



Haldimand-Norfolk
REACH

supporting children, families, communities

Continuous Quality Improvement Report

For The Year 2024

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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 completed this year.

For Board and staff input, the 2024 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 2024, 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 6 of this report summarizes the review of the risk management activities/outcomes from 2024 and identifies patterns or areas of concern requiring attention from the organization.

Section 7 of this report outlines progress on goals developed for 2024 and Section 8 identifies the actions, plans and recommendations for 2025.

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 Complex Special Needs funding is going through a significant reform. The first phase has been focused on the criteria for the funding and the initial application processes. The goal is for the Service Planning Coordinators to have a clearly defined role in the newly developed process. The Ministry plans to share an implementation package in early 2025. Following the implementation, new guidelines will be provided for the Coordinated Service Planning program.

Extensive Needs Services, a pilot project through McMaster Children's Hospital, has been launched in the community and has been co-managed by the Contact Manager and the Child and Youth Crisis Outreach Services Manager. Efforts are ongoing to refine the process and use of the program to ensure smooth operation for families and compliance with the criteria.

Summary of Unit Program Evaluation

Coordinated Service Planning and the Fetal Alcohol Spectrum Disorder Program encourage families to complete a 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 workers, or at the end of service before proceeding with the survey.

A feedback survey for those attending the Fetal Alcohol Spectrum Disorder Caregiver group has been developed and is completed by participants on a yearly basis.

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

Referral Sources Feedback

Over the past year, Single Point of Access processed 1,365 requests, marking a 9% decrease compared to the previous year. Many requestors came from similar sources in the last 4 years. The top 3 referrals sources are Self/Family/Friend (28%), Other H-N REACH Program (23%) and Physicians (11%), accounting for well over half of the total requests. Despite minor variances, there were no significant changes in the types of sources over the past four years.

Dedicated Coordinated Service Planning and Fetal Alcohol Spectrum Disorder Program, most referrals continue to come from Other H-N REACH Programs. The Fetal Alcohol Spectrum Disorder Program also noted an increase in referrals from Self/Family/Friend this year.

Program Outcomes and Outputs

Although there has been a decrease in overall requests over the past 2 years, it remains higher than those from 2021/2022 and 2020/2021. The decline in requests for the past 2 years may be attributed to the easing of pandemic restrictions and the pandemic impact on families. Currently, requests are stabilizing, reflecting consistency in the need of support and the initial surge subsiding.

In the past year, about 55% of requests pertained to mental health support, with 52% requiring referrals to mental health programs. Additionally, 37% of requests were related to developmental services, including autism supports and early intervention, with 77% resulting in referrals to respective programs.

Dedicated Coordinated Service Planning referrals remain similar to last year and families and participants continue to demonstrate an increase in diverse and complex needs. Consequently, this has led to more intense involvement over longer periods.

The Fetal Alcohol Spectrum Disorder Program has seen a slight decrease in family involvement compared to the last two years, while the two preceding years had notable increases. Although some of this decrease in involvement may be related to the challenges in stabilizing staffing, this decrease could also reflect the outcome of community partners having an increased understanding and knowledge of Fetal Alcohol Spectrum Disorder, enabling them to ensure success in avenues such as school.

The in-person Fetal Alcohol Spectrum Disorder Caregiver Group has continued to meet 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.

Service Participant Satisfaction

While the response rate for the surveys given to families after the intake process remains low, the feedback received has been overwhelmingly positive. Families expressed appreciation for the knowledge, feeling understood and prioritized and being provided with recommendations based on their situation and their concerns.

The 'Taking the Pulse' survey for Dedicated Coordinated Service Planning showed a notable decrease in return rates; however, the feedback remained very positive. Families appreciated the Service Planning Coordinators' effectiveness and empathy.

The survey for the Fetal Alcohol Spectrum Disorder Program did not yield results during this time frame. This is likely due to the historically low response rate, combined with services not being provided at full capacity due to staffing challenges.

Unit Training Plan

Over the past year, team members have engaged in a variety of training sessions. These included activities outlined in the Unit Training Plan last year, such as the F-Words For Child Development training and Applied Suicide Intervention Skills Training, as well as additional learning opportunities that were of personal interest or specifically relevant to the families they supported. This suggests a proactive approach to professional development and a commitment to enhancing the team's ability to support families effectively.

For the upcoming year, it was identified that there is a continued need to focus on advancing skills in Microsoft Office programs, such as Outlook and Excel. Additionally, there is a recognized need for increased understanding of diversity and specific cultures, which will be an area of continuing growth.

Summary of Actions for 2024

The team has actively pursued opportunities to enhance our unit's visibility within the community, primarily through participation in community partners' information nights and local events. This initiative has fostered stronger relationships with colleagues at H-N REACH who also attend these events, facilitating connections that might not otherwise occur.

Dedicated Coordinated Service Planning and the Fetal Alcohol Spectrum Disorder Program have successfully refined their feedback surveys to identify the stage of service the family is involved with. This will provide an opportunity to access more precise data, thereby informing ongoing improvements to these programs to better serve our families.

A referral request form has been developed for community partners and professionals to use when submitting requests through the Single Point of Access. The form is finalized, and feedback has been incorporated.

We are collaborating with mental health lead agencies to improve the referral process outside of Haldimand-Norfolk. We have continued to process referrals promptly, and discussions take place at the time requests are received, ensuring no impact on families.

Unit Goals for 2025

- As the Contact team continues to increase its community presence, feedback from our community partners and families has highlighted the need for further steps to help ensure they know who to connect with when they have concerns or want to know about available resources. Contact will create materials and diversify the methods used to disseminate this information, including at community events, leveraging social media and displaying information at Reception. The goal is to complete this by September 2025.
- After reviewing community partners' feedback, the Single Point of Access will finalize the referral request form and distribute it to as many providers as possible. The goal is to develop a distribution plan and provide a link of the form on the website to ensure easier access. This goal is targeted for completion by June 2025.
- The Fetal Alcohol Spectrum Disorder Program aims to raise community awareness about Fetal Alcohol Spectrum Disorder and the available supports. The plan will be developed and launched by the end of June 2025.
- Given the significant involvement of our partners, Dedicated Coordinated Service Planning will create a survey specifically for community partners they are currently collaborating with regarding shared families. This survey is aimed to be developed and initially distributed by June 2025.

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 Ontario Autism Program. Five streams are offered to families registered in the Ontario Autism Program. H-N REACH offers all five of these programs. This includes foundational family services, caregiver mediated early years' service, entry to school program, urgent response services, and core clinical services.

As part of a pilot program initiated by McMaster Children's Hospital, the unit is delivering extensive needs service focused on applied behaviour analysis children/youth with high needs that meet criteria of eligibility.

On July 1, 2024, the Psychology and Applied Behaviour Analysis Act was proclaimed. This Act required anyone using the protected title of Behaviour Analyst to be registered with the College of Psychologists and Behaviour Analysts of Ontario. This brings the profession of Applied Behaviour Analysis into regulation as a health profession in Ontario.

There have been no changes to the sector for behaviour services that support children with developmental disabilities.

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 the Registered Behaviour Analyst 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 all programs are completed.

Referral Sources Feedback

A total of 207 referrals were received for all Autism and Behaviour Services programs this year. 65% of these were internal referrals, 3% were self-referrals and 32% were third party referrals by child welfare, physicians, schools, and hospitals. 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 2024 year, under Foundational Family Services, we served 454 unique families with 1586 units of service delivered. The supports for this program range from family events, brief behaviour consultations, 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, wagon rides at a pumpkin patch, dance classes and library events This is a fully funded service for parents, siblings, and children with autism spectrum disorder.

Twenty-eight children accessed services in the fee-for-service programming offered in 2024. Families purchased services using their Ontario Autism Program funding allotment or by using private funds. Three children received comprehensive applied behaviour analysis services "in

centre". Most children under the age of eight have not received their Ontario Autism Program funding allotment which has resulted in low enrollment numbers in this program as the target age for this program is 2 to 6 years of age. Eight children/youth received focused applied behaviour analysis in the home and in the community. Fifteen children participated in a group modality focused on curriculum based social, emotional regulation, safe at home and school readiness skills. Three children have successfully transitioned out of the comprehensive Applied Behaviour Analysis services to enter school full time. Five out of the eight service participants in our focused Applied Behaviour Analysis services met their individualized goals in the 3–6month time frame while 3 children met some of the identified goals and 5 children continue to receive services. All 15 children that participated in group met the group and their individualized goals.

Under the Caregiver-mediated early years program, 12 children completed pivotal response treatment and an additional 10 children are currently in service. The tailored version of the Measure of Processes of Care developed in partnership with CanChild Centre for Childhood Disability Research showed that the average score was 93% across five domains focusing on caregiver social validity.

In the entry to school program, 17 children received service from March to August 2024, 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. Four children (24%) made partial gains in at least 3 domains, 13 children (76%) made gains in all 6 domains and 10 children (59%) made a gain of 10% or higher in their post assessments. Fifteen children (88%) successfully transitioned into school full-time and 4 additional children deferred service for the fall cohort which began in September 2024.

The urgent response program serviced 14 service participants during November 2023 to October 2024 with 13 children/youth made positive gains and had a decrease in interfering behaviours. The extensive needs service (ENS-ABA) is currently servicing two children that have not completed service.

The behaviour support program provided services to 18 families this year. Data is taken for these families on their specific goal when they enter service, and again when discharged. Eight families have been discharged from service while 10 children are still actively receiving service. Seven out of eight service participants had positive outcomes across 3 or more domains. 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 there is currently 14 children/youth on waitlist and the current time of wait is one year. This has been due to the inability to hire a behaviour therapist in this position. The waitlist has increased from four months from the previous year.

The autism spectrum disorder services and supports program assisted 17 youths in transitioning to high school this year, with 14 participants achieving successful transitions.

Service Participant Satisfaction

Clinicians delivered satisfaction surveys to every family upon the conclusion of their service, achieving a feedback survey return rate of 15%. 99% of families were happy with the service they received while 1% noted that there was not a positive outcome for the service. Families reported that the information shared was helpful. They felt that the clinician listened to their concerns, and they plan to try at least one of the suggested ideas. They will continue using the visuals and other materials provided to them. They expressed that they would use this service again and would recommend it to others.

“Our clinician gave great suggestions for how to help with my son. She was also flexible when I had to reschedule. She also made it easy to schedule meeting because she was open to having phone calls for some of our visits, instead of always having to meet in person.”

Unit Training Plan

The Autism and Behaviour Services unit continues to access professional development through in person and virtual offerings. This upcoming year, 4 clinicians will focus on completing their Picture Exchange Communication System Level One and 6 clinicians will complete the Practical Functional Assessment and Skill-Based Treatment of Problem Behavior training. All team members will continue their annual training in Non-Violent Crisis Intervention. Ongoing training remains a high priority to ensure clinical fidelity and social validity.

Summary of Actions in 2024

- Completed a service guide that outlines core clinical services offered for marketing and advertising purposes.
- Completed all logic models.
- Initiated a new pilot position as Resource Coordinator to support scheduling, intake, and provide a live line for families seeking autism information.
- Contracted with a Speech and Language Therapist to provide Speech and Language supports for the Entry to School program.
- Collaborated with a consultant to assist staff in transitioning to a fee for service option, creating a supportive structure for clinicians' workflow changes.

Unit Goals for 2025

- Carry Forward - Expand entry to school multi-disciplinary team to include speech and language therapist and occupational therapist by April 2025
- Carry Forward - Expand mental health services in the fee-for-service program specifically for children with ASD by hiring a clinical therapist by December 2025.
- Develop a process map by September 2025 for each program to outline the roles and responsibilities of all staff involved in delivering the service.

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

2024 marked a year of strategic growth, collaborative planning, and ongoing adaptation to align with evolving ministry guidelines and funding approaches as Ontario works towards the long-term vision outlined in the Canada-wide Early Learning and Child Care Agreement. This includes the vision that all families in Canada have access to high-quality, affordable, flexible, and inclusive Early Learning and Child Care no matter where they live.

Key developments include:

- In January 2024 the Haldimand Norfolk Early Years Quality Project resumed, with presentations and quality visits. McKinnon Park Child Care and Ready Set School continue to participate in setting annual quality goals and gathering evidence to show the implementation of the actions connected to the goals within the unit.
- Introduction of the Canada-wide Early Learning and Child Care Cost-Based Funding Guideline effective January 2025, supported by new tools such as an online funding estimator and webinars. This change in administrative requirements has resulted in the need for increased finance oversight and support as well as new annual budgeting procedures.
- An announcement by the College of Early Childhood Educators in October 2024 of new guidelines on professional boundaries and dual relationships has helped to provide Registered Early Childhood Educators with an increased understanding and application of best practices.
- Workforce Compensation funding updates, including revised wage floors of \$24.86, \$25.86 and ceilings of \$27.00 and \$30.00 for Early Childhood Educators in Licensed Child Care programs through 2026.
- Early Years Workforce Professional Development event, Deeper Dive into Wellness, on October 4, 2024, with a focus on Infant Mental Health and the theory of curriculum of care.
- On December 6, 2024, Ontario's Early Years and Child Care Annual Report 2024 was released. The report included key data and measures for child care and connected the evidence to the Canada-wide Early Learning and Child Care Agreement with the federal government. This information will provide us with an in-depth view and current status of Early Learning and Care Services.

Summary of Unit Program Evaluation

Program evaluation is implemented by using surveys, suggestion boxes and includes verbal feedback from service participants as well as staff reflection. EarlyON 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 Facebook and Instagram. 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. 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, 2023, to October 31, 2024.

- EarlyON Child and Family Centre registered 1380 adults and 1682 children.
- Adults attended 12,974 and children 15,951 times to our in-person programs.
- We recorded 388 linkages and 1345 referrals.
- Our licensed childcare programs have an overall enrollment of 96% across the 5 childcare programs. This is down slightly from 97% in 2023 but remains an increase from 89% in 2022, 86% in 2021.

Service Participant Satisfaction

- 200 EarlyON participants completed a programming survey which represents a decrease from 233 surveys completed in 2023. Feedback showed that 99% of participants felt that our programs are stimulating, appropriate, enjoyable and fun.
- 99% of EarlyON survey participants feel that our programs and activities are set up in a way that involves parents/caregivers in children's learning. 100% of participants indicated that they feel supported in our programs, indicating a strong focus on relationships.
- McKinnon Park Child Care Centre, Ready Set School and the 3 School Aged programs had 105 survey responses in 2024 compared to 108 responses in 2023. This was a slight reduction that will be monitored.
- 97% of survey responses indicate they feel there is a good selection of food provided from the food groups and the food is nutritious and interesting. This result indicates that families have a good understanding of the menus that are offered at McKinnon and the School Age programs.
- 100% of families feel that they are comfortable and can contact the supervisor and manager at any time. This strongly reflects the commitment to develop positive relationships with families in our programs.

Unit Training Plan

The Early Learning and Care Unit prioritized professional growth and team well-being in 2024 through:

- Certifications in Non-Violent Crisis Intervention, Food Handlers, Positive Discipline in Everyday Parenting, and Infant Massage.
- Participation in multiple communities of practice groups to share resources and insights, particularly in Low-German Mennonite Community of Practice, School Mennonite Community of Practice, School Age Community of Practice, and Supervisor/Leadership Community of Practice. The unit participated in a full day professional learning opportunity with a focus on Infant mental health and the curriculum of care.
- School Age programs completed the FLIPIT training (strategies to support self-regulation) and the School Age Reaching In Reaching Out.

Summary of Actions for 2024

Key achievements for the 2024 fiscal year included:

- Supported 4 employees in enrollment and participation in the Early Childhood Educators program including placements. This supports retention of employees and helps to create a mentoring culture within our unit. In addition, we supported 4 Canada summer job placements which resulted in positive outcomes for program support and the continuation of employment.
- Employees provided representation on the H-N REACH Diversity, Equity, Inclusion and Belonging committee to increase understanding and resources to create environments that are inclusive and promote belonging and well-being.

Unit Goals for 2025

Looking ahead, the Early Learning and Care Unit aims to:

- Complete a review of the Policies and Procedures that involves a focus on Health and Safety by October 31, 2025, to ensure an increased understanding of procedures.
- Will continue to use wellness initiatives in at least 2 meetings per year. This helps to align with the agency direction to maintain a safe, healthy and positive work environment.
- Continue to incorporate solution-focused activities at team meetings with a goal of including 4 new activities throughout 2025, focusing on conflict resolution, active listening and resiliency building strategies.
- Develop and launch a staff mentorship program by September 2025 to provide new staff with a supportive onboarding process and ongoing peer support, enhancing retention and job satisfaction.
- Expand the use of the portfolio tool to include goal setting related to performance appraisals. All permanent employees will complete at least 1 personalized professional learning by October 31, 2025. This goal will be included in the 2025 Quality Initiative submission.
- EarlyON Child and Family Centre team will offer 2 additional programs in partnership with Haldimand and Norfolk Social Housing and The Family Health Team before October 31, 2025.
- Remain committed to providing accessible, high-quality child and family services supporting growth, inclusion, and excellence within our communities.

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 and Infant and Child Development Service.

Environmental Scan

The Community Action Program for Children and Canada Prenatal Nutrition Program funding agreements were renewed to March 31, 2026.

Positive Discipline in Everyday Life has promoted the Group Services Worker to Senior Lead Trainer. This H-N REACH employee has extensive experience delivering the Positive Discipline in Everyday Parenting program and training facilitators across Canada. In April, she facilitated a dual-level training in Westminister, British Columbia, and attended planning meetings in Winnipeg in June and October. H-N REACH remains a long-time partner of Positive Discipline in Everyday Life, expanding its expertise in the program throughout the country.

The Community Action Program for Children has been involved since 2018 in the Positive Discipline in Everyday Parenting Research Study with Dr. Elisa Romano, School of Psychology at the University of Ottawa. Data collection is complete, and initial findings show a positive impact of the program. A full report will be available in the coming months.

