and data collected from student nutrition programs during the 2019-20 school year.

Program Outcomes and Outputs

In the 2019-20 school year, 4,751,147 meals were served which is a decrease by over 34% from the previous year. This decrease is due to a combination of the work-to-rule activities throughout the first two-thirds of the school year, subsequent strike days, and followed by full school closures in mid-March for the remainder of the 2019-20 school year as a result of provincial COVID-19 pandemic measures.

Over the period of April 1, 2020 until June 30, 2020, 22,983 children from 15,089 families accessed community-based student nutrition program initiatives.

During this period of July 1 to August 31, 18,186 children and youth and 12,945 families accessed the community-based student nutrition program initiatives.

Summary of Actions

Finalize regional logic model and develop evaluation framework for the program.

This work was delayed in 2020 and will be completed in 2021.

Review and update funding framework for regional food funding and local coordination.

Review and analysis of funding framework for food funding and local coordination was completed. Initial discussions were held with the management consortium in 2020 prior to the pandemic. Emergency management and the delivery of new community-based student nutrition programs delayed the final review of the local coordination funding model. Consensus was reached regarding the new regional food funding framework.

Update and implement framework for annual program and budget review with local student nutrition program service providers.

The focus on the development of new program delivery model due to COVID-19 pandemic delayed the update to the process. This will be completed in 2021.

Unit Goals for 2021

Finalize regional logic model and develop evaluation framework for the program.

Update the funding framework for the allocation of local coordination funding.

Update and implement framework for annual program and budget review with local student nutrition program service providers.

CHILD, FAMILY and ADULT INTERVENTION SERVICES

AUTISM AND BEHAVIOUR SERVICES

Environmental Scan

- In response to parent calls for a needs-based Ontario Autism Program for children and youth with ASD, the Ministry of Children, Community and Social Services (MCCSS) established an advisory panel, made up of professionals and parents. They presented their recommendations in November 2019. All recommendations were accepted by the MCCSS.
- The MCCSS committed to unveiling the new OAP by April 2021. They also switched from Childhood budgets to One Time Funding for everyone to get the families through this transition year. Most families have received this funding.
- Autism and Behaviour Services continued to offer behavioural interventions with a fee for service model throughout this transition period.
- The pandemic closure and virtual service delivery in the latter part of the year resulted in new creative strategies to provide information, consultations, and materials for families to use in their home. Family Nights continued virtually as did some social groups.
- The funding for Foundational Family Services, the first pillar of the new OAP, was secured in August 2020. H-N REACH continues to be the designated provider of these services in the Haldimand and Norfolk service area.
- Communicating with families and the community about the implementation of the first pillar, and the change from Fee for Service to funded Family Foundational Services became a priority in the fall of 2020.

Summary of Unit Program Evaluation

Two Logic Models are completed for the Behaviour Support Program and Autism Spectrum Disorder (ASD) Behaviour Program. The evaluation frameworks continue to be developed. A consistent satisfaction survey is used at the end of all services and can be accessed through Survey Monkey or in a hard copy. A Board-Certified Behaviour Analyst now supervises all Behavioural Intervention. She is piloting evaluation in the Behaviour Support Program and Focused ABA. The logic models and evaluation frameworks will be developed for the redesigned Ontario Autism Program (OAP) when more information is available.

Referral Sources Feedback

One hundred and seventy-five referrals were received for all ABS programs. Of these, 57% were secondary referrals from another H-N REACH program and 37% were self-referrals. One referral was from a school and two from the Diagnostic Hub. This indicates that most children continue to be involved with other H-N REACH programs before they get services from the Autism and Behavioural Services Unit. This year we had many more children with a self-referral. This could mean that efforts to communicate about H-N REACH and ASD services is reaching families whose children get a diagnosis of Autism Spectrum Disorder.

Program Outcomes and Outputs

There were 12 children in the Ontario Autism Program Legacy Services at the beginning of the year. The MCCSS extended treatment for existing children in service until they can transfer to Core Services under the new OAP. Nine of these children accepted the one time funding as they chose to terminate ongoing service this year. For the twelve children in Legacy Services, there were twenty-six goals. Fifty-eight percent or 15 goals were mastered. Of the goals that were not mastered all but 3 were greater than 50% achieved.

Thirty children received Fee for Service through Autism Services using their Childhood Budgets or one-time funding. Seven received Comprehensive Early Learning, seven received Focused ABA, and eight received Social Skills Training. Eight consultations were done as part of the Fee for Service Program.

Most services switched to virtual with the onset of COVID-19 on March 25, 2020. On August 7, 2020 the MCCSS announced the beginning of Foundational Family Services. This fully funded service provides supports to families and children. Fifty-one consultations were done after March 25, 2020.

Behaviour Support provided service to 33 individuals. The program gathers entry scaling data and compares this with program discharge scaling data. Program entry data was gathered however, the completion of discharge data was impacted due to the shift to virtual services. The data that was completed indicates improvement in all goals. Families reported the problem behaviour was improved; 50% said the behaviour was affecting the family less; and all families indicated that they had an increase in knowledge about Applied Behaviour Analysis. Parents also reported feeling more confident in their ability to help their child. Eighty five percent of goals were achieved.

The ASD Behaviour Program provided support to transition 8 individuals to high school. Seven of these eight children were successfully transitioned to their new school.

Service Participant Satisfaction

Of the families that completed a satisfaction survey after service, 100% responded that the information provided was helpful; that the clinician listened to their concerns; that they were going to try at least one idea provided; they were going to use the visuals provided and that they would use the service again. All responses indicated that they would recommend it to others. Some comments included: *"My child now has a chart in the bathroom. He follows the chart daily for proper hygiene and morning routine."* *"The service was exceptional. I didn't think that*

some of the results were even possible. I also really appreciated the explanations of how behaviour works.” “Super helpful amazing service!” “Very much appreciated!”

Unit Training Plan

The Autism and Behaviour Services Team was trained in the Picture Exchange Communication System (PECS) level 2. The entire team was also recertified in Non-Violent Crisis Intervention (NVCi) and First Aid. They all completed recording training and reviewed the Business Rules for EMHware. The team had an opportunity to participate in an on-line, 8-week program on Indigenous Cultural Competency training in April and May. In January 2021, the team will be taking a course on Difficult Conversations that was re-scheduled from last April. The plan for 2021 is Resiliency Training, Pivotal Response Training (PRT), Social ABCs, and ESI/SCERTS.

Summary of Actions

One of the ABS employees joined the Solution-Focused Coaching Team so that at the monthly team meeting, we could keep the principles in the forefront. A more formal structure for peer review was discussed and put on hold during the pandemic.

The ABS Unit made great strides in becoming paperless during 2020. There are no longer hard copies of files for open children.

The ABS OAP finalized administrative processes for client records pathways, and for financial forms pathways in January 2020. In September, with changes to the program this needed to be done again.

Autism Behaviour Services posted the Winter and Spring Service Guides on the Autism page of the website. It offered a range of services that families indicated they were interested in.

ABS continued the process of building evaluation frameworks. The Behaviour Support and Autism Services (Fee for service) revised outcome processes to collect clear pre and post data that reflects changes in caregivers' capacity and child/youth changes in behaviour.

Unit Goals for 2021

- Professional Learning: Communication, Resiliency Training, Pivotal Response Training, Social ABC's, ESI/SCERTS, Triple – P Parenting and PEERS.
- Have EMHware Training to better use the features including Consents and increase the accuracy of stats.
- Advance the capacity of Clinicians by developing a Peer Review Process.
- Develop a marketing strategy to provide consistent information to families about services.
- Re-develop the Autism and Behaviour Services web-site as part of the marketing of the new OAP.
- Find a virtual platform to communicate with families in intensive services.
- Arrange for a safe enclosed outdoor or indoor play area for the children attending services.
- Develop proposals with the regional partnership in response to the unfolding of the new Ontario Autism Program. Operationalize the new programs, if successful, and develop logic models and evaluation frameworks.

CHILD CLINICAL SERVICES

Environmental Scan

The Ontario College of Social Workers and Social Service Workers and the College of Registered Psychotherapists of Ontario provided some ongoing guidance to the sector

throughout the pandemic period. As a general rule, both colleges were recommending virtual services where possible and advisable.

Throughout this pandemic period, our Child Clinical Services modified the provision of core services ensuring safety for service participants and employees.

We continue to be guided by the Lead Agency Provincial Priorities Report (2019 and 2020) which recommended key areas for positive change. It was anticipated that a common standardized tool would be identified and implemented. This is anticipated to occur this coming year.

Provincially work continues to enhance the ability of Child and Youth Mental Health (CYMH) Core Services to meet the needs of children and youth with developmental disabilities and Autism Spectrum Disorder.

The Business Intelligence Solutions quarterly submission continues. We are focusing on ensuring that outcome, output and key performance indicators are captured accurately.

The government funded structured psychotherapy program is currently being rolled out within adult mental health services. It is expected that this will become available to the children's mental health sector in the future.

Summary of Unit Program Evaluation

Logic models have been developed for all current programs. Completion of the evaluation framework has been delayed due to COVID-19.

Our evaluation strategy includes service participant feedback as it relates to satisfaction with service, outcomes, noting changes and pre and post tools which are completed collaboratively.

Our evaluation return response rates have declined due to COVID-19.

As a result of COVID-19, we shifted to online and electronic completion of assessment, satisfaction and outcome tools. Our data this year is a split of pre and post COVID-19 time frames.

