# Collectivités dynamiques

NOTRE PLAN DE SÉCURITÉ ET DE BIEN ÊTRE

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# Vibrant Communities

OUR SAFETY AND WELL-BEING PLAN

**Stormont Dundas Glengarry Cornwall Akwesasne (SDGCA)**

**December 2019**

**Version 1**

# A Joint Message from our Municipal Leaders:

The creation of our joint "*Vibrant Communities – Our Safety and Well-Being Plan v.1*" (VC-SWB) was a true collaboration between our neighbouring communities. As Municipal Governments, we are committed to poverty reduction and our shared vision of a safer, healthier and more vibrant region. However, we cannot do this alone. We need all residents and sectors working together to ensure our success!

This Plan came together through the efforts of our project team members and volunteers. They were able to achieve significant regional public engagement by hosting focus group meetings, providing presentations and conducting surveys. This feedback, combined with the collection and dissemination of local, regional and provincial data, was used to identify and prioritize our regional risk factors. We are proud of our numerous community strengths, resources and assets but are also committed to addressing any gaps in services or programming.

We acknowledge the importance and long-term benefits of social development and prevention, while concurrently addressing immediate and short-term risks. Implementing this Plan is our first step in achieving our goal.

We would like to thank all the members of the multi-sectoral VC-SWB Advisory Committee; these knowledgeable community leaders provided guidance and remain committed to championing this cause. A special thanks to our respective municipal representatives and the Cornwall Police Services for taking the initiative and contributing resources towards this important project.

Jamie MacDonald,
Warden, United Counties of Stormont, Dundas & Glengarry (SDG)

Bernadette Clement,
Mayor
City of Cornwall

Abram Benedict
Grand Chief
Mohawk Council of Akwesasne

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*Plan prepared by Carmen Cousineau, Project Coordinator*

## Acknowledgements:

Vibrant Communities – Our Safety and Well-Being (VC-SWB) Plan (v. 1) was developed under the leadership and guidance of the multi-sectoral Advisory Committee and in partnership with the Social Development Council of Cornwall and Area's – Vibrant Communities Initiative. We also acknowledge the support and assistance received from our partner municipalities and community organizations.
Together, we thank all the many individuals and organizations that participated in our surveys, presentations and focus groups. The insights and advice you provided in addressing this complex issue was greatly appreciated.

**MANDATE**

New legislative requirement for Community Safety and Well-Being planning came into force January 1, 2019, and municipalities have two years from this date to prepare & adopt a plan (Dec 31, 2020).

*Part XI, Section 143 Police Services Act (1990)*

## Goal:

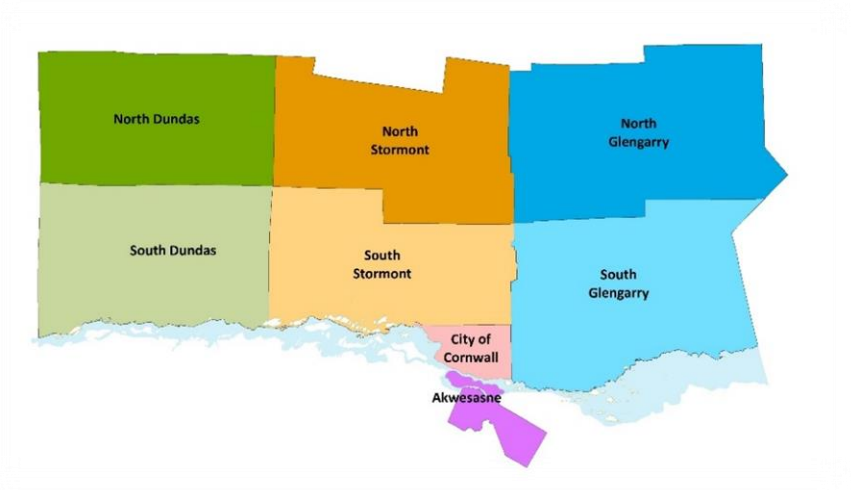
"The ultimate goal of this type of community safety and well-being planning is to achieve sustainable communities where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression. The success of society is linked to the well-being of each and every individual."[i]

This initial **Version 1** will be updated and enhanced regularly in order to respond to the ever-changing environment. The Social Development Council with the assistance of the working groups in partnership with subject matter experts (content and context) will undertake a review of assumptions, activities, deadlines, milestones and tasks. An annual update will be provided to each municipal council and will be published electronically.

No single government, agency, or even handful of agencies, can achieve this alone. Implementation will require commitment, leadership, patience, creativity, and above all, interest in learning new ways of working together on behalf of the whole community.

COLLABORATION

# Our Regional Approach:




Map courtesy of Sabina Ade, GIS Data Coordinator, United Counties – SDG

Municipalities have the flexibility to engage in planning individually or in partnership with neighbouring municipalities and/or First Nation communities to develop a joint plan.

It was decided at the first Advisory Committee meeting, that the most effective planning would be to work collaboratively as a region – The City of Cornwall, the United Counties of Stormont, Dundas and Glengarry as well as the Mohawk Territory of Akwesasne (SDGCA).

The joint process encouraged cooperation, created new partnerships, while making possible accomplishments that ordinarily might not have been attainable individually. Our regional inter-municipal approach will improve the viability and long-term sustainability to respond to our local priorities.

The population in Stormont, Dundas and Glengarry (SDG) increased by 2% between 2011 and 2016 at the same time, the population in Ontario grew by 4.6%.

**Regional Population Projection**:

| 2011 | 2016 | 2018 | 2021 | 2026 | 2031 | 2036 | 2041 | 2046 |
|---|---|---|---|---|---|---|---|---|
| 115.6 | 116.5 | 117.5 | 119.8 | 122.2 | 123.9 | 125.5 | 126.9 | 128.3 |

*(*note the chart refers to thousands and that only a small percentage of Akwesasne is within the census area)*

*Source: Statistic Canada Estimates - Ontario Ministry of Finance Projections*
*https://www.fin.gov.on.ca/en/economy/demographics/projections/table4.html*

The median age in the region at 47.1 in SDG is older than in the province where the median age is 41.3.

*Stats Canada 2016 Census*

**Cornwall** is one of the largest cities in Eastern Ontario. It is also one of the oldest settlements in Canada, which today boasts a modern economy led by forward-thinking companies. The City's location on the St. Lawrence River and its numerous parks and recreational facilities make the City an excellent place to raise a family.

The City of Cornwall has a unique geographical location at the convergence of the Ontario, Quebec and New York State borders. It shares its southern border with the Mohawk Territory of Akwesasne. Cornwall is one of 14 Ontario border crossings between Canada and the United States.

Situated along Highway 401, Cornwall is well serviced by road and railway transportation and is only an hour's drive from the metropolitan cities of Ottawa and Montreal.

Cornwall continues to evolve as revitalization projects, environmental initiatives and new business activities combine to improve local economy.

**Mission:** To provide services that enable a financially and environmentally sustainable community which will care and provide for the needs and values of its residents.

**Vision:** The City of Cornwall is recognized as a welcoming and healthy community with a strong municipal government providing effective services and infrastructure.

**Values:**
Accessibility, bilingualism, collaboration, inclusiveness, innovation, integrity, leadership, transparency and respect.

The City of Cornwall is governed by an elected 11-member City Council comprised of the mayor and ten councillors representing the city as a whole. The Mayor and city councillors serve four-year terms.

POPULATION
46,589

www.cornwall.ca

**Strategic Plan:**

https://www.cornwall.ca/en/city-hall/strategic-plan.aspx

## United Counties of Stormont, Dundas & Glengarry (SDG):

Situated on the St. Lawrence River, SDG is largely rural and agricultural. SDG is home to beautiful beaches, marinas, recreation trails and provincial parklands. Three hospitals, long-term health care facilities, excellent schools and clean safe communities contribute to a high standard of living. County Council is responsible for the delivery of a variety of services to the residents of SDG and to represent the constituents of both the County and 6 local municipalities.

County Council Strategic Priorities:

- Service Delivery – A Smarter Approach
- Rural Schools – Educating Children in Their Communities
- Leveraging Partnerships to Improve Healthcare – Supporting Equitable Access
- Community Sustainability – A Place Where you Want to Be
- Communication – The Foundation of Success

The Council of the United Counties of Stormont, Dundas and Glengarry is comprised of the Mayors and Deputy-Mayors of each of the six local municipalities within the County.

