

INFORMATION LIST #10-20

October 6, 2020

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From: Matthew Anderson, President and CEO

Date: September 9, 2020

Re: Ontario Health's Operating Model: Patient Perspective and Integrated Top-Line
Organizational Structure

To All Team Members at Ontario Health,

Together with the Ministry of Health, we have made great progress in establishing Ontario Health, working with our partners to support the government in building a modern, connected and sustainable public health system. We have begun to demonstrate what a single, integrated, provincial agency can accomplish - which includes the work to address the unprecedented challenges of COVID-19.

Across Ontario Health, team members continue to step up to respond with collective expertise, skilled resources, innovative solutions, digital programs, and a dedicated focus on helping people and communities. Thank you again, to each of you, for all that you do in support of Ontarians receiving the best possible care.

The [July 2020 Mandate Letter from the Minister of Health](#) sets the clear expectation that Ontario Health bring together a unified "single team" to "execute the government's strategy, oversee health care delivery, improve clinical guidance, and extend and strengthen quality and performance improvement capacities across the continuum of care." As an agency of the Government of Ontario, Ontario Health has been mandated to connect and coordinate our province's health care system in ways that have not been done before.

Over the past seven months, I have heard from many of you, and from system users and caregivers, our health system partners, and other stakeholders about ways Ontario Health can support better health outcomes, Ontarians' health care experiences, provider experiences and value for health care dollars spent. The time is now to build on our work and take the next steps toward creating the "one Ontario Health" we aspire to be.

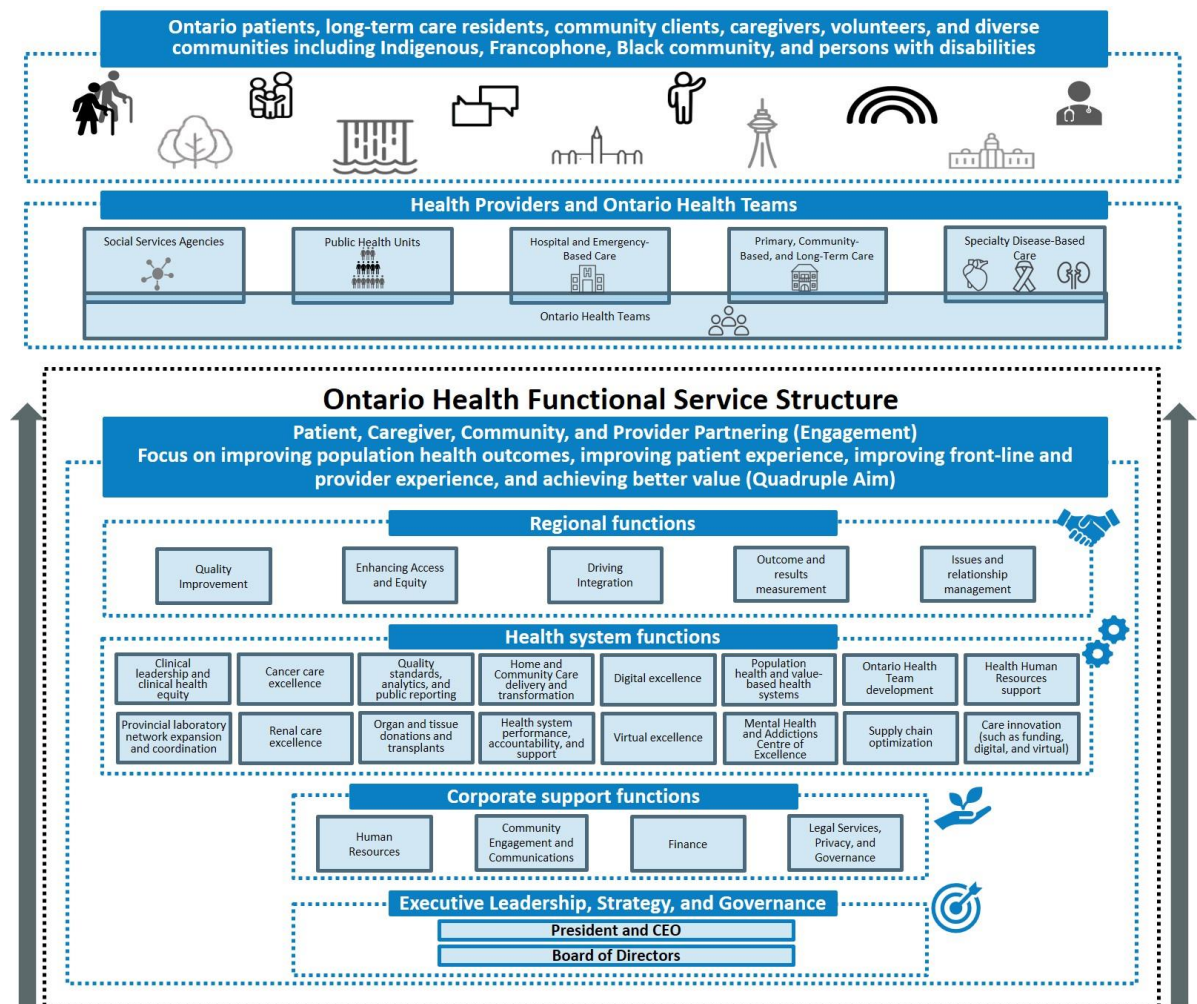
I am pleased to share with you today our new Operating Model and Integrated Top-Line Organizational Structure which has been designed to reflect the perspectives of all whom we serve – Ontario patients, long-term care residents, community clients, caregivers, volunteers, and diverse communities including Indigenous, Francophone, the Black community and persons with disabilities.

New Operating Model: Patient Perspective

First and foremost, our Operating Model starts with whom we serve – patients, residents, clients, caregivers, and diverse communities. It reflects as well all whom we support - front-line workers, health professionals, health care and service organizations and others across multiple care delivery channels.

It also is grounded in the Quadruple Aim which calls for improving population health outcomes, improving patient / resident / client experience, improving front-line and provider experience, and achieving better value. And, it reflects all that we have been mandated to do.

We've seen that when we integrate our efforts, apply clinical expertise across programs, and leverage our capabilities and digital infrastructure, we achieve tangible results with our partners in effective and timely ways. Our Operating Model is designed to reflect and help bring to life this vision and those efforts even more, and to be focused on a common people-centred purpose to improve health experiences and outcomes.



Ontario Health Operating Model

Integrated Top-Line Organizational Structure

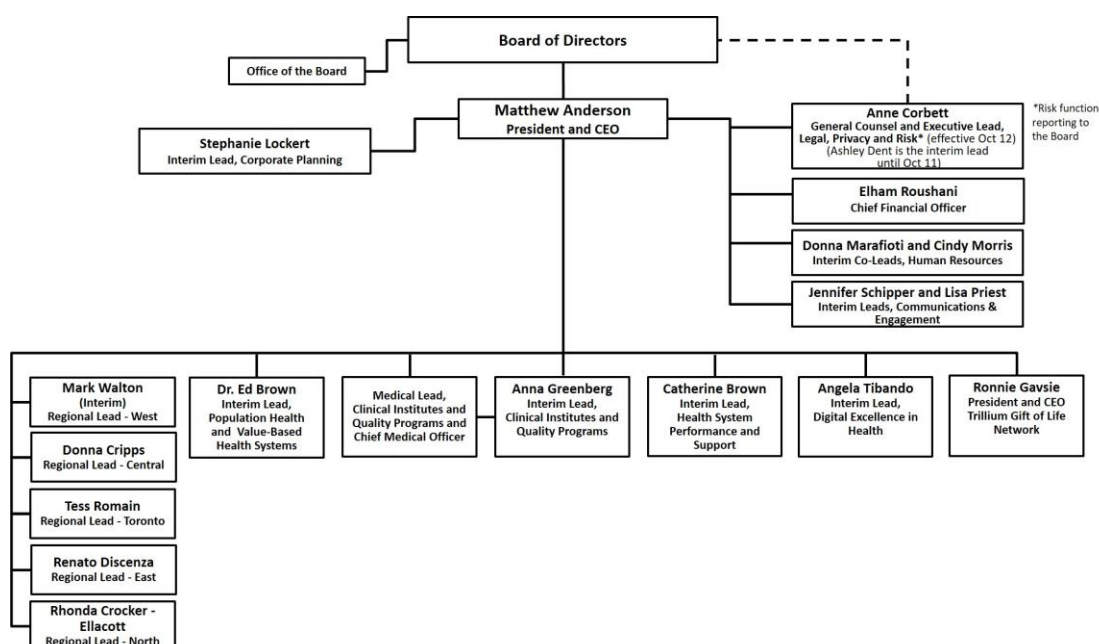
This Operating Model is our framework for the evolution and integration of Ontario Health. It also lays the foundation for how to build our integrated top-line organizational structure that will be realigned to reflect the following three portfolio buckets, effective September 29:

- **Regional Portfolios** will be our ‘front door’ to communities and people across the province. All LHIN team members will continue their very important roles working with their Regional Leaders in the North, Central, Toronto, East, and West to coordinate and deliver home and community care; to support local planning and efforts via quality improvement, enhancing access and equity, driving integration, and issues and relationship management; and to plan for and support COVID-19 local response efforts. The regions will also continue to work with Ontarians, their families and caregivers and diverse communities to learn from them so that we better understand their needs and priorities, and how to improve their care experiences and health outcomes.
- **Health System Portfolios** will develop and deliver programs and functions to improve clinical guidance and support for health care providers, enable quality care for Ontarians, and provide effective oversight across the health care system. Each health system portfolio below is a key area within our mandate where we are already delivering proven leadership and expertise. Uniting and integrating the many people and programs across Ontario Health doing this work will enable us to leverage our experiences and capabilities for greater impact.
 - *Population Health and Value-Based Health Systems:* This health system portfolio will reflect our collective commitment to the overall health of the population; to the equitable distribution of health regardless of ethnicity, income or place of residence; to improved experiences for both system users and health care providers; and to a high-performing health system that is defined by common values.
 - *Clinical Institutes and Quality Programs:* This portfolio will include advancing evidence-based clinical excellence; setting standards that drive appropriate levels of consistency; supporting integration and equity across the system; and enabling the delivery of quality care and positive health outcomes through the dissemination of evidence and improvement programs. And to ensure appropriate clinical expertise and operational leadership, we are establishing a dyad (dual) leadership model comprised of a medical director and portfolio lead.
 - *Health System Performance and Support:* Here, we will focus our efforts on supporting health system performance in ways that are relevant to Ontarians’ and provider experiences, in ways that are useful and actionable, and in ways that hold people and institutions accountable, while driving improvement and providing information to make informed decisions – because advancement rests on the best available data and evidence.
 - *Digital Excellence in Health:* In this portfolio, our focus will be on embedding a digital first approach across the system including e-innovations to connect the system to achieve better health outcomes and value, and putting systems in place so clinicians can securely share health records within circles of care.

- **Corporate Portfolios** will be responsible for supporting Ontario Health with strategic advice, support and corporate services in an efficient and effective manner:
 - Legal, Privacy and Risk
 - Finance
 - Human Resources
 - Communications and Engagement
 - Corporate Planning

The Trillium Gift of Life Network continues to function within its current structure until we have more information about the plans for their transformation into Ontario Health.

The goal of this organizational structure is to be the footing to support us as we work with our partners to anticipate and respond to issues and priorities that arise; to connect and coordinate our province's health system in ways that have not been done before; to operate more effectively; and to create opportunities for personal and professional growth for our people.



Ontario Health Integrated Top-Line Organizational Structure, as of September 29, 2020

Senior Leadership Team (Interim)

In the organizational structure above, you also will see the appointment of the Interim Senior Leadership Team, who will assume their roles on September 29.

In lead up, they will work with the current leaders on the executive team to plan for a smooth transition. Then, once in position, they will begin to work with their portfolio teams on the integration and organizational design for their respective areas.

In addition to the recruitments currently underway for the Chief Communications and Engagement Officer and Chief Human Resources Officer, there will be recruitment for the other executive roles, with open competition, to fill these positions permanently.

I also want to take this opportunity to extend my deepest appreciation to all of our past interim executive leaders. They have provided strong leadership and support to their respective areas and to Ontario Health overall and I am *very* grateful for their hard work, partnership and commitment. I know I can count on them to continue to support the important work of Ontario Health and for a smooth transition as we enter this next phase.

Moving to the New Structure

On September 29, all business unit team members who are part of Cancer Care Ontario, Digital Services, Quality, OTN, Shared Services and HealthForce Ontario will receive an email with a letter indicating which of the new Health System and Corporate portfolios they are realigned to and under whose interim executive leadership. To the greatest extent possible, programs, work teams and/or units will be moved intact.

For all realigned team members across all the portfolios, there will be no change to their terms and conditions of employment or work location. And except for a small number of people, there will be no change in reporting relationships as people are realigned. Plus, there will be no impact on bargaining unit members and all collective agreement terms and conditions will continue to remain in place. In addition, all legacy agency policies and related processes will continue to apply until further notice.

At this time, there are no changes to Regional and Trillium Gift of Life Network structures, people, programs or services. These team members are not being realigned and will not receive letters.

Business continuity, stability of our operations and taking care of our people are our top priorities during this transition. At this time, there is no change to any programs and services and to public-facing or service information contacts. Plus, public-facing programs including Cancer Care Ontario, the Ontario Renal Network, OTN, and the Mental Health and Addictions Centre of Excellence will maintain their specialized Ontario Health identities.

Still to come is our extensive clinical leadership advisory committee structure, as well as profiles for our advisory committees with patients, families, Indigenous, Francophone and other communities - because effective engagement is paramount to our success.

Also, we will continue to evolve through our ongoing inclusion, diversity and equity learnings and work, which is a priority across Ontario Health.

Next Steps

As Ontario Health has come together there have been many changes which may at times have felt unsettling, especially during COVID-19.

We have grown from a few people in our early days to thousands today and have been working hard to work “as one” even without the perfect structures in place.

The goal of the Operating Model based on the patient perspective and the Integrated Top-Line Organizational Structure is to lay a strong foundation for our next phase, to work as one integrated agency with one set of priorities to address the needs of the system with our partners and in consultation with the government. It will be an ongoing journey as we adapt, evolve, and work to achieve our exciting mandate and I want to assure you that we will do our best to support you throughout every step, together.

Thank you for your patience and highly skilled work, and for your unwavering commitment to our beloved health system and to the people of this province.

I look forward to all of us being together at tomorrow’s Ontario Health Town Hall, which is taking place at 1:00 p.m., and discussing further how things are unfolding.

Until then,

Matthew Anderson

Highlights from the September 9 Board of Trustees Meeting

Full details on presentations, reports and discussions can be found in the agenda or reviewed in the recorded broadcast.

September 11, 2020 (Brockville, ON) – Trustees with the [Upper Canada District School Board](#) (UCDSB) met virtually on Wednesday, September 9, 2020 for their first regular board meeting of the 2020-2021 school year. Trustees conducted the meeting in person at the Brockville Board Office, with the option for Trustees to call in, as is the usual practice.

Swearing in of 2020-2021 Student Trustees

Student Trustees Tain Hughes from [Smiths Falls District Collegiate Institute](#) and Jordan Evans from [Tagwi Secondary School](#) publicly signed and verbally stated their declaration and oath of allegiance. The documents were officially signed earlier this month.

Student Trustee Hughes will serve as the Chair of UCDSB Student Senate Meetings and Trustee Evans will serve as Vice-Chair. Their roles are equal, and they will share responsibilities in all areas in their new position as board members.

This is the first year that the UCDSB has more than one Student Trustee, following direction from the Ministry of Ontario that “the board shall have at least two but not more than three student trustees.”

Update from the Student Transportation of Eastern Ontario (STEO)

Janet Murray, General Manager and Chief Administrative Officer of STEO, and Marc Gosset, Operations Manager of STEO, updated trustees on transportation in the UCDSB.

The duo spoke on the STEO operational guidelines that have been communicated to all bus operators, vehicle capacity, staggered entry, personal protective equipment and driver supply. The full STEO COVID-19 Response Plan can be found on the [STEO website](#).

Municipal Donation to Centennial 67 Public School

Trustees approved a donation from the Port Authority of Johnstown and the Township of Edwardsburg Cardinal in the amount of \$15,500 toward the school outdoor play structure. The school council has been working with school administration and the Board to raise money to make these significant upgrades. A plaque will be placed in the school yard in recognition of their donation.

UCDSB Operational Update

UCDSB staff updated trustees and answered questions on school operations, remote learning models and current and anticipated COVID-19 expenditures.

As it stands today, the two emerging cost pressures for the 2020-2021 school year arise from the high level of interest in the asynchronous remote learning model at the elementary level, and a projected higher than normal sick leave utilization. Staff project these additional costs will amount to approximately \$19.4 million.

For media inquiries, please contact:

John McAllister
Chair
Upper Canada District School Board
613-213-4094

Stephen Sliwa
Director of Education
Upper Canada District School Board
communications@ucdsb.on.ca



MEDIA RELEASE

September 11, 2020

LCPS NAMES NEW DEPUTY CHIEF

Breanne Lapointe has been named the new Deputy Chief of the Lanark County Paramedic Service (LCPS), effective August 31, 2020.

Breanne has more than 14 years of experience as a Paramedic with Lanark County and other services. She joined LCPS as a Primary Care Paramedic in May 2006. During her career, Breanne has progressed to the position of Superintendent, and most recently, Acting Commander of Professional Standards.

"In addition to her experience with LCPS, Breanne's background as an Advanced Care Paramedic and Facilitator with the Regional Paramedic Program of Eastern Ontario makes her very well-suited for this position," notes Chief Travis Mellema. "Congratulations Breanne!"

Lanark County Paramedic Service (LCPS) is operated by Almonte General Hospital under contract with the County of Lanark. LCPS is the sole provider of emergency medical response within the County of Lanark – a service district encompassing 3,074 square kilometres with a population of approximately 70,000 people.

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Cutline: LCPS Deputy Chief Breanne Lapointe and Chief Travis Mellema

Media Contact:

Jane Adams

Communications Lead

Almonte General Hospital

613-729-4864

jane@brainstorm.nu



MEDIA RELEASE

September 14, 2020

PROVIDING PARENTS WITH ALL THE INFORMATION THEY NEED IN ONE PLACE

For generations, Almonte General Hospital (AGH) has been providing high quality Obstetrical care to families in our region and one thing is for sure – parents always have a lot of questions.

To support new families, Almonte General Hospital has introduced a new way to get information. Educational material can now be downloaded all in one place using a QR (Quick Response) code. Topics include everything from breastfeeding to newborn screening to community supports for new parents. The goal is to make the information easily accessible whenever it's needed on a tablet or phone.

“In the past, we have provided each Mom with a thick file folder full of reading material,” explains Lynn Heath, Manager, Obstetrics and Emergency. “We’ve now gone from more than 100 pages to just one that promotes the scannable QR code. It is much more convenient for our patients and we are saving quite a few trees!”

