

Couchiching



Community Safety and Well-Being Plan 2021-2025



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Acknowledgments

The development of this Community Safety and Well-Being Plan was influenced and informed by the passion and dedication of committed community partners and our residents. As a result of their commitment, time, resources, willingness to collaborate, shared knowledge and experience, we have the opportunity to work together to better the lives of our residents.

We acknowledge and express our gratitude to:

- The County of Simcoe for resourcing the coordination and development of the Plan.
- Members of Council for recognizing the value of this work and supporting our efforts to elevate safety and well-being for all our residents.
- The residents from the City of Orillia, Township of Oro-Medonte, Township of Ramara, and Township of Severn that participated in our initial public consultation who shared their time, ideas, and personal experiences to help shape and inform our efforts.
- The thousands of collective hours generously offered by community stakeholders, our police service(s), municipal partners, the County of Simcoe, the Advisory Body, Indigenous partners, community organizations, collaborative tables and others that contributed their thoughts and feedback to Phase 1 of this Plan.
- The Simcoe Muskoka District Health Unit for leading us through the Prioritization Matrix process to support risk identification early in our work.
- The advice and support of Chief Andrew Fletcher, South Simcoe Police and Dr. Hugh Russell for their extensive knowledge and connection to the foundations of Community Safety and Well-Being planning in Ontario.
- Special recognition to those in our community and across the County that are already tirelessly working to address the areas of risk identified in this Plan. Your accomplishments are considerable and your passion is unwavering.
- Last, but certainly not least, to those with lived experience that courageously and candidly provided insight that can only come from experience - thank you. We will advance our efforts in addressing risk as we embark on Phase 2, together.

Land Acknowledgment

The work that has been done in the development of this Plan and the work that will unfold as a result of this Plan, will take place in municipalities across Simcoe County.

We recognize and support First Nations, Métis, Inuit and Urban Indigenous communities and the organizations that exist to support the work that they are doing every day to improve safety and well-being .

In recognition of the longstanding history of the land that we reside on and the work this Plan will be undertaken on, we offer this land acknowledgment.

We acknowledge the land that our community safety and well-being planning will take place on is the traditional land of the Anishinaabe People.

The Anishinaabe include the Ojibwe, Odawa, and Potawatomi Nations, collectively known as the Three Fires Confederacy. It should be noted that the Wendat and the Haudenosaunee Nations have also walked on this territory over time.

In times of great change, we recognize more than ever the importance to honour Indigenous history and culture and are committed to moving forward in the spirit of reconciliation, respect and good health with all First Nation, Métis and Inuit people and our community as a whole.

To further acknowledge our commitment to reconciliation, this Plan recognizes and respects the right to Indigenous planning and governance of Indigenous people, by Indigenous Peoples. The historic truth of colonialism and its long-standing negative intergenerational impacts has led to the marginalization of Indigenous Peoples and has resulted in fractured communities. With a lot to mend, a culture of mutual respect, engagement, dialogue, and support will steer our collaboration as we work to improve the lives of those in our respective communities.

We support and respect the Indigenous Peoples' right to self-determination, planning process, and outcomes. We will work closely with Indigenous partners and open ourselves to the interchange of knowledge and skills that will complement our joint efforts to support safety and well-being in our communities.



Forward

On behalf of the members of Council from the City of Orillia and the Townships of Oro-Medonte, Ramara and Severn, we are pleased to present the Couchiching Community Safety and Well-Being (CSWB) Plan.

Under the County of Simcoe's leadership, our municipalities embarked on a collaborative initiative in late 2019 to identify solutions to social challenges in an effort to improve the overall quality of life for our residents. Proactively, this was the logical next step following our Canadian Index of Well-Being Project.

We are thrilled with the level of community engagement and interest that this initiative has generated so far. The input that we have received from community members has been instrumental in helping us to better understand the challenges that our residents experience. As a result, the CSWB Plan has prioritized four key areas of focus, which are mental health and addictions, preventable mortality: social connectedness, employment, and access to services.

The goal of the Couchiching CSWB Plan is to introduce sustainable strategies that will help residents feel safe and create a sense of belonging. In addition, provide access to services where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

We assure you that the Couchiching CSWB Plan will not be placed on a shelf to collect dust after its adoption. Rather, the CSWB Plan is a living document that will be continually referenced to guide our respective Councils' directions and dictate a united approach to streamlined service delivery through partnerships with multi-sector agencies and organizations. We will also continue to solicit feedback from our constituents to ensure that resources are allocated to where they will have the most impact and long-term benefit to the community.

We look forward to working together or in partnership with our citizens, as well as various agencies and organizations to further develop and implement the strategies outlined within the Couchiching CSWB Plan.

Sincerely,



Mayor Steve Clarke
City of Orillia



Mayor Harry Hughes
Township of Oro-Medonte



Mayor Basil Clarke
Township of Ramara



Mayor Mike Burkett
Township of Severn

Plan at a Glance

Our Community Safety and Well-Being (CSWB) Plan is our commitment to work together towards improved social outcomes for our residents.



Beyond the legislative requirements for the Plan under Bill 175, *Safer Ontario Act (2018)*, this plan looks at tackling tough social issues from a different angle. Our Plan identifies and lays the foundation for local social development priorities over four years (2021-2025). Just as the areas of risk identified in our local Plan are intricately connected, our Plan is also connected to other CSWB planning taking shape across the County. We recognize and value the role that planning locally and planning together brings to our objectives. We share common goals but appreciate that the needs and how we move forward can be unique to each community. We will leverage and support the many existing initiatives that advance safety and well-being.

Across Simcoe County, planning is moving forward in eight areas of risk:






Underpinning all of our planning are the values that we hold dear:

- Diversity - Equity - Inclusion - Lived Experience

<p>661 total resident responses to online surveys</p> 	<p>182 resident responses to the Couchiching online survey</p>	<p>Over 95 individual consultations</p> 	<p>Multiple group engagement sessions</p>
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For each area of focus (risk), we have identified three common priorities:

 <p>Data and Performance Measurement</p>	 <p>Information Sharing, Knowledge Transfer and Exchange</p>	 <p>Inter-Sectoral Collaboration</p>
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Strategic directions, strategic goals and outcomes unique to each focus area (risk) have been established.

The process by which this work will unfold reflects both a local and regional structure. Social issues are complex and interconnected. So too, our responses must be upstream, multi-sectoral, non-linear, agile and informed.

Mental Health and Addictions

We are committed to improving equity, access and quality of mental health and addiction (MHA) services across the continuum for all residents.

