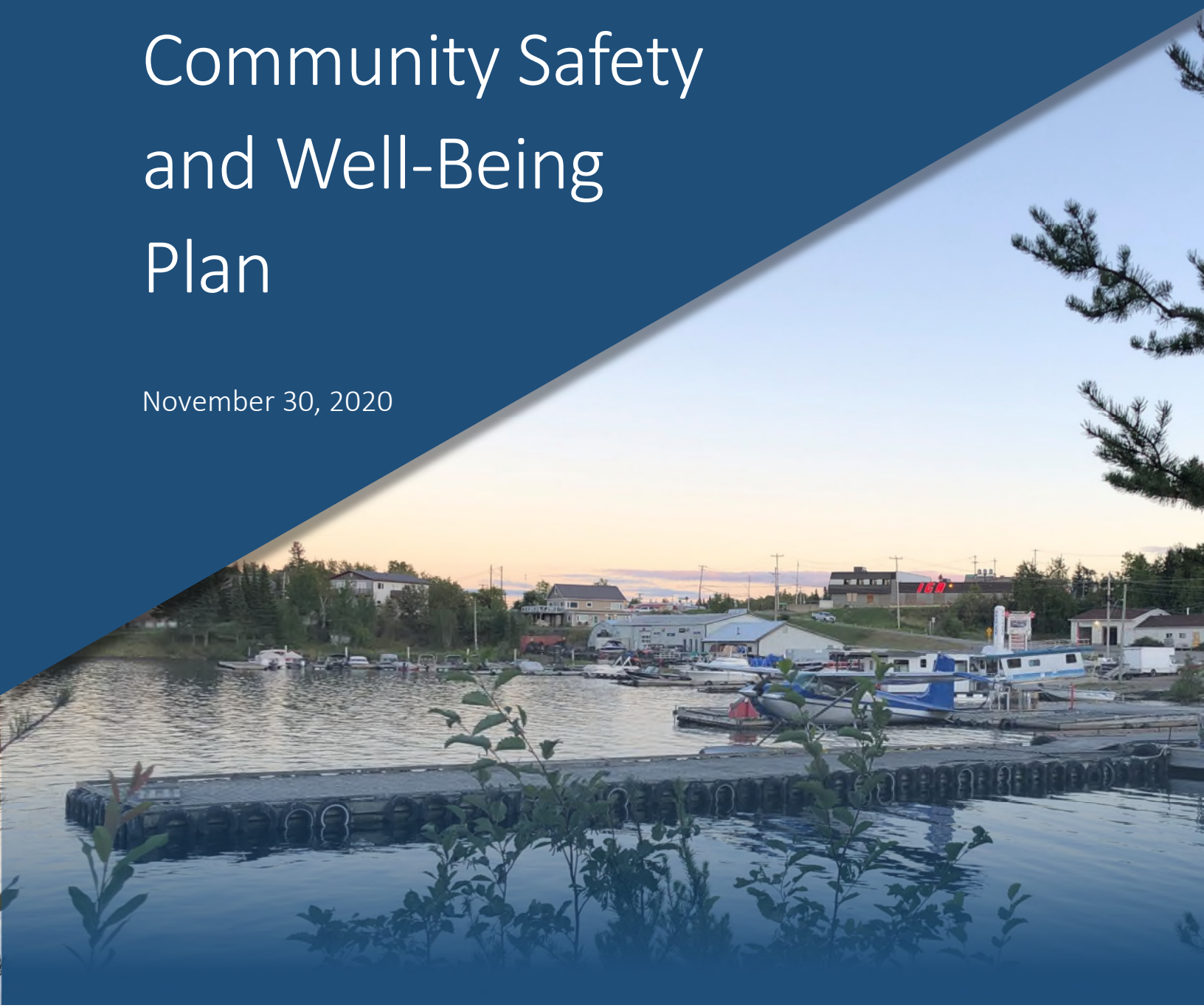
Municipality of Red Lake and Township of Ear Falls

Community Safety and Well-Being Plan

November 30, 2020



The Township of Ear Falls

Red Lake — Opportunity...it's our Nature

Prepared by MNP LLP

Advisory Committee

This plan was developed and will be supported by an Advisory Committee that includes:

Community/ Social Services for Children/Youth	•Firefly
Community/ Social Services	•Kenora District Services Board (KDSB) •Red Lake Indian Friendship Centre (RLIFC)
Custodial Services for Children/Youth	•Tikinagan Child & Family Services •Kenora Rainy River Child & Family Services (KRRCFS)
Education	•Keewatin Patricia District School Board (KPDSB)
Physical / Mental Health	•Red Lake Margaret Cochenour Memorial Hospital •Local Health Integration Network (LHIN) •Northwestern Health Unit (NWHU) •Family Health Teams •Community Counselling and Addictions Services (CCAS)
Municipalities	•Municipality of Red Lake •Township of Ear Falls
Policing	•O.P.P. Red Lake Detachment (serves Red Lake and Ear Falls) •Red Lake Police Services Board

Thank you to these and all community members that contributed to this plan.

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Introduction

Background

The Police Services Act requires municipalities to develop and adopt a Community Safety and Well-Being Plan (CSWB Plan) by January 1, 2021. The plan must be developed in partnership with a multi-sectoral advisory committee that includes, at a minimum, representatives from a specific set of community agencies and service providers.

An Advisory Committee of local agencies, the Municipality of Red Lake (Red Lake) and the Township of Ear Falls (Ear Falls) worked collaboratively to develop this joint Community Safety and Well-Being Plan (CSWB Plan). As neighbouring communities, isolated from other communities in Northwestern Ontario, it made sense to explore opportunities for collaboration, while recognizing the unique circumstances of each community.

Purpose

The purpose of the CSWB Plan is to improve the safety and well-being of community members, by focusing on priority risks in our community and developing proactive, integrated strategies. Intended benefits include:

- Enhanced communication and collaboration among sectors, agencies and organizations
- Stronger families and improved opportunities for healthy child development
- Healthier, more productive individuals that positively contribute to the community
- Increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods
- Transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs
- Increased engagement of community groups, residents and the private sector in local initiatives and networks
- Enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community
- Increased awareness, coordination of and access to services for community members and vulnerable groups
- More effective, seamless service delivery for individuals with complex needs
- New opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes
- Reduced investment in and reliance on incident response.

The CSWB Plan enables a proactive and integrated approach to safety and well-being at four levels of intervention:

Social Development – Promoting and maintaining community safety and well-being

Prevention – Proactively reducing identified risks

Risk Intervention – Mitigating situations of elevated risks

Incident Response – Critical and non-critical incident response

Planning occurs in all four areas, but the focus is on strengthening and investing in social development, prevention, and risk intervention to reduce the need for incident / crisis response.

This plan and the accompanying tools are working documents, designed to evolve with the needs of the community to ensure efforts and resources are used strategically and for the greatest impact.

Community Engagement

The CSWB Plan was developed and will be implemented through collaboration of service providers and the community. Community engagement for development of the plan included:

Advisory Committee: The inaugural Advisory Committee was established in the spring of 2020. It includes a representative (and in some cases additional alternate members) of organizations serving Red Lake and Ear Falls, as mandated in the legislation. (See inside cover of plan for list).

Advisory Committee members participated in a series of workshops to guide the direction of the planning process, stakeholder engagement, and development of the plan. Advisory Committee members also participated in individual interviews to provide professional insights, information and data on current programs, resources and processes.

Community Organizations: Representatives of other community agencies and organizations participated in focus groups or individual interviews to provide insights and opinions on community needs, risks, priorities to be addressed in the CSWB Plan, existing programs, gaps, and opportunities for collaboration. Participants by type of service or population included:

- Mental Health and Addictions (3)
- Housing and Homelessness (1)
- Child Care / Early Learning (2)
- Recreation (2)
- Supports for Seniors and Persons with Disabilities (2)
- Adult Education and Employment (3)
- Business Community (5)

General Community: 144 community members provided input to this process through an on-line survey, written submissions and a virtual open forum discussion. Notice of the opportunity to provide input was communicated through the following:

- Municipality of Red Lake newsletter mailed to all households
- Municipal websites
- Advisory Committee member networks
- Direct email to community organizations
- Notices on municipal social media accounts

CSWB Plan

Mission

> *To provide leadership, engagement and collaboration, enabling proactive, supportive investments in people that reduce reliance on emergency services and support long-term community safety and well-being.*

Guiding Principles

The CSWB Plan is guided by four underlying principles. These principles are important considerations within every pillar and objective.

Collaboration

- We are committeed to working collaboratively to address shared priorities for the benefit of our community

Inclusion

- Services must be accessible to all community members, including vulnerable and marginalized populations

Anti-Racism

- Systemic racism is present in our community and contributes to negative outcomes for our entire community. Proactive measures to directly address racism will be essential for success of this plan.

All Ages & Stages

- Programs and intiatives will be driven by the needs of the entire community to support well-being of community members of all ages, through all stages of life.

Goals

Indicators

Key performance indicators have been developed to measure progress toward the CSWB Plan goals and intended outcomes of each area of focus in the plan. The table below charts how detailed indicators in each area of focus contribute to measurement of each overarching CSWB Plan goal.

Key Performance Indicator	Crisis Interventions	Key Health Indicators	Equity & Social Justice	Collaboration	Community Initiatives
Safe Substance Use	• Calls for emergency service / E.R. visits related to or compounded by substance use • Crime related to substance use • E.R. Visits • Mobile Crisis Unit response	• Hospitaliza-tions due to substance use • E.R. visits due to substance use	• Culturally appropriate programs & services • Inclusion in programs & services • Individuals experiencing homelessness due to substance use	• Referrals made or received to partnering agencies • New registrations for programs / supports	
Mental Health	• Hospitaliza-tion • E.R. Visits • Mobile Crisis Unit responses	• Incidents of Self-harm or suicide • Perceived mental health/stress	• Culturally appropriate mental health supports • Access to services • Sense of community belonging	• Referrals made or received to partnering agencies	Community groups involved in youth drop-in centre

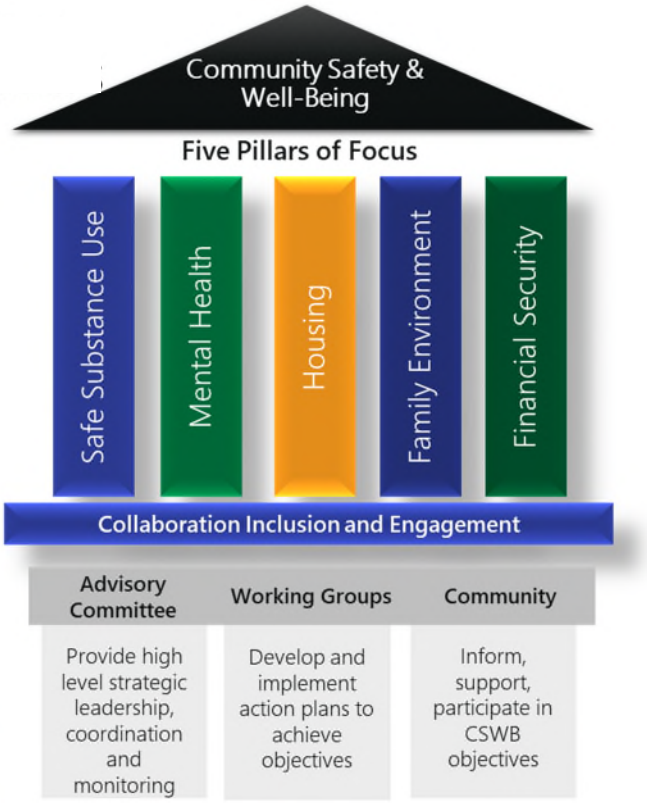
Key Performance Indicator	Crisis Interventions	Key Health Indicators	Equity & Social Justice	Collaboration	Community Initiatives
Housing	• Emergency shelter use • Homelessness	• Access to appropriate housing	• Proximity & access to services • Accessibility of supports • Affordability of housing (existing and new)	• Referrals made or received to partnering agencies • Partners involved in planning for seniors and multi-unit housing	• Community engagement in planning for seniors and multi-unit housing
Family Environment	• Child apprehensions • Domestic Violence	• Access to health services • Physical and mental health of children, youth and adults • Screening and assessments (e.g. ADHD, FASD)	• Access to transportation services • Communica-tion and outreach • Access to supports • Cultural diversity of community initiatives	• Partnerships developed for delivery of services • Individual and organization involvement	• Community involvement & volunteerism • Community-led events, initiatives
Financial Security		• Food security • High school graduation rates • Income • Employment • Children in low income families	• Financial disparity • Access to internet connection • Access to education • Employment statistics • Education attainment	• Joint school completion data • Collaborations for economic development	• Community involvement and volunteerism – food security programs.
Inclusion and Community Engagement			• Representa-tion from marginalized groups		• Communica-tion and outreach • Participation in community consultations • Participation in working groups • Volunteerism • Community led initiatives

Five Priority Pillars of Focus

The Community Safety and Well Being Plan is focused on five pillars identified through community engagement as priorities to improve safety and well-being in the communities. These pillars, explored in greater detail in the sections that follow are:

- Safe Substance Use;
- Mental Health;
- Housing;
- Family Environment; and
- Financial Security.

These pillars are supported by a foundation of ongoing collaboration, inclusion, and engagement. These foundational elements will ensure that the plan is dynamic and adaptive to evolving community needs.



There are important roles for the Advisory Committee, Working Groups for each pillar, and the community overall as shown in the graphic. More detail is included at the end of this document under Implementation.

Detail for each pillar is provided in the following sections and includes:

- A brief description and the current situation in Red Lake and Ear Falls, including programs and services currently available;
- Targeted information to begin addressing the issues;
    - Risk and protective factors
        - Risk Factors – Circumstances that increase vulnerability or the likelihood of negative consequences.
        - Protective Factors – Elements that have a positive influence on community safety and well-being.
    - Gaps and barriers – Issues that are adversely impacting the ability of community members to meet their needs in relation to addressing an issue
    - Vulnerable groups
- Objectives – The initiatives we will undertake to address gaps and barriers and achieve our goals;
- Key Outcomes – The improvements we expect to see as the result of our actions; and
- Identified Working Group for the pillar.

Inclusion and Community Engagement

Context

Description

Inclusion and Community Engagement are fundamental to the overall CSWB Plan.

It is important for the CSWB Plan to equitably represent the needs of all community members of Red Lake and Ear Falls. For this to happen, efforts must be taken to ensure that community engagement is inclusive of all voices and perspectives within the communities – not just those who feel comfortable or capable of expressing their concerns. Inclusion is ensuring equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of other minority groups. The Indigenous community is extremely important in the overall fabric of our community. While Indigenous inclusion involves equal access to opportunities and resources, it is also about relationships, respect, celebrating Indigenous culture, creating meaningful learning experiences, and taking the time to learn.[1]

Community engagement includes the input provided to the development and ongoing evolution of this plan, and more importantly, involvement in implementation of the plan. Community connections are an important protective factor for community safety and well-being. Community members are also a highly valuable asset to the community – many community programs and activities would not be possible without the leadership and support of community volunteers, such as recreation programs, community celebrations, and personal supports to other community members. Special attention should be paid to reaching out to marginalized groups and organizations that work closely with marginalized individuals. This attention to the

Indigenous Inclusion

It's all About Relationships.

Indigenous Inclusion is not about knowing the most facts, reading the most books, or reaching to try and find ways to indigenize every program. It's about creating environments to foster relationships. It's about creating a space to learn, explore, heal, and communicate with a community that has been ignored by the government and mainstream society for years. Most importantly, it's about teaching future generations to learn and evolve from the wrongs of the past.

It's About Respect.

It's about learning the difference between western and Indigenous views. It's about learning to see the beauty in that difference and approaching new and different cultures appropriately, professionally and without judgment.

It's About Celebrating Indigenous Culture.

It's about making space for Indigenous peoples to engage in cultural activities or re-discover their culture. The best way to learn about any other cultures is to investigate, participate, support and encourage others to with an open mind and heart.

It's About Creating Meaningful Learning Experiences.

It's about community projects and familiarizing yourself with issues/events that are important to Indigenous communities. Most importantly, it's about watching and listening.

It's About Taking the Time to Learn.

It's about learning about the pieces of history that were omitted from public record and acknowledging the difference in the Canadian experience. Furthermore, it's about working towards closing that gap so that all people have the same experiences and opportunities.

Source: https://tlp-lpa.ca/faculty-toolkit/indigenous-inclusion

composition of community engagement participants will give the Advisory Committee confidence that the feedback received is truly representative of the communities.

Inclusion and engagement are embedded in and an expectation of each pillar. To truly make strides forward in our community, there are also specific objectives for this topic.

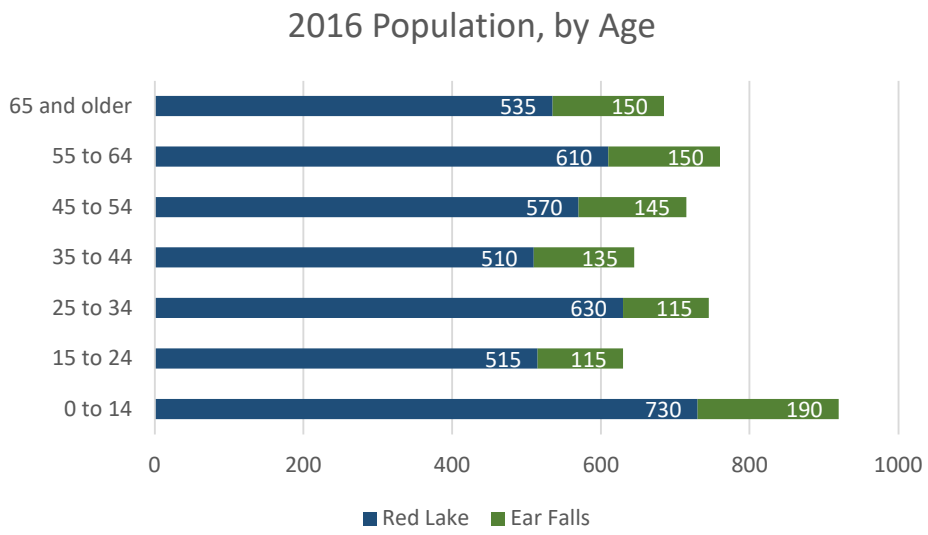
Current State

There was some concern by survey respondents that racism and sexism are factors impacting community safety and well-being.

According to 2016 census data, 21.9% and 27.4% of the population self-identifies as aboriginal and 3% and 1.1% are visible minorities in Red Lake and Ear Falls respectively. The average age is 38.9 and 40.2 in Red Lake and Ear Falls respectively. The age breakdown of the communities is illustrated below (Figure 1).

The Advisory Committee should use this available demographic information to measure how representative community engagement is related to community composition moving forward.

Figure 1 – 2016 Populations of Red Lake and Ear Falls, by Age



The proposed "Road South" has the potential to connect Red Lake and Ear Falls to a growing regional population. Over 10,000 people that live in the First Nation communities of Pikangikum, Sandy Lake, Keewaywin, Deer Lake, North Spirit Lake, McDowell Lake, and Poplar Hill First Nation will be able to drive to Red Lake with an all-season road. It is estimated to be complete in 2023.

Objectives

Two key objectives have been established for Inclusion and Engagement, and both have been marked as a high priority for the CSWB Plan:

Objective	Description	Target Completion
Establish inclusion / active anti-racism strategy	Meaningful, substantive multi-agency, community-wide strategy, including a community anti-racism accord	2021 *HIGH PRIORITY
Establish CSWB community engagement plan	Specific, ongoing loop of feedback from and communication to community members.	2021 *HIGH PRIORITY

Target Outcomes

The specific target outcomes are shown in the chart below.

Short-term	Intermediate	Long-term
• Robust engagement plan tailored to CSWB Plan objectives	• Greater representation from marginalized groups	• Erosion of barriers related to systemic racism • Community driven safety & well-being • Equity in education, employment, income and housing demographics

Working Group

Lead: Municipality of Red Lake and Township of Ear Falls

Members: All other Advisory Committee members

Safe Substance Use

Context

Description

While many people use substances such as drugs or alcohol to relax, have fun, or cope with stressors, regular use of drugs and alcohol can lead to substance use disorders, which can have an adverse impact on individuals or their families [2].

Substance abuse is a compounding risk factor that impacts and is impacted by other risk factors such as financial stability, housing, and mental health. It has the potential to adversely impact not just the individual struggling with it, but their family, colleagues, and friends.

People with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness.[3]

Current State & Supporting Statistics

Unhealthy substance use, including drugs and alcohol, is common in the community culture of both Red Lake and Ear Falls. ER visits related to substance abuse are significantly higher than in Ontario overall.

5X
Alcohol related E.R. visits
301 vs. 53

4X
E.R. visits from mental & behavioural disorders due to substance abuse
333 vs. 80

18%
Higher Opioid related E.R. visits
11 vs. 9

Rates per 10,000 people per year (2014-2018) of substance abuse indicators compared to Ontario as a whole.

There was general agreement among the Advisory Committee that alcohol and cannabis are the most widely used substances in Red Lake and Ear Falls.

Assault is the most frequent reason (73%) for OPP calls for service in the Municipality of Red Lake / Ear Falls.[4] Anecdotally from interviews with ambulance staff, assaults were often related to drug and alcohol use.

According to the Public Health Report Card (2017) heavy drinking is more common within the Northwestern Health Unit than in Ontario as a whole, with 25.5% of individuals reporting this behaviour compared to 18.2% respectively.[5]

Substance abuse, defined as "an overindulgence in or dependence on drugs or alcohol" was identified by community survey respondents as the highest priority risk factor to be addressed in the CSWB Plan.

Available services are well used but do not meet all needs. Gaps in available supports limit opportunities to break the cycle of substance abuse and associated trauma.

Vulnerable Groups

While substance use is strongly evident across all age groups in Red Lake / Ear Falls, the Advisory Committee identified youth from 10 to 24 years old (grade 6 and up) as a particularly vulnerable group. Vulnerability is compounded by the normalization of drug and alcohol use in the community.

Existing Programs & Services

The communities of Red Lake and Ear Falls offer programs and services that address issues relating to substance abuse. The majority are offered through Community Counselling and Addictions Services, a program managed through the hospital and delivered within the community. The Red Lake Substance Misuse Prevention Coalition was developed to raise awareness about substance abuse in youth.

The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs & Services	Population Served
Community Counselling and Addiction Services (CCAS)	Substance Abuse and Problem Gambling Services (for people 12+) • Assessment • Community-based treatment • Substance abuse treatment • Referral to residential treatment programs • Outreach and aftercare support • Family support and education Mobile Crisis Response Community Education	Adults Youth
Red Lake Area Substance Misuse Prevention Coalition	Mental Health Symposium • 3-day event for students in grades 7-9 Alert • Curriculum for grades 7-9 • Booster courses in grade 9 gym classes	Youth
Alcoholics Anonymous / Al-Anon	Peer and family support meetings in Red Lake • Currently no meetings in Ear Falls	Everyone

Contributing Factors

Risk Factors

Risk Factors influencing Substance Abuse in Red Lake and Ear Falls are:

- Lack of access to supportive services (intoxication is a barrier to services/shelters)
- Normalization of substance misuse/abuse behaviour
- Ease of access to substances from siblings, parents (medicine cabinets, preference to supervise use, etc.), or peers.
- Social isolation*
- Employment insecurity / poverty*
- Abundant disposable income and limited recreational options

**COVID-19 pandemic has magnified these issues*

Associated Ministry Risk Factors

- Alcohol abuse by the person or in the home
- Alcohol use
- Harm caused by alcohol abuse in home
- History of alcohol abuse in home
- Drug abuse by the person or in the home
- Harm caused by drug abuse in the home
- History of drug abuse in home

Ministry Protective Factors

- No Protective Factors listed specifically for Substance Use as it is a compounding risk related to other factors

Protective Factors

The following elements have been identified as important to support safe substance use in Red Lake and Ear Falls.

- Social connections – with family, extended family, school, and with people and places in the broader community, e.g., volunteerism, youth drop-in
- Recreational activity that contributes to a healthy lifestyle (not drug and alcohol based), e.g., recreation centre, dance, arts, sports,
- Public messaging that provides education and awareness
- Community supportive/protective response

Gaps & Barriers

Three key gaps and barriers were identified:

Lack of Local Facilities

- There is no 'detox' facility in Red Lake or Ear Falls. This means people must travel out of town for a time-sensitive support. By the time a person travels to the nearest detox facility (Kenora), they are often "sober" and unable to be admitted.
- There is no local residential treatment facility in Red Lake or Ear Falls. This means people need to leave the community and their personal support network to receive treatment.

Transportation

- There is not a reliable, affordable public transportation system within or between communities. Many services are only available in Dryden, Kenora, or Thunder Bay. This can make it difficult to access services without access to a car and the ability to drive.

Culture

- A community culture that normalizes substance use hides the risks of substance abuse.

Objectives

Harm Reduction

An underlying assumption in the objectives developed for this pillar is the principal of harm reduction, which aims to reduce the negative consequences associated with substance use. Harm reduction also recognizes people may use drugs and alcohol for a variety of reasons, and their safety and well-being should not be less important because of that use.

Objective	Description	Target Completion
Establish Detox Centre and Safe Beds in Red Lake	A facility with necessary staff and resources to provide a safe environmental for substance users to detox Safe / stabilization beds are clinical spaces specifically designed to address the needs of individuals in a mental health crisis	2021 (Safe Beds) 2025 (Detox) *HIGH PRIORITY
Establish Managed Alcohol Program in Red Lake and Ear Falls	A program to provide individuals with physical addictions to alcohol a regular dosage to manage their addiction	2022 *HIGH PRIORITY
Develop and implement proactive Situation Table protocols	Protocols to encourage earlier, preventative interventions to reduce need for later crisis interventions	2021 *HIGH PRIORITY
Implement evidence-based prevention planning	Programs, policies or other strategies supported by research to prevent or reduce substance abuse	2022
Develop and implement standardized primary assessment and referral protocols/resources aligned with community paramedicine program.	Ensure standardized protocols are in place and resources developed for appropriate assessment and referral of cases across agencies. Alignment with established paramedicine program will help to foster collaboration.	2022
Establish shared agency training protocols & resource	Cross-training and resource sharing	2021

Target Outcomes

The specific target outcomes for the Safe Substance Use pillar are:

Short-term	Intermediate	Long-term
• Increased awareness of support programs • Increased access to support programs	• Strategic, coordinated approach to prevention and crisis response related to substance use • Increased number of individuals with chronic substance abuse problems in residential programs • Reduced number of individuals experiencing harmful substance use	• Reduced reliance on emergency and protective services related to substance use • Decreased number of assaults • Reduced involvement in court system

Working Group

Lead: Community Counselling and Addictions Services (CCAS)

Members: Family Health Teams, O.P.P., NWHU, KDSB

Mental Health

Context

Description

Mental Health and Cognitive issues can be broadly defined as problems with psychological and emotional well-being or intellectual functioning. This includes diagnosed problems, grief, self-harm and suicide.

Cognitive issues include reduced intellectual functioning that may have existed since birth, as a result of an injury, or through the normal course of aging.

The underlying causes of mental health are similar to those associated with substance abuse, such as intergenerational trauma, social isolation, poverty etc. Many individuals experience both mental health and substance abuse issues, combining for complex needs.

Current State & Supporting Statistics

Issues relating to mental health impact the communities of Red Lake and Ear Falls disproportionately compared to Ontario as a whole. Emergency Room (E.R.) visits and hospitalizations relating to mental health issues are higher both broadly in the communities and in children and youth. Services available locally to support individuals and families are limited, especially related to complex needs.

Mental Health was identified as the second highest priority risk factor by community survey respondents.

The Northwestern Ontario region, including Red Lake and Ear Falls, experience higher rates of E.R. visits and hospitalization due to mental health issues than Ontario as a whole. Hospital visits and deaths from self-harm are significantly higher among residents of Northwestern Ontario than they are in Ontario.

Child and youth mental health outcomes are particularly adverse in Northwestern Ontario. The Centre for Addictions and Mental Health (CAMH) reported in 2016 that youth in Canada aged 15-24 are more likely than any other age group to experience mental illness and/or substance abuse disorder. This greatly affects development, success in school and ability to live a fulfilling and productive life.

With a 57% increase in the regional population over 65 projected between 2016 and 2025, demand for supports for dementia and independent living are expected to increase.

All Ages

4X
E.R. visits from mental & behavioural disorders due to substance abuse[6]

1.6X
Hospitalization related to mental & behavioural disorders

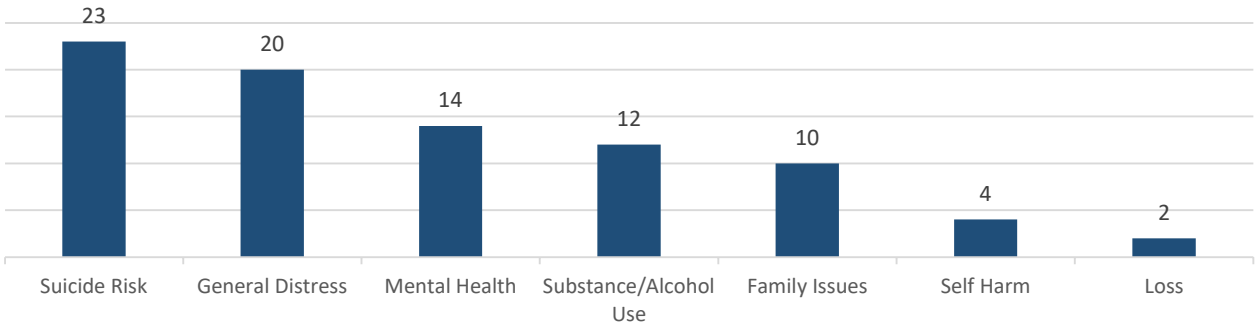
1.6X
E.R. visits from self-harm

2.7X
Death from intentional self-harm (2009-2011) NWHU Region[7] (not seen in Red Lake/Ear Falls)

Note: Rates per 10,000 population per year, 2014-2018

Of the 42 Mobile Crisis Unit responses, the most frequent issue was suicide risk and the majority of responses included more than one issue. An individual may account for more than one Mobile Crisis Unit response within the six-month period.

Figure 2 – Mobile Crisis Unit Response – October 2019 - March 2020



Children and Youth

Incident rates of self-harm have been steadily increasing in the NWHU among 10 to 24-year olds. From 2011 to 2015 it doubled. Female rates are higher than males.

3X
More youth hospitalization due to self-harm[8]

1.7X
More youth hospitalization related to mental and behavioural disorders

Note: Rates per 10,000 population 10-24 year of age, per year, 2008-2015

Vulnerable Groups

Mental Health impacts people in different ways throughout their lives, everyone from children to seniors are potentially vulnerable. People with Fetal Alcohol Spectrum Disorder (FASD), survivors of abuse, or with a history of involvement with the Child Welfare System are particularly vulnerable.

Existing Programs & Services

The communities of Red Lake and Ear Falls offer programs and services that address issues relating to mental health. These programs are offered through local, regional, and national service providers.

The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs & Services	Population Served
Red Lake Margaret Cochenour Memorial Hospital	Community Counselling and Addictions Services – full-time Red lake, 2 days / week Ear Falls • Case management • Counselling and treatment Mobile After-hours Crisis Unit (started 2019), 6pm-2am M-F, 24 hrs wknds Safe Room for individuals experiencing mental health and addictions crisis Northwood Lodge – Fee for service transportation to medical appointments – 1 van	Adults (18-65) Mobile crisis all ages
Harmony Centre	Delivery of adult day programs in Red Lake – funded by LHIN Supported Employment program Advocacy and planning support Transitions – support youth to create life plan and connect to services, employment, education after high school	Adults with intellectual / developmental disability Youth
Firefly	Offices in Red Lake and Ear Falls, clinicians travel from Red Lake M-F. Some appointments evening and weekends • Autism programming (new – currently online only) • FASD supports, diagnostic clinic (Kenora) • Infant & Child Development • Family / caregiver support (includes respite) • Tele-mental health	Children / youth (<18) Families
Local Health Integration Network	Care Coordinators –connect individual with other service providers Funding for (Harmony Centre) adult day program	Low-moderate need adults

Organization	Major Programs & Services	Population Served
	Funding for Home and Community Care Program – provided by Paramed Supports at home, school, supported living	
Canadian Mental Health Association (CMHA)	Assessment / screening Counselling / therapy / interventions Care and treatment planning / referral / advocacy Community outreach	Seniors (60+) with dementia or mental illness
Circle Situation Table	Coordinated response for crisis prevention (imminent harm to self or others) - Members include O.P.P., Municipalities, School Boards, social service providers, emergency response, health care providers, adult education and employment, child and family services	high risk individuals Community at large
Red Lake Indian Friendship Centre	Fetal Alcohol Spectrum Disorder (FASD) Community Support Program Crisis Intervention – Indigenous Healing and Wellness	All ages

Contributing Factors

Risk Factors

Risk Factors influencing Mental Health in Red Lake and Ear Falls are:

- FASD – impulse control, exploitation, ability to express needs, communicate
- Substance use
- Adverse childhood experiences, trauma
- Contact with child welfare system
- Stigma associated with accessing help in a small community
- Isolation (seniors) – and generally relating to COVID 19
- Lack of affordable housing
- Lack of community relationships, education / employment
- Access to services (getting there)

Protective Factors

The following elements have been identified as important to support mental health in Red Lake and Ear Falls.

