

WELCOME

HUMAN SERVICES DEPARTMENT

Children's Services - Social Assistance
Housing Services - KLH Housing Corporation



Social Services Service Plan 2025 - 2029

Kawartha Lakes Human Services Department

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Section 1 – Community Analysis

1.1 Key Caseload Demographics – 2024 Caseload Analysis

- Total caseload numbers have increased by 5% over 2023 totals and are up 7% from 2022
 - The County of Haliburton caseload is growing at a higher rate than the City of Kawartha Lakes caseload, 6% and 5% respectively.
 - Caseload numbers are 1% lower than pre-pandemic levels in 2019
- Caseload composition has remained consistent year over year (2023 to 2024) and is predominantly trending with:
 - Singles at 69.2%;
 - Sole support parents at 23.4%;
 - Couples with dependents at 3.9%; and
 - Couples at 3.4%.
- Looking at time on assistance:
 - Couples continue to remain on assistance the longest with an average of 9.0 years;
 - Couples with dependents remain on for 7.3 years;
 - Singles for 3.2 years; and
 - Sole support parents for 3.9 years.
- Female participants, the average number of years on assistance increases as their age increases.
- Since the pandemic (2020), there has been a drastic increase in the average number of months on assistance. Couples and couples with dependents have the highest increase with average months on assistance.
 - Looking back, time on assistance for couples has more than doubled since 2017 from 49 months (4.08 years) to 106 months (8.83 years) in 2024
- From an age and gender perspective:
 - Over half of all participants are under the age of 40.
 - The highest number of participants are in the 30-34 range.
 - This is the same for both males and females.
 - The second highest age group for male participants is 35 to 39.99 year olds.
 - 50% of female participants are single and 41% are sole supports.
 - 88% of male participants are single with sole supports next at 6.0%
- Caseload Projection for 2025: Based on the Ministry of Children, Community and Social Services (MCCSS) demographic predictions and analysis, the total Ontario Works caseload for the province is to increase by 16.3%, reaching 1,649 cases locally which surpasses pre-pandemic numbers. Our prediction is lower than the provincial predictions as historically we have not increased by those amounts.
- MCCSS predicts that the influx of refugees will impact the caseload across the province. Approximately 20 refugees were sponsored to settle in Kawartha Lakes in 2023. This number doesn't seem significant, yet prior to 2022 there were no refugees sponsored in our service manager areas.

- Intake Numbers from January 1st to September 30th, 2024:
 - 9% of intake requests for services were for Emergency Assistance
 - Our Application Stream completed an average of 196 applications for assistance each month in 2024.
 - 42 auto grant files are received each month, up from 33 in 2023. On average, 54 files each month are transferred from Ontario Works Intake Unit (OWIU), up from 47 files in 2023. These files require immediate review and adjustments that effect client eligibility.
- Intake Numbers from October 1st to December 31st, 2024:
 - With the advent of Centralized Intake expansion, effective in our region as of October 1st, 2024, the workload for our Application Stream workers was as follows;
 - 60% of local intake requests for services were for Emergency Assistance
 - Application Stream CSW's completed 129 applications for Emergency Assistance, Under 18 Assistance or Reactivated Files (closed less than 4 months)
 - 240 auto grant files were received in the last quarter and were reviewed by the Application Stream Workers for completeness and accuracy

1.2 Service Needs

- Staffing: Caseload Numbers: Human Service Analysis indicates Client Services Worker (CSW) caseload capacity would be between 65 and 75 cases each. Currently, caseload numbers per CSW providing ongoing service is between 90 – 105,
- Administrative Burden of Intake: Three full-time CSW's process Emergency Assistance applications, reactivations (files reapplying within 3 months of closure), under 18 applications and complete the application process on all OWIU-granted files. Additionally, one specialized CSW completes all temp care applications and Non-Disabled Adult intakes. OWIU.
- Stability Support Requests:
 - 32% of requests for services for stability support (SS) were from low income and Ontario Disability Support Program (ODSP) households, 68% of requests from those in receipt of Ontario Works
 - 91% of SS requests were related to housing stability, leaving little funds to address other needs in order to progress toward being employment ready
- Lack of Child Care Spaces for Families:
 - There is a 4.2-year wait for licensed centre or home based childcare, adding additional barriers for sole support parent, of which impact over 23% of our caseload.
- Increasing Costs for Housing:
 - The average cost to rent a room only in our service area continues to rise year over year to \$810 a month, which is \$77.00 more per month than the monthly OW amount (\$733.00) for a single person.
 - The average cost of a one-bedroom apartment is \$1,629 per month.
- Referrals to Employment Ontario:

