

I would like to express my deep appreciation and thanks to my fellow members of the Board of Directors, the community members who sit on our board committees, Executive Director John Jordan, all the staff and volunteers of Lanark Renfrew Health & Community Services, and our numerous community partners, whose hard work and dedication has contributed to LRHCS' successful accreditation review through the Canadian Centre for Accreditation (CCA). This is no small feat.

The third-party review provided by the CCA is based on accepted organizational practices that promote on-going quality improvement and responsive, effective community services. Because of the scope and scale of LRHCS, the CCA required evidence on **327** indicators pertaining to Governance, Stewardship, Risk and Safety, Organization Planning and Performance, Programs and Services, Community, Learning Environment, Human Resources, Volunteers, Systems and Structures, Community-Based Approach, Quality Programs and Services, and Service Safety. In this, our sixth consecutive and successful accreditation review, the Review Team found LRHCS to be "...a healthy, effective organization that is delivering needed programs and services to its clients and community."

The word-image displayed on the cover captures the Review Team's impression and assessment of LRHCS — and affirms that our work is aligned with our Beliefs, Vision and Mission in supporting people from our rural communities in achieving and maintaining their best possible health and well-being. Along with much else, the Review Team was impressed with LRHCS' ability to accomplish all of the above across such a large rural territory—spanning the Counties of Renfrew, Lanark and the United Counties of Leeds and Grenville.

Although we have much work to do to ensure all members of our community—especially those who are most vulnerable—have access to the programs and services they need to support their best possible health and well-being, for this moment in time, let's celebrate and commend each and everyone who contributed to the successes of the past year. This annual report showcases a few examples of the work the CCA was impressed with. Tomorrow, we can roll up our sleeves and begin afresh to further improve the health and well-being for all members in our community.

Tom Baumgartner, Chair of the Board

John Jordan, Executive Director



“...Board members have a clear understanding of their role. The board has systems and structures that support the work of the board. Regular board evaluation and consensus decision-making support effective decision making and oversight. The working relationship between the members of the board and the chief executive supports the organization’s goals and objectives. The board of directors has a thoughtful nominating process that is geared to ensuring its effectiveness, stability and renewal. Far from having difficulty recruiting people to the board, the organization is regularly overwhelmed with applicants. Board orientation, training and development are important elements that contribute to this picture.” (CCA Final Report April 2018)

2017-2018 Board of Directors



Back Row: Nic Maennling (Past Chair), Tracy Zander (Vice Chair), Bill Janes, Tom Baumgartner (Chair), Joey Trimm, Stephen Bird (*), Robert Fletcher (*), Warren McMeekin (Secretary Treasurer), John Jordan (Executive Director). **Front Row:** Wayne Church, Diane McGee, Jean Knowles, Jean Dunning, Andrea Bret, Noreene Adam, Melanie Mills, Fay Bennett. (*) Community members on Board Committees

