

Haldimand-Norfolk
REACH

supporting children, families, communities

Continuous Quality Improvement Report

For The Year 2021

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SECTION 1: OVERVIEW

The 2020-2021 COVID-19 Pandemic:

The COVID-19 pandemic continued in various stages throughout the entire review period covered by this report. As a result, the operations, and services of H-N REACH were subjected to a variety of restrictions, modifications and directives from health authorities, regulators, and funders. Many of these directions were applicable to the entire organization while others were specific to particular sectors or programs. Throughout 2021, the agency and our various service/administrative units have adjusted operational and governance plans to stay in lockstep with the course of the COVID-19 pandemic and remain in compliance with all COVID-19 related requirements at any given point in time.

The prolonged and continued COVID-19 experience has again placed H-N REACH and its employees in the unique position of supporting children, youth and families through a particularly challenging time while simultaneously being subjected to the very same challenging conditions. The 2021 Continuous Quality Improvement (CQI) plan and related directions were again adjusted to respond to the unique 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. 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 typically 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. The community survey was not completed this year due to the continuation of the COVID-19 pandemic, with collateral agencies and groups directing their attention and resources to their own pandemic management considerations. The Board Survey was not completed as the Board was engaged in specific development and policy work related to its governance obligations.

For staff input, the 2021 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. 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 2021, we again included a series of follow up questions for our staff respondents related to the quality-based indicators found in our Operational Plan, Change Work recommendations, and the Strategic Plan. 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, review of last year's goals, risk management review and specific feedback collected from the annual staff survey. More specific service participant and program-based data is found in the Unit CQI Reports that are available to Board members on request.

Section 4 of this report summarizes the review of the risk management activities/outcomes from 2021 and identifies patterns or areas of concern requiring attention from the organization.

Section 5 of this report outlines progress on goals developed for 2021 and Section 6 identifies the actions, plans and recommendations for 2022.

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. 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, Ontario is experiencing its fifth and most significant wave of the COVID-19 pandemic and heightened restrictions have again been put into place. While reviewing this report, the reader is encouraged to reflect upon the significance of the prolonged COVID-19 pandemic and its cumulative impact on our service participants, volunteers and employees.

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

Summary of Unit Program Evaluation

During the past year, the dedicated Coordinated Service Planning (CSP) Program and the Fetal Alcohol Spectrum Disorder (FASD) Program have implemented an online survey. The "Taking the Pulse Survey" is provided to families/participants electronically, or if preferred, a paper copy continues to be available.

The Single Point of Access service provides satisfaction surveys to families that complete a referral for programs in Developmental Services and referrals completed for Child and Youth Mental Health Services.

Program Outcomes and Outputs

Over the past year, the Single Point of Access has processed 1244 requests. This is an increase from the previous year, while in the year prior to the pandemic, 2018/2019; the Single Point of Access had processed 1504 requests. It is felt that 2019/2020 had fewer requests due to it being the start of the pandemic.

Over the past year, approximately 66% of the requests received were in regard to a child or youth's mental health. It is noted that 63% of all of the requests received resulted in a referral being completed.

During this time period, the CSP Program worked with 46 families, which has been relatively the same number of families supported in the last 3 years. The CSP workers have been able to maintain their involvement with families and community partners through virtual services, as well as more recently an increased amount of in-person services.

The CSP Worker presented virtual presentations to a French Catholic School Board and Lansdowne Children's Centre in the past year.

Over the past year, the FASD Program provided support to 39 families, which indicates a gradual increase over the past 3 years. Support and education continued to be available through virtual services for families and community partners. The FASD Caregiver Group continued to meet monthly and had a consistent membership of 9 families.

The FASD Worker facilitated a presentation to the staff at a local school and also provided education to a respite worker involved through Complex Special Needs funding.

The FASD Program was placed on hold for 2-3 months during the past year until November 1, 2021, as hiring of a new FASD Worker occurred after the previous FASD Worker resigned.

Service Participant Satisfaction

Although there was a significant increase of online satisfaction surveys provided to families after a completion of the intake process; the response rate was quite low this year. The responses within the satisfaction surveys provided through the Single Point of Access have continued to be positive, expressing appreciation of the staff being responsive and knowledgeable.

The feedback within the Taking the Pulse Surveys for both the dedicated CSP Program and the FASD Program have been quite minimal; however responses have been very positive.

Unit Training Plan

Over the past year, the Contact team met several of their goals in regard to the training plan.

The team had opportunities to participate in sessions to practice Solution Focused strategies with fellow colleagues. The team also utilized various webinars on a variety of topics. Some of the topics were sex trafficking, supporting transgendered children, the impact of the pandemic on children and awareness and understanding diverse cultures, such as Indigenous and the 2SLGBTQ+ community.

Training goals for the upcoming year include ASIST Training, F-Word Training, further understanding of sex trafficking, awareness and best practices with engaging with multi-cultural families and education and strategies for self-care and managing stress.

Summary of Actions

The Contact team has been increasing their time at the Townsend office, in family homes and in the community, as practical and permissible. Precautionary measures are in place, the Unit Plan has been implemented and virtual services are also available as needed.

Due to the expression of an increase of stress in relation to the pandemic and intense workloads for the Contact team, regular supervision has increased and an open door policy remains whenever possible.

The CSP Workers and the FASD Worker participate in regular peer reviews, as this was an identified need from the previous year.

Over the past year, the Contact team has moved from a primarily virtual service towards a hybrid model of in-person and virtual service, to provide further opportunities for participants, families and community partners to engage in the service available.

The CSP Workers have been able to provide virtual services when otherwise meetings may have been cancelled and have been increasingly able to offer in-person service delivery when desired.

The FASD Worker had primarily worked virtually in the past year; however was able to connect with the caregivers and community partners to continue providing support and education.

Over the past year, the review of all the Contact programs practices have been ongoing, with the focus of determining what practices work best for the families we support, as we continue through the pandemic.

Ongoing analysis of efficiencies for the Single Point of Access are a focus to ensure updated information is being shared and referrals are being completed in a timely manner.

The Taking the Pulse Survey for the CSP Program and the FASD Program are available online, as well as in paper form to provide increased ease of completion.

The CSP Program continues to explore improvement of the program, as they engage with their participants determining what they identify for goals to achieve and frequent check-ins with the participants and families.

As the FASD Program was paused for 2-3 months this past year, this program will be reviewed and practices will be explored to ensure the program continues to improve and meet the needs of the participants and their families.

All evaluation received from families are reviewed on a regular basis and Contact H-N is working toward the development of an evaluation framework.

Unit Goals for 2022

- The Single Point of Access will develop a referral request form that can be used online to increase the ease of access to services and resources. The intention is to have this goal completed by July 2022.
- The Single Point of Access will implement referrals being sent electronically to the regional Contact agencies to further enhance efficiencies. The intention is to have this goal completed by July 2022.
- The Single Point of Access will review the resources and arrangement in the shared directory to ensure it is updated and re-organized to ensure ease of use when needed for families. The intention is to have this goal completed by September 2022.
- The Single Point of Access will ensure that all Resource Coordinators are trained to complete the interRAI Screener and explore options for refresher sessions of the completion of the interRAI. The intention is to have this goal completed by September 2022.

- A review and plan will be developed to increase clarity and efficiencies with the process for Complex Special Needs funding. The intention is to have this goal completed by September 2022.
- A review and plan will be developed to increase clarity and efficiencies with the process for the Transitional Aged Youth System Review. The intention is to have this goal completed by September 2022.
- CSP Program and FASD Program to explore options of families signing documents electronically to eliminate sharing of paper and to further our goal to be paperless. The intention is to have this goal completed by September 2022.
- CSP Program and FASD Program to develop and implement templates to be used when writing Contact Notes to ensure they are concise and meeting the needs of the participant and family. The intention is to have this goal completed by July 2022.
- FASD Program to develop a survey for FASD participants and families to help refine the FASD Caregiver Group. The intention is to have this goal completed by March 2022.
- FASD Program to create caregiver and participant packages for all current families, as well as new families. The intention is to have this goal completed by March 2022.

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).

Summary of Unit Program Evaluation

Program evaluation and continuous quality improvement is supported using the following ongoing tools: surveys, suggestion boxes, verbal feedback and staff reflection to engage, gather and measure quality and improvement. Survey timing was adjusted in 2021 which resulted in an increase in responses for the licensed child care programs and a decrease for EarlyON child & Family Centres. Social Media surveys and polls provided instant feedback about our virtual programming and demonstrated increased reciprocal engagement with followers on the H-N REACH EarlyON Child & Family Facebook page. Regular team meetings provided opportunities for staff to gain insight on each program strengths and challenges, support growth and learning while working through work plan and goal completion. Child care attendance and program capacity as well as participation in EarlyON programming were reviewed to highlight occupancy gaps and trends in attendance. Logic models, evaluation frameworks and a unit work plan served as planning and evaluation tools. Proposed next steps include annual review and updating of logic models and evaluation frameworks as well as increased survey opportunities for EarlyON Child and Family Centre service participants.

Program Outcomes and Outputs

Data used is for the period November 1, 2020 to October 31, 2021.

- EarlyON registered 273 adults and 394 children.
- Adults attended 1552 times and children 2057 times to our in-person programs.

- Virtual program attendance increased from 96 adult visits and 134 children visits to 1328 adult visits and 1914 children visits, reflecting increased opportunity during in-person closures and expanded virtual services .
- There was a decrease in linkages and referrals due to the closure of in-person programming and COVID-19. We recorded 41 linkages and 206 referrals in 2021 compared to 335 linkages and 546 referrals in 2020.
- Our licensed child care programs began to recover from the closures in 2020 with an overall 22.8% increase in spaces occupied by children in 2021 across all 5 licensed child care programs. This notable increase connects to the long term outcome of increasing the number of children accessing high quality, accessible and integrated early learning and care programs that contribute to healthy child development and long-term success.

As of October 31, 2020				As of October 31, 2021			
Program	# of Children Registered	# of Spaces Filled	% occupied	Program	# of Children Registered	# of Spaces Filled	% occupied
MPCCC	31	25.6/37	69%	MPCCC	34	32/37	86%
RSS	9	5/16	31%	RSS	23	14/16	88%
Notre Dame	39	19/30	63% AM 97% PM	Notre Dame	39	24/30	80% AM 97% PM
St. Joe's	16	7/15	47% AM 43% PM	St. Joe's	31	10/15	67% AM 87% PM
St. Bernard's	20	8/15	53% AM 67% PM	St. Bernard's	27	27/30	73% AM 90% PM

Service Participant Satisfaction

- In June 2021, 28 EarlyON participants completed a programming survey. Feedback showed that families feel welcomed at H-N REACH EarlyON locations and are satisfied with the programs that they attend. Comments on the survey about our programs include *"They are great! Wish we could fit more into our schedule"*, *"Facebook and newsletters have been very helpful"* and constructive remarks such as *"Could you do more promotion of the events and ages that they are applicable to"*.
- In June 2021 MPCCC, RSS and the 3 School Aged programs had 75 responses to the licensed child care survey. 89% of families feel we have built relationships with their family while 100% of families agree they are welcomed and feel like they and their children belong when attending our programs. This represents an increase from 95% last year which reflects the extra work educators did to ensure all families have a sense of belonging and feel welcome; which during the COVID-19 Pandemic has been challenging when families are not physically entering the children's play space or our buildings.
- 65.3 % of families say that the documentation/learning stories shared with them since joining the program has increased knowledge and understanding their child's learning and

skill development which contributes to our desired outcome of increasing knowledge of individual child development.