- Referral numbers to the Service System Manager (SSM) remain consistent to other SSM Consolidated Municipal Service Manager's (CMSMs) at 29% of total caseload.
- The return rate to OW in 2024 decreased by 5% from 2023.
- Stability Support Needs by Priority in Action Plans:
 - Of the total caseload, 16% of participants identified housing stability and 26% food security as a critical need;
 - 45% of the caseload identifying that their physical and mental health issues are a barrier to stabilizing their life or to even imagine holding down a job;
 - Transportation and lack there of at 38%;
 - Activity limitations at 18%;
 - Education at 22%;
 - Addictions and substance use at 12%; and
 - Caregiving at 16%.
- Transportation:
 - According to the 2021 Census, 46.2% of commuters travelled outside of Kawartha Lakes and 47.7% travel 30 minutes or more from home to work.
 - In our urban region, there is one source of public transportation within the boundaries of Lindsay.
 - The majority of communities do not have access to taxi services, let alone the ability to pay for the high costs of these services.
 - Due to the rurality of the service area, nearly 95% of commuters rely on a personal vehicle to get to work.
- Labour Force:
 - In 2021 there were 32.5 people entering the labour force for 100 leaving the labour force, compared to the province with 51 workers entering.
 - The labour participation rate was an average of was 50.7% locally and 62.8% provincially.
 - The local unemployment rate as of October 2024, is 5.7% in Kawartha Lakes and slightly higher in Haliburton at 6.6%.
 - 42% of all employment postings in the service area required no formal education or a minimum of a grade 12 education.
- All of the factors outlined in the Service Needs section constrict and threaten the ability to achieve the Service Performance targets set by MCCSS. The ability to meet performance expectations is dependent on factors outside of the municipality's control, such as the rate of inflation, the economic climate and timely access to stability supports offered through other services like mental health and health care programs.

1.3 Community Needs Assessment

The full Community Needs Assessment is attached as Appendix A. Highlights of the Community Needs Assessment are detailed in Table One below:

Table One: Community Needs Assessment

Community Needs Assessment

Strengths:

- 1.3.1 There are currently five agencies with a variety of programs to support employment success
- 1.3.2 There are currently eight programs and services to support financial education and offer support
- 1.3.3 Communities support Food Security Programs
- 1.3.4 There are five harm reduction programs and services available in our community
- 1.3.5 There are 22 programs and services to support health, mental health and well-being across the service area
- 1.3.6 There are a number of programs and services to support children and adults with special needs

Gaps:

- 1.3.1 The programs are available in four larger communities
- 1.3.2 Programs are not well known in the community
- 1.3.3 Programs are not available in all communities, access is limited to number of visits
- 1.3.4 Programs are available in larger communities, limited availability of programs and services
- 1.3.5 Services are not available in all communities, not all programs and services are well known

Challenges:

- 1.3.1 Funding is limited in program to sufficiently meet the need; verification is required for each expense increasing the burden on people served, there are waitlists for some of the services
- 1.3.2 Programs support education but do not have sufficient funding to fully meet needs, there are waitlists for services
- 1.3.3 Programs are not funded, need is high and is continuing to grow
- 1.3.4 Programs have limited funded, need is high
- 1.3.5 Waitlist for services are extensive, access to programs and services may be limited
- 1.3.6 Funding in programs is insufficient to meet the need, need is high and continuing to grow

Opportunities

- 1.3.1 Programs may be delivered in smaller communities and our community housing programs, opportunity to community caseload demographics to meet needs of SA recipients
- 1.3.2 Support financial viability, support education to make most of restricted budget, crisis support is available
- 1.3.4 Great partnerships with most service providers, work is completed collaboratively, work together to meet the need
- 1.3.5 Services are available for all ages, opportunity to learn more about services available
- 1.3.6 Opportunity to learn more about programs and services available

Section 2 - Performance Outcome Targets

The Ministry assigned performance targets for 2024. Table Two below includes a brief description of each performance outcome, the 2025 targets, 2024 actuals and a brief note on expected performance for 2025. In each performance area, the provincial expectations are that we not only exceed our previous years' performance, but that we also perform above/below the provincial average.

