



Outcomes and Achievements 2024/25 Fiscal Year



Operational Plan TO DO List – June 2025

Item	By whom and steps	By when
<p>Form the advisory team for ISP's and complete additional audit of 5%</p>	<p>As part of ongoing compliance readiness efforts, a total of 44 Individual Support Plans (ISPs) were reviewed through QUEST audits.</p> <p>In addition, managers conducted a 5% sampling of ISPs during mock compliance inspections held in May and June across various programs.</p> <p>The reviews have highlighted several recurring themes that require attention. Specifically, some goals within the ISPs appear to be generic or program-level, rather than individualized to each person's needs. In certain instances, goals lack meaningfulness, which may impact their effectiveness in supporting personal outcomes. Furthermore, programs must ensure that goals are actively monitored and updated to reflect progress. When goals are achieved, new, relevant goals should be established promptly to maintain continuous development and person-centered planning.</p>	<p>Completed</p> <p>Will be ongoing moving forward at scheduled intervals.</p>
<p>Seek out membership at housing tables and venues for participation</p>	<p>4 managers have been identified.</p> <p>Habitat Partnership with Sophia exchange Potential partnership with the Argyle project Work with South Monaghan Project and ASCC Attended Kawartha Lakes City Council to support the Canada Ontario Housing Benefit (COHB) be administered by the City of Kawartha Lakes as intended.</p> <p>Exploring opportunities to expand residential housing capacity through the potential acquisition of new property.</p>	<p>Donna Sanders Tracey Switzer Anne Manely Erin Pomorski Stephanie Donia Leighanne Quibell</p> <p>Ongoing</p>
<p>Determine funding strategy for staff ratios and additions to expand to address wait list</p>	<p>Progress is underway toward the goal of assessing the feasibility of hiring additional FTEs through Passport funding and fee-for-service revenue.</p> <p>The next steps include calculating the total number of billable hours required to support additional</p>	<p>Donna Sanders Tracey Switzer Shannon Crawford Finance Team</p> <p>Ongoing</p>

for fee for service	<p>staffing. Concurrently, appropriate budget lines need to be identified and aligned to ensure sustainable financial support for any new positions.</p> <p>While there is still work to be done, these foundational steps are actively being developed.</p>	
Launch and review website update	<p>The rebuild and comprehensive review of the site have been completed, and a new complaint/feedback process has been successfully integrated into the updated version.</p> <p>The website is on track for its scheduled launch in July 2025.</p>	<p>Donna Sanders</p> <p>July 2025</p>
Activate feedback form and do awareness campaign of feature	<p>This feature has been incorporated into the updated version of the website, scheduled to launch in July 2025.</p> <p>Users will soon be able to submit feedback and complaints directly through the site, enhancing accessibility and responsiveness.</p> <p>A formal announcement will be shared in advance of the website launch.</p>	<p>Donna Sanders</p> <p>Mid – End of July 2025</p>
<p>Go live with new features of Dayforce</p> <p>Get app areas determined to launch the app</p> <p>Text to shift options enabled</p>	<p>Scheduling</p> <p>Geofencing is set up and tested</p> <p>The App has been turned on in Test and are working out some bugs</p> <p>The system will not be able to send out SOS shifts through the app, it will still need to be emailed</p> <p>Schedules will be sent out via app</p> <p>Recruitment and Onboarding – launching in August. Presented at SDMT to demonstrate the dashboard and features. This will now also include a bio chart of Leadership to help with orientation.</p> <p>Onboarding Recommendations - We will be looking to assign 3 staff in each program as mentors with orientation and having tasks for onboarding to ensure a timely and through orientation.</p> <p>Managers be invited to onboarding for a very quick introduction to the new staff. If they can not</p>	<p>HR Team</p> <p>August 2025</p>

	<p>attend in person, perhaps a quick teams meeting for a very quick introduction. We realize it is not always easy to get schedule to mesh perfectly.</p> <p>Have new staff in for onboarding at the office Union be notified and sent a time to come and give the new employee the Union information and application form</p> <p>New employee will be introduced to their scheduler Same day of this HR will escort the new staff to the location to meet with Coordinator for a tour and info pertaining to the location</p> <p>Coordinator can introduce new staff to people supported as well as staff on site</p> <p>Once Coordinator has completed info will pass of new staff to one of the mentors to shadow for the rest of the mentor’s shift</p> <p>They will have a week to complete the policy and citation training</p> <p>When set up for orientation they will be set up in their regular rotation to alleviate not being available due to other obligations</p> <p>Orientation can be set up for one week form the onboarding date stressing that if they have not completed their onboarding they will not be allowed to attend that shift</p>	
Deeper understanding of possible analytics for HR to do planning	<p>The People Analytics module within Dayforce has been activated but has not yet undergone testing with the initial focus areas of scheduling, recruitment, and onboarding.</p> <p>This module will become a primary focus following the rollout in August.</p>	<p>HR Team</p> <p>September 2025</p>
Review roles again at June Leadership	<p>This was a key topic of discussion at the recent in-person leadership meeting, where leadership emphasized its strategic significance and agreed on the next steps for implementation.</p>	<p>June 17, 2025</p>
Audit of Team talk at staff meetings	<p>While we do not yet have a formal method for auditing this process, discussions with managers indicate that it is actively occurring across all team meetings.</p> <p>The approach varies by team—some managers select the topics in advance, while others engage</p>	<p>Leadership</p> <p>Ongoing</p>

	<p>their teams by seeking input on discussion points. This flexibility reflects ongoing efforts to embed the practice, even as we continue to explore more consistent and structured ways to track implementation.</p>	
<p>Measure change in performance management</p>	<p>A focused effort was made to increase the number of completed Performance Appraisals (PAs), and we are pleased to report a 124% increase in the completion rate.</p> <p>Additionally, there has been a significant improvement in Performance Corrections, with consistent adherence to established processes, policies, and procedures.</p>	<p>Leadership</p> <p>Ongoing</p>
<p>Future leaders process evaluation- time limits, identification, ongoing opportunities, succession opportunities</p>	<p>This year, four new participants were selected to attend an external training program titled <i>Essential Skills for Today's Leaders</i>—an eighteen-day virtual course covering nine key components of effective leadership. Upon successful completion, these employees will be added to the Succession Planning document for future leadership development and consideration.</p>	<p>Steve Burke</p>
<p>Future leaders added to Orientation</p>	<p>This content will be integrated into the new Orientation module within Dayforce, ensuring a consistent and streamlined onboarding experience.</p> <p>All new employees will receive this information as part of their onboarding process, and it will remain readily accessible on SharePoint for ongoing reference and support throughout their employment.</p>	<p>HR Team</p> <p>August 2025</p>
<p>User guide for all CLTH staff about processes</p>	<p>Work on this goal is actively ongoing.</p> <p>A comprehensive review of previous handbook versions has been completed to identify strengths and areas for improvement.</p> <p>In addition, outreach has been made to partner agencies to gain insight into how similar organizations are approaching this, allowing us to</p>	<p>Leadership Team</p> <p>Fall 2025</p>

	gather best practices and inform the development of a more effective and relevant resource.	
Identify appropriate committees and advisory roles	<p>A comprehensive review of all internal and external committees and task forces has been completed.</p> <p>The collected information has been organized into an Excel spreadsheet and made accessible via SharePoint.</p> <p>This will serve as a living document, with updates scheduled on a quarterly basis to ensure accuracy and relevance.</p>	<p>Tracey Switzer</p> <p>January 2025</p>
Develop the influencer strategy for members interested	<p>The Connected Advocates continue to make meaningful progress in their rebranding efforts and are becoming an increasingly active presence across all communities. They have been organizing events and fundraisers within each community, strengthening visibility and engagement.</p> <p>Through ongoing collaboration with partner agencies and community groups, they are expanding both their membership and collective knowledge.</p> <p>Looking ahead, the group will be attending the upcoming CLO conference and will once again partner with Positive Vibes to support the Fall Frolic event.</p>	<p>Connected Advocates</p> <p>Shannon Crawford</p> <p>Crystal Hill</p> <p>Ongoing</p>
Host truth and reconciliation event	<p>This initiative is being coordinated by Positive Vibes in collaboration with DICE committee members. Conversations are currently underway with Curve Lake First Nations, and there is potential for the event to take place during the Fall Frolic, pending availability of time and facilitators.</p>	<p>Positive Vibes and DICE</p> <p>September 2025</p>
Measure satisfaction and efficacy of efforts with new Canadian employees	<p>While this remains a challenging statistic to quantify, there is a clear and ongoing commitment to fostering cultural understanding and appreciation. Through a strengthened partnership with the New Canadians Centre, we are building a long-term strategy to enhance education around cultural diversity. This will be the central focus of</p>	<p>HR Team</p> <p>Positive Vibes</p> <p>DICE</p> <p>Ongoing</p>

	<p>the upcoming virtual fall learning sessions offered to all staff.</p> <p>To date, 24 employees have been supported by HR in fulfilling the ONIP requirement, demonstrating our continued investment in newcomer integration and development.</p> <p>Looking ahead, the Fall Frolic will feature a multicultural theme — <i>It's a Small World</i> — designed to celebrate and deepen cultural awareness through meaningful staff and program contributions.</p> <p>We are also encouraged by the growing participation of staff who identify as new Canadians in agency initiatives, reflecting an evolving and inclusive workplace culture.</p>	
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CLTH Incident Report Analysis

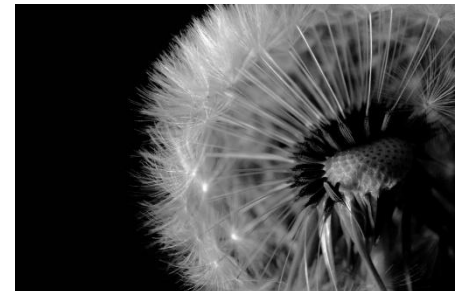
January 01 - December 31, 2024

This report provides a summary analysis of all Person and Service-based incident reports submitted within Community Homes, Community Participation Services, and Supported Independent Living on AIMS between January and December of 2024. AIMS is a comprehensive database that enables us to identify, mitigate, retain, and remediate concerns and issues effectively.

Incident Reporting Variations

Incident reporting is utilized differently across the agency's service areas. Some programs use incident reports primarily for tracking trends and collecting data, while others require more detailed documentation for collaboration with partner agencies, medical agencies, and for ministry reporting purposes

Data Integrity Considerations



"We are what we repeatedly do. Excellence then is not an act, but a habit" Aristotle

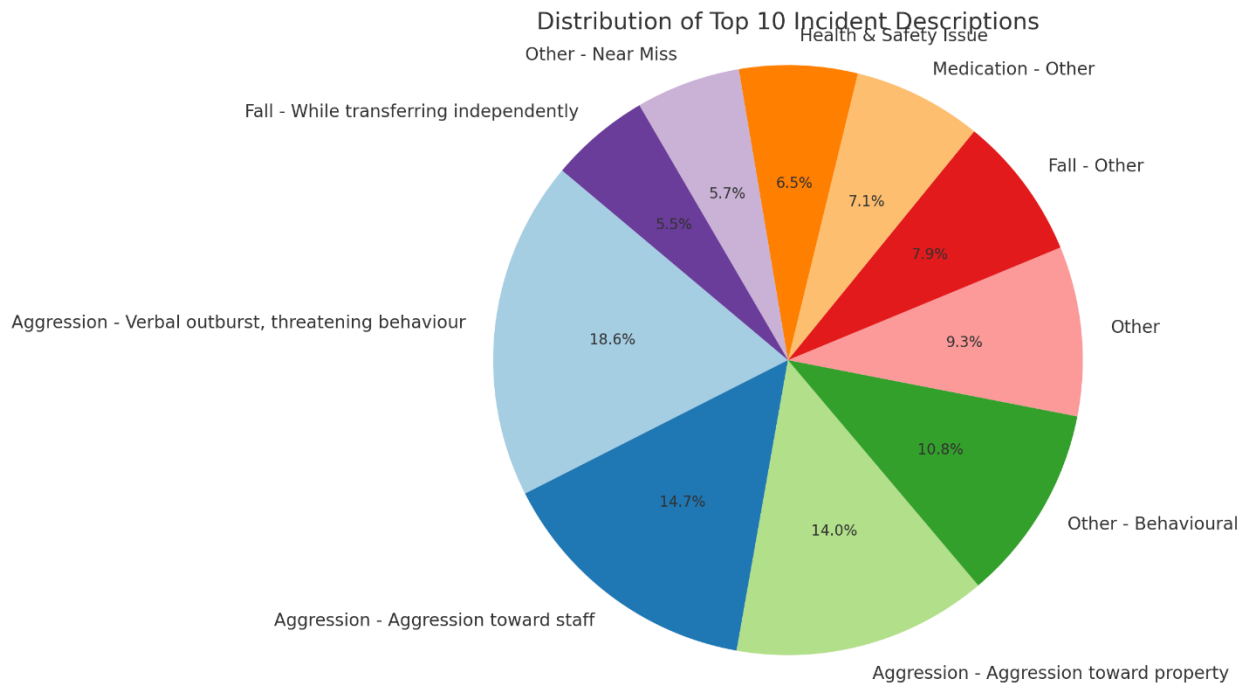
It is important to acknowledge that due to the multiple applications, unique descriptors and the ability to use multiple categorizations per incident report, the data has the potential to be skewed. This variance should be taken into account when interpreting the results of this analysis.

Analysis Overview Total Incidents Recorded – 4101

Incident Categories: There are 95 unique descriptions within the AIMS database that can be used when submitting an Incident Report. This makes extracting useable data difficult. While a random sampling of Incident Reports was reviewed, for the purposes of this report, focus was applied to the top 10 submissions.

Top 10 Incident Report Submissions

- Aggression - Verbal outburst, threatening behavior → 502 reports
- Aggression - Toward staff → 398 reports
- Aggression - Toward property → 377 reports
- Other - Behavioral → 291 reports
- Other (varied subcategories) → 251 reports
- Medical - Other → 237 reports
- Fall - Accidental Fall → 223 reports
- Self-Injury → 180 reports
- Medical - Seizure → 155 reports
- Property - Property Damage → 137 reports



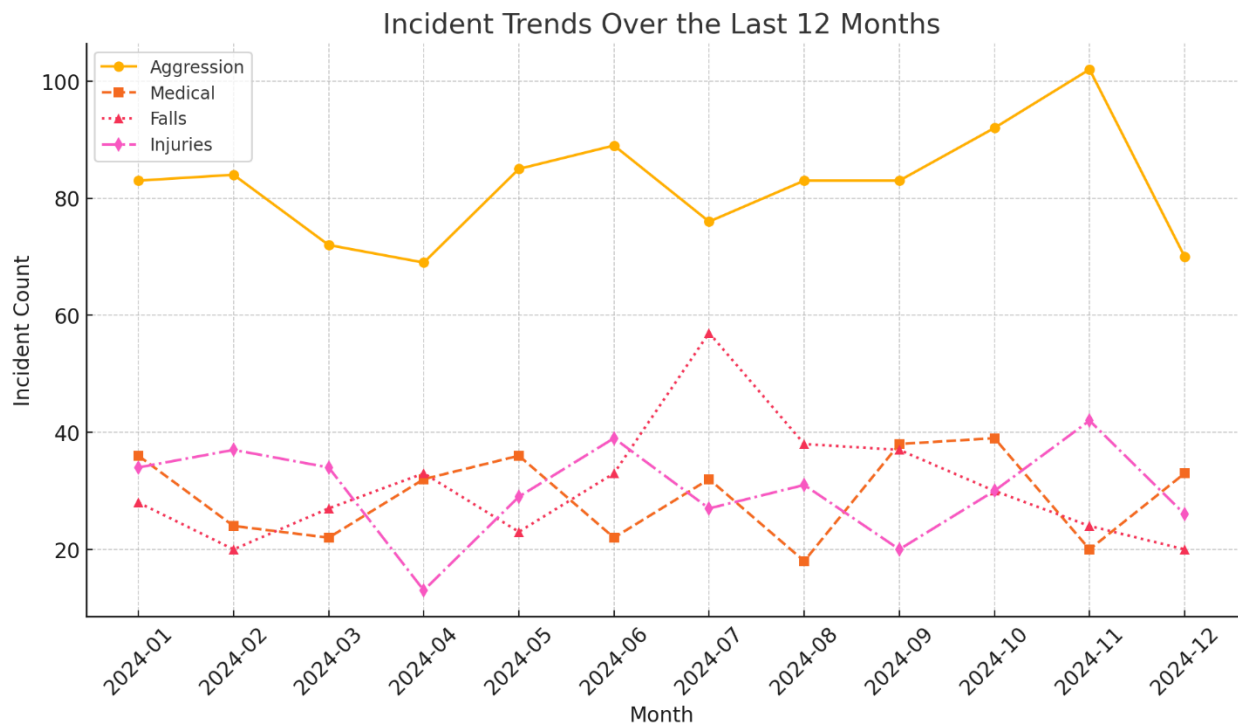
Incident Trends and Patterns: Grouping the primary descriptions into broader categories reveals the following:

Category	Percentage of Reports
Other	71.17%
Aggression	13.59%
Medical	7.10%
Falls	4.76%
Injuries	3.39%

Category Trends Over the Last 12 Months

Month	Incident Count
Jan 2024	388
Feb 2024	298
Mar 2024	318
Apr 2024	316
May 2024	339
Jun 2024	328
Jul 2024	341
Aug 2024	351
Sep 2024	332
Oct 2024	396
Nov 2024	362
Dec 2024	332

Month	Aggression	Medical	Falls	Injuries
Jan 2024	83	36	28	34
Feb 2024	84	24	20	37
Mar 2024	72	22	27	34
Apr 2024	69	32	33	13
May 2024	85	36	23	29
Jun 2024	89	22	33	39
Jul 2024	76	32	57	27
Aug 2024	83	18	38	31
Sep 2024	83	38	37	20
Oct 2024	92	39	30	30
Nov 2024	102	20	24	42
Dec 2024	70	33	20	26



KEY OBSERVATIONS

- **Highest Incidents per Month: October 2024 (396 incidents)**
- **Lowest Incidents per Month: February 2024 (298 incidents)**
- **Seasonal Increase:** Incident counts tend to rise from summer to fall.

