

# **COMMUNITY PLAN FOR SAFETY AND WELL-BEING**

***LANARK COUNTY  
AND  
THE TOWN OF SMITHS FALLS***

**PRESENTED BY THE  
COMMUNITY PLAN FOR SAFETY  
AND WELL-BEING STEERING COMMITTEE**

**August 2018**





## EXECUTIVE SUMMARY

The process to develop a Community Plan for Safety and Well-being for Lanark County and Smiths Falls began in late 2016. A Steering Committee with representation from the justice, community/youth, health care, social services/housing, victim services, education, Indigenous and local government sectors was established, and consultations and research began. The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of Lanark County and Smiths Falls. The development of the plan used frameworks created by the Ontario Working Group and suggested by the Ministry of Community Safety and Correctional Services in order to be consistent with the new Safer Ontario Act (March 8, 2018).

Consultation included surveys, feedback from agencies through representation at the Lanark County Situation Table and a variety of committees and working groups, focus groups, interviews and statistics. The result was the identification of 12 priority risk areas: mental health, substance use, poverty, housing, transportation, health and well-being, domestic violence and sexual assault, youth and families, seniors, justice, Indigenous considerations and culture and diversity. Issues within each risk area were highlighted, as well as strategies to combat them in the areas of **social programming**, **prevention**, **risk intervention** and **emergency response**. Outcomes for each of these priority risk areas were established. The anticipated outcomes are listed below:

| <b>OUTCOMES</b>  |
|--|
| <b>MENTAL HEALTH</b>   |
| Increased education, awareness and promotion of existing services/programs to reduce specific wait times and after-hours gaps, to clarify pathways of care, to support families with children who have mental illness, and to promote overall good mental health and well-being. |
| Earlier intervention in mental health crises by having mental health workers as part of emergency response and screening mechanisms for earlier referrals by physicians.   |
| Advocacy for increased funding for areas of rapid growth for mental health sector and greater access to services.  |
| Increased/improved supports for families undergoing custody issues.  |
| Increased awareness, promotion and support of resiliency and mental health in partnership with school boards.  |
| Increased early intervention efforts and longer-term supports with caseworkers related to hoarding to support at-risk individuals.   |
| Increased training completed on trauma-informed care and ASIST.  |
| Continued referrals to situation table and wraparound supports for individuals and families who are at acutely elevated risk   |
| <b>SUBSTANCE USE</b>   |
| Increased education, awareness and promotion of existing services and strategies related to opioids, chronic pain management and harm reduction (for medical community and general public) to increase understanding of harm reduction philosophy and to reduce stigma.          |
| Improved engagement and coordination between LHINs for planning around addictions, mental health and primary care.   |
| Analysis completed of possibilities related to implementing Icelandic model in Lanark County/Smiths Falls.   |

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| Increased awareness and promotion of existing programs for addictions and substance abuse, such as Smart Works Program.   |
| Increased withdrawal management/detox services for Lanark County/Smiths Falls.  |
| Increased education around cannabis.  |
| Increased education around calling 9-1-1 in overdose situations coupled with increased calls to 9-1-1.  |
| Expanded drug treatment court program.  |
| Continued expansion of naloxone program and increased awareness.  |
| Inventory of addiction services for youth (within schools and in the community).  |
| Increase in specialized services for addictions that are accessible through schools.  |
| Continued referrals to situation table and wraparound services for individuals and families who are at acutely elevated risk.   |
| Ongoing support for community plan for response to opioid crisis.   |
| <b>POVERTY</b>  |
| Inventory and promotion of services available for low-income individuals and families at risk with gaps identified, as well as greater collaboration between partners to free up resources and improve access.                  |
| Increased opportunities to teach community how to grow food and to cook.  |
| Advocacy for improved rural funding models or incentives that address rural concerns and large geographic areas.  |
| Enhanced advocacy for clients navigating systems and improved education for service providers to improve consistency.   |
| Advocacy for modified social assistance rates and lower utility bills.  |
| Advocacy for increased core funding for food banks and core food programs.  |
| Increased programs to help individuals transition out of poverty.   |
| More established affordable and supportive housing opportunities for socioeconomically disadvantaged persons.   |
| Reduced calls and interactions for subsidies  |
| <b>HOUSING</b>  |
| Reduced rates of homelessness in Lanark County/Smiths Falls by working with partners and private sector.  |
| Increased access to supported and affordable housing for vulnerable populations.  |
| Inventory and greater awareness of emergency supports and housing for victims/people in crisis while awaiting longer-term supports.   |
| Advocacy for reduced utility costs and increased awareness of programs for energy efficiency.   |
| Engaged landlords in improving unsafe, substandard housing and improved education on cultural norms.  |
| Early intervention strategies developed to reduce chronic homelessness.   |
| Inventory of needs in vulnerable neighbourhoods to improve wraparound supports.   |
| <b>TRANSPORTATION</b>   |
| Increased awareness of affordable transportation options.   |
| Increased access to affordable transportation.  |
| Established multi-agency rotating clinic to bring services to clients.  |
| Increased wellness clinics, co-located services and home visits for isolated/vulnerable populations.  |
| <b>HEALTH AND WELL-BEING</b>  |
| Increased access to services and supports for vulnerable populations/isolated individuals, including caregivers (e.g. multi-agency rotating clinic, community paramedic program), and earlier intervention mechanisms in place. |

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| Increased supports for individuals with developmental disabilities in crisis situations.   |
| Improved clarity regarding LHIN boundaries and service delivery and improved coordination around planning.   |
| Increased promotion and access to existing programs to reduce social isolation and additional gaps identified.   |
| Improved understanding of and access to services for long-term care residents who are not 65.  |
| Advocacy for improved rural connectivity.  |
| Increased awareness of service and sexual health clinics related to Hep C and HIV.   |
| Increased awareness of available social programs through resource such as 211.   |
| Increased volunteer recruitment and retention to support agencies.   |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being.   |
| <b>DOMESTIC VIOLENCE AND SEXUAL ASSAULT</b>  |
| Create, promote and deliver healthy relationship curriculum and training and educational materials to begin to break intergenerational cycle of violence and consider various opportunities, such as festivals, events, faith groups and related conferences.  |
| Increased awareness of existing programs through justice system for domestic violence victims and identify and remedy gaps in order to improve outcomes.   |
| Increased awareness of early indicators of domestic violence and earlier referrals to supports for victims.  |
| Increased awareness and promotion of existing partner-assault programs/anger management and/or development of programs/campaigns to increase self-referrals by offenders or potential offenders.   |
| Continued domestic violence and trauma-informed care training for relevant agencies and service providers.   |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being.   |
| Increased awareness of issues around male sexual victimization to reduce stigma, and promotion of available services.  |
| <b>YOUTH AND FAMILIES</b>  |
| Increased resources and access to (and/or promotion and education of existing ones) for children's hospital outpatient and addiction services, mental health supports related to gender identity for youth, supports/respite for families with high-needs children (including developmental disabilities), programs for pregnant teens, programs for life skills/employment readiness and needs; supports for victims of bullying and other violence/exploitation, awareness and availability of emergency safe housing. |
| Increased collaboration and planning related to youth and families to improve funding opportunities, collective impact and earlier crisis intervention.  |
| Increased child advocacy through child protection initiatives related to system training for agencies, support for kin families, court-related prevention measures around custody, development of child advocacy centre.   |
| All community schools kept open or repurposed as community hubs.   |
| Earlier identification of parenting support needs through existing or expanded programs, along with enhanced promotion of existing programs.   |
| Increased sustainability, efficiencies and shared programming for youth centres.   |

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| <b>SENIORS</b>   |
| Advocacy and collaboration to address funding issues related to community and primary health care, including increased affordable long-term care beds and supports for seniors.  |
| Increased education around existing programs to reduce social isolation for seniors and enhancements where needed, including caregiver supports and elder abuse prevention initiatives.  |
| Established program of wellness checks for seniors (community paramedicine) and early interventions for vulnerable seniors, including increased input from Geriatric Psychiatry Outreach Program at the Royal Ottawa with respect to community outreach to seniors and long-term care homes. |
| <b>JUSTICE</b>   |
| Increased education and/or enhancements around programs available to help male offenders who are victims of sexual assault or domestic violence.   |
| Improved program capacity for probation officers to increase access to supports for offenders in discharge planning to improve health and mental health.   |
| Advocacy for Unified Family Court, dedicated Superior Court Judge and improved courthouse facility in Lanark County.   |
| Development of a child advocacy centre in Lanark County.   |
| Improved experiences in justice system for victims of domestic violence and increased education around supports currently available.   |
| Established supports for youths victimized by gang activity.   |
| Established supports for victims of human trafficking.   |
| Improved bail supervision.   |
| Improved awareness of and/or access to appropriate housing for youth released from custody.  |
| <b>INDIGENOUS HEALTH AND WELL-BEING</b>  |
| Increased understanding of shared history between Indigenous people and those who came after.  |
| Completed strategy and work plan to implement Truth and Reconciliation Calls to Action and related protocols guided by the 10 principles of reconciliation.  |
| Increased awareness and promotion of existing supports for Indigenous services, and enhanced supports where necessary.   |
| <b>CULTURE AND DIVERSITY</b>   |
| Increased anti-oppression/anti-racism, stigma/discrimination/anti-bullying activities with agencies and community.   |
| Increased awareness of services available for new Canadians.   |
| Increased awareness and enhancements for gender and sexual diversity supports.   |
| Increased awareness of French language services available.   |

This plan is a living/working document that will serve to guide the steering committee and working groups that are established for each risk area. The steering committee will meet regularly to provide progress updates, with reporting to municipalities and stakeholders annually. The entire plan will be revisited in three years, and thereafter on a four-year cycle.

Many thanks to the steering committee, agencies, partners, community members and councils that worked toward the creation of this plan, and to the Ministry of Community Safety and Correctional Services for funding support for its coordination.

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## INTRODUCTION

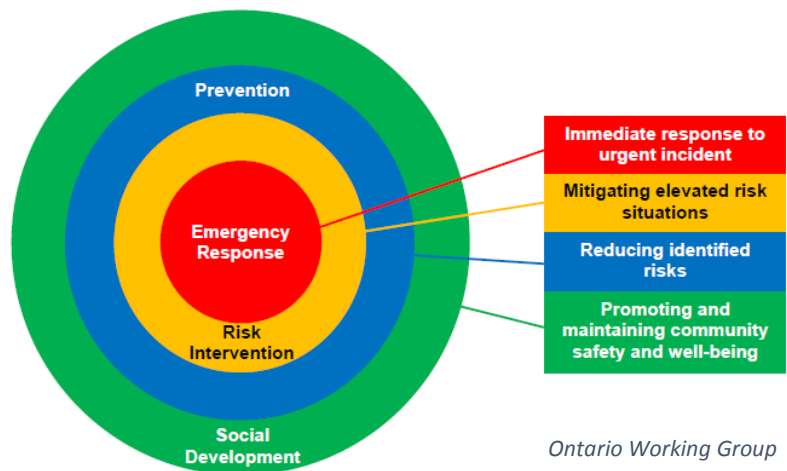
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The process to research and develop this Community Plan for Safety and Well-being for Lanark County and Smiths Falls began in late 2016 with the establishment of a Steering Committee made up by representatives from a range of sectors, including justice, community organizations/youth, health care, social services/housing, victim services, education, Indigenous and local government. The purpose of the plan is to examine assets in the community, assess gaps that exist and develop strategies leading to the ultimate outcome of enhancing community safety and well-being for the residents of Lanark County and Smiths Falls.

The concept for the plan and an outline was presented to the steering committee, and consultations with many sectors and vulnerable groups began in 2017. A survey of agencies, police, police services boards and municipalities took place; statistics were gathered from the Lanark County Situation Table related to risk factors and local study flags; and valuable feedback came from agency representatives regarding gaps encountered when trying to assist vulnerable populations. Information and research was gathered through committees, one-on-one interviews, focus groups and discussions with the steering committee members. A great deal of statistical research was amalgamated into the report, and the social determinants of health were considered throughout the process.

Through the process, 12 priority risk areas were identified: mental health, substance use, poverty, housing, transportation, health and well-being, domestic violence and sexual assault, youth and families, seniors, justice, Indigenous health and well-being and culture and diversity. The first draft of the plan was provided to the steering committee following research and consultations, and included identification of community assets, specific issues, and strategies to build on existing work and/or address root causes of issues and to remedy gaps. The strategies are based on four levels of intervention: social programming, prevention, risk intervention and emergency response. The goal of the committee from the start was to emphasize the importance of social programming in order to minimize the need for emergency response. The steering committee has identified outcomes and measurables for each of these priority risk areas, with the overall goal of improving community safety and well-being.



The work of the steering committee and the coordination of the plan was undertaken based on the guidelines identified by the Ontario Working Group, which formed in early 2013 with four Ontario police services and examined new ways of dealing with crime, victimization, social disorder, social and health issues. The OWG hired Dr. Hugh Russell and Normal Taylor for technical guidance, and the framework for community safety planning in Ontario was developed. As the process for the Lanark County and



Smiths Falls plan neared completion, the provincial government passed the Safer Ontario Act (Bill 175) on March 8, 2018, which includes a section on community safety and well-being planning and stipulates that municipalities must prepare such a plan. The process suggested by the Ministry of Community Safety and Correctional Services has already been largely followed for this plan, based on the initial work of the Ontario Working Group. This includes the establishment of an advisory committee from appropriate sectors, consultation, and identification of specific risk factors. As per the Act, this plan identifies risk factors in the community and identifies strategies to reduce them. Upon adoption of the plan, monitoring, evaluation and reporting will take place on behalf of the municipalities.

| <b>MEMBERS OF THE COMMUNITY SAFETY PLAN STEERING COMMITTEE</b> |                                  |                       |
|--|----------------------------------|-----------------------|
| <b>SECTOR</b>  | <b>AGENCY</b>                    | <b>REPRESENTATIVE</b> |
| Justice  | Lanark County OPP                | Insp. Derek Needham   |
|  | Smiths Falls Police Service      | D/Ch. Rick Labelle    |
|  | Probation and Parole             | Jamie Pearson         |
| Community Organizations & Youth                                | United Way                       | Fraser Scantlebury    |
|  | Youth Centres                    | Jeff Kohl             |
| Health Care  | Health Unit                      | Claire Farella        |
|  | Lanark County Mental Health      | Diana McDonnell       |
|  | LLG Addictions and Mental Health | Shawn Souder          |
|  | Rideau-Tay Health Links          | Maureen McIntyre      |
| Social Services (includes Housing)                             | Lanark County Social Services    | Julie Golding         |
| Victim Services  | Lanark County Victim Services    | Sonya Jodoin          |
|  | Lanark County Interval House     | Erin Lee              |
| Education  | UCDSB                            | Rob Currier/Don Lewis |
| Cultural Groups  | Indigenous                       | Larry McDermott       |
| Local Government   | Lanark County Council            | John Fenik            |
|  | Plan Coordinator                 | Stephanie Gray        |

The process to develop the Community Plan for Safety and Well-being has resulted in a document that will guide the steering committee, working groups and partners in a process to achieve overall improved health, well-being and safety in our communities. Consultation and collaboration has identified our many assets along with root causes of the risks outlined in the plan, and presents strategies to help overcome obstacles and gaps, leading to improved well-being. This is a living/working document. Objectives may change as the plan evolves and progress is made. The steering committee will meet regularly to provide progress updates and will provide an annual report. The entire plan will be revisited in three years, and thereafter on a four-year cycle to coincide with terms of municipal council. Future versions of the plan will be able to evaluate the overall success of this plan and consider longer-term objectives and proxy indicators that evaluate overall community safety and health and well-being over time.

Municipalities and agencies/organizations within Lanark County and the Town of Smiths Falls have a long history of collaborating to solve problems, and we are often at the forefront of innovative ideas to improve quality of life for everyone in our communities. Thanks to the members of the steering committee for continuing to exemplify this spirit, and to all of the hard-working front-line staff who constantly inspire with their dedication to help the people of Lanark County and Smiths Falls.

Special thanks to the Ministry of Community Safety and Correctional Services for funding support through the Proceeds of Crime-Front Line Policing and Policing Effectiveness and Modernization grants to enable coordination of the work to develop the Community Plan for Safety and Well-being for Lanark County and Smiths Falls.

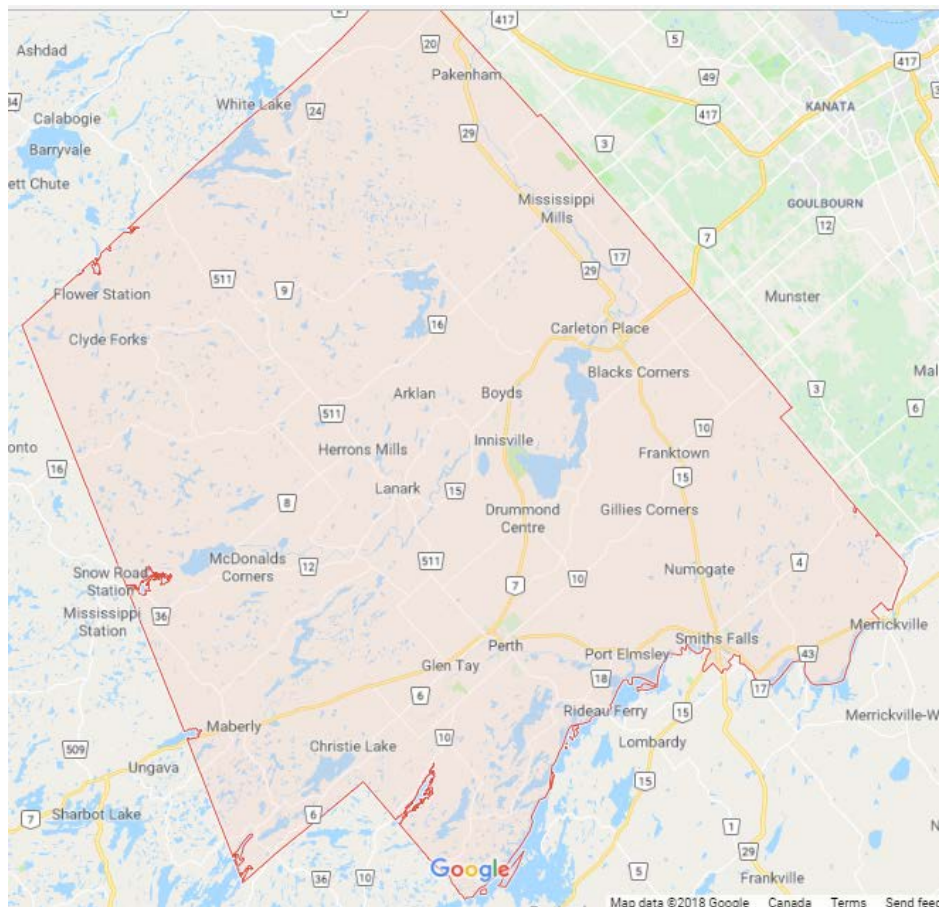
## BACKGROUND: LANARK COUNTY AND SMITHS FALLS

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Lanark County is located in eastern Ontario and is made up of eight local towns and townships, including Beckwith, Carleton Place, Drummond/North Elmsley, Lanark Highlands, Montague, Mississippi Mills, Perth and Tay Valley. The adjacent, but politically separated, Town of Smiths Falls shares numerous services with its neighbouring local municipalities and the County. Carleton Place, Perth and Smiths Falls are the urban centres in the county, with Almonte (part of Mississippi Mills) and Lanark Village (part of Lanark Highlands) considered the next largest urban areas. The municipalities of Lanark County and Smiths Falls are located on traditional unceded Algonquin land. The settlement history for the towns and townships began in earnest in the 1790s and consisted largely of immigrants from the United Kingdom and an influx of United Empire Loyalists from the United States.

These communities are in a distinct region of the Frontenac Axis where Canadian Shield lands meet the Limestone Plains, which presents a topography of rivers, lakes, forests, fields and rocky terrain. The land area is about 3,035 square kilometres and is largely rural. Because it is located between the cities of Ottawa and Kingston, residents have access to the amenities of these major centres. Two provincial highways (7 and 15) cut through the area, and there is a passenger rail system with its hub in Smiths Falls that accesses the



Montreal to Windsor corridor, including Ottawa and Kingston. The Rideau Canal Waterway also winds through the county and Town of Smiths Falls. The geography/topography of the area invites a seasonal population of cottagers and recreational visitors.

According to 2016 Census data, the population of Lanark County and Smiths Falls is 68,698, a 4.6% growth from 2011, which is consistent with provincial growth for that period. In terms of age characteristics of the population, 63% fall in the 15 to 64 age group, with 15.1% ages 0 to 14, and 22%

ages 65 and over. Of that, 2.8% are 85 years and older. The average age of the population is 44.7. The averages for individuals ages 65 and 85 years and older are slightly higher than for the province.

Statistics Canada shows the median Census family income for 2014 at \$87,370, compared to Ontario at \$78,790 and Canada at \$78,870. The poverty rate in Lanark County is 14.3%, compared to 18.1% in Ontario. Poverty rates for children, elderly and lone-parent families are lower in Lanark County compared to provincially. The unemployment rate for people ages 15 and older in Lanark County is 7%, compared to 6.5% in Ontario. The Labour Market Group of Renfrew and Lanark lists the top five employers as health care and social assistance, retail, manufacturing, accommodation and food services, and education. The Leeds, Grenville, Lanark District Health Unit also provides local demographic dashboards that are rich with information at <http://healthunit.org/about/health-statistics-reports/demographic-dashboards/>

Lanark County is served by four hospital sites (Perth, Smiths Falls, Carleton Place and Almonte), and community health centres in Smiths Falls and Lanark Village. Police services for the Town of Smiths Falls are supplied by the Smiths Falls Police Service. Lanark County OPP serves the municipalities of Lanark County. There are 27 elementary schools and six high schools in Lanark County and Smiths Falls, as well as alternate schools and private school options. An abundance of social service agencies can be found throughout the area.

## **MENTAL HEALTH (ADULTS, CHILDREN AND YOUTH)**

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### **OVERVIEW**

The loss of, or a negative impact upon, any one of the social determinants of health can affect good quality of health, including mental health. In Lanark County, local agencies are dealing with clients who are facing affordable housing issues, gaps in primary care that affect physical health and well-being and an ability to prescribe, and issues with availability of family doctors. Some clients are referred from emergency and indicate they do not have a general practitioner. All of these things can affect a person's mental well-being.

