



# Community Safety and Well-Being Plan for Northumberland County

Prepared 2021

Working Today for the  
Safety and Well-Being of  
Northumberland Tomorrow

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# Acknowledgments



## Message from 2021 Northumberland County Warden

Community safety and well-being are shared responsibilities. I am therefore pleased to present this Community Safety and Well-Being Plan for Northumberland, which is the result of a multi-year co-design process. By incorporating a multitude of perspectives gathered from our residents and businesses, as well as data from national and provincial sources, and key insights from local human services agencies, we have a plan uniquely designed by and for our community.

In April 2019, in response to a requirement under the Police Services Act, 2019, County Council passed a resolution that Northumberland County would lead a collaborative effort to develop a Community Safety & Well-Being Plan. The goal was to identify collective actions for addressing the root causes of crime and complex social issues in Northumberland.

Extensive community consultation throughout 2019 and 2020, including surveys of residents and businesses and roundtable discussions with human service agencies, generated critical insight into priority areas for focus. Homelessness and housing, mental health, substance use, and poverty and employment rose to the top as issues where the community would like to see even greater inter-agency collaboration and directed investment in order to create an environment where everyone feels safe and knows that their well-being matters.

In the latter half of 2020, an Advisory Committee was established to review this community input, as well as key data-based indicators, and finalize joint action items. This committee will now lead the implementation of the plan. They will drive inter-agency collaboration to enhance coordination of services that support residents to be healthy, successful, and safe.

On behalf of County Council, I would like to express my thanks to everyone who contributed their time and expertise, and shared their experience, as part of the collaborative process to develop a robust Community Safety and Well-Being Plan for Northumberland. Such widespread engagement reflects the shared commitment often demonstrated by our residents, businesses, human service agencies and local government to work together to improve quality of life for all in Northumberland.

A handwritten signature in black ink, appearing to read 'Robert Crate'.

**Robert Crate**

Warden, Northumberland County

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## Message from Community Safety and Well-Being Plan Advisory Committee Chair

The creation of a Community Safety and Well-Being Plan for Northumberland has been an opportunity to build on a strong history of partnership and shared services between local human service agencies to meet the needs of our community.

Human services are broadly defined as those that provide clients with life-stabilization supports. Based on sectors identified by the province, local collaboration to develop and implement a Community Safety and Well-Being Plan has included municipalities, police, fire and paramedic services, health/mental health, education, social and community services, and services for children and youth.

The multi-sector Advisory Committee responsible for implementing this plan is action oriented. As identified within the plan, we will be focusing on evidence-based programs and strategies to address areas of risk in our community that contribute to crime and social issues. We are also creating common measures and metrics to track the outcomes to ensure that these strategies are effective. Every year, the Advisory Committee will share news and updates about the actions identified in the plan that have been completed and the successes achieved, as well as challenges and new opportunities that have been identified.

I want to thank our partner agencies for their contributions to the development of a Community Safety and Well-Being Plan for Northumberland, and for their commitment to collaborative, prevention-based strategies, programs and services to help minimize risk factors and improve the overall well-being of our community.

By inviting broad input from community members on opportunities to sustain and strengthen local quality of life as a key component of developing this plan, and harnessing the expertise and energy of organizations delivering programs that are vital to Northumberland's social fabric, our community is positioned to collectively move forward with improved coordination and integration of human services for a more effective system of supports.



**Lisa Horne**

Director of Community and Social Services,  
Northumberland County





# Advisory Committee, Multi-Sector Membership

## Suzanne Anquetil

Director of Service, Highland Shores Children's Aid

## Carol Beauchamp

Executive Director, Rebound Child & Youth Services

## Adrienne Bell-Smith

Executive Director, Northumberland Family Health Team

## Susan Brown

Chief, Northumberland Paramedics

## Danny Broome

Major, Salvation Army

## Councilor Bill Cane

Mayor, Hamilton Township and Northumberland County Councillor

## Bobbie Dawson

CEO, Northumberland United Way

## Lisa Horne

Director of Community & Social Services,  
Northumberland County

## Taryn Rennicks

Executive Director, Community Health Centres of  
Northumberland

## Dan Smith

Chief, Port Hope Fire and Emergency services

## Pam Stuckless

Director of Health Promotion, Haliburton Kawartha  
Pine Ridge District Health Unit

## Paul VandeGraaf

Chief, Cobourg Police Services

Special thanks to: Amy Peverley - Data Analyst  
Coordinator, Jenny Whyte - Strategic Planner, and  
Sarah Tanner - Community Services Manager for their  
efforts.

“”

*We have truly come together in the spirit of  
full collaboration to create this plan. Each  
and every organization on the committee  
is dedicated to driving the work forward to  
make Northumberland an even better place  
for everyone who lives here.*

*- Bobbie Dawson, Executive Director,  
Northumberland United Way*



# Introduction

## Land Acknowledgement

Northumberland County respectfully acknowledges that Northumberland County is located on the Mississauga Anishinaabek territory and is the traditional territory of the Mississauga. Northumberland County respectfully acknowledges that the Mississauga Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

## Northumberland County, Ontario

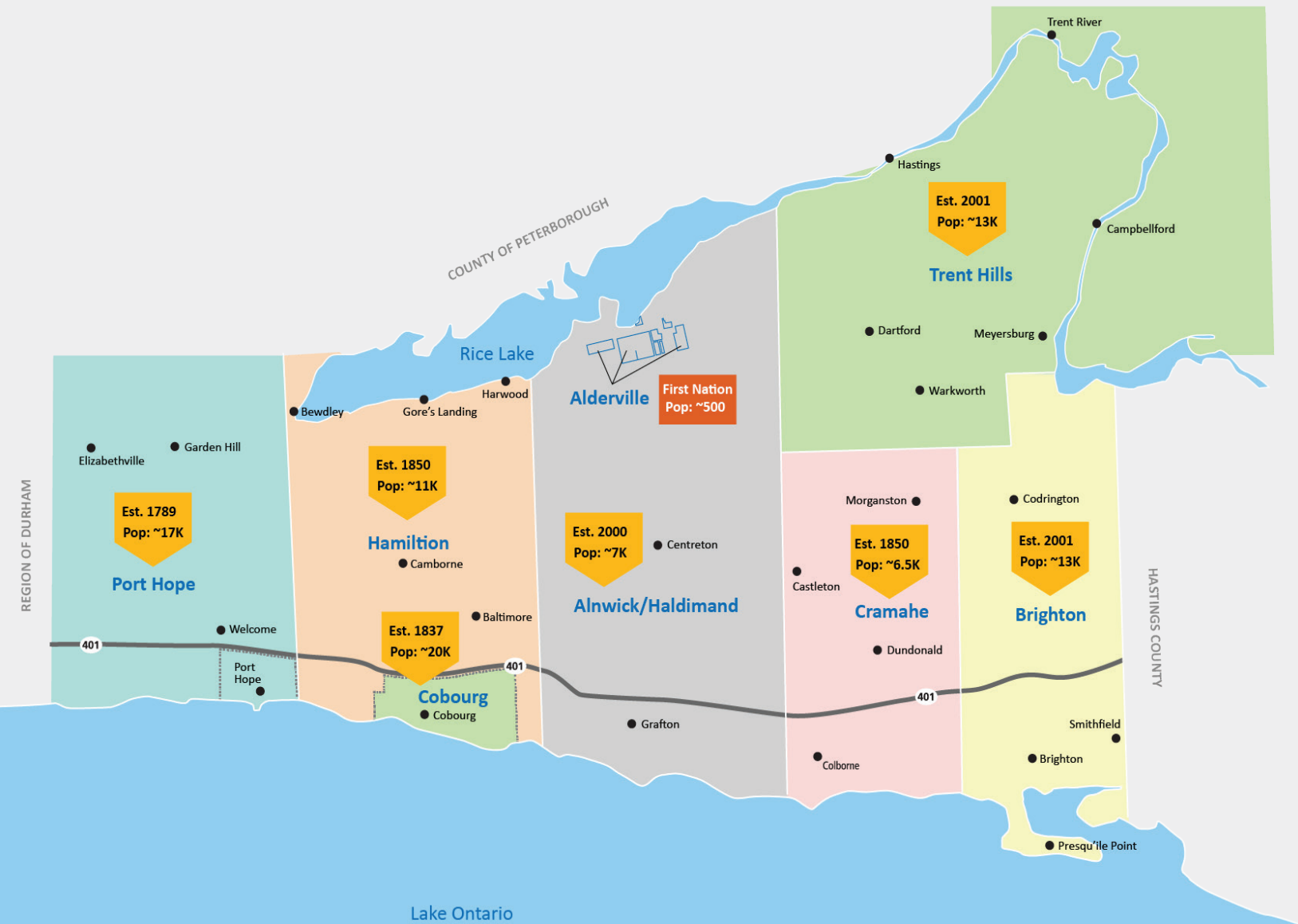
Northumberland County is a picturesque county on the 401 corridor, east of Toronto. Spanning over 1,900 km, the county hugs the Northern shore of Lake Ontario and extends North to Rice Lake through rolling hills. Known for small towns and rich rural landscape, the area provides both quaint small town charm and country living. A dynamic landscape full of escapes to natural beauty, the region hosts cultural festivals and performance arts throughout the seasons.

