

Prescott and Russell Community Safety and Well-being Plan

Prescott Russell



Municipalité de
RUSSELL
Township



April 2021
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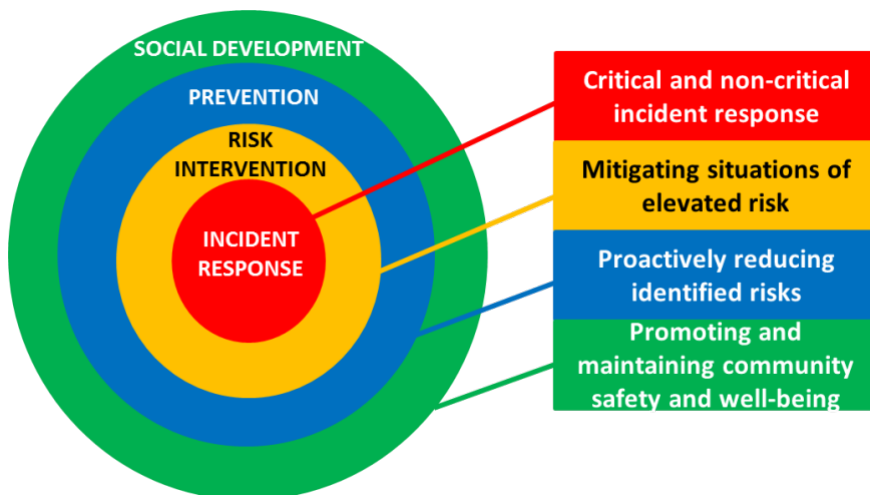
Executive Summary

The United Counties of Prescott and Russell have been working with their community partners since July of 2019 to develop a Community Safety and Well-being Plan, as mandated by legislation under the *Police Services Act*. Over one hundred community individuals, groups, organisations and agencies have been consulted in this process.

The Ministry of Community Safety and Correctional Services determined that “it is crucial for all members involved in the planning process to understand the following four areas to ensure local plans are as efficient and effective as possible in making communities safer and healthier”:

- social development
- prevention
- risk intervention, and
- incident response

The Prescott and Russell Community Safety and Well-being Plan will work mostly within the Social Development and Prevention rings of this diagram.



(Community Safety and Well-being Planning Framework, 2019)

Social Development

Social development requires long-term, multi-disciplinary efforts and investments to improve the social determinants of health (i.e., the conditions in which people are born, grow, work, live, and age such as education, early childhood development, food security, quality housing, etc.) and thereby reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies and organizations bring different perspectives and expertise to the table to address complex



social issues, like poverty, from every angle. The key to successful social development initiatives is working together in ways that challenge conventional assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families and communities are safe, healthy, educated, and have housing, employment and social networks that they can rely on. Social development relies on planning and establishing multi-sectoral partnerships. To work effectively in this area, all sectors need to share their long-term planning and performance data so they have a common understanding of local and systemic issues. Strategies need to be bolstered or put into place that target the root causes of these issues. Social development in action will be realized when all community members are aware of services available to them and can access those resources with ease. Knowing who to contact (community agency versus first responder) and when to contact them (emerging risk versus crisis incident) allows communities to operate in an environment where the response matches the need. 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. (Community Safety and Well-being Planning Framework, 2019)

Prevention: Proactively reducing identified risks

Planning in the area of prevention involves proactively implementing evidence-based situational measures, policies or programs to reduce locally identified priority risks to community safety and well-being before they result in crime, victimization and/or harm. In this area, community members who are not specialists in “safety and well-being” may have to be enlisted depending on the priority risk, such as business owners, if the risk is retail theft, and property managers, if the risk is occurring in their building. Service providers, community agencies and organizations will need to share data and information about things like community assets, crime and disorder trends, vulnerable people and places, to identify priority risks within the community in order to plan and respond most effectively. Successful planning in this area may indicate whether people are participating more in risk-based programs, are feeling safe and less fearful, and that greater engagement makes people more confident in their own abilities to prevent harm. While planning in this area is important, municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the social development area to ensure that risks are mitigated before they become a priority that needs to be addressed through prevention. (Community Safety and Well-being Planning Framework, 2019)

Risk Intervention is where tools such as the Situation Table are called into play, and Incident Response is when the Police and other emergency responders get involved.

Beyond the legislative requirement, this Community Safety and Well-being Plan is an



opportunity for the community to work together on a plan to enhance health and well-being across the United Counties of Prescott and Russell. Many residents, community partners and organizations are already doing tremendous work to contribute to well-being, safety and a sense of belonging in Prescott and Russell. It is important to continue to build and strengthen partnerships across sectors, and the Community Safety and Well-being Plan is a great opportunity to accomplish shared goals.

Through the many months of consultation and development of this plan, seven priority risks areas have been identified as impediments to Community Safety and Well-being. Strategies have been developed to mitigate risks specific to these areas:

- Mental Health
 - Increase opportunities for collaborative case management to reduce crisis situations.
 - Increase access to services by developing more walk-in clinics and service hubs, and by enhancing or creating programs that increase access to a range of specialized services.
- Substance Use
 - Establish home-based detox across the counties.
 - Work collaboratively to expand available addictions programs (traditional and virtual) beyond Alcoholics Anonymous and Narcotics Anonymous and ensure availability across geography.
- Health and Well-being
 - Expand needed health services across the entire geography of the United Counties of Prescott and Russell
 - Greater access to primary care and increased coordination of services.
 - Increased availability of services to children, youth and adults with special needs and developmental disabilities and their families.
 - Increased pathways of support for children and parents that is inclusive and culturally sensitive.
 - Clarity in system frameworks and communication.
- Income and Employment
 - Increase employment opportunities for all residents of Prescott and Russell for sustainable and continued economic development.
 - Develop a UCPR poverty-reduction strategy with attention to the 12 indicators outlined in Federal Poverty Reduction Strategy.
- Housing
 - Develop an affordable housing strategy.
 - Establish wrap-around services for those who are homeless, or at risk of becoming homeless.
 - Eliminate homelessness and risk of homelessness.
- Violence Against Persons
 - Address root causes of violence against persons through education, training and trauma-informed approaches.
 - Enhance services to specific populations affected by violence (women, men, seniors/elderly, children, disadvantaged)



- Transportation
 - Involve private sector to address shortage of taxi/ride- sharing service and increase transportation options.
 - Engage partners in PR Transpo service development.
 - Invest time and resources in ridership development.

Several specific populations (0-6, youth, seniors, LGBTQ2S) have been identified as having increased risk, and some geographic risks have also been noted.

Population Specific:

- 0-6
 - Ongoing communication and coordination between CMSM and community partners.
 - Inclusion in action poverty reduction strategy, an action identified in Income and Employment section of this plan.
 - Inclusion in increased pathways of support, an action identified in Health and Well-being section of this plan.
- Youth
 - Coordinated after-school (critical hours) programs across Prescott and Russell.
 - A child and youth service collaborative.
 - Ensuring that youth-specific action is included in all action strategies related to risk could address this at-risk population.
- Seniors
 - Following lead of Successful Aging Advisory Committee, convened by United Way East Ontario
- LGBTQ2S
 - Inclusion in future information-gathering and planning.
 - Inclusion in cross-sector workplace and community training for diversity, inclusion and cultural sensitivity, an action identified in the Health and Well-being section of the plan.

Geographic

- Geographic considerations should be made when the implementation team considers actions on
 - Income and employment
 - Seniors strategy
 - Health and well-being (access to specific services)

This planning framework and approach can be embedded into the work of all partnering organisations in Prescott and Russell and can be used to guide future activities and inform planning and prioritization. It is dynamic and will evolve and adapt over time as response to emerging issues emerges, and innovative ways to improve systems are found.



Everyone has a role to play in community safety and well-being. The United Counties of Prescott and Russell, working collaboratively alongside the community, can accomplish these shared goals and keep residents safe and thriving.

We sincerely thank the many community partners across Prescott and Russell that have come together to develop this Community Safety and Well-Being Plan.

Stephanie Gray
Jane Torrance



1. Introduction to Community Safety and Well-being

1.1 Background

The *Police Services Act* requires that municipalities in Ontario prepare and adopt a community safety and well-being plan by July 1, 2021. The Act outlines requirements for an advisory committee, consultation and establishing priority risks. A CSWB plan must show outcomes and measurables with strategies to meet them. The framework for planning was provided by the Province.

Municipalities are required to engage with partners to develop the plan and are required to consider data from multiple sources across the broad range of issues and factors.

The CSWB plan must include the following core information:

- Local priority risk factors that have been identified based on community consultations and multiple sources of data including data from Statistics Canada as well as local sector-specific information.
- Evidence-based programs and strategies to address those priority risk factors.
- Measurable outcomes with associated performance measures to ensure that the strategies are effective, and the outcomes are being achieved.

A CSWB plan identifies risks and proactively develops evidence-based strategies and programs to address local priorities related to crime and complex social issues. These strategies can then be implemented.

The vision is to work together to support and promote sustainable communities where everyone feels safe, has a sense of belonging, access to services, and where individuals and families can meet their education, health care, food, housing, income, social and cultural needs.

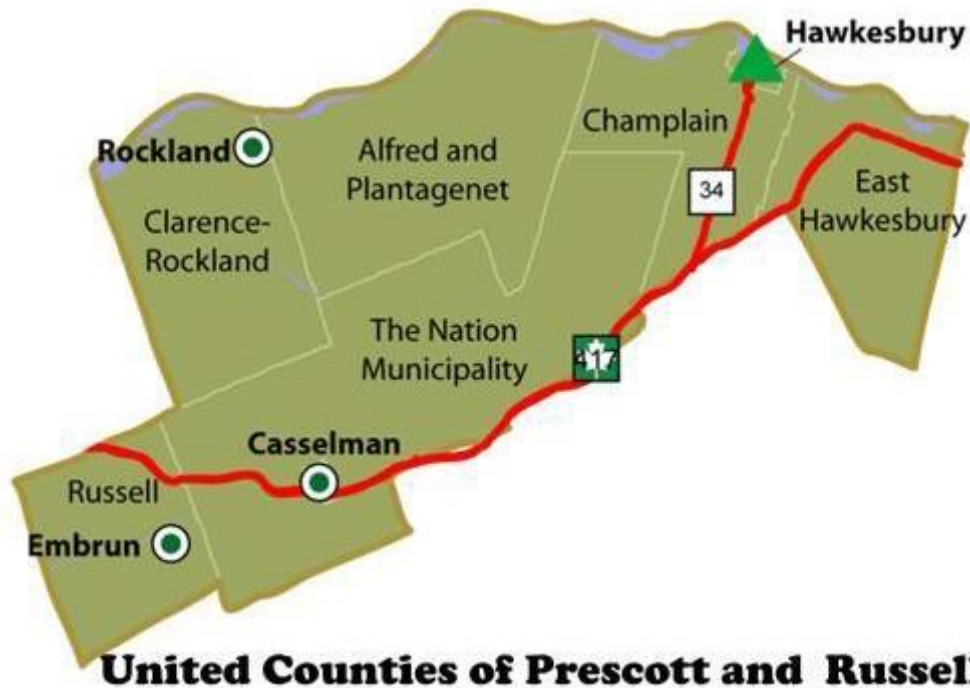
Developing a Community Safety and Well-Being Plan is about working together to ensure the right services get to the right people at the right time. It involves an integrated approach to service delivery by working with a wide range of agencies and organizations, and to build on the many successful efforts that contribute to a strong sense of safety and well-being in our community.

A Community Safety and Well-Being Plan is about preventive action and identifies areas to promote and maintain community safety and well-being through social development, and proactively reduces risk through prevention programs and activities.



1.2 Environmental Scan

Situated along the banks of the Ottawa River, The United Counties of Prescott and Russell encompasses eight municipalities, each one with unique characteristics: East Hawkesbury, Hawkesbury, Champlain, Alfred and Plantagenet, The Nation, Casselman, Russell, and Clarence-Rockland. Each of the proud eight municipalities is unique, with its own history, culture, and focus, and lower-tier municipal government.



(Ontario Rural Routes, 2021)

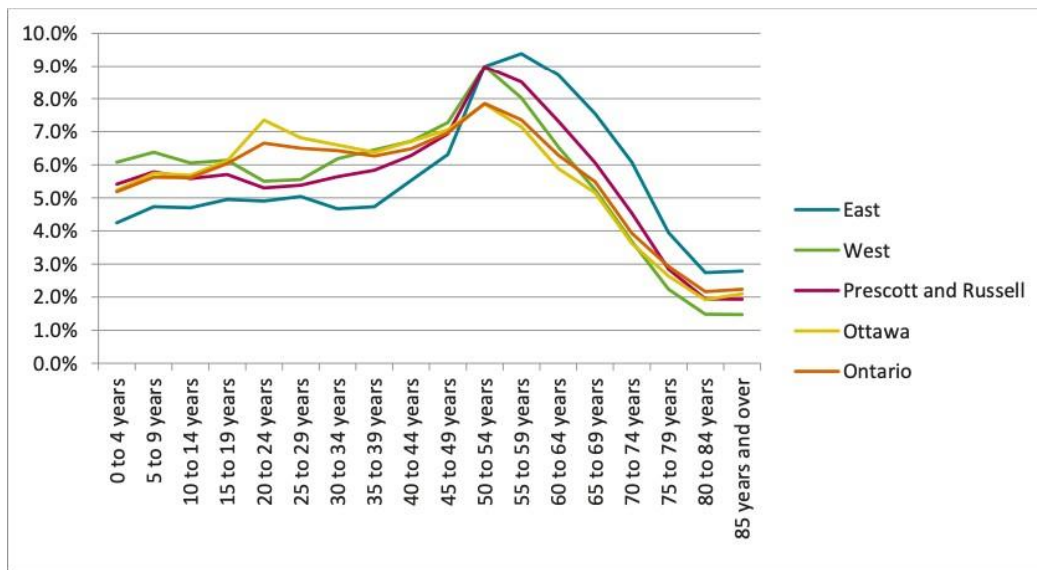
Located between the City of Ottawa to the west and the Quebec border to the east, the Prescott and Russell region covers 2,002 square kilometers. To the south, the region is bordered by the United Counties of Stormont, Dundas and Glengarry and, to the north, by the Ottawa River.

One of the defining features of the United Counties is a large francophone population that, by percentage, represents the largest francophone census division in Canada west of Quebec. The next-largest concentration of francophones can be found in Northeastern Ontario. A total of 63% of people living in the United Counties declare French as their mother tongue. Within the United Counties of Prescott and Russell, francophone majorities can be found in the municipalities of Casselman, Hawkesbury, and Alfred and Plantagenet, where between 70% and 80% of the population speak French as their first official language.



