Community Living
DRYDEN - SIOUX LOOKOUT

QUALITY IMPROVEMENT PLAN



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Community Living
DRYDEN - SIOUX LOOKOUT

QUALITY IMPROVEMENT REPORT 2025

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Community Living
DRYDEN - SIOUX LOOKOUT



COMMUNITY LIVING DRYDEN-SIOUX LOOKOUT STRATEGIC PLAN 2024-2027

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PREPARED WITH: PEOPLE MINDED BUSINESS

People Minded Business

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Land Acknowledgement

Community Living Dryden-Sioux Lookout operates in Dryden and Sioux Lookout, Ontario on the traditional lands of the Anishinaabe and Métis people of Treaty Three and Treaty 3 Adhesion. These lands are important to the people of Migisi Sahgaigan (Eagle Lake First Nation), Waabigonii Zaaga'igan (Wabigoon First Nation) and Obishikokaang (Lac Seul First Nation).

We respect the Treaties that were made on these territories; we acknowledge the harms and mistakes of the past on these lands, and we dedicate ourselves to move forward in partnership with Indigenous communities and people in a spirit of reconciliation and collaboration.



The stories of the people who have inhabited these lands before us are important to know, share and acknowledge. As we seek to support people with intellectual disabilities we do so with a lens of humility, awareness, sensitivity and safety. May our actions contribute to a future where all people, regardless of their origins can flourish and live in peace and security and be fully welcomed as part of the community. Let us honour this commitment in our words, actions, and shared humanity.

A MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER



Community Living Dryden-Sioux Lookout has been harnessing the good will of our communities of Dryden and Sioux Lookout for over 70 years to support people with developmental disabilities to live authentic and inclusive lives in the community with respect to their choices and their rights. We also believe all people have gifts and passions to offer to the mosaic of the community and they belong as part of the community.

With a budget of over $16 million, supporting 110 people, with 140 person centred employees, we are a major service provider and employer in our communities. People we support are the heart and foundation of what we do, and our staff have meaningful jobs helping people be part of the community and reach their goals.

To maintain this valued service, we have sustainable practices that will take us into the future. Through memberships in organizations such as Community Living Ontario, OASIS (Ontario Agencies Supporting Individuals with Special Needs) KRR Northwest Developmental Services Leadership, and accreditation with CARF International we seek to balance our Vision, Mission and Values and be a sustainable organization. We balance being a business with conscience providing a service to people. We do both seamlessly. It is built into our structures.

As a continuous improvement organization, we constantly evaluate our effectiveness and strive to improve. As a learning organization we have a culture to learn and grow and to develop talent within. With a growth mindset we strive to improve and are not afraid of evaluation.

Our Strategic Plan is like the GPS target coordinates and is supported by a robust Operational Plan that is like the roadmap with the detailed goals for each department on a yearly basis. Our Vision, Mission and Values are like our Compass to keep us on track towards our purpose.

We echo with Inclusion Canada:

> *Everyone should have the same access to opportunities to lead a regular, fulfilled life: grow up at home with your family; be included in school with friends and peers; immerse in a hobby or sport; have a career; travel; make friends; find a soulmate; have a home of your own; and contribute to your community. These are the common building blocks for life for most people in Canada, and the dreams and aspirations of people with an intellectual disability are no different.*

In that spirit, we do not stop at just our own organization. We are involved regionally and provincially to advocate for a society where everyone belongs and is welcomed and receives the support they need to reach their goals and potential.

Sherry Baum,
Chief Executive Officer

Our Vision is:

No Barriers – Just Life

Our Mission is to:

Advocate. Mentor. Collaborate.

We Value:

People

Community

Quality

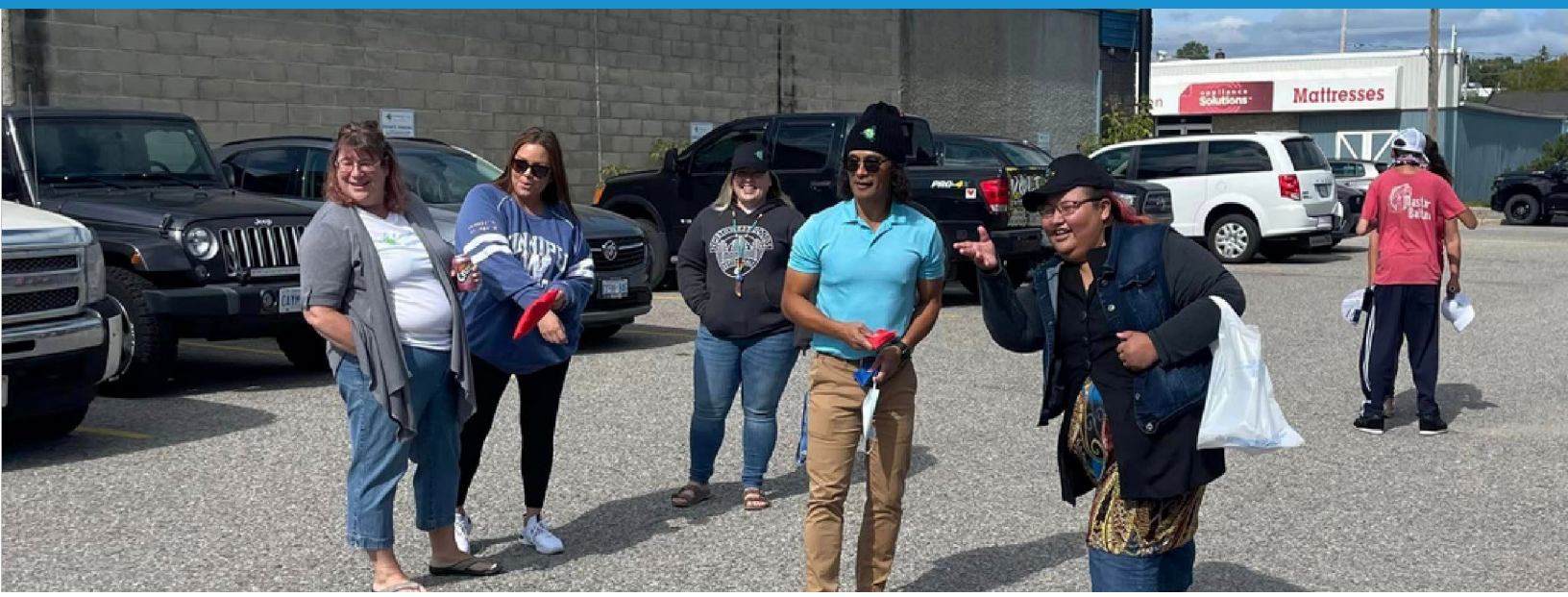
THE STRATEGIC PLANNING PROCESS

Beginning in February of 2024, Community Living Dryden-Sioux Lookout (CLDSL), supported by People Minded Business (PMB) a consulting firm with extensive experience working in Developmental Services, undertook a strategic planning process, illustrated below, to help prioritize our focus into 2027.



PMB researched the environment in which CLDSL operates including local, regional, and provincial trends. Using an inclusive process of consultation, collaboration, and co-creation, CLDSL learned first-hand about what matters most to **84** people representing all the key constituent groups.

What follows is a summary of what we learned and what our priorities and supporting foundation will be going forward.



A WORD FROM PEOPLE SUPPORTED

CLDSL helps people be respected by harnessing the goodwill of our diverse northwestern communities and by mobilizing community efforts to create innovative solutions through advocacy, mentoring and collaboration. Therefore, it's appropriate to give people supported the first word. Two in-person focus groups were conducted to hear the opinions of people supported by CLDSL.

When talking about what CLDSL means to them, people shared how they liked the support they received and how they were treated. They said that the staff were nice to them and helped them with day-to-day things. People shared enjoying the trips they had taken, especially longer trips such as to Winnipeg or Las Vegas. They shared how they appreciated being taken fishing, going to concerts, and being able to decide what they want to do. Finally, the people who participated in focus groups shared how they were happy for the friendships they had made through CLDSL.

TRENDS AND ASSETS

The developmental services sector is facing unprecedented levels of change and challenges. Organizations such as CLDSL will need to continue to adapt as they respond to these changes. As part of the strategic planning process, the following trends and themes were considered:

Trends

- Journey to Belonging and anticipated expansion of direct funding
- Persistent poverty for individuals with developmental disabilities
- Lack of affordable housing
- Human resource crisis, difficulty recruiting and retaining qualified employees
- Population growth leading to the increasing amount of service needs Changing face of
- clients: aging, greater diversity, increased complexity of needs
- Significant loss of expertise and leadership through retirement
- Low levels of young people entering the sector as employees
- Technological advancements, hybrid services, and digital inclusion Ever
- growing waitlists

Each organization has a unique ability to act on the future, built on the resources, assets, and strengths it can deploy against the challenges and opportunities it is facing. Below are frequently mentioned assets that surfaced via constituent input.

Assets

- Focus on People Supported
- Innovative, Adaptive, and Progressive
- Engaged & Responsive
- Positive Work Environment
- Good Pay & Benefits



CLDSL'S STRATEGIC PRIORITIES

On May 14, 2024 members of CLDSL's Board of Directors, Senior Leadership Team, Managers, and a staff member participated in a series of activities to identify priorities to guide the organization for the next three years. Presented below are draft Strategic Priorities, corresponding intent statements, and objectives, based on that session. The board later clarified the foundational priority as the people we support.

Priority 1: People Supported

A. Building Capacity for Supported Decision Making

Intent: MCCSS's Journey to Belonging will mean increased choice for individuals and families participating in developmental services. We will spend the next three years preparing ourselves and those we support for that future of increased choice.

- Educate employees, people supported, and families on MCCSS's Developmental Services Sector Reform – Journey to Belonging: Choice and Inclusion.
- Work with employees, people supported, and family members to co-create ways to increase choice for people participating in our services, followed by training for employees to implement.
- Host a community conference to promote family connections, educate families and community on Journey to Belonging and other sector trends, and further establish CLDSL as a leader in our community while promoting authentic inclusion and inviting other service providers to participate.
- Utilize technology and innovation to support decision making capacity, independence, choice, control and empower people.

B. Increase Housing Opportunities in Our Communities.

Intent: CLDSL will focus on increasing our ability to provide safe, innovative, affordable, and appropriate housing solutions to people with developmental disabilities in our communities.

- Pursue new housing options to increase the number and types of housing opportunities in our communities.
- Develop relationships and partnerships with private, public, and government bodies in support of additional housing in Dryden and Sioux Lookout.
- Rethink community participation and staffing for people in non-24 supported living while maintaining and promoting our community first values.
- Advocate for emergency homeless supports in Dryden and Sioux Lookout.
- Promote a harm reduction model, including holding a conference with all our partners on “The Shift” and developing housing to support it.

Priority 2: Staff

Recruitment, Retention, Training, and Development.

Intent: Our staff are at the core of all our services. It is essential to ensure we have the right people with the right skills in the right positions. As part of this strategic plan, we will focus on recognizing, attracting and developing staff.

- Identify and implement additional recruitment strategies to reach our desired staffing levels.
- Review our training and onboarding programs to ensure that staff are provided with the most relevant, high quality, and engaging development opportunities possible.
- Revise our approach to internal communications to improve how we gather employee feedback and share information across our organization.
- Implement a comprehensive Succession Plan to support the identification and development of our next generation of leaders.
- Focus on Agency Culture, including areas such as Diversity, Equity, Inclusion, Truth and Reconciliation, how we live our values, and how we treat one another.

Priority 3: Sustainability

Intent: With the challenges of the developmental services (DS) sector and MCCSS's Journey to Belonging, the demands on DS agencies will be greater than ever before. CLDSL will work to ensure we can continue to provide excellent supports for years to come.

