



Community
Health Centre
Centre de santé
communautaire



Strategic Bridge Plan Report

October 1, 2022 – December 31, 2022

Q3 Results



MISSION

To improve, support and promote the health and well-being of the people and diverse communities we serve

VISION

A healthy and inclusive community for all

VALUES

These values guide the work of CCHC board, staff and volunteers:

Respect

Inclusiveness

Quality

Collaboration

Learning and Growth

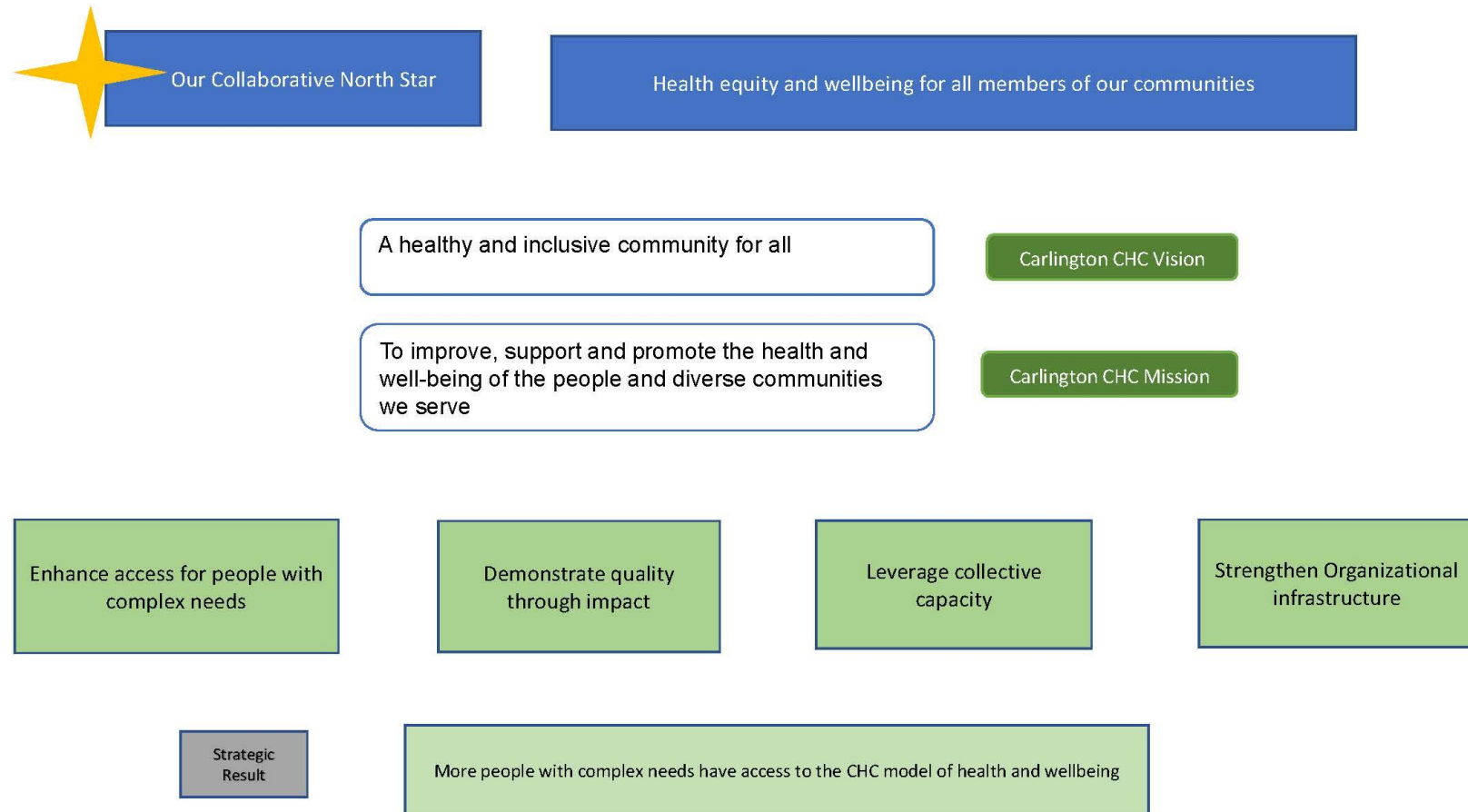
Person- and Community-Centered Care

Safety

Resourcefulness

The Centre's Mission, Vision and Values were developed by the Board of Directors in consultation with clients, community partners, volunteers and employees. They were, formally approved by Board of Directors on January 15, 2013 and re-affirmed May 18, 2021.