A demographic review of population, age distribution, language, income and education provides an environmental scan of the region that allows for further strategic intervention when we are examining risk factors that might have effect on safety and well-being. Data has been used from Statistics Canada's Census Profile 2016, Census Profile 2011, National Household Survey 2011, as well as the data (and figures) collected in the economic development strategy, From Action to Change: Prescott and Russell Economic Development Strategy, MDB Insight 2018

- The United Counties has 89,333 residents
- 57,388 live in the west (Casselman, The Nation, Clarence-Rockland, and Russell Township,)
- 31,945 in the east (Champlain, Hawkesbury, East Hawkesbury, and Alfred and Plantagenet)
- The median age in Prescott and Russell is 44.3
- The age distribution can be seen in the figure below (MDB Insight):



Source: Statistics Canada; 2016 Census Profile

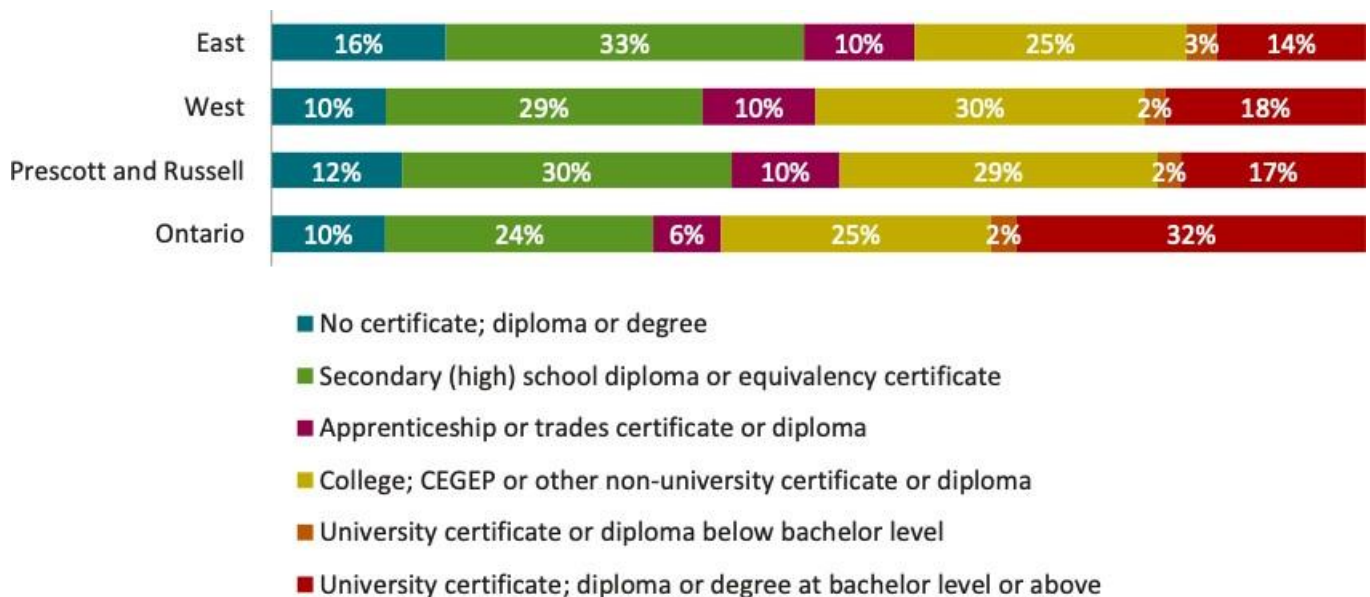
- The median household income was \$78,748, which is above the provincial median of \$74,297 but below that of Ottawa at \$85,981 (National Household Survey Profile in 2016)
- The individual median income digs a little deeper, and starts to show a divide between east and west of Prescott and Russell



| | East | West | Prescott and Russell | Ottawa | Ontario |
|--------------------------|----------|----------|----------------------|----------|----------|
| Median total income 2010 | \$27,884 | \$37,924 | \$34,568 | \$39,530 | \$30,526 |
| Median total income 2015 | \$30,831 | \$42,096 | \$38,814 | \$41,857 | \$33,539 |
| % Change | 11% | 11% | 12% | 6% | 10% |

Source: Statistics Canada; 2011 National Household Survey Profile, 2016 Census Profile.

- Education of the labour force beyond secondary school is 15% less than the provincial average of 32%
- The levels of education across the spectrum are lower in the east



Source: Statistics Canada; 2016 Census Profile.

Prescott and Russell is served by:

- Hawkesbury General Hospital
- Four Family Health Teams (Clarence-Rockland, Lower Outaouais, Hawkesbury and Plantagenet)
- Three Community Health Centres (Centre de Sante Communautaire de l'Estrie) in Bourget, Embrun and Limoges.
- Police services are supplied by the OPP with detachments in Rockland, Embrun and Hawkesbury.
- Paramedic Services have four stations (Embrun, Hawkesbury, Plantagenet and Rockland), as well as five waiting stations located in Alfred, Bourget, Casselman, Vankleek Hill and St-Isidore with a mix of Advanced Care Paramedics and Paramedics, a rapid response unit and Community Paramedicine.



- Four publicly funded school boards serve the United Counties (Upper Canada District School Board (UCDSB,) Catholic District School Board of Eastern Ontario (CDSBEO,) Conseil des écoles publiques de l'est de l'Ontario (CEPEO,) and Conseil des écoles catholiques du Centre-Est (CECCE)).
- An abundance of social and human service agencies can be found throughout the area.

1.3 Objectives

The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the United Counties of Prescott and Russell.

There are many positive benefits of developing a CSWB plan, including:

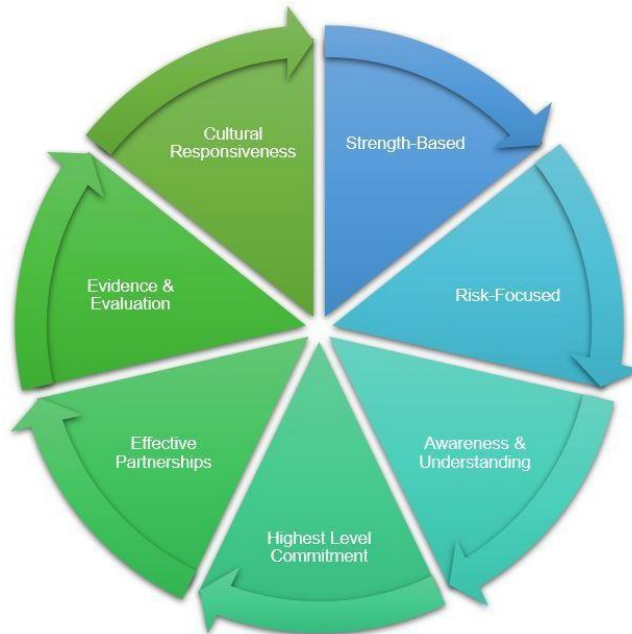
- Enhanced communication and collaboration across sectors, agencies and organizations
- Effective alignment of resources and responsibilities to better address local priorities and needs
- Better understanding of local risks and vulnerable groups
- Increased awareness of and access to services for community members, including vulnerable groups
- An opportunity to keep Prescott and Russell safe and ensure its residents enjoy a high quality of life

Multi-sectoral collaboration is a key factor to successful Community Safety and Well-Being planning, as it ensures an integrated approach to identifying and addressing local priorities. The Province of Ontario identifies seven critical success factors required for CSWB planning. These include:

Seven critical success factors

- Strength-Based: Leverage existing resources, programs and services in the community
- Risk-Focused: Risk-based planning rather than incident-driven
- Awareness and Understanding: Ensuring all understand the benefits of, and their role in, CSWB planning
- Highest Level Commitment: Commitment from local government, senior public officials, and leadership through multi-sectoral agencies/organizations
- Effective Partnerships: Creating meaningful, integrated partnerships across multiple sectors
- Evidence and Evaluation: Using research, data, and performance measures throughout the planning process, and working collaboratively across sectors to identify and address local priority risks to safety and well-being
- Cultural Responsiveness: Effectively collaborating with, and responding to, the needs of diverse groups of people in the community





(Community Safety and Well-being Planning Framework)

1.4 Approach and Methodology

The professional services of Stephanie Gray and Jane Torrance were retained by the United Counties of Prescott and Russell to facilitate, advise and guide the municipality in establishing a structure and process to develop a community safety and well-being plan to be implemented locally. The consultants were contracted to:

- identify a local champion who will gain commitment from local government; to obtain multi-sectoral buy-in, to communicate effectively with potential partners; and to engage the community
- conduct local research to support identification of risks and to prioritize those risks
- establish a multi-sectoral advisory committee that will map community assets and identify gaps in service for prioritized risks
- identify strategies that can be enhanced and implemented; to write a community safety and well-being plan
- assess, evaluate the plan, and to help form an implementation team.

Eric Larocque (Deputy Chief of Operations, Paramedic Service) was identified as the champion and municipal liaison, willing and assigned to lead the advisory committee.

The CSWB Advisory developed terms of reference with the stated purpose being “to collaborate across sectors to build a sustainable and endorsed Community Plan for Safety and Well-being for the United Counties of Prescott and Russell that is part of risk-driven, community safety model that evolves as social needs change. The overall



purpose of this plan will be to examine the assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of Prescott and Russell.”



Members of the cross-sectoral CSWB Advisory include representatives from the United Counties, OPP, Police Service Boards, Paramedic Services/Community Paramedics, School Boards/Conseil, Maison Interlude, United Way East Ontario, Groupe Action, Canadian Mental Health Association, Hawkesbury General Hospital (Mental Health), Valoris, Social Services, the Eastern Ontario Health Unit and Poverty Reduction.



2. Risks to Community Safety and Well-Being

Local priority risk factors that have been identified based on community consultations and multiple sources of data including data from Statistics Canada as well as local sector-specific information.

2.1 Mental Health

While a great deal of work has taken place to help reduce stigma around mental illness, circumstances show a greater need than ever to ensure adequate resources are in place to support mental health for those living in our communities, and to provide safety and intervention for anyone requiring immediate help. The effect of the COVID-19 pandemic and the resulting social isolation and economic impacts have made the importance of mental health supports greater than ever across all demographics. Mental health is as critical for quality of life as physical health, and ensuring a population has access to the social determinants of health can go a long way to preventing illness. Feedback and consultation show the importance of continuing and enhancing coordination of services, collaboration, multi-disciplinary approaches, increased access to specialized services and access to services across the whole geography of the United Counties.

Currently there are many tools available to support mental wellness and intervention when required. The Canadian Mental Health Association (CMHA) offers Mobile Intensive Case Management and a hoarding response coalition. CMHA works with the OPP on a pre-charge diversion program, as well as court diversion. The Intersections program is involved with youth who encounter the justice system and connects them to supports. The Hawkesbury General Hospital (HGH) has several programs in place, including a youth wellness hub, walk-in counselling clinic, a crisis team and crisis beds, an assertive community treatment team for serious mental illness. It also has tele-psychiatry, psychotherapy and psychiatry services for individuals 16 years and older; a first-episode psychosis program, geriatric psychiatry, numerous intervention methods for crisis and addictions support, and sexual assault and trauma therapy. The Community Paramedic program goes into the community to do wellness checks and to support other agencies to help them when there are gaps, especially with COVID-19 restrictions preventing workers from going into client homes. To prevent mental health crises, the paramedics can administer anti-psychotic drugs. They can complete the necessary blood test and do monthly or bi-weekly visits, depending on the patient, to administer these drugs and prevent crises.

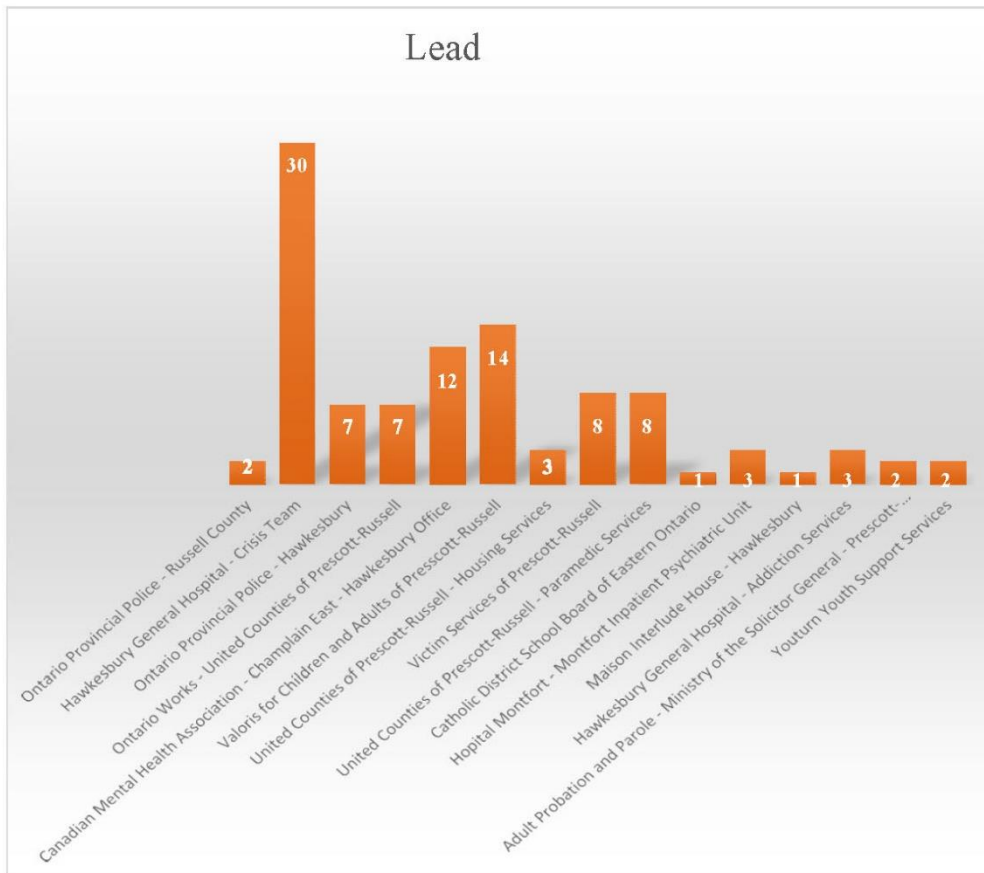
Valoris for Children and Adults of Prescott-Russell provides a wide range of mental health services to children, youth and their families in seven core services as defined by the Ministry, including targeted prevention (through many initiatives and the Communities That Care evidence-based program), brief services, counselling and therapy, crisis support services, family capacity building support (through the Triple P evidence-based approach and a partnership with other community partners), intensive



services and specialized consultation and assessment. Valoris is a lead agency in mental health for children and youth (one of the 33 in Ontario) and, as such, has the responsibility to plan services and identify priorities for the region. It is working with an advisory committee composed of community partners (education, police, hospital, etc.) to identify the needs in mental health for children, youth and their families, identify gaps and plan collectively to reduce the gaps identified.

The United Way East Ontario reports region-wide funding of supports at the Phoenix Centre for virtual counselling and encourages looking at additional region-wide supports.

The Prescott-Russell Situation Table is a risk intervention table that currently brings 27 agencies together to assess acutely elevated risk for individuals and families who are referred. The table released a report in Fall 2020 indicating that from December 6, 2018 to October 31, 2020, 102 situations that were discussed were deemed to meet the threshold of acutely elevated risk and proceeded to an intervention by appropriate agencies. Of those, mental health was a risk factor in 27%. The Hawkesbury General Hospital Crisis Team (30), Valoris (14) and CMHA led and/or assisted in half of all referrals to the table. Of the situations that met the AER threshold, 70% had overall risk lowered.

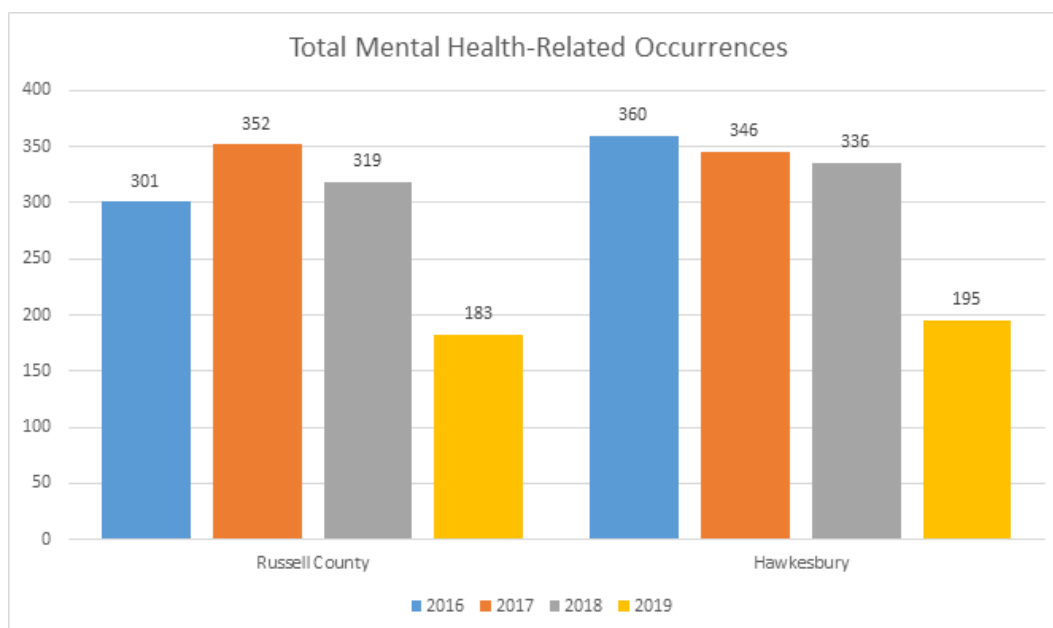


(Prescott Russell Situation Table, 2020)



Agencies are already collaborating in numerous ways to provide appropriate referrals to individuals needing support. Victim Services has a guide with information for referrals to proper services and initial support. Multiple partners are present at the Situation Table. The OPP has developed a protocol with HGH for transfer of care related to mental health, as well as participating in the LEAD Protocol (for diversion) and collaborating with the Human Services Justice Coordinating Committee.

