

Community Safety and Well-Being Plan for the Rainy River District



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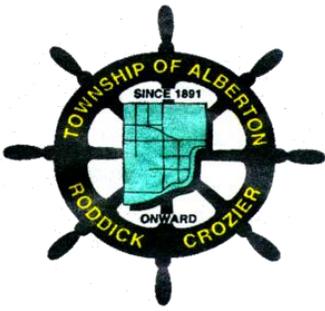
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Table of Contents

A) Preamble:	3
B) Executive Summary	4
C) Background:	4
D) Advisory Committee Membership:	6
E) Municipal Community Risk Assessments	6
F) Reconciliation Considerations	6
G) Provincial framework:	6
H) Community Background:	7
I) Community Engagement:	8
J) Priority Risks:	8
K) Implementation Teams:	9
L) Plans to Address Priority Risks:	12
Appendix 1 – Municipal Resolutions	18
References	19



A) Preamble:

The Rainy River District has a population of 20,110 (2016) with a land mass of 15,473 km². The average population density in the district is 1.4 persons per km². The district includes ten municipalities, nine First Nations as well as a vast area of unincorporated land or Townships Without Municipal Organization (TWOMO).

District policing is provided by the Ontario Provincial Police and the Treaty #3 Police Service.

This Community Safety and Wellbeing plan has been endorsed by resolution of the ten municipalities within the Rainy River District including:



- Town of Rainy River
- Township of Dawson
- Township of Lake of the Woods
- Township of Morley
- Township of Chapple
- Town of Emo
- Township of LaVallee
- Township of Alberton
- Town of Fort Frances
- Town of Atikokan



B) Executive Summary

The Rainy River District Community Safety and Well-Being Plan is a composite plan to address root causes of crime and social disorder across the ten municipalities comprising the Rainy River District.

The plan was created with the use of public surveys and the support of an Advisory Committee of district stakeholders. Unfortunately, face to face consultations were not possible due to COVID-19 restrictions. Three priority areas were identified that affect all municipalities including Mental Health, Addictions/Substance Abuse and Housing & Homelessness issues. Once these priority areas were identified, three planning groups were created 1) Mental Health, 2) Addictions/Substance Abuse and 3) Housing & Homelessness.

For each of these priority areas, **Table 4 – L) Plans to Address Priority Risks** (pages 12-17) provides an overview of the vulnerable groups, risk factors, protective factors, activities, immediate outcomes, intermediate outcomes and long-term outcomes as determined by the three planning groups.

The creation of this plan is only a first step. The district stakeholders, community partners, advisory committee and planning and implementation committees must make a concerted effort continue to work together to address the identified issues with the setting of strategic goals, timelines for implementation and the creation of a monitoring and reporting structure. Only by working together across the district will we see improvements to the health and wellbeing of our communities and our residents.

C) Background:

Community Safety and Well-Being Plans have been legislated under the Police Services Act to be completed and adopted by every Municipality in Ontario effective July 1, 2021 in order to address the root causes of crime and social disorder. The ten municipalities that are located within the Rainy River District have opted to complete a regional plan pertinent to all municipalities as opposed to standalone plans in order to maximize efficiency. The ten municipalities this plan encompasses includes: Alberton, Atikokan, Chapple, Dawson, Emo, Fort Frances, Lake of the Woods, LaVallee, Morley and Rainy River. The Rainy River District Social Services Administration Board (RRDSSAB), which has a representative from each of the ten municipalities, was requested to complete a regional plan on behalf of the ten municipalities comprising the Rainy River District. This request was supported by a resolution of the RRDSSAB. The members recognized the similarities of issues/concerns in their municipalities, the lack of resources to complete the plan in-house and the ability to create a comprehensive district wide plan at a reduced cost and lesser impact on staff.

The goal of community safety and well-being planning is reaching “the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for

education, health care, food, housing, income, and social and cultural expression.” (Ministry of Community Safety and Correctional Services, 2018, p. 59).

