

# ANNUAL MANAGEMENT REPORT

# 2023

**Lead • Grow • Innovate**



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Artwork by Supported Individual, Brandon, 2016

# Why this Report?

## Continuous Improvement

The Commission for the Accreditation of Rehabilitation Facilities (CARF) is an independent, non-profit accreditor of health and human services. The CARF standards are internationally recognized. Pathways believes that reviewing our services against CARF standards allows us the opportunity to continuously improve our services and demonstrate our commitment to transparent and accountable practices. Pathways to Independence received our fifth, three-year accreditation from CARF in December 2021 for the following programs:



This management report describes Pathways plans, summarizes the feedback we have received from our key stakeholders, and details outcomes and indicators that we use to inform our decisions and guide the next steps in our journey of continuous improvement.

The data in this Management Report is based on **the Fiscal Year of April 1, 2023 – March 31, 2024.**

## Vision, Mission, Values & Guiding Principles

### Vision

“That all people enjoy a high quality of life as an accepted member of their chosen community”

### Mission

“We support people in living their best lives”

### We serve

“People with acquired brain injuries and/or developmental disabilities who may also have complex needs”

### Values & Guiding Principles

- Create belonging & acceptance
- Nurture curiosity & creativity
- Empower people & teamwork
- Help, always
- Help everyone make a difference
- Create homes, not houses
- Value uniqueness, personal growth & independence

# Who are we?

## We Support People in Living their Best Lives

Pathways to Independence is a community-based agency providing assisted community living services and supports to over 400 adults living with an acquired brain injury (ABI), and/or developmental disability who may also have complex needs based on their unique goals, abilities and choices.

Operating in the Eastern Region of Ontario with offices in Belleville and Ottawa, our services include:

- **Supportive housing options,**
- **Centre and community-based vocational and recreation programs,**
- **Psychiatric counselling,**
- **Behaviour therapy, and,**
- **Respite.**

Our supports are provided by professional staff, contracted services with community partners, medical and clinical professionals, family home providers and volunteers. Pathways Client Services team has primary responsibility for the provision of direct care to the people we support.

## Pathways at a Glance



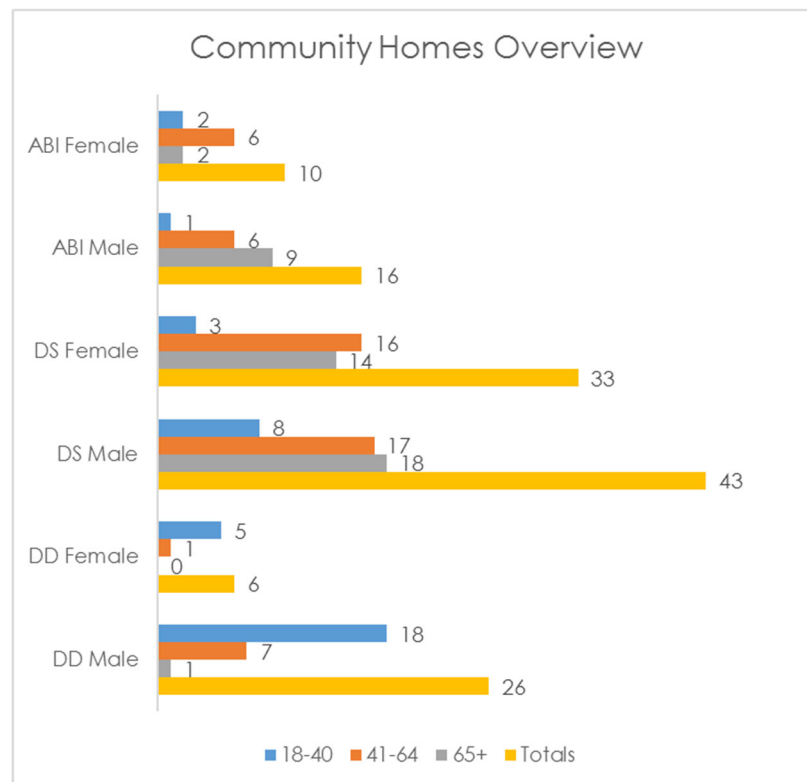
# Overview of Supports & Service

## Community Homes

Staffed seven days a week, 24 hours a day, our supported homes provide a caring environment for small groups of adults making and sharing a home. Located in both rural and urban environments across Southeastern and Eastern Ontario, Pathways homes are customized to meet the physical and social needs of the people we support.

In 2023, Pathways operated 27 community homes.

- △ **13 in Belleville**
- △ **2 in Kemptville**
- △ **3 in Napanee**
- △ **1 in Ottawa**
- △ **4 in Prince Edward County**
- △ **3 in Quinte West**
- △ **1 in Renfrew**

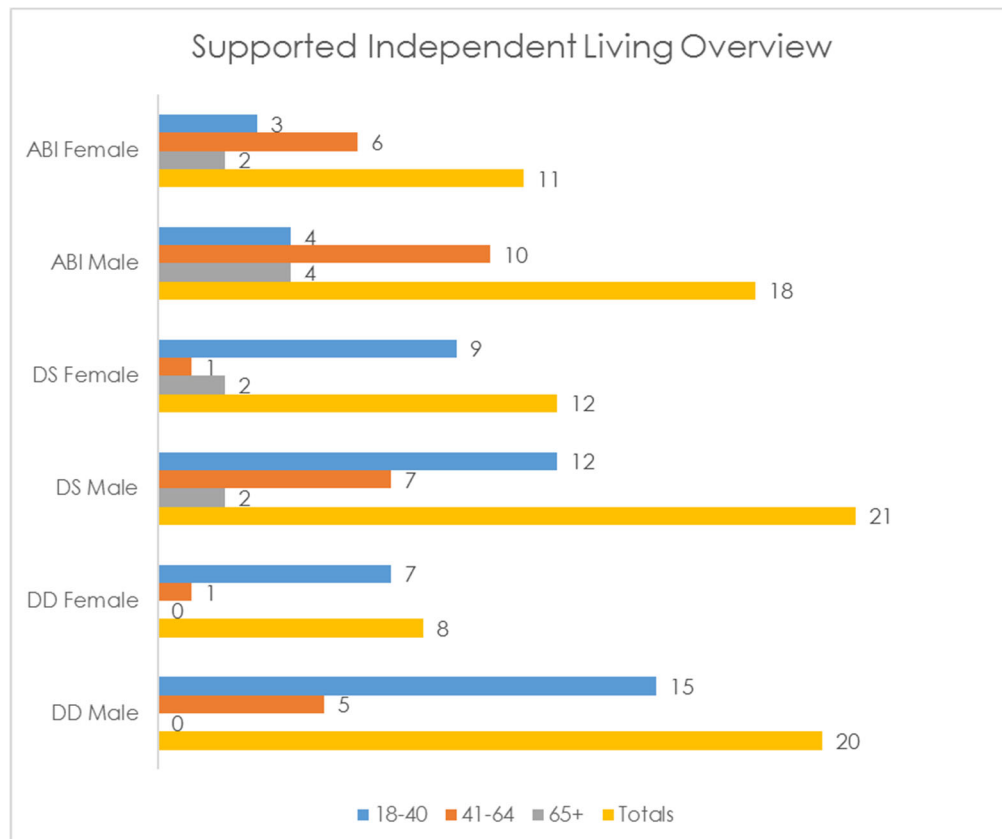


## Supported Independent Living (Supported Living)

For clients who prefer and can live on their own, Pathways to Independence assists adults to find apartments and provides professional staff support based on their individual needs.

The agency provides Supported Independent Living programs for people living with an acquired brain injury in Belleville, and for people with a developmental disability in Belleville and Ottawa.

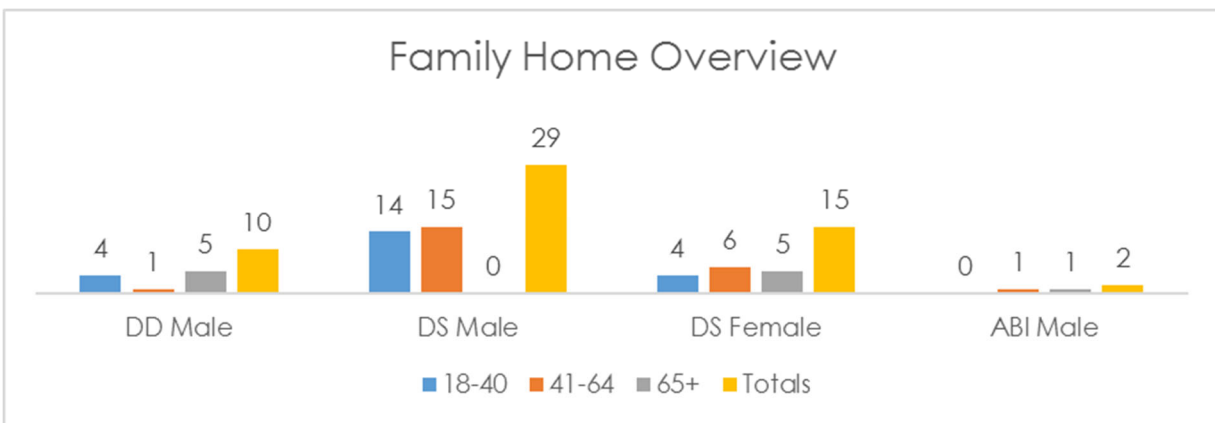
In 2023, Pathways supported 90 individuals in our SIL programs.



## Family Home (Host Family Services)

Many adults with cognitive impairments are able and prefer to live with a Host Family. Following a rigorous approval and matching process that includes assessing shared interests, compatibility, location and access to services, a supported person lives with another family and shares in their lives. Supported by their natural family and professionals from Pathways to Independence, the Family Home program provides a stable living option to people with an acquired brain injury, a developmental disability and those who may have complex needs.

In 2023, 40 host families supported 54 individuals.



