Community Living
DRYDEN - SIOUX LOOKOUT

QUALITY IMPROVEMENT REPORT 2024



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DRYDEN - SIOUX LOOKOUT



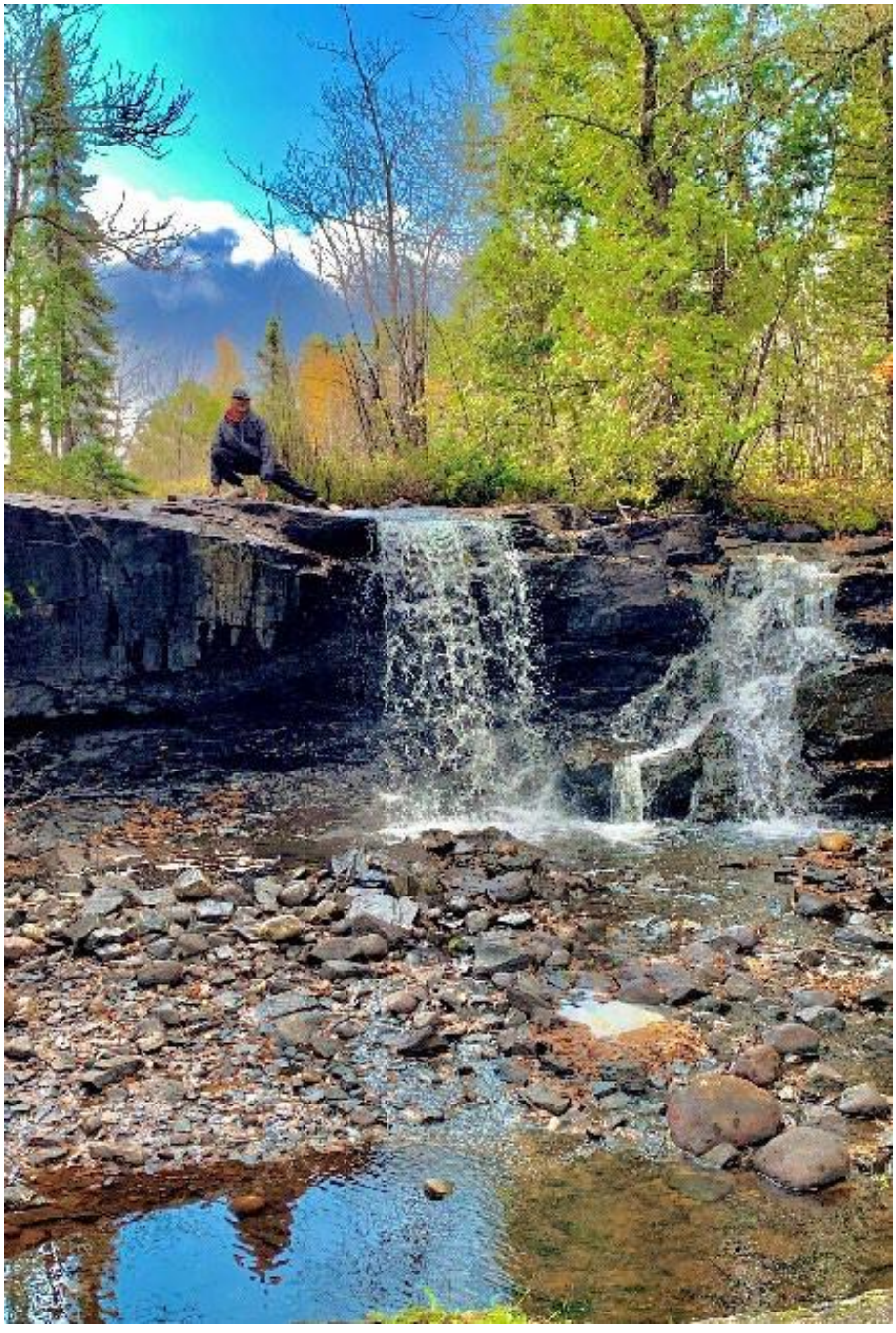
COMMUNITY LIVING DRYDEN-SIOUX LOOKOUT STRATEGIC PLAN 2024-2027