We will do this by:

- Identifying, then mapping out a 'Comprehensive Continuum of Core Services' framework (eg. withdrawal management)
- Increasing client and family engagement
- Increasing knowledge, skills, understanding and capacity around harm reduction and trauma-informed approach
- Building capacity for people to self-manage their mental well-being
- Promoting positive mental health strategies that help employers support employees
- Identifying impact metrics related to MHA to contribute to an overarching CSWB scorecard

Access to Services

We are committed to identifying ways to improve access to services in our community by focusing on availability, accommodation, accessibility, and acceptability across organizations.

We will do this by:

- Identifying, then mapping out an 'Access to Services' framework to gauge current access to services across sectors (organizations)
- Identifying ways to address:
 - availability (eg. capacity, equity)
 - accessibility (eg. location, affordability)
 - accommodation (eg. scheduling, service options)
 - acceptability (eg. cultural, age, inclusive, quality)
- Identifying impact metrics related to access to services to contribute to an overarching CSWB scorecard

Employment

We are committed to putting a plan in place to improve equity, access and quality of services that support employability and employment outcomes of our residents.

We will do this by:

- Identifying, then mapping an 'Inter-sectoral Pathways to Employment' framework
- Further defining partner roles and responsibilities regarding supports that positively influence employment
- Connecting mainstream employment strategies, services and opportunities with Indigenous planning and employment strategies
- Increasing the capacity to support those looking for employment
- Connecting and supporting key commercial development initiatives underway and planned for
- Increasing knowledge, understanding and capacity to employ barriered candidates
- Increasing information sharing opportunities between Economic Development and community partners
- Fueling the discovery of local intrapreneurs in the workforce
- Identifying impact metrics related to employment to contribute to an overarching CSWB scorecard

Preventable Mortality:

Social Connectedness / Safety

We are committed to improving health by nurturing social connectedness through opportunities to enhance social engagement and strengthen social relationships in our community.

We will do this by:

- Identifying, then mapping a 'Community Vitality: Pathways to Social Connectedness' framework
- Further defining partner roles and responsibilities regarding supports that positively influence social connectedness
- Increasing the capacity for residents to enhance their social engagement, social support and feel safer in their community (social relationships)
- Increasing the capacity for residents to strengthen relationships based on attitude, trust, respect for diversity and sense of belonging (social norms and values)
- Strengthening and bringing awareness to pathways to safety for victims (e.g. crime, sexual assault, family violence, other)
- Increasing information sharing opportunities between municipalities, community partners and those most at risk of having lower community vitality scores.
- Identify impact metrics related to social connectedness to contribute to an overarching CSWB scorecard

COVID-19

Formal CSWB planning commenced in July of 2019. Our data and areas of risk were identified before the global pandemic that started in Spring 2020. Despite having to respond to the immediate crisis that the pandemic imposed, stakeholders and community partners felt strongly that we continue moving forward with our CSWB planning. If the risks existed in our community before the pandemic, we knew that our residents would be at even greater risk during and post-pandemic. We have seen the disproportionate impacts that the pandemic has had on residents that are marginalized, living in poverty, homeless and those with mental health and addiction issues. We know that others are struggling day in and day out as well.

The Government of Ontario was quick to respond to the needs of residents through financial supplements and supports. This financial support has been a lifeline for many during this pandemic. We understand that these supports will come to an end shortly. We anticipate that the recovery period from COVID-19 will have a tremendous impact on the health, social and human service sectors. There has never been a time when planning such as this has been more critical.

Our collaboration model and our strategies are agile enough to respond to emerging issues and changing priorities as they arise in our community.

Transitions

In 2019, legislation was passed that outlines requirements to integrate the LHINs and other provincial health agencies into a single agency, Ontario Health. As this process continues to unfold, we recognize that the health care system is working through a period of restructuring. Local Ontario Health Teams (OHT) will connect healthcare providers and services around the needs of patients and families moving forward. We will work closely with the local OHT and the OHT for Specialized Populations.

Key Terms Used Throughout

- CIW - Canadian Index of Wellbeing
- CSWB - Community Safety and Well-Being
- GMG - Geographical Municipal Grouping (the municipalities forming a joint CSWB Plan)
- GMCC - Geographical Municipal Coordinating Committee
(the executive committee overseeing the development of their Plan)
- MHA - Mental Health and Addictions
- OHT - Ontario Health Team
- OPP - Ontario Provincial Police
- SMDHU - Simcoe Muskoka District Health Unit

Why are we planning?

While we celebrate what makes the municipalities of Simcoe County great, we recognize that not every resident enjoys the same quality of life. There are factors in our lives that can hinder or help us. Depending on these factors and circumstances, residents may find themselves struggling to achieve education, find work, having to decide if they pay for their housing or put food on the table, feeling disconnected and alone, struggling every day with mental health or addiction, or wondering where they can find the help they need and how they will carry on. Many of those mentioned above are considered to be among the social determinants of health. The social determinants of health are the collective set of personal, social, economic and environmental factors that determine a person's health. Where we are born, grow up, live, work, and age also influence our health and well-being.

The circumstances surrounding the determinants of health are complex. Often, police find themselves responding to calls that are complex but not criminal with no chargeable offences. The police are available to the public 24/7, but that does not mean that they are the most appropriate to respond to calls that are often medically or socially complex. In looking at root cause, there is a clear indication that all sectors have a shared responsibility to support our residents' safety and well-being.

The Government of Ontario has demonstrated its commitment to supporting communities by developing a provincial approach to community safety and well-being. Under the Province of Ontario's Bill 175, *Safer Ontario Act (2018)*, the Ministry of the Solicitor General requires that the Council of every municipality shall prepare and, by resolution, adopt a Community Safety and Well-Being (CSWB) Plan on or before July 1, 2021. The CSWB Plan will address local needs based on local risk factors. This type of planning is intended to focus on upstream strategies. By examining and addressing root causes rather than just the symptoms, we can improve the lives of residents in our community by changing outcomes specific to health, well-being and safety.



What is Community Safety and Well-Being Planning?