- Partner with DS agencies as well as those from adjacent sectors in Northwestern Ontario to build efficiencies and enhance services to people in our communities.
- Grow our fee-for-services options for people with funding and those with other means to purchase services and to supplement our other services. 3.3. Develop our relationships and partnerships with local and Northern Indigenous Communities and agencies to develop culturally appropriate supports and collaborations for the increasing number of people in our programs from those communities.
- Review our current business practices (e.g., HR, finances, IT, marketing, administration, record keeping, documentation etc.) to identify opportunities to increase our efficiency.
- Develop a Communication Strategy and department to promote our value proposition and brand both internal and external to the agency.
- Strengthen our data collection to support decision making.

Attachments

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CORE VALUES
CLDSL Values and Aspirations
Know your Why before you Figure out How

PEOPLE

Rights and Dignity – Why?
Universal value for all people

- We believe that all people have value and deserve respect
- We subscribe to a Code of Conduct and Professionalism
- We Encourage self-determination*
- We Promote responsibility and informed choice
- We Nurture autonomy and empowerment in the people we support
- We Develop Just Enough Supports models of support*
- We support Supported Decision Making*
- We advocate for these inherent rights
- We value self determination

Leadership at All Levels – Why?
We all have something to contribute.

- Communication and transparency at all levels is our goal
- Mentorship* is used at all levels
- Everyone is an Ambassador*

Wellness – Why?
People are not just Surviving, but thriving.

- Psychological, Emotional, Environmental Health and Safety*
- Workplace/Life balance is our goal
- Trauma informed
- We use harm reduction* models

Person-Directed Focus that Promotes Strengths & Gifts – Why?
People want to control their own lives

- We use Person-Centered Approaches*
- We believe everyone has a Core-Gift*
- We use Personal Outcome Measures*

COMMUNITY

Community First Approach – Why?
People live in the community

- We believe in Community Living and Learning
- People use community services
- We use Asset Based Community Development*
- We Promote building stronger relationships in the community
- We collaborate* with others to improve our communities through community development

Inclusion – Why?
People want to belong

- Diversity*, Equity* and Inclusion*
- Bringing your whole self to work
- Social Role Valorization/Authentic Valued roles*
- We build Social Capital*

QUALITY

Quality Assurance – Why?
We have accountability to the people we support

- Seeking Accreditation with CARF*
- Quality of Service* and continuous improvement
- Performance Outcomes*

Employer of Choice – Why?
Empowered, community minded staff are our best resource.

- Professional and personal development
- Learning Organization*
- Extensive Onboarding
- Staff engagement surveys
- Collaborative performance management*
- Developmental Services Core Competencies*
- Growth Mindset*

Why do we do what we do? **PEOPLE, COMMUNITY, QUALITY**

GLOSSARY

Advocate:

To support a person or a cause through a variety of means including supporting personal rights and freedoms. This can be personal, local or on a larger systemic scale.

Ambassador:

We do this work because we believe in something. An ambassador stands for our Vision of our agency which is No Barriers – Just Life. An ambassador promotes our Mission to Advocate, Mentor and Collaborate. We are all ambassadors at all levels.

Asset Based Community Development

"ABCD's emphasis on strengths, connections, citizen leadership and its recognition that individual gifts become powerful when they are connected together echoes deeply with our own practice and approach to community change. In our experience, communities that collaborate are more successful at addressing complex issues like poverty, equity, community safety and community well-being because they are able to harness the talents, knowledge and strengths of diverse perspectives." ABCD Canada

http://www.deepeningcommunity.org/abcd-canada-home

CARF - About CARF

CARF is an independent, non-profit organization focused on advancing the quality of services you use to meet your needs for the best possible outcomes. CARF provides accreditation services worldwide at the request of health and human service providers. Whether you are seeking rehabilitation for a disability, treatment for addiction and substance abuse, home and community services, retirement living, or other health and human services, you can have confidence in your choice. Providers that meet our standards have demonstrated their commitment to being among the best available. http://www.carf.org/home/

Collaboration:

To work together with others on a shared cause.

Collaborative Performance Management

Our goal is to help people do their best work every day. Although we do coaching we feel the best way to do that is to help staff set their own goals for their own personal development. We will help them reach those goals with resources and encouragement.

Core competencies

The Developmental Services Human Resource Strategy (DSHRS) is a partnership between the Provincial Network on Developmental Services (PNDS) and the Ministry of Community and Social Services (MCSS). The overall and specific objective of this partnership and the DSHRS is to improve and maintain the quality of human resources in the development services sector and to support a provincial system of accessible, fair and sustainable community-based supports.

http://www.ontariodevelopmentalservices.ca/

Core-Gift

"Your Core Gift is a unique offering that you have to share with others. It is connected to and strengthened by your life experiences— particularly your challenges. Knowing your Core Gift means you can better share it with others, provides focus to your sense of purpose and well-being, and guides your decision-making on your path forward. It develops throughout your lifetime, touches all parts of your life, and becomes more impactful each time you face new challenges or give your Core Gift in service to others."
https://www.coregift.org/

Diversity

Diversity is about empowering people by respecting and appreciating what makes them different, in terms of age, gender, ethnicity, religion, disability/ability, sexual orientation, education, and national origin. Diversity allows for the exploration of these differences in a safe, positive, and nurturing environment.

'Diversity is having a seat at the table; inclusion is having a voice, and belonging is having that voice heard."

Equity

Equity is the process to ensure that processes and programs are impartial, fair and provide equal possible outcomes for everyone.

Growth Mindset

People who believe their talents can be developed (through hard work, good strategies, and input from others) have a growth mindset. People who have this mindset naturally feel more empowered and committed.

https://fs.blog/2015/03/carol-dweck-mindset/

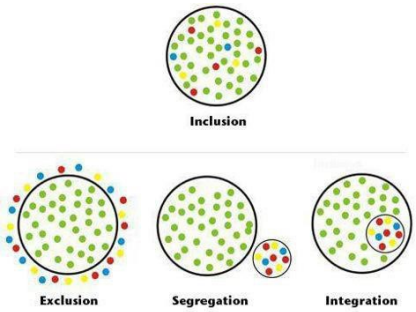
"The passion for stretching yourself and sticking to it, even (or especially) when it's not going well, is the hallmark of the growth mindset. This is the mindset that allows people to thrive during some of the most challenging times in their lives."

Harm reduction

Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. *CMHA Ontario*

Inclusion

A picture speaks a thousand words. Inclusion means to be welcomed and included in the community as you are.



Just Enough Supports model of Support

The Just Enough Supports Model is a proactive approach that takes the opportunity to make a concerted effort around developing alternatives to paid support, which promotes better choice and control for people. Natural networks, community based supports, and technology are explored with staff assisting in helping someone maintain more independence. This is a framework developed by Helen Sanderson Associates and articulated well in a video series by Live, Work Play.https://liveworkplay.ca/our-impact/

Learning Organization

A learning organization is a group of people working together collectively to enhance their capacities to create results they really care about.

Mentor

To come along side others to build them up to build their competence, resiliency and confidence and lead by example.

Performance Outcomes

In a continuous improvement environment we want to always be working on performance goals in our programs in order to improve our services and supports to the people we support and our staff.

Personal Outcomes Management System

We help people we support form their own
- Health and Wellness
- Community Presence and Participation
- Independence, Choice and
- Relationships
- Learning

Person-Centered Approaches

Person-centred practices are used with people, teams and organisations. By working in this way, we can make sure that people are truly listened to and are kept at the heart of all decision-making; how a service is commissioned, provided and organised.

Person-centred practices are used in teams and organisations to ensure that we focus on what matters to the people we support and their families, and pay attention to how to support staff as well.

http://helensandersonassociates.co.uk/ca/

Quality of service

We have two "customers" that our agency serves. They are the people we support and our staff. We want both of their experiences to be marked by excellence and satisfaction.

Social Capital

Studies show that people who have important relationships in their lives are healthier, happier, safer, advance more quickly, and achieve more in life. They also show that vulnerable people, including people with developmental disabilities, have less social capital. Social capital refers to the connections and relationships that develop around community and the value these relationships hold for the members.
http://www.alcondeluci.com/about

Self-determination

Self-determination means that people with disabilities have authority over how their lives will be lived, where and with whom.

Social Role Valorization

A basic tenet of role-valorizing efforts is the notion that the good things any society has to offer are more easily accessible to people who have valued social roles. Conversely, people who have devalued social roles, or very few or marginally valued ones, have a much harder time obtaining the good things of life available to those with valued social status. Therefore valued social roles and the positive status that typically attends them are a key to obtaining the benefits inherent in any given culture.

https://socialrolevalorization.com/srv-theory/

Supported Decision Making

This is a framework that answers the question: What types of supports are required for the person to exercise his or her legal capacity? Also, how does a person communicate their will and preference and how can we support that? We are involved in a pilot project with Community Living Ontario on Supported Decision Making as an alternative to guardianship.

"IRIS is undertaking research for this initiative on current challenges in implementing supports for decision making in the current legal and policy context in Canada..."

https://irisinstitute.ca/

Trauma informed

Trauma-informed care shifts the focus from **"***What's wrong with you?"* **to** *"What happened to you?"* It focuses on the experiences a person has had that have contributed to their present state including for example intergenerational trauma, adverse childhood experiences and workplace trauma.

**Note: We have refreshed our Values from 3 to 5 and separated Service Principles into a different Category in 2025-2026.

STRATEGIC PLAN 2024-2027

MOTIVATION

VISION

No Barriers
-Just Life-

MISSION

Advocate
Mentor
Collaborate

PRIORITIES

People Supported

Empowering People Supported through greater choice, decision-making and housing opportunities

Staff

Build a resilient, skilled and diverse workforce

Sustainability

Ensure long-term organizational stability

VALUES: ** ⊕People focused ⊕Accepting ⊕Accountable ⊕Valued ⊕Supportive

Community Living
DRYDEN - SIOUX LOOKOUT

Vision
No Barriers – Just Life

Mission
Advocate – Mentor_
Collaborate

STRATEGIC PRIORITIES 2024-2027

1. People Supported:

EMPOWERING PEOPLE SUPPORTED THROUGH GREATER CHOICE, DECISION-MAKING AND HOUSING OPPORTUNITIES

- Develop Innovative housing options and partnerships for affordable living
- Host Community Conferences to promote Inclusion and educate partners, community, and people supported
- Enhance the training provided to people supported and families

2. Staff:

BUILD A RESILIENT, SKILLED AND DIVERSE WORKFORCE

- Enhance recruitment, onboarding and training processes
- Strengthening internal and external communications and feedback processes
- Develop succession plans that nurture future leaders
- Foster a positive Agency Culture

3. Sustainability:

ENSURE LONG TERM ORGANIZATIONAL STABILITY

- Building on partnerships within the DS Sector and beyond
- Expanding Fee-for-service Options
- Build on collaborations and relationships with the local Indigenous Communities
- Modernize Business Models and strengthen data-informed decision-making
- Education for all Stakeholders on Journey to Belonging

VALUES: ⊕People focused ⊕Accepting ⊕Accountable ⊕Valued ⊕Supportive

Efficiency Measures– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve?	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
To manage staff absenteeism, which makes sure that supports are consistent (*efficiency*)	% of payroll assigned to sick pay	All employees (January-December 2025)	HR- Payroll Software	January-December Calendar	Annually	Less than 2 %	Between 2-3 %	Over 3 %	See chart below.

Results:

Year	2022	2023	2024	2025
	2.9 %	1.65%	1.93%	2.22%

Extenuating Factors/Discussion: There was a slight increase due to medical leaves and workplace injuries.

Follow-up Completed: We have implemented wellness committees to improve staff well-being, and we are committed to our employees stay at work/return to work program. In 2025, a Staff Wellness Day was incorporated to give staff tools on how to stay healthy and safe. It was a day to recognize and appreciate staff for all their work and commitment.

