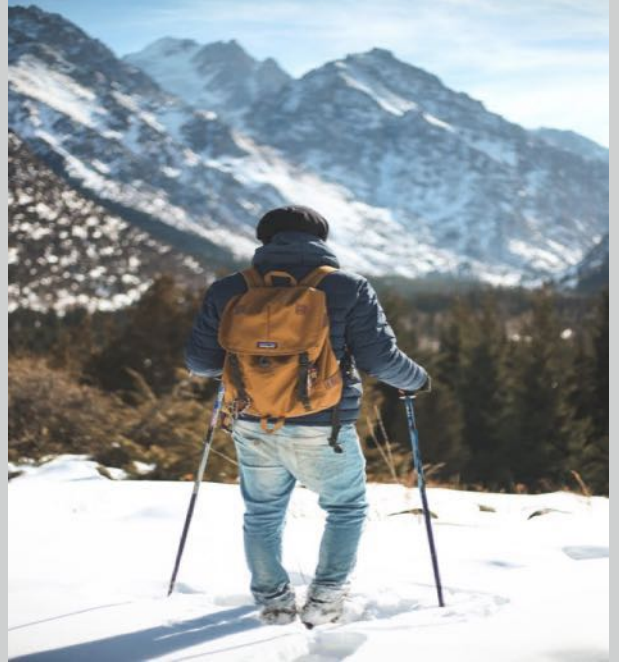


Joint Community Safety & Well-Being Plan Upper Ottawa Valley

(City of Pembroke, Town of Deep River, North Algona Wilberforce Township, Township of Head Clara & Maria, Town of Petawawa, Township of Whitewater Region, Township of Laurentian Valley, Town of Laurentian Hills & Township of Admaston/ Bromley)



If It's Predictable, It's Preventable.
If It's Preventable, We Do Something About it!





“We shall not cease from exploration, and the end of our exploring will be to arrive where we started and know the place for the first time.”

T.S. Eliot

The quote above is powerful, reflective and on point. We are at a time and place in community safety that has come full circle since the creation of the first, modern, state-run police force, the Metropolitan Police Force of London, England.

A paradigm shift in community safety is sweeping our province, this country, and the globe. Understanding how we got here will help us understand where we need to go next and why. It will create a framework for community safety planning, grounded in history and supported by evidence-based research on what makes communities thrive.

The future is in our hands...

Pat Finnegan

Before We Get Started

A Few Words About Community Safety & Well-being

Community safety & well-being planning is about identifying **risk factors** that are negatively impacting the safety and well-being of individuals or groups, within a community.

Once risks are identified and prioritized, collaborative intervention strategies are developed and implemented by a myriad of community programs, services, organizations, groups and clubs. A key tenet of the planning process is that we all must work together in order to achieve the best results. This is a whole of community approach as opposed to relying on a few emergency response agencies to pick up the pieces after they are broken.

Those most effected must be involved in the development of these intervention strategies, consistent with the mantra, “nothing about me, without me”.

Whenever possible the point of intervention should be **upstream** of the potential harm. The goal is to divert predictable negative outcomes from happening in the first place. Traditionally, communities have focused on emergency response, responding only after the crisis has occurred. That’s a bit like trying to put the toothpaste back in the tube.

Community safety & well-being planning is a collaborative effort to remove barriers and improve access to the social determinants of health and well-being so that every community member can realize their unique talents and potential in a safe, inclusive and nurturing environment.



JUST FOR FUN...

THIS IS WHAT “ChatGPT” HAD TO SAY ABOUT COMMUNITY SAFETY & WELL-BEING PLANNING...

Community safety and well-being planning is a collaborative approach to address social challenges and improve the overall safety and well-being of a community. This planning process involves the participation of various stakeholders, including community members, local government officials, law enforcement agencies, social service organizations, and other relevant parties.



The primary goal of community safety and well-being planning is to identify and address the root causes of safety and well-being issues in a community. This includes identifying risk factors such as poverty, homelessness, addiction, mental health, and social isolation, among others.

Once these risk factors have been identified, the community safety and well-being planning process involves the development of strategies and interventions aimed at reducing these risks and promoting safety and well-being. These strategies may include programs such as education and awareness campaigns, community outreach programs, improved social services, and increased law enforcement presence, among others.



Overall, community safety and well-being planning seeks to promote a holistic approach to community safety and well-being that takes into account the social, economic, and environmental factors that influence the well-being of individuals and communities.

HOW TO USE THIS PLAN

Time is one of our most precious commodities. Please enjoy engaging with this plan in a manner that fits your interests and the time you have available to dedicate to this important community initiative.

If you are just seeking to understand the essence of this Community Safety & Well-being Plan, take a few minutes and engage with the 1 page at a glance “Elevator Pitch”.

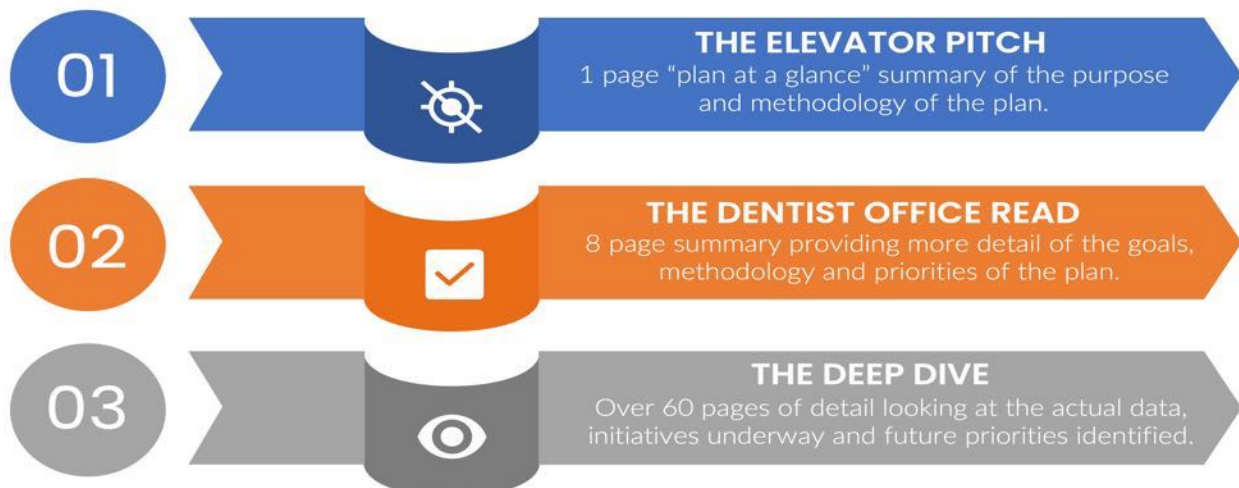
If you need to understand more and are considering becoming involved in any one of the initiatives outlined in the plan, the 8 page “Dentist Office Read” may be the right fit for you.

If you are joining our committee, engaging in research or wish to become deeply engaged in Community Safety & Well-being Planning, there are over 60 pages of information available in the section referred to as “The Deep Dive”. If that is the case, put your feet up, get comfortable and take your time as you acquaint yourself with a detailed explanation of the community safety & well-being planning process and how it relates to your community.



3 LEVELS OF “USER” ENGAGEMENT

This plan has been developed with three different levels of “User” engagement in mind. Depending on the user and their needs and the time available, each level of engagement is designed to take those factors into account.



01



THE ELEVATOR PITCH

1 page "plan at a glance" summary of the purpose and methodology of the plan.



THE “ELEVATOR PITCH”

Note: Community Safety & Well-being planning has been mandated by the Ontario government by the enactment of legislation.

The following is a visual and narrative overview of the essential elements of this plan, how and why it was created and what it hopes to achieve.



#1 PREDICT HARM BY IDENTIFYING RISK

This warning sign is cautioning pedestrians to walk carefully due to a potential slippery surface. If you slip you might fall. If you fall you could get hurt, seriously hurt. If you walk carefully or take another route, you can mitigate the risk of falling. This is a simple problem with a simple solution. Often situations pose multiple risks and require more than one risk mitigating strategy.

#2 INVOLVE THOSE AFFECTED IN COLLABORATIVE SOLUTIONS

When trying to solve complex problems with numerous risk factors that affect more than one person, collaborative problem solving models are most effective.

Occasionally our efforts to “help” others does more unintended harm than good. The expression, “nothing about me without me” reminds us that the best community solutions are discovered when those impacted by the problem are involved in the creation of the solution.

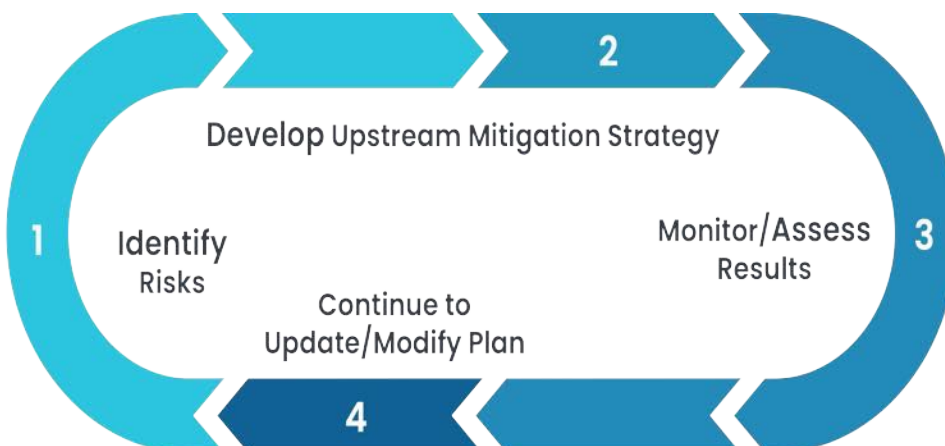


The most effective solutions to community problems come from within community.

During the planning process numerous existing Community Safety & Well-being strategies were reviewed and 7 risk factor categories were identified as requiring additional focus on possible mitigation strategies (solutions).

#3 ASSESS/MODIFY/IMPLEMENT

“As long as you live, keep learning how to live!”
Seneca



This plan is not a one and done! Community Safety & Well-being Planning is a continuous & collaborative process of constant and never ending improvement. The focus is upstream and the goal is to be as proactive as possible. CSWB planning is a way of life!

02



THE DENTIST OFFICE READ

8-page summary providing more detail of the goals, methodology and priorities of the plan.

The following 6 pages summarize key features of this Community Safety & Well-being Plan:

- What is a CSWB plan & why are we doing it.
- Which municipalities are involved.
- Key initiatives that benefit all communities.
- The functions of the advisory committee
- The CSWB planning process
- Key risk factors identified for priority future action
- The next steps in the planning process for 2023



THE “DENTIST OFFICE READ”

WHAT IS COMMUNITY SAFETY & WELL-BEING PLANNING?

It is about predicting the future by looking at risk. If it is predictable, it is preventable. As a community we look to see who is most at risk and why and then we intervene in an attempt to prevent the bad thing we are predicting from happening.



Community safety and well-being planning is prevention focused and requires the knowledge, skills, abilities and lived experience of every community member to develop mitigation strategies that make our communities healthier and safer.

WHY ARE WE DOING IT?

In 2018 the Ontario Government passed legislation requiring every municipality in Ontario to develop a community safety and well-being plan. (see Part XI of the Police Services Act R.S.O. 1990, c P.15)

The truth is, we were already doing it and having a written plan simply formalizes the process, educates others about important community initiatives and tracks our successes and failures.

THIS PLAN IS A JOINT PLAN

This plan is a joint plan between the following 9 municipalities:

- City of Pembroke
- Town of Deep River
- North Algona Wilberforce Township
- United Townships of Head, Clara & Maria
- Town of Petawawa
- Township of Whitewater Region
- Township of Laurentian Valley
- Town of Laurentian Hills
- Township of Admaston/Bromley



It's helpful to think about the plan as one big house. Some rooms are used by everyone, like the kitchen and living room, while other rooms are private and still others are used only once in a while, like a storage closet. Each room however is part of the house and each room is important.

THE “DENTIST OFFICE READ”

THERE ARE 4 KEY INITIATIVES THAT BENEFIT EVERYONE

There are 4 initiatives that have benefits and impacts for all municipalities despite the geographic location of the initiative. Each will be described in detailed within the main body (“Deep Dive” Section) of this plan.

The **KEY** initiatives are:

1. The Situation Table
2. The Grind (Pembroke)
3. The Police/Mental Health & Addictions Partnership
4. Enhanced Response & Management of Intimate Partner Violence



THERE ARE NUMEROUS INITIATIVES ALREADY ESTABLISHED

Each community has a number of community safety & well-being initiatives that are already established. This is because the respective municipal councils and numerous organizations, businesses, and clubs are already committed to community safety & well-being.

These initiatives will be catalogued and quantified in a companion document to this plan referred to as “The Lighthouse Document”.

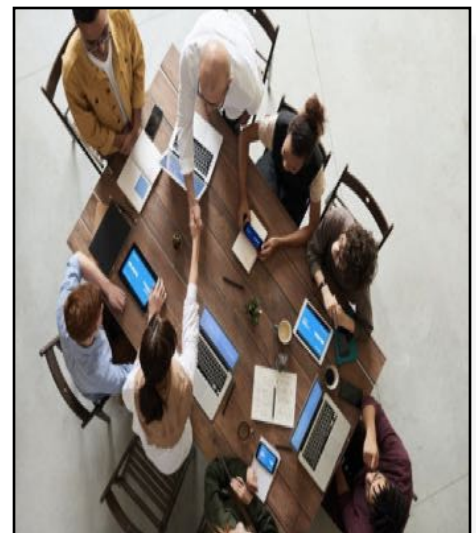
ADVISORY COMMITTEE ESTABLISHED

In order to learn more about each community and its needs, and to eventually arrive at a consensus on how to proceed, an advisory committee was established.

The advisory committee is made up of an assortment of volunteers with a variety of backgrounds primarily in the health, human, justice, and emergency service sectors.

A list of the advisory committee members can be found in the main body of this plan.

Without the volunteer efforts of the advisory committee, the development of this plan would not have been possible.



THE “DENTIST OFFICE READ”

THE COMMUNITY SAFETY & WELL-BEING PLANNING PROCESS

A consultant was hired and a formal process for planning was followed during the preparation of this plan. Dr. Hugh Russell was the advisor to the government during the drafting of the legislation and assisted the government in the preparation of a booklet that can be used as a guide for municipalities engaged in this process.

The booklet is free and can be downloaded from the Internet by anyone interested (see link below). It contains the principles and philosophy of planning based on over 40 years of Dr. Russell’s research as a social psychologist.

<https://www.ontario.ca/document/community-safety-and-well-being-planning-framework-booklet-3-shared-commitment-ontario>



10 RISK FACTORS WERE IDENTIFIED AS HIGH / VERY HIGH PRIORITY

The planning process included the review of downstream data from sources such as police records, emergency services records, situation table data, a lived experience community survey, a Coroner’s Inquest and inputs from other organizations, agencies and nongovernmental organizations.

By analyzing the data, a clear picture of the most prevalent risk factors was developed. 7 risk factor categories were identified as **very high** in prevalence while 3 others were identified as **high** in prevalence within the respective communities.



Once a complete inventory of existing programs and services is complete (The Lighthouse Document), the advisory committee will engage in an exercise of “Keep, Drop, Create” in an effort to avoid redundancy of human and economic resources as they make informed, evidence based decisions in relation to the creation of protective factors aimed at reducing and or eliminating these identified risks.

WE ARE DOING GREAT, NOW LET'S DO EVEN BETTER!

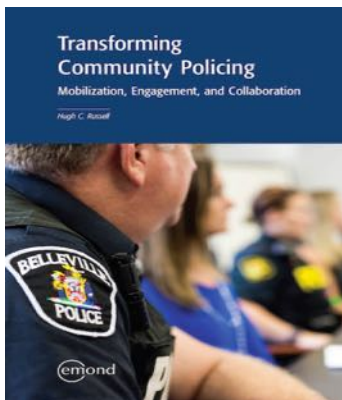
Most of our communities are very safe and the people that live there enjoy a sense of community that contributes to their health and well being. We call these “green zone” communities.

That doesn't mean we can't do better. It also doesn't mean that the experience of the majority is in any way relevant to the experience of the minority. In other words, just because most people are living a pretty good life does not mean that everyone is.

Individuals and families living lives impacted by multiple risk factors are the primary focus of community safety and well-being planning.

Many people if not most, living in the margins of our communities are doing so through no fault of their own. Intergenerational trauma, health challenges, injuries, economic failures and workplace injuries are frequently part of their stories.

The majority of people with addictions to opiates were initially prescribed opiates for pain relief due to serious injuries. Community safety & well-being planning is most effective when those



“In the lowest-demand neighbourhoods there are the fewest illegal activities and the least social disorder (green zone). That is because the people here share common values for a safe and secure neighbourhood and they have sufficiently durable relations to keep it that way.”

Dr. Hugh C. Russell

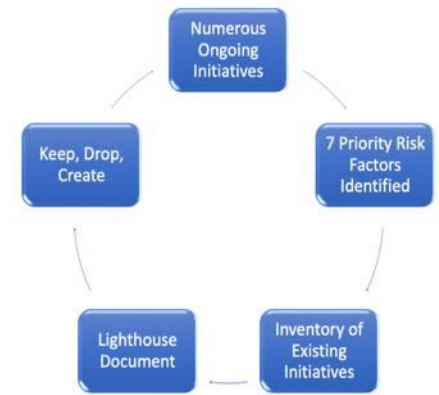
Talents, insights, leadership, and solutions to community problems exist in every community. In “red zone” communities where there is high demand for emergency response, those key attributes are cloaked in fear. The priority then is increased safety through the mitigation or elimination of risk factors that are contributing to that fear and preventing a safe space for those with lived experience and community made solutions to feel comfortable enough to contribute.

“The qualities of community that we value so much in our own lives and neighbourhoods—mutual trust and durable relationships—exist in insufficient measure to build and sustain community safety in those neighbourhoods where police respond most often. So we need police (among others) to take steps to help people there create those qualities. We have already identified that police most often have to get this ball rolling by using enforcement and crime suppression so that it is safe for neighbours to begin to learn about each other and experiment in working together to make their neighbourhood stronger. But after that, so much more needs to be done to build up the neighbourhood’s natural resistance to crime and social disorder.”

OUR CONTINUOUS PLANNING CYCLE

Ongoing Initiatives

There are numerous ongoing community safety and well-being initiatives that are serving our community members. A complete catalogue of these initiatives can be found in the “Lighthouse Document” which is being developed as companion document to this plan.



7 Very High & 3 High Priority Risk Factors Identified

A “Lived Experience Survey” was developed and distributed throughout the participating communities. The survey asked people to share their lived experience as it related to the presence and prevalence of 29 specific risk factors. Our collective opinions about community characteristics are surprisingly accurate and this survey relied upon the lived experience of people who lived, worked, played or otherwise engaged in the 4 unique communities participating in this joint plan.

Programs & Services Inventory

Time is without question one of our most precious commodities. Our tax dollars share a similar characteristic in that there is a finite amount available to our communities which means we need to make informed, evidence-based decisions on how that money is spent.

Nothing frustrates the energetic volunteer more than the apparent redundancy of effort and resources. Before creating anything new, there was consensus that we need to establish a clear picture of what is currently “in stock” now. In other words, we need a detailed inventory of all the programs and services currently available within our communities before making any decisions about what we should keep, drop or create to contribute to an even better future.

The Lighthouse Document

In addition to a comprehensive inventory, we also need a sense of how each program or service is working. Are the efforts leveraging real and measurable results? A companion document is being created to act as a “one stop shop” to provide that information to anyone who seeks it. We are calling this document “The Lighthouse”. This document will serve as a future guide which will be relevant to the maintenance, creation or abandonment of our collective community safety & well-being efforts.



Keep, Drop, Create

With the Lighthouse document completed as a companion guide to this plan, our advisory committee will then have the job of considering redundancy, effectiveness, return on results and gaps. Informed, evidence-based decisions can then be made in relation to responding to the priority risk factors identified during the data analysis phase. At this point we will seek the input and involvement of those affected, people with lived experience, in the creation and implementation of protective factors aimed at mitigating, reducing, or eliminating the target risk factors.

Plan, Assess, Act

By applying the principles of community safety & well-being planning while consulting the Lighthouse document, we will be able to gauge our progress on an annual basis. The plan will grow and change in real time, responsive to our ever-changing communities. We will continue to work together with the common goal that each year we will improve safety and well-being for every citizen.



CSWB PLANNING - NEXT STEPS

SUMMARY OF NEXT STEPS

Community Safety and Well-being Planning is not a “one and done” undertaking. Our communities will continue to engage in an ongoing process of assessing, responding and evaluating.

The plan will be updated yearly to reflect this activity. Too often undertakings such as this are completed and then filed on a shelf where they collect dust despite the good intentions of those dedicated to the initial effort.

Community Safety & Well-being Planning is a philosophy that must be prioritized as a way of thinking and acting about community safety and wellness.



CREATION OF LIGHTHOUSE DOCUMENT

The advisory committee agreed that “new” initiatives should not be undertaken until a comprehensive inventory of all existing programs and services has been completed. A document will be developed that catalogues all of these efforts. Each program or service should have associated performance indicators and quantifiable outcomes.

The Lighthouse Document will become a companion document to the Community Safety & Well-being plan. It will also be accessible through the web (likely a link on each municipal website and eventually a link within the plan document). It will be accessible and searchable by anyone.

The primary goal of the Lighthouse document will be to avoid redundancies of human and economic resources and create awareness of which programs and services are being offered within each community. It will also track the results of our efforts including unintended consequences which sometimes result despite our best intentions.



COMMUNITY CONNECTION CHAMPIONS

Each municipality is encouraged to establish a community safety committee (separate from the existing Advisory Committee). The members of this committee will be referred to as Community Connection Champions. They will be the eyes and ears for each municipality on all things related to Community Safety & Well-being. These committees will report to Council as well as the Advisory Committee. This will address the often unintentional but real phenomenon of the specific interests of smaller municipalities being eclipsed by the primary interests of the larger municipalities. Our champions will be trained in a number of contemporary ideologies related to community development, specifically community safety and well-being strategies.



CSWB PLANNING - NEXT STEPS

COMMUNITY CONNECTION CHAMPION TRAINING

To be effective in their roles, each Connection Champion should be trained in the following: 1) Ontario's Mobilization and Engagement Model of Community Policing, 2) The Principles of Community Safety & Well-being Planning (4 Pillars of Intervention), 3) Situation Table Awareness, Access & Function, and 4) Asset Based Community Development known as ABCD, an innovative and wildly successful model for community building.



SITUATION TABLE AWARENESS/ACCESS & FUNCTION

Situation Tables have been functioning in Ontario for just over 7 years. When they were established, each participating organization was asked to identify an employee/member who would agree to attend the weekly meetings. These Situation Table members were trained prior to being permitted to participate in a live meeting.

What is missing is organizational awareness. An employee from a school board may attend weekly Situation Table meetings but are all teachers and education staff aware of what the Situation Table does and how to make an appropriate referral to the Table? The answer to that question is “no they are not”.

Training is currently being developed to address this issue. Once completed, it will increase referrals to the Table and enhance our ability to identify situations of “acute elevated risk” which in turn will allow the Situation Table members to respond with upstream intervention strategies aimed at preventing the acute evaluated risk from manifesting in downstream crisis.



KEEP, DROP, CREATE EXERCISE (ADVISORY COMMITTEE)

With the Lighthouse document completed as a companion guide to this plan, our advisory committee will then have the job of considering redundancy, effectiveness, return on results and gaps. Informed, evidence based decisions can then be made in relation to responding to the priority risk factors identified in the lived experience survey.