Unit Training Plan

Early Learning and Care Unite team members completed Non-Violent Crisis Intervention Training, 2SLGBTQ+ Creating Environments that are Inclusive, Respectful and Welcoming workshop, Positive Discipline refresher workshop, Self-Regulation with Dr. Shanker workshop as well as, participating in the EarlyON Networking/Community of Practice and Embracing the Early Years Conference.

2021 goals carried forward to 2022 for learning include F-Words in Childhood Disability, Trauma Informed Practices as well as continuing with solution focused practices. 2022 unit training plans include learning more about mental well-being for children after a pandemic, updates on community resources, pedagogical knowledge exchange and engagement as well as participation in the annual Embracing the Early Years Conference.

Summary of Actions

- In 2021 we advanced our pedagogical approach by sharing our observations, learning stories and documentation with families via email. We invited and received family's thoughts and observations, creating a reciprocal dialogue between home and the child care programs.
- In 2021 we completed sections 1 through 4 of the Guide to Effective Engagement Practices and had meaningful rich conversations to improve our understanding and skills in family engagement as well as the unit's current capacity in engagement practices.
- In 2021 we strengthened unit connections and supportive work through professional learning, networking and regular team meetings in the evening. This collaboration supported shared resources and helped to strengthen unit relationships.
- In 2021 we successfully updated our logic models in all programs and made progress in the work of our evaluation framework.

Unit Goals for 2022

- ELCU will utilize Solution Focused Coaching strategies to support positive and constructive conversations and support respectful, strength-based interactions. The unit will participate together in 8 solution focused activities by October 31, 2022.
- ELCU will improve engagement practices by completing our review of sections 4-8 in the Guide to Effective Engagement Practices as part of team meetings. We will complete these four sections of the guide by March 2022 with every permanent employee.
- ELCU will further develop logic models in all programs by September 2022 to support our teams moving in the same direction; providing a common language and point of reference for the unit as we advance our logic models. We will establish a working group by April 2022 and meet 6 times to update work plans and logic models.
- ELCU will advance our evaluation framework by May 2022 to provide clarity and direction for our evaluation process of collecting feedback through surveys. Our evaluation working group will meet to analyze current questions and processes to evaluate effectiveness and determine revisions required to advance our evaluation framework.

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

As ECIP reflects on COVID-19 and the past eighteen months we realize that there have been effective practices developed to support service delivery, service participants and employees during this unprecedented time. The home visiting programs including Infant and Child Development Service, Healthy Moms Eating Well For 2 and Young Parents programs continued procedures for working from home by providing telephone and video conferencing visits as well as moving back to in- person visiting. The parenting programs and School's Cool were offered virtually. Service participants and caregivers have continued to feel supported during this time.

The ECIP manager continued to participate in Public Health Agency of Canada South West Zone meetings throughout the year. These meetings provided an opportunity to review challenges and opportunities that programs were faced with during the provincial restrictions implemented due to COVID-19. These meetings also provided an opportunity to benefit from learning about approaches used by other programs across the province.

The ECIP manager participated in a meeting with the Ontario Association for Infant and Child Development which provided an update on the advocacy efforts with the Ministry of Children, Community, and Social Services Modernization Plan. This plan includes promoting Infant and Child Development programs as family centered, high quality, and evidenced based program for children with special needs and those at risk.

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 Planning; Public Health Agency of Canada Reporting Tool, Ministry of Children, Community and Social Service Annual Narrative Report and both open and closed file audits
- Logic Models and Outcome Evaluation tools were reviewed and updated for all programs.
- An ECIP Evaluation Plan was updated

Referral Sources Feedback

The numbers of referrals to ECIP has remained consistent over the past three years, with 102 in 2019 and 106 in 2020 and 103 in 2021. Data on Referral Sources highlights that there were a variety of referral sources to ECIP programs over the past three years, with the greatest number consistently from 'Self, Family, Friend'.

Program Outcomes and Outputs

ECIP is on target with addressing program outcomes:

- Healthy Moms Eating Well for 2 had 24 participants representing a drop in the total number of participants from the previous year.
- Young Parents Program had 15 participants representing a slight shift down in participant numbers from the previous.

- Similar to 2020, there was a decrease in parenting programs facilitated and participant enrollment due to restrictions implemented due to COVID-19. Two parent programs were facilitated with 15 participants
- This was the first year the Emotion Focused Family Therapy Caregiver Workshops were offered with a total of 38 participants.
- Due to COVID restrictions there were no Roots of Empathy programs facilitated with the Grand Erie District School Board this past year.
- 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 19 participants.
- Infant and Child Development Service had a slight increase in participant numbers from 2019 with 117 participants, 116 in 2020 and 132 in 2021.

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

46 program satisfaction questionnaires were completed, representing a decrease in response rate compared to 64 responses received the previous year. 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 Early Childhood Intervention Programs over the past four years has remained consistent at a high level of satisfaction. Each program has identified 'Plans for Improvement' from the feedback received.

Unit Training Plan

In 2021 the Early Childhood Intervention Programs unit completed training in Non-Violent Crisis Intervention and a variety of individual workshops pertaining to programming. In addition, employees had opportunities to resume learning in Solution-Focused Coaching with Lunch and Learn sessions. The 2022 training plan includes Non-Violent Crisis Intervention Recertification and the F-Words in Childhood Disability.

Summary of Actions

- All Early Childhood Intervention Programs employees completed both the online and in person portions of Non-Violent Crisis Intervention training and were provided an opportunity to resume Solution-Focused Coaching through virtual lunch and learn sessions. All employees also completed training in 2SLGBTQ+.
- All Early Childhood Intervention Programs employees completed sections one through five of the 'Guide to Effective Practices' booklet and will complete the remaining three sections in the new year.
- Early Childhood Intervention Programs reviewed and updated all individual program Logic Models, Outcome Evaluation Frameworks and individual program Outcome Tools.

Unit Goals for 2022

ECIP Program goals were developed through a collaborative process at the November 2021 unit planning day as well as individual program meetings.

- ECIP employees will have an opportunity to participate in professional learning, including the F-Words in Childhood Disability and Non-Violent Crisis Intervention training and continuation with Solution-Focused Coaching in 2022, in order to increase skills to support work.
- ECIP will increase understanding of effective engagement practices by completing sections six through eight of the 'Guide to Effective Engagement Practices' booklet by March 31, 2022.
- ECIP employees will begin using individual program Outcome Measurement tools by January 1, 2022 in order to measure short and medium program outcomes.
- ECIP will review EMHware sections by March 31, 2022 to ensure consistency of process amongst all employees.
- ECIP will complete 'Must Do, Want to Do, and Should Do' activity by June 30, 2022.
- ICDS will plan by March 31, 2022 to resume developmental check-ins at EarlyON Child and Family Centre sites as well as participate in the Pilot Project-Early Identification in partnership with the Boards of Education and Lansdowne Children's Centre.
- CAPC will continue with program promotion plans for all programs.
- CAPC will review EMHware activity list to include all CAPC activities by March 31, 2022, in order to retrieve statistical data.

FAMILY EARLY INTERVENTION PROGRAM

Environmental Scan

Scanning the environment at multi-levels is critical to strategically plan for FEIP service delivery. Key provincial and local informants have continued to support our program with updates and sector guidance information. Additionally, practice-based evidence gained over the last year, as well as evidence-based research has supported our team's planning of goals and strategic direction. Although the pandemic created challenges, the Coronavirus opened the door for the opportunity to reflect on Family Early Intervention Program's policies/practices and to reassess using a solution-focused lens, what we do, how we do it and why we do it. The team built new protocols during COVID to support children with special needs and their families that will remain assets in the post-pandemic environment. A SWOT analysis was completed and trends in the Special Needs Resourcing (SNR) sector were identified to strategically plan and operationalize Family Early Intervention Program's goals.

Opportunities explored include new child care and after-school programs opening in 2022; technology advances to support virtual communications and improved meeting capability; EMHware database efficiencies; improved information technology processes, linking satellite locations with H-N REACH network; work-at-home efficiencies; and increased knowledge and resources on how to work together to stay safe and well during the COVID crisis.

Threats identified included decrease in child care spaces across the system due to closures and/or limitations/changes to Norfolk County service agreements with child care centres; recruitment and retention of enhanced staffing; pandemic-burnout; lower caseloads; increased use of invoicing model for enhanced staff; and increased demands for social-emotional/behavioral supports.

Summary of Unit Program Evaluation

The CQI process incorporated the following surveys: program satisfaction with service participants, family closure, and screening clinic participants. To highlight trends, 2021 data reporting and analysis of EMHware database reports were reviewed. Both open/closed file audits were completed and findings were reviewed. The logic model and outcome evaluation framework served as planning tools. A six-month 'check in' survey was deferred to 2022. This collection and analysis of data is vital as it is used to improve and inform Family Early Intervention Program programming decisions.

Program Outcomes and Outputs

A review of the total number of special needs children for the Family Early Intervention Program indicated 97 participants were served. Noteworthy outcomes include: pre-booked private developmental screening appointments at five child care programs; quarterly Family Early Intervention Program newsletter for families/programs; increased use of EMHware database reports; increased staff leads for solution-focused unit activities; virtual transition to school meetings; and increased use of technology to communicate with families/licensed child care programs. Family Early Intervention Program reported monthly special needs resourcing data to Norfolk County for the following outputs: # of child-care programs supported; # of children served; # of new referrals, # assessments, # Individual Service Plans completed; # visits to centers/programs/before after school, recreation programs, licensed camps; # of approved enhanced staffing hours, # of hours of enhanced staffing support provided, and # of hours invoiced. Data from the Community Data Base Program Record for number of Family Early Intervention Program views was also analysed.

Service Participant Satisfaction

Thirty-three percent of families completed satisfaction-with-service questionnaires. Feedback revealed that families appreciated: clear communication (open dialogue/good rapport), goal setting, strategies/tools, support, and assessments. Areas for improvement included: increased frequency of service, translation of service and increased advocacy for behavior/mental health needs. There were five responses to the closure survey. Eighty percent of respondents 'very much agreed' that they were satisfied with service and twenty percent 'somewhat agreed'. Areas appreciated included: goal setting, strategies to help at home, and transition to school/camp support.