**Strategic Plan:**

https://www.sdgcounties.ca/sites/default/files/documents/SDG%20Strategic%20Plan%202019.pdf

| Municipalities | Population | Website |
|---|---|---|
| Township of North Dundas | 11,225 | www.northdundas.com |
| Municipality of South Dundas | 10,794 | www.southdundas.com |
| Township of North Stormont | 6,775 | www.northstormont.ca |
| Township of South Stormont | 13,110 | www.southstormont.ca |
| Township of North Glengarry | 10,251 | www.northglengarry.ca |
| Township of South Glengarry | 12,617 | www.southglengarry.com |
| **United Counties Total** | **64,824** | www.sdgcounties.ca |

## Akwesasne (Ahkwesáhsne):

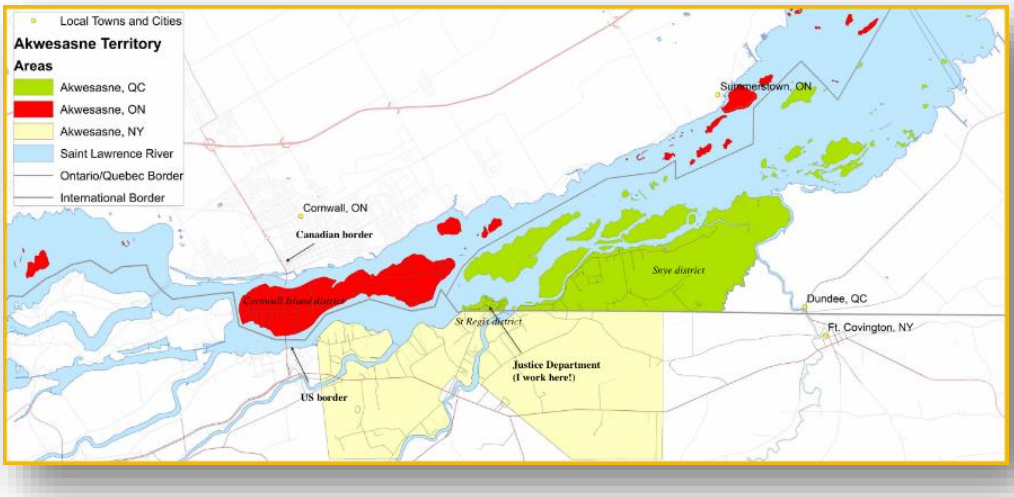
The Mohawk Territory of Akwesasne is geographically unique, having an International Border running through the Territory and having the two provinces of Quebec and Ontario within the Canadian side of Akwesasne.

### Community Pillars:

- Self Determination
- Modernization
- Sustainability
- Well Being

### Community Goals:

| | |
|---|---|
| 1. Become a Self-Sufficient Nation | 8. Increase fluency in our Mohawk Language |
| 2. Live in a Safe Community | 9. Take pride in our history and culture |
| 3. Monitor and Protect our Environment | 10. Settle land claims |
| 4. Have better management of our lands | 11. Increase access to sufficient and affordable housing |
| 5. Improve Community Infrastructure | 12. Expand our education services |
| 6. Create more jobs and business opportunities | 13. Improve our health and well-being |
| 7. Take care of the vulnerable members in our community | 14. Support our community's recreational needs |




The Mohawk Council of Akwesasne (MCA) is the elected system through Custom Law of government. There are a total of twelve District Chiefs and one Grand Chief. Together, the Chiefs constitute the Mohawk Council (MCA).

Population 12,000

www.akwesasne.ca

**Strategic Plan:**

http://www.akwesasne.ca/mohawk-council/council-strategic-plan/

No other First Nation community in Canada has these unique jurisdiction and geographic features.

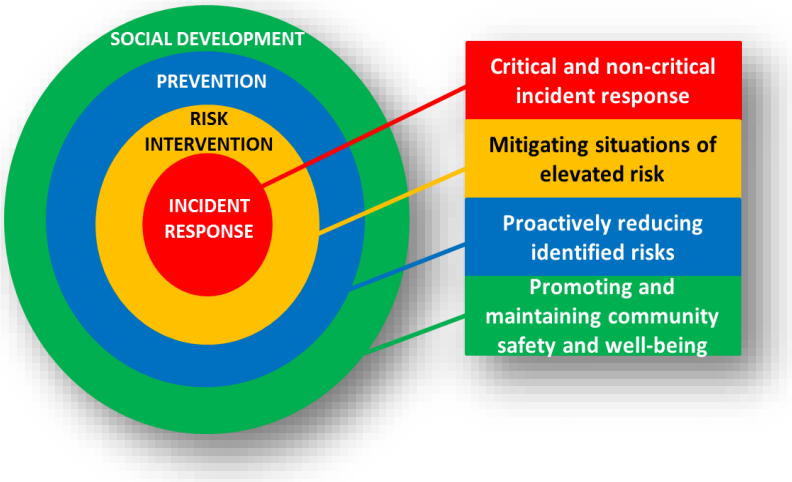
FRAMEWORK

# Methodology

## Vibrant Communities – Our Safety and Well-Being Plan (VC-SWB) v. 1

The plan was created by combining the results from the Public Engagement activities with information and data gathered and analyzed to support the identified local priorities.

We followed the process and principles contained in the "Community Safety and Well-Being Planning Framework – "A Shared Commitment in Ontario"[ii]. This booklet outlined the Ontario Government's introduction to a long-term strategy to make safety and well-being a reality for vulnerable individuals, families, groups, and locations. Our VC-SWB Plan v.1 includes strategies for our regional safety and well-being at four levels of intervention: social development, prevention, risk intervention, and emergency response.




To support the regional municipalities, the Cornwall Police Service successfully submitted a request for funding to hire a part-time project coordinator and assigned internal police resources to support the project.

STEP 1.

# Identifying Local Risk Factors:

## Public Engagement Process:

**February 7, 2018** – Inaugural Meeting of Vibrant Communities (VC): "Building Community Vibrancy through Collective Impact Approach". The Social Development Council of Cornwall and Area in partnership with the Tamarack Institute and the Eastern Ontario Health Unit, brought together community members and leaders to discuss collaborating to implement large-scale initiatives to reduce poverty and build a more equitable, prosperous and peaceful society.

**May 29, 2018** – The group was re-united to discuss strategies on building a Common Agenda. It was decided to create a survey that would determine the shared priorities of our communities.

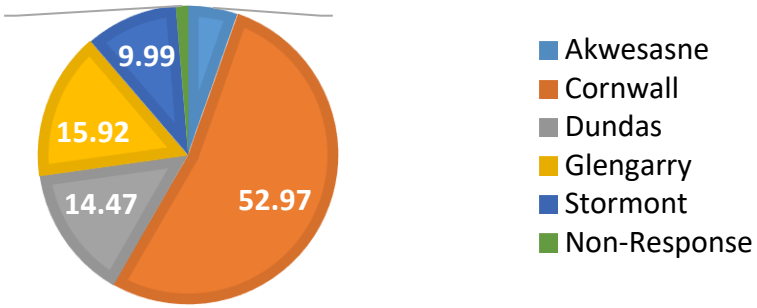
The survey was used as a tool to establish communication and to engage a cross representation of citizens from our diverse communities.

See Appendix C for a copy of the survey.

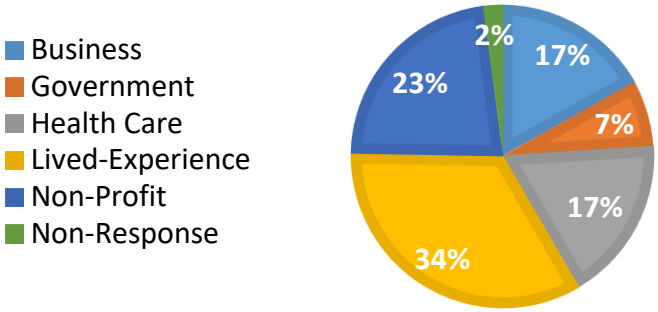
A total of 701 residents completed the Vibrant Community Survey.

**November 29, 2018 –** Community Meeting held called "Deepening the Common Agenda" to review the survey results and discuss next steps.

### Survey Demographics:



## RISK FACTORS




Respondents identified their risk factors in order of priority that need to be addressed in order to build a more vibrant community.

| Issue | Votes | % |
|---|---|---|
| Mental Health | 276 | 13.36 |
| Access to Health Services | 235 | 11.37 |
| Poverty – Financial Stability | 219 | 10.06 |
| Education | 209 | 10.12 |
| Access to Food | 159 | 7.70 |
| Environment | 140 | 6.78 |
| Access to Services | 139 | 6.73 |
| Safe Housing | 132 | 6.39 |
| Addictions | 116 | 5.61 |
| Community Safety – Policing | 95 | 4.60 |
| Transportation | 91 | 4.40 |
| Abuse | 88 | 4.26 |
| Early Childhood Development | 88 | 4.26 |
| Support Networks | 79 | 3.82 |

## AGREEMENT

The Community Safety and Well-Being Advisory Committee formed a partnership the Vibrant Communities (VC) Initiative – Social Development Council of Cornwall and Area.

United Counties of Stormont, Dundas and Glengarry and Mohawk Council of Akwesasne agreed to work together to create one regional Plan called:

Vibrant Communities
OUR SAFETY AND WELL-BEING PLAN

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**May 1, 2019:**

First joint Vibrant Communities – Our Community Safety and Well-Being Plan Focus Group Meeting. Partners commit to the project goals and agree to collaborate going forward.

**July 10, 2019:** The Social Development Council hosted a full day of focus groups on the 4 priorities – Mental Health, Health Services, Poverty Reduction and Community Safety. This was the kick-off of the summer public engagement events conducted in partnership with focus group members, students and volunteers who attended many public events to meet and speak to people directly about their concerns, ideas and suggestions.

