

Haldimand - Norfolk
REACH

supporting children, families, communities

Continuous Quality Improvement Report

For The Year 2022

Table of Contents

SECTION 1: OVERVIEW	1
SECTION 2: SUMMARY OF DIVISION QUALITY IMPROVEMENT REPORTS	2
CONTACT HALDIMAND-NORFOLK.....	2
EARLY CHILDHOOD SERVICES.....	5
AUTISM AND BEHAVIOUR SERVICES	5
EARLY LEARNING AND CARE	8
EARLY CHILDHOOD INTERVENTION PROGRAMS.....	11
FAMILY EARLY INTERVENTION PROGRAM	13
REGIONAL STUDENT NUTRITION PROGRAM.....	16
CHILD, FAMILY and ADULT INTERVENTION SERVICES.....	19
CHILD AND YOUTH MENTAL HEALTH SERVICES	19
DEVELOPMENTAL SERVICES	21
ADULT COUNSELLING SERVICES.....	24
YOUTH AND JUSTICE SERVICES	25
HUMAN RESOURCES	28
FINANCE	31
SECTION 3: BOARD FEEDBACK	32
SECTION 4: STAFF FEEDBACK.....	34
SECTION 5: COMMUNITY PARTNER FEEDBACK	44
SECTION 6: RISK MANAGEMENT REVIEW.....	51
Incident Reporting.....	52
Health and Safety	53
Serious Occurrence Reporting.....	54
Data Management Systems.....	54
Complaints.....	54
SECTION 7: REVIEW OF RECOMMENDATIONS FOR 2022.....	54
SECTION 8: AGENCY RECOMMENDATIONS FOR 2023	57
APPENDIX: ORGANIZATIONAL CHART 2022/2023	58

SECTION 1: OVERVIEW

The 2022 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 2022, 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 2022 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 continues to be an area of focus across the organization. The agency will continue to advance our evaluation practices through the completion of program evaluation frameworks for each unit. This year our Human Resources and Finance Units developed logic models and evaluation frameworks. Unit CQI planning also considers feedback collected from collaterals and community partners throughout the year that is specific to the particular services provided by that unit.

For the agency-wide Continuous Quality Improvement Report, community, Board member and staff feedback is collected through a web-based survey with some consistency in the questions to measure change over time. The community survey resumed its regular schedule this year as it was paused in 2020 due to the COVID-19 pandemic. The community survey is used every other year rather than annually to protect against survey fatigue. The Board survey was completed this year after a pause in 2021 while the Board was engaged in specific development and policy work related to its governance obligations.

For Board and staff input, the 2022 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 2022, 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 6 of this report summarizes the review of the risk management activities/outcomes from 2022 and identifies patterns or areas of concern requiring attention from the organization.

Section 7 of this report outlines progress on goals developed for 2022 and Section 8 identifies the actions, plans and recommendations for 2023.

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. Human Resources and Finance summaries are new additions to the report this year. Their summary data focuses on descriptions of their evaluations and the identification of goals for 2023. The reader will find an organizational chart in [Appendix 1](#) to reference which programs are connected to each unit of the agency.

CONTACT HALDIMAND-NORFOLK

Environmental Scan

Complex Special Needs funding broker functions and monitoring of residential placements has transferred from Brokerage Services of Hamilton Health Sciences to Complex Need Placement Coordination of Contact Hamilton. This has led to rich conversations amongst the Contact agencies regarding the new process, while ensuring consistency and respecting each area's diverse needs, where appropriate.

The Provincial Network of Coordinating Agencies have been discussing the continuation of this provincial committee and increasing the involvement of the FASD Program and Ontario Autism Program Urgent Response Services.

Summary of Unit Program Evaluation

Both the dedicated Coordinated Service Planning Program and the FASD Program encourage families to complete an evaluation, the Measure of Processes of Care (MPOC), which is an evaluation that is provided provincially. In addition to this, the dedicated Coordinated Service Planning Program also provides families with an opportunity to complete a survey entitled “Taking the Pulse”. The Taking the Pulse survey for the FASD Program is currently under review, to ensure it is relevant, specifically to the updated service and support that is offered to families.

The Single Point of Access encourages the completion of satisfaction surveys when referrals are completed in both the child developmental sector and in the child and youth mental health sector. Brief feedback is requested when families are requesting information on available resources but are not completing a referral.

Referral Sources Feedback

Over the past year, the Single Point of Access has processed 1,673 requests, which is a 34% increase from the same time frame last year. While the majority of the categories for referral sources increased, there was a significant decrease in requests from Children Welfare (57%) and Hospitals (52%). The primary categories that requests were from both over the past year and the previous year were from Self/Family/Friend at 31% and 26% respectively and Other H-N REACH Program at 21% and 23% respectively.

Program Outcomes and Outputs

As the amount of requests increased over the last 3 years, it is suspected that this was the result of the pandemic restrictions lessening, as well as, the impact the pandemic had on our families. Over the past year, approximately 70% of the requests were in regard to mental health support being needed. Within these mental health requests, 52% of these referrals required referrals to child and youth mental health programs.

The number of families involved with the dedicated Coordinated Service Planning Program has increased this past year in comparison to the last 2 years. This year there was a 24% increase in the caseloads, while the year prior there was a 2% decrease. Many of the children and youth have multiple and more complex needs, resulting in more intense supports needed for a longer time frame.

The number of families involved with the FASD Program has increased over the past 3 years. This year, there was an 18% increase, while the year prior (2020/2021) the increase was 15%. It is felt that this steady increase may be caused by several factors, including families and community partners becoming more aware of the program and potentially being more aware of FASD. The FASD Caregiver Group had been in hiatus while hiring a new FASD Worker and re-evaluating the group. Once the new staff was available, surveys were sent to families to request feedback of how the FASD Caregiver Group would work best for them. There have been 7 families that have participated in the groups, which also recently returned to in-person meetings. The FASD Worker has started to be more involved in school settings and it is anticipated that there is opportunity to build capacity within the schools and other community partners working with children and youth that are affected by FASD.

Service Participant Satisfaction

There was an increase in the amount of satisfaction surveys provided to families after completion of the intake process; however the response rate remains quite low. The responses that were received are overall positive with themes of appreciation for feeling heard with empathy and that the team was knowledgeable and helpful.

The feedback within the Taking the Pulse surveys for the dedicated CSP Program have been quite minimal; however responses have been very positive with themes of appreciating the team's efficiency and compassion towards the child and youth's situation.

Unit Training Plan

Many of the Contact team members were able to participate in a variety of trainings this past year. In addition to finding opportunities for some identified areas of need for training, such as *Applied Suicide Intervention Skills Training (ASIST)* and managing stress, the team also found many other areas of learning very useful, such as gaining further knowledge and awareness about human trafficking and adult developmental services.

Training identified for the upcoming year includes the '*F-Words*' in *Childhood Disability* training (CanChild), further understanding of sex trafficking and an increased awareness and best practices with engaging with multi-cultural families.

Summary of Actions

The Contact team has been working diligently throughout all programs to maximize efficiencies and exploring ways to increase engagement and support to the children and youth that are supported. Several goals related to developing processes that better utilize the technology available to our team were completed. This includes the development of more structured Contact notes, tracking charts for required tasks and reports, referral request forms, agendas for Coordinated Service Planning meetings and evaluating our current organization of the shared directory with our vast amount of resources. This has helped streamline administrative tasks and tracking required reports in a much more efficient manner.

Work was completed focused on improving processes within Complex Special Needs funding and the FASD Program. Discussion of what is important to maintain, what is best for the families we support and what could be improved led to brainstorming and discussing strategies to ensure efficiency is considered, along with the families getting what they are needing and wanting.

Unit Goals for 2023

- The Contact team will explore options for increased team engagement. The intention is to have this goal completed by July 2023.
- The Contact team will review the H-N REACH website and update the necessary information. The intention is to have this goal completed by July 2023.
- The Contact team will explore opportunities to increase and update promotional material for relevant programs. The intention is to have this goal completed by September 2023.
- The Coordinated Service Planning Program and the FASD Program will review current tracking systems for required tasks and adjust the system to be more efficient. The intention is to have this resource finalized by March 2023.
- The Coordinated Service Planning Program will develop and utilize a Transition to Adulthood Guide. The intention is to have this resource finalized by July 2023.

- The Coordinated Service Planning Program will explore resources for working with medically fragile children and youth and how to best support them, specifically as they become transitionally aged youth. The intention is to have this goal completed by September 2023.
- The FASD Program will develop Tip Sheets/Best Practices for specific situations and community partners, such as teachers, respite workers, summer camps, holidays and car trips. The intention is to have this goal completed by July 2023.
- The FASD Program will develop a new evaluation survey for their program. The intention is to have this goal completed by March 2023.
- The Single Point of Access will expand the access to a referral request form, both directly with community partners and on the website. The intention is to have this goal completed by March 2023.
- The Single Point of Access will expand the use of sending referrals directly through the database as a more efficient measure. The intention is to have this goal completed by March 2023.

EARLY CHILDHOOD SERVICES

AUTISM AND BEHAVIOUR SERVICES

Environmental Scan

- The Ministry of Children, Community and Social Services (MCCSS) rolled out the Independent Intake Organization (IIO) which is responsible for registering children and youth for the Ontario Autism Program (OAP), 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 rolled out in April 2022.
- Families that are connected with H-N REACH have been receiving their invitations to Core Clinical Services and throughout 2022 our Family Service Coordinators have been attending the needs assessment meetings with families and assisting them in registering for and accessing funding following these meetings. The "new OAP" funding is needs-based and individualized to each service participant.
- In partnership with Hamilton Health Sciences, Lansdowne Children's Centre, Six Nations Health Services, Bethesda Community Services and Niagara Children's Centre, H-N REACH has been providing Caregiver Mediated Early Years programs (CMEY) (Social ABC's, Pivotal Response Treatment) as well as the Entry to School program which launched April of 2022. A second round of Entry to School will be implemented in March 2023.
- Transition to Fee for Service model continues to impact service participants and staff within the Autism and Behaviour Services unit as we adapt to changing directions in the field.
- Space restrictions and limitations on purchased Clinical Supervision continue to impede the expansion of the Fee for Service model in the Autism and Behaviour Services Unit. The process of hiring an in-house Clinical Supervisor began November 2022.

Summary of Unit Program Evaluation

Caregiver Mediated Early Years evaluation is still being adapted and revised as the first fiscal year of providing these services comes to an end (regional evaluation). Clinicians continue to provide a satisfaction survey to all service participants at the end of consultations and services. We continue to have clinical supervision provided by a Board Certified Behavior Analyst® (BCBA) for all behavioural interventions. Logic models and evaluation frameworks for new programs such as Entry to School, Urgent Response Services and Caregiver Mediated Early Years are still being revised and finalized.

Referral Sources Feedback

The Family Service Coordinators have been building and maintaining solid relationships with our families in the region that have a child with an Autism Spectrum Disorder diagnosis. They are reminding families to continuously check their e-mails and contact the Ministry for an invitation to Core Clinical Services as the invitations go directly to families now. This has ensured that families that receive an invitation are booking their needs assessment meetings promptly, and then entering into service when a spot becomes available.

A total of one hundred and eighty-seven referrals were received for all Autism and Behavioural Service programs this year. 72% of these were internal referrals, 20% were self-referrals and 8% were third party referrals.

Families continue to find services through the H-N REACH website, Ministry of Children, Community and Social Services website and Autism Ontario service navigators when receiving a diagnosis of Autism Spectrum Disorder.

Program Outcomes and Outputs

During the 2022 year, under Foundational Family Services, we served 308 families. The support for this program ranges from virtual family events, short consults for caregivers, clinicians attending school meetings, assisting families with funding applications, attending needs-based assessment meetings, providing parent education tools and social skills recreation groups. This is a fully funded service for parents, siblings and children with Autism Spectrum Disorder.

Twenty-six children accessed services through the Fee for Service model through Autism Services in 2022. These families purchased services using their Ontario Autism Program funds or private funds. Six received Comprehensive Applied Behaviour Analysis services in-center and twenty received Focused Applied Behaviour Analysis in the home and the community. All participants in our Comprehensive Applied Behaviour Analysis services have continued to make ongoing progress in their specific goals (they remain in-service currently). All service participants in our focused Applied Behaviour Analysis services met their individualized goals in the time frame allotted (12 week programs).

Under the Caregiver-Mediated Early Years program, H-N REACH provided Pivotal Response Treatment services to eight children.

The Behaviour Support program serviced twenty-one families this year. Data is taken for these families on their specific goal when they enter service, and again when discharged. Data revealed there was improvement across all goals for families serviced. Families notably reported that they were able to increase their understanding of Applied Behaviour Analysis and gained confidence in their ability to help their children.

The Autism Behaviour program provided support to transition 10 individuals to high school this year. All 10 participants transitioned to school successfully.

Service Participant Satisfaction

Clinicians provided all families ending service with a satisfaction survey. Families complete these without the clinicians seeing results as to not skew their honesty. All families (100%) reported that the information they received was helpful, the clinician listened to their concerns, they are going to try at least one of the ideas shared with them, they will continue to use the visuals (or other materials) given to them, they would use this service again, and they would recommend this service to others. Some comments included: *“Definitely will use this service again”, “Very helpful for my child’s needs”, “This service gave us the tools to continue helping our child moving forward”, “Our daughter looked forward to her visits with (clinician)”, “I wouldn’t change a thing. (Clinician) was amazing”, “(Clinician) was great, I would highly recommend” and “Everyone was so kind and great. I have learned a lot”.*

Unit Training Plan

This past year, the Autism and Behaviour Services Team was trained in various areas such as: RBT (Registered Behaviour Technician) training, Triple P, Pivotal Response Treatment, Social ABCs and Autism and Mental Health capacity training. The team members have each taken various webinars and attended training on topics of interest and relevance to their specific participant caseloads such as Picky Eating. New hires were trained in Indigenous Culture Competency, and all staff continues to keep up with their Non Violent Crisis Intervention and first-aid training.

Non Violent Crisis Intervention and CPR/First-Aid training are scheduled for January 2023.

An additional clinician will be trained in Pivotal Response Treatment in early 2023.

2SLGBTQ+ training will be scheduled during the 2023/2024 fiscal year.

Summary of Actions in 2022

The Autism and Behaviour Services unit continues to be paperless throughout 2022.

Autism and Behaviour Service fee for service process and models continue to be updated as we continue to navigate through this new framework.

The Comprehensive ABA (CABA) program rolled out the online platform Catalyst© to document children’s progress paperless. This has been a more efficient and user-friendly way to share progress.

Autism and Behaviour Services unit has begun planning new Fee for Service packages for parent training as well as Fee for Service curriculum groups to be rolled out in 2023.

Autism and Behaviour Services unit implemented the first year of the Entry to School program, and is now planning the implementation of the second year (for March 2023).

Job postings for additional Autism Clinicians went out in November 2022. We also have begun the recruitment process for an in-house Clinical Supervisor in December 2022.

Unit Goals 2023

- Continue to revise and then finalize the logic models and evaluation framework for the new programs such as Entry to School. To be finalized by March 2023.
- Hire additional Autism Clinicians and an in-house Clinical Supervisor to be able to expand our fee for service capacity (January or early February 2023).
- Work toward sustaining the Autism and Behaviour Services fee for service program independently (ongoing).

- Draft plan to expand space for Autism and Behaviour Services service participants by searching for potential new locations to house in-center therapy by the end of 2024.
- Continue working toward looking for an outdoor space for service participants (or indoor) for play. Throughout 2023.

EARLY LEARNING AND CARE

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

Environmental Scan

- Haldimand Norfolk Early Years Quality Project resumes January 2022.
- A significant number of updates related to the COVID-19 Pandemic occurred between January 1, 2022 and March 17, 2022 regarding masking, screening requirements, vaccinations, provision of HEPA Filter Units to support the Early Years System.
- Canada Wide Early Learning and Child Care Agreement (CWELCC) between Ontario and Canada announced March 28, 2022.
- Fee freeze implemented March 27, 2022 prohibiting fee increases to child care rates for children under the age of six or six years old and enrolled in kindergarten.
- Early Years Workforce Funding announced April 4 for 2022.
- Early Years Workforce Professional Development. April 22, 2022 & October 17, 2022 our programs closed to attend and funding was received to offset revenue and staff wages provided.
- Addendum to Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline (2022), released April 29, 2022.
- CWELCC Application and Enrolment deadline September 1, 2022.
- Administration of the EarlyON Child and Family Centres – Universal Services, Invitation to Bid released September 2, 2022, with application deadline of October 4, 2022.
- Administration of the EarlyON Child and Family Centres –Targeted Services, Invitation to Bid released September 9, 2022, with application deadline of September 27, 2022.
- CWELCC Application and Enrolment deadlines extended to November 1, 2022.
- CWELCC Funding Approach for 2023 released October 17, 2022.
- Wage increases announced October 20, 2022 for 2023 to support Registered Early Childhood Educator wage top up of up to \$1.00 per hour on wage increases, to a maximum of \$25.00 per hour.

