



Haldimand-Norfolk
REACH

supporting children, families, communities

Continuous Quality Improvement Report

For The Year 2023

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SECTION 1: OVERVIEW

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 Continuous Quality Improvement Report is submitted to the Board of Directors in January of each year. The information and recommendations contained in the Continuous Quality Improvement Report are used for planning services and operations in the subsequent fiscal year.

Unit-based Continuous Quality Improvement 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, including the Finance and Human Resource Units. The agency will continue to advance our evaluation practices through the completion of program evaluation frameworks for each unit. Unit Continuous Quality Improvement planning also considers feedback collected from collaterals and community partners throughout the year that is specific to the particular services provided by that unit.

For the agency-wide Continuous Quality Improvement Report, community, Board member and staff feedback is collected through a web-based survey with some consistency in the questions to measure change over time. The community survey is used every other year rather than annually to protect against survey fatigue. A community survey was not completed this year.

For Board and staff input, the 2023 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 2023, 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 Continuous Quality Improvement Reports that are available to Board members on request.

Section 5 of this report summarizes the review of the risk management activities/outcomes from 2023 and identifies patterns or areas of concern requiring attention from the organization.

Section 6 of this report outlines progress on goals developed for 2023 and Section 7 identifies the actions, plans and recommendations for 2024.

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.

SECTION 2: SUMMARY OF DIVISION QUALITY IMPROVEMENT REPORTS

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

Contact Haldimand-Norfolk

Contact Haldimand-Norfolk includes the Single Point of Access, Service Resolution, Residential Placement Advisory, Coordinated Service Planning, Fetal Alcohol Spectrum Disorder Program and Complex Special Needs.

Environmental Scan

The shift in funding for children’s mental health service intakes in the Brant, Hamilton and Niagara communities from the Contact agencies in the Brant, Hamilton and Niagara communities to lead mental health agencies has resulted in a new regional referral process.

When issues emerged with the local Transitional Aged Youth Protocol, H-N REACH collaborated with adult developmental service providers to address these challenges. Through collective problem-solving, a new protocol was established. This revised protocol is expected to be more beneficial for families and possesses a more defined purpose.

The agency is gathering information regarding the Ontario Working for Workers Act (Bill 88) and the new requirement for temporary help agencies to be licensed or in the process of getting licensed by July 1, 2024. H-N REACH, Contact Brant, Contact Niagara and Contact Hamilton have sent requests to agencies that we contract with regarding their intentions with respect to this new licensing requirement. This requirement may result in increased fee rates for those needing to obtain a license and may reduce the options for contracting if agencies choose or are unable to become licensed.

Summary of Unit Program Evaluation

Coordinated Service Planning and the Fetal Alcohol Spectrum Disorder Program offer families the chance to fill out a “Taking the Pulse” survey at various stages of their involvement. The respondent specifies whether they are at the start of service, doing a yearly check-in, experiencing a change in worker, or at the end of service before proceeding with survey questions.

The Single Point of Access promotes the completion of satisfaction surveys upon intake in both the child and youth developmental sector and in the child and youth mental health sector. Brief feedback is requested from families who inquire about resources, but do not complete an intake.

Referral Sources Feedback

Over the past year, Single Point of Access processed 1,462 requests, marking an 11% decrease compared to the previous year. The majority of requestors came from similar sources

as the last two years. The top three referral sources are Self/Family/Friend (27%), Other H-N REACH Program (20%) and Physicians (13%). These three referral sources account for over half of the total requests. Despite minor variances in the number of requests from each source, there were no significant changes in the types of referral sources over the past two years.

Program Outcomes and Outputs

While there was an 11% decrease in requests compared to last year, there was a 15% increase from 2021-2022 and a 31% increase compared to 2019-2021. One reason for the surge in numbers last year could be due to the easing of pandemic restrictions and the impact of the pandemic on families. Currently, requests are leveling out to a consistent increase in need and the surge that was seen the previous year has subsided.

In the past year, about 60% of requests pertained to mental health support, with 61% of these requiring referrals to child and youth mental health programs. Additionally, 33% of requests were related to developmental services, including autism supports and early intervention, with 73% resulting in referrals to respective programs.

The involvement of families with Coordinated Service Planning has seen steady growth over the past two years, with an approximate 20% increase each year. This rise is believed to be due to an increase in children and youth seeking support, many of whom have multiple and complex needs. Consequently, this led to more intense involvement over longer periods.

The Fetal Alcohol Spectrum Disorder Program has seen a slight decrease of 4% in family involvement compared to last year, following increases of 15% and 13% in the two preceding years. This minor decrease is thought to be due to the full implementation of the program and the completion of the program by families. These families and service providers have gained sufficient knowledge and understanding of Fetal Alcohol Spectrum Disorder, enabling them to independently implement strategies for their child or youth. The in-person Fetal Alcohol Spectrum Disorder Caregiver Group is held monthly. The Fetal Alcohol Spectrum Disorder Worker is actively building capacity within schools, H-N REACH staff, and community partners who work with children and youth affected by Fetal Alcohol Spectrum Disorder. This effort is to enhance their knowledge and ability to implement strategies for future individuals living with this disorder.

Service Participant Satisfaction

While the response rate for the satisfaction surveys given to families after the intake process remains low, the feedback received has been overwhelmingly positive. Families have expressed appreciation for prompt responses, clear options and plans, and the non-judgmental environment where they felt heard.

The Taking the Pulse survey for the Fetal Alcohol Spectrum Disorder Program was updated and implemented. The feedback received has been highly positive. Families have expressed appreciation for the information and support provided, and that they have gained a better understanding of disorder and its impact.

Unit Training Plan

Over the past year, Contact team members participated in a range of training. These included areas of identified need such as diversity and equity training and the F-Words Training. The team also found value in other learning opportunities, such as training from Ministry of Children, Community and Social Services on completing new Complex Special Needs forms. They also accessed tours and workshops about resources available to Haldimand and Norfolk families, such as Project Search and Jason's Wheelhouse. This is a proactive approach to professional development and a commitment to enhancing the team's ability to support families effectively.

The training plan for the upcoming year is to ensure all relevant staff complete the CanChild *F-Words in Childhood Disability Training* and *Applied Suicide Intervention Skills Training (ASSIT)*. The plan also involves exploring training on *SMART* goals, specifically for Coordinated Service Planning, Fetal Alcohol Spectrum Disorder Program, and Complex Special Needs. Additionally, there's a plan to enhance the team's understanding of all Microsoft Applications to support efficient work processes.

Summary of Actions

Considering the significant impact the pandemic had on the Contact team, coupled with an increasingly complex caseload, the team recognized the importance of strengthening connections. Through ongoing efforts, including practicing solution-focused strategies and communication, prioritizing self-care and being mindful how we present to others, the team feels more confident and connected.

The Contact team has reviewed and updated the website, particularly with information about the Fetal Alcohol Spectrum Disorder Program and Coordinated Service Planning. Some programs have updated promotional material, while others continue to explore the best ways to promote their services to the community.

Coordinated Service Planning and the Fetal Alcohol Spectrum Disorder Program developed a system to track necessary documentation and tasks, created generic "tip sheets", and produced guides for families and community partners. These resources are aimed at assisting those working with children and youth diagnosed with or suspected of having Fetal Alcohol Spectrum Disorder, medically fragile children and youth, and youth transitioning to adulthood.

The Fetal Alcohol Spectrum Disorder Program has introduced a new satisfaction survey and has begun collecting feedback from its participants.

Single Point of Access is working to create an accessible referral request form for families and service providers, a goal that will continue to be refined. They have also been successfully sending some out-of-area referrals directly through the database. However, as the intake process for out-of-area mental health referrals is currently undergoing changes, this approach will be re-evaluated once the new process is established.

Unit Goals

- The Contact team will explore opportunities to increase their community presence through various channels, such as wellness fairs, social media, and the displays at the reception area. A plan is to have this developed by June 2024.
- Coordinated Service Planning and the Fetal Alcohol Spectrum Disorder Program plan to refine their satisfaction survey by developing methods to categorize responses based on the stage of the respondent's involvement. This will enhance the analysis of feedback at each stage of the program. The goal is to complete this improvement by September 2024.
- Single Point of Access will continue to develop referral request forms, both directly for community partners and on the website. This goal is to have this completed by September 2024.
- Single Point of Access plans to establish new procedures in collaboration with mental health lead agencies for sending referrals outside the area. The goal is to send referrals directly through the database, when feasible. The completion of this goal is targeted for September 2024.

EARLY CHILDHOOD SERVICES

Autism and Behavioural Services

Autism and Behavioural Services includes the Ontario Autism Program, Behaviour and Autism Spectrum Disorder Behaviour Supports Programs.

Environmental Scan

The Ministry of Children, Community and Social Services has fully implemented the Independent Intake Organization known as “Access OAP”. Access OAP is being delivered through a partnership among Accerta Services Inc, Autism Ontario, McMaster University (Centre for Health Economics and Policy Analysis and the Offord Centre for Child Studies), and Serefin.

Five streams are offered to families registered in the Ontario Autism Program. H-N REACH offers all five of these programs:

- Foundational Family Services (at no cost). This stream aims to build a family’s capacity to support their child’s learning and development.
- Caregiver- Mediated Early Years (by Ministry Invitation only and no cost) for children 12-48 months aimed at helping young children learn new skills through social communication.
- Entry to School (Ministry Invitation only and no cost) available to children ages 3-5 years starting kindergarten or grade one for the first time.
- Urgent Response Services (at no cost) for children and youth up to 18 years who have immediate and urgent need to benefit from a time limited service to prevent further escalation or risk of harm to child/youth, other people, or property.
- Core Clinical Services (Ministry Invitation only and has a cost) which allows for families to receive a needs-based assessment yearly for a funding allotment for eligible services including Applied Behaviour Analysis, Speech Language Pathology, Occupational Therapy, and Mental Health Services.

Summary of Unit Program Evaluation

All services have a pre and post evaluation and continue to provide a satisfaction survey to all service participants at the end of consultations and services. Clinical supervision is provided by one of the two Board-Certified Behavior Analysts© (BCBA) for all behavioural interventions. Each child in behavioural focused programs has an individual service plan developed and tracked regularly to mark progress. Logic models and evaluation frameworks for programs such as Core Clinical Services, Entry to School, Urgent Response Services and Caregiver Mediated Early Years are being updated and finalized to reflect recent changes in program design.

Referral Sources Feedback

Autism and Behaviour Services Family Service Coordinators have been building and maintaining solid relationships with families in the region that have a child with an autism spectrum disorder (ASD) diagnosis. They continue to support families by attending needs assessment meetings completed by Access OAP; support with reconciling funding and ensuring that families are aware of what services are available to them through the Ontario Autism Program; support with school collaboration, resourcing eligible services and applying for additional funding.

A total of two hundred and sixty-two referrals were received for all Autism and Behaviour Services programs this year. 80% of these were internal referrals, 9% were self-referrals and 11% 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 2023 year, under Foundational Family Services, we served 389 unique families. The support for this program ranges from family events, brief consults, supporting caregivers at school meetings, assisting families with funding applications, attending needs-based assessment interviews, providing parent training, workshops, and child focused social skills groups. Partnerships have been made with local businesses to offer free family events like sensory friendly movies, splatter painting and a Dungeons and Dragons evening. This is a fully funded service for parents, siblings, and children with autism spectrum disorder.

Thirty-four children accessed services in the fee-for-service programming offered in 2023. Families purchased services using their Ontario Autism Program funding allotment or by using private funds. Eleven children received Comprehensive Applied Behaviour Analysis services “in centre”, and twenty-nine received Focused Applied Behaviour Analysis in the home and in the community. Twenty-nine children participated in a group modality focused on curriculum based social skills and school readiness skills. Seven children have successfully transitioned out of our Comprehensive Autism Behaviour Analysis services to enter school full time while four continue to make ongoing progress in their specific goals (they remain in-service currently). Twenty-five service participants in our Focused Autism Behaviour Analysis services met their individualized goals in the 3 to 6-month time frame.

Under the Caregiver-Mediated Early Years program, H-N REACH provided Pivotal Response Treatment services to thirteen children. Data shows that progress was made with children in this program.

In the Entry to School program, fifteen children received service in either a group modality or an integrated community-based model to focus on school readiness. Program evaluations show positive gains for all children that have received service in at least one domain including fine and gross motor skills, adaptive skills, social emotional and social communication, and cognitive skills.

The Behaviour Support program provided services to twenty-five 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. Of note is that on average the wait for services is four and half months, which has decreased from nine months the previous year.

The Autism Spectrum Disorder Behaviour program provided support to transition nine individuals to high school this year. Eight participants transitioned to school successfully.

Service Participant Satisfaction

Clinicians provided all families ending service with a satisfaction survey. All families (100%) reported back 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: “we have seen great progress with my child, and we cannot thank you enough for alerting us to this service”, “my child has made so many gains and is ready for school”, and “I have seen so much improvement in my child’s daily life through your service.”

Unit Training Plan

This past year, the Autism and Behaviour Services unit continues to access professional development through in person and virtual offerings. Three clinicians attended the Fetal Alcohol Syndrome Disorder annual conference to learn new strategies when working with this population. Four clinicians have taken an 8-week course in Acceptance and Commitment Training to expand the quality of service when treating children and youth with developmental disabilities. Other clinicians have participated in various training such as: Registered Behaviour Technician training, and Motivational Interviewing. The Clinical Supervisors participated in a 4-day series for Leadership and Management Skills for Health Care Professionals. Autism clinicians have each taken various webinars and attended training on topics of interest and relevance to their specific client caseloads such as Understanding Anxiety in Individuals with Autism Spectrum Disorder and Assessment and Treatment in Sleep Problems in Children with Autism Spectrum Disorder. All team members continue to be certified in Non-Violent Crisis Intervention. Ongoing training is a high priority to ensure clinical fidelity.

Summary of Actions

- Hiring of two full-time Board-Certified Behaviour Analysts, two additional full-time Behaviour Therapists and one additional full-time Family Service Coordinator.
- Autism and Behaviour Services fee for service process and models have been streamlined and rolled out with a new scheduling process for all the Behaviour Therapists who are working in the home-based services.
- The Focused Autism Behaviour Analysis clinicians have been trained in using the online platform Catalyst© to document children’s progress in paperless format. This has expanded all clinicians to use a more efficient process in collecting data to evaluate programming needs.
- Fee for Service Packages are being offered as well as fee for service curriculum-based groups.

Unit Goals for 2024

- Continue to develop/update Logic Models and Evaluation Frameworks for new programs to be finalized by March 2024.
- Expand Entry to School multi-disciplinary team to include Speech and Language Therapist and Occupational Therapist by June 2024.
- Expand Mental Health Services in the fee-for-service program specifically for children with autism spectrum disorder by hiring a Clinical Therapist by December 2024.
- Renovate space at the Simcoe EarlyON Child and Family Centre to expand office space. To be completed by March 31, 2024.

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 resumed in January 2023.
- 2023 Canada -Wide Early Learning and Child Care Guidelines released June 2023.
- Adjustment to funding announced in Spring 2023, with updated allocations to support fee reduction, workforce compensation and administration.
- Haldimand-Norfolk Early Childhood Educator Appreciation Committee has dissolved and recommendations to refocus the previous group with the attention to the Haldimand-Norfolk Early Learning and Child Care Network Recruitment and Retention sub-committee.
- College of Early Childhood Educators announced required training for all members: Sexual Abuse Prevention Program Training.
- Access and Inclusion Frameworks released in Spring 2023.
- Early Years Workforce Professional Development event October 21, 2023. Programs closed.
- Professional Development and Mental Health support announced at 18.5 million per year.
- A one-time innovation fund (5 million in 2024) was promised to help build strategies to support recruitment and retention in Ontario and address local needs.
- Expansion with an additional 2 million per year for the Early Childhood Education Qualification Upgrade Program.
- Haldimand Norfolk Early Learning and Care providers launch a local initiative in high schools within Haldimand-Norfolk: “Why ECE?” to support recruitment and retention.
- Norfolk County announced Playground Enhancement Grant for playground expansion, purchase of equipment, repairs to existing equipment and landscape enhancements.
- On November 16, 2023, the Ministry of Education, Ontario announced a revision to Ontario’s Child Care Workforce Strategy which includes a wage floor increase for 2024, from \$20.00 per hour to \$23.86 per hour for eligible Registered Early Childhood Education program staff and from \$22.00 per hour to \$24.86 per hour for Supervisors. The wage floor will then increase by one dollar per hour each year up to 2026.