All the material is reviewed by AGH’s education team and updated as needed to remain current. Many of the sections also link to the latest information provided by Public Health. To access the QR code, visit www.almontegeneral.com/newparentinformation

AGH is the only rural hospital in this region providing a full range of low-risk obstetrical services, including 24/7 coverage by an obstetrician and pain management services. Our multidisciplinary team includes Obstetrician/Gynecologists, Family Physicians, Midwives, specially trained Nurses and Anesthetists. Our Diagnostic Imaging team offers a full range of advanced ultrasound services and patients can book ultrasound appointments by calling 613-256-2514 ext. 2114. For details, please visit our website at www.agh-fvm.com.

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Cutline: The QR code downloads all of the patient materials to one’s phone, tablet or computer.

Media Contact:

Jane Adams

Communications Lead

Almonte General Hospital

613-729-4864

jane@brainstorm.nu



September 15, 2020

Hon. Caroline Mulroney
5th Floor, 777 Bay St.
Toronto ON, M7A 1Z8

Dear Hon. Caroline Mulroney,

Please be advised that at the Regular Meeting of Council on August 24, 2020, the Council of Loyalist Township passed the following resolution:

Resolution No. 2020.33.11

Moved by: Councillor Porter

Seconded by: Councillor Townend

Whereas the Ontario government, in partnership with the federal government, is delivering on its commitment to provide up to \$4 billion in urgently needed one-time assistance to Ontario's 444 municipalities;

And Whereas in addition to the support for municipalities, the government is providing over \$660 million in the first phase of transit funding to the 110 municipalities with transit systems to provide immediate relief from transit pressures, such as lower ridership, as well as for new costs due to COVID-19, such as enhanced cleaning and masks for staff;

And Whereas in the second phase, additional allocations will be provided based on expenses incurred to ensure the funding meets the needs of municipalities;

And Whereas as part of the Safe Restart Agreement with the federal government, up to \$2 billion is being provided to support public transit in Ontario;

And Whereas Ontario Regulation 191/11 being the Integrated Accessibility Standards, which applies to every designated public sector organization including municipalities, establishes accessibility standards, including transportation and as such, recognizes ferries as a form of public transportation;

And Whereas many municipalities located along large bodies of water such as Lake Ontario, including the Township of Frontenac Islands and Loyalist Township, are only accessible by public ferries which are connecting links to mainland highways and roads and form part of Ontario's road systems, making them critical public services;

And Whereas due to the COVID-19 Pandemic and restrictions placed on ferry services by Transport Canada as well as public health guide lines, ferry transit, similar to conventional transit, has experienced reduced ridership, additional costs to cover increased sanitization and requirement for masks for ferry operators, and reduced revenue due to the inability to collect cash fares;

Therefore, Be It Resolved that Loyalist Township requests that the Ministry of Transportation support the Canadian Ferry Association's request that ferries be considered part of the local transit system and that lost revenue be eligible for reimbursement;

And Further That a portion of the (pandemic) Federal funds be allocated towards municipal transportation ferry revenue loss and ferry expenditures resulting from the pandemic;

And that this resolution be circulated to all Ontario municipalities.

Regards,

A handwritten signature in black ink, appearing to read "BTeeple".

Brandi Teeple
Deputy Clerk
Loyalist Township

cc. All Ontario Municipalities

90 Wollaston Lake Road
COE HILL, ON K0L 1P0
clerk@wollaston.ca
www.wollaston.ca



MAYOR: BARBARA SHAW
CLERK: BERNICE CROCKER
613-337-5731 (Phone)
613-337-5789 (Facsimile)

Info List 10-20 Item #6

September 16, 2020

**MINISTRY OF MUNICIPAL
AFFAIRS AND HOUSING**
17th Floor, 777 Bay street
TORONTO, ON
M7A 2J3

ATTN: THE HON. STEVE CLARK

Dear Minister Clark:

At a special meeting of council held on August 24, 2020, members discussed concerns regarding the 2018 municipal election.

In the last six weeks of the 2018 municipal election in Wollaston Township, seasonal property owners presented signed leases with family members for sleeping cabins, bunkies and sheds. The \$100.00 leases added a significant number of new non-resident electors to the voters' list.

Although concerns were raised regarding the Township's Comprehensive Zoning By-law and non-use of the standard lease form, the leases were used as eligibility, allowing the children of seasonal property owners access to a Township election for the first time.

Because this gave the appearance of a pay to play campaign, and because the leases were with family members, and because no people actually lived in these structures that lacked hydro, running water and washroom facilities, this was reported to the OPP, who have a duty to enforce the rules and regulations of the *Municipal Elections Act*.

The OPP did not proceed with charges because they said there was no case law.

The following Motion was adopted:

MOTION NO.: 03
MOVED BY: TIM CONLIN
SECONDED BY: DARLENE COLTON

BE IT RESOLVED, that the Council of Wollaston Township ask Minister of Municipal Affairs and Housing, the Hon, Steve Clark, to review the *Municipal Elections Act* and provide amendments to ensure that loopholes are closed on any pay to play schemes in rural communities where non-resident electors are permitted to participate in elections so that \$100.00 leases do not turn into ballots for garden sheds.

AND BE IT FURTHER RESOLVED, that the County of Wollaston Township ask the Minister of Municipal Affairs and Housing, the Hon. Steve Clark, to review the Municipal Elections Act and provide amendments to provide clearer, stronger wording, to assist municipal Clerks in addressing issues to allow for a more definitive decision to be made when adding names to the voters' list.

AND BE IT FURTHER RESOLVED, that Council of Wollaston Township ask the Minister of Municipal Affairs and Housing, the Hon. Steve Clark, to ensure that there is a clear and accessible way to report election fraud.

AND BE IT FURTHER RESOLVED, that Council of Wollaston Township ask the Minister of Municipal Affairs and Housing, the Hon. Steve Clark, to ensure that the rules described in the Municipal Elections Act are actually enforceable even if there is not current case law.

AND BE IT FURTHER RESOLVED, that support for this resolution be sent to Premier Doug Ford, Daryl Kramp, M.P.P. for Hastings-Lennox and Addington, all Ontario Municipalities and the Association of Municipalities of Ontario.

CARRIED

Should you have any questions or concerns regarding the above, do not hesitate to contact me.

Sincerely,



BERNICE CROCKER
Clerk/Administrator

cc. Premier Doug Ford, Daryl Kramp, M.P.P. for Hastings-Lennox and Addington, AMO and all Ontario Municipalities.

Ministre des Femmes et de l'Égalité des genres
et du Développement économique rural



Minister for Women and Gender Equality
and Rural Economic Development

September 16, 2020

To: Ms. Jeanne Harfield
(jharfield@mississippimills.ca)

Dear Ms. Harfield:

I hope this email finds you and your loved ones well and safe. I am writing to respond to your correspondence regarding the resolution adopted by the Corporation of the Municipality of Mississippi Mills to support funding for reliable high-speed Internet access across Ontario.

As Minister of Rural Economic Development, I am the federal champion for rural prosperity and quality of life, and my role includes capitalizing on the enormous opportunity that exists in rural Canada.

Our government is committed to ensuring that federal investments effectively grow local economies, improve social inclusiveness, and safeguard the health and environment of rural communities. To maximize our results, I have been mandated to implement the Government of Canada's [Rural Economic Development Strategy](#), launched on June 27, 2019. Informed by comments from the government and consultations across the country, the strategy commits the federal government to work with provincial, territorial, and municipal governments; Indigenous groups; businesses; civil society groups; and other rural stakeholders to ensure that our policies and programs reflect rural realities and are accessible to Canada's rural communities.

Increased high-speed broadband coverage is a crucial need in rural Canada, and the COVID-19 pandemic has only reinforced the importance of access to high-speed Internet as Canadians are working, learning, and communicating from home. The government has put in place a national broadband strategy, [High-Speed Access for All: Canada's Connectivity Strategy](#), for the connectivity of rural regions and communities across the country. I am committed to meeting the goals laid out by our government in Budget 2019 and through this strategy. The strategy aims to deliver Internet speeds of 50 Megabits per second (Mbps) download and 10 Mbps upload to 90% of Canadians by 2021, 95% of Canadians by 2026, and the hardest-to-reach Canadians by 2030. We know we need to find ways to accelerate this timeline.

We recognize the commitment the Government of Ontario is making to expand high-speed Internet and mobile wireless infrastructure under Ontario's Broadband and Cellular Action Plan, and we look forward to collaborating closely with Ontario as we launch the UBF. I have asked my officials to keep you updated on the development of the UBF process.

In addition, we are looking at all options to connect Canadians as quickly as possible and accelerate our progress toward this goal. Providing Canadians with access to high-speed Internet will help close gaps caused by geography and increase equality of access to health, education, and employment in a digital economy. The Government of Canada is committed to connecting all Canadians, and we have created the conditions to accomplish this objective.

This is a challenging time for our country and the situation surrounding COVID-19 continues to evolve, I encourage you to consult the Government of Canada's COVID-19 [webpage](#) for the most up-to-date information. I want to assure you that we will continue to deliver for the Canadians who are counting on us, both to respond to the current situation and to achieve our long-term goals.

Thank you again for taking the time to write about this important issue.

Sincerely,

A handwritten signature in black ink, appearing to be 'Maryam Monsef', with a stylized, flowing script.

The Honourable Maryam Monsef, P.C., M.P.

c.c.: The Honourable Navdeep Bains, P.C., M.P.

isi.minister-ministre.isi@canada.ca)

The Honourable Catherine McKenna, P.C., M.P.

infrc.minister-ministre.infrc@canada.ca)

September 17, 2020

Dr. Paula Stewart, Medical Officer of Health
25 Johnston Street
Smiths Falls, Ontario
K7A 0A4

Dear Dr. Stewart,

On behalf of the Council of the County of Lanark, I would like to formally recognize the contributions of the staff of the Leeds, Grenville and Lanark District Health Unit in your continuous efforts since the onset of our community's fight against COVID-19.

With pride, we honour and thank you and your team for your crucial and tireless efforts in keeping our communities safe, healthy and educated during these difficult times created by the pandemic.

We will continue to support your guidelines by encouraging our residents to adhere to public health guidelines, including the wearing of face coverings, adhering to proper social distancing and thorough hand hygiene.

As a Council and a Community, we have been so impressed with your dedication to public safety and wellbeing throughout the COVID-19 Recovery Phase and beyond; it has surely helped the region to minimize the risk of the virus spreading in our communities.

In sincere appreciation,



Brian Campbell, Warden
County of Lanark



Board of Health Meeting September 17, 2020

Summary

Thank you to the Town of Smiths Falls, the Municipality of Beckwith, and Lanark County Council for passing resolutions thanking the Health Unit for its important work to prevent COVID-19 in our communities.

Provincial Public Health Grant

The 2020 Provincial Accountability Agreement was received on August 21, 2020 and included a one-time Mitigation Grant for 2020 and 2021 to offset the increase in the levy that was initially required of obligated municipalities as a result of the provincial/municipal cost-sharing change for 2020.

COVID-19 Update

After a quiet August we have seen a few people living in our community who have been infected by the virus elsewhere. In Ottawa and elsewhere, gatherings where people are in close contact are contributing to a rise in the number of people being infected with COVID-19. Avoiding gatherings has been a focus of our media messaging. This is particularly important now with school openings.

The Health Unit has worked closely with our School Boards to support the implementation of Ministry of Education Guidelines for School Re-Opening. Plans are in place to respond to a school student or staff member who becomes infected with COVID-19. Our website also includes many resources for parents and students.

Community

The United Counties of Leeds and Grenville gave the Health Unit an award for being the runner-up for the most funds raised for a Health Sector in the 2019 campaign.

Programs and Services

Language Express transitioned to telepractice in March. Our Speech-Language Pathologists and Communicative Disorders Assistants have embraced the challenge of supporting children and families remotely and we are now averaging 300-400 telepractice client visits per month using the PHIPA-compliant version of Zoom, as well as the telephone. The majority of parent feedback has been very positive. In October we will be starting to offer some in-person clinic visits to a few clients for whom telepractice is impossible or is not appropriate, and we expect to gradually transition to more and more in-person services.

Other programs also continue while we focus on COVID.

- We have also seen an increased uptake in our breastfeeding and infant immunization clinics as some primary care physicians are still not open to in person appointments.
- Work is beginning to support the new Brockville Municipal Drug Strategy.
- Plans to resume the mobile harm reduction unit to address the increased number of overdoses in our area are underway.
- The Health Unit is providing space so the Infant Hearing Program is able to assess babies on a waiting list with additional provincial funding.

Lanark, Leeds, Grenville Ontario Health

The Lanark, Leeds, Grenville Ontario Health Team (LLG OHT) has been invited to develop a full application by the Ministry of Health. It includes the people who are provided care by primary care providers in the United Counties of Leeds and Grenville and the Brockville General Hospital, and people who are provided care by primary care providers from the southern part of Lanark County and the Perth and Smiths Falls District Hospital.

The First Year Objectives of the LLG OHT are to:

- Create a Primary Care Network (PCN) for the LLG OHT
- Work towards ensuring all residents are attached to a primary care home
- Create a system where mental health and addiction services are attached to all primary care settings

The Health Unit has been participating on the Steering Committee to bring a public health perspective to the discussion. We have provided data on mental health illness in the population, and the health concerns of people who are homeless or inadequately housed, and those who use illicit drugs. Our Harm Reduction Program will be working with other members of the LLG OHT on the mental health and addiction objective. Over time we will be able to participate in other organized efforts to promote health and prevent health problems.

**Ministry of
Municipal Affairs
and Housing**

Office of the Minister

777 Bay Street, 17th Floor
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Tel.: 416 585-7000

**Ministère des
Affaires municipales
et du Logement**

Bureau du ministre

777, rue Bay, 17^e étage
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234-2020-4019

September 18, 2020

RE: Parkland Dedication, Development Charges and the Community Benefits
Charges Authority

Dear Head of Council,

As you know, our government introduced the Housing Supply Action Plan last year with the goal of increasing the supply of housing across Ontario. As part of this effort, our Government introduced the community benefits charge (CBC) authority along with changes to the *Development Charges Act* and parkland dedication under the *Planning Act*.

Over the past year, the Ministry of Municipal Affairs and Housing consulted for over 300 days with municipalities, the development industry and the public on the implementation of the framework, including several aspects of the legislation and a regulatory approach. I value the input of our municipal partners.

I am writing to inform you that on September 18th, our government proclaimed the remaining amendments that were made to the *Development Charges Act* and the *Planning Act* by Bill 108, the *More Homes, More Choice Act*, and, Bill 197, the *COVID-19 Economic Recovery Act*. In addition, we have made a new regulation under the *Planning Act* and technical changes to regulations under the *Planning Act*, *Development Charges Act* and *Building Code Act* in order to finalize the framework for development charges, community benefits and parkland.

As of September 18, 2020, municipalities will have two years to transition to the new regimes. This will enable both the municipalities and builders to adjust to these changes in light of the pressures of COVID-19.

We listened to the feedback received during consultations, and that is why we are proposing to prescribe a percentage of 4% for the CBC authority that will be applied to land values to determine the maximum CBC for any particular residential development. The CBC could be used by local governments to fund capital costs of services that are needed due to higher density development and are not being recovered through other tools.

These amendments will enable growth to pay for growth, while also providing greater predictability of development costs in order to increase the supply of housing so that it is more attainable for Ontarians.

I thank you for your continued collaboration throughout the implementation of this new and enhanced framework.

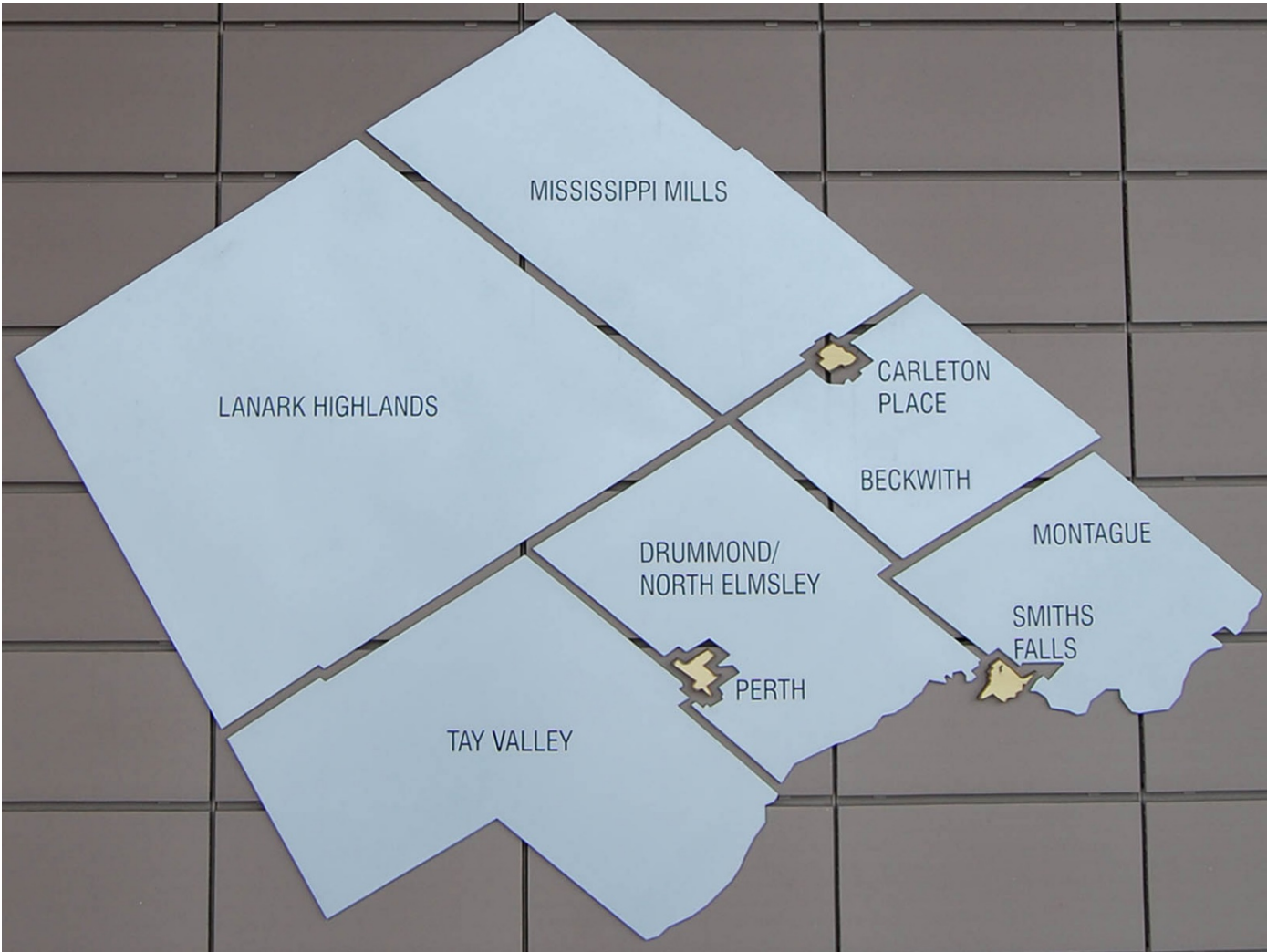
Sincerely,

A handwritten signature in blue ink that reads "Steve Clark". The signature is fluid and cursive, with the first name "Steve" and last name "Clark" clearly distinguishable.