## Community Integration

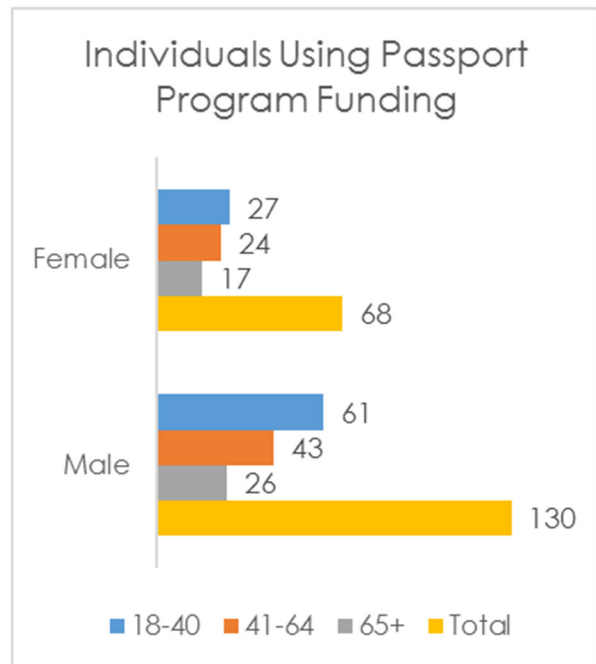
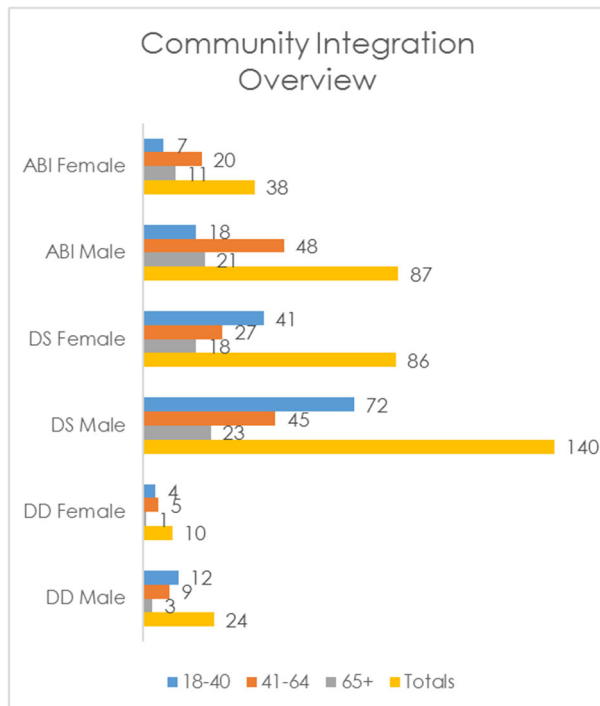
Our centre-based and community-based programs and services are offered to the people we support, as well as other members of the community who can benefit and enjoy our services within the greater Quinte and Ottawa regions.

Individuals participating in the Passport Program may choose to use their funding to pay for these community-based programs. Funding for this program comes directly from the provincial government and it is up to the person who receives the money to decide how they would like to spend it. Participants with Passport funding can live independently and need not be involved in any other Pathways program.

In 2023 we saw the return of many beloved annual events and activities. Renfrew Programs held their Christmas party with music provided by The Brainiacs, a band made up of program participants. The Belleville office was transformed for the Halloween Haunted House and Candy Cane Lane over the holidays. In August, our supported individuals and staff enjoyed a concert by The Reasons at Zwicks Park in Belleville.

The biggest success of the year was the Baseball Challenge held in June with approximately 120 attendees. Our supported individuals challenged Pathways managers and took home the win!

In 2023, 385 supported individuals participated in Pathways programs.





## Respite Services

Pathways to Independence provides temporary accommodation at a 24 hour Supported Home or a family home in an emergency or as a break from other living arrangements. Our contract with each Family Home Provider (Host Family) provides a number of days of respite per year. The supported person living with Host Family would live in an existing community home or family home network within Pathways for the duration of the host family's respite period.

A total of 4655 days of respite were delivered over the fiscal year.



# How are we doing?

## About the Pathways Management Report

Pathways' primary purpose is to provide services to adults with disabilities in ways that enhances their quality of life while ensuring the most efficient and effective use of human and financial resources. Efficient and effective are terms often assumed to be about controlling costs, and in many management-driven data reports, effective and efficient indicators are used that reflect costs, time used or saved, or number of instances a service or other utility is accessed. Providing data that measures a person's quality of life is extremely difficult to do in a quantifiable manner. This management report identifies measurements and data to illuminate agency growth and direction informed by our vision, mission, values and guiding principles. Where practical, benchmark and outcome measures have been identified with best demonstrated practices, external research, and/or past internal history and in all cases provide a baseline for us to establish goals and objectives to further enhance our services and programs.

## Stakeholder Engagement and Feedback

To learn and grow, an organization requires feedback. To change, an organization needs to set goals and measure results to improve processes and programs. The process of stakeholder feedback and meaningful outcome measurement is a key principle of CARF accreditation.

Pathways to Independence has both formal and informal channels to solicit feedback. These include:

- **Client Surveys**
- **Complaint and Appeal Processes**
- **Web-Based Anonymous Feedback**
- **Employee Surveys**
- **Community Member Involvement on Sub-Committees of The Board, such as The Quality Assurance Committee**
- **Informal Feedback from Community Partners**

## Client Satisfaction Survey

In preparation for Pathway's CARF Accreditation Survey that took place in November 2021, the organization conducted a Client Satisfaction Survey in July and August. Over 175 (61% response rate) clients and their support staff took the time to give us their thoughts about how things are going at Pathways and answer a survey.

The results were shared with Pathway's staff, clients, their families and our other stakeholders in September 2021.

***"I want to be me. Staff help me to achieve what I want to achieve."***

*uSPEQ Client Survey, Comments Section, July 2021*

## Highest Scoring Responses

**100% Positive (agree + strongly agree)**

*Staff members help me with my problems.*

*I make choices that are important to me.*

*I am able to celebrate and participate in activities that are related to:*

- My sexual orientation
- My race or ethnic heritage

**99% Positive (agree + strongly agree)**

*Staff members listen to me.*

## Lowest Scoring Responses

*There are enough staff members to help me when I need it.*

*(87.3% positive responses / 12.6% disagree)*

*I do not have to wait a long time for support.*

*(90.2% positive responses / 9.8% disagree)*

Monthly Position Management meetings are held with Client Services, Human Resources, Scheduling and Finance team members to ensure staffing compliments reflect the current needs of our homes and programs as well as align with their assigned budgets. Our Attendance Awareness Program is in place to support staff to be able to attend work consistently and ensure the consistency of care required for the needs of our supported individuals.

*Staff members do not tell other people things about me that I do not want them to share.*

*(88.5%)*

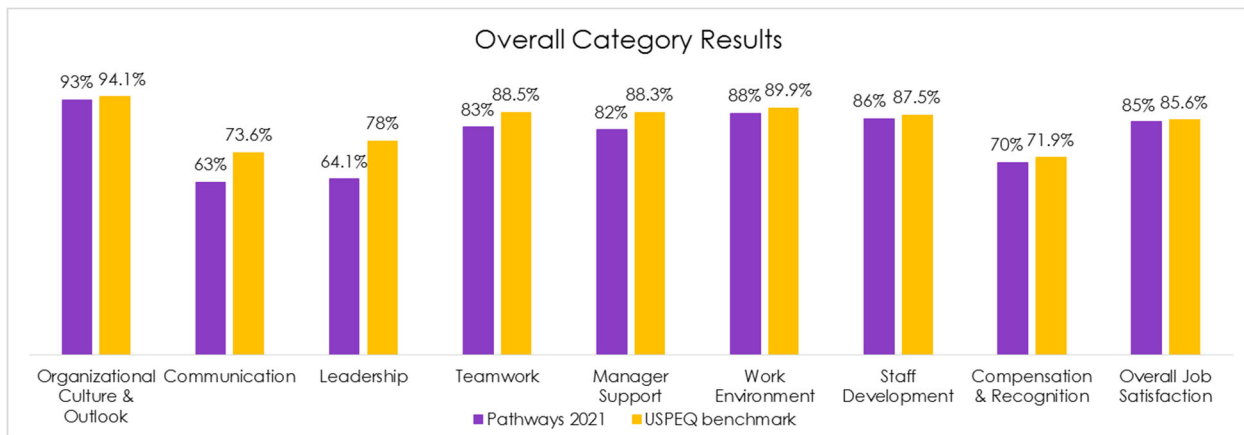
In 2023, we established a Privacy Committee with representatives from all departments, including frontline staff. Our Health Privacy Officers, Christie Swann and Kathleen O'Connor, also share information on privacy themes, policies, practices and changes in legislation in monthly newsletters sent to all employees. Our goal to ensure all staff and supported individuals understand the expectations and requirements around privacy and the sharing of personal information.

## Employee Survey

In preparation of Pathway's CARF Survey that took place in November 2021, the organization conducted an Employee Survey earlier in the summer. Over 270 (56% response rate) employees participated in the anonymous, online survey and provided feedback on workplace culture and experience. The results were shared with Pathway's staff, clients, and our other stakeholders in September 2021.

The survey was designed by uSPEQ, a survey partner of CARF. uSPEQ designs and assists in the implementation of both client and employee satisfaction surveys in organizations around the world and prepares a benchmark report to assist agencies in comparing their results with those of similar organizations. The most recent uSPEQ Employee Satisfaction benchmark report was compiled in 2021 with predominately North American results in CARF accredited Aging Services, Behavioural Health, Employment & Community Services and

Medical Rehabilitation. Overall, except for leadership and communication, Pathways results were consistent with CARF benchmark data. Quality Assurance Plans are in place to address the lower scoring categories.



The management team addressed overall results in the Leadership and Communication category by increasing the consistency of agency-wide updates and continuing with quarterly Pulse Surveys.

