



## **HEALTH & HUMAN SERVICES COMMITTEE AGENDA**

**Thursday, March 23, 2023 at 1:00 p.m.**

**W & M Edelbrock Centre, Dufferin Room, 30 Centre St, Orangeville ON L9W 2X1**

The meeting will be live streamed on YouTube at the following link:

<https://www.youtube.com/channel/UCCx9vXkywflJr0LUVkKnYWQ>

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### Land Acknowledgement Statement

*We would like to begin by respectfully acknowledging that Dufferin County resides within the traditional territory and ancestral lands of the Tionontati (Petun), Attawandaron (Neutral), Haudenosaunee (Six Nations), and Anishinaabe peoples.*

*We also acknowledge that various municipalities within the County of Dufferin reside within the treaty lands named under the Haldimand Deed of 1784 and two of the Williams Treaties of 1818: Treaty 18: the Nottawasaga Purchase, and Treaty 19: The Ajetance Treaty.*

*These traditional territories upon which we live and learn, are steeped in rich Indigenous history and traditions. It is with this statement that we declare to honour and respect the past and present connection of Indigenous peoples with this land, its waterways and resources.*

### Declarations of Pecuniary Interests

### **PUBLIC QUESTION PERIOD**

Members of the public in attendance are able to ask a question. If you unable to attend and would like to submit a question, please contact us at [info@dufferincounty.ca](mailto:info@dufferincounty.ca) or 519-941-2816 x2500 prior to 4:30 p.m. on March 22, 2023.

## **REPORTS**

1. HEALTH & HUMAN SERVICES – March 23, 2023 – ITEM #1  
2022 Resident & Family Satisfaction Survey

A report from the Administrator of Dufferin Oaks, dated March 23, 2023, to outline the results of the Resident and Family Satisfaction Survey that is conducted at Dufferin Oaks each year.

### **Recommendation:**

**THAT the report of the Administrator, dated March 23, 2023, with regards to the Dufferin Oaks 2022 Resident and Family Satisfaction Survey, be received.**

2. HEALTH & HUMAN SERVICES – March 23, 2023 – ITEM #2  
2023 Accreditation Report

A report from the Administrator of Dufferin Oaks, dated March 23, 2023, to review the recent accreditation completed by Dufferin Oaks.

### **Recommendation:**

**THAT the report of the Director, Community Services, Early Years and Child Care Workforce Update 2, dated February 23, 2023, be received.**

3. HEALTH & HUMAN SERVICES – March 23, 2023 – ITEM #3  
Reallocation of Funding Notice

A report from the Administrator of Dufferin Oaks, dated March 23, 2023, to inform committee members of the Ministry of Health's Reallocation of Funding notice that has been received by staff.

### **Recommendation:**

**THAT the report of the Administrator, dated March 23, 2023, regarding the Reallocation of Funding Notice be received;**

**AND THAT staff be directed to purchase a mobility van with funds allocated from Ontario Health.**

4. HEALTH & HUMAN SERVICES – March 23, 2023 – ITEM #4  
Quarterly Community Services Activity Report – Fourth Quarter 2022

A report from the Director of Community Services, dated March 23, 2023, to provide Council with quarterly infographics that summarize the work undertaken by the Community Services Department, across Housing Services, Ontario Works and Early Years and Child Care (EYCC) Divisions.

**Recommendation:**

**THAT the report of the Director, Community Services, titled Quarterly Community Services Activity Report – Fourth Quarter, 2022, dated March 23, 2023, be received.**

**NOTICE OF MOTIONS**

**Next Meeting**

Thursday, April 27, 2023

W & M Edelbrock Centre, Dufferin Room, 30 Centre Street, Orangeville ON



Report To: Chair White and Members of Health and Human Services  
Committee

Meeting Date: March 23, 2023

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**Subject: 2022 Resident and Family Satisfaction Survey**

**From: Brenda Wagner, Administrator**

### **Recommendation**

**THAT the report of the Administrator, dated March 23, 2023, with regards to the Dufferin Oaks 2022 Resident and Family Satisfaction Survey, be received.**

### **Executive Summary**

This report outlines the results of the Resident and Family Satisfaction Survey that is conducted at Dufferin Oaks each year.

### **Background & Discussion**

As part of the Quality Services program at Dufferin Oaks, residents and families are surveyed to evaluate their satisfaction with care and services provided. This survey is conducted annually with input from the Residents Council as well as Family Council. New this year, the survey was also reviewed by the newly formed Quality Improvement Committee.

Surveys were distributed December 2022 and the results are included as an attachment to this report. The response rate was 41% or 65 surveys were returned which has decreased from the previous survey which had a 56% response rate. 86% of the respondents were family members and 14% responded that they were a family member assisting a resident with the survey responses.

Of note is that of those responding in the "Your Overall Satisfaction" section, an average score of 94% was received for "Your Overall Satisfaction" with care and services with and 100% for "Your Overall Satisfaction" with clean and well-maintained home. As well, 96%

of respondents stated that they would recommend the Home to others requiring long-term care.

Survey suggestions are reviewed for trends and assists the leadership team with developing the Dufferin Oaks' Action Plan as well as future budgets. Individual concerns are reviewed by each department managers and follow up occurs as required.

**Financial, Staffing, Legal, or IT Considerations**

At this time there are no Financial, Staffing, Legal, or IT Considerations.

**In Support of Strategic Plan Priorities and Objectives**

Good Governance – ensure transparency, clear communication, prudent financial management

Respectfully Submitted By:

Brenda Wagner  
Administrator

Attachment: 2022 Resident and Family Satisfaction Survey Results

Reviewed by: Sonya Pritchard, Chief Administrative Officer

**CONTINUOUS QUALITY IMPROVEMENT (C.Q.I.) – PAGE 1**

**DUFFERIN OAKS – SUMMARY REPORT FORM**

**TOPIC: Resident Family  
Opinion Survey 2022**

**RISK MANAGEMENT ASSESSMENT: [ ]**

**DEPARTMENT/TEAM:  
Leadership**

**QUALITY ASSURANCE ASSESSMENT: [ X ]**

**DATE: February 2023**

STANDARD	RESULTS OF MONITORING	ACTIONS
<p><b>Ratings of Agree/Not Achieved for 85% of surveys returned.</b></p>	<p><b>2022 survey questions were reviewed by Family Council and Residents Council prior to distribution.</b> Surveys were mailed out in December and we again provided a link to Survey Monkey so those who wished could fill out the survey on line in addition to mail, fax or hand delivering.</p> <p><b>Overall Response Rate: 65 surveys were completed</b> (86% were completed by family members and 14% were completed by residents with the assistance of a family member</p> <p><b>Overall Score on “Your Overall Satisfaction” Questions =</b> (“Your Overall Satisfaction” on care and services = <b>94%</b> and “Your Overall Satisfaction” on clean and well-maintained home = <b>100%</b> )</p> <p><b>96% would recommend the Home to others requiring long term care.</b> (53 responses)</p> <p><b>Staff treat my family member with respect = 98%</b> of respondents selected Yes. (52 respondents)</p> <p><b>1. Personal Care and Service:</b> <b>Standard exceeded for all questions.</b> My Family member is well cared for – 96.1% Care is provided in a kind, friendly, and gentle manner – 93%</p> <p><b>2. Communication/ Advocacy:</b> Standard exceeded for all questions. The Home keeps me informed about changes in my family members status –</p>	<p>Suggestions/comments were reviewed by the Senior management team members.</p>

**CONTINUOUS QUALITY IMPROVEMENT (C.Q.I.) – PAGE 1**

**DUFFERIN OAKS – SUMMARY REPORT FORM**

**TOPIC: Resident Family  
Opinion Survey 2022**

**RISK MANAGEMENT ASSESSMENT: [ ]**

**DEPARTMENT/TEAM:  
Leadership**

**QUALITY ASSURANCE ASSESSMENT: [ X ]**

**DATE: February 2023**

STANDARD	RESULTS OF MONITORING	ACTIONS
	<p>96.2% When I have concerns about resident care issues, I know whom to communicate these concerns to – 91.6% I feel comfortable expressing my opinions and feelings about my family member’s care. – 96.2%</p> <p><b><u>3. Living Environment: Standard exceeded for all questions.</u></b> Overall, I am satisfied that Dufferin Oaks is clean and well maintained – 100%</p> <p><b><u>4. Participation: Standard exceeded for all questions.</u></b> My family member is given the choice to participate in activities if they wish. (3.4% had no opinion) – 94.1%</p> <p><b><u>5. Quality of Life: Standard exceeded for all questions.</u></b> Staff, volunteers and others demonstrate a genuine concern about my family member’s well-being. – 98% (2% had no opinion)</p> <p><b>Areas where we could improve (individual comments)</b></p> <p>Better wifi connection would be helpful</p> <p>The facility is not homey.</p> <p>Need more senior parking nearby. More parking close - I visit early and all spots filled.</p> <p>Hairdresser needed - one for men, one for women</p>	<p>Concerns on individual surveys were forwarded to applicable managers and have been or are being addressed as able.</p>

**CONTINUOUS QUALITY IMPROVEMENT (C.Q.I.) – PAGE 1**

**DUFFERIN OAKS – SUMMARY REPORT FORM**

**TOPIC: Resident Family  
Opinion Survey 2022**

**RISK MANAGEMENT ASSESSMENT: [ ]**

**DEPARTMENT/TEAM:  
Leadership**

**QUALITY ASSURANCE ASSESSMENT: [ X ]**

**DATE: February 2023**

STANDARD	RESULTS OF MONITORING	ACTIONS
	<p>Balconies could be more inviting (paint walls, more chairs, etc)</p> <p>Showers would be nice – not sure why there are only tubs available</p> <p><b>Areas where we exceed expectations (individual comments)</b></p> <p>Dufferin oaks is one of the best nursing homes in Ontario</p> <p>Exceed in the quality of care, cleanliness of the home and activities</p> <p>There is no better care in Ontario the staff are phenomenal</p> <p>You are all doing an incredible job and we appreciate the excellent care Irene is receiving and the wonderful atmosphere you have for the residents.</p> <p>Virtual visits were a godsend during the first wave of covid</p> <p>Exceeded: Nursing staff seem to have made mom’s needs a priority. Little things make a big difference. They see a problem and try to fix it.</p> <p>I have totally recommended your Home to others and will continue to do so</p>	

**ASSESSED BY: Brenda Wagner**

**PRESENTED TO Q.S. TEAM ON:  
Feb 2023**

**DATE ASSESSED: February 2023**

**PRESENTED TO C.O.M. ON:**





Report To: Chair White and Members of Health and Human Services  
Committee

Meeting Date: March 23, 2023

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**Subject: 2023 Accreditation Report**

**From: Brenda Wagner, Administrator**

### **Recommendation**

**THAT the report of the Administrator, dated March 23, 2023, regarding the 2023 Accreditation Report, be received.**

### **Executive Summary**

All health service providers in the Central West Region of Ontario Health are required to achieve or maintain their accreditation status as a stipulation of their accountability agreements. Due to this mandatory requirement, Dufferin Oaks recently went through the process of renewing our accreditation status.

### **Background & Discussion**

Since 2016, all health service providers in the former Central Local Health Integration Network (LHIN), now known as Ontario Health – Central West Region, were required to achieve accreditation status as a stipulation of the accountability agreement. Due to this requirement, Dufferin Oaks recently went through the process of renewing our accreditation status.

Accreditation is a process of review that healthcare organizations participate in to demonstrate the ability to meet pre-determined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standards of quality.

Dufferin Oaks chose to be accredited by the CARF Canada organization. CARF Canada is an approved accreditation body in Ontario by the Ministry of Health. The CARF standards have been developed over 50 plus years by international teams of service providers, policy makers, family members, and consumers. The standards have also been submitted to the public for review to validate relevancy and ensure input from all interested stakeholders. The standards review organizational structure, policies & procedures, leadership, resident and client rights, fiscal operations, human resource management, provision of care, resident and client records, quality outcomes, performance improvement, infection control, and health and safety.

Prior to the survey, the Dufferin Oaks staff worked diligently to meet the over eighteen hundred standards required by CARF. On January 9th and 10th, four surveyors completed a Digitally Enabled Site Survey (DESS) to review the programs of our long-term care home and Dufferin County Community Support Services. The surveyors were peer experts selected by CARF to conduct the virtual survey. Following completion of the survey, the accreditation body reviews the assessments from the on-site surveyors and renders an accreditation decision. A report is given that identifies the service provider's strengths and areas for improvement and its level of demonstrated conformance to the standards.

On February 14, 2023, Dufferin Oaks received notification that it successfully received a 3-year accreditation status. The accreditation letter and report are attached to this report. The accreditation is effective January 10, 2023 and will extend through February 28, 2026. As the accreditation letter states, "this achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel and documentation clearly indicate an established pattern of conformance to standards."

#### Survey Highlights:

- The Accreditation process included staff from Dufferin Oaks, DCCSS, People & Equity, Treasury and IT
- Staff, residents, clients, family members, contractors, and other stakeholders were key members throughout the survey
- In addition to team interviews during the survey, over 800 documents (policies, reports, files, statements, budgets) were reviewed by the surveyors.

There were a number of strengths identified in the report. Noted below are the highlights:

- The role Dufferin Oaks played in keeping residents safe during COVID-19. This included comments on how swiftly management and staff changed processes to decrease transmission of the virus as well as address the isolation residents were experiencing.
- The dedication displayed in providing excellence in resident centred care.
- The Home is a comfortable living space and recent upgrades were evident. The surveyors were especially impressed with the heated sidewalks at the main entrances which greatly decreases the risk of falls for our residents and clients.
- The high level of satisfaction noted amongst our external stakeholders in regards to interdisciplinary teamwork.
- The extensive support provided by Human Resources and noted the extensive review which was completed in terms of Diversity, Equity and Inclusion.
- The high level of satisfaction that was expressed for services received by our clients and residents. Clients in the community often expressed that the service provided to them by staff was the 'greatest service they've ever received'.
- Dufferin Oaks has multiple avenues for communication which help keep communication ongoing with residents, staff and families.
- The persons served and families expressed how fabulous, fantastice, transparent, excellent, compassionate and competent the staff members of Dufferin Oaks are.

Along with our areas of strength, the surveyors noted several areas for improvement which will be included into our Quality Improvement Plan (QIP) to be submitted to CARF. Areas identified included:

- The need to review each contracted service annually to assess performance
- Ensure unannounced emergency drills are held on all shifts on all sites (Dufferin Oaks Long Term Care as well as the Adult Day Program)
- Ensure Health and Safety self-inspections are conducted routinely
- Provide annual training to all staff on Dufferin Oaks' Quality Improvement program
- Review of the eligibilty requirements for the Adult Day Program to include criteria to exit the program as well as outlining the fee schedule in the initial agreement
- Reviewing the assessment of Adult Day Program clients to ensure a client centred plan of care is in place for each client
- Development of a medication policy for the Adult Day Program

**Next steps:**

To demonstrate its ongoing conformance to the CARF standards, Dufferin Oaks is required to complete a Quality Improvement Plan, 90 days after receiving the accreditation report, outlining how it will achieve the areas recommended for improvement in the report. Dufferin Oaks will then be required to submit an Annual Conformance to Quality Report each year throughout the accreditation term. In 2026, Dufferin Oaks will then be required to go through another survey to ensure continuing compliance with the accreditation standards.

**Financial, Staffing, Legal, or IT Considerations**

Once accredited, the Ministry of Long Term Care provides \$.36 per resident day each year the home is accredited. This equates to \$21,024.00 year for Dufferin Oaks in funding.

**In Support of Strategic Plan Priorities and Objectives**

Good Governance – ensure transparency, clear communication, prudent financial management

Respectfully Submitted By:

Brenda Wagner  
Administrator

Attachments: Letter of Accreditation  
Accreditation Report for Dufferin Oaks  
Benchmarking Data for Dufferin Oaks

Reviewed by: Sonya Pritchard, Chief Administrative Officer



February 14, 2023

Brenda Wagner  
Dufferin Oaks  
151 Centre Street  
Shelburne ON L9V 3R7  
CANADA

Dear Ms. Wagner:

It is my pleasure to inform you that Dufferin Oaks has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Adult Day Services  
Person-Centred Long-Term Care Community  
Personal Supports Services

This accreditation is effective January 10, 2023, and will extend through February 28, 2026. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect ([customerconnect.carf.org](https://customerconnect.carf.org)), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may order additional certificates from Customer Connect (<https://customerconnect.carf.org>).

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Sherri Schamel by email at [sschamel@carf.org](mailto:sschamel@carf.org) or telephone at (888) 281-6531, extension 7102.

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[www.carf.org](http://www.carf.org)

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon Ph.D." in a cursive style.

Brian J. Boon, Ph.D.  
President/CEO

Enclosures



# CARF Accreditation Report for Dufferin Oaks

## Three-Year Accreditation



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## About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).



**Organization**

Dufferin Oaks  
151 Centre Street  
Shelburne ON L9V 3R7  
CANADA

**Organizational Leadership**

Brenda Wagner, Administrator

**Survey Number**

165785

**Survey Date(s)**

January 9, 2023–January 10, 2023

**Surveyor(s)**

Mary M. Murray, Administrative  
Patsy H. Long, BS, ADM, RN, Program  
Stephanie Kersnick, Program  
Polly W. Davis, MA, CCC-SLP, Program

**Program(s)/Service(s) Surveyed**

Adult Day Services  
Person-Centred Long-Term Care Community  
Personal Supports Services

**Previous Survey**

January 27, 2020–January 28, 2020  
Three-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: February 28, 2026**

# Executive Summary

This report contains the findings of CARF's site survey of Dufferin Oaks conducted January 9, 2023–January 10, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, Dufferin Oaks demonstrated substantial conformance to the standards. Dufferin Oaks has demonstrated a commitment to excellence in care and services rendered to persons served, as evidenced by its utilization of the CARF standards in its ongoing strategic processes. Persons served, families, and staff members have expressed a high level of satisfaction with services. Dufferin Oaks also benefits from extensive support from Dufferin County in its growth and development of services. Dufferin Oaks has opportunities for improvement in the areas of risk management, health and safety, performance measurement and management, program/service structure, and program-specific standards in adult day services. Dufferin Oaks has demonstrated its ability to grow, adapt to a changing environment, and achieve success in outcomes with an ongoing commitment to performance improvement.

Dufferin Oaks appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Dufferin Oaks is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**Dufferin Oaks has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

# Survey Details

## Survey Participants

The survey of Dufferin Oaks was conducted by the following CARF surveyor(s):

- Mary M. Murray, Administrative
- Patsy H. Long, BS, ADM, RN, Program
- Stephanie Kersnick, Program
- Polly W. Davis, MA, CCC-SLP, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

## Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Dufferin Oaks and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Adult Day Services
- Person-Centred Long-Term Care Community
- Personal Supports Services

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that Dufferin Oaks demonstrated the following strengths:

- Dufferin Oaks provides comfortable living space for persons served. The home appeared to be well maintained and recently implemented upgrades (such as a floor replacement). The home was constructed in 2002, and its current capital budget addresses a variety of mechanical and physical plant upgrades to ensure that the home is in good working order and aesthetically pleasing for persons served, staff, and visitors. Common areas are spacious, with large windows in all areas that provide natural light, and resident rooms provide private space and physical separations between residents in shared rooms.
- Dufferin Oaks is owned and managed by Dufferin County. The county provides many supports to the home, including HR, legal, contractual, risk management, budgeting, technological, and other support. These additional resources allow for continued growth and development at the home and synergy between the home

and county to provide additional services, such as the Meals on Wheels and food bank programs on the campus site. The administrator of Dufferin Oaks also serves on a county leadership committee that address senior services in the county.

