

OPERATING PLAN 2018/2020

SECTION 1



The Operating Plan outlines the programs and services provided by PQCHC. These are all aligned with the social determinants of health and support the indicators of the Canadian Index of Well Being. See definitions on page 49.

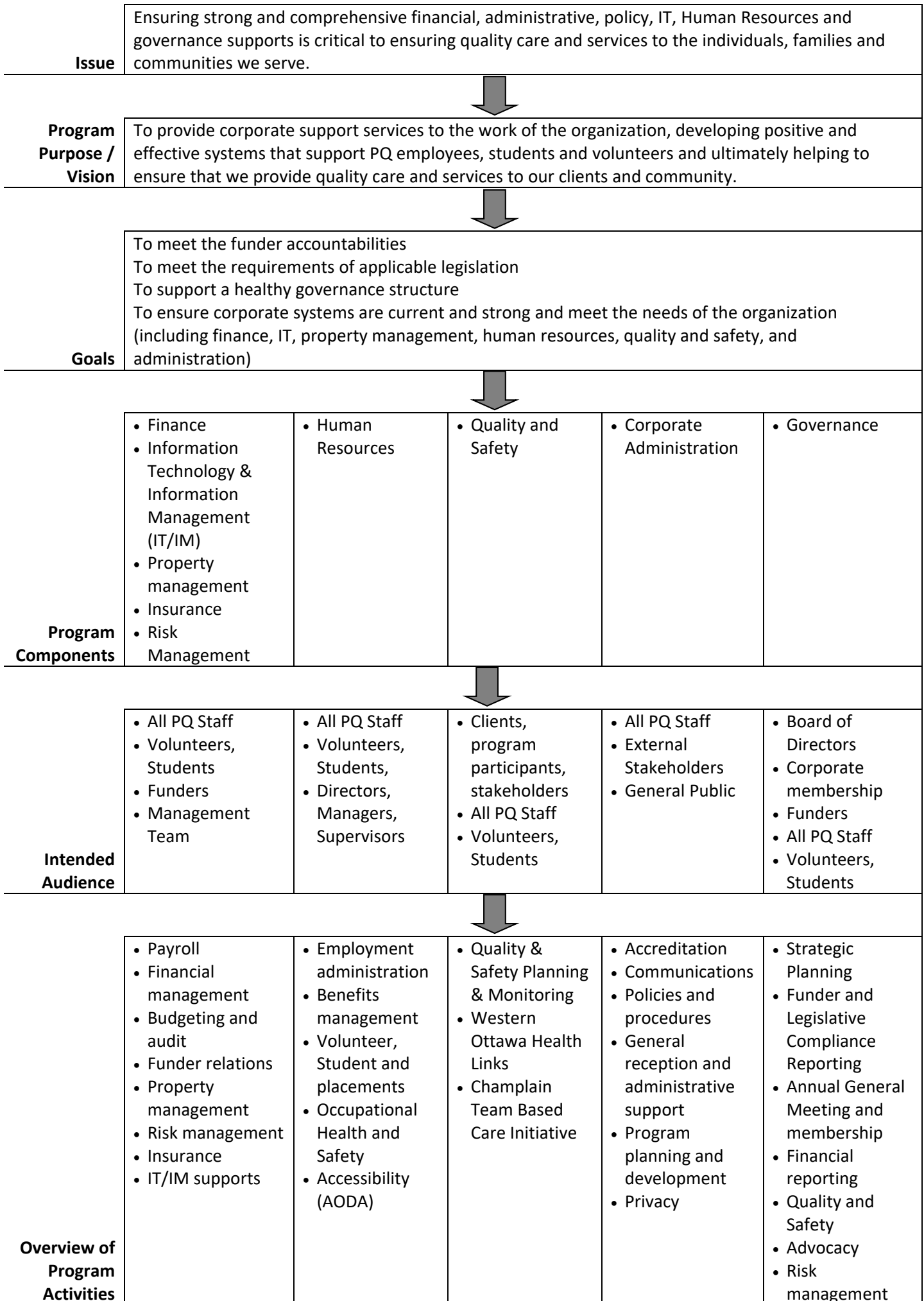
Operating Plan Section 2 contains indicators/dashboard with specific targets for each program and social determinant

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CORPORATE SERVICES

LOGIC MODEL



PROGRAM DESCRIPTION

Services provided under the umbrella of Corporate Services are:

- Program Planning and Development
- Human Resource Management including Benefits Administration
- Financial and Payroll Management
- Property and Insurance Management
- External Relations
- Funder Relations
- Information Technology and Information Management (IT/IM)
- Administrative Support Coordination
- Reception Services
- Governance
- Occupational Health and Safety
- Review/Compliance with Corporate Legislation
- Centre-wide Policies and Procedures
- Co-ordination of the Accreditation Process
- Corporate Communications
- Strategic Planning
- Custodial Support
- Volunteer, Student Placements
- Quality and Safety
- Privacy
- Risk Management
- Champlain Team Based Care Initiative
- Coordination supports to the Champlain CHC ED and Coalition of Community Health and Resource Centre Networks
- Centre-wide Staff Training and Development
- Western Ottawa Health Link

CURRENT PRESSURES

- Management of over 80 contracts with funders with limited administrative resources
- Managing increasing demands for services
- Managing increasing financial accountability by funders with limited resources
- Managing the number of different locations PQ provides services through
- Pending leasing renewals and space pressures
- Managing increased corporate costs such as lease with no additional funding
- Managing space and storage space pressures related to programs/services including off-site locations
- Supporting increased IT requirements (e.g. multiple systems, new reporting, updating of systems)
- Managing introduction of new human resource software
- Supporting the organization as new issues emerge in the community and city that impact on staff, volunteers, students and clients
- Managing the growth of new PQ programs requiring volunteers/students
- Responding to changes in trends related to volunteerism, adjusting the types of placements and the volunteer capacity to ensure matching with program needs and volunteer experience requirements
- Developing human resource strategy incorporating career development and succession planning
- Compensation pressures recognizing different funding realities across departments
- Continuing to enhance systems of back-office support for the Olde Forge Community Resource Centre and the Alliance to End Homelessness
- Continuing support for the development of a robust risk management framework and operational design changes to meet the requirements of the framework
- To complete transition of job descriptions and related tools to Core Competencies
- Developing and implementing the collaborative strategic plan in partnership with the 5 other Ottawa CHCs
- Ensuring that client issues are addressed appropriately through the Alliance, community networks and directly with local politicians
- Providing support as lead agency to Western Ottawa Health Link with limited funding
- Providing support to Champlain Team Based Care Initiative with funding uncertainty

RESOURCES

STAFFING

The program has the following staffing complement:

- 25 staff (24.0 full-time equivalents) including -
- Chief Executive Officer
 - Corporate Services Director
 - Organizational Development Manager
 - People Services Administrative Assistant
 - IT/IM Manager
 - Network Administrator
 - Network Support Technician
 - Computer Support
 - Finance Officer
 - Bookkeeper
 - Coordinator of Volunteer and Student
 - Volunteer and Student Administrative Support
 - Executive Assistant
 - General Receptionists
 - Custodian
 - Custodial Workers
 - Quality Practice Facilitators
 - Health Links Project Manager
 - Health Links Care Coordinators
 - Health Links Administrative Support
- Project staff (Team Based Care Facilitator, consultants)
- Casual custodial workers, reception cover-off, IT and data entry support, seasonal Income Tax Clinic support

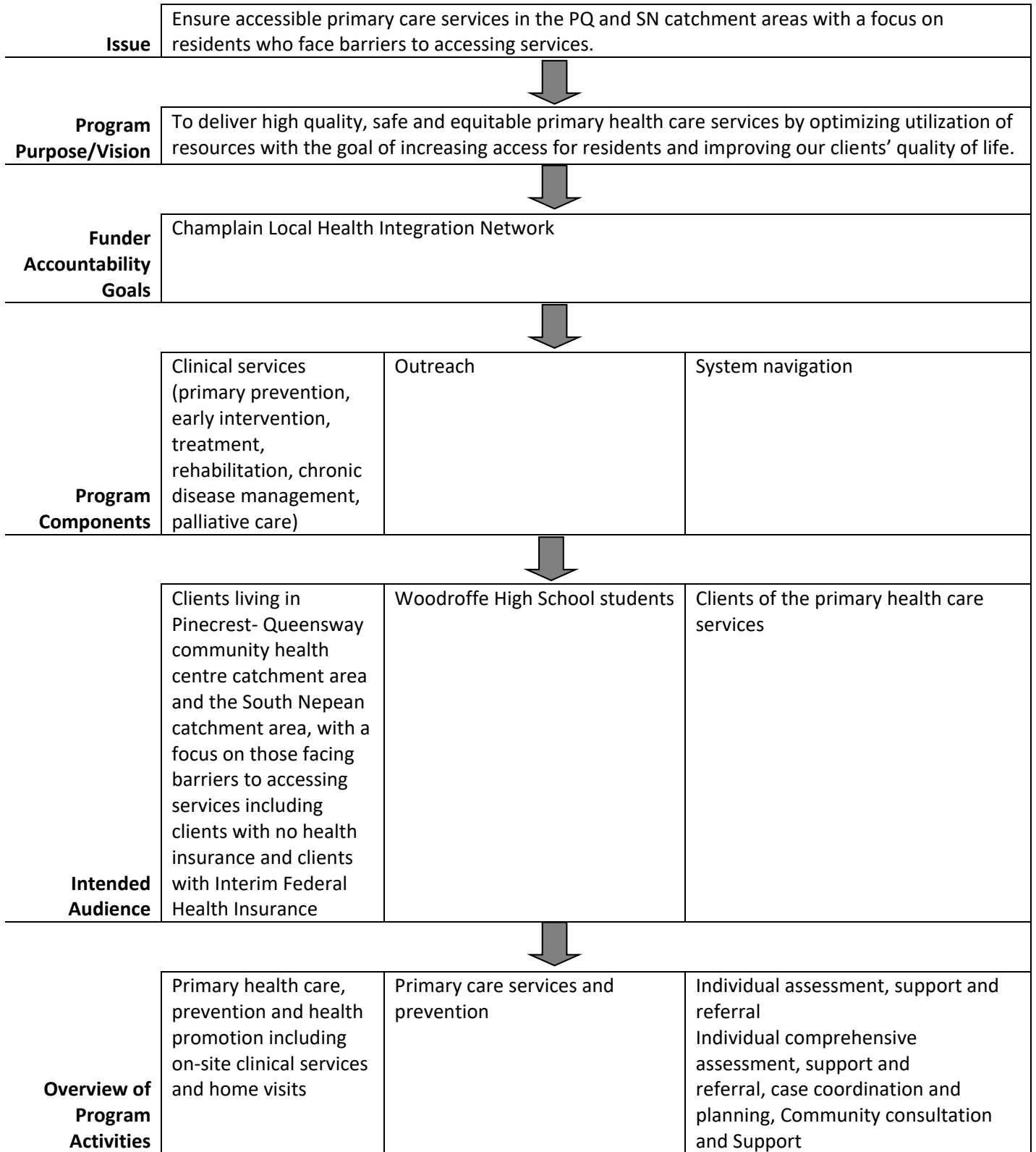
TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies.