Steve Clark
Minister of Municipal Affairs and Housing

c: Chief Administrative Officers
Chief Planners
Municipal Treasurers
Kate Manson-Smith, Deputy Minister, Municipal Affairs and Housing
Alex Beduz, Chief of Staff to Minister Clark, Municipal Affairs and Housing
Jonathan Lebi, Assistant Deputy Minister, Local Government and Planning Policy Division
Caspar Hall, Director, Municipal Finance Policy Branch

LANARK COUNTY SITUATION TABLE



ANNUAL REPORT
2019
&
January 1-June 30, 2020

Report by Stephanie Gray
Coordinator
Lanark County Situation Table
Community Plan for Safety and Well-being
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LANARK COUNTY SITUATION TABLE

EXECUTIVE SUMMARY

In 2019 and the first half of 2020, the Lanark County Situation Table Project continued its record for collaboration in the community and efforts to assist those experiencing acutely elevated risk. During a challenging time, the situation table was one of many programs and organizations that was able to step up when people needed to be connected. Overall, the project continues, through the situation table and community plan for safety and well-being, to meet its objectives of risk intervention and working to foster a healthy and safe community.

There are currently 24 local front-line, human-service agencies actively participating at the situation table, with others serving in an ad hoc capacity. The group meets twice per month, with an ad hoc provision when necessary. Referrals to the table that meet the threshold of acutely elevated risk (AER) proceed to an intervention with appropriate agencies, all managed in a privacy-protective process. No personal information is collected or maintained by the situation table, but a de-identified Risk-Driven Tracking Database supported by the Ministry of the Solicitor General allows for the tracking of general demographics, risk factors, study flags, involved agencies and services mobilized. In 2019, the situation table implemented a non-AER process that is consent based in an effort to try to reach individuals and families before their risk is elevated to acute.

In 2019, 25 discussions were held, with 22 meeting the threshold of AER. Of those, 18 were individuals, three were families and one was classified as “environmental.” In 2019, more females were referred than males, but for the first time the number of youths under age 24 has dropped, although almost half of the referrals from inception to the end of 2019 involve that age group. The number of referrals dropped by almost half in 2019. The decline is attributed to improved agency screening, increased awareness and networking between agencies that pre-empts referrals, and the inception of the Mobile Crisis Response Team in the fall of 2018, which allows for earlier interventions by mental health nurses working with police. In 2019, 77% of the referrals that proceeded to intervention were resolved with overall risk lowered. From inception to the end of 2019, 84% of discussions that proceeded to intervention had overall risk lowered.

In 2019, every agency represented at the situation table had involvement with a discussion that proceeded to the intervention stage as either the originating, lead or an assisting agency. Although the number of referrals from police decreased in 2019, they were still the top referrers. Police were involved with more interventions than usual. Lanark County Mental Health, Adult Probation, Family and Children’s Services, the Upper Canada District School Board, Lanark Leeds Grenville Addictions and Mental Health, Victim Services and Lanark County Interval House had the most involvement as assisting agencies in 2019. Mental health, social services, police, counselling and social assistance were the top five services mobilized in 2019.

In terms of prevalent risk factors for individual referrals, mental health, criminal involvement, substance use and antisocial behaviour were the top categories in 2019, as well as from inception to the end of 2019 and for the first six months of 2020. In 2019, mental health was a factor in 91% of the discussions that proceeded to intervention, compared to 81% from inception to the end of 2019 and 76% in the first six months of 2020. In 2020, “basic needs” appeared as the second-highest risk factor after mental health for the first time since inception.

For family referrals from 2015 to 2019, criminal involvement, parenting, mental health, physical violence and drugs were the top risk categories. There have been 34 discussions in total. A family referral provides for a wraparound approach to help caregivers cope, for example, with a child experiencing mental health or addiction issues.

LANARK COUNTY SITUATION TABLE

Study flags can also be tracked in the RTD. “Recent escalation” continues to be the most frequent flag and is often a sign that someone has elevated risk. In 2019, almost half of the discussions that proceeded to intervention had “homelessness” as a study flag. In the first six months of 2020, recent escalation, domestic violence and housing issues have been most prevalent.

Lanark County OPP continues to track the number of calls for service for individuals referred by them pre- and post-referral to the situation table, and analysis continues to show a trend in the reduction of officer hours and calls for service being dedicated to the individuals referred. Total calls for service in 2019 for those individuals decreased almost by half.

Eight local municipalities have adopted the Community Plan for Safety and Well-being for Lanark County and Smiths Falls. Twelve priority risk areas were identified, with strategies and outcomes developed for each. There will be a separate report to outline the plan’s progress.

The project continues to be funded through provincial grants. The current grant cycle will sustain the situation table and community safety and well-being components until March 2022. Through the Perth Police Services Board, almost \$700,000 for various programs has been secured since 2015 for the benefit of the entire county.

The coordinator is a member of several local committees that play a key role in information sharing and networking and have been valuable in the community safety planning process and for shared training opportunities including, in 2019, a Blanket Exercise, trauma-informed care training and several presentations to community organizations. The coordinator has been involved in a number of committees and initiatives in the first six months of 2020 as part of the pandemic response.

As always, much gratitude is extended to the many partners that have contributed to the success of this project, which strives to make Lanark County and Smiths Falls a strong and vibrant community. This community’s desire to collaborate to make things better continues to serve as a role model for others.

LANARK COUNTY SITUATION TABLE

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INTRODUCTION

Since it began in September 2015, the Lanark County Situation Table Project has evolved and grown as a hub for community networking and safety and well-being planning. It began with two main objectives: to establish and maintain a situation table and to undertake a community plan for safety and well-being for Lanark County and Smiths Falls. Thanks to excellent partnerships, both of these objectives have been met and continue to be enhanced.

The overall project pursues the philosophy of identifying root causes of crime and social disorder and finding ways to prevent them or mitigate harms. The situation table is a risk-intervention tool that mitigates harm, and the community plan for safety and well-being focuses on prevention and building social programs to strengthen the health and well-being of the community.

The purpose of this document is to provide community partners, police services boards/community policing advisory committees and local municipal councils with an overview of activities in 2019 and a preliminary look at the first six months of 2020. This report will provide background (including key terminology and an explanation of process), situation table statistics for the reporting period and compared with other years, and information about grants and other activities. There will be a separate report on the progress of the Community Plan for Safety and Well-being for Lanark County and Smiths Falls.

This project has been made possible by grants from the Ministry of the Solicitor General (formerly Community Safety and Correctional Services), contributions from local municipalities and police services boards/community policing advisory committees, and in-kind support. Thanks to the Lanark County OPP and the Perth Police Services Board for taking the lead in establishing this model for Lanark County, to local municipalities for their support of the endeavour, and to the many partner agencies and their representatives who work tirelessly to help vulnerable people throughout Lanark County and Smiths Falls.

Background

The Lanark County Situation Table is based on a risk-intervention model that originated in Glasgow, Scotland and made its way to Prince Albert, Saskatchewan, where officials sought an innovative way to combat waves of violent crime. The Ontario Association of Police Services Boards was fortunate to hear presentations by early proponents of the model in 2013, when Karyn McCluskey of the Violence Reduction Unit in Scotland and Detective Chief Superintendent John Carnochan spoke of their experiences with its implementation in Scotland. McCluskey described crime as “a public health issue,” and suggested when a population’s social determinants of health are strong (related to income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race, disability), it can eliminate many of the roots causes of crime. When an individual has the tools to succeed, it leads to better outcomes.

The Perth Police Services Board incorporated these principles into its 2014-2016 Business Plan, as did the Lanark County OPP for the same cycle. In early 2015, Lanark County OPP Detachment Commander Insp. Derek Needham engaged leadership of several local agencies to determine interest in proceeding with a situation table in Lanark County. Lanark County OPP, the Perth Police Services Board (PSB) and Smiths Falls Police Service partnered to apply for funding through a Proceeds of Crime Front-Line Policing Grant (2015-2016) to launch the project. The grant was approved that August and a part-time coordinator (Stephanie Gray) was hired in September. Throughout the fall, the coordinator worked to establish formal procedures and documents. A training session for front-line representatives of the charter member

LANARK COUNTY SITUATION TABLE

agencies was conducted by the Community Safety Services sector of the Ministry of Community Safety and Correctional Services in November 2015, and the first situation table meeting was held on Dec. 9, 2015 with 14 agencies represented.

A second successful Proceeds of Crime Grant for 2016-2017 allowed for the continued coordination position and ongoing operation of the situation table, as well as work towards the development of a community plan for safety and well-being and initiatives to help increase awareness of services in the area. In 2017 and 2018, the Town of Perth, through Lanark County OPP, was eligible for a new grant called the Policing Effectiveness and Modernization Grant. Perth Town Council authorized the Perth PSB to use this grant to apply for funds to sustain situation table operations and to continue with the community safety planning process, as well as to provide training opportunities for officers and agencies. The applications were successful both years. The principles of the project continued to be incorporated into the “Lanark County Detachment 2017-2019 Action Plan,” which was adopted by the Perth Police Services Board as its business plan for that period. In 2019, the Community Safety and Policing Grant-Local Stream was approved for the Town of Perth by the Ministry of the Solicitor General to continue to coordinate this work for Lanark County and Smiths Falls up to March 31, 2022.

Since its inception the situation table has grown to include 24 agencies that actively participate. It meets twice per month and on an ad-hoc basis when needed, and has had, as of December 31, 2019, 221 referrals.

Risk-Intervention Model

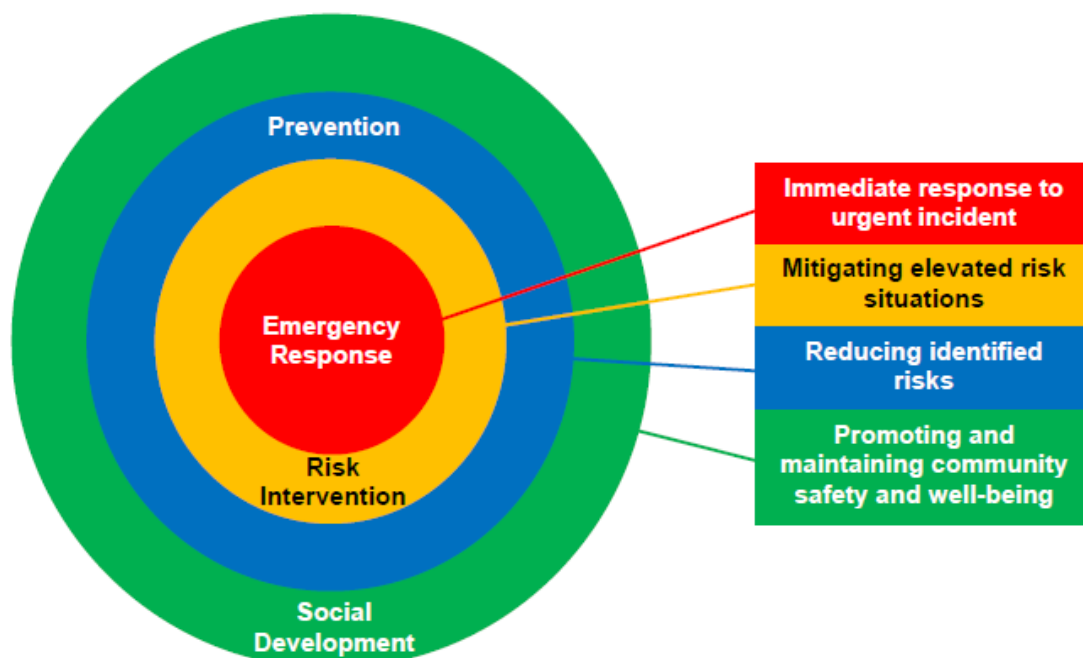


Figure 1: A Framework for Planning Community Safety and Well-being

The figure above demonstrates the philosophy behind the project. It aims to work as a community to reduce crisis incidents requiring an emergency response, represented by the red zone. The ideal zone is green, where social development and programs exist that represent the social determinants of health and give a population the tools it needs to succeed. These are protective factors that help promote community safety and well-being, such as financial security/employment, housing and good neighbourhoods, family supports, education, social network support, pro-

LANARK COUNTY SITUATION TABLE

social/positive behaviour, physical health and mental health. When risk factors are identified that require mitigation, the blue zone and prevention strategies enter the picture. If an individual is vulnerable, lacks protective factors and encounters numerous risks that place him or her at an acutely elevated risk of harm, this represents the yellow zone. This is where a risk-intervention tool such as the situation table comes into play and helps to mitigate risk so that an emergency response (red zone) is avoided. The community plan for safety and well-being takes all of the zones into account.

DISCUSSION

This section will provide an overview of situation table operations, results for 2019 and the first six months of 2020, and the effect the situation table has had on police calls for service. It will also provide information about grants and other activities that have taken place.

How the Lanark County Situation Table Works

The situation table brings front-line, acute-care, human-service agencies together to provide wrap-around support for individuals who meet a defined threshold of “acutely elevated risk” (AER). AER means someone is at imminent risk of self-harm or harming someone else. In 2019 there were representatives from 24 local agencies actively participating at the situation table, with several other agencies serving in an ad hoc capacity. Representatives work in a privacy-protective manner to rapidly connect individuals to appropriate services. Coordination support is provided by the part-time position that has been funded by provincial grants through the Perth Police Services Board. The situation table has been meeting twice monthly since December 9, 2015. It also meets on an ad hoc basis when necessary, and has done so 20 times from inception to the end of 2019. No personal information is collected or retained by the Lanark County Situation Table, but a privacy-protective database allows for de-identified tracking of limited demographic information and prevalent local risk factors. The situation table has also been an effective medium for representatives to identify systemic gaps, many of which were incorporated into the community plan for safety and well-being process.

In 2019, the Lanark County Situation Table began a new non-AER referral process. Over the course of many months, it was anecdotally determined that many agencies were diverting individuals from the situation table well before they could be defined as being at acutely elevated risk. This was because, thanks to the networking and education through the situation table, representatives were aware of people, programs and services available that could meet needs of their clients who needed assistance. At the same time, many agencies reported having clients with chronic issues or who were at high risk of harm, but who weren’t at acutely elevated risk. These individuals exhibited multiple risk factors and could benefit from multi-agency response, but did not quite meet the parameters needed for a referral. The coordinator, in consultation with the Ministry, developed a procedure for a non-AER process. While essentially the same as the process being used, anyone being referred as a non-AER discussion would need to provide signed consent to be discussed at the situation table. (Privacy legislation allows, in circumstances of imminent harm, for a discussion to take place prior to consent being received for individuals who are at acutely elevated risk.)

The Lanark County Situation Table uses the online Risk-Driven Tracking Database (RTD) through an agreement with and supported by the provincial Ministry of the Solicitor General (SOLGEN). This allows for nationally comparative data for analysis and uses Microsoft Dynamics CRM 2013. It allows the situation table to track referrals in a de-identified format using a case number, general information about gender and age range, risk factors, study flags, agencies involved (originating and assisting) and services mobilized. No personal information is retained in the database. There are 105 risk factors and 33 study flags included in the database. The risk factors encompass a wide range of categories, such as

LANARK COUNTY SITUATION TABLE

addictions (alcohol, drugs, gambling), mental health (suicide, self-harm), physical health, criminal involvement, criminal victimization, violence (emotional, physical, sexual), parenting, truancy, basic needs, housing, poverty, antisocial/negative behaviour, gangs, and more. The study flags include such topics as acquired brain injury, disabilities (cognitive, developmental), domestic violence, fire safety, hoarding, homelessness, human trafficking, homicidal ideation, social media, transportation, geographic isolation, and more. Three individuals are licensed and trained by SOLGEN to use the RTD for the Lanark County Situation Table (the coordinator and two OPP data analysts who are authorized as data recorders for the meetings). The system includes reporting capabilities to help with trend analysis and community safety planning. Reports are specific to each situation table and the system adheres to strict privacy and security guidelines.

The following agencies are actively represented at the Situation Table as of December 2019:

- Adult Probation and Parole – Ministry of Community Safety and Correctional Services
- Almonte General Hospital/Carleton Place Memorial District Hospital
- Catholic District School Board of Eastern Ontario
- Cornerstone Landing Youth Services
- Family and Children’s Services of Lanark, Leeds and Grenville
- Lanark County Enhanced Crisis Response (now Mobile Crisis Response Team)
- Lanark County Interval House
- Lanark County Mental Health
- Lanark County Paramedic Services
- Lanark County Social Services (Ontario Works, Social Housing, Children’s Services and Developmental Services)
- Lanark County Victim Services
- Lanark, Leeds, Grenville Addiction and Mental Health
- Leeds, Grenville, Lanark District Health Unit
- Local Health Integration Network – South East (also Rideau-Tay Health Links until Autumn 2019)
- Ontario Disability Support Program
- Open Doors for Lanark Children and Youth
- OPP – Lanark County
- Perth and Smiths Falls District Hospital
- Rideau Community Health Services
- RNJ Youth Services
- Smiths Falls Police Service
- Transitional Aged Youth Program
- Upper Canada District School Board
- Western Champlain – North Lanark Health Link (Local Health Integration Network)

Representation at the situation table has been very stable, with numerous individuals consistently attending on behalf of their member agencies – some since inception in 2015. There have been a few agency changes as a result of restructuring or provincial cutbacks in 2019, e.g. the Health Link programs. When new members come to the table, one-on-one meetings with the coordinator are available, and online training modules supported by written materials are provided. Individuals can also receive advice and information from their colleagues if, for example, they are replacing

LANARK COUNTY SITUATION TABLE

someone from their agency who has been attending the table. A refresher training session for the situation table has been postponed due to COVID-19, with plans for a virtual training under consideration.

The agencies at the situation table represent a range of human-service sectors and typically have a mandate to provide case management. This may include, for example, counselling for mental health or addictions; support for basic needs, including financial, housing, disabilities or health care; supports related to domestic violence and sexual assault, or programs directed by and through probation. School boards are represented for the early intervention capabilities they inherently have through their daily contact with students who may be at risk, as well as the support systems they have for students. Representatives from participating agencies determine the level of risk for individuals before referring them to the situation table for consideration.

The Lanark County Situation Table itself does not conduct case management. Rather, the agencies involved at the intervention stage take on that role as appropriate and with consent. In addition, self-referrals are not accepted; referrals are made through one of the participating agencies. Several agencies that are not full participating members at the situation table, but that may encounter individuals who could be referred, have been made aware of the referral process and are sometimes involved.

