![Community Living Trent Highlands logo]

Outcomes and Achievements
CLTH 2023/24 Fiscal Year

Completion/Updates of 2023-2024 Operational Plan

	Strategic Goals	Update
1.	Expansion and improvement of the Respite Now app. This is a unique service in the province. It addresses the needs that exists for private respite workers that families can access. It also provides a conduit for CLTH to work to build a relationship with families across the three communities. This is an innovative approach to finding a respite worker. This is done in partnership with Community Living Respite Services Northumberland.	Stats from Jan1 - Sept 12 Workers - 438 registered; 182 activated 258 total active workers Individuals - 182 registered; 891 total Caregivers- 182 registered; 807 total The app is being rebuilt to make it much more user friendly. A current concern with Respite Now is that the number of workers is growing much quicker than the number of caregivers seeking supports. Many of the 800 caregivers that have used the site have put in requests, found what they need and have moved on. Next step is to work on making time to develop initiatives to draw in more caregivers. We have some great ideas, like a speed connecting event, a launch party and more fairs. upcoming scheduled caregiver events - October 29 - Alternatives Peterborough November 6 - Abilities Center Whitby Partnering agencies: Community Living Northumberland Respite Services; Community Living Quinte; Durham / York / Peel are in the works - presentations to the agencies have been completed

2.	Enhancement of the Families are Strong Network. Further growth and awareness of Kawartha Lakes and Haliburton. Improvement to the virtual platform. Increase in the in-person and networking meetings that occur. Training calendar of events in partnership with other agencies in the three communities	• Currently 303 members
		• Typically, there are 3-4 new posts daily
		• Created 9 years ago
		• Resources are shared:
		   o Community Service agencies offering free/low-cost programs,
		   o Private respite workers post flyers of upcoming events
		   o Training for Parents are shared. Families are indicating that they prefer online training, it is easier for most to attend than in person.
		   o Families connected to advocacy Caregiver Support Groups, Autism Support Group, strategic parenting

	summit, family support groups, Pooran Law events, Ontario Developmental Services Housing Task Force, Legal webinars, Ontario Caregiver's Organization o News in Politics: information is exchanged on the change of Education Minister, increases in ODSP, new proposals on Canada Benefit Program also feed back and advocacy towards input on this new proposed program. Monthly Topics • This month has been back to school resources about mental health, preparing for school, routines, IEP and school meetings, FASD events. • August was social groups, Conferences, and sports registration for the fall.
3. Journey to Belonging is the framework of MCCSS to transform services. CLTH will create a working group to address the possible steps of readiness that CLTH must take to be better prepared for a landscape of individualized service.	• Creation of a working group, comprised of coordinators and management, from all sectors of the agency that meets bi-monthly • Secured help from a Trent Public Policy Placement Student who completed a report on the "Status and Recommendations" of J2B. The report analyzed the present situation at CLTH and drew a comparison to other similar agencies in Ontario • The website is also being deigned to reflect the changing language of J2B
4. Enhancement of the partnership with the New Canadian Center and any other resources or agencies to help guide the work of the HR department to make our orientation, training an culture one of understanding and welcome to international employees. The majority of our new hires are international students and a comprehensive strategy done in partnership with lived experience is critical. This work with be done in partnership with the DICE committee.	• New Canadian Center were asked present their Community Training Program "Understanding and Practicing Cultural Humility" for the Leadership team • Provided the team with a self-reflection tool for staff • Identified that the leadership team would like the New Canadian Center to present at the All Staff training even in October 2025

Outcomes and Achievement 23/24

5. Retention is an ongoing goal, in this year CLTH will analyze why people stay with a newly coined proactive of "stay interview" and use this knowledge coupled with the learning of QUEST to develop strategies and practices.	• Developed the "stay interviews" to look at themes and trends on why CLTH has been able to retain its employees. Significant long-term employees have chosen to stay with agency for 20, 30 and 35+ years. There is value in reviewing the reasons they have choose to stay.
6. In 2022 CLTH made a bold move to offer a three tier Rights Commission, in this year we will work to refine the process, enhance the training around supporting needed restrictions and planning, and work to create a learning tool to share with the province.	• Currently 205 active restrictions across the agency (primarily community homes); 37 restrictions were discontinued this past year • The Commission has been able to catch up and review any proposals missed since Covid and the redevelopment of the commission • Working closely at team on rights reduction strategies • Offering individual education and group training where there is an identified need • Review of annual Rights training issued to all staff • Significant work into the reviewing BSP's for rights infringements. Creation of a BSP review committee has been a significant support to the Rights Commission in ensuring compliance expectations are met with all BSPs • Development of policies and procedures for CTO (confined time out spaces) also allows the commission to be clear around their own expectations moving forward • All forms were remastered to reflect changes to process
7. Self-advocate voices and learning from lived experience is a prominent learning area across the province with even the longest standing advocacy group CLP looking to learn more. CLTH will endeavor to align efforts with the board decision about client voice, increase the effectiveness of the self-advocate network across the three communities and share the learning.	• Introduction of the newly formulated self-advocate committee ("The B Team" - Being the Elite Advocates in Motion) • Coordinator assigned to support the self-advocate movement and to connect people across the community • Participation in local self-advocacy events, including the People First