OPP report that mental health-related occurrences are increasing across the province every year, possibly due to increased awareness, greater population and more training around mental health, as well as the way police collect data related to mental health occurrences. The number of involuntary apprehensions has been decreasing since 2017 but wait times for police at hospital have been increasing.



(Brief Mental Health Screener, 2019)

In 2020, Hawkesbury General Hospital received \$120,000 to establish a Mobile Crisis Unit, which will see police and registered mental health nurses working together to respond to occurrences involving mental health.

Many agencies provide specialized support for mental health, such as Centre Nova, which recognizes mental health difficulties due to the impact of sexual assault and violence against women, and many take a client-centred approach by coordinating care and providing one-stop services where possible.

Although increasing access to services is highlighted as a need, it should be noted some organizations have many services centres located throughout Prescott and Russell. Valoris, for example, has four service centres located in Plantagenet, Embrun, Hawkesbury and Rockland, as well as a 1-800 number that is available 24/7.



Valoris has received funding from the Ministry of Health to work on improving the crisis service for children and youth needing mental health services. The agency is working on developing this service with community partners. It is also providing brief counselling sessions on an ongoing basis, but since the beginning of the COVID-19 pandemic has been functioning by appointments.

Schools play an active role in mental health promotion. An example is the efforts by Conseil scolaire de district catholique de l'Est ontarien in teaching socio-emotional skills, suicide prevention, bullying prevention, promotion of physical activity, and equity and inclusion.

Sometimes by-law officers, paramedic services, firefighters and public works personnel are the first point of contact for a vulnerable person. Municipal staff are being provided with appropriate contacts for individuals needing support from appropriate agencies. Valoris has after-hours emergency services to provide the assistance of front-line workers available to intervene in crisis situations under their respective mandates (child welfare, children and youth mental health, children developmental services, adult developmental services and gender-based violence).

Strategies to Mitigate the Risk

Objective: Enhance and create mental health support programs and prevention strategies that are accessible across the region.

Rationale: Provide tools to residents to support mental well-being in order to prevent crisis situations.

| Action | Increase opportunities for collaborative case management to reduce crisis situations. |
|---------------|---|
| Evaluation | <ul style="list-style-type: none"> • Increase participation at Situation Table interventions of all professionals involved in a case. • Increase in number of individuals supported through collaborative case management. • Increase in percentage of discussions at situation table with overall risk lowered and connections to services. • Increase in number of individuals diverted from crisis intervention/hospitalization for mental health. • Number of referrals to intensive case management for specialized services. • Establish baseline and monitor referrals to new Mobile Crisis Unit. • Increase in number of individuals with mental health issues diverted from justice system. |



| | |
|--------------|--|
| | <ul style="list-style-type: none"> • Number of crisis interventions involving children and youth. • Increased diversion to mental health services. • Increased inter-professional and trauma-informed care training opportunities. |
| Outcomes | <ul style="list-style-type: none"> • Robust participation at Situation Table to increase successful Filter 4 interventions leading to case management by appropriate agencies. • Enhance existing or create new case management tables or opportunities to provide multi-disciplinary approach in situations that are not acutely elevated risk. • Clients feel more supported by multi-disciplinary teams, leading to fewer crisis situations and intervention required. • Earlier diversion to mental health services to avert crisis situations. • Earlier intervention in mental health crises by Mobile Crisis Unit for adults, children and youth populations. • Agencies have a greater awareness of services available and how to work together to support clients, creating efficiencies in service, reducing duplication and creating a holistic approach to client care that is trauma-informed, culturally inclusive and uses non-stigmatizing language. • Clients living with mental health issues are diverted from the justice system to more appropriate community services (court diversion and police pre-charge diversion programs). |
| Steps Needed | <ul style="list-style-type: none"> • Promote and encourage participation in 211 system to improve communication and system navigation for clients. |

| | |
|---------------|--|
| Action | Increase access to services by developing more walk-in clinics and service hubs, and by enhancing or creating programs that increase access to a range of specialized services. |
| Evaluation | <ul style="list-style-type: none"> • Increased number of programs available for youth mental health, LGBTQ2s, autism spectrum services for adults, dual diagnosis services, acquired brain injury services, eating disorders, hoarding, postpartum therapy. • Reduced wait times for specialized services. • Increase in number of geographic locations for access to mental health services and programs. • Increased access to mental health services for those unable to participate in person (e.g. enhanced virtual services) |



| | |
|--------------|--|
| | <ul style="list-style-type: none"> • Increased participation by clients at available programs to support mental wellness. • Increased number of midwives with hospital privileges at Hawkesbury General Hospital. • Track the number of youth accessing the Youth Hub to determine service provision under hub structure. |
| Outcomes | <ul style="list-style-type: none"> • Greater availability of and access to supports for individuals and families seeking support for specialized services, including a range of modalities – from in-person services to virtual formats and accessible options. • Greater flexibility and networking for agencies to provide necessary supports in partnership with others. • Program enhancements in dual diagnosis and youth transitioning to adulthood. • Local access to a Schedule 1 hospital (with designated psychiatric services under the Mental Health Act). • Expanded local support for pregnant mothers and mothers of newborns in terms of health-care choice (midwives, birth doulas, postpartum doulas and specialists, peer support) to reduce anxiety and to increase prenatal and postpartum mental health. • Robust support/training for front-line employees in their own well- being to maintain quality of service to clients. • Access to specialized services in French. |
| Steps Needed | <ul style="list-style-type: none"> • Consider pressures of COVID for front-line employees and support through check-ins, time off, work-home balance, etc. • Inclusion of volunteer system navigators working jointly with 211; inclusion of 211 training and resources as part of municipal employee training. • Explore possibility of integrating social prescription across systems (i.e. incorporating physical activity, socialization, spending time in natural environments versus solely traditional medicine/pharmaceuticals). • Explore ways to overcome challenges to develop new services due to funding, staffing and mandate constraints. • Develop partnerships to share space for client meetings. • Address restrictive mandates to allow for program enhancements in dual diagnosis and youth transitioning to adults (mental health services). |



2.2 Substance Use

Substance use and mental health are often intertwined, and at a time when isolation and other stressors have been elevated due to the COVID-19 pandemic, substance use as a coping mechanism can be a significant risk factor for harm. As the opioid crisis intensifies across Canada, it is essential that a community has a safety net in place for its most vulnerable people. Harm reduction, trauma-informed approaches and availability of services across demographics and geography are highlighted as key, as is communication about available services.

The United Counties of Prescott and Russell has numerous assets related to a range of substance use issues. Many services take a holistic approach that incorporates physical health, mental health, life circumstances and harm-reduction approaches into account.

Providing people with tools to support the social determinants of health can prevent many of the circumstances that might lead to substance use.

Hawkesbury General Hospital (HGH) takes a harm-reduction approach and uses an integrated intake and service delivery model to provide a number of programs and supports for individuals, families and caregivers to support those experiencing substance use issues. Among its services are naloxone distribution, a rapid opioid response program, an on-site methadone/suboxone clinic, a home-based withdrawal program, relapse prevention, addiction/treatment therapy, subsidized housing (rent supplements) and a youth wellness hub.

Schools have a general mandate to promote well-being (mental health and addiction prevention). Project IMPACT is just one example of an addiction-prevention program for alcohol and drugs offered through the OPP for Grades 4 to 10 in schools and for all ages in the community (PARS). The Canadian Mental Health Association (CMHA) provides intensive case management for concurrent disorders, and the Catholic District School Board of Eastern Ontario undertakes prevention, promotion, screening and brief intervention activities. First responders, including fire departments, are provided with contact information for counselling when they encounter vulnerable individuals, and fire departments have access to naloxone kits. The OPP continue to work to target illicit drug trade, provide public education campaigns and events (schools, community groups, public) and take part in the opioid cluster plan. The paramedic service is a member of the drug awareness group with the health unit and sends monthly reports regarding opioid and alcohol incidents. Under that umbrella they have worked with the group for more than two years and established the Prescott-Russell Opioid Cluster Plan for the Counties and the Eastern Ontario Health Unit.

While home-based detox services are available in Russell, there is a desire to see such a service expanded across the region. This is true for a number of other services as well – to expand geographically and also to provide additional supports.

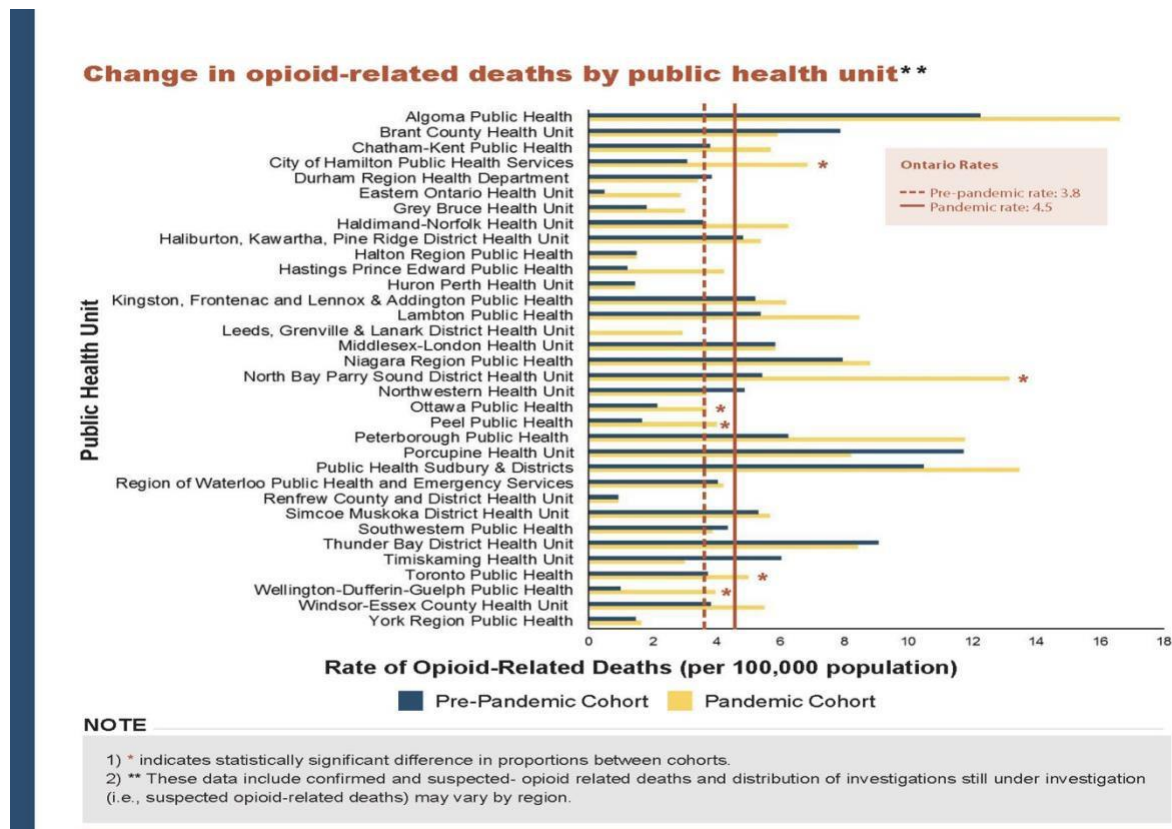
Efforts have been made to ensure an approach that includes connectedness and



belonging, as well as employing a regional strategy to increase the capacity of community partners in applying best practices. Communication through social media aims to share accurate information and reliable support strategies to prevent use. Victim Services works to assure clients that they have initial support and referral to proper services.

Violence against women (VAW) agencies offer a unique lens with recognition that addictions can be an impact of sexual assault and violence against women. Its services empower women, provide support and referral, and collaboration with partners. Other services in the community include smoking cessation and nicotine replacement.

Public Health, in conjunction with emergency services providers and members of the Community Control Group, have developed an Opioid Cluster Plan for the counties that sets out procedures for responding in the event of a cluster of overdoses.

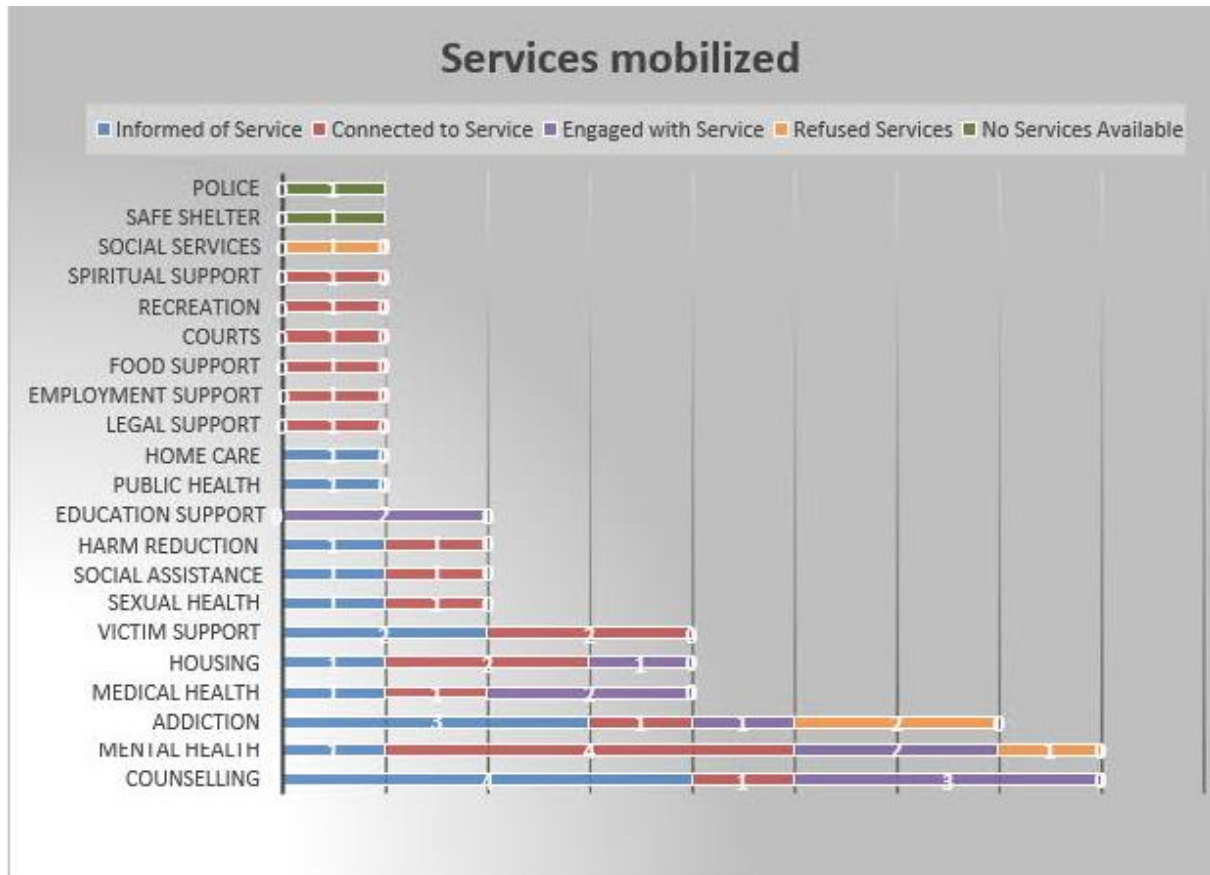


(The Ontario Drug Policy Research Network, et. al., 2020)

Data from the Prescott Russell Situation Table from December 2018 to October 2020 shows that substance abuse issues accounted for 13% of the risk factors in the 102 discussions that met the threshold for acutely elevated risk in that time period. Additionally, in terms of services mobilized as part of interventions, harm reduction was



noted as a factor in seven referrals from April to October 2020. The situation table also tracks study flags, including problematic opioid use and methamphetamine use. From January to the end of October 2020, problematic opioid use was flagged twice, as was methamphetamine use. The situation table is exploring the possibility of ensuring overdose victims are automatically referred in an effort to mitigate further risk.



(Prescott Russell Situation Table, 2020)



Strategies to Mitigate the Risk

Objective: To break down geographic barriers and provide comprehensive, wrap-around substance-use services across the counties.