Referrals are made by core participating agencies following a **four-filter process** (see below), which helps to determine whether the referral meets the threshold for acutely elevated risk (see below). Guidelines are provided by the Information Privacy Commission of Ontario. If an individual meets the threshold of acutely elevated risk, relevant agencies coordinate a rapid intervention with appropriate supports in an effort to prevent a crisis.

Acutely Elevated Risk

The Lanark County Situation Table uses the following definition of acutely elevated risk:

“Acutely elevated risk” is a reference to any situation impinging on individuals, families, groups or places where circumstances indicate an extremely high probability of the occurrence of victimization from crime or social disorder. Left untended, such situations would likely result in serious harm or lead to the situation worsening to the point where a more formal and intrusive intervention is required, such as targeted enforcement and/or other emergency responses.

The “acute” nature of these situations is an indicator that threatening circumstances have accumulated to the point where a crisis is imminent, new circumstances have contributed to severely increased chances of victimization, and/or any effort to mitigate victimizations requires a multi-agency response.

Objective and standardized criteria for acutely elevated risk do not exist owing to the complexity and uniqueness of each situation. Therefore professionals sitting at the Lanark County Situation Table are required to rely on their combined experience and professional judgment to discriminate whether any given situation merits the designation “acutely elevated risk.”

Four Filter Process

The Lanark County Situation Table uses the following procedure to assess AER referrals.

LANARK COUNTY SITUATION TABLE

Filter One: Agency Screening Prior to Introduction to the Situation Table

- Agency screens a situation and determines the risk factors are beyond its scope/mandate to mitigate the elevated risk and all traditional inter-agency approaches have been excluded for consideration or exhausted.
- Each agency must organize its own screening process.
- As part of this determination, it should be reasonable for the disclosing agency to believe that the individual is at significant risk of serious bodily harm or poses a significant risk of serious bodily harm to others, that the disclosing agency is unable to reduce the risk without disclosing personal information or personal health information, and that disclosing the information to one or more specific agencies will reduce or eliminate the risk posed to, or by, the individual. If possible, the agency obtains consent from the individual to share information.

Filter Two: De-identified Discussion at the Situation Table

- Agency presents the situation to the Situation Table discussion in a de-identified format.
- A de-identified record is created in the Situation Table database at this point using an anonymous entry number for follow-through with agencies.
- Members collectively decide if it meets the standard of acutely elevated risk factors across a range of service providers before any personal and confidential information is disclosed.
- If it does not meet the threshold, no personal and confidential information is disclosed and no further discussion takes place.
- If the consensus is that sharing information with the situation table is necessary to help prevent harm or inadequate care to an individual or the public, limited disclosure will be permitted.

Filter Three: Limited Identifiable Information Shared

- If the agencies conclude that the above threshold is met, the Situation Table determines which agencies will be required to participate in a full intervention-planning discussion outside of the full table.
- All responsibility for record keeping related to actual case management remains with each agency that has a role. The Situation Table will not generate nor maintain any individualized or identifiable records.

Filter Four: Full In-camera Discussion among Intervening Agencies Only

- Only identified agencies that have a direct role to play in an intervention will meet separately to discuss limited personal and confidential information that needs to be disclosed in order to inform the plan for addressing the acutely elevated risk factors.
- Discussion is still limited to only the information that is deemed necessary to assess the situation and to develop and implement an effective strategy to reduce or eliminate the risk, and each recipient agency should have the authority to collect the information.
- Sharing of information at this level proceeds within the allowances for care and for individual and community safety that apply to each profession.
- In all cases, obtaining consent to provide multi-sector services, and to permit any further sharing of personal and confidential information in support of such services, will be the first priority of the combined agencies responding to the situation.

LANARK COUNTY SITUATION TABLE

Non-AER Referrals

Agencies may now make referrals for individuals who give consent to be discussed and who are deemed to be at a high level or risk, although not acutely elevated. The definition for non-acutely elevated risk is as follows:

“High” or “elevated” risk is deemed to be occurring if an agency representative determines the following:

- *Multiple risk factors are present.*
- *Continuation of the situation would likely result in the level of risk escalating to “acute” and increasing the possibility of serious harm or victimization and the need for a more formal and intrusive intervention or an emergency response.*
- *A multi-agency response and the release of limited personal information is needed in order to reduce the risk of harm.*

The four-filter process is essentially the same in non-AER referrals, with the exception that consent **MUST** be obtained prior to the referral. The situation table records the risk factors, study flags, involved agencies and services mobilized using a separate spreadsheet provided by the Ministry in order to continue to assess risks and vulnerable populations in the community. No identifiable information is retained by the situation table.

It is hoped the new process this will provide a mechanism for an even earlier intervention before a situation escalates to crisis. The coordinator consulted with the ministry on the development of this process. Tables across the province are noting a decline in referrals to situation tables. It is believed this is, in part, due to much improved networking and understanding of agency roles, allowing for clients to be referred to other agencies before their situations become acute. This is a sign of success.

Follow Up

At subsequent meetings of the situation table, the lead agency at filter four reports back to the group regarding the conclusion of the intervention, for example, whether risk was lowered because an individual was connected to services or whether there is still acutely elevated risk and further intervention needs to occur.

The following section provides detailed statistics from 2019 and the first half of 2020, as well as comparisons with previous years.

LANARK COUNTY SITUATION TABLE

Lanark County Situation Table Statistics

Demographics

In 2019, 25 discussions were held. Of the 22 that proceeded to intervention, 18 were individuals, three were families and one was classified as “environmental.”

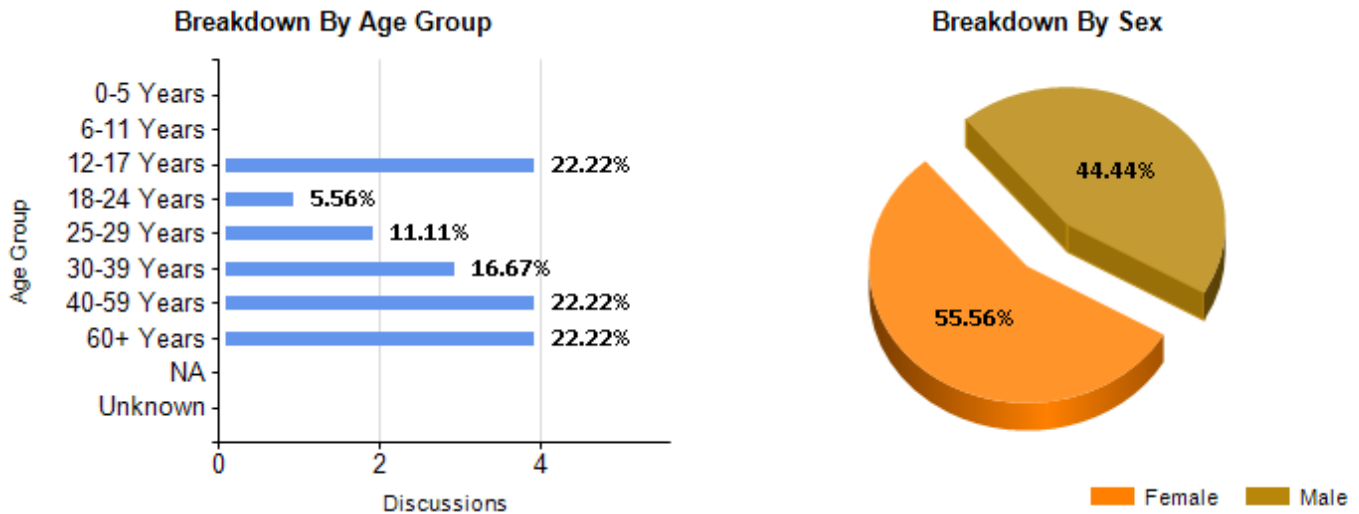


Figure 2 Demographics - 2019

NOTE: Data that appear in the “Breakdown by Age Group” and “Breakdown by Sex” graphs are only associated with discussions where Discussion Type is identified as “Person.”

The charts below represent the total from inception Dec. 9, 2015 to Dec. 31, 2019.

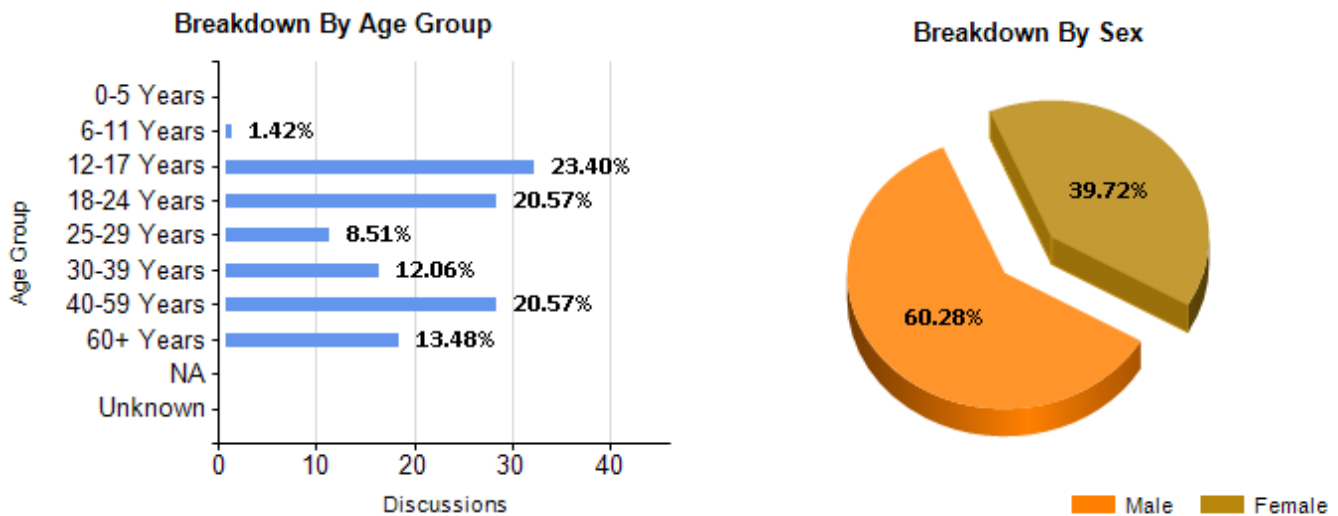


Figure 3 Demographics - Dec. 9, 2015-Dec. 31, 2019

LANARK COUNTY SITUATION TABLE

The following charts represent the first six months of 2020.

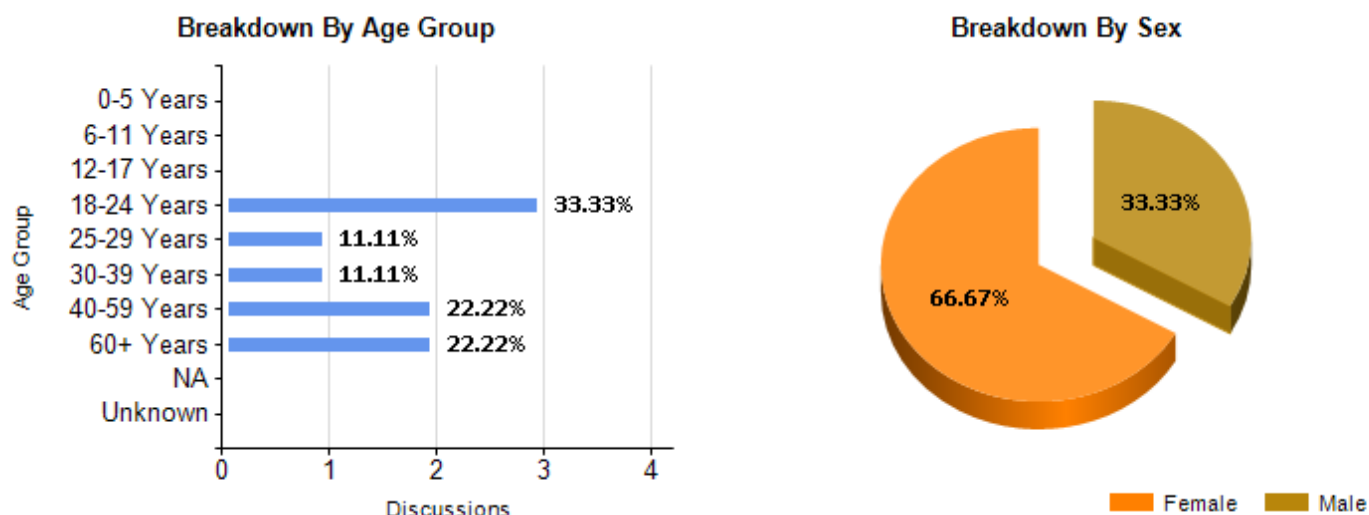


Figure 4 Demographics – Jan. 1 to June 30, 2020

In 2019 and the first half of 2020, females had a higher representation in terms of referrals to the situation table. Since inception to the end of 2019, however, males have tended to have higher representation (approximately 60/40 split consistently). Since inception, 45% of discussions have involved individuals from birth to age 24; in 2019 this number dropped to 28% and in the first six months of 2020, there were no referrals of individuals under the age of 18. This could be a reflection of the implications of COVID-19 and school lockdowns, but the reason has not been researched.

The following chart shows Vulnerable Age Groups by Year from Jan. 1, 2016 to the end of June 2020. The first year represents only the month of December, which is when the situation table began. A spike in the number of seniors referred to the situation table in 2018 may be attributed to the addition of Health Link agencies to the table.

LANARK COUNTY SITUATION TABLE

Highlights Year-over-Year ▾

Vulnerable Age Group By Year

Discussion by Age Group

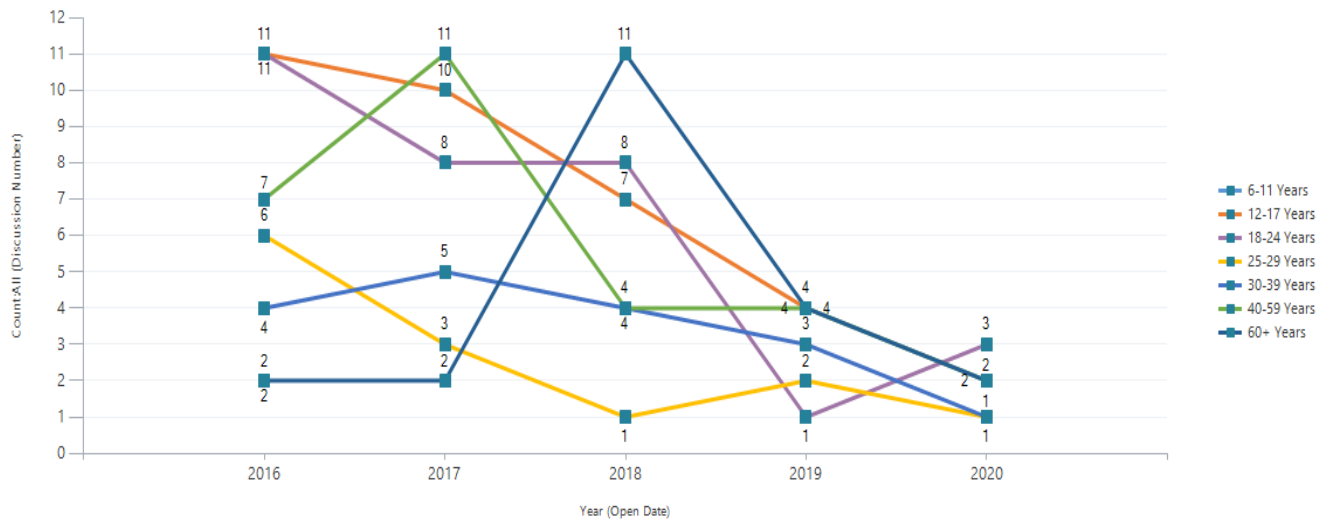


Figure 5 Vulnerable Age Group by Year

The following chart shows the total number of discussions in five years (2016 to the first half of 2020). Referral numbers in 2020 are consistent with rates in 2019. The decline in discussions each year is attributed to the following:

- Agencies improving their screening of acutely elevated risk prior to bringing a situation to the table.
- Improved understanding of available services in the community leading to individuals being connected to services prior to being referred to the situation table.
- Inception of the Mobile Crisis Response Team (previously called Enhanced Crisis Response - mental health nurses embedded with Lanark OPP and Smiths Falls Police Service) beginning in the fall of 2018, allowing for interventions prior to individuals being referred to the situation table.

Highlights Year-over-Year ▾

All Discussions in 5 years

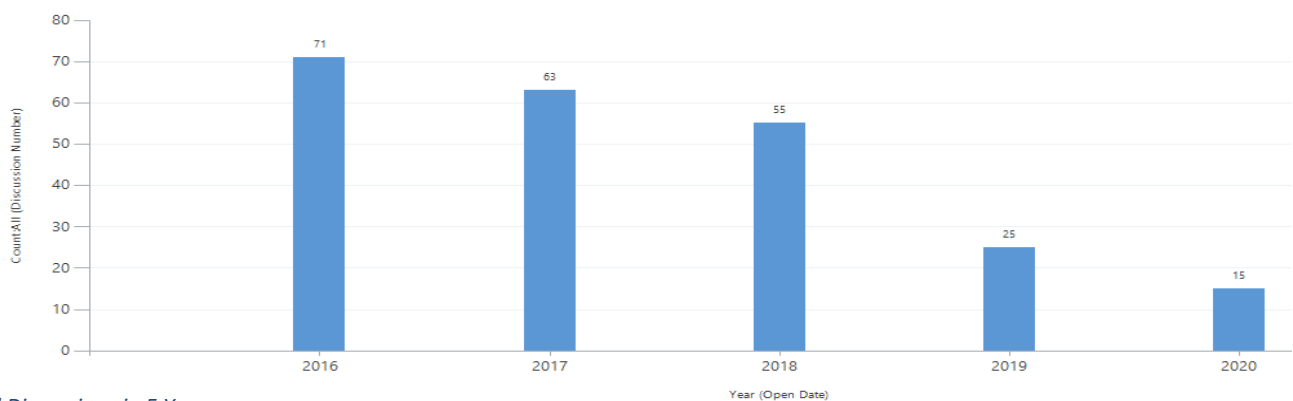


Figure 6 All Discussions in 5 Years

LANARK COUNTY SITUATION TABLE

Conclusion Reasons

Of the 25 discussions held in 2019, three were rejected. Reasons were that two were deemed to not be at acutely elevated risk and one was determined to already be connected to appropriate services with the potential to mitigate the risk.

The conclusions for the 25 discussions in 2019, including the 22 that proceeded, are shown below.