Summary of Unit Program Evaluation

Program evaluation is supported using surveys, suggestion boxes and also includes verbal feedback from service participants and staff reflection. In 2022 there was an increased survey response for both the licensed child care programs and EarlyON Child and Family Centres. EarlyON social media surveys and polls also provided instant suggestions and feedback about planning and programming, while providing an opportunity for reciprocal engagement with

followers on the H-N REACH EarlyON Child and Family Facebook page. Regular team meetings connect staff and help to gain insight on each of the programs strengths and challenges, support growth and learning while working through work plan and goal completion. Attendances at EarlyON programs as well as child care attendance and program capacity was reviewed to highlight occupancy gaps and trends in attendance. Logic models, evaluation frameworks and a unit work plan served as planning and evaluation tools. In 2023 the EarlyON Child and Family Centre will implement satisfaction surveys for registered programs to aid in gathering time sensitive information on program satisfaction and improvements as well as increasing survey opportunities for EarlyON Child and Family Centre service participants.

Proposed next steps for licensed child care programs include launching the program satisfaction survey by March 31, 2023 and sharing survey feedback within 4 weeks of the survey completion. This will allow participants to see the implementation of their ideas and feedback into the program.

Program Outcomes and Outputs

Data used is for the period November 1, 2021 to October 31, 2022.

- EarlyON registered 874 adults and 1169 children.
- Adults attended 5861 and children 7949 times to our in-person programs.
- Virtual program attendance included 347 adult visits and 396 children visits.
- We recorded 359 linkages and 982 referrals compared to 41 linkages and 206 referrals in 2021. In 2020, prior to the COVID-19 pandemic we made 335 linkages and 546 referrals. Referrals to other services increased by 79.9% in 2022 from 2020.
- Our licensed child care programs have an overall enrollment of 89% across all 5 child care programs. This is up from 86% in 2021 and 61% in 2020. This upwards trajectory 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.

Service Participant Satisfaction

In June 137 EarlyON participants completed a programming survey which is significant increase from 28 surveys completed in 2021. This increase is being contributed to the return of in-person attendance at 10 of our 12 sites. Feedback showed that 98% of families that completed the survey 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:

“The educators are always welcoming and look delighted for any of the children to be attending.”

“The relief I feel knowing that I have somewhere to come where I am supported, educated and my child gains important social and life skills is absolutely immeasurable” and constructive remarks such as “We look forward to more times opening up.”

McKinnon Park Child Care Centre, Ready Set School and the 3 School Aged programs had 106 responses to the licensed child care survey sent out in June which is an increase of 41% from 2021. 91% of families feel we have built relationships with their family while 97% of families agree they are welcomed and feel like they and their children belong when attending our programs. This represents a slight decrease from 2022 and comments in this section of the survey indicate that casual/ supply staff not being familiar with names had an impact on their answer. In 2022 we experienced a higher educator absences related to sickness which resulted

in increased shifting of staff to different programs as well as the use of casual staff to cover absences.

73.5% of families say that the documentation/learning stories shared with them has increased personal knowledge and understanding their child's learning and skill development. This exchange of information contributes to our desired outcome of increasing knowledge of individual child development and is an overall increase of 12.6% from 2021.

Unit Training Plan

Early Learning and Care Unit team members completed The Ripple Effect of Resiliency Workshop Series, The F-Words for Childhood Development Workshop Series and participated in two full day professional learning conferences supporting Workforce and Retention Initiatives. The Early Learning and Care Unit will continue to participate in Community of Practice Initiatives including the Low-German Mennonite Community of Practice, School Age Community of Practice and the Supervisor/Leadership Community of Practice.

2022 goals carried forward to 2023 for learning include Trauma Informed Practices as well as continuing with solution focused practices.

Summary of Actions in 2022

In 2022 we advanced our pedagogical approach by sharing our observations, learning stories and documentation with families via email. Educators created 137 documents encouraging reciprocal communication and knowledge sharing with families about children's interests, learning and inquiry.

In 2022 we completed sections 4 through 8 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 2022 we strengthened unit connections and supportive work through professional learning, networking and regular team meetings using technology to reduce pressures on our resources and improve efficiency. This collaboration supported shared resources and helped to strengthen unit relationships.

Unit Goals for 2023

Early Learning and Care will expand our social media presence by utilizing the social media platform Instagram by March 31, 2023. This will provide information about our services to more people while maximizing work completed with increased efficiency.

Early Learning and Care will increase student placements opportunities to include a minimum of 4 placements by October 31, 2023 as needed by the community. The unit will also recruit for 4 Canada Summer Job employees to create new opportunities for knowledge and skill building to support recruitment and retention of qualified professionals.

Early Learning and Care will establish a quarterly review of our service data through the lens of efficiency. The unit will endeavor to make meaningful changes to our service delivery and respond to gaps in service, prioritize marketing for poorly attended programs and reach full occupancy in our licensed child care programs by October 1, 2023. Strengthening our understanding of service data and ensuring we are strategically making a difference with the resources we have while supporting our teams moving in the same direction; providing a common language and point of reference for the unit as we advance service delivery.

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

Early Childhood Intervention Programs continued to provide supports to service participants and families/caregivers during the ongoing pandemic. In person and virtual visits and groups continued with attention focused on health and safety as well as participant engagement and satisfaction. Service participants and caregivers have stated that they felt supported during this time.

Climate check discussions with employees revealed the following themes: Overall feeling of good work-life balance within unit with appreciation of accessibility of manager, flexibility offered, agency response to return to work with formation of Work at Home committee and update of Work at Home policy; overall sense of feeling supported with questions answered in a timely manner, commitment to satellite offices.

One key area to continue to address is the impact of current economic insecurity within the context of stagnant funding. Both the Community Action Program for Children and the Infant and Child Development Service continue to provide the same level of service given increased costs and rates of inflation within the current budget. In addition, both programs continue to experience increasing complexities with service participants (i.e. housing, addiction, food insecurity, family conflict, challenges with addiction and mental health) with a higher number of service participants experiencing multiple complexities occurring at the same time.

Summary of Unit Program Evaluation

- Community Action Program for Children and Infant and Child Development Service program satisfaction questionnaires; Program satisfaction questionnaires at exit for Healthy Moms Eating Well for 2, Young Parents Program and Infant and Child Development Service; Measure of Processes of Care for Coordinated Service Planning; Data Service Elements for Infant and Child Development Service and Coordinated Service Planning; Public Health Agency of Canada Reporting Tool and project monitoring calls, 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 for all programs
- An Early Childhood Intervention Programs Evaluation Plan was updated

Referral Sources Feedback

The numbers of referrals to Early Childhood Intervention Programs increased in 2022 to 136 in comparison to previous years- 103 in 2021, 106 in 2020 and 102 in 2019. Data on referral sources highlights that there were a variety of referral sources to Early Childhood Intervention Programs, with the greatest number consistently from 'Self, Family, Friend'. This data will assist in planning for targeted promotion of programs in the New Year.

Program Outcomes and Outputs

- Healthy Moms Eating Well for 2 program provided services to 20 participants, representing a drop in the total number of participants from the previous year.

- Young Parents Program had 13 participants representing a slight shift down in participant numbers from the previous
- 6 Positive Discipline in Everyday Parenting Programs were facilitated with 41 participants. This represents an increase from the previous year with the return to both in-person and virtual programs
- In partnership with Child and Youth Mental Health Services, two virtual Emotion-Focus Family Caregiver Workshops and one booster session were facilitated with 42 participants. This is a slight decrease from 2021.
- School's Cool returned to one in-person program with 13 participants. Data is not able to be compared with previous years as the program shifted to a parent-child virtual program in 2021 and 2020, with two programs offered in previous years; Technicalities Plus completed a report analyzing the program outcomes and noted an overall developmental skill increase of 88.56 weeks
- Roots of Empathy returned to in-person programming with 41 participants in two programs. No programs were facilitated in the previous year due to COVID-19 restrictions with the school board
- Infant and Child Development Service participant numbers have increased significantly in 2022 to 144. Numbers were lower and remained consistent from 2018 to 2021; Infant and Child Development Service supported 32 participants with transition to school supports; Infant and Child Development Service completed 26 developmental screens through the Kick Start to Kindergarten pilot project and 5 community requests for screens

Service Participant Satisfaction

65 program satisfaction questionnaires were completed, representing a slight increase in response rate of 46 participants in 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 five years has remained consistent at a high level of satisfaction. Each program has identified 'Plans for Improvement from feedback received.

Unit Training Plan

Early Childhood Intervention Programs continues to advance professional learning opportunities through Solution Focused Coaching participation at agency Lunch and Learn sessions as well as using collaborative agenda creation and transition activities at the beginning of each meeting; recertification in Non Violent Crisis Intervention; F Words; Breaking Barriers – Symposium on Culture, Diversity, Equity and Inclusion Practices in Service Delivery.

The 2023 training plan includes: in service on new Positive Discipline in Everyday Parenting program with a trauma informed lens; Non Violent Crisis Intervention-recertification; continuation with Solution Focused Coaching.

Summary of Actions in 2022

Early Childhood Intervention Programs employees: participated in professional learning opportunities; completed sections of the 'Guide to Effective Engagement Practices' booklet; began using Outcome Evaluation tools and will reassess Evaluation flow chart in new year; reviewed EMH to include development of case data templates; participated in Kick Start to Kindergarten pilot project developmental screens.

Unit Goals for 2023

Early Childhood Intervention Program goals were developed through a collaborative process at the November 2022 unit planning day as well as individual program meetings.

- Early Childhood Intervention Programs employees will have an opportunity to participate in professional learning, including in-service of new Positive Discipline in Everyday Parenting program with a trauma informed lens, Non-Violent Crisis Intervention recertification and continuation with Solution Focused Coaching in 2023, in order to increase skills to support work.
- Early Childhood Intervention Programs will review dates for completion of tools in Outcome Evaluation flow chart by March 2023, in order to provide flexibility in completion of tools in accordance with participant priorities.
- Early Childhood Intervention Programs will complete 'Must Do, Want to Do, and Should Do' activity by March 2023, in order to identify unit and program priorities.
- Early Childhood Intervention Programs will complete review of Policy and Procedure Manual by October 2023, in order to ensure all policies are up to date.
- Community Action Program for Children will have planning meeting in January 2023, in order to review workplans and plan for targeted program promotion of all programs.
- Community Action Program for Children will complete School's Cool Policy and Procedure Manual by March 2023, in order to ensure a source of reference for program processes and expectations.
- Infant and Child Development Service will review waitlist process by June 2023, in order to implement an efficient process to assign participants from the waitlist sooner.
- Infant and Child Development Service will implement practices from the Routines Based Model beginning in January 2023, in order to align services with Ministry of Children, Community and Social Services guidelines.

FAMILY EARLY INTERVENTION PROGRAM

Environmental Scan

As work becomes increasingly complex and multi-faceted it is imperative to stay tuned to provincial and local information that impacts both positively and potentially negatively on our work.

A Strength/Weakness/Opportunity/Threat analysis completed by the Family Early Intervention Program unit highlighted the following Opportunities: new child care program in Caledonia 2023 (Grand River Early Learning Academy); program review/manager's retirement; pending technology efficiencies via Windows 365; virtual communications; onsite documentation at programs; increased referrals; optimizing use of EMH ware data base; work-at-home efficiencies; electronic consents; and multiple meeting platforms (in-person/virtual/hybrid); decreased travel when virtual; healthy/safe work environment; and shared learning with Indigenous partners at Maawdoo Maajaamin Child Care.

Threats identified include: wage restraints; inflation; increased referrals/service demands; complexity of participants' social-emotional needs; delay in approval by county of ECSIT tool; county cap for service agreements with child care unless previously approved; recruitment and

retention of enhanced staffing; labour market shortages; post-pandemic exhaustion; increased use of invoicing model for enhanced staff; and increased staff skills to meet behavioral needs.

Ongoing requirements related to COVID-19 protocols for employees working in child care settings continued throughout most of this year.

There were a significant number of updates related to the COVID-19 pandemic that occurred January 1, 2022 - March 17, 2022 regarding masking, screening requirements, vaccinations, etc.

Summary of Unit Program Evaluation

Family Early Intervention Programs CQI process incorporated the following surveys to collect data: program satisfaction with licensed child care programs, service participants, screening clinic participants and families at closure. Special Needs Resourcing (Norfolk County) statistics and EMHware reports were reviewed to highlight trends. Open and closed file audits were done and findings were reviewed. With pandemic pressures, the logic model and outcome evaluation framework were reflective tools, but not updated. A six-month 'check in' survey was deferred to 2023.

Referral Sources Feedback

Eighty-one percent of Licensed Child Care/Before- and After-School Programs completed a satisfaction with service survey. Feedback focused on similar themes as last year including support, communication, resources, service provision, and screening clinics.

Program Outcomes and Outputs

A review of the total number of special needs children for the Family Early Intervention Program indicated 139 participants were served. Noteworthy outcomes include: 171 DISC Preschool Screen screening appointments at thirteen child care programs; increased use of EMH were reports; continuance of solution-focused unit activities; transition-to-school meetings with a hybrid option; attendance at job fairs to recruit; and trial of new assessment (PKBS). Family Early Intervention Program reported monthly SNR 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 Classroom Facilitator hours, # of hours of Classroom Facilitator support provided, and # of hours invoiced. Data from the Community Data Base Program Record for number of Family Early Intervention Program views was analysed.

Service Participant Satisfaction

Twenty-eight percent of families completed satisfaction-with-service questionnaires. Feedback revealed that families appreciated: support, timely communication, coordination of services, assessments, reports, goal identification, and quality staff. Areas for improvement included: communication with parents, electronic files to share reports, more in-person meetings, and increased number of Family Early Intervention Program staff. There were five responses to the closure survey. One hundred percent of respondents 'very much agreed' that they were satisfied with service. Areas appreciated included: clear goals, coordination of services, inclusive team goals and identification of child's strengths and goals.

Unit Training Plan

2022 training included 2SLGBTQ+ Safer Spaces with the Bridge and the 519, Preschool Kindergarten Behavior Scale, Early Years Virtual Professional Learning Day, Working on Wellness, Non Violent Crisis Intervention, and First Aid/CPR. 2023 priorities include annual

training as well as Adaptive Behavior Assessment System training (ABAS-3) and mental health/wellness training.

Summary of Actions in 2022

Team increased understanding and resources to help H-N REACH create environments that are 2SLGBTQ+ inclusive, respectful and welcoming; added new social-emotional assessment (PKBS); hired four summer Canada Summer Grants students; promoted two casual Classroom Facilitators to permanent positions; completed climate check; joined recruitment committee to enhance hiring practices; attended virtual the Early Learning and Child Care Network's Job Fair; provided SNR support to three new child care programs (Home Comforts, Maawdoo Maajaamin, Holy Trinity); applied solution-focused coaching strategies to practice; used EMH ware reports to increase efficiencies; and analyzed SNR monthly data to measure outputs/outcomes and determine targets.

Unit Goals 2023

Post-pandemic service demands have increased and the complexity of participants' needs have led to a high demand for support of the emotional well-being of children. As we move forward strategically into 2023 Family Early Intervention Program will focus on actualizing H-N REACH's strategic plan. SMART goals from 2021-2022 that were sidelined by COVID-19 will be carried forward into 2023, and new goals that help with the advancement of H-N REACH strategies will be focused on.

Assess, Evolve, and Optimize Use of Technology

- Family Early Intervention Program will utilize the computerized Adaptive Behavior Assessment System (ABAS-3) as a new tool to assess participants by March 2023.
- Family Early Intervention Program will optimize use of technology to increase efficiencies and refocus attention on direct service by September 2023 (e.g. increase online learning, online EMH ware reports, virtual services).
- Family Early Intervention Program will develop strategies to increase family connectivity and engagement via technology by June 2023 (e.g. virtual check-in survey at six months, online transition-to-school survey).

Maintain a Safe, Healthy and Positive Work Environment

- 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 at bi-monthly unit meetings.
- Family Early Intervention Program will find creative ways for recruitment/retention in order to increase complement of enhanced staffing by March 2023 (e.g. college partnerships, staff promotion of H-N REACH)
- 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 February 2023, in order to build communication pathways and stronger relationships (virtually or in-person).

Increase Site Locations / Ensure Availability of Services for Equity-Seeking Populations

- Family Early Intervention Program will continue to increase understanding and resources to help H-N REACH create environments that are 2SLGBTQ+ inclusive, respectful and welcoming during 2023.

- Family Early Intervention Program will continue to build relationships, understanding and sensitivity to the cultural needs of all child care programs by June 2023 (e.g. shared training with Maawdoo Maajaamin Child Care Centre in Hagersville).
- Family Early Intervention Program will continue to increase work spaces at sites in the child care community in order to increase efficiencies by reducing both travel and time by April 2023.

Strengthen and Develop Leadership and Service Delivery Capabilities

- The Family Early Intervention Program team will participate in a program review and a must-do, should-do and want-to-do exercise in order to increase efficiencies and improve our service delivery capabilities by March 2023.
- Resource Consultants will consistently meet the target of 50% time of direct support with centers/children by the second quarter of 2023, 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 programs upon approval from Norfolk County, in order to enhance the service capabilities of Classroom Facilitator support by October 31, 2022.
- Family Early Intervention Program will analyze data collected from SNR reporting monthly to measure outputs and outcomes, in order to develop strategies to increase service targets.
- Family Early Intervention Program will complete open-file audits after six months of service on all new participants starting in February 2023, in order to evaluate Family Early Intervention Program service and enhance service capabilities.