Rationale: Expanding services across the geography and increasing the availability of specific programs, as well as education about them, will improve access to addiction supports and reduce wait times for services.

| | |
|---------------|---|
| Action | Establish home-based detox across the counties. |
| Evaluation | <ul style="list-style-type: none"> • Increase in participants accessing home-based detox. • Reduction in wait times for this service. |
| Outcomes | <ul style="list-style-type: none"> • Provide a pathway to enable individuals seeking rehabilitation services to complete required detox. |

| | |
|---------------|---|
| Action | Work collaboratively to expand available addictions programs (traditional and virtual) beyond Alcoholics Anonymous and Narcotics Anonymous and ensure availability across geography. |
| Evaluation | <ul style="list-style-type: none"> • Increase in substance use programs (quit smoking, rehabilitation, peer support) throughout UCPR. • Increase in participants in all programs. • Reduction in substance abuse risk factor at situation table. |
| Outcomes | <ul style="list-style-type: none"> • Increased access and availability of a variety of substance use programs to help mitigate crisis situations and improve quality of life (including additional quit-smoking programs, rehabilitation centres, peer support groups, youth-specific services). • Create efficiencies and reduce duplication of services between agencies offering the same or similar programs. • Provide seamless transition for youth who are moving on to adult services. • Develop a network of support opportunities accessible via 211 and to all system navigators in organizations for promotion. • Increased collaboration between agencies to create wrap-around strategies. |



2.3 Health and Well-being

When people have equitable access to all social determinants of health, this can have the greatest impact on a community's health and well-being. There is overlap between other risk areas and factors affecting general health and well-being. Consequently, this section focuses on some specific care needs, pathways and coordination of services, geographic access to services and availability of primary care.

In terms of community supports, Prescott and Russell are rich with assets. Programs include Meals on Wheels, day programs for dementia, assisted living services, home support and in-home treatments for people with physical limitations, well-baby clinics, programs for diabetes, craving changes, cardio walking and geriatrics. Community health centres are hubs for primary health care, prevention and promotion programs, education about chronic illness and community health. Violence against women agencies offer supports in recognition that health and well-being is compromised by sexual assault and violence against women. Valoris offers developmental services for children and adults, and integrated services for children, youth, their families and adults. Groupe Convex provides employment in Prescott and Russell and Valor & Solutions provides training and other services to professionals in local organizations in French and English. Groupe Action-Family Centres provide snowsuits for children from 0 to 6 years old in Prescott-Russell.

Throughout the municipality residents have access to beautiful parks, recreation centres and libraries, as well as outdoor spaces and facilities at conservation areas.

Community safety issues, including traffic and crime, are monitored through the OPP's three-year action plans, and detachments provide annual progress reports on those plans.

The 211 service helps to connect people to services and to report on unmet needs. In 2019, 211 reported that "health" was the largest unmet need in Prescott and Russell.

The Eastern Ontario Health Unit offers many programs for health promotion, prevention and protection, including home visiting for new mothers, Healthy Babies Healthy Children, nutrition programs for pregnant women, school health and chronic illness. School boards also provide many promotion and prevention activities in partnership with various agencies.

The Community Paramedic program offers wellness checks and clinics and has been a critical resource during the COVID-19 pandemic for testing and supports. It has played a key role in crisis response through the situation table and its multi-disciplinary approach. Wellness checks are an important factor for individuals at home who are waiting to go into long-term care or who have been discharged from hospital and need follow-up.

The United Counties has three EarlyON centres located in Hawkesbury, Rockland and Casselman. These centres were strategically located based on research demonstrating



the most need in those areas.

The United Way East Ontario has published a Seniors Vulnerability Index that promises to be an excellent tool for successful aging. It has also released a Caregiver Strategy with recommendations to help achieve positive outcomes for informal caregivers and families. Even before the pandemic the Canadian Institute for Health Information indicated one third of caregivers in Canada are distressed in terms of mental health and ability to continue the full-time work of caring for their loved ones. The United Way of Eastern Ontario-led Successful Aging Advisory Committee is in place to move forward with initiatives around senior well-being.

(Figure 8):

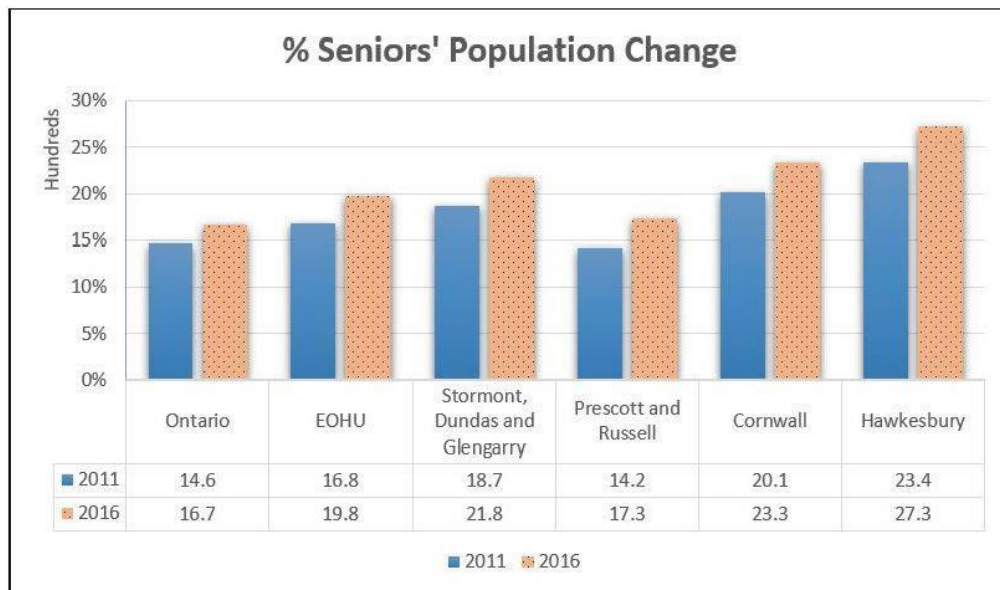


Figure 8: Seniors Aged 65 and Over, EOHU and Ontario, 2011-2016

(Eastern Ontario Health Unit, 2019)

Other local programs include the community paramedics, who are able to not only assist the most vulnerable when they are in crisis but can help to prevent elevated risk by outreach in the community and at home. The Young Adult Centre (YAC) is a drop-in centre where young people can talk to a public health nurse about any health-related issue and receive one-on-one counseling on birth control, sexuality, relationships, lifestyle, life skills, and STI counseling and testing.

The Prescott Russell Situation Table provides a venue for referrals when individuals and families are experiencing acutely elevated risk due to multiple risk factors and the need for a multi-agency response. This collaboration brings many partners together to intervene to prevent a crisis.

Valoris provides child welfare services as part of its mandate and is responding to situations related to child protection concerns affecting children, youth and their families in Prescott and Russell.



The United Counties and local municipalities have plans in place to address emergencies – from pandemics to environmental disasters – that bring partners together rapidly.

Strategies to Mitigate the Risk

Objective: To ensure access to a broad range of supports for health and well-being across the entire region.

Rationale: Providing residents with services to protect their health and safety helps to prevent hardship and crisis and enhances community health and well-being overall.

| | |
|---------------|---|
| Action | Expand needed health services across the entire geography of the United Counties of Prescott and Russell |
| Evaluation | <ul style="list-style-type: none"> • Increase in number of services offered. • Participation in new services offered. |
| Outcomes | <ul style="list-style-type: none"> • Increased collaboration between agencies to identify and ensure service gaps are remedied, avoid duplication and increase efficiencies. • Greater access to local services for those who need support (i.e., a walk-in medical clinic in Clarence Rockland, additional services in the western part of the counties, hospice for palliative care in Embrun/Russell, maximize use of community paramedics). |

| | |
|---------------|---|
| Action | Greater access to primary care and increased coordination of services. |
| Evaluation | <ul style="list-style-type: none"> • Increased number of family physicians. • Reduction in visits to emergency departments for non-emergencies. • Reduced wait list for orphaned/high-risk patients awaiting access to family physicians. • Increased referrals to prevention programs, including community paramedics. • Number of health equity training sessions. |



| | |
|----------|--|
| Outcomes | <ul style="list-style-type: none"> • Improved local access to family doctors for patients throughout the region. • Improved quality of life and access to social determinants of health due to better coordination of care from a patient-centred perspective. • Improved access to general practitioners for orphaned patients and higher-risk patients. • Recognition of health equity and social determinants of health amongst medical community. • Better collaboration with primary care to implement prevention programs. • Improve care coordination through community paramedics. |
|----------|--|

| | |
|---------------|--|
| Action | Increased availability of services to children, youth and adults with special needs and developmental disabilities and their families. |
| Evaluation | <ul style="list-style-type: none"> • Increased availability of support programs (respite, speech therapy, day programs for adults, brain injury dual-diagnosis support, parenting classes, LGBTQ2S, at-risk young men with no male role model, after-school youth programs (including cooking, healthy food), adult nutrition programs, programs for seniors to reduce low self-esteem, social and geographic isolation, peer support, cyber- fraud, food delivery service due to COVID-19 restrictions. • Increased participation in support programs. • Implementation of recommendations in UWEO Caregiver Strategy. |
| Outcomes | <ul style="list-style-type: none"> • Wider range of support programs across region and demographics to meet specialized and general needs addressing social determinants of health. • Expansion of grocery/food-delivery services in all communities during COVID-19. • Implementation of Caregiver Strategy recommendations to support families and caregivers across region. |



| | |
|---------------|---|
| Action | Increased pathways of support for children and parents that is inclusive and culturally sensitive. |
| Evaluation | <ul style="list-style-type: none"> • Increased participation in EarlyON by parents and children. • Increased number of early testing for learning disabilities submitted by school boards. • Increased public education to combat ageism, culture and diversity across demographics. • Increased number of midwives with hospital privileges. • Increased participation in postpartum support services. • Increased participation in parenting support services. • Established protocols with partners related to apprehension of children at risk. • Increased participation and training of organizations in Triple P to enhance family capacity and build support. |
| Outcomes | <ul style="list-style-type: none"> • Mobile EarlyON programming offered in all United Counties of Prescott and Russell municipalities. • Increased funding for early evaluation (testing) for children with learning disabilities to allow for earlier intervention and greater success in school. • Reduced prejudice against youth and young adults; reduced ageism overall. • Gender equity analysis of governance and decision-making. • Increased access/funding to midwives and professionally trained birth and postpartum doulas, including hospital privileges, and expanded postpartum support services to provide help in birthing recovery and adapting to healthy parenthood, particularly in light of COVID-19 restrictions/risks/anxiety in hospital settings. • Additional supports for parents of newborns to reduce isolation and provide postpartum recovery supports to ensure good outcomes and reduce long-term challenges. • Update/review protocols in place with partners related to apprehension of children and child welfare mandate to ensure good communication and wraparound supports. |

| | |
|---------------|--|
| Action | Clarity in system frameworks and communication. |
| Evaluation | <ul style="list-style-type: none"> • Increased use of 211 service. • Increased provision of agency/program information to 211. |



| | |
|----------|---|
| Outcomes | <ul style="list-style-type: none"> • Visibility and communication of any/all programs and services across a wide geographic area leading to improved access and awareness. • Greater awareness between sectors and service providers of available programs leading to one-stop service provision. |
|----------|---|

2.4 Income and Employment (Low Income and Unemployment)

The income and employment rates in Prescott and Russell are, on average, above the provincial averages. Unemployment and low income still emerge as risks to community safety and well-being because poverty remains the overarching social determinant of health. In the Community Health Status Report 2019, the Medical Officer of Health and Chief Executive Officer of the Ontario East Health Unit, Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C). CCPE, writes:

The primary factors that shape the health of Canadians are not medical interventions or lifestyle choices, but rather the living conditions that they experience (Mikkonon and Raphael, 2010). Poverty causes ill health, which in turn perpetuates poverty. This cycle contributes to health inequalities and health inequities. People living in poverty experience a double deficit, a shorter and less healthy life. Despite universal agreement that health inequities are unacceptable and require urgent action, the gap in health status between the most affluent and the most disadvantaged has widened in recent years. Socio-economic conditions provide or deny opportunities for individuals to adopt healthy lifestyles. Population groups with low levels of income and education who are living in poor or precarious housing conditions, suffer more from ill-health than those at the top of the socio-economic scale.

The United Counties of Prescott and Russell has many assets to assist in employment and income. Unemployed or underemployed people can get help through drop-in resource centres, job search assistance programs and job-skills workshops. Employment counselling and career planning services provide information on the labour market, grants, funding, apprenticeships and other opportunities for ongoing support.

As well, community organisations work to advocate and help fill gaps, including an Ontario Living Wage Network and a Food Insecurity Network. Budget help and tax return preparation is available and living wage awareness communication directed towards employers is ongoing.

All human-service partner organisations recognize that poverty is a risk to community safety and well-being, and removal of this barrier would allow people to access appropriate services and fully engage in the community.



There are twelve food banks located throughout Prescott and Russell serving an increasing number of people across the area. With an increasing need for food security, we see that access to healthy food is not limited to a single municipality.

Unemployment is lower overall in Prescott and Russell than provincial rates, although Hawkesbury and East Hawkesbury exceed the provincial average.

| Counties & Townships in Eastern Ontario | UNEMPLOYMENT | | | | LOCAL BUSINESSES | |
|---|-------------------|-------------------|--|--|---|--|
| | Number Unemployed | Unemployment rate | Unemployment rate of Youth aged 20 to 24 years | Unemployment rate of Youth aged 25 to 29 years | Number of Local businesses with employees | Number of Local businesses without employees |
| Ontario | 529,525 | 7.4 | 16.0 | 8.5 | 1,097,178 | 484,399 |
| Ottawa | 37,120 | 7.2 | 15.8 | 8.3 | 69,206 | 30,420 |
| Prescott and Russell | 2,550 | 5.3 | 9.2 | 6.4 | 6,050 | 2,602 |
| East Hawkesbury TP | 135 | 7.5 | 15.2 | 8.3 | 189 | 78 |
| Hawkesbury T | 415 | 9.6 | 20.0 | 9.6 | 703 | 367 |
| Champlain TP | 275 | 6 | 15.7 | 4.9 | 978 | 390 |
| Alfred and Plantagenet TP | 335 | 6.5 | 7.8 | 6.5 | 451 | 150 |
| The Nation / La Nation M | 345 | 4.5 | 7.9 | 5.0 | 1,394 | 605 |
| Clarence-Rockland C | 610 | 4.5 | 5.4 | 5.1 | 1,333 | 580 |
| Casselman VL | 45 | 2.4 | 0.0 | 6.3 | 0 | 0 |
| Russell TP | 390 | 4.1 | 10.4 | 8.5 | 1,002 | 432 |

(Social Planning Council of Ottawa, n.d.)

When it comes to income, the Economic Development Strategic Plan has a fair analysis of the 2016 Census data (p. 50-51, http://en.prescott-russell.on.ca/UserFiles/Servers/Server_2375121/File/2019/business/strategic-plan2019-2022.pdf) and tells us the “median individual and household income of Prescott and Russell residents consistently remained higher than the provincial median income both in 2011 and 2016.” Notable, however, is the “characteristic of individual geographic regions in Prescott and Russell, where eastern residents’ median wage has remained lower than in western communities and the provincial median.”

