

KENORA COMMUNITY SAFETY & WELL-BEING PLAN

November 2015

BROUGHT TO YOU BY **KENORA**
SUBSTANCE ABUSE &
MENTAL HEALTH



TASK FORCE

TABLE OF CONTENTS

- Letter from Co-chairs** 4
- Acknowledgements** 5
- Executive Overview** 6
- Section 1 – Strategic Plan** 7
 - Community Collaboration 8
 - Supporting Those in Need 10
 - A Safe Community 13
 - Our Youth 16
 - Stigma 18
 - Sustainability 20
- Section 2 – Poised for Action** 22
 - Implementation 22
 - Measurement & Evaluation 23
- Section 3 – Background** 24
 - Methodology & Approach 24
 - Facts & Stats 25
- Section 4 – Kenora Substance Abuse & Mental Health Task Force** 29
 - Pillars 29
 - Members and Partners 30
 - Governance 32
- Appendices** 34
 - Glossary 34
 - Community Events & Programs 36
 - References 40

VISION

A transformed community; a healthier and safer place to live.

MISSION

Enhance community well-being and safety for all through leadership, engagement and collaboration.

GUIDING PRINCIPLES

Collaboration

We leverage each other's strengths and skills, bridge gaps and grow collectively.

Inclusiveness

We recognize people have different challenges, risks and needs; cultures, worldview and motivators. Well-being and safety shall be accessible to all.

Evidence-informed

We seek and employ evidence to understand circumstance, strategize plans, implement actions and evaluate results.

Compassion

We empathize with each individual's desire and readiness for help, without judgment.

Sustainability

We commit to steady progress with a vow to long-term success. We will continually harvest our people, funding and resources.

Integrity

We act with transparency, fairness and consistency.

LETTER FROM CO-CHAIRS

The membership of the Kenora Substance Abuse and Mental Health Task Force encompasses a broad and diverse collaboration that heightened the need for us to establish a cohesive strategy, one that not only represented the membership but also unified the various perspectives. At the same time, it is a community plan that needed to draw on the support of the community and its stakeholders for engagement and commitment. If we were not able to engage the community as part of this strategy we would and will not have done our job, or fully succeed with the outcomes we believe are possible.

Once we clearly identified the issues and challenges, we were able to better determine our priorities. We wanted to find a model that could measure our success and understand our failures. We wanted something that would help us evaluate the actions we will focus on, when they should be accomplished, and by whom. Effective planning is only realized through strategies that prompt actions, which in turn produce positive outcomes. As we move forward, our *Community Safety and Well-being Plan* will be a living document that allows for revisions and updates as we adapt to the changing environments and circumstances of the future. It is our hope that we've crafted a foundation to build upon and one that will be embraced by our community. We don't want our initiative to be just a monument, but becomes the basis from which we can measure and evaluate one another, the strategy and the community's response to it. We hope this strategy becomes a foundation as we pursue ways in which we can change people's lives for the better.

We would like to thank and acknowledge the Steering Committee for their enthusiastic participation in this process and our consulting team led by Mike Greaves and Diane Schwartz-Williams for the invaluable leadership offered. This was a true collaboration, which we trust represents the membership of the Task Force, and becomes the catalyst that engages our community.

Jen Carlson & Craig Bryant
Co-chairs, Kenora Substance Abuse and Mental Health Task Force

ACKNOWLEDGEMENTS

Implementing the *Community Safety and Well-Being Plan* will be a collective effort. We would like to thank everyone who has contributed his/her time and energy to this work. Sincere thanks and gratitude are extended to the dedicated committed pillar members and their agencies that have provided support and valuable information during this process. Great thanks are due to those who helped facilitate the community consultations and to those who filled out the survey for giving of their time and providing valuable input and feedback.

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EXECUTIVE OVERVIEW

Kenora's *Community Safety and Well-Being Plan* is the roadmap to fulfill the vision of a transformed community, a healthier and safer place to live. It is a route filled with twist and turns, even switchbacks and the odd roadblock, but with the endorsement and engagement of the community at all levels it is navigable.

The Kenora Substance Abuse and Mental Health Task Force (Task Force) recognized the need for this plan, understanding that a healthier, safer community for all would increase their effectiveness in preventing or reducing incidences and impacts of substance abuse and mental illness. The Task Force envisions the ultimate benefit to the community at large and all residents, including those at risk.

This plan was developed and will move forward as the Community Plan, not the Task Force plan. While the Task Force led the process and was involved at every stage, the plan was built drawing heavily on input gathered at a number of community consultations and through a community survey. Throughout the process there was much conversation with a great deal of knowledge sharing, experiences and excellent suggestions, and these conversations will continue as the plan is rolled out. These contributions from individuals and agencies laid the foundation for the plan, and the continuing conversations will be the virtual wheels that keep it rolling forward.

The group effort of Task Force partners, other agencies, organizations and the community at-large that came together to build this plan is the first step, indicative of the ongoing collaboration and shared commitment that will be required to implement the plan. Delivering on the mission to enhance community well-being and safety for all through leadership, engagement and collaboration depends on the active involvement of all those parties and all three levels of government. It is a shared responsibility and requires the participation of all.

The guiding principles of collaboration, inclusiveness, evidence-informed, compassion, sustainability and integrity are fundamental to the six strategic priorities of the *Community Safety and Well-Being Plan*. The strategic priorities naturally correlate to each other:

- Community Collaboration
- Supporting Those in Need
- A Safe Community
- Our Youth
- Stigma
- Sustainability

Specific goals define the scope for each strategic priority, with objectives identified and tasks delineated to set the path for achievement of these goals.

The *Community Safety and Well-Being Plan* is the framework for a common direction for Kenora. Implementation of the plan will see this framework expanded, shifted and gradually filled in as we move forward – together - towards that healthier, safer community.

SECTION 1

STRATEGIC PLAN

Strategic Priorities and Goals

Developing this plan began with visualizing what a healthier, safer community would look like if we were to draw it in our collective mind's eye. Imagine the community as a garden in which different types of seeds grow to different sizes at different rates, requiring a range of nutrients and moisture, ultimately bearing varied fruits. The bountiful garden will be one in which all are taken care of and nurtured. Take it indoors and imagine the community as an apartment block with many windows and doorways; everyone is housed in the same building with shared needs and commonality, but with each window opening into individual needs. That apartment block set in that bountiful garden is Kenora's future.

Collaborative work and commitment shared with all partners and the community at-large, including those in need, and three levels of government are what will make this plan both inclusive and achievable. Each of the strategic priorities requires and assumes fostering the enhancement of cultural connectedness. Similarly, they are entwined with the need for shared knowledge, education and increased awareness of issues, resources and solutions. Lastly, there is an assumption common to all that the responsibility for community well-being and safety is a shared one, not owned by any one group, agency, government or sector.

Strategic Priority	Goal(s)
Community Collaboration	Be the catalyst for positive, working interconnection of all community agencies, resources and partners.
Supporting Those in Need	Ensure inclusive provision of basic needs to all members of the community. Aid the most vulnerable with accessible and timely resources and support.
A Safe Community	Address the criminal behaviour that most affects the safety of community members. Safeguard the general public and community spaces.
Our Youth	Assist in the continued development, education and support of our youth (18 and under)
Stigma	Create hope and credibility; increase awareness and knowledge to diminish stigma and fear.
Sustainability	Achieve long-term organizational sustainability.

COMMUNITY COLLABORATION

Goal Be the catalyst for positive, working interconnection of all community agencies, resources and partners.