Summary of Actions

Summary of actions during 2021 include: provided a healthy, and supportive work environment; engaged in activities to strengthen communication and health/well-being; improved service quality via use of evidence-informed practices and ongoing evaluation; applied solution-focused coaching strategies to practice; engaged families virtually (e.g. Zoom, Teams) and through new practices (e.g. FEIP newsletter, resource emails) to improve communication and participants' outcomes; used EMHware database reports to increase efficiencies; explored recruitment and retention strategies to enhance hiring practices; shared updates/strategies with programs/families face-to face and through virtual means; implemented use of Family Service Plan with families at orientation; analyzed special needs resourcing monthly data to measure outputs/outcomes and determine targets; and strengthened team relationships through regular Zoom huddles, meetings and check-ins.

Unit Goals for 2022

Staff well-being and safety will continue to be an over-arching goal while the team strives to achieve service participants' outcomes. The team will move forward with unit goals well-equipped with COVID-19 lessons learned in the past twenty-one months, new knowledge, evidence and practice-based research and past experiences to build upon.

- Family Early Intervention Program will deliver Tools for Life training to the Classroom Facilitators in collaboration with ASCY by October 2022 to build capacity to support emotional/behavioral challenges.
- Family Early Intervention Program will continue to utilize Solution-Focused Coaching strategies in 2022 in order to contribute to a safe, healthy and supportive work environment; promote positive and constructive conversations; and support respectful, peer-to-peer interactions.
- Family Early Intervention Program will use online EMHware reports by September 2022 to increase efficiencies.
- Family Early Intervention Program will continue to use and develop wellness initiatives and self-care strategies to support psychosocial needs and well-being of the team.
- Family Early Intervention Program will share consultation notes and/or post-card notes at licensed child care/before- and after-school visits with center staff/and families by October 31, 2022, in order to build communication pathways and stronger relationships (virtually or in-person).
- Family Early Intervention Program will develop strategies to increase family connections by September 2022 (e.g. virtual Check-In Survey at six months, Transition to School Survey).
- Family Early Intervention Program will hold Preschool screening clinics in all licensed child care programs in the fall 2022 in order to increase identification/referral of children with special needs. A social-emotional/behavioral tool will be added to the screening process.
- Resource Consultants will consistently meet the target of 50% time of direct support with centers/children by the third quarter of 2022, in order to increase direct-service level.
- Family Early Intervention Program will implement use of the Enhanced Classroom Support Identification Tool (ECSIT) with licensed child care upon approval from Norfolk County, by October 31, 2022.
- Family Early Intervention Program will research new options for recruitment and retention in order to increase our complement of enhanced staffing by March 2022.
- Family Early Intervention Program will further develop the Logic Model by September, 2022, in order to have an updated actionable plan that outlines inputs, activities, outputs and clear outcomes.
- Family Early Intervention Program will build on the Evaluation Outcomes Framework by October 2022, in order to provide an outline that clarifies evaluation questions and tools to be used.
- Family Early Intervention Program will analyze data collected from SNR reporting monthly to measure outputs and outcomes, in order to evaluate service and determine new targets.
- Family Early Intervention Program will complete open-file audits on all new participants after six months of service beginning in June 2022, in order to evaluate initial service experience.

REGIONAL STUDENT NUTRITION PROGRAM

Summary of Unit Program Evaluation

This past year the Student Nutrition Program was monitored through monthly reporting by all programs, school and community-based and the use of two web-based surveys to collect feedback from local program coordinators and volunteers and another to collect feedback from COVID-19 virtual learner community initiative partners (community-based). Twenty-four responses were received from COVID-19 community partners and one hundred and seventy-one respondents consisting of principals, administrators, teachers, secretaries, educational assistants, parents, and volunteers participated in the school-based student nutrition program survey.

Program Outcomes and Outputs

In the 2020-21 school year, 2,844,588 school-based student nutrition program meals and/or snacks were served. And 404,815 meals and/or snacks were prepared using a combination of grocery gift card purchases and student nutrition program food boxes in the community-based initiatives that were directed to students who were learning from home.

The school-based student nutrition program survey consisted of 26 questions, the majority of which were multiple-choice and included several opportunities for participants to share comments and concerns.

One hundred percent of respondents indicated that they were satisfied with their student nutrition program; with 99% indicating that they were very or extremely satisfied. All respondents indicated that they were satisfied with the support provided by the H-N REACH and/or the local community partnership; with 95% indicating that they were very or extremely satisfied.

When identifying barriers to the delivery of the student nutrition program, the following were rated by respondents: rising food costs (50.3%), lack of volunteer support (31%); and accommodating special dietary needs (22.2%). It seems reasonable that the pandemic would have exacerbated most challenges pertaining to the operation of student nutrition programs during the 2020-21 school year, and that these results might be specific to this environment. In the previous 2 years, the cost of food, food funding and scarcity of volunteers remained the most significant challenges identified by student nutrition programs, with nearly one third of survey respondents identifying these items as the greatest barriers to the effective delivery of the SNP by significant margins.

20.6% of respondents identified that they were able to engage in limited in-school fundraising, and 41.8% applied for additional food grants to combat the rising cost of food due to inflation, supply chain disruption, and the shift to more expensive pre-packaged/low-preparation food items. "Schoolcashonline" (34.8%) and President's Choice Children's Charity Grants (41.9%) were the most common grants used.

22.7% of respondents started the process of volunteer recruitment with the expectation that external volunteer restrictions would eventually be lifted by the school boards. Perhaps most interesting of all, 55.3% of respondents felt that simplifying the menu produced a significant reduction in food costs, with many programs shifting from a 3 food group meal, to a temporary 2 food group snack, while 48.9% of respondents shifted to using the centralized food purchasing platform through WebTracker in order to procure food in the absence of adequate volunteers that would be permitted to shop in a grocery retail environment. In fact, 100% of all operating student nutrition programs, ordered

through the online platform out of necessity in 2020-21, due to a lack of volunteer resources, and the ability to shop retail.

The COVID-19 community-based student nutrition program survey consisted of twelve questions, the majority of which were multiple-choice and included several opportunities for participants to share comments and concerns.

Approximately 85% of survey respondents indicated that the Safe Return to Class funds enabled the provision of a larger volume of healthy food to be provided to students, and/or these funds were used to purchase a greater variety of foods for students; some of which would have continued to remain cost prohibitive were it not for the *Safe Return to Class* funding.

Nearly 50% of survey respondents indicated that they were able to increase the number of families with school-aged children and youth that they were able to support, while the remaining 50 % of respondents indicated that they were simply able to sustain their existing level of support to meet the demand.

Summary of Actions

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

This work was delayed in 2021 and will be completed in 2022.

Review and update funding framework for regional local coordination.

The review and analysis of funding framework for local coordination was completed. Consensus was reached and a new funding framework for local coordination was implemented.

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 was delayed due to COVID-19 pandemic. The management consortium continued to meet regularly throughout this past year.

Unit Goals for 2022

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

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

- The Ministry of Children, Community and Social Services (MCCSS) has announced the Independent Intake Organization (IIO) that includes a partnership with Accerta Services Inc., McMaster University, Autism Ontario, and HealthCare 365 who are responsible for registering children and youth for the Ontario Autism Program, connecting families with a care coordinator as a main point of contact, completing the determination of needs process to identify a child's level of support need and funding allocation for core clinical services. This will begin in April 2022 with 8000 families receiving invitations to core clinical services by Sept, 2022.

- The MCCSS has committed to unveiling the new OAP in April 2022. Families continue to receive One Time Interim Funding that consist of a budget of \$20,000 for children under 6 or \$5000 for children aged 7-18. Families are able to apply for two rounds of these budgets while transitioning to the needs-based OAP.
- H-N REACH has been approved to provide phase three of Ontario Autism Program – Entry to School Program in partnership with Hamilton Health Sciences, Lansdowne Children’s Centre, Six Nations Health Services, Bethesda Community Services and Niagara Children’s Centre. This program is for children ages 3-5 entering school for the first time in a group setting to develop school readiness skills.

Summary of Unit Program Evaluation

CMEY evaluation is being developed with our partners and will be continually reviewed as this program advances. Evaluation frameworks continue to be developed for Fee for Service as capacity grows. A consistent satisfaction survey is provided to all families at the end of consultations and services. A Board-Certified Behaviour Analyst (BCBA) has provided clinical oversight for all behavioural intervention. 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-four referrals were received for all ABS programs. Of these, 30% were secondary referrals from another H-N REACH program and 62% were self-referrals. 1% referral was from H-N Children’s Aid Society, 7% from physicians. With the change in structure of the OAP, over half of the families have made self-referrals to Autism and Behavioural Services. This is a significant change from previous years where most children were involved with other H-N REACH programs before being connected to the Autism and Behavioural Services Unit. Families are finding services through H-N REACH website, MCCSS website and Autism Ontario service navigators when receiving a diagnosis of Autism Spectrum Disorder.

Program Outcomes and Outputs

There are three children in the Ontario Autism Program Legacy ABA program who have been extended services until March 2023. The MCCSS extended treatment for existing children in service until they can transfer to Core Services under the new OAP. For these three children in Legacy Services, there were 19 goals. Out of these 19 goals, 11 goals have been mastered and 8 goals continued to be worked on as the pandemic has been difficult to maintain consistent service.

Thirty one children received Fee for Service through Autism Services using their OAP funds or private funds. Nine received Comprehensive ABA in centre and 22 children received Focused ABA in home and the community.

Under Foundational Families Services, we have serviced 226 unique families with support for virtual family events, school meetings, funding applications, parent education, social skills groups and brief consultations. This fully funded service provides supports for parents, siblings and children with autism. Fifty-nine brief consultations were completed.

Under the Caregiver-Mediated Early Years program, H-N REACH has provided Pivotal Response Treatment service to eight children under the age of 4 to increase communication and play skills.

Behaviour Support provided service to 27 individuals. The program gathers entry scaling data and compares this with program discharge scaling data. The data that was completed indicates

improvement in all goals. Families reported the problem behaviour was improved; 80% 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. Ninety percent of goals were achieved.

The ASD Behaviour Program provided support to transition 11 individuals to high school. 7 of these eleven children were successfully transitioned to their new school. Due to COVID-19, four of these children returned to virtual platform for schooling which better suited their needs.

