

# MEDIA RELEASE

*For immediate release*  
*Sept. 15, 2023*

Community Plan for Safety  
& Well-being  
Lanark County & Smiths Falls



## CSWB Advisory Committee releases progress report and outlines plan update

The Community Safety and Well-being (CSWB) Advisory Committee for Lanark County and the Town of Smiths Falls has released its 2022 update on activities outlined in the CSWB plan.

“This will be our final update for the current CSWB Plan,” explained Committee Co-Chair Elle Halladay, who is United Way East Ontario’s regional director for Lanark County. “We are now in the process of updating the existing plan to reflect the changes that have happened in our community since it was adopted in early 2019.”

The advisory committee consists of more than a dozen representatives across a range of human service sectors, including health/mental health, education, justice, victim services, the Indigenous community, social services/housing, community services, youth and local government. The CSWB plan was a community-driven initiative that included about two years of research and consultation. The provincial government has since mandated municipalities to complete the plans, which look at community assets, determine gaps and develop strategies to enhance community safety and well-being.

The Lanark County and Smiths Falls plan includes 12 risk areas (mental health, substance use, housing, transportation, health and well-being, domestic violence and sexual assault, youth and families, seniors, justice, Indigenous health and well-being, and culture and diversity. Strategies to address specific issues were created in four zones (social development, prevention, risk intervention and emergency response), and outcomes are outlined for each risk area.

Some of the community work identified in the plan since it began includes:

- Creation of programs such as the Mobile Crisis Response Team, the Lanark County Child and Youth Advocacy Centre, Lanark County’s Homelessness Response Team (including a Housing Based Case Manager), a Victim Advocate position, the Inclusive Voices video series and the See It Name It Change It campaign
- Expanded walk-in clinics and virtual or in-person opportunities for adult and child/youth mental health services
- Ongoing trauma-informed care training, Applied Suicide Intervention Skills Training programs, and anti-racism/anti-oppression training opportunities for agencies
- Planet Youth Lanark County established and proceeding with student surveys and community goal setting
- With support of Lanark County and local municipalities, ongoing advocacy with provincial government regarding mental health and addictions services and intimate partner violence
- Increased collaboration amongst community partners on many projects, but notably to meet community needs with creative solutions during the pandemic (e.g. Isolation Centres and food-delivery programs)

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- Supportive housing projects in partnership with Lanark County Interval House and Community Support and Carebridge
- Creation of multiple routes in local communities as part of Lanark Transportation Association's Ride the LT program
- Lanark County Community Paramedicine program expands and is able to support more seniors and vulnerable individuals in their homes, which has helped to reduce 9-1-1 calls
- Multi-agency care conferencing has expanded through such venues as community rounds, the Lanark County Situation Table, and others
- Lanark County was the first municipality in Ontario to declare intimate partner violence an epidemic and has taken a leadership role on several recommendations from the Culleton Kuzyk Warmerdam Inquest
- Partnership between Plenty Canada and Upper Canada District School Board for Indigenous culture training.

“Over the last four years we have made progress in all of the identified risk areas, but there is more work to be done,” explained Smiths Falls Police Service Deputy Chief Jodi Empey, co-chair of the advisory committee. “A number of programs and services have been created or expanded to meet needs and fill gaps, and our community agencies continue to show remarkable collaboration in order to get important work done.”

The advisory committee is in the process of reviewing data and identifying risk areas for the updated plan. Surveys for service providers, the public and local government, as well as consultation with priority populations and feedback from partners, will be part of the process. The committee is planning to seek municipal council approval for the updated plan in the new year.

The progress update for 2022 can be accessed at

<https://www.dropbox.com/scl/fi/a3ucvor3l74wjtvcvckset/CSWB-Plan-for-LC-and-SF-Progress-Report-2022-final.pdf?rlkey=bea4tzvgabsy8fz3o6569prs2&dl=0>

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*For more information, please contact:*

Elle Halladay  
Regional Director, Lanark County  
United Way East Ontario  
613-253-9074

Jodi Empey  
Deputy Chief  
Smiths Falls Police Service  
613-283-4211

Stephanie Gray  
Coordinator  
Lanark County Situation Table/  
Community Plan for Safety and Well-being  
613-812-3778

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

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

**PROGRESS REPORT  
2022-2023**



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## OVERVIEW/BACKGROUND

The process to develop a Community Plan for Safety and Well-being for Lanark County and Smiths Falls began in late 2016 as a community endeavour. A multi-sectoral advisory committee was established, and consultations and research began. The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of Lanark County and Smiths Falls. The development of the plan used frameworks created by the Ontario Working Group and suggested by the Ministry of Community Safety and Correctional Services (now Ministry of the Solicitor General) in order to be consistent with new Police Services Act requirements.

Consultation included surveys, feedback from agencies through representation at the Lanark County Situation Table and a variety of committees and working groups, focus groups, interviews and statistics. The result was the identification of 12 priority risk areas. Issues within each risk area were highlighted, as well as strategies to combat them in the areas of social programming, prevention, risk intervention and emergency response. Outcomes for each of these priority risk areas were established. Progress on the strategies and outcomes is outlined in this document.

In 2018/2019, the plan was adopted by Carleton Place, Drummond/North Elmsley, Lanark Highlands, Mississippi Mills, Montague, Perth, Smiths Falls and Tay Valley. It was adopted in principle by Lanark County Council in 2018.

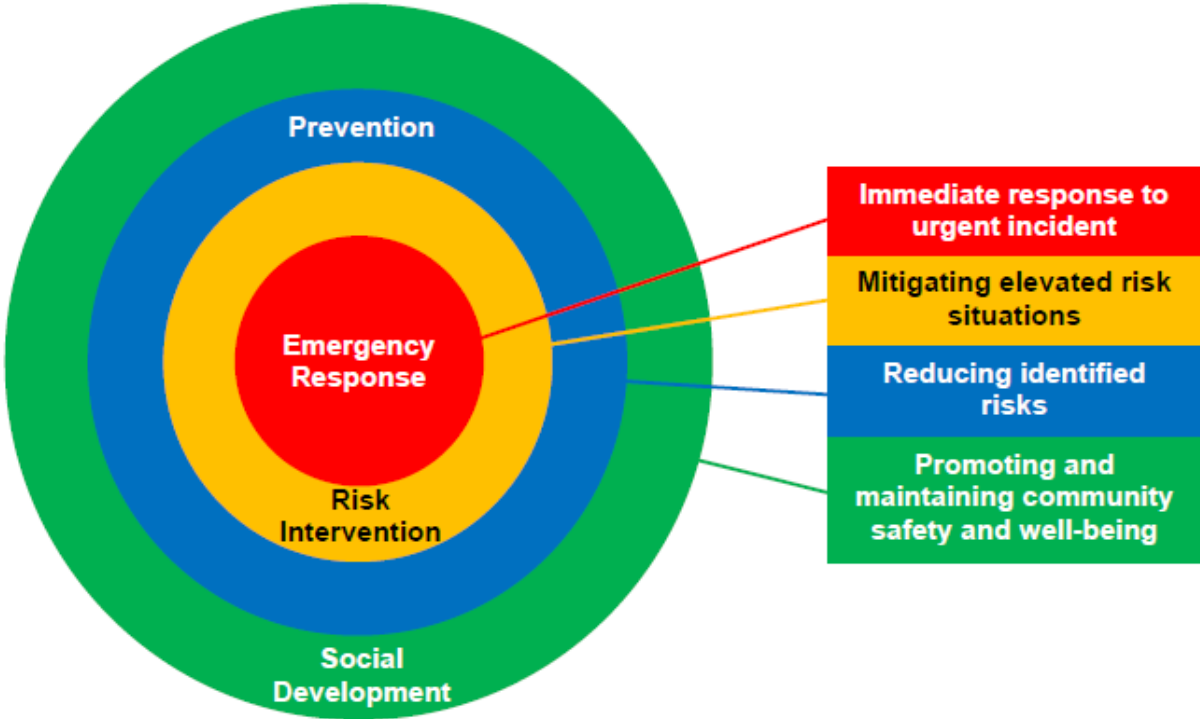
Advisory Committee Members (from 2022 and currently) are as follows:

| <b>MEMBERS OF THE COMMUNITY SAFETY PLAN ADVISORY COMMITTEE</b> |   |                            |
|--|---|----------------------------|
| <b>SECTOR</b>  | <b>AGENCY</b>   | <b>REPRESENTATIVE</b>      |
| Justice  | Lanark County OPP   | Insp. Karuna Padiachi      |
|  | Smiths Falls Police Service   | D/Ch. Jodi Empey           |
| Community Organizations & Youth                                | United Way  | Elle Halladay              |
|  | RNJ Youth Services  | Rachel Burns               |
|  | Family and Children's Services                                      | Erin Lee Marcotte          |
|  | Open Doors for Lanark Children and Youth/Planet Youth Lanark County | Kevin Clouthier            |
|  | Perth & District Community Foundation (Vital Signs)                 | Victoria Gibb-Carsley      |
| Health Care  | Leeds Grenville Lanark District Health Unit                         | Elaine Murkin              |
|  | Lanark County Mental Health   | Garry Laws                 |
|  | Rideau Community Health Services                                    | Kelly Barry/Corey Turnbull |
| Social Services (includes Housing)                             | Lanark County Social Services                                       | Brooke Coutts              |
| Victim Services  | Lanark County Victim Services                                       | Amber MacDonald            |
|  | Lanark County Interval House  | Erin Lee                   |

|                  |                       |                 |
|------------------|-----------------------|-----------------|
| Education        | UCDSB                 | Don Lewis       |
|                  | CDSBEO                | Brent Bovaird   |
| Cultural Groups  | Indigenous            | Larry McDermott |
| Local Government | Lanark County Council | Brian Dowdall   |
|                  | Town of Smiths Falls  | Peter McKenna   |
|                  | Plan Coordinator      | Stephanie Gray  |

This plan is a living/working document that has guided the advisory committee and working groups for each risk area. Many of the actions and risks identified in the plan have changed dramatically in light of the COVID-19 pandemic. The advisory committee has been meeting several times per year and reports to municipalities and stakeholders annually. The entire plan will be updated in 2023/2024.

The following pages are a brief summary of the activities that have taken place up to August 2023 for the 12 risk areas in the four zones shown below. The Advisory Committee has a more detailed workplan outlining updates to activities. There has been a great deal of progress in many areas of the plan, along with actions that still require more information and work. The most recent progress information will be used to inform the development of the updated plan, along with community consultation and data collection.