Intro Effective collaboration will build on the momentum that has been created with meetings, consultations and reports and will produce result-based actions that benefit all members of the community. While the real collaborative work will begin with agencies, resources and partners, the degree of success will also hinge upon the level of involvement of all three levels of government, community residents and businesses. With partnerships that really work more can be done with less, countering the scarcity of resources and going further to address the complexity of need.

Background Interagency communication and collaboration exists at a certain level, but it was clearly stated through community feedback that there is room and a need for significant improvement to both. Human and financial resources are tight. However, while there is a natural protective tendency to safeguard program mandates, activities and funding sources, there was a consensus that scarce resources could be stretched much further through collaborative efforts.

A provincial trend to integrated services is being reflected in the relatively recent changes to the Kenora District Services Board where four programs previously operated independently now operate in an integrated model. A previous disconnect between housing and health initiatives is moving forward to where they are being discussed together. This began with a study in 2007, the bundling of provincial funding for housing and health for an announcement in 2011 and a 2012 Northwest LHIN pilot project for housing and health.

Community and political will is needed to make a difference. It is critical for the full and successful implementation of the *Community Safety and Well-Being Plan*, and it will begin with involvement and collaboration of all members of the community. It is clear that one barrier to this involvement for residents and businesses in particular is that many do not realize that they can make a difference or how they can; another is a common misapprehension that special skills and training are required for any kind of involvement. Community members need to know how they can get involved in a way that is meaningful and appealing to them.

Over the Next Three Years A gradual shift from reactive to proactive strategy will be evident, stemming from collaboration and the sharing of knowledge and resources amongst agencies. Agencies will better understand each other's mandates, how programs interrelate, where the service gaps and duplications exist and will have developed stronger working relationships. A heightened sense of community ownership will be demonstrated through the work of a Community Leadership Table and the active involvement of the City of Kenora, community residents, the business sector and other organizations. As this plan is implemented opportunities will be explored to connect with similar groups in other communities to expand the scope of collaboration.

Primary Objectives

Supporting Actions

Enhance collaboration and integration between service organizations

- Develop Community Leadership Table
- Create opportunities for engagement, updates and input through use of newsletters, social media, community invitations and mainstream media
- Develop agency 'shadowing program' open to all organizations and agencies
- Create printed and online inventory and map of community services, a central resource directory for shared use

Nurture business and resident involvement

- Grow relationships with individual businesses and business organizations (Harbourtown BIZ, Chamber of Commerce)
- Develop and implement awareness and education campaigns
- Actively promote volunteer opportunities
- Hold semi-annual open house events, encouraging community participation

Strengthen and develop working relationship with all levels of government; Foster active City of Kenora involvement

- Develop and implement awareness and education campaign for Mayor and Council, City management and appropriate staff
 - Provide regular feedback on the impact of by-law enforcement as it relates to the well-being and safety of the community and those most at-risk
-

SUPPORTING THOSE IN NEED

- Goals**
- A. Ensure inclusive provision of basic needs to all members of the community.
 - B. Aid the most vulnerable with accessible and timely resources and support.

Intro The need for shelter, healthy food and healthcare is common to all members of the community. While there is an intensified need amongst the most vulnerable, basic needs are universal. Unfortunately, the ability to access these basic needs is not consistent. The situation is magnified by difficulty in navigating the ‘system’ for assistance. Numerous agencies and organizations in Kenora have worked tirelessly to address this inequality through their services and programs, and they will continue to do so.

Background The visibility of substance abuse and homelessness attests to the documented increase in Kenora’s mental health issues, substance abuse issues, and a corresponding increase in the variety of types and sources of substance abuse as well as in intravenous addiction. The geographical areas of concern are expanding; it used to be largely confined to one area of town and has spread broadly.

According to the September 2015 Community Survey approximately 60% of respondents agreed that Kenora’s substance abuse and mental health priorities are on the right track to improve our overall community well-being and that the current programs and services are focused on the correct issues. However, the degree of agreement indicated that there is room for improvement. This is substantiated in that far fewer (34%) agreed that Kenora’s current programs and services are effective. Participants most often mentioned that Kenora is currently missing housing or shelters, treatment or harm reduction programs and facilities, and support or follow up for those using the services. These survey results were reinforced in discussion at public consultations.

In some cases, those in need are unable or unwilling to access programs and services. Many of those most vulnerable and in need are homeless, and an individual needs a place to live, even if temporary, to receive treatment. Other individuals are not accessing services for fear of legal and social repercussions. The access to services is further limited as there presently is no after-hour agency programming. Those without any means of transportation have no way to jump the hurdle presented by the lack of specialists and some local treatment options.

The Mental Health and Drug Courts are unquestionably a move in the right direction, and the impending establishment of the Situation Table will add momentum to a progressive systemic change. However, those at-risk often face additional challenges due in part to the existing court release program that does not always offer adequate supports or accountability. This is compounded by the absence of program information in release plans and the lack of follow-up or consequences to non-participants in programs post-release. The Kenora Jail is now making program referrals and ‘selling’ the program up front, setting up initial meetings in jail in the hopes that program participation will continue beyond jail time.

Over the Next Three Years A community housing plan that includes sustainable, supportive housing will be developed drawing on the input of agencies, residents, businesses, the City of Kenora – and of those in need. With the involvement of all concerned, directly or indirectly, and the corresponding buy-in of the community as a whole, this process will move forward in a timely fashion. Outreach to those in need (going to them where they are) will provide agencies with opportunities to engage those in need in conversation and ask them what it is they need. This direct input will be factored into the evaluation of existing programs, identification of gaps and duplications and the resulting modification/creation of programs. Navigating the ‘system’ can prove cumbersome for agency staff rendering it very difficult for the general public, particularly those most needing the services. A format for system navigation will be developed to provide easier access for everyone.

A - Ensure inclusive provision of basic needs to all members of the community

Primary Objectives	Supporting Actions
<p>Coordination of resources and programs to provide access to shelter that meets the needs of all members of the community; to include emergency, stabilization, temporary, transitional, supporting, permanent safe and affordable housing.</p>	<ul style="list-style-type: none"> • Create an inventory of housing resources and programs • Develop the housing continuum model • Develop comprehensive housing program guidelines
<p>Evaluate and enhance programs that assist those in need in obtaining food, clothing and personal supplies.</p>	<ul style="list-style-type: none"> • Create an inventory of service providers, resources and programs • Assess gaps and required action
<p>Inclusive provision of access to healthcare and continuity of care</p>	<ul style="list-style-type: none"> • Identify gaps in access to specialized healthcare in community; look at the potential to address this and alternatives available • Quantify lack of local treatment options including personal physician care outside of emergency and projected need • Advocate referrals to health care providers and supportive agencies • Engage doctors and health care providers

B - Aid the most vulnerable with accessible and timely resources and support.