REGIONAL STUDENT NUTRITION PROGRAM

Environmental Scan

- Current shift away from pandemic-restrictive period of Student Nutrition Program delivery to a return to historical practices as per the Ministry of Children, Community and Social Services Student Nutrition Program Guidelines and Ontario Safe Food Handling Regulations 493/17.
- Challenges relating to in-school Student Nutrition Program volunteer capacity. Many programs still heavily reliant on school staff for program operation.
- Challenges relating to increased cost of food due to supply chain and inflationary pressures. 2021-22 regional food expenditures are over 75% relative to the pre-pandemic 2018-19 school year.
- Challenges related to increased numbers of students accessing the SNP (on average) per day.
- Despite challenges, the 2022 Student Nutrition Program Continuous Quality Improvement Survey continues to indicate a very high overall level of satisfaction with H-N REACH and local service providers.
- National School Food Policy (Pan-Canadian School Food Policy) has been announced by the Federal Government in November 2022 which may result in additional Student Nutrition Program financial resources though details are not yet available.
- Significant increases in average daily student participation are occurring in Brant (+11%), and Haldimand and Norfolk (+30%). While general population growth in these

areas can account for at least some of these changes, it is unclear as to how many existing students are now accessing the Student Nutrition Program that did not do so previously.

Summary of Unit Program Evaluation

Currently, program evaluation is performed annually (typically Q1 / end of school year), as part of our ongoing Student Nutrition Program Continuous Quality Improvement Survey process. Upward of 195 respondents participate each year (approximately 60% of school sites), and overall satisfaction results have been favourable (approximately 95% “very” or “extremely” satisfied) for the past 3 surveys. Children Nutrition Network is considering the production/usage for the 2022-23 school year of a local survey that gathers impact / outcome results of Student Nutrition Program delivery such as improvements in student focus/attentiveness, engagement in learning, school attendance among student nutrition programs in Haldimand and Norfolk.

Program Outcomes and Outputs

Student Nutrition Program outcomes are defined in the most recent Student Nutrition Program Logic Model as short-term, immediate, and long-term results. These outcomes are supported by a well-established and growing body of peer-reviewed empirical evidence.

Short term:

- Children and youth receive nutritious food before or during the school day.

Immediate:

- Reductions in absenteeism, hunger and development of healthy eating habits.
- Children and youth are more engaged in the school day, and teachers report improvements in behavior, focus, attentiveness.
- Higher graduation rates.

Long-term:

- Children and youth reach their full potential.

Student Nutrition Program Operational Manual is reviewed and revised annually in participation with service providers and forms the basis of our Student Nutrition Program work plan for the delivery of student nutrition programs in the Hamilton-Niagara region.

The Student Nutrition Program Operational Manual details the following activities related to Student Nutrition Program delivery: program operation, food and logistics, community development, data collection/reporting, and assessment and evaluation.

Further development of the work plan has been identified in the following areas:

- grant applications and food funding strategies
- improvements to processes verifying the accuracy of Student Nutrition Program-related data

The Ministry of Children, Community and Social Services has identified seven Student Nutrition Program-related targets that are captured, and reported individually by programs on a monthly-basis, and summarized and reported quarterly.

Other regional and local funders require the reporting different sets of data (which are still recorded monthly and summarized quarterly). A total of 75 data points are routinely captured each quarter for each local service provider for approximately 330 schools and satisfy the needs of most reports. Other data is available as needed.

Quantitative data as required by the Ministry and funders pertains primarily to usage and participation (e.g. # of programs, participating students, meals prepared for each meal type etc.) whereas we also capture a breakdown of meal types, delivery methods, enhanced program

status, categorized expenditures, local fundraising and donations and regional funding and donations.

Quantitative data is also captured during annual Student Nutrition Program Continuous Quality Improvement Survey, primarily as Likert scale data, though qualitative information is also obtained from this process.

Qualitative data is sourced primarily from aspects of the annual Student Nutrition Program Continuous Quality Improvement Survey in addition to testimonials and anecdotes provided from Student Nutrition Program volunteers, participants, staff and principals throughout the school year.

Food purchases through WebTracker (Centralized Food Purchasing Platform) were 182% higher during the 2021-22 school year versus the previous three years (2018-2020) which were relatively flat in terms of purchase costs, projections for 2022-23 place this figure at 125%.

Annual Student Nutrition Program Continuous Quality Improvement Survey indicates that the overall level of satisfaction with the Student Nutrition Program, H-N REACH and local service providers continues to remain at approximately 95%.

Volunteer composition among school staff has been consistently trending upward since the 2017-18 school year, whereas all other categories of volunteer (e.g. community, parents, caregivers) are decreasing.

Unit Training Plan

Training priorities for the fiscal 2023-24 year include:

- improving our understanding of SNP data and the relationships between variables
- grant application writing and improving fundraising initiatives at the local level.

Summary of Actions for 2022

- Finalize regional logic model and develop evaluation framework for the program. - completed
- Update and implement framework for annual program and budget review with local student nutrition program service providers. - completed
- Additional quality improvement actions completed this year:
 - With pandemic restrictions pertaining to visitors at an end, we continue to provide at least one site assessment per school year to each program.
 - Continue to report, verify and record data monthly and summarize quarterly
 - Continue to refer to the Regional SNP and CNN master accountability calendars to direct monthly work goals and meet deadlines.

Unit Goals for 2023

- Continue to capture and validate (approximately 100) data points per school site each month as funder reporting requests continue to utilize this information regularly. .
- Continue to maintain the Centralized Food Purchasing Platform on WebTracker and add products as necessary in accordance with the MCCSS Guidelines and formalized RD food product approval process.
- Master Accountability calendars for both Regional SNP and CNN have been created as living documents and continue to be updated as often as needed. This is to ensure that we meet all deadlines, prioritize our work, and capitalize on identified opportunities. Calendars are reviewed at the beginning of each month with regional team and CNN and workloads assigned.

- Improve focus on assisting programs with training resources for volunteer stewardship (recruitment, recognition, retention).
- Improve focus on assisting programs with identifying food fundraising opportunities.

CHILD, FAMILY and ADULT INTERVENTION SERVICES

CHILD AND YOUTH MENTAL HEALTH SERVICES

Environmental Scan

- **Workforce Shortage:** March 2022 Children's Mental Health Ontario identified a workforce shortage across the sector -see [Addressing Urgent Workforce Challenges in Child and Youth Mental Health](#). We continue to experience a workforce shortage with vacancies in our Crisis and Outreach Unit. This has highlighted the wage gap between our Outreach/Crisis position and similar positions across the province.
- **Demand for Service:** Demand for service increased again this year. From 2019 to 2022 referrals have increased 88% continuing to exceed capacity despite new hires.
- **Mobile Mental Health and Addictions Clinic:** This is a provincial pilot through Community Addictions and Mental Health Services who partnered with Children and Youth Mental Health Services to deliver services up to age 18. This allowed us to add a 1 fte in Therapy and Group Services and reflects a shift to birth to end of life services.
- **Children's Mental Health and the School Mental Health Strategy:** The province continues to increase funding for mental health services through the Ministry of Education distributed to their various boards. While these monies are meant to target tier 1 and 2 level services as outlined in the [School Mental Health Strategy 2022-2025](#), this applies pressure for Children's Mental Health Centres to focus capacity increasingly on the tier 3 and 4 services. There are concerns about this development.
- **Provincial Virtual Walk-in Therapy:** Another provincial initiative that will impact capacity. H-N REACH is scheduled to be part of phase two in January 2023.
- **Provincial Training Initiative:** Province is implementing a provincial training model targeting service providers who provide intensive treatment services to children and youth.

Summary of Unit Program Evaluation

Child and Youth Mental Health Services continue to implement an evaluation plan that elicits feedback about Perception of Care as well as Outcome/Goal Attainment. While logic models are complete, we continue to craft our formal evaluation frameworks which will be completed within the 2023-24 cycle.

Referral Sources Feedback

The most significant jump in referrals has come from doctors, other social services, personal self-referrals, and schools. We do not elicit feedback from referral sources.

Program Outcomes and Outputs

Goal Attainment scores for *Child Clinical Counselling*, *Partnership Therapy*, *Family Skill Building* and *In Home Intervention* indicate that service participants noted the goals they had worked on had improvement with scores between "Somewhat Improved" and "Much Improved" indicating positive change. The mean score this year increased to 3.4% up from 3.2%. This may be an

indicator of the positive impact that returning to full in-person services has on the children, youth and families that receive these services. The outcome measure for the *In Home Intervention* and *Child Clinical Counselling* services indicates improved overall *functioning* at the close of service.

The *Child and Youth Crisis Service* responses indicate an increase in awareness, while coping confidence and hopeful scores showed a slight decrease over last year. It may be that, as a result of periods of time over the last year we were not able to provide in person mobiles which resulted in a decrease of in person connection during the mobile response. This speaks to the value and effectiveness of the in person mobile responses that is an integral part of the Child and Youth Crisis Service delivery during a time of crisis for families.

This year we piloted the HEADS-ED risk screening tool as of December 1, 2021. HEADS-ED results for the Child and Youth Crisis Program indicated that (33%) of the 122 individual youth screened, fell in the “Immediate Need For Action” category. HEADS-ED results for the *Crisis Stabilization Case Management Program*, indicated that 9 (90%) of the 10 youth screened fell in the “Immediate Need for Action” category. This coming year, data will be more complete as a full year’s worth will have been collected.

Discovery Clinic (Intakes) continued to indicate a high achievement of outcomes. Total Discovery Clinics provided to service participants this year was 345.

Single Session Therapy Walk-In Clinic shifted back to in person sessions during this review period. A total of 145 children and youth were provided service. Data remained consistently high in outcomes.

Service Participant Satisfaction/Perception of Care

Discovery Clinic and Walk-in Clinic continued to indicate a high achievement of satisfaction. Crisis Stabilization Case Management surveys indicated respondents felt “mostly” to “very” satisfied. The overall score for all Child and Youth Mental Health Core Programs shows an increase in the degree of satisfaction, indicating service participants are “mostly” to “very satisfied” with services. We did not have enough data to calculate satisfactions scores for the Child Counselling and In Home Intervention programs. Partnership Therapy and Family Skill Building results noted that respondents indicated they were “mostly” to “very” satisfied with an improvement in overall score from last year. This improvement is credited to returning to in person services for these programs. Both programs also showed an increase in satisfaction in that service participants felt that they “Got What They Came For.”

Unit Training Plan

Child and Youth Mental Health Services will continue to participate in the provincial training related to Autism and Mental Health –level 2. The Outreach and Crisis Unit will be participating in the Provincial Training Initiative for Intensive Services. Three staff were trained this past year to facilitate the AFFIRM Group for the LGBTQAI+ population.

Summary of Actions

The focus on a safe, healthy, and supportive work environment was a priority through the previous year and continues to be a focus as we navigate the ongoing effects of the pandemic. We remained flexible in our service delivery using virtual and in person, utilizing work at home and in-office opportunities. We were successful in providing a number of professional development opportunities for staff. Due to the challenges created by the pandemic, we have not yet completed the evaluation framework for the unit. This will remain as a focus this coming year.

Unit Goals 2023

Child and Youth Mental Health Services:

- Explore strategies to increase service participant response rate for program feedback.
- Ensure services meet the needs of children and youth from marginalized and racialized communities including those who identify as LGBTQ2S+ or Indigenous.

Therapy and Group Services:

- Within the units, our emphasis is on fostering community, connection, and belonging which had been compromised due to the isolation of the pandemic.
- Integrate One Stop Talk into capacity- targeted spring 2023
- Recruit and support a CMH Youth Advisory Alliance. Launch May 2023.

Crisis and Outreach Services:

- Pursue fair compensation and address the wage gap- by March 2024
- Building and improving relationships with community partners- ongoing
- Enhancing promotion and marketing of our programs- social media, website, etc.- December 2023

DEVELOPMENTAL SERVICES

Environmental Scan

During this review period, the Bramble Retreat programs (congregate care settings) were closed from December 20, 2021 and reopened March 8, 2022.

March 7, 2022, The Ontario Government introduced a temporary financial incentive to support nursing retention and acknowledge the exceptional contributions nurses make to the province which the contracted nursing company for the Bramble programs was able to benefit from.

On March 31, 2022, the Ministry of Children, Community and Social Services extended the temporary \$3.00 per hour wage enhancement for Bramble Support Workers and Special Services at Home Workers.

On April 14, 2022, the Ontario Government passed the *Pandemic and Emergency Preparedness Act, 2022*, which made the \$3.00 Wage Enhancement for Bramble Support Workers permanent.

On April 25, 2022, the Ministry of Children, Community and Social Services recommended on-line applications be completed for Special Services at Home and Assistance of Children with Severe Disabilities.

On July 1, 2022, additional funding was allotted to all Special Services at Home recipients to provide wage enhancements for personal and direct support workers.

The Ministry of Children, Community and Social Services also continued to extend the eligible expense list in response to the pandemic for the Special Services at Home program throughout this reporting period.

On July 11, 2022, the vaccine policy was lifted at both Bramble Retreat programs for current employees.

In July 2022, the Bramble Retreat Programs began to provide respite to individuals requiring day visits.

On September 21, 2022, Bramble Retreat had a very successful Infection, Prevention and Control Hub visit. A few suggestions were given but the overall report given was to keep up the great work.

The Transitional Aged Youth Planner position has been vacant since September 30, 2022. The recruitment process has been completed and the position will be filled with the new employee beginning January 9, 2023.

On October 6, 2022, the Ministry of Health and the Ministry of Children, Community and Social Services released a COVID-19 Guidance for Long Term Care Homes, Retirement Homes and Other Congregate Care Settings for Public Health Units which directly affects the Bramble Retreat programs.

Effective December 31, 2022, the Adult Protective Service Worker program will experience the loss of a very long term employee as she retires. The recruitment process has begun.

Summary of Unit Program Evaluation

Due to the long term involvement with most Developmental Services 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. With COVID-19 restrictions, program surveys were distributed through the mail and telephone surveys were utilized for the Adult Protective Service Worker program.

Program Outcomes and Outputs

- The Transitional Aged Youth planner assisted youth, their families and their support networks with 13 referrals to Developmental Services Ontario in preparation to transition from children's services to adult services. The number of Developmental Service Ontario referrals is dependent on the ages of the youth receiving supports as well as the goals they have for themselves. Since December 1, 2021 the Transitional Aged Youth Program has received 14 new referrals which is an increase of 3 over the same reporting period last year.
- The Family Support Worker provided supportive counselling, advocacy, service coordination and future planning to 32 families. This represents a decrease of 17 families. This program has accepted 15 new referrals since December 1, 2021 in comparison to 16 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, 2021- November 30, 2022, the Adult HOST Family Program has provided 386 twenty-four hour overnight respite periods. This report currently represents an Increase of 146 overnights compared to the numbers reported in December 2021. This program maintained all Host Providers during the pandemic but not all continued to provide active service. The children's program has provided 203 twenty-four hour overnight respite periods. An increase of 49 overnights compared to the twelve month period last year.
- Twenty-seven children received 2410 hours of Out of Home Respite a decrease of 285 hours from December 1, 2021 – November 30, 2022 and 13 adults received 2601 hours an increase of 1214 hours.

- During the COVID-19 pandemic, families have been able to utilize their Special Services at Home Program funding to purchase a combination of respite supports and purchase items from the eligible expense list. Many families utilized their funds to purchase from the eligible expense list. Special Services at Home service was coordinated for 355 children. This represents an increase of an additional 77 children receiving service during the same time period last year.
- The Bramble Programs were open December 1, 2021- December 19, 2021. They were closed December 20, 2021- March 8, 2022 and opened again March 9, 2022- November 30, 2022. During this time, Bramble Kids Retreat provided 1,440 hours of nursing supported respite to 11 children and 1,296 hours to 11 adults and their families. Since reopening, two service participants have been in attendance during a 48 hour respite stay instead of 1 individual at a given time. The program is now offering respite to individuals requesting day respite and individuals who require Aerosol Generating Procedures during their respite stay.
- The Adult Protective Service Worker Program provided support to 63 individuals to ensure they live as independently, safely and securely as possible within the communities of Haldimand and Norfolk. This represents a decrease of 21 individuals supported compared to the same time period last year. Since December 1, 2021, 17 individuals were removed from the waiting list a decrease of 1. The .4 Adult Protective Service Worker hired to support the housing initiative has provided supports to 8 individuals since February 2022. This contract will end March 31, 2023.

Service Participant Satisfaction

- One hundred and thirteen families/individuals completed a survey which is the same number of respondents last year.
- 96 % of the individuals/ families report the program they receive meets expectations.
- 96% of individual/ families reported the service was helpful, responsive, timely, and supportive.
- 83% of the individuals felt service approached cultural considerations and sensitivities appropriately
- Most respondents felt very happy with the supports they are currently receiving. Some comments include "Service is very helpful", "Son in good hands and got much needed respite", and "Very helpful and knowledgeable".