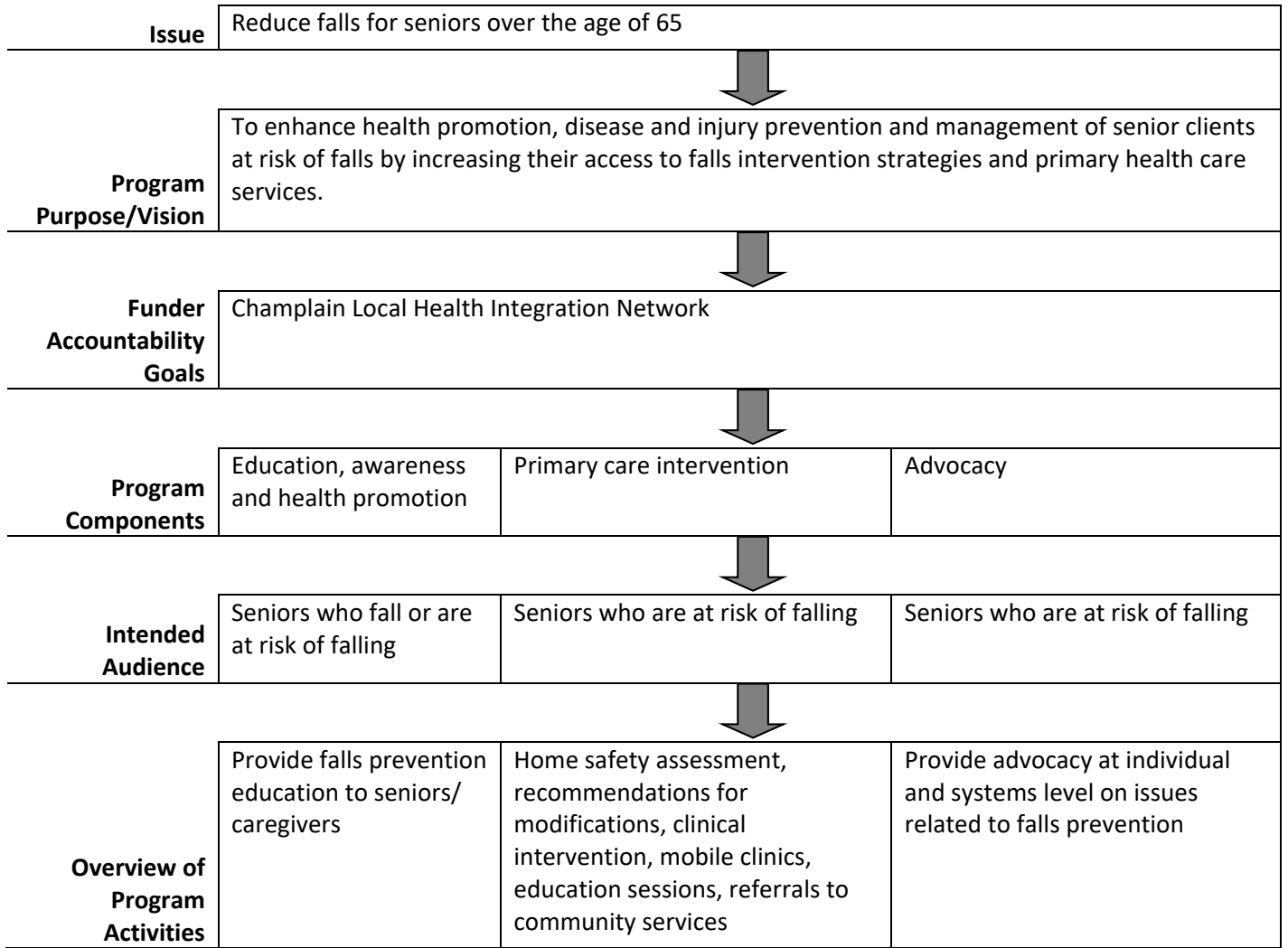
PRIMARY HEALTH CARE SERVICES

(Clinic, West-End Falls Prevention Program, Primary Care Outreach to Seniors, Falls Prevention Exercise Classes)

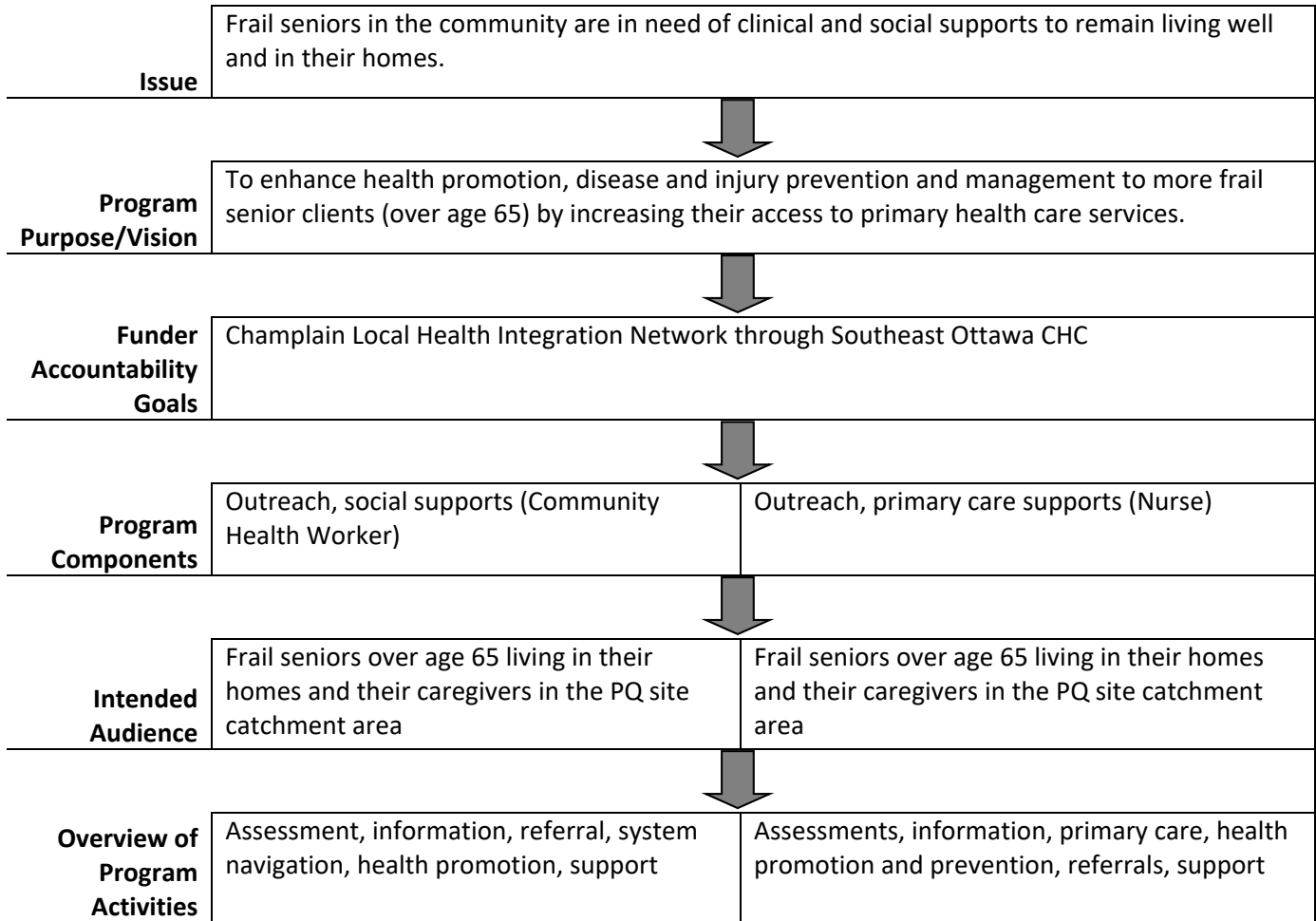
LOGIC MODEL – CLINIC



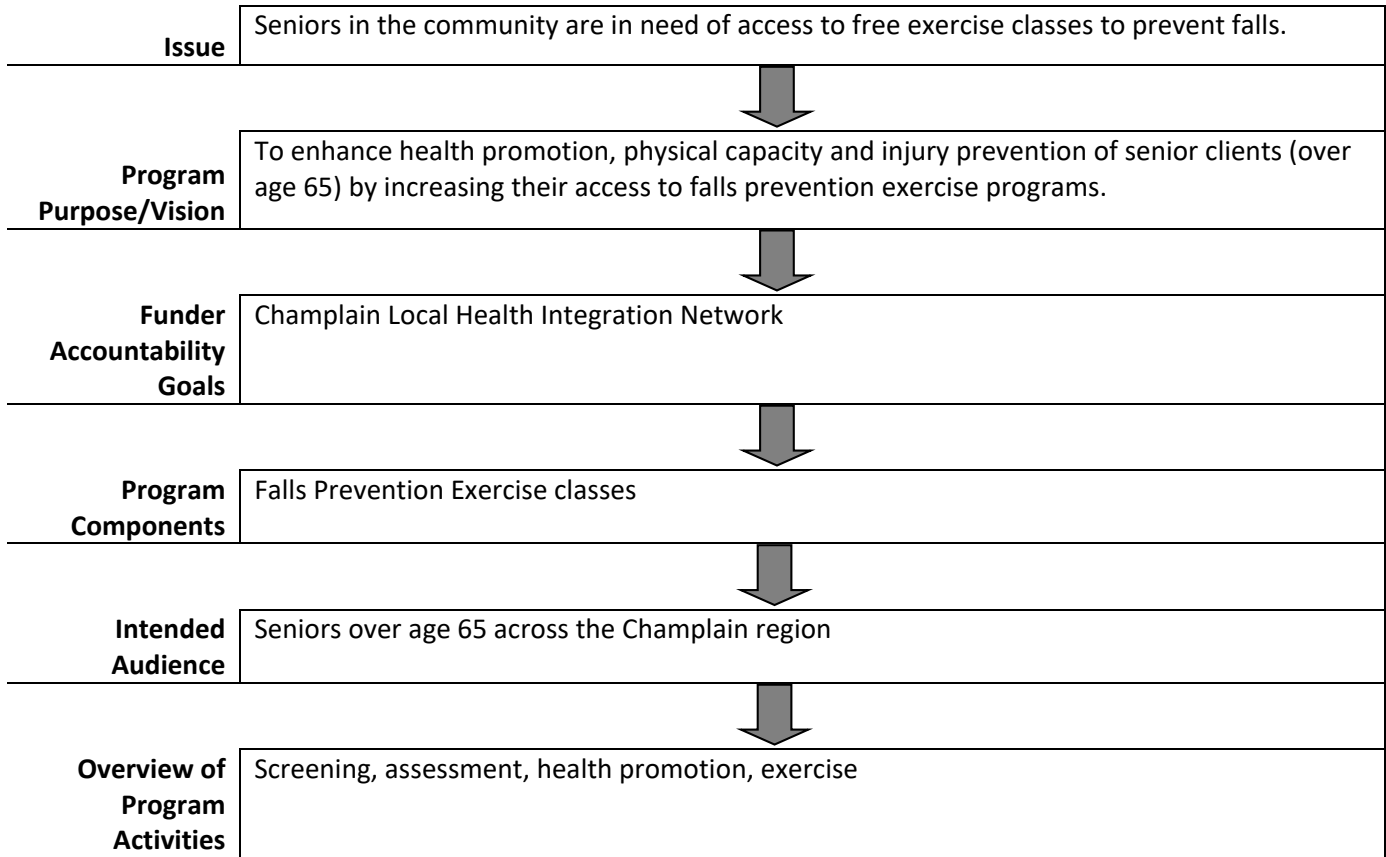
LOGIC MODEL – WEST-END INTEGRATED FALLS PREVENTION PROGRAM



LOGIC MODEL – PRIMARY CARE OUTREACH TO SENIORS



LOGIC MODEL – FALLS PREVENTION EXERCISE CLASSES



PROGRAM DESCRIPTION

Services that fall under the umbrella of Primary Care include:

- Physician, nurse practitioner and nursing primary health care services to individuals and families; specialist services available upon referral.
- Primary care services available to residents with and without health insurance.
- Primary care services to transgendered residents of Ottawa.
- Primary care services to residents referred through Health Links.
- Primary care services available to homeless families and women with children who are fleeing abuse in partnership with Carling Family Shelter.
- Primary care services for youth through Woodroffe High School clinic.
- Services are offered on site at PQCHC, South Nepean Satellite, Woodroffe High School and through home visits.
- Clients access individual and group nutrition counselling and nursing foot care.
- Same day/urgent appointments are available for registered clients and non-insured residents at both PQ and SN primary care clinic sites and for students attending Woodroffe High School.
- West End Integrated Falls Prevention program offered in partnership with Queensway-Carleton Hospital.
- Type 2 diabetes program offered in partnership with Centretown Community Health Centre.
- Sexual Health Clinics and Dental Screening clinics are offered in collaboration with the City of Ottawa: People Services (Public Health Department).
- Harm Reduction Programs: Anonymous HIV testing, Safe Inhalation Program and Needle Exchange Programs.
- Chiropractic services offered in partnership with Sandy Hill Community Health Centre.
- On-call Physician Services for registered clients available 24/7.
- Lung Health programming offered in collaboration with Somerset West Community Health Centre.
- Primary Care Outreach to Seniors program offers support to frail seniors over 65 who require support to remain healthy, out of hospital and independent in their homes.
- Falls Prevention Exercise Classes offers support to seniors over the age of 65 wishing to reduce their chance of falling. Offered in partnership with Ottawa Public Health, Renfrew/Lanark and Seaway Valley Community Health Centres.