Referral Sources Feedback

Referrals for most of the Child and Youth Mental Health programs are accessed through Contact HN. Referrals from doctors increased 72%. For the direct access programs, self-referrals have increased by 31%. Referrals from other community services have increased by 35%.

There has been a decrease in views for the Child Clinical Services programs on the Community Information Database this past year.

Program Outcomes and Outputs

Program enrollment numbers have increased this year. The number of admissions to service has increased by 42%. Noting Changes Questionnaire remained the same as the previous year indicating responses of between "a little better" to "much better". Also remaining consistent were the results from the pre and post CAFAS which continued to show noted improvement at close of service. The SDQ showed minimal improvement in behavior and functioning from the Youth completed data, and a slight worsening in the behavior and functioning from the Parent perspective. It is thought that the impact of COVID-19 on families may be the reason for this.

The Child and Youth Crisis service responses indicate a notable decrease in awareness, coping and confidence scores since the shift to virtual service due to COVID-19.

As a result of COVID-19, the Walk-In and Discovery Clinics shifted to virtual services. Both sets of data indicate a high achievement of outcomes related to co-developed plans, hope and usefulness of session. Direct service hours provided by Child and Youth Mental Health Services showed an increase of 39 % over the previous year. While face to face hours decreased,

additional phone intervention and the introduction of virtual video sessions due to COVID-19 resulted in this increase. This year's trend showed that 10% more children youth and families in Norfolk than Haldimand accessed services. This is somewhat consistent with the population split for the two counties in our service area.

Service Participant Satisfaction

Levels of satisfaction has remained consistently high indicating service participants are “mostly” to “very satisfied” with services received through the Counselling Therapy, Partnership Therapy, Family Skill Building and In Home Intervention Programs. Service participants indicated they were mostly to very satisfied; that their problems lessened; the service was helpful; and they got what they came for.

Both the Walk-In and Discovery Clinic results indicate a high level of satisfaction for pre and post sessions as related to focus, intervention and engagement of participants.

The Child and Youth Crisis Service introduced additional questions measuring ‘Hopefulness’ and future use of the Child and Youth Crisis Service. Respondents indicated they felt a little more hopeful and all indicated they would use the Child and Youth Crisis Service again. Crisis Stabilization Case Management results could not be measured this year due to a very low return of responses.

Unit Training Plan

Due to COVID-19, scheduled training workshops for Brief and Narrative Therapy and Trauma were cancelled. We are beginning to plan the rescheduling of these by virtual presentations this coming year.

As a result of COVID-19, a number of virtual workshops and training opportunities have been completed. This shift in opportunity resulted from an increase in virtual training sessions that became available within the Child and Youth Mental Health sector. A unit virtual resource article sharing group was created meeting regularly. We will also focus on providing evidence informed training on Emotional Focused Family Therapy and evidence informed practices for mental health treatment of children and youth with Autism Spectrum Disorder.

Individual professional development needs continue to be identified through supervision and opportunities for Professional Development will continue to be available virtually until in-person training is once again available.

Summary of Actions

As a result of COVID-19, the focus on a safe, healthy, and supportive work environment became a priority during this year. Through increased communication, ensuring safety, and monitoring staff wellness, we were able to achieve this goal. We also recognize that this will remain a priority during the coming year.

The needs of Service Participants remained a top priority, resulting in shifting the service delivery for Child Clinical Services programs to virtual in order to maintain the continuity of services during the pandemic period. This is expected to continue this coming year. It is expected that virtual services may remain an option.

This past year we introduced electronic procedures for processing documentation. This is expected to continue throughout the coming year.

Participation in virtual professional development opportunities resulted in enhancing the quality of evidence informed services. COVID-19 has delayed the completion of evaluation framework for Child and Youth Mental Health Programs. This will be continued into the coming year.

Unit Goals for 2021

Due to the impact of the pandemic, a number of goals will be carried into the next review period.

- Ensure that service to the children, youth and families remains a number one priority, as we navigate through the COVID-19 pandemic.
- Maintain a work environment that creates safety, promotes staff wellness, monitors mental health and supports a healthy work life balance as COVID-19 continues.
- Explore strategies to increase service participant response rate for program feedback.
- Improve the electronic use of standardized evidence-based, validated tools for assessment, outcome and satisfaction for all programs.
- Continue to review of Using the Best Practices Guide in Engagement (delayed due to COVID-19 June 30, 2021).
- Explore technology to support youth engagement i.e., texting, youth website (March 31, 2021).
- Enhance opportunity for connections with other units.
- Monitor and maintain efficiency of service pathways to reduce barriers and wait times.
- Enhance ability of core services to meet the needs of children and youth with developmental disabilities and Autism Spectrum Disorder.
- Ensure services meet the need of children and youth from marginalized and racialized communities including those who identify as LGBTQ2S+ or indigenous.
- The completion of Evaluation Framework goal will be carried over to this next year.

DEVELOPMENTAL SERVICES

Environmental Scan

Bramble Kids' Retreat and the Host Family Respite Program have completed licensing renewal applications utilizing the new Ministry of Community and Social Services Residential Licensing System. The licensing site visits which usually occur in May have not been completed to date due to COVID-19.

The Bramble Retreat Programs re-opened their doors to providing respite services for families on October 16, 2020. Individuals who do not require aerosol generating procedures as part of their plan of care are able to access overnight respite support.

In September 2020, the H-N REACH portfolio for the Special Services At Home (SSAH) program was transferred from the Hamilton office to the London office of the Ministry of Community, Children and Social Services (MCCSS). The Special Services At Home program had 42 individuals removed from the waiting list. This is the first time new applications were approved in the past 4 years.

Many families and service participants utilized their SSAH and Passport funding to purchase items from the expanded eligible expenses list introduced by MCCSS due to COVID-19.

From November 1, 2019 to October 31, 2020 the Community Information website for Brant, Haldimand and Norfolk has experienced 580 individuals searching Developmental Services, 385 searching Child Developmental Services, and 520 searches for Family Support.

Summary of Unit Program Evaluation

Due to the long-term involvement with most Developmental Unit programs, satisfaction surveys continue to be completed on a yearly basis and at closure. All surveys directly relate to the

program outcomes of the Developmental Services Logic Models and used emojis for individuals with low literacy levels. With COVID-19 restrictions, program surveys were distributed through the mail and telephone surveys were utilized for the Adult Protection Services Worker (APSW) program. Both Bramble Retreat programs continue to work towards having a touch screen service participant satisfaction survey with one question upon the completion of each visit.

Referral Sources Feedback

All referrals for Developmental Services at H-N REACH are completed by the Contact Unit and Developmental Services Ontario (DSO).

Program Outcomes and Outputs

The APSW Program provided support to 79 individuals ensuring they live as independently, safely and securely as possible within the communities of Haldimand and Norfolk. For the duration of this review period, 13 individuals were removed from the APSW waiting list.

Seventy-six Transitional Aged Youth (TAY) plans have been completed with youth, their families and their support networks in preparation for transition from children's services to adult developmental services. Twelve youth have transitioned to DSO, 6 have transitioned to alternative pathways and forty-one youth have not reached the age of 18. During this review period the TAY Program has received 9 new referrals.

The Family Support Worker has provided supportive counselling, advocacy, service coordination and future planning to 43 families. This program has accepted 7 new referrals during this review period.

The Family Respite Programs continue to provide support for personal development, ongoing respite and services to aid in the reduction of family stress levels. For the period December 1, 2019 – October 31, 2020, the Adult HOST Family Program has provided 230 twenty-four hour overnight respite periods. This represents a decrease of 29 overnights compared to the numbers reported in December 2019, specifically due to COVID-19 restrictions and complications. This program maintained all Host Providers during the pandemic but not all continued to provide active service. The children's program has provided 142 twenty-four hour overnight respite periods. This represents an increase of 31 overnights compared to the twelve month period last year.

Thirty children received 2,362.65 hours of Out of Home Respite. This represents a decrease of 1001.85 hours during this review period. Fifteen adults received 2217 hours of respite representing an increase of 835 hours over the previous year.

The Special Services At Home Program has provided 37,493 hours of service to 215 children.

Brokerage Passport administered by our Developmental Services Unit provided 27 adults with 6940.35 hours of Respite.

The Bramble Retreat programs were closed from March 13, 2020 to October 15, 2020 due to COVID-19. From December 1, 2019 to October 31, 2020, Bramble Kids Retreat provided 576 hours of nursing supported respite to 12 children and 480 hours to 15 adults and their families.

Since reopening, one service participant (in stead of four) has been in attendance at a time during a 48-hour respite stay. The medical needs of some individuals have necessitated installation of new HEPPA filtering systems and use of N95 masks before they can receive services at Bramble.

Service Participant Satisfaction

- One hundred and four families/individuals completed a survey in comparison to One hundred and thirty-seven last year.
- 94 % of the individuals/ families report the program they receive meets expectations.

- 94% of individual/ families reported the service was helpful, responsive, timely, and supportive.
- 97% of the individuals felt service approached cultural considerations and sensitivities appropriately.
- Most respondents felt *'very happy'* with the supports they are currently receiving. Some comments include were *"excellent service"*, *"Coordinators are great"*, *"staff are doing a great job"* and *"we need more funding"*.

Unit Training Plan

During the 2020- 21 fiscal year, the Developmental Services Team reviewed the Staff Guidance documents and training videos, How to Don and Doff PPE: What to wear and when to wear it, Risk algorithm. The Bramble Retreat employees have also completed Employee Self-Serve, Outlook, Accessing remote desktop from home, First Aid, Fire extinguisher training, Fire Evacuation Plan Review, Non Violent Crisis Intervention (NVCi), Safe Food Handlers Course, Safe Client Handling, Provision of personal care and the use of PPE. and how to safely handle laundry and linen.