Unit Goals for 2023

- The Bramble Retreat Programs will develop a new interactive survey by June 2023 to utilize to receive participant feedback. Once developed, this survey will be transferrable to other Developmental Services Programs to utilize with service participants.
- To successfully reintegrate all service participants back into the Bramble Programs with groupings of two guests at a time by January 2023.
- To implement new training programs for the Host Family Providers which include Non Violent Crisis Intervention by January 2023 and Pride and Spirit Training by July 2023.
- To enhance communication between the Family Respite Team and the Ministry of Children, Community and Social Services Special Agreements Officers through invitation and participation in joint meetings at minimum every six months.

- To provide community education regarding the Adult Protective Service Worker program through presentations to communities agencies and partners prior to July 2023.
- To develop initial visit packages to provide to families and service participants involved with the Family Support and Transitional Aged Youth programs by June 2023.

ADULT COUNSELLING SERVICES

Environmental Scan

- The importance and value of maintaining good mental health has received significant recognition throughout the COVID-19 pandemic. Couples, families and individuals are looking for additional support in promoting wellbeing and accessing supports.
- The cost and wait for both subsidized and paid adult mental health services has increased over the year significantly in our community and across the province.
- Recruitment of qualified Therapists remains a challenge in the non-profit sector.

Summary of Unit Program Evaluation

- Evaluation strategies includes: the logic model for subsidized counselling; quality assurance questionnaires with outcome questions; Outcome Questionnaire (OQ10) pre and post-test; and goal attainment scores.
- The development of evaluation frameworks is our next step to formalize and further develop our evaluation plan. This year we have piloted some data collection strategies and have a revised plan for the upcoming year.

Referral Sources Feedback, optional

- Referral sources continue to be in line with previous years, with Self/Family or Friend being the highest and Children's Aid Society in 2nd place.
- Our referrals from the Children's Aid Society experienced a significant decline.
- The continued lack of referrals from Woman Services is notable.
- Across the board referral numbers are down with the stepping back from fee for service and EAP work.

Program Outcomes and Outputs

- Numbers are down with the stepping back from fee for service and EAP work.
- The goal attainment scores for our clinical programs were in line with previous years.

Service Participant Satisfaction

- Informal feedback provided indicates participant satisfaction remains high across programs. It is noted that the limited data collected this year also supports this.
- Notably dissatisfaction that there was a wait for service based on the capacity limits of the unit was incidentally expressed repeatedly at the point of intake. Frustration and uncertainty about where to access service locally with the shift in fee for service referrals was also a theme.
- 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 for 2022

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

- Employees completed the agency *Guide to Effective Engagement Practices* in step with the agency.
- 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.

Unit Goals for 2023

- To develop an evaluation framework for the remaining Adult Counselling Programs by November 1, 2023.
- To implement an evaluation framework for the remaining Adult Counselling Programs by November 1, 2023.

YOUTH AND JUSTICE SERVICES

Environmental Scan

This has been a year of significant change for the newly formed Youth and Justice Services Unit. In addition to welcoming a new Director of Service and Executive Director, Agency restructuring plans resulted in the amalgamation of the previous Youth Services Unit with the Adult Justice portion of the former Family Services Unit. The purpose of this newly formed unit is to centralize and create opportunities for back-fill and succession planning within justice programming while also creating an economies of scale and greater security for several smaller, lower budget programs.

Prior to Youth Services integrating with the Direct Accountability Program and Partner Assault Response Program, two Youth Justice Programs were lost. In April 2022, the Extra-Judicial Measures program and the Extra-Judicial Sanctions Programs were transferred to St. Leonard's Community Service's in Brantford. Since H-N REACH continues to operate the Youth Justice Committee diversion program, we now work closely with St. Leonard's to screen referrals and ensure youth are assigned to the appropriate program and agency.

The Union House Residential program continues to respond to on-going changes in directives and guidance documents related to the COVID-19 pandemic. While some restrictions and

requirements have eased, residential staff are still required to mask indoors at all times and continue expectations related to rapid antigen testing.

Summary of Unit Program Evaluation

While Union House and the Youth-In-Transition Worker program have logic models and draft evaluation frameworks, this remains an area of development that was slowed by the pandemic. At present, the intent is to create a series of briefer, staged evaluations over the course of service to better reflect the longer-term nature of participant involvement in these programs.

Youth Justice logic models and evaluation frameworks require review in order to accurately reflect current programming after the loss of two programs this year. However, it is also noted that the Ministry of Children, Community and Social Services mandated Youth Experience Survey and the Outcome Data Collection Form are very thorough in collecting and compiling desired feedback from youth.

Adult Justice Programs previously identified the goal of developing evaluation frameworks by the end of 2022. As a result of significant staffing changes at all levels within these programs, and the amalgamation of Youth and Justice Services, this goal will be carried over.

Referral Sources Feedback

While unit programs do not have a formal process for gathering referral source feedback, all community partner referral sources are invited to participate in the Agency feedback collection.

Likewise, all programs strive to maintain regular contact with significant referral sources, in particular the local courts, secondary schools, Ontario Works, child protection agencies, and probation offices (adult and youth). All programs benefit from long-term relationships with their primary partners and report strong, cooperative interactions.

Program Outcomes and Outputs

Union House has continued to receive fewer referrals, resulting in significantly lower than anticipated service numbers. Despite this, the 2 youth who departed during this report period indicated successes related to graduating high school, obtaining their driver's license, and improved family relations. As the Youth-In-Transition Worker program, only collects feedback at the time of service closure, long term service participation has resulted in low response rates. However, anecdotal reports indicate that the majority of youth are maintaining stable housing, and many are benefitting from improved social connections and/or have achieved personal goals identified at the onset of service.

Provincially, most Youth Justice Programs have continued to report lower referrals over the past several years, however our Youth Mental Health Court Worker program has remained an exception and is on track to meet service targets related to both individuals served and youth successfully diverted again this year. Also, the Youth Justice Committee is reporting service numbers that are higher than anticipated and exceed previous years. In this report period, 100% of youth who have completed the program have been successfully diverted.

While the number of Haldimand referrals to the Direct Accountability Program remained consistent over the past two years, this number is considered low. A significant decrease in Direct Accountability referrals from Norfolk has been noted and the reason for this shift is unclear at this time. Partner Assault Response referrals have remained consistent with last year, and are noted to be higher than pre-pandemic numbers.

Service Participant Satisfaction

Union House and the Youth-In-Transition Worker program continue to collect data at the end of service. As a result, response rates have been low due to fewer participants and long-term

service involvement. Despite this, all youth leaving the Union House Residential Program indicated that they felt that room and board, house expectations, and chore expectations were fair. The same youth all indicated that they felt the curfew was unfair, but this was anticipated due to COVID-19 requirements limiting community access for the majority of their residency.

Youth Justice evaluations remain anonymous and are forwarded to the ministry as part of the Youth Experience Survey data collection process and Outcome Data collection process. While surveys continue to be submitted, the data portal for accessing and reviewing this information is in re-development and inaccessible at this time. As a result, Youth Justice data is not available for this report.

Partner Assault Response participants are asked to complete satisfaction surveys at the end of their 12 week program. Evaluations indicate that participants find the program engaging, with many expressing and improvement in their overall well-being. Direct Accountability Program satisfaction feedback has also been positive, with individuals noting beneficial referrals to other community services in addition to successfully completing diversion.

Unit Training Plan

- All Youth and Justice Services staff completed the Agency wide 2SLGBTQIA+ training.
- Union House continued to ensure that all program staff were educated in the proper use of personal protective equipment and enhanced safety protocols.

Training goals identified for the upcoming year include areas such as: providing services to indigenous youth, trauma informed care, Violence Against Women, and inclusivity.

Summary of Actions for 2022

- Union House maintained protocols to enhance safety for residents and staff.
- Youth Justice programs reached paperless capacity.
- Youth Services maintained representation on the Engagement Project Team.
- Youth Justice Services maintained representation on the Human Services Justice Coordinating Committee.
- 3 unit staff completed Indigenous Canada training and additional staff are registered for upcoming sessions.

Unit Goals for 2023

- Create a student development plan for Union House that will lead to potential hiring opportunities for individuals upon completion by January 31, 2023.
- Explore strategies for enhancing residential staff wages in order to enhance recruitment and retention by January 31, 2023.
- Explore alternate/larger venues for in-person Partner Assault Response program facilitation in order to better accommodate group size by March 31, 2023.
- Review and update all program logic models by August 31, 2023.
- Create and/or review all program evaluation frameworks by October 31, 2023.

HUMAN RESOURCES

Environmental Scan

The pandemic affected the Human Resources (HR) Unit in both positive and negative ways. While the Unit gained the systems capability to work remotely (a significant positive), extended periods of remote work also lent itself to backlogs in administrative tasks that required office access. The Unit utilized technology (Zoom) to conduct interviews, there were also increased challenges in the recruitment process. In addition, some Unit resources (primarily the Human Resources Manager), were partially redirected to address priority Risk Management initiatives, including Infection, Prevention and Control responsibilities and reporting as well as participation on the Central (Emergency Management) Team and the COVID-19 Transition Team.

Over this year, recruitment and retention continued to be challenging within the sector for both employee positions as well as volunteers. Locally and provincially, agencies have reported similar concerns.

Summary of Unit Program Evaluation

The goal of the Human Resources Unit is to support the Agency's Mission, Vision, Values, and Strategic Directions through effective, timely, and accurate Human Resources systems, processes, and services that meet agency policy/legislative/funder/accreditation requirements and contribute to a healthy, safe and positive work environment. In 2022 the Human Resources Unit developed a Logic Model and Evaluation Framework for the first time. This process focused on the development of continuous quality improvement goals.

As part of providing an initial Continuous Quality Improvement report the Unit identified several outputs and initial metrics that provide a baseline from which we can measure outputs in coming years. Our plan is to continue to expand our data collection over the next year to include identified outcomes and monitor/track identified indicators of progress towards those goals.

The Volunteer Services Logic Model was updated this year to reflect the new priorities and structure of the Agency and an Evaluation Framework identifying outputs and outcomes was developed. This year we have piloted some data collection strategies and have a revised plan for the upcoming year.

Program Outcomes and Outputs

- Volunteer outputs have continued to experience a decline across the board when compared to pre-COVID data. However, the number of students placed over the past year (15) has made a strong comeback at almost 80% of the pre-COVID numbers, with significant interest from educational partners to host additional students in the future.
- Although the Human Resources Unit just recently completed our Logic Model and Evaluation Framework, we were able to measure some of our Outputs for this reporting period:
 - Job Postings: 83 (38 reposts)
 - Employment Contracts prepared: 93
 - Employment Contract modifications and extensions: 96
 - Student placements: 15
 - Canada Summer Jobs Program hires: 7 new hires (10 placements in total)
 - Leaves of Absence processed: 17

- Health and Safety Incident Reports submitted: 16
- Lost Time Accidents: 0
- Agency employees who completed mandatory, assigned training: 98.2% (the few individuals who did not complete their training either commenced leaves or were not available to accept shifts during this period).
- Interviews attended by Human Resource staff: 129 (30 additional interviews were scheduled and the applicant either cancelled or did not attend).
- Payroll adjustments: 41 (19 – employee data entry error; 4 – system/technical errors; 1 Program/Unit-error; 17 HR/Payroll errors (note: one error resulted in an adjustment for 10 employees, which was counted as 10 adjustments in the number reported)).
- Turnover rate: 13% (includes: 18 resignations (38% were casual), 1 contract expiration and 5 retirements). We had a net increase of 4 employees over the period.
- New hires: 30 (excludes temporary Canada Summer Jobs positions, which were short-term for an 8 – week period).

Service Participant Satisfaction

A data collection strategy involving surveys for volunteers and agency employees using volunteers will be developed for Volunteer Services as part of the implementation of the Evaluation Framework.

Unit Training Plan

Human Resources Employees in 2022:

- First Aid/CPR Recertification
- Joint Health and Safety Committee– Certification Training
- Joint Health and Safety Committee – Member Training
- Agency Mandatory Training and Policy Review – 100% completion
- LGBTQ2S+ - 519/Bridge Training

Human Resources Employees in 2023:

- Human Resource Management Software (HRMS) – Administrator Training – all Human Resource staff will participate in “SAGE University” online training to ensure that we optimize the use of current system capabilities.
- SURGE Learning – Administrator Training – the Human Resources Coordinator and Human Resources Supervisor will participate to ensure that we optimize the use of current system capabilities and explore opportunities to utilize the system to manage Unit-based training records.
- The Human Resources Unit will participate in Psychological Health and Safety training as determined by the Psychological Health & Safety in the Workplace Committee.
- Ongoing participation in Infection, Prevention and Control, Legal and Health and Safety webinars, and meetings.

- The Human Resources Manager and Human Resources Supervisor will attend Human Resources Professionals Association webinars/meetings where the topic is relevant to our work.

Summary of Actions for 2022

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

- Supporting Health and Safety requirements and ongoing recruitment activity; and providing ongoing Human Resources/Payroll/Volunteer Services consultation, support and services.
- Commitment to professional development to support growth and service excellence by participation in lunch and learns, webinars, workshops, professional reading, and training opportunities to ensure that we maintain current skills and knowledge.
- Agency support and leadership through active membership on Agency Committees and Project Teams: Joint Health and Safety, Psychological Health and Safety in the Workplace, CORE, Evaluation, Evidence-Informed Practices, Community of Practice, EMHWare, COVID-19 Transition, Engagement, Job Evaluation, Job Evaluation Steering Committee.
- Membership at community tables such as the Network of Volunteer Administrators, IPAC Community of Practice, and various Human Resources Networking Groups.
- Attendance at Developmental Services Legal Update Meetings.
- Commitment to staff well-being by promoting a safe and healthy team and work environment through regular supervision, and team meetings.
- Implemented a Payroll Audit policy and process to minimize Payroll errors and adjustments.

Unit Goals for 2023

- Continue to develop metrics to effectively track Outputs and Outcomes that are reflective of enhanced performance and increased efficiencies consistent with our Evaluation Framework (i.e. Recruitment and Retention). Target completion: March 21, 2023
- Standardize/automate administrative processes/functions to increase efficiency. Target completion: December 31, 2023
- Review of current Human Resources Management/Payroll System and E-Training System to ensure that current software capabilities are optimized. Target completion: March 31, 2023
- Develop a comprehensive Recruitment Strategy to expedite the recruitment of qualified candidates. Target completion: June 30, 2023
- Continue to enhance internal placement opportunities, and build relationships with educational institutions to support student placements/apprenticeships to promote the Agency as an employer of choice. Target completion: December 31, 2023

FINANCE

Environmental Scan

Please note that The Finance Unit is in a learning phase regarding Continuous Quality Improvement and the use of evaluation processes. This past year the Unit developed a Logic Model and Evaluation Framework that will provide the focus for our Unit outcomes in the next year. This first report will identify the outputs within the Finance Unit as well as the short term outcomes for the next year.

With regard to our funders, there have been changes in reporting requirements to take into account new funding from both the federal and provincial government, as well as other donors that was directed to the fight against COVID-19. These changes have resulted in more intense work in the Finance Unit over this past year.

Summary of Unit Program Evaluation

Program Outputs

The following are the main outputs that were identified within the Logic Model. This is what the Unit produces within a year.

- Oversight and tracking of the agency budget of \$16+ million broken down into 87 budgets or programs
- Production of 75 reports per month to internal program Managers/Directors of Service/Executive Director;
- Production of various reports. (Workplace Safety Insurance Board (WSIB), Employer Health Tax, Receiver General, RRSP reports).
- Monthly financial reports to the Board of Directors
- Quarterly reports (9) to Ministry of Children, Community and Social Services (MCCSS), Ministry of Health (MOH), Hamilton Health Sciences (HHSC), Ministry of the Attorney General (MAG), Norfolk County, United Way, Public Health Agency of Canada (PHAC).
- Yearly reports: Annual Registered Charity Return, Annual Reconciliation Reports (Transfer Payment Annual Reconciliation) to MOH and MCCSS, Audited Financial Statements, Annual Report to the Board of Directors, Annual Information Return for Union House, Assist in preparation of T4s and filing payroll annual reports.

Outcomes

The Finance Unit outcomes have been grouped into 3 categories; short term, intermediate and long term. Below is a list of the short term results that we will be focusing on in the next year:

As noted above the following short term Outcomes will be tracked and evaluated in 2023:-

- Increased efficiency, effectiveness, and accuracy of Finance Unit processes by:
- Increased ability to track program budgets within units.
- Assessment of immediate and ongoing training needs for training of Managers regarding budgeting knowledge.
- Development and implementation of a finance/budget orientation and mentoring process for new managers to increase knowledge and capacity regarding managing unit finances.
- Increased timeliness of payments to creditors and reports to funders by developing a Master Accountabilities list that tracks payment and reporting schedules.

- Increased consistency of GL entries by developing business rules and standard definitions that are used by all employees making GL entries.
- Streamlined electronic system for approval and pay out of employees' expenses
- Full implementation of re-numbering all agency budgets to increase a more streamlined understanding of budget affiliation and decrease potential for confusion and inaccuracy.

Unit Training Plan

Limited professional development took place due to competing tasks and lack of full staff compliment in the unit after retirement of a long serving member of staff. Training priorities for 2023 are as follows:

- All Finance Unit employees to attend training in advanced Excel.
- All Finance employees to be trained on Financial Reporter
- Individual employees to participate in training identified during performance appraisal process and during formal and informal supervision.