Home to approximately 86,000<sup>1</sup> people, the County is the upper tier level of municipal government that weaves together seven diverse yet complementary municipalities including: Township of Alnwick/Haldimand, Municipality of Brighton, Town of Cobourg, Township of Cramahe, Township of Hamilton, Municipality of Port Hope, Municipality of Trent Hills and one Alderville First Nation.

Northumberland County, along with our member municipalities and community partners, strives to bring together people, partnerships and possibilities for a thriving Northumberland and does so by embracing the core values of: **care** and **support**, **collaboration** and **communication**, **honesty** and **integrity**, **innovation** and **excellence**, **mutual trust** and **respect**, and **accountability**. This mission, vision and values set guide the actions and interactions which have made this report possible.

1 Statistics Canada. 2017. Northumberland, CTY [Census division], Ontario and Canada [Country] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed November 16, 2020).

# Northumberland County Member Municipalities



# Northumberland at a Glance

## Growth

Northumberland is growing

**4%** per year

compared to **4.6%** for Ontario as a whole



## Education Levels

**58%** of residents have some post-secondary education

There are 5 post-secondary institution within 50 minutes of Northumberland County



## Employment & Income

**71%**

Full-Time

**29%**

Part Time

**14%**

Self-Employed

**24%**

Sales & Services

**18%**

Trades & Transport

**\$70K**

Median Household Income

**12%**

Low-income Households

**7.3%**

Unemployed



## Community Vitality

Survey results for Eastern Ontario region report that residents have above average rates of:

- **physical activity**
- **volunteerism and trust**
- **sense of belonging**

And a lower than average rate of crime: a rate of **31.5**, compared to 50 for Ontario as a whole



## Aging Population

**51**

The median age, compared to a median of 41 in Ontario as a whole

**25%**

of residents are **over 65**, compared to 16.7% for Ontario

## Child Development

Most children are meeting or exceeding the standards set by the Ministry of Education. In most cases, rates of achievement are improving or remaining stable



Sources: Statistics Canada 2016 Census; Real Estate Market Data; Northumberland County Community and Social Services



# Northumberland at a Glance

## Housing & Homelessness

- 81%** of residents own their homes. **61%** of households have 1 or 2 people; **13%** are single-parent homes
- 25%** Residents spend over **30%** of their income on housing
- 1,000+** Residents on the waitlist for Rent-Geared-to-Income housing
- \$622K** Average sale price, March 2021
- 1%** Rental vacancy
- 89** People registered on By-Name list of homeless residents
- 10** Emergency shelter capacity

## Neighbourhoods & Community

- 93%** of parents and guardians report that there are safe parks, playgrounds, and play spaces in their communities;
- 79%** Believe that there are adults in their community that children can look up to



## Demographics & Diversity

- Indigenous people make up **2.7%** of Northumberland's population, comparable to the total Indigenous population in Ontario (2.8%).
- 98%** of Northumberland residents are citizens of Canada
  - 11%** of residents immigrated to Canada, mostly before 1981
  - 3%** of the population in Northumberland identifies as a 'visible minority'
  - 1%** identifying as Black



Sources: Statistics Canada 2016 Census; Real Estate Market Data; Northumberland County Community and Social Services

## Community Satisfaction and Well-Being in Northumberland

According to a Community and Safety Well-Being Survey conducted by Northumberland County in 2020, residents who responded correlate a strong link between community safety and well-being. This indicates an understanding that if the well-being in our community is strong for all, not only will residents be happier and healthier, a safer community is likely.

75% of respondents indicated that they were completely or somewhat satisfied with the accessibility of parks and forests, 61% for beaches, and 81% for libraries. 28% of respondents indicated that they were completely or somewhat dissatisfied with the accessibility of healthcare, and 26% for education and training.

12.2% of commuters travel for an hour or more - i.e., they work or attend school outside of Northumberland.



“”

*Northumberland County agencies work well together in addressing the needs of the community and in anticipating future needs - there is strong commitment to ensuring we have a safe community where all residents can have a strong sense of community well-being and expectation of support for wellness.*

*- Carol Beauchamp, Executive Director, Rebound Child & Youth Services*



# Community Safety and Well-Being Planning in Northumberland

## Ontario's Community and Development Planning Framework

Traditionally, community safety and well-being was envisioned as the default state of things, maintained by police services responding to incidents that “disturbed the peace.” Research over the last several decades has shown that community safety and well-being is largely socially determined, and that individual health and crime are both driven by social factors including poverty, disability, discrimination, and other factors that impede the full participation of individuals in society or their access to services; and that crime and poor health can be largely prevented through more adequate social supports. In recent years, social movements have amplified this message: the public is loudly demanding approaches to public safety that acknowledge and address these social factors, at the same time that governments are changing policies to do exactly that.

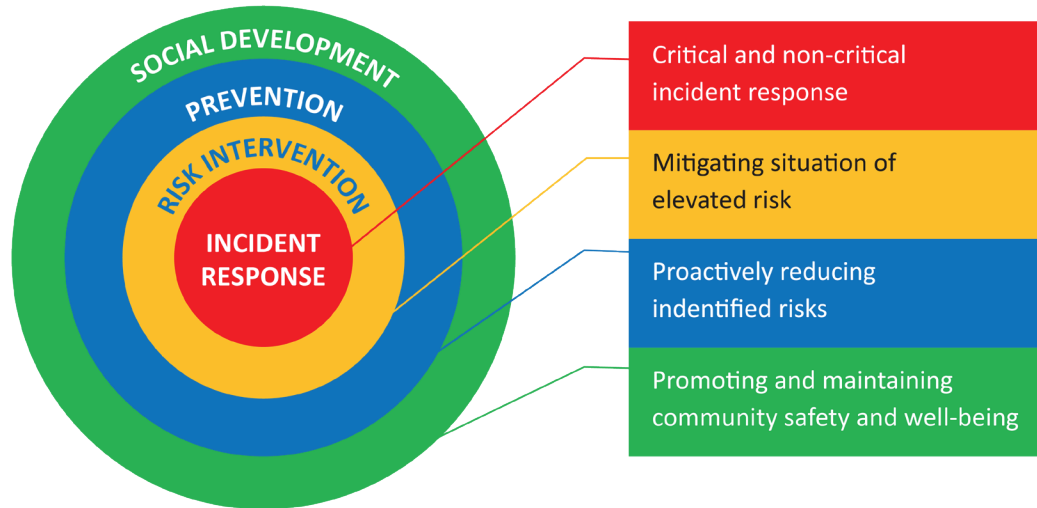
This Plan is a direct response to the progress made in the Police Services Act in 2019 to recognize the importance of community safety and well-being planning, and to establish mechanisms for it to be enacted at a community level. Provincial guidelines require that we establish a multisectoral advisory committee; provide a framework that emphasizes Community Development aligning with Prevention, Intervention, and Incident Response; and recommends collaboratively building on existing strengths in the community as a starting point.

This Plan intends to address the actual and felt needs of our community through: facilitating the alignment of existing agencies to improve outcomes; collection and analysis of data to measure progress; improved access to information and services for vulnerable people and the agencies that serve them; and ongoing stakeholder engagement to connect the felt needs of the community with the plan implementation process.

Achieving these goals will result in a community that is both safer and more consciously supportive of social development for vulnerable residents; agencies that are more coordinated, informed, and efficient; member municipalities that have a clear path forward for development that meets the needs of their communities; and a lower reliance on incident response initiatives and crisis interventions.



The Ontario provincial government has provided an evidence-based and logical framework to guide the most efficient use of resources to promote community well-being and safety<sup>2</sup>. This framework inverts the traditional understanding of public safety, by placing the least emphasis on incident response.



This is for three main reasons:

1. Incident Response is inherently reactionary, responding after a serious incident has occurred, rather than preventing harms that often cannot be healed or restored;
2. Incident Response is also inherently expensive and often dangerous, so relying on it rather than on more preventative measures is inefficient and risky; and
3. Incident Response tends to rely heavily on Police Services, which are not able to respond to the variety and sensitivity of all incidents equally.

While Incident Response remains an important part of the Community Safety and Well-Being Plan, it must be emphasized that Incident Response should be a last resort.