- Schools, childcare centres
  - Structure and eyes on early identification
- Situation Table
  - Opportunity for a coordinated response
- Outreach and supportive person-oriented programs
  - Home visits
  - Help getting to doctor appointments
  - Supports oriented to healthier lifestyles
  - Programs and support that help people where they are, focus on overall well-being, and build trust
- Housing, education / employment supports
- Community relationships, and connections
- Access to nationwide resources and expertise (e.g. Canadian Medical Association (CMA) connections)
- Trauma informed staff, boards, organizations

Associated Ministry Risk Factors

- Mental Health – diagnosed, suspected or self-reported problem
- Grief
- Mental health problem in the home
- Not following prescribed treatment
- Witnessed traumatic event
- Self-harm – threatened or engaged in
- Suicide – affected by, current or previous risk

Ministry Protective Factors

- Accessing resources/services
- Adaptability
- Personal coping strategies
- Self-esteem & self-efficacy
- Taking prescribed medications

Gaps & Barriers

Key gaps and barriers identified that impact the ability of community members to meet their needs in relation to addressing Mental Health:

- Psychiatric and psychological services not readily available locally which is partially related to recruitment and retention challenges
- Shortage of homecare / personal support workers
  - Wages not competitive with resource industries.
- There is a wait list for mental health counselling services (2 to 3 weeks)
- Regional shortage of complex care beds
- Mobile Crisis Response not available 24/7.
- Stigma attached to asking for help with mental health
- Lack of youth hub / drop-in space in Red Lake – for recreation / connections

Objectives

Objectives were identified in a planning session facilitated by MNP with the Advisory Committee. Priority objectives are items that were deemed essential – requiring immediate attention.

Objective	Description	Target Completion
Establish Youth Drop-In Centre	Creating a safe and welcoming space where youth can develop healthy coping strategies and build positive relationship with peers	2021 *HIGH PRIORITY
Establish Safe / Stabilization Beds	Safe / stabilization beds are clinical spaces specifically designed to address the needs of individuals in a mental health crisis *(see also Safe Beds under Safe Substance Use)*	2021
Optimize use of telehealth for psychiatric and support services	Increase use of telehealth to expand capacity and remove barriers for community members to more easily access psychiatric and support services from local and regional providers	2021
Establish a proactive coping support program for families and seniors	Community-based supports for caregivers	2022

Target Outcomes

The specific target outcomes for the Mental Health pillar are:

Short-term	Intermediate	Long-term
• Increased awareness of services available • Increased local availability of mental health supports • Caregiver capacity to support individuals with mental health and cognitive disabilities	• Quicker connection to appropriate mental health services • Increased engagement with mental health prevention programs • Increased engagement with other social supports • Increased engagement with recreation activities (youth) • Reduced incidents of vandalism, other property crimes	• Reduced number of calls for emergency services • Decrease number and duration of emergency department visits related to mental health and self-harm • Decrease in incidents of self-harm

Working Group

Lead: Firefly

Members: CCAS, Family Health Teams, RLIFC

Housing

Context

Description

Housing is a basic need. A lack of access to appropriate, stable, and affordable housing can contribute to a precarious and stressful instability in people's lives. Housing insecurity is influenced by employment instability, the cost and quality of available housing, and available units for individuals with specific needs. Research indicates that domestic violence is a leading cause of housing instability, including homelessness, for women and children. Nationally, youth aged 16-24 make up 20% of the homeless population.[9]

Current State & Supporting Statistics

Cognitive issues relating to dementia (typically seniors), developmental disabilities, and impaired cognitive functioning are contributing factors to housing insecurity in Red Lake and Ear Falls as these complex needs require specialized housing and supports. The cost of utilities in Red Lake also contributes to families losing their accommodations.[10]

Housing is generally more affordable in Ear Falls than Red Lake. Housing insecurity disproportionately impacts renters and seniors in Red Lake / Ear Falls, as a higher percentage pay 30% or more of income on shelter.

There is no local option between independent living and a long-term care facility for seniors. Demand for seniors housing is projected to grow by 57% between 2016 and 2025. There is a shortage of long-term care space, with no facility in Ear Falls and a wait list for the facility in Red Lake. The regional population over 65 was projected to increase by 57% between 2016 to 2025.

Housing was identified by community survey respondents as the third highest priority risk factor to be addressed in the CSWB Plan.

Housing Statistics	Red Lake	Ear Falls
Average housing Price	$241,000	$148,000
Average Month Rent	$961	$758
Tenants in subsidized housing	25%	32%
Spending more than 30% of income on shelter	13% 31% of renters	16% 22% of renters

Based on 2016 census data

Vulnerable Groups

Seniors, low income individuals and families, women/children fleeing domestic abuse, Indigenous people, those involved with the justice system, and people with FASD were considered specifically vulnerable to issues with housing.

Existing Programs & Services

The communities of Red Lake and Ear Falls offer programs and services that address issues relating to housing insecurity. The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs & Services	Population Served
Kenora District Services Board	Ontario Works Red Lake Emergency Shelter (funder) Transitional Units (funder) Rent geared to income housing Social Housing	Regional Residents
Red Lake Indian Friendship Centre	Supports to individuals in Emergency Shelter and Transitional Units Partnership with KDSB / Red Lake Non-Profit to provide supports to Supportive Housing Units	Indigenous Population and Others
District of Kenora Home for the Aged	Northwood Lodge • 32-bed Long Term care	Seniors

Housing Facilities	Location	Units	Types	Tenant Type
Red Lake Municipal Non-Profit Housing Corporation	Red Lake Red Lake	20 24	unknown	Single Family
KDSB Facilities				
Birch Drive	Ear Falls	20	4 – 2 BR, 14 – 3 BR, 2 – 4 BR units	Family / Rent-geared-to-income
Follansbee Apartments	Red Lake	20	1 BR units	Seniors

Housing Facilities	Location	Units	Types	Tenant Type
George Aiken Manor	Red Lake	21	1 BR units	Seniors
Pine Street & Poplar Avenue	Ear Falls	20	4 – 2 BR 16 – 3 BR	Family / Rent-geared-to-income
Sunset Leisure Place	Ear Falls	20	1-bedroom units	Seniors

Contributing Factors

Risk Factors

Risk Factors influencing Housing Insecurity in Red Lake and Ear Falls include:

- Low income, unemployment
- Insufficient education
- Substance abuse, mental health
- Economic cycle – mining boom/bust
- Changing family circumstances, custody,
- Family breakdown
- Multiple failed attempts in housing placements (provincial database re: arrears, past issues become a barrier to accessing housing)

Protective Factors

The following elements have been identified as important in Red Lake and Ear Falls.

- Safe places for youth
- Adequate income support
- Supportive housing programs (staffed), outreach
- Supports to maintain housing (e.g. assistance for repairs, furnace breaks, rent in arrears), outreach
- Assisted living

Associated Ministry Risk Factors

- Housing – Person doesn't have access to appropriate housing

Ministry Protective Factors

- Access to / availability of resources, professional services and social supports
- Access to stable, appropriate, sustainable housing
- Housing in close proximity to services

Gaps & Barriers

Key gaps and barriers identified:

- Shortage of housing for seniors / persons with limited cognitive functioning
    - No Supportive/Assisted Living options in either community
    - Waitlist for Long Term Care facility in Red Lake
        - Challenges filling vacant positions
    - Lack of supports to help people age in place longer
- Lack of housing options for youth / low income
- Ear Falls has social housing stock but limited supports
- Affordability in Red Lake
    - There are vacancies but no rent-geared-to-income units and subsidies are insufficient to make available units affordable.

Objectives

Objectives were identified in a planning session facilitated by MNP with the Advisory Committee. Priority objectives are items that were deemed essential – requiring immediate attention.

Objective	Description	Target Completion
Establish affordable, assisted living facility for seniors	A facility that provide necessary supports to allow seniors to age within their community	2023 *HIGH PRIORITY
Establish Supportive Youth Housing	Youth housing that provides supports such as life skills, and mental health counselling	2023-2024

Objective	Description	Target Completion
Establish in-home support services (to enable aging in place)	In-home supports allow seniors to live in their own homes (age in place) that reduce pressure of long-term care facilities and provide additional options for aging within their community	2022
Assess & forecast need for seniors housing across the full continuum	Determine what the future need or seniors housing will be so the community can have appropriate supports and facilities in place	2021
Assess need and develop plan for affordable multi-unit housing	Determine what the future needs for affordable housing will be so the community can develop appropriate facilities	2023
Conduct comprehensive review of supports for maintaining tenancy/housing	Review community needs that will help community members stay housed	2021

Target Outcomes

The specific target outcomes for the Housing pillar are:

Short-term	Intermediate	Long-term
• Awareness of housing supports • Increased access to supports to maintain stable housing • Plans developed that include community input	• Increased number of households able to maintain appropriate housing	• Increased number of youth with stable housing • Increased number of seniors remaining in own homes • Affordable, appropriate housing options for all community members

Working Group

Lead: Kenora District Services Board (KDSB)

Members: Municipalities, Tikinagan, KDSB, LHIN

Family Environment

Context

Description

Families are critically important for children's development. To grow up safe and well, children need the support of a well-functioning family. In fact, families can be the most important source of protection from harm for children when they provide a sense of security, foster self-esteem and respond appropriately to children's needs. [11] A safe and supportive family environment is strongly associated with a child's development, social and emotional well-being.

An unsupportive family environment may be one in which there are frequent disagreements or conflict, violence, lack of nurturing, substance abuse, inadequate parental supervision or poor connection to community, among other things. Children growing up in these circumstances are more likely to be mistreated (abused, neglected) and/or develop emotional or behavioural issues.

The World Health Organization defines intimate partner violence (domestic abuse) as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.[12] . Both women and men can be victims of intimate partner violence, however women are the primary victims. Intimate partner violence and sexual violence against women and girls is estimated to be four times higher than official police reported statistics suggest, as a large percentage of this violence goes unreported. Indigenous women are far more likely to experience violence than non-indigenous women.[13]

As with many of the risk factors discussed, intergenerational trauma, substance abuse, poverty and housing are often underlying factors that impact parenting outcomes. Access to resources to support parenting a child with mental health issues is also a significant factor.

Current State & Supporting Statistics

Tikinagan Child and Family Services (Tikinagan) and Kenora Rainy River Child and Family Services (KRRCFS) provide child and family services in Red Lake and Ear Falls. The overarching goal of both agencies is to work with families so that children can remain in the home or be returned to the home as soon as possible. Three quarters of Tikinagan and KRRCFS clients are living in their own homes.

Where placement in care is required, placement with a family member or another individual with a close relationship with the child is the most successful. KRRCFS calls these "Kin" homes. Tikinagan reports that 95% of placements in care are voluntary. Both agencies report upward trends in Kin / family placements. They also report decreased availability of local foster homes. There are no appropriate placements (foster or agency home) for children with complex needs available in Red Lake or Ear Falls.

The instability of employment in the local resource industries can impact the stability of the family environment. Local agencies also report that domestic violence is increasing.

659

Children in care 2018/2019 (regional)

9.4 X

More female assault victims at Red Lake Hospital than the rest of Ontario[6]

305

Tikinagan investigations that resulted in services for the family (regional)

Note: Assault rates per 10,000 population per year, 2014-2018

Vulnerable Groups

Children and youth are specifically vulnerable to an unsupportive family environment. Women, Indigenous families and disabled persons were identified as being specifically vulnerable to emotional and sexual violence.

Existing Programs & Services

Various agencies in Red Lake and Ear Falls offer programs and services to support a nurturing, safe and stable family environment. The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs & Services	Population Served
Firefly	• Child and Family Intervention – counselling interventions to help families with children and youth who are experiencing social, emotional, or behavioural difficulties.	Children / youth, Families
RLIFC	• Two buildings in Red Lake, satellite office in Ear Falls • Culturally appropriate supports • Variety of parenting supports • System navigation and referrals • Childcare spot held for families staying at Women's Shelter	Indigenous and other Families and individuals of all ages
Kenora Rainy River District Child and Family Services	• Office in Red Lake • Supports to families • Residential Services (14 foster homes, Kin homes, • Aftercare Benefits – health, dental, counselling benefits (ages 21-25)	Children/Youth, Families Also serve Indigenous Families (client choice)
Tikinagan (Mamow Obiki-ahwahsoowin)	• Office in Red Lake • Culturally appropriate supports • Dual accountability to FN communities and Ontario CFS	Members of First Nations Treaties

Organization	Major Programs & Services	Population Served
	• After hours intake for both CFS agencies • Coordinates supports to families through local agencies • Residential Services (14 foster homes, 1 agency home [2 beds]) • Financial supports for youth transitioning out of care • Transitional supports for youth in care with developmental disabilities	living in Red Lake and Ear Falls Children/Youth Families
Community Counselling and Addictions	• Crisis Line (text and talk)	Adults, youth (18+)
New Starts Women's Shelter	• Toll Free Crisis Line • Women's Shelter Program • Transitional Housing Support Program • Children's Program • Transportation Support • Referrals to other agencies	Women

Contributing Factors

Risk Factors

Key risk factors influencing a supportive family environment for residents of Red Lake and Ear Falls have been identified as:

- Lack of employment, inadequate housing, poverty
- Substance abuse in the home, impacting the well-being of the user and family members
- Teenage parents
- Lack of local / extended family supports
- Lack of connection to community supports
- Insufficient nutrition and housing supports
- Fetal Alcohol Spectrum Disorder (FASD) (parent or child)
- Parental involvement with Child and Family Services

Protective Factors

The following have been identified as important to support a stable, nurturing family environment in Red Lake and Ear Falls.

- Pre-natal education and support
- Parenting, in-home support programs
- Early identification and interventions for children and families at risk
- Counselling to support family communication, harmony
- Addiction support programs for family members
- Food security programs (e.g. school breakfast programs)
- Access to resources, professional services and social support

Gaps & Barriers

Key gaps and barriers identified that impact the ability of community members to meet their needs in relation to a supportive family environment:

- Insufficient number of local foster homes (includes Kin / family placement, Indigenous and non-Indigenous)
- Lack of local placements for children with high needs
- Insufficient funding and number of Respite Workers
- Shortage of subsidized childcare spots
- Limited community awareness of domestic violence or supports
- Stigma associated with asking for assistance
- Normalized high use of alcohol and drugs

Associated Ministry Risk Factors

- Parenting – parent-child conflict
- Parenting – not receiving proper parenting (stable, nurturing home)
- Physical, emotional or sexual violence in the home
- Supervision – not properly supervised
- Unemployment – caregivers chronically or temporarily unemployed
- Neglecting other's basic needs

Ministry Protective Factors

- Family life is integrated into the life of the community
- Adequate parental supervision
- Positive relationship with spouse
- Open communication among family members
- Positive and supportive caregivers / relatives
- Parental education level
- Stability of family unit
- Strong parenting skills

Objectives

The objectives identified for the Family Environment Pillar include:

Objective	Description	Target Completion
Develop and implement community recreation programming & promotion strategy	Identify community programming that meets the needs of community members of all ages (i.e. children, youth, adults, seniors), fill gaps in existing programming and execute a promotion strategy to bring awareness of programming to community members	2023 *HIGH PRIORITY
Establish coordinated supply chain for family support services	Identify and coordinate the continuum of family support programs and services offered by the various agencies serving Red Lake and Ear Falls to identify gaps and increase collaboration and efficiencies	2022 to 2024
Expand utilization of Early ON centres in Red Lake and Ear Falls	Promote Early ON programming, ensure fully staffed and offering all available programs to support positive parenting	2021
Establish inter/intra community transportation	Affordable transportation services within and between Red Lake and Ear Falls and regional centres to facilitate access to family members, resources, professional services and social support	2022
Establish partnerships for coordinated pre-natal support	Partner with local and regional service providers (such as KDSB) for coordinated delivery of pre-natal supports.	2021
Develop and support community-based and led outreach	Community members, organizations facilitating family connections to community and supports.	2021

Target Outcomes

The specific target outcomes for the Family Environment pillar are:

Short-term	Intermediate	Long-term
• Improved awareness and understanding of available community programs and family support services	• Single window for family supports • Fewer children born with FASD • Healthier babies and children • Fewer incidents of domestic violence	• Reduced number of children in care • Family resilience and stability

Short-term	Intermediate	Long-term
• Increased engagement with available community programming and family support services • Increased knowledge of healthy parenting practices • Increased access to community and regional programs, services and recreation	• Fewer incidents of child neglect/abuse	

Working Group

Lead: Red Lake Indian Friendship Centre (RLIFC)

Members: Municipalities, CCAS, KDSB, NWHU

Financial Security

Context

Description

A lack of financial security refers to a financial situation that makes meeting one's day-to-day housing, clothing and nutritional needs significantly difficult. Financial insecurity may arise from general economic circumstances, insufficient education and skill development or other personal factors which may result in unemployment, unstable employment or employment that is not sufficient to provide financial stability (underemployment).

For individuals 18 years and older, attainment of a high school diploma is considered the minimum for sufficient education. Sufficient education, at all ages, also includes access to and success in receiving instruction and life skills.

Financial security impacts and is impacted by other risk factors such as substance abuse, housing and mental health.

Current State & Supporting Statistics

While the resource-based economies in Red Lake and Ear Falls provide many well-paying jobs, most other employment in these communities is in low-paying tourism and service-industry occupations, resulting in economic disparity among community members. The cost of living is high in Red Lake and to a lesser degree, Ear Falls. This is reported to be driven, in part, by prices geared to higher income earners and otherwise by geographic remoteness. Opportunities for high paying employment in the local resource industries without formal post-secondary education reduces the demand for higher education.

Unemployment in Red Lake and Ear Falls is currently low, with employers in resource sectors reporting that there are not enough qualified local people to fill available positions. These sectors, especially gold mining and forestry, have historically been subject to lay-offs, as the price of commodities fluctuate. Service and support industry employers report difficulties in attracting employees to their available positions. Despite this, reliance on Ontario Works supports is increasing in Ear Falls.

Academic achievement, professional qualification and consequently employment, is influenced by access to programs in the local community and underlying social factors such as substance abuse. For example, students who reside in Ear Falls must commute to Red Lake or elsewhere to attend high school, post-secondary courses offered at Confederation College are limited and some practical experience is only available out of town. The nearest universities are in Winnipeg or Thunder Bay.

61

Local individuals and families receiving Ontario Works support

- Higher percentage of residents with less than high school diploma than whole of Ontario, lower than Kenora.
- Lower percentage of residents with University degree than whole of Ontario

Figure 3 – 2016 Census Education Level

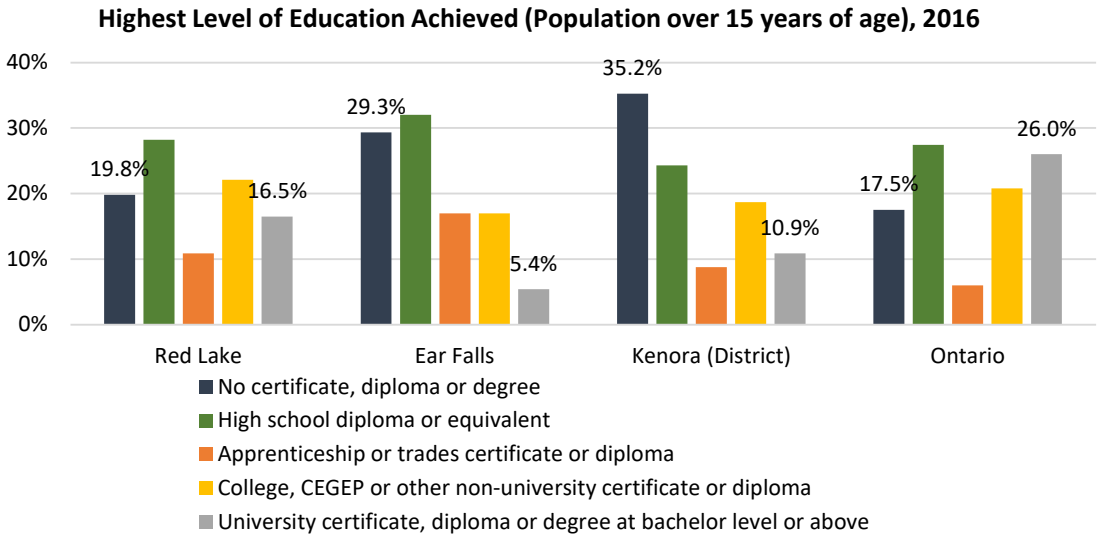
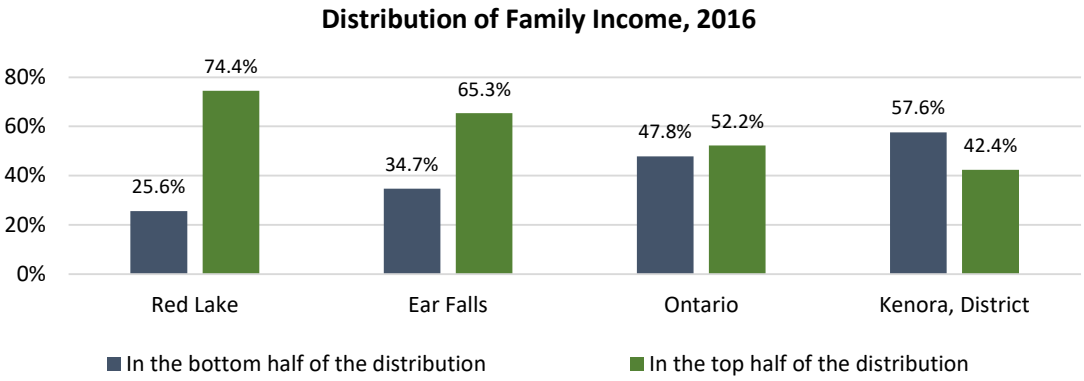


Figure 4 – 2016 Census Income Distribution



Vulnerable Groups

The Advisory Committee identified groups that are specifically vulnerable. These groups include:

- Low income earners (includes recipients of Ontario Works income support, Ontario Disability Support Program /employed in other than resource industry
- Indigenous persons
- Youth
- Women
- Single parents

Existing Programs & Services

The following table outlines the existing programs and services in Red Lake and Ear Falls that support education and economic security, as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs & Services	Population Served
Adult Education & Employment Services		
Red Lake Adult Learning Centre	• Literacy and basic skills (primary) – funded by Ontario Works • High School credits (secondary) – partnership with KDSB & Seven Generations o Full-time office Red Lake, part-time satellite office Ear Falls	Youth Adults
Confederation College	• Post-secondary diplomas, certificate programs, continuing education o Business, child and youth care, computer programming, educational support (EA), social service worker, personal support worker (PSW), pre-health sciences, general arts and science o Red Lake campus & online • Red Lake – lab with iPads, computers, instructors for support • Ear Falls computers in library, instructor supports one day every 2nd week	Youth Adults Employers
Contact North	• Academic counselling / referral • Live web conferencing / online learning technology and staff support	Youth Adults
Red Lake Career and Employment Services	• Job search support, postings, employee / employer matching, incentives • Full time office Red Lake, part-time satellite Ear Falls	Youth Adults Employers

Organization	Major Programs & Services	Population Served
(Employment Ontario)	• Funding for re-education / training (Second Career) note – underutilized	
Ontario Works	• Full-time staff person in Red Lake only	Youth Adults
K-12 Education		
Keewatin Patricia School District	• K-8 Schools – 2 in Red Lake, 1 in Ear Falls • High School (9-12) – 1 in Red Lake • Four Directions Program – Designed to increase retention, graduation rates and improve transition from elementary to high school for First Nation, Metis and Inuit students • Connect Ed – distance / virtual classes for select subjects that do not have sufficient enrolment to offer in-class (classes via Google Meet)	Children / youth Indigenous youth
Kenora Catholic District School Board	• K-8 school located in Red Lake o Indigenous and Metis – North Studies Program	Children
French Catholic School Board / Conseil scolaire de district catholique des Aurores boréales	• K-8 school located in Red Lake	Children
Red Lake Indian Friendship Centre / Red Lake High School	• Alternative High School – teacher and support worker located at Red Lake Indian Friendship Centre	Indigenous youth

Contributing Factors

Risk Factors

Risk Factors influencing education and economic insecurity in Red Lake and Ear Falls include:

- Mental health, substance abuse
- Lack of French instruction in high school impacts engagement with Francophone students
- Involvement with Justice system
- Involvement with child protection/Child and Family services
- Shift-work impacts ability to access part-time higher education opportunities
- Lack of local professional employment opportunities
- Childhood trauma
- Unsupportive family environment (instability, family breakdown, addictions)
- Housing affordability, stability, conditions
- Lack of Identification documents to support application, registration, employment, government supports (birth certificate, Drivers Licence, Social Insurance Number)
- Discrimination, racism

Associated Ministry Risk Factors

- Missing school
- Unemployment – chronically or temporarily unemployed
- Poverty – person living in less than adequate financial situation

Ministry Protective Factors

- Academic achievement
- Adequate level of education
- Access to cultural education
- Involvement in extracurricular activities
- Financial stability
- Ongoing financial supplement
- Stable employment
- Temporary financial support

Protective Factors

The following supports have been identified as important to support education and economic security in Red Lake and Ear Falls.

- Adult Education, Continuing Education
- Employment and training programs
- After school programs that provide academic support, mentoring, supervised recreation
- Public transportation between Ear Falls and Red Lake
- Access to day care, community children's programs
- Breakfast / nutrition programs for school-age children
- Transitional / affordable housing
- Culturally appropriate/inclusive hiring processes, programs, employment environment
- Grade 7-8 Pathways teachers
- Awareness of and access to apprenticeship, trades, other employment options

- Alternative education settings to support culturally appropriate/supportive learning (e.g. RLIFC Alternative High School program)

Gaps & Barriers

Key gaps and barriers identified that adversely impact the ability of community members to meet their needs for education and economic security include:

- Limited post-secondary in Red Lake and Ear Falls
- Limited engagement with adult literacy programs
    - Stigma associated with seeking adult literacy supports
- Cost of internet prohibitive for some; limited access and speed in some locales
- Shortage of subsidized childcare spots to support participation in education and employment
- Lack of Ontario Works supports for youth age 16 to 18.

Objectives

The objectives identified for the Financial Security pillar include:

Objective	Description	Target Completion
Improve internet connectivity, speed, and cost	Improved connectivity and affordability of internet services in Red Lake and Ear Falls to support web-based education and training, access to information, job-search, communications etc.	2023
Expand access to adult & continuing education	Expanded access to literacy, high school diploma, upgrading, technical and professional development opportunities in Red Lake and Ear Falls, both in-person and on-line	2022 to 2023
Establish coordinated food security program	Coordinate with educational institutions, health unit and other service providers to establish a food security program for community members	2022 to 2024
Coordinate data from school completion programs	Consolidate data from all school completion programs including high school, Adult Ed and other to monitor and report on educational achievement.	2021
Connect to/expand local access for Early Childhood Education training	Expand local opportunities to achieve Early Childhood Education certification to facilitate expansion of childcare capacity in communities	2022
Coordinate & activate economic development to support diverse local economy	Explore opportunities to increase diversity of economic activity in Red Lake and Ear Falls to support additional career options and employment stability	2022 to 2024

Target Outcomes

The specific target outcomes for the Financial Security pillar are:

Short-term	Intermediate	Long-term
• Increased performance in school • Increased number of community members with high school education or better • Increased access to educational opportunities	• Post-secondary education opportunities aligned with community needs • Local economy with diverse career options • Employment stability • Higher employment rates	• Reduced reliance on Ontario Works financial supports • Increased economic equity • Increased number of community members able to meet needs for shelter, clothing, nutrition

Working Group

Lead: Township of Ear Falls (Economic Development Officer)

Team: KPDSB, KDSB, RLIFC, Municipalities

Implementation

Roles & Responsibilities

The CSWB Plan has been developed following a framework developed by the Government of Ontario. This framework outlines the importance of having an Advisory Committee that represents multi-sectoral perspectives with structured roles and responsibilities to ensure the plan is actionable and there is appropriate accountability for implementation.

Advisory Committee

The primary directive of the Advisory Committee is to develop and recommend to the Councils of the Municipality of Red Lake and Township of Ear Falls a comprehensive and inclusive Community Safety and Well-Being Plan and Annual Implementation Plan. Advisory Committee members will act as the champions of the plan, rallying support from the public and community agencies/organizations, educating the public and serving as the face for the plan.

> Provide high level strategic leadership, coordination and monitoring

Going forward, they will be responsible for the overall success and ongoing develop of the Community Safety and Well Being Plan.

The specific responsibilities of the Advisory Committee include:

- Determining the priorities of the plan, including references to risk factors, vulnerable populations and protective factors.
- Ensuring outcomes are established, approving and ensuring a performance measurement framework is established including performance measures, responsibilities, schedule and process for implementing measurement and evaluation.
- Ensuring each section/activity under the plan, for each priority risk, is achievable.
- Ensuring the right agencies/organizations and participants are designated for each activity (i.e. implementation team).
- Owning, evaluating and monitoring the plan.
- Aligning implementation and evaluation of the plan with the municipal planning cycle and other relevant sectors' specific planning and budgeting activities to ensure alignment of partner resources and strategies.
- Setting a future date for reviewing the plan's achievements in order to prepare the next Advisory Committee, who will be developing the next version of the CSWB Plan.
- Initiate and facilitate working groups as may be necessary to assist in the development, encouragement and promotion of community safety initiatives.

Advisory Committee Coordinator

The Clerks of each municipality are jointly acting as the Advisory Committee Coordinator, responsible for, among other things, recruiting members of the Advisory Committee.

Other responsibilities of the Coordinator include:

- Planning and coordinating Advisory Committee meetings.
- Participating on the Advisory Committee.
- Participating in planning community engagement sessions.
- Ensuring the Advisory Committee decisions are acted upon.
- Preparing documents for the Advisory Committee as required.
- Receiving and responding to requests for information about the plan.
- Ensuring the plan is made publicly available.
- Public reporting on implementation of the plan.
- Recording Advisory Committee meeting proceedings (minute-taking).

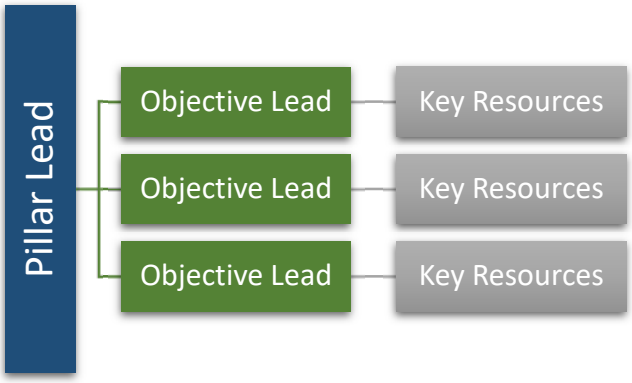
Working Groups

Working groups will be empowered by the Advisory Committee to take responsibility for the development and implementation of individual pillars of the plan. Each working group is made up of an individual lead and a team. Working groups will draw on other resources when necessary with assistance from the Advisory Committee.

Develop and implement action plans to achieve objectives

The Advisory Committee identified an individual from an appropriate member organization to lead each pillar and every objective within each pillar. Details on the structure of the pillar teams and the responsibilities of leads is provided below.

Figure 5: Structure of Pillar Teams



Pillar Leads

Pillar Leads will be responsible for overseeing implementation of all objectives in the workplan within their pillar of focus and report on progress to the Advisory Committee. They will act as a central point of coordination and communication with the leads responsible for implementation of pillar objectives ensuring they have what they need for success. Specifically, the pillar leads are responsible for collaborating with the pillar team to:

- Confirm strategies, desired outcomes, and performance measures
- Develop an engagement plan to inform decisions with input from community members of the vulnerable populations impacted by the risk factor
- Document implementation plans that detail roles, responsibilities, timelines, reporting relationships and requirements
- Monitor progress based on the established implementation plans
- Report on progress to the advisory committee

Objective Leads

Objective Leads are responsible for leading the implementation of their assigned objective(s). This includes coordination with their team and the pillar lead to ensure that implementation is progressing to the agreed upon timeline. They are responsible for communicating with their team, monitoring progress, and coordinating with the pillar lead for any additional resources or supports necessary for implementation. Additionally, they are responsible for leading data collection activities that will be used to report on progress as per the evaluation frameworks.

