Annual Management Report

2025

Lead • Grow • Innovate

Pathways to Independence

What's Inside?

Why this Report? 1

Continuous Improvement 1

Vision, Mission, Values & Guiding Principles 1

Who are we? 2

We Support People in Living their Best Lives 2

Pathways at a Glance 2

Overview of Supports & Service 4

Community Homes 4

Supported Independent Living (Supported Living) 4

Family Home (Host Family Services) 5

Respite Services 5

Community Integration 5

How are we doing? 7

About the Pathways Management Report 7

Stakeholder Engagement and Feedback 7

Performance Measurement & Management 9

Quality Assurance Plan 9

Risk Management 18

Where are we going? 19

Strategic Plan 19

Why this Report?

Continuous Improvement

The Commission for the Accreditation of Rehabilitation Facilities (CARF) is an independent, non-profit accreditor of health and human services. The CARF standards are internationally recognized. Pathways believes that reviewing our services against CARF standards allows us the opportunity to continuously improve our services and demonstrate our commitment to transparent and accountable practices. We achieved our sixth, three-year accreditation from CARF in February 2025 for the following programs:



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

The data in this Management Report is based on **the Fiscal Year of April 1, 2025 – March 31, 2026.**

Vision, Mission, Values & Guiding Principles

Vision

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

Mission

"We support people in living their best lives"

We serve

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

Values & Guiding Principles

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

Who are we?