Strategy implementation teams will seek the input and involvement of those affected, “nothing about me without me”, in the creation and implementation of protective factors aimed at mitigating, reducing or eliminating the target risk factors. This is point where new intervention strategies aimed at reducing the priority risk factors identified during the community safety and well-being planning process, will be created and implemented.

THE PATH FORWARD AT A GLANCE



⇒ 01

DATA SETS REVIEWED

In addition to common data sets a Lived Experience Survey was conducted resulting in identification of Priority Risk Factors.



⇒ 02

INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.



⇒ 03

LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



⇒ 04

KEEP, DROP, CREATE EXERCISE

The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.



⇒ 06

SITUATION TABLE AWARENESS

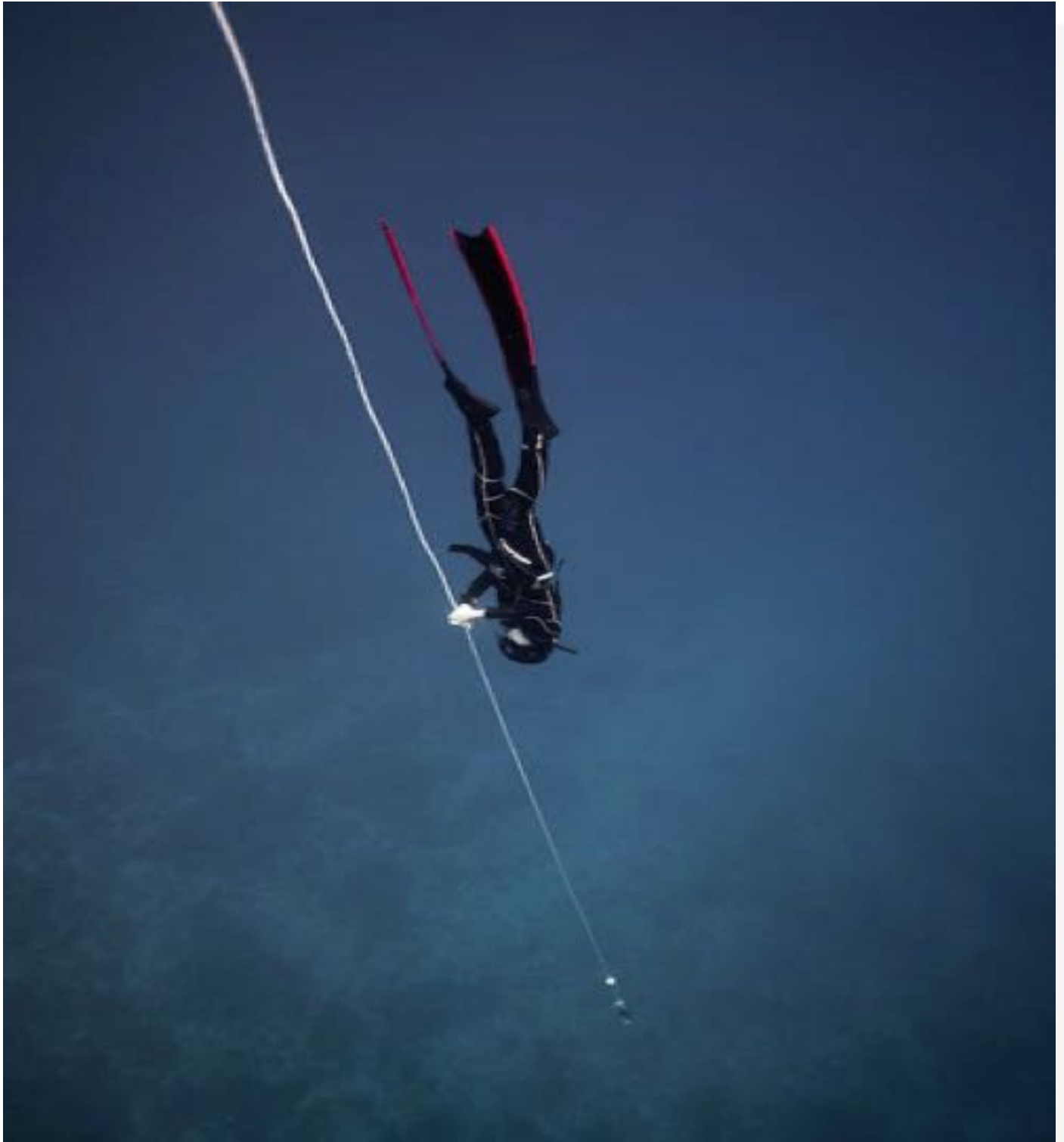
Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.

03



THE DEEP DIVE

Over 60 pages of detail looking at the actual data, initiatives underway and future priorities identified.



BACKGROUND

COMMUNITY SAFETY & WELL-BEING PLANNING MANDATE



COMMUNITY SAFETY & WELL-BEING PLANNING

WHAT IS COMMUNITY SAFETY & WELL-BEING PLANNING?

Community Safety & Well-being planning is about using the past to try and predict the future so that we don't make the same mistakes twice.

If it is Predictable, it is Preventable. This is an old adage that rings as true today as the first time it was uttered.

By looking at "Risk Factors", things that place our community members at risk, like alcohol and drug abuse, bad parenting, and living in poverty we can predict with a fairly high degree of accuracy that future harm may come. Armed with that knowledge we can move "upstream" and intervene with "Protective Factors" like good parenting, education, pro-social relationships and adequate housing in an effort to mitigate or eliminate the harm that was foreseen.

Community Safety & Well-Being planning assumes that almost every community member has assets; knowledge, skills, abilities, lived experience and the will to work collaboratively to make their communities safer and healthier places to work, live and play.

Community Safety & Well-Being planning is the process of bringing community members together to determine who is most at risk, and then develop **made in community** solutions for mitigating or eliminating those risks.



GOVERNMENT MANDATE - BILL 175, the Safer Ontario Act (2018)

Despite the fact that most Ontario communities were already engaged in trying to build healthier and safer communities, the government of Ontario passed legislation making Community Safety & Well-being Planning mandatory for all municipalities.

This responsibility was placed squarely at the feet of municipal councils, the highest level of governance within a municipality.

This legislation encouraged a new paradigm where police were no longer the sole guardians of community safety. This new approach mandates that every member of the community is responsible for community safety & well-being, especially those most impacted by the prevalence of risk factors.



HOW COMMUNITY SAFETY & WELL-BEING PLANNING WORKS...

The community safety & well-being planning process is like investigating a traffic accident. The initial focus is on crisis, things which need our immediate attention. These are events that have already occurred which means we are responding post crisis, just like a police officer responding to a collision.



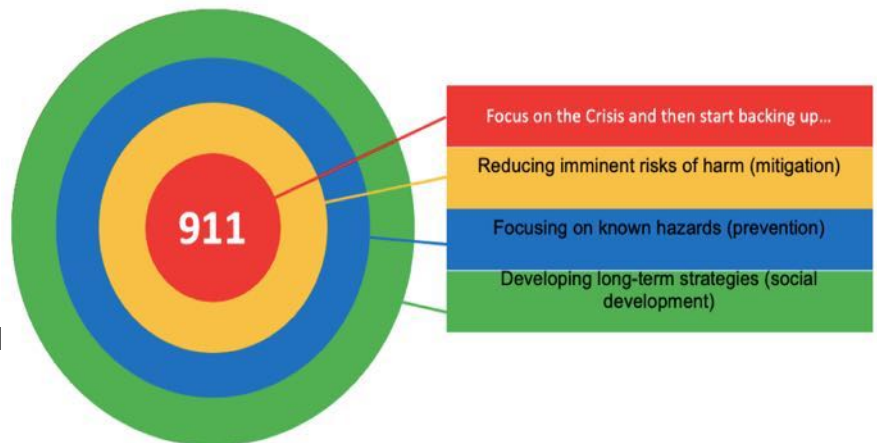
We focus on the crisis and move backwards looking for reasons the event occurred and things that could have been done to prevent it. This is called “working in the **Red Zone**”, where the focus is primarily on emergency response.

Let’s keep going with the traffic collision example. Our first priority would be to secure the scene and make it safe for police or anyone else to work there. There would be no point in trying to pull someone from a burning car on an icy highway if there is a high likelihood of being run over by a tractor trailer. In that situation we put the officer and the accident victim in great danger.

Once the scene is safe, we would assess injuries and offer immediate first aid, mitigating the risk of shock and other life-threatening symptoms. When the scene is stable our focus then shifts to causation. Was there bad weather involved? Were any of the drivers intoxicated? Is there an environment hazard associated to the location such as a blind spot caused by a curve or the morning sun?

We start with emergency response because lives are at risk. The focus then shifts to short term solutions like risk intervention and prevention. Eventually we may look at social development, longer terms interventions aimed at changing the culture and therefore behaviour of people living in that community.

An example would be billboards with community safety messages about the inherent danger of impaired driving.



The important point is that until the scene is safe (red zone), yellow, blue and green mitigation initiatives are unlikely to have an impact.

We focus on the most serious risks first and then determine who besides our first responders can collaborate to develop solutions (protective factors) that will address immediate, short term and long term risk factors.

The goal is to continue to move upstream, reducing or eliminating the high volume of calls being made to our emergency service providers.

The “Risk Factors” being referred to have been identified by the Provincial Government and are outlined in the list below. These are the same risk factors used by Situation Tables when assessing risk to determine appropriate interventions. Situation tables will be explained in more detail further on in this document.

PROVINCIALY APPROVED RISK FACTORS

| | | | | | |
|-------------------|-------------------------------|--------------------------------|-----------------------|---------------------|----------------------|
| ALCOHOL | ANTISOCIAL/NEGATIVE BEHAVIOUR | BASIC NEEDS | COGNITIVE FUNCTIONING | CRIME VICTIMIZATION | CRIMINAL INVOLVEMENT |
| DRUGS | ELDERLY ABUSE | EMOTIONAL VIOLENCE | GAMBLING | GANGS | HOUSING |
| MENTAL HEALTH | MISSING/RUNAWAY | MISSING SCHOOL | NEGATIVE PEERS | PARENTING | PHYSICAL HEALTH |
| PHYSICAL VIOLENCE | POVERTY | SELF HARM | SEXUAL VIOLENCE | SOCIAL ENVIRONMENT | SUICIDE |
| | SUPERVISION | THREAT TO PUBLIC HEALTH/SAFETY | UNEMPLOYMENT | | |

When risk factors outnumber protective factors, individuals and families can be placed at serious risk of harm including death. Protective factors are simply the opposite of risk factors. Good parenting is a protective factor.



Mandate from Council & Joint Agreement Between Municipalities



JOINT PLANS PERMITTED

The legislation permits municipalities with common interests and geography to pass a resolution agreeing to create a joint Community Safety & Well-being Plan.

Below is a quote from the legislation found on the Canadian Legal Information Institute (<https://www.canlii.org/en/>) under the Police Services Act (Police Services Act, RSO 1990, c P.15)

May be prepared individually or jointly

(2) The community safety and well-being plan may be prepared by the municipal council individually or jointly in consultation with other municipal councils or band councils. 2018, c. 3, Sched. 1, s. 211 (6).

This plan encompasses the joint interests of: City of Pembroke, Town of Deep River, North Algona Wilberforce Township, Township of Head, Clara & Maria, Town of Petawawa, Township of Whitewater Region, Township of Laurentian Valley, Town of Laurentian Hills and the Township of Admaston/Bromley.



THE ADVISORY COMMITTEE



THE ADVISORY COMMITTEE CONTINUED

An advisory committee was established made up of an assortment of volunteers with a variety of backgrounds primarily in the health, human, justice and emergency service sectors.

It is through the advisory committee that risk factors were reviewed and priorities for mitigation strategies were developed.

It is the advisory committees role to arrive at a consensus regarding who is most at risk and why, and then establish priorities around which risks should receive the highest priority for mitigation and or elimination.

Recognizing that lived experience is an important source of information when considering change that can affect the lives of others, holding a title or formal role of any kind was not a prerequisite to becoming a member of the advisory committee.

Thanks and gratitude are owed to the following people who contributed their time, talents and most importantly, their lived experience to the development of this plan.

Note: The position described is the position held at the time of joining the advisory committee. A number of changes have occurred since that time.



THE ADVISORY COMMITTEE CONTINUED

| Name | Organization | Role |
|------------------|--|--|
| Ron GERVAIS | City of Pemroke | Mayor & Chair of Police Services Board |
| Sherry BATTON | The Town of Laurentian Hills | Chief Administrative Officer / Clerk |
| Brian BROHART | Renfrew County & District Health Promotion Division | Coordinator, Healthy & Communities Health Promotion Division |
| Pino BUFFONE | Renfrew County District School Board | Director of Education |
| James CARMODY | Petawawa Police Services Board & Town of Petawawa | Chair Councilor |
| Renald COUSINEAU | Renfrew District School Board | Superintendent of Education |
| Stephan NEUFELD | Ontario Provincial Police Upper Ottawa Valley Detachment | Inspector/Detachment Commander |
| Kathy DAVIS | Family & Childrens Services of Renfrew County | Executive Director |
| Connie DICK | Township of Admaston Bromely Police Services | Chair |
| Crystal FISCHER | The United Townships of Head, Clara & Maria | Clerk / Treasurer |
| William HALKETT | City of Pembroke | Community Member |
| Jill HAMELIN | North Algona Wilberforce Township | By-law Coordinator |

THE ADVISORY COMMITTEE CONTINUED

| Name | Organization | Role |
|----------------|---|--|
| Kathy HUGHES | Town of Deep River | Councilor |
| Jean CLOUTIER | Conseil des écoles catholiques du Centre-Est | Directeur, SSA - Volet santé et bien-être de l'élève Directeur, Programmes La Relance et Proaxion |
| Karen LAPIERRE | LHIN | Manager - Home & Community Care |
| Greg LUBIMIV | Phoenix Centre for Children & Families | Executive Director |
| Kim MACLEOD | Renfrew County Addictions Services | Director |
| Heidi MARTIN | City of Pembroke | Deputy Clerk |
| MaryAnn MCNEIL | Ontario Provincial Police Upper Ottawa Detachment | Staff Sergeant - Operations Manager |
| Neill CAROL | Renfrew County Housing Corporation | General Manager |
| Neil NICHOLSON | Whitewater Region | Mayor |
| Pierre NOEL | Pembroke Regional Hospital | President & CEO |
| Mike NOLAN | County of Renfrew Emergency Services | Chief Paramedic / Director of Emergency Services |

THE ADVISORY COMMITTEE CONTINUED

| Name | Organization | Role |
|--------------------|---|--|
| Sean PATTERSON | Town of Deep River | Acting CAO / Director of Public Works |
| Jaimie PERRY | Renfrew County Catholic District School Board | Director of Education |
| Steve PERRY | Carfor Health & Community Services | Chief Executive Officer |
| Jaime RUSSELL | Carfor Health & Community Services | Health & Safety / Plant Services Officer |
| Tracey RUSSELL | Deep River Police Services Board | Chair |
| Nevada SARGENT | Laurentian Valley | Planning & Recreation Coordinator |
| Dean SAURIOL | Laurentian Valley | Chief Administrative Officer / Clerk |
| Daniel SCISSONS | Town of Petawawa | Chief Administrative Officer |
| Carolyn SIMONS | Ministry of Children, Community & Social Services | Probation Officer (Youth) |
| Karen SIMPSON | Arnprior & District Family Health Team | Executive Director |
| Andrew SPRUNT | North Algona Wilberforce Township | Chief Administrative Officer |
| Cheryl SUMMERS | Mental Health Services of Renfrew County | Clinical Manager |
| Monique YASHINSKIE | Robbie Dean Centre | Executive Director |

THE DATA “WHAT WE LEARNED”



DATA SETS CONSIDERED

Data was considered from the following sources and will be summarized on the following pages:

- Lived Experience Survey
- Social Services Records
- Situation Table Risk Tracking Database
- CKW Inquest Recommendations



A NOTE ON CONSENSUS...

The decision-making model used by the advisory committee was based on “consensus” using the following definition borrowed from Dr. Hugh Russell’s book, “Transforming Community Policing - Mobilization, Collaboration & Engagement.

“Consensus does not mean that everyone thinks that the final decision is the best one. What it means is that everyone is willing to support the decision as the best one in the circumstances.”

THE “LIVED EXPERIENCE SURVEY”

Section 1 of 2

Community Safety & Well-Being Lived Experience Survey

Please enter a valid email address below to proceed.

Email *

Valid email

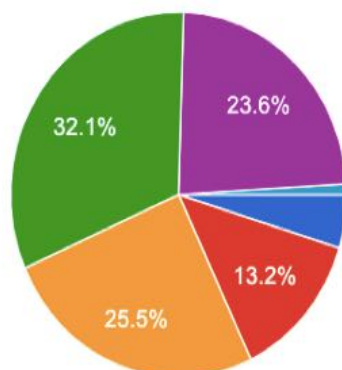
This form is collecting emails. [Change settings](#)



To what extent do you believe that homelessness is an issue.

Copy

106 responses



- 1
- 2
- 3
- 4
- 5
- No opinion.

THE “LIVED EXPERIENCE” SURVEY

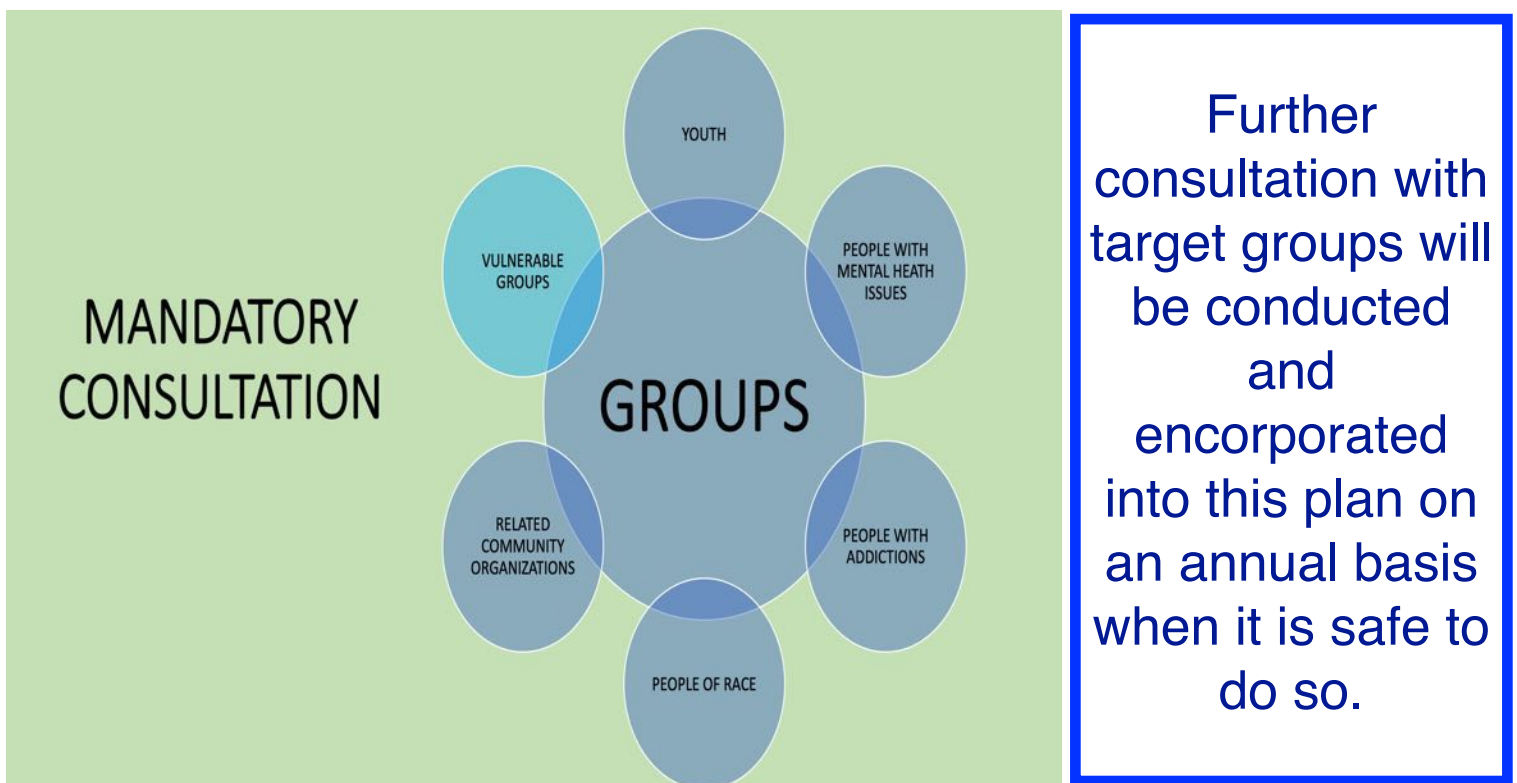
The global pandemic caused most municipalities who were in the middle of their community safety & well-being planning to hit the “pause” button for at least a few months.

Most were quick to embrace new technology such as Zoom and eventually resumed meeting virtually.



While platforms like Zoom were effective and affordable solutions for the members of the advisory board, authentic engagement with community members living in the margins of society were frustrated as computer ownership and wi-fi access are privileges often not readily available to these folks.

As a result, many of the mandatory groups that should be consulted according to the legislation, were not. Community safety and well-being planning should now become a way of life for Ontario municipalities. In order for the plans to be meaningful they have to be worked, not simply posted on municipal websites for those who happen to stumble across them to admire.



Graphic showing groups that “shall be” consulted according to the legislation.

THE “LIVED EXPERIENCE” SURVEY CONTINUED

There is an expression, “nothing about me, without me”. It suggests that when we set out to help, despite our best intentions we can sometimes do more harm than good if we neglect to engage the very people we are trying to help.

“**Authentic** community engagement is the **intentional** process of **co-creating** solutions in partnership with **people who know best, through their own experiences**, the barriers to opportunity. Authentic community engagement is **grounded** in building **relationships** based on mutual **respect** that acknowledges each person’s **added value** to developing solutions together.”

LISA ATTYGALLE – The Tamarack Institute

A good example of this is recent training in how police should best respond to people experiencing a mental health crisis. Across Canada and in the U.S., this training has been significantly improved by consulting people with mental health challenges in the development of the training.

Recognizing the limitations imposed by the pandemic, a “**lived experience**” survey was developed and was distributed as widely as possible in an effort to collect responses that reflected a wide cross section of the community.

The survey listed 29 **risk factor categories** and asked the respondents to rate the risk factor on a scale of 1 to 5, with 5 being “very prevalent” and 1 being “not prevalent”.

Community Safety & Well-Being Planning Lived Experience Survey

RISK factors play a strong role in the health and well-being of individuals & families. When you live, work, play or shop in a particular community you gain experience about the presence and severity of risk factors. Quite simply, you gain experience about what it is like to live there.

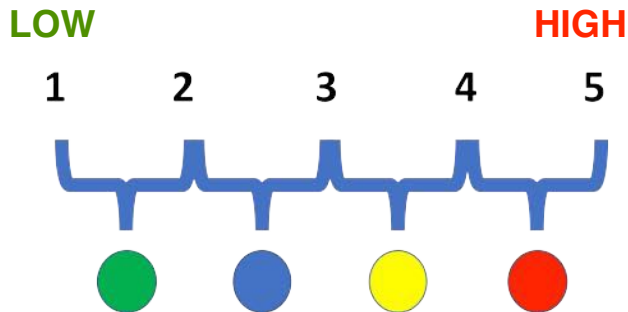
We Need You to Rank the Risk Factors

| | Not Prevalent | Somewhat Prevalent | Highly Prevalent | Crisis |
|------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Adequate Housing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Addiction | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

323 people responded to the Lived Experience Survey with representation from the ages of 18 to over 80.