<sup>2</sup> Ontario Provincial Government. (2018). Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario (Booklet 3, Version 2). <https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSOPanningFramework.html>

The Northumberland Community Safety and Well-Being Collaborative aims to achieve success through careful planning and thoughtful implementation using these levels of response as a guide for consideration, reflection and direction in this plan, as well as future community development initiatives:

### **Risk Intervention:**

The Northumberland Community Safety and Well-Being Collaborative will continually collect and coordinate data that identifies at-risk individuals and communities and plan interventions to prevent those risks from elevating to incidents. *This includes activities like providing support for the situation table and MHEART, and increased and improved case conferencing across service agencies.*

### **Prevention:**

The Northumberland Community Safety and Well-Being Collaborative will use data and new ways to deliver services to prevent the need for Risk Intervention. *This will include further exploration of transitional and other housing options, and developing community wide diversion knowledge, policies, and practices.*

### **Social Development:**

The Northumberland Community Safety and Well-Being Collaborative will develop opportunities that will offer individuals or particular communities options for healthier and safer choices. *This will include programs like Northumberland Eats, and aligning with the EarlyOn Child and Family centres.*

Additionally, in order for communities to be involved and engaged in how they can become safer and healthier, the government recommends refocusing existing efforts and resources to better align *collaboration, information sharing and performance measurement across services.*

- » The Northumberland Community Safety and Well-Being Collaborative will continue to identify opportunities for systems level thinking, cross sector collaboration and collective intelligence sharing. *This will include cross-sectoral training and development, and new data collection and sharing initiatives.*

Finally, the Provincial guidelines outline the following critical success factors for the Plan<sup>3</sup>. These have been woven through all of Northumberland County's planning and analysis, and all of the steps identified for implementation of the priorities across our County. We believe that working upstream to develop understanding and strategies that focus on improving our structures and collaboration will improve supports that allow people to achieve their full health potential.

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3 Ontario Provincial Government. (2018). Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario (Booklet 3, Version 2). <https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSOPanningFramework.html>



Our plan is:

### **Strength Based**

We are rooted in what we're already doing well and utilizing community-based assets;

### **Risk-Focused**

We are focusing on identifying and addressing risks, rather than responding after risks have escalated to incidents;

### **Rooted in Awareness and Understanding**

We will share training and development opportunities with the community to take a collaborative and engaged approach to community safety and well-being;

### **Ensures Highest Level Commitment**

We are seeking the ongoing support and leadership of municipalities and other key leaders in order to maintain the necessary coalition of agencies and stakeholders needed to achieve success;

### **Engages Effective Partnerships**

We are fostering collaboration with relevant stakeholders that goes beyond occasional communication, cooperation and coordination to the point of ongoing collaboration between agencies and, where appropriate, even the convergence of organizations including sharing resources;

### **Evidence and Evaluation Focused**

We are developing clear and measurable outcomes, and systems to collect the data necessary to measure progress and efficiency; and

### **Cultural Responsiveness**

We are moving from cultural awareness (defined as acknowledging differences) through cultural sensitivity (respecting differences) and cultural competency (developing skills and knowledge), to cultural safety (which includes self-reflection, empathy, and advocacy). We are taking into consideration the special needs and prospects of groups.

In the context of Northumberland County this is particularly relevant to our relationship with Alderville First Nation, and the negative impacts of the Williams Treaty for which Canada formally apologized in 2018 but which are still felt.

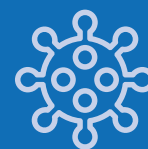
# Community Engagement

In alignment with the government directive, Northumberland's community safety and well-being planning process employed the following community engagement and inclusion methods to assess priorities and plan forward, and will rely on these ongoing mechanisms in order to keep our plan updated and measure our impacts:

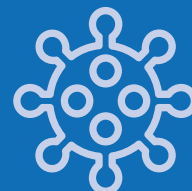
- » Recruiting champions from within the community – visible and influential residents, organizations, businesses, and active networks – to build on their commitment to our community and expand on our shared priorities from their already strong foundations;
- » Providing opportunities for community stakeholders to participate in the planning and implementation of strategies and through engagement with both permanent advisory tables and specific consultations;
- » Ensuring inclusion of stakeholders and people with lived and living experience, who are most directly affected by any service, is required with programs and initiatives, in line with the principle of “nothing about us, without us”;
- » Ensuring all implementation plans are informed by relevant expertise and collective community intelligence provided by local agencies, and robust collaborative insight, to ensure that issues are understood and best practices are identified;
- » Ensuring directives are supported across the political spectrum, through developing, coordinating and otherwise supporting the Plan and its resulting programs and policies from Northumberland County and its member municipalities.

The Community Safety and Well-Being Advisory Committee have expressed and demonstrated their belief that all types of engagement are important to build a robust plan. At this point in the plan development, we recognize we have further work to do to improve Indigenous engagement and inclusion. We have undertaken some initial engagement with services who support people with Indigenous heritage across Northumberland and we recognise this is in early stages. We aim to increase the amount of engagement and inclusion of Indigenous people through the plan, including leadership, activities, review and evaluation.

## Covid-19



The onset of COVID 19 and the global pandemic has affected all of our lives. Services have responded in many ways—hours of work or availability have changed (for example reduced opening hours), the way we deliver support and programs has changed (often meeting with people over the phone or the internet rather than face to face)—and we have reduced capacity to offer services (in shelters for example). We know that for many people, especially for those who live alone; for those who are experiencing unemployment and low income; for those who have health challenges; for those living with addictions; and for those experiencing homelessness, the past year has proven to be a particularly isolating and challenging time. Social service and human organisations have responded quickly to provide support and programs in new ways, in new places and often with different resources. We continue to learn from this as we utilize the resources we have to keep our staff, clients and communities safe. We know that people's resiliency and mental wellness is also affected. These are the real life challenges and our plan needs to be flexible and nimble to be able to respond to the opportunities, challenges and priorities this brings as we move forward.



# Planned Together

The plan is first and foremost evidence based. Relevant local, regional and provincial data was assessed in order to better understand the baseline statistics related to community safety and well-being in Northumberland. Following that review, we engaged the direct experience of service providers and experts as well as conducted engagement with the broader community. These engagements are critical for achieving a deeper awareness of the issues, as well generating the buy-in needed to implement the plan and ensure its long-term success. Northumberland County engaged both groups through surveys. Public demographics tracked in the survey are roughly representative of Northumberland's population despite the relatively small sample size. The surveys not only showed clear priorities for the Plan, but a surprising degree of alignment between the community and the service providers.

## Review of Local, Regional and Provincial Data

An initial step in the development of the Community Safety and Well-Being Plan was a review of relevant data, including statistics at the local, regional, and provincial level. The goal of this review was to provide an overview of the population of Northumberland County and establish an understanding of the needs and strengths of the community. The local data that was reviewed included existing work from community partners, such as strategic plans, presentations, and annual reports, in addition to data collected specifically for the purpose of the Community Safety and Well-Being Plan (i.e., the Community Engagement Survey). Whenever possible, data specific to Northumberland County was captured; however, many of our local agencies serve a wider region and some information was not available at a more detailed level. For example, regional data included information from the Local Health Integration Network (LHIN Central East), the Haliburton Kawartha Pine Ridge District Health Unit, the Kawartha Pine Ridge District School Board, and the Peterborough Victoria Northumberland and Clarington Catholic District School Board. Regardless, the information reviewed provided context for and informed the development of Northumberland's community safety and well-being priorities. Relevant data is featured in this report as a 'data snapshot' associated with each priority in Section 5.

## Service Providers

Nobody has a stronger knowledge of the specific needs related to community safety and well-being than the service providers who engage with those needs on a daily basis. Across Northumberland there is a large network of agencies that work with issues covering the entire framework, from Social Development through Prevention and Risk Intervention, and ultimately Incident Response. These agencies have provided input into this plan, and will constitute the primary stakeholders throughout its implementation.

The survey results indicate that social service providers across the sector have placed Affordable Housing as the top priority, followed by Mental Health, Homelessness, Poverty/Income/Employment, Access to Services, and Substance Misuse/Addictions.

## Community Input

According to the Community and Safety Well-Being Survey conducted by Northumberland County in 2020, residents who responded correlate a strong link between community safety and well-being. This indicates an understanding that if the well-being in our community is strong for all, not only residents will be happier and healthier, a safer community will result.

While 88% of survey respondents felt safe all or most of the time, 63% feel that crime has increased significantly in recent years; this corresponds to the fact that most of the respondents are from Cobourg, where reported incidences of crime have increased in recent years, while other municipalities' crime rates have remained flat.

Residents' responses indicate a high awareness of the foundational importance of Social Development, with the top ten priorities including Affordable Housing, Housing & Homelessness, Mental Health, Employment Opportunities, Access to Services, Substance Misuse & Addiction, Poverty & Income, Food Security, and Coordination Between Services in the Community. And remarkably, the top six priorities in the general community were identical with the top six priorities for service providers, only varying in what they ranked as #2 and #3, mental health and homelessness (service providers ranked mental health above homelessness).

Priorities related to identity issues (e.g., Age-friendly Initiatives at #17, Anti-Racism Initiatives at #18, and Anti-Homophobia Initiatives at #23) seemed to rank low, but the more generalized priority of Community Belonging was ranked much higher at #13. These issues align with the top identified priorities as we develop inclusive and accessible services. It is difficult to interpret whether respondents felt that discrimination of particular types is not a problem in Northumberland, or if they feel that specific programs aimed at them are less effective than more general social development. It is worth noting that over 60% of respondents are over 50 (and 35% were over 60), and yet age-related priorities were listed as middling priorities at most overall.

## Strategic Planning Inventory

In addition to direct engagement with stakeholders, Northumberland County has also inventoried the Strategic Plans of member municipalities, key agencies, and local nonprofits to find points of convergence in their priorities. Most member municipalities highlighted Affordable Housing and Homelessness in their strategic plans, along with Improving Access to Information (a strategy that includes sharing information, and is therefore aligned with the Plan's mandate for increased collaboration), and focused primarily on community development strategies. Agencies and nonprofits are largely structured to respond to existing critical needs in the community, and so tend toward prevention, intervention, and incident response.