Public Engagement Locations included:

- the Benson Center
- Alexandria Park
- Backyard Food Day
- Center 105
- Green Food Box Dundas
- Salvation Army
- Cornwall Public Library
- Touch a truck event
- Winchester Kids Park Day
- Long Sault Farmer Market
- Alexandria Farmers Marker
- Akwesasne Powwow
- Team Cornwall Golf Day
- Crysler Bingo
- House of Lazarus
- St-Lawrence College
- Morrisburg and Winchester grocery stores
- Martintown Farmers Market

**October 24, 2019:** Presentation of Public Engagement Results

The Vibrant Communities – Our Safety and Well-Being Plan was reviewed and approved by the Advisory Committee for presentation to municipal councils.

## Participation – Public Engagement Demographics:

The goal was to reach out to approximately 700 residents from the Region to collect their thoughts on risk factors and suggestions for action items.

| Location | Population | % of Pop. | Goal | Actual |
|---|---|---|---|---|
| Akwesasne | 12,000 | 9.86% | 68 | 81 |
| Cornwall | 46,589 | 37.59% | 264 | 537 |
| North Dundas | 11,278 | 9.10% | 64 | 117 |
| South Dundas | 10,833 | 8.74% | 62 | 75 |
| North Stormont | 6,873 | 5.55% | 39 | 47 |
| South Stormont | 13,110 | 10.58% | 74 | 111 |
| North Glengarry | 10,109 | 8.16% | 57 | 76 |
| South Glengarry | 13,150 | 10.61% | 74 | 84 |
| TOTAL | **123,942** | **100%** | **702** | **1128** |

STEP 2.

## Data Collection/Research:

Accurate data/information was collected, reviewed and incorporated from various sources and are referenced throughout the document. Sources reviewed included local data from our community partners as well as provincial and federal sources:

| |
|---|
| Statistics Canada – 2016 Census Data |
| Community Safety and Well-Being Planning Framework |

| |
|---|
| Shared Commitment in Ontario – Booklet 3 |
| Suicide Prevention: A Resource Guide for Agency, Personnel and Management – Champlain East Suicide Prevention Coalition |
| Eastern Ontario Health Unit - Mental Health Status Report |
| Canadian Mental Health Association Mental Health Factsheet |
| Ten Year Housing Plan-City of Cornwall and the United Counties of Stormont, Dundas & Glengarry January 2014 |
| The Cost of Poverty in Ontario – 10 Years Later Oct. 2019 |
| Eastern Ontario Training Board Local Labour Force Report 2018-2020 |
| LHIN Sub-Region Report |
| *Taking Stock* – Report on the quality of mental health and addiction services in Ontario |
| Situation Table CSDG Annual and Data Report |

### Community Assets and Action Tables/Networks:

Throughout our region we have identified numerous organizations and programs to support our residents. That comprehensive list is located on the City of Cornwall website – visit:

www.cornwall.ca/resources

In addition, we have listed some key Action Tables/Networks who are currently collaborating to address challenges in each of the identified pillars.

## Risk Identification:

STEP 3.

Our planning was based on the concept that it is more effective, efficient and beneficial to our quality of life to prevent something bad from happening rather than trying to find a "cure" after the fact. That is why we focused on identifying risks and targeted the circumstances, people and places that are most vulnerable. Our long-term prevention strategy is to continue to focus on **why** something is happening rather than on **what** is happening. Risks were identified by the 1128 participants based on their knowledge, and experience. This combined with the local data from community members and partners, we were able to highlight the issues that are most significant and prevalent in our region.

## PRIORITIES

The Canadian Mental Health Association fact sheets states that approximately **1 in 5** children/youth in Ontario have a mental health challenge.

According to Statistics Canada, Canadians in the lowest income bracket are **3-4** times more likely than those in the highest income bracket to say that their mental health is fair to poor.

**Each Priority Pillar below includes important supporting data elements, an Action Plan and a few key Local Community Assets/Action Tables.**

### Priority Pillars:

## Mental Health:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life. Mental health challenges are common but with the right supports people can improve and many recover completely. About two million Ontarians are affected by a wide variety of mental illnesses and addictions each year[iii].

The social determinants of health are life factors that can impact our mental health both positively and negatively. These factors can include a person's education history, early life experiences, employment and working conditions, housing, race, sexual orientation, among many others. The social determinants of health can support us in living with positive mental health.

## SUPPORTING DATA

Approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode.

In Canada, only 1 out of 5 children who require mental health services receives them.

The social determinants of health such as food insecurity, poor working conditions or unemployment, and discrimination because of race or disability may also negatively impact our mental health. Approximately 21.4% of the working population in Canada currently experience negative mental health conditions, which can affect their productivity.

Mental health conditions account for approximately 30% of short-term and long-term disability claims and are rated one of the top three drivers of such claims by more than 80% of Canadian employers.

If unaddressed, the impact of negative mental health conditions on lost productivity will cost Canadian businesses $198 billion over the next 30 years.

Local service providers of Mental Health – Addiction Programs each have different waiting lists. However, those experiencing an urgent mental health needs or crisis, normally can be seen the same day the call is received.

### Youth and Mental Health:

Mental illness is increasingly threatening the lives of our children; with Canada's youth suicide rated the third highest in the industrialized world. This is especially true of children that have mental health needs and are disabled as they cannot be truly serviced locally due to a lack of support and programs.

Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents; 4,000 people die prematurely each year by suicide.

**Housing and Mental Health**: people with serious mental health conditions are disproportionately affected by homelessness. Housing designed for people with mental health conditions can contribute to significant cost savings for the health system. It costs 6 times more to keep a person in a psychiatric hospital, compared to housing a person in the community and providing supports.

| MENTAL HEALTH ACTION PLAN<br>THEMES & STRATEGIES: |
|---|
| 1. Offer training and education to help identify, raise awareness and break the stigma of mental illness. |
| Create a local wellness app that provides information on community services, activities, group sessions and more. |
| Establish a program with a focus on mental health in the farming community. |
| Expand the education on dementia and continue working on becoming a dementia friendly community. |
| Provide “Mental Health 101” workshops to the general public with a goal to break the stigma. Subjects could include “recognizing the signs and symptoms of mental illness”,” how to recognize trauma or abuse” and “how trauma affects brain development”. |
| Provide knowledge and tools to employers on mental health and mental illness in the workplace. |
| Provide more opportunities to teach and learn Mental Health First Aid. |
| Run an advocacy campaign, which includes testimonials and personal stories. |
| 2. Expand the current offering of free counseling for families and individuals. |
| Promote existing services offered at no cost to the individual. |
| Identify gaps in service and create a multi-agency plan to address them. |
| 3. Increase availability and access to services that exist. (Hours, transportation, affordability, mobile services, online services, etc.) |
| Evaluate the feasibility of offering online and phone services such as telemedicine, e-Counselling, services by text or social media and online support groups. |
| Explore mobile services and home visits to provide better accessibility in rural communities. |
| Work with local service providers to identify opportunities to ensure their services are more accessible such as flexible hours, free or affordable transportation and more rural service offering. |
| 4. Organize theme-specific support groups. (PTSD, postpartum depression, anxiety, etc.) |
| Create programs dedicated to children and youth such as mentorship opportunities for youth with mental illness and counselling in schools. |
| Create programs that have a focus on early intervention, prevention and that promote healthy childhood development. (Prenatal, parenting, postpartum depression) |
| Create specialty supports for PTSD including exposure therapy (Virtual Reality) |
| Initiate peer mentorship or support group programs in person and online around specific themes. |
| Provide opportunities to teach coping and resilience skills to all ages. |
| 5. Provide more caregiver and frontline support for well-being, education, and |

| | |
|---|---|
| | respite. |
| | Promote existing services for caregivers and frontline staff. |
| | Identify possible gaps in services and create a plan to address them. |
| 6. | Broaden the number of support groups and workshops focused on prevention and intervention. (Life skills, stress management, healthy childhood development, etc.) |
| | Create wellness groups that help develop hobbies, confidence, builds identity, self-worth and internal strength. |
| | Identify opportunities to teach healthy habits and life skills to youth and adults. (Cooking, nutrition, exercise, gardening, self-care, stress management, meditation, work life balance, media and digital literacy, healthy relationships, parenting classes.) |
| 7. | Create a Community Hub with multiple services under one roof. |
| | Engage multiple community agencies to create a one stop shop with a diverse offering of services. |
| 8. | Enhance awareness and navigation of existing services. |
| | Create a central community telephone line, app and/or website that can provide information and navigation on all services offered in the region. |
| | Provide better awareness of the many existing local resources to ensure residents are accessing the services they need. |
| 9. | Provide opportunities to connect and gather. (Feel part of a community and break the feeling of isolation.) |
| | Create more programs for seniors living in isolation such as home visits, a call-a-day, aging in place, and supportive home care programs. |
| | Encourage and create group activities, outdoor gatherings and block parties that give people the opportunity for share a meal and socialize. |
| | Plan free or affordable outdoor activities for youth, families and adults like recreation programs, summer camps etc. |
| | Work with municipalities to create and enhance public infrastructure and green space that support a healthy community that is friendly for all including youth and seniors. |
| | Work with municipalities to create bicycle friendly and walkable communities for all ages and abilities. |
| 10. | Prevent the duplication of service and coordinate better care for our community. |
| | Create a community hub: Engage multiple community agencies to create a one-stop shop with a diverse offering of services. |
| | Limit duplication of services and support more community partnerships with a cohesive communication strategy that encourages better links between programs and services. |
| | Provide system navigation services that includes more effective triage and referral process that will ensure individuals are accessing the right services. |

## Mental Health – Community Assets/Action Tables:

### Regional Mental Health Promotion and Substance Use Prevention Strategy:

This is a coordinated approach of cross-sector alignment that will help bring competing and complementary priorities to the forefront, ensuring effective actions to address complex issues. There are 11 Core Member Organizations and an additional 22 Supportive Organizations from Eastern Ontario on this committee. Collectively, they will inform how cross-sector partners can align to enhance mental health promotion efforts aim to enhance wellbeing. Though related, it is distinct from promoting mental health services. Concurrently, the committee will also inform substance use prevention efforts aim to prevent, or delay, use of substances. Though related, it is distinct from promoting addictions services (substances include tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products).