As stated in the CSWB Planning Framework:

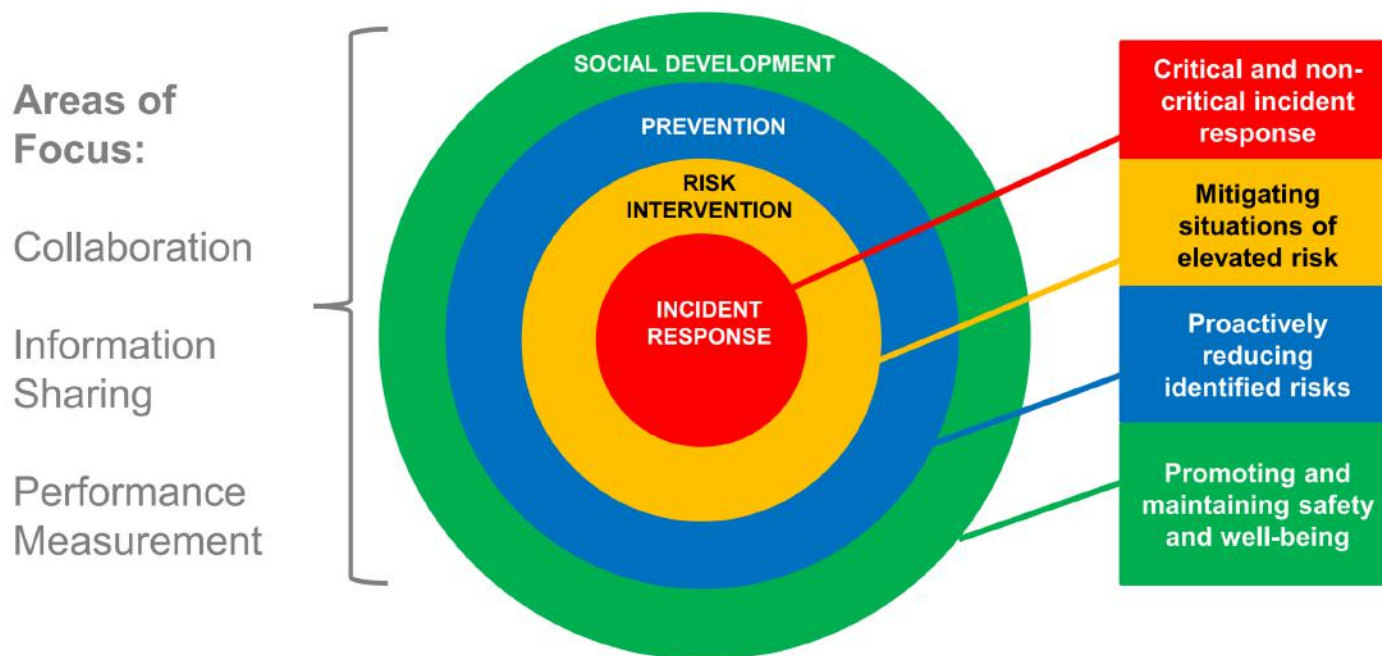
Community safety and well-being is the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

Collaborative, inter-sectoral planning encourages the following:

- Enhanced collaboration among sectors
- Increased understanding of risk and vulnerable groups
- Increased engagement of those with lived experience
- Increased awareness and access to services
- Transformation of service delivery
- Better coordination of services for those with complex needs
- Stronger families and healthy childhood development
- Healthier, more productive individuals that positively contribute to the community
- Enhance feelings of safety and social inclusion
- Trends, gaps, priorities and successes identified through better sharing and use of data
- Reduced investment in, and reliance on, incident response



The CSWB Planning Framework Outlines Four Levels of Intervention



By re-focusing existing efforts and resources in a more strategic and impactful way, we can make our community safer and healthier.

Social Development

Promoting and maintaining community safety and well-being.

This is where a wide range of sectors, agencies, organizations and those with lived experience bring different perspectives to the table to address complex social issues from every angle. Strategies need to be put in place that target the root causes of these issues.

Prevention

Reducing identified risks.

Proactively implementing evidence-based situation measures, policies or programs to reduce locally-identified priority risks to community safety and well-being before they escalate and result in crime, victimization and harm.

Risk Intervention

Mitigating elevated risk situations.

Risk intervention is intended to be immediate and prevent an incident. Multiple sectors work together to address situations where there is an elevated risk of harm – stopping something bad from happening before it is about to happen.

Incident Response

Immediate response to urgent incidents

This includes immediate and reactionary responses that may involve a sense of urgency like police, fire, emergency medical services, a child welfare organization taking a child out of their home, a person being apprehended under the *Mental Health Act*, or a school principal expelling a student.

Introduction

Simcoe County is located in the central part of Southern Ontario. The County lies just north of the Greater Toronto Area (GTA) and spans from the shores of Lake Simcoe to the east, to Georgian Bay in the west. Simcoe County is considered part of the Greater Golden Horseshoe area. The County extends 4,840.54 square kilometers between Georgian Bay and Lake Simcoe. The County has an estimated population of 465,000 people and is the second-largest County based on population and third largest based on the physical size in Ontario. The County of Simcoe is comprised of sixteen towns and townships. Although separate politically and administratively from the County, the cities of Barrie and Orillia are geographically and economically part of the County.



Simcoe County has many strengths. We are connected (highways, railways, airways). We are growing (housing development, new business, employment opportunities, population). We compete globally (health and wellness, tourism, advanced manufacturing, construction, aerospace and defence, retail, professional services agri-food and beverage, information and communication technology). We support learning (College and University). We have fun (watersports, winter sports, hiking, biking, golfing, resorts, outdoor adventures, theatre, festivals). We support local (entrepreneurs, small businesses, artisans, fairs, farmers markets, downtowns). We appreciate our diverse geography (flat-lying clay plains, rolling hills, wetlands, and escarpment). We love and respect our natural environment (forests, trails, green space, lakes, waterways, beaches). We value culture and our historic sites. We respect and acknowledge those that walked on this land before us, and we welcome new ones as we continue to grow and diversify.

Planning Timeline

-
- July 2019 –
Data Working Group Formed
 - Sept/Dec 2019 –
Local Data Collection and Analysis
 - Feb 2020 –
Data Summary Report Prepared
 - Mar/Apr 2020 –
Proposed Risks Identified
 - Mar 2020 -present –
COVID-19 Pandemic
 - May/Jun 2020 –
Asset Inventory and Mapping
 - Jul 2020 –
Research to Validate Risks
 - Aug/Dec 2020 –
Community and Stakeholder Engagement,
Validation and Refinement of Risks
 - Jan/Feb2021 –
Early Working Groups
 - Feb 2021 –
Community Engagement Survey
(focused on strategies)
 - Mar/Apr 2021 –
Plan Creation
 - May/Jun 2021 –
Plan Adoption (each Municipality)

Phase 1 – How We Structured Our Planning

The CSWB Plan(s) were created based on Geographic Municipal Groupings (GMGs). Planning according to GMGs made sense for several reasons:

- Key partners (e.g. the County of Simcoe, SMDHU) already group and display aggregate data to be meaningful and appropriate for analysis and follow-up activities
- There are numerous instances of shared services between municipalities
- The County of Simcoe supports municipalities through a broad range of services that expand across local municipal boundaries and support natural geographical groupings
- The community partners (community services, social services, health care, and other support services) provide their services across the multiple municipalities
- These groupings will optimize and leverage (where possible) the work that is already being done; and
- Integrated Police Services Board/ Police / OPP detachments already exist (this affects data, services, and future strategies).