It is more than just crime prevention – it is about addressing the risks that lead individuals to crime and taking a hard look at the social issues and inequalities that create risk in the first place.

-(Ministry of Community Safety and Correctional Services, 2018, p. 12).

Undertaking in this type of planning involves working with a wide range of organizations and sectors to create and implement strategies that are evidence-based to address locally-derived priority areas where community safety and well-being could be improved.

Recognizing that society is unable to arrest their way out of complex social issues, municipalities have been tasked with the requirement of completing these plans. In order “to address the root causes of crime, victimization and complex social issues, we also need to focus on social development, prevention and risk intervention using an integrated approach.” (Ministry of Community Safety and Correctional Services, 2018, p. 2). The success of a community safety and well-being plan hinges on the involvement of multiple sectors working together to create sustainable solutions. As such, the Rainy River District Social Services Administration Board has put together an advisory committee including senior representatives across sectors including: Housing, Justice, Education, Mental Health, Social Services, Health, Youth and Municipalities.

The main requirements of a CSWB plan are:

- a) Establishing an advisory committee inclusive of, but not limited to: representation from the local police service board, the LHIN or health/mental health services, educational services, community/social services, community/ social services to youth and custodial services to youth.
- b) Conducting consultations with the advisory committee, members of the public including youth, members of racialized groups and First Nations, Metis and Inuit communities, as well as community organizations that represent these groups.
- c) Identifying local priority risk factors based on community consultations and multiple sources of data.
- d) Including evidence-based programs and strategies to address those priority risk factors.
- e) Measurable outcomes with associated performance measures to ensure that the strategies are effective and outcomes are being achieved.

D) Advisory Committee Membership:

Atikokan Family Health Team	Rainy River District Social Services Administration Board
Atikokan General Hospital	Rainy River District Victim Services Program
Canadian Mental Health Association	Riverside Community Counselling
Fort Frances Tribal Area Health Services	Riverside Health Care Facilities
Kenora Rainy River Districts Child and Family Services	Seven Generations Education Institute
Metis Nation of Ontario	The Northwest Catholic District School Board
Northwestern Health Unit	Town of Fort Frances
Ontario Provincial Police	Town of Rainy River
Rainy River District School Board	United Native Friendship Centre

Table 2

Coordinators:

Jamie Petrin, Community Engagement Coordinator (Homelessness)
Sandra Weir, Integrated Services Manager (Housing and Homelessness)

E) Municipal Community Risk Assessments

Municipal Fire Departments have been legislated by the Ontario Fire Marshal and Emergency Services to complete Community Risk Assessments. Municipalities may also refer to these documents when considering community safety, although the purpose of the Community Safety and Well-Being plan focuses primarily on social issues.

F) Reconciliation Considerations

Where possible, activities selected were made with the Truth and Reconciliation Commission's recommendations in mind. Systemic discrimination and racism, while not explicitly identified as a priority risk area for purposes of this plan, are considered priorities built into the activities that the plan covers.

G) Provincial framework:

Community Safety and Well-Being Planning "requires less dependence on reactionary, incident-driven responses and re-focusing efforts and investments towards the long-term benefits of social development, prevention and in the short term, mitigating acutely elevated risk." (Ministry of Community Safety and Correctional Services, 2018, p. 4)

