Pathways
to Independence

ANNUAL MANAGEMENT REPORT

2022-23

ASPIRE to Excellence®
carf
CANADA
ACCREDITED

Why this Report?

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:

Continuous improvement is better than delayed perfection.

Mark Twain

Community Housing → Supported Living → Community Integration → Host Family → Respite Services

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, 2022- March 31, 2023.**

Vision, Mission, Values & Guiding Principles

Through our Strategic Planning Process, Pathways Board of Directors and team members reviewed our Vision, Mission and Guiding Principles. Our Vision, Mission, and who we serve remain unchanged. Based on feedback and input from our stakeholders and employees, we revised our Guiding Principles to include the values of;

- Create belonging & acceptance,
- Nurture curiosity & creativity; and,
- Empower people and teamwork.

We maintained our commitment to our Guiding Principles of:

- Help, always
- Help everyone make a difference
- Create homes, not houses
- Value uniqueness, personal growth, and independence.

The inclusion of the 3 values speaks to our commitment to inclusive, respectful and rewarding work environments for all team members and supported individuals, focus on creative ways of being, and working together to achieve our goals.

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?
Support People in Living their Best Lives

Pathways to Independence is a community based agency providing assisted community living services and supports to 431 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.

These 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 is fully accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF).

Pathways at a Glance

368 supported individuals

36 homes & apartments

490 dedicated, professional employees

5 community based program locations

131 community integration program participants

Ages of Persons Served

Age Group	Male	Female
18-40	113	63
41-65	113	63
65-85	55	23

■ Male ■ Female
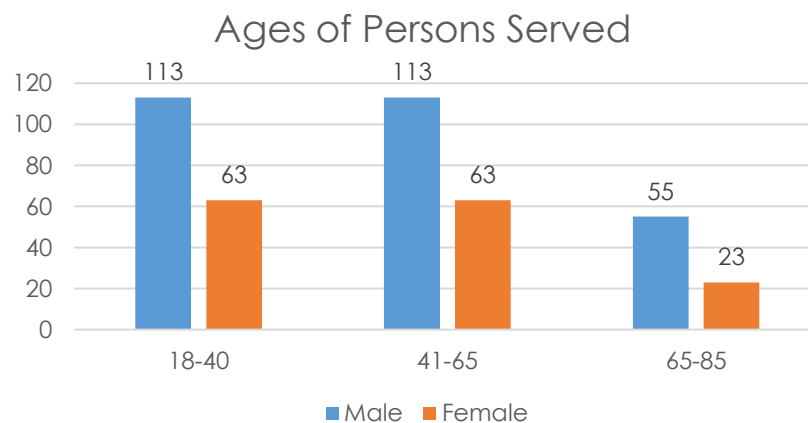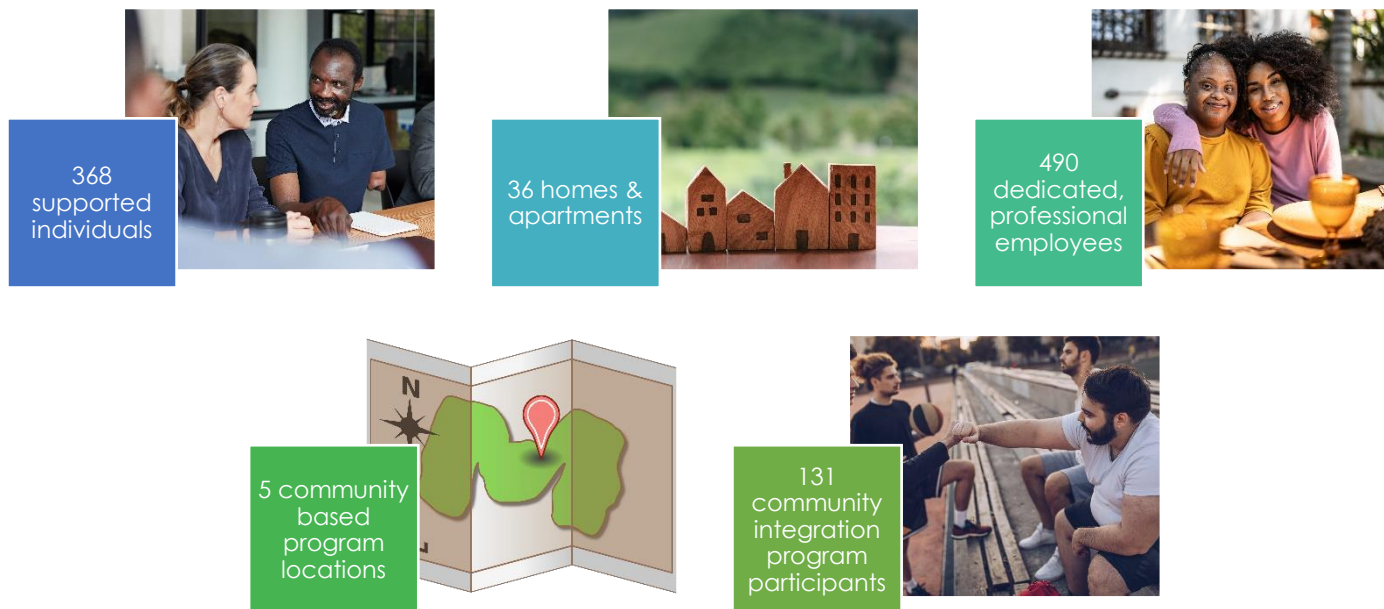
Overview of Services & the People we support.

Community Homes

Staffed seven days a week, 24 hours a day, our supported homes provide a caring environment to 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 2022 Pathways operated 30 community homes:

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

Persons Served Overview Community Homes

	DD Male	DD Female	DS Male	DS Female	ABI Male	ABI Female
18-40	17	4	13	3	1	3
41-65	11	8	16	16	11	5
65 +	2	2	16	5	7	2
Totals	30	14	45	24	19	10
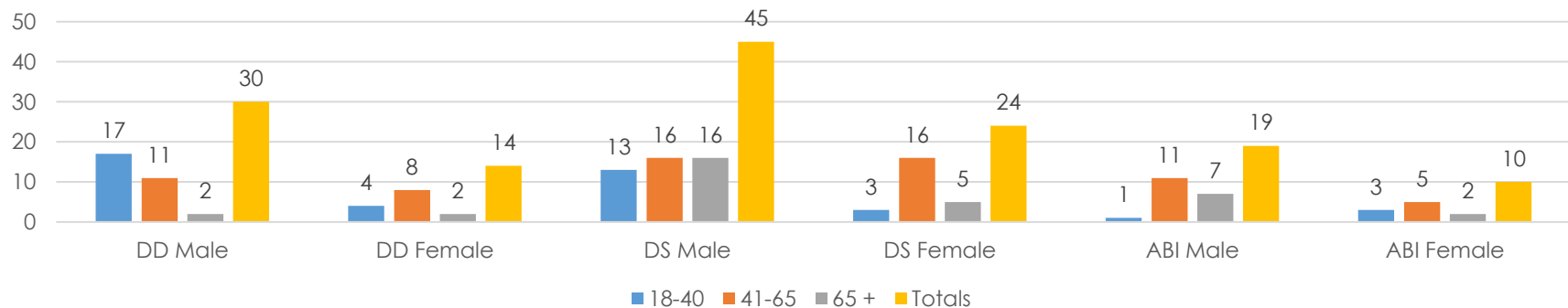
Family Home (Host Family Services)

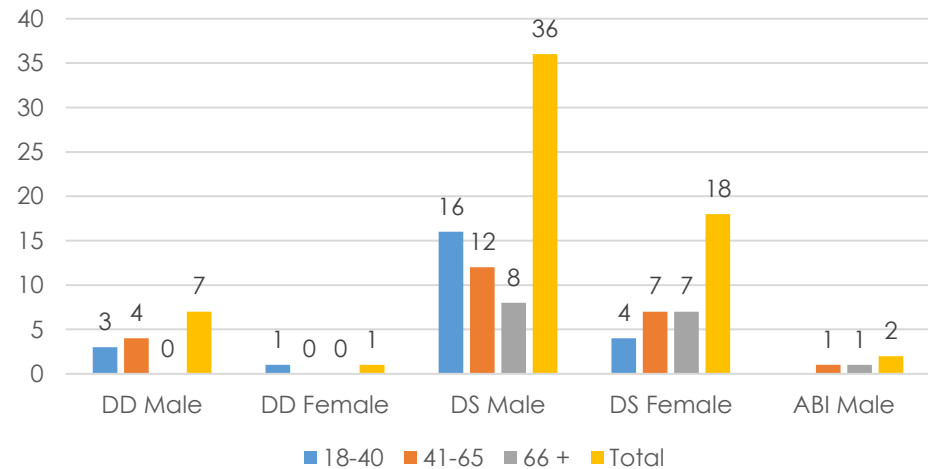Many adults with cognitive impairments are able and prefer to live with a Host Family. Following a rigorous approval and matching process that includes assessing shared interests, compatibility, location and access to services, a supported person lives with another family and shares in their lives. Supported 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 64 individuals.

Person Served Overview Host Family

	DD Male	DD Female	DS Male	DS Female	ABI Male
18-40	3	1	16	4	
41-65	4	0	12	7	1
66 +	0	0	8	7	1
Total	7	1	36	18	2
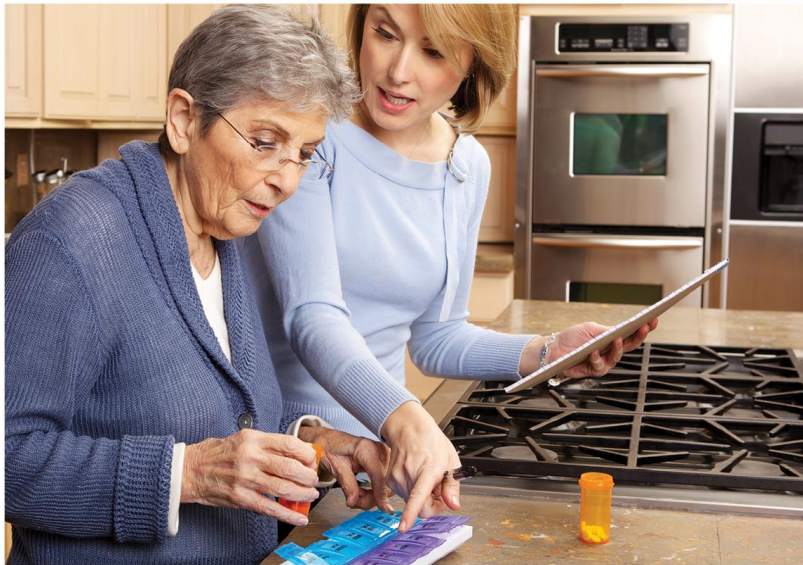
Supported Independent Living (Supported Living)

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 Ottawa, and for people with a developmental disability in Belleville.

Persons Served Overview Supported Independent Living

	DD Male	DD Female	DS Male	DS Female	ABI Male	ABI Female
18-40 39	12	7	13	7	2	2
41-65 14	3	1	8	2	14	7
65 + 2	0	0	2	0	3	1
Totals 55	15	8	23	9	19	10
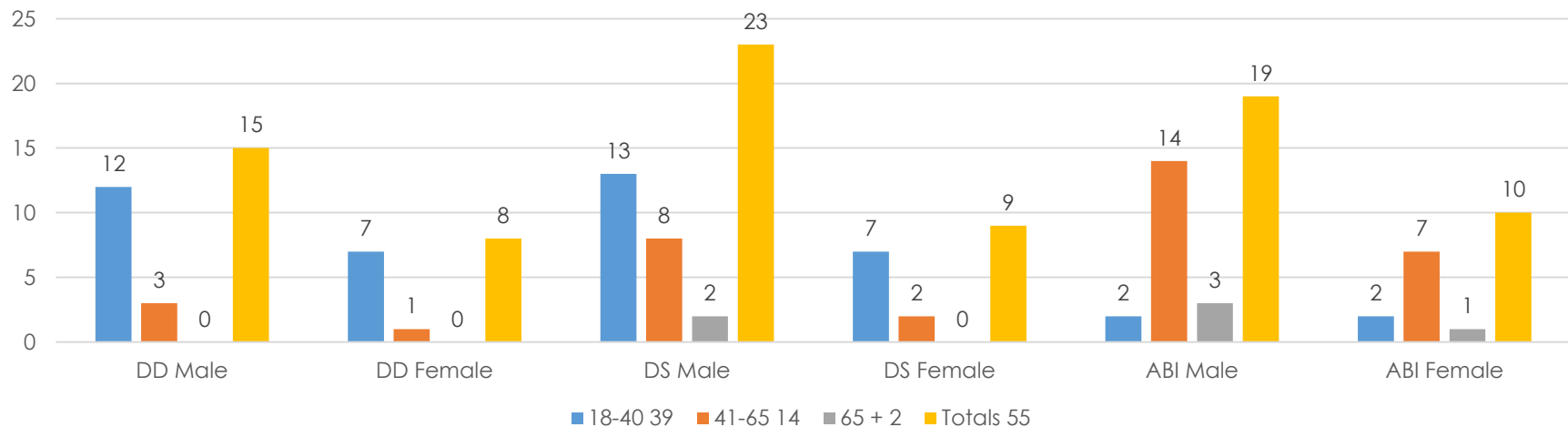
Respite Services

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.