DESCRIPTION OF CURRENT CLIENTS

Diverse client base including: multicultural (over 50%), all ages, high risk, multiple needs, non-English/French speaking, newly-arrived Canadians with a specific focus on individuals that are:

- living with chronic illnesses
- without health insurance
- living with mental health conditions
- on low-income
- homeless
- seniors
- youth (high school)
- transgendered
- refugees
- Health Link clients

CURRENT PRESSURES

- More focused accountability requirements necessitating consistent data input in the agency, with limited capacity of the current Electronic Medical Record system (EMR).
- Complexity and severity of presenting medical conditions has resulted in need for more intensive interventions, more frequent urgent treatment.
- Increase in physical and mental health symptoms related to chronic poverty and housing crisis (e.g. inability to pay bills, risk of homelessness, inadequate property standards, inability to purchase food resulting in increased stress, anxiety, depression, anger, etc.).
- Increased accountability requirements for the number of clients receiving services from a Physician or Nurse Practitioner while balancing the needs of uninsured clients and/or those who require interpretation who are not reflected in the research on complexity of care
- Insufficient funding for a reasonable ratio of support staff and Nurses to Physician and Nurse Practitioners.
- Challenges in recruitment and retention given the lack of funding to address salary pressures, particularly for, but not limited to Nurse Practitioners.
- Challenges in managing program budget with no increase in operating funding in spite of significant increased costs, including but not limited to medical supplies, interpretation.

RESOURCES:**STAFFING**

The program has the following staffing complement:

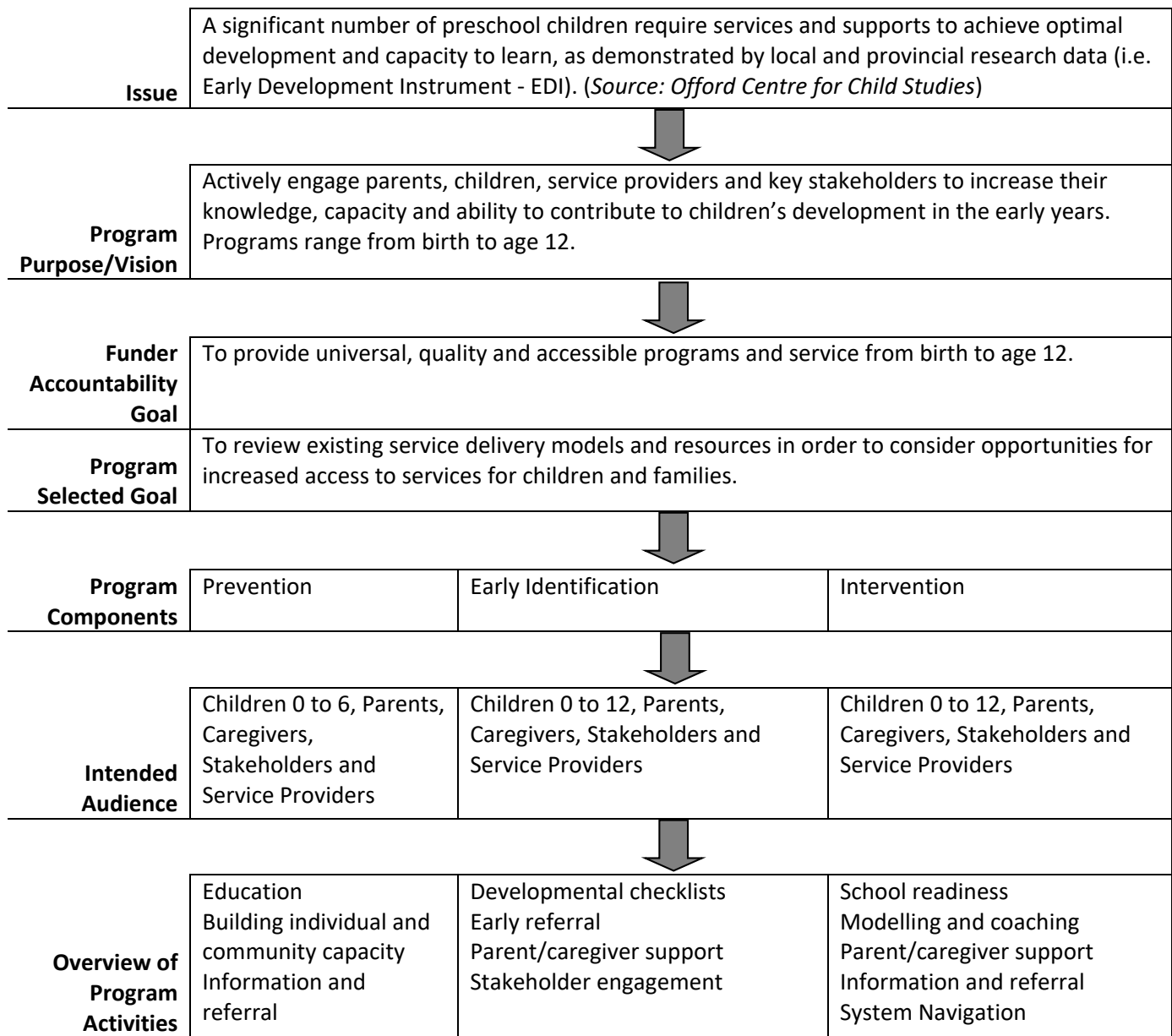
- 32 staff – PQ main site and South Nepean site (26 full-time equivalents) including;
 - Program Director
 - Primary Care Program Leads (SN and PQ)
 - Physicians
 - Nurse Practitioners
 - Nurses
 - Dietitian
 - Medical Receptionists
 - Clinic Assistant
 - Administrative Support
 - System Navigator
- West-end Integrated Falls Prevention and: 6 employees (3.5 FTE) including;
 - Program Coordinator
 - Occupational Therapist
 - Registered Nurse
 - Rehabilitation Assistant
 - Administrative Assistant
 - Purchase of Service – physiotherapy
- Primary Care Outreach Programs: 5 employees (3.6 FTE)
 - Administrative Assistant
 - Nurse
 - Community Health Worker
 - Collaborative Agencies – Centretown Regional Diabetes

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies. Clinic also runs from satellite location in Barrhaven, as well as a local high school. West-End Integrated Falls Prevention Program and Primary Care Outreach to Seniors primarily function through home visits.

CHILDREN AND FAMILY SERVICES

LOGIC MODEL



PROGRAM DESCRIPTION

Programs offered under the umbrella of Children’s services include:

- Early ON offering a variety of parent/caregiver and child drop-ins reaching out to special populations (information and referral).
- Respite care, parent support and education at Carling Family Emergency Shelter.
- Parent and Caregiver Education programs and workshops.
- Outreach to services and programs serving families with children 0 to 6 in Ottawa West-Nepean.
- Healthy Start Program for pre- and post-natal support for parents with children 0 to 3 years of age.
- Circle of Support program providing support to parents with children 0 to 6 years.
- Home visiting parent outreach program.
- Headstart Childcare is a subsidized early intervention program for children 2 ½ to 5.
- Leaping Lizards after school child development program for high-risk children 4 to 6 years.
- Toy Lending Library educational and enriching toys available in two locations.
- School’s Cool, school readiness program.
- Canadian Prenatal Nutrition Program group support for pregnant and post-natal women who are at risk in terms of their own health and well-being, or the health and well-being of their child.
- Child and youth programming for 6 to 18 year olds at Carling Family Shelter.
- Parent Navigators – parents providing peer to peer support and mentoring for families who are a part of the CHEO Complex Care Program.
- System navigators to assist with complex families.

DESCRIPTION OF CURRENT CLIENTS

- Multicultural families, parents and caregivers presenting with multiple needs
- Newcomer and refugee families
- Homeless families with children and youth 0 to 18 years
- Low-income families eligible for childcare subsidy
- High risk families with children
- All families living in the Central West community with children 0-6 including, but not limited to fathers, single parents, caregivers, GLBTTQ parents and their children, Francophone families
- Individuals requiring pre-and post-natal support
- Children entering the school system and their parents/caregivers
- Individuals living with trauma
- Adults and children presenting with mental health issues
- Families with Children’s Aid Society involvement

CURRENT PRESSURES

- Impact on current early years program funding with the implementation of the new Early ON centers in the City of Ottawa.
- the closing of Woodridge Child Care center in the Bayshore community
- Impact of new legislative requirements under the Child Care and Early Years Act
- Working towards attaining Baby Friendly accreditation.
- Evaluation of the integration of How Does Learning Happen: Ontario’s Pedagogy for The Early Years into CFS programming.
- Need for training to ensure consistent messaging among service providers on breastfeeding initiation and promotion.
- Lack of sufficient free breastfeeding supports in community.
- Lack of affordable appropriate off-site programming space.
- Meeting with Funder expectations to offer programming in schools, when school space is unavailable.
- Not all programs are funded adequately to ensure equitable pay for similar work
- Early Development Indicators identify several PQCHC neighborhoods as ‘at risk’.
- Many families accessing services have multiple complex needs.
- Lack of funding, services and coordination of services for children 6 to 18, in particular with a focus on social/emotional supports.
- The increased requests to be involved in many city wide initiatives
- How to evaluate the effectiveness of very busy programs in meeting clients’ needs and quality of service delivery.
- The need for promotion for some programs, CPNP and parent education.
- Recruiting and retaining qualified multi-lingual and English speaking Registered Early Childhood Educator staff.
- New requirements for staff working in Early On programs to be Registered Early Childhood Educators
- Meeting the language and cultural requirements of program participants

RESOURCES:

STAFFING

The program has the following staffing complement:

- 28 employees (21.6 full time equivalents) including;
 - Children and Family Services Director
 - Program Leads
 - Registered Early Childhood Educators
 - Administrative Support
 - Bus Monitor/Program Support
 - Cook/Housekeeper
 - Parent Support Workers
 - Family Resource Facilitators
 - Respite Care Workers
 - Child and Youth Workers
 - Program Assistants
 - Custodian
 - System Navigator
 - Parent Navigators
 - Registered Nurse/Lactation Consultant
 - Dietitian
 - School Liaison Worker
 - Toy Library Coordinator

Purchase of Service – Bus Driver

Purchase of Service facilitators for parent workshops and groups

Partnerships with related agencies, groups and community organizations

Relief staff and casual childminders

Collaborative organizations:

- City of Ottawa Healthy Babies/Healthy Children
- City of Ottawa Early Years Division
- City of Ottawa Parenting in Ottawa
- Ottawa Carleton District and Ottawa Catholic School Boards
- Child Care Providers Resource Network
- Carlington Community Health Centre
- Children’s Aid Society
- Ottawa Public Library

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies. Children's programming takes place in a number of community sites including schools, community centres, low income residential property, family shelter.