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: *“The dental practice was exactly what we needed for our daughter and she had her most successful visit ever this last time around”, “Clinician was a wonderful support for our family & we are so pleased with the progressed achieved with her assistance”, and “Clinician was very helpful. She was very patient with XXXX as he can be a handful. She involved him in the talks when appropriate. She made him feel comfortable and he liked her as did we.”*

Unit Training Plan

The Autism and Behaviour Services Team was trained in Effective Communication and Facing Your Fears. The entire team was also recertified in Non-Violent Crisis Intervention (NVCI) and First Aid. Two clinicians have become certified trainers in NVCI as well. New team members had an opportunity to participate in an on-line, 8-week program on Indigenous Cultural Competency training in September and October, 2021. One clinician has been trained in Pivotal Response Treatment and one clinician has been trained in Social ABC's.

The Autism and Behaviour Services Unit is participating in a 6 hour training with The Bridge Brant on how to create Safer Spaces for 2SLGBTQ+ children, youth and their families.

Summary of Actions

A formal structure for peer review has been put into place for all behaviour therapists.

The ABS Unit has become paperless during 2021.

The ABS Fee for services financial process has been completed in August 2021 and continues to be under review as capacity increases.

Comprehensive ABA program provided a communication online platform (SeeSaw) for parents to exchange information regarding parent training.

Autism Behaviour Services send out a quarterly flyer and calendar for families that provide an outline of free services under Foundational Family Services. This is also available on H-N REACH website and shared with our community partners. It offered a range of services that families indicated they were interested in.

Unit Goals for 2022

- Professional Learning: AEPS-3 Curriculum training for Entry to School program, Triple P Stepping Stones, Registered Behaviour Training for new hires. This will be done though out the year with completion by end of 2022.

- Have EMHware Training to better use the features including Consents and increase the accuracy of stats. This will be completed by February 2022.
- Continue to develop marketing strategy to provide consistent information to families about services. This will be completed by December, 2022.
- Operationalize the new Entry to School program and develop logic models and evaluation frameworks. This will be ongoing, operationalize program by April, 2022. Logic Models and Evaluation will be drafted by end of November, 2022.
- Arrange for a safe enclosed outdoor or indoor play area for the children attending services. Continue to look for an area that meets our safety requirements throughout 2022.
- Hire additional staff to increase capacity of Fee for Service Model with two autism clinicians before March 2022 and increase BCBA clinical oversight to build clinicians capacity to increase the quality of service. Two clinicians by end of March, 2022 increase BCBA oversight by October, 2022.
- Invest in a computerized data collecting platform for clinicians to easily record data points during sessions. This will be completed by September, 2022.

CHILD AND YOUTH MENTAL HEALTH SERVICES

Summary of Unit Program Evaluation

- Logic models have been developed for all current programs. Completion of evaluation frameworks has been delayed due to COVID-19 pressures
- Our evaluation strategy includes the collection of service participant feedback as it relates to satisfaction with service, outcomes, noting changes (post-service) and standardized pre and post tools which are completed collaboratively. (Child and Adolescent Functional Assessment Scale – CAFAS and Strengths and Difficulties Questionnaire – SDQ)
- Due to the pandemic and resulting increase in virtual services, we moved to an on-line survey for completing pre and post tools and service participant surveys
- The number of quality assurance questionnaires obtained has decreased this year in Child Counselling and In Home Intervention; Partnership Therapy and Partnership Family Skill Building have remained the same; Child and Youth Crisis Service and the Crisis Stabilization Case Management Program responses increased
- Overall our response rates continue to be impacted by the pandemic and the need to provide virtual services

Referral Source Data

- This year referrals have increased by 6% overall
- Child Welfare increase of 28%, hospitals increase of 74% and from schools a significant increase of 288% - may be due to impact of pandemic on mental health of children/youth and families as well as increase in awareness of services available
- There has been a 19% increase in views of the Children's Mental Health Programs on the Community Information Database (CID) this year. The views on the CID for the Child and Youth Crisis Service increased by 32%.

Program Outputs and Outcomes

- The number of admissions to service has increased by 5.7% above last year's significant increase of 41.6%.
- Direct service hours provided by Child and Youth Mental Health Services showed an increase of 7.2% over the previous year.
- While face to face hours decreased, additional phone intervention and a 114% increase in video-link service provision resulted in this increase.
- This year's trend showed that 12% more children youth and families in Norfolk than Haldimand accessed services.
- The Noting Changes Questionnaire which is completed by most of the child and youth mental health programs at the end of service remained the same as the previous year indicating responses of between "a little better" to "much better".
- This year most programs showed decreased scores in all of the quality of life measures with the exception of the In Home Intervention Program where responses indicated an increase or "the same" for all of the areas measured. It is felt that this was a difficult year for families who were receiving these services while trying to manage the impacts of the pandemic.
- Sample size of the completed pre and post CAFAS, used by the In Home Intervention and Child Clinical Counselling services, declined by 25%. Clinicians have found that it has been more challenging to complete the CAFAS with families due to the circumstances of the pandemic. The difference in pre and post scores noted at 16 indicate an improvement of overall functioning at the end of service however it is noted that the difference score is lower this year. It is thought that while there has been improvement in overall functioning, the pandemic is affecting child/youth's functioning resulting in a lower improvement score.
- The SDQ showed a slight improvement in behavior and functioning from both the parent and youth completed data. This represents a decrease from last year's scores. As above, it is thought that the impact of COVID-19 on families may be the reason for this. The difference score between parent and youth was not significant indicating both had similar views when completing this questionnaire.
- The Child and Youth Crisis service responses indicate a notable increase in awareness, coping and confidence scores over last year. This service was able to provide in person mobile responses throughout this reporting period. It may be that the increase of in person connection reduced challenges for both the crisis worker and the child, youth or parent/caregiver.
- The Walk-In Therapy Clinic shifted to a Call-In and Virtual service during the last year. A total of 64 Virtual Walk In appointments were provided. We noticed a decrease in use of this service after the onset of the pandemic. This is similar to what other Walk-In Clinics across the province are reporting. Data indicates a slight decrease in achievement of outcomes related to co-developed plans, hope and usefulness of session as compared to the previous year. This data is based on 8% return rate of completed responses.
- The Discovery Clinic data continued to indicate that outcome scores remained high. The categories reflect the persons understanding of how useful the session was. Due to the impact of COVID-19 the overall survey completion rate declined to only 8% this year. Total Discovery Clinic appointments provided to service participants this year was 316.

Service Participant Satisfaction

- Survey scores have shown a slight decrease in the degree of satisfaction, but still indicated service participants are “mostly” to “very satisfied” with services received through Child and Youth Mental Health Services.
- The overall score for all Child and Youth Mental Health programs indicated a decrease in rating related to respondents feeling they “got what they came for” however the score remained in the mostly satisfied range.
- Discovery Clinic continued to indicate a high achievement of satisfaction noting an increase in all of the measures.
- This year Walk-In Clinic data continued to show a high level of satisfaction with the process even though scores showed a slight decrease overall from the previous year.
- After the start of the pandemic the Child and Youth Crisis Service asked additional questions measuring “Hopefulness” and queried future use of the Child and Crisis Service. The responses this year indicated an increased score in feeling hopeful after the crisis intervention. Almost all indicated they would use the Crisis Service again.
- Crisis Stabilization Case Management surveys had a slightly lower degree of satisfaction results as compared to last year but respondents still felt “mostly” to “very” satisfied.
- Service participants that provided comments indicated they felt comfortable, received validation, experienced more confidence, positive changes in self-regulation, improvement in understanding and expressing emotions, and appreciated that clinicians focused on the positives. Some participants indicated that they felt optimism and were no longer feeling alone.
- A number of participants indicated the tools that were provided were very helpful. Several comments reflected the use of virtual service provision was not ideal and they felt that in person services were preferred.

Summary of Actions

- A review of PGR01 expectations related to Core Services was undertaken and an action plan developed to bring all Core Services into full alignment – this will be undertaken in the coming year
- Child Clinical Services Unit was re-structured into two separate but connected units: Child and Youth Crisis and Outreach Services and Therapy and Group Services. Together these two units operate under the umbrella of Child and Youth Mental Health Services.
- Due to the ongoing pandemic, the focus on a safe, healthy, and supportive work environment remained a priority again this year. Through increased communication, ensuring safety, and monitoring staff wellness we were able to achieve this goal and recognize that this will remain a priority during the coming year.
- The needs of service participants remained a top priority, resulting in both virtual and face to face service delivery for child and youth mental health programs. This is expected to continue this coming year. It is expected that virtual services will continue to be an option for service when necessary or preferred.
- This past year we continued our electronic procedures for processing documentation. This is expected to continue throughout the coming year as it is now the preferred process due to efficiency.

- Participation in virtual professional development opportunities resulted in enhancing the quality of evidence informed services.
- As a way of continuing to prioritize direct services and reduce wait times, a contract with The Strongest Families Institute was initiated to provide virtual services to families and their children related to behaviour and anxiety. It is anticipated that 30 families will be served by the end of December.
- COVID-19 has delayed the completion of evaluation framework for Child and Youth Mental Health Programs. This will be continued into the coming year.
- Both Units in CYMH Services are participating in 6 hours of training with The Bridge Brant, focused on creating Safer Spaces for 2SLGBTQ+ children, youth and their families.

Unit Goals for 2022

Due to the impact of the pandemic a number of goals this year will continue into the coming year:

- Ensure that services to children, youth and families remain our highest priority.
- Maintain a work environment that creates safety, promotes staff wellness, monitors mental health and supports a healthy work life balance.
- Explore and implement strategies to increase service participant response rate for program feedback – June 2022
- Improve the electronic use of standardized, evidence based validated tools for assessment, outcome and satisfaction for all programs. – September 2022
- Continue to work toward the completion of Using the Best Practices Guide in Engagement
- Completion of REACH Youth Website to support youth engagement i.e. texting, youth website. (March 31, 2022)
- Enhance opportunity for connections with other units. - ongoing
- Monitor and maintain efficiency of service pathways to reduce barriers and wait times. - ongoing
- Enhance ability of core services to meet the needs of children and youth with developmental disabilities and Autism Spectrum Disorder. - ongoing
- Ensure services meet the need of children and youth from marginalized and racialized communities including those who identify as LGBTQ2S+ or Indigenous. - ongoing
- Completion of Evaluation Framework for Core Services – September 2022
- Implement actions related to alignment with PGR01 expectations – September 2022

DEVELOPMENTAL SERVICES

Environmental Scan

- During this review period, the Bramble Retreat programs (congregate care settings) have received 36 new directives or guidance documents from the Ministry of Children, Community and Social Services (MCCSS).

- The MCCSS extended the eligible expense list that was approved last fiscal year in response to the pandemic for both the SSAH and Passport programs.
- On September 8, 2021, the MCCSS announced that 2100 additional families will receive Special Services At Home Funding.
- On October 28, 2021, the MCCSS announced the \$ 3.00 per hour wage enhancement for eligible workers was extended to March 31, 2022.
- On September 23, 2021, Ontario Regulation 177/20 for Congregate Care settings was updated. This update allows staff members, who were fully vaccinated against COVID-19 and provided proof to the congregate care setting service agency, to also perform work as a staff member of a different congregate care setting service agency in the same sector in a residence operated by the different agency.
- In November, 2021, the government released its long-term plan for developmental services reform. This proactive plan is an opportunity for the Adult Protection Services Worker (APSW) program to support people with lower support needs, residing with aging caregivers who would like to live more independently in the community.