Table Two: Performance Outcomes

Performance Outcomes	Provincially Assigned Target	2023 Actuals	Notes
Ontario Works adults and ODSP non-disabled adults with participation requirements have an Action Plan	100%	92.9%	Consistent performance year over year – Provincial average 77.8%
Ontario Works adults and ODSP non-disable adults with participation requirements are referred to Employment Ontario (EO)	43%	20.2%	Our continue to be lower than previous years - Provincial Average 27.3%
Ontario Works cases exit to employment	10%	5.9%	Consistent performance year over year - Provincial average 8.6%
Cases that exit Ontario Works to not return to the program within one year	20%	41.9%	Increase of 2.8% over 2024 Provincial average 32.7%

Section 3 – Service Strategies

3.1 Risk Assessment

An analysis of the risks in meeting the provincial performance outcomes was completed based on the specific questions and information provided by the province. Additional risk levels and descriptions were included to both inform and support the development of service strategies. The provincial risk assessment is attached as Appendix B.

Table Three: Risk Assessment

Risk Assessment	
Performance Outcome:	
1.0	Ontario Works adults and ODSP non-disabled adults with participation requirements have an Action Plan (AP)
2.0	Ontario Works adults and ODSP non-disabled adult with participation requirements are referred to Employment Ontario (EO)
Risk Level and Description:	
1.0.0	High – Expectation to have 100% of all OW adults and NDA’s with an Action Plan
2.0.0	Medium - Participant’s barriers/needs have not been addressed prior to referral to Employment Ontario Participants may agree to Action Plan goals and activities in order to maintain eligibility for assistance Review and participant assessments require time to build relationships and learn about needs Gaps in Community Resources and supports available and accessed Increase in return rates from EO due to lack of contact SSM process and requirements to approve and issue support to benefits puts those most vulnerable at risk
Description of Controls in Place:	
1.0.1	The first meeting with people we serve can be 1.5 to 2.0 hours in length and includes significant time to fulfill mandatory eligibility requirements (review and analysis of eligibility requirements, completion of Common Assessment - CA). If the needs of the person are known and immediate during the first meeting, staff will complete AP and do so in 89.1% of all cases. Staff will address immediate needs of the person and will schedule a follow up appointment within 30 days to complete the full CA and complete an AP if one is not completed in the first visit. This provides the opportunity for staff to better develop the relationship and best determine the supports and services that could be made available.
2.0.1.	Staff connect with EO in advance of any referral that may be considered multi-barriered and if the person has barriers that make contact difficult, especially if the person is highly motivated to connect with EO. Each person is one crisis/event away from connecting and making continued participation difficult. A process has been established to have EO connect

with our staff if they have been unable to connect. Monthly meetings with EO have been established to address any service issues, concerns including reducing the returned referral percentage. Monthly meetings have been established with SSM to support system level issues, concerns and successes. EO staff in Haliburton are located in the same building to facilitate partnerships. EO partner in Lindsay attends our building weekly to meet with staff to support connections and services

Opportunities:

- 1.0.2 SSM and CMSM are continuing to work together to refine work flow and communication issues to ensure that referrals are completed and clients are contacted. Improvements to EO provider connecting with our CSW's for no contact will be addressed by EO. As of 2024 and moving forward, the CMSM will continue to fund Community Counselling Resource Centre to provide non-crisis related counselling to meet the needs of those in receipt of OW. This program has proven successful and will be reassessed in 2028. Additionally we will be supporting those we serve who are not recommended at this time for referral to EO and without a doctor with paying for assessments to determine full needs which may lead to a referral to ODSP, other community supports.
- We are working with our SSM to do a deeper dive and analysis into the returns and successful referrals. We would be looking at trends to determine if there is a correlation between a number of factors related to successful referrals including client specific data, time of the month, year, location of client's home and service delivery site, etc.