Key Resources

Key Resources have been selected as members of the working groups to implement each objective. They include Advisory Group members and representatives of other organizations. Key Resources have been selected based on their familiarity with the risk factors and vulnerable groups associated with the pillar, and access to relevant information and data.

Community

Members of the community play an active role in engaging in community safety and well-being initiatives and guiding the plan as it evolves. Target groups impacted by or familiar with priority risk factors should be involved in developing implementation plans and adjusting the CSWB Plan moving forward. The community as a whole should be empowered to play a role in the implementation of the plan where appropriate through engagement and volunteer opportunities.

Inform, support, participate in CSWB objectives and initiatives

Evaluation and Improvement

It is important to measure performance and progress made towards the expected outcomes of our improvement initiatives, both for purposes of accountability and learning. Monitoring progress towards our expected outcomes may identify mid-course corrections that need to be made to improve implementation of an initiative, leading to a process of continual improvement.

Logic Models and Evaluation Framework

Each pillar in this plan includes a set of outcomes, identified as short-term, intermediate and long-term, recognizing that some changes can be expected to occur immediately, while sustainable changes at the highest-level (impacts) will take some time.

Collect, track and report to learn and improve

Logic models, sometimes referred to as "theory of change" map the resources, major programs and initiatives, their activities and outputs and the outcomes they are expected to achieve. A logic model has been developed for each pillar of this CSWB plan.

The evaluation framework provides a framework for monitoring and reporting on the CSWB activities. It includes indicators (measurable pieces of information) for the outcomes in each pillar and how indicator data will be collected. The Advisory Committee may also choose to include indicators that apply at a higher CSWB plan level, such as a community safety and well-being index. The logic models and evaluation framework are included in Appendix B.

For annual reporting purposes, detailed indicators can be summarized under a set of Key Indicators (see Indicators page 4) representing progress on the high-level goals of the plan.

Baseline Measures and Targets

To measure improvement, baseline measures and targets for future reporting periods are developed for the indicators. Each working group will develop baselines measures and targets for the first year of the plan as one of their first implementation tasks. Going forward, new targets will be set on an annual basis.

Reporting

An Annual Progress Report on implementation of the CSWB Plan and key indicators of community safety and well-being will be presented to the municipal Councils and the public in November of each year.

The Advisory Committee will also present other reports and information it deems appropriate to inform the municipal Councils and the community at large of the actions, activities and programs of the Advisory Committee.

Appendix A - CSWB Plan Summary

RED LAKE / EAR FALLS COMMUNITY SAFETY & WELL-BEING PLAN

Mission: To provide leadership, engagement and collaboration, enabling proactive, supportive investments in people that support long-term community safety and well-being and reduce reliance on emergency services

OUR FOCUS

Community Safety & Well-Being

Five Pillars of Focus

- Safe Substance Use
- Mental Health
- Housing
- Family Environment
- Financial Security

Collaboration Inclusion and Engagement

Advisory Committee	Working Groups	Community
Provide high level strategic leadership, coordination and monitoring	Develop and implement action plans to achieve objectives	Inform, support, participate in CSWB objectives

OUR GOALS

1. Coordinated, Collaborative Services that meet Community Needs
2. Equity & Social Justice
3. Healthy, Thriving Community Members of All Ages
4. Diverse, Accessible, Sustainable Economy
5. Community Driven Safety and Well-Being

OUR CHALLENGE

Pillar	Safe Substance Use	Mental Health	Housing	Family Environment	Financial Security
	Reduced harmful use of drugs and alcohol	Emotional, psychological and social-well-being	Permanent, supportive and transitional housing	Stable, nurturing, safe environments with access to resources	Education, employment and financial insecurity
Challenges to be Addressed	• Harmful use of drugs and alcohol widely accepted in local community, culture • High rate of emergency room visits due to drugs and alcohol • High number of assaults related to alcohol or drug use. • No local withdrawal management or residential treatment	• May be Influenced by multi-generational trauma, Fetal Alcohol Spectrum Disorder (FASD) • No local psychiatric & psychological services available • No local short-term stabilization / safe beds • High rate of self-harm among youth • High rate of youth hospitalized due to mental & behavioural disorders	• Housing not affordable for many renters • The seniors population is increasing; often must leave community for long-term care • Lack of housing for youth increases risk of sexual exploitation • No affordable, supportive housing for seniors, youth	• Strongly affected by substance abuse and mental health • Domestic violence is increasing • Very high rate of females being assaulted • Shortage of local foster / family member placements • No local placements for kids with high needs	• High number of adults without high school diploma • Fewer adults with university degree than other Ontario communities • Low unemployment • Large gap between high income earners and low income earners • Gap in Ontario Works supports for 16-18 yrs • Limited local post-secondary education options • Limited internet connectivity, speed

Shortage of Community Service Workers, Transportation

OUR WORK PLAN	2021	2022	2023	2024	2025+	Working Group	
						Lead	Advisory Committee Members and other Key Resources (preliminary)
Inclusion and Community Engagement						**Pillar lead - Municipalities**	
Establish inclusion / active anti-racism strategy (PRIORITY)						Municipalities	Solicitor General - Anti-Racism Directorate, area First Nations, NWHU, KPDSB, KDSB, Canadian Centre for Diversity and Inclusion
Establish CSWB community engagement plan (PRIORITY						Municipalities	Advisory Committee members
Safe Substance Use						**Pillar Lead - CCAS**	
Establish Detox Centre in Red Lake (PRIORITY)						CCAS	Hospital, OPP, RLIFC
Establish Managed Alcohol Program in Red Lake and Ear Falls (PRIORITY)						Family Health Teams	Hospital, OPP, RLIFC, Municipalities
Develop and implement proactive Situation Table protocols (PRIORITY)						OPP	CCAS, Hospital, KRRCFS, Firefly
Implement evidence-based prevention planning						NWHU	KPDSB, RLIFC
Develop and implement standardized primary assessment and referral protocols/resources aligned with community paramedicine program						KDSB	Hospital, Paramedicine, OPP, Family Health Teams, LHIN, CCAS
Establish shared agency training protocols and resources						KDSB	TBD
Mental Health						**Pillar Lead – Firefly - to be confirmed**	
Establish Youth Drop In Centre (PRIORITY)						Firefly – to be confirmed	KPDSB, Community Groups, Municipality, RLIFC
Establish Safe / Stabilization beds in Red Lake						CCAS	CCAS, Family Health Teams
Optimize use of telehealth for psychiatric and support services						Family Health Teams	Hospital, CCAS, Firefly, LHIN,
Establish proactive coping support program for families and seniors						RLIFC	Family Health Teams, Firefly
Housing						**Pillar Lead – KDSB – to be confirmed**	
Establish affordable, assisted living facility for seniors (PRIORITY)						Municipality	LHIN, KDSB, Home for the Aged - Community Support Services
Establish Supportive Youth Housing						Tikinagan	KRRCFS, RLIFC, Red Lake Emergency Shelter, KDSB
Establish In-home support services (to enable aging in place)						KDSB – to be confirmed	LHIN, Municipalities, Canadian Mental Health Association
Assess & forecast need for seniors housing across the full continuum						LHIN – to be confirmed	KDSB
Assess need and develop plan for affordable multi-unit housing						KDSB – to be confirmed	Municipalities
Conduct comprehensive review of supports for maintaining tenancy/housing						To be confirmed	To be confirmed
Family Environment						**Pillar Lead – RLIFC**	
Develop and implement community programming & promotion strategy (PRIORITY)						Municipalities	RLIFC, NWHU, Firefly
Establish coordinated supply chain for family support services						CCAS	KDSB, Family Health Teams
Expand utilization of Early ON centres						KDSB	Family Health Teams, School Division, CFS, Tikinagan
Establish inter/intra community transportation						KDSB	RLIFC, Tikinagan, KRRCFS, CCAS, NOMA
Establish partnerships for coordinated pre-natal support						NWHU - to be confirmed	Family Health Teams, NWHU
Develop and support community-based and led outreach						To be confirmed	To be confirmed
Financial Security						**Pillar Lead – Township of Ear Falls Economic Development (year 1)**	
Improve internet connectivity, speed, and cost						Municipalities	Northwestern Ontario Municipal Association (NOMA)
Expand access to adult & continuing education						KPDSB	Municipality, RLIFC, RL Adult Ed. Centre, Confederation College
Establish coordinated food security program						RLIFC	NWHU, KPDSB
Coordinate data from school completion programs						KPDSB	RLIFC, KDSB
Connect to/expand local access for Early Childhood Education training						KDSB	KPDSB
Coordinate & activate economic development to support diverse local economy						Municipalities – to be confirmed	Chukuni CDC

Appendix B – Logic Models and Evaluation Framework

Prepared by MNP LLP

Safe Substance Use Logic Model

Inputs (Resources)

- Program delivery facilities and equipment
- Management and Administrative systems and tools
- Resource materials
- Training
- Research
- Data
- Advisory Committee Working Groups
- Community partners

Key Programs/ Initiatives

- Detox Centre
- Managed Alcohol
- Situation Table
- Evidence-based Prevention Planning
- Common Assessment and Referral Protocols, Resources and Training

Outputs
Activities – Direct Products

- Supervised withdrawal management
- Referrals to other agencies/programs
- Administer safe levels of alcohol to participants
- Counselling and support services sessions
- Proactive risk assessments and prevention interventions
- Data collection and analysis with community involvement
- Strategic documented programs, policies, practices
- Prevention activities
- Documented assessment protocols and tools (checklists, standard operating procedures, service providers lists),
- Shared agency training protocols and resources

Indicators
Specific measures

- Individuals served by the program
- Wait time/waitlist for programs
- Wait time to release patients from care of other emergency service providers
- Warm handoffs to supportive services in the community (including the type of services)
- Call for emergency service / ER visits related to substance use
- Crime related to substance use
- Hospitalizations due to substance use
- Culturally appropriate programs and services
- Homelessness due to substance abuse
- Proactive assessments completed
- Individuals connected/declined support services (by type)
- Inclusion in programs and services
- Mobile crisis unit responses
- Research conducted
- Programs, policies and practices developed
- Communication and education activities
- Protocols developed
- Community agencies trained
- Community agencies using standard protocols and tools
- Culturally appropriate programs and services

Outcomes – Impact

Short-term

- Increased awareness of support programs
- Increased access to support programs

Intermediate

- Strategic, coordinated approach to prevention and crisis response related to substance use
- Increased number of individuals with chronic harmful substance use in residential programs
- Reduced number of individuals experiencing harmful substance use

Long-term

- Reduced reliance on emergency and protective services related to substance use
- Decreased number of assaults
- Reduced involvement in court system

Assumptions

The activities under the safe substance use pillar are based on harm reduction strategies to ensure that individuals receive the help that they need, to mitigate their use of emergency services as well as involvement in the criminal justice system

Mental Health Logic Model

Inputs (Resources)

- Program delivery facilities and equipment
- Management and Administrative systems and tools
- Resource materials
- Training
- Research
- Data
- Advisory Committee Working Groups
- Community partners

Key Programs/ Initiative

- Youth Drop-In Centre
- Stabilization Beds
- Telehealth
- Coping Support Programs

Outputs

Activities – Direct Products

- Peer supports
- Counselling
- Meals / snacks
- Social and recreation activities
- Information on other services (e.g. education, employment, housing, safe substance use), Service Ontario programs
- Adult / Youth mentor relationships
- Referrals to other services

- Supervised crisis stabilization
- Needs assessment and referral to ongoing supports

- Connections with local and regional psychiatrists
- Referrals
- Remote appointments)

- Outreach
- Workshops for care-givers

Indicators

Specific measures

- Programs available at centre
- Program capacity / availability
- Program usage and satisfaction
- Mentor/mentee relationships developed
- Warm handoff to other supportive services upon discharge
- Occupancy
- Wait times / wait list
- Telehealth usage by type
- System capacity
- Access to services
- Workshops completed (including number of attendees)
- Personal coping strategies developed
- Perceived mental health / stress
- Culturally appropriate mental health supports
- Community groups involved in youth drop-in centre
- Sense of community belonging

Outcomes

Short-term

- Increased awareness of services available
- Increased local availability of mental health supports
- Caregiver capacity to support individuals with mental health and cognitive disabilities

Intermediate

- Quicker connection to appropriate mental health services
- Increased engagement with mental health prevention programs
- Increased engagement with other social supports
- Increased engagement with recreation activities (youth)
- Reduced incidents of vandalism, other property crimes

Long-term

- Reduced number of calls for emergency services
- Decrease number and duration of emergency department visits related to mental health and self-harm
- Decrease in incidents of self-harm

Housing Logic Model

Inputs (Resources)

- Program delivery facilities and equipment
- Management and Administrative systems and tools
- Resource materials
- Training
- Research
- Data
- Advisory Committee Working Groups
- Community partners

Key Programs/ Initiatives

- Establish Assisted Living Facility for Seniors
- Establish Supportive Youth Housing
- Establish In-Home Support Services
- Seniors Housing Needs Assessment
- Multi-unit Housing Needs Assessment and Plan
- Housing Supports Review

Outputs

Activities – Direct Products

- Business Plan and funding
- Facility
- Trained facility staff
- Services for residents
- Programming for residents

- Business Plan and funding
- Housing facility
- Partnerships for service delivery
- Support services (counselling, life skills)
- Referrals to additional resources

- Inventory of service providers
- Contracts with service providers
- Volunteer recruitment and training
- Referrals to other supports

- Needs analysis, including community engagement
- Business Plan and funding

- Research and Community engagement
- Gap analysis and mitigation strategies
- Communications to service providers and community members
- Subsidies and other supports

Indicators

Specific measures

- Wait lists for seniors facilities (assisted living, long term care)
- Seniors remaining in community (vs moving to other community for housing)
- Physical and mental health indicators
- Homelessness
- Couch-surfing
- Referrals made and received to partnering agencies
- Access to services
- Seniors living in own home
- Age of seniors living in own home
- Consultations with community members and stakeholders
- Partner involvement in planning and review
- Affordability of housing options
- Proximity of housing options to service providers, transportation, recreation
- Accessibility of housing supports
- Funding available for housing supports (by type)
- Emergency shelter use

Outcomes

Short-term

- Awareness of housing supports
- Increased access to supports to maintain stable housing
- Plans developed that include community input

Intermediate

- Increased number of households able to maintain appropriate housing

Long-term

- Increased number of youth with stable housing
- Increased number of seniors remaining in own homes
- Affordable, appropriate housing options for all community members

Family Environment Logic Model

Inputs (Resources)

- Program delivery facilities and equipment
- Management and Administrative systems and tools
- Resource materials
- Training
- Research
- Data
- Advisory Committee Working Groups
- Community partners

Key Programs/ Initiatives

- Community Programming and Promotions Strategy
- Coordinated Family Supports
- Pre-natal Supports
- Early ON Centres
- Community / Regional Transportation
- Community Led Outreach

Outputs
Activities – Direct Products

Community Programming and Promotions Strategy
- Community consultation
- Identified community programming needs and gaps (sports and recreation, social)
- Community programming plan
- Schedule of promotional activities
- Promotional materials, advertisements, presentations, events

Coordinated Family Supports
- Inventory of existing family support services
- Documented gaps in programming available to Red Lake and Ear Falls community members
- Partnerships for delivery of services
- Continuum of family support services available to community members from pre-natal through to supports for seniors
  - Assessment
  - Training
  - Counselling
- Case management

Pre-natal Supports
- Educational resources and programs for expecting mothers/families

Early ON Centres
- Early ON Centre programs

Community / Regional Transportation
- Community and regional shuttles
- Coordinated transportation among service providers
- Pool of volunteer drivers

Community Led Outreach
- Partnerships with community organizations
- Sponsorships, events,
- Individual identified to receive supports

Indicators
Specific measures

- Community programs developed, including population served
- Communication material developed, promotional activities undertaken
- Social media and website views, likes, and comments Number of formal partnerships developed
- Individuals and families accessing community programs (by type)
- Formal partnerships for delivery of services developed
- Families connected with supports
- Clinical assessments (e.g. ADHD, FASD)
- Families accessing services (including the types of services)
- Child apprehensions
- Domestic violence

<u>Pre-Natal Supports and Early ON programs</u>
- Programs/classes delivered, by location
- Individuals/families connected with pre-natal supports
- Staff/capacity to deliver Early ON programs
- Routes and capacity of transportation services
- Use of transportation services
- Organizations and volunteers involved
- Community-led events, initiatives, by type

Outcomes

Short-term
- Improved awareness and understanding of available community programs and family support services
- Increased engagement with available community programming and family support services
- Increased knowledge of healthy parenting practices
- Increased access to community and regional programs, services and recreation

Intermediate
- Single-window for family supports
- Fewer children born with FASD
- Healthier babies and children
- Fewer incidents of domestic violence
- Fewer incidents of child neglect/abuse

Long-term
- Reduced number of children in care
- Family resilience and stability

Financial Security Logic Model

Inputs (Resources)

- Program delivery facilities and equipment
- Management and Administrative systems and tools
- Resource materials
- Research
- Data
- Advisory Committee Working Groups
- Community partners

Key Programs/ Initiatives

- Adult and Continuing Education Programs
- Food Security Program
- Early Childhood Educator Training
- Economic Development for Diversity
- Internet Connectivity
- Coordinate School Completion data

Outputs

Activities – Direct Products

- Assessment of strengths, needs, goals, and barriers
- Learning plans for individuals to follow
- Tutoring sessions and study materials
- Providing stable and accessible nutritional food for individuals in need
- Cooking and grocery shopping workshops
- Community gardens, food banks
- Food drives
- Provide training for individuals to receive their ECE certification
- Certified ECE workers
- Available ECE seats for families
- Grant applications
- Economic Development plan
- Promotional events, materials
- Collaborations with industry, educational institutions, business community
- Internet infrastructure
- Contracts with service providers
- Subsidies for internet services
- Consolidated education information
- Analysis for decision-making

Indicators

Specific measures

- Individuals admitted to the program
- Average wait time/waitlist
- Supports provided to participants
- Graduation rates
- Educational attainment
- Individuals/families receiving food security support
- Individuals/families attending workshops (including type)
- Community involvement
- Health indicators
- Individuals receiving / graduating ECE Training
- ECE capacity
- Economic development activities, collaborations
- Employers, employment by industry
- Income
- Employment stability
- New businesses
- Capacity of local internet service
- Cost of local internet service
- Subsidies available for internet service

Outcomes

- Increased performance in school
- Increased number of community members with high school education or better
- Increased access to educational opportunities

- Post-secondary education opportunities aligned with community needs
- Local economy with diverse career options
- Employment stability
- Higher employment rates

- Reduced reliance on Ontario Works financial supports
- Increased economic equity
- Increased number of community members able to meet needs for shelter, clothing, nutrition

Red Lake / Ear Falls CSWB Plan Evaluation Framework

Frequency

Baseline data and year 1 targets set in year 1. Targets set annually thereafter

Responsibility

Pillar leads are responsible for data collection and reporting to the Advisory Committee Coordinator(s)

Pillar	Outcomes	Indicators (examples)	Data Collection Sources and Methods (examples)
Inclusion and Community Engagement	• Community driven safety & well-being • Equity in education, employment, income and housing demographics • Erosion of barriers related to systemic racism • Robust engagement plan tailored to CSWB Plan objectives • Greater representation from marginalized groups	• Community perception of inclusion and engagement • Community participation in CSWB initiatives • Signatories to anti-racism accord • Community education, housing, income demographics • Composition of engagement sessions, survey respondents, and target stakeholder groups/organizations • Proactive engagement processes that seek out missing perspectives	Data Sources and methods • Census data • Community engagement plans / analysis
Safe Substance Use	• Increased awareness of support programs • Increased access to support programs • Strategic, coordinated approach to prevention and crisis response related to substance use • Increased number of individuals with chronic harmful substance use in residential programs • Decreased number of individuals experiencing homelessness due to substance use • Reduced reliance on emergency and protective services related to substance use • Decreased number of assaults • Reduced involvement in court system • Reduced number of individuals experiencing harmful substance use	• Individuals served by the program • Wait time/waitlist for programs • Wait time to release patients from care of other emergency service providers • Warm handoffs to supportive services in the community (including the type of services) • Call for emergency service / ER visits related to substance use • Crime related to substance use • Hospitalizations due to substance use • Culturally appropriate programs and services • Homelessness due to substance abuse • Proactive assessments completed • Individuals connected/declined support services (by type) • Inclusion in programs and services • Mobile crisis unit responses • Research conducted • Programs, policies and practices developed • Communication and education activities • Protocols developed • Community agencies trained • Community agencies using standard protocols and tools • Culturally appropriate programs and services	Data Sources and methods • Electronic medical records • Court and justice system data base • OPP statistics • Community partner operational data • Interviews and focus groups with service providers and clients

Red Lake / Ear Falls CSWB Plan Evaluation Framework

Pillar	Outcomes	Indicators (examples)	Data Collection Sources and Methods (examples)
Mental Health	• Increased awareness of services available • Increased local availability of mental health supports • Caregiver capacity to support individuals with mental health and cognitive disabilities • Quicker connection appropriate mental health services • Increased engagement with mental health prevention programs • Increased engagement with other social supports • Increased engagement with recreation activities (youth) • Reduced incidents of vandalism, other property crimes • Reduced number of calls for emergency services • Decrease number and duration of emergency department visits related mental health and self-harm • Decrease in incidents of self-harm	• Programs available at centre • Program capacity / availability • Program usage and satisfaction • Mentor/mentee relationships developed • Warm handoff to other supportive services upon discharge • Occupancy • Wait times / wait list • Telehealth usage by type • System capacity • Access to services • Workshops completed (including number of attendees) • Personal coping strategies developed • Perceived mental health / stress • Culturally appropriate mental health supports • Community groups involved in youth drop-in centre • Sense of community belonging	<u>Data Sources and methods</u> • Local hospitals and Ontario Ministry of Health and Long-Term Care • Community service providers and funders • Electronic medical records • Community partner operational data • Interviews and focus groups with service providers and clients
Housing	• Awareness of housing supports • Increased access to supports to maintain stable housing • Plans developed that include community input • Increased number of households able to maintain appropriate housing • Increased number of youth with stable housing • Increased number of seniors remaining in own homes • Affordable, appropriate housing options for all community members	• Wait lists for seniors facilities (assisted living, long term care) • Seniors remaining in community (vs moving to other community for housing) • Physical and mental health indicators • Homelessness • Couch-surfing • Referrals made and received to partnering agencies • Access to services • Seniors living in own home • Age of seniors living in own home • Consultations with community members and stakeholders • Partner involvement in planning and review • Affordability of housing options • Proximity of housing options to service providers, transportation, recreation • Accessibility of housing supports • Funding available for housing supports (by type) • Emergency shelter use	<u>Data Sources and methods</u> • Ontario Ministry of Municipal Affairs and Housing • Ontario Ministry of Seniors and Accessibility • Community service providers and funders • Social housing waitlist • Community partner operational data • Interviews and focus groups with service providers and clients

Red Lake / Ear Falls CSWB Plan Evaluation Framework

Pillar	Outcomes	Indicators (examples)	Data Collection Sources and Methods (examples)
Family Environment	• Improved awareness and understanding of available community programs and family support services • Increased engagement with available community programming and family support services • Increased knowledge of healthy parenting practices • Increased access to community and regional programs, services and recreation • Single-window for family supports • Fewer children born with FASD • Healthier babies and children • Fewer incidents of domestic violence • Fewer incidents of child neglect/abuse • Reduced number of children in care • Family resilience and stability	• Community programs developed, including population served • Communication material developed, promotional activities undertaken • Social media and website views, likes, and comments • Number of formal partnerships developed • Individuals and families accessing community programs (by type) • Formal partnerships for delivery of services developed • Families connected with supports • Clinical assessments (e.g. ADHD, FASD) • Families accessing services (including the types of services) • Child apprehensions • Domestic violence • Programs/classes delivered, by location • Individuals/families connected with pre-natal supports • Staff/capacity to deliver Early ON programs • Routes and capacity of transportation services • Use of transportation services • Organizations and volunteers involved • Community-led events, initiatives, by type	<u>Data Sources and methods</u> • Program data • Interviews and focus groups with service providers and clients • Social media stats • O.P.P. crime reports
Financial Security	• Increased performance in school • Increased number of community members with high school education or better • Increased access to educational opportunities • Post-secondary education opportunities aligned with community needs • Local economy with diverse career options • Employment stability • Higher employment rates • Reduced reliance on Ontario Works financial supports • Increased economic equity • Increased number of community members able to meet needs for shelter, clothing, nutrition	• Individuals admitted to the program • Average wait time/waitlist • Supports provided to participants • Graduation rates • Individuals/families receiving food security support • Individuals/families attending workshops (including type) • Community involvement • Individuals receiving / graduating ECE Training • ECE capacity • Economic development activities, collaborations • Employers, employment by industry • Income • Employment stability • New businesses • Capacity of local internet service • Cost of local internet service • Subsidies available for internet service • Educational attainment	<u>Data Sources and methods</u> • Program data • Interviews and focus groups with service providers and clients • KPDSB stats • Census • Public health data • KDSB stats

Red Lake / Ear Falls CSWB Plan Evaluation Framework

Pillar	Outcomes	Indicators (examples)	Data Collection Sources and Methods (examples)
Overall CSWB Plan Level	1. Specific indicators from each of the Pillars can be rolled up to high-level key performance indicators to report on overarching CSWB Plan goals. (see Indicator mapping against high level outcomes in section 2 of the CSWB Plan document)	1. High-level key performance indicators • Crisis Intervention • Key health indicators • Equity and Social Justice • Collaboration • Community Initiatives	
	2. Community Well-being Index indicators (optional every 5 years)	2. Community Well-being index could be customized and based on published Census, National Housing Survey, Labour data. For example, the City of Calgary Community Well-being index includes: • Poverty • Unemployment • Housing • Family Stability • Social Inclusion • Education • Personal Health Personal Safety	
	3. Community Perception of Safety and Well-being (optional – annually)	3. Community Survey used in CSWB Plan development could be modified to measure community perception of well-being.	

Appendix C – Summary of Stakeholder and Public Input

Municipality of Red Lake and Township of Ear Falls 2020 Community Safety and Well-Being Plan

Summary of Key Statistics, Stakeholder and Public Feedback – Detailed

October 2020

Table of Contents

Consultations

(see Appendix A for detailed list of stakeholder organizations)

Stakeholder Group (# in attendance)	Method of Engagement

Advisory Committee Members
• Municipality of Red Lake (7)
• Municipality of Ear Falls (2)
• Advisory Committee
  • Children Youth (1)
  • Community / Social Services (3)
  • Custodial Services (2)
  • Education (3)
  • Physical Health (2)
  • Mental Health and Addictions (2)
  • Policing (4)
	Group interviews
	May 11 to 28
	
	To gain professional insights into community needs, risks, priorities, gaps, opportunities, existing programs, data collection, collaboration

Community Organizations • Mental Health and Addictions (2) + 1 interview • Housing and Homelessness (1) • Child Care / Early Learning (2) • Recreation (2) • Supports for Seniors and Persons with Disabilities (2) • Adult Education and Employment (2) + 1 interview • Business Community (5)	**Focus Groups / interviews** **June 30 to July 16** To gain information on community needs, risks, priorities, gaps, opportunities, existing programs, collaboration

General Public

Public Survey
Open June 18 to July 19
• 141 total responses (not all questions answered by all respondents)
  • Red lake – 111
  • Ear Falls – 27
  • Other – 3
Questions focused on public perception of impact / priority of key risks, and vision for community safety and well-being
 	
Web-hosted Public Workshop
July 7 – 6:30pm to 7:30pm
Combined Red Lake / Ear Falls – due to low registration. 10 members of the public registered.
Attendance – *1 public, 4 Advisory Committee
* 4 of the registrants who did not attend participated in a focus group / interview
Public workshop provided overview of CSWB Planning process, preliminary data and facilitated discussion of gaps and opportunities in programs and services.

Key Data Sources

- Red Lake Circle Situation 2019 Annual Report
- O.P.P. 2019 Annual Report to Council
- Community Counselling and Addictions Services – statistics
- Northwest Health Unit Statistics
- Mobile Crisis Unit – Responses by risk category
- Statistics Canada – 2016 Census
- Tikinagan Child and Family Services Annual Report 2018-2019
- Kenora Rainy River CFS Annual Report 2018-2019
- A Place for Everyone Kenora District Services Board Ten Year Housing and Homelessness Plan 2014-2024
- A Place for Everyone Kenora District Services Board Annual Report: 2018 progress, 10 Year Housing and Homelessness Plan

RISKS – OVERVIEW

Summary Overview – Key Risk Categories and Gaps

Substance Abuse

Gaps

- Detox not available locally
- Residential treatment not available locally
- Significant load on Emergency Response and hospital E.R.

Opportunities

- Local detox and residential programs

Mental Health & Cognitive Issues

Gaps

- Psychiatric and psychological services not available locally
- Wait lists for mental health counselling (all ages)
- Shortage of homecare / personal support
- Shortage of regional in-patient complex care beds

Opportunities

- Maximize use of Telehealth
- Youth Hub

Housing Insecurity

Gaps

- Shortage of housing for seniors / persons with limited cognitive functioning
  - no Supportive Living in either community
  - LTC waitlist (RL)
- Lack of housing options for youth / low income
- Ear Falls has social housing stock but limited supports

Opportunities

- Norseman Inn Assisted Living initiative
- Homeless initiatives

Physical Health

Gaps

- Public transportation within and outside communities to access health providers
- Available pool of health professional and support workers

Opportunities

- Shuttle
- Shared / coordinated travel

Key Risk Categories and Gaps

Education, Employment & Financial Insecurity

Gaps
- Limited post-secondary in RL/EF
- Cost of internet prohibitive for some students
- Shortage of subsidized childcare spots
- No Ontario Works office in Ear Falls

Opportunities
- Industry / Confederation College partnerships for high demand occupations
- Co-op education programs

Criminal Involvement

Gaps
- Neighbourhood concerns regarding using Emergency Shelter for bail beds

Opportunities
- Court Diversion programs e.g. Mental Health Court, Drug Court

Emotional and Sexual Violence

Gaps
- Mobile Crisis Unit gap between 2:00 am and agency openings in a.m.
- Lack of connection between crisis response and continued supports
- Cases rarely brought to Circle Situation Table
- Limited community awareness

Opportunities
- 24/7 Mobile Crisis Response
- 24/7 youth hub (safe space)
- Increased awareness and coordination

Unsupportive Family Environment

Gaps
- Insufficient number of local foster homes (both indigenous and non)
- Placements for foster children with complex needs not locally available
- Shortage of funding for respite workers
- Shortage of subsidized childcare spots

Opportunities
- None identified

Common Gaps and Opportunities

The following identified gaps and opportunities apply to multiple factors:

Gaps

Transportation	• Within and outside of community to access services, recreation, visit elders / family members - Applies to education, employment, physical health, mental health, substance abuse • Ambulance being used as public transportation in some cases – impacts availability and costs
Limited pool of health / social workers	• Impacts ability to deliver mental health, physical health, addictions, supports for seniors • Community fatigue – always the same people on committees • OPP involved in response for complex needs e.g. help with restraints, lifts, etc. out of necessity - Applies to seniors, mental health, physical health, addictions
Overnight crisis response	• No services between 2:00 a.m. and agency opening hours. - Impacts mental health, substance use, emotional and sexual violence

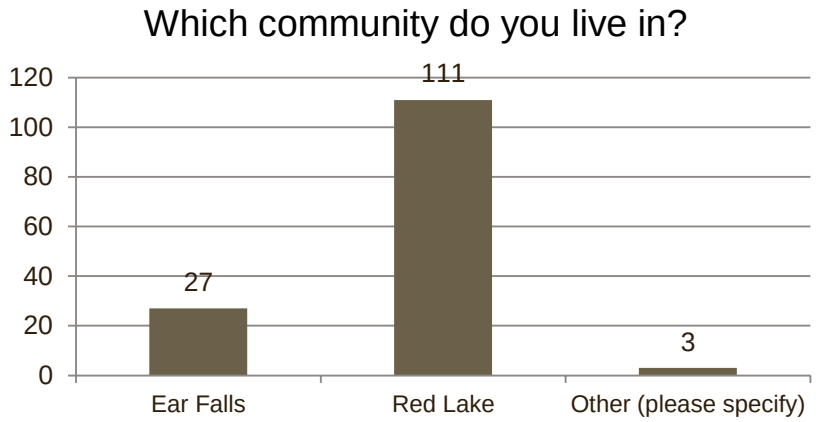
Opportunities

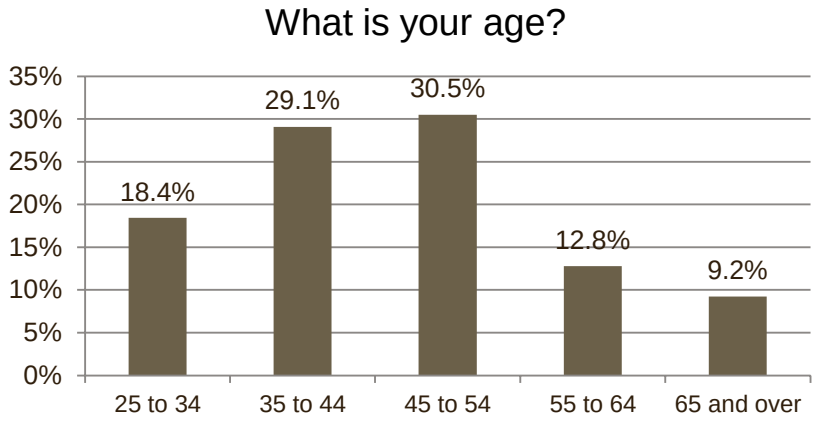
- **24/7** Mobile Crisis Response
- Coordinated / shared transportation
  - Coordinate out of town medical travel (e.g. patient navigator) – scheduling, car-pooling, shared transportation
    - CNIB Eye Van and Breast Screening Van well-run
    - RLIFC, NIHB, Northwood Lodge, New Starts, RLAES, taxi company could cost share public transportation.