For the upcoming fiscal year, in addition to all mandatory training, the Developmental Services Team will complete more training on the many capabilities of EMHware to ensure effective and consistent use of our data base and complete Non Violent Crisis Intervention.

The Respite Team will complete training on the new finance database to allow them to utilize the view function to access up to date respite balances for service participants.

The Bramble Retreat Teams will begin EMHware training to enable the teams to access the data base and enter case notes directly on it.

Summary of Actions

- The Developmental Services Team responded quickly and efficiently to providing services through a work at home model. They ensured service participants were contacted and kept informed regarding the service delivery models being utilized throughout the various stages of the COVID-19 pandemic and the related agency transition plan.
- Employees have assisted families to utilize virtual services and supports during the COVID-19 restrictions and throughout various stages of re-opening.
- Employees participate in all agency project teams and committees. Developmental Service employees have provided training for individuals, families and employees of the agency (i.e. NVCi training).
- Programs continue to use a smart goal approach within Person Directed Plans, Coordinated Service Plans, Individual Support Plans, Transitional Aged Youth Plans and SSAH application forms. The service participant is involved with the goal development and implementation plans. The plan is reviewed as needed and at minimum of every six months. The progress is recorded, and goal changes are captured.
- The Developmental Services Team has developed and reviewed Developmental Services Transition Plans related to return to worksites for all programs and has developed evaluation timeframes for each stage to evaluate the plans.
- Program surveys were distributed by mail and by phone which kept the survey response over 100.
- The Bramble Retreat Supervisor and contracted nursing supervisor have been trained as N95 fit testers.

Unit Goals for 2021

- To complete EMHware Training to ensure effective and consistent use of the database.
- Respite employees will complete training on the new finance data base to allow them to utilize the view function to access up to date respite balances for service participants.
- To increase service participant involvement and engagement in service delivery at Bramble through the use of interactive surveys following each visit by April 2021.
- To have all employees covering On Call trained and given access to the new Serious Occurrence reporting process by February 2021.
- To have all Host Providers trained in Non Violent Crisis Intervention by June 2021.
- To have all Bramble employees and contracted nurses fit tested with N95 masks to begin complete service delivery to all service participants by January 2021.

YOUTH SERVICES

Environmental Scan

During the 2020 year, all Youth Services programs experienced a reduction in the number of referrals, and individuals served. This resulted in significant modifications to programming as a result of the COVID-19 pandemic. These reductions in service volume have been noted across the province of Ontario and remain on-going.

As an essential service, the Union House program continued to operate throughout the pandemic. The program has adapted policies and procedures to remain in compliance with Public Health Ontario guidance documents, MCCSS directives and the H-N REACH COVID-19 Transition Plan.

The Youth Mental Health Court Worker and Extra-judicial Sanctions programs experienced significant shifts in programming while all courts were temporarily closed in order to transition to virtual services. While courts have since reopened, proceedings continue to occur virtually and have resulted in longer service times.

Over the past 3 years, H-N REACH and the MCCSS has been monitoring the reduction in referrals to our Youth Justice programs, particularly those relying on referrals from youth probation. At the start of the 2020-21 fiscal year funding for three Youth Justice programs ceased due to a lack of referrals. While diversion programs have received fewer referrals this year, anecdotal reports indicate this is consistent throughout the region as fewer youth charges were laid by police during the pandemic.

Summary of Unit Program Evaluation

Overall, Youth Services has experienced significant challenges related to the collection of program evaluation data during the past year. As it is anticipated that virtual services will continue for several more months, on-line options for feedback are being explored.

While the Union House and the Youth-In-Transition Worker program have logic models and draft evaluation frameworks, this remains an area for further development. At present, the concept of creating an evaluation process to be administered prior to the completion of service is being explored as a strategy to increase evaluation feedback.

The Youth Justice logic models and evaluation frameworks require a review following the discontinuation of 3 programs this year. It is noted that the mandated Youth Experience Survey and Outcome Data Collection Form are very thorough in collecting and compiling desired feedback from youth. As it has been noted that parents/guardians play a large role in programming for many youth, a goal for this year was to create and implement a parent

feedback form. This form was created and will be implemented in the upcoming year. This remains a goal, along with updating the Victim Feedback form.

Referral Sources Feedback

Union House and the Youth-In-Transition Worker programs have had significant communication with Children's Aid, Ontario Works, and school personnel and have received positive feedback for the efforts taken to support youth during the pandemic.

The diversion programs continue to work closely with and receive positive feedback from local OPP officers. The Youth Mental Health Court Worker has continued to communicate regularly with court personnel and has been commended for her professionalism in transitioning to virtual services.

Program Outcomes and Outputs

As a result of COVID-19, there has been an overall decline in the number of individuals served by all Youth Services programs and a subsequent reduction in feedback received.

While the number of youth served and the number of nights of service provided by Union house were lower than anticipated, this was in part due to the necessary/mandated requirements implemented to ensure the on-going safety and well-being of all residents and staff during the pandemic period.

The Youth-In-Transition Worker program continues to be a primary referral source for the H-N Transitional Age Youth Mental Health and Addictions Partnership Plan, helping youth secure long-term adult mental health supports. The Youth in Transition Worker also assisted one youth in securing additional funds to assist with COVID-19 related expenses.

A large portion of Youth Justice feedback is collected through the mandated Youth Experience Survey and Outcome Data Collection form. However, the data portal indicates there has been an insufficient number of responses (<10) in each program therefore results cannot be accessed. As unit survey numbers are also low in each program, the 11 received have been compiled together for an overall view of Youth Justice Services. Feedback indicates that 91% of respondents felt engaged in establishing their goals/sanctions, and anecdotal responses indicate that youth had a better understanding of the impact of their actions following service.

Service Participant Satisfaction

The Union House program transitioned to virtual tours and assessments for potential residents (applicants) and these have been met with favourable feedback, especially for youth living out of area. While only 1 satisfaction survey was received from a former resident, the response was positive.

Following a transition to virtual service options by all Youth Justice programs, it has been noted that many youth, particularly those who experience anxiety, have indicated a preference for this type of service. Based on the satisfaction surveys received, 100% of youth felt respected and 100% of youth indicated that their needs were met. This past year, questions related to identify characteristics were also introduced in the Youth Justice satisfaction survey.

Unit Training Plan

- 2 employees participated in "2SLGBTQ+ 101: Creating Safer and More Inclusive Work" training as a goal of maintaining Union House as a safer space.
- Due to COVID-19, the focus of training for Union House shifted to ensuring all program staff were educated in the proper use of personal protective equipment and enhanced safety protocols. This included training one employee as a N95 Fit Tester.
- Employees participated in self-directed learning throughout this year focussed on various topics related to service delivery and safety during COVID-19.

- To assist youth in fulfilling diversion and court requirements, staff participated in Community Learning Hub training in order to offer evidence based, virtual life skills coaching.
- Training goals deferred as a result of COVID-19 will be carried over and will include topics such as: providing services to Indigenous youth; services available for youth transitioning to adult services; and trauma-informed care.

Summary of Actions

- Expanded use of EMHware in Youth Justice.
- Union House enhanced screening, cleaning, and personal protective equipment protocols to ensure that all residents and staff remained healthy.
- Union House increased the frequency of team meetings to bi-weekly (at a minimum).
- Maintained representation on the Engagement Committee.
- Maintained representation on the Sexual and Gender Alliance of Haldimand and Norfolk.
- Youth Justice participated in Community Learning Hub Training in order to offer virtual, evidence-based life skills coaching.

Unit Goals

- Continue to follow Public Health Ontario and MCCSS congregate care guidance documents, health and safety best practices, and MCCSS directives and the H-N REACH COVID-19 Transition Plan relating to COVID-19.
- Continue to expand the use of EMHware and reduce paper in Youth Justice by October 31, 2021.
- Continue to participate on the local Sexual and Gender Alliance of Haldimand and Norfolk Committee to maintain Union House as a designated safer space for LGBTQ+ youth.
- Create an updated marketing plan for Union House by May 31, 2021.
- Update Youth Justice marketing material by April 30, 2021.
- Implement Youth Justice Parent Satisfaction Survey by January 31, 2021.
- Review and revise the Union House and Youth-In-Transition Worker evaluation process by October 31, 2021.

FAMILY SERVICES

Environmental Scan

- Structured Psychotherapy is expected to continue to roll out and expand this year across the province and Family Service agencies are expected to play an active role in this development. This program will provide access to free structured therapy services for adults experiencing mild to moderate anxiety and depression. This investment in the adult sector has significant implications for our Family Services Unit.
- The importance and value of maintaining good mental health has received significant recognition throughout the COVID-19 pandemic. Employers and individuals are looking for additional support in promoting wellbeing and accessing supports.
- Funding for additional mental health supports for families involved with the child welfare system and adults with developmental disabilities has been provided by MCCSS. Family Service agencies have a partnership role in the development of these temporary COVID-19 related services.

- Individuals involved with the justice system are experiencing significant wait times for resolution of their criminal matters.

Summary of Unit Program Evaluation

- Evaluation strategies include: the logic model for subsidized counselling; quality assurance questionnaires with outcome questions; OQ10 pre and post-test; and goal attainment scores.
- The development of evaluation frameworks is our next step to formalize and further develop our evaluation plan.