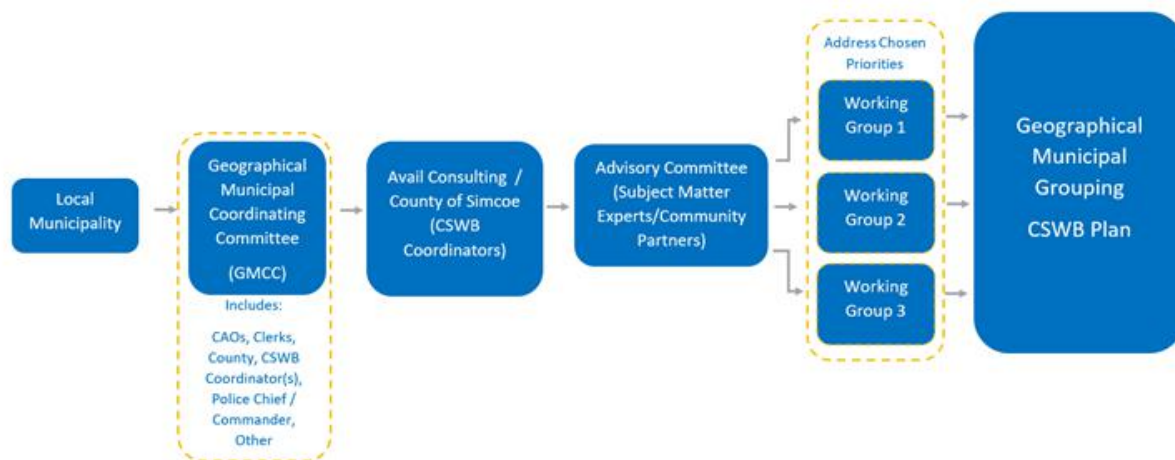
Our planning has considered the joint County-wide initiatives and planning tables that support residents across Simcoe County. It was also important to us that planning groups could engage in planning at a more local level and address the unique needs of their residents. The municipalities within each GMG worked with their local Police Service and formed a Geographical Municipal Coordinating Committee (GMCC) to lead the development of their local Plan.

To that end, the data for the indicator framework was pulled at the GMG level.

South Simcoe			South Georgian Bay	
Bradford West Gwillimbury Innisfil	Orillia Oro-Medonte Ramara Severn			

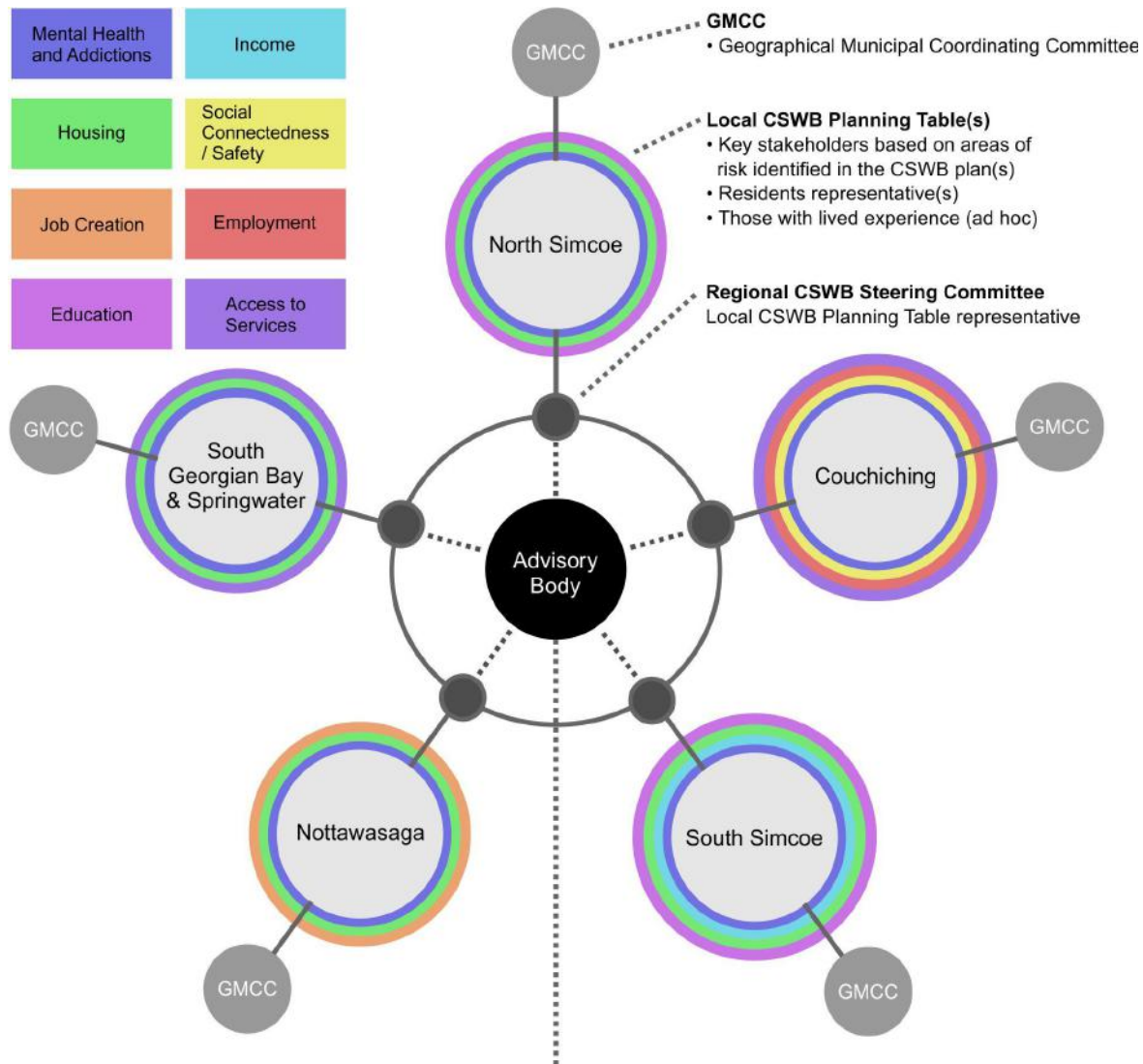
Phase 1: Plan Development (pre-July 1st, 2021) Governance Structure

With the external resources provided by the County of Simcoe, the Municipalities led Phase 1 - planning and development of the CSWB Plan. The structure was as follows:



Phase 2: Our Model of Collaboration, Planning, Action and Alignment (post-July 1st, 2021)

Factors that influence our safety and well-being are often complex and are dependant on other factors. Addressing these factors at an individual and systems-level requires broad sector collaboration and involvement.