Survey Results

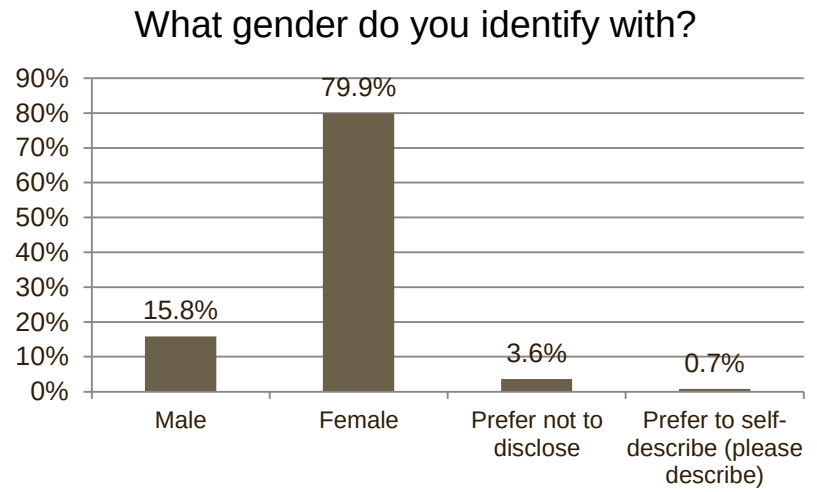
- Survey participants were provided with a set of factors which influence community safety and well-being. A brief definition was provided for each. They rated each factor on a scale of 0 to 10 (0 was low, 10 was high) for:
  1. The level of impact it has on:
     a) You and the people you live with
     b) The community you live in (Red Lake or Ear Falls)
  2. The priority this factor should have in the CSWB Plan
- An average rating was calculated for each factor, for each sub-question.
- Not all respondents rated “Impact on you and the people you live with” (73% average response rate)
  - Of those who did respond, the rating was significantly lower (Range = 1.8 to 3.9) vs
    - “Impact on Community” (Range = 5.7 to 7.6)
    - “Priority for the CSWB Plan”. (Range = 6.0 to 7.7)
- Ratings for “impact on community” and “Priority for the CSWB Plan” were very similar. We have presented the survey response to “Priority for the CSWB Plan” in the detailed risk section that follows
- Generally, responses from residents of Red Lake and Ear Falls were similar. Significant differences (.7 or more) are noted as applicable.

Demographics of Survey Results



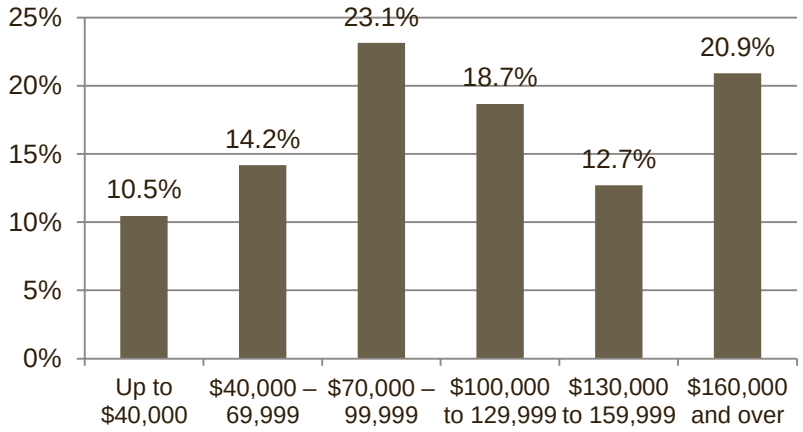


- Other community responses
  - Kenora (2)
    - Work encompasses Red Lake and Ear Falls
  - Winnipeg (1)
    - Moved for health reasons

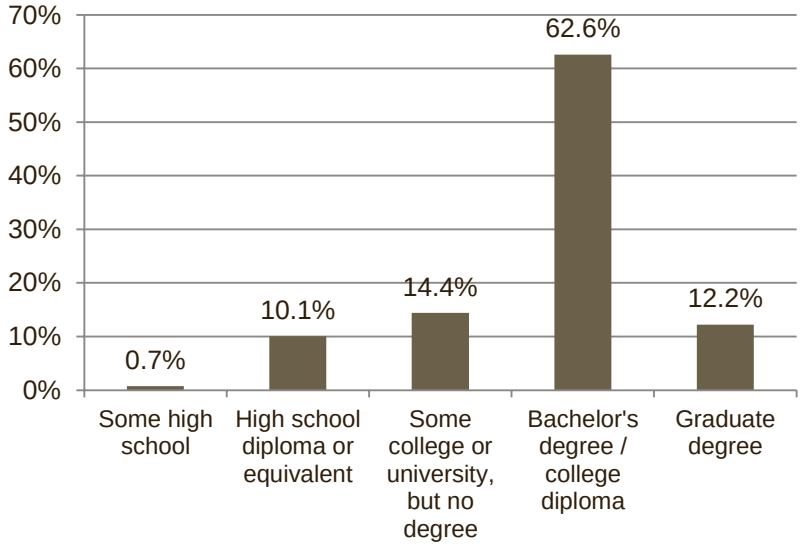


Demographics of Survey Results

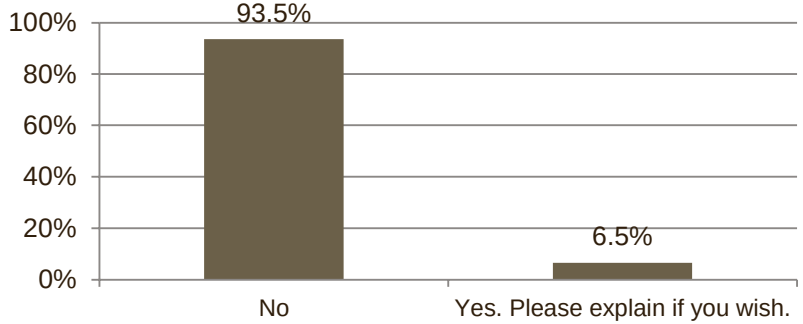
What is your total annual household income?



What is the highest degree or level of school you have completed?

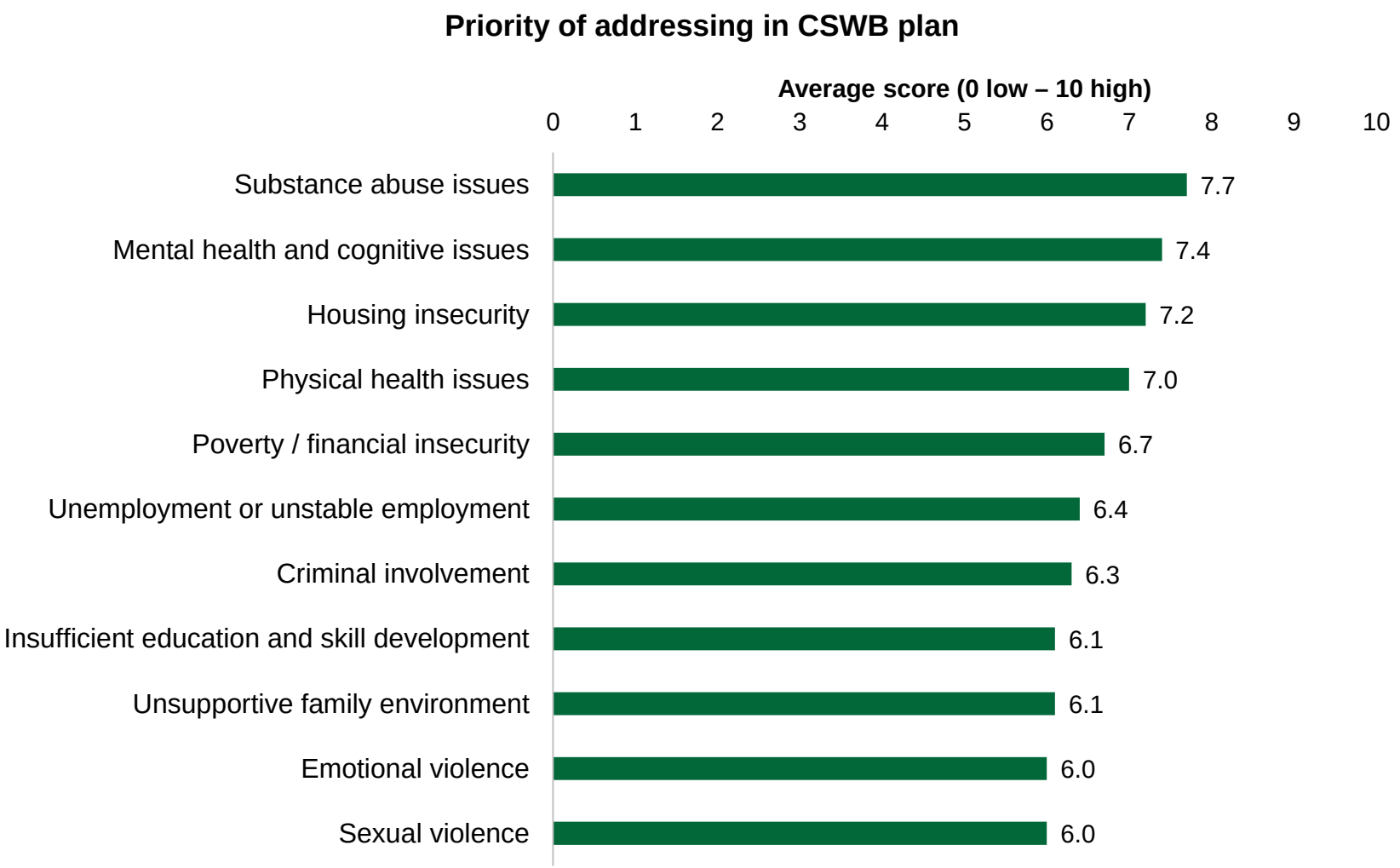


Do you consider yourself part of a marginalized group*?



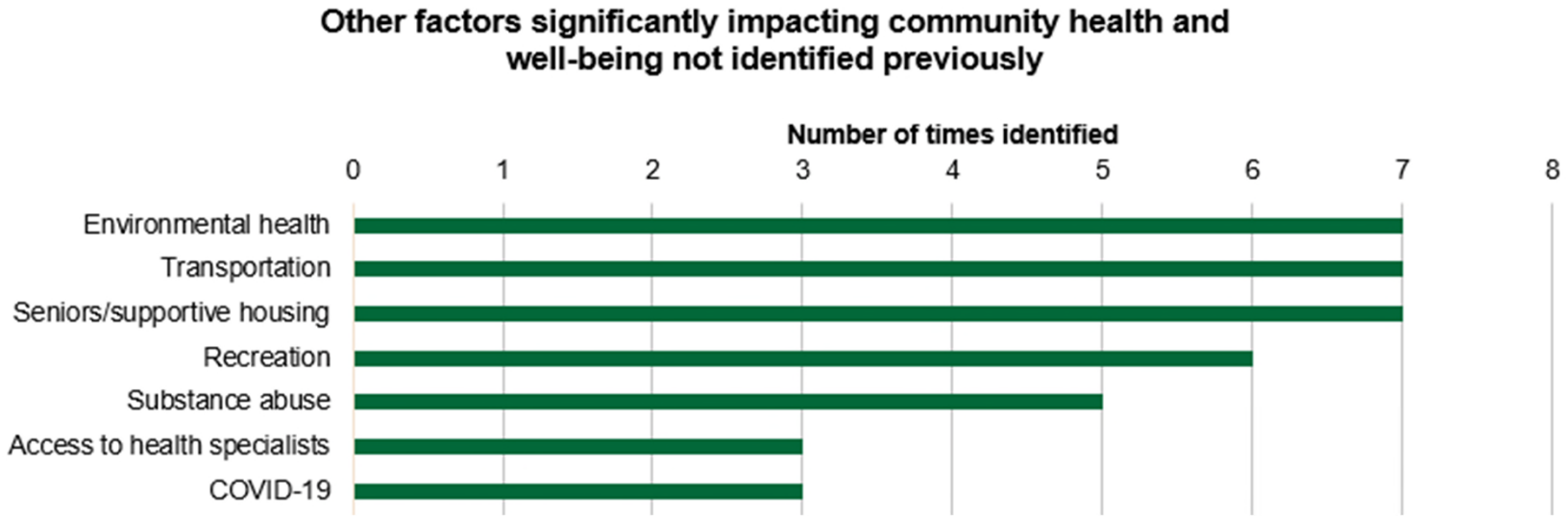
- Marginalized groups identified by respondents*
  - Single mother
  - Woman/Female
  - Person of colour
  - Indigenous

Key Risks – Overview of Survey Results



Risks for Future Consideration

- Survey participants were provided with an option to add another risk factor they felt had a large impact.
  - Most responses repeated factors that were already included in the survey, or gaps in services to addressed.
- **Environmental Health** (mostly related to air quality, noise from the mine) was added by 7 of 141 total survey respondents.
- The top seven factors added are shown in the chart below. A complete listing is included in Appendix C – Detailed survey results



KEY RISKS – DETAIL

Substance Abuse

Description / Definition:

- Many people use substances such as drugs or alcohol to relax, have fun, experiment, or cope with stressors, however, for some people the use of substances or engaging in certain behaviours can become problematic and may lead to dependence.[1]
- The *survey definition* of substance abuse used for this report is an overindulgence in or dependence on drugs or alcohol
- Regular use of drugs and alcohol can lead to substance use disorders ("abuse"), which can have an adverse impact on individuals or their families.
- People with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness.[2]
- Substance abuse is a compounding risk factor that is influenced by countless other issues and impact many more. It has the potential to adversely impact not just the individual struggling with it but their family, colleagues, and friends.

Associated Ministry Risk / Protective Factors

- Alcohol abuse by the person or in the home
- Alcohol use
- Harm caused by alcohol abuse in home
- History of alcohol abuse in home
- Drug abuse by the person or in the home
- Harm caused by drug abuse in the home
- History of drug abuse in home

Sources:

[1] *https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/*

[2] *Rush et al. (2008). Prevalence of co-occurring substance use and other mental disorders in the Canadian population. Canadian Journal of Psychiatry, 53: 800-9. –from https://www.camh.ca/en/Driving-Change/The-Crisis-is-Real/Mental-Health-Statistics*

Substance Abuse

- Red Lake & Ear Falls have higher rates per 10,000 people per year (2014-2018 data) of substance abuse indicators compared to Ontario as a whole.[1]

5x higher

- Alcohol related E.R. visits
  - 300.5 vs. 52.9

4x higher

- E.R. visits from mental & behavioural disorders due to substance abuse
  - 332.9 vs. 80.2

18% higher

- Opioid related E.R. visits*
  - 11.0 vs. 9.3

* Opioids are medications that relieve pain. When used properly, they can help. But problematic use can cause dependence, overdose and death. They include codeine, fentanyl, morphine, oxycodone, and heroin.

- Public Health Report Card (2017)[2]
  - Heavy drinking 25.5% (NWHU) vs. 18.2% (Ontario)

- OPP Annual Report (2019)[3]
  - 73% of OPP calls for service in Municipality of Red Lake / Ear Falls (2019) were for assaults
    - Anecdotally (Ambulance interview) assaults are often related to drug and alcohol use

Sources:
[1] Ambulatory Visits [2014-2018]. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: January 29, 2020
[2] Northwestern Health Unit Community Health Report Card, 2017
[3] 2019 Year-End Report – Red Lake O.P.P.

Substance Abuse

- Community feedback highlighted:
  - Alcohol use and abuse is seen to be normalized within community;
  - Unhealthy relationships with alcohol and drugs are perceived to be common in RL / EF; and
  - Ambulance calls for services almost all related to intoxication[1]

Sources:
[1] Interview with Red Lake Ambulance staff

Survey Results

- Scored as highest priority to be addressed in CSWB Plan
- No significant difference between respondents from Red Lake and Ear Falls

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Substance abuse issues	7.7

Substance Abuse

Existing Programs and Services: Substance Abuse		
Organization	**Major Programs & Services**	**Population Served**
Community Counselling and Addiction Services	Substance Abuse and Problem Gambling Services (for people 12+) • Assessment • Community-based treatment • Referral to residential treatment programs • Outreach and aftercare support for those with problems related to alcohol or drug use or gambling • Family support and education • Substance abuse treatment • Addictions outreach Mobile Crisis Response Community Education	Adults Youth
Red Lake Area Substance Misuse Prevention Coalition	Mental Health Symposium • 3 day event for students in grades 7-9 Alert • Curriculum for grades 7-9 • Booster courses in grade 9 gym classes	Youth
Alcoholics Anonymous / Al-Anon	Peer and family support meetings in Red Lake • Currently no meetings in Ear Falls	Everyone

Substance Abuse

Identified Gaps / Barriers

- Transportation within community and to key service centres (Dryden, Thunder Bay, Kenora) is not accessible to many
- No detox or residential treatment facility in Red Lake or Ear Falls
  - Transportation challenges mean individuals that would benefit from detox are usually “sober” and unable to be admitted to detox by the time they make it to a detox facility (Kenora).
- Awareness of interrelation of substance abuse and other factors such as domestic or family violence

Opportunities

- A detox facility in the community
- Residential treatment facility in the community
- Increased education about risks of substance use and connection to mental health, family violence, and employment instability
- Improve public awareness of available supports and ability to access them discretely (more than just AA / NA groups)

Mental Health and Cognitive Issues

- Mental Health and Cognitive issues can be broadly defined as problems with psychological and emotional well-being or intellectual functioning. This includes diagnosed problems, grief, self-harm and suicide. Cognitive issues may be related to dementia (typically seniors), developmental disabilities or impaired cognitive functioning as the result of an incident.
- The underlying causes of mental health are similar to those associated with substance abuse, such as intergenerational trauma, social isolation, poverty etc. Many individuals experience both mental health and substance abuse issues, combining for complex needs.
- Services available locally to support individuals and families are limited, especially related to complex needs.
- The Northwestern Ontario region, including Red Lake and Ear Falls experience higher rates of E.R. visits and hospitalization due to mental health issues than Ontario as a whole. Child and youth mental health outcomes are particularly adverse in Northwestern Ontario. The Centre for Addictions and Mental Health (CAMH) reported in 2016 that youth in Canada aged 15-24 are more likely than any other age group to experience mental illness and/or substance abuse disorder.[1] This greatly affects development, success in school and ability to live a fulfilling and productive life.[2] Hospital visits and deaths from self-harm are significantly higher among residents of Northwestern Ontario than they are in Ontario.
- With a 57% increase in the regional population over 65 projected between 2016 and 2025, demand for supports for dementia and independent living are expected to increase.

Associated Ministry Risk / Protective Factors

- Cognitive Functioning – diagnosed, suspected or self-reported limitation
- Mental Health – diagnosed, suspected or self-reported problem
- Grief
- Mental health problem in the home
- Not following prescribed treatment
- Witnessed traumatic event
- Self-harm – threatened or engaged in
- Suicide – affected by, current or previous risk

[1] *Canadian Centre for Addiction and Mental Health (CAMH). Mental Illness and Addictions: Facts and Statistics. (n.d.). Retrieved on: 17 August, 2016. Retrieved from: http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx*

[2] *World Health Organization (2016). Child and adolescent mental health. (n.d.). Retrieved on 10 November, 2016. Retrieved from: http://www.who.int/mental_health/maternal-child/child_adolescent/en/*

Mental Health and Cognitive Issues

All ages

- E.R. visits and hospitalization due to mental health issues higher in Red Lake / Ear Falls than in Ontario as a whole.

(rates per 10,000 population per year, 2014-2018)

4 X	E.R. visits from mental & behavioural disorders due to substance abuse
1.6 X	Hospitalization related to mental & behavioural disorders
1.6 X	E.R. visits from self-harm
2.7 X	* Death from intentional self-harm (2009-2011) NWHU Region

Source: Ambulatory Visits [2014-2018]. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: January 29, 2020

** Ontario Mortality Data 2009-2011, Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: February 15, 2016*

Children / Youth

- Hospitalization due to mental health issues higher in Red Lake / Ear Falls than in Ontario as a whole.
- Incident rates of self-harm have been steadily increasing in the NWHU among 10 to 24 year olds. From 2011 to 2015 it doubled.
  - Females higher than males

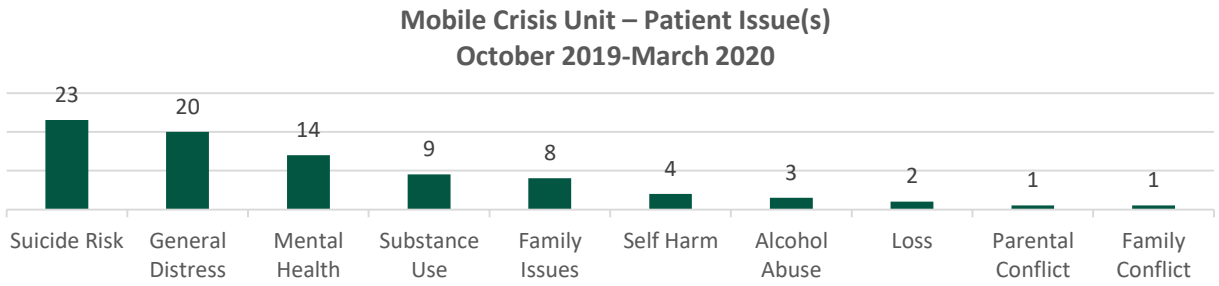
(rates per 10,000 population 10-24 year of age, per year, 2008-2015)

3 x	Hospitalization due to self-harm
1.7 x	Hospitalization related to mental and behavioural disorders

Source: Northwestern Health Unit, Child and Youth Mental Health Outcomes Report, 2017

42 Mobile Crisis Unit responses

- Most frequent issue was suicide risk
- Majority of responses included more than 1 issue



An individual may account for more than one Mobile Crisis Unit response within the six month period

Mental Health and Cognitive Issues

Survey Results

- 2nd highest score for priority in CSWB Plan
- No significant difference between respondents from Red Lake and Ear Falls

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Mental Health and Cognitive Issues	7.4

Existing Programs and Services

Organization	Major Programs and Services	Population Served

Red Lake Margaret Cochenour Hospital	• Community Counselling and Addictions Services – full-time Red lake, 2 days / wk Ear Falls
	  • Case management
	  • Counselling and treatment
	• Mobile After-hours Crisis Unit (started 2019), 6pm-2am M-F, 24 hrs wknds
	• Safe Room for individuals experiencing mental health and addictions crisis
	• Northwood Lodge – Fee for service transportation to medical appointments – 1 van
		Adults (18-65)
		
		Mobile crisis all ages

Harmony Centre	• Delivery of adult day programs in Red Lake - funded by LHIN • Supported Employment program • Advocacy and planning support • Transitions – support youth to create life plan and connect to services, employment, education after high school	Adults with intellectual and/or developmental disability Youth

Firefly	• Offices in Red Lake and Ear Falls, clinicians travel from Red Lake M-F. Some appointments evening and weekends
	  • Autism programming (new – currently online only)
	  • FASD supports, diagnostic clinic (Kenora)
	  • Infant & Child Development
	  • Family / caregiver support (includes respite)
	  • Tele-mental health
		Children / youth (<18)
		
		Families

LHIN	• Care Coordinators –connect individual with other service providers • Funding for (Harmony Centre) adult day program • Funding for Home and Community Care Program – provided by Paramed • Supports at home, school, supported living	Low-moderate need adults
Canadian Mental Health Association	• Assessment / screening • Counselling / therapy / interventions • Care and treatment planning / referral / advocacy • Community outreach	Seniors (60+) with dementia or mental illness
Circle Situation Table	• Coordinated response for crisis prevention (imminent harm to self or others) • Members include OPP, Municipalities, School Boards, social service providers, emergency response, health care providers, adult education and employment, CFS	high risk individuals Community at large
Red lake Indian Friendship Centre	• FASD Community Support Program • Crisis Intervention – Indigenous Healing and Wellness	All ages

Mental Health and Cognitive Issues

Identified Gaps / Barriers

Mental Health

- Psychiatric and psychological services not available locally
  - Recruitment and retention difficulties
- Limited adult personal support services available – one locally contracted organization (Paramed)
  - Wages not competitive with resource industries. Paramed pays per client, no guaranteed income
- Wait list for mental health counselling services (perceived as 6 months +)
  - Note – additional access to counselling available to Confederation College students
- Regional in-patient capacity shortage – Dryden Regional Hospital only has 10 mental health (complex care) beds
- Mobile Crisis Response not available 24/7. Gap between 2:00 am and when Firefly opens in AM
- Stigma attached to asking for help with mental health
- Lack of youth hub / drop-in space – for recreation / connections

Seniors / Cognitive Issues

- No Assisted Living (seniors and/or cognitive issues) – for those not yet needing to go to Long-term care facility. Not enough funding for appropriate staffing
- Challenges filling vacancies at the Long-Term Care facility
- Meals on Wheels Red Lake only; no volunteer drivers in Balmertown and Cochenour (see also physical health)
- CMHA caregiver dementia support groups – no longer active locally. Program out of Kenora with presence in Red Lake / Ear Falls twice a year, offered via TV.

Mental Health and Cognitive Issues

Opportunities

Individual comments from consultations included:

- Expand use of Telehealth / remote service capability to access mental health professionals beyond Northwest Ontario
- Youth Hub – Programs and funding. Would require all agencies working with children / youth to develop supporting data
- Employee Assistance Programs – to provide ongoing support to employees after they return to work (applies to both mental health and addictions)
- Memory Clinic at Red Lake Hospital – should maximize referrals to CMHA – currently under-utilized
- Leverage existing community events to build community and support mental wellness
- Coordinate out of town medical travel – scheduling, car-pooling, shared transportation – could be a patient navigator / advocate position. E.g. CNIB Eye Van and Breast Screening Van well-run
- Community Living Program
- “Shared care plans after crisis intervention would be helpful to keep the client on track” (Circle Final Report, 2019)
- Safe Bed Program for short term crisis recovery. Examples in Kenora and Timmins (https://www.jubileecentre.ca/en/programs/safe-bed/

Housing Insecurity

Description:

- The survey definition for housing insecurity is a lack of access to appropriate, stable, affordable housing.
- Housing insecurity is influenced by employment instability, the cost and quality of available housing, and available units for individuals with specific needs. Research indicates that domestic violence is a leading cause of housing instability, including homelessness, for women and children.[1]
- Housing insecurity disproportionately impacts renters and seniors, as a higher percentage paying 30% or more of income on shelter, and there is no option between independent living and a long-term care facility for seniors.

Associated Ministry Risk / Protective Factors

- Housing – Person doesn't have access to appropriate housing

Protective Factors (Housing and Neighbourhood)

- Access to / availability of resources, professional services and social supports
- Access to stable, appropriate, sustainable housing
- Housing in close proximity to services

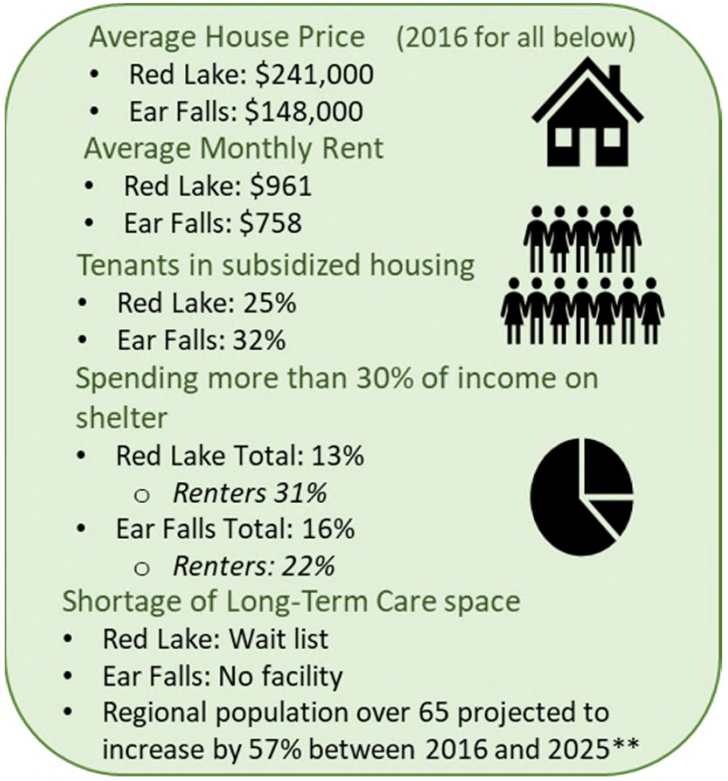
Sources:

[1] Fustic, M, Guay, E, Khalid,A and S. Hossain. 2019. Housing Instability, Social Disadvantage and Domestic Violence: The case of Parc-extension. Accessed via https://www.homelesshub.ca/blog/housing-instability-social-disadvantage-and-domestic-violence-case-parc-extension

Housing Insecurity

- Higher proportion of renters pay 30% or more of income on shelter (unaffordable housing) when compared to total of owners and renters
- Housing is more affordable in Ear Falls than Red Lake
- The cost of utilities in Red Lake also contributes to families losing their accommodations[1]
- Demand for seniors housing projected to grow by 57% between 2016 and 2025
- 101 affordable units owned by KDSB
  - Majority (61) targeted to seniors
- 44 affordable units owned by Red Lake Municipal Housing Corporation
- Nationally, youth aged 16-24 make up 20% of homeless population[2]

Sources:
[1] A Place for Everyone Kenora District Services Board Ten Year Housing and Homelessness Plan 2014-2024
[2] https://cwp-csp.ca/poverty/just-the-facts/



** as of 2016 census

Source: 2016 Census
Subsidized housing - includes rent geared to income, social housing, public housing, government-assisted housing, non-profit housing, rent supplements and housing allowances.

Housing Insecurity

- Housing consistently raised as a key risk factor
  - Availability, quality, and high cost seen as barriers to recruitment and retention of employees
    - Impacts capacity of service providers

Survey Results

- 3rd highest for priority in CSWB Plan
  - 7.3 in Red Lake
  - 6.5 in Ear Falls
- 7 survey respondents specifically mentioned seniors / supportive housing in “other” risks factors to be addressed.