### Youth Wellness Hub:

This is an integrated service hub under development in Cornwall to address gaps in the youth service system. The goal is to serve as fully integrated “one-stop-shops” for youth aged 12-25, to address their needs related to mental health, substance use, primary care, education/employment/training, housing and other community and social services. The hub will also include peer services, outreach, and system navigation services. Services will emphasize quality and will be timely, integrated and co-located.

### Champlain East Suicide Prevention Coalition:

The Champlain East Suicide Prevention Coalition works in partnership with the community of Stormont, Dundas, Glengarry, Prescott, Russell and Akwesasne to develop and support comprehensive strategies to prevent suicide. Goals are:
To maintain the integrity of the Coalition and plan its progress.

To provide a forum for sharing concerns and gathering information regarding suicide.
To facilitate the development of strategies to meet the needs for suicide prevention, intervention, and post-intervention.
To inform and educate the public about suicide, and its prevention.

## Health Services:

**HOSPITALS**

Residents are concerned about our local health-care services. Surgeries are being postponed or cancelled at the last minute due to a patient backlog; patients are placed on stretchers in hallways for hours or even days at a time; and Emergency Room wards are filled with patients waiting hours for care.

Data from the Ontario Hospital Association suggests that roughly 16 per cent of the total beds are filled by patients not requiring urgent care, but for whom there is no bed in the overloaded rehab or long-term care systems.

The Ontario health care system struggles to satisfy public's needs despite its lean financial allotment. Given the province's challenging fiscal situation, enthusiasm for new large expenditures will be limited.

The Fraser Institute has stated that "Canada's doctor shortage will only worsen in the coming decade even with government imposed restrictions on the number of doctors being trained in are immediately removed, it won't have an impact for much of the next decade given the time it takes to train a new doctor."[iv]

To find out more information regarding Health Care Wait Times visit:

https://www.ontario.ca/page/wait-times-ontario

Many Ontario hospitals are operating at or above 100-per-cent capacity.

| ACCESS TO HEALTH SERVICES ACTION PLAN | |
|---|---|
| **THEMES & STRATEGIES:** | |
| 1. Attract more medical professionals to our regions. (Doctors, Nurse Practitioners, Psychiatrists, etc.) | |
| | Work with municipalities, medical institutions and universities to attract and retain the medical professionals necessary to ensure no one in our communities is left without the health care they need. |
| 2. Increase availability and access to health services. (Hours, transportation, affordability, mobile services, online services, etc.) | |
| | Advocate for extended health coverage for new Canadians. |
| | Develop programs through social services for essential medical care for those unable to work. |
| | Evaluate the feasibility of offering online and phone services such as telemedicine, e-Counselling, video consultation, by text or social media, and online support groups. |
| | Explore mobile services and home visits to provide better accessibility in rural communities. |
| | Train a volunteer base to assist with appointments and transportation. |
| | Work with local service providers to identify opportunities to ensure their services are more accessible such as flexible hours, free or affordable transportation, and more rural service offering. |
| 3. Advocate for affordable health care. (Optometrist, Dentist, Medical supplies, etc.) | |
| | Create an advocacy campaign and lobby different levels of government for services such as free eye and dental care. |
| | Work with existing services to provide the necessary medical supplies for low-income families at no cost. |
| 4. Expand prevention and early intervention programs. (Free access to exercise classes, healthy eating workshops, etc.) | |
| | Create workshops and classes dedicated to prevention such as nutrition, healthy lifestyles etc. |
| | Offer more support for Allied Health Services. |
| | Provide opportunities for free access to indoor and outdoor exercise equipment and exercise classes. |
| 5. Provide more caregiver and frontline support for well-being, education and respite. | |
| | Promote existing services for caregivers and frontline staff. |
| | Identify possible gaps in services and create a plan to address them. |
| 6. Facilitate transportation to health services. (Shuttle service, better bus service, etc.) | |
| | Advocate for free parking at medical facilities. |
| | Coordinate a volunteer led service that provides rides to and from appointments. |

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| | Work with existing transportation providers such as transit, taxi and more to expand shuttle service for seniors and/or those with a disability. |
| 7. | Create a Community Hub with multiple services under one roof. |
| | Engage multiple community agencies to create a one-stop shop with a diverse offering of services. |
| 8. | Enhance awareness and navigation of existing services. |
| | Create a central community telephone line, app and/or website that can provide information and navigation on all services offered in the region. |
| | Implement a centralized coordination of care that includes more of the necessary professionals in the circle of care. |
| | Provide better awareness of the many existing local resources to ensure residents are accessing the services they need. |
| 9. | Prevent the duplication of service and coordinate better care for our community. |
| | Create a community hub: Engage multiple community agencies to create a one-stop shop with a diverse offering of services. |
| | Limit duplication of services and support more community partnerships with a cohesive communication strategy that encourages better links between programs and services. |
| | Provide system navigation services that includes better triage and referral that will ensure individuals are accessing the right services. |
| 10. | Offer education and support for new technologies used in health care. (Personal care devices, clinic check-in computers, etc.) |
| | Create educational opportunities to teach individuals about new technologies now being used in health care. |

## Health Services – Community Assets/Action Tables

### Eastern Champlain Sub-Region Local Health Integration Network (LHIN)

Currently, Champlain East LHIN provides a coordinated, integrated and accountable health system for residents of Akwesane, Alexandria, Casselman, Hawkesbury, Rockland, Winchester, and the City of Cornwall.

### Regional Health Teams:

The Cornwall Community Hospital is in the process of forming an Ontario Health Team for the region of Cornwall, Glengarry, Stormont and Akwesasne that will be based on primary care/speciality care referral patterns and patient flow. This group will represent approximately 20 health care organizations in this area.

**ONTARIO HEALTH**

Recently, the Ontario Government has announced a transformation of the health care system which will include a merger of LHINs into a new super agency called Ontario Health.

This restructuring is not to negatively impact patient care.

## Poverty:

Poverty is much more than not having enough money to meet basic needs such as food, clothing and shelter.

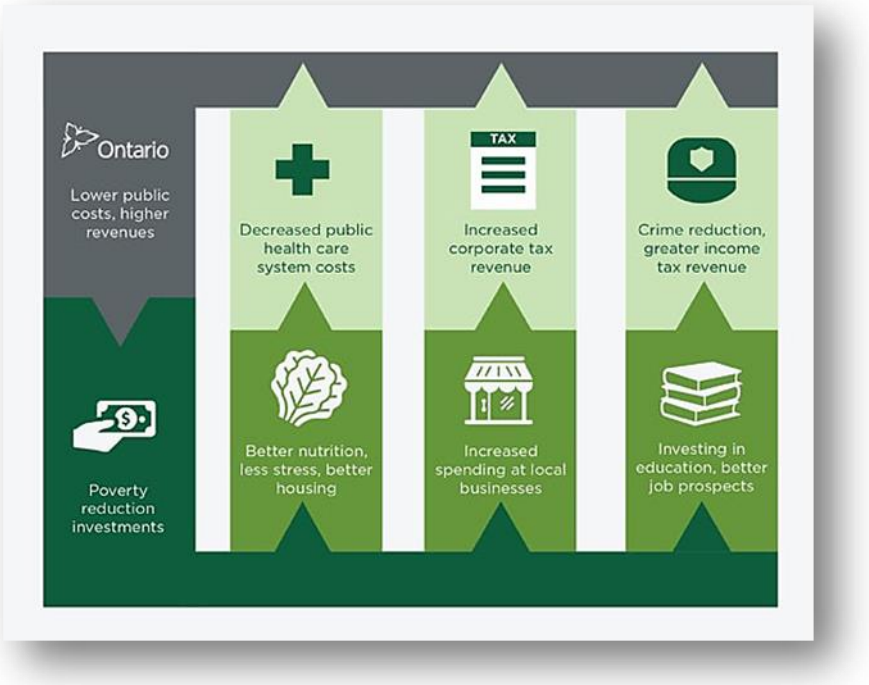
Poverty is hunger, lack of safe and affordable housing, fear for the future and living one day at a time. Lack of money is about not being able to participate in recreational activities; not being able to send children on a day trip with their schoolmates or to a birthday party; not being able to pay for medications for an illness or dental bills.