- The management team at Dufferin Oaks is dedicated to providing excellence in resident care and services. Many managers also have longevity with the organization. Performance improvement efforts have been made for consistent growth and include a range of improvements, from installing heated sidewalks at entrances for fall prevention to implementing upgraded software for wound tracking. Another leadership initiative being undertaken is the revision of Dufferin Oaks' mission statement, and stakeholder input from staff, residents, and families is being solicited as part of this process.
- External stakeholders expressed satisfaction regarding interdisciplinary teamwork within Dufferin Oaks. They expressed support from the home leadership and medical staff and noted that communication in regard to resident changes and needs is very good. Communication about clinical needs occurs with the use of the medical record software and through in-person meetings and committees. When asked about strengths of the home, "the love and care that everyone has for residents" was the response.
- Dufferin Oaks is commended for the role that it successfully played in protecting residents during the COVID-19 pandemic. The management team responded to the challenge by changing processes to decrease transmission of the virus as well as to decrease resident isolation through the innovative use of iPad® devices and other technology to connect residents and families. Physical plant changes were made, as necessary, to ensure social distancing. It should be noted that the physical layout of the building, with spacious private and shared rooms with separating walls, also enhanced containment efforts.
- Dufferin Oaks has extensive HR support from Dufferin County, which includes a team of diversified HR specialists. Efforts to boost recruitment and retention have included HR specialists related to recruitment and onboarding; diversity, equity and inclusion; special accommodations; and training. As a result, Dufferin Oaks has few open positions at this time.
- The Dufferin Oaks and Dufferin County teams are commended on the extensive assessment that has been completed in the past year in terms of diversity, equity, and inclusion. This assessment has included interviews with all staff members and other stakeholders with the purpose of updating the cultural competency, diversity, and inclusion plan to best meet individual stakeholder needs. Education on diversity, equity, and inclusion has also been provided to all staff in the past year, including a more extensive training on this topic for managers. Tools have also been developed for use in eliminating the potential for bias in the interview process. These efforts have been done in collaboration with the Dufferin County Respectful Workplace initiative.
- Starting with the heated sidewalk, the environment of the adult day program offers the clients a warm and inviting environment. The physical plant and movable furniture allow for large, small, and independent activities. There is also a beautiful outdoor space that is designed specifically for the program.
- The staff was very approachable and open to suggestions during the survey process. Staff seemed to have a good working relationship with leadership and across management/staff lines of responsibility.
- Clients all expressed gratitude and satisfaction with services and supports they receive. They spoke passionately of their experiences with staff members, stating they are always friendly and professional. They reported that their lives have been significantly and positively impacted by the services received. It is very evident that the adult day program adds to a meaningful life for clients and provides a great support system to families.
- Staff members in the personal support services program are strong and greatly respected, from leadership to drivers. Staff members are extremely knowledgeable about referral resources so that when clients express a need for a support service, staff is eager to help Dufferin County link individuals to services that encourage the "best" fit.
- The personal supports services program has excellent steps involved in dementia training through the SURGE education program.

- The delivery of meals through Meals on Wheels and other meal services, including frozen meals, is phenomenal. Clients frequently indicated that the meals were tasty and nutritious and often came in ample portions to allow for a second meal and that rarely anything “goes to waste.”
- One of the greatest strengths of the personal support services program is the satisfaction of the 400-plus persons served. Over and over clients noted that Dufferin Oaks offers “the greatest service they have ever had.”
- Dufferin Oaks has a strong group of personnel who are focused on person-centred care and committed to their work within the organization and as part of the interdisciplinary team. Personnel are highly skilled in their roles and committed to continuous learning and education. They work very well together as a team and are strong advocates for the persons served. They take a personal interest in the lives of each person served, and this approach shows in their daily work.
- There are many visible bulletin boards located throughout the facility that provide the persons served, families, and staff members with information on a wide variety of topics.
- The persons served and families expressed how fabulous, fantastic, transparent, excellent, compassionate, and competent the staff members of Dufferin Oaks are.
- Dufferin Oaks is complimented for its extensive use of electronic records through PointClickCare®. Among the innovative steps taken is the skin and wound app, which has had a positive effect in making information more current and readily available.
- Dufferin Oaks has multiple avenues for communication, which include the following: Mailchimp®, newsletters, and CONNECT 2U for residents and families. These programs helped to keep communication ongoing among residents, staff, and families during the pandemic.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

#### **Key Areas Addressed**

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

#### **Recommendations**

There are no recommendations in this area.

### **1.C. Strategic Planning**

#### **Description**

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

#### **Key Areas Addressed**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

#### **Recommendations**

There are no recommendations in this area.

### **1.D. Input from Persons Served and Other Stakeholders**

#### **Description**

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### **Key Areas Addressed**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

There are no recommendations in this area.

## **1.F. Financial Planning and Management**

### **Description**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### **Key Areas Addressed**

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.G. Risk Management**

### **Description**

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.



## **Key Areas Addressed**

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

## **Recommendations**

**1.G.4.a.**

**1.G.4.b.**

**1.G.4.c.**

**1.G.4.d.**

When the services delivered by the programs seeking accreditation are provided under contract with another organization or individual, it is recommended that documented reviews of the contract services be performed at least annually to assess performance in relation to the scope and requirements of their contracts, ensure that they follow all applicable policies and procedures of the organization, and ensure that they conform to CARF standards applicable to the services they provide. Dufferin Oaks has a small number of contracts, and documentation indicated only one contract was reviewed in the past year. The organization is encouraged to implement something like a contract checklist to facilitate this review.

## **1.H. Health and Safety**

### **Description**

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### **Key Areas Addressed**

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### **Recommendations**

**1.H.7.a.(1)**

**1.H.7.a.(2)**

**1.H.7.b.**

**1.H.7.c.(1)**

**1.H.7.c.(2)**

**1.H.7.c.(3)**

**1.H.7.c.(4)**

**1.H.7.c.(5)**

**1.H.7.d.**

Currently, Dufferin Oaks is conducting monthly fire drills. It is recommended that the organization complete an unannounced test of each emergency procedure at least annually on each shift at each location that includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be

analyzed for performance that addresses the areas needing improvement, actions to address the improvements needed, implementation of the actions, any necessary education and training of personnel, and whether the actions taken accomplished the intended results. The test should be evidenced in writing, including the analysis.

**1.H.14.a.**

**1.H.14.b.(1)**

**1.H.14.b.(2)**

**1.H.14.b.(3)**

While health and safety self-inspections are conducted periodically, these self-inspections should be conducted at least semi-annually on each shift. These inspections should result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and the actions taken to respond to the recommendations. The organization might consider the implementation of a master grid to track all self-inspections to ensure that they are conducted over the course of each year.

**Consultation**

- Dufferin Oaks may want to consider an annual unannounced test of each of the emergency procedures that are available in the vans.

## **1.I. Workforce Development and Management**

**Description**

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

**Key Areas Addressed**

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

**Recommendations**

There are no recommendations in this area.

**Consultation**

- Dufferin Oaks may wish to consider an approach to more formally align individual staff goals with overarching strategic goals for engagement. One approach could be to develop a list of individual staff goals related to strategic priorities and allow the manager and staff to select an appropriate goal during the annual performance appraisal process.

## 1.J. Technology

### Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### Recommendations

There are no recommendations in this area.

### Consultation

- Dufferin Oaks has access to a robust Dufferin County IT support team. This team also coordinates and provides support in terms of IT systems in the event of disasters and interruptions, as occurred with the large regional electrical outage in July 2022. The IT team also conducts regular testing for Dufferin County that includes all of its entities. The Dufferin Oaks and county IT team utilized learnings from the large regional outage experience to add additional supports, such as the installation of a hub at Dufferin Oaks. Although actual outages can be used for learning purposes, Dufferin Oaks is encouraged to schedule annual tests of its business continuity and disaster recovery related to IT systems that are specific to its location and services for use with performance improvement and to ensure that staff has all of the resources it could need in the event of an actual outage. The team may consider the use of a tabletop drill for this purpose.

## 1.K. Rights of Persons Served

### Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

### Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### Recommendations

There are no recommendations in this area.

## 1.L. Accessibility

### Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### Recommendations

There are no recommendations in this area.

## 1.M. Performance Measurement and Management

### Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### Recommendations

#### 1.M.10.

Personnel should be provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management. A review of the orientation and annual education topic list did not include performance measurement and management. Dufferin Oaks is in the process of changing its quality improvement committee process to be more inclusive of staff, persons served, and families. The

organization is encouraged to take this opportunity to develop a performance measurement and management training program that supports this new process and incorporate it into both orientation and annual education topics.

### **Consultation**

- Dufferin Oaks provided many examples of performance improvement projects that had been undertaken with successful results. Most examples related to the Dufferin Oaks long-term care home. The organization may benefit from a review of performance improvement opportunities in adult day and personal support services to ensure that performance improvement initiatives that are in place are appropriate to the needs of the programs. There may be additional indicators that could be implemented that might produce program improvement.

## **1.N. Performance Improvement**

### **Description**

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### **Key Areas Addressed**

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### **Recommendations**

There are no recommendations in this area.

## **Section 2. Care Process for the Persons Served**

### **Description**

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. Persons served are treated with dignity and respect, have access to needed services that achieve optimum outcomes, and are empowered to exercise informed choice.

### **2.A. Program/Service Structure**

#### **Description**

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

## **Key Areas Addressed**

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team
- Service delivery team communication
- Person-centred planning
- Provision of services to persons served
- Partnering with families/support systems

## **Recommendations**

### **2.A.3.c.**

It is recommended that, based on the scope of each program/service provided, the organization document its exit criteria.

### **2.A.10.e.(5)**

### **2.A.10.e.(7)**

There is a written agreement in place for the adult day program; however, based on the scope of services, the written agreement should contain information regarding the fee schedule and refund policies.

### **2.A.13.c.**

Even though individual program plans are referenced in the handbook for the adult day program, there was no evidence of these plans in the clients' records. Based on the scope of services of the program, initial and ongoing written screenings/assessments should be used to develop person-centred plans for the persons served.

### **2.A.14.b.(6)**

### **2.A.14.b.(7)**

### **2.A.14.b.(8)**

### **2.A.14.b.(9)**

### **2.A.14.b.(10)**

### **2.A.14.b.(11)**

### **2.A.14.b.(12)**

### **2.A.14.c.**

### **2.A.14.d.(1)**

### **2.A.14.d.(2)**

### **2.A.14.d.(3)**

It is recommended that, based on the scope and identified needs, the adult day program implement person-centred plans for the clients that address the goals of the client, the persons responsible for facilitating each goal, the integration of available resources, the choices and behaviours of the client that pose a risk to the person's health or safety, transition/exit plans (as appropriate), identification of the preferences of the client for involvement of members of the family/support system, and the changing lifespan issues of the client. The plans should be monitored for progress toward accomplishment of goals identified and should be shared in an understandable manner with the clients, other persons identified by the clients, and appropriate personnel.

- 2.A.28.a.
- 2.A.28.b.
- 2.A.28.c.
- 2.A.28.d.
- 2.A.28.e.
- 2.A.28.f.
- 2.A.28.g.
- 2.A.28.h.
- 2.A.28.i.(1)
- 2.A.28.i.(2)
- 2.A.28.i.(3)

In the adult day program centre, clients self-administer medications. Although there are policies for the long-term care area, there were no policies for the adult day program relating to medication. The program should implement written procedures that address compliance with all applicable laws and regulations pertaining to medications and controlled substances, including medication storage; medication administration; timing of administration; location of administration; self-administration; medication management/assistance; medication reconciliation; medication disposal; and over-the-counter medications, supplements, and vitamins. It may be important for families and persons served to know the limits of what staff can do and what steps may be taken should a client experience an adverse medication event while attending the program.

- 2.A.29.a.
- 2.A.29.b.
- 2.A.29.c.(1)
- 2.A.29.c.(2)
- 2.A.29.c.(3)
- 2.A.29.c.(4)
- 2.A.29.c.(5)
- 2.A.29.c.(6)
- 2.A.29.c.(7)
- 2.A.29.c.(8)
- 2.A.29.c.(9)
- 2.A.29.c.(10)
- 2.A.29.c.(11)
- 2.A.29.c.(12)
- 2.A.29.c.(13)
- 2.A.29.c.(14)
- 2.A.29.c.(15)
- 2.A.29.d.(1)
- 2.A.29.d.(2)

The adult day program has clients who self-administer medications. Currently, there are no written procedures to train the staff regarding self-administration of medication. It is recommended that personnel responsible for medications receive competency-based training on medication upon hire and annually. The competency-based training should include written procedures that address medications, actions to take in case of an emergency, administration/assistance, medication reconciliation, dispensing, disposal, documentation, errors, implications of abrupt discontinuation, implications for management of multiple medications, indications and contraindications, obtaining medication, written procedures for handling controlled substances, side effects, and storage. The competency-based training should also address compliance with all applicable laws and regulations pertaining to medications and controlled substances.

## **2.B. Residential Communities**

### **Key Areas Addressed**

- Service delivery planning in a congregate residential program
- Medication management/assistance
- Contracting for outside services
- Safety and security of the living environment
- Procedures for medications and controlled substances

### **Recommendations**

There are no recommendations in this area.

## **2.C. Care Process for Specific Diagnostic Categories**

### **Key Areas Addressed**

- Adequately addressing the complex needs of individuals with dementia
- Person-centred approach to service delivery
- Positive, therapeutic approach to behaviour
- Primary areas of education and support needed for personnel, families and support systems, and all stakeholders to meet the needs of individuals with dementia

### **Recommendations**

There are no recommendations in this area.

## **2.D. Skin Integrity and Wound Care Standards**

### **Key Areas Addressed**

- Written procedures to address skin integrity and wound care
- Written protocols for wound care needs that are within the scope of the program
- Referrals to appropriate healthcare professionals to address wound care needs that are outside the scope of the program
- Initial and ongoing assessments of persons served
- Documented competency-based training for personnel related to skin integrity and wound management
- Data collection and analysis

### **Recommendations**

There are no recommendations in this area.



## Section 3. Program Specific Standards

### 3.A. Adult Day Services

#### Description

An adult day services program is a non-residential program that provides supervised care to adults of all ages in a supportive and safe setting during part of a day. Assessments of the persons served and their families/support systems and person-centred plans of care drive the delivery of services. An adult day services program provides or arranges for services that include, but are not limited to, therapeutic activities, nutrition, health and personal care, and transportation.

Adult day services programs typically deliver services through a social model and/or a medical model. Either of these might provide services to specialized populations of persons served.

By supporting family systems, an adult day services program enables the persons served to live and engage in the community and provides the family system with an opportunity to fulfill daily responsibilities and for respite. An adult day services program strives to optimize the dignity, choice, preferences, autonomy, and quality of life of the persons served.

#### Key Areas Addressed

- Unit cost data and break-even point calculations
- Communication and information sharing regarding essential service delivery topics
- Involvement of family/support system
- Availability of current emergency information

#### Recommendations

3.A.3.a.

3.A.3.b.

3.A.3.c.

3.A.3.d.

It is recommended that the adult day program have documented unit cost data that are calculated at least annually as part of the budgeting process, allow for comparative analysis, are shared with relevant stakeholders, and are used for business/strategic planning.

### 3.C. Person-Centred Long-Term Care Community

#### Description

Person-centred long-term care communities, such as nursing homes or long-term care homes, may include freestanding homes, homes that are part of continuums of care, or homes that are part of health systems. Person-centred long-term care communities are residential programs that provide nursing and other services 24 hours a day, 7 days a week. Programs may offer long-term services, short-term services, or both to address a variety of needs.

Person-centred long-term care communities foster a holistic culture that focuses on:

- Autonomy, dignity, and individual choice of the persons served.
- Relationships among persons served, families/support systems, and personnel.
- Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community.
- Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them.
- Cultural competence, flexibility, and safety and security of the community.

Persons served are the experts regarding life in their home. Their voices are heard and their life stories, wishes, and needs drive service delivery. Persons served and personnel celebrate the cycles of life and connect to the local community to continue relationships that nurture the quality of everyday life.

Leadership commits to continuous learning and growth, teamwork, empowerment, responsiveness, and spontaneity. A person-centred long-term care community is a place where persons served want to live, people want to work, and both choose to stay.

### **Key Areas Addressed**

- Person-centred philosophy
- Arrangements for specific services
- Reducing risks for persons served
- Promoting choices of persons served
- Responding to individual needs of persons served
- Nursing services
- Medical management and physician involvement
- Performance measurement regarding long-term care topics
- Palliative care
- End-of-life care

### **Recommendations**

There are no recommendations in this area.

**2022 Employment and Community Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.**

## **Section 2. Quality Individualized Services and Supports**

### **Description**

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

## 2.A. Program/Service Structure

### Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

### Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

### Recommendations

#### 2.A.3.c.

Although the personal support program documents when someone exits the program, including a reason for discharge, it does not include in the scope of services what criteria are used for exits. Based on the scope of each program/service provided, the organization should document its exit criteria.

#### 2.A.12.b.

#### 2.A.12.c.

While a release of information is obtained at initial intake, no release is obtained for specific information or has a time limitation. It is recommended that any release of confidential information be limited to the specific information identified and have a time limit. The organization is encouraged to use a separate release for specific information. This could take place when service plans are evaluated. For example, this could be a topic to discuss during that meeting.

#### 2.A.17.a.

#### 2.A.17.b.(1)

The organization implements a policy for each program that identifies how it will respond to unsafe behaviours of the persons served that only refers to restraints (but not seclusion). It is recommended that the organization implement a policy for each program that identifies how it will respond to unsafe behaviours of the persons served and whether, and under what circumstances, seclusion is used. This could be done by revising the current policy.

## 2.B. Individual-Centred Service Planning, Design, and Delivery

### Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

### Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

## Recommendations

There are no recommendations in this area.

## Consultation

- The personal support services program has an in-depth assessment upon intake that includes health status and living status, etc., along with needs indicated; however, it is suggested that the intake process as well as service plan reviews include the client's strengths, abilities, preferences, and desired outcomes, with emphasis on the client's prioritizing of specific needs for goal setting.

## 2.E. Community Services Principle Standards

### Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

### Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

## Recommendations

There are no recommendations in this area.

## Section 4. Community Services

### Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

### 4.P. Personal Supports Services (PSS)

#### Description

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the persons served in other services/programs, such as employment or community integration services. Services and supports, which are primarily delivered in the home or community, are not provided by skilled healthcare providers (please see the Glossary for a definition of skilled healthcare provider), and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services. Services can also include transporting persons served, information and referral services, translation services, senior centres, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), training or educational activities (such as English language services); music therapy; recreation therapy; mobile meal services; or other support services, such as supervising visitation between family members and aides to family members.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

### **Key Areas Addressed**

- Training for personnel
- Supervision of personnel
- Identification of supports provided by program

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- The personal support services program has offered excellent services through meal delivery and linking clients to personal support needs through a referral process. The organization is encouraged to pursue expansion of the program to include direct service use of the transportation capability to include client involvement in the community, such as shopping, movies, and recreational activities, in addition to its current mission to provide medical transportation only. This may involve creating a proposal for additional funding for vehicles as well as cost allocations for outings from the county and/or the ministry.

# Program(s)/Service(s) by Location

## Dufferin Oaks

151 Centre Street  
Shelburne ON L9V 3R7  
CANADA

Adult Day Services  
Person-Centred Long-Term Care Community  
Personal Supports Services

# **CARF Benchmarking Data for Dufferin Oaks**





**Organization**

Dufferin Oaks  
151 Centre Street  
Shelburne ON L9V 3R7  
CANADA

**Survey Date(s)**

January 9, 2023-January 10, 2023

**Program(s)/Service(s) Surveyed**

Adult Day Services  
Person-Centred Long-Term Care Community  
Personal Supports Services

**Accreditation Decision**

**Three-Year Accreditation**

# Benchmarking

This document benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- Encourages a culture of continuous evaluation and improvement.
- Accelerates understanding of and agreement on areas for improvement.
- Helps prioritize improvement opportunities.
- Shifts internal thinking toward a focus on outcomes.
- Provides a reference to increase performance expectations.
- Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence<sup>®</sup> quality framework.

\* When available, benchmark comparison groups include:

- All surveyed organizations.
- All surveyed organizations in the same primary CARF customer service unit.
- Surveyed organizations with the same ownership type.
- Surveyed organizations in the same geographic region.
- Surveyed organizations with similar number of persons served annually.
- Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

When multiple locations are included on one survey, the benchmarks reflect the combined conformance to standards of all the locations that were surveyed.