Summary of Unit Program Evaluation

Due to the long term involvement with most Developmental Services (DS) 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 APSW program. Due to the extended program closures at both Bramble Retreat programs, surveys were not distributed.

Program Outcomes and Outputs

- The APSW Program provided support to 90 individuals to ensure they live as independently, safely and securely as possible within the communities of Haldimand and Norfolk. This represents an increase of 11 individuals supported compared to the same time period last year. Since December 1, 2020, 18 individuals were removed from the waiting list which is an increase of 2 from the previous year.
- One Hundred and Nine Transitional Aged Youth (TAY) plans have been completed with youths, their families and their support networks in preparation of transitioning from children's services to adult services. An increase of 33 plans over the same reporting period last year. Twenty- eight youth have been deemed eligible for adult developmental services through DSO, 9 have transitioned to alternative pathways and 6 referrals to DSO have not been completed due to the age of the youth. Since December 1, 2020, the TAY Program has received 11 new referrals.
- The Family Support Worker has provided supportive counselling, advocacy, service coordination and future planning to 53 families. This represents an increase of 10 families. This program has accepted 16 new referrals since December 1, 2020, in comparison to 7 during the same time period last year.
- The Family Respite Programs continue to provide support for personal development, ongoing relief and reduction of family stress levels. For the period of December 1, 2020 – November 30, 2021, the Adult HOST Family Program has provided 240 twenty-four hour overnight respite periods. This report currently represents an increase of 10.5 overnights compared to the numbers reported in December 2020. This program maintained all Host Providers during the pandemic but not all continued to provide active service. The

children's program has provided 154 twenty-four hour overnight respite periods. An increase of 12.25 overnights compared to the twelve month period last year.

- Twenty-nine children received 2,695 hours of Out of Home Respite an increase of 332.35 hours from December 1, 2020 – November 30, 2021 and fifteen adults received 1387 hours a decrease of 829.5 hours.
- The Special Services At Home Program has provided 40, 758 hours of service to 278 children. This represents an increase of 3265 hours of support and an additional 63 children receiving service during the same time period last year.
- Brokerage Passport has provided 26 adults with 5968 hours of Respite.
- The Bramble Retreat programs were closed from December 22, 2020 up to July 21, 2021 due to COVID-19. From November 1, 2020 to November 30, 2021, Bramble Kids Retreat provided 1,152 hours of nursing supported respite to 8 children and 1,104 hours to 8 adults and their families. Since reopening, one service participant has been in attendance at a time during a 48 hour respite stay instead of 4 individuals at a given time.

Service Participant Satisfaction

- 335 surveys were sent out to families/individuals during this period. 113 families/individuals completed the survey (33% return rate), in comparison to 104 last year.
- Of the 113 surveys returned: 95 % of the individuals/ families report the program they receive meets expectations, 93% of individual/ families reported the service was helpful, responsive, timely, and supportive and 94% of the individuals felt service approached cultural considerations and sensitivities appropriately.
- Many respondents too the opportunity to provide positive comments about the supports they are currently receiving. Some comments include: “very supportive and understanding”, “well organized”, “assistance good for parent’s mental health”, “Services were fantastic even through these uncontrollable times” and “Covid has made things tough”.

Unit Goals for 2022

- Transitional Aged Youth Program, APSW, Bramble Retreat Programs and Family Support will develop new surveys by June 2022 to utilize to encourage more participant feedback.
- File closure process will be streamlined with new business rules to include both paper and paperless files by the end of January 2022.
- To successfully reintegrate all service participants back into the Bramble Programs with groupings of one to two guests at a time who can maintain a safe distance of six feet by June 2022.
- To continue to review and streamline the Respite – Finance timesheet process through continued monthly joint meetings.
- To enhance communication between the Family Respite Team and the MCCSS Special Agreements Officers through invitation and participation in joint meetings at minimum every six months.

YOUTH SERVICES

Environmental Scan

The Youth Services 2021 Continuous Quality Improvement report will reflect a shift in reporting timelines. This report will contain information from January 1, 2021 to October 31, 2021, to align with the reporting end date of all other units.

While Union House has continued to operate and provide in-person service throughout the pandemic, all other Youth Services programs have fluctuated between virtual and/or in-person service. At this time, programming is based on what best serves the needs of each youth.

Union House continues to receive frequent, updated guidance documents related to providing service during the COVID-19 pandemic. These documents have resulted in shifts in areas such as personal protective equipment use, screening practices, admission and isolation procedures, and permissions related to essential and non-essential visitors.

This reporting period continued to experience lower than expected referrals in all diversion programs. As this has been an area of on-going review by the Ministry of Children, Community and Social Services (MCCSS), and pilot projects are underway in neighbouring communities to transfer components of diversion programming to youth probation offices, it is anticipated that H-N REACH will experience changes to funding and/or programming in the near future.

Historically, the Youth Justice Committee program has been funded and supervised by the Ministry of Attorney General (MAG). In 2020, a transition began to transfer this program to the MCCSS. This transfer is now complete and all statistical reporting has been shifted to MCCSS processes.

Summary of Unit Program Evaluation

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 to be administered prior to the completion of service is being explored as a strategy to collect feedback from long-term participants.

The Youth Justice Logic Models and evaluation frameworks require review in order to more accurately reflect current programming. However, it is also noted that the MCCSS mandated Youth Experience Survey and the 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 implement a parent feedback form. This form has been created but due to challenges presented by COVID-19, it has not been implemented yet.

Referral Sources Feedback

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

Youth Justice staff continues to work in cooperation with the youth probation office on a regular basis. The Youth Mental Health Court Worker has also continued to communicate regularly with court personnel and has been commended for her professionalism during 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. The exception to this trend has been the Youth Mental Health Court Worker program

While the number of youth served and the number of nights of service provided by Union House were lower than anticipated, feedback was provided by all 3 youth who left the program during this period. Responses indicate that the youth felt more prepared for independent living, with 2 reporting they obtained employment, 1 graduated high school, and all 3 identified improved life skills.

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. 2 youth completed service during this time frame and their feedback indicates that both achieved the goals they set out to accomplish.

A large portion of Youth Justice feedback is collected through the mandated Youth Experience Survey and Outcome Data Collection form. While the data portal indicates there has been an insufficient number of Youth Experience Survey responses (<10) in order for results to be accessed, there have been 19 Outcome Data Collection responses. Responses include strong indicators of decreased aggression towards objects, improved academic achievement, and increased school attendance.

Service Participant Satisfaction

The Union House program transitioned to virtual tours and assessments for potential residents and these have been met with favourable feedback, especially from youth living out of area. Three satisfaction surveys were received from former residents. Responses indicate that they liked staff, the opportunity to plan meals, and learning how to be more independent.

Overall, Youth Justice has experienced significant challenges related to internal satisfaction evaluation collection during the past year, specifically in court affiliated programs where the majority of service remains virtual. As it is anticipated that virtual court will continue for several more months, alternate options for feedback continue to be explored. In the meantime, anecdotal responses indicate the choice of virtual and/or in-person service is an appreciated option, particularly by those who experience anxiety.

Unit Training Plan

- All Youth Services staff participated in a minimum of 6 hours of 2SLGBTQIA+ training as part of an agency wide initiative and as a goal of maintaining Union House as a safer space.
- Union House continued to ensure all program staff was educated in the proper use of personal protective equipment and enhanced safety protocols.

Training goals deferred as a result of COVID-19 will be carried over and will include topics such as: providing services to indigenous youth, FASD, services available to youth transitioning to adult services, and trauma informed care.

Summary of Actions

- Expanded the use of EMHware in Youth Justice, nearing paperless capability.
- Union House maintained screening, cleaning and personal protective equipment protocols to enhance safety and well-being for residents and staff.
- Union House increased the frequency of team meetings to bi-weekly.
- Youth Services maintained representation on the Engagement Project Team.
- Youth Justice maintained representation on the Human Services Justice Coordinating Committee.

- All Youth Services staff participated in 2SLGBTQIA+ training.

Goals for 2022

- Continue to follow Public Health Ontario congregate care guidance documents, health and safety best practices, and MCCSS directives in defense of COVID-19 – On-going
- Become fully paperless in Youth Justice – June 30, 2022
- Create marketing plan for Union House – June 30, 2022
- Update Youth Justice marketing material – June 30, 2022
- Review and revise the Union House and Youth-In-Transition Worker evaluation processes – October 31, 2022
- Update service participant satisfaction collection process in Youth Justice – March 31, 2022

FAMILY SERVICES

Environmental Scan

- The Ontario Structured Psychotherapy program will continue to roll out and expand this year across the province. Unfortunately, this investment in the adult sector will not have the significant implications for our unit as we had hoped.
- 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.
- Individuals involved with the justice system are experiencing increased wait times for resolution of their criminal matters.

Summary of Unit Program Evaluation

- Evaluation components include: the logic model for subsidized counselling; quality assurance questionnaires with outcome questions; OQ10 pre and post service questionnaire; and goal attainment scores.
- The development of evaluation frameworks defining how outcomes are measured is our next step to formalize and further develop our evaluation plan. This year we have piloted some data collection strategies and have a revised plan for the upcoming year.

Referral Sources Feedback

- Referral sources continue to be in line with previous years, with Self/Family or Friend being the highest followed by Children's Aid Society.
- Our referrals from the Children's Aid Society experienced a significant decline.
- The continued decline in the number of referrals from other REACH programs is notable along with the lack of referrals from Woman Services. These continue to be identified as areas for further development in the coming year.

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.

- Our PAR and Direct Accountability Program (DAP- adult justice diversion) continued to experience a decrease in the numbers of referrals received this year as a result of the backlogs in the courts due to the pandemic.
- The goal attainment scores for our clinical programs were in line with previous years.
- Participant dissatisfaction related to a wait for service due to capacity limits of the unit was noted repeatedly at the point of intake.
- Volunteer outputs have experienced a decline across the board. 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 a significant impact on the outputs as most of the direct service by volunteers was suspended.

Service Participant Satisfaction

Informal/anecdotal feedback is provided by participants and collected by Intake/follow up, indicates participant satisfaction remains high across programs. It is noted that the limited data collected this year also supports this.

- We saw a decline in the number of quality assurance questionnaires and OQ10 pre and post-test return rate. 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.