## MENTAL HEALTH (ADULTS, CHILDREN AND YOUTH)

### IDENTIFIED ISSUES

1. Wait times
2. Lack of awareness of services
3. After-hours gaps
4. Mental health worker as part of emergency response
5. Sector coordination to strengthen ties between services and improve pathways of care
6. Chronic underfunding of sector (need for more free mental health counselling)
7. Children's mental health (LHIN boundaries, tertiary facility support, after-hours gaps, custody issues/parental alienation, respite services for children and/or parents; extent of curriculum in schools re: mental health)
8. Hoarding

| <b>ACTIONS COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|--|---|
| Take inventory of mental-wellness/lifestyle programs available locally and in other communities and determine additional implementation possibilities (e.g. effective coping for families with family members who have mental illness, support groups for specific illnesses).   | ✓ |
| Through community partners and 211, clarify and raise awareness about available mental wellness programs, especially when they are under-utilized.   | ✓ |
| Take inventory of current mental wellness curriculum and supports/programs available in schools; teach kids how to help each other and what to notice about friends; identify existing resiliency programs and early identification mechanisms and enhance where necessary. Support efforts by school boards to include community agencies in action plans to promote wellness in schools. | ✓ |
| Identify and support local efforts to engage community in education about resiliency; parenting (talking to kids).   | ✓ |
| Promote/enhance initiatives involving physical activity for mental wellness.   | ✓ |
| Expand period of post-natal visits to help with parenting and mental wellness; early identification of issues.   | ✓ |
| Provide education for health-care providers (lunch and learns) around resources available to families/people at risk, possible prevention.   | ✓ |
| Coordinate with partners to identify and expand existing services to ensure 24/7 access to emergency mental health services locally in order to de-emphasize need for funding.   | ✓ |
| Provide education for public and relevant human-service agencies to provide early identification of individuals at high-risk of hoarding.  | ✓ |
| Improve wait lists for children's mental health.   | ✓ |
| Establish more mental health service centres, especially in Perth.   | ✓ |
| Identify and/or implement more infant and children mental health programs that are easily accessible.  | ✓ |
| Develop/enhance employment programs for individuals experiencing mental illness.   | ✓ |

|   |   |
|---|---|
| Advocate for increased base funding for mental health services to alleviate non-crisis wait lists.  | ✓ |
| Help to promote use of after-hours crisis service (e.g. Kids HelpPhone, <a href="http://www.reachoutnow.ca">www.reachoutnow.ca</a> , etc.).   | ✓ |
| To enable earlier referrals to appropriate mental health services, have physicians routinely screen for mental health disorders; conduct questionnaire through obstetrics or doctors to reach high-risk families.   | ✓ |
| Increase number of caseworkers designated for hoarding (as per Lanark County Mental Health presentation to Lanark County Council); work closely with municipalities/bylaw to encourage early tip offs so can help before it comes down to an eviction.                                | ✓ |
| Reduce transportation barriers for people seeking help, especially if they do not have a general practitioner and are not receiving funds through the Ontario Disability Support Program.   | ✓ |
| Clarify what protocols are in place related to mental health and service providers, promote them and follow them (e.g. LEAD).   | ✓ |
| Provide trauma-informed care training opportunities to agencies and first responders.   | ✓ |
| Inventory Applied Suicide Intervention Skills Training (ASIST) trainers and training opportunities that are available and provide information to agencies; encourage more opportunities if necessary.   | ✓ |
| Continue referrals to situation table/interventions.  | ✓ |
| For hoarding, offer longer-term mental health support when there has been an intervention.  | ✓ |
| Provide wraparound services for families when identified as at risk.  | ✓ |
| Have agencies identify and communicate needs in terms of best information from police when referrals are made to improve ability to perform services.   | ✓ |
| Support efforts by the Lanark County OPP and Lanark County Mental Health to secure funding for a mental health nurse to work out of detachment.   | ✓ |
| Support efforts by the Smiths Falls Police Service and Lanark County Mental Health to sustain the pilot project for mental health nurse support.  | ✓ |
| Greater availability of in-hospital treatment services for mentally ill children and adults.  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Identify, develop and/or promote respite services for children with mental illness or children with parents with mental illness, for parents of children with mental illness, and for parents with children encountering mental illness that do not meet the complex needs threshold. | 📌 |
| Help to promote/raise awareness of pathways of care for high-risk presentations or after-hours children's mental health needs when the protocol is completed.   | 📌 |
| Improve tracking of actual suicide statistics.  | 📌 |



| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  | <b>PROGRESS</b>  |
|---|---|--|
| <p>Increased education, awareness and promotion of existing services/programs to reduce specific wait times and after-hours gaps, to clarify pathways of care, to support families with children who have mental illness, and to promote overall good mental health and well-being.</p> | <ul style="list-style-type: none"> <li>• Annual LEAD team training to address education and crisis response.</li> <li>• Emergency room diversion case managers are attached to receive direct referrals to emergency rooms to reduce repeat visits. (Average was 25%, now 4.8% once a referral is received.)</li> <br/> <li>• Analysis of post-treatment surveys collected by Lanark County Mental Health.</li> <br/> <li>• Use data from Connex Ontario to evaluate progress.</li> </ul> | <ul style="list-style-type: none"> <li>• No LEAD training since pandemic.</li> <li>• This case management part of LCMH's crisis intervention team and has seen a significant reduction of clients repeating visits to E.D. With the initiation of the Stepped Care 2.0 framework, this provides the clinician the opportunity to present a variety of treatment options at point of contact. LCMH wait list for psychiatry is lower, for example.</li> <li>• Ontario Perception of Care will be initiated. LCMH also now has a Client, Family &amp; Caregiver Advisory Council that will focus on a person's individual experience in receiving services.</li> <li>• LCMH's Connex info is all updated and they now have a dedicated Access &amp; Waitlist Management</li> </ul> |

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|  |  | Coordinator to process referrals and intakes into service.  |
| Earlier intervention in mental health crises by having mental health workers as part of emergency response and screening mechanisms for earlier referrals by physicians. | <ul style="list-style-type: none"> <li>• Analysis of requests for service (OPP and Lanark County Mental Health), after-the-fact referrals, individuals served, live calls with police where mental health nurse attends, diverted emergency department visits, apprehension rates, Form 1 rates, face-to-face visits with Lanark County Mental Health, officers trained, risk factors presented at situation table.</li> <li>• Collect data on benefits of Health IM app used by Smiths Falls Police Service.</li> </ul> | <ul style="list-style-type: none"> <li>• Completed through MCRT and data analysis (through grant-reporting and other processes)</li> <li>• SFPS collecting data to show program benefits</li> </ul>                             |
| Advocacy for increased funding for areas of rapid growth for mental health sector and greater access to services.  | <ul style="list-style-type: none"> <li>• An increase in funding for Lanark County that represents the actual demographics for the region across both LHINs.</li> </ul>   | <ul style="list-style-type: none"> <li>• Two proposals were submitted; Ontario Health East has informed LCMH that they will not be receiving funding this fiscal year and to reapply at the next call for proposals.</li> </ul> |
| Increased/improved supports for families undergoing custody issues.  | <ul style="list-style-type: none"> <li>• Referrals to an established program.</li> </ul>   | <ul style="list-style-type: none"> <li>• A formal meeting with CAS and LCMH has not yet occurred. Funding for a full-time position would also need to be secured.</li> </ul>  |
| Increased awareness, promotion and support of resiliency and mental health in partnership with school boards.  | <ul style="list-style-type: none"> <li>• The Lanark County Human Services and Justice Coordinating Committee is a link between mental health, school boards and police; Youthab receives referrals for transitional-aged youth and stats can be monitored.</li> </ul>  | <ul style="list-style-type: none"> <li>• Increased awareness of mental health supports has resulted from COVID; more virtual services; various collaborative tables can make</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>Analyse wellness survey data from school boards to determine level of awareness of and use of services.</li> </ul>  | <p>connections (e.g. VTRA, Lanark County Situation Table)</p> <ul style="list-style-type: none"> <li>Surveys completed but this may not have been a component in 2022.</li> </ul>                        |
| Increased early intervention efforts and longer-term supports with caseworkers related to hoarding to support at-risk individuals. | <ul style="list-style-type: none"> <li>The funding received by Lanark County Mental Health for hoarding will culminate in a research paper that will assess results of the program.</li> </ul>   | <ul style="list-style-type: none"> <li>Completed – Hoarding coalition continues to meet to collaborate to support individuals; represented also at situation table</li> </ul>                            |
| Increased training completed on trauma-informed care and ASIST.  | <ul style="list-style-type: none"> <li>Lanark County Mental Health offers this three or four times per year; Catholic District School Board of Eastern Ontario also offers sessions (baselines).</li> <li>Number of police officers and agencies attending trauma-informed care workshops in Lanark County.</li> </ul> | <ul style="list-style-type: none"> <li>ASIST continues to be offered; 30 trained in March 2023 and 30 for Fall 2023.</li> <li>Three trainings held in 2022; one with Indigenous trauma focus.</li> </ul> |
| Continued referrals to situation table and wraparound supports for individuals and families who are at acutely elevated risk       | <ul style="list-style-type: none"> <li>Lanark County Situation Table statistics on demographics, risk factors and referral conclusions (risk lowered and connections to services).</li> </ul>  | <ul style="list-style-type: none"> <li>Completed; see annual report</li> </ul>   |

**OVERALL HIGHLIGHTS:**

- Creation of Mobile Crisis Response Team and ongoing advocacy for its sustainability and expansion.
- Parenting supports available through Health Unit, Open Doors and Lanark County Community Justice.
- Expanded walk-in clinics, range of services (virtual or in-person) for adults and children.
- Ongoing trauma-informed care and Applied Suicide Intervention Skills Training opportunities for agencies.
- Ongoing collaboration at Lanark County Situation Table to provide wraparound supports for those at acutely elevated risk.
- New protocol between mental health, police and hospitals to streamline procedures when individuals experiencing a mental health crisis are brought to hospitals.