ASPIRE to Excellence® carf ACCREDITED

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

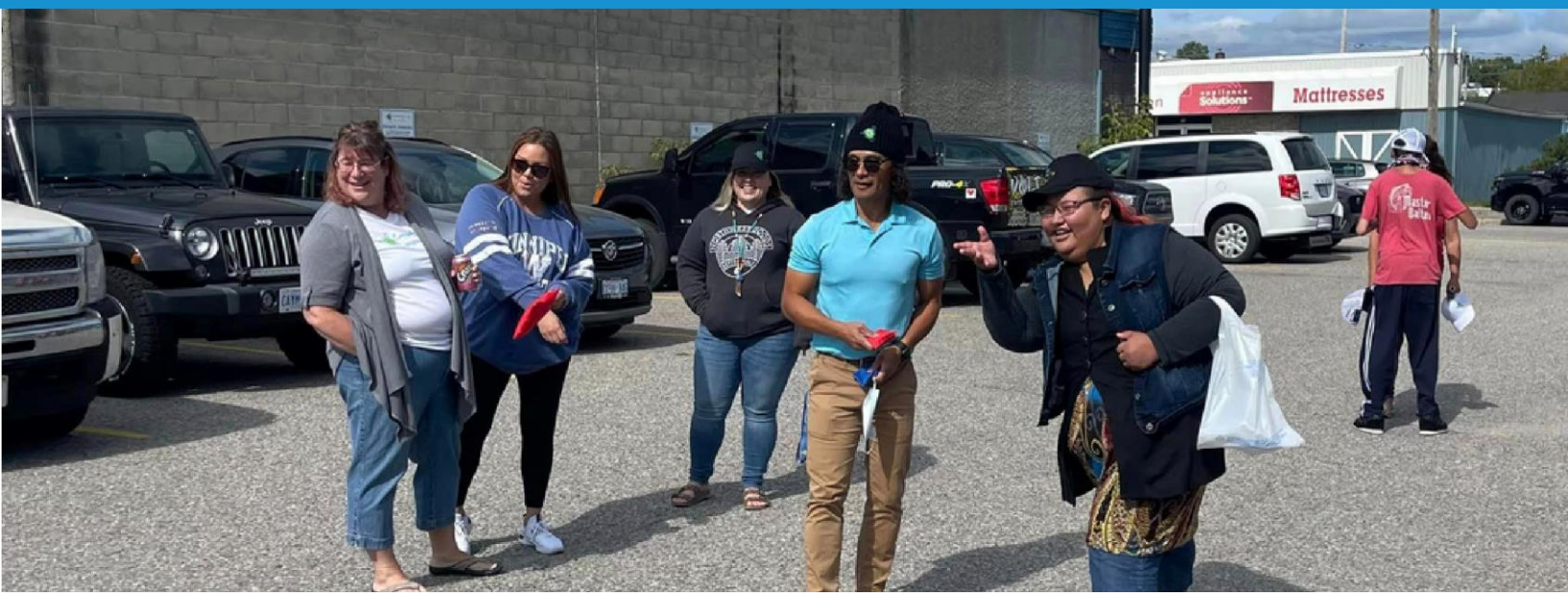
THE STRATEGIC PLANNING PROCESS

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

Community Living
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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/

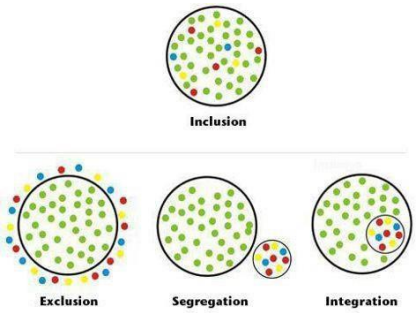
"The passion for stretching yourself and sticking to it, even (or especially) when it's not going well, is the hallmark of the growth mindset. This is the mindset that allows people to thrive during some of the most challenging times in their lives."

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.

Performance Measurement and Management Plan

Community Living Dryden and District strives to have a very robust quality improvement process throughout the organization. This QI process will be utilized to ensure that the organization's mission and goals is being achieved by supplying data that can help inform decision-making.

Preparation

Items considered When Identifying Gaps and Opportunities	Current Plan and Processes
Input from persons served, personnel, and other stakeholders	**Current Processes**: Input is sought through formal surveys and in face-to face meetings/correspondence as issues arise. **Gaps:** Lack of structured manner by which to proactively obtain personalized input. **Opportunities:** Growth of our QA department allows for more structured reach-outs in the future.
Characteristics of Persons Served	**Current Processes**: Data is collected on age, gender, transportation barriers, communication styles, language(s) spoken, diagnoses, interests, family/friend involvement, marital status, religion, mobility needs, ethnicity, ext. Other data is collected in Nucleus Labs but may not be aggregated each year. **Gaps:** Missing recordable data. Likely much more data that can be mined and gathered in order to have a better baseline of information on people supported. **Opportunities:** The growing Quality Assurance department will allow for more focus on data collected. Emphasis will be put on report 23 (Missing Information Report) within Nucleus Labs.
Expected results	**Current Processes:** Targets were based on gathering information to set a baseline. **Gaps:** Recognizing gaps(divergences) in outcome measures when calculating results, as our surveys did not produce the outcome/information that we intended to gather. **Opportunities:** Strengthening our surveys, and questions asked, to better collect information we are looking to obtain.
Extenuating Factors Influencing Results	**Current Processes**: These are extensively discussed as part of data evaluation. **Gaps:** None identified **Opportunities:** None identified
The Comparative Data Available	**Current Processes:** Our targets are based on our 'best guess' as we are setting a baseline. **Gaps:** None identified **Opportunities:** As we continue to collect and analyze data, we will compare from year to year.
Communication of Performance Information	**Current Processes:** Newsletter, website, and social media used to convey 'user friendly' report cards to communicate information. **Gaps:** Not sure how many people this reaches. **Opportunities:** Revamped website will offer more opportunity to push information via social media.
Technology to Support Implementation of PMM	**Current Processes**: Significant use of technology and evolving tech practices in conjunction with Nucleus, Surge-Learning Management System (LMS), Serious Occurrence Reporting and Residential Licensing (SOR-RL). **Gaps:** None identified. **Opportunities:** None identified.

