

**The Corporation Of The City Of Quinte West
By-Law Number 21-086**

**Being A By-Law To Adopt A Community Safety and Well-Being Plan For
The City of Quinte West.**


Whereas Part XVI, Section 248 (1) of the Community Safety and Policing Act, 2019, conveys that every municipality shall prepare and, by resolution, adopt a Community Safety and Well-Being Plan;

And Whereas the Council of the City of Quinte West deems it desirous to adopt a Community Safety and Well-Being Plan for the City of Quinte West;

**Now Therefore The Council Of The Corporation Of The City Of Quinte West
Hereby Enacts As Follows:**

1. That this By-law shall be entitled the “**City of Quinte West Community Safety and Well-Being Plan By-law**”.
2. That the City of Quinte West Community Safety and Well-Being Plan as set out in Appendix 1, attached hereto, is hereby adopted for the City of Quinte West.
3. This By-law shall take effect upon the final date of passing.

**Read A First, Second And A Third Time And Finally Passed This 19th Day
Of July, 2021.**



Jim Harrison, Mayor



Virginia LaTour, Acting City Clerk

2021 - 2024



Quinte West COMMUNITY SAFETY & WELL-BEING PLAN



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Message from the Mayor



It is my pleasure to present the Quinte West Community Safety & Well-Being Plan.

This document is the culmination of almost two years' worth of efforts by the Community Safety & Well-Being Committee, which included the collection and review of multiple documents and statistics, hours of public engagement activities and one on one interviews.

The final result was the identification of our municipality's priority issues and the section of our population that has been most impacted by them. Over the next three years, new strategies will be developed and implemented to address these issues and create more equality, inclusion and safety in Quinte West. Only by taking care of our most vulnerable residents, will we truly succeed as a community.

I wish to acknowledge and thank the numerous organizations, agencies and people with lived experience who have contributed their time and input to this project thus far.

I implore all residents to read through this report and visit our new public engagement website - <https://getinvolved.quintewest.ca/> - to keep up to date on this project as it unfolds.

By working together and taking care of each other, we can ensure that Quinte West remains the best!

Jim Harrison

Mayor, City of Quinte West

Message from the Chair

As Chair of the Quinte West Community Safety and Well-being Planning Advisory Board, I am honored to present this report, which is a product of two years of collaboration involving a number of local partners.

Recognizing that the building of a safe and healthy community involves all sectors of society, the group initiated broad discussions with public, service providers and other stakeholders. This feedback was used to identify the strengths in our community, as well as the areas where we can improve. This plan will act as a roadmap, initiating the first steps towards working together, responding to issues in a coordinated manner. We want to affect positive changes that contribute to a stronger sense of community safety and well-being.

Moving forward, we will strive to build on the existing initiatives, such as the Hasting County Community Safety and Well-being Committee (situation table), the Community Services Building space that ensures local access to services, Quinte West Strategic Plan and numerous support programs provided by our community partners.

We will continue to build on the momentum we have gained to forge a path forward, working together to support all of the members of our community, including the most vulnerable.

I would like to thank all of those who contributed their thoughts and time to this initiative. It is clear that we have a diverse talent pool in our population, who are dedicated to the increased community development and coordinated strategies that benefit all.



Inspector Christina Reive

Quinte West OPP

CSWB Advisory Committee Members



Inspector, Christina Reive, *Detachment Commander (Chair)*

Laurie Caouette, *City of Quinte West (CSWB Coordinator)*

Brandi Hodge, *United Way Hastings & Prince Edward*

Cat Fisher Andrews, *Quinte Local Immigration Partnership*

Chuck O'Malley, *Police Service Board*

Erin Rivers, *Hastings County*

Holly Curran, *Dnaagdawenmag Binnoojiiyag Child and Family Services*

Jackie Waller, *Hastings and Prince Edward District School Board*

Jessica Coolen, *Quinte West Youth Centre*

Joan Gauthier, *Enrichment Centre for Mental Health*

Kelly Nolan, *St. Leonard's Community Support, Prevention and Residential Services*

Lancia Choislme, *VON*

Michael Kotsovos, *Municipal Council Member*

Orlando Ferro, *Quinte United Immigrant Services*

Sandi LeBlanc-Dicresce, *Addictions and Mental Health Services*

Sheryl Farrar, *Hastings Prince Edward Public Health*

Sonya Ross, *Highland Shores Children's Aid Society*

Victoria DeGrace, *Trenton Probation & Parole Services*

Warrant Officer Kelly Hancock, *8 Wing / CFB Trenton*

Yvonne King, *City of Quinte West*

Executive Summary



This report was created in response to the Community Safety and Policing Act, (2019) and existing requirements in the Police Services Act, (1990), legislating municipalities to develop a Community Safety and Well-being (CSWB) Plan in consultation with members of the public and community organizations. This Plan is to be reviewed and revised at regular intervals, through community engagement.

In response to the legislation, the City of Quinte West created a CSWB Advisory Committee made up of representatives from local government and service providers in the education, health, social, policing and justice fields. The Committee is not only diverse in sector representation, but also recognizes that Quinte West residents access support from organizations in neighbouring communities such as Belleville, Hastings County and Prince Edward County.

The new legislation requires the CSWB Plan to be developed in consultation with members of the public, including youth, individuals who have received or are receiving mental health or addictions services, members of racialized groups and of First Nation, Inuit and Métis communities, and community organizations representing these groups. In working towards the creation of the Plan, the Advisory Committee completed several consultations and collected local reports that illustrate possible priorities in the community. A consultant team, made up of staff from Taneja Consulting Inc., and EquityVision Inc., was contracted to support analysis of current data, the identification of priorities and the development of indicators.

The findings of this report are based on the use of the Results-Based Accountability (RBA) framework that guided and shaped the engagement initiatives with the community. Due to the pandemic, the Consultant Team developed a digital engagement strategy that included virtual consultations that reached more than 160 service providers over 4 consultation sessions.

Findings suggest several cross-cutting themes emerging across all topic areas along with topic-specific findings as well. Overall, all consultations indicated a need for indicators that are preventative or upstream in nature – this type of data represents the promotion of community safety and well-being and a deeper understanding of root causes of issues. Current data is predominantly downstream that focuses on how well the community is intervening during risk of an incident. There is consensus amongst participants that there is a need to develop a sense of urgency and accountability to make progress on these issues.

Through this process, two areas of focus were identified and approved by the Advisory Committee in January 2021 - Appropriate and Affordable Housing and Mental Health and Addictions. The Plan will have a three (3) year mandate, after which time the community's needs will be reassessed.

Additionally, it was determined that a lens of poverty/low-income would be a focus for the new plan to emphasize prevention and intervening early to address factors that impact well-being and safety across the life course. The working sessions revealed three Population-Level Result Statements and multiple indicators for each Result. Although the focus is on Housing and Mental Health and Addictions for the first iteration of the plan, it is not to the exclusion of any issues, categories of people or age groups-all of which will layer into the Plan as capacity and need are determined.

Community Profile



The City of Quinte West is situated on the shores of the beautiful Bay of Quinte, serving as the gateway to the world famous Trent-Severn Waterway. It is located approximately 1.5 hours east of Toronto, along the Highway 401 corridor and 2.5 hours south west of Ottawa.



Quinte West was formed in 1998, through the amalgamation of the former municipalities of Trenton, Sidney, Murray and Frankford. It is home to approximately 43,577 residents and offers a dynamic mix of rural and urban lifestyles. It also serves as home to Canada's largest military air force base, 8 Wing/CFB Trenton.