	• Northumberland Conference (5 people attended event) • Participation in the Community Living Ontario Conference (4 members and staff support sent)
8. QUEST after two years is moving towards being a reliable tool for data and planning, this will be further perfected, for a robust audit that is more reliable in 2025. Training in data informed leadership, refinement of more reliable data driven processes and further prototyping will move us closer to this goal. CLTH will share the learning.	• QUEST committee is meeting monthly • Full audit has been moved to the month of May (previously September) in order to be able to give full attention • Work is beginning to produce tangible data and trends • Process has been streamlined and indicator have been tweaked to ensure they are able to produce reliable data • Work being done with audit team to consistency in interviewing and data collection • Feedback is being provided to agency key committees for improvements (includes Rights Commission, HR Department, H&S committee, etc.)

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.

Outcomes and Achievement 23/24

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CLTH Incident Report Analysis

April 2023 - April 2024

This report is a summary analysis of all incident reports that were submitted on AIMS between April 2023 through April 2024. It is important to note that this report reviewed both Person Based and Service Based Incident reports.

"Continual improvement is an unending journey"

AIMS provides a cohesive framework that allows us to identify, mitigate, retain and remediate concerns and issues.

Incident reports are submitted by all service-based programs within CLTH and can be submitted for a variety of reasons. How and why incident reports are submitted does vary slightly from program to program. Some programs are simply tracking trends, while others require more detailed reports for ministry reporting, working with partner agencies and medical professionals. In some cases, incident reporting is used as the priority method of collecting data while in other areas, this is captured using other techniques.

Total Incident Reports Submitted - 4958

A random sampling of **1686** of these reports was reviewed as a means of data collection for the submission of this report. While this seems like a significant number of reports, it is important to remember the vast number of people and programs that this encompasses.

It is important to note that this data will be skewed based on limitations with the AIMS database, but these are also areas that the CLTH AIMS Administration Team is working on rectifying.

INCIDENT REPORTS BY CATEGORY

As previously mentioned, with there being 99 categories of incident for staff to choose when submitting an IR, it is important to understand the types of situations that could be reported under category.

Aggression - this can be aggression towards others, towards staff, towards housemates or other program participants, aggression towards the environment of others in the environment not previously captured.

Outcomes and Achievement 23/24
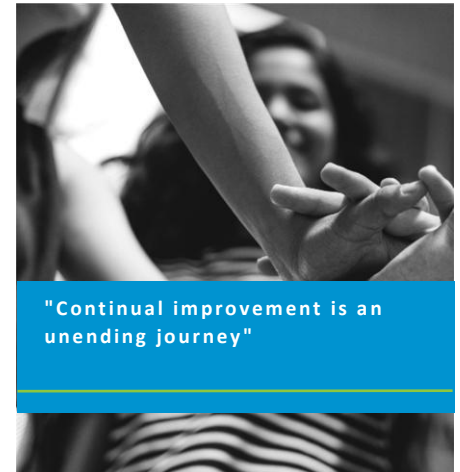
Other - the category proves to be one of the most difficult to quantify with many possibilities. The most often reported "other" categorized incident reports include near misses, equipment malfunctions, vehicular accidents, behaviour, property destruction not related to aggression, disasters such as fire, flood etc., medical treatment required, medication issues and errors and lost and missing people, just to name the most common.

Med Errors - this category can be used for any medication errors as per the medication policy. This can include critical errors, documentation errors, signing errors, pill counts being off, missing medication, medication not given by family, self-administration time was missed to name a few.

Miscellaneous- this category is combination of others that are used very infrequently. These include but are not limited to; incidents in the community, 2 person lifts, external crisis, concern outside of residence, contaminated medications, discarded medications and medical treatment refusals.

Falls - this category is used for any fall that occurs without reason, while transferring, because of a slip, trip and fall, age related illness, mobility decline, etc.

Medical - This category is used to any situation that is considered medical in nature. It is frequently used for seizures, physical illnesses, pain, G-Tube malfunctions, treatment required as well as others.

Injury - this category is used for any Injuries that occur. It is used for both staff and people supported.

Med Refusal - this category is used for any time someone does not want their medication. This can be a result of a behaviour, illness or necessity based on the medication.

Health and Safety - this category is used to report any situation deemed hazardous or that poses a potential hazard to staff or people.

PRN - this category is used to report any time a PRN medication is requested, offered or taken. This could be a result of illness, pain, behaviour or symptom management.

Water - this category is used to report anytime water temperature exceeds the regulated temperatures within QAM (49 degrees Celsius or 120 degrees Fahrenheit). These reports must also include the actions taken by the support team and the agency to ensure that people are safe and not at risk of scalding.

Anxiety - this category is widely used anytime there is anxiety expressed or experienced by a person supported. This can often lead to aggression, the use of PRN medications and at times, the requirement for outside professional support.

Sexuality Expression - this category is used when a person supported expresses interest in sexuality expression that is considered potentially unsafe, never before expressed and in some cases, deemed illegal.

Medical Emergency - this category is used for any situation that is medical in nature, and that may or may not require treatment outside of the home of programs.

Outcomes and Achievement 23/24

Pharmacy Error - this category is used to track any situations that involve errors with medication deliveries that must be reported and rectified.