In October, the Public Health Agency of Canada held a two-day site visit, meeting with program staff and participants and was a wonderful way to highlight service delivery, strategic directions and community partnerships.

In February, the Infant and Child Development Service held a planning day to review service pathways, including Waitlist Management, Routines Based Intervention, Coordinated Service Planning, Transition to School and Diagnosis of Autism. The goal was to streamline the service model and better reflect caseload sizes by assigning participants from the waitlist according to the workload in each pathway.

While there was an increase to the base funding for Infant Child Development Services this past year, a reduction in the staffing complement to address increased costs was still necessary. The decrease from 2.0 F.T.E. to 1.8 F.T.E. may impact the number of participants served and the length of the waitlist for services however, we remain committed to supporting children and families.

Summary of Unit Program Evaluation

Community Action Program for Children and Infant Child Development Services outcome and program satisfaction questionnaires; Program satisfaction questionnaires at exit for Healthy Moms Eating Well for 2, Young Parents Program and Infant Child Development Services; Data Service Elements for Infant Child Development Services and Coordinated Service Planning; Public Health Agency of Canada Reporting Tool, site visit, project monitoring calls and Progress Reports, and both open and closed file audits.

Logic Models were reviewed for all programs.

Referral Sources Feedback

The numbers of referrals to Early Childhood Intervention Programs decreased in 2024 to 121 in 2024 as compared to 174 in 2023, and 136 in 2022. Data on referral sources for 2024 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

In 2024, participation in Early Childhood Intervention Programs dropped to 359 from 415 in 2023. Factors include the absence of School's Cool programs and two canceled sessions of Positive Discipline in Everyday Parenting.

The Healthy Moms Eating Well for 2 program provided services to 51 participants. This number represents an increase from 2023 and 2022. The number of Low German speaking participants remained consistent during this time; all participants had an individual plan developed with a minimum of monthly visits completed either through in-person, virtual or phone sessions; participants noted an increased sense of immediate support, knowledge of prenatal nutrition as well as awareness of community resources.

In the Young Parents program, 14 young parents continued to receive program support. This number represents a slight decrease from 2023; all participants had an individual plan developed with a minimum of monthly visits completed either through in-person, virtual or phone sessions; participants noted an increased sense of immediate support, awareness of skills and abilities and knowledge of problem solving and coping skills.

The Positive Discipline in Everyday Parenting program engaged 39 participants in four sessions—one with the Mississaugas of the Credit First Nation and three with Haldimand-Norfolk REACH EarlyON Child and Family Centres. The reduced number of sessions was due to two cancellations from low registration. Participants noted a greater awareness of their problem-solving and coping skills.

A total of two Roots of Empathy programs were facilitated from January to June and three programs from September to the end of November with a total of 105 students from the Grand

Erie District School Board. This represents an increase in students from the previous three years, as an additional program was implemented.

Forty-two participants participated in two virtual Emotion-Focused Family Caregiver Workshops were facilitated with Child and Youth Therapy and Groups. This is consistent with participant numbers from the past three years.

Infant Child Development Services participant numbers have remained consistent with the previous three years at 133 participants; Infant Child Development Services supported 18 families and participants with transition to school supports and participated in 7 Kick Start to Kindergarten screens; 4 developmental screens were completed through community call ins; parents/caregivers noted an increased sense of immediate support, understanding of strengths and goals for child's development and awareness of community resources.

Service Participant Satisfaction

A total of 64 program satisfaction questionnaires were completed, representing a decrease in response rate from 88 participants in the previous year. Participant feedback indicated great satisfaction with the quality of service received, services meeting needs, satisfaction with help received, and engagement with opportunities to set goals, to ask questions and have input into the process. Analysis of satisfaction with Early Childhood Intervention Programs over the past five years has remained consistent at a high level of satisfaction. Each program has identified 'Plans for Improvement' from feedback received.

Unit Training Plan

In 2024, Early Childhood Intervention Program employees were recertified in Non-Violent Crisis Intervention; each unit program meeting began with a Solution Focused transition activity as well as collaborative agenda creation; an in service on the trauma informed Positive Discipline in Everyday Parenting program was completed; Infant Child Development Service employees had the opportunity to participate in the Ontario Association for Infant and Child Development Learning Institute sessions on Routines Based Coaching, Autism and Organizations of Self. The 2025 training plan includes:

- Truth and Reconciliation conversations in unit meetings
- Non-Violent Crisis Intervention-recertification
- Continuation with Solution Focused Coaching
- Ontario Association for Infant and Child Development sessions through Learning Institute
- Agency training plans related to Microsoft 365 and Diversity, Equity, Inclusion and Belonging

Summary of Actions in 2024

Early Childhood Intervention Programs employees participated in professional learning opportunities; updated program logic models; updated unit policy and procedure manual in preparation for accreditation; Infant Child Development Services completed a review of the model of service and implemented a new 'pathways' plan to address distribution of workload and assignment from the waitlist.

Unit Goals for 2025

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

- Early Childhood Intervention Programs employees will have an opportunity to participate in professional learning, including agency Diversity, Equity, Inclusion and Belonging and Microsoft 365 Training Plan, Non-Violent Crisis Intervention recertification, continue with modeling principles of Solution Focused Coaching, and participation in sessions through the Ontario Association of Infant and Child Development Learning Institute.
- Early Childhood Intervention Programs will complete review of all program outcome evaluation frameworks by June 2025, and outcome tools by September 2025 to ensure the outcome evaluation and tools is an accurate reflection of the work.
- Community Action Program for Children will submit renewal package for the period from April 1, 2026, to March 31, 2030. A community needs assessment, review of partnerships, budget and workplan will be submitted as part of the renewal package.

Family Early Intervention Program

Environmental Scan

An analysis conducted by the Family Early Intervention Program unit has highlighted key factors to consider in planning by understanding our current strengths, weaknesses, opportunities and threats. Opportunities and strengths identified include ongoing training and networking initiatives, the utilization of the next steps form to maintain regular communication with families, thereby enhancing accountability and follow-through within programs, as well as the continued exploration of a tiered service model. Additionally, there will be a shift in focus from solely addressing individual needs to a class-wide approach, along with the advancement of a Routines-Based Model and other existing practices to create a more sustainable program model. The weaknesses and threats identified include a static budget and limited funding, alongside increased service demands that come with the complexity of participants' social-emotional needs.

Summary of Unit Program Evaluation

The Family Early Intervention Program Continuous Quality Improvement process incorporated the following surveys to collect data: Program Satisfaction surveys were collected from 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 completed, and findings were reviewed. The Family Early Intervention Program 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 and Before and After school programs that completed a service satisfaction survey. Feedback focused on similar themes as the prior year, including support, communication, resources, and service provision. Most surveys reported positively about the program and the supports received. Some surveys cited concerns about not having enough resource support when needed. This was not surprising considering the higher needs and limited resources.

Program Outcomes and Outputs

A review of the total number of children served by the Family Early Intervention Program indicated that 180 participants were served compared to 176 during the same time frame in 2023. The Family Early Intervention Program reported quarterly data to Norfolk County for the following outputs: 44 child care programs were supported; 180 children served; 60 new referrals

to the program year to date, 120 assessments completed, 201 Individual Service Plans completed; 1385 visits made to licensed child care centers, and before after school programs, recreation programs, licensed child care summer camps. Additionally, there were 11,698.25 hours approved for in program support by enhanced funding, 5,498.50 hours of Classroom Facilitator support was provided by Classroom Facilitators through the Family Early Intervention Program, and 4,352 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 analysed with 528 views compared to 487 in the previous year. Also, 163 DISC Preschool Screening appointments were completed at ten licensed child care programs. Resource Consultants also participated in 22 transition-to-school meetings to support the relationships and transition into school-based services.

Service Participant Satisfaction

Fewer families completed satisfaction-with-service questionnaires. Feedback revealed that families appreciated: support, timely communication, individual support plans to keep everyone on the same page and regular assessments. Areas for improvement included: email reminders for meetings, more frequent visits and knowing when the Resource Consultant has visited. There were 6 responses to the closure survey. All of respondents 'very much agreed' they were satisfied with service. Areas appreciated included: assessments supporting overall development and identification of child's strengths and goals, the communication and that the service is offered within the licensed child care program.

Unit Training Plan

2024 training included Non-Violent Crisis Intervention, First Aid/CPR, Routines Based Model and Modeling, Mentoring and Coaching.

Summary of Actions for 2024

The Family Early Intervention Program moved forward with changes to program delivery, implemented the Routines Based Model and Next Steps form, updated program information, 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 2025

Service demands continue to increase, and the complexity of participants' needs have led to a high demand for support of the emotional well-being of children. The Family Early Intervention Program will continue to move forward with 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.

Assess, Evolve, and Optimize Use of Technology

- Will continue to utilize the computerized Adaptive Behavior Assessment System 3 as a tool to increase efficiency when assessing participants.
- Will continue to optimize use of technology to increase efficiency.
- Use the Next Steps form to send out weekly to increase connectivity and engagement with families over the next year.

Maintain a Safe, Healthy and Positive Work Environment

- 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.

- Will share consultation notes/next steps form through email, after all licensed child care and before and after school visits with center staff and families by December 2025, to build communication pathways and stronger relationships with educators and families.

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

- Continue to increase understanding and share resources to support the development of environments that are diverse, equitable and inclusive in 2025.
- Will continue to build relationships, understanding, and sensitivity to the needs of all children in all childcare programs over the next 6 months with hope of noticing change in programs regarding the mindset of inclusion.

Strengthen and Develop Leadership and Service Delivery Capabilities

- 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.
- The Family Early Intervention Program will analyze data collected from monthly reporting to measure outputs and outcomes and develop strategies to manage increased service demands. Ongoing.
- The Family Early Intervention Program will continue to complete open-file audits after six months of service on all new participants, to evaluate the 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

Across the Hamilton Niagara region student nutrition programs challenges persist with turnover of both staff and community volunteers. Prior to the pandemic, 25% of Student Nutrition Program’s in our region had access to community volunteers, and approximately 45% had access to parent and caregiver volunteers. In 2022-23 these figures had fallen to less than 10% and 30% respectively. The situation remains largely unchanged in the 2023-24 school year, indicating that Student Nutrition Programs continue to rely heavily on school staff to operate as few external volunteers are available. Fortunately, the number of student volunteers has increased to a small extent, with nearly 45% of the Student Nutrition Program’s reporting regular elementary student volunteers in 2023-24, relative to 25% in 2020-21.

Unsurprisingly, challenges that relate to increased cost of food due to inflationary pressures continue to grow as well. The regional average cost per meal increased by over 85% compared to the pre-pandemic period, and has stabilized somewhat, as volunteers become more accustomed to managing budgets and menus. While the cost of food *per meal or snack prepared* has stabilized, the demand among a growing number of participating students combined with the need for more frequency of program operation throughout the school year has resulted in an increase in prepared meals by 16%. To account this increase, fundraising at the school level surpassed the 2022-23 record by an astonishing 33%, and 30% more volunteer-hours were invested.

In the 2023-24 school year a peak average of 63,141 students in March 2024 attended their student nutrition program per day of operation, compared to 55,070 during the same month in 2023, a substantial increase of approximately 15%.

Summary of Unit Program Evaluation

Currently, program evaluation is performed annually (typically near the 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 (with at least 90% of respondents “very” or “extremely” satisfied) over the past 5 annual surveys, and while the most recent survey clearly indicates that financial challenges are of primary concern (82% of respondents between 2022-24 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.

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

The Ministry of Children, Community and Social Services has identified 7 Student Nutrition Program-related targets that are captured and reported individually by programs on a monthly-basis and summarized and reported quarterly.

Quantitative data as required by the Ministry and funders pertains primarily to usage and participation, 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 Student Nutrition 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 above 90% over the past 3 years. Average daily student participation has increased by approximately 15% versus 2022-23 and 36% compared to 2021-22, and the number of meals prepared has likewise increased by 16% versus 2022-23 and 34% compared to 2021-22 and food expenditures increased by 24% since 2021-22 as a direct result; despite great attempts to reduce food expenses. Fundraising at the school level has more than

doubled since 2021-22; totaling over \$1.6 million dollars, and yet need persists to improve program quality.

Unit Training Plan

Training priorities for the fiscal 2024-25 year include a funding projection tool developed at H-N REACH has been tested to great effect by the Child Nutrition Network and will be expanded to capture data for the entire region. The projection tool will act as an early warning system for Student Nutrition Programs estimated to reach a budget shortfall and help inform funding allocation decisions. Once this tool is fully developed in 2024-25 years, it will be extended to all local service providers with a comprehensive yet straightforward training plan.

Summary of Actions for 2024

- We continue to provide at least 1 site assessment per school year to each program. Shifting to more in-school site visits where budgets and human capacity allow.
- Continue to report, verify and record data monthly and summarize quarterly.
- Enhancement of tools developed in 2022-23 to better identify funding gaps; both short and long term for both existing programs and new/pending programs, scaling across multiple scenarios.
- The number of provincial funders has nearly doubled over the last 3 years, while the number of local funders has nearly tripled. Our unit is focused on exploring ways to improve efficiencies as the work associated with each new funder needs to be absorbed into our existing capacity.

Unit Goals for 2025

- For the regional Student Nutrition Programs, expand the monthly data verification process to include the Student Nutrition Program's budget projections, as an early warning system for budget shortfalls and to better inform funding allocation decisions. Included in this would be the addition of an auto-populated budget tool that Community Development Workers can use to communicate budgets and fundraising targets with the Student Nutrition Program.
- An updated data collection platform (WebTracker) is currently in the final mock-up stage to create new features and improve efficient workflow. Student Nutrition Ontario continues to meet with the goal of establishing a universal provincial data collection platform. Efforts are underway to utilize aspects of data collection systems used by other Lead Agencies that are implementing Microsoft Office 365, as many valuable features have already been developed.
- Improve focus on assisting programs with training resources for volunteer stewardship (recruitment, recognition, retention), and identifying and engaging with fundraising opportunities at 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 see a widening community health sector wage gap. [The Ontario Community Health Market Salary Review](#) outlines the wage gap. To strengthen the unit and recruit experienced clinicians to support children and youth, it will be imperative to address this wage disparity. On a broader level, in response to Ontario's 2024 Fall Economic Statement, 10 provincial associations including Children's Mental Health Ontario launched the *For Us. For You.* Campaign which highlights the need for urgent investments in Ontario's community health sector to ensure crucial services and supports remain available to meet the needs of Ontarians of all ages. H-N REACH can help to support the campaign through social media promotion, information sharing and advocacy at all levels.

The Federal 9-8-8 Suicide Crisis Helpline has been fully implemented throughout Canada. We have noted a reduction in usage of the local H-N REACH Child and Youth Crisis phoneline after hours.

One Stop Talk (Provincial Virtual Single Session Therapy Initiative)

The unit continues to monitor important trends of One Stop Talk which is the provincial virtual single session therapy initiative.

Summary of Unit Program Evaluation

The unit evaluation plan remains thorough, seeking participant perception of care and outcome and goal attainment evaluation. Formal evaluation frameworks continue to be crafted which will be completed during the 2025-26 cycle.

Referral Sources Feedback

Referrals for most of the Children's Mental Health Services are accessed through Contact. During this review period, referrals have decreased by 15% overall. There has been a noted decrease in referrals from doctors. Self-referrals have slightly decreased by 8.8% and referrals from other community social service agencies have also decreased by 15%. These decreases are thought to be due to the shifting mental health service landscape which involve multiple sectors where mental health service can be provided. Anecdotally the referrals 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. Referrals from other H-N REACH programs has decreased by 11% which may be a result of an increase in mental health support services across the sectors, however, the data still indicates the high demand for mental health services continues to exist due to the complexities that are experienced by families. The revised referral process that began in 2019 allows participants to collaboratively plan next steps during the Intake/Discovery meeting, often results in a referral to another Child and Youth Mental Health Services program.

Program Outcomes and Outputs

Goal attainment scores for Child Clinical Counselling, Partnership Therapy, Family Skill Building and In Home Intervention indicate that service participants goals they had worked on had noted improvement with scores showing between "Significant Positive Change" and "Positive

Change". The mean score this year continued to remain high. This continues to indicate the positive impact that returning to full in person services has on the children, youth and families that receive these services. As noted through DSM-5 Cross Cutting Symptom Measure data, all Child and Youth Mental Health Service programs (therapy, partnership therapy, partnership family skill building, in-home intervention) demonstrate improvement. Quick access services (walk-in clinic, crisis services) also noted high participant satisfaction.

The Child and Youth Crisis Program and the Crisis Stabilization Case Management Program continued to gather data from the HEADS-ED risk screening tool for the full Continuous Quality Improvement reporting period (November 1, 2023 to October 31, 2024). The Child and Youth Crisis Service HEADS-ED results indicated an increase in percentage of youth falling in both the *Immediate Need for Action* and *Presenting with Suicidality* when compared to the previous reporting period results. The results for the Crisis Stabilization Case Management Program indicated a slight reduction in the *Immediate Need for Action* but a significant increase in the *Presence of Suicidality*. These results indicate the complexity and risk of the youth that are served in these programs.

The Discovery Clinic continued to indicate a high achievement of outcomes. Total Discovery Clinics provided to service participants this year was 331, a 26% decrease from the previous reporting period.

A total of 174 children and youth were provided service through the Walk-In Therapy Clinic. Outcome scores have remained consistently high.

Groups during this review period included Resilience for Everybody (14-16) and Temper Tamers (7-11).

General feedback across the varying groups has indicated a positive experience and participants are leaving with ideas that help address their reason for attending. The unit will continue to revise our data collection to generate specific outcome data for upcoming Continuous Quality Improvement reporting period.

The demand for service has remained high. During this reporting period a reduction in Discovery Clinics to 9 per week was required due to staffing, however the first session appointment with a clinician has remained between 30 to 45 days. The first session with the clinician in the subsequent service if chosen, ranges from 14 to 60 days. A total of 9.7 F.T.E. therapists provide Counselling Therapy, Walk-In Therapy and Partnership Therapy. This is a decrease of 1.9 F.T.E. therapists over the last 2 years.