Primary Objectives	Supporting Actions
Develop system navigation format	<ul style="list-style-type: none">• Review services, performance and physical locations with a view to remove elements enabling the cycles of addiction• Ensure navigations system is both user-friendly and support-service-friendly – and that it serves those both inside and outside the criminal system (criminal offenders, the homeless and those with MH and SA issues not in the criminal system)• Implement navigation system and ‘market’ it to show end users and organizations how to use it effectively
Develop comprehensive resource map (Gaps and duplication analysis)	<ul style="list-style-type: none">• Create asset map of services• Identify gaps of service and barriers to access; formulate plan to address them• Identify healthy living programs and activities including access criteria (sports, arts, culture, music)• Encourage service providers to utilize outcome surveys to improve treatment goals
Launch the Situation Table	<ul style="list-style-type: none">• Build guidelines for operation (membership, mandate, etc.)• Create educational resource for court workers• Investigate and make recommendations for changes to bail and drug court
Advocate for a 24/7 mobilized outreach program, which includes a mobilized crisis team that handles all people including those under sixteen and/or intoxicated	<ul style="list-style-type: none">• Look at opportunities and the potential to reallocate funds from other programs and services to set-up mobile services
Revise court release procedures that can result in placing an individual back on the street lacking supports	<ul style="list-style-type: none">• Create an informal Situation Table• Develop proper planning for discharge protocol• Develop a release program where a ‘case manager’ will be assigned to provide hands-on help and will act as a system navigator, providing information on programs and follow-up on participation in them
Launch the Managed Alcohol Program (MAP)	<ul style="list-style-type: none">• Advocate for establishment of MAP program• Research funding opportunities for the program

A SAFE COMMUNITY

Goals A. Address the criminal behaviour that most affects the safety of community members.
B. Safeguard the general public and community spaces.

Intro A healthy community is one where community members feel safe. In Kenora, that sense of safety is diminished by violent drug and property crimes, many of which can be linked to substance abuse, mental health issues and vagrancy. Addressing this goes beyond policing, arrests and jail time; the work and responsibility is shared with agencies, municipal government, the judicial system and the community at-large.

Background Enforcement does not own some of the most common causes of crime, crisis and disorder - addictions, mental health issues, poverty, homelessness, and youth-at-risk. As noted by O.P.P. officers at a public consultation, “We cannot arrest our way out of this”. This is supported by survey respondents with 85% agreeing that substance abuse is the leading cause of crime in Kenora and 56% disagreeing with the statement that a stronger police presence would mitigate most crime and safety issues in Kenora.

The Kenora Jail houses many inmates and is a vital stakeholder in creating a safe community. Programs that might prove preventive and/or rehabilitative are difficult to run for inmates because of the elevated numbers, and there is high risk of reoffending when released. It is only with the coordination of preventive, rehabilitative and treatment programs, enforcement and an improved court release system that Kenora will become a safer community.

While 64% of survey respondents feel safe and secure in Kenora, 74% of respondents admitted to avoiding certain areas of Kenora due to safety concerns. The downtown core, particularly after dark, has historically been the primary location for many criminal acts, due in part to location of services, natural areas to congregate and lack of transportation. More recently, however, the geographic zone has expanded to include other residential areas in Kenora. High crime apartment buildings especially in the downtown core enable crime, disorder and victimization. Engagement with all landlords and rigorous enforcement of City bylaws is required to improve this environment.

Over the Next Three Years The collaborative work of policing, jail and probation representatives and relevant agencies will begin with developing specific recommendations and an action plan to address the many issues that affect community safety from the perspective of criminal behaviour. The next step will be to secure the support and buy-in of municipal government and in some cases the judicial system. The delivery of public and civic education programs will increase individual understanding of the community’s role and will present opportunities to get personally involved. This heightened awareness will empower the community allowing it to take on a feeling of ownership, perhaps even taking on real responsibility for a safe community.

A - Address the criminal behaviour that most affects the safety of community members.

Primary Objectives

Supporting Actions

Identify and manage high risk offenders (drug kingpins, violent offenders, serial property offenders)

- Enhance existing programs to reduce victimization
- Hold prolific offenders accountable and in compliance with bail conditions
- Crown, Police, Probation and Jail to work collaboratively (including Drug Court and Mental Health Court)
- Map a pathway of community supports available while in jail and beyond, holding individuals accountable to participate

Develop a plan to reduce the homelessness and vagrancy that can be linked to criminal behaviour and substance abuse

- Define the correlation that exists between criminal behaviour, substance abuse, public intoxication, related issues and homelessness or vagrancy
- Assess the impact of the enabling environment compounding the identified correlating factors
- Identify potential corrective measures, activities and programs
- Work with KAR (Kenora Assembly of Resources), the City of Kenora and the business community to provide opportunities for meaningful work

Enhance existing linkages and create new ones between service organizations and judicial system

- Work collaboratively towards a sentencing process geared towards rehabilitation and accountability (i.e. Drug Court, Mental Health Court)
- Advocate mandatory rehabilitation as part of the sentencing process
- Lobby law enforcement and decision makers as to the viable options available in the community to offenders from a pre-sentencing perspective

B - Safeguard the general public and community spaces.

Primary Objectives	Supporting Actions
Increase public awareness of dangers, safe practices and safeguards (protection) in place	<ul style="list-style-type: none">• Create an ongoing education/awareness campaign• Invite community members to open house events and workshops
Continue and improve effectiveness/success of safe needle disposal programs	<ul style="list-style-type: none">• Maintain and expand safe needle disposal sites• Strengthen and communicate plan for safe needle disposal• Educate community and NEP (Needle Exchange Program) clients on proper safe needle disposal
Provide opportunities to get involved on a volunteer basis	<ul style="list-style-type: none">• Identify and promote specific programs and roles• Hold community consultations to explore volunteer appetite and commitment for Neighbourhood Watch and Street Patrol programs
Review strategic location and proximity of services that create an enabling environment and explore options for change	<ul style="list-style-type: none">• Collaborate with City on their strategic plan (Crime Prevention through Environmental Design)• Encourage downtown businesses in areas known for vagrancy and/or crime to play music; advertise surveillance is in place

OUR YOUTH

Goal Assist in the continued development, education and support of our youth (18 and under)

Intro There is a great deal of attention given to youth unemployment and out-migration (over 18 years) as serious issues affecting Kenora's future growth and economic vibrancy. The well-being and safety of youth under eighteen is generally less topical, but is equally if not more important to Kenora's future. Youth, both at-risk and those in the mainstream not perceived as at-risk, need to feel that they are not alone, know that supports are there for them and that there is a safe spot for them to congregate. The need and the supports go beyond existing agency programs and services. There are some gaps that will only be filled with increased awareness, knowledge and involvement of parents, school boards, community members at large, the City and the youth themselves.

Background It is necessary to look at youth (18 and under) as a segmented group of our population. To begin, in Kenora the level of young addiction (14-17 years) is notably higher than the provincial norm. There are some critical gaps in programs and services for youth under 18, and in far too many cases crisis response for youth under 18 is restricted, even prohibited by program parameters or the law.

Youth runaways in Kenora generate between seven and eight hundred calls to the O.P.P. annually. Not all runaways are deemed to be youth at-risk, but in running away they ultimately put themselves at risk. At-risk youth are often repeat, sometimes chronic, runaways. There are approximately 600 youth in care in Kenora, many in group-homes. Some of these youth run away twice a week, and in doing so can end up facing additional repercussions from the judicial system.

Truancy is sometimes the visible evidence of a more serious underlying issue. If addressed with preventive or early treatment protocols, risks and consequences may be mitigated. While schools track absenteeism, there is generally no follow-up unless the truancy is chronic. The assumption that sporadic truancy is not a cause for concern is a dangerous one to make.

More programs and services are required for mainstream youth and youth at-risk in particular. The solution is not as simple as adding programs, staff and funding; people stepping forward from the community will make a huge difference. There are currently some excellent programs in the community that are in dire need of volunteers without any requirement for specialized training and there is definitely room for other programs and activities. Youth at-risk can be difficult to work with and the support group of adults will cyclically fall off due to burn-out. Most commonly mentioned and perhaps the most obvious need is that for a Youth Centre as there currently is not a safe spot for youth to congregate.