We Support People in Living their Best Lives

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

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

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

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

Pathways at a Glance

477
supported individuals



5
community and centre-based program locations





36
homes and apartments

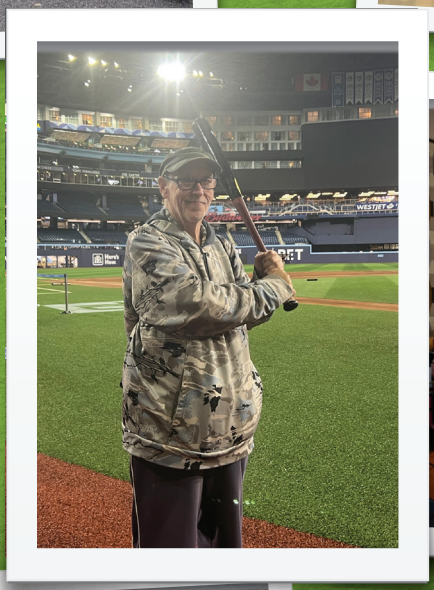


500
dedicated, professional employees




HANDLEY PAGE HALIFAX A MK VII NA 337





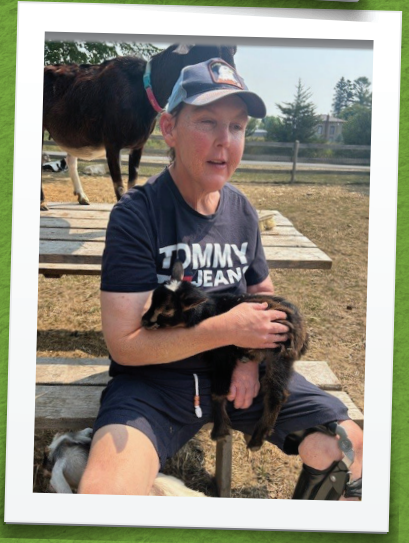

EXIT




MIAMI
FLORIDA


porter
porter





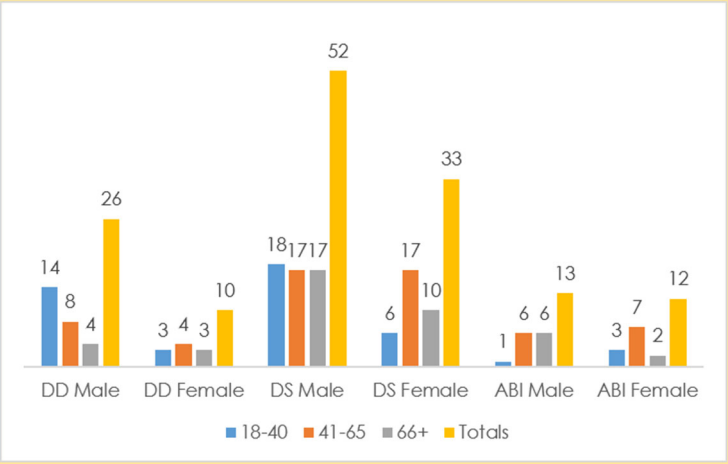
Overview of Supports & Service

Community Homes

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

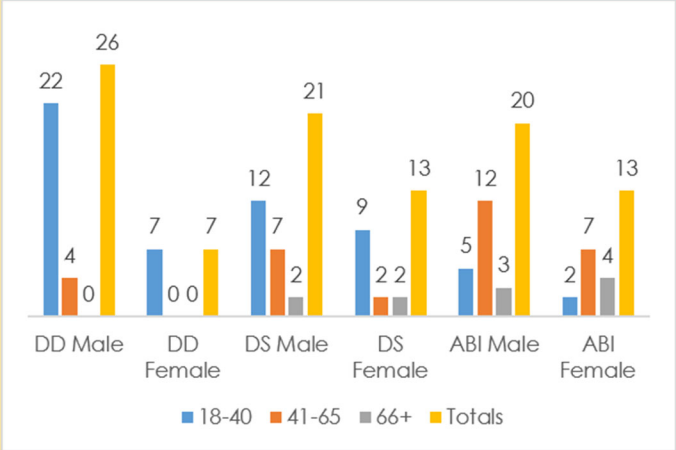
27 homes accommodating over **145** individuals

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



Supported Independent Living (Supported Living)

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



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

100 individuals in our SIL programs

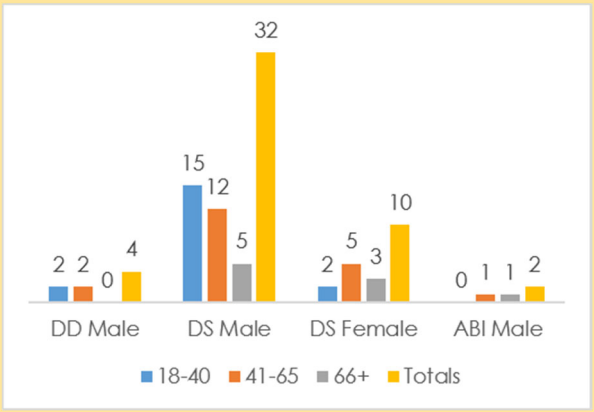
Family Home (Host Family Services)

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

50 host families supported

48 individuals

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.



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 individual 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.

3304

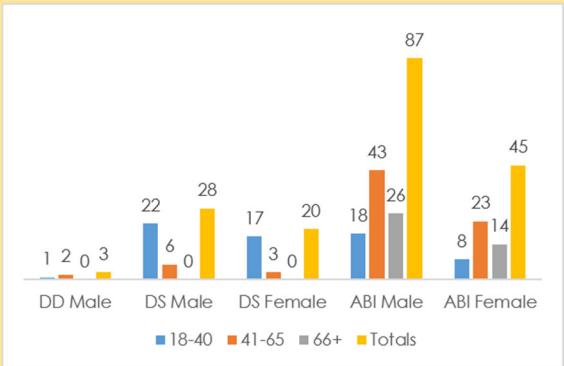
days of respite delivered

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.

397

Day Program Participants



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

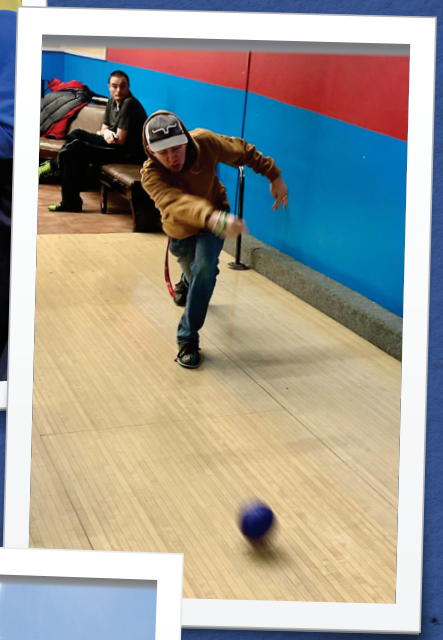

Scrambler















How are we doing?