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Housing Insecurity	7.3 (7.3 RL / 6.5 EF)

Housing Insecurity

Existing Programs and Services – Housing		
Organization	**Major Programs & Services**	**Population Served**
Kenora District Services Board	• Ontario Works – including Chippy payment to cover rent or utility arrears • Red Lake Emergency Shelter (funder) 14 beds • Transitional Units (funder) – 2 units – bridge from emergency to permanent housing – includes supports for life skills, addictions • Rent geared to income housing • Social Housing – Family, Seniors	Regional Residents
Red Lake Indian Friendship Centre	• Supports to individuals in Emergency Shelter, transitional units • Partnership with KDSB / Red Lake Municipal Non-Profit to provide supports to Supportive Housing Units (8 units – mental health and addictions)	Indigenous Population and others
District of Kenora Home for the Aged	• Northwood Lodge – 32-bed Long-Term Care facility in Red Lake	Seniors

Housing Facilities	Location	Units	Types	Tenant Type
Red Lake Municipal Non-profit Housing Corporation	Red Lake Red Lake	20 24	unknown	Single Non-elderly Family
KDSB Facilities				
Birch Drive	Ear Falls	20	4 – 2 bedroom, 14 – 3 bedroom, & 2 – 4 bedroom units	Family / Rent-geared-to-income
Follansbee Apartments	Red Lake	20	1 bedroom units	Seniors
George Aiken Manor	Red Lake	21	1 bedroom units	Seniors
Pine Street & Poplar Avenue	Ear Falls	20	4 – 2 bedroom & 16 – 3 bedroom	Family / Rent-geared-to-income
Sunset Leisure Place	Ear falls	20	1 bedroom units	Seniors

Housing Insecurity

Identified Gaps / Barriers

- Red Lake housing stock is expensive and much of the rental stock is in poor condition
  - Lack of affordable housing for youth, other renters
  - Need more income adjusted housing
- Lack of supportive housing facilities for seniors, persons with developmental disabilities, and youth.
  - No step between independent living and long-term care for seniors or individuals with complex care needs.
- No appropriate housing for homeless youth
  - Do not want youth in shelters with adults (exposure to issues)
  - Youth “couch surfing” or looking to escape unhealthy home environment do not meet eligibility criteria for supportive housing (not “homeless”)
- Ear Falls: more housing due to past community size but fewer services to support
  - Some social housing has been transitioning to market housing due to lack of demand
- Complaints received from neighbours of Red Lake Emergency Shelter regarding littering, trespassing, aggressive behaviour of residents

Opportunities

- Look at Sioux Lookout homelessness initiative – supportive housing (KDSB)
- Ontario Aboriginal Housing Services
  - Ontario Priorities Housing Initiative
  - Indigenous Supportive Housing Program
- Assisted Living Initiative – Norseman Inn redevelopment through partnership with KDSB with goal to fill gap in senior housing

Physical Health

- Physical Health describes a variety of physical or physiological conditions including chronic disease, physical disabilities, terminal illness, or general health conditions requiring medical attention.
- The definition used in the survey was: *Suffering from chronic disease, general health issue requiring medical attention, physical disability or terminal illness.*
- This includes risk factors relating to capacity to meet basic needs, inability to follow prescribed treatments, and experiencing ongoing nutritional deficit.
- Physical health impacts quality of life through employment stability, access to housing, and can create an additional cost burden relating to travel for medical treatment.

Associated Ministry Risk / Protective Factors

- Person unwilling to have basic needs met (physical, nutritional, other)
- Chronic disease
- General health issues requiring attention by medical health professional
- Not following prescribed treatment
- Nutritional deficit
- Physical disability
- Terminal illness

Physical Health

Health Conditions	NWHU	Ontario
Life Expectancy (years)	78.1	82.0
Smoking Rate	23.9%	16.7%
Overweight or obese	61.3%^	54.1%
Diabetes	8.8%	7.0%
High blood pressure	21.2%	18.5%
Arthritis	24.0%^	18.1%

Causes of Death*	NWHU	Ontario
All causes of death	635.4^	483.3
All cancers	168.8^	144.6
All circulatory diseases	159.3^	123.7
All respiratory diseases	52.3^	37.1

*leading causes of death, rates per 100,000, 3-year combined 2009-2011

^ Difference between NWHU and Ontario is statistically significant

Survey Results

- 4th highest score for priority in CSWB Plan
- Survey comments did not provide much insight into reasons for the high score

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Physical Health	7.0 (7.1 RL / 6.4 EF)

Physical Health

Existing Programs and Services

Organization	Major Programs & Services	Population Served
Red Lake Margaret Cochenour Memorial Hospital / Family Health Team	• 7 doctors, 1 nurse practitioner, 2 full-time nurses • Cancer Care • Clinical Nutrition • Diabetes Education • Diagnostic Imaging • Discharge Planning • Endoscopy & Day Surgery • Physiotherapy • Telemedicine • Home & Community Care (contracted to ParaMed) • Social Worker • Memory Clinic • Walk-in Urgent Care Clinic	Regional Residents
Other Health Services in Red Lake	• Pharmacy • Red Lake Dental Clinic • Chiropractic Clinic • Massage Therapy • Foot Care	Red Lake Residents
Ear Falls Community Health Centre	• 1 full-time doctor, 2 nurses • Scheduled appointments • Walk-in Clinic services • Blood and lab work • Ministry of Transportation medical reviews • Northern Ontario Travel Grant Application for medical related travel to Dryden, Kenora, Thunder Bay and Winnipeg	Ear Falls Residents
Other Health Services in Ear Falls	• Pharmacy • Ear Falls Dental Clinic • Foot Care	Ear Falls Residents

Physical Health

Existing Programs and Services		
Organization	**Major Programs & Services**	**Population Served**
Northwood Lodge (Red Lake)	Long-term Care • 32-bed facility Community Support Services • Medication transport (Red Lake only) • Adult Day Program • Meals on Wheels • Home Help	Seniors
Hope Air	Free medical travel and accommodations	Those in financial need
Seniors Drop In	Community organized peer-support group for seniors	Seniors
Firefly	Second Level Service • Speech therapy • Occupational therapy • Physical therapy • Liaison with Sick Kids and other organizations	Youth

Physical Health

Identified Gaps / Barriers

- Transportation limits access to health services
  - To regional medical centers Kenora, Dryden, and Thunder Bay;
  - Between Ear Falls and Red Lake;
  - Within Red Lake (taxi service is cost prohibitive; and
  - Within Ear Falls (no taxi service)
- Recruitment and retention in medical and support services makes staffing an ongoing barrier
  - Programs consistently understaffed
  - Pay structure makes homecare and traveling personal support workers inconsistent

Opportunities

- Shuttle service within and between Red Lake and Ear Falls would make existing services more accessible to more people
- Travel coordination could help with sharing cost for individuals to access regional medical centres

Financial Insecurity / Unemployment / Insufficient Education

We have grouped these three factors as they are often considered together, i.e. **Insufficient education** is a significant foundation of **unemployment / under-employment**, most often resulting in **financial insecurity**.

The definitions of these factors used in our survey were:

- **Poverty / Financial Insecurity** – Financial situation makes meeting day-to-day housing, clothing or nutritional needs significantly difficult.
- **Unemployment or Unstable Employment** – persistently without paid work or stability of employment is uncertain.
- **Insufficient Education and Skill Development** – lack of access to or success in receiving instruction and life skills and (if over 18) attainment of high school diploma.

While the resource-based economies in Red Lake and Ear Falls provide many well-paying jobs, most other employment in these communities is in low-paying tourism and service-industry occupations. The high cost of goods and services in Red Lake and to a lesser degree in Ear Falls, is reported to be driven, in part, by prices geared to higher income earners and otherwise by geographic remoteness.

Unemployment is currently low, with employers in resource sectors reporting that there are not enough qualified locals to fill available positions. These sectors, especially gold mining, have historically been subject to lay-offs as the price of commodities fluctuate. Service industry employers report difficulties in attracting employees to their available positions.

Academic achievement and employment is influenced by access to programs in the local community and underlying social factors such as substance abuse. For example, students who reside in Ear Falls must commute to Red Lake or elsewhere to attend high school, post-secondary courses offered at Confederation College are limited and some practical experience is only available out of town. The nearest universities are in Winnipeg or Thunder Bay.

Associated Ministry Risk / Protective Factors

Education / Employment
- Unemployment – chronically or temporarily unemployed
- Missing school

Neighbourhood
- Poverty – person living in less than adequate financial situation

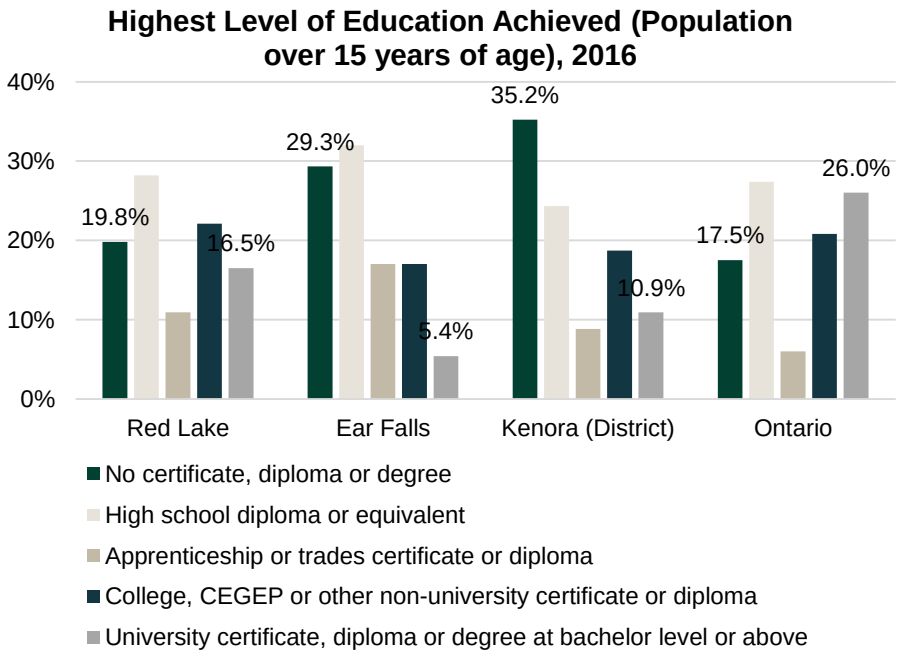
Protective Factors

Education
- Academic achievement
- Adequate level of education
- Access to cultural education
- Involvement in extracurricular activities

Financial Security & Employment
- Stable employment
- Temporary financial support

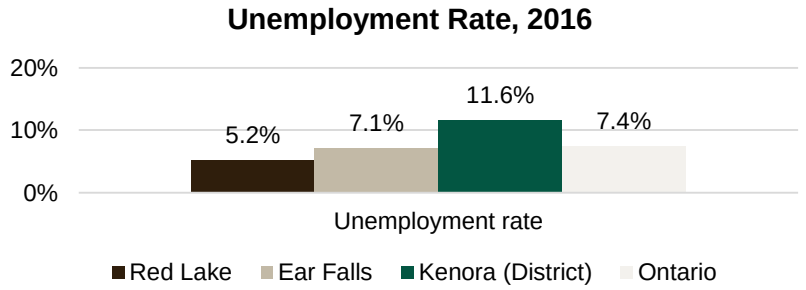
Financial Insecurity / Unemployment / Insufficient Education

- Higher percentage of residents with less than high school diploma than whole of Ontario, lower than Kenora.
- Lower percentage of residents with University degree than whole of Ontario



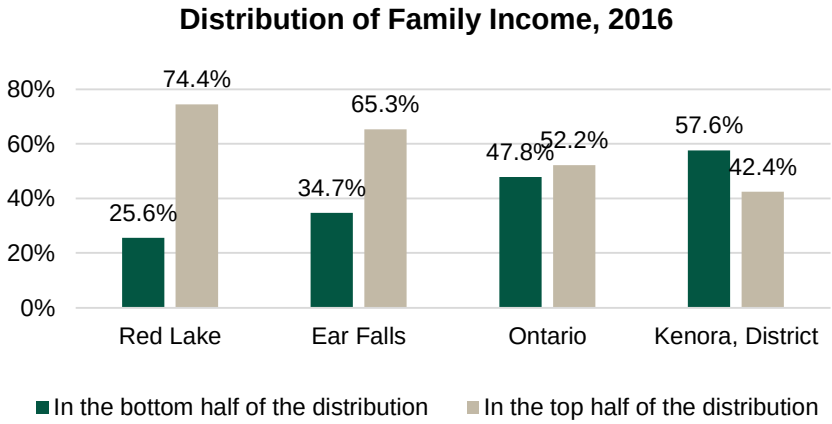
Source: Statistics Canada, 2016 Census Profile

- Lower rate of unemployment than Ontario and Kenora



Source: Statistics Canada, 2016 Census Profile

- Large percentage of residents with substantial income.



Source: Statistics Canada, 2016 Census Profile

Financial Insecurity / Unemployment / Insufficient Education

Survey Results

- Poverty / Financial insecurity 5th highest priority score
- Unemployment or unstable employment 6th highest priority score
- Insufficient education and development 8th highest priority score
- No significant difference between respondents from Red Lake and Ear Falls

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Poverty / financial insecurity	6.7
Unemployment or unstable employment	6.4
Insufficient education and development	6.1

Financial Insecurity / Unemployment / Insufficient Education

Existing Programs and Services – Adult Education & Employment Services		
Organization	**Major Programs & Services**	**Population Served**
Red Lake Adult Learning Centre	• Literacy and basic skills (primary) – funded by Ontario Works • High School credits (secondary) – partnership with KDSB & Seven Generations *(5 high school grads in 2019)* • Full-time office Red Lake, part-time satellite office Ear Falls	Youth Adults

Confederation College	• Post-secondary diplomas, certificate programs, continuing education
	  • Business, child and youth care, computer programming, educational support (EA), social service worker, personal support worker (PSW), pre-health sciences, general arts and science
	  • Red Lake campus & online
	• Red Lake – lab with IPADs, computers, instructors for support
	• Ear Falls computers in library, instructor supports one day every 2nd week
		Youth
		Adults
		Employers

Contact North	• Academic counselling / referral • Live web conferencing / online learning technology and staff support	Youth Adults
Red Lake Career and Employment Services (Employment Ontario)	• Job search support, postings, employee / employer matching, incentives • Full time office Red Lake, part-time satellite Ear Falls • Funding for re-education / training (Second Career) *note – underutilized*	Youth Adults Employers
Ontario Works	• Full-time staff person in Red Lake only	Youth Adults

Financial Insecurity / Unemployment / Insufficient Education

Existing Programs and Services – K-12 Education		
Organization	**Major Programs & Services**	**Population Served**
Keewatin Patricia District School Board	K-8 Schools – 2 in Red Lake, 1 in Ear Falls High School (9-12) – 1 in Red Lake Four Directions Program – Designed to increase retention, graduation rates and improve transition from elementary to high school for First Nation, Metis and Inuit students Connect Ed – distance / virtual classes for select subjects that do not have sufficient enrolment to offer in-class (classes via Google Meet)	Children / youth Indigenous youth
Kenora Catholic District School Board	K-8 school located in Red Lake • Indigenous and Metis – North Studies Program	Children
French Catholic School Board / Conseil scolaire de district catholique des Aurores boréales	K-8 school located in Red Lake	Children
Red Lake Indian Friendship Centre / Red Lake High School	Alternative High School – teacher and support worker located at Red Lake Indian Friendship Centre	Indigenous youth

Financial Insecurity / Unemployment / Insufficient Education

Identified Gaps / Barriers

- No Service Ontario office in Ear Falls – barrier to obtaining I.D., S.I.N. needed for education and employment
- Availability of subsidized childcare – essential to support “working poor”
- Older adults may be embarrassed to access Adult Ed. Centre for literacy support
- Limited post-secondary programs available due to remote delivery e.g. Not able to deliver some programs with lots of hands-on. *(note – successful partnership with Northwood Lodge to provide clinical for PSW)*
- Ability to apprentice limited by number of journeypersons in community / ratio requirements
- Lack of public transportation impacts access to post-secondary, impacts participation in after-hours high school activities
- Cost of internet a barrier to online learning for lower income
  - Computer labs with free internet generally not open in the evening (will accommodate for urgent needs)

Opportunities

- Explore partnerships with Confederation College to train / educate for targeted high-demand jobs. e.g. health occupations, trades
- Explore flexible learning / working models e.g. co-op programs (source: public session)

Emotional & Sexual Violence

- Emotional and sexual violence covers a breadth of psychological and physical behaviors that include controlling behaviours, name-calling, yelling, bullying, belittling, sexual harassment, humiliation, exploitation, touching or forced acts. These include violence in the workplace, at school, and domestic or family violence.
- Risk factors include emotional or sexual violence in the home, those affected by or perpetrators of emotional or sexual violence, and individuals victimized by emotional or sexual violence. These risk factors fall into the categories of antisocial / problematic behavior (non-criminal), family circumstances, and victimization.
- Children, adults, and seniors regardless of gender can all be victims of emotional or sexual violence.[1]
- These two distinct risk factors have been combined because of their overlapping nature and relatively low priority as determined by community feedback

Sources:
[1] Canada. National Clearinghouse on Family Violence. Psychological Abuse: A Discussion Paper. Prepared by Deborah Doherty and Dorothy Berlund. Ottawa: Public Health Agency of Canada, 2008.

Associated Ministry Risk / Protective Factors

Anti-social / problematic behaviour
- Sexual violence – perpetrator

Criminal involvement
- Sexual assault – perpetrator

Emotional violence
- Emotional violence in the home
- Emotional violence – perpetrator
- Victim of emotional violence

Family circumstances
- Sexual violence in the home

Victimization
- Victim of sexual assault
- Affected by others' sexual or emotional violence victimization

Emotional & Sexual Violence

- Ontario Provincial Police data from the Municipality of Red Lake Annual Report showed 16 sexual assaults and 89 assaults in 2019
  - Domestic or intimate partner violence is not a reporting category in the OPP report
  - Intimate partner violence represents nearly 1/3 of all police-reported violent crimes in Canada, with 79% of victims identifying as female.[1]
- Child and Family Services reports an upward trend in domestic violence (both male and female victims)
- Emotional and/or financial abuse was found to be 2.5 times more common than physical violence between partners[2]

Sources:
[1] Statistics Canada, Family violence in Canada: A Statistical Profile, 2018
[2] Canada. National Clearinghouse on Family Violence. Psychological Abuse: A Discussion Paper. Prepared by Deborah Doherty and Dorothy Berlund. Ottawa: Public Health Agency of Canada, 2008.

Survey Results

- Lowest priorities for the CSWB Plan

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Emotional Violence	6.0 (6.0 RL / 5.3 EF)
Sexual Violence	6.0 (6.2 RL / 5.1 EF)

Emotional & Sexual Violence

Existing Programs and Services		
Organization	**Major Programs & Services**	**Population Served**
Red Lake Area Substance Misuse Prevention Coalition	Mental Health Symposium • 3 day event for students in grades 7-9 Alert • Curriculum for grades 7-9 • Booster courses in grade 9 gym classes	Youth
Community Counselling and Addictions	• Crisis Line (text & talk)	Adults Youth (18+)
New Starts Women Shelter	• Toll Free Crisis Line • Women's Shelter Program • Transitional Housing Support Program • Children's Program • Transportation Support • Referrals to other agencies	Women
Moozoons Child Care Centre	• Childcare spot held for families who are staying at the Women's shelter	Children Families

Emotional & Sexual Violence

Identified Gaps / Barriers

- Youth dealing with emotional or sexual violence need mental health supports to cope and move forward
  - Waitlist for Firefly
  - Lack of 24/7 youth crisis response (gap between 2am and 8am)
- Not enough emphasis on “warm referrals” between crisis response and aftercare supports
- General community awareness of issue or supports
- No counselling in shelter
- Cases not frequently brought to Circle / Situation Table
- Victims / survivors leaving the hospital not always provided information about available supports and services (women’s shelter, crisis line, etc.)
- Victims not always connected to shelter and supports
- Lack of support for men facing domestic violence and who want to leave with their children
- Stigma is a barrier to individuals seeking help

Opportunities

- 24/7 crisis response
- 24/7 youth hub (safe space)
- Increased awareness and coordination – proactively connecting at risk individuals to right agencies

Unsupportive Family Environment

An unsupportive family environment may be one in which there are frequent disagreements or conflict, violence, lack of nurturing, inadequate parental supervision or poor connection to community, among other things. Children growing up in these circumstances are more likely to be mistreated (abused, neglected) and/or develop emotional or behavioural issues. As with many of the risk factors discussed, intergenerational trauma, substance abuse and poverty are often underlying factors that impact parenting outcomes.

Tikinagan and Kenora Rainy River Child and Family Services (KRRCFS) provide child and family services in Red Lake and Ear Falls. The overarching goal of both agencies is to work with families so that children can remain in the home or be returned to the home as soon as possible. Three quarters of Tikinagan and KRRCFS clients are living in their own homes. Where placement in care is required, placement with a family member or another individual with a close relationship with the child is the most successful. KRRCFS calls these “Kin” homes. Both agencies report upward trends in Kin / family placements and decreased availability of local foster homes.

The vast majority of placements in care are voluntary – Tikinagan reports 95%. In Red Lake and Ear Falls, service providers report that parents of children with mental health issues are burnt out and requesting help or volunteering to have their child placed in care. There is however a lack of foster or agency homes equipped to deal with children with complex needs.

In addition, layoffs in the resource industry have a detrimental impact on parenting.

Associated Ministry Risk / Protective Factors

Family Circumstances

- Parenting – parent-child conflict
- Parenting – not receiving proper parenting (stable, nurturing home)
- Physical or sexual violence in the home
- Supervision – not properly supervised
- Unemployment – caregivers chronically or temporarily unemployed

Antisocial / Problematic Behavior

- Neglecting other’s basic needs

Protective Factors

Family supports

- Family life is integrated into the life of the community

Unsupportive Family Environment

Tikinagan (all communities)

2018/19 fiscal year

- Number of children in care decreasing
- Decreased from 534 in care to 482 from beginning to end of 2019
- Average past 15 years 571 in care.
- 305 new investigations that resulted in ongoing services (2018 to 2019)
- Number of foster homes increased from 315 to 365 (2018-19)

(Source: Tikinagan Annual Report 2018/19)

KRRCFS (all communities)

2018/19 fiscal year

- Total number of children in care remained stable throughout 2018/19. 177 beginning to 173 end
- Number of approved foster / Kin homes increased from 160 to 218

(Source: KRRCFS Annual Report 2018/19)

Survey Results

- 3rd lowest score for priority in CSWB Plan
- No significant difference between responses from Red Lake and Ear Falls

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Unsupportive Family Environment	6.1

Unsupportive Family Environment

Organization	Major Programs & Services	Population Served
Firefly	• Child and Family Intervention – counselling interventions to help families with children and youth who are experiencing social, emotional, or behavioural difficulties.	Children and Youth Families
RLIFC	• Two buildings in Red Lake, satellite office in Ear Falls • Culturally appropriate supports • Variety of parenting supports • System navigation and referrals	Children and Youth Indigenous Families and others
Kenora Rainy River District Child and Family Services	• Office in Red Lake • Supports to families • Residential Services (14 foster homes, Kin homes, • Aftercare Benefits – health, dental, counselling benefits (ages 21-25)	Children and Youth Families Also serve Indigenous Families (choice)
Tikinagan (Mamow Obiki-ahwahsoowin)	• Office in Red Lake • Culturally appropriate supports for children and family • Dual accountability to FN communities and Ontario CFS • After hours intake (for Tikinagan and KRRCFS) • Coordinates supports to families (Community Counselling, Firefly, RLIFC etc.) • Residential Services (14 foster homes, 1 agency home [2 beds]) • Financial supports for youth transitioning out of care • Transitional supports for youth in care with developmental disabilities	Members of First Nations Treaties living in Red Lake and Ear Falls Children and Youth Families

Unsupportive Family Environment

Identified Gaps / Barriers

- Shortage of local foster homes
- Shortage of homes (foster or agency) for children with high needs (mental health issues, aggression)
  - Often relocated to southern Ontario – unfamiliar environment, poor cultural fit.
- Staff recruitment and retention – many unfilled community support worker positions (both agencies)
  - Local / regional staff best fit
- Insufficient subsidized childcare spots – needed to support working parents, or stressed family environment – may be key component for reunification of children with their family
- Shortage of respite – funding for initiatives has been unstable, often has special requirements (medical or mental health needs)
- Medical, mental health, addictions services often require travel to urban centres (Winnipeg, Toronto)
  - dangerous environment, inadequate travel funding

Opportunities

- None identified

Criminal Involvement

Criminal involvement includes participation in activities that are considered offences under the *Criminal Code of Canada*. Examples include arson, theft, damage to property, break and enter, sexual assault, drug-trafficking, uttering threats, etc. While criminal involvement is most often considered as the result of other risk factors, association with peers involved in criminal activity is also a risk factor that increases the likelihood that a person would comment an offence themselves.[1]

Police services for Red Lake and Ear Falls are provided by the Ontario Provincial Police (O.P.P.). The current detachment commander has been in Red Lake for 20 years. Currently the Red Lake Police Services Board acts as the advisory body to the local police service; inclusion of the Township of Ear Falls on the board is in development.

Trained O.P.P. members participate along with mental health workers on a two-person Mobile Crisis Unit that responds to crisis situations to assess, stabilize and prevent individuals from harming themselves or others. (see also Mental Health and Cognitive Issues). An O.P.P. Sergeant chairs the Red Lake Circle Situation Table (see also Mental Health and Cognitive Issues).

Local O.P.P. data indicates that assault is the most frequent criminal offence in Red Lake / Ear Falls, however as noted earlier, the vast majority of these cases are related to mental health and alcohol.

Criminal involvement was not identified by the business community or survey respondents as having a large impact on the community or as a priority for the CSWB Plan.

Associated Ministry Risk / Protective Factors

Criminal Involvement
- Animal cruelty
- Arson
- Assault
- Sexual assault
- Break and enter
- Damage to property
- Drug trafficking
- Homicide
- Possession of weapons
- Theft / robbery
- Threat

Peers
- Negative peers – person associating with negative peers

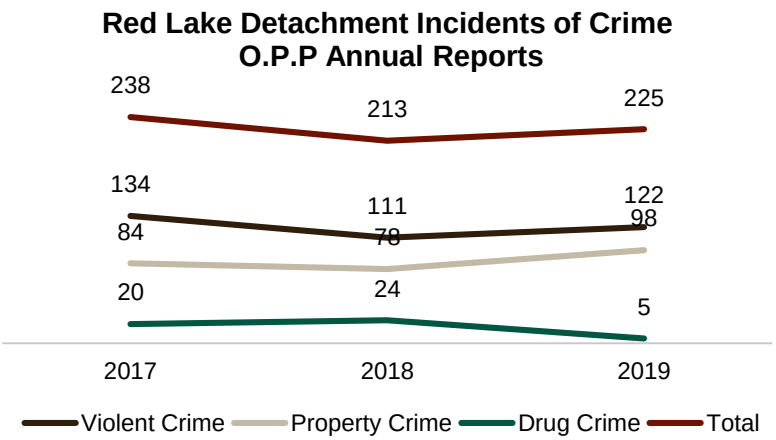
[1] *Rokven J, Boer G, Tolsma J, Ruiter, S, (2017) How friends' involvement in crime affects the risk of offending and victimization, European Journal of Criminology, Vol. 14(6), 697-719, https://journals.sagepub.com/doi/pdf/10.1177/1477370816684150*

Criminal Involvement

- 73% of O.P.P. calls for service in Red Lake / Ear Falls (2019) were for assaults

Age group	E.R. Visits from Assault Red Lake / Ear Falls vs Ontario (Rate per 10,000 population, 2014-2018)		
	Males	Females	Total
0-19	1.11 X	2.38 X	1.56 X
20-29	1.34 X	4.04 X	2.22 X
30-39	1.79 X	3.53 X	2.42 X
40-49	1.24 X	9.37 X	4.13 X
50+	2.62 X	3.58 X	3.01 X
Total	1.59 X	4.27 X	2.51 X

Source: Ambulatory Visits [2014-2018]. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: January 29, 2020



Source: O.P.P Report 2019

Survey Results

- Overall 7th highest priority score
  - Ear Falls respondents scored as significantly higher priority than Red Lake
    - Ear Falls – 3rd of 11
    - Red Lake – 9th of 11
- Business Community focus group indicated no concerns with vandalism, theft, break-ins

Risk Factor	Priority for CSWB Plan
	Score (1-10)
Criminal Involvement	6.3 (RL – 6.1) (EF – 7.0)

Criminal Involvement

Organization	Major Programs & Services	Population Served
OPP	Red Lake Detachment covers Red Lake and Ear Falls • Hospital Transition Framework Team (mental health) • School liaison officers	All
Red Lake Police Board	• Advisory body to the Red Lake O.P.P. Detachment • Receives reports quarterly	All
Circle Situation Table	• Members include OPP, Municipalities, School Boards, social service providers, emergency response, health care providers, adult education and employment, CFS (detailed list included in Appendix – Red Lake Circle Situation Table Brochure	High risk individuals of all ages
Red Lake Indian Friendship Centre	• Indigenous Combined Courtwork Program – Assists accused offenders to better understand their rights, options and responsibilities when appearing before the courts.	Indigenous adults, families, youth charged with criminal offence
Mobile After-Hours Crisis Unit	OPP / Mental Health Crisis Worker (started Oct. 2019)	Individuals in crisis All ages

Criminal Involvement

Identified Gaps / Barriers

- Complaint received regarding holding of persons on bail at the Red Lake Emergency Shelter.
  - Included complaint regarding communications, transparency

Opportunities

- Bail beds – an approach to supervise and support low-risk people in the community, while waiting for their criminal trials (e.g. Kenora https://kenoraonline.com/local/new-bail-bed-program-detailed)
- Court Diversion process
  - Mental Health Court (https://ontario.cmha.ca/wp-content/uploads/2017/11/Mental-Health-Courts-in-Ontario-1.pdf)
  - Drug and Alcohol Court (https://www.ccsa.ca/sites/default/files/2019-05/ccsa-011348-2007.pdf)

Other Considerations

(source: consultations)

- Road South – all-season road to connect Red Lake and Ear Falls to over 10,000 people in the First Nation communities of Pikangikum, Sandy Lake, Keewaywin, Deer Lake, North Spirit Lake, McDowell Lake, and Poplar Hill. It is estimated to be complete in 2023.
  - Will create demand for housing and other support services.
- Difficult to get sustained funding for prevention initiatives – because difficult to prove / document impact. Pilot project funding available – continued funding is the challenge.
- Consider adding local resident to board of Red Lake Emergency Shelter

Appendix A. Advisory Committee

Advisory Committee members representing the following organizations participated in interviews, provided background information and data and helped to refine the public engagement tools.

