



Community Care Durham

Supporting People, Strengthening Community

Strategic Plan

2018 - 2023



March 2018

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Message from the Chair of the Board and the Executive

In this time of constant and immediate change, it can be challenging to create long term plans. To do so, we committed to open dialogue and flexibility to meet the needs of others, while remaining dedicated to honouring our history. In short, it has been our intention to embrace new opportunities. Most importantly, we wanted to hear from the greater communities that, together, provide Community Care Durham with their perspectives on our agency and services. We endeavored to integrate these perspectives to create a Strategic Plan that would be inclusive. We are here to serve, and are only able to do so when we are inclusive in our processes for determining our next steps.

We ensured that we actively sought out valuable input from clients, caregivers, volunteers, staff, external partner organizations and our funding bodies across Durham Region. These groups were asked to provide honest and open feedback that provided us with insight into their lived experience as it relates to our services. The contributions made by these stakeholders were invaluable to our planning process, and we would like to extend our deepest thanks for their participation. We think that this Strategic Plan is reflective of the tremendous insights provided to us.

Durham Region is diverse. It has become increasingly clear that despite the differences between urban and rural, north and south, east and west, the community members of the Region share more similarities than differences. It is these similarities, likenesses and connections that strengthen us as a population, and enable us all to consider Durham Region our home.

At **Community Care Durham**, the words "**community**" and "**care**" form the fundamental basis of our organization. "**Community**" denotes not only a group of people living in the same geographic location, but also the feeling of fellowship with others as a result of common attitudes, interests and goals. "**Care**" is the expression of kindness and concern for others, as well as the support provided to individuals who are unable to care for themselves on their own. We are committed to uniting and enacting these actions and values to ensure that residents of Durham Region, wherever they may live, have resources available to support and empower them in leading meaningful and connected lives within their communities.

This Strategic Plan is an ambitious undertaking. The fundamental premise underlying this plan is our strong commitment to the communities of Durham Region. We strive to enable them to lead the lives they want to live. We passionately believe in supporting independence for those residents with needs related to aging, physical and/or mental health, and in meeting the important needs of their caregivers. This Strategic Plan is our map for accomplishing our mission of, "**Supporting People, Strengthening Communities**" over the next five years with all of our stakeholders and supporters.

Again, thank you to all contributors for your time and wisdom.

Laura Ricketts, Executive Director

Keith Tournay, Board Chair

EXECUTIVE SUMMARY



Much like the preparation required for climbing a mountain, the strategic planning process involves an assessment of strengths and weaknesses, extensive consultation with internal and external partners and team members, and decision-making around the priorities that summon people and organizations to higher levels of service.

In the past 40 years, Community Care Durham (CCD) has grown from a small but dedicated organization of volunteers and staff to a \$15 million home and community service agency with over 2,000 volunteers and over 300 staff, serving more than 12,000 clients annually. Our clients are individuals who choose to live at home, and they and their caregivers (where applicable) need services to support them in their independence, as do the adults who seek the encouragement and assistance offered by community mental health support groups.

The growth CCD has experienced is a testament to the hard work and heart of many people who continuously put the well-being and health of clients and their caregivers at the center of what they do. While this growth has been the result of the increasing need for community-based services in Durham Region, and of our excellent service provision, it also poses a challenge to us – to continue to manage a broad range of needed programs and supports while responding to a changing environment.

As CCD prepares for its first Accreditation, the Board and Directors' Team recognized that a renewal of the Strategic Plan was necessary. From October to December 2017, CCD engaged stakeholders in a feedback process that involved clients, caregivers, volunteers, staff, Board members, other community service agencies and primary care providers, hospitals, municipalities, funders and the Central East LHIN (Local Health Integration Network).

This feedback provided CCD with insights into how we are viewed by those using our services, as well as by others who are also part of the overall system of primary care and community service. It gave us a unique perspective on the issues and themes that are important to our clients/caregivers, and sharpened our focus on what we need to do to better serve them.

From this feedback, and an analysis of our strengths, weaknesses, opportunities and threats, we developed seven strategic directions that will guide us and inform our efforts towards achieving the priorities essential to service excellence.