LRHCS Fiscal 2017-2018 Summary*

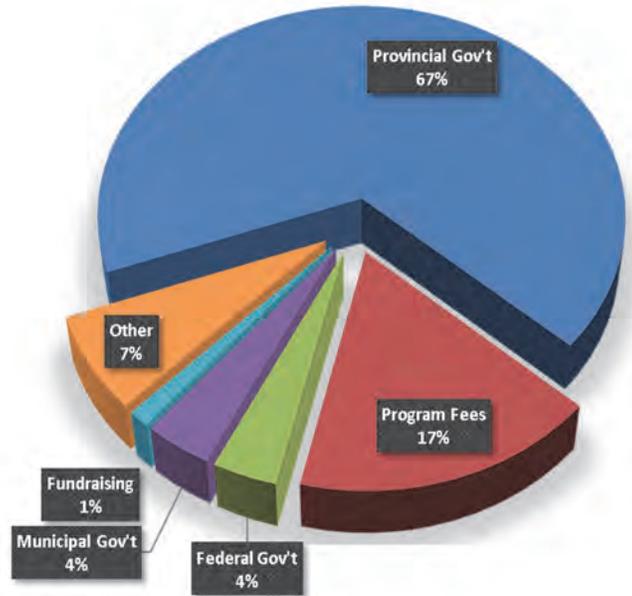
Revenues: \$14,300,817

Expenses: \$13,404,123

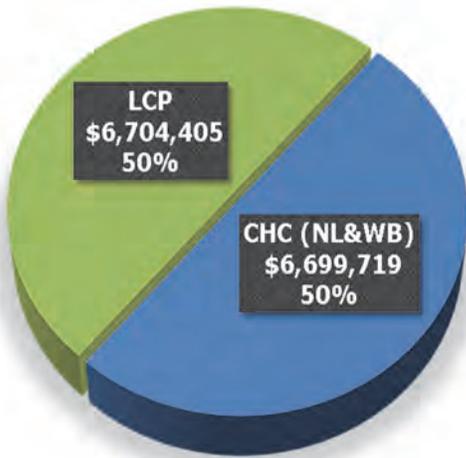
Surplus (Note 1): \$896,694

*Please ask for a copy of the audited financial statements for more detailed financials

Sources of Revenue



Expenditures



Notes about the Financial Statements

1. This year the operations of the organization generated a surplus in revenues over expenditures equivalent to 6% of total revenues. This surplus will be added to the organization's reserves.
2. The Family Relief program manages individualized client funding on behalf of the client. These funds are tracked separately on an individual basis and are not part of LRHCS financial report.

What are reserves and why are they important?

Reserves are essentially the accumulation of unrestricted surpluses and thus available for use at the discretion of an organization's board.

The presence of a reserve increases an organization's ability to manage risks and to absorb or respond to temporary changes in its environment

(source: www.nonprofitaccountingbasics.org)



The review team found "...clear financial policies, and observed a very thorough, organized financial record-keeping system for tracking and handling clients' funds, for hundreds of clients. The organization takes into account the efficient and effective use of resources." (CCA Final Report April 2018)

“The Board of Directors, along with the Executive Director and staff promotes client safety as part of a proactive, system oriented approach. The review team was impressed with the initiatives taken by the organization that relate to services safety. When developing the off-site (in a plaza) pulmonary rehab program, staff recognized that participants might be prone to a major health crisis and brought in a respirologist to assess whether exercise would be safe. The Mental Health Peer Workers have been working with police to recognize issues that clients with mental health issues face, and working with clients who may come into conflict with the law to stay calm for their own safety. Alerts in client charts can guide staff on how to reduce risk when seeing patients that are potentially aggressive.” (CCA Final Report April 2018)



Behaviour Development Team members Tannia Cooke, Joanne Guthrie and Sara Cooke support and assist people with intellectual disabilities or at risk of delay to participate as independently as possible in family and community life. Almost half of the referrals to their program are for concerns related to aggression.



Through this work, they have become certified instructors in Non-Violent Crisis Prevention & Intervention (CPI) - a holistic behavior management system based on providing the best *care, welfare, safety, and security*SM for staff and those in their care, even during the most violent moments. CPI focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. The Behaviour Development team members routinely provide mandatory CPI training for staff across LRHCS.

“The organization did a great job on paying attention to keeping staff and clients’ safe ...and keeping in mind the transportation needs of its clients. Personnel are trained to recognize and manage high-risk service situations (ie the training provided in the autism program), and training in crisis prevention intervention. Service settings are designed to be safe for those who use them. The visit to a Family Relief house underlined for the review team, how much thought and attention went into its design to get an amazing and functional program space.” (CCA Final Report April 2018)

“It was clear from board members and staff that the vision, mission and values guide organizational planning, decision-making, resource allocation, operations , and the organization’s relationships with internal and external stakeholders....The vision, mission and values are shared widely with stakeholders.” (CCA Final Report April 2018)

We Believe . . . In the right of all people to resources for good health, including peace, shelter, education, food, income access to health care, a stable ecosystem, sustainable resources, social justice, equity and social inclusion.

Our Vision . . . A community that is healthy and just and supportive of all.

Our Mission . . . Together we support people and communities in achieving and maintaining the best possible health and social well-being.