Summary of Unit Program Evaluation

Program evaluation is supported using surveys, suggestion boxes and includes verbal feedback from service participants as well as staff reflection. EarlyON Child and Family Centres social media surveys and polls provided additional feedback about planning and programming, while providing an opportunity for informal interactions with followers on the H-N REACH EarlyON Child and Family Centre 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 plans and goal completion. The teams analyzed attendances and capacity to highlight occupancy gaps and trends in attendance. Team meetings included review of logic models and evaluation frameworks and updates made to inform unit work plans which support planning and evaluation.

Program Outcomes and Outputs

Data used is for the period November 1, 2022 to October 31, 2023.

- EarlyON registered 1,270 adults and 1,698 children.
- Adults attended 10,760 and children 14,143 times to our in-person programs.
- We recorded 369 linkages and 1,391 referrals.
- Our licensed child care programs have an overall enrollment of 97% across all 5 child care programs. This is up from 89% in 2022, 86% in 2021 and 61% in 2020.

Service Participant Satisfaction

- 233 EarlyON participants completed a programming survey which represents a 94% increase from 139 surveys completed in 2022. Feedback showed that 96% of families that completed the survey feel welcome at H-N REACH EarlyON locations and are satisfied with the programs that they attend.
- 99.5% of EarlyON survey participants feel that our programs and activities are developmentally appropriate, stimulating, enjoyable and fun while 96.5 % indicate our programs are sensitive to cultural differences and needs.
- McKinnon Park Child Care Centre, Ready, Set, School and the 3 School Aged programs had 108 responses in 2023 to the licensed child care survey compared to 106 responses in 2022. 97% of families feel we have built relationships with their family while 100% of families agree they are welcomed and feel like they and their children belong when attending our programs.
- 96% of survey responses indicate they are satisfied with the H-N REACH Child Care program that their child attends.
- 98% of families say that the documentation/learning stories or newsletters shared with them has increased personal knowledge and understanding their child's learning and skill development.
- 99% of families would recommend our programs. This strongly reflects the overall positive experiences that families are having and is a direct outcome of our commitment to quality.

Unit Training Plan

All Early Learning and Care Unit team members completed a two-part series on Trauma Informed Practice in Early Childhood Settings. Team members also completed professional learning such as Reaching IN, Reaching OUT, Flip-It (strategies to support self regulation), Infant Mental Health, Food Handlers Certificates and Working on Wellness. In addition, the entire unit participated in full day professional learning conference and planning day. The Early Learning and Care Unit continues 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.

Summary of Actions

- In 2023 we expanded our social media presence by utilizing the social media platform Instagram. We currently have 2,500 followers on Facebook and 100 followers on Instagram.
- In 2023 we contributed toward workforce initiatives to increase Early Childhood Educators by providing five student placements within our programs, which exceeds the original target of four student placements. Additionally, we successfully completed four.

- Canada Summer Jobs positions to support recruitment to the field of Early Childhood Education and our organization.
- In partnership with McKinnon Park Secondary School, we worked closely to re-write the curriculum for the Parenting program delivered by the school. We participated in three in-service presentations to high school students and invited Parenting Class students into our program to observe interactions between children and educators.
- By October 2023 we had completed quarterly reviews of our service data and accomplished a 97% enrollment status in our licensed child care programs.

Unit Goals for 2024

- The EarlyON Child and Family Centre Team will participate in an in-service on the revised Positive Discipline in Everyday Parenting program (trauma informed) by March 31, 2024, to support facilitator knowledge and aptitude to recommend the program to families and caregivers.
- EarlyON Child and Family Centre Team will have a planning meeting in February 2024 to review workplans and plan for targeted promotion of all programs and site locations.
- All Early Learning and Care permanent employees will complete the recertification for Non-Violent Crisis Intervention.
- Early Learning and Care Programs will complete a review of Policy and Procedure Manual by April 1, 2024, to ensure all policies are up to date.
- The Early Learning and Care Unit will continue to use and develop wellness initiatives and self-care strategies to support psychosocial needs and the well-being of the team at least one time per quarter at team meetings.
- The Early Learning and Care Unit will continue to increase understanding and resources by having a representative on the H-N REACH Diversity, Equity, and Inclusion Project Team and by creating environments that are inclusive, promote belonging and well-being.

Early Childhood Intervention Programs

The Early Childhood Intervention Programs includes the Community Action Program for Children - Healthy Moms Eating Well for 2, Young Parents Program, Parenting Programs, Roots of Empathy, School's Cool and Infant and Child Development Service.

Environmental Scan

The Community Action Program for Children program held a planning day in February to review and update the workplans for both Community Action Program for Children and the Canada Prenatal nutrition Program. A program promotion plan was also created in response to the pressure point of low participant numbers. The outcome was to increase community presence with collateral partners and through social media, resulting in increased referrals to both programs.

The Public Health Agency of Canada provided a summary report of their engagements on Public Health Agency of Canada's proposed changes to the Community Action Program for Children and Canada Prenatal Nutrition Program renewal. The Public Health Agency of Canada has adjusted the plan for renewing these programs:

- Community Action Program for Children and Canada Prenatal Nutrition Program will merge into a single program with two streams: 1) prenatal and postnatal health education and support and 2) parenting and child health education.
- Program objectives will be refreshed to focus on public health promotion.
- The eligible age range will remain prenatal to age 6 years.

In the fall of 2024, the Public Health Agency of Canada will invite all existing Community Action Program for Children and Canada Prenatal Nutrition Program funding recipients that are in good standing to submit proposals for project funding under the renewed program, for the period from April 1, 2026 to March 31, 2030. The overall program funding levels have not changed; recipient organizations will be invited to submit proposals at current funding levels.

In addition, the extension package including workplans and budgets were submitted to Public Health Agency of Canada for April 1, 2024 to March 31, 2026.

The Infant and Child Development Service was required to reduce the staffing complement from 2.2 to 2.0 fte, effective in the 2023-2024 budget. Infant and Child Development Service has continued to address with the Ministry of Children, Community and Social Services and the Ontario Association for Infant and Child Development the impact of current economic insecurity within the context of stagnant funding. A reduction in overall staff compliment will impact the number of participants receiving service each year as well as the length of time on waitlist for service.

The Infant and Child Development Service program began meeting with neighboring programs to review different models of service with the goal of responding to the waitlist in a more timely and efficient manner and addressing the component of service offered at varying times of service (i.e. Routines Based Coaching, Transition to School, Premie Pathways, Assessments, Coordinated Service Planning). This work is ongoing.

Summary of Unit Program Evaluation

- Community Action Program for Children and Infant and Child Development Service outcome and program satisfaction questionnaires; Program satisfaction questionnaires at exit for Healthy Moms Eating Well for 2, Young Parents Program and Infant and Child Development Service ; Data Service Elements for Infant and Child Development Service and Coordinated Service Planning; Public Health Agency of Canada Reporting Tool, project monitoring calls and Progress Report, and both open and closed file audits.
- Logic Models and Outcome Evaluation tools were reviewed for all programs.
- Community Action Program for Children and Canada Prenatal Nutrition Program workplans were updated for the period April 1, 2024 to March 31, 2026.

Referral Sources Feedback

The number of referrals to Early Childhood Intervention Program increased in 2023 to 174, from 136 in 2022 and 103 in 2021. Data on referral sources for 2023 highlights an increase in referrals from other H-N REACH programs, physicians and with self, family or friend remaining the highest referral source, which is consistent with previous years.

Program Outcomes and Outputs

The total number of participants in Early Childhood Intervention Programs for 2023 was 415. This was a significant increase from 2022 and 2021 and reflects participant numbers pre COVID-19.

- The Healthy Moms Eating Well for 2 program provided services to 35 participants. This number represents an increase from 2022 and 2021. Participants noted an increased sense of immediate support, knowledge of prenatal nutrition as well as awareness of community resources.
- In the Young Parents program, 17 young parents received program supports. This number represents a slight increase from 2022 and 2021. Participants noted an increased sense of immediate support, awareness of skills and abilities and knowledge of problem solving and coping skills.
- Both in-person and virtual Positive Discipline in Everyday Parenting programs were facilitated with a total of 52 participants in four programs. One program was co-facilitated with the Mississaugas of the Credit First Nation. A lower number of programs were offered due to group cancellation from low registrations. Participants noted an increased awareness of skills and abilities and knowledge of problem solving and coping skills.
- A total of two Roots of Empathy programs were facilitated from January to June and two programs from September to the end of November with a total of 95 students from the Grand Erie District School Board. This represents an increase in students as the program has now resumed full time since the onset of COVID-19.
- In partnership with Child and Youth Mental Health Services, two virtual Emotion-Focus Family Caregiver Workshops were facilitated with 48 participants registered. This is a slight increase from 2022 and 2021.
- Two School's Cool program were facilitated with 32 participants. This represents consistent numbers with programs facilitated prior to COVID-19. The School's Cool 2023 Evaluation Report stated, "School's Cool was clearly beneficial to the children who participated in the program delivered by Haldimand Norfolk REACH- Community Action Program for Children, with an overall average developmental skill increase of 54 weeks over the 7-week period.
- Infant and Child Development Service participant numbers have remained consistent with 2022 numbers at 137 participants. Participants noted an increased sense of immediate support, understanding of strengths and goals for child's development and awareness of community resources.

Service Participant Satisfaction

88 program satisfaction questionnaires were completed, representing an increase in response rate from 65 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 Program 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

In 2023, Early Childhood Intervention Program employees were recertified in Non-Violent Crisis Intervention. For Solution Focused Coaching, each unit and program meeting began with a transition activity as well as collaborative agenda creation. One Early Childhood Intervention Program employee is on the Solution Focused Champions group and is a certified trainer for Solution Focused Coaching. As part of the fall Early Childhood Intervention Program planning day, this employee facilitated an activity focusing on self-reflection as it relates to Solution Focused Coaching.

The 2024 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 and Truth and Reconciliation conversations in unit meetings; OAICD webinars on Routines Based Coaching.

Summary of Actions

Early Childhood Intervention Program employees: participated in professional learning opportunities; updated outcome evaluation flowchart; completed 'must do, should do, want to do' activity; Community Action Program for Children updated workplans and developed program promotion and social media plan; completed School's Cool Policy and Procedure manual and Infant and Child Development Service reviewed waitlist process.

Unit Goals for 2024

Early Childhood Intervention Program goals were developed through a collaborative process at the December 2023 unit planning day as well as individual program meetings.

- Early Childhood Intervention Program employees will increase their skills by participating in professional learning, including in-service of new Positive Discipline in Everyday Parenting program with a trauma informed lens, Non-Violent Crisis Intervention recertification, continuation with Solution Focused Coaching and Truth and Reconciliation conversations, and Routines Based Coaching for Infant and Child Development Service.
- Early Childhood Intervention Program will complete review of Policy and Procedure Manual, including development of new policies by June 2024, in preparation for accreditation in the fall of 2024.
- To ensure the logic models continues to reflect the work being done, and that outcome evaluations align with the outcomes reflected in the logic models, Early Childhood Intervention Program will complete review of all program logic models and outcome evaluation frameworks by June 2024, to prepare for accreditation in the fall of 2024,
- To provide a streamed model of service, Infant and Child Development Service will review pathways of service (i.e., Routines Based Coaching, Transition to School, Preemie Pathway, Coordinated Service Planning, Assessments, Autism- Entry to School) by March 2023.
- H-N REACH will submit a proposal in the fall of 2024 to the Public Health Agency of Canada for renewal of the Community Action Program for Children programs for the period from April 1, 2026 to March 31, 2030.

Family Early Intervention Program

Environmental Scan

A Strengths Weaknesses Opportunities Threats analysis completed by the Family Early Intervention Program unit in December 2023 included the following opportunities and threats to consider in the upcoming year.

Opportunities identified included: ongoing training and networking opportunities; utilizing current research along with most pertinent recommendations completed by our consultant on Special Needs Resourcing programs in Ontario, and the substantial value of inclusion practices in general; exploring a tiered service model; more focus on service delivery class-wide versus focus solely on individual needs; review of the use of assessments and other current practices to develop a more sustainable program model.

Threats identified included: static budget/funding; increased referrals/service demands; complexity of participant's social-emotional needs; recruitment and retention of enhanced staffing (Classroom Facilitators); increased use of invoicing model for enhanced staffing.

Summary of Unit Program Evaluation

Family Early Intervention Program Continuous Quality Improvement process incorporated the following surveys to collect data: Program Satisfaction surveys with licensed child care programs, service participants, screening clinic participants and families at program closure. Special Needs Resourcing statistics and EMHware reports were reviewed to highlight trends. Open and closed file audits were done, and findings were reviewed. The logic model and outcome evaluation framework continue to provide reference for our evaluation processes.

Referral Sources Feedback

There was an increase in the number of Licensed Child Care/Before and After School Programs that completed a satisfaction with service survey. Feedback focused on similar themes as last year including support, communication, resources, service provision, and screening clinics. Most surveys reported positively about the program and the supports received. Some surveys cited concerns about not having enough resource supports when needed. This was not surprising considering higher needs and limited resources.

Program Outcomes and Outputs

A review of the total number of children served in the Family Early Intervention Program indicated that 176 participants were served compared to 135 during the same time frame in 2022. The Family Early Intervention Program reported quarterly data to Norfolk County for the following outputs: 44 child care programs were supported; 176 children were served; 80 new referrals to the program year to date, 131 assessments were completed, 189 Individual Service Plans were completed; 1402 visits were made to centers/programs/before after school, recreation programs, licensed camps; 11,858 approved Classroom Facilitator hours were approved, 5063.75 hours of Classroom Facilitator support were provided, and 5055 hours were invoiced from centres/programs to the Family Early Intervention Program. Data from the Community Data Base Program Record for number of Family Early Intervention Program views was analyzed with 487 views. Also, important to note is that aside from what is required to report to the County, 239 Diagnostic Inventory for Screening Children (DISC) Preschool Screen appointments were completed at fourteen child care programs; transition-to-school meetings were held with all children requiring them, and the implementation of a new more user friendly assessment (Adaptive Behaviour Assessment System, 3rd Edition {ABAS-3}).

Service Participant Satisfaction

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

Unit Training Plan

2023 training included Nonviolent Crisis Intervention, and First Aid/CPR, Adaptive Behavior Assessment System training (ABAS-3) and mental health/wellness training.

Summary of Actions

Family Early Intervention Program hired four summer Canada Summer Jobs students; updated should do, must do, want to do identification process; provided Special Needs Resourcing supports to 18 Child care programs, 26 Before and After school programs, 4 summer camp sites in Norfolk and 6 summer camp locations in Haldimand; applied solution-focused coaching strategies to practice; used EMHware reports to increase efficiencies; and analyzed monthly data to measure outputs and determine targets.

Unit Goals for 2024

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 2024 the Family Early Intervention Program will focus on actualizing H-N REACH's strategic plan. As a result of the recent research project that was undertaken, the Family Early Intervention Program will undergo a program update with a focus on promoting class/program wide inclusion practices, skill development for educators and a focus on positive and substantial partnerships with Resource Consultants, educators and families.