Processes

What needs to be done	Who will lead and how it will be done	Current Plan and Processes
Collecting relevant data on characteristics of persons served	The Manager of Quality Assurance will meet with individual program Manager and leaders to identify the most relevant data to be collected.	Data is collected on age, gender, transportation barriers, communication styles, language(s) spoken, diagnoses, interests, family/friend involvement, marital status, religion, mobility needs, ethnicity, ext. Other data is collected in Nucleus Labs but may not be aggregated each year.
Results achieved for the persons served (effectiveness)	The Manager of Quality Assurance will meet with the management team to identify the most important measures for each program.	Each program has different effectiveness measures, depending on their specific focus. Measures may change from year to year depending on the acuity of the data and the changing needs of the program.

Experience of services received and other feedback from persons served.	As led by the Manager of Quality Assurance, the organization has one method by which to receive this information from persons served: A survey delivered by a member of the Quality Assurance team.	A member of the Quality Assurance team meets annually, one-on-one, with the person supported to complete the survey. In future the survey will be revamped to reflect people in multiple programs. The survey will also be available electronically for easier/better access for those able to do so.

Experience of services received and other feedback from other stakeholders	As led by the Manager of Quality Assurance, the organization solicits feedback in a three-year cycle involving families and community partners. Staff complete survey's twice per year.	In 2023, two staffing surveys were completed. Staff will continue to be surveyed twice per year. In 2024, community partners and families will be surveyed.
Resources used to achieve results for the persons served (efficiency)	The Manager of Quality Assurance will meet with the management team to identify the most important measures for each program.	Because of the volume of resources dedicated to sick time, every program utilizes the same efficiency measure, which measures absence rates due to sick time.
Service Access	The Manager of Quality Assurance will meet with the management team to identify the most important measures for each program.	Each program currently goes through the intake process to access services. Data is collected through our Intake department.
Collection of data about persons served at various intervals (beginning of services, appropriate intervals during services, the end of services, points in time following services)	Depending on the data collection in need, this is led by program Managers, as well as the Manager of Quality Assurance, who directs the appropriate teams.	This is completed at the beginning of services and is updated at least annually. Service data is also updated when service ends. It is rare that data is collected following services, as most cessation of services is due to death or simple transition to another program in the agency.
Identification of priority measures determined by the organization for business function objectives	This is led by the Manager of Quality Assurance, in consultation with other Directors around the most important measures to collect. These are based off of regularly used reports such as those related to health and safety, finance, governance, etc.	A series of business function measures considered the most important are in evidence. These currently encompass needs related to human resources, health and safety, and finance.
Ensuring data integrity- validity, reliability, completeness, accuracy	This is led by the Manager of Quality Assurance, who develops data integrity processes.	Data integrity processes are noted at the end of this report.
Examining extenuating factors that may impact results	The Manager of Quality Assurance and management team will review possible extenuating factors when data is ready to be analyzed.	Each measure in place has extenuating factors taken into account accordingly, as noted within the QI report.
Establishing timeframes to analyze data and communicate results.	The Manager of Quality Assurance and management team are responsible for establishing these time frames.	Each measure is analyzed at least annually, though many are examined more frequently (as noted in the QI report). Results are communicated in the same time frame.
Determining how data is collected and analyzed, and how performance improvement plans are developed and implemented	The Manager of Quality Assurance, along with the management team, are responsible for determining this and delegating action plans to their team for implementation.	Each measure has a separate implementation and follow-up strategy.
Determining how performance information is communicated	The Manager of Quality Assurance consults with the Management team.	Information is distributed using the *Plan to Distribute Performance Information*.

Plan to Distribute Performance Improvement Information

Intent

It is imperative that information related to performance improvement is shared with all stakeholders. A fundamental component of the quality improvement cycle is the distribution of such information such that all stakeholders have access to this information and that they have the opportunity to provide feedback on this information.

Procedure

The following guidelines will be followed in order to ensure that performance information is shared on a regular basis and in formats that are useful to all parties. (Note: In the list below, "Other stakeholders" include families, community partners, and MCCSS).

Stakeholder	Method	Ensuring Usefulness	Timelines	Feedback Invitation
Persons Served, Personnel, Other Stakeholders	Annual Quality Improvement Report will provide yearly update of all performance improvement activities. Report is available via Surge (for staff), on website, and paper copies are available upon request.	It is recognized that this document may not be the perfect forum for persons served. As such, primary staff persons will be encouraged to ask persons served if they are interested in reviewing the information for programs that are of interest to them and explain this information to them.	Annually	QI Report contains contact information for all Management staff.
Persons Served, Personnel, Other Stakeholders	Agency report card will be used to communicate information in a more understandable and meaningful manner. The report card will be posted on the agency website, social media and in administrative offices. It will also be made available in the CLDSL-An Inside Look (newsletter), and the Annual Report.	Report card will use simplified grades.	Annually	All users will be encouraged to provide feedback via phone or email.
Persons Served, Personnel, Other Stakeholders	Agency website will contain up-to-date information related to all performance improvement activities. Updates for all measures will be made as data is available.	Attempts will be made to ensure that information is presented in a very direct, user-friendly manner.	Wherever Possible	All users will be encouraged to provide feedback via phone or email.
Persons Served, Personnel, Other Stakeholders	Agency newsletter will have a Quality Improvement section in each edition in which progress will be updated.	Attempts will be made to ensure that information is presented in a very direct, user-friendly manner.	Wherever possible	Telephone and email contact information will be provided in order to encourage feedback.
Personnel	Updates are provided at staff meetings by Service Managers, Quality Assurance Manager, or designate.	This format allows for the information to be presented directly to staff in a face-to-face forum.	Wherever Possible	Interactive nature of the forum invites feedback and discussion.
Personnel	Emails will be used to convey information wherever possible.	This will largely be in the same format as information distributed to program locations.	Wherever Possible	Invitation to provide feedback will be included in any such postings