3.2 Equity, Diversity and Inclusion Strategy

- Locally the City has an established Inclusion, Diversity, Equity, Accessibility and Belonging (IDEA) team, of which Human Services Department staff are members of and have opportunities to be consulted and provide feedback on initiatives that support the corporation and the community we serve
- City policies and procedures have been reviewed, including references to language and use of legacy language in order to update and align with the local strategy and approach.
- Monthly knowledge sharing and information on a variety of topics related to IDEA are available to staff and management.
- Translation services are shared corporately to support serving people with English as a second language in a better manner.
- Partnership with the City's Economic Development Department, Employment Ontario Provider and the New Canadians Centre located in Peterborough have enabled the improvement and service offerings locally within our community.
- Staff knowledge and awareness is garnered through staff training and education programs and resources (both mandatory and voluntary opportunity).
- We are tracking and analyzing data and using GIS to look at a variety of factors year over year related to diversity, indigenous population, migration, immigration, racialized populations, youth racial identity, ethnic identity, language spoken most often at home.

3.3 Logic Model

Performance Outcome 1: % of OW adult caseload with an Action Plan created		
Inputs	Operational and Strategic Activities	Expected Outputs
Invest in Staff	<ol style="list-style-type: none"> 1. Staff capacity and pressures address to support service to people we serve. 2. Temporary and full-time vacancies to be filled in a timely fashion. 3. Succession planning updated in 2024 and to be updated annually. 4. A full training calendar will be prepared in 2025 that will be interactive, set training details and schedules for multiple years. 5. Staff Demand to be updated to staffing levels required to meet desired performance expectations. 	<p>Staff will have sufficient time to support appropriate and timely case management.</p> <p>Participants understand their expectation to participate once referred to EO.</p> <p>Long term planning to support capacity completed.</p>
Direction and Policies and Procedures	<ol style="list-style-type: none"> 1. Expectation to complete Action Plans at first visit, in first month, will be supported. If needs of participant are great, staff may complete an initial high level an Action Plan and will complete and update AP at next appointment. 2. This direction will be communicated at CSW Team Meetings. 3. The Program Integrity Team will develop an AP resource will be developed and shared with staff. 4. Management will update procedures and staff will be informed of requirement to complete initial high level AP at first meeting. 	<p>Staff will have sufficient resources and clear direction to support case management and help to meet performance expectations.</p> <p>Participants understand their expectation to participate once referred to EO</p>
Participant understanding of program expectations, AP requirements	<ol style="list-style-type: none"> 1. Tools and resources to assist with key messaging and ensure language used is at grade 4 level will be updated/developed SAIL training will be offered to those in receipt of OW by end of 4th quarter. 	<p>Staff will have sufficient resources available to support participant understanding of AP requirements.</p> <p>Participants understand their expectation to participate once referred to EO.</p>
<p>Highest Risk from Risk Assessment Template</p> <p>Risk 1: Low – SA staff and participants are not aligned with the goals/support services that will support the participant towards employment readiness.</p>		

Performance Outcome 2: Percentage of Ontario Works adults and ODSP non-disabled adults with participation requirements who are referred to EO

Inputs	Operational and Strategic Activities	Expected Outputs
Partnership with SSM	<ol style="list-style-type: none"> 1. Working with SSM on development of Shared Calendar. 2. Review additional day for EO staff to work/connect on site. 3. Continued monthly sessions with management team. 4. Monthly opportunity to connect with EO staff, alternating sites. 5. EO and CMSM to review and connect about referral process – ensure practice matches with referrals. 6. CMSM to schedule community meeting to present environmental scan and factors that inform our service – by end of 2024. 7. Working group established in 2024 to review and address health and safety and its connections to the provision of service. 8. Participant Pathway to be reviewed and updated in 2024 and into 2025. 	<p>Staff will have ability to schedule appointments in real time, reducing returned referrals.</p> <p>Increased community engagement and relationships.</p> <p>Increased knowledge of services and supports between both EO and CMSM.</p> <p>Refined referral process to better align services.</p>
Direction and Policies and Procedures	<ol style="list-style-type: none"> 1. Expectation to complete Action Plans at first visit, in first month, will be supported. If needs of Participant are great, staff may complete an initial high level an Action Plan and will complete and update AP at next appointment. 2. This direction will be communicated at CSW Team Meetings. 3. The Program Integrity Team will develop an AP resource will be developed and shared with staff. 4. Management will update procedures and staff will be informed of requirement to complete initial high level AP at first meeting. 	<p>Staff will have sufficient time to support appropriate and timely case management.</p> <p>Participants understand their expectation to participate once referred to EO.</p>
Participant understanding of program expectations, AP requirements	<ol style="list-style-type: none"> 1. Tools and resources to assist with key messaging and ensure language used is at grade 4 level will be updated/developed. 2. SAIL training will be offered to those in receipt of OW by end of 4th quarter. 	<p>Staff will have sufficient time to support appropriate and timely case management.</p>