MHA	Formerly, the Mental Health Coalition (in transition)
Housing	Affordable Housing Advisory Committee • Municipal Liaison Group • SCATEH
Public Health	Simcoe Muskoka Opioid Strategy (SMOS)
Poverty/Income	Poverty Reduction Task Group
Child, Youth and Family Services	Child, Youth and Family Services Coalition of Simcoe County: Integrated Planning Table + 18 groups / initiatives
Health	OHTs, OHT for Specialized Populations • North Simcoe Muskoka Specialized Geriatric Services • Aboriginal Health Circle
Social Connectedness	Seniors Isolation Planning Table • Simcoe County Age Friendly
Education	TBD
Employment	TBD
Access to Services	(Embedded in other tables)
Job Creation	Economic Development Committee (County)

Our Model of Collaboration, Planning, Action and Alignment will:

1. Address areas of risk by focusing our efforts on upstream approaches through social development initiatives.
2. Address areas of risk using a systems-based approach, acknowledging that local needs and implementation strategies may vary in each GMG.
3. Leverage existing resources and work underway related to the areas of risk and not duplicating efforts (Appendix A).

Our Model also will:

- Create opportunities for local issues and those with lived experience from our community to co-design solutions
- Look beyond traditional relationships and structures through an innovative approach
- Facilitate information sharing locally and at a regional level
- Create a feedback loop between the Advisory Body, Regional Steering Committee and local CSWB Table(s)
- Strengthen advocacy efforts
- Ensure strategies across the areas of risk recognize dependencies and enablers and align to support these
- Identify established and emerging CSWB issues at the GMG level and connect them to local system solutions as well as broader County solutions
- Anticipate issues and allow for agility in our response
- Optimize efficiency and best use of resources

With the support of our community partners, the Geographical Municipal Coordinating Committee (GMCC) will ensure that the CSWB Plan is implemented. Leveraging broader system planning already underway, the Regional CSWB Steering Committee and local CSWB Table will move the strategies forward.

The GMCC and Advisory Body will remain intact and continue to support the local CSWB Planning.

Phase 2

Residents in each community will continue to be engaged as the local CSWB Table(s) form in each GMG and work gets underway. Future engagement efforts should explore various engagement methodologies to ensure a more accurate reflection of the population and needs.



Root Cause(s)

We intend to address root causes through inter-sectoral collaboration. Despite being well-intentioned, too often, planning is performed in stand-alone sectors. Under the umbrella of community safety and well-being, we will take a systems-approach and focus on the correlations and interconnected root causes of the areas of risk identified in this Plan and across Simcoe County.

Our police service(s) in Simcoe County are key partners in our CSWB planning and work that will unfold. The majority of the calls that they currently respond to do not result in a chargeable offence; instead, calls are re-directed to the appropriate community partner (service). Increasing police response to non-chargeable offences gives us much to consider.

As previously mentioned, moving upstream to address the root causes through social development priorities will effectively decrease the responses needed in the other CSWB Framework domains (prevention, intervention and incident response). The safety of individuals and our community as a whole is not the sole responsibility of our local police service. As a community and across sectors, we need to work together to address the risks and vulnerabilities before harm occurs.

GMCC: Oversight and governance of the local CSWB Plan

- Membership will reflect representation from each municipality participating in the joint CSWB Plan
- The GMCC representative is the direct link to the respective municipal Council



Kristine Preston
Assistant Clerk
City of Orillia



Donna Hewitt
Director, Corporate Services
Township of Oro-Medonte



John Pinsent
Chief Administrative Officer
Township of Ramara



Laurie Kennard
Chief Administrative Officer
Township of Severn



Insp. Jason Nickle
Interim Detachment Commander
Ontario Provincial Police
Orillia Detachment

Local CSWB Table: Responsible for leading the implementation of the CSWB Plan

- This table should reflect local representation of those with experience and those with expertise in each of the eight areas of risk, even though the local Plan may only be addressing three or four areas of risk at this time. Note: Without all areas of risk involved, we run the risk of planning in silos
- When and where possible, members should be selected based on their subject matter expertise and connection to vulnerable populations that are identified in this Plan
- There are sophisticated planning tables that already exist at the regional level. The work of these tables should be considered as part of the local planning to avoid duplication and optimize our resources
- The local CSWB Table will elect a Chair or designate, representing the GMG on the Regional CSWB Steering Committee. Representation from all GMGs will support information sharing, avoid duplication and leverage the good work of others

Proposed Membership:

- Representation from eight areas of risk
- Police (front line)
- Municipal representation (ad hoc)
- Indigenous Organization
- Residents with lived experience (specific to areas of risk identified in local CSWB Plan)



Regional CSWB Steering Committee: Responsible for maintaining communication and connection to the Advisory Body. Responsible for joint strategic planning efforts that benefit and advance the actions of the collective and individual local CSWB Table in each GMG.

- The Regional CSWB Steering Committee will be the direct link to the Advisory Body
- Proposed membership is based on the local GMG representation and organizations that have a core mandate to promote community safety and well-being to all residents across the County
- Members will have leadership roles within their organization

Proposed Membership:

- Chair or designate of Local GMG(s)
- Simcoe Muskoka District Health Unit
- South Simcoe Police
- Ontario Provincial Police
- County of Simcoe
- Indigenous partner

Advisory Body: Responsible for providing subject matter expertise in an advisory capacity.