Lanark County Mental Health reports the increase in referrals for mental health from the Champlain region of the County is higher than in the past three years; it has increased annually by 10% with no increase in the base funding budget in the last five years. LCMH notes the complexity of mental health referrals has changed, with more issues related to poverty, transportation, isolation and housing being involved.

From December 2015 to December 2017, in 138 referrals to the situation table, mental health was a risk priority in 23%. In terms of risk categories, this included general mental health issues (17.2%), suicide risk (4.6%) and self-harm (2.6%). In those discussions, mental health and addictions agencies led 35 interventions and assisted in 115. Mental health and addictions are consistently top risk factors in the referrals received, with those agencies engaging in almost half of all discussions.

People are talking about mental health more, which is a good thing; general practitioners (GPs) are hearing about it more because often people start there. Gauging a GP's level of expertise is important in order to assist with referrals to mental health services, such as determining whether there is a mental health issue versus someone simply being unhappy about something in his or her life. For mental health/addictions services treatment is still voluntary, but "doctor recommended" can carry more weight.

Emphasis on working with partnerships to provide 24/7 access to mental health services in Lanark County is important to reduce police involvement and emergency room visits; this would allow for more prevention and getting referrals sooner. Building upon what we already have may help to de-emphasize the need for funding.

Lanark, Leeds and Grenville Addictions and Mental Health has received funding for two positions for therapeutic treatment as part of a new Therapeutic Treatment Court program (mental health and substance use). They are partnering with Lanark County Mental Health. Mental health cases will be heard in Brockville Court, with drug treatment court held in Perth.

### **IDENTIFIED ISSUES**

- 1. Wait times**
- 2. Lack of awareness of services**
- 3. After-hours gaps**
- 4. Mental health worker as part of emergency response**
- 5. Sector coordination to strengthen ties between services and improve pathways of care**
- 6. Chronic underfunding of sector (need for more free mental health counselling)**

7. Children’s mental health (LHIN boundaries, tertiary facility support, after-hours gaps, custody issues/parental alienation, respite services for children and/or parents; extent of curriculum in schools re: mental health)
8. Hoarding

## **BACKGROUND**

### **1. Wait times:**

Children’s Mental Health Ontario data from 2016 indicates wait times in Lanark County for children’s mental health services are below the provincial averages – Ottawa is 575 days, Lanark County is about 40. ER visits in Ontario have gone up by an average of 65%. Lanark County Mental Health indicates wait times are an ongoing concern, but need to be considered in the context of services. There is no wait time for a person in mental health crisis. A crisis is defined as “anyone at imminent risk of harm to self or risk of harm to another person.” If a person is brought to the emergency room with police under a Mental Health Act apprehension, he or she would be assessed by a mental health crisis worker in the ER in consultation with ER staff. LCMH has increased mental health resources to hospital emergency rooms and police services with the Lanark County Police & Mental Health, Emergency Department, Ambulance Service Diversion (LEAD) Team Protocol and training, which is described later in this section. Wait times are only in relation to very specific therapies, such as psychotherapy, particularly when there is a history around trauma. More group activity is being offered as a direct result of wait lists, and peer support is being provided post-group, which is still attached to Lanark County Mental Health as an ongoing service.

### **2. Lack of awareness of services**

In a survey completed for the Lanark County Situation Table project in 2016, several respondents indicated a lack of awareness of mental health and other services in Lanark County and Smiths Falls. Since then, the project has worked collaboratively with the United Way of Lanark County on a communication strategy with 211 Ontario. Efforts are underway to raise awareness about the services with first responders and other agencies, as well as to encourage agencies to use 211, both for referrals and to ensure their own programs are listed and are kept up to date. This is specifically addressed as an action in the Health & Well-being section.

There are a number of online services that may be able to help with some gaps, including the new [www.reachoutnow.ca](http://www.reachoutnow.ca) by the Suicide Prevention Coalition of Champlain East and [www.bouncebackontario.ca](http://www.bouncebackontario.ca), which is a mental-health program managed by the Canadian Mental Health Association, Ontario and CMHA York and South Simcoe as a self-help and coaching program.

### **3. After-hours gaps**

Lanark County Mental Health has a 24/7 service. Awareness of existing expanded services needs to be raised in emergency rooms and with other front-line first responders – there are expanded services that can be called.

Adult probation has identified an issue that individuals on probation used to be able to walk in for intake; now they have to phone Brockville to arrange it. Offenders may not have phone, so there are hurdles even in getting to the first step, let alone reporting.

#### **4. Mental health worker as part of emergency response**

Lanark County OPP has been working with Lanark County Mental Health and the LHINs to establish a mental health nurse position in the detachment. This worker would fill a risk-intervention role in mental health calls and would facilitate a more immediate response and connection to services when police are called. It would provide for an earlier identification of people at an acutely elevated level of risk due to mental illness, create connections made between mental health services and people in need at first contact with police and decrease criminalization of people's behaviour attributable to mental illness. It would also increase the number of persons apprehended under the Mental Health Act who are actually admitted to hospital, which ultimately decreases the number of persons apprehended in the first place and reduces emergency room visits. Situation Table data can be monitored for any associated reduction in risk factors related to criminality for mental health-related referrals.

As well, Lanark County Mental Health is partnering with the Smiths Falls Police Service in a pilot project in conjunction with Brockville and Gananoque police to provide a mental health nurse for seven hours per week. The nurse would work with police to provide on-site mental health assessment, referral to community resources and follow up. The pilot will ensure prompt response in the community to support persons who come into contact with police when experiencing a mental health crisis. Smiths Falls Police Service has also developed and is now using an electronic version of the mental health screening form used by police. It is called "Health IM" and provides an easy-to-use tool for officers that can be rapidly accessed by hospital staff in mental health occurrences.

#### **5. Sector coordination to strengthen ties between services and improve pathways of care**

In Lanark County and Smiths Falls, there is a protocol called LEAD (Lanark County Police & Mental Health, Emergency Department, Ambulance Service Diversion) that is designed to:

- Provide clear direction
- Promote safe and timely response to mental health crisis where multiple hospital and community agencies may be involved.

Partners define their relationships and, as an extension of these protocols, service agreements and other protocols have been developed with partners in regards to police mental health crisis response. Agencies have identified that the LEAD protocol is not always being followed.

The Health Links program works to develop a coordinated care plan for high-use clients that is not just medical, but also social. It offers system coordination and looks at a person's journey, what is available and whether he or she has a family physician, and comes back to a primary care model. It is important to ensure GPs know what services are available and to encourage preventive work to happen at that point, such as influencing parents on lifestyle choices. Health Links is working more with Lanark County Mental Health because so many clients have complex care needs (health and mental health). The health unit also has numerous programs addressing mental wellness, which could be incorporated into social program or prevention initiatives. A movement toward embedding mental health services with primary care and co-locating and greater integration is desired.

Children's mental health practitioners indicate a need for more communication between ministries. The recently released "Moving on Mental Health" report prepared by the Child and Youth Mental

Health Lead Agency Consortium indicates “approximately half of lead agencies agreed that there are consistent pathways for clients and that pathways are understood best by their core service providers and the education sector. However, far fewer lead agencies agreed that families, the health sector and other cross-sectoral partners know how to access services.” This points to a need for more education and awareness. As well, “Between 58 and 65% of lead agencies reported that the greatest barriers to clear, consistent and accessible pathways are the length of service waitlists at different agencies, the lack of awareness of services offered by other providers and the lack of transfer protocols between organizations.” The report suggests the Ministry of Child and Youth Services could help to coordinate sectors, especially LHINs, to strengthen transitions, and that increased funding “is critical for improving service transition. Lead agencies also suggest the creation of ‘bridge’ roles that link hospital and primary care (including family health teams) to CYMH, possibly using the hub model of service provision (co-location of mental and physical health providers).” References to the possibility of a hub model, as well as specific needs on some of these issues related to children and youth can be found below and in the Health & Well-being section of the plan.

In the autumn of 2017, Open Doors for Lanark Children and Youth reported progress on this front, including:

- Partnering with the LHIN and hospitals for pathways of care for mental health services and communication with community-based mental health when children return home.
- Working with Lanark, Leeds and Grenville Addictions and Mental Health and Lanark County Mental Health to develop protocols and training around addictions.
- Creating protocols around crisis and after-hours work; working around a special needs strategy. There would be one plan for one child with participation of multiple organizations (wraparound).

Open Doors notes this is a large area with two LHINs, and that work is being done on the development of a sub-region with local LHINs for a community-based response. Lanark County Mental Health points to a need for the LHINs to be informed of what is happening in Lanark County so there is consistency between the LHINs in discharge planning, etc. More cooperation between the LHINs for the region is needed.

## **6. Chronic underfunding of sector (need for more free mental health counselling)**

Agencies point to funding models that support the tail end of the treatment stage, and encourage the province to consider more funding up front. A focus on resiliency is encouraged as a prevention initiative, along with doing more for families and kids to promote early recognition and prevention strategies. Lanark County Mental Health points to a huge need for social supports in suitable housing, employment and youths.

The “Moving on Mental Health” report notes wait times are a continuing challenge for lead agencies in terms of service provision and creating clear and accessible pathways to care. “Enhancing pathways to already backlogged services without improving flow through services will only worsen the already long waitlists and wait times.”

Because Lanark County and Smiths Falls are served by two different LHINs (South East and Champlain), there can be disparities in funding for agencies that serve the whole county. In some cases where funding is tied to demographics, some growing populations in portions of Lanark County



are not accounted for because funding for the agency as a whole comes from a different LHIN, which affects service provision. A clear demographic pull from Lanark County is needed for funding. Cooperation, shared planning and communication between the two LHINs to facilitate appropriate funding for Lanark County is crucial. Efforts by the LHINs to work more closely together in governance, planning and funding are supported and encouraged. There has been commitment at the highest levels of the LHINs to address the issues on a continuing basis.

**7. Children’s mental health (LHIN boundaries, tertiary facility support, after-hours gaps, custody issues/parental alienation, respite services for children and/or parents):**

Issues raised through situation table discussions and surveys have highlighted a need for after-hours mental health support for children; a lack of tertiary facility support in terms of accepting pediatric patients (CHEO and Hotel Dieu); and difficulties encountered when custody issues are involved, e.g. parental alienation. A need for greater addictions support, improved rapport with Family and Children’s Services, concerns about LHIN boundaries and wait lists, and a need for respite services for children and/or parents were also identified. Open Doors has identified progress being made on some of these fronts (see above). Rideau-Tay Health Links notes there are online counselling services available in other provinces that might be a good model for Ontario, such as Nova Scotia’s <http://ensfamilyservice.ca/on-line-counselling/>.

Agencies and local hospitals report situations when tertiary facilities have not accepted a child experiencing mental health distress at ER nor provided consultation. The local hospitals are not geared for pediatrics and are seeking a protocol specific to mental health. The process currently underway between Children’s Mental Health of Leeds and Grenville (lead), Open Doors, CHEO and Hotel Dieu to establish pathways of care for high-risk presentations or after-hours mental health needs between Lanark County and regional hospitals may alleviate this. This is part of a community mapping process and is expected to be completed soon. Currently the “Strategy for Children with Complex Needs” is being used for after-hours crisis. Open Doors indicates the Kids HelpPhone may become after-hours crisis resource.

In Lanark County, Transitional Aged Youth (a program of Youth Habilitation Quinte Inc. (Youthab)) works to maintain continuity of services between children and adults. Its role is to bridge and navigate between services, however, this role sometimes extends to providing actual counselling services. As well, approximately 25% of referrals to TAY are coming from adult mental health services for interim counselling, which the local Transitional Connector indicated in May 2017 is significantly higher than for other TAY programs in the South East LHIN. This may be attributed to waiting lists for adult mental health services. Referrals to TAY for interim counselling should be added to a waiting list for adult mental health services, otherwise it is no longer “interim” and cannot be part of the TAY program. As well, individuals who are not experiencing “severe and persistent” mental illness may be diverted from adult mental health agencies to other community agencies, such as community health centres and TAY. With few no-cost mental health counselling alternatives in Lanark County, those referrals may linger in programs designed for brief, supportive counselling, which affects the mandated bridging and case management role. There is a need for more youth/young adult-specific mental health counselling locally, similar to what is provided by Youthab through Belleville.

A need for respite care for caregivers was identified. Funded respite exists for complex special needs/medically fragile children, which requires an application process through Lanark Community Programs.

Increasingly, the situation table is encountering referrals involving families going through custody issues, which appears to highlight a connection between high-hostility parents and mental health issues in families. There is currently no way to track this through the situation table. More information and strategies to combat this issue can be found in the Youth and Families section.

Enhanced wraparound/family case management was identified in surveys and discussions as a good early identification tool to address mental health issues in families. Confirmation of the nature of mental wellness curriculum/supports in schools for children is needed. There is no longer a mental health component to the OPP Kids program. TAY indicates children and youth are usually coming for help due to a situational stressor, such as family breakdown. TAY notes children who are quiet in school may be under the radar in terms of mental illness until something big happens. Root causes may include helicopter parenting, which leads to children/youth having trouble dealing with adversity and not being able to recognize what is a “normal stressor” (need resiliency); relationship issues with parents and attachment; a reliance on medication to be “happy.” Open Doors points to “the intellectualization of parenting as opposed to just parenting.”

The Catholic District School Board of Eastern Ontario conducts an annual resiliency survey in its schools that provides indicators around anxiety and resiliency. Recent data presented by CDSBEO in October 2017 to the Lanark County Planning Council for Children and Youth showed the top three concerns are anxiety, depression/mood disorder and substance abuse. The survey is conducted for Grades 3 to 12 and the results for each school tie into factors related to the Board’s mental health strategy, which can be found on the CDSBEO website. The Board also has a comprehensive resource document designed to help professionals to effectively respond to issues affecting students’ mental health and well-being. It also includes information about effective supports and services. It has been recently updated and there was collaboration with the 211 resource.

The Upper Canada District School Board has been working on “Data-driven Student Wellness Improvement,” which has included developing teams in schools consisting of students working on plans to increase wellness. Schools have been conducting surveys (“Tell them from me”) to determine what is causing stress at school and then engaging students in data analysis with staff and administration to create plans to support wellness. They are working through a “we asked, you said, we’re doing” process and engaging students, staff, parents and the community in actions. The surveys break results down between males and females in different grades from 7 to 12, and also between Indigenous and non-Indigenous. Through the process and the teams they have gathered information about what factors at school negatively impact student mental health and wellness, as well as those that have a positive effect.

Agencies have also identified a need for more Applied Suicide Intervention Skills Training (ASIST), particularly for anyone working with youth and vulnerable people. There are numerous people trained to provide this, and an inventory of trainers and training available would be helpful.

## **8. Hoarding**

Housing and remediation is needed in a hoarding situation where the residence is unsafe for the

person to remain there and where the residence poses a potential danger to others. Lanark County Mental Health has a program that responds to hoarding as a mental health issue and has sought increased funding for staffing support. Working with housing partners and bylaw officers (municipalities) is key to early intervention, prevention and intervention. Individuals with intellectual disabilities have been identified as being at increased risk of Ontario Disability Support Program abuse situations in conjunction with hoarding. A “housing first” approach is encouraged instead of emergency shelters in hoarding situations. Lanark County Mental Health has received three years of funding for hoarding, including a caseworker dedicated to it.

## **ACTIONS**

### ***Social Development***

- Take inventory of mental-wellness/lifestyle programs available locally and in other communities and determine additional implementation possibilities (e.g. effective coping for families with family members who have mental illness, support groups for specific illnesses).
- Through community partners and 211, clarify and raise awareness about available mental wellness programs, especially when they are under-utilized.
- Take inventory of current mental wellness curriculum and supports/programs available in schools; teach kids how to help each other and what to notice about friends; identify existing resiliency programs and early identification mechanisms and enhance where necessary. Support efforts by school boards to include community agencies in action plans to promote wellness in schools.
- Identify and support local efforts to engage community in education about resiliency; parenting (talking to kids).
- Promote/enhance initiatives involving physical activity for mental wellness.
- Expand period of post-natal visits to help with parenting and mental wellness; early identification of issues.
- Provide education for health-care providers (lunch and learns) around resources available to families/people at risk, possible prevention.
- Coordinate with partners to identify and expand existing services to ensure 24/7 access to emergency mental health services locally in order to de-emphasize need for funding.
- Provide education for public and relevant human-service agencies to provide early identification of individuals at high-risk of hoarding.
- Improve wait lists for children’s mental health.
- Establish more mental health service centres, especially in Perth.
- Identify and/or implement more infant and children mental health programs that are easily accessible.
- Identify, develop and/or promote respite services for children with mental illness or children with parents with mental illness, for parents of children with mental illness, and for parents with children encountering mental illness that do not meet the complex needs threshold.
- Develop/enhance employment programs for individuals experiencing mental illness.
- Advocate for increased base funding for mental health services to alleviate non-crisis wait lists.

### **Prevention**

- Help to promote/raise awareness of pathways of care for high-risk presentations or after-hours children’s mental health needs when the protocol is completed.
- Help to promote use of after-hours crisis service (e.g. Kids HelpPhone, [www.reachoutnow.ca](http://www.reachoutnow.ca), etc.).
- To enable earlier referrals to appropriate mental health services, have physicians routinely screen for mental health disorders; conduct questionnaire through obstetrics or doctors to reach high-risk families.
- Increase number of caseworkers designated for hoarding (as per Lanark County Mental Health presentation to Lanark County Council); work closely with municipalities/bylaw to encourage early tip offs so can help before it comes down to an eviction.
- Reduce transportation barriers for people seeking help, especially if they do not have a general practitioner and are not receiving funds through the Ontario Disability Support Program.
- Improve tracking of actual suicide statistics.
- Clarify what protocols are in place related to mental health and service providers, promote them and follow them (e.g. LEAD).
- Provide trauma-informed care training opportunities to agencies and first responders.
- Inventory Applied Suicide Intervention Skills Training (ASIST) trainers and training opportunities that are available and provide information to agencies; encourage more opportunities if necessary.

### **Risk Intervention**

- Continue referrals to situation table/interventions.
- For hoarding, offer longer-term mental health support when there has been an intervention.
- Provide wraparound services for families when identified as at risk.
- Have agencies identify and communicate needs in terms of best information from police when referrals are made to improve ability to perform services.
- Support efforts by the Lanark County OPP and Lanark County Mental Health to secure funding for a mental health nurse to work out of detachment.
- Support efforts by the Smiths Falls Police Service and Lanark County Mental Health to sustain the pilot project for mental health nurse support.

### **Emergency Response**

- Greater availability of in-hospital treatment services for mentally ill children and adults.

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   |
|--|--|
| Increased education, awareness and promotion of existing services/programs to reduce specific wait times and after-hours gaps, to clarify pathways of care, to support families with children who have mental illness, and to promote overall good mental health and well-being. | <ul style="list-style-type: none"><li>• Annual LEAD team training to address education and crisis response.</li><li>• Emergency room diversion case managers are attached to receive direct referrals to emergency rooms to reduce repeat visits. (Average was 25%, now 4.8% once a referral is received.)</li><li>• Analysis of post-treatment surveys collected by Lanark County Mental Health.</li><li>• Use data from Connex Ontario to evaluate progress.</li></ul> |
| Earlier intervention in mental health crises by having mental health workers as part of  | <ul style="list-style-type: none"><li>• Analysis of requests for service (OPP and Lanark County Mental Health), after-the-fact referrals,</li></ul>  |

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| emergency response and screening mechanisms for earlier referrals by physicians.   | <p>individuals served, live calls with police where mental health nurse attends, diverted emergency department visits, apprehension rates, Form 1 rates, face-to-face visits with Lanark County Mental Health, officers trained, risk factors presented at situation table.</p> <ul style="list-style-type: none"> <li>• Collect data on benefits of Health IM app used by Smiths Falls Police Service.</li> </ul> |
| Advocacy for increased funding for areas of rapid growth for mental health sector and greater access to services.                  | <ul style="list-style-type: none"> <li>• An increase in funding for Lanark County that represents the actual demographics for the region across both LHINS.</li> </ul>   |
| Increased/improved supports for families undergoing custody issues.  | <ul style="list-style-type: none"> <li>• Referrals to an established program.</li> </ul>   |
| Increased awareness, promotion and support of resiliency and mental health in partnership with school boards.                      | <ul style="list-style-type: none"> <li>• The Lanark County Human Services and Justice Coordinating Committee is a link between mental health, school boards and police; Youthab receives referrals for transitional-aged youth and stats can be monitored.</li> <li>• Analyse wellness survey data from school boards to determine level of awareness of and use of services.</li> </ul>                           |
| Increased early intervention efforts and longer-term supports with caseworkers related to hoarding to support at-risk individuals. | <ul style="list-style-type: none"> <li>• The funding received by Lanark County Mental Health for hoarding will culminate in a research paper that will assess results of the program.</li> </ul>   |
| Increased training completed on trauma-informed care and ASIST.  | <ul style="list-style-type: none"> <li>• Lanark County Mental Health offers this three or four times per year; Catholic District School Board of Eastern Ontario also offers sessions (baselines).</li> <li>• Number of police officers and agencies attending trauma-informed care workshops in Lanark County.</li> </ul>   |
| Continued referrals to situation table and wraparound supports for individuals and families who are at acutely elevated risk       | <ul style="list-style-type: none"> <li>• Lanark County Situation Table statistics on demographics, risk factors and referral conclusions (risk lowered and connections to services).</li> </ul>  |

**TEAM**

**Team Leaders:**

Diana McDonnell (Lanark County Mental Health) and Shawn Souder (Lanark Leeds Grenville Addictions and Mental Health)

**Proposed Additional Team Members:**

Transitional Aged Youth, Open Doors for Lanark Children and Youth, Health Links

## **SUBSTANCE USE**

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### **OVERVIEW**

Closely tied with mental health issues are addiction issues. These two prevalent risk factors frequently go hand-in-hand when referrals are made to the situation table. Almost 50% of the referrals that have proceeded to an intervention have involved our local mental health and addictions agencies.