Possible Causes:

- **Winter months (Jan-Feb)** may have fewer incidents due to weather-related limitations on activities.
- **Fall months (Sep-Oct)** see increased incidents, possibly due to environmental or behavioral shifts.

Incident Description Breakdown by Percentage

Aggression-Related Incidents

- Verbal outbursts and threats: 19.19%
- Aggression directed toward staff: 11.74%
- Aggression directed toward property: 10.61%
- Aggression directed toward a peer: 2.48%
- Interpersonal conflict: 3.84%
- Other forms of aggression: 0.68%

Anxiety-Related Incidents

- Anxiety related to anticipation of an event: 6.32%
- Anxiety of unknown origin: 5.42%
- Other anxiety-related behaviors: 4.74%
- Fear related to a specific situation: 1.58%
- Fear related to another person: 0.68%

Injury-Related Incidents

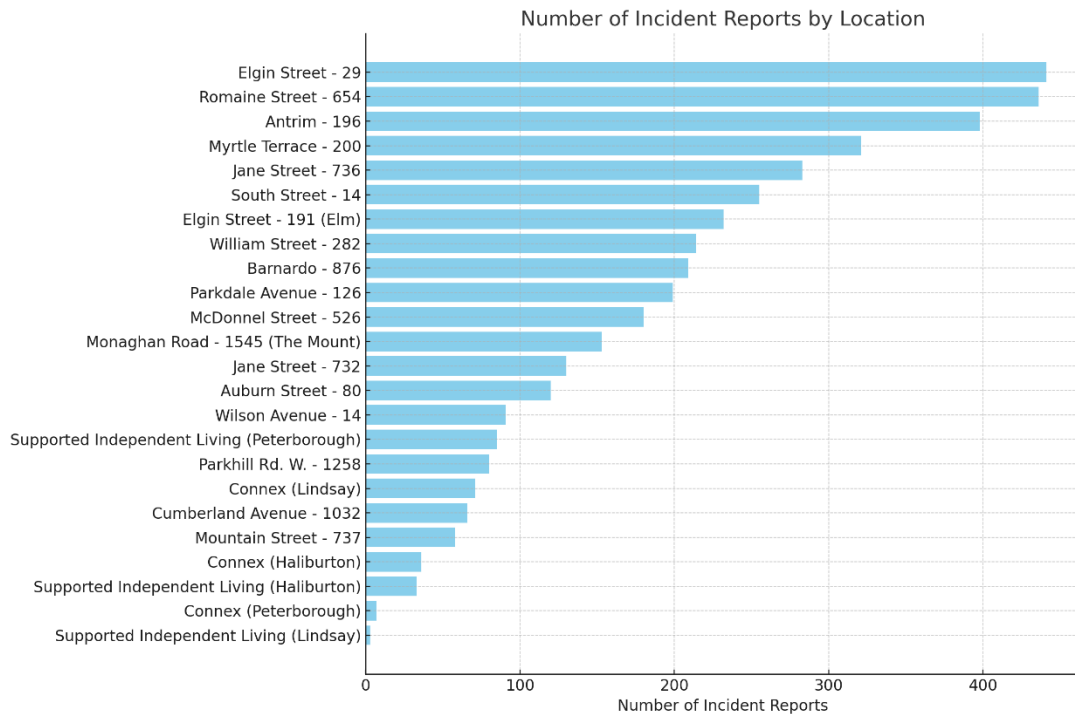
- Self-injurious behavior: 4.51%
- Statements indicating self-harm ideation: 1.13%
- Staff injury: 0.45%
- Injury with known origin: 0.45%
- Injury with unknown origin: 0.23%
- Other injury-related incidents: 0.23%

Medication-Related Issues

- Refusal to take prescribed medication: 2.71%
- PRN (as-needed medication) offered by staff: 1.81%
- PRN requested by individual: 0.45%
- Medication administered at incorrect time: 0.45%
- Medication not taken (found on floor): 0.23%
- Medication not administered by staff: 0.23%
- Medication not self-administered: 0.23%
- Contaminated medication: 0.23%
- Lost medication: 0.23%
- Discarding of discontinued medication: 0.23%

Other Notable Categories

- Health and safety concerns: 4.06%
- General behavioral concerns: 4.06%
- Medical emergencies or hospitalizations: 0.23%
- Equipment malfunctions: 0.23%
- Community-based incidents: 0.23%
- Falls: 0.68% (including 0.23% during transfers)
- External crisis interventions (e.g., police or mental health services): 0.45%
- Allegations of abuse: 0.45%
- Issues related to sexual expression: 1.35%
- Other miscellaneous incidents: 0.45%



Key Findings

Standardize Incident Descriptions – Several reports have inconsistent formatting (e.g., "Other - Behavioural" vs. "Other - Destruction of Property").

Recommendation – Reduce the predefined categories and enforce structured input to avoid duplication and inconsistency.

Reduce Use of Generic Categories like Other – The use of this category reduces clarity and significantly skews the use of data.

Recommendation - Encourage more precise categorization or add subcategories within "Other" to capture details.

Investigating High-Frequency Incidents

Recommendation - Review these cases for trends, possible causes, and preventive measures (e.g., improved fall prevention training, medication tracking).

Improve Data Entry Consistency - Some incident reports combine multiple incident types in one field (e.g., "Aggression - Aggression toward property, Aggression - Verbal outburst").

Recommendation - Use the primary cause of the incident to categorize rather than choosing multiple.

Enhance Incident Reporting System - Some reports have missing data which makes evaluation of trends difficult.

Recommendation - Ensure required fields are completed before submission and provide training on proper data entry.

Conclusion

This analysis highlights the importance of consistent incident reporting practices across all service areas. While the data provides valuable insights, it is essential to consider potential variances due to differences in reporting methods. Future efforts should focus on standardizing data collection, enhancing accuracy, and utilizing findings to improve service quality and risk mitigation strategies.

Report prepared by Tracey Switzer - Director of Adult Accommodation and Community Services

Community Living Trent Highlands Online

Website & Social Media Year-end Report 2024-25

Submitted by Lianna Hardy

The Website

Community Living Trent Highlands website can be located at the following link
www.clth.ca

Having a strong social media presence is crucial for an agency because it helps achieve several key goals:

1. Brand Visibility and Awareness

Social media platforms are where people spend a huge chunk of their time. A strong presence helps the agency stay top-of-mind, build recognition, and reach wider audiences organically or through targeted ads.

2. Credibility and Trust

A well-managed social media account showcases the agency's work, values, and expertise. When potential clients or partners see consistent, high-quality content, it builds trust and positions the agency as professional and reliable.

3. Direct Engagement with the Audience

Social media allows for real-time communication. Agencies can engage with followers, respond to questions or concerns, and build relationships, which is valuable for community building and client retention.

4. Showcasing Work and Case Studies

It's a portfolio in motion. Agencies can share success stories, behind-the-scenes content, and creative processes that demonstrate their skills and results.

5. Lead Generation and Business Growth

With the right strategy, social media can drive traffic to the agency's website or landing pages, generating leads and new business opportunities.

6. Keeping Up with Trends

Staying active on social platforms allows agencies to stay current with trends, tools, and conversations in their industry, helping them stay competitive.



7. Crisis Communication and PR

In times of crisis or controversy, social media gives the agency a direct line to address concerns quickly and transparently.

The following chart shows active use on CLTH's website:

	First user prim...Channel Group	Total users	New users	Returning users	Average engagement time per active user	Engaged sessions per active user	Event count All events	Key events All events	User All ev
		19,539 100% of total	18,797 100% of total	3,015 100% of total	1m 02s Avg 0%	0.66 Avg 0%	132,232 100% of total	0.00	
1	Direct	9,101 (46.58%)	8,593 (45.71%)	819 (27.16%)	30s	0.40	46,064 (34.84%)	0.00 (-)	
2	Organic Search	8,980 (45.96%)	8,824 (46.94%)	2,070 (68.66%)	1m 38s	0.93	78,231 (59.16%)	0.00 (-)	
3	Organic Social	865 (4.43%)	848 (4.51%)	26 (0.86%)	17s	0.43	3,747 (2.83%)	0.00 (-)	
4	Referral	533 (2.73%)	529 (2.81%)	103 (3.42%)	1m 06s	0.87	4,181 (3.16%)	0.00 (-)	
5	Unassigned	3 (0.02%)	3 (0.02%)	0 (0%)	0s	0.00	9 (<0.01%)	0.00 (-)	

This chart presents website statistics for all users. Some of the highlights include:

1. The same with past years, most users come to our site via either a website search or via a direct link (typing in our URL or clicking on a bookmark).
2. We had 19,539 **users** this year. This is an additional 2,024 users from last year.
3. **Sessions** per user is down just slightly from last year (.69) and this year is .66. This means that users aren't returning to the site as often.
4. **Event Count** is the total number of actions taken on the website for the year. This year it is 132,232 and last year was 121,036 so this is up from last year.

Top Pages

"Top pages" on a website refers to the most visited or most popular pages based on user activity. These are the pages that receive the highest number of views, clicks, or engagement over a specific period of time.

Why it matters:

Knowing your top pages helps you understand:

- What content your audience values most
- Where your traffic is going (e.g., homepage, blog posts, product pages)

- Which pages might be driving conversions (like sales, sign-ups, or contact forms)

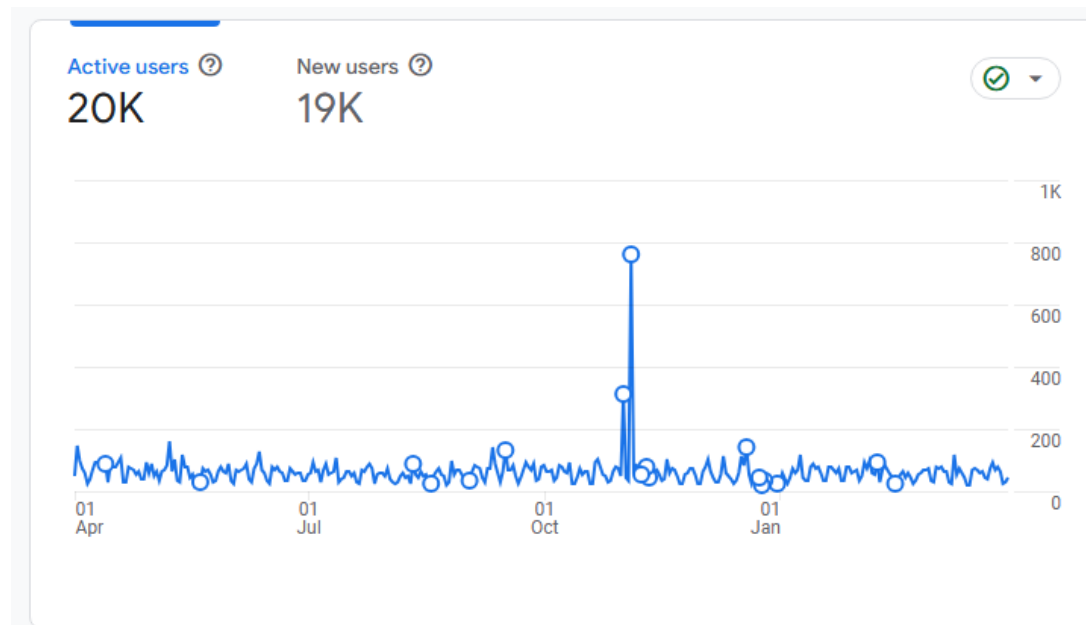
You can measure top pages by:

- Pageviews (how many times a page was loaded)
- Unique pageviews (how many *different* people viewed the page)
- Time on page (how long users stayed on it)
- Bounce rate (whether people left after viewing just that one page)

How you can use this info:

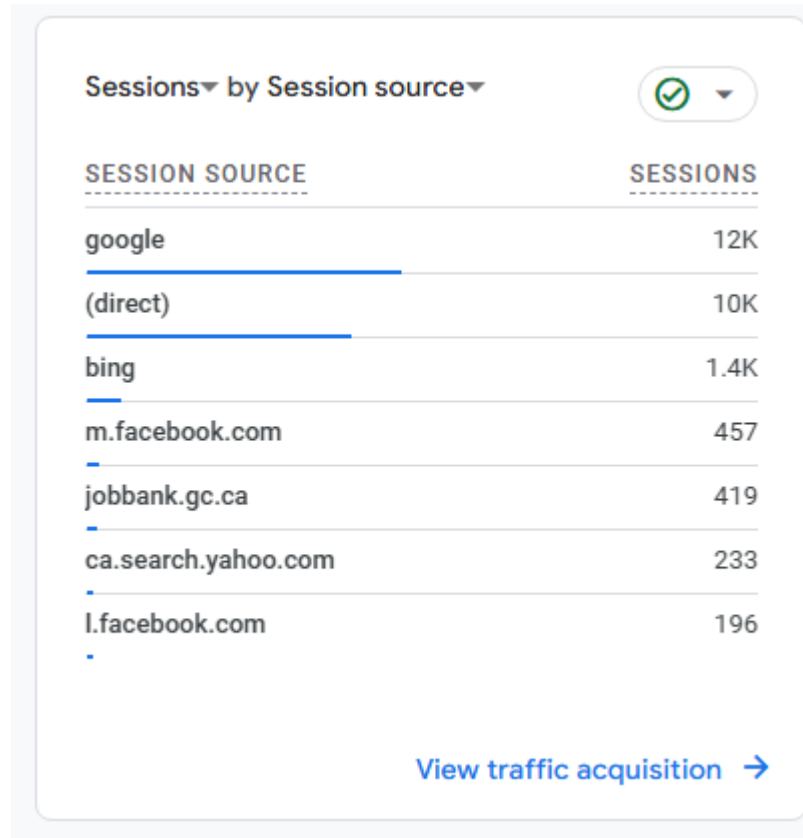
- Improve business by optimizing those pages further
- Add stronger calls to action (CTAs) in areas identified as interest
- Create similar content that's likely to perform well
- Identify outdated top pages that may need updating

CLTH's Active and New Users – the following chart that with 19K new users, CLTH is up 2K from last year which is great:



What platforms do people use to find our website?

The following table shows where specific users are coming from online. Google is the main source, with a close total coming from Direct (typing in our URL or clicking on a bookmark).



Social Media Summary

Platform	2024/2025	2023/2024	2022/2023	2021/2022	2020/2021
Facebook - followers	1,949	1,880	1,935	1,784	1,515
Facebook – Interactions (Likes, Comments, Shares etc.)	4.5K	1,469	1,390	1,267	1,169
Facebook page visits	15.4K	15.9K	5,100	3,740	3,161
Facebook Reach – total # people	36.7K	26,165	28,538	24,871 45.3% up	18
Twitter - followers	1,837	1,890	1,903	1,906	1,913
Twitter – we are following	1,096	1,135	1,156	1,166	1,157

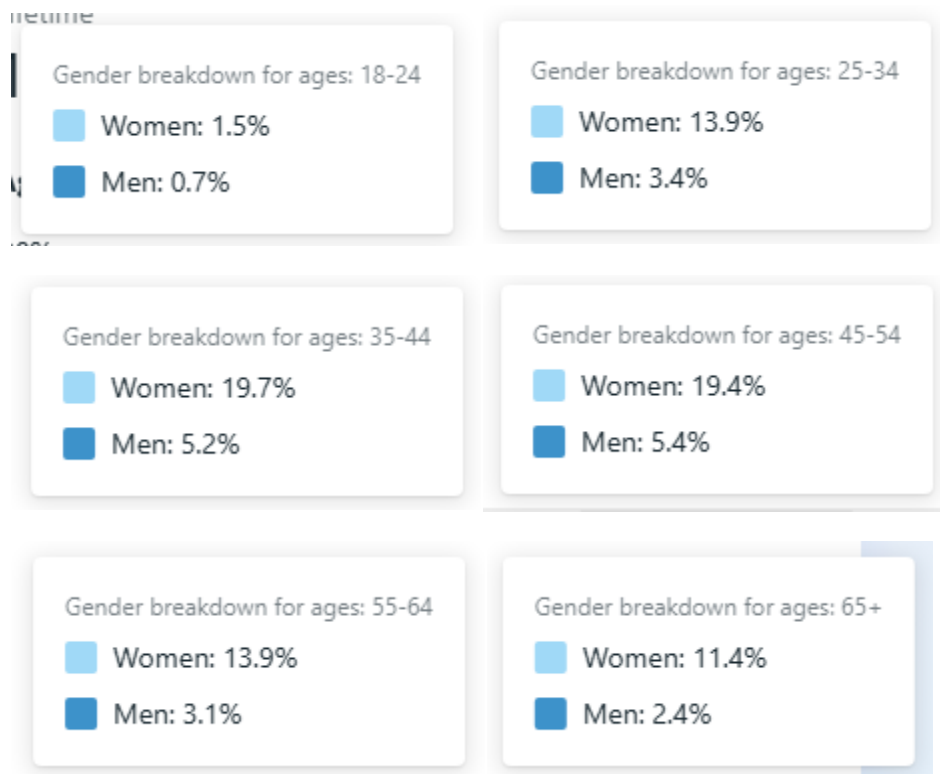
Twitter Impressions – total #	Unable to access for the year. Need Premium account.	Unable to access for the year	Unable to access for the year	170,800	402,200
Twitter profile visits				Up 20.3%	
Instagram - followers	1,148	1,096	1,035	978	788
Instagram – we are following	193	195	194	192	146
Instagram – profile visits - new	1K	959	702	626	220
Instagram Reach – total number of people	2K	2.3K	4,010	3,499	20
Linked In – Page views	767	732	Not available For a full year	Didn't have Linked In account	
Linked In – Unique Visitors	319	287			
Linked In - Followers	322	226			
Linked In – New followers	105	90			