Based on the 2016 Census, the population of Quinte West is 43,577. Age characteristics are as follows: 16% are under the age of 14, 64% are between the ages of 15-64, and 21% are 65 and older.



Average median total income for households in 2015 was \$66,907.



Quinte West residents are able to access medical services through the Trenton Memorial Hospital, along with Belleville General Hospital.



Police services are provided by the Ontario Provincial Police.



There are 9 public elementary schools, 3 catholic elementary schools, 2 public secondary schools and 1 catholic secondary school and various social service agencies which serve our community.

Backgrounder

The framework outlined in the Community Safety and Well-being Planning Framework: A Shared Commitment in Ontario document identifies 4 (four) areas of focus in making communities safer and healthier. The 4 (four) areas are as follows:

A

INCIDENT RESPONSE

This area includes immediate and reactionary responses to crime and safety. These incidents typically have a sense of urgency to them and engage providers such as police, fire, emergency, medical services and other crisis-driven social services.

B

RISK INTERVENTION

This area includes actions that mitigate situations of elevated risk and implement responses before crisis-driven services are required. Planning for these responses engage several sectors (i.e., faith institutions, health, education, settlement, employment) that each play a role in mitigating the situation.

C

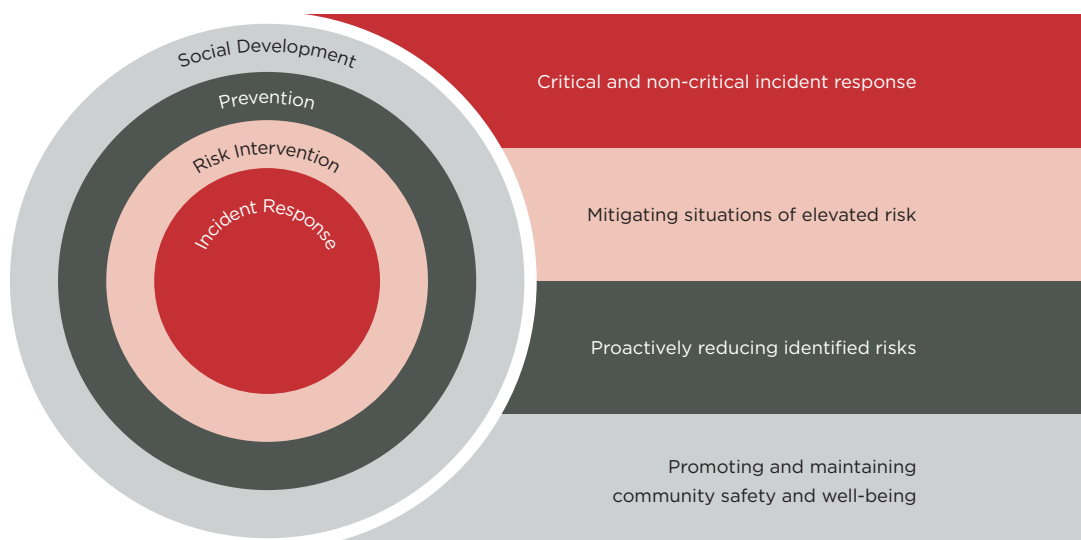
PREVENTION

This area proactively reduces the risks associated with incidents by using evidence-based research and locally created strategies, programs and/or policies prior to the issues escalating in the community. These local strategies are successful when developed in collaboration with key stakeholders such as community organizations, local municipalities, service recipients and community members.

D

SOCIAL DEVELOPMENT

This area focuses on improving the social determinants of health for communities so the likeliness of an incident is reduced. Similar to risk intervention, this area focuses on collaborations; however, they have bolstered strategies that require partners to do things differently – this area challenges traditional approaches, assumptions and powers and cultivates new approaches that look to understand the root causes of many of our social issues.



The Shift

Evidence-based literature lays the foundation for a refocusing on prevention and upstream interventions. These move beyond a focus on individual behaviour towards a wide range of social and macro-level interventions. They look to modify the underlying social and economic structures that distribute wealth, power, opportunities, and decision-making in our communities. They are about diminishing the causes-of-the-causes (National Collaborating Centre for Determinants of Health, 2014). As the New Directions in Community Safety Consolidating Lessons Learned about Risk and Collaboration (Russell & Taylor, 2014) states – the Community Safety and Well-being Plan is a holistic model – failing to plan and implement every single element will only increase levels of harm and victimization, as well as demand for, and costs of emergency response.

Current non-profit models have acute care at the centre of their program development approaches. That is to say that the majority of our sectors wait until someone is ill or in crisis before it reacts and supports. For the most part, our community programs are not designed nor funded to prevent the onset of issues, examine them through root causes, or mitigate risk but rather to diagnose, treat, and prosecute. Our systems are designed around responding to acute incidents where the emphasis is on addressing the urgent incident or managing chronic illnesses. Our communities do need reactive care to address crisis. Crisis-driven responses are critical to the health and safety of our communities but are overstrained by incidents that can be mitigated by social development activities and preventative community responses. Clients are reaching out to crisis-driven interventions as a first response when faced with risk factors that can be mitigated by upstream activities.

A CSWB Plan will guide partners, including backbone organizations in Quinte West, in working together to provide more comprehensive responses to issues and suggest ways in which we can work upstream to ultimately prevent them. The Plan looks to identify gaps and duplications in our systems to make service delivery more effective and efficient while enhancing our local assets.

With Quinte West's collaborative history, it has developed several system-level tables that convene and address issues differently – new collaboratives, new innovations, new protocols, and streamlined processes have been developed to ease access to services. Social development approaches rely on these collaborations to work differently – they rely on partnering organizations to coordinate their efforts to understand and address root causes, mitigate risk and develop responses that can manage crisis collectively.

By refocusing on a social development approach, system tables will be asked to augment their partnership activities – for example, sharing organizational data with everyone becomes essential in developing a common understanding of complex community issues. Outcomes will no longer solely focus on the individual but rather on addressing the root causes at a community-level. Through a successful social development journey, Quinte West residents will know who best to contact and when – residents will seek supports before issues become urgent.

The goal of the CSWB Plan is to discuss root causes with the intent of developing approaches and strategies that can address these root causes and rectify them before they become risk factors. Root causes can range from early childhood development, affordable housing, equal access to education, income, employment, health supports and social inclusion practices.

Results-Based Accountability (RBA)

The Quinte West Community Advisory applied the Results-Based Accountability (RBA) approach to the development of the Community and Safety Well-being Plan.

RBA provides an engaging framework created to hear the voices of diverse perspectives in the development of a Plan to ensure it is comprehensive, inclusive and aligns with the community's realities.

Results-Based Accountability is a tool and a framework used to help communities collectively achieve measurable changes to quality of life. Communities use RBA because they understand that solutions to complex and important social issues require a step outside the service delivery system to look at the population well-being – this type of well-being is bigger than programs, agencies and even government. Communities see that increased funding is essential but only part of the solution. The RBA 7 (seven) Population Accountability questions guide conversations starting with the forecasted trend (curve) of chosen indicators as unacceptable and in need of intervention. The questions ask communities to share the story behind the curve (the why), how data may be found and collected, which partners have a role to play, what is working here and elsewhere, ideas on how to move forward, including low and no-cost ideas. Finally, communities call for a system of thought and action that allows population well-being and the performance of programs to be treated as separate but connected enterprises.