Poverty is a call to action so that many more may have enough to eat, have adequate shelter, have access to education and health care, are protected from violence and have a say in what happens in our communities.

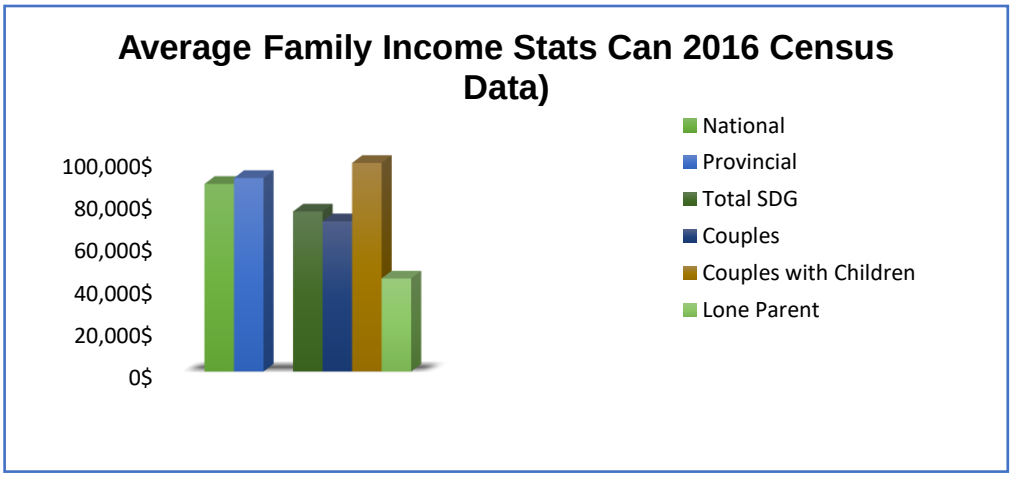
The local Cornwall Food Bank (Agape Centre) serves approximately 1200 people monthly.

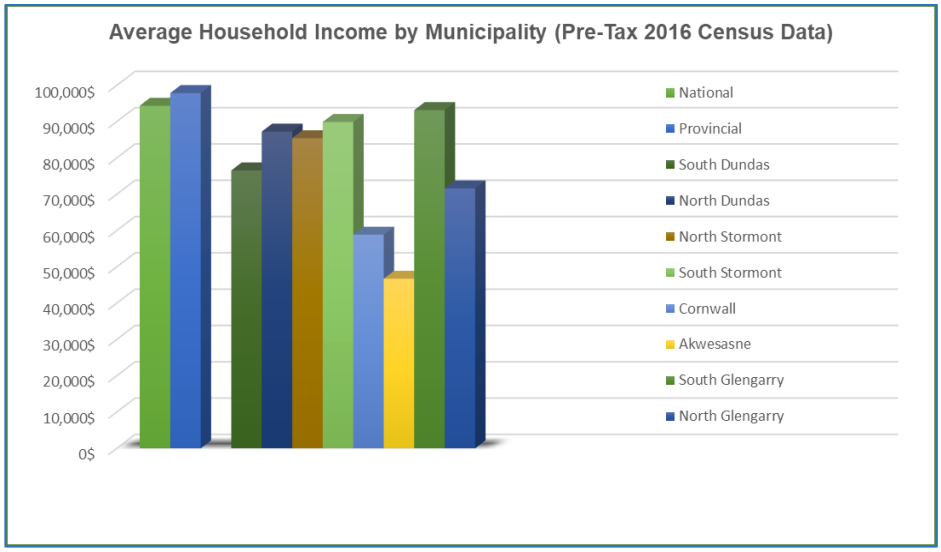
The soup kitchen provides an average of 165 lunches, Monday to Friday. About 38% of the people served are children. While 10% are senior citizens.

According to the analysis conducted by Feed Ontario – Cost of Poverty in 2019 is conservatively estimated at **$27-$33 Billion** per year. This report looks at program costs associated with low income individuals and includes the loss of tax revenue and the increased health and justice system expenses incurred by maintaining people in poverty.




Statistics Canada's Low Income Cut-Off (LICO) is most often used to measure poverty. This is unofficially referred to as "the poverty line." The LICO defines an income threshold below which a family is likely to spend significantly more of its income on food, shelter and clothing than the average family.






Many people with low income and/or disabilities rely on social assistance as their primary source of income yet rates are significantly lower than what is needed to cover the cost of basic necessities, such as food, clothing, and housing.

### Canadian Mental Health Association Poverty Stats and Facts[v]

| |
|---|
| • 1 in 5 Ontarians within a given year experience mental illness *(Offord, 1996)* |
| • 35% of ODSP clients have a mental illness *(Ontario, Ministry of Community and Social Services, 2006)* |
| • 21% of persons with disabilities in Ontario live in poverty *(Canadian Council on Social Development, Urban Poverty Data)* |
| • Ontario is the province with the largest share of food bank recipients: 330,491 *(Hunger Counts, 2006)* |
| • 1 in 5 people with a disability work for low pay *(Statistics Canada, 2001 Census)* |

| POVERTY ACTION PLAN |
|---|
| **THEMES & STRATEGIES:** |
| 1. Advocate for changes within the system. (Living wages, affordable tuition, personalized social services, etc.) |
| Advocate for free or affordable tuition and basic needs such as transportation and nutritious food. |
| Advocate for the ability to save and build equity while on social assistance and for more discretion or flexibility for case workers. |
| Create a campaign that encourages employers to pay a living wage. |
| Create a client-centered service which respects and appreciates individual differences. |
| 2. Promote continued and adult education. (Literacy, skills training, career navigation, etc.) |
| Advocate for affordable education and trades training. |
| Create a community with a culture of volunteerism and giving back. Volunteering provides more opportunity for people to build qualifications and experiences for work. |
| Encourage more interactive and accessible education that meet people's needs and is offered in diverse learning styles. |
| Explore creating an education resource list. One location that promotes all adult education options from literacy to university. |
| Offer adult guidance counselling and mentorship to support educational goals and career changes. |
| Promote and expand existing literacy training and employment preparation programs. |
| 3. Create support programs for the working poor. |
| Engage with existing agencies and people with lived experience to identify the gaps of services offered to working people living in poverty. |
| Work as a collective to find solutions to these gaps |
| 4. Increase in initiatives for prevention, specifically focused on children and youth. |
| Create and deliver life skills workshops. (Food prep, budget, laundry, sex education, independence, financial literacy, good consumer practices, resiliency etc.) |
| Create prevention and mentorship programs that can break the cycle of poverty. (Employment preparation, career navigation, labour market etc) |
| Encourage more supports to children in school with homework help, breakfast/snack programs and more |
| 5. Address issues related to housing and homelessness. |
| Advocate for more supportive housing for those with mental health illnesses, disabilities or other health needs. |
| Ensure we have adequate social housing for low-income families and individuals and ensure no one is without a home. |

| | |
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| 6. | Establish opportunities to connect and gather. (Feel part of a community) |
| | Encourage and create group activities, outdoor gathering and block parties that give people the opportunity to share a meal and socialize. |
| | Plan free or affordable outdoor activities for youth, families and adults like recreation programs, summer camps etc. |
| | Work with municipalities to create and enhance public infrastructure and green space that supports a healthy community that is friendly for all including youth and seniors. |
| | Work with municipalities to create bicycle friendly and walkable communities for all ages and abilities. |
| 7. | Offer training and education on the reality of poverty. (Break the stigma, link to mental health, etc.) |
| | Offer workshops on the reality of poverty to remove the stigma that is often associated with living below the poverty line. |
| | Provide information to employers on the reality of poverty and the barriers it may cause employees. |
| 8. | Expand availability and access to services. (Free internet access, more rural services, online services, etc.) |
| | Evaluate the feasibility of offering online and phone services such as telemedicine, e-Counselling, video consultation, services by text or social media, and online support groups. |
| | Work with local service providers to identify opportunities to ensure their services are more accessible such as flexible hours, free or affordable transportation, and more rural service offering. |
| | Encourage municipalities and institutions to provide free internet access to ensure there are no barriers to accessing services. |
| 9. | Enhance awareness and navigation of existing services including volunteer opportunities. |
| | Create a central community telephone line, app and/or website that can provide information and navigation on all services offered in the region. |
| | Create a community with a culture of volunteerism and giving back. |
| | Implement a centralized coordination of care that includes more of the necessary people in the circle of care. |
| | Provide better awareness of the many existing local resources to ensure residents are accessing the services they need. |
| 10. | Prevent the duplication of service and coordinate better care for our community. |
| | Create a community hub: Engage multiple community agencies to create a one-stop shop with a diverse offering of services. |
| | Limit duplication of services and support more community partnerships with a cohesive communication strategy that encourages better links between programs and services. |

Provide system navigation services that includes better triage and referral that will ensure individuals are accessing the right services.