Abuse - this category is used for any situation that means the definition of abuse as defined in QAM and CLTH policy and procedures. It is important to note that when an IR is complete within AIMS, it is not substantiated at the point of entry. If it is deemed to be factual, police are called as per QAM and CLTH policy and procedures.

Percentage of Reports

Aggression: 23.70%
Other: 22.30%
Med Errors: 11.20%
Miscellaneous: 7.70%
Falls: 6.60%
Medical: 6.60%
Injury: 6.10%
Med Refusal: 4.40%
Health & Safety: 2.60%
PRN: 2.40%
Water: 1.60%
Anxiety: 1.60%
Sexuality Expression: 1.50%
Medical Emergency: 1.20%
Pharmacy Error: 0.06%
Abuse: 0.03%

Incident Report Category

Outcomes and Achievement 23/24
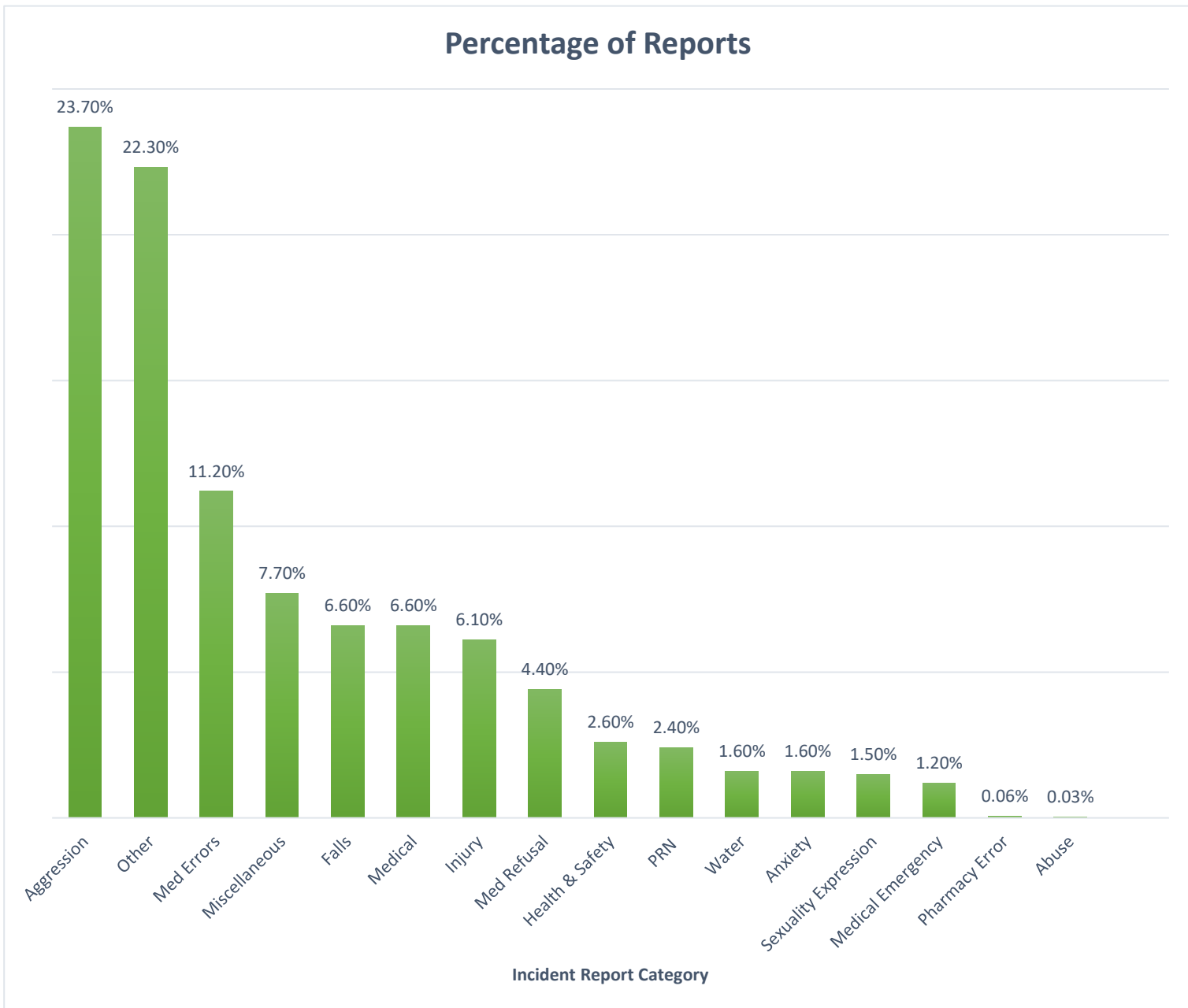
Findings and Recommendations

While compiling the data it became apparent that there are several systems requiring duplication and that these systems must be further developed to meet the needs of CLTH to lessen the reporting requirements for staff and allowing more time and resources directly to the people.

Many changes have already been initiated because of this analysis and others have not yet been started. All recommendations will result in more consistent agency wide reporting requirements as well as changes to systems that will reduce duplication in process and ensure better outcome to those we support.