Carlington Community Health Centre Collaborative Strategic Plan 2018-2020



CARLINGTON CHC STRATEGIC BRIDGE PLAN

Preamble

The 2020-2021 fiscal year began with COVID-19, forcing Carlington to adapt and develop different ways of responding to the needs of our clients and neighbours impacted by the pandemic. Much of what was done in the last year was directly influenced by shifts in how care is provided, expectations imposed by all levels of Public Health and the roles and responsibilities of partner agencies in responding to the pandemic.

The 2021-2022 fiscal year begins with higher number of cases of COVID-19 than the same time last year, the emergence of more virulent variants, and the much-anticipated deployment of vaccines worldwide. The impacts from this pandemic will remain unpredictable for some time, making long-range planning virtually impossible. This 18-month bridge plan will allow the Centre to focus on continued COVID-19 response and recovery, while maintaining flexibility to adapt when necessary as the environment changes.

Approved by the Board of Directors March 16, 2021

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q3 OUTCOMES
ENHANCE ACCESS FOR PEOPLE WITH COMPLEX NEEDS	<ul style="list-style-type: none"> • Timely in-person appointments available as appropriate 	<ul style="list-style-type: none"> • Reduction in PHC appointment cancellation and no-show rates • Increased participation in programs • Client experience surveys reflect that 80% of respondents are able to access programs/services • Client experience surveys reflect that 80% of respondents are able to obtain an appointment when needed 	<ul style="list-style-type: none"> • Health Promotion Team continued to deliver in-person and virtual programming to residents of the community. <ul style="list-style-type: none"> ○ Offered three mental health groups: Violence Against Women support group, Women in the Wild, and the Coping Skills support group. ○ The counselling team delivered in-person and virtual appointments to meet clients where they are at. ○ Crisis Intake continues to see clients through the walk-in from 1-4 p.m. Monday through Friday. Any urgent needs are managed on the same day. Other requests are triaged and prioritized for support. Referrals to counsellors are assessed by the intake counsellor and prioritized to the appropriate service. • Annavale Headstart operating at full capacity, despite ongoing challenges with recruitment. • EarlyON programs maintaining strong participation in all drop-in programs. • SWAG continues to serve a high number of youth at Notre Dame High School. We continue to be over-target for the year, but are experiencing ongoing challenges with accessing information re: participant report cards to new confidentiality concerns from school board (despite parent consent being in place). • The total primary health care (PHC) no-show rate increased from 4.2% in Q1 2021/22 to 9.2% in Q2 2022/23 but has now decreased to 5.5% in Q3. • For MDs and NPs, the no-show rate was 1.9% in Q1 2021/22, increased to 4.4% in Q2 2022/23 and is 6.9% in Q3. • The cancellation rate increased from 4.7% in Q1 2021/22 to 10.8% in Q2 2022/23 and is now down to 5.3% in Q3 • 92.0% of respondents to the Client Feedback Survey indicate the client is able to access programs and services that they need. • 87.5% of respondents to the Client Feedback Survey indicate the client is able to get an appointment when needed.
	<ul style="list-style-type: none"> • Timely virtual and/or telephone appointments available as appropriate 		
	<ul style="list-style-type: none"> • Timely crisis intervention for emergency food, mental health counselling and harm reduction 		
	<ul style="list-style-type: none"> • Deliver daytime, evening and weekend programs, in-person and/or virtually on multiple platforms as appropriate 		