With consultation, collaboration and commitment, Community Care Durham continues to move forward in its continuous ascent towards exceptional services and support for its clients and their caregivers.



Background

Community Care Durham (CCD) has successfully provided community support services to the residents of Durham Region, for over 40 years. With the heart and hands of more than 2,000 volunteers and over 300 staff, CCD is vital to the health and well-being of more than 12,000 clients and their caregivers every year.

With the assistance of CCD, people can choose to live at home, in their own communities, supported with services that help them thrive and maximize their independence. ***Without CCD***, many adults with physical and/or mental health challenges may face great challenges living on their own at home.

In order to continue to evolve with changing times and circumstances, and to ensure that we are doing the best we can for our clients and caregivers, CCD regularly revisits and updates its Strategic Plan.

As an organizational tool for setting our sights and focusing our resources, we believe that a sound Strategic Plan will lay the groundwork for operational goals and objectives that best serve our clients and caregivers over the next five years. It will also provide us with a clear vision of how we fit into the larger context of the rapidly changing environment, and clarify how we collaborate with other organizations and networks to create a coordinated, comprehensive system of community care.

Throughout all the changes in the internal and external environment, CCD recognizes that our staff and volunteers are key to our ability to best serve our clients. A supportive, safe and nurturing environment has always been a priority, and will continue to be one of the essential elements that both anchors us and inspires us to excel.

CCD is embarking on its first Accreditation process. "Accreditation" is a formalized process of reviewing and enhancing all aspects of our organization in a continuous effort to grow, learn and improve. As part of that journey, we have invited and embraced the feedback of our stakeholders in determining what our strategic directions should be over the next five years.

This plan is the result of extensive internal and external stakeholder engagement, discussion and deliberation. We appreciate the time and effort that so many people dedicated to the creation of this plan.



Overview of Community Care Durham

Founded in 1977 by a group of dedicated volunteers, Community Care Durham has grown to into a large organization with a robust network of staff and volunteers who serve the needs of people who choose to live at home.

Our volunteers and staff are the heart and soul of CCD. In the truest sense of "neighbours helping neighbours", our people are the backbone of the organization, and we deeply appreciate their commitment to our communities.

CCD provides a wide variety of community support services that allow people to continue to stay at home in their own communities, where they want to live. We help people age well at home, surrounded by services that enable them to thrive and enjoy quality of life.

In 2016, CCD served more than 12,000 clients with services and programs that include:

- ❖ Assisted Living
- ❖ Supportive Housing
- ❖ Friendly Visiting
- ❖ Telephone Support
- ❖ Help Getting Home from Hospital
- ❖ Personal Support Workers
- ❖ Housekeeping
- ❖ Home Maintenance
- ❖ Luncheon Out
- ❖ Exercise and Falls Prevention
- ❖ Mental Health Support Groups
- ❖ Meals on Wheels (hot and frozen)
- ❖ Transportation
- ❖ Support and Education
- ❖
- ❖ Adult Day Programs

Our services help to avoid emergency (ER) visits and hospital admissions, reduce the number of Alternate Level of Care (ALC) days in hospital and avoid premature transition to long-term care from independent living. If someone does become a hospital patient, we also assist in reducing the number of inpatient days or days held in the ER with our HAL (Home At Last) service. From both a humanistic as well as economic perspective, the services and programs offered by CCD are holistic and cost-effective for the healthcare system.

Most importantly, we give people a choice about where they want to live. Whether the challenges are aging at home, or group support needed for mental health, the volunteers and staff of Community Care Durham are there to help the residents of Durham Region live well and thrive at home.

Sociodemographics of Durham Region

Community Care Durham would like to thank Sonya Hardman, Policy and Research Advisor, Corporate Policy and Strategic Initiatives, Region of Durham for her permission to re-print, "A Profile of Durham's Older Adult Population" ([Age-Friendly Durham Strategy and Action Plan, April 2017, p8](#)).