Action Plan: Continue with current practices. Continue efforts to increase awareness of workplace wellness. Many of these efforts have already (and will continue to be) led by the Wellness committees. The agency committees are working on implementing activities and events to promote more awareness.

Effectiveness Measures– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all of the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
People Supported set and accomplish meaningful personal outcomes based on their wishes,	% of people who accomplish at least one goal within a year.	All people supported who participated in the program	POMS, PCPs, Passports	January-December	Annually	More than 85%	Between 50-85%	Less than 50%	See chart below.

Results:

Year	2022	2023	2024	2025
Community Accommodations	50%	50%	86%	72%
Life Share	64%	30%	14%	20%
SIL	61%	54%	32%	37%
Community Participation	51%	53%	29%	11%

Extenuating Factors/Discussion: We are working hard on goals. We suspect that many outcomes are not being recorded. We have revamped one program, have new service managers in all programs, an increase in staff off work as well as continuous staff shortages and movement amongst positions. We are experiencing the same results for 2025.

Follow-up Completed: Going back to the basics, retraining staff on person centered goals and responsibilities.

Action Plan: Training all staff on person-centered approaches through HSA, as well as tracking and documenting goals in order to better measure successes. Making POMS a requirement to talk about at monthly team meetings. In 2025- we started to implement POMS review and training at staff meetings.

Effectiveness Measures– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all of the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
Increase safety of people supported	Percentage of people supported who have had decrease in critical incidents in the past year	People who have police/EMS/ mental health services in the last two years	NLs, SOR, on-call logs	January-December	Annually	Reduction of more than 50%	Reduction between 25-50%	Reduction below 25%	See chart below.

Results:

Year	2022	2023	2024	2025
Community Accommodation	0%	56%	62%	20%
Life Share	50%	0%	0%	0%
SIL	36%	74%	45%	54%
Community participation	28%	71%	45%	0%

Extenuating Factors/Discussion: Individuals newly accessing services with extreme traumas and mental health issues.

Follow-up Completed: We worked with community partners and put in place protocols to mitigate the risk. 2025- We looked at all supports to ensure they are meeting the needs of people supported, giving them just enough support.

Action Plan: To continue to educate staff and partners, and to continue to adjust protocols with Emergency Medical Services. Continuing to fit people supported individual needs and to build a community of support for all people.

Service Access– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all of the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
To get transition age youth (TAY) into services within 18 months of eligibility	Percent of new TAY that transition into services within 18 months	All new and eligible TAY coming into services.	Nucleus Labs	January-December	Annually	More than 80%	Between 50-80%	Less than 50%	See chart below.

Results:

Year	2022	2023	2024	2025
Community Accommodations	50%	N/A	0%	100%
Life Share	33%	N/A	100%	0%
SIL	86%	N/A	100%	100%
Community Participation (Not Applicable)	0%	N/A	100%	NA

Extenuating Factors/Discussion: There were 4 TAYS projected for the year 2024. Of those 4 individuals, 3 transitions into services (life share, community participation and supported independent living) while the fourth has not. In 2025 we transitioned 4 TAYS into services.

Follow-up Completed: Began working towards transitioning people from waitlists into intake services.

Action Plan: Continue to provide training and awareness to community partners regarding intake services, DSO processes, and the variety of services that we offer.

Satisfactions– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all of the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
Deliver services that people we are supporting are satisfied with.	Percentage of people supported (who completed the survey) who say they have positive interactions with their staff.	People supported at the time of the survey	Satisfaction survey	Fall (annual)-	Annually	More than 85%	Between 65-85%	Less than 65%	See chart below.

Results:

Year	2022	2023
	86%	83%

Program	SIL	CA	Life Share	CP/PP	Intake	Employment
2024	93%	100%	75%	95%	100%	100%
2025	87%	92%	100%	100%	100%	100%

Extenuating Factors/Discussion: In 2024 we spoke to people supported about the individual services that they receive to get results based on department and not overall agency satisfaction (SIL 30 participants/CA 23 participants/Life Share 4 participants/CP 39 participants/Intake 6 participants/employment 10 participants). **In 2025** we spoke to people supported about the individual services that they receive to get results based on department and not overall agency satisfaction (SIL 23 participants/CA 13 participants /Life Share 2 participants/CP 33 participants/Intake 2 participants/employment 5 participants).

Follow-up Completed: We met one on one with People Supported to ask questions around their level of satisfaction with the services provided to them. The survey was moved into a digital format to gather and compile data. People supported where offered a support person or to complete it on their own. Different methods were offered so everyone could participate such as paper format, etc.

Action Plan: 2024- We want to create a process in which we will be able to engage more people supported and increase the number of people providing feedback. 2025- There was a decrease (about half) of the people supported that participated. We will need to re-evaluate why this year was lower by checking our survey dates and times. Our numbers are based on very satisfied and satisfied. We need to determine if we want to only use very satisfied as it could help improve service delivery.

Business Function Measure

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow up Interval)?**	**Awesome** This would be a great result that shows all of the hard work we do for staff.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
To ensure staff health and safety, and reduce injuries and lost time.	OSHA recordable injury rate; Percentage of lost time hours due to workplace injury	All Employees	Payroll, notice of accident's, health and safety meeting minutes, and WSIB	January-December	Annually	0 %	Between 1-1.5 %	Greater than 1.5%	See chart below.

Trends:

Year	2020	2021	2022	2023	2024	2025
	8.5%	11%	1%	1%	1%	1%

Extenuating Factors/Discussion: Same results as 2024.

Follow-up Completed: CLD-SL continues to find creative ways to keep people working by utilizing the 'Stay at work, return to work' policy, which assists in decreasing lost time.

Action Plan: WSIB; Evaluate and establish better communication and tracking of lost time. Increase communication effectiveness between Managers, HR and Payroll processes. We have been communicating with all staff to improve the process of reporting aggressive behavior. 2025- We are looking into a better way of tracking RTW/SAW forms. This year we had an increase in workplace musculoskeletal injuries. We will be reviewing protocols and procedures and giving extra training to all staff.

Business Function Measures

Category	2021	2022	2023	2024	2025
Number of Fatalities	0	0	0	0	0
Number of Occupational Injuries/Illnesses	27	23	20	45	37
Number of WSIB reportable injuries	4	8	12	9	7
Number of non WSIB reportable injuries	23	12	8	36	30
Number of lost days	25	25	32	33	30
Types of Injuries					
Slips Trips and falls	7	8	5	5	11
Material Handling	0	5	0	1	4
Musculoskeletal	3	5	2	2	2
Unsafe Equipment and Environment	8	3	0	2	1
Workplace Violence and Harassment	6	4	7	32	18
Needle Stick or Sharps	1	3	3	2	2
Exposure to Hazardous biological/chemical/physical agent	2	2	1	3	0
Other					

Business Function Measures:

What are we doing and how are we doing it?						How are we hoping to do (target)?			How did we actually do? (Results)
What are we trying to achieve? (Outcome)	**What are we measuring? (Indicator)**	**Who are we looking at? (Target Population Applied)**	**Where are we getting the data (Data Source)?**	**What time period did we look at (Time of Measurement)?**	**How often are we measuring this (Follow-up interval)?**	**Awesome** This would be a great result that shows all the hard work we do for persons served.	**Not too bad** We can do better. It shows that we are on the right track but we can improve even more.	**We need to work on it** We can do much better, and need to really look at improvement strategies.	
Increase the number of staff to complete the survey (2x per year)	Percentage of people to complete the survey	All staff	Work Well Survey	May 2025 AND October 2025	Two times annually	Greater than 79%	Between 65-79%	Less than 65%	See chart below.

Trends:

Year	June 2021	March 2022	October 2022	May 2023	October 2023
	41%	42%	49%	51%	42%

May 2024	October 2024	May 2025	November 2025	January /February 2026
43%	0%	0%	100%	100%

Extenuating Factors/Discussion: 2024: There is an increase of mental health and wellbeing issues of people in general. Still in the early stages of deployment of the survey process. The survey that we were using was not meeting our needs and we have decided to change services. 2025: Our first survey of the year for May we were still in transition of a new consultant. In November (2025) and January/February (2026) we decide that we needed to change our delivery method and choose to do in person meetings for all staff therefore everyone had a change to give feedback. This method has worked the best for the agency.

Follow-up Completed: Continue to build trust and relationships among staff, which will result in greater participation.

Action Plan: Continue to educate staff on the importance of participation and feedback and explore methods that enhance participation.

Who did we support in 2025

Programs	Community Participation	Community Accommodation	Life Share	SIL
Number of Persons Served	111	33	5	68
Gender of Persons Served	Male: 63 Female: 46 Other: 2	Male: 18 Female: 15 Other:	Male: 3 Female: 2 Other: 0	Male: 37 Female: 29 Other: 2
Age of Persons Served	19-29: 24 30-39: 33 40-49: 16 50-59: 14 60-69: 16 70-79: 2 80-89: 1	19-29: 8 30-39: 4 40-49: 3 50-59: 6 60-69: 10 70-79: 1 80-89: 1	19-29: 2 30-39: 1 40-49: 0 50-59: 1 60-69: 1	18 yr-1 19-29: 22 30-39: 21 40-49: 14 50-59: 7 60-69: 3

Who Works for CLD-SL?

As measured October 2024. This document captures those who are currently employed by CLD-SL.

Position and Description	Full-Time	Part-Time
Directors: Oversight of all functions in a broad structural area of the organization (Operations, Finance, Human Resources, etc.).	6	0
Managers: Oversight of all functions in a specific program area (Residential, Community Services, Family Services, CIP, Employment, Human Resources, Quality Assurance, Properties)	7	0
Administration: Perform duties that provide administrative support in the organization (Scheduling, Payroll/Benefits, Finance, Reception, HR)	6	0
Coordinators: Day-to-day coordination of programs and associated staff teams, ensure quality of supports to persons served (active in all areas of service) Service, PCP, Intake, Passport	2	0
Coordinators – MMW/HG: Provide broad consultation services to community and to persons served (Behaviour Therapist, Child Care Resource Consultants)	2	0
Maintenance: Performs key maintenance functions throughout organization	2	0
IT: Performs key IT functions throughout the organization **IT Contractor:** Performs specific IT functions	1 1	
Direct Support Professionals: Provide direct service to people served, ensuring that they receive supports consistent with their goals/Personal Plan, and agency mission	81	29
Direct Support Professionals Casual: Provide direct service to people served, ensuring that they receive supports consistent with their goals/Personal Plan, and agency Mission.	C = 14	
Student Placements: Complete short term post-secondary practicums by augmenting supports at CLD-SL	0	1
Students: Complete short term post-secondary practicums by augmenting admin supports	0	1

Risk Management Plan 2026

Community Living Dryden-Sioux Lookout (CLDSL) developed its first official Risk Management Plan in January 2020. This plan was developed, recognizing that there is an inherent risk supporting people in the community. It will be reviewed again in December 2026.

Purpose

Risk Management involves activities that deal with uncertainty and potentially harmful future events. The purpose of this Risk Management Plan is to:

- Identify and minimize risk to Community Living Dryden-Sioux Lookout, the individuals served by the agency, and the agency's staff and volunteers.
- Address risk and increase awareness about identifying risk and how to minimize it. Assist in preventing harmful events
- Protect the individuals supported by the agency Protect the agency's profile and assets
- Ensure the continuity of service provided by the agency.
- Utilize a practical and common-sense approach that considers the needs of people being supported first and foremost.

This Risk Management Plan coexists with the agency Crisis Ready Playbook to Risk Management, and there may be significant overlap between the two.