Conclusion Grouping	# of Discussions	Percentage
Overall risk lowered	17	68.00%
Rejected	3	12.00%
Other	3	12.00%
Still AER	2	8.00%
Total	25	100.00%

Table 1 Conclusions - 2019

Of the 17 referrals that had overall risk lowered, 16 were connected to services and one was connected to personal supports. In the “other” category for conclusions, two had relocated out of the jurisdiction and the other could not be located. Of the two referrals that were concluded as “still at acutely elevated risk,” one refused services and the other was an environmental referral (related to an influx of narcotics) that was deemed to be a systemic issue. Consequently, 77% of the referrals that proceeded to intervention were resolved with overall risk lowered.

From inception to Dec. 31, 2019, there were 221 referrals to the situation table. Of those, 177 (80%) met the threshold of acutely elevated risk and 149 (84%) subsequently had overall risk lowered. Occasionally a discussion will be re-opened if acutely elevated risk is identified again later. Sometimes persisting risk factors are involved or a new risk factor has been introduced. Reopenings can also be due to an individual not being located the first time, but connected to services after a second referral.

Agency Involvement

In 2019, every agency represented at the situation table was involved with a discussion that proceeded to the intervention stage as either an originating, lead or assisting agency. Since inception, police have traditionally been the top referring agency for discussion, but there was a dramatic drop in the number of referrals received from 2018 to 2019, which is largely attributed to the commencement of the Mobile Crisis Response Team, as previously mentioned. Nevertheless, the combination of Lanark OPP (11) and the Smiths Falls Police Service (4) still led in terms of referrals at 44%, down from 51% in 2018. Next highest was the Upper Canada District School Board with four or 16%. Police involvement at the intervention stage typically drops significantly once appropriate services are engaged unless there is a safety concern involved or an officer has a good rapport with the individual/family that can help to establish contact. In 2019, however, Lanark County OPP were involved with 36% of the interventions, leading one and assisting with seven. Smiths Falls Police were also involved with 36%, leading two and assisting with six. In 2018, Lanark OPP were involved with 25% of interventions; Smiths Falls Police were involved with 26%. In the first six months of 2020, OPP continue to lead in referrals, but involvement with Lanark County Mental Health is noted in most of the follow up.

In 2019, Lanark County Mental Health took the lead in four of 22 discussions that proceeded to intervention, followed by Adult Probation (three) and the rest spread out over several agencies. These agencies, along with Lanark County Social

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Services, Family and Children's Services, the Upper Canada District School Board, Lanark Leeds Grenville Addictions and Mental Health, both police services, Victim Services and Lanark County Interval House had the most involvement as assisting agencies. Every agency represented at the table was involved in at least one discussion and intervention.

The charts below show overall agency engagement for 2019, from inception to the end of 2019, and for the first six months of 2020 (respectively) in the originating, lead and assisting categories.

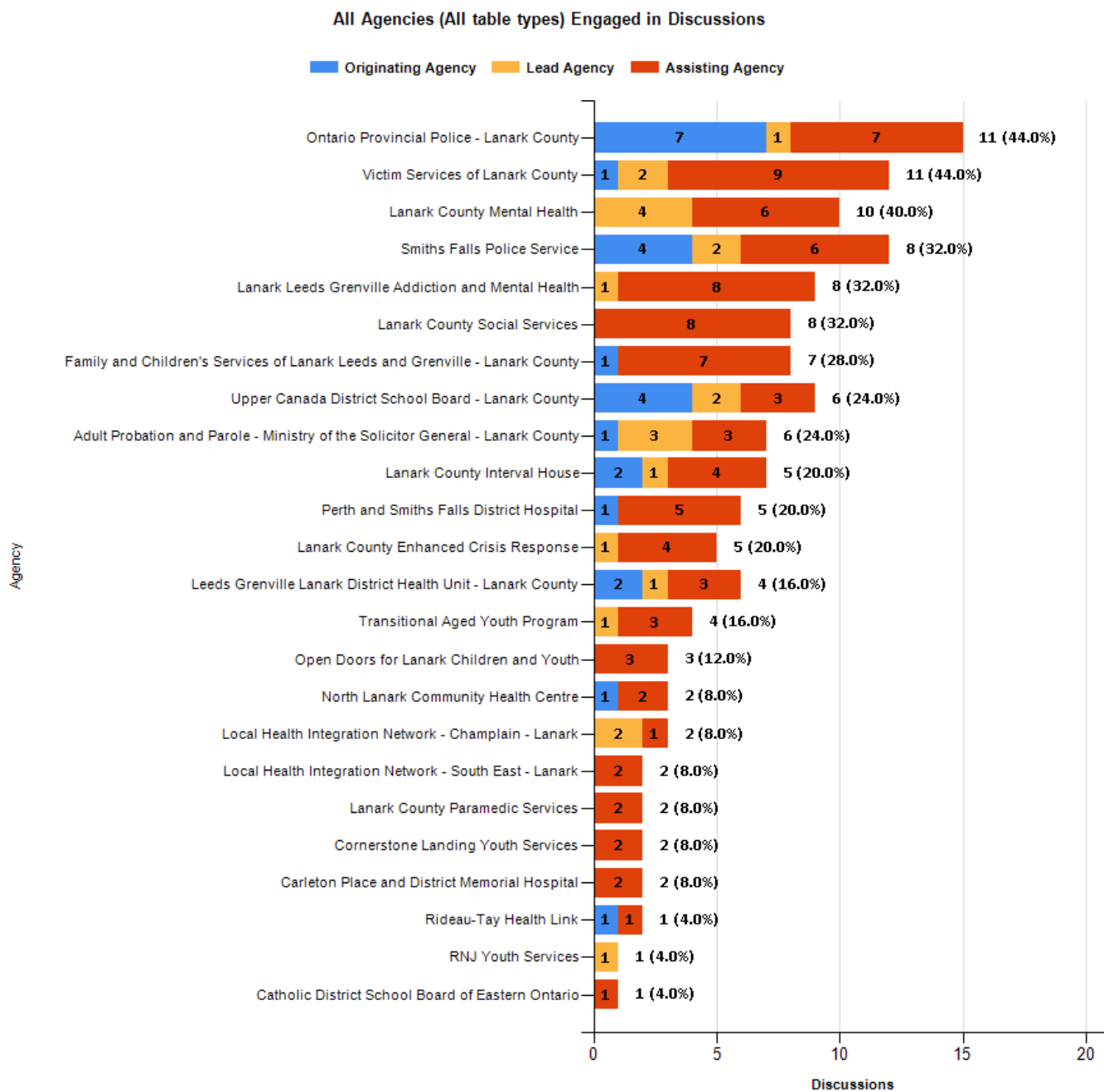


Figure 7 Agency Engagement 2019

LANARK COUNTY SITUATION TABLE

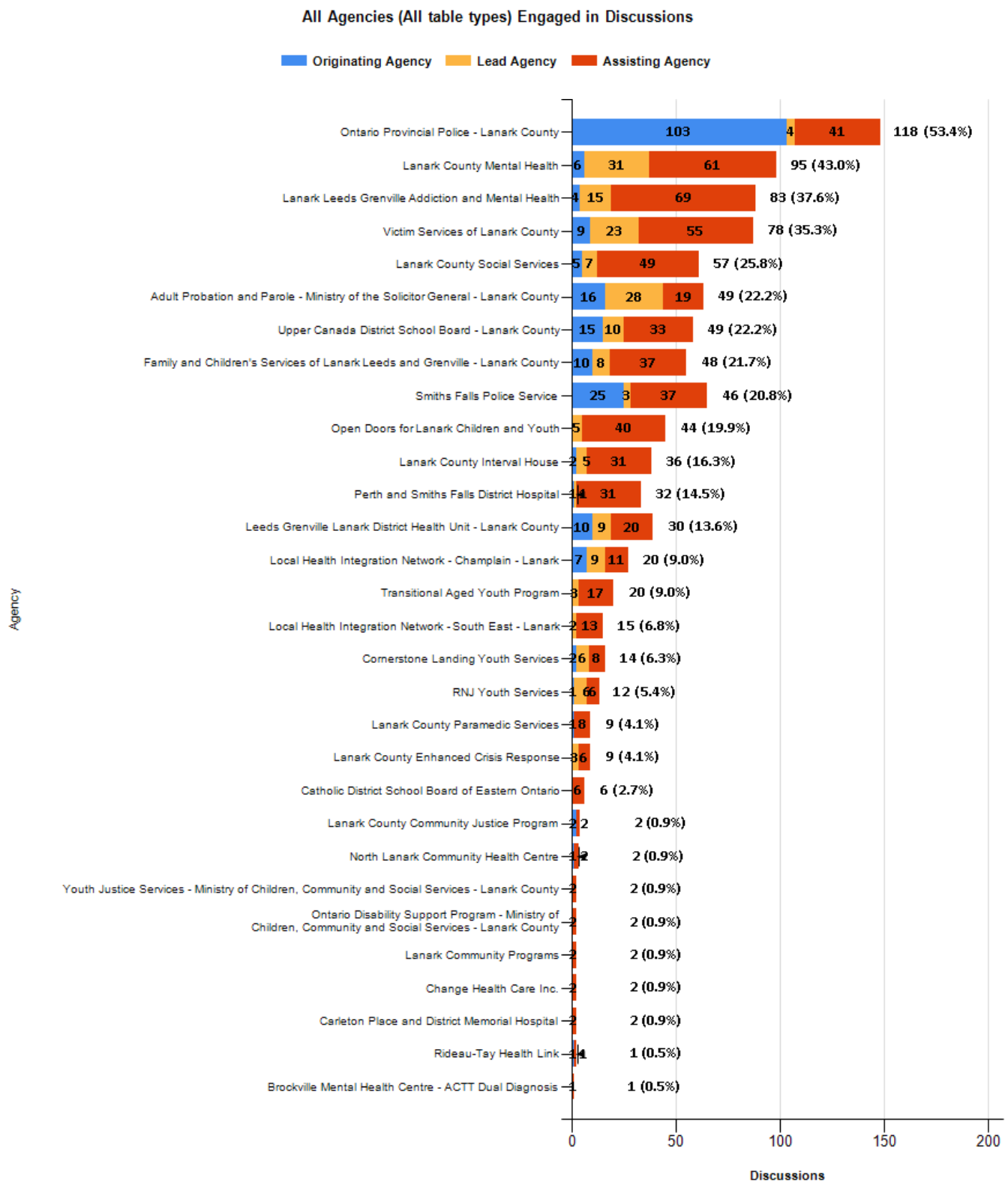


Figure 8 Agency Engagement 2015-2019

LANARK COUNTY SITUATION TABLE

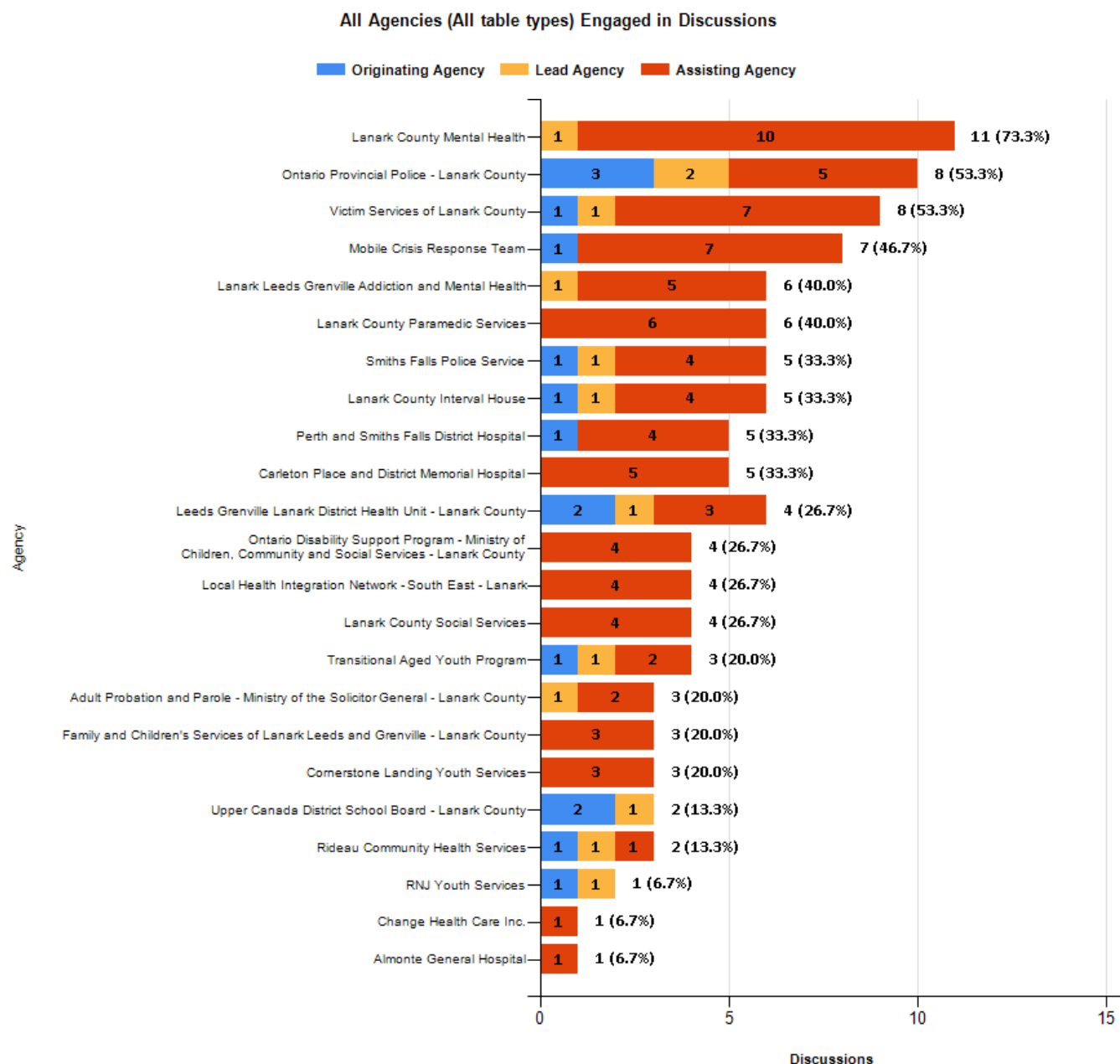


Figure 9 Agency Engagement Jan. 1-June 30, 2020

Since inception, Lanark County Mental Health, Adult Probation, Victim Services and Lanark Leeds Grenville Addictions and Mental Health have consistently been lead agencies in interventions. With mental health and addictions being high risk factors, this is not surprising. Those agencies have also figured prominently as assisting agencies, with the addition of Lanark County Social Services, which often plays a role in housing issues. Risk factors are examined in greater detail later in this report.

Services Mobilized

The Risk-driven Tracking Database (RTD) system implemented a new “Services Mobilized” section, and the Lanark County Situation Table began tracking that information in late 2017, with 2018 representing the first full year of data.

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This includes different categories of services and allows the lead agency to indicate during the report-back process whether individuals (or others) were engaged, informed of, connected to or refused a service. It also can indicate if a service is not available. As in 2018, mental health was the service that was mobilized most often in 2019. The chart below shows the range of services that were mobilized in 2019.

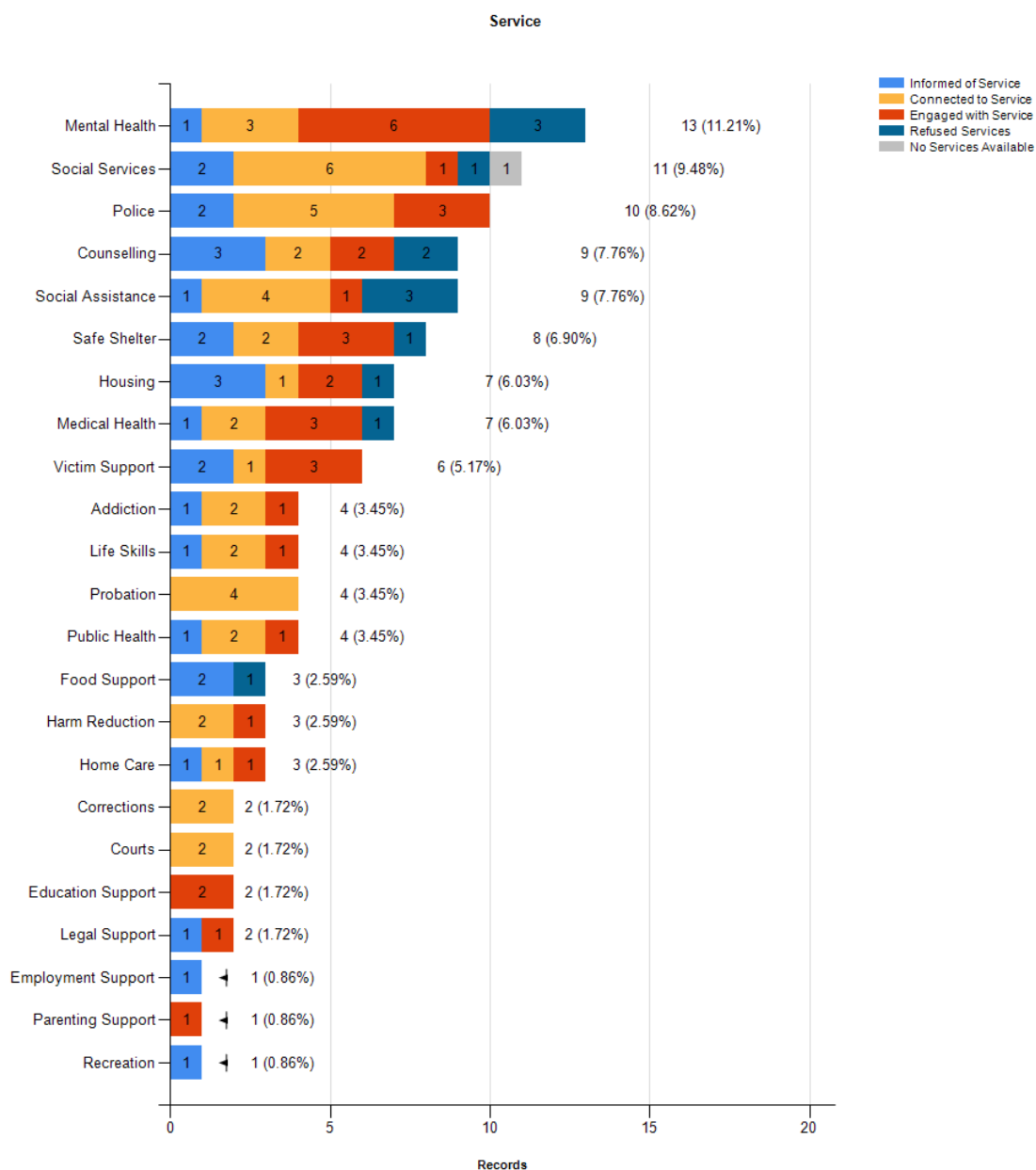


Figure 10 Services Mobilized Categories, 2019

LANARK COUNTY SITUATION TABLE

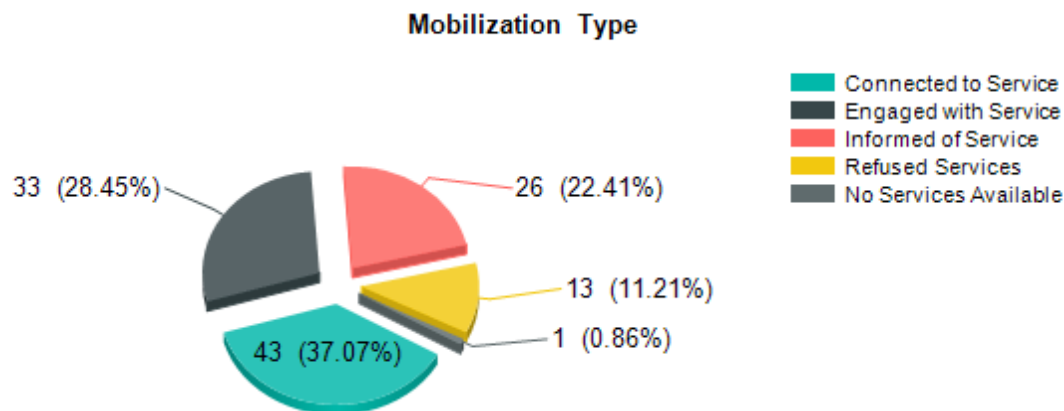


Figure 11 Mobilization Type, 2019

Risk Factors

The RTD system places risk information into different groupings. SOLGEN defines risk factors as “negative characteristics and/or conditions present in individuals, families and communities that may increase the presence of crime or fear of crime in a community.” There are 105 risk factors included in the RTD. These fit into 27 categories along with 13 Community Safety and Well-being high-level priorities, which allows for different types of analysis. The next three charts show the top risk categories for discussions that proceeded to an intervention in 2019, since inception to the end of 2019, and from Jan. 1 to Aug. 31, 2020 respectively. The charts show the number of referrals with the identified risk component grouping and the overall percentage. For example, for 2019, 20 of 22 accepted referrals had a mental health component as a risk factor, which represents 91% of the total, compared to 81% from inception to the end of 2019 and 76% for the first six months of 2020.