About the Pathways Management Report

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

Stakeholder Engagement and Feedback

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

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

- **Stakeholder Surveys (Supported Individuals, Family Members, Community Partners & Employee)**
- **Web-Based Anonymous Feedback**
- **Complaint and Appeal Processes**
- **Community Member Involvement on Sub-Committees of The Board, such as The Quality Assurance Committee**

Stakeholder Surveys

In preparation for Pathway's CARF Accreditation Survey that took place in February 2025, the organization conducted agency-wide stakeholder surveys with our supported individuals and employees. The surveys are prepared by uSPEQ, a survey partner of CARF. uSPEQ designs and assists in the implementation of satisfaction surveys in organizations around the world and prepares benchmark reports to assist agencies in comparing their results with those of similar organizations.

Supported Individual Satisfaction Survey

In addition to the Client Experience Survey conducted by uSPEQ in the summer of 2024, beginning in April 2025, as part of our ongoing performance measurement and management efforts, quarterly, in-house satisfaction surveys have been administered to sample groups of supported individuals from each of our programs. Results from the 2024-25 fiscal year show high satisfaction from supported individuals with responses of Agree or Strongly Agree for all statements.

Family Member and Community Partners Satisfaction Survey

In April 2025, Pathways also introduced satisfaction surveys for our supported individual's family members as well as community partners and referral sources. The survey consists of statements regarding Communication, Service Responsiveness and Respect. Results from the 2024-25 fiscal year show high satisfaction from these stakeholders as well with responses of Agree or Strongly Agree for all statements.

Employee Survey

The uSPEQ Employee Climate Survey was conducted in October 2024 with over 200 (50% response rate) employees participating in the anonymous, online survey providing feedback on workplace culture and experience. The results were shared with Pathway's employees and our other stakeholders in March 2025.

In response to some of the feedback received, Pathways established the Recognition and Events Committee. This committee is responsible for collecting ongoing feedback on workplace culture and experience as well as planning and executing employee appreciation events and activities. In 2025, the first annual Pathways Golf Tournament was held at Briar Fox Golf Course in Deseronto with over 30 participants. The committee also planned a family skate event and trivia night and shared over 50 peer-submitted employee recognition nominations and years of service awards on Pathways employee intranet site.

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 informational purposes and action as necessary.

In 2025, we did not receive any messages or complaints through the anonymous feedback form on our website.

Complaint and Appeal Process

Our Complaint and Appeal Process policy is provided to all supported individuals, their family members (as appropriate/requested) and employees to ensure any and all complaints received are handled in a timely, consistent and professional manner. Complaints are monitored by our Chief Operating Officer and reported on the agency's Risk Register and reviewed with the Quality Assurance Committee board members quarterly.

Five complaints were reported in 2025, all of which were resolved to the satisfaction of the complainants. Complaints were made by both supported individuals and members of the community. In each instance, the complaint process was followed, and the appropriate documentation was prepared and signed off on.

Complaints from community members did not pose any reputational damage to Pathways. At the end of the fiscal year, the executive team reviewed all complaints to discern of any trends and determined actions to be taken to mitigate further complaints in those areas.

Performance Measurement & Management

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 by the agency. Pathways Quality Assurance Plan sets out, reports on and summarizes the outcomes of the performance objectives set annually by the organization.

For each accredited program, CARF requires at least one performance objective related to service delivery for each of the following four domains:

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 supported individual.
4. **Satisfaction:** Measures the extent to which the people we support and other stakeholders are happy or satisfied with the services Pathways provides.

Quality Assurance Plan

Service Delivery Objectives

Efficiency

- Passport Program has sufficient staffing resources to facilitate all scheduled programs and activities

Effectiveness

- Individuals participate in educational sessions

Service Access

- Individuals participate in Quality of LIfe Plans/ Service Plans annually
- Individuals with Passport funding are utilizing funds per new guidelines

Satisfaction

- Supported Individuals are satisfied with their Pathways services
- Family Member stakeholders are satisfied with Pathways
- Community Partner stakeholders are satisfied with Pathways

Desired Outcome	**Key Performance Indicator**
Passport Program has sufficient staffing resources to facilitate all scheduled programs/activities.	% of unique individual activities completed as scheduled.

Department	**Strategic Goal**	**Domain Type**	**Applies To**	**Data Source**	**Data Limitations**	**Data Owner**
Client Services	Grow	Efficiency **CARF Program.** CH, FHP, SIL, CI	All Supported Individuals in Passport Program	TBD	None	Manager, Passport Program

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Outcome**
90%	92%	90%	90%	90%	**90.5%**

Year End Report Back The Passport Program hired two RPFs in April, increasing staffing capacity and enabling us to support a higher number of scheduled programs.