A Profile of Durham's Older Adult Population

The population of older Canadians is growing faster than at any other time in the country's history. By the year 2030, more than a quarter of Canada's population is expected to be over the age of 65¹. Consistent with this national trend, the number of older adults in Durham is also increasing. People are living longer, and over the next few decades the wave of aging Baby Boomers² will shift the demographic make-up of our community substantially. According to 2015 population estimates, there are 177,678 residents aged 55 and older in Durham, making up nearly 27% of the total population³. This is expected to increase to 34% by the year 2031. The largest gains are seen among Durham seniors aged 90 and older. Between the years 2005-2015, this age group increased by 154%, with the greatest growth in the City of Pickering, where the number of people aged 90+ tripled from 200 to 601 – a 200% increase.

Men and women aged 50-54 represent the largest proportion of the Durham population (8.7% of males and 8.6% of females in 2015)⁴. In the decade between 2005 and 2015, the number of adults between the ages of 50-54 increased by over 44%. This is in contrast with a decreasing population of 30-49 year olds across the Region. In addition to a rapidly aging population, older adults are frequently outliving their partners or becoming the sole occupants of their own homes. It is estimated that 21% of Durham residents over the age of 65 (14,695 older adults) are living alone⁵.

As the population ages, their physical and cognitive needs and abilities also change. It is estimated that 1 in 10 Canadian adults over the age of 65 will develop some form of dementia. Currently, 1 in 5 Canadians over the age of 45 are providing care to seniors with long-term health problems. At a local level, it is estimated that close to 10,000 Durham residents are living with Alzheimer's disease or related dementia⁶.

¹ Statistics Canada (2015). The Daily – Canada's Population Estimates.

² Baby Boomers are those born during the post-World War II baby boom, typically between the years 1946 and 1964.

³ Durham Region Health Department "Population at a Glance" report
http://www.durham.ca/departments/health/health_statistics/popAtAGlance.pdf

⁴ Region Health Department "Population at a Glance" report
http://www.durham.ca/departments/health/health_statistics/popAtAGlance.pdf

⁵ Census 2011, Statistics Canada.

⁶ Alzheimer Society of Durham Region

All of these factors have significant implications for the way in which municipalities, and other organizations, prioritize resources and approach the delivery of programs and services in the future. From a community perspective, an aging population requires a shift in our approach to urban planning and community design, housing, health and social service programs, buildings and transportation infrastructure, transit services, and how businesses will respond to the changing consumer needs of older adults. This is at the heart of age-friendly planning – to build communities that are inclusive and responsive to the needs of all residents, across the lifespan.

(Reprinted with permission from Hardman, S. "*Age-Friendly Durham Strategy and Action Plan*", April 2017, p8)

External Environment

No organization operates in a vacuum. Community Care Durham is no exception. The healthcare system continuously evolves and attention has become increasingly focused on primary care and the essential role that home and community support services provide in the well-being of Ontarians.

An extensive scan of reports commissioned by the Ministry of Health and Long-Term Care (MOHLTC), as well as those originating from the Local Health Integrated Networks (LHINs) and other organizations, reveal a number of priorities that will undoubtedly influence CCD.

Briefly, these include:

1. Client and Family-Centered Care

Not only has client-centered care been recognized as a priority, but the key role of caregivers (family, friends, etc.) is increasingly recognized as an essential part of a comprehensive care plan. Clients and their caregivers *must* be part of the assessment, the treatment plan and the evaluation of outcomes when care plans are developed. Caregivers and their needs will be considered on an equitable basis, along with the needs of the client.

2. Coordinated Care

An important element of client and family-centered care is the recognition that there must be coordinated assessment, planning and delivery of services and supports. With the current "system" of multiple providers (some publicly funded, others for-profit) there can be duplication of some services, with system gaps in other areas. This confusing array of "who does what" may leave clients and families floundering trying to figure out how they can get help at a time when they are already in crisis. A coordinated approach to the provision of home and community care services is a vital need.

3. Primary Care

Primary care, including home and community support services, mental health and addictions, and public health, has captured the fiscal and moral attention of the

government. Cost-effective, quality health care must begin and end in the community, where people live, work and play. It must also be available 24/7 to meet the needs of people when they arise, not when they can be scheduled into a business day.