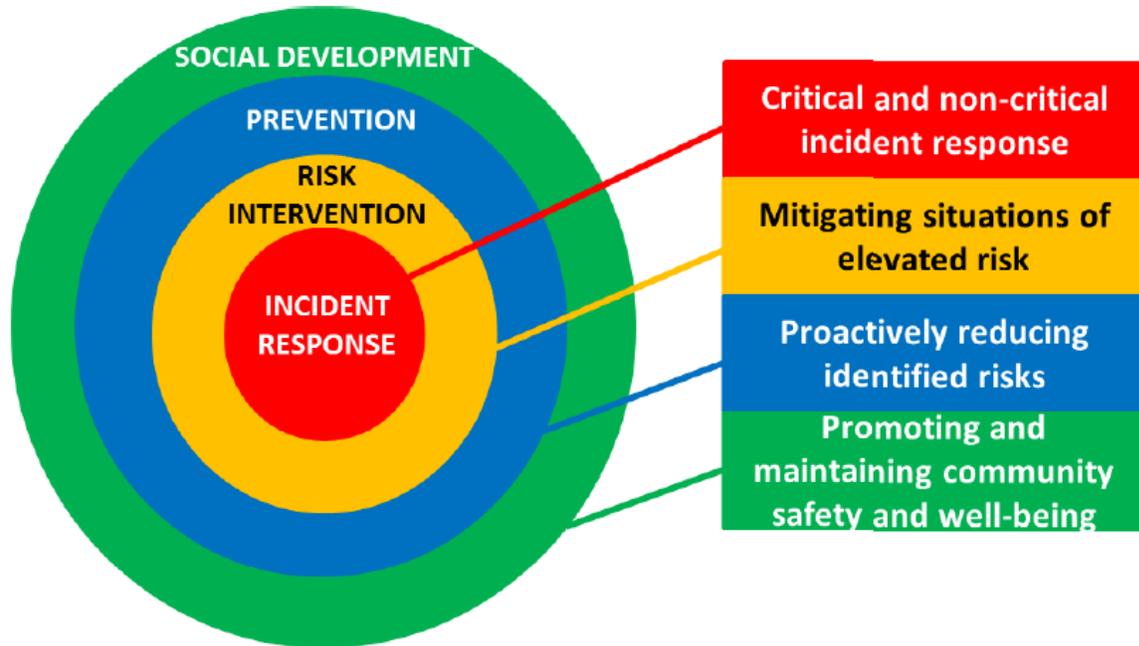


Table 3

H) Community Background:

According to Census data obtained from the 2016 Census, the Rainy River district has seen a population decline overall of -1.3% from the 2011 Census. It is also an aging community, with the largest subset of population sitting in the age 40-59 range. Half of all communities had the largest subset of population in the 60+ age range.

The most cited countries of birth for non-Canadian born residents district-wide were the United States and the United Kingdom. Only 1% of the population in the district identifies as a visible minority. 27% of all households identify as having aboriginal ancestry.

13.7% of households fell into the low-income category and the median income among individuals is \$33,928. The participation rate in the labour force of 59.7% is below the provincial average of 64.7%. The unemployment rate of 9.1% is above the provincial average of 7.4%.

In terms of education, 29% of all households listed secondary school as their highest level of education achieved, with an additional 47% having listed post-secondary as their highest level of education achieved. Approximately 24% of the population was identified as having no educational certificate. This figure is above the provincial average of 17.5%.

Of 8430 households in the Rainy River district, over 75% are owned. An additional 20.9% are rented and just under 4% are neither rented nor owned (i.e. Band housing).

I) Community Engagement:

Two surveys were launched in order to engage with the community and assist in identifying priority risk areas to focus on. A public survey took place February 16-March 16, 2021 that was available in print, large-font print and on the web. It was advertised on Facebook, in the Fort Frances Times, the Atikokan Progress and on 93.1 The Border, as well as on the Facebook pages of partners. As well, community partners were encouraged to share it within their professional networks.

To target vulnerable populations, service providers were asked to offer surveys to clients and patients, and surveys were encouraged at the Out of the Cold warming center.

A youth-specific survey took place March 22-April 5, 2021 that was available online and in print available at all elementary and secondary schools within the Rainy River District, as well as with Kenora-Rainy River District Child and Family Services' Mental Health Team. The general survey was completed by 837 individuals and the youth survey was completed by 62 individuals.