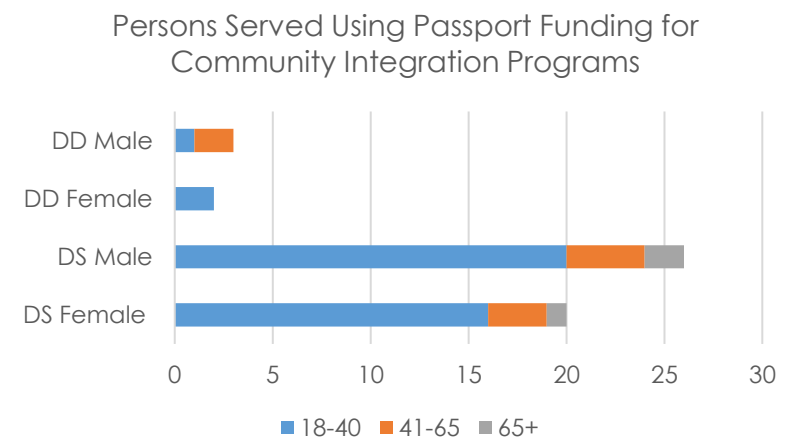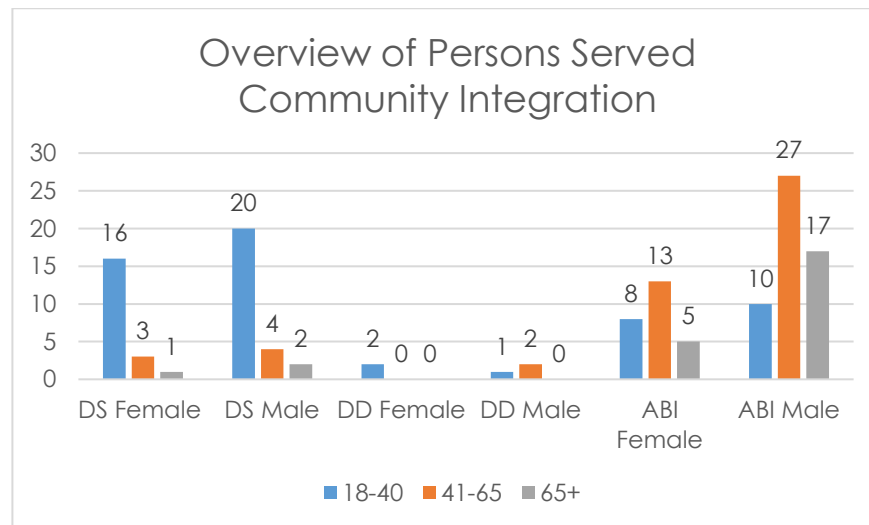A total of 4525 days of respite were delivered over the fiscal year.

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.

As COVID restrictions lifted, Pathways Recreation and Program Facilitators offered smaller group and in person programs, in addition to some programs offered virtually. Ensuring safety practices were kept, the Program team created fun, engaging events for supported individuals, including a Candyland themed holiday event and day trips to community based events.

Program events continued to be evaluated and results monitored in the Quality Assurance Plan. In this fiscal year, virtual and in person events received a **96% satisfaction rating** by participants.

People 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.

Overview of Persons Served Community Integration

	18-40	41-65	65+
DS Female	16	3	1
DS Male	20	4	2
DD Female	2	0	0
DD Male	1	2	0
ABI Female	8	13	5
ABI Male	10	27	17

Persons Served Using Passport Funding for Community Integration Programs

	18-40	41-65	65+
DD Male	1	2	
DD Female	2		
DS Male	20	4	2
DS Female	16	3	1

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.

Alternate format availability

Pathways ensures that everyone can access the same information in a format that facilitates their understanding and accommodates each person's unique requirements. If you require the information in this report in a different format, please contact Pathways and we will provide the information in a manner that meets your needs.

Our contact information is:

289 Pinnacle Street   356 D Woodroffe Ave.
Belleville, ON K8N 3B3   Unit 202
613-962-2541   Ottawa ON K2A 3V6
                                            613-233-3322

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

97% Overall Satisfaction with services!

98.6% of Clients said Pathways services and staff enabled them to do things better.

98.6% of Clients said they were able to make choices about their support that are important to them.

97% of Clients would refer Pathways to a friend or family member.

98.7% of Clients said they can celebrate and participate in activities related to their race, ethnic heritage, sexual orientation and religion or beliefs.

Overall Category Reponses
% Positive
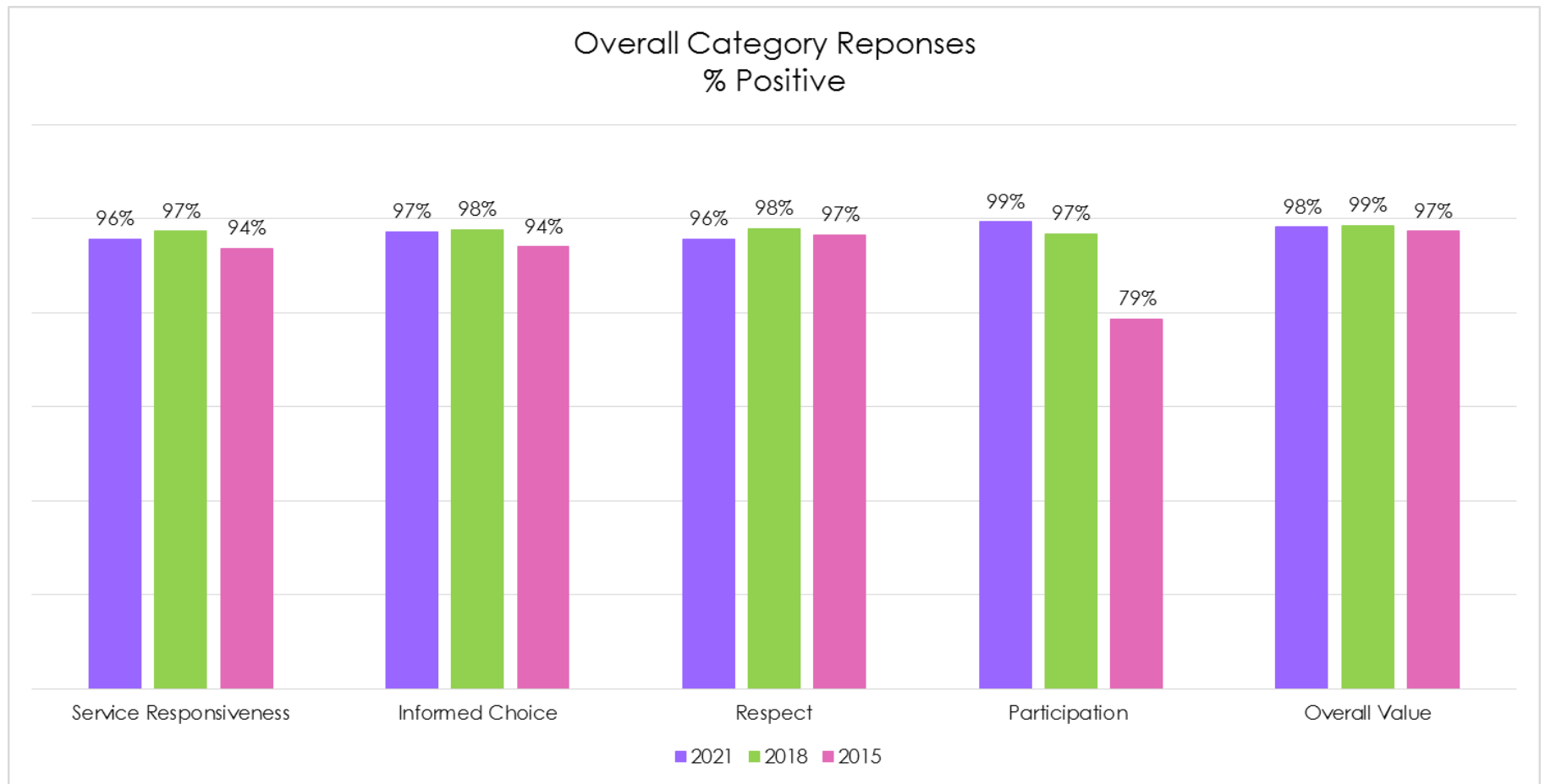
The decrease in the Service Responsiveness category is related to the question:
There are enough staff members to help me when I need it.

The decrease in the Respect category is related to the question:
Staff members do not tell other people things about me that I do not want them to share.

Each survey report has two quick sections that help us to understand the 5 questions that scored the highest positive responses and the 5 questions that scored the lowest positive responses.

Highest Scoring Responses
% Positive
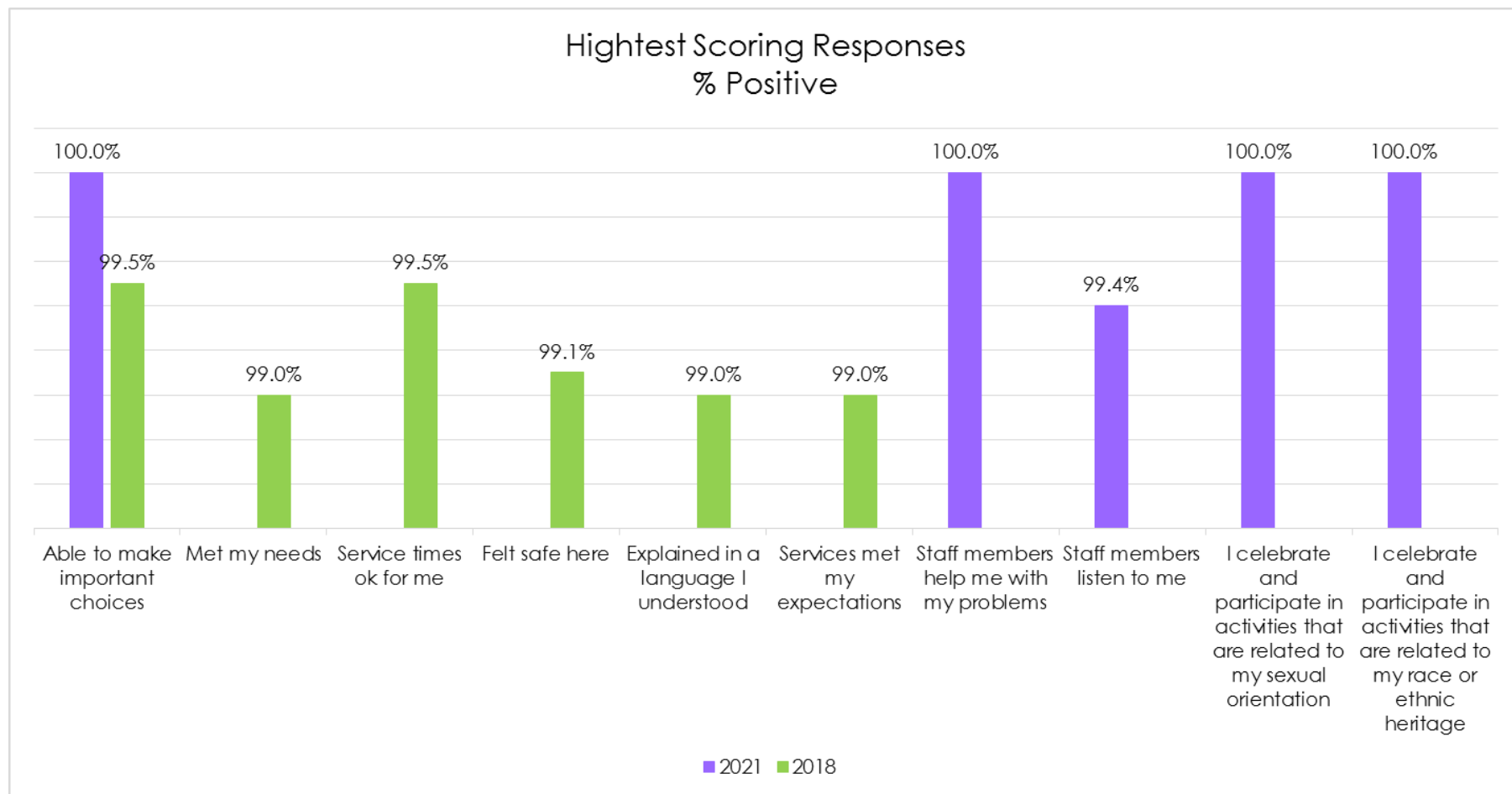
In 2021, questions related to personal expression and identity were included on the survey and two of the three questions scored 100%.