Our Commitment . . .

-  To provide holistic programs and services that are respectful, relevant and effective;
-  To reduce barriers that prevent people and communities from achieving their full potential;
-  To enable people to remain in, and participate in, the life of their community;
-  To seek and share knowledge and resources so that individuals and communities are empowered; and
-  To manage our resources respectfully.

Our Strategic Directions for 2017-2022

We Will ...

-  Maintain and further develop excellence in meeting health and community needs;
-  Provide leadership and work towards equity to sustain and build the health and well-being of our rural communities;
-  Promote the engagement and well-being of staff and volunteers to strengthen our organization.

THE BOARD OF DIRECTORS OF LRHCS

WARMLY THANKS THE FOLLOWING STAFF FOR THEIR COMMITMENT TO COMMUNITY HEALTH & WELL-BEING, THEIR HARD WORK, DEDICATION AND YEARS OF SERVICE

Congratulations



Thank You

35

Cynthia Ferrier
Carol Anne McNeil
Jan Paul Barr

25

Pam Fergusson

20

Tannia Cooke
Sarah Sark
Kara Symbolic

15

Mike Bingley
Mary Beth Devine
Erin Hewson

10

Kelly Brett, Lynda Cameron, Tammy Demidoff, Emily Edwards,
Ellen Fleming-Michaud, Alicja Gruder, Sarah Matthey, Lianne Mohns,
Laurraine Normandin, Jenny Smith, Lill Winkenweder,
Jeff Winkenweder

“The organization promotes a positive work environment. Management’s open door policy, staff surveys, acceptance of staff suggestions and a willingness to act upon them help to support improvements that keep it positive. The organization respects staff experience (lived experience and community roots) and looks for this wherever possible when recruiting new staff.” (CCA Final Report April 2018)

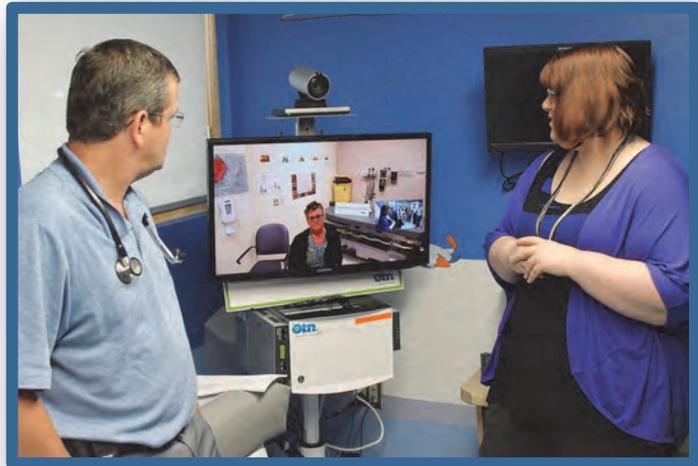
“The entire Programs and Services component is an area of strength. Accreditation standards relate to how the organization’s approach to service is centred on the persons its serves, and engages them in the service process, treats people with dignity and respect, ensures accessibility to the community, provides services that are culturally safe, directs clients to the most appropriate resources and services, and orients clients to services.” The reviewers “...heard many excellent examples about the ways in which programs and services incorporate strengths-based approaches that promote the autonomy, skill development and quality of life of clients and participants.” (CCA Final Report April 2018)



Photos collage: The Therapeutic Riding Program 'Stable Thinking'; Expression's for Women Art Therapy; A work of Art; Harvest Time; Lanark Renfrew Lung Health Program; Mental Health Peer Support Leader Training.

“The organization responds to the diversity of its clients and needs, from supporting transgendered clients, arranging language interpretation, tailoring primary care services for the Mennonite population of Renfrew County, using the Ontario Telemedicine Network (OTN) to access specialists and to remove transportation and other barriers, providing practical, low-literacy health education resources, and meeting clients (both literally and figuratively) ‘where they are at’, in outreach locations, at school, in their homes, and in coffee shops—and doing this in a way that respects their readiness for engaging in their own health and well-being. (CCA Final Report April 2018)

1301 Telemedicine events at NLCHC. 30% above target



“The review team heard about LRHCS’ emerging work to establish more formal service relationships with local indigenous communities. Staff have begun by taking Indigenous Cultural Safety training”. Most of LRHCS’ work is conducted on the territorial land of the Algonquin people”. (CCA Final Report April 2018)



30 staff trained in Indigenous Cultural Safety!