While member municipalities make specific mention in their strategic plans of the priority issues identified in this document, it cannot be over-emphasized that these priorities are chosen very strategically because of their immediate impact on the most vulnerable, and that these priorities must always be approached from the broader context of community development. This Plan cannot and must not stand alone, and its success cannot be separated from the success of the member municipalities and others in their overall approach to enhancing their communities. As such, this scan of strategic plans functions not just to look for points of alignment, but also to see how these priorities fit within development of our communities to ensure that the Plan is not just responding to current issues, but is aligned with the overall strategic direction of Northumberland County to maximize its effectiveness and ensure its ongoing success.

The degree of overlap in the existing strategic planning documents of all of these organizations provides an excellent opportunity for us to build synergies between them, aligning them through this plan to facilitate collaboration and increase their impact.

Strategic plans surveyed include:

- Member Municipalities:
  - » Township of Alnwick/Haldimand
  - » Municipality of Brighton
  - » Town of Cobourg
  - » Township of Cramahe
  - » Township of Hamilton
  - » Municipality of Port Hope
  - » Municipality of Trent Hills
- Northumberland County
  - » Northumberland County Strategic Plan
  - » Northumberland County Housing & Homelessness Strategy
  - » Northumberland County Affordable Housing Strategy
- Police & Fire Services:
  - » Cobourg Police Service
  - » Port Hope Police Service
  - » Northumberland OPP Mental Health Strategy
  - » Municipality of Trent Hills Strategic Master Fire Plan
- Health Agencies:
  - » Campbellford Memorial Hospital
  - » Central East LHIN
  - » HKLN Drug Strategy
  - » Northumberland Hills Hospital
  - » Youth Mental Health Services
- Education:
  - » KPRD School Board
  - » PVNC Catholic School Board
- Other:
  - » Port Hope Age-Friendly Community Action Plan
  - » SMART Northumberland Digital Strategy 2019

“”

*Like every other community across Canada, we are dealing with poverty, mental health, homelessness and addiction. Those social issues are directly linked to an increase in calls for service for police and an increase in crime rates. This collaborative approach, utilizing the community and social wellness experts, will make our communities safer and increase the feeling of well-being.*

*- Paul VandeGraaf, Chief, Cobourg Police Services*





# Northumberland's Priorities

In alignment with our community needs, our partners strategic visions, and our service providers, our plan will focus on the following identified priorities:



## Definitions

### Thinking Systemically

*We have a tendency to think of issues in isolation from each other, but the reality of the social determinants of health and well-being are that they overlap and converge in ways that create special challenges. While the Community Safety and Well-Being Plan identifies four priority issues, it is with the full recognition that these issues are component parts of a complex system that intersect in several ways.*

# Addressing Our Priorities

## Building on Strengths

In order to achieve progress in the priority areas this plan does not require that we reinvent the wheel; our existing agencies and stakeholders are already well-equipped and positioned to address these priorities and take Northumberland's community safety and well-being to the next level. This means leveraging our strengths and skills as we plan to strategically identify opportunities for innovation and spaces for change.

In order to connect the framework to practice, we have developed a program model which will help us visualize, review and demonstrate how we will activate and support existing community networks to support our priority objectives. This model will optimize our planning and collaboration and support those agencies leading and implementing the actions by sharing knowledge and opportunities, streamlining our approach as a community and ensuring effective performance measurements are in place.

## Program Model

This program model demonstrates how the goals and activities of the Plan are within our mandate, and how they will flow to implementation - clarifying their alignment and identifying opportunities for collaboration.

### Obtaining Commitment to Collaboration

Municipalities, Service Providers, and community partners will be encouraged to prioritize long-term collaboration and mutual support through challenges and changes, creating stable and durable partnerships;

### Generating Buy-In

The commitment to collaboration goes much deeper than a simple consultation process, and it also goes much further toward generating not just assent, but enthusiastic support! Our model includes powerful collaborative design principles to include the community in our processes, perspectives, and achievements;

### Leverage Existing Community Strengths

Our active networks of service providers, agencies, and nonprofits are already working hard to address these issues and do not need to be replaced or replicated. The Plan's emphasis

on alignment of strategy, resources and priorities will build on their successes and increase their impact;

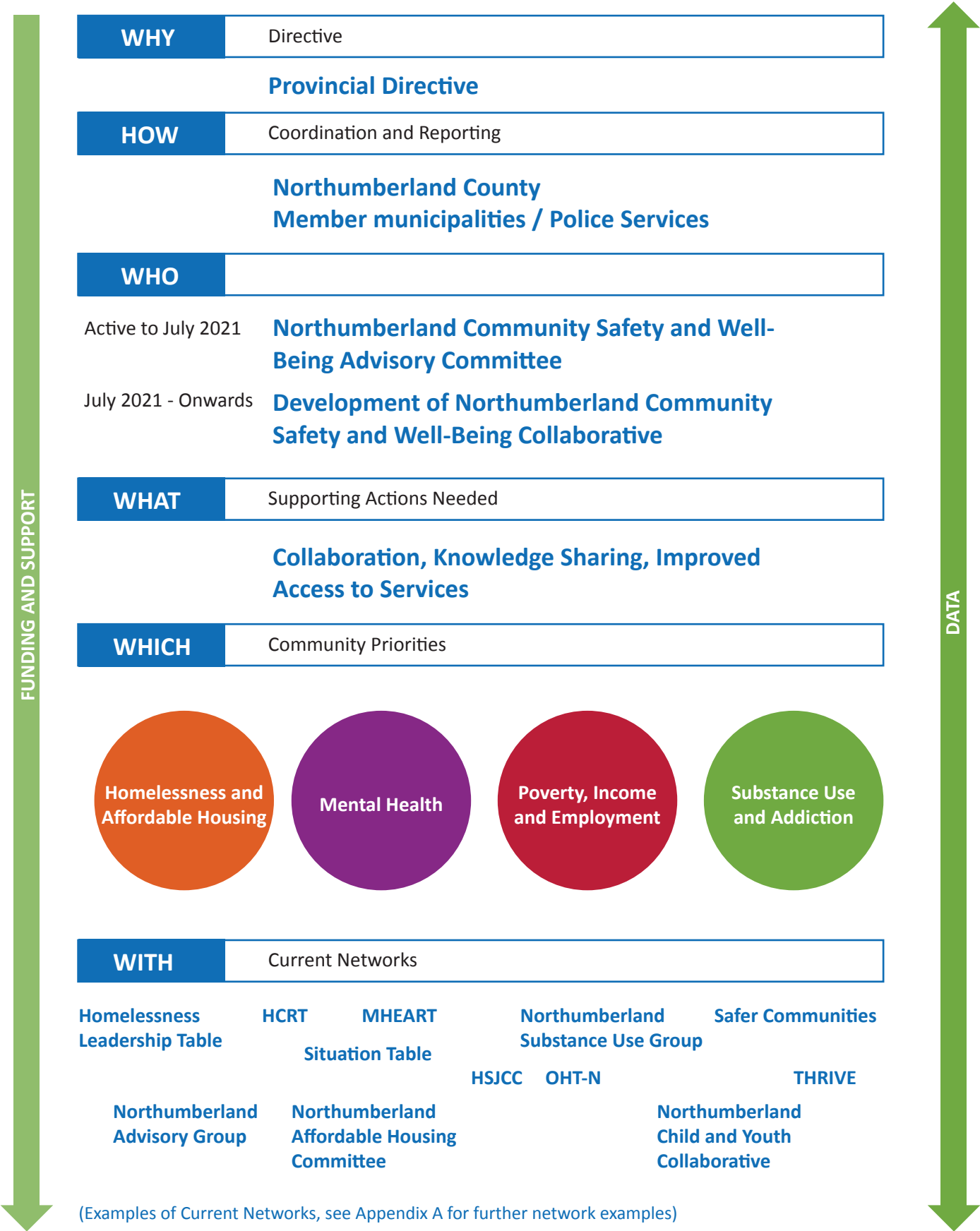
### Evaluating with Data

Data sharing is a key form of collaboration that was identified as a priority throughout our consultations, and we will collect data collaboratively through our inclusive approach. We won't collect data for data's sake: this Plan includes objectives which support data analysis to ensure that the data collected results in clear indicators of progress and other feedback to guide planning and implementation processes, so that our programs are always evidence-based;

### Focus on Risk, and Adapt with Agility to Emergent Risk

Our model prioritizes collaboration and data sharing because having quality feedback and responsive networks allows us to be nimble as we respond to new information, trends, and crises.

# Program Model



**WHY:** The Provincial Directive initiates and frames the Plan, based on legislation (the Police Services Act, 2019) and guidelines for best practices.

**HOW:** Northumberland County has served as a conduit for community safety and well-being planning, and has coordinated the processes. As such it is currently the chief collector of data for planning and reporting purposes and tracking progress.