I celebrate and participate in activities related to my sexual orientation.
I celebrate and participate in activities related to my race or ethnic heritage.

Lowest Scoring Responses
% Positive

Response	2021	2018
Know where/how to get help in the community		91.4%
Enough staff to meet my needs	87.3%	94.8%
Staff paid attention to what I said		95.8%
Staff made accommodations		97.1%
Services enabled me to do things better		97.1%
I am able to celebrate and participate in activities that are related to my religion or beliefs	96.3%	
Staff members do special things to meet my needs	94.7%	
I do not have to wait a long time to get support	90.2%	
Staff members do not tell other people things about me that I do not want them to share	88.5%	

The third question related to personal expression and identity scored 96.3%, making it one of the lowest scoring questions asked.

I am able to celebrate and participate activities that are related to my religion or belief.

This response may be related to participation barriers due to COVID-19 restrictions including not attending places of worship or celebrating religious holidays with family as individuals normally would.

Action Planning

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)

Staff members do special things to meet my needs.
(94.7% positive responses / 6.3% disagree)

Recruitment efforts are ongoing and a very high priority for the agency. While competing in a very competitive sector, Pathways is committed to ensuring the people we support have sufficient and consistent staffing support. With the continuing COVID pandemic, staffing resources were more limited in 2022-23.

Staff members do not tell other people things about me that I do not want them to share.
(88.5% positive responses / 11.4% disagree)

In response to a 2021 CARF recommendation, the Client Services senior management team reviewed the agency's process and documentation pertaining to obtaining and releasing confidential information. Policy, procedure and documentation were revised.
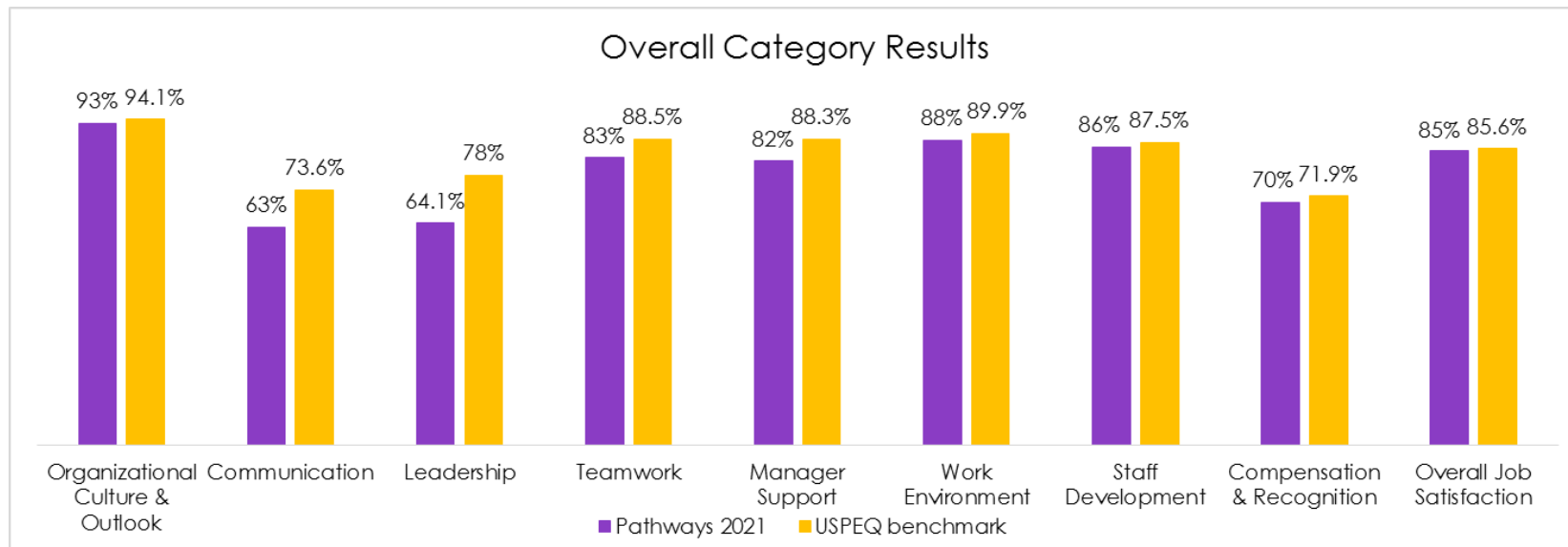
Web Based Anonymous Feedback

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**. 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 2022, we received one enquiry from a family member offering to share her son's apartment with a person supported by Pathways in the Ottawa area. While connection with the family was made and contact information has been retained, Pathways was not able to find a compatible room mate.
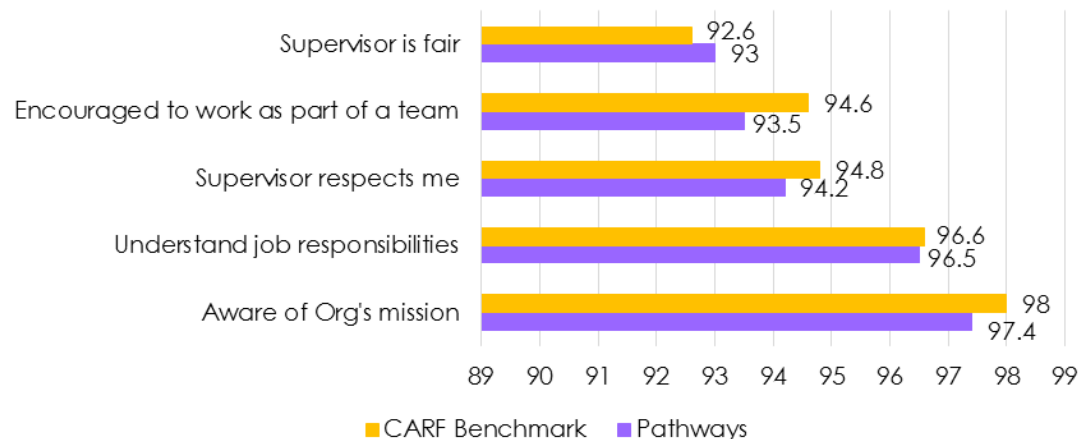
Employee Survey

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.

Overall Category Results

Bar chart legend: ■ Pathways 2021 ■ USPEQ benchmark

Category	Pathways 2021	USPEQ benchmark
Organizational Culture & Outlook	93%	94.1%
Communication	63%	73.6%
Leadership	64.1%	78%
Teamwork	83%	88.5%
Manager Support	82%	88.3%
Work Environment	88%	89.9%
Staff Development	86%	87.5%
Compensation & Recognition	70%	71.9%
Overall Job Satisfaction	85%	85.6%

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. The results are comprised of survey data collected between January 2018 and December 2020 from over 64 organizations/ surveys with 11,473 responses. 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.

Five Highest Scoring Questions
Pathways vs. CARF Benchmark (% Positive)

Question	CARF Benchmark	Pathways
Supervisor is fair	92.6	93
Encouraged to work as part of a team	94.6	93.5
Supervisor respects me	94.8	94.2
Understand job responsibilities	96.6	96.5
Aware of Org's mission	98	97.4

Our employees love what they do and the people we support.

We heard that employees have respectful and open communication with their managers and collaborative, client-focused teamwork with colleagues.
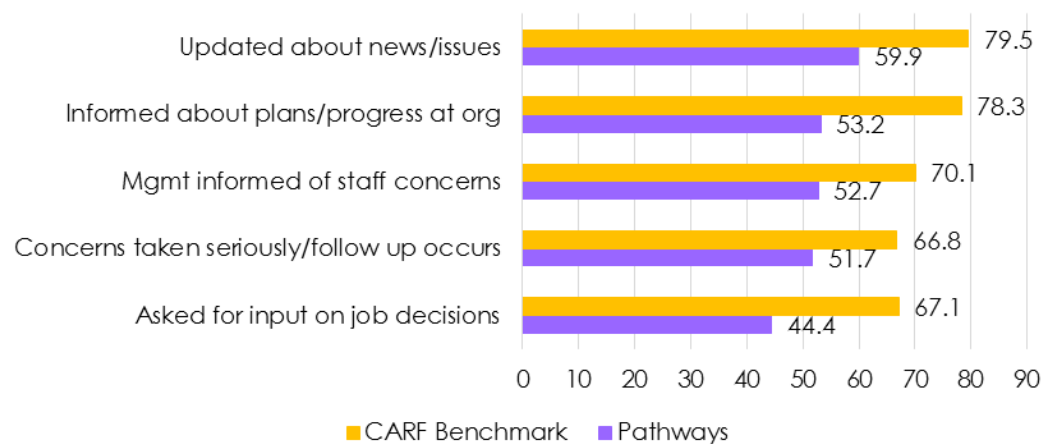
Our employees want to be informed, respected and appreciated.
We heard that employees want to be more informed about agency plans and progress with an emphasis on staff support and management communication.
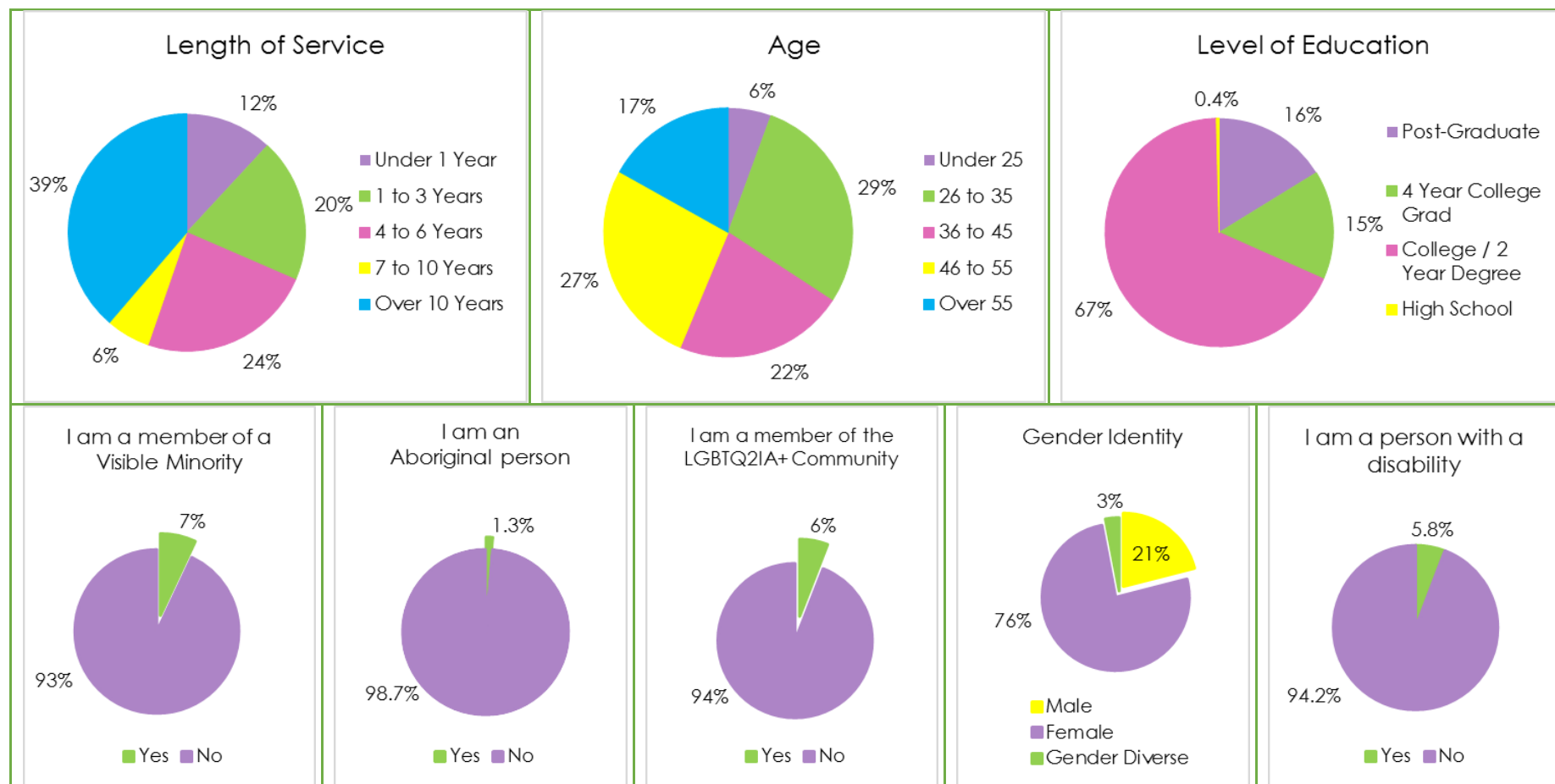Action plans have been prepared to address these areas and additional efforts continue to be made to address communication and staff appreciation:
- Holiday Gift Card Distribution
- Staff Appreciation Gift Baskets
- Increased and Consistent Communications from Management on Agency News

