

Carlington Community Health Centre | Multi-Sector Accountability Agreement Compliance Report to Board of Directors January 29, 2026

Ref (A): [Multi-Sector Accountability Agreement \(MSAA\), April 1, 2023 to March 31, 2024](#)

Ref (B): Multi-Sector Accountability Agreement (MSAA)_Extending Letter (Extended to March 2026)

Time Period Covered in Report: (October 01, 2025 – December 31, 2025)

This report is organized by the Sections outlined in Ref (A) 2023-2024 Multi-Sector Accountability Agreement (M-SAA).

Provision of Services (Section 3.1)

Carlington Community Health Centre (CCHC) continues to provide services in accordance with the terms and conditions stipulated in this section of the MSAA.

Subcontracting for the Provision of Services (Section 3.2)

In this reporting period, the Centre subcontracted for the following services:

- Koza Technology Consulting: \$60,578 (IT support)

Conflict of Interest (Section 3.3)

CCHC has not identified any actual, potential or perceived conflicts of interest in the fulfilment of its contractual obligations under the MSAA.

Digital health / Information Technology Compliance (Section 3.4)

CCHC is in compliance with technical and information management standards outlined in this section of the MSAA.

French Language Services – Designated 3.5.4:

CCHC has fulfilled its roles, responsibilities and other obligations relative to MOHLTC requirements and obligations of FLS.

CCHC applies the principles of Active Offer in the provision of services; provides services to the public in French in accordance with Ontario's French Language Services Act; maintains its French language services capacity.

Using the new template provided by Ontario Health East (OHE) (formerly known as the LHIN), we submitted the 2024-2025 report on June 30, 2025.

Procurement of Goods and Services (Section 4.8)

CCHC has a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. Any acquisition of supplies, equipment or services would be consistent with this policy.

In this reporting period, the Centre procured the following:

- Ongoing contract with Koza Technology Consulting

Planning for Future Years (Section 6.1)

The Community Accountability Planning Submission (CAPS) was not required for this fiscal year. The expectation is that OHE will require a plan for fiscal year **2026-2027**. A plan is in place for this process to meet all deadlines.

Community Engagement and Integration Activities (Section 6.2)

- (a) In this reporting period, CCHC has the following mechanisms in place for engaging families, caregivers, clients, residents, patients and other individuals who use the Centre's services, to help inform the Centre's plans, including its contribution to the establishment and implementation by the OHE of geographic sub-regions in its local health system.

Assertive Community Treatment Team:

The Ontario Perception of Care survey is used to evaluate ACTT services for clients and their families on an annual basis.

Community Health and Vitality:

During this reporting period, Community Health and Vitality team engaged families, caregivers, clients, residents, and community members through a range of ongoing, structured engagement mechanisms embedded in program delivery and community development work. These included regular seniors, wellness, and social programs; Community Development Framework (CDF) meetings at Caldwell and Van Lang; resident-led activities; community safety walks; and large-scale community events such as holiday dinners and potlucks. Feedback gathered through participation, informal consultations, and partner discussions helped inform service planning, program refinement, and outreach priorities, and supported CCHC's contribution to broader local planning discussions, including alignment with Ontario Health East (OHE) geographic sub-region priorities.

Healthy Growth and Development:

Clients, families, caregivers and youth, were engaged through a range of surveys, assessments, and program evaluations specifically in November and December. These mechanisms, including youth

needs assessments and program satisfaction surveys, Prenatal Parent Support Program quarterly participant feedback tools, family satisfaction surveys to early years programs, and community-based outreach, helped identify emerging needs, service gaps, and barriers, while also informing program improvements, partnership opportunities, and CCHC's contribution to local health system planning.

Integrated Health Services:

Client surveys are used to evaluate IHS services for clients and their families on an annual basis.

Integrated Health Services

(b) In this reporting period, CCHC separately and in conjunction with OHE and other health service providers, identified the following opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services.