Community Consultations & Engagement



The City of Quinte West, in partnership with the CSWB Advisory Committee, has been engaging with the community in preparation for the development of the Community Safety and Well-being plan since late 2019.

It has used a variety of different methods to ensure the community's voice is embedded in the development of the Plan. It has taken a two-pronged approach to engagement, recognizing that stakeholders have different perspectives and that different methodologies can be used to engage different populations– a. engagement activities with residents, including people with lived experience and b. engagement activities with service providers.

A. Engagement activities with residents, including people with lived experience:

- a. Bang the Table, an online interactive platform used by several municipalities to gather the thoughts, experiences and perspectives of residents. It also shares project goals and milestones to inform the community and involve them in the development of the Plan. (<https://getinvolved.quintewest.ca/community-safety-well-being-plan>)
- b. In early 2020, the Advisory Committee launched two online surveys, focused on collecting data from the general public and youth. Staff also hosted in-person focus groups with seniors, youth (n=16), persons with lived experience (hosted by Elevate Plus) and low-income individuals. In addition, they conducted key informant interviews with Hastings Paramedic Services, At the Crossroads Church, principals at Bayside Secondary School

and St. Paul's Catholic Secondary School, Quinte West OPP and Addictions & Mental Health Services – HPE to determine local priority risks, vulnerable populations and gather ideas from residents and those with lived experience.

- c. In early 2021, the Committee launched an online campaign, inviting low-income residents an opportunity to submit stories, short videos, photos or artwork that express their thoughts and feelings about the state of mental health and addictions and affordable housing in Quinte West. In total, the campaign received 17 submissions; stories from youth at the Quinte West Youth Centre were also collected.

B. Engagement activities with Service Providers

- a. The CSWB Advisory Committee has hosted several focus groups with providers including schools, CAS, a youth centre, senior centres, an employment program to hear their experiences with regards to challenges and emerging issues and trends.
- b. In early 2021, members of the CSWB Advisory Committee and service providers at large, had several opportunities to participate in dialogues that shape and guide the identification of community priorities and corresponding data.

Methodology & Results



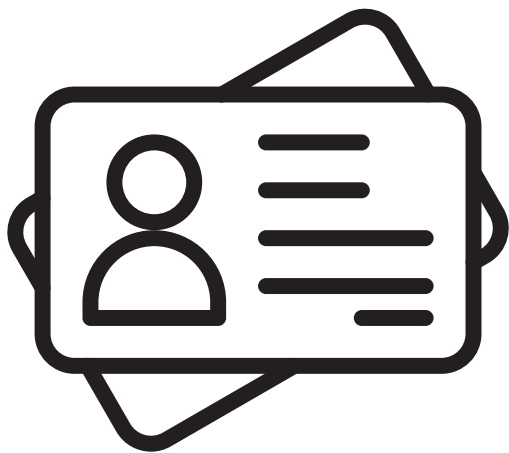
Conditions, known as social determinants of health, include social and economic factors that can positively or negatively influence health outcomes and well-being such as, the conditions in which people are born, grow, work, live and age (Mikkonen, J., Raphael, D. 2010).

Overlapping and intersecting variables such as income, education, trauma, race, Indigeneity, gender, sexual orientation and many more require communities to gather and examine multiple sources of data and information in order to confidently identify community priorities.

Community safety and well-being is complex, long-term and multi-faceted.

A combination of methodologies was used to examine and understand the complexities around the priorities and to also identify where to focus collaborative efforts for this first iteration of the Plan. This included:

- Reviewing existing CSWB Plans in Ontario
- Examining local police, public health and census data
- Reviewing existing collaboratives, tables and initiatives current in Quinte West and surrounding areas
- Brainstorming sessions with the Quinte West CSWB Advisory Committee
- Working and interactive sessions with all stakeholders including the use of polling, ranking, Jam Board, Zoom, chat input
- Live google documents were left online for one additional week following each working session and both participants who were present as well as those who had missed the working sessions had the opportunity to review the collective work and add further input



Local Literature Review

**Observations for
Appropriate and
Affordable Housing**

**Observations for
Mental Health
and Addictions**

- With service managers being asked to collect and report on progress annually, the data in the communities is more prevalent and organized with regular reporting available
- Several levels of geography and demographics included such as data by ward, by age etc.
- More information on homelessness than housing affordability
- There is no ‘umbrella’ organization or local body that oversees or collects data for the entire community
- Data can be more clinical than community-based (more data on hospitalization, ER visits, police intervention) - this information speaks to risk however, for this Plan, there needs to be a focus on prevention as well (root causes and access to support)
- Data covers the prevalence of MHA issues more than root causes of MHA except for the Mental Health Situational Assessment
 - Positive Mental Health Indicators from CCHS Report (however, does not indicate which demographic groups experience MHA and how they differ)

Evidence-based literature lays the foundation for a refocusing on prevention and upstream interventions. These move beyond a focus on individual behaviour towards a wide range of social and macro-level interventions. They look to modify the underlying social and economic structures that distribute wealth, power, opportunities, and decision-making in our communities. They are about diminishing the causes-of-the-causes (National Collaborating Centre for Determinants of Health, 2014).



2020 COVID pandemic, is a wakeup call for our community and our country in-large. The spirit of freedom of a society is supported by the self-esteem of her citizens. The self-esteem of her citizens come from their own self-confidence, self-pride, Self-respect, self-examination, self-knowledge, self-encouragement and self-improvement. We should have social programs which are well-structured, executed to give the unfortunate ones a firm ground to find their self-worthiness.

- RESIDENT



Provincial/Peer Literature Review

OBSERVATIONS

Appropriate and Affordable Housing

This priority reviewed Housing and Homelessness Plans for Halton, Cornwall, Haldimand County, Peel and Ontario.

Mental Health and Addictions

This priority reviewed the work of the following organizations: Punjab Community Health Services, Canadian Mental Health Association Waterloo Wellington Dufferin Branch, Youth Services Bureau of Ottawa; Kinard Children and Youth; Reach Out Centre for Kids (ROCK) in Halton, and New Path Youth and Family Services in Simcoe County.

- Ontario’s Long-Term Affordable Housing Strategy Update set out Ontario’s Vision for addressing housing and homelessness. The Vision indicates that ‘every person has an affordable, suitable and adequate home to provide the foundation to secure employment, raise a family, and build strong communities.’ This vision is associated with two overarching outcomes:
 - 1 decreasing the number of people who are homeless
 - 2 increasing the number of families and individuals achieving housing stability
- Mental Health and Addiction supports are more fragmented when compared to housing and homelessness. There is no service system manager that supports and oversees this.
- Work seems to be underway to establish standard indicators for mental health - this has been a recommendation from Addiction and Mental Health Ontario as well as the Mental Health and Addictions Leadership Advisory Council.
- In Ontario, to support children, youth and families, Lead Agencies undertake planning to support the effective delivery of core child and youth mental health services within the communities they represent and work with community partners across the broader continuum of child and youth mental health services and supports.
- There are very robust clinician and patient quality standards and indicators developed by the Ontario Mental Health and Addiction Centre of Excellence. However, these do not include indicators for measuring community impact.
- A scan of the Lead Agency Strategic Plans (where available) indicate the prevalence of client and organization type indicators and very little reference to community impact of the supports provided.

Stakeholder Engagement Identifying Community Priorities

Consultations sought perspectives from a broad range of community members in attempts to probe and dissect the complexities of the issues for each unique group and examine areas of potential collaborations and joint, integrated solutions. Informal providers (i.e., builders, developers, retail owners, faith-based, grassroots collectives, community networks) are at times the first gateway for

supports and are deeply vested in discussing the issues from different lenses to ensure that solutions are comprehensive and resonate with all. The underlying goal of community engagement is to tap local expertise, lived experiences and for all participants to claim ownership of the CSWB Plan, ensuring engaged partners in its implementation, refinement and overall impact.