Top Performing Posts for Facebook and Instagram:

Title	Date published	Reach	Reactions	Comments	Shares
Such a wonderful time at the annual Haliburton Christmas Party! T... Photo · Community Living Trent Highlands	Dec 10, 2024	492	27	2	0
We enjoyed not only a coffee social, but we also celebrated the sw... Photo · communitylivingtrenthighlands	Fri Feb 7, 12:05pm	166	26	0	1
We are having so much fun over here! What is your favourite Chris... Photo · communitylivingtrenthighlands	Dec 18, 2024	202	26	1	0

Age and Gender for Facebook & Instagram

FACEBOOK

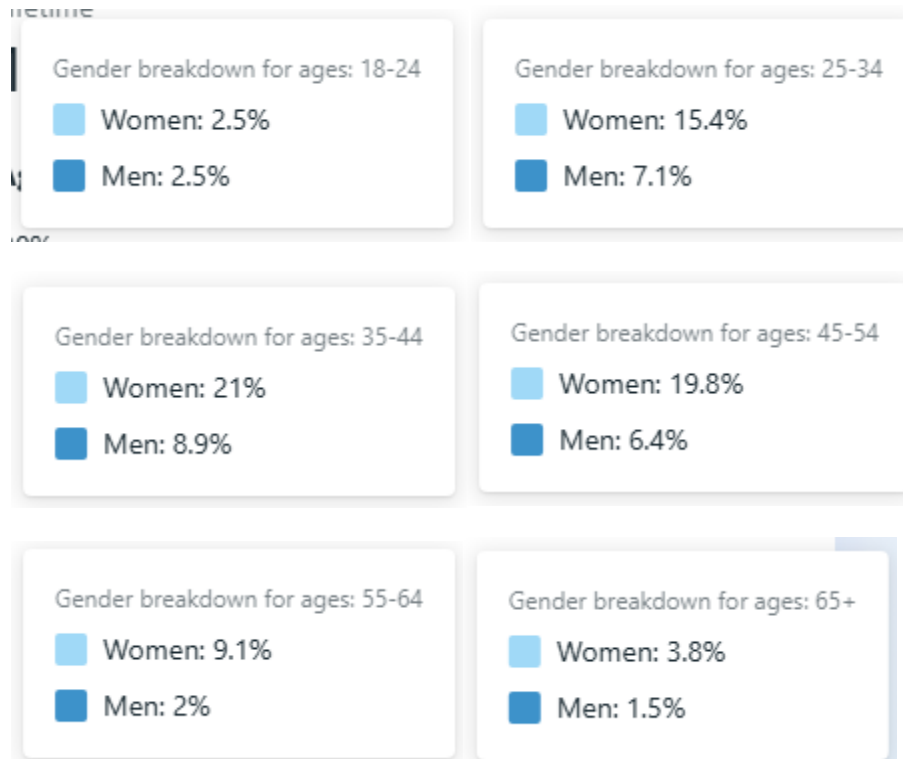


Top Cities people are reaching out from to view the website from Facebook:

- Peterborough, ON = 25%
- Lindsay, ON = 6.7%
- Haliburton, ON = 3.9%
- Toronto, ON = 2.9%
- Lakefield, ON = 1.9%
- Oshawa, ON = 1.1%

The above information for Facebook and the below information for Instagram is populated on the Lifetime (Facebook is March 16, 2022, to April 15, 2025). This is defined by Facebook.

INSTAGRAM



Top Cities people are reaching out from to view the website from Facebook:

- Peterborough, ON = 20.9%
- Lindsay, ON = 8.5%
- Toronto, ON = 7.1%
- Hamilton, ON = 3.2%
- Haliburton, ON = 2.3%
- Ottawa, ON = 2.2%
- Lakefield, ON = 2.1%
- Burlington, ON = 1.4%
- Oshawa, ON = 1.1%

Continuously analyzing website and social media platform data is important because it helps you stay informed, make better decisions, and improve performance over time. Here's why it really matters:

Rights Commission

Annual Report - January - December 2024

What is the Rights Commission?

The Rights Commission is a volunteer advisory Commission which acts as a resource to safeguard and support the rights of people who are receiving services from Community Living Trent Highlands (CLTH).



The Rights Commission provides due process to all perceived rights restrictions and behaviour programs.

The Rights Commission ensures support plans enable a person's rights to be the least restricted and/or enables people to regain their rights. Alleged rights restrictions are discussed with support workers or other employee personnel who assist the person receiving service by contacting the Rights Commission.

Community Living Trent Highlands fully supports the Canadian Charter of Human Rights and Freedoms and the Ontario Rights Code.

Rights Commission Composition

The composition of the Rights Commission consists of one community volunteer, one self-advocate, and 4 CLTH residential managers and one manager of community services. There is one Director connected to the commission to provide oversight. Extensive training has been provided to these seven members to ensure full understanding of infringements of rights. A detailed review process and expectations of commission members, education and advocacy have also been provided. Annual training is provided for all Direct Support Professionals. This involves the review of the Rights Presentation (in power point form), a team tabletop discussion and an annual sign off indicating completion review.

Seamless Care continues to act as a Third-Party Review for all psychotropic (mood altering) medications. Seamless Care provides an annual review of everyone's medication with a report placed on file.

Seamless Care is also a resource for the Rights Commission, should information be required. Similarly, all behaviour support programs signed off by a psychologist, a psychological associate, a physician, a psychiatrist, or a behaviour analyst. The Rights Commission does look to ensure that these requirements have been met and reviews data to see how often PRN medication has been dispensed for a person and to identify trends or suggestions for a team to discuss with the third-party reviews previously mentioned. (Note: PRN is an abbreviation for the Latin term *pro re nata*, and that means "as needed.")

2024 Restrictions Reviewed by the Rights Commission

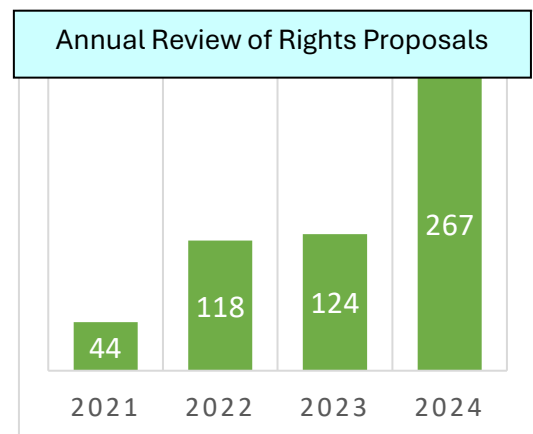
At present, the Commission reviews proposals for 17 community homes, as mandated by the MCCSS compliance review. While other departments are not mandated to utilize the Rights Commission, it is a tool and resource for anyone who should require it. People who receive Supported Independent Living (SIL) services may choose to have their restrictions reviewed and/or consult with the Rights Commission. In these situations, because they exist outside of the 24-hour support model, the Rights Commission does not retain authority in the same way it does for the community homes. In community homes, action based on recommendations is mandatory. In the SIL environment, it is highly advised, but optional.

At CLTH's annual compliance review with the Ministry, rights proposal reviews and the corresponding response of recommendations from the commission are requested and reviewed as part of the inspection.

In 2024, the Rights Committee reviewed 267 Restriction Proposals during the twelve-month period as indicated in the graph.

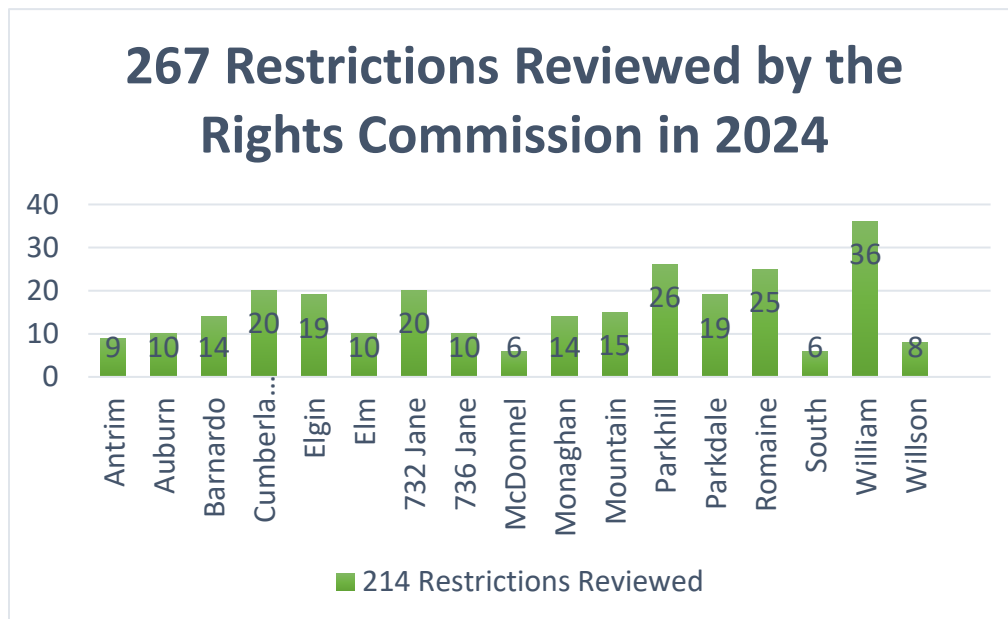
This is 143 more than the previous year. This incredible jump in the number of reviews can be directly linked to an increase in Rights Education for all teams and enhanced training for staff. The need for this enhancement was identified through the following mechanisms:

- Direct recommendations stemming from the 2023 and 2024 QUEST Resource team audit report of homes.
- Feedback /observations from the leadership team.
- Careful review of the past rights proposal with close inspection on house impact. It is important to note that one person may have a restriction imposed on them that is necessary and seen as support for that person (such as in a situation where a person lives with Prader Willi Syndrome and requires food restrictions for their own personal safety). Previous data suggested that teams were not fully comprehending how when a significant restriction is imposed for one person it typically has significant impacts on everyone else living in the house. For example, often food restrictions, as in the example just provided, will require locks on refrigerators or cupboards. This is an excellent example of how for the person who requires them, it is a support, but for everyone else living in the home who accesses that kitchen, it is a rights



infringement. The locks are barriers and unless everyone else has a key or can immediately access those spaces on their own, it is a restriction. Therefore, a part of the Rights Review process, each of those people would also require a rights proposal, to look at how restrictions can be mitigated for some people while being supported by others. In this example of food restrictions, the Commission encourages teams to look at less intrusive measures to support the other people in the home. An example of this would be, where locks need to be in place in common areas, can we ensure that other people in the home have their own mini fridge in their rooms to easily access food that they want as needed, thereby removing a restriction for them. Once this is in place, and a record that it was reviewed by the Commission was on file, it would not need to be returned to the Commission for review unless anything changed around supports this. Several similar types of examples do account for a significant increase in proposals that were heard by the Commission in 2024. Staff were making the direct link, through educational efforts, on how restrictions impact all those around and impede individual freedoms.

The following graphs depict Community Living Trent Highland's 17 residential locations and the rights proposal that were reviewed for each location:



Of the 267-proposal reviewed, restrictions that were reviewed can be further broken down into categories:

Rights Restrictions Reviewed by Category

- Psychotropic / Mood altering medication - 68
- Audio / Video Monitoring - 40

- Behavioural Support Plan / PRN Protocols - 30
- Access to Food - 23
- Lap Belt / Seat Belt / Chest Strap / Bedrails - 15
- Vehicle Locks Engaged / Vehicle Barrier - 14
- Barriers in the home (gate, gate locks, half door) - 12
- Maglocks - 11
- Access to Environment - 10
- Birth Control - 4
- Internet Use - 3
- Supervised Access to Family - 3
- Confinement Time Out - 3
- Access to Money - 2
- Other - 29

While the Rights Commission looks at these categories to help identify themes and track trends, it is vitally important to remember, when looking at this data, that each individual proposal is specific to the individual person. We really cannot generalize too much. While we can categorize restrictions and provide education, each restriction truly stands on its own. Resolution for restrictions or ways of providing less intrusive measures and/or more supportive solutions is uniquely tailored for the person and often with the support of a physician, a psychiatrist, or a behaviour analyst. It will be a disservice to assume that the reason for the need of a restriction or the approach a team would take in supporting that restriction would be the same in every circumstance.

Identifying the most Intrusive Restrictions that are currently in place at CLTH

In review of all the restrictions that are currently in place, the two most restrictive and most intrusive are:

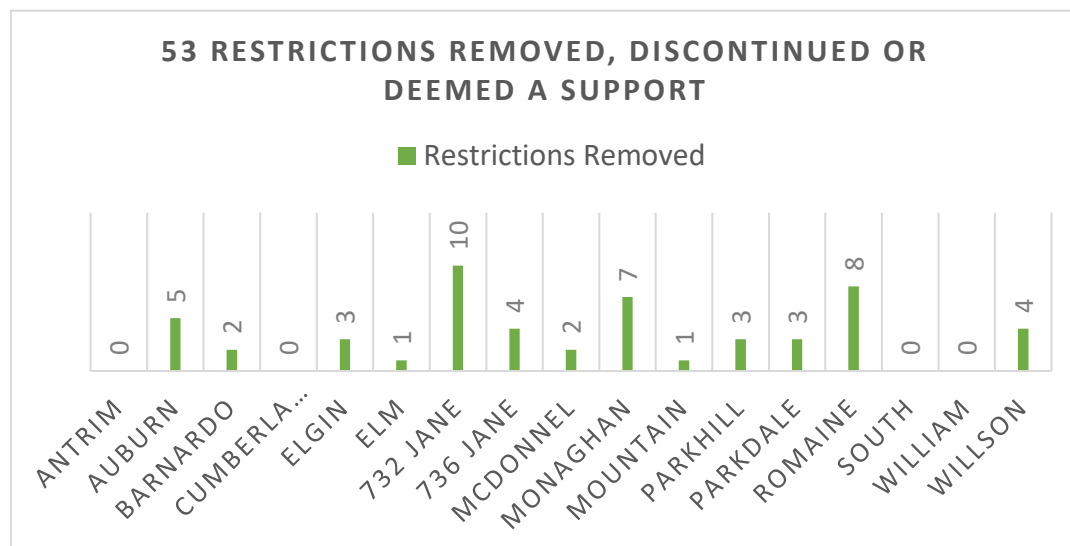
1. Audio / Video monitoring - The Rights Commission acknowledges that Audio/Video Monitoring can be one of the most intrusive rights restrictions that an agency can impose on people that

they support as it removes the fundamental right of all people to privacy. Therefore, in all instances where a video camera is being utilized, it is an immediate requirement that a Rights Proposal be completed and submitted to the Rights Commission for review and to ensure that it has received due process. The Rights Commission will examine the effects of the proposed audio/video monitoring on personal privacy and confidentiality and will look at ways to reduce this intrusive method of support. The proposal will be reassessed annually by the Commission. (Policy HR1.055).

2. **Confinement Time Out** - In the context of developmental services and behavior support plans, a "secure isolation or confinement time-out" (SI/CTO), is a type of intrusive behaviour intervention in Ontario regulation 299/10, that refers to a designated, secure space where a person is temporarily separated from others, and from which they cannot voluntarily leave, as a form of behavior intervention. When this measure is in place, the person is always monitored. Presently, Community Living Trent Highlands hosts 3 of these spaces within its residential services, located at the Parkdale and Parkhill residences. Protocol expectations are references in policies: SS4.003 Physical Restraints, SS3.007, Behaviour Support Plan, and #SS3.008 Intrusive Intervention Prescribed Medication.

Restrictions Removed, Discontinued or Deemed a Support

Through the efforts of the Rights Commission and with diligent work from all support teams, 53 restrictions were removed after having due process.



Due process is the term that identifies that all restrictions imposed on a person receiving services from CLTH, will have an opportunity to have that restriction reviewed by the Rights Commission. The Rights Commission will unbiasedly review each proposal and apply it fairly to the established policies,

procedures, and the vision/mission of the agency. It is the fundamental principle that requires the Rights Commission to act fairly and justly when restricting someone's rights or freedoms.

Restrictions are typically removed for the following reasons:

- People no longer require medication, and it is discontinued.
- People have developed self-regulation skills and can manage themselves without medical intervention.
- Teams have developed less intrusive ways of providing support.
- Barriers have been removed.
- Behavioural interventions have been successful in providing people with alternative coping strategies.
- Personal life or health changes.

In the context of the Rights Commission, restrictions that are deemed a support typically refer to restrictions that are necessary to allow individuals with disabilities to participate fully in activities, services, or employment. An example of a psychotropic medication (mood altering) that would be deemed a support would be medication required to control seizures or medications that are only used as a PRN for medical or dental appointments. These are both supportive in nature.