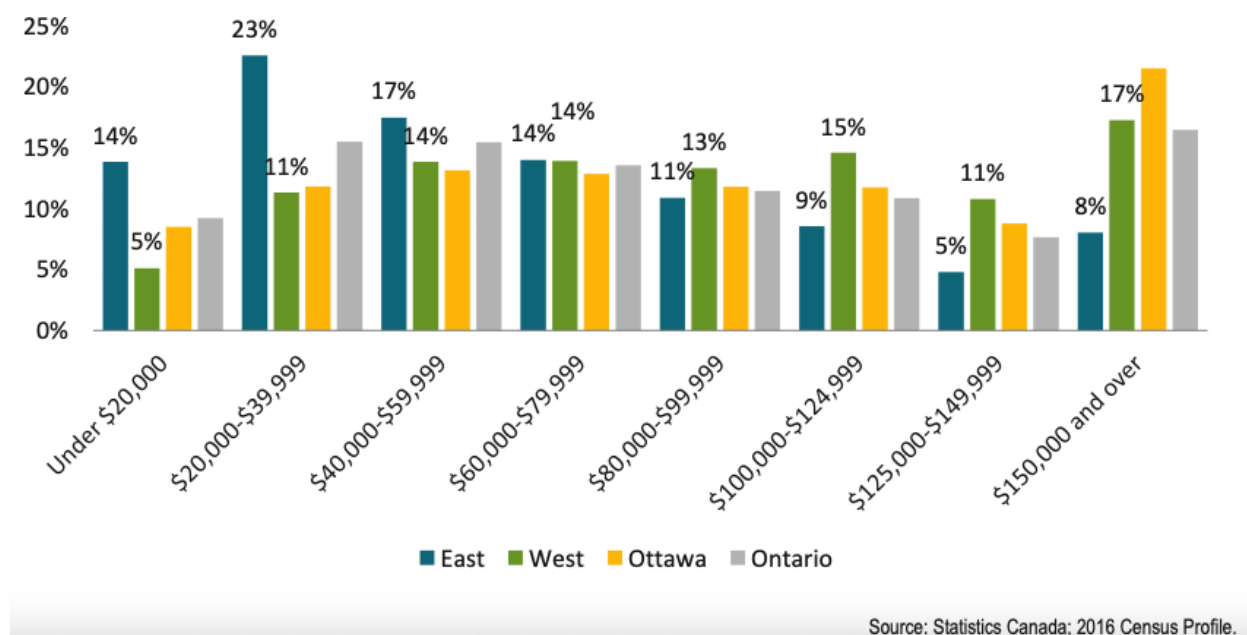
| | Prescott and Russell | Ottawa | Ontario |
|--|----------------------|----------|----------|
| Median household total income (\$) in 2010 | \$71,820 | \$79,634 | \$66,358 |
| Median total income (\$) of households in 2015 | \$78,748 | \$85,981 | \$74,287 |
| % Change | 10% | 8% | 12% |

Source: Statistics Canada; 2011 National Household Survey Profile, 2016 Census Profile.

The distribution of household income is where we start to see the disparity between the east and the west of Prescott and Russell. It is noted the residents of the east side have



a lower proportion of households earning \$80,000 and above. The difference is most evident in the range of \$100,000 and over intervals where the west side is almost double in all categories compared to the east.



When low-income data is analysed, the risk areas are revealed:

In the town of Hawkesbury, the poverty rates are almost twice the provincial average

- 38.2% of children 0-14
- 37.2% of youth aged 15-19
- 26.7% of youth aged 25-29
- 25.1% of seniors

Seniors across Prescott and Russell are living in poverty – above the provincial average of 12.1%. Only Clarence-Rockland and Russell Township have rates under 10%.



| Counties & Townships in Eastern Ontario | Living in Low Income Age Groups | | | | | | | | | | |
|---|---------------------------------|-----------------------|------------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|--|---------------------------------|----------------------------------|
| | Children aged 0 to 14 years | | Children aged 15 to 19 years | | Youth aged 20 to 24 years | | Youth aged 25 to 29 years | | Seniors aged 65 years and over | | |
| | Number in Low Income | Percent in Low Income | Number in Low Income | Percent in Low Income | Number in low income | Percent in low income | Number in low income | Percent in low income | Median after-tax income of Seniors, (\$) | Number of Seniors in low income | Percent of Seniors in low income |
| Ontario | 412,690 | 18.7 | 132,435 | 16.3 | 156,025 | 17.4 | 122,440 | 14.0 | 27,149 | 254,725 | 12.1 |
| Ottawa | 25,270 | 16.2 | 9,575 | 16.7 | 13,910 | 20.3 | 8,470 | 13.3 | 35,657 | 12,505 | 9.4 |
| Prescott and Russell | 1,685 | 11.2 | 595 | 11.7 | 375 | 7.9 | 405 | 8.4 | 25,536 | 2,055 | 14.8 |
| East Hawkesbury TP | 45 | 10.1 | 25 | 13.2 | 0 | 0.0 | 10 | 6.3 | 25,788 | 115 | 16.5 |
| Hawkesbury T | 495 | 38.2 | 175 | 37.2 | 135 | 26.7 | 120 | 26.7 | 22,643 | 615 | 25.1 |
| Champlain TP | 75 | 6.4 | 55 | 12.1 | 40 | 10.4 | 20 | 5.7 | 25,429 | 265 | 14.3 |
| Alfred and Plantagenet TP | 140 | 9.6 | 70 | 15.1 | 40 | 7.8 | 45 | 6.9 | 24,572 | 290 | 17.4 |
| The Nation / La Nation M | 285 | 11.7 | 70 | 10.1 | 40 | 5.5 | 30 | 3.3 | 24,004 | 225 | 16.0 |
| Clarence-Rockland C | 400 | 9.2 | 120 | 8.2 | 65 | 4.9 | 130 | 9.7 | 27,134 | 305 | 9.0 |
| Casselman VL | 55 | 9.4 | 0 | 0.0 | 20 | 10.0 | 25 | 13.2 | 25,603 | 95 | 16.4 |
| Russell TP | 190 | 5.8 | 65 | 5.7 | 35 | 3.8 | 30 | 4.0 | 31,258 | 135 | 7.5 |

(Social Planning Council of Ottawa, n.d.)

Strategies to Mitigate the Risk

Objective: Decrease low income and increase employment

Rationale: Break the cycle of poverty and health inequity

| | |
|-------------------|--|
| Action | Increase employment opportunities for all residents of Prescott and Russell for sustainable and continued economic development. |
| Evaluation | <ul style="list-style-type: none"> • Increase in employment rates. • Increase in full-time employment. • Increase in wages |
| Outcomes | <ul style="list-style-type: none"> • Employment opportunities are increased and participation raises income. • Skilled trades are increased and succession plans are possible. • Full-time and fairly compensated employment increases income and health. |

| | |
|-------------------|--|
| Action | Develop a UCPR poverty-reduction strategy with attention to the 12 indicators outlined in Federal Poverty Reduction Strategy. |
| Evaluation | <ul style="list-style-type: none"> • Tracked through the Dimensions of Poverty Hub. https://www.statcan.gc.ca/eng/topics-start/poverty |



| | |
|----------|--|
| Outcomes | <ul style="list-style-type: none"> • Comprehensive strategy is supported by UCPR and community partners across Prescott and Russell. • Stigma is reduced; lives are changed. |
|----------|--|

2.5 Housing

The 10-Year Housing and Homelessness Plan is the Prescott and Russell document that plans for and documents change in the social housing sector. With 16 strategic initiatives, the plan was developed in partnership with community organisations and has been guiding change since 2014, with annual reporting updates (Housing and Homelessness Plan, 2019).

Access to Consolidated Municipal Service Manager (CMSM) services and programs are tracked

- Home Ownership
- Rent Supplement
- Ontario Renovates
- LEAP (Low-income Energy Assistance Program)

Data for Homelessness prevention programs are also recorded:

- Residential Services Homes Program
- Housing Assistance Fund (CHPI)

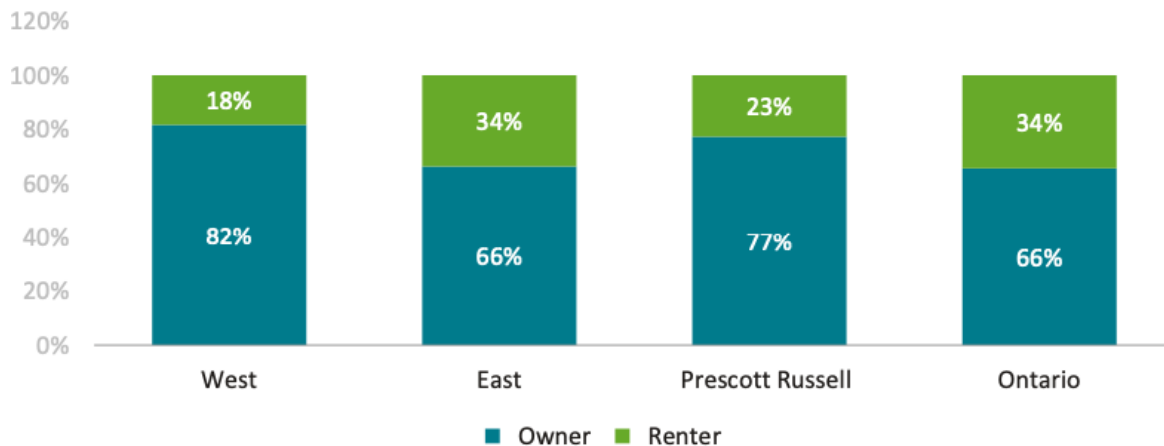
Even with a progressive plan, fulsome initiatives and well-tracked action, more is needed. There is a lack of housing variety in all municipalities, as is seen in rural areas across Ontario. The vast majority of housing (as documented in the Strategic Plan) is single detached with fewer options for more affordable housing styles and little rental stock.

| | Prescott and Russell | Ottawa | Ontario |
|---|----------------------|--------|---------|
| Single-detached house | 74.0% | 42.4% | 54.5% |
| Apartment in a building with 5+ storeys | 0.2% | 18.4% | 17.2% |
| Semi-detached house | 6.1% | 5.4% | 5.6% |
| Row house | 3.0% | 21.3% | 8.9% |
| Apartment or flat in a duplex | 5.0% | 1.9% | 3.4% |
| Apartment in a building with <5 storeys | 11.3% | 10.5% | 10.1% |
| Other single-attached house | 0.3% | 0.1% | 0.2% |

(MBD Insight, 2018)

Rental stock is needed, specifically in the eastern portion of Prescott and Russell, to meet the needs of all residents and reduce the pressure on social housing wait lists.





Source: Statistics Canada; 2016 Census Profile.

Strategies to Mitigate the Risk

Objective: Appropriate housing is available to all existing and new residents of Prescott and Russell

Rationale: Availability of appropriate housing to improve social determinants of health as well as economic development activity

| Action | Develop an affordable housing strategy. |
|------------|---|
| Evaluation | <ul style="list-style-type: none"> • Strategy developed and adopted by lower-tier municipalities. • Increase in building permits. • Decrease in social housing waitlist. • Decrease in homelessness. • New affordable and long-term housing is created in all geographical areas of UCPR. |
| Outcomes | <ul style="list-style-type: none"> • Coordinated approach involves municipal planners, private developers and public partners and organisations to develop a strategy that encourages a variety of housing forms and price points. • Pressure on social housing is decreased (along with wait lists) when alternate housing is available. • Strategy is supported by UCPR and lower-tier municipalities. Accessibility is addressed. |



| | |
|---------------|---|
| Action | Establish wrap-around services for homeless and those at risk of becoming homeless |
| Evaluation | <ul style="list-style-type: none"> • Waitlists for housing and concurrent issues are reduced. • Increase in participants in programs specific to needs. • Increase in units offering supported services. |
| Outcomes | <ul style="list-style-type: none"> • People waiting for housing are supported. • No disconnect between serving agency and housing provider. • Integration services for people with physical and intellectual disability. • Programs are available for budget assistance, hoarding services, translation, mental health and addictions, accessibility. |

| | |
|---------------|--|
| Action | Eliminate homelessness and risk of homelessness. |
| Evaluation | <ul style="list-style-type: none"> • Tracked through the Dimensions of Poverty Hub. https://www.statcan.gc.ca/eng/topics-start/poverty |
| Outcomes | <ul style="list-style-type: none"> • People are housed and can then access appropriate services. • Emergency housing (if necessary) is appropriate and is focused by sector and location. • Stigma is decreased. • Co-housing options are explored (employment groups, senior women, youth experiencing homelessness, etc.). |



2.6 Violence Against Persons

(Including Violence Against Women, Child Abuse, Elder Abuse, Male Victims)

Violence against persons can take many forms, from extreme physical and sexual violence to emotional violence and other activities that threaten an individual's physical or mental well-being through a criminal act, such as elder abuse or neglect. The local OPP detachments offer the following categories as part of their crime data.

OPP RUSSELL COUNTY Detachment 2019 Annual Progress Report

Crime Data

Violent Crimes

Table 2.1

| Offences | 2017 | 2018 | 2019 | Clearance Rate |
|------------------------------------|------|------|------|----------------|
| 01 - Homicide | 0 | 1 | 0 | |
| 02 - Other Offences Causing Death | 0 | 0 | 0 | |
| 03 - Attempted Murder | 0 | 0 | 0 | |
| 04 - Sexual Offences | 44 | 56 | 78 | 51.28% |
| 05 - Assaults | 142 | 169 | 182 | 80.77% |
| 06 - Abduction | 6 | 1 | 2 | 50.00% |
| 07 - Robbery | 4 | 6 | 4 | 75.00% |
| 08 - Other Crimes Against a Person | 91 | 92 | 113 | 48.67% |
| 09 - Total | 287 | 325 | 379 | 64.91% |

(Duval, 2019)

OPP HAWKESBURY Detachment 2019 Annual Progress Report

Crime Data

Violent Crimes

Table 2.1

| Offences | 2017 | 2018 | 2019 | Clearance Rate |
|------------------------------------|------|------|------|----------------|
| 01 - Homicide | 0 | 0 | 0 | |
| 02 - Other Offences Causing Death | 0 | 0 | 0 | |
| 03 - Attempted Murder | 0 | 0 | 2 | 50.00% |
| 04 - Sexual Offences | 36 | 50 | 50 | 60.00% |
| 05 - Assaults | 171 | 164 | 152 | 80.92% |
| 06 - Abduction | 2 | 4 | 2 | 100.00% |
| 07 - Robbery | 3 | 4 | 5 | 100.00% |
| 08 - Other Crimes Against a Person | 98 | 123 | 153 | 53.59% |
| 09 - Total | 310 | 345 | 364 | 66.76% |

(Hemmerick, 2019)

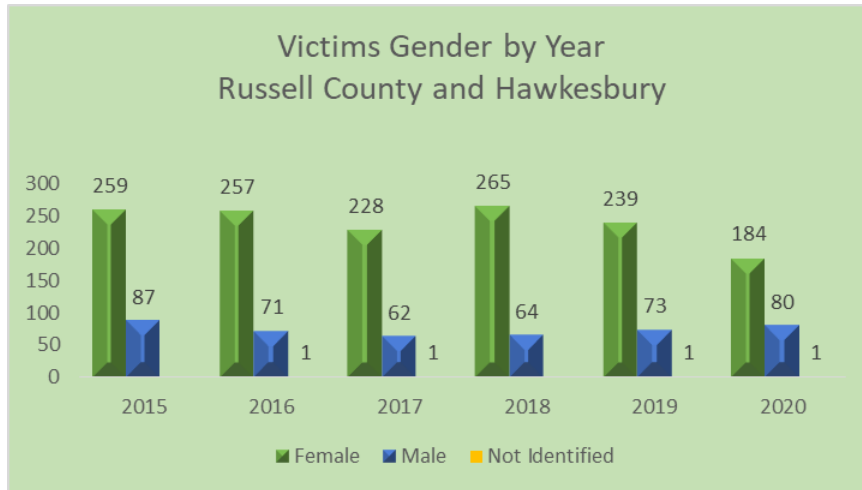
Although the complete data for the duration of the COVID-19 is not yet known, agencies that work with women and children have been receiving reports of increased incidents of domestic violence and child abuse as people continue to navigate the constraints of the pandemic. Data from the OPP showing domestic incidents and sexual offences over a six-year period, which shows increases heading into 2020.



| Totals | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | Grand Total | Previous 5 year average |
|----------------------------------|-------|-------|-------|-------|-------|-------|-------------|-------------------------|
| All Domestic Victims | 237 | 198 | 183 | 179 | 152 | 161 | 1110 | 190 |
| Victim Rate Domestic Disturbance | 17.4% | 22.7% | 22.3% | 20.5% | 19.5% | 20.2% | 21.9% | 20.5% |
| All Sexual Offences Victims | 109 | 131 | 108 | 150 | 161 | 104 | 763 | 132 |
| All Victims | 346 | 329 | 291 | 329 | 313 | 265 | 1869 | 322 |

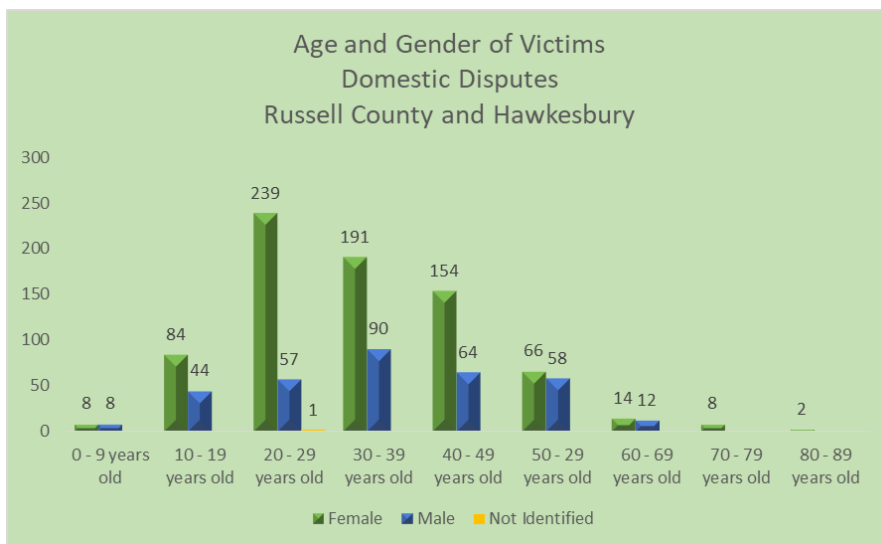
(Ross, 2021)

An analysis by OPP of victims by gender over a six-year period highlights the dramatic disproportionate representation of women as victims in the domestic incidents and sexual offences.