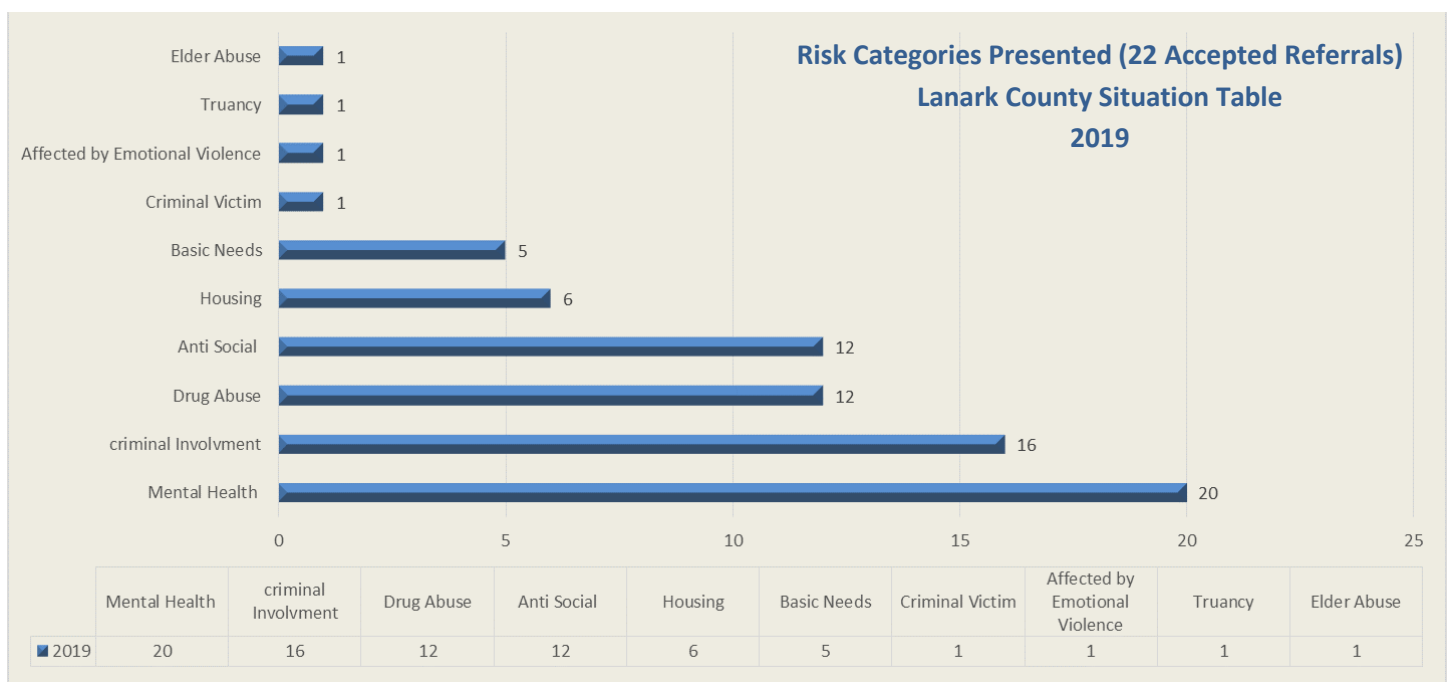


Figure 12 Overall Risk Categories, 2019

LANARK COUNTY SITUATION TABLE

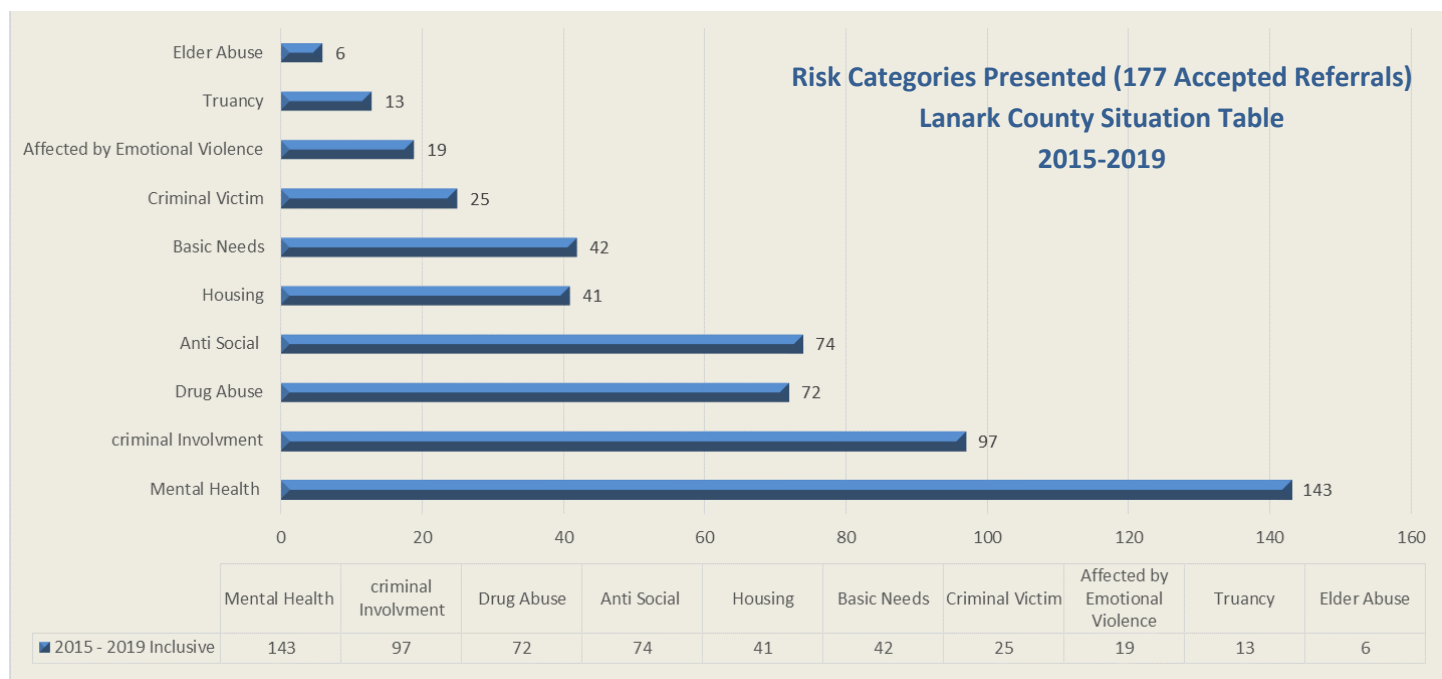


Figure 13 Overall Risk Categories, 2015-2019

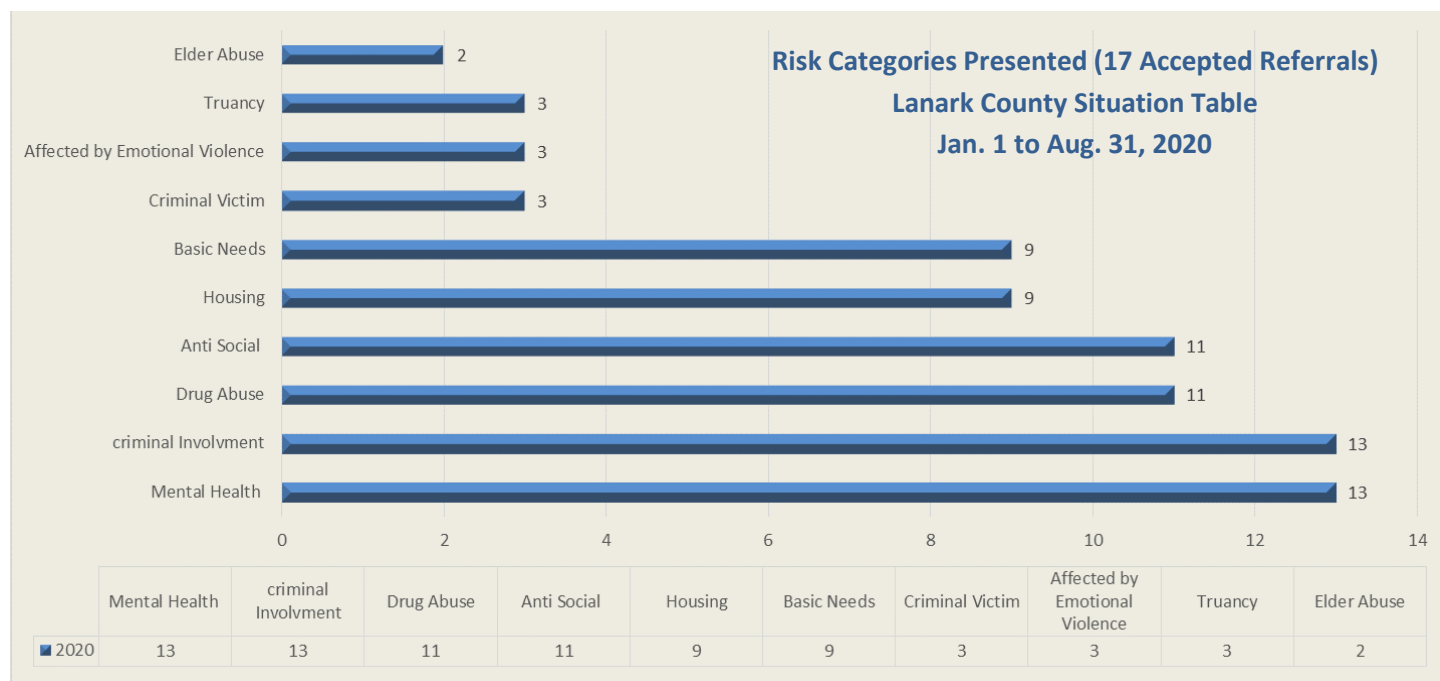


Figure 14 Overall Risk Categories, Jan. 1-Aug. 31, 2020

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The charts below show top CSWB Priorities for the 2019 reporting period, from inception to the end of 2019, and for the first six months of 2020 respectively.

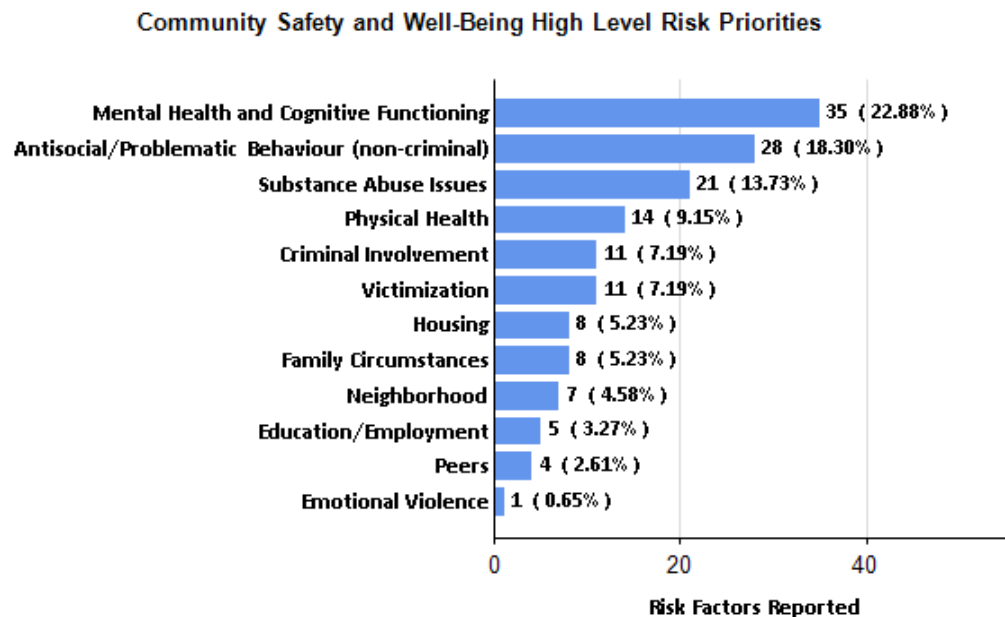


Figure 15 CSWB Risk Priorities, 2019

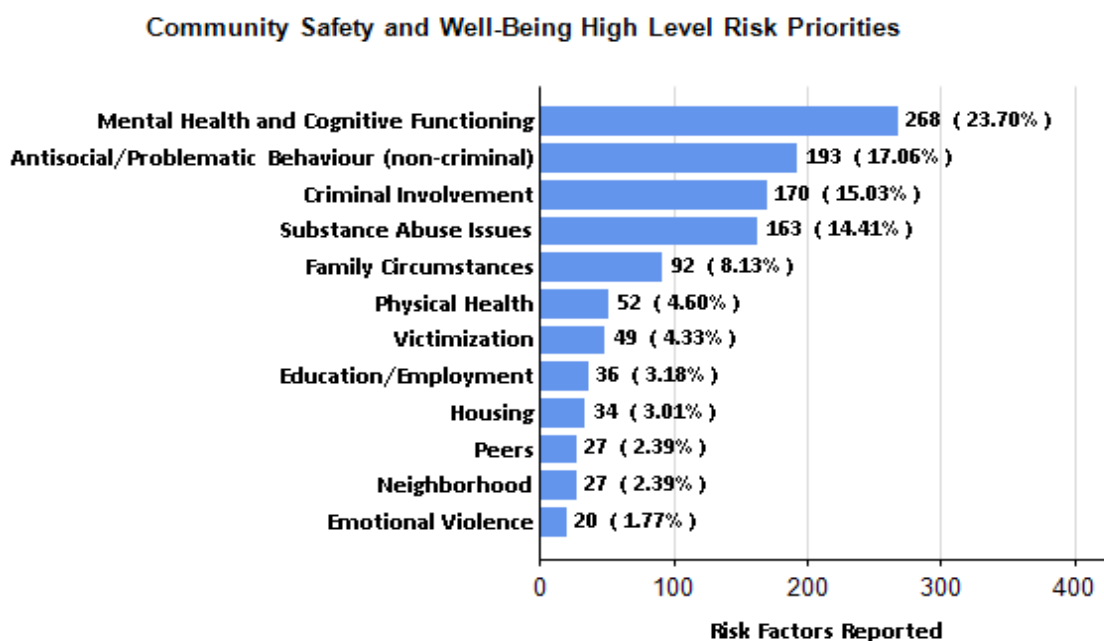


Figure 16 CSWB Risk Priorities, 2015-2019

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Community Safety and Well-Being High Level Risk Priorities

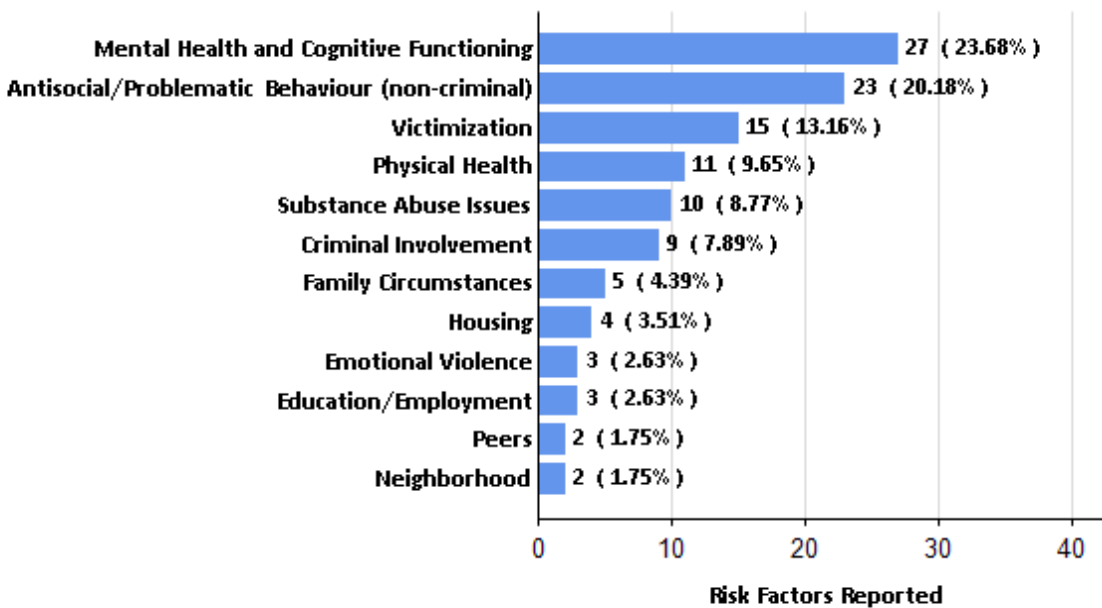


Figure 17 CSWB Risk Priorities, Jan. 1-June 30, 2020

Below are charts showing an annual comparison over five years of the top five CSWB high-risk priorities, risk categories and risk factors, respectively. The full-year data is for 2016 to 2019. The data for 2020 is up to mid-August.