Future Thinking - Recommendations

Based on information gathered and reviewed by the Rights Commission, the following are future recommendations for CLTH:

1. Consider how to provide more in-depth rights training for new staff through our onboarding process to ensure understanding and comprehension of the role of the Rights Commission.
2. To promote internally, an agency wide acceptance and understanding of the role of the Rights Commission and staff responsibility in ensuring that all rights restrictions are heard and have due process.
3. Greater acceptance and utilization of the Rights Commission by all as a viable resource for support and education.
4. Continued collaboration between the Rights Commission and the QUEST audit team in identifying and promoting rights awareness, education and understanding.

Submitted by: Donna Sanders, Director of Adult Accommodation & Community Support Services

April 4, 2025

CLTH Complaint 2024 Summary Report

Executive Summary

Submitted by Donna Sanders, January 2025

A complaints/feedback process is an important part of providing quality support that is responsive to people’s needs and that supports continuous improvement in service delivery. The information received through a complaints/feedback process can assist an organization to take steps to better support individuals and/or improve administrative practices.



Community Living Trent Highlands’ complaint process is outlined in the policy, Service Complaints #SS3.012.

2024 Complaints Received

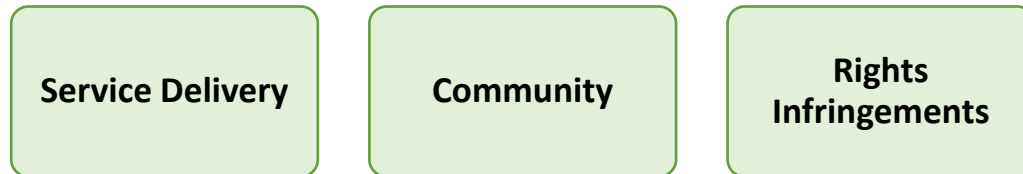
26 complaints were brought forward in 2024. The following table is a summary those complaints received:

	Date	Complainant	Complaint overview	Length of Resolution	MCCSS or Board Involvement
1.	Jan 31/24	Person receiving supports	Service Delivery	6 days	No
2.	Jan 31/24	Neighbour	Community	Ongoing	No
3.	February 7/24	Parent	Rights Infringements	10 days	No
4.	March 7/24	Parent	Service Delivery	6 weeks	No
5.	March 13/24	Guardian	Service Delivery	1 day	No
6.	March 21/24	Parent	Service Delivery	4 days	No
7.	March 21/24	Community Member	Rights Infringements	1 day	No
8.	April 6/24	Person receiving supports	Service Delivery	3 days	No
9.	April 6/24	Neighbour	Community	1 day	No

10.	April 11/24	Parent	Service Delivery	1 day	No
11.	April 24/24	Parent	Service Delivery	2 days	No
12.	April 24/24	Guardian	Rights Infringements	6 days	No
13.	April 30/24	Parent	Service Delivery	1 day	No
14.	May 13/24	Community Member	Community	1 day	No
15.	May 16/24	Neighbour	Community	1 day	No
16.	May 30/24	Neighbour	Community	1 day	No
17.	June 4/24	Person Supported	Rights Infringements	23 days	No
18.	June 14/24	Sibling of Person Supported	Service Delivery	4 days	No
19.	June 17/24	Parent	Service Delivery	1 day	No
20.	June 26/24	Neighbour	Community	1 day	No
21.	June 26/24	Neighbour (New)	Community	1 day	No
22.	Oct 24/24	Parent	Service Delivery	3 days	No
23.	Oct 25/24	Community Partner	Community	3 days	No
24.	Oct 25/24	Person Supported	Service Delivery	3 days	No
25.	Nov. 1/24	Parent	Rights Infringements	1 day	No
26.	Dec. 3/24	Parent	Service Delivery	1 day	No

Types of Complaints

For purpose of categorization, the nature of the complaint received were delineated into the following three categories:



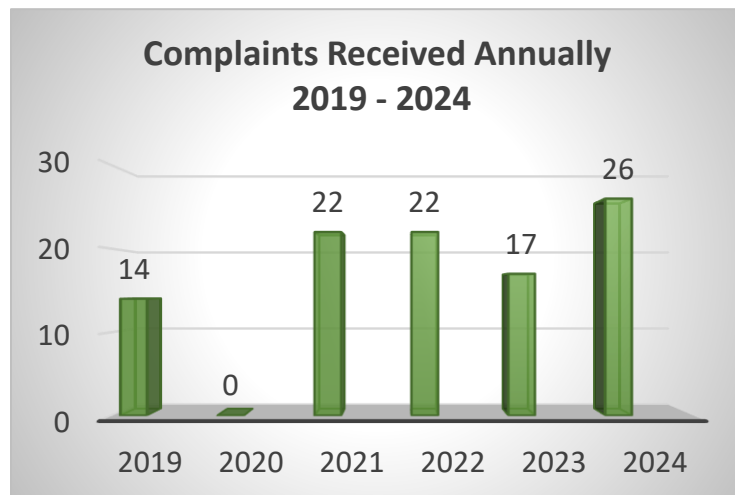
1. Service Delivery includes concerns regarding housing, support preferences, staffing (shortages), changing support needs, lack of communication, and dissatisfaction with services delivered. Service delivery complaints were the highest complaint received, with 13 complaints.
2. Community includes concerns regarding noise complaints (concerns regarding witnessed behaviour outbursts/police involvement); complaints that have been filed through ReportON, and concerns for the safety of people in community (whether it is a person receiving support or safety for community members). 8 complaints were received that fall under this category.
3. Rights Infringements include concerns regarding personal rights, health and safety concerns, interruptions in standard of care and disrespect (amongst roommates). 5 complaints were received in this category.

Analyzing the Findings

It is imperative to analyze past reviews with the present in an effort to track trends, identify themes and make recommendations for improvements.

The following chart identifies the number of complaints received by Community Living Trent Highlands extending from the period of 2019 through to 2024. It is important to note that in 2020, Community

Living Trent Highlands did not compile a list of complaints received. The covid-19 pandemic instituted many protocols, procedures, shutdowns, and closures that were mandated by their ministry, by Public



Health Units, and by the province, leaving CLTH in a precarious position of being unable to rectify or find resolution to many of the complaints heard that year. Most complaints received during this time spoke of dissatisfaction with the mandates, and the subsequent restrictions imposed on them. This complaint was voiced by people in service, their families/friends and by CLTH staff. It is important to know that regular complaints are received by the

leadership team, but many of those are not captured in this report as they are dealt with immediately. The complaints recorded here moved to the next level of the complaint process, as they were not at the level of satisfaction the complainant desired, as per policy.

It is important to know that regular complaints are received by the leadership team, but many of those are not captured in this report as they are dealt with immediately. The complaints recorded here moved to the next level of the complaint process, as they were not at the level of satisfaction the complainant desired, as per policy.

The four main identified steps to handing complaints were:

1. **Listening** to the complaint
2. **Empathizing** with the situation
3. Offering and executing a **solution**
4. Following up to **ensure satisfaction**.

As per policy, each of the steps were documented with all complaints received.

All complaints were received in the one of the following manners:

- By phone
- Via email
- By letter
- In person / direct

The most preferred way to make a complaint continues to be by email. Complaints were received by either a Direct Support Professional, a manager, or a director. **All complaints were responded to within the acceptable response range as indicated per policy.**

MCCSS Compliance 2024 Complaint Review

During the weeks of August 12-23, 2024, Community Living Trent Highlands went through their annual MCCSS (Ministry of Community, Children and Social Services) Compliance Review. As part of this review, the agency is measured against the following service standard:

“A service agency shall have written policies and procedures regarding the process for receiving and addressing feedback and complaints about the services and supports that it provides that may be received from: A person acting on behalf of the individual with a developmental disability who receives services and supports from the service agency. (Policy Directives for Service Agencies: 1.0 Complaints/Feedback Process)”. Further to that, an agency must ensure that the complaint/feedback and free of bias or the potential for bias that may result from a conflict of interest”.

The purpose of the policy directive is to set out the requirements for service agencies to develop written policies and procedures for a process to receive and address complaints and other feedback about the services and support that they provide. This requirement has been met and is outlined in service policy “Service Complaints” #SS3.012.

During the August review, CLTH was requested to identify the complaints received in 2024 and demonstrate how complaints were responded to. A review of these items found that our complaint process does ensure that complaints are dealt with in accordance with the policy directive and is supported by the complaint policy. Findings from the review, concluded that CLTH is complying in the following areas:

- Complaints were responded to promptly.
- Complaints were handled objectively, fairly, and confidentially and compliant with policy.
- Remedies / solutions were provided where complaints were upheld.
- There were clear accountabilities for complaint handling.
- Complaints were used to stimulate and mandate (as appropriate) organizational improvements.

Identifying Themes

After reviewing the complaints of 2024, there seems to be 3 key reoccurring themes. They are as follows:

1. There has been an uptick in the number of complaints that CLTH Community Homes have been receiving from their neighbours. Community Living has seen an increase in people coming into Community Homes who require behavioural support interventions. In times of crisis, this can often be heard outside by neighbours who do not understand the needs of the people supported. Complaints received either identify concerns about people living in the home or show concern about the potential for someone getting hurt (be that another person in the

home, staff or a community member). In one situation, the complaint was regarding property damage from a person who lives in the home. In situations where community policing was engaged it is quite typical that the situation has deescalated before police arrival. As a result, the leadership team is finding themselves in situations where they are having to navigate conversations and rely on educating neighbours about CLTH support and a person's right to be part of their community.

2. As CLTH continues its work to recruit and retain staff, there has been a significant influx of new and younger or inexperienced staff. While much work is being done through the orientation process to provide staff with the information that they need to be successful in supporting people, there are some areas that, without exposure, are difficult to teach. We have seen this particularly when it comes to medical-related support. Younger, less experienced staff sometimes miss key indicators of medical situations simply because they lack experience and exposure. Complaints have identified some concern with following up on medical support to ensure monitoring and early identification is happening. The leadership team is spending more time providing direction in these areas to staff.
3. The complaint system has noticed several new complaints received through ReportON. ReportON is the toll-free phone line that enables anyone to report their concerns about alleged, suspected, or witnessed abuse and/or neglect of an adult with a developmental disability directly to the Ministry of Children, Community and Social Services (MCCSS). When a member of the community activates this mechanism, CLTH is contacted by the MCCSS supervisor, and there is an expectation placed on the agency to fact find and provide information on the status of the situation. Typically, when these reports are received, the agency provides full service to the individual and a response is provided on how resolutions can be found or recommendations for additional support or services can be provided. The change noted in this past year is that several calls have come through Report ON of people who are no longer receiving support and services through CLTH. The Ministry reaches out because Community Living is the last known support contact to the person identify. When this happens, it can be somewhat challenging and difficult to navigate. In 2024, Report On contacted CLTH regarding a few people who had been connected through the Family Support department. As mandated by MCCSS, when the young person reaches the age of 18, they are moved from the children's support funding umbrella to adult support and therefore are discharged from Family Support. There is a significant waitlist for them to in turn get accepted into the adult support system. During this wait time, issues can arise. When Community Living was contacted about community concerns by ReportON, it was noted that they were no

longer receiving CLTH services. The system's expectation then was that the agency would reach out and touch base. The discharge process is not ideal for families. Most families would like to see a seamless process where they move directly into adult services with CLTH from Family Support. As one can imagine, while staff are following the ministry direction of discharging a family, and families are connected as much as possible to other services and to the DSO, the discharge conversations is not something that families are particularly happy with. To go back and check in when in some cases CLTH has had no contact for a few years, can be difficult to navigate. All efforts are made to follow up to the best of our ability.

Wrap Up

An overview of the current complaint system, that includes a review of CLTH policy and brochures, the complaint process form and tracking system and a review of the easy-to-read complaint brochure, has concluded that this system continues to be successful. It is expected that with continued exposure of the complaint process and work to help families find resolution to their concerns, that there will be a rise if the level of satisfaction of services as people feel listened to, responded to, and valued.

Annual Customer Satisfaction Survey Report

Introduction

In early fall 2024, Community Living Trent Highlands (CLTH) conducted a survey to gather feedback from people supported and their families on:

- How CLTH is performing in relation to customer satisfaction metrics,
- Emerging issues, opportunities and challenges for CLTH, and
- How CLTH interacts and communicates with customers.

The survey was sent to people and families who receive supports and services through one/two of the following services: Community Homes, Supported Independent Living, Connex, Family Support, Life Share, Early Childhood Resource Consultant program, Building Bridges and Foundations, and Job Quest.

It is anticipated that the survey findings will assist CLTH by:



- Providing immediate feedback and opinions in relation to performance and overall functioning
- Providing insight into comparative opinions between service groups
- Providing a benchmark of results from which to compare results annually since 2021

This report includes:

- An overview of the findings from the 2024 Customer Satisfaction Survey

Methodology, Timing and Response

Surveys were distributed via email by Direct Support Professionals to families supported. Where necessary, a hard copy was sent.

94 surveys were submitted for review.

Respondents completing the survey included:

- Of 92 Community Homes residents, 31 responses received
- Of 85 Supported Independent Living clients, 33 responses received
- Of 318 Connex participants, 12 responses received
- Of 155 Family Support families, 6 responses received
- Of 92 Life Share providers, 6 responses received
- Of 176 Early Childhood Resource Consultant program clients, 1 response received
- Of 56 Building Bridges and Foundations participants, 3 responses received
- Of 30 Job Quest clients, 2 responses received

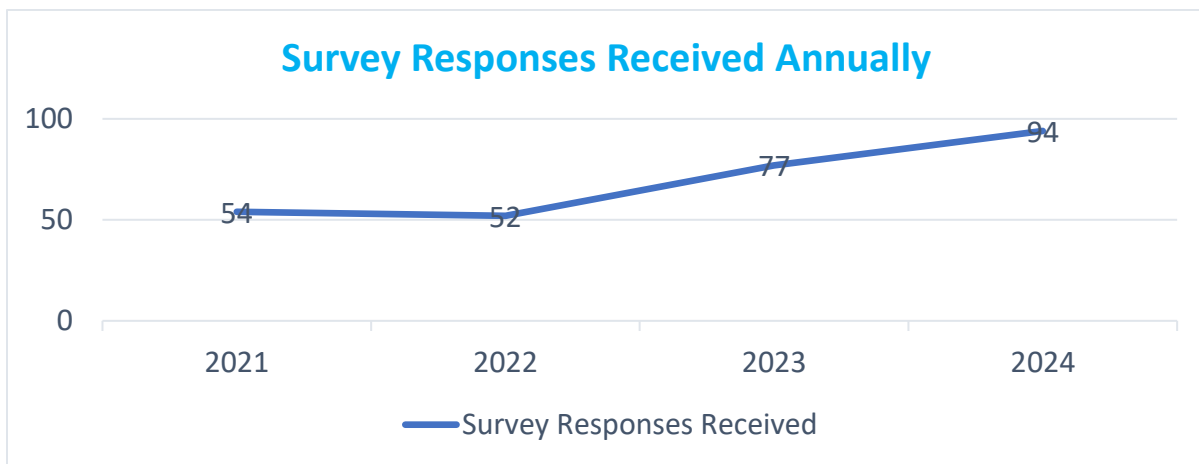
This survey was sent out approximately three weeks before it closed.

The following chart below depicts survey responses submitted for the years 2021 through to 2024 and distinguishes who the respondent was that completed the survey.

<i>Satisfaction Survey Results</i>	2021	2022	2023	2024
Comparison from 2021 to 2024				
# Of Survey's received	54	52	77	94
Of surveys received, percentage that represent:				
a) People Currently Receiving Services	70%	48%	54%	69%
b) Family members of people who receive support and services	9.26 %	38%	36%	22%

c) Someone important in the person’s life (i.e., staff, friend, etc.)	20.37%	13%	10%	9%
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This chart demonstrates that there has been a 22.08% increase of surveys completed in 2024, compared to that of 2023 and an increase of 74% since tracking data and drawing comparisons in 2021. The graph below shows that there is a steady climb in the number of people completing this survey, and while positive, still leaves significant room for improvement. Based on this data, CLTH is only hearing from approximately 10% of those who receive their services. It should, however, be noted that CLTH uses various other methods for collecting feedback and data (Complaint Process, QUEST Reviews, Focus Groups, Agency Events and dialogue) that should be considered when looking at the overall level of satisfaction across the agency.



Observations and Considerations

Overall Level of Satisfaction

Overall, CLTH believe that results of this survey were very positive with customer service metrics rated favorably.

On average:

- CLTH received higher proportions of “good” or “exceptional” responses than “needs some improvement” or “disappointing”
- People receiving service respondents were favorable than respondents that were family members or friends

Data shows that that 88% of respondents indicated that the quality of services they are receiving are either “good or exceptional” and 12% felt that the services that they received either “needs some improvement” or “disappointing”. Furthermore, with respect to satisfaction with the level of communication that they are receiving from CLTH, as this plays a large role in overall satisfaction, 86% of

respondents indicated that communication is either “good or exceptional” and 14% felt that communication was either “needs some improvement” or “disappointing”.