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q3 OUTCOMES
	Improve access to community-based mental health services	<ul style="list-style-type: none"> Reduction in number of in-hospital psychiatric services 	<ul style="list-style-type: none"> The ACT team has seen a 96.5% reduction in hospital bed days compared to 2 years pre-service was calculated for the first three quarters combined of this fiscal year. 10 clients accrued 651 hospital bed days out of 91 clients served during that time period. Therefore 89% of ACT clients did not require hospitalization during the first three quarters. This is compared to 18,837 hospital bed days for all current ACT clients for the 2 years leading up to admission to ACT. Client feedback survey specific to counsellors has yielded that clients are extremely satisfied with the quality of the program and services that they receive from their counsellor and report a positive impact on their health and well-being. In Q2 2021, the average psych consults were 35 per month while Q2 2022, the average was 34 psych consults per month. In Q3 2022, the average increased to 40 psych consults per month.
DEMONSTRATE QUALITY THROUGH IMPACT	Capture impact of programs and services through meaningful data and qualitative success stories	<ul style="list-style-type: none"> Program evaluation data supports quality impact for participants Client experience surveys reflect that 80% of respondents are satisfied with the quality of programs /services, whether in-person or virtual Client experience surveys reflect that 80% of respondents feel that programs/services have a positive impact on their health and wellbeing 	<ul style="list-style-type: none"> At Q3, EarlyON served 598 unique adults and 664 unique children through a variety of virtual and in-person programming. Virtual Prenatal and Virtual Perinatal support program continue to see high numbers and report great satisfaction with program content and delivery. Reports produced by nursing students as part of their placement provide excellent both qualitative and quantitative data. Currently working through challenges of demographic data collection for large group virtual programming. 92.0% of respondents to the Client Feedback Survey indicate the client is satisfied with the quality of programs and services offered. 100% of respondents to the Client Feedback Survey indicate the programs and services have a positive impact on the client's health and well-being
LEVERAGE COLLECTIVE CAPACITY	Address food insecurity for clients/community residents through: <ul style="list-style-type: none"> Health food programs 	<ul style="list-style-type: none"> Program evaluation data supports need is being met Client experience surveys reflect that 80% of respondents 	<ul style="list-style-type: none"> Carlington continues to offer the emergency food cupboard through the crisis intake walk-in Monday through Friday. Volunteers and community gather at the community kitchen in the Van Lang neighbourhood to cook, eat on-site and take home healthy meals.

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q3 OUTCOMES
	<ul style="list-style-type: none"> Provision of emergency food, vouchers or gift cards 	feel that their needs are being met	<ul style="list-style-type: none"> The Mission Food truck stops in the Van Lang neighbourhood weekly and every 2nd week in the Shillington neighbourhood. Our dietitian continues to provide one-on-one dietetic counselling to individuals, and works with teams to provide group discussions of healthy food options and preparation Addressing food security during the holidays <ul style="list-style-type: none"> The Health Promotion team provided families food gift cards to supplement their expenses during the holidays. The Caldwell neighbourhood came together for a holiday meal with over 250 residents taking part. This was in collaboration with other partners in the catchment area. Ongoing partnership with Caldwell Family Centre to provide hot meals for After School Program and Youth Drop-In. 83.3% of respondents to the Client Feedback Survey indicate that programs and services offered meet the client's needs.
STRENGTHEN ORGANIZATIONAL INFRASTRUCTURE	Demonstrate use of technology to improve program and service delivery and evaluation	Efficient and reliable data, program evaluation and client experience feedback	<ul style="list-style-type: none"> Ongoing use of Google docs to collect client feedback regarding offered virtual programs. Ongoing use of various virtual platforms for service delivery. Clients with an email address and an appointment in their electronic chart automatically receive a link to the anonymous Client Feedback Survey the day after their appointment.
	Implement post-pandemic return to work strategy	Staff successful return to work onsite	<ul style="list-style-type: none"> Staff all expected to work onsite 2 days/week minimally. EarlyON continues to work onsite daily Staff continue to be supported by offering PPE and rapid testing so they can safely work onsite.
	Develop strategy for post-pandemic delivery of programs and services	Blueprint for which programs and services will continue to be offered via virtual platforms and which will resume in-person	<ul style="list-style-type: none"> PHC transition back to pre-pandemic hours including 3 evenings per week.