The Family Early Intervention Program will:

- Continue to utilize the computerized Adaptive Behavior Assessment System (ABAS-3) as a new tool to assess participants.
- Continue to optimize use of technology to increase efficiency.
- Develop strategies to increase family connectivity and engagement via technology by June 2024 (e.g., virtual check-in survey at six months).
- Continue to use and develop wellness initiatives and self-care strategies to support psychosocial needs and well-being of the team at monthly in person unit meetings.
- Share consultation notes, when requested, at licensed child care/before and after-school visits with center staff and families by February 2024, in order to build communication pathways and stronger relationships with educators and families.
- Continue to increase understanding and share resources to help H-N REACH create environments that are diverse, equitable and inclusive in 2024.
- Continue to build relationships, understanding, sensitivity to the needs of all children in all childcare programs care programs. Ongoing.
- Resource Consultants will continue to consistently meet the target of 50% time of direct support with centers/children to continue increased direct-service level. Ongoing.
- Analyze data collected from monthly reporting to measure outputs and outcomes and develop strategies to manage increased service demands. Ongoing.
- Complete open-file audits after six months of service on all new participants starting in February 2024, to evaluate Family Early Intervention Program service and enhance service capabilities.

Regional Student Nutrition Program

The Regional Student Nutrition Program includes the Hamilton Niagara Regional Student Nutrition Program and the Haldimand and Norfolk Child Nutrition Network.

Environmental Scan

A gradual return to student nutrition program volunteer capacity continues to occur in schools though challenges persist with turnover of both staff and community volunteers. Prior to the pandemic, 25% of student nutrition programs had access to community volunteers, and approximately 45% had access to parent and caregiver volunteers. Today, these figures have fallen to less than 10% and 30% respectively, indicating that student nutrition programs continue to rely heavily on school staff to operate as fewer external volunteers are available.

Challenges relating to increased cost of food due to inflationary pressures continue to persist as well. The regional average cost per meal has increased by over 85% compared to the pre-pandemic period, and 8% higher than the previous 2022-2023 school year; demonstrating that the cost of food continues to escalate. The Ministry of Children, Community and Social Services has charged KPMG with providing a comprehensive program review across the province to identify key areas where improvement is needed.

The number of students that participate in the student nutrition program per day of operation continues to increase at an unprecedented rate overall, with significant peaks of student participation in Brantford and the County of Brant (46%) and Haldimand-Norfolk (19%) when comparing the 2022-2023 school year to 2021-2022. When comparing student participation to the 2018-2019 pre-pandemic era, Haldimand-Norfolk has observed a 46% increase in student participation. This growth continues to trend upwards regionally across all areas.

Summary of Unit Program Evaluation

Currently, program evaluation is performed annually (typically Quarter 1 / end of school year), as part of our ongoing Student Nutrition Program Continuous Quality Improvement Survey process. Approximately 60% of school sites respond each year, and overall satisfaction results have been favourable (approximately 95% “very” or “extremely” satisfied) for the past 3 surveys, and while the most recent survey clearly indicates that financial challenges are of primary concern (81% of respondents in 2022-2023 versus less than 60% in previous years), there have been improvements in volunteer stewardship despite ongoing hurdles with recruitment and retention.

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, and details the following activities related to program delivery: program operation, food and logistics, community development, data collection/reporting, and assessment and evaluation.

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. Additionally, a total of over 75 data points per school; arranged by partnership are captured each quarter for analysis, projection, and reporting to other funders as needed. Data is verified for accuracy monthly using both manual and automated processes.

Quantitative data as required by the Ministry and funders pertains primarily to usage and participation (e.g., number 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.

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 program volunteers, participants, staff, and principals throughout the school year.

Annual Student Nutrition Program Continuous Quality Improvement Survey indicates that the overall level of satisfaction with the regional Student Nutrition Program, H-N REACH and local service providers continues to remain at approximately 95% over the past 3 years. Additionally, the average daily student participation, number of meals prepared, and number of school sites has increased by approximately 5-10% since 2018-2019 with pockets of exceptional growth of approximately 40% in terms of number of meals prepared and the average number of participating students in Brantford, County of Brant, Haldimand and Norfolk counties during the same period. Financial pressures relating to the cost of food continues to remain a priority, and we have observed a significant increase among Student Nutrition Programs to apply for grants, simplify menus, engage in local fundraising, and using point-of-sale resources such as coupons and grocery gift cards.

Unit Training Plan

Training priorities for the fiscal 2023-2024 year include:

- Continue to improve our understanding of Student Nutrition Program data, the relationships between variables and using this data to make projections, plan budgets, identify, and correct errors in data capture. These priorities are in response to the cost challenges observed prominently during the 2022-2023 school year.
- Grant application writing and improve fundraising initiatives at the local level.

Summary of Actions

- We continue to provide at least one site assessment per school year to each program. Shift to more in-school site visits, prioritizing newer programs or those with new volunteers. Allowing the continuation of virtual site visits for accomplished/exemplary programs and for purposes where follow-up is necessary. With an observed increase in volunteer turnover, the need to use additional site visits for training purposes has also increased.

- Continue to report, verify, and record data monthly and summarize quarterly. Addition of new tracking variables (total operating days, average number of operating days per week, total number of food groups served, average cost per food group, volunteer hours) are being captured quarterly.
- Created new tools to identify funding gaps; both short and long term for both existing and new/pending programs.
- Continue to refer to the Regional Student Nutrition Program and Child Nutrition Network master accountability calendars to direct monthly work goals and meet deadlines. Calendars are updated each year and throughout.

Unit Goals for 2024

- Continue to capture and validate data per school site each month as funder reporting requests continue to utilize this information regularly.
- An updated data collection platform (Student Nutrition Program Webtracker) is currently in the planning stages with the intention of creating new features and improving efficient workflow.
- Improve focus to assist programs with training resources for volunteer stewardship (recruitment, recognition, retention), and identify and engage with fundraising opportunities at the community and school levels.

CHILD, FAMILY and ADULT INTERVENTION SERVICES

Child and Youth Mental Health Services

Child and Youth Mental Health Services includes Child and Youth Therapy and Group Services Unit and the Child and Youth Crisis and Outreach Services Unit

Environmental Scan

The Child and Youth Community Mental Health sector continues to experience a workforce shortage as identified in 2022. This includes vacancies, recruitment, and retention challenges. H-N REACH Child and Youth Mental Health Services is not exempt from this with two current temporary positions remaining unfilled in addition to looming vacancies due to staff retirement.

In June 2023 the Ontario government announced a \$330 million annual boost in spending to expand pediatric services in communities across the province. H-N REACH Child and Youth Mental Health Services received a 5% base budget increase, and while this is an important investment, it falls short of addressing the ongoing demand for services.

The Extensive Needs Integrated Pathway is led by Children's Hospital of Eastern Ontario, Holland Bloorview Kids Rehabilitation Hospital and McMaster Children's Hospital and represents a provincial funding investment of \$32.3 million annually. H-N REACH is in discussions with McMaster Children's Hospital to pilot and design this service for our rural community.

We continue to experience unprecedented demand for children's mental health services. This has been evidenced by consecutive demand for services yearly since 2019.

The Policy/Program Memorandum 169 was issued in summer 2023 and comes into effect January 1, 2024. It outlines the importance of school boards working within the broader

provincial system of care. It has required joint local planning with community-based child and youth mental health providers.

Summary of Unit Program Evaluation

Child and Youth Mental Health Services continues 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 upcoming 2024-2025 fiscal year.

Referral Sources Feedback

Referrals for most of the Children's Mental Health Services are accessed through Contact Haldimand-Norfolk.

This past year referrals have increased by 5.6% overall. Referrals from doctors remained consistently high. Self-referrals have slightly decreased by 7.8% and referrals from other community social service agencies have also decreased by 15%. These decreases are likely due to the shifting mental health service landscape involving multiple sectors where mental health service can be provided. Anecdotally, the referrals that we are experiencing are migrating towards level 3 and 4 on the needs continuum which are those children and youth that are experiencing significant and severe impairment of functioning.

Program Outcomes and Outputs

Goal attainment scores for Child Clinical Counselling, Partnership Therapy, Family Skill Building and In Home Intervention programs indicate that service participants noted that the goals they had worked on had noted improvement with scores between "Somewhat Improved" and "Much Improved" indicating positive change. The mean scores this year continued to remain high, increasing slightly over last year. With substantial increases in response rates, these scores have increased validity than previous years with low return rates.

The Child and Youth Crisis Service responses indicate an increase in awareness, coping, confidence, and hopeful scores. This year we have gathered data from the HEADS-ED screening tool for the full Continuous Quality Improvement reporting year (November 1, 2022 to October 31, 2023). HEADS-ED results for the Child and Youth Crisis Service Program indicated that 52 (20.4%) of the 255 individual youth screened fell into the 'Immediate Need for Action' category.

HEADS-ED results for the Crisis Stabilization Case Management Program indicated that 10 (42%) of the 24 youth that were screened fell into the 'Immediate Need for Action' category.

The Discovery Clinic (Intakes) continued to indicate a high achievement of outcomes. Total Discovery Clinics provided to service participants this year was 448 which represents a 30% increase.

The Single Session Therapy Walk-In Clinic saw a total of 163 children and youth. Data remained consistently high in outcomes related to co-developed plans, hope and usefulness of session. This data is based on 138 completed forms with a response rate of 85%.

Groups during this review period included Surf Club: Mindfulness skills for teens, Resilience for Everybody (14-16), and Temper Tamers (7-11). Written responses indicated that participants experienced safety, respect and inclusion and participants indicated they left with ideas to use.

Service Participant Satisfaction/Perception of Care

This year's satisfaction scores continued to show very high scores in the degree of satisfaction, indicating service participants are "mostly" to "very satisfied" with services received through the Child and Youth Mental Health Services.

Unit Training Plan

The Child and Youth Therapy and Groups Unit staff were trained in 12 hours of Single Session Therapy. Staff also completed training for One Stop Talk, the provincial virtual single session therapy program.

The Child and Youth Outreach and Crisis Unit will be participating in the Provincial Training Initiative for Intensive Services. Circle of Security Intensive and Attachment, Regulation and Competency (ARC) Framework trainings are currently being planned for 2024.

Two Child and Youth Mental Health Service staff members were trained this past year to facilitate the Positive Discipline in Everyday Parenting Group.

Summary of Actions

Our focus over the past year has been on increasing service participant feedback and growing staff connection and wellbeing. It has been necessary to monitor and adjust direct service capacity where possible to meet the increased demand and complexity of needs.

Summary of Actions for Child and Youth Mental Health

- Explore strategies to increase service participant response rate for program feedback-achieved.
- Ensure services met the needs of children and youth from marginalized and racialized communities including those who identify as LGBTQ2S+ or Indigenous-achieved and ongoing.
- Within the units, our emphasis was on fostering community, connection, and belonging which had been compromised due to the isolation of the pandemic-ongoing.

Summary of Actions for Child and Youth Therapy and Group Services

- Integrate One Stop Talk into capacity- targeted spring 2023-achieved.
- Recruit and support a Child and Youth Mental Health Youth Advisory Alliance. Launched May 2023-achieved.

Summary of Actions for Child and Youth Crisis and Outreach Services

- Pursue fair compensation and address the wage gap-targeted for March 2024-ongoing.
- Build and improve relationships with community partners-achieved and ongoing.
- Enhance promotion and marketing of our programs (social media, web site, etc.)- December 2023-achieved.

Unit Goals for 2024

The coming year will require an emphasis on addressing wages and positions as the children's mental health sector continues to expand and experience an unprecedented demand. We are looking to integrate the Extensive Needs Program as well as forge partnerships with the education and mental health sector to grow a menu of services that are timely and fit for families.

Child and Youth Mental Health Services

- Pursue fair compensation and address the wage gap.
- Respond to Memorandum 169. We are meeting with the Boards of Education representatives to engage in joint planning.
- Work through planning for possible implementation of Extensive Needs Program.

Child and Youth Therapy and Group Services

- Groups and prevention to refine data collection across both virtual and in-person formats.
- Elicit and implement feedback from the Youth Mental Health Advisory Alliance.

Child and Youth Crisis and Outreach Services

- Complete Provincial Training Initiative. December 2024
- Optimize our use of technology to support service delivery and remove service barriers for all service participants. October 2024
- Facilitate two Resource Nights to respond to identified community needs including equity seeking populations. December 2024
- Implement and pilot the Outreach 0-6 program to provide early intervention and prevention in response to a surging demand for services for children in this age group. October 2024

Developmental Services

Developmental Services includes Family Support Program, Transitional Age Youth Planning Program, Advocacy Prevention Support, Respite, Special Services at Home, Bramble Retreat (Adult and Kids).

Environmental Scan

During 2022-2023 review period, Developmental Services had three permanent full-time positions become available. The Family Support Worker, the Transitional Aged Youth Planner, and the Advocacy Prevention Support Worker.

On April 1, 2023, the 0.4 fte. Adult Prevention Support Worker Housing Navigation contract position was extended by the Ministry of Children, Community and Social Services to March 31, 2024.

Effective April 1, 2023, all Special Services At Home Workers' wages were increased permanently by \$3.00 per hour. H-N REACH provided the same increase to all screened Respite Workers and provided an increase to Host Family Respite Workers. Out of Home and Autism Respite budgets did not increase to accommodate these reimbursement increases. The reimbursement increase resulted in a reduction of service for some families within the Out of Home program.

On June 1, 2023, 27 individuals were removed from the Special Services At Home waiting list and provided a pro-rated funding amount for the 2022-2023 fiscal year. H-N REACH had 106 children waiting for service prior to this announcement. This waiting list continues to grow weekly.

The Bramble Retreat Programs and the Host Family Respite Programs have received guidance documents from the Ministry of Children, Community and Social Services and Ministry of Health on a frequent basis which affects service delivery within these programs.

The Bramble Retreat programs returned to in person interviews for potential applicants. We have begun holding interviews at the Bramble House to enable applicants to receive a tour.

With the new Quality Assurance Measures, which came into effect in July, many new policies, procedures, and practices have been developed for both the Bramble Retreat Children's Program and the Host Family Children's program. Both programs are required to provide monthly reports using the Serious Occurrence Reporting-Residential Licensing portal related to any use of restraints or complaints received. Submissions are required even when there has not been a complaint or restraint used. The new pre-approval training requirements for the Host providers have proven to be a detriment to our recruitment abilities. H-N REACH has chosen to reimburse providers for completing this training once they successfully complete the screening process. At the West Region Respite Meeting on October 25, 2023, it was reported that Ontario Agencies Supporting Individuals with Special Needs (OASIS) is planning to meet with the Ministry of Children, Community and Social Services with regards to the changes to the *Child and Youth Family Services Act* and its effects on respite services.

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. Program surveys were distributed through the mail and telephone surveys were utilized for the Adult Prevention Support Worker program.

Program Outcomes and Outputs

- The Transitional Aged Youth Planner position was vacant from September 30, 2022, through January 9, 2023. The Transitional Aged Youth Planner has assisted youth, their families, and their support networks with 12 referrals to Developmental Services Ontario in preparation to transition from children's services to adult services. The number of Developmental Services Ontario referrals is dependent on the ages of the youth receiving supports as well as the goals they have for themselves. Since January 1, 2023, the Transitional Aged Youth Program has received 15 new referrals. An increase of 1 over the same reporting period last year.
- The Family Support Worker has provided supportive counselling, advocacy, service coordination and future planning to 32 families. This represents a consistent number in comparison to the same time frame last fiscal year. This program has accepted 3 new referrals since December 1, 2022, in comparison to 15 during the same time 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, 2022 to November 30, 2023, the Adult Host Family Program has provided 272 twenty-four-hour overnight respite periods. This report currently represents a decrease of 107 overnights compared to the numbers reported in December 2022. The children's program has provided 136 twenty-four-hour overnight respite periods. A decrease of 66 overnights compared to the twelve-month period last year. This program has increased all Host Provider's reimbursement which has resulted in a reduction of funds available for overnight respite.
- Twenty-seven children received 1818 hours of Out of Home Respite a decrease of 592 hours from December 1, 2022 to November 30, 2023, and 11 adults received 1640 hours a decrease of 961 hours. This program has increased all screened worker's reimbursement which has resulted in a reduction of funds available for respite.