## SUBSTANCE USE

### OVERVIEW

#### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Advocate for increased engagement between the LHINs for future planning around addictions, mental health and primary care.  | ✓ |
| Explore possibility of incorporating the Icelandic model and determine its applicability to Lanark County and Smiths Falls.   | ✓ |
| Expand or promote existing parenting programs for at-risk individuals.  | ✓ |
| Support efforts to continue a drug treatment court, including funding for additional operating costs (e.g. transportation and urine testing equipment).   | ✓ |
| Conduct a media campaign led by the health unit to increase the number of 911 calls when someone witnesses or suspects an overdose and to increase awareness of the importance of the 911 call in the preservation of life (including Good Samaritan Act). Activities include production of an educational video, broadcast and print advertising involving multiple agencies, social media promotion and bracelets reminding young people to call 911 if they need help. Utilize and build upon MOHLTC campaign. | ✓ |
| Continue to support enhanced efforts to educate about use of naloxone and make kits widely available (i.e. through increased distribution to community partners for those who fit the criteria).  | ✓ |
| Enhance education for medical community, patients and public to help reduce stigma about addictions.  | ✓ |
| Support efforts to improve provincial surveillance and data tracking related to opioid deaths.  | ✓ |
| Increase addictions and mental health supports in high schools.   | ✓ |
| Develop and/or share education and prevention strategies related to legalization of cannabis.   | ✓ |

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| Inventory and promote existing programs related to addictions and substance abuse, e.g. SMART groups.  | ✓ |
| Support efforts to establish additional detox resources for the region, such as at-home detox that can be prescribed by a nurse practitioner (based on Cornwall Protocol), as well as medical detox and residential stabilization units to help clients with transition after detox. | ✓ |
| Support efforts by health unit under Community Opioid Response Plan to explore rapid-access clinics for suboxone.  | ✓ |
| Support efforts of the Perth & Smiths Falls District Hospital and health unit following their pilot study of the distribution of naloxone kits upon discharge from overdose as a continued harm-reduction measure.   | ✓ |
| Continue to offer wraparound support to individuals/families experiencing substance abuse issues and who have been referred to the situation table as being at acutely elevated risk of harm.  | ✓ |
| Advocate for increased funding to support more addictions counsellors/services.  | ✓ |
| Determine need for overdose prevention sites.  | ✓ |
| Continue to support efforts of local first responders seeking naloxone training.   | ✓ |
| Support community plan for response to opioid crisis.  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>  |   |
| Increase education/opportunities regarding chronic pain management within the medical community and the public. Support efforts of South East LHIN to address this when details are available.   | 📌 |
| Monitor increased LHIN funding and education for harm reduction programs, including additional methadone clinics, and explore any additional needs for programs to help people get off methadone.  | 📌 |
| Reduce risk of abuse by changing protocol of medication disposal being the responsibility of family when someone dies.   | 📌 |
| Collaborate with LHIN on opioid strategy; emphasize education for doctors to commit to principles of harm reduction and establish an oversight mechanism (e.g. tying to hospital privileges).  | 📌 |
| Increase awareness for dentists of link between methadone use and dental problems; determine ways to provide dental help for clients experiencing issue.   | 📌 |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   | <b>PROGRESS</b>   |
|--|--|---|
| Increased education, awareness and promotion of existing services and strategies related to opioids, chronic pain management and harm reduction (for medical community and general public) to increase understanding of harm | <ul style="list-style-type: none"> <li>• Annual LEAD team training to address education and crisis response.</li> <li>• Health unit statistics on emergency room visits for opioid overdoses; safe needle exchange statistics; outreach regarding Good Samaritan Act.</li> </ul> | <ul style="list-style-type: none"> <li>• No LEAD training since pandemic</li> <li>• Health unit can provide data specific to ER visits and overdose reporting tool information</li> </ul> |

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| <p>reduction philosophy and to reduce stigma.</p>  | <ul style="list-style-type: none"> <li>• Number of referrals to caseworker and counsellor with Change Health, which helps to divert from emergency rooms and clients receive primary care onsite.</li> </ul> | <p>including 911 calls, but not specifically the Good Samaritan law impact. Information gleaned from the Health Canada project and research leads Health Unit to believe that fear of police involvement is less of a deterrent to calling 911 than the treatment received in the ER department.</p> <ul style="list-style-type: none"> <li>• Can be provided by Health Unit or LLGAMH stats</li> </ul> |
| <p>Improved engagement and coordination between LHINs for planning around addictions, mental health and primary care.</p>      | <ul style="list-style-type: none"> <li>• Number of front-line addictions counsellors.</li> <li>• Improved connections with Change Health and primary care.</li> </ul>  | <ul style="list-style-type: none"> <li>• Funding was received; update needed</li> <li>• The Health Unit and Lanark County Mental Health are collaborating to improve outreach services available in Lanark County.</li> </ul>   |
| <p>Analysis completed of possibilities related to implementing Icelandic model in Lanark County/Smiths Falls.</p>              | <ul style="list-style-type: none"> <li>• Partner activities related to grants and coordination of project.</li> </ul>  | <ul style="list-style-type: none"> <li>• Planet Youth Lanark County and CSWB Plan connected; PYLC working with health unit as part of prevention pillar. Student surveys completed and community action underway.</li> </ul>  |
| <p>Increased awareness and promotion of existing programs for addictions and substance abuse, such as Smart Works Program.</p> | <ul style="list-style-type: none"> <li>• Health unit statistics related to substance abuse (needles, safe inhalation equipment, safe injection, etc. through Smart Works program)</li> </ul>                 | <ul style="list-style-type: none"> <li>• Health Unit can provide stats.</li> </ul>  |

|   |  |  |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>Health Unit can provide referral statistics for addictions programs.</li> </ul>   | <ul style="list-style-type: none"> <li>Health Unit can provide stats.</li> </ul>   |
| Increased withdrawal management/detox services for Lanark County/Smiths Falls.  | <ul style="list-style-type: none"> <li>Referrals to new physician at North Lanark Community Health Centre.</li> </ul>  | <ul style="list-style-type: none"> <li>Update needed</li> </ul>  |
| Increased education around cannabis.  | <ul style="list-style-type: none"> <li>Data related to Heads Up program; referrals received at agencies.</li> </ul>  | <ul style="list-style-type: none"> <li>Heads Up program is offered in Kingston, Brockville, Belleville</li> </ul>  |
| Increased education around calling 9-1-1 in overdose situations coupled with increased calls to 9-1-1.                        | <ul style="list-style-type: none"> <li>Statistics from Health Unit, Lanark County OPP and Smiths Falls Police Service regarding 9-1-1 calls</li> </ul>   | <ul style="list-style-type: none"> <li>Health Unit can provide stats related to 9-1-1 calls</li> </ul>   |
| Expanded drug treatment court program   | <ul style="list-style-type: none"> <li>Total number of referrals, acceptances and graduates from Therapeutic Drug Treatment Court; testimonials; pre- and post-tests (assessments) for court.</li> </ul> | <ul style="list-style-type: none"> <li>LLGAMH has stats for new Therapeutic Justice Program</li> </ul>   |
| Continued expansion of naloxone program and increased awareness.  | <ul style="list-style-type: none"> <li>Health Unit data on number of naloxone kits distributed and number of community agencies distributing kits.</li> </ul>  | <ul style="list-style-type: none"> <li>Health Unit stats</li> </ul>  |
| Inventory of addiction services for youth (within schools and in the community).  | <ul style="list-style-type: none"> <li>Conduct follow-up survey to inventory services.</li> </ul>  | <ul style="list-style-type: none"> <li>UCDSB reaches out to external agencies (e.g. Open Doors, LLGAMH) for treatment and harm reduction. Tied to mental health and phys-ed curriculum.</li> </ul> |
| Increase in specialized services for addictions that are accessible through schools.  | <ul style="list-style-type: none"> <li>Measurable presence of addictions services/information in schools; track number of referrals and/or participants in addictions programs.</li> </ul>               | <ul style="list-style-type: none"> <li>Same as above</li> </ul>  |
| Continued referrals to situation table and wraparound services for individuals and families who are at acutely elevated risk. | <ul style="list-style-type: none"> <li>Annual data from Lanark County Situation Table regarding referrals and services mobilized.</li> </ul>   | <ul style="list-style-type: none"> <li>See annual reports</li> </ul>   |
| Ongoing support for community plan for response to opioid crisis.   | <ul style="list-style-type: none"> <li>Health Unit annual review for program completed through Community Harm Reduction Steering Committee</li> </ul>  | <ul style="list-style-type: none"> <li>In 2023 Health Unit plans to revise and combine Community Opioid Response Plan and Opioid Cluster Plan into a Community Overdose Response Plan.</li> </ul>  |

**HIGHLIGHTS:**

- Work of Planet Youth Lanark County continues through student surveys and action planning.
- Widespread education completed around naloxone kits and opioid crisis.
- Therapeutic Drug Treatment Court established and ongoing.
- With the support of Lanark County and local municipalities, ongoing advocacy with provincial government regarding new and/or sustainable funding for mental health and addictions services, notably the Mobile Crisis Response Team and community withdrawal management services.