- Municipality of Red Lake
- Township of Ear Falls
- Keewatin Patricia School Board (English Public Schools)
- Conseil scolaire de district catholique des Aurores boreales (French Catholic Schools)
- Northwestern Health Unit
- Community Counseling and Addictions Services
- Red Lake Margaret Cochenour Memorial Hospital
- Northwestern LHIN
- Firefly
- Kenora District Services Board
- Red Lake Indian Friendship Centre
- Kenora Rainy River District Child and Family Services
- Tikinagan Child and Family Services
- Ontario Provincial Police (Red Lake Detachment)
- Red Lake Police Services Board

Appendix B. Key Stakeholder Focus Groups & Interview Participants

Adult Education and Employment

- Contact North
- Red Lake District Adult Learning Centre
- Confederation College – Red Lake Campus

Mental Health & Addictions

- Red Lake Ambulance
- Al-Anon
- NW LHIN (Advisory Committee member)

Supports for Seniors / Persons with Disabilities

- Canadian Mental Health Association – Geriatric Mental Health
- Northwood Lodge/Club Day Away

Business Community

- Pure Gold Mining
- Ontario Power Generation
- Chukuni Communities Development Corporation
- Gillons' Insurance Brokers
- Red Lake Municipal Economic Development Officer

Recreation

- Red Lake Parks and Recreation
- Evolution Recreation Centre

Housing / Homeless

- New Start Women's Shelter

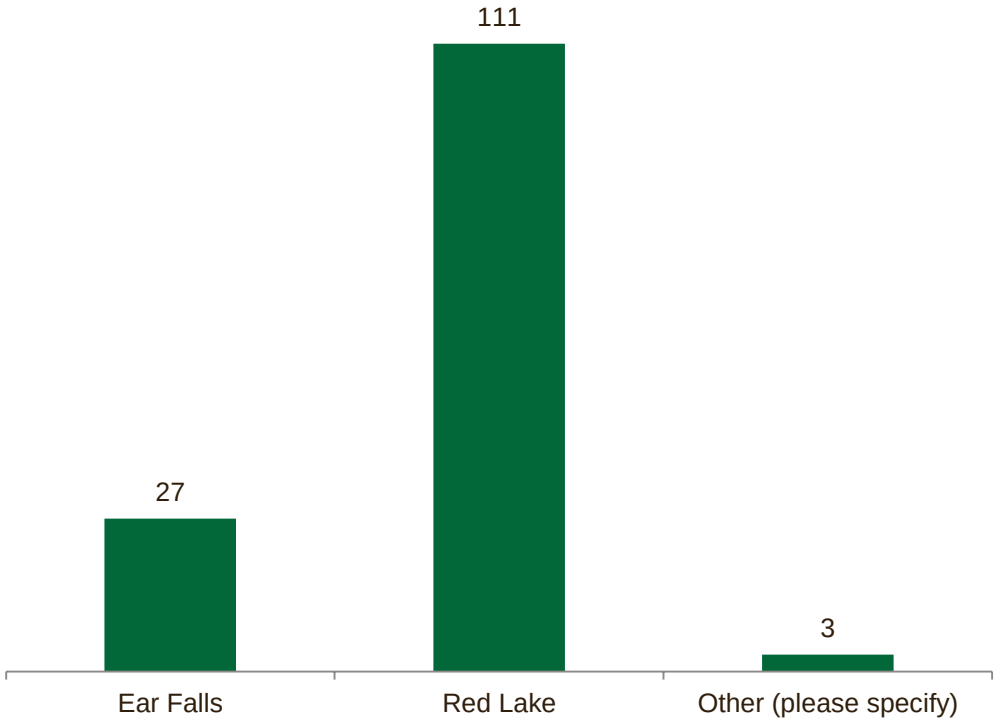
Childcare / Early Learning

- Red Lake Municipality
- Red Lake Indian Friendship Centre – Moozoons Childcare

APPENDIX C.
DETAILED SURVEY RESULTS

Survey Respondents

Q. Which community do you live in?

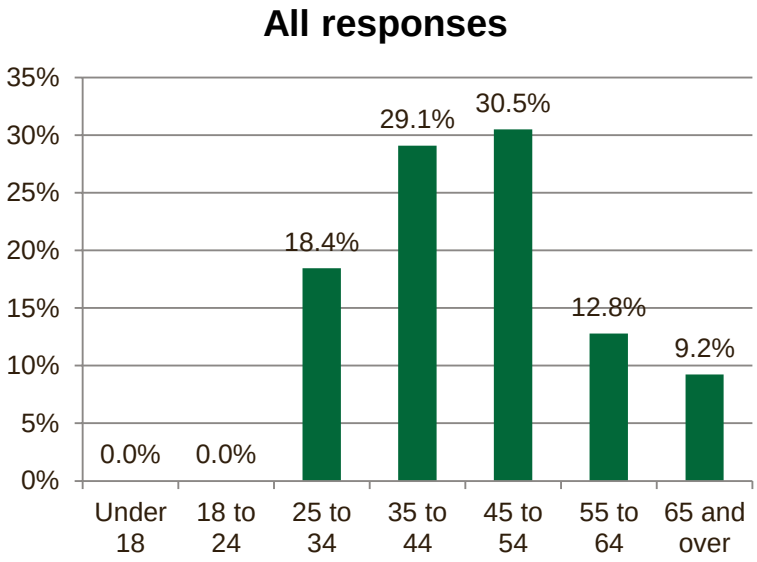


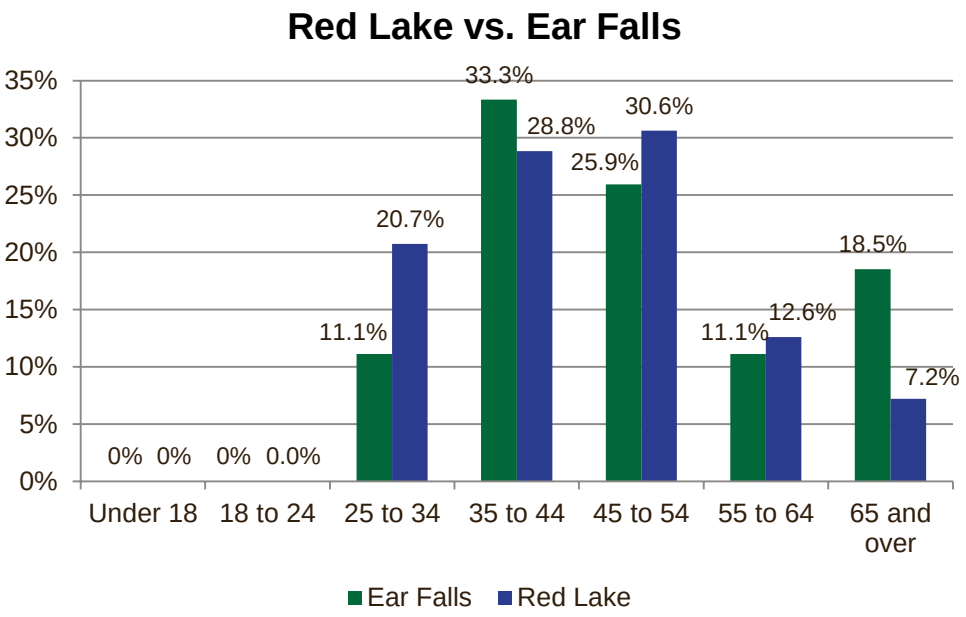
Other	Number
Kenora	2
Winnipeg	1

Please note:

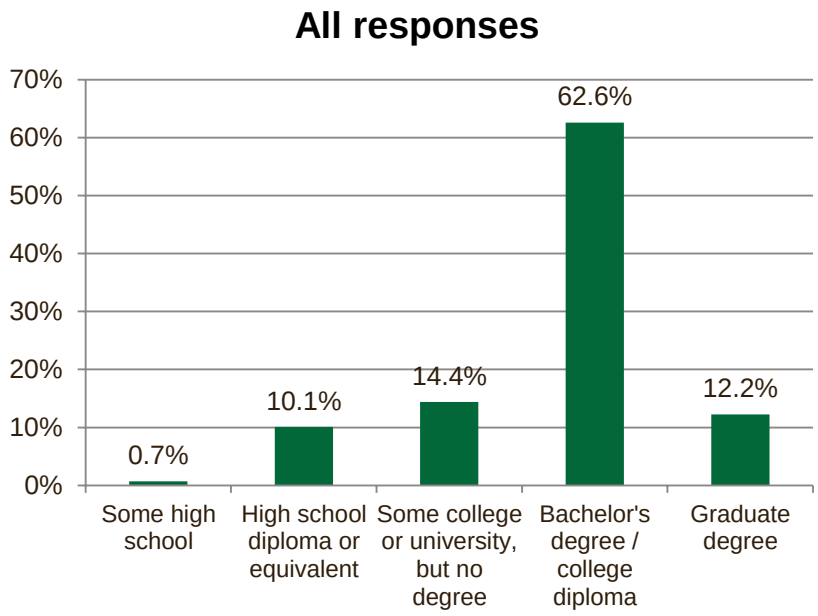
In the slides that follow responses from residents of "other" communities are included in "all responses" but are not included in the comparison of responses from Red Lake and Ear Falls.

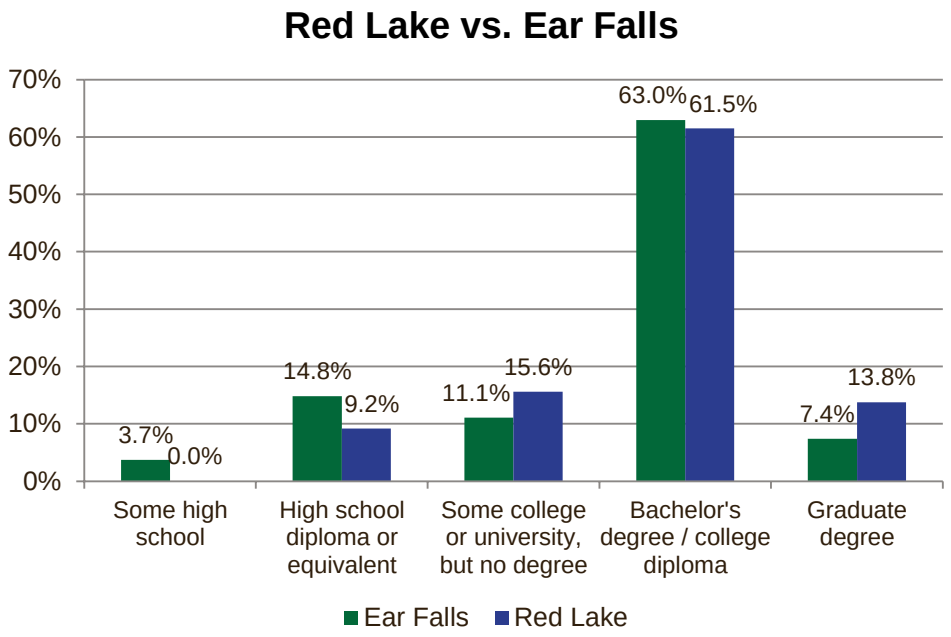
Q. What is your age?



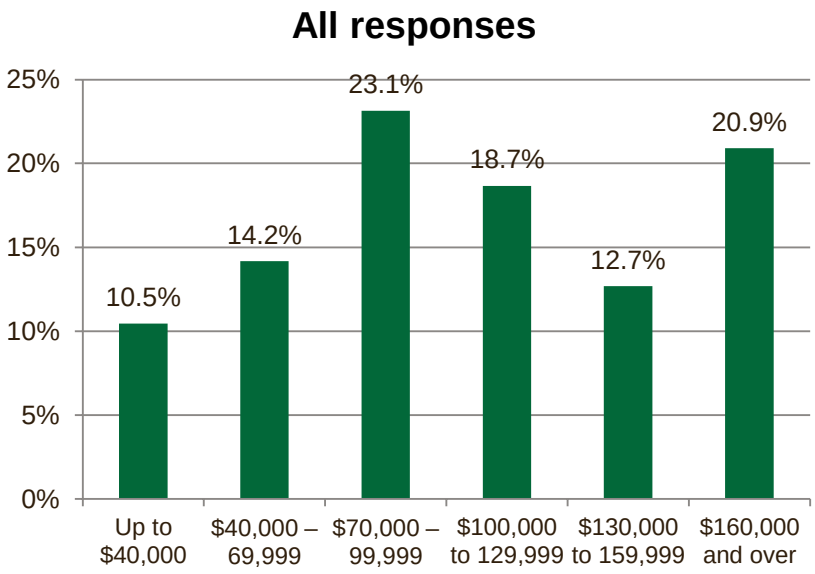


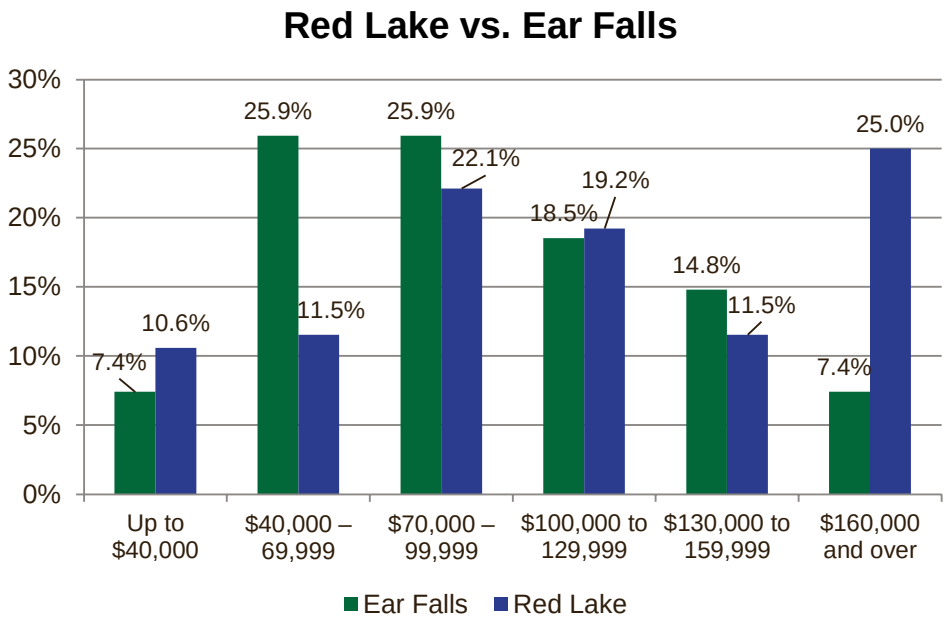
Q. What is the highest degree or level of school you have completed?



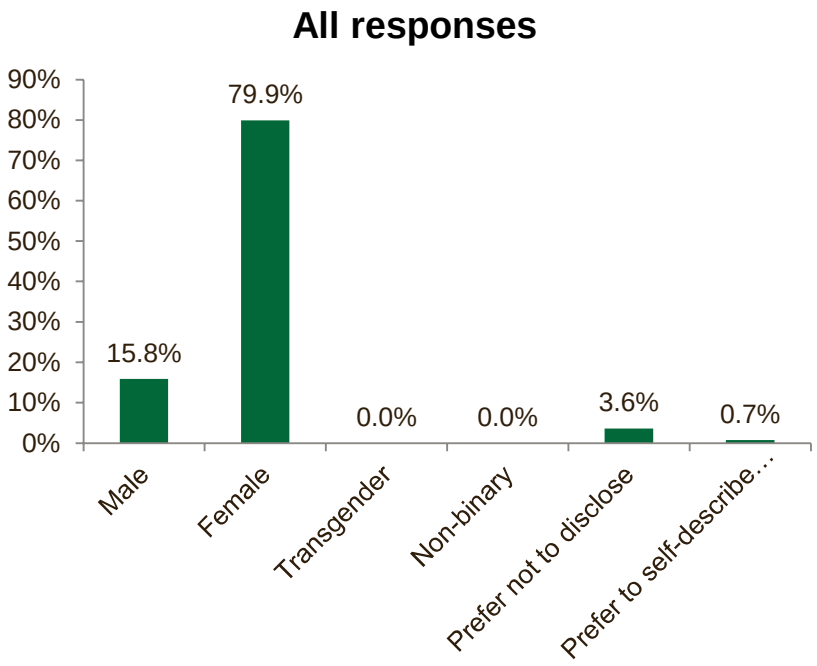


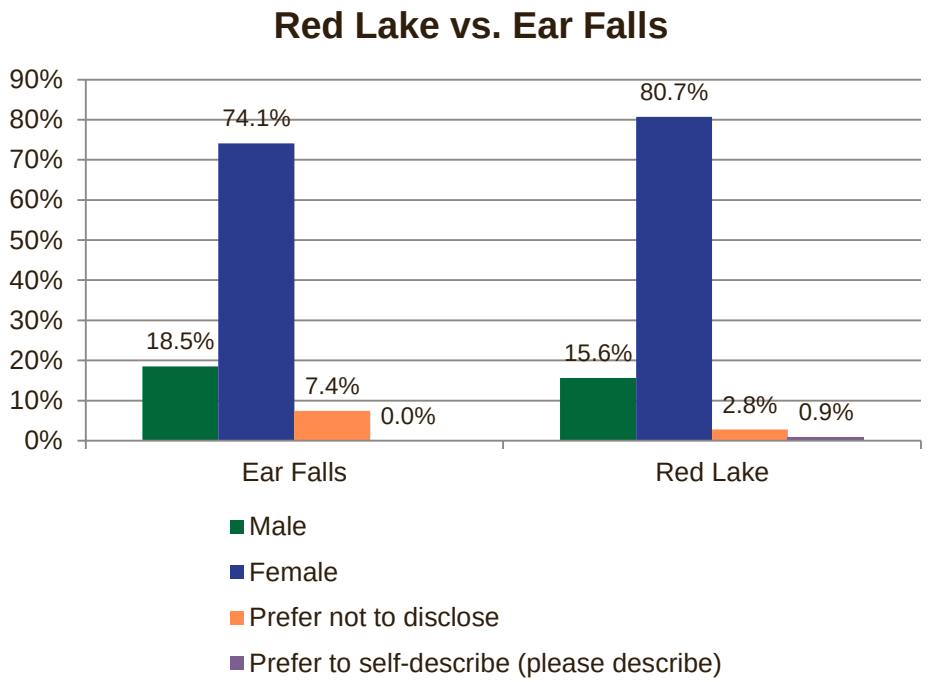
Q. What is your total annual household income?



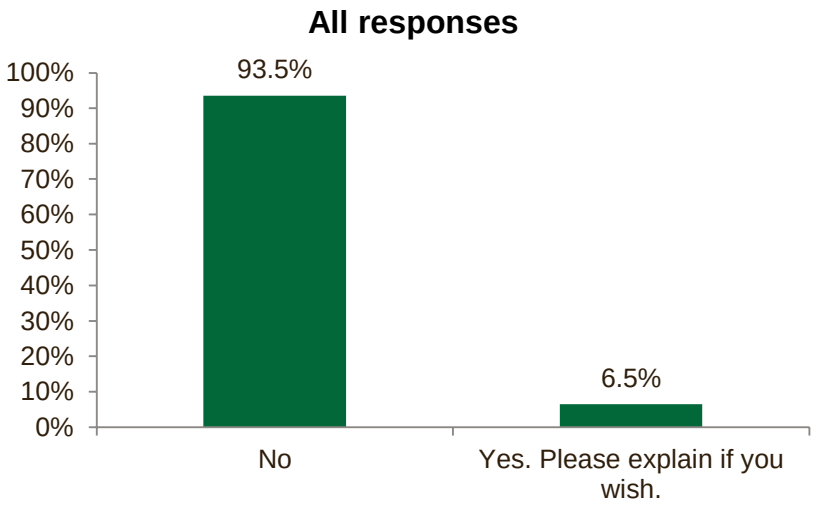


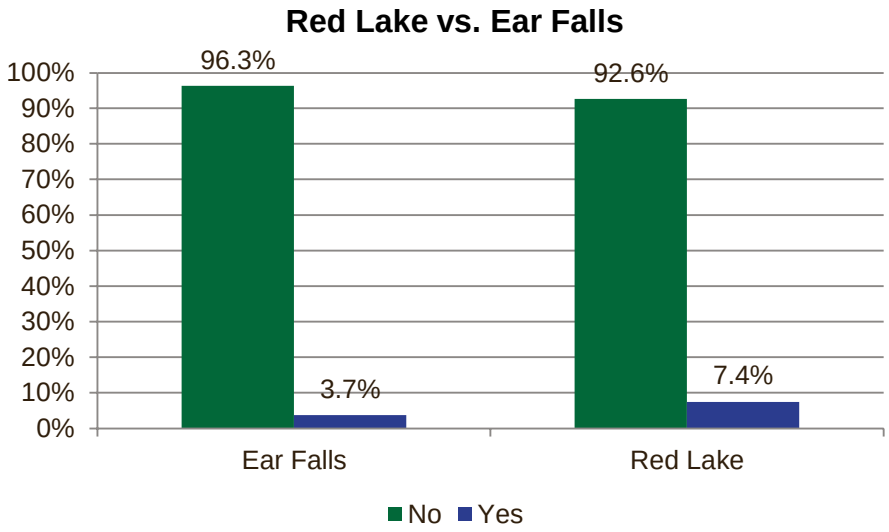
Q. What gender do you identify with?





Q. Do you consider yourself part of a marginalized group?





Yes. Please explain if you wish.
Woman (3)
Indigenous (2)
single mother
Person of colour

Risk Factors

Risk Factors – Introduction

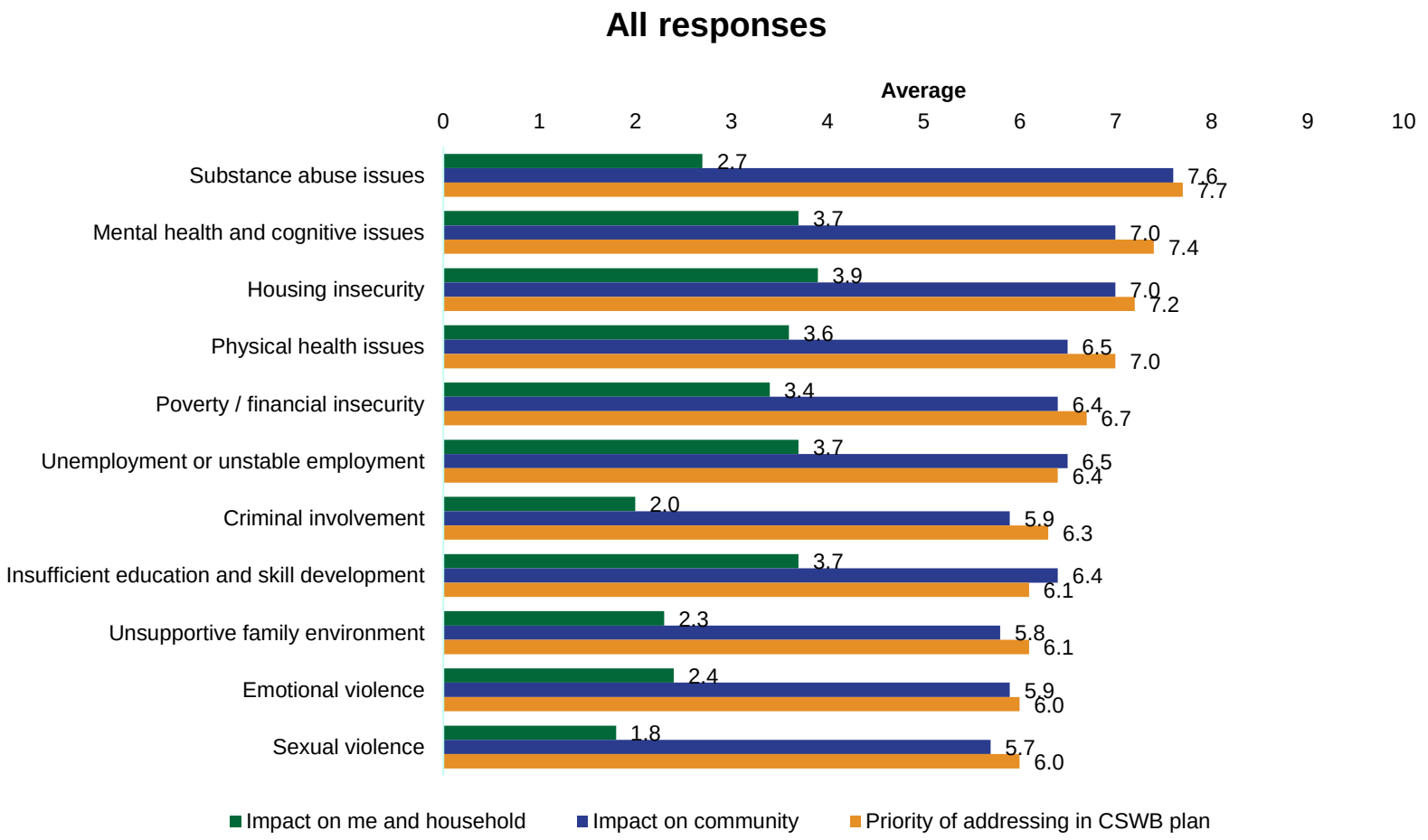
- In this section participants were asked for input on factors that put pressure on community safety and well-being. For each factor, they were asked to rate on a scale of 0-10 (0=low 10=high)
  1. The level of impact it has on:
     a. You and the people you live with
     b. The community you live in (Red Lake or Ear Falls)
  2. The priority this factor should have in the CSWB Plan

- Definitions or examples for each factor were included with each question and are listed on the next slide.
- An average rating for each factor was calculated.

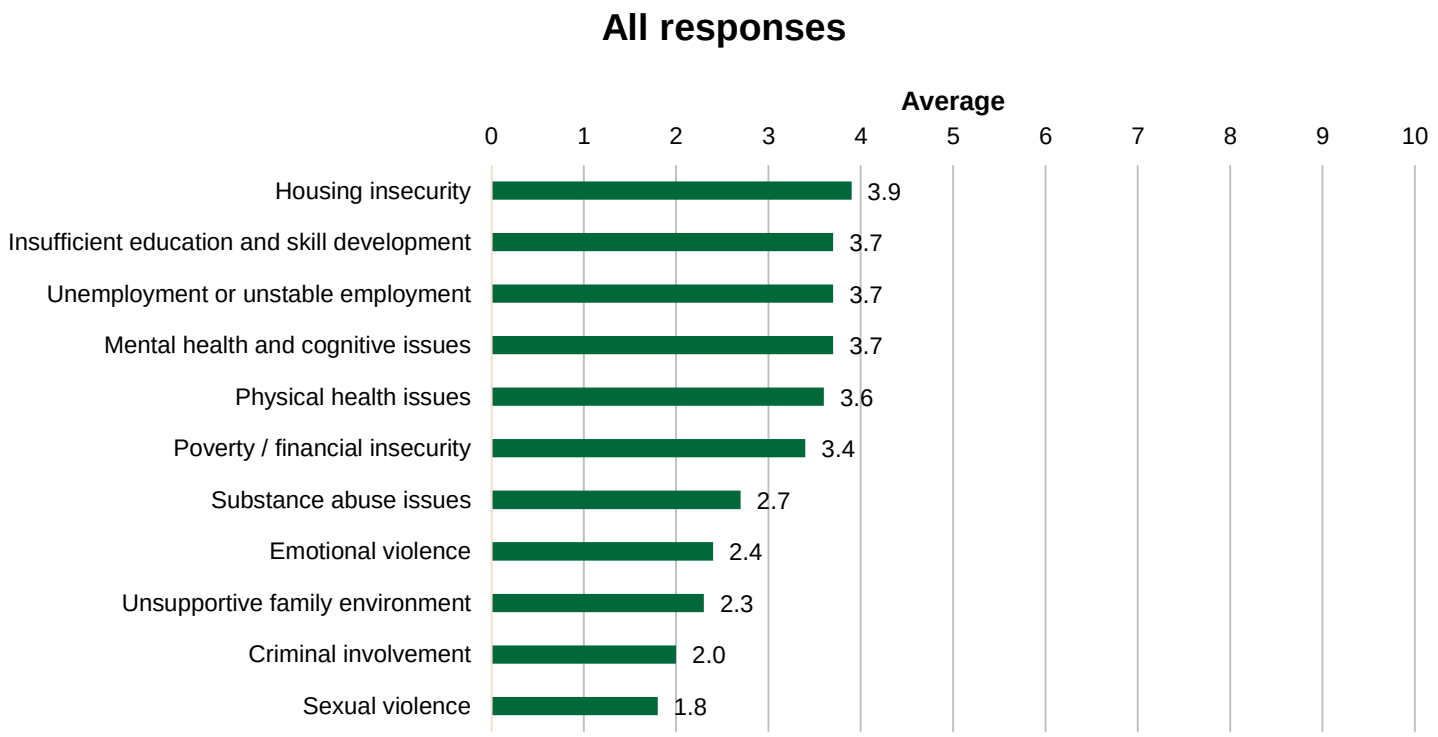
Risk Factors – Definitions

Insufficient Education and Skill Development:	Lack of access to or success in receiving instruction and life skills and (if over 18) attainment of high school diploma
Unemployment or Unstable Employment	Persistently without paid work or stability of employment is uncertain
Poverty / Financial Insecurity	Financial situation makes meeting day-to-day housing, clothing or nutritional needs significantly difficult.
Housing Insecurity	Lack of access to appropriate, stable, affordable housing
Unsupportive Family Environment	May include ongoing disagreements or conflict, unnurtured environment, violence, inadequate parental supervision, poor connection to community
Substance Abuse Issues	Overindulgence in or dependence on drugs or alcohol
Mental Health and Cognitive Issues	Problems with psychological and emotional well-being or intellectual functioning
Physical Health issues	Suffering from chronic disease, general health issue requiring medical attention, physical disability or terminal illness
Emotional Violence	Includes controlling behaviour, name-calling, yelling, bullying, belittling, etc.
Sexual Violence	Includes sexual harassment, humiliation, exploitation, touching or forced sexual acts
Criminal Involvement	Participation in criminal activities such as arson, theft, damage to property, assault

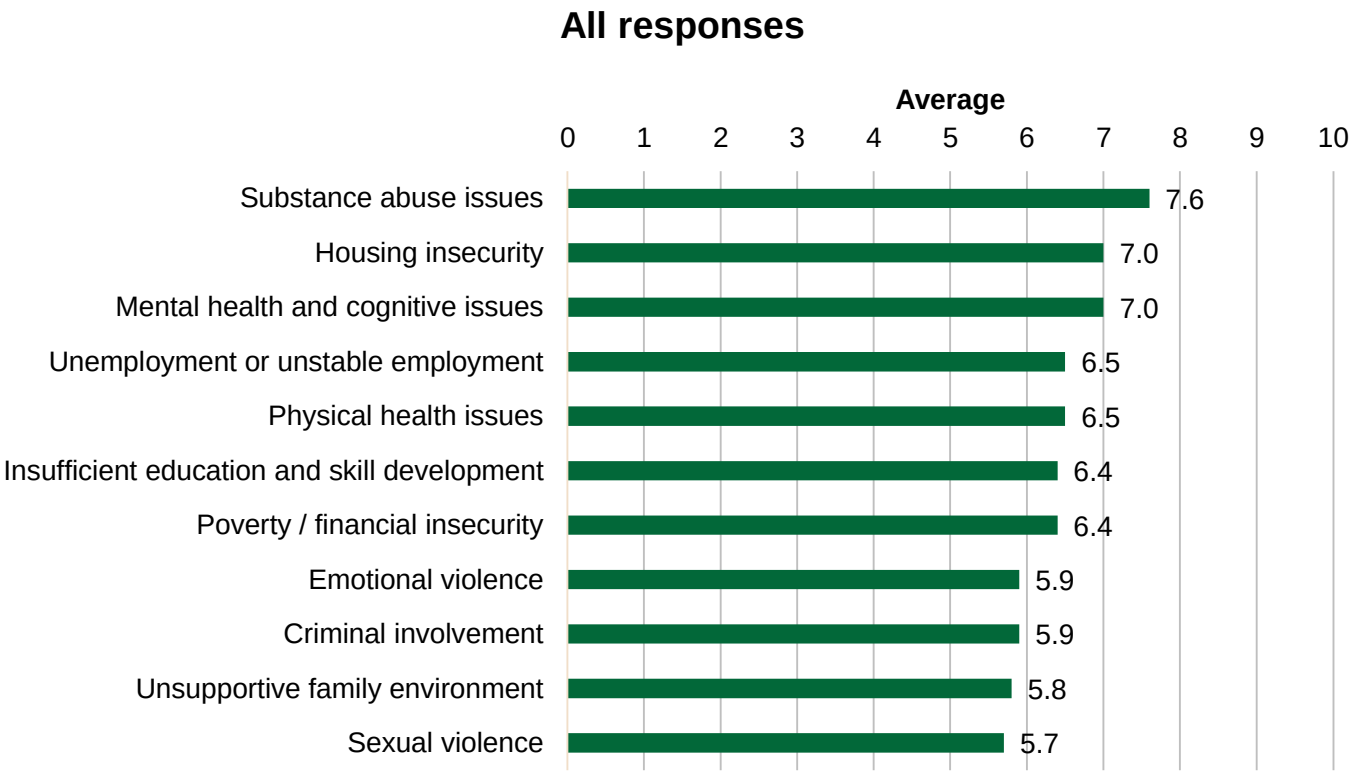
Risk Factor Summary



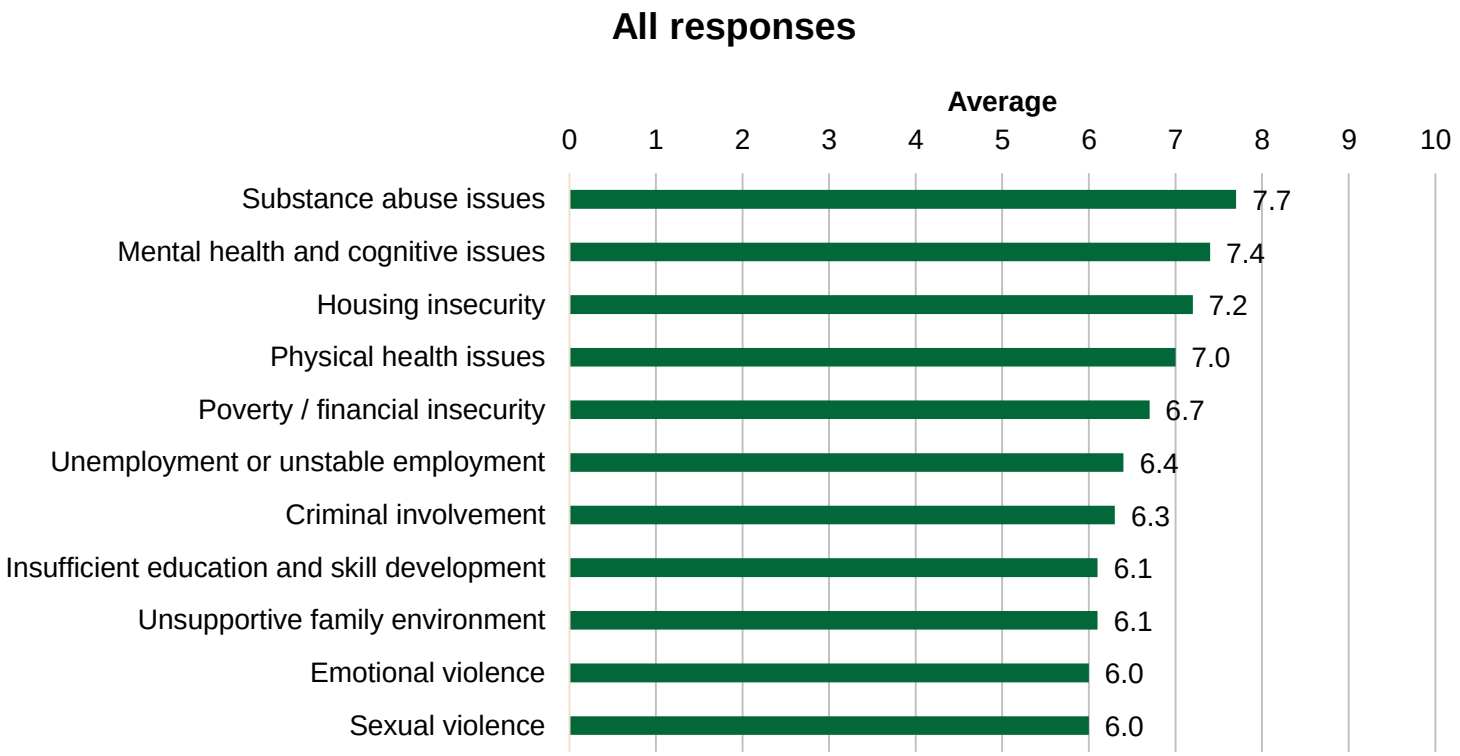
Risk Factor Summary – Impact on me and household