SPECIALIZED PRESCHOOL PROGRAMS

(First Words, Infant Hearing, Blind-Low Vision)

LOGIC MODEL

Issue	A significant number of preschool children require services and supports to achieve optimal development and capacity to learn, as demonstrated by local and provincial research data (i.e. Early Development Instrument - EDI). <i>(Source: Offord Centre for Child Studies)</i>		
Program Purpose/Vision	Actively engage parents, children, service providers and key stakeholders to increase their knowledge, capacity and ability to contribute to healthy child development for children who experience speech-language and/or vision and/or hearing challenges in the early years.		
Strategic Direction Goals	Quality Care and Services - Increase access to programs and services Advocacy - Demonstrate the value of the CHC Model to community leaders, decision makers and funders; advocate for the social determinants of health		
Funder Accountability Goals	To provide universal, quality and accessible early years programs and services with a focus on children with speech and language delays, deaf or hard of hearing as well as those who are blind or who have low vision		
Program Selected Goals	To review existing service delivery models and resources in order to consider opportunities for increased access to services for children and families.		
Program Components	Prevention	Early Identification	Intervention
Intended Audience	Children 0 to 6 Parents, Caregivers, Stakeholders and Service Providers		
Overview of Program Activities	Speech-Language, Blind/Low-Vision, and Infant Hearing: Education Building individual and community capacity Information and Referral	Speech-Language, Blind/Low-Vision, and Infant Hearing: Assessment Screenings Early referral and diagnosis Stakeholder engagement	Speech-Language, Blind/Low-Vision, and Infant Hearing: School readiness Individual and/or group therapy Modelling and coaching Parent support Information and referral

FIRST WORDS

PROGRAM DESCRIPTION

First Words services are offered throughout the City of Ottawa and include screening clinics, speech/language therapy, and community health promotion/education. These services are offered in collaboration with the Children's Hospital of Eastern Ontario, Ottawa Children's Treatment Centre and the Ottawa Public Health Information Line.

DESCRIPTION OF CURRENT CLIENTS

Our clients are children from birth until the age at which they enter kindergarten.

CURRENT PRESSURES

- The tri-ministerial Special Needs Strategy (SNS) focusing on the Integrated Direct Rehabilitation Services (IDRS) will require that First Words engage actively in planning activities to strengthen partnerships and leadership, to develop administrative protocols and documents to support common intake, to confirm information sharing and consent processes, and/or plan for any human resource and operational issues. Full implementation, including transition of services among providers, provincial policy changes, and provincial funding transfers to support service delivery, is targeted for 2017-18. In the interim, CHEO and OCTC have amalgamated and meetings are taking place to better align speech and language services between OCTC and First Words. Ministry also has introduced pending funding restructuring to FW program.
- Increase in number of births and number of referrals to First Words continues to be a challenge even with recent increase of base funding. In 2015, First Words received 916 referrals, in 2016 this increased to 1543 referrals a change of 65%. The increase in referrals along with new expectations linked to the MCYS deliverables, the Special Needs Strategy (SNS) and reallocation of Audio Verbal Therapy costs to our program are having a significant impact on our service delivery.
- Collaborative partners are both unionized (CHEO and OCTC) and their Rehab staff continues to receive increases. In November 2016 there was an opportunity to increase Speech-Language Pathologist and Communication Disorder Assistant salaries to be on par with CHEO/OCTC counterparts. This had a significant impact on the 2016-17 budget and will have an ongoing impact. Also, with the amalgamation between OCTC and CHEO it is expected that their clinical staff will get another 2% raise in 2017-18 which we will not be able to match. Salary increases reduce our purchasing power for services (SLP, CDA, AVT, admin) with CHEO and OCTC every year. We have been able to offer one-time funding with end of fiscal dollars to both CHEO and OCTC programs in March 2017.
- Due to financial restrictions, the implementation of new deliverables for Assessment and of the Ottawa Special Needs Strategy, Integrated Rehabilitation Services (SNS-IDRS) plan, a revision of the role of FW screenings is required. Financial (e.g. Online Booking tool adaptations) and human resources (e.g. assigning new screening tasks to existing positions) implications are expected.

RESOURCES:

STAFFING

The program has the following staffing complement:

25 employees (19 full-time equivalency) including;

- Program Manager (across Specialized Preschool Programs)
- Services and Support Coordinator (shared across Specialized Preschool Programs)
- Senior Administrative Assistant
- Clinical Coordinator (First Words Program)
- Speech Language Pathologists
- Communicative Disorders Assistants
- Community Educator-Health Promotion
- Parent Outreach Educator – Health Promotion
- Outreach Speech Language Pathologist – Health Promotion
- Speech and Language Support Workers
- Data Entry/Administrative Support

Transfer payment agencies

- Children’s Hospital of Eastern Ontario for the provision of speech language services and AVT services
- Ottawa Children’s Treatment Centre for the provision of speech language services for children with multiple disabilities

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies, except where staff is wholly located in another agency that provides this support. The Program staff work out of PQCHC, Western Ottawa Community Resource Centre, CHEO, Eastern Ottawa Community Resource Centre, Orleans-Cumberland Community Resource Centre and South Nepean Community Health Centre as well as in Headstart Programs and families’ homes.

INFANT HEARING

PROGRAM DESCRIPTION

The IHP program is offered throughout Eastern Ontario in partnership with local hospitals and health units; services include screening of newborns and ensuring access to services and supports for children born deaf, hard of hearing, or at risk of developing hearing loss in early childhood, as well as support with developing a Communication Development Plan unique to each child.

DESCRIPTION OF CURRENT CLIENTS

Our clients are children between the ages of 0 years old to entry to Senior Kindergarten.

CURRENT PRESSURES

- Cost of consumables across all areas of service; including supplies and replacement parts for equipment for screening and Audiology Department continue to be high.
- A new Screening Protocol will be implemented in Spring 2017 that will result in an automatic referral of High Risk babies to CHEO Audiology for full diagnostic assessments. This will mean further pressure on CHEO audiology and an increase in wait time for assessment.
- CHEO audiology receives annual salary increases but with no increase in base funding. This has impacted services they are able to provide through the service agreement. A letter advocating for more funding is being drafted for MCYS.
- Having the resources available to initiate outreach to physicians, Nurse Practitioners, Midwifery groups and community partners about the role of the Infant Hearing Program.
- Having the resources to evaluate best practice for IHP screening;
 - Higher referral rate in hospital; due to state of baby in early hours after birth
 - early discharge in hospitals and the impact that has on effective screenings
- Increase in demand for Cultural Interpretation, something not budgeted for in the past.

RESOURCES:

STAFFING

The program has the following staffing complement:

- 18 employees (7.65 full-time equivalents) including –
 - Services and Supports Supervisor
 - Infant Hearing Screeners
 - Data Entry/Scheduling Clerk
 - Family Support Worker

Transfer payment agencies

- Children’s Hospital of Eastern Ontario for the provision of audiology services
- Contractual consultants/instructors for the provision of Langue des Signes Québécois (LSQ)
- Ontario Early Years Centre – Cornwall for the provision of screening in Cornwall, Winchester and Hawkesbury

TECHNOLOGICAL & PHYSICAL

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BLIND-LOW VISION

PROGRAM DESCRIPTION

This provincial program funded by the Ministry of Children and Youth Services started in September, 2007 and is organized through the same structures of the Infant Hearing Program, thus we are responsible for the Eastern Region. The BLV program is offered in partnership with OCTC. Other community agencies such as CNIB, children's integration support services and infant development programs are involved as well.

DESCRIPTION OF CURRENT CLIENTS

Our clients are children between the ages of 0 years old to eligibility to entry to Senior Kindergarten.

CURRENT PRESSURES

Time it takes for a child to be seen by Ophthalmologist and diagnosed and referred to BLV (only 3 Ophthalmologists in Ottawa, and wait list very long).

Policies and Procedures manual is in its final draft to address Ministry requirements and improve consistent DSL.

- Having the resources available to initiate outreach to physicians, Nurse Practitioners and community partners about the role of the Blind Low Vision Program.

RESOURCES:

STAFFING

The program has the following staffing complement:

- 1 employee (0.25 full-time equivalent)
 - Family Support Worker

1 transfer payment agency

- Through Purchase of Service contract Ottawa Children's Treatment Centre employ the two Early Childhood Vision Consultants for the program

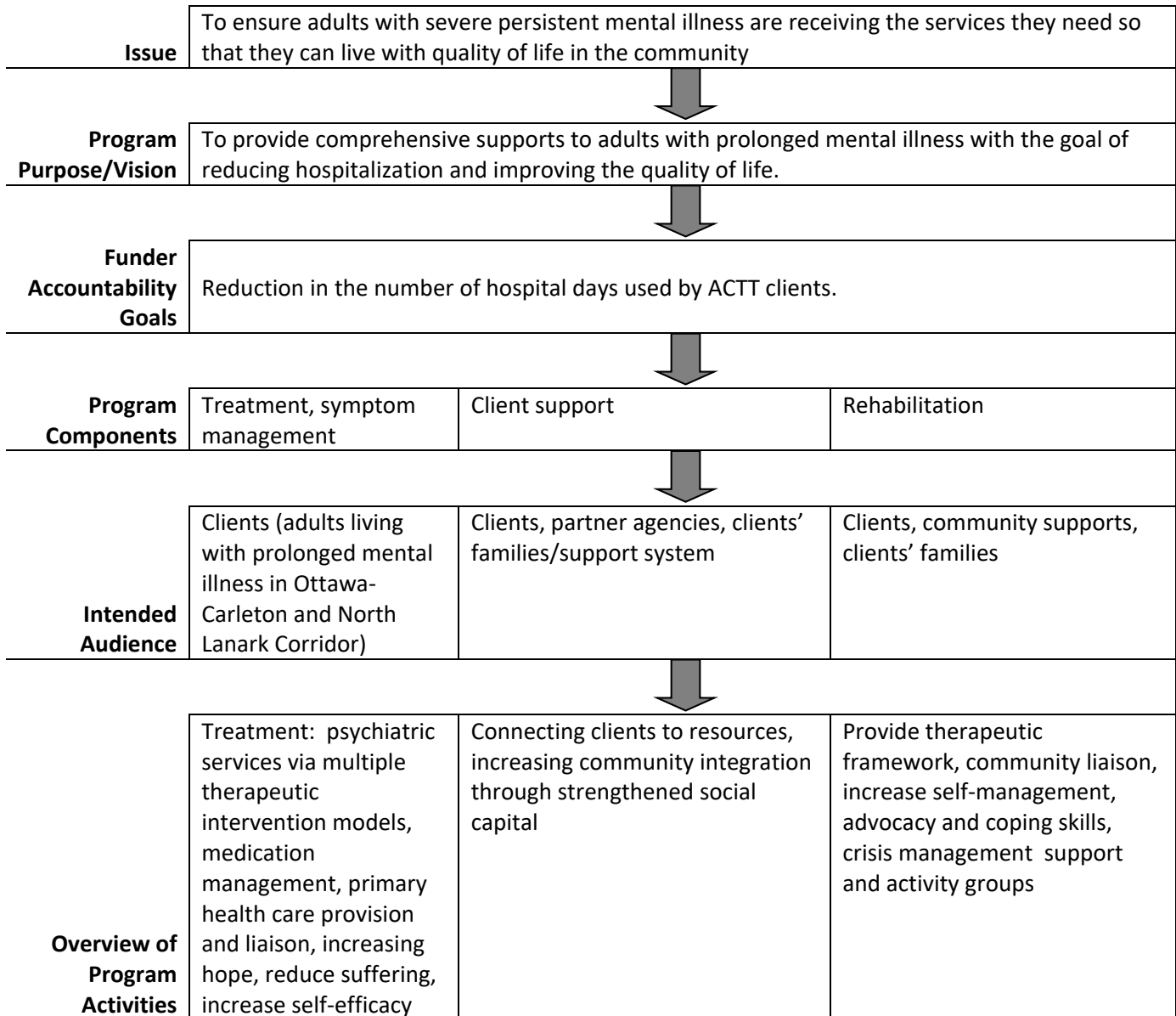
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MENTAL HEALTH AND HOUSING SERVICES

ASSERTIVE COMMUNITY TREATMENT TEAM

LOGIC MODEL



PROGRAM DESCRIPTION

The Pinecrest-Queensway Assertive Community Treatment Team provides treatment, rehabilitation and supports to people living with prolonged mental illness in Ottawa-Carleton and North Lanark Corridor. It is a transdisciplinary team that provides service, 24 hours a day, 365 days of the year. The service emphasizes outreach, client choice, and individualized services consistent with the values and objectives of Pinecrest-Queensway Community Health Centre and meets the Ontario Standards for ACT Teams. We work in collaboration with four other ACTT teams in the city.