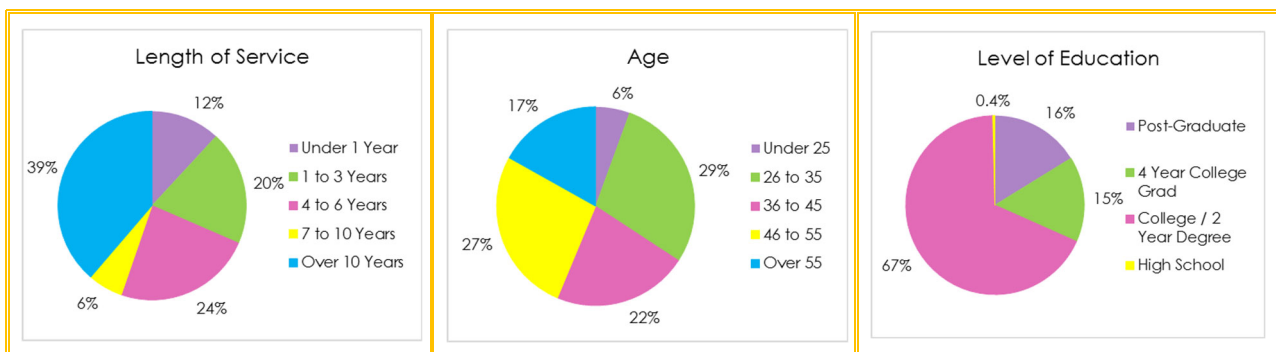
Quarterly *Greetings from Darlene* newsletters bring together new updates and information shared over the previous quarter from across the agency into one place. Our communication 'Pulse Survey', conducted by uSPEQ, continued in 2023-24 to check in with staff on overall communication and job satisfaction. The results can be found on the Quality Assurance Plan on page 20.

Pulse Survey results were analyzed and shared on our SharePoint home page. The comments were reviewed and consolidated into recurring themes which were then responded to by the executive team through Feedback Corner posts, also on SharePoint.

Some of the concerns addressed:

- **Forced Overtime**
- **Sick Time**
- **Employee Orientation**
- **Locked Doors at Belleville Office**
- **Training / Using SharePoint**
- **Home Moves/Closures**

## Demographics of Pathways Employees



## Web Based Anonymous Feedback

In an effort to ensure that all people have the opportunity to provide feedback to the agency, Pathways provides an anonymous email-based feedback process on our website: [www.pathwaysind.com](http://www.pathwaysind.com). In all situations the feedback email message is forwarded to the appropriate Manager with a copy to the Executive management team. If the individual provides their name, the Manager will respond to the person directly. We encourage people to provide their name and contact information so that we can respond directly and engage in further discussion. If the person submitting the feedback wishes to remain anonymous, the email is forwarded on to the appropriate Manager for information.

**In 2023, we did not receive any messages or complaints through the anonymous feedback form on our website. We received one inquiry through our Friends of Pathways Facebook page regarding service intake which was responded to and directed to our Client Services Manager, Intake.**



# Where are we going?

## Strategic Planning Process

Pathways Board of Directors worked closely with an external strategic planning consulting group to create a new Strategic Plan in 2021. In partnership with Pathways Executive team members, the consultants developed a robust process to understand and assess current strengths, explore the external environments we operate in, and engage multiple stakeholders to gather data, feedback, and input to guide the agency's future growth.

## What did we learn?

### **The needs of the people we support are changing.**

- More supported individuals have complex needs, increasing mental health needs, aging & palliative care.
- Greater need for independent living environments with supports offered as needed.
- Increasing requirements for clinical supports and services.

### **Developmental Services and Health Community Services Sectors are in long term transformation process with unknown potential longer-term impacts.**

- Ministry of Children, Community and Social Services (MCCSS) initiated the "Journey to Belonging" Transformation Agenda in 2020. The focus is to create a more consumer-driven model for people living with developmental disabilities and their advocates to tailor services and supports to meet their unique needs. A shift to individualized funding is being closely analyzed and will be implemented over the next several years.
- Ontario Health continues to transition more people from alternative long-term care to community living services and supports.

### **Changing needs of the people we support requires specialized knowledge and skills for direct care employees.**

- Focus on supporting more people with developmental and mental health conditions.

### **Continuing to develop the skills of persons served.**

- Increasing desire to live independently requires continued focus on inclusion in workforces, skill development, behaviour management and social life skills.

### **Internal processes require streamlining and automation to ensure more efficient and effective delivery of services.**

- Agency growth, more complex regulatory requirements and advancing technologies require a different lens to streamline and automate process to make work easier for employees, enhance services to individuals and reduce costs to the agency.

## How will we address these needs?

### Lead

Create relationships and capacity to deliver more coordinated, comprehensive services for individuals with complex needs.

Priorities	Year 1	Year 2	Year 3
Partner with others to improve access to specialized services.	Partner with external agencies to develop transitional and independent living supports.	Build upon partnerships to access key services.	Evaluate and improve/expand upon existing services.
Develop strategies to achieve effective housing outcomes.	Review options for models of affordable housing, including funding and partnerships.	Finalize plan for preferred model(s) for affordable housing.	Begin implementation and evaluation of housing model(s).
Work with others to transform the systems of services and supports.	Support and provide input to Journey to Belonging, and Ontario Health initiatives.	Secure partners to expand service provider capacity.	Evaluate implications to individualized funding models to services and supports.

### Grow

Establish new ways of delivering high quality and sustainable services by enabling the growth & development of the people we support and our employees.

Priorities	Year 1	Year 2	Year 3
Develop learning opportunities to ensure the people we support thrive.	Collaborate with community partners and specialists to develop and implement learning opportunities based on client needs and capabilities.	Review and expand clinical and professional service.	Seek opportunities and share best clinical practices with others.
Develop or renew Human Resources strategies to recruit, retain, develop and engage the best employees.	Revise employee orientation process. Establish staffing models and training for specialized services.	Pilot and evaluate staffing models and employee training for effectiveness in meeting supported individual and employee needs.	Build on Equity, Inclusion and Diversity processes in recruitment, learning and development and related HR practices.

## Innovate

Pursue excellence and innovation to ensure the highest standards of practice, quality & performance.

Priorities	Year 1	Year 2	Year 3
Renew our operating structures to deliver high quality, sustainable and efficient services.	Initiate Needs Analysis process to resolve data integration possibilities between scheduling & WFN. Launch SharePoint to enhance agency information and communication.	Select vendor for HRMS/Scheduling and begin implementation.	Continue implementation of HRMS/Scheduling.
Retain and improve our focus on quality, safety and performance	Conduct review of Scheduling Processes and begin to implement recommendations.	Complete implementation of Joint Health, Safety and wellness initiatives.	Assess applicability of additional or different CARF accreditation standards.





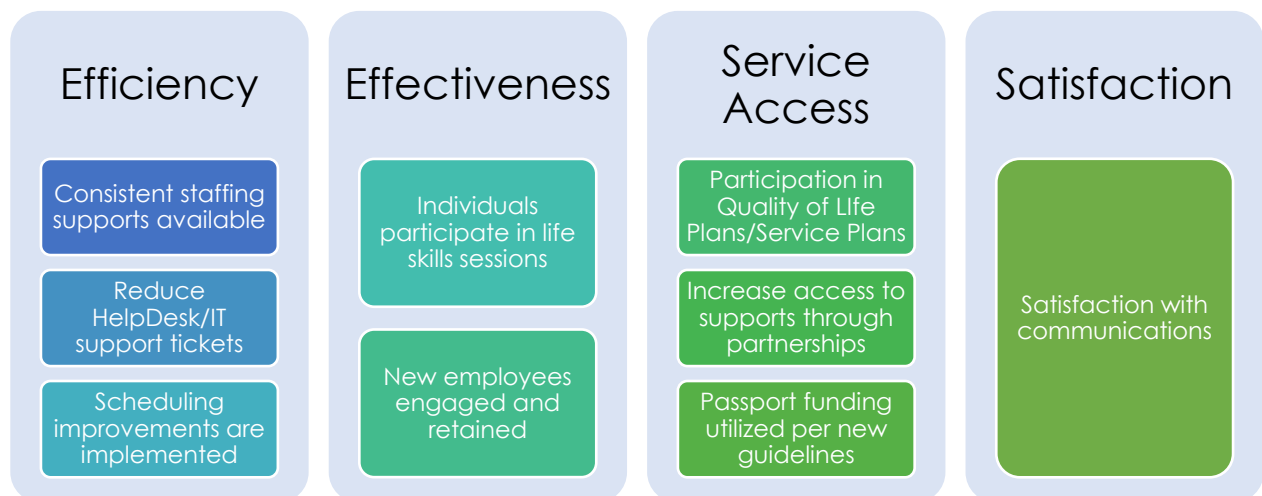
# Outcomes & Indicators

In keeping with CARF's principle of continuous improvement, every program receiving accreditation must clearly identify measurable outcome-based goals and activities to build upon the delivery of services to the persons served by the agency.

CARF further requires indicators for the following four categories:

- 1. Efficiency:** Measures resource allocation & use such as time spent, dollars spent, numbers served.
- 2. Effectiveness:** Measures how services and programs impact the people we support.
- 3. Service Access:** Measures some aspect of the barriers involved to use or access services by the client.
- 4. Satisfaction:** Measures the extent to which the people we support and other stakeholders are happy or satisfied with the services Pathways provides.

Pathways Quality Assurance Plan addresses the Performance Measurement and Management requirements of the CARF standards with the following performance indicators for 2022-23:



## Quality Assurance Plan

2023-24 DASHBOARD								
Key Performance Indicator		Target	Q1	Q2	Q3	Q4	Year End	Target Achieved
% of supported individuals participate in a QLP annually within one year of previous plan		100%	83%	87%	98%	98%	99%	
Increase of 4 new or expanded partnerships		4	1	1	0	2	4	
% of passport budget spent of funds managed by Pathways		80%	12%	26%	20%	31%	89%	
# of Sessions per year		24	6	3	9	13	31	
Turnover rates for new hires are reduced from 22-23 of 6%		5%	2.5%	1.9%	2.3%	0.8%	7.2%	
# of days per year of sick time used by FT direct care employees are reduced.		12	20.6	19.4	23.4	22.6	21.8	
% of employees reporting agree and strongly agree on survey regarding management communications including accessing information through SharePoint.		75%	67%	62%	60%	63%	63%	
# of scheduling process improvements implemented		4	1	1	0	2	4	
% reduction of ITI/Zycom help desk support tickets from FY 22-23		-10%	0	18%	-3%	59%	18%	
Green meet 80% target threshold / Yellow meet 50% target threshold / Red fail to meet 30% target threshold								
<b>Desired Outcome</b> Supported Individuals have the opportunity to direct services				<b>Key Performance Indicator</b> % of supported individuals participate in a QLP (service plan) annually and within one year of the previous plan				
<b>Department</b> Client Services	<b>Strategic Goal</b> Innovate	<b>Domain Type</b> Service Access <b>CARF Program.</b> CH, SIL, CI, FHP	<b>Service Delivery Business Function (SD,BF)</b> SD	<b>Applies To</b> All Supported Individuals	<b>Data Source</b> Nucleus RPT 129 <b>Data Limitations</b> None	<b>Data Owner</b> Supervisor, Administrative Services		
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>		
100%	83%	87%	98%	98%	99%	No		
<b>Year End Report Back</b> Increased notifications via emails, database and CSMs have greatly improved results. Individual Support Plans for individuals that do not want to complete a Quality-of-Life Plan well received. Overdue QLPs from previous quarters all completed in subsequent quarter.								
<b>Year End Gap Analysis</b> Target not achieved. Discussions on starting the process earlier since a lot of the late QLPs are due to waiting for SDM/POAs signatures. Measuring this indicator will continue on the 2024-25 Quality Assurance Plan.								