Stakeholder consultations were hosted with the goal of walking through the RBA 7 Population-Level Accountability questions. Through the use of the tool and its questions, stakeholders were asked to unpack their understanding of both priorities, better identify what both priorities look and feel like in Quinte West and begin doing some thinking of which partners (formal and informal) have a role to play.

The RBA 7 Population-Level Accountability Questions



1

What are the quality-of-life conditions we want for the children, adults, and families who live in our community?



2

What would these conditions look like if we could see them?



3

How can we measure these conditions?



6

What works to do better, including no-cost and low cost-ideas?



5

Who are the partners that have a role to play in doing better?



4

How are we doing on the most important of these measures?



7

What do we propose to do?

Our Priorities



“

Share experiences with affordable housing?
My first thought is there IS no affordable
housing in Hastings.

- RESIDENT

”

Priority Issue: Affordable and Appropriate Housing

Priority Group: Low-income residents

What We Heard:

Like many municipalities throughout Ontario, the City of Quinte West is facing an affordable housing crisis.

In 2021, the average sale price of a home in Quinte West was \$550,421 (compared to \$386,554 in 2020). The average cost to rent a one to two bedroom apartment was \$1200 - \$1400. By comparison, those living on Ontario Disability Support Program (ODSP) receive a maximum of \$781/mth for a two bedroom unit. The rental market is extremely competitive and often results in individuals and families going on to waiting lists for sometimes more than a year.

During public consultations, residents expressed frustration and desperation when it came to the availability and variety of safe, affordable housing in our city. They shared stories of living in sub-standard accommodations due to lack of supply, frequent police presence at low-income & geared to income housing, negligent landlords, feeling “stuck” and having nowhere else to go. Some even indicated they chose to occupy a shelter bed at Belleville’s Grace Inn rather than stay in current rental options that are

below a basic standard of living.

Rental property owners were also consulted with and shared their struggles, including the cost of renting and dealing with delinquent and/or destructive tenants.

In addition, there are a number of barriers preventing local builders from developing new affordable housing units, including: cost of materials, opposition from neighbours, provincial limits on how subdivisions can be constructed and the length of time it takes to build, up to five years, in some cases.

RESULT ONE: Quinte West low-income residents live in a community in which housing approaches are preventative, integrated and housing needs are understood and valued

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Percent of appropriate rental supply (standards and quality)
- **Indicator #2:** Percent of residents homeless in Quinte West
- **Indicator #3:** Percent of neighbourhoods welcoming diverse housing options

“

I have NO idea how low-income families survive here.

- RESIDENT

”

RESULT TWO: Quinte West low-income residents have a continuum of accessible housing options.

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Percent of appropriate housing options along the spectrum of housing needs
- **Indicator #2:** Percent of enhanced partnerships between Government, municipalities, builder/developers and agencies/NFP
- **Indicator #3:** Percent adoption of Housing First models

RESULT THREE: Quinte West low-income residents and providers have a coordinated and easily navigated system.

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Number of barriers to accessing supports
- **Indicator #2:** Percent of enhanced navigation experiences expressed by the client
- **(TIE) Indicator #3A:** Duration that homelessness is experienced
- **(TIE) Indicator #3B:** Number of seamless transitions across the housing spectrum

Priority Issue: Mental Health and Addictions

Priority Group: Low-income residents

What We Heard:

Engagement with residents revealed the Covid-19 pandemic has significantly increased feelings of isolation,

stress and depression. As a result, stakeholders are reporting an increase in requests for service and crisis related calls (mental health, overdoses, attempted and completed suicides).

Residents and stakeholders identified the following barriers regarding mental health & addictions: long waitlists for services that discourage people from seeking assistance, lack of trust in the system, not enough communication/coordination between agencies, access to mental health & addiction services (many of the more intensive services are located outside of the community), lack of primary care providers, cultural differences, and a lack of awareness/understanding about mental illness/addictions/trauma amongst the general public and sometimes front-line staff.

RESULT ONE: Quinte West low-income residents with MHA are supported*

**supported refers to creating local policies that examine preventative approaches (at all levels – primary, secondary and tertiary) and a reduction of barriers*

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Percent of local supports in QW that focus on prevention
- **Indicator #2:** Percent of low-income populations accessing MHA supports

“

Adults think that young people don't experience anxiety, stress or depression when they are teens.

That's just not true.

- FOCUS GROUP PARTICIPANT

”

RESULT TWO: All Quinte West, low-income residents will be navigated through a client-centred, seamless MHA system

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Percent of services coordinating

- **Indicator #2:** Percent increase in awareness of services and programs among the community
- **Indicator #3:** Percent increase in client engagement across the MHA system in program planning ('doing with them, instead of doing to them')

“

I think that there definitely needs to be more available supports within this community for Addictions and Mental Health. The number of homeless people is continuing to rise. This in my opinion is unacceptable.

- ANONYMOUS

”

RESULT THREE: All Quinte West, low-income residents are mentally and physically healthy*.

**The focus is on access to healthcare*

HOW WILL WE MEASURE OUR SUCCESS?

- **Indicator #1:** Percent decrease in wait times for MHA supports
- **Indicator #2:** Percent increase/expansion in range of modalities used to meet clients where they are at
- **(TIE) Indicator #3A.** Percent increase in individuals with a primary care provider
- **(TIE) Indicator #3B.** Percent increase in number and availability of nurse practitioners in the community

“

The greatest struggle we see is the mental and physical health needs of families not being met as a result of lack of services or family physician.

- STAKEHOLDER



“It is my experience that the lack of doctors, access to hospital care when required and basically non-existent home care is a real issue in this area.

- SURVEY RESPONDENT

”

Moving Forward



The Community Safety and Well-being Plan provides a framework for the social service sector in Quinte West to pause, listen and readjust. It is a framework for shared responsibility that aims to achieve impact and real change.

The recommendations reflect the voices of youth, families and service providers in the City who willingly participated and shared their expertise, experiences, time and re-commitment to building an integrated and healthy community for all.

Our service providers all agreed that there is a need for stronger preventative and upstream supports in Quinte West to support community safety and well-being. Studies show that upstream and preventative supports are more efficient and effective. To be effective, these upstream supports will also need to meet residents where they are at and be tailored to support the most vulnerable and disproportionately impacted; residents in low-income.

Over the next year (Year 1), the CSWB Advisory Committee will establish Priority Action Tables, who will be tasked with the responsibility of reviewing existing local and provincial frameworks/initiatives and developing strategies to address each priority issue/result. (Annex 1) Implementation and data collection will take place in both Year 2 and 3. These Action Tables will be augmented and supported by a Research & Data Action Table and Communications & Community Engagement Action Table. The City of Quinte West will serve as the backbone organization throughout the lifespan of the Plan.