DESCRIPTION OF CURRENT CLIENTS

- All ACTT clients have had at least 150 days of psychiatric hospitalization in the 3 years prior to receiving ACTT services and/or 90 consecutive days of hospitalization in the year prior to receiving ACTT services. ACTT accepts referrals for people 16-65 years of age.
- All service recipients have a DSM Axis 1 diagnosis and additional complex needs e.g. addictions, justice involvement, incarceration, trauma survivors, homelessness, physical health issues and have a history of being unable to engage and/or benefit from traditional services.
- PQCHC ACTT served 80 people in the past year (diverse ethnic backgrounds include Aboriginal, African, Asian, East Indian, Caucasian) services are provided in English, designated French services are provided by another team in Ottawa.
- A significant success of ACTT service is to assist with obtaining and maintaining housing; the recent focus on Housing First has allowed ACTT clients to access provincial and municipal rent subsidies. Approximately 10% of ACTT clients currently have a housing subsidy
- Few clients have family physicians when they are referred to ACTT, people are linked with Primary Health Care services and are served by Health Care Centers, Family Health Teams, or are affiliated with a walk-in clinic. 100% of current PQ ACTT clients are seen by a primary care service. This is attributed to the concerted effort to connect with primary care providers, increase liaison, manage scheduling and accompany clients. All clients are monitored for metabolic syndrome by ACTT clinical staff; over 40% receive support with diabetes, education, care and monitoring. This clientele has historically been at higher risk of unmanaged diabetes and benefits from the one to one trusting established relationship with ACTT workers
- All clients who smoke have been offered smoking cessation/harm reduction support. Due to metabolic issues, prescribed medications and other illness related factors this population often requires enhanced support and “off label” use of nicotine replacement therapies. 70% of staff have trained with the Provincial STOP and TEACH program and can offer smoking cessation support.

- An estimated 35% have concurrent disorders (substance abuse and mental illness). 70% of team members are trained through the Provincial “Smoking Treatment for Ontario Patients” (STOP) program. This program includes 6 months of medical dispensing of tobacco replacement therapies such as nicotine gum, inhalers or patch in conjunction with ongoing support and monitoring. In conjunction with researchers the program has been adapted for “off label use” of NRT with clients with severe mental health issues. 40% of ACTT clients smoke, 50% of smokers enrolled in STOP in the past year, 3 people have quit smoking and the rest are focusing on harm reduction. Training in Motivational Interviewing has also assisted with the success of this program.
- Client profiles identify a high number of service recipients with PTSD; clients are referred to appropriate counselling services and ACTT intervention focused on preparation for counselling, and coping skills. When appropriate, clients are offered the opportunity to work in a very structured Dialectical Behaviour Therapy informed practice which has a high success rate of increasing self-efficacy and coping skills.
- Well above average number of clients, 30%, volunteered, attended school or were employed throughout the year. PQ ACTT has forged close working relationships with local employment programs
- PQ ACTT has worked with the Royal Ottawa hospital in piloting use of the ACTT Transition Readiness Tool over the past 4 years. The tool is used to access client flow and caseload management and has been identified as a best practice standard.

CURRENT PRESSURES

- Attracting and retaining qualified staff, the ongoing wage issues hamper the attractiveness of the positions.
- Addressing infestations of bedbugs and cockroaches in housing has sidelined an increasing amount of service provision time. Over 15% of clients are living with infestations. This has affected their mental, physical, financial and social wellbeing. In some situations, it has prohibited access to other health services. Preparation for treatment of infestations is time consuming and complex especially for people living with multiple challenges. Disposing of belongings, alternate housing during treatments, obtaining new furniture and bedding involves many steps through several systems. ACTT is working at a front line and systems level to address this ongoing issue
- A small cohort of aging clients with changing needs have challenged ACTT in working with many medical situations and recurrent hospitalizations.
- The team initiated liaison and ongoing work with hospitals and other teams in the area to establish consistent communication procedures and protocols for emergency presentations following a critical incident. Establishing consistency across the system is an ongoing challenge.
- Budget pressures in operations due to lack of any increase in base funding for 5+ years.

RESOURCES:

STAFFING

The program has the following staffing complement:

13 staff (12.8 full-time equivalents) including -

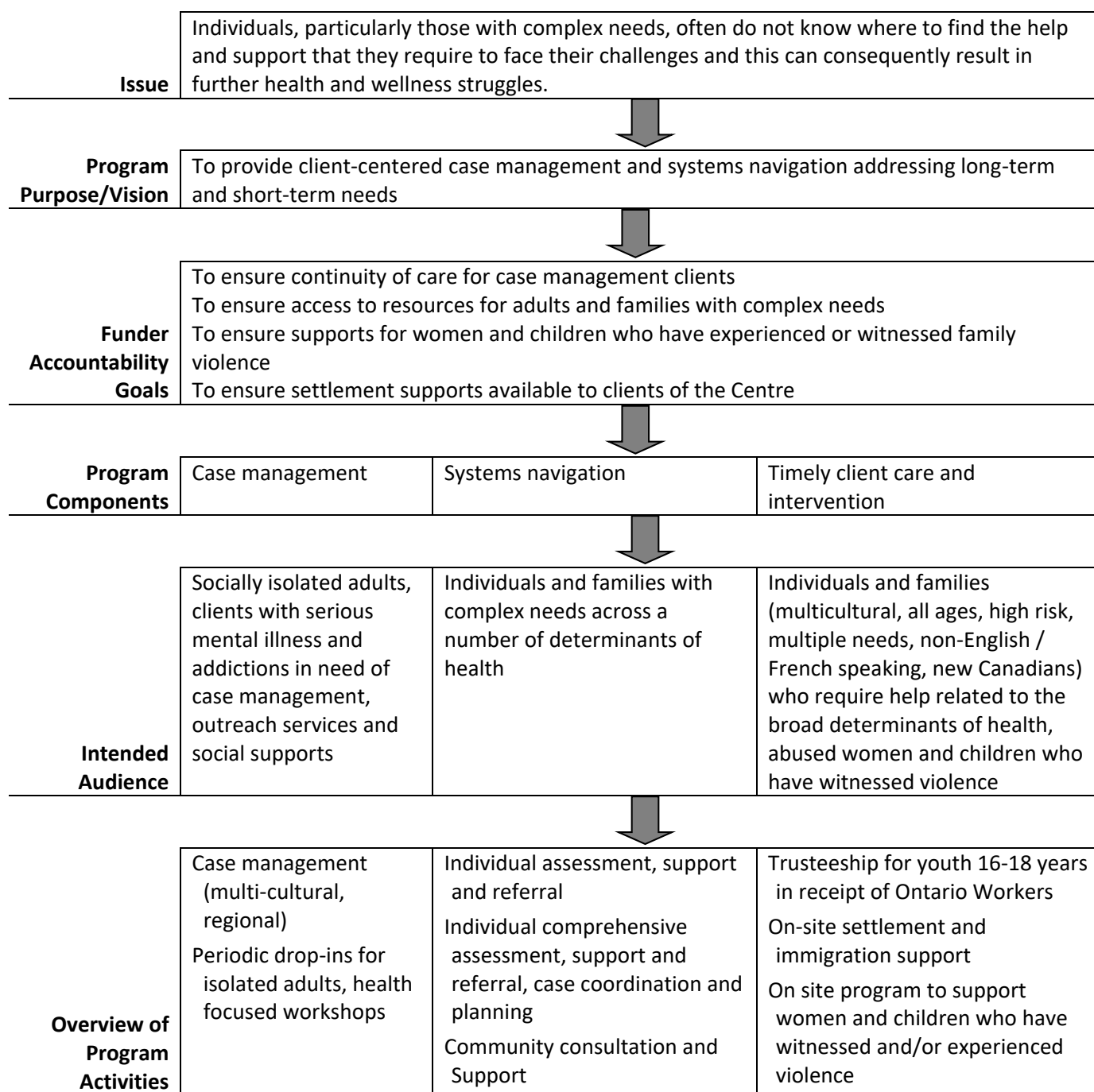
- Program Director
- Psychiatrist
- Program Assistant
- Registered Nurses
- Mental Health Workers (specialty areas: vocational, addictions, family, peer support, recreation)
- Occupational Therapist

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies. Staff work on site and in client homes and provide services 24/7.

MENTAL HEALTH SERVICES AND SUPPORTS

LOGIC MODEL



PROGRAM DESCRIPTION

SERVICES OFFERED UNDER THE UMBRELLA OF MENTAL HEALTH SERVICES INCLUDE:

- Systems navigation support to clients coming to PQCHC that are linked to the internal programs that will best assist them, as well as to external services. Navigators are affiliated with three of the core teams of the Centre: Primary Health Care, Community Health Services, and Children and Family Services.
- Services for abused women and children who have witnessed violence including individual counseling, support groups and crisis intervention in partnership with Western Ottawa Community Resource Centre.
- On site settlement and immigration support and services for individuals and families in partnership with Ottawa Community Immigrant Services Organization.
- Multicultural Case Management – services with a focus on immigrant populations in partnership with the Canadian Mental Health Association - Mental Health Community Support Services.
- On site seconded housing support 3 days a week through a partnership with Action Lodgment. Arabic housing services in partnership with Housing Help.

DESCRIPTION OF CURRENT CLIENTS

- Multicultural (over 50%), all ages, high risk, multiple needs, non-English/French speaking, newly-arrived Canadians with a specific focus on individuals that are:
 - living with chronic illnesses
 - living with mental health conditions
 - on low-income
 - homeless
 - seniors
 - youth
- Individuals and families requiring information, referral, advocacy, practical assistance, and support related to broad determinants of health - e.g. finances, housing, social supports, family and personal relationships, domestic violence, elder abuse, immigration, employment, education, physical and mental health. Clients have a diverse range of income levels, cultural backgrounds, languages, immigration status, sexual identities, age, and mental and physical health status.
- Clients with serious mental illnesses and addictions requiring case management, outreach services and social supports.

CURRENT PRESSURES

- Lack of affordable, habitable housing stock.
- The predominance of the Housing First Strategy excludes focus on housing loss prevention service, a service that is needed by many vulnerably housed including seniors, working poor and those living with disabilities.