Over the Next Three Years

Broader awareness and understanding of substance abuse, availability, consequences and treatment will be the result of targeted education campaigns designed to reach distinct groups – parents and care-givers, mainstream youth and youth-at-risk. Awareness and understanding of the need will drive community involvement and increased volunteer participation in programs for youth at-risk. Student involvement will be most evident in the development of peer support groups. Existing school board involvement will move beyond the recent launch of a mental health support program to include an education component. School boards will be encouraged to develop an in-school Situation Table and to initiate an effective truancy follow-up program that goes beyond chronic truancy issues. Through the combined work and resources of many partners, the community and the City, Kenora will once again have a Youth Centre.

Primary Objectives

Supporting Actions

Work collaboratively with school boards

- Develop a School Situation Table
 - Implement a crisis intervention program
 - Develop a truancy investigation and intervention strategy
 - Lobby for inclusion of related educational program in school curriculum
-

Establish a Youth Centre

- Research feasibility and options for rejuvenation of Youth Drop-in Centre and recruit partners to implement
 - Create a calendar of alternative events and promote (music jams, improv theatre, art, Safe Grad, school dances)
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Support at-risk youth

- Research feasibility for walk-in crisis centre and recruit partners to implement
 - Institute a group home system review (Meet needs at individual level / Chronic run away youth / shared understanding (agencies/police/Ministry))
 - Develop a Situation Table specific to at-risk youth (Youth Justice Collaboration)
 - Advocate for female youth secure custody beds in Kenora (there are none at present)
 - Develop a youth suicide peer network
 - Develop a strategy to address youth runaway issue
-

Educate public on usage stats and substance availability

- Index substances available in community (and beyond) and associated dangers/health concerns
 - Provide easy access to information to assist parents including signs to watch for, causes and support options
 - Educate youth regarding the risks associated with substance misuse with a creative approach designed to encourage youth to make safer choices, to engage them in education programs and to inform them about treatment programs
 - Assist youth in navigating support and treatment options
-

Create programs where youth can participate with community

- Develop a program (with youth and school boards) to get youth involved with the Task Force and individual organizations (Co-op programs, Job Shadowing)
 - Expand/support ongoing programs (O.P.P. Open Doors Program, Circus Kids)
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STIGMA

Goal Create hope and credibility; increase awareness and knowledge to diminish stigma and fear.

Intro Anti-stigma campaigns, events and activities are beginning to make a difference on the global, national and local level, but there is much more work to be done. The stigma that exists in the actions and attitudes of people in Kenora is a roadblock to be navigated on the path to enhancing community well-being and safety. It exists on three levels and must be viewed and addressed through the victim lens, the systemic lens and the public lens; the latter including residents, businesses and the City. It must be openly recognized that many old attitudes still exist and that racism does exist in Kenora, both of which often lead to false assumptions and a focus on race first, behaviour second. There is a lack of political will and a degree of desensitization, even apathy, in Kenora as the community is used to certain patterns of behaviour with the result that it is often easier to figuratively and physically step around the issues. Individuals subjected to stigma are rarely dealing with a single issue and are commonly victims of complex needs facing multiple, interrelated issues including substance abuse, addictions, mental health issues, homelessness and poverty. Stigma is attached to each of these issues individually and collectively.

Background The community at-large attaches stigma to a number of behaviours and in some cases specific individuals. Far too often, uninformed observations and unfair judgements are at the root of unsubstantiated and stigmatizing assumptions. Of even more concern is the community fatigue or apathy when it comes to many of these issues. Community members will walk around street people or individuals passed out in a doorway. It is expected, even seen as normal, and it is often viewed with a lack of compassion or comment. Visitors to the community are not similarly desensitized: they recognize it and express concern.

Fatigue and desensitization are not limited to the general public; it is present within the agencies and health care providers that exist to assist these individual in need. Those in need can encounter stigma from frontline workers when they have had previous encounters and have perhaps burnt their bridges. One disturbing example given during consultations was that of a drunken suicide attempt for the 12th time being deemed not to be a risk by a frontline worker.

Stigma combined with program parameters can put individuals at a great disadvantage. The Lake of the Woods District Hospital ER department and crisis response services experiences difficulty dealing with mental health issues when the person is intoxicated which results in the police inappropriately becoming the holders of the issue. Such incidents have resulted in someone with mental health issues being unable to access medical assessment and/or treatment.

Mental health issues do not exist in isolation and can be a result or root cause of substance abuse. While there is move in this direction, mental health issues need to gain acceptance as diseases that need treatment and support just as heart disease does.

Political will to address issues of substance abuse, addictions, homelessness, violence and poverty - and the stigma tied to them - is key to reducing that same stigma. It needs to be acknowledged and talked about openly in order to address it. Far too often it is the ‘elephant in the room’ and the fodder for rumours and speculation.

Over the Next Three Years Community events and education designed to increase awareness and understanding of issues that lay at the root of stigma will result in positive conversations, attitudes and behaviours that demonstrate fear and avoidance shifting to support, tolerance and hope. The sharing of personal stories will be encouraged as a powerful learning resource (public and systemic) and as a step towards providing dignity (victims). The inclusion of the *Community Safety and Well-Being Plan* in the City’s Strategic Plan will put it in a priority position as an integral piece to the City’s prosperous future. A noticeable reduction in systemic stigma will be realized through the sharing of knowledge, resources and protocols amongst support agencies, health care providers and enforcement organizations.

Primary Objectives	Supporting Actions
Be a community leader in events, awareness and public education.	<ul style="list-style-type: none"> • Assist in and development stigma reducing media campaigns • Lead and support community events
Address systemic stigma	<ul style="list-style-type: none"> • Review/refresh protocol with agencies to allow for re-sensitizing and development of a new perspective • Work to foster involvement of ‘big’ organizations (Justice, Health Care)
Work with the City of Kenora to have the <i>Community Safety and Well-Being Plan</i> incorporated into the City’s Strategic Plan	<ul style="list-style-type: none"> • Advocate for City (Mayor and Council) to take on leadership role

SUSTAINABILITY

Goal Achieve long-term organizational sustainability.

Intro The Kenora Substance Abuse and Mental Health Task Force developed and will lead the *Community Safety and Well-Being Plan*. However, this plan is not a Task Force plan; it is the Community Plan. While it can be launched and moved forward by Task Force partners, full success in its implementation is dependent on community buy-in and participation. This strategic plan has been developed to initially cover a three-year period, but the need for sustainability is longer term.

Background The Kenora Substance Abuse and Mental Health Task Force was able to secure funding from the Ontario Trillium Foundation with the support of the Kenora Chiefs Advisory. This funding made it possible for the Task Force to move beyond the limitations of an organization run completely by volunteers. Office space has been secured and set up and a full time Coordinator hired for a three-year term. The Task Force was one of eight groups chosen provincially to participate in a pilot project for the development of a *Community Safety and Well-Being Plan*. Supplemented by in-kind contributions of Task Force members, the Trillium Foundation funding will cover operational and salary costs to March 2017. A plan for organizational sustainability beyond that three-year period is required.

Over the Next Three Years A results driven action plan, shared successes and increased awareness will generate community support and active participation. That community buy-in will contribute significantly to the sustainable longevity of enhancing community safety and well-being. System changes such as loss of programs or funding may have an adverse effect, but this will be mitigated with a solid business case, funding model and consistent collaboration. The community will move beyond the “someone else is doing it” mentality and take ownership.