<b>Desired Outcome</b> Supported Individuals have increased access to supports through expanded or new partnerships				<b>Key Performance Indicator</b> Increase of 4 new or expanded partnerships		
<b>Department</b> Client Services	<b>Strategic Goal</b> Lead	<b>Domain Type</b> Service Access <b>CARF Program.</b> CH, FHP, SIL	<b>Service Delivery Business Function (SD,BF)</b> SD	<b>Applies To</b> Supported individuals who require enhanced supports	<b>Data Source</b> COO <b>Data Limitations</b> None	<b>Data Owner</b> Director, Clinical Services
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
4	1	1	0	2	4	Yes
<b>Year End Report Back</b>						
<p>4 new partnerships were developed in order to enhance access to support services for the individuals served.</p> <ol style="list-style-type: none"> <li>1. Project ECHO Ontario Mental Health participation</li> <li>2. Internal TB Testing Program with Public Health.</li> <li>3. Peer to Community workshops partnership and development.</li> <li>4. Community Care for South Hastings Stroke Support Services partnership to create Pathways to Stroke Rebound Day Program (weekly group).</li> </ol>						
<b>Year End Gap Analysis</b>						
Target achieved. We will continue to create new partnerships in 2024-2025 and complete a review with our current partners in order to find opportunities to expand our existing connections. Measuring this indicator will continue on the 2024-25 Quality Assurance Plan						
<b>Desired Outcome</b> Supported Individuals of Pathways receiving Passport funding are utilizing funds per new guidelines				<b>Key Performance Indicator</b> % of passport budget spent of funds managed by Pathways		
<b>Department</b> Client Services	<b>Strategic Goal</b> Lead	<b>Domain Type</b> Service Access <b>CARF Program.</b> CI	<b>Service Delivery Business Function (SD,BF)</b> SD	<b>Applies To</b> Supported individuals who receive Passport Program funding	<b>Data Source</b> ACCPAC <b>Data Limitations</b> None	<b>Data Owner</b> Chief Operating Officer Manager, Finance
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
80%	12.1%	25.9%	19.6%	31.1%	88.7%	Yes
<b>Year End Report Back</b>						
Total budget – \$1,627,792.04 / Total spent – \$1,444,170.97 / Total remaining – \$183,621.07 / Resulting in 88.7% utilization in 2023-24.						
<b>Year End Gap Analysis</b>						
<p>Target achieved. The increased use of Passport dollars on 1:1 supports has contributed to greater utilization of funds. The challenges with this indicator are from an administrative perspective in that the expense reconciliation, invoicing and data reporting requirements are very time consuming on top of the normal workload of the finance and program departments. Seeking administrative support in 2024-25 to help in managing the reporting requirements. This indicator remains significant to the agency as far as the sector's focus on individualized funding models.</p> <p>Measuring this indicator will continue on the 2024-25 Quality Assurance Plan.</p>						

Desired Outcome				Key Performance Indicator		
Supported Individuals participate in life skills learning sessions				# sessions held per year		
Department	Strategic Goal	Domain Type	Service Delivery Business Function (SD,BF)	Applies To	Data Source	Data Owner
Client Services	Grow	Effectiveness CARF Program. SIL	SD	Supported Individuals	Manual Spreadsheet Data Limitations None	Chief Operating Officer
Target (#,%)	Q1	Q2	Q3	Q4	Year End Result	Target Achieved
24	6	3	9	13	31	Yes
<b>Year End Report Back</b>						
Session covered a variety of subjects including recreation and leisure pursuits (gardening, swimming, baking), daily life skills (managing a budget, understanding money, kitchen safety, fall prevention, navigating the community library, using the public transit system, fire prevention, retirement and finances, working with a disability, digital literacy, recognizing fake news) and personal development (understanding social anxiety and coping strategies, inclusion from a mental health perspective, pet ownership, dealing with loss and grief, anti-bullying, learning ASL, understanding and supporting the unhoused). Session held in 2023-24 largely facilitated by external resources.						
<b>Year End Gap Analysis</b>						
Target achieved. Social Worker position created and person joining Pathways in May 2024. This position enables PTI to do more training and information session internally with less reliance on external facilitators and sessions. Measuring this indicator will continue on 2024-25 Quality Assurance Plan						
Desired Outcome				Key Performance Indicator		
New employees are engaged and retained				Turnover rates for new hires are reduced from 22-23 % of 6%.		
Department	Strategic Goal	Domain Type	Service Delivery Business Function (SD,BF)	Applies To	Data Source	Data Owner
Human Resources/ Client Services/ Scheduling Services	Grow	Effectiveness CARF Program. Aspire to Excellence	BF	New hires with less than 12 months of service	WorkforceNow Data Limitations None	Manager, Human Resources Sr Client Services Manager
Target (#,%)	Q1	Q2	Q3	Q4	Year End Result	Target Achieved
5%	2.48%	1.91%	2.28%	0.81%	7.24%	No
<b>Year End Report Back</b>						
At the end of 2023-24, turnover rates for new hires with less than 1 year of service is 7.24%, despite low turnover in Q4. Overall agency turnover is down this year to 20.5% compared to 21.7% in 2022-23.						
<b>Year End Gap Analysis</b>						
Target not achieved. Despite efforts on the orientation program, new hire turnover continues to impact overall agency turnover. Fiscal restraint in Q4 required cuts in travel and Team Leader-led orientation in the homes. Replacement of Team Lead positions for all webs including Ottawa will be helpful in the new fiscal year. The impact of increased number of staff seeking LOAs is also a contributing factor. If staff are not being granted LOAs, many are choosing to terminate employment and reapply when they return / in the future. Measuring this target will continue on the 2024-25 Quality Assurance Plan.						

Desired Outcome				Key Performance Indicator		
Supported Individuals have consistent staffing supports available				# of days per year of sick time used by FT direct care employees are reduced		
<b>Department</b> Human Resources	<b>Strategic Goal</b> Innovate	<b>Domain Type</b> Efficiency <b>CARF Program.</b> CH, CI, SIL, FHP Aspire to Excellence	<b>Service Delivery Business Function (SD,BF)</b> SD, BF	<b>Applies To</b> All active FT direct care employees	<b>Data Source</b> WorkforceNow <b>Data Limitations</b> None	<b>Data Owner</b> Manager, Human Resources
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
12	20.6	19.4	23.4	22.6	21.8	No
<b>Year End Report Back</b>						
Inability to reduce overall sick day usage by FT staff can be attributed to both community factors (continuing COVID and respiratory illness), inability to reduce Overtime for some staff resulting in increased absences, and a greater number of reoccurring short-term absences for employees with related physical and mental health concerns.						
<b>Year End Gap Analysis</b>						
Target not achieved. Health Care and Essential Services organizations have seen a significant increase in sick time costs, and related absences since 2020. Recommend that benchmark of 12 days is not realistic in current labour market and should be increased to more accurately reflect Statistics Canada benchmarks for the new fiscal/Quality Assurance Year. Research and discussion regarding the application of short-term disability benefits to be held in new fiscal year to better understand alternative short term disability management strategies. Measuring this indicator will continue on the 2024-25 Quality Assurance Plan.						
Desired Outcome				Key Performance Indicator		
Employees are satisfied with communication from Pathways management				% of employees reporting agree and strongly agree on survey regarding management communications including accessing information through SharePoint.		
<b>Department</b> Human Resources	<b>Strategic Goal</b> Innovate	<b>Domain Type</b> Satisfaction <b>CARF Program.</b> Aspire to Excellence	<b>Service Delivery Business Function (SD,BF)</b> BF	<b>Applies To</b> All Active Employees	<b>Data Source</b> uSPEQ Pulse Survey <b>Data Limitations</b> None	<b>Data Owner</b> Chief Human Resources & Organizational Effectiveness Officer
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
75%	67%	62%	60%	63%	63%	No
<b>Year End Report Back</b>						
Response rate of 29-30% remained unchanged throughout the year despite additional communication efforts and encouragement to employees. Quarterly outcome reports provided to employees on SharePoint. Management and Executive analysis of comments resulted in multiple postings to SharePoint with explanations and reasoning related to the most common comments/concerns.						
<b>Year End Gap Analysis</b>						
Target not achieved. Respondent comments and response rates indicate frustration with the survey and questions being repeatedly asked. Persistent themes and concerns expressed in the comments have been communicated to Management and Executive and are being focused on. Communication efforts from leadership across the agency are more consistent with news being shared via email, SharePoint and reiterated at staff meetings as well quarterly updates from the CEO summarizing recent communications as well as providing broader sector-specific news and information. Measuring this indicator will not continue on the 2024-25 Quality Assurance Plan but will be replaced with an indicator focused on the full Employee Climate Survey scheduled for late spring in preparation for our CARF survey in November.						