Furthermore, communication between the components of the primary care system is needed to ensure that patient/client information is appropriately and safely shared. As people transition from one part of the primary care system to another (e.g. from hospital to home with community supports), their information should be available to the agencies providing the next steps in the journey. Additionally, community agencies must be able to add to the health record, (not just view it) so other agencies, the hospital, the family physician, etc. can also see current information.

Shared but secure access to information is in an ongoing process of development, enabled with leadership from the provincial government.

4. Funding for Home and Community Care Services (HCCS)

For community support services to be accessible to those in need, they have to be flexible, affordable and reliable. For community agencies to fulfill those goals, they have to have adequate and stable funding. The government has been repeatedly advised that increased investment in HCCS is necessary to meet the needs of frail seniors, and people with mental health and addiction issues. The LHINs will determine the allocation of funds within their regions.

5. Performance Monitoring

As the focus increases on HCCS, there is an accompanying emphasis on performance monitoring, public accountability, quality standards and client satisfaction. This is resulting in increased requirements by the LHINs for more information, comparative data reports and productivity goals. In fact, funding will become increasingly tied to productivity. In addition, provincial standards will become more evident as the bar is raised for formal indicators of quality.

6. Collaboration Between Other Organizations

The MOHLTC and the LHINs are continuously looking for ways in which "unnecessary duplication" can be eliminated and monies re-invested to underserved areas. Organizations are being encouraged to focus on their strengths and, wherever possible, collaborate with other agencies to ensure that system gaps are reduced. This also includes areas where planning, education and research are needed.

7. Centralization of Home and Community Care Services

In November 2017, CBC News disclosed a new plan by the provincial government, to consolidate the delivery of PSW home care services under a single governmental agency. Three pilots will go forward in the spring of 2018 as test cases to determine the viability of this proposal. While further information has yet to be forthcoming, this would obviously have major impact on CCD. At this time, we await further developments.



Stakeholder Engagement

Input from internal and external stakeholders was an essential part of the development of Community Care Durham's Strategic Plan.

To gather their input, four Focus Group sessions were held. Those invited to attend the Focus Groups included (see Appendix 1 for a summary of those who attended):

Internal Stakeholders October 17, 2017

- Clients
- Caregivers
- CCD Volunteers

Internal Stakeholders November 7 and December 4, 2017

- Board Members
- Directors' Team (Executive Director and Senior Team)
- Accreditation Committee
- Front Line Staff

External Stakeholders October 24, 2017

- | | |
|---|---|
| <ul style="list-style-type: none"> • Ajax Community Recreation • Alzheimer Society of Durham • Brock Community Health Centre • Central East LHIN • Central East Palliative Care • CE Seniors Strategic AIM • CMHA Durham • Durham Council on Aging • Durham Mental Health Services | <ul style="list-style-type: none"> • Durham Municipalities • Durham Regional Council • Lakeridge Health Corporation • Medical Associates of Port Perry • Ontario Shores • Oshawa Senior Citizens Centres • Seniors Care Network • Whitby Seniors' Activity Centre |
|---|---|

Attendees at the Focus Groups were asked to provide their comments and feedback on the following:

- What are your thoughts on our Vision, Mission and Values?
- What should CCD START doing?
- What should we STOP doing?
- What do you see as our STRENGTHS?
- What do you see as our WEAKNESSES?
- Do you see any THREATS to our organization?
- Do you see any OPPORTUNITIES for CCD?

Summaries from all Focus Groups were documented and integrated to identify emergent themes. These themes were then used to establish draft strategic directions, which were examined and discussed at the December 4th Focus Group session.

The Directors' Team then reviewed all of the material and feedback, and in conjunction with their own insights into future direction, developed a new Vision, Mission and Values, and strategic plans that incorporate the rich commentary received during this process.

The opportunity to hear how others perceive the role, function and delivery of the services and programs offered by Community Care Durham was a truly rewarding experience. We appreciate the time, effort and honesty that our stakeholders brought to the table, and welcome future opportunities to continue the dialogue.