Five Lowest Scoring Questions
Pathways vs. CARF Benchmark (% Positive)

Question	CARF Benchmark	Pathways
Updated about news/issues	79.5	59.9
Informed about plans/progress at org	78.3	53.2
Mgmt informed of staff concerns	70.1	52.7
Concerns taken seriously/follow up occurs	66.8	51.7
Asked for input on job decisions	67.1	44.4

Demographics of Pathways Employees

Length of Service

- Under 1 Year — 12%
- 1 to 3 Years — 20%
- 4 to 6 Years — 24%
- 7 to 10 Years — 6%
- Over 10 Years — 39%

Age

- Under 25 — 6%
- 26 to 35 — 29%
- 36 to 45 — 22%
- 46 to 55 — 27%
- Over 55 — 17%

Level of Education

- Post-Graduate — 16%
- 4 Year College Grad — 15%
- College / 2 Year Degree — 67%
- High School — 0.4%

I am a member of a Visible Minority

- Yes — 7%
- No — 93%

I am an Aboriginal person

- Yes — 1.3%
- No — 98.7%

I am a member of the LGBTQ2IA+ Community

- Yes — 6%
- No — 94%

Gender Identity

- Male — 21%
- Female — 76%
- Gender Diverse — 3%

I am a person with a disability

- Yes — 5.8%
- No — 94.2%

22

Custom questions related to communications from management regarding COVID-19 pandemic response were included in this year's pulse survey on management communications. The results of the questions were part of the 2022-23 Quality Assurance Plan on page 32.

Action Planning

The management team addressed overall results in the Communication category by increasing the consistency of agency-wide updates and adding a new Quality Assurance Measure to the 2022-23 Quality Assurance Plan related to Communication Satisfaction. A quarterly 'Pulse Survey' was conducted by uSPEQ with questions related to overall communication, job satisfaction and COVID response.   As a result of employee feedback from the quarterly pulse survey, the following strategies were implemented to begin to address employee concerns.

1. Scheduling Services
   - Numerous concerns regarding scheduling were identified by employees. Pathways worked with an external consulting firm to conduct a "scheduling office review". The recommendations made by the consulting firm have been considered and strategies were developed and some have been implemented. These include:
     - Change from telephone "shift callouts" to text blast mode.
     - Providing longer notice period to part time employees regarding variable shifts.
     - Hiring more regular part time employees to cover time off requests.
     - A Senior Manager was assigned to work in scheduling to make process improvements, evaluate current technology and implement changes.
     - A funding proposal to secure additional resources to support the change in scheduling services was submitted to the Community Services Recovery Fund was developed and received approval.

2. Regular CEO Updates and related communications.
   - Quarterly updates of agency information and news were created and sent via email and posted on SharePoint to keep employees in the loop.
   - SharePoint portal for all employees launched to provide a consistent source to access information, job postings, tips and tools, Health & Safety and Human Resources related information.
   - Employees invited to participate and provide feedback to the strategic planning process.
   - Return to more in person staff meetings, and meetings for part time staff to attend.

Where are we going?

Strategic Plan 2022-25: Lead. Grow. Innovate

Pathways Board of Directors worked closely with an external strategic planning consulting group to create a new Strategic Plan. 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.

Strategic Planning Process

Ready

Research & Explore: Strengths and Gaps

- Past reports, data, quality assurance, surveys
- Interviews and focus groups with over 97 different stakeholders
- External Scan of demographics, other providers
- Journey to Belonging DS Transformation and Ontario Health Team

Set

Develop, Test & Confirm

- Vision, Mission, Values
- Strategic Goals
- Priorities
- Enablers

Go!

Communicate, Implement & Measure

- Communication Plan
- Workplans
- Outcomes & Indicators

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 pandemic slowed the initial launch. The focus is to create a more consumer driven model to 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 • Grow • Innovate

Strategic Goals & Priorities

Lead

1
Create relationships and capacity to deliver more coordinated, comprehensive support for people with complex needs.

- Partner with others to improve access to specialized services.
- Develop strategies to achieve effective housing outcomes.
- Work with others to transform the systems of services and supports.

Grow

2
Establish new ways of delivering high quality and sustainable services by enabling growth & development of the people we support and our employees.

- Develop learning opportunities to ensure the people we support thrive.
- Develop Human Resources strategies to recruit, retain, develop and engage the best employees.

Innovate

3
Pursue excellence and innovation to ensure the highest standards of practice, quality & performance

- Renew our operating structures to deliver high quality, sustainable, & efficient services.
- Retain and improve our focus on quality, safety & performance.

27

Strategic Goals	Strategic Priorities	Year 1	Year 2	Year 3
Lead Create relationships and capacity to deliver more coordinated, comprehensive services for individuals with complex needs	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.

Strategic Plan Roadmap: Grow

Strategic Goals	Strategic Priorities	Year 1	Year 2	Year 3
Grow *Establish new ways of delivering high quality and sustainable services by enabling the growth & development of the people we support and our employees*	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.

29

Strategic Plan Roadmap: Innovate

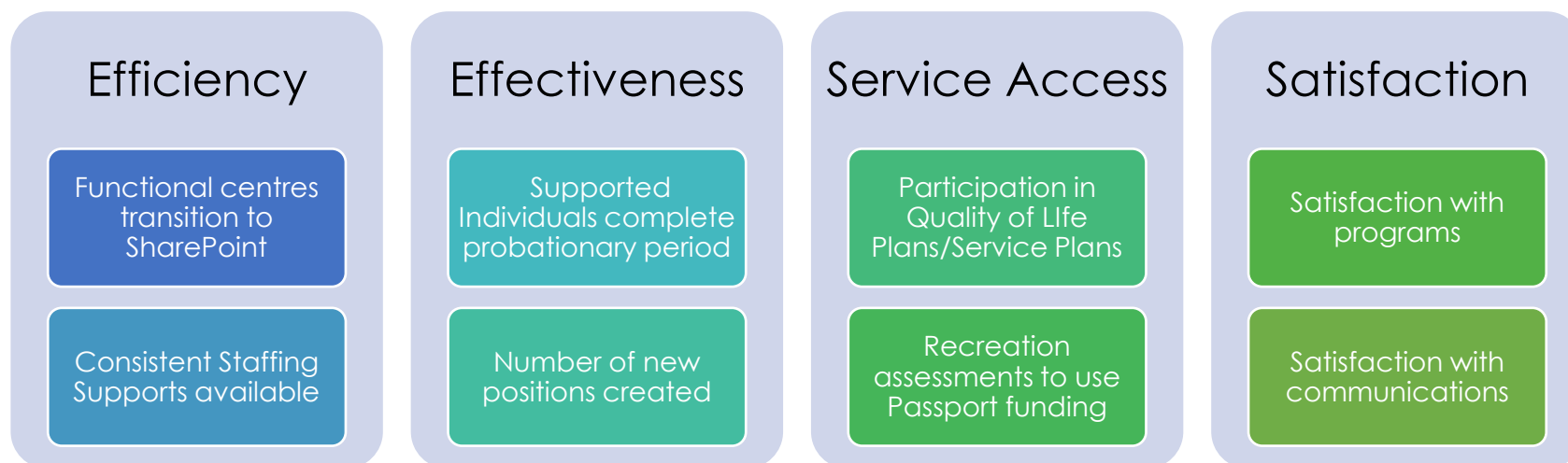| Strategic Goals	Strategic Priorities	Year 1	Year 2	Year 3
Innovate *Pursue excellence and innovation to ensure the highest standards of practice, quality & performance*	Renew our operating structures to deliver high quality, sustainable and efficient services.	Initiate Needs Analysis process to resolve 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.
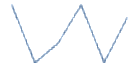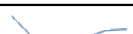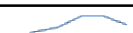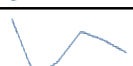
CARF further requires indicators for the following four categories:

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:

Efficiency	Effectiveness	Service Access	Satisfaction
Functional centres transition to SharePoint	Supported Individuals complete probationary period	Participation in Quality of LIfe Plans/Service Plans	Satisfaction with programs
Consistent Staffing Supports available	Number of new positions created	Recreation assessments to use Passport funding	Satisfaction with communications

Quality Assurance Dashboard

Quality Assurance 2022-23 Dashboard								
Key Performance Indicator	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**Year End**	**Trendline**	**Target Achieved**
% of supported individuals particpate in a QLP annually within one year of previous plan	100	82	88	100	82	95.5		
% of supported individuals who complete the probationary period	90	100	100	75	0	91.6		
# of new positions created	5	5	4	1	2	12		
% of supported individuals report they are satisfied with programs and engaging with their peers	100	94	95	92	98	96		
# of functional centres fully operational on Share Point	6	0	1	0	2	3		
# of days per year of sick time used by FT direct care employees are reduced	12	17.02	19.1	24.68	23.86	19.9		
% of employees reporting agree or strongly agree on survey regarding management communications	75	64.3	67	72.3	71	68.6		

Green meet 80% target threshold

Yellow meet 50% target threshold

Red fail to meet 30% target threshold

Quality Assurance

Dept. Strategic Goal	Key Performance Indicator	Applies to	Target (#,%)	Time Frame						Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
				Q1	Q2	Q3	Q4			Total Yrly (#,%)	Yes or No				
Client Services Excellence in Prog & Serv	% of supported individuals participate in a service plan (QLP) annually and within one year of the previous plan.	All Supported Individuals	100%	82%	88%	100%	82%			95.56%	No	Service Access	Nucleus RPT 129 Suzanne Gauthier	None	SD CH, CI,HF, SIL
	Status Updates / Actions Completed / Actions Required														
Year End Report Back	96% 2022-23 Completion Rate. Admin staff have implemented regular check ins and processes to ensure QLPs are completed on time and uploaded to files in an accurate and timely manner. A new document was developed by CSMs for individuals that refuse to participate in the QLP process: this document includes goals that staff have identified with or while supporting the individuals as well as ensuring all protocols & consents are updated. Admin also update the appropriate consent on Nucleus which prompts a reminder to CSMs via COM Box when the QLP is coming due. Admin now all share the uploading and documenting of these documents in Nucleus as well as the reminders.														
Gap Analysis	Staffing pressures, especially in the SIL program contribute to the ability of employees to complete QLP's within the time frame. Admin does an ongoing monthly check ins with CSMs regarding overdue QLPs/ Support Plans and are sharing the uploading and updating of documents in a timely manner. Supervisor to discuss gap with Senior CSM leadership and CSMs to resolve the issue and identify solutions as well as any assistance the Admin Team could provide.														

Dept. / Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame Q1	Q2	Q3	Q4	Target Achieved Total Yrly (#,%)	Yes or No	Domain Type	Data Source / Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
Client Services / Excellence in Prog & Serv	New supported individuals transition to competitive employment.	% of supported individuals who complete the probationary period.	Supported individuals in work placements	90%	100% 2 of 2	100% 5 of 5	75% 2 of 3 1 resignation	0% 0 of 0 1 resignation	91.6% 11 of 12	Yes	Effectiveness	Manual Spreadsheet Andrew Wyatt	None	SD CI, SIL

Status Updates / Actions Completed / Actions Required

Year End Report Back	11 out of 12 individuals who were successful in gaining employment completed their probationary period this fiscal year. In the 3rd and 4th quarters, 2 of the individuals left the positions voluntarily (one to move to full time at a different employer) and as such these positions were not included in the statistics.
Gap Analysis	This indicator demonstrates Pathways ability to support individuals in competitive employment. It also represents our changing population of supported individuals who can make decisions about employment opportunities and options. This indicator is no longer required to be reported at Quality Assurance but will be monitored within the department and reported annually in the Management Report.