Referral Sources Feedback

- Referral sources continue to be in line with previous years, with Self/Family or Friend being the highest and Children's Aid Society in 2nd place. There was an expected decrease in the number of Employee Assistance Program referrals in light of our intentional withdrawal from this business as well as in the Offender Rehabilitation Program referrals as we wrapped up this contract.
- The continued decline in the number of referrals from other H-N REACH programs is notable along with the lack of referrals from Woman Services. These continue to be identified as areas for further awareness and development in the coming year.
- Beginning this year, we have added a separate tracking line for referrals based on social media as this may be a valuable trend to follow.

Program Outcomes and Outputs

- Fee for service referral numbers have remained consistent with previous years seeing only a slight decline during the COVID-19 pandemic.
- The utilization for our Haldimand County Employee Assistance contract has remained stable (Contract will be concluded on March 31, 2021).
- Our Partner Assault Response (PAR) and Direct Accountability Program (DAP- adult justice diversion) saw a substantial decrease in the numbers of referrals received this year as a result of the closure of the courts due to the pandemic.
- The goal attainment scores for our clinical programs experienced a significant increase across all programs except for the Offender Rehabilitation program which was in line with previous years.
- The Offender Rehabilitation Program successfully completed its annual ministry review audit with a score of 100% as well as with a letter of acknowledgement for the work throughout this partnership at the conclusion of the contract.
- Volunteer outputs have experienced a decline across all H-N REACH programs. This decline can partially be attributed to the changes within our agency programs and the Breastfeeding Buddies Collaborative, however the COVID-19 pandemic has had the most significant impact on the outputs as most of the direct in-person service was suspended a different period throughout the course of the pandemic.

Service Participant Satisfaction

- Informal feedback indicates participant satisfaction remains high across programs. It is noted that the limited data collected this year also supports this.
- We saw a general decline in the number of quality assurance questionnaires and OQ10 pre and post-test return rates. This is related to the shift in systems in response to the COVID-19 pandemic. The data collected was not enough to be considered statistically significant.

- The questionnaires have now been created as a survey and a link will be provided to participants in hopes of removing barriers to their completion ongoing.

Unit Training Plan

- This coming year we are looking to continue to further develop our knowledge related to the LGBTQ+ community as well as increase our skills in the use of Microsoft office programs.
- Recording standards will be a focus of professional learning for our team as well as our Fee for Service Clinicians.

Summary of Actions

- Implemented a monthly team wellness break.
- Developed electronic homework to be used in make-up sessions with assignments for all 12 PAR Weeks.
- Shifted PAR groups and intakes to be completely virtual. This shift was driven by the need to ensure service delivery and mitigate risk in response to the COVID-19 pandemic. This change did not result in any service interruptions for the participants.
- Clinical programs also pivoted quickly to include the capacity to deliver virtual services including video sessions.

Unit Goals for 2021

- To develop and evaluation framework for all Family Services Programs by December 31, 2021.
- To implement a guest insight session into the PAR curriculum by March 31, 2021.
- To distribute agency marketing information that includes Family Services programs to local physician offices by September 30, 2021.
- To support the development of a Domestic Violence referral protocol within our community by July 31, 2021.

SECTION 3: BOARD FEEDBACK

In order to collect direct input from H-N REACH board members for the 2020 Continuous Quality Improvement Report, a web-based survey was used to collect impressions on twelve questions (10 rated 1-5 and two open ended) specifically developed for governance related considerations. Consistent with questions posed to our staff, the questions were tied to the agency's Value Statement About Services with an effort to quantify board member awareness, impressions and connectedness to the stated values of the organization. We also included follow up questions related to quality-based indicators found in our operational plan.

In an effort to ensure full participation in the process and ensure a common understanding of the questions, Board members were provided with an opportunity to discuss the questions and their impressions at a Board Meeting. Ten board member (all) responses to the survey are recorded for 2020.

Agency Value Statements

In terms of awareness, 9/9 (100%) board members rated a high level of awareness of the stated values of the organization (5/5) and one rated this a 3 resulting in an average of 4.8). This high rating is consistent with past years.

100% of board members felt that the stated values are actually reflected in the work of the agency (rating of 5/5). Comments in this section indicated that these specific ratings were supported by Board member's personal perspectives, direct experience with services or

reflections of the work completed at the Board level. When asked about the board member's level of connection to the stated values, 9/10 rated their connection at level 5 and one rated this a level 4 for an average of 4.9. This level of connection is consistent with last year's ratings. Comments in this section indicate that the agency's values are what drew some members to apply for a Board position and that the stated values consistently guide the governance work. Two members commented that these stated and lived values are what drives their personal commitment and passion for the work of the agency.

In terms of board member impressions about community feedback relating to the connection between the stated values and delivery of H-N REACH services, 9/9 board members rated this area at the 4 or 5 levels, and one rated this a 3 with an average of 4.5. These ratings are consistent with last year's ratings. Board members comment that H-N REACH has an excellent reputation in the community and that our services have a '*big impact*' in our local service area.

Barriers

Through an open-ended question, the Board was asked to identify or comment on any barriers to service. Respondents to this area indicated the following issues:

- The level/pace of growth in some of our communities
- A sense of funding instability from the provincial government
- Retention of experienced staff
- Higher levels of need of children, youth and adults
- COVID-19 related barriers impacting access to services
- An interest/need in increasing the level of diversity on the Board

Contributions to the Operational and Strategic Plans

The final piece of the board survey queried impressions on quality indicators referenced in our Operational or Strategic Plan. Responses are summarized as follows:

- Welcoming H-N REACH offices/settings:
 - 10/10 rated this area high (4 or 5/5 with an average of 4.4)
- Leading/Partnering:
 - 10/10 rated this area high (4 or 5/5 with an average of 4.8)
- Stakeholder involvement in planning:
 - 9/10 rated this area high (4 or 5/5 with an average of 4.6)
- Board Communication Practices:
 - 100% rated this area high (4 or 5/5, with an average of 4.7)
- Valuing Board Members Contributions:
 - 100% rated this area high (4 or 5/5 with an average of 4.8)
- Supported Through The Strategic Planning Process:
 - 9/10 rate this area high (4 or 5/5 with an average of 4.7)

All of the above ratings were supported by comments indicating that the Board and agency demonstrate significant strengths in areas related to leadership, communication, and community engagement. Through these comments, Board members also indicated some areas identified for further growth. A sampling of these comments include:

- *The addition of a permanent location in Dunnville is an exciting development.*
- *REACH is a strong and respected leader in the community.*

- *Creating, engaging, and sustaining partnerships with funders and community partners is one of REACHs greatest strengths.*
- *HN-REACH in a community leader and partner with an incredible reputation for quality service.*
- *Striving for and values diversity... but still working towards a staff and Board that represents diversity in the community.*
- *CQI data is reviewed and used diligently with regards to future planning*
- *I have always felt valued as a Board Member, and I believe my fellow Board Members feel the same.*
- *Yes... and the Board is working to 'up our game'.*
- *Every effort is made to get directors the info they need, however there is always room for improvement, agility and forging deeper understanding where communication is concerned.*
- *Yes, excellent communication from both ED and Board President*
- *Very strongly feel that we are supported through the Strategic Planning process.*

In summary, the Board of Directors continues to enjoy a prolonged period of governance health and stability. Effective relationships, connections, communications and alignment with agency values all appear to be areas of ongoing exceptional strength.

SECTION 4: STAFF FEEDBACK

This year we again chose to survey newer employees (hired after September 1, 2017) to gather feedback regarding their awareness and connection to the Value Statements About Services and how those are reflected in their day to day work. Responses to these questions have been gathered for many years from all employees and results were fairly consistent. Survey questions covered the areas of awareness, connection, community perception and barriers. During the period of September 1, 2017 to September 30, 2020 there were 46 employees who were hired and still active employees of Haldimand-Norfolk R.E.A.C.H. Twelve employees responded to the first four questions; this represents a 26% response rate which is significantly lower than the 2019 response rate (57%).

In addition, all employees were asked to provide feedback related to the ongoing work focused on the following areas: Operations and the level to which operational systems support our work; Learning and Growth including job related professional learning, the valuing of individual contributions to the agency mission, communication, and questions relating to change processes, managing the changes due to COVID-19 as well as the change that is occurring in many of the sectors that we work in. Employees were also asked to provide feedback regarding the degree to which we engaged service participants in the COVID-19 modifications made to service delivery.

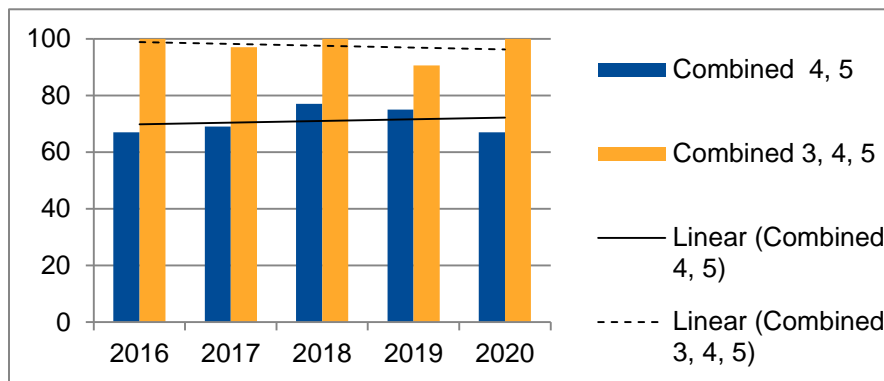
A total of 78 of 172 employees completed the survey which represents a 45% return rate; a slightly lower response rate as compared to 2019 (50%). One reminder was sent out to employees for survey completion.