EMERGENT THEMES RESULTING FROM STAKEHOLDER FEEDBACK

Theme #1: Too Much Confusion; Too Little Coordination

Clients and caregivers told us that they don't really care "who" is providing a service. The real issue for them, is how to figure out "what" services are "out there" and how to access them. There is a great deal of frustration over having to make multiple phone calls, only to be put on hold or sent to voice mail, repeatedly telling their story to a myriad of different agencies with frequent changes to in-office contacts, and care workers who frequently change.

Theme #2: Meet The Needs Of The "Whole Person" For Health And Well-being

Focus group participants told us we need to embrace a broader definition of well-being for clients and caregivers that addresses the psychosocial needs of people. For people to age well at home, they not only need access to services that get them to medical appointments, they also need expanded support in areas that CCD is already providing, such as transportation, meals, and home maintenance.

Theme #3: Caregivers Need Support Too

Participants told us that many caregivers require support as much as clients do, in order to be able to continue in their role of supporting a loved one at home. While CCD already offers Respite Services and Adult Day Programs that assist caregivers as well as clients, we were told that for spouses of clients with dementia, mood disorders and cognitive dysfunction in particular, caregivers need education and support to help them cope.

Theme #4: Volunteers - Our Greatest Strength And Our Achilles' Heel

Our volunteers were identified as one of our greatest strengths, as well as our Achilles' Heel. Volunteer recruitment has become increasingly difficult, and trends indicate a similar problem across the country - fewer people are volunteering their time. Innovative ways to recruit, utilize and retain volunteers are needed for CCD's volunteer-based services.

Theme #5: More Collaboration; Less Duplication Focus On What We Do Best

External stakeholders encouraged us to look at novel ways of collaborating to provide more and enhanced services for our clients and caregivers. They also noted the reciprocal learning opportunities, research and shared knowledge available if we were able to participate in planning initiatives that exist outside of CCD.

Both external stakeholders and our client/caregiver/volunteer Focus Groups recommended that we concentrate on what we do best and develop areas of excellence, rather than trying to offer too much. Reviewing our services to avoid unnecessary system duplication would also be an approach that would help us focus our efforts.

Theme#6: Sensitivity to Age, Diversity and Mental Health

There was a great deal of passion expressed in the Focus Groups for increased sensitivity in our staff and volunteers, around the issues of diversity, unwitting condescension towards clients with the use of ageist language, and any inadvertent behaviour or language that fosters mental health stigma. While it was recognized that staff and volunteers do not intend to offend clients and caregivers, feedback from our Focus Groups strongly indicated that we need to be more aware of "what and how" we express ourselves.

Theme #7: Formal Measures of Organizational Performance

Clearly the external environment is demanding more formal indicators of quality, performance and accountability (both programmatically and fiscally). As the Ministry of Health and Long-Term Care requires the LHINs to increasingly report and fund based on these indicators, home and community care service organizations will need to establish internal structures and measures to support these requirements as well.

Supporting People, Strengthening Community™

Vision, Mission and Values

Re-visiting Community Care Durham's (CCD's) Vision, Mission and Values was the first step in our strategic planning process. We wanted to be sure that our vision of the future, and how we fit into that ideal state, was relevant and meaningful to both our internal and external stakeholders. We also believe that our Vision, Mission and Values honour our traditions while guiding us in determining which strategic directions are the priority and how we will go about accomplishing them.

With their feedback and commentary, we are proud to share our Vision, Mission and Values.

VISION

Communities where people are enabled to maximize their independence and thrive where they choose to live.

MISSION

Supporting People, Strengthening Community™

With coordinated networks of volunteers and staff, enrich the well-being and quality of life for people who choose to live at home.

VALUES

We believe in:

- Treating one another with **Respect**, including **Respect** for the diverse nature of our communities
- Delivering **Compassionate** care
- Providing services in a way that upholds the **Dignity** of those we serve
- Supporting people so they can continue to live **Independently and Safely** at home
- Ensuring that we act with **Integrity** in all of our relationships, our services and our Mission
- Creating solutions that are **Responsive and Adaptive** to the needs of our clients and their caregivers
- Providing an environment for staff and volunteers that is **Supportive and Safe**

STRATEGIC DIRECTIONS

Our planning process has been a fascinating journey that helped us discover the terrain of our environment, solicit the feedback of our stakeholders, identify vital emergent themes, and examine our own assumptions and beliefs about Community Care Durham.