- Advisory Body members are (typically) active on regional planning tables. Advisory Body members are the link or conduit between CSWB planning and broader system planning from an information sharing perspective
- Advisory Body members may participate or delegate an alternate from their organization to participate on local CSWB Tables or the Regional CSWB Steering Committee ad hoc, depending on the strategy or initiative
- It is anticipated that the Advisory Body will meet semi-annually but will stay connected to the Regional CSWB Steering Committee through updates sent to the Advisory Body, or requests for subject matter expertise
- The Advisory Body members that sit on broader system planning tables (specific to the areas of risk) can tap into the local CSWB Table to share information, gauge local needs, connect with those open to sharing lived experience perspectives
- The Chair of the Local CSWB Table will participate on the Advisory Body meetings (semi-annually)

System Leadership Roles

Advisory Body Membership:

Area of Risk	Member	Organization(s)
All Areas of Risk Broad Representation	Brenda Jackson Samantha Kinoshameg	BANAC
	Chief Andrew Fletcher	South Simcoe Police Service
	Detachment Commander, Inspector Steve Ridout	Ontario Provincial Police
Housing	John Connell Lora D'Ambrosio	County of Simcoe – Housing and Social Services
Mental Health and Addictions	Dr. Valerie Grdisa Dalete Karst-Yaacov	Canadian Mental Health Association (CMHA) · Simcoe · York and South Simcoe
	Jim Harris	New Path
	Michelle Bergin	Simcoe County Catholic Family Services
	Susan Lalonde Rankin	Waypoint Centre for Mental Health Care
	Carolyn Shoreman	Simcoe Muskoka District Health Unit
Employment	Rob Sheppard	Simcoe Muskoka Workforce Development Board
Education	TBA	TBA
Job Creation	Nancy Heuther	County of Simcoe – Economic Development
Preventable Mortality: Social Connectedness	David Jeffery	Chigamik Community Health Centre
Access To Services	Pam Hillier	211
	Rosslyn Junke	United Way
	Jennifer Saunders Active Chair (changes annually)	Child, Youth and Family Services Coalition of Simcoe County
Income	Jamie Moran Wendy Hembruff	County of Simcoe – Ontario Works

How We Determined our Areas of Risk

Before the Plan could be developed, it was essential to gather information and evidence to paint a clear picture of what is happening in the community to identify the local areas of risk.

An early Multi-Sector Data Working Group formed and participated in a comprehensive risk identification process using the Prioritization Matrix Tool, led by the Simcoe Muskoka District Health Unit (SMDHU).

Research

Preliminary Elimination

Prioritization

Top 60%

1. Research

- a. Review of the CSWB Planning Framework as a group
- b. Review of the data from the provincial Risk Tracking Database (RTD)
- c. Reviewed the document and indicator list prepared by Dr. Hugh Russel and Norm Taylor: *New Directions in Community Safety, Consolidating Lessons Learned About Risk and Collaboration (2014)*
- d. Review Canadian Index of Wellbeing results for Orillia and Area

2. Preliminary Elimination

- a. Cross-referenced indicators from the 2014 document with data available across a comprehensive data set to eliminate unavailable indicators
- b. Separated indicators by the organization having access to that data

3. Prioritization

- a. Established criteria for indicator inclusion (Actionable, Evidence-Based, Meaningful/Relevant, Practical, Timeliness, Easily Understood/Interpreted, Reliable)
- b. Employed a weighted scoring
- c. Selected indicators that made the top 60% (this resulted in 24 indicators)

4. Top 60% (24 indicators)

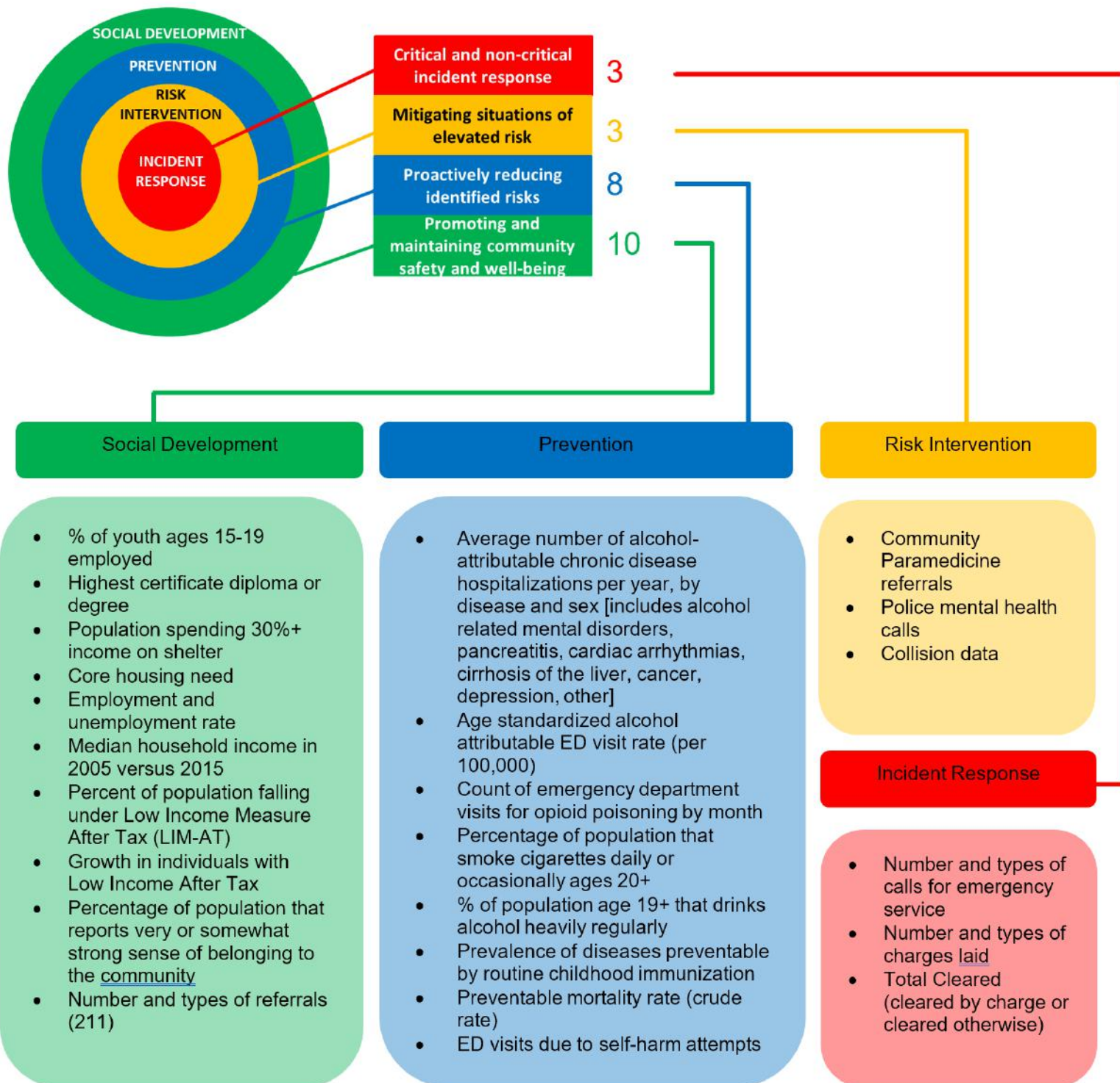
- a. Data was pulled at the GMG level for the indicators that appeared in the top 60% after weighted ranking/score
- b. Each indicator was presented (displayed) at the GMG level, the Simcoe County average, and the provincial average