Unit Goals for 2023

Strengthen unit cohesiveness and consistency of practices. (January 2023 and ongoing)

- Hold regular unit meetings and bi yearly planning meetings
- Increase appreciation activities within the Finance Unit – provide ongoing positive feedback

Strengthen knowledge and expertise of unit employees in advanced Excel. (June 30, 2023)

- Investigate training opportunities and ensure unit employees are enrolled in available training

Strengthen management team understanding, knowledge and skills regarding budget development and unit financial management. (September 30, 2023)

- Complete audits through DOS's who are managing Management Team members to ascertain knowledge and skills needed to enhance their understanding and comfort with planning and development of program budgets
- Complete Financial Reporter training with all Management team members

Develop and implement measures to track progress relating to outcomes and outputs. (March 31, 2023)

- Use Finance Unit planning meetings to review outputs and outcomes for the Unit and develop effective and efficient tracking mechanisms

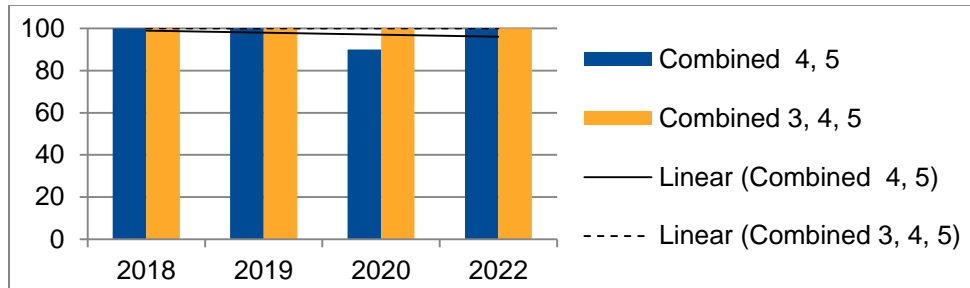
SECTION 3: BOARD FEEDBACK

In order to collect direct input from H-N REACH Board members for the 2022 Continuous Quality Improvement Report, a web-based survey was used to collect impressions on twelve questions (10 rated 1-5 and two open ended) specifically developed for governance related considerations. Consistent with questions posed to our staff, the questions were tied to the agency's Value Statement About Services with an effort to quantify Board member awareness, impressions and connectedness to the stated values of the organization. We also included follow up questions related to quality-based indicators found in our operational plan.

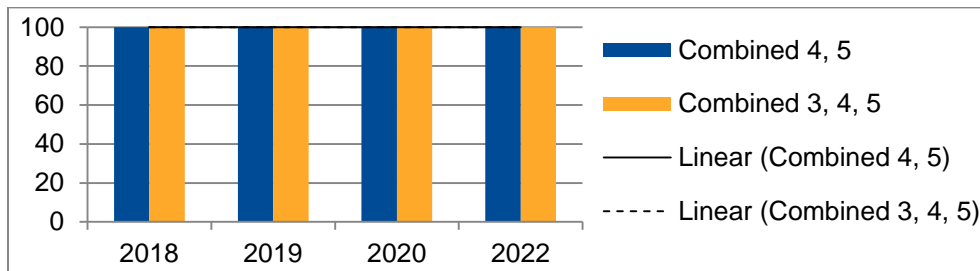
Eight board member (all) responses to the survey are recorded for 2022.

Agency Value Statements About Services

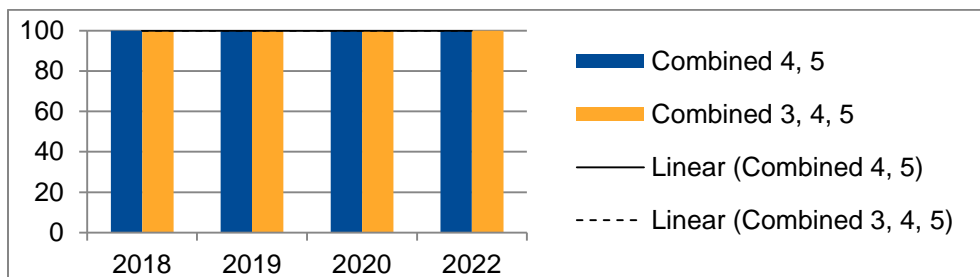
In terms of awareness about the Value Statements, 5/8 Board members rated their awareness at level 5 and three rated this a level 4 for an average of 4.63. This high rating is consistent with past years as noted in the chart below.



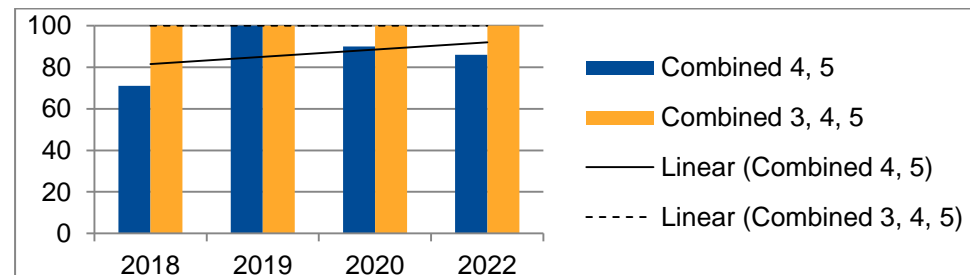
100% of Board members felt that the stated values are actually reflected in the work of the agency (rating of 5/5), with an average of 5.



When asked about the Board member's level of connection to the stated values, 8/8 rated their connection at level 5. This level of connection is consistent with previous year's ratings.



In terms of Board member impressions about community feedback relating to the connection between the stated values and delivery of H-N REACH services, 6/8 board members rated this area at the 4 or 5 levels, and one rated this a 3 with an average of 4.71. These ratings are consistent with previous year's ratings. Board members comment that community feedback is positive.



Barriers

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

- Recruitment and retention of staff

Contributions to the Operational and Strategic Plans

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

- Welcoming H-N REACH offices/settings:
 - 8/8 rated this area high (4 or 5/5 with an average of 4.8)
- Leading/Partnering:
 - 100% rated this area high (all rated this a 5/5)
- Stakeholder involvement in planning:
 - 8/8 rated this area high (4 or 5/5 with an average of 4.8)
- Board Communication Practices:
 - 8/8 rated this area high (4 or 5/5, with an average of 4.9)
- Valuing Board Members Contributions:
 - 8/8 rated this area high (4 or 5/5 with an average of 4.8)
- Supported Through The Strategic Planning Process:
 - 100% rated this area high (all rated this a 5/5)

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

- *Valuing of individual Board members and their contributions, “all day long”*
- *Strength in service participant engagement*
- *The community has always provided positive feedback about REACH services.*

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

SECTION 4: STAFF FEEDBACK

This year we once again chose to survey newer employees (hired after September 1, 2019) 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. As well, newer employees were asked to provide comments about any issues they identified that may be a barrier to providing services in accordance with our Value Statements.

During the period of September 1, 2019 to September 30, 2022 there were 38 employees who were hired and still active employees of Haldimand-Norfolk REACH. Seventeen employees responded to the first three questions; this represents a 44% response rate which is exactly the same percentage response rate as 2021, (44%).

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; barriers that may have impacted our work; effective use of technology; 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.

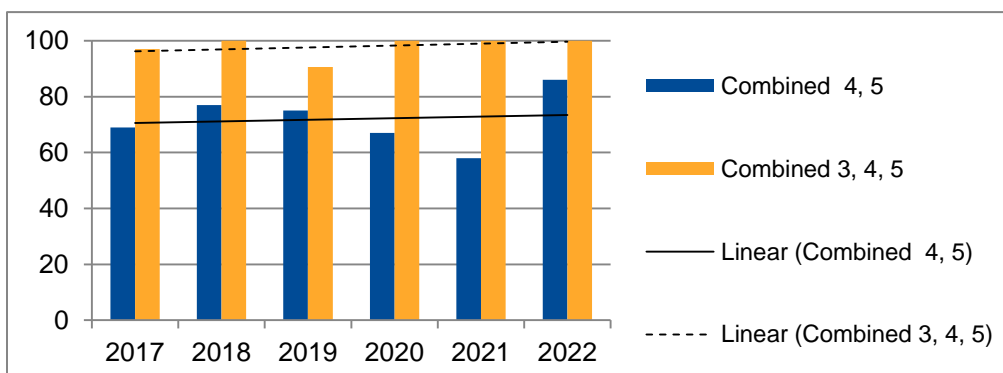
A total of 106 of 162 employees completed the survey which represents a 65% return rate; a higher response rate as compared to 2021 (60%). This is the highest response rate over the last 6 years. One reminder was sent out to employees for survey completion.

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.

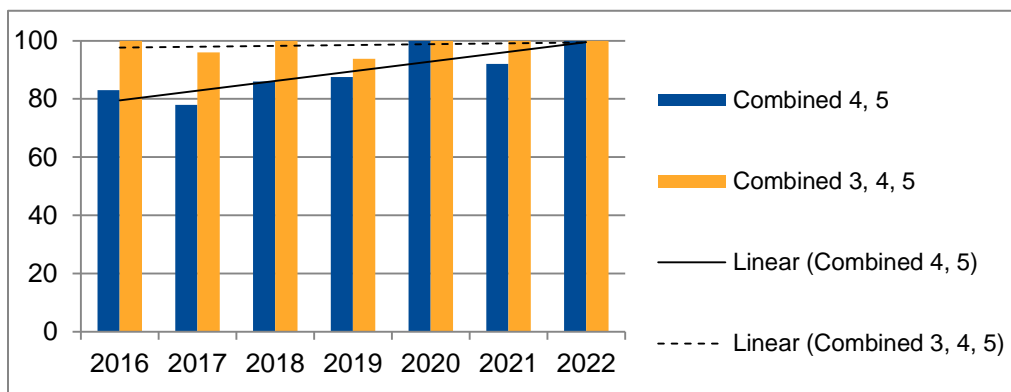
1. Level of awareness of the “Value Statements About Services”.

- A total of 14 employees responded to this question. The average response for this question was 4.36, slightly above the same average as last year (4.08).
- 14 employees or 100% scaled a 3, 4 or 5 response; this indicates a very high level of awareness of our Value Statements
- 12 employees or 86% scaled a 4 or a 5 response; this indicates a high level of awareness of our Value Statements.
 - 7 or 50% responded with a 5 on the rating scale
 - 5 or 36% responded with a 4 on the rating scale
 - 3 or 14% responded with a 3 on the rating scale
- Compared to last year, the combined 3, 4, 5 rating was the same, (100%), and the combined 4, 5 rating was significantly higher at (86% compared to 67%).
- 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 14 employees responded to this question. The average response for this question was 4.71 slightly higher than 2020 (4.48).
- 14 employees or 100% scaled a 4 or 5 response, indicating a strong sense of connection to the Value Statements
 - 10 or 71% responded with a 5 on the rating scale
 - 4 or 29% responded with a 4 on the rating scale
- Compared to last year, there were no ratings on the 3 response and there was a significant increase on the 4 and 5 combined responses from 2021. (from 67% to 100%).
- Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last six years.



3. **Employees were asked describe any barriers, both virtual and in-person, that they saw to providing services according to H-N REACH's 'Value Statements About Services'.**

Two responses were received:

- Need to have access to a computer for virtual work. Transportation a barrier for some in-person services
- Session space/room availability limits the number of clients that can receive services at one time; more session rooms would open up opportunities to see more clients.

The following eight questions were completed by all respondents.

4. **In our ongoing search for excellence, we believe it wise to review our operational systems to ensure that they are efficient and support our work. Employees were asked to provide two examples of changes to operational systems/administrative practices that they felt would enhance our efficiency.**

There were 91 comments with several ideas shared in answer to this question. The main themes are highlighted below:

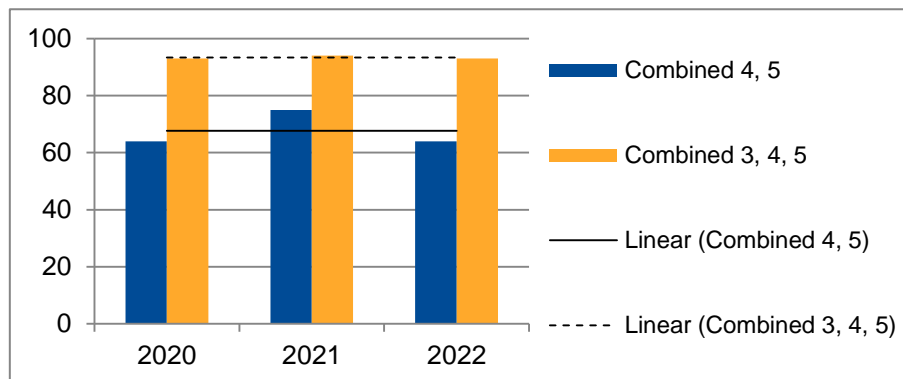
- Optimizing use of administrative staff – training to update skills as needed
- Continue use of Zoom to increase accessibility, efficiency

- Increased Human Resource support – more timely hiring processes, contracts etc.
- Increased efficiency and functionality of EMHware – ongoing training
- Ongoing work on paperless processes – letters etc.
- Ongoing and up to date tech training for all employees
- More flexibility with Work at Home policy
- Increased office space – drop in spaces, ongoing program spaces
- Cell phones with data and access to email for staff who need to travel
- Access to PDF software
- Automatic reminders for participants for upcoming appointments

5. *In light of the ongoing COVID-19 pandemic, did we meaningfully engage service participants in designing and monitoring the modifications that were made to their service delivery. With 1 being a low level of engagement and 5 being a high level of engagement.*

- A total of 85 employees responded to this question. The average response for this question was 3.75 a slight decrease from the 2021 average. (3.9)
- 79 employees or 93% scaled a 3, 4 or 5 response
- 54 employees or 64% scaled a 4 or 5 response
 - 25 or 29% responded with a 5 on the rating scale
 - 38 or 45% responded with a 4 on the rating scale
 - 17 or 19% responded with a 3 on the rating scale

Compared to last year there was very little change in the combined 3, 4 and 5 responses (94% in 2021 and 93% in 2022). Similarly, the 4 and 5 responses also showed minimal difference with 75% in 2021 and 74% in 2022.



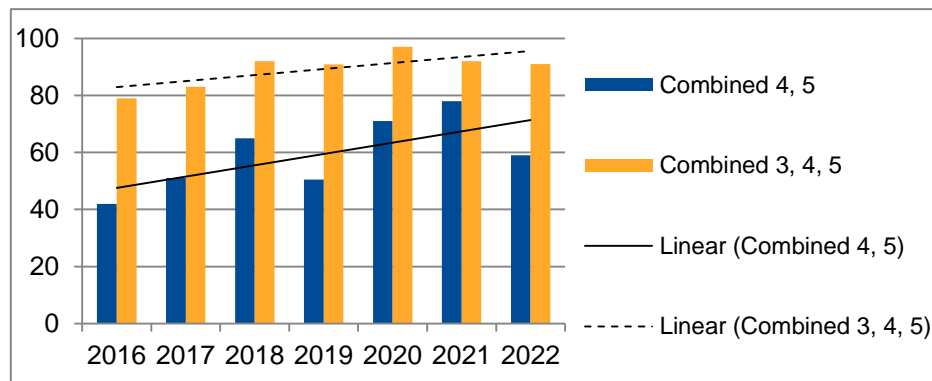
Employees were asked to provide comments related to this question. 43 comments were provided. The main themes are highlighted below:

- Participants were provided options for services in person or virtually
- Participants needs were paramount in decision making although this was not always possible
- Virtual services proved less engaging for some

- We provided services to the best of our ability considering COVID restrictions etc.
- We were creative in providing services in a new way
- Modifications were set up and not necessarily with the engagement of participants

6. 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 85 employees responded to this question. The average response for this question was 3.6 a slight decrease from last year's average. (4.03)
- 81 or 90% scaled a 3, 4 or 5 response
- 53 or 60% scaled a 4 or 5 response
 - 19 or 21% responded with a 5 on the rating scale
 - 34 or 38% responded with a 4 on the rating scale
 - 28 or 31% responded with a 3 on the rating scale
- Compared to last year, there is a slight decrease of 2% in the response rate in the combined 3, 4, 5 responses and a decrease of 19% in the combined 4, 5 responses.