From December 2015 to December 2017, in 108 referrals to the situation table that proceeded to an intervention, substance abuse issues were identified as a community safety and well-being high-level risk priority in 15%, which was the fourth highest overall. In terms of risk category, drugs (7.7%) and alcohol (7.4%) ranked fourth and fifth respectively. In terms of referrals brought to the table in that time period (138), Lanark Leeds Grenville Addictions and Mental Health was engaged in discussions 46.4% of the time. It was the originating agency for four referrals, lead agency for 14 and assisting in 51.

As with other communities across Canada, Lanark County is no longer immune to the rising opioid crisis. Our local health unit and partners have been very proactive in attempt to educate the public about the risks of opioids and the presence of illicit fentanyl in our community. First responders and municipal leaders have come together with the health unit to develop the “Opioid Overdose Cluster Plan,” which identifies how the community “can effectively prepare for, respond to, and recover from a cluster of opioid overdoses.” The health unit has also been very proactive in harm-reduction efforts, such as the Smart Works Program, which includes the needle syringe program, safe inhalation equipment and naloxone kit distribution, education for known drug users, agency training and working with hospital emergency rooms to provide training so that staff can dispense kits to patients being released following an overdose. The Ministry of Health and Long-Term Care is expanding the Ontario Naloxone Program to include hospitals with a goal of increasing access to take-home kits for people at high risk of an opioid overdose. Emergency departments can enrol in the program with the health unit to distribute to high-risk individuals and their family and friends. The health unit can provide education and training to support hospitals. More and more first responders are now equipped and funded for naloxone kits. The health unit has had training with local police services and fire departments that wish to purchase kits. A procedure has been provided and can be adopted by first responders.

The Ontario Works addictions program provides lock boxes for clients using methadone to allow for carries, which means clients do not have to attend a pharmacy every day to access medication. In addition, the OW addictions counsellor will be providing naloxone kits for clients who wish access to one.

As part of the provincial opioid response, there is new provincial funding for harm reduction workers and an opioid emergency task force was established in October 2017 to help advise on how to combat the issue and for the education campaign. The ministry has also activated the Emergency Operation Centre, which will help coordinate health services on the ground.

Many agencies in Lanark County and Smiths Falls have applauded local efforts to establish a drug court, which is based in Brockville. There is a great deal of support to expand the program so it is offered locally. Agencies have also identified a need for more treatment options for people suffering from addictions.

Lanark County Mental Health has started SMART (Self-Management And Recovery Training) groups for the community in Smiths Falls, Carleton Place and Perth. No referral is needed. The program helps people to recover from addictive behaviours, including alcoholism, drug abuse, gambling addiction, cocaine addiction, and other substances and activities.

The *OPP Community Satisfaction Survey 2016, Lanark County Detachment* found that 25.5% of respondents answered “yes” when asked if alcohol abuse was a problem in their community and 38.4% for drug/substance abuse. There were differences identified between communities. For alcohol abuse, Lanark County (townships) ranked 35.1%, Carleton Place was 30.6% and Mississippi Mills was 16.7%. The survey does not include Smiths Falls.

Lanark County Interval House has become a “wet shelter” in an effort to reduce harms and stigma.

### ***IDENTIFIED ISSUES***

- 1. Limited funding and understanding/acceptance of the philosophy for harm reduction**
- 2. Reduce stigma**
- 3. Lack of local withdrawal management/detox services (also women-specific services)**
- 4. Education about Good Samaritan Law**
- 5. Specialized addictions services for youth**
- 6. Expanded therapeutic treatment court**
- 7. Community response to opioid crisis**
- 8. Legalization of cannabis**
- 9. Increased number of addictions counsellors serving Lanark County**

### ***BACKGROUND***

#### **1. Limited funding and understanding/acceptance of the philosophy for harm reduction**

Health unit representatives have indicated a need for more funding for harm reduction, although this has been improved with the new provincial opioid strategy and may also improve with the SE LHIN opioid strategy. Methadone is now offered at every pharmacy in Lanark County. There are now methadone clinics in Smiths Falls and Carleton Place and they have to be monitored from a health perspective (blood testing is required). Clinics improve employment prospects and provide support where people live. Health unit representatives state the methadone program prevents crime (stealing for drugs) and encourages harm reduction as it is used to prevent withdrawal. The SE LHIN is exploring how to fund these services to enhance what is presently available.

In this region, naloxone kit distribution is conducted through the health unit and participating pharmacies. It is limited to those who use opioids, have used them in the past or who are family and friends of those who are using or who have used. The Perth & Smiths Falls District Hospital Emergency Department conducted a pilot study to provide patients with the necessary health teaching on overdose prevention and a naloxone kit at discharge following an overdose. Hospitals are now eligible for naloxone kits funded by the Ministry of Health and Long-Term Care, with distribution and training through the health unit.

The health unit has received additional funding to train community partners who work with individuals who use opioids. The training will allow them to dispense kits to those who fit the above

criteria at the point of care. The health unit will manage the program and be a naloxone distribution centre for community partners.

The same funding issue related to the LHINs and demographics applies in this section pertaining to addictions. Greater cooperation between the LHINs to coordinate for Lanark County/Smiths Falls is crucial.

## **2. Reduce stigma**

Agency representatives report clients are facing stigma in various settings, including hospitals (i.e. when experiencing overdose or needing detox). Harm reduction professionals indicate people in overdose situations (e.g. observers) are afraid to call for help in case there are repercussions. An emphasis on treating addiction as a disease instead of a choice is needed. Ontario Works in Lanark County offers an award-winning addictions program. John Ostrander is the addictions counsellor and Rideau Community Health Centre provides the medical supervision. Ontario Works clients accessing the program also have access to Rideau Community Health Centre services, including workshops, practitioners, etc. It is offered in Smiths Falls, Perth and Carleton Place. Clients get service in the OW office, which is less stigmatizing than going to an addictions agency. There are also services for family members (supports). He can do the medical reports necessary to get detox services. The one-stop approach is very effective and streamlines the process of multiple referrals to doctors and agencies. His specialization is in mental health and addictions – which go hand in hand – and he deals with a range of addiction (e.g. food, gambling).

CAMH has online stigma training that can be accessed.

The South East LHIN notes methadone use is detrimental to teeth and suggests increased awareness about the issue, finding ways to treat the dental pain and providing dental help for individuals experiencing the problem.

## **3. Lack of local withdrawal management/detox services (also women-specific services)**

There are regional detox centres available in Ottawa and Kingston. There are not a lot of supports for people needing the in-between stage – detox in order to meet the criteria for detox. A regional program is encouraged, as well as medical detox and residential stabilization units after detox to facilitate a transition. A need for specific services for women was also identified as an issue. The South East LHIN is looking into this. A new physician at the North Lanark Community Health Centre specializes in withdrawal management, as well as methadone and suboxone, and could be a valuable resource.

## **4. Education about Good Samaritan Act**

The Act provides an exemption from charges of simple possession of a controlled substance as well as from charges concerning a pre-trial release, probation order, conditional sentence or parole violations related to simple possession for people who call 911 for themselves or another person suffering an overdose, as well as anyone who is at the scene when emergency help arrives. The Ministry of Health and Long-Term Care will be doing a provincial campaign in 2018 to address this.

## **5. Specialized addictions services for youth**



Child and youth representatives indicate young people do not often identify as being addicted, which requires different approaches. They encourage a standardized process when there is an identified substance use or abuse issue, as well as more groups for teens to discuss use and abuse (generally dealing with age 12 and up). Because youth don't identify as being addicted, talk is geared more around harm reduction and whether it is a problem or not. An increase in addictions and mental health supports in schools is encouraged.

## **6. Expanded Therapeutic Treatment Court**

Therapeutic Treatment Courts consist of a special courts for offenders who have issues related to substance abuse or mental health. Drug Treatment Court and Mental Health Court are available for residents from Lanark, Leeds and Grenville. Drug Treatment Court is held weekly in Perth, while the treatment programs take place in Brockville five days per week. Mental Health Court takes place at the Brockville Courthouse on the first and third Friday of each month. Drug Treatment Court is a minimum nine-month program that began in September 2016 and, to date, nine participants have graduated. Participants take part in program activities every day and the idea is to redirect routines, introduce a new lifestyle without drugs and help the participants to develop new life skills.

Mandatory urine screens are conducted weekly. Current issues include transportation costs for participants to travel to Brockville for the program.

## **7. Community response to opioid crisis**

The Leeds, Grenville and Lanark District Health Unit worked with first responders, hospitals and community partners to develop a community response to the opioid crisis. As part of this process, it has identified vulnerable populations that are at risk of overdose from illicit fentanyl, including recreational drug users and individuals discharged from hospital who have already experienced an overdose. A detailed communication plan has been developed to help with harm reduction and prevention. It can be found on the health unit's website at [www.healthunit.org](http://www.healthunit.org) and can be accessed by any member of the public. Provincial surveillance and data tracking related to opioid deaths has been improving. The health unit is responsible for this and has received funding to do local surveillance as well as comparing to provincial stats. The Community Opioid Response Plan was led by the community harm reduction steering committee and is based on the four-pillar approach of prevention, treatment, harm reduction and enforcement.

At a Municipal Drug Strategy Network Day in October 2017, the health unit indicated numbers of people experiencing drug toxicity reporting to local emergency rooms are climbing. There is a new overdose reporting tool on the health unit's website, and new provincial funding for harm reduction workers. The session offered in February 2018 presented information about the Icelandic Model, which is a whole-community project in Iceland that strives to reduce the number of youth who take up substance abuse.

## **8. Legalization of cannabis**

The pending legalization of cannabis was flagged as a concern, including the possibility of increased incidents involving impaired driving, as well as harm reduction and supports for addiction. The Heads Up program through the Hotel Dieu Hospital (for ages 13 and up) focuses on psychosis and the risk of cannabis related to a young person's first episode of psychosis.

## 9. Increased number of addictions counsellors serving Lanark County

Agencies have identified a need for more addictions support/counsellors to serve Lanark County given its large geography, transportation issues and the prevalence of substance abuse issues. As part of the campaign on opioid addictions, Lanark, Leeds and Grenville Addictions and Mental Health has received funding to hire a new counsellor and caseworker to work with Change Health in the Carleton Place, Brockville and Smiths Falls offices. By embedding workers in Change Health, they can tap directly into the needs of individuals instead of having to refer. Another piece involves rapid assessment from emergency rooms or family physicians, which will be helpful for people who do not go to Change Health to get suboxone due to stigma. Using health unit clinic space for the workers may also be an option.

| <b>ACTIONS</b>  |
|---|
| <p><b><i>Social Development</i></b></p> <ul style="list-style-type: none"><li>• Increase education/opportunities regarding chronic pain management within the medical community and the public. Support efforts of South East LHIN to address this when details are available.</li><li>• Advocate for increased engagement between the LHINs for future planning around addictions, mental health and primary care.</li><li>• Explore possibility of incorporating the Icelandic model and determine its applicability to Lanark County and Smiths Falls.</li></ul>   |
| <p><b><i>Prevention</i></b></p> <ul style="list-style-type: none"><li>• Monitor increased LHIN funding and education for harm reduction programs, including additional methadone clinics, and explore any additional needs for programs to help people get off methadone.</li><li>• Expand or promote existing parenting programs for at-risk individuals.</li><li>• Support efforts to continue a drug treatment court, including funding for additional operating costs (e.g. transportation and urine testing equipment).</li><li>• Conduct a media campaign led by the health unit to increase the number of 911 calls when someone witnesses or suspects an overdose and to increase awareness of the importance of the 911 call in the preservation of life (including Good Samaritan Act). Activities include production of an educational video, broadcast and print advertising involving multiple agencies, social media promotion and bracelets reminding young people to call 911 if they need help. Utilize and build upon MOHLTC campaign.</li><li>• Continue to support enhanced efforts to educate about use of naloxone and make kits widely available (i.e. through increased distribution to community partners for those who fit the criteria).</li><li>• Enhance education for medical community, patients and public to help reduce stigma about addictions.</li><li>• Reduce risk of abuse by changing protocol of medication disposal being the responsibility of family when someone dies.</li><li>• Support efforts to improve provincial surveillance and data tracking related to opioid deaths.</li><li>• Increase addictions and mental health supports in high schools.</li><li>• Develop and/or share education and prevention strategies related to legalization of <b>cannabis</b></li><li>• Collaborate with LHIN on opioid strategy; emphasize education for doctors to commit to principles of harm reduction and establish an oversight mechanism (e.g. tying to hospital privileges)</li></ul> |

- Increase awareness for dentists of link between methadone use and dental problems; determine ways to provide dental help for clients experiencing issue.
- Inventory and promote existing programs related to addictions and substance abuse, e.g. SMART groups.

### ***Risk Intervention***

- Support efforts to establish additional detox resources for the region, such as at-home detox that can be prescribed by a nurse practitioner (based on Cornwall Protocol), as well as medical detox and residential stabilization units to help clients with transition after detox.
- Support efforts by health unit under Community Opioid Response Plan to explore rapid-access clinics for suboxone.
- Support efforts of the Perth & Smiths Falls District Hospital and health unit following their pilot study of the distribution of naloxone kits upon discharge from overdose as a continued harm-reduction measure.
- Continue to offer wraparound support to individuals/families experiencing substance abuse issues and who have been referred to the situation table as being at acutely elevated risk of harm.
- Advocate for increased funding to support more addictions counsellors/services.
- Determine need for overdose prevention sites.

### ***Emergency Response***

- Continue to support efforts of local first responders seeking naloxone training.
- Support community plan for response to opioid crisis.

| <b><i>OUTCOMES</i></b>  | <b><i>MEASURABLES</i></b>  |
|---|--|
| Increased education, awareness and promotion of existing services and strategies related to opioids, chronic pain management and harm reduction (for medical community and general public) to increase understanding of harm reduction philosophy and to reduce stigma. | <ul style="list-style-type: none"> <li>• Annual LEAD team training to address education and crisis response.</li> <li>• Health unit statistics on emergency room visits for opioid overdoses; safe needle exchange statistics; outreach regarding Good Samaritan Act.</li> <li>• Number of referrals to caseworker and counsellor with Change Health, which helps to divert from emergency rooms and clients receive primary care onsite.</li> </ul> |
| Improved engagement and coordination between LHINs for planning around addictions, mental health and primary care.  | <ul style="list-style-type: none"> <li>• Number of front-line addictions counsellors.</li> <li>• Improved connections with Change Health and primary care.</li> </ul>  |
| Analysis completed of possibilities related to implementing Icelandic model in Lanark County/Smiths Falls.  | <ul style="list-style-type: none"> <li>• Partner activities related to grants and coordination of project.</li> </ul>  |
| Increased awareness and promotion of existing programs for addictions and substance abuse, such as Smart Works Program.   | <ul style="list-style-type: none"> <li>• Health unit statistics related to substance abuse (needles, safe inhalation equipment, safe injection, etc. through Smart Works program)</li> <li>• Health Unit can provide referral statistics for addictions programs.</li> </ul>   |

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|---|--|
| Increased withdrawal management/detox services for Lanark County/Smiths Falls.  | <ul style="list-style-type: none"> <li>• Referrals to new physician at North Lanark Community Health Centre.</li> </ul>  |
| Increased education around cannabis.  | <ul style="list-style-type: none"> <li>• Data related to Heads Up program; referrals received at agencies.</li> </ul>  |
| Increased education around calling 9-1-1 in overdose situations coupled with increased calls to 9-1-1.                        | <ul style="list-style-type: none"> <li>• Statistics from Health Unit, Lanark County OPP and Smiths Falls Police Service regarding 9-1-1 calls</li> </ul>   |
| Expanded drug treatment court program   | <ul style="list-style-type: none"> <li>• Total number of referrals, acceptances and graduates from Therapeutic Drug Treatment Court; testimonials; pre- and post-tests (assessments) for court.</li> </ul> |
| Continued expansion of naloxone program and increased awareness.  | <ul style="list-style-type: none"> <li>• Health Unit data on number of naloxone kits distributed and number of community agencies distributing kits.</li> </ul>  |
| Inventory of addiction services for youth (within schools and in the community).  | <ul style="list-style-type: none"> <li>• Conduct follow-up survey to inventory services.</li> </ul>  |
| Increase in specialized services for addictions that are accessible through schools.  | <ul style="list-style-type: none"> <li>• Measurable presence of addictions services/information in schools; track number of referrals and/or participants in addictions programs.</li> </ul>               |
| Continued referrals to situation table and wraparound services for individuals and families who are at acutely elevated risk. | <ul style="list-style-type: none"> <li>• Annual data from Lanark County Situation Table regarding referrals and services mobilized.</li> </ul>   |
| Ongoing support for community plan for response to opioid crisis.   | <ul style="list-style-type: none"> <li>• Health Unit annual review for program completed through Community Harm Reduction Steering Committee</li> </ul>  |

**TEAM**

**Team Leaders:**

Diana McDonnell (Lanark County Mental Health), Shawn Souder (Lanark Leeds Grenville Addictions and Mental Health) and Claire Farella (Leeds Grenville Lanark District Health Unit)

**Proposed Additional Team Members:**

Transitional Aged Youth, Open Doors for Lanark Children and Youth, North Lanark Community Health Centre

## **POVERTY**

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### **OVERVIEW**

Housing issues, low-income, food insecurity, unemployment/underemployment, rising costs – all of these and more are contributors to poverty in our community. Physical and mental health issues are often associated with poverty as well, whether they are contributors to circumstances leading to poverty or the consequences of poverty. Police indicate poverty is one of the biggest contributors to crime and family violence in communities. Providing community members with the tools they need to avoid poverty, such as stable housing, nutritious food and access to education, employment and health services can go a long way to preventing many of the issues afflicting vulnerable populations.

Several groups in Lanark County and Smiths Falls have undertaken programs and services to help to alleviate issues around poverty in our communities. Some examples of activities include health unit programs and advocacy (community gardens to get groups together with needed skillsets, Good Food for Healthy Babies), community dinners hosted by local churches, a wide range of programs at The Table Community Food Centre, and Good Food boxes. The Community Navigator through the Lanark County Food Bank worked with clients to navigate systems and The Table in Perth provides advocacy support for clients. Ontario Works and the Ontario Disability Support Program have joined together to create a Client Advisory Group. The group is comprised of five OW and five ODSP clients. Meetings take place every three months and cover topics such as accessibility of services, employment supports and identifying system gaps.

Food insecurity and rural economy are issues that have been raised by community groups and Lanark County Council through the Eastern Ontario Wardens' Caucus. A white paper on issues related to the economy of eastern Ontario produced by EOWC has been widely cited by municipal leaders advocating for change. Lanark County Ontario Works notes it often only takes one element of the social determinants of health to go out of sync (e.g. housing and/or rising utilities) to throw someone out of the balance they have created for themselves and into a poverty situation.

In a document called "Invest in Rural Resiliency: Address Poverty," a regional group of community service groups from Prince Edward, Hastings, Frontenac and Lanark counties, including The Table in Perth, has developed a series of recommendations to address poverty in our communities. It notes "poverty is reaching crisis proportions in rural Ontario" and points to issues such as seasonal work, lost businesses and limited employment options. "Too often the reality is hidden poverty, food insecurity transportation problems, homelessness and under- or unserved mental health and addictions challenges." Basic utilities can be scarce in some rural communities, as are emergency shelters, meal programs and public transportation. "Investing in rural communities is a wise investment in sustaining and boosting rural resiliency. Without adequate rural services, intractable and expensive problems in health care and other social supports will likely increase. Inadequate investment will prompt further migration to urban areas, where rural people used to surviving through social ties and rural resiliency will put further demands on urban social infrastructure." Recommendations from the group are included in the issues and actions below and are echoed in other sections of the plan.

The "Lanark County Vital Signs 2017" report completed by the Perth and District Community Foundation noted the disparity between wealthy and needy. Vital Signs is "a community check-up conducted by

community foundations across Canada that measures the vitality of our communities and identifies significant trends in a range of areas critical to quality of life.” The report found the county has higher than average household incomes, but the disparity is growing and the most vulnerable are struggling to get basic services and support.

At the Lanark County Situation Table, poverty, not being able to meet basic needs, housing and unemployment continue to be prevalent risk factors. Lanark County Social Services is often engaged at the situation table due to involvement with Ontario Works clients, as is the Ontario Disability Support Program.

Rideau Tay Health Link, the Adult Learning Centre, Lanark County Mental Health, Rideau Community Health Services, OnTrac and the Leeds, Grenville & Lanark District Health Unit are partnering to bring a program called “Getting Ahead” to the community. This builds on the philosophy of “Bridges Out of Poverty,” and is a new group program in Smiths Falls to assist those who are living in chronic poverty by enabling them to build economic stability for themselves and create opportunities. It’s a 12-week program. The program has been adopted by other communities and is reported to have good success.

### **IDENTIFIED ISSUES**

- 1. Change rural funding models (e.g. to address issues related to large rural service areas)**
- 2. Ontario Disability Support Program – funding to have appropriate resources in place for clients; more accessibility (most vulnerable clients have less access to services)**
- 3. Food insecurity**
- 4. Wage gaps**
- 5. Changes to social assistance rates**
- 6. Increased opportunities to help people learn how to move out of poverty.**

### **BACKGROUND**

- 1. Change rural funding models (e.g. to address issues related to large rural service areas)**

A number of local agencies have identified issues related to large, rural service areas with limited resources and transportation, and corresponding funding model limitations. Many programs face limitations due to limited staff, resources, geography, transportation, restrictive or urban-centric mandates and long waiting lists. As the use of technology rises, its budget implications are felt. Some agencies report tremendous growth in the number of people who have special needs, but their funding has not increased in proportion.

The Leeds Grenville Lanark District Health Unit has identified challenges related to its large service area, including under-funding, limited transportation, inadequate mental health and substance-use services, gaps in service and urban-centric mandates that can be difficult to transfer to rural areas. Although it is fortunate they have six satellite offices, the challenges arise in under-served areas and making the best use of the funding they have.

Some agencies point to a misunderstanding of inter-agency mandates as an issue that affects clients. For example, Family and Children’s Services is obligated to take care of the needs of their wards and have additional funds and supports, yet some funds come from Ontario Works.