Note

This plan coexists with other documents detailing the Data Collection/QI Process and that may specify the timelines by which to collect data for measures. Such documents include, but are not limited to, the *Overview of the Quality Improvement Process* included in the Quality Improvement Report.

Review

Last review: January 2024 Next review: No later than January 2025

Data Integrity Assurance

A great deal of time and effort goes into collecting the data that is summarized in the following pages. However, the collection and summarizing of the data is meaning- less if the collected data lacks integrity. A strong agency uses its data to assist in organizational decision-making. Simply put, data that is not accurate or consistent means that this decision-making is being done with bad information. As a result, the right decisions cannot be made. Fortunately, some simple processes can ensure the integrity of the organization's data. *Some* of Community Living Dryden-Sioux Lookout processes are noted below.

Reliability is meant to ensure that data is collected consistently and in a way that could be reproduced at another time and by other people. Because the organization does not use standardized tests or measures that can ensure reliability, other steps have been taken:

- Very few personnel are entrusted to tracking data. This tighter circle of staff limits misinterpretation. Those staff that collect data are trained accordingly.
- For all self-reporting measures with some amount of subjectivity, discussions with the team have occurred as to how to ensure that data is coded properly.
- Most data is gleaned directly from reporting functions in the organization's payroll or client records software, virtually eliminating any danger of the data not being collected the same way on another occasion.
- Unless otherwise noted, data measures all persons served, not just a sample. This means that reliability issues related to data sampling are not a factor.

Validity simply suggests that the data measures what it intends to measure.

- The organization's data is reflective of the needs of stakeholders as gleaned from ISAs and plans, and is reflective of the agency's mission and values.
- The organization's focus is not clinical in nature. It depends on the face validity of its measure— that is, does common sense indicate that the measure makes sense to address the area of concern? This face validity is achieved by having the Quality Assurance Department and the Management Team review measures to determine if they seem to make sense.

Completeness means that the data is as complete as possible and that obtainable data is not missing, be it intentionally or unintentionally. Incomplete data has little value, as it may exclude entire groups of persons served or may be missing data that will greatly influence success towards missing a target.

- The number of client records in all spreadsheets is routinely checked against the overall list of persons served to ensure that data is complete.
- All programs have an indicator and no groups are missing from data collection or analysis.
- All attempts are made to find any missing data. Any data that continues to be missing is properly coded in Excel (using the #n/a function, where Excel is still used) so that the program can process the available data properly.

Accuracy simply means that all data is recorded properly and that any errors are caught and corrected.

- Spot checks are completed by the Quality Improvement Lead to ensure accuracy. This includes a review of distribution of values (when Excel is used)
- Where Excel is used, a frequency distribution of values is run in Excel to look for any values suspected of being inaccurate or outside of normal distribution.

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 2024)	HR- Payroll Software	2024 (January-December) Calendar	Annually	Less than 2 %	Between 2-3 %	Over 3 %	See chart below.

Results:

Year	2022	2023	2024
	2.9 %	1.65%	1.93%

Extenuating Factors/Discussion: COVID restrictions have been lifted and are not posing increases on sick time. In 2024 we had an increase in modified work.

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.

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.

Effectiveness Measures– All Programs

What are we doing and how are we doing it?						How are we hoping to do (target)?			
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.	**How did we actually do? (Results)**
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 2024	Annually	More than 85%	Between 50-85%	Less than 50%	See chart below.

Results:

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

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, increase in staff off work as well as continuous staff shortages.

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.

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.	
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, 2024	Annually	Reduction of more than 50%	Reduction between 25-50%	Reduction below 25%	See chart below.

Results:

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

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.

Action Plan: To continue to educate staff and partners, and to continue to adjust protocols with Emergency Medical Services.

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	Annually (January-December)	Annually	More than 80%	Between 50-80%	Less than 50%	See chart below.

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

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

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.

Year	2022	2023
	86%	83%

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

Extenuating Factors/Discussion: This year 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)

Follow-up Completed: We met one on one with People Supported to ask the questions around their level of satisfaction with the services provided to them.

Action Plan: 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

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 peri- od 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 2024	Annually	0 %	Between 1-1.5 %	Greater than 1.5%	See chart below.

Trends:

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

Extenuating Factors/Discussion: Same results as 2023.

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.

Business Function Measures

The following is a summary of staff injuries in the last 5 years.