THE “LIVED EXPERIENCE” SURVEY RESULTS ANALYZED

Participants were asked to rate each risk factor category based on their personal experiences living, working, or otherwise being involved in a particular community. If they felt a risk factor such as homelessness was quite prevalent in the community, they might assign a 5 to that risk factor which signifies “highly prevalent”. If they felt the risk factor had very low prevalence they may assign a value of 1 to that risk factor.

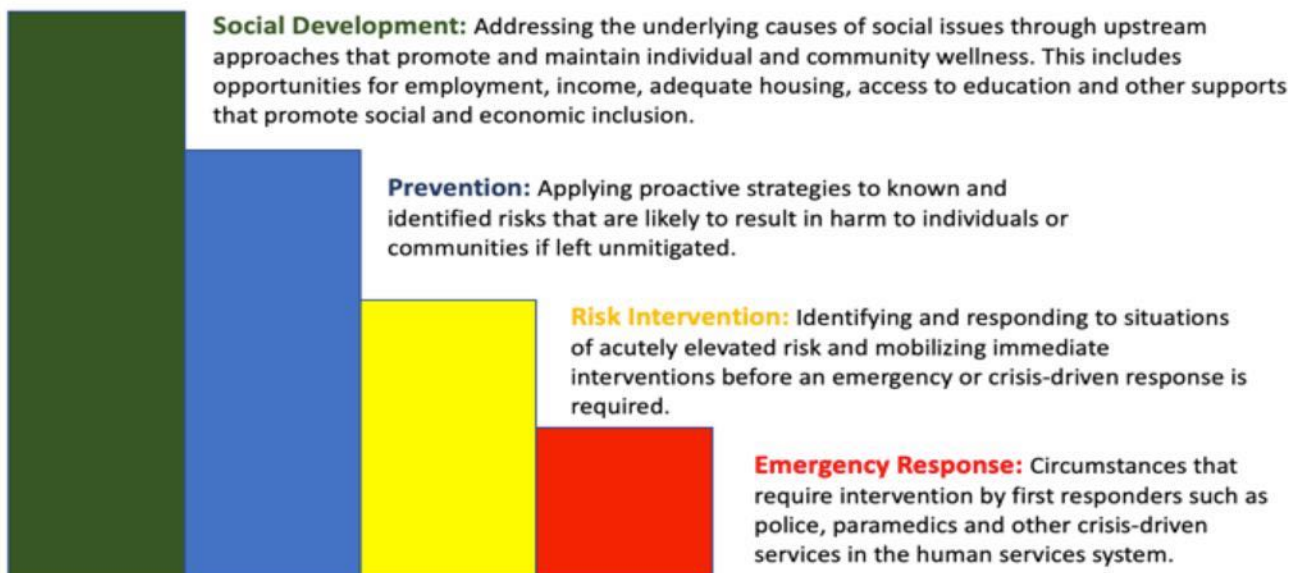


Community Safety & Well-being planning uses a colour coded legend to identify the most appropriate type of intervention. A ‘red zone’ community is one that has a high demand for emergency resources such as police, ambulance, children’s services and other emergency response agencies.

“Green zone” communities are communities with a low demand for emergency services. These are very safe and stable communities that enjoy a high degree of community cohesion.

The colour codes also indicate the most appropriate form of intervention for the nature of the risk factors that are prevalent within a given community. Crime prevention measures like better locks and good lighting have very little deterrent value in “red zone” communities where people live in constant fear. That fear must be reduced in order to allow people to feel safe enough to contribute toward community based solutions. The chart below depicts the 4 pillars of intervention.

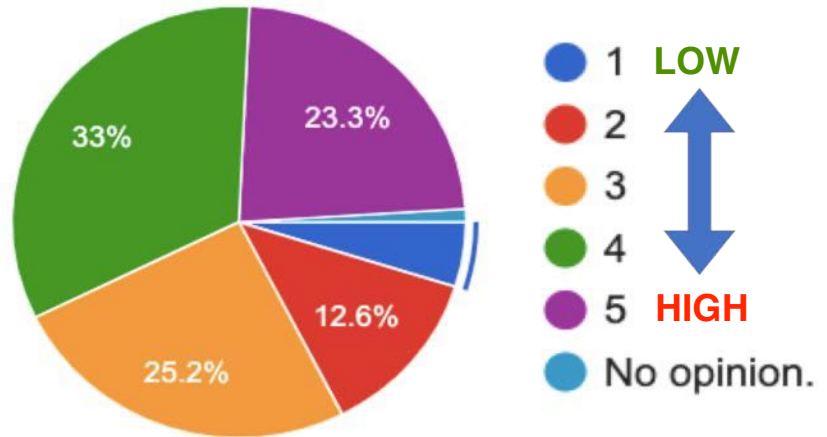
4 ZONES OF INTERVENTION - (CSWB PLANNING PILLARS)



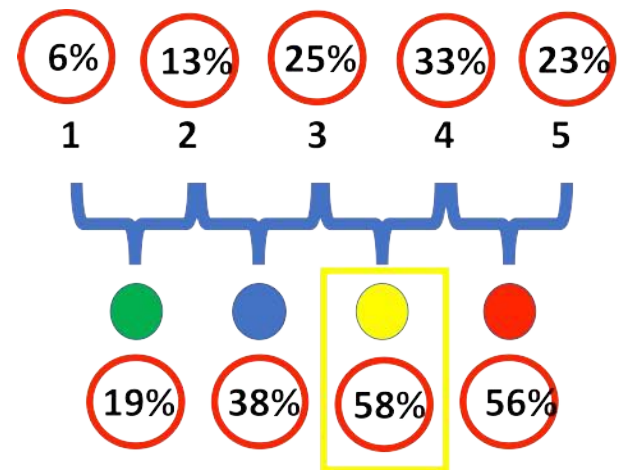
THE “LIVED EXPERIENCE” SURVEY RESULTS ANALYZED

The following process was used to analyze the results of the lived experience survey and to display those results in a visual way that could be easily understood by the members of the advisory committee and anyone else making reference to this plan.

Assume that the pie chart to the right represents the survey results in relation to the risk factor “homelessness”. 23.3 % of the respondents scored homelessness as “High” in prevalence while 6% rated “homelessness” as very low in prevalence.



In an effort to assign “weight” to the results, each of the two adjacent results were added together to create a new number that would then correspond to the 4 pillars of community safety and well-being planning explained on the previous page.



Example: Results 1 & 2 were summed resulting in 19% which means 19% of respondents felt homelessness as a risk factor in a specific community was either very low or low. This result aligns with what we would then refer to as a “green zone” community.

This same summing exercise was done for each combination 1&2, 2&3, 3&4, and 5&6. In this example the highest percentage produced by this process was 58% which aligns with the “yellow pillar”, representing risk intervention, mitigation and or elimination. In other words, the majority of survey respondents felt that homelessness was a serious risk factor which should be addressed. It was not in the “crisis” category yet, the “red zone” but it was serious enough that it should be considered as a risk factor that the advisory committee should consider addressing by developing a mitigation strategy within this years’ plan.

“There is one thing that every victim on this planet has in common and that is that just moments before being victimized they were merely “at risk” of becoming a victim. Upstream interventions reduce risk and prevent victimization.”

THE “LIVED EXPERIENCE” SURVEY RESULTS ANALYZED

After each risk factor category is weighted for each municipality, using the method explained in the previous pages, the results are then displayed graphically using the community safety planning pillars colour codes.

This provides “at a glance” clarity regarding the perceptions of people living in each community as it relates to the prevalence of each of the 29 risk factor categories.

The following model will be used to interpret the graphic.

Seven municipalities perceived drug addiction as highly prevalent (Red Zone - crisis category).

Laurentian Hills perceived the same risk fact as high (Yellow Zone) but not yet a crisis.

Head, Clara & Maria respondents perceived drug addiction as being a minor issue within their community (low priority).



What this graphic is suggesting to the advisory committee is that most communities would benefit from a drug addiction intervention strategy. The committee was encouraged not to take on too many new goals during the first year of the community safety & well-being plan.

This model of planning is expected to continue perpetually. If your goal is optimum health, you would eat a healthy diet, exercise routinely, get an appropriate amount of sleep and find ways to manage stress. If you lived this way for a year, you would improve your health dramatically but you couldn't stop after a year and go back to your old habits. If long term wellness is your goal you would have to maintain your healthy habits forever.



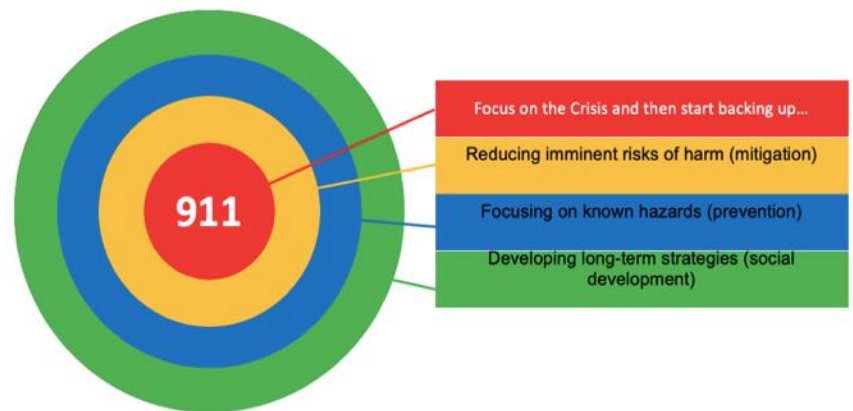
“It’s not what we do once in a while that shapes our lives. It’s what we do consistently.” Tony Robbins

THE “LIVED EXPERIENCE” SURVEY RESULTS ANALYZED

Special Note:

The following 4 pages provide a visual interpretation of 29 risk factors that were included in the survey. Each risk factor is colour coded to indicate the prevalence of the risk factor category as perceived by the survey respondents with respect to each of the nine municipalities. There is a considerable amount of research suggesting that our perceptions of the environment in which we live, are accurate. Even inaccurate perceptions should be addressed. Living in a state of anxiety or fear does not contribute to improved health and well-being.

Community Safety & Well-being planning uses a colour coded legend to identify the most appropriate type of intervention. A ‘red zone’ community is one that has a high demand for emergency resources such as police, ambulance, children’s services and other emergency response agencies.



LOW

HIGH

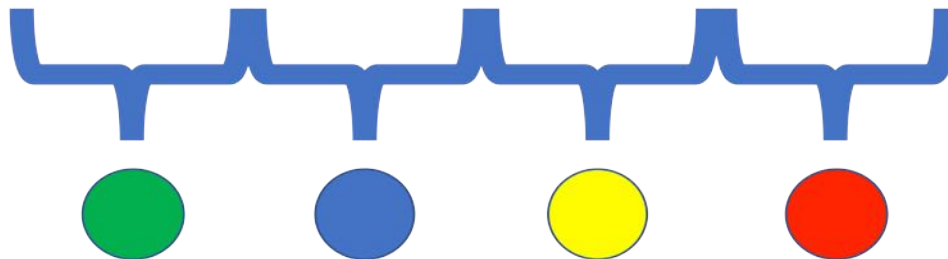
1

2

3

4

5



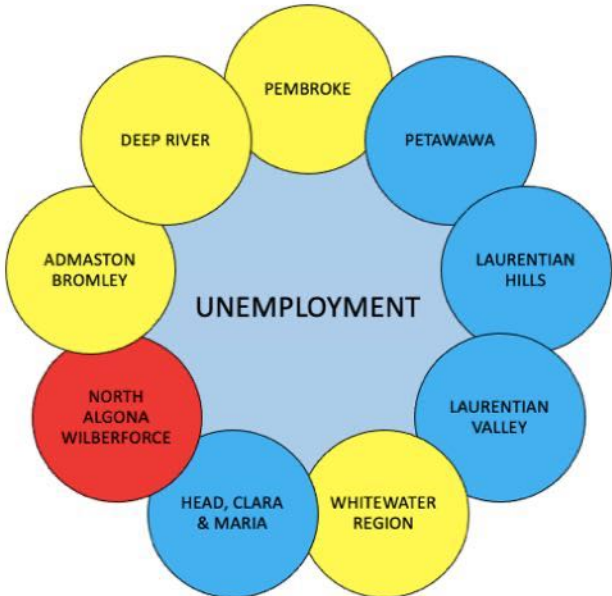
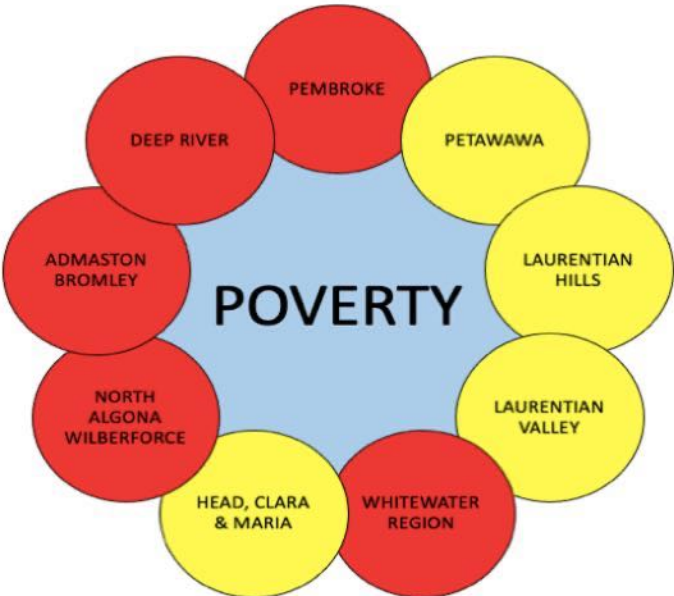
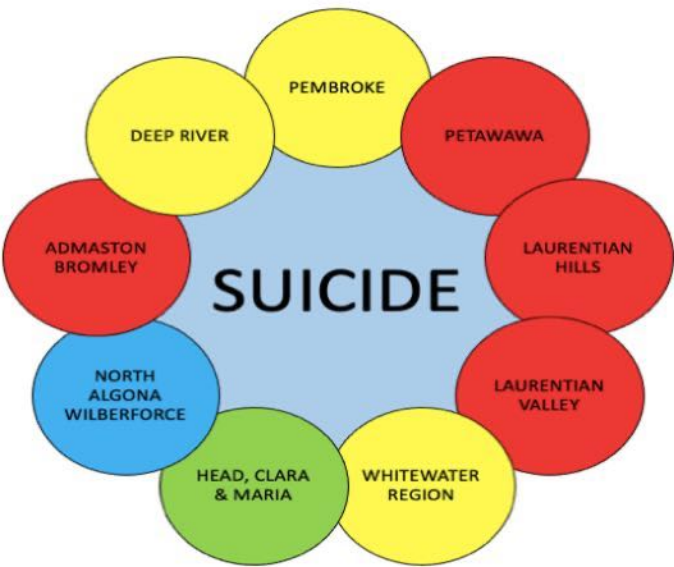
GREEN = Not prevalent, risk factor is not a concern at this time.

BLUE = Somewhat prevalent but not an immediate concern.

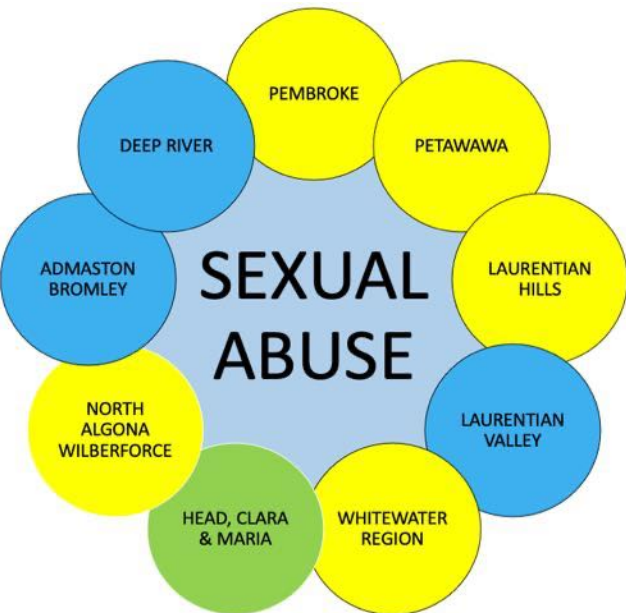
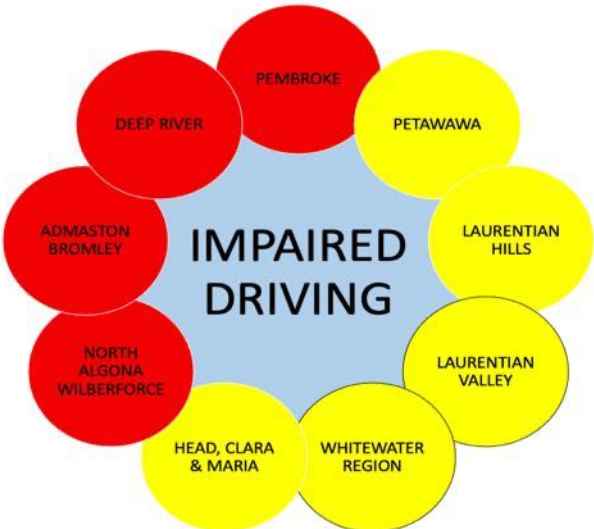
YELLOW = Significant prevalence requiring attention.

RED = High prevalence, a crisis requiring immediate attention.

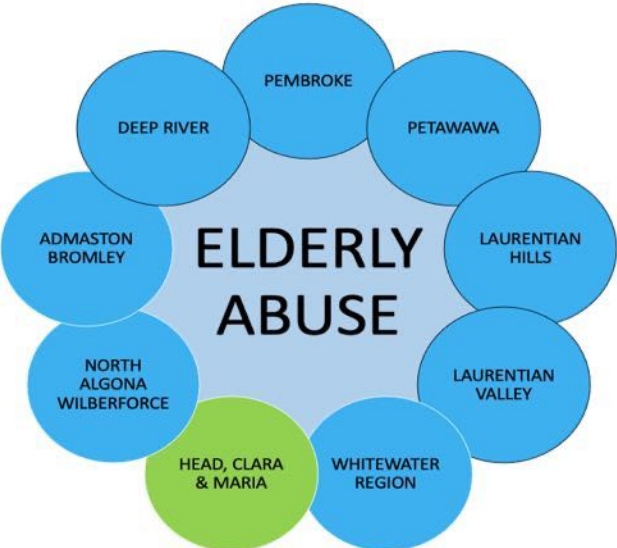
THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



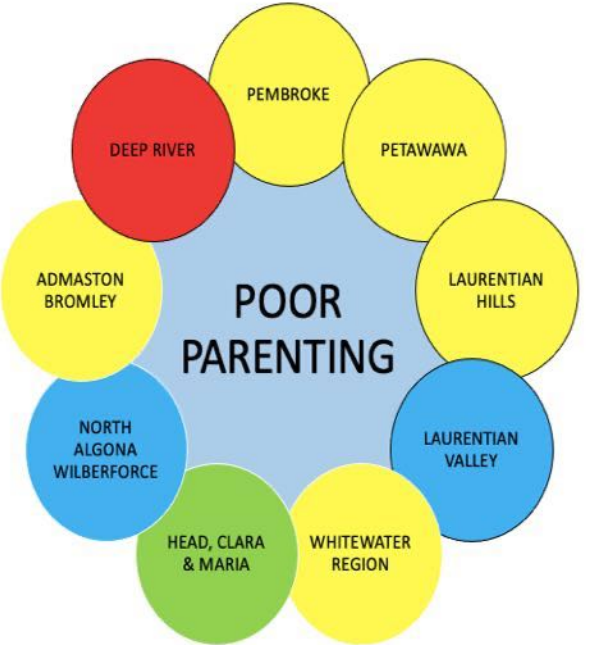
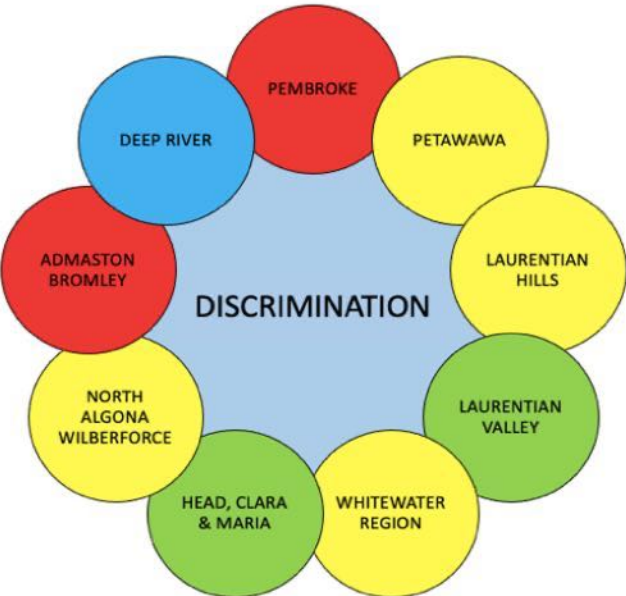
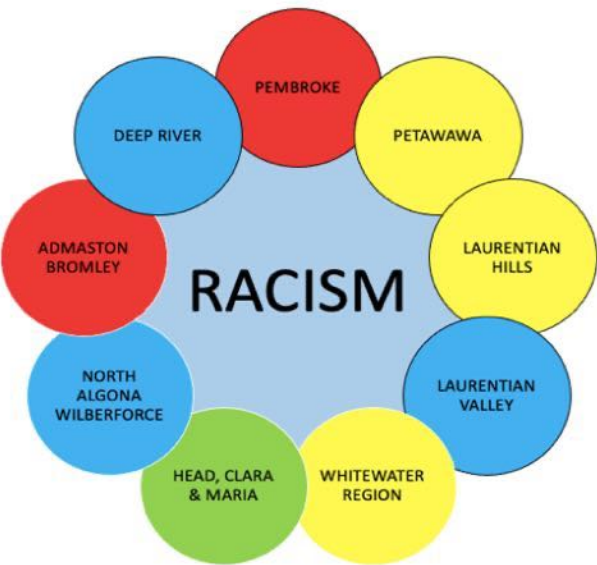
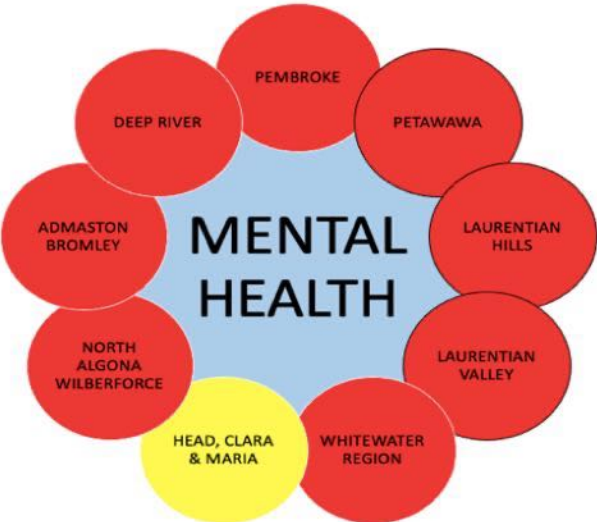
THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