## Benchmark Comparison Groups

Primary area of accreditation: Aging Services

Ownership type: Government Entity

Geographic region: Ontario

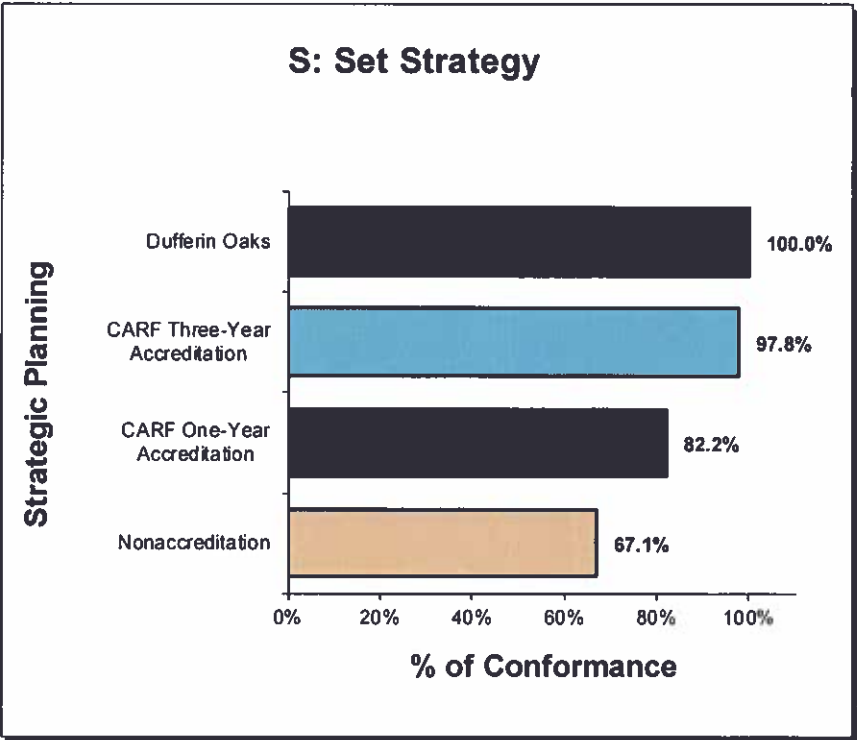
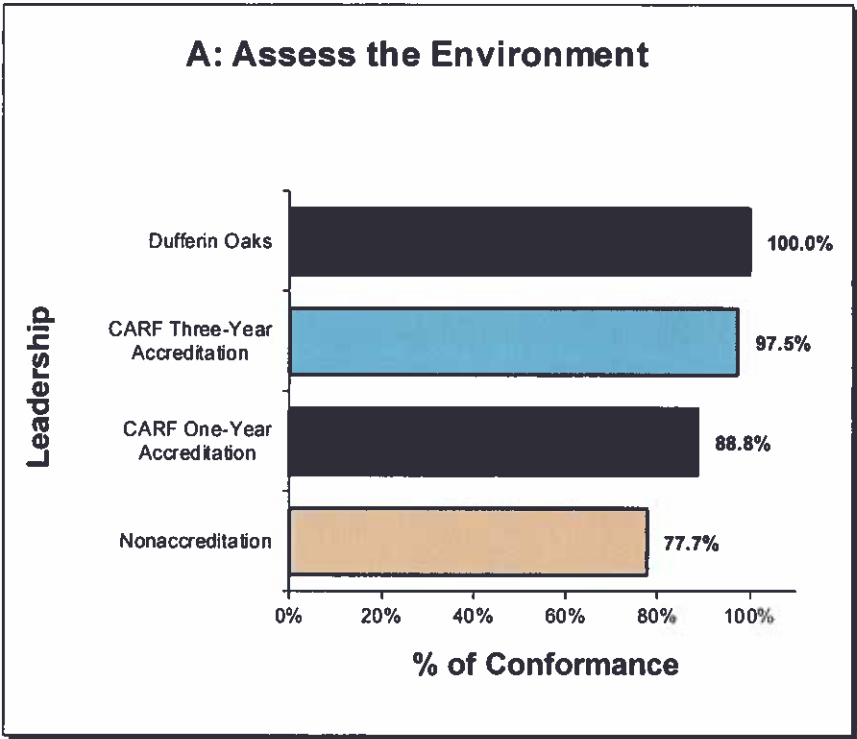
Staff size (FTEs): 100–499

Persons served annually: 1,000–4,999

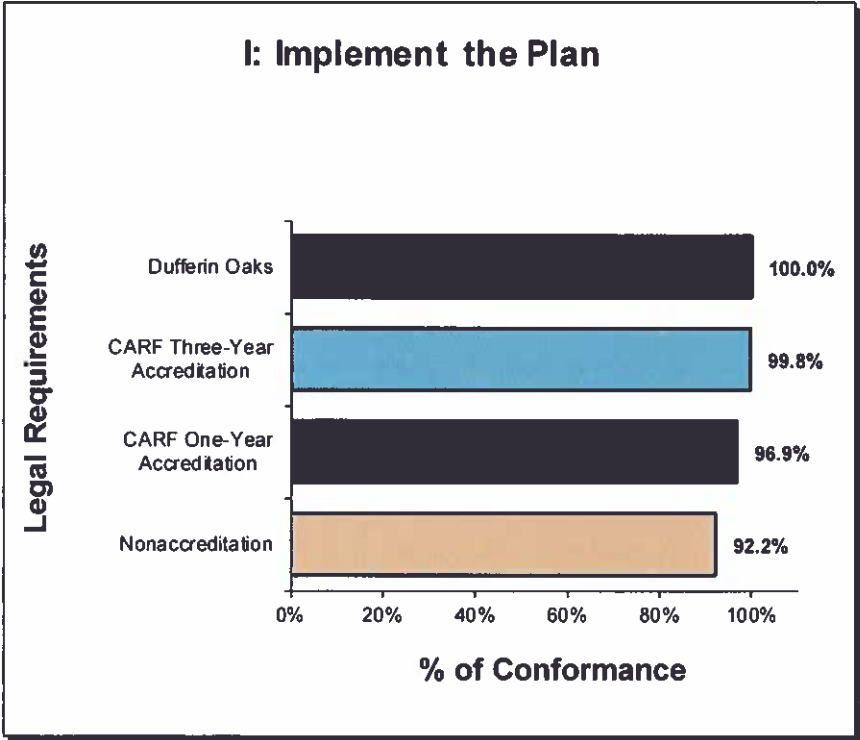
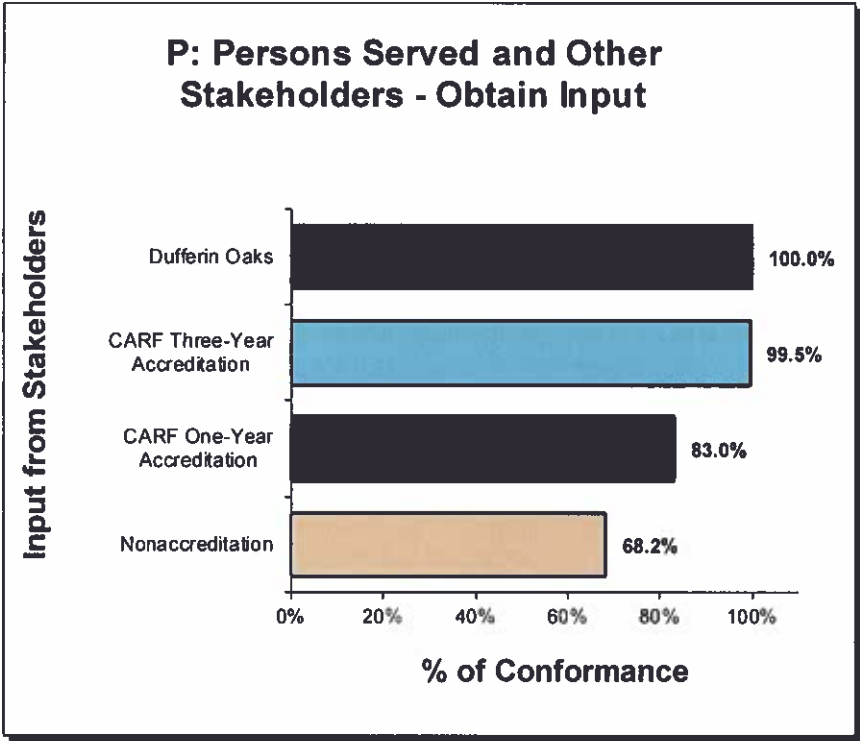
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\* Excluding Governance.

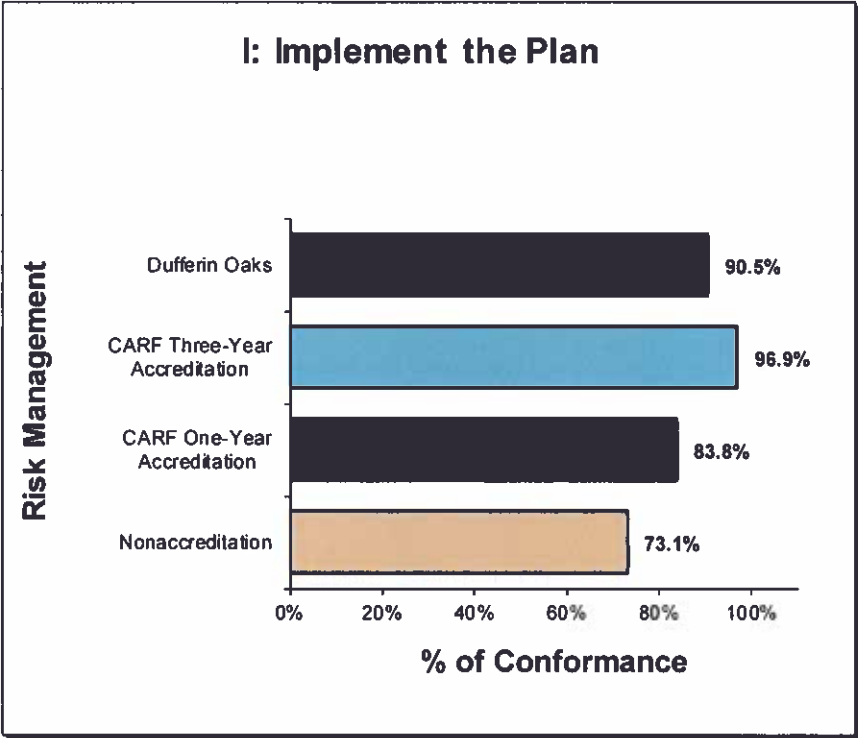
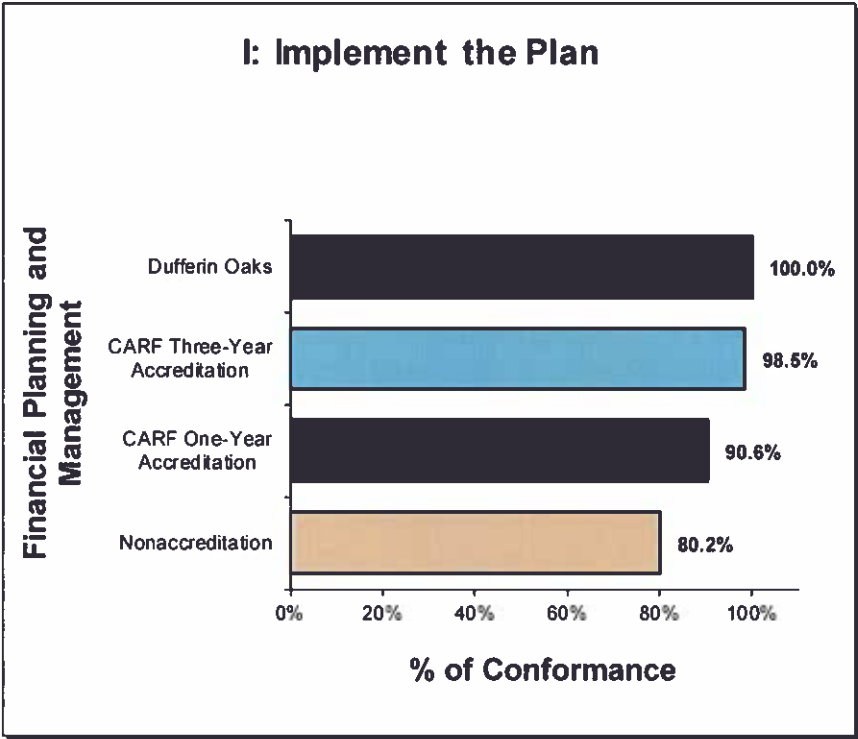
All surveyed organizations



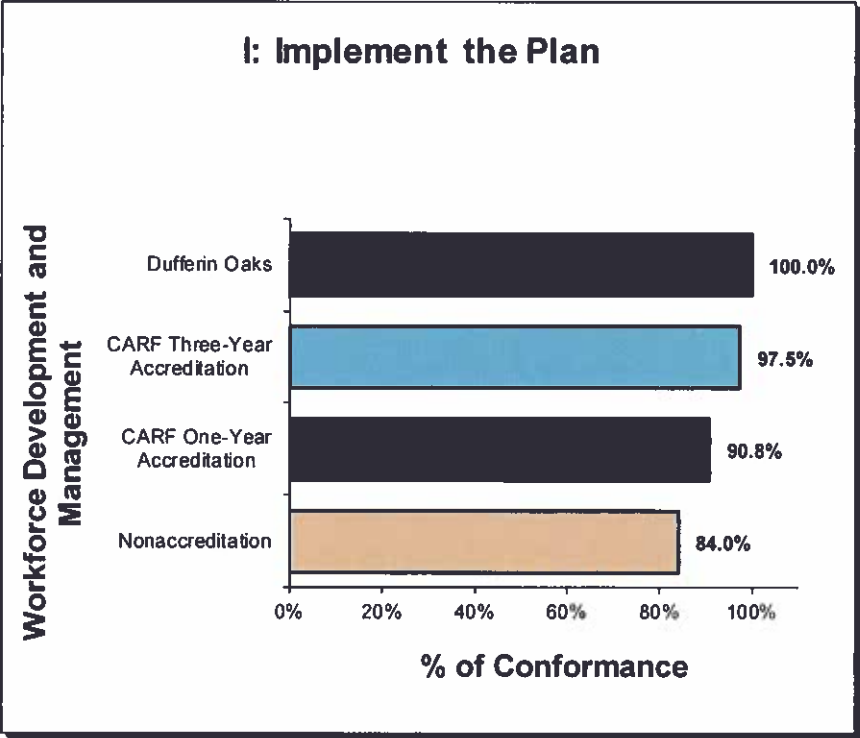
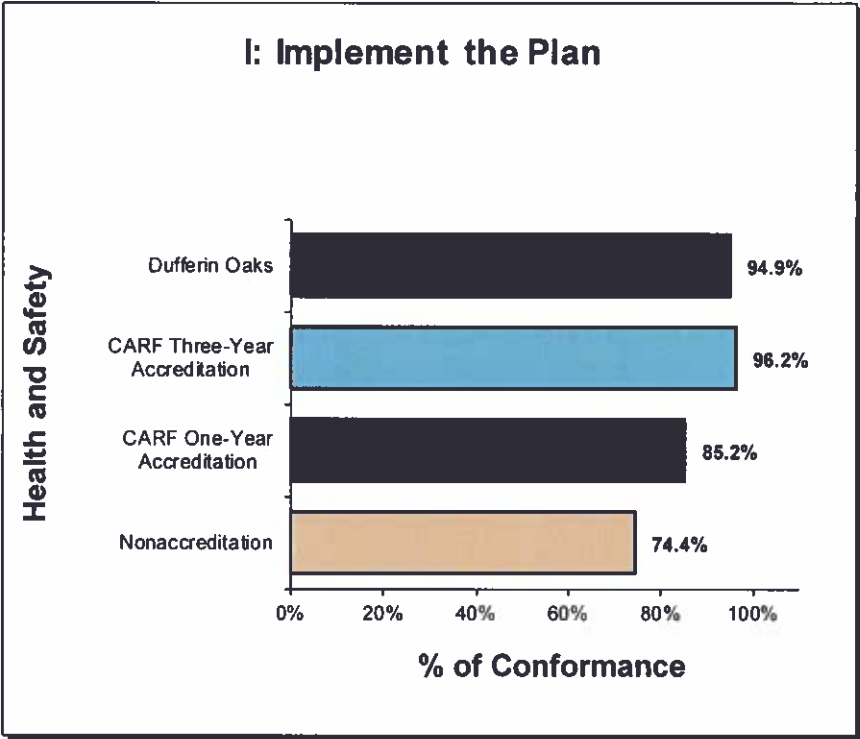
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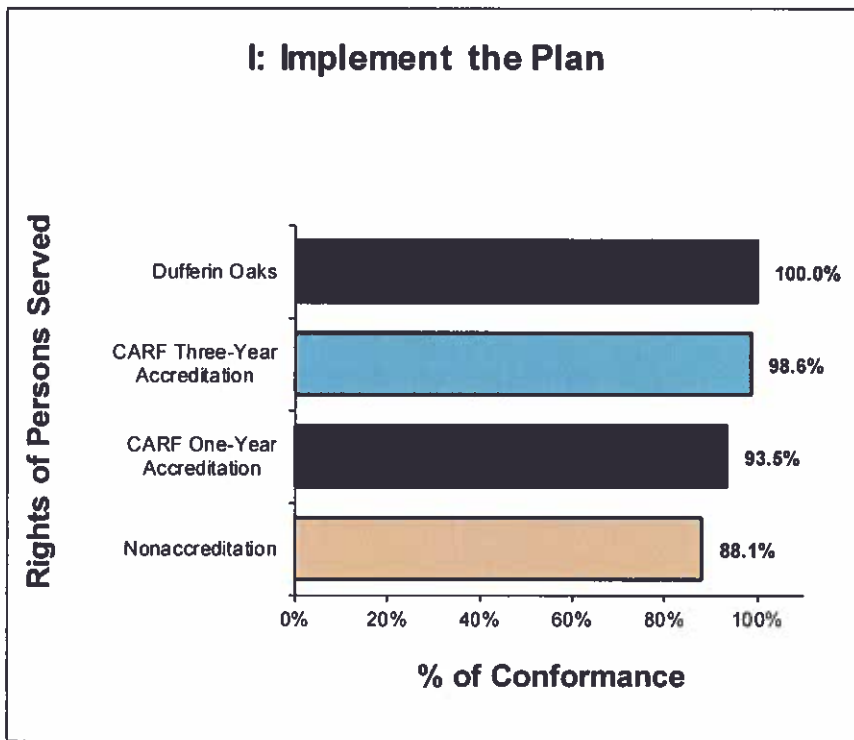
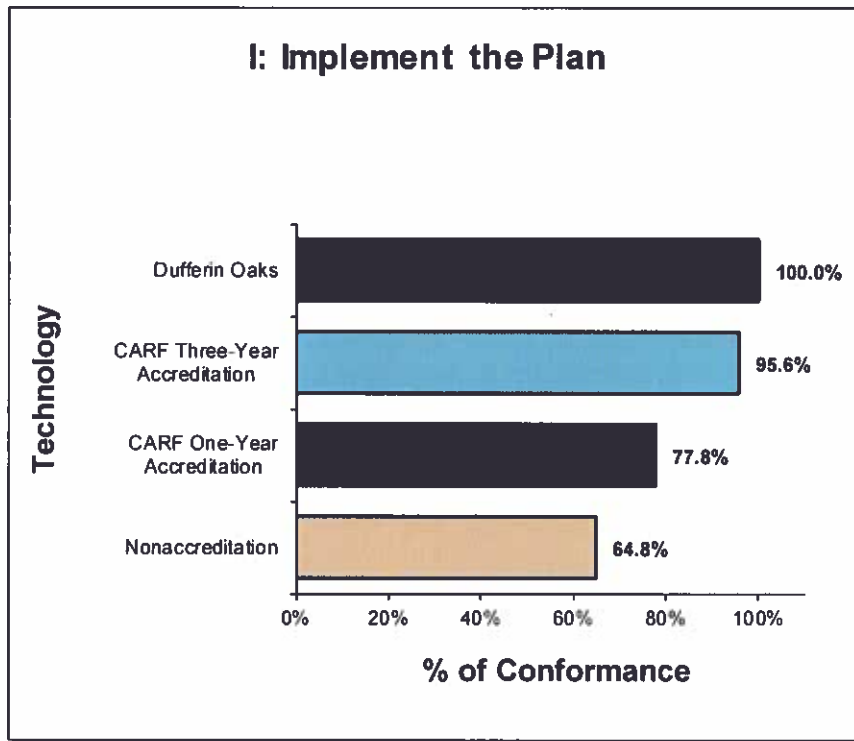
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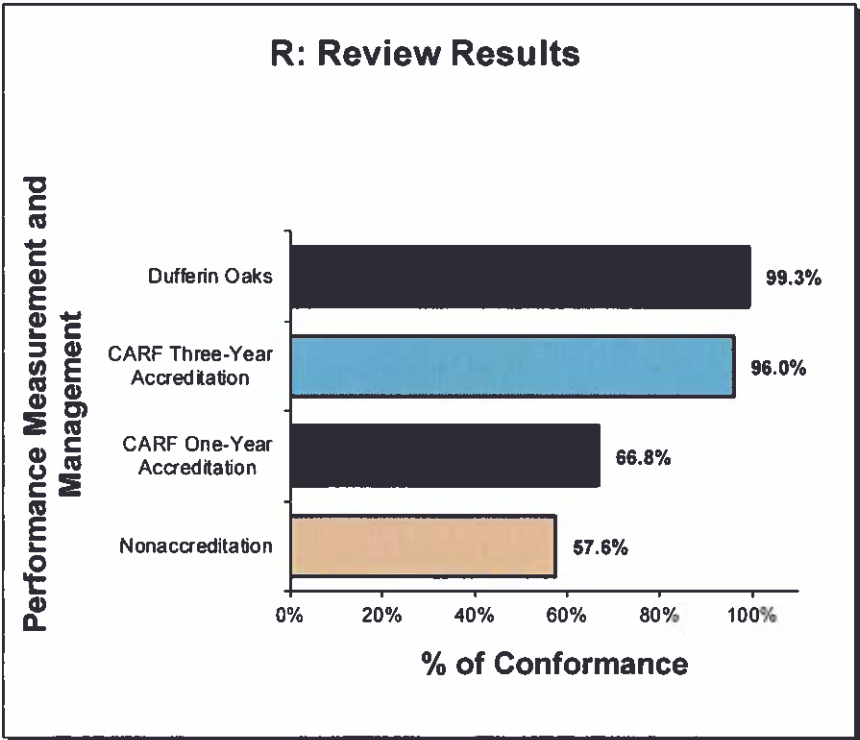
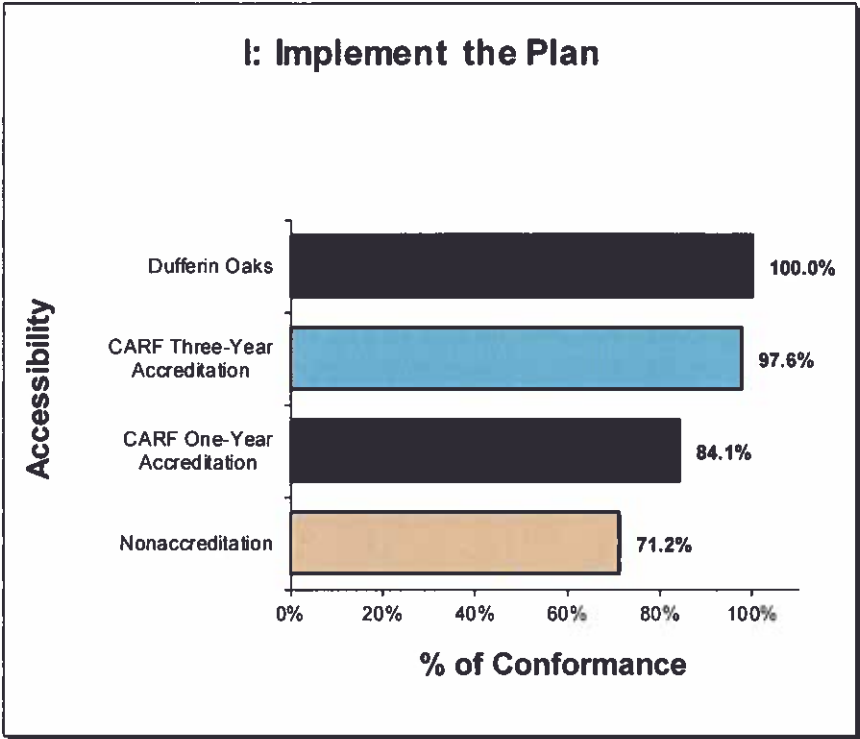
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All surveyed organizations — continued