Community Living Dryden-Sioux Lookout's Approach to Risk

Risk exists in the day-to-day operations of CLDSL. This risk is minimized somewhat by the agency's cooperation with monitoring bodies such as the Workplace Safety and Insurance Board and the Public Services Health and Safety Association, the Social Inclusion Act of Ontario, as well as by compliance with CARF Accreditation Standards and the province's Quality Assurance Measures. The agency also seeks to develop partnerships with other community agencies wherever possible. Internally, a Leadership team led by the Executive Director, who reports directly to the Board of Directors, manages and monitors the agency.

Where necessary and appropriate, individual risk assessments are completed to determine the level of risk faced by the people we support, staff members and the agency as a whole, and the safeguards necessary to mitigate these risks. An example of this is with the individual bathing protocols for those assisted by staff members with their bathing routines. All individual bathing protocols will be assessed for risk.

The Risk Management plan is developed and reviewed by the Management team, who are also responsible for its implementation.

General Strategies Used to Address Risk

On an everyday basis, the agency minimizes risk by using training, policies and procedures, equipment and tools, and supervision. In addition, the following techniques are used to manage risk:

Avoidance: Discontinuing an activity or not offering a service.
Modification: Implementing activities to reduce the level of risk to an acceptable level (e.g., implementing policies and procedures)

Retention: Accepting all or part of the risk and preparing potential consequences by accepting deductible costs or self-insuring.

Sharing: Purchasing insurance, sharing responsibility with another agency, or contracting the service to another business.

Specific Strategies Used to Address Risk

People	
Area of Risk	**Persons Supported**
Type of Potential Risk	Injuries and Accidents (including self-harm)
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used to Manage Risk	• Policies and Procedures are followed and regularly reviewed with staff • Staff receive orientation and training in a number of areas, including safety and prevention (e.g., CPI, First Aid/CPR, WHMIS, are mandatory. ASIST and Mental Health First Aid are accessed as per needs of person's supported) • Injuries and accidents are reported and reviewed to identify any trends • Specific interventions are noted in individual plans and Positive Behaviour Support Plans (PBSP) are developed as needed. PBSPs are monitored by an assigned Behaviour Therapist and psychologist • Individual risk assessments are developed as needed • Policies and procedures related to person supported handling require mechanical lifts to be used wherever possible • External and internal Health and Safety Inspections • Bathing protocols developed in Residential Services • Fire safety training with all teams • Naloxone training for staff • Annual Health and Safety courses done by all employees on Surge • Emergency drills conducted monthly • Controlled acts training by agency trainers (train the trainer model) • Trend analysis completed for Serious Occurrence of Person's supported • Joint Health and Safety Committee completion of site inspections at least annually • Training on the use of van lifts and lifts with New Hires, and as needed with existing staff. • Peer to Peer Committee developed.
Results of Actions Used to Manage Risk	Serious Occurrence Incidences of People Supported: 2023-2024 went down 50% 2024-2025 went up 7%
New Strategies to be Adopted This Year	• Given the complexity of some persons served in Community Services, specifically around drug use and potential overdose, as well as suicidal behavior and self-harm, Peer to Peer Support training was initiated, a few years ago and we are looking at making it available to more staff. • Additional staff will take the Mental Health First Aid this year as well as the ASSIST training. We now have our internal ASSIST trainers which will facilitate training for more staff. Peer to Peer team will also receive updated training. • We have partnered with Surrey Place in a harm reduction program called Safer Spaces My Way and have a part-time Intensive Case manager starting in 2026.

	• We are moving this to a full-time position.
Area of Risk	Persons Supported
Type of Potential Risk	Missing Persons
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Specific protocols/interventions developed as needed • Missing persons protocol • Policy related to Supervision of Persons Supported (PS-8) • Manager On-Call system available to assist in these circumstances • Serious Occurrence reports filed with MCCSS • Annual staff review of emergency procedures
Results of Actions Used to Manage Risk	2024 – 0 missing persons 2025 – 2 missing persons Serious Occurrences.
New Strategies to be Adopted This Year	Develop individual protocols as applicable to need.
Area of Risk	Persons Supported
Type of Potential Risk	Violence and Trauma
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	High
Current Strategies Used Manage Risk	• Staff trained to assess safety and potential crisis (CPI, ASSIST) • Abuse education for all persons served, and staff review abuse policies annually • Work with clinical service providers • Training on Trauma informed care • CPI trainers are available to do team-specific Applied Physical Training for teams that face significant behaviour challenges.
Results of Actions to Manage Risk	Created and implemented Behaviour Support Plans.
New Strategies to be Adopted This Year	Continue to consider more compatible roommates and living situations to reduce the impact of behavioral challenges on people supported, and staff.
Area of Risk	Persons Supported and Staff
Type of Potential Risk	Violation of Private or Confidential Information
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Policies HR-03 and HR-05 address confidentiality of information • Nucleus Labs system is password protected so that users have access on a need-to- know basis. HR-17 addresses the use of electronic records system.

	• NucleusLabs system is monitored for possible security breaches, and all data is backed up. • We have a contract with Apatco for security of networked documents. • Training around confidentiality put in place via Surge Learning Management System. All staff required to complete. • Privacy and Confidentiality training completed with all new staff • We have software on all staff computer to daily remove downloaded files. • Staff have use of online encrypted space for temporary files. • Internal e-mail phishing test performed on an on-going basis and education provided as needed.
Results of Actions to Manage Risk	This is an area that is more stable and our efforts are paying off.
New Strategies to be Adopted This Year	• Policy related to use of personal devices to access agency information will be looked at. • Policies and procedures related to privacy records will be reviewed to make sure they comply with the new set-up. • Archived Paper files of persons supported are in process of being digitized and uploaded to Nucleus.
Area of Risk	**Persons Supported**
Type of Potential Risk	Abuse and Neglect
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	High
Current Strategies Used Manage Risk	• Policy PS -05 addresses abuse and neglect • Policy PS -06 and PS-11 addresses rights and how to make a complaint • Employees and volunteers are screened and supervised • Mistreatment, abuse, and neglect is reported to appropriate authorities • Reports of all abuse/neglect filed with MCCSS • All staff and volunteers required to complete annual review of abuse prevention and reporting • All persons served receive annual education on abuse prevention. Specialized classes can be facilitated by the Quality Assurance team and frontline staff. • Abuse education training provided to all new staff at New Staff Orientation sessions early in employment. • Safety training by police with people supported.
Results of Actions to Manage Risk	There was an increase in allegations of Abuse from 2024 to 2025. (from 3 to 6) Most of these were community based, not allegations against staff (partners, community members)
New Strategies to be Adopted This Year	Continue training staff in proper reporting guidelines.
Area of Risk	**Staff**
Type of Potential Risk	Injuries and accidents
Frequency (Likelihood)	Low
Severity (How Bad, if it	Moderate

occurs)	
Current Strategies Used to Manage Risk	• Joint Health and Safety Committee of Management and Union representatives • Policies OHS-01 addresses employee safety. Health and Safety Program also includes procedures related to staff Health and Safety. Other policies address slips, trips and falls, and person supported handling • Orientation and training for staff includes safety (CPI, WHMIS) • Major injuries and accidents are reported and reviewed for trends with recommendations made to employer by Joint Health and Safety Committee • WSIB coverage, health benefits • External and internal health and safety inspections • Ministry of Labour inspections • All staff annually review policy on workplace violence prevention, as well as general health and safety refreshers • Vehicle safety checklist to be completed before each use of a vehicle • Ladder safety training completed with appropriate team members as needed.
Results of Actions Used to Manage Risk	2024 – 36.7 % of total incidents lost time 2025 – 22.2 % of total incidents lost-time Results – reduction from 2024 to 2025
New Strategies to be Adopted This Year	Continue to make Health and Safety a priority, Mutual Support and Debriefing committee is active in our agency. We are working on our Return to Work and Stay at Work procedures.
Area of Risk	People supported
Type of Potential Risk	Mental Health
Frequency (Likelihood)	moderate
Severity (How Bad, if it occurs)	moderate
Current Strategies Used Manage Risk	• We make people aware of Flu shots seasonally • All employees have sick time for use when ill • Fit testing (respirators) for all employees • Policies related to infection control and pandemic preparedness • Wellness Committee(s). • Debriefing and Mutual Support Committee • Mental Health First Aid and ASIST training done as needed
Results of Actions Used to Manage Risk	
New Strategies to be Adopted This Year	The Debriefing and Mutual Support Committee (formerly known as Peer to Peer) has been developed and in full deployment.

Area of Risk	Staff and people supported
Type of Potential Risk	Communicable Diseases
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Low
Current Strategies Used Manage Risk	• Promote Universal Precautions • Agency will pay for recommended immunizations as applicable to employee's work situation • Section 11 of the Health and Safety Program addresses disease and infection control. • Section 16 addresses respiratory protection program • Team of Fit testers put in place internally and equipment purchased. • Training around communicable diseases put in place in Surge. • Procedures around contagious illnesses developed and implemented. • PPE supplied to staff
Results of Actions Used to Manage Risk	After the pandemic, most people supported, and staff did get Covid. However, no major illness was reported.
New Strategies to be Adopted This Year	We have eliminated our Covid guidelines and adopted a less severe approach which is more in line with accepted practice in the community. We also put in place some procedures around staff coming to work while experiencing symptoms of any kind which could prevent communicable illness from spreading, not just Covid.
Area of Risk	Employees
Type of Potential Risk	Staff Recruitment
Frequency (Likelihood)	High
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Competitive benefits • Staff recognition program • Formal monitoring of turnover by HR Director • Human Resources section of policy manual designed to ensure a safe workplace • Participation in provincial HR strategy with OASIS and MCCSS • Implementation of extra special training.
Results of Actions Used to Manage Risk	Our staff turnover is mid-range. 2023 turnover rate 13% 2024 turnover rate 14% 2025 turnover rate 14.4%
New Strategies to be Adopted This Year	• Design an exit interview process • Incentive programs put in place for staff to refer potential new employees. • Explore further social media avenues for recruitment • Explore out of country recruitment programs and contract workers.

	• Attend job fairs happening in the area
Area of Risk	Employees
Type of Potential Risk	Employment Practices Violation
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• HR policy and procedures • Staff code of conduct and Professionalism policy • Employment Standards Act • Collective Agreements with UNIFOR • Process of onboarding out country workers – trial basis
Results of Actions Used to Manage Risk	Due to extreme staff shortages, we have been scheduling some staff more than 60 hrs./wk. in emergency situations and never schedule over. It also is a last resort and all other strategies are used as per protocols established. There has been a decrease.
New Strategies to be Adopted This Year	Working on recruitment solutions. We are also no longer accepting new people supported in Sioux Lookout as the growth we are experiencing cannot be absorbed in that community due to vacant positions and lack of housing.
Area of Risk	Employees
Type of Potential Risk	Workplace Violence, Harassment
Frequency (Likelihood)	Medium There is a 50-50 chance that the hazard will cause injury or harm
Severity (How Bad, if it occurs)	Minor The hazard could only cause minor injury or illness without lost time or other loss.
Health and Safety Risk	Low
Current Strategies Used Manage Risk	• NCI Training • Positive Behaviour Support Plans • Manager on-call system for assistance • Additional staffing at homes with high needs • Annual staff training related to workplace violence prevention and harassment (training completed in Surge) • Workplace investigation training done with all Managers and Leadership • A new internal training video was created to help in the training of staff on the matter. • Coaching is ongoing to address the issues.
Results of Actions Used to Manage Risk	Gossip as well as conflict in the workplace is surfacing with a few teams. In 2025 of 18 reported violence in the workplace notice of accidents mostly due to two individuals. Only one resulted in lost time. In comparison, in 2024 there were 32 reported violence in the workplace notice of accidents mostly related to one person who

	we do not support anymore.
New Strategies to be Adopted This Year	• Keep educating staff on the subject • Review protocols • Investigating the use of “Safe Management” training agency wide by having our training coordinator and two managers take the training and evaluating it.
Area of Risk	Board of Directors
Type of Potential Risk	Criminal activity, fraud, theft, legal requirements, liability, Board turnover
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	High
Current Strategies Used Manage Risk	• Liability Insurance • Governance policies and procedures • Board member recruitment and screening, Board nominating committee • Policy BRD01-08 addresses many issues related to Board Operation • Code of conduct, oath of confidentiality, conflict of interest policy signed yearly • Conflict of Interest statements imbedded in every meeting • The board has one employee, the CEO, and only gives direction as a whole and by agreement/motions. • For continuity of board support there is an automatic short term, long term, planned and unplanned CEO succession policy for interim cases, and the alternate attends meetings as well. (COO position) • The VP Finance attends all board meetings as well as being available for anything needed for the board to meet their fiduciary responsibilities.
Results of Actions Used to Manage Risk	· There were no concerns related to Board conduct this year. · The board's membership meets the minimal requirements in bylaws, but the board is recruiting at least two more people and considering succession planning for the future of present board members.
New Strategies to be Adopted This Year	• Continue with Board training and the yearly board retreat. • Evaluate Board screening • The Board is doing a self-evaluation before the yearly retreat to determine competencies needed for recruitment.
Area of Risk	Community
Type of Potential Risk	Complaints
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Complaints procedure • Proactive communication and input • Complaints may be directed to Management with expectation of open dialogue
Results of Actions Used to	Complaints were higher this year (see summary of complaints in this report).