**2. Ontario Disability Support Program – funding to have appropriate resources in place for clients; more accessibility (most vulnerable clients have less access to services)**

Transportation has been continually highlighted as an issue for ODSP clients, as only certain items are funded. In some cases funding is available for transportation to certain activities, but more education is needed to ensure proper documentation is provided in order to receive the allowance. Physicians need education on what information to include to help clients who need to get onto ODSP. In addition, people are being encouraged to take their Canada Pension early, which has repercussions for them later.

**3. Food insecurity**

The Table has expressed concerns about demand exceeding the ability to supply, food prices increasing, shortfalls of funding, long waiting lists for services and supports, and having access to good quality food. There is also a need for volunteers. Sustaining community dinners in Perth has become an issue due to a lack of volunteers and funding. In the autumn of 2017 the number had dropped from four dinners to two each month. Lanark Village has a monthly one. There is minimal core funding support for all food banks. The issue of food insecurity ripples into other elements of well-being – for good mental and general health a person needs “good” food. A lot of people who are food insecure won’t use food banks because of stigma, access issues, hours of operation and other barriers. The health unit conducts an annual survey (“The Nutritious Food Basket”) of average prices for 67 food items in local grocery stores in order to measure the cost of basic healthy eating for individuals and families. It presents the findings in context of a range of individual and household monthly income scenarios. Costs are trending upwards. The infographic related to the latest survey notes that in the 2014 Canadian Community Health Survey, 9.7% of Leeds, Grenville and Lanark households indicated they were food insecure.

The community service group working to address poverty in the region notes many rural people live in “‘food deserts’ – 5 km or more from a store that may be just a gas station or convenience store. Food is often more expensive and of poorer quality when only one store is within a half-hour drive.” Transportation again becomes an issue.

**4. Wage gaps**

This is a rural consideration that has also been flagged by the Eastern Ontario Wardens’ Caucus. It may be part of a review of the basic income pilot project.

**5. Changes to social assistance rates**

The community service group working to address poverty in the region urges the province to raise the rates for Ontario Works and ODSP to levels that ensure people can live in health and dignity. It recommends raising social assistance rates to at least the Basic Income Pilot level, and index them to the real cost of living as experienced by poor people. It also supports ending clawbacks as people pursue self-employment opportunities.

**6. Increased opportunities to help people learn how to move out of poverty**

The Bridges Out of Poverty” program received good feedback when presented in the community and has formed a foundation for efforts to continue to articulate the philosophy of helping people living

in chronic poverty by enabling them to build economic stability for themselves and create opportunities. More opportunities to help people learn how to escape chronic poverty will go a long way to helping people build sustainable futures.

## **ACTIONS**

### **Social Development**

- Continue to identify and promote services already available in the community to assist low-income individuals and families at risk (e.g. Good Food boxes and other programs); support efforts to connect them to services (e.g. community navigator), identify service gaps and coordinate efforts to remedy them.
- Support community efforts to teach children/families/individuals how to grow food; establish community gardens; teach people how to cook.
- Work with municipalities on any effort to lobby provincial government (e.g. through Eastern Ontario Wardens' Caucus) for better rural funding models or incentives (e.g. taxation models, carbon tax benefits), rural-centric mandates and/or additional satellite services to address geographic concerns.
- Advocate for continued support of and/or increased funding and resources for caseworkers to help clients navigate complex systems; increase awareness of how to ensure clients can access funds such as ODSP when appropriate.
- Support efforts to provide more affordable and better quality housing for mentally ill and socioeconomically disadvantaged individuals; improve wait lists.
- Enhance and encourage more creative collaboration with partners to explore rural solutions and create efficiencies and reduce overlapping services to free up additional resources.
- Support efforts to modify social assistance rates to meet Basic Income Pilot level and stop clawbacks related to self-employment.
- Advocate for increased core funding for food banks.
- Support/promote efforts by partner agencies to continue to bring programs such as "Getting Ahead" to the community to help individuals to transition out of poverty; provide access to educational and financial learning services to help people move out of poverty.

### **Prevention**

- Work with partners to coordinate promotion and sustainability of existing programs related to food programs (meal provision, volunteer recruitment, etc.).
- Work with Lanark County Transit Advisory Group and support solutions related to creating opportunities for affordable rural transportation.
- Lobby for increased funding for core food programs.
- Monitor basic income pilot program and strategize local response/opportunities.
- Provide education to health service providers and/or recruit volunteer advocates who can help people fill out forms for ODSP.
- Support efforts of Ontario Works and ODSP to alleviate identified gaps in their services.

### **Risk Intervention**

- Establish an ODSP office in Carleton Place at least once per week.
- Lower utility bills for fixed-income seniors.



| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   |
|--|--|
| Inventory and promotion of services available for low-income individuals and families at risk with gaps identified, as well as greater collaboration between partners to free up resources and improve access. | <ul style="list-style-type: none"> <li>• Analysis of Lanark County Ontario Works/Ontario Disability Support Program data (numbers of people accessing); food bank usage statistics.</li> </ul>   |
| Increased opportunities to teach community how to grow food and to cook.   | <ul style="list-style-type: none"> <li>• Statistics from The Table, Mills Community Support and health unit regarding program usage.</li> </ul>  |
| Advocacy for improved rural funding models or incentives that address rural concerns and large geographic areas.   | <ul style="list-style-type: none"> <li>• Number of grant applications made by local municipalities and corresponding results.</li> <li>• Information from Eastern Ontario Wardens' Caucus Annual Report re: rural economic development.</li> </ul> |
| Enhanced advocacy for clients navigating systems and improved education for service providers to improve consistency.  | <ul style="list-style-type: none"> <li>• Number of referrals through Community Navigator (if re-established).</li> <li>• Statistics from Ontario Works/Ontario Disability Support Program working group.</li> </ul>                                |
| Advocacy for modified social assistance rates and lower utility bills.   | <ul style="list-style-type: none"> <li>• Feedback/statistics from anti-poverty groups on annual basis.</li> </ul>  |
| Advocacy for increased core funding for food banks and core food programs.   | <ul style="list-style-type: none"> <li>• Track letters/presentations by County and local municipalities to advocate; monitor results.</li> </ul>   |
| Increased programs to help individuals transition out of poverty.  | <ul style="list-style-type: none"> <li>• Number of participants in Getting Ahead program; number of times Bridges Out of Poverty offered and number of participants.</li> </ul>  |
| More established affordable and supportive housing opportunities for socioeconomically disadvantaged persons.  | <ul style="list-style-type: none"> <li>• Review of number of units available through Lanark County Housing Corporation and other providers.</li> <li>• Statistics from Lanark County Housing and Homelessness Survey (2018).</li> </ul>            |
| Reduced calls and interactions for subsidies.  | <ul style="list-style-type: none"> <li>• Data from Lanark County Housing regarding number of people waiting or accessing subsidies.</li> </ul>   |

**TEAM**

**Team Leaders:**

Fraser Scantlebury (United Way Lanark County), John Fenik (Lanark County Warden/Perth Mayor), Julie Golding (Lanark County Social Services)

**Proposed Additional Team Members:**

Lanark Community Programs, Food Banks

## HOUSING

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### OVERVIEW

A great deal of work is currently underway thanks to the collective efforts of a number of front-line groups. The Lanark Consortium recently received funding from Youth CI, an initiative of the J.W. McConnell Family Foundation, Innoweave platform, and the Laidlaw Foundation, to proceed with a project to end youth homelessness in Lanark County. Lanark County Social Housing is making progress on its 10-Year Housing and Homelessness Plan, with consultations now underway to update the plan, and partners routinely network through the Lanark County Housing Coalition. Lanark County is the site for a By-Name List pilot program coordinated by Cornerstone Landing to track youth homelessness. Cornerstone Landing Youth Services continues its efforts to reduce youth homelessness in Lanark County. Lanark County Interval House and community partners are developing second-stage housing to support women and their children who have fled abusive situation and are working toward a future free of violence. Housing First has been identified as a key priority for improving health and is a consideration for board to board-level work for the LHIN sub-regions.

Across all sectors, the need for specific types of affordable or emergency housing were repeatedly identified. Current homelessness strategy is to get away from shelters and move toward the “housing first” model. Emergency response provisions currently in place include housing people in domiciliary hostels and hotels for short stays, and then assisting them to look for housing. From 8:30 a.m. to 4 p.m. Lanark County Social Services responds to situations (emergencies such as fires as well as homelessness). After hours, Lanark County Victim Services is contacted. Reducing stigma around housing and some cultural norms was also identified as a consideration.

Lanark County Social Services reports Developmental Services Ontario will, in future, be receiving 24/7 calls and contracting with communities with respect to homelessness in developmental services. Mills Community Support is developing a model around its new supportive housing complexes to host a crisis response for homeless individuals who are developmentally disabled.

### IDENTIFIED ISSUES

1. **End homelessness in Lanark County (youth and adults)**
2. **Supported and/or affordable housing hard-to-place individuals (e.g. addictions, offenders, transitional, pregnant teens, disabled individuals)**
3. **Access to emergency needs for victims**
4. **Reduce utility costs to increase affordability**
5. **Making landlords accountable for unsafe, substandard housing**

### BACKGROUND

#### 1. **End homelessness in Lanark County (youth and adults)**

It is important to support work of Lanark County, the Lanark Consortium (multiple partners), Cornerstone Landing, the Housing Coalition and other groups to drive forward steps in Lanark County with a unified approach in order to make a collective impact. Assessing the local implications and opportunities of the new National Housing Strategy will be a key factor. A new Portable Housing

Benefit provided through Lanark County Social Services may open some doors to housing more individuals.

**2. Supported and/or affordable housing hard-to-place individuals (e.g. addictions, offenders, transitional, pregnant teens)**

Lanark County Social Housing indicates the current trend is to move away from emergency shelters in favour of supportive housing. Lanark County Social Services indicates a shelter (“Stay”) previously located in the county did not get a lot of uptake during its existence. A need for supported housing – longer-term housing situations for vulnerable groups experiencing homelessness on a regular basis – has been identified as a need. A provincial housing task force is looking at creative housing options for developmentally disabled (invest in people, not structures). The county is encouraging the practice of taking rent-geared-to-income units and giving them to specific segments, such as Lanark County Mental Health. The county is the landlord, but LCMH can provide supports. “Intentional communities” are also encouraged, where space is built that includes socialization and supports, providing a place for residents to go during the day (e.g. Five Arches in Mississippi Mills, where different activities are offered every day and there is a mix of residents – mostly seniors – and units are about 50/50 – rent-geared-to-income and market). A Swedish model incorporates youth (e.g. university students) and seniors and is reported to work well. Victims of domestic violence are a mandated priority for housing. Lanark County Interval House is embarking upon a small second-stage housing project to support women transitioning from the shelter and re-integrating into the community. This sort of model has been identified as a need for youth as well. Other sections of this plan identify needs for supportive housing for specific clientele.

With the Susan Shirley program (supportive housing for pregnant teens) ending, there may be a gap for this type of supportive housing. Family and Children’s Services reports it can open a non-protection file and can offer support to the expectant mother, including connecting with services, parenting sessions, etc., but because there is no child the involvement is voluntary and the expectant mother can decide whether she wants to continue with FCS. In addition, FCS can only connect the families with the available services in the community.

**3. Access to emergency needs for victims**

Agencies have reported a need to access emergency temporary funding so that longer-term solutions can be looked at either through temporary apartment shelters for individuals or families (free for an average 21-day stay) or through hotel vouchers paid for through social services. There is one “mental health bed” for Lanark County located at Shardon Manor that is for temporary use. Agencies also make use of hotels in Carleton Place for back up. Lanark County Mental Health also has a rent supplement program to offset rent costs.

A sub-group of the Youth Collective Impact project is looking at other communities to determine what they are doing in terms of temporary shelter in emergency situations. There has been some discussions about churches taking turns offering shelter to individuals.

**4. Reduce utility costs to increase affordability**

Lanark County Social Services has goals related to environmental sustainability in its social housing

units. The province has given money for upgrades for efficiency, such as converting from electric to natural gas, and there are programs for private homeowners and renovations.

The regional community services groups that compiled “Invest in Rural Resiliency: Address Poverty,” calls for action on reducing utility costs beyond the reforms and subsidies that currently exist. It also noted that Ontario’s homelessness prevention program provides assistance for oil, electricity and propane, but not necessarily for wood used as fuel. Wood can often be cut and split by individuals, unless they become ill or elderly and need to purchase it. In some cases, individuals may not have access to adequate utilities and may go to public spaces to use Internet and to bathe. Electricity may be used for heating and to run water and septic systems, which creates problems if it is unaffordable.

**5. Making landlords accountable for unsafe, substandard housing**

Many individuals living unsafe, substandard housing need the courage to advocate for better housing, and landlords need to be held accountable for these situations. Involving the Legal Clinic could be a catalyst for tenants getting the courage to advocate.

| <b>ACTIONS</b>   |
|--|
| <p><b><i>Social Development</i></b></p> <ul style="list-style-type: none"> <li>• Support efforts through promotion and partners to establish partnerships with private market using subsidies; educate property owners on some of the opportunities available (e.g. higher asset levels) for social housing.</li> <li>• Liaise with Lanark Consortium, Housing Coalition, Lanark County Social Services and other partners regarding their plans (e.g. 10-Year Housing and Homelessness Plan) and support where possible (see Priorities and Strategic Objectives outlined in Housing and Homelessness Plan).</li> <li>• Explore opportunities and support partners in efforts to establish/enhance/increase supported housing models for various vulnerable populations (e.g. mental health, addictions, offenders, disabled, youth at risk and victims of domestic violence).</li> <li>• Support partners in efforts to establish second-stage housing model for vulnerable populations, such as victims of domestic violence and youth needing transitional support.</li> <li>• Provide education to landlords and other stakeholders to encourage sensitivity around cultural norms where larger family units live together.</li> <li>• Support partners in identifying, implementing and/or promoting early intervention strategies for youth and Housing First models to reduce chronic homelessness.</li> </ul> |
| <p><b><i>Prevention</i></b></p> <ul style="list-style-type: none"> <li>• Increase awareness of and enhance programs to support renovations that would improve energy efficiency for homeowners, thereby reducing utility costs (including wood) and preventing risk of homelessness.</li> <li>• Strengthen advocacy efforts to help people experiencing unsafe, substandard housing; develop strategy to make landlords accountable for these situations.</li> <li>• Inventory needs in vulnerable neighbourhoods (e.g. hostels, social housing) and augment wraparound supports in order to reduce risk of individuals losing housing; increase safety and efficiencies for workers by collaborating to visit at same time.</li> </ul>  |
| <p><b><i>Risk Intervention</i></b></p> <ul style="list-style-type: none"> <li>• Create or provide supports for males (offenders, addicted) in need of supportive housing to avoid sending out of the community.</li> </ul>   |

### **Emergency Response**

- Inventory and promote availability to agencies/first responders of assistance for immediate emergency housing issues; emergency safe housing, e.g. hostel beds for overnight for people who cannot afford hotel. Support partners in efforts to find solutions for temporary emergency shelter needs.

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>   |
|---|--|
| Reduced rates of homelessness in Lanark County/Smiths Falls by working with partners and private sector.                            | <ul style="list-style-type: none"> <li>• Data from Lanark County Housing and Homelessness Survey (2018), Lanark County Social Housing reports, Cornerstone Landing (by name list) and Lanark County Interval House.</li> </ul>   |
| Increased access to supported and affordable housing for vulnerable populations.  | <ul style="list-style-type: none"> <li>• Statistics from Lanark County Interval House, Mills Community Support and provincial Developmental Services data.</li> <li>• Monitor housing/homelessness risk factor statistics at Lanark County Situation Table.</li> </ul>     |
| Inventory and greater awareness of emergency supports and housing for victims/people in crisis while awaiting longer-term supports. | <ul style="list-style-type: none"> <li>• Annual updates/survey regarding knowledge of resources available; check with range of sources and planning tables.</li> </ul>   |
| Advocacy for reduced utility costs and increased awareness of programs for energy efficiency.                                       | <ul style="list-style-type: none"> <li>• Number of applicants to County energy efficiency/home renovation programs.</li> </ul>   |
| Engaged landlords in improving unsafe, substandard housing and improved education on cultural norms.                                | <ul style="list-style-type: none"> <li>• Monitor local municipal data on complaints regarding property standards.</li> </ul>   |
| Early intervention strategies developed to reduce chronic homelessness.   | <ul style="list-style-type: none"> <li>• Number of programs/participants at youth centres and through other partners (Youth Collective Impact, etc.)</li> <li>• Data from Lanark County Housing Corporation Tenant Services worker re: referrals/interventions.</li> </ul> |
| Inventory of needs in vulnerable neighbourhoods to improve wraparound supports.   | <ul style="list-style-type: none"> <li>• Data from police regarding vulnerable neighbourhoods (high calls for service).</li> <li>• Data from emergency departments regarding visits from vulnerable neighbourhoods.</li> </ul>   |

### **TEAM**

#### **Team Leaders:**

Fraser Scantlebury (Lanark County United Way), John Fenik (Lanark County Warden/Perth Mayor), Julie Golding (Lanark County Social Services, Amber MacDonald (Lanark County Victim Services)

#### **Proposed Additional Team Members:**

Lanark County Interval House, Mills Community Support, Cornerstone Landing

## TRANSPORTATION

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### OVERVIEW

A lack of affordable and consistent rural transportation has been highlighted as a major concern in Lanark County. Transportation has been mentioned frequently during Lanark County Situation Table discussions as a tremendous barrier to services in Lanark County and Smiths Falls. In January 2016, the Lanark County Situation Table submitted a request to the Ministry of Community Safety and Correctional Services to add transportation and geographical isolation as study flags in the provincial risk-tracking database. They are defined as follows:

- *Transportation Issues: Insufficient/non-existent access to personal or public transportation in order to allow individual to access services or leave an undesirable situation*
- *Geographical isolation: Residing in a remote location with limited access to transportation, services, Internet, neighbours; increased possibility of victimization or self-harm*

In the spring of 2016, the Lanark County Situation Table circulated an online survey to its member agencies, other community groups, police services boards and local municipal councils to help gather information for this plan. In it, 83% of respondents identified transportation as a risk factor or local issue. It was among the top-ranking issues, along with alcohol abuse, mental health, health-related risks and poverty – all of which were higher than 80%. Geographic isolation scored 46%.

Clients on ODSP do not always receive funding for transportation. For example, transportation to mental health appointments is funded if it is not delivered by social workers. Prescriptions are required. Coverage for anger management sessions, as another example, may be funded depending on who administers the session. ODSP asks the client to get their health-care professional (doctor or psychiatrist, etc.) to send a letter to ODSP detailing they have prescribed treatment and will supervise the treatment and progress. At times, clients will request transportation to peer-led support groups. Those sessions are not covered, nor are such things as trips to the ODSP or Ontario Works offices or to and from parole meetings. Depending on the situation, this could result in a breach for a client.

Probation and Parole has identified that it is difficult to get full group sessions for such programs as addictions, anger management and anti-criminal thinking due to transportation issues. It also interferes with reporting, the Partner Assault Response program, and addictions counselling, and is one of the biggest issues around probation/parole compliance.

The *OPP Community Satisfaction Survey 2016, Lanark County Detachment* found that 18.1% of respondents consider transportation and/or isolation to be a barrier to their ability to access services in their municipality. Of that, significantly more respondents from the townships (26.6%) and Mississippi Mills (26.3%) found these to be barriers compared to Perth and Carleton Place (both 11%). Smiths Falls is not included in this survey.

In 2016, the county commissioned a study called “Rural Transportation Issues and Options: Final Report” by consultants Nelson Rogers and Robert Leitch. The Lanark County Transit Advisory Group was then created to review the findings of the report and to increase collaboration and coordination amongst various transportation stakeholders in an effort to enhance transit services. The terms of reference for TAG indicated the goal “is to provide local residents and visitors with the information that they need to

access safe, reliable and affordable access to public and community transportation options in the area, including those provided by Lanark Transportation Association (LTA), municipalities, health and social service agencies and community organizations.” The mandate was stated as follows:

- i) To form a structure for providing input and guidance into establishing the feasibility of developing additional transit options with lower price points within Lanark County;
- ii) Actively participate in the development, implementation and promotion of various project components, including:
  - a) the structure for a centralized website to link all available transit information for Lanark County, including on-going updates and maintenance, utilizing provincial gas tax funds;
  - b) Developing and implementing a Community-based Social Marketing Campaign;
- iii) Share information with partnership members and to help ensure the effective delivery, enhancement and increase of transportation services in the county;
- iv) Explore opportunities for enhanced and increased coordination and collaboration.

The final report noted the lack of transportation options in rural areas is a serious problem.

“Transportation issues contribute to the exodus of youth, job-related challenges for both employers and employees, and have negative impacts on the health and well-being of seniors and people with disabilities or health issues.” Rogers and Leitch suggested creating the working group, as well as:

- Reduce the demand for transportation by facilitating active transportation and by using a service-to-people rather than people-to-service approach
- Coordinate transportation information to facilitate access by users and to help providers avoid duplication or identify gaps
- Use state-of-the-art technologies to facilitate coordination and promotion of transportation resources and options, and the development of new models
- Investigate the feasibility of a public transit system through a deeper examination of current systems in relevant contexts, and alliances with key organizations with compatible mandates

The county’s Transit Advisory Group met several times and heard from several stakeholder delegations. It held its final meeting on Jan. 17, 2018 and concluded:

- transportation is a number one challenge
- there is a duplication of similar services in a silo approach
- transit options are not well publicized
- Lanark Transportation Association is willing to review its mandate to increase transit opportunities
- More funds may be available through the provincial gas tax funding with increased ridership
- There is a need to improve communication between transit providers inside Lanark County
- Smiths Falls is interested in being involved
- Some OC Transpo routes service Lanark County

Several recommendations were submitted to the Lanark County Economic Development Committee, including:

- Communications: Publicize existing transit options through a print and social media campaign; community engagement/education

- Conduct a fixed route pilot project (Lanark Transportation Association is working with local municipalities to trial fixed routes through Lanark Highlands, Tay Valley Township and Perth and Carleton Place starting in mid-February 2018)
- Establish a permanent Transit Committee
- Develop ridership (there is an opportunity to apply for and hire an intern through the Eastern Ontario Development Program for this)
- Investigate technology-based/dynamic solutions (determine eligibility of gas tax funds for pilot, apply for Community Transportation Grant Program, work with Innisfil staff to determine how their Uber system has been working)

These recommendations were approved at the Economic Development Committee meeting on Jan. 24, 2018 and were approved at Lanark County Council on Feb. 14, 2018. The motion also asks the striking committee to develop terms of reference for a transit committee and that \$25,000 of provincial gas tax funding be used to support the recommendations.