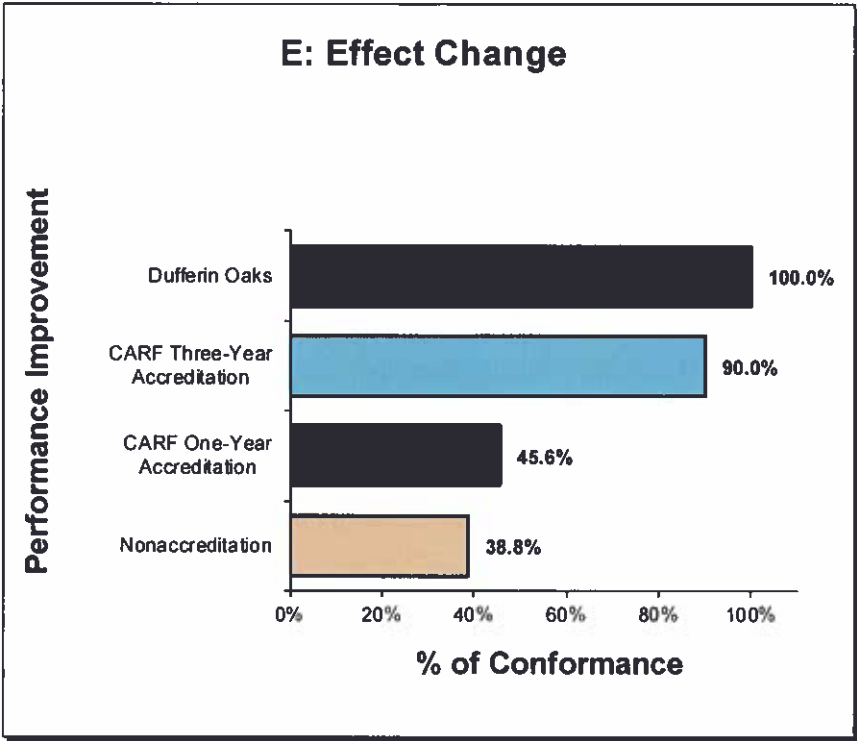


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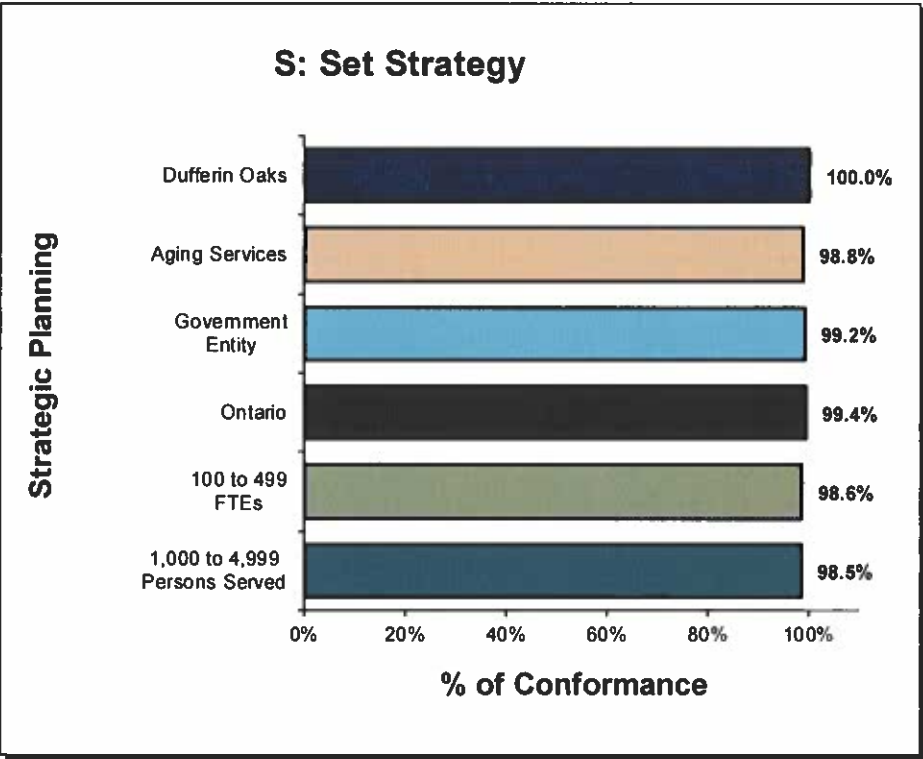
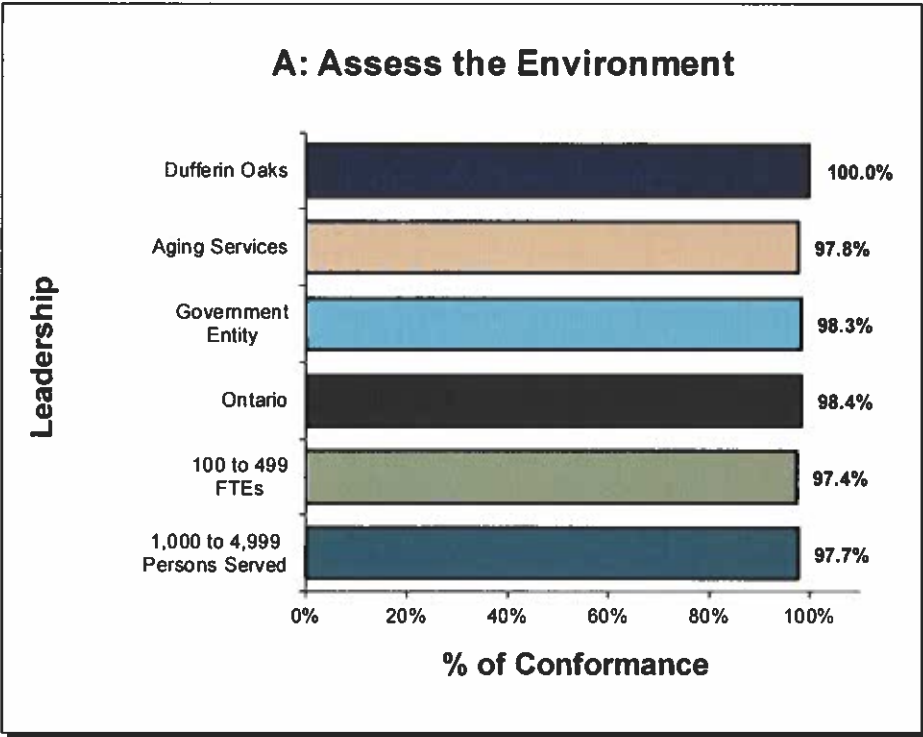




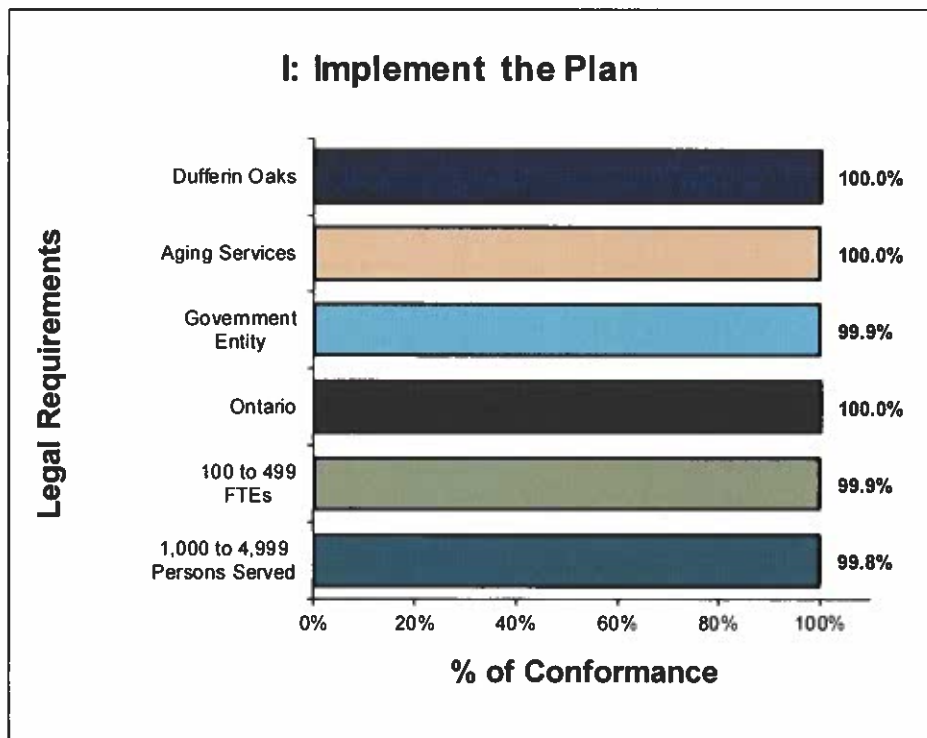
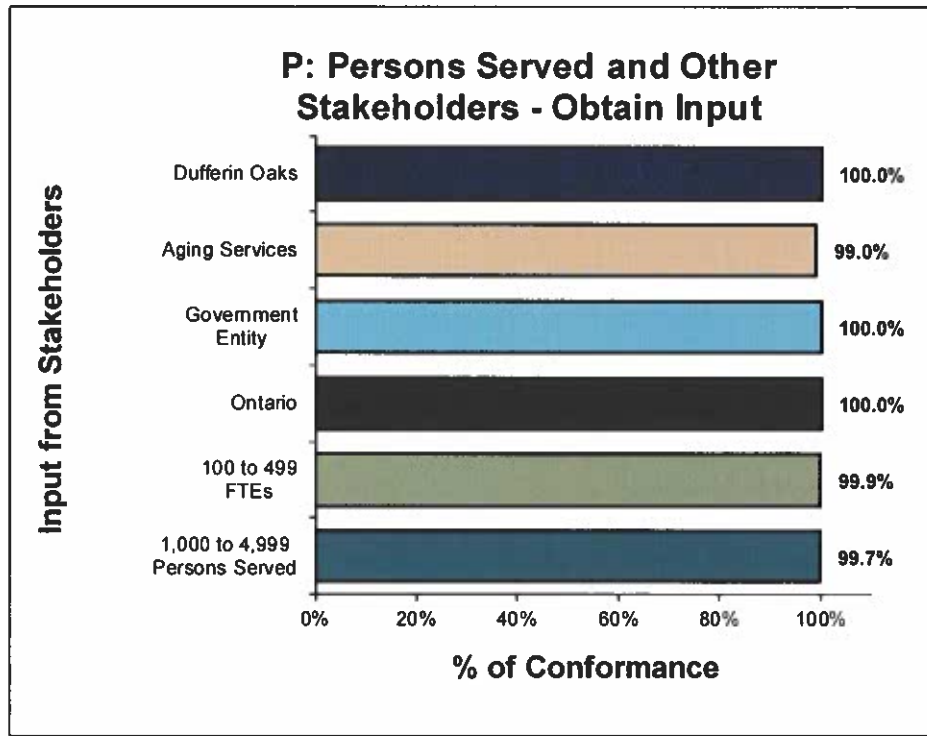
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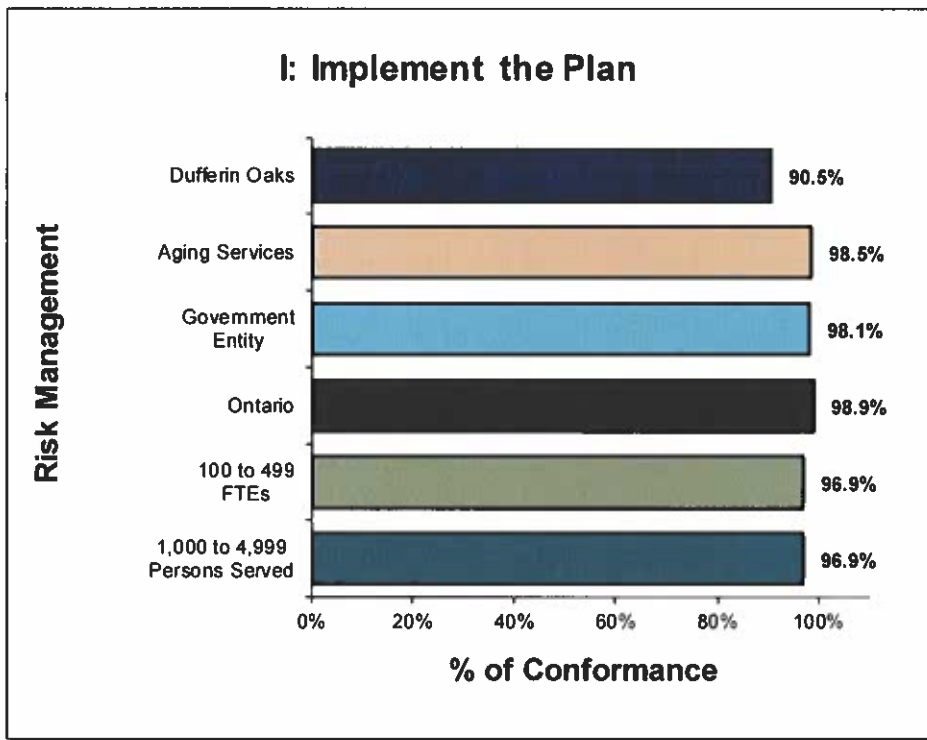
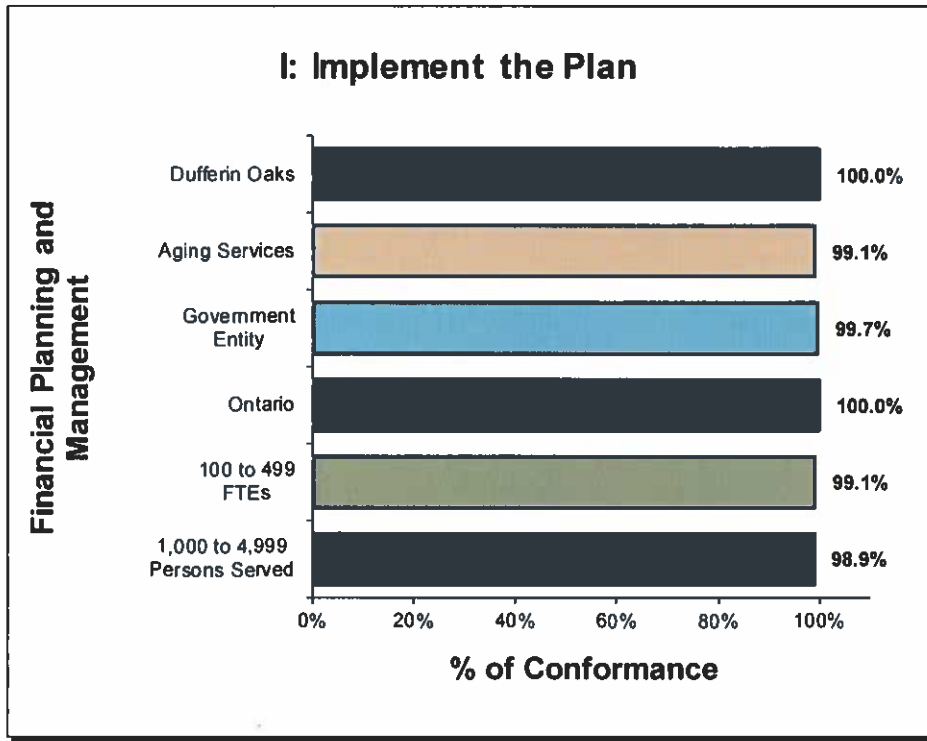
**Other benchmarks**