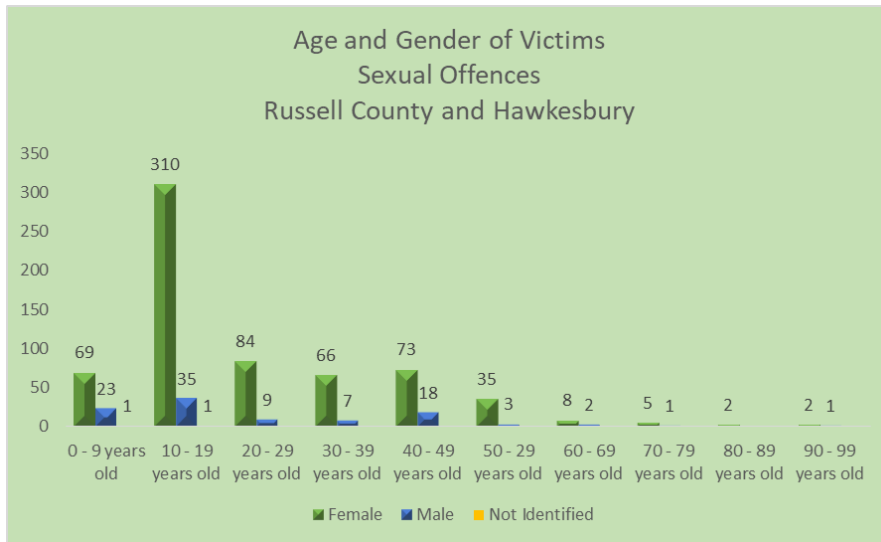
(Ross, 2021)

The next two charts show the distinction between domestic disturbance incidents and sexual offences in terms of age and gender. The number of female victims of sexual offenders in the age 10 to 19 category is significant.



(Ross, 2021)





(Ross, 2021)

The importance of education, training and awareness around root causes of violence targeting specific populations is highlighted as an issue. Data from the annual reports for Maison Interlude for 2019-2020 and 2018-2019 (below) shows the number of women and children served and the types of services they received.

| MAISON INTERLUDE | 2019-2020 | 2018-2019 |
|--|----------------------------------|-----------------------------------|
| Calls to crisis line | 931 | 962 |
| Calls for information and support | 5,275 | 5,373 |
| Counselling hours | 2,986 | 3,054 |
| Housed in shelter | 37 women, 28 children | 46 women, 30 children |
| Involved with transitional support program and housing support | 293 | 271 |
| Safety planning support | 475 women, 92 children and teens | 442 women, 114 children and teens |

(Maison Interlude, Annual Reports, 2019-20 and 2018-19)

In 2019-20, Valoris provided services to 140 distinct women and, of those, 188 services were received (i.e. more than one service from the organization). Sixty-four of the women were anglophone, 75 francophone and one Hindi. Of those, 134 cases were involved in partner conflict within the organization’s child welfare mandate. One had a family file in youth mental health as a primary service, and five cases were only violence against women (VAW). Therefore, of the VAW counselling services offered, 96% also had a child welfare issue; 1% also had a youth mental health issue; 4% were VAW only.



The chart below from Valoris shows the breakdown for the last two years. It should be noted reporting and observation of intimate partner violence and child abuse has been affected by lockdowns and isolation; for many victims being at home decreased their safety and with schools closed observations could not be easily made regarding children who might be abused. As well, service provision had to pivot due to lockdowns and restrictions and may have affected numbers.

| Valoris | # unique women | # services |
|---------|----------------|------------|
| 2019-20 | 140 | 188 |
| 2018-19 | 151 | 284 |

(Valoris, 2020)

In the United Counties of Prescott and Russell, a number of assets are in place to deal specifically with supporting victims of violence. Victims Services provides referrals to appropriate services, such as Valoris, the women’s shelter (Maison Interlude), hospitals and counselling, along with initial supports, including safety plans. A partnership between Hawkesbury OPP, Victim Services, Centre Nova and Maison Interlude has received provincial funding to start a Victim Advocate program, which connects victims of domestic violence, sexual assault and human trafficking with an advocate who can help the victim navigate the complex system, from initial complaint through the court process. The victim advocate will be supervised by Victim Services, Centre Nova and Maison Interlude.

Violence against women agencies work to empower women who are victims/survivors, providing counselling support and referrals, and they work with the community on prevention and collaboration with partners.

For male victims of violence, Valoris is providing the Focus program via the Attorney General to this population with specific targets to reach every year to improve outcomes for this population. As well, through the OPP Proceeds of Crime Grant with the Victim Advocate, male victims have been identified as a priority and the group Men and Health in Ottawa has been engaged to assist with focus groups and training over three years.

The Counties’ portable housing benefit includes a special priority for victims of violence, which allows for rent supplement plus first and last months’ rent and a high limit for income to facilitate accessibility to the program. Bus transportation offered through UCPR has also been recognized as an important service for women who are escaping violence in order to access needed services.

The OPP has a strong relationship with the Victim Witness Assistance Program and Victim Services, as well as involvement with Maison Interlude and protocols around sexual assault with Hawkesbury General Hospital. It maintains 100% compliance with



domestic violence risk management/assessment and is diligent with sex offender registry checks. The OPP and partners also conduct presentations at seniors' facilities and in the community on elder abuse and cybercrime.

Managing the consequences of victimization is one matter but addressing the root causes in order to prevent it is another. Recognizing Adverse Childhood Experiences (ACEs) and the impact of trauma on both victims and perpetrators is an important consideration in trainings for various sectors, as is putting an emphasis on helping perpetrators to change their behaviours. The CMHA offers anger solutions group sessions, and the Eastern Ontario Health Unit provides young adult sexual health clinics.

Standard safeguards in place include primary care physicians having a duty to report, education and training provided to first responders, and standard operating procedures for employees in various sectors that include zero tolerance and harassment policies in the workplace. The duty to report is the responsibility of all citizens with an added onus on professionals, including physicians, educators, OPP and others.

United Way Eastern Ontario is looking at a digital inclusion strategy for East Ontario for broadband access and access to technology for violence against women, which could be cross-referenced with rural equity index mapping.

Strategies to Mitigate the Risk

Objective: To prevent violence against persons across all demographics.

Rationale: Preventing violence reduces victimization and its consequences and increases health and well-being.

| Action | Address root causes of violence against persons through education, training and trauma-informed approaches. |
|------------|--|
| Evaluation | <ul style="list-style-type: none"> • Increased trauma-informed care training offered across all sectors in region. • Increased workplace training programs for diversity, inclusion and cultural sensitivity across all sectors. • Number of education programs delivered to address system myths about sexual assault. • Decline in violent crime statistics across region. • Reduce number of intimate partner violence statistics across region. • Reduce number of women requiring shelter space. • Reduce recidivism rate for intimate partner violence/domestic assault. • Increase in midwifery services. |



| | |
|----------|--|
| Outcomes | <ul style="list-style-type: none"> • Trauma-informed training and approaches incorporated into human services providing care to victims of violence. • Trauma-informed training and approaches incorporated into human services connected with perpetrators of violence in order to address root causes. • Education programs developed to address systemic myths about sexual assault. • Education programs developed to address generational stereotypes around violence against women/family relationships. • Workplace training programs available and offered across sectors (public, agencies/organizations, schools, community groups, etc.) that includes diversity, inclusion and cultural sensitivity. • Midwifery care is available to all birthing persons requesting the services in order to diminish negative and traumatic experiences in birth for sexually abused victims. |
|----------|--|

| | |
|---------------|---|
| Action | Enhance services to specific populations affected by violence (women, men, seniors/elderly, children, disadvantaged) |
| Evaluation | <ul style="list-style-type: none"> • Increased number of programs delivered to target groups and participation: women, men, seniors/elderly, children, disadvantaged. • Increased number of trainings and public education related to awareness of human trafficking. • Reduced incidents of human trafficking. • Number of victims assisted through Victim Advocate program for system navigation. |



| | |
|----------|--|
| Outcomes | <ul style="list-style-type: none"> • Robust programs for seniors/elderly to address violence by family members, self-esteem, elder abuse, overcoming isolation, etc. • Expand programs specific to male victims of violence provided locally to improve outcomes. • Address the cycle of violence through programs specific to male perpetrators of violence to prevent continued violence and improve outcomes for offenders and victims. • Post-court intensive case management offered by CMHA for offenders, including housing issues. • Increased services for anglophone women victims of violence. • Partnerships leveraged to increase advocacy for funding and support for new programs to service gaps and reduce wait lists. • Wait lists for services reduced. • Awareness of human trafficking and strategies to mitigate it provided across all sectors in community in order to reduce incidents and improve victim outcomes. • Gender-based analysis of risk and approach to decision-making employed across sectors. |
|----------|--|

2.7 Transportation

Prescott and Russell is a rural community with a sprawling geography, and public transportation poses a challenge. A variety of transportation options would enable all residents to move freely within and between communities to shop for groceries, attend medical appointments or social programs, work or learn, stay connected socially and be involved in the life of the community. “More often than not, it is a challenge for vulnerable people living in rural areas to travel around and access the services they need” (Alice Grenon, Feb. 26, 2019).

Transportation barriers adversely affect not only individuals, but also Prescott and Russell employers, retailers and providers of services of all types that rely on the physical presence of the employee or client. The impact is felt across the generations and intersects with social isolation, poverty, poor nutrition, unemployment and economic development.

When transportation options are available to the full population, economic and social opportunities and benefits result in positive effects, such as better accessibility to markets, employment and additional investments. When transport systems are deficient, they can have an economic cost such as reduced or missed opportunities and lower quality of life.

Transportation options in Prescott and Russell were greatly increased in 2019 with the addition of an intra-municipal pilot transportation system. While not yet perfect, and



limited by a fixed system providing weekly service, this pilot project is allowing seniors, youth and other vulnerable people in Prescott and Russell to access the services they need.

The Economic Development and Tourism Department of the United Counties of Prescott and Russell (UCPR) and its partner, Carefor Health and Community Services, have received confirmation of the \$2 million in funding from the Government of Ontario, through the Community Transportation Grant Program. The provided support will enable residents of the eight municipalities in Prescott and Russell to benefit from a new public transit service, which will allow them to travel easily across the region in order to access various essential services, all the while reducing barriers to transportation mobility in rural areas and encouraging economic growth. http://en.prescott-russell.on.ca/services/pr_transpo



(United Counties of Prescott & Russell, 2021)

PR Transpo has been halted since the beginning of the pandemic. The Economic Development and Tourism department of Prescott and Russell is investigating the possibility of conversion to an ON DEMAND system and is awaiting approval from the Ministry of Transportation. If approved, the new service would start in June of 2021, and appropriate transportation would be available on demand, and requested through a digital app or by phone call.

Transportation options include:

- **Prescott Russell Transpo:** Intermunicipal transportation



- **Leduc Bus Lines Ltd.:** Runs a weekday commuter bus to and from Ottawa and Gatineau with pick-up and drop-off locations in Hawkesbury, L'Original, Alfred, Plantagenet, and Wendover. <https://www.leducbus.com/commuter-buses/route-520>
- **417 Bus Line Commuter Services:** Runs a daily commuter service and makes intercity transportation between the towns of Cornwall, Avonmore, Alexandria, St-Isidore, Casselman, Crysler, Finch Limoges, Embrun, Russell and the Ottawa-Gatineau region. <https://www.417busline.com/services/commuter-services/>
- **Prescott-Russell Community Services and Carefor:** Offer transportation for seniors over 55 and for medical appointments only.
- **Taxi service:** Available in Hawkesbury, Clarence-Rockland and Limoges.
- **Uber:** Available sporadically in western part of UCPR.

Strategies to Mitigate the Risk

Objective: Support transportation options for all residents of Prescott and Russell
Rationale: Residents who do not own their own vehicle are restricted in travel to work, attending programs or appointments, and social activities

| Action | Involve private sector to address shortage of taxi/ride-sharing service and increase transportation options. |
|------------|--|
| Evaluation | <ul style="list-style-type: none"> • Decrease in the “no-shows” at appointments, court. • Increase in employment. • Increase of participation at senior programming. |
| Outcomes | <ul style="list-style-type: none"> • Barrier of transportation availability is removed and residents of UCPR are able to travel to work, attend programs or appointments. • Decrease social isolation. |

| Action | Engage partners in PR Transpo service development |
|------------|---|
| Evaluation | <ul style="list-style-type: none"> • Increased ridership. • Increased satisfaction of riders and service providers. • Decrease in the “no-shows” at appointments, court. |
| Outcomes | <ul style="list-style-type: none"> • Signed agreements with building owners (insurance) to allow PR bus stops on private property (clinics, grocery stores). • Transportation available to court appearances – causing fewer breaches. • A robust PR Transpo system with adequate frequency and more buses to meet needs, therefore increasing accessibility for appointments. |



| Action | Invest time and resources in ridership development |
|------------|--|
| Evaluation | <ul style="list-style-type: none"> • Increased confidence in system. • Increased ridership. • Increased participation in social programs; less isolation. • Increased ability to access service. |
| Outcomes | <ul style="list-style-type: none"> • Would reduce the “no-shows” and increase/decrease sick leave. • Subsidies would ensure cost of service is not a barrier. • Bus stops would be conveniently located, close to services. |

2.8 Population-Specific Risks

There is always more than one way to approach a strategy. The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the United Counties of Prescott and Russell. The strategies developed in this plan target risk areas and are generic to the population.

In the course of public consultation, concern was raised about specific populations who were thought to be more “at-risk” and should be considered separately, including children 0-6, youth, seniors and the LGBTQS2 community.

0-6 years

As the Consolidated Municipal Service Manager (CMSM) under the Ministry of Municipal Affairs and Housing and tasked by Ministry of Education to take on the role of Child Care System Service Manager, the United Counties of Prescott and Russell is taking a data-driven approach to the provincial EarlyON program serving children aged 0-6 and their parents. Child Care Services, which includes EarlyON, offers several programs and services, which include the following:

- Management of service agreements and services with licensed childcare centres
- Operation of a licensed home childcare agency with the Ministry of Education
- Offer of financial help to parents with fee subsidies
- Offer of family and child support services
- Prescott and Russell Inclusion Services for Children with Special Needs
- The EarlyON Child and Family Centre plans early years services

There is a great coordination of services and the EarlyON Centres are considered a hub for integrated services in the UCPR. Several partners are based in our centres, including the Eastern Ontario Health Unit for the Healthy Baby program, CHEO, Maison Interlude, L'équipe de santé familiale du bas de l'Outaouais and Glengarry Inter Agency Group Inc. (GIAG Inc.). EarlyON Centres are located strategically in Hawkesbury, Rockland and Casselman. Mobile programming is planned to offer early years programming in all municipalities.



Group-Action offers Family Centres in Hawkesbury, Embrun, Rockland, Alfred and Bourget with a drop-in program for families with children up to 6 years, focused on healthy development and supporting parenting skills.

Ongoing communication and coordination could be considered to ensure that duplication of service is avoided, that services are available where needed, that all children 0-6 and their parents are supported, especially those most at risk, and that all partners are included in decision-making.