## POVERTY

### OVERVIEW

#### IDENTIFIED ISSUES

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

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

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| Provide education to health service providers and/or recruit volunteer advocates who can help people fill out forms for ODSP. | ✓ |
| Support efforts of Ontario Works and ODSP to alleviate identified gaps in their services.                                     | ✓ |
| Establish an ODSP office in Carleton Place at least once per week.  | ✓ |
| Lower utility bills for fixed-income seniors.   | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Advocate for increased core funding for food banks.   | 📌 |
| Lobby for increased funding for core food programs.   | 📌 |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   | <b>PROGRESS</b>   |
|--|--|---|
| Inventory and promotion of services available for low-income individuals and families at risk with gaps identified, as well as greater collaboration between partners to free up resources and improve access. | <ul style="list-style-type: none"> <li>Analysis of Lanark County Ontario Works/Ontario Disability Support Program data (numbers of people accessing); food bank usage statistics.</li> </ul> | <ul style="list-style-type: none"> <li>OW Staff refer as required.</li> </ul>   |
| Increased opportunities to teach community how to grow food and to cook.   | <ul style="list-style-type: none"> <li>Statistics from The Table, Mills Community Support (now Carebridge) and health unit regarding program usage.</li> </ul>                               | <ul style="list-style-type: none"> <li>Not as many churches doing meals. The Table continues to expand in Smiths Falls and there is a new breakfast program in Almonte. The Hunger Stop's farm project and South Lanark Community Garden are growing more food for the community and providing opportunities to learn about producing food. In Spring 2023 a new allotment garden was started in Perth. Tay Valley has plans for community food, social and physical activity programs at Maberly Hall (still in the planning stage). In 2021 Perth invited The Table to create a discussion paper for the Official Plan review to look at how the plan could support the local food system.<br/><a href="http://www.foodcoregl.ca/events.html">http://www.foodcoregl.ca/events.html</a> site still lists meal programs.</li> </ul> |
| Advocacy for improved rural funding models or incentives that address  | <ul style="list-style-type: none"> <li>Number of grant applications made by local municipalities</li> </ul>  | <ul style="list-style-type: none"> <li>Follow up needed</li> </ul>  |

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| <p>rural concerns and large geographic areas.</p>  | <p>and corresponding results.</p> <ul style="list-style-type: none"> <li>Information from Eastern Ontario Wardens’ Caucus Annual Report re: rural economic development.</li> </ul>                              | <ul style="list-style-type: none"> <li>Current EOWC priorities are affordable housing, long-term care and paramedic services. This spring, EOWC passed a resolution standing with the Federation of Canadian Municipalities “in the call to empower Canada’s municipalities with a Municipal Growth Framework. This revenue tool would modernize the fiscal model between government and help municipalities deal with the growing demand for services.”</li> </ul>  |
| <p>Enhanced advocacy for clients navigating systems and improved education for service providers to improve consistency.</p> | <ul style="list-style-type: none"> <li>Number of referrals through Community Navigator (if re-established).</li> <li>Statistics from Ontario Works/Ontario Disability Support Program working group.</li> </ul> | <ul style="list-style-type: none"> <li>Community Navigator program discontinued. Legal Clinic’s Mental Health Outreach Project streamlined referral system and provided education to community partners. The Table Community Food Centre has community navigators and advocates for clients. Lanark County Social Services has homelessness committee working with the by-name list to help clients with system navigation. Lanark County Situation Table also has referrals and team helps with system navigation.</li> <li>OW/ODSP working group re: advocacy, communication service delivery improvements or explanations. Pre-COVID was meeting every 3 months, regularly 5-8 clients involved at any one time.</li> </ul> |
| <p>Advocacy for modified social assistance rates and lower utility bills.</p>  | <ul style="list-style-type: none"> <li>Feedback/statistics from anti-poverty groups on annual basis.</li> </ul>   | <ul style="list-style-type: none"> <li>The Table worked with Community Food Centres Canada and Disability Without Poverty as part of a national campaign to create the Canada Disability Benefit. There is a new Basic Income Lanark advocacy initiative The Table helped to launch.</li> </ul>  |
| <p>Advocacy for increased core funding for food banks and core food programs.</p>  | <ul style="list-style-type: none"> <li>Track letters/presentations by County and local municipalities to advocate; monitor results.</li> </ul>  | <ul style="list-style-type: none"> <li>The Table is not aware of any activities on behalf of municipalities to advocate for this. Municipalities do provide some funding to The Table and Perth provides in-kind support for gardens.</li> </ul>   |

|   |   |  |
|---|---|--|
| Increased programs to help individuals transition out of poverty.   | <ul style="list-style-type: none"> <li>Number of participants in Getting Ahead program; number of times Bridges Out of Poverty offered and number of participants.</li> </ul>   | <ul style="list-style-type: none"> <li>The Getting Ahead in a Just Getting By World from the Adult Learning &amp; Training Centre runs classes throughout the year.</li> </ul> |
| More established affordable and supportive housing opportunities for socioeconomically disadvantaged persons. | <ul style="list-style-type: none"> <li>Review of number of units available through Lanark County Housing Corporation and other providers.</li> <li>Statistics from Lanark County Housing and Homelessness Survey (2018).</li> </ul> | <ul style="list-style-type: none"> <li>See 2022 Lanark County Social Services Housing and Homelessness Report Card.</li> <li>As above</li> </ul>                               |
| Reduced calls and interactions for subsidies.   | <ul style="list-style-type: none"> <li>Data from Lanark County Housing regarding number of people waiting or accessing subsidies.</li> </ul>  | <ul style="list-style-type: none"> <li>See 2022 Lanark County Social Services Housing and Homelessness Report Card.</li> </ul>   |

**HIGHLIGHTS**

- Expansion of food program and work of community navigators at The Table Community Food Centre.
- Continued advocacy in support of basic income/living wage.

## HOUSING

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Support efforts through promotion and partners to establish partnerships with private market using subsidies; educate property owners on some of the opportunities available (e.g. higher asset levels) for social housing.   | ✓ |
| Liaise with Lanark Consortium, Housing Coalition, Lanark County Social Services and other partners regarding their plans (e.g. 10-Year Housing and Homelessness Plan) and support where possible (see Priorities and Strategic Objectives outlined in Housing and Homelessness Plan).                 | ✓ |
| Explore opportunities and support partners in efforts to establish/ enhance/increase supported housing models for various vulnerable populations (e.g. mental health, addictions, offenders, disabled, youth at risk and victims of domestic violence).   | ✓ |
| Support partners in efforts to establish second-stage housing model for vulnerable populations, such as victims of domestic violence and youth needing transitional support.  | ✓ |
| Support partners in identifying, implementing and/or promoting early intervention strategies for youth and Housing First models to reduce chronic homelessness.   | ✓ |
| Increase awareness of and enhance programs to support renovations that would improve energy efficiency for homeowners, thereby reducing utility costs (including wood) and preventing risk of homelessness.   | ✓ |
| Strengthen advocacy efforts to help people experiencing unsafe, substandard housing; develop strategy to make landlords accountable for these situations.   | ✓ |
| Inventory needs in vulnerable neighbourhoods (e.g. hostels, social housing) and augment wraparound supports in order to reduce risk of individuals losing housing; increase safety and efficiencies for workers by collaborating to visit at same time.   | ✓ |
| Inventory and promote availability to agencies/first responders of assistance for immediate emergency housing issues; emergency safe housing, e.g. hostel beds for overnight for people who cannot afford hotel. Support partners in efforts to find solutions for temporary emergency shelter needs. | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Provide education to landlords and other stakeholders to encourage sensitivity around cultural norms where larger family units live together.   | 📌 |
| Create or provide supports for males (offenders, addicted) in need of supportive housing to avoid sending out of the community.   | 📌 |

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  | <b>PROGRESS</b>  |
|---|---|--|
| Reduced rates of homelessness in Lanark County/Smiths Falls by working with partners and private sector.                            | <ul style="list-style-type: none"> <li>Data from Lanark County Housing and Homelessness Survey (2018), Lanark County Social Housing reports, Cornerstone Landing (by name list) and Lanark County Interval House.</li> </ul>  | <ul style="list-style-type: none"> <li>See Lanark County Housing and Homelessness Report Card for 2022. County administering by-name list and established committee for wraparound.</li> </ul>   |
| Increased access to supported and affordable housing for vulnerable populations.  | <ul style="list-style-type: none"> <li>Statistics from Lanark County Interval House, Mills Community Support and provincial Developmental Services data.</li> <li>Monitor housing/ homelessness risk factor statistics at Lanark County Situation Table.</li> </ul> | <ul style="list-style-type: none"> <li>See Lanark County Housing and Homelessness Report Card for 2022</li> <li>See LCST Annual Report</li> </ul>  |
| Inventory and greater awareness of emergency supports and housing for victims/people in crisis while awaiting longer-term supports. | <ul style="list-style-type: none"> <li>Annual updates/survey regarding knowledge of resources available; check with range of sources and planning tables.</li> </ul>  | <ul style="list-style-type: none"> <li>County contract with Victim Services for emergency housing supports; see Lanark County Housing and Homelessness Report for 2022. Lanark County provided funds to support Mobile Crisis Response Team and other programs. By-name list committee providing supports. There are also referrals to Lanark County Situation Table.</li> </ul> |
| Advocacy for reduced utility costs and increased awareness of programs for energy efficiency.                                       | <ul style="list-style-type: none"> <li>Number of applicants to County energy efficiency/home renovation programs.</li> </ul>  | <ul style="list-style-type: none"> <li>See Lanark County Housing and Homelessness Report</li> </ul>  |
| Engaged landlords in improving unsafe, substandard housing and improved education on cultural norms.                                | <ul style="list-style-type: none"> <li>Monitor local municipal data on complaints regarding property standards.</li> </ul>  | <ul style="list-style-type: none"> <li>Follow up needed with municipal planning/by-law departments</li> </ul>  |
| Early intervention strategies developed to reduce chronic homelessness.   | <ul style="list-style-type: none"> <li>Number of programs/ participants at youth centres and through other partners (Youth Collective Impact, etc.)</li> </ul>  | <ul style="list-style-type: none"> <li>Cornerstone Landing Youth Services, the Lanark County Youth Centre Coalition, UWEO and A Way Home are</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>Data from Lanark County Housing Corporation Tenant Services worker re: referrals/interventions.</li> </ul>  | <p>currently partnering to host an Eastern Ontario Network for Youth Homelessness Services Providers – official launch to be Oct. 10, 2023 at the Housing and Homelessness Conference in Lanark. Youth Collective Impact is no longer running.</p> <ul style="list-style-type: none"> <li>In 2022, 31 people on the By-Name List (those experiencing homelessness) were housed. There were 64 new referrals. The Housing Assistance Program for people experiencing or at risk of homelessness helped more than 850 people.</li> </ul> |
| Inventory of needs in vulnerable neighbourhoods to improve wraparound supports. | <ul style="list-style-type: none"> <li>Data from police regarding vulnerable neighbourhoods (high calls for service).</li> <li>Data from emergency departments regarding visits from vulnerable neighbourhoods.</li> </ul> | <ul style="list-style-type: none"> <li>There is a provision at the Lanark County Situation Table for dwelling referrals, which has been used to provide wraparound supports.</li> <li>Referrals to situation table record the prevalent risk factors to be addressed.</li> </ul>   |

**HIGHLIGHTS**

- Lanark County Social Services has taken many steps to achieve goals in its 10-Year Housing and Homelessness Plan as need for affordable housing continues to be a crisis.
- Supportive housing projects developed through Lanark County Interval House and Community Support and Carebridge.
- Provincial grant funding through CSWB allowed for hiring of Housing-Based Case Worker position to assist with Lanark County’s by-name list to support precariously housed/homeless individuals also experiencing addictions/mental health issues (LCMH and LCSS partnership).