Risk Factor Summary – Impact on community

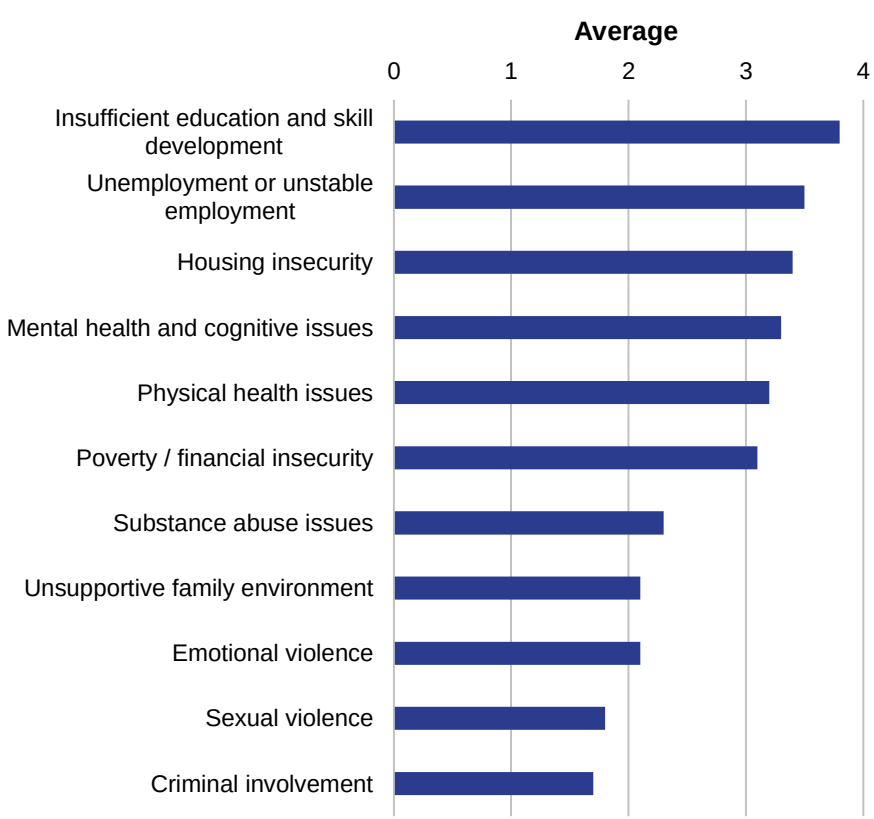


Risk Factor Summary – Priority of addressing in CSWB plan

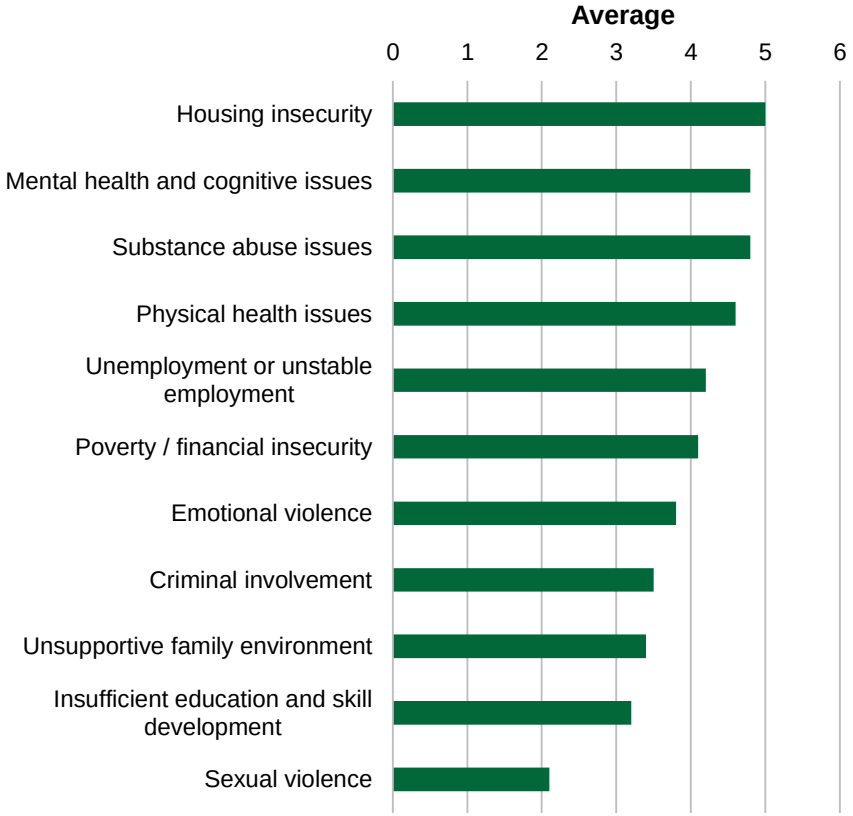


Risk Factor Summary – Impact on me and household – Red Lake vs. Ear Falls

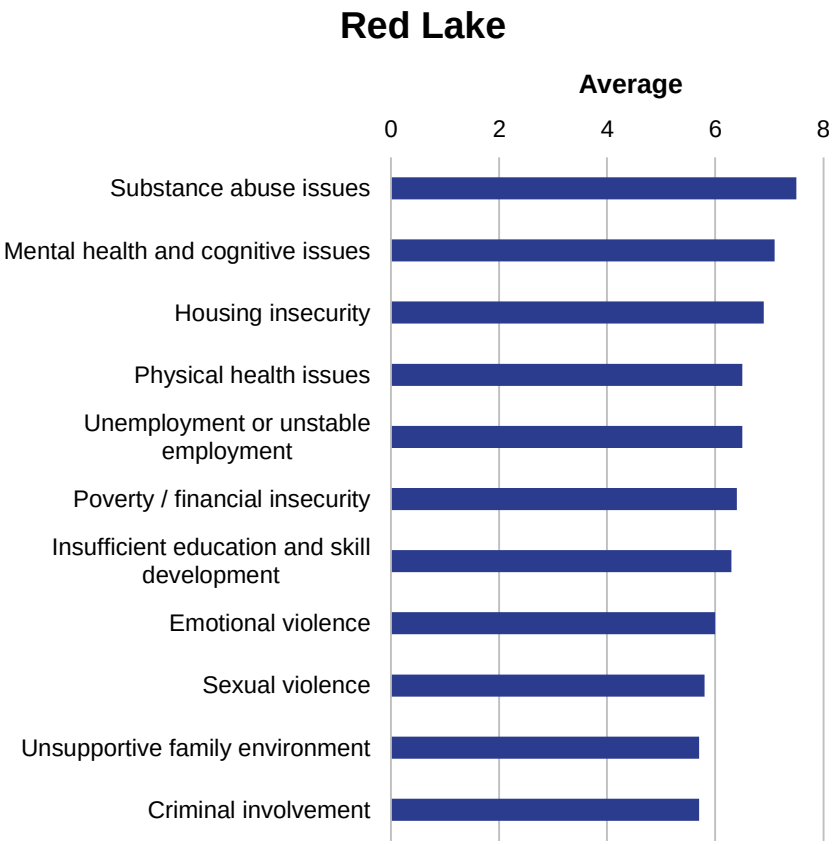
Red Lake

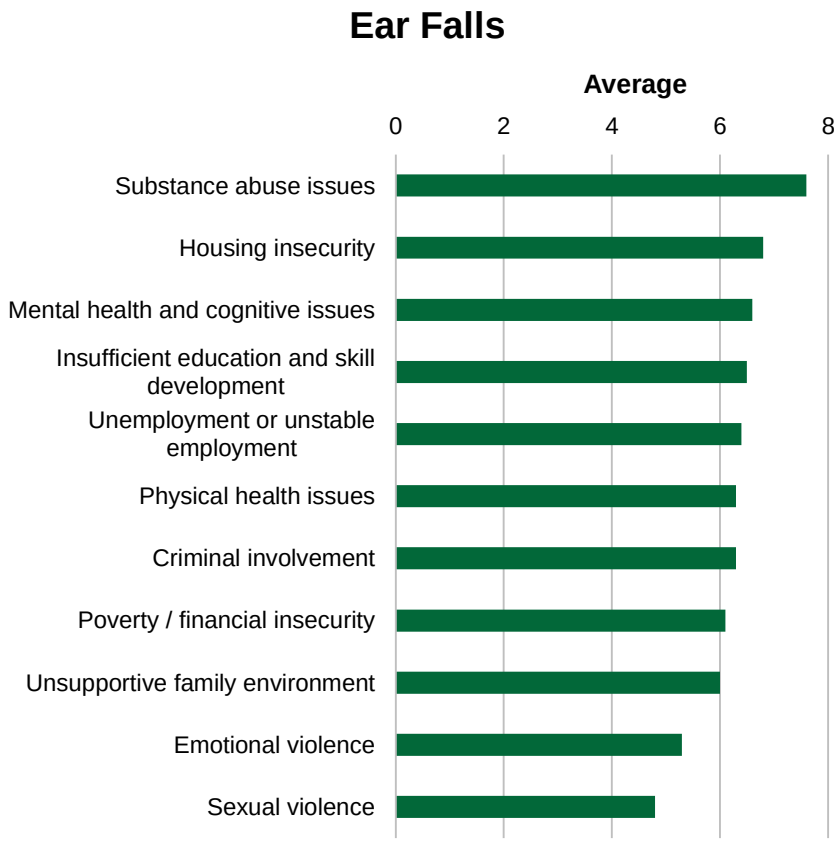


Ear Falls

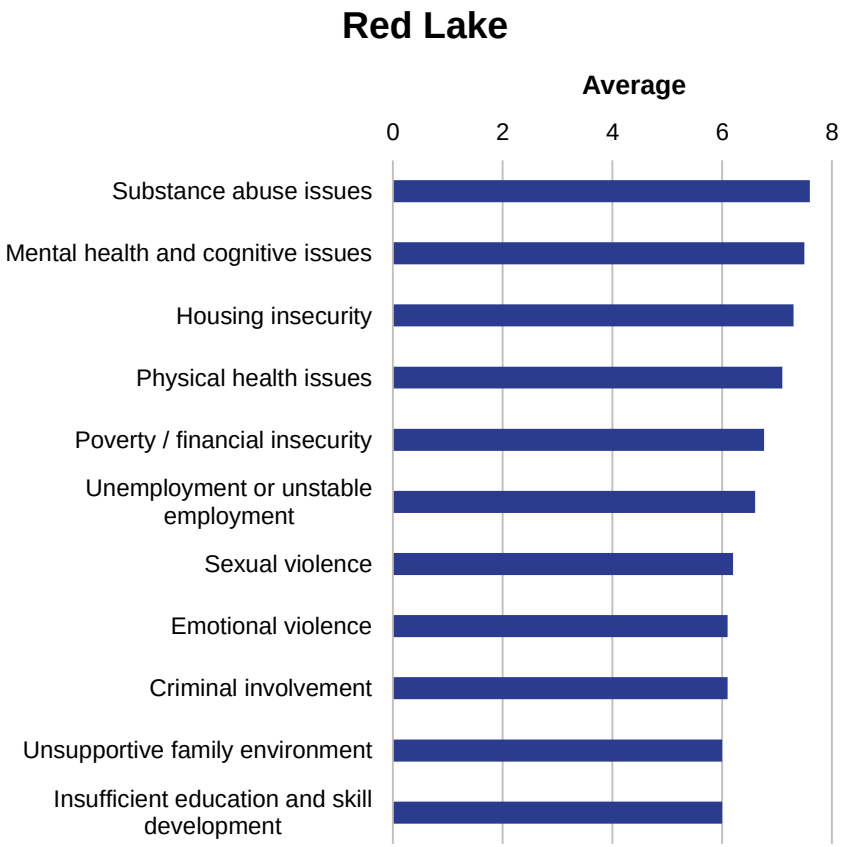


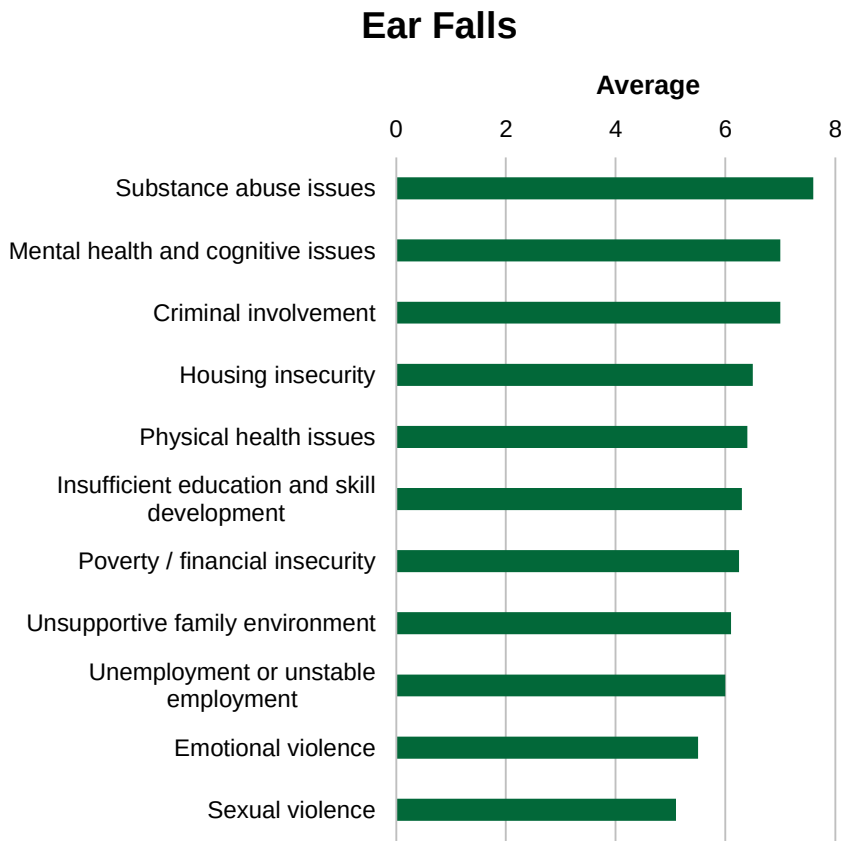
Risk Factor Summary – Impact on community – Red Lake vs. Ear Falls



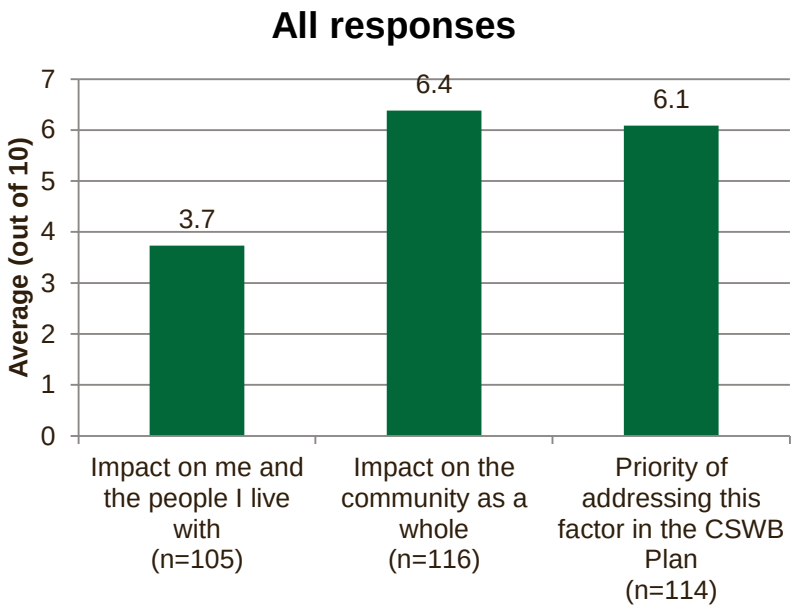


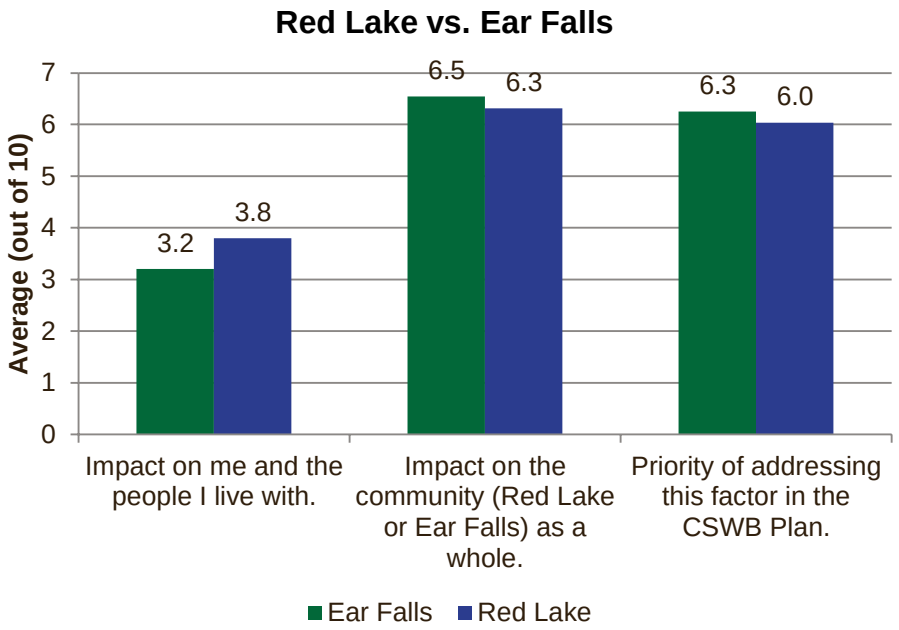
Risk Factor Summary – Priority of addressing in CSWB plan – Red Lake vs. Ear Falls



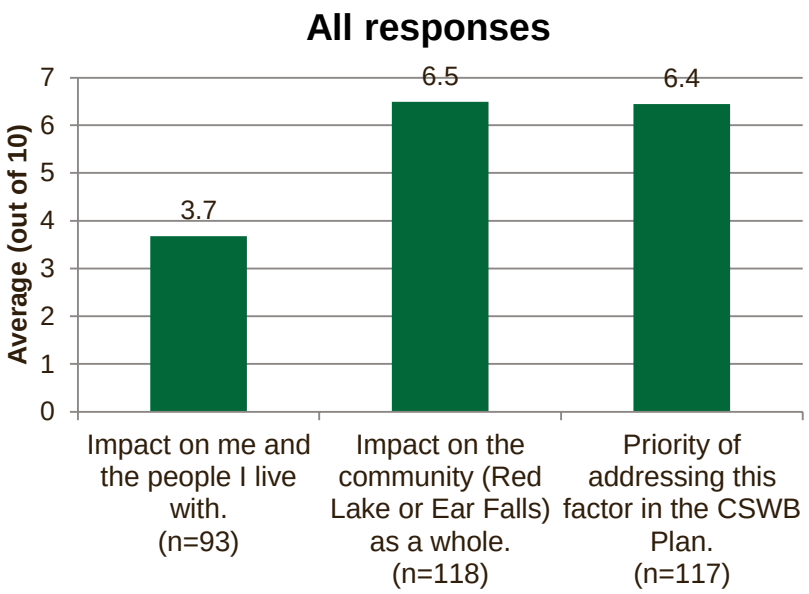


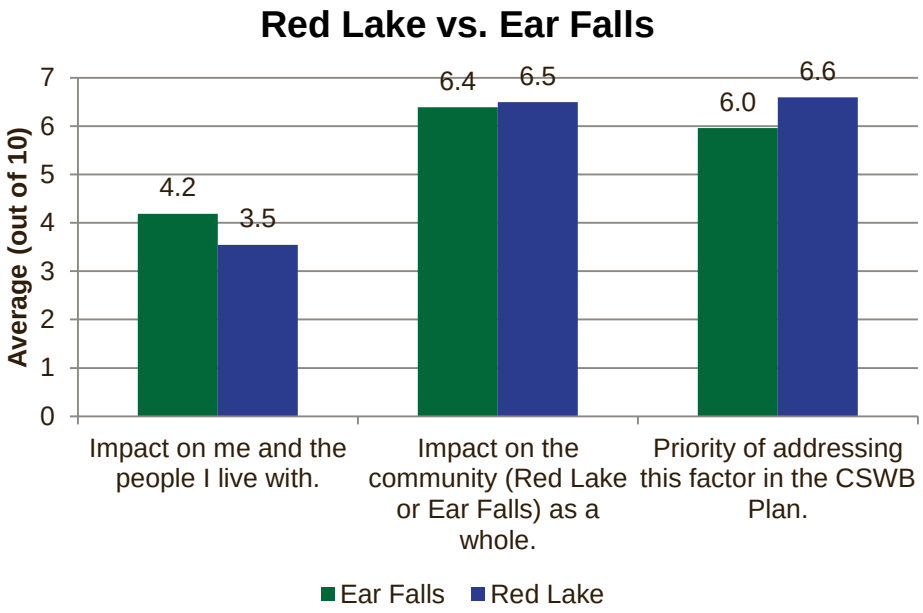
Risk Factor: Insufficient Education and Skill Development



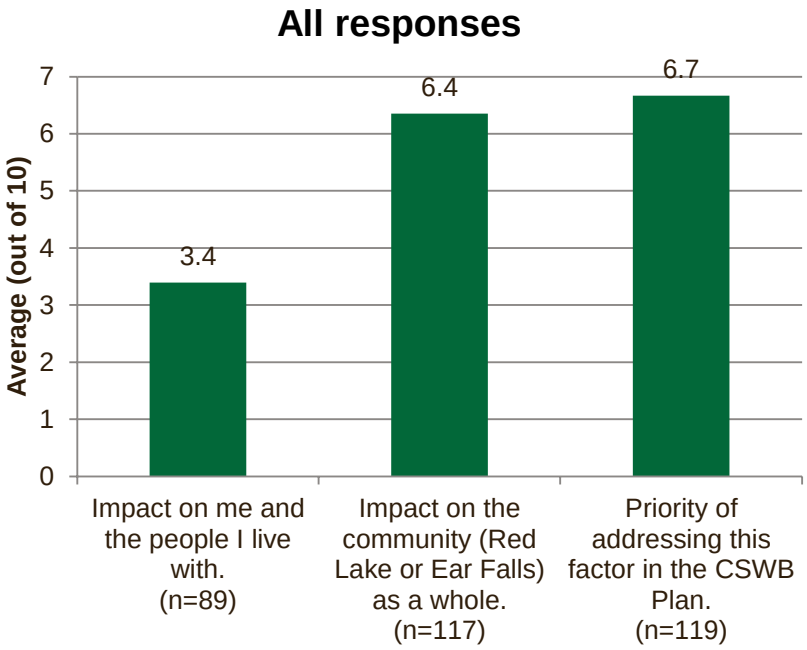


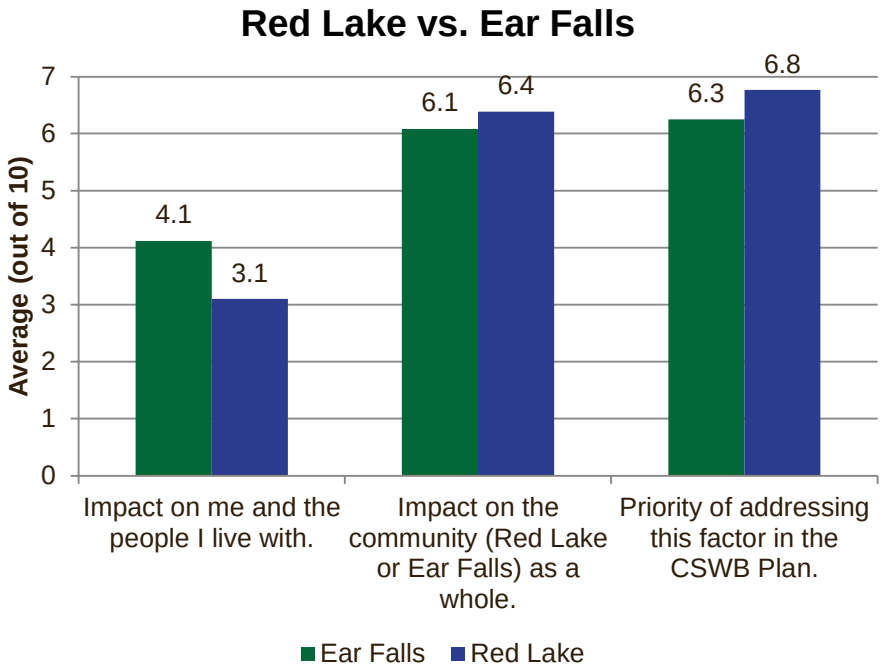
Risk Factor: Unemployment or Unstable Employment



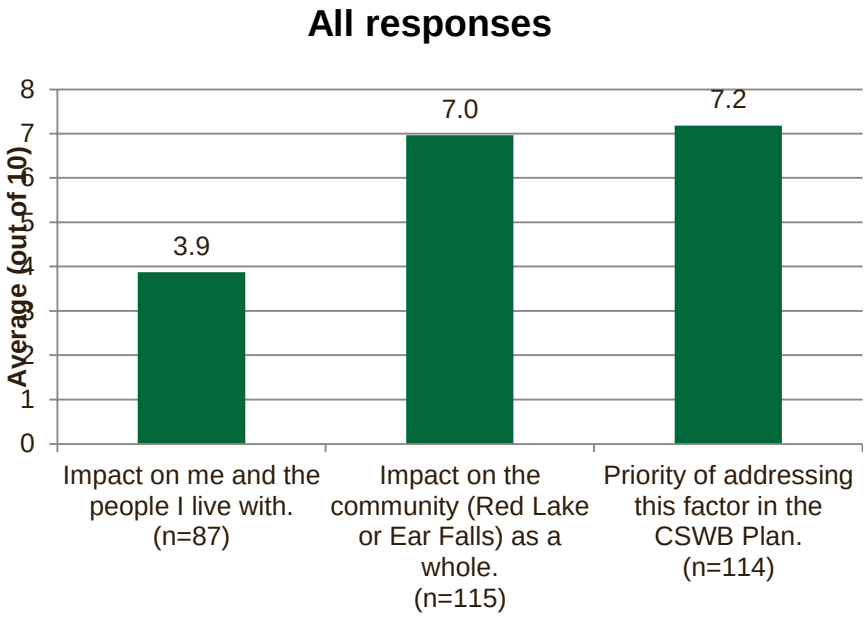


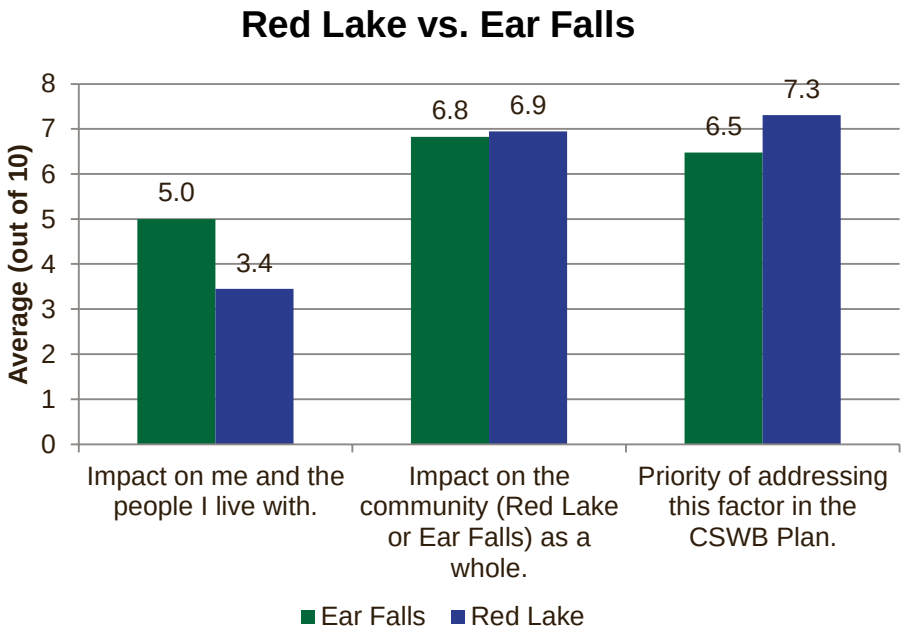
Risk Factor: Poverty/Financial Insecurity