Category	2019	2020	2021	2022	2023	2024
Number of Fatalities	0	0	0	0	0	0
Number of Occupational Injuries/Illnesses	26	16	27	23	20	45
Number of WSIB reportable injuries	11	4	4	8	12	9
Number of non WSIB reportable injuries	15	12	23	12	8	36
Number of lost days	15	105	25	25	32	33
Types of Injuries	Slips, trips, falls 7 Material Handling 2 Musculoskeletal disorders/client handling 9 Unsafe Equipment/environment 5 Workplace violence/harassment 1 Needle Stick 0 Exposure to hazardous bio/chem/phys agents 2 Other 2	Slips, trips, falls 7 Material Handling 0 Musculoskeletal disorders/client handling 5 Unsafe Equipment/environment 3 Workplace violence/harassment 1 Needle Stick 1 Exposure to hazardous bio/chem/phys agents 2 Other 0	Slips, trips, falls 7 Material Handling 0 Musculoskeletal disorders/client handling 3 Unsafe Equipment/environment 8 Workplace Violence/Harassment 6 Needle Stick 1 Exposure to hazardous bio/chem/phys agents 2 Other 0	Slips, trips, falls 8 Material Handling 2 Musculoskeletal disorders/client handling 5 Unsafe Equipment/environment 3 Workplace violence/harassment 4 Needle Stick 3 Exposure to hazardous bio/chem/phys agents 2 Other 0	Slips, trips, falls 5 Material Handling 0 Musculoskeletal disorders/client handling 2 Unsafe Equipment/environment 0 Workplace violence/harassment 7 Needle Stick 3 Exposure to hazardous bio/chem/phys agents 1 Other 0	Slips, trips, falls 5 Material Handling 1 Musculoskeletal disorders/client handling 2 Unsafe Equipment/environment 2 Workplace violence/harassment 32 Needle Stick 2 Exposure to hazardous bio/chem/phys agents 3 Other 0

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	WorkWell Survey	May 2024, October 2024	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	May 2024	October 2024
	41%	42%	49%	51%	42%	43%	0%

Extenuating Factors/Discussion: 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.

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. Seeking another platforms to suit our needs.

Who did we support in 2024

Programs	Community Participation	Community Accommodation	Life Share	SIL
Number of Persons Served	107	36	10	57
Gender of Persons Served	Male: 58 Female: 49 Other: 0	Male: 18 Female: 17 Other: 1	Male: 9 Female: 1 Other: 0	Male: 32 Female: 24 Other: 1
Age of Persons Served	19-29: 30 30-39: 26 40-49: 15 50-59: 19 60-69: 13 70-79: 3 80-89: 1	19-29: 6 30-39: 6 40-49: 4 50-59: 7 60-69: 9 70-79: 3 80-89: 1	19-29: 5 30-39: 2 40-49: 1 50-59: 1 60-69: 1	19-29: 20 30-39: 16 40-49: 13 50-59: 6 60-69: 2

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
Supervisors:		
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		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 persons served, ensuring that they receive supports consistent with their goals/Personal Plan, and agency mission	59	37
Direct Support Professionals Casual: Provide direct service to persons served, ensuring that they receive supports consistent with their goals/Personal Plan, and agency mission	C = 17	
Student Placements: Complete short term post-secondary practicums by augmenting supports at CLD-SL	0	5
Students: Complete short term post-secondary practicums by augmenting admin supports	0	1

Risk Management Plan 2024

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

This Risk Management Plan coexists with the agency's 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 in an effort 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 for 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	Incidences of serious injuries to People Supported went down 21% in 2024 compared to 2023.
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 has been initiated, 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 more staff. Peer to Peer team will also receive updated training.

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	There was a slight reduction in incidences of People Supported being reported as missing in 2024.
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)	Moderate
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.
Results of Actions to Manage Risk	There was a reduction in reports of abuse of People Supported in 2024.
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 occurs)	Moderate
Current Strategies Used 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 member as needed.
Results of Actions Used to Manage Risk	There was no change in loss of time and staff injuries from 2023 to 2024.
New Strategies to be Adopted This Year	Continue to make Health and Safety a propriety.
Area of Risk	Staff and people supported
Type of Potential Risk	Illness or 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 • Peer to Peer Support Team • Mental Health First Aid and ASIST training done as needed
Results of Actions Used to Manage Risk	The rate of sick time for staff showed an increase for 2024.
New Strategies to be Adopted This Year	Peer Support team to be fully operationalized and updated training arranged
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. We had a 13% turnover rate in 2023 and a 14% rate in 2024.
New Strategies to be Adopted This Year	• Design an exit interview process • Incentive program put in place for staff to refer potential new employees. • Explore further social media avenues for recruitment • Explore out of country recruitment programs • 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	• HR policy and procedures

Manage Risk	• 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 in excess of 60 hrs/wk in emergency situations.
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)	Low
Severity (How Bad, if it occurs)	High
Current Strategies Used Manage Risk	• CPI 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.
New Strategies to be Adopted This Year	Keep educating staff on the subject
Area of Risk	Board of Directors
Type of Potential Risk	Criminal activity, fraud, theft, legal requirements, liability, Board turnover
Frequency (Likelihood)	High
Severity (How Bad, if it occurs)	Moderate
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
Results of Actions Used to Manage Risk	· There were no concerns related to Board conduct this year.
New Strategies to be Adopted This Year	Continue with Board training.