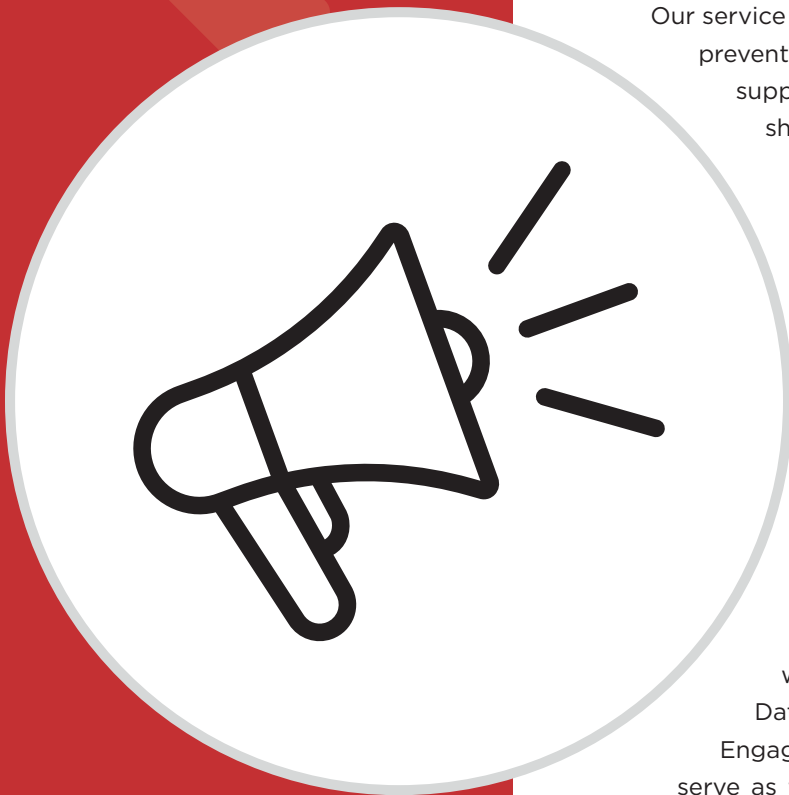


Diagram 1



**QUINTE WEST
CITY COUNCIL**



**CSWB ADVISORY
COMMITTEE**

Backbone = Municipal Government

**COMMUNITY
SAFETY AND
WELL-BEING
SITUATION TABLE
HASTINGS COUNTY**



**CSWB Advisory
Committee Function:**

Providing backbone support —
dedicated expertise, staff and vision
for sustainability, owns the Plan and
has accountability for the Plan,
Coordinates and supports
(administrative, convening, etc.)
all aspects of the
above structure)

**AFFORDABLE AND
APPROPRIATE
HOUSING
ACTION TABLE**



**MENTAL HEALTH
AND ADDICTION
HOUSING ACTION
TABLE**



ENABLERS



Research and Data Advisory Table and Communications & Community Engagement Table

Provincial Strategies/Frameworks

THAT ALIGN WITH CSWB PLANNING

Source: Ministry of the Solicitor General

Note: The following list represents broad, overarching provincial strategies/frameworks that align with community safety and well-being (CSWB) planning and can support local CSWB efforts. Specifically, they represent collaborative, preventative and/or holistic approaches that aim to address local risks that lead to crime, victimization, addiction, drug overdose and/or suicide; that create protective factors in the community; and/or support vulnerable populations.

PROGRAM	DETAILS
Ontario’s Anti-Human Trafficking Strategy	<p>An investment of \$307 million over five years (2020 – 2025) on a comprehensive action plan to combat human trafficking and child sexual exploitation. The strategy takes a proactive approach with initiatives across government focused on four key areas – raising awareness of the issue, protecting victims and intervening early, supporting survivors, and holding offenders accountable.</p> <p>Website: https://www.ontario.ca/page/ontarios-anti-human-trafficking-strategy-2020-2025#:~:text=Ontario’s%20anti%2Dhuman%20trafficking%20strategy%20will%20raise%20awareness%20of%20the,give%20law%20enforcement%20the%20tools</p>
Equity and Inclusive Education Strategy / Education Equity Action Plan	<p>The Strategy helps the education community identify and address discriminatory biases and systemic barriers in order to support the achievement and well-being of all students. The Education Equity Action Plan is a three-year strategy that involves working collaboratively with the community, to identify and eliminate discriminatory practices, systemic barriers and bias from schools and classrooms. As a result, every school board has an equity and inclusive education policy and a religious accommodation guideline in place to support student achievement and well-being.</p> <p>Website: http://www.edu.gov.on.ca/eng/policyfunding/equity.html</p>
School Mental Health Ontario (SMH-ON) supports District School Boards’ Three-Year Mental Health Strategy and Action Plan	<p>SMH-ON provides implementation support to all district school boards through clinical expertise, evidence-based resources/practical tools for educators, and the delivery of consistent professional learning to school-based mental health clinicians. SMH-ON works together with all 72 district school board’s Mental Health Leadership teams to develop a three-year mental health and addictions strategy and one-year action plans that identify mental health priorities for the school year.</p> <p>Website: https://smho-smso.ca/about-us/contact-us/</p>

PROGRAM

DETAILS

Ontario First Nation, Métis and Inuit Education Policy Framework

The Framework represents a collaborative approach which aims to increase the capacity of the education system to respond to the learning and cultural needs of First Nation, Métis, and Inuit students; provide quality programs, services, and resources to help create learning opportunities/support improved academic achievement and identity building; provide a curriculum that facilitates contemporary and traditional learnings among all students; and develop and implement strategies that facilitate increased participation. Through the Framework, all 72 district school boards have an Indigenous Education Lead and Board Action Plans for Indigenous education, which are specific to local needs and circumstances.

Website: <http://www.edu.gov.on.ca/eng/aboriginal/fnmiFramework.pdf>

Poverty Reduction Strategy (PRS)

Launched in mid-December 2020, Ontario's new PRS 2020-2025 titled, "Building a Strong Foundation for Success: Reducing Poverty in Ontario", was developed using a whole-of-government approach, identifies and highlights new and emerging multi-ministry initiatives aligned with the PRS pillars and goals, and the government COVID-19 response. Pillars under the strategy are – encourage job creation and connect people to employment, connect people with the right supports and services, make life more affordable and build financial resiliency, and accelerate action and drive progress.

Website: <https://www.ontario.ca/page/building-strong-foundation-success-reducing-poverty-ontario-2020-2025>

Child Welfare Redesign (CWR)

Launched in 2020, the CWR focuses on strengthening families and communities through prevention and early intervention services that are culturally-appropriate, community and family-based, and responsive to the needs of children, youth and families. It encompasses five pillars – strengthening family well-being through higher quality, culturally appropriate and responsive community-based services, with a focus on prevention and early intervention; improving the quality of residential care provided to children/youth; promoting the development of stable and lifelong connections and supports for youth, with a focus on education/employment opportunities; improving the adoption experience and focusing on family-based options; and creating a more efficient, effective and financially

June 2021 sustainable child welfare system. CWR is taking a distinct Indigenous approach as part of the Ontario Indigenous Children and Youth Strategy (OICYS), the strategic framework co-developed with First Nation, Inuit, Métis, and urban Indigenous partners across Ontario to improve outcomes for Indigenous children and youth.

Website: <http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/redesign-strategy.aspx>

PROGRAM

DETAILS

Indigenous Healing and Wellness Strategy (IHWS)

IHWS is a comprehensive Indigenous-led strategy to reduce family violence, violence against Indigenous women and children, and improve Indigenous health, healing and wellness through culturally appropriate programs, and ongoing collaboration between Ontario ministries and Indigenous partners. IHWS supports a continuum of health, healing and wellness programs that are designed, managed and delivered by and for Indigenous peoples. IHWS' culturally-appropriate programs support the healing and resiliency of Indigenous peoples and address the impacts of intergenerational trauma.