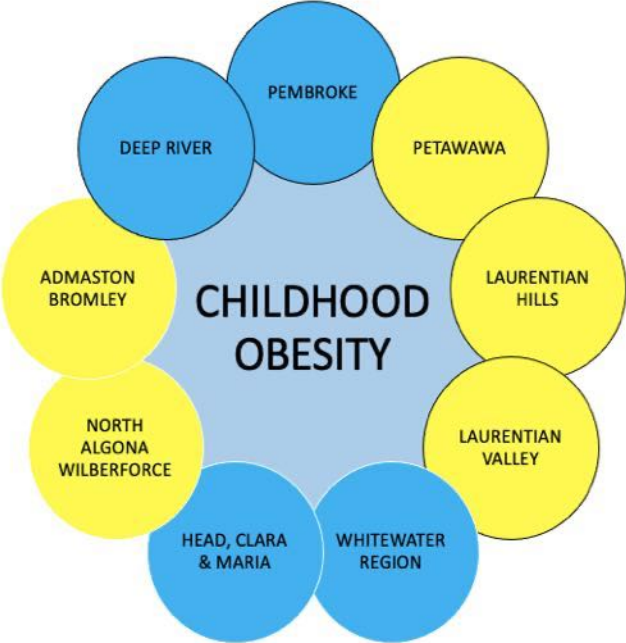
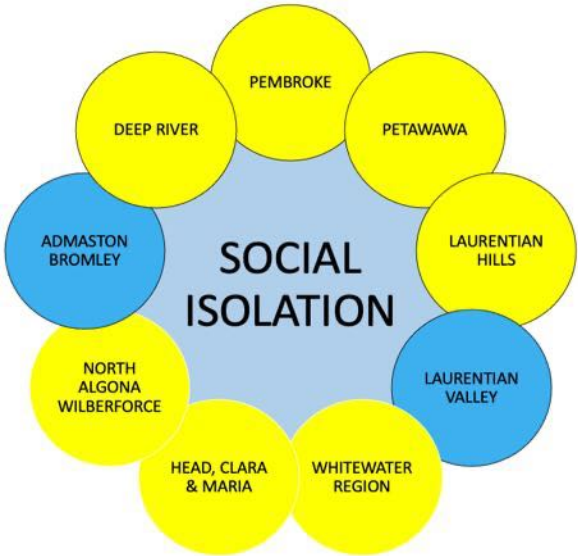
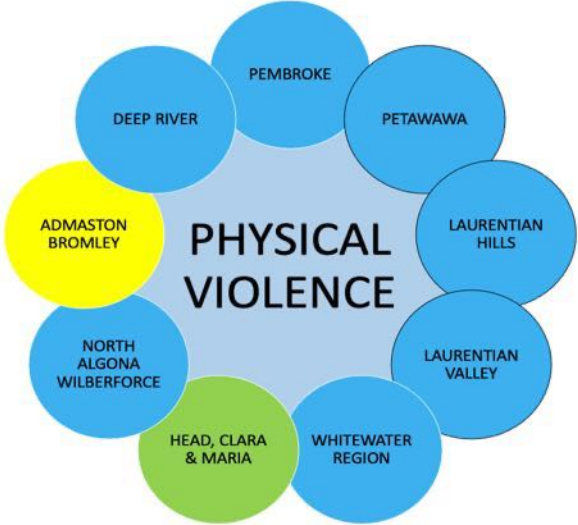
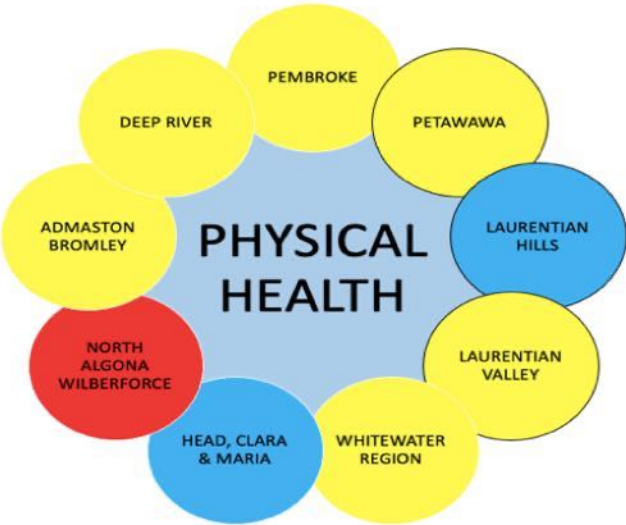
THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY

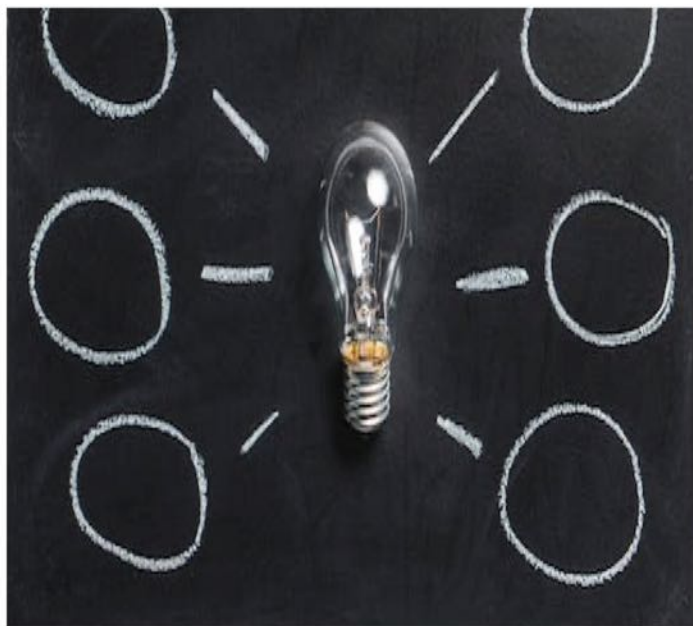


THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



THE “LIVED EXPERIENCE” SURVEY DATA SUMMARIZED

The following 3 pages contain a summary of the results of the Lived Experience Survey in relation to the 29 Risk Factor categories that were canvassed.



SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Mental Health Challenges

This risk factor was rated as **very high** in prevalence (crisis status) in 8 municipalities and **high** in 1 municipality.

This tells our advisory committee that regardless of current programs and supports in place to address this risk factor, more could and should be done.



Risk Factor - Access to Appropriate Housing

This risk factor was rated as **very high** in prevalence in 7 municipalities and **high** in 1 municipality.

This data suggests to our advisory committee that further solutions should be considered in addition to what is already in place.



Note: The red risk factors are creating a significant demand on emergency services. The harm to those exposed to those risk factors is significant and the cost of responding to downstream crisis by emergency services is high. These risk factors require immediate consideration.

SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Drug Addiction

This risk factor was rated as **very high** in 7 municipalities and **high** in 1 other.

This data suggests to our advisory committee that further solutions should be considered in addition to what is already in place.



Risk Factor - Alcohol Abuse

This risk factor was rated as **very high** in 6 municipalities, and **high** in the remaining 3 municipalities.

This data suggests to our advisory committee that additional supports should be considered at a County wide level.



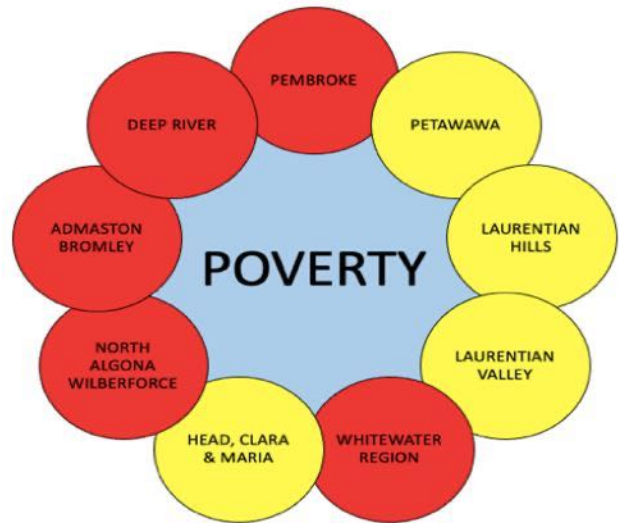
Note: Drug and alcohol abuse and addiction are often co-mingled and they create similar negative impacts on the health and well-being of those affected. Where the prevalence of these risk factors is high, impaired driving is often a collateral risk factor as seen on the next page.

SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Poverty

This risk factor was rated as **very high** in 5 municipalities and **high** in the remaining 4.

This risk factor is closely related to “Mental Health” and “Appropriate Housing”. This data suggests that more can and should be done to address these issues in all municipalities.



Risk Factor - Impaired Driving

This risk factor was rated as **high** in 5 municipalities and **high** in the remaining 4.

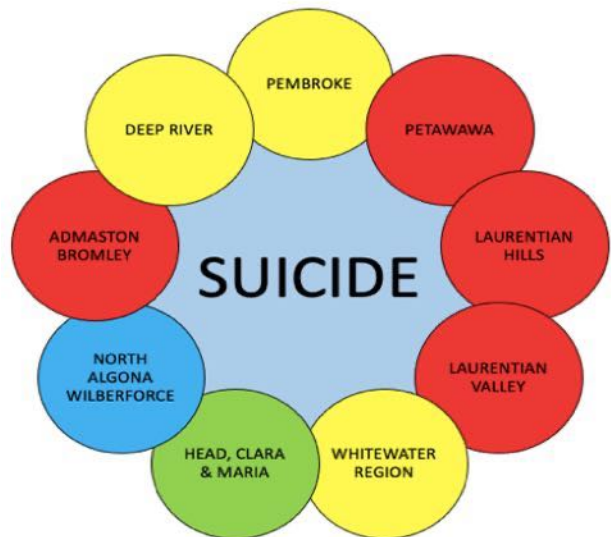
This data suggests that protective factors likely to reduce addiction to drugs and alcohol would likely reduce the incidence of impaired driving in every community.



Risk Factor - Suicide

This risk factor was rated as **very high** in 4 municipalities and **high** in 3 others.

In addition to programs and services that specifically address the risk of suicide, additional protective factors that address mental health, drug, and alcohol abuse and addiction and appropriate housing are likely to reduce the incidence of suicide.

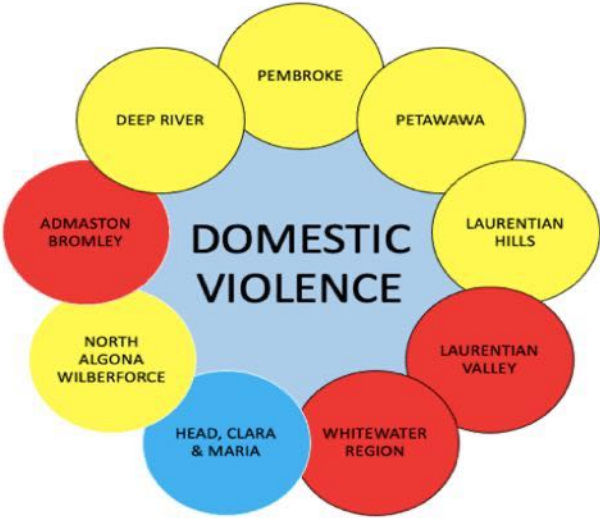


SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Domestic Violence

This risk factor was rated as **very high** in 3 municipalities and **high** in 5 others.

This risk factor is closely related to risk factors that impact mental health, substance abuse and poverty.



Risk Factor - Child Abuse

This risk factor was rated as very **high** 3 municipalities and **high** in 4 others.

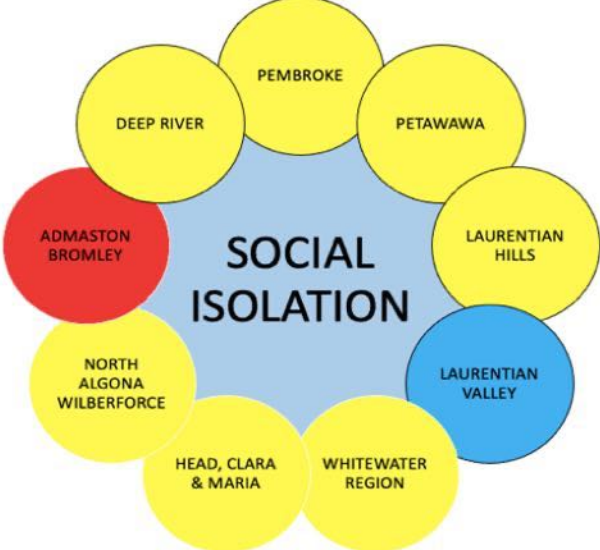
Child abuse is closely related to poverty, domestic violence and substance abuse.



Risk Factor - Social Isolation

This risk factor was rated as **very high** in 1 municipality and **high** in 7 others.

This data suggests almost every community could benefit from additional supports designed to enhance human connection.



RISK FACTORS PRIORITY FOCUS

With limited resources, it is important for communities to focus on what is most important first. The theory behind Community Safety and Well-being planning, which has been discussed in detail throughout this plan, is that risk factors in the Red & Yellow zones must be addressed first before shifting focus onto Blue and Green zone risk factors.

Once the Red & Yellow zone risk factors have been mitigated or eliminated, attention can appropriately shift toward the less prevalent and less harmful risk factors. It's a "First Things First" approach.



An important phrase often repeated by the late Dr. Stephen Covey is that "things which matter most, must never be at the mercy of things which matter least". It is a simple mantra that suggests individuals or groups should focus their time, energy, talent and money on things that are most important if they aspire to achieve the greatest impact.

Stephen R. Covey's book, *The 7 Habits of Highly Effective People*, continues to be a bestseller for the simple reason that it ignores trends and pop psychology and focuses on timeless principles of fairness, integrity, honesty, and human dignity.

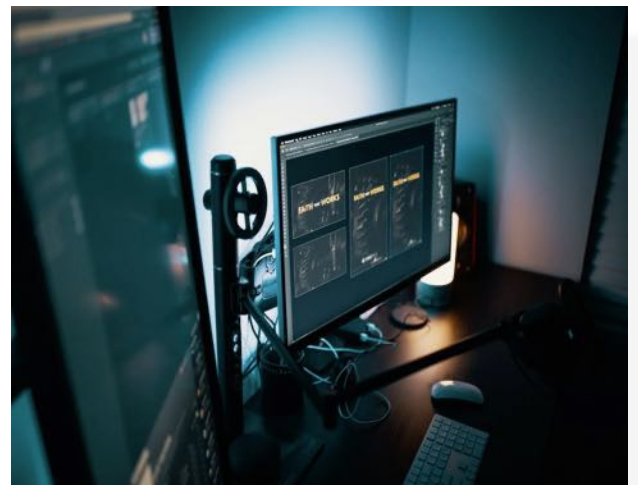
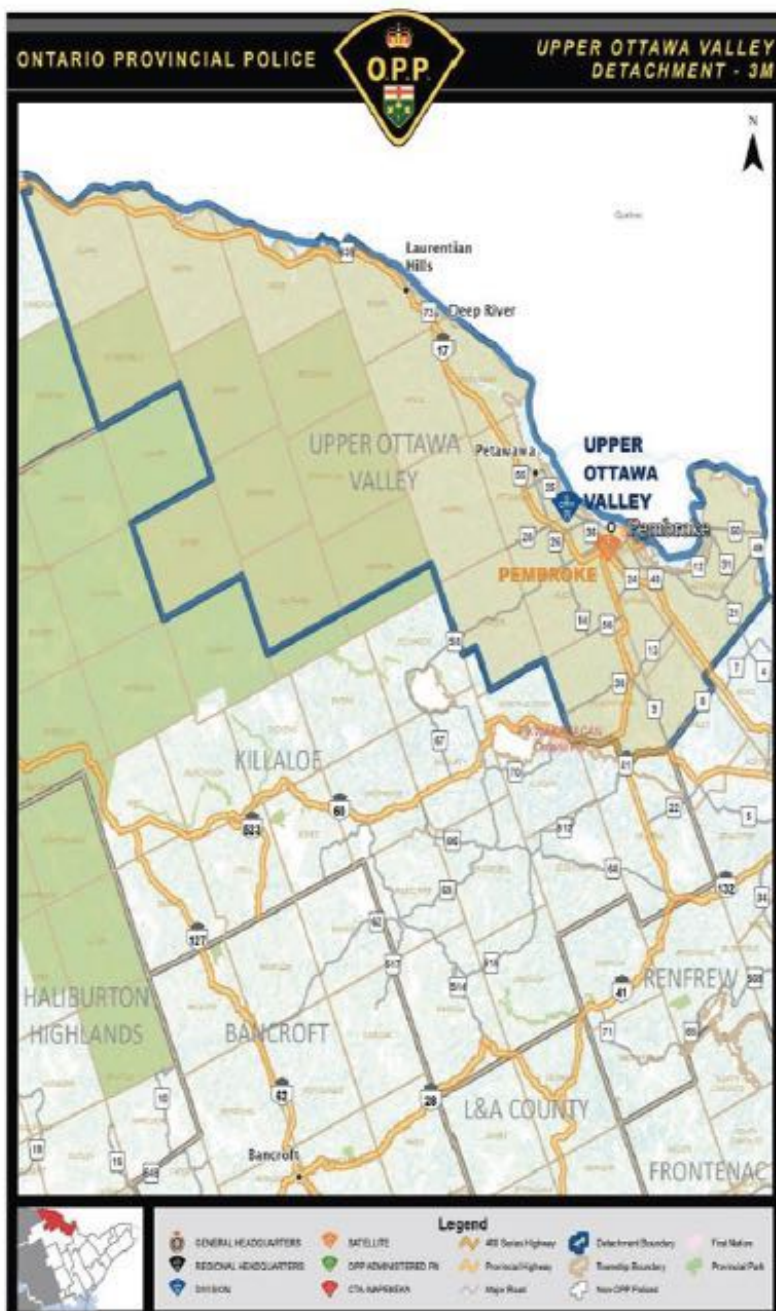
PRIORITY RISK FACTORS FOR 2023/24

Careful analysis of the Lived Experience Survey as well as the data provided by police, social services, health care and the risk tracking data gathered at the Situation Table, suggests the priority focus for this Community Safety and Well-being plan for 2023/24 should be on these **very high** and **high** priority risk factors.



POLICE DATA

Upper Ottawa Valley OPP



GEOGRAPHIC AREA

Cradled between the Ottawa River and Algonquin Park, the Upper Ottawa Valley Detachment is an area steeped in history, culture and beauty.

There are over 900 lakes and four major river systems in the Ottawa Valley from which it derives its well-deserved title as the Whitewater Capital of Canada.

Upper Ottawa Valley Detachment is responsible for providing policing services to the City of Pembroke, Town of Petawawa, Town of Laurentian Hills, Township of Laurentian Valley, Township of Whitewater Region, Head Clara & Maria Townships, North Algona Wilberforce Township and portions of Admaston Bromley Township.

How Do Police Spend Their Time?



TOP 5 CALLS FOR SERVICE

ANALYSIS OF A 5 YEAR TREND IN CATEGORIES OF POLICE CALLS FOR SERVICE

Here's
What the
Data
Says...



What Does it Mean?

These types of human behaviours are frequently associated to “high demand neighbourhoods”, neighbourhoods where there is a high number of repeat calls for service for emergency services and higher levels of victimization due to crime and social disorder.

A neighbourhood can be an entire city or town, or it could be a particular street or apartment complex within a larger community.

When there is a concentrated population of marginalized groups, due to lifestyle conditions riddled with risk factors that prevent access to the social determinants of health and well-being, you will find significant calls for service in the police response categories listed above.

“For the most part, crime and anti-social behaviour result from insufficient access to the social determinants of health. For example, a person who is experiencing poverty and mental health challenges may act out in ways that are harmful to himself, herself, or others.”

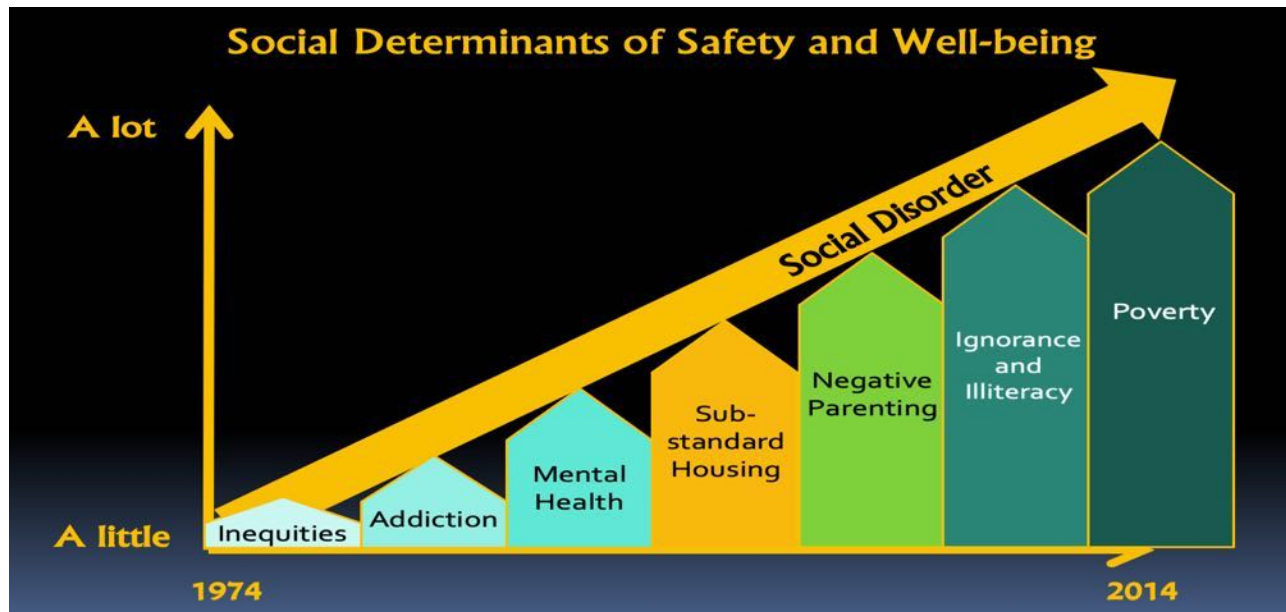
Dr. Hugh C. Russell
Transforming Community Policing
Mobilization, Engagement and Collaboration

“It is a Problem We Cannot Arrest Our Way Out Of!”

Inspector Scott Semple
Lennox & Addington OPP Detachment Commander

The Ontario Association of Chiefs of Police (OACP) defines **social disorder** as a “condition in which the behaviour and activities of people at a specific location lack sufficient control or order, deviating significantly from what would be considered by most to be comfortable, reasonable or safe.”