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 Manage Risk	Complaints were higher this year (see summary of complaints in this report).
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 need, 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 housing crisis.
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 were no reported accidents with damage to agency vehicles this year. In years where there are accidents with significant damage, costs are managed with our insurance policies.
New Strategies to be Adopted This Year	None
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 Manage Risk	• Insurance and deductibles • Policy FIN-03 addresses many of these issues
Results of Actions Used to Manage Risk	There were no significant issues related to damage or theft 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 Apatco • 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	None formal.

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 Manage Risk	• Finance policies • 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 were no issues related to this area this year, but vigilance is required.
New Strategies to be Adopted This Year	Another Passport Coordinator is needed to meet the need as we still have a great amount of unspent Passport.

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, etc.) • 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.
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 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.
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 to review new referrals carefully.
Area of Risk	Governance
Type of Potential Risk	Low membership
Frequency (Likelihood)	Moderate
Severity (How Bad, if it occurs)	Low
Current Strategies Used Manage Risk	The Board is in the process of pursuing a 'closed membership' structure this year after extensive consultation within the sector and with consultants regarding

	risk mitigation.
Results of Actions Used to Manage Risk	The new membership structure was put in place.
New Strategies to be Adopted This Year	None

Inclusion of Risk Reduction Activities into Performance Indicators

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

Accessibility Plan 2024

Introduction

Community Living Dryden-Sioux Lookout (CLD-SL) has completed a formal Accessibility Plan in January 2023. The plan will be reviewed annually thereafter.
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 2024 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 Surge.

2024 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 2023	**Accessible bathroom** was added to #4-288 Arthur Street
Standing Items of Concern/Areas needing improvement	As people we support age, they are more in need of equipment and modification to their environment to keep them, as well as the staff who support them, safe. We are slowly addressing these issues as they come up on a case by case basis, however, it is important to keep this in mind when doing any future planning.
Future Goals	**Barrier:** **Strategies to Remove Barrier:** **Potential Obstacles:** **Persons Responsible:** **Target Date:**

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
Items addressed in 2023	**Renovations** SIL Staff relocated to #4-288 Arthur Street and CP staff relocated to 50 Albert Street to ease overcrowding at 280 Arthur Street. **Security cameras** installed at 20 Centennial. **Beginning of construction of New Office Building** located at 99 Albert Street
Standing Items of Concern/Areas needing improvement	-Safety also is an issue to be aware of around our buildings as we are located in an area where several social issues co-exist. This is the case in both Dryden and Sioux Lookout.

Future Goals	**Barrier:** Lack of office space in Dryden **Strategies to Remove Barrier:** Completion of new office located at 99 Albert Street **Potential Obstacles:** Unexpected costs, unexpected delays, sign off by City building inspector **Persons Responsible:** Senior Leadership **Target Date:** June 2024

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 neighbours or other community members, or the lack of "person first" language used by employees.
Items addressed in 2023	Establishment of a Rights Committee
Standing Items of Concern/Areas needing improvement	-The rights of the people we support are sometimes not respected or recognized. They are sometimes disregarded without due process in the name of safety, liability or perceived liability. - Negative attitudes of community members can sometimes stigmatize the people we support. This is addressed on an ongoing basis through follow-up where such concerns are expressed. Raising the profile of the agency and its mission is also one way to address this.
Future Goals	**Barrier:** **Strategies to Remove Barrier:** **Potential Obstacles:** **Persons Responsible:** **Target Date:**

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 persons supported.
Items addressed prior to first official plan	None 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.
Future Goals	**Barrier:** Funding is often not available to fund special projects **Strategies to Remove Barrier:** Continue to invest in grant software **Potential Obstacles:** Ability to designate time to do grant applications **Persons Responsible:** Sherry Baum **Target Date:** December 2024

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 2023	- Partnership with NEW (Northwest Employment Works)
Standing Items of Concern/Areas needing improvement	The changes to the ODSP employment support program do not adequately address the needs of the individuals we serve.
Future Goals	**Barrier:** **Strategies to Remove Barrier:** **Potential Obstacles:** **Persons Responsible:** **Target Date:** **Barrier:** **Strategies to Remove Barrier:** **Potential Obstacles:** **Persons Responsible:** **Target Date:**

Area(s) of Concern	**Communication.** A communication barrier looks at anything that inhibits information being accessible and understandable to all. Examples may include the possible absence of devices available to persons supported or staff to be able to be understood by others, or promotional materials that are not present in formats that are easily understandable.
Items addressed in 2023	
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.
Future Goals	**Barrier:** Person Centered Plans (PCP) assume a relatively high level of literacy. **Strategies to Remove Barrier:** Develop pictorial versions of PCP where appropriate. **Potential Obstacles:** Time to develop the process **Persons Responsible:** Quality Assurance Department **Target Date:** December 2024 **Barrier:** Consistent direct messaging is difficult to achieve. **Strategies to Remove Barrier:** Increase communication with our stakeholders through sharepoint. **Potential Obstacles:** Time to set up **Persons Responsible:** Director of Finance and Assets and Director of HR **Target Date:** December, 2024