**WHO:** The Northumberland Community Safety and Well-Being Advisory Committee was set up by Northumberland County (Resolution, 2019-04-17-64, April 17, 2019, see Appendix B) to facilitate the development of the Community Safety and Well-Being Plan. It will re-evaluate the governance structure in July 2021 as the work moves to implementation. The multi-sector committee included membership from the following sectors:

- |                                  |                     |
|----------------------------------|---------------------|
| a. Community and Social Services | g. Youth Services   |
| b. Fire Services                 | h. Public Health    |
| c. Police Services               | i. Mental Health    |
| d. County Council                | j. Not for Profits  |
| e. Family Health Team            | k. Paramedics       |
| f. Child Protection              | l. Community Sector |

Moving forward the development of the Northumberland Community Safety and Well-Being Collaborative will provide support to service providers as they monitor and analyze data relating to the four community priorities.

**WHAT:** The underpinning principles and priorities of collaboration, assess and knowledge sharing will run throughout all the priorities to enhance, improve and build services.

**WHICH** Community priorities identified: Homelessness and Affordable Housing, Mental Health, Substance Use and Addiction, and Poverty, Income and Employment.

**WITH:** Current Networks will be used to serve these priorities and implement the Plan in relation to their area of expertise, ability, interest and mandate, recognizing that several existing groups will have overlapping areas of activity.

“”

*The work of this committee exemplifies the strong ties across all community partners in providing a safe place to live and grow. - Dan Smith, Chief, Port Hope Fire and Emergency services*



# Paving the Way: Development of the Northumberland Community Safety and Well-Being Collaborative

As previously mentioned, one of the strengths in Northumberland's plan is that implementation and review will be carried out by existing service providers and networks, continuing their good work with enhanced capabilities and opportunities for collaboration and alignment with the evidence-based community priorities. The centrepiece of the Plan is to create a Local Collaborative to be the next stage of development for the current Community Safety and Well-Being Advisory Committee (that coordinated this plan).

This Collaborative will have an updated governance structure which enables support for implementation, review and reporting of the impact of the Plan's activities. The Collaborative will align existing services with each other and the priorities of the Plan, and facilitate collaboration between them to leverage the evidence based work already being done. It will do this by:

## **1. Creating a common model for accountability and implementation, aimed to increase collaboration and knowledge share, including:**

- a. Facilitating increased collaboration between services, including knowledge exchange and skill development;
- b. Creating shared reporting models to monitor success; and
- c. Developing a robust data sharing process to ensure accurate information and reduce friction in service delivery;

## **2. Monitoring the implementation of the Community Safety and Well-Being Plan to ensure that all activities model inclusionary best practices, including:**

- a. Ensuring that People with Lived and Living Experience are included in service planning; and
- b. Ensuring that people with a range of backgrounds and abilities are included in the planning and delivery of Plan activities;

## **3. Ensuring accessibility is a consideration in all services, including:**

- a. Expanding the understanding of access beyond the issue of service hours, in all service providers; and
- b. Ensuring the accountability of organizations to provide access.

## **4. Ensuring a robust leadership table, with a governance model that supersedes the Advisory Committee and empowers service providers to implement the plan efficiently.**

This foundational work is critical to the success of this plan, and will enhance the strength and impact of all of the actions identified under each of the priorities that follow. It also enhances opportunities for community engagement and direction by making space for inclusive and collaborative leadership structures and planning processes.



# Evidence Based Community Priorities



**It is important to note** this report combines currently known data from numerous sources, captured by different agencies at different times, and is used to support multiple priorities. All of this variation in existing data speaks to the underlying principle of this Plan: to align terminology, data collection and sharing, and other collaboration, to improve the effectiveness of all services.

## Priority A: Homelessness and Affordable Housing

The number of individuals and families that are homeless in Northumberland is increasing and the waitlist for affordable housing is long. A large proportion of the homeless population in Northumberland are Indigenous people and/or single-parent families.

**934** Households on the centralized waitlist for Northumberland's Rent Geared to Income (RGI) program (March 2021)

**\$677,677** Average house price in Northumberland (April 2021)

**89** People identify as actively homeless in Northumberland (March 2021)

### Data Snapshot 2021:

The wait list for Rent Geared to Income in Northumberland, has grown by more than 260% in the last decade. In 2019, 340 households were added to the centralized waitlist and 61 were housed. The year-to-date average house resale price as of April 2021 in Northumberland County was \$677,677, well above what the average household income can afford. The average market rent in Northumberland is more expensive than neighbouring communities, including the City of Peterborough, the City of Kawartha Lakes and Hastings County. The vacancy rate in Northumberland continues to remain low. In 2019 the vacancy rate was 1.2% and virtually no new private primary market rental units have been created (as per the CMHC, only 7 units have been created since 2016).



#### Priority Improvement Action Plan:

This priority improvement action plan breaks down each priority into a range of objectives, some associated actions, some steps needed to make impact, and some targeted associated measures of success. This is not an exhaustive list of actions, but rather a starting point to which our community can build from.

There are currently 89<sup>4</sup> people on the By-Name List (actively homeless). In 2018 enumeration of the homeless population in Northumberland was conducted, the next enumeration is planned for fall 2021. In 2018, 61 people were interviewed, most between the ages of 25 and 29. 63% of adults and 80% of families were experiencing homelessness because of an experience of emotional, physical, psychological, sexual or other type of abuse or trauma. 64% of youth experience of homelessness was because of an unhealthy or abusive relationship either at home or elsewhere. 23% of those experiencing homelessness have lost their housing because of a mental health concern. 66% had to leave an apartment or other housing due to their physical health. 60% of all survey respondents were assessed as high acuity (intensive supports required).

Indigenous people and lone-parent families make up a large proportion of the homeless population in Northumberland<sup>5</sup>. Indigenous people made up 28.8% of the individuals who were homeless and 10% of the families who were homeless; considering that Indigenous people make up only 2.7% of the population in Northumberland, this indicates a higher risk of homelessness for this population. Of the homeless families surveyed, all were led by lone-parents, 70% of which were female. There have been reported increases in the number of women being served in shelters.

4 Northumberland County, By-Name List, March 2021

5 Northumberland 2018: Homelessness Enumeration. A note from the report: Enumeration data is reflective only of those individuals and families who spoke with volunteers during a one-week period, and who chose to complete the survey. The results should not be considered an exhaustive picture of households experiencing homelessness in our community.

## GOALS

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Align leadership from the Collaborative with current Housing and Homelessness Plan goals.

## OBJECTIVES

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Current Housing and Homelessness Plan offers clear objectives and activities to help reduce homelessness and increase housing options. The Community Safety and Well-Being Plan will support the implementation of the Housing and Homelessness Plan.

## ACTIVITIES AND TIMELINE

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1. Monitor success of Housing and Homelessness Plan (Year 1-4)
2. Look for opportunities to advocate and champion Housing and Homelessness Plan (Year 1-4)
3. Homelessness Leadership Table to be developed with clear governance structure and work plan (Year 1) and develop reporting structure with Community Safety and Well-Being Plan (Year 1-4)
4. Promote and meet Built for Zero requirements including definitions and community engagement activities (Year 1-4)

## MEASURES OF SUCCESS

---

1. Measures reported in Housing and Homeless annual report include Community Safety and Well-Being Collaborative activity
2. Membership of Homeless Leadership Table determined and work plan developed
3. Enumeration completed as required by Provincial legislation
4. Quality By-Name list achieved

## GOALS

---

Ensure more support is available to meet the needs of precariously housed people; develop and implement prevention approaches to enable people to retain housing.

## OBJECTIVES

---

Improve system navigation for people looking for support and advice on housing related matters.

Explore possibilities for new programs and services across the housing continuum.

## ACTIVITIES AND TIMELINE

---

1. Support and promote diversionary approach to homelessness and housing support (Year 1)
2. Promotion and enhancement of supports available through 211 - investigate expansion of closed loop referral (Year 1-2)
3. Ensure inclusion of Housing Providers and People with Lived Experience in improvements and activities
4. Develop shared training for system wide approach including diversion and homelessness prevention (Year 1-4)
5. Build opportunities for sharing resources across the homelessness system (Year 2-4)

## MEASURES OF SUCCESS

---

1. Reduction in incidences of readmission to emergency shelter
2. Number of 211 closed loop referrals
3. Number of training sessions offered
4. Number of attendees participating in training sessions and activities
5. Number of people diverted from homelessness
6. Number of landlords engaged leading to housing offers
7. Number of new shared resources and programs

## GOALS

---

Increase opportunities for housing and support service agencies to collaborate.

## OBJECTIVES

---

Support the development and priorities of the homelessness leadership table and associated activity.

Explore possibilities for new programs and services across the housing continuum.

## ACTIVITIES AND TIMELINE

---

1. Develop Housing Help Northumberland website (Year 1)
2. Align service providers to ensure consistency of approach and information and provide training to agencies (ie. system planning and data coordination) (Year 2)
3. Develop tools to gauge perception and experiences of people using services (Year 2)
4. Ensure partners operate with trauma informed lens and care through shared opportunities for training and skill development (Year 2-4)
5. Build requirements into contracts and service agreements to demonstrate use of shared reporting and other tools (Year 2-4)

## MEASURES OF SUCCESS

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1. Number of shared communication products created
2. Coordinated Access System model confirmed with service providers and the community in line with Housing and Homelessness Plan
3. Housing Help website live
4. Number of data collection tools developed and utilized



## GOALS

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Support and advocacy for increased housing and shelter options for people across the county.