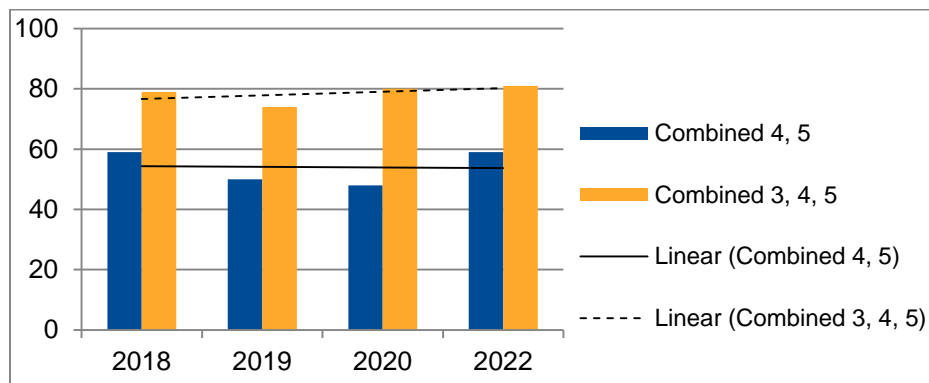
Employees were asked to provide comments related to this question. A total of 46 comments were received. The main themes are highlighted below:

- IT staff did a great job throughout the pandemic to keep us connected
- Continue to work toward paperless model
- Updated cell phones with data would be useful
- All forms need to be consistent – all fillable etc.
- Increase capacity to use agency laptops when working from home
- Invest in up to date technology – maximize use of technology to create efficiencies

7. Employees were asked on a scale from 1 to 5 (1 represents no opportunities and 5 represents frequent opportunity) about over the past year, have participated in job-related professional learning opportunities.

- A total of 88 employees responded to this question. The average response for this question was 3.6, slightly increased from 3.3 in 2020.
- 71 employees or 89% scaled a 3, 4 or 5 response
- 52 employees or 59% scaled a 4 or 5 response
- 31 or 35% responded with a 5 on the rating scale
- 21 or 34% responded with a 4 on the rating scale
- 19 or 22% responded with a 3 on the rating scale

Compared to 2020 there was very little difference in the combined 3,4 and 5 ratings with a 1% increase this year. There was a marked increase in the combined 4, 5 ratings from 48% to 59% in 2022.



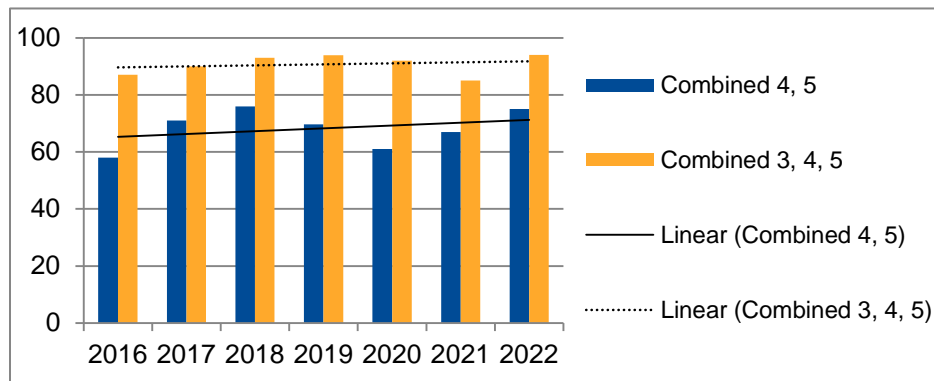
Employees were asked to provide comments related to this question. A total of 42 comments were received. The main themes are highlighted below:

- Continue to be opportunities for professional development – online training has been beneficial
- Limited budgets for training for some employees
- Time for professional development can be an issue

8. 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 87 employees responded to this question. The average response for this question was 3.9 very close to the same as last year (3.8)
- 82 or 94% responded with a 3, 4 or 5 response
- 65 or 75% responded with a 4 or 5 response
- 27 or 31% responded with a 5 on the rating scale
- 38 or 44% responded with a 4 on the rating scale
- 27 or 31% responded with a 3 on the rating scale

Compared to 2021 the combined 3, 4, 5 is higher (increase of 9%) and there is a 8% increase in the combined 4, 5 response rates.



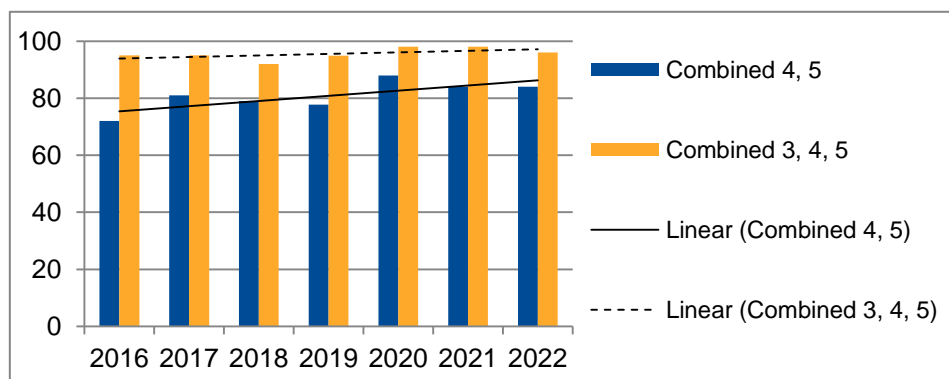
Employees were also asked to provide comments related to this question. 19 comments were provided. The main themes are highlighted below:

- Ongoing communication has been good
- The agency has done a good job in this area
- Regular valuing of staff and contributions was limited
- Increasing caseloads - difficult to manage
- Agency has at times been overly cautious re: COVID protocols
- There was comments of concern about some staff feeling “burnt out”

9. 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 88 employees responded to this question. The average response for this question was 4.2 very similar to last year’s response of 4.3.
- 85 or 96% scaled a 3, 4 or 5 response
- 74 or 84% scaled a 4 or 5 response
- 37 or 42% responded with a 5 on the rating scale
- 37 or 42%% responded with a 4 on the rating scale
- 11 or 12% responded with a 3 on the rating scale

Compared to last year, there is little change in the combined 3, 4, 5 (- 2%) and no change in the combined 4, 5 response rates (4%).



Employees were asked to provide comments about what worked best for them. 20 comments were provided. The main themes are highlighted below.

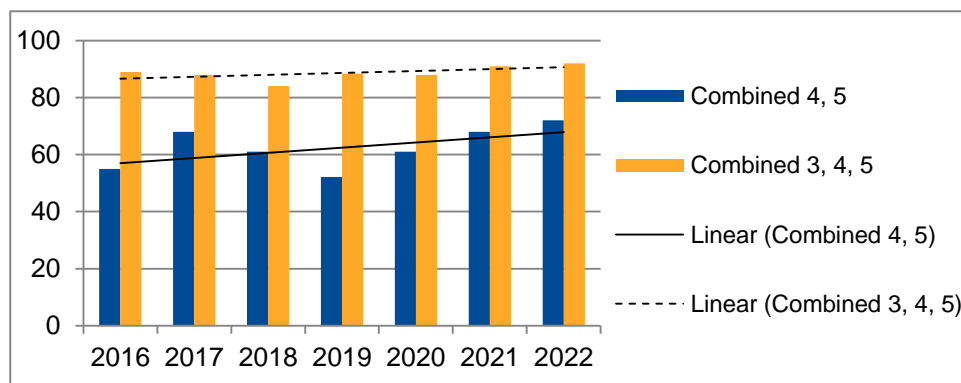
- The agency has done a good job in this area
- More meetings than prior to pandemic
- Unit updates at staff meetings should be re-implemented
- More interaction at meetings rather than just a few people talking
- Some concern that some team meetings have been cancelled and not rescheduled
- Emails to welcome new employees would be appreciated

10. 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 87 employees responded to this question. The average response for this question was 3.8, a marginal decrease from 2021 (3.9).
- 80 or 91% scaled a 3, 4 or 5 response
- 63 or 72% scaled a 4 or 5 response
- 21 or 24% responded with a 5 on the rating scale
- 42 or 48% responded with a 4 on the rating scale
- 17 or 19% responded with a 3 on the rating scale

Compared to last year, the combined 3, 4, 5 is exactly the same and there is a decrease of 5% this year 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. 44 comments were provided. The main themes are highlighted below.

- Information has always been shared well
- More work expectations on all staff has been difficult to manage at times
- More inclusive processes re: changes involving all levels of agency

- Information shared is not always as timely as it should be

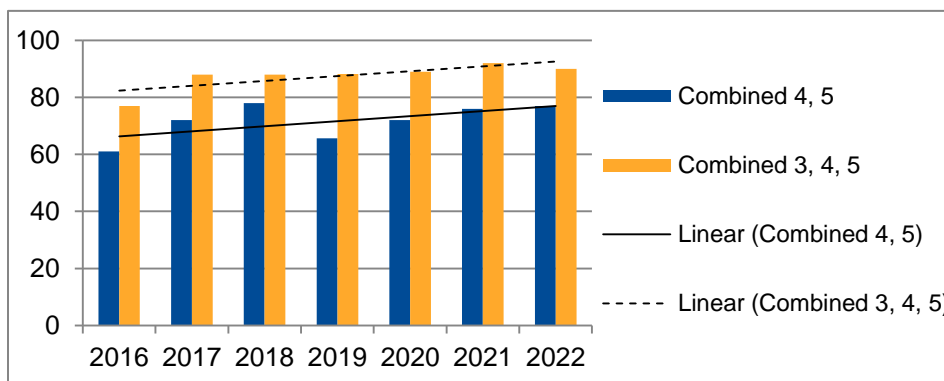
For the last seven years we have been gathering feedback relating to some drivers that have been identified in relation to creating a decent work environment in the not-for-profit sector.

11. 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 88 employees responded to this question. The average response for this question was 4.14, basically the same as in 2021 (4.13).
- 79 or 90% scaled a 3, 4 or 5 response
- 68 or 77% scaled a 4 or 5 response
- 11 or 13% responded with a 5 on the rating scale
- 23 or 26% responded with a 4 on the rating scale
- 45 or 51% responded with a 3 on the rating scale

Compared to last year, there is a slight decrease in the combined 3, 4 5 (2%) and a very slight increase in 4, 5 (1%) response rates.

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

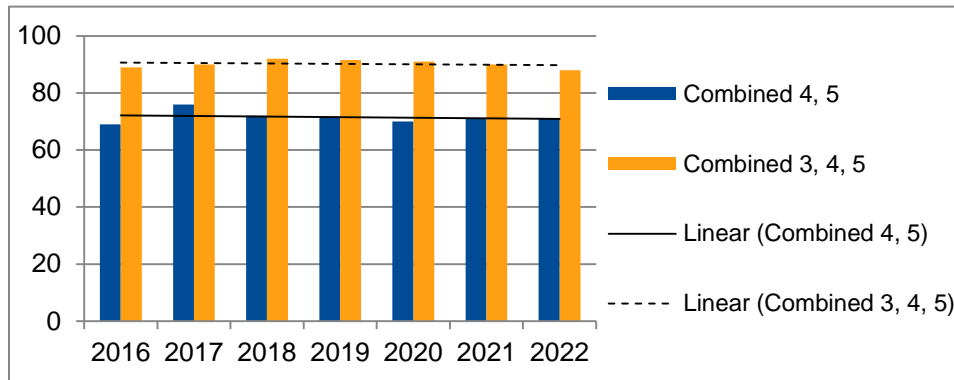


12. Employees were asked on a scale of 1 to 5 (1 being not comfortable and 5 being very comfortable) about how comfortable they feel bringing Cooperative Agreement related concerns/questions/issues forward to a Core Committee representative.

- A total of 88 employees responded to this question. The average response for this question was 3.93 approximately the same as 2020 (3.94).
- 77 or 86% scaled a 3, 4 or 5 response
- 62 or 69% scaled a 4 or 5 response
- 35 or 39% responded with a 5 on the rating scale
- 27 or 30% responded with a 4 on the rating scale
- 15 or 17% responded with a 3 on the rating scale

Compared to last year, there is a decrease in the combined 3, 4 5 (4%) and an increase in the 4, 5 response rate (8%).

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



Summary:

The response rate this year for newer employees was the same as the rate last year at 44%.

Employees hired after September 1, 2019, who responded to the survey indicated a strong level of awareness and connection to the Value Statements About Services. This is a good sign especially during the past year when the agency was still subject to many COVID-19 precautions where people were working virtually some of the time.

The response rate this year for all employees was the highest response rate over the last 4 years: 65% this year compared to 60% in 2021, 45% (2020), 50% (2019), 52% (2018) and 46% (2015).

This uptake indicates a positive level of engagement with employees who took the time to respond to the survey and share some their ideas for how to make improvements across the agency. Overall the feedback received from employees including comments was positive. Positive trends from last year continue with some enhancements in rating scores in some areas this year. The majority of employees commenting took the opportunity to express confidence and satisfaction with the agency's communication and support throughout the past year. There were some good ideas about the use of technology and streamlining some of our operational functions.

Also of note was that once again, this past years' experience of COVID-19 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. Also, it is important to remember that due to the pandemic, stress levels were heightened, often related to increased service demands, difficulties with filling some staffing positions, as well as the stress most people experience living in a prolonged pandemic that can be experienced as an ongoing crisis for some. Some of these concerns were present in comments and during the climate check process. This work for the agency to address these concerns is ongoing outside of the Continuous Quality Improvement process.

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

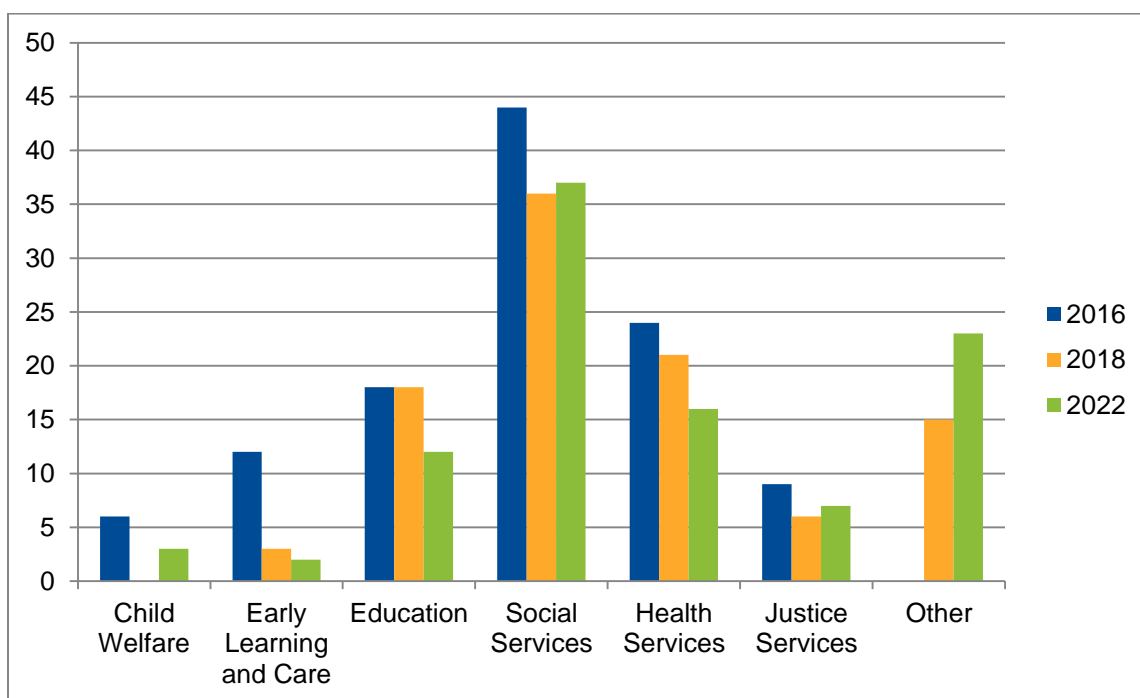
enter into a new year with new strategic directions that will focus on many of the areas that have been commented on here.

SECTION 5: COMMUNITY PARTNER FEEDBACK

The community survey is distributed every two years. An e-mail is sent to our community partners with an invitation to complete an online survey about H-N REACH and its services. No surveys were sent out for 2020 due to the pandemic. This year, 139 surveys were distributed. A total of 57 responses were received representing a response rate of 41%. This is a significant increase from the 2018 response rate which was 22%.

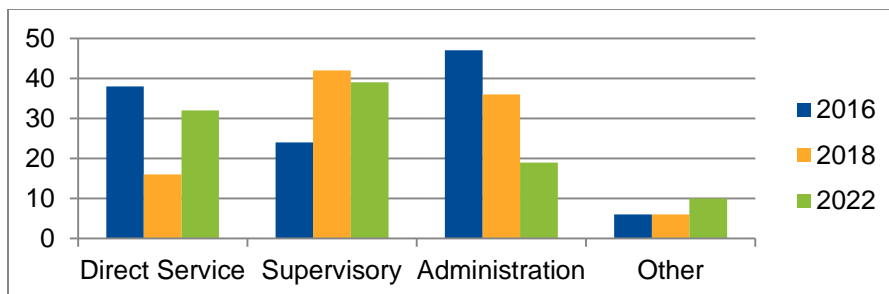
Who Responded

Respondents were asked to identify their workplace sector and their position to better understand the types of response we received. A summary of the answers are as follows, along with a comparison of the last three community surveys:



Responses for “Other” included Violence against Indigenous Women, Primary Care, Family Practice, Developmental Services, Children’s treatment, Community Information, Settlement and ESL education, Children’s Treatment, Funding, Audit, Mental Health for Adults, mental health care provider, Multi-Service, Community Information

The following indicates the breakdown related to the positions held by survey respondents. 57 of the respondents answered this question:



An increase in respondents who identified as direct service or frontline staff in 2022 (32%) is noted in this year's responses from 2018 (15.5%). This may be a result of the increased referral rate across agencies and concerns at the direct service level regarding available resources.