Manage Risk	
New Strategies to be Adopted This Year	Continue to educate the community on our philosophy and our legal responsibilities.

Property and Assets	
Area of Risk	Buildings
Type of Potential Risk	Damage
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Low
Current Strategies Used Manage Risk	• Insurance and deductibles • Adherence to all provincial fire and building code regulations • Policy FIN-03 addresses many of these issues
Results of Actions Used to Manage Risk	Damage to one building was a more significant concern this year due to some risky behaviour from some people supported and the reality that there is a lack of appropriate housing to meet the needs, and that staff are no longer on the premises 24 hours/day.
New Strategies to be Adopted This Year	• Working on finding appropriate solutions to the housing crisis. • Joined the Intentional housing consortium for information and grant knowledge exchange.
Area of Risk	Vehicles
Type of Potential Risk	Damage, accidents, theft
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Insurance and deductibles • Policy FIN-03, HR-10 and HR-11 addresses many of these issues • Completion of safety checks prior to each use.
Results of Actions Used to Manage Risk	There was an increase in accidents mostly involving company vehicles. In total there were 10 reported accidents. Safe Operating Procedures were reviewed with all teams and when a new vehicle is introduced staff receive training. Staff are given the opportunity for extra training on all vehicles.
New Strategies to be Adopted This Year	Virtual Reality training in circle checks and how to drive accessible vehicles (hands on experience before getting into the vehicle).

Area of Risk	Furnishings, Supplies, Equipment
Type of Potential Risk	Damage, theft
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Low
Current Strategies Used to Manage Risk	• Insurance and deductibles • Policy FIN-03 addresses many of these issues
Results of Actions Used to Manage Risk	• There were no reported concerns related to damage or theft of furnishings, supplies, or equipment this year
New Strategies to be Adopted This Year	None
Area of Risk	Technology
Type of Potential Risk	Security information management, privacy and confidentiality, theft, damage
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Office sites are monitored or always alarmed • Technology Plan addresses information security • Insurance • Monitoring of information by Nucleus Labs and CLT • Cybersecurity training in Surge
Results of Actions Used to Manage Risk	There were no significant issues in this area this year.
New Strategies to be Adopted This Year	IT cyber tests will continue The new IT contractor in 2026 will mitigate risk

Financial	
Area of Risk	**Financial Practice**
Type of Potential Risk	Fraud, legal requirements, investment losses
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	High
Current Strategies Used	• Finance policies

Manage Risk	• Insurance • External audit completed annually • Experienced finance staff • Revenue Canada audits • Access to finance offices is limited to key parties through fob system
Results of Actions Used to Manage Risk	There were no reported concerns related to financial practices this year.
New Strategies to be Adopted This Year	None
Area of Risk	Financial Practice
Type of Potential Risk	Individualized/Direct Funding: A component of the rates charged for these arrangements is designed to cover overhead/administration/etc., which in reality ends up funding agency wide pressures as they arise. As this revenue grows there is a risk that CLDSL will begin to budget for this flexibility on an annual basis and there would be vulnerability should this revenue decrease in the future.
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	• Billing for individualized funding is frequent, meaning that it is recovered quickly. • Intricate reporting systems between the programs offering service and the finance department are in place, assuring up-to-date information on budget needs and incoming funds. • We have a dedicated Passport Coordinator to ensure people supported are utilizing all their individualized support. This ensures that we have stability in the percentage of the administrative amount.
Results of Actions Used to Manage Risk	There was a great reduction in Passport revenue this year.
New Strategies to be Adopted This Year	• An efficient system for Passport recording needs to be created and the workload evaluated. • An expanded Finance team in 2026 will have more separation of duties and time for forecasting and grant applications.

Agency	
Area of Risk	**Reputation and Profile**
Type of Potential Risk	Negative media coverage, loss of credibility, community misunderstanding the direction of the agency as far as inclusion and community supports.
Frequency (Likelihood)	Low
Severity (How Bad, if it occurs)	Moderate
Current Strategies Used Manage Risk	Avoid activities that threaten the agency's profile or may cause a negative impact on its reputation • Membership in provincial agencies (Community Living Ontario, OASIS) • Adherence to Vision and Mission Statements

	• Policies related to social media use and media relations • Community education
Results of Actions Used to Manage Risk	• There were no significant issues related to reputation and profile this year. • There was no negative media attention. • There are some trends on families and or community partners misunderstanding the direction of the agency on community inclusion efforts, rights, dignity of risk and harm reduction strategies,
New Strategies to be Adopted This Year	Continue to develop individual specific protocols including community partners. Implement Service Agreements to mitigate any misunderstandings about service such as staff safety obligations, changing needs of support, thresh holds of support, roles of families and other services etc.
Area of Risk	**Service Capacity**
Type of Potential Risk	Ability to serve populations that increasingly include issues with homelessness, legal issues (high criminal activity), high vulnerability, addictions, aggression, suicidal ideation
Frequency (Likelihood)	High
Severity (How Bad, if it occurs)	High
Current Strategies Used Manage Risk	• Increased scrutiny over who is accepted into services, based on these needs • Training is available to staff as required. • Increased requests for clinical supports • Develop community partnerships • Risk assessments are done at the point of intake to help assess whether we have the capacity to support someone and completed annually. • Build understanding with Health
Results of Actions Used to Manage Risk	We have managed to support the new people that have come into service so far. Additional support had to be put in place in some cases to ensure safety for the staff and people supported. Partnerships with community partners are a big help in this area.
New Strategies to be Adopted This Year	• Continue reviewing new referrals carefully. • Build capacity • Decide on a threshold for Complex Behavioural services • Collaborate and advocate to get on the ground clinical support • Investigate housing models that will keep staff and people supported safe
Area of Risk	**Governance**
Type of Potential Risk	Low Board membership
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	Low
Current Strategies Used Manage Risk	• The board separated services and buildings into two corporations in 2023. • The board has the minimal members required by bylaws but is seeking additional members and succession planning for the future turnover of membership.

Results of Actions Used to Manage Risk	The new membership structure for the agency was put in place in 2023 that is a board only membership. This has mitigated risks. There is clear differentiation of operations, roles, and governance while maintaining the fiduciary responsibilities of the board.
New Strategies to be Adopted This Year	At the 2026 Board retreat, a Board recruitment plan will be made, including a board self-evaluation to make a recruitment plan for certain competencies.

Inclusion of Risk Reduction Activities into Performance Indicators

Where possible, performance indicators will be developed to assist with risk reduction.

Accessibility Plan 2026

Introduction

Community Living Dryden-Sioux Lookout (CLD-SL) has updated and completed a formal Accessibility Plan in January 2023- 2026. The plan is reviewed annually.
Community Living Dryden-Sioux Lookout's Accessibility Plan addresses accessibility issues at our program locations and in the community at large. Community Living Dryden-Sioux Lookout is committed to identifying and removing barriers that reduce the ability of persons supported to fully access both our programs and the community as a whole. Community Living Dryden-Sioux Lookout's Accessibility Plan is designed to summarize the following:

- Those barriers that were removed or otherwise addressed by the agency in the past.
- Those items that the agency still intends to address, as well as new items that have been brought to the agency's attention. Some of these items contain firm deadlines for completion, while others do not.
- Those items that were identified, but that the agency does not feel can be addressed at this time for one reason or another.

Identification of Barriers

In preparing this year's Accessibility Plan, Community Living Dryden-Sioux Lookout utilized several methods in which to identify accessibility barriers:

- The agency's 2026 Accessibility Plan was used to identify items that were already considered to have been a concern.
- Individual persons supported and staff's concerns were used and contributed to the identification of issues and potential ideas on how to rectify them.
- The agency's leadership routinely identifies maintenance and property issues throughout the agency. This information was used to identify property issues that negatively impact the accessibility needs of the persons supported by the agency.
- The agency's leadership is brought up to speed on accessibility issues by staff and by persons supported on an ongoing basis. The issues anecdotally identified in this manner were also useful in the creation of this plan.

Standing Items of Concern

Throughout this plan, reference is made to 'standing items of concern'. These are items that tend to be fairly broad in nature, and it is unlikely that there is a single strategy that will eliminate the barrier. However, they are items of significant importance to CLD-SL, and it is imperative that they not be forgotten.

Review of Accessibility Plan

Progress around the plan will be completed regularly. A full review of the agency's Accessibility Plan will be completed at least annually. A member of the Leadership team will take the lead around updates of the Accessibility Plan.

Communication of Accessibility Plan

The accessibility plan will be posted on the agency website (www.cldsl.ca) and will be available to staff via ADP and Share Point.

2026 Accessibility Plan

Area(s) of Concern	**Architectural**. An architectural barrier is any physical factor that makes accessibility difficult for an individual. This may include narrow doorways, bathrooms that might need to be made more accessible, alarms that are not able to be heard by individuals with hearing impairments, or even something as simple as the location of furniture.
Items addressed In 2025	**Accessible home:** A move to an accessible location was facilitated for a person supported with increased mobility issues. **Accessible bathroom:** Installed a lift system at 98 Queen St. **Accessible bedroom:** Installed a lift system at 98 Queen St.
Standing Items of Concern/Areas needing improvement	As People Supported age, their need for specialized equipment and environmental modifications increases to ensure their safety and the safety of staff providing support. While these needs are currently being addressed on a case-by-case basis, it is essential to consider them proactively during future planning. Additionally, there is a significant shortage of accessible housing options within the community for the people we support.
Future Goals	**Barrier:** Non-Accessible Housing **Strategies to Remove Barrier:** • Advocate for and facilitate accessibility improvements in partnership with the landlord. Note: currently working with OT to determine more suitable accessibility options in the bathroom(s) at Memorial Ave. re: walk-in shower. • CLD-SL will work with their housing corporation and other stakeholders to acquire more accessible housing. • Join the Provincial Intentional Housing Consortium and visit other housing models. • Explore funding opportunities. **Potential Obstacles:** Financial Consideration(s) / Willingness and Cooperation of Landlord(s) / Limited Access to Affordable Housing / Access to licensed Carpenter(s) / Plumber(s). **Persons Responsible:** Leadership (collaborative) **Target Date:** Ongoing, as needed. Note: recently modified a home (installed a ceiling lift in bathroom and bedroom) to accommodate a person's changing physical needs (in collaboration with the landlord), and to allow for the safe discharge from the hospital.