# Poverty – Community Assets/Action Tables

### Vibrant Communities:

Vibrant Communities has begun the process of providing a program called Circles® which is a supportive, intentional, reciprocal, befriending relationship comprised of a Circle Leader, a family working to get out of poverty, and two to four community Allies, middle class people who are willing to befriend the family and support their way out of poverty.

Vibrant Communities (VC) is a collective impact process led by The Social Development Council of Cornwall and Area which is a poverty reduction strategy. It uses the Tamarack model for Collective Impact. In early 2018 the SDC began engaging 100 policy makers, healthcare workers, non-profit professionals, business owners, people with lived experience and many more from across SDG, Akwesasne and Cornwall. VC has now grown to over 270 people from diverse backgrounds committed to creating more vibrant communities. The group is to assess the risks and find the main issues facing our communities. They will then take action collectively and address those major societal issues with a strong focus on prevention. Their 4 pillars determined by the community are Mental Health, Health Services, Poverty and Community Safety.

### Employability Network:

The Employability Network (EN) consists of members from several community agencies and institutions representing a cross-section of social, economic, educational and training sectors in the SD&G area. The EN's goal is to focus on bridging the gap to obtaining gainful and sustainable employment for the unemployed or working poor individuals and families in the community and surrounding areas. The Employability Network has also been working on Employer Education and has hosted several Employer Breakfasts focused on the local untapped workforce.

Since 2011, the Eastern Ontario Training Board (EOTB) has issued an annual report on the region's strategic activities promoting workforce development. Each year, community partners identify actions they will be undertaking to address five priorities focused on building a workforce that supports secure employment and economic growth. The release of Statistics Canada Census 2016 data provides the opportunity to assess our progress to date. Below is information from the *"EOTB Labour Market Report 2018-2020"*

**LABOUR MARKET STATS**

The included labour market supply and demand summary highlights statistical data from the 2016 Census, Canadian Taxfiler data (2016) and Statistics Canada Business Counts data released in June 2017.

**Labour Market Supply and Demand Highlights**[vi]

- Labour force participation in SDG fell below 60%. In Ontario, 64.7%.
- In SDG, more than 46% of the population age 25 to 64 do not have post-secondary education. Fewer than 15% do not have a secondary school diploma.
- Throughout the region, a greater percentage of the population age 25 to 64 has a College diploma or Trades Certificate as compared to Ontario. Fewer than 20% has a university credential compared to 34.3% in Ontario.
- During the period from June 2016 and June 2017, the number of businesses operating in SDG grew by 128 with the greatest increase in the Financial, Insurance, Real Estate sector and Repair and Household Services.
- There is a greater proportion of businesses operating in the Agriculture, Construction and Warehousing and Storage sectors regionally as compared to Ontario. There is also a greater percentage of the population working in these sectors locally as compared to Ontario.
- Occupationally, there are a greater percentage of individuals working in the Trades, Transport and Equipment Operators group as well as Natural Resources; Agriculture and Related Production Occupations as compared to Ontario.
- Employers are becoming increasingly concerned with the availability of workers locally. The number of local employers ranking worker availability as either "Excellent" or "Good" has fallen from 66.7% of respondents in 2015 to 34.8% in 2017.

Prevention is recognized as the key focus area for the overall well-being and safety of our community.

Community safety and wellness is everyone's responsibility.

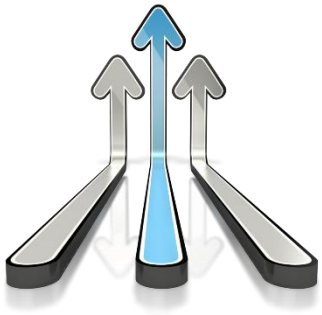
## Community Safety:

Police enforcement and crime suppression are vital components to restore community safety. We need a coordinated effort from many partners to ensure a safe, healthy and vibrant community.

It will take more than policy and policing to promote safety and reduce crime over time. It must include a collaborative approach to education, prevention, and intervention. Successful prevention strategies complemented with enforcement measures toward this safety goal. Our communities working together to identify and meet our needs in each of these identified focus areas is how we hope to reach our vision of community safety.
Police-reported crime in Canada, as measured by the Crime Severity Index (CSI), increased for the fourth consecutive year in 2018. The CSI increased 2% from 73.6 in 2017 to 75.0 in 2018, but the index was 17% lower in 2018 than a decade earlier in 2008.

Locally we are seeing similar increases in crime rates.

| Ontario Total Criminal Code violations (excluding traffic) | | | | | |
|---|---|---|---|---|---|
| **Statistics** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **Actual incidents** | 483,294 | 489,753 | 508,169 | 542,245 | 589,074 |
| **% change in rate** | -3.72 | +0.67 | +2.50 | +5.22 | +6.73 |



Ontario's Mobilization & Engagement Model for Community Policing emphasizes having all community members and human services agencies to contribute through social development to keep neighbourhoods safe, secure, and healthy.

Excellent work in regards to community safety is already underway in our region with its unique geographical challenges. We need to maximize these efficiencies and the impact of that work.

Many have proposed a Hub or network as a way to efficiently bring together a group of agencies including police, social workers, educators, public health workers and others to tackle crime before it occurs.

Funding to meet increasing community safety needs is limited, and like many communities, are being called upon to be creative and resourceful in our approach to meet community safety challenges.

| COMMUNITY SAFETY THEMES & STRATEGIES: | |
|---|---|
| 1. | Expand prevention and early intervention programs that address crime, abuse, drug use and other community safety issues especially for at-risk youth. |
| | Create and implement crime and abuse prevention program for those at risk of offending. |
| | Promote health and wellness activities. |
| | Revive the neighbourhood watch programs. |
| | Run a safety education campaign for social media. |
| 2. | Examine property standards to address abandoned properties and poor housing conditions. |
| | Work with municipalities to focus on increasing the stock of safe and adequate housing. |
| 3. | Provide opportunities to connect and gather, break the feeling of isolation, and feel safe in your neighbourhood. |
| | Create a community with a culture of volunteerism and giving back. |
| | Create more programs for seniors living in isolation such as home visits and check-ins, a call-a-day, aging in place, and supportive home care programs. |
| | Encourage and create group activities, outdoor gathering and block parties that give people the opportunity to share a meal and socialize. |
| | Plan free or affordable outdoor activities for youth, families and adults like recreation programs, summer camps etc. |
| | Work with municipalities to create and enhance public infrastructure and green space that supports a healthy community that is friendly for all including youth and seniors. |
| | Work with municipalities to create/enhance bicycle friendly and walkable communities for all ages and abilities. |
| 4. | Enhance awareness and promote existing service within the Police, Fire, Paramedic services. |
| | Create a central community telephone line, app and/or website that can provide information and navigation on all services offered in the region. |
| | Organize community events to engage residents and youth to meet our emergency teams and build trust for public safety agencies. |
| | Provide better awareness of the many existing local resources to ensure residents are accessing the services they need. |
| 5. | Initiate a Community Emergency Resource Fund to support families in financial crisis. |
| | Create a community fund that would be distributed by our emergency services when a family or an individual is in crisis. (Fire, theft, etc). |
| 6. | Build community pride and foster personal responsibility. |
| | Create positive communication strategy about our communities that foster pride and personal responsibility. |

| | |
|---|---|
| | Find community Champions to lead positivity campaigns that spotlight programs and people in our community. |
| 7. | Encourage more public input into the new development or re-development of infrastructure. (Parks, buildings, bicycle paths, pedestrian-friendly space, etc.) |
| | Ensure municipalities are engaging in public input for all levels of development be it to build infrastructure or green space. |
| | Work with municipalities to create/enhance bicycle friendly and walkable communities for all ages and abilities. |
| 8. | Offer education and awareness of online risks. |
| | Create educational material on cyber-crime. |
| | Educate parents and guardians on the reality and the risks of social media. |
| 9. | Prevent the duplication of service and coordinate better care for our community. |
| | Continue to collect good and usable statistics and data for our region. |
| | Create a community hub: Engage multiple community agencies to create a one-stop shop with a diverse offering of services. |
| | Limit duplication of services and support more community partnerships with a cohesive communication strategy that encourages better links between programs and services. |
| | Provide system navigation services that includes better triage and referral that will ensure individuals are accessing the right services. |
| | Support firefighters home visit assessments to identify households in need. |

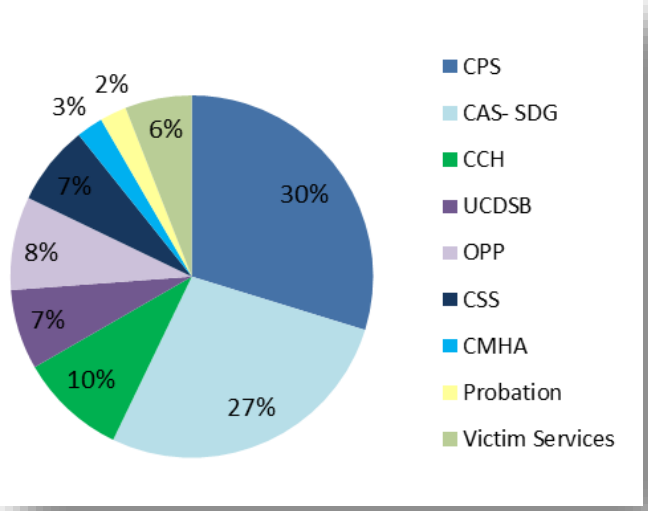
While the originating agency is responsible for planning the referral and bringing the situation(s) to the table, it is the responsibility of one of the participating agencies to act as a lead.