Performance Outcome 2: Percentage of Ontario Works adults and ODSP non-disabled adults with participation requirements who are referred to EO

Inputs	Operational and Strategic Activities	Expected Outputs
	<p>3. Funding to support Psychological and Vocational Assessment for up to 30 of highest needs clients (currently without a connection to a health care professional and formal diagnosis).</p>	<p>Participants understand their expectation to participate once referred to EO.</p> <p>Determine most appropriate path towards self-sufficiency, longer-term supports for clients that are distant from the labour force and to support accessing the appropriate SA program.</p>

Highest Risk from Risk Assessment Template
 Risk 1: Medium - Participant's barriers/needs have not been addressed prior to referral to Employment Ontario.

Section 4 – Program Delivery

4.1 Service Delivery Expectations

Overall Readiness

Resources are dedicated to ensure programs and services are delivered in accordance to legislative and policy requirements including:

- Program and Service Audits are completed including annual full file reviews and topic specific reviews (i.e. review of assignments of benefits, evidence verification, etc.) on a monthly basis.
- Financial re-assessments are scheduled and completed every 24 months on all cases which included full reviews and all required third-party checks.
- Third Party Checks are completed as required.
- Checklists and Job Aids have been developed and available for all staff for a number of activities including: intake and application, third party checks, file transfers, file transfers to ODSP. Checklists are reviewed and completed by CSW's.
- All deferrals from participation in an action plan are reviewed as the expectation is to have over 95% participants with action plans.
- Requirements for participation is expected in all cases except where the CSW has determined that participation may be deferred. The expectation is for the AP to meet the participant where they are and therefore it is expected that an AP can be created to support the participant. If a deferral is granted, the details on the follow up will be included in the notes detailing reason for the deferral and providing milestones that will support the removal of the deferral and will include a date for follow up. The CSW will continue to work with the participant to support their ability to participate and offer resources and supports.
- Expectation that 100% of all Eligibility Verification Process cases are assigned within 15 days and 90% of their cases are completed within 60 days.
- Eligibility Verification Process is currently assigned to a single staff member.
- All cases are reviewed to determine that the appropriate overpayment rate is applied
- Each overpayment is reviewed by each CSW to determine suitability for the application of the 10% recovery rate. For all overpayments that were a result of any fraudulent activity, as a result of reimbursements or income received, the standard rate will apply. CSW's have the discretion to apply the 5% rate if the overpayment meets the definition of undue hardship. The 5% rate is also applied to all overpayments as a result of administrative errors.

Financial Assistance expenditures are accurate and meet ministry expectations

- Policies and procedures are in place for:
 - Data and evidence verification for all costs
 - Monthly reconciliation of all general ledger accounts to the applicable Social Assistance Management System (SAMS) reports
 - Quarterly analysis and audit of expenditures

- Annual audit completed for each third party provider
- Review and the completion of any follow up from SAMS generated and Ad-Hoc Reports as appropriate
- All subsidy claims are completed by a position within the City's Finance Department.
- All Subsidy Claims are reviewed and approved by the OW Administrator and the Director of Human Services.
- Subsidy claims are completed and submitted on a monthly basis within the timeframes required to support the continued review and flow of funding.
- All expenditures and payments made outside of SAMS are tracked and reported to the province with each subsidy claim. This would include Family Responsibility payments prior to 2013, Dental Administration and payments, and Gift Cards provided on a case by case basis for urgent needs.
- Finance Staff complete an annual review and reconciliation of all expenditures and payments outside of SAMS.
- The City adheres to all legislated and generally accepted auditing standards.

4.2 Resource Analysis

Reception Stream

- Service starts with our team of reception staff – people are welcomed into a warm space and offered a place to warm up, cool down, rest and are offered nourishing snacks. With the change in behaviours and activities seen in our reception area, we maintain 3 full-time staff in reception at all times and have a detailed process for ensuring sufficient coverage is available.
- We have standard training that is offered to all staff working in reception that includes trauma informed care, health and safety training, self-defence training, etc.
- We have implemented a system that would immediately notify the management team when assistance is needed in the reception area.
- To better serve participants all reception stream staff have an awareness of the services and programs offered throughout the Human Services Department.
- To ensure continuity in supervision, all reception staff report to one supervisor.
- All phones lines into reception are answered live by reception staff.
- Reception team members are also part of our payment functions stream.
- Staffing must be maintained during identified peak times when service requests are increased. Data and analysis completed identified staffing complement required and identifies peak periods for time of day, day of week, week of month and month of the year.