The following is a summary of results from the survey. It should be noted that for some survey questions, employees chose to skip the question. Where the average is included in the analysis below those respondents who chose to skip the question are not included.

For the following three questions employees were asked to rate their response on a scale of 1 to 5, with 1 representing a low level of agreement and 5 representing a high level of agreement.

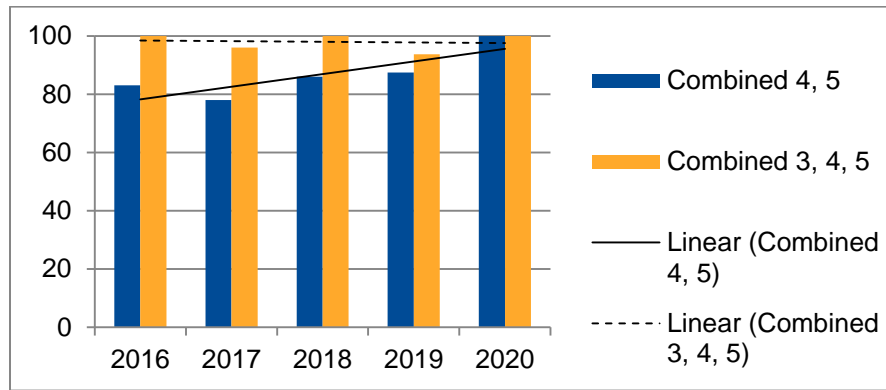
1. Level of awareness of the “Value Statements About Services”.

- A total of 12 employees responded to this question. The average response for this question was 4, approximately the same average as last year (4.09).
- 12 employees or 100% scaled a 3, 4 or 5 response; this indicates a very high level of awareness of our Value Statements
- 8 employees or 67% scaled a 4 or a 5 response; this indicates a high level of awareness of our Value Statements.
 - 4 or 33% responded with a 5 on the rating scale
 - 4 or 33% responded with a 4 on the rating scale
 - 4 or 33% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 rating (100% vs 91%) was higher and combined 4,5 rating (67% vs 75%) was slightly lower.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 response rates over the last 5 years.



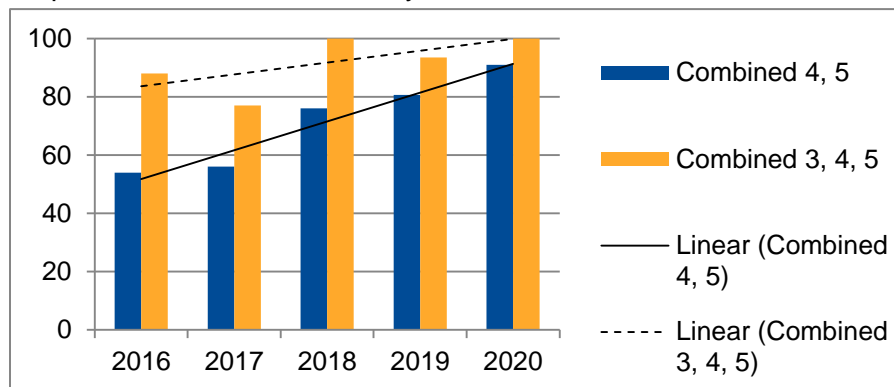
2. Level of connection to the Value Statements as a H-N REACH employee:

- A total of 11 employees responded to this question. The average response for this question was 4.45 slightly higher than 2019 (4.31).
- 11 employees or 100% scaled a 4 or 5 response, indicating a strong sense of connection to the Value Statements
 - 5 or 45% responded with a 5 on the rating scale
 - 6 or 55% responded with a 4 on the rating scale
- Compared to last year, this is an increase in the combined 3, 4, 5 (100% vs 94%) and an increase of 12% in the 4, 5 responses.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



3. How well are the Value Statements reflected in any community feedback employees receive about H-N REACH services?

- A total of 11 employees responded to this question. The average response for this question was 4.36, an increase from 2019 (4.06).
- 11 employees or 100% scaled a 3, 4 or 5 response
- 10 employees or 91% scaled a 4 or 5 response
 - 5 or 45% responded with a 5 on the rating scale
 - 5 or 445% responded with a 4 on the rating scale
 - 1 or 10% responded with a 3 on the rating scale
- Compared to last year, there is an increase in the combined 3, 4, 5 (100% vs 93%) and a slight increase in the combined 4, 5 (91% vs 80%) responses.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



4. Barriers to providing services according to H-N REACH's Value Statements About Services.

Employees were asked to share comments about any barriers that they see with regard to providing services according to H-N REACH Value Statements About Services.

There were two comments in response to this question. One comment noted no barriers while the other indicated barriers due to program changes throughout this past year.

The following eleven questions were completed by all respondents.

5. In light of the abrupt change experienced because of COVID-19, employees were asked to rate the degree to which we engaged service participants in the modifications made to service delivery. With 1 being a low level of engagement and 5 being a high level of engagement.

- A total of 76 employees responded to this question. The average response for this question was 3.79.
- 71 employees or 93% scaled a 3, 4 or 5 response
- 49 employees or 64% scaled a 4 or 5 response
 - 22 or 29% responded with a 5 on the rating scale
 - 32 or 42% responded with a 4 on the rating scale
 - 17 or 22% responded with a 3 on the rating scale

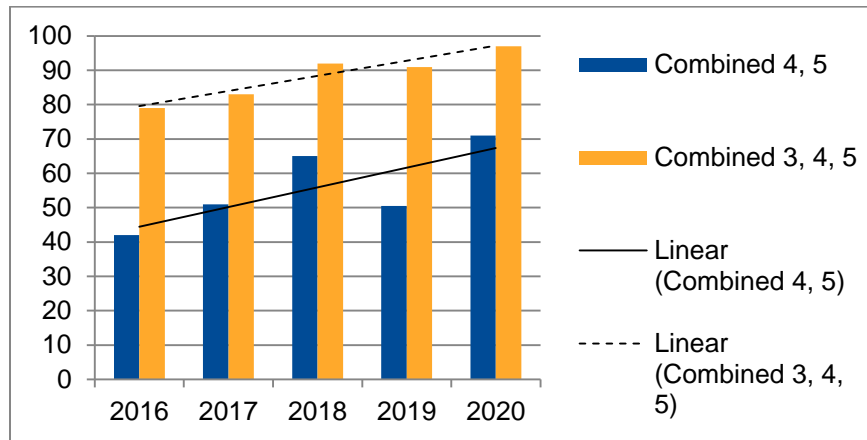
Employees were asked to provide comments related to this question. Twenty-three employees took the opportunity to do so. The majority of employees responding indicated that the emergency nature of the pandemic limited opportunities to engage with service participants regarding the shift from in-person to virtual services. Employees noted that sharing of information and efforts to communicate phone and videoconference service options were implemented very quickly.

6. Employees were asked about operational systems and the degree to which they are efficient and support our work. Employees were asked to provide two examples of changes to operational systems/administrative practices that would enhance our efficiency.

The majority of comments to this question noted the positive and swift shift to virtual service delivery, virtual meetings and paperless practices. There were a few comments regarding the development of an internal “who does what” chart”, training for managers on the use of the new finance software, continue to look at ways to streamline payment processes. Overall, the comments reflect gains made in this area due to the pandemic and the shift to virtual services and work at home.

7. *Employees were asked to rate the agency’s progress in making effective use of technology. With 1 being no change and 5 being significant positive change.*

- A total of 68 employees responded to this question. The average response for this question was 3.87, an increase from 2019 (3.53).
- 66 or 97% scaled a 3, 4 or 5 response
- 48 or 71% scaled a 4 or 5 response
 - 14 or 21% responded with a 5 on the rating scale
 - 34 or 50% responded with a 4 on the rating scale
 - 18 or 26% responded with a 3 on the rating scale
- Compared to last year, there is a 7% increase in the response rate in the combined 3, 4, 5 responses and a 21% increase in the combined 4, 5 responses.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.

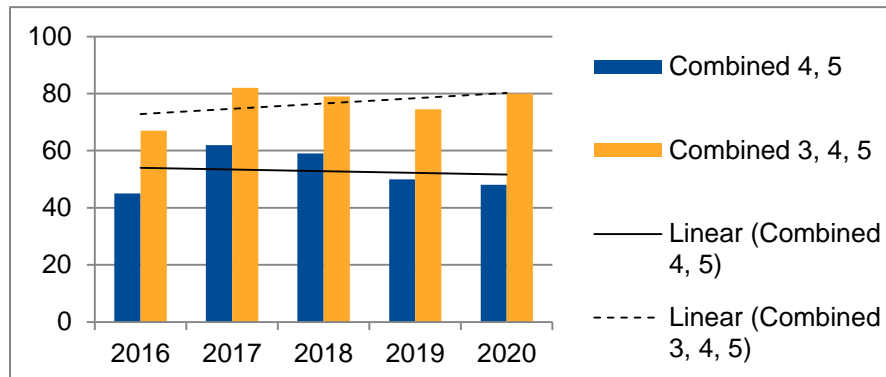


Employees were asked to provide comments related to this question. Twenty-three employees took the opportunity to do so. The majority of comments noted the pandemic and improvements made in this area. Many positive comments about the IT support in the shift to virtual service delivery and work at home. There were a few comments noting the need to update the agency systems, frustration with Remote/NetExtender and the need for training to optimize the use of agency's progress in the use of technology.

The positive linear trend reflects the efforts made over the last five years to improve the agency's use of technology. And notably this year the efforts made to support the immediate transition to virtual services and work at home during the pandemic.