The “Lanark County Vital Signs 2017” report completed by the Perth and District Community Foundation identified a lack of adequate transportation as a primary issue. Vital Signs is “a community check-up conducted by community foundations across Canada that measures the vitality of our communities and identifies significant trends in a range of areas critical to quality of life.” It found the lack of regional public transportation affects access to services, education and employment, particularly in a rural setting and for youth, seniors and people with low or fixed incomes. Thirty-one per cent of respondents to the Vital Signs survey noted transportation is a challenge that makes it difficult to enjoy a good quality of life.

## ***IDENTIFIED ISSUES***

### **1. Affordable transportation**

## ***BACKGROUND***

### **1. Affordable transportation**

Agencies from across all sectors have highlighted the need for transportation solutions for individuals who do not have access or who may not have funding through Ontario Disability Support Program or Ontario Works for specific non-medical transportation needs. An example is creating service agreements with Lanark Transportation Association to subsidize individuals who need to attend mental health support groups (it can be difficult to get a letter from a doctor or nurse if an individual doesn’t have a general practitioner or is not in receipt of ODSP; ODSP reimburses some mileage to appointments). Other examples might include transportation for housebound individuals needing groceries or offenders needing to attend probation appointments. Stakeholders indicate affordable transportation for medical appointments is also a challenge. Once a person turns 65 and transfers from ODSP to the Canada Pension Plan, transportation costs are not covered. Lanark Transportation Association charges \$100 for a trip to Ottawa. For individuals on an eight-week course of radiation the cost is \$5,000 and the Cancer Society has a limited number of volunteer drivers. The regional group of community service providers that compiled “Invest in Rural Resiliency: Address Poverty,” calls upon the province to fund rural transportation.



| <b>ACTIONS</b>  |
|---|
| <p><b>Social Development</b></p> <ul style="list-style-type: none"> <li>• Monitor the activities of the Transportation Advisory Group (or the Lanark County Transit Committee slated to replace it) and provide collaborative support for recommendations where appropriate/feasible.</li> <li>• Work with Transportation Advisory Group/Transit Committee to inventory and/or promote existing services that may alleviate transportation issues, i.e. volunteer drivers, peer support transportation programs.</li> </ul>   |
| <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Establish multi-agency community wellness clinics that rotates to a new community on a weekly basis (e.g. Perth, Smiths Falls, Carleton Place, Almonte, Lanark) or build upon existing hubs/community health centres that include access to services such as mental health, addictions, a doctor or nurse practitioner, Ontario Works/Ontario Disability Support Program, probation, an elder. Consider hours of operation that are not 8 a.m. to 4 p.m. Monday to Friday in order to increase accessibility.</li> <li>• Increase capacity for home visits for isolated people or facilitate technology for remote appointments.</li> </ul> |
| <p><b>Risk Intervention</b></p> <ul style="list-style-type: none"> <li>• Explore possibility of reincarnating the “mobile bus” for clinic purposes (work with hospitals and other agencies to identify “hot spots” where a clinic may be used to reduce need for ER visits/transportation).</li> <li>• Clarify and communicate to agencies/referrers what gets funded by Ontario Works and Ontario Disability Support program for referrals to transportation and who can do the referral.</li> </ul>   |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>  |
|--|---|
| ➤ Increased awareness of affordable transportation options.  | • Number of interactions on Lanark County website (transportation section) and other media. |
| ➤ Increased access to affordable transportation.   | • Reports from Lanark County Transportation Steering Committee; community surveys.          |
| ➤ Established multi-agency rotating clinic to bring services to clients.                               | • Number of clinics held annually; number of clients served.                                |
| ➤ Increased wellness clinics, co-located services and home visits for isolated/vulnerable populations. | • Number of referrals/visits conducted by Community Paramedic program.                      |

**TEAM**

**Team Leaders:**

John Fenik (Lanark County Warden/Perth Mayor), Julie Golding (Lanark County Social Services)

**Proposed Additional Team Members:**

Lanark County Transportation Steering Committee (representative), Lanark County Paramedic Service

## HEALTH & WELL-BEING

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### OVERVIEW

A wide range of suggestions came from across all sectors in terms of programs and service that would enhance the quality of life in Lanark County and Smiths Falls and tie in with the social determinants of health. Many have been encompassed already in other parts of this plan. Here are some additional specific items.

Oral health care is an important part of health and well-being. It assists with mental health in terms of self-esteem and has been shown to increase confidence for seeking employment. Lanark County Social Services can sometimes provide funding for dentures (grant dependant). Lanark Planning Council has advocated for more oral health supports from the province.

Age barriers have been identified as an issue. Some individuals need senior services before they are eligible at age 65.

One of this community's most vulnerable populations is the developmentally disabled. In Ontario, the Developmental Services sector is responding to recommendations in the Ombudsman's report to improve service navigation in the province. "Community Networks of Specialized Care: Refreshed Mandate Implementing Planning" outlines changes coming that will improve service navigation and create a person-centred approach. Additionally, the "High Cost Users of Health Care Among Adults with Developmental Disabilities: Summary Report" outlines how the Ministry of Health and Long-Term Care, the Local Health Integration Networks and Community Health Links "have worked to identify patients with multiple complex chronic conditions and mental health issues who use a significant amount of health care resources. These patients are sometimes referred to as 'high cost users' or high-needs patients and are the primary focus or target population of Health Links." The project examined the proportion of adults with developmental disabilities who might fall into the target population of Health Links, based on total costs and found approximately 20% of adults with developmental disabilities fell in the top 5% category of health care users – disproportionately representing in the high-cost users category. The project concluded Health Links would be relevant "to a substantial subgroup of adults with developmental disabilities (as many as one in five), who incur significant health-care costs," and encouraged closer collaboration between the Health Links and Developmental Services sectors.

Minister of Community and Social Services Helena Jaczek provided her "Minister's Six-Month Report Back to the Ombudsman of Ontario Regarding Situations of Crisis Involving Adults with Developmental Disabilities" on Feb. 24, 2017. (The Ombudsman's report was released Aug. 24, 2016.) The ministry is working towards a "person-centred approach to service delivery." This includes:

- Targeting new solutions to finding safe and affordable housing (LifeShare pilot campaign, Housing Task Force projects, multi-year residential strategy, Intentional Community Consortium, Housing Forum)
- Making it easier to access benefits through a simplified application processes
- Improving safety and security of adults with developmental disabilities with the launch of ReportON, a 24/7 direct phone and email service for reporting suspected or witnessed abuse or neglect

- Partnering with other ministries, particularly MOHLTC, “to find longer-term residential solutions, especially for those with urgent and complete care needs.” (Guidelines were to be released in Spring 2018 to help support adults with developmental disabilities when applying for and/or transitioning to long-term care.)
- Hiring 40 new mental health court support workers for provincial court houses that will specialize in helping persons with developmental disabilities and/or dual diagnosis who are in conflict with the law to be transitioned from the justice system to more appropriate services
- More work is needed to assist individuals with developmental disabilities who are living in inappropriate settings; still too many people not receiving services and supports they need

Increasingly, there has been an interest by many local agencies to take a trauma-informed approach to the care they provide and the interactions they have with clients. References to increased trauma-informed care training and approaches appear in other sections of this plan. There are examples of other communities in North America and elsewhere who have worked to become “trauma-informed communities,” which serves to increase community well-being. Open Doors for Lanark Children and Youth has expressed a strong desire to pursue this.

Rideau Tay Health Link indicates the Ministry of Health has committed to expanding the number of allied health professionals working with primary care for the Perth and Smiths Falls area. This would lead to the development of Inter-Professional Care Teams.

## **IDENTIFIED ISSUES**

1. **Enhancing community health care**
2. **Improved oral health supports for low-income individuals**
3. **Supports for individuals with developmental disabilities in crisis situations**
4. **Supports for Hep C/HIV**
5. **Individuals with chronic care needs facing isolation, caregiver burnout, lack of family support, domestic violence, sometimes challenges to connect people with family physicians**
6. **LHIN boundaries dictating service delivery**
7. **Reducing social isolation**
8. **Long-term care residents who are not 65 are sometimes unable to access services, but are not eligible for community access now that they live in a long-term care home**

## **BACKGROUND**

### **1. Enhancing community health care**

Given previous references to the rural nature of Lanark County and the corresponding geographic challenges in terms of transportation, isolation and access to technology, some solutions have pointed to the need to bring the service to people where they live. This could include anything from enhancing opportunities for home visits to rotating community wellness clinics and telemedicine opportunities. A new Community Paramedic Program through the Lanark County Paramedic Service was piloted in Fall 2017 and conducted home visits and clinics. Efforts to enhance care should consider the deprivation index – public health mapping that demonstrates that those who are most deprived have a life expectancy that is 10 years less than others. This takes into account the disparity

between chronological and biological age. As well, with Health Link and Patients First legislation there are issues of equity. When services are being reviewed it should be done through an equity lens.

## **2. Improved oral health supports for low-income individuals**

The Lanark Planning Council has been proactive in supporting efforts to improve oral health for low-income individuals, and some programs are in place at community health centres and through Ontario Works and ODSP. Increased funding for oral health supports through community health centres helps to support mental wellness and increases confidence in terms of employment/education efforts.

## **3. Supports for individuals with developmental disabilities in crisis situations**

Agencies are meeting to begin the conversation about crisis response to clients with respect to a new housing initiative submitted by the Mills Community Support Corporation through the Home for Good recommendations to the Ministry of Housing on August 17, 2017. The conversation is about sharing available human resources to respond to crisis situations for folks who need more support than what is provided at domiciliary hostels or independent living. This is something that comes up when police or other social services professionals respond to situations where someone with a developmental disability can't go home, and the person cannot reasonably stay in a hostel or a hotel without supports.

## **4. Supports for Hep C/HIV**

The health unit is already working on early identification for high-risk populations and will be offering testing through a needle exchange program; some testing done already through sexual health programs, which are offered at all health unit sites and high schools. Hep C treatment is becoming better. Clinics are for high-risk people, but no one is turned away.

Ontario Works clients are referred to the HARS office in Kingston, but a worker comes to the community to meet with clients (at their homes or wherever), which reduces stigma. An increased awareness of services and sexual health clinics would be helpful.

## **5. Individuals with chronic care needs facing isolation, caregiver burnout, lack of family support, domestic violence, sometimes challenges to connect people with family physicians**

Bill 41 (Patients First) may change this – and availability of local doctors is better than it was. The “Lanark County Vital Signs 2017” report indicates the percentage of people without a family physician in 2015 in Lanark County is far lower than provincial and federal averages: 3.7% in Lanark County, 17.5% in Ontario and 14.9% in Canada. Rideau-Tay Health Link indicates it is well positioned in terms of patients looking for a family doctor, however a number of physicians with large practices are nearing retirement. In November 2017, the Health Force Ontario website at <https://hfojobs.healthforceontario.ca/en/list/?c=226&d=&j=&p=1&pt=&t=7> had listed two postings for a family physician in Smiths Falls and three in Perth.

Health Link reports a “Caregiver Support Index” is monitored through Community Support Services if people are accessing that, and many people have no support. This increases pressure on hospice services and volunteers. Volunteers are becoming limited, and Health Link indicates there is a need

to recognize the value of volunteers and support them, for example by paying mileage. The volunteer shortage is linked to an aging population and older people having to work longer. As more funding is cut, more agencies are recruiting volunteers and they are spread too thin, which is not sustainable. If connectivity improves, then connecting people through technology might help with isolation issues.

#### **6. LHIN boundaries dictating service delivery**

Many agencies and individuals have reported roadblocks around care being denied or services being limited based on LHIN boundaries. An example is pediatrics, where some children have been sent to Kingston instead of CHEO, despite the fact specialized programs are not always comparable.

A memorandum from Ontario’s LHINs on April 26, 2017 to Health Service Providers outlines “Health Service Providers obligations to insured residents of Ontario.” It points to the boundary issue and states: “We would like to remind you that the *Local Health System Integration Act, 2006* ensures that LHIN geographic areas do not limit insured residents from receiving care from a health service provider in another LHIN: ‘The people of Ontario and their government...confirm that access to health services will not be limited to the geographic area of the local health integration network in which an Ontarian lives....’ The South East and Champlain LHINs have adopted this as policy, represented in agreements with providers within our respective geographic areas. It is not permissible for providers to restrict or refuse the provision of health care services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario. The only acceptable constraint on access to care is based on patient acuity and other medical factors, as appropriate. While there may be circumstances where the changing of referral patterns or market share is appropriate, the process by which this occurs should be open and transparent, in consultation with your communities and affected stakeholders.”

#### **7. Reducing social isolation**

Socialization is important for overall health. Food is a way to bring people together, therefore reducing social isolation. Drop-in locations are very limited in a communities. Having more places where people can gather and making them accessible for various ages to have a place to go was identified. Projects such as Men’s Sheds is an example. The hub model could be helpful for this concept.

#### **8. Long-term care residents who are not 65 are sometimes unable to access services, but are not eligible for community access now that they live in a long-term care home**

A need for services for younger residents with aggressive behaviour was identified, as well as needing to improve lengthy wait lists for acute psychiatric care. Transportation for seniors with mobility issues is limited and costly. Clarification is required on whether individuals can continue community services once they are in a long-term care home. Education is needed so staff know resources are available. The outcome should be that services should be available to all residents regardless of age or where they live.

| <b>ACTIONS</b>  |
|---|
| <b>Social Development</b> <ul style="list-style-type: none"><li>• Monitor and liaise with Developmental Service Services Service Provider Group and support local efforts to enhance delivery of developmental services where appropriate and feasible.</li></ul> |

- Inventory need and support community efforts for doctor recruitment to alleviate challenge of connecting people with family physicians.
- Support Eastern Ontario Wardens' Caucus and municipal efforts to increase rural connectivity in order to facilitate service connection through technology.
- Inventory and promote existing programs that may help to reduce social isolation; identify gaps in communities and demographics where additional programs/drop-ins could be beneficial.
- Inventory needs and improve accessibility, where necessary, to supports for clients under 65 (e.g. early strokes, early dementia, brain injury). Provide education to agencies/long-term care staff about services that are available to clients under age 65, even when in long-term care homes.
- Explore, with multi-agency partners, opportunities to become a trauma-informed community.
- Review all health planning from an equity lens.

### **Prevention**

- Establish multi-agency community wellness clinic that rotates to a new community on a weekly basis (e.g. Perth, Smiths Falls, Carleton Place, Almonte, Lanark) and includes access to services such as mental health, addictions, a doctor or nurse practitioner, Ontario Works/Ontario Disability Support Program, probation, an elder. Consider hours of operation that are not 8 a.m. to 4 p.m. Monday to Friday in order to increase accessibility.
- Support Lanark County Paramedic Service's Community Paramedic pilot program and explore increased collaboration and partnerships; support efforts for a common approach to the program no matter which LHIN is funding it.
- Increase awareness of services and sexual health clinics related to Hep C and HIV.
- Continue to implement 211 communication strategy with United Way Lanark County, including promotion of 211 to local agencies and other social services providers in Lanark County and Smiths Falls to encourage them to enter/update their records (including any 24-hour contact information); promote 211 to police services boards and municipalities and outline effort to encourage appropriate use of 211 instead of 911 in effort to reduce unnecessary calls to 911 and, therefore, costs associated with calls for service; provide presentations to OPP and Smiths Falls Police Service and other agencies to encourage use of 211 to connect people to appropriate services. Encourage 211 and Health Line (for LHINs) to share information so agencies only have to provide updates once.
- Work on education/awareness with health service providers re: LHIN boundaries memorandum.
- Support enhancement of activities (through general practitioners, nurse practitioners, relevant agencies) to assist with early identification of isolation, caregiver burnout, lack of family support, domestic violence and referral to appropriate services.
- Develop or enhance volunteer recruitment and retention strategies to support agencies that rely on volunteers.

### **Risk Intervention**

- Agencies create plan to share human resources in situations when a person with developmental disabilities is in crisis and cannot go home, but cannot reasonably stay in a hostel or hotel without supports.
- Develop coordinated care plans in order to share complex stories between service providers and reduce numbers of admissions to hospital.

### **Emergency Response**

- Identify complex-care individuals at ER and refer to appropriate agencies.

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>   |
|---|--|
| Increased access to services and supports for vulnerable populations/isolated individuals, including caregivers (e.g. multi-agency rotating clinic, community paramedic program), and earlier intervention mechanisms in place. | <ul style="list-style-type: none"> <li>• Survey agencies regarding who is assessing caregiver burnout and what supports exist.</li> <li>• Monitor number of clinics/programs in place</li> </ul>                                     |
| Increased supports for individuals with developmental disabilities in crisis situations.  | <ul style="list-style-type: none"> <li>• Track referrals and outcomes through Urgent Response process with Developmental Services Consolidated Information System and Developmental Services multi-year planning process.</li> </ul> |
| Improved clarity regarding LHIN boundaries and service delivery and improved coordination around planning.  | <ul style="list-style-type: none"> <li>• Monitor activities of Collaborative Governance group</li> </ul>   |
| Increased promotion and access to existing programs to reduce social isolation and additional gaps identified.  | <ul style="list-style-type: none"> <li>• Monitor number of programs available to reduce social isolation</li> </ul>  |
| Improved understanding of and access to services for long-term care residents who are not 65.   | <ul style="list-style-type: none"> <li>• Survey or continue to monitor need to inform of alternatives</li> </ul>   |
| Advocacy for improved rural connectivity.   | <ul style="list-style-type: none"> <li>• Monitor actions through work of Lanark County Council.</li> </ul>   |
| Increased awareness of service and sexual health clinics related to Hep C and HIV.  | <ul style="list-style-type: none"> <li>• Health Unit can provide data on Hep C and HIV clinic use and number of clients tested in community.</li> </ul>  |
| Increased awareness of available social programs through resource such as 211.  | <ul style="list-style-type: none"> <li>• Survey agencies regarding use of 211; monitor hits on Health Line and 211.</li> </ul>   |
| Increased volunteer recruitment and retention to support agencies.  | <ul style="list-style-type: none"> <li>• Survey of agencies</li> <li>•</li> </ul>  |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being.  | <ul style="list-style-type: none"> <li>• Survey of like-minded agencies to determine interest and progress on initiative.</li> </ul>   |

**TEAM**

**Team Leaders:**

Maureen McIntyre (Rideau Tay Health Link), Claire Farella (Lanark Leeds and Grenville District Health Unit)

**Proposed Additional Team Members:**

Sexual Assault/Domestic Violence Advisory Committee, Lanark County Developmental Services, Open Doors for Lanark Children and Youth

## DOMESTIC VIOLENCE AND SEXUAL ASSAULT

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### OVERVIEW

Rural domestic violence has long been identified as an issue of concern, with geographic and social isolation being part of the rural condition. Stopping domestic violence will rely on identifying and tackling the root causes, which can be generational and will take a long-term approach to resolve. Power, control, patriarchy, equality issues, employment realities, generational beliefs and culture are all factors to consider. Isolation, a lack of consequences, a lack of public knowledge, the nature of the justice system, stigma (including stigma of shelters), denial issues and mental health also play a role. Early education about healthy relationships, speaking up about violence, shifting attitudes and providing support through the justice system and beyond (for victims and offenders) will contribute to change.

Lanark County OPP raised the alarm in 2014 when data showed a high incidence of domestic violence occurring in rural parts of Lanark County. That year, one township with 9% of the population experienced 15% of the total domestic violence incidents reported. In five years from 2010 to 2015, there was a 52% increase in incidents, with a 23% increase between 2014 and 2015 alone. The *OPP Community Satisfaction Survey 2016, Lanark County Detachment* found that 30.5% of respondents indicated “yes” when asked if domestic violence is an issue in their community. Additionally, 20% identified child abuse and 18.8% identified sexual assault. There were variances in communities. For domestic violence, Carleton Place was 42.3%, Perth was 23.6% and Mississippi Mills was 21.5%. For child abuse, Carleton Place was 32.2%, Mississippi Mills was 14.6% and Perth was 12.9%. The survey does not include Smiths Falls.

At the Lanark County Situation Table, from December 2015 to December 2017 physical violence and emotional violence were the 8<sup>th</sup> and 13<sup>th</sup> highest risk categories respectively. Of 138 referrals in that time period, 12 were flagged as domestic violence, seven featured social isolation and three had geographic isolation as a study flag.

The Smiths Falls Police Service has a domestic violence/sexual assault coordinator and strives to hold offenders to their bail conditions. They also reach out to the Victim Witness Assistance Program and Lanark County Victim Services for help to support victims.

In 2016, a working group of individuals from Lanark, Lennox and Addington, and Leeds and Grenville counties came together in response to increased violence and murders in rural eastern Ontario. Four “Rural Forums” were held in 2017, which identified a number of actions and initiatives, including identify gaps in the justice system. The work has continued with “Beyond the Forums.” One of major projects of the group has been the “See it, Name it, Change it” campaign, which was officially launched in May 2017 and strives to help people understand what violence looks like (see it), to “name it” by speaking up, and then to undertake actions to “change it.” It is a multi-media campaign designed to start conversations, offer help and resources, educate about violence in relationships and encourage healthy alternatives for the community and its members. Lanark County Interval House alone fields more than 2,000 crisis calls annually and offers direct support to more than 450 women and children. Ontario Provincial Police statistics continue to show violence against women is a prominent issue.



Police and other agencies have become engaged in trauma-informed care opportunities offered in the community in 2017 and 2018 through agency partnerships. Dr. Lori Haskell, a clinical psychologist who has educated judges, Crown attorneys, police officers, psychiatrists, psychologists, social workers, nurses, service providers and community groups, has presented introductory information on trauma-informed care to more than 100 front-line service providers in Lanark County and Smiths Falls. More than 30 police officers have received the training.