Rose Moses, an Ojibwe First Nation doll maker from northern Ontario was the special guest at the NLCHC International Women’s Day celebration. Above left: Rose displays a beautifully handcrafted baby carrier made from birchbark. Above centre: Rose displays a doll made at the workshop. **Photo credit:** Desmond Devoy, Metroland Media

Program Results:

51% decrease in primary care provider visits

78% decrease in hospital admissions

65% decrease in Emergency Department visits

LANARK RENFREW LUNG HEALTH PROGRAM

“I used to be really healthy, until about twelve years ago...and my health started to decline. I became lackadaisical and told everyone I was content, but I didn’t get the treatment and education I needed to learn how to live well with COPD (Chronic Obstructive Pulmonary Disease). Eventually, as my health got worse, I could no longer work, and then I became isolated, lonely and depressed. I couldn’t walk more than 5 steps without feeling like I would pass out. I had to sell my house and the financial stress and poor air quality in my rental unit brought on more flare-ups. I was a frequent visitor to the Emergency Department. My flare-ups were so bad that the only way I can describe it is that it feels like being water-boarded...It is unbelievably scary not being able to breath and to feel like you’re drowning.

By chance, I saw a poster that eventually led me to Ellen, my Respiratory Therapist, and the Lung Health program. There are so many positive things to say about this program. Ellen made me comfortable on our first meeting. She was so patient and explained COPD to me in a way that I really, for the first time, understood the condition. At our first meeting I learned that after almost 10 years with COPD, I was not using my inhalers properly! I started the pulmonary rehab program in February 2016 and then graduated to the maintenance group. My family and friends were impressed and noticed how much better I looked, that there was colour in my face, that I walked more than just a few steps, and that I would get out of the house more.

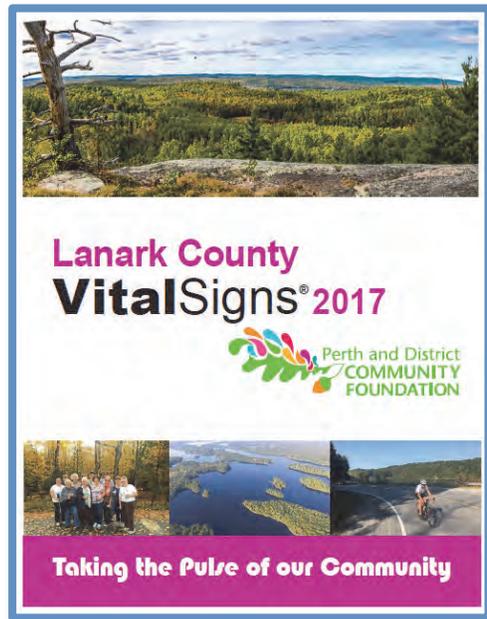


Because of the Lung Health Program, I have started living again. I’m still learning about my condition from Ellen and from my new-found friends in the in the pulmonary rehab group. Being with people who have a common experience helps. I feel like I belong. Nobody laughs at anybody in the group because they can’t do something. We all know what it’s like. And nobody will come to the program if they are sick—they know to be careful around each other because our immune systems are compromised. The changes in me are remarkable. I haven’t had a flare-up since I started the program! And I haven’t had to go to the Hospital since! My mental health and physical state is so much better. Oh, and another thing, I’m not afraid of flare-ups anymore! I have tools to use, and I know I can make a phone call to Ellen or the group if I need advise or support. Participating in this program has changed my life!”