Survey Feedback

To complete a comparative analysis and identify trends some of the same questions have been asked of our community partners for the last three community partner surveys (2016, 2018 and 2022).

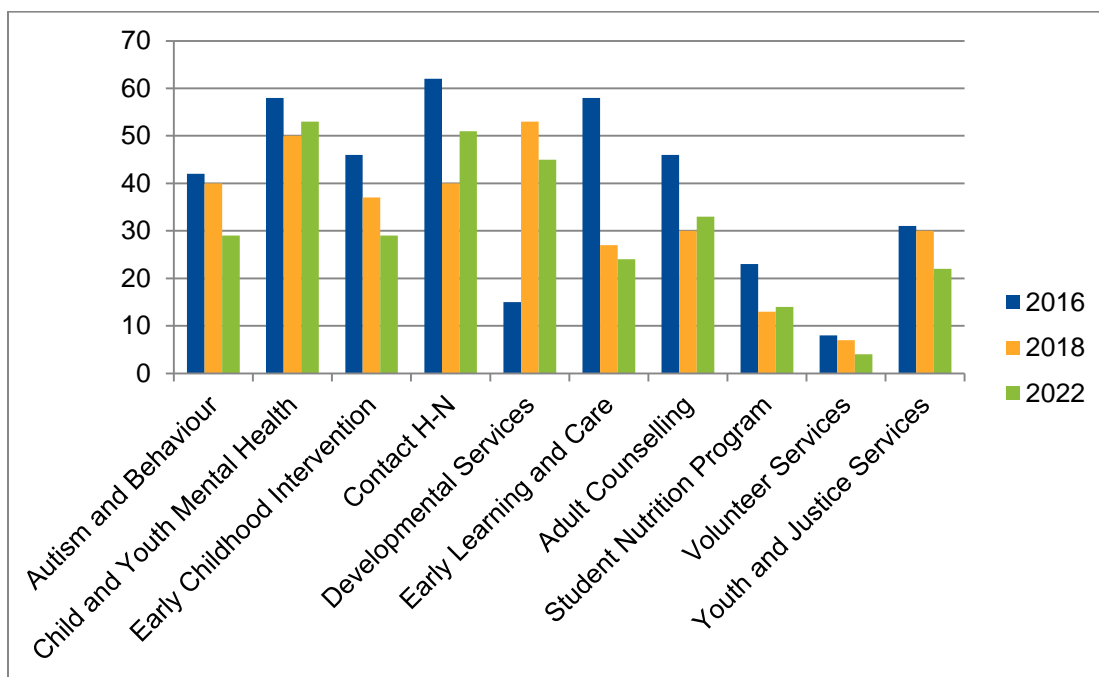
Respondents were asked to indicate their familiarity with H-N REACH programs/services and indicate which programs/services they would like to learn more about. The survey then asks respondents to scale a series of statements indicating that they strongly disagreed, disagreed, agreed somewhat, agreed, or strongly agreed with the statement. Comment sections were provided for each of these questions. The final question asks people to rate on a scale of 1 (least favorable) to 5 (most favorable) H-N REACH's physical environments related to safety, child friendliness, cultural sensitivity and being reflective of local communities.

Finally, we used this survey as an opportunity to gather feedback related to the Moving on Mental Health initiative and the Special Needs Strategy.

The following summarizes feedback received from each question of the survey:

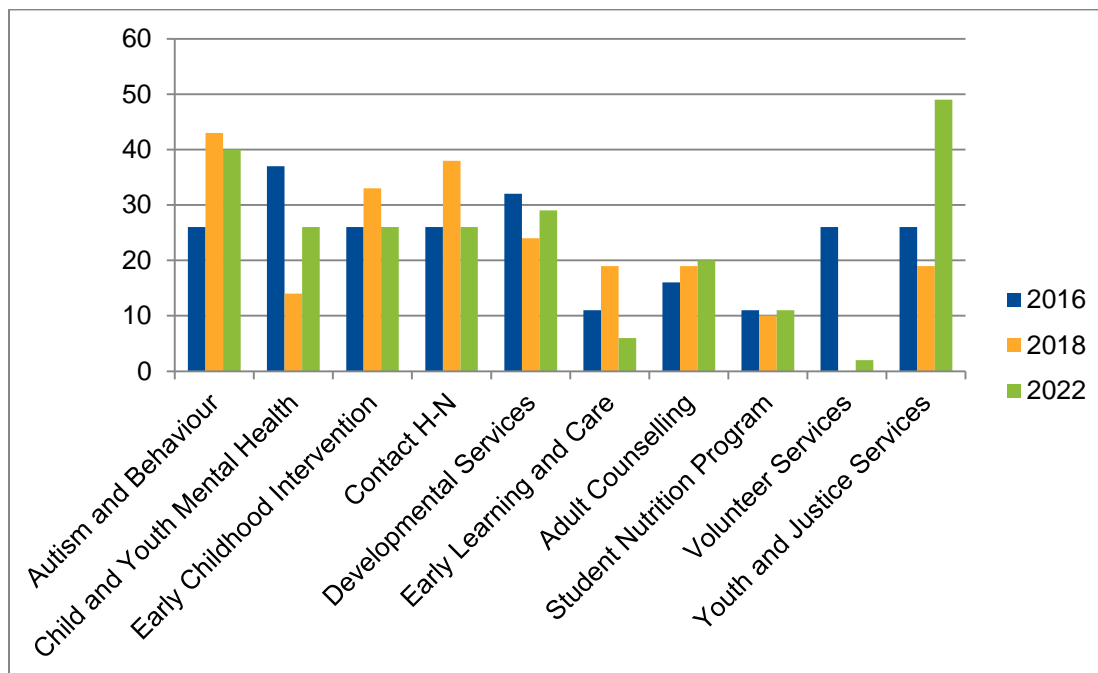
Which of these programs/services are you most familiar with? (Respondents were asked to name specific programs and services that were referenced on the survey).

- 86% (49/57) respondents answered this question.



Which of these programs/services would you like to learn more about?

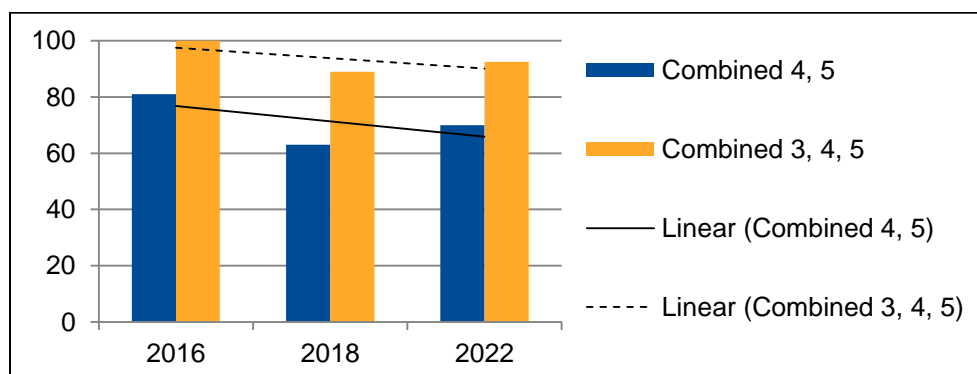
- 61% (35/57) respondents answered this question.



The majority of respondents were familiar with Child and Youth Mental Health Services, Contact Haldimand-Norfolk and Developmental Services. There has been a consistent increase in referral rates and complexity for all these services since the pandemic which correlate with more familiarity with these resources. There was a significant increase in wanting to learning more about Youth and Justice Services which may be a result of recent structural changes to the program and an interest in learning more about the changes.

H-N REACH's virtual and in-person services are accessible to people.

- 70% (40/57) of respondents rated this question.
- Of those who responded, 70% (28/40) strongly agreed or agreed. This is higher than the 2018 response of 48%

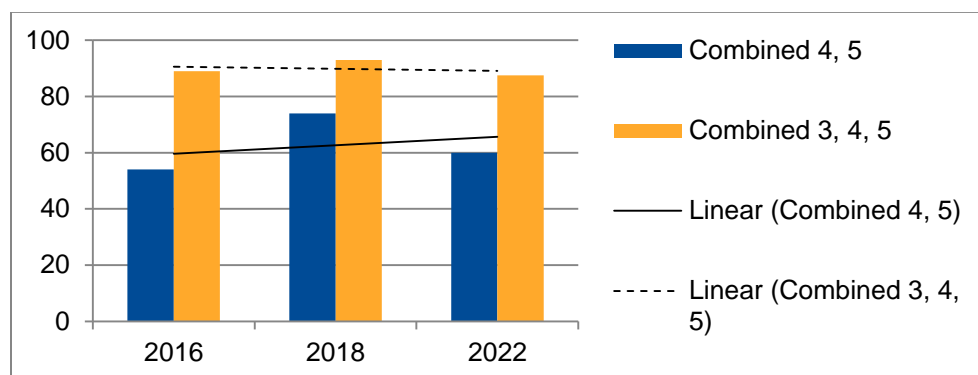


The increase in respondents who agreed or strongly agreed with H-N REACH services being accessible to people was significant. We have increased our satellite offices throughout the Haldimand and Norfolk communities and we implemented a web-based platform for youth. We continue to use virtual services for individuals who prefer this as a means to communicate.

Some suggested that virtual services are not always optimal for some service participants and in person services were preferable. Six Nations indicated that they were advised that H-N REACH services were not available to them. We plan to further engage with Indigenous communities to continue to build our partnerships and strong relationships. We have heard concerns from service participants regarding the reduction and possible closing of the Adult Counselling Programs. We are reviewing these programs to determine the need and effect on the community if these programs are closed. Our new Strategic Plan for the next five years includes plans to increase our site locations across Haldimand and Norfolk to make our services more accessible to service participants, reinforce our distinct brand and ensure availability of services for equity-seeking populations.

H-N REACH services are responsive and timely.

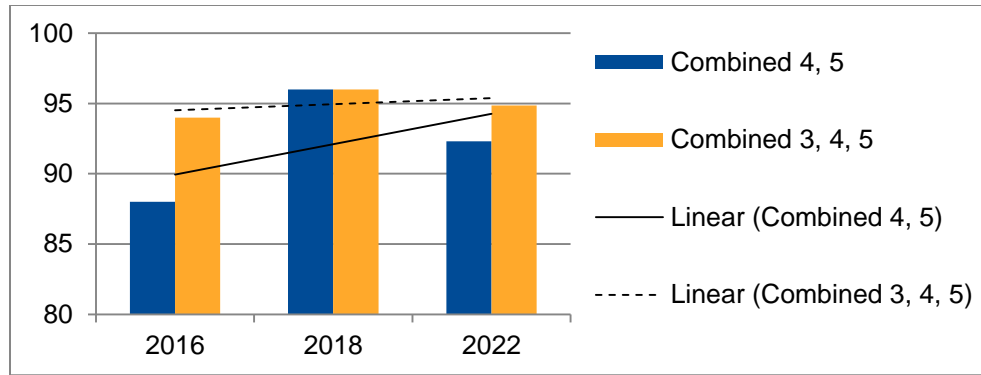
- 70% or (40) of respondents rated this question.
- 60% of those who responded agreed or strongly agreed that services were responsive and timely
- This is a decrease from 74% in 2018.



The majority of respondents feel that our services are responsive and timely or 60%. There were comments that indicated that wait times for service, red tape and Discovery meetings were barriers although recognizing that resource constraints may be an issue. Many indicated they respect the work we do. Child and Youth Mental Health Services continue to experience record referral numbers and intensity of suicide risk has increased since the pandemic. As a result, this has required a realignment of resources such as increasing Discovery meetings to ten weekly, longer crisis stabilizations and follow-up response time. We continue to address wait times by allocating maximum resources to direct services - Discovery and Therapy.

H-N REACH services are respectful.

- 68% (39) respondents answered this statement.
- 92% of those who responded to this question agreed or strongly agreed with this statement.

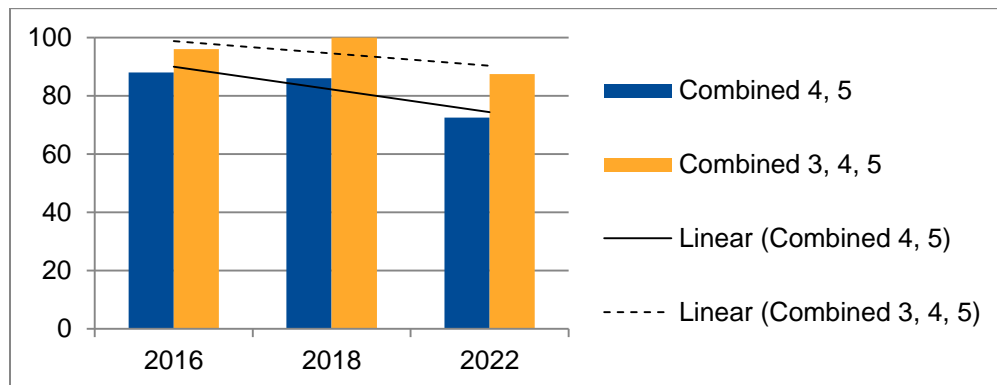


92% a significant majority feel H-N REACH services are managed in a respectful way which is consistent with previous years.

Respondents indicated that: “People are respectful”. “I believe that you deliver services in a respectful manner and our agencies and staff have respectful relationships with one another”. One respondent indicated that decisions related to linked to adult counselling services were not respectful of the community’s needs. We will review this program to determine community need and viability. The majority of the comments spoke to the agencies core values and mission.

H-N REACH services are well coordinated with the people and community partners involved.

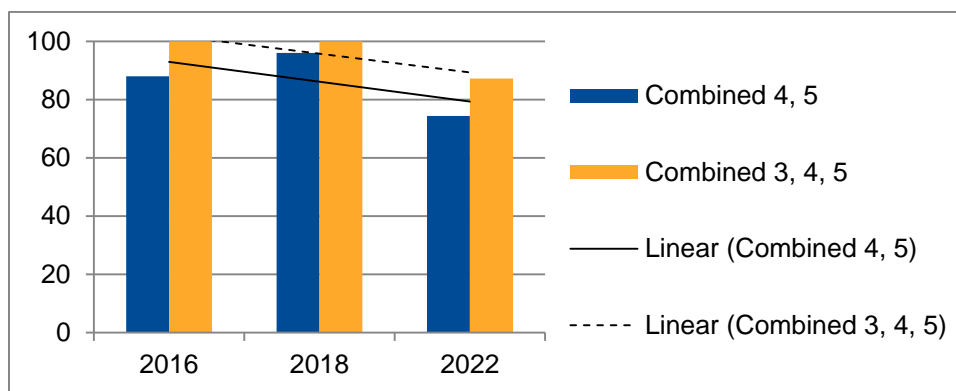
- 70% (40) respondents answered this statement.
- 73% of those who responded agreed (20) or strongly agreed (9) with this statement, compared to 85% in 2018. The decrease may be a result of the pandemic and a decreased ability to coordinate services.



Comments indicate that we are strong leaders in collaboration and are considered to be a very responsive, coordinated partner to work with on mutual service participants.

H-N REACH works in partnership with individuals, children, youth and families regarding their services.

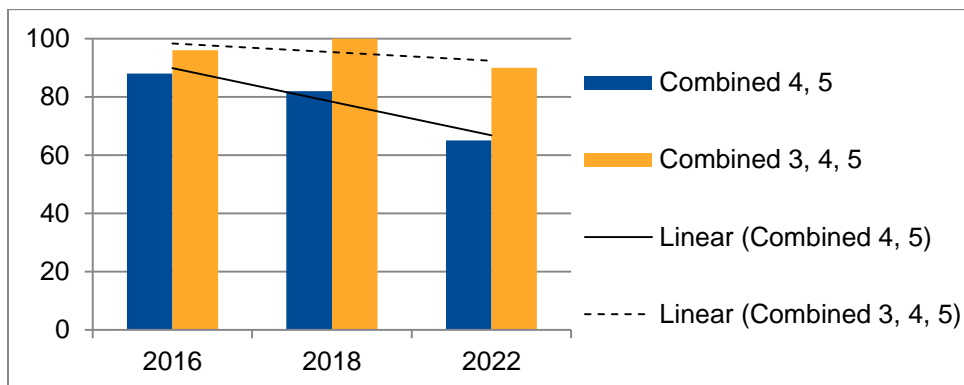
- 68% responded to this question with this statement with 74 % agreeing or strongly agreeing. This is significantly lower than 2018 where 96% felt we met this goal.



Those who participated in the survey indicated we are open and willing to work collaboratively and we work in partnership with Lead Agencies. We are engaging youth in assisting us with the development of our 2SLGBTQ+ groups and have initiated the development of a Youth Advisory Group.

H-N REACH partners well with other services regarding services and community initiatives.