Mental health continues to be found as a prevalent risk in every year. It should be noted that for each individual discussion, there can be numerous risk factors within a single risk category. For example, an individual who has had repeated and escalating contacts with police may be demonstrating several different criminal involvement risk factors within the single criminal involvement category (e.g. mischief, assault and theft). Criminal involvement is frequently seen

Top CSWB High Level Risk Priorities										
Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2016	Mental Health and Cognitive Functioning	74	Antisocial/Problematic Behaviour (non-criminal)	61	Substance Abuse Issues	50	Criminal Involvement	49	Family Circumstances	30
2017	Mental Health and Cognitive Functioning	73	Criminal Involvement	64	Substance Abuse Issues	45	Antisocial/Problematic Behaviour (non-criminal)	37	Family Circumstances	20
2018	Mental Health and Cognitive Functioning	79	Antisocial/Problematic Behaviour (non-criminal)	54	Criminal Involvement	40	Substance Abuse Issues	38	Family Circumstances	27
2019	Mental Health and Cognitive Functioning	35	Antisocial/Problematic Behaviour (non-criminal)	28	Substance Abuse Issues	21	Physical Health	14	Victimization	11
2020	Mental Health and Cognitive Functioning	32	Antisocial/Problematic Behaviour (non-criminal)	26	Physical Health	16	Victimization	16	Substance Abuse Issues	12

Top Risk Categories										
Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2016	Criminal Involvement	49	Mental Health	46	Parenting	28	Antisocial/Negative Behaviour	26	Drugs	25
2017	Criminal Involvement	64	Mental Health	53	Drugs	26	Alcohol	19	Antisocial/Negative Behaviour	17
2018	Mental Health	52	Criminal Involvement	40	Drugs	23	Parenting	23	Antisocial/Negative Behaviour	21
2019	Mental Health	26	Physical Health	14	Alcohol	12	Antisocial/Negative Behaviour	12	Criminal Involvement	11
2020	Mental Health	22	Physical Health	15	Antisocial/Negative Behaviour	11	Criminal Involvement	10	Drugs	9

Top Risk Factors										
Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2016	Parenting - parent-child conflict	24	Alcohol - alcohol abuse by person	21	Drugs - drug abuse by person	20	Mental Health - suspected mental health problem	20	Mental Health - diagnosed mental health problem	18
2017	Mental Health - suspected mental health problem	25	Drugs - drug abuse by person	24	Mental Health - diagnosed mental health problem	19	Alcohol - alcohol abuse by person	18	Parenting - parent-child conflict	17
2018	Mental Health - diagnosed mental health problem	26	Parenting - parent-child conflict	20	Drugs - drug abuse by person	19	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	13	Alcohol - alcohol abuse by person	12
2019	Mental Health - diagnosed mental health problem	15	Alcohol - alcohol abuse by person	10	Drugs - drug abuse by person	8	Housing - person doesn't have access to appropriate housing	8	Parenting - parent-child conflict	8
2020	Mental Health - diagnosed mental health	9	Basic Needs - person unable to meet own basic needs	7	Antisocial/Negative Behaviour - antisocial/negative behaviour within the home	6	Parenting - parent-child conflict	6	Drugs - drug abuse by person	5

Fig. 18 Top Five Risk Priorities, Categories and Factors by Year

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as a risk considering the volume of referrals that come from police, often due to escalating contacts with police. The criminal involvement category can include instances when a person is suspected, charged, arrested or convicted of an offence (as opposed to only convicted, for example). It is interesting to note the appearance of “basic needs” as the second highest risk factor in 2020. Further analysis will be needed to determine the effect of the pandemic on risk factors in this year.

Risk Factors and Demographics

An analysis of the top risk categories for males and females of all age groups for 2019 and from inception to Dec. 31 2019 shows that, for both males and females, mental health was at the top risk category, except for males in the “all time” field, where criminal involvement edged mental health for first spot. For males, alcohol and criminal involvement were the other top factors, with physical health, criminal involvement and antisocial/negative behaviour as top factors for females.

In 2019, three age groups tied for the most referrals at 22%: 12 to 17 years, 40 to 59 years, and 60+ years. There were no referrals involving children under age 12. In 2019, 28% of the individuals referred to the situation table would be categorized as children and youth (under age 24). It should be noted that the Ministry of the Solicitor General is currently examining the age ranges outlined in the RTD and may be making adjustments to provide consistent analysis across the country.

The RTD does provide the ability to analyse prevalent risk factor variances between genders and age groups. Over time with a larger sample, it may be possible to determine trends related to age group and gender and the types of risks encountered in an effort to pinpoint strategies to mitigate those risks at an earlier point through community safety planning.

The following tables show the CSWB High-Level Risk Priorities and Risk Categories for families for the 2015-2019 period based on 34 discussions held.

CSWB High Level Risk Priorities	# Of Risk Factors Reported	Percentage
Criminal Involvement	38	17.67%
Antisocial/Problematic Behaviour (non-criminal)	36	16.74%
Mental Health and Cognitive Functioning	33	15.35%
Family Circumstances	29	13.49%
Substance Abuse Issues	24	11.16%
Physical Health	14	6.51%
Victimization	13	6.05%
Education/Employment	9	4.19%
Emotional Violence	8	3.72%
Housing	8	3.72%
Neighborhood	2	0.93%
Peers	1	0.47%
Total	215	100.00%

Table 2 CSWB High-Level Risk Priorities, Families, 2015-2019

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Risk Category	# Of Risk Factors Reported	Percentage
Criminal Involvement	38	17.67%
Parenting	26	12.09%
Mental Health	20	9.30%
Physical Violence	17	7.91%
Drugs	15	6.98%
Physical Health	13	6.05%
Antisocial/Negative Behaviour	11	5.12%
Basic Needs	11	5.12%
Suicide	10	4.65%
Alcohol	9	4.19%
Emotional Violence	8	3.72%
Housing	8	3.72%
Missing School	8	3.72%
Crime Victimization	5	2.33%
Threat to Public Health and Safety	4	1.86%
Elderly Abuse	2	0.93%
Poverty	2	0.93%
Self Harm	2	0.93%
Cognitive Functioning	1	0.47%
Gambling	1	0.47%
Missing/Runaway	1	0.47%
Negative Peers	1	0.47%
Sexual Violence	1	0.47%
Unemployment	1	0.47%
Total	215	100.00%

Table 3 Risk Categories, Families, 2015-2019

Again, each category and priority represents a range of risk factors that have been identified. A family can be referred for a variety of reasons. Often families are referred when a wraparound approach is needed to help caregivers cope with issues around a child – including adult children living at home.

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Study Flags

The RTD offers reports to show the range of study flags associated with discussions. Since inception, the most frequent study flag is, by far, “recent escalation.” This is often how police, as the top referrers, note that a person may be approaching acutely elevated risk. In 2019, 77% of the discussions that proceeded to intervention included the “recent escalation” study flag and, for almost half, “homelessness” was recorded. Transportation, risk of losing housing/unsafe living conditions and domestic violence were factors in about a third of the discussions. Since inception, “recent escalation” has been a factor in half of the discussions. The charts below highlight the prevalent flags for 2019, from inception to Dec. 31, 2019, and for the first six months of 2020 respectively. Recent escalation, domestic violence and housing issues have so far been the most prevalent study flags in 2020. Unlike risk factor records, not all discussions include recorded study flags.

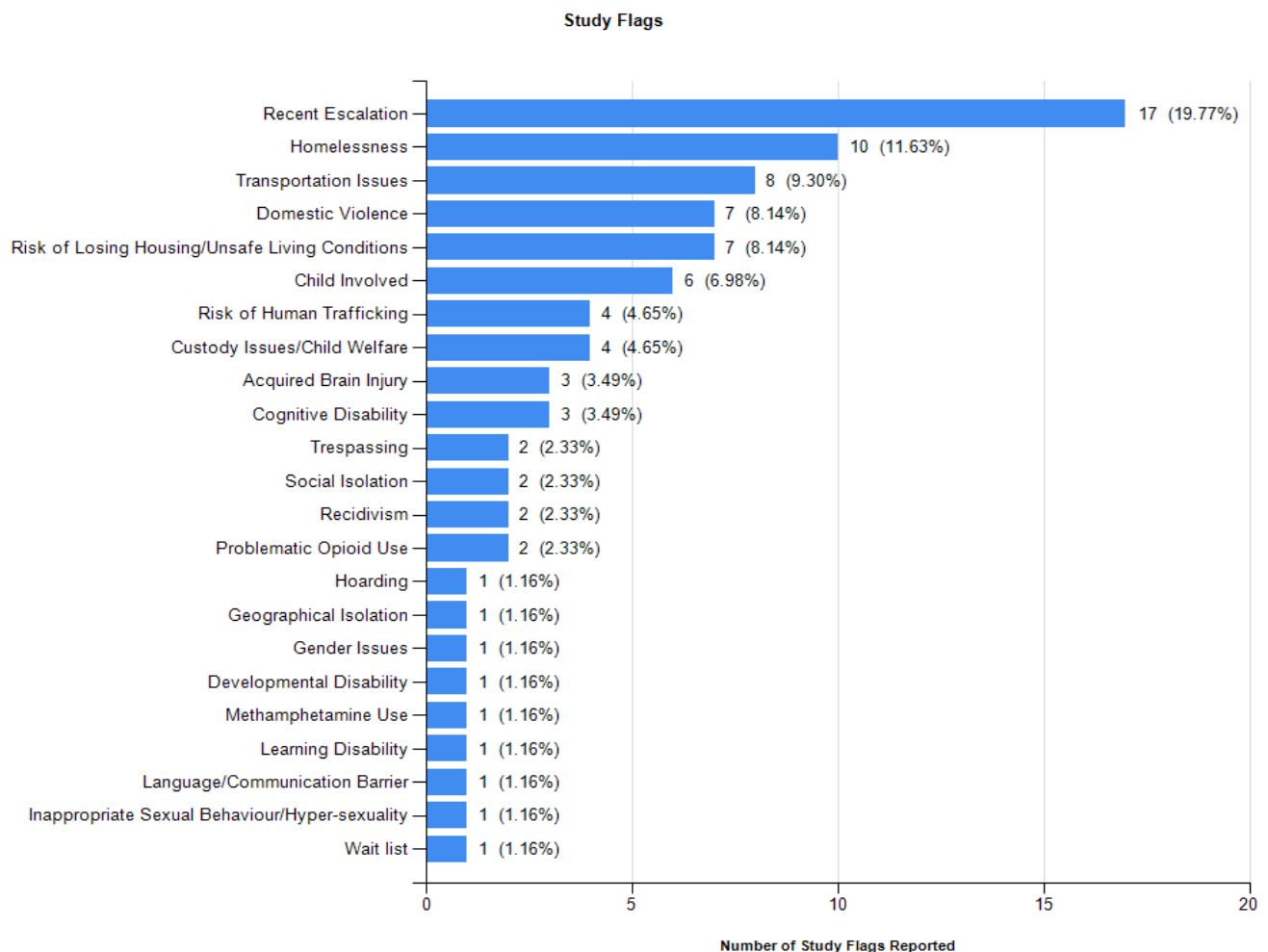


Figure 19 Study Flags (22 Discussions), 2019

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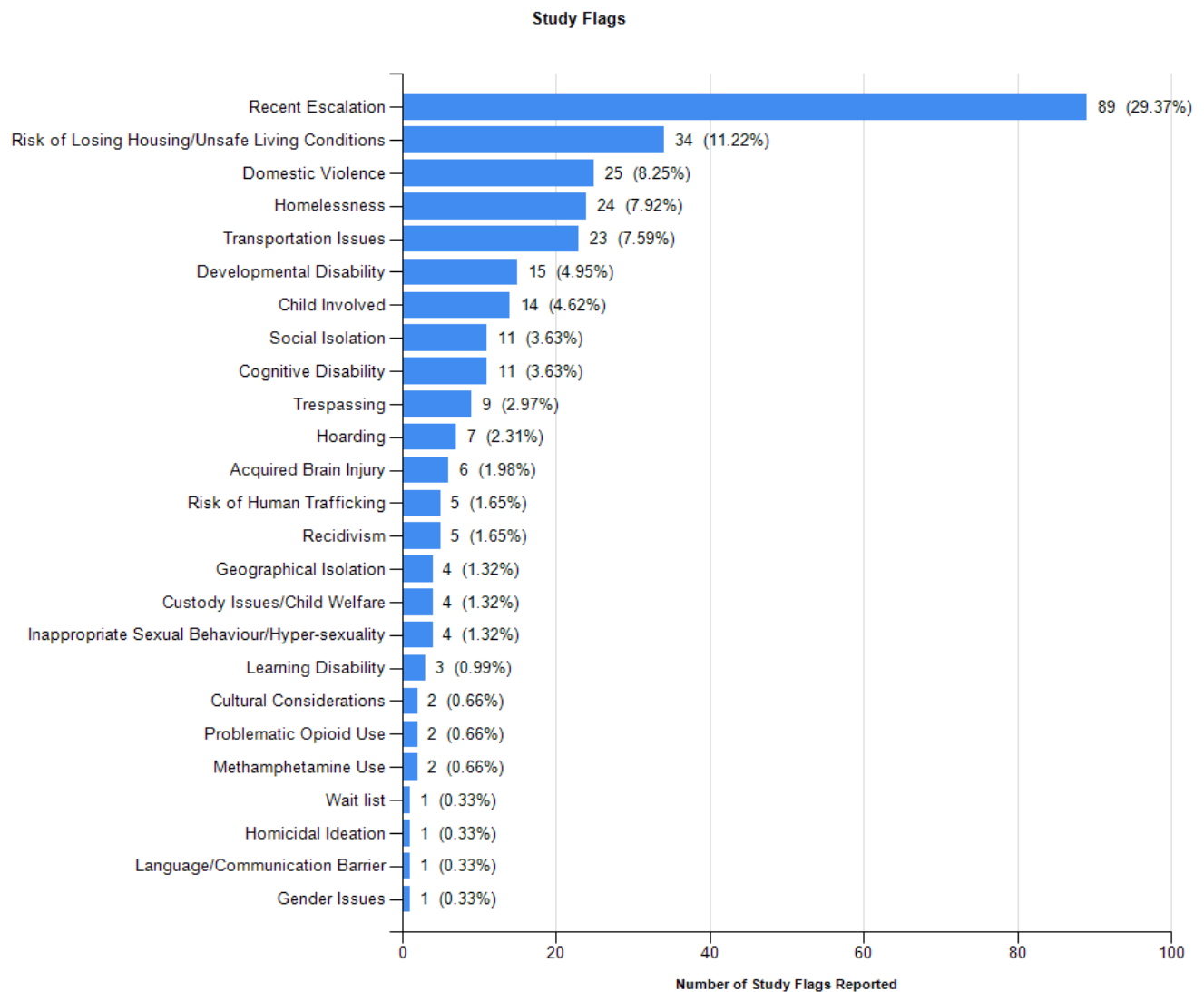


Figure 20 Study Flags (177 Discussions), 2015-2019

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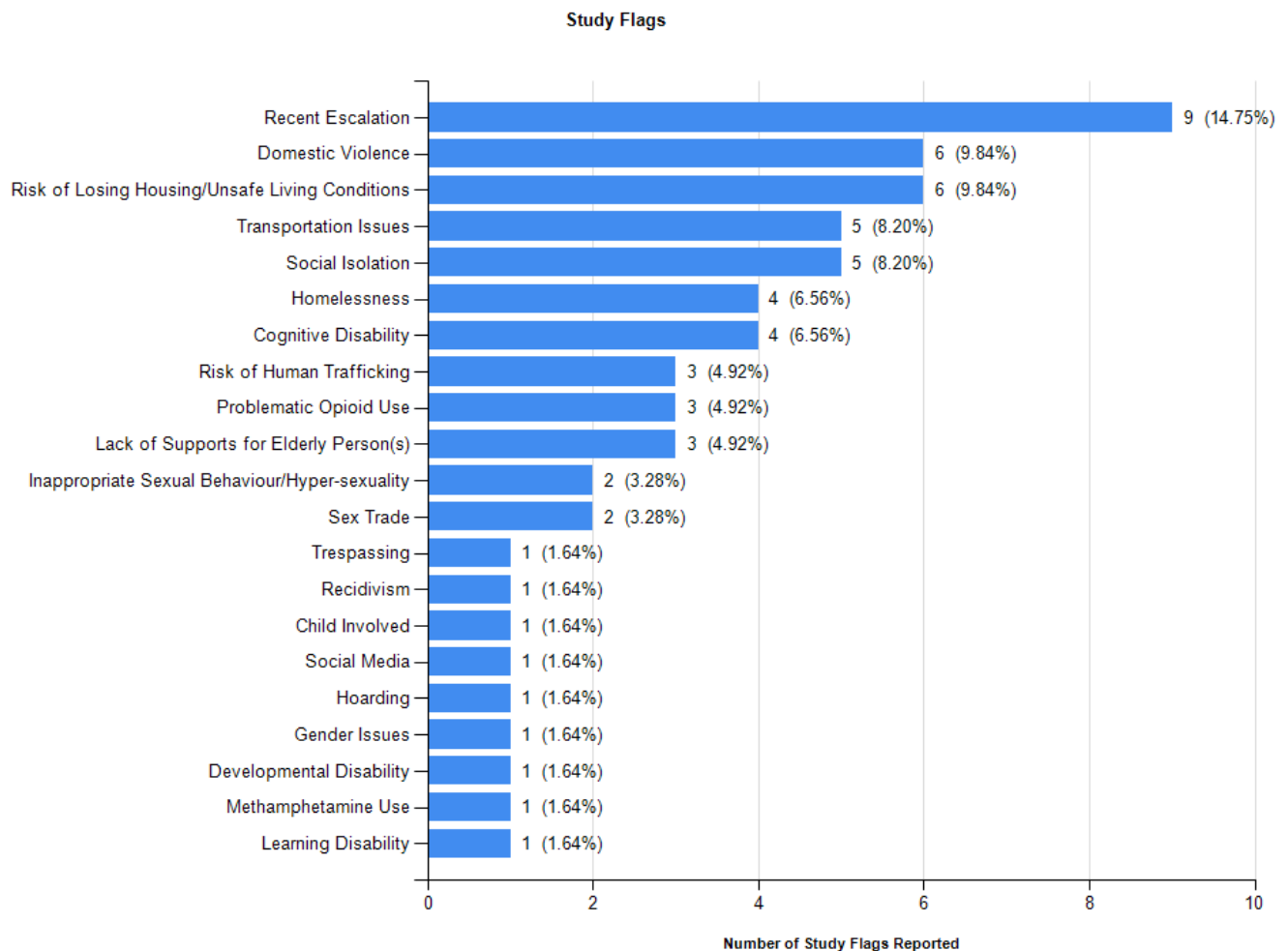


Figure 21 Study Flags (13 Discussions), Jan. 1-June 30, 2020

OPP Pre- and Post-Referral Data

For several years, Lanark County OPP has been evaluating the effectiveness of the situation table in relation to calls for service pre-referral and post-referral. This applies only to individuals referred to the situation table by the OPP. From inception to the end of December 2019, OPP have made a total of 103 out of 221 referrals to the situation table. In 2019, seven referrals were made by the OPP. For 2019, the OPP reviewed the first five individuals referred by them to determine if there had been a reduction of officer hours and calls for services committed to those individuals. The review covered a period 12 months pre-referral and 12 months after the referral.