RESOURCES:

STAFFING

The program has the following staffing complement:

- 5 staff (5.0 full-time equivalents) including -
 - Multicultural Case Managers
 - System Navigators (note, system navigators report to their respective program area: primary care, children and family services and community health)

Collaborative organizations:

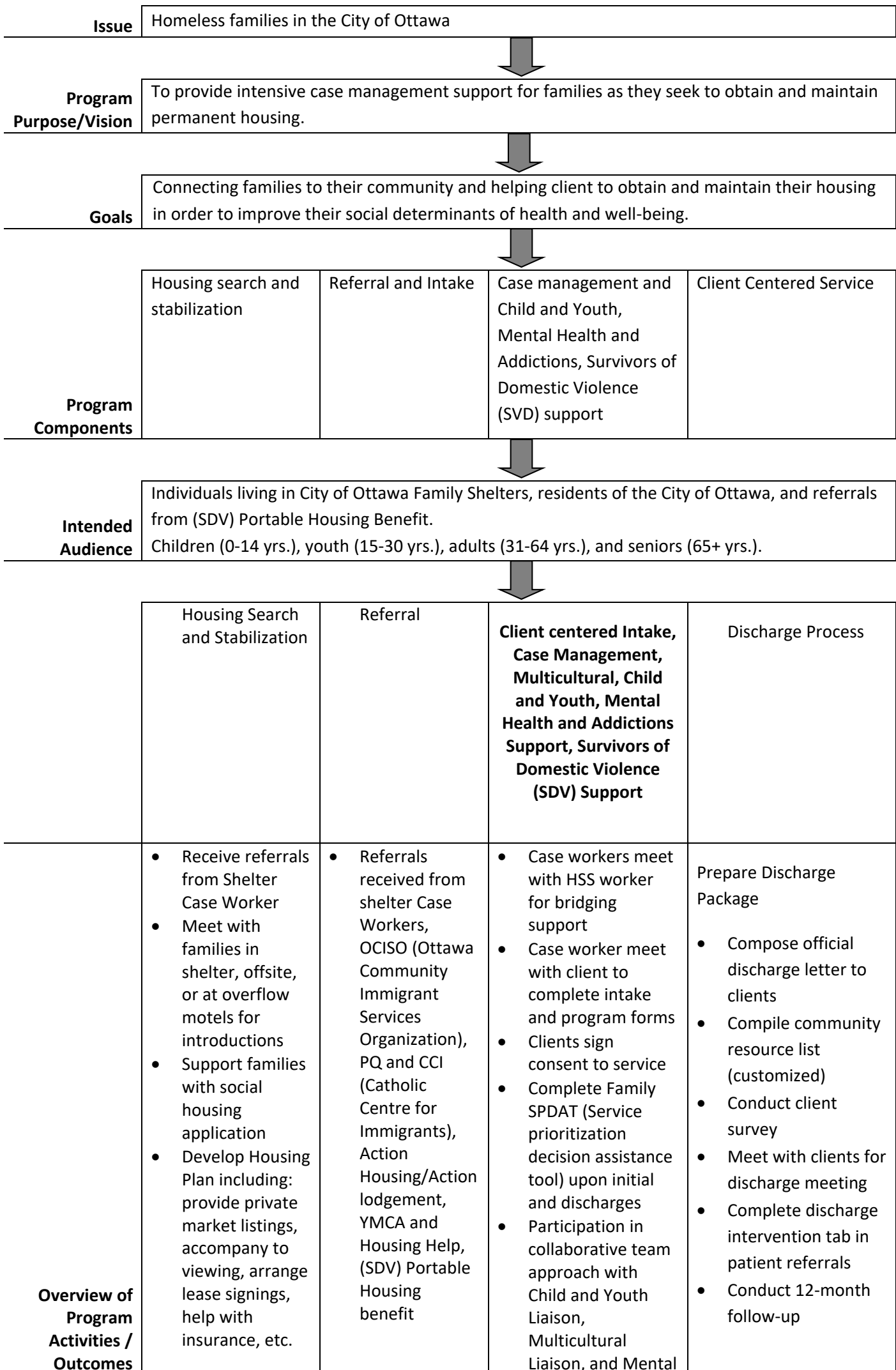
- Western Ottawa Community Resource Centre – Violence Against Women
- Ottawa Community Immigrant Services Organization
- Action Logement
- Housing Help

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies. Staff work on site and in client homes.

FAMILIES FIRST

LOGIC MODEL



<p>and advocate with landlords</p> <ul style="list-style-type: none"> • Exploration of housing options with housing allowance • Advise Families First Case Workers and transition family to FF Case Worker 		<p>Health and addictions liaison, Survivors of Domestic Violence Worker</p> <ul style="list-style-type: none"> • Weekly contacts with program case worker's/liaisons • Monthly reflective practice with psychiatrist support • Monthly case load and supervision with team • Client guided regular supported service and interventions including but not limited to: Develop individual client service plan, Connect clients to local schools, daycares, community houses and Community Health Centres/ Community Resource Centres. • Support clients with budgeting • Educate clients on housing sustainability issues • Check in 1x month with client 	
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Measures	Number of families that secure housing	Number of families registered and engaged in FF program reported	Number of families registered and engaged in FF program reported quarterly to funders	<ul style="list-style-type: none"> • Number of clients housed at point of discharge • Client satisfaction rates measured by surveys, and 12 month follow-ups
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PROGRAM DESCRIPTION

The Families First program provides support services to families who have recently been homeless or face on-going challenges in maintaining current housing. Eligible families have complex needs that present barriers to retaining safe and affordable housing.

DESCRIPTION OF CURRENT CLIENTS

- Families with a history of unsuccessful household/housing management
- Families with complex needs who are currently homeless and accessing the City of Ottawa’s Family Shelter Services
- Families residing emergency shelters who are clients of the city’s Survivors of Domestic Violence-Portable Housing Benefit
- Families living in the community who are vulnerably housed and require support

CURRENT PRESSURES

- Housing search and stabilization - Lack of affordability of private market rent units for large families or families that have members living with a disability.
- Increased time spent on advocacy, and consultations related to pests such as bedbugs, cockroaches, and mice. Prevalence of infestations has a high mental, physical, emotional and financial impact on families.
- Food insecurity for families on limited incomes.
- Lack of access to affordable and nutritious food.
- Acquiring furniture continues to be a struggle for families who moved out of the shelter
- Increased utility costs for families on low income.
- Families continue to struggle with affordable transportation, especially for clients living in areas with limited support or resources.
- Clients face lengthy waiting lists for Family Physicians and other primary health care services.
- Scarce winter clothing and footwear resources result in social isolation and increased risk of illness.
- Subsidized childcare is extremely limited - most clients have young children.
- Inconsistencies in access and administration of benefits such as Ontario Works which affects family’s budgets.
- Many children have been exposed to traumatic events prior to or because of homelessness, including exposure to family violence. Counseling services for children suffering from trauma are limited.
- High need for cultural interpretation.
- Client’s readiness. Some families are less able to participate in programs due to previous experience, mistrust individuals outside the family or culture.

RESOURCES:

STAFFING

The program has the following staffing complement:

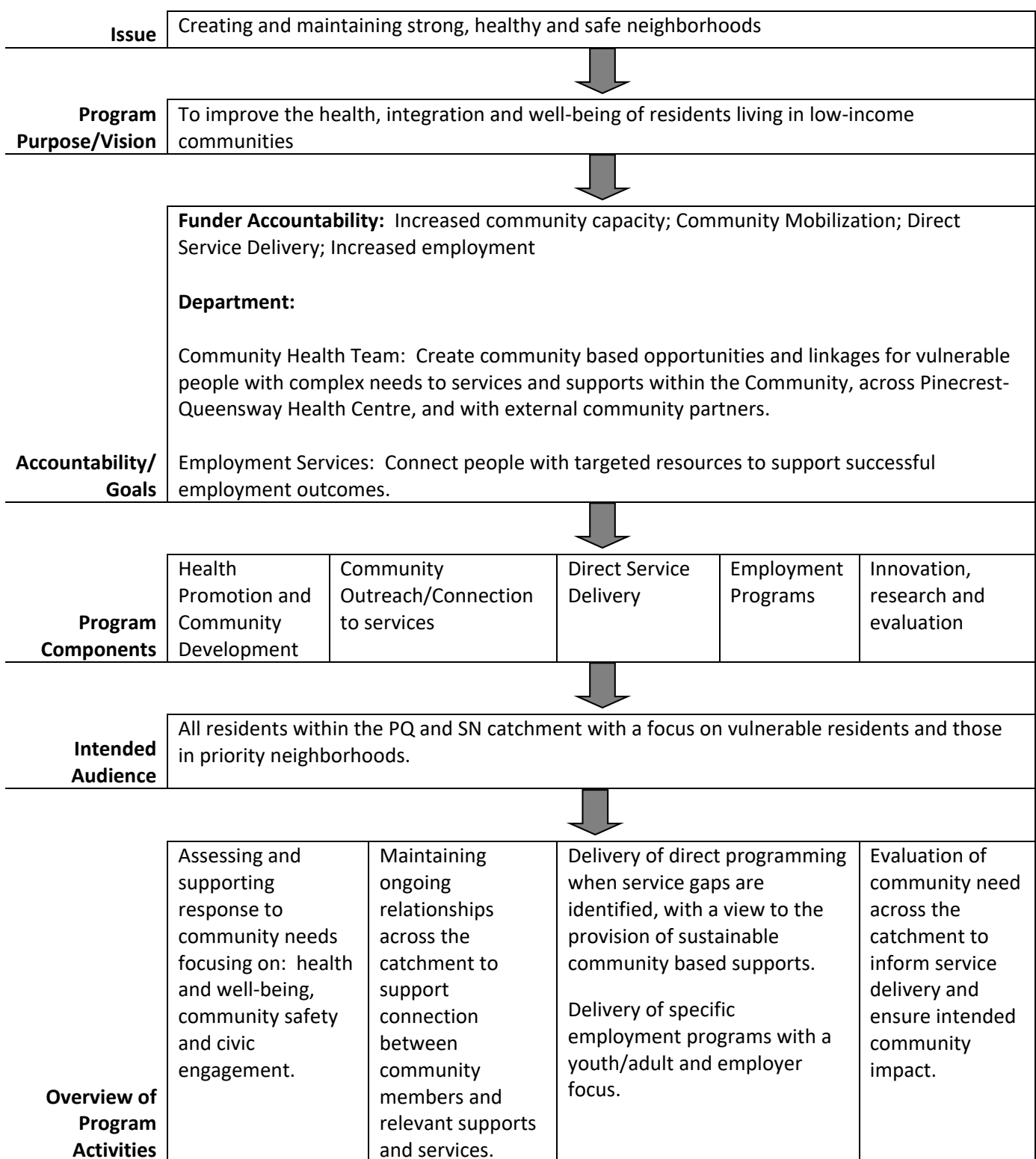
- 18 full time employees (18.0 FTE), 0.8 employee (0.8 FTE) including –
 - Program Lead
 - Case Workers
 - Children and Youth Liaison Worker/Case Workers
 - Children and Youth Liaison Workers
 - Mental Health and Addictions Liaison Worker
 - Multicultural Liaison Worker/Case Worker
 - Administrative support
 - Housing Search and Stabilization Workers
 - Survivors of Domestic Violence Case Worker

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources; limited projects contracted out to external IT consultants. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies, except where staff is wholly located in another agency that provides this support.

COMMUNITY & EMPLOYMENT PROGRAMS

LOGIC MODEL



PROGRAM DESCRIPTION

Programs provided under the umbrella of Community Services are:

- Health Promotion and Community Development - community relations, outreach, community safety and violence, capacity building, needs assessment and leadership development.
- South Nepean CHC Satellite - Health Promotion and Community Development in collaboration with the Nepean Rideau Osgoode Community Resource Centre specifically in this catchment area.
- 5 Community Houses (Morrison Gardens; Winthrop Court; Michele Heights; Pinecrest Terrace and Foster Farm) - Community House sites located in Ottawa Community Housing low-income communities. Programs at the Community houses are flexible and responsive to the needs in the community and include:
 - Food Programs – 3 community Food banks; Baby cupboard; Community laundry; Community gardens
 - Community Events and Celebrations
 - After 4 Programs – academic and social skills building for children 6-12
 - Youth Programming- academic, recreation and social support for youth
 - Summer programming for children and youth
 - Adult group programs
- Social Capital and Community Cohesion:
 - Bayshore community – including community development, outreach, support of local leadership groups and delivery of programs and services that address community identified priorities
 - Multicultural Seniors – programs for multicultural seniors who are isolated or at risk of social isolation and who are experiencing barriers to accessing health promotion and social inclusion opportunities; Monthly Russian seniors group; Program delivered in 5 languages including (Arabic; English; French; Chinese and Russian)
 - Post – Incident Response protocol: Supporting community response post incident
- Together We Can – Youth Mentorship program - culturally relevant mentorship opportunity for Black youth ages 12-18
- Community Health System Navigation – creating effective links between appropriate health and social resources
- Somali Youth Support Project - leadership and community development program for Somali youth and their families.
- Youth Trustee – financial support for youth
- United Sisters – life-skills training, workshops, leadership development, and recreational activities for girls ages 10–15.