J) Priority Risks:

The Advisory Committee identified the following risks through local data sets collected and community consultations:

1. Mental Health

- According to the Northwestern Health Unit's Child and Youth Mental Health Outcomes report, "the mortality rate from suicide in the 15-24 age group in the Northwestern Health Unit area was eight times as high as the provincial rate." The report also noted, "The population aged 10-24 in the Northwestern Health Unit area has higher rates of hospitalization from mental and behavioural disorders compared to the province." (Lunny & Jibb, 2017, p.3).
- Mental health is one of the leading causes of contact for the Mobile Crisis Response Team and is within the top three community safety and well-being risk categories for the Fort Frances Situation Table.
- Mental Health was listed as top cited priority in both the general community consultation survey as well as the youth survey.
- This risk factor has also been deemed as a top priority with the newly established Rainy River District Ontario Health Team (RRDOHT).

2. Addictions/Substance Abuse

- According to the Northwestern Health Unit's Child and Youth Mental Health Outcomes report, "hospitalization from mental and behavioural disorders caused

by substance misuse...was twice as high as the provincial rate.” (Lunny & Jibb, 2017, p.3).

- Police reported an overall increase in drug-related charges including possession and trafficking between 2018-2020.
- Substance abuse issues is listed as the top community safety and well-being risk category at the Fort Frances Situation Table and is the top reason for contact with the Mobile Crisis Response Team.
- Similarly to Mental Health, this issue has been deemed a priority by the Rainy River District Ontario Health Team (RRDOHT).

3. Housing/Homelessness:

- The 2018 Homeless Enumeration of the Rainy River district identified 111 individuals in Fort Frances and Atikokan to be on the homelessness spectrum. (Petrin, 2018, p.2)
- According to the Northwestern Health Unit, the number of private dwellings needing major repairs are more than double the provincial figure. Additionally, “statistics indicate that about 1 in 6 households in the catchment area are spending a third or more of their income on shelter costs. A high shelter-cost-to-income ratio indicates that people have less money to spend on other needs such as food, utilities, transportation and other necessities.” (2016, p.3)

K) Implementation Teams:

a) Mental Health Implementation Planning Group

- Purpose: To address mental health struggles of individuals as it relates to community safety and well-being in the Rainy River district.
- Membership: This group is comprised of members of the advisory committee and additional representatives of organizations with a mandate to or service provision of mental health services. Specifically, membership consists of:
 - Rainy River District Social Services Administration Board
 - Atikokan Community Counselling
 - Canadian Mental Health Association
 - Riverside Community Counselling
 - Ontario Provincial Police
 - Kenora-Rainy River Districts Child and Family Services
 - Atikokan Family Health Team

- The Northwest Catholic District School Board
- Fort Frances Tribal Area Health Services
- Atikokan Native Friendship Centre
- Weechi-it-te-win Family Services

b) Addictions and Substance Abuse Implementation Planning Group

- Purpose: To address addictions and substance abuse struggles of individuals as it relates to community safety and well-being in the Rainy River district.
- Membership: This group is comprised of members of the advisory committee and additional representatives of organizations with a mandate to or service provision of substance abuse and addictions programming. Specifically, membership consists of:
 - Rainy River District Social Services Administration Board
 - Canadian Mental Health Association
 - Riverside Community Counselling
 - Ontario Provincial Police
 - Kenora-Rainy River Districts Child and Family Services
 - Atikokan Family Health Team
 - Fort Frances Tribal Area Health Services
 - Atikokan Native Friendship Centre
 - Atikokan Community Counselling
 - Weechi-it-te-win Family Services
 - Mino Ayaa Ta Win Healing Center

c) Housing and Homelessness Implementation Planning Group

- Purpose: To address housing and homelessness as it relates to community safety and well-being in the Rainy River district.
- Membership: This group is comprised of members of the advisory committee and additional representatives of organizations with a mandate to or service provision of housing and homelessness programming. Specifically, membership consists of:
 - Rainy River District Social Services Administration Board
 - Northwest Community Legal Clinic