An analysis of those comments received from participants revealed 5 themes that the bulk of responses seemed to highlight. Those themes were:

1. Service Quality
2. Responsiveness
3. Issue Follow Up
4. Understanding needs
5. Knowledge

The following is a compilation of some of the written commentaries that were made regarding how people feel the agency is doing well:

- Great respectful environment for everyone
- Very happy with housemates and staff team
- Received wonderful support navigating the long-term care system (encourage early intervention)
- Support to medical appointments helps alleviate some stresses for families
- Pleased that people personal equipment is updated when it is needed (wheelchair/bed)
- CL does a good job at creating activities or being aware of events that our son could participate in
- We are very pleased with our son’s placement. He seems to be content. Staff seem to be very sensitive to his needs.
- We are very happy with CLTH
- For our families the support teams are exceptional
- Our staff is amazing! Such a great support! We can always trust her advice and guidance and know that she is looking out for the best interests of my son.
- Staff are very approachable and kind.
- CLTH does a good job with diversity and inclusion
- Staff communicate effectively

AREAS RECOMMENDED FOR IMPROVEMENT

In each of the questions posed, as stated earlier in this report, 12% of respondents indicated some level of dissatisfaction with their present CLTH services. The following three areas were identified as contributing to level of dissatisfaction:

1. Significant concerns with staffing turnover impact the continuity of support for people.
2. Dissatisfaction with day programming and opportunities being offered (this includes training of staff, availability or scheduling of programs, requests for life skill development)
3. Requests for more family engagement.

ACCESSIBILITY

Accessibility is one of the key areas that this survey focused on. A key goal of CLTH is to create an accessible organization by removing barriers for people with disabilities wherever possible. It is a priority for the agency and a legislated responsibility. With regards to services, in the areas of communication, customer service and built environments:

- 3% were disappointed with our services related to accessibility
- 12% of respondents either had no comment or did not see this as priority for themselves
- 85% of responses indicated that services, as it relates to accessibility are “good or exceptional”

Transportation was the key identifying factor for dissatisfaction with services. This spoke to not only the need for accessible vans, but also the request for more inclusive events and outings. One comment spoke to encouraging the recruitment of a more diverse staffing team to help create inclusive activities tailored to all abilities.

NEW Questions added to the 2024 Survey

To gain a bit more understanding of what people and families would like to see from CLTH services into the future, the following NEW questions were added to the 2024 Customer Satisfaction Survey:

- Do you feel you have a good understanding of your rights as a citizen?
- Are there specific topics or areas that you believe our agency should be communicating more extensively about?
- What steps could we take to enhance diversity and inclusion in our agency?
- Is there a better way to involve family and community in our decision-making process?
- What long-term goals do you think our agency should make a priority?

What We Heard

The following is a compilation of some of the written commentaries to these new questions:

- Expanding longer term care houses with accessibility.
- Improving staff training on specialized supports.
- More fun days where everyone gets together
- More community events during the day
- Different hours of programming; include weekend drop ins
- Request to take a closer look at how to offer 1:1 activity. Most activities are group activities and that doesn't work for everyone.

- The need for more housing opportunities, particularly community homes and SIL
- More opportunities for families to contribute ideas for programming
- More community involvement
- Invite families on outings / notify them of events
- Need low-income housing
- Ensure a voting membership option at the AGM
- Advocate for increases in ODSP and Passport
- Retaining staffing and management of absenteeism
- People to have say if staff are a good fit in their home. Hear the person's voice.
- CLTH should be aware of climate change (non-BBA zone in all 3 communities)
- More choice in activities (the ability to say yes or no)
- Better mental health supports
- Classes on how to budget and save for the future
- Opportunities to learn about different religions and cultures, especially that are celebrated by staff and individuals

These questions certainly generated a lot of additional information that the Customer Satisfaction Survey has not previously asked. There is a lot to unpack in these statements. As follow through, information obtained from these questions will be shared directly with the Leadership team and then connected, where appropriate, to standing committees and working groups for future processing.

Looking Ahead

Customer satisfaction surveys play a crucial role in operating a healthy support service. Surveys help measure satisfaction – and dissatisfaction – with services, build trust with people and their families, and can provide an agency with opportunities to evaluate its overall performance. It is highly recommended that Community Living Trent Highlands continue this process into the future.

On average, people and families felt very positive about their relationship with Community Living Trent Highlands and responded positively to the support being offered. The information obtained in this survey should be used to help guide decision making and plan for future trends and where possible recommendations should be integrated into operational planning; it is highly recommended that the information obtained here be considered at all strategic planning levels.

Donna Sanders
November 2024

Health and Safety Roll Up Report

January - October 2024

Joint Health and Safety Committee Update

- We continue to function as 3 separate committees. 2 committees are based out of the Peterborough region and one committee is based in Kawartha Lakes. Due to the large turnover of the committee structures, JHSC members are now crossing regions for inspections as part of their role on the committee.
- Standardized reporting of quarterly statics across all committees has been completed and will allow for better trend tracking moving forward.
- Meeting schedule continues to be on a bi-monthly basis. All committees meet virtually as one to start the meeting and look at trends and reports that have been submitted and then can break off into the smaller sub-committees for further discuss trends or issues specific to that region.
- There continues to be an ongoing change within the committee structure resulting from staff changes and LOA's, but we have worked closely with the union body and have been able to secure additional alternates which lessen the need for shuffling and changes.
- Last year the Health and Safety Superhero campaign was created. Each member of the JHSC now has access to a variety of swag to be used in recognition of someone making Health and Safety a priority, reporting a concern or correcting a potential hazard.
- The annual policy review resulted in several updates and changes to the Health and Safety policies to ensure that current practices are reflected. This review also allowed several changes to be made to process to ensure better safety and understanding for everyone at CLTH.
- 2024 has seen a great amount of focus on the creation of standardized Allergy Response, agency wide, and ensuring that those with life threatening allergies have a plan in place.



Staff Health and Safety Report Breakdown - January through October

The reporting mechanism that is used for recording and tracking trends has been updated as of this year, which will allow for accurate tracking of trends and potential hazards moving forward. All data is transferred from SHSR to a secure data spreadsheet on SharePoint and then reviewed at each committee meeting. While this system has only been in place a few months, it has also allowed for quicker response to the Ministry of Labour, Immigration, Training and Skills Development when they have arrived on site for various reasons. The chairs of the committee and Occupational Health and Safety can quickly extrapolate the requested data regardless of which location they are working at.

This form has also been revised and is now a fillable form that can be completed online by all staff.

The following is a breakdown of the Staff Health and Safety Reports as of October 2024. Please note that for the purpose of this report, the statics listed below are agency wide, and not based on individual committee reporting.

Work Refusal	0
Motor Vehicle Accident	0
Musculoskeletal Disorders	0
Acting Out Behaviour	39
Slip Trip and Fall	6
Near Miss	8
Injury	31
Potential Hazard	4

With each situation of Acting out Behaviour (AOB) there are reviews of the Behavioural support strategies and, in some cases, complete retraining and or adjustments to the strategies. Staff continue to be required to participate in Non-Violent Crisis Intervention (NVCI) training. This is completed by all direct support professionals every two years, and in the homes where behavioral supports are deemed more specific or critical, additional methodologies are being used, which requires training annually to ensure proper utilization of the techniques.

There have been 8 occurrences of lost time injuries to date in 2024. These injuries typically have been a result of improper use of equipment, acting our behaviour or aggravation of existing injuries.

Ministry of Labour, Immigration, Training and Skills Development (MLITSD) Involvement

Between November 2023 and October 2024 there have been 4 visits by the MLITSD.

November 22, 2023 - McLaughlin Office

- Two inspectors arrived at the office location. The intent was to discuss Safe Lifting and Transfers with a focus on Bariatric patients and the support that we provide to anyone meeting this criterion. This was a blitz that was being completed at healthcare locations. As a result of this visit two orders were issued that resulted in a policy change and training for all staff who provide direct supports.

March 13, 2024 - McLaughlin Office

- Two inspectors arrived at the office location. The intent of the visit was to discuss ergonomics. Policies were reviewed, and an audit was completed of the main office location as well as two community home's locations (Elm and Wilson). This resulted in an order specific to office ergonomics for those staff who spend most of their time at a computer. Policy review occurred and training as well as visuals were provided to all staff deemed "office workers" to support the need for proper ergonomics.

August 1, 2024 - Aylmer Office

- This was a proactive blitz by the MLITSD, specific to Slips, Trips and Falls. Unfortunately, they arrived mid office relocations and there were a few areas that were deemed cluttered. This visit resulted in two orders, one for a mat at the Aylmer Street door that was a different height than the floor cut out, and one specific to ladders not secured properly nor indicating the weight capacity for use. Both orders were corrected within 24 hours and resulted in a policy review.

September 26, 2024 - Aylmer Office

- One inspector arrived because of a complaint that had been called in, specific to bedbugs at Myrtle Terrace and the report of the lack of action on behalf of the agency to protect the staff who work within the site. It was not a factual complaint as the issue was cockroaches and not bedbugs. We were able to show, when we became aware of the issue, the steps we had taken to have the unit sprayed as well as the PPE that had been purchased to protect the staff. No orders were issued, but several resources were provided. A policy was reimplemented specific to pest treatment and prevention as well as a list of resources on SharePoint that is accessible by all.

We have taken each opportunity that the MLITSD has arrived on site as an opportunity to learn and growth and improve our practices.

Occupational Health and Safety Update

With the many changes to the JHSC over the last 2 years, Occupational Health and Safety and JHS have blurred together.

The subcommittee chair has been attending all JHSC meetings and this is something that needs to be reevaluated to ensure the more critical analysis can happen as needed. Because of this, recommendations have not been submitted through the channels as laid out in policy and procedure.

This subcommittee continues to oversee the Respiratory Protection Program as well as the Fit Testing team and program.

The current fit test team continues to have 7 certified fit testers spread across the agency. To date, more than 450 staff within CLTH have been fit tested, as well over 150 outside partner agency staff.

INFECTION PREVENTION AND CONTROL

(IPAC)

IPAC processes continue to be followed in all service and program areas of CLTH and continue to be updated as needed.

As the guidelines with Covid 19 have changed, we observe, evaluate and make changes as needed while always erring on the side of caution to ensure the protection of those we support, our staff and families.

Rapid Testing is no longer a requirement for staff, but we are still in possession of several thousands of tests and happily provide these to staff who wish to continue testing as a preventative measure. While tests are still available to any staff it is completely voluntary.

Masking is no longer a requirement in service and program areas, but much like testing, they are still made available to anyone wishing to use them.

Both the illness reporting and the Covid 19 email remain active and are checked daily.

Outbreaks and Outbreak Management

While the occurrence of outbreaks of Covid 19 has lessened, covid positives continue to occur throughout all areas of service.

The definition for a Covid outbreak is now a positive test result for two or more people who reside at the address. Staff testing positive no longer influences the official declaration of an outbreak, but this does not mean that we do not treat it as such.

There have been ZERO declared outbreaks in 2024.

While the local public health unit is required to officially declare an outbreak, in all cases where multiple people (staff, student, volunteer or person supported) we initiate Outbreak Measures as a precaution, and we continue to notify the local health unit as a proactive measure.

To date in 2024 there have been **57** confirmed positive cases of Covid 19 (staff, student and people supported). While the year is not complete, this is less than half of the cases reported in 2023.

Recommendations for 2025

- Review the current vaccination policy and determine if the requirement for primary doses is still relevant. It is reported that several partner agencies no longer require this.
- Review the purpose of Occupational Health and Safety subcommittee and the need to unblur the lines between it and the JHSC.
- Creation of more analytical data from Health and Safety statistics with the changes to the reporting and tracking.
- Continue to develop more user-friendly forms that can be completed online.
- A focus on Psychological Health and Safety in the workplace through education, training and resources.

Report Completed by - Tracey Switzer

Absenteeism Report 2024

Submitted by Steve Burke, January 2025

Executive Summary

Community Living Trent Highlands (CLTH) provides service in a safe, efficient, timely and cost-effective manner. Each employee directly contributes to this goal by maintaining their health and ensuring regular attendance. Regular attendance is an expectation of employment – it is an essential duty of every employee. Attendance management takes into consideration absence prevention, disability management and absence management. CLTH's Human Resources department, with the support from the Leadership team, looks at ways to track and analyze patterns of employee absences, including the reasons for absence and the overall impact to supports and services.



Absenteeism Management Program (AMP)

Community Living Trent Highlands has implemented the Absenteeism Management Program (AMP) to focus attention on employees who appear to struggle each year for various reasons. The purpose of implementing this type of program in any organization is to look closely at an employee's intentional or habitual absences from work. While employers expect workers to miss a certain number of workdays each year, excessive absences can equate to decreased productivity and can have a major effect on the agency's finances, morale and other factors. This program sheds a great deal of light on an area that tends to get missed, and unfortunately, sometimes misused.

Types of Absences

Absences that will require some type of employer involvement are classified under two well-defined categories: non-culpable and culpable. The standard and procedure shall be applied in a manner consistent with Community Living Trent Highlands obligations under the OPSEU Collective Agreement, Ontario Human Rights Code, Workplace Safety and Insurance Act, Employment Standards Act and other applicable legislation. It is important that these two types of absences are distinguished, recorded separately, and resolved differently.

Patterned Absenteeism

Patterned absenteeism is recognized to be “innocent absenteeism” unless there is evidence to the contrary since there is the chance of an authentic explanation for the absence. Nevertheless, if after investigating the situation, it can be established that the absenteeism pattern indicates abuse (e.g. no sound explanation is given for the absences, and it is not authenticated by acceptable medical documentation) the absences may be considered culpable and disciplinary action may be required. Like other short-term absences, the negative effect on operations and on the work, environment increases with the frequency of the absences.

Culpable Absenteeism

These are unauthorized absences which are within the employees’ control and may merit a disciplinary response. The following are situations of culpable absences:

- Excessive lateness.
- False explanation of an absence.
- No reason is provided for the absence (absence without leave).
- Unconfirmed absence, where evidence of reason is required.
- The reason for the absence is not authentic.
- Failure to call and report, as per collective agreement provisions or policies and procedures.
- Does not provide a doctor’s certificate when required.

This type of behaviour will be dealt with through progressive discipline that may end in termination for cause. Culpable absenteeism and the procedure in which it is dealt with are not part of the attendance support process. If at any time during the attendance support process the manager suspects that the attendance issues are culpable, they need to manage those issues through the progressive discipline steps with support from Human Resources.

A Review of Absenteeism in 2024

During the 2024 year there were several issues that attributed to having accurate number of sick days as some would take a vacation day for a day that they called in sick, which would then skew the accuracy of the data. This has been partially corrected with the addition of new categories in Dayforce, and with the implementation of the additional modules being added to our current software, it is anticipated that CLTH will be able to produce completely accurate numbers.

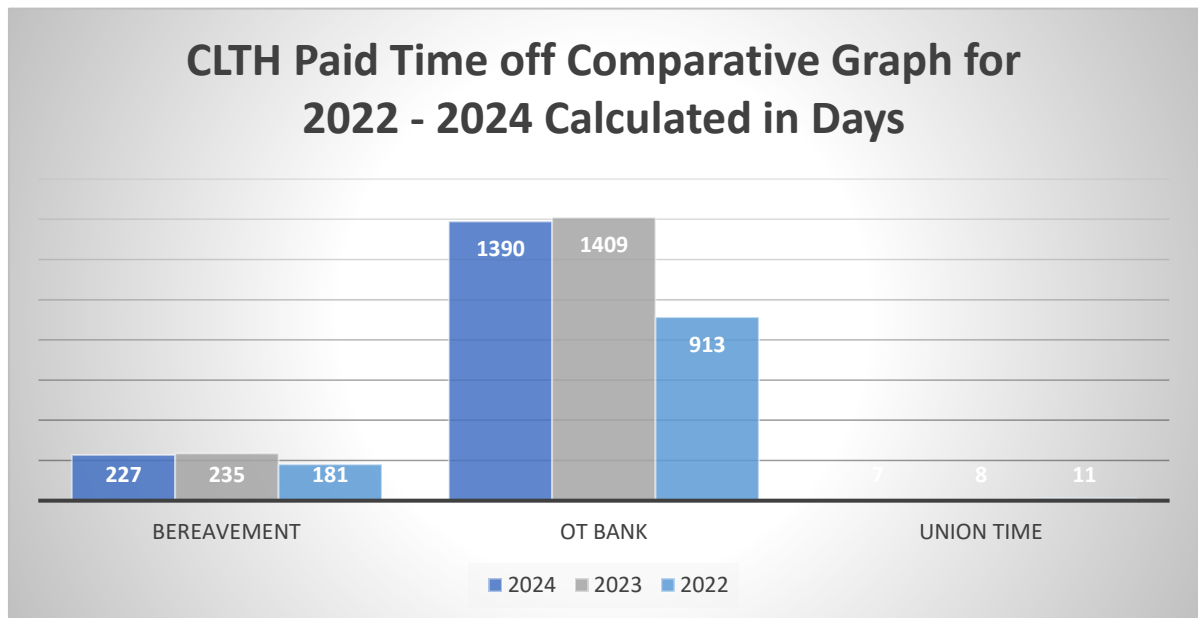
Full Time & Part Time Employees In 2024

Total full-time employees employed by CLTH within calendar year (2024)	219
Total part-time employees employed by CLTH within calendar year (2024)	166
TOTAL	385

The amount of paid time off an employee receives depends on factors like their length of service with Community Living Trent Highlands, the collective agreement, and local employment laws. Staff wishing to utilize paid time off, have a menu of options that they can use as part of their benefits afforded to them as an employee of CLTH. The following is a list of benefits available to the employee:

- Bereavement
- Compassionate leave
- Court attendance leave (Jury Duty)
- Sick time
- Family Sick time
- Over time Bank
- Union time off
- Paid Personal Leave (PPL) days
- Vacation