Hugh C Russell - Transforming Community Policing, Mobilization, Engagement & Collaboration
(Emond Publishing)



“What is driving social disorder up? As any police officer who has frequented a high-demand neighbourhood will tell you, “It’s mental health, addictions, poverty, negative parenting, and a host of other social ills.” These are known, in the health sector, as the **social determinants of health.**”

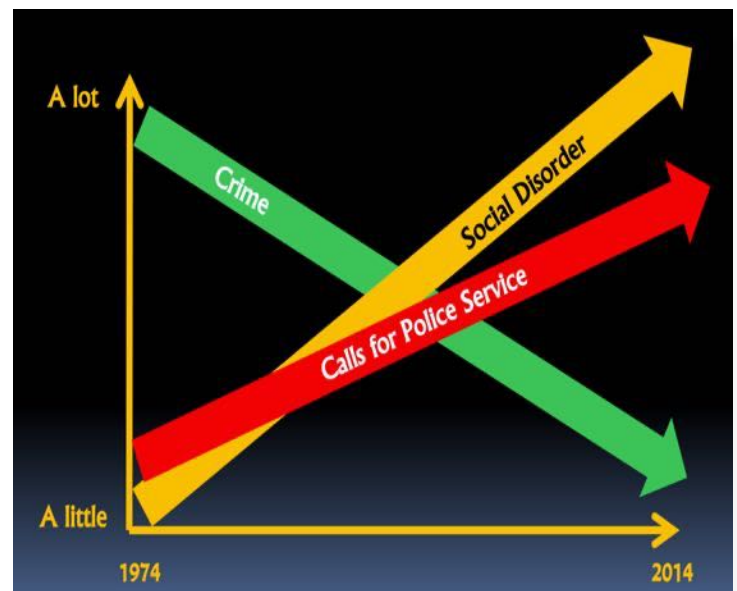
Hugh C Russell - Transforming Community Policing, Mobilization, Engagement & Collaboration
(Emond Publishing)

Despite the fact that major crime rates in Canada continue to fall, following a 40 year trend, calls for service to police and other emergency services continue to rise.

As social disorder increases, calls to emergency services continue to increase.

You can start to see why Community Safety is not solely a policing responsibility. So many other facets of society come into play.

If we want to improve community safety and well-being in our communities, we must address the **risk factors** that are driving **social disorder**.



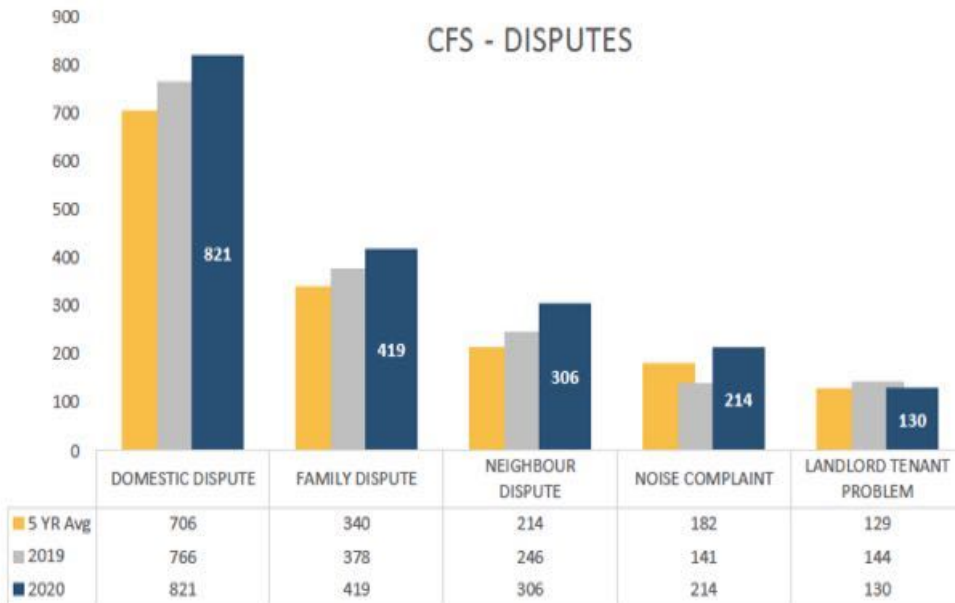
How Do We Fix It?

Communities that **invest** heavily in **social development** by establishing protective factors through improvements in things like health, employment and graduation rates, will **experience** the social **benefits** of **addressing the root causes of crime and social disorder**.

(Ontario) Provincial Community Safety & Well-being Planning Book 3 pg. 8



Police Calls For Service for Disputes, a Category of Social Disorder Where People in Our Communities are Unable to Get Along Resulting in Costly 911 Calls to Police and Other Emergency Response Agencies



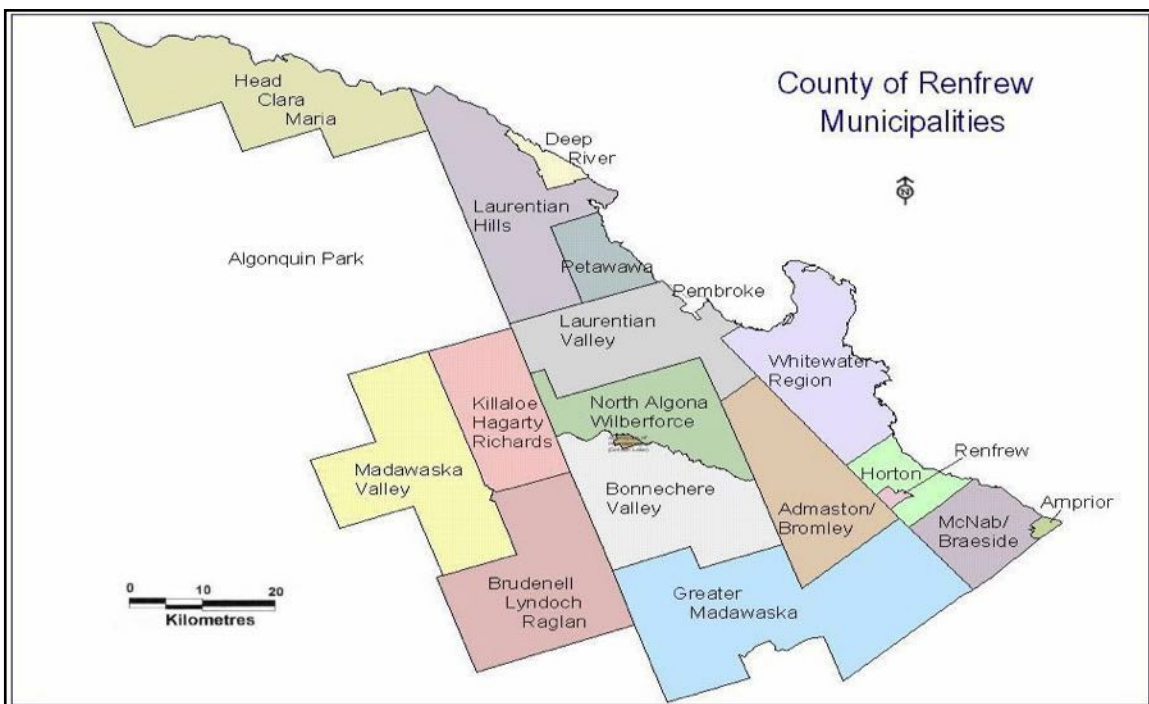
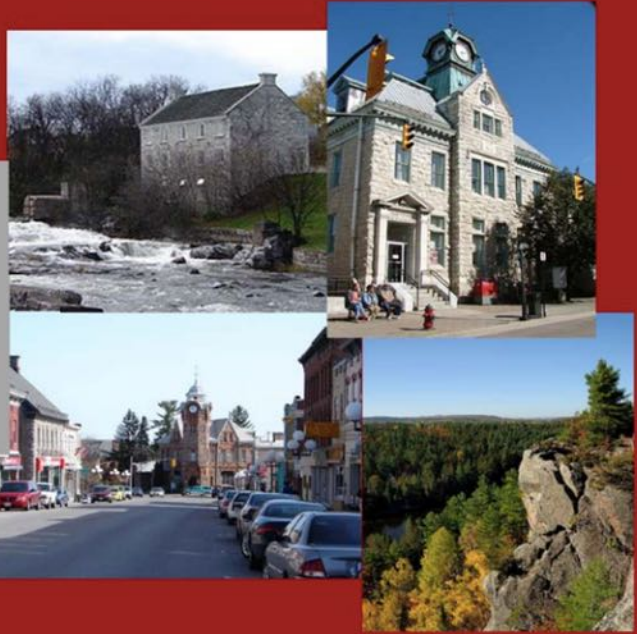
Social Disorder



Conclusion: The data provided by police is consistent with the priority risk factors identified in the lived experience survey. Although most of our communities are safe (Green Zone Communities), too many of our community members are still experiencing risk factors associated to **Mental Health & Addictions, Inadequate Housing, Domestic Violence and Poverty**.

SOCIAL SERVICES DATA

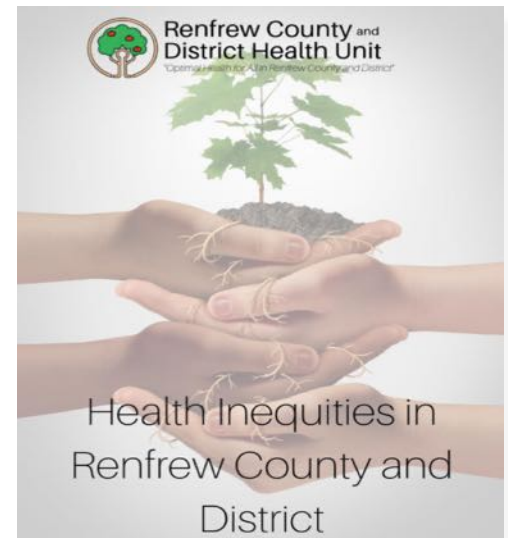
County of Renfrew



SOCIAL SERVICES DATA

Housing & Homelessness is and continues to be a priority issue for Renfrew County

In 2013, after considerable community consultation, the County of Renfrew adopted a ten-year Housing and Homelessness plan. This plan, entitled “A Place to Call Home”, helped to establish a clear picture of housing needs in the community at the time as well as strategies and actions to address these needs. Since adoption of the plan, the County has been working with community stakeholders from across the housing spectrum to improve outcomes for those in the community who are homeless, at risk of becoming homeless or who are seeking affordable housing. The County has also issued annual reports, documenting progress and highlighting key activities.



Housing is a cornerstone for any community and having adequate shelter is critical to enabling residents to live, work and participate. Given the geographic expanse of Renfrew County and the uneven distribution of a diverse population within it, there are a range of housing needs that exist, whether in terms of seniors, working families, low-income singles, or youth. Those who are homeless or at risk of becoming homeless are even more vulnerable. And while the housing market has responded to some of these needs, there are clear gaps that are not being adequately addressed. Housing affordability, suitability and adequacy are all on-going issues related to housing supply that can create challenges.

“When differences in health are systematic, avoidable and unfair and have the potential to be changed or decreased by social action, they are called health inequities. There are many things that local, provincial and national organizations can do together to reduce health inequities, improving the chances that everyone can achieve lasting good health.”

Report: County of Renfrew “Health Inequities in Renfrew & District County

SOCIAL SERVICES DATA

Homelessness is and continues to be a priority issue for Renfrew County

The County of Renfrew has partnered with **Built for Zero Canada (BFZC)** and local community groups to help reduce chronic homelessness. BFZC is an ambitious national change effort helping a core group of leading communities end chronic homelessness. **A By-Name List Survey** has been created to better know every person experiencing homelessness by name, to understand their unique needs, and to prioritize services and housing supports.



The development of a ten year Housing and Homelessness plan is also obliged under the *Housing Services Act (2011)*.

Homelessness is frequently associated to other **risk factors** such as poverty, unemployment, social disorder, domestic violence, addiction & substance use and mental & physical health challenges.

THE HOUSING CONTINUUM



SOCIAL SERVICES DATA



A Point in Time survey was completed in September of 2022 which provides a real time snapshot of housing and homelessness challenges in Renfrew County.

Number of people experiencing Homelessness.



Duration Status Homelessness.

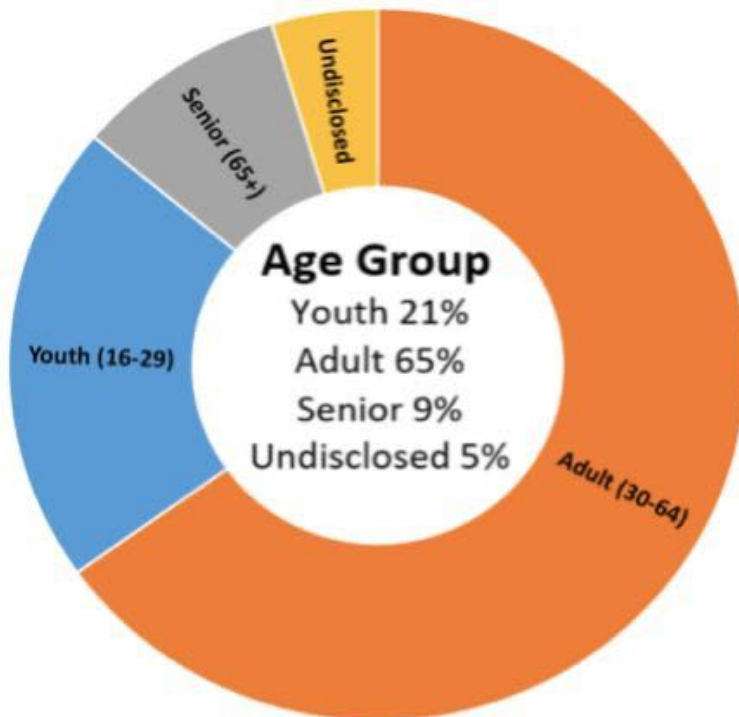
Causation Factors for Homelessness.



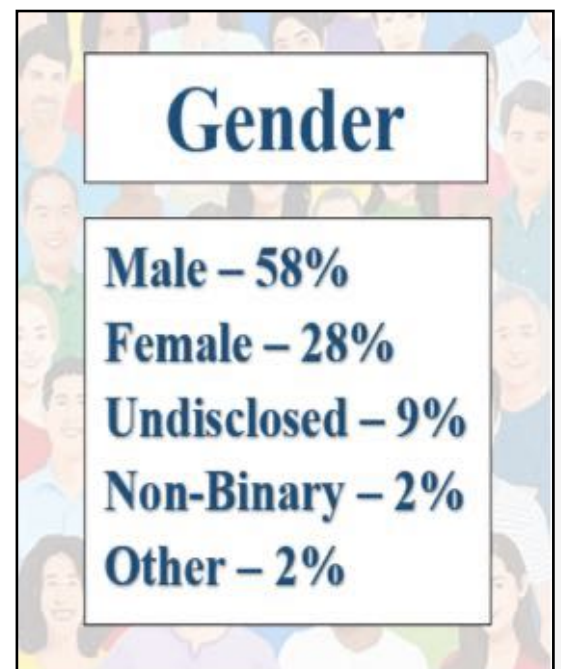
Reason for Homelessness



Point in Time Statistics Continued



It is important to note that the data contained in the infographics is a snapshot of homelessness at a moment in time. The number of people who are in fact homeless according to the definition, is likely significantly higher.



Revised Housing and Homelessness Plan (2019)

The goals and objectives of the current plan are as follows:

Goal 1: Housing persons who do not have a home

- Objective 1: Take a Housing First approach to addressing homelessness
- Objective 2: Improve access to housing and support needs by focusing on persons who are most vulnerable

Goal 2: Preventing homelessness and maintaining housing stability

- Objective 3: Reinforce homelessness prevention through emergency financial assistance programs
- Objective 4: Improve access to support services and programs through service 'hubs'
- Objective 5: Engage senior levels of government to help address identified local housing needs
- Objective 6: Increase housing awareness and promote housing stability through partnerships and education

Goal 3: Ensuring an adequate supply and choice of housing

- Objective 7: Retain and increase the affordable housing supply through effective strategies and planning policies
- Objective 8: Encourage development and investment in affordable housing through greater awareness of existing resources, models and tools
- Objective 9: Support affordable home ownership opportunities through continued investment

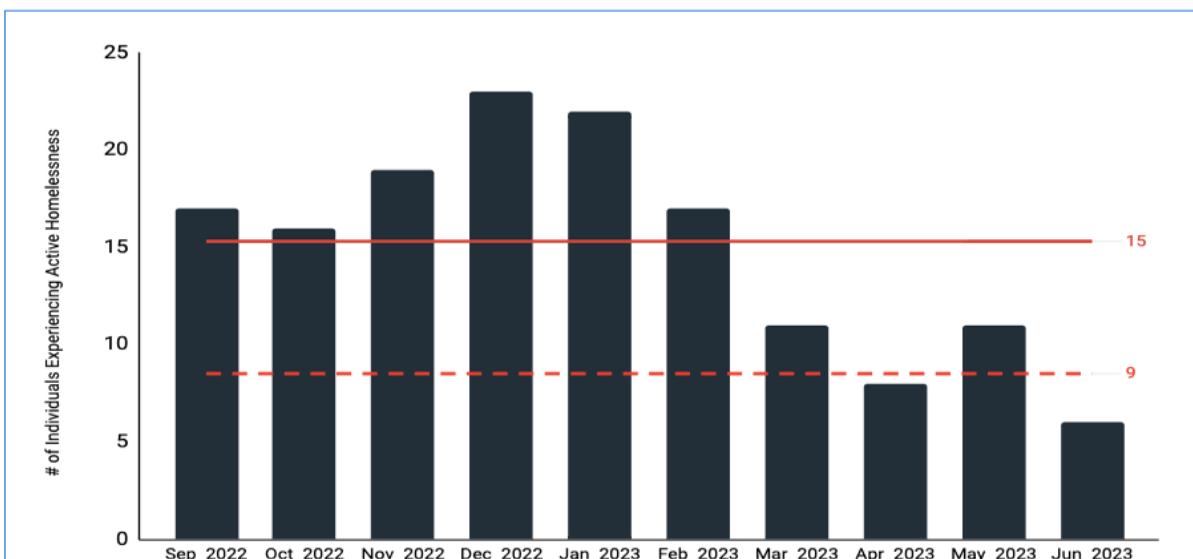
Goal 4: Improving coordination and capacity within the system

- Objective 10: Enhance the effectiveness of partners within the housing system through greater coordination
- Objective 11: Improve awareness of housing services and programs in the County of Renfrew
- Objective 12: Enhance capacity within the system through continued monitoring and assessment

Progress to Date

ACTIVE CHRONIC HOMELESS & BASELINE REDUCTIONS

This chart displays all active homeless data from the baseline date until the most recent month submitted.

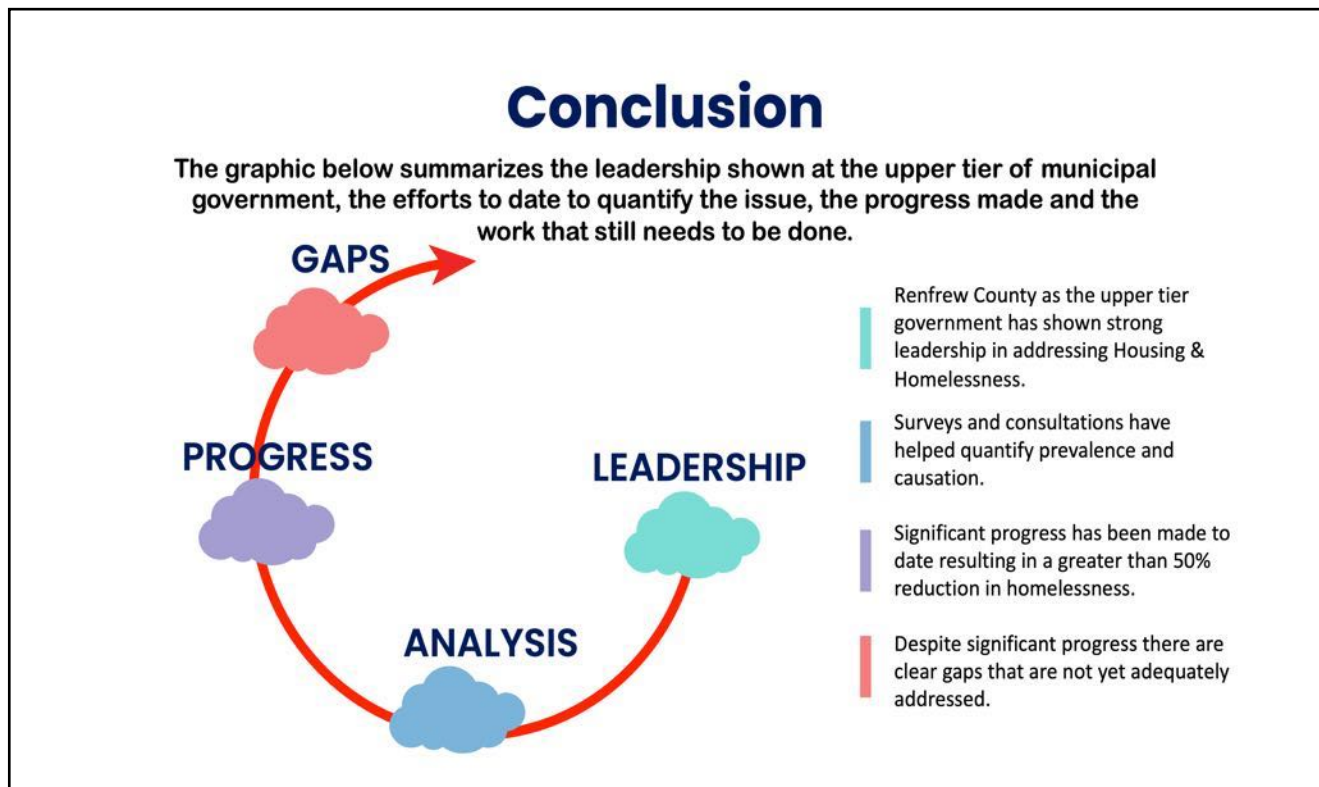


SOCIAL SERVICES DATA - CONCLUSION

While there is need for the County to help provide leadership in the housing and homelessness system, the HHP was envisioned as a community plan and as such, should reflect community efforts in pursuit of solutions to identified issues. This same philosophy should apply to HHP implementation by having the County assume a leadership role in coordination but having stakeholders take a more participatory role in system solutions. To assist in HHP implementation, a number of tools/approaches are contemplated including:

- **Developing an HHP-specific work plan** – To help support accountability and track progress on actions, a formal implementation plan for the HHP should be developed. While this could take the form of a tracking table, it should be integrated with departmental work plans to ensure necessary items are actioned and resourced. It is anticipated that some of these actions may fall under recurring tasks/roles already identified in the departmental work plan.
- **Coordinating with the Seniors Housing Strategy implementation work plan** – While an HHP implementation plan is essential for tracking purposes, those HHP actions that crossover to the Seniors Housing Strategy should be actioned accordingly in order to avoid duplication and ensure coordination of efforts and resources with other internal departments of the County.
- **Exploring opportunities for coordination with community stakeholders** – As a community-based plan, ownership of appropriate HHP actions by community partners should be encouraged to expand impact, leverage resources, engage stakeholders and build capacity. This supports a more collaborative systems approach that helps reinforce the coordination of functions that is embodied in HHP actions.

Five Year Review: Ten Year Housing & Homelessness Plan - Addendum Update June



SITUATION TABLE RISK TRACKING DATA COLLECTION



SITUATION TABLE DATA

The Province of Ontario under direction of the Ministry of the Solicitor General, maintains a data base known as the "RTD", risk tracking database.

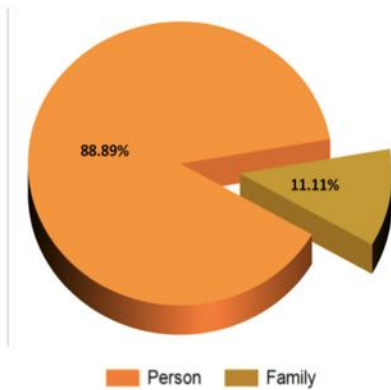
Every new situation brought to the attention of the table is given a number and specific data in relation to that situation is recorded in the RTD.

No personal information is recorded. The database tracks risk factors, broad demographics such as age category and gender and whether the intervention by the table members is successful in connecting people at risk to services that may reduce the level or risk they are facing.