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 2023	**Accessible vehicles** purchased for 83B Memorial
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 are no regular public transportation in place in either communities. Both communities have an accessible public transportation service available but only during day time weekdays which must be booked in advance and only within City limits. There are no services evenings and weekends. -Both municipalities are in the process of trying to address these issues as part of their Community Well Being Plans. CLDSL has representations on these committees. -People supported rely greatly on transportation provided by CLDSL through agency vehicles as well as staff vehicles.
Future Goals	**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. **Persons Responsible:** Director of Finance and Assets **Target Date:** October 2024

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 a way of their choosing
Items addressed In 2023	Removing community integration barriers are at the core of the agency's everyday work.
Standing Items of Concern/Areas needing improvement	Items listed under transportation and financial are also related to community integration.
Future Goals	**Barrier:** Legal legislation regarding capacity in Ontario restrict people we support's ability to make decisions for themselves. **Strategies to Remove Barrier:** Participation in Supported Decision Making Pilot Project. **Potential Obstacles:** Failure to affect change in legislation, inability to find partners to participate in project. **Persons Responsible:** Sherry Baum, Lynda Ménard-Penner **Target Date:** This is a five year study

Area(s) of Concern	**Technology.** A technology barrier is related to a need of a stakeholder to access technology to ensure communication or inclusion into services.
Items addressed In 2023	Purchase of i-guard stove technology as a safety measure.
Standing Items of Concern/Areas needing improvement	Persons supported have limited access to technology which can assist in giving them more independence. This relates to the Just Enough Support model of support.
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. **Potential Obstacles:** Time **Persons Responsible:** Sheldon Turner, Managers of Service **Target Date:** December, 2024 **Barrier:** Have an area where all stakeholders as well as the community can find information about our agency. **Strategies to Remove Barrier:** Have a full, bilingual, complete and accessible website. **Potential Obstacles:** Time **Persons Responsible:** Sherry Baum **Target Date:** April 2024

Area(s) of Concern	**Other.** A barrier that is not easily categorized **Lack of affordable accessible housing/Lack of housing**
Items addressed prior to first official plan	-Participated in a housing summit hosted by the municipality of Sioux Lookout
Standing Items of Concern/Areas needing improvement	There is a growing concern in both Dryden and Sioux Lookout surrounding lack of housing. 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	**Barrier:** No housing for prospective people supported or staff. **Strategies to Remove Barrier:** Work in partnership with KDSB on housing initiative. **Potential Obstacles:** None **Persons Responsible:** Sherry Baum **Target Date:** September, 2024 **Barrier:** No housing for prospective people supported **Strategies to Remove Barrier:** Advocate to for-profit housing corporation (1000661215 Ontario Inc.) purchase housing to sublet to people supported **Potential Obstacles:** Availability of affordable homes in the community **Persons Responsible:** Sherry Baum/Shauna Spalding **Target Date:** September, 2024

Area(s) of Concern	**Other.** A barrier that is not easily categorized **Lack of ability to provide some funded services because of other needed resources**
Items addressed In 2023	Hired a full time position in who is scheduled with casual shifts.
Standing Items of Concern/Areas needing improvement	-Difficulty with Host Family recruitment -Difficulty recruiting staff

Future Goals	**Barrier:** Staff shortages **Strategies to Remove Barrier:** Take part in program hiring foreign workers internationally **Potential Obstacles:** Immigration regulations, our vehicle requirement, lack of housing **Persons Responsible:** Sherry Baum, Barb Kirouac **Target Date:** Spring 2025

Requests for Reasonable Accommodations

There were a number of requests for reasonable accommodations by employees or prospective employees in the past year. When applicable, these were documented in Individual Accommodation Plans. 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):

Type of Request	Number of Requests
Schedule request for religious observance	0
Accommodations for documentation/record keeping	0
Requested ergonomics assessment	0
Medical device required in workplace	0
Accommodations for physical nature of work	11
Request assistance with external interview process	0
Request scent reduced workplace	0
Schedule request for medical reason	0

The accessibility plan was updated in January 2024. Monitoring of items will continue throughout the year, with a formal update of the plan again being completed no later than January 2025.

Cultural Competence and Diversity Plan

(January 2024)

Preamble

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 Plan'* addresses cultural competencies within CLDSL by instating the following fundamentals:

1. Services are delivered with the understanding of, and respect for individuals' cultural beliefs and values.
2. Staff members respect cultural beliefs and values, interpersonal styles, attitudes, and behaviors of the individuals, families, and communities we serve.
3. An organization-wide consciousness of the dynamics of cultural interactions (i.e. – being aware of cultural biases).
4. Administration, management, and service delivery include routine assessments and implementation of processes that respect cultural diversity.

5. 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.