Employment Services:

- A full-suite employment model including resource and information, client service planning and coordination, job search, job matching, placement and incentives, and job retention. Service for employers including Canada Ontario Job Grant, recruitment, hiring and training incentives.

- Pre-apprenticeship programs for youth in construction and for job seekers of all ages in childcare.
- Programs for internationally trained professionals interested in employment in social services and the social determinants of health.
- Youth employment programs geared towards youth in-school and out-of-school aged 15-29 years who are facing barriers to employment, offering employment training and work experience placements.
- Youth employment programs for youth with no barriers to employment as well as incentives for employers hiring youth between the ages of 15-29.

DESCRIPTION OF CURRENT CLIENTS

- Community members (adults and youth) from the Centre’s catchment area with a focus on identified priority neighborhoods
- Community members with complex needs facing service barriers
- Multicultural communities (Somali, Arabic, Turkish, Russian, Chinese, South Asian) residing in low-income communities and apartment buildings
- Youth ages 15-29 from across the city of Ottawa with barriers to employment
- Youth, seniors, rural, families (low income and newcomer) in Nepean, Rideau and Osgoode catchment
- Residents from the city and the catchment area interested in obtaining employment
- Employers from the City of Ottawa interested in hiring and training employees
- Residents concerned about safety issues

CURRENT PRESSURES

Safety, Community Cohesion and Mental Health

- Community safety linked to open market drug dealing, home takeovers and street level violence continues to be a high priority in PQCHC’s west end catchment area. There have been a number of incidents of gun violence in our catchment during this period.
- We continue to see highly vulnerable individuals and families coping with complex needs. Ottawa Community Housing (OCH) reports that more residents in our catchment are coming from the OCH priority list, meaning they have been facing significant risk factors such as domestic abuse, addictions and their mental health needs. We are seeing more people with complex needs attending training that was developed to build leadership capacity, not provide personal support.
- Community cohesion is undermined by both the safety concerns in the neighborhood as well as the growing number of vulnerable residents. All of this point to the need to continue our community building and crime prevention efforts and to reach out to vulnerable individuals and families to connect them with supports. It also points to the importance of working at a systemic level to address the root causes of many of these issues, including poverty, discrimination and unequal access to resources.

Children and Youth

- There is a need for neighborhood-based sports and recreation programs in a number of neighborhoods where recreation facilities are not easily accessible (Winthrop Court, Pinecrest Terrace and Morrison Gardens). This is of particular concern in Bayshore where there is no Community House to facilitate ongoing connections with children and youth and bussing to the local Boys and Girls club is no longer offered.
- Summer programs have been created through the leveraging of short-term project funds, however the support required is taxing on the workload of the program coordinators
- Parent engagement and increased supports for parents of youth have been identified as priorities. In the South Nepean catchment area immigrant parents are asking for support in engaging with the education system.

Employment

- Unemployment and under employment continue to be an issue of concern for newcomers, visible minorities, youth and the chronically unemployed. Many community members are underemployed, working part-time and/or well below their education and experience level. Pre-employment training is needed for essential skills required for employment. Older high-risk youth, ages 16-29 are also facing significant employment challenges.
- Programs funded under Employment Ontario continue to be impacted by the 2016 Auditor General of Ontario Value for Money report. The report included 18 recommendations which the Ministry of Training, Colleges and Universities continue to implement.
- All employment programs including youth employment and the ITP program have been amalgamated with Employment Services. This enables Employment Services to provide a menu of employment services ranging from pre-employment to employment and pre-apprenticeship for all job seekers and employers.
- Several programs within Employment Services are funded through yearly contracts. This year we have seen a reduction in funding, the hold back of yearly Calls for Proposals due to changes in provincial government and the loss of programming. This has also contributed to some of the staff turnover that we have recently experienced. Unfortunately, this has resulted in fewer programs being offered to job seekers in our communities.
- We have seen an increase in the number of multi-barrier and newcomer clients, especially those who are Arabic speaking.
- We have heard clients speak negatively about the impacts of the increased minimum wage. Many clients have reported experiencing reduced hours and precarious employment.

Meeting Basic Needs

- Income security continues to be a major pressure on our communities.
- Food costs continue to rise and access to affordable, nutritious food is a growing concern for residents in our priority neighborhoods. Local food banks report that they are struggling to meet growing food security needs.
- Limited affordable housing for residents living in the private market is a concern and, in some cases, rents are being increased significantly. Many people are struggling to pay their

rent while also dealing with the rising costs of food, transportation and other basic necessities such as hydro. In some cases, families are losing their housing as a result.

- Vulnerable residents face barriers in addressing poor housing conditions such as asbestos, bed bugs, plumbing and roofing problems. These conditions have a negative impact on resident health.

Seniors

- Immigrant seniors continue to express high needs, including the need for interpretation services to assist with accessing services.
- Transportation is a significant barrier for rural seniors, which limits their access to health services and their ability to address basic needs. Our funding to work with seniors has recently been reduced and additional funding would better equip us to meet the needs of our aging population.

Program Resources

- Within the Community Houses limited core staffing is a significant barrier and limits the number of hours the House can be open and accessible to the community.
- Community Houses are seeing an increased demand for access to technology particularly access to computers and internet. In many cases, residents need access to technology to seek employment and to support their children’s education. This is creating pressure for Community Houses who have limited technological resources and capabilities.
- There has been a shift in funding models of some of our key funders away from multi-year funding agreements. This has led to short-term project funded initiatives that are difficult to sustain long-term – it is challenging to deliver services without creating unrealistic community expectations related to sustainability
- Internal capacity for needs assessment; research and evaluation is limited which impacts service delivery models, measurement of outcomes and links to emerging best practices
- The current funding structure leads to many short-term and part-time positions that lead to a high rate of staff turnover as they seek more permanent and full-time opportunities.
- Service integration is a challenge due to the broad range of programs and limited resources able to support focus on collaboration both internally and with external partners.

RESOURCES:

STAFFING

79 staff– including:

Community Health (32.76 FTE):

- Community Health Worker
- Community Health Worker Child & Youth
- Community House Assistant
- Community House Coordinator

- Community Health Services Director
- Community Worker
- Community Youth Worker
- Health Promoter
- Multicultural Outreach Assistant
- Multicultural Outreach Worker
- Program Assistant
- Program Coordinator
- Program Facilitator
- Senior Administrative Assistant
- System Navigator

Employment Services (25.68 FTE):

- Program Manager
- Receptionist/Administrative Assistant
- Administrative Assistant
- Client Services Coordinator
- Employer Liaison
- Employment Counselor
- Employment Resource Centre Support
- Employment Trainer
- Internationally Trained Professional Program facilitator
- Vocational Mentoring Program Facilitator

Purchase of Service for special projects

Collaborative organizations:

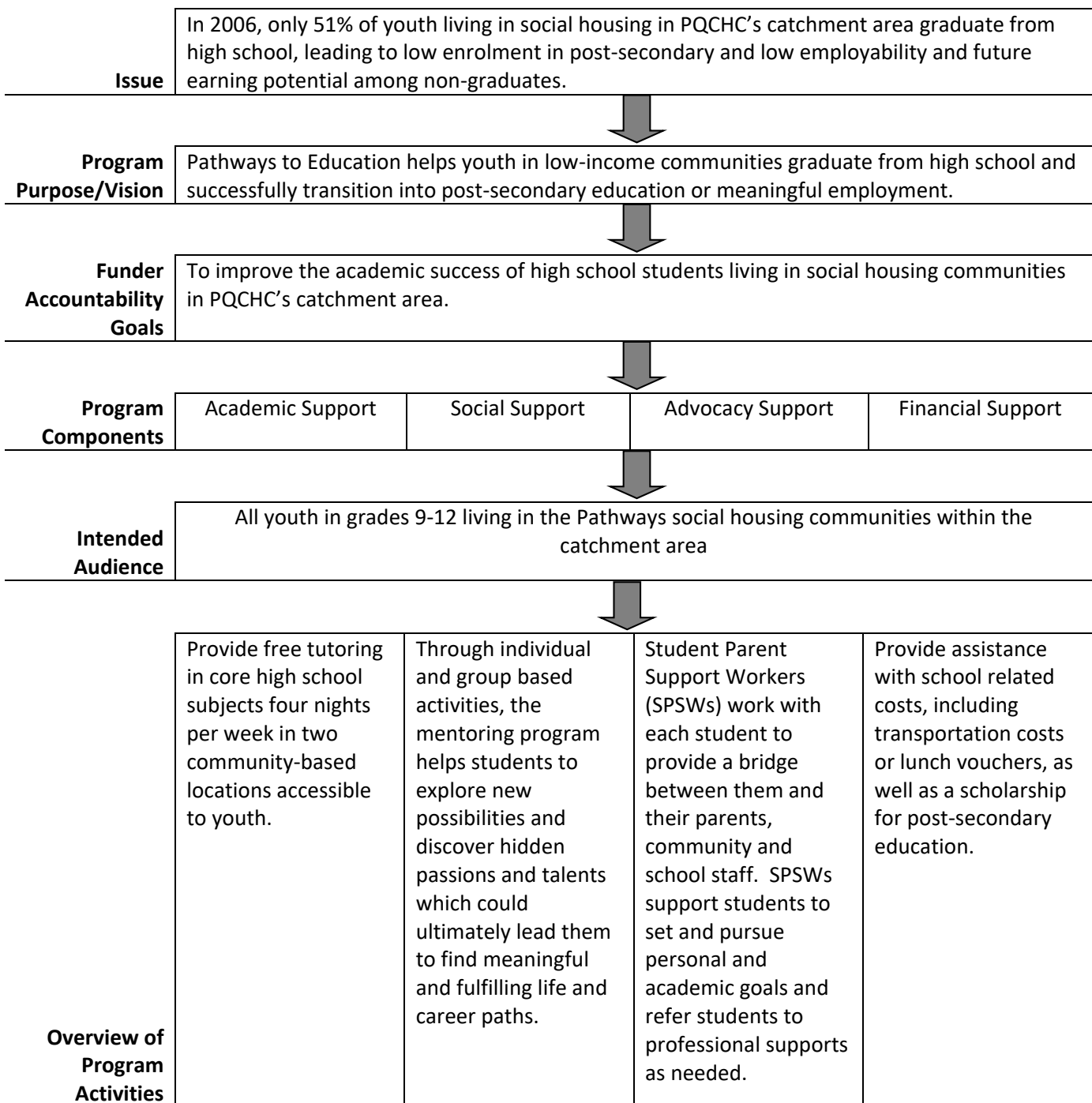
- Jewish Family Services
- Nepean Rideau and Osgoode Community Resource Centre
- City of All Women Initiative (CAWI)
- Youth Services Bureau
- Social Planning Council of Ottawa
- Ottawa Police Services
- Ottawa Community Housing

TECHNOLOGICAL & PHYSICAL

Community health programming takes place in a number of community sites including schools, community centres, low income residential properties, and shopping malls. The Community health team recently transitioned to using Office 365 and a plan to provide staff with an increased number of laptop computers and Chromebooks to support building capacity in the staff team to work from additional sites within the Community.

PATHWAYS TO EDUCATION

LOGIC MODEL



PROGRAM DESCRIPTION

The Pathways to Education program is a proven community-based program that helps young people succeed in and graduate from high school and move on to post-secondary education and meaningful employment. The program works in partnership with schools and the local community to provide a comprehensive set of academic, financial and social supports to youth living in low-income neighborhoods, starting in Grade 9 and continuing until high school graduation. The program provides four integrated supports over the high school years:

- *Academic Support:* Tutoring in core high school subjects is provided four nights per week in a safe, social learning environment. Students come to tutoring to get help with their homework and projects, to prepare for tests and exams, and to develop organization and time management skills.
- *Social Support:* By providing students opportunities to participate in a variety of different recreation, skills-building and volunteer opportunities, the mentoring program helps students explore new possibilities, discover hidden passions and talents, develop new skills and experiences, and prepare for life after high school.
- *Financial Support:* Pathways students receive monthly financial support to pay for bus transportation or food at school. They may also be eligible for a Pathways scholarship to help pay for college, university, or vocational training.
- *Advocacy Support:* Student-Parent Support Workers (SPSWs) provide one-on-one support to Pathways students. They help students and their parents/families navigate the school system, liaise with parents and school staff to create a network of support for students, monitor students' attendance and program participation, problem-solve with school administration and teachers, and work with parents to advocate on behalf of their children.