The Child and Youth Crisis, Crisis Stabilization and Case Management, In Home Intervention and Family Skill Building programs are provided by a team of 7 F.T.E. clinicians. During this reporting period one position was transitioned to a temporary 1 F.T.E. Senior Clinician for part of the year which resulted in a staff complement equivalent of 5.8 F.T.E. clinicians. This shortage has had a direct impacted on service hours to the In Home Intervention and Family Skill Building Programs.

Program enrollment numbers have shown a decrease when compared to the previous reporting period. The number of admissions to service has slowed, resulting in a decrease of 11% over the previous reporting period. It is important to note that enrollment during this reporting period reflects an increase of 66% when compared to 2019.

Service Participant Satisfaction

This year's satisfaction scores have continued to show very high scores in the degree of satisfaction, indicating service participants are "mostly" to "very satisfied" with services received

through Child and Youth Mental Health Services. All programs showed service participants felt that they “Got What They Came For”.

Unit Training Plan

The Child and Youth Therapy and Groups Unit staff have indicated their interest in exploring Sand Tray Therapy and Trauma related topics. As budget allows, this training will be a focus for the coming year. Staff have committed to explore free training opportunities, articles and the use of in-service training.

The Child and Youth Crisis and Outreach Unit will continue to participate in the Provincial Training Initiative for Intensive Services, with the goal to complete the Attachment, Regulation and Competency Framework trainings by June 2025. This is an intensive comprehensive training that is provincially led and requires a significant commitment and preparation time.

Summary of Actions for 2024

Child and Youth Mental Health Services

- We continue to address the wage gap for the Child and Youth Mental Health sector as it relates to enhancing our work environment. The agency’s commitment to a market value analysis to help inform the next negotiation process has been outlined in the current Staff Association Cooperative Agreement.
- Responding to Memorandum 169 remains challenging as it is difficult to engage the education sector representatives to participate in joint planning. Efforts continue to be made to involve the education sector and Child and Family Services of Grand Erie.
- We have successfully implemented the Extensive Needs Program to support children and youth with complex needs.

Child and Youth Therapy and Groups

- A plan has been developed to revise the group outcome Continuous Quality Improvement data collection and will be implemented this year.
- The Youth Mental Health Advisory has been formed and is contributing feedback and advice to Child and Youth Mental Health Services planning.

Child and Youth Crisis and Outreach Services

- Complete Provincial Training Initiative was targeted for December 2024. This is ongoing the provincial training is scheduled to be completed by June of 2025. This aligns with Targeted growth and development strategy.
- We have begun to evolve and optimize our use of technology. All staff have been provided air cards, some have embraced Web Mail access on cell phones.
- Increased availability to serve the 0-6 age population, successful implementation of the Outreach 0-6 Program.

Unit Goals for 2025

Child and Youth Mental Health Services

- Continue to advocate to address the sector wage gap for Community Mental Health Services
- Implement the EMHware client portal

Child and Youth Therapy and Group Services

- Continue to streamline operations and accessibility for service participants including the use of updated technology.
- Community collaboration-building community relationships to enhance services.

Child and Youth Crisis and Outreach Services

- Complete Provincial Training Initiative for Attachment, Regulation and Competency - June 2025
- Improve Service Participant experience and service enhancement by restructuring resources to align with the shifting demand between Core Services - April 2025
- Promote staff well-being and workplace culture by having a second planning day in June, focused on goal setting, skill development and team bonding - June 2025

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

On April 1, 2024, the 0.4 F.T.E. Adult Protective Service Worker Housing Navigation contract position was extended by the Ministry of Children, Community and Social Services until March 31, 2025.

Effective April 1, 2024, Ministry implemented a new Special Services At Home Guidance Manual. The list of eligible and in-eligible expenses for the Special Services At Home and the Enhanced Respite for Medically Fragile and Technology Dependent Children were replaced with a category-based approach.

As of April 1, 2024, children under 6 will now need to complete a second determination of eligibility for Special Services At Home.

On April 18, 2024, the Family Respite Program was notified by the Ministry that the list of regulated health care professionals who can provide documentation confirming a child's functional limitations has been expanded for the Special Services At Home Application process.

On June 1, 2024, 33 individuals were removed from the Special Services At Home waiting list and provided a pro-rated funding amount for the 2024-2025 fiscal year.

On June 5, 2024, Bramble Kids' Retreat completed the annual Licensing Review process.

On June 10, 2024, the children's Host Family Respite Program completed the annual Licensing Review process.

As a request from families and as a pilot project, the Bramble Retreat Children's Program offered overnight respite during the weekdays instead of during the weekends during the months of July and August.

In September 2024, the Family Respite Program, Transitional Aged Youth Program and Family Support Program participated in the Canadian Centre for Accreditation process.

On October 1, 2024, 51 individuals were removed from the Special Services At Home waiting list. H-N REACH has 104 children who continue to wait for Special Services At Home funding. This waiting list continues to grow weekly.

The Advocacy Prevention and Service Coordination Program, Host Family Respite Adult Program and the Bramble Retreat Program completed a compliance inspection. H-N REACH is in full compliance with the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities (SIPDDA) Quality Assurance Measures and policy directives.

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 Protective Service Worker Program.

Program Outcomes and Outputs

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 dependant on the ages of the youth receiving supports as well as the goals they have for themselves. Since December 1, 2023, the Transitional Aged Youth Program has received 20 new referrals. An increase of 5 over the same reporting period last year.

The Family Support Worker has provided supportive counselling, advocacy, service coordination and future planning to 46 families. This represents an increase of 14 service participants served in comparison to the same time frame last fiscal year. This program has accepted 13 new referrals since December 1, 2023, in comparison to 3 during the same reporting period last year.

The Family Respite Programs continue to provide support for personal development, ongoing relief, and reduction of family stress levels.

For the period of December 1, 2023 to November 30, 2024, the Adult Host Family Program has provided 264 twenty-four-hour overnight respite periods. This report currently represents a decrease of 8 overnights compared to the numbers reported in December 2023. The children's program has provided 248 twenty-four-hour overnight respite periods. An increase of 112 overnights compared to the twelve-month period last year.

Twenty children received 1057 hours of Out of Home Respite from December 1, 2023 to November 30, 2024. This is a decrease of 7 children and 761 hours from the previous year, and 10 adults received 756.25 hours of respite. A reduction of 1 adult and 883.75 hours over the same time period last year. The Out of Home Respite programs are allocated from the Host Family Respite programs budgets for enhanced respite. As the Host Family program is able to provide more overnight respite blocks, and the training reimbursements for Host Providers increase the funds available to provide out of home respite decreases.

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 401 children. This represents a decrease of 58 children receiving service during the same period last year. Although the program has received 82 referrals, these children remain on the waiting list for funding.

Bramble Kids Retreat provided 2,064 hours of nursing supported respite to 14 children and 1,584 hours to 17 adults and their families. With new guidelines and regulations, the Bramble Retreat programs are unable to utilize two beds within the same bedroom for overnight guests 6 years and older. This has reduced the ability to provide respite to more than 3 individuals at any given overnight period. The increased medical complexities of the service participants has also affected the number of service participants within the program during overnight stays.

The Adult Protective Service Worker Program provided support to 52 individuals to ensure they live as independently, safely, and securely as possible within the communities of Haldimand and Norfolk. This represents a decrease of 23 individuals supported compared to the same time last year. The Adult Protective Service Worker Program received referrals through Developmental Service Ontario. The 0.4 F.T.E. Adult Protective Service Worker hired to support the housing initiative has provided supports to 10 individuals since December 1, 2023. This contract will end March 31, 2025.

Service Participant Satisfaction

- 239 surveys were sent out or provided over the telephone.
- 69 families/individuals completed a survey which is a decrease of 86 respondents from last year. Many surveys were mailed out and return rates may be affected by the Canada Post strike.
- 99% of the individuals/families report the program they receive meets expectations.
- 100% of individuals/families reported the service was helpful, responsive, timely, and supportive.
- 100% 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 “*great job*”, “*could not get through the daily stress without your help*”, “*the program has saved our family life*”, “*absolutely the best respite place in Ontario*”, and “*Cannot express my thanks enough*”.

Summary of Actions for 2024

The Bramble Retreat Programs have begun to streamline the training provided to employees while continuing to meet the requirements of licensing and compliance. This process will continue into the 2025-2026 fiscal year.

The Bramble Retreat Supervisor and Developmental Services Manager developed an Advanced Care Plan for individuals with Do Not Resuscitate orders participating in both the children’s and adult Bramble Retreat Programs. Employee training and the implementation of the plans have been completed within both programs.

The Family Respite Team was invited by the Special Agreements’ Officers from the Ministry of Children, Community and Social Services to attend an in-person meeting in Tillsonburg to enhance communication. The Respite Team will continue to invite the Special Agreements Officers to attend two Zoom Meetings per year to enhance communication.

The Family Respite Team has advertised on an or as needed basis on the H-N REACH website to enhance recruitment and to strengthen and develop leadership and service delivery capabilities.

The Family Support Worker and Transitional Aged Youth Worker offered Adult Transition Planning information sessions to high schools in the Grand Erie District School Board and Brant

Haldimand Norfolk Catholic District School Board and outline H-N REACH's role in transition planning. These sessions have been completed with parents, students, teachers and the learning resource teachers within various schools. With the success of these sessions, it is anticipated that this will continue to occur throughout the upcoming school year as well.

The Host Respite Coordinator advertised when required, for more Host providers. This included contacting respite workers who may be interested in overnight Host, paid advertising through Facebook and connecting with service clubs.

After contracts were drafted in March 2024, the Host Family Respite Program declared 2 adult vacancies based on the remaining budget.

The Transitional Aged Youth Worker will develop a Transitional Aged 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 Protective Service Worker presented a PowerPoint presentation to more than 3 community agencies and partners through a presentation made to the local Regional Manager's Group.

The Adult Protective Service Worker team updated the program information on the H-N REACH website to accurately reflect the role of the Adult Protective Service Worker program for adults with a diagnosed developmental handicap residing within the counties of Haldimand and Norfolk.

Unit Goals for 2025

- To receive electronic signature training and begin to utilize this option with families and individuals.
- To implement paperless respite contracts and new process for consent renewals.
- To have business cards with QR codes that take individuals directly to the program information page of H-N REACH website.
- To improve staff recruitment and retention at Bramble.
- To streamline training requirements at Bramble.
- To develop a system to manage individual learning plans for Host Providers
- To offer transition planning information sessions to high school special education program teachers, students and caregivers in both school boards outlining H-N REACH's role in the transition process.
- To receive training in trauma informed care, Indigenous training and working with the Mennonite population.
- To receive Assist Training.

Adult Counselling Services

Environmental Scan

The importance and value of maintaining good mental health has become part of the broader public message. Couples, families, and individuals continue to seek support to promote well-being and access resources.

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 in response to lobbying from provincial groups regarding the importance of funding clinical supports for men and gender-based services.

Recruitment of qualified Therapists remains a challenge in the non-profit sector.

Summary of Unit Program Evaluation

Evaluation strategies include the logic model for subsidized counselling and quality assurance questionnaires with outcome questions and goal attainment scores.

Our logic model requires an update in response to the structural changes that have occurred in the unit. Developing an evaluation framework is the next step after the logic model is updated.

This year, we have piloted some data collection strategies with little 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 Children's Aid Society as the top 2 referral sources.

Our referrals from Child and Family Services of Grand Erie remained lower than anticipated and below the Funder's set target.

The continued low number of referrals from family physicians is notable.

Across the board, referral numbers are down except for Women's Services and Other Social Services.

Program Outcomes and Outputs

Service participant served for this review period are down compared to the same time period the year prior. This could be due to the number of fee-for-service therapists currently providing service for this program.

The average wait time decreased by 36% from last year and now is the lowest it has been in the past 4 years.

The goal attainment scores for our clinical programs were in line with previous years with a positive gain in our Family Connect Program.

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 with the wait for service based on the capacity limits of the unit was incidentally expressed repeatedly at the point of intake.

Frustration was also expressed regarding the invoice process and the delay in receiving verification of payment for sessions.

We saw an increase in the number of quality assurance questionnaire returns, which is related to the shift in systems. However, the data collected was not enough to be considered statistically significant.

Unit Training Plan

This past year, the clinical supervisor and administrative staff participated in a Consent Training Workshop. Therapists will complete this training in the upcoming year.

The clinical supervisor and administrative staff have participated in Community of Practice groups through Family Service Ontario.

Diversity, Equity and Inclusion training for all team members is a goal for the upcoming year.

Summary of Actions for 2024

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 in 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 well-being by promoting a safe and healthy team and work environment through regular supervision, team meetings and planning days.
- Supported employee work-life balance by continuing the "must do, should do, want to do" exercise.
- Enhanced efficiency through the expanded use of EMHWare to produce accurate statistics and reports.

Unit Goals for 2025

- To update the logic model for the Adult Counselling Programs by March 31, 2025.
- To develop an evaluation framework for the Adult Counselling Unit by November 1, 2025.
- To implement an evaluation framework for the Adult Counselling Unit by November 1, 2025.

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

This past year has been a year of significant staffing changes across all Youth and Justice Services programs. As a result, several job descriptions and programs are being reviewed and updated to align with needs and practices, and to optimize efficiency and resources.

New Union House policies and procedures implemented in response to the Quality Standards Framework introduced by the Ministry of Children, Community and Social Services in 2023 were

reviewed and approved as part of the 2024 Licensing process. Feedback received from the Ministry was very positive.

The Ministry of Children, Community and Social Services has announced the *Supporting Children's Futures Act, 2024* (SCFA) resulting in amendments to regulation O. Reg. 156/18. The new legislation will come into effect January 1, 2025, and directly impact Union House licensing and oversight.

The Youth Mental Health Court Worker and Partner Assault Response programs continue to see an increase in referral numbers. The increased referral numbers combined with elevated needs among services participants are creating service and capacity demands. In the Partner Assault Response program, intake numbers and group size have been capped.

Representatives of the Ministry of Attorney General Centralized Program Delivery Unit attended H-N REACH to review the Partner Assault Response program, with a plan for annual reviews going forward. Feedback received was positive and the review was considered a success.

The Ontario Provincial Police are placing a "Detachment Assault Issues Investigator" in every detachment. The Norfolk detective has been announced and talks regarding how the OPP and Partner Assault Response program can support each other and our community are underway.

Summary of Unit Program Evaluation

Union House and the Youth-In-Transition Worker program have logic models and draft evaluation frameworks. The goal is to create a series of briefer, staged evaluations given over the course of service to address the longer-term nature of programming. This plan has been deferred due to pressures in other Youth and Justice Services programs.

Youth Justice logic models and evaluation frameworks require review to better reflect current programming. In the meantime, the Ministry of Children, Community and Social Services mandated Youth Experience Survey and the Outcome Data Collection Form are very thorough in collecting feedback from youth.

The Adult Justice programs' previously identified goal of developing evaluation frameworks has been carried over. However, it is noted that feedback for the Partner Assault Response program has close to a 100% collection rate. The Direct Accountability program has recently introduced an electronic evaluation form in an attempt to increase response rates.

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. During the 2024 year, this included feedback provided as part of the Accreditation process.

All programs maintain regular contact with significant referral sources, including the local courts, secondary schools, Ontario Works, child protection agencies, and adult probation. All programs benefit from long-term partnerships and report strong, cooperative interactions.

Program Outcomes and Outputs

Union House occupancy remains low even after an increase in residents during the first half of 2024. Despite this, 5/7 of the youth who departed the program provided program feedback, and indicated successes related to improved family relations, school, and life skill development.

With many youth benefitting from longer-term service options in the Youth-in-Transition Worker program, end-of-service feedback becomes delayed. However, statistics show many youth are maintaining stable housing, continuing school, and benefitting from referrals to other services.

Consistent with the previous year, the Youth Mental Health Court Worker program is on track to exceed targets for the number of youth served and successful completion of mental health diversions. The Youth Justice Committee also reported service numbers that meet the targets and 100% of youth who have completed the program have been successfully diverted.

Partner Assault Response referrals have increased over the previous year, with the number of Norfolk referrals exceeding funding expectations. At the time of closure, participants frequently report improved relationships and a better understanding of the impact of their actions.

Referrals to the Direct Accountability Program have continued at the increased rate which was also noted last year. Most participants have successfully completed their diversion programming, with unsuccessful closures generally due to circumstances outside of the program.

Service Participant Satisfaction

Union House end of service satisfaction feedback has been impacted by lower service numbers. Despite this, the 5 youth who provided feedback felt that curfew and house expectations were fair and identified access to supportive staff and dependable meals as program strengths.

In Youth Justice Programs, Youth Experience Surveys and Outcome Data are forwarded directly to the Ministry of Children, Community and Social Services and the portal to access this information is currently inaccessible. While few internal satisfaction surveys are returned, those that were received indicate that the youth feel listened to and respected, and that staff were responsive to their needs.

Partner Assault Response program evaluations are included with the final assignment, and as a result, return rates are high. Evaluations indicate that participants find the program engaging and effective, with most reporting an improvement in their overall well-being.

The Direct Accountability Program requests participant feedback upon program completion, however, a low number of surveys are returned. Of those received, individuals reported “*always*” feeling listened to, respected, and informed.

Unit Training Plan

- Staff accessed webinars through “The Learning Network & Knowledge Hub” and “HUB”.
- 92% of Union House employees completed “Trauma Informed Care: Supporting Children and Youth” training.
- 4 employees participated in the 2024 H-N REACH Solution Focused Coaching training.
- 92% of Union House staff have completed Indigenous Cultural Safety training.

Training goals for the upcoming year include solution focused coaching, ASIST, trauma informed care, safer spaces, and diversity, equity, inclusion, and belonging.

Summary of Actions for

- Justice Services co-chaired the local Human Services Justice Coordinating Committee.
- Union House successfully implemented the new Ministry of Children, Community and Social Services Quality Standards Framework.
- Technology was used to optimize the collection of Partner Assault Response statistics.
- The Partner Assault Response program has expanded the number and location of in-person intake meetings, and now includes Dunnville.