Area(s) of Concern	**Environmental.** An environmental barrier is a characteristic of a setting that compromises service delivery and benefits to be gained. This may include items such as flickering lighting, noise levels, and troublesome fragrances.
Items addressed in 2025	**Electrical:** Improved Lighting installed at 288 Arthur St. (Dryden) and 32 First Ave. (Sioux Lookout) **Security cameras:** Perimeter Cameras Installed outside of 32 First Ave. (Sioux Lookout) **Completion of New Office Building** located at 99 Albert Street. Office includes LED lighting, dimmers on all office light switches, blinds to reduce glares, white noise in all hallways to minimize disruptive noise levels, and heat panels throughout offices and shared spaces with independent temperature controls for each space.

	Adjustable sit/stand desks: All offices at 99 Albert Street assigned to staff who spend extended periods at their workstations are furnished with sit/stand desks to support ergonomics and comfort. **Policy and Procedure:** Continued implementation of HR-12 Scented Products and Fragrances in the Workplace and HR-19 Smoking in the Workplace. **41 King St.:** Mechanical system replaced at 41 King Street to address aging infrastructure and improve temperature regulation.
Standing Items of Concern/Areas needing improvement	Safety remains a concern around our buildings as they are situated in areas where multiple social challenges coexist. This issue is evident in both Dryden and Sioux Lookout.
Future Goals	**Barrier:** Community Safety is a shared responsibility, and we do not have control over this. **Strategies to Remove Barrier:** • We are on the community Safety and Wellbeing committees in both communities together with other partners. • We have cameras where safety monitoring is required but this is being evaluated in 2026 • We will consider sites we own and the appropriate type of supports in each setting **Potential Obstacles:** Being assessed first. **Persons Responsible:** Leadership team **Target Date:** Ongoing and reviewed in December 2026 for status.

Area(s) of Concern	**Attitudinal**. An attitudinal barrier is a preconceived (usually negative) attitude that people have towards people we support. Examples of this may include attitudes of neighbors or other community members, or the lack of “person first” language used by employees.
Items addressed in 2024 and 2025	**Responded to complaints** from a neighbor, related to the high traffic and congestion at home (re: staff vehicles, number of tenants living in the 4-plex). This included advocating for people supported and educating the community member on the supports and services we offer to vulnerable adults. **The Shift:** We hosted a two-harm reduction conference and invited community partners to participate. Bridging the Gaps: Hosted 2 conferences to educate and inform others (families / educators / health system staff / community support agencies / etc.) on the Sector (Developmental Services), accessing services, barriers, etc. **Social media:** Used social media platforms to share updates, promote initiatives, and increase awareness of our organization within the community. **Job Fairs:** use this as an opportunity to connect with job seekers, share information about our organization, and explore employment opportunities. **Committee Membership / Involvement**: we use this as an opportunity to advocate for the interests of the organization and the people we support within collaborative decision-making processes and work to strengthen partnerships and maintain a positive presence in community or sector-wide initiatives.
Standing Items of Concern/Areas needing improvement	• The rights of the people we support are not always fully recognized or respected. At times, decisions may be made in the name of safety or liability that unintentionally limit individual rights without appropriate due process. • Negative attitudes or misconceptions within the community can sometimes contribute to stigma toward the people we support. The agency addresses these concerns through ongoing education, dialogue, and follow-up when issues arise.

	Promoting the agency's mission, values, and positive community impact also helps build greater understanding and inclusion. • The goal is for people to hold valued society roles and to be respected as full community members.
Future Goals 2026	**Barrier:** Stakeholder misunderstandings of our mandate and what we do and do not do. **Strategies to Remove Barrier:** • Plan the third harm reduction conference in Fall 2026 that has the goal to communicate our services and mandate to the community and to work together with partners on Attitudinal barriers through a Harm Reduction lens. • Present to the regional Ontario Health Team about our services mandate about who we are and what we do. (March 2026) • Attend a Provincial Think Tank on dual diagnosis (May 2026) to collaborate across sectors. **Potential Obstacles:** • Financial / Access and Cooperativeness from other Services (re: willingness to participate and engage in initiatives). **Persons Responsible:** Leadership **Target Date:** December 2026 (evaluate progress / barriers).

Area(s) of Concern	**Financial**. A financial barrier is anything that may mean that a service is restricted because of a lack of sufficient financial resources. Financial barriers may exist at the agency level or may be specific to funds possessed by the people supported.
Items addressed in 2025	Done in a widespread manner; many instances where issues have been addressed on a case-by-case basis. For example, the agency has covered the cost of private addictions treatment at Aurora's for a few people we support. The program is better suited to people we support and more accessible than publicly funded programs, although not easily affordable.
Standing Items of Concern/Areas needing improvement	• Funding and finances for people we support are not always sufficient, limiting community participation and quality of life. CLD-SL combats this by being active in provincial agencies that advocate for additional funding, and by petitioning MCCSS and ODSP on a situational basis for funds. • We have no funding for Human Trafficking specific work.
Future Goals	**Barrier:** Funding is often not available to fund special projects **Strategies to Remove Barrier:** • evaluate investing in grant software and make grant applications a priority. • Seek other revenue streams and grants. • Partner with other organizations for programs to fill the gaps. **Potential Obstacles:** Ability to designate time to do grant applications **Persons Responsible:** Executive Team **Target Date:** December 2026

Area(s) of Concern	**Employment**. An employment barrier is an indication that a workplace does not provide sufficient flexibility or equipment to ensure a productive and satisfying workplace for employees. An employment barrier may also speak to measures that are in place to promote successful employment for persons with disabilities.
Items addressed in 2025	Partnership with NEW (Northwest Employment Works) and Dryden Literacy We support people that are MCCSS funded through the Bridge to Community Program.
Standing Items of concern/Items needing improvement	• We are committed to enhancing our employment supports program by expanding opportunities, fostering inclusive workplaces, and ensuring individualized pathways to meaningful employment for people supported. • With the loss of the ODSP Employment program, people we support have lost out on a previously successful program. The new criteria of a thresh hold of a

	20 hour a week job instead of 10 hours is an exclusion that is a Provincial policy.
Future Goals	**Barrier:** Interest of People Supported / Motivation / Employer's Interest / Staffing (availability) / Limited Employment Opportunities in the Community. **Strategies to Remove Barrier:** • Actively promote the program within the community (to employers / public / other service providers). May included, but not limited to, attending community meetings (e.g.: Interagency). • Continue to support inclusive employment through NDEAM. • Use social media to promote inclusive employers. **Potential Obstacles:** Stigma, physical and communication barriers, insufficient accommodation (e.g. job coaching), lack of employment opportunities (re: small community). **Persons Responsible:** Manager of Services, in collaboration with Director of Services. **Target Date:** December 2026 (evaluate progress / barriers).

Area(s) of Concern	**Communication.** A communication barrier looks at anything that inhibits information from being accessible and understandable to all. Examples may include the possible absence of devices available to people supported or staff to be able to be understood by others, or promotional materials that are not present in formats that are easily understandable. It also includes individual information on how to communicate with people we support to know their will and preference.
Items addressed in 2025	• Person supported was provided with Picture Exchange Communication System (PECS) technology) that included communicative programming to allow them to more effectively communicate with others. This was done in consultation with Speech and Language Services and included training for staff. • Person supported utilize personal cell phone to improve communication with others (re: types of words in notes). • Person Supported diagnosed with Dementia is provided with sensitivity and specific strategies when communicating with them. • Implemented SharePoint as a platform within CLDSL and transferred all documents from our on-premises server (improve access and efficiency). SharePoint is a platform that centralizes communication across teams. • ADP (improved use) (streamline HR operations / full learning management system). • Mobile Workers (Surface) • TEAMS (improved use) (central hum for communication, collaboration, file sharing which enable teams to work together efficiently across chat, meetings and connected apps). • December 2025 Managers created KPIs in this area.
Standing Items of Concern/Areas needing improvement	• Program information assumes a relatively high level of literacy. The agency attempts to combat this via plain-language versions of many documents (rights, complaints procedure). • The agency desires to develop video versions of many documents (currently developing a Virtual Reality Project). • Staff are very good at learning over time how a person communicates through subtle ways and through their behaviour but this takes time as there is often very little information provided to Intake. Communication profiles are required.
Future Goals 2026	**Barrier:** Person Centered Plans (PCP)and Program information both assume a relatively high level of literacy and English language proficiency of the person supported and their family. **Strategies to Remove Barrier:** • Develop pictorial versions of PCP where appropriate, have staff take more of a role in developing the PCP, • Promote and practice using all Person Centred Approaches tools such as communication profiles so staff can pass on how a person makes their will

	and preference known and relationship circles so that natural supports are clear. • Start with a review of all tools with management • Roll out use of each tool over a period of time through promotion and staff meetings. • Evaluate the function of Person Centred Planning and roles and responsibilities for who and how that function is met. **Potential Obstacles:** Time to develop the process and schedule. **Persons Responsible:** Sr. Leadership Evaluating portfolio for QA and Person Centred Planning **Target Date:** December 2026 review

Area(s) of Concern	**Transportation.** A transportation barrier speaks to situations in which service recipients are unable to reach or participate fully in services because of the lack of suitable and available transportation.
Items addressed In 2025	• CLD-SL currently has 6 accessible vehicles. • Repairs were completed to store a vehicle that had previously been accessible, enabling it to be used as an accessible vehicle once again.
Standing Items of Concern/Areas needing improvement	Lack of accessible and regular transportation is an issue both in Dryden as well as Sioux Lookout. • There is regular public transportation in place in Sioux Lookout with a schedule and with access to some rural areas including Lac Seul, but it is not in the evening and weekends and not every day for some routes. • There is no reliable public transportation in Dryden, only an Accessible bus that must be booked and is often not in operation, and it does not go into rural areas. • There are no services in evenings and weekends. • People supported rely greatly on transportation provided by CLDSL through agency vehicles as well as staff vehicles.
Future Goals 2026	**Barrier:** Funds available for the replacement of accessible vehicles. **Strategies to Remove Barrier:** Complete an assessment of current accessible vehicles and estimate the remaining useful life. This will be useful to be proactive with grant applications. **Potential Obstacles:** Time and expertise to reasonably estimate remaining useful life of vehicles. **Persons Responsible:** VP Finance **Target Date:** June 2026 **Barrier:** Additional staff training and confidence in operating larger vehicles. **Strategies to Remove Barrier:** Implement virtual reality (VR)-based driver training to allow staff to safely practice operating larger accessible vehicles and build confidence. **Potential Obstacles:** Staff availability and time constraints, learning curve with use of technology **Persons Responsible:** Director of HR **Target Date: September** 2026

Area(s) of Concern	**Community Integration**. A community integration barrier is anything that may limit an individual's ability to fully access their community in the way of their choosing

Items addressed In 2025	Removing community integration barriers is at the core of the agency's everyday work. Our vision: **No Barriers - Just Life.** This is an ongoing process and why we do not remain isolated in our own services but have sought a variety of means to intersect
Standing Items of Concern/Areas needing improvement	• Items listed under transportation and finance are also related to community integration. • Access to opportunities in the community. • Staffing levels to maintain support for access • Community Integration relies on acceptance by community members and a sense of welcoming and belonging to people with disabilities in the community. • Awareness and Access to community events and activities
Future Goals 2026	• **Barrier:** Access and Awareness of Community Events and Activities. • **Strategies to Remove Barriers:** My Community Hub App implementation • **Potential Obstacles:** Time / Buy-In / Training / Educating / Working the System (to include Passport). • **Persons Responsible:** Manager of Services, in collaboration with Director of Services • **Target Date**: Fall 2026
Area(s) of concern:	**Supported Decision Making**
Items addressed In 2025	• Participation in Supported Decision-Making Pilot Project 2020-2024. • Resource tools have been developed for the province and are on the CLO website. • Video and presentation on Decision Making and Alternatives to guardianship at the Transition conference in 2025.
Standing Items of Concern/Areas needing improvement	• Frontline medical professionals still occasionally try to get our frontline staff to sign consent on someone's behalf (it is illegal for a service provider to be a substitute decision maker) • Frontline staff are sometimes confused by the different types of decision making. • Children's services sometimes assume guardianship is needed, and CLDSL assumes competency. • Some people need a substitute decision maker and occasionally it warrants a guardian • Some people have no family that can be their SDM. • The Public Guardian is used successfully for health treatment decisions as required • Other sectors such as justice, banks, health have differing opinions and thresh holds. • Banks have changed their policies
Future Goals 2026	**Barrier:** Legal legislation regarding capacity in Ontario restricts people we support's ability to make decisions for themselves if they have a guardian that does not include them in decision making. **Strategies to Remove Barrier:** • Promote these tools within other sectors, families and our own agency • All agency training will take place on Supported Decision Making in 2026 utilizing the training video we made for our Transition conference in 2025. • Training on Decision making and alternatives to guardianship to the Human Services Justice Coordinating Committee for the region is in the HSJC Workplan for 2026 and is being provided by CLDSL and Pooran Law. • put a process in place at intake to plan for when someone requires a type of supported decision making or in rare cases, guardianship and determine who will pay this cost. **Potential Obstacles:**

	• Failure to affect change in legislation for over 30 years in advocating by CLO and others, • Banks have tightened their requirements making it a barrier to people getting bank accounts, • Historical Powers of attorney for finances or personal care need to be updated as many are not accepted by the banks. **Persons Responsible:** Chief Executive Officer and directors (Community engagement), Directors of Service (internal workplan) **Target Date:** 2026 agency training, December 2026 – plan put in place to update the Powers of attorney, immediately put a process in place at intake to plan for when someone requires a type of supported decision making or in rare cases, guardianship and determine who will pay this cost.