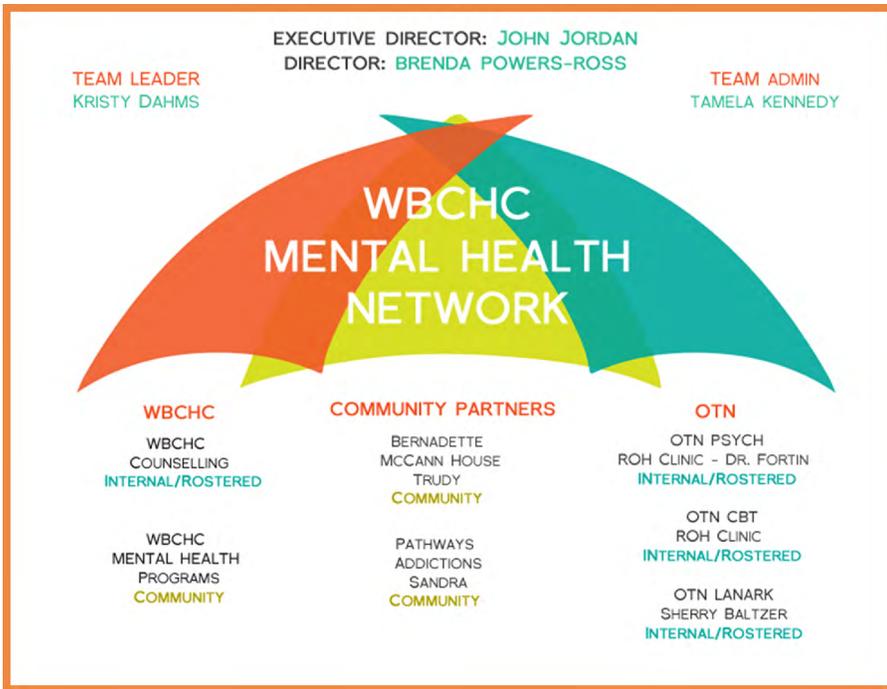
Sincerely, Dawne

“Targets are set for programs and achievement against targets is monitored. Monitoring has resulted in improvements to service processes (eg tracking changes over time in breast screening rates, redeploying Lung Health program staff across sites to improve access among others). Quality and performance reports are shared with the Board through monthly presentations and reports. The provision of client-centred care and services is a strength. LRHCS’ achievements in this area exemplify something the reviewers heard from a client during the review “being a client here has made me want to get involved with my community”

The review team “heard many examples of how all parts of the organization use formal and informal mechanisms to engage and involve community members to support the planning and development of programs and services: the “Be Well” survey, the Lanark County Vital Signs work, the successful advocacy work to keep Maple Grove School open, Parent Advisory groups, and engagement of community members on Board Committees being just a few examples”. (CCA Final Report April 2018)



“Another area of strength, relates to the organization’s collaboration with others to improve services for the communities served. The review team was impressed with LRHCS’ extensive range of partnerships, coalitions and networks, including the Municipal Drug Strategy Network, Health Links, Children’s Case Resolution Table...the Lanark Emergency Respite beds, Renfrew County Community Paramedics being just few examples. (CCA Final Report April 2018)





100% of participants agree that “attending this program has had a positive impact on my health and wellbeing”



42,749 people accessed CHC health services

94 group programs offered

19,782 documents scanned! 98% accuracy rate!

CHC reception staff handled 80,828 phone calls



4,456 People used CHC Urgent Care Clinic



542 people with Asthma or COPD received care through LR Lung Health Program

CHC group attendance = 13,813

9,916 people supported by LCP services

96 % of staff say they exchange ideas and experiences and test new approaches in their work.