CLDSL will be sensitive to, and respectful of, the cultural diversities of individuals (persons served, staff and other stakeholders) in regards to the following areas:

- Language:
    - Our agency values and respects the rich diversity of languages spoken by our staff and clients. At the same time, we are committed to ensuring that all interactions, particularly those related to service delivery, are conducted in English to maintain clarity, consistency, and accessibility for everyone involved. We ask that employees remain mindful of the potential for exclusion when conversing in a language that may not be understood by others in the immediate environment. We want to foster a work culture where no one feels left out or disconnected, regardless of the language being spoken. We strive to create a balance where respect for linguistic diversity is upheld, while ensuring that everyone has equal access to information and opportunities
- Culture
- Gender
- Sexual Orientation
- Spiritual Beliefs
- Age
- Socio-Economic Status
- Disability
- Other

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**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity*

	• Accommodation available to all stakeholders as needed in order to better serve specific needs in this area.
Standing Items of Concern/Areas needing improvement	• Misunderstandings with communication styles due to culture

Further Steps for This Year	• A baseline assessment was done by YMCA Workwell through part of a survey. • Train on the agency 'culture' and values of belonging and inclusion to foster unity within diversity of cultures and personal values • A focus group will look at the intersection of Cultural diversity and Inclusion, Core Gifts and Person-Centered Approaches to discuss how staff can bring their whole selves to work. • Training and orientation needs will be assessed and enhanced • Celebrate Cultural days through a diversity calendar and multi-cultural events. • Develop a cultural competency policy • HR is working on using a Provincial HR metric that will include DEI demographics.

Area(s) of Concern	**Age**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Training in Surge Learning system for staff around working with different generations in the workforce • Analysis of data each year on ages of persons served in each program • Accommodation available to all stakeholders as needed in order to
Standing Items of Concern/Areas needing improvement	• None
Further Steps for This Year	• None

Area(s) of Concern	**Gender**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation 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 for This Year	• None

Area(s) of Concern	**Sexual Orientation**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation 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 for This Year	• None

Area(s) of Concern	**Spiritual Beliefs**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Agency accommodates for religious worship per provincial human rights principles and legislation • Numerous agency policies outline principles that promote diversity* • Accommodation 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 for This Year	• None

Area(s) of Concern	**Socioeconomic Status**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Accommodation 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 for This Year	• None

Area(s) of Concern	**Language**
Methods Used to Ensure Diversity	• Agency has non-discrimination hiring principles for external and internal positions • Numerous agency policies outline principles that promote diversity* • Collection of data in HRIS about staff able to communicate in French • Completion of personal plans in language of person's choice, where requested • French language accessible website • Accommodation 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 for This Year	• none

Area(s) of Concern	**Race**
Methods Used to Ensure Diversity	• 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	• More training on the understanding of Truth and Reconciliation and how it effects our staff and people supported in our communities • Working with an external agency (CCDI- Canadian Center for Diversity and Inclusion) to bring specific training to all staff and teams around Indigenous issues impacting a large population of individuals we support, staff that work within the agency, families that we have relationships with, ext.
Further Steps for This Year	• All staff training for 2025 on Truth and Reconciliation

Area(s) of Concern	**Disability**
Methods Used to Ensure Diversity	• 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 available to all stakeholders as needed in order to better serve specific needs in this area. • One Page profiles present how people want to be supported
Standing Items of Concern/Areas needing improvement	• None
Further Steps for This Year	• Working to set goals for training development in the 2025 year. Some areas of concentration include, DEI essentials, Indigenous Inclusion, and building an inclusive workplace.

*Policies that outline principles and practice of cultural diversity include:

PS-06, Rights Responsibilities, Rights Review Committee
HR-25, Code of Conduct of Professionalism
HR-01, Staff Recruitment, Training and skills Development
HR-21, Harassment and Violence in the Workplace

This Plan will be monitored throughout 2025

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	2017	2018	2019	2020	2021	2022	2023	2024
Community Accommodations	0	2	0	2	0	1	1	3
Community Participation/CI Hubs	0	0	0	0	0	0	0	0
SIL/ESIL	1	0	0	0	0	0	1	3
Life Share	0	0	2	0	0	0	0	0
Healthy Generations	0	0	0	0	1	0	N/A	N/A
Ojibway Park	0	0	0	N/A	N/A	N/A	N/A	N/A
Employment Services	0	0	0	0	0	0	0	0
Administration/Management	1	0	0	0	0	0	0	0
Total Complaints	2	2	2	2	1	1	2	

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

Type of Complaint	2017	2018	2019	2020	2021	2022	2023	2024
Service Quality	1	1	2	1	1	0	0	2
About specific staff/individual	2	2	0	1	1	1	1	1
Possible mistreatment of person served	1	1	0	1	0	1	0	2
Agency Practices	1	0	2	0	1	0	1	2
Other	0	0	0	0	0	0	0	0

Source of Complaint	2017	2018	2019	2020	2021	2022	2023	2024
Family Member	1	0	0	2	1	0	0	2
Community Member	0	2	0	0	0	0	1	2
Other Agency	1	0	0	0	0	0	0	0
Staff Member	0	0	0	0	0	1	1	1
Life Share Provider	1	0	2	0	0	0	0	0
Person Supported	0	0	0	0	0	0	0	0

Areas Requiring Performance Improvement: The complexity of a harm reduction approach will mean that we have to invest time into educating the community about the types of harm reduction supports we give around mental health and addiction while supporting people who are legally adults with their own decision-making power.

Actions to be Taken to Address Areas Needing Improvement: The policy has a draft amendment about timelines. We will do some education of the general public about the nature of our work now.

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 2024 appear to have been 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 files were labeled with dates at review and we will add case numbers.

Contact Us

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If you have questions about this report, or if you would like this information in an alternate format, please contact Kendall Miller (kendall.miller@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.