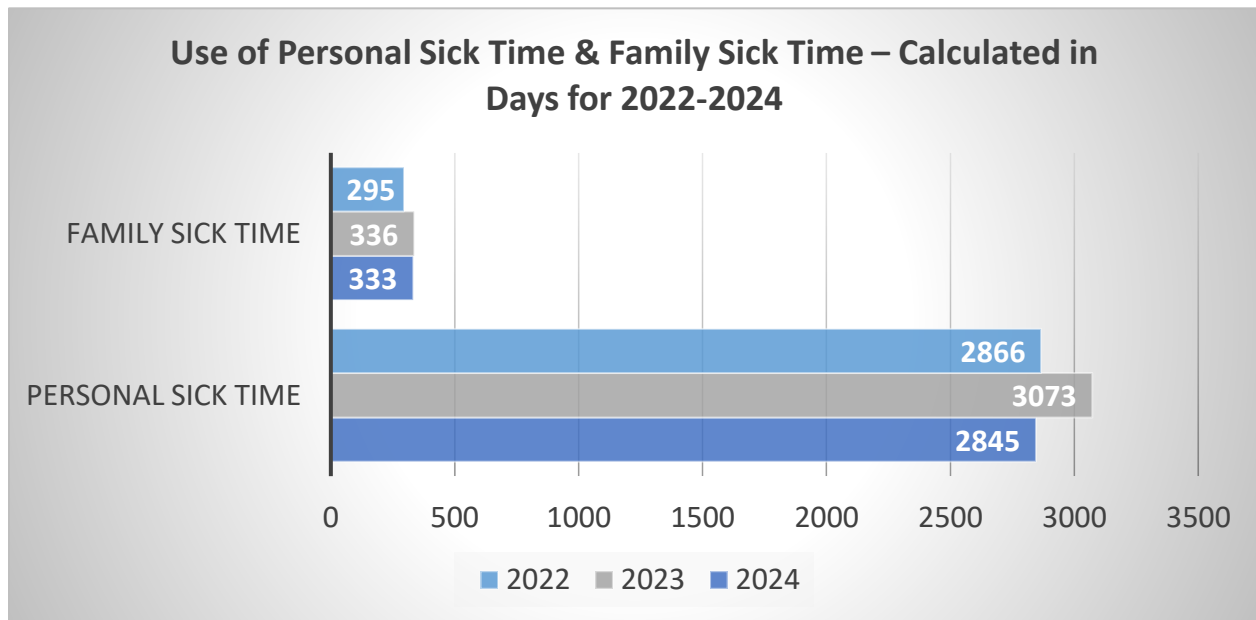
The following graph shows the comparison of time (calculated in days) for staff from 2022 through to 2024, who have utilized bereavement leaves, over time banks, and union time off. While days off for both union time off and bereavement seem very consistent, year after year, there is a significant increase in the number of days being banked and then used since 2022. This reflects CLTH’s staffing shortage and the need to ask staff to work extra to cover supports required.



Total Sick HOURS & DAYS (Full-time and Part-time / Union and Non-union)

	Total 2024 Sick Hours	Total 2024 Sick Days (Approximately)
# of sick hours used by Full-Time	2,435.75	325
# of sick hours used by Part-Time	8,110.00	1,081
Total Sick	10,545.75	1,406

Pay for sick leave is for the sole and only purpose of protecting the employee against loss of regular income when they legitimately are unable to work. For full-time employees, defined by the collective agreement, Article 26.02, employees can accumulate 10 hours of sick time per month for active employment, up to a maximum of 680 hours. Part-time employees will receive 3 hours per month for Sick leave, accumulated to 36 hours per year with a maximum carry-over of 60 hours. During the calendar year, the collective agreement deems that an employee may use up to 7 days of sick credits for their balance to cover immediate family illness that requires their absence. The following graphs demonstrate, year after year, the total number of sick-time being used for personal sick-time and for family sick-time.



In addition, within the 2024 calendar year, CTLH experienced approximately 40 leave of absences, which consisted of parental leaves, injury and illnesses, visits to home, and mental health issues.

To date, CLTH is sitting at 33 leaves of absences which is slowly decreasing as employees return from existing leaves and start to trickle back into their regular hours.

Why are absenteeism reports important?

- **Identify potential problems:** High absenteeism rates can indicate issues like employee dissatisfaction, health concerns, or workplace stress, allowing employers to take proactive measures.
- **Improve workforce planning:** By understanding absence patterns, companies can better manage staffing levels and scheduling.
- **Cost analysis:** Absenteeism can impact on services and supports and incur costs related to replacement labor, so tracking absences helps assess financial implications.
- **Direct impact on people supported:** Absenteeism can be very disruptive and disrespectful to the people served by Community Living Trent Highlands. Impacts disrupt regular routines and can lead to services being missed or inadequate.

Absenteeism reports are reviewed to identify patterns and trends in employee absences, allowing employers to proactively address potential issues impacting support, morale, and overall operations of services by pinpointing areas where interventions might be needed, such as addressing employee well-being concerns, implementing better scheduling practices, or identifying systemic workplace problems causing high absence rates. Community Living Trent Highland's Human Resources Team has been revamping and reshaping the system in which information related to absenteeism is recorded and monitored (Dayforce) to gain a better understanding of the issues addressing this internally. This is an operational goal that has been highlighted for 2025 as it is felt that with an improved system for recording, better workable and tangible data will be available to the team. With system improvements, data is beginning to highlight areas that need some attention. Such areas that are beginning to be explored in greater context, due to the information received are employee wellness programs, flexible work arrangements and workplace accommodations. Logically, if someone works less, they are likely to be less productive overall, not feel included in the daily operations of the workplace and have low morale. CLTH will continue to look at and consider root causes of absenteeism such as burnout, disengagement, as well as those who may require accommodation, such as childcare and illness.

Risk Register – December 3, 2024



A Risk Analysis exercise was held on December 3, where the ED met with a task force that included front line staff, the Management Chair of the JHSC and the Manager that has completed the Risk Certification from York University. The group analysed each scenario discussing causes, consequences and controls for each and rated all risks discussed.

Almost certain	Moderate	Major	Critical	Critical	Critical
Likely	Moderate	Major	Major	Critical	Critical
Possible	Moderate	Moderate	Major	Major	Critical
Unlikely	Minor	Moderate	Moderate	Major	Critical
Rare	Minor	Minor	Moderate	Moderate	Major
	Insignificant	Minor	Moderate	Major	Critical

Reputational Risk	
1-	Poor reflection internal- stakeholders/ internal social media/community and family comments/ spike in grievances/
2-	Poor reflection one community or area- newspaper/organized family comments or protest or complaint/ social media/ other media
3-	Poor reflection in region – 3 communities- press/social media/litigation
4-	Provincial- CHEX news/litigation

Operational Risk	
1-	Alters operations
2-	Significant impact to operations up to one year
3-	Significant impact to operations for over one year
4-	Halts operations in one or more areas
5-	Completely alters the functions of the agency
Strategic Risk	
1-	Impedes/ alters strategic goals by less than one year
2-	Impedes or revisit alter goals for three to five years
3-	Completely alters strategic direction
4-	Completely alters mission and vision and change the agency focus

Frequency- Last occurrence of catastrophic adverse e	
1-	Over 20 years- rare

2	In the past 10-20 years
3-	In the past ten fiscal years
4-	In the past three fiscal years
5-	In the past fiscal year

Potential Financial impact- net loss after insurance	
1	Not material- under 300 k
2	Within ED variance – under 600 k
3	Within fluid cash reserves 2 million
4	Over two million/ alter operations / requires recovery measures
5	Insolvency

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)					
				Impact	Likelihood	R	O	S	F

1-1	<p>Catastrophic Injuries and accidents causing significant critical injury to people supported by CLTH up to death</p>	<ul style="list-style-type: none"> ○ Caused by lack of adequate training ○ Failure to follow Government Acts, Policies & Procedures, Legislation ○ Caused by faulty or poorly maintained equipment ○ Failure to follow up on a previous incident that clearly delineated needed controls ○ Litigation 	<ul style="list-style-type: none"> ○ Full Universal Orientation, Comprehension and Training for all staff. Training is regular and enhanced as needed about safety and supervision protocols for each person in community homes and SIL ○ Safety Procedures at all locations ○ Constant review of incidents at many levels ○ Appropriate number of resources – encompassing the maintenance crew and their action plans that are responsive to repairs and maintenance in priority sequence- in addition to annual plan ○ Annual inspections of equipment and clear process for submitting repairs ○ All incident reports are reviewed and followed up on in a timely matter 	<p>Major</p>	<p>Unlikely</p>	4	1	1	3	1
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1-2	Pandemic or emergency in community causing disruption	<ul style="list-style-type: none"> ○ Unable to evacuate safely ○ Failure to control biohazard materials ○ Unprepared causing harm ○ Disruption in supports, supplies & services ○ Inadequate support resources due to the event 	<ul style="list-style-type: none"> ○ Business continuity and emergency plan clearly delineates roles and actions ○ Training on all safety plans done annually ○ Evacuation packs for all individuals ready ○ 24 hours on call system ○ Robust reporting mechanism for call ins and other information ○ Alert email system ○ Proper supply of PPE ○ Training and IPAC Planning ○ Partnerships with Public Health Units and other partners 	Major	Unlikely	45244
1-3	Missing person supported	<ul style="list-style-type: none"> ○ Person encounters harm while missing ○ Person is not found ○ Critical Injury/Loss of Life while missing ○ Caused Ineffective Training/Orientation ○ litigation 	<ul style="list-style-type: none"> ○ People with a tendency to elope have a clear plan (based on patterns an trends) /Supervisory Statement/Emergency Plan- people carry identification often (includes notification specific to person) ○ Communicated well on AIMS ○ Policy clearly states roles and action ○ 24 hour on call systems ○ Vulnerable Persons/Police Registration ○ Appropriate Resources/Equipment as required (like door chimes) 	Critical	Rare	41112

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)		R	O	S	F	I
				Impact	Likelihood					
1-4	Neglect or Abuse: Witnessed/Alleged/Reported	<ul style="list-style-type: none"> That abuse is found to be present and caused by an adult endorsed by CLTH CLTH is culpable in legal proceedings and litigation 	<ul style="list-style-type: none"> Training about reporting, supporting & identifying as per QAM Clear protocol to immediately involve police Screening for staff and volunteers and vigilant monitoring Training for staff about reporting and processes Training for staff on Respect, Rights, Supports & Professionalism Clear follow up process and investigation for any reports/concerns for the people supported Policies in place and are reviewed annually 	Critical	Rare	4	3	2	2	2

1-5	Medication or therapeutic procedure error	<ul style="list-style-type: none"> ○ Error causes critical injury up to death 	<ul style="list-style-type: none"> ○ Robust training, on orientation and annually thereafter (or more frequently if needed) ○ Strong relationships with pharmacies ○ Supervision/Monitoring of all errors and concerns ○ Monitored by medical professionals ○ 24- hour access to pharmacy support ○ Clear procedures to limit errors ○ Staff are encouraged to request training if they feel they need it- coworkers can also report training needs ○ Backup plans for system failure (E-MARS) ○ Protocols and processes in place by medical professionals and followed by staff 	Major	Unlikely	4	3	1	1	2
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1-6	Behaviour intervention	<ul style="list-style-type: none"> ○ Error causes critical injury up to death' ○ Charged or litigated against 	<ul style="list-style-type: none"> ○ Robust training, on orientation and annually thereafter (or more frequently if needed) ○ BSP is reviewed and interventions are trained and practiced regularly ○ Strong relationships with NVCI providers (including CPI and Safe Management) ○ Supervision/Monitoring of all interventions and therapeutic rapport ○ Monitored by behavioural support specialists in concert with doctors and other professionals ○ Incident are reviewed & responded to very quickly- debrief is standard ○ 24-hour on call support available ○ Clear procedures ○ Staff are encouraged to request training if they feel they need it- coworkers can also report training needs ○ Rights Commission reviews BSP's and supports, BSP audit committee reviews ○ SOR reporting done promptly and followed up on 	Major	Unlikely	4	3	1	1	2
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Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)						
				Impact	Likelihood	R	O	S	F	F
1-7	Family, neighbourhood, community concern, complaint	<ul style="list-style-type: none"> Media attention Concern is founded and CLTH is culpable in causing harm CLTH is charged Litigation 	<ul style="list-style-type: none"> Dedicated and knowledgeable legal team Training for coordinators and managers about complaint follow up Complaints addressed quickly Clear roles in the complaint process Independent Ethics officer in place Whistleblower policy in place Trends in complaints inform system changes and are reported annually Work to make reputation and image in community positive Adapted environments and review/alter policies to reassure Moderate concerns are dealt with successfully and in a timely manner Cultivating and nurturing good relationships in our neighbourhoods and families Robust training and policies to guide work 	Major	Unlikely	4	1	1	1	2

1-8	Decision Making Person Supported	<ul style="list-style-type: none"> ○ CLTH honours a risky decision that a person supported makes and under challenge the person is deemed incompetent, the worst case happens and CLTH is litigated against. 	<ul style="list-style-type: none"> ○ CLTH follows all regulations to support people to make informed decisions ○ CLTH works with families to dialogue when a risky decision is being contemplated ○ People are educated about rights and risks ○ Employees are trained about rights, responsibilities and safety ○ Documentation of all actions and education ○ Competency Education ○ Second opinions, other resources in place ○ Due diligence is followed after the informed decision with supports 	Major	Unlikely	4	2	2	1	2

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)				
				Impact	Likelihood	R	O	S

<p>1-9</p>	<p>Supported Independent Living Crisis</p>	<ul style="list-style-type: none"> ○ A person supported by CLTH is involved in or is the victim of a crime, harm or accident ○ CLTH is found culpable, negligent or litigated against in investigation 	<ul style="list-style-type: none"> ○ Employees in SIL are trained to offer education, safety plans and support for any situation where the person is vulnerable ○ SIL clients have access to the 24-hour on call system ○ Support agreement is clear about limitations ○ Supports are defined for each person ○ Reporting of potential unsafe environment trigger investigation ○ Awareness and strategies around changing neighbourhood safety 	<p>Major</p>	<p>Unlikely</p>	<p>4</p>	<p>1</p>	<p>1</p>	<p>2</p>	<p>2</p>
<p>1-10</p>	<p>Labour Disruption</p>	<ul style="list-style-type: none"> ○ Strike ○ Sudden lack of trained, qualified staff ○ Replacement staff are untrained ○ Retention issues that lead to a lack of qualified staff ○ NVCI lack of training cause escalation of harm 	<ul style="list-style-type: none"> ○ Positive relations between Union and Leadership ○ EERC is an open dialogue ○ Valid Collective Agreement ○ Training is under constant review to improve ○ Continued development of strategies for recruitment and retention ○ Orientation and onboarding training requirements in a timely manner ○ Placement students encouraged at all programs and offer a great recruitment strategy. 	<p>Critical</p>	<p>Rare</p>	<p>3</p>	<p>3</p>	<p>3</p>	<p>1</p>	<p>4</p>

-1	Employee injury or illness	<ul style="list-style-type: none"> ○ An accident or illness causes critical injury or death (OHS) ○ An accident or illness triggers litigation ○ An accident or illness garners media attention ○ CLTH is found culpable 	<ul style="list-style-type: none"> ○ The Internal Responsibility system is comprehensive ○ Health and Safety processes are clear ○ Training, PPE, reporting and rights are trained and reviewed throughout the year ○ Health and safety boards and SharePoint are full of resources and response mechanisms ○ HR and Occupational Health & Safety Committee take the lead in all accidents and illness to ensure timely, thorough and responsive follow up ○ Policies clearly specify responsibilities and actions that all employees must take to stay safe and that each have a right to refuse unsafe work ○ Health & Safety Inspections, Reporting & Follow up ○ Policies are reviewed and updated as needed. ○ Accident Investigation Training & Follow Up 	Major	Rare	4	2	1	1	2
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			<ul style="list-style-type: none"> Health & Safety Training and Awareness 							
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Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)		R	O	S	F	FI
				Impact	Likelihood					
2-2	Key Position, Staff Turnover and Shortages	<ul style="list-style-type: none"> An untrained staff causes critical injury or death A shortage of staffing results in critical injury or death CLTH is found culpable 	<ul style="list-style-type: none"> All efforts are made to have staffing at all locations- work continues to ensure that staff present are able to all required supports HR focuses on recruitment and retention Follow up on concerns is timely Training is comprehensive despite high turnover Safety is culturally the hallmark of all supports at CLTH Policies and Procedures are responsive and streamlined EAP is available SOS Binder frames key information 	Critical	Rare	4	1	1	1	2

2-3	Legislation, Regulation Law Infractions	<ul style="list-style-type: none"> ○ CLTH is found culpable in an infraction of legislation ○ Litigation/charged ○ Over 300K 	<ul style="list-style-type: none"> ○ Policies are kept up to date to reflect current legislation ○ Inspections, compliance, QUEST and reviews are conducted regularly ○ Internal audits are done regularly ○ Legal team is consulted regularly ○ HR department is involved in all corrections, terminations and return to work situations ○ Unionized Workplace-ensuring consistency and alignment with legislation ○ Leadership Offers Support ○ Legislation Training 	Major Rare	4	1	1	2	1
3-1	Fraud	<ul style="list-style-type: none"> ○ An act of fraud that causes financial harm over 300K ○ An act of fraud that causes media attention ○ An act of fraud that triggers Ministry take over 	<ul style="list-style-type: none"> ○ Robust policies and procedures ○ Annual audit and mid term audit by third party ○ No single signatures or approvers ○ Financial controls ○ Board oversight with finance committee quarterly review ○ Compliance review ○ Proper database controls 	Critical Rare	4	3	2	1	2