## TRANSPORTATION

### IDENTIFIED ISSUES

#### 1. Affordable transportation

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Monitor the activities of the Transportation Advisory Group (or the Lanark County Transit Committee slated to replace it) and provide collaborative support for recommendations where appropriate/feasible.   | ✓ |
| Establish multi-agency community wellness clinics that rotates to a new community on a weekly basis (e.g. Perth, Smiths Falls, Carleton Place, Almonte, Lanark) or build upon existing hubs/community health centres that include access to services such as mental health, addictions, a doctor or nurse practitioner, Ontario Works/Ontario Disability Support Program, probation, an elder. Consider hours of operation that are not 8 a.m. to 4 p.m. Monday to Friday in order to increase accessibility. | ✓ |
| Increase capacity for home visits for isolated people or facilitate technology for remote appointments.   | ✓ |
| Explore possibility of reincarnating the “mobile bus” for clinic purposes (work with hospitals and other agencies to identify “hot spots” where a clinic may be used to reduce need for ER visits/transportation).  | ✓ |
| Clarify and communicate to agencies/referrers what gets funded by Ontario Works and Ontario Disability Support program for transportation and who can do the referral.  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Work with Transportation Advisory Group/Transit Committee to inventory and/or promote existing services that may alleviate transportation issues, i.e. volunteer drivers, peer support transportation programs.   | 📌 |

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  | <b>PROGRESS</b>   |
|---|---|---|
| Increased awareness of affordable transportation options. | <ul style="list-style-type: none"> <li>Number of interactions on Lanark County website (transportation section) and other media.</li> </ul> | <ul style="list-style-type: none"> <li>Lanark County Council is making transportation a key strategic priority for this term of council</li> </ul>  |
| Increased access to affordable transportation.            | <ul style="list-style-type: none"> <li>Reports from Lanark County Transportation Steering Committee; community surveys.</li> </ul>          | <ul style="list-style-type: none"> <li>Lanark County Council is making transportation a key strategic priority for this term of council. Lanark Transportation Association has been implementing more Ride the LT routes in various communities.</li> </ul> |



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| Established multi-agency rotating clinic to bring services to clients.                               | <ul style="list-style-type: none"> <li>Number of clinics held annually; number of clients served.</li> </ul>           | <ul style="list-style-type: none"> <li>Not completed</li> </ul>   |
| Increased wellness clinics, co-located services and home visits for isolated/vulnerable populations. | <ul style="list-style-type: none"> <li>Number of referrals/visits conducted by Community Paramedic program.</li> </ul> | <ul style="list-style-type: none"> <li>LCPS statistics in report to Lanark County Council. 9-1-1 calls are being reduced in part due to community paramedic program.</li> </ul> |

**HIGHLIGHTS**

- Lanark Transportation Association has developed Ride the LT with public transportation routes in several local municipalities.
- A regional transportation group has formed to push for a feasibility study on best options for public transportation in Lanark County.
- Numerous agencies have changed outreach methods to connect people who do not have affordable transportation to services they need.
- Community Paramedicine program offers home visits and clinics; community rounds and Lanark County Situation Table offer multi-agency conferencing – care conferencing has become a norm in the region.
- Lanark County Council is making transportation a key strategic priority for this term of council.

## HEALTH & WELL-BEING

### OVERVIEW

#### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Monitor and liaise with Developmental Service Services Service Provider Group and support local efforts to enhance delivery of developmental services where appropriate and feasible.   | ✓ |
| Inventory need and support community efforts for doctor recruitment to alleviate challenge of connecting people with family physicians.   | ✓ |
| Support Eastern Ontario Wardens' Caucus and municipal efforts to increase rural connectivity in order to facilitate service connection through technology.  | ✓ |
| Inventory and promote existing programs that may help to reduce social isolation; identify gaps in communities and demographics where additional programs/drop-ins could be beneficial.   | ✓ |
| Inventory needs and improve accessibility, where necessary, to supports for clients under 65 (e.g. early strokes, early dementia, brain injury). Provide education to agencies/long-term care staff about services that are available to clients under age 65, even when in long-term care homes.   | ✓ |
| Explore, with multi-agency partners, opportunities to become a trauma-informed community.   | ✓ |
| Review all health planning from an equity lens.   | ✓ |
| Establish multi-agency community wellness clinic that rotates to a new community on a weekly basis (e.g. Perth, Smiths Falls, Carleton Place, Almonte, Lanark) and includes access to services such as mental health, addictions, a doctor or nurse practitioner, Ontario Works/Ontario Disability Support Program, probation, an elder. Consider hours of operation that are not 8 a.m. to 4 p.m. Monday to Friday in order to increase accessibility. | ✓ |
| Support Lanark County Paramedic Service's Community Paramedic pilot program and explore increased collaboration and partnerships; support efforts for a common approach to the program no matter which LHIN is funding it.  | ✓ |

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| Continue to implement 211 communication strategy with United Way Lanark County, including promotion of 211 to local agencies and other social services providers in Lanark County and Smiths Falls to encourage them to enter/update their records (including any 24-hour contact information); promote 211 to police services boards and municipalities and outline effort to encourage appropriate use of 211 instead of 911 in effort to reduce unnecessary calls to 911 and, therefore, costs associated with calls for service; provide presentations to OPP and Smiths Falls Police Service and other agencies to encourage use of 211 to connect people to appropriate services. Encourage 211 and Health Line (for LHINs) to share information so agencies only have to provide updates once. | ✓ |
| Work on education/awareness with health service providers re: LHIN boundaries memorandum.   | ✓ |
| Support enhancement of activities (through general practitioners, nurse practitioners, relevant agencies) to assist with early identification of isolation, caregiver burnout, lack of family support, domestic violence and referral to appropriate services.  | ✓ |
| Develop or enhance volunteer recruitment and retention strategies to support agencies that rely on volunteers.  | ✓ |
| Develop coordinated care plans in order to share complex stories between service providers and reduce numbers of admissions to hospital.  | ✓ |
| Identify complex-care individuals at ER and refer to appropriate agencies.  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Increase awareness of services and sexual health clinics related to Hep C and HIV.  | 📌 |
| Agencies create plan to share human resources in situations when a person with developmental disabilities is in crisis and cannot go home, but cannot reasonably stay in a hostel or hotel without supports.  | 📌 |

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  | <b>PROGRESS</b>   |
|---|---|---|
| Increased access to services and supports for vulnerable populations/isolated individuals, including caregivers (e.g. multi-agency rotating clinic, community paramedic program), and earlier intervention mechanisms in place. | <ul style="list-style-type: none"> <li>Survey agencies regarding who is assessing caregiver burnout and what supports exist.</li> <li>Monitor number of clinics/programs in place</li> </ul>          | <ul style="list-style-type: none"> <li>Several agencies have modified how they reach clients as a result of the pandemic. More programs have returned since pandemic. United Way has Caregiver Strategy.</li> <li>Would need to be more specific as there are a large number of clinics and programs</li> </ul> |
| Increased supports for individuals with developmental disabilities in crisis situations.  | <ul style="list-style-type: none"> <li>Track referrals and outcomes through Urgent Response process with Developmental Services Consolidated Information System and Developmental Services</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing</li> </ul>   |

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|  | multi-year planning process.  |   |
| Improved clarity regarding LHIN boundaries and service delivery and improved coordination around planning.                         | <ul style="list-style-type: none"> <li>• Monitor activities of Collaborative Governance group</li> </ul>  | <ul style="list-style-type: none"> <li>• Work of Ontario Health Teams is continuing</li> </ul>  |
| Increased promotion and access to existing programs to reduce social isolation and additional gaps identified.                     | <ul style="list-style-type: none"> <li>• Monitor number of programs available to reduce social isolation</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Update needed – a variety of programs are available and many options highlighted as part of COVID response, but also many programs shut down and increased social isolation.</li> </ul>                                      |
| Improved understanding of and access to services for long-term care residents who are not 65.                                      | <ul style="list-style-type: none"> <li>• Survey or continue to monitor need to inform of alternatives</li> </ul>  | <ul style="list-style-type: none"> <li>• Follow up needed</li> </ul>  |
| Advocacy for improved rural connectivity.  | <ul style="list-style-type: none"> <li>• Monitor actions through work of Lanark County Council.</li> </ul>  | <ul style="list-style-type: none"> <li>• EOWC and AMO advocacy; federal/provincial/municipal/private sector project underway (EORN) with expected completion in 2025; Lanark County has supported Last Mile Project as well to improve local connectivity.</li> </ul> |
| Increased awareness of service and sexual health clinics related to Hep C and HIV.   | <ul style="list-style-type: none"> <li>• Health Unit can provide data on Hep C and HIV clinic use and number of clients tested in community.</li> </ul> | <ul style="list-style-type: none"> <li>• Health Unit stats</li> </ul>   |
| Increased awareness of available social programs through resource such as 211.   | <ul style="list-style-type: none"> <li>• Survey agencies regarding use of 211; monitor hits on Health Line and 211.</li> </ul>                          | <ul style="list-style-type: none"> <li>• Stats through 211; update needed but 211 continues to be promoted.</li> </ul>  |
| Increased volunteer recruitment and retention to support agencies.   | <ul style="list-style-type: none"> <li>• Survey of agencies</li> </ul>  | <ul style="list-style-type: none"> <li>• Successful Aging Advisory Committee has been exploring volunteer bureaus in other communities and is looking to discuss further in Fall 2023.</li> </ul>   |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being. | <ul style="list-style-type: none"> <li>• Survey of like-minded agencies to determine interest and progress on initiative.</li> </ul>                    | <ul style="list-style-type: none"> <li>• Numerous trauma-informed care trainings held annually</li> </ul>   |

## HIGHLIGHTS

- Eastern Ontario Regional Network cellular project underway through a federal, provincial, municipal and private partnership with expected completion in 2025.
- Lanark County Paramedic Service's Community Paramedicine program continues and has expanded, reducing 9-1-1 calls in the community and has connecting vulnerable people to services.
- During the pandemic, and across multiple risk areas, community agencies came together to collaborate on creative responses to ensure service provision and support for those in need in Lanark County and Smiths Falls.