Desired Outcome				Key Performance Indicator		
Scheduling process improvements are implemented				# of scheduling process improvements implemented		
<b>Department</b> Scheduling Services	<b>Strategic Goal</b> Innovate	<b>Domain Type</b> Efficiency <b>CARF Program.</b> Aspire to Excellence	<b>Service Delivery Business Function (SD,BF)</b> BF	<b>Applies To</b> Scheduling and relevant management team members.	<b>Data Source</b> Manual Reporting <b>Data Limitations</b> None	<b>Data Owner</b> Senior Manager, Scheduling
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
4	1	1	0	2	4	Yes
<b>Year End Report Back</b>						
During the year, we received Scheduling Optimization funding from the Community Services Recovery Fund, administered by the Community Foundations of Lennox and Addington. We used some of these funds to focus on employee ideas and the consultant's recommendations to improve scheduling services and processes within the current Scheduling and Payroll systems. However, with our current non-integrated software systems in Scheduling and Payroll, there are limitations on optimization including the ability to improve user experience.						
<b>Year End Gap Analysis</b>						
Target was achieved. Upon review of the current system and its integration limitations, we revisited the recommended vendor, from the 2022-23 evaluation, for an integrated solution. A cross functional team met with the recommended vendor and extensive due diligence was completed in March 2024. The decision has been made to transition our Payroll, Scheduling and HRMS to this vendor beginning in Q4 of 2024-25. Measuring this indicator will not continue on the 2024-25 Quality Assurance Plan due to technology transition to new provider for Scheduling / Payroll / HRMS in Q4 which will take 9 months to fully implement.						
Desired Outcome				Key Performance Indicator		
Reduction in ITI/Zycom Help Desk tickets due to M365/IMT improvements				% reduction of ITI/Zycom help desk support tickets from FY 22-23		
<b>Department</b> Information Management & Technology	<b>Strategic Goal</b> Innovate	<b>Domain Type</b> Efficiency <b>CARF Program.</b> Aspire to Excellence	<b>Service Delivery Business Function (SD,BF)</b> BF	<b>Applies To</b> Active Employees	<b>Data Source</b> ITI Helpdesk System (Connectwise) <b>Data Limitations</b> None	<b>Data Owner</b> Senior Manager, Information Management & Technology
<b>Target (#,%)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year End Result</b>	<b>Target Achieved</b>
-10%	0%	+18%	-3%	+59%	+18%	No
<b>Year End Report Back</b>						
The number of users accessing systems managed by Pathways is constantly changing and growing. Changes to management roles and the cascading changes to staff/ homes/ webs / related folder access generate many tickets. Tickets submitted by staff working a night shift often require resubmission since vendor lacks details to address issue(s) and staff may not return to work before the vendor closes the ticket due to non-response. IMT is working to enhance access/support for staff as part of accessibility plan, streamlining and/or integrating systems to facilitate and ease staff burden.						
<b>Year End Gap Analysis</b>						
Target not achieved. Ticket counts are not the ideal measure of overall IMT performance. Transition to a new managed IT service vendor in the new fiscal as well as multi-factor authentication will impact users positively. Measuring this indicator will not continue on the 2024-25 Quality Assurance Plan but will be replaced with a new IMT indicator.						

## Risk Management

Risk management is the process of identifying, assessing and controlling financial, legal, strategic and security risks to an organization. Pathways' Executive team members manage and report on the status of the items identified on the Risk Register on a quarterly basis to the Board of Director's Quality Assurance / Risk Management Committee.

Full Risk Register available upon request.

2023-24 RISK REGISTER DASHBOARD							
Risk Identifier	Previous Year End Status	Q1	Q2	Q3	Q4	Year End Status	Next Fiscal Year Action
1. Lack of Affordable Housing							Active
2. QAM Compliance							Active
3. Behaviour Support Plan Sign Off							Active
4. Complaint Resolution							Active
5. PWE/Wage Re-opener/Collective Bargaining							Active
6. Cyber Security							Active
7. Financial Fraud							Monitor
8. Privacy Breach (added Q2 2023-24)	NA	NA					Active
9. Criminal Investigation of Persons Served							Active
	<b>Potential</b>	<b>Probability</b>		<b>Status Indicator</b>			
<b>High</b>	Significant impact and ramifications. Immediate and urgent action required.	Very likely to occur		Mitigation strategies are initiated and indicators of success have not yet been achieved.			
<b>Medium</b>	Medium impact and ramifications. Action required to mitigate risk.	May occur about half the time		Mitigation strategies are underway and indicators of success are in progress, and/or partially achieved.			
<b>Low</b>	Minor impact, monitor, no action required.	Unlikely to occur		Mitigation strategies are established and indicators of success have been achieved.			

# Cultural Competency & Diversity

CARF-accredited organizations identify leadership strategies that embrace the values of accountability and responsibility. Pathways demonstrates this strength in leadership through its strategic planning process in a variety of areas including cultural competency and diversity planning.

An organization implements a cultural competency and diversity plan that:

1. Addresses 3 key areas:
  - . **Persons served**
  - . **Employees,**
  - . **and other stakeholders, and that,**
2. Is based on the consideration of the following areas:
  - o **Culture**
  - o **Sexual orientation**
  - o **Language**
  - o **Socio-economic status**
  - o **Age**
  - o **Spiritual beliefs**
  - o **Gender**
  - o **Other factors, as relevant**

## Respect for diversity is embedded within Pathways Statement of Client Rights

*Each person we support is protected and entitled to rights as identified by Canadian constitutional, provincial and other legislated rights. In addition to these protected rights, a person receiving support from Pathways to Independence has rights as they relate to the support and services received from us as a service provider. These rights (as they pertain to cultural competence and diversity) include:*

*"To be recognized for their individuality, needs and preferences, including ethnic, spiritual, linguistic, familial and cultural factors".*

*(Pathways to Independence Client Rights)*

Pathways Client Rights are embedded in the Agency's client-centered planning process. The annual person-centered plan is created or reviewed with each person served. Goals and actions are developed and implemented that may include supporting a person's interest in relevant aspects of their culture, religious or spiritual beliefs.



## Cultural Competency and Diversity Plan

Relevant Stakeholder & Program	Objective	Person Accountable
Persons Served	The creation of ongoing activities, events, social leisure and educational programs, for our supported individuals, to explore, promote and celebrate diversity, equality and inclusion	Manager, Client Services – Programs (all locations)
<b>Status / Actions Completed / Actions Required</b>		
Q1	<p>Renfrew Program</p> <ul style="list-style-type: none"> <li>April – Presentation on Sami culture and ate Sami-style foods: Suovas Kebab Lunch; presentation on the culture and origin of Easter; trip to Canadian Bank Museum and learned about different currencies around the world and how other countries view money.</li> <li>May – Presentation about Amazigh culture, prepared a Pastilla lunch and played culture jeopardy; visit to Amish farms where we met and talked with Amish people in our community, learning the way they live and customs.</li> <li>June – Visit to annual brain injury awareness day and learned about inclusion and meet up with others with brain injuries.</li> </ul> <p>Ottawa Program:</p> <ul style="list-style-type: none"> <li>April – Art History: Goya's Black Paintings. History of Easter Video: facts and trivia after. Armchair Travel: France. National Canadian Film Day: watched Ancient Canadian Tombs, Travel and Facts. Chinese Language Day: learned a few words in Chinese and read some trivia and facts. Presentation on Sindhi.</li> <li>May – Attended the Agriculture and Food Museum; Ted Talk: Mental Health Awareness; YouTube Inclusion Video; Armchair Travel: Switzerland; Sharing Travel Stories: the group shared stories from their worldly travels.</li> <li>June – Armchair Travel: Portugal: shared staff's own pictures/videos with the group from vacation; attended the Brain Injury Awareness Day at the St. Elias Center; Try Something New: Trying snacks from other countries, we tried various fruits, and other foreign snacks. YouTube Social Anxiety Video: methods on how to distinguish, and potential options on how to fix the feelings.</li> </ul> <p>Belleville / Picton Program:</p> <ul style="list-style-type: none"> <li>May – Victoria Day Tea and Discussion, Cinco de Mayo Fiesta</li> <li>June – Indigenous Celebration with David Maracle at the Marysville Community Centre, Pride Month – make your own pride t-shirt, Twin Flames Indigenous Music and Storytelling at the Regent Theatre.</li> </ul>	
Q2	<p>Ottawa / Renfrew Programs:</p> <ul style="list-style-type: none"> <li>July – Visited local Amish farm, local mill museum: individuals learned about Renfrew history and items used within the Ottawa Valley over the years.</li> <li>August – Visited the local youth market, Ross Museum in Foresters Falls: individuals learned about local forestry companies and how forestry mills worked in history and present.</li> <li>September – Upper Canada Village: Individuals experienced and learned about the history. Learning French: an individual taught the group to speak French.</li> </ul> <p>Belleville / Picton Program:</p> <ul style="list-style-type: none"> <li>July – Canada Day Celebrations, Lang Pioneer Village, Waterfront Multicultural Festival</li> <li>August – Fort Henry, Therapeutic Drumming, World Music Dance Party</li> <li>September – National Day of Truth and Reconciliation; individuals attending Friendship Circle weekly at the Maranatha Church</li> </ul>	
Q3	<p>Renfrew Program:</p> <ul style="list-style-type: none"> <li>October – Diner's Club: eating and socializing with the public while learning about retirement and finances. Pool at the Legion with Community Living: individuals socialized and gained confidence participating in activities with individuals outside of Pathways. Sledge Hockey: individuals learned to play with other Community Living members about endurance, trying new things and socializing.</li> <li>November – Diner's Club: eating and socializing with the public while learning about brain health. Outing to Ontrac: discussing working with a disability, different ways to get a job and how Ontrac can support individuals with ABIs.</li> </ul>	