- Special Services At Home Program funding can be utilized to purchase a combination of respite supports and purchase items from an eligible expense list. Many families utilize their funds to purchase from the eligible expense list. Special Services At Home service was coordinated for 459 children. This represents an increase of an additional 104 children receiving service during the same period last year.
- Bramble Kids Retreat provided 2,328 hours of nursing supported respite to 13 children and 2,945 hours to 17 adults and their families.
- The Adult Prevention Support Worker Program provided support to 75 individuals to ensure they live as independently, safely, and securely as possible within the communities of Haldimand and Norfolk. This represents an increase of 12 individuals supported compared to the same time last year. The 0.4 fte Adult Prevention Support Worker hired to support the housing initiative has provided supports to 9 individuals since July 2023 when the position was filled. This contract will end March 31, 2024.

Service Participant Satisfaction

- 359 surveys were sent out or provided over the telephone.
- 155 families/individuals completed a survey which is an increase of 42 respondents from last year.
- 93% of the individuals/families report the program they receive meets expectations.
- 94% of individuals/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 support they are currently receiving. Some comments include “Cannot express our thanks enough for all the help”, “I feel well supported”, and “very much appreciate the service”.

Unit Goals for 2024

- The Bramble Retreat Programs will streamline the training provided to employees while continuing to meet the requirements of licensing by June 2024.
- The Bramble Supervisor and Developmental Services Unit Manager will develop an Advanced Care Plan for individuals with Do Not Resuscitate orders in our programs by March 2024.
- The Family Respite Team will invite Special Agreements Officers, and Ministry Administration to two virtual meetings yearly to enhance communication.
- The Family Respite Team will begin to advertise monthly beginning January 2024 to enhance recruitment and to strengthen and develop leadership and service delivery capabilities.
- The Family Support Worker and Transitional Aged Youth Worker will offer Adult Transition Planning information sessions to high schools to outline H-N REACH’s role in transition planning on a quarterly basis.
- To advertise when required, for more Host providers. This would include contacting respite workers who may be interested in overnight Host, paid advertising through Facebook and connecting with service clubs.

- After contracts are drawn up in March 2024, declare vacancies based on the remaining budget.
- Offer Developmental Services to teen/social groups for youth to join to develop social skills and independence by March 2025.
- The Transitional Age Youth Worker will develop a Transitional Age Youth Service Participant tracking system by March 2024, to ensure all pertinent dates and timelines are met to complete Developmental Services Ontario referrals at age 16 and Ontario Disability Support Program applications by age 17.5.
- The Adult Prevention Support Worker will present a PowerPoint presentation to 3 community agencies and partners by June 2024.
- The Adult Prevention Support Worker team will update the program information on the agency website by March 31, 2024.

Adult Counselling Services

Environmental Scan

- The importance and value of maintaining good mental health remains a public conversation. Couples, families, and individuals continue to seek support in promoting wellbeing and accessing supports.
- Cost and wait times for both subsidized and paid adult mental health services remains a barrier for those looking to access service in our community and across the province.
- Provincial attention has been received in response to lobbying from provincial groups in regard to the importance of funding clinical supports for men as well as gender-based services.
- Recruitment for qualified Therapists remains a challenge in the non-profit sector.

Summary of Unit Program Evaluation

- Evaluation strategies include the logic model for subsidized counselling; quality assurance questionnaires with outcome questions; OQ10 pre and post-test; and goal attainment scores.
- Our logic model requires a update in response to the structural changes that have occurred in this unit. OQ10 pre and post-tests are currently not able to be analyzed due to low completion rate of both tests.. The development of evaluation framework is the next step after the logic model is updated.
- This year we have piloted some data collection strategies with no success and have developed a revised plan for the upcoming year.

Referral Sources Feedback

- Referral sources continue to be in line with previous years, with Self/Family or Friend and Child and Family Services of Grand Erie as the top 2. This year Self/Family or Friend was surpassed by the Child and Family Services of Grand Erie referrals.
- Our referrals from the Child and Family Services of Grand Erie experienced an increase in numbers to the previous year and closer to targets set.
- The continued lack of referrals from family physicians is notable.

- Across the board referral numbers are down with the exception of the Child and Family Services of Grand Erie and Women's Services referrals.

Program Outcomes and Outputs

- Numbers are down as a result of the pause and limited capacity for fee for service work.
- Wait times to receive services is two weeks. This is an increase of one day and is the highest wait time experienced over the past 4 years.
- The goal attainment scores for our clinical programs are 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.
- 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.

Unit Training Plan

- This past year, the Clinical Supervisor and 2 Therapists participated in Clinical Reporting Standard Training.
- Diversity, Equity and Inclusion training for all team members is a goal for the upcoming year.

Summary of Actions

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

- Completion of the Being a Mindful Employee: An Orientation to Psychological Health and Safety in the Workplace Training 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 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 2024

- To update the logic model for the Adult Counselling Programs by March 31, 2024.
- To develop an evaluation framework for the Adult Counselling Unit by November 1, 2024.
- To implement an evaluation framework for the Adult Counselling Unit by November 1, 2024.

Youth and Justice Services

Youth and Justice Services includes Union House, Youth-in-Transition Worker Program, Youth Justice Committee, Youth Mental Health Court Worker Program, Direct Accountability Program and Partner Assault Response Program.

Environmental Scan

The Ministry of Children, Community and Social Services introduced a new Quality Standards Framework, resulting in a review of all Union House policies and procedures. This framework has resulted in significant changes to admission processes, safety planning, and individual plan of care requirements.

The Ministry of Children, Community and Social Services discontinued their COVID-19 guidance documents and Serious Occurrence reporting requirements for residential programs, effective June 30, 2023. Programs have been directed to continue following guidelines issued by the Ministry of Health.

The Ministry introduced the Ready, Set, Go Guide program for youth transitioning out of care. This document is relevant to the Youth-In-Transition Worker program and Union House program, as both support youth in the care of a society who are preparing to transition to independence.

The Youth Mental Health Court Worker Program has seen a dramatic increase in referrals compared to recent years and in relation to ministry service targets. To date, this program is 60% over target for the entire year.

In October, the Partner Assault Response program received confirmation of increased base funding for the remainder of this fiscal year and the next fiscal year. While plans for these funds are still being finalized, the majority will be used to enhance the current staffing compliment, address the rapidly increasing demand and expenses of translation services, and update our marketing materials.

The Direct Accountability Program has noted an increase in referrals, and it is anticipated that the number of individuals served will be 25-35% higher than the previous year. Direct Accountability has also continued to experience an increased number of referrals for individuals with higher needs, consistent with trends reported across the region.

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. 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 program logic models and evaluation frameworks require review in order to accurately reflect current programming. 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.

The Adult Justice programs previously identified goal of developing evaluation frameworks has been carried over. However, it is noted that the Partner Assault Response program has close to a 100% collection rate with existing processes. The Direct Accountability program has recently introduced an electronic evaluation form and initial response rates suggest this will be more successful than past practices.

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.

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

Program Outcomes and Outputs

While Union House has begun to see an increase in referrals, service numbers remain below target. Despite this, 6/7 of the youth who departed the program provided program feedback, and indicated successes related to school, employment, and increased skills for independent living. Long-term service participation continues to result in low response rates for the Youth in Transition Worker program. However, self-reports indicate that many youth have maintained stable housing, are working towards a diploma, and/or benefitted from referrals to other services.

Provincially, most Youth Justice programs have continued to report lower referrals over the past several years, however the Youth Mental Health Court Worker program has remained an exception and is on track to significantly exceed the service target for the number of youth served this year. Also, the Youth Justice Committee is reporting service numbers that meet the targets and 100% of youth who have completed the program have been successfully diverted.

While the number of referrals to the Direct Accountability Program have increased, this number is considered low by provincial standards. It is believed this increase is due to the introduction of a new, permanent Crown in Cayuga. Partner Assault Response referrals have increased over the previous year and are noted to be higher than pre-pandemic numbers. It is noted that many Partner Assault Response program participants have indicated improved relationships following program completion.

Service Participant Satisfaction

Union House continued to collect data at the end of service. As a result, response rates have been impacted by lower service numbers. Despite this, the six youth who provided feedback at the time of leaving the Union House program felt that curfew was fair, and 5/6 felt that the house expectations and chore requirements were fair.

Youth Justice evaluations are forwarded to the ministry as part of the Youth Experience Survey data collection process and Outcome Data collection process, however the portal for reviewing this information is currently inaccessible. Internal satisfaction surveys indicate that youth feel listened to and respected, and that staff were responsive to their needs.

Partner Assault Response program evaluation response rates remain high. Evaluations indicate that participants find the program engaging, with most indicating an improvement in their overall well-being. Many who accessed the program virtually also expressed appreciation for this option.

The Direct Accountability Program satisfaction feedback has also been very positive, with individuals reporting feeling listened to, respected, and informed.

Unit Training Plan

- Youth and Justice Services staff participated in the Agency wide Being a Mindful Employee: An Orientation to Psychological Health and Safety in the Workplace

- Staff continue to access free webinars offered by “The Learning Network & Knowledge Hub” and the “HUB”.

Training goals identified for the upcoming year include areas such as: solution focused coaching, ASIST, trauma informed care, and diversity, equity and inclusion.

Summary of Actions

- Justice Services co-chaired the Human Services Justice Coordinating Committee.
- Union House created a student development plan that led to hiring opportunities.
- Union House staff wages were enhanced to assist with recruitment and retention.
- The Partner Assault Response program secured an alternate, larger venue to meet the increasing space needs for groups.

Unit Goals for 2024

- Review and update all program logic models by October 31, 2024.
- Create and/or review all program evaluation frameworks by October 31, 2024.
- Create a Unit Restructuring Plan plans by February 29, 2024.
- Create an enhanced staff orientation plan and strategies for improved communication with casual Union House staff by June 30, 2024.

Human Resources

Environmental Scan

Post Pandemic, the Human Resources Unit returned primarily to in-office work, although remote access obtained during the Pandemic continues to be an effective productivity tool, where appropriate. The unit worked to address backlogs in administrative processes that could not be performed during periods where in-office work was not permitted. In alignment with Strategic Direction #2, we continue to focus on and prioritize recruitment-related activities to ensure that clinical programs have the human resources required to continue to provide services and support to our service participants. While there continues to be significant recruitment challenges within our sector, including applicants not showing up for scheduled interviews, also known as “ghosting”, we were successful in filling a significant number of position vacancies throughout the reporting period (34 new employees). Student placements are in demand, and we have been successful in building relationships with educational institutions and increasing student placements (100% increase over the prior year) which we also view as an effective recruitment strategy. This is validated by the number of students who have accepted positions after completion of their placements (former students hired). Volunteerism continues to evolve, with ongoing changes in demographics and the expectations of potential volunteers, who are seeking more tailored and targeted opportunities. These changes will be contemplated as we work to revitalize our Volunteer Services Program.

Summary of Unit Program Evaluation

In 2022 the Human Resources Unit developed a Logic Model and Evaluation Framework for the first time. The Human Resources Unit continues to expand our data collection to include identified outcomes and monitor/track identified indicators of progress towards those goals. We

will also continue with the implementation of the Volunteer Services Logic Model and Evaluation Framework.

Program Outcomes and Outputs

The Human Resources Unit developed a Logic Model and Evaluation Framework in late 2022 and have commenced measurement of some of our outputs for this reporting period:

- Job Postings: 72 (26 reposts) – postings and reposting are down 13% and 10% respectively.
- Employment Contracts and modifications prepared increased by 15%.
- Student placements: 100 percent increase from prior year.
- Canada Summer Jobs Program hires: 4 new hires (10 placements in total).
- Leaves of Absence processed: 15 – down slightly from last year.
- Health and Safety Incident Reports submitted: As anticipated we are returning to pre-COVID-19 numbers – up 75% from prior year.
- Lost Time Accidents: 0.
- Agency employees who completed mandatory, assigned training: 96.5% (the individuals who did not complete their training were on leaves of absence and unable to complete their training during the established timeframe).
- Interviews attended by Human Resources staff: 137 – up slightly from prior year (39 additional interviews were scheduled and the applicant either cancelled or did not attend)
- Payroll adjustments: 30 (10 – employee data entry error; 9 – system/technical errors (note: one error resulted in an adjustment for 29 employees); 0 Program/Unit-error; 11 Human Resources /Payroll errors.
- Turnover rate: 13% - no change from last year (includes: 16 resignations (62.5% casual), 6 contract expirations and 2 retirements). Net increase of 1 employee.
- New hires: 34 (excludes temporary Canada Summer Jobs positions, which were short-term for an 8-week period).
- Volunteer outputs have continued to decline compared to pre-COVID-19 data.
- Students placed over the past year (30) now exceeds pre-COVID-19 numbers.

Unit Training for 2023

- First Aid/CPR Recertification (manager, supervisor and coordinator).
- Joint Health and Safety Committee – Member Training (manager, supervisor, coordinator).
- Agency Mandatory Training and Policy Review – 100% completion.
- Diversity, Equity and Inclusion Training for leadership team (manager and supervisor).
- Psychological Health and Safety Training (Canadian Centre for Occupational Health and Safety) - 100% completion.
- Human Resource Management System Administrator Training – 100% completion.
- The Human Resources Manager attended the Developmental Services Human Resources Forum.

- Human Resources Professionals Association webinars and virtual meetings were attended by the Human Resources Manager and Supervisor.
- The Human Resources Supervisor attended a conference sponsored by the Provincial Volunteer Coordinator Association related to the use of technology in recruiting volunteers.
- Human Resources Supervisor achieved her Certified Human Resources Professional designation.

Unit Training Plan for 2024

- Human Resource Management System – all Human Resources staff will continue to participate in “SAGE University” online training.
- 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.
- Ongoing participation in Infection, Prevention and Control, Legal and Health and Safety webinars, and meetings.
- The Human Resources Manager and Human Resources Supervisor will continue to attend Human Resources Professionals Association webinars/meetings.
- The Human Resources Supervisor and Coordinator will attend training related to Website standards.

Summary of Actions

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

- Continuing to provide support to the Agency in the areas of Human Resources / Recruitment, Health, Safety and Wellness, Infection, Prevention and Control, Privacy and Payroll and Benefits.
- Ongoing commitment to professional development to support growth and knowledge.
- Continue to provide support and leadership through active membership on a number of Agency Committees and Project Teams.
- Membership at community tables including the Network of Volunteer Administrators, Infection Prevention and Control Community of Practice, and various Human Resources Networking Groups.
- Commitment to staff well-being by promoting a safe and healthy team/work environment.
- Development of a Recruitment Plan that includes a number of components intended to enhance our recruitment practices.
- Continuing to focus on building relationships with educational institutions and increasing the recruitment of student placements to support our “Grow Your Own” recruitment philosophy.
- Ongoing work to revitalize our Volunteer Services Program.

Unit Goals for 2024

- Continue to develop metrics to effectively track Outputs and Outcomes consistent with our Evaluation Framework (i.e., Recruitment and Retention). Target completion: December 2024.