Unit Goals for 2025

- Review all Youth and Adult Justice job descriptions by January 31, 2025.
- Create a Unit restructuring plan by February 28, 2025.
- Review and update all program logic models by October 31, 2025.
- Create and/or review all program evaluation frameworks by October 31, 2025.

Human Resources

Environmental Scan

Significant recruitment challenges continue within our sector, including applicants not responding to requests for interviews, failing to attend scheduled interviews (“ghosting”), and a lack of qualified applicants applying for positions.

A key recruitment strategy continues to focus on building relationships with educational institutions and supporting student placements to promote our philosophy of “Growing Our Own.” We supported 20 student placements during this reporting period.

We have been successful in hiring past students after the completion of their placements.

Promoting our career opportunities to attract applicants from diverse populations is a target.

Volunteerism continues to evolve, with changes in demographics and potential volunteers' expectations. We continue to work to revitalize our Volunteer Services Program.

The Human Resources Team continues to prioritize improving efficiency and optimizing our ability to support the strategic goals of the Agency.

Summary of Unit Program Evaluation

The Human Resources Unit (including Student and Volunteer Services) continues to expand data collection to include identified outcomes and monitor/track identified progress indicators towards those goals.

Program Outcomes and Outputs

Several metrics, such as Health and Safety Incident Reports and student placements, indicate a return to pre-pandemic levels. However, volunteer engagement continues to lag, signaling potential long-term shifts in volunteer participation dynamics.

The continued rise in the demand for student placements, aligns with our strategic emphasis on engaging and integrating students into the workforce. This trend reflects organizational adaptability and investment in future talent acquisition.

We continue to support and encourage students to seek employment at H-N REACH after completion of their placements (2 were hired post placement in this reporting period and 11 over the last 3 years).

The turnover rate remains unchanged at 13%, indicating some stability in the workforce. Casual and temporary staff accounted for the majority of resignations (32% and 27% respectively). This reflects the ongoing challenges of retaining temporary employees.

- A 33% reduction in payroll adjustments and 99.3% completion of mandatory training demonstrate ongoing improvements in operational processes.

- There was a 9% decline in the number of jobs posted from the prior year, although 33% of positions required re-posting due to a lack of qualified applicants during the initial posting period. Fewer interviews attended is reflective of the broader labour market challenges.

Human Resources Employees in 2024:

- Achieved 100% completion of mandatory training and policy reviews.
- Participated in key forums, including Developmental Services Human Resources meetings (Spring/Fall), the Employer Impact Virtual Conference, and a technology-in volunteer recruitment session.
- Human Resources Manager and Supervisor regularly engaged in Human Resources Professionals Association and legal webinars and virtual meetings.
- Human Resources Manager attended a legal webinar on Accommodating Mental Health in the Workplace. Human Resources Manager attended the Developmental Services Human Resources Forum.
- Human Resources Manager attended a virtual Labour and Employment Leadership Summit.
- Human Resources Supervisor completed Health and Safety Recertification, SURGE Learning Administrator Training, and website standards training.
- Human Resources Coordinator received training related to Website standards.

Human Resources Employees in 2025:

- Human Resources Manager and Supervisor will participate in ongoing Human Resources Professionals Association, Infection Prevention and Control, legal, health and safety, conferences, meetings and webinars.
- Human Resources Coordinator will attend SURGE Learning Administrator training.
- New Payroll and Benefits Administrator will participate in SAGE Administrator training.
- Human Resources Unit staff will attend SAGE University training appropriate to their position.
- The Human Resources Unit will participate in Diversity, Equity, Inclusion and Belonging Training as determined by the Agency.

Summary of Actions in 2024

Over the past year, the unit has contributed to H-N REACH's strategic directions through:

- Providing comprehensive support in Human Resources/Recruitment, Health and Safety, Infection Prevention and Control, Privacy, and Payroll/Benefits.
- Commitment to professional growth and active participation in Agency Committees (Joint Health and Safety Committee, Psychological Health and Safety in the Workplace Committee, Diversity, Equity, Inclusion and Belonging, CORE, Policy Review Committee) and community networks (Network of Volunteer Administrators, Infection Prevention and Control, and various Human Resources groups).
- Created a Recruitment Plan and tracking tools to improve recruitment practices and data collection.

- Participated in career and student fairs to attract applicants and student placements.
- Completed a matrix to manage mandatory training and policy reviews.
- Continued to strengthen relationships with educational institutions to expand student placements in support of our "Grow Your Own" philosophy.
- Contributed to and active participation in H-N REACH's Efficiency Assessment, Accreditation, and Ministry Licensing processes.
- Participated in sector/provincial surveys and attend multiple career fairs.
- Ongoing focus on the revitalization the Volunteer Services Program to align with the needs of the agency.
- Promoted a safe and healthy work environment to support staff well-being.
- Developed of a tool to gather information from new hires via Stay Interviews, which is a tool to determine why people stay.

Unit Goals for 2025

- Continue to standardize and automate administrative processes to improve efficiency; ongoing.
- Identify alternative options for exit interviews to provide employees leaving the organization with a convenient process to provide feedback on their experience with the agency; by June 30, 2025.
- Implement "Stay Interviews" to gather feedback from new hires upon completion of their probationary period by March 31, 2025.
- Develop a feedback tool for volunteers and service participants, with implementation by September 30, 2025.
- Develop a tool to collect feedback from volunteers, service participants and programs that utilize volunteers by September 30, 2025.
- Continue to develop metrics to track recruitment and retention outputs and outcomes consistent with the Evaluation Framework, with completion by June 30, 2025.
- Implement recommendations to optimize efficiency based on findings of an external review (Efficiency Assessment) of Human Resources, Payroll, and E-training systems; ongoing.
- Continue to build relationships with educational institutions to support student placements and apprenticeships; ongoing.
- Continue to attend recruitment and volunteer fairs to promote H-N REACH as an employer of choice.
- Continue to support the agency's strategic goals and operational needs by providing consistent, efficient and timely information and support.

Finance

Environmental Scan

Please note that the Finance Unit continues 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 H-N REACH's funders, there has been a transition to more consistent reporting requirements. These changes take into account new funding from both the Federal and Provincial government. Programs have now fully returned to the delivery of in-person service and an increase in service levels has been noted. 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 produces within a year.

- Oversight and tracking of the agency budget of \$16+ million broken down into 85 budgets or programs.
- Production of various reports (Workplace Safety Insurance Board, Employer Health Tax, Receiver General, RRSP reports).
- Monthly Financial Reports and new Balance Sheet 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 Corporation, Ministry of the Attorney General, Norfolk County, United Way and Public Health Agency of Canada.
- Yearly reports: Annual Registered Charity Return, Annual Reconciliation Reports (Transfer Payment Annual Reconciliation) to the 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, assist Human Resources in preparation of T4s and filing payroll annual reports.

Outcomes

The Finance Unit outcomes have been grouped into 3 categories; short-term, intermediate and long-term. Below explains in further detail the short-term results which will be a focus in the next year:

The following short-term outcomes will be tracked and evaluated in 2025, to increase efficiency, effectiveness and accuracy of Finance Unit processes and increase ability to track program budgets within units.

- Assessment of immediate and ongoing training needs for training of new 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 with the continued development and updating of the 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.
- Implement and continue to 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 priorities and lack of full staffing compliment in the unit. Training priorities for 2025 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 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.

Summary of Actions for 2024

Strengthen unit cohesiveness and consistency of practices.

- Held regular unit meetings and bi yearly planning meetings.
- Increased appreciation activities within the Finance Unit through ongoing positive feedback.
- Investigate Internal Audit software to help document management and streamline working papers process for year-end. - Complete

Strengthen knowledge and expertise of unit employees in advanced Excel.

- 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.

- Complete audits through Directors of Services 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. - Complete

Develop and implement measures to track progress relating to outcomes and outputs.

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

Unit Goals for 2025

Strengthen unit cohesiveness and consistency of practices. (January 2025 and ongoing)

- Continue to hold regular unit meetings and bi yearly planning meetings.
- Increase appreciation and team building activities within the Finance Unit to help strengthen and increase overall wellbeing.

Strengthen knowledge and expertise of unit employees in advanced Excel. (June 30, 2025)

- Investigate training opportunities and ensure unit employees are enrolled in available training.
- Encourage and support employee to employee learning from training opportunities.

Strengthen Management team understanding, knowledge and skills regarding budget development and unit financial management. (September 30, 2025)

- Complete audits through Directors of Services 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, 2025).

Develop and implement measures to track progress relating to outcomes and outputs. (March 31, 2025)

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

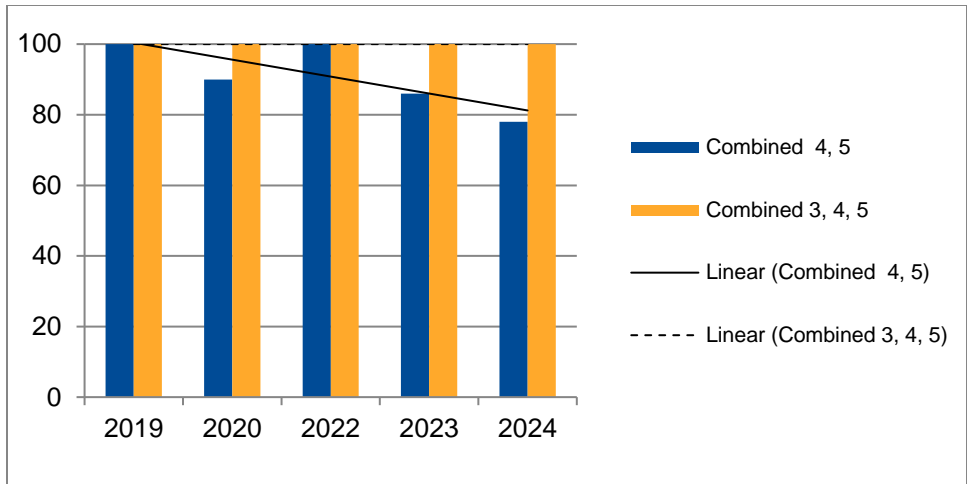
SECTION 3: BOARD FEEDBACK

In order to collect direct input from H-N REACH Board members for the 2024 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.

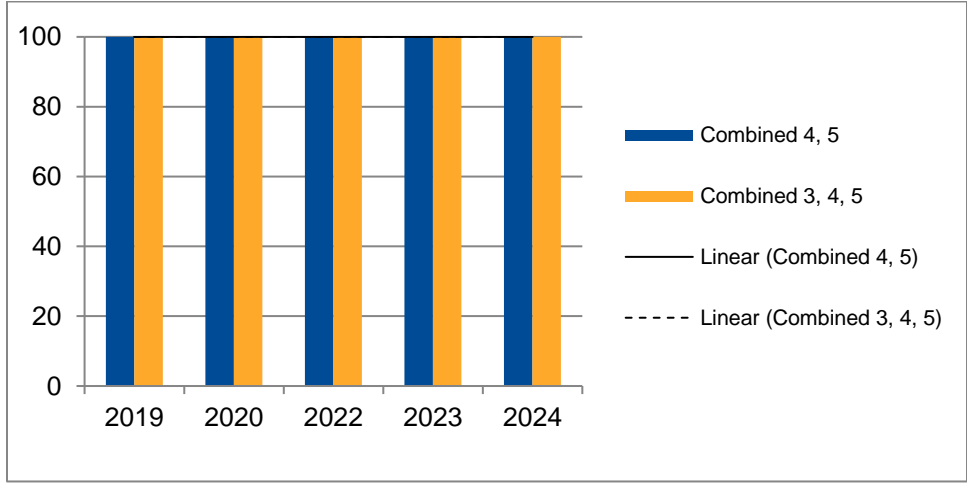
Nine Board member (all) responses to the survey are recorded for 2024.

Agency Value Statements About Services

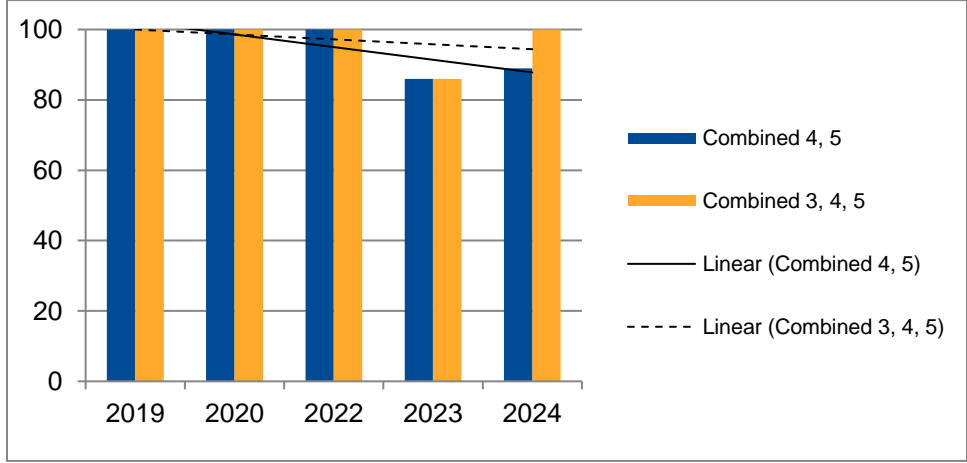
In terms of awareness about the Value Statements, 6/9 Board members rated their awareness at level 5, one rated this a level 4 and two rated this a level 3 for an average of 4.44. While the average is slightly lower than previous years it remains a high rating and the combined 3,4,5 trend remains the same, with the shift occurring in the 4,5 rating.



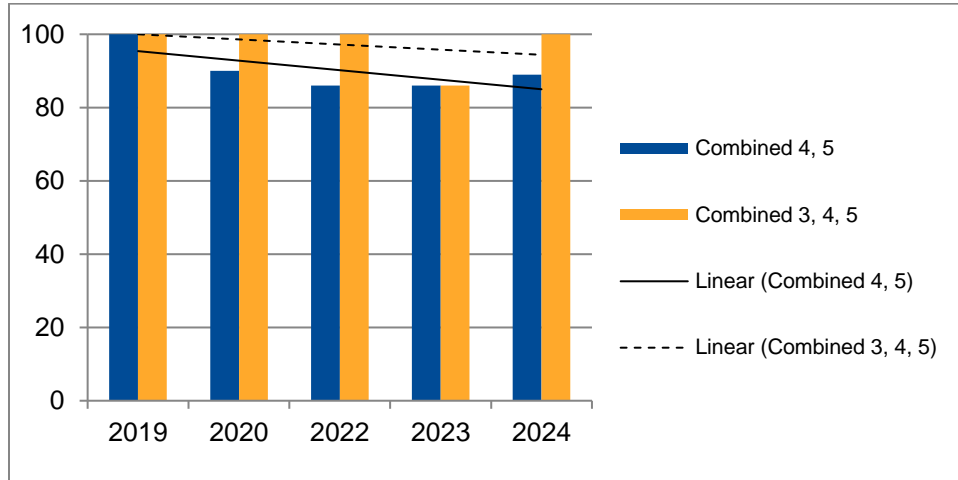
100% of Board members felt that the stated values are actually reflected in the work of the agency (rating of 4/5), with an average of 4.98.



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 (5/9 rated their connection at level 5, 3/9 rated this a level 4 and one rated this a level 3), with an average of 4.44. This level of connection is approximately the same as the previous year's ratings (average of 4.43).



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. 8/9 board members rated this area at the 4 or 5 levels, with an average of 4.56. This average is slightly lower than year's ratings (average of 4.83).