Website: <https://www.mcsc.gov.on.ca/en/mcsc/programs/community/ihws/index.aspx>

Community Housing Renewal Strategy

Launched in April 2019, the Strategy commits to stabilizing and growing the community housing sector including through the introduction of new legislative and regulatory framework for community housing providers. Under the Strategy, the government launched the Canada Ontario Community Housing Initiative, the Ontario Priorities Housing Initiative, and the Canada Ontario Housing Benefit. These programs leverage investments from the National Housing Strategy to support Ontario's housing priorities to sustain, repair and grow the community housing system.

Website: <https://www.ontario.ca/page/community-housing-renewal-strategy>

10-Year Housing and Homelessness Plans

As indicated under the Housing Services Act, 2011, Ontario's 47 Service Managers are required to have a 10-year Housing and Homelessness Plan. These Plans use an integrated, collaborative and needs-based approach to address local needs to achieve positive outcomes for individuals and families, particularly in relation to access to safe, affordable and stable housing and related support services.

Website: <https://www.ontario.ca/laws/statute/11h06#BK9>

Multi-Ministry Supportive Housing Initiative (MMSHI)

Ontario's supportive housing programs are being reviewed to identify opportunities to streamline and improve coordination so that people get the help they need. The review is focused on addressing key challenges in Ontario's supportive housing system, including lack of supply to meet demand, multiple system access points that are difficult to navigate, lack of efficiency of the complex system that includes 20 individual programs, and people with complex, cross-cutting needs not well-served by individual programs/systems.

Contact: housingpolicy@ontario.ca

PROGRAM	DETAILS
<p>Roadmap to Wellness</p>	<p>A plan to build Ontario's Mental Health and Addictions system—With the launch of Roadmap to Wellness, Ontario will develop a mental health and addictions system that makes high-quality services available for people throughout their lifetime, where and when they need them. The Plan includes four pillars/areas of focus—improving quality; expanding existing services; implementing innovative solutions; and improving access.</p> <p>Website: https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system</p>
<p>Ontario's Response to the Opioid Crisis</p>	<p>Ontario is committed to addressing the opioid crisis and to supporting people who use opioids to access the services and supports that they need. Ontario's response is focused on four key priority areas—appropriate prescribing and pain management, treatment for opioid use disorder, harm reduction services and supports, and surveillance and reporting.</p> <p>Website: http://health.gov.on.ca/en/pro/programs/opioids/orPublicDrugPrgrms.moh@ontario.ca</p>
<p>Ontario Provincial Police's (OPP) Opioids and Overdoses</p>	<p>Impacts and Strategies Report—The Report provides an overview of the robust and balanced strategy the OPP has employed to respond to this crisis and save lives. The Report shares information and works with stakeholders in order to develop responsive, collaborative programs that meet the needs of those suffering from substance use.</p>
<p>OPP's Countering Violent Extremism (CVE) Strategy</p>	<p>The CVE Strategy, which targets risks of radicalization to violence, uses a multi-faceted approach to inform frontline members and partners of the behavioural indicators of radicalization to violence and provides risk mitigation approaches. The goal is to provide a collaborative wrap-around approach to CVE in the pre-criminal space, safeguarding those that are vulnerable to recruitment, their families and communities and those that may be victims. As part of the Strategy, the OPP launched a CVE online eLearning module, which is available publicly for community partners free of charge.</p>

Local Strategies/Programs

THAT ALIGN WITH CSWB PLANNING

PROGRAM	DETAILS
Opening The Right Door: A Ten Year Plan to Address Housing & Homelessness Issues in Hastings County	<p>Created to adequately address the needs of low income residents and build on the provincial government's Long Term Affordable Housing Strategy. The Plan focuses on a "Housing First" model, meaning that the primary need for homeless individuals or households is to first to obtain stable housing; other issues that may affect the household can and should be addressed once housing is obtained.</p> <p>Website: https://hastingscounty.com/services/community-human/housing-services/housing-homelessness-plan/</p>
County of Hastings Community & Human Services	<p>Hastings County, through the Hastings Local Housing Corporation (HLHC), provides safe, modest and affordable housing for low income households. In addition, Hastings County, as Service Manager for Social Housing, is responsible for encouraging the development of new housing including non-profit/cooperative housing and affordable rental housing.</p> <p>The HLHC units are located in Bancroft, Belleville, Coe Hill, Deseronto, Madoc, Marmora, Stirling, Quinte West (Trenton and Frankford Wards) and Tweed.</p> <p>The Housing Services office also administers the Social Housing Registry. This list provides one centralized waiting list for social housing in Hastings County.</p> <p>Website: https://hastingscounty.com/services/community-human/</p>
Housing and Homeless Fund	<p>This program is available to social assistance recipients and people living on a low income. Eligible costs include: rent arrears, hydro or heat deposit or arrears, emergency accommodation for homelessness and last month;s rest deposits.</p>
Community Trust	<p>Community Trust provides financial assistance to low-income residents. Items such as appliances, rent and emergency food may be covered. Applicants can only apply once in a twelve-month period.</p>
Hastings Housing Resource Centre	<p>The HHRC provides assistance to people who are seeking information about available rental accommodation, housing programs, and community resources.</p> <p>Website : https://hastingshousing.com/</p>
Youthab	<p>Youthab provides safe and affordable supportive housing to young people aged 16 – 24 who are looking for a home but are not ready to live on their own yet.</p> <p>Website: www.youthab.ca</p>

PROGRAM	DETAILS
Grace Inn	<p>Grace Inn is a 21 bed emergency shelter for adults in the City of Belleville. Their goal is to provide support to the individuals who are experiencing a housing crisis and are in need of a safe place to rest.</p> <p>Website: https://graceinnshelter.com/</p>
Habitat for Humanity Prince Edward - Hastings	<p>Hastings mobilizes volunteers and community partners in building affordable housing and promotes home ownership as a means of breaking the cycle of poverty.</p> <p>Website: www.habitatpeh.org</p>
211 Ontario	<p>A free 24/7 helpline and website that connects individuals to local community, social, health-related, and government services.</p> <p>Website: https://211ontario.ca/</p>
Hastings & Prince Edward Public Health	<p>HPEPH provides harm reduction resources and services, and can help connect patients with other community services, clinics, and pain management programs. Their services include:</p> <ul style="list-style-type: none"> • Needle Exchange Program • Provision of Naloxone • Counseling and Support from Public Health Nurses <p>Website: www.hpepublichealth.ca</p>
Hastings County Situation Table	<p>The Community Safety and Well-being Situation Table for Hastings County was launched in December 2015 and was developed based on various models and best practices from across Ontario.</p> <p>Falling under the direction of the Hastings County Community Safety and Well-being Steering Committee, the Situation Table provides an opportunity for community partners to collaborate and work together to increase safety and to reduce individual and community harms through regularly scheduled meetings. The Situation Table does not provide case management or ongoing care but it allows participants to mount short-term or immediate interventions that are designed to reduce imminent risk of harm or victimization.</p> <p>As a risk intervention model, the Situation Table brings front-line, acute-care, human-service agencies together to provide support for individuals who meet a defined threshold of “acutely elevated risk” in an efficient and compassionate manner.</p>

PROGRAM

Harm Reduction Task Force

Quinte West Community Narcotics Committee

DETAILS

Created to reduce the harm, including transmission of disease and the burden of illness, related to drug use. Representation includes: people with lived experience, their significant others (partners, parents, and family members), health professionals, social service workers, educators, councilors, mental health and women's shelter workers, drug user organizations, police and others employed in the justice system, and other interested individuals.