- Town of Rainy River
- Town of Fort Frances
- Rainy River District Women's Shelter of Hope
- Nelson House Supportive Housing
- Canadian Mental Health Association
- United Native Friendship Centre
- Atikokan Native Friendship Centre
- Riverside Health Care Facilities
- Rainy River District Victim Services Program

L) Plans to Address Priority Risks:

Priority Risk #1: Mental Health	
VULNERABLE GROUPS:	<ul style="list-style-type: none"> • Individuals experiencing homelessness • Individuals struggling with mental health issues • Youth • Adults • Individuals struggling with addictions • Indigenous women
RISK FACTORS:	<ul style="list-style-type: none"> • Mental Health- persons with diagnosed mental health problem • Mental Health- persons with suspected mental health problem • Self-Harm- persons have engaged in self-harm • Self-Harm- persons have threatened self-harm • Suicide- persons are current suicide risk
PROTECTIVE FACTORS:	<ul style="list-style-type: none"> • Access to/availability of cultural education • Caring school environment • Access to/availability of resources, professional services and social supports
ACTIVITIES:	<ul style="list-style-type: none"> • Advocate for safe and affordable housing stock builds (social development) • Establish mental health and addictions steering group that focuses on the lifespan to reduce the disconnect between child, youth, adult and geriatric services. Any oversight group should include lived-experience and report information up to the Ontario Health Team Group (social development) • Community education of indigenous healing/ practices (social development) • Cultural capacity-building for community and service providers (social development) • Implement and share community baseline data to move toward measurement-based care (social development) • Combine mental health and addictions oversight to provide holistic care (social development) • Advocate for funds for safe space for youth (social development)

<p>ACTIVITIES CONTINUED</p>	<ul style="list-style-type: none"> • Development of Memorandums of Understanding between community partners to support mental health collaboration (social development) • Develop an inventory of services that all providers are aware of and provides clear understanding of what each other does (prevention) • Implement “no door is the wrong door” through every service sector (prevention) • Provision of service provider engagement sessions (using such avenues as Interagency) (prevention) • Support an awareness campaign for mental health with wide reach (prevention) • Attendance of such community events as health fairs (prevention) • Post-pandemic face-to-face access for individuals throughout lifespan who require services or supports and choose face-to-face (risk intervention and incident response) • Educate care providers in trauma-informed care across the lifespan and multi-sectoral participation and engagement (risk intervention) • Support interdisciplinary and multi-sectoral program teams (e.g. mobile outreach teams including such partners as nurse, nurse practitioner, case manager, peer support to meet people where they are at) (incident response) • Educate partners on what regional specialized programs exist, their methods and criteria. (incident response) • Develop protocols that will enable families transportation to return home (e.g. child leaving community for specialized treatment) (incident response)
<p>IMMEDIATE OUTCOMES:</p>	<ul style="list-style-type: none"> • Service users connected to appropriate service
<p>INTERMEDIATE OUTCOMES:</p>	<ul style="list-style-type: none"> • Youth having a safe space to go to • Reduced stigma of mental health issues • Mental health sufferers connected and engaged in community
<p>LONG-TERM OUTCOMES:</p>	<ul style="list-style-type: none"> • Engaged and educated public • Engaged and educated service providers/ community partners • Improved community safety and well-being due to improved regional responses to mental health issues