Year End Gap Analysis There are currently no identifiable gaps. This objective will be renewed for 2026-27 to ensure staffing resources continue to be sufficient for scheduled programs and activities.

Desired Outcome	**Key Performance Indicator**
Supported individuals participate in life skills learning sessions.	# of sessions held annually.

Department	**Strategic Goal**	**Domain Type**	**Applies To**	**Data Source**	**Data Limitations**	**Data Owner**
Client Services	Grow	Effectiveness **CARF Program.** CH, FHP, SIL, CI	All Supported Individuals.	Manual Spreadsheet	None	Chief Operating Officer Client Services Manager

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Outcome**
24	4	11	5	4	**24**

Year End Report Back This fiscal year had a great variety of life skill learning opportunities, with the focus on mental health, physical wellbeing, and emotional health. Pathways continues to make community connections that provide continued learning opportunities to the individuals that we support.

Year End Gap Analysis No gap identified within this objective within this fiscal year. This objective will be revised for 2026-27 as educational learning sessions rather than specifically 'life skills' to allow for broader subject matter to be covered.

Desired Outcome	Key Performance Indicator
Supported Individuals have the opportunity to direct services.	% of supported individuals participate in a QLP (service plan) annually and within one year of the previous plan

Department	Strategic Goal	Domain Type	Applies To	Data Source	Data Limitations	Data Owner
Client Services	Innovate	Service Access **CARF Program.** CH, CI, SIL, FHP	All Supported Individuals	Nucleus RPT 129	None	Supervisor, Administrative Services

Target (#,%)	Q1	Q2	Q3	Q4	Year End Outcome
100%	100%	100%	100%	100%	**100%**

Year End Report Back Achieved 100% QLP completion for the year, reflecting strong performance and consistent process management.

Year End Gap Analysis Increased notifications and outreach to managers and case managers supported timely completion, and all administrative uploading and tracking were maintained to ensure accurate records.

Desired Outcome	Key Performance Indicator
Supported Individuals of Pathways receiving Passport funding are utilizing funds per new guidelines.	% of passport budget spent of funds managed by Pathways.

Department	Strategic Goal	Domain Type	Applies To	Data Source	Data Limitations	Data Owner
Client Services	Lead	Service Access **CARF Program.** CI	Supported Individuals with Passport funding	SAGE	None	Manager, Finance

Target (#,%)	Q1	Q2	Q3	Q4	Year End Outcome
90%	21.71%	40.07% - **C**	59.07% - **C**	90% - **C**	**90%**

Year End Report Back With an ambitious 90% spending target, PTI met the target (89.97%) year end result. Within this fiscal, Pathways supported 247 Passport individuals (208 internal, 39 external) with a total budget of $2,142M.

Year End Gap Analysis Pathways has a well-established Passport Program, and processes around the program to achieve spending targets. The only minor gap that was identified was spending stalls in the cases when Passport staff were off work for periods of time. For any leaves within the next fiscal, Pathways will review opportunities to recruit/backfill Passport positions, to prevent spending/support gaps.

C = Cumulative

Desired Outcome Supported Individuals are satisfied with Pathways services.			**Key Performance Indicator** % of supported individuals that report they are satisfied with their services.			
Department Client Services	**Strategic Goal** Innovate	**Domain Type** Experience of Services (PS) **CARF Program.** CH, CI, SIL, FHP	**Applies To** All surveyed Supported individuals	**Data Source** Manual – Custom Survey	**Data Limitations** Participation	**Data Owner** CPDO

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Outcome**
100%	100%	100%	100%	100%	**100%**

Year End Report Back 100% of the targets were reached for each quarter with positive responses from all the participants. Responses never fell below Strongly Agree or Agree in all cases.

Year End Gap Analysis There are currently no identifiable gaps

Desired Outcome Stakeholders are satisfied with Pathways services			**Key Performance Indicator** % of stakeholders (family) reporting satisfaction with Pathways.			
Department Client Services	**Strategic Goal** Innovate	**Domain Type** Experience of Services (OS) **CARF Program.** CI, CH	**Applies To** Family members of supported individuals - ABI Programs, Residential, Fee for Service (Employment/Pass port)	**Data Source** Manual – Custom Survey	**Data Limitations** Participation	**Data Owner** CPDO

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Outcome**
100%	100%	100%	100%	100%	**100%**

Year End Report Back 100% of the targets were reached for each quarter with positive responses from all the participants. Responses were all very positive- Strongly Agree or Agree in all cases

Year End Gap Analysis There are currently no identifiable gaps.