1589 Back - to-school backpacks

distributed by Connections over 5 years



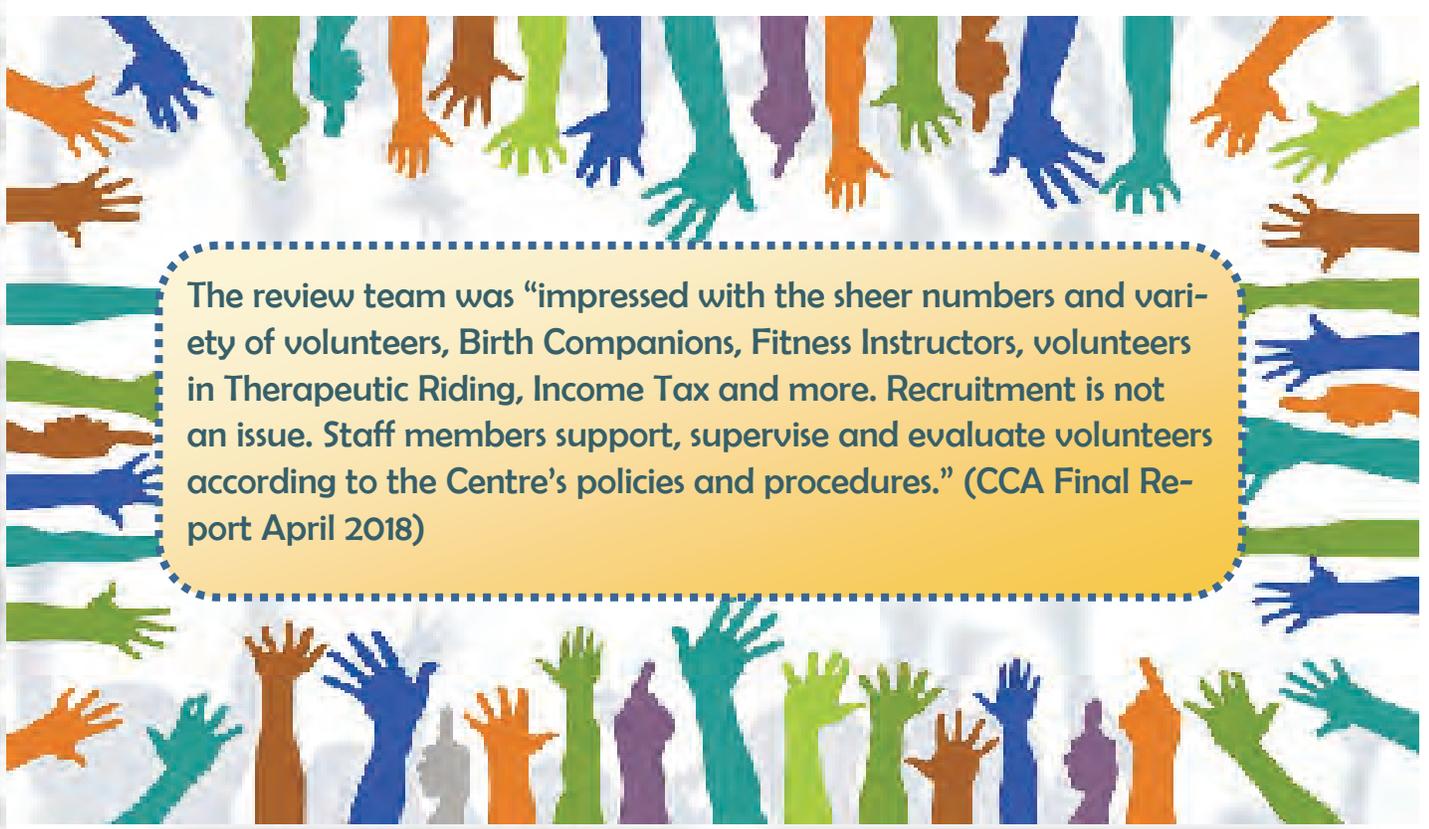
311 families supported by Family Relief

300 winter boot grips distributed to seniors

290 Seniors receive Angel Tree gifts



1000 people received donated fresh fruits and vegetables from LCP



The review team was “impressed with the sheer numbers and variety of volunteers, Birth Companions, Fitness Instructors, volunteers in Therapeutic Riding, Income Tax and more. Recruitment is not an issue. Staff members support, supervise and evaluate volunteers according to the Centre’s policies and procedures.” (CCA Final Report April 2018)



Nordic Poling and Walking Group leaders provide weekly outings that promote physical activity and social connection. Chronic loneliness can have a serious impact on physical and mental health through a disruption in sleep, increase in stress hormones and can impact the immune system.