## **IDENTIFIED ISSUES**

- 1. Address high rates of domestic violence in rural areas**
- 2. How to deal with issue of women who don't call for help**
- 3. Have Lanark County Social Services employees trained in DV so consistent info provided to victims navigating system.**
- 4. Identify and remedy gaps in court processes in domestic violence cases.**
- 5. Need for expanded Partner Assault Response (PAR) program.**
- 6. Support for male victims of sexual and domestic violence**

## **BACKGROUND**

### **1. Address high rates of domestic violence in rural areas**

Isolation, lack of Internet access, lack of affordable public transportation, issues relating to access to services/escape are all part of the issue, in addition to identifying and addressing root causes.

Agencies and victims have identified gaps related to emergency funding/homelessness; specifically related to victims attempting to flee a violent relationship or family.

Healthy relationships programs/curriculum has been repeatedly identified as a necessary approach to shifting attitudes about domestic and other violence. Lanark County Victim Services refers to a U.K. study on emotional intelligence and curriculum in primary grades that helped to reduce aggression. It has also been working in Leeds County to offer education on domestic violence, trauma, sexual assault, safety and mental health (coping and anxiety) in high schools through the LINK program, which is a mentoring program between Grade 12 and Grade 9 students. They would like to expand this to Lanark County. Beyond the Forums is currently working to enhance its See it, Name it, Change it campaign and to target specific groups for distribution. It is also working with school board representatives on related curriculum.

Support for offenders involved in domestic violence is necessary in order to break the cycle. Some have witnessed it in their own homes as children. Greater access to the Partner Assault Response Program (or a similar program) has been identified as a need. An increase in the amount of lethal violence was identified as a concern to be addressed, as was a need for more education around the issue of strangulation.

### **2. How to deal with issue of women who don't call for help**

Interval House has highlighted the issue of encouraging women who need help to make the call. Reaching or identifying victims of domestic violence early, before it escalates to a risk intervention or emergency call, is key, and a long-term focus on healthy relationships has been identified as a way to achieve this. In some serious local cases of domestic violence, victims and/or perpetrators were not known to police or agencies prior to it escalating to an emergency response.

**3. Have Lanark County Social Services employees trained in domestic violence so consistent info provided to victims navigating system.**

This is currently underway as a result of the work of the Beyond the Forums.

**4. Identify and remedy gaps in court processes in domestic violence cases.**

A focus group with four victims of domestic violence identified areas where further discussion with partners could take place, including processes around video statements and 9-11 calls replayed in court (preparation, particularly support for children, and privacy concerns); improvements to physical environments in police stations; approaches around breaches and restraining orders (enforceability); safety in courthouses – physical environment and procedures; ensuring ample time to complete crisis counselling sessions through victim services; the safety audit process (resources and training, including compassion training); trauma-informed training for police and justice partners; importance of same-gender officers; understanding of what evidence victims need to present to police about breaches; clarification about Victim Witness Assistance Program services that are available (court procedures); and follow-up with victims when a perpetrator released. (More detail and Actions are included in the “Justice” section.) Other concerns raised include women not being represented by legal counsel through the court process, abusers self-representing and therefore questioning the victim, as well as issues related to requests for bail reviews by victims.

**5. Need for expanded Partner Assault Response (PAR) program**

This program has limitations because it is funded through the Ministry of the Attorney General and certain criteria need to be met. Agencies report there have been many cuts to the PAR program over last couple of years, and that there is cumbersome reporting, strict components that make it difficult to keep clients. There is also a fee for participating and transportation to the program is a frequent issue. Developing a similar program that would be more frequently/widely available and would allow for self-referrals was highlighted by agencies as desirable. Increasing services for offenders could reduce recidivism and help to break the cycle of domestic violence. Some community health centres and other agencies may offer healthy relationship programs that are open to everyone.

**6. Support for male victims of sexual and domestic violence**

Local agencies have identified a need to increase awareness about the prevalence of sexual victimization and domestic violence against men and boys and to learn where to access help. A workshop in 2016 highlighted a gap in support for male victims of sexual abuse. Studies have found long-term traumatic effects from abuse are damaging for either sex, but males may be further damaged by society’s reluctance to accept their victimization and insistence that they “tough it out.” It highlighted the fact childhood sexual abuse is a crime of opportunity, and boys can be vulnerable since parents sometimes see them as free from risk. Predators develop a relationship (grooming) to make their victim feel special. It’s important to dispel myths about male sexual victimization and raise awareness of responses to it and available help. Lanark County Victim Services reports they receive a number of referrals of male victims of domestic violence and that there is an elevated amount of stigma related to reporting this, as well as finding a safe place for males to stay to escape domestic violence.

## **ACTIONS**

### ***Social Development***

- Take a long-term approach to tackling domestic violence through embedding healthy relationship curriculum in schools (e.g. Grade 7/8) and other venues, such as youth centres. Promote education through formal and informal processes. Increase awareness of what domestic violence looks like and how to safely stop it (See it, Name it, Change it campaign). A long-term approach may help to address issue of women not calling. Support Beyond the Forums work to enhance education for specific groups, including after-school/at-risk groups, and curriculum for schools.
- Create training curriculum with a focus on service providers, politicians and businesses; continue to expand See it, Name it, Change it campaign; target locations where people wait.
- Continue to liaise with Beyond the Forums.
- Advocate for Unified Family Court and designated Superior Court Judge for Lanark County

### ***Prevention***

- Work with police to examine completed domestic violence cases from start to finish to determine gaps and possible improvements; work with courts to identify specific gaps in system and work to enhance/promote existing domestic violence program and Victim Witness Assistance Program.
- Follow up on recommendations from domestic violence focus group and discuss possible solutions with partners.
- Continue to conduct focus groups with survivors and include police in an effort to improve experiences; use survivor film (Lanark County Interval House) as an education tool.
- Increase education and promote services to first responders, health service providers and agencies (e.g. Healthy Babies workers) for early identification of domestic violence and increased connection to services.
- Raise awareness around male sexual victimization and domestic violence to reduce stigma, dispel myths and improve responses.

### ***Risk Intervention***

- Inventory and promote any existing programs and/or collaborate with relevant agencies to determine capacity to develop a PAR-like program that would be offered more frequently, would allow for self-referrals and would alleviate transportation issues.
- Work with police and Crown to explore domestic violence diversion campaign – e.g. everyone charged with domestic violence within a certain period of time goes to a program and then charges withdrawn.
- Continue to support efforts to train Lanark County Social Services staff in domestic violence so consistent information provided to victims navigating system.
- Increase education opportunities around trauma-informed care, strangulation and domestic violence for agencies, first responders and health service providers.
- Raise awareness of available help for male sexual victimization and domestic violence; including safe housing options.

### ***Emergency Response***

- Increase opportunities for trauma-informed care training for first responders and agencies

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  |
|---|---|
| Create, promote and deliver healthy relationship curriculum and training and educational materials to begin to break intergenerational cycle of violence and consider various opportunities, such as festivals, events, faith groups and related conferences. | <ul style="list-style-type: none"> <li>Track number of school and community visits provided by various agencies (e.g. Lanark County Victim Services and LINK program, OPP, Smiths Falls Police Service, Lanark County Interval House, etc.)</li> </ul>  |
| Increased awareness of existing programs through justice system for domestic violence victims and identify and remedy gaps in order to improve outcomes.  | <ul style="list-style-type: none"> <li>Conduct surveys and focus groups with victims for follow up.</li> <li>Track number of bail review requests and outcomes for women involved with Lanark County Interval House.</li> <li>Monitor outcomes and changes in the regional review collaboration process as implemented by the OPP; track the number of Lanark County-based reviews and survey the committee on effective outcomes.</li> </ul> |
| Increased awareness of early indicators of domestic violence and earlier referrals to supports for victims.   | <ul style="list-style-type: none"> <li>Track number of individuals at referring agencies who have received information related to supports for domestic violence (e.g. through distribution of brochures).</li> <li>Track number of locations where educational materials are distributed and quantities distributed.</li> </ul>  |
| Increased awareness and promotion of existing partner-assault programs/anger management and/or development of programs/campaigns to increase self-referrals by offenders or potential offenders.  | <ul style="list-style-type: none"> <li>Track number of self-referrals to partner-assault programs.</li> </ul>   |
| Continued domestic violence and trauma-informed care training for relevant agencies and service providers.  | <ul style="list-style-type: none"> <li>Track number of trainings provided and number of participants/participating agencies.</li> </ul>   |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being.  | <ul style="list-style-type: none"> <li>Survey of like-minded agencies to determine interest and progress on initiatives.</li> </ul>   |
| Increased awareness of issues around male sexual victimization to reduce stigma, and promotion of available services.   | <ul style="list-style-type: none"> <li>Monitor LCVS and SADV statistics on male victims reporting violence and sexual abuse.</li> </ul>   |

**TEAM**

**Team Leaders:**

Erin Lee (Lanark County Interval House), Insp. Derek Needham (Lanark County OPP), Amber MacDonald (Lanark County Victim Services)

**Proposed Additional Team Members:**

Sexual Assault/Domestic Violence Advisory Committee, Open Doors for Lanark Children and Youth

## **YOUTH AND FAMILIES**

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### **OVERVIEW**

The family is consistently identified as a starting point for remedying issues around social disorder. Ideally, a wrap-around approach for a family in crisis is taken. Many sections have already pointed to strategies that would benefit families, and this section highlights some specific issues.

Transportation to programs has been identified as an issue by numerous agencies. Transportation has been highlighted as a separate section to address this overall problem.

Housing-related issues for youth and families have been identified in the Housing section of this report.

The *OPP Community Satisfaction Survey 2016, Lanark County Detachment* found few respondents (2.7%) feel youth gangs are a problem in their community, however youth gathering on the streets scored 10.1%, drugs in schools was 43.1%, violence in schools was 16.7% and a lack of youth programs or activities was 40.5%. The survey identified that the problem of youth gathering in the streets was more predominant in Carleton Place over the rest of the county (the survey does not include Smiths Falls). The lack of youth activities/programs ranked as follows: Mississippi Mills, 52.3%; Lanark County (townships), 45.6%; Carleton Place, 42.3% and Perth, 23.3%. It should be noted a youth centre has been revived in Mississippi Mills since this survey was conducted. As well, the overall number for lack of youth activities/programs has dropped from 51.3% in 2013 to 40.5% in 2016.

Statistics presented to Mississippi Mills in early 2018 show a drop in “trouble with youth” interactions with Lanark County OPP since the Mississippi Mills Youth Centre opened in late 2016. In 2016 there were 106 offences compared to 66 in 2017.

### **IDENTIFIED ISSUES**

- 1. Increased supports for youth through schools, including drug treatment/mental health counsellors in high schools**
- 2. Work with youth and local post-secondary institutions to establish training that takes less time for jobs in high demand; particularly for those who want to stay in communities with supports**
- 3. Sustainable funding for youth centres**
- 4. Mitigating issues for families with custody issues/parental alienation**
- 5. Inconsistency in delivery of Family and Children’s Services programs due to large service area**
- 6. Awareness of literacy programs**
- 7. Supports for at-risk, low-income families; cutbacks for parenting programs**
- 8. Establish a social planning council**
- 9. Assist vulnerable youth with employment readiness**

### **BACKGROUND**

- 1. Increased supports for youth through schools, including drug treatment/mental health counsellors in high schools**

Agencies have identified concerns about a lack of respite and residential services for high-needs children and families, wait lists for children’s hospital outpatient services and addiction services, and a need for specialized medical supports for high-risk children.

School workers noted some youth do not want to disclose appointments to their parents, which then creates transportation issues due to a lack of local offices for service providers. There is a need for after-school access to agencies (without parental consent students cannot be released from school). Pregnancy, homelessness, free drug/alcohol treatment, life-skills/employment-readiness, LGBTQ and gender-identity programs have all been identified as needs. Ontario Works has Employment Transition Workers and Learning Earning and Parenting (LEAP) staff in schools to address Ontario Works-related matters. This allows for students to address financial/employment-related concerns without having to leave their school. Lanark County Victim Services and the Upper Canada District School Board are working to have a worker in Lanark County and Smiths Falls high schools at least once per week.

School workers also report seeing kids spiralling at home and at school due to mental health issues; at home adults are struggling with mental health and addictions, which calls for a wrap-around approach.

Lanark County Social Services indicates there are transportation issues for T.R. Leger students in Mississippi Mills seeking credit programs because Almonte only has non-credit program available.

OPP and Smiths Falls Police Service have both undertaken efforts to present information in schools and to the general public related to human trafficking. Information around reducing victimization from cyber and/or technology-enabled crime is also being delivered in schools.

## **2. Work with youth and local post-secondary institutions to establish training that takes less time for jobs in high demand; particularly for those who want to stay in communities with supports**

Ontario Works indicates some clients have expressed a desire for schooling, but they are seeking local programs that would keep them at home and close to supports. They are also seeking programs that can be completed quickly and offer the best employment opportunities and good wages.

## **3. Sustainable funding for youth centres**

Sustainable funding for staffing has long been identified as a need for youth centres. In 2016/2017, two local youth centres experienced serious financial difficulties and their closure, however both have since re-opened in various formats. Executive director positions enable youth centres to coordinate efforts and to seek grant opportunities. Lanark County has contributed funding for ED positions for several years. The issue of a coordinated approach to staffing (e.g. a single coordinator for all centres) has been raised at Lanark County Council. The Lanark Consortium, as part of its Youth Collective Impact project, is exploring social enterprise opportunities that would lead to sustainable funding for youth centres and efforts to end youth homelessness. It is also developing prevention programs that, ideally, would be offered on weekends to expand operating hours for youth centres. This would alleviate the issue of no weekend programming at youth centres in Lanark County.

Currently youth centres only operate out of the five largest communities in Lanark County/Smiths Falls. There are few programs (except in Beckwith Township) and no transportation for youth outside of those communities. If parents don't drive, the youth can't access after-school programs that are funded, in part, by the province. In late 2017/early 2018 the province will be renegotiating contracts for after-school program delivery. Currently, the Youth Action Committee in Perth holds the contract for Perth and Smiths Falls, and Lanark Highlands Youth Centre holds the contract for Glen Tay and

Lanark Village. Supporting these groups to advocate for expanded program delivery across the county would be good.

The importance of youth centres and other activities for young people is heightened by the fact more children may be at home for extended periods of time after school with intermediate students finishing as early as 2 p.m., compounded by the fact many parents commute to work in Ottawa.

#### **4. Mitigating issues for families with custody issues/parental alienation**

Custody issues are frequently being raised in de-identified discussions at the Lanark County Situation Table, although there is currently no mechanism to track this as a risk factor or study flag. This stressor on families can create mental health and domestic violence consequences. Family and Children's Services notes not all custody cases are protection cases; it is only a child protection issue when a parent is not addressing a need. FCS states parents can be proactive with supporting children, but they also need support during a separation. A new FCS reporting system, to be in place in Fall 2017, includes a code for "custody." Affordability of lawyers to assist with getting court orders that have clear parameters can also be an issue for families.

#### **5. Inconsistency in delivery of Family and Children's Services programs due to large service area**

Family and Children's Services has identified it has a large area to serve (Lanark, Leeds and Grenville), which creates a lack of consistency in services as well as funding issues. Mandate restrictions around ages 16 to 17 created difficulties, however, new provincial legislation has changed the protection age from 16 to 18, which provides opportunities for FCS to extend services to that age group if individuals agree to it. FCS notes there may be an engagement issue because that age group tends to not want to work with FCS.

FCS encourages more education with key stakeholders to emphasize that child protection is everyone's job. This would create understanding about what everyone's roles and responsibilities are, as well as reporting when there is an issue. FCS's job is to make sure children are safe, and they are only removed if that's the only option to keep a child safe. Once a child is in the system, it is hard to find a permanent plan for the child (family-finding exercise for kids who have aged out of the system). FCS has a kin family program, but there is not the same level of support in Ontario for kin families as there is for foster care. Not every family needs the support, but some do and some don't want to ask due to stigma. (British Columbia offers support for kin families.) If families can support one another without FCS, encourage this to keep FCS out of the scenario. FCS points to a need for 24/7 children's mental health support, clarity around tertiary support and a need for FCS to be included in discharge plans (with no discharges on weekends because it is harder to access local services and supports).

#### **6. Awareness of literacy programs**

Lanark County Social Services assists and supports care providers, etc. on how learning happens and participates in a literacy group in Lanark County, which has a goal to promote literacy for adults. Literacy also includes financial literacy and life skills. The Ontario Works program gives out free books in waiting rooms and the literacy group collects data, for example, on how many Ontario Works clients go to post-secondary or high school. Data collection on adults is also needed, particularly

when making funding requests. The Adult Literacy and Training Centre in Smiths Falls helps parents with literacy issues to learn to read to their children. The Table has worked with the centre.

### **7. Supports for at-risk, low-income families; cutbacks for parenting programs**

Programs to support at-risk, low-income families often face staff-retention and program-supply issues due to lack of funding. Other identified issues include a need for child care when parents are participating in programs and a need for programs specific to fathers – there is a lack of systemic supports for fathers and a need for predictors for domestic violence.

Among parenting programs that are available through the health unit and other agencies are Healthy Babies; Triple P Parenting, which offers parenting support and highlights different ways to use one’s own resources, e.g. teen seminars and parents get peer support and tips to try; Best Start; speech and language (may be under-utilized due to demographics/affluence issues). The health unit identifies a gap in that not all of its programs are available across its entire district. The Table offers programs for families around nutrition and cooking.

### **8. Establish a social planning council**

The issue of the need for a social planning council has been raised several times, particularly by the Lanark County Planning Council, which has a mandate to serve children and youth. This body would bring relevant agencies together to address issues related to all age groups, similar to the work of the planning council.

### **9. Assist vulnerable youth with employment readiness**

Life Skills programs have been offered here in the past, but there are difficulties associated with funding and some of the parameters of the program. The program helps youth acquire skills needed to prepare for employment. Other hurdles have included mental health issues around boundaries – being able to separate personal life from work life. The Youth Collective Impact project includes an employment and skills training component.

| <b>ACTIONS</b>   |
|--|
| <p><b>Social Development</b></p> <ul style="list-style-type: none"><li>• Advocate for resources to reduce wait lists for children’s hospital outpatient and addiction services.</li><li>• Establish or increase mental health supports specific to gender identity for youth.</li><li>• Continue advocacy and collaboration through mechanisms such as the Lanark County Planning Council to determine existing programs, needs and opportunities for efficiencies and opportunities for funding. Encourage collaboration among businesses, service clubs and other non-profits; joint funding applications for collective impact.</li><li>• Establish a centre for sexual diversity.</li><li>• Establish child protection committees that include Family and Children’s Services, education, police and health (nurses and doctors) for training in order to provide greater understanding of the system. Should consist of new employee training and another for managers to communicate issues and gaps.</li><li>• Research models and advocate for mandated longer-term post-natal visits to help identify risks and needs for families.</li></ul> |



- Establish greater support for kin families (relatives who are looking after children who are not their own, e.g. grandparents).
- Enhance services for 16- to 17-year-old age range that are between mandates; funding supports for those not eligible for ODSP and not covered under FCS mandate.
- Determine availability of specialized medical supports for high-risk children and enhance where necessary.
- Assess need for and/or re-establish a home for pregnant teens supported and run by multiple agencies.
- Enhance life skills and employment readiness programs for youth who are beginning to deal with their barriers.
- Work with Algonquin College, other post-secondary institutions and local employers to determine additional local program/training possibilities and local labour demands.
- Evaluate possibility of increased collaboration for youth centres in Lanark County and Smiths Falls to reduce costs and increase sustainability, including coordinated data collection and reporting of shared outcomes between youth centres.
- Establish a social planning council to collaborate/network on issues for all ages.
- Support Youth Collective Impact (Lanark Consortium) efforts to establish life skills programming.
- Support efforts of local youth centres to expand after-school program delivery across the county.
- Ensure care teams are working from a patient-centred approach when coming together to assist families in need.
- Educate and engage parents about opportunities available for family-focused activities (recreation, sports, arts, etc.)

### **Prevention**

- Determine funding sources/supports for youth with developmental disabilities who do not qualify for Developmental Services Ontario funding.
- Increase access (offices) for local service providers throughout the county, including after-school access for students who cannot be released from school without parental consent.
- Establish court-ordered preventive measures for families when custody issues are filed with the court, including a checklist to provide supports whether there is a need or not. Establish a multi-disciplinary team that could facilitate topics such as financial, legal and mental health.
- Education to reduce stigma against youth centres and clientele.
- Home visits by various service providers for isolated families/lack of affordable transportation (especially if service is a requirement by Family and Children's Services).
- Improve wait lists for children's mental health; more infant and children mental health programs that are easily accessible.
- Develop or increase/enhance respite programs and support groups for families, e.g. parenting programs; single parent respite support.
- Inventory and promote existing programs for youth to alleviate issue of children at home alone after school for longer periods; identify gaps if they exist.
- Increase awareness of supports available to assist families undergoing family breakdown through schools and in community to improve wraparound supports.
- Seek collaboration with other agencies, such as school boards, to inventory and assess parenting needs/concerns/issues in the community.

**Risk Intervention**

- Enhance support services for youth who are victims of bullying, harassment, sexual violence, dating violence and sexual exploitation; preferably housed in high schools to assist with accessing community services.
- Address localized substance use issues in schools; free drug/alcohol treatment for youth.
- Establish or enhance early identification efforts in schools and other agencies to get help for whole family in order to help children.
- Determine safety resources for youth aged 16 to 18 that FCS does not support when home environments are not safe.
- Begin and/or continue to track circumstances when custody issues are a risk factor.
- Continue referrals to situation table/interventions.
- Through Lanark County Planning Council or a Social Planning Council, monitor the issue of school closures and the concept of small rural schools keeping children connected with their community and supports.

**Emergency Response**

- Enhance and/or promote respite services.
- Emergency safe housing – after hour/weekend-related (inventory what is available and share information with first responders/relevant agencies).