20

Primary Objectives

Supporting Actions

Celebrate successes

- Establish streamlined, easily accessed process for submission of updates and news from agencies
- Keep agencies, residents, businesses and all partners informed and up-to-date through use of social media, newsletters, and mainstream media

Coordinate regular conference-like events to foster community buy-in

- Establish an ad-hoc committee and develop a event plan to span a calendar year, incorporating a range of topics targeting specific interest groups
 - Look at the feasibility of an annual conference that would include all agencies and programs, open to service providers and the community at large
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Primary Objectives

Supporting Actions

Maintain a working plan that is action based, results-driven

- Review strategic plan and task evaluation every 6 months; amend as required
- Encourage ongoing feedback and input from all agencies from within and outside the Task Force
- Conduct an annual survey open to agencies and the general public

Develop long-term business case

- Evaluate the formalization from ad hoc structure into a non-profit organization;
- Locate/negotiate a permanent 'home' for the Task Force that is agency based with a permanent Coordinator position
- Develop 3-5 financial plan to include staffing, material and operational requirements

Establish model and process for collaborative funding

- Assess potential funding sources available
- Develop corporate sponsorship strategy

Advocate with partnering agencies and all levels of government

- Actively engage with agencies beyond Pillar meetings and AGM's
 - Coordinate a lobbying initiative to Council with all organizations delivering deputations over a specified period of time
-

SECTION 2

POISED FOR ACTION

Public presentation of the *Community Safety and Well-Being Plan* at the Annual General Meeting of the Kenora Substance Abuse and Mental Health Task Force (November 2015) will officially launch its implementation.

The Task Force Steering Committee and Coordinator will take a strong lead role in moving the plan forward, particularly at the outset. The role of the Task Force Coordinator, and indeed the Task Force itself, will gradually be redefined incorporating the direction of the *Community Safety and Well-Being Plan*. As the plan is rolled out and the real work begins, champions and leaders for specific objectives and tasks will emerge.

Initially, the key drivers of the plan will be community agencies, organizations and Task Force partners. Broader involvement from individual community members and other organizations will be promoted and solicited at a systemic change conference to be held in the spring of 2016.

The importance of effective communication beyond the distribution of the plan, including regular updates and easy access to the plan and reference materials cannot be over-emphasized. The Task Force website, to be managed by the Coordinator, will serve as the library and archives capable of housing all relevant documents. There will be opportunities and a need for statements and presentations to the community through various media channels. The Task Force Coordinator will facilitate all media relations and statements as per the direction of the Steering Committee, insuring consistency and clarity of message and, where possible, delivery through an identified primary spokesperson.

Implementation

1. Distribution and communication

The first step in implementing this plan is to distribute it to Task Force members, partners, agencies and active community groups. This plan is wide reaching in its scope and inclusion of all community partners. Following distribution shall be an active conversation about engagement opportunities at a macro and micro level of the plan. If every partnering agency can attach itself to a few actions within the plan, success will be inevitable.

2. Action planning

As leaders of this plan, the Task Force Steering Committee will review the plan and start to create collective and individual work plans. Worksheets for each strategic priority outline the following roles and details:

- **Steering Committee Champion:** One or two steering committee members who will accept the responsibility of driving the action and reporting back to the committee on its progress, challenges, successes and completion.
- **Lead Pillar:** The group who will take a primary leadership role over the action.
- **Supporting Pillar(s):** The supporting groups who will be involved in the action.
- **Key Partners:** The external organizations and agencies who will be involved in the action.
- **Timeframe:** A projected timeframe of ongoing and/or completed work.

Discussion and planning around each objective and action will yield smaller tasks. Breaking down these actions will enable responsibility sharing and assignment.

3. Accountability

It is incumbent upon the Steering Committee to hold one another accountable for initiatives and actions taken on by pillar groups, ad hoc working groups and respective agencies. Each Steering Committee meeting should have room for key updates and progress reports from the ‘champions’ of respective actions.

4. Review and amendments

This written plan may be static in nature; however, the implementation of the plan highly dynamic. Undoubtedly circumstances, people and realities continually change and so must this plan from time-to-time. Semi-annually, a review of relevant objectives and actions should be discussed to ensure the timeliness, feasibility and priority are relevant and applicable. The addition of action items is healthy and encouraged.

Measurement & Evaluation

The action plan worksheets will act as a tracking and evaluating tool. Led by ‘champions’, each action can be measured based on work done, challenges faced, ongoing practice and ultimate completion. A periodic assessment will aid in the overall progress of the plan.

The included evaluation worksheet will act as the time-stamped checkpoint tool to assess the action’s status as one of the following:

- Not yet started
- Work in progress
- Ongoing
- Completed

SECTION 3

BACKGROUND

Methodology & Approach

This project began with an initial meeting with the Task Force Coordinator and her project leads from within the Steering Committee. This meeting provided the opportunity to review and refine the project work plan, confirm leadership responsibilities and help each other identify pertinent resources.

Data and documentation developed and published by the Task Force, as well as other community resources were reviewed to assist us in understanding the full context of available information related to this project. Members of the Task Force Steering Committee then participated in a half-day workshop facilitated to create the necessary platform for the development of the strategic plan.

Two 90-minute scheduled community consultations, open to all community members were held with 55 people in attendance. These sessions allowed for constructive conversation and information gathering on some of the more prevalent topics at-hand. The sessions were staggered in timing to allow people the option of which to attend.

A third consultation session was held with 22 members of the Task Force Pillar groups. This session allowed for open brainstorming from the folks who currently contribute to the Task Force. They were not strategic sessions, rather information and needs gathering.

Running concurrently with the two consultation stages was a comprehensive community online survey for all stakeholders and community members to utilize as a means to contributing to this project. One hundred and ninety-three (193) responses were received for the survey that was available for September 8-30th. The Task Force heavily promoted the survey through its networks to obtain as much community feedback via this means as possible.

The survey was designed to gather feedback about community well-being and safety along with the specific work of the Kenora Substance Abuse and Mental Health Task Force. The survey included four broad topics – understanding of the Task Force, gaps and priorities in mental health, substance abuse and community safety, community engagement and participant demographics.

Once the consultations and survey input stages were complete the information was synthesized and strategies developed from it. Task Force members who engaged in this vital stage allotted approximately 12 hours to facilitated group work. Along with developing strategies priorities, we identified goals, specified activities, resources allocation and milestones. Ultimately these sessions produced all the tangible strategic initiatives, which make up the three-year plan.

Facts & Stats

A number of reports and resources provided by the Kenora Substance Abuse and Mental Health Task Force provided background on the community and were reviewed in developing the plan, supplemented by insights gathered through the consultations and survey. While more detailed data can be accessed directly from the reports listed as references, a synopsis of this information provides context to the need for the *Community Safety and Well-Being Plan*.

Risk Factors

No one is exempt from the risk of addiction or health issues. However, there are those in the community that are most at risk due to a number of factors, including:

- Youth not in the mainstream, often with a history of trauma, neglect or in care with the child welfare system or youth justice system
- People who have had adverse childhood and/or adult experiences such as trauma, abuse, addiction of a parent
- People who are homeless
- People living in poverty
- People with mental health illness
- People with workplace injuries
- People who are socially isolated such as seniors

Crime & Disorder

According to the O.P.P. Kenora Detachment Action Plan (2014-2016), analysis of their call for services revealed that alcohol fuels the majority of crime and disorder in the Kenora area, and it remains a priority to be addressed. The most prevalent crimes are low value thefts, low-level assaults and breach of probation and bail conditions. A review of the majority of the violent crimes revealed that they could have been prevented if alcohol had not been consumed by the accused. This applies to violence on the streets as well as violence in the home. The report also confirms that the majority of property crimes are committed to support alcohol and drug addictions.