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q3 OUTCOMES
	Track the wellbeing of Centre staff to ensure issues are addressed and staff feel supported	<ul style="list-style-type: none"> Periodic staff “pulse check” surveys reflect that 80% of respondents feel supported Periodic staff “pulse check” surveys reflect that 80% of respondents feel that management is responsive to issues identified by staff 	<ul style="list-style-type: none"> Regular monthly team level check-ins. Regular individual check-ins Recruitment difficulties specifically in the childcare (Annavale) sector is leading to increased level of stress within the Annvale team. PHC management meets on a regular basis with teams to listen and address issues of staff.
	Demonstrate commitment to diversity, inclusion and anti-discrimination, with a focus on racial diversity	<ul style="list-style-type: none"> Working group established to examine policies, procedures and practices, and advise leadership on ways CCHC can achieve a more diversified workforce 	<ul style="list-style-type: none"> Our staff has identified a need for community engagement around diversity and inclusion. Carlington CHC will look at opportunities to bring this information to this community while education our own staff so that we may present it to our community. PHC management ensures staff involved in interview panels are made aware of the types of questions they can and cannot ask related to the protected classes under the Human Rights Code
	Maintain and strengthen community partnerships	<ul style="list-style-type: none"> CCHC is represented at key sector-specific tables 	<ul style="list-style-type: none"> The ACTT program manager chaired the first Eastern Ontario ACT Network meeting on November 8, 2022, since pre-pandemic. As well as, became a member of the Technical Advisory Committee for the Ontario Association of ACT and FACT, December 5, 2022. PCYS continues to represent CCHC at key sector-specific tables: <ul style="list-style-type: none"> City of Ottawa led Child Care and Early Years System Planning Advisory Group Infant and Early Childhood Mental Health committee Interchange table CDF Table - Caldwell CDF – Youth sub committee The PHC director meets bi-weekly with the health services directors at outside Ottawa CHC’s weekly to plan /collaborate/strategize

STRATEGIC PRIORITIES	ACTIONS	OBJECTIVES	Q3 OUTCOMES
			<ul style="list-style-type: none"> PHC meets quarterly with other CHC coordinators and Public Health Ontario at the eastern regional table to address updates/changes/questions related to Infection Prevention and Control
HEALTH EQUITY	Put Health Equity Charter into action	Strategic plan report demonstrates integration of the HE Charter	See narrative
Narrative	<p>In Q3, Carlington Community Health Centre has offered Indigenous Cultural training to 7 new staff and we have recruited 5 new staff from equity deserving groups. To meet the needs of our Health Equity deserving groups we continue to offer programming that are trying to meet the specific needs of these groups such as the Youth Trans health counselling services, Brain bingo, and Senior exercise classes. We continue working with partners that serve specifically these priority groups, and we are also doubling down on our efforts to better capture socio-demographic data related to Income, Education, Racial/Ethnicity, Gender Identity and Sexual Orientation of the residents we serve.</p> <p>Our aim is to keep garnering the evidence that we need to advocate more for our residents in priority populations, and tailor our service delivery to cater to their specific needs in order to improve care.</p>		

Program Narratives
Assertive Community Treatment Team (ACTT)
<p>ENHANCED ACCESS FOR PEOPLE WITH COMPLEX NEEDS</p> <p>The ACT team continues to excel at getting clients involved in vocational, educational and social opportunities reaching 30 % more than the target of 40 %.</p> <p>Inclusive education: All staff meeting June 16th; meaning of an inukshuk. Dr Whelan presented Transcultural Psychiatry in ACT Context (October 22, 2023).</p> <p>The ACT Team have increased our intake assessments and are on track for our target of 10-12 intakes per year and have completed 9 intakes in the first 9 months of the fiscal year.</p> <p>DEMONSTRATE QUALITY THROUGH IMPACT</p> <p>The Ontario Perception of Care has been distributed for clients and there were 11 respondents, approximately 14% of the ACT clients. In response to the question “Staff and I agreed on my treatment and support” 64% responded either Strongly Agree or Agree. Family OPOC was distributed in the fall of 2022 (annual result).</p>

We have connected with 71% of client families. It is estimated that 11% of clients with family involvement would not want any contact between ACT and their families. Therefore 18% of families may benefit from a connection to ACT (calculated twice a year). See ‘Outcomes Measured and Assessed Against Results Suggested by Research’

LEVERAGE COLLECTIVE CAPACITY

The ACT team has engaged with the volunteer coordinator and has initiated contact with available and interested volunteers and clients. The ACT team engaged 3 volunteers with clients, however due to a variety of factors, continue to have 1 volunteer involved. ACT clients can be difficult to engage with especially through virtual means. Client readiness may have influenced disengagement (i.e. a client wanting to go swimming with support of a volunteer, but is in need of a bathing suit). The ACT team is on target for providing educational opportunities for students, (Iuliana Andreiv, Heather O’Leary, Claude Lachapelle), for the first quarter. The ACT team has welcomed Psychiatry Resident, Jamie Hickey, in June whom will be here until January. Program Manager has facilitated an affiliation agreement with the University of Ottawa Nursing Program, in hopes for a consolidation placement student in the winter of 2023.