Priority Risk #2: Addictions and Substance Abuse	
VULNERABLE GROUPS:	<ul style="list-style-type: none"> • Individuals struggling with substance abuse issues • Individuals struggling with mental health issues • Youth • Youth age 16-18 transitioning out of foster care • Adults • Individuals experiencing homelessness
RISK FACTORS:	<ul style="list-style-type: none"> • Basic Needs- Persons unable to meet own basic needs • Antisocial/Negative Behaviour-persons exhibiting antisocial/negative behaviours (non-criminal) • Poverty- Persons living in less than adequate financial situation • Physical Health- General Health Issues • Alcohol Abuse- Alcohol abuse by persons • Drugs- Drug abuse by persons • Housing- Persons not having access to appropriate housing
PROTECTIVE FACTORS:	<ul style="list-style-type: none"> • Access to/ availability of cultural education • Caring school environment • Access to/ availability of resources, professional services and social supports
ACTIVITIES:	<ul style="list-style-type: none"> • Advocate for regional partnerships (e.g. detox) (social development) • Advocate for expanded detox bed availability (social development) • Creation of a mental health and addictions steering committee (social development) • Engage youth to find healthy recreational opportunities for youth other than sports (social development) • Explore a youth hub in all communities (social development) • Advocate for land-based activities and cultural engagement activities (social development) • Advocate for more housing stock including housing with supports such as transitional housing (social development)

<p>ACTIVITIES CONTINUED:</p>	<ul style="list-style-type: none"> • Educating partners to provide culturally-informed service (social development, prevention) • Engage a facilitator who specializes in addictions and community development (social development) • Advocate for safe injection sites (prevention, risk intervention and incident response) • Conduct community awareness campaign around substance abuse (prevention) • Advocate for expanded peer support programs (e.g. Northwestern Health Unit's program) (prevention) • Provision of baseline education for all service providers around substance abuse (prevention) • Support appropriate partners to encourage safer access to supplies (incident response)
<p>IMMEDIATE OUTCOMES:</p>	<ul style="list-style-type: none"> • Fewer opioid overdoses
<p>INTERMEDIATE OUTCOMES:</p>	<ul style="list-style-type: none"> • Detox services more readily available • Youth feeling supported • Housing available for people living with substance abuse issues
<p>LONG-TERM OUTCOMES:</p>	<ul style="list-style-type: none"> • Engaged and educated community/public • Educated service providers • Improved community safety and well-being due to improved regional responses to substance abuse

Priority Risk #3: Housing and Homelessness	
VULNERABLE GROUPS:	<ul style="list-style-type: none"> • Individuals experiencing homelessness • Individuals struggling with mental health issues • Individuals struggling with addictions • Youth age 16-18 transitioning out of foster care • Individuals becoming institutionalized due to lack of existing supports (ALC patients)
RISK FACTORS:	<ul style="list-style-type: none"> • Housing- persons not having access to appropriate housing • Poverty- persons living in less than adequate financial situations • Basic needs- persons unable to meet own basic needs
PROTECTIVE FACTORS:	<ul style="list-style-type: none"> • Availability of ongoing financial supplement
ACTIVITIES:	<ul style="list-style-type: none"> • Conduct a community education initiative around homelessness (social development, prevention) • Conduct outreach to form community partnerships (social development) • Establish safe, affordable housing with supports on-site (e.g. supportive/ transitional housing) for adults and youth (social development) • Support of stabilization program (social development, prevention) • Completed housing service map (prevention, risk intervention, incident response) • Partnership with schools and social service agencies to provide education to youth (prevention) • Educate landlords on housing youth (prevention) • Tenant education campaign (prevention, risk intervention) • Conduct homeless enumeration (incident response) • Establish by-name list (incident response) • Establish Housing First program (incident response)
IMMEDIATE OUTCOMES:	<ul style="list-style-type: none"> • Active knowledge of homelessness data

IMMEDIATE OUTCOMES CONTINUED:	<ul style="list-style-type: none"> • Decreased cost to emergency services for homeless individuals
INTERMEDIATE OUTCOMES:	<ul style="list-style-type: none"> • Less NIMBYism (not in my back yard) • A completed homeless/housing map • Safe, affordable housing with supports for adults and youth • Employment/ training programs available
LONG-TERM OUTCOMES:	<ul style="list-style-type: none"> • Engaged and educated public • Engaged and educated service providers • Safe, affordable housing stock including with supports • Improved community safety and well-being due to improved regional responses to housing and homelessness

Table 4

Appendix 1 – Municipal Resolutions

References

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