Desired Outcome Stakeholders are satisfied with Pathways services				**Key Performance Indicator** % of stakeholders (partners) reporting satisfaction with Pathways.		
Department Client Services	**Strategic Goal** Lead	**Domain Type** Experience of Services (OS) **CARF Program.** CH, FHP, SIL, CI	**Applies To** Partners / Referral Sources - DSO, Ontario Health at Home, MCCSS, DDCP	**Data Source** Manual – Custom Survey	**Data Limitations** Participation	**Data Owner** Manager, Intake & Employment Director, Clinical Services

Target (#,%)	Q1	Q2	Q3	Q4	Year End Outcome
100%	100%	100%	100%	100%	**100%**

Year End Report Back 100% of the targets were reached for each quarter with positive responses from all community partners. In all cases responses were Strongly Agree or Agree. There were also some very positive comments from respondents.

Year End Gap Analysis There are currently no identifiable gaps

Objectives for Business Functions

Additional objectives related to the Business Functions of the agency are guided by the Strategic Plan and its related goals.

Lead

- Secure an appropriate facility for expanded day programs services in the Quinte Region.

Grow

- Expand affordable and supportive housing.
- Reduce staff turnover and develop a sustainable workforce.
- Create employee engagement and culture building opportunities.

Innovate

- Increase staff knowledge and training in palliative care.
- Maintain fiscal responsibility by achieving high quality and sustainable financial stability.

Desired Outcome Community Space: Secure an appropriate facility for expanded day programs services in the Quinte Region.				
Department Programs Operations	**Strategic Goal** Lead	**Data Source** Manual Reporting	**Data Limitations** None	**Data Owner** Senior Manager, Facilities & IMT Manager, Programs

Timeframe	Key Performance Indicator	Applies To	Target	Outcome
Q1	Completion of Needs Assessment in Q1	Individuals and Stakeholders	100%	**100%**
Q2	# of viable facility sites identified in Q2	Potential Program Facilities	3	**3**
Q3	Initiation of project design and renovations in Q3	Identified Facility	Initiated	**Completed**
Q4	Soft launch and evaluation of facility in Q4	Identified Facility	Launched & Evaluated	**Completed**

Year End Report Back New location is now up and running successfully	**Year End Gap Analysis** There are currently no identifiable gaps

Desired Outcome Appropriate Housing: Expand affordable and supportive housing.				
Department Client Services Operations	**Strategic Goal** Grow	**Data Source** Manual Reporting	**Data Limitations** None	**Data Owner** Sr. Mgr, Facilities & IMT

Timeframe	Key Performance Indicator	Applies To	Target	Outcome
Q1				
Q2	% of housing stock reviewed by end of Q2	Existing PTI Worksites	100%	**100%**
Q3	# of viable renovations/expansions identified in Q3	Existing PTI Worksites	3	**3**
Q4	# of unit renovations initiated in Q4	Identified Worksite	1	**3**

Year End Report Back Goal was completed successfully	**Year End Gap Analysis** There are currently no identifiable gaps

Desired Outcome Agency Workforce: Reduce staff turnover and develop a sustainable workforce.				
Department Human Resources	**Strategic Goal** Grow Innovate	**Data Source** Survey Monkey, UKG	**Data Limitations** Participation	**Data Owner** CPDO Chief Operating Officer

Timeframe	Key Performance Indicator	Applies To	Target	Outcome
Q1	Recruitment and onboarding of Human Resources department leader in Q1	Human Resources Leader Position	1	**1**
Quarterly	% reduction in voluntary resignations	Personnel who voluntarily resign	5%	**5.15%**
Q2-Q4	% of resigning staff offered exit interview	Personnel who voluntarily resign	100%	**100%**
Q2-Q4	% of new hires included in mentorship program	New Hires	100%	**100%**

Year End Report Back There has been an overall reduction in voluntary resignations throughout the fiscal year. Our goal is to see this number continue to drop through enhanced screening at the front end i.e. more in-depth interview process and changing our practice from hiring all candidates to being more selective.

Year End Gap Analysis Continue to review recruitment and orientation processes.