Area(s) of Concern	**Technology.** A technology barrier is related to the need of a stakeholder to access technology to ensure communication or inclusion into services.
Items addressed In 2025	• Purchase of i-guard stove technology as a safety measure. • Surfaces (computer) purchased and used with data (provide more opportunity for staff to document and track information off-site re: community support). • Technology to promote independence was built into Transition Aged Youth budgets.
Standing Items of Concern/Areas needing improvement	• People we support have limited access to technology which can assist in giving them more independence. This relates to the Just Enough Support model of support. • The CLDSL logo and website needs to be updated again due to AODA requirements.
Future Goals	**Barrier:** People we support could be more independent with the help of technology. **Strategies to Remove Barrier:** • Invest time in researching appropriate technology that could address this issue. • The 2026 Developmental Technology Conference will be attended by Leadership and strategies will be brought back. • We will continue to use a support model to help maintain people's independence and incorporate technology into our individualized budgets. **Potential Obstacles:** Time and money **Persons Responsible:** IT Support, Managers of Service and Senior Leadership **Target Date:** December 2026 and ongoing **Barrier:** Have an area where all stakeholders as well as the community can find information about our agency. **Strategies to Remove Barrier:** • Have website refreshed to keep up with AODA standards. • Make sure we have plain language descriptions for all programs. • Contract a company to do the refresh and rebrand for visibility and accessibility. • We are working with other DS agencies and contractors to access their expertise. • To have slide decks and brochures for a variety of audiences and levels of understanding including infographics. **Potential Obstacles:** Our website needs to be updated and user-friendly. We do not have internal expertise. **Persons Responsible:** Chief Operating Officer (Website and Marketing Materials/ Chief Executive Offices (External Engagement and Presentations). **Target Date:** December 2026 **Barrier:** Nucleus Labs does not fully meet our needs any longer. **Strategies to Remove Barrier:** We explored switching to AIMS however after

	evaluation this program did not meet our needs. We will continue to research other CRMs and development together with our new IT contract through CLT. **Potential Obstacles:** Time commitment, staff computer literacy **Persons Responsible:** Senior Leadership **Target Date:** December 2027

Area(s) of Concern	**Other.** A barrier that is not easily categorized **Lack of affordable accessible housing/Lack of housing**
Items addressed In 2025	• Continued to have meetings with KDSB, the municipalities about this issue and started planning with KDSB and developers. • Joined the Inclusive Communities Consortium for networking and mentoring on housing programs.
Standing Items of Concern/Areas needing improvement	• There is a growing concern in both Dryden and Sioux Lookout surrounding shortages of housing. In the community. This makes it difficult for people to stay safe, receive services, find employment, etc. • This also makes it difficult for our agency to recruit personnel in Sioux Lookout specifically as there is nowhere to live.
Future Goals 2026, 2027	**Barrier:** No housing for prospective people we plan to support or staff to access that wish to move to obtain employment with CLDSL. **Strategies to Remove Barrier:** • Continue to work in partnership with KDSB, City of Dryden, Municipality of Sioux Lookout, Provincial and Federal funding bodies on housing initiatives. • Explore tiny home initiatives that could be placed on existing properties. • Attend an Intentional housing Symposium in May 2026. (virtual option). • Visit virtually and in person various accessible housing examples within and outside our sector (2026) • Advocate to for-profit housing corporation (1000661215 Ontario Inc.) to purchase housing to renovate and sublet to people supported • Find appropriate housing for specific Transition Aged Youth **Potential Obstacles:** time, availability of stock to rent, finances, zoning, approvals, trades etc., financing, increased costs of materials for builds and renovations.

Area(s) of Concern	**Other. A barrier that is not easily categorized** **Continuity of Care:** • Chronic understaffing interrupts and causes a lack of continuity in caregivers and support. • Sustainability of the Life share model
Items addressed In 2025	**Barrier:** Staff shortages and shortages or changes in Life share homes interrupt continuity of care • In 2025 we hired 2 staff through the Athari People program, and it was very successful and helped stabilize staffing in Sioux Lookout. • Many job fairs were attended • Social media and advertising were used • Many Life share homes have been converted to the Friendly Neighbor model with contracted community members (non-staff) support together with SIL staff as the

	alternative. • Through Vacancy Management we have moved some people in Life share requiring more support to vacancies in 24 hour staff homes and sought permission to repurpose the Lifeshare target for a SIL vacancy to bring people off the priority list through DSCIS. • We continue to create floater full-time positions to help with continuity of services and flexibility.
Standing Items of Concern/Areas needing improvement	• Difficulty with Life Share recruitment • Some foster homes are not appropriate for ongoing support of an adult • Changing needs of people supported in Life Share homes leads to breakdown. • Difficulty recruiting staff. • Staff confidence in performing complex support. • Continuity of care due to staff turnover and bidding out of complex cases. • Transition from children's services to adult DS services • MCCSS is reluctant and slow to convert Lifeshare targets to SIL • Each Lifeshare contains a respite target that must be collapsed as well to merge the funding to make the SIL target have enough resources for staff support hours.
Future Goals 2026	**Barriers:** Maintaining historical Life Share due to inadequate historical funding and lack of funding for changing needs requiring higher levels of support. **Strategies to Remove Barrier:** • Continue to reduce the service targets in this program and use alternative models of support. • Consider the Friendly Neighbor model in SIL for new TAYs as they transition to more independence over time since their goals are usually more independence, and the SIL budget is more sustainable. • Consider other 24-hour models if that is what is required. (Community Accommodations) • There is a working group with the Regional Service System Planning Table on this issue as it is a systemic issue Provincial wide. • Through Vacancy management, transition people in Lifeshare with changing needs to other models of increased support and obtain permission to do strategic realignments of Lifeshare targets to SIL targets. (Form B) • Finish the business case process to get approval to collapse respite targets that were previously attached to Lifeshare. **Potential Obstacles:** • MCCSS sees Lifeshare as an affordable model to continue but does not increase funding for changing needs. • Finding suitable matches, • Life Share home breakdown due to changing needs and funding, • foster homes not adjusting to a new level of independence in a Friendly Neighbour model, • finding housing for 24-hour staff support model as an alternative **Person Responsible:** Director of Services/ Manager of Services/ CEO or alternate with MCCSS **Target Date:** Ongoing **Barriers:** • Recruiting and maintaining staff for complex support. • Finding staff interested in this type of work • Considering the thresh hold of the type of complex support we desire to do as a

	community agency in consideration of community safety, safety of staff and safety of people supported. **Strategies to Remove Barrier:** • Work with the union to create complex staff positions with qualifications and competencies. • Give pathways for staff to develop these skills and qualifications. • Consider innovative staffing models. • Consider partnering with our Clinical partner to create on the ground support and assistance with BSPs, Escalation continuums, staff training etc. **Potential Obstacles:** Funding, attracting and engaging staff for this work, appropriate housing, time for ongoing training and support of staff, workload of managers, will of MCCSS to let us build capacity for this. **Person Responsible:** CEO/COO/Directors **Target Date:** Ongoing in increments of training, creating positions etc. 2026-2028, evaluate capacity yearly.

Cultural Competency and Diversity

Guiding Principles

- Person-centered & culturally responsive care
- Respect for diversity (culture, language, religion, gender identity, ability, socioeconomic status)
- Equity over equality
- Inclusion and belonging
- Social Role Valorization (SRV) alignment – people with disabilities have valued roles
- Trauma-informed and anti-oppressive practice

Scope Applies to:

- All programs and services
- All staff, volunteers, students
- People who are supported, families, and stakeholders

Definitions

- Cultural Competence: Ability to effectively interact with people across cultures
- Cultural Humility: Ongoing self-reflection and learning
- Equity: Removing barriers to ensure fair outcomes
- Inclusion: Active participation and belonging
- Diversity: Representation of varied identities and experiences

Community Living Dryden-Sioux Lookout (CLDSL) believes that embracing cultural diversity in all aspects (staffing, service delivery, policy development, volunteer recruitment, etc.) enhances and strengthens the organization and improves service to individuals and families. CLDSL is committed to articulating, honoring and upholding principles respecting the culture and diversity of all persons, including the stakeholders of the organization. All procedures and practices within CLDSL will display respect, and support, for cultural differences.

CLDSL is committed to enhancing our employee and stakeholder's awareness, compassion, and ability to interact with others of diverse backgrounds and abilities with dignity, respect, patience, and understanding. We will work towards this goal by educating and training our staff members on the dynamics of our culturally diverse communities. Human Resources is also working on using a Provincial HR metric in the coming year that will include DEI demographics such as workforce differences including gender, race, and other factors, which may vary by region.

The *Cultural Competency and Diversity area of the Accessibility Plan'* addresses cultural competencies within CLDSL by using the the following fundamentals:

- Services are delivered with the understanding of and respect for individuals' cultural beliefs and values.
- Staff members respect cultural beliefs and values, interpersonal styles, attitudes, and behaviors of the individuals, families, and communities we serve.

- An organization-wide consciousness of the dynamics of cultural interactions (i.e. – being aware of cultural biases).
- Administration, management, and service delivery include routine assessments and implementation of processes that respect cultural diversity.
- A workforce that is culturally and linguistically competent in a system that provides the highest quality of services to all communities served is imperative.

Cultural competency is the in-depth self-examination and exploration of various cultural backgrounds. This includes the recognition of biases, prejudices, and assumptions made towards individuals of diverse backgrounds.

Areas of Cultural Competency and Diversity to Consider:
CLDSL will be sensitive to, and respectful of, the diversities of individuals (persons served, staff and other stakeholders) regarding the following areas:

- **Culture**
- **Gender**
- **Sexual Orientation**
- **Spiritual Beliefs**
- **Age**
- **Socio-Economic Status**
- **Disability**

Note about Language:

- We value and respect the diverse languages spoken by staff and people we support.
- To ensure clarity, consistency, and accessibility, service-related interactions should be conducted in English.
- Employees are encouraged to be mindful of situations where speaking another language may unintentionally exclude others nearby.
- We aim to foster an inclusive workplace where everyone feels connected and informed.
- Our goal is to balance respect for linguistic diversity with equal access to communication and opportunities for all.
- 45% of the people we support are Indigenous and although many have lost their languages; the people we support, their families and communities represent Cree, Ojibway and Ojicree languages. Accessing services in these languages is a moral obligation although not a legal one and we seek to explore how to do that.