Our focus for the past 18 months has been to integrate new cohorts of Grade 9 students, while continuing to support returning students in Grades 10-12. We registered around 380 students in the Pathways program each year.

As per new directives from Pathways to Education Canada we are required to maintain a 40:1 student to front-line staff ratio. In order to meet this ratio while maintaining the same high quality of programming, we will be restructuring our staff structure to reduce a duplication of service that we identified. Specifically, we will be eliminating the two Program Facilitator- Mentoring positions that have traditionally organized and delivered our recreation, career exploration and post-secondary preparation activities and turning these positions into SPSWs. All SPSWs will henceforth be divided into two sub-teams (those working with grades 9/10 and those working with grades 11/12) and take collectively take on the responsibility of delivering these aforementioned activities to their respective age groups.

Equity in Education

In addition to running the traditional Pathways to Education program, we will continue to work in partnership with the Ottawa Child and Youth Initiative (OCYI) and the Ottawa Local Immigration Partnership (OLIP) and other stakeholders on the Equity in Education collective impact initiative. This initiative has been made possible through additional funding from Pathways to Education Canada, who received funding from the Ontario Trillium Foundation for the purpose of

exploring innovative ways to expand Pathways to more students in need. The intention of this initiative is to identify ways for stakeholders in Ottawa to work together to raise high school graduation rates of students from low-income neighborhoods across the city.

In January 2018 we received funding from the Local Poverty Reduction Fund to run three pilot projects for 3 years, which includes funding for a 3rd party evaluator to evaluate the pilots. This new injection of funding has allowed us to continue to run the pilot project established in 2017 in the Banff and Confederation Court neighborhoods in Ottawa's south end, as well as test two other innovations of the Pathway model: one in partnership with the Carlington CHC's SWAG program and the other in partnership with St Paul High School, working with students from the Bayshore neighborhood. We have served an additional 180 students over these past three years. These pilot projects will come to an end in December 2020. We are currently analyzing the learnings we have garnered over the last several years in order to determine how to proceed with this project. Pathways to Education Canada has confirmed funding for the Project Manager position for this initiative for another year (until March 2021). We are optimistic that they will continue to fund this position as long as we are able to continue to attain additional funding to serve more students and continue to test innovations of the traditional model.

DESCRIPTION OF CURRENT CLIENTS

- All high school students living in designated social housing neighborhoods in PQCHC's catchment area are eligible for the Pathways Program. We recently received permission from our funder to allow other youth in need to access the program via a waiting list, should the program not fill up (i.e. reach a maximum capacity of 420). We have opened the waiting list to any high school students who are living in low-income households and live within PQ's catchment area, including Bayshore.
- In Equity in Education eligibility is different in each of the three pilots: 1) grade 8 and 9 students living in the Banff/Confederation Court neighborhoods, 2) grade 11 and 12 students who graduated from Carlington CHC's SWAG program (which supports students in grades 9 and 10 only), and 3) students from St Paul High School that are identified by the school as at-risk due to their household income.
- Our registration rate is very high (between 80-90% of eligible Grade 9 students register each year).

Our students attend nearly 30 different high schools across Ottawa and are registered with all four school boards.

- 39% of Pathways students were born outside of Canada
- 72% identify a cultural background other than English or French Canadian
- 15% speak a language other than English or French at home
- 19 different languages are spoken at home among Pathways families
- 24% attend French schools (CECCE and CEPEO boards)

CURRENT PRESSURES

Internal:

- Staffing Changes – We continue to have a large number of staff changes over the last several years, which has an impact on workload for supervisors as well as front-line staff. While changes in front-line staff inevitably affect students, we have made efforts to minimize this impact by minimizing the amount of times we have to change student caseloads and by ensuring a smooth hand over from one staff to another when that occurs. While our team is currently back up to full capacity, we anticipate a number of additional staff changes coming up as a handful of staff return from leaves of absence and a few others go on leaves. We continue to pay close attention to on-boarding new staff and maintaining strong team dynamics. As such, we believe the team is in a good state to weather the effects of the additional upcoming staff changes.

External:

- Increased concerns from students and staff of an upsurge in Anti-black Racism, Islamophobia and fear of police as a result of recent local and world events.
- High rates of mental health issues, which are often compounded by addictions (substances or gaming) and issues related to social media such as cyberbullying and on-line peer pressure. At the same time, youth are experiencing barriers to accessing mental health services, such as lack of services for youth, long wait times, and a lack of culturally appropriate services.
- High levels of youth unemployment, which inordinately affect our students, who tend to be younger and often face multiple barriers to employment, and have to compete with older and more privileged youth for limited jobs. Youth employment services across the city are constantly changing, employer driven (i.e. act as subsidy for employers rather than learning opportunities for youth), mostly geared to older (out of school) youth and are difficult to navigate.
- Education system is difficult to navigate for students and families who are not accustomed to the system and as a result, students are often being streamed into Applied Courses without the student or parent being aware of the implications of this decision. Limited options outside of mainstream system, age limits (for adult over 16), and adequate services to accommodate students with higher needs, cost of private schools that offer alternate programs.
- Food insecurity – Food has consistently been one of the most frequent requests from students in our annual feedback survey. Students are continually asking for more substantial food at programming and we have heard many anecdotal reports of families struggling to provide enough food for their families.
- High cost of transportation, and the complicated/bureaucratic process for accessing EquiPass (OC Transpo's low-income bus pass).
- Access to programming (academic support, recreation, social inclusion) for students with exceptionalities (learning and other disabilities) across the city and including our own capacity to provide adequate support.
- Increased expectation of having a computer at home, as schools are increasingly communicating with students and parents via email and other on-line tools, including

having students receive and submit assignments through Google Classroom. This expectation is an additional barrier to students whose families already struggle to afford the high cost of school supplies in general.

RESOURCES:

STAFFING

The program currently has the following staffing complement:

- 24 staff (21 FTEs) including:
 - Program Manager
 - Team Supervisors
 - Project Manager, Equity in Education
 - Team Lead, Administration and Data Management
 - Student Parent Support Workers
 - Program Facilitators – Tutoring
 - Program Facilitators - Mentoring
 - Site Support Staff
 - Administrative and Communication Assistant
 - Partnership and Resource Development Liaison
 - Casual Site Support and Program Facilitators
- 60+ active volunteers per year

TECHNOLOGICAL & PHYSICAL

Technology support in all organizational areas provided by staffed IT resources. Infrastructure, space, and property managed through Corporate Services Department in addition to purchasing of equipment and supplies. Pathways programming takes place at 4 days a week at PQCHC and the Boys and Girls Club Ron Kolbus Clubhouse, and once a month at Woodroffe High School. SPSWs meet with students at the various schools that students attend. Programming relies on a number of laptop computers being made available for students to use. Staff communicate with students via email and Facebook/Instagram messenger. Text messaging is another option that students and staff would welcome if funding becomes available to provide staff with work cell phones for this purpose.

2018/19 - CONSOLIDATED BUDGET

2018/19 - CONSOLIDATED BUDGET Statement of Revenue and Expenditures CONSOLIDATED 2018/19 BUDGET (Unaudited)

REVENUE	
Interest Revenue	\$ 12,000
EHT Rebate	60,000
Andrew Fleck Child Care Services	21,312
Canadian Mental Health Association	0
Pathways Canada	1,707,450
Immigration Refugee and Citizenship Canada	522,925
Property Tax Rebate	76,000
Ministry of Children and Youth Services	4,457,196
Ministry of Education	0
Champlain LHIN	8,880,331
Ministry of Training, Colleges and Universities	2,588,671
City of Ottawa	4,518,825
United Way	107,146
Trillium Foundation	246,800
Western Ottawa Community Resource Centre	5,511
Nepean, Rideau and Osgoode Community Resource Centre	1,000
The Olde Forge Community Resource Centre	19,200
Vanier Community Service Centre	0
South-East Ottawa Community Health Centre	403,724
Somerset West Community Health Centre	45,936
Centretown Community Health Centre	19,200
Miscellaneous / Other	48,562
Contact Ottawa – Voice Mail Boxes	1,000
Other Revenues – Sexual Health	2,000
CHEO	125,492
Debra Dynes Family House	2,295
Fundraising for Dragon Boat Event	2,604
Brighter Futures for Children of Young/Single Parents	8,730
Revenues Deferred Recognized	9,518
TOTAL REVENUES	<u>\$23,892,828</u>
EXPENSES	
Total Program Salaries and Benefits	\$ -15,111,799
Total Program Expenditures	-4,675,263
Total Admin Salaries and Benefits	-1,758,977
Total Admin Expenditures	-2,346,789
TOTAL EXPENSES	<u>\$ -23,892,828</u>
TOTAL PROGRAM SURPLUS (DEFICIT)	<u>\$ 0</u>

INDICATOR DASHBOARD

OBJECTIVE

Indicate if this measure is based on best practice. Provide a (BP) at the end of the statement. An example of this;

- Increase academic achievement among at risk youth (BP)

The program objective requires an action statement. Examples of good objective statements are;

- Increase academic achievement among at risk youth
- Increase access to employment programs

INDICATOR/MEASURE

The indicator/measure requires a unit of measure. Examples of good indicators include;

- % of volunteers who say 'I would recommend the CHC to others interested in volunteering'
- # of engaged leaders volunteering in the community

OUTCOME AND OUTPUT

In column B of the Indicator Dashboard, please indicate if your indicator is an outcome or an output. An output is often the work being performed towards the client. Examples of outputs are;

- # of flu shots provided during the flu season
- # of departments trained in BFI

An outcome is the result or impact of the output. Examples of outputs are;

- % of Employment Program Assisted Service clients who obtain employment
- % of attributable Pathways students who have graduated from high school in 5 years or less

BASELINE NUMBER

If the baseline number is from a year greater than 1, please indicate the year you are using. For instance;

- 68% (2017)

ADDING AND REMOVING INDICATORS

There may be opportunities when a manager or director needs to adjust the dashboard. Changes to funder accountability and strategic directions often require the addition or removal of an indicator.

SOCIAL DETERMINANTS OF HEALTH

EMPLOYMENT AND JOB SECURITY

Employment can lead to income, a sense of identity and a routine in someone's life. Lack of employment can lead to economic and social deprivation.

EDUCATION

People with higher education tend to be healthier than those with lower educational attainment.

EARLY CHILDHOOD DEVELOPMENT

Early childhood experiences have strong immediate and longer lasting biological, psychological and social effects upon health.

FOOD INSECURITY

Food insecurity can lead to a lack of nutritional intake. People who suffer from food insecurity can lack both quantity and quality of food.

HOUSING

Housing is instrumental in maintaining good health. Lack of adequate housing can lead to an unsafe and stressful life. Many studies show that poor quality housing and homelessness are clear threats to the health of Canadians.

SOCIAL EXCLUSION

Social exclusion refers to specific groups being denied the opportunity to participate in our community. The resulting effect of social exclusion is that these individuals often experience loneliness.

SOCIAL SAFETY NET

The social safety net is the group of resources, benefits and programs that aid the citizen in leading a healthy life. A lack of a social safety net can result in challenges with raising a family, obtaining and maintaining employment, attaining an education among others.

ACCESS TO HEALTH SERVICES

Access to health care is a basic human right. Our universal health care system is designed to ensure that all individuals can access health care services.

CIVIC ENGAGEMENT

Good civic engagement can lead providing the public with an electoral and political voice. This voice can contribute to improved policies and resources being directed at those who need them most.

INCOME

Income is the most influential determinant of health. Having impact on the income of a client or patient can have a tremendous impact on health.