Barriers

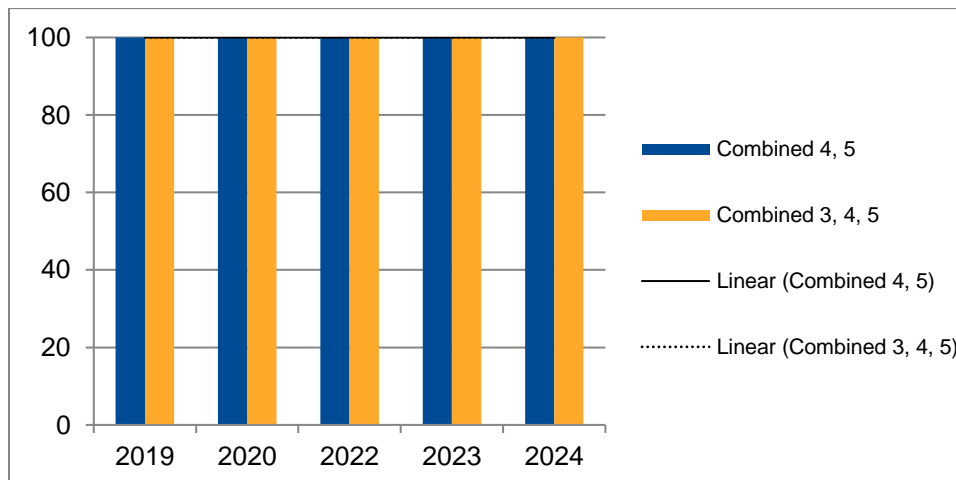
Through an open-ended question, the Board was asked to identify or comment on any barriers to service. Respondents to this area indicated the following issues:

- Recruitment of staff
- Extended hours of service
- Service delivery locations, the physical space and having sufficient alternate locations to meet the needs of families

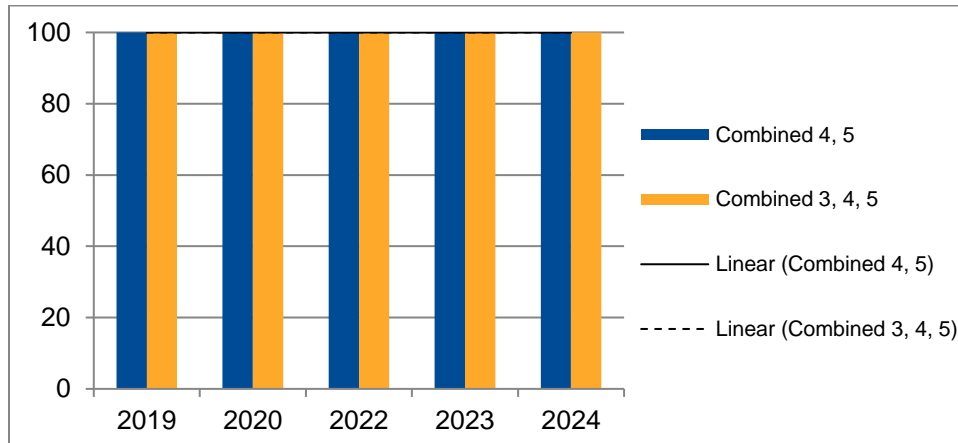
Contributions to the Operational and Strategic Plans

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

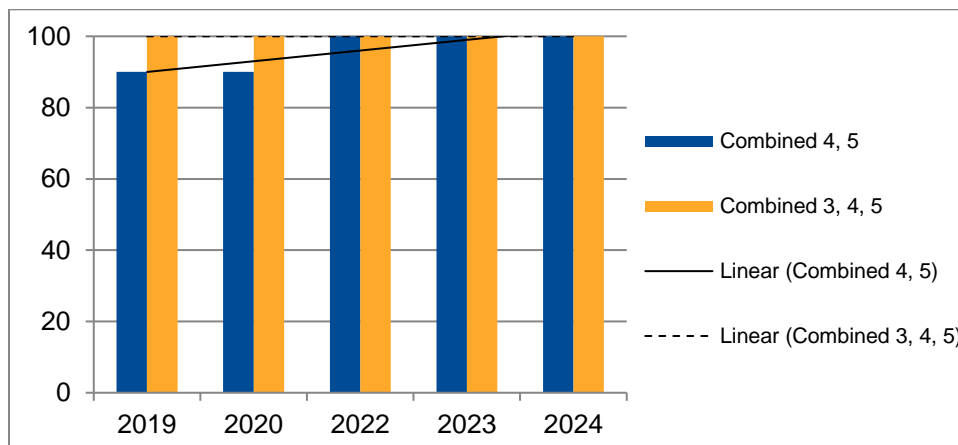
- Welcoming H-N REACH offices/settings:
 - 9/9 rated this area high (4 or 5/5 with an average of 4.89)



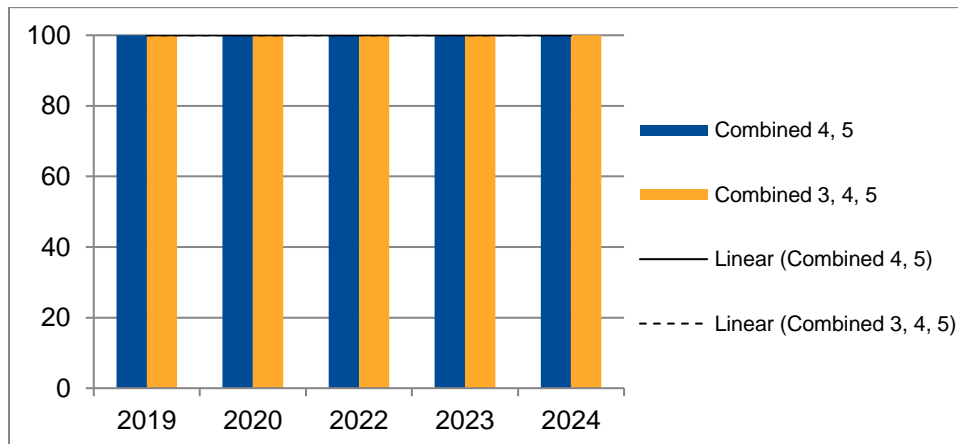
- Leading/Partnering:
 - 9/9 rated this area high (4 or 5/5 with an average of 4.89)



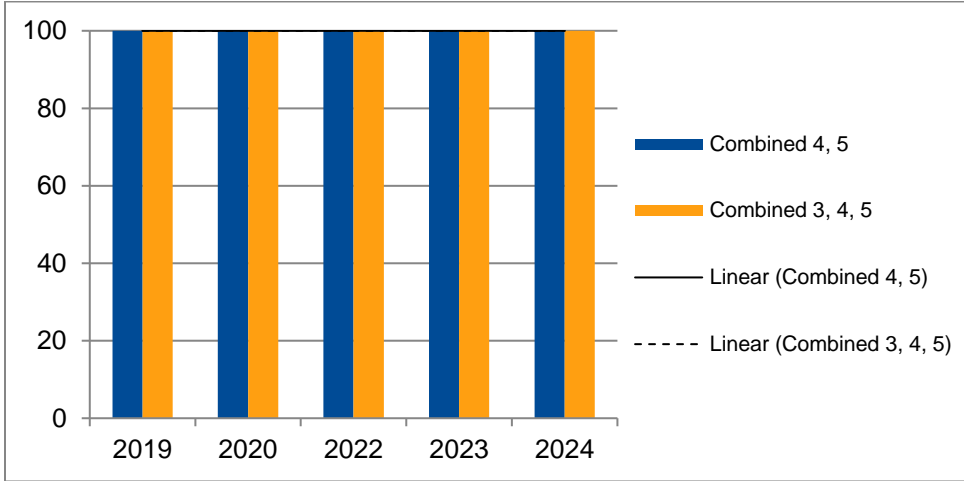
- Stakeholder involvement in planning:
 - 9/9 rated this area high (4 or 5/5 with an average of 4.78)



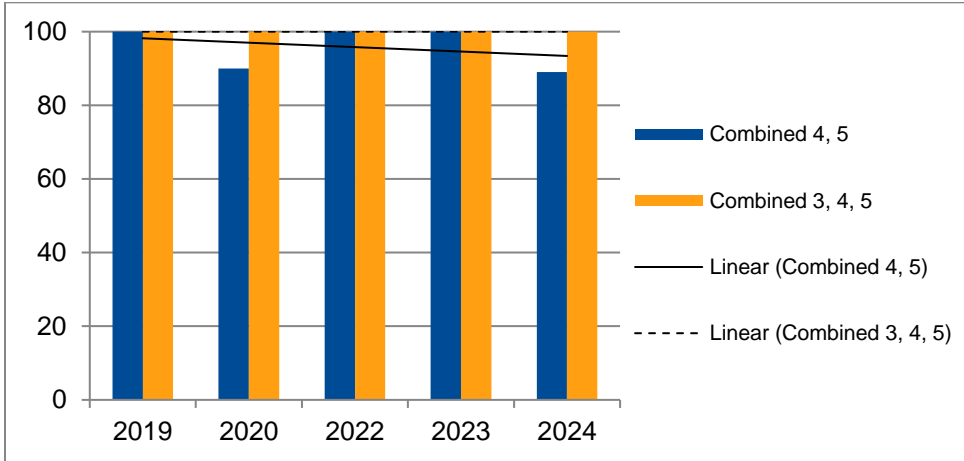
- Board Communication Practices:
 - 9/9 rated this area high (4 or 5/5, with an average of 4.89)



- Valuing Board Members Contributions:
 - 9/9 rated this area high (4 or 5/5 with an average of 4.89)



- Supported Through the Strategic Planning Process:
 - 8/9 rated this area high (4 or 5/5 with an average of 4.78)



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, 2021) 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, 2021, to September 30, 2024, there were 53 employees who were hired and are still active employees of Haldimand-Norfolk REACH. 20 employees responded to the first three questions related to Value Statements; this represents an 83% response rate which is a slight reduction to the response rate of 91.6% in 2023.

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.

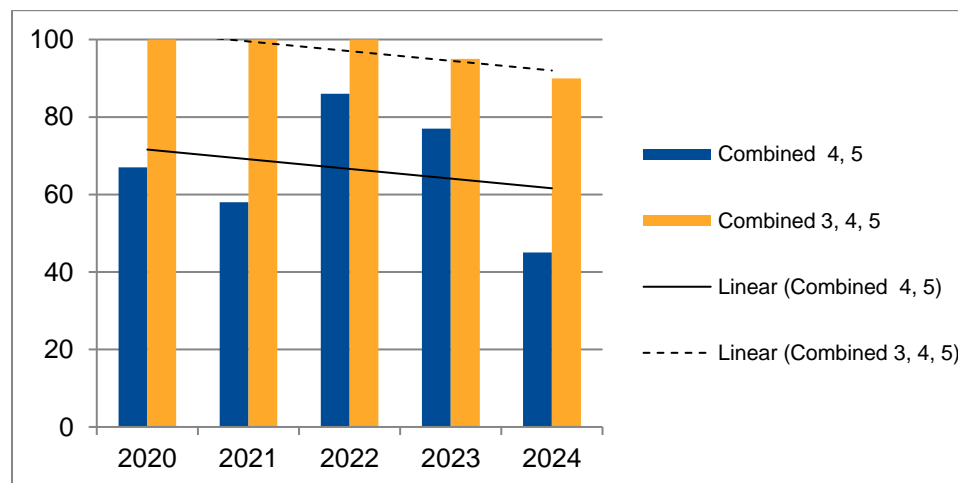
A total of 102 of 159 eligible employees, completed the survey which represents a 64% return rate; a 2% lower response rate as compared to 2023 (66%). While this response rate is slightly lower than in the past two years, it is important to acknowledge that it still exceeds the rates from the previous three 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”.

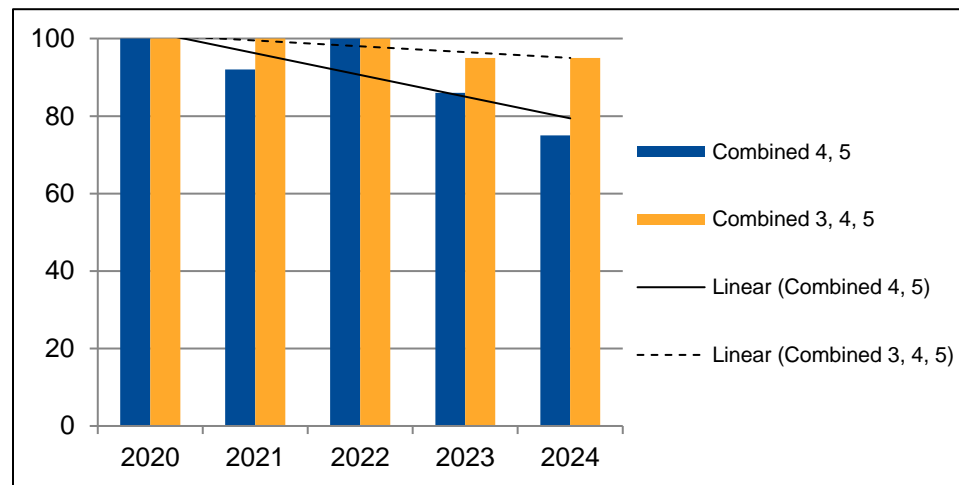
- A total of 20 employees responded to this question. The weighted average response for this question was 3.55, which is below the average as last year (4).
- 18 employees or 90% scaled a 3, 4 or 5 response, indicating a high level of awareness of our Value Statements
- 9 employees or 45% scaled a 4 or a 5 response, indicating half of the total responses reflect strong awareness.
 - 4 or 20% responded with a 5 on the rating scale.
 - 15 or 25% responded with a 4 on the rating scale.
 - 9 or 45% responded with a 3 on the rating scale.
- Compared to last year, the combined 3, 4, 5 rating was slightly lower at 90% compared to 95.45% in 2023. The combined 4, 5 rating was also lower at 45% compared to 77.3%.



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

- A total of 20 employees responded to this question. The average response for this question was 4.15 slightly lower than 2023 (4.41).
- 15 employees or 75% scaled a 4 or 5 response, indicating a considerable sense of connection to the Value Statements
 - 9 or 45% responded with a 5 on the rating scale
 - 6 or 30% responded with a 4 on the rating scale.
 - 4 or 20% responded with a 3 on the rating scale.
- There was a decrease in the level 5 rating, dropping from 59% in 2023 to 45% in 2024, which represents a 14% decline. Despite this decrease in the level 5 rating, the total of 75% for ratings 4 and 5 indicates a strong alignment with the Value Statements.

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



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

- Comments indicate that the agency's values strongly align with personal values.
- Recognizing that personal and professional growth is a valuable investment it remains imperative to take steps to ensure that staff, who are pivotal to service delivery, continue to stay updated in their fields.
- Improving the well-being of the families, its important to give families and children the power to make decisions about the services they utilize.

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'.**

Once again, 20 responses were received for this question (including 17 responses indicating N/A, None, and Unsure). Main themes are highlighted below:

- Most respondents indicated that we deliver flexible and well-coordinated services to address the unique needs of our participants.

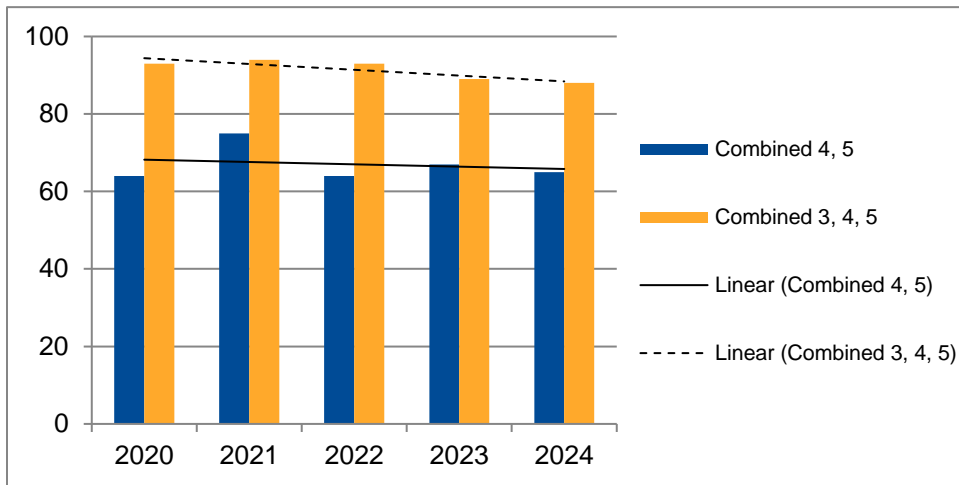
- Some respondents mentioned that technical difficulties can create obstacles when delivering services.

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).

93 or 91% of respondents answered this question. This weighted average of 3.94 closely aligns with the 2023 weighted average of 3.98 and is consistent with the averages from 2016 to 2019.

- 60 or 65% of respondents scaled a 4 or 5 response, indicating a high level of engaging participants.
- 82 or 88% scaled a 3, 4 or 5 response rating a good level of participant involvement
- 27 or 29% responded with a 5 on the rating scale.
- 33 or 35% responded with a 4 on the rating scale.
- 22 or 24% responded with a 3 on the rating scale.



Employees were asked to provide comments on this question. There were a total of 17 comments provided. Themes are highlighted below:

- Most comments from respondents to this question indicated a high level of engagement with participants.
- Feedback is collected throughout service and used for future planning, but some employees feel there is a need for more meaningful engagement of service participants in the planning process.
- Some employees indicated that increased service participants/caseloads limits ability to connect with participants.

5. Employees were asked to provide two priorities related to operational systems that they felt would enhance efficiency in our ongoing search for excellence and as we advance the Strategic Directions.

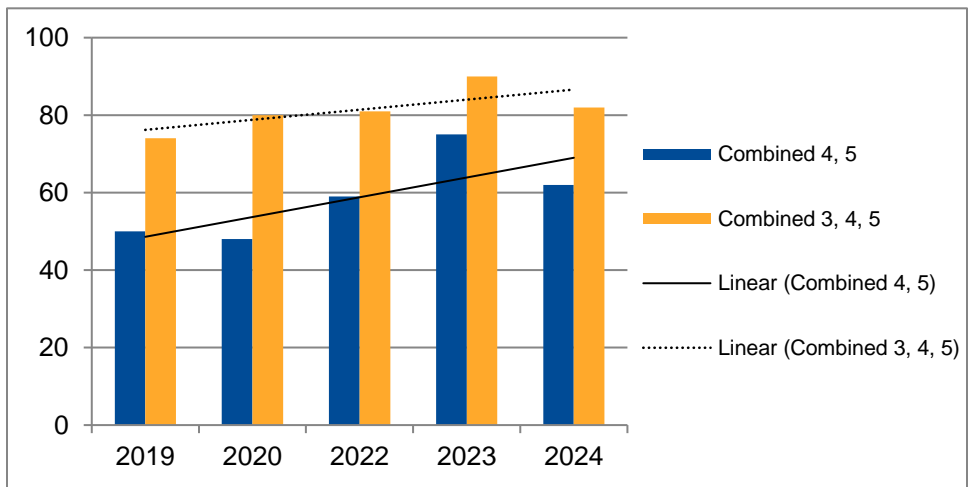
88 or 86.3% of respondents shared their ideas in response to this question. Themes are highlighted below:

- Many respondents indicate a need to streamline processes and continue to work towards paperless.
- A need for increased IT support.
- Full use of the Microsoft 365 system and shift to cloud-based servers.
- Maximize use of EMHware and other databases.
- There were a number of N/A, and None responses.

6. 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 87 employees responded to this question. The average response for this question was 3.71, somewhat lower than last year’s average of 4.04.

- 71 or 82% scaled a 3, 4 or 5 response.
- 54 or 62% scaled a 4 or 5 response.
- 31 or 36% responded with a 5 on the rating scale.
- 23 or 26 % responded with a 4 on the rating scale.
- 17 or 20% responded with a 3 on the rating scale.
- Compared to the combined rating for 3,4 and 5 the percentage of 82% is lower than that of 2023, and 2023 at 89%.



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

- Respondents indicated that there were opportunities but balancing workload and time for professional development is a challenge.

- Many respondents appreciated the support to participate in professional learning.
- Continue to partner with community agencies for learning opportunities to lower professional development costs.
- Rising costs of professional development combined with restricted budgets limit opportunities to webinars and free sessions for some units.