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)		R	O	S	F	FI
				Impact	Likelihood					
3-2	Infrastructure	<ul style="list-style-type: none"> ○ Critical loss or devastation of building or fleet vehicles ○ Unable to access a building 	<ul style="list-style-type: none"> ○ Robust Property & Systems team ○ Review of holdings once per year by the board and leadership ○ Regular inspections and R&M plan ○ Board account for contingencies ○ Adequate insurance coverage ○ Extra inspections of vehicles by maintenance partners 	Major	Rare	1	3	1	1	1
3-3	Cyber Security Breach	<ul style="list-style-type: none"> ○ Critical breach of confidential information ○ Catastrophic loss of information ○ Web based archive fail ○ Financial fraud or hostage taking of data 	<ul style="list-style-type: none"> ○ Business continuity plan ○ Dedicated personnel to ensure safety, back up, training in scams and security measures- IT department ○ Multi-factor Authentication in place ○ Insurance ○ Robust vigilance ○ Alert system is in place ○ Firewall in place 	Critical	Rare	2	2	1	1	3

3.4	Change in funding/ sector structure/	<ul style="list-style-type: none"> ○ Privatization of supports in Ontario ○ Destabilization due to funding changes ○ Critical migration of staff ○ Critical number of families removing from service 	<ul style="list-style-type: none"> ○ Strong relationship with funders ○ Open to change and have a strategic plan that addresses readiness for Journey to Belonging and other changes ○ Resilient in our size and assets to mitigate funding changes ○ Good relationships with partners ○ Strong connections with families and communities 	Critical	Rare	2	4	4	1	4
4-1	Governance Failings	<ul style="list-style-type: none"> ○ Board endorses decisions or sets direction that is harmful to reputation, brand and/or solvency ○ Board member inserts themselves into operations and causes harm ○ Board member has caused over 300K in damages 	<ul style="list-style-type: none"> ○ Membership is skills based and up to 14 directors are elected ○ Members are oriented to the agency, the mission, core values and operational standards ○ Policies are clear about decision making ○ Staff consultation and mechanisms for gathering necessary information to make decisions are strong ○ Board policies are clear about code of conduct and conflict of interest 	Critical	Rare	4	3	3	1	3

4.2	Board Decision Making and Training	<ul style="list-style-type: none"> ○ Board disfunction leads to poor decisions ○ Board members unclear of role and make irresponsible actions 	<ul style="list-style-type: none"> ○ There are open and clear lines of communication ○ There are good policies and TOR of committees ○ Thorough reports are reviewed by board ○ Orientation includes role and governance- done earlier in year 	Critical	Rare	3	4	3	1	4
4.3	Board commitment to guiding principles and Strategic Plan	<ul style="list-style-type: none"> ○ Board loses sight of mission and plan changing direction and failing people and families ○ Funding is cut or withdrawn ○ Reputation irreparably harmed 	<ul style="list-style-type: none"> ○ Good discussions about strategic plan and sub-committee created ○ Policies are clear ○ Decision making does involve the question of alignment regularly ○ Minutes reflect good discussion of strategic directions and mission ○ KPI's are created based on principles and monitored 	Critical	Rare	4	5	4	1	5
4.4	Board management of Board members	<ul style="list-style-type: none"> ○ Board members go rogue ○ Speak in separate voice about decisions ○ Relationships with staff creates bias ○ Unreliable in duties ○ Board in crisis leading to poor decision making 	<ul style="list-style-type: none"> ○ Policies are clear ○ There is an assessment of performance each year ○ Administrative assistant tracks attendance ○ There are mentors ○ Performance management subcommittee in place ○ Good discussion at meetings regarding effectiveness ○ Good job descriptions and chair oversight 	Major	Rare	3	4	2	1	3

4.5	Board and ED relationship and oversight	<ul style="list-style-type: none"> Board loses sight of role in managing ED and ED underperforms or goes rogue harming agency 	<ul style="list-style-type: none"> Policies in place including monitoring reports There is a comprehensive report schedule to board from ED Annual evaluation is done Training and mentoring to board for role 	Critical	Rare	3	4	2	1	4
4.6	Media crisis	<ul style="list-style-type: none"> Board member does not follow process and corresponds directly and damagingly with press/public Board member sets out campaign to harm reputation of agency or ED Board member has an open and clear conflict of interest that is not declared. 	<ul style="list-style-type: none"> Crisis communication plan presented each year Clear policies that drive messages back to ED Clear roles and conflict of interest policies Policy and communication plan regularly reviewed Conflict of interest on each agenda 	Critical	Rare	3	2	2	1	3

4.7	Financial Failings at Board level	<ul style="list-style-type: none"> ○ Lack of oversight causes insolvency ○ Funding cut not responded to effectively causes insolvency ○ Fraud by board members causes financial harm 	<ul style="list-style-type: none"> ○ Finance committee regularly meets and reviews reports ○ Good financial oversight policies ○ Board is kept up to date in any funding changes ○ Two signers at the board level for major purchases ○ Finance committee reviews BPS, procurement and RFP processes ○ No one board member or staff member can move money independently 	Critical	Rare	4	4	2	1	3
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Training and Development Report 2024

Submitted by Steve Burke, January 2025

Executive Summary

This training and development report summarizes the progress and effectiveness of Community Living Trent Highland's employee training programs, outlining details like participant information, training objectives, skill development, performance improvements, delivery methods, assessment results, and recommendations for future training improvements. This report provides a comprehensive overview of the learning and development initiatives within Community Living Trent Highlands. The following key initiatives are identified within this report:

- Mandatory Annual Training (Third-Party)



- Mandatory Annual Training (Internal: Policy review, Employee Status Review, QAM)
- Development of Annual Agency Training Plan
- Leadership Voluntary Training
- Future Leaders - Mentoring Program
- Additional Identified Training Needs

Mandatory Annual Training (Third-Party)

Mandatory annual training continues to be completed by our third-party person. Although this process is going forward smoothly, and our HR department is working collaboratively with the trainer to streamline the classes and the frequency of such, it has been brought to our attention that the governing body that oversees the Non-Violent Crisis Intervention Program (NVCI) is starting to push back more on the fact that this trainer is not our employee, so rules prohibit him to officially continue this agreement. A temporary settlement has been reached to continue this training partnership, although it is felt that this temporary permission will be short lived, and a new plan will need to be put into place to address this training need by 2026. Two options are now being considered and reviewed to be ready for this shift in training direction:

Training Results for 2024		
Training Type	Number of Courses	Employees Participated
Non-Violent Crisis Intervention (NVCI)	19	192
CPR and First Aid	8	76

1. The development of an internal training lead (Training and Development position) - this would require the addition of an FTE training position within the agency and could potentially address other training related concerns that have been identified internally.
2. Consideration to add this training responsibility on to an existing position. The person would require full certification for NVCI and would need to be effectively freed up to address the large numbers of staff requiring this training annually.

Regardless of which option the agency pursues, given large number of staff requiring this certification, a decision will need to be made to be prepared for the shift in 2026.

Mandatory Annual Training (Internal: Policy Review/ Employee Status Review / QAM)

Working collaboratively with the web designer and IT department, the Human Resources department was able to successfully implement an e-Learning system to provide all internal annual training online to staff. Accessing training through CLTH's website, with the password protection feature, offers each employee the ability to take ownership of their own CLTH Annual Training.

Identified Advantages to Moving Annual Training Online (e-Learning Training)

- Flexibility - allows employees to learn remotely at their own pace
- Preferred Learning Styles - some people are visual learners, while some are active learners who need to take notes, and others may need to watch the training twice to fully absorb the information fully. Online courses enable employees to employ the learning method(s) that work best for them.
- Cost and Resource Saving - There are no venues, speakers, transportation, accommodation or hospitality costs to consider. Additionally, all class or course material can be available online and suitable for reuse.

The disadvantage of online learning is less face-to-face interaction and while many employees excel with digital technology, others may have a tough time with online training as technology can be a learning curve for the tech challenged. For those employees, CLTH does provide support from the IT department.

This process continues to successfully move forward, however, we still have concern around whether employees are fully reading the policies, whether all are understanding the information before them, (recognizing not all employees retain information the same way), and as an agency, whether this process is considered acceptable, in terms of due diligence and liability. Options will be investigated to assist employees in thoroughly understand what has been presented to them, recognizing everyone learns differently, and the newly added challenge of employees who struggle with the English language.

CLTH Leadership has also committed this year to take more of a united position on drawing the line for delinquent employees; working with our HR department to clearly define agency expectations, with formal performance corrections, should they be necessary.

Development of the Agency Annual Training Plan

Community Living Trent Highland's Annual Training Plan is developed each year to keep managers and their teams focused, fresh, and consistent. The annual calendar is drafted with support from Directors based on training requirements outlined by the Ministry of Children, Community and Social Services or that have been identified in CLTH policies and procedures. The topic for the Annual Training Plan includes the following:

- Abuse Training
- Rights and Responsibilities Training (including understanding the role and functions of the Rights Commission)
- Respect & Disrespect in the Workplace
- Understanding the importance of social roles

- Emergency Planning & Preparedness
- Understanding your Fire Plan
- Annual Medication Review (utilizing the Seamless care portal, medication & controlled act policies, medication errors)
- Health & Safety Refresher
- AIMS Database – ISP goal setting
- Understanding & Utilizing Behaviour Support Plans
- Compliance Readiness Training
- QUEST training

Annually, Managers are then tasked with either creating a new presentation (via PowerPoint) on the above-mentioned topics or reviewing, modifying and updating the training that has previously been provided. The Manager is to review and ensure that the training reflects current updates in the sector and supports policy.

Initially, Managers present these to their peers at a Leadership meeting, to request feedback and dialogue. Any recommendation for improvements or enhancements are made based on this feedback. Following this process, Managers each become responsible for training their individual teams on the topic areas. This process allows all staff, in all areas to receive the same training at the same time and ensure that the content is fresh and current.

In 2024, compared with previous years, managers reported that they struggled to complete all the training with their teams, and there was inconsistency within the leadership, regarding the approach this training took in each of the teams. Due to the volume of training expectations, and the daily challenges and staffing issues in teams, time played a factor here, and a few of our managers were unable to complete the required training with all their teams. It is imperative this training happen annually.

To remedy this, a new process was introduced through HR support, in which friendly reminders will be sent out monthly, we identify the designated monthly training topic for that month, and that it is an expectation all Managers will inform HR once the training is completed for their team(s). This formalized approach should help our managers stay focused on the expectations of the training, while they deal with daily challenges, leaving the administrative process to the HR Department.

Leadership Voluntary Training

Providing annual training to the Leadership team is crucial because it helps them develop the necessary skills to effectively lead teams, improve employee engagement and contribute to the agency's success by enhancing their decision-making, communication, and problem-solving abilities, all while fostering a positive culture and developing future leadership talent within the organization. Trained leaders can

better motivate, delegate tasks and provide constructive feedback, leading a team to higher team productivity and morale.

Each year, the directors have open discussions around areas they feel the leadership team would benefit from. Information and suggestions are sought out from the managers, as to specific training they feel

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Leadership Training

they would benefit from as a professional, as well as feedback from our Staff Engagement Survey, highlighting areas in need of improvement.

In 2024, with the help of such third-party trainers as *CL&F Leaders*, *Laridae*, and *FCS International*, CLTH was able to offer our Leadership team several training options, in which case they were expected to attend and participate. The hope was that managers would sign up and attend more than the minimal three expected, and for the most part, this was successful.

Although it was a great deal of work organizing and working with multiple third-party trainers, there was a great deal of learning that transpired over the year, some great tools for toolboxes, and some genuine thought-provoking conversations that helped our Leadership evolve as coaches and leaders.

The following is a list of the leadership training offered to the team:

- Outward Leadership Arbinger Training – February 28 & 29th, 2024
- Repairing Negative Workplace Cultures – April 11th, 2024
- Leading Multi-generational Tams – May 29th, 2024
- Exploring Culture Humility – June 12, 2024
- Facilitation Solutions for Peer Conflict within Teams – September 2024
- Dynamic Leadership through Trust & Curiosity – October 24, 2024
- Unlocking Potential: Coaching for High Performance – November 10, 2024
- Book Club – “Dare to Lead (Brave work, tough conversations, whole hearts) by Brene Brown

Future Leaders - Mentoring Program

Last year we had five frontline employees expressed an interest in moving forward in their career, at Community Living Trent Highlands. To embrace this keen interest, these five individual future leaders were enrolled in a twenty-day session training opportunity called “*Essential Skills for Today's Leaders*”. This training partnership with *CL&F Consulting* continues to coach and educate interested employees on such topics as *High-Performance Meetings*, *Strategic Planning*, *Resilience in the Workplace and Coaching and Mentoring*, to name a few.

As the 2024 year ended, steps were then taken to introduce the next group of interested, potential leaders, into the enrollment process for 2025. Under the direction of our managers and with their enthusiastic recommendations, we are happy to announce four more “leaders in training”!

Additional Identified Training Needs

When an employee expresses a desire for additional training in the workplace, it typically indicates their interest in developing new skills, enhancing their current abilities, staying updated with sector changes, and potentially pursuing career advancement opportunities within the agency. Often employees are motivated by a desire to improve their job performance and feel valued as an agency. Sometimes, some employees require further education or skill development to effectively perform their job duties. This may be due to new technologies, changes in agency policies or procedures, gaps in their existing knowledge, or the need to acquire new skills for career progression.

Community Living Trent Highlands utilizes the services of Citation Canada (formally HR Downloads), which is a comprehensive HR resource offering expert advice, training and policy creation tools. CLTH utilizes this service especially related to the courses offered. Training courses are offered in two formats and cover a variety of workplace topics. Traditional training courses offer learners a linear, lecture-style format, while immersive training courses feature interactive animated scenarios. Currently, Citation Canada offers over 175 training courses that are available to staff should they want or need them.

Ongoing concern around employee wellness and mental health grows, based on the volume of educational training opportunities covering such topics as Mindfulness, EAP support and LOA’s.

Over 90% of employees say they won't quit if they get development opportunities"

- Employee Training Statistics, Trends, and Data in 2025

Key Take Aways

- Positive impact on performance: The training program demonstrably enhanced employee skills, leading to noticeable improvements in job performance metrics.
- Alignment with organizational goals: Training content was well-aligned with strategic priorities, supporting the achievement of key business objectives.
- Positive feedback from participants: Employee feedback indicated high satisfaction with the training content, delivery methods, and relevance to their roles.

- Areas for improvement: Further analysis of training effectiveness could be enhanced by implementing more robust evaluation mechanisms and targeted follow-up interventions.

Recommendations for Future Considerations

- Regularly review training needs: Conduct ongoing assessments to identify emerging skill gaps and adapt training programs accordingly.
- Foster a learning culture: Encourage continuous learning through mentorship programs, knowledge-sharing initiatives, and access to online learning platforms.
- Tailor training to individual needs: Provide customized learning pathways based on employee roles and performance levels.
- Monitor and evaluate outcomes: Regularly track key performance indicators to measure the effectiveness of training programs and make necessary adjustments.

Conclusion

In conclusion, the training and development program offered at Community Living Trent Highlands effectively addresses identified skill gaps within the workforce, resulting in improved employee performance and increased overall quality of support. Highlighting the positive impact of investing in continuous learning initiatives is recommended to maximize the long-term benefits and ensure sustained skill development across all levels.

OVERVIEW OF STUDENTS AND VOLUNTEERS

April 1, 2024, to March 31, 2025

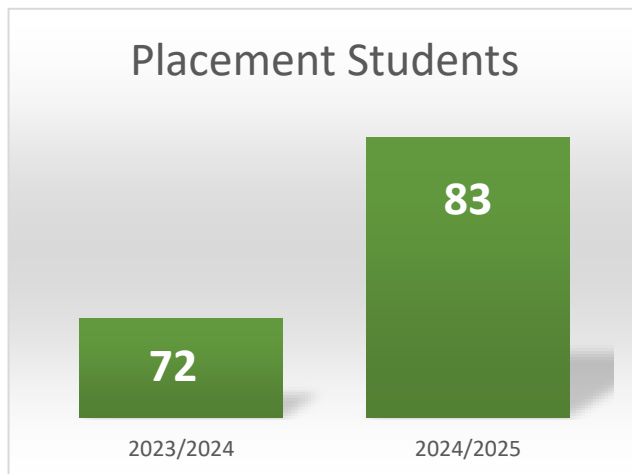


Executive Summary

It is the expectation that an annual summary will be produced to report on the success of students and volunteers for CLTH.

Students

Over the last year we have supported 83 students in placement. Students come through Fleming, Trent University, Seneca College, Durham, Loyalist, Nipissing U, Canadore, Gates College, Lakehead University, and The Toronto School of Business. This is an increase of 13.25% from the previous year, as seen in the graph below.