Summary of Actions

Over the past year the unit has contributed to the agency's strategic directions through:

- Support for the development of agency marketing materials for distribution to area physicians. This item will carry forward for completion in the upcoming year.
- Employees have been actively working through the Guide to Family Engagement in step with the agency.
- Employees participated in agency training to further develop our knowledge related to the 2SLGBTQ+ community.
- Recording standards was a focus of professional learning for our team as well as our Fee for Service Clinicians.
- The implementation of a guest insight speaker to our PAR welcome sessions. This allows service participants the opportunity to connect with participants who were where they are now and learn from each other. This item will carry forward for completion in the upcoming year.
- Commitment to professional development to support growth and service excellence by participation at lunch and learns, workshops, professional reading and training opportunities.
- Learning and development with active membership on the Health and Safety Committee, Evaluation, Evidence Informed Practices, Community of Practice, EMHWare and Engagement Project Teams.
- Membership at community tables such as the Domestic Violence Court Advisory Committee, Network of Volunteer Administrators, Justice for Women Advisory Group
- Commitment to staff wellbeing by promoting a safe and healthy team and work environment through regular supervision, team meetings and planning days.

- Supported employee work-life balance through the continuation of the “must do, should do, want to do” exercise
- Enhanced efficiency through the expanded use of EMHware to produce accurate stats and reports.
- Implemented electronic transfer for payment of fees for our fee for service clinical programs.

Goals for 2022

- To implement a guest insight session into the PAR curriculum by March 31, 2022.
- To support the development of a Domestic Violence referral protocol within our community by July 31, 2022.
- To distribute agency marketing information that includes Family Services programs to local physician offices by September 30, 2022.
- To develop an evaluation framework for all Family Services Programs by December 31, 2022.

SECTION 3: STAFF FEEDBACK

This year we again chose to survey newer employees (hired after September 1, 2018) 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 this year included the areas of awareness and connection. During the period of September 1, 2018 to September 30, 2021 there were 27 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 44% response rate which is significantly higher than the 2020 response rate (26%).

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; the valuing of individual contributions to the agency mission, communication, and questions relating to change processes, managing the changes due to COVID-19. 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.

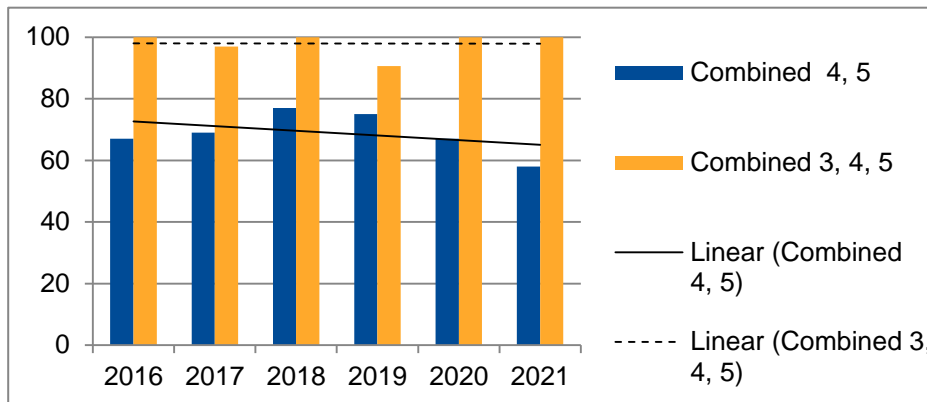
A total of 96 of 161 employees completed the survey which represents a 60% return rate; a higher response rate as compared to 2020 (45%). This is the highest response rate over the last 4 years. One reminder was sent out to employees for survey completion.

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.

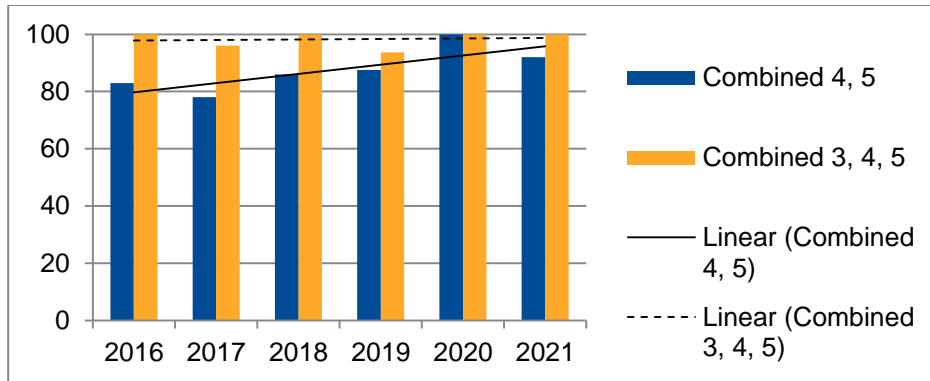
1. Level of awareness of the “Value Statements About Services”.

- A total of 12 employees responded to this question. The average response for this question was 4.08, approximately the same average as last year (4).
- 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 58% scaled a 4 or a 5 response; this indicates a high level of awareness of our Value Statements.
 - 5 or 42% responded with a 5 on the rating scale
 - 3 or 25% 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 was the same and the combined 4, 5 rating (58% vs 67%) was slightly lower.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 response rates over the last six years.



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

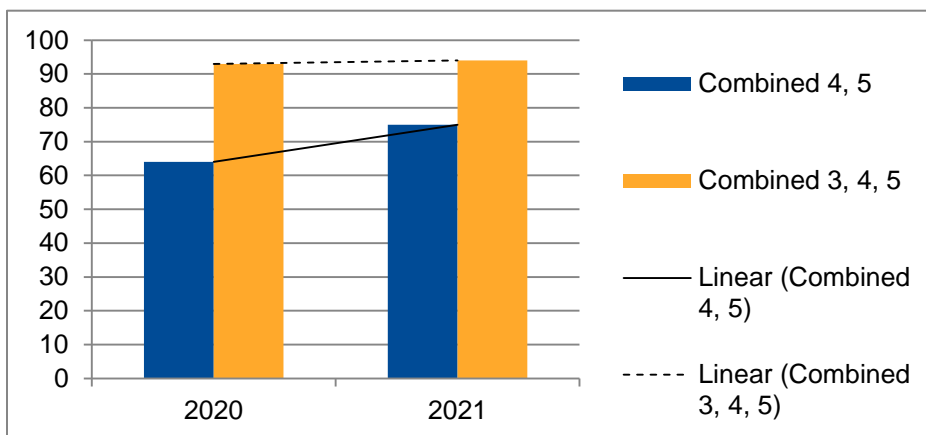
- A total of 12 employees responded to this question. The average response for this question was 4.58 slightly higher than 2020 (4.45).
- 12 employees or 100% scaled a 4 or 5 response, indicating a strong sense of connection to the Value Statements
 - 8 or 67% responded with a 5 on the rating scale
 - 3 or 25% responded with a 4 on the rating scale
 - 1 or 8% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 stayed the same (100%) and there was a decrease of 8% 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 six years.



The following eight questions were completed by all respondents.

3. In light of the ongoing COVID-19 pandemic, employees were asked to rate the degree to which we meaningfully engaged service participants in the designing and monitoring the modifications made to their service delivery. With 1 being a low level of engagement and 5 being a high level of engagement.

- A total of 90 employees responded to this question. The average response for this question was 3.9, a slight increase from the 2020 average of 3.79.
- 85 employees or 94% scaled a 3, 4 or 5 response
- 68 employees or 75% scaled a 4 or 5 response
 - 19 or 21% responded with a 5 on the rating scale
 - 49 or 54% responded with a 4 on the rating scale
 - 17 or 19% responded with a 3 on the rating scale
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last two years.

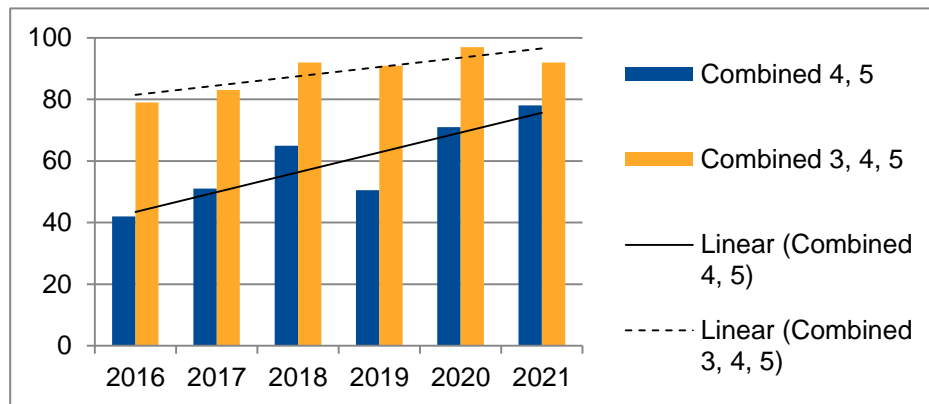


Employees were asked to provide comments related to this question. Twenty-three employees took the opportunity to do so. Most employees commented that we meaningfully engaged with service participants and were flexible and responsive while identifying the limitations to this at different times due to COVID-19 emergency

management throughout this last year. Some employees also commented that communicating changes throughout this past year was challenging at times.

4. 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 90 employees responded to this question. The average response for this question was 4.03, an increase from 2020 (3.87).
- 83 or 92% scaled a 3, 4 or 5 response
- 70 or 78% scaled a 4 or 5 response
 - 31 or 35% responded with a 5 on the rating scale
 - 39 or 43% responded with a 4 on the rating scale
 - 13 or 14% responded with a 3 on the rating scale
- Compared to last year, there is a 5% decrease in the response rate in the combined 3, 4, 5 responses and a 7% 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 six years.



Employees were asked to provide comments related to this question. Twenty-three employees took the opportunity to do so. The majority of employees commented on the responsiveness of IT support and advancements in use of technology while working at home. There were a few comments expressing frustration regarding the reliability and age of cell phones and the need to update agency systems to ensure the progress continues in the use of technology.

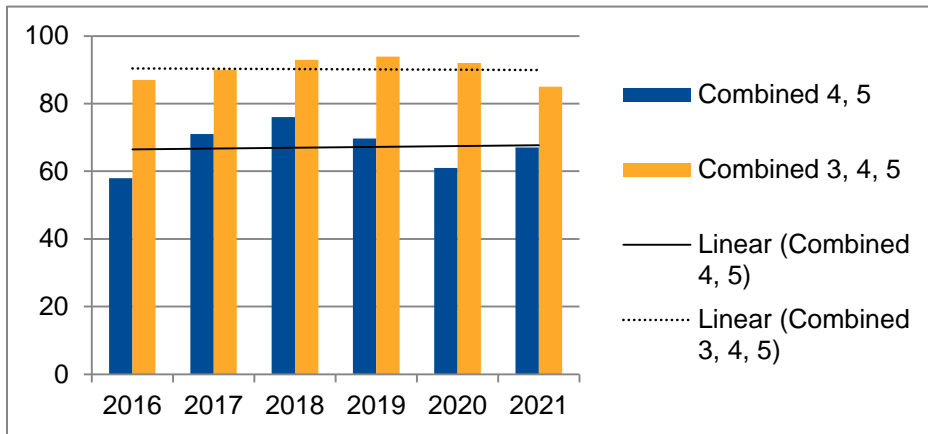
The positive linear trend reflects the efforts made over the last six years to improve the agency’s use of technology.