The County of Simcoe	Simcoe Muskoka District Health Unit	Police Services	Additional Data Sources
Community Data Program (Statistics Canada) Simcoe County	*Only hospital data available from health unit and determined as relevant was used; no data direct from hospitals	South Simcoe Police Ontario Provincial Police	Community Connection Call Data (211) Canadian Index of Wellbeing (Couchiching only)

This data was then analyzed and reviewed by the local GMCC and key stakeholders to help determine areas of risk to move forward with in the first iteration of the local CSWB Plan.

Phase 1 Indicator Framework

The 24 indicators were overlaid onto the CSWB Framework as an informal way of assessing if there was balance in the information and evidence gathering approach. It is important to note that individual indicators can appear in more than one domain. For purposes of this exercise, they appear in only one domain.



PHASE 1

Dates	February 2021 – March 2021 (4 weeks)
Via	Online community survey (Due to COVID-19)
Purpose	<ul style="list-style-type: none">▪ To inform the community, on a larger scale, of the local CSWB Plan▪ To engage the residents of our community and seek their insights and feedback on the local CSWB areas of risk to help inform strategies moving forward
Method	SurveyMonkey online survey (Appendix B)
Format	<ul style="list-style-type: none">▪ One demographic question (which municipality they reside in)▪ Multiple choice questions (one or more options from a list of answers)▪ Open-ended (free text) option for most questions (this provided qualitative data)
Those engaged	Residents of Couchiching <ul style="list-style-type: none">▪ Informally, many with lived-experience
Outcome(s)	This engagement allowed us to refine our focus regarding specific areas of risk. Findings from these engagement sessions can be found in the ‘What We Heard’ section under each strategy.
Response	182 (total of 661 across all five GMGs)
Outcomes	This consultation validated our identified areas of risk as being a priority in our community. The analysis demonstrates a high level of engagement with the survey from those that completed the survey. Very positive response to free text option, with valuable information and insights collected. Responses and feedback from this survey helped inform strategies for each area of risk. A summary of findings (themes) from the survey responses can be found in the ‘What We Heard’ section under each strategy.
Important	SURVEY ***Please note: The themes and feedback from the survey do not reflect everyone’s understanding and experience with the areas of risk. This survey was conducted online. Those with barriers to technology, the internet, poor literacy, poor digital literacy, and other factors may not have had the knowledge of, or ability to participate in the survey. Those living in institutions, those that are homeless, and others that are often the most marginalized groups in our community may also be voices that are not reflected in the results of this survey.

Stakeholder Consultation

PHASE 1

Dates	August 2020 – December 2020
Via	Zoom (Due to COVID-19)
Purpose	To validate areas of risk, better understand work underway across the region, identify barriers, enablers, gaps and opportunities
Method	16 presentations to various groups and planning tables (with feedback sessions) Over 95 one-to-one key-informant interviews
Those engaged	<ul style="list-style-type: none">▪ Senior thought leaders across all eight identified risks▪ Upper and or Middle management of health, community and social service organizations▪ Municipal leaders▪ Residents with lived-experience
Outcome(s)	This engagement allowed us to refine our focus regarding specific areas of risk. Findings from these engagement sessions are found in the 'What We Heard' section under each strategy





*Diversity, Equity, and Inclusion are mutually reinforcing principles.
Those principles will guide our work.*

We recognize differences between people and acknowledge that these differences are a valued quality.

We respect individuality while promoting respect for others.

We recognize the importance of everyone feeling like they belong and are accepted for who they are in our community.

We respect that our residents enjoy different talents, beliefs, backgrounds and lifestyles that make up the threads of our community tapestry.



We have a shared vision of health and social equity for all our residents.

We aim to eliminate the barriers that prevent the full participation and enjoyment of life for all our residents.

We recognize *who* is in a conversation shapes the conversation that takes place.

We need people with a connection or proximity to the issues to ensure that our efforts are grounded in reality.



Connecting our Work to the CSWB Framework

The areas of focus as identified in the CSWB Framework are:

- Inter-Sectoral Collaboration
- Information Sharing
- Performance Measurement

For each area of the eight areas of risk, we have adopted the above three focus areas as common priority areas. Strategic directions, goals and outcomes will be unique and specific to each area of risk. We believe that having common and consistent priorities will keep our efforts focused, strategic and support consistent messaging to help organizations align their strategic planning to support the Plan. These priorities will guide the work across each GMG CSWB Plan.

We commit to planning across all four domains of the framework and prioritize planning, time, and resources to enhance opportunities in the social development domain.

The strength of our Plan lies in:



Improving inter-sectoral collaboration – This is a very complex form of collaboration because it combines interprofessional with inter-organizational, spanning across many sectors in our community. The impact, if done well, yields great outcomes because professions and organizations work collaboratively by arranging their unique service offerings to fulfill the objective of the integrations. Those involved commit to going beyond the status quo and open themselves up to new and innovative ways to change the system to better the lives of our residents.



Building capacity through information sharing, knowledge transfer and exchange – Our community will find more efficient and effective ways to ensure those that need support know how and where to find it; residents and service providers alike. Our program planning, advocacy efforts, and service delivery will be rooted in evidence and best practice. We will formalize how we raise awareness of new knowledge and evidence as this will strengthen the connections and collaborations among partners and help us achieve a broader impact.



Utilizing multi-sectoral data and performance measurement to inform system change – We will focus on key impact metrics that will guide our inter-sectoral work. Each of the eight areas of risk will identify 3-5 impact metrics specific to that area of risk. Those metrics will form a community scorecard in which the data can be pulled at the regional or GMG level. The community scorecard, along with our indicator framework, will help us measure the impact of our CSWB efforts.