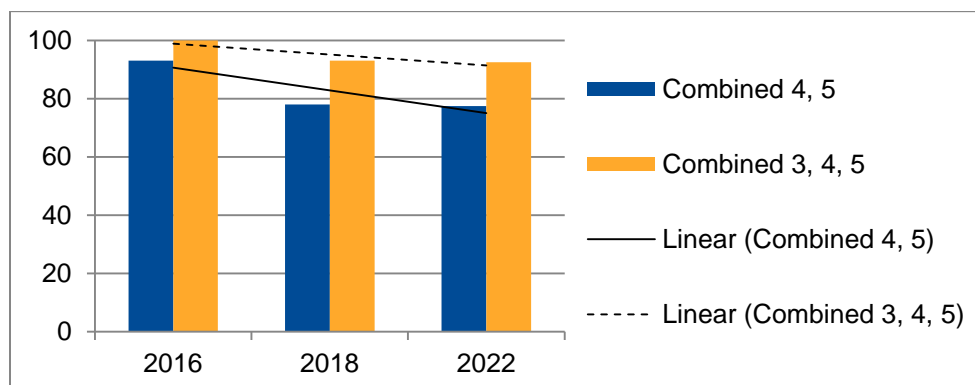
- 70% (40) respondents answered this statement.
- 65% of those who responded agreed (15) or strongly agreed (11) with this statement, compared to 81% in 2018. This decline is likely a result of fewer opportunities available to coordinate services during the pandemic.



Some respondents indicated that more service coordination is required in some situations when serving mutual service participants. Other comments were: "Again very collaborative organization. Well done!"

H-N REACH responds to concerns and problems in a respectful and timely way.

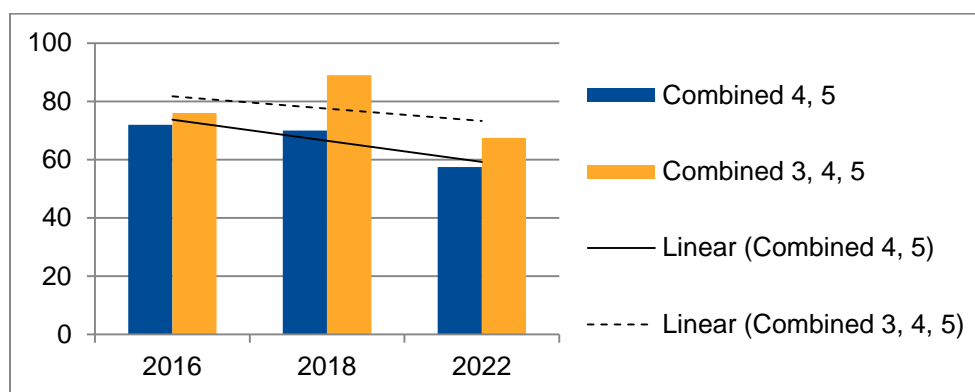
- 77% of those who responded agreed or strongly agreed with this statement, consistent with 78% in 2018 and significantly lower than 2016 at 92%.



Reports indicate that that our agency is very respectful but feel wait times is an area to address. Responses to system wide queries and questions were indicated as timely and respectful. The lower numbers may relate to an increase in referrals over the past few years causing wait times to be longer for some services.

H-N REACH strives to maintain welcoming, inclusive and accessible offices and satellite locations. This goal includes ensuring our physical locations promote a sense of safety, are child friendly, culturally sensitive and reflective of our local communities. With this goal in mind, please rate your experience or perceptions of our physical environments. 1 represents the least favourable experience and 5 represents the most favourable experience.

- 70% (40) respondents replied to this statement.
- Of those who responded 57.5% rated us at a 4 or a 5, compared to 2018 which was 70%.



The majority of comments were very positive indicating our agency was a bright, welcoming space with a participant centered approach. Location was noted as a barrier for some participants. This is an area that we will continue to monitor moving forward as it seems respondents felt COVID-19 restricted in person experiences which may have cause the decline in positive responses for this goal. H-N REACH has gone back to in-person services with several program areas to foster participant engagement.

Community Planning:

We used this survey as an opportunity to ask our community partners for feedback about two service areas. The community responded to our request by providing us with their ideas for priorities related to the ongoing planning related to the Moving on Mental Health initiative and the development of a Multi-Year Mental Health Plan for Children and Youth.

As well, we asked for feedback about the Special Needs Strategy and the best ways to engage community members and families in the implementation of coordinated service planning in Haldimand and Norfolk. All of the feedback will be reviewed and included in our planning processes as we move forward with these initiatives.

As the Lead Agency for Child and Youth Mental Health, Haldimand-Norfolk REACH is charged with developing a Multi-Year Mental Health Plan for Children and Youth. What do you consider to be the priorities for child and youth mental health services in our communities?

Some of the priorities for Child and Youth Mental Health include: timely access to service with a focus on supporting youth with addictions, depression, anxiety, and grief. Concerns were expressed that post pandemic that the community will not be able to meet the needs of youth who are behaviourally and emotionally challenged and will fall into a service gap. Adequate respite supports are needed as well as housing for complex needs youth. Continue to support Transitional Age Youth Programs (TAY) to support youth from child to adulthood.

As the Lead Agency for Coordinated Service Planning under the Special Needs Strategy how do you suggest Haldimand-Norfolk REACH best engage community members and families in the implementation of coordinated service planning in Haldimand and Norfolk?

Suggestions for engagement included: servicing more people in their home and their communities; to work together to engage families before they go into crisis. More case conferences to support coordinated service planning to engage families. Continue to provide education and in-house services, road shows, to community partners as many new partners at this time. It was suggested that greater collaboration and timely conferences at the time of referral and crisis points for families.

Summary:

Overall the responses from community partners were very positive and respondents commend this agency on our ability to be collaborative, respectful and supportive of community partnerships. We are considered leaders in the community in terms of positive and open communications with planning amongst community agencies. There is always room for continued growth and development of our services, partnerships and the provision of coordinated service planning. Many initiatives were put on hold as a result of the pandemic, however the agency is moving forward on several areas that were identified in the community partner survey.

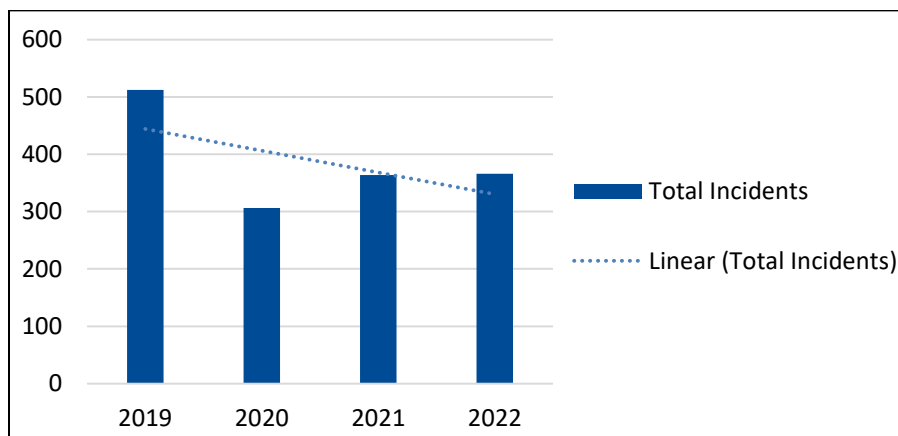
SECTION 6: RISK MANAGEMENT REVIEW

In total, agency employees filed 366 Incident Reports in 2022. There were 16 Health and Safety Reports filed with our Joint Health and Safety Committee which is a slight decrease from 19 filed in 2021. The agency filed 14 Serious Occurrence Reports in 2022 which is up slightly down from the 11 reported in 2021. 8 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 5 Serious Occurrences were reported to the Ministry of

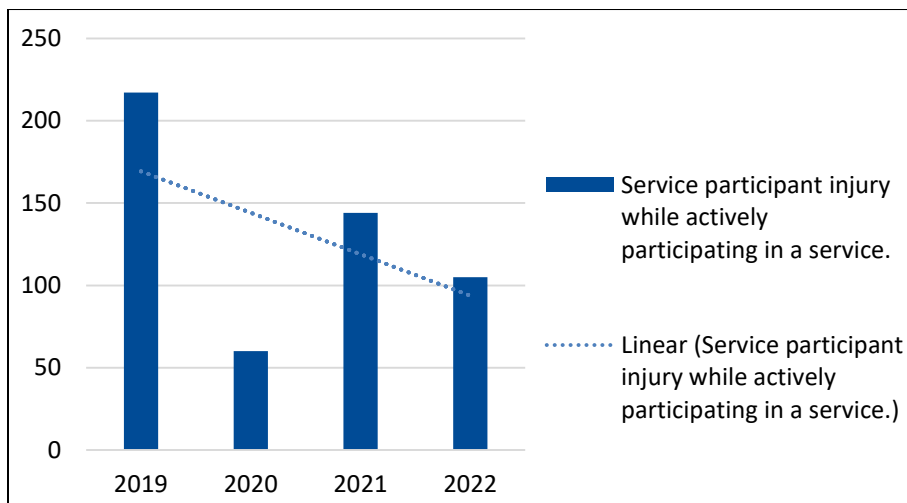
Education (MOE). The reports filed with the MOE were related to the COVID-19 pandemic and unplanned service disruptions. There were no Serious Occurrences reported to the Ministry of Health during this review period.

Incident Reporting

The 366 Incident Reports filed in 2022 which is a slight increase from 2021. The agency is trending downward in relation to the amount of incidents reported since 2019.

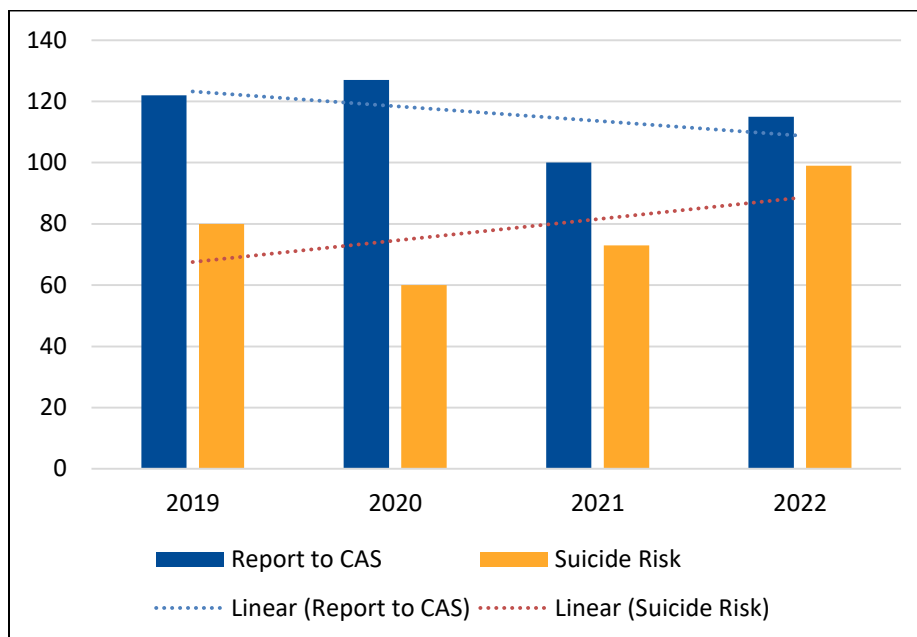


105 Incident Reports were filed in our licensed child care and EarlyON programs in 2022. This volume is lower than last year's total of 144. These incidents mostly involved minor and typical injuries to young children participating in these programs. The seasonal variations in incidents are also in keeping 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).



201 Incident Reports were filed in 2022 for the agency's other programs which is slightly lower than last year's total of 218. 115 of these reports were coded as "Report to CAS / child at risk", which is higher than the 100 filed in 2021. 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 2022, most reports to the

Children's Aid Society were made through our Contact Unit. In 2022 there were 99 incidents involving suicidal ideation which represents a 35% increase from the 73 reported in 2021.



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 23% of the 430 calls received by this service in 2022. This represents a slight decrease from the 27% of the 447 calls reported in 2021.

Health and Safety

During this review period, employees submitted sixteen (16) Health and Safety Incident Reports (down from 18 in 2021). Eight (8) of these incidents occurred at the Townsend office and eight (8) occurred in satellite locations/partner agencies/other community settings.

There were four (4) incidents involving work place violence where some level of service participant aggression was experienced by an employee. Two (2) incidents were related to slips/trips/falls, two (2) related to the premises, one (1) related to air quality/scent sensitivity, one (1) environmental concern, two (2) struck/caught, one (1) motor vehicle incident (not work-related), one (1) overexertion, and two (2) incidents categorized as other.

One of the incidents reported required first aid. There was one (1) employee incident reported to WSIB as the employee subsequently sought medical consultation. There was no lost time.

Attendance at some of our work sites was again variable throughout the first half of the year due to COVID-19 restrictions and some staff working remotely for periods of time.

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 COVID-19 trends and health guidance documents issued by health authorities and regulators, and supported the transition back to more regular infection prevention and control practices across most of the agency services.

Beyond the COVID-19 pandemic 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 2022, there are no specific patterns, trends or areas that present as particularly problematic or require agency attention. Half of the total Serious Occurrence Reports were related to COVID-19 and three were related to placement agency incidents through Complex Special Needs.

Liability Risks

H-N REACH conducted the annual Insurance Coverage Review in May 2022 and no specific changes to our policies were indicated.

Data Management Systems

Our Executive Director and Information Technology (IT) department have continued to work with KWIC Internet to ensure and maintain the security and reliability of our IT systems.

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 2022 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 2022. The formal written agency complaint mechanism was not used in 2022 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 2022 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.

SECTION 7: REVIEW OF 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.

The agency completed a Climate Check with employees in the timeframe recommended by the Change Work Committee during this calendar year. Individual unit plans have been developed to address unit specific issues. The agency summary of themes was shared and a plan was developed with 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.

The agency has moved out of emergency management mode and re-engaged the broader decision making culture. Where possible decision-making has shifted back to the unit level, however, there has continued to be times throughout this last year where COVID-19 risk mitigation has resulted in decision making that has been directed and less participatory. The COVID-19 Transition Team continues to meet on a regular basis to review the status of the COVID-19 pandemic in the community and update practices/make recommendations as need.

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.

The Engagement Committee has met on a regular basis to support the Agency completion of the Guide to Effective Engagement Practices. Completion of the Guide included individual and unit reflection, knowledge exchange and improvements to individual and unit engagement practices. The individual and unit reviews of the Guide were completed by March 31, 2022.

The Engagement Committee has reviewed and made suggested edits to the agency Youth Engagement Policy.

4. H-N REACH will continue the process of strengthening our engagement with Indigenous and 2SLGBTQ+ communities at the service, operations and governance levels.

Agency-wide 2SLGBTQIA+ training that began in November 2021 concluded in January 2022. Across the Agency units are working together with Indigenous partners when the opportunity arises.

A decision was made to develop an Diversity, Equity and Inclusion Committee to continue to advance our practices and to look at our initiatives in this area with an agency wide focus.

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.

Good practices have been developed over the past year in many units and Evaluation Frameworks are almost complete.

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.

The Finance and Human Resource Units have completed Logic Models and Evaluation Frameworks. Both units will be a part of the agency 2022 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.

Work required to update budget codes to new software was completed in 2022. Training with Managers to access their unit data directly will be completed by the end of March 2023.

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.

A Work-at-Home Project Team was formed and provided recommendations that resulted in an enhanced Work-at-Home Policy. The Work-at-Home Policy identifies an evaluation process that includes regular review and revisions as needed.

SECTION 8: AGENCY RECOMMENDATIONS FOR 2023

Related to assessing, evolving and optimizing our use of technology

1. Haldimand-Norfolk REACH will strengthen our engagement with the community through the use of technology initially focused on updates to the agency website and development of a social media strategy.
2. The agency will transition to Microsoft 365 and optimize its capabilities by synchronizing the launch and associated training.

Related to a safe, healthy and positive work environment

3. The Work-at-Home policy evaluation and review will be completed. Updates to the policy will be made based on the evaluation and advancement of best practices across the sectors.
4. Continue to enhance internal placement opportunities and build relationships with educational institutions to support student placements to promote agency as an employer.

Related to increasing availability of services for equity-seeking populations

5. Develop a clear and concise agency message (infographic) to inform the community about what H-N REACH does and how to access services.
6. Implement the Diversity, Equity and Inclusion Committee and continue to advance our practices and strengthen our engagement with the 2SLGBTQIA+ and Indigenous communities at the service, operations and governance levels.

Related to strengthening and developing our leadership and service delivery capabilities

7. In collaboration with the Leadership Team, review the Supervision Policy to further develop a common understanding and implement consistent practices across all units.
8. Haldimand-Norfolk REACH will continue to advance our evaluation practices through review and revisions, as needed, of Evaluation Frameworks for each unit.
9. The new Adagio Finance Reporter 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 training will be complete by the end of March of 2023.

APPENDIX: ORGANIZATIONAL CHART 2022/2023

Haldimand-Norfolk REACH 2022/2023 Organizational Chart

Haldimand-Norfolk REACH is Lead Agency for:

- Child and Youth Mental Health Services
- Hamilton/Niagara Regional Student Nutrition Program
- Coordinated Service Planning under the Special Needs Strategy

FUNDERS

- Counties of Haldimand and Norfolk
- United Way of Haldimand and Norfolk
- Public Health Agency of Canada
- Ministry of Health
- Ministry of Children, Community and Social Services
- Ministry of Attorney General
- Hamilton Health Sciences