As a result of this process, we have developed seven strategic directions - global priorities that we believe are essential to the continuing success of this organization in serving its clients and their caregivers.

Strategic Direction No.1

Provide coordinated access and a 'one stop shopping' experience for clients and caregivers by integrating the provision of our services and supports. Following this, initiate the process of introducing more collaborative approaches with other agencies for service provision for our clients and their caregivers.

Strategic Direction No.2

Address the holistic and psychosocial needs of clients and caregivers in the delivery and scope of services/supports that we provide.

Strategic Direction No. 3

In partnership with other agencies, assist caregivers in supporting their family member by linking them to education, training and support networks.

Strategic Direction No. 4

Develop and execute year-round, innovative strategies for volunteer recruitment, utilization and retention that are volunteer-centered, making CCD the "Volunteer Agency of Choice."

Strategic Direction No. 5

Create partnerships and collaborate with other organizations so CCD can focus on its strengths, reduce risk and build capacity within the services/supports we provide, while also reducing system duplication.

Strategic Direction No. 6

Increase awareness and sensitivity amongst staff and volunteers in all areas including diversity, ageist language, and stigmatization of mental health issues.

Strategic Direction No. 7

Establish formal measures of accountability that measure quality, performance, risk and client satisfaction.

EVALUATION MEASURES

The final step in our Strategic Planning process, is to identify ways in which we can evaluate our progress in achieving the Strategic Directions. Specific evaluation tools help us measure that progress, determine where we have come from, how far we have journeyed, and how far we still have to go.

The following outcome measures, like the directions, are strategic or "high-level" in nature. Each Director will incorporate these directions and their evaluation indicators into their program, operationalizing them into program-specific goals and objectives that dovetail into the Strategic Plan.

Strategic Direction No. 1

Provide coordinated access and a 'one stop shopping' experience for clients and caregivers by integrating the provision of our services and supports. Following this, initiate the process of introducing more collaborative approaches with other agencies for service provision for our clients and their caregivers.

Strategic Objectives	Proposed Timeline For Completion*
Evaluate Intake processes for all services	Sept 2017
Develop and implement a regular communications plan for updating clients and caregivers on planning process	January 2018
Develop and implement a regular communications plan for updating staff and volunteers on status of process and future plans	January 2018
Determine staffing needs to support structure	March 2018
Determine tech needs and tools to support changes	Sept 2018
Develop process	Sept 2018
LHIN approval	Sept 2018
Develop timeline for rollout	Sept 2018
Provide training	April 2019
Rollout	April 2019
Initiate investigation and identify formal partnerships with other Durham community agencies to create opportunities for more collaborative approaches for client and caregiver support	March 2023

Strategic Direction No. 2

Address the holistic and psychosocial needs of clients and caregivers in the delivery and scope of services/supports that we provide.

Strategic Objectives	Proposed Timeline For Completion *
Identify what scope of services is currently provided by CCD	January 2022
From the perspective of clients and caregivers, identify the gaps in services/supports	March 2022
Determine the feasibility of adding/expanding/enhancing identified services and gaps	June 2022
Develop, design and implement any new/expanded/enhanced services and gaps	March 2023
Establish timeline for regular evaluation of services to ensure CCD remains current and responsive to needs of clients and caregivers	March 2023

Strategic Direction No. 3

In partnership with other agencies, assist caregivers in supporting their family member by linking them to education, training and support networks.

Strategic Objectives	Proposed Timeline For Completion *
Identify education, training and support needs of caregivers	June 2021
Identify potential sources and partnering with additional groups/agencies for the provision of education, training and support (internally as well as externally)	September 2021
Develop, establish and coordinate formal partnerships to link caregivers to needed supports	January 2022
Establish a regular process for monitoring these established relationships and update the linkages as needed	June 2022

Strategic Direction No. 4

Develop year-round, innovative strategies for recruitment, utilization and retention that are volunteer-centered, making CCD the "Volunteer Agency of Choice."