## OBJECTIVES

---

Implement new mechanisms to support community data to be able to assess need; and promote rent subsidies and RGI, supportive housing, transitional housing and emergency beds to serve current and emerging conditions.

## ACTIVITIES AND TIMELINE

---

1. Plan next enumeration, and support implementation (Year 1)
2. Enumeration completed and data collated, summarised and made public (Year 1-2)
3. Align priorities and actions with Housing and Homelessness Plan and Affordable Housing Strategy (Year 1-4)
4. Recruit youth and develop youth specific advisory group with governance and work plan (Year 3)
5. Recruit People with Lived and Living Experience and develop opportunities for inclusion and involvement (Year 3)

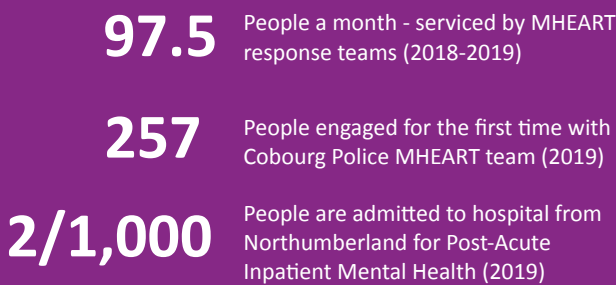
## MEASURES OF SUCCESS

---

1. Enumeration data collected and submitted as required by Province
2. Youth specific advisory group developed, supported and consulted
3. Number of People with Lived and Living Experience on boards, working groups, committees, task groups, etc.
4. Number of collaborative funding applications for increased housing and support services

# Priority B: Mental Health

Due to the sensitive nature of health privacy, data in this area is primarily captured from services providing support. Northumberland has seen an increase in demand for counselling support, drop-in family court support, and safety planning support.



## Data Snapshot 2021:

Of the 136 referrals made by Northumberland Situation Table between May 2015 - June 2018, the number one risk category (occurrence of this risk as a factor) was Mental Health at 14.54%. Two per 1000 people are admitted to hospital from Northumberland (the lowest rate of Post-Acute Inpatient Mental Health Hospitalizations in the Central East LHIN network), and Alnwick Haldimand is the second lowest at the “neighbourhood” level (0.87 per 1,000) (2019).

Data from The Mental Health emergencies and alternative Response Team (MHEART) (mental health staff working with police services, Port Hope Police Services, Cobourg Police Services and OPP) presented an overview of the program and initial data for the span of 2018-2019, indicating they served an average of 97.5 people a month. Clients presented primarily with specific symptoms of serious mental illness (SMI), activities of daily living (ADL), or problems with relationships. Other issues presented: threat to self, addictions, substance use, housing.

## Definitions

### Trauma Informed/Trauma Awareness

*The circumstances that lead someone to seek or receive services are often traumatizing, and that trauma can be determinative of their actions, abilities, and responses to service providers. Service providers need to be conscious of the likely presence of trauma, and trained in how to respond appropriately, to ensure that services are helpful rather than triggering traumatic responses.*

As per the Cobourg Police Service Annual Report, in 2019 the MHEART Team had 2188 interactions. 257 individuals were engaged with services for the first time. In 2019 over half of police service calls in Port Hope were successfully de-escalated without any injuries to civilians or officers, and Port Hope Police Service reported 62 MHEART mental health follow-ups.



### Priority Improvement Action Plan:

This priority improvement action plan breaks down each priority into a range of objectives, some associated actions, some steps needed to make impact, and some targeted associated measures of success. This is not an exhaustive list of actions, but rather a starting point to which our community can build from.

## GOALS

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Increase access to services, including availability outside of traditional office hours, in a range of settings, and delivered at the time of need.

## OBJECTIVES

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Expand service availability evenings and weekends, promoting 24/7 availability for crisis and emergency services.

Allocate resources and funding to appropriate frontline services who can provide support (not only Police) to reduce risk.

## ACTIVITIES AND TIMELINE

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1. Engage the agencies that have the capacity and expertise to identify opportunities and contribute resources (Year 1)
2. Explore expansion of MHEART model or equivalent (Year 1-4)
3. Expansion of 211 closed loop referral program to include Mental Health (Year 2)
4. Identify opportunities with Lived and Living Experience, and develop a business case that identifies which services are needed (Year 2)
5. Increased use and support for mental health court worker programs (Year 2)
6. Explore pilots and prototypes for expanded service accessibility (Year 3)

## MEASURES OF SUCCESS

---

1. Reported number of calls to 911 concerning mental health
2. Number of engagements with MHEART
3. Expansion and hours of services available
4. Number of increased services and service hours
5. Reduction in waitlists
6. Number of referrals to 211 through the closed loop referral project
7. Feedback from people who called 211

## GOALS

---

Ensure meaningful collaboration between mental health partners.

## OBJECTIVES

---

Support the development and membership of mental health networks, sharing knowledge & best practices and increasing the voice of People with Lived Experience in service planning and reviews.

## ACTIVITIES AND TIMELINE

---

1. Identify opportunities for mental health specific data to be shared (Year 1)
2. Develop mental health providers network with clear work plan (Year 1-3)
3. Align with regional Mental Health strategy and priorities (Year 1-4)
4. Better understand and promote opportunities for life stabilization by identifying and increasing resources available for services at time of need (Year 1-2- ongoing)
5. Work with 211 to promote community awareness, inclusive of client journey (Year 2)
6. Clarify and focus definitions for case management and organizational reporting to ensure consistency across sector, and recognition of issues of consent and information sharing (Year 2)
7. Explore options for Social Prescribing and develop Social Prescribing pilot (Year 2-3)
8. Work with Human Service providers community wide and help them identify where they fit within mental health promotion (Year 4)

## MEASURES OF SUCCESS

---

1. Number of members in Mental Health providers network
2. Number of resources made available for client care plans and pathways
3. Ongoing survey and data collection from clients and service providers to monitor success
4. Number of shared training opportunities delivered
5. Data sharing agreement developed & implemented across agencies
6. Number of 211 closed loop referrals used
7. Number of campaigns and tools developed
8. Pilot program for evaluation designed & implemented

# Priority C: Poverty, Income and Employment

Northumberland County has a lower median income and higher unemployment rate than that of Ontario as a whole, with certain groups more likely to fall within lower income brackets.

8.6%

Unemployment rate in Muskoka, Kawartha (Northumberland Census area) (2021)

\$62,187

Median family Income in Northumberland (after tax) (2016)

12%

Northumberland residents considered to be Low Income (using Low Income Measure-After Tax) (2016)

## Data Snapshot 2021:

According to the 2016 census, Northumberland County had an unemployment rate of approximately 7.3%. Of those that are employed (in 2015), 29% worked part time. Fourteen percent are self-employed. Approximately one in four residents work in sales or services, with 18% employed in trades, transport, or equipment operation fields. The median after tax family income in the County is \$62,187 (\$70,208 before tax), which is less than that of Ontario as a whole. Almost 12% of Northumberland residents are considered low-income using the Low Income Measure-After Tax (LIM-AT).

Certain populations are more likely to have lower incomes, including those that rent, people living alone, youth-led households, lone-parent households, Indigenous households, households with a disability, senior-led households, and immigrant households. Trent Hills and Cobourg have the highest rates of low-income households.

## Definitions

### Accessibility

*Having services available is not a guarantee that they are accessible. Hours of operation, physical accessibility, and public awareness of services are all critical to ensuring that people have access to those services. When a person is struggling and reaches out for support, someone needs to answer the phone or open the door. If services are inaccessible they are not only unable to help in that instance, but they create a sense of distrust that prevents people from even trying to access services. The Plan includes emphasizing accessibility, including expanding beyond the element of service hours to include other important ways to make services accessible.*



### Priority Improvement Action Plan:

This priority improvement action plan breaks down each priority into a range of objectives, some associated actions, some steps needed to make impact, and some targeted associated measures of success. This is not an exhaustive list of actions, but rather a starting point to which our community can build from.

## GOALS

---

Support activities that promote employment options and skill building through education providers.

## OBJECTIVES

---

Include employment programs and services in promotional activities and encourage partnerships and opportunities to share resources.

## ACTIVITIES AND TIMELINE

---

1. Work with system planners to review and map current investment and services and develop reporting and communication plan (Year 1)
2. Identify Educational or training representative for the Collaborative Committee (Year 1)
3. Share Community Safety and Well-Being Plan with Economic Development departments and employment providers (Year 1 -2)
4. Share resources with chambers and Downtown Business Improvement Areas (Year 2-4)

## MEASURES OF SUCCESS

---

1. Education Services represented on Community Safety and Wellbeing Collaborative
2. Number of schools and local based employment services involved in call to action to help implement plan
3. Number of RentSmart training through schools and education establishments
4. Number of connections across social media, forums and targeted messaging
5. Number of presentations to employers promoting any priority area from Community Safety and Well-Being Plan



## GOALS

---

Coordination and development of an agreed definition of poverty and measure of success across Northumberland.