160 Therapeutic Riding volunteers
12,342 hours of volunteering
140 riders supported

The Therapeutic Riding volunteers range in age from 14-70. Some volunteers are occasional and help us out once a year, others are trained to work directly with riders and come out weekly, and others go through months of training to become certified as Assistant Instructors through the Canadian Therapeutic Riding Association.



1800 income tax returns completed in 2017-18

Connections Volunteer come highly trained as Birth Companions, Playgroup leaders and Community-Based Income Tax specialists. Birth Companions offer emotional and practical supports to pregnant women during pregnancy, labour, delivery and postnatal. Playgroup volunteers help Connections meet the demand for our ever-popular playgroups. Income Tax Volunteers assist income vulnerable people (couples who have a yearly combined income of \$40,000 or less, or a parent and child with a yearly income of \$35,000 or less) across Lanark County by completing and submitting annual income tax returns (which allow people to qualify for the full range of benefits to which they are entitled).



18 peer leaders provide mental health peer support

24 volunteer fitness instructors in Lanark & Renfrew.

25 classes each week.

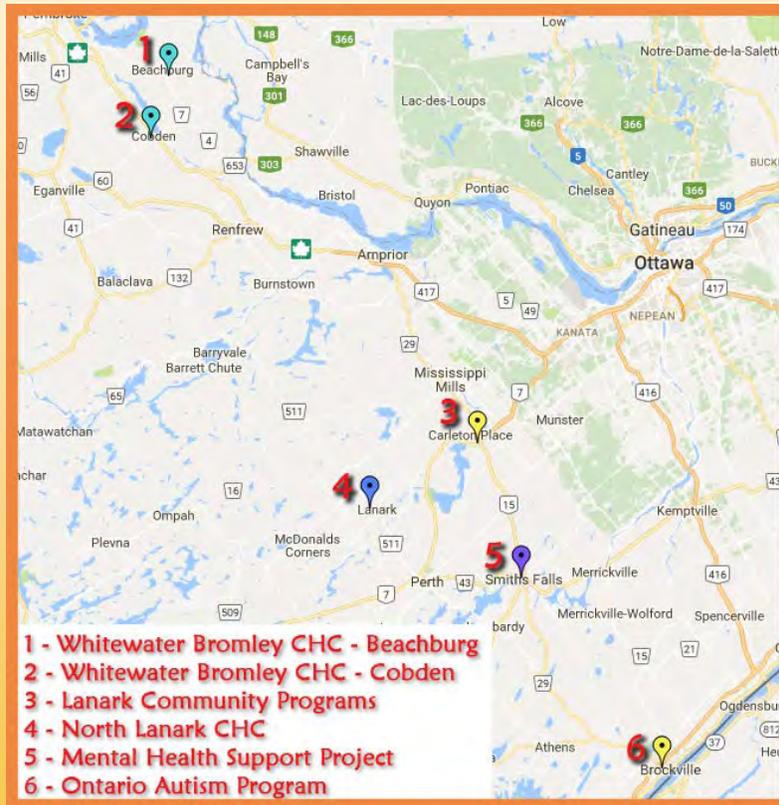
300+ participants

6000+ hours of exercise



Volunteer Standards ...

How to contact us ...



Lanark Community Programs (LCP)

30 Bennett Street
Carleton Place, Ontario K7C 4J9
Phone: 613-257-7121
www.lcp-home.com



North Lanark Community Health Centre (NLCHC)

207 Robertson Drive
Lanark, Ontario K0G 1K0
Phone: 613-259-2182
www.nlchc.ca



Whitewater Bromley Community Health Centre (WBCHC)

20 Robertson Drive
Beachburg, Ontario K0J 1C0
Phone: 613-582-3685
www.wbchc.ca



Mental Health Support Project—The LINK

88 Cornelia Street West
Smiths Falls, Ontario K7A 5K9
Phone: 613-284-4608
www.mhsp-links.ca