RENFREW SITUATION TABLE RTD DATA



Breakdown By Discussion Type



| Type | Discussions | Percentage |
|--------|-------------|------------|
| Person | 80 | 88.89% |
| Family | 10 | 11.11% |
| Total | 90 | 100.00% |

OVER A 5 YEAR PERIOD, THE MAJORITY OF SITUATIONS BROUGHT FORWARD TO THE TABLE INVOLVED INDIVIDUALS AS OPPOSED TO ENTIRE FAMILIES.

THE AGE GROUPS OF THE INDIVIDUALS BROUGHT FORWARD WERE COMMONLY BETWEEN 12-17, 30-39 AND 40-59 YEARS OF AGE.



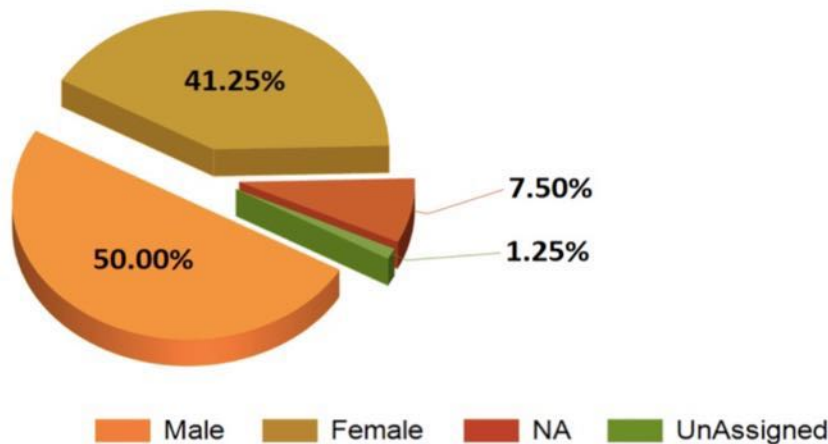
| Age Group | Discussions |
|-------------|-------------|
| 0-5 Years | 0 |
| 6-11 Years | 0 |
| 12-17 Years | 15 |
| 18-24 Years | 8 |
| 25-29 Years | 3 |
| 30-39 Years | 17 |
| 40-49 Years | 0 |
| 40-59 Years | 20 |

SITUATION TABLE DATA CONTINUED

THE TOP 5 MOST PREVALENT RISK FACTORS WERE MENTAL HEALTH ISSUES, ANTISOCIAL BEHAVIOUR, CRIMINAL INVOLVEMENT, SUBSTANCE ABUSE AND VICTIMIZATION

| Top CSWB High Level Risk Priorities | | | | | | | | | | |
|-------------------------------------|---|----|---|----|---|----|------------------------|----|----------------------|----|
| Year | Top 1 | | Top 2 | | Top 3 | | Top 4 | | Top 5 | |
| 2017 | Mental Health and Cognitive Functioning | 60 | Criminal Involvement | 56 | Antisocial/Problematic Behaviour (non-criminal) | 46 | Substance Abuse Issues | 28 | Victimization | 19 |
| 2018 | Mental Health and Cognitive Functioning | 32 | Antisocial/Problematic Behaviour (non-criminal) | 28 | Substance Abuse Issues | 21 | Victimization | 19 | Criminal Involvement | 15 |
| 2019 | Mental Health and Cognitive Functioning | 23 | Substance Abuse Issues | 23 | Antisocial/Problematic Behaviour (non-criminal) | 17 | Criminal Involvement | 15 | Victimization | 9 |
| 2020 | Antisocial/Problematic Behaviour (non-criminal) | 25 | Mental Health and Cognitive Functioning | 25 | Criminal Involvement | 24 | Substance Abuse Issues | 23 | Victimization | 15 |
| 2021 | | | | | | | | | | |

Breakdown By Sex

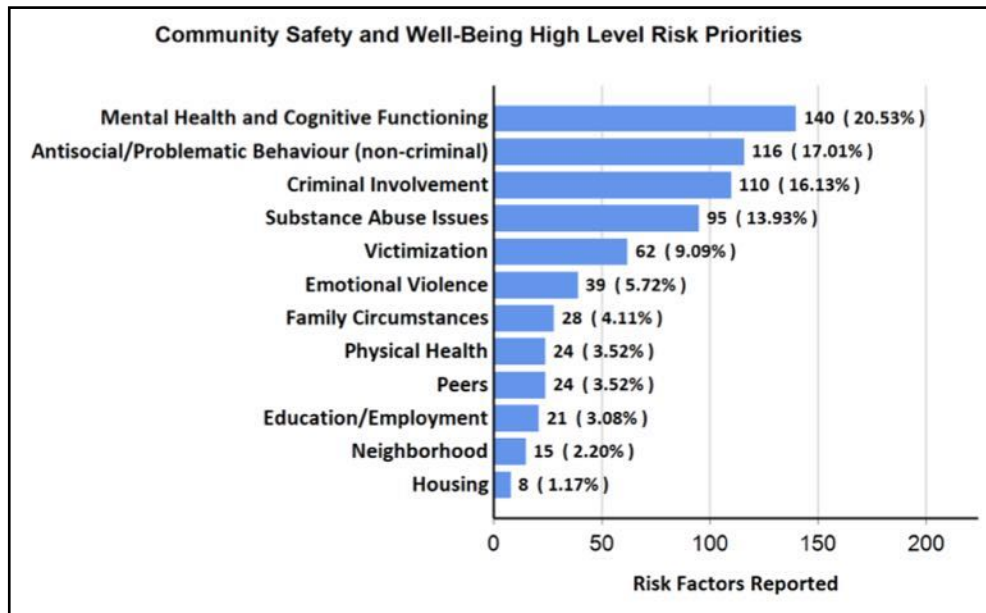


THE MAJORITY OF INDIVIDUALS BROUGHT TO THE ATTENTION OF THE TABLE WERE MALE AT 50% WITH FEMALES REPRESENTING 41.25%.

If you have ever looked at a young person in the context of their surrounding and said to yourself, "That poor kid doesn't stand a chance", then you understand risk factors and the power of their gravitational pull toward a life of potential suffering and crisis. People can and do overcome their negative environments but almost every success story told includes a role model of some sort, a coach, an aunt, a teacher, or parent of a friend, who took an interest in the child and helped steer them in a better direction. That is what the situation table tries to do, to interrupt and mitigate risk factors by introducing protective factors that just might alter the course of likely outcomes.

SITUATION TABLE STATISTICS

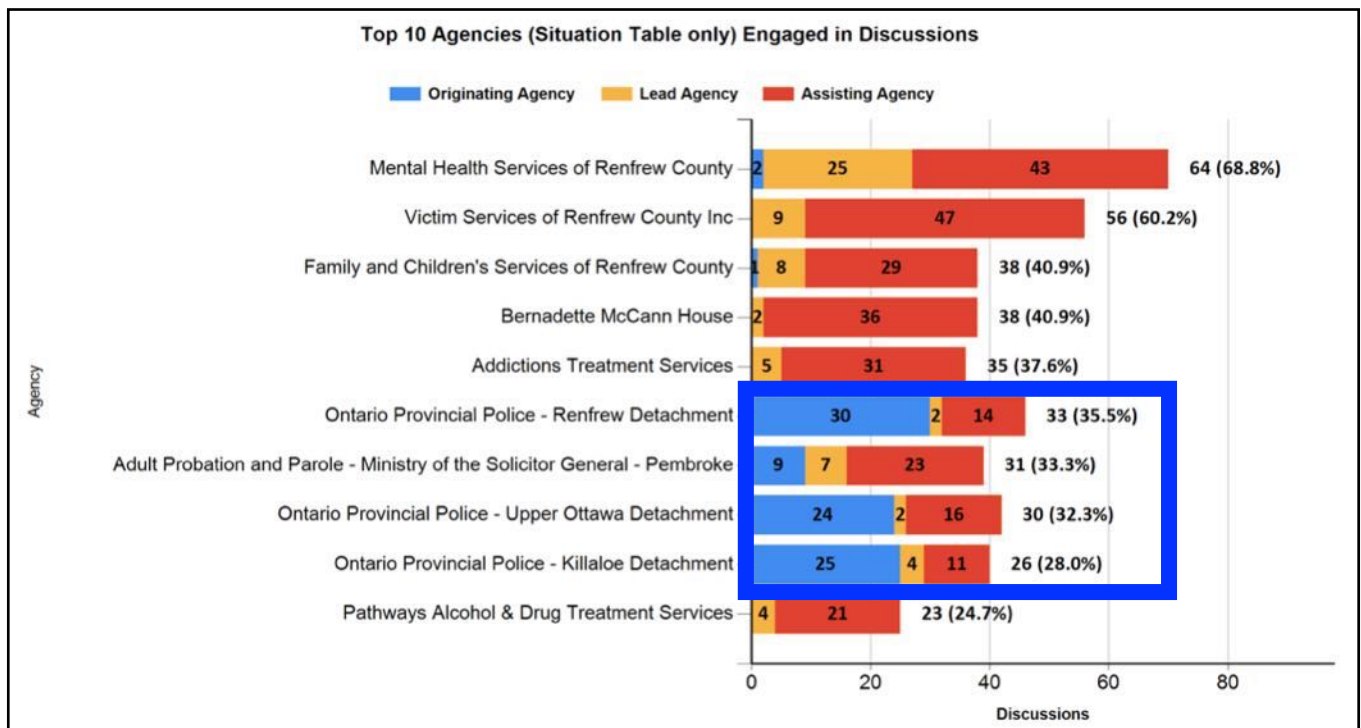
Overall Risk Information Report for Renfrew County From 4/1/2017 To 1/1/2021



Top Risk Factors:

The database tracks information specifically for use in the Community Safety and Well-being planning process.

Agency Engagement Report for Renfrew County From 4/1/2017 To 1/1/2021



Remember the statistic reported in the Police Data section. More than 75% of call for service to police fall into the category of social disorder which includes all of the risk factors listed above. Police are a 24/7/365 agency that sees the most risk. Police bring more situations to the table than any other agency. This is consistent with Situation Tables across the Province.

AGENCY THAT SEES THE MOST RISK

OF SITUATIONS BROUGHT FORWARD BY AGENCY
SINCE 01 APR 2017 to 01 JAN 2021

| Agency (Situation Table only) | Originating Agency | Lead Agency | Assisting Agency | All (Originating, Lead, Assisting) | Total # of Discussions Engaged In | Percentage (Engagement out of 93 Discussions) |
|---|--------------------|-------------|------------------|------------------------------------|-----------------------------------|---|
| Mental Health Services of Renfrew County | 2 | 25 | 43 | 70 | 64 | 68.8% |
| Victim Services of Renfrew County Inc | 0 | 9 | 47 | 56 | 56 | 60.2% |
| Family and Children's Services of Renfrew County | 1 | 8 | 29 | 38 | 38 | 40.9% |
| Bernadette McCann House | 0 | 2 | 36 | 38 | 38 | 40.9% |
| Addictions Treatment Services | 0 | 5 | 31 | 36 | 35 | 37.6% |
| Ontario Provincial Police - Renfrew Detachment | 30 | 2 | 14 | 46 | 33 | 35.5% |
| Adult Probation and Parole - Ministry of the Solicitor General - Pembroke | 9 | 7 | 23 | 39 | 31 | 33.3% |
| Ontario Provincial Police - Upper Ottawa Detachment | 24 | 2 | 16 | 42 | 30 | 32.3% |
| Ontario Provincial Police - Killaloe Detachment | 25 | 4 | 11 | 40 | 26 | 28.0% |
| Pathways Alcohol & Drug Treatment Services | 0 | 4 | 21 | 25 | 23 | 24.7% |
| Total: | 91 | 68 | 271 | 430 | 374 | |

This chart clearly depicts that the Ontario Provincial Police bring forward a significantly higher number of situations than any other agency. This is due to the fact that the police are open for business 24 hours a day, 7 days per week and 365 days per year.



Across the entire country the police have become the default response agency. Approximately 75% of the calls police respond to fall into the category of social disorder. Police have the largest lens on risk. They see more people facing acute elevated risk and therefore bring more situations to the table.



75% of Calls for Service to Police in Canada are for Social Disorder Incidents.

KEY COMMUNITY SAFETY & WELL-BEING INITIATIVES

1. SITUATION TABLE
2. THE GRIND
3. POLICE/MENTAL HEALTH & ADDICTIONS PARTNERSHIP
4. INTIMATE PARTNER VIOLENCE INNOVATION
5. COMMUNITY PARAMEDIC PROGRAM

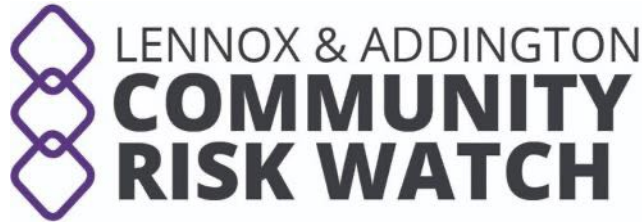


KEY INITIATIVE #1

THE SITUATION TABLE



THE SITUATION TABLE



At the heart of our Community Safety & Well-being plan sits the Situation Table, established in 2017 under the leadership of the Ontario Provincial Police in collaboration with a host of other support agencies who had a desire to work together more effectively to try and protect individuals and families from exposure to life altering crisis.

What is a Situation Table

The Situation Table is a group of front-line health, human, justice and emergency service workers who meet weekly to discuss individuals or families facing multiple risk factors that could result in crisis.

Front Line Case Worker

Over 20 agencies are currently participating.



Identify Risk

An individual or family is facing "acute elevated risk".

Upstream Intervention

A collaborative upstream intervention is planned to try and avoid crisis and reduce or eliminate risks.

The initiative is called the **Renfrew County Community Risk Watch Situation Table** and it is currently in its 6th year of operation. During this time many community members have been diverted from life altering even and life-threatening crisis due to the upstream intervention efforts of the Situation Table participants.



Our Webpage can be found at:
<https://www.renfrewcountycommunityriskwatch.com/>

New 'Situation Table' aimed at preventing a crisis before it happens

IMAGINE you develop a life threatening disease and you go to see your doctor. Imagine there is a new drug that will cure you completely, but your doctor is not aware of it. How would you feel about your doctor? Anger, frustration, disappointment, distrust, contempt? The list goes on and on.

Now imagine that the same doctor gets invited to a meeting once a week with other doctors, specialists, pharmacists, scientists and pharmaceutical representatives. At this meeting your case is discussed and your doctor learns about the new drug. The drug is then offered to you and the disease is cured. That is the power of collaboration.

We are doing something like that here in Lennox and Addington County. It is called a 'Situation Table' and once a week a variety of professional human service providers and community based organizations, including the police, meet to discuss individuals or families at risk and then develop a co-ordinated plan to try and help them.

The idea started in Glasgow, Scotland several years ago. Prince Albert, Saskatchewan, brought the concept to Canada about four years ago and today the idea is spreading like wild-fire across Ontario. Hastings County has established a Situation Table and have been meeting for a few months now. L&A County partnered with Kingston and Frontenac to establish two tables with regional oversight. The L&A Situation Table meets once a week on Tuesdays in Napanee and the Kingston/Frontenac table meets week-

ly in the city of Kingston. The joint initiative is called the KFLA Community Risk Watch.

These initiatives are fine examples of community collaboration. In fact, you can't talk about Situation Tables without talking about collaboration and you can't mention the word collaboration without someone saying, 'We already do that.' This is different. This is collaboration at a point intersecting far enough upstream to prevent compounding risk factors from manifesting in acute or chronic crisis.

Let me say that another way. Picture this. A mighty river comes to a Y and branches left and right. The left turn takes you down a beautiful, serene and calm section of the river. The right turn takes you toward a set of violent rapids and eventually a life threatening waterfall. You are part of a team of people responsible for rescuing those who take the right turn. The distance from the Y to the waterfall is about five kilometers. You and your team have just received word that two people in a canoe have just mistakenly taken the right turn. Where would you set up your rescue attempt?

The obvious answer is that you would not set up a hundred feet from the edge of the waterfall. But guess what? That's where policing is. And that is where the courts and the prisons and our probation and parole programs are. The reality is that this is where these programs need to be but, we have an opportunity to split our resources and send a second team much further upstream. If the second team fails the first rescue attempt, they will be far enough upstream to

attempt a second rescue effort and perhaps even a third. With a bit of luck, the two canoeists will be rescued long before they are ever placed in any real danger — in other words, long before they even get close to the waterfall.

That is what a Situation Table is. It is a team of people planning rescue efforts for individuals and families at risk. The focus is on upstream risk as opposed to downstream crisis. The mantra is risk-driven as opposed to incident driven. This project has been over two years in the planning phase and on Feb. 10, L&A County had its first Situation Table meeting. Getting to this point was no easy task and it would not have happened without the enthusiasm and energy and collaboration of our great community partners.

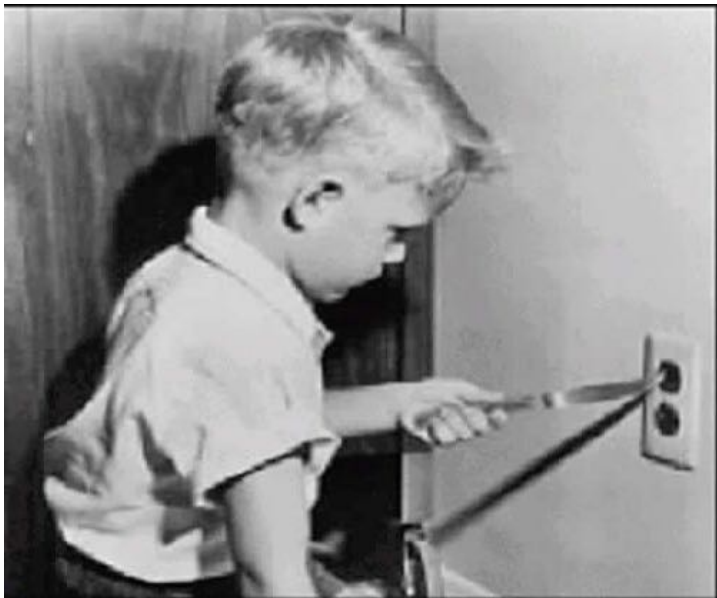
Currently we have Family and Children's Services, Addictions and Mental Health Services, Pathways for Children and Youth, Adult & Youth Probation, both the Algonquin Lakeshore and Limestone District School Boards, Interval House, Morning Star Mission, the Community Health Centre, Prince Edward/L&A Social Services, Victims Services and the OPP sitting at the Table. We are currently in the process of recruiting a few more partners to further enhance our collaborative capacity.

We don't know what we don't know, but together we are going to find out and together we are going to do something about it!

*Insp. Pat Finnegan,
Napanee OPP
Detachment Commander*

SITUATION TABLE - RISK FOCUSED - UPSTREAM

Renfrew County Community Risk Watch (RCCRW), formally known as the Renfrew County Situation Table, was established in 2017. It was founded with a mission to implement a proactive and collaborative approach to identifying acutely elevated risk situations that are currently, or have the potential to affect individuals, families and/or communities. Renfrew County Community Risk Watch encompasses all (17) municipalities within the county, as many partnering agencies provide their services on a county wide basis. Some of the services involved in this initiative fall under the following sectors: Justice, Health, Social Services, Education, Private and Government.



The entire focus is prevention. “If it is predictable then it is preventable.” If it is preventable then those of us who have the capacity should try to do something about it.

It isn't magic. It's just a group of people whose jobs or roles give them a lens on risk within the community. They get together once a week to see what if anything they can do to help individuals or families predicted to face crisis.



“ACUTE ELEVATED RISK”

HOW THE SITUATION TABLE WORKS

The Situation Table is a group of front-line health, human, justice and emergency service workers who meet weekly to discuss individuals or families facing multiple risk factors that could result in crisis.

A 4 Step Process is Used

Only cases of “Acute Elevated Risk” are brought to the table for discussion and intervention.

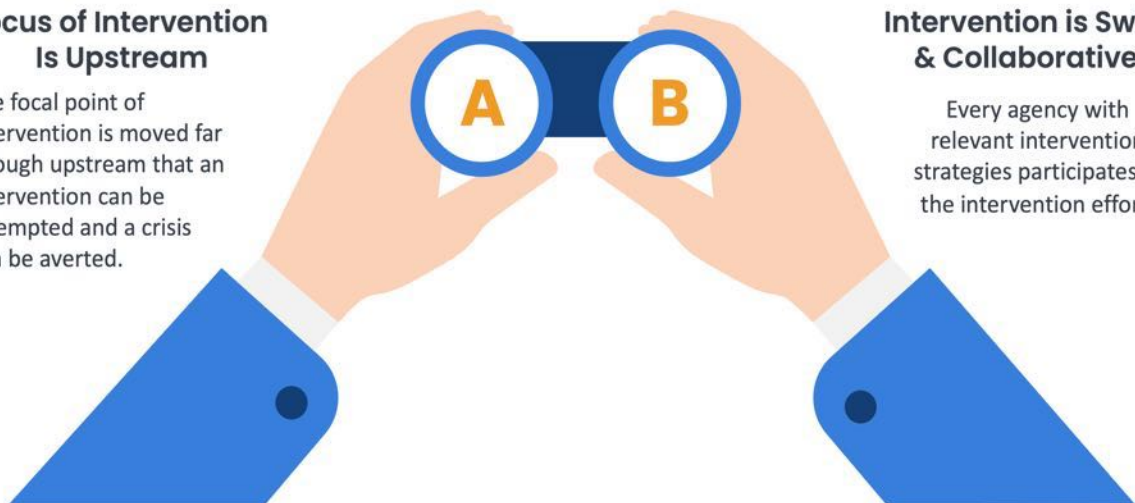


What is Acute Elevated Risk?

Acute elevated risk is a cluster of risk factors present in someone’s life that if left unchecked are likely to result in crisis. In other words, something bad is going to happen and it is going to happen sometime soon.

Focus of Intervention Is Upstream

The focal point of intervention is moved far enough upstream that an intervention can be attempted and a crisis can be averted.



Intervention is Swift & Collaborative

Every agency with relevant intervention strategies participates in the intervention effort.

SITUATION TABLE PRIVACY POLICY

The goal of the Situation Table is to bring awareness to existing programs and services within the community that are intended to help people at risk and prevent significant harms which often occurs in the form of crisis such as a drug overdose, crime victimization or a mental health apprehension.



THE 4 FILTER PROCESS FOR PRIVACY PROTECTION



The Privacy of those being helped is priority one. As such, information regarding the efforts of the Situation Table is tracked in a provincial database but the names, dates of birth and addresses of the individuals helped are not recorded.

When a new situation is brought to the table, the agency introducing the new situation uses “de-identified” information during the initial discussion. If there is consensus that the new situation meets the threshold of “Acute Elevated Risk” then a team of table members who can help are identified and the discussion stops. At the end of the meeting everyone leaves the room except those who self identified as likely able to help.

In other words, only those who think they can help will eventually hear information which will identify the person the group is trying to help. That team then remains together and develops a plan to try and help the individual at risk and that intervention plan is executed within 24 to 48 hours.



EXPLANATION OF THE 4 FILTER SYSTEM

Privacy is of paramount importance. The situation table applies “The 4 Filter” system to each new situation brought forward.



Filter 1: Internal agency screening. This is the stage at which an agency determines that there is an individual and/or family that has reached a level of AER and that the risk factors are beyond its scope/mandate to mitigate risk and that all traditional inter-agency approaches have been exhausted.