Placement students make a significant contribution to Community Living Trent Highlands and work to a high standard on diverse types of projects, depending on placement location and its priorities. The work carried out by students at the sites has led to the development of training tools for staff, creation of social media campaigns, best possible health protocols for people supported and strategies of how we connect

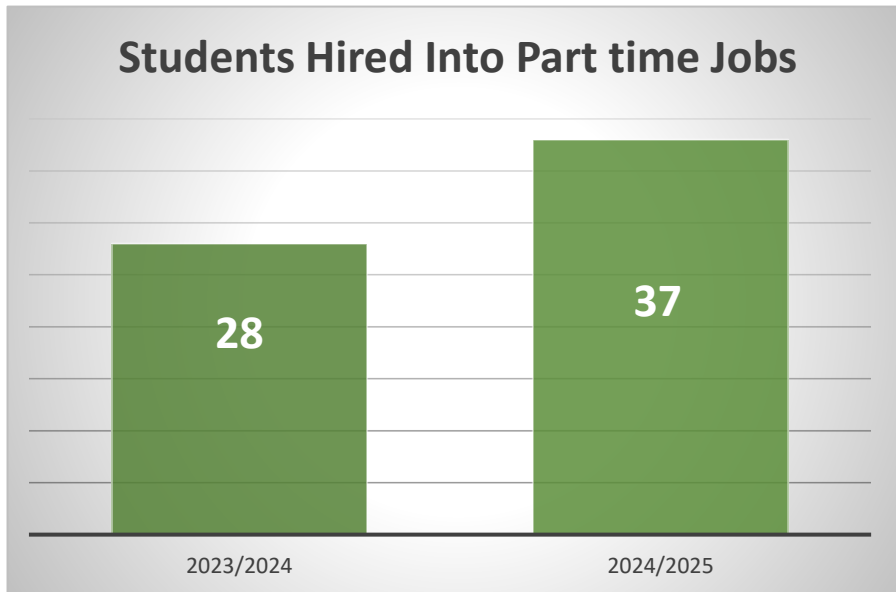
people to community and family.

This not only helps students learn, but also supervising a placement student can assist staff in developing their own teaching and mentoring skills.

We provide placements as part of our public engagement and corporate social responsibility work and as an opportunity to help shape future graduates. Many of our students have become our employees. Universities are increasingly accountable for their access work, and supervising a student can help to demonstrate that our organization is committed to increasing opportunities for young people in our local area.

While students are in placement, there is a constant stream of communication with the staff to ensure all is going well and that the students are participating and attending the program to get the hours they are required to have. In a few cases we have had to speak with their colleges/universities and to have discussions with the students for improvement. In very few

instances we have had to cancel the placements with students that have not met expectations. This was the case for two students this year.



Out of those 83 placement students we hired 37. This is a 12% increase from the previous year, which suggests that students are vital to staff recruitment.

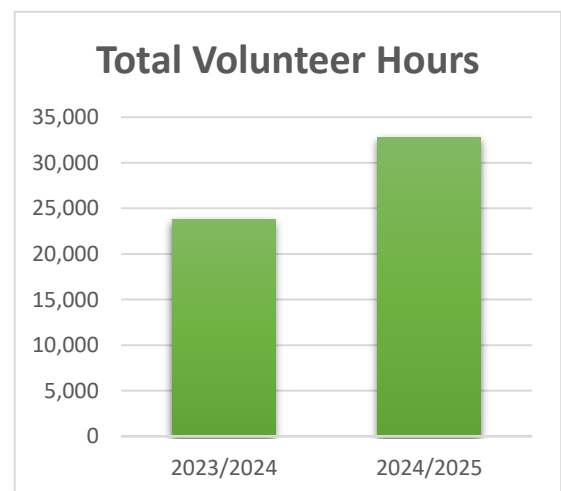
Unfortunately, 51 applications were received, but we could not offer employment

without a G2 license.

Volunteers

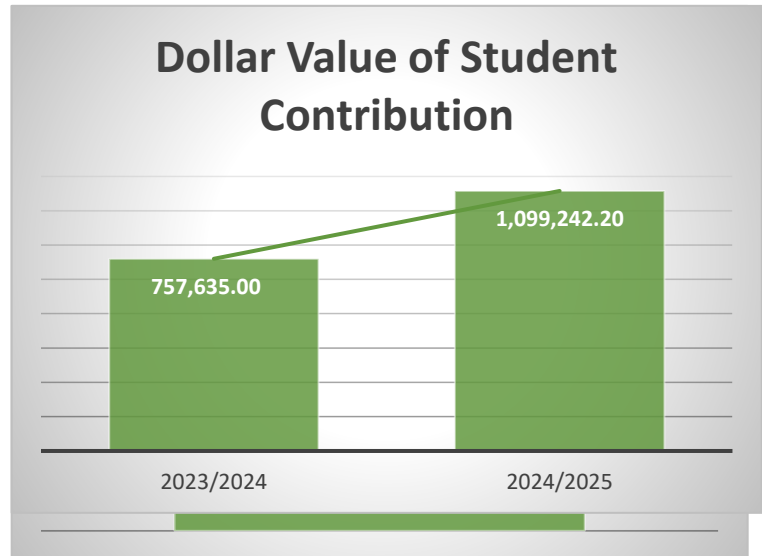
As we move forward into the next year our focus will be on recruiting more volunteers and building on the retention of those participating within this program.

We have developed a partnership with Peterborough Volunteers and are working with peterboroughcanada.com around advertising volunteer opportunities within our agency. Creating a volunteer talent bank is in development allowing potential volunteers one-time opportunities to also contribute to the organization. We are also working with a Facebook group “Volunteer Opportunities Haliburton” to spread the word that we are actively recruiting volunteers in this area.



In total we had 32,823 hours in kind contributed by students/volunteers. The Volunteer contribution rate for 2024 has been set at \$33.40, that equates to \$1,099,242.20 in value.

We look forward to seeing the lives of people supported enhanced by volunteer contributions in the upcoming year and to celebrating these volunteers in 2025.



Submitted by: Lisa Corp, Student and Volunteer Coordinator

Human Resources Department Analysis Report 2024/25

Executive Summary

- Each year the Human Resources Department produces an Annual Summary Report on the key areas of the strategic plan. For Human Resources these are:
 - Recruitment and Retention
 - Succession Planning
 - Employee Wellness
 - Labour Relations with OPSEU Local 358
 - Training and Development
- The Human Resources Department serves 400+ staff in three different communities with a staffing complement of one director, one manager, three coordinators, and three schedulers.
- The following is a summation of our findings:

Recruitment and Retention

- The following graph highlights the statistical data collected by the HR department for the past four years:

A Comparative Look at Recruitment and Retention Stats - 2021 - 2024				
	2021	2022	2023	2024
New LTD's	1	2	1	0 (1 LTD return)
LOA's	196 (108 returns) (51 illness or injury) (8 maternity or parental) (30 general purpose)	74 (27 returns) (22 illness or injury) (8 educational) (19 general purpose)	31 (30 returns) (22 illness or injury) (6 educational) (3 general purpose)	44 (16 returns) (25 illness or injury) (0 educational) (3 general purpose)
WSIB	09	64	42	23
Resignations	121 (17 terminated) (4 retired) (18 other employment) (82 resigned / Moved out of Area)	76 (6 terminated) (4 retired) (11 other employment) (55 resigned / Moved out of Area)	54 (9 terminated) (0 retired) (14 other employment) (31 resigned / Moved out of Area)	82 (6 terminated) (1 retired) (19 other employment) (56 resigned/Moved out of Area)

Additional Supporting Analysis for Recruitment and Retention

Exit Surveys

- Each year CLTH strives to gather information from outgoing employees to gain feedback from their experience and learn how we as an organization can grow.

Response from our Exit interviews was very limited, as it relies on exiting employees willing to take the time to put their thoughts, concerns and suggestions in writing, before their departure. Opportunities were also provided for departing employees to submit their thoughts through email. Although the volume of returns was less than acceptable, those that were returned still highlighted a theme of employees not feeling part of a team. This voiced concern stemmed primarily from the part-time employees who were leaving for full-time employment. Responses hovered around the hierarchy of positions, some managers not including part-time in staff meetings, and a lack of support and availability of managers on site to address conflicts.

Stay Interviews

- In late 2024, CLTH took a new added approach to gathering feedback from employees. In addition to gathering this data from exiting employees, a core group of long-term staff were presented with an opportunity to participate in a newly structured conversation, called stay interviews.

A stay interview allows HR an opportunity to gauge satisfaction levels, assess culture and understand what keeps the employee motivated. This newly created recruitment strategy was a more proactive, positive method that presented an opportunity to reflect on why employees like their job, while at the same time, gather constructive criticism around what isn't working and how it could be improved. The summarized themes are as follows, in order of priority.

Summary of Themes Gathered from Staff Response to Stay Interviews 2024	
Definition of a Great Workday.	<ol style="list-style-type: none"> 1. Celebrating people supported 2. Connections and partnerships in the community 3. Working in a supportive environment
Meaningful Recognition.	<ol style="list-style-type: none"> 1. Direct positive verbal recognition from leadership 2. Non-monetary recognition/ personal fulfillment 3. Monetary (financial)
Challenges (Personal/Regional)	<ol style="list-style-type: none"> 1. Communication 2. Lack of resources and partnerships 3. Need for Expedited Decision Making

This survey approach reinforced the fact that CLTH has a great deal of employees who are here for the right reasons. They want to make a difference in the lives of others and receive the fulfillment of working in an environment that also fuels their needs. Of those questioned, 90% felt they had enough guidance from leadership, and were satisfied with the communication overall.

Staff Recruitment Methods

- As an agency, Community Living Trent Highlands continues to flood **social media and external signage with employment opportunity options** and have determined that the funds used to cover this cost are necessary to be competitive in a very limited pool of resources.
- **Partnerships with local colleges for recruitment continue** in order to support a curriculum that reflects the educational needs of CLTH's workforce, student placements, and the number of graduates. The actual volume of students reflects this collaborative venture. All successful, motivated students are encouraged to apply for part-time positions, and those that are successful are fast tracked into our community homes. This process continues to prove successful, noting the majority of part-time hires are coming from CLTH student placements.

- **Diversity** within the agency continues to grow in a very positive way, creating a whole new list of challenges, and added work. Education of cultures and language differences have been introduced to the people supported, as well as opportunities to sample new cuisines within the homes. HR works closely with the new employees who are coming from outside of Canada, and have learned a great deal about citizenship eligibility, working visas vs academic visas, and all the additional paperwork that is necessary to keep these new and talented professionals within our organization. With the ongoing shortage of Developmental Services Workers within our field, it is felt that the added work required is not only worth the time, but necessary. To move forward successfully, we have reconnected with the New Canadian's Centre and will be building out an educational training opportunity with them, scheduled for our upcoming All Staff Meeting in the fall.
- **Community Living Trent Highlands Champions** continues to be a huge success, noting a great number of added hits on our social media pages. Steps are moving forward towards creating a Phase 2, Group of champions for 2025.
- **Bridging Program 2.0** has been launched this past year, highlighting the ten agreed upon courses, the establishment of a mid-term exam, and followed by a final test requiring a targeted passing grade or higher. Promotion of the newly improved program has moved forward through leadership and internal social media, and as it stands, we are currently overseeing 11 employees participating.

Succession Planning

- The development of our succession plan is critical to ensuring CLTH is retaining and training employees with potential to become leaders within our organization. This training is imperative considering the average age of our leadership team places the potential retirement age falling within the next 8-10 years. CLTH continues to keep an updated formal succession plan, with the goal of slowly assisting those interested in furthering their career within the agency and providing opportunities to learn and grow in preparation of future options.
This past fiscal year managers were provided with the opportunity to participate in nine external learning opportunities. Recognizing the business of their schedules, they were presented with the option of choosing a minimum of three of the nine available courses. We are happy to report that the majority of our leadership team exceeded that option, with some choosing to participate in all of the options available. At this time, there are only three managers who have expressed interest in a future director's roles, but it is our hope that this might increase as they evolve within their current positions. Eight coordinators have expressed interest in future leadership roles, along with four assistants. Through our **Future Leaders Mentoring program**, eleven of the twelve interested employees have participated and successfully completed in third-party leadership training organized by the agency. This training partnership is a 19-session, multiple course Leadership opportunity that provides coaching and

mentoring around various management components, leaving the successful participants with a treasure trove of tools to use in their current and future leadership roles.

Employee Wellness

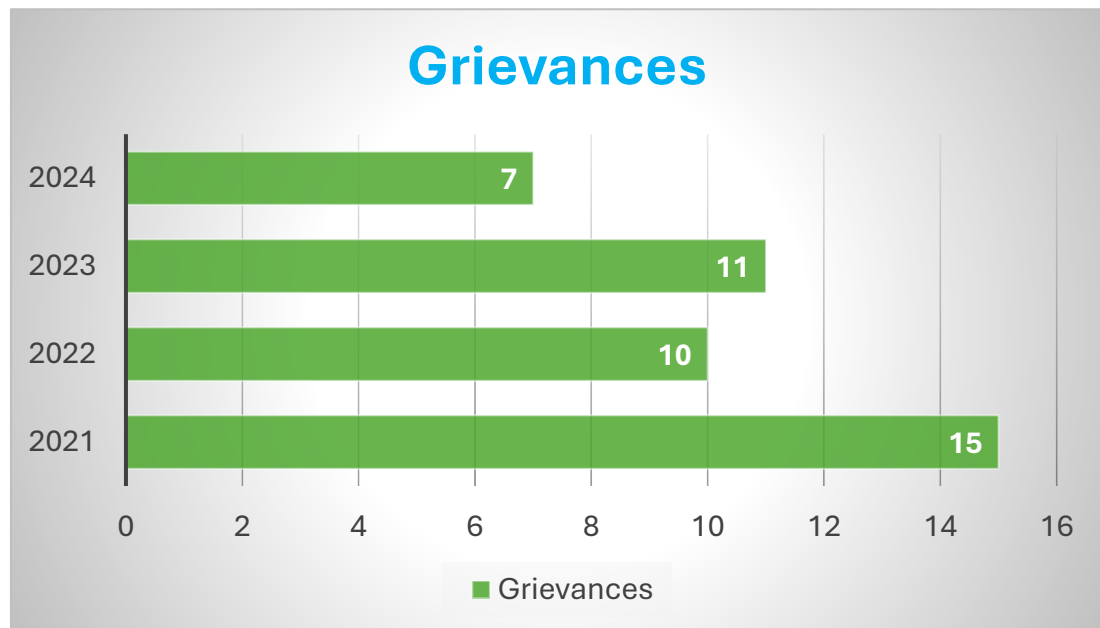
- Wellness programs have been proven to provide many benefits and improvement such as employee's health behaviours, productivity, engagement, morale, and reduces stress levels. As in all businesses, success is heavily reliant on the performance of its employees, so it's imperative for them to be in good mental and physical shape to perform their roles to the fullest. Employee Wellness has been a key identified area of focus for CLTH' strategic operational plans for the past four years.

The following two key areas highlight CLTH's response to acknowledge the importance and value of focusing on Employee Wellness and what has been accomplished in 2024.

1. Positive Vibes continues to be an excellent resource for those staff going through tough times or just needing to re-ground themselves. Many opportunities were offered for those willing to participate, such as our Staff and Family Pride BBQ, Scavenger Hunt, Cornhole Tournament, Countries of the World Camp Week, Kahoot Quiz's, Annual Staff Party with Hollywood Masquerade theme, and Soup's On to name a few.
2. Wellness segments and articles continue to be a constant part of our "Post It" e-newspaper, with valuable information and strategies for staff to tap into, de-stress, and rejuvenate. Information regarding our EAP program is regularly featured in each e-newsletter and is reinforced and shared by all managers and Human Resource team members, to those staff that appear to be struggling.

Labour Relations with OPSEU Local 358

- This past year yielded only seven grievances (see chart below), which is a nice decrease. Of the seven grievances submitted in 2024, two were withdrawn, four were solved collaboratively and only one went on to mediation. When reflecting upon the data from the last four years, it should be identified that this year we are below the average range for grievances, based on the agency size, when aligning with data of years past. The following graph shows a consistent snapshot of what the HR department can expect annually.



- This year, the Employee Employer Relations Committee (EERC) was able to clean up and refocus on the role of the committee. With the support of a new senior OPSEU executive, and a new OPSEU area representative, the Terms of Reference were modified to reflect and meet the needs of both parties, and a bi-annual meeting schedule has proven to be successful, along with virtual meetings.

Training and Development

- The move to on-line training for QAM, Policy Review, and Annual Employee Status has proven to be successful. The majority of training courses in First Aid and Non-Violent Crisis Intervention (NVCI) are up to date, and with the HR department now finally operating at the proper capacity, members are starting to develop a firm understanding of their roles and timelines.
NVCI continues to be a hot topic, recognizing that our current trainer will no longer be available. With the volume of employees requiring full training or regular refresher courses, a great deal of discussion has been taking place regarding the creation of either an internal Training Position or Training Team. This will be a priority for the agency in the coming months, as our current trainer prepares for retirement, noting this annual training is a condition of compliance.
- As recorded above, the **Annual Leadership Training** was received well, with nine options provided for the full team. Managers were only required to choose three learning opportunities this year, out of the nine options. However, this year’s feedback was less than exciting. Managers referenced difficulty in attendance, quoting heavy caseloads and dealing with ongoing staffing conflicts. Regular attendance was spotty, and participation was less than acceptable. An additional training opportunity was set up with the

managers just to allow them to feel they could share freely their opinion and concerns. Based on the information received, it was decided that the extensive number of choices was too much and in conversation at the Directors table, it was decided that a Team Building in the fall of 2025 would be more productive for the full Leadership Team.

- The **Agency Training** for teams, coordinated by Leadership, also had an upgrade, noting that with the business of each manager, the team training was not being consistently completed within the timelines, and in some situations missed entirely. After further discussion and dialogue, a support system was put in place, with the assistance of the HR Department.

This new process provided the managers with that friendly reminder and nudge within the timeframes, and provided a tracking process for Directors to oversee, so training was not neglected or overlooked due to daily struggles.

With the added support through HR, managers are not only successfully getting the team training completed, but these statistics have now been recorded, creating a data training trail.

Steve Burke
Director of Human Resources
Community Living Trent Highlands
Submitted March 24, 2025