8. *Employees were asked on a scale from 1 to 5 (1 represents no opportunities and 5 represents frequent opportunities) about opportunities for participation in job-related professional development training?*

- A total of 66 employees responded to this question. The average response for this question was 3.39, approximately the same as 2019 (3.38).
- 53 or 80% scaled a 3, 4 or 5 response
- 32 or 48% scaled a 4 or 5 response
 - 13 or 20% responded with a 5 on the rating scale
 - 19 or 29% responded with a 4 on the rating scale
 - 21 or 32% responded with a 3 on the rating scale
- Compared to last year, there is an increase in the combined 3, 4, 5 (6%) and a slight decrease in the combined 4, 5 (2%) responses.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



Employees were asked to provide comments related to this question. Seventeen employees took the opportunity to do so. The majority of respondents felt they were encouraged to participate in job-related professional development. Some comments noted additional opportunities for participation due to the pandemic, time provided for training and the expansion of virtual training opportunities.

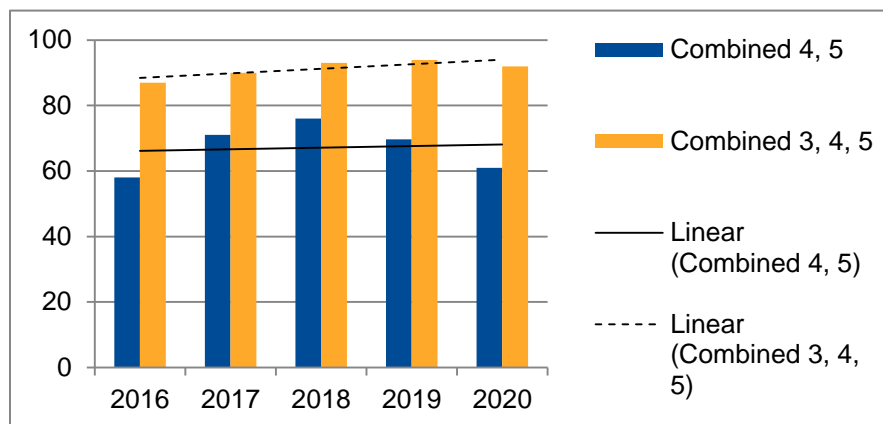
9. *Employees were asked to comment on organizational training that we should be focused on.*

- A total of twenty-one employees responded to this question

The majority of comments noted agreement with the list of training priorities identified, with specific noting of Indigenous cultural safety training, LGBTQ+, use of technology. Other suggestions related to job or sector specific training.

10. *Employees were asked on a scale from 1 to 5 (1 represents a low level of value and 5 represents a high level of value) about how well he/she feels that the Agency promotes a culture that values individuals and their contributions to the agency mission.*

- A total of 66 employees responded to this question. The average response for this question was 3.79, approximately the same as 2019 (3.84).
- 61 or 92% scaled a 3, 4 or 5 response
- 40 or 61% scaled a 4 or 5 response
 - 18 or 27% responded with a 5 on the rating scale
 - 22 or 33% responded with a 4 on the rating scale
 - 21 or 32% responded with a 3 on the rating scale
- Compared to last year, this is a decrease in the combined 3, 4, 5 response rate (2%) and the combined 4, 5 response rate (9%).
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.

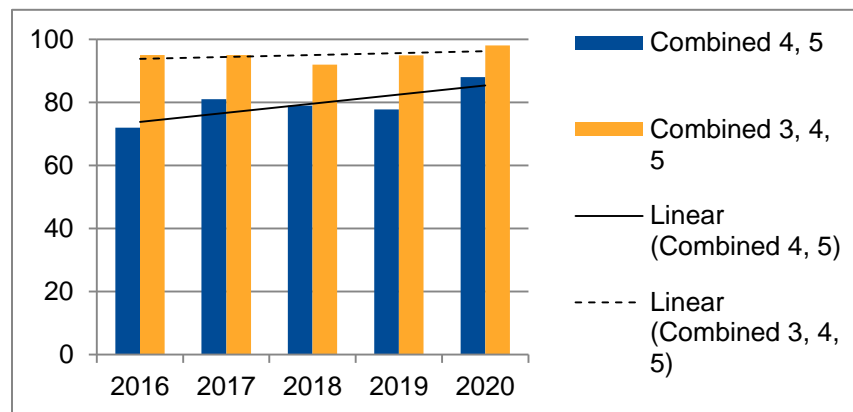


Employees were also asked to provide comments related to this question. Thirteen employees took the opportunity to do so. The majority of respondents agreed with this statement, commenting that this was demonstrated by the agency response during the pandemic. There were a few respondents who identified some concerns however; there was not a theme in the responses.

This has been an area of priority over the last few years and comments and response rates indicate that the directions initiated are making a difference.

11. Employees were asked on a scale from 1 to 5 (1 represents seldom up to date at all clear and 5 represents always up to date) about being kept up to date on agency developments.

- A total of 65 employees responded to this question. The average response for this question was 4.31, an increase from 2019 (4.06).
- 64 or 98% scaled a 3, 4 or 5 response
- 57 or 88% scaled a 4 or 5 response
 - 29 or 45% responded with a 5 on the rating scale
 - 28 or 43% responded with a 4 on the rating scale
 - 7 or 11% responded with a 3 on the rating scale
- Compared to last year, there is an increase in the combined 3, 4, 5 (4%) and combined 4, 5 response rates (10%).
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



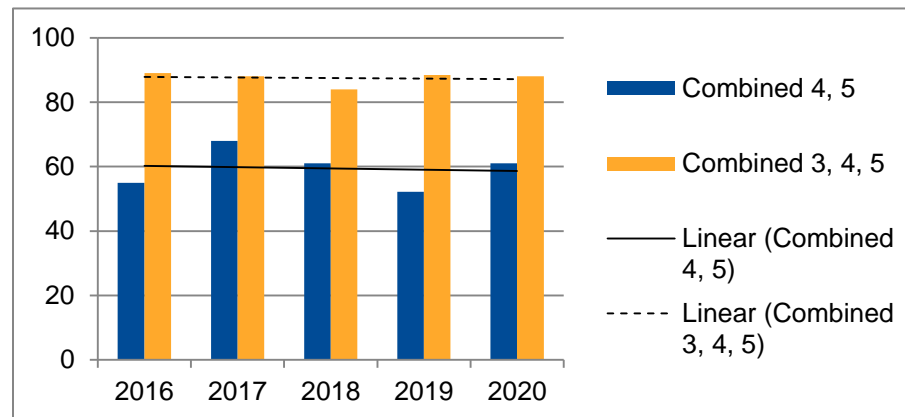
Employees were asked to provide comments related to this question. Nineteen took the opportunity to do so. Almost all of the comments noted this as a strength of the agency and specifically commenting on the efforts to communicate and keep employees informed and up to date during this past year. There were a few comments noting this as an area of improvement due to the nature of their work.

12. Employees were asked on a scale from 1 to 5 (1 being seldom informed/included/supported and 5 being always informed/ included/ supported) about feeling informed, included and supported as we work our way through change processes.

A total of 41 employees responded to this question. The average response for this question was 3.56, approximately the same as 2019 (3.61).

- 36 or 88% scaled a 3, 4 or 5 response
- 25 or 61% scaled a 4 or 5 response
 - 5 or 12% responded with a 5 on the rating scale
 - 20 or 49% responded with a 4 on the rating scale
 - 11 or 27% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 is approximately the same (decrease of 1%) and there is a 10% increase in the combined 4, 5 response rates.

- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



Employees were asked to provide comments related to this question. Ten employees took the opportunity to do so. There were some concerns identified regarding support, resources and information sharing during the change. External constraints were identified as a factor in information not being available, the changing nature of the sector at this time and the ministry/local health authority during the pandemic determining what and how services are delivered.

13. *Employees were asked for suggestions on how to keep them informed, included and supported through the climate of change.*

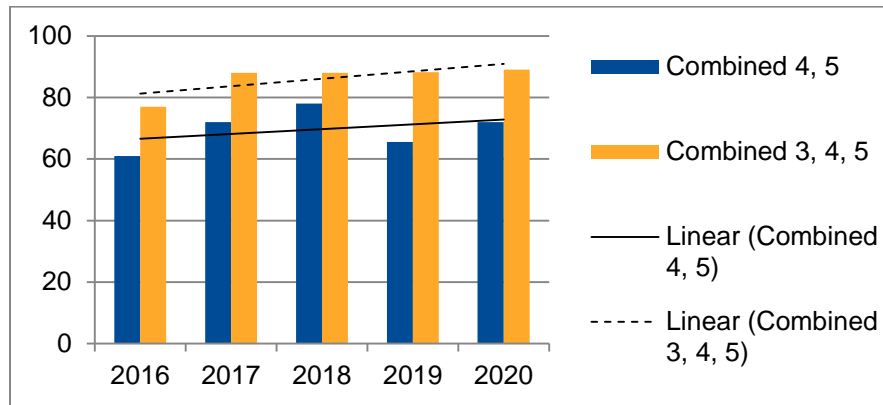
Forty-one employees provided responses. The majority of comments in this question suggested that our current system of keeping employees informed and supported are working – Agency staff meetings, unit meetings, e-mails and supervision. A few respondents noted the need for increased communication and inconsistency in practices in communication.

For the last five years we have been gathering feedback relating to some drivers that have been identified in relation to creating a decent work environment in the not-for-profit sector.