Recommendations
• CLTH AIMS Administration team to review the 99 category options for incident reports with the goal of removing duplication and ensure more accurate reporting analytics.
• Review the capabilities of Seamless Portal for medication error reporting and tracking, rather than using AIMS. This duplication would allow for time to be returned to DSP's for more meaning supports to the people.
• It was noted that in several incidents where there is an increase in a person not wanting their medication, there is also an increase in aggression. More fulsome analysis to determine if this one area is directly affecting the other.
• There have been some increasingly concerning situations of sexuality expression that could potentially result in involvement with police services. CLTH will seek outside supports to ensure that everyone is safe. These supports should include local police as deemed appropriate, Rights Commission where restrictions will be required as well as therapists and trainers.
• There have been several situations where the water temperature exceeds 49 degrees Celsius or 120 degrees Fahrenheit. A review of the process that was formalized following MCCSS compliance to ensure that all documentation and steps are being taken to keep people safe.
• With the notable increase of "Falls" reports, a thorough review of current living arrangements and potential future moves with the aging of those currently supported.
• Investigate the duplication of Health and Safety reporting between AIMS and SharePoint documents, specific to staff reports, not people supported.

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

A Risk Analysis exercise was held on November 18 where the ED met with a task force that included front line staff, the Management Chair of the JHSC and the Manager currently taking 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 operations
3-	Significant impact operations for over one year
4-	Halts operations in one or more areas
5-	Completely alters the functions of the agency

Strategic Risk

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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 event

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

**Section 1 People Supported Section 2 Employees   Section 3 Financial
          Section 4 Governance**

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)						
				Impact	Likelihood	R	O	S	F	FI
1-1	Injuries and accidents causing harm to people supported by CLTH	o Caused by lack of training o Caused by faulty or unwell maintained equipment o Failure to follow up on a previous incident that clearly delineated needed controls)	o Training that is regular and enhanced as needed about safety, safety and supervision protocols for each person in community homes and SIL o Annual inspections and clear process for submitting repairs o All incident reports are	Major	Unlikely	4	1	1	3	1

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)		R	O	S	F	Fl
				Impact	Likelihood					
1-2	Pandemic or emergency in community causing disruption	o Unable to evacuate safely o Unprepared causing harm o Disruption is supports, supplies, services	o Business continuity and emergency plan clearly delineates roles and actions o Training on all safety plans done regularly o Evacuation packs for all individuals ready o 24 hour on call system	Major	Possible	4	5	1	1	1
1-3	Missing person supported	o Person encounters harm while missing o Person is not found	o People with a tendency to elope have a clear plan o Policy clearly states roles and action o 24 hour on call systems	Critical	Rare	4	2	1	1	2
1-4	Neglect or Abuse, witnessed, alleged, reported	o That abuse is found to be present and caused by an adult endorsed by CLTH o CLTH is culpable in legal proceedings	o Training about reporting, supporting, o Clear protocol to immediately involve police o Screening for staff and volunteers and vigilant monitoring o Training for staff about reporting and process	Critical	unlikely	4	2	1	2	2

Outcomes and Achievement 23/24

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)		R	O	S	F	Fl
				Impact	Likelihood					
1-5	Medication or therapeutic procedure error	○ Error causes irreversible harm or death	○ Robust training ○ Monitored by medical professionals and 24 hour access to pharmacy support ○ Clear procedures to limit error ○ Staff are encouraged to request training if they feel they need it	Major	unlikely	4	2	1	2	2

Risk No	Inherent Risk and Description	Triggers for adverse Impact	Controls/ Mitigation	Rating (Net Risk)						
				Impact	Likelihood	R	O	S	F	FI
1-6	Family, neighbourhood, community concern, complaint	o Media attention o Concern is founded and CLTH is culpable o Litigation	o Dedicated and knowledgeable legal team o Training for coordinators and managers about complaint follow up o Complaints addressed quickly o Clear roles in the complaint process o Independent Ethics office in place o Whistleblower policy in place o Trends in complaints inform system changes o Work to make reputation and image in community positive	Major	Possible	4	1	1	3	1

1-7	Decision Making Person Supported	o CLTH honours a risky decision that a person supported makes and under challenge the person is deemed incompetent and the agency liable	o CLTH follows all regulations to support people to make informed decisions o CLTH works with families to dialogue when a risky decision is being contemplated o People are educated about rights and risks o Employees are trained about rights and safety)	Major	Rare	4	2	2	1	2
1-8	Independent Living crisis	o A person supported by CLTH is a victim of a crime, harm or accident o CLTH is found culpable or negligent in investigation	o Coordinators in SIL are trained to offer education, safety plans, support for any situation where the person is vulnerable o SIL clients have access to the 24 hour on call system o Support agreement is clear about limitations of only five hours of support a week	Major	Rare	4	1	1	1	2

2-1	Employee injury or illness	o An accident or illness causes critical injury (OHS) o An accident or illness triggers litigation o An accident or illness garners media attention	o The Internal Responsibility system is robust o Health and Safety processes are clear o Training, PPE, reporting and rights are trained and reminded o Heath and safety boards are full of resources and response mechanisms o HR takes the lead in all accidents and illness to ensure timely, thorough and responsive follow up o Policies clearly specify responsibilities and actions that all employees must take to stay safe and that right each has to refuse unsafe work.	Major	Rare	4	2	1	1	2