	<ul style="list-style-type: none"> <li>December – Diner's Club: eating and socializing with the public while learning about surviving the holidays, loss and how to keep yourself grounded. Culture Day: PowerPoint and Videos on Norwegian culture, food, religion, language, and population.</li> <li>Monthly – Community Centre Euchre: individuals learn about appropriate behaviour, communication and socializing with other members of the community.</li> </ul> <p>Ottawa Program:</p> <ul style="list-style-type: none"> <li>October – Try Something New: Passionfruit and Jack Fruit. Armchair Travel: New Zealand, Europe. Pizza making day with origins of pizza trivia. Taco making day with origins of taco trivia. Games: Azul (Portuguese strategy game), Chinese Checkers (German strategy game)</li> <li>November – Games: Azul; Dutch (Netherlands) card game taught by a supported individual. Trying Something New: Turkish Delight and video on Istanbul. Armchair Travel: Japan, followed by facts read to group. Visited the Cold War Museum, Diefenbunker.</li> <li>December – Visited Museum of History. Try Something New: chocolates from other countries. Art History Video: The Wanderer Above the Sea. Armchair Travel: Hot locations (Barbados, Bora Bora).</li> </ul> <p>Belleville / Picton Program:</p> <ul style="list-style-type: none"> <li>October – Therapeutic Drumming, Giving Thanks; Discussing Thanksgiving and its origin, Celebrating Oktoberfest.</li> <li>November – War Times Workshop: a history lesson on wars and a visit to the Air Force Museum. Remembrance Day Craft, Discovering France and cooking French cuisine. Dealing with Loss Workshop; Grief Counselor, Allyson Tufts provided an interactive workshop on coping with grief.</li> <li>December – Hanukkah Discussion and Baking traditional Christmas desserts from around the world.</li> </ul>
Q4	<p>Renfrew Program:</p> <ul style="list-style-type: none"> <li>Monthly – Diner's Club: eating and socializing with local community members; presentations given on various subjects including mindset, neuroplasticity and mindfulness.</li> <li>Monthly – Euchre Tournament in Eganville: socializing with friends and meeting new people in a different community.</li> <li>January – Chinese New Year: learning about the culture and cooking a meal.</li> <li>February – Papua New Guinea: presentation and videos about their culture, language, food and song; recreated meal called chicken pot.</li> <li>March – Ireland: presentation and videos about their culture, language, food and song; cooked Irish Stew.</li> </ul> <p>Belleville / Picton Programs:</p> <ul style="list-style-type: none"> <li>January – Hawaiian Culture: discussed Hawaiian's rich native culture, customs, music and art. Thailand Culture and Traditions: staff and individuals discovered Buddhist traditions and sampled Thailand cuisine (Pad Thai)</li> <li>Information Session: Supporting and Understanding the Unhoused held in Belleville Community Room.</li> <li>February – Chinese New Year: celebrating the year of the Dragon, making lanterns, eating Chinese food and discovering individual's Chinese zodiac signs. Celebrating Black History Month and honouring the legacy of Black people.</li> <li>March – Irish Shenanigans and Traditions: learning about Irish culture, Irish stew for lunch and an Irish Band performed for individuals. Travel to India – an International Student presented on Indian heritage and made traditional cuisine.</li> </ul>
Year End Report Back	<p>Objective will continue to 2024-25 plan. The organization successfully continued to provide a wide variety of social, leisure and educational programs that celebrated and explored diversity and cultural practices and traditions around the world. These programs have been well received by clients, as evidenced by great attendance, and expressed interest in the continuation of such offerings.</p> <p>Additional activities are being planned and executed by staff in our community homes that are outside out the programs curriculum. These activities have been shared at staff meetings (DEI activities is a standing item on staff meeting agendas) but have not been previously documented or communicated across the agency. Going forward, activities will be reported during weekly Client Services meetings and documented in the minutes so they can be added to this plan. New or unique activities will be shared across the agency for broader participation of our supported individuals.</p>

Relevant Stakeholder & Program	Objective	Person Accountable
Personnel	Sharing Diversity, Equality and Inclusivity (DEI) activities, community and/or virtual events, educational materials and other resources across the organization.	Manager, QA/RM & Accreditation Manager, Client Services
<b>Status / Actions Completed / Actions Required</b>		
Q1	<ul style="list-style-type: none"> <li>• Management and Agency-Wide Communications               <ul style="list-style-type: none"> <li>○ E-mail communication – Trans Day of Visibility: March 31, 2022. The day is dedicated to celebrating the accomplishments and victories of transgender &amp; gender non-conforming people while raising awareness of the work that is still needed to save trans lives.</li> <li>○ Heartbeat Newsletter – Making the World a better Place: Supporting the LGBTQIA+ community: Tips for being an ally;</li> <li>○ Email Communication – Celebration of National Indigenous History Month and upcoming community events</li> <li>○ Email communication- Defining "Inclusivity" - Inclusivity is so much more than just mere words, it requires action. In today's diverse and interconnected world, celebrating inclusion means truly engaging and ensuring that every individual is embraced and valued.</li> </ul> </li> <li>• Cultural and religious holidays and important dates have been added to Events calendar on SharePoint – educational/informative resource for staff that provides descriptions of each event and its significance.</li> </ul>	
Q2	<ul style="list-style-type: none"> <li>• Management and Agency-Wide Communications               <ul style="list-style-type: none"> <li>○ Heartbeat Newsletter – "How to Be Happy"- focuses on how to build and maintain healthy relationships and recognize people as individuals, not just as part of a certain cultural or religious group.</li> </ul> </li> <li>• Diversity Committee is working on a plan to create a DEI Subcommittee in Q3, consisting of management and frontline staff who are part of minority groups. The subcommittee will work on identifying gaps in the DEI efforts at Pathways and work on ongoing initiatives across the agency that foster acceptance, inclusion, and respect for diversity in all forms, including training opportunities to reduce stigma and increase inclusiveness</li> </ul>	
Q3	<ul style="list-style-type: none"> <li>• Diversity Committee continues to work on the creation of a DEI Subcommittee in Q4.</li> </ul>	
Q4	<ul style="list-style-type: none"> <li>• Workshop "Homelessness, Stigma and Strategies for Promoting Community Well-being" offered to all staff in late January.</li> <li>• Research and planning for DEI training &amp; education for management, executive and board with the intent of then rolling out to full organization.</li> </ul>	
Year End Report Back	Objective will continue to 2024-25 plan. Activities in this area as well as with the DEI Subcommittee paused in late 2023 with the departure of both plan Co-Leads from the agency. New Co-Leads and Executive participation on CCDI plan working group has resulted in a reassessment of agency needs and activities and the decision to work with an external consultant to provide education for next fiscal year. Agency-wide communications will resume in Q1 of 2024-25 in addition to the training planned.	
Relevant Stakeholder & Program	Objective	Person Accountable
Person Served, Employees, recruitment candidates, other stakeholders	Ensure inclusion of appropriate gender pronoun choices, in order to encompass gender identities and promote inclusivity among all relevant stakeholders	Supervisor, Administrative Services
<b>Status / Actions Completed / Actions Required</b>		
Q1	<ul style="list-style-type: none"> <li>• Working group developed by Diversity Committee scheduled a meeting in Q2 to identify any outstanding agency documentation that requires review and updating, specifically related to ensuring that all gender identities are included and encompass inclusivity among all relevant stakeholders.</li> </ul>	

Q2	<ul style="list-style-type: none"> <li>Working Group identified and amended a new hire letter, which now uses more inclusive language when it refers to new employees (e.g., VS CPIC)</li> <li>Client database (Nucleus) now provides alternative gender identification options (Not Assigned, Agender, Bigender, Female, Gender Fluid, Genderqueer, Male, Non-Binary). There is no field for pronouns within Nucleus, however, if supported individual requests to be identified as they / them it is noted beside their name and appears on all components of their profile.</li> </ul>	
Q3-Q4	<ul style="list-style-type: none"> <li>No updates</li> </ul>	
Year End Report Back	Objective completed and item will be revised for next year's plan.	
Relevant Stakeholder & Program	Objective	Person Accountable
Personnel	Recruitment program supports diversity and equity, ensuring designated groups within our communities are prioritized within our recruitment process.	Manager, HR
Status / Actions Completed / Actions Required		
Q1-Q4	<ul style="list-style-type: none"> <li>Recruitment postings advertised on First Nations Technical Institute.</li> <li>Educational equivalencies completed for credentials from other countries.</li> </ul>	
Year End Report Back	<p>Objective will continue to 2024-25 plan. Ongoing recruitment efforts ensure postings are accessible to designated groups within our communities via various job posting boards. Recruitment materials and job postings being reviewed and updated to reflect inclusive language. Interview process made inclusive with respect to any accommodation needed (disclosed in invitation to interview).</p> <p>Land acknowledgement to be included on all job postings has been drafted and shared with legal. Feedback received and acknowledgment being amended. Once finalized, postings and external agency communications will include acknowledgement.</p>	
Relevant Stakeholder & Program	Objective	Person Accountable
Personnel	Orientation program promotes and educates new hires on Diversity, Equity and Inclusivity as part of overall agency culture.	Manager, HR Recruitment & Training Specialist
Status / Actions Completed / Actions Required		
Q1-Q4	<ul style="list-style-type: none"> <li>Cultural Competency, Diversity &amp; Inclusion Plan highlighted during HR orientation</li> <li>Recognizing and mitigating accessibility barriers (AODA) highlighted in HR Presentation for new hires</li> </ul>	
Year End Report Back	Objective will continue on 2024-25 plan. Orientation program shares CCDI plan objectives with new hires and encourages personnel to participate in and contribute ideas to activities happening at their worksites. Going forward, those activities will now be reported on objective 1 of this plan.	

# Accessibility

## Recognizing and Mitigating Barriers

Pathways Accessibility Plan addresses accessibility issues at our community homes, program locations and in the community at large. Pathways to Independence is committed to identifying and removing barriers that impede the ability of persons served to fully access our programs and the broader community. The plan also addresses accessibility issues that may arise for our employees and members of the public.

Pathways to Independence Accessibility Plan is in keeping with the requirements of the Accessibility for Ontarians with a Disability Act, (AODA) Integrated Accessibility Standards Regulation 191/11 and CARF's ASPIRE Standard L: Accessibility.

The AODA Integrated Accessibility Standards Regulation (IASR) requires not-for-profit agencies that employ more than 50 people to develop accessibility policies, programs and procedures in the following areas:

- **Employment,**
- **Information and Communication,**
- **Transportation, and the**
- **Built Environment.**

AODA's Integrated Accessibility Standards have general requirements that are embedded in the 5 identified areas above.



## Types of Barriers

An **architectural barrier** is any physical factor that makes accessing buildings or physical structures difficult for a person with disabilities. This may include narrow doorways, a staircase without a banister, bathrooms that are not physically accessible for all, alarms that are not able to be heard by individuals with hearing impairments, or even something as simple as the location of furniture.

An **attitudinal barrier** is a negative attitude that people have towards persons served. Examples of this may include attitudes of neighbours or other community members about having people with disabilities living in their neighbourhood, or the lack of “person first” language used by agency personnel.

A **community integration** barrier is anything that may limit an individual's ability to access their community.

A **transportation** barrier is the lack of suitable and available transportation to allow a person with a disability to attend or participate in community services, programs, medical appointments, employment or other activities.



A **communication barrier** is anything that prevents a person with disabilities from having access to information in a way that accommodates their disability and/or helps them to understand information. This may include not providing access to a TTY service, an interpreter, or a website that does not have the ability to increase font size or change colour to assist legibility.