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   |
|--|--|
| Increased resources and access to (and/or promotion and education of existing ones) for children’s hospital outpatient and addiction services, mental health supports related to gender identity for youth, supports/respite for families with high-needs children (including developmental disabilities), programs for pregnant teens, programs for life skills/employment readiness and needs; supports for victims of bullying and other violence/exploitation, awareness and availability of emergency safe housing. | <ul style="list-style-type: none"> <li>• Track number of visits to Lanark County Victim Services worker embedded in high schools compared to current call-as-needed baseline.</li> <li>• Analyse survey data from school boards to determine if increased awareness of and access to services.</li> <li>• Number of youth who receive workforce-readiness/work skills training.</li> </ul> |
| Increased collaboration and planning related to youth and families to improve funding opportunities, collective impact and earlier crisis intervention.  | <ul style="list-style-type: none"> <li>• Number and scope of new partnerships between youth-serving organizations.</li> </ul>  |
| Increased child advocacy through child protection initiatives related to system training for agencies, support for kin families, court-related prevention measures around custody, development of child advocacy centre.   | <ul style="list-style-type: none"> <li>• Track referrals to child advocacy centre when developed</li> </ul>  |
| All community schools kept open or repurposed as community hubs.   | <ul style="list-style-type: none"> <li>• Track number of rural schools being slated for closure and responses to the issue.</li> </ul>   |
| Earlier identification of parenting support needs through existing or expanded programs, along with enhanced promotion of existing programs.   | <ul style="list-style-type: none"> <li>• Track number of referrals to programs in community.</li> </ul>  |

|  |   |
|--|---|
| Increased sustainability, efficiencies and shared programming for youth centres. | <ul style="list-style-type: none"> <li>• Number of new formal partnerships among youth centres and with other community organizations.</li> </ul> |
|--|---|

## **TEAM**

### **Team Leaders:**

Rob Currier (Upper Canada District School Board), Jeff Kohl (Youth Action Committee), Amber MacDonald (Lanark County Victim Services)

### **Proposed Additional Team Members:**

Transitional Aged Youth, Executive Directors of Lanark County/Smiths Falls Youth Centres, Open Doors for Lanark Children and Youth, Lanark County Community Justice, Family and Children’s Services, Catholic District School Board of Eastern Ontario, Lanark County Children’s Services, Cornerstone Landing

## SENIORS

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### OVERVIEW

There are currently numerous programs available to help support seniors in the community prior to them transitioning to supportive housing or long-term care, but some services are under-utilized or there is confusion about LHIN boundaries, etc. Caregiver burnout, isolation and financial instability are all real concerns for the senior population.

Transportation to services has been highlighted for this sector as well. Opportunities to bring services to isolated seniors should be considered.

The United Way in Ottawa is proposing a vulnerability index to identify seniors who are most at risk and those most in need of social services as the number of people over age 65 is expected to double by 2031. A story in the *Ottawa Citizen* notes that “while most are better off financially than ever before, a growing number will find their senior years to be ones of poverty, loneliness and social need.” A report commissioned by the United Way states some groups (e.g. women, caregivers, the LGTQ and disabled) may face particular hardships as they age, and a vulnerability index would identify them sooner and target them for service. This is known in health care as “upstreaming.” With Ontario encouraging seniors to live on their own for as long as possible, this places added strain on caregivers. Caregivers are often spouses who also may have medical problems.

Lanark County Situation Table data shows individuals ages 60 and up have been involved in 5.1% of referrals from December 2015 to October 2017. In that time period, the top risk categories for men were mental health, self-harm, suicide and basic needs. For women, the categories were criminal involvement, mental health, physical health, self-harm and suicide.

### IDENTIFIED ISSUES

1. Funding for community and primary health care to move towards prevention
2. Isolation/lack of family supports/caregiver respite
3. Elder abuse

### BACKGROUND

#### 1. Funding for community and primary health care to move towards prevention

Agencies have identified restrictive government mandates and gaps as issues, as well as wait times for senior supports, such as SMILE, physiotherapy, long-term care, Alzheimer’s program, housekeeping and mental health. Some services, such as SMILE, are only located in one LHIN, which points to a need for advocacy around LHIN boundaries and service provision in a region. As well, agencies indicate no new long-term care beds are being added locally. Transportation and affordability are issues, including utilities and food. Increased advocacy for seniors who are navigating the system would be beneficial.

Recruitment for qualified staff in long-term care homes was identified as an issue. Lanark County Paramedic Service has indicated it may be able to partner to provide certain supports for long-term

care homes. Rideau Tay Health Link reports the creation of integration teams and assisted living programs for rural areas is in progress.

## **2. Isolation/lack of family supports/caregiver respite**

Geographic and social isolation in a rural community have been identified as local issues, and agencies have highlighted the increasing need for volunteers and supports when there is a lack of family supports. Caregiver burnout is becoming an increasing issue. Well-being checks through a community paramedic program or wellness clinics could help to alleviate this.

Lanark County Social Services notes there is a homemakers program that provides homemaking services for people who already have services through the LHIN (formerly the Community Care Access Centre), but that people need to be made aware that services exist. There are also hostels for seniors with subsidized veteran home spots, but there are lots of empty spots and no wait list, which could indicate a lack of awareness.

The regional group of community services providers that is working to address poverty (“Invest in rural resiliency: Address Poverty”) notes an increasing number of seniors living in rural communities. “They may have lived there all their lives, downsized or moved from the city to their cottage.” They highlight an increasing number of widowed seniors are finding a single income may not cover basic needs. “The increasing stress of this poverty can cause or mask mental health problems, which may go unnoticed by service providers due to the clients’ isolation. When they are noticed, multiple health conditions often require expensive treatment and sometimes hospitalization.”

Mills Community Support has been seeking funding support for a project to assist vulnerable seniors in Lanark County by connecting them to existing services and reducing isolation. It is a networking program that would see, for example, an able senior connected to another through volunteers. Lanark County OPP would assist by offering training and education related to elder abuse and preventing fraud against seniors.

## **3. Elder abuse**

Charges do not have to be laid to access support for elder abuse and domestic violence. Police don’t have to be involved. The key is to get people out of abusive relationships. Lanark County Victim Services aims to connect people appropriate resources when they are victims of elder abuse and to promote education about fraud and elder abuse at such locations as nursing homes and banks, with a focus on educating and empowering seniors. There is a need to address stigma as people often don’t report elder abuse due to shame. There are many vulnerabilities that expose elders to abuse. Local police services boards are often proactive in education for seniors (and others) about fraud. It can be difficult to reach senior women living in abusive situations due to isolation.

The *OPP Community Satisfaction Survey 2016, Lanark County Detachment* found that 16.6% of respondents indicated “yes” when asked if elder abuse is a problem in their community. Respondents were also asked if they consider victimization of the elderly from crimes such as telemarketing fraud and property repair scams to be a problem, and 75.4% said yes. Additionally, 71.7% indicated they were “very satisfied” or “satisfied” with OPP efforts to prevent these crimes.

Lanark County OPP has engaged community partners to help disseminate relevant materials to seniors groups around elder abuse and has conducted fraud awareness seminars in various communities. The detachment's 2017-2019 Action Plan highlights continued participation in relevant education and awareness campaigns. The Smiths Falls Police Service also conducted public education for seniors, including residents and staff in long-term care homes, related to fraud and elder abuse.

#### 4. Poverty and housing for seniors

Financial instability and a lack of affordable housing suitable for seniors have been identified as issues in the community. Financial instability/poverty can increase risk of health-related issues.

| <b>ACTIONS</b>  |
|---|
| <p><b><i>Social Development</i></b></p> <ul style="list-style-type: none"> <li>• Advocacy and collaborative efforts to increase funding and the number of long-term care beds.</li> <li>• Enhanced support for existing services to reduce waiting lists for seniors.</li> <li>• Adequate funding to allow agencies to offer services proactively and to keep seniors out of crisis.</li> <li>• Increased funding for Breathe Well Live Well COPD program running in Perth and Smiths Falls.</li> <li>• Take inventory of affordable social programming for seniors to reduce isolation and any affordable transportation to programs (ensuring transportation options adequately address mobility issues). Enhance and promote programs as needed.</li> <li>• Improved funding for employment programs for older adults (e.g. New Directions program).</li> <li>• Establish an elderly valuing program.</li> <li>• Support efforts by Mills Community Support to reduce isolation for vulnerable seniors in Lanark County.</li> <li>• Support and enhance efforts by community agencies and first responders to identify, prevent and reduce stigma around elder abuse.</li> </ul> |
| <p><b><i>Prevention</i></b></p> <ul style="list-style-type: none"> <li>• Identify opportunities to enhance education and services to keep seniors at home longer (without increasing burden on caregivers).</li> <li>• Increase education about available programs for seniors and navigating LHIN (formerly CCAC).</li> <li>• Support efforts for a program of wellness checks (community paramedicine) or wellness clinics.</li> <li>• Establish program of volunteers to conduct phone-call check-ins with isolated seniors/those with lack of family supports.</li> <li>• Liaise with United Way and support efforts to bring senior vulnerability index to Lanark County in order to intervene earlier and flag issues, including (but not limited to) poverty and housing.</li> <li>• Identify and implement ways to prevent or alleviate caregiver burnout (early intervention)</li> <li>• Determine scope of staff recruitment and retention issues in long-term care homes and support partners in efforts to improve.</li> <li>• Connect more seniors to financial literacy for seniors programs (e.g. after a spouse passes away).</li> </ul>                            |
| <p><b><i>Risk Intervention</i></b></p> <ul style="list-style-type: none"> <li>• Continue referrals to situation table/interventions; connections with Health Links.</li> <li>• Enhance advocacy for seniors navigating supports/long-term care (perhaps as part of vulnerability index).</li> <li>• Encourage partner agencies to refer vulnerable seniors to existing programs (e.g. Mills Community Support project, Lanark Community Programs, Community and Primary Health Care, Lanark County Home Support Services) in order to reduce isolation and prevention escalation of crisis.</li> </ul>  |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>  |
|--|---|
| Advocacy and collaboration to address funding issues related to community and primary health care, including increased affordable long-term care beds and supports for seniors.  | <ul style="list-style-type: none"> <li>• Monitor activities of LHIN Collaborative Governance Group</li> </ul>   |
| Increased education around existing programs to reduce social isolation for seniors and enhancements where needed, including caregiver supports and elder abuse prevention initiatives.  | <ul style="list-style-type: none"> <li>• Monitor number of programs available to reduce social isolation.</li> <li>• Survey on the topic of caregiver burnout.</li> <li>• Statistics on attendance at elder abuse prevention programs by Lanark County Victim Services and partners.</li> </ul> |
| Established program of wellness checks for seniors (community paramedicine) and early interventions for vulnerable seniors, including increased input from Geriatric Psychiatry Outreach Program at the Royal Ottawa with respect to community outreach to seniors and long-term care homes. | <ul style="list-style-type: none"> <li>• Referrals through community paramedicine program.</li> <li>• Monitor referrals to Geriatric Psychiatry Outreach Program.</li> </ul>  |

**TEAM**

**Team Leaders:**

Fraser Scantlebury (Lanark County United Way), Amber MacDonald (Lanark County Victim Services)

**Proposed Additional Team Members:**

Health Links, Long-term Care representation, Senior Groups

## **JUSTICE**

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### **OVERVIEW**

Strides are being made towards an upgraded court facility for Lanark County in Perth. A committee of justice partners and leaders has formed to move the issue forward.

Discussion with victims of domestic violence and justice partners have begun in an effort to identify possible gaps. There is a dedicated domestic violence program here with a dedicated Crown Attorney, established protocols by the Ministry of the Attorney General and court processes, but a desire for Unified Family Court and a dedicated Superior Court Justice has been identified.

Lanark County is one of 10 sites in province with the Bail Safety Program, which coordinates a response with the Crown's office, bail and police.

The Victim/Witness Assistance Program began as a pilot project in 2003 in Perth and helps to support victims and witnesses through the court process. VWAP gets referrals and tries to contact the victim before bail happens.

There is also an early-resolution program in Lanark County, which is an informal meeting with all involved parties and a Superior Court Justice to try to resolve, on an interim basis, issues surrounding a particular family. VWAP indicates this program is underutilized.

As well, the Lanark County Community Justice Program is well established and works with the restorative justice model, facilitating forums to bring victims and offenders together. It has also been working with schools and youth centres on conflict resolution, problem-solving and respectful communication.

### **IDENTIFIED ISSUES**

- 1. Youth released from custody with no housing**
- 2. Inadequate courthouse facility**
- 3. Police – helping people who refuse services offered**
- 4. Programs for women offenders**
- 5. Systemic discrimination of women, lack of true experience of justice for women**
- 6. Limited resources for individuals on probation**
- 7. Bail – supervision concerns**
- 8. Gangs in rural areas/human trafficking**
- 9. Access to prescriptions for health/mental health medications upon release from jail**
- 10. Supports for individuals with developmental disabilities**
- 11. Establish a Child Advocacy Centre**

### **BACKGROUND**

#### **1. Youth released from custody with no housing**

The Youth Criminal Justice Act does not allow for youth to be held in custody if they have nowhere to go. If a youth is released with a condition to find an address within 24 hours and is not allowed to return to his or her family, there is a risk of escalation or recidivism, particularly if the youth has no



financial resources. Justice partners are seeking consistency with Justices of the Peace in dealing with youth. Education for Crown Attorneys on the local housing situation (there isn't a shelter; sometimes nowhere to go) could help them to argue it in front of JPs. Education for JPs is more difficult because there isn't always consistency in who is sitting. Offer support for offenders and information on where they can get support.

## **2. Inadequate courthouse facility**

Some issues with the current facility include security concerns for staff and the public, accessibility, limited CCTV capabilities (which affects the court's ability to work within the Jordan ruling timeframes) and a lack of interviewing space. CCTV for complainants is only available in one courtroom and is costly.

## **3. Police – helping people who refuse services offered**

Police are seeking strategies on how to help people who refuse services. The provincial Community of Practice group for situation tables has noted successes related to asking "why" a person is refusing service, which may provide a clue for additional approaches to successful outcomes and service connections.

## **4. Programs for women offenders**

Probation reports women offenders are a small component of their client base and often require special programs, e.g. Elizabeth Fry.

## **5. Systemic discrimination of women, lack of true experience of justice for women**

Based on discussions with survivors of domestic violence, a number of suggestions were made that could be reviewed with justice partners to improve systemic experiences.

## **6. Limited resources for individuals on probation**

Probation indicates there are limited resources in the area, and resources do not always capture the extent of needs exhibited by the clientele. Affordable transportation has been highlighted as an issue. Youths age 16 to 17 fall between cracks for housing, financial assistance and some services due to mandates. A need for more probation officers so that more services can be offered here was indicated. In Ottawa, probation officers are able to offer programs for pre-contemplative offenders. Other identified gaps were a lack of family physicians and a need for parenting classes for younger offenders.

## **7. Bail – supervision concerns**

The John Howard Society bail program is focused on people who do not have supports in the community and, therefore, no surety. JHS provides support when there is an opportunity for them to be released. Clients are interviewed and have to understand their obligations and be willing to participate, and have no more than three convictions or breaches of any kind in the last five years. JHS meets clients in the cell block and verifies an address if possible or requests that they bring confirmation in writing to their first appointment. If they are held for a bail hearing the appointment is after the date and then they report to JHS. There are weekly supervision meetings. Transportation is again identified as a challenge. JHS strives to make sure clients know when their court dates are

and that they understand the conditions. The ministry wants to try to reduce breaches from not understanding strict bail conditions. Clients often have addictions, mental health, employment and family issues, and JHS works with them through the whole period of bail until the matter is done in court. JHS doesn't have the capacity to monitor individuals in communities (police do this). Normally if a person doesn't follow through, the surety is responsible. JHS is not penalized if there is a breach. They aim to keep the person attending court and understanding conditions and making connections to supports to break the cycle. JHS does assessment and referral to counselling – it's voluntary and can't be a condition of bail. JHS indicates its procedure is that if an appointment is missed, they are contacted by phone and sent a letter; if they miss a second appointment they are reported in breach. If they are not residing where they say they are then they are reported on that, too.

Supervision is a big concern in this large geographic area. When an individual has a surety, the Crown usually requests that the individual reside with the surety, has no contact with victims, has a curfew, has no alcohol or drugs and does not operate a motor vehicle.

#### **8. Gangs in rural areas/human trafficking**

Lanark County Victim Services sees a need to gather information to assess what's actually happening in the area. They are working in high schools to raise awareness, as recruitment is high at the high school age. They are seeking to raise awareness at high schools, with police, in clinics and with service providers. Rural, naïve girls are a prime target due to financial insecurity and isolation, as are youth involved with Family and Children's Services and group homes (these homes are privatized – there are about six in Lanark County). A poor socio-economic environment and drug abuse can be incentives. Smiths Falls Police Service is actively involved in public education around human trafficking.

Local bike gang activity takes place here and does not appear to be a driver of human trafficking, but up-and-coming bike gangs might be.

#### **9. Access to prescriptions for health/mental health medications upon release from jail**

When offenders are released they usually must report to probation/parole within two days. Often they have limited supports/protective factors, such as funds or transportation, and they may not have access to funds until can meet with the Ontario Disability Support Program. While in custody they receive any needed prescription medications (e.g. chronic pain, anti-psychotic; sometimes they are diagnosed while in custody). Upon release they are not provided with a supply of the prescriptions, which can result in an elevated risk when they are in the community without their medications (harm to selves or others). There is a discharge planning process in place that often includes an ODSP appointment, but there is a concern it is not being followed. Probation indicates this is an issue with the institutions. A psychiatric health mobile group triages clients with a psychiatrist and psychologists, but frequency is an issue.

#### **10. Supports for individuals with developmental disabilities**

Developmental Services reports a higher frequency of developmentally disabled individuals in the sex and drug trades because they are seeking acceptance. Jail is not the answer; look at changing laws that send people to jail. In Lanark County there are about 220 in the DS system, but it is estimated

there are about 600 (six agencies). The concern is that gaps in the system are leading people with developmental disabilities into the justice system.

**11. Establish a child advocacy centre**

Open Doors for Lanark Children and Youth and a working group (Lanark County OPP, Family and Children’s Services, the Perth & Smiths Falls District Hospital, the Lanark County Situation Table and Lanark County Victim Services) completed a feasibility study and a proposal to the federal Department of Justice for the establishment of a Child and Youth Advocacy Centre in December 2017. These centres provide multi-disciplinary, seamless and collaborative approach to addressing needs of children and youth who are victims of sexual and physical abuse. Professionals, including police, child protection, medical, mental health, advocacy, Crown Attorney, victim support/court support and possibly others, would be part of a team that integrates a continuum of services including investigation, protection, victim support and/or advocacy, medical and mental health assessment and treatment, and follow-up care in a child-friendly environment. The feasibility study addresses various forms of such a centre (e.g. standalone entity, incorporation into existing agency or virtual/mobile without a physical location) and takes into account unique issues in Lanark County and Smiths Falls, such as a lack of public transportation and geographic isolation. The study puts the community in a better position to seek the funding for the development of a Lanark CYAC.

| <b>ACTIONS</b>   |
|--|
| <p><b><i>Social Development</i></b></p> <ul style="list-style-type: none"> <li>• Establish or enhance existing supports for offenders who have been victims of violence (including sexual and domestic). Consider more programs similar to Men’s Sheds.</li> <li>• Increase access to social supports, including general practitioners, for offenders in discharge planning to improve health and mental health (build capacity, increase number of probation officers for programming).</li> <li>• Advocate for Unified Family Court and a dedicated Superior Court judge for Lanark County.</li> <li>• Support partner efforts to develop a child advocacy centre for Lanark County and Smiths Falls.</li> </ul>   |
| <p><b><i>Prevention</i></b></p> <ul style="list-style-type: none"> <li>• Meet with justice partners to review suggestions from survivors of domestic violence on how to improve experiences in justice system.</li> <li>• Enhance services (and accessibility to them) for sexual offenders, such as psychiatry, psychologists, and cognitive services.</li> <li>• Establish support services for youth victimized by gang activity and other victimization supports; provide safety planning and supports and something specifically targeted to kids victimized by gang activity in the area and preventive in nature to start to address the gang issues.</li> <li>• Promote services available for victims of human trafficking and continue education to public, agencies and businesses about warning signs.</li> <li>• Ensure appropriate medication-related programs for offenders are set up upon discharge (confirm process in place and being followed).</li> <li>• Promote the early resolution program through court.</li> <li>• Improve connections to the Family Court Support Program to ensure awareness and availability.</li> </ul> |

### **Risk Intervention**

- Advocate for improved court facility in Lanark County (including CCTV courtrooms).
- Continue referrals to situation table and intervention efforts for those not accepting services (rapid intervention efforts).
- Enhance/promote existing court supports and system navigation services (i.e. VWAP).
- Encourage or enhance safety planning in the courthouse – volunteer in courtroom (circle of care – emotional support in courtroom, tours of courtroom).
- Implement/enhance door knocks and electronic monitoring as part of bail supervision.
- Support efforts to establish safe housing for offenders with supports.

### **Emergency Response**

- Emergency housing for youth with some type of supervision.
- Information sharing of offenders’ discharge plan to appropriate services.

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   |
|--|--|
| Increased education and/or enhancements around programs available to help male offenders who are victims of sexual assault or domestic violence.         | <ul style="list-style-type: none"> <li>• Inventory of programs available and number of program materials distributed.</li> <li>• Review annual reporting with stakeholders on activities in community.</li> </ul>  |
| Improved program capacity for probation officers to increase access to supports for offenders in discharge planning to improve health and mental health. | <ul style="list-style-type: none"> <li>• Track probation and parole funding for increases in staffing and/or programs to support offenders.</li> </ul>   |
| Advocacy for Unified Family Court, dedicated Superior Court Judge and improved courthouse facility in Lanark County.                                     | <ul style="list-style-type: none"> <li>• Track and monitor progress on these initiatives with stakeholders and local leadership.</li> </ul>  |
| Development of a child advocacy centre in Lanark County.   | <ul style="list-style-type: none"> <li>• Track progress on development of centre with stakeholders.</li> <li>• Number of referrals to Child Advocacy Centre.</li> </ul>  |
| Improved experiences in justice system for victims of domestic violence and increased education around supports currently available.                     | <ul style="list-style-type: none"> <li>• Lanark County Victim Services (when involved) and Victim Witness Assistance Program statistics regarding provision of services/information.</li> <li>• Survey of victims/survivors following justice system navigation.</li> <li>• Monitor number of hours available for court support for victims on an annual basis (LCIH in 2017/18 had 8.25 hours weekly).</li> </ul> |
| Established supports for youths victimized by gang activity.   | <ul style="list-style-type: none"> <li>• Track referrals to agencies by Smiths Falls Police and Lanark County OPP.</li> </ul>  |
| Established supports for victims of human trafficking.   | <ul style="list-style-type: none"> <li>• Track number of programs offered by Lanark County Victim Services and partners.</li> </ul>  |
| Improved bail supervision.   | <ul style="list-style-type: none"> <li>• Track compliance enforcement statistics (Smiths Falls Police Service).</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>Track number of bail condition breaches by accused and nature of supervision through police and probation and parole.</li> </ul> |
| Improved awareness of and/or access to appropriate housing for youth (17 and under) released from custody. | <ul style="list-style-type: none"> <li>Track number of youth released with no fixed address.</li> </ul>   |

**TEAM**

**Team Leaders:**

Insp. Derek Needham (Lanark County OPP), Deputy Chief Rick Labelle (Smiths Falls Police Service), Jamie Pearson (Adult Probation and Parole), Erin Lee (Lanark County Interval House)

**Proposed Additional Team Members:**

Lanark County Victim Services, Crown Attorney’s Office, Victim Witness Assistance Program, Youth Probation

## INDIGENOUS HEALTH AND WELL-BEING

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### OVERVIEW

Early settlers to what is now Lanark County encountered Algonquin people. Historical and settler accounts noted the Algonquin people they encountered helped the settlers learn to adapt to the harsher winters, find medicines and feed themselves from the land. The Algonquin nation never surrendered its lands or any rights through treaty. Elders, including the late Algonquin Chief and Officer of the Order of Canada William Commanda, brought wampum belts to Lanark County, and he shared his knowledge of the history of early settlement – a history where the Algonquin agreed to share the land based on respect for Algonquin law. This is based on natural law, or taking only what the land and water can give without destroying her capacity to fully renew for at least the next seven generations.