ID	Risk	Causes	Controls	Impact	Likelihood					
2-2	Part time Staff Turnover and shortage	o An untrained staff causes significant harm o A shortage of staffing results in harm or death o CLTH is found culpable	o All efforts are made to have adequate staffing at all locations o HR focuses much energy on recruitment and retention o Training robust despite high turnover	Critical	Rare	3	1	1	1	2
2-3	Key position turnover	o Loss of critical knowledge o Failure to meet requirements due to loss of knowledge or lack of personnel in key roles	o Succession plan for all key positions o Commitment to knowledge transfer and cross training o Future leaders mentoring to ensure new leaders are being trained o Full team lottery engagement discouraged	Major	Unlikely	1	3	2	2	2

Outcomes and Achievement 23/24

	Risk	Cause	Controls	Severity	Likelihood					
2-4	Employment Law infractions	o CLTH is found culpable in an infraction of legislation o Litigation	o Policies are kept up to date to reflect current legislation o Legal team is consulted regularly o HR department is involved in all corrections, terminations and return to work situations	Major	Unlikely	3	1	1	2	2
2-5	Communication	o A miscommunication or error causes harm o A miscommunication or error causes litigation	o Only certain staff have access to full agency communication o All media is approved by the ED o Communication on the website, social media and other open forums is carefully vetted	Major	Rare	4	1	1	1	1
3-1	Financial Insolvency	o Critical reduction in funding o Critical litigation causing financial harm	o MCCSS funding has not been critically cut in past o Insurance in place for litigation o Robust board account for contingencies o Policies in place for financial authority	Critical	Rare	4	4	4	1	5

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3-2	Fraud	o An act of fraud causes financial harm o An act of fraud cases media attention o An act of fraud triggers Ministry take over	o Robust policies o Annual audit and mid term audit o No single signatures o Financial controls	Critical	Rare	4	3	3	1	3
3-3	Infrastructure	o Critical loss of building or fleet	o Robust maintenance o Review of holdings once per year by the board o Board account for contingencies o Adequate insurance coverage	Major	Rare	1	3	1	1	1
3-4	Cyber Security breach	o Critical breach of confidential information o Catastrophic loss of information o Web based archive fail o Financial fraud or hostage taking o	o Business continuity plan o Dedicated IT person to ensure safety, back up, training in scams and security measures o Insurance o Robust vigilance	Critical	Possible	3	2	1	3	3

4-1	Governance Failings Board	o Board endorses decisions or sets direction that is harmful to reputation, brand and or solvency	o Membership is skills based and up to 14 directors are elected o Policies are clear about decision making o Staff consultation and mechanisms for gathering information needed to make decisions are robust o Board policies are clear about code of conduct and conflict of interest	Critical	Rare	4	4	3	1	5

COMMUNITY LIVING
Trent Highlands

Human Resources

APRIL 1, 2023 - MARCH 31, 2024

CLASSIFICATION	ACTIVE	INACTIVE	TERMINATED/RESIGNED	TOTALS	COMMENTS
Full-time NBU	40	01	03	44	
Part-time NBU	02	00	02 (SUMMER STUDENTS)	04	
Union Full-time	159	24	09	192	
Union Part-time	146	15	77	238	
Grand Total	**347**	**40**	**91**	**478**	

EXTERNAL OR INTERNAL	FTBU	FTNBU	PTBU	PTNBU	TOTAL HIRES
External	00	05	02	61	68
Internal	25	05	00	00	30
Grand Total	**25**	**10**	**02**	**61**	**98**

PAY CLASS	QUIT/RESIGN	DISMISSALS	TOTALS
FTNBU	02	01	03
PTNBU	02	00	02
UNION FT	09	00	02
UNION PT	67	10	77
Grand Total	**80**	**11**	**91**

WSIB FOR FISCAL YEAR:

21 claims this year, with 35 days lost. Most: Sprain/Strain & Bruise/Struck

Outcomes and Achievement 23/24

![Community Living Trent Highlands logo]

Connex
Program

Connex across all three communities has continued to grow and enhance their services. A team planning day led to innovative thinking around programming and enrichment of services. All three Connex Programs have offered a variety of on-site, virtual and community-based programs designed around the interests of those people attending. Programs have continued to be offered during the day, in the evening and on weekends. This year we were also able to offer a parent information session with the assistance of the Family Support team for those young adults that will be transitioning into adult services. Our Fee for Service and Brokerage supports have increased by over 50% supporting a diverse group of people from our catchment areas.

Programs continue to reach out to various community connections to enhance programming options. We have been able to offer horse back riding, yoga and musical therapy sessions using community-based instructors to lead the sessions. This has led to more interest based programming and desired outcomes achieved. The move forward is to continue our development of streamlined services and desired programming by focusing on participant interests and skill-based learning opportunities.

The Blue Boxing Program at Trent University has been a historical program for the Peterborough area for many years. In recent years, we have seen a decline in participation in both people attending and interaction with the Trent community. Through the last year with strong collaboration between both CLTH staff and the incredible staff support at Trent, the program has once again begun to flourish. We have seen participation increase by over 60%. This has led to our ability to support the program with multiple volunteers daily. In 2023, the team also established a monthly coffee social at Trent for those people that have "retired" from the program but want to continue connecting within the program and school. They are often joined by Trent students and staff as stories are told and relationships renew. You will now see the friendly faces of our volunteers assisting throughout the campus and continuing to assist in the education around environmental causes and sustainability.