The report shows the experience can vary for individuals. For all but one of the five individuals, the number of officers involved, hours the officers devoted to the calls and the number of calls for service declined following a referral. Overall, and in keeping with previous years' analysis, there continues to be a trend in the reduction of officer hours and calls for service being dedicated to these individuals. The overall number of officer interactions with the subjects decreased by 52%. CAD hours (Computer Aided Dispatch), which indicates the number of hours multiplied by the number of officers responding to a call, decreased by 60%, and there was a 60% decrease in total officer hours, which is the number of CAD

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hours plus any supplemental hours noted in occurrences. Total calls for service decreased by 48%. While some individuals have seen a less dramatic decrease, others have seen a significant reduction. Based on the rate of decrease there is an overall average of 42.4 total officer hours reduced per subject and an average reduction of 17 calls for service per individual. The analysis does not include time spent by court officers or support staff after initial interactions with a subject, nor does it include any court time accrued by officers relating to any of the interactions. It can be inferred that those hours would also be reduced with fewer interactions.

A drop in calls for service allows for officers to focus on other priority calls and demonstrates that individuals have been connected to more appropriate services that meet their needs. Ultimately this results in cost savings as the requirement for emergency services personnel is reduced (e.g. police and paramedics). Tracking the trend related to calls for service is one of the targets set out in the Community Safety and Policing Grant for this program.

Community Plan for Safety and Well-being

Lanark County and Smiths Falls have a Community Plan for Safety and Well-being, which has been adopted by the following municipalities:

Carleton Place
Drummond/North Elmsley
Lanark Highlands
Mississippi Mills
Montague
Perth
Smiths Falls
Tay Valley

The plan brings multiple human-service sectors together to collectively identify systemic issues and risk factors that are prevalent locally and to provide a network of support for vulnerable populations in the community in order to prevent crisis situations. The process was community driven and began in 2016, with municipalities adopting the plan in 2018 and 2019. Twelve priority risk areas were identified, with strategies and outcomes developed for each.

In March 2018, the provincial government passed amendments to the Police Services Act, which mandated municipalities to prepare and adopt a community plan for safety and well-being. The Act came into force as of Jan. 1, 2019 and required local municipalities to have the plan adopted two years from that date. A new version of the act was tabled by the new provincial government in February 2019 that retains this CSWB component. Due to COVID-19, the Jan. 1, 2021 deadline has been postponed, with a new date not yet announced. The plan developed prior to the legislation for Lanark County and Smiths Falls, however, has been submitted to the province, so municipalities that have adopted it are considered to have completed the requirement. A separate progress report will be provided to municipalities and stakeholders on an annual basis.

Grants and Activities

Since 2015, the Lanark County Situation Table and related activities (e.g. the Community Plan for Safety and Well-being and collaborative projects) have been funded by a combination of provincial grants through the Perth Police Services Board, as well as municipal and in-kind contributions. A summary follows.

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Completed Grants

The following is an outline of the initial and completed grants that have been authorized by the Perth Police Services Board related to the situation table and other projects.

1. Proceeds of Crime (2015-2016). This was the initial grant to pilot the Lanark County Situation Table. The PSB received \$59,962 to hire the coordinator, launch the situation table, begin the Community Safety and Well-being Plan component and coordinate training activities with community partners.
2. Proceeds of Crime (2016-2017). This grant continued the initial work of the Lanark County Situation Table, including operations and coordination. It moved the CSWB Plan forward, and supported training initiatives and education. The PSB received \$59,935.
3. Policing Effectiveness and Modernization Grant (2017-2018). The PSB received an allocation of \$60,000 to continue coordination of the LCST and CSWB Plan, as well as ongoing training partnerships and mobilization and engagement activities with police. (Because this funding is re-purposed from the old CPP Grant that was received by the former Perth Police Service, Perth is the only municipality in the county eligible for the allocation.)
4. Proceeds of Crime (2018-2020). This is the \$158,000, two-year grant to pilot the mental health nurse program, now known as the Mobile Crisis Response Team. Funds supported the hiring a nurse to be embedded with the OPP. Additional funds were obtained by Lanark County Mental Health from the LHIN to expand the program, but the program was cut back when the grant ended on March 31. LCMH has some funding to continue with 1.1 positions to be shared between OPP and Smiths Falls until new funding can be found. None of the recent provincial grant announcements had themes that match this program.
5. Policing Effectiveness and Modernization Grant (2018-2019). The PSB again received the \$60,000 allocation to sustain situation table and CSWB plan coordination.

Unsuccessful Applications:

1. Proceeds of Crime (2017-2018). Applied for funds to support creation of opioid crisis strategies, a feasibility study to develop a Lanark County Child and Youth Advocacy Centre, and to create/enhance education and awareness programs around domestic violence, parenting, mental health, hoarding, etc.
2. Proceeds of Crime (2020-2023). Applied for funds on the sexual violence, harassment and human trafficking theme to support training for officers and businesses/agencies, increased community education, enhanced technology tools to help victims and to develop a rural service delivery model for sexual assault/domestic violence.

It should be noted that several projects outlined in the above two applications subsequently have been pursued through other means. For example, the Lanark County Child and Youth Advocacy Centre has been established through federal funding with support from Lanark OPP, the Lanark County Situation Table and many other partners. We continue to explore ways to support other projects.

Current Grants

The following grants are currently underway through the Perth Police Services Board:

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1. Community Safety and Policing – Local Stream (2019-2022). This grant provides \$45,000 per year for three years to support Lanark County Situation Table and Community Safety and Well-being Plan coordination, as well as some training activities. (The Local Stream is the former PEM Grant allocation. The allocation was reduced as part of provincial budget cuts in 2019.)
2. Community Safety and Policing – Provincial Stream (2019-2022). This grant has a theme around sexual assault, harassment and human trafficking. Funding was awarded in December, with \$46,650 in the first year, \$60,000 in the second year and \$60,000 in the third year. It primarily supports a part-time Victim Advocate position (in partnership with Lanark County Interval House, where the position is housed), who works with victims from the start of an incident through the court process in partnership with other local agencies. Other activities include training sessions (Blanket exercise, human trafficking, trauma-informed care), survivor engagement, the development of a training video for police, and a victim-centred interview room in Carleton Place.

Since 2015, a total of \$699,547 in provincial grant funding has been secured for the Town of Perth (for the benefit of the entire county) through the Perth Police Services Board via Lanark County OPP and agency partners, as well as many thousands more in in-kind support. The Situation Table and CSWB Plan have been funded annually through a mixture of these grants, and funding is in place for that work until March 2022. The coordinator will continue to monitor funding opportunities.

Municipal and In-Kind Contributions: In 2016 and 2017, several local municipalities generously contributed funds to support situation table operations. These funds were intended to be seed and/or bridge funding between grants as the coordinator worked to secure additional funds. Perth (through the Police Services Board budget), Tay Valley, Montague, Mississippi Mills, Drummond/North Elmsley and Lanark Highlands made contributions. These funds are held in reserve to be used if needed. In addition, Lanark County provides meeting space and IT support as an in-kind contribution, the Town of Perth provides in-kind contract administrative support and Lanark County OPP provides in-kind office space for the coordinator.

Committees: In addition to the regular situation table operations and activities related to the community safety planning process, the coordinator continues to participate in several committees that are relevant to the work outlined in the community plan for safety and well-being, which provides valuable networking and information that supports the plan.

- **Lanark County Child and Youth Services Collaborative:** This group consists of representatives from a wide range of agencies providing services to children, youth and families. It aims to provide “leadership and collaboration to enable optimal development and healthy living for Lanark County children, youth and their families.” The collaborative offers advocacy opportunities, information sharing, education and professional development. The Community Issues Committee deals with issues brought to the collaborative and in recent years has spearheaded training about and awareness of Indigenous issues, anti-oppression/anti-racism rural school closures.
- **Community of Practice:** This is a group of situation table practitioners from across Ontario that meets monthly via teleconference. It provides networking, education, sharing of best practices and troubleshooting opportunities with support by Ministry of the Solicitor General staff.
- **Child and Youth Advocacy Centre Steering Committee:** This is a group of partners that meets to support the operation of the Child and Youth Advocacy Centre for Lanark County and Smiths Falls. The project is directed by Open Doors for Lanark Children and Youth, which received funding from the federal Department of Justice to

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develop the centre. The coordinator is a member of the steering committee. The advocacy centre has been identified as a strategy in the Community Plan for Safety and Well-being.

- **Vital Signs:** This is a national program that is locally coordinated by the Perth & District Community Foundation, which released the Lanark County Vital Signs report in 2017 outlining strengths and weaknesses in the community related to quality of life and community well-being. Many of the findings align with the Community Plan for Safety and Well-being. The coordinator liaises with the Vital Signs Working Group.
- **Human Services Justice Coordinating Committee:** This is a regional committee that works to coordinate services and resources for people with unique needs who come into contact with the law. There are a number of local agencies represented on the regional committee for Lanark County.
- **Successful Aging Advisory Committee:** This group has developed from the United Way's Vulnerable Seniors report and is made up of a number of local agencies for networking and advocacy around senior issues.
- **Justice and Mental Health Rural Outreach Project Committee:** This is a steering committee for a project spearheaded by the Legal Clinic to help improve services for individuals experiencing mental health and justice issues. It has included outreach, training and an improved referral system for clients. Phase 1 of the project was completed in September 2020.

2019 Activities

- Throughout the winter months in 2019, the coordinator, accompanied by either Insp. Derek Needham, S/Sgt. Marc Hemmerick or S/Sgt. Marty McConnell, attended all local municipalities to present the Community Plan for Safety and Well-being for Lanark County and Smiths Falls for adoption.
- **Blanket Exercise:** As part of the PEM funding, a blanket exercise led by Laura Maracle was held with about 30 participants, including police and local agencies
- As part of the PEM funding, two days of trauma-informed care training with Dr. Lori Haskell were held for 218 participants.
- The coordinator and Insp. Needham were invited to participate as part of a provincial social services panel discussion in Thunder Bay. Due to funding restrictions, Tammy Kealey-Donaldson from Lanark County Social Services represented the project instead as she was already attending. The coordinator worked with Tammy on presentation materials.
- The coordinator made presentations to a variety of groups in June related to the situation table and community safety planning, including Open Doors for Lanark Children and Youth, the Lanark County Child and Youth Collaborative, Community Mobilization Officer training at East Region and the Lanark County Association of Police Services Boards.
- On Sept. 26, the coordinator co-presented with Claudia Tenuta of the Ministry of the Solicitor General at CSWB training session for municipalities hosted by the Canadian Municipal Network on Crime Prevention in Ottawa. Many eastern Ontario municipalities were represented, and the training was geared to help them get started with the mandated community safety planning process.
- Near the end of the year, notification was received that the provincial stream of the CSP Grant was successful. The coordinator assisted with some of the start-up activities related to the new victim advocate position.
- Throughout the year, the coordinator has continued to provide assistance to other situation table coordinators and to other communities that are beginning the process of developing a community plan for safety and well-being.

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2020 Activities:

- Continued working with Lanark OPP (A/Detachment Commander Insp. Karuna Padiachi) and Lanark County Mental Health to advocate for sustainable funding for the Mobile Crisis Response Team.
- On March 3 and 4, the coordinator was invited to speak about Lanark County's community safety planning journey and our various collaborative initiatives at the Community Safety and Well-being Symposium held in Regina, Saskatchewan. Close to 300 people attended the event, including representatives from Scotland, and the coordinator's presentation was well received. It was an excellent learning and networking opportunity, and a chance to hear about progress made in many communities regarding the CSWB model. The full cost was paid by the Government of Saskatchewan.
- With the onset of COVID-19, the coordinator worked to switch the situation table format to a virtual model, which has continued to meet regularly and on an ad-hoc basis since March 2020 without interruption.
- On March 17, the first meeting of the Community Pandemic Response Committee was convened by video conference. Organized by Ramsey Hart of The Table Community Food Centre and hosted through United Way Eastern Ontario, this assembly of local agencies came together quickly to attempt to mobilize services such as food delivery, mental health supports and access to information concerning the lockdown measures. As part of this group, the coordinator worked with Lanark County to develop a COVID information page on the County's website, which has been updated over the months. The coordinator was also part of the sub-committee that formed to develop a widely circulated community check-in survey related to the pandemic. It is hoped some of the data collected will be informative for discussions held by the Community Plan for Safety and Well-being Steering Committee on the consequences of the pandemic in our community.
- The coordinator has been taking part in the County's Emergency Management meetings with all municipalities to provide updates regarding services for vulnerable populations. The work of the Community Pandemic Response Committee has been very informative for this process.
- The coordinator was asked to be part of a working group to set up an isolation centre for COVID-positive homeless/precariously housed individuals for Lanark County and Smiths Falls. The coordinator assisted with communications about the centre and spreading the word to local agencies on the referral process. The centre was set up through emergency Social Services Relief Funding (Phase 1) through Lanark County Social Services provided by the province.
- Due to COVID-19 restrictions, several planned trainings for the end of the last fiscal year have been postponed to this year. The Ministry was very helpful in terms of approvals related to the shifting timelines and budget implications.
- Final reports for the 2019-2020 year for both Community Safety and Policing Grants were submitted to the ministry in May.

CONCLUSION

The Lanark County Situation Table and the Community Plan for Safety and Well-being continues to be a success story thanks to the ongoing dedication and support of community partners. At the situation table, committed professionals do not hesitate to come together consistently to offer rapid support to people who need it. The benefits that have come from the collaboration of these agencies have been tremendous and can be seen, for instance, in the response to the pandemic. When an issue arises, people come together without hesitation to help and to solve problems.

LANARK COUNTY SITUATION TABLE

As of the end of 2019, 221 referrals had been made to the situation table, and of those that proceeded to an intervention, 84% had overall risk lowered. Agency involvement at the table is consistent and strong, with several long-term representatives. One of the greatest benefits continues to be the sharing of resource knowledge between the agencies, allowing for individuals to be connected quickly to appropriate services. Reducing the frequency of contact with emergency services by connecting them with appropriate services earlier not only benefits the individuals involved, but it increases efficiencies within the system and helps to keep costs down.

Thank you to the many partners and participants who have supported the work of the Lanark County Situation Table and the Community Plan for Safety and Well-being, and to the Ministry of the Solicitor General for its ongoing support of this valuable risk-intervention model.

From: "Great Lakes Fund (MECP)" <GreatLakesFund@ontario.ca>

Date: September 24, 2020 at 12:38:11 PM EDT

To: "Great Lakes Fund (MECP)" <GreatLakesFund@ontario.ca>

Subject: Great Lakes Local Action Fund: Welcoming applications / Fonds d'action locale pour les Grands Lacs : demandes acceptées

Dear Great Lakes Partners,

The Great Lakes community has worked together for decades to support Great Lakes protection and restoration efforts. While we have made significant improvements in water quality, the Great Lakes are experiencing increasing environmental stress and require continued protection and restoration.

Following the recent [announcement](#) made by the Minister of the Environment, Conservation and Parks, the Ontario government is pleased to announce the opening of applications for the Great Lakes Local Action Fund. This \$1.67 million investment will help support projects that have a positive environmental impact on the Great Lakes, the streams and rivers that feed into them, and their surrounding communities.

Successful applicants will receive up to \$50,000 for projects that protect and restore coastal, shoreline and nearshore areas of the Great Lakes.

For more information including application guidelines and instructions, please visit www.ontario.ca/GetFunding. Applications close on November 6, 2020.

We will also be hosting webinar information sessions to provide additional information and answer any questions you may have about the Great Lakes Local Action Fund. To register, please visit <https://www.eventbrite.ca/e/great-lakes-local-action-fund-webinar-registration-121077495047>.

Please feel free to forward this email to other leaders, partners or organizations who you think may be interested in leading actions to support the Great Lakes.

With your help, we can do more to safeguard our Great Lakes water resources and ecosystems for future generations.

For further inquiries, please email: greatlakesfund@ontario.ca.

Sincerely,

Great Lakes and Inland Waters Branch – Great Lakes Office
Ministry of the Environment, Conservation and Parks

From: UCDSB Communications Department <communications@ucdsb.on.ca>
Sent: September-24-20 4:06 PM
To: UCDSB Communications Department <communications@ucdsb.on.ca>
Subject: Highlights from the September 23 Board of Trustees Meeting

Highlights from the September 23 Board of Trustees Meeting

Full details on presentations, reports and discussions can be found in the agenda or reviewed in the recorded broadcast.

September 24, 2020 (Brockville, ON) – Trustees with the [Upper Canada District School Board](#) (UCDSB) met on Wednesday, September 23, 2020 for a regularly scheduled board meeting. Trustees conducted the meeting in person at the Brockville Board Office, with the option for staff and trustees to call in, as per regular practice.

Update on School Operations

UCDSB staff updated the board on current school practices for responding to students and staff exhibiting COVID-19 symptoms.

The local health units have developed a COVID-19 School Management Toolkit, which schools are now using. This toolkit includes a printable version of the COVID-19 school screening tool, school protocols for when staff or students show symptoms or test positive with the virus and the return to school protocol for those with symptoms. This school management toolkit can be found on the [UCDSB website](#).

Redesign of the Elementary Remote Learning Model

Student requests for the elementary asynchronous program remain high with an enrolment of 1,931 students, making the original program design unsustainable from a staffing and budget perspective.

Elementary asynchronous remote learners (students in Kindergarten to Grade 8), both digital and non-digital, will now be connected to their local school, like their classmates who are learning through the remote synchronous method. Their regular classroom teacher will provide and assess student work, and be available for periodic check-ins. This is still an independent-study model with parents providing the daily support for students.

Updating the model in this way allows the UCDSB to keep in-person class sizes as small as possible to help keep students and staff safe, provides parents with the choice and flexibility to move between learning models as they need, and ensures the model has qualified teachers.

Fifty-six of our 80 elementary program sites have less than 15 students in the asynchronous digital program and only three have more than 31. Fifty-four of our 80 elementary program sites have less than 15 students in the asynchronous non-digital program and only two have more than 31.

The secondary Virtual School is in full operation, with 743 students registered in courses as of Friday, September 18. These students are learning asynchronously using independent study,

submitting completed learning assignments and projects, while receiving periodic support from a Virtual School teacher.

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For media inquiries, please contact:

Stephen Sliwa
Director of Education
Upper Canada District School Board
communications@ucdsb.on.ca

John McAllister
Chair
Upper Canada District School Board
613-213-4094