Filter 2: De-identified information. At this stage, the situation is presented to the table using only de-identified data. De-identified data refers to information that has no identifiers relating to the individual (name, date of birth, address, etc.).



Filter 3: De-identified discussion to identify intervening agencies. In this stage, it will be determined if the situation brought forward will be accepted into the table. If it is accepted, the RCCRW will determine which agencies will be required to participate in a full intervention-planning discussion, outside of the full table. Here, there will also be a lead agency determined.



Filter 4: Collaborative intervention planning among chosen intervening agencies. At this stage, identifying information will be shared only with those agencies deemed appropriate to intervene with the individual/family. This allows the professionals involved to consult their own databases to determine if they are familiar or already engaged with the individual/family. A plan will then be established to implement a risk mitigation intervention with the individual/family within 24-48 hours of the table discussion.



KEY INITIATIVE #2

THE GRIND

THE GRIND
PEMBROKE



“THE GRIND” - A PLACE TO CONNECT & REFLECT



The Grind Pembroke is a volunteer-driven, faith-based charity located in downtown Pembroke. It relies solely on the generosity of community organizations and individuals and place strong value on partnerships with the health and social service sector to effect meaningful changes in people’s lives.



Our Mission

We strive to be an agent of change in the community by serving the needs of marginalized, at-risk community members in Pembroke, Ontario, and Area. Poverty and justice are near to God’s heart. Caring and loving those in need are a direct expression of our faith.

“Inasmuch as you have done it unto one of the least of these my brothers, you have done it unto me.” (Matthew 25:40)

“THE GRIND” - A PLACE TO CONNECT & REFLECT



The Grind Pembroke’s Client Services Office is the coordinating hub for all activities that are geared to help individuals in crisis secure the help they require. Our goal is to meet our client’s basic needs, such as food, and to refer those with more complex issues, relating to mental and physical health and addictions, to professional resources in the community for in-depth and long-term assistance, such as counselling and case management.

2022 Results - Mental Health Referrals (153), ODSP Referrals (58), OW Referrals (106), Food Bank Referrals (168), Other Agency Referrals (219), Walk-in Clients (1,555), In-coming Service Calls (3,153), New Clients (74).



Article from The Pembroke Observer - Published Feb 03, 2022



The Grind Pembroke on Victoria Street in the former Pembroke Fire Hall. PHOTO BY ANTHONY DIXON /jpg, PM

Article content

The Grind Pembroke has opened a warming centre within the new Victoria Street location to provide the area's homeless population with a safe, warm indoor space for the remaining winter months.

Jerry Novack, executive director of The Grind Pembroke.

The funding has allowed The Grind to hire staff and the warming centre will be open seven days a week from 9 a.m. to 9 p.m. until the month of March, according to a release from The Grind Pembroke. In addition to the already scheduled lunches which are served Tuesday to Friday, the centre will provide warm beverages, snacks, and access to washroom facilities. While The Grind has been doing its best to assist the homeless population during the day, this will be an extra option, especially when the temperature drops once the sun goes down.

“We just got it open so if someone needs it, it will be there,” Novack said. “We’ve seen more during the day people coming in and getting warm. Now we can offer that until 9 p.m. figure out what the needs are and get people connected to some resources.”

Staff of the warming centre will be available to refer clients who may be homeless to other community supports and the Ontario Works homeless crisis line, through which emergency shelter in local hotels can be arranged. Novack said the goal is connecting individuals with other social service agencies in the community.

The Grind's "Out of the Cold" initiative for homeless clients in Pembroke

In 2022, The Grind Pembroke launched a new program to provide additional support to Pembroke & Area's homeless population during winter months. It now provides a "warming centre" for overnight use within the organization's newly constructed Coffee House. The warming centre is based on an existing concept, entitled "Out of the Cold", that has been introduced to many municipalities in southern Ontario.

On site supervision
and security
provided.

The centre allows homeless clients to escape below zero temperatures within a warm, supervised environment that offers a place to sit, hot beverages and food, social interaction, as well as access to washrooms and a shower room. The warming centre operates from December through March, seven days per week from 10:00 p.m. to 8:00 a.m.

The Grind's new "**Out of the Cold**" initiative will complement the other social and health services it provides to homeless and marginalized clients during week-day business hours. These include:

1. A **food program** provided from an in-house kitchen. Breakfast and lunch meals are currently provided on a take-out basis only until in-door dining is available early in the New Year. Emergency food kits are also provided when local food banks are closed.



2. A **client services** program that provides access to needs assessment and referral to community services. This service is led by three social service and addiction counsellors from Mental Health Services of Renfrew County, assisted by two Social Service Worker students from Algonquin College of the Ottawa Valley.

3. Access to an **on-site doctor** from Pembroke Regional Hospital on Wednesdays, by appointment and for Grind clients only, for assessment and referral to community health services.

4. A **wellness program** involving day-time visits to the community's homeless population to ensure that adequate food, water, hygiene products and weather-appropriate clothing are made available. These checks also allow for a general assessment of the need to call in professional emergency assistance to address immediate health issues.

5. Access to **laundry, washroom, and shower facilities** during week-day business hours.



“OUT OF THE COLD PROGRAM” - WINTER STATS

Number of Clients

| | |
|----------|----|
| December | 46 |
| January | 61 |
| February | 68 |
| March | 69 |

| | |
|---|----|
| Total number of Clients that stayed the full 4 months | 21 |
| Housed successfully | 9 |
| Number of complaints | 8 |
| Doctor Visits | 29 |
| Ambulance | 2 |
| OPP | 2 |
| Number of Clients from outside of the Renfrew County | 12 |
| Number of Clients arriving out of Custody | 10 |
| Number of Clients that went to the shelter in Ottawa | 4 |

Food

| | |
|--|------|
| Water | 892 |
| Coffee | 999 |
| Hot Chocolate | 750 |
| Tea | 55 |
| Ice Tea/Fruit Juice Mix | 216 |
| Juice/Veg Juice | 87 |
| Pop | 107 |
| Toast/Bagel/English Muffin | 910 |
| Loaves of Bread/Bagels/Buns | 315 |
| Yogurt/Fruit Cups | 399 |
| Fruit | 169 |
| Breakfast | 318 |
| Lunch/Dinner | 1079 |
| Brown Bag Lunches (left over from lunch service) | 191 |
| Desserts | 136 |
| Individual peanut butter/jam/cream cheese | 202 |



“EXECUTIVE DIRECTOR OF THE GRIND - JERRY NOVAK”

Since it opened for business in October 2015, The Grind Pembroke's Coffee House has been a haven for marginalized, low, and no-income adults walking the streets of the downtown core. The concept for The Grind was the brainchild of its executive director, Jerry Novack, who, as an OPP officer, witnessed the hopelessness in the faces of people within this population segment who had no safe space in which to relax, socialize or obtain a cup of coffee within a non-judgemental atmosphere.



Jerry is now retired from the Ontario Provincial Police. He spent a total of 35 years in policing, 7 as a military police officer, and 28 with the OPP. Jerry now dedicates his time and energy as Executive Director of the Grind. When asked if he misses policing he responds, “In many ways I am still doing the same kind of work, helping people who need help at a time when they need it most. I am on a different team but the primary goal remains the same, which I think has really helped me with the transition to retirement from policing. I just don't feel the disconnect that people sometimes feel when they retire.”

Jerry describes Pembroke as a major hub for Renfrew County. Like the other services offered within an urban hub, the Grind is just another service available to people in Pembroke and the surrounding area. “We get referrals from places like Deep River, Barry's Bay and the Town of Renfrew. The Grind isn't just available to people who live in Pembroke. We have a transition house and we work in partnership with Pembroke Regional Hospital Mental Health Services. They facilitate the program and the referrals and we provide the building and support through our daily programs. The hospital doesn't provide services exclusive to the residents of Pembroke and neither do we. We are here for anyone who needs us.”

Jerry believes that how services are provided is just as important as the services provided. “It's important to provide the services we do but what is more important is how those services are provided. We do our best to build real relationships with our clientele, to create a sense of family and community that otherwise might not exist for them. It's not just what you do, it's how you do it that really makes the difference.”

It's not just what you do, it's how you do it that really makes the difference.”

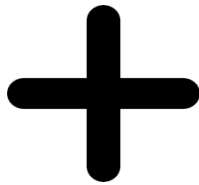
“The most important thing we provide is hope. No matter who you are, how old you are, whatever your circumstances are we are here to create a sense of hope for a better future. We continue to try and be that light that shines through the darkest night.”

**THE GRIND HAS A TRANSITIONAL HOUSE -
A SHORT TERM BRIDGE BETWEEN
HOMELESSNESS AND CONVENTIONAL
HOUSING.**



KEY INITIATIVE # 3

POLICE / MENTAL HEALTH PARTNERSHIP



Most 911 Calls Have Nothing To Do With Crime. Why Are We Still Sending Police?

Nazish Dholakia Senior Writer

Apr 22, 2022



Social Disorder Trends Upward

At the same time, police services report increasing demands for emergency assistance, and increasing costs. What accounts for this disparity? The answer lies in the claims of Ontario police services, indeed police services all across Canada, that from 75-85 percent of their calls for service involve something other than chargeable offenses. These include occurrences like suspicious persons, family and neighbour disputes, and events in which serious safety issues arise -- like some addictions and mental illness calls. We use the label "social disorder" to characterize over 75 percent of all police calls for service. They are trending upward.

New Directions in Community Safety

Consolidating Lessons Learned about Risk and Collaboration

Hugh C. Russell and Norman E. Taylor

April, 2014

MAJOR CRIME IN CANADA HAS BEEN DECREASING SINCE 1992

DEMANDS ON POLICE ARE RISING



COST OF POLICING IS INCREASING

The cost of policing continues to rise year after year despite major crime rates decreasing.



CALLS FOR SERVICE ARE INCREASING

Despite decreasing major crime rates, calls to police continue to increase.



SOCIAL DISORDER CALLS ARE INCREASING

Over 75% of calls police respond to fall into the category of Social Disorder.

SO WHAT ARE WE DOING ABOUT IT?



News / Local News



Mobile crisis response team partnership between UOV OPP and Pembroke Regional Hospital has success in first year

Tina Peplinskie

Published Apr 23, 2021 • Last updated Apr 23, 2021 • 5 minute read

New Partnership Launched in 2020.



The Mobile Crisis Response Team (MCRT) was formed in 2020 as a partnership between the UOV OPP and trained mental health staff at the Pembroke Regional Hospital. Currently there are two mental health crisis workers supporting the program. The team works alongside the OPP, responding to service calls where people are experiencing mental health concerns. If available, the team will ride with officers to provide support in assessing immediate risks and identifying present service needs, requiring a referral.

The team's follow up referrals includes internal and external service referrals and collaborating and advocating with community partners and Family Doctors to connect the person to the appropriate services. Due to the size of the service area and depending on the time of day, workers may meet the Officer at the call, consult with the attending Officer over the phone or complete follow up with the person after the call.

The implementation of the program has been successful in diverting further Police contact and Hospital visits, unless determined that an apprehension under the mental health act is required.

When not responding to emergency calls the team conducts routine wellness checks with their clients, allowing them to build rapport and trust in an upstream effort to improve their mental health and overall wellness.



It's an **upstream** intervention that saves time, money, resources and most importantly it provides immediate (911) assistance to those in crisis, which is when they need support the most.

(MENTAL HEALTH) MOBILE CRISIS RESPONSE TEAM

Success to Date

Since its inception just three years ago the Mobile Crisis Response Team program has improved community safety and well-being and yielded several positive outcomes.



Results Observed to Date

Apprehensions

Police are making fewer apprehensions under the Mental Health Act.

Hospital Visits

Fewer clients are taken to hospital both voluntary & involuntary.

HRS In Custody

Significant reduction in police hours standing guard in hospital waiting rooms making those officers "unavailable" for other calls.

Use of Force

Fewer instances of police having to use force due to enhanced de-escalation.

Fewer Injuries

Fewer altercations resulting in safer outcomes for police, mental health workers and clients.

Police interactions with people suffering from mental health issues has drawn significant attention across the continent and around the globe. Early models had police officers take additional mental health response training. Dressed in civilian attire, these specialized officers would go on patrol waiting for a call for service that involved a person experiencing a mental health crisis.

Those models were not adopted in Ontario for obvious reasons. Police officers are trained in police response and mental health workers are trained in mental health. By building stronger relationships between the two response agencies better outcomes are being realized.

The police respond to deal with possible safety issues. The mental health workers respond to address the needs of the person suffering from a mental health crisis. Often, once it is safe to do so, police are able to leave the scene, leaving mental health workers and their clients in privacy to try and resolve the pending crisis.

Police still receive training in recognizing mental health disorders and de-escalation techniques but they don't try to become experts in mental health. That expertise is left to the appropriate agency and the highly trained workers they employ.

It's the right response, by the right people at the right time.



(MENTAL HEALTH) MOBILE CRISIS RESPONSE TEAM

“I am really proud of this partnership. It allows us to provide the most appropriate emergency response for members of our community experiencing a mental health crisis.

The officers and the mental health staff from the Pembroke Regional Hospital are working together towards a common goal in a way that simply wasn't possible before the implementation of this team.

As a result, they are getting to know each other, learning from each other and most importantly building strong and trusting relationships with community members who struggle with mental health issues and from time to time require professional care and intervention.”

“In addition to a significant reduction in apprehensions under the Mental Health Act, fewer physical confrontations between police and people experiencing a mental health crisis, there is also a significant reduction in the stigma associated to mental health and the need for emergency assistance. The impact that has on a community cannot be understated.”



**Inspector Stephan Neufeld
Detachment Commander UOV OPP**



Left: Provincial Constable Alda Proulx and Mental Health Worker Ashley Verner on patrol and ready to respond to the next emergency call relating to a mental health crisis.



Above: Cst. Shawn Peever, one of the original liaison officers for the Mobile Crisis Response Team.

THE MOBILE CRISIS RESPONSE TEAM IS AVAILABLE 7 DAYS PER WEEK AND CAN BE DISPATCHED 24 HOURS PER DAY IF REQUIRED.

KEY INITIATIVE # 4 IMPROVED RESPONSE TO INTIMATE PARTNER VIOLENCE & IMPROVED RESPONSE TO VICTIMS



“There is one thing that every victim on the planet has in common. Just minutes before they became a victim, they were merely at risk of becoming a victim. That is our opportunity to prevent.”

Patrick Finnegan - Upstream Communications

INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

'These deaths don't end': Inquest hears community ideas for tackling partner violence

By Noushin Ziafati • The Canadian Press
Posted June 23, 2022 12:00 pm - Updated June 23, 2022 4:18 pm



Mourners hold a candlelit vigil in remembrance of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam in Wilno, Ont. on Friday, Sept. 25, 2015. Justin Tang / The Canadian Press

On September 22nd, 2015 something tragic happened in rural Ontario in the heart of Renfrew County. Three women, Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam were murdered in cold blood by a man with whom each had had a previous intimate partner relationship.

Nothing we do will bring any of them back to their families and their loved ones but much can be and was in fact learned from the circumstances that lead up to their deaths. An inquest held under the authority of the Ontario Coroner's Act resulted in **86 recommendations** for change.

Not all of these recommendations are within the scope of influence of our communities and our community organizations and institutions but many of them are. This section of the plan deals primarily with an improved police response to intimate partner violence as envisioned by UOV OPP Detachment Commander, Inspector Stephan Neufeld and his dedicated team of law enforcement professionals.

CKW INQUEST RECOMMENDATION #30

Provide specialized and enhanced training of police officers with a goal of developing an IPV specialist in each police detachment.

New Civilian Victim Specialist Position Created

A brand-new position at the UOV OPP is being created in response to the inquest recommendations and as part of a natural evolution in improved police response. This is a civilian position which will have the primary focus of working closely with high-risk victims of crime like those frequently encountered in intimate partner violence investigations. The job description is lengthy and many of the knowledge, skills and abilities are directly responsive to specific recommendations from the CKW Coroner's inquest held in June of 2022.

The chart on the next page correlates KSA's with specific inquest recommendations.

INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

VICTIM SPECIALIST JOB DESCRIPTION ALIGNMENT WITH CKW INQUEST RECOMMENDATIONS

| | | Victim Specialist Knowledge, Skills & Abilities |
|----------------|--|--|
| Recommendation | R8, R16, R29, R30, R50 | Assist & understand needs of victims, witnesses & survivors. |
| | R12, R15, R30, R43, R50 | Provide services such as needs assessment, crisis intervention, provision of information, support & referrals to victims services |
| | R8, R12, R13, R16, R29, R30, R42 | Knowledge of Federal and Provincial victims Bill of Rights, Criminal Justice System, Mental Health Laws, Relevant Federal, Provincial & Municipal Statutes, Victim Quick Response Program, Indigenous Culture & Traditions, Victim Confidentiality and Privacy, Trauma Informed Response in Supporting Victims |
| | R12, R15, R29, R30 | Effective Communication Skills both oral and written. |
| | R8, R29, R30 | Empathetic listening skills - ability to understand & respond appropriately and treat people with respect and compassion. |
| | R9, R12, R13, R30, R36, R42, R43, R44, R50 | Ability to liaise and maintain relationships with local, Provincial and Federal human services, non-profit organizations, and other stakeholders. |
| | R13, R16, R30, R43, R44 | Assist in crime prevention initiatives in an effort to minimize ongoing victimization. |

“I am really excited about the addition of the Victim Specialist position to UOV Detachment. I am confident that it will increase partnerships, build relationships, provide better service to victims and bridge a number of the gaps that were identified by the CKW Coroner’s inquest. In addition to this position we will have detectives with specialty training in trauma informed approaches to intimate partner violence investigations. These changes will enhance our response to violent crime of any kind and reduce victimization while holding those who perpetrate violence even more accountable for their actions. The implementation of these enhancements is one of my primary goals as the leader of the UOV Detachment and I look forward to seeing the results of our efforts.”



Inspector Stephan Neufeld
Detachment Commander UOV OPP

CKW INQUEST RECOMMENDATION #10

Encourage that IPV (intimate partner violence) be integrated into every municipality’s community safety and well-being plan.

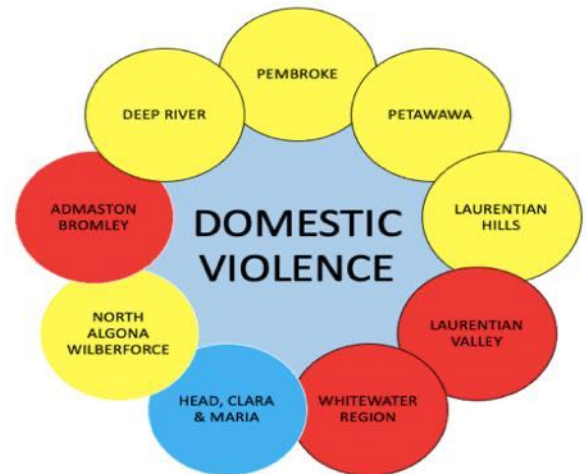
INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

The Lived Experience Survey ranked Domestic Violence, now more commonly known as Intimate Partner Violence, as either High or Very High in 8 of the 9 municipalities in Upper Ottawa Valley.

Police statistics on intimate partner violence shows UOV Detachment as frequently among the highest in Eastern Ontario.

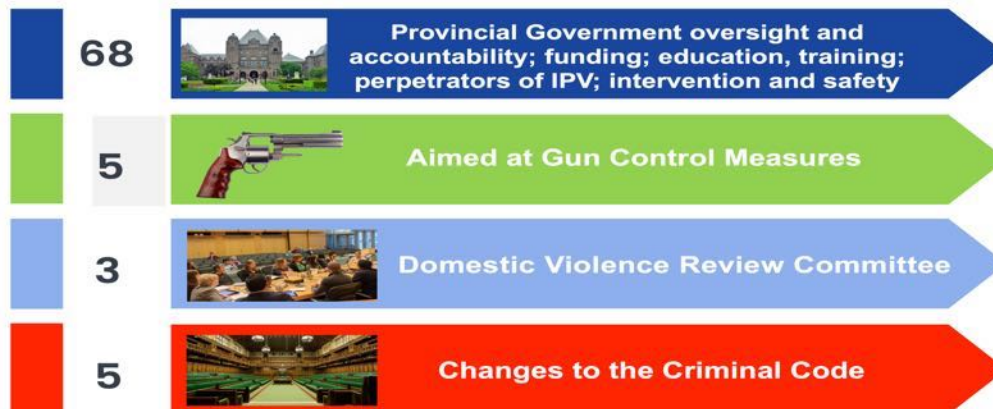
Once the Lighthouse Document is completed the Advisory Committee will engage in the Keep, Drop, Create exercise described on previous pages. Following that, the 86 inquest recommendations will be reviewed with keen interest in ensuring that every community partner that can and should play a role, does play a role.

LIVED EXPERIENCE SURVEY RESULTS BY MUNICIPALITY



86 INQUEST RECOMMENDATIONS

The CKW Coroner's Jury made 86 Recommendations which are summarized by category below:



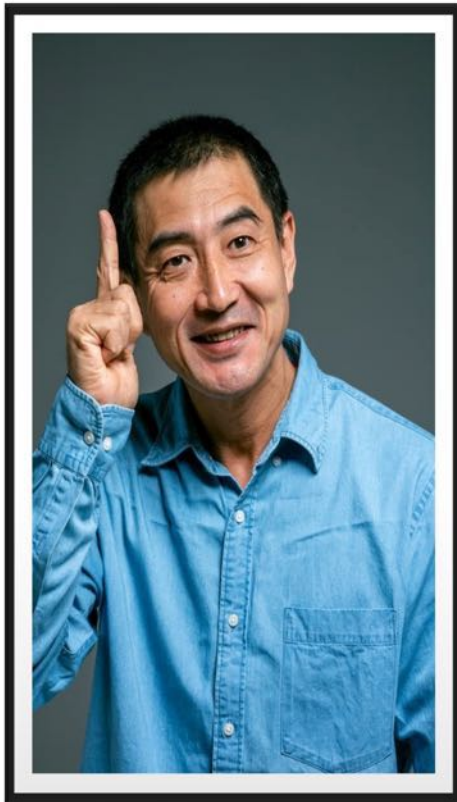
Risk Factors are related. The prevalence of one risk factor has an impact on others. Intimate partner violence does not occur in a vacuum. There is often a combination of risk factors that contribute to the environment where the violence occurs.

Following the Keep, Drop, Create exercise the Advisory Committee will make decisions about which priority risk factors should be addressed. Any collaborative community effort to mitigate or eliminate any one of the risk factors will have the potential to incidentally reduce the prevalence of other risk factors. Our efforts to solve the housing issues may also contribute to a reduction in crime victimization.



CONCLUSION

The following pages contain a summary of the next steps in the Community Safety and Well-being Planning process.



THE PATH FORWARD AT A GLANCE



⇒ 01

DATA SETS REVIEWED

In addition to common data sets a Lived Experience Survey was conducted resulting in identification of Priority Risk Factors.



⇒ 02

INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.



⇒ 03

LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



⇒ 04

KEEP, DROP, CREATE EXERCISE

The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

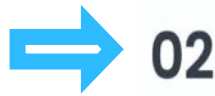
Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.



⇒ 06

SITUATION TABLE AWARENESS

Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.



02

INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.

It didn't make sense to create anything new until we had a clear understanding of what was currently available to our communities through existing programs and services. It would be hard to imagine a company like Ikea ordering another shipment of towels without knowing exactly how many towels were currently in stock. The type, size, colour and material are also relevant features that would need to be known before a new shipment of any type of towel would make sense.