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yrly (#,%)	Yes or No				
Client Services Excellence in Prog & Serv	New employment partnerships and positions created for supported individuals in local businesses.	# of new positions created.	Supported individuals seeking employment	5	5	4	1	2	12	Yes	Effectiveness	Manual Spreadsheet Andrew Wyatt	None	SD CI, SIL
Status Updates / Actions Completed / Actions Required														
Year End Report Back	Throughout this fiscal year, the employment department assisted 12 individuals in obtaining employment positions and, for most, in being successful in remaining employed. Since Covid restrictions have decreased throughout 2022, the Employment Facilitators have been very active in the community. They are involved with multiple Chambers of Commerce and as a result, have built many new relationships with several present and future employment partners (Mops Inc., Hampton Inn, Cooney Transport, and Adecco, to name a few). We remain in active partnership with other Employment Service agencies and programs such as META Employment Services, Career Edge, Agelic, and Adecco. A good number of our clients have attended the various programs hosted by these agencies, with EFs providing support throughout. EFs have had a good amount of success this fiscal in obtaining Volunteer Positions at various locations (Humane Society, Belleville Hospital, and School Board). All in all a very successful year for the employment department.													
Gap Analysis	The employment opportunities have not been impacted by COVID in the last year. This indicator is no longer required to be reported at Quality Assurance but will be monitored within the department and reported annually in the Management Report.													

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yrly (#,%)	Yes or No				
Client Services Excellence in Prog & Serv	Individuals purchasing fee for service passport programs will have a recreation assessment completed.	% of recreation assessments completed within 14 days of being accepted into service.	Individuals purchasing Passport	100%	NA	100%	100%	100%	100%	Yes	Service Access	Manual Spreadsheet Shannon DeMille	None	SD CH, CI, SIL, HF

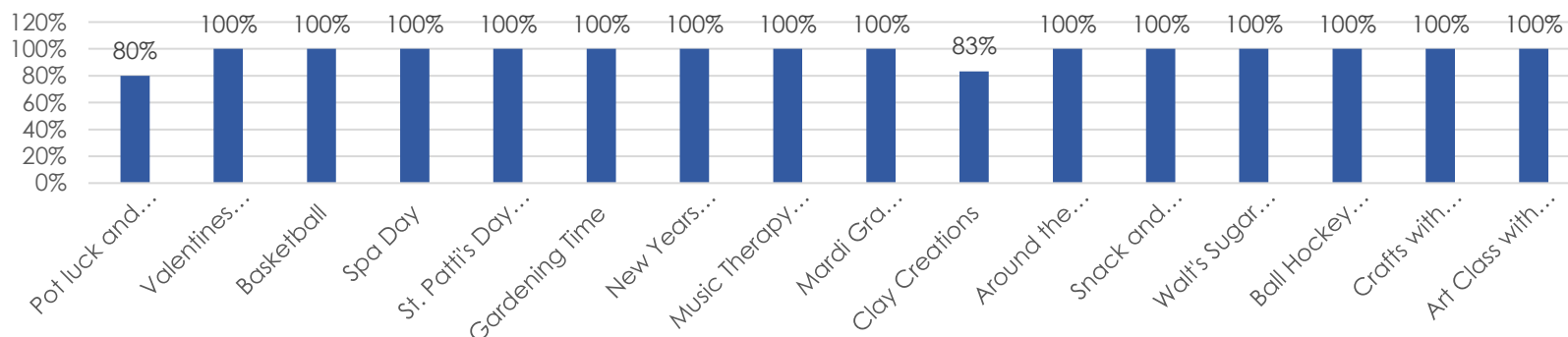| Status Updates / Actions Completed / Actions Required |
|---|
| **Year End Report Back** — New participants completed the recreational assessment, identifying their likes/dislikes and interests to plan recreational/social programs accordingly. |
| **Gap Analysis** — This process is consistently applied. No Gaps identified and this indicator will not be included in the 2023-24 QA plan. The Program department will continue to complete recreation assessments. |

be out and about

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yr (#,%)	Yes or No				
Client Services Excellence in Prog & Serv	Supported individuals enjoy programs and connecting with their peers.	% of Supported individuals report that they are satisfied with the programs and are engaging with their peers.	Supported Individuals	100%	94%	95%	92%	98%	96%	No	Satisfaction	Manual Survey / Spreadsheet Shannon DeMille	None	SD CH, CI, SIL, HF

Status Updates / Actions Completed / Actions Required
Year End Report Back — 48 new programs were offered in 2023-24, with 373 Supported Individuals. There was a gradual return to in person activities using centre based and community based resources. In addition the Programs team provided a wonderful Haunted Halloween and Candy land theme holiday event, utilizing covid safety protocols to ensure supported individuals and staff were safe.
Gap Analysis — We believe that we have demonstrated high satisfaction ratings with programs offered. We will continue to provide engaging and supportive programs. This indicator has ensured our Quality Assurance process is effective. This indicator is no longer required to be reported at Quality Assurance but will be monitored within the department and reported annually in the Management Report.

Overall Satisfaction with Programs- Q4

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yrly (#,%)	Yes or No				
IMT Extending our reach	Launch SharePoint Home Page to all employees. Complete data migration for Finance, HR, IMT, Management, Operations, & Executive to SharePoint.	Functional Centres fully operational on SharePoint. SharePoint Home Page Launched	Assigned Employees	6	0	1	0	2	3	No	Efficiency	SharePoint Serge Beaulieu	None	BF CH, CI, SIL,HF, Aspire to Excellence
Status Updates / Actions Completed / Actions Required														
Year End Report Back	The methodology for migration works: IMT, Operations & Executive Management have all migrated files to SharePoint. SharePoint settings have required some adjustments due to M365 migration. The next steps include the re-mapping of the common drive to continue to support migration, work is underway on this project.													
Gap Analysis	Identify remaining departments and plan for migration.													

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yrly (#,%)	Yes or No				
HR Reinforce & share culture	Supported Individuals have consistent staffing supports available	# of days per year of sick time used by FT direct care employees are reduced.	All active FT direct care employees	12	17.02	19.10	24.68	23.86	19.9	No	Efficiency	WFN Christine Robertson	None	BF CH, CI, HF, SIL, Aspire to Excellence

Status Updates / Actions Completed / Actions Required
Year End Report Back	2022/23 was another year with COVID outbreaks in our homes. 40 worksites were in outbreak during the year. Covid sick days increased year over year from 2.22 of 17.07 to 3.1 of the 19.9 (excluding workplace transmissions) as workplace transmissions are reported to WSIB and counts as WSIB sick time. 7.74 of the 19.9 is directly related to employees who were off with supporting medical documentation (Managed absences by HR) compared to 8.16 of the 17.07. in prior year. Sick absences without medical documentation increased from 6.7 to 9.04.
Gap Analysis	Sick time usage and the related absences from work remains a significant issue for the agency, largely due to COVID outbreaks and the requirement to follow Ministry and Health guidelines regarding isolation and timing to return to work. Staffing shortages contribute to the issue, as employees work double shifts, resulting in fatigue and stress.

Dept. Strategic Goal	Desired Outcome	Key Performance Indicator	Applies to	Target (#,%)	Time Frame				Target Achieved		Domain Type	Data Source Data Owner	Data Limitations	Service Delivery Business Function (SD,BF) CARF Program
					Q1	Q2	Q3	Q4	Total Yrly (#,%)	Yes or No				
HR Reinforce & share culture	Employees are satisfied with communication from Pathways management	% of employees reporting agree and strongly agree on survey regarding management communications.	Employees	75%	64.3%	67%	72.3%	71%	68.6%	No	Satisfaction	Pulse Survey Deb Paus	None	BF CH, SIL, CI. HF, Aspire to Excellence

Status Updates / Actions Completed / Actions Required

Year End Report Back	Quarterly CEO updates were introduced this year with focus on overall agency news such as Ministry and Ontario Health updates, Strategic Planning and resulting Plan, Scheduling Service process improvements and staffing/recruiting updates. Transmission of news from all email, to emails directing employees to SharePoint continued, with more information, tools and resources moving to SharePoint for Health &Safety, Human Resources, IMT, Covid, Programs and a staff directory added over time. Games, such as "battleship" were added to SharePoint to make the conversion more engaging and fun were added over the last quarter. Multiple "log-in's" to different tools to access information remain a barrier for some staff, in addition to training for some employees who are not comfortable with new technology.
Gap Analysis	Reducing multiple log in's and training for some employees may assist in helping employees to access SharePoint for agency communication moving forward and will be included in plans. This indicator will remain for 2023-24 with the survey focusing on communications, and other Quality Assurance indicators, such as scheduling process improvements, and accessing SharePoint for agency news in 2023-24.

Communication Pulse Survey Responses	Q1	Q2	Q3	Q4
Overall, I am satisfied with my job.	83%	82.5	82.9	85.4
Overall, I am satisfied with the communication from Pathways management.	56%	56.1	65.9	62.8
I am kept well informed about plans and progress at Pathways.	51%	57.1	63.6	63.8
I am kept up to date about news and issues at Pathways that affect my job.	59%	64.6	69.5	66.7
Pathways has a clear means for disseminating important information.	61%	63	70.5	69.6
I understand the information provided about COVID-19 as it relates to my job and my worksite.	95%	93.7	92	92
Average % Positive Response for Communication-related Questions	66%	67	72.3	71

Risk Management

	Potential	Probability	Status Indicator
High	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.
Medium	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.
Low	Minor impact, monitor, no action required.	Unlikely to occur	Mitigation strategies are established and indicators of success have been achieved.

Full Risk Register available upon request.

Risk Register 22-23 Dashboard					
Risk Identifier	**Q1**	**Q2**	**Q3**	**Q4**	**FYE Status**
Active Status					
1. Covid Pandemic					
2. MCCSS/OHT Transformation					
3. QAM Compliance Audit					
4. Board Recruitment					
5. Recruitment & Retention					
6. Violence involving persons served					
7. Behaviour Support Plan Signature					
8. Complaint Resolution					
9. Lack of Affordable Housing					
10. Cybersecurity					

41

Cultural Competency & Diversity
Listening and Learning

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:

Culture	Sexual orientation	Language
Age	Spiritual beliefs	Other factors, as relevant.
Gender	Socio-economic status	

DIVERSITY
of people, perspectives

EQUITY
in policy, practice & position

INCLUSION
via power, voice & organizational culture

JUSTICE
with equal rights & equitable opportunities

42

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 centred planning process. The annual person centred 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.

2021-22 Cultural Competency and Diversity Plan

Plan Name: Cultural Competency, Diversity & Inclusion Plan	
Lead/Co-Leads: Inna Thomka – Client Services Manager, Family Home; Janet Montgomery – Manager, Human Resources	
Contributors: Shannon DeMille – Client Services Manager; Cindy Pierce – Human Resources Generalist, Christine Robertson – HR Manager, Terry Cordick – Client Services Manager-Ottawa; Suzanne Gauthier – Supervisor of Admin; Sean Candow – Manager of Staffing Services	
Plan is based on the consideration of: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, race, and other factors as relevant.	
Relevant Stakeholder: Person Served – people we support or individuals utilizing our services / Employees – current employees, potential candidates or retirees / Other Stakeholders – family members, volunteers, members of general public, community or business partners	

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
Culture, Age, Gender, Sexual Orientation, Spiritual Beliefs, Language, Race	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	Inna & Janet Shannon & Terry

	Status / Actions Completed / Actions Required
Q1	• The following programs/activities took place during Q1 in the Ottawa/Renew locations of Pathways: ○ April 11th – Sindhi Culture: PowerPoint and videos explaining culture, traditions, language, food and song/dance ○ April 12th – Easter Special: PowerPoint and videos explaining culture, traditions, language, food and song/dance ○ May 3rd – Ramadan: PowerPoint and videos explaining culture, traditions, language, food and song/dance ○ May 5th – Cinco De Mayo: PowerPoint and videos explaining culture, traditions, language, food and song/dance ○ May 10th – London Culture: PowerPoint and videos explaining culture, traditions, language, food and song/dance ○ June 8th – Father's Day: PowerPoint and videos explaining culture, traditions, language, food and song/dance • The following programs/activities took place during Q1 in the Belleville/Picton locations of Pathways: ○ April: Easter Craft; Italy theme day, make your own pasta ○ June: Rainbow Craft, celebrating pride month; Indigenous Celebration with Artist and Musician David R Maracle
Q2	• The following programs/activities took place during Q2 in the Ottawa/Renew locations of Pathways: ○ July – Community outing to the local Amish Farm. Individual's learned about their culture by asking questions and learning new things. Italy PowerPoint- learned about culture, language, religion, food, dance, music. Individuals made and ate Italian food. ○ August- Ecuador- watched a PowerPoint presentation including video's on Ecuadorian culture, song, national anthem, language, religion, food. Individual's made and ate Ecuadorian style lunch. ○ September- Celebrated truth and reconciliation day. Learned the meaning behind the holiday, learned indigenous culture, ate indigenous style food. Guess speaker (program individual who is a part of the indigenous community). PowerPoint presentation on cultural healing, and history.