The O.P.P. Action Plan reported that crime and disorder has been on the decline over the past five years in the Kenora area. This is attributed to the good work done by police and all of the community stakeholders who are addressing addictions and mental health issues, providing support to youth, strengthening families, working to end homelessness and poverty and contributing to community wellness.

Youth Substance Abuse

Drug Use Among Ontario Students 1977-2013 presents the results of the Ontario Student Drug Use and Health Survey. This is the longest ongoing school survey in Canada, and the second longest in North America. The survey is restricted to adolescent students enrolled in a publicly-funded school. Excluded by design in this survey are groups in which drug use is typically higher, such as dropouts and “street youth.”

Some key findings are:

- Drinking alcohol is down among students (58%)
 - Northern students were above average at 64%

- Major concerns: alcohol, cannabis, binge drinking, non medical use of prescription drugs
- One in four Ontario students is a binge drinker
 - Northern students were above average at 32%
- Drinking and driving - there are a substantial number of young people who use alcohol & drive (12%) and are at risk of injury
- 23% of students report being in a vehicle driven by someone who had been drinking
- Cannabis use remains stable at 25%
 - Northern students were above average at 32%
- It is reported that 17% of students use cannabis and drive
- 18% of students report being in a vehicle driven by someone who had been using drugs
- Non-medical use of Prescription Drugs (Tylenol #3, Percocet, Oxycontin) remains a concern (21%)
- Tobacco use is steady at 12%
 - Northern students were above average at 18%
- About 18% of students report using a prescription opioid pain reliever non-medically at least once in the past year
- Three-quarters of those who used an opioid pain reliever non-medically report obtaining it from home
- 20% of students in northern Ontario reported that it would be easy to obtain opioid pain relievers; 11% elsewhere in other regions

Youth Mental Health

The Mental Health and Well-Being of Ontario Students 1991-2013 presents the results of the Ontario Student Drug Use and Health Survey. The following data is of particular relevance. While it pertains to students across Ontario the report indicates that there is no significant regional variation.

- An estimated 5.5% of students in grades 9-12 reported being prescribed medication to treat anxiety, depression or both conditions in the past year with the highest likelihood among grades 11 and 12
- About 3% of students reported using a helpline or a website or both to seek counselling at least once in the past year
- 27.9% of students reported that they wanted to talk to someone about a mental health or emotional problem, but did not know where to turn
- About 15.3% of students rated their mental health as fair or poor. Ratings of fair or poor mental health increased significantly with grade and were significantly higher for females than males
- Low self esteem was measured in 5 ways:
 - Just over half of students reported feeling that sometimes they cannot do anything right
 - 35.4% felt they are no good at all
 - 34.2% felt that they do not have much to be proud of
 - 18.6% did not feel good about themselves
 - 17.6% felt that they cannot do things as well as others
 - 6.8% of students reported low self-esteem, i.e. low esteem on all of the above
- One in eight students (13.4%) reported that they had seriously contemplated suicide in the past year with approximately 3.5% of students reported attempting suicide in the past year
- Additional stats including those related to psychological distress, antisocial behaviours, violence, bullying, gambling are included in the report

Shelter

The following information, presented by the Housing Pillar in the Kenora Substance Abuse and Mental Health Task Force AGM report, was sourced from The Homeless Hub and the Making Kenora Home (MKH) 2013 Affordable Housing Needs Analysis. It provides both an overview and background on the housing issues in Kenora.

Over the past 25 years:

- Canada's population has increased by almost 30%
- Annual national investment in housing has decreased by over 46%
- Federal spending on low-income housing (per capita) has dropped from \$115 to \$60/person

Nearly 1 in 5 household experience extreme housing affordability problems – meaning they are spending more than 50% of their income on rent. The most current data available shows that locally there are 2,908 citizens in Kenora who cannot obtain affordable, adequate and accessible housing (MKH 2013 Affordable Housing Needs Analysis).

Currently we rely heavily on emergency services, hospitals, shelters and police services for temporary shelter. These are costly options and not sustainable. A 2007 study, Wellesley Institute's Blueprint to End Homelessness, documents the average monthly cost of housing someone while homeless as follows and these numbers would obviously be much higher today.

- Shelter bed = \$1,932.00
- Provincial jail = \$4,333.00
- Hospital bed = \$10,900.00

Obviously these costs would be much higher today. Even so, nine years ago these costs were anywhere between three times and 150 times what it would cost to provide a rental supplement or social housing.



SECTION 4

KENORA SUBSTANCE ABUSE AND MENTAL HEALTH TASK FORCE

Since its inception in 2009, the Kenora Substance Abuse and Mental Health Task Force has become an instrumental contributor to the community's well-being. Many successes have been achieved based on the work of the Task Force, none more so than the collection and collaboration of Community Partners who have come together for a common purpose.

Pillars

The Kenora Substance Abuse and Mental Health Task Force has adopted the evidence-based five-pillar approach. This is a best practice model used in Ontario and across Canada as a comprehensive, coordinated and integrated approach.

Housing Pillar

Accessible, affordable housing for all people. The Housing Pillar acknowledges that housing is a rights based intervention and that all people in our community deserve access to safe, affordable, accessible, barrier-free housing with no preconditions for people suffering with addiction disorders and/or mental illness.

Prevention Pillar

Interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Early intervention and family support, along with education on behaviours and attitudes is needed.

Treatment Pillar

Seeking to improve the physical, emotional and psychological health and well-being of people who use or have used substances (and sometimes their families) through various psychosocial and psychopharmacological therapeutic methods.

Harm Reduction Pillar

A range of practical strategies that aim to protect the health of individuals, families and the community from the harms that comes with substance use and abuse and other risky behaviours. Recognizing that abstaining may not be a realistic goal or choice for all, we ensure access to supports and services reducing the risks for transmissions of blood born infections and overdoses to all community members.

Enforcement Pillar

Holding offenders accountable with appropriate linkages to community support.

MEMBERS AND PARTNERS

Alzheimer Society of Kenora/Rainy River Districts
Alzheimer.ca/en/krr

Anishinaabe Abinoojii Family Services
aafs.ca

Canadian Mental Health Association – Kenora Branch
cmhak.on.ca

Canadian Red Cross
redcross.ca

Canadian Tire Corporation
corp.canadiantire.ca

Centre for Addiction and Mental Health
camh.ca

Changes Recovery Homes
(807) 547-2125

City of Kenora
Kenora.ca

Copperfin Credit Union
copperfin.ca

Crown Attorney, Ministry of Attorney General
(807) 468-2835

Eagle Point Inc.
eaglepointinc.com

Federal Probation and Parole, Correctional Service of Canada
csc-scc.gc.ca/index-eng.shtml

Firefly
fireflynw.ca

Grand Council Treaty #3
gct3.net

Harbourtown BIZ
harbourtownbiz.ca

Jubilee Church of God
(807) 468-5297

Keewatin Patricia District School Board
kpdsb.on.ca

Kendall House B&B
(807) 468-4645

Kenora Association for Community Living - Community Mental Health Support Services
kacl.ca