## DOMESTIC VIOLENCE AND SEXUAL ASSAULT

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Take a long-term approach to tackling domestic violence through embedding healthy relationship curriculum in schools (e.g. Grade 7/8) and other venues, such as youth centres. Promote education through formal and informal processes. Increase awareness of what domestic violence looks like and how to safely stop it (See it, Name it, Change it campaign). A long-term approach may help to address issue of women not calling. Support Beyond the Forums work to enhance education for specific groups, including after-school/at-risk groups, and curriculum for schools. | ✓ |
| Create training curriculum with a focus on service providers, politicians and businesses; continue to expand See it, Name it, Change it campaign; target locations where people wait.   | ✓ |
| Continue to liaise with Beyond the Forums.  | ✓ |
| Work with police to examine completed domestic violence cases from start to finish to determine gaps and possible improvements; work with courts to identify specific gaps in system and work to enhance/promote existing domestic violence program and Victim Witness Assistance Program.  | ✓ |
| Follow up on recommendations from domestic violence focus group and discuss possible solutions with partners.   | ✓ |
| Continue to conduct focus groups with survivors and include police in an effort to improve experiences; use survivor film (Lanark County Interval House) as an education tool.  | ✓ |
| Raise awareness around male sexual victimization and domestic violence to reduce stigma, dispel myths and improve responses.  | ✓ |
| Inventory and promote any existing programs and/or collaborate with relevant agencies to determine capacity to develop a PAR-like program that would be offered more frequently, would allow for self-referrals and would alleviate transportation issues.  | ✓ |
| Continue to support efforts to train Lanark County Social Services staff in domestic violence so consistent information provided to victims navigating system.  | ✓ |
| Increase education opportunities around trauma-informed care, strangulation and domestic violence for agencies, first responders and health service providers.  | ✓ |
| Raise awareness of available help for male sexual victimization and domestic violence; including safe housing options.  | ✓ |
| Increase opportunities for trauma-informed care training for first responders and agencies.   | ✓ |

**ACTIONS REQUIRING UPDATES OR FOLLOW-UP**

|  |   |
|--|---|
| Advocate for Unified Family Court and designated Superior Court Judge for Lanark County.   |  |
| Increase education and promote services to first responders, health service providers and agencies (e.g. Healthy Babies workers) for early identification of domestic violence and increased connection to services. |  |
| Work with police and Crown to explore domestic violence diversion campaign – e.g. everyone charged with domestic violence within a certain period of time goes to a program and then charges withdrawn.              |  |

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>  | <b>PROGRESS</b>  |
|---|---|--|
| Create, promote and deliver healthy relationship curriculum and training and educational materials to begin to break intergenerational cycle of violence and consider various opportunities, such as festivals, events, faith groups and related conferences. | <ul style="list-style-type: none"> <li>Track number of school and community visits provided by various agencies (e.g. Lanark County Victim Services and LINK program, OPP, Smiths Falls Police Service, Lanark County Interval House, etc.)</li> </ul>  | <ul style="list-style-type: none"> <li>LCIHCS reports the number of schools reaching out for presentations from its public education program is increasing. Annual youth conference continues. LCIHCS currently has no formal funding to support public education, but it is recognized, most recently in the Renfrew Inquest, that education is key to prevention and empowering people to change.</li> </ul> |
| Increased awareness of existing programs through justice system for domestic violence victims and identify and remedy gaps in order to improve outcomes.  | <ul style="list-style-type: none"> <li>Conduct surveys and focus groups with victims for follow up.</li> <li>Track number of bail review requests and outcomes for women involved with Lanark County Interval House.</li> <li>Monitor outcomes and changes in the regional review collaboration process as implemented by the OPP; track the number of Lanark County-based reviews and survey the committee on effective outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing and reported in annual grant reports.</li> <li>Follow up needed</li> <li>Completed; Victim Advocate process in place</li> </ul>   |

|  |  |  |
|--|--|--|
| Increased awareness of early indicators of domestic violence and earlier referrals to supports for victims.  | <ul style="list-style-type: none"> <li>Track number of individuals at referring agencies who have received information related to supports for domestic violence (e.g. through distribution of brochures).</li> <li>Track number of locations where educational materials are distributed and quantities distributed.</li> </ul> | <ul style="list-style-type: none"> <li>Purple Cards distributed through Victim Advocate (resource cards); new QR key chains developed and being distributed.</li> <li>Follow up needed on specific locations, but it is being done.</li> </ul> |
| Increased awareness and promotion of existing partner-assault programs/anger management and/or development of programs/campaigns to increase self-referrals by offenders or potential offenders. | <ul style="list-style-type: none"> <li>Track number of self-referrals to partner-assault programs.</li> </ul>  | <ul style="list-style-type: none"> <li>Research completed; consultations/surveys planned to possibly develop local program</li> </ul>  |
| Continued domestic violence and trauma-informed care training for relevant agencies and service providers.   | <ul style="list-style-type: none"> <li>Track number of trainings provided and number of participants/participating agencies.</li> </ul>  | <ul style="list-style-type: none"> <li>Annual training has been held, 3 two-day trainings held in 2022.</li> </ul>   |
| Increased knowledge about benefits and procedures to become a trauma-informed community, leading to greater health and well-being.   | <ul style="list-style-type: none"> <li>Survey of like-minded agencies to determine interest and progress on initiatives.</li> </ul>  | <ul style="list-style-type: none"> <li>Continued interest in participating in trainings</li> </ul>   |
| Increased awareness of issues around male sexual victimization to reduce stigma, and promotion of available services.  | <ul style="list-style-type: none"> <li>Monitor LCVS and SADV statistics on male victims reporting violence and sexual abuse.</li> </ul>  | <ul style="list-style-type: none"> <li>Follow up needed; Victim Advocate and SADV Program can provide services.</li> </ul>   |

**HIGHLIGHTS:**

- Lanark County has been a leader in Ontario in terms of following through on recommendations from the Culleton Kuzyk Warmerdam Inquest and was the first to declare Intimate Partner Violence an epidemic. Since then more than 40 municipalities have followed suit, representing 70% of Ontario’s population.
- Work continues on creating education opportunities for youth around SADV and IPV through curriculum development, the See It Name It Change It campaign and by feedback from victims and survivors to create system changes.









## YOUTH AND FAMILIES

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>   |   |
|--|---|
| Continue advocacy and collaboration through mechanisms such as the Lanark County Child and Youth Services Collaborative to determine existing programs, needs and opportunities for efficiencies and opportunities for funding. Encourage collaboration among businesses, service clubs and other non-profits; joint funding applications for collective impact. | ✓ |
| Research models and advocate for mandated longer-term post-natal visits to help identify risks and needs for families.   | ✓ |
| Establish greater support for kin families (relatives who are looking after children who are not their own, e.g. grandparents).  | ✓ |
| Determine availability of specialized medical supports for high-risk children and enhance where necessary.   | ✓ |
| Work with Algonquin College, other post-secondary institutions and local employers to determine additional local program/training possibilities and local labour demands.  | ✓ |
| Evaluate possibility of increased collaboration for youth centres in Lanark County and Smiths Falls to reduce costs and increase sustainability, including coordinated data collection and reporting of shared outcomes between youth centres.   | ✓ |
| Establish a social planning council to collaborate/network on issues for all ages.   | ✓ |
| Support Youth Collective Impact (Lanark Consortium) efforts to establish life skills programming.  | ✓ |
| Support efforts of local youth centres to expand after-school program delivery across the county.  | ✓ |
| Ensure care teams are working from a patient-centred approach when coming together to assist families in need.   | ✓ |
| Educate and engage parents about opportunities available for family-focused activities (recreation, sports, arts, etc.)  | ✓ |
| Determine funding sources/supports for youth with developmental disabilities who do not qualify for Developmental Services Ontario funding.  | ✓ |

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|---|---|
| Improve wait lists for children’s mental health; more infant and children mental health programs that are easily accessible.  | ✓ |
| Inventory and promote existing programs for youth to alleviate issue of children at home alone after school for longer periods; identify gaps if they exist.  | ✓ |
| Seek collaboration with other agencies, such as school boards, to inventory and assess parenting needs/concerns/issues in the community.  | ✓ |
| Increase awareness of supports available to assist families undergoing family breakdown through schools and in community to improve wraparound supports.  | ✓ |
| Enhance support services for youth who are victims of bullying, harassment, sexual violence, dating violence and sexual exploitation; preferably housed in high schools to assist with accessing community services.  | ✓ |
| Address localized substance use issues in schools; free drug/alcohol treatment for youth.   | ✓ |
| Establish or enhance early identification efforts in schools and other agencies to get help for whole family in order to help children.   | ✓ |
| Begin and/or continue to track circumstances when custody issues are a risk factor.   | ✓ |
| Continue referrals to situation table/interventions.  | ✓ |
| Through Lanark County Child and Youth Collaborative or a Social Planning Council, monitor the issue of school closures and the concept of small rural schools keeping children connected with their community and supports.   | ✓ |
| Enhance and/or promote respite services.  | ✓ |
| Emergency safe housing – after hour/weekend-related (inventory what is available and share information with first responders/relevant agencies).  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Advocate for resources to reduce wait lists for children’s hospital outpatient and addiction services.  | 📌 |
| Establish or increase mental health supports specific to gender identity for youth.   | 📌 |
| Establish a centre for sexual diversity.  | 📌 |
| Establish child protection committees that include Family and Children’s Services, education, police and health (nurses and doctors) for training in order to provide greater understanding of the system. Should consist of new employee training and another for managers to communicate issues and gaps. | 📌 |
| Enhance services for 16- to 17-year-old age range that are between mandates; funding supports for those not eligible for ODSP and not covered under FCS mandate.  | 📌 |
| Assess need for and/or re-establish a home for pregnant teens supported and run by multiple agencies.   | 📌 |
| Enhance life skills and employment readiness programs for youth who are beginning to deal with their barriers.  | 📌 |
| Evaluate possibility of increased collaboration for youth centres in Lanark County and Smiths Falls to reduce costs and increase sustainability, including coordinated data collection and reporting of shared outcomes between youth centres.  | 📌 |