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable

	• The following programs/activities took place during Q@ in the Belleville/Picton locations of Pathways:
	  o July- Multi-cultural inspired cooking and activities
	  o Aug- Celebrating women's equality
	  o Sept- Cultural drumming, Indigenous awareness as part of National Day for Truth and Reconciliation, Learning Mohawk language - Kanyen'keha		

Q3	• The following programs/activities took place during Q3 in the Ottawa/Renew locations of Pathways:
	  o October – Origins of Thanksgiving, PowerPoint and videos of how Thanksgiving is celebrated throughout different cultures and where it originated from Origins of Halloween. PowerPoint, videos and a jeopardy game about origins of Halloween.
	  o November – Remembrance Day – video's and PowerPoint
	  o December - Origins of Hanukah. PowerPoint and video's explaining the traditions and culture. Also, culture related lunch and games. Swedish Culture. PowerPoint and videos explaining the Swedish culture.
	• The following programs/activities took place during Q3 in the Belleville/Picton locations of Pathways:
	  o October- Thanksgiving Celebration, Diwali Discussion, Around The World – Salem, Halloween Celebrations
	  o November - Hanukkah and treats, Visiting the War Museum in Ottawa, Human Rights Day, Christmas Kettle for Salvation Army, Attended plays at Stirling and Tweed Theatres
	  o December- Christmas Celebrations – Candy Cane Land activities		

Q4	• The following programs/activities took place during Q3 in the Ottawa/Renew locations of Pathways:
	  o January –Around the World program, including a travel video on a previously specified location, with trivia questions following the video, we started with Portugal. Art History Video, YouTube channel with history on dozens of famous painting throughout history. Followed up with a Jeopardy game based off our discoveries. January- 5th – Held a Chinese New Year's presentation learning the background and culture of the Chinese New Year's and ate lunch involving the Chinese New Year's
	  o February - Black History Month inspired Power Point Presentation, with Jeopardy Game afterwards, around the World Video on South Africa, followed by Trivia, Art History, followed by Jeopardy, PowerPoint Presentation on Parinirvana Day (Buddhist holiday celebrated in East Asia, and finished with general questions after the presentation. Mardi Gras Social-Decorating, Mask Decorating, YouTube Video, served cupcakes and drinks. February- 9th – visited the Paralympics ski competition – learning inclusion; February 22nd – held a presentation on Diversity and Inclusion; February 23rd – we had a presentation on self –advocacy and learning how to talk about your needs.
	  o March 1st- Irish History Video, followed by pre-made question, March 2nd Armchair Travel video to Ireland. March 8th Video on International Women's Day, with follow up questions, March 14th Guess the Countries Flag- Board Gam, March 17th-St Patrick's Day, Trivia, and we made Bangers & Mash; March 22- Visited Canadian Agriculture& Food Museum; March 15th – New Zealand presentation learning about culture, food, language geography and the Māori culture. Culture lunch – Kiwi Burgers; March 16th – St. Patrick's day presentation learning about the background of St. Patrick Day. Games were played to celebrate.
	• The following programs/activities took place during Q3 in the Belleville/Picton locations of Pathways:
	  o January - Celebrated Chinese New Year and discussed the Chinese zodiac represented by the 12 animals; Event attended by clients at RMC in Kingston. The keynote speaker was a transgender man; he spoke about acceptance in many aspects of one's life including diversity in the military and how we can make people feel safer without the fear of being who they are.
	  o February- Celebrated; Black History Month and Mardi Gras.
	  o March - St Patrick's Day celebration, International Women's Day –empowering women, Health lifestyle choices discussion. Making healthy choices around diet, exercise and mental health.		

Year End Report Back	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 for continuation of such offerings. These programs will continue to be part of our recreational programming into 2023-24.		

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
Culture, Age, Gender, Sexual Orientation, Spiritual Beliefs, Socioeconomic Status, Language, Race	Personnel	Sharing Diversity, Equality and Inclusivity (DEI) activities, community and/or virtual events, educational materials and other resources across the organization.	Inna & Janet Christine

	Status / Actions Completed / Actions Required

Q1	• Agency-Wide Communications:
	  • Lifeworks microsite announcement – *The Ambiguous Side of Mental Health.*
	  • LifeWorks Learning also presents a free webinar, *No One Left Behind – Exploring the looming mental health crisis by bridging the care and inclusion gap*
	  • **Electronic flyer – Foot Care Fundraiser that benefits Ukraine**
	  • **Staff and supported individuals attended an Indigenous culture event held at Melrose Community Hall; photos on Common Drive**
	  • UN International Day of Friendship with information available to promote, defend and share a spirit of human solidarity
	• Management Communications:
	  • *Cultivating a climate of Inclusion* – **discusses** equal opportunities, PRIDE initiatives, ally-ship, empathy groups, diversity committees
	  • **C**elebrating National Indigenous History Month – June 21, 2022
	  • *Inclusivity shouldn't be faked* – paper focuses on the idea that, "A leader can't act like they're inclusive only when they think they must be. For example, using an employee's preferred pronoun when they aren't around shows true inclusivity." The idea of "Implicit Bias" was also addressed.
	  • **How to be a "*Psychologically Safe Leader*", emphasizing strategies on importance of language and how to properly address poor performance issues.**
	• 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.

Q2	• Agency-Wide Communications:
	  • The Power of Friendship: Heartbeat Newsletter Canada
	  • Lifeworks microsite announcement - Cultivating a Climate of Inclusion How to Support People of Colour in the Workplace; Helping children Embrace Diversity (Video)
	  • Electronic Flyer - Workplace Strategies for Mental Health – Resources to support return to work or school
	  • Electronic Flyer – September 12, 2022 Friendship Circle at Maranatha Church and on Zoom
	  • Electronic Flyer - Sept 26 and Sept 27 Friendship Circle HYBRID - at Maranatha Church and on Zoom
	  • Recognition of National Day for Truth and Reconciliation and Orange Shirt Day – September 30, 2022
	• Management Communications:
	  • Input provided for the development of our Equity, Diversity, and Inclusion (EDI) Strategy in Municipality of North Grenville to determine the
	  • needs and identify gaps within the community.
	  • An Update from the Hastings Prince Edward Ontario Health Team - September 15, 2022; including attachments on Indigenous resources and
	  • programs that may be appropriate for supported individuals or even staff members.
	• 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.

Q3	• Agency-Wide Communications: • Lifeworks microsite announcement - The Impact of Social Media on Mental Health: Heartbeat Newsletter Canada

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
		• Electronic resource – October 4, 2022 -*Mental Health Supports for Health Care Workers: Self-Referral*- the Ministry of Health and Ontario Health has partnered with five hospitals to provide services for frontline health care workers dealing with the stressors of COVID-19. • Lifeworks microsite announcement – Put Your Wellbeing First; Positive wellbeing means being in a state of happiness, health, and comfort, both physically and emotionally • Management Communications: ○ Ted Talk on Truth and Reconciliation in Canada • 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.	

Q4		○ Agency-Wide Communications:
		  • Email communication - March 8 is International Women's Day. It is a global day to recognize and celebrate women's and girls' social, economic, cultural, and political achievements.
		  • Email Communication regarding, The International Day for the Elimination of Racial Discrimination , focusing on *Principles of Equality* and *Fighting Racism*
		○ Management Communications:
		○ *We Aren't All the Same*- Work Place Strategies for Management
		  ○ **How to be a "*Psychologically Safe Leader*", emphasizing strategies on importance of language and how to treat others the way they want to be treated**
		• 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.	

Year End Report Back	The organization provided a variety of resources and information to all staff regarding diversity and inclusion. Both agency-wide and management communications touched upon important events happening around the world, such as the War on Ukraine, racism, discrimination and multiculturalism, LGBTQIA+ allyship, Indigenous issues and trauma recognition, as well as psychological and mental health supports and awareness.		

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
Sexual Orientation, Gender identity	Person Served, Employees, recruitment candidates, other stakeholders	Ensure inclusion of appropriate gender pronoun choices, to encompass gender identities and promote inclusivity among all relevant stakeholders	Inna & Janet Suzanne Christine
Status / Actions Completed / Actions Required			
Q1	• Working group developed by Diversity Committee; meeting scheduled for Q2 to identify list of appropriate pronouns for use in Nucleus. • Selection of pronouns to encompass gender identities and promote inclusivity among all relevant stakeholders. Once the list of pronouns is identified, the committee will be working closely with Nucleus's IT team to update the drop down menus in the record management system.		
Q2	• Working Group was able to identify a list of appropriate pronouns that encompass gender identities and promote inclusivity among all relevant stakeholders for use in Nucleus • Working Group collaborated with Nucleus IT Team and IT Team was able to complete new drop down options for gender identity and a new text box for gender pronouns for use in Nucleus		
Q3	• After the new drop down options for gender identity and a new text box for gender pronouns were completed in Nucleus, the staff have been able to utilize the updated forms and positive feedback was provided to the working group		
Q4	• Staff continues to utilize the update list of appropriate pronouns in Nucleus, when completing demographic		
Year End Report Back	The organization developed and implemented an updated list of appropriate pronouns in Nucleus, which ensured that an appropriate choice of pronouns was available, when completing intake and other forms. The organization will continue to review and update all forms and documents to ensure that the information encompasses gender identities and promotes inclusivity among all relevant stakeholders.		

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
Culture, Age, Gender, Sexual Orientation, Socioeconomic Status, Race	Personnel	Recruitment program supports diversity and equity, ensuring designated groups within our communities are prioritized within our recruitment process.	Inna & Janet Cindy & Sean

	Status / Actions Completed / Actions Required	
Q1	• Recruitment postings advertised on First Nations Technical Institute. • Educational equivalencies completed for credentials from other countries. • Driver's License requirements modified for candidates that require accommodation.	
Q2	• Recruitment postings advertised on First Nations Technical Institute. • Educational equivalencies completed for credentials from other countries. • Driver's License requirements modified for candidates that require accommodation.	
Q3	• Recruitment postings advertised on First Nations Technical Institute. • Educational equivalencies completed for credentials from other countries. • Driver's License requirements modified for candidates that require accommodation.	
Q4	• Recruitment postings advertised on First Nations Technical Institute. • Educational equivalencies completed for credentials from other countries. • Driver's License requirements modified for candidates that require accommodation.	
Year End Report Back	The organization has successfully recruited first year students into many support worker roles by revising the Driver's License requirement because of a systemic barrier. This recruitment initiative supports the Agency goals of attracting and retaining talent for today and for the future.	

CARF Standard Consideration	Relevant Stakeholder & Program	Objective	Person Accountable
Culture, Age, Gender, Sexual Orientation, Spiritual Beliefs, Socioeconomic Status, Language, Race	Personnel	Orientation program promotes and educates new hires on Diversity, Equity and Inclusivity as part of overall agency culture.	Inna & Janet Cindy & Sean

Status / Actions Completed / Actions Required	
Q1	• Cultural Competency, Diversity & Inclusion Plan highlighted during HR orientation • The co-leads of the plan attended a Community Equity, Diversity & Inclusivity Forum with an expert advisor to learn about *Power & Dominance, Marginalization & Oppression; The Unconscious Bias & Micro-Aggressions* • Research to continue for presentation/materials to be included in new hire orientation
Q2	• Cultural Competency, Diversity & Inclusion Plan highlighted during HR orientation • Research conducted and a meeting held with a contractor to look at bringing an education session on homelessness for office staff
Q3	• Cultural Competency, Diversity & Inclusion Plan highlighted during HR orientation • New hire feedback survey updated to include survey questions pertaining to identifying designated groups as per the Employment Equity Act (Women, People with Disabilities, Aboriginal Peoples, Members of Visible Minorities) • Research completed and sessions scheduled to provide an education session on homelessness for office staff
Q4	• Presentations on homelessness and health in Canada (focus on stigma, and strategies for promoting community Well-being) • There were a total of three sessions scheduled: Jan 18, 26 & 31
Year End Report Back	Cultural Competency, Diversity & Inclusion Plan are highlighted during HR orientation with all new hires. There were three homelessness sessions scheduled and a total of 69 participants. Follow up discussions have taken place to assess what/if any next steps may be required from the learning outcomes. This is on-going and in progress.

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.

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 ***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 ***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.

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.