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

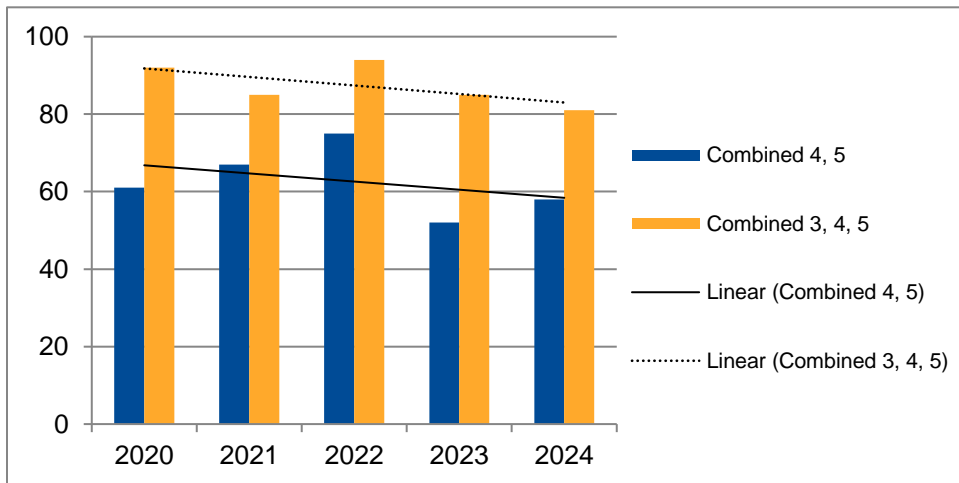
87 respondents, (85%), provided comments to this question. 93 comments were received to his question. Themes are highlighted below:

- Most respondents indicated that they liked the training plan for the next year with 47 comments indicating N/A, nothing, topics included are good.
- Microsoft 365 training
- Leadership training opportunities.
- Trauma Informed and Compassionate Care training opportunities.
- Wellness training opportunities

8. 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 86 employees responded to this question. The weighted average response for this question was 3.5%.

- 70 or 81% scaled a 3, 4 or 5 response.
- 50 or 58% scaled a 4 or 5 response.
- 20 or 23% responded with a 5 on the rating scale.
- 30 or 35% responded with a 4 on the rating scale.
- 20 or 23% responded with a 3 on the rating scale.



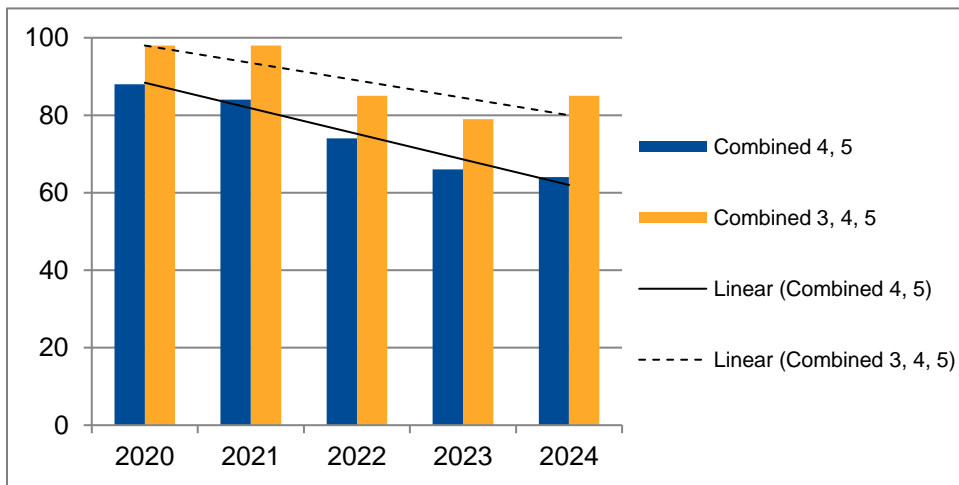
Employees were asked to provide comments about this question. 17 comments were provided. The main themes are highlighted below.

- There were several comments about H-N REACH valuing employees, employees feeling appreciated, and that H-N REACH is a great place to work.
- There was some concern about communication and transparency.

9. 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 86 employees responded to this question which is down 2 responses from 2023 and 2022. The weighted average for this question in 2024 is 3.70, which is not significantly different from last year's weighted average of 3.76.

- 58 or 66% scaled a 3, 4 or 5 response.
- 55 or 64% scaled a 4 or 5 response.
- 22 or 26% responded with a 5 on the rating scale.
- 33 or 38% responded with a 4 on the rating scale.
- 22 or 26% responded with a 3 on the rating scale.



Employees were asked to provide comments related to this question. 35 comments were provided. The main themes are highlighted below.

- Many positive comments regarding employees receiving information from staff and unit meetings, as well as through agency-wide emails.
- Some comments highlighted the growth of agency programming, and that employees should be informed before social media posts are made.
- Comments included appreciation for the Zoom opportunities provided this past year and the informative updates from the management meetings.
- Some comments about some employees not being able to attend staff meetings due to job functions and not receiving information in a timely manner.

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

A total of 42 employees responded to this question with 40 comments provided in total. Of those comments, 9 employees advised that they could not provide any new suggestions.

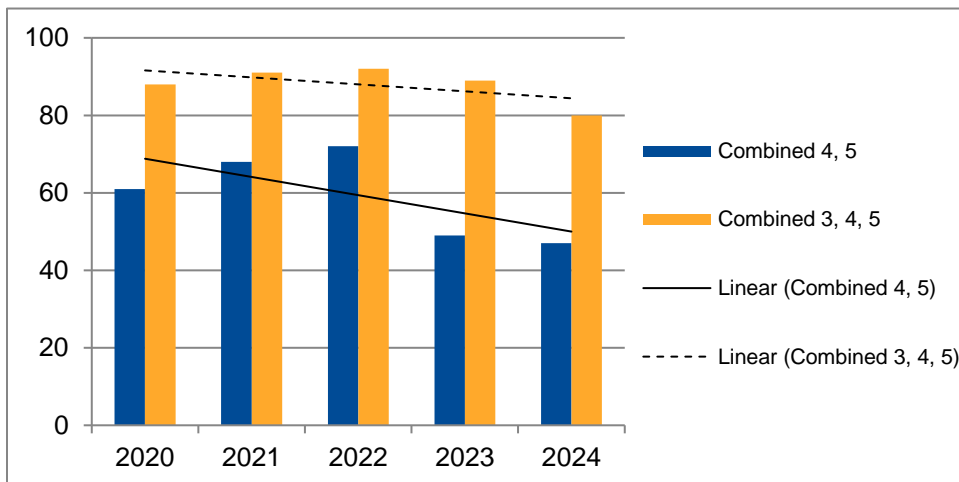
The main themes from the suggestions provided are highlighted below.

- Increasing the use of technology using SharePoint and maximizing the use of Microsoft 365.
- Consider centralized agency updates, employee website portal.
- Email messages ensure “one message at one time” and consistency.
- 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.

11. 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 70 employees responded to this question compared to 63 responses in 2023. The weighted average for ratings was 3.31 compared to 3.44 in 2023.

- 56 or 80% scaled a 3, 4 or 5 response.
- 33 or 47% scaled a 4 or 5 response.
- 9 or 13% scaled a 5 response.
- 24 or 34% scaled a 4 response.
- 23 or 33% scaled a 3 response.



Employees were asked to provide comments for this question. 18 comments were provided. Main themes are highlighted below.

- Some comments about new or additional programs and communication not as clear or timely

- Some comments related to inconsistency, change in other units, and not always being kept informed.
- A few comments about good processes and being invited to participate with thoughts and feedback.

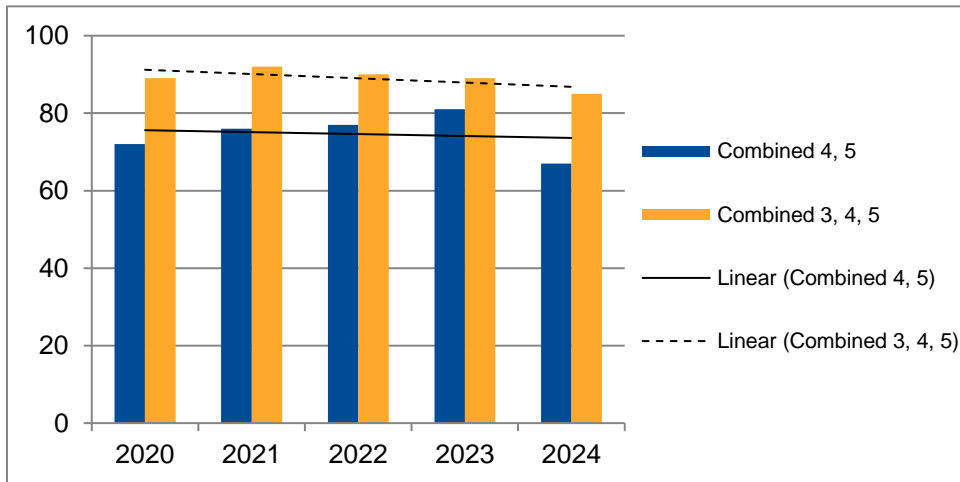
12. Employees were asked to rate whether they felt comfortable bringing concerns/questions/issues forward to their supervisor/manager on a scale of 1 to 5 (1 being not comfortable and 5 being very comfortable).

A total of 85 employees responded to this question. The weighted average response for this question was 3.81, a slight decrease compared to 2023 (4.18).

- 72 or 85% scaled a 3, 4 or 5 response.
- 57 or 67% scaled a 4 or 5 response.
- 34 or 40% responded with a 5 on the rating scale.
- 23 or 27% responded with a 4 on the rating scale.
- 15 or 18% responded with a 3 on the rating scale.

There is a slight decrease across the 3,4,5 ratings compared to 2023. The number of employees who rated a 5 to this question is 34, down from 44 in 2023, as is the 4 rating, which was 23 compared to 27 in 2023. Finally, the 3 rating is up from 7 last year to 15 in 2024.

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



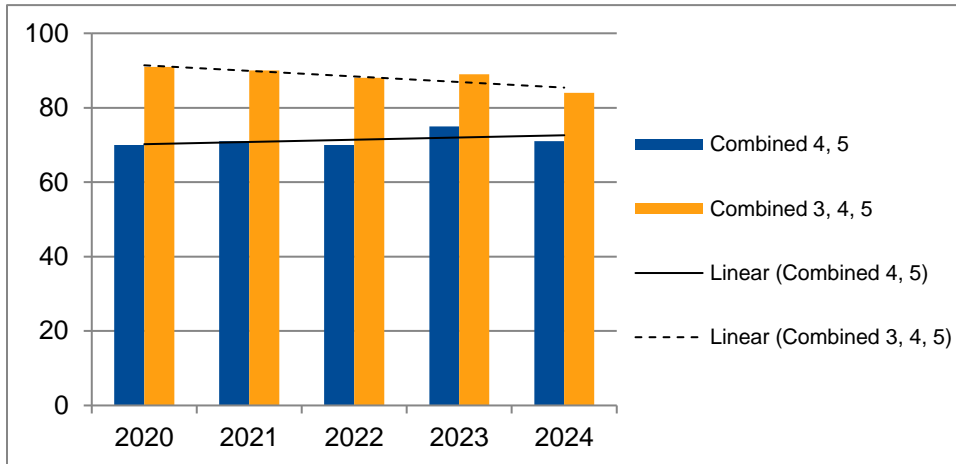
13. Employees were asked to rate whether they felt comfortable bringing Cooperative Agreement related concerns/questions/issues forward to a Core Committee representative (1 being not comfortable and 5 being very comfortable)

- A total of 85 employees responded to this question. The average response for this question was 3.92, down slightly from 2023 (4.03).
- 71 or 84% scaled a 3, 4 or 5 response.
- 60 or 71% scaled a 4 or 5 response.

- 36 or 42% responded with a 5 on the rating scale.
- 24 or 28% responded with a 4 on the rating scale.
- 11 or 13% responded with a 3 on the rating scale.

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

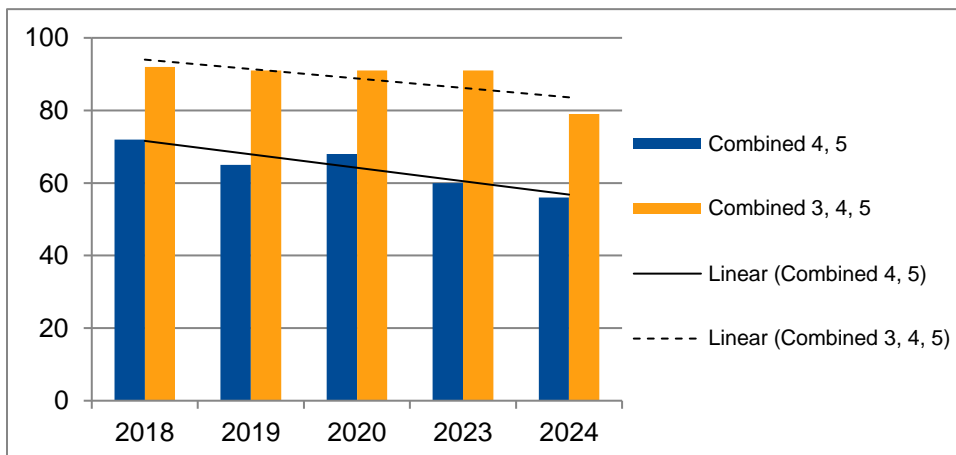
Please see below a chart comparing the combined 3, 4, 5 and 4, 5 percent response rates over the last 5 years.



14. 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 85 employees responded to this question. The average for this question was 3.56, down slightly from 2023 (3.72).

- 67 or 79% scaled a 3, 4, or 5 response.
- 25 or 29% scaled a 5 response.
- 23 or 27% scaled a 4 response.
- 19 or 22% scaled a 3 response.



Summary:

The response rate for new employees hired between September 1, 2021, and October 21, 2024, was 83.3%, with 20 out of 24 eligible employees responding to the survey questions related to the Value Statements About Services. Those who participated indicated a good awareness and connection to these Value Statements.

The response rate this year for all employees is down slightly from 66% in 2023 to 64% in 2024. 102 of 159 of eligible employees participated in the survey.

Employee feedback was mostly positive, with many conveying satisfaction and appreciation for the workplace environment and initiatives. Many employees took the opportunity to express support and the need to fully adopt Microsoft 365 and review and update the EMHware business rules. There were additional comments that the agency may be too large and complex for the current help desk system. Employees expressed that communication during team, unit, and staff days is timely and appreciated, and they also value the email communications for future reference.

Many survey comments highlighted employees' passion, professionalism, and commitment to optimizing daily practices to enhance direct service time and improve outcomes for participants.

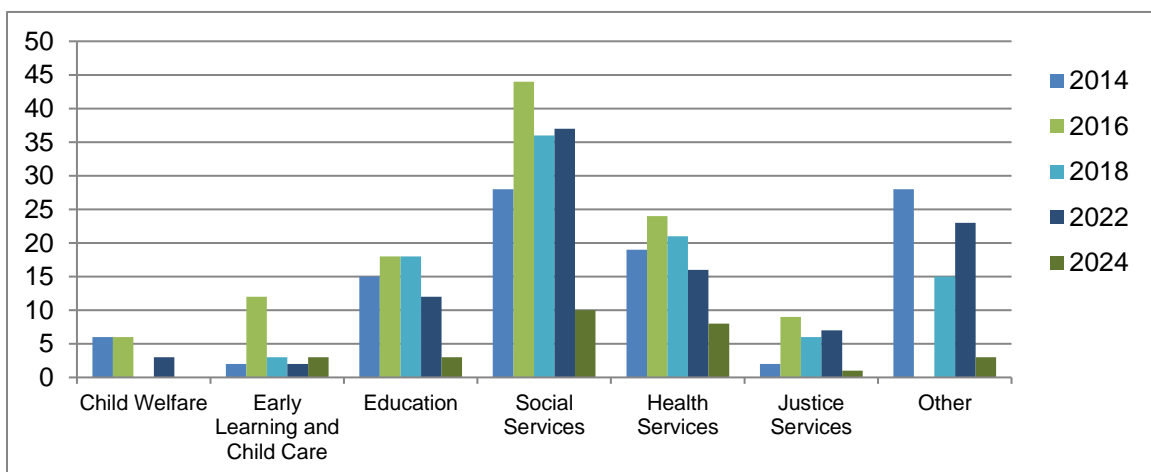
SECTION 5: COMMUNITY PARTNER FEEDBACK

The community survey is distributed every two years. An email is sent out to our community partners with an invitation to complete an online survey about H-N REACH and its services. No surveys were sent out in 2020 due to the pandemic. This year, 121 surveys were distributed and a total of 28 responses were received representing a response rate of 23%. This was a significant decrease from 2022 where a total of 57 responses were received representing a response rate of 41%. This decrease may be a result of the overall staffing capacity issues across the province, leading to greater increased workloads and less time to respond to surveys. This year's response rate was more consistent with the response rates in 2016 (23%) and 2018 (22%).

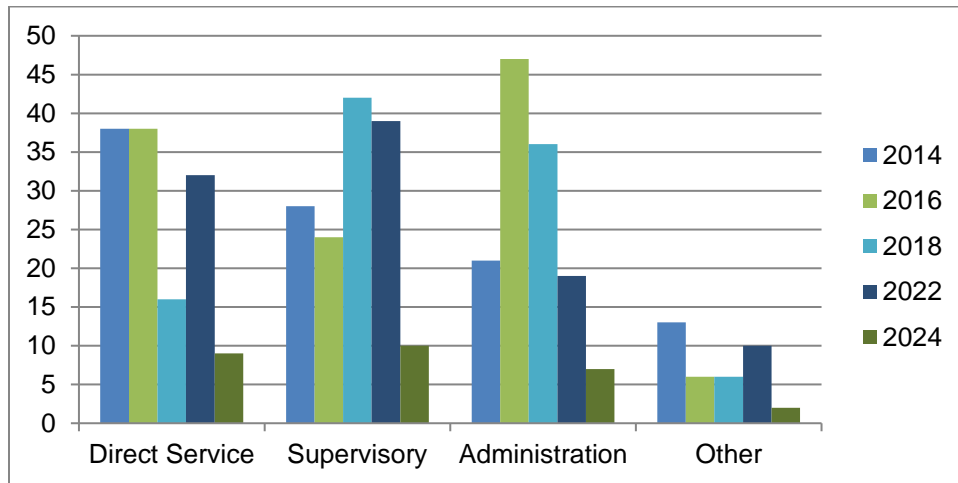
Who Responded

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

Most responses, 36%, came from community partners who work in social services with health services a close second at 29%. Responses for "Other" included retired, financial services and services club individuals.