Self Advocates of CLTH - The pandemic slowed the progress of these groups. Many people expressed interest to get back and get started. There was a large desire within CLTH, and the committee has begun to meet and have discussions around next steps, future planning and goals for the committee. With representation from all communities, we have also rekindled connections from other advocacy groups within our neighbouring regions. The group is very excited to embark on this adventure together and get to work connecting with other groups and participating in events and conferences.

Connex Program Statistics
Connex Peterborough:
Supported 137 participants with 4 new enrolls
Connex Haliburton:
Supported 46 participants with 3 new enrolls
Connex Kawartha Lakes:
72 participants with 5 new enrolls

Fee for Service Statistics
Kawartha Lakes: 24 brokering only contracts – 11 new this year (2 more pending)
Peterborough: 65 brokering only contracts- 22 new this year (3 more pending)

Outcomes and Achievement 23/24

Child & Family Services

The Family Support Program aids families, in Peterborough and the City of Kawartha Lakes, who have a child(ren) up to the age of 18 years with an intellectual disability. Supports are unique to each family and based on their needs and desires. This support can consist of case management, service navigation, advocacy and planning. To support skill development and independence we offer hands on learning workshops, recreational, and family respite opportunities.

Families Receiving Family Support Services	**168** (178 children)
Referrals April 2023-2024	51
Intakes Completed	32 (36 children)
Outreach (short term assistance/not in service) People / Families	24

Let's root for each other...

Highlights

Offered a specialized summer camp for children who have significant physical/medical needs in partnership with Five Counties Children's Centre – offered as a pilot project (Trail Blazers) and will be offering again this summer!

Coordinated summer recreational/respite activities – Alpacha Day, Selwyn Beach, fishing, horseback riding, kayaking

Coordinated learning opportunities – Healthy Relationships workshop, Consent Workshop in coordination with Kawartha Sexual Assault Centre

Virtual Art therapy - 3 groups over the course of the year

Cooking Groups – 2 over the course of the year

March break – bowling, Dream boards, swimming, movie/popcorn

Children supported to participate in community organized activities/camps

Several of the FS team participated in a workshop focusing on addition as it is an issue among the youth we support

Supported a young lady to get her drivers license . . . she will also be attending Fleming College next year!!

![Community Living Trent Highlands logo]

Building Bridges
Foundation

The Building Bridges program supports youth 14 – 21 years of age who have a developmental disability and are in secondary school. With a focus on creating a personal plan, students and their families are encouraged to identify goals to make the transition from high school to adult life in their community as informed, independent self-advocates.

The Foundations program works collaboratively with young adults 21 – 28 years of age and local services to create community-based connections and support networks. Youth are supported to develop individualized support plans and goals that will lead to greater independence and community connections.

Youth Receiving Building Bridges 2023-24 — 23 (CKL) 7 (HAL)

Adults Receiving Foundations 2023-24 — 19

Highlights

Individualized planning and support that incorporates a person's dreams and gifts into their goals

Healthy Sexuality Course via Building Bridges at Fenelon & Haliburton High Schools

Healthy Sexuality Course for Foundations, Connex and Chimo

First Aid CPR courses offered and supported

Focus on independent living skills

Supported volunteer placements (Aspira, Red Apple, greenhouse,

Support with Adult & Post Secondary Education

Connections to community education – participation in Food Handler's course and driver's license education

Crisis support & case management with coordination of Urgent Response

Summer activities, learn, respite and support

Co-op placements at Food Source Gardens

QUEST

QUEST is the quality support tool used and developed by Community Living Trent Highlands, to collect information about support and agency standards that help identify what is important to people AND to measure the quality of supports provided by the agency. It is the agency's way of checking in and learning about a person's priorities, preferences, and satisfaction based on their perspectives. This information is then utilized to make organizational improvements and to plan for the future.

As part of the committees next steps, a full report, complete with recommendations and future action plan, was presented to the Board of Directors and has been shared with teams. There has been an introduction of an advisory position to the committee, to assist with concerns identified during the interview process. The program representatives will be offered a session with the audit team in preparation for the coming year that focuses on lessons learned and how to collaboratively work to enhance quality supports. This year also saw the development of a terms of reference for the committee. The QUEST Committee send out a huge thank you to all those who participated in our audit – thank you for participating with authenticity and integrity. Your feedback is vitally important in steering future supports.