An **environmental barrier** is any location or characteristic of the setting that compromises, hinders or impedes service delivery and the benefits to be gained. This may include flickering lights, a heavy scent, or a remote geographical location that restricts frequent access to services or events.

A **financial barrier** is a lack of financial resources that may require an agency to restrict or cancel a service or program.

An **employment barrier** is a policy, program, resource, tool, or way of conducting business that could restrict a person with disabilities from getting a job or doing their job well. This may include an agency only accepting hand written answers on an interview for a person with a learning disability, or giving a person with a visual impairment a job application form that is in text only.

## Accessibility Plan

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (e.g. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Architectural/ Built Environment	Ensure accessible supported living environments for persons served.	Inaccessible deck Stairs at Dundas Street Location Other accessibility issues in homes to be accommodated based on client moves/needs.	Build Accessible Deck at Fry Road to ensure all supported individuals can access pool area safely. Install Stair Lift at Dundas Street	Manager, Operations	2023	2023	
<b>Status / Actions Completed / Actions Required</b>							
Q1	A stairlift was installed at Dundas Street home for the safety of individuals and employees.						
Q2	Received MCCSS PFR Grant to redo walkway at West Street to provide comfort and accessibility.						
Q3	Mag lock installation at Clothier completed for client safety.						
Q4	Reinforced walls with plywood and drywall. replaced fire doors, installed tamper proof electrical fixtures for client safety at Burnham St.						
Year End Report Back	Due to financial restraints, we were unable to complete the deck at Fry Rd. We are continuing to look at options for improving the deck or changing the footprint to make it more cost effective. Burnham was added to the list late in the year due to client safety hazards arising.						
CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Architectural / Built Environmental  Attitudinal	Opportunities for safe housing options in communities where services/supports are available	Lack of affordable/accessible housing options	Investigate modular homes, or options to build "suites" on current/existing Pathways properties.	CFO CEO	2022	2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Meeting with Municipal authorities and Habitat for Humanity to learn of future zoning/development plans, and options with partners.						
Q2	Meeting with VanHuizen Homes to discuss ideas and opportunities. Site visit at one of our properties for potential expansion.						
Q3	Toured a Belleville school under construction using tilt wall construction, exploring new and innovative ways to build for future projects.						
Q4	Audit of owned Pathways properties to determine possible locations for modular home placements.						
Year End Report Back	Continuing to look for suitable homes as they come into the market for suitable purchase or rent.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Transportation	Safe and barrier free transportation	Access to Pathways fleet, including wheelchair vehicles.	Review of client and employee needs for inclusion in agency fleet plan review. Creation of viable options for transportation with other partners.	CFO	2023	2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Draft survey sent to Senior Client Services Managers for input. Plan to send out in July.						
Q2	Survey completed, collating results and identifying opportunities.						
Q3	Reviewed survey results, briefing note and fleet plan prepared in January for discussion with Management.						
Q4	Changes were made to fleet based on the input and initiated a pilot project with fleet management software to provide data for planning.						
Year End Report Back	GPS Monitoring Pilot Project underway. Data collection to continue into fiscal 2024-25 then analyzed. Conclusions will then be made on additional safety measures to be implemented.						
CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Attitudinal	Perceptions of mental health and homelessness	Lack of understanding for employees and persons served of causes of homelessness	Build educational sessions on homelessness to help supported individuals understand homelessness, and how to keep themselves safe in the community.	COO Sr. Client Services Manager	2022	2023	March 2024
<b>Status / Actions Completed / Actions Required</b>							
Q1	No action on this initiative in this quarter.						
Q2	Researching community resources to create a partnership with to deliver a seminar for supported Individuals in person with a virtual component						
Q3	Met with Professor Carrie Anne Marshall (Assistant Professor and Director of the Social Justice in Mental Health Research Lab at Western University), to discuss her and her team preparing an educational session for individuals that we support. Dr. Marshall and her team will be committing to creating an adaptive training session and presenting prior to April 1 <sup>st</sup> , 2024. Planning to continue.						
Q4	Collaborated with Kelsey Tucker (Occupational Therapist – Clinical Lead), who was referred to PTI by Professor Carrie Anne Marshall. During the planning meeting, outcomes and outlines for an in-person training session were discussed. The training session will be developed and vetted by Pathways, and then scheduled for early March. [Training Session completed on March 14 <sup>th</sup> , 2024]						
Year End Report Back	Objective Accomplished: An education session was developed and presented to approximately 20 supported individuals on the topic of the unhoused by Kelsey Tucker from the Peer 2 Community Program. The training was developed for general educational purposes as well as safety. Topics discussed included: The Belleville outlook of the unhoused, systemic failures, basic needs, healthy relationships and core values, boundaries, communication, and safety through environmental design.						



CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Community Integration	Passport Program is operating at a level that adequately supports the individuals in our communities that are seeking programming.	Lack of staffing resources available to focus on Passport program.	Increase number of Passport staffing supports so more supported individuals can access their community.	Client Services Manager, Programs	2023	2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Continue to lack adequate staffing to support individuals. Currently have five staff in the passport program. Recruitment plan in place.						
Q2-Q4	The Passport program remains at five staff without increase. Staff recruitment and planning is ongoing						
Year End Report Back	This objective was not completed and should be considered for reassessment during the 2024/2025 planning. Project proposal for new position within the Passport Program Department was rejected, creating a barrier for achieving the objective. Once the project was rejected, Client Services and Human Resources adjusted the staffing plan to include increasing the current established positions within the Department. Due to current program staff attending school to obtain qualifications, posting for the additional positions was put on hold to accommodate the staff's graduation timeline.						
CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Employment/ Attitudinal	Competitive Employment or Volunteer Placements	Limited community partnerships are available in the community to connect with supported individuals seeking employment / volunteer opportunities.	Establish new community partnerships for supported individuals to utilize for employment and/or volunteering opportunities.	Client Services Manager, Employment	2023	2024	March 2024
<b>Status / Actions Completed / Actions Required</b>							
Q1	11 new community partnerships established [10 competitive placements and 1 volunteering placement]						
Q2	5 new community partnerships established [5 competitive placements and 0 volunteering placement]						
Q3	2 new community partnerships established [2 competitive placements and 0 volunteering placement]						
Q4	9 new community partnerships established [7 competitive placements and 2 volunteering placements]						
Year End Report Back	Objective Accomplished: Pathways was able to establish 27 community partnerships to utilize for employment and volunteering opportunities. While we have been successful throughout the year in creating many new partnerships in the community through verbal commitments for future employment and volunteering, many of our clients have either not been interested or have not have the required skillset to fit the job requirements for a number of those placements. More work needs to be done to assist clients in finding work they are interested in, or in working to achieve the skillset required.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Financial	Supported Independent Living Department	Lack of affordable housing.	To research and apply to any affordable housing benefits, subsidies and or grants through municipal, provincial, or federal opportunities, to reduce the cost of living to any individuals that qualify within the SIL Department	Client Services Manager, Supported Independent Living	2023	2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Research on two different subsidy options; secondary review and applications to be processed.						
Q2	Applied for new Canada-Ontario Housing Benefit for applicable clientele within the department, as well as Rent-Geared-to-Income & Rent Supplement through Hastings County. Ongoing research for affordable housing benefits, subsidies and or grants to reduce the cost of living to any individuals that qualify.						
Q3	Have built relationships with several landlords in the community and have had them reach out with available units.						
Q4	Applied and received \$60,000.00 from Hastings County under their Homelessness Prevention Program. This does not assist with reducing the cost of living but rather provides staffing supports to ensure that people are successful in maintaining their housing. We currently have 2 individuals receiving the OESP funding (Ontario Electricity Supplement Program), 1 additional person is in the process of being accepted and 3 other individuals are applying. Our aim is to have all 6 individuals receiving the OESP credit in 2024.						
Year End Report Back	<p>We continue to receive from Hastings County: \$43,200.00/10 people/12 months= \$360/mth to assist with rental top ups; \$12,500.00 = \$3125.00 quarterly to assist with first and last and to assist with keeping people housed.</p> <p>We have one individual that receives the Canada-Ontario Housing Benefit supplement. We have 6 units subsidized through Hastings County as RGI, and we have 8 dedicated non-profit housing supportive units. Existing relationship with landowner who is building 12 new affordable units and we have been invited to express our interest to obtain all units once the build is complete.</p> <p>We continue to research supplements and credits to assist with affordable housing. The target was achieved, but the market rent continues to rise without corresponding increases in ODSP/OAS base shelter allowance. Without a change to base funding, we will continue to apply and renew existing supplements with the caveat that these funding streams and applications can be time consuming to apply for, they can end, or the focus of the catchment group can change or adjust. One creative way we addressed this in Q4 was to rent a 2-bedroom unit and have 2 individuals enter into a roommate agreement, while not optimal for people, this ensures the affordability for each individual.</p>						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication/ Environmental	Technology or Technology support for residential clients	Currently no uniform method for serving internet access to residential client	Construct a model that categorizes homes by necessary service levels and work with managers and staff to implement	Sr. Manager, IMT Specialist, IMT	2022	2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Ordered, installed and trialed Starlink internet at Bethesda. Staff and Manager report significant improvements. Identify further rural sites that could benefit from Starlink. Replace existing WIFI routing devices in homes/location with WIFI dead zones with MESH routers as issues arise. (Lenadco/Finlay, Burnham, Bethesda/Bethesda Flat). Analyze results of survey of Managers, refresh with new managers. assignments and validate.						
Q2	Ordered Starlink equipment for Fry Rd, & Crofton. Crofton Starlink equipment installed (speeds increased from 13MB/Sec to 288), positively impacting staff and clients. Scheduling Fry Rd installation with vendor. MESH routers installed at: Station Street, Fry Rd, Bethesda, Burnham St, Mitchel Rd, Whites Rd, Lenadco, Crofton						
Q3	Mesh router installed at Forestview. Mesh router at Bridge Street.						
Q4	IMT visited several city locations to address printer, laptop, user access, VDI or internet connectivity issues.						
Year End Report Back	IMT had communicated with client service managers to determine which remote sites had poor internet connections and could make use of the internet access provided by Starlink. Client service managers at PTI recommended 4 Starlink sites at PTI. IMT have facilitated 3 Starlink accounts in remote locations. Lake Street remains the only outstanding site that was recommended. The current contract for internet service at Lake Street expires this summer and changes over then. IMT have installed 10 MESH routers to replace the older routers. This process continues to expand.						