The following indicates the breakdown related to the positions held by survey respondents 28 of the respondents answered this question:



Respondents who identified as direct service or frontline staff in 2024 is 32% which is consistent with 2022 at 32%. The total of respondents in supervisory roles is 36% and again was consistent with last years at 39%.

Survey Feedback

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

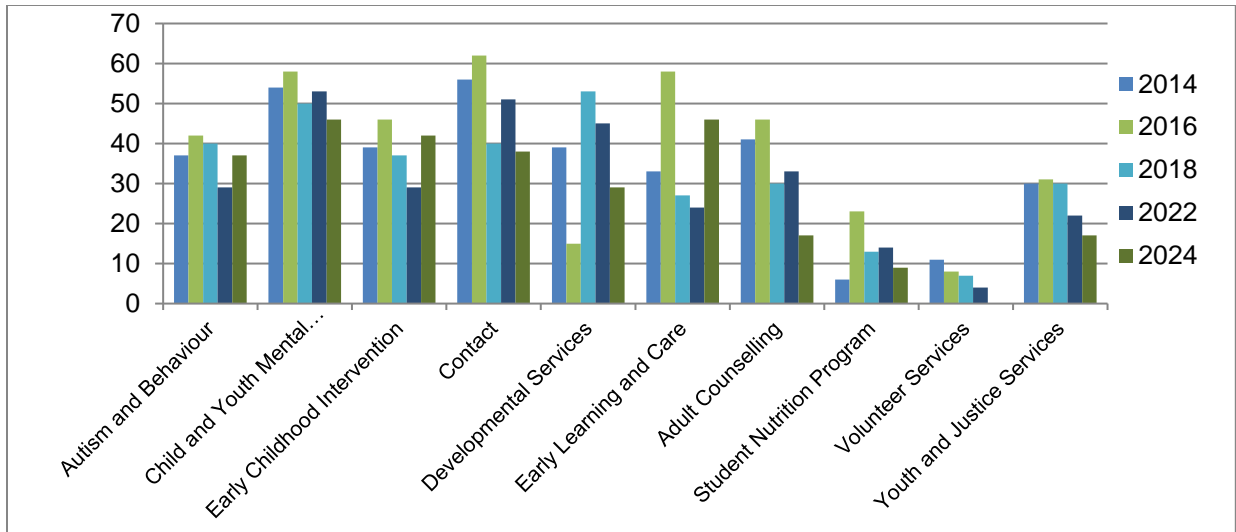
Respondents were asked to indicate their familiarity with H-N REACH programs/services and indicate which programs/services they would like to learn more about. The survey then asks respondents to scale a series of statements indicating that they strongly disagreed, disagreed, agreed somewhat, agreed,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

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

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

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

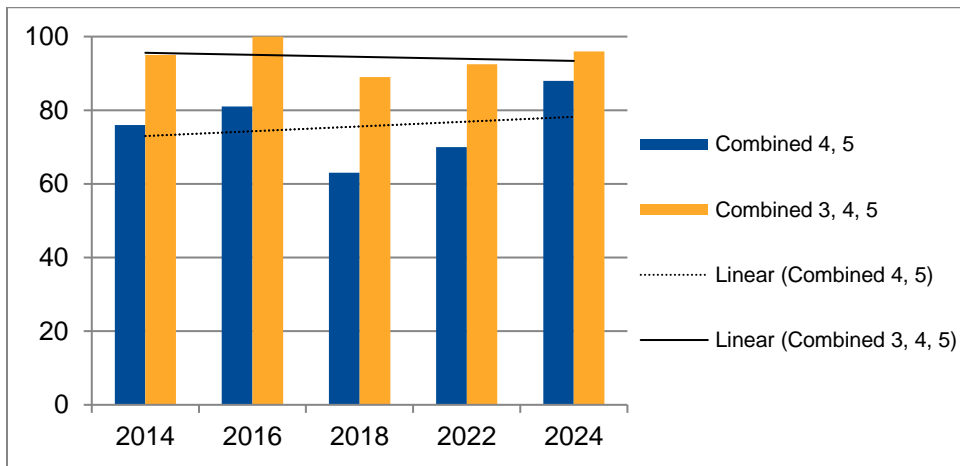
- 86% (24/28) respondents answered this question.



Many respondents were familiar with Child and Youth Mental health Services, Contact Hamilton-Norfolk and Developmental Services, Early Learning and Care Services, Early Childhood Intervention Programs. There has been a consistent increase in referral rates and complexity for all these services since the pandemic which correlate with more familiarity with these resources. There were no comments in this section.

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

- 93% (26/28) of respondents rated this question.
- Of those who responded, 77% (26/28) strongly agreed or agreed. This is higher than the 2022 response of 60%.

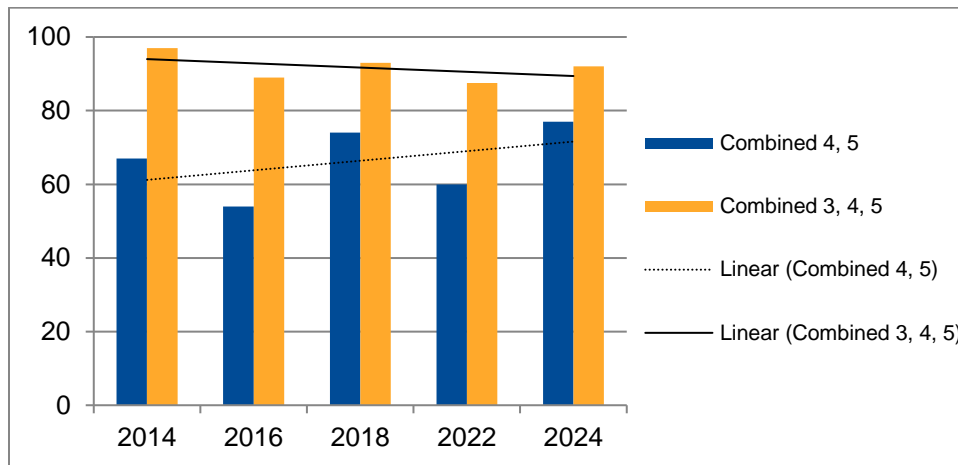


The increase in respondents who agreed or strongly agreed with H-N REACH services being accessible to people was significant. We have increased our satellite offices throughout the Haldimand and Norfolk communities and we implemented a web-based platform for youth. We continue to use virtual services for individuals who prefer this as a means to communicate. Some suggested that virtual services are not always optimal for some service participants and in person services were preferable. There were some suggestions that our buildings could be more accessible to individuals who have mobility challenges. Respondents suggested that an app with all our programs listed to advertise out services. Our new Strategic Plan for the next

five years includes plans to increase our site locations across Haldimand and Norfolk to make our services more accessible to service participants, reinforce our distinct brand and ensure availability of services for marginalized populations. There were some suggestions that our buildings could be more accessible to individuals who have mobility challenges.

H-N REACH services are responsive and timely.

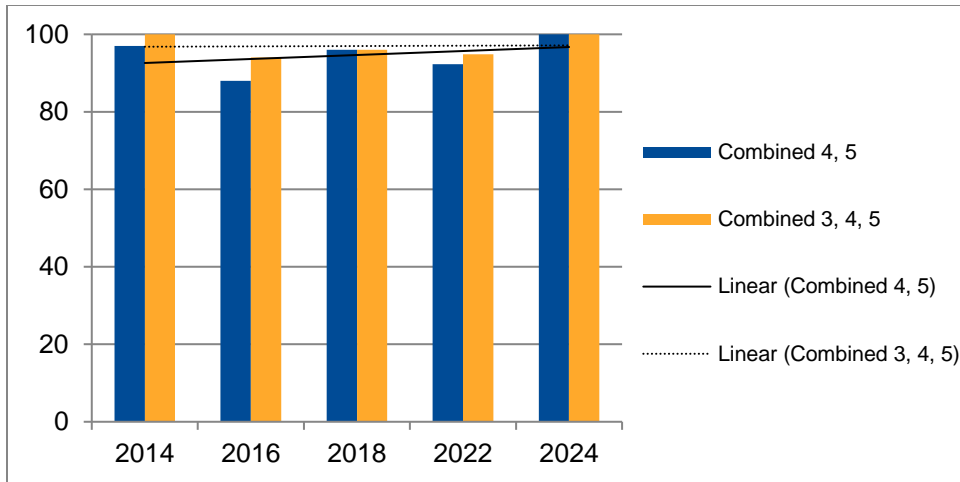
- 26 or (28) of respondents rated this question.
- 62% of those who responded agreed or strongly agreed that services were responsive and timely.
- This is consistent with 60% in 2022 and lower than 2018 at 74%.
- The combined scores (1 being least favourable to 5 being most favourable) rating for 4,5 was 77 % in 2024, higher than 2022 with 60%.



The majority of respondents feel that our services are responsive and timely or 62%. There were comments that indicated that wait times for service, red tape and Discovery meetings were barriers although recognizing that resource constraints may be an issue. Many indicated they respect the work we do. Child and Youth Mental Health Services continue to experience record referral numbers and intensity of suicide risk has increased since the pandemic. As a result, this has required a realignment of resources such as increasing Discovery meetings to ten weekly, longer crisis stabilizations and follow-up response time. We continue to address wait times by allocating maximum resources to direct services - Discovery and Therapy. There was a suggestion to provide more services in rural Norfolk. We continue to be open to new locations that become available to address the needs of our service participants.

H-N REACH services are respectful.

- 93% (26) respondents answered this statement.
- 100% of those who responded to this question agreed or strongly agreed with this statement. This area has been consistently high with the combined 4, 5 rating in 2022 at 92% and in 2018 at 96%.

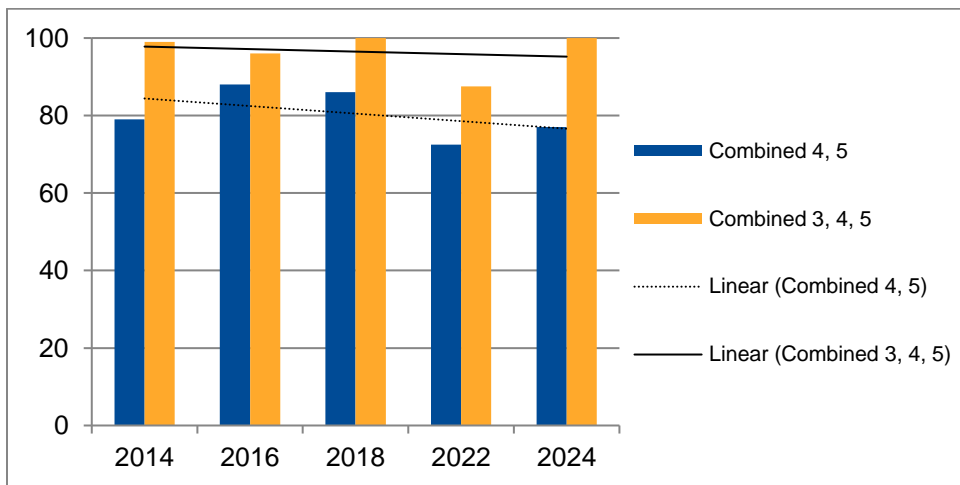


100% of respondents who answered this question indicated H-N REACH services are managed in a respectful way which is consistent with previous years but slightly higher. 92% in 2022 and 96% in 2018. These statistics correlate to our mission and vision for the organization.

Respondents indicated that: “amazing staff” and “I have only heard positive feedback regarding the services at Haldimand-Norfolk REACH.”

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

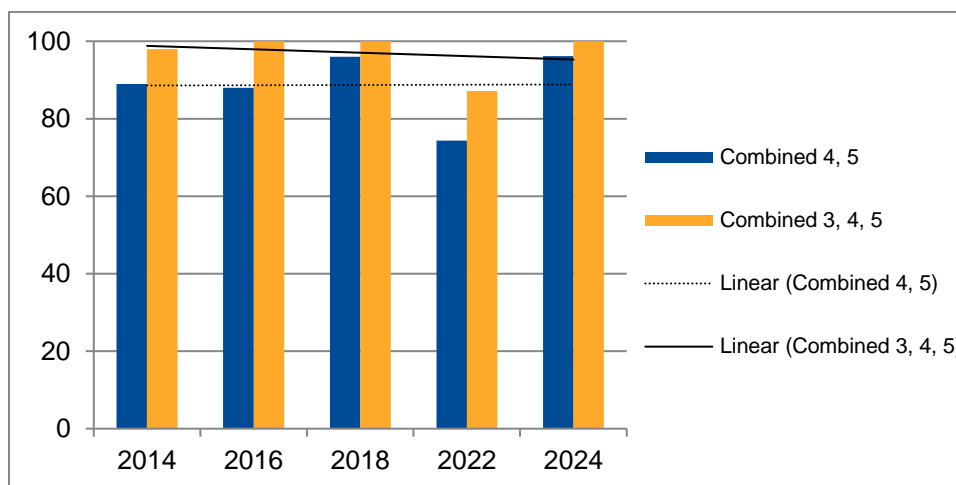
- 93% (26) respondents answered this statement.
- 54% of those who responded agreed (14) or strongly agreed with this statement, compared to 73% in 2022 and 85% in 2018. This is an area requiring further development.



Respondents indicated that they only receive positive feedback from community partners and we re responsive to the need of the community. Regular updates to the community regarding our services would be helpful.

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

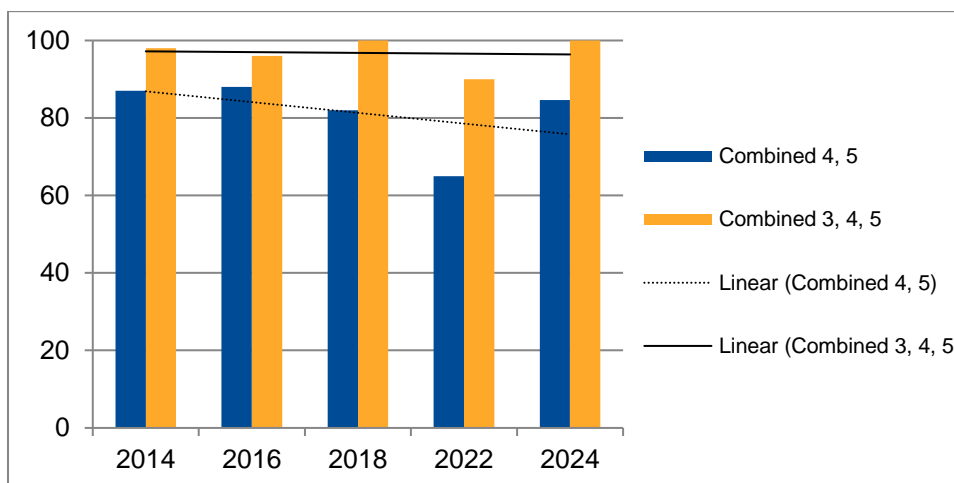
- 93% responded to this question with this statement with 96 % agreeing or strongly agreeing. This is consistent with previous years.



Some respondents indicated that we should have more neurodiversity options available for families who have autistic children but do not want to follow ABA or IBA pathways. Partnership is evident with children, youth and families but can be a barrier to what the client needs if client not in agreement to the service option.

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

- 93% (26) respondents answered this statement.
- 26 of those who responded agreed (69%) or strongly agreed (0) with this statement, which was consistent with 2022 (74%) and a decline from 81% in 2018.

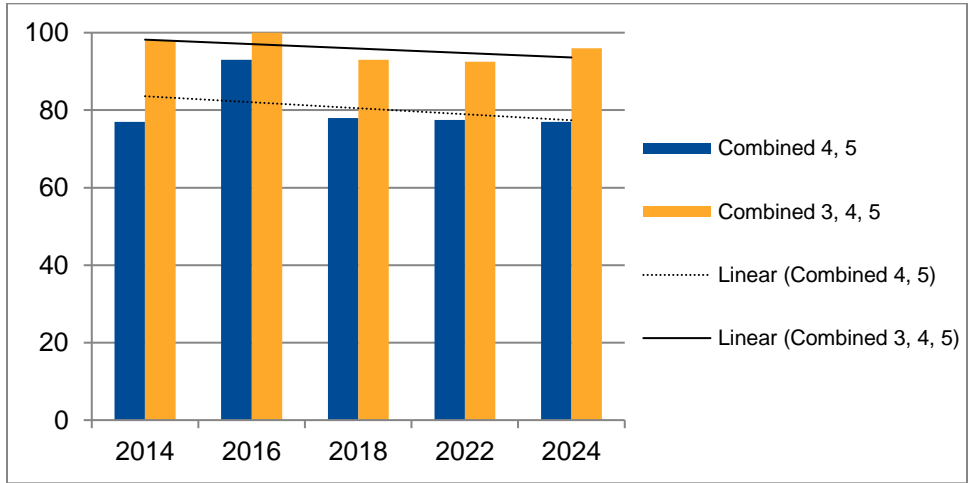


Respondents indicated where there is collaboration it is strong. As an agency, we have partnered with McMaster Children’s Hospital with the implementation of the Extensive Needs Service to provide more opportunities with children/youth with complex needs. The agency has partnered with the Ministry of Health to support One Stop Talk a virtual

provincial initiative and regarding the Provincial Training Initiative to provide evidence-based services for young people with complex significant mental health needs.