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|---|---|
| Increase access (offices) for local service providers throughout the county, including after-school access for students who cannot be released from school without parental consent.  |  |
| Establish court-ordered preventive measures for families when custody issues are filed with the court, including a checklist to provide supports whether there is a need or not. Establish a multi-disciplinary team that could facilitate topics such as financial, legal and mental health. |  |
| Education to reduce stigma against youth centres and clientele.   |  |
| Home visits by various service providers for isolated families/lack of affordable transportation (especially if service is a requirement by Family and Children's Services).  |  |
| Develop or increase/enhance respite programs and support groups for families, e.g. parenting programs; single parent respite support.   |  |
| Determine safety resources for youth aged 16 to 18 that FCS does not support when home environments are not safe.   |  |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   | <b>PROGRESS</b>   |
|--|--|---|
| Increased resources and access to (and/or promotion and education of existing ones) for children's hospital outpatient and addiction services, mental health supports related to gender identity for youth, supports/respite for families with high-needs children (including developmental disabilities), programs for pregnant teens, programs for life skills/employment readiness and needs; supports for victims of bullying and other violence/exploitation, awareness and availability of emergency safe housing. | <ul style="list-style-type: none"> <li>Track number of visits to Lanark County Victim Services worker embedded in high schools compared to current call-as-needed baseline.</li> <li>Analyse survey data from school boards to determine if increased awareness of and access to services.</li> <li>Number of youth who receive workforce-readiness/work skills training.</li> </ul> | <ul style="list-style-type: none"> <li>Not yet in place</li> <li>UCDSB did not have data specific to bullying in survey in 2022. Supports are tied to a bullying intervention plan and other pieces would be covered in anti-human sex trafficking protocol as well. Other outcomes not measured at this time.</li> <li>Follow up needed</li> </ul> |
| Increased collaboration and planning related to youth and families to improve funding opportunities, collective impact and earlier crisis intervention.  | <ul style="list-style-type: none"> <li>Number and scope of new partnerships between youth-serving organizations.</li> </ul>  | <ul style="list-style-type: none"> <li>Some work done through YCI; Planet Youth project may provide opportunities. Lanark County Child and Youth Services Collaborative</li> </ul>  |

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|--|---|--|
|  |   | continues to meet and share resources for youth.   |
| Increased child advocacy through child protection initiatives related to system training for agencies, support for kin families, court-related prevention measures around custody, development of child advocacy centre. | <ul style="list-style-type: none"> <li>Track referrals to child advocacy centre when developed</li> </ul>                                       | <ul style="list-style-type: none"> <li>CYAC became operational in September 2019. First few years pandemic may have affected number of disclosures due to lock down. There has been a recent increase in cases. From September 2019 to March 31, 2023, there were 77 cases. From April 1 to June 30 of 2023 there have been 30 cases.</li> </ul> |
| All community schools kept open or repurposed as community hubs.   | <ul style="list-style-type: none"> <li>Track number of rural schools being slated for closure and responses to the issue.</li> </ul>            | <ul style="list-style-type: none"> <li>Not currently an issue</li> </ul>   |
| Earlier identification of parenting support needs through existing or expanded programs, along with enhanced promotion of existing programs.   | <ul style="list-style-type: none"> <li>Track number of referrals to programs in community.</li> </ul>   | <ul style="list-style-type: none"> <li>Lanark County Situation Table Annual report shows family referrals and services mobilized.</li> </ul>   |
| Increased sustainability, efficiencies and shared programming for youth centres.   | <ul style="list-style-type: none"> <li>Number of new formal partnerships among youth centres and with other community organizations.</li> </ul> | <ul style="list-style-type: none"> <li>YAK Youth Services and Lanark County Community Justice Program are now co-located in a hub in Perth. Connections continue to be made through networking at Lanark County Child and Youth Services Collaborative.</li> </ul>   |

**HIGHLIGHTS:**

- Work of Planet Youth Lanark County continues to expand.
- Inclusive Voices video series for youth launched in 2020 and continues. It addresses topics such as racism and gender-based violence and more.
- Lanark County OPP, Smiths Falls Police Service and several partners and school boards working to address hate-based graffiti/crime through presentations at schools.

## SENIORS

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Advocacy and collaborative efforts to increase funding and the number of long-term care beds.   | ✓ |
| Enhanced support for existing services to reduce waiting lists for seniors.   | ✓ |
| Adequate funding to allow agencies to offer services proactively and to keep seniors out of crisis.   | ✓ |
| Increased funding for Breathe Well Live Well COPD program running in Perth and Smiths Falls.  | ✓ |
| Take inventory of affordable social programming for seniors to reduce isolation and any affordable transportation to programs (ensuring transportation options adequately address mobility issues). Enhance and promote programs as needed. | ✓ |
| Support efforts by Carebridge to reduce isolation for vulnerable seniors in Lanark County.  | ✓ |
| Support and enhance efforts by community agencies and first responders to identify, prevent and reduce stigma around elder abuse.   | ✓ |
| Identify opportunities to enhance education and services to keep seniors at home longer (without increasing burden on caregivers).  | ✓ |
| Increase education about available programs for seniors and navigating LHIN (formerly CCAC).  | ✓ |
| Support efforts for a program of wellness checks (community paramedicine) or wellness clinics.  | ✓ |
| Establish program of volunteers to conduct phone-call check-ins with isolated seniors/those with lack of family supports.   | ✓ |
| Liaise with United Way and support efforts to bring senior vulnerability index to Lanark County in order to intervene earlier and flag issues, including (but not limited to) poverty and housing.  | ✓ |
| Identify and implement ways to prevent or alleviate caregiver burnout (early intervention).   | ✓ |
| Determine scope of staff recruitment and retention issues in long-term care homes and support partners in efforts to improve.   | ✓ |
| Connect more seniors to financial literacy for seniors programs (e.g. after a spouse passes away).  | ✓ |
| Continue referrals to situation table/interventions; connections with Health Link.  | ✓ |
| Enhance advocacy for seniors navigating supports/long-term care (perhaps as part of vulnerability index).   | ✓ |

|  |   |
|--|---|
| Encourage partner agencies to refer vulnerable seniors to existing programs (e.g. Carebridge project, Lanark Community Programs, Community and Primary Health Care, Lanark County Home Support Services) in order to reduce isolation and prevention escalation of crisis. | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>  |   |
| Improved funding for employment programs for older adults (e.g. New Directions program).   | 📌 |
| Establish an elderly valuing program.  | 📌 |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>  | <b>PROGRESS</b>  |
|--|---|--|
| Advocacy and collaboration to address funding issues related to community and primary health care, including increased affordable long-term care beds and supports for seniors.  | <ul style="list-style-type: none"> <li>• Monitor activities of LHIN Collaborative Governance Group</li> </ul>   | <ul style="list-style-type: none"> <li>• Update needed re Ontario Health Teams; changes in Long-Term Care Act implemented, additional funding for care but staffing still a major issue across the province. Current provincial call for proposals has been issued for family health team development and there are local applications.</li> </ul> |
| Increased education around existing programs to reduce social isolation for seniors and enhancements where needed, including caregiver supports and elder abuse prevention initiatives.  | <ul style="list-style-type: none"> <li>• Monitor number of programs available to reduce social isolation.</li> <li>• Survey on the topic of caregiver burnout.</li> <li>• Statistics on attendance at elder abuse prevention programs by Lanark County Victim Services and partners.</li> </ul> | <ul style="list-style-type: none"> <li>• Various programs available – connections through agencies involved with SAAC</li> <li>• Caregiver Strategy recommendations</li> <li>• Update needed</li> </ul>  |
| Established program of wellness checks for seniors (community paramedicine) and early interventions for vulnerable seniors, including increased input from Geriatric Psychiatry Outreach Program at the Royal Ottawa with respect to community outreach to seniors and long-term care homes. | <ul style="list-style-type: none"> <li>• Referrals through community paramedicine program.</li> <li>• Monitor referrals to Geriatric Psychiatry Outreach Program.</li> </ul>  | <ul style="list-style-type: none"> <li>• LCPS statistics presented at Lanark County Council</li> <li>• Follow up needed</li> </ul>   |

**HIGHLIGHTS:**

- Successful Aging Advisory Committee brings organizations together that provide services to seniors for networking, information sharing and advocacy.
- Community Paramedicine program has helped to bring services to seniors to help them stay in their homes longer and reduce impact on emergency services.







## JUSTICE

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Increase access to social supports, including general practitioners, for offenders in discharge planning to improve health and mental health (build capacity, increase number of probation officers for programming).   | ✓ |
| Support partner efforts to develop a child advocacy centre for Lanark County and Smiths Falls.  | ✓ |
| Meet with justice partners to review suggestions from survivors of domestic violence on how to improve experiences in justice system.   | ✓ |
| Establish support services for youth victimized by gang activity and other victimization supports; provide safety planning and supports and something specifically targeted to kids victimized by gang activity in the area and preventive in nature to start to address the gang issues. | ✓ |
| Promote services available for victims of human trafficking and continue education to public, agencies and businesses about warning signs.  | ✓ |
| Ensure appropriate medication-related programs for offenders are set up upon discharge (confirm process in place and being followed).   | ✓ |
| Improve connections to the Family Court Support Program to ensure awareness and availability.   | ✓ |
| Advocate for improved court facility in Lanark County (including CCTV courtrooms).  | ✓ |
| Continue referrals to situation table and intervention efforts for those not accepting services (rapid intervention efforts).   | ✓ |
| Enhance/promote existing court supports and system navigation services (i.e. VWAP).   | ✓ |
| Encourage or enhance safety planning in the courthouse – volunteer in courtroom (circle of care – emotional support in courtroom, tours of courtroom).  | ✓ |
| Implement/enhance door knocks and electronic monitoring as part of bail supervision.  | ✓ |
| Information sharing of offenders' discharge plan to appropriate services.   | ✓ |



| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>  |   |
|--|---|
| Establish or enhance existing supports for offenders who have been victims of violence (including sexual and domestic). Consider more programs similar to Men's Sheds. |  |
| Advocate for Unified Family Court and a dedicated Superior Court judge for Lanark County.  |  |
| Enhance services (and accessibility to them) for sexual offenders, such as psychiatry, psychologists, and cognitive services.  |  |
| Promote the early resolution program through court.  |  |
| Support efforts to establish safe housing for offenders with supports.   |  |
| Emergency housing for youth with some type of supervision.   |  |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>  | <b>PROGRESS</b>   |
|--|---|---|
| Increased education and/or enhancements around programs available to help male offenders who are victims of sexual assault or domestic violence.         | <ul style="list-style-type: none"> <li>Inventory of programs available and number of program materials distributed.</li> <li>Review annual reporting with stakeholders on activities in community.</li> </ul> | <ul style="list-style-type: none"> <li>Follow up needed</li> <li>Follow up needed</li> </ul>  |
| Improved program capacity for probation officers to increase access to supports for offenders in discharge planning to improve health and mental health. | <ul style="list-style-type: none"> <li>Track probation and parole funding for increases in staffing and/or programs to support offenders.</li> </ul>  | <ul style="list-style-type: none"> <li>New regional position created for discharge planning</li> </ul>  |
| Advocacy for Unified Family Court, dedicated Superior Court Judge and improved courthouse facility in Lanark County.                                     | <ul style="list-style-type: none"> <li>Track and monitor progress on these initiatives with stakeholders and local leadership.</li> </ul>   | <ul style="list-style-type: none"> <li>Follow up needed</li> </ul>  |
| Development of a child advocacy centre in Lanark County.   | <ul style="list-style-type: none"> <li>Track progress on development of centre with stakeholders.</li> <li>Number of referrals to Child Advocacy Centre.</li> </ul>   | <ul style="list-style-type: none"> <li>Completed</li> <li>CYAC referrals from September 2019 to March 31, 2023, there were 77 cases. From April 1 to June 30 of 2023 there have been 30 cases. Here is the breakdown:<br/>2019-20: 9 cases<br/>2020-21: 21 cases<br/>2021-22: 21 cases<br/>2022-23: 26 cases<br/>April 1-June 30, 2023: 30 cases</li> </ul> |