14. *Employees were asked on a scale of 1 to 5 (1 being not comfortable and 5 being very comfortable) about how comfortable they feel bringing concerns/questions/issues forward to their supervisor/manager.*

A total of 64 employees responded to this question. The average response for this question was 3.98, approximately the same as 2019 (3.88).

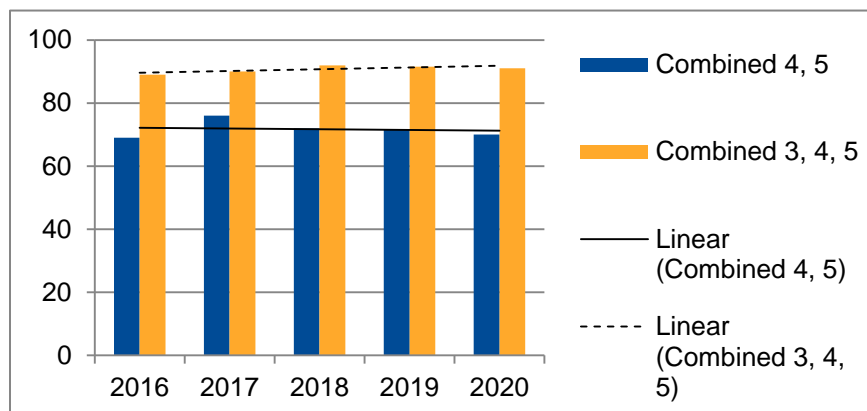
- 58 or 89% scaled a 3, 4 or 5 response
- 47 or 72% scaled a 4 or 5 response
 - 28 or 43% responded with a 5 on the rating scale
 - 19 or 29% responded with a 4 on the rating scale
 - 11 or 17% responded with a 3 on the rating scale
- Compared to last year, there is an increase in the combined 3, 4 5 (1%) and 4, 5 (7%) response rates.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



15. Employees were on a scale of 1 to 5 (1 being not comfortable and 5 being very comfortable) about how comfortable they feel bringing Cooperative Agreement related concerns/questions/issues forward to a Core Committee representative.

A total of 64 employees responded to this question. The average response for this question was 4.03 approximately the same as 2019 (4.00).

- 58 or 91% scaled a 3, 4 or 5 response
- 45 or 70% scaled a 4 or 5 response
 - 28 or 44% responded with a 5 on the rating scale
 - 17 or 27% responded with a 4 on the rating scale
 - 13 or 20% responded with a 3 on the rating scale
- Compared to last year, there is a slight decrease in the combined 3, 4 5 (1%) and 4, 5 (1%) response rates.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.

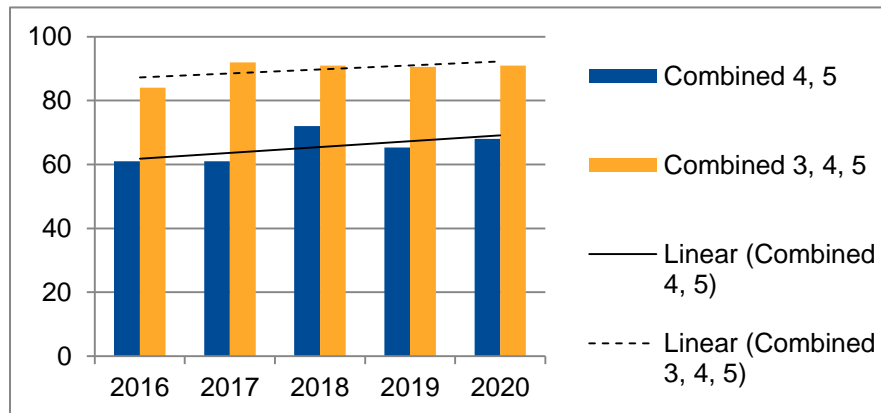


16. Employees were asked to comment of the statement:

REACH encourages me to take on new challenges and pursue opportunities for learning, growth, and advancement within H-N REACH and/or outside of H-N REACH

- A total of 65 employees responded to this question. The average response for this question was 3.82, approximately the same as last year (3.83).
- 59 or 91% scaled a 3, 4 or 5 response

- 44 or 68% scaled a 4 or 5 response
 - 16 or 25% responded with a 5 on the rating scale
 - 28 or 43% responded with a 4 on the rating scale
 - 15 or 23% responded with a 3 on the rating scale
- Compared to last year, there is no change in the combined 3, 4 5 response rate and a slight increase in the combined 4, 5 response rates (2%).
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



Employees were asked to provide comments related to this question. Thirteen employees took the opportunity to do so. Most of the comments indicated that people feel encouraged to develop, learn, grow and take on new responsibilities. Some concerns were expressed about available opportunities.

Summary:

Employees hired after September 1, 2017 who responded to the survey indicate a strong level of awareness and connection to the Value Statements About Services. Responses from employees about how well Value Statements are reflected in community feedback were similar to last year with comments that employees hear positive feedback in the community about H-N REACH services. We noted a decrease in the response rate of new employees responding to the survey this year following a period of year over year increases in the prior six years. This year's response rate may have been affected by the unusual circumstances related to COVID-19. We will continue to encourage new employees to complete the survey..

Overall, the feedback and comments from employees were positive and positive trends continue to be noted for most areas. Some areas that were a focus for 2020 and noted improvements this year were: effective use of technology, most notably relating to COVID-19 and the shift to virtual services, work at home and paperless practices. Also of note were comments relating to supporting employees through change processes. The majority of employee comments indicated that practices such as weekly, bi-weekly agency staff meetings and other current practices were keeping them informed and supported through the climate of change.

Over the next year we will continue to focus our efforts to reflect and build upon the practices that have kept employees feeling connected and supported throughout this past year. We will continue our shift to paperless processes and the gains that have been made in our use of technology.

SECTION 5: RISK MANAGEMENT REVIEW

In total, agency employees filed 306 Incident Reports in 2020. There were 18 Health and Safety Reports filed with our Joint Health and Safety Committee which is a decrease over last year total of 39. The agency filed 34 Serious Occurrence Reports in 2020 which is down from the 43 reported in 2019. 13 Serious Occurrences were reported to MCCSS, 0 were filed with the Ministry of Health and 21 Serious Occurrence was reported to each the Ministry of Education. There were no Serious Occurrences reported to the Ministry of the Attorney General during this review period. There was no Enhanced Serious Occurrence reported in 2020.

Note: MCCSS and MOH have redefined Serious Occurrences as Level 1 and Level 2 under the new reporting system.

Incident Reporting

The 306 Incident Reports filed in 2020 is significantly lower than the 512 that were filed in 2019. This is largely due to program closure in childcare due to the COVID-19 pandemic.

60 Incident Reports were filed in our licensed child care and EarlyON programs in 2020. This volume is significantly lower than last year's total of 217 and lower than the 160 reported in 2018. The decrease in Incident Reports filed is a direct result of the 5 month closure of childcare centres due to the COVID-19 pandemic and decrease in enrollment from the year prior. 58 of these incidents involved minor and typical injuries to young children participating in these programs. The number of incidents in 2020 is consistent with what would be normally expected in these programs recognizing the ages and the developmental level of the service participants. The seasonal variations in incidents are also in keeping with what would normally be expected for this population (e.g., more incidents in spring, summer and autumn when the children are outside more often).

246 Incident Reports were filed in 2020 for non Early Learning and Care programs. This level of activity is lower than last year's total of 290. In terms of trends, the most prevalent Incident Report type involved 127 "Report to CAS / child at risk" reports, which is higher to last year's number of 122. These reports are written to note when a child is suspected to be at risk and a report is made to the Children's Aid Society. For 2020, most reports to the Children's Aid Society were again made through our Contact and Child Clinical Services Units. In 2020 there were 60 incidents involving suicidal ideation which represents a decrease with 80 reported in 2019 and 26 reported in 2018. Our Child and Youth Crisis Service (CYCS) does not complete Incident Reports related to suicidal ideation since it is part of their risk assessment process. Responses to children and youth who are verbalizing suicidal thoughts accounted for 24% of the 370 calls received by this service in 2020. In 2019 there were 19 reports involving the risk of/or disclosure of domestic violence which represents a decrease from the 30 reports in 2019.

Based on the above information and the stressors related to COVID-19, the agency will continue to track and address patterns related child welfare, domestic violence and suicidal ideation.

Health and Safety Reporting

With respect to the 18 Joint Health and Safety Committee (JHSC) reports filed in 2020, 1 report indicated a staff injury that required some form of first aid or medical attention (10 in 2019). There were 3 incidents involving work place violence where some level of service participant aggression was experienced by an employee, (15 in 2019, 5 in 2018). Four reports were filed for air quality or scent exposure related issues (6 in 2019). There was 1 lifting injury reported in 2020 (0 in 2019). The agency experienced 1 minor motor vehicle accidents on work time in 2020 (0 in 2019). There were 4 employee injuries reported to WSIB (3 in 2019), with three resulting in a loss of work time. Of the 18 total reports, 9 of the incidents took place at the Townsend office (interior and exterior), 7 occurred in satellite locations, partner agencies or other community settings and 2 while working at home.

The year 2020 was a very unusual year with respect to the submission of Joint Health and Safety Committee Reports. This is largely due to the fact that attendance at most of our work sites was variable throughout the year and most of our employees were working at home for significant periods of time due to COVID-19 restrictions. Although our numbers were down in most areas, we do expect that our health and safety incident numbers will return to relative historic rates when working conditions return to normal.