5. 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 they feel that the Agency values their contributions in providing our essential services.

- A total of 85 employees responded to this question. The average response for this question was 3.8, the same as last year (3.79)

- 72 or 85% scaled a 3, 4 or 5 response
- 57 or 67% scaled a 4 or 5 response
 - 25 or 29% responded with a 5 on the rating scale
 - 32 or 38% responded with a 4 on the rating scale
 - 15 or 18% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 is slightly lower (decrease of 7%) and there is a 6% 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 six years.

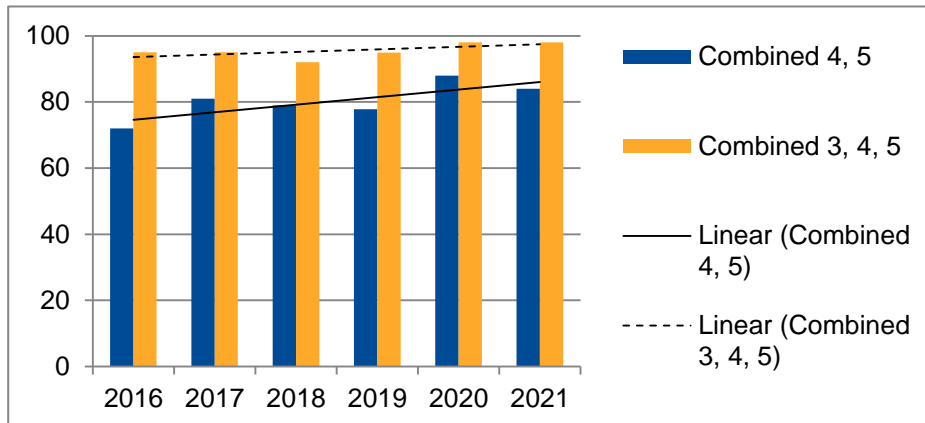


Employees were also asked to provide comments related to this question. Fifteen employees took the opportunity to do so. Many of the respondents agreed with this statement, commenting that this was demonstrated by the agency response during the pandemic. There were some concerns noted relating to the added layer of health and safety practices and the experience, at times, of top down COVID-19 directions with limited or no opportunity for input. It was also noted that experiencing the impact of the pandemic, changes in health and safety practices and work while providing services had a personal impact for some employees.

6. *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 86 employees responded to this question. The average response for this question was 4.3, the same as last year (4.31).
- 84 or 98% scaled a 3, 4 or 5 response
- 72 or 84% scaled a 4 or 5 response
 - 42 or 49% responded with a 5 on the rating scale
 - 30 or 35% responded with a 4 on the rating scale
 - 12 or 14% responded with a 3 on the rating scale
- Compared to last year, there is no change in the combined 3, 4, 5 (4%) and a slight decrease in the combined 4, 5 response rates (4%).

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

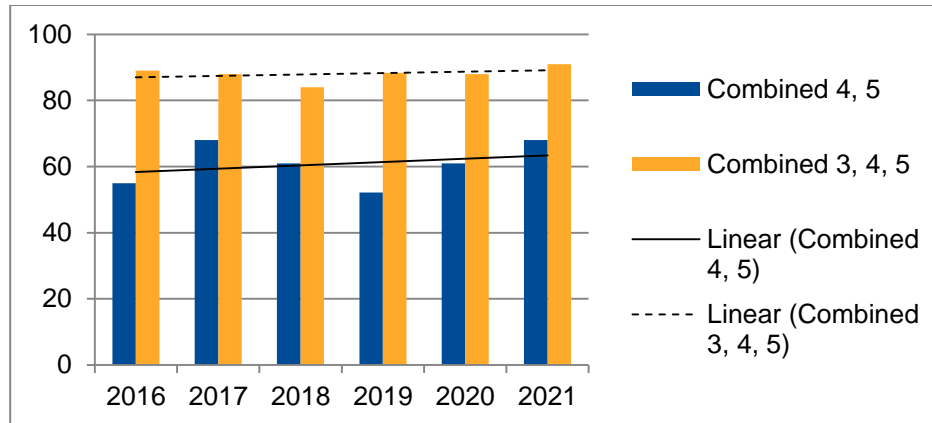


Employees were asked to provide comments about what worked best for them; Thirty-five employees took the opportunity to do so. The majority of respondents indicated that the regular virtual staff meetings provided opportunity to receive the same message at the same have been helpful and effective. Some also noted team meetings and emails contributed to being kept up to date.

7. *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 86 employees responded to this question. The average response for this question was 3.9, an increase from 2020 (3.56).

- 79 or 91% scaled a 3, 4 or 5 response
- 59 or 68% scaled a 4 or 5 response
 - 26 or 30% responded with a 5 on the rating scale
 - 33 or 38% responded with a 4 on the rating scale
 - 20 or 23% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 is approximately the same (increase of 3%) and there is a 7% 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 six years.



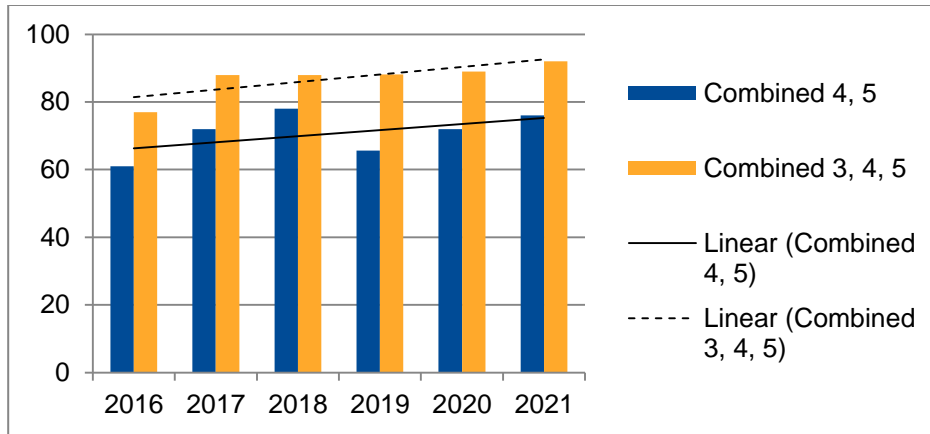
Employees were asked to provide comments related to this question. Seventeen employees took the opportunity to do so. Many employees commented that they felt supported and informed throughout this past year. While most employees indicated that they were informed, included and supported throughout this past year, this was not experienced by all the employees who commented. Some employees noted that decisions and directions were made without their input; changes were mandated externally and resulting changes had to be made quickly.

For the last six 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.

8. *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 86 employees responded to this question. The average response for this question was 4.13, an increase from the average in 2020 (3.98).

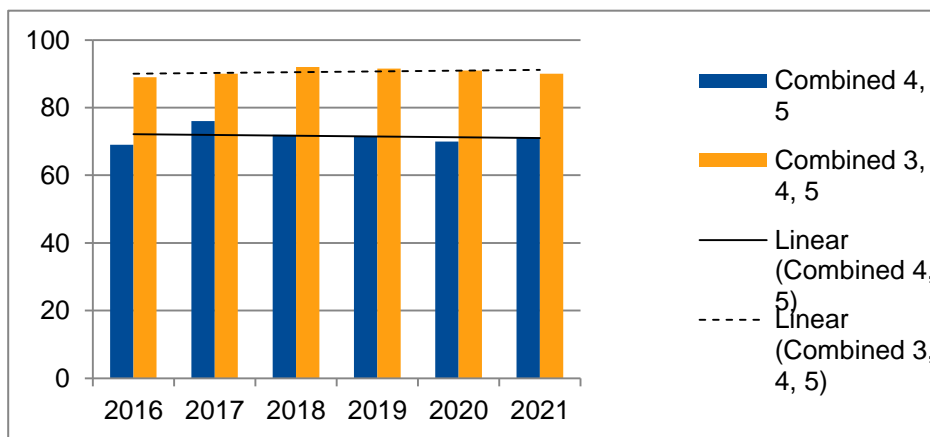
- 80 or 92% scaled a 3, 4 or 5 response
- 66 or 76% scaled a 4 or 5 response
 - 39 or 45% responded with a 5 on the rating scale
 - 27 or 31% responded with a 4 on the rating scale
 - 14 or 16% responded with a 3 on the rating scale
- Compared to last year, there is an increase in the combined 3, 4 5 (3%) and 4, 5 (4%) response rates.
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last six years.



9. 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 Cooperative Agreement related concerns/questions/issues forward to a Core Committee representative.

A total of 86 employees responded to this question. The average response for this question was 3.94 approximately the same as 2020 (4.03).

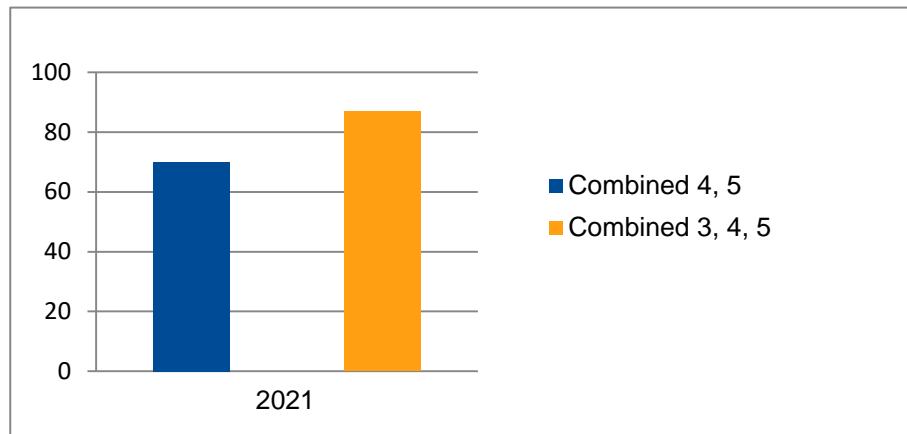
- 77 or 90% scaled a 3, 4 or 5 response
- 61 or 71% scaled a 4 or 5 response
 - 33 or 38% responded with a 5 on the rating scale
 - 28 or 33% responded with a 4 on the rating scale
 - 16 or 19% responded with a 3 on the rating scale
- Compared to last year, there is a slight decrease in the combined 3, 4 5 (1%) and a slight increase in the 4, 5 response rate (1%).
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



10. Employees were asked on a scale of 1 to 5 (1 being not supported and 5 being well supported) how well REACH supported them and their work throughout the past 12 months.