Actions that are included in this report, specific to this age group and should therefore involve both Child Care Services and Group-Action, include

- Poverty reduction strategy (Income and Employment)
- Health and Well-being (increased pathways of support)

Youth

As an Eastern Champlain Youth Wellness Hub, The Rockland Youth Hub is working in partnership with local organisations (Hawkesbury and District General Hospital, Valoris for Children & Adults of Prescott-Russell, Laurencrest Youth Services, Eastern Ontario Health Unit, Centre de santé communautaire de l'Estrie, Prescott-Russell Employment Services Centre, Clarence-Rockland Family Health Team, and Prescott-Russell Ontario Works) to support youth ages 12-25.

Coordinated after-school (critical hours) programs across Prescott and Russell has been identified during consultation as a tactic to address risk areas. Building upon the success of this Youth Hub, and providing after-school youth programs reduce risk for:

- Mental health
- Substance use
- Well-being
- Violence against persons
- Income and employment

Valoris also provides a wide range of services for children 0 to 18 years old in mental health, child developmental services, child protection services, and in mental health.

A child and youth service collaborative could be an excellent meeting to convene and nurture to ensure coordinated action on risks for this population. For many years Valoris has been leading a child and youth mental health priorities advisory committee. Many partners already attend this advisory committee, and rather than duplicate the existing committee, perhaps it could be expanded in mandate and attendance.

Ensuring that youth-specific action is included in all action strategies related to risk could address this at-risk population.



Seniors

The Successful Aging Advisory Council of the United Way East Ontario has been acting on recommendations from the Profile of Vulnerable Seniors in the United Counties of Prescott and Russell, Lanark County, and Renfrew County. They are the best group to lead any actions, specifically around identified risks:

- Francophone services
- Concentration of senior population in Hawkesbury, Champlain, East Hawkesbury, and Alfred and Plantagenet
- Seniors with low-income circumstances
- Accessible infrastructure and affordable housing
- Indigenous seniors and health inequities
- Safety and prevention of elder abuse, fraud, isolation, self-esteem issues

LGBTQ2S

This was raised in our consultations as a population at risk. Centre Nova has initiated a LGBTQ2S Education Committee, and Hawkesbury General Hospital is typically the host of the meeting. A Facebook group has been created as a communication tool. (Groupe LGBTQ & alliées de PR <https://www.facebook.com/LGBTQPrescottRussell/>)

There is no data available specific to this population, and inclusion in future information gathering and planning is recommended.

Actions have been identified in the health and well-being section of the plan to address the need for cross-sector workplace and community training for diversity, inclusion and cultural sensitivity.

2.9 Geographic-Specific Risks

Throughout consultations, geography was introduced as a risk factor. In review of the data within the specific risk areas, geographic considerations should be made when the implementation team considers actions on

- Income and employment
- Seniors strategy
- Health and well-being (access to specific services)

3. Outcomes and Actions and Implementation

The legislation for Community Safety and Well-being plans indicates that once a municipal council has adopted its plan, it must be published according to regulations, and that the council “shall, in accordance with the regulations, if any, monitor, evaluate and report on the effect the plan is having, if any, on reducing the prioritized risk factors” (Police Services Act, 2018, c. 3, Sched. 1, s. 211 (6)). It must also, according to the Act, provide the Solicitor General with information regarding the adoption and implementation of the plan and its outcomes.



As of January 2021, the only regulations in place pertaining to CSWB plans were the completion deadline and the publication requirement. Public consultation has reflected that community partners would like to work together to follow through on the actions in the plan, and a coordinated approach is most appropriate.

Implementation should include evidence-based programs and strategies to address those priority risk factors.

An Implementation Team will take over once the Community Safety and Well-being Plan is complete and has been presented to United Counties of Prescott and Russell Council. It is this team that will finalize and prioritize the actions in the plan. The reporting frequency, mechanism, and structure has not yet been determined.

In order to achieve the actions within the plan, it will be critical for all partners to ensure good communication between working groups and sectors in relation to the plan's activities, particularly to ensure goals are met in terms of regional objectives across a range of demographics and sectors. Coordination would ensure that the plan moves forward.

Please see the Appendix for the Draft Implementation Plan, which is a working document for the Implementation Team.



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Appendix

Draft Implementation Plan Community Safety and Well-being Plan United Counties of Prescott and Russell

The implementation plan will be overseen by a team of partners, a Partnership Council, that will be co-chaired by the United Way and the Ontario East Health Unit.

The implementation will be coordinated by Adrien Joly and Olivier Berthiaume on behalf of the United Counties of Prescott and Russell. Staff support will include Eric Larocque, who will assist in the transition from Advisory Committee to Implementation Team.

Three theme areas have been identified to ease implementation of this Community Safety and Well-being Plan. The theme areas and identified leads are:

- **Mental Health, Substance Use and Health & Well-Being** will be led by HGH and Valoris
- **Social Determinants – (Income and Employment, Housing, Transportation, Population-Specific Risks, Geographic Considerations)** will be led by the Health Unit
- **Violence and Justice (Violence Against Persons)** will be led by Maison Interlude and OPP

Leads may be assigned to specific actions within the implementation plan. Priorities have been generally assigned, but will be dependent on available resources – both financial and human. Some priority rankings and partners have yet to be determined.

1. Mental Health, Substance Use and Health and Well-being

Mental Health

Strategies to Mitigate the Risk

| |
|---|
| Objective: Enhance and create mental health support programs and prevention strategies that are accessible across the region. |
| Rationale: Provide tools to residents to support mental well-being in order to prevent crisis situations. |

| Action | Priority (1,3,5 years) | Lead and Partners |
|----------------------------|------------------------|-------------------|
| Increase opportunities for | 3 | ACSM HGH |



| | | |
|--|----------|--|
| <p>collaborative case management to reduce crisis situations.</p> | | <p>Situation Table Paramédic communautaire Valoris Intersections MCRT (Mobile Crisis Response Team) Centre de santé mentale de Rockland (Montfort) Centre de santé communautaire de l'Estrie YouTurn Cour de L'Orignal Service de crise numérique (YSB) Centre de crise services aux victimes Victim Advocate (OPP) Maison Interlude Centre NOVAS</p> |
| <p>Increase access to services by developing more walk-in clinics and service hubs, and by enhancing or creating programs that increase access to a range of specialized services.</p> | <p>5</p> | <p>HGH CHEO Montfort HUB (Carrefour jeunesse) MCRT (Mobile Crisis Response Team) Équipes médicales, family doctors Valoris Paramédic communautaire Situation Table 211 Milieux scolaires BSEO Groupe Action</p> |



| | |
|---------------|--|
| Action | Increase opportunities for collaborative case management to reduce crisis situations. |
| Evaluation | <ul style="list-style-type: none"> • Increase participation at Situation Table interventions of all professionals involved in a case. • Increase in number of individuals supported through collaborative case management. • Increase in percentage of discussions at situation table with overall risk lowered and connections to services. • Increase in number of individuals diverted from crisis intervention/hospitalization for mental health. • Number of referrals to intensive case management for specialized services. • Establish baseline and monitor referrals to new Mobile Crisis Unit. • Increase in number of individuals with mental health issues diverted from justice system. • Number of crisis interventions involving children and youth. • Increased diversion to mental health services. • Increased inter-professional and trauma-informed care training opportunities. |
| Outcomes | <ul style="list-style-type: none"> • Robust participation at Situation Table to increase successful Filter 4 interventions leading to case management by appropriate agencies. • Enhance existing or create new case management tables or opportunities to provide multi-disciplinary approach in situations that are not acutely elevated risk. • Clients feel more supported by multi-disciplinary teams, leading to fewer crisis situations and intervention required. • Earlier diversion to mental health services to avert crisis situations. • Earlier intervention in mental health crises by Mobile Crisis Unit for adults, children and youth populations. • Agencies have a greater awareness of services available and how to work together to support clients, creating efficiencies in service, reducing duplication and creating a holistic approach to client care that is trauma-informed, culturally inclusive and uses non-stigmatizing language. • Clients living with mental health issues are diverted from the justice system to more appropriate community services (court diversion and police pre-charge diversion programs). |



| | |
|--------------|---|
| Steps Needed | <ul style="list-style-type: none"> Promote and encourage participation in 211 system to improve communication and system navigation for clients. |
|--------------|---|

| | |
|---------------|---|
| Action | Increase access to services by developing more walk-in clinics and service hubs, and by enhancing or creating programs that increase access to a range of specialized services. |
| Evaluation | <ul style="list-style-type: none"> Increased number of programs available for youth mental health, LGBTQ2s, autism spectrum services for adults, dual diagnosis services, acquired brain injury services, eating disorders, hoarding, postpartum therapy. Reduced wait times for specialized services. Increase in number of geographic locations for access to mental health services and programs. Increased access to mental health services for those unable to participate in person (e.g. enhanced virtual services) Increased participation by clients at available programs to support mental wellness. Increased number of midwives with hospital privileges at Hawkesbury General Hospital. Track the number of youth accessing the Youth Hub to determine service provision under hub structure. |
| Outcomes | <ul style="list-style-type: none"> Greater availability of and access to supports for individuals and families seeking support for specialized services, including a range of modalities – from in-person services to virtual formats and accessible options. Greater flexibility and networking for agencies to provide necessary supports in partnership with others. Program enhancements in dual diagnosis and youth transitioning to adulthood. Local access to a Schedule 1 hospital (with designated psychiatric services under the Mental Health Act). Expanded local support for pregnant mothers and mothers of newborns in terms of health-care choice (midwives, birth doulas, postpartum doulas and specialists, peer support) to reduce anxiety and to increase prenatal and postpartum mental health. Robust support/training for front-line employees in their own well-being to maintain quality of service to clients. Access to specialized services in French. |



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| Steps Needed | <ul style="list-style-type: none"> • Consider pressures of COVID for front-line employees and support through check-ins, time off, work-home balance, etc. • Inclusion of volunteer system navigators working jointly with 211; inclusion of 211 training and resources as part of municipal employee training. • Explore possibility of integrating social prescription across systems (i.e. incorporating physical activity, socialization, spending time in natural environments versus solely traditional medicine/pharmaceuticals). • Explore ways to overcome challenges to develop new services due to funding, staffing and mandate constraints. • Develop partnerships to share space for client meetings. • Address restrictive mandates to allow for program enhancements in dual diagnosis and youth transitioning to adults (mental health services). |
|--------------|--|

Substance Use

Strategies to Mitigate the Risk

Objective: To break down geographic barriers and provide comprehensive, wrap-around substance-use services across the counties.

Rationale: Expanding services across the geography and increasing the availability of specific programs, as well as education about them, will improve access to addiction supports and reduce wait times for services.

| Action | Priority (1,3,5 years) | Lead and Partners |
|--|------------------------|--|
| Establish home-based detox across the counties. | | HGH Le CAP Situation Table |
| Work collaboratively to expand available addictions programs (traditional and virtual) beyond Alcoholics Anonymous and Narcotics Anonymous and ensure availability across geography. | | Comité composé de OPP, Paramédic et BSEO pour analyse des données (incidents de surconsommation). Coalition pour la prévention des dépendances de Champlain (BSEO). |



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| Action | Establish home-based detox across the counties. |
| Evaluation | <ul style="list-style-type: none"> • Increase in participants accessing home-based detox. • Reduction in wait times for this service. |
| Outcomes | <ul style="list-style-type: none"> • Provide a pathway to enable individuals seeking rehabilitation services to complete required detox. |
| Steps Needed | |

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| Action | Work collaboratively to expand available addictions programs (traditional and virtual) beyond Alcoholics Anonymous and Narcotics Anonymous and ensure availability across geography. |
| Evaluation | <ul style="list-style-type: none"> • Increase in substance use programs (quit smoking, rehabilitation, peer support) throughout UCPR. • Increase in participants in all programs. • Reduction in substance abuse risk factor at situation table. |
| Outcomes | <ul style="list-style-type: none"> • Increased access and availability of a variety of substance use programs to help mitigate crisis situations and improve quality of life (including additional quit-smoking programs, rehabilitation centres, peer support groups, youth-specific services). • Create efficiencies and reduce duplication of services between agencies offering the same or similar programs. • Provide seamless transition for youth who are moving on to adult services. • Develop a network of support opportunities accessible via 211 and to all system navigators in organizations for promotion. • Increased collaboration between agencies to create wrap-around strategies. |
| Steps Needed | <ul style="list-style-type: none"> • Partnerships for shared office space for client meetings. • Development of case management mechanisms for wrap-around approaches. • Detailed inventory of existing programs. |



Health and Well-being

Strategies to Mitigate the Risk

Geographic considerations should be made when the implementation team considers actions in this area (access to specific services)

Objective: To ensure access to a broad range of supports for health and well-being across the entire region.

Rationale: Providing residents with services to protect their health and safety helps to prevent hardship and crisis and enhances community health and well-being overall.

| Action | Priority (1,3,5 years) | Lead and Partners |
|--|------------------------|-------------------|
| Expand needed health services across the entire geography of the United Counties of Prescott and Russell | 3 | |
| Greater access to primary care and increased coordination of services. | | |
| Increased availability of services to children, youth and adults with special needs and developmental disabilities and their families. | | |
| Increased pathways of support for children and parents that is inclusive and culturally sensitive. | | |
| Clarity in system frameworks and communication. | | |

| Action | Expand needed health services across the entire geography of the United Counties of Prescott and Russell |
|------------|---|
| Evaluation | <ul style="list-style-type: none"> • Increase in number of services offered. • Participation in new services offered. |



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| Outcomes | <ul style="list-style-type: none"> • Increased collaboration between agencies to identify and ensure service gaps are remedied, avoid duplication and increase efficiencies. • Greater access to local services for those who need support (i.e., a walk-in medical clinic in Clarence Rockland, additional services in the western part of the counties, hospice for palliative care in Embrun/Russell, maximize use of community paramedics). |
| Steps Needed | <ul style="list-style-type: none"> • Increased partnerships to share office space for client meetings. • Agencies collaborate to develop a yearly strategy to help identify gaps, increase communication, avoid duplication and work for collective impact. |

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| Action | Greater access to primary care and increased coordination of services. |
| Evaluation | <ul style="list-style-type: none"> • Increased number of family physicians. • Reduction in visits to emergency departments for non-emergencies. • Reduced wait list for orphaned/high-risk patients awaiting access to family physicians. • Increased referrals to prevention programs, including community paramedics. • Number of health equity training sessions. |
| Outcomes | <ul style="list-style-type: none"> • Improved local access to family doctors for patients throughout the region. • Improved quality of life and access to social determinants of health due to better coordination of care from a patient-centred perspective. • Improved access to general practitioners for orphaned patients and higher-risk patients. • Recognition of health equity and social determinants of health amongst medical community. • Better collaboration with primary care to implement prevention programs. • Improve care coordination through community paramedics. |
| Steps Needed | |