In 1763, King George III issued a proclamation initiating a process where First Nations lands could only be occupied through legitimate consent and with fair compensation. A year later the Treaty of Niagara was convened, attended by approximately 2,500 representatives of First Nations from much of the eastern half of the continent. After two months of meetings (respectful of Indigenous ceremonial protocols, languages and knowledge or wampum to describe treaties), there was agreement to respect Indigenous laws with the land and water and to work together. The great test of the relationship came when the British called upon the treaty to call Indigenous warriors to assist in the defence of the colony during the War of 1812. Indigenous warriors played a key role in defending what is now Canada from invasion. At the end of the war, the Pledge of the Crown belt and Article 9 of the Treaty of Ghent assured Indigenous peoples that their relationship and rights were to be honoured in perpetuity. Many of the settlers and some of the British Regulars who chose not to return to Britain settled Perth and area. Just north of Perth were lands included for protection under the Proclamation of 1763.

Algonquins were later marginalized and suffered similar impacts to other Indigenous peoples in Canada, including the impact of generations stolen from families, prevention from practising their culture, subjection to racism in local communities and being looked down upon as inferior peoples. This has contributed to mental health issues, other negative health impacts and has prevented Indigenous peoples from having opportunities enjoyed by the dominant society.

Other Indigenous peoples have come to this territory and have been impacted by much of the systemic discrimination many Indigenous peoples have experienced in Canada.

There are a number of entities in Lanark County that have been working on reconciliation activities in light of the Calls to Action put forward by the Truth and Reconciliation Commission, but there is still a long way to go and number of systemic gaps have been identified. Increasing opportunities to engage more community members on the knowledge of shared history was identified in previous years. Moving forward, providing additional, more-specific training to help agencies address Calls to Action from the Truth and Reconciliation Commission guided by the 10 principles will act as a stepping stone in addressing issues in health care, child welfare and police services for Indigenous peoples.

Although there are local Indigenous supports and initiatives in the community, increased awareness of Indigenous services and representation is important in moving forward.

## **IDENTIFIED ISSUES**

- 1. Lack of knowledge of shared history**
- 2. Lack of local Indigenous services**
- 3. Addressing Calls to Action from Truth and Reconciliation Commission**
- 4. Missing and Murdered Indigenous Women**

## **BACKGROUND**

### **1. Lack of knowledge of shared history**

A lack of knowledge of the shared history between Indigenous peoples and those who came after is considered to be an impediment to understanding the trauma and the healing that needs to occur in the relationship. A lack of understanding of the trauma experienced by generations of Indigenous people contributes to ongoing trauma. Efforts must be made to build capacity in order to work together.

### **2. Lack of local Indigenous services**

Agencies have identified issues and concerns around a lack of Indigenous services or inappropriate services for clients, as well as wait lists for services that are available. A need for supports for whole families was emphasized. Mental health and suicide among Indigenous populations were highlighted. Mental health, suicide and a concern that people are falling through the cracks were highlighted. Ensuring that first responders are aware of Indigenous services that are available is important. The serious issue of Indigenous youth suicide and its connection to racism has been highlighted.

Discussions amongst service providers and stakeholders have revealed a gap in understanding of shared history and the current reality of Indigenous people, reflecting a need for further education. This needs to be addressed through curriculum in schools as well as through training for stakeholders and the community. Family and Children's Services noted sometimes Indigenous children refuse a cultural program because they "do not want to look different." They also pointed to a need for more cultural education in foster homes.

Health Link indicates the Patients First legislation looks at increasing culturally appropriate services for Indigenous people and that the LHIN has started to fund online programs to train staff in cultural awareness. North Lanark Community Health Centre is working on identifying gaps in service and raising awareness of Indigenous services.

Probation notes a Native Institutional Liaison Officer program is in place in some institutions; there is a contract position at the Ottawa-Carleton Detention Centre. Once per week the worker offers a cultural education topic. It was suggested this type of program could be moved into the community, too.

Given the link between the outdoors and mental health, and the deep connection between Indigenous culture and the environment, opportunities exist to support ongoing local work and look for additional ways to create links, build relationships and encourage well-being and health, sustainable communities.

### 3. Addressing Calls to Action from Truth and Reconciliation Commission

The Truth and Reconciliation Commission of Canada (TRC) issued 94 Calls to Action guided by 10 principles of reconciliation. In 2015, in the TRC report it was stated: “in order to redress the legacy of residential schools and advance the process of Canadian reconciliation.” The Calls to Action are broken down into a number of areas, including:

- Legacy (Child Welfare, Education, Language and Culture, Health, Justice)
- Reconciliation (Canadian Governments and the United Nations Declaration on the Rights of Indigenous People, Royal Proclamation and Covenant of Reconciliation, Settlement Agreement Parties and the United Nations Declaration on the Rights of Indigenous Peoples, Equity for Aboriginal People in the Legal System, National Council for Reconciliation, Professional Development and Training for Public Servants, Church Apologies and Reconciliation, Education and Reconciliation, Youth Programs, Museums and Archives, Missing Children and Burial Information, National Centre for Truth and Reconciliation, Commemoration, Media and Reconciliation, Sports and Reconciliation, Business and Reconciliation, Newcomers to Canada)

Locally, some municipal councils and agencies have taken steps to begin the process of reconciliation through declarations and training/education, however, many opportunities exist to address the Calls to Action locally.

### 4. Missing and Murdered Indigenous Women

In a response to the federal inquiry, the OPP has taken a proactive approach and created information booklets that outline every case of current unsolved missing and murdered indigenous person (MMIP) in the province. The booklet gives an overview of both male and female MMIP and the steps currently taken by the OPP into each investigation. The books also include statistics, geographic locations of unsolved MMIP and photographs and identifiers of each person. The OPP is undertaking community outreach to bring awareness to this issue prior to any recommendations that might come as a result of the current inquiry. The booklet also contains contact information that the public can call in the event someone recognizes a person or has important information to share that might be useful in one of these unsolved cases.

General Headquarters is tracking this community outreach initiative. OPP can distribute booklets to relevant agencies (e.g. Interval House, group Homes, Lanark County Mental Health, Victim’s Services/VWAP and can meet with people. The booklets come in English, French, Algonquin and Ojibwa.

| <b>ACTIONS</b>  |
|---|
| <p><b>Social Development</b></p> <ul style="list-style-type: none"><li>• Work with community partners and municipalities to develop a strategy and work plan to implement Truth and Reconciliation Calls to Action that includes statements on appropriate protocols.</li><li>• Support OPP outreach efforts into Missing and Murdered Indigenous Women inquiry through information distribution.</li><li>• Collaborate to identify existing Indigenous (and other cultural) services in the county, gaps and possible connections to external services. Promote and share information.</li><li>• Ensure Indigenous-specific mental health services are available and accessible.</li></ul> |



- Work with school boards to build upon culturally responsive pedagogy is offered related to understanding Canada’s past specific to Indigenous issues.
- Provide opportunities in community for anti-oppression/anti-racism training and to increase understanding of residential schools and intergenerational trauma.
- Support work already happening on Indigenous mental health and the outdoors, and look for additional opportunities.
- Raise awareness about Indigenous system navigators for health care to include cultural considerations and protocol regarding youth in care and access to health-care services, for example.

**Prevention**

- Support efforts of regional collaboration working on addressing issues around children/youth in care (coming here from North). Support shared training and advocacy efforts.

**Risk Intervention**

- Increase awareness of Indigenous services available as part of situation table referrals.
- A strategic trauma-reduction strategy must include Calls to Action.

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>   |
|---|--|
| Increased understanding of shared history between Indigenous people and those who came after.   | <ul style="list-style-type: none"> <li>• Number of organizations that acknowledge Indigenous territory as part of their meeting protocol.</li> </ul>   |
| Completed strategy and work plan to implement Truth and Reconciliation Calls to Action and related protocols guided by the 10 principles of reconciliation. | <ul style="list-style-type: none"> <li>• Strategy, work plan and protocols completed.</li> </ul>   |
| Increased awareness and promotion of existing supports for Indigenous services, and enhanced supports where necessary.                                      | <ul style="list-style-type: none"> <li>• Analyse survey data in schools to determine awareness of supports.</li> <li>• Track the number of Indigenous women accessing support services as a result of domestic violence (LCIH, VWAP, LCVS).</li> <li>• Track outcomes and engagement via survey with Indigenous women related to experience and process.</li> <li>• Remain engaged in related honourings and activities related to violence against Indigenous women and girls (Sisters in Spirt, NAD, Red Dress project, etc.)</li> </ul> |

**TEAM**

**Team Leaders:**

Larry McDermott (Indigenous Representative)

**Proposed Additional Team Members:**

Local Indigenous Individuals and Groups, Lanark County Victim Services, Lanark County OPP, Smiths Falls Police Service, Lanark County Interval House, Upper Canada District School Board, Catholic District School Board of Eastern Ontario

## **CULTURE AND DIVERSITY (LGBTQ, RACISM, RADICALIZATION)**

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### **OVERVIEW**

Building upon initial work, in June 2017, two days of Anti-Oppression/Anti-Racism training were held for interested stakeholders, including agencies, police and municipal leaders. Increasing opportunities to engage more municipal leaders was identified for follow-up, as well as providing additional, more specific training to help agencies embed policy and practice into their activities.

Canada is not immune to violent extremism and radicalization, either in our country or Canadians acting abroad. Identifying risk factors that can lead to extremist behaviour and radicalization is important, as are developing strategies to help individuals heading on that path or preventing it outright.

Although there are some local supports in the community for the LGBTQ community, increased awareness of supports and greater accessibility is important. Transportation and access for isolated teens in rural communities is an issue, as is the ongoing stigma and the need for greater awareness, education and acceptance. The Community Issues Committee has been working to bring Safer Spaces training to the community and continues efforts to increase supports and training initiatives around prevention and intervention.

Reducing stigma can make it easier for individuals who need help to come forward or identify when they need support.

### **IDENTIFIED ISSUES**

- 1. Addressing stigma, discrimination, racism and bullying**
- 2. Rise in violent extremism; radicalization**
- 3. Increased French-language supports**
- 4. Need for a centre for gender and sexual diversity**
- 5. Supports for new Canadians**

### **BACKGROUND**

#### **1. Addressing stigma, discrimination, racism and bullying**

One of the takeaways from a “Journey to Truth and Reconciliation in Lanark County” event held at Camp Merrywood in September 2016, along with feedback from agencies in general, is the need for greater cultural awareness in a relatively homogenous community such as Lanark County.

Certain health issues have cultural considerations to take into account. For example, some cultures experience higher rates of specific health issues, such as Tuberculosis and certain cancers within the Inuit community. This can contribute to discrimination and stigma, and awareness needs to be raised.

Lanark County Victim Services can access the Victim Quick Response Program, which addresses a category of hate crimes and provides funding for repairs and/or counselling for individuals (not businesses).

Upper Canada District School Board conducted equity walks in 16 schools to identify areas of need and best practices regarding equity and inclusion. An Equity Action Plan was created for Ministry of Education.

Local police services (Lanark County OPP and Smiths Falls Police Service) conduct school programs on bullying.

## **2. Rise in violent extremism; radicalization**

In March 2017, Lanark County Situation Table representatives heard from OPP personnel working in Community Safety Services to assist with the Countering Violent Extremism Strategy. They outlined tools that exist to help identify when an individual might be radicalized and discussed available resources to help, pointing to a need for more. As Community Safety Services works on training materials on this topic, the Lanark County Situation Table indicated it would like to participate.

Information about root causes of radicalization would be beneficial for local agencies. Early identification of individuals who may be in need of supports, perhaps in schools or through faith groups, should be considered.

## **3. Increased French-language supports**

Agencies indicated there is a need for increased French-language supports in mental health counselling for adults and youth. Lanark County Victim Services and other agencies have access to translators 24 hours a day who can be brought in as a service.

## **4. Need for a centre for gender and sexual diversity**

Increased services to address gender and sexual diversity were highlighted. This is sometimes offered in schools. Many public schools are being encouraged to have Gay Straight Alliance groups; groups have been established at Glen Tay Public School and the public high schools in Almonte, Carleton Place, Perth and Smiths Falls. Local groups include Queer Connection Lanark and PFLAG. There are also faith groups and affirming churches that host rainbow Sabbath.

Probation notes policies exist to help probation officers with sexual diversity and transgender clients, but there is a need for increased awareness of local resources.

## **5. Supports for new Canadians**

As more new Canadians settle in this area, there is an increasing need to ensure they are aware of services that may be of assistance to them, particularly if they are facing language barriers or need to understand health services, etc. Consideration should be given to supports through a system navigators. There is a link between mental health and PTSD with new Canadians, i.e. those fleeing war in Syria. The Smiths Falls Local Immigration Partnership (LIP) can help to integrate newcomers, immigrants and refugees to the community. The Upper Canada District School Board is currently offering an English as a Second Language course at the Almonte campus of T.R. Leger, and is looking into the need for courses in the western part of the county, e.g. Perth or Smiths Falls.

## **ACTIONS**

### **Social Development**

- Work with school boards to determine where additional education supports may be needed to address racism.
- Follow up on anti-oppression/anti-racism training for agencies to enable them to implement policies and practices into activities.
- Provide opportunities in community for anti-oppression/anti-racism training.
- Explore opportunities/scope for a Centre for Gender and Sexual Diversity.
- Enhance education about root causes of radicalization; work with schools and faith groups for early identification and support provisions.
- Inventory and promote services available for new Canadians; connect with navigator to assist with system navigation for new Canadians.

### **Prevention**

- Conduct training/education to address stigma and discrimination and target specific audiences (general public, agencies, politicians, health service providers, parents (re: cultural considerations, gender), etc.).

### **Risk Intervention**

- Increase awareness of cultural services available as part of situation table referrals.
- Acquire and implement early-intervention strategies for agencies and organizations to detect radicalization and connect individuals to supports.
- Determine need and supply French-language services for mental health counselling and in violence against women sector for both women and children.

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>  |
|--|---|
| Increased anti-oppression/anti-racism, stigma/discrimination/anti-bullying activities with agencies and community. | <ul style="list-style-type: none"> <li>• Track activities and events in schools/school boards, including programs by OPP and Smiths Falls Police Service.</li> <li>• Track educational opportunities across community-based agencies.</li> <li>•</li> </ul>   |
| Increased awareness of services available for new Canadians.   | <ul style="list-style-type: none"> <li>• Track number of students registered for English as a Second Language courses at TR Leger schools; number of programs offered.</li> <li>•</li> </ul>  |
| Increased awareness and enhancements for gender and sexual diversity supports.                                     | <ul style="list-style-type: none"> <li>• Monitor the number of public schools that have formed Gay Straight Alliance groups and how active the groups are.</li> <li>• Number of agencies that have participated in LGBTQ+ safer spaces training.</li> <li>• Number of agencies that are identified as LGBTQ+ safe spaces.</li> <li>•</li> </ul> |
| Increased awareness of French language services available.   | <ul style="list-style-type: none"> <li>• Monitor French-language speaking demographics to determine needs.</li> </ul>   |

## ***TEAM***

### **Team Leaders:**

Erin Lee (Lanark County Interval House)

### **Proposed Additional Team Members:**

Lanark County Victim Services, Lanark County OPP, Smiths Falls Police Service, Smiths Falls Local Immigration Partnership, Upper Canada District School Board, Catholic District School Board of Eastern Ontario

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#### **Interviews and Focus Groups:**

211: Karen Milligan, 211, and Fraser Scantlebury, United Way Lanark County, Dec. 9, 2016

Adult Probation: Andrea Fitzgerald, Feb. 24, 2017

Bail Supervision Program: Kim Brisson, John Howard Society and Lisa Carroll, Adult Probation and Parole, March 15, 2017

Children's Mental Health: Kevin Clouthier (Open Doors for Lanark Children and Youth) and Heather Vbranac, Transitional Aged Youth Developmental Disability Service Providers Group, May 17, 2017

Community Health: Maureen McIntyre, Rideau Tay Health Links; Claire Farella, Leeds Grenville Lanark District Health Unit, Feb. 17, 2017

Domestic Violence: Lanark County OPP Detachment Commander Derek Needham and Lanark County Interval House Executive Director Erin Lee, Feb. 14, 2017

Drug Court and Domestic Violence: Justice Peter Wright, March 9, 2017

Family and Children's Services Lanark Leeds and Grenville: Siju Simon, May 31, 2017

Focus Group: Lanark County Interval House (Erin Lee and Brianne Luckasavitch) and four Survivor Advocates, Feb. 27, 2017

Health Care: Carol Ravnaas, Director, Sub Region Planning & Integration, South East Local Health Integration Network, October 25, 2017

Indigenous Issues: Larry McDermott, Feb. 21, 2017 and Feb. 23, 2017

Lanark County Developmental Service Providers: (Donna Davidson and Carol Ann McNeil, Lanark Community Programs; Tony Pacheco, Community Living; Clem Pelot, Mills Community Home

Support; Lisa Holmes, Ongwanada; Dave Munroe, DSO; Julie Golding, Lanark County Social Services; Mark Turnbull, ODSP), Feb. 28, 2017

Lanark County Mental Health: Diana McDonnell, Tamara Derkzen and Todd Marriner, Feb. 1, 2017

Lanark County Paramedic Service: Deputy Chief Travis Mellema, Aug. 11, 2017

Lanark County Social Services: Tammy Kealey-Donaldson, Ontario Works; Emily Hollington, Ontario Works/Social Housing; Julie Golding, Developmental Services, March 1, 2017

Lanark County Victim Services: Sonya Jodoin and Amber MacDonald, Feb. 15, 2017

Leeds Grenville Lanark Addictions and Mental Health: Shawn Souder, May 25, 2017

MPP Randy Hillier and David Shostal, Executive Assistant, June 29, 2017

North Lanark Community Health Centre/Vital Signs: Kara Symbolic and Taylor Peters, July 5, 2017

Poverty and Food Insecurity: Ramsey Hart, Executive Director of The Table Community Food Centre, October 26, 2017

Rideau Tay Health Link: Maureen McIntyre, Program Director, Jan. 31, 2018.

Smiths Falls Police Service: Deputy Chief Rick Labelle, July 5, 2017

Victim Witness Assistance Program and Crown Attorney: Christine Danis (VWAP) and Julie Scott (Crown), Jan. 13, 2017

Violent Extremism: OPP A/Sgt. Tim Trombley and Paula Brown, Planning Officer, Research & Analysis Section, March 22, 2017

Youth Issues: Tanis Cowan, former Executive Director of Youth Action Committee, past-member of Community Safety Planning Steering Committee, November 2017.

### **Team Leader Meetings/Interviews**

Erin Lee, Executive Director, Interval House (Victim Services Sector) and Insp. Derek Needham, Lanark County OPP Detachment Commander (Justice Sector), Feb. 26, 2018

Larry McDermott, Executive Director, Plenty Canada (Indigenous Sector), March 2, 2018

Diana McDonnell, Executive Director, Lanark County Mental Health, and Shawn Souder, Executive Director, Lanark Leeds and Grenville Addictions and Mental Health (Health Care Sector), March 7, 2018

Fraser Scantlebury, Executive Director, United Way, Lanark County (Community Organizations Sector), March 19, 2018

John Fenik, Lanark County Warden and Perth Mayor (Local Government Sector) and Julie Golding, Manager of Developmental Services (Social Services/Housing), March 26, 2018

Maureen McIntyre, Program Director, Rideau Tay Health Link (Health Care Sector), April 19, 2018

Amber MacDonald, Program Manager, Lanark County Victim Services (Victim Services Sector), May 4, 2018

Rob Currier, Principal of Safe School, Upper Canada District School Board (Education Sector), May 10, 2018

Jamie Pearson, Area Manager, Adult Probation and Parole (Justice Sector), May 10, 2018

Jeff Kohl, Executive Director, Youth Action Committee (Youth Sector), June 4, 2018

Deputy Chief Rick Labelle, Smiths Falls Police Service (Justice Sector), June 8, 2018

Claire Farella, Manager, Leeds Grenville Lanark District Health Unit (Health Care Sector), June 20, 2018

Erin Lee, Executive Director, Lanark County Interval House (Victim Services Sector), June 22, 2018.

**Committees, Boards and Working Groups:**

Community Issues Committee of Lanark Planning Council

Community Navigator Steering Committee

Lanark Consortium – Youth Collective Impact

Lanark County Community Control Group

Lanark Planning Council for Children, Youth and Families

Multi-Sectoral Risk-Based Intervention Initiatives Community of Practice

Municipal Drug Strategy Networking Days

OPP Community of Practice

Perth Police Services Board

Rural Forums/Beyond the Forums Working Group and Subcommittees (Domestic Violence Court, See It Name It Change It)