A total of 83 employees responded to this question. The average response for this question was 3.92.

- 72 or 87% scaled a 3, 4 or 5 response
- 58 or 70% scaled a 4 or 5 response
 - 30 or 36% responded with a 5 on the rating scale
 - 14 or 17 responded with a 3 on the rating scale



Employees were asked to provide comments about what worked well and what didn't work well for them. Thirty-six employees took the opportunity to respond. The majority of employees indicated that they felt supported throughout the past 12 months. About a third of the comments reflected concern about the level of support received; this included comments regarding the limited opportunity to provide input prior to changes in practices, policies, health and safety guidelines, as well as, personal experiences of the waves of the pandemic and work.

Summary:

The response rate this year for newer employees returned to a more similar rate to pre-pandemic surveys: 44% this year compared to 26% last year.

Employees hired after September 1, 2018, who responded to the survey indicated a strong level of awareness and connection to the Value Statements About Services.

The response rate this year for all employees this year was the highest response rate over the last 4 years: 60% this year compared to 45% (2020), 50% (2019), 52% (2018) and 46% (2015).

Overall the feedback received from employees including comments was positive. Positive trends continue to be noted for most areas. The majority of employees commenting took the opportunity to express confidence in the agency's health and safety practices, communication and support throughout the past year. Also of note was that this past years' experience of COVID-19 once again required more directive and less consultative, and often externally driven, emergency management processes and messaging. Some employees expressed concern over the limited opportunity at times to consult on changes impacting their work.

As the pandemic begins to wane, we can begin to safely move away from the necessary emergency management measures that have been implemented, We will continue to focus our efforts on practices that have kept employees feeling connected and well supported throughout this past year.

SECTION 4: RISK MANAGEMENT REVIEW

In total, agency employees filed 363 Incident Reports in 2021. There were 18 Health and Safety Reports filed with our Joint Health and Safety Committee which is the same number of reports filed in 2020. The agency filed 11 Serious Occurrence Reports in 2021 which is down from the 34 reported in 2020. 7 Serious Occurrences were reported to Ministry of Children, Community and Social Services (MCCSS), 1 Serious Occurrence was reported to Ministry of Attorney General (MAG) and 3 Serious Occurrences were reported to the Ministry of Education (MOE). The reports filed with the MOE were related to the COVID-19 pandemic. There were no Serious Occurrences reported to the Ministry of Health during this review period.

Incident Reporting

The 363 Incident Reports filed in 2021 is significantly higher than the 306 that were filed in 2020.

144 Incident Reports were filed in our licensed child care and EarlyON programs in 2021. This volume is higher than last year's total of 60 and is more in line with 2019's total of 217. These incidents mostly involved minor and typical injuries to young children participating in these programs. 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).

219 Incident Reports were filed in 2021 for the agency's other programs which is lower than last year's total of 246. 100 of these reports were coded as "Report to CAS / child at risk", which is lower than the 127 filed in 2020. These reports are written when a child is suspected to be at risk and a report is made to the Children's Aid Society. For 2021, most reports to the Children's Aid Society were made through our Contact Unit. In 2021 there were 73 incidents involving suicidal ideation which represents a 22% increase from the 60 reported in 2020. 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 27% of the 447 calls received by this service in 2021. This represents an increase from the 24% of the 370 calls reported in 2020.

Health and Safety

During this review period, employees filed 18 Joint Health and Safety Committee reports. 6 of these incidents took place at the Townsend office, 11 occurred in satellite locations/partner agencies/other community settings and 1 while working at home.

There were 7 incidents involving work place violence where some level of service participant aggression was experienced by an employee and 1 incident where the contact was accidental. 2 incidents were related to slips/trips/falls, 4 related to the premises, and 2 to environmental conditions. 2 reports were also filed for 'near misses'.

There were 5 reports of a staff injury that required first aid. There was 1 employee injury reported to WSIB (4 in 2020), which did not result in the loss of work time.

Attendance at most of our work sites was again variable throughout the year and most of our employees were working at home for significant periods of time due to COVID-19 restrictions.

Due to the prolonged COVID-19 pandemic, the agency maintained 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 continued to review all health guidance documents issued by health authorities and regulators, and in turn offered updated documentation as follows:

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

Beyond the COVID-19 pandemic and the recent emergence of the Omicron variant there are no known existing conditions that pose any ongoing health and safety risk to staff, volunteers or service participants at this time.

Serious Occurrence Reporting

In reviewing the Annual Serious Occurrence Roll Up Reports for 2021, there was a decrease in the number of incidents filed with the Ministry of Education. There are no other specific patterns, trends or areas that present as particularly problematic or require agency attention.

Liability Risks

H-N REACH conducted the annual Insurance Coverage Review in May 2021 and the Board of Directors decided to increase the agency's liability coverage due to the COVID-19 pandemic and its associated risks.

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.

As the COVID-19 pandemic continued, our IT staff maintained an increased level of support to our employees in order to ensure the continuity of our services throughout the various periods of COVID-19 restrictions. There were no significant service interruptions in 2021 and the investments made to our IT infrastructure in 2020 enabled the agency to accommodate the increased level of virtual work and activity.

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.

Complaints

There were 2 Incident Reports related to complaints in 2021. The formal written agency complaint mechanism was not used in 2021 as the issues were resolved at the unit level. This would suggest that our regular complaint resolution practices continue to be effective in addressing concerns that are within the agency's control.

Summary

A review of the agency Risk Management materials assembled in 2021 would indicate that agency employees continue to be well versed on the recognition and reporting of most matters related to risk, service participant incidents, major complaints, health and safety and Serious Occurrence requirements.

The agency will provide updated 'Duty to Report' training to all employees in 2022 due to changes made to the child welfare reporting requirements in the *Child Youth and Family Services Act*.

SECTION 5: REVIEW OF 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.

The COVID-19 pandemic continues to be a significant public health concern at the time of this writing so this extensive review will be positioned in the next review period. H-N REACH launched a Work At Home Project Team in December 2021 and recommendations are expected in early 2022. In general terms, virtual operations, equipment and infrastructure are working well across the agency and this has allowed the agency to cycle through the various transitions associated with the management of the COVID-19 pandemic. In terms of the service participant experience, virtual services have worked well for some children, youth and families and have even served to reduce some historical barriers (e.g. transportation). Other service participants however, have chosen not to engage in virtual options or have advised us that it has affected the quality of their services.

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.

H-N REACH has maintained virtual staff meetings throughout the COVID-19 experience. Meetings were held every two weeks when needed and reduced to monthly during the quieter periods of the pandemic. Meeting attendance has been very good averaging approximately 97 participants. A recent staff meeting survey and employee CQI responses have confirmed the value and effectiveness of virtual employee meetings, especially when there is a great deal of information to share. Going forward, H-N REACH will be looking to implement a combination of in-person and virtual staff meetings.

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.

The PHSWPC provided periodic updates at staff meetings and distributed materials to support employees. The PHSWPC also sponsored two employee workshops on self-care that were well received. The PHSWPC is looking to update the agency PHS Audit in early 2022.

In addition to the work of the PHSWPC, a number of employees from across the organization made contributions to promoting a positive culture during challenging times. The H-N REACH Leadership Team made a point of sharing promising practices across units, frequent check-ins, team discussions, and other sources of feedback to plan activities and events that supported employee wellbeing. The CARE Committee, CORE Committee, Change Work Committee, Joint Health and Safety Committee, and the Transition Team were also very instrumental in supporting the needs of the workplace

throughout this period. Activities such as weekly mindfulness, virtual coffee breaks, solution-focused conversation lunch and learns all contributed to the agency effort to support employee wellbeing. All of these efforts were helpful in paying particular attention to the wellbeing needs of our employees throughout this pandemic period.

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).

This process was interrupted by priorities associated with the extended COVID-19 pandemic during the past year and this continues to impact the timelines for the completion of this goal. As a result, the target date has been shifted to the next review period. The Engagement Team continues to meet and support the implementation of effective engagement practices as generated by unit discussions of the Guide to Effective Engagement Practices.

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.

This process was interrupted by priorities associated with the extended COVID-19 pandemic during the past year. At this point in time, most units are in the process of completing their respective frameworks. This goal will be carried forward into the next review period.

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.

This process was interrupted by priorities associated with the extended COVID-19 pandemic during the past year. This will be carried forward into the next review period.

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.

The OSP for adults was recently expanded but did not include the Haldimand and Norfolk Service area. The provincial planning for children and youth continues at the pilot stage. As Lead Agency for Child and Youth Mental Health, Haldimand-Norfolk REACH will continue to follow this initiative and will lead the local development when that occurs.

8. Haldimand-Norfolk REACH will plan with our community partners in the development of the new Ontario Autism Program service options.

In the past year, H-N REACH has implemented new Fee-For-Service options as well as initiating the Entry to School and Parent Mediated Early Year services, in partnership with

other OAP providers in the Hamilton/Niagara region. H-N REACH also continued with the year-2 roll out of Foundational Family Services. Beginning in December 2021 an Autism Community Collaboration Group with key members being from Brant-Haldimand-Norfolk with representation from both school boards, autism services and mental health services will be meeting on a regular basis to update and collaborate to provide services for families in the community.

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.

This process was interrupted by priorities associated with the extended COVID-19 pandemic during the past year. This will be carried forward into the next review period.

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.

The Dunnville Office is now complete and fully operational. Partnership Agreements have been signed with LCC, CLH & CAMHS. LCC and H-N REACH are currently using the facility and CLH has plans to move their employees into the facility in early 2022.

SECTION 6: AGENCY RECOMMENDATIONS FOR 2022

Related to strengthening organizational health

1. Haldimand-Norfolk REACH has recognized that our employees were experiencing the COVID-19 Pandemic at the same time as our service participants. In order to ensure that we attend to employee wellbeing, we will conduct the next Climate Check as per the timeframe recommended by the Change Work Committee.
2. As H-N REACH makes its way through the final stages of the COVID-19 the agency will move out of emergency management mode and re-engage the broader decision making culture and associated processes that were typical of our practices pre-pandemic.

Related strengthening engagement with service participants

3. Each unit will review and update their engagement practices and policies. The agency Service Participant Engagement Policy will be updated once each unit has had the opportunity to work through this process by the end of this review period.
4. H-N REACH will continue the process of strengthening our engagement with Indigenous and 2SLGBTQ+ communities at the service, operations and governance levels.

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 2022 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 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.

Other

8. Benefitting from the learnings of COVID-19, the agency will review and update our work at home practices based on agency and service needs, current research and promising practices in our sectors.

APPENDIX: ORGANIZATIONAL CHART 2021/2022

HALDIMAND-NORFOLK REACH 2021/2022 ORGANIZATIONAL CHART