THE COMMITTEE'S MAIN OBJECTIVES ARE:

- To improve the health and safety of the community related to drug use through harm reduction strategies matched to the unique needs of our communities,
- To educate the public about the work of the Task Force and to increase community support for the concept of harm reduction.
- To encourage the involvement of Consumers with the Task Force in order to include their expertise.
- To improve the health, safety, and quality of life for those who use drugs.
- To educate community workers to incorporate harm reduction strategies to optimize the well-being of their clients.
- To reduce stigma surrounding drug use and people who use drugs.

The QWCNC was designed with the purpose of educating the public of all ages on the dangers of, and services available for the misuse of opioids and other prescription and non-prescription narcotics.

MEMBERSHIP INCLUDES:

- Quinte West Detachment OPP
- Hastings Prince Edward Public Health (HPEPH)
- Quinte West Fire Department (QWFD)
- Hastings-Quinte Emergency Medical Services (EMS)
- Highland Shores Children's Aid Society (CAS)
- Hastings Prince Edward Addictions & Mental Health
- Quinte West Youth Centre
- Hastings and Prince Edward District School Board (HPEDSB)
- Algonquin and Lakeshore Catholic District School Board (ALCDSB)

PROGRAM

Children's Mental Health Services

DETAILS

Community-based mental health services for children and youth having any one of a range of disorders * assessment * counselling * case management * treatment and consultation. Programs include:

- **Walk-in clinic** - Some same day reserved spots are available by calling the crisis number above
- **Caregiver Support** - Family / caregiver skill building and support services may include the provision of effective parenting strategies as well as access to peer supports to promote resilience and positive child/youth/family functioning
- **Counselling** - Counselling and therapy treatment services focus on reducing the severity of and/or remedying the emotional, social and behavioural problems of children and youth
- **Crisis Intervention** - Immediate, time-limited services, delivered in response to an identified child or youth who is experiencing an imminent mental health crisis, or an urgent or crisis situation that places the child/youth or others at serious risk
- **For New Parents** - Prevention programs empower children, youth and/or parents to better address children's mental health issues by changing attitudes and behaviours, building skills and competencies and/or creating awareness and resiliency
- **Residential Treatment Facility** - Honeywell House / Honeywell Corners - Residential treatment program providing therapy for children with mental health disorders

Website: <https://www.cmhsonline.ca/>

AMHS-HPE provides a wide range of services to individuals aged 16 years and older who are experiencing problems with substance use and/or mental health, opioid management and gambling. Services are available across Hastings and Prince Edward counties and can be accessed through:

- **310-OPEN (6736)**- Contact Central Intake for confidential information, screening, connection and referrals to mental health and addictions services.
- **Open Access locations** - Same day sessions available onsite at Belleville, Trenton, Picton Centre Hastings and North Hastings locations for intake, addictions services, and mental health case management services.
- **One Step Therapy**- Single session therapy offered on a first come, first served basis for stand-alone sessions by contacting 310-OPEN
- **Self-referral** or refer someone else online at <https://hopedreamrecover.ca/>

Addictions & Mental Health Services Hastings Prince Edward

PROGRAM

Enrichment Centre for Mental Health

Children and Youth Services Network

Quinte Ontario Health Team

HEADS-ED

Child & Youth Addiction & Mental Health Service Provider Group

DETAILS

ECMH's programs are strength based – solution focused and include employment support and retention, community counselling, support groups and transitional housing – focus is on resiliency for recovery.

Website: <https://enrichmentcentre.ca/>

The Hastings & Prince Edward Children and Youth Services Network is composed of representatives from over 50 organizations that serve children, youth and their families in Hastings and Prince Edward Counties. Their mandate is to support the well-being of children and youth prenatal to 18 years and their families through collaboration and informed planning.

Website: <http://www.hpechildrenandyouth.ca>

Quinte Ontario Health Team is an informal collaborative of health care and social support organizations working in the Belleville/Quinte West/Prince Edward County area. Members include: Belleville and Quinte West Community Health Centre, Prince Edward Family Health Team, Addictions and Mental Health Services – HPE, Quinte Health Care, Prince Edward Community Care for Seniors, Community Care South Hastings, Lakeview Family Health Team, Canadian Mental Health Association, Alzheimer Society of HPE, VON Hastings Northumberland Prince Edward, Peer Support South East Ontario, Queen's Family Health Team – Belleville, Pathways to Independence, Sexual Assault Centre for Quinte and District, Providence Care, YouthHab, Children's Mental Health Services, Belleville Nurse Practitioner-Led Clinic, HPE Public Health, and others.

The HEADS-ED is a rapid screening tool that makes it easy for physicians and other health and mental health caregivers to identify children/youth with mental health issues, take a psychosocial history as well as find local help and resources.

Website: <https://hpe.heads-ed.com/en/home>

A collaborative working group made up of representation from the following organizations: Hastings County, United Way, Youth Habilitation Quinte Inc, HPEDSB, John Howard Society, Family Space, Highland Shores Children's Aid Society, Addictions and Mental Health Services, Community Living Belleville, Quinte Health Care, North Hastings Children's Services, Community Living Prince Edward, Ministry of Health, South East CCAC, St. Leonard's Community Support, Prevention and Residential Services, Ministry of Community and Social Services, Children's Treatment Centre, Algonquin & Lakeshore Catholic District School Board, Lennox & Addington County, Quantum, Youth Diversion, Hastings Prince Edward Public Health, Mohawks of the Bay of Quinte, Counselling Services of Belleville and District, and Children's Mental Health Services. Priorities for this group are collaborative governance, developing evaluation processes and tools, prioritizing early years (0-6) and families as a focus, and a system navigation process.

PROGRAM

Peer Support South East Ontario

Belleville Opioid Management Program

Rapid Access Addictions Medicine Clinic (Marmora)

Canadian Addiction Treatment Centres (Belleville)

Sunrise Addiction Clinic (Belleville)

Bounce Back

ConnexOntario

Crisis Intervention Team

Crisis Intervention Centre

DETAILS

Peer Support South East Ontario provides support and services to individuals experiencing addiction and/or mental health issues and seeking peer support as a means of managing and working towards being well. No referral necessary. Walk-ins welcome. Open to any individual 16 years of age or older. The Centres can be accessed by drop-in during operating hours.

Website: <https://psseo.ca/>

Open to any individual seeking management of their opioid use, overuse or dependency. No referral is necessary.

Open to anyone seeking treatment for any substance use disorder (including any drug or alcohol). The clinic provides brief counseling, prescription medications, harm reduction supplies, hepatitis C treatment and can help connect clients with other supports and community treatment programs, if needed.

Open to any individual seeking treatment and management for their opioid use, misuse or dependency. Other harm reduction initiatives such as the Needle Exchange Program and Naloxone can also be accessed through the clinics. No referral necessary.

The Sunrise Clinic is available to any individual seeking management and treatment of opioid addiction. The clinic prescribes Methadone and Suboxone. No referral necessary.

A free skill-building program managed by the Canadian Mental Health Association designed to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry. Delivered over the phone with a coach and through online videos, you will get access to tools that will support you on your path to mental wellness. Please note that a referral from a health care provider is needed to access this service.

Website: <https://bouncebackontario.ca/>

A free 24/7 confidential health services information for people experiencing problems with alcohol and drugs, mental health, and gambling. Includes a live chat option.