Assertive Community Treatment Team (ACTT):

- The 5 Ottawa ACT teams, ACT step Down and CMHA meet monthly to manage the waitlist for the Ottawa Assertive Community Treatment Teams.
- Eastern Ontario ACTT Network (EOAN) is chaired by the program director of Carlington ACTT on a biannual basis, virtually meeting with all ACT Team's management in the Eastern Region of Ontario, meeting held May 2025.
- Ontario Association of ACT and FACT - Technical Advisory Committee: Carlington ACTT - Program Director is a member of the Technical Advisory Committee that meets quarterly.
- ACT National Discipline Specific Meetings: available for ACTT staff to meet virtually with others in the same discipline to learn from each other's experiences.
- Partners for Housing Solutions, a committee advocating for improvements in the conditions of Residential Service Homes in Ottawa chaired by Carlington ACTT, Program Director. Other representatives are from other agencies in Ottawa including, but not limited to, Shepherds of Good Hope, Ottawa Public Health, City of Ottawa, Pinecrest Queensway Community Health Centre and The Ottawa Hospital.
- Pilot Project collaboration between Carlington CHC and University of Ottawa, School of Medicine to provide health and social support to Residential Service Homes, while providing medical students with hands-on experience in community and social medicine, particularly for populations affected by mental illness, substance use, poverty, or other complex health and social needs. Currently administering a health and social needs assessment at Residential Service Homes in Carlington CHC's catchment area. Have accepted 12 students for the current school year to continue data collection and to implement an OHIP card renal and update initiative.

Healthy Growth and Development teams strengthened integration by actively collaborating with regional task groups, schools, and community partners. Through joint initiatives—such as youth service coordination, Child Maternal Newborn Regional Program (MCNRP), Ottawa City Housing, PQCHC strong partnership has brought in high registration for Parent-Child Connection strong, food security coalitions with Ottawa Food Bank, and partnerships with Ottawa Public Health and Ottawa midwifery group, Carlington Creative Connection, CHEO new medical clinic for high behaviors, and Crossroads. CCHC expanded access to coordinated support, wraparound services, and health promotion activities for children, youth, and families.

Community Health and Vitality: During this reporting period, CHV Team identified and advanced multiple opportunities to integrate local health and social services through active collaboration with Ontario Health East and community partners. Key initiatives included coordinated delivery of settlement services with Jewish Family Services (JFS), financial security programming with EBO, diabetic retinopathy screening in partnership with Centretown CHC, poison prevention initiatives with the Ontario Poison Centre, and community-based tax clinics supported by volunteers and Ottawa Community Housing (OCH). These partnerships strengthened service coordination, reduced barriers to access, and enhanced continuity of care by delivering integrated, community-based services across multiple neighborhood locations.

Integrated Health Services: extended the agreement and partnership with Yorkville University (Counselling Psychology), Athabasca University – NP program, University of Ottawa – Medical and nursing students, Herzig College – MOA, Laurentian University – nursing and Algonquin College – social work and nursing.

Carlington CHC will continue to accept counselling students to our Centre.

Reporting (Section 8.1)

During this reporting period CCHC has met all reporting obligations to OHE as identified in Schedule B of the M-SAA including:

<u>OHRs/MIS Trial Balance</u> <u>Quarter</u>	<u>Submission Due Date</u> <u>CHC/CSS</u>	<u>Date CCHC submitted</u>
Q1	Not required	n/a
Q2	October 31, 2025	October 31, 2025
Q3	January 31, 2026	January 30, 2026
Q4	May 31, 2026	

<u>Supplementary Reporting Quarterly through HDCS (formerly SRI)</u>	<u>Submission Due Date CHC/CSS</u>	<u>Date CCHC submitted</u>
Q1	Not required	n/a
Q2	November 7, 2025	November 7, 2025
Q3	February 7, 2026	February 6, 2025
Q4	June 7, 2026	
<u>Annual Reconciliation Report (ARR)</u>	June 30, 2026	
<u>Board Approved Audited Financial Statement 2025-2026</u>	June 23, 2026	
<u>Quality Improvement Plan 2025-2026</u>	April 30, 2026 (tbc)	
<u>French Language Service Report 2025-2026</u>	April 30, 2026 (tbc)	
<u>Community Engagement and Integration Activities 2025-2026</u>	June 30, 2026 (tbc)	NOTE: THE PREVIOUS REPORT WAS JUNE 30, 2025

Transparency (Section 8.5)

An electronic copy of the signed M-SAA, quarterly compliance reports and annual declaration of compliance are posted on the Centre’s public website. A paper copy of the M-SAA is posted in the main waiting/reception areas.