## Information Management & Technology

A key enabler in Pathways Lead. Grow. Innovate is to “harness information and technology to improve the quality of strategic and operational decision making.

As the agency has grown, so has our need for integrated data systems to facilitate the operations of the agency. In addition to meeting CARF standards and planning for general maintenance and upgrading of systems, Pathways Information and Management team members work to automate paper-based processes and seek affordable and accessible technology to meet our needs.



## Technology & Systems Plan

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Single Sign On	Single Sign On (SSO) for various applications such as Navex, ADP, M365	Reduce/Eliminate Helpdesk tickets related to logging into policy management system and other applications.	IMT Manager IT Managed Service Provider Financial Resources	2023	March 2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Research requirements for implementing single sign on (SSO) with relevant applications and engaging stakeholders. Research completed for policy management system. Engaged relevant vendors and SSO enabled in Q1 for \$1800 USD. Only staff on LOA or otherwise archived must have accounts updated to utilize SSO. These are completed as staff return to work.						
Q2	Queried HR regarding opportunities to implement SSO with HR Management program (frontline or other specific groups).						
Q3	Queries to scheduling and client database software vendors have indicated that they plan to provide MFA/SSO options.						
Q4	Scheduling and client database software vendors have not provided revised updates regarding full MFA/SSO availability. The proposed new Payroll/Scheduling HRMS system indicates that the system will support MFA and SSO which will result in streamlining access for staff as PTI transitions to this new platform from Q4 2024-25 through Q3 2025-26						
Year End Report Back	Some progress in 2023-24. SSO availability is vendor and resource dependent. Where possible, IMT have deployed it to ease staff access. As PTI transitions to a new infrastructure vendor and an integrated HRMS system, new opportunities to reduce access complexity for all staff will become available.						
Gap Analysis	IMT will be reviewing all SSO, MFA security settings as PTI prepares to transition to new infrastructure vendors in 2024-25 to ensure that transition will be seamless for staff.						
CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Improved Connectivity at 289 Pinnacle	Cabling/Fiber	Improve network reliability and eliminate/reduce tickets reported as related to slow network speeds.	IMT, ISPs IT Managed Service Provider	2023	March 2024	March 2024
<b>Status / Actions Completed / Actions Required</b>							
Q1	Engaged Bell, who indicated they can uplift internet connection and bring fiber to the building at no installation cost. Received one quote to install fiber (and related hardware), sever current connections, migrate connections and test new fiber connections to network drops. Seeking other quotes from other vendors to provide above along with server connections						

Q2	Sought and received a quote from IT Managed Service Provider regarding upgrading cabling, installing fiber, updating switches, installing VOIP and security cameras. Quotes under consideration for next fiscal.						
Q3	Monitoring connectivity issues. Upgrading switches appears as a phase of re-cabling could temporarily address some issues. The quoted costs to migrate to fiber and improved cabling likely requires investment in the next fiscal.						
Q4	Agreement signed to implement the re-cabling of the top floor of Pinnacle Street office (phase 1 of proposal). This will significantly improve connectivity and performance.						
Year End Report Back	Planning complete in 2023-24. In 2024-25, the upgrade on the second floor should address connectivity and speed issues that have been reported for past 2 years.						
Gap Analysis	Gaps identified. Plan in place for Phase 1 – second floor of 289 Pinnacle improvements. Work will not upgrade phones to VOIP, nor update cabling on the first floor (to be done at a later date).						
CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Cybersecurity Risk: The potential loss or harm related to technical infrastructure or the use of technology Maintaining security of Information systems	M365 Multi Factor Authentication (MFA) Rollout	Increase cyber-security	IMT Financial Resources	2022	March 2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	IT Managed Service Provider and other vendors engaged to review options for Hardware/Software tokens to work with VDI and M365.						
Q2	Provider recommended DUO as MFA solution for M365. Pricing: ~\$15k setup/configuration, ~\$20k operational/licenses, ~\$15k for hardware tokens.						
Q3	Pursuing avenues for improved cyber-security/MFA as a portion of SLA discussions. MFA investment required in next fiscal.						
Q4	Due to pending changes in the IT Manager Services provider, PTI will review using watchguard VPN (in place) in combination with the free Microsoft authenticator application with the new vendor.						
Year End Report Back	Multifactor Authentication (MFA) was not completed. Will be a feature that will be deployed after the migration to a new IT Managed Service Provider by Q4 2024-25.						
Gap Analysis	Will implement MFA by Q4 2024-25. The new vendor does not anticipate a security gap after deploying MFA with the current firewall and proposed switches.						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies Sensitive Data	Cyber Security Risk	IT Penetration test	Evaluate Cyber-Security @ PTI	External Vendor Financial Resources	2023	March 2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Establish list of vendors to source pen test work pending implementation of Multi-Factor Authentication (MFA): Completed.						
Q2	Reviewed Incident-Response agreement.						
Q3	Signed Incident-Response agreement with vendors; pen test planned for post-MFA rollout.						
Q4	Nothing to report. Penetration tests will be conducted post migration to a new IT Managed Service Provider in 2024-25						
Year End Report Back	Target not met. Scheduled penetration testing with current vendor would result in expense without value/ROI since the IT Managed Service provider transition is expected by end of Q2 2024-25.						
Gap Analysis	Gap identified. As PTI transitions to a new IT Managed Service provider, penetration testing will be scheduled to be completed by end of Q4 when new systems and infrastructure will be in place.						
CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Software	Electronic Forms Development	Formtool/Metabase Form/PowerBI	Increase the information provided to management via dashboards. Facilitate decision making.	IMT Manager IMT Specialist	2022	2023	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Script extracting information from Active Directory to Metabase (Completed). Begin development of management dashboards – underway.						
Q2	Work on expanding Metabase results: Maintenance, Managers (underway).						
Q3	Validating Active Directory information that is now uploading to Metabase.						
Q4	Changes to new hire/transfer notifications along with significant changes to LOA form and notifications.						
Year End Report Back	Continuing to leverage Form Tool and add more electronic forms. Changes to new hire or transfer forms (& related notifications) consumed significant IMT resources.						
Gap Analysis	Continuing to build integrated forms or processes to facilitate mass changes (impacting elements such as: teams, distribution groups, folder access, manager, department, or web, etc.) In order to enforce permissions, access and align staff changes, it will be critical to understand prior to the implementation of a new HRMS system and/or development of new forms through a new IT Provider to maximize overall organizational efficiency and reduce user time.						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies Software Hardware Assistive Technology	Service Delivery using technology	Site visits to all locations	Continuous Improvement of IMT Services	IMT Specialist IMT Manager	2023	March 2024	
<b>Status / Actions Completed / Actions Required</b>							
Q1	Created a plan to visit all PTI sites twice per year to perform (in addition to emergency requests): asset reconciliation/validation, assess internet speed, identify dead Wi-Fi zones and determine list of equipment recommendations. In addition, asking for input from clients on how to improve client technology experience in homes/sites. Relevant form & Metabase results are in place. Starlink satellite technology to be installed at rural sites that have below standard internet service. One site had Starlink installed in Q1.						
Q2	IT Specialist site visits: Bethesda, Crofton, Fry, Burnham, Whites Rd, Mitchel Rd, Station St, Lenadco, (2 Starlinks installed).						
Q3	IT Specialist site visits: Forestview, Ottawa, Bridge (+returns to previous sites).						
Q4	Site visits continued. Several sites were revisited due to staff disconnecting equipment and improperly reconnecting equipment.						
Year End Report Back	Successfully deployed multiple MESH units in homes and acquired more in preparation for further deployments. Review of MESH unit access indicates clients and staff can connect and access internet resources at good speeds (typically).						
Gap Analysis	More work required to enhance client internet access (or restrictions) as requested by managers/staff.						
CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Services purchased or contracted	IT Service Level Agreement Review	Required to review service level agreement under broader public sector directives as well as best practices	Maintain and improve a secure and efficient IT infrastructure to support business applications and provide responsive help desk support	IMT Manager	2023	March 2024	March 2024
<b>Status / Actions Completed / Actions Required</b>							
Q1	Reviewed Service Agreement with the IT Managed Service Provider and refined/ updated. The agreement expires March 31, 2024. Decision whether to go to market for 2024-25 and beyond, by end of Q3.						



Q2	Began discussions with other service providers and other developmental services agencies as well as exploring shared services opportunities to map agency options.						
Q3	Provided service information (Helpdesk statistics) and related technical information as part of discussions with other service providers and potential partner agencies for future service delivery options.						
Q4	Extensive discussions with multiple providers lead to selection of a vendor whose mission, goals, and clients align with PTI; to be implemented in 2024-25						
Year End Report Back	SLA completed with existing provider for fiscal 2023-24. Decision to move to new provider in 2024-25. Significant opportunities to leverage new vendor – vendor knowledgebase, resources and licensing exist which should streamline PTI work processes and costs.						
Gap Analysis	Completed objective. The final language of new agreement with new vendor is being developed. IMT is working with all parties to prevent any gaps in transition to new vendor.						
CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / \$)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	IMT Work Plan Review	CARF Requirement	In CARF Standard 1.J.2. element requires review of the technology and system plan <i>at least annually</i> .	IMT Manager CAO	2023	March 2024	March 2024
<b>Status / Actions Completed / Actions Required</b>							
Q1	Completed review of 2023-24 annual plan. Targeting to complete a new 3-year IMT Plan by end of fiscal year.						
Q2	On target to complete a new 3 Year IMT Plan by end of fiscal year.						
Q3	IMT 3-year roadmap and SWOT developed and being crafted – finalize by end of Q4.						
Q4	IMT 3-year plan (2024 to 2027) developed and approved by Executive. 2023-24 Plan monitored						
Year End Report Back	Target achieved. IMT workplan completed and monitored for 2023-24. 3-year workplan completed						
Gap Analysis	In addition, IMT Steering Committee created and met 4 times in fiscal year. IMT must be dynamic enough to support staff in their support of PTI clients. IMT must often flex and pivot resources to support organizational needs and this requires ongoing communication and involvement with Management and all staff.						



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