The ACT team has developed and deployed a satisfaction survey to sixty Third- party contacts and 16 responses were received. Survey results can be accessed at this link https://www.surveymonkey.com/results/SM-Z1ryW5aVfKZ559kuKkhT4w_3D_3D/ . Majority of comments were positive in nature. The ACT team has received one negative comment and learned from this opportunity by engaging in an education session with Dr. Whelan **Countertransferential Knots in Consultation Liasion Relationships (November 14, 2023)**. We have been approached by two agencies for a follow up education session re: ACT, however the agencies have not followed up since the request, despite the ACT team’s effort.

How would you rate the overall communication and collaboration between the Carlington ACT Team and your service?

ANSWER CHOICES	RESPONSES
Poor	6.25% 1
Adequate	18.75% 3
Good	75.00% 12
N/A	

STRENGTHEN ORGANIATIONAL INFRASTRUCTURE

The ACT team completed the fidelity process and the result was High fidelity and one of the highest fidelity teams in Ontario. The ACT team has been identified as a mentor in the province and will be assisting other teams improve their fidelity, through ongoing teaching and shadowing opportunities. Program Manager of the ACT team will be resurrecting and chairing the Eastern Ontario ACT Network. The purpose is to provide a forum to discuss any and all aspects regarding the delivery of Assertive Community Treatment. To promote networking among teams and team members around specialty roles and issues/topics identified by the groups (second quarter).

OUTCOMES MEASURED AND ASSESSED AGAINST RESULTS SUGGESTED BY RESEARCH

Assertive Community Treatment Team

Research indicates that “Clients enjoyed a 62% reduction in hospital admissions after receiving services from ACT for one year as compared to their utilization prior to ACT admission. This improvement increased to an 83% reduction after six years in ACT.” (<https://www.ontarioactassociation.com/act-results/>). As per the Assertive Community Treatment Team Strategic Operational Plan 2022-2023, there has been a **96.5%** reduction in hospital bed days compared to 2 years pre-service was calculated for the first, second and third quarter combined of this fiscal year. 10 clients accrued 651 hospital bed days out of 91 clients served during that time period, therefore 89% of ACT clients did not require hospitalization during the first three quarters. This is compared to 18,837 hospital bed days for all current ACT clients for the 2 years leading up to admission to ACT. Current Carlington ACT outcomes are higher than the results suggested by research.

Smoking Treatment for Ontario Patients Program

“People with mental illness are two to four times more likely to smoke, are heavier smokers, smoke more numbers of cigarettes per day and have lower quit rates compared to smokers from the general population” (CAN-ADAPTT Canadian Smoking Cessation Guideline). **53.2%** of current ACT Team clients smoke.

“A study by Curry et al, 1998, evaluated smokers who were willing to sign up for a cessation-support program under various degrees of coverage for either the program or nicotine replacement therapy (NRT). 10% of Smokers with full coverage were likely to attempt to quit as opposed to 2.5% with partial coverage” (Peter Selby, CAMH, Phase 1 Study: Stop Smoking Therapy for Ontario Patients (STOP)) 75.6% of ACT Team clients addicted to nicotine have been offered the STOP program and out of those offered STOP, 29% are attempting to quit smoking. Currently, Carlington ACT Team’s outcomes re: clients attempting to quit smoking are higher than the

Health Promotion and Counselling Team (HPCT)

The Health Promotion and Counselling teams have been working collaboratively to deliver quality programs to our clients. In the past, only counsellors offered group counselling services we are now cross-training community health worker to help facilitate some groups. Staff have all taken training to improve their group facilitation skills. By doing this, we can offer more groups options for counselling while decreasing our wait times for individual counselling.

Our Intake office will grow by adding a social prescribing navigator. In December, the HPCT team was awarded a grant that extended to March 2024, to deliver a social prescribing program with a focus on an individual’s mental health and wellbeing. The goals is to bridge the gap between clinical and social care by referring clients to non-clinical services. It empowers clients to improve their health by developing new skills while participating in meaningful activities and becoming more connected with their community.