Governance (Section 9.3)

CCHC has in place policies and procedures for its Board of Directors, including a code of conduct.

A signed Performance Agreement is in place with the Executive Director that ties a portion of the ED’s compensation to the Executive Director’s performance for the period April 1, 2025, to March 31, 2026.

Insurance (Section 10.4)

CCHC holds the required Commercial General Liability insurance for third party bodily injury, personal injury, and property damage. All insurance certificates were renewed effective April 1, 2025. Valid proof of insurance was submitted to the OHE-Champlain region by June 30, 2025. The current insurance coverage is in effect until March 31, 2026, and will be renewed on time in accordance with contractual and regulatory requirements.

Local Obligations (Schedule D3)

- **Goal: Improve Access and Flow by Reducing Alternate Level of Care**
The Health Service Provider has participated in and aligned with regional plans and CHCs to support admission diversion, maximize capacity, and support patients transition to community.
- **Goal: Advance Indigenous Health Strategies and Outcomes**
The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers (including Board members) throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The 2024-2025 Indigenous Cultural Awareness Report, using a template provided by Ontario Health East (OHE) was submitted June 30, 2025. We strive to meet compliance with at least 21% of Indigenous Cultural Safety training per fiscal year.
- The Circle of Sweet Grass committee continues to foster learning and awareness about the indigenous community in Carlington CHC. From April to September smudges were organized by Diane Mackenzie and the committee:
 - June 19: Celebration for the Indigenous day by a presentation and a lunch.
 - June 25: a presentation and ceremony.
 - September 19: Presentation at all staff meeting.
 - September 23 & 25: Poppy beading activity.
 - September 30: a smudge for Truth and reconciliation day.
- **Goal: Advance Equity, Inclusion, Diversity and Anti-Racism Strategies to Improve Health Outcomes**
The Health Service Provider is committed to developing and advancing an organizational health equity plan.
- In 2025-2026, the Equity, Diversity and Inclusion committee continues its work, with a commitment to increasing understanding and awareness of health equity through educational/continuous learning.
- The committee implemented mandatory EDI training for all staff in June 2025, with full support from Human Resources and the Leadership Team.
- After a summer hiatus in July and August, the committee reconvened in September to review its workplan and introduce new members. In 2025-2026, the Committee would like to broaden its focus, while continuing its commitment to support a safe and inclusive environment for both employees and clients. One of the points of focus this year will be gender equity. An activity to celebrate menopause awareness month is planned in October.

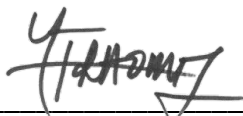
- The Committee also includes a “Work-Party” consisting of the Front-Line Client Services Coordinator (Manuela Moise), Communications and Resource Development Coordinator (Shravana Ramgoolam) and the Executive Director (Yacouba Traoré). The Work-Party represents the Centre at the Black Health Committee (BHC) of the Alliance for Healthier Communities, to learn more about and participate in the BHC Strategy of the Alliance. Work Party in coordination with the Community Health and Vitality Team planned 2 Culturally Responsive Nutrition Demo Days, scheduled for February 26 and March 26, from 2:00–4:00 PM, in support of the Alliance Black Health Committee’s 2025–2026 strategic focus.

Performance Indicators (Schedule D2b)

M-SAA Goal/Reference	Performance Standard	Results Q1	Results Q2	Results Q3	Results Q4
Cervical Cancer Screening (PAP Tests)	Target 72.0% Performance standard >58%	74.4%	73.9%	73.7%	
Colorectal Screening Rate	Target 70% Performance standard 56-84%	82.7%	82.2%	80.1%	
Inter-professional Diabetes Care Rate	Target 90% Performance standard 72-100%	89.6%	91.8%	90.1%	
Influenza Vaccination Rate	Target 30% Performance standard 24-36%	65.3%	64.5%	37.9%	
Breast Cancer Screening Rate	Target 75% Performance standard 60-90%	84.5%	82.7%	80.7%	
Access to Primary Care	Target 66% Performance standard 62.7-69.3%	85.5%	84.8%	84.2%	

This report has been prepared by the Executive Director.

I certify this a true and accurate report on the compliance items covered under our Multi-Sector Accountability Agreement.



Yacouba Traoré
Executive Director