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| Action | Increased availability of services to children, youth and adults with special needs and developmental disabilities and their families. |
| Evaluation | <ul style="list-style-type: none"> • Increased availability of support programs (respite, speech therapy, day programs for adults, brain injury dual-diagnosis support, parenting classes, LGBTQ2S, at-risk young men with no male role model, after-school youth programs (including cooking, healthy food), adult nutrition programs, programs for seniors to reduce low self-esteem, social and geographic isolation, peer support, cyber- fraud, food delivery service due to COVID-19 restrictions. • Increased participation in support programs. • Implementation of recommendations in UWEO Caregiver Strategy. |
| Outcomes | <ul style="list-style-type: none"> • Wider range of support programs across region and demographics to meet specialized and general needs addressing social determinants of health. • Expansion of grocery/food-delivery services in all communities during COVID-19. • Implementation of Caregiver Strategy recommendations to support families and caregivers across region. |
| Steps Needed | <ul style="list-style-type: none"> • In general, leverage work of SAAC to address needs of senior population. • Caregivers: Work from recommendations in Caregiver Strategy and advocate for adoption of strategy with partners outside of the Successful Aging Advisory Committee. • Combine restaurant marketing efforts for a home-delivery or pick- up meal plan booklet or similar to encourage restaurants but also provide meals to people who have reduced the number of times they do groceries. • Leverage innovation possibilities and good practices created by COVID to use moving forward. • Work in partnership with sectors and agencies to reduce program duplication. • Ensure collaboration with 211 as new specialized programs developed. |



| Action | Increased pathways of support for children and parents that is inclusive and culturally sensitive. |
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| Evaluation | <ul style="list-style-type: none"> • Increased participation in EarlyON by parents and children. • Increased number of early testing for learning disabilities submitted by school boards. • Increased public education to combat ageism, culture and diversity across demographics. • Increased number of midwives with hospital privileges. • Increased participation in postpartum support services. • Increased participation in parenting support services. • Established protocols with partners related to apprehension of children at risk. • Increased participation and training of organizations in Triple P to enhance family capacity and build support. |
| Outcomes | <ul style="list-style-type: none"> • Mobile EarlyON programming offered in all United Counties of Prescott and Russell municipalities. • Increased funding for early evaluation (testing) for children with learning disabilities to allow for earlier intervention and greater success in school. • Reduced prejudice against youth and young adults; reduced ageism overall. • Gender equity analysis of governance and decision-making. • Increased access/funding to midwives and professionally trained birth and postpartum doulas, including hospital privileges, and expanded postpartum support services to provide help in birthing recovery and adapting to healthy parenthood, particularly in light of COVID-19 restrictions/risks/anxiety in hospital settings. • Additional supports for parents of newborns to reduce isolation and provide postpartum recovery supports to ensure good outcomes and reduce long-term challenges. • Update/review protocols in place with partners related to apprehension of children and child welfare mandate to ensure good communication and wraparound supports. |
| Steps Needed | <ul style="list-style-type: none"> • Communal hubs for new parents with non-traditional hours to reduce isolation. • Support for new parents for birth trauma, financial insecurity, self-esteem/parenting skills, attachment and bonding (recognizing absence of family supports, work pressures, intergenerational gaps). • Funding to support birth/postpartum doulas, midwifery services (birth centre). • Include other service providers in early childhood/family centres: doula, midwife, breastfeeding consultants. |



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| Action | Clarity in system frameworks and communication. |
| Evaluation | <ul style="list-style-type: none"> • Increased use of 211 service. • Increased provision of agency/program information to 211. |
| Outcomes | <ul style="list-style-type: none"> • Visibility and communication of any/all programs and services across a wide geographic area leading to improved access and awareness. • Greater awareness between sectors and service providers of available programs leading to one-stop service provision. |
| Steps Needed | <ul style="list-style-type: none"> • Work with partners to develop communication strategies related to programs; reduce duplication; work with 211 to ensure up-to-date information for system navigation. |

2. Social Determinants: Income and Employment, Housing, Transportation, Population-Specific Risks, Geographic Considerations Income and Employment

Income and Employment

Strategies to Mitigate the Risk

Geographic considerations should be made when the implementation team considers actions in this area

Objective: Decrease low income and increase employment

Rationale: Break the cycle of poverty and health inequity

| Action | Priority (1, 3, 5 years) | Lead and Partners |
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| Increase employment opportunities for all residents of Prescott and Russell for sustainable and continued economic development. | Outcome of a poverty reduction plan - how do we address COVID - augmenter les compétences des gens pour accéder aux emplois | CSEPR + partenaires privés (chambres de commerce, etc. pour sensibilisation) EOTB ONTravail (CUPR) GroupeConvex Conseils scolaires- éducation aux adultes UWEO - EARN |
| Develop a UCPR poverty-reduction strategy with attention to the 12 indicators | | ONTravail (CUPR) Hawkesbury Poverty Reduction committee members (look at list) BSEO - Food insecurity collective |



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| outlined in Federal Poverty Reduction Strategy. | | Conseils scolaires UWEO |
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| Action | Increase employment opportunities for all residents of Prescott and Russell for sustainable and continued economic development. |
| Evaluation | <ul style="list-style-type: none"> • Increase in employment rates. • Increase in full-time employment. • Increase in wages |
| Outcomes | <ul style="list-style-type: none"> • Employment opportunities are increased and participation raises income. • Skilled trades are increased and succession plans are possible. • Full-time and fairly compensated employment increases income and health. |
| Steps Needed | <p>Private Sector Involvement:</p> <ul style="list-style-type: none"> • Training component to help workers attain skills; encourage entrepreneur programs; communication between public and private sector employment supports to determine business needs and employment opportunities and train people up; consider succession planning from within Counties; support transportation initiatives. <p>Public Sector Involvement:</p> <ul style="list-style-type: none"> • Connect health and poverty initiatives to employers; living wage education. |

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| Action | Develop a UCPR poverty-reduction strategy with attention to the 12 indicators outlined in Federal Poverty Reduction Strategy. |
| Evaluation | <ul style="list-style-type: none"> • Tracked through the Dimensions of Poverty Hub. https://www.statcan.gc.ca/eng/topics-start/poverty |
| Outcomes | <ul style="list-style-type: none"> • Comprehensive strategy is supported by UCPR and community partners across Prescott and Russell. • Stigma is reduced; lives are changed. |
| Steps Needed | <ul style="list-style-type: none"> • Recognition that poverty is a social determinant of health. • Economic development is involved in solution. • Acknowledgement that poverty, while most prevalent in Hawkesbury, stretches across UCPR. • 0-6, youth, seniors as target populations • Food security is prominently featured, and tactics such as a regional community food centre and food recovery are investigated. • Improving food skills and food literacy. |



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| | <ul style="list-style-type: none"> • Advocating for individual well-being. • Educating, engaging and advocating social policies to address food insecurity and poverty. |
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Housing

Strategies to Mitigate the Risk

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| Objective: Appropriate housing is available to all existing and new residents of Prescott and Russell |
| Rationale: Availability of appropriate housing to improve social determinants of health as well as economic development activity |

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|--|---|---|
| Develop an affordable housing strategy. | Housing options available limited depending on region | CUPR – Housing, Planning and Development, Economic Development Private sector in housing (Hawkesbury meeting - CFA mayor initiative) |
| Establish wrap-around services for those who are homeless, or at risk of becoming homeless | | OPP CUPR - Housing |
| Eliminate homelessness and risk of homelessness | | |

| Action | Develop an affordable housing strategy. |
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| Evaluation | <ul style="list-style-type: none"> • Strategy developed and adopted by lower-tier municipalities. • Increase in building permits. • Decrease in social housing waitlist. • Decrease in homelessness. • New affordable and long-term housing is created in all geographical areas of UCPR. |



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| Outcomes | <ul style="list-style-type: none"> • Coordinated approach involves municipal planners, private developers and public partners and organisations to develop a strategy that encourages a variety of housing forms and price points. • Pressure on social housing is decreased (along with wait lists) when alternate housing is available. • Strategy is supported by UCPR and lower-tier municipalities. Accessibility is addressed. |
| Steps Needed | <ul style="list-style-type: none"> • Creation of an affordable housing committee. • Incentives for housing developers investigated i.e. renovation/building grants, bonusing, municipal investment in construction costs. • Land-use planning tactics identified i.e. ancillary second dwellings, minimum lot size, lot coverage, density. • Research will include best practices from other rural municipalities, possibly through the Eastern Ontario Warden's Caucus. • Develop partnership with private contractors to create innovative housing options to respond to needs in Prescott and Russell. |

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| Action | Establish wrap-around services for homeless and those at risk of becoming homeless |
| Evaluation | <ul style="list-style-type: none"> • Waitlists for housing and concurrent issues are reduced. • Increase in participants in programs specific to needs. • Increase in units offering supported services. |
| Outcomes | <ul style="list-style-type: none"> • People waiting for housing are supported. • No disconnect between serving agency and housing provider. • Integration services for people with physical and intellectual disability. • Programs are available for budget assistance, hoarding services, translation, mental health and addictions, accessibility. |
| Steps Needed | <ul style="list-style-type: none"> • Communication between human service agencies re: wait lists and needs. • Participation in multi-sectoral coordinated care tables (e.g. situation table) to address critical needs. |

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| Action | Eliminate homelessness and risk of homelessness. |
| Evaluation | <ul style="list-style-type: none"> • Tracked through the Dimensions of Poverty Hub. https://www.statcan.gc.ca/eng/topics-start/poverty |



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| Outcomes | <ul style="list-style-type: none"> • People are housed and can then access appropriate services. • Emergency housing (if necessary) is appropriate and is focused by sector and location. • Stigma is decreased. • Co-housing options are explored (employment groups, senior women, youth experiencing homelessness, etc.). |
| Steps Needed | <ul style="list-style-type: none"> • Recognition that land-use planning is a piece of the puzzle. Working with partners for a multi-solution approach. • Watching for best practice elsewhere in province. |

Transportation

Strategies to Mitigate the Risk

Objective: Support transportation options for all residents of Prescott and Russell

Rationale: Residents who do not own their own vehicle are restricted in travel to work, attending programs or appointments, and social activities

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|---|---|--|
| Involve private sector to address shortage of taxi/ride- sharing service and increase transportation options. | | |
| Engage partners in PR Transpo service development. | 1 – good time to involve other partners now | Services communautaires Carefor Valoris - benevolent transport |
| Invest time and resources in ridership development | | |



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| Action | Involve private sector to address shortage of taxi/ride-sharing service and increase transportation options. |
| Evaluation | <ul style="list-style-type: none"> • Decrease in the “no-shows” at appointments, court. • Increase in employment. • Increase of participation at senior programming. |
| Outcomes | <ul style="list-style-type: none"> • Barrier of transportation availability is removed and residents of UCPR are able to travel to work, attend programs or appointments. • Decrease social isolation. |
| Steps Needed | <ul style="list-style-type: none"> • Host an entrepreneur session with theme of transportation; help promote the business(es) started. • Lobby for transportation subsidy if needed, especially for longer distances, or for employment. • Encourage a ride-sharing business (entrepreneur) and partner with Prescott Russell Entrepreneur Centre to host sessions on how to manage an Uber business. |

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| Action | Engage partners in PR Transpo service development |
| Evaluation | <ul style="list-style-type: none"> • Increased ridership. • Increased satisfaction of riders and service providers. • Decrease in the “no-shows” at appointments, court. |
| Outcomes | <ul style="list-style-type: none"> • Signed agreements with building owners (insurance) to allow PR bus stops on private property (clinics, grocery stores). • Transportation available to court appearances – causing fewer breaches. • A robust PR Transpo system with adequate frequency and more buses to meet needs, therefore increasing accessibility for appointments. |
| Steps Needed | <ul style="list-style-type: none"> • Work with PR Transpo to optimize bus schedules and stops, including public education to private business and public services. • Testing of new “on demand” system, if approved. |

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| Action | Invest time and resources in ridership development |
| Evaluation | <ul style="list-style-type: none"> • Increased confidence in system. • Increased ridership. • Increased participation in social programs; less isolation. • Increased ability to access service. |



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| Outcomes | <ul style="list-style-type: none"> • Would reduce the “no-shows” and increase/decrease sick leave. • Subsidies would ensure cost of service is not a barrier. • Bus stops would be conveniently located, close to services. |
| Steps Needed | <ul style="list-style-type: none"> • Establish a cross-sectoral working group to be ambassadors for PR Transpo, act as advisory, promote the services, develop tactics and act on ridership. • Possible tactics: Work with partners and private business to purchase bus tokens to provide to clients, and schedule programs around the bus schedule; Lobby for subsidy per ride to social services, employers, programs; Establish a token subsidy system with both private and public partners to allow access to use of PR Transpo. • Testing of new “on demand” system, if approved. |

Population -Specific Risks:

0-6

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|--|--------------------------|-------------------|
| Ongoing communication and coordination between CMSM and community partners. | | |
| Inclusion in action poverty reduction strategy, an action identified in Income and Employment section of this plan | | |
| Inclusion in increased pathways of support, an action | | |



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| identified in Health and Well-being section of this plan. | | |
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Youth

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|---|--------------------------|-------------------|
| Coordinated after-school (critical hours) programs across Prescott and Russell. | | |
| A child and youth service collaborative. | | |
| Ensuring that youth-specific action is included in all action strategies related to risk could address this at-risk population. | | |

Seniors

Geographic considerations should be made when the implementation team considers actions in this area

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|--|--------------------------|-------------------|
| Following lead of Successful Aging Advisory Committee, convened by United Way East Ontario | | |



LGBTQ2S

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|---|--------------------------|-------------------|
| Inclusion in future information-gathering and planning | | |
| Inclusion in cross-sector workplace and community training for diversity, inclusion and cultural sensitivity, an action identified in the Health and Well-being section of the plan | | |

3. Violence and Justice

Violence Against Persons (Including Violence Against Women, Child Abuse, Elder Abuse, Male Victims)

Strategies to Mitigate the Risk

Objective: To prevent violence against persons across all demographics.

Rationale: Preventing violence reduces victimization and its consequences and increases health and well-being.

| Action | Priority (1, 3, 5 years) | Lead and Partners |
|---|--------------------------|---|
| Address root causes of violence against persons through education, training and trauma-informed approaches. | 3-5 years | OPP (bullying and youth and elderly) Valoris Maison Interlude Victim Services Victims Advocate HGH Sex Assault victim, elder probation Youturn Laurencrest L'Original court Trauma informed care - training |



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| | | <p>All school boards Long term care home UWEO - United 4 All Leadership féminin PR Situation Table RSIFEO/CFA Hawkesbury Centre Novas Calac Roberts Smart Centre Education, prevention, awareness for all levels</p> |
| <p>Enhance services to specific populations affected by violence (women, men, seniors/elderly, children, disadvantaged, disabled)</p> | <p>3-5 years</p> | <p>Education, prevention, awareness for all levels Broader communication and collaboration amongst partners Continuation of services to victims amongst agencies Men focus program – anger management already exists (enhance?) -Youth male programs -Education against senior abuse (telephone and online fraud) - CCBV Centraide - VAW partners - Victim Advocate</p> |

| Action | Address root causes of violence against persons through education, training and trauma-informed approaches. |
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| Evaluation | <ul style="list-style-type: none"> • Increased trauma-informed care training offered across all sectors in region. • Increased workplace training programs for diversity, inclusion and cultural sensitivity across all sectors. • Number of education programs delivered to address system myths about sexual assault. • Decline in violent crime statistics across region. • Reduce number of intimate partner violence statistics across region. • Reduce number of women requiring shelter space. • Reduce recidivism rate for intimate partner violence/domestic assault. |
| Outcomes | <ul style="list-style-type: none"> • Trauma-informed training and approaches incorporated into human services providing care to victims of violence. • Trauma-informed training and approaches incorporated into human services connected with perpetrators of violence in order to address root causes. • Education programs developed to address systemic myths |



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| | <p>about sexual assault.</p> <ul style="list-style-type: none"> • Education programs developed to address generational stereotypes around violence against women/family relationships. • Workplace training programs available and offered across sectors (public, agencies/organizations, schools, community groups, etc.) that includes diversity, inclusion and cultural sensitivity. • Midwifery care is available to all birthing persons requesting the services in order to diminish negative and traumatic experiences in birth for sexually abused victims. |
| Steps Needed | <ul style="list-style-type: none"> • Advocacy for increased funding and human resources. Coordination between partners to facilitate trainings and education related to root causes, trauma-informed approaches and culture, diversity and inclusion training. |

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| Action | Enhance services to specific populations affected by violence (women, men, seniors/elderly, children, disadvantaged) |
| Evaluation | <ul style="list-style-type: none"> • Increased number of programs delivered to target groups and participation: women, men, seniors/elderly, children, disadvantaged. • Increased number of trainings and public education related to awareness of human trafficking. • Reduced incidents of human trafficking. • Number of victims assisted through Victim Advocate program for system navigation. |
| Outcomes | <ul style="list-style-type: none"> • Robust programs for seniors/elderly to address violence by family members, self-esteem, elder abuse, overcoming isolation, etc. • Expand programs specific to male victims of violence provided locally to improve outcomes. • Address the cycle of violence through programs specific to male perpetrators of violence to prevent continued violence and improve outcomes for offenders and victims. • Post-court intensive case management offered by CMHA for offenders, including housing issues. • Increased services for anglophone women victims of violence. • Partnerships leveraged to increase advocacy for funding and support for new programs to service gaps and reduce wait lists. • Wait lists for services reduced. • Awareness of human trafficking and strategies to mitigate it provided across all sectors in community in order to reduce incidents and improve victim outcomes. |



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| | <ul style="list-style-type: none">• Gender-based analysis of risk and approach to decision-making employed across sectors. |
| Steps Needed | <ul style="list-style-type: none">• Develop partnerships to share office space to meet clients.• Coordinated approach to program development to reduce duplication, eliminate gaps and ensure communication of resources between agencies and to public. |