- Continue to standardize/automate administrative processes/functions to increase efficiency. Target completion: December 2024.
- Participate in an external Agency review of current Human Resources /Payroll/E-training systems and processes and implement recommendations to optimize efficiency: Target completion: December 2024.
- Complete review of Unit policies to ensure compliance with Accreditation Standards. Target completion: June 2024.
- Continue to build relationships with educational institutions to support student placements/apprenticeships. Target completion: ongoing.
- Continue to evaluate and revitalize our Volunteer Services Program. Target completion: December 2024.
- Continue to enhance and implement our Recruitment Plan to support ongoing recruitment needs to fill vacancies across the Agency. Target completion: June 2024.
- Introduce “Stay Interviews” to collect feedback from new hires upon completion of their probationary period: Target implementation: September 2024.
- Develop a tool to collect feedback from volunteers, service participants and programs that utilize volunteers. Target implementation: December 2024.
- In collaboration with partner agencies, coordinate the planning of a local Volunteer Fair to provide information to community members and to attract new volunteers: Target completion March 2024.

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 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 that take into account new funding from both the federal and provincial government, as well as other donors that was directed to the return of in-person service after the COVID-19 pandemic. These changes have resulted in more intense work in the Finance Unit over this past year.

Program Outputs

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

- Oversight and tracking of the agency budget of over \$15 million broken down into 84 budgets or programs.
- Production of various reports (Workplace Safety Insurance Board, Employer Health Tax, Receiver General, Registered Retirement Savings Plan reports).
- Monthly financial reports to the Board of Directors.
- Semi annual (10) or quarterly reports (12) to Ministry of Children, Community and Social Services, Ministry of Health, Hamilton Health Sciences, Ministry of the Attorney General, Norfolk County, United Way, Public Health Agency of Canada.

- Yearly reports: Annual Registered Charity Return, Annual Reconciliation Reports (Transfer Payment Annual Reconciliation) to Ministry of Health and Ministry of Children Community and Social Services, Audited Financial Statements, Annual Report to the Board of Directors, Annual Information Return for Union House, and assist Human Resources in the preparation of T4s and filing payroll annual reports.

Outcomes

The Finance Unit outcomes have been grouped into three categories: short term, intermediate and long term. Below explains in further detail the short-term results that we will be focusing on in the next year:

The following short-term outcomes will be tracked and evaluated in 2024, to increase efficiency, effectiveness, and accuracy of Finance Unit processes.

Increased ability to track program budgets within units.

- Assessment of immediate and ongoing training needs for training of managers regarding budgeting knowledge.
- Evaluate current agency paid expenses for development of budgets that are more reflective of the cost of each program.
- 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 General Ledger entries by developing business rules and standard definitions that are used by all employees making General Ledger entries.
- Streamlined electronic system for approval and payout of employees' expenses.
- Reinforce the re-numbering of all the agency budgets to increase a more streamlined understanding of budget affiliation and decrease potential for confusion and inaccuracy.
- Research and evaluate new software designed to assist in year end audit process efficiency.

Unit Training Plan

Limited professional development took place due to workload of competing tasks and lack of full staffing in the unit after retirement of a long serving employee. Training priorities for 2024 are as follows:

- All Finance Unit employees to attend training in advanced Excel Functions relevant to their work.
- Encourage Finance Unit employees to lead or participate in Excel lunch and learns open to other agency units.
- All Finance Unit employees to participate in ongoing training on Financial Reporter.
- Individual employees to participate in training identified during performance appraisal process and during formal and informal supervision.

Unit Goals for 2024

Strengthen unit cohesiveness and consistency of practices (January 2024 and ongoing).

- Hold regular unit meetings and bi-yearly planning meetings.

- Increase appreciation activities within the unit – provide ongoing positive feedback.
- Investigate Internal Audit software to help document management and streamline working papers process for year-end.

Strengthen knowledge and expertise of unit employees in advanced Excel (June 30, 2024).

- 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, 2024).

- Complete audits through Directors of Service 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.
- Encourage Management Team members to work with Finance to develop relevant reports for their unit (December 31, 2024).
- Develop and implement measures to track progress relating to outcomes and outputs (March 31, 2024).
- Use Finance Unit planning meetings to review outputs and outcomes for the unit and develop effective and efficient tracking mechanisms.

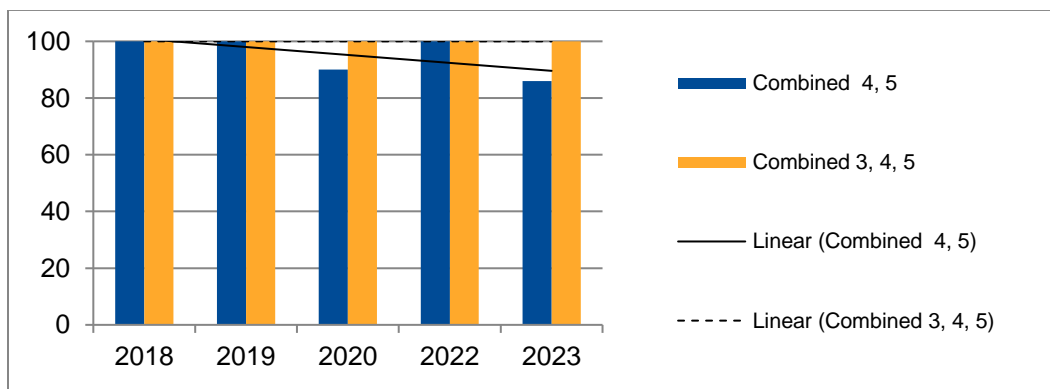
SECTION 3: BOARD FEEDBACK

In order to collect direct input from H-N REACH Board members for the 2023 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.

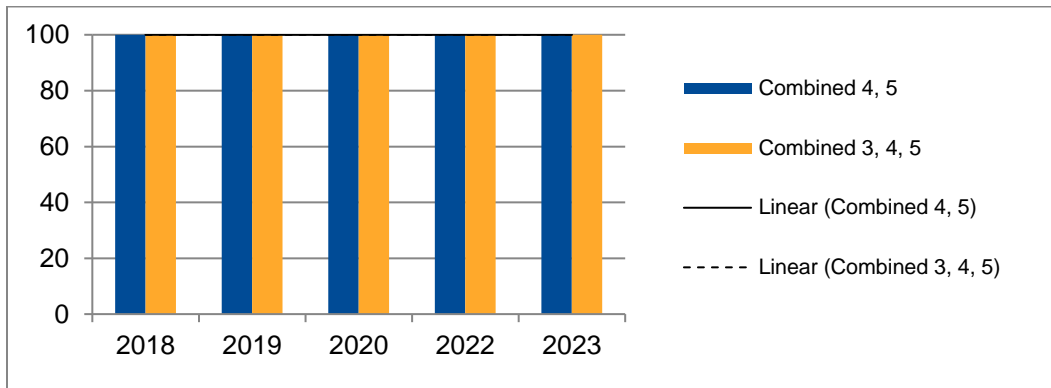
Seven Board member (all) responses to the survey are recorded for 2023.

Agency Value Statements About Services

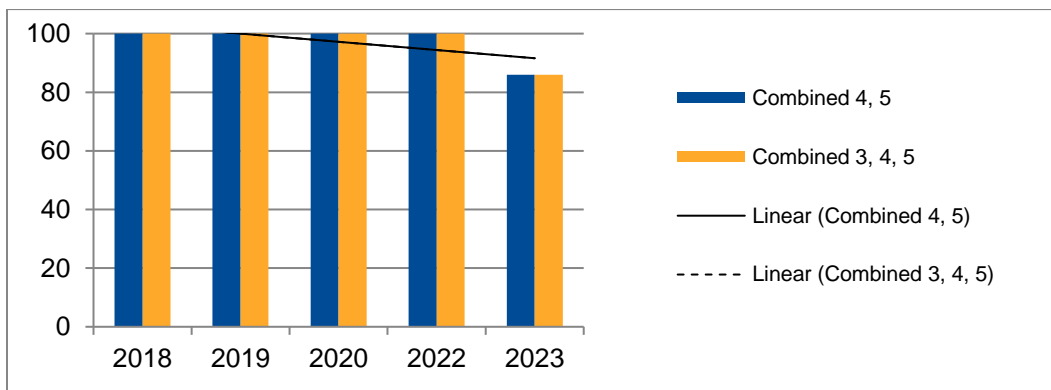
In terms of awareness about the Value Statements, 6/7 Board members rated their awareness at level 5 and one rated this a level 3 for an average of 4.71. This high rating is consistent with past years as noted in the chart below.



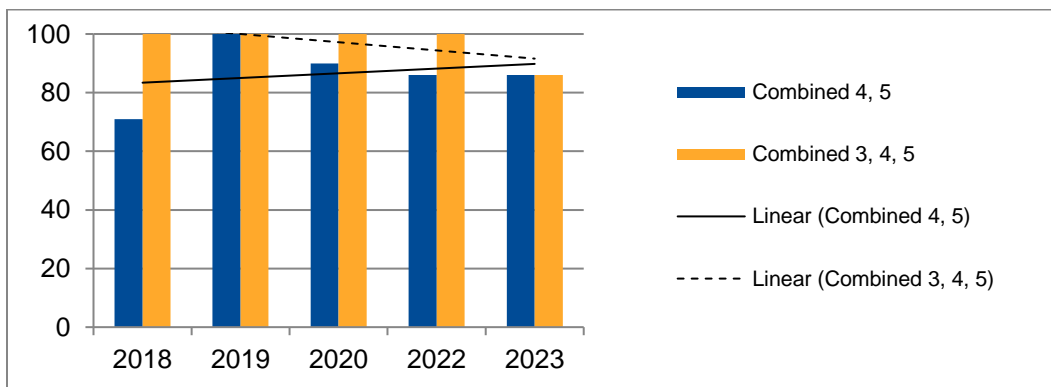
100% of Board members felt that the stated values are actually reflected in the work of the agency (rating of 4/5), with an average of 4.71.



When asked about the Board members' level of connection to the stated values, most respondents rated this at a 4 or 5, with the majority rating this connection at level 5 (5/7 rated their connection at level 5), with an average of 4.43. This level of connection is slightly lower than the previous year's ratings (average of 5).



In terms of Board member impressions about community feedback relating to the connection between the stated values and delivery of H-N REACH services, seven board members responded to this question, with one board member indicating not applicable as they have not received feedback in the community. 6/7 board members rated this area at the 4 or 5 levels, with an average of 4.83. These ratings are consistent with previous year's ratings.



Barriers

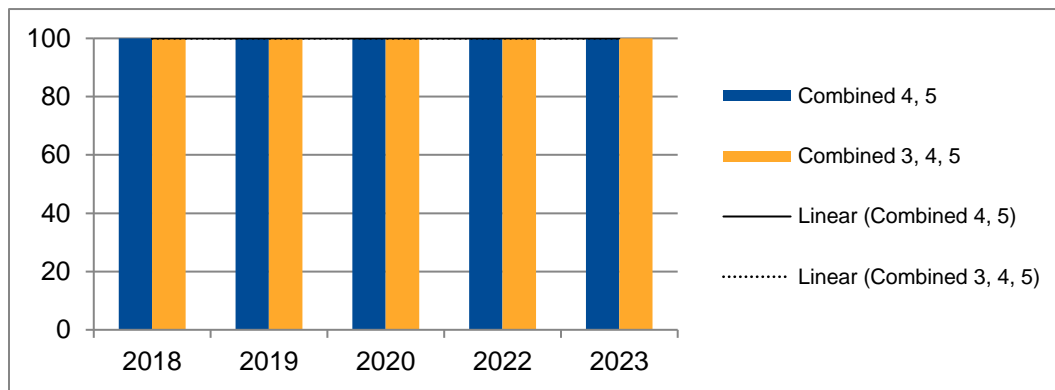
Through an open-ended question, the Board was asked to identify or comment on any barriers to service. Respondents to this area indicated the following issues:

- Recruitment and retention of staff
- Knowledge of services for those who are newcomers to the community
- Transportation

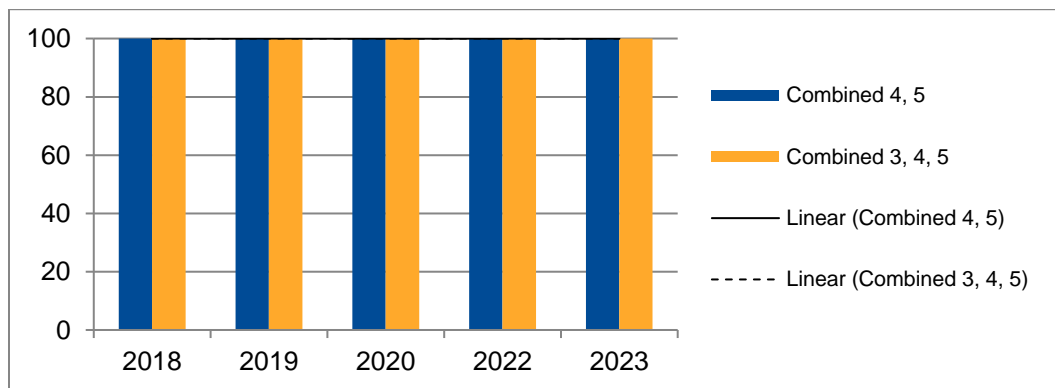
Contributions to the Operational and Strategic Plans

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

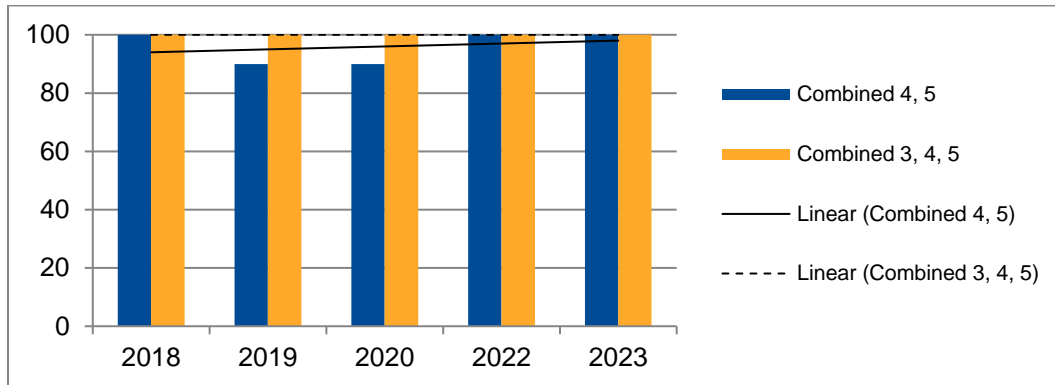
- Welcoming H-N REACH offices/settings:
 - 7/7 rated this area high (4 or 5/5 with an average of 4.71)



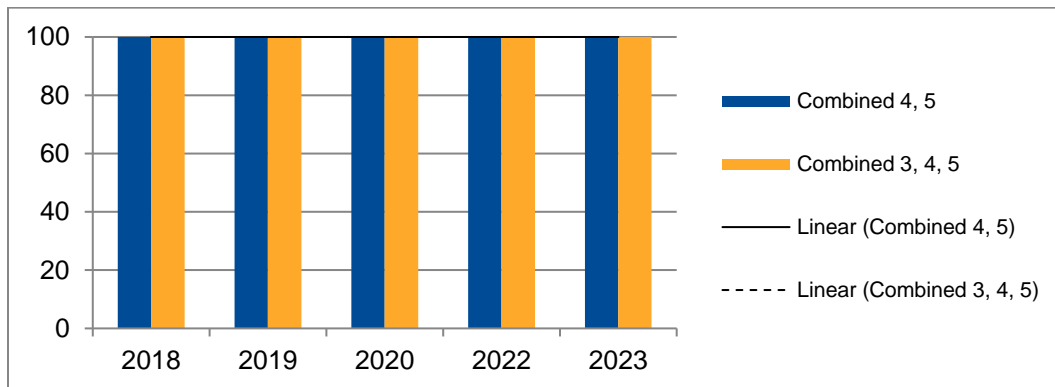
- Leading/Partnering:
 - 7/7 rated this area high (4 or 5/5 with an average of 4.71)