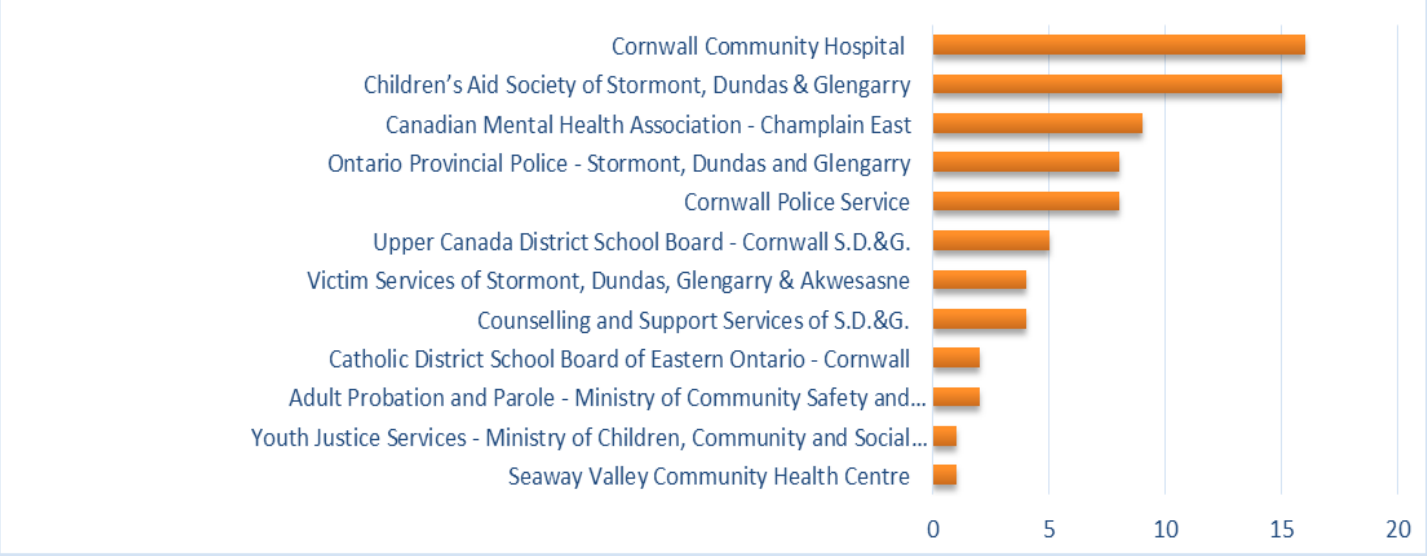
The lead agency will ensure the intervention/plan is being met and followed, communicate with the other agencies involved in the intervention, and report back to the Situation Table at the following meeting.

## Community Safety Assets/Action Tables

### The CSDG (Cornwall, Stormont, Dundas and Glengarry) Situation Table:

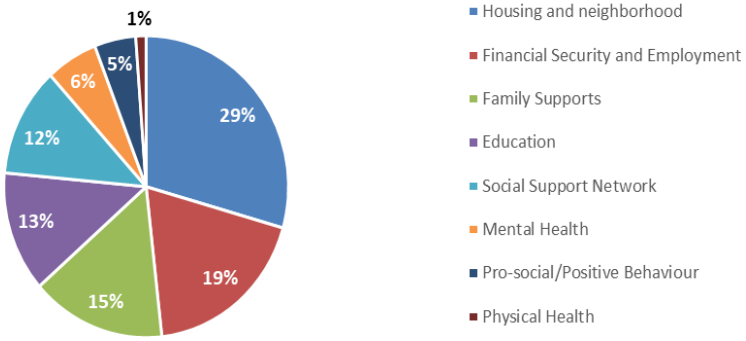
Launched in May 2017 is composed of 33 frontline, acute care and social service agencies that meet weekly and work collaboratively to provide wrap-around support for individuals/families who meet a defined threshold of "acutely elevated risk". The CSDG Situation Table works to mitigate the risks rather than wait for a harmful incident that would require an emergency response, all while protecting the privacy of the people being assisted. Most "situations" concern a single individual, a family, or a group of people affected by multiple risk factors, including mental health issues, domestic conflict, addictions and homelessness.



## PROTECTIVE FACTORS:

Protective factors are defined as positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families and communities, thereby increasing personal and/or community safety and well-being. The following protective factor groupings have been identified in situations. As indicated below, housing and neighborhood is a protective factor that is most frequently seen in cases brought forward to the table.



CANAA's mission is to take action against abuse by networking and proactive community engagement. Their values are: Respect, Trust, Honesty, Integrity, and Diversity.

### Community Action Network Against Abuse (CANAA):

The Community Action Network Against Abuse is a network of service providers and people from the communities of Stormont, Dundas, Glengarry and Akwesasne who work together to end abuse. They meet regularly to discuss and plan community initiatives against abuse. Their vision is of a community taking action against abuse.

### VSMART (Vulnerable Sector Mobile Acute Response Team)

The Cornwall Police Service is working in partnership with the Cornwall Community Hospital Mental Health Crisis Team to provide specialized rapid response to individuals in distress during crisis situations. The goal is to increase effectiveness, provide early intervention, to reduce admission/incarceration whenever possible and to facilitate the most optimal outcome of the situation.

STEP 4

## Next Steps: Implementation:

Social Development Council of Cornwall & area "building stronger communities" | Conseil de developpement social de Cornwall et de la region "renforcer les communautés"

The Social Development Council of Cornwall and Area has agreed to take the lead on developing an implementation plan in partnership with the Vibrant Communities working group members from each of the four pillars – Mental Health, Health Services, Poverty and Community Safety. Their next steps will be to:

- Develop an executive summary for translation.
- Research funding sources to support implementation strategies for operational support and resources.
- Working group members will review, refine or reaffirm the outcomes, strategies and measures within the Plan while keeping a focus on Social Development, Prevention, Risk Intervention and Incident Response.

# Appendix A – Advisory Committee Terms of Reference

## Background:

On January 1, 2019, the Government of Ontario mandated municipalities to prepare and adopt a Community Safety and Well-Being plan (CSWB) by December 31, 2020.

As part of these legislative changes, municipalities are required to work in partnership with police services, health/mental health, education, community/social services and children/youth services as they undertake the planning process.

## Goal:

To achieve the ideal state of a sustainable community where everyone is safe, has a sense of belonging, access to services and where individuals and families are able to meet their needs for education, health care, food, housing, income and social and cultural expression.

## Responsibilities of the Advisory Committee:

The main role of the advisory committee is to bring various sectors' perspectives together to provide strategic advice and direction to the municipality on the development and implementation of their CSWB plan.

Multi-sectoral collaboration is a key factor to successful CSWB planning, as it ensures an integrated approach to identifying and addressing local priorities. An ideal committee member should have enough knowledge about their respective sector to identify where potential gaps or duplication in services exist and where linkages could occur with other sectors. The committee member(s) should have knowledge and understanding of the other agencies and organizations within their sector, and be able to leverage their expertise if required.

## Membership:

Member agencies/organizations and community members recruited to the advisory committee should be reflective of the diverse make-up of the community and should have:

- Knowledge/information about the risks and vulnerable populations in the community;
- Lived experience with risk factors or part of a vulnerable group in the community;
- Understanding of protective factors needed to address those risks;
- Experience developing effective partnerships in the community;
- Experience with ensuring equity, inclusion and accessibility in their initiatives; and
- A proven track record advocating for the interests of vulnerable populations.

Individual members will ideally have the authority to make decisions on behalf of their respective agencies/organizations regarding resources and priorities, or will be empowered to do so for the purposes of developing the plan.

Advisory committees should, at a minimum, consist of the following representation:

- An employee of the municipality or First Nations community;
- A person who represents the education sector;
- A person who represents the health/mental health sector;
- A person who represents the community/social services sector;
- A person who represents the children/youth services sector;
- A person who represents an entity that provides custodial services to children/youth;
- A person who represents the police service board or a Police Chief or Detachment Commander.

As this is the minimum requirement, municipalities have the discretion to include additional representatives from key agencies/organizations on the advisory committee if needed. The term of appointment is not fixed, it is based on the date that Cornwall Council approves the developed Community Safety and Well-Being Plan. The Chair will be selected from the members of the Advisory Committee.

## RESPONSIBILITIES OF THE CHAIR – VICE CHAIR:

- Sets the agenda with the Project Coordinator for each meeting.
- Clarifies and summarizes what is happening throughout each meeting.
- Keeps the meeting moving by putting time limits on agenda items and tries to keep all meetings to two hours.
- Encourages broad participation from members in discussion by calling on different people.
- Ends each meeting with a summary of decisions and assignments.
- Follows up with consistently absent members to determine if they wish to discontinue membership.

- Finds replacements for members who discontinue participation.