Kenora Catholic District School Board
kcdsb.on.ca

Kenora Chiefs Advisory
kenorachiefs.ca

Kenora District Services Board
kdsb.on.ca

Kenora Fellowship Centre (Anamiewigummig)
kenorafellowshipcentre.ca

Kenora Health Access Centre
(Waasegiizhignanaandawe'iyewigamig)
wnhac.org

Kenora Jail
(807) 468-2871

Kenora Non-profit Housing
(807) 468-4461

Kenora-Rainy River Districts Child and Family Services
krrcfs.ca

Kenora Sexual Assault Centre
ksac.ca

Lake of the Woods Child Development Centre
lwcdc.ca

Lake of the Woods District Hospital – Mental Health and Addictions Program
lwdh.on.ca

Legal Aid Ontario
legalaid.on.ca

Liquor Control Board of Ontario
lcbo.com

Making Kenora Home
makingkenorahome.ca

Migisi Alcohol and Drug Treatment Centre
(807) 548-5959

Ministry of Children and Youth Services – Youth Justice Services

Nechee Friendship Centre
nechee.org

Northern Independent Living Services
nils.ca

Northwest Community Legal Clinic
northwestcommunitylegalclinic.ca

Northwestern Health Unit
nwhu.on.ca

Northwest Municipal Services Housing
mah.gov.on.ca

Ontario Addiction Treatment Centre
oatc.ca

Ontario Native Women's Association
onwa.ca

Ontario Provincial Police
opp.ca

Provincial Adult Probation and Parole
mcscs.jus.gov.on.ca

Sunset Area VCARS
savcars.ca

Sunset Country Family Health Team
scfht.ca

Sunset Country Psych Survivors
(807) 468-7617

Treaty Three Police Services
treatythreepolice.ca

Walmart Pharmacy
(807) 468-8307

William W. Creighton Youth Services
creightonyouth.com

WJS Canada – Northern Youth Centre
807-543-2815

GOVERNANCE

Composition: The Task Force Steering Committee is comprised of pillar leads and any Task Force member at-large that will represent the community voice. Within the Steering Committee, there will be identified positions of two co-chairs, secretary, treasurer and media relations. The Coordinator reports to the Steering Committee.

Terms: The terms of the Steering committee members, are as follows and terms can alternate where applicable:

- Co-chairs: 2 years
- Secretary: 2 years
- Treasurer: 2 years
- Media Relations: 2 years
- Pillar Leads: 2 years

Elections: Pillar lead positions will be elected by consensus of the pillar group for a term of two years as applicable. Where consensus cannot be reached, the decision will be made by a majority vote of the pillar members. Pillar leads will join the Steering Committee table.

Functions: The function of the Task Force Steering committee is to report back the work and initiatives being done by the pillars: Prevention, Treatment, Harm Reduction, Enforcement & Housing and the Coordinator. The Steering Committee will ensure the pillars and Coordinator follow the strategic directions that the Task Force has outlined in the goals & vision of the Task Force.

Coordinator: Will call all Steering Committee meetings and participate in all 5 pillars. The Coordinator will maintain membership directory, all inventory of Task Force resources, ensure the website and content remains current and will fulfill the expectations and progress measures that are outlined in the Ontario Trillium Foundation grant agreement.

Co-chairs: Will alternate with chairing and taking minutes if there is no identified secretary/note taker to fulfill this role. The co-chairs will ensure integration and coordination between the pillars, Coordinator and Task Force as a whole.

Secretary: Designated note-taker of all Steering Committee meetings and ensure that the Coordinator receives a copy to distribute to the Steering Committee members.

Treasurer: Will maintain copies and reports of the Task Force's finances and provide bi-monthly financial reports of all accounts, as well as the Coordinator's budget reports for review.

Media Relations: The Coordinator will complete, delegate and/or deny all media, and public presentation requests.

Meetings: The Steering committee will meet on a monthly basis, with location to be determined by the Coordinator. For the duration of the Coordinator's contract term, the deliverables/indicators that are laid out in the Ontario Trillium Grant will be reviewed and discussed at Steering Committee meetings as required. Individual Pillars can meet as many times as the group seems fit, with a minimum of quarterly per year.

Decision-Making: Decisions will be made by consensus when possible; when a consensus cannot be reached, decision will be made by a majority vote.

Quorum: A quorum comprised of one half of the Steering Committee members, plus at least one of the co-chairs will constitute sufficient attendance to hold a vote.

Attendance: Members of the Steering Committee that have missed (3) consecutive meetings without prior written, email or phone notification to the Steering Committee, will result in written inquiry/notification, and possible removal of their lead role within the Task Force.

Amendments: Amendments to these Terms of Reference may be made at any time with agreement of the Task Force Steering Committee members via quorum.

Communications: The Steering Committee members will ensure that all Steering Committee decisions are communicated to Task Force members and to the public as decided by the group. Steering Committee members will strive for transparency, professionalism, and adopt the "cabinet collective responsibility" model in their communication with the pillar members and the public.

Confidentiality: Steering Committee members will ensure that any confidential matters discussed at Steering Committee meetings will be kept confidential.

Membership of the Pillars: Members of the Task Force will be seen as representing their agencies and/or community; however every attempt should be made to keep the individual representative consistent. Other organizations/groups/individuals that may have an interest in the Task Force will be encouraged to join the appropriate pillar groups.

APPENDICES

GLOSSARY

Assertive Community Treatment Team (ACT Team)

The ACT Team is a team of mental health professionals that provide client-centered treatment, rehabilitation and support to individuals with severe and persistent mental illness.

Kenora Drug Treatment Court (KDTC)

The intent of this program is to break the cycle of drug use, criminal behaviour and incarceration by establishing a partnership between courts, treatment and community agencies. Since its inception in 2013 in Kenora the mandate has been extended to include alcohol offenses. The KDTC works to increase public safety by addressing root causes of crime. In monitoring and supporting offenders as they work to end their dependence on illegal drugs, the KDTC has proven effective in reducing the harm people cause themselves and others through their drug use and ultimately reducing the number of crimes committed to support drug dependence.

Managed Alcohol Program (MAP)

Harm reduction is an approach that places a priority on reducing the negative consequences of substance use (including alcohol use) rather than on eliminating the substance use. Harm reduction programs reduce the level of harm an individual does to him/herself due to certain behaviours (e.g. drinking toxic alternatives to alcohol such as cooking wine or mouthwash).

A Managed Alcohol Program (MAPs) provides regulated doses of alcohol to residents in supportive accommodation to address seemingly intractable health and social problems experienced by people with alcohol dependence, use of non-beverage alcohol and unstable housing.

Studies show that MAPs impacts clients, government and the local citizens in a positive manner. Clients have improved hygiene, sleep habits, improved general health and perceived happiness. MAPs also serve as the first step towards beating an addiction formerly thought to be insurmountable. Relevant studies also found that MAPs offered measured savings in the form of fewer police calls, fewer emergency room (ER) visits and better overall health.

Mental Health Court

Participants accused of minor, non-violent crimes such as theft, mischief or harassment are diverted out of the justice system and monitored when the court convenes monthly, in addition to ongoing treatment in the community. Those suffering from mental illness accused of more serious crimes are dealt with through the courts but receive treatment in custody.

Situation Table

The Situation Table is comprised of representatives from 12 agencies and organizations including the O.P.P., Changes Recovery Homes, CMHA, Firefly, Kenora Chiefs Advisory, Kenora-Rainy River Child & Family Services, Anishinaabe Abinoojii Family Services, Youth Probation & Parole, and Lake of the Woods District Hospital. The group meets weekly, providing the opportunity for each organization to bring forward a case of acutely elevated risk requiring collaborative action. Individual action plans are developed and implemented within 24-36 hours and may include as many as five teams. This 4-stage process is open to all agencies.