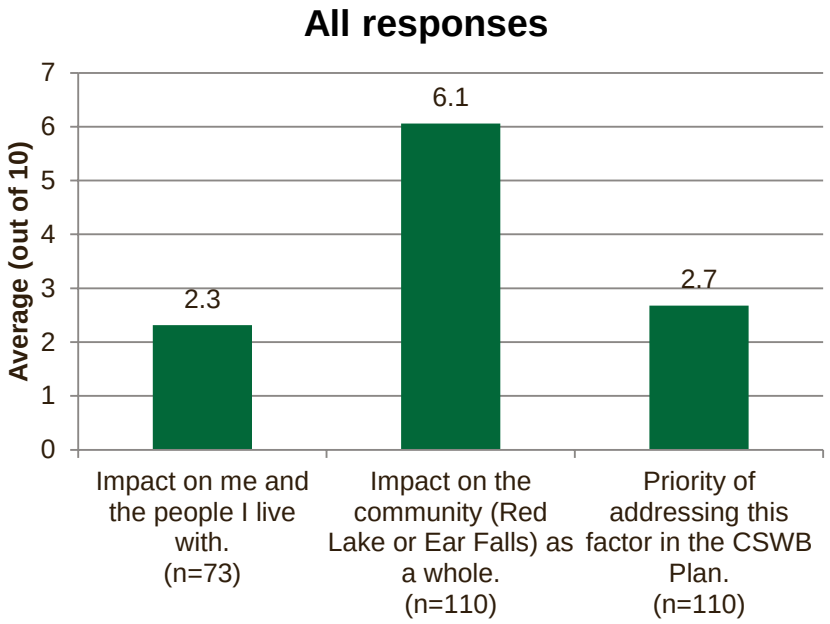


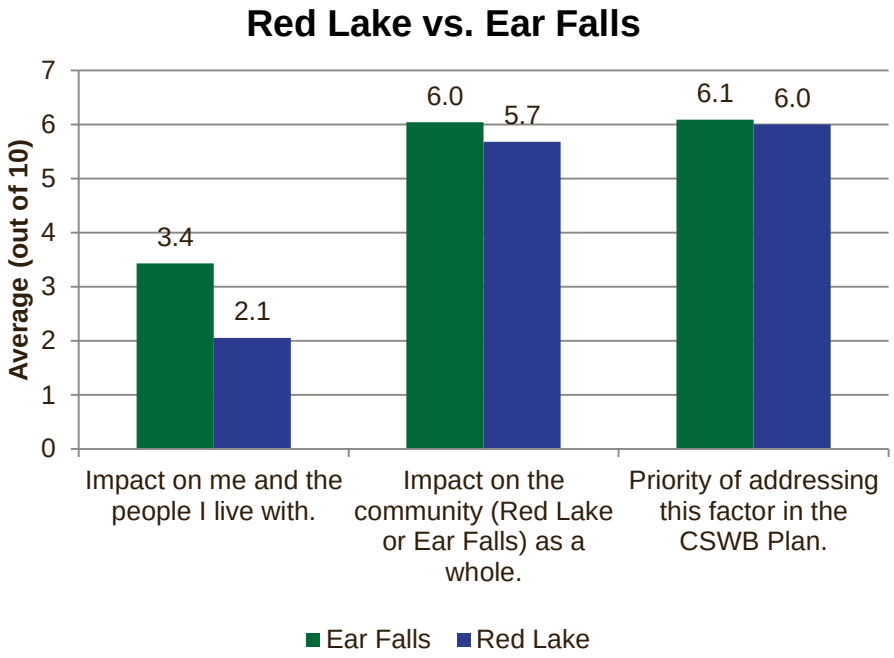
Risk Factor: Housing Insecurity



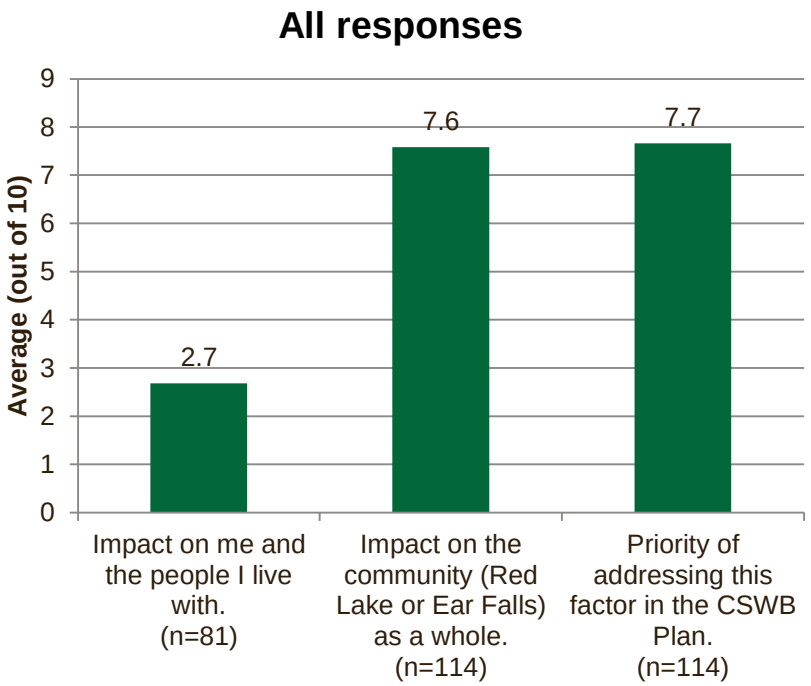


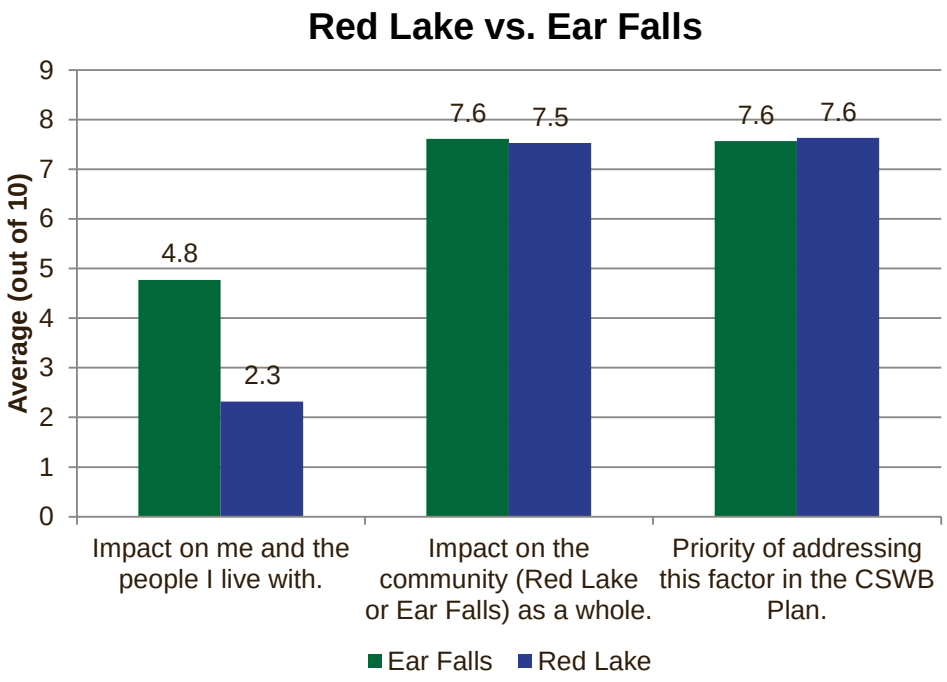
Risk Factor: Unsupportive Family Environment



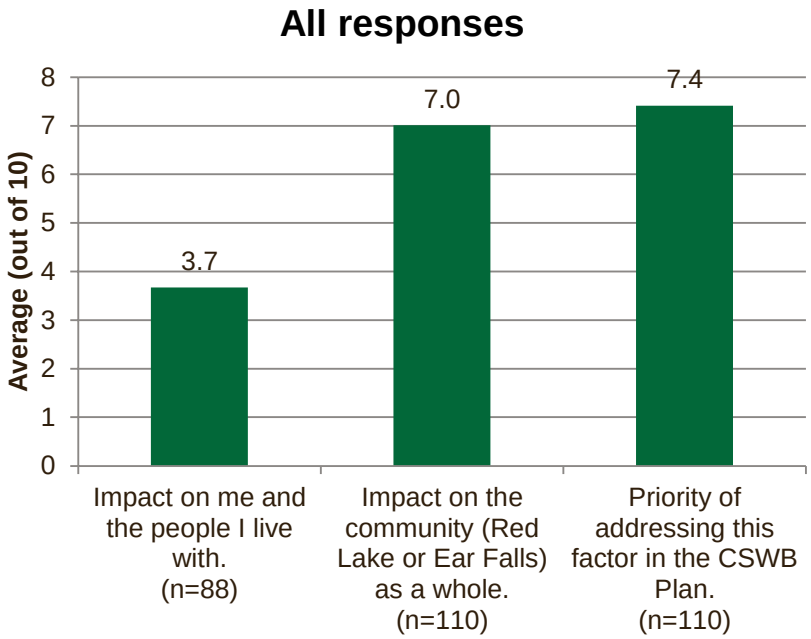


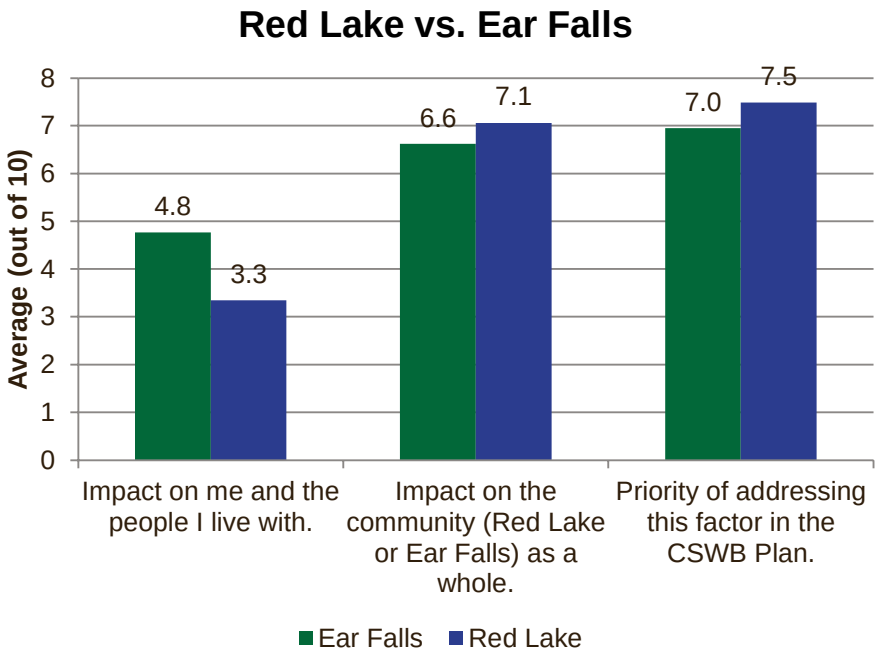
Risk Factor: Substance Abuse Issues



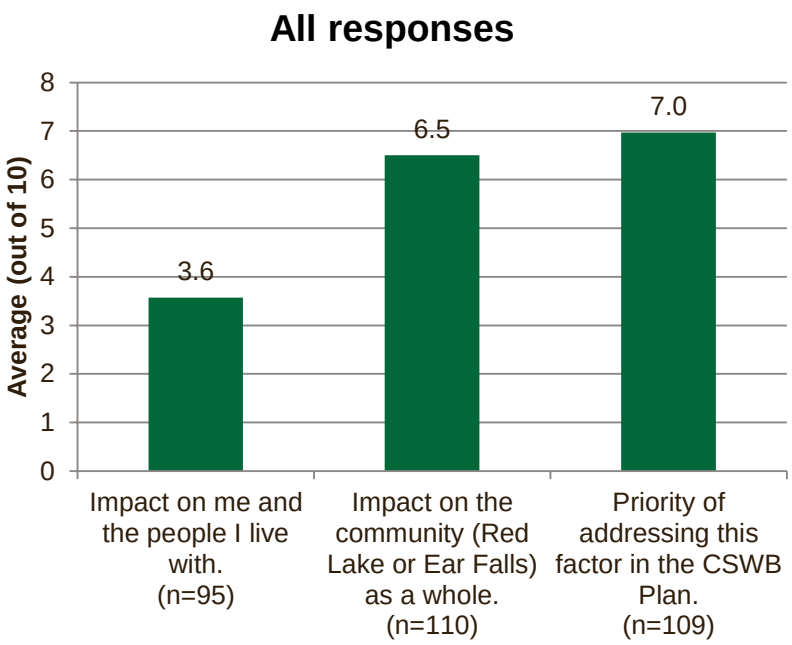


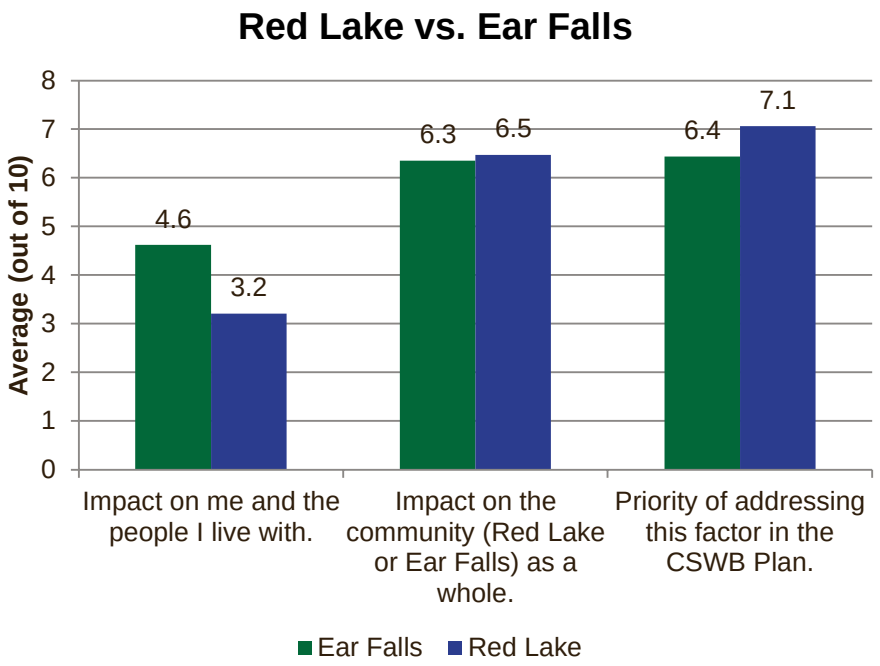
Risk Factor: Mental Health and Cognitive Issues



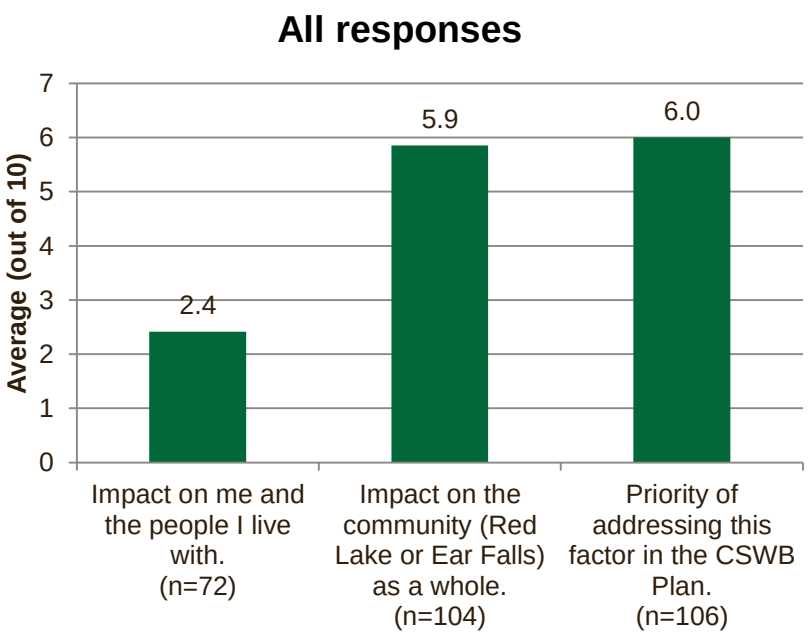


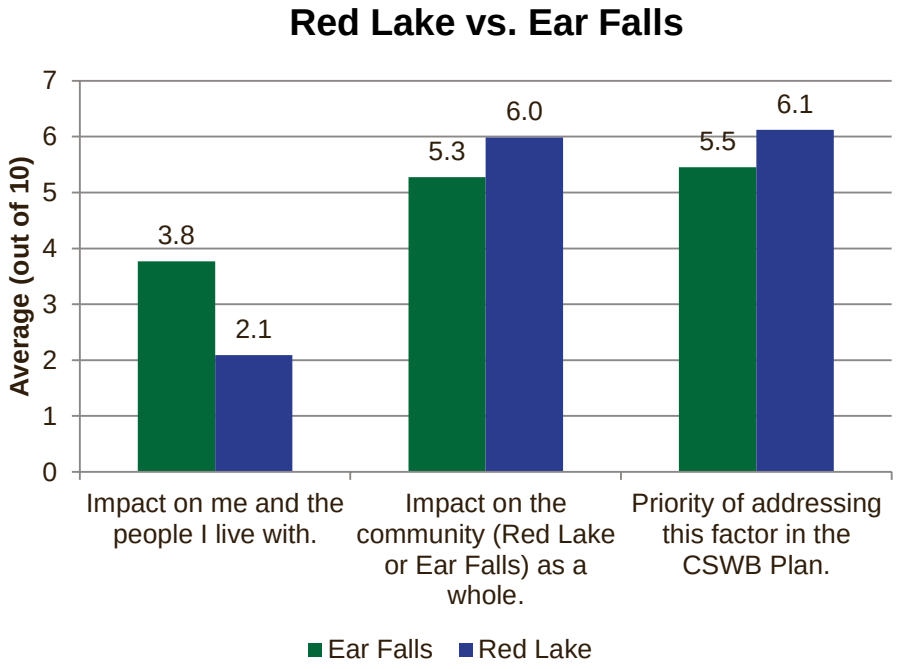
Risk Factor: Physical Health Issues



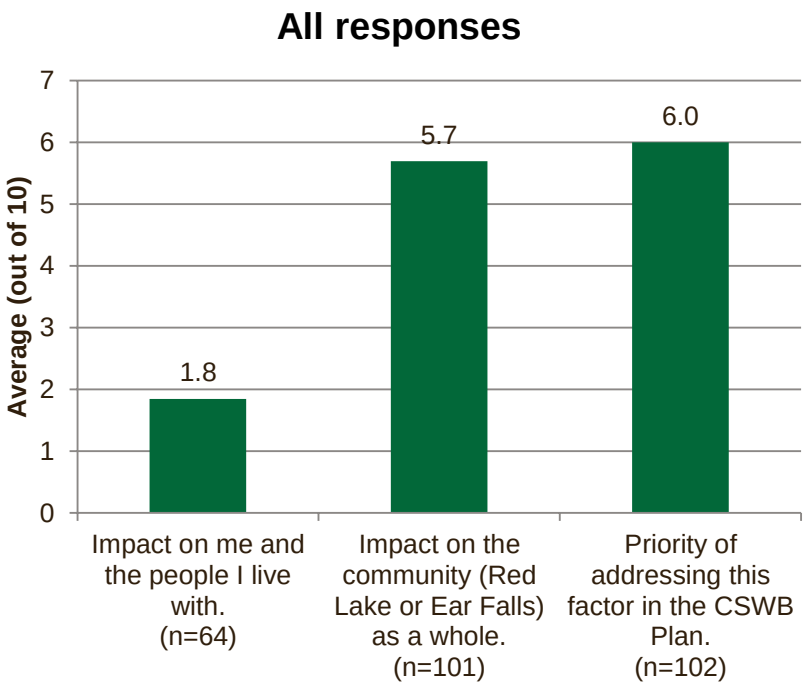


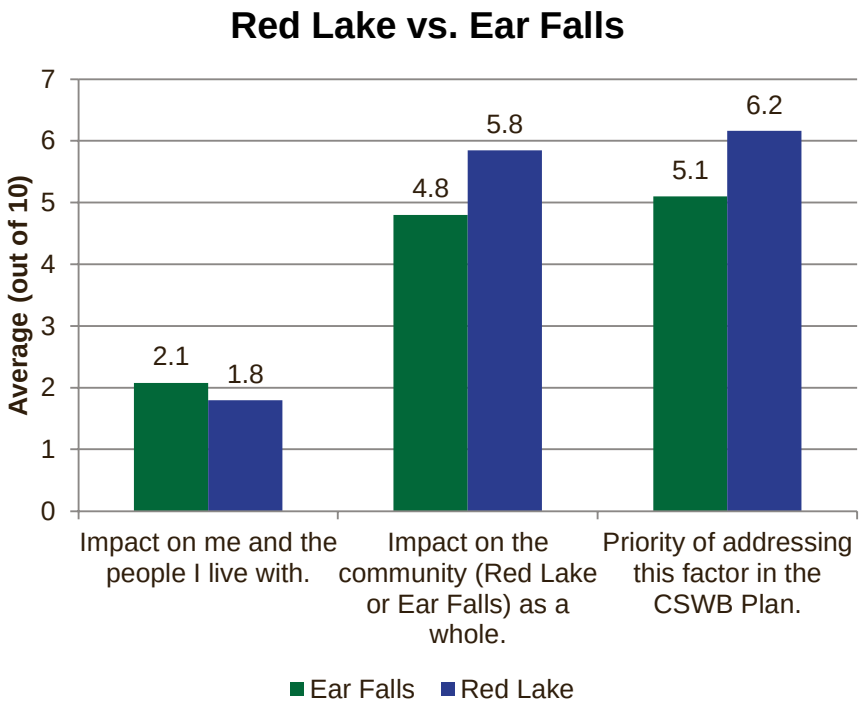
Risk Factor: Emotional Violence



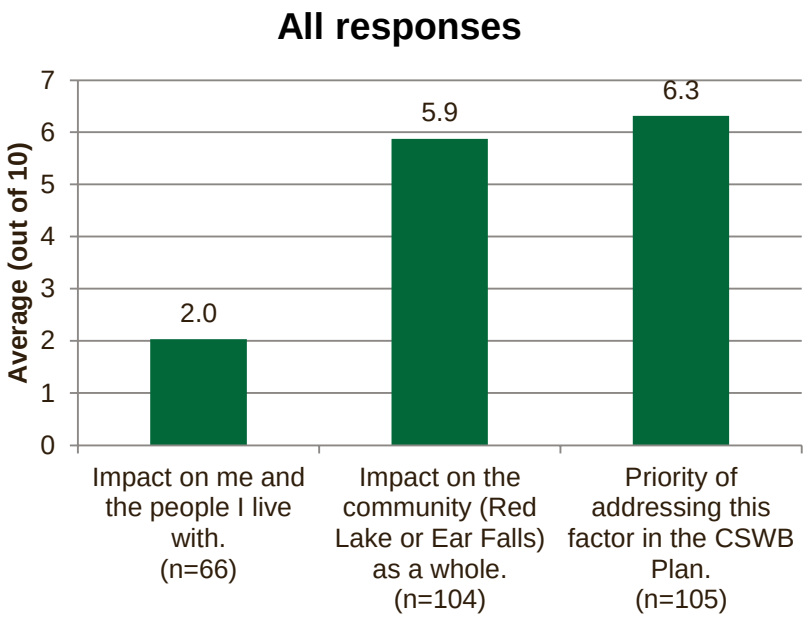


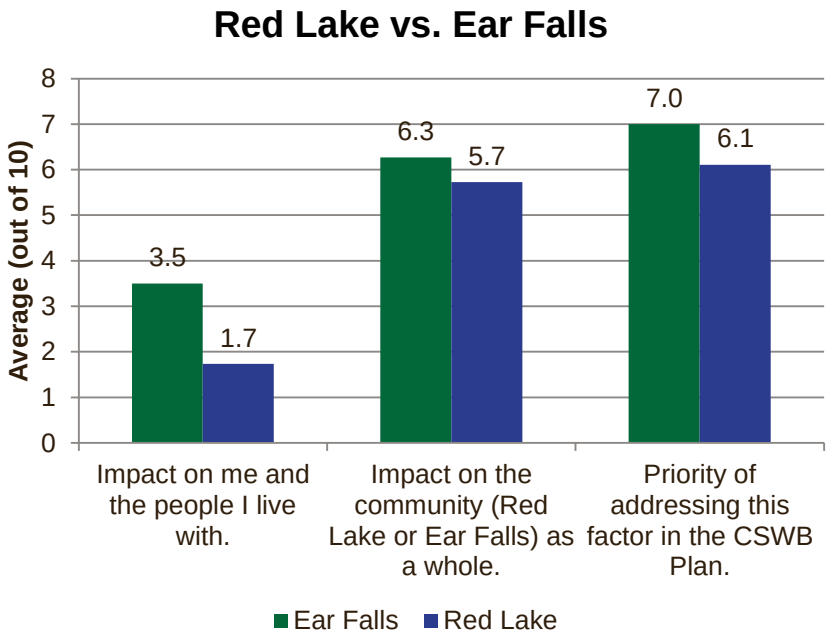
Risk Factor: Sexual Violence





Risk Factor: Criminal Involvement

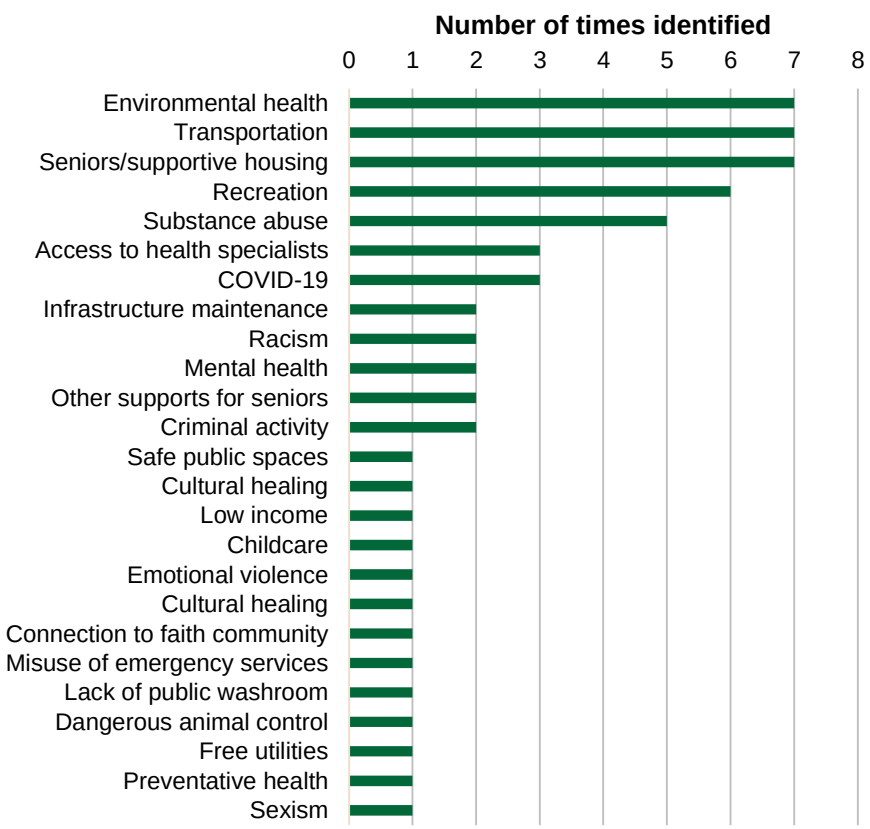




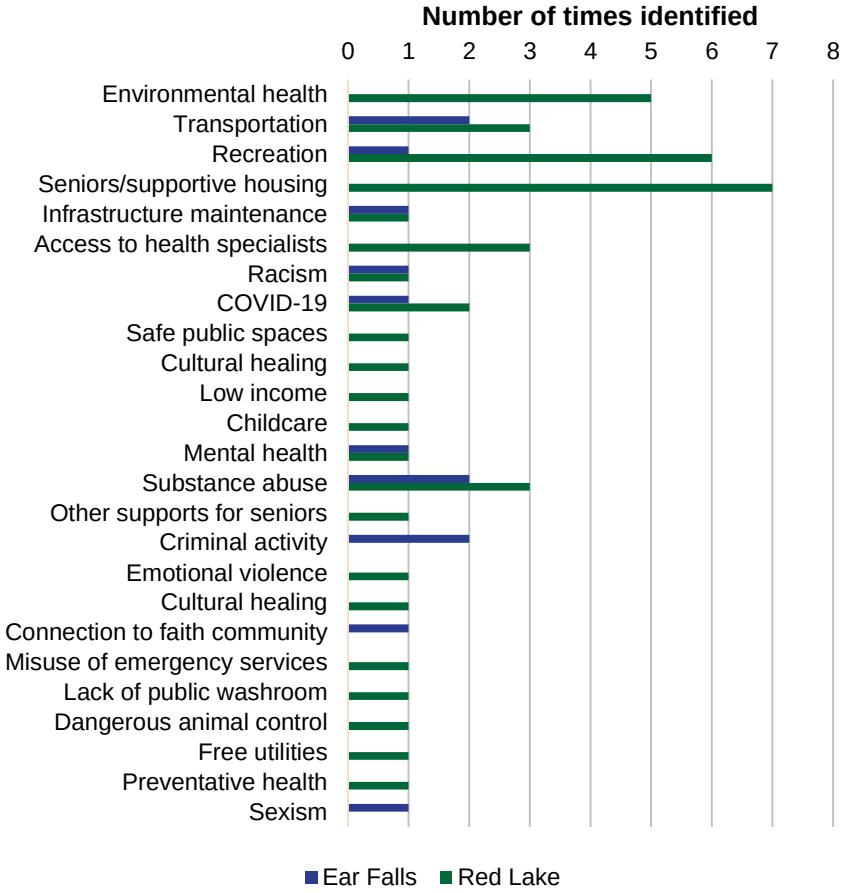
Risk Factor: Other factors significantly impacting community health and well-being not identified previously

(respondents provided open-ended response – MNP summarized)

All responses

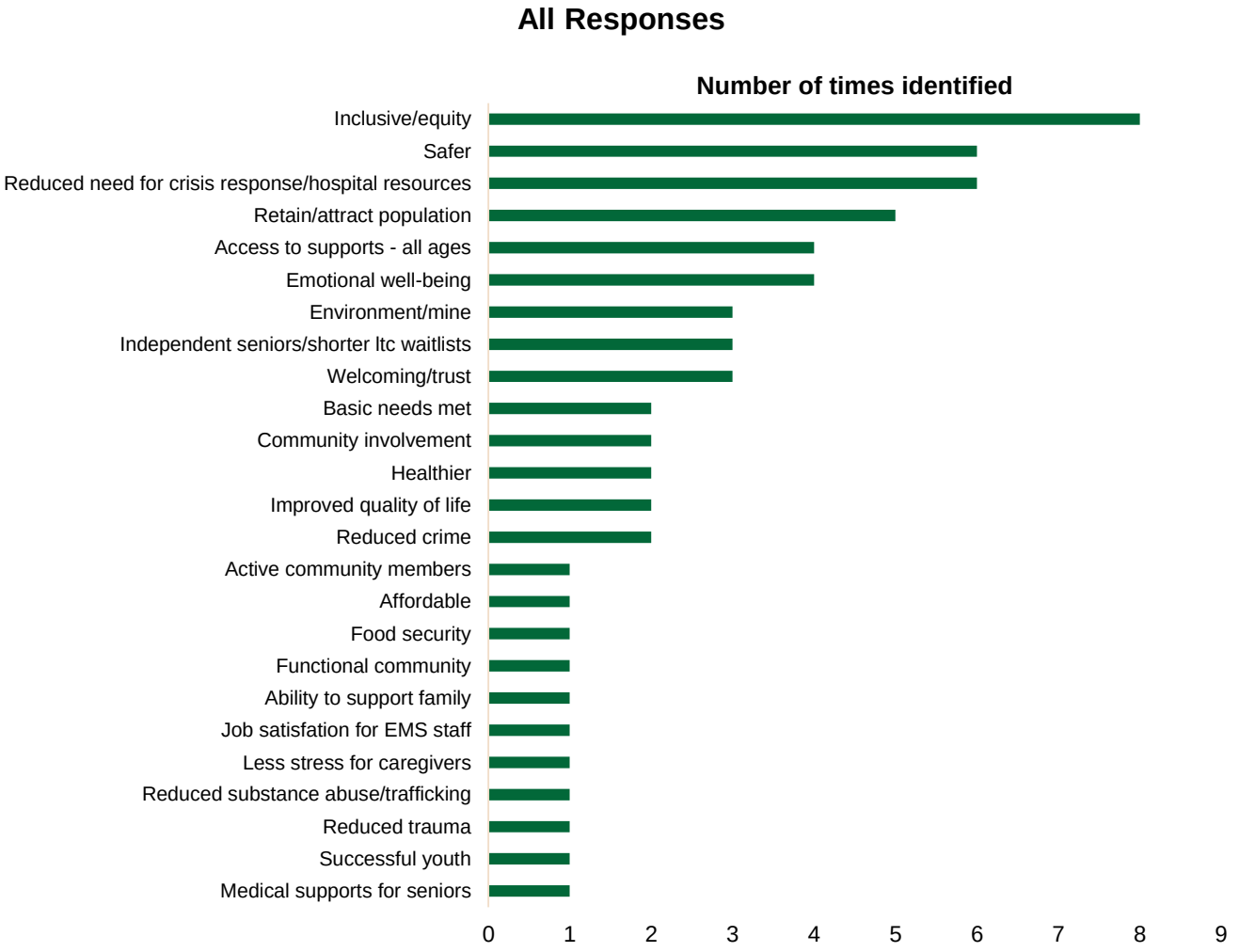


Red Lake vs. Ear Falls



DESIRED OUTCOMES

Q. If we are successful at addressing the top safety and well-being issues that you identified in this survey, how would your community be different in the future?



Appendix D – References / Endnotes

References / Endnotes

[1] https://tlp-lpa.ca/faculty-toolkit/indigenous-inclusion

[2] https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/

[3] Rush et al. (2008). *Prevalence of co-occurring substance use and other mental disorders in the Canadian population*. Canadian Journal of Psychiatry, 53: 800-9. –from https://www.camh.ca/en/Driving-Change/The-Crisis-is-Real/Mental-Health-Statistics

[4] 2019 Year-End Report – Red Lake O.P.P.

[5] Northwestern Health Unit Community Health Report Card, 2017

[6] Ambulatory Visits [2014-2018]. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: January 29, 2020

[7] Ontario Mortality Data 2009-2011, Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: February 15, 2016

[8] Northwestern Health Unit, Child and Youth Mental Health Outcomes Report, 2017

[9] https://cwp-csp.ca/poverty/just-the-facts/

[10] *A Place for Everyone Kenora District Services Board Ten Year Housing and Homelessness Plan 2014-2024*

[11] Mullan, Killian, Higgins, Daryl, Australian Institute of Family Studies, *A Safe and Supportive Family Environment for Children: Key Components and Links to Child Outcomes*, 2014, Australian Government Department of Social Services, Occasional Paper Number 52

[12] World Health Organization. (2014). *Violence against women*. Fact Sheet No. 239.

[13] Federal-Provincial-Territorial (FPT) Forum Ministers Responsible for the Status of Women. 2013. *Measuring Violence against Women*. *Statistical Trends – Key Findings*