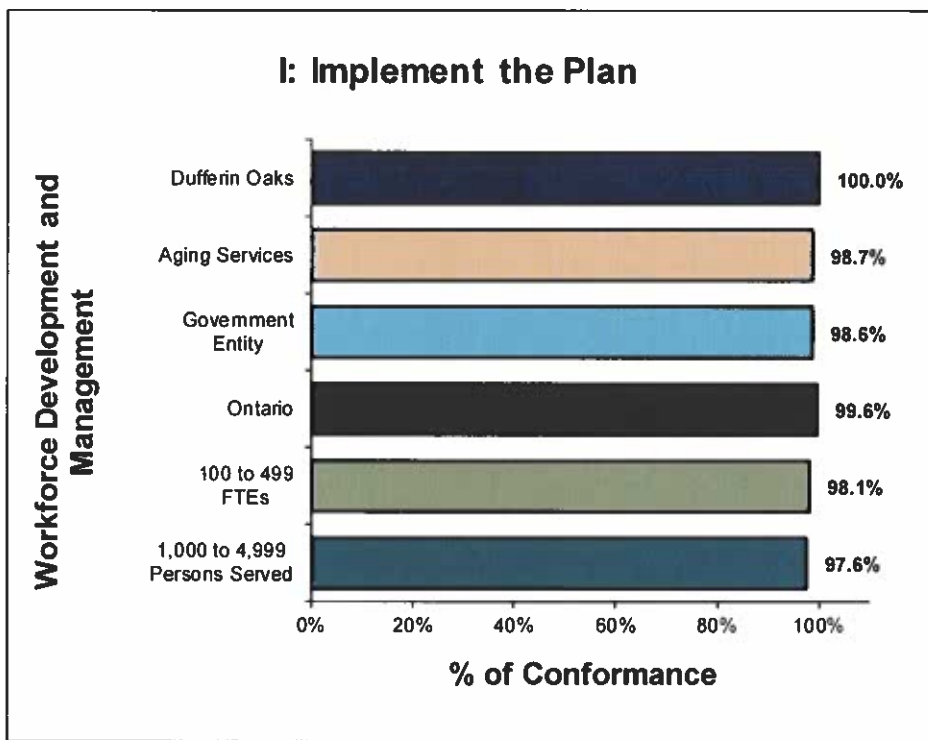
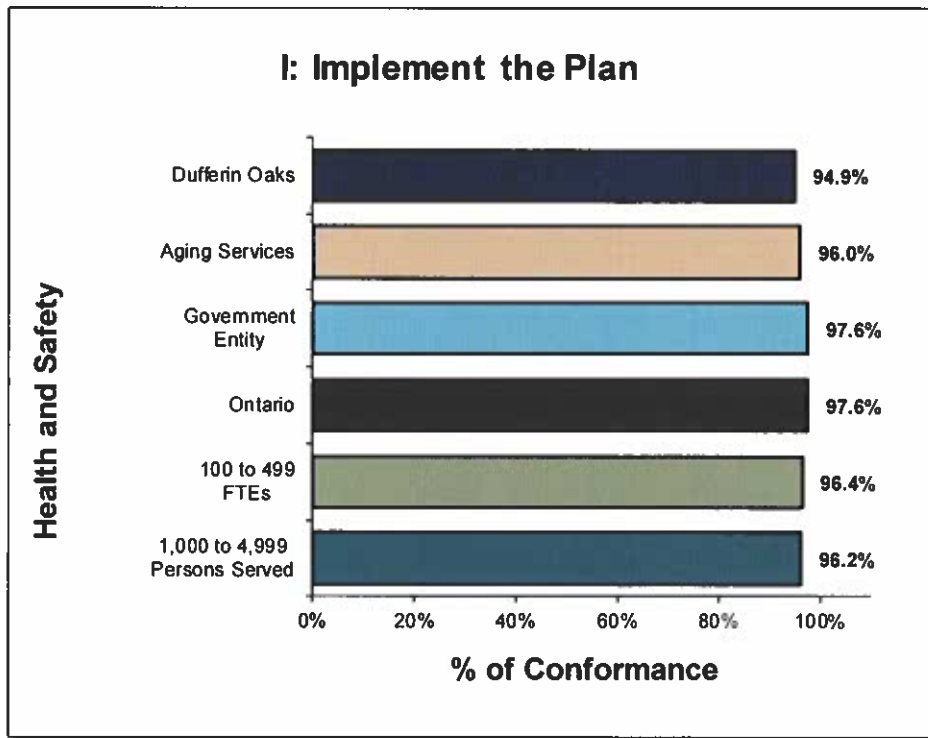
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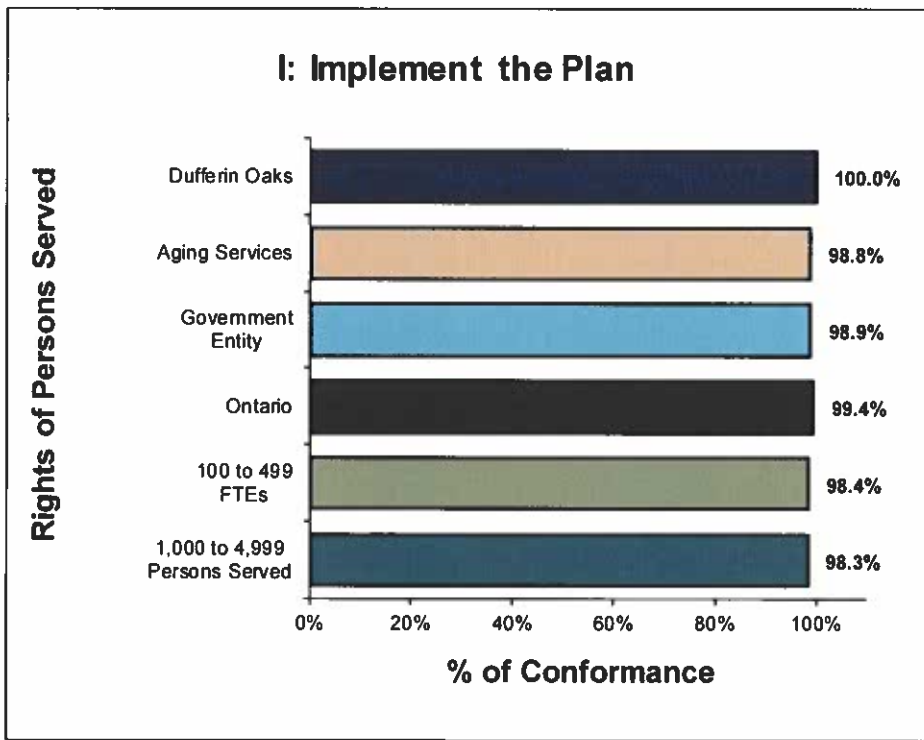
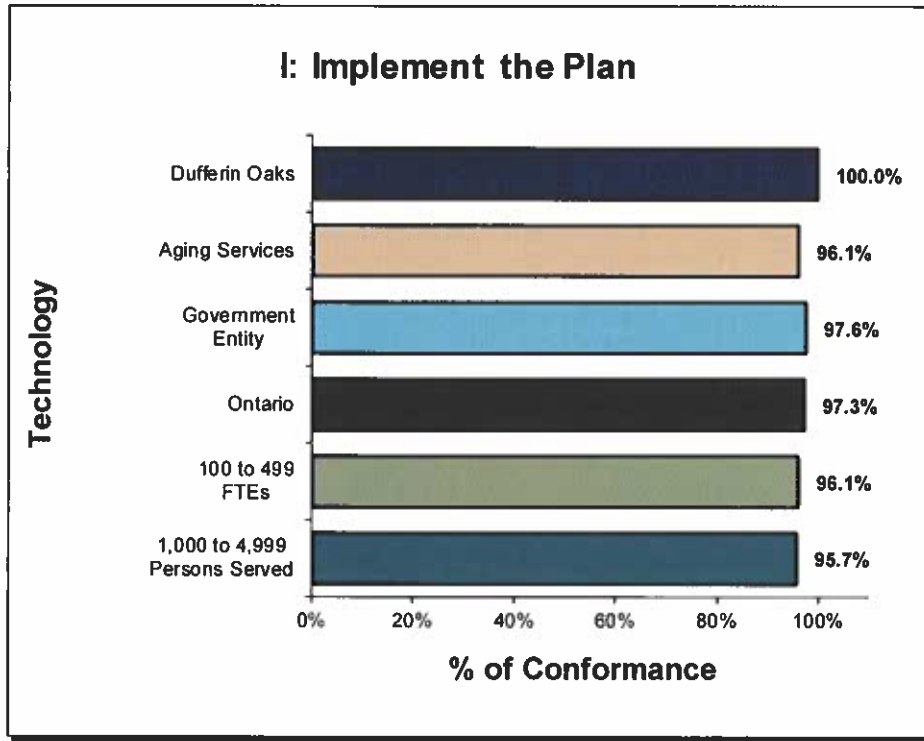
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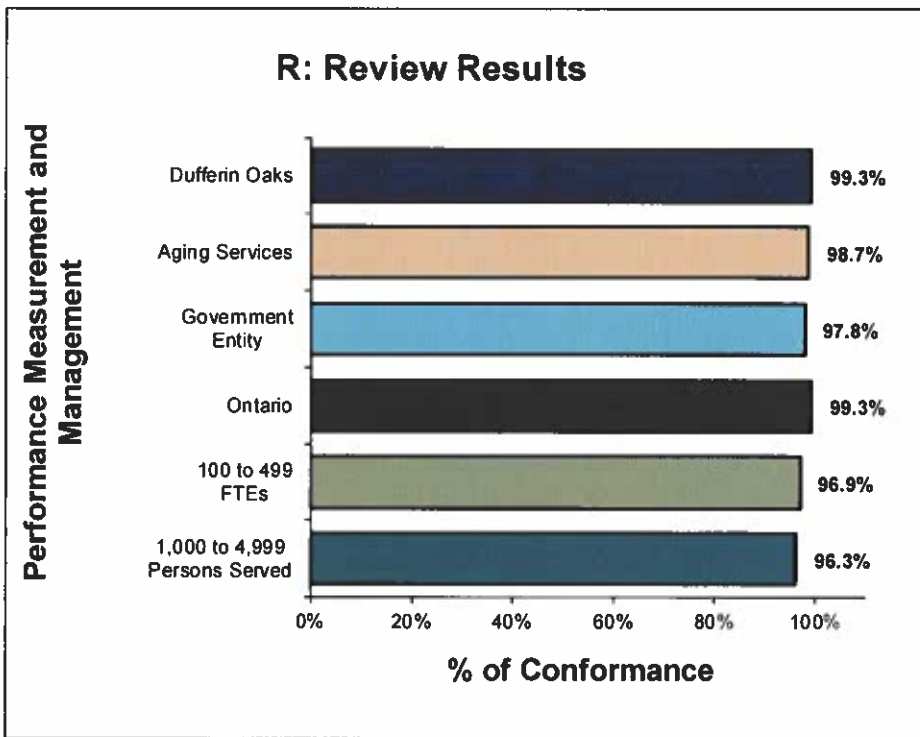
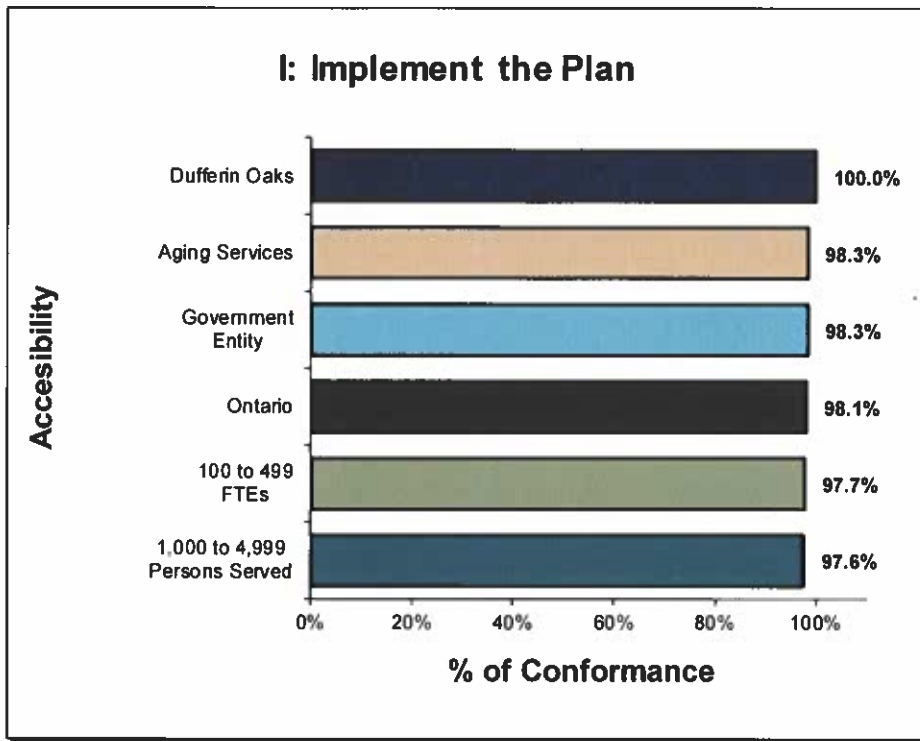
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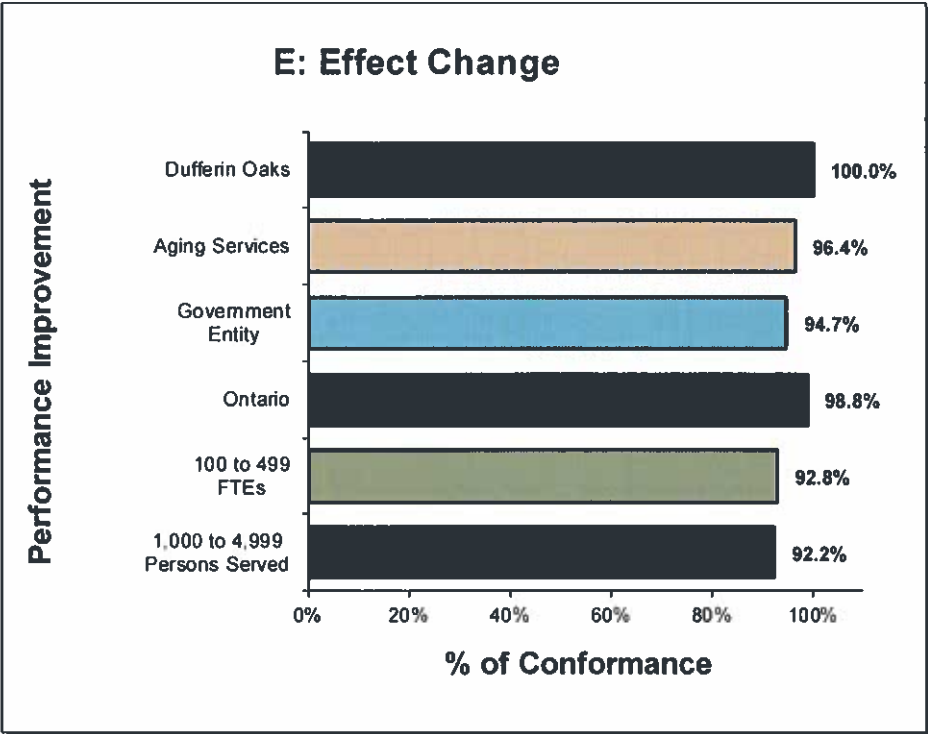
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Other benchmarks — continued

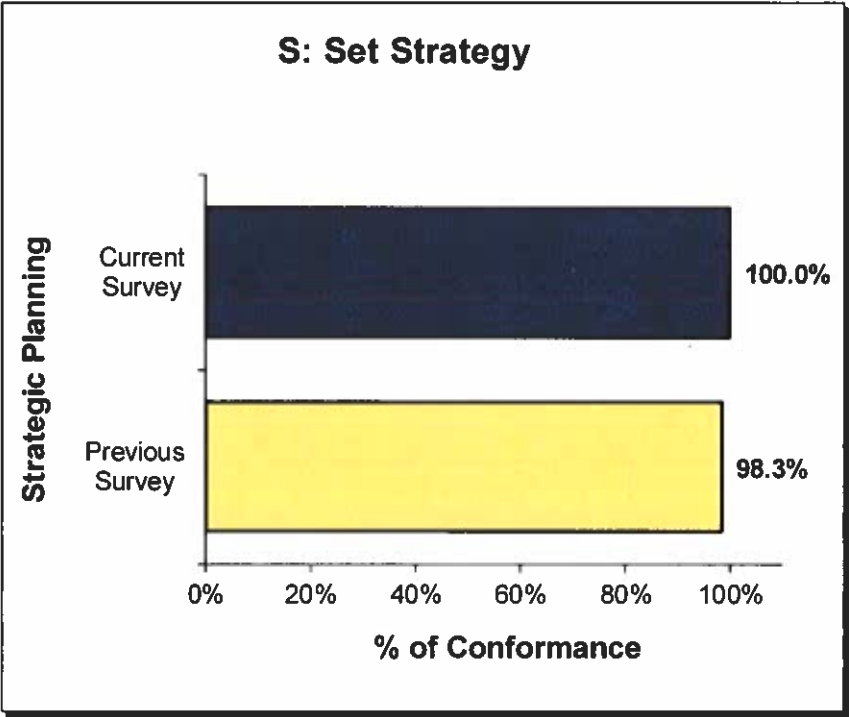
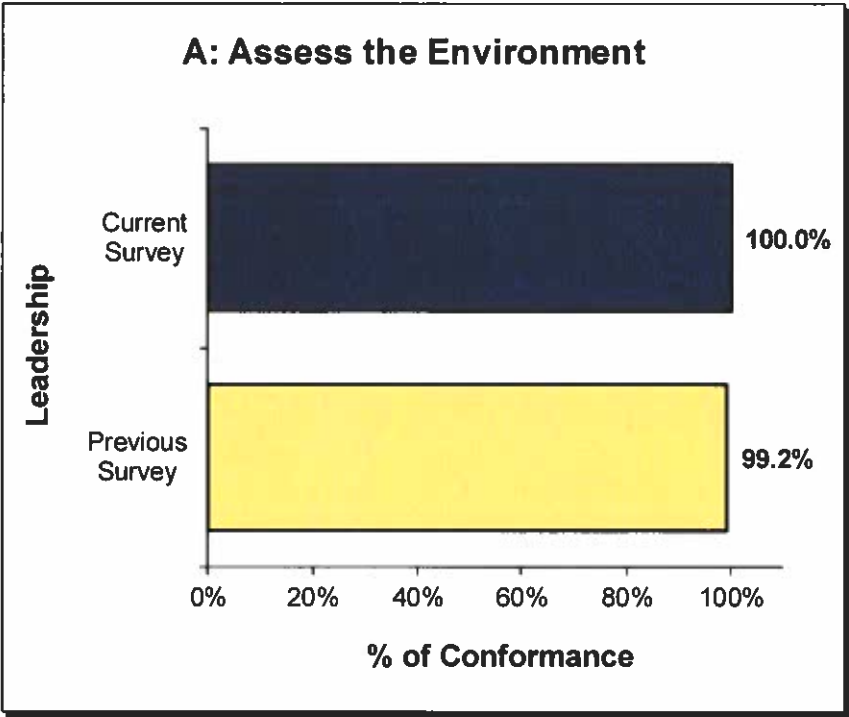