Strategic Objectives	Proposed Timeline For Completion *
Survey current volunteers for their ideas on recruitment, retention and utilization	September 2019
Identify the needs that CCD requires from volunteers	September 2019
Research the external environment for possible volunteer options and opportunities	September 2019
Research the tools available for use in volunteer recruitment and utilization (e.g. advertising, self-scheduling with a web portal, promotion)	January 2020
Develop and implement new volunteer recruitment and retention strategies based on our research and best practices demonstrated in the external environment.	June 2020
Develop annual timeline for all volunteer-related activities for recruitment, retention, utilization, training, and appreciation	March 2021
Review effectiveness of new strategies and modify as needed on an annual basis	March 2022

Strategic Direction No. 5

Create partnerships and collaborate with other organizations so CCD can focus on its strengths, reduce risk and build capacity within the services/supports we provide, while also reducing system duplication.

Strategic Objectives	Proposed Timeline For Completion *
Assess CCD strengths and identify services or programs where an unnecessary duplication of services may exist	July 2019
Develop and implement a Communications plan for clients, caregivers, volunteers and staff providing them with regular updates on the process and status of activities related to this Strategic Direction	July 2019
Identify alternate providers/means of providing services or programs where there are potential areas of unnecessary system duplication.	October 2020
Initiate discussion with identified alternate service providers to determine possible partnerships	October 2020
Begin the transitions, communicating changes to all stakeholders on a regular basis	October 2021

Strategic Direction No. 6

Increase awareness and sensitivity amongst staff and volunteers in all areas, including diversity, ageist language, and stigmatization of mental health issues.

Strategic Objective	Proposed Timeline For Completion *
Identify areas where staff and volunteers would benefit from awareness training in diversity, ageism and mental health stigmatization	April 2019
Establish partnerships with other agencies for training and education opportunities	Sept 2019
Begin training	January 2020
Develop an ongoing schedule for regular training	January 2020
Incorporate awareness and sensitivity regarding diversity, ageist language and mental health into performance appraisals	January 2020

Strategic Direction No. 7

Establish formal measures of accountability that measure quality, performance, risk and client satisfaction.

Strategic Objectives	Proposed Timeline For Completion *
Achieve formal Accreditation status	2019 - 2020
Research the external environment to find available information on best practice, quality indicators, comparative data and evidence-based decision making as it relates to quality, performance, risk and client satisfaction	April 2021
Complete a Risk Assessment for all of CCD's programs and services	April 2019
Establish formal measures of organizational risk tolerance levels	April 2022
Develop CCD's own set of quality indicators, informed by the research from the external environment, and the experience and insight of CCD Board and Management	January 2022
Develop a Balanced Scorecard to monitor, evaluate and communicate CCD's performance in quadrants such as quality, productivity, risk and client satisfaction	March 2023

**** Proposed timelines for completion will be reviewed and may be adjusted as required***

CONCLUSION

Developing a Strategic Plan is much like planning a mountain climbing expedition.

Before the team even selects the mountain to climb, it must first assess its skills and experience, analyze what has been done in the past that contributed to previous successes, and identify strengths and weaknesses.

From that, the team must develop a formal set of guidelines on how each member will contribute to the overall success of the climb. Understanding roles, boundaries and mutual strengths is a vital part of a high-performance team.

After these factors have been taken into account, the team is ready to make a decision about which mountain will be selected for ascent. And even after this decision has been made, there may still be a great deal of debate about the best route to take to the top, and how success will be measured.

Destinations can also be fluid in nature. Given the dynamic nature of the environment and ever-changing demands on the team, continuous re-evaluation of decisions and methods is a necessary component of ultimate success. While the overall directions remain as a "North Star," team members must be flexible and nimble in their response to changing conditions.

Strategic planning is very similar in design and process. It is a consultative, analytical process that involves the heads and hearts of all the members of the team. Yes, there is a great deal of information-gathering, analysis and debate that goes into the preparation of strategic directions. But this analysis is also informed by the hearts of the people involved because, in the end, the choice to climb a mountain or set a strategic direction is about the commitment and the passion of the team.