In order to safely offer our essential services during a significant pandemic event, the agency engaged a COVID-19 Transition Team, made up of representatives from across the organization to review and make recommendations on the safe operation of our services. The COVID-19 Transition Team reviewed all health guidance documents issued by health authorities and regulators, and in turn developed an:

- Employee Guidance Document(s),
- Visitors Guide,
- Return to work checklists,
- Return to Work Welcome Guides,
- Unit planning Template
- Safe return to work training plan

In order to prepare the agency workplaces for in-person work and services the COVID-19 Transition Team arranged for:

- Screening procedures
- Signage
- Sanitizing stations
- Sanitizing kits
- Travel sanitizing kits for employees providing in-person services
- Personal Protective Equipment (PPE) requirements and additional equipment
- Set up of the work environment to support physical distancing
- Established visual occupancy limits for meeting spaces, common areas and offices

There are no known existing conditions that pose any ongoing risk to staff, volunteers or service participant at this time.

Serious Occurrence Reporting

In reviewing the Annual Serious Occurrence Roll Up Reports for 2020, there was an increased trend noted for the number of incidents filed with the Ministry of Education due to the requirement to file a report if a child was in ill health, would be tested for COVID-19 or if there was a service disruption related to COVID-19 pandemic. There are no other specific patterns, trends or areas that present as particularly problematic or require agency attention.

Liability Risks

The agency conducted the annual Insurance Coverage Review in May 2020 and no specific changes to our policies were indicated.

Data Management Systems

Our Executive Director and Information Technology (IT) department have continued to work with KWIC Internet to ensure and maintain the security and reliability of our IT systems. In the past year, this agency has strengthened its ability to quickly respond to IT system interruptions and threats. Although the agency experienced the odd network interruption throughout 2020, we were able to quickly restore our systems in a timely fashion and often before the start of the workday.

To support the agency throughout the COVID-19 pandemic period, our IT staff went to considerable lengths to provide our employees with the equipment they needed, develop 'how to' guides related to remote work and provide virtual support in a timely fashion.

In response to the COVID-19 pandemic and the related sudden need to significantly enhance our ability to work virtually, our IT department has strengthened network connections, made improvements for more reliable remote access and streamlined our Help Desk system to respond quickly to employee requests for technical assistance. Upgrades to Internet speed and bandwidth were completed to ensure our virtual essential services were reliable and remained open to children, youth and families. To support the agency throughout the COVID-19 pandemic period, our IT staff went to considerable lengths to provide our employees with the equipment they needed, develop 'how to' guides related to remote work and provide virtual support in a timely fashion.

Our security levels and practices are currently within established industry standards and there are no known risks to the security of our IT systems at this time.

In the past year, the agency successfully completed its transition to the new Adagio accounting system. This new system creates additional paperless options and will enable managers to view real time financial data.

We continue to make gains with our EMHware service participant database. In 2020 the agency has continued to advance the use of the sophisticated features within EMHware for planning, reporting and data security purposes. We continue to develop and implement business rules to ensure integrity and consistent practices across the agency.

Complaints

There was 1 Incident Report related to a complaint in 2020. This is a significant decrease from the 9 reported in 2019. The formal written agency complaint mechanism was not used in the complaint received as the issue was resolved at the unit level. This single formal complaint would suggest that most issues are being resolved at the program level and that our regular resolution practices are effective in addressing concerns quickly and effectively.

Summary

A review of the agency Risk Management materials assembled in 2020 would indicate that agency employees continue to be well versed on the recognition and reporting of matters related to risk, service participant incidents, major complaints, safety and Serious Occurrence requirements.

SECTION 6: REVIEW OF RECOMMENDATIONS FOR 2020

Related to strengthening organizational health

1. H-N REACH will complete the one remaining Change Work recommendation.

In the 2020-2024 Cooperative Agreement, the Staff Association of Haldimand-Norfolk REACH included a plan to implement the Haldimand-Norfolk Living Wage.

The Leadership Watch and Talk series was originally scheduled for the fall of 2020 however, was delayed by the COVID-19 pandemic. This Change Work Committee recommendation will be brought forward to 2021.

Due to the COVID-19 pandemic the next Agency Open House will be scheduled for a later time when it is safe to do so.

In response to the COVID-19 pandemic the agency immediately implemented a weekly staff meeting, later shifting to bi-weekly, to engage employees and deliver one message at

one time in an effort to support the health, safety and wellbeing of all while continuing to deliver modified services during this time period.

2. The agency will create a structured framework to guide communication with employees who are experiencing significant changes in their work. This will ensure that all employees have timely opportunities for active engagement throughout the change process.

This specific item was deferred due to the COVID-19 pandemic. However, a structured communication plan including individual, unit and agency communications was developed to support our planning and sharing of messaging throughout the pandemic. This included:

- *Establishment of a Central Team*
- *Establishment of a COVID-19 Transition Team*
- *Unit plans following an agency template*
- *Employee Guidance Document*
- *Visitor Guidance Document*
- *Bi-Weekly Leadership Team Meetings*
- *Bi-Weekly Agency Staff Meetings*
- *Agency-wide memos*
- *Human Resource update bulletins*

3. The agency will conduct an analysis (using a *Lean* approach) of our administrative resources. This analysis will include:

- *A review key administrative functions required to support the work of the agency*
- *Workload management*
- *Specialized skills that may be required*
- *Training plan to support any identified gaps.*

An initial review of key administrative functions and current agency needs was completed including an analysis of specialized skills that may be required. The next steps of this process will include a review of the analysis with the specific managers and administrative assistants. A training plan to support any identified gaps will be developed in 2021.

Related strengthening engagement with service participants

4. All units will review and update their engagement practices and policies using the Resource Guide: Self-Assessment Tool. The agency Service Participant Engagement Policy will be updated accordingly.

In October 2020, the Engagement Committee completed an agency wide presentation introducing the Haldimand-Norfolk REACH Guide to Effective Engagement Practices booklet. In November and December, the Engagement Committee began unit presentations and distributed virtual google documents with supporting links and resources to assist employees working through this process.

Related to positioning the organization in a culture of evaluation

5. The agency will continue to advance our evaluation practices through the completion of program evaluation frameworks for each unit.

All program units continue to work on the development of their formal Evaluation Frameworks. The Human Resources and Finance Units were scheduled to have these

Frameworks developed in 2020 however, these plans were delayed by the COVID-19 pandemic. This recommendation will be brought forward to the next review period.

Related to positioning the organization for growth

6. Recognizing a renewed funder focus on outcomes, accountability and data informed decision making, the agency will fully use our data systems to ensure efficiency, effectiveness and accuracy in our planning, reporting and service delivery practices. This includes:
 - initial implementation and integration of the new finance software
 - enhanced use of Surge Learning
 - optimize use of EMHware

We have integrated the new Adagio finance software and it is now fully operational. The next steps will be training the managers to access this data directly.

As recommended by the Agency's Professional Learning Committee, Haldimand-Norfolk REACH implemented the SURGE Learning Online Training & Management System in the Spring of 2017. This implementation helped us to ensure consistency in the assignment of mandatory training to staff as well as facilitate the transition to electronic management of staff training records.

Since its introduction, we have enhanced the use of Surge Learning particularly during the COVID-19 pandemic. At a time when all Haldimand-Norfolk REACH employees need to learn new skills and information related to safely operating in a pandemic, the Surge system proved to be a useful tool in organizing and tracking this significant and extensive effort. The following employee training was completed and tracked on Surge Learning:

- *Policy reviews*
- *Annual Declaration*
- *COVID-19 Safety Protocols (including PPE training)*
- *Employee Guidance Document*
- *Tracking and confirming completion of required reviews such as WHMIS*
- *Orientation of new employees*

During this past year, the management team further developed their skills in accessing EMHware to pull reports and analyze data, at the agency and unit level for evaluation and planning purposes.

SECTION 7: AGENCY RECOMMENDATIONS FOR 2021

Related to strengthening organizational health

1. The agency will review the lessons learned from the COVID-19 experience with the view to maintaining virtual options that were effective and efficient in the delivery of our services and administrative functions.
2. Haldimand-Norfolk REACH will review the lessons learned from COVID-19 with the view to maintain the virtual options that were effective and efficient in our engagement and communication with employees.
3. The agency will proceed with its planning to pursue the directions stemming from the Psychological Health and Safety in the Workplace audit that was completed in 2019.

Related strengthening engagement with service participants

4. Each unit will review and update their engagement practices and policies in the spring of 2021. The agency Service Participant Engagement Policy will be updated once each unit has had the opportunity to work through this process (Target Date: October 2021).

Related to positioning the organization in a culture of evaluation

5. Haldimand-Norfolk REACH will continue to advance our evaluation practices through the completion of Evaluation Frameworks for each unit.
6. In 2021 our Finance Unit and Human Resource Unit will also be developing their initial Logic Models and Evaluation Frameworks and become a part of our agency Continuous Quality Improvement process.

Related to positioning the organization for growth

7. The agency will engage in the planning around the Ontario Structured Psychotherapy program for children and adults.
8. Haldimand-Norfolk REACH will plan with our community partners in the development of the new Ontario Autism Program service options.

Other

9. The new Adagio finance software is now in full use at Haldimand-Norfolk REACH. The next steps in this development will be training the managers to access this data directly to support the efficient use of our financial resources.
10. The agency will move forward with the operations of the new Dunnville Office and look for continued opportunities to integrate our services with Lansdowne Children's Centre, Community Addictions and Mental Health Services of Haldimand Norfolk and Community Living Haldimand.

Appendix – Organizational Chart

HALDIMAND-NORFOLK REACH 2020 ORGANIZATIONAL CHART