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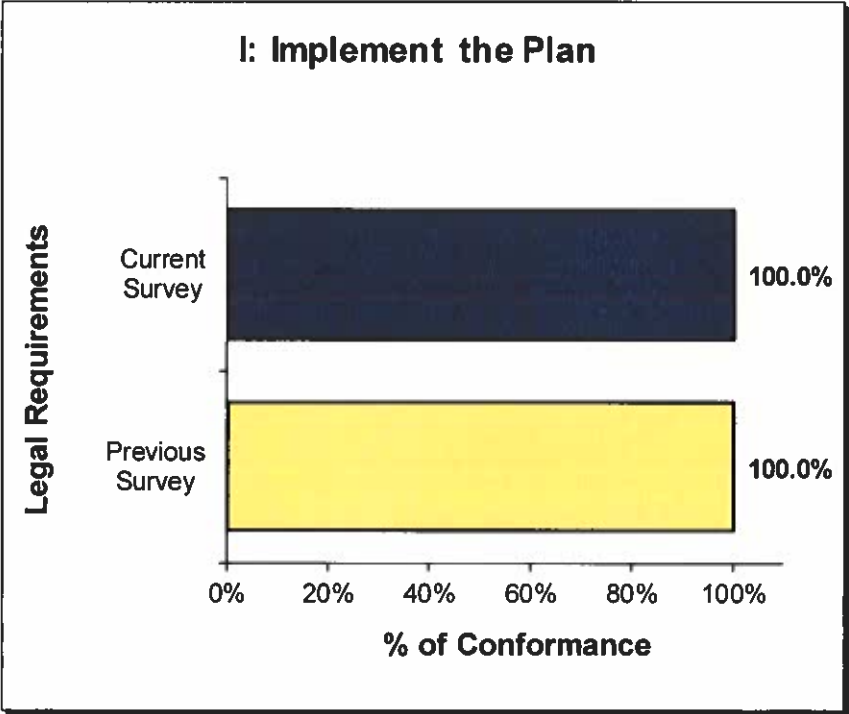
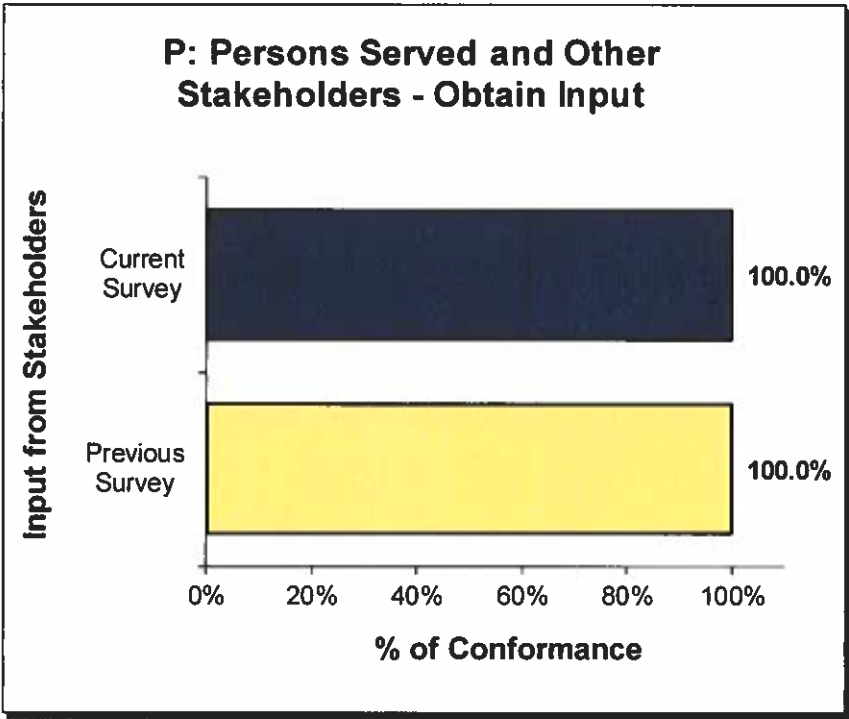




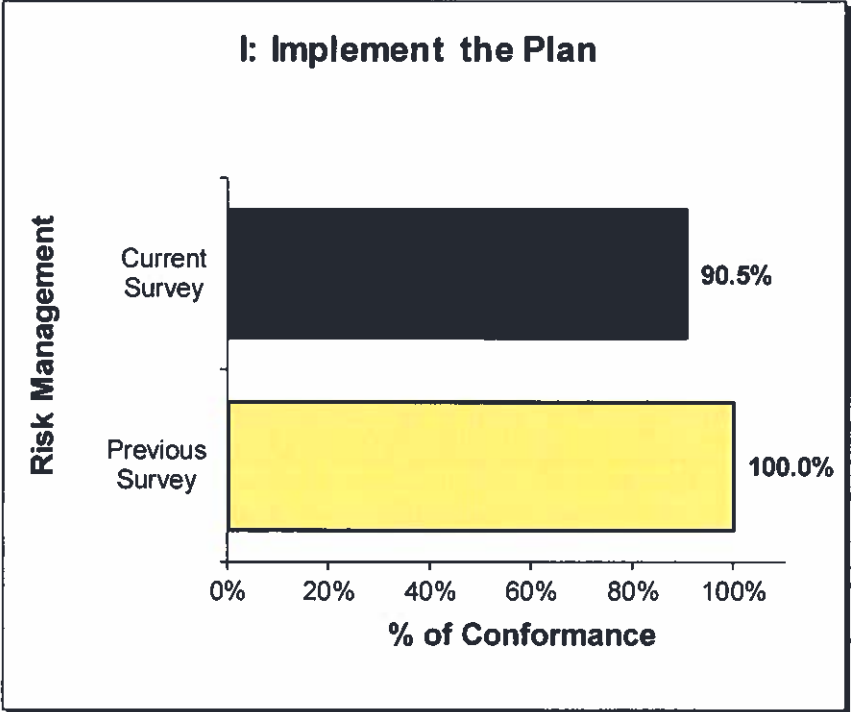
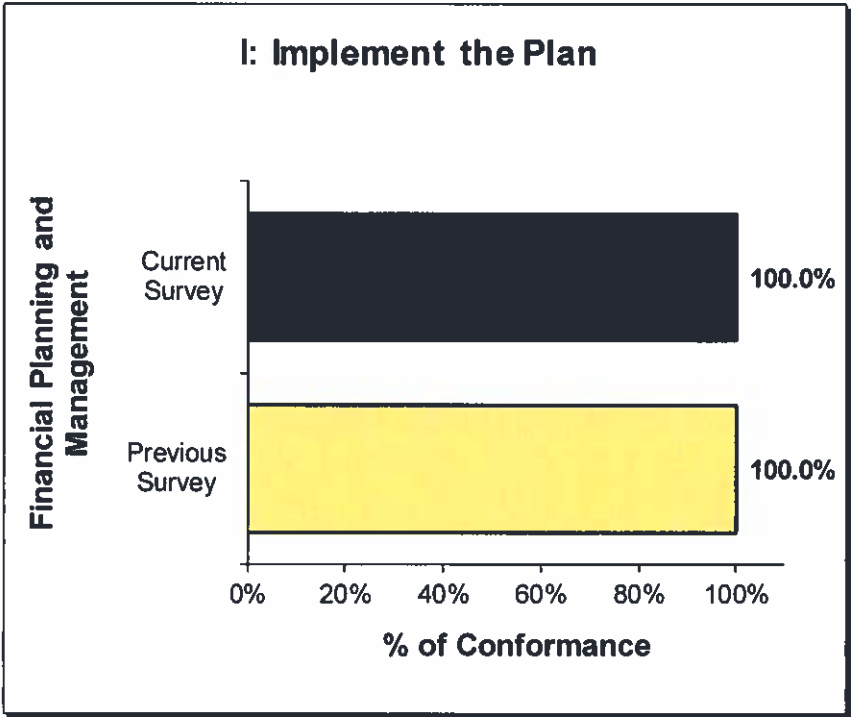
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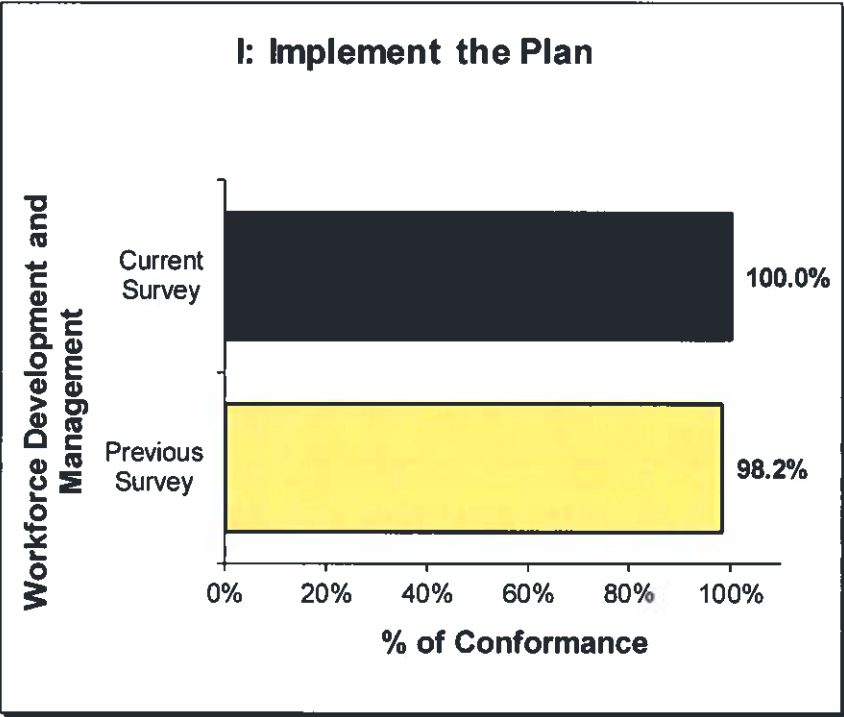
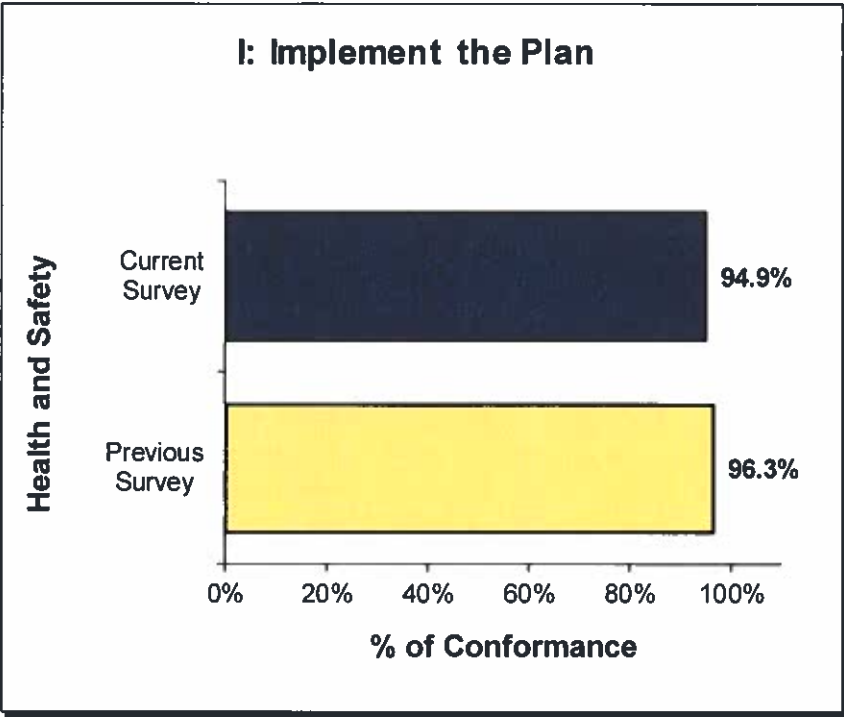
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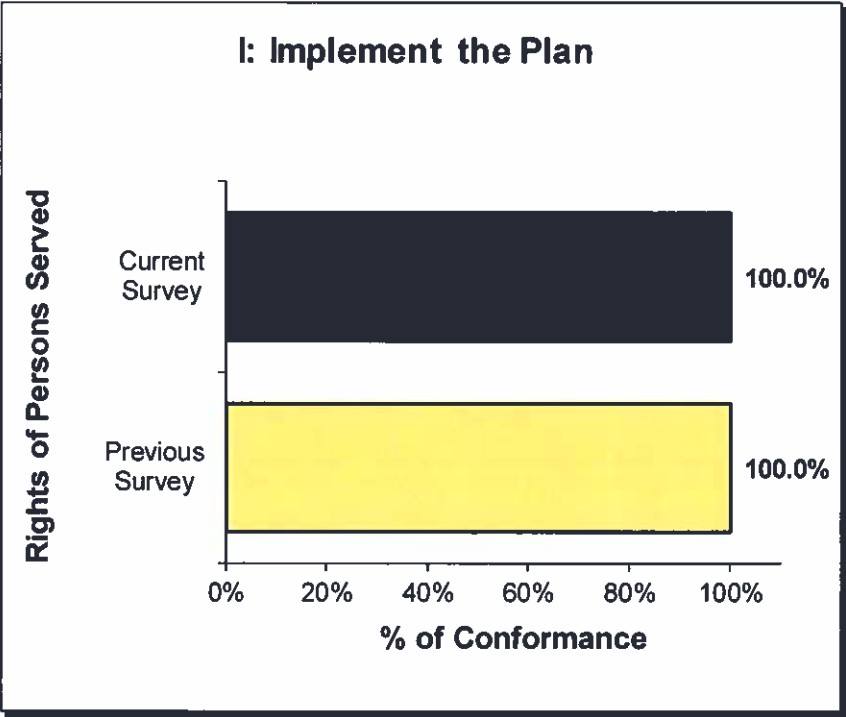
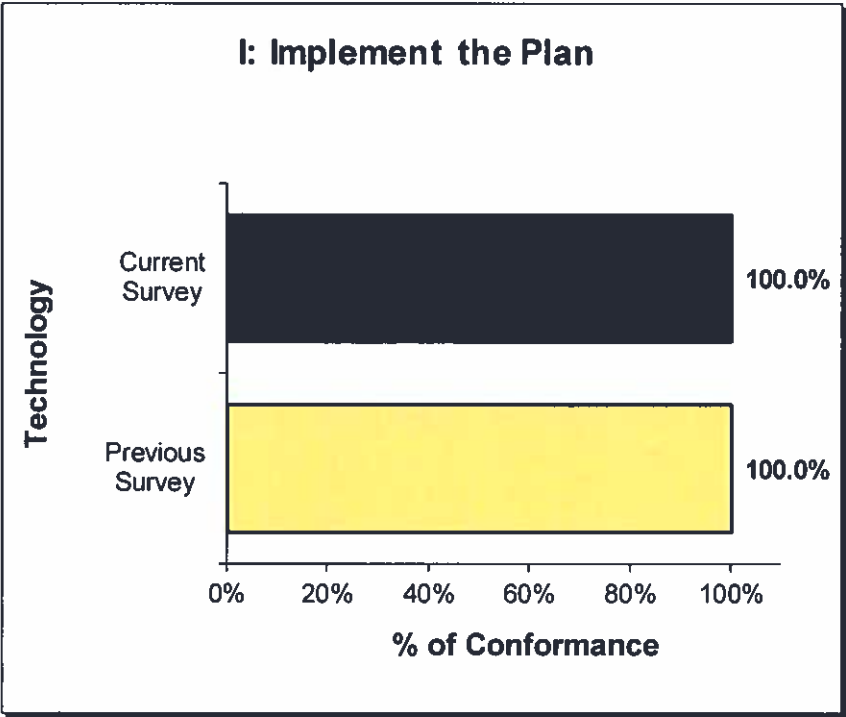
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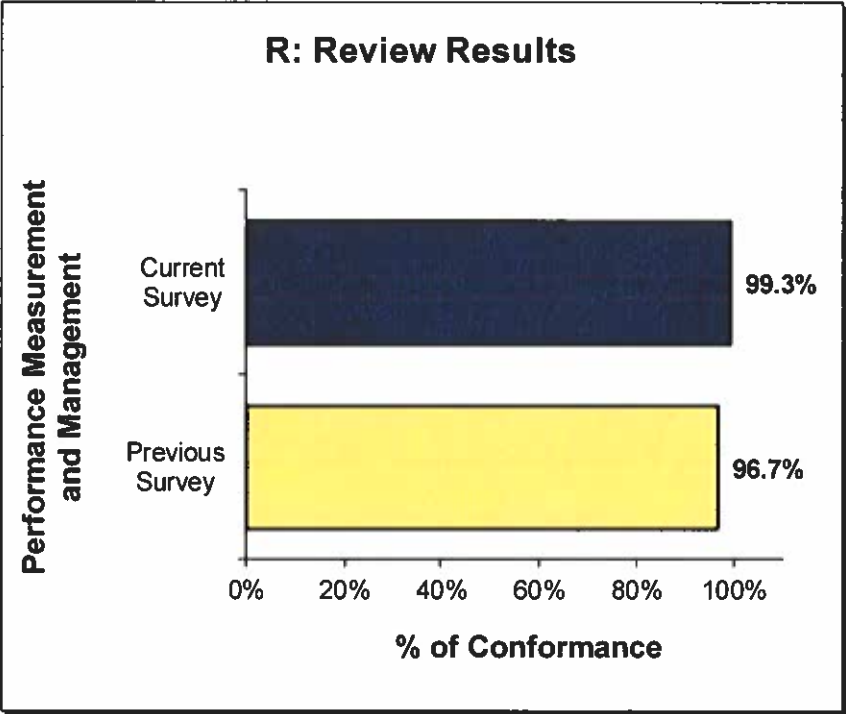
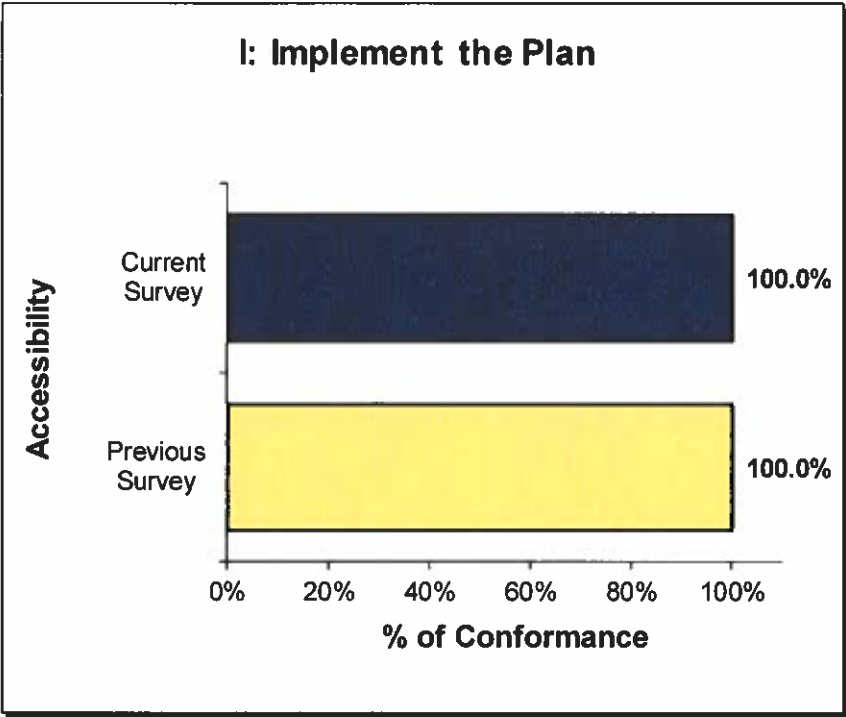
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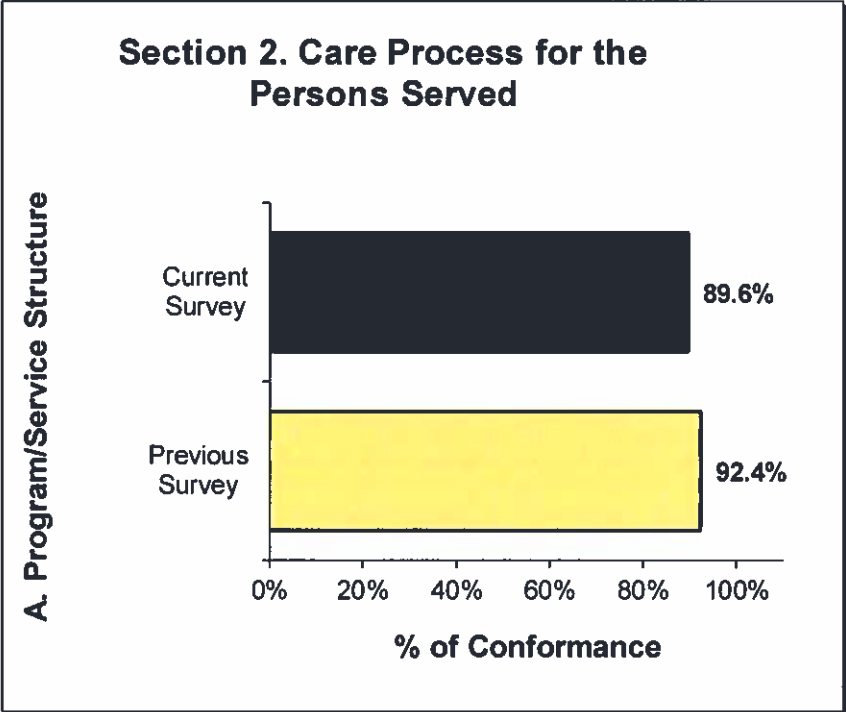
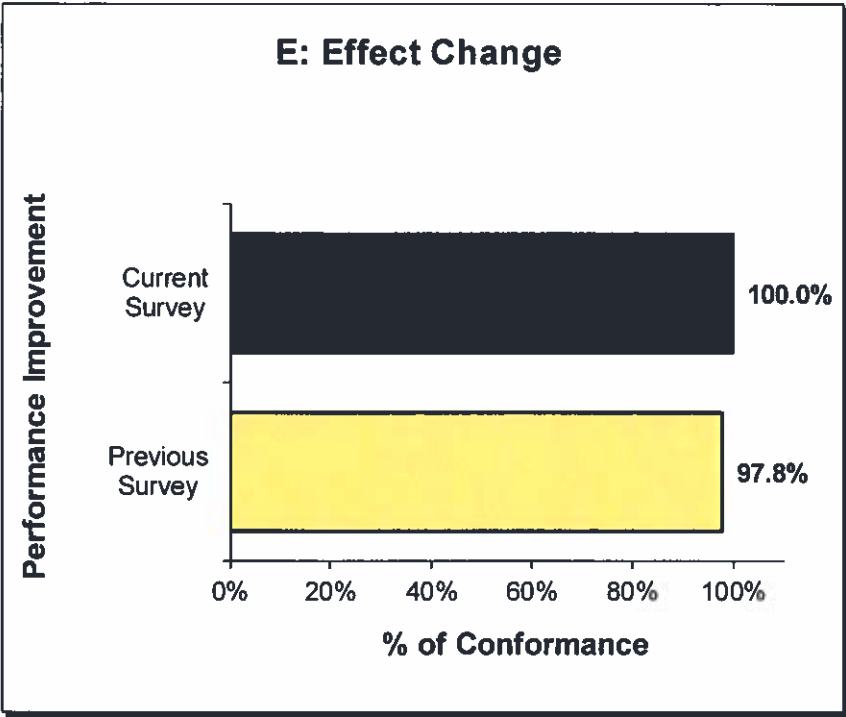
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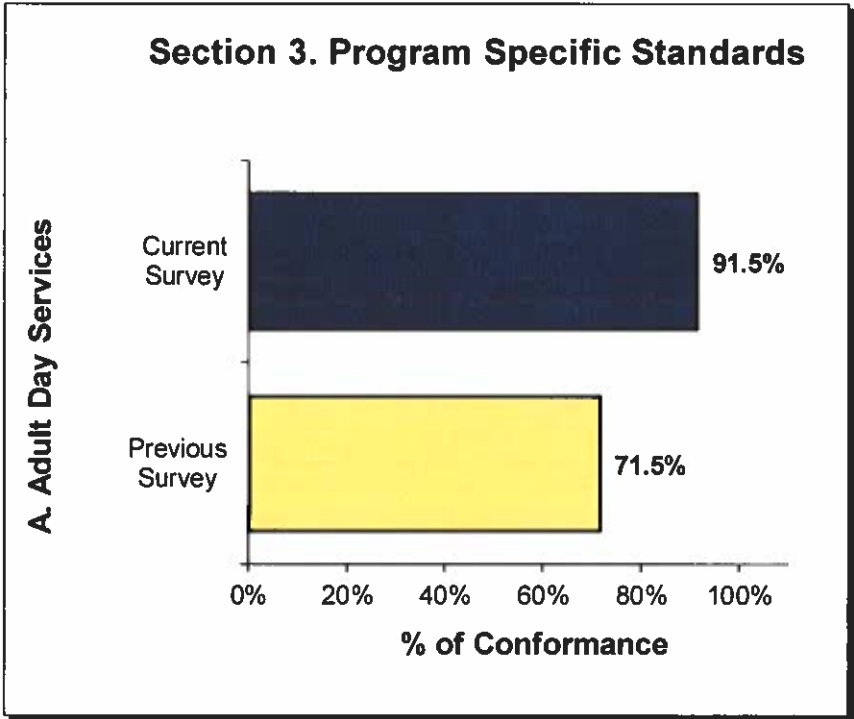
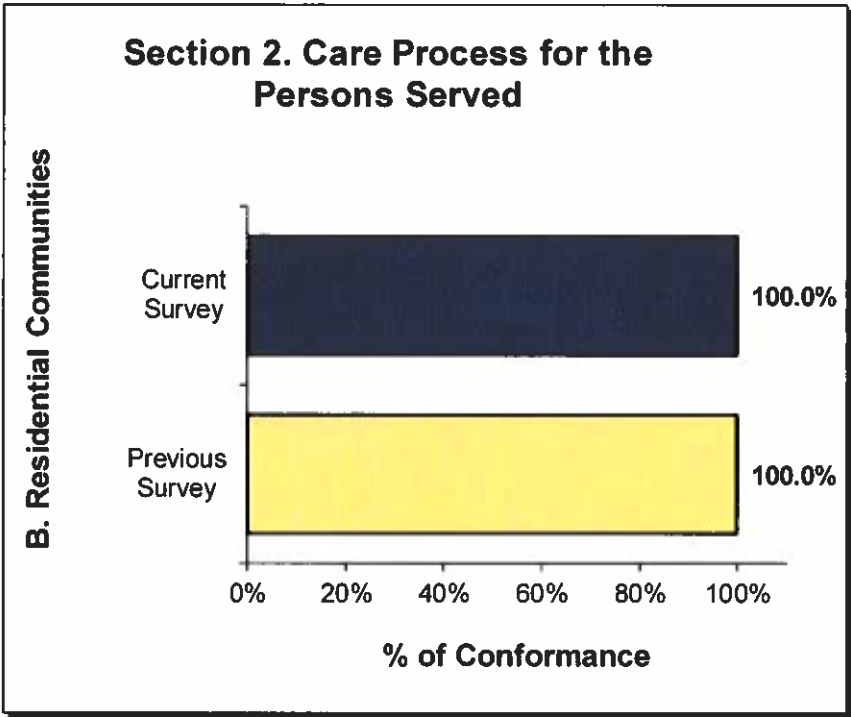
Previous survey — continued