- Filter One: Agency screening prior to introduction to Situation Table
- Filter Two: De-identified discussion at the Situation Table
- Filter Three: Limited identifiable information shared
- Filter Four: Full in camera discussion among intervening agencies only.

Youth Justice Collaborative

The Kenora Rainy River Youth Justice Collaborative connects justice-involved youth up to the age of 17 with appropriate mental health and addiction services through coordinated efforts by agencies in the KRR Districts in order to give youth and their caregivers access to services and options that limit escalation in the justice system. It has received funding for activities such as infographic “map” of diversion options and Trauma through First Nations Lens workshop.

APPENDICES

COMMUNITY EVENTS & PROGRAMS

Kenora is fortunate to have many events and activities that provide support, guidance, information, and reinforcement in a non-threatening, encouraging manner – often with a good dose of fun. For some individuals, one of the key take-aways is knowing that they are not alone. Some activities are primarily intended for groups of individuals with specific needs or issues; others are either more generic in nature or are universally beneficial. All of these events and activities are made possible only through the support of a number of agencies. Equally if not more important are the commitment and hands on involvement of individuals within those agencies, often extending to their personal network and the community at-large. The list below is by no means a complete list, including only those activities that were noted in the consultation process.

Event/Program	Description/Focus	Lead Organizations
Bounce Back & Thrive!	A ten-week evolving resiliency skills training program for parents with children under eight years. BBT skills help parents help their children build the resilience necessary to handle life's inevitable bumps in the road and make use of opportunities to grow and learn.	Firefly
Children First – Parenting through Separation and Divorce	Provides separating and divorcing parents with the opportunity to learn about and discuss the effect that divorce and the changing family situation has on children. Parents are introduced to methods of minimizing the negative consequence of divorce on their children.	Firefly
Choices	For youth 12 – 18 years, 10 weekly group sessions. Choices aims to provide effective, strengths-based, early-intervention programming to youth who are at risk of or are engaging in the using illegal substance or engaging in risk-taking behaviours.	Lake of the Woods District Hospital, Firefly

Event/Program	Description/Focus	Lead Organizations
Circus Kids	An intensive enrichment based program that focuses itself on children and youth in need. Through the teaching of circus, magic, and performing arts, the program enhances and builds self-esteem and a sense of mastery and personal competence for all participants. Through the instructional-play medium, youth develop skills, performance arts, and, most importantly a renewed or strengthened sense of personal competence and ability.	Creighton Youth Services
Don't be that Guy	A behavioural marketing campaign sending the message that sex without consent is sexual assault. Targeting men 18-25; graphically demonstrating their role in ending alcohol facilitated sexual assaults.	Kenora Sexual Assault Centre; Task Force
Draw the Line	Campaign engaging Ontarians in a dialogue about sexual violence.	Kenora Sexual Assault Centre
Kenora-Rainy River Youth Justice Service Collaborative	Identify gaps in local system for youth with mental health and/or addictions and are involved with the justice system, aims to connect justice-involved youth up to age 17 with appropriate services through coordinated efforts by agencies in district	CMHA, CAMH, Firefly, O.P.P., Treaty 3 Police Service, Crown Attorney's Office, AAFS, Creighton Youth Services, LOW District Hospital, Kenora Chiefs Advisory, Nechee, School Boards
Mental Health Awareness Week	Raises awareness of mental health issues, local services and programs.	Canadian Mental Health Association
Mental Illness Week	Raises awareness of mental illness through a variety of activities.	Canadian Mental Health Association
O.P.P. K.I.D.S. Knowledge, Issues, Decisions, Supports	Replaced DARE program in schools for Grade six students. A tool for officers to talk to young people about decisions they may need to make and what supports are available to them. Connects frontline officers with kids to help deliver the message of making the right decision, and to recognize the risk associated with self-victimization on social media (sexting), drug abuse and to prevent crime.	O.P.P.

Event/Program	Description/Focus	Lead Organizations
Phine or Fine	When a friend or acquaintance asks if you are fine, do you say “yes,” when you really mean “no”? CMHA is asking the question are you fine or phine (defined as saying “you’re fine when you are not”)	Canadian Mental Health Association
Positive Discipline	An eight-week workshop that provides concrete answers to parents who want to raise their children in a positive climate without punishment. Topics such as child development, healthy parent/child relationships and resolving conflicts will be discussed.	Minto Parent Child Recourse Centre/Firefly
Positive Spaces Alliance	Providing a safe place where youth feel comfortable talking about sensitive topics (no bullying zone).	Beaver Brae Secondary School
Ride Don’t Hide	Mental Health Campaign and fundraiser to raise awareness about mental health issues	Canadian Mental Health Association lead in collaboration with many other community agencies and groups
SNAP® Stop Now and Plan	Cognitive-behavioural program that helps children and their caregivers learn how to effectively manage their emotions, and “keep their problems small”. The primary purpose of SNAP® is to keep children and youth in school and out of trouble while enhancing positive family relationships and reducing parent stress.	Firefly, O.P.P., School Boards
Safe Grad	An alcohol and drug free all-night graduation party following the graduation ceremonies and includes a dance, food, games, fun, prizes and, or course, breakfast for all in attendance.	KPDSB, KCDSB, First Nation communities with high schools

Event/Program	Description/Focus	Lead Organizations
Smart Serve	The Smart Serve Responsible Alcohol Beverage Service Training Program is approved by the Alcohol and Gaming Commission of Ontario (AGCO) as a server-training program for the Ontario hospitality industry.	Offered through LEAP, Seven Generations, Ozhibii'igewigamig (Nechee & Shooniyaa Employment office)
Strengthening Families for the Future	A family change program designed to reduce factors that put families at risk, and enhance factors that can help families to function well. Built around a family meal, the program uses role play and other fun, interactive activities to promote problem solving and communication skills – all of which improve parent and child relationships.	Firefly, LWDH – Mental Health & Addictions Program
Triple P Parenting Program	Triple P – Positive Parenting Program gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems from developing and build strong, healthy relationships.	Firefly

APPENDICES

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Canadian Mental Health Association Kenora, Strategic Directions 2015-2016

Change & Innovation in Canadian Policing, Canadian Police College Discussion Paper Series, 2014

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Firefly Annual Report, 2013-2014

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Kenora Substance Abuse & Mental Health Task Force, AGM Survey Results 2014

Kenora Substance Abuse & Mental Health Task Force, AGM Presentation

Kenora Substance Abuse & Mental Health Task Force, Newsletters 2015

Lake of the Woods District Hospital, Mental Health and Addictions, Annual Report 2013-2014

Mental Health Courts: Do They Work? Phil Klassen, Vice-President, Medical Affairs, Ontario Shores 2012

The Mental Health and Well-Being of Ontario Students 1991-2013; OSDUHS Highlights, Angela Boak, Hayley A. Hamilton, Edward M. Adlaf, Joe Beitchman, David Wolfe, Robert E. Mann, CAMH (Centre for Addiction & Mental Health) Research Document Series No. 39, 2014

Public Health Report Card 2014, Northwestern Health Unit

O.P.P., Kenora Detachment, 2014-2016 Action Plan

O.P.P. Community Satisfaction Survey 2015, Northwest Region, Kenora Detachment, Cory Aston, O.P.P. General Headquarters, 2016

Student Drug Use in Northwestern Ontario, Results of the Northwestern Ontario Student Drug Use Survey 1997-2005, Lee E. Sieswerda, Jill M. Starkes, Edward M. Adlaf, Thunder Bay District Health Unit, 2006