We lost of our beloved harm reduction dispensing machine in November. As a result, clients can no longer access harm reduction supplies through this option. Clients now have to come through the crisis intake walk-in, front reception, meet with the harm reduction workers or access the harm reduction support van after hours. We continue to work with City of Ottawa to look for ways to obtain another vending machine. Our seconded staff of harm reduction workers continues to provide Carlington with two (2) staff members to provide harm reduction supports.

Our health promotion team continues to deliver programing such as Brain Bingo and Seniors’ chair exercise to support mental and physical wellbeing. Community activities included hair cutting, creative art workshops, soup workshop, yoga, community kitchens and several holiday celebratory meals.

Parent Child and Youth Services (PCYS)

<p>From April to Dec 2022, all programs are operating under the “new normal”: Annavale, EarlyON, and Youth programming is back 100% for in-person delivery of programs. Family Support is offered through a hybrid model, in-person and virtually. Since September, staff are back in-person 2 days/week working in the office minimally. Some challenges are encountered with compliance to this minimal standards. Annavale has now officially signed the Canada-Wide Early Learning Childcare Agreement (Federal \$10/day childcare). Funding formula is still a bit unclear for 2023 and forward. We are working with the city to keep on clarifying budget levels (as are all other childcare centres in the province).</p> <p>Snapshot of PCYS programs’ status Q3 2022</p>		
Program	Status	Challenges
Annavale	<p>Operating at full capacity. COVID requirements have been minimized.</p> <ul style="list-style-type: none"> Masks are no longer required to be worn at Annavale, in line with childcare COVID guidelines. Staff also strongly felt the removal of masks, now that regulations allows it, will benefit children’s language development. Although COVID childcare regulation no longer requires it, enhanced cleaning has been maintain with dedicated fulltime cleaning staff (until Dec 31, 2022). <p>Children Integration Support Services continues to offer in-house support, along with First Words for language development screenings.</p>	<p>Ongoing significant challenge in recruitment for relief staff. Recruitment challenge is sector-wide. Multiple posting, and strategies have been and continue to be tried with support of HR.</p> <p>Per provincial CWELCC regulations, per diem rates for any new childcare spots (expansion of existing program for instance) are capped at a provincially determined-rate. That rate for Ottawa is 30% lower than current Annavale rate. This</p>

	Signed on CWELCC. Awaiting 2023 budget information	
EarlyON	Service delivered fully in-person. One in-person parenting program was offered in-person with minimal uptake. Parents are reporting preferring these type of programs to be maintain online for the time being. Playgroups running every day of the week at the centre, including Saturdays AM. Community playgroups are running in 4 different locations: Caldwell Gym, Van Lang Field House, + 2 local community parks.	Both in=person and virtual EarlyON parenting programs such as <i>Nobody's Perfect, Positive Discipline, Kids Have Stress Too</i> are experiencing challenges with participation. Exploring alternative way of promoting one-off programs.
Prenatal/Early postnatal	Offered virtually only. Program (Virtual Prenatal Education, and Perinatal Parenting Support) continue to be wildly successful, with great participation. Currently awaiting funding decision from OPH to offer a French version of program and OHE to add new modules (high-risk pregnancy) and t scale up program.	Funding for these successful programs is time-limited. HSIP being developed, with formal support letters from CMNRP, CHEO, The Provincial Council for Maternal and Child Health, and The Ottawa Hospital. Program has been kept going through savings in various budgets lines due to COVID restriction (no food provided, fewer in-person -related programming costs) and other positions vacancies.
Lactation Support Services	Offered both virtually and in-person. One and one + group based program (<i>QA with an LC, Prenatal Breastfeeding information session</i>)	
Family Support Services	Offered virtually, with occasional in-person option. Client expressing a preference for virtual services for group-type programs.	
Youth – SWAG/ After School Program (ASP) / Youth Drop-In (YDI)	SWAG/ ASP / YDI programs are in-person. After School Program has high attendance and is responding to high need in the community.	SWAG program is encountering multiple roadblock at the schoolboard level with rules around the sharing of SWAG youth participants' report cards. SWAG relies on information about academic performance of participants to ensure appropriate academic support. The lack of access to this information is cause challenges in program delivery.
Youth-RedBlacks Mentorship program	Youth participants meet with their RB mentors in-person on a regular basis. Several group activities were help in Q2 and Q3, bring youth and athletes together for friendly games.	