## OBJECTIVES

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Consensus on definition for poverty and accompanying indicators needed across the County

County to ensure a consistent and strategic system wide reporting assessment.

## ACTIVITIES AND TIMELINE

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1. Build agreement and consensus and confirm commitment to definition and goals across sectors (Year 1-2)
2. Develop advocacy and promotion for adoption of the Northumberland living wage across the County (Year 2)
3. Create training and tools for front line workers to support clients (Year 3)
4. Develop income maximization role (or tools) for clients receiving low income (Year 3-4)

## MEASURES OF SUCCESS

---

1. Number of agencies adopting Northumberland commitment to reduce poverty and increase wealth
2. Number of agencies and networks sharing and promoting commitment to this priority in their strategic plans
3. Number of trainings offered
4. Number of tools developed
5. Creation of wealth maximization indicators

## GOALS

Explore options for food security.

## OBJECTIVES

Explore options beyond current crisis food distribution models.

Support models of service for food security that offer individual choice, health and local investments as priority.

## ACTIVITIES AND TIMELINE

1. Develop tools for advocacy and options for local engagement (Year 2-4)
2. Develop checklist for providers to embed choice and health into services (Year 2-3)
3. Explore options for collaborative model for food and meal providers (Year 3)
4. Look for opportunities for food security solution to be embedded in local policy (Year 3-4)

## MEASURES OF SUCCESS

1. New data collection and analysis developed and shared
2. Number of completed reviews and expanded models
3. Number of checklists distributed and amount of Northumberland Eats vouchers distributed

### Definitions

#### Life Stabilization

*Life stabilization supports are services that support an individual in reaching a level of stability that allows them to be involved in their community and be able to participate. The goals of a life stabilization-focused system are: to provide clients with awareness of the supports and services available to help address the barriers to improved life circumstances that people may experience; help clients to identify their needs so they can co-develop a plan towards increased independence; identify services in the community that they can access and participate in to bring them closer to their goals; and track progress to ensure clients are getting the services and supports that they need.*

## GOALS

Explore how social determinants of health could be improved for vulnerable people within the healthcare system and outside of traditional medical model.

## OBJECTIVES

Explore social prescribing as a model for improving health and well-being while increasing citizen engagement with social development.

## ACTIVITIES AND TIMELINE

1. Pilot program, co-designed and executed by Community Health Centre, Northumberland County, Community and Social Services and 211 (Year 1-3)
2. Assess pilot program for opportunities and benefits, and emerging systems of support (Year 2-4)

## MEASURES OF SUCCESS

1. Number of health impacts as determined by prescriber
2. Number of health impacts as determined by client/patient
3. Number of referral rates and opportunities
4. Number of feedback and engagements with people who use the pilot programs

### Definitions

#### Stigma

*Stigma is a moral judgment associated with a social status or behaviour. As a moral judgment it is felt more than expressed, and it is felt by those who access services to the extent that they believe it to be felt by those who witness them doing so. The shame someone feels when accessing services can prevent them from doing so, undermining the effectiveness of those services. Addressing stigmas around poverty, homelessness, and addiction is an important part of the work of all service providers, to ensure that their services are accessible.*

## Priority D: Substance Use and Addiction

Due to the sensitive nature of health privacy, data in this area is primarily captured from services providing support. Opioid related harms are an ongoing issue in Northumberland County.

**55** Suspected opioid overdoses - according to Northumberland EMS (January to September 2019)

**1/4** of all Northumberland EMS alcohol/drug-related calls involved opioids (2019)

Men aged **25-44** appear to be the most at risk of opioid related ED visits

### Data Snapshot 2021:

In 2019, the Haliburton Kawartha Lakes Northumberland Drug Strategy presented a summary of opioid related harms across the County, using data sourced from the local Health Unit, Police Services, and EMS. The report noted the lack of a coordinated database for this information.

Cobourg Police and Northumberland EMS reported 59 calls for overdose and 6 deaths reported by Cobourg Police (2018). A similar pattern was emerging in 2019, with 30 calls as of June, compared to 24 for the same period the previous year. Nearly one-quarter of all EMS alcohol/drug-related calls for service involve opioids (2019). Between January to September 2019, Northumberland EMS identified 55 suspected opioid overdoses, and an additional 178 overdoses related to drugs and alcohol.

According to Fourcast opioid-related data, there were

52 opioid-related admissions in Cobourg from April 2018-March 2019 and 43 opioid-related admissions from April 1, 2019-September 2019. 31 people admitted to Cobourg's Community Withdrawal Management program identified opioids as a concern (2018-2019 fiscal year).

Current Northumberland Paramedic data shows 19 calls related to drugs and alcohol overdose, 22 calls where opioid overdose was suspected and 11 calls for non-opioid overdose (January to April 2021).

According to Haliburton, Kawartha, Pine Ridge Health Unit data from 2019, overall, those aged 25 to 44 appear to be the most at risk of opioid related ED visits, and men in this age-bracket are of particular risk. When considering hospitalizations, the rates for males are generally consistent across the age brackets, while older females tend to be of higher risk of hospitalization. Males represent slightly more fatalities according to health unit data.

When considering Ontario as a whole, approximately 75% of opioid fatalities are male. Other factors include:

- » Living situation: 74% lived in a private residence, 62% in an urban centre, and 32% in an area with high material deprivation
- » Age: Over 50% were between the ages of 25-44
- » Employment: 47% unemployed, 18% employed, 33% unknown. Nearly a third (31%) were in the construction industry.
- » Other: Almost half were alone at the time of overdose. Approximately 60% were in their own home. Almost half involved a resuscitation attempt and only 1/5 had Naloxone administered according to harm reduction and naloxone distribution data (2018).



#### Priority Improvement Action Plan:

This priority improvement action plan breaks down each priority into a range of objectives, some associated actions, some steps needed to make impact, and some targeted associated measures of success. This is not an exhaustive list of actions, but rather a starting point to which our community can build from.

## GOALS

Increase housing options available for people living with addictions.

## OBJECTIVES

Support opportunities for increased supply of supportive housing and rent supplements and subsidies.

## ACTIVITIES AND TIMELINE

1. Encourage agencies to invest in addiction programming in Northumberland and work through the By-Name List for allocation of resources (Year 1-4)

## MEASURES OF SUCCESS

1. Number of increased rent supports
2. Number of people living with addictions housed from By-Name List
3. Number of advocacy events

### Definitions

#### Including Lived Experience

*Service providers, Northumberland County, and the Province of Ontario are guided in our policies and programs by relevant expertise and best practices that come from academic research, data analysis, and professional networks. But the most relevant expertise in any context is that of the people of lived experience—the people who are experiencing the issues we have identified as priorities, and the services we offer to address those issues. That’s why it is critical that the voices of people of lived experience are included as much as possible in every aspect of community safety and well-being planning. Doing so not only ensures that we have an accurate perspective of our own work and good feedback for improving services, but it also creates the trust necessary to build community and empower people, embodying the principle of “nothing about us without us.”*

## GOALS

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Addictions prevention services and safety programs are available across the County.

## OBJECTIVES

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Explore models of Crisis services for substance use and develop pathway for access to services for people living with addictions.

Work with service providers to avoid duplication and identify opportunities for increased coordination.

## ACTIVITIES AND TIMELINE

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1. Increase input from People with Lived Experience and community in planning and decision making (Year 1-4)
2. Consider initiative focused on inclusion and sense of belonging using public health model (Year 1-2)
3. Explore and promote the expansion of availability and range of services outside of typical business hours (Year 1-4)
4. Develop expanded services with 211 and explore options for closed loop referral system (Year 2-3)
5. Explore options and possibilities for placing a substance use worker in MHEART teams, adolescent MHEART Services, and in schools (Year 3-4)

## MEASURES OF SUCCESS

---

1. Number of opportunities for input from People with Lived and Living Experience
2. Number of focus groups or activities to involve People with Lived and Living Experience
3. Number of 211 referrals
4. Number of hours of service outside traditional office hours



## GOALS

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Community education and information; develop a consistent way to inform and share.

## OBJECTIVES

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Development of work plan for Northumberland Substance Use group.

Monitor and share information about Opioids and other potential harms with service providers and networks.

## ACTIVITIES AND TIMELINE

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1. Embed harm reduction models and best practice into services (Year 2-4)
2. Develop pathways for harm reduction services to be available across County (Year 2-4)
3. Promote and support Rapid Access Addiction Medicine (RAAM) Clinic including potential funding opportunities (Year 2-4)
4. Align with social prescribing pilot (Year 2-4)

## MEASURES OF SUCCESS

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1. Number of training events
2. Number of tools developed
3. Number of harm reduction resources shared
4. Number of pathways identified and shared with expertise from People with Lived and Living Experience in Northumberland Substance Use group
5. Number of served and referred by Rapid Access Addiction Medical (RAAM) Clinic

## GOALS

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Alternative resolutions and responses.