The Quest Audit Team interviewed a sampling of people and staff from all program areas and departments (including HR, IT/Maintenance, Finance and Administration) during the weeks of September 18 – 28th, 2023, with a check in on those programs during the month of May 2024. Information was obtained through interviews, reviewing supporting documentation and through observations. Here are some of the things we learned, and feedback given:
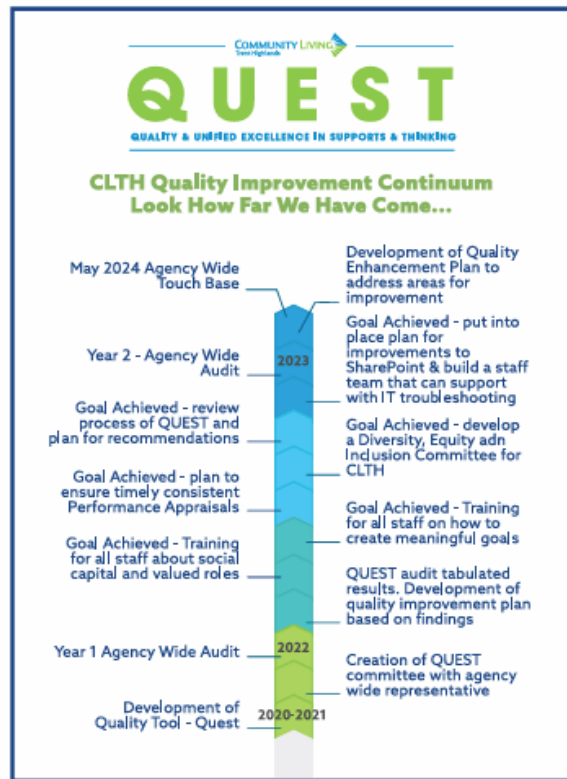
Agency Standard Positive Feedback

Positive changes within teams with regards to the contributions that new leaders/team members have made.

· Training opportunities are being offered.

· Many members are reporting they feel safe at work; know what to do if they don't.

· A feeling of general respect in the workplace.

· Feeling that members have access to tools to effectively do their job well.

· Notable work that the agency is trying to address needs of all members (D.I.C.E. committee)

Agency Standard Constructive Feedback

· Team building training required.

· Struggles with team dynamics.

· Would like training opportunities to be provided equally to both full and part time staff.

· Overnights feeling detached from team.

· On boarding and hiring is too generic (needs to be specific to person/location) and requires more plain language. Coordinators should be freed up to provide orientation as they are often pulled away to support.

QUEST
QUALITY & UNIFIED EXCELLENCE IN SUPPORTS & THINKING

CLTH Quality Improvement Continuum
Look How Far We Have Come...

May 2024 Agency Wide Touch Base — Development of Quality Enhancement Plan to address areas for improvement

Year 2 - Agency Wide Audit — 2023 — Goal Achieved - put into place plan for improvements to SharePoint & build a staff team that can support with IT troubleshooting

Goal Achieved - review process of QUEST and plan for recommendations — Goal Achieved - develop a Diversity, Equity adn Inclusion Committee for CLTH

Goal Achieved - plan to ensure timely consistent Performance Appraisals — Goal Achieved - Training for all staff on how to create meaningful goals

Goal Achieved - Training for all staff about social capital and valued roles — QUEST audit tabulated results. Development of quality improvement plan based on findings

Year 1 Agency Wide Audit — 2022 — Creation of QUEST committee with agency wide representative

Development of Quality Tool - Quest — 2020-2021

Report Summary

This years Employee Engagement Survey was a little disappointing, response wise. Although modifications were made to the previous years' questionnaire, response was still at an all time low. In an attempt to encourage participation, staff were reminded, and the timeline for completion was extended by four weeks.

Out of 410 employees at the time, 60 employees participated in the voluntary survey, putting responses at a 15% response rate, which is sadly down from last surveys numbers, which came in at 21%.

From the 60 participants, 43 were unionized employees and 17 were non-unionized, which actually shows a strong representation from the non-union side.

On average, employee satisfaction sat around 72%, which encompassed work enjoyment, physical environment, work assignments, caseload, and co-workers. Again, sadly showing a decrease of 4% in satisfaction from the previous survey.

When asked if they felt valued, out of the 60 participants, only 65% of them felt truly valued as employees, which presents as a concern, noting that there was a strong representation from non-union.

On a slightly higher note, but still requiring attention, 73% of the employees felt that Community Living Trent Highlands provided opportunities for growth and/or advancement.

Health and Safety came in high once again, with 84% believing their health and safety needs were being met.

Communication continues to be reflected as an area that requires a great deal of attention, with numbers coming in quite low. (58% - 63%). Comments were reflective of improvement from past years; however, constant reference was made regarding managers not sharing details and direction, choosing to only share with specific staff within their teams, and not being in the homes consistently to address questions and concerns. As stated above, there was a noted communication improvement mentioned within comments, and a number of references to how appreciative and helpful the Post It Newsletters have been.

When questions moved to the abilities of the leadership team, and whether staff felt they were available, only 61% of those questioned felt their leader was supportive and present, quoting they were very rarely on site, inconsistent in approaches, and not open to hearing their concerns. From the comments, there were a few employees who noted an improvement in their manager over the past year, and sighted that of the leadership team, 70% were open and available to chat, where 30 % were not willing to give employees the time. Similar comments spoke to noted improvements and acknowledged that an attempt to improve interactions with staff was noticeable.