Should the Chair be unable to attend a meeting, the Vice Chair will serve as Committee Chair.

## Responsibilities of Advisory Committee Members:

- Understands the goals, objectives and desired outcomes of the project.
- Understands and represents the interests of their respective departments, organizations or reference groups.
- Acts on opportunities to communicate positively about the project.
- Checks that the project is aligned with the Project Goal.
- Actively participates in meetings through attendance, discussion, and review of minutes, papers and other documents.
- Supports open discussion and debate, and encourages fellow Committee members to voice their insights.

## Responsibilities of the Coordinator:

- Recruiting the appropriate agencies/organizations and individuals to become members of an advisory committee. This should include multi-sectoral representation and people with knowledge and experience in responding to the needs of community members.
- Planning and coordinating advisory committee meetings.
- Participating on the advisory committee and ensuring the advisory committee decisions are acted upon.
- Creating the Project Identity and Communications Plan.
- Coordinating and hosting community engagement events to confirm draft priorities and to enhance collaboration and 'ownership' amongst stakeholders.
- Identifying risks based on statistical data and information collected through multiple sources including public interviews/focus groups.
- Preparing documents for the advisory committee (e.g., terms of reference, logic model(s), and the plan).
- Receiving and responding to requests for information about the plan.
- Ensuring the plan is made publicly available.
- Preparing and reviewing draft Community Safety and Well-Being Plan with stakeholders.
- Submitting the final CSWB Plan to the city of Cornwall Council for adoption, distribution and implementation.
- Performing related administrative tasks such as report preparation and other tasks as agreed upon.

## QUORUM AND DECISION-MAKING – ADVISORY COMMITTEE & WORKING GROUP

### Quorum:

A minimum number of **50%** of the Members is required for decision-making purposes.

### Decision-making Process:

If a vote is requested then it requires support from the majority (50%+1) of members who attend the meeting.

### Frequency of Meetings:

Meetings will be held bi-monthly on a regular schedule or as required by the call of the Chair.

### Agenda, Minutes, and Decision Papers:

A package will be sent to members electronically via email three to five business days in advance of a meeting. This package will include the following:

- Agenda for upcoming meeting
- Minutes of previous meeting
- A progress report for the project
- Any other documents/information to be considered at the meeting

# Appendix B – Advisory Committee Membership List

| SECTOR | MEMBER |
|---|---|
| Municipal reps & First Nations community; | Syd Gardiner, Cornwall City Councillor (Chair)<br>sgardiner55@cogeco.ca<br>Tel: 343-370-6251 |
| | Chief Abram Benedict, Grand Chief Mohawk Council of Akwesasne; abram.benedict@akwesasne.ca<br>Chief Darryl Lazore alternate |
| | Carma Williams United Counties Representative - North Glengarry Township Deputy Mayor (Vice-Chair)<br>carmawilliams@northglengarry.ca |
| Education sector: | Todd Lalonde<br>Chair - Catholic District School Board of Eastern Ontario<br>Todd.Lalonde@cdsbeo.on.ca |
| | Don Lewis, Upper Canada Dist. School Board<br>Principal of Safe Schools 1-800-267-7131, ext. 1225<br>don.lewis@ucdsb.on.ca |
| | Yvan Pilon, Chef en sécurité, CSDCEO (alt. Sandra Barette)<br>613-443-7373<br>yvan.pilon@csdceo.org |
| Health/mental health sector: | Joanne Ledoux-Moshonas<br>Canadian Mental Health Assoc. Executive Director<br>613-933-5845 ext 223 moshonasj@cmha-east.on.ca |
| | Christine Penney, VP Community Programs<br>Cornwall Community Hospital (613) 938-4240<br>Christine.penney@cornwallhospital.ca |
| | Patti Gauley, Director of Health Promotion and Prevention<br>Eastern Ontario Health Unit, (613) 933-1375<br>pgauley@eohu.ca |
| Community/social services sector & children/youth services sector: | Stacey Ferguson<br>Municipal Manager, Social and Housing Services Tel: 613-933-6282 x 3208 sferguson@cornwall.ca |
| | Farhana Meghji, Director of Community Support & Clinical Services, Counselling and Support Services<br>fmeghji@css-sdg.ca 613-932-4610 ext. 147 |
| Custodial services to children/youth: | Rachel Daigneault<br>Children's Aid Society SDG Telephone: 613-938-5200<br>Rachel.daigneault@cwcas.ca |
| | Dan O'Rourke, Executive Director, Laurencrest<br>dan.orourke@laurencrest.ca 613-933-6362 |

| | |
|---|---|
| Cornwall Police Services Board: | Ms. Martha Woods Eastern Ontario Training Board<br>Work: 613-932-0210 Cell: 613-936-3790<br>Email: martha@eotb-cfeo.on.ca |
| Cornwall Police Service: | Danny Aikman M.O.M.<br>Chief of Cornwall Police Service<br>aikman.d@cornwallpolice.com<br>office (613)933-5000 x 2421 |
| | Shawna Spowart, Deputy Chief Cornwall Police Service<br>Spowart.s@cornwallpolice.com<br>office (613)933-5000 x 2753 |
| Ontario Provincial Police: | Mike Mulhearn (alt. Charlene Davidson), OPP Detachment Commander SDG<br>michael.mulhearn@opp.ca |
| Community | Juliette Labossiere, Executive Director, United Way SDG<br>juliette@unitedwaysdg.com |

**Resource Members:**

| | |
|---|---|
| Community Safety and Well-Being Project | Carmen Cousineau, Project Coordinator<br>Cousineau.c@cornwallpolice.com<br>613-330-7213<br><br>Insp. David Michaud, Cornwall Police Service<br>Michaud.d@cornwallpolice.com<br>613-933-5000 ext. 2740 |
| Vibrant Communities | Carilyne Hébert, Executive Director<br>Social Development Council of Cornwall and Area<br>chebert@sdccornwall.ca 613-930-0211<br><br>Karen Roundpoint, Public Health Nurse<br>Eastern Ontario Health Unit, kroundpoint@eohu.ca<br>613-933-1375 |

# Appendix C – Vibrant Community Roundtable Survey

The Vibrant Community Roundtable is a project that brings together various community members from all walks of life representing Akwesasne, Cornwall and the United Counties of Stormont, Dundas and Glengarry. Community members include government representatives, individuals from business, non-profit and interfaith sectors along with individual community members who have lived experience dealing with poverty or have faced adversity.

Our purpose is to engage in discussion regarding how to address complex societal issues like poverty and community livability. The ultimate goal is to form a group that will work together to build a healthier and more vibrant community for all.

We are asking for your help in developing our Common Agenda and determining our main focus. This survey is the next step in building a vibrant community.
If you would like to join the Vibrant Community Roundtable please contact Carilyne Hebert at chebert@sdccornwall.ca / 613-703-7563 or Karen Roundpoint at kroundpoint@eohu.ca /: 613-933-1375 ext. 249

What option below best represents your situation?

| |
|---|
| I am a business owner or work in the for-profit industry. |
| I work or volunteer in the non-profit sector. |
| I work in the health care sector. |
| I am a government representative. |
| I am an individual member of this community with lived experience. (I have faced challenges such as poverty, injustice, or abuse etc) |
| Other |

What community do you live in?

| |
|---|
| Akwesasne |
| Cornwall |
| Stormont |
| Dundas |
| Glengarry |
| Other |

What 3 issues from the list below are most important to you?

| |
|---|
| Abuse |
| Access to Food (Including Food literacy) |
| Access to Health Services |

| |
|---|
| Access to Services (ex: Counselling, Legal Aid, Literacy, Etc) |
| Addictions |
| Community Safety (Policing) |
| Early Childhood Development |
| Education |
| Environment |
| Poverty - Financial Stability |
| Safe Housing |
| Support Networks |
| Transportation |
| Mental Health |
| Other |

Reflecting on your community, what 2 areas should be the focus to build a more vibrant community?

| |
|---|
| Access to Physical Activity |
| Reducing Social Isolation |
| Focus on Environment/Green Space |
| Increase Arts & Culture |
| Development of Children and Youth |
| Jobs & Poverty Issues |
| Other |

[i] Community Safety and Well-Being Planning Framework – A Shared Commitment in Ontario, Queen's Printer for Ontario 2019

[ii] Community Safety and Well-Being Planning Framework – A Shared Commitment in Ontario, Queen's Printer for Ontario 2019

[iii] "Taking Stock" - Report on the quality of mental health and addictions services in Ontario Brien S, Grenier L, Kapral M.E., Kurdyak P, Vigod S. Taking Stock: A Report on the Quality of Mental Health and Addictions Services in Ontario. An HQO/ICES Report. Toronto, Health Quality Ontario and Institute for Clinical Evaluative Sciences; 2015.

[iv] https://www.fraserinstitute.org/article/canadas-doctor-shortage-will-only-worsen-in-the-coming-decade, Nadeem Esmail, Senior Fellow, Fraser Institute

[v] https://ontario.cmha.ca/documents/poverty-and-mental-illness/ - Fast Facts

[vi] Eastern Ontario Training Board – Local Labour Market Report 2018-2020 https://eotb-cfeo.on.ca/projects/