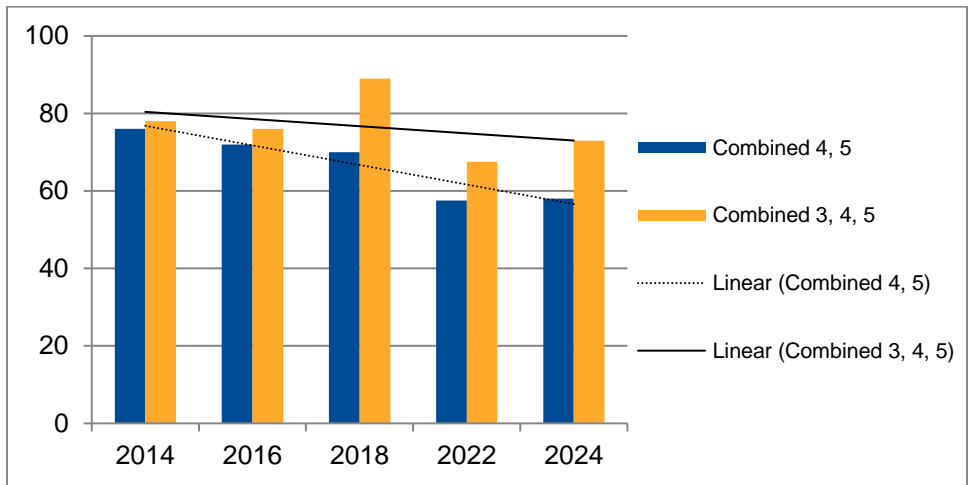
H-N REACH responds to concerns and problems in a respectful and timely way.

- 77% of those who responded agreed or strongly agreed with this statement, consistent with 78% in 2022 and 78% in 2018 but significantly lower than 2016 at 92%.



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

- 93% (26) respondents replied to this statement.
- Of those who responded 58 % rated us at a 4 or a 5 in 2024 consistent with 2018 at 58%, compared to 2018 which was 70%.



H-N REACH has gone back to in-person services with all program areas to foster participant engagement. Our Youth Alliance Committee has been collaborating with staff to bring ideas forward that create inclusive war spaces throughout our several locations.

Community Planning:

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

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

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

Some of the priorities for Child and Youth Mental Health include timely, accessible access to service with a focus on supporting youth with complex needs requiring crisis services. Early intervention and prevention program's were felt to be critical to be proactive. Trauma intervention and understanding neurodiversity and learning challenges was highlighted.

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

Suggestions for engagement included: building connections /and or networking to build partnerships, providing updates to community partners, and being out in the community to engage with partners in person.

Summary:

Overall, the responses from community partners were positive and respondents commend our ability to be collaborative, respectful, and supportive of community partnerships. We are considered leaders in the community in terms of positive and open communications with planning amongst community agencies. There is always room for continued growth and development of our services, partnerships, and the provision of coordinated service planning.

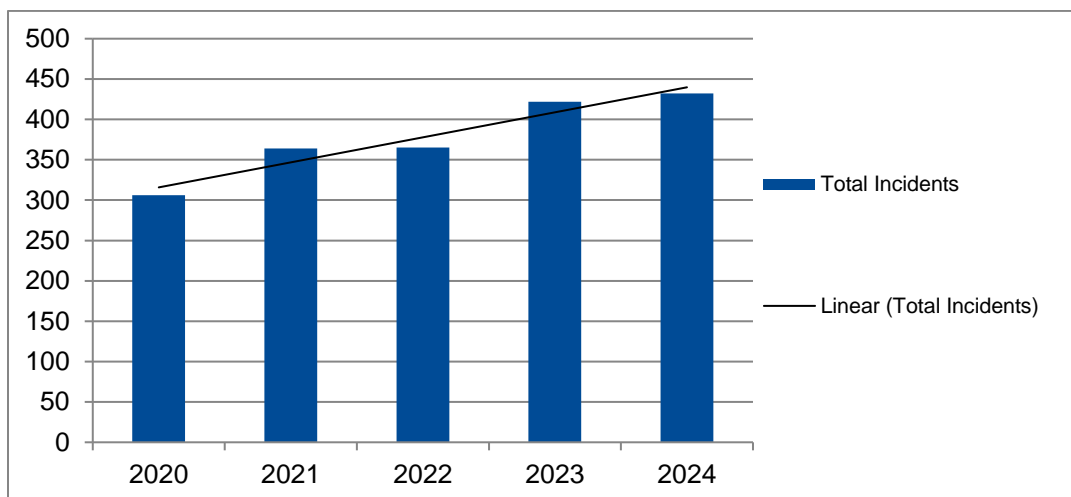
Our multi-year service plan has addressed our priorities does service which include enhancing the efficiency of service pathways to reduce barriers and wait times, enhancing the ability of core services to meet the needs of children and youth with developmental disabilities and autism spectrum disorder, ensuring that services meet the needs of children and youth from marginalized and racialized communities including those who identify as 2SLGBTQ+ and/or Indigenous. Our goal is to implement a coordinated, inter-agency approach to service delivery to ensure the local service system meets the mental health needs of all children, youth, and families in the Haldimand and Norfolk service area. This focus aligns with many of the comments made by our community partners.

SECTION 6: RISK MANAGEMENT REVIEW

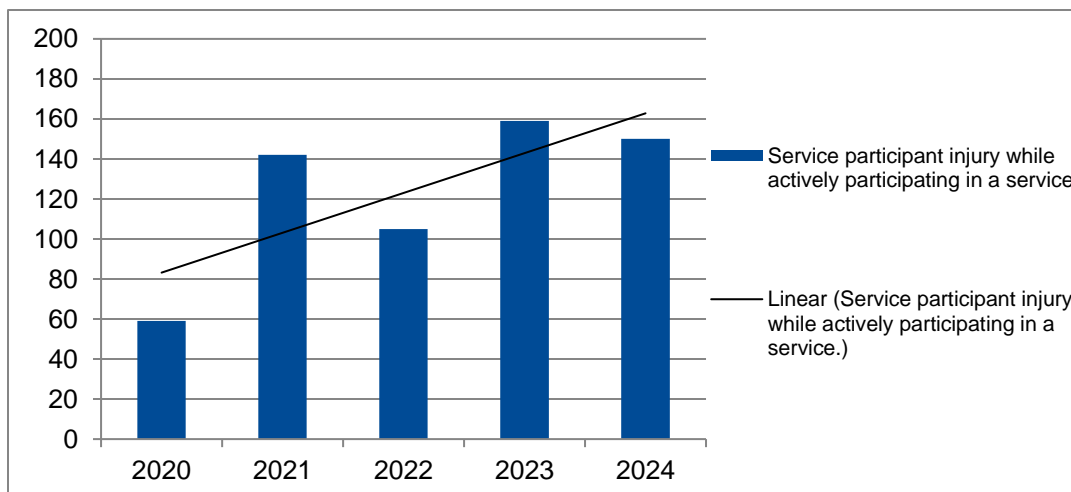
In total, agency employees filed 431 Incident Reports in 2024. There were 27 Health and Safety Reports filed with our Joint Health and Safety Committee which is a decrease of 5 from 2023. The agency filed 12 Serious Occurrence Reports in 2024 which is a decrease from 19 that were reported in 2023. 10 Serious Occurrences were reported to Ministry of Children, Community and Social Services, 1 Serious Occurrence was reported to Ministry of Attorney General and 1 Serious Occurrence was reported to the Ministry of Education. There were no Serious Occurrences reported to the Ministry of Health during this review period.

Incident Reporting

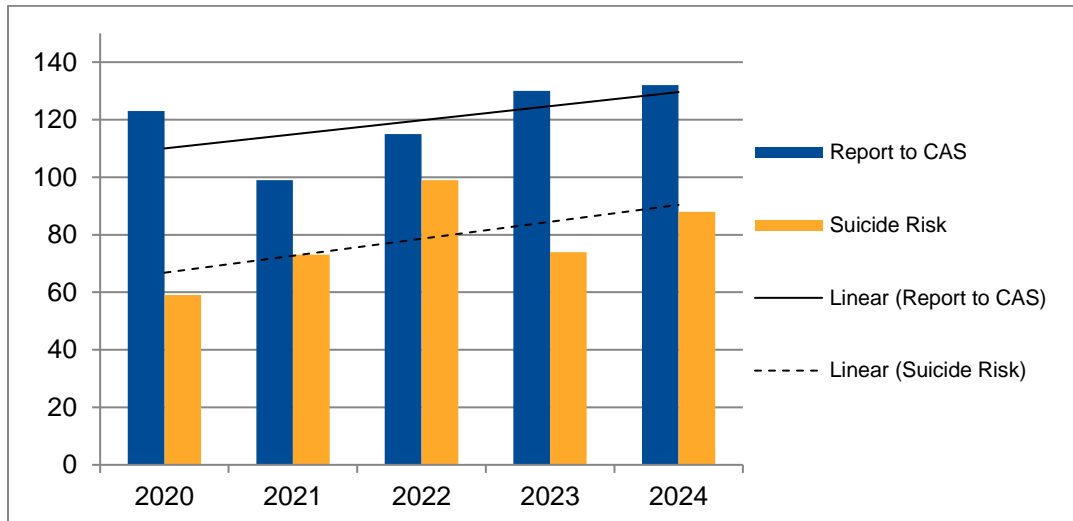
The 432 Incident Reports filed in 2024 is a 2% increase from 2023. The agency is trending upward in relation to the number of incidents reported since 2020 which can be seen from the 5-year comparison of total incidents chart below.



150 incident reports were filed in our licensed child care and EarlyON programs in 2024. This is a 6% decrease from the number of reports filed in 2023. Despite this decrease, these incidents are trending upward in relation to 2020 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).



286 incident reports were filed in 2024 for the agency’s other programs which is a 9% increase when compared to 2023. 132 of these reports were coded as “Report to CAS / child at risk”, which is a 2% increase when compared to 2023. 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 2024, most reports to the Children’s Aid Society were made through our Child and Youth Crisis and Outreach Unit, Child and Youth Therapy and Group Unit and Contact Unit. In 2024 there was a 19% increase in incidents involving suicidal ideation when compared to 2023. These incidents 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 33% of the 360 calls received by this service in 2024. This represents a slight increase of 7% from 26% of the 432 calls reported in 2023.

Health and Safety

During the 2024 calendar year, employees submitted twenty-seven (27) Health and Safety Incident Reports; down 5 from the 2023 reporting period. While it was anticipated that there would be a return to pre-covid numbers post pandemic, the number of incidents reported in 2024 was down approximately 15% from 2023, and 31% from pre-pandemic numbers in 2019. Seventeen (17) of these incidents occurred at the Townsend office and ten (10) occurred in satellite locations/partner agencies/other community settings. Four (4) incidents were related to slips/trips/falls, one (1) related to air quality/scent sensitivity, three (3) environmental concerns (primarily wasp bites), two (2) struck/caught, three (3) over-exertions, one (1) premises and four (4) incidents categorized as other (including 3 related to personal health situations).

While reports of Workplace Violence were up slightly in the 2024 reporting period from last year, seven (7) incidents involving workplace violence where some level of service participant (children) aggression was experienced by an employee, and two (2) incidents of workplace violence not involving service participants., These numbers are still down over fifty percent (50%) from pre-covid numbers.

In an effort to be proactive, the Joint Health and Safety Committee commenced a Violence in the Workplace Assessment process, using a tool developed by the Occupational Health and Safety Council of Ontario. A workplace survey was conducted to obtain staff feedback regarding workplace violence; a review of existing policies is underway; and onsite, physical assessments are being conducted at our worksites to ensure that gaps can be identified and addressed.

Based on the work done to date, there are no major risks that have been identified with respect to Workplace Violence.

We continue to see improvement in the number of Health and Safety Incidents occurring compared to pre-pandemic (2019) numbers.

There were four (4) employee incidents reported to WSIB. One employee chose to seek medical attention after falling at a Community Partner location. Two employees experienced personal medical situations while at work and were transported to hospital for observation. One injury was sustained by an employee on premises, not related to performing assigned duties. None of these situations resulted in lost time.

In support of H-N REACH's objective to achieve compliance with the National Standards for Psychological Health and Safety in the Workplace; the Joint Health and Safety Committee and the Psychological Health and Safety in the Workplace Committee collaborated to integrate reporting (i.e. forms, policies and procedures) of Psychological Health and Safety Incidents and Illnesses into our Health and Safety Incident Reporting process.

There continued to be some uncertainty as to whether there would be a resurgence of COVID infections, particularly during the respiratory illness season in the fall (Cold, Flu, RSV). The agency continued to monitor and maintain effective Infection, Prevention and Control measures and protocols to minimize the risk of infection and transmission of illness. The Joint Health and Safety Committee continues to review health guidance documents issued by health authorities and regulators and make recommendations related to workplace hygiene and infection, prevention and control measures and practices, as well as the ongoing safe operation of our services.

There are no known existing conditions that pose any serious 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 2024, there are no specific patterns, trends or areas that present as particularly problematic or require agency attention. All reports filed in 2024 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 2024 and no specific changes to our policies were indicated.

Data Management Systems

H-N REACH has continued to retain the services of an Information Technology Consultant to work with the Information Technology Supervisor implementing upgrades and new enhancements to the agency's IT Infrastructure.

During 2024, there has been no reportable incidents that adversely affected the IT infrastructure such as power outages or internet disruptions.

During this past year H-N REACH implemented cyber security education for all employees.

H-N REACH has expanded upon the transition to Microsoft 365 with the focus on security and mobility for staff members when delivering services throughout the community. A priority has been the shift from desktop computers to laptops utilizing both docking stations and secure VPN

technology. This has resulted in a more seamless and efficient work flow for employees working at multiple H-N REACH locations.

The Agency also implemented voicemail to email for all employees to improve efficiency and support more timely access to voice messages.

The Autism and Behaviour Services unit has implemented a new contract module within EMHware that allows for efficient tracking of budgets and expenses for each service participant accessing the fee-based services.

This past year the H-N REACH has undertaken an extensive efficiency assessment. The assessment will provide the agency with actionable recommendations that align technology infrastructure and resources to optimize efficiency, improve connectivity, enhance security and leverage human resources. Implementation of the recommendations will begin in the upcoming year and over the next 18 to 36 months.

Complaints

There was 1 Incident Report related to complaints in 2024. The formal written agency complaint mechanism was not used for this complaint as the issue were resolved at the unit level. This would suggest that our regular complaint resolution practices continue to be effective in addressing concerns that are within the agency's control.

Summary

A review of the agency Risk Management materials assembled in 2024 would indicate that agency employees continue to be well versed on the recognition and reporting of most matters related to risk, service participant incidents, major complaints, health and safety and Serious Occurrence requirements.

SECTION 7: REVIEW OF RECOMMENDATIONS FOR 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.

A social media strategy is in the beginning stages of development and will continue into 2025. A social media strategy will be completed by March 31, 2025.

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.

A Request for Proposal process was initiated and Asurtec Solutions Inc. was selected as the successful bidder to complete a comprehensive efficiency assessment. The assessment was conducted in a phased process which included information gathering, analysis and efficiency recommendation development. A report is in the final phase of development and will include an analysis of H-N REACH's IT infrastructure and current business systems and practices (current state), assessment of needs and gaps pertaining to proficiency and efficiency, and recommendations which will align with organizational objectives and strategic directions. An implementation plan will be developed and begin in 2025.

Related to a safe, healthy and positive work environment

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

The Executive Director conducted An Agency Virtual Meeting in which employees were provided with an opportunity to submit questions about the agency operations. Two sessions (daytime and evening) were conducted and a total of twenty-one questions were received and responded to.

Development of a process to ensure consistent management messaging has been implemented.

Review of current communication practices utilized by the leadership team was completed. The review included knowledge exchange and recommendations relating to promising practices utilized with individuals and across teams. Leadership Team members will continue to adjust their communication practices as a result of this knowledge exchange.

The agency's Communication Plan was updated and reviewed by the Management Team.

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.

The agency's Diversity, Equity, Inclusion and Belonging Framework and policy were finalized this year. The Framework and policy were presented and reviewed with staff at the June 7, 2024 Staff Meeting.

Through the agency's social media feed, there is an intentional increase of posts related to Diversity, Equity, Inclusion and Belonging on a more frequent basis.

The agency Diversity, Equity, Inclusion and Belonging and Indigenous History training plans were finalized and will be implemented over the next two years.

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.

The Solution-Focused Coaching Champions re-engaged over the course of this review period. The Solution-Focused Coaching Champions developed and facilitated a refresher training specific to Haldimand-Norfolk REACH's goals and priorities.

Informal mentorship continues amongst the Leadership Team. The Leadership Team continued to meet regularly focused on advancing agency directions and shared skill development.

H-N REACH will use implementation science and change management processes to move forward with a phased approach to implement the Efficiency Assessment recommendations.

SECTION 8: AGENCY RECOMMENDATIONS FOR 2025

Related to assessing, evolving and optimizing our use of technology

1. Haldimand-Norfolk REACH will finalize the agency social media strategy by March 31, 2025. The strategy will be re-evaluated and updated on an as-needed basis.
2. The agency will move forward with a phased implementation of the recommendations resulting from the comprehensive efficiency assessment completed by Asurtec Solutions Inc.

Related to a safe, healthy and positive work environment

3. The Haldimand-Norfolk REACH Leadership Team will continue to strengthen communication processes and formalize an employee engagement strategy that promotes and supports opportunities for all employees to contribute to the overall well-being of the agency.

Related to increasing availability of services for equity-seeking populations

4. Agency-wide Diversity, Equity, Inclusion and Belonging and the Indigenous History training will be completed which will enhance 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 continue to further their skill development in the aspects of organizational leadership, roles, accountabilities and authorities.

APPENDIX: Organizational Chart 2024/2025

Haldimand-Norfolk REACH 2024/2025 Organizational Chart