Community Care Durham, with its team of volunteers and staff, has successfully served its clients and their caregivers for the past 40 years. It is our intent that this Strategic Plan will help us continue that tradition of excellence, enabling us to continue to grow, adapt and strive for greater heights in service to our clients.



Appendix 1
Stakeholder Engagement
Focus Group Attendees

Internal Stakeholders (October 17, 2017)

For the sake of privacy and confidentiality, the names of the attendees at this Focus Group have been withheld. Only their designation and location are included in this list.

Clients

Attendance included clients from: Ajax, Beaverton, Bowmanville, Newcastle, Oshawa, Pickering, Port Hope & Uxbridge.

Caregivers

Attendance included caregivers from: Ajax, Newcastle, Oshawa, Pickering & Uxbridge.

Volunteers

Attendance included volunteers from: Ajax, Clarington, Hampton, Newtonville, Oshawa, Pickering, Port Perry & Whitby.

In addition to attendance at the Focus Group session, an e-survey was sent out to a randomly selected group of volunteers, with proportionate representation from all locations and services/programs. Information received was incorporated into this Focus Group summary.

External Stakeholders (October 24, 2017)

In no particular order:

Organization (Name, Title)

Ajax Community Recreation (Robert Prochilo, Community Recreation Coord.)
Alzheimer Society of Durham (Denyse Newton, Exec. Director)
Brock Community Health Centre (Janet McPherson, Exec. Director)
Brock Township (Ted Smith, Deputy Mayor & Regional Councillor)
CE LHIN (Antoinette Larizza, Director, Health Systems Strategy)
CE Palliative Care (Tanya Burr, Clinical Nurse Practitioner Lead)
City of Oshawa (Julie MacIsaac, Director, in the City Manager's Office)
CMHA Durham (Kelly King, Team Lead, Community Wellness Services)
Durham Council on Aging (Sonya Hardman, Policy and Research Advisor)
Durham Mental Health Svs. (Marnie Bell, on behalf of Robert Adams, Exec. Dir.)
Lakeridge Health Corporation (Lynne Smart, on behalf of Matt Anderson, CEO)
Medical Associates of Port Perry (Dawn Taylor, Patient Navigator)
Municipality of Clarington (Kersti Pascoe, Older Adult Coordinator)
Ontario Shores (Andra Duff-Woskosky, Director of Geriatrics)
Oshawa Senior Citizens Centres (Colleen Zavrel, Program and Services Director)
Scugog Township (Wilma Wotten, Councillor)
Seniors Care Network (Stacey Hawkins, on behalf of Kelly Kay, Exec. Director)
Whitby Seniors' Activity Center (Kim Evans, Supervisor of Senior Services)

Internal Stakeholders (November 7 and December 4, 2017)

Board of Directors

Keith Tournay, Board President
Arlene Inkster
Charlotte Empringham, Secretary
Dave Sansom
Gail Rickard
Jack Taylor
Jane Carcich, 2nd Vice President
Jennifer Cree, Past President
Marsha Ely
Roger Ramkissoon
Sharon Kennedy
Sharon Williams
Wendy Marks, 1st Vice President

Directors

Laura Ricketts, Executive Director
Annamaria Maccarone, Director, Corporate Services
Gennifer Doucette, Director, Respite & Assisted Living Programs
Heather Hodgson, Director, Finance & Administration
Jennifer Rusaw, Director, COPE Mental Health & Specialized Geriatrics
Sally Barrie, Director, Home Support

Strategic Planning Committee

Alanna Allan, Day Program Manager
Linda Dawson, Accounting Manager
Lisa Wokral, Information Systems Manager
Mandi Burshaw, COPE Manager - Clarington
Rosanna Keys, Human Resources Manager
Yvonne Brooks, Manager, Home Support - Oshawa & Whitby

Front Line

Andrea Cant, Day Program Coordinator – Ajax and Pickering
Carolyne Pennell, COPE Manager – Oshawa & Whitby
Dianne Greaves, Service Coordinator – Home Support - Clarington
Jan Lovelock, Community Resources Coordinator
Kelly Bergeron, Personal Support Worker
Marcy Marchuk, Volunteer Coordinator - Pickering office
Simone Watson, Service Coordinator – Assisted Living Whitby

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