Website: <https://www.connexontario.ca/>

This centre offers 24/7 response to crisis calls and provision of emergency mental health interventions such as assessments, referrals, short-term crisis resolution, and information. The Crisis Team can be reached from all the hospitals in Hastings and Prince Edward and is available to individuals 16+.

Website: <http://www.qhc.on.ca/crisis-intervention-centre-p1956.php>

Run out of BGH and should probably be distinctly identified as such to include the following information:

(613) 969-7400, ext. 2753. You may also call toll free to 1-888-757-7766. On-site hours of operation are 7:30 a.m. - 11:30 p.m. Telephone response by a crisis worker is available 24 hours a day, 7 days a week.

PROGRAM

Hastings & Prince Edward District School Board 2021-2024 School Mental Health & Wellness Strategy

DETAILS

Developed to enhance and promote inclusivity, positive mental health and well-being in school communities. Priorities include:

- Organizational Conditions & Leadership - Promote organizational conditions and leadership to create conditions and structures that are foundational to excellence in school mental health and well-being practices.
- School Mental Health Capacity Building - Enhance school mental health capacity at HPEDSB by building knowledge, skills and confidence to improve mental health awareness, literacy and expertise.
- System Coordination and Pathways to Care - Create cohesive, responsive care and service systems for students with complex mental health needs through effective coordination and pathway design.
- Mental Health Promotion & Prevention Programs - Utilize high-yield, evidence-based practices to support mentally healthy classrooms and school communities, and provide support for mental health promotion, prevention and intervention.
- Youth Voice & Family Engagement - Value and empower student voice and action by encouraging youth engagement to build confidence, academic success and leadership skills.
- Equity, Inclusion and Safety for Specific Populations - Enhance equity, inclusion and safety for specific populations through differentiated and unique supports and/or services.

Website: <https://www.hpedsb.on.ca/wp-content/uploads/2021/02/2021-2024SchoolMentalHealthandWellnessStrategy.pdf>

Intersections

Intersections is a voluntary program that works with young people and/or their families to reduce and prevent on-going barriers such as mental health, education, housing, substance use/abuse, at-risk behaviours, and any other identified need or concern. After initial referral is completed, an Intersections Team works with the young person and/or their families to discuss their needs and to navigate and coordinate appropriate services.

Intersections Program details @ <https://stleonardscsprs.ca/program/prevention/>

SLCSPRS - <https://stleonardscsprs.ca/>

Recommendations on Next Steps

Source: Working Towards a Plan for Quinte West – Population Priorities
(TANEJA CONSULTING INC. & EQUITY VISION EDUCATIONAL SERVICES)

SYSTEMS

When reviewing the stories underlying each indicator, the root causes of some of the issues are beginning to emerge.

Recommendation: review the stories to ensure they incorporate the lens of diverse voices and perspectives and then examine what the root causes are – see if there is interconnectedness in the root causes across indicators and results. [Year 1]

The current Situation Table is instrumental in supporting the immediate needs of the community.

Recommendation: create a mechanism by which data, information, community trends, gaps, opportunities can be shared between the Situation Table and the CSWB Advisory Committee. This will help in developing risk prevention initiatives across the community and stakeholders. It is also recommended that both the Table and the Committee share data that can better inform their approaches and priorities. [Year 1]

A core component of the shift that is required to move from a crisis driven system to a preventative system, that supports and understands social determinants of health, is to ask partners how services are going to work differently.

Recommendation: begin to develop initiatives and opportunities to increase awareness of what other community supports are providing. This will encourage referrals and warm handoffs throughout the system and support clients in navigating through the resources and services they need. [Year 2]

During community engagement initiatives, many providers, community advocates, people with lived experiences, corporate stakeholders etc. shared their challenges in a transparent and honest way.

Recommendation: continue creating environments in which diverse stakeholders can express their challenges, perspectives, and successes in a safe and inclusive environment, where they know their thoughts will be respected and acknowledged. This will also support continuous learning for stakeholders across various sectors. [Year 2]

DATA

Ensuring that partners are collecting the same data on each indicator requires conversations that bring consensus to definitions to be used, who to collect data from, data sharing protocols etc.

Recommendation: support data collection conversations for each indicator that will discuss and confirm how organizations share their program level data to paint a picture of the population level result. [Year 1]

There are two distinct parts to RBA: a. Population-Level Accountability and b. Performance-Level Accountability. This report and its activities focus on Population-level Accountability.

Recommendation: with each Action Table, begin to work through the Performance-Level Accountability components. [Year 1]

Currently, the community has chosen 19 indicators across both priorities. This can be a lot to measure and track while planning and convening partners in the first year of the Plan.

Recommendation: choose 1 indicator per result to focus on for the first year - this would result in a total of 6 indicators. Diagram 2 shares the proposed 6 indicators to use in the first year. [Year 1]

Recognize the ‘interconnectedness’ of the 2 (two) priorities.

Recommendation: develop a responsive and collective vision for Quinte West; more co-planning and sharing of data at a systems level across sectors. [Year 2]

There are several partners that have a perspective to share and whose work impacts the indicator. Create strategies and partnerships with equity seeking groups and the broader community to understand, acknowledge, and develop collective consensus on definitions, etc. for each of the 2 (two) priorities.

Recommendation: identify the partners that have a role to play with each indicator chosen. [Year 2]

In the 7 Population-Level Question exercises (Appendix A and B respectively) participants shared low-costs/no cost ideas. These ideas can often be implemented with little effort.

Recommendation: review the low cost/no cost options and ensure the list is comprehensive and identify which ideas require minor tweaks and/or minimal funds to implement. [Year 2]

To ensure this work is mutually beneficial to partners, partners must integrate this work into their current priorities and plans.

Recommendation: examine who has a vested interest in the Result and Indicator(s) and host discussion to see how and where the activities overlap with each partners’ internal work. Work towards building alignment between an organization’s internal priorities with the priorities of the CSWB Plan - this will increase the probability of success. [Year 2]

Quinte West already has some data that it collects that can support some of the results identified, however, much of its data is downstream data.

Recommendation: from the data Quinte West already collects (summarized in the local literature review and in the 7 Population-Level Questions in Appendices A and B in Consultant Report), assess what data can support the results and indicators identified. [Year 2]

Community engagement across diverse stakeholders takes a whole community approach that informs, educates and communicates to address the issues, therefore reducing stigmas and barriers to participation.

Recommendation: develop a continuum of engagement - an engagement strategy that indicates when, where, and how engagement will happen; from bulletins to dashboards to creating opportunities for stakeholders to have their voices heard. Furthermore, it is recommended that broad-based communication strategies, public education and awareness building campaigns be created. [Year 2]

GOVERNANCE

Governance is a key aspect in the implementation and execution of a CSWB Plan. There are several accountabilities and perspectives that need to be incorporated in order to see impact. The following are recommendations on the governance of CSWB:

Develop two distinct tables - one for each priority; if there is significant overlap in representation across both tables, it is recommended that meetings happen one after the other in order to maximize people’s time and efforts. [Year 1]

Develop the following tables that can enable and augment the work of both priority tables: [Year 1]

- Research and Data Action Table (supports with indicators, tracking of data, and measures success over time).
- Communications and Community Engagement Action Table (raises awareness of both priorities, builds community momentum and identifies and creates opportunities for community engagement).



FOR FURTHER INFORMATION

about the Quinte West Community Safety & Well-being Plan,
contact us using the following methods:

PHONE 613-392-2841, ext 4492 • **EMAIL** cswb@quintewest.ca

WEBSITE <https://getinvolved.quintewest.ca/community-safety-well-being-plan>