Application and Intake Clerical Stream

- We have four full-time staff in this stream.
- Provides coverage for the reception team on a daily basis.
- Staffing must be maintained during identified peak times when service requests are increased. Data and analysis completed identified staffing complement required and identifies peak periods for time of day, day of week, week of month and month of the year.

- Staff are required to upload data from all applicable reports to our monitoring and tracking systems.
- Third Party Checks and Logs, as directed by the CSW, are completed by this team.

Payment Functions Stream

- One full-time staff in this stream however is assisted by other clerical staff.
- Processes monthly and daily financial assistance payments – through various technologies.
- Day to day management of clerical functions for overpayments including 30, 60, 90 and annual communications.
- Annual review of overpayments and makes recommendations for write-offs or cases to go to collections.
- Clerical support for Eligibility Review Officer and Program Integrity Officer.

Client Services Worker – Application Stream

- We continue to have 4 full-time staff on this team. Initially we had planned for the number of staff dedicated to this team could be reduced however analysis of the work required to support applications indicates 4 staff are required.
- This team processes the OWIU completed application for financial assistance and follows up as required for signing of forms, completing AOB, complete the first high level Action Plan.
- This team receives applications and makes the determination for eligibility for emergency assistance or temporary care applications.
- Third Party Checks are requested and reviewed by this team.

Client Services Worker

- Current staff complement of 17 full-time staff.
- Responsible for the ongoing service management for all in receipt of Ontario Works and NDA's.
- Financial Updates and Reviews are required every 24 months.
- Staff have the discretion to determine the best schedule for connecting with participants – the needs and plans of the participants informs that decision. Some participants are connected with weekly, monthly or every other month. Staff are to connect a minimum of once every three months and to meet in person once annually. Staff have developed processes to ensure that virtual and phone meetings can be supported.
- We currently have one dedicated CSW to complete EVP requirements however we are looking to review this practice to determine if we can maintain consistent completion of EVP if all staff complete a portion of the assigned files.
- A buddy system has been established to support staff out of office to ensure continued support is available to people we serve. Standards and priorities have been set to support this coverage.
- Additional funding is needed to continue to support this level of service delivery, should improvements to eligibility and workflow not progress at OWIU to offset the administrative burden it is costing at the local level.

Program Integrity Team

- Two full-time staff are responsible for daily activities that support program integrity.
- Staff are responsible for file audits and reviews, processing and following up on all investigations of fraud, any identified misuse or misrepresentation of funds.
- Staff are responsible for coordinating and/or leading staff training on Ministry and local policies and procedures, service expectations and technologies.
- Staff review policies and procedures, legislation and complete audits to ensure consistent application.

Management Team

- 3.32 FTE including supervisors, Manager (OW Administrator) and Director.
- Direct supervision of all staff, participation in community, regional and province-wide committees, working groups and associations.
- Review policies, procedures, data analysis, SAMS reports, and tasks.
- Direct relationship with community partners, EO providers.
- With the increased acuity and need of participants, supervisor involvement with day to day participant interactions is increasing and affecting capacity for overall system management.

4.3 Monitoring Activities

Overall Readiness

Resources are dedicated to ensure programs and services are delivered in accordance to legislative and policy requirements including:

- Program and Service Audits are completed including annual full file reviews and topic specific reviews (i.e. review of assignments of benefits, evidence verification, etc.) on a monthly basis.
- Financial re-assessments are completed every 24 months on all cases.
- Third Party Checks are completed as required.
- All deferrals from participation in an action plan are reviewed as the expectation is to have over 95% participants with action plans.
- Expectation that 100% of all Eligibility Verification Process cases are assigned within 15 days and 90% of their cases are completed within 60 days. We are currently meeting this expectation with one dedicated CSW completing all EVP audits.
- All cases are reviewed to determine that the appropriate overpayment rate is applied.
- Supervisors review files and performance reports on a monthly basis and provides direction as required.
- Manager reviews and analyzes performance reports and provides direction as required.
- Annual review of policies and procedures to ensure compliance with ministry and local direction, service plans and legislation.