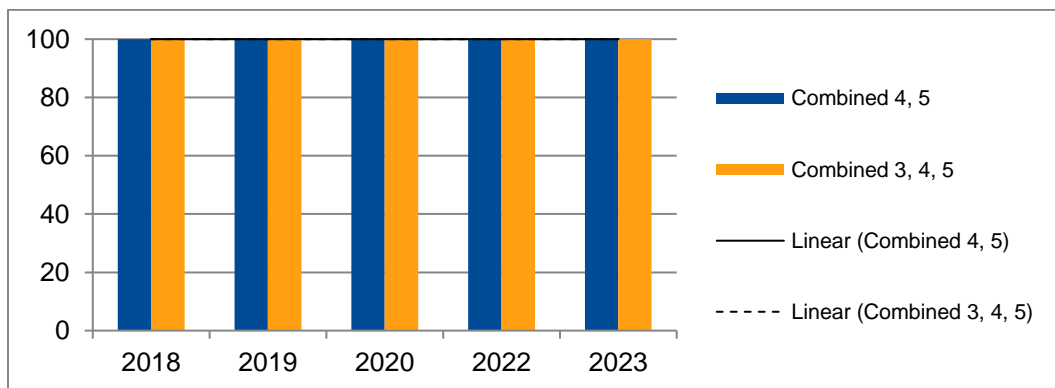
- Stakeholder involvement in planning:
 - 7/7 rated this area high (4 or 5/5 with an average of 4.71)



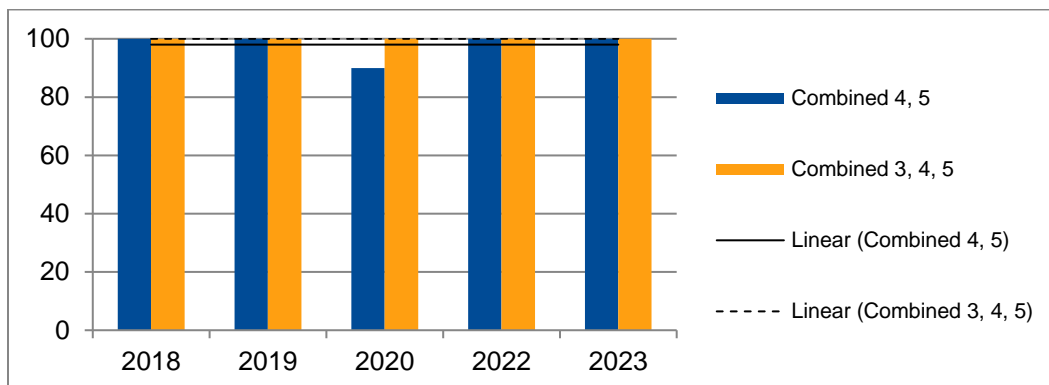
- Board Communication Practices:
 - 7/7 rated this area high (4 or 5/5, with an average of 4.57)



- Valuing Board Members Contributions:
 - 7/7 rated this area high (4 or 5/5 with an average of 4.57)



- Supported Through the Strategic Planning Process:
 - 7/7 rated this area high (4 or 5/5 with an average of 4.43)



All of the above ratings were supported by comments indicating that the Board and agency demonstrate significant strengths in areas related to leadership, collaboration, and community engagement.

SECTION 4: STAFF FEEDBACK

This year we once again chose to survey newer employees (hired after September 1, 2020) 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. Other survey questions for all employees this year included the areas of awareness and connection.

During the period of September 1, 2020, to September 30, 2023, there were 24 employees who were hired and are still active employees of Haldimand-Norfolk R.E.A.C.H. 22 employees responded to the first three questions related to Value Statements; this represents a 91% response rate which is significantly higher than the response rate of 44% in 2022.

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.

A total of 110 of 151 eligible employees (15 employees from the agency total of 166 are on LOAs), completed the survey which represents a 72% return rate; a 7% higher response rate as compared to 2022 (65%). This is the highest response rate over the last 5 years. One reminder was sent out to employees for survey completion.

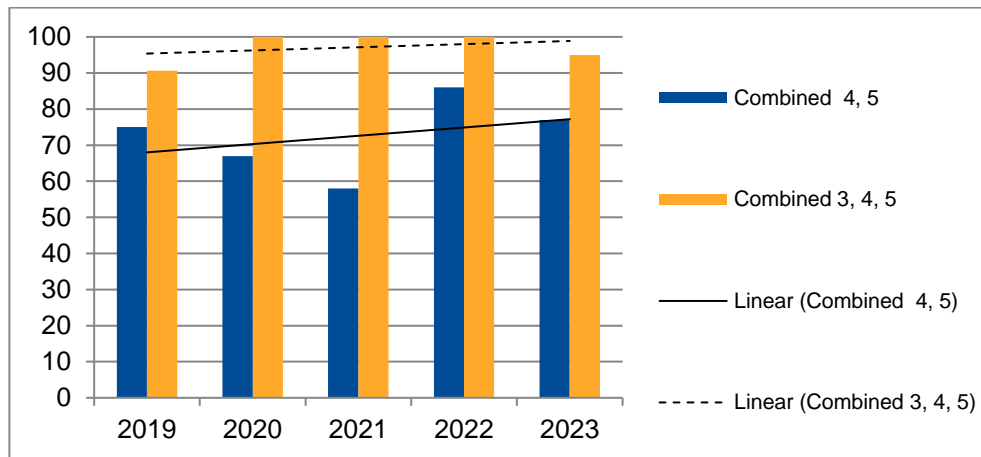
The following is a summary of results from the survey. It should be noted that some employees did not choose to finish the survey. Where the average is included in the analysis below those respondents who chose to not answer the remaining survey questions are not included.

For the following two questions employees were asked to rate their responses on a scale of 1 to 5, with 1 representing a low level of awareness, and connection and 5 representing a high level of awareness and connection.

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

- A total of 22 employees responded to this question. The weighted average response for this question was 4, slightly below the average as last year (4.36).

- 21 employees or 95.45% scaled a 3, 4 or 5 response, indicating a high level of awareness of our Value Statements
- 17 employees or 77.3% scaled a 4 or a 5 response, the majority of respondents.
 - 6 or 27.3% responded with a 5 on the rating scale.
 - 11 or 50% responded with a 4 on the rating scale.
 - 4 or 18.2% responded with a 3 on the rating scale.
- Compared to last year, the combined 3, 4, 5 rating was slightly lower at 95.45% compared to 100% in 2022. The combined 4, 5 rating was also somewhat lower (77.3% compared to 86%).



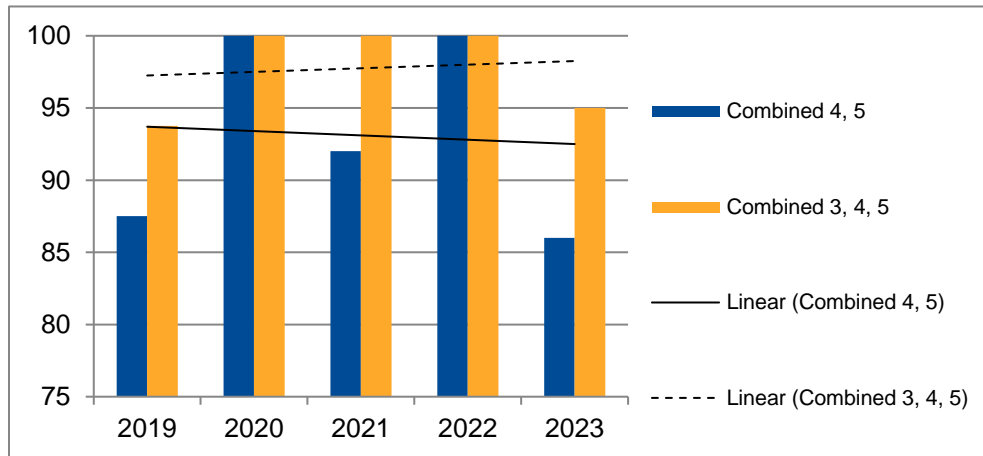
Two employees provided comments for this question.:

- I am very aware of the values of the organization.
- I started working here recently and I did not know about the value statements about service.

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

- A total of 22 employees responded to this question. The average response for this question was 4.41 slightly lower than 2021 (4.58).
- 19 employees or 86% scaled a 4 or 5 response, indicating a strong sense of connection to the Value Statements
 - 13 or 59% responded with a 5 on the rating scale.
 - 6 or 27% responded with a 4 on the rating scale.
 - 2 or 9% responded with a 3 on the rating scale.
- Compared to last year, there was a significant decrease on the level 5 rating from 71% to a decrease of 59% in 2023 (12%). Although there was a decrease in the 5 rating this year, the 86% 4 and 5 rating total indicates a good connection to the Value Statements.

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



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

- Of note, one of the comments indicated that the value statement should include working in partnership with participant, families, and community as well as valuing cultural diversity.
- Families should know that their cultural practices are well accepted here.
- One respondent indicated that the main reason they decided to work at H-N REACH was the values of the organization aligned with their values.

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

Twenty -two responses were received for this question (including 15 responses indicating N/A, None, and Unsure). Main themes are highlighted below:

- Most respondents indicated that we provide flexible coordinated services with the aim of meeting our participants needs.
- Some respondents indicated that there were barriers due to the need to increase staff resources to decrease wait times as well as support with work/life balance to decrease caseloads.

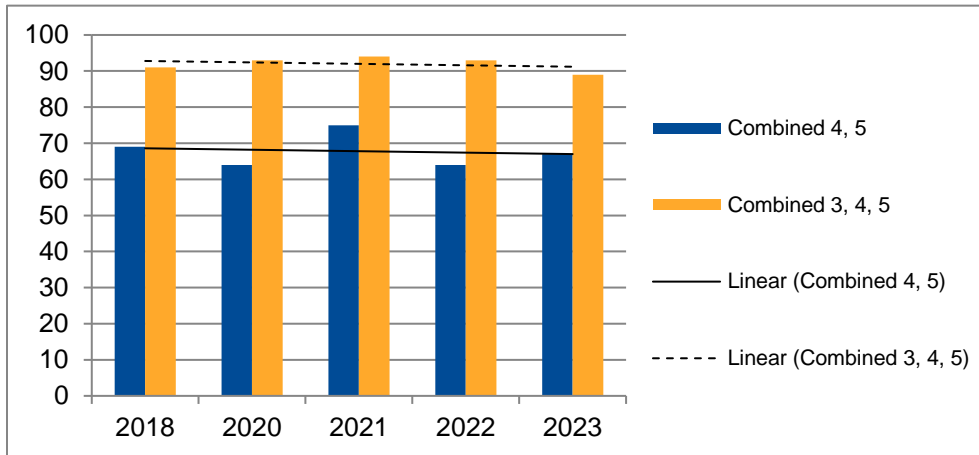
The following eight questions were completed by all respondents.

4. Employees were asked to rate the degree to which they are engaging our service participants in planning at the service/program level on a scale of 1 to 5 (1 represents a low level of engagement and 5 represents a high level of engagement).

104 or 94.5% of respondents answered this question. The weighted average of 3.98%. This question was not asked in 2022 but compared to the weighted averages from 2016-2019 the rating was very much the same.

- 70 or 67% of respondents scaled a 4 or 5 response, indicating a high level of engaging participants.

- 93 or 89% scaled a 3, 4 or 5 response rating a good level of participant involvement
- 31 or 29% responded with a 5 on the rating scale.
- 39 or 37.5% responded with a 4 on the rating scale.
- 23 or 22% responded with a 3 on the rating scale.



Employees were asked to provide comments on this question. There were a total of 20 comments provided. Themes are highlighted below:

- Most comments from respondents to this question indicated a high level of engagement with participants.
- The new Youth Alliance Committee was felt to be a very important new development.
- Some employees indicated that more involvement with participants in planning and decision-making was needed.

5. Employees were asked to provide two examples of changes to operational systems/administrative practices that they felt would enhance efficiency in our ongoing search for excellence and as we advance the Strategic Directions.

91 or 82.7% of respondents shared their ideas in response to this question. A total of 135 comments were provided. Themes are highlighted below:

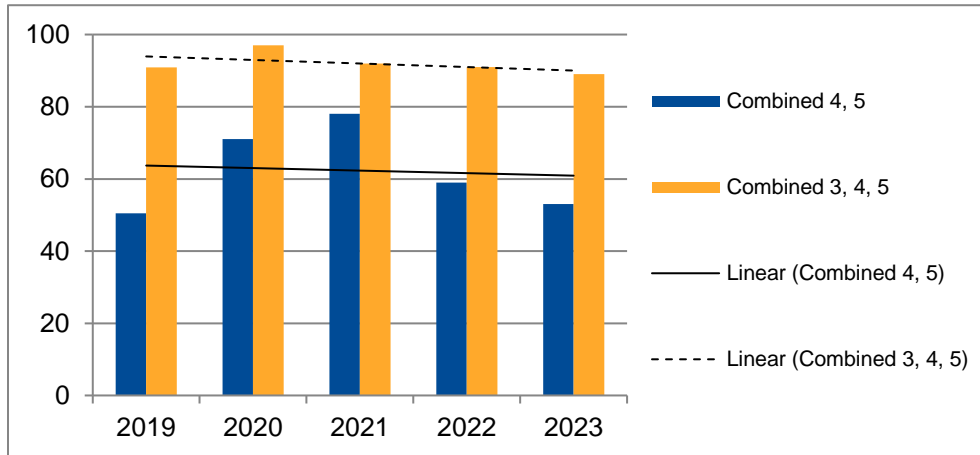
- Many respondents indicated the strategic plan advanced technology in terms of creating greater efficiencies to provide more opportunities to engage in direct service.
- Use of Microsoft 365 was a good transition. Increase training in Excel, Outlook and Word
- More seamless financial system.
- More flexibility for Work At Home policy.
- Maximize use of EMHware and other databases.
- There were a number of N/A, and None responses.

6. Employees were asked to rate the agency’s progress in making effective use of technology on a scale of 1 to 5 (1 being no progress and 5 being significant positive progress).

A total of 91 employees responded to this question or 82.7% of respondents. The weighted average response for this question was 3.52%, a slight decrease from the 2022 average. (3.76).

- 81 employees or 89.7% scaled a 3, 4 or 5 response.
- 48 employees or 52.6% scaled a 4 or 5 response.
 - 11 or 12.09% responded with a 5 on the rating scale.
 - 37 or 41% responded with a 4 on the rating scale.
 - 33 or 36% 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 91% in 2022). Similarly, the 4 and 5 responses also showed some difference with 59.55% in 2022 and 52.7% in 2023.



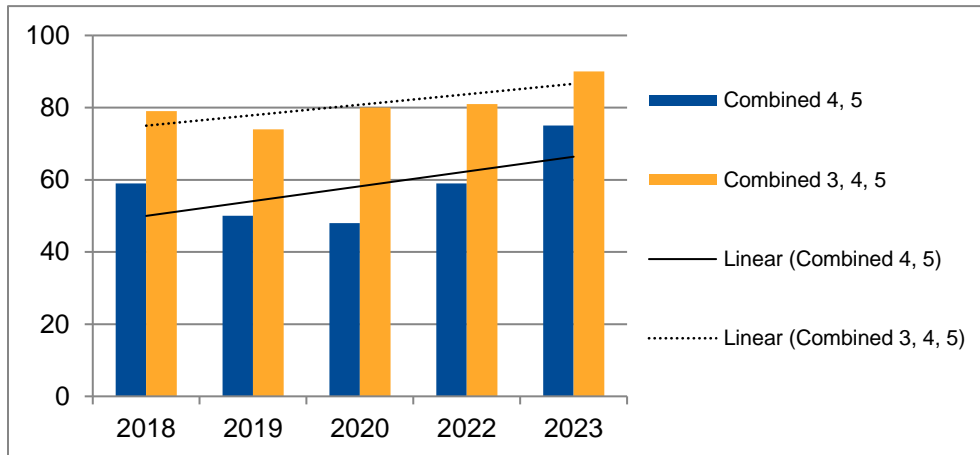
Employees were asked to provide comments for this question. 56 comments were provided. Themes are highlighted below:

- Most respondents indicated that we have made strong advancements in technology.
- Upgrades to our current forms recommended for easier access.
- Some feel that much more advancement is required to be able to have more time with direct service.
- IT is very helpful.
- More training needed in updated technology.