Previous survey — continued

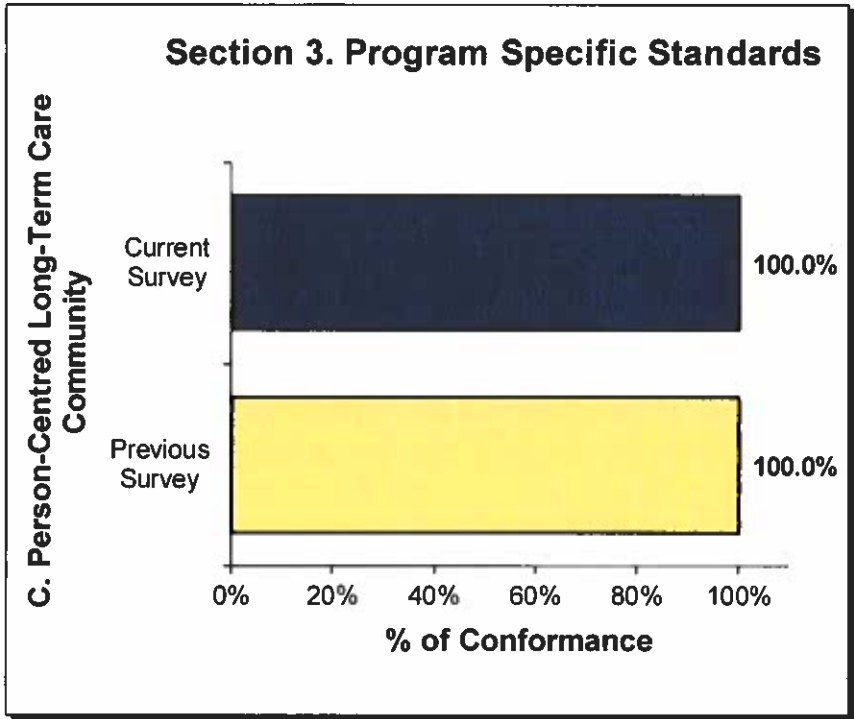


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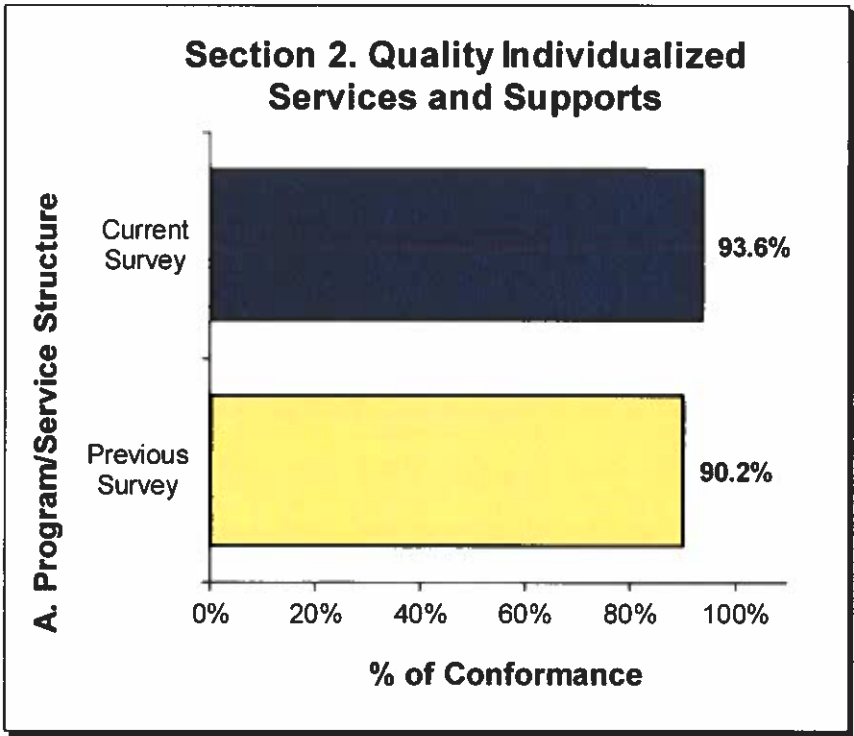
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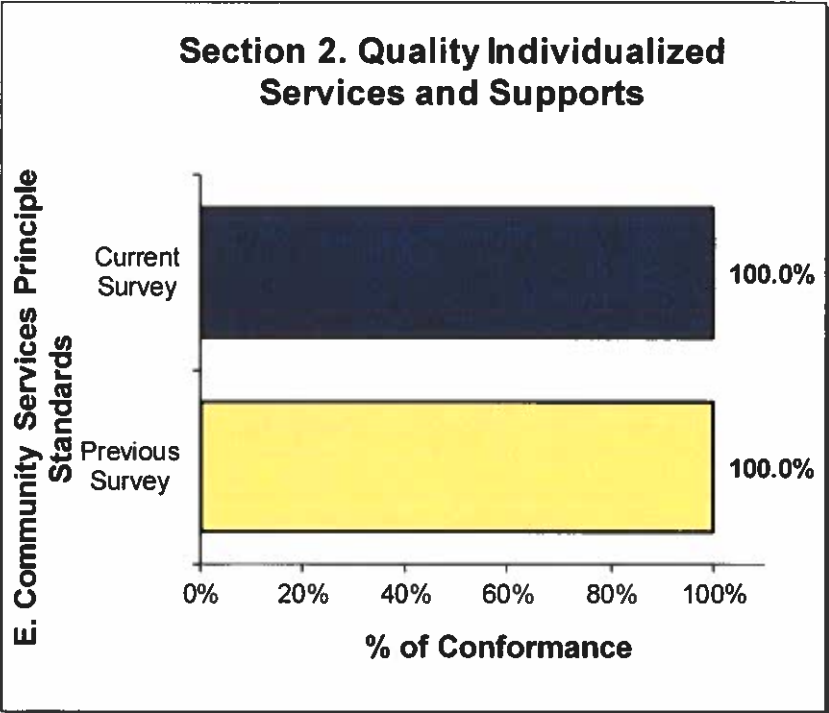
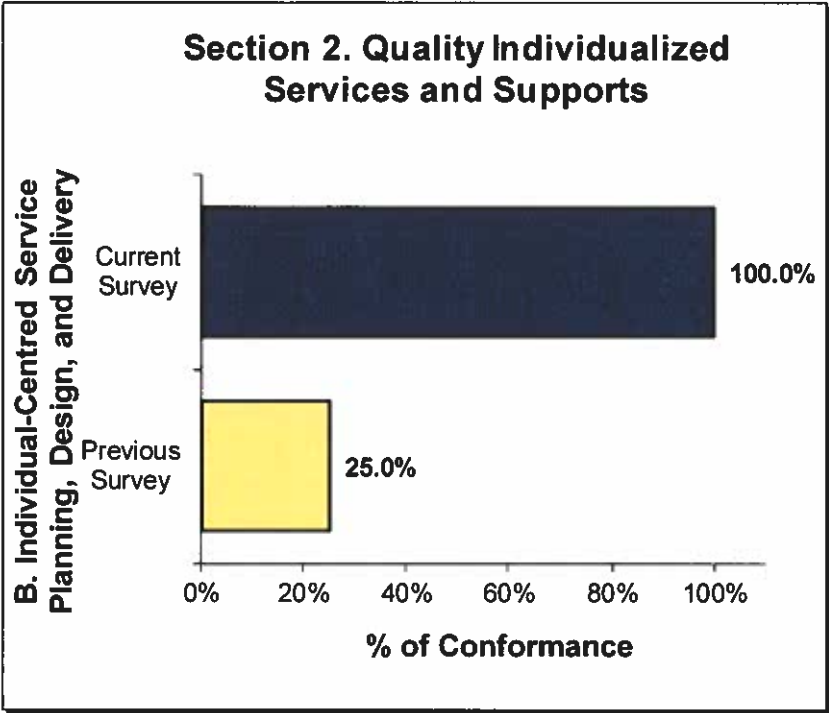
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The following benchmarking data apply to the Employment and Community Services program.

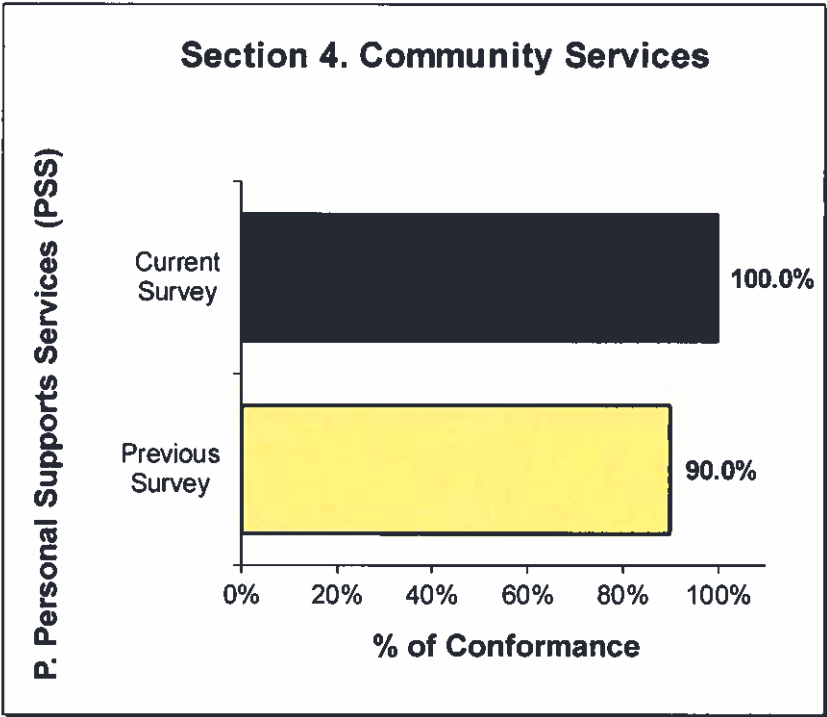
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Previous survey — continued



Previous survey — continued





Report To: Chair White and Members of the Health and Human Services  
Committee

Meeting Date: March 23, 2023

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**Subject: Reallocation of Funding Notice**

**From: Brenda Wagner, Administrator of Dufferin Oaks**

### **Recommendation**

**THAT the report of the Administrator, dated March 23, 2023, regarding the Reallocation of Funding Notice be received;**

**AND THAT staff be directed to purchase a mobility van with funds allocated from Ontario Health.**

### **Executive Summary**

The purpose of this report is to inform committee members of the Ministry of Health's Reallocation of Funding notice that has been received by staff.

### **Background & Discussion**

Dufferin County Community Support Services provides services to Older and Disabled Adults across Dufferin County which is supported, in part, through funding provided by the Ministry of Health. Several of our programs have been impacted over the past three years due to restrictions in place as a result of the pandemic. In early 2023, the ministry informed Health Service Providers of the opportunity to apply for a reallocation of funding to allow providers to use funding for alternate programs. Dufferin County Community Support Services submitted a request to reallocate funds that were unable to be spent during the 2022/23 fiscal year for use in our Transportation program. In February 2023, staff were informed of the Ministry's approval to this request. Details of the reallocation are noted in the table below.

Functional Centre	Request	One-Time Reallocation
CSS ABI - Personal Support/Independence Training 72 5 83 33	Reallocate to other pressures	\$ (140,000)
CSS IH - Transportation - Client 72 5 82 14	Van purchase	\$ 140,000

This reallocation will support the purchase of a multi passenger transit van which will further enhance the Transportation Program and will offset the 2023 Capital budget. Although receipt of the van may occur later this year, the funds must be spent by the end of the 2022/23 fiscal year which requires staff to initiate ordering of this van in an expedited manner.

**Financial, Staffing, Legal, or IT Considerations**

By receiving this reallocation of funding, Duffeirn Oaks will be able to purchase a mobility van which had been included in the 2023 Capital Plan. This funding is to be used by March 31, 2023.

**In Support of Strategic Plan Priorities and Objectives**

Good Governance – ensure transparency, clear communication, prudent financial management

Inclusive & Supportive Community – support efforts to address current & future needs for a livable community

Respectfully Submitted By:

Brenda Wagner  
Administrator

Attachments: Central Health Funding Reallocation Notice

Reviewed by: Sonya Pritchard, Chief Administrative Officer



# Ontario Health

Central

February 17, 2023

***Electronic Delivery Only***

Mr. Kurtis Krepps  
Manager  
Corporation of the County of Dufferin  
55 Zina Street,  
Orangeville, ON L9W 1E5  
kkrepps@dufferincounty.ca

Dear Mr. Krepps:

**Re: 2022/2023 One-Time Multi-Sector Service Accountability Agreement Reallocation Request**

Ontario Health, through Ontario Health Central, is pleased to advise that Corporation of the County of Dufferin, has been approved to reallocate up to \$140,000 in Fund Type 2 operational funding on a one-time basis. Funding is intended to support one-time requests in fiscal year 2022/2023.

Details of the funding and the terms and conditions on which it will be provided are set out in the attached Appendix 1.

Pursuant to a transfer order made by the Minister of Health under subsection 40(1) of the *Connecting Care Act, 2019*, the Multi-Sector Service Accountability Agreement between Corporation of the County of Dufferin and the Central West Local Health Integration Network dated effective March 31, 2021, as amended, was transferred to Ontario Health, effective April 1, 2021 (the "MSAA"). All references in the MSAA to Central West Local Health Integration Network shall refer to Ontario Health. All other terms and conditions in the MSAA will remain the same. Unless otherwise indicated, capitalized terms in this letter have the same meaning as those set out in the MSAA.

In accordance with Section 22 of the *Connecting Care Act, 2019*, Ontario Health hereby gives notice that, subject to your organization's agreement, it proposes to amend the MSAA between Corporation of the County of Dufferin and Ontario Health with effect as of the date this letter is signed back by your organization. To the extent that there are any conflicts between what is in the MSAA and what is added to the MSAA by this letter, the terms and conditions in this letter including Appendix 1 will govern.

Please indicate your organization's acceptance of the reallocation, the terms and conditions, as well as the amendment of the MSAA by signing below and returning the sign-back form via email to [OH-Central.Funding@OntarioHealth.ca](mailto:OH-Central.Funding@OntarioHealth.ca) within ten business days of receipt of this letter.

If you have any questions, please contact Jenna Mitchell, Lead Performance, Accountability, and Funding Allocation, Ontario Health Central, at [Jenna.Mitchell@OntarioHealth.ca](mailto:Jenna.Mitchell@OntarioHealth.ca).