Submission of Actual Expenditures

Financial Assistance expenditures are accurate and meet ministry expectations

- Policies and procedures for
 - Data and evidence verification for all costs
 - Monthly reconciliation of all general ledger accounts to the applicable Social Assistance Management System (SAMS) reports
 - Quarterly analysis and audit of expenditures
 - Annual audit completed for each third party provider
 - Review and the completion of any follow up from SAMS generated and Ad-Hoc Reports as appropriate
- All subsidy claims are completed by a position within the City's Finance Department.
- All Subsidy Claims are reviewed by the OW Administrator and the Director of Human Services.
- The City adheres to all legislated and generally accepted auditing standards.
- The City processes payments that are process outside of SAMS and provides supporting documentation through secure email with each monthly subsidy claim. The payments are reviewed as above, and may include the following:
 - Payments made directly to Revenue Canada for a Service Provider as required by Revenue Canada
 - Payments processed related to Family Responsibility payments received that apply to time periods prior to 2013
 - Payments related to Dental Services managed by a Third Party
- All reports to authorities including local and provincial are based on actual expenditures and submitted through appropriate sources.

Submission of Outcomes Achieved

- Performance reports are reviewed on a monthly basis.
- Reports are reviewed for current year, past year and compared with communities within our service area.
- Service analysis is completed and updated monthly.
- Data is collected and stored in one location. Data Analysis Coordinator and Financial Coordinator work together to provide up to date and current performance related reports.
- Management and the Program Integrity Team work to identify and implement mitigation strategies as necessary.
- Our review indicates that we will not be able to meet all Ministry set targets for the 2054.

Performance Reports

- We have a detailed process for reviewing performance related reports.
- We have a central location for all data related reports and information.
- Report tracking is set to show current year performance, year over year performance, trending data and identify any outliers.
- A Report Matrix is used to identify the purpose of the report, the intended audience and identify actions required as part of the review of the results.
- Majority of reports are available for all staff to review – these are stored in a central location
- Supervisory level reports are reviewed by the management team.

Quality Assurance (QA)

- Program Integrity Team regularly meets and prepares training for all staff.
- Data, Reports and Analysis centrally stored in and kept up to date weekly, monthly, quarterly as appropriate.
- A single source for final data is maintained that includes analysis that is available to the entire department and all staff to ensure consistency of information shared and that we are all working from the same place.
- Management Team provides direction to Program Integrity Team on file audit requests that will be both quantity and quality based, will ensure adherence to provincial and local policies and procedures, legislation and meet our service expectations and goals.
- Completed audits include observations, data and recommendations which are submitted to the Management Team.
- Management Team provides direction on individual or group training needs, will update policies and procedures as appropriate.

Risk Mitigation Testing

- The Management Team will be responsible for reviewing any risk mitigation questions and will assign work to the Program Integrity as appropriate.
- The test scripts will be completed as required and returned to the Ministry for appropriate review.

4.4 Privacy

The Privacy Risk Assessment was completed and will be submitted as a part of the Service Plan and is included below as Appendix C. Human Services has developed department policies and procedures incorporating all relevant legislation and working in partnership with the City's Clerk's Division. Staff are required to review and confirm understanding of and adherence to, policies and procedures annually.

During orientation and onboarding, staff meet with supervisors to review and understand the obligation to having access to confidential, personal information. During onboarding training, our Program Integrity Coordinator incorporates this understand as they train new staff on legislation, local policies and procedures, Directives and the Ontario Works Program.

The Program Integrity Team completes an annual privacy and third party access review and submits observations and recommendations to the Management Team. The Management Team then provides direction, performance guidance and training requirements for individuals and/or groups of staff.

The Privacy Maturity Self-Reporting Tool and has been completed and it attached as Appendix D.

Appendix

Appendix A: Community Services Inventory



Appendix A -
Community Service I

Appendix B: Performance Outcomes Risk Assessment



Appendix B
Performance Outcor

Appendix C: Privacy Risk Assessment



Appendix C Privacy
Risk Assessment.xlsx

Appendix D: Privacy Maturity Self-Reporting



Appendix D Privacy
Maturity Self Report