## OBJECTIVES

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Continue to build sustainable alignment and collaboration with agencies working to reduce substance use and the effects of substance use.

Develop innovative and creative opportunities to pilot new approaches.

## ACTIVITIES AND TIMELINE

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1. Work with Situation Table to identify and report substance use as an indicator in crisis response (Year 1)
2. Improve case conference skills and opportunities with shared training and tools (Year 1-2)
3. Build knowledge and collaboration with emergent trends such as trafficking and Hostile Unit Takeover (HUTS) (Year 1-4)
4. Encourage co-designing of services with youth, the education sector, justice and social services (Year 2-4)
5. Encourage justice and court support workers to share resources, information and priorities (Year 1-4)
6. Develop pilot programs for incident response (Year 3-4)

## MEASURES OF SUCCESS

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1. Reduction in 911 calls
2. Number of shared training events
3. Number of case conference tools developed
4. Number of people receiving case conference training
5. Number of communication materials produced and distributed

# Conclusion

The convergence of a provincial requirement, a municipal priority, the good work of our agencies and service providers, and public opinion shows that this plan is needed, wanted, and possible. Now is the time to create a thorough, collaborative structure that builds on the existing capacities and networks already available in our communities to promote community safety and well-being with greater efficiency and effectiveness. With the commitment of all stakeholders, we can do more to support community development, prevent risks from developing in intensity and frequency, intervene before problems become incidents, and be well prepared to respond to incidents when they do occur. Northumberland is experiencing a significant convergence of challenges, with the pandemic, opioid epidemic, and lack of affordable housing overlapping and compounding one another. But each of these challenges is also an opportunity: we can bolster our capacity to address these issues on a strategic level, and build a more connected and resilient community in the process. The existing networks of agencies and service providers are ready for these changes, and the collaborative, all-hands-on-deck approach of this Plan would empower them—and all of us—to even greater success.

By implementing this Community Safety and Well-Being Plan we will create **consistency in our data collection, sharing, and understanding** about community safety and well-being, both among service providers and in the broader community. We will provide **leadership and coordination** needed to build an ongoing community of **strategic** planning and **collaborative** engagement that can **build on existing strengths** and fill gaps in our services and structures. We will set ambitious goals, with **measurable outcomes** that provide clear pathways to success. But we can't achieve that success without you!

Please check out our [website](#) for regular updates on our progress, and connect with the Community Safety and Well-Being Collaborative to see how your organization or association can help meet these goals!



# Appendix A

We will work with existing networks to help serve these priorities and implement the Plan in relation to their area of expertise, recognizing that several existing groups will have overlapping areas of priority and activity. We have listed known membership of the networks that will help to lead us through the implementation and improvements identified in this plan. This is not an exhaustive list.

It's important to remember that this list may change as organisations join networks at different times throughout the year. Community Response to Substance Use:

1. Cornerstone
  2. Cobourg Police Services
  3. Fourcast
  4. Green Wood Coalition
  5. Northumberland Hills Hospital  
Community Mental Health
  6. Northumberland County Community and  
Social Services
  7. Northumberland County Paramedics
  8. Ontario Provincial Police
  9. PARN
  10. Port Hope Police Services
  11. Rebound
  12. Transition House
  13. HKPR District Health Unit
- ii. Homelessness Coordinated Response Team (HCRT):
1. Cobourg Police Services
  2. Cornerstone
  3. Fourcast
  4. Green Wood Coalition
  5. Northumberland County Community and  
Social Services
  6. The Help Center
  7. Rebound
  8. Salvation Army
  9. Transition House
- iii. Homelessness Leadership Table:
1. CMHA
2. Cornerstone
  3. Green Wood Coalition
  4. Fourcast
  5. Northumberland Hills Hospital  
Community Mental Health
  6. Northumberland County Community and  
Social Service
  7. Transition House
- iv. Northumberland Affordable Housing  
Committee:
1. Access Community Services
  2. Canadian Mortgage and Housing  
Corporation
  3. CMHA
  4. Christian Horizons
  5. Cornerstone Family Violence Prevention  
Centre
  6. Community Health Centres of  
Northumberland
  7. Community Living
  8. Cobourg Police Services
  9. Green Wood Coalition
  10. Habitat for Humanity Northumberland
  11. HKPR Health Unit
  12. New Canadian Centre
  13. Northumberland County Community and  
Social Services
  14. Northumberland Hills Hospital  
Community Mental Health

15. Northumberland Community Legal Centre
  16. Northumberland County, Community and Social Services
  17. Ontario Provincial Police
  18. Ontario Shores
  19. Rebound Child & Youth Services
  20. Salvation Army
  21. St. Andrews Church Cobourg
  22. TAG Properties
  23. The Help Centre
  24. Transition House
  25. Treatment Foster Care
  26. United Way Northumberland
  27. Wraparound Northumberland
- v. Mental Health Emergency Action Response Team (MHEART):
1. Ontario Provincial Police
  2. Cobourg Police Service
  3. Port Hope Police Service
  4. Northumberland Hills Hospital Community Mental Health
- vi. Northumberland Child and Youth Collaborative:
1. Alderville First Nation
  2. Children's Mental Health Services - Belleville
  3. Cornerstone
  4. Community Living West Northumberland
  5. Dnaagdawenmag Binnoojiiyag Child & Family Services
  6. Five Counties Children's Centre
  7. Highland Shores CAS
  8. Kinark Child and Family Services
  9. KPRDSB - Kawartha Pine Ridge District School Board
  10. Northumberland Child Development Centre
  11. Northumberland Community Counselling Centre (NCCC)
  12. Northumberland County
  13. Northumberland Family Respite Services (to merge with Community Living West Northumberland)
  14. Northumberland Hills Hospital Community Mental Health
15. Northumberland United Way
16. PVNCCDSB - Peterborough, Victoria, Northumberland and Clarington Catholic School Board
17. Rebound Child and Youth Services Northumberland
18. Service Coordination For Four Counties
19. Therapeutic Family Care (TFC)
20. YMCA Northumberland County
- vii. Northumberland Substance Use Response Table:
1. Cobourg Police Service
  2. Cornerstone
  3. Green Wood Coalition
  4. Fourcast
  5. HKPR District Health Unit
  6. Northumberland Hills Hospital
  7. Northumberland County Paramedics
  8. Northumberland County Community and Social Services
  9. Ontario Police Services
  10. PARN
  11. Port Hope Police Service
  12. Rebound Child and Youth Services
  13. Transition House
- viii. Ontario Health Team (OHT) Northumberland:
1. Campbellford/Trent Hills Family Health Team
  2. Community Care Northumberland
  3. Community Health Centres
  4. Lakeview Family Health Team
  5. Northumberland Hills Hospital
  6. Northumberland County
  7. Northumberland Paramedics
  8. Northumberland Family Health Team
  9. OMNI Way
  10. The Bridge Hospice
- ix. Safer Communities:
1. Alnwick Haldimand Township
  2. Canadian Mental Health Association
  3. Cramahe Township
  4. Community Care Northumberland
  5. Cobourg Fire Department
  6. Cobourg Police Service
  7. County of Northumberland, Corporate

Services (Emergency Planning)

8. County of Northumberland
9. HKPR District Health Unit
10. Hamilton Township
11. Kinark Child and Family Services
12. Ministry of Labour
13. Ministry of Transportation
14. Municipality of Brighton
15. Municipality of Trent Hills & Northumberland Fire Prevention Services
16. Northumberland Hills Hospital Community Mental Health
17. Ontario Provincial Police
18. Port Hope Police Service
19. PVNC Catholic District School Board
20. Victim Services of Peterborough and Northumberland

x. Situation Table:

1. Access Community Services
2. CMHA
3. Canopy Services
4. Kinark
5. Kawartha Pine Ridge District School Board
6. MHEART
7. Northumberland County Community and Social Services
8. Northumberland Community Counselling Centre
9. Northumberland Paramedics
10. Ontario Provincial Police
11. Rebound
12. Port Hope police Service
13. Probation
14. Victim Services



# Appendix B



## Resolution

Moved By *Neil Latchford* Agenda Item 10p Resolution No. 2020-01-29- 24  
Last Name Printed LATCHFORD  
Seconded By *Andrew Martin*  
Last Name Printed MARTIN Council Date: January 29, 2020

“Whereas the Council of the County of Northumberland received Report No. 2020-14, ‘Implementation Plan for Community Safety and Well-being’; and

Whereas it has been approved by the Council of the Corporation of the County of Northumberland that the Northumberland Community Safety and Well-being plan implementation will be administered and led from a County level as per Resolution 2019-04-17-64, dated April 17, 2019;

Now Therefore Be It Resolved That the County Council receive the following update and approve the implementation timeline and steps to establish the required advisory committee and actions to complete the initial Northumberland Community and Safety Plan, and maintain compliance with the amendment to the Police Services Act 1990.”

Recorded Vote Requested by \_\_\_\_\_  
Councillor's Name

Carried *[Signature]*  
Warden's Signature

Deferred \_\_\_\_\_  
Warden's Signature

Defeated \_\_\_\_\_  
Warden's Signature



Prepared 2021