I would like to take this opportunity to express my sincere appreciation for your continued contribution to the provision of high-quality services in our community and look forward to maintaining a strong working relationship with you.

Sincerely,



Jeff Kwan  
Vice President, Performance, Accountability and Funding Allocation  
Ontario Health Central

Attachment(s): Appendix 1

c: Susan deRyk, Chief Regional Officer, Ontario Health Central and West Regions

**2022/2023 One-Time Multi-Sector Service Accountability Agreement Reallocation Request**

**AGREED TO AND ACCEPTED BY:**

Corporation of the County of Dufferin

**By:**

\_\_\_\_\_  
Wade Mills  
Warden  
I have the authority to bind the organization

\_\_\_\_\_  
Date

**And By:**

\_\_\_\_\_  
Michelle Dunne  
County Clerk  
I have the authority to bind the organization

\_\_\_\_\_  
Date



## Appendix 1

**Corporation of the County of Dufferin**  
**Initiative/Project: One-Time Multi-Sector Service Accountability Agreement**  
**Reallocation Request**

**Fiscal Year: 2022/2023**

**Reallocation Details:**

TPBE	Functional Centre	Request	One-Time Reallocation
CSS	CSS ABI - Personal Support/Independence Training 72 5 83 33	Reallocate to other pressures	\$ (140,000)
		Individuals Served by Functional Centre	(20)
	CSS IH - Transportation - Client 72 5 82 14	Van purchase	\$ 140,000
		Individuals Served by Functional Centre	250
		Visits	600

**1. Terms and Conditions:**

**1.1 Conditions of Funding**

Corporation of the County of Dufferin acknowledges and agrees that:

- Funding will be used for the specified program activities only and cannot be allocated for any other purpose without written approval.
- Funding will be spent by March 31 of the fiscal year. No carry forward of unspent funds is permissible.
- Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery in accordance with the ministry's year end reconciliation policy.
- This funding initiative will not increase risk to the Corporation of the County of Dufferin multi-year expense limits and annual balanced budget requirements.
- Financial records of this allocation are to be maintained for year-end evaluation and settlement.
- Funding is provided pursuant to the terms and conditions of the Multi-Sector Service Accountability Agreement (the "MSAA"). To the extent that there are any conflicts between what is in the MSAA and what is added to the MSAA by this letter, the terms and conditions in this letter, including Appendix 1, will govern. All other terms and conditions in the MSAA will remain the same.

## 1.2 Deliverables

- Quarterly Reports and an Annual Reconciliation Report will be submitted by the required timelines on the web-based Self Reporting Initiative (SRI) portal.
- A one-time funding reconciliation template must be completed and returned to [OH-Central.Reporting@OntarioHealth.ca](mailto:OH-Central.Reporting@OntarioHealth.ca) by April 30, 2023.
- Supporting documentation may be requested at the discretion of Ontario Health Central.



Report To: Chair White and Members of the Health and Human Services Committee

Meeting Date: March 23, 2023

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**Subject: Quarterly Community Services Activity Report – Fourth Quarter 2022**

**From: Anna McGregor, Director of Community Services**

### **Recommendation**

**THAT the report of the Director, Community Services, titled Quarterly Community Services Activity Report – Fourth Quarter, 2022, dated March 23, 2023, be received.**

### **Executive Summary**

This report will provide Council with quarterly infographics that summarize the work undertaken by the Community Services Department, across Housing Services, Ontario Works and Early Years and Child Care (EYCC) Divisions.

### **Background and Discussion**

Attached is the Community Services Activity Report for the fourth quarter of 2022. The report includes activity from the Housing Services, Ontario Works and the Early Years and Child Care Divisions. The attached infographics provide quick reference information for consideration.

The infographics show the comparison between Q4 2022 versus Q4 2021. In some instances, there is no direct comparison as some services were modified with the pandemic, and some new services and programs started after the pandemic began. Lastly, the data is portrayed as quarterly totals unless indicated otherwise (quarterly average, accumulated etc.).

### Updates to Service Delivery

#### Housing Services:

- In addition to our annual allocation, the County was given an opportunity to offer additional COHB to eligible applicants. To date, 14 additional applications have been approved, with more to come next year.
- YARDI is a web based platform for housing that is used to streamline workflow, improve compliance, create oversight and simplify accounting. The system was upgraded from Voyager 6 to 7s.

#### Ontario Works:

- Housing Stability Team (HST) Staffing back at full capacity.
- In-person intake visits remain optional.

#### Early Years and Child Care:

- The Canada-Wide Early Learning and Child Care (CWELCC) System was fully implemented in Dufferin by the end of 2022 at 12 out of 13 licensed child care operators. Daily child care fees were reduced by 25% for families with children ages 0-5 by December and these families also received a reimbursement of 25% of their child care fees paid retroactive to April 2022. This includes a 25% reduction in parent contributions for families currently receiving fee subsidy.

### New Business

#### Housing Services:

- The division organized a successful Annual Housing Forum 2022 in November 2022. 72 Community members and partners attended the forum. The Forum included the following topics/presentations:
  - HSA and Housing Program Updates
  - Landlord-tenant rights and obligations
  - By-Name-List (BNL) and homelessness update
  - Hoarding: Understanding and Supporting our Clients.

#### Ontario Works:

- Centralized Intake System began in fourth quarter 2022.
- Staff attended the Canadian Alliance to End Homelessness (CAEH) Conference

#### Early Years and Child Care:

- Some EarlyON educators participated in Bounce Back and Thrive (BBT), a resilience training program designed for educators working with families of young children. BBT upholds the value of relationships and role modeling in creating a culture of resilience and will help build the knowledge and skills families need to model and engage with resilience-building approaches in their day-to-day lives with their children.
- Supporting students and Early Childhood Educators (ECEs) in their pursuit of meaningful placements and future employment is important. A series of videos was created highlighting ten child care centres throughout our community, which offers current and student ECEs a unique insight into "The Life of an ECE in Dufferin" to encourage recruitment in Dufferin. These videos are displayed on our Dufferin County Website and have been shared through social media platforms and community partners.
- To continue supporting families, the EarlyON is collaborating with other professionals to increase supports and programs. Some examples include sleep, starting solids, breastfeeding Doula, music therapy and additional needs support.

#### **Financial, Staffing, Legal, or IT Considerations**

There is no impact.

#### **In Support of Strategic Plan Priorities and Objectives**

Economic Vitality – promote an environment for economic growth & development

Good Governance – ensure transparency, clear communication, prudent financial management

Inclusive & Supportive Community – support efforts to address current & future needs for a livable community

Respectfully Submitted By:

Anna McGregor  
Director, Community Services

Attachment: Quarterly Community Services Activity Report Q4 2022 Info Graphic

Reviewed by: Sonya Pritchard, Chief Administrative Officer

### Housing Services Activities

#### Housing Access Dufferin & Allowances

	Q4 2022	Q4 2021
Average waitlist total	851	742
Applications added	108	64
New clients receiving Ontario Priorities Housing Initiative	1	0
New clients receiving Canada-Ontario Housing Benefit	0	0

#### Community Housing Stock

	Q4 2022	Q4 2021
Total Applicants Housed	11	14
County Move-outs	10	6
County Housed	6	8
Rent Supplement	2	1
Housing Providers	3	5

### Housing Stability Team



Clients served

**63**



Financial assistance provided

**55**



LEAP/OESP intake provided

**8**



Contacts made

**108**

Q4 2022



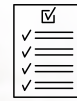
Clients served

**90**



Financial assistance provided

**78**



LEAP/OESP intake provided

**12**



Contacts made

**555**

Q4 2021

### The By-Name List (BNL)

Monthly Average	Q4 2022	Q4 2021
Individuals Experiencing Homelessness	28.67	35
Chronically Homeless	7.67	8
Male	15.33	23.33
Female	12.67	10.67
Transgender or undisclosed	.67	.67
Housed (Total in Q4)	24	19




Monthly Average	Q4 2022	Q4 2021
% Individuals disclosing mental health or addiction concerns	62.78 %	73.33 %
Individuals receiving CHHAP allowances	10.33	11

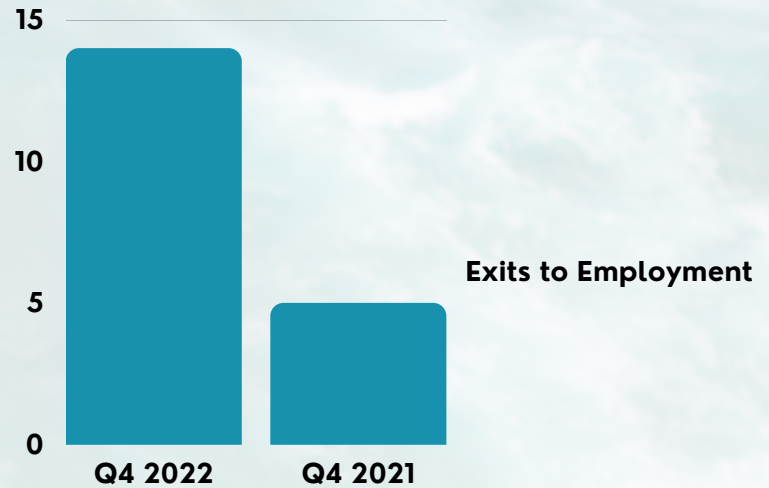


### Ontario Works Activities

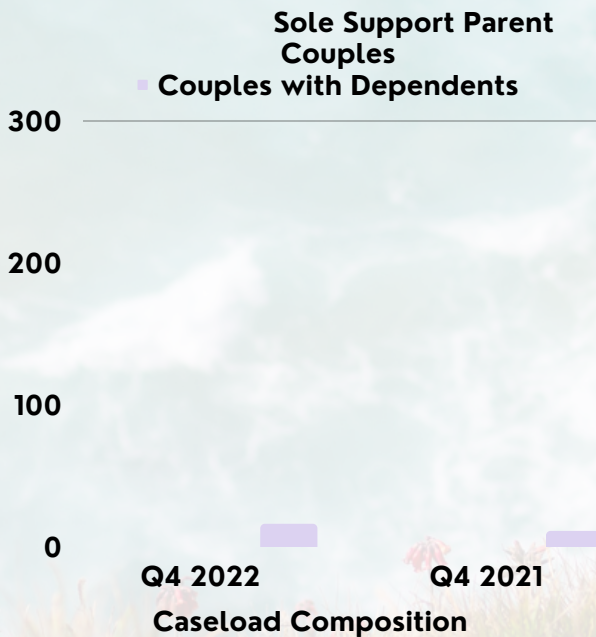
#### Client Intake





#### Client Outcomes

	Q4 2022	Q4 2021
 <b>Total Applications Received</b>	113	176
 <b>Online Applications Received</b>	67	100
 <b>Average # business days (screening to decision)</b>	2.66	3.33



#### Caseload



	Q4 2022	Q4 2021
 <b>Average Monthly Caseload</b>	431	374
 <b>Average Monthly Beneficiaries</b>	757	633
 <b>Total Emergency Assistance Cases</b>	4	5
 <b>Average Months on Assistance</b>	37.22	38


#### Employment Resource Centres

	Q4 2022	Q4 2021
<b>Total Visits</b>	2434	1209
<b>% of Inside Visits</b>	100 %	11 %

Orangeville ERC

	Q4 2022	Q4 2021
<b>Total Visits</b>	161	183
<b>% of Inside Visits</b>	100 %	57 %

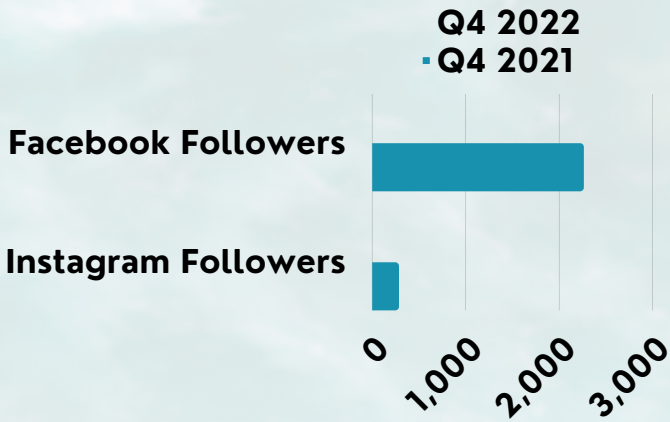
Shelburne ERC



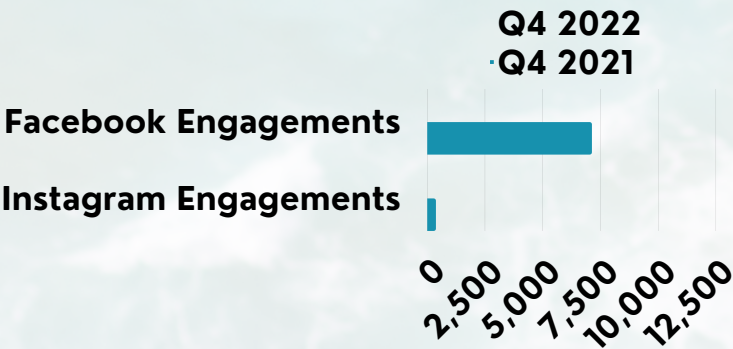
### Early Years and Child Care Activities

#### EarlyON Social Media Engagement

##### Social Media Followers (Accumulated Total as of Q4)



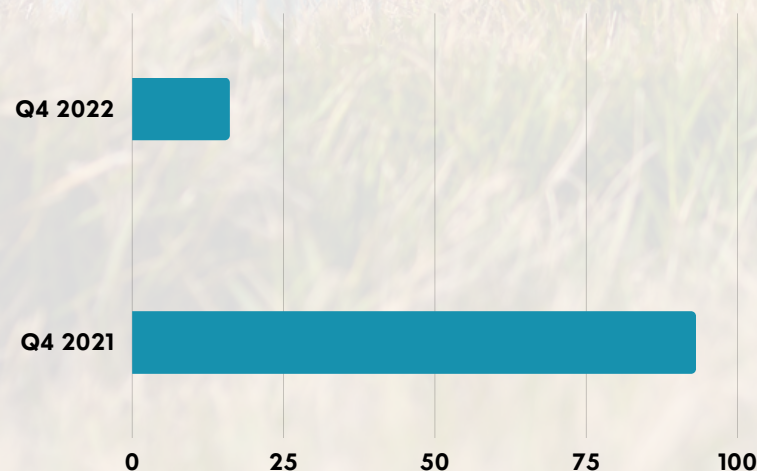
##### Social Media Engagements



#### EarlyON 1 on 1 Supports

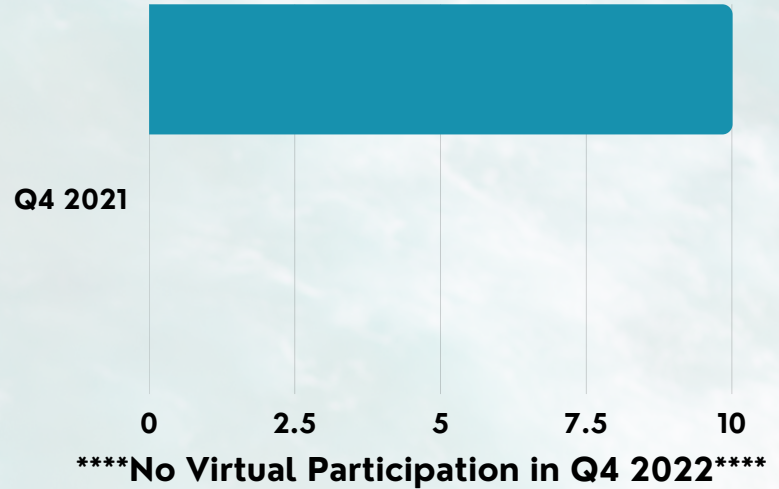
Healthy Babies Healthy Children (HBHC) Calls  
Ask EarlyON Calls

■ \*HBHC Calls Discontinued Q3 2022\*



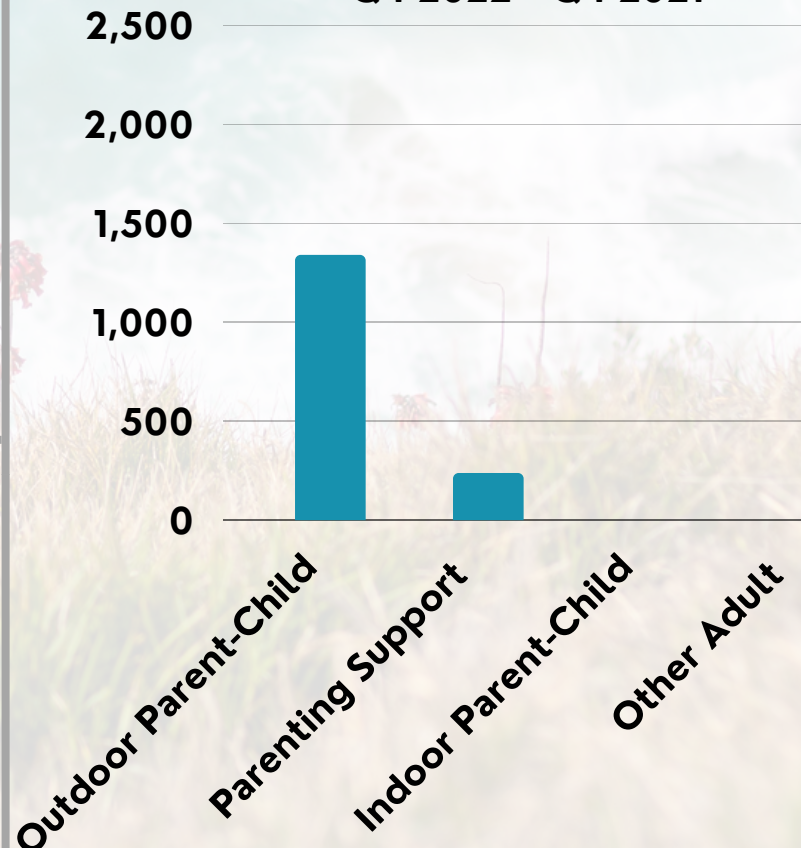
#### EarlyON Virtual Participants

Parenting Support Groups  
Parent/Child Programs  
Other Adult Programs




#### EarlyON In-Person Program Participation

Q4 2022  
Q4 2021







## Early Years and Child Care Activities

### Child Care Fee Subsidy

	Q4 2022	Q4 2021
Children Receiving Subsidy (monthly average)	315	291
Total New Children Served	24	34

Infant  
6.2%

Toddler  
14.8%

School Age  
35.6%

Q4 2021

Preschool  
26.7%

Kindergarten  
16.7%

Infant  
7.4%

Toddler  
13.7%

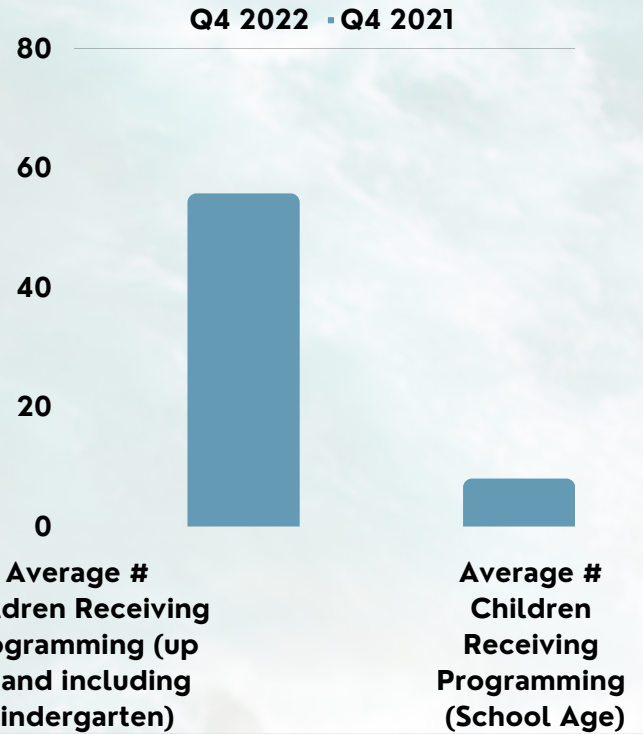
School Age  
36.3%

Q4 2022

Preschool  
24.4%

Kindergarten  
18.2%

### Inclusion for Children with Additional Needs



### Raising the Bar