Desired Outcome Create employee engagement and culture building opportunities.			**Key Performance Indicator** # of employee engagement activities / event held annually.		
Department Agency Wide	**Strategic Goal** Grow	**Applies To** Personnel	**Data Source** Recognition & Engagement Committee Events	**Data Limitations** None	**Data Owner** Senior Manager, Client Services

Target (#,%)	Q1	Q2	Q3	Q4	Year End Outcome
4	2	1	2	1	**6**

Year End Report Back It has been very difficult to plan events due to the ongoing potential labour disruption.

Year End Gap Analysis There were no barriers identified with completing this target. Pathways will continue to provide meaningful employee engagement opportunities to continue to build on the positive culture.

Desired Outcome Palliative Care: Increase staff knowledge and training in palliative care.				
Department Clinical Services	**Strategic Goal** Innovate	**Data Source** Manual Reporting; UKG	**Data Limitations** None	**Data Owner** Director, Clinical Services & Intake

Timeframe	Key Performance Indicator	Applies To	Target	Outcome
Q1	Not applicable			
Q2	Palliative Care lead selected and role defined in Q2	Palliative Care Lead Position	1	**1**
Q3	Palliative Care program framework developed in Q3	Program Framework	Framework Completed	**Completed**
Q3	% of staff completed palliative care training by Q4	Frontline Personnel	50%	**Completed**
Q4	# of partnership and training opportunities identified in Q4	Partnerships Identified	2	**2 partnerships** **6 training opportunities**

Year End Report Back This was an exciting objective for Pathways, as it directly relates to the continued goal of providing exceptional services to the individuals that we support. As a first step, all outcomes were met and assisted in the launch and application of the new Palliative Care program. Pathways will be looking to build on this momentum within the next fiscal, growing the training and exposure of the program, as well as establishing processes for sustainability.

Year End Gap Analysis A systemic gap that was identified, was the confusion around the term "Palliative Care", and how different programs and services use this term within the Heath Care/Developmental Services sector. This will be a focus for us on a move forward, ensuring that all resource and training materials clearly identify the differences between, Palliative Approach to Care, Palliative Care, and End of Life Care.

Desired Outcome Maintain fiscal responsibility by achieving high quality and sustainable financial stability.			**Key Performance Indicator** Maintain variance of <0.5% in the overall agency budget.		
Department Finance	**Strategic Goal** Innovate	**Applies To** Agency Operating Budget	**Data Source** Financial Statements/SAGE	**Data Limitations** None	**Data Owner** Chief Financial Officer
Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Outcome**
<0.5%	-0.23%	0.65%	1.0%	0%	**0%**
Year End Report Back As additional DS supported individuals were taken on, new MCCSS funding was received. Ontario Health converted the $40K that was one-time funding last year into base for this fiscal, which helped to mitigate ABI losses resulting from the passing of supported individuals.					
Year End Gap Analysis There are currently no identifiable gaps					

Risk Management

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

Full Risk Register available upon request.

RISK REGISTER							
Risk Identifier	**Previous Year End Status**	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Status**	**Next Fiscal Year Action**
1. Lack of Affordable Housing							Active
2. QAM Compliance							Active
3. Behaviour Support Plan Sign Off							Active
4. Complaint Resolution							Active
5. PWE/Wage Re-opener/Collective Bargaining							Active
6. Cyber Security							Active
7. Privacy Breach							Active
8. Recruitment & Retention							Active

Level	Potential Severity	Probability	Actions Required
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.

Where are we going?

Strategic Plan

Pathways Board of Directors worked closely with an external strategic planning consulting group to create a new Strategic Plan in 2021. Due to operational demands, the executive team requested and received approval from the Board of Directors for a one-year extension on the plan.

2025 was the final year working with this strategic plan; a new plan will be developed in 2026.

What did we learn?

The needs of the individuals we support are changing.

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

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

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

Changing needs of the individuals 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 supported individuals.

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

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

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

How will we address these needs?

Lead

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

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

Grow

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

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

Innovate

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

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



For information about this Report, please contact:

Alex Merritt
Manager, Quality & Accreditation

613-962-2541 Ext. 335
alexm@pathwaysind.com

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.

Contact us

Pathways to Independence
289 Pinnacle Street
Belleville ON
K8N 3B3

613-962-2541

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

613-233-3322

www.pathwaysind.com