2021-22 Accessibility Plan

Plan Name: Accessibility Plan

Lead/Co-Leads: Bill Crosier – Manager, Operations; Dylan Becker –Senior Client Services Manager

Contributors: Deborah Paus – Chief HR & OE Officer, Cindy Pierce – Manager, Human Resources, Christine Robertson – Manager, Human Resources, Susan Hall – Chief Financial Officer, Patty Meneilley – Manager, Finance,

Possible barriers identified: Architectural, Environmental, Attitudinal, Financial, Employment, Communication, Technology, Transportation, Community Integration

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 Environmental	Pathways homes renovated to accommodate accessibility	Adding Mag Locks to Clothier Adding an addition onto Burnham St.	Mag Locks will be installed by June 2022 Construction will begin July 2022 and completed by September 2022	Bill Crosier	2021	2022	March 2023
Status / Actions Completed / Actions Required							
Q1	Mag lock installation delayed due to installation of fire panel. Burnham Street construction will begin in fall of 2022, waiting on permit.						
Q2	Mag lock installation delayed due to non-issue of building permits from Kemptville and Belleville. All required information has been submitted						
Q3	Mag lock installation delayed due to non-issue of building permits from Kemptville and Belleville. All required information has been submitted						
Q4	Mag locks and addition at Burnham St is on schedule to be completed by the end of March 2023. Mag locks at Clothier is completed March 2023						
Year End Report Back	This projected is complete and we have occupancy. This new living space is ready for a supported individual to reside in.						

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	Ensuring the safety of clients, staff and visitors	Properties to be assessed and necessary activities undertaken to ensure compliance. Ensure Head Office Safety and Review	1. Add Electronic Door Openers where required at 289 Pinnacle 2. Ensure update Workplace Violence Risk Assessment are completed as required 3. Review Security Guard status and requirements 4. Review Panic Alarm requirements	Bill Crosier Bill Crosier/Janet Montgomery Bill Crosier	2022 Ongoing Ongoing Ongoing	2023	Ongoing

	Status / Actions Completed / Actions Required
Q1	WVRA completed for 289 Pinnacle before majority of office staff returned in May. Security Services remain retained for safety of office staff, and SIL on weekends.
Q2	WVRA has been completed at 249 Station St. and has been updated at 198 College St. 3 new GPS panic buttons have been added. Total now at 45. Security Services at 289 Pinnacle have been modified 5:30am to 9:30 am and 4 pm to 9 pm Monday to Sunday.
Q3	WVRA's are updated annually by CSM's and as required if major changes in a home.
Q4	Security remains in place at the office. WVRA's continue to be completed and updated
Year End Report Back	Electronic door openers were not installed this year due to funding requirements. We continue to look at decreasing security hours at 289 Pinnacle and ensuring staff and client safety is reviewed regularly.

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	Ensuring safe and barrier free transportation of clients	Ensure all vehicles are appropriate for clients' needs. Ensure safety devices are installed	All wheelchair vans continuously inspected. Areas of enhancement/concern to be addressed accordingly.	Bill Crosier	Ongoing	Ongoing	Ongoing New van March 2023

	Status / Actions Completed / Actions Required
Q1	All wheelchair vans have gone for the 6 month certification.
Q2	All mechanical issues have been repaired. All Wheelchairs vans appear to be in good working condition. 6 month certification to begin in fall of 2022.
Q3	6 month certification has been completed on all Wheelchair vans. A new Wheelchair van has been ordered and will be an additional van within our fleet. Installed a new wheelchair ramp at 325/327 Forestview in Renfrew October 2022.
Q4	A new Wheelchair van has been placed at Finlay House in Napanee. We moved an existing W/C van to Renfrew in March 2023.
Year End Report Back	Our wheelchair van fleet is in good shape even though it is aging, our older vans are 2008. However regular maintenance on these vans provides a safe vehicle for years. 6-month certifications are complete. Residents and staff are happy to have a van in Renfrew.

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	Improving perceptions of causes of homelessness	Location of head office parking lot is often occupied by homeless individuals.	Developing educational awareness for employees and persons served to create understanding of the causes of homelessness and reduce fear. Develop strategies to assist employees and persons served to safely respond if needed.	Janet Montgomery Bill Crosier	2022	2022	January 2023

	Status / Actions Completed / Actions Required
Q1	No actions taken- many employees in home office continue to work remotely. Plan to identify resources and actions to be taken in Q2.
Q2	Development of an educational awareness program has started. Pathway is working with a Professor at Western University who specializes in homelessness. HR and Operations are working together on this project. Goal will be to educate office staff in Q3 and Q4.
Q3	Development and approval has taken place for our homelessness sessions to begin. 3 sessions will take place in January 2023.
Q4	Session on homelessness awareness took place on January 18, 26, and 31. Approximately 60 staff attended the information sessions. Feedback has been provided. The agency is reviewing next steps to be taken in 2023/2024
Year End Report Back	Educational and awareness strategies continue around homelessness in our community.

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
Information/ Communication Barrier	Employee friendly single source for agency information	Multiple emails, updates in one format only create barriers to easy to understand and accessible agency information.	Launch employee SharePoint site to easily provide information about the agency plans, employee benefits, links to agency forms and information.	Deborah Paus Alex Merritt Lisa Triemstra IMT	2021	2022	2022

	Status / Actions Completed / Actions Required
Q1	Homepage created and feedback from management secured, employee submission form created. SharePoint communication plan updated.
Q2	IMT migrated to SP, Managers invited to platform and feedback requested, feedback implemented, tentative launch date determined (Oct 18th).
Q3	SharePoint was launched in Oct 2022. Feedback sought from users regarding access, usability.
Q4	SharePoint training provided to staff that will contribute to content maintenance and updates.
Year End Report Back	SharePoint has been in place for over 6 months. User feedback has been mostly positive and IMT hopes to expand in a systematic fashion that aligns with planned changes to the common drive and introduction of M365.

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	Hastings County: Home For Good Program	Lack of affordable housing.	Rent subsidies and top ups available through Hastings County for Pathways supported individuals that qualify.	Finance SIL	2021	2022	2023

	Status / Actions Completed / Actions Required
Q1	Fourteen individuals qualify to receive rent subsidy or top up during this quarter.
Q2	Ten individuals were assisted this month for top up, and two individuals for 1st & last during this quarter.
Q3	Ten individuals were assisted this Quarter for Community top ups, and two individuals for 1st and last months rent.
Q4	Ten individuals were assisted in Q4 with Community top ups. As well two individuals for 1st and last months' paid
Year End Report Back	Targets were met with Hasting County for both monthly Community Top Ups, as well as 2 individuals monthly for 1st & last months assistance.

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	Ensure supported individuals have access to recreational and leisure activities through renewed and newly established community partnerships.	Lack of sufficient resources or capacity to support programs in businesses due to ongoing pandemic and limited offerings.	Establish relationships and partnerships with community resources and provide ongoing and increased opportunities for supported individuals to participate.	Shannon DeMille Dylan Becker	2022	Ongoing	Ongoing
Status / Actions Completed / Actions Required							
Q1	Seven new community partners established (health / physical wellbeing / socializing / leisure activities)						
Q2	Seven new community partners established (therapeutic rec / physical wellbeing / socializing / leisure activities / art and culture)						
Q3	Four new community partners established (art Therapy / sports and recreation)						
Q4	Five new community partners established (art Therapy / educational, sports and recreation)						
Year End Report Back	Pleased to report that targets were achieved with this work plan, and has contributed to new and ongoing recreation opportunities for the individuals that we support.						

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	Cross-regional collaborative recreational programming with Ottawa DS individuals.	Lack of resources and need for more individualized recreational supports for Ottawa supported individuals.	Provide/obtain increased individualized recreational opportunities for Ottawa DS supported individuals by providing additional resources.	Shannon DeMille Dylan Becker Christie Swann	2022	2023	Ongoing
			Status / Actions Completed / Actions Required				
Q1	Beginning in Q2- Recreational staff in Quinte and Ottawa will collaborate on finding localized opportunities for recreational programming. Completion of recreational assessments for individuals will be done in collaboration with support staff who have Recreation/Leisure education.						
Q2	Rec assessments completed for all Ottawa DS individuals as well 3 collaborative programs were implement in conjunction with the Ottawa program staff						
Q3	In conjunction with Ottawa Program Staffing, 3 collaborative programming opportunities was planned and executed for Ottawa DS individuals						
Q4	There were no cross-regional collaborative recreational programming within this quarter						
Year End Report Back	Pleased to report that this objective has been met. With the collaborative effort from Ottawa and Quinte reign programming staff, recreation assessments and additional programming opportunities were completed within this fiscal year.						

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 seeking programming.	Lack of staffing resources available to focus on Passport program.	Increase number of supported individuals utilizing Passport programs.	Shannon DeMille Dylan Becker	2022	2023	Ongoing
			Status / Actions Completed / Actions Required				
Q1	Increased staffing resources focused on Passport Program from 1 to 4, servicing 65 individuals.						
Q2	Increased staffing resources focused on Passport Program from 4 to 5, servicing 75 individuals.						
Q3	There was a decrease in Passport Staffing, from 5 to 4 servicing 75 individuals.						
Q4	Maintained 4 passport support workers servicing 75 individuals						
Year End Report Back	Objective completed by increasing passport resources from 1 to 4 staff. There is continued barriers/gaps based on staffing resources within the program, and this work plan should be a considered renewal for the 2023 fiscal year.						

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	Competitive Employment or Volunteer Placements	Limited community partnerships available in the community to connect with supported individuals seeking employment / volunteer opportunities.	Promote and assist supported individuals to return to employment and volunteer opportunities due to COVID pandemic. Establishing new community partnerships for supported individuals.	Andrew Wyatt Dylan Becker	2022	2023	Ongoing

Status / Actions Completed / Actions Required	
Q1	All individuals who lost their positions due to the pandemic have returned to work or volunteer placements. Four new community partnership established.
Q2	Four new community partnerships established within the second quarter
Q3	One new community partnerships established within the third quarter
Q4	Two new community partnerships established within the third quarter
Year End Report Back	Pleased to report that these objectives have been met. All individuals have returned to their pre pandemic placements as well as eleven new community partnerships were established within this fiscal year.

59

CARF Standard	Program/Area of Focus	Barrier/Gap Identified	Objective/Actions to be taken	Person Accountable	Time Frame (eg mm/yyyy)		
Technology	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	Serge, Jeff	2022	2023	Ongoing

	Status / Actions Completed / Actions Required
Q1	Established a model to discuss with stakeholders for defining services support levels for internet access for residential clients, E.g. Service Level 1 – Unrestricted internet access 24x7 / Service Level 2 – Unrestricted internet access till 10pm / Service Level 3 – Restricted internet access 24x7 (no porn, gambling, etc.) / Service Level 4 – No internet access Clients Do/Do not receive end point security software/malware (e.g. Norton or McAfee, etc.)
Q2	Survey developed for residential mgrs. to determine needs at level of a residence, results collated, researching options with sister agencies/oasis.
Q3	CSM mgrs. provided input regarding residential level needs. Summary: Additional support & resources are desirable based on individual location requirements.
Q4	Communications with Oasis group members and Zycom regarding service options.
Year End Report Back	IMT gathered information related to possible service options related to supporting individual locations/homes.

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.

2021-22 Technology & Systems Plan

Plan Name: Technology and System Plan

Lead/Co-Leads: Serge Beaulieu, Sr. Manager Information Management & Technology   **Contributors:** Zycom Technology

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	SharePoint	Opportunities: Communication Hub, Synergies, reduced workload related to accessible structured information.	Launch SharePoint Home Page to all employees. Complete data migration for Finance, HR, IMT, Management, Operations and Executive to SharePoint.	Super users and department content users/providers $ of LAUS via Brazen Bytes or similar vendor	Apr 2022	Mar 2023	Ongoing
Status / Actions Completed / Actions Required							
Q1	Continued development of the SharePoint Homepage content and preparations for launch to all employees. Includes Human Resources, Health & Safety, Office Staff Directory, Tech Resources, COVID Updates, Programs, Links to commonly used applications (WFN, Go Easy Care, PPM, Nucleus) Initiate Common Drive clean up and new folder structure. SharePoint training session with Executive team on June 9th.						
Q2	Add CSMS as users to SP, Add test accounts (non-email), Make fine changes to LAUS, Construct forms for submitting feedback and news, determine feasibility of SP launch options (1)as bookmark in chrome, 2) as desktop icon, 3) SP as default homepage 4) Launch SP from VDI login.						
Q3	SharePoint Launched Oct 18th. User feedback has been requested and implemented where feasible. Initiated discussion with external vendor to review current SP structure, roles and permissions and teams to ensure alignment with future SharePoint upgrades and future migrations.						
Q4	Feb 09, 2023: SharePoint development training provided to site owners/developers. Individual training offered to staff.						
Year End Report Back	SharePoint successfully launched. Future development considerations include alignment along corporate services, client services, support for committees and further teams integrations.						