CLDSL will not tolerate, under any circumstances, any actions, words, gestures, portrayals or behavior of any sort that discriminates in any manner or at any level towards a person or persons based on the aspects of diversity listed above. Policies and practices of the organization will consistently reflect this approach.

Please note workplace '***accommodations'*** are made with the intention of providing support to employees in a way that promotes their well-being and productivity. However, it is important to recognize that accommodations are considered on a case-by-case basis, depending on the specific needs of the individual and the feasibility of the request. While every effort is made to provide reasonable accommodations, there may be limitations based on operational requirements, resources, and the ability to implement the accommodation effectively.

It is essential to acknowledge that not every accommodation request can be granted, especially if it imposes undue hardship on the organization or disrupts the overall work environment.

When an accommodation is not feasible, alternative solutions may be discussed to ensure the employee is supported to the best extent possible, balancing individual needs with the organization's capacity.

Area(s) of concern	Culture: Equitable Access to service through language
	Barriers: remove language barriers due to many people we support have families where English is a second language and to do good planning, they need to be able to have translation. **Strategies to Remove Barriers in 2026** • build translation costs into new individual budgets, • advocacy, • partnering with Indigenous organizations, • have some materials translated • Agency has non-discrimination hiring principles for external and internal positions • Collection of data in HRIS about staff able to communicate in other languages including Indigenous languages. • Completion of personal plans in language of person's choice, where requested • Accommodation available to all stakeholders as needed to better serve specific needs in this area **Potential Obstacles:** cost of translation, **Person Responsible:** All Senior Leadership **Target Date:** ongoing
Area(s) of concern	**Culture: Culturally Responsive Services**
What is working	Indigenous people we support are supported to access cultural events and practices through community events, elders, friendship centres and their own communities.
	Barriers: Culturally responsive services for Indigenous people (45% of the people we support are Indigenous representing 21 different Indigenous communities with Cree, Ojibwe or Ojibway languages) **Strategies to Remove Barriers in 2026:** • Continue with consultant to help us in developing a Truth and Reconciliation plan that includes policies and protocols, • Partner with Indigenous service agencies • Truth and Reconciliation Training for all staff. • Include the people we support • Develop an internal committee that also includes people we support • Remove red tape issues regarding ceremony and smudging for instance **Potential Obstacles:** time and attention but we will make it a priority **Person Responsible:** Cara-Lee Pollard, Director of Service; Sherry Baum, CEO; Barb Kirouac, COO; Tracy Bazinet-Ternowski, Director of HR, QA and Admin. **Target Date:** Training will be done in Spring 2026, T & R Plan will be completed in Fall 2026 and evaluated every year, Protocols and policies developed by Fall 2026.
Area(s) of Concern	**Culture: Inclusive Organizational Culture**
	Barriers: Misunderstandings with communication styles due to culture and background **Strategies to Remove Barriers in 2026** • Continue to build trust through staff and management relations, • Training and orientation needs will be assessed and enhanced yearly • Celebrate Cultural days through a diversity calendar and multi-cultural events. • Continue to have All agency events that brings the communities together

	• HR is working on using a Provincial HR metric that will include DEI demographics. **Potential Obstacles:** mindset, interest, cost, staff participation **Person Responsible:** All Senior Leadership **Target Date:** ongoing
Area(s) of Concern	**Race**
What is working	• The agency has non-discrimination hiring practices for external and internal positions • Numerous agency policies promote diversity • We have a very diverse workforce
Standing Items of Concern/Areas needing improvement	**Indigenous Culture and History** **Barriers:** Not everyone understands the history of Residential Schools and Intergenerational Trauma in Canada, the Truth and Reconciliation /commission and the resultant Calls to Action **Strategies to Remove Barrier:** All agency training on the Calls to Action and history of Truth and Reconciliation and consultation with staff and leaders on what we are doing and what else we could do to address the Calls to Action. **Potential Obstacles:** fitting it into the training schedule, back-filling **Person Responsible:** HR scheduler, curriculum approved by Senior Leadership **Target Date:** Will be complete Spring 2026

****NOTE: The cultural strategies related to Indigenous culture are part of a greater Truth and Reconciliation Plan that is being co-designed with people supported, staff, management and the board along with a consultant.**

For a more thorough look at the agency's commitment to Truth and Reconciliation, the Truth and Reconciliation Plan can be referred to. We have separated it from the Diversity and Equity Committee to have direct accountability and commitment of the leadership to Indigenous people we support and hire and to commit resources to reach the goals established in light of the Calls to Action that we together want to address.

Area(s) of concern	**Age**
What is working	• CLDSL has non-discrimination hiring practices for external and internal positions • Numerous agency policies outline principles that promote diversity* • Training in Surge Learning system for staff working with different generations in the workforce • Analysis of data each year on ages of persons served in each program • Accommodation is available to all stakeholders as needed in order to better serve specific needs in this area.
Standing Items of Concern/Areas needing improvement	• None
Further steps in 2026	• None
Area(s) of concern	**Gender**
What is working	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation is available to all stakeholders as needed to better serve specific needs in this area.
Standing Items of Concern/Areas	• None

needing improvement	
Further Steps for This Year	• None
Area(s) of concern	**Sexual Orientation**
What is working	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation is available to all stakeholders as needed to better serve specific needs in this area.
Standing Items of Concern/Areas needing improvement	• None
Further Steps for This Year	• None
Area(s) of concern	**Spiritual Beliefs**
What is working	• Agency has non-discrimination hiring principles for external and internal positions • Agency accommodates religious worship per provincial human rights principles and legislation • Numerous agency policies outline principles that promote diversity* • Accommodation is available to all stakeholders as needed to better serve specific needs in this area. • People supported are supported in accessing spiritual and religious practices as they choose (churches, Elders, sweat lodges etc.)
Standing Items of Concern/Areas needing improvement	• None
Further Steps for This Year	• None
Area(s) of concern	**Socioeconomic status**
What is working	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation is available to all stakeholders as needed to better serve specific needs in this area.
Standing Items of Concern/Areas needing improvement	• Economic status of people we support who are on ODSP puts them in a perpetual position of poverty
Further Steps for This Year 2026	• Advocacy Provincially for increased ODSP amounts to continue (there was an increase in 2025 and will be in 2026) **Target Date: ongoing**
Area(s) of concern	**Disability – people supported and staff**
What is working	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Completion of personal plans in different formats, where requested • Creation of agency documents (e.g., rights reviews, complaints procedures in plain-language formats, where appropriate) • Annual analysis of data around barriers faced by persons served (encompassing disability). Data also aggregated in Nucleus system.

	• Feedback from people supported on their satisfaction with services is evaluated • Accommodation is available to all stakeholders as needed to better serve specific needs in this area. • "One Page Profiles" are present and/or available showing how people want to be supported, including staff if they choose. • The formation and support with agency staff of the ACT committee for self-advocacy • Rights review committee is in place and used • Strategic Planning included focus groups with people we support
Standing Items of Concern/Areas needing improvement	**Disability – people supported** Access to systemic decision making and influence for people we support
Further Steps for This Year 2026	**Barriers:** how d **Strategies to Remove Barrier:** • Support the new ACT group in building their confidence to advocate on their own behalf and give them avenues within the agency to have a real say. This is making sure people have valued roles and are respected. (example – bringing the Influencers up from CL Toronto to share their journey) • Working with the board on avenues that people supported can have a voice and input into decision making. • Identify Red Tape issues **Potential Obstacles:** willingness of Self advocates, structure and red tape issues **Person Responsible:** Cara-Lee Pollard, Director of Service; Barb Kirouac, COO; Sherry Baum, CEO, Board **Target Date:** Ongoing

Requests for Reasonable Accommodations

There were several requests for reasonable accommodations by employees or prospective employees in the past year. When applicable, these were documented in Accommodation Plans. Not all requests were able to be accommodated. A summary of the requests follows (note that these do not include short-term accommodations directly related to WSIB claims):

2024

Type of Request	Number of Requests
Schedule request for religious observance	0
Accommodation for documentation/record keeping	0
Requested ergonomics assessment	1
Medical device required in workplace	0
Accommodations for physical nature of work	18
Request assistance with external interview process	0
Request scent reduced workplace	0
Schedule request for medical reason	3

2025

Type of Request	Number of
Schedule request for religious observance	0
Accommodation for documentation/record keeping	0
Requested ergonomics assessment	
Medical device required in workplace	0
Accommodations for physical nature of work	
Request assistance with external interview process	0
Request scent reduced workplace	0
Schedule request for medical reason	

The accessibility plan was updated in January 2026. Monitoring of items will continue throughout the year, with a formal update of the plan again being completed no later than January 2027.

Technology Plan

CLD-SL also manages a very comprehensive Technology Plan, which is not included in this document. If you would like more information about CLD-SL's technology planning, please feel free to contact Shauna Spalding at shauna.spalding@cldsl.ca

Review of Complaints Received

Background

Community Living Dryden-Sioux Lookout has a complaint policy and procedure that is available for all stakeholders to follow (including staff, where the Collective Agreement with UNIFOR may not apply and it is not a regular HR matter). For the purposes of this report, it is considered to be a formal complaint if the formal intervention of a member of the management team or above is requested or warranted.

Program Area of Complaint:

Program	2018	2019	2020	2021	2022	2023	2024	2025
Community Accommodations	2	0	2	0	1	1	3	2
Community Participation/CI Hubs	0	0	0	0	0	0	0	1
SIL/ESIL	0	0	0	0	0	1	3	3
Life Share	0	2	0	0	0	0	0	0
Employment Services	0	0	0	0	0	0	0	0
Administration/Management	0	0	0	0	0	0	0	1
Total Complaints	2	2	2	1	1	2	6	6

(Note – some complaints cover more than one type):

Type of Complaint	2018	2019	2020	2021	2022	2023	2024	2025
Service Quality	1	2	1	1	0	0	2	1
About specific staff/individual	2	0	1	1	1	1	1	3
Possible mistreatment of person served	1	0	1	0	1	0	2	0
Agency Practices	0	2	0	1	0	1	2	1
Other	0	0	0	0	0	0	0	1

Source of Complaint	2018	2019	2020	2021	2022	2023	2024	2025
Family Member	0	0	2	1	0	0	2	2
Community Member	2	0	0	0	0	1	2	1
Other Agency	0	0	0	0	0	0	0	0
Staff Member	0	0	0	0	1	1	1	0
Life Share Provider	0	2	0	0	0	0	0	0
Person Supported	0	0	0	0	0	0	0	3

Areas Requiring Performance Improvement: All areas of levels of decision making is confusing to the public and sometimes staff. All staff will be trained on the new policies.

Actions to be Taken to Address Areas Needing Improvement: New policies were developed to train staff and families with clarity on types of decision-making including guardianship. A video was produced for a conference and will be put into our LMS for all staff.

Actions Taken or Changes Made to Improve Performance: Each situation was handled on a case-by-case basis.

Status of Complaints: All of the complaints brought forward in 2025 were resolved to the satisfaction of all parties involved and followed the process outlined in the Policy. Timelines were usually expedited.

Records: Records are complete but the database and policy will be updated to match.

Contact Us

Community Living Dryden-Sioux Lookout

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Visit our website: http://cldsl.ca

If you have questions about this report, or if you would like this information in an alternate format, please contact Tracy Bazinet-Ternowski (tracy.bazinet-ternowski@cldsl.ca). You may also wish to review our Outcomes Report Card, which presents this information in a simplified manner. The Outcomes Report Card can be found on the agency's website.