7. Employees were asked to rate their opportunities over the past year to participate in job-related professional learning opportunities on a scale of 1 to 5 (1 represents no opportunities and 5 represents frequent opportunities).

A total of 89 employees responded to this question. The average response for this question was 4.04, somewhat higher than last year’s average. (3.6).

- 80 or 89% scaled a 3, 4 or 5 response.
- 67 or 75% scaled a 4 or 5 response.
- 38 or 43% responded with a 5 on the rating scale.
- 29 or 32.5 % responded with a 4 on the rating scale.
- 13 or 15% responded with a 3 on the rating scale.
- Compared to the combined rating for 3,4 and 5 the percentages were the same for 2022 and 2023 at 89%.



Employees were asked to provide comments for this question. Comments from employees. 38 comments were provided. Themes are highlighted below:

- Respondents indicated that there were more opportunities for free online learning.
- More opportunities for specific training to enhance service delivery were needed.
- Appreciated training in Microsoft 365 and Diversity Equity and Inclusion Training.

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

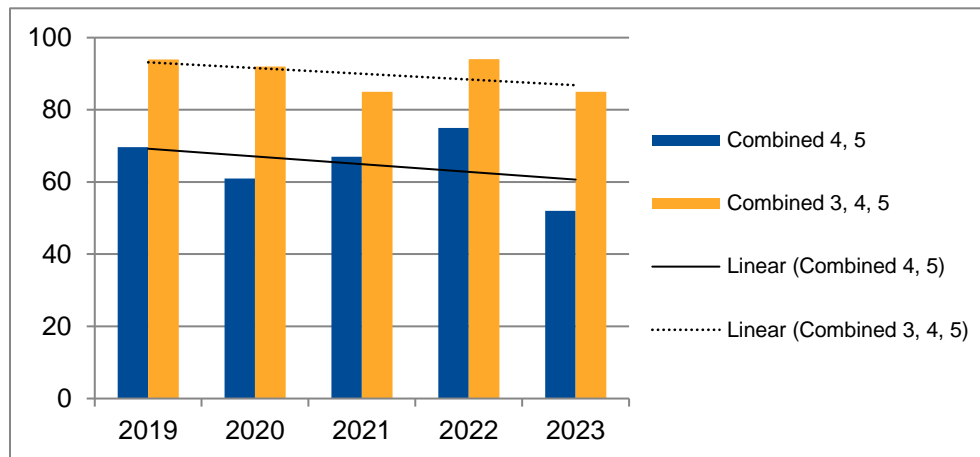
89 respondents, (80%), provided comments to this question. 100 comments were received to his question. Themes are highlighted below:

- Most respondents indicated that they liked the training plan for the next year.
- Additional training re: Microsoft 365 was suggested to use all the platforms available.
- Ongoing implementation of Solution Focused Coaching.
- Training in the use of technology.
- There were several N/A, nothing, topics included are good responses.

9. Employees were asked to rate whether the Agency promotes a culture that values individuals and their contributions in providing our essential services on a scale from 1 to 5. (1 represents low level of value and 5 represents a high level of value).

A total of 88 employees responded to this question. The weighted average response for this question was 3.5%.

- 75 or 85% scaled a 3, 4 or 5 response.
- 46 or 52% scaled a 4 or 5 response.
- 18 or 20% responded with a 5 on the rating scale.
- 28 or 31% responded with a 4 on the rating scale.
- 29 or 31% responded with a 3 on the rating scale.



Employees were asked to provide comments about this question. 31 comments were provided. The main themes are highlighted below.

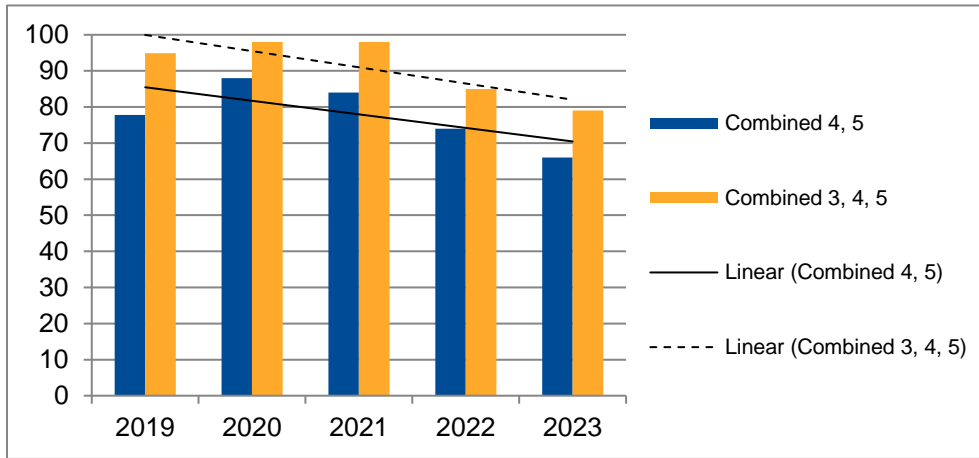
- Concerns expressed about high service demands and staffing pressures re: recruitment leads to stress in the workplace.
- Concerns were expressed re: lower wages than other social services – challenging times.
- Some concerns about communication and transparency.
- There were several comments about H-N REACH valuing employees and employees feeling appreciated.

10. Employees were asked to rate whether they are being kept up to date on agency developments on a scale from 1 to 5 (1 being seldom kept up to date and 5 being always being kept up to date).

A total of 88 employees responded to this question. The same number of responses as in 2022. The weighted average for this question in 2023 was 3.8. This is not significantly different from last year’s weighted average of 3.76.

- 79 or 89% scaled a 3, 4 or 5 response.
- 58 or 65% scaled a 4 or 5 response.
- 21 or 23% responded with a 5 on the rating scale.

- 37 or 42% responded with a 4 on the rating scale.
- 21 or 23% responded with a 3 on the rating scale.



Employees were asked to provide comments related to this question. 42 comments were provided. The main themes are highlighted below.

- Many positive comments were noted related to employees receiving information from staff and unit meetings, and through agency-wide emails.
- There were positive comments noted about the agency’s social media profile.
- Some comments about information getting to those who need it in timely manner.
- Some comments about some employees not being able to attend staff meetings due to job functions and not receiving information in a timely manner. Some ideas about how to bring information shared at staff meetings to all employees – e.g. taping meetings, using Zoom meetings, etc.

11. Employees were asked to share their ideas about other ways the agency can make communication more effective.

A total of 56 employees responded to this question. There were 60 comments provided in total. Of those comments, 8 employees advised that they could not provide any new suggestions. Of note is that this question was not included in the 2022 survey.

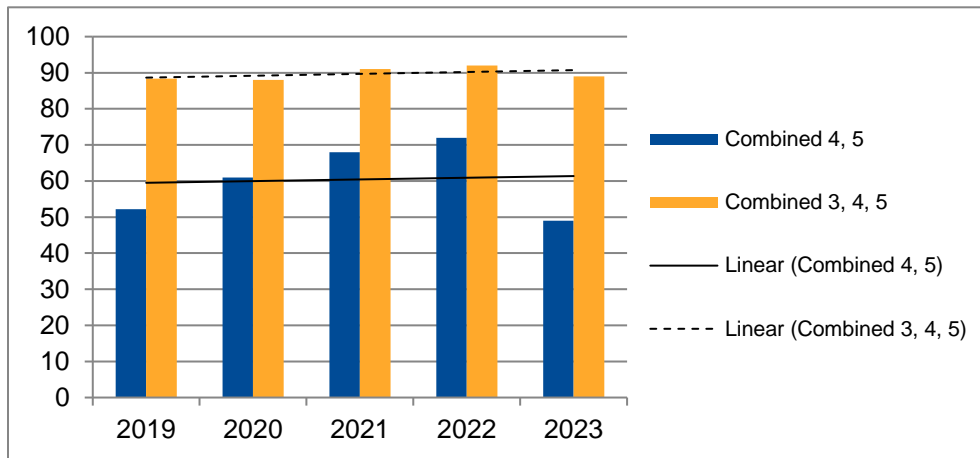
The main themes from the suggestions provided are highlighted below.

- Increasing the use of technology using SharePoint and maximizing the use of Microsoft 365.
- Consider bi-weekly agency updates.
- Use Zoom more often for staff meetings to increase attendance “one message at one time”.
- Share when new employees begin at the agency and when they leave.
- The agency as well does a good job of keeping people informed.
- Staff meetings are beneficial and people enjoy attending.

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

A total of 63 employees responded to this question compared to 87 responses in 2022. The weighted average for ratings was 3.44 compared to 3.8 in 2022.

- 56 or 89% scaled a 3, 4 or 5 response.
- 31 or 49.2% scaled a 4 or 5 response.
- 6 or 9.55% scaled a 5 response.
- 25 or 39.68% scaled a 4 response.
- 25 or 39.68% scaled a 3 response.



Employees were asked to provide comments for this question. 19 comments were provided. Main themes are highlighted below.

- Some comments about good communication practices and being informed and supported is done well.
- Some comments related to “busyness” in direct service work and at management level and at times being supported is not always a high priority
- A few comments about changes in programs and processes and not always being kept informed.

13. Employees were asked to share their ideas about how to keep employees informed, included, and supported during this time of change.

42 suggestions were provided by respondents. Main themes are highlighted below:

- Increasing messaging as much as possible at the team/unit level is important especially since not everyone is working from an office, or working full time etc. If information can be enhanced closer to the "ground", more employees will feel included. Teams/units are the best at providing support to each other and receiving support from their leadership.
- Regular team meetings.
- Agency emails are very helpful.

- Regular supervision and check ins.
- Messaging should include the “why”.
- Transparency is appreciated when possible.

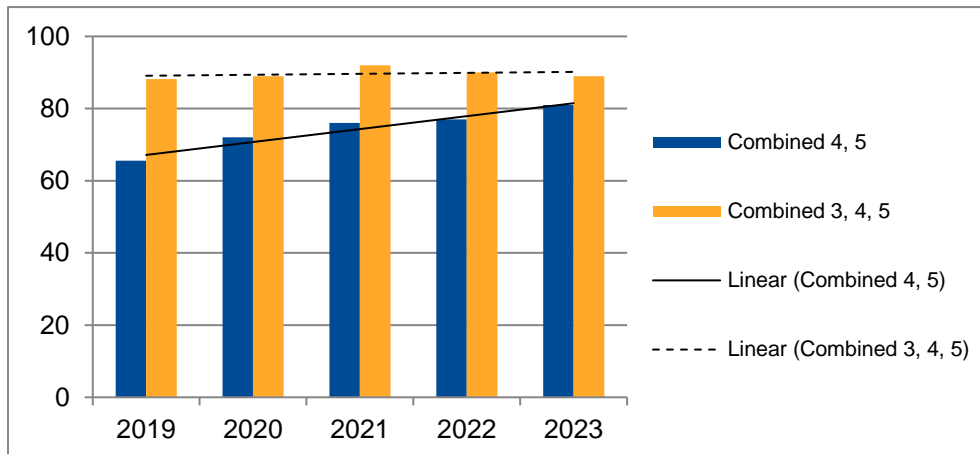
14. Employees were asked to rate whether they felt comfortable bringing concerns/questions/issues forward to their supervisor/manager on a scale of 1 to 5 (1 being not comfortable and 5 being very comfortable).

A total of 88 employees responded to this question. The weighted average response for this question was 4.18, a very slight increase compared to 2022 (4.14).

- 79 or 90% scaled a 3, 4 or 5 response.
- 71 or 80% scaled a 4 or 5 response.
- 44 or 50% responded with a 5 on the rating scale.
- 27 or 30.6% responded with a 4 on the rating scale.
- 7 or 7.9% responded with a 3 on the rating scale.

Although the 3,4,5 ratings were almost identical to 2022, there is a significant increase in the number of employees who rated a 5 to this question; 44 this year compared to 11 in 2022. There was a slight increase in the 4 rating, 27 this year compared to 23 in 2022, and a significant decrease in the 3 rating this year with 7 employees rating 3 compared to 45 last year. This demonstrates a significant improvement in employees comfort bringing issues forward to their supervisors/managers.

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



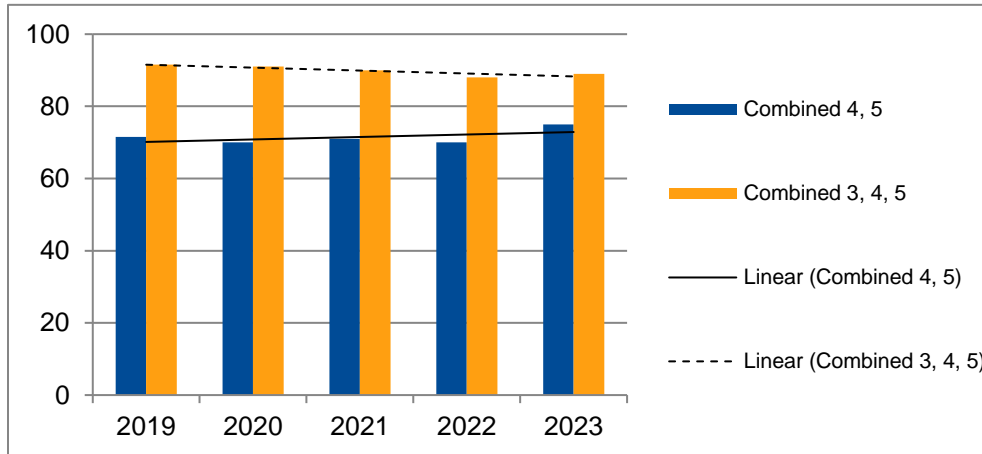
15. Employees were asked to rate whether they felt comfortable bringing Cooperative Agreement related concerns/questions/issues forward to a Core Committee representative (1 being not comfortable and 5 being very comfortable)

- A total of 88 employees responded to this question. The average response for this question was 3.93, almost exactly the same as 2022 (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.



16. Employees were asked to rate the following statement on a scale from 1 to 5: “H-N REACH encourages me to take on new challenges and pursue opportunities for learning, growth and advancement within H-N REACH and/or outside of H-N REACH. (1 being strongly disagree and 5 being strongly agree)”

A total of 88 employees responded to this question. The weighted average for this question was 3.72. This question was not part of the 2022 survey.

- 80 or 90.9% scaled a 3, 4, or 5 response.
- 22 or 25% scaled a 5 response.
- 31 or 35.2% scaled a 4 response.
- 27 or 30.6% scaled a 3 response.

Summary:

The response rate for new employees (hired between September 1, 2020, and September 30, 2023), was significantly higher this year with 22 of 24 eligible employees responding (91.6%) to the questions related to Value Statements About Services compared to a 44% response rate in 2022. This year’s response rate has been the highest in the last several years. This indicates a good level of orientation and engagement related to Value Statements. Ratings continue to demonstrate there is a high level of awareness and connection with the Value Statements About Services.

The response rate this year to the Employee CQI Survey was the highest it has been in the last 5 years. 110 of 151 (72.8%) of eligible employees participated in the survey. This is an increase of 7.8% over last year’s response rate.