Outcomes and Achievement 23/24

Customer Satisfaction Survey Rollup Report 2023

During early fall of 2023 Community Living Trent Highlands conducted their Annual Customer Satisfaction Survey. This study was intended to allow our customers to comment on the services they received from Community Living Trent Highlands to let us know how we can further improve them to meet their needs. This survey was sent out via email distribution to families supported and where needed, a hard copy was sent to all community homes and support locations. Staff were asked to forward to people/family members that they support and to assist as needed. 77 surveys were submitted for review, which is a 48.1% increase in surveys received from that of the previous year. This may be in part because the survey was circulated during the CLTH internal QUEST audit, which as a way of measuring quality supports, does encourage people to examine their level of satisfaction with the services that they receive. It is reasonable to conclude that additional thought had gone on during this time frame, in terms of one's satisfaction with services, that it could be easily applied to this survey as well.

The following chart shows a comparison between the surveys received in 2021, 2022 and 2023, in terms of numbers and respondents.

Satisfaction Survey Results Comparison from 2021 to 2023	2021	2022	2023
# Of Survey's received	54	52	77
Of surveys received, percentage that represent:			
a) People Currently Receiving Services	70%	48%	54%
b) Family members of people who receive support and services	9.26 %	38%	36%
c) Someone important in the person's life (i.e.., staff, friend, etc.).	20.37%	13%	10%

Outcomes and Achievement 23/24

![Community Living Trent Highlands logo]

Participation in the survey was voluntary and all submissions were anonymous. All data obtained from this process were analyzed and reported at an aggregate level and no individual information was included in this report.

Although data was encouraged and collected by all areas of the organization, the 3 services areas with the highest percentage of the respondents were Community Homes, the Connex program and our Supported Independent Living program (SIL). Upon some reflection and inquiry into a potential explanation as to why we may not be receiving more responses, considering the number of people who receive supports and services from CLTH, is that the distribution of this survey coincided with the QUEST interviews on Support Standards for people supported. Some people felt that they had already offered feedback as to their levels of satisfaction/dissatisfaction with CLTH services. It is a recommendation that the 2023 QUEST Audit Report be used as a supporting document to CTLH Customer Satisfaction results.

OVERALL LEVEL OF SATISFACTION

95% of all respondents indicated that they were satisfied with the services that either they or their loved one receives from Community Living Trent Highlands. In 2021 the overall level of satisfaction was at 94% and in 2022 it was at 86%, so this is a significant increase that CLTH should be proud of. Respondents were provided with the opportunity to provide additional commentary. An analysis of those comments revealed 5 themes that the bulk of responses seemed to highlight. Those themes were Service Quality, Responsiveness, Issue Follow Up, Understanding needs, and Knowledge. This is the first time in two years that the commentary shifted its focus away from the pandemic to focus more specifically on the supports provided by CLTH and the areas that truly CLTH can effect change in. During pandemic, much of the dissatisfaction that was addressed in survey's articulated areas that the agency was bound to follow in

Outcomes and Achievement 23/24

accordance with Ministry of Community, Children and Social Services (MCCSS) regulation and Ministry of Health Standards.

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

- The Connex program allows me to get out of my house and into the community.

- CLTH supports individuals' rights. When we want to talk, you listen.

- We have been able to build good relationships through the connections we make at Connex.

- Communication about schedules and plans.

- Great support!

- Communication, care, organizing meetings and being a good advocate for our family/son.

- Consistent check-ins to see what my family may need.

- My support staff help me get out into the community whenever I need to go somewhere (zoo, cat world, hospital, appointments, church).

- Help me with my home (cooking, cleaning, appointments).

- Enjoy the family events.

- Staff not only support clients, but support those who look after CLTH clients (family).

- Outstanding support in all areas!

- Knowledgeable, supportive, and helpful. Great communication.

- CLTH provides our son with the ability to live as independently as possible, with support to help him maintain a safe environment to live in.

- You do a very good job at bringing the CL residents together in a supportive environment.

- I am impressed by your Covid 19 protocols. I also find staff easy to talk with and they show genuine concern for my siblings' needs.

- We are lucky that our daughter has a home with Community Living. She is happy most of the time. I wish she could feel more confident speaking up and voicing her concerns. It is important that staff understand her personality and can work to bring out the best in her.

AREAS RECOMMENDED FOR IMPROVEMENT

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In each of the questions posed, there was an indication from only 3 % of the respondents that indicated some level of dissatisfaction with their present CLTH services. The following three areas were identified as contributing to level of dissatisfaction:

1. Dissatisfaction with current living situation (person lives residentially in a community home and one of their roommates is having a difficult time).
2. Dissatisfaction with personal health issues and impact on daily living (also identified as someone receiving residential support).
3. Staffing turnover that impacts the continuity of support for people.

ACCESSIBILITY

Accessibility is one of the key areas that this survey focused on.   One of the goals of Community Living Trent Highlands 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 Community Living Trent Highlands services, in the areas of communication, customer service and built environments, 86% of responses indicated that they do not have any concerns with accessibility at the organization, while 10% had no comment. The remaining 3% of responses reported the following concerns:

- A person identified that their own accessibility needs can limit their housing options as not all CLTH's homes offer fully accessible units.
- Accessibility to gender specific supports for their personal care needs, which would be a personal preference.
- Notation of siblings declining health needs and the impact it has as she tries to navigate her changing needs.

FUTURE RECOMMENDATIONS

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.

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

Outcomes and Achievement 23/24

Outcomes and Achievement 23/24