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 of loss or harm related to technical infrastructure or the use of technology. Maintaining security of information systems. Ensuring strict privacy protocols.	Gaps: PTI has multiple disparate systems and this requires multiple passwords to access systems to login. Opportunities: Ease, secure use of resources	Reduction in cyber security risks through: • Education, training & awareness • Business tools (reviewing: Last Pass, 2FA (DUO) or similar) • Pro-active measures to identify new vulnerabilities on our systems	IMT Manager Financial Resources	Apr 2022	Mar 2023	Ongoing

	Status / Actions Completed / Actions Required
Q1	Testing Password manager software as potential solution for employees. Contacted vendors to provide quotes for Penetration testing. Education; Five emails sent to all employees throughout Q1 alerting everyone to be cautious of a variety of phishing attempts. Reviewed with HR, opportunities to provide Cyber-training @ Orientation. Provided video links.
Q2	Education; Emails sent to all employees throughout Q2 alerting everyone to be cautious of a variety of phishing attempts. Investigate Single Sign On option for NAVEX (possible with M365 upgrade – see relevant item)
Q3	Education; Emails sent to all employees throughout Q3 alerting everyone to be cautious of a variety of phishing attempts. Investigation of Single Sign On option for NAVEX. Able to implement post M365 upgrade. Re-signed agreement with ISA/Zycom regarding support in the event of a cyber-attack.
Q4	Education; Emails sent to all employees throughout Q4 alerting everyone to be cautious of a variety of phishing attempts. Testing of M365 environment has begun. Multifactor authentication/MFA will become available after go-live. Single Sign On option for NAVEX will be implemented post M365 upgrade. Post Go-live – MFA for some users with work-cell phones will be via txt msg. Users without work-cell phones will use tokens to generate a code for access.
Year End Report Back	M365 test environment in place, testing begun. MFA will be implemented post 'go live'.

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
Hardware	Asset Management	Gaps: Compliance Opportunities: Device equity, reduced cyber-security threats.	Assets are assigned to individuals based on user requirements and managed by the IT department to ensure systems are appropriately assigned. Create a sitemap for staff detailing that displays which devices are nearing/scheduled for replacement. (based on purchase or manufacture date)	IMT Specialist	Apr 2022	Mar 2023	Ongoing
Status / Actions Completed / Actions Required							

	Status / Actions Completed / Actions Required
Q1	Using Snipe IT asset management tool to track and manage IT devices assigned to employees. Created replacement schedule (use purchase dates or manufacture dates) by location with expected replacement dates for older devices.
Q2	Migrated Asset Management Tool from Vultr server to rebuilt Nutanix servers.
Q3	Entries in Snipe-it/Asset management updated. Reminders sent to staff regarding informing IMT of changes o device holders. Devices to be replaced in 23-24 are identified for budgeting purposes.
Q4	IMT have requested staff to provide information related to assigned devices to update asset management tool. IMT are updating Asset tool as results are submitted.
Year End Report Back	M365 includes applications for tracking hardware (INtune) and likely application will replace the in-house (Snipe-IT) application. Snipe-It will be initially be used to validate/reconcile the M365 application.

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 under to review service level agreement periodically under broader public sector guidelines.	Maintain a secure and efficient IT infrastructure to support business applications and provide responsive help desk support.	IMT Manager	2022	2023	Ongoing
Status / Actions Completed / Actions Required							
Q1		Environmental scan of infrastructure RFP templates from Oasis group: None available from Oasis-IT or Finance Group. Will explore further or develop internally.					
Q2		Accessed RFP templates for writing SLA.					
Q3		SLA reviewed in preparation for RFP. Identified vendor requirements and gaps.					
Q4		Vendor asked to provide an updated SLA due to notification from Zycom of the ITI/Zycom merger.					
Year End Report Back		ITI providing an update SLA in March 2023. RFP anticipated to follow next fiscal.					

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	Client Services and General	Gap: File(s) accessed outside circle of care. Opportunity: Reorganize common drive into 2 streams: Operational/Admin (Department or Homes related) Clinical/Client Centred (e.g. PBSPs, etc.) This effort works in tandem with SharePoint migration.	Only staff members who are in the circle of care have access to the appropriate client files. Periodic Privacy Review; an assessment of logs to ensure record readers are in circle of care.	Client Services, IMT, Zycom	2021	2023	Ongoing

	Status / Actions Completed / Actions Required
Q1	Flag Common Drive materials for archive – completed Establish proposed standardized structure limiting access to those working within a Web. To be reviewed with Management.
Q2	Construct pseudo model in SP to reflect proposed streams/structures: Client Services & operational admin stream – in place
Q3	Pseudo-model for common drive architecture developed to replace current structure.
Q4	Pseudo-model to be confirmed post M365 go-live.
Year End Report Back	

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	Microsoft Office Suite Upgrade	Gap: MS office suite version 2013 is no longer supported. Move towards a user based subscription model of Office 365 (now M365) or hybrid models. Opportunity: Migrate licensing between various instances of MS products (SharePoint, email in cloud, etc.) to single cloud instance. May result in savings and easier management of devices, users and management of software resources.	Determine MS licensing options (Office 365/M365 as a hybrid E3/F3 configuration vs on premise installation of office and cloud instance of email).	MS Licenses @ $2.6/user/month $10.6/user/month	2021	Aug 2022	Ongoing
Status / Actions Completed / Actions Required							
Q1		Meet with Zycom – determine revised costs (mixed E3/F3 model) related to MS office. Proof of concept: 10 E3 licenses, and 5 F3 licenses, after successful testing, licensing decisions to be made and move forward with migration. Delayed due to re-examination of MFA related issues and potential savings from using Microsoft MFA product vs DUO.					
Q2		Reviewed costs and product service options related to M365 upgrade (e.g. encryption, MFA, Asset management, etc.) Single sign on to NAVEX – appears possible via M365 upgrade					
Q3		E3/F3 licenses for pilot project purchased from TechSoup. Target set for kick off late January, early February.					
Q4		M365 test environment constructed. Testers provided with features to test, access granted. Mailbox sizes an issue for F3 Testers, decision made to deploy 1 license type: E3 licenses. Testing feedback requested by Mar 22nd.					
Year End Report Back		PTI is required to migrate to M365 by mid-April (due to support ending for current 2013 platform). Delays implementing test environment has slowed testing. Once testing is complete, MFA will be implements (staff with workplace cell phones will receive txt messages related to account change authorizations, staff without workplace cellphones will employ tokens to authenticate access). Navex will be configured to facilitate single-sign-on post M365 "go-live".					

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	Gap: PDFs or paper based forms create redundant data entry and corporate inefficiencies. Paperwork or scanned/printed work can be lost. Opportunity: Migrating forms from digital forms (PDF) or paper to electronic.	Gain efficiencies and cost savings using electronic forms. Develop 6 New/or Significantly Revised Forms for availability/linkage in SharePoint. Finalize and launch the 13 forms in test phase.	IMT Manager IMT specialist	2022	2023	Ongoing

	Status / Actions Completed / Actions Required
Q1	IMT specialist updating New Hire /Employee Add Move Changes forms to reflect process mapping discussion. Shared updated forms with HR and Client Services for input/validation.
Q2	Process Mapping documentation for v2 forms in development.
Q3	V2 of the two HR forms updated to utilize new process for notifications. Form ready for implementation.
Q4	V2 of the two HR forms released by Mar 17th 2023. 4 Surveys related to M365 testing (Outlook, word, Excel, PowerPoint) developed and released to support M365 testing.
Year End Report Back	V2 HR forms finalized & released after a significant period of process mapping, validation and development. Further changes will be implemented on request. A trial of a calendar for Haig Rd, may result in additional calendars for existing homes and thus updating the process mapping document as an additional instruction to Zycom.

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	Catalogue of applications and information systems.	Gap: Undefined list of acceptable software such as: torrent, file/music serving or streaming software can lead to licensing or malware issues. Opportunities: On establishment, this catalogue can be used as an acceptable list of applications with vendors/infrastructure providers to ensure policies are adhered to and IMT policies/restrictions enforced.	Develop a comprehensive listing of acceptable software applications used across the organization. Implement necessary controls over acquisition or use of unauthorized software.	IMT Manager IMT Specialist	2021	2023	Ongoing
Status / Actions Completed / Actions Required							
Q1	Submit to Dept. leadership, lists of determined applications available to them/their staff, validate lists.						
Q2	List of applications submitted, validated, additions requested & compiled – Submitted to Susan July 15. (SP\Documents\General\PTI Apps Catalogue Draft.xlsx)						
Q3	Susan reviewed and updated spreadsheet. Acceptable Use Policy updated to include information about software acquisition.						
Q4	Catalogue entry updates related to cloud vs premise added, PTI - Billing/support contacts to be added.						
Year End Report Back	The M365 Intune product should facilitate tracking and managing of all local product installations on a networked device for audited/validation purposes.						

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	The organization implements policies and procedures in the following areas: a. Acceptable Use b. Backup/recovery c. Business continuity/disaster recovery d. Security	CARF Recommendation: The organization implements policies and procedures in the following areas: d. Security, including: (1) Access management. (2) Audit capabilities. (3) Data export and transfer capabilities. (4) Decommissioning of physical hardware and data destruction. (6) Remote access and support. (7) Updates, configuration management, and change control.	Review Pathway's exiting IT Policies and revise or develop new policies to include the CARF recommendations identified in this standard.	IMT Manager	2022	Dec. 31	2023

Status / Actions Completed / Actions Required	
Q1	Reviewed Acceptable use – No changes required. Reviewed Retention policy – No changes required.
Q2	Disaster recovery initial draft (SP, IMT documents\General\policy draft and reference)
Q3	Acceptable use policy review, updated to include sections on: Data/Information Management; Security (Access management), Audit Capabilities, Data export and transfer capabilities; Acquisition and Decommissioning; Updates, configuration management, and change control.
Q4	Virtual training policy authored and implemented. This policy ensures that staff providing virtual training or virtual programs are aware of requirements before proceeding.
Year End Report Back	Navex policy tool enhancements in Mar/Apr 23 will provide better access (single sign on) and policy dissemination once implemented. Open source policies on Business Continuity/Disaster recovery are under review.

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
Assistive technology	Service delivery using technology.	CARF Recommendation: As appropriate, personnel who deliver services via information and communication technologies receive documented competency-based training on equipment: a. Features. b. Setup. c. Use. d. Maintenance. e. Safety considerations. f. Infection control. g. Troubleshooting	Develop competency-based training and tip sheets to assist staff and clients with our communication technologies and virtual programs. Develop tools to facilitate the tracking of training using available tools or resources.	IMT Manager	2022	Dec. 31	2023
Status / Actions Completed / Actions Required							
Q1	No updates in Q1. To be addressed Q2-Q3.						
Q2	Requested input from CSM on available tip sheets and documentation. To be provided.						
Q3	New policy on Virtual programming and training authored.						
Q4	Policy on Virtual programming and training distributed for acknowledgement. 15/15 Readers have read/acknowledged policy.						
Year End Report Back	All assigned readers of virtual training policy have read/acknowledged policy. Policy will be reviewed annually.						

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	ADP-WFN HRMS/Payroll System & Go Easy Scheduling System	Existing payroll and scheduling systems are not integrated, creating difficulty in data reporting, process gaps and workload issues.	Conduct Business Needs Assessment. Identify potential Integrated business solutions, schedule demonstrations and receive quotes.	External Consultant Cost of new business solution.	2021	2023	2023

Status / Actions Completed / Actions Required	
Q1	Decision to engage an external consultant to conduct a Needs Assessment. Identified potential vendors.
Q2	External parties engaged to lead process.
Q3	HRMS - Business needs assessment completed, and report received. Scheduling Review – phase one completed.
Q4	Report submitted to Executive.
Year End Report Back	Assessment of HRMS systems with integrated scheduling complete. Scheduling services review complete with recommendations being implemented in next fiscal year as funding permits.

For information about this report please contact:

Deborah Paus
Chief Human Resources &
Organizational Effectiveness Officer
613-962-2541 Ext. 225
deborahp@pathwaysind.com

Pathways to Independence
289 Pinnacle Street
Belleville ON
K8N 3B3

Pathways to Independence
356D Woodroffe Avenue, Unit 202
Ottawa, ON
K2A 3V6

www.pathwaysind.com

73