This year has been one of change. Several new Managers, the return to mainly “in person” services, concerns with static budgets and a complete turnover of the Executive Team have created impact. The fact that so many employees responded to this survey, with the large majority sharing ratings of 3 and above, alongside many contributing their good ideas, valuable feedback and valid concerns speaks to the level of engagement that employees have in the agency.

Some employees also noted some frustration with their remuneration package, and understanding that this is a negotiations year, they have had the opportunity to share all of their ideas related to these concerns through the negotiation process.

Many comments shared with the survey highlighted employees’ passion for their work, their professionalism, and their sense of responsibility to do what’s best for service participants by creating efficiencies in everyday practices that can contribute to more direct service time and better outcomes for participants.

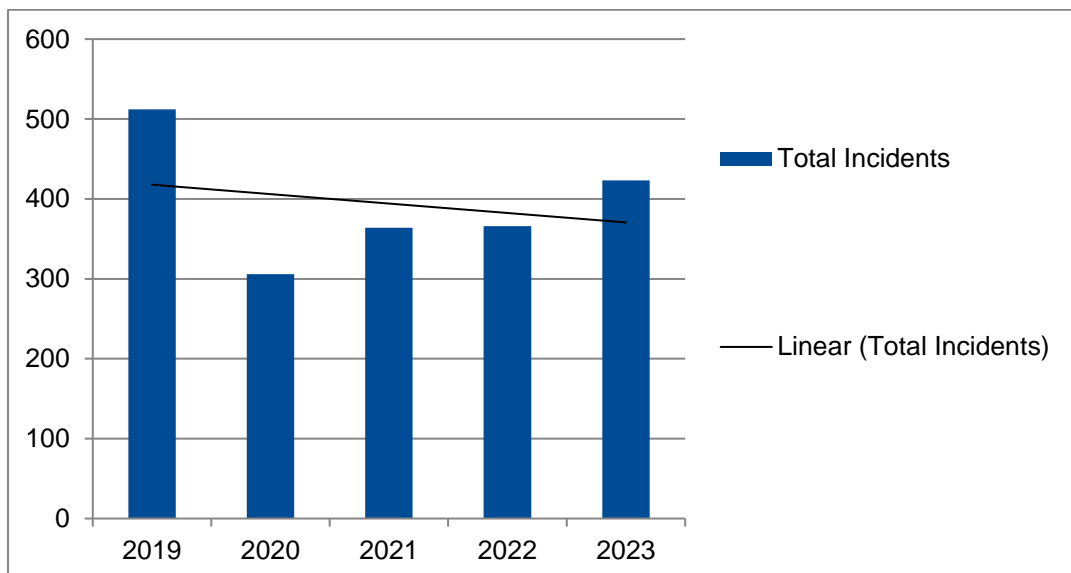
This next year we will be responding directly to creating efficiencies in our systems and practices. Our plan to complete an efficiency assessment is in progress. One of the factors that will assist with the evaluation of how the changes implemented based on the assessment’s recommendations will be to look at our technology questions in next year’s survey and see ratings improvement.

SECTION 5: RISK MANAGEMENT REVIEW

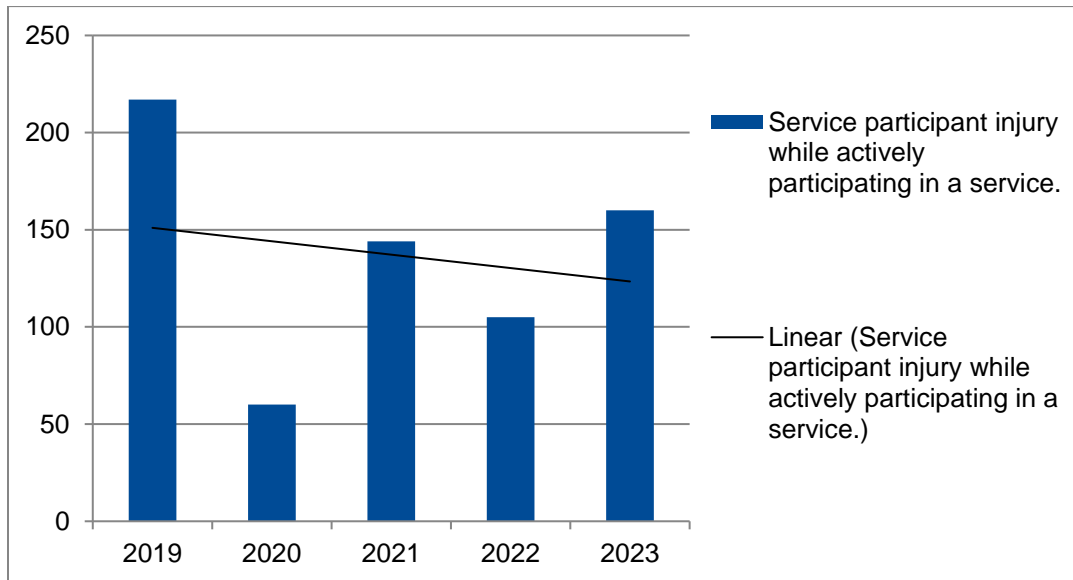
In total, agency employees filed 422 Incident Reports in 2023. There were 32 Health and Safety Reports filed with our Joint Health and Safety Committee which is an increase of 16 from 2022. The agency filed 19 Serious Occurrence Reports in 2023 which is up slightly from 14 reported in 2022. 16 Serious Occurrences were reported to Ministry of Children, Community and Social Services (MCCSS), 1 Serious Occurrence was reported to Ministry of Attorney General (MAG) and 2 Serious Occurrences were reported to the Ministry of Education (MOE). There were no Serious Occurrences reported to the Ministry of Health during this review period.

Incident Reporting

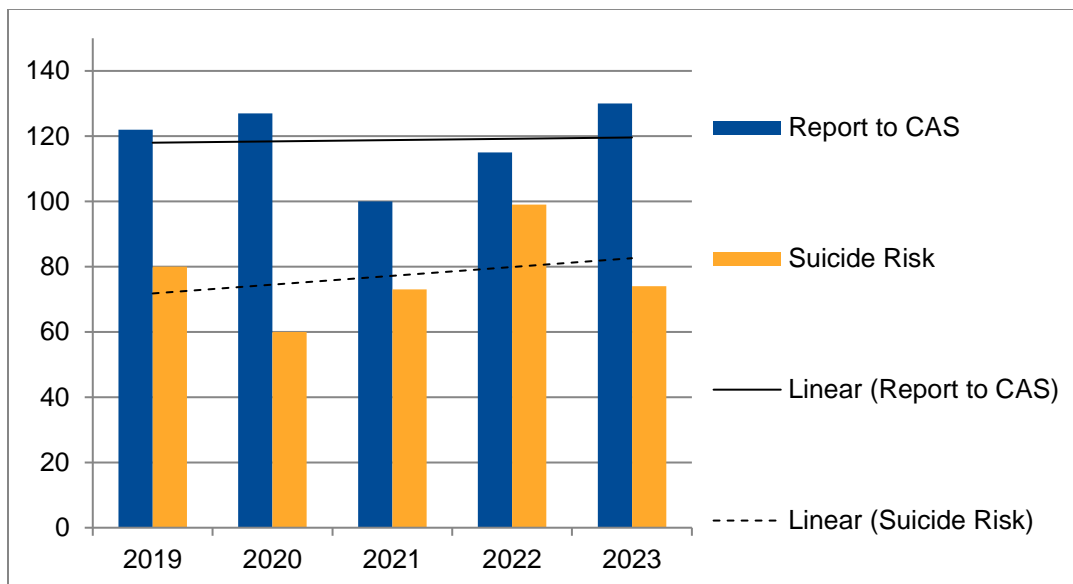
The 422 Incident Reports filed in 2023 is a 15% increase from 2022. The agency is trending downward in relation to the number of incidents reported since 2019 which can be seen from the 5-year comparison of total incidents chart below.



160 incident reports were filed in our licensed child care and EarlyON programs in 2023. This is a 52% increase from the number of reports filed in 2022. Despite this increase, these incidents are trending downward in relation to 2019 as seen in the chart below. 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).



262 incident reports were filed in 2023 for the agency’s other programs which is a 1% increase when compared to 2022. 130 of these reports were coded as “Report to CAS / child at risk”, which is a 13% increase when compared to 2022. 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 2023, most reports to the Children’s Aid Society were made through our Child and Youth Therapy and Groups Unit, Child and Youth Crisis and Outreach Unit and Contact Unit. In 2023 there was a 25% decrease in incidents involving suicidal ideation when compared to 2022. Despite this decrease, these incidents continue to trend upward in comparison to previous years.



Our Child and Youth Crisis Service 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 26% of the 432 calls received by this service in 2023. This represents a slight increase of 3% from 23% of the 430 calls reported in 2022.

Health and Safety

During this review period, employees submitted thirty-two (32) Health and Safety Incident Reports (up from 16 in the 2022 reporting period). This increase was anticipated as we moved out of pandemic-related closures/reductions/leaves of absences and returned to normal operations across all sites and programs. While a return to pre-pandemic numbers was expected, the number of incidents reported for this period was down approximately 18% from pre-pandemic numbers (2019). Eighteen (18) of these incidents occurred at the Townsend office and fourteen (14) occurred in satellite locations/partner agencies/other community settings. There were three (3) incidents involving workplace violence where some level of service participant aggression was experienced by an employee. There were two (2) incidents of workplace violence not involving service participants; four (4) incidents were related to slips/trips/falls; one (1) related to the premises; two (2) related to air quality/scent sensitivity; six (6) environmental concerns; four (4) struck/caught; four (4) over-exertions; two (2) near misses; and four (4) incidents categorized as other.

There were three (3) employee incidents reported to Workplace Safety and Insurance Board. One employee chose to seek medical attention, while in the other two situations, although there was no apparent injury, the agency directed the employees to seek medical consultation out of an abundance of caution. None of these incidents resulted in lost time.

Post pandemic, there was uncertainty as to whether there would be a resurgence of COVID-19 infections, particularly during the respiratory illness season in the fall (Cold, Flu, RSV). To ensure that appropriate Infection, Prevention and Control measures were in place the agency maintained a COVID-19 Transition Team, made up of representatives from across the organization to review ongoing COVID-19 trends and health guidance documents issued by health authorities and regulators and make recommendations related to workplace hygiene and infection, prevention and control practices, as well as the ongoing safe operation of our services.

Beyond typical seasonal illness and a potential resurgence of COVID-19, 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 Reports for 2023, there are no specific patterns, trends or areas that present as particularly problematic or require agency attention. Eleven of the Serious Occurrences were filed by our Union House program and typically represent youth requiring medical attention, missing persons or concerns related to the service participants who access this program. All reports filed in 2023 would be seen as characteristic of the types of services and supports provided by H-N REACH.

Liability Risks

H-N REACH conducted the annual Insurance Coverage Review in May 2023 and no specific changes to our policies were indicated.

Data Management Systems

The Agency has retained the services of an Information Technology Consultant to ensure and maintain the security and reliability of our Information Technology systems.

During 2023, the agency experienced two power outages that temporarily interrupted our information technology system. Both outages were addressed in a timely manner resulting in no significant service interruptions in 2023.

The agency upgraded our current Microsoft Office Suite to Microsoft Office 365 over the course of this one-year reporting period. Careful planning and implementation ensured that the shift from the older Microsoft Office Suite was seamless, and no significant issues were encountered during the upgrade. This was paired almost simultaneously with an upgrade to the mail server and the main server, which all data and current systems were migrated successfully.

We enhanced our security features within our EMHware service participant database by implementing a two-factor authentication log-in process. All agency security levels and practices are currently within established industry standards and there are no known risks to the security of our Information Technology systems at this time.

Complaints

There were no Incident Reports related to complaints in 2023.

Summary

A review of the agency Risk Management materials assembled in 2023 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 6: REVIEW OF 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.

During this past year the Website Committee re-convened and completed a review of the content on the main website. Managers have completed updates to their program content. Unit promotional material was updated as needed with the addition of QR codes and program bookmarks where appropriate.

A review of the social media calendar and streamline of the content approval process built on the expertise of the individuals posting social media. The process has improved the agency messaging to maximize impact and reach with the different platforms. A social media strategy will be developed in the upcoming year.

The feedback from the Youth Alliance Committee provided us with an opportunity to reach youth through social media with a more focused approach to posts.

2. The agency will transition to Microsoft 365 and optimize its capabilities by synchronizing the launch and associated training.

The agency transitioned to Microsoft Office 365 in March 2023 and in house training was synchronized and made available with flexible sessions to meet all staff timing needs. The training included sessions for Outlook, Word, Excel and PowerPoint programs. Tip sheets that contained questions that were asked during the sessions were developed and made available as a resource on the shared directory. SharePoint was launched in March 2023 as an additional training resource.

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.

A review of the work at home practices that included a consistent discussion guide within units and analysis of the reasons for work at home was completed with the management team. After this review, a decision was made to increase the general guidelines for work at home within each pay period.

4. Continue to enhance internal placement opportunities and build relationships with educational institutions to support student placements to promote agency as an employer.

This past year we have noted an increase in the number of requests for student placements with the number of students placed over the past year surpassing our pre-COVID numbers.

We have been successful in building relationships with educational institutions and have received significant interest from educational partners to place additional students with H-N REACH in the future. We also have had several students who have accepted positions with the agency after completion of their placements (former students hired).

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.

A document has been created and updated about service pathways. We are working with Red Barn to develop a design that will be connected to the website. Website updates were completed prior to the development of the updated service pathways information. The infographic will be finalized early in 2024.

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.

A cross function, cross sectoral Diversity, Equity and Inclusion Project Team led by the Director of Child, Family and Adult Intervention was formed early in 2023. Training was completed with the project team and leadership team. The Project Team is currently developing a Diversity, Equity and Inclusion framework to help guide the agency's work and next steps; this will include agency wide training in 2024. This work will continue to be ongoing and evolving as we advance our knowledge and practices.

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.

The Supervision policy was reviewed with the Management Team to further develop a common understanding and knowledge sharing of promising practices. This review, discussion and knowledge sharing was followed by similar discussions with supervisors. And further discussion and review occurred at unit meetings.

8. Haldimand-Norfolk REACH will continue to advance our evaluation practices through review and revisions, as needed, of Evaluation Frameworks for each unit.

Each unit has an Evaluation Framework and Logic Model that help to measure intended results, assess the impact of service or function, and make modifications as needed. These will continue to be reviewed and evolve as a regular continuous quality improvement practice.

9. The new Adagio Financial 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.

Adagio Financial Reporter training was completed with the Management Team in February and March of 2023. Managers now have access to up-to-date unit and program financial statements, supporting efficient management of financial resources for their units. As the software continues to be used, progress is being made to increase the level of detail and functionality.

SECTION 7: AGENCY RECOMMENDATIONS FOR 2024

Related to assessing, evolving and optimizing our use of technology

1. Haldimand-Norfolk REACH will build on the 2023 recommendation and develop a formal social media strategy.
2. Haldimand-Norfolk REACH will complete a comprehensive efficiency assessment of our current systems examining current processes and where enhancements can be made to improve workflow processes and achieve efficiency. The assessment will include recommendations and an implementation plan that will begin in the upcoming year.

Related to a safe, healthy and positive work environment

3. The agency will enhance internal communication by increasing opportunities for agency messaging flow.

Related to increasing availability of services for equity-seeking populations

4. The agency will finalize the Diversity, Equity and Inclusion Framework and implement a Diversity, Equity and Inclusion Committee to continue to advance the agency's practices and strengthen our engagement at the service, operations and governance levels.

Related to strengthening and developing our leadership and service delivery capabilities

5. The Leadership team will participate in training specifically related to skill development in the tenets of organizational leadership. Training will focus on team building, professional boundaries, dealing with conflict, and facilitating difficult conversations.

APPENDIX: Organizational Chart 2023/2024

Haldimand-Norfolk REACH 2023/2024 Organizational Chart