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| Improved experiences in justice system for victims of domestic violence and increased education around supports currently available. | <ul style="list-style-type: none"> <li>• Lanark County Victim Services (when involved) and Victim Witness Assistance Program statistics regarding provision of services/information.</li> <li>• Survey of victims/survivors following justice system navigation.</li> <li>• Monitor number of hours available for court support for victims on an annual basis (LCIH in 2017/18 had 8.25 hours weekly).</li> </ul> | <ul style="list-style-type: none"> <li>• Survey completed through Victim Advocate program as part of grant reporting</li> <li>• Completed through Victim Advocate program</li> <li>• Compile hours through Court Support and Victim Advocate (new funding has allowed for increased court support hours for Victim Advocate program)</li> </ul> |
| Established supports for youths victimized by gang activity.   | <ul style="list-style-type: none"> <li>• Track referrals to agencies by Smiths Falls Police and Lanark County OPP.</li> </ul>  | <ul style="list-style-type: none"> <li>• RNJ Youth Services refers youth to John Howard Society in Ottawa re: gang supports.</li> </ul>   |
| Established supports for victims of human trafficking.   | <ul style="list-style-type: none"> <li>• Track number of programs offered by Lanark County Victim Services and partners.</li> </ul>  | <ul style="list-style-type: none"> <li>• Connections through Victim Advocate and LCVS; training programs consistently held</li> </ul>   |
| Improved bail supervision.   | <ul style="list-style-type: none"> <li>• Track compliance enforcement statistics (Smiths Falls Police Service).</li> <li>• Track number of bail condition breaches by accused and nature of supervision through police and probation and parole.</li> </ul>  | <ul style="list-style-type: none"> <li>• 2022- 144, 2023 year to date – 84.</li> <li>• 2022 - Bail violations – 91; 2023 year to date – 60 (Smiths Falls Police Service)</li> </ul>   |
| Improved awareness of and/or access to appropriate housing for youth (17 and under) released from custody.                           | <ul style="list-style-type: none"> <li>• Track number of youth released with no fixed address.</li> </ul>  | <ul style="list-style-type: none"> <li>• Follow up needed</li> </ul>  |

**HIGHLIGHTS:**

- Lanark County Child and Youth Advocacy Centre was developed in 2019.
- Victim Advocate position created as a result of forums with survivors of domestic violence who related their experiences in the justice system.
- OPP and Smiths Falls Police Services taking implement improvements to bail supervision.

## INDIGENOUS HEALTH AND WELL-BEING

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>   |   |
|--|---|
| Support OPP outreach efforts into Missing and Murdered Indigenous Women inquiry through information distribution.  | ✓ |
| Collaborate to identify existing Indigenous (and other cultural) services in the county, gaps and possible connections to external services. Promote and share information                   | ✓ |
| Work with school boards to build upon culturally responsive pedagogy is offered related to understanding Canada's past specific to Indigenous issues.  | ✓ |
| Provide opportunities in community for anti-oppression/anti-racism training and to increase understanding of residential schools and intergenerational trauma.                               | ✓ |
| Support work already happening on Indigenous mental health and the outdoors, and look for additional opportunities.  | ✓ |
| Support efforts of regional collaboration working on addressing issues around children/youth in care (coming here from North). Support shared training and advocacy efforts.                 | ✓ |
| Increase awareness of Indigenous services available as part of situation table referrals.  | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>  |   |
| Work with community partners and municipalities to develop a strategy and work plan to implement Truth and Reconciliation Calls to Action that includes statements on appropriate protocols. | 📌 |
| Ensure Indigenous-specific mental health services are available and accessible.  | 📌 |
| Raise awareness about Indigenous system navigators for health care to include cultural considerations and protocol regarding youth in care and access to health-care services, for example.  | 📌 |
| A strategic trauma-reduction strategy must include Calls to Action.  | 📌 |

| <b>OUTCOMES</b>   | <b>MEASURABLES</b>   | <b>PROGRESS</b>  |
|---|--|--|
| Increased understanding of shared history between Indigenous people and those who came after. | <ul style="list-style-type: none"> <li>• Number of organizations that acknowledge Indigenous territory as part of their meeting protocol.</li> </ul> | <ul style="list-style-type: none"> <li>• Survey not completed, but it is becoming more common.</li> </ul>            |
| Completed strategy and work plan to implement Truth and Reconciliation Calls to Action        | <ul style="list-style-type: none"> <li>• Strategy, work plan and protocols completed.</li> </ul>   | <ul style="list-style-type: none"> <li>• Indigenous Health &amp; Well-being Working Group began work pre-</li> </ul> |

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| and related protocols guided by the 10 principles of reconciliation.   |   | COVID but was not completed. (A working group needs to be re-established as part of the next plan)  |
| Increased awareness and promotion of existing supports for Indigenous services, and enhanced supports where necessary. | <ul style="list-style-type: none"> <li>• Analyse survey data in schools to determine awareness of supports.</li> <li>• Track the number of Indigenous women accessing support services as a result of domestic violence (LCIH, VWAP, LCVS).</li> <li>• Track outcomes and engagement via survey with Indigenous women related to experience and process.</li> <li>• Remain engaged in related honourings and activities related to violence against Indigenous women and girls (Sisters in Spirit, NAD, Red Dress project, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>• Follow up needed</li> <li>• Follow up needed</li> <li>• There is a need to have people who are qualified to provide existing supports, and training needs to be ongoing to address staff turnover.</li> <li>• Ongoing</li> </ul> |

**HIGHLIGHTS:**

- Greater awareness of services and increased education has begun to better support Indigenous people accessing services.
- Partnership with UCDSB and Plenty Canada to share cultural training.

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

### IDENTIFIED ISSUES

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

| <b>ACTIVITIES COMPLETED, ONGOING OR UNDERWAY</b>  |   |
|---|---|
| Work with school boards to determine where additional education supports may be needed to address racism.   | ✓ |
| Follow up on anti-oppression/anti-racism training for agencies to enable them to implement policies and practices into activities.  | ✓ |
| Provide opportunities in community for anti-oppression/anti-racism training.  | ✓ |
| Enhance education about root causes of radicalization; work with schools and faith groups for early identification and support provisions.  | ✓ |
| Inventory and promote services available for new Canadians; connect with navigator to assist with system navigation for new Canadians.  | ✓ |
| Conduct training/education to address stigma and discrimination and target specific audiences (general public, agencies, politicians, health service providers, parents (re: cultural considerations, gender), etc.). | ✓ |
| Increase awareness of cultural services available as part of situation table referrals.   | ✓ |
| <b>ACTIONS REQUIRING UPDATES OR FOLLOW-UP</b>   |   |
| Explore opportunities/scope for a Centre for Gender and Sexual Diversity.   | 📌 |
| Acquire and implement early-intervention strategies for agencies and organizations to detect radicalization and connect individuals to supports.  | 📌 |
| Determine need and supply French-language services for mental health counselling and in violence against women sector for both women and children.  | 📌 |

| <b>OUTCOMES</b>  | <b>MEASURABLES</b>   | <b>PROGRESS</b>  |
|--|--|--|
| Increased anti-oppression/anti-racism, stigma/discrimination/anti-bullying activities with agencies and community. | <ul style="list-style-type: none"> <li>• Track activities and events in schools/school boards, including programs by OPP and Smiths Falls Police Service.</li> <li>• Track educational opportunities across community-based agencies.</li> </ul> | <ul style="list-style-type: none"> <li>• Inclusive Voices launched and continues; lunch and learns held by OPP for officers.</li> <li>• Update needed</li> </ul> |
| Increased awareness of services available for new Canadians.   | <ul style="list-style-type: none"> <li>• Track number of students registered for English as a Second Language courses at</li> </ul>  | <ul style="list-style-type: none"> <li>• Services offered through Lanark</li> </ul>  |

|  | TR Leger schools; number of programs offered.  | Immigration Program beyond ESL   |
|--|--|--|
| Increased awareness and enhancements for gender and sexual diversity supports. | <ul style="list-style-type: none"> <li>• Monitor the number of public schools that have formed Gay Straight Alliance groups and how active the groups are.</li> <li>• Number of agencies that have participated in LGBTQ+ safer spaces training.</li> <li>• Number of agencies that are identified as LGBTQ+ safe spaces.</li> </ul> | <ul style="list-style-type: none"> <li>• Follow up needed</li> <li>• Follow up needed</li> <li>• Follow up needed</li> </ul> |
| Increased awareness of French language services available.                     | <ul style="list-style-type: none"> <li>• Monitor French-language speaking demographics to determine needs.</li> </ul>  | <ul style="list-style-type: none"> <li>• Follow up needed</li> </ul>   |

**HIGHLIGHTS:**

- Increased opportunities for anti-oppression, anti-racism, anti-hate training for agencies, police, schools and public.
- Work of Lanark Immigration Partnership is expanding with a partnership to hire an Immigration Settlement Coordinator for three years.