Inventories such as this have been attempted in the past. There have been hard bound booklets printed that attempted to accomplish such an inventory of programs and services. Due to the predictability of constant change, these booklets became outdated shortly after they were printed. To do this effectively, we need a digital document that lives online and can be updated in real time.

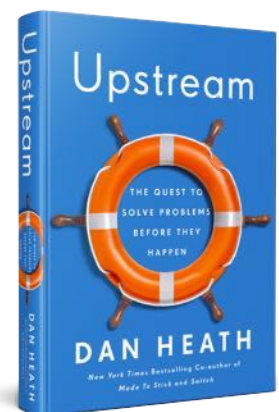
When accessing this resource, the user should not be concerned with version numbers as they would be assured that at the moment of access, the resource document they are accessing is the most up to date version.

To the extent that it is possible, each program or service should have some clearly identifiable goals, some performance indicators and some measurable results.

Measuring results can be a challenging undertaking when the goal is prevention. It is difficult to measure what doesn't happen and this challenge needs to be taken into account.

“With downstream work, success can be wonderfully tangible, and that’s partly because it involves restoration. Downstream efforts restore the previous state. *My ankle hurts - can you make it stop? My laptop broke - can you fix it?* But with upstream efforts, success is not always self evident.”

“Getting short term measures right is frustratingly complex. And it’s critical. In fact, the only thing worse than contending with short-term measures is not having them at all.”



03

LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



04

KEEP, DROP, CREATE EXERCISE

The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.

On January 7th, 2008, Shelly Jamieson was appointed Secretary of the Cabinet, Head of the Ontario Public Service. When speaking to a group of government employees in Kingston, she emphasized that in order for government to be effective it had to be “nimble”.



She explained that becoming nimble involved an important exercise that she referred to as “Keep, Drop, Create”. She said, “We need to decide what things we are currently doing that we should keep doing (keep). Then we need to decide what things we are currently doing that we should stop doing (drop). And finally, we need to figure what we are not doing that we should be doing (create).”

She stated that many organizations that engage in this exercise often add new things to what they currently do but fail to “drop” the things that are no longer effective. This creates a snowball effect that makes the organization the exact opposite of nimble, they become large and cumbersome.

The Advisory Committee is going to engage in this exercise prior to creating anything new in an effort to avoid redundancies of human and economic resources. The Lighthouse Document will serve as an important guide, a compass of sorts that will allow the Advisory Committee to make informed, evidence-based decisions about what should happen next.

If and when gaps are identified, implementation teams will be formed and tasked with developing a strategy to bridge the gaps by adding protective factors and reducing or eliminating risk factors. It will be critical at this stage to consult and include those with lived experience who are affected by the decisions being made. The very best solutions to community problems come from within community.



Most of us have had the experience of first-time ownership and the sense of responsibility and engagement that results. You probably didn’t care about your parents car half as much as the very first one that you could truly call your own, even if your parents drove a Cadillac and your first car was an “old clunker”.

When we involve community in the effort to solve community problems, we create a sense of ownership and pride. We create a sort of sovereignty that gives communities the confidence and the will to act and take ownership of their own community safety and well-being initiatives. That is exactly what Ontario’s Mobilization and Engagement Model of Community Policing tries to do. It is about getting someone to do something that makes themselves or others safer. When we form implementation teams to address priority risk factors we will need to keep this important concept in mind. That is why lived experience is so important to the solutions we propose to community safety and well-being improvement efforts.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.

When first invited to participate in the development of a Joint Community Safety and Well-being Plan, a number of the smaller municipalities expressed concern that their specific needs might be eclipsed by the needs of the larger communities. This is a fear that is founded in historic truth. Many smaller communities know too well what happens when an amalgamation occurs. The lone cries of the smaller communities are often not audible over the roar of the larger crowd. This consequence is often unintentional, but it happens just the same, leaving those in the smaller communities wary of future group efforts.

A practical way to avoid this is for each municipality to form its own Community Safety Committee. These small but mighty committees should include people who are connected and engaged with community, and they must include people with lived experience.

These Community Connection Champions will be trained in four specific themes relating to community development.



COMMUNITY CONNECTION CHAMPION TRAINING

To be effective in their roles, each Connection Champion should be trained in the following: 1) Ontario's Mobilization and Engagement Model of Community Policing, 2) The Principles of Community Safety & Well-being Planning (4 Pillars of Intervention), 3) Situation Table Awareness, Access & Function, and 4) Asset Based Community Development known as ABCD, an innovative and wildly successful model for community building.

The Connection Champions will channel community concerns to the Advisory Committee which makes decisions (Keep, Drop, Create) guided by the Lighthouse Document. The Advisory Committee reports to Council who are legislated to engage in Community Safety & Well-being Planning.



“Successful community development depends on sovereignty, a community’s authority to make decisions for themselves.”

Cormac Russell - Asset Based Community Development



⇒ 06

SITUATION TABLE AWARENESS

Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.

SITUATION TABLE AWARENESS/ACCESS & FUNCTION

Situation Tables have been functioning in Ontario for just over 7 years. When they were established, each participating organization was asked to identify an employee/member who would agree to attend the weekly meetings. These Situation Table members were trained prior to being permitted to participate in a live meeting.

What is missing is organizational awareness. An employee from a school board may attend weekly Situation Table meetings but are all teachers and education staff aware of what the Situation Table does and how to make an appropriate referral to the Table? The answer to that question is “no they are not”.

Training is currently being developed to address this issue. Once completed, it will increase referrals to the Table and enhance our ability to identify situations of “acute elevated risk” which in turn will allow the Situation Table members to respond with upstream intervention strategies aimed at preventing the acute evaluated risk from manifesting in downstream crisis.

Situation Table Awareness Training

Situation Table Awareness Training will focus on education people in a myriad of organizations, services and institutions on key aspects relating to the existence of the Table, it's mandate, how to engage it and what to expect.



“We don’t know what we don’t know. The Situation Table is a way of sharing our knowledge with each other so that we can take upstream action to try and make our community and it’s members healthier, happier and safer.”

MESSAGES FROM MUNICIPAL LEADERS



Message from Mayor Ron Gervais City of Pembroke



On behalf of Pembroke City Council, I want to thank the Pembroke Police Services Board and their partners for developing our Community Safety and Well Being Plan.

It provides a model for working together and action that will provide our residents with an inclusive, healthy, and safe environment.

It is a solid base that requires collaboration from all of us to work successfully. The plan is a living document that will be continually referenced to guide our Council's direction in providing strategies to help our community thrive.

Our goal is to continue working towards a culture of fairness, equity, and inclusiveness for all our residents.



Ron Gervais, Mayor City of Pembroke & Chair of UOV Community Safety & Well-being Planning Committee



Message from Mayor Neil Nicolson Whitewater Region



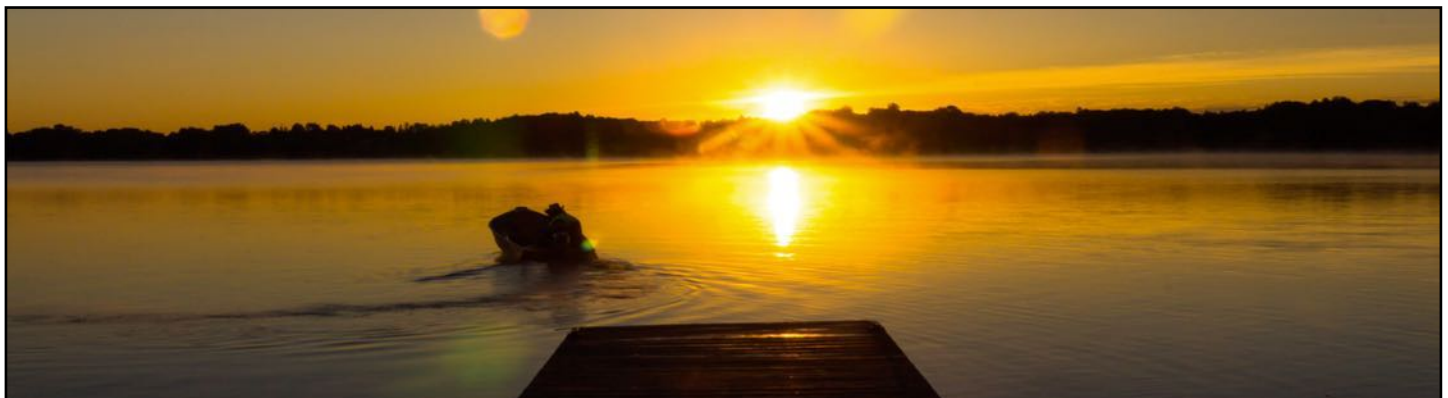
On behalf of the Council of the Township of Whitewater Region, I want to recognize and thank the partners for their efforts and work in developing the Community Safety and Well Being Plan. The Township supports a collaborative effort to ensure that those in need will receive the right response, at the right time, by the right service provider.

This strategic document will provide quantifiable outcomes along with performance measures to assess the effectiveness of the plan.

The Township, along with the help of partners, will continue the development and implementation of initiatives which support and benefit our community and respond to local issues.



Neil Nicolson, Mayor Whitewater Region & Member of the Community Safety & Well-being Planning Advisory Committee



Message from Mayor Gary Serviss Town of Petawawa



Our Community Safety Well-Being Plan is a unique, collaborative plan that will have a lasting, positive impact for all residents living in our communities. With the implementation of this plan, social development programs and services will be promoted and maintained to address ongoing social issues.

Locally identified risks will be proactively reduced and situations of elevated risks will be mitigated. The desired result of this approach will hopefully be fewer critical incidents requiring emergency services responses. This will build healthier, safer communities for all residents and visitors to enjoy. On behalf of the Petawawa Town Council, I wish to congratulate and thank the Petawawa Police Services Board and their partners for producing the CSWBP and look forward to its implementation.



Gary Serviss, Mayor of Petawawa



Message from Mayor Suzanne D'Eon Town of Deep River



On behalf of Deep River Council, I want to thank the Community Safety & Well-Being Advisory Committee, Upstream Communications, and the many local municipal partners working in areas of health, social services, justice and emergency services who were engaged in the development of this CSWB Plan.

Our collective goal is for our communities to be safe places where our residents can thrive and achieve their best life. Community health and safety is a shared responsibility and our CSWB Plan promotes a holistic approach which recognizes and takes into account the social, health, economic and environmental factors which can influence the well-being of individuals and families. The plan is about identifying priority issues, understanding the root causes of those issues and working towards reducing or mitigating contributing risk factors. It is also about understanding the roles and capabilities of local agencies to ensure these important community resources are available, effective, and engaged.



Suzanne D'Eon, Mayor of Deep River

The Town of Deep River looks forward to implementing priority initiatives and engaging in continuous improvement along with our municipal neighbours, police, and local agency partners. Only by working together can we address the key priorities and challenges to achieve our common goal — to build communities that are safe, healthy, accessible, inclusive, supportive, and welcoming.



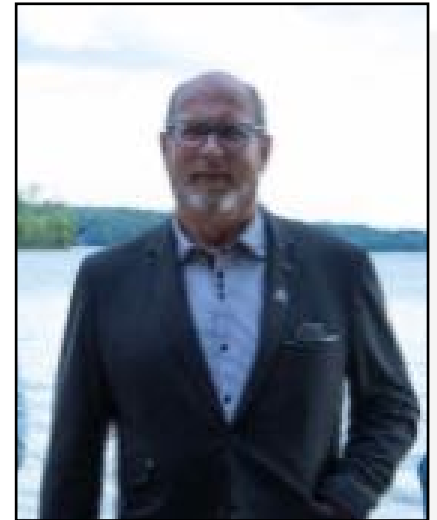
Message from Mayor James Brose North Algona Wilberforce Township



The importance of this Community Safety and Well Being Plan is that it formalizes the support programs and organizations for individuals at risk. More importantly it is the collaborative effort of the City of Pembroke and nine municipalities, recognizing that we are more effective at providing supportive services, when we work together to improve the quality of life and well being of our residents. Through improved support for individuals requiring assistance for complex problems in housing, food, education, mental health and childcare, connections with social services, mental health, police, paramedics, and public health are utilized in developing a more stable environment. Individuals are assigned a caseworker to guide and mentor them, building a relationship of trust, as an important part of their health and wellness journey. Having a community of support builds resilience, providing programs and options for individuals that reduce the risk of escalation to crisis situations.

These services have been evolving in Renfrew County for a number of years and the Community Safety Well Being Plan formally identifies and documents the services available, contact names, emergency access numbers and a process for the development of individual wellness plans. The plan is inclusive.

I want to thank all of the Municipal partners for their vision and commitment in the development and implementation of this plan.



**James Brose, Mayor of North Algona
Wilberforce Township**



Message from Mayor Debbi Grills United Townships of Head, Clara & Maria



On behalf of the Council and citizens of the United Townships of Head, Clara & Maria, I want to thank all the partners instrumental in the development of the Community Safety & Well-Being plan.

Our community's safety is a shared responsibility that enables increased engagement of residents and visitors alike.

This document will allow the United Townships along with our neighbouring municipal partners to identify, respond and access needed services in our rural community.

Mayor Debbi Grills



**Debbi Grills, Mayor
United Townships of Head,
Clara & Maria**



Message from Mayor Anne Giardini Town of Laurentian Hills



We are happy to be partnering with eight other municipalities in Renfrew County, police services/boards and various other sectors, including health/mental health, education, community/social services, and children/youth services. This partnership encourages strong collaborative working relationships by the sharing of information and strategies that are essential in minimizing risk factors and improving the overall well-being of our communities. Strong and healthy communities cannot rely on policing alone.

Our goal for our community is to be a place where we feel safe and have a sense of belonging by ensuring access to prompt and adequate health care, affordable housing, food stability, education, income opportunities, and the freedom of social and cultural expression.



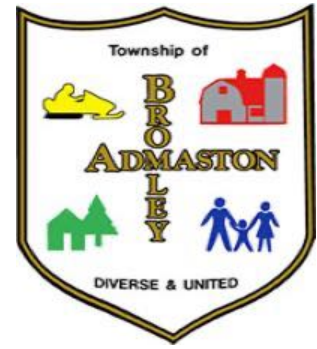
**Anne Giardini, Mayor
Town of Laurentian Hills**

I look forward to working with all involved in ensuring our plan is as efficient and effective as possible in making our community safer and healthier.

Thank-you to the Pembroke Police Services Board and all involved for developing our Community Safety and Well Being Plan.



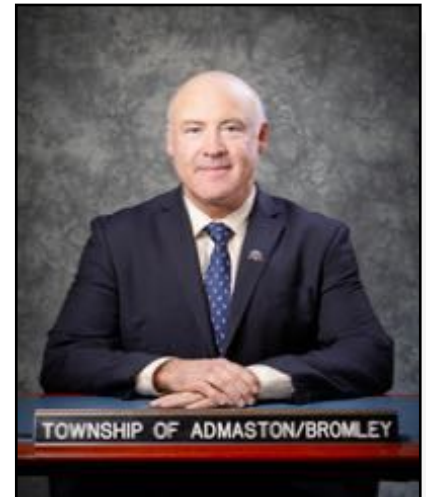
Message from Mayor Michael Donohue Township of Admaston/Bromley



An oft-quoted axiom holds that those who have only a hammer at their disposal view every issue as a nail. As our communities and societies evolve in both scale and complexity, so too must the delivery of public sector services evolve.

This Community Safety and Well Being Plan sets the foundation of how we – the collective we – respond not just to the safety and security of our communities, but also to each of the individuals within. It expands upon the Situation Table model that was empowered to erode the compartmented silos that existed across police, social, education and health services; it will further reduce barriers and leverage the incredible value of collaboration across sectors.

It is imperative that the plan be an evergreen, or living, document. It is incumbent upon municipalities and all stakeholders to commit to continual review and renewal. Our aspirational goal must be providing safe and inclusive communities such that each individual can realize their full potential.



**Michael Donohue, Mayor
Township of Admaston/Bromley**



Community Safety and Well-Being Plan

Message from Mayor Bennett

March 2023

On behalf of The Township of Laurentian Valley Council and staff, I am pleased to announce the completion of the Community Safety and Well-Being Plan. We send thanks to the Pembroke Police Services Board and all the partners involved for making this possible.

The plan was created to provide a framework for which our municipalities place public safety at the forefront of all decisions. This framework will work alongside the OPP's mandates and coincide to create a collaborative approach in our efforts of protecting our residents, businesses, and visitors. The priorities of the plan include mental health (OPP/Mental Health/Addictions Coordinated Response), addiction & substance abuse, access to appropriate housing, domestic violence (especially in the wake of the recent inquest), poverty, and racism.

We will work diligently to provide feedback and implement updates to ensure this plan properly represents the current landscape.

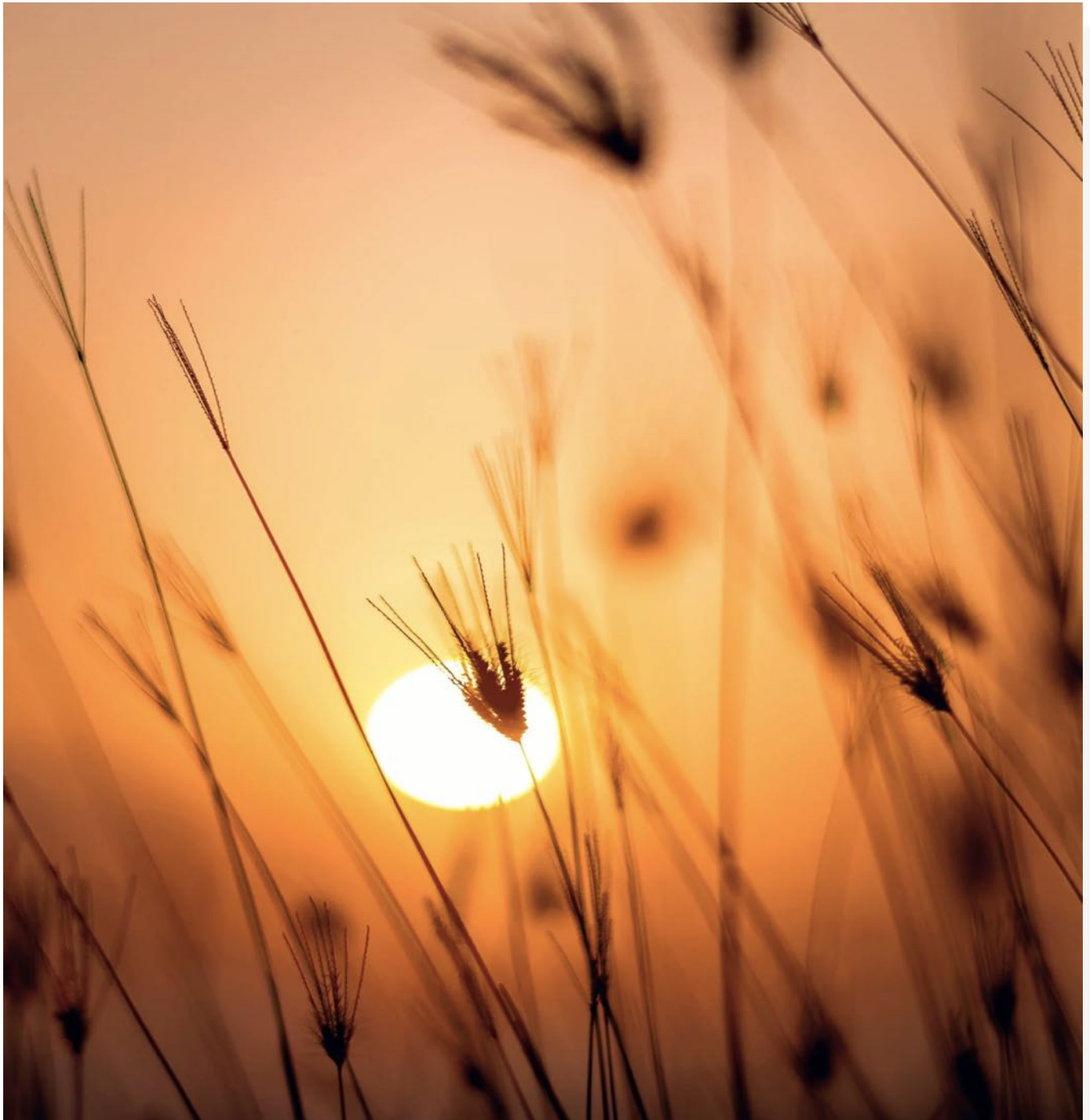
The safety of our stakeholders is of utmost importance and our priority. We pride ourselves on LV being a place people want to live, work, and enjoy safely and comfortably. We therefore would like to specifically thank the Upper Ottawa Valley Ontario Public Police for spearheading the project and to Upstream Communications for their continued work.

Thank you to all involved and we look forward to working together to continue to build communities that are welcoming, safe, and inclusive.



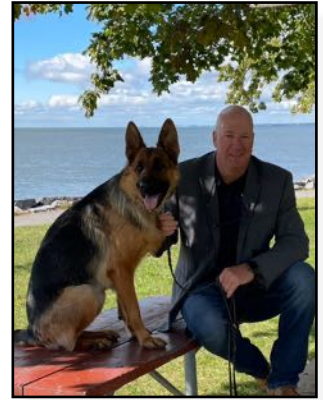
CONCLUSION

AUTHORS COMMENTS



Some Final Thoughts...

My name is Pat Finnegan and I am the author of this plan. To say that I have some first hand experience with risk factors is indeed an understatement. I spent thirty years as a police officer and during that time I saw my fair share of grief, loss, and suffering. Sadly, many of the tragedies I witnessed were preventable. I retired from the Ontario Provincial Police in 2017 and became a professor at Loyalist College in the policing program.



In 2007 my house caught fire due to a faulty installation of the fireplace. Yes, it was in fact preventable, but the contractor took some short cuts and 17 years after the initial installation our house caught fire and was destroyed. We got out safely and we rebuilt. My wife and I and our three young children lived in 5 different places during the 9 months it took to rebuild.

During the development of this plan I was diagnosed with stage 4 cancer and was told that I would not likely survive the summer of 2022. I underwent extensive treatments and fought like hell for two years and here I am.

During that fight I continued to work on this plan. Even when I could only see out of my left eye because the massive cancer tumour on my right eye was completely blocking my vision, I continued to do my best to move the needle on this project forward.

The amazing, unconditional support I received from numerous council members and members of the advisory committee played a key role in my healing journey and for that I will be eternally grateful. In particular I would like to thank Mayor Ron Gervais for his patience, kindness, compassion and support. I believe that I am still here because I have more to contribute. I made a promise to God to spend my remaining days in the service of others. Safety and well-being for all community members continues to be a passion that gets me out of bed in the morning and keeps me thinking about a better future for all.

Downstream intervention models are easy to measure because they primarily involve restoration, trying to put things back together after they are broken, like rebuilding a house after a fire. Upstream interventions are more difficult to measure because we are dealing with things that did not happen, hopefully as a result of our proactive efforts.

Downstream response simply attempts to restore things to the previous state. Upstream efforts are intended to create a different reality altogether.

I hope this plan becomes a touchstone for new ways of thinking about community safety and well-being. I hope that people approach the next steps in this plan with a good heart and an awareness that everyone has a story and despite where that story has led them, they have unique gifts and talents that can be engaged to make our own corners of the world a better place to live, work, play and raise our families.

I am committed to continue to volunteer as a community safety and development consultant for the next few years. If you have thoughts or ideas about this plan and the next steps proposed I can be contacted at patrickthomasfinnegan@gmail.com.

It would be my pleasure to engage with you on any topic relating to improving safety and well-being in your community.