The Eight Areas of Risk Being Addressed Across Simcoe County

Mental Health and Addictions

We are committed to improving equity, access and quality of mental health and addiction (MHA) services across the continuum for all residents in Simcoe County.

Income

We are committed to advancing income stability for our residents by addressing urgent needs in a dignified way while striving towards more sustainable solutions that focus on social inclusion and life stabilization supports.

Housing

We are committed to addressing the need for housing that is affordable and attainable and to support people so that they remain housed.

Access To Services

We are committed to identifying ways to improve access to services in our community by focusing on availability, accommodation, accessibility, and acceptability across organizations .

Diversity

Inclusion



Equity

Lived Experience

Preventable Mortality: Social Connectedness / Safety

We are committed to improving health by nurturing social connectedness through opportunities to enhance social engagement and strengthen social relationships in our community.

Education

We are committed to ensuring everyone in our community has a clear pathway to education regardless of their age, with a focus on futureproofing our local skilled trades and health care sectors.

Employment










We are committed to putting a plan in place to improve equity, access and quality of services that support employability and employment outcomes of our residents.

Job Creation

We are committed to being a preferred destination for new business development as we continue to celebrate what we do best, while being open to new possibilities, new industries, and new partners.

Couchiching



- | | | |
|---|--|--|
|  Hospital |  Municipal Border |  Provincial Highway |
|  Private Hospital |  Separated City |  County Road |
|  Police Station |  CFB Borden |  Local Road |
|  Firehall |  First Nations Land | |



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Couchiching

In our Plan, we have identified Mental Health and Addictions (MHA), Preventable Mortality: Social Connectedness/ Safety, Employment, and Access to Services as the four areas of focus for the first iteration of our CSWB Plan. We will also benefit from the planning in the other areas of risk happening across the County.

The CSWB Plan compliments the Canadian Index of Well-Being (CIW) Study that was conducted in 2018. Overall, according to the CIW study, Couchiching residents reported a relatively high sense of satisfaction in a number of the domains. The lowest self-reported satisfaction scores were found in the Living Standards (which includes work life), Education, and Democratic Engagement domains.

The Environment domain scored very high for residents across Couchiching. The natural beauty of our surroundings is highly valued by both residents and visitors alike. The work-from-home movement triggered by the pandemic has opened up the possibility for others to move to our area. Competition for jobs will increase. Employment (captured as work life in the CIW) is an area that we will focus on. Couchiching will welcome some very exciting new developments to the area over the coming years that will attract skilled labour. With an employment rate below the Simcoe County and provincial average, we see the opportunity to support our residents in their effort to secure employment. Employability is multi-dimensional and requires an inter-sectoral commitment and approach.

Through our early work of information gathering and data analysis, preventable mortality was identified as an area of risk based on indicators related to addictions, substance use and other preventable factors. During the community engagement phase of our CSWB planning, it was incredibly encouraging to find that there are strong systems in place in Couchiching that are addressing clinical elements of preventable mortality. Couchiching has a very strong and connected network of partners across community, social service, justice and health sectors. Our local Couchiching OHT has established committees in place that are well-represented, diverse and holistic in their composition and approach. We see innovative and collaborative initiatives addressing safety and well-being such as the new clinic at the Lighthouse. In consideration of this, we pivoted to focus on social connectedness as a preventable factor in mortality. This links back to the CIW in a very profound and meaningful way.

Despite our connected network of partners, access to certain providers and services still poses a challenge for some of our residents in more rural areas. Access to service can be difficult to measure and can be a challenge to identify and prioritize what the greatest gaps in services are.

Even prior to the pandemic MHA was a growing concern across all age groups in all communities, not just Couchiching. The pandemic has exacerbated what was already a mounting issue. Focusing on MHA will support individual and community resiliency and prove to be an enabler for so many life-stabilization elements. So much of what makes an individual safe and well traces back to the social determinants of health. We have committed municipal, police, health and community partners working tirelessly to improve the lives of our residents. There is great work already underway. The CSWB Plan is our opportunity to build on what is working and work together in new and innovative ways. Our Plan will focus on building local capacity around socio-economic factors, social connectedness, access to services and MHA that contribute to safety and well-being for our residents and our community.



Mental Health and Addictions (MHA)

Why it Matters

(note: Pre-COVID-19 data)

- 1 in 5 adult Canadians (21.3%) experiences a mental illness or addiction problem
- By 40 years of age, 1 in 2 Canadians have, or have had, a mental illness
- 70% of mental health problems have their onset during childhood or adolescence
- Young people aged 15 to 24 are more likely to experience mental illness and or substance use disorders than any other age group
- 34% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). 14% indicate a serious level of psychological distress.
- Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health
- Individuals with a mental illness are much less likely to be employed. Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses

Mental health is a state of well-being in which a person realizes his or her abilities (potential), can cope with the normal day-to-day stresses of life, can work productively, and can contribute to his or her community.¹

Mental health means more than just the absence of mental illness. Optimizing One's mental health is not just about avoiding active mental illness but also includes seeking ways to support mental well-being on an ongoing basis. Improving mental health may consist of professional support and treatment, but it may also mean taking steps to independently improve emotional health.

At times that is easier said than done. In any given year, 1 in 5 adult Canadians (21.3%) experiences a mental illness or addiction problem. By 40 years of age, 1 in 2 Canadians has, or have had a mental illness. People living with mental illness are twice as likely as other Canadians to experience problematic substance use, and these individuals account for one-third of inpatient mental health admissions.²

Currently, Simcoe County residents have a higher age-standardized rate* for mental illness-related hospital visits than the provincial average. There was also a 44% increase from 2011 to 2018.³

The term(s) *mental illness* and *addiction* refer to a wide range of disorders that affect mood, thinking and behaviour. Among all emergency department visits related to mental illness, substance-related visits (other than an acute overdose) and anxiety disorders were the most common reasons identified.⁴



*Age-standardized hospitalization rate is defined as the number of hospital discharges, as recorded in the Discharge Abstract Database (DAD) due to a specific cause per 100,000 population that would occur if the population had the same age distribution as a reference population) for mental illness-related visits.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addiction System

4 Pillars:

- Improving quality
- Expanding existing services
- Implementing innovative solutions
- Improving access

Risk factors for MHA include, but are not limited to:

- Having a family member with a history of mental health or substance use concerns
- Genetic factors
- Adverse childhood event(s)
- Abuse (emotional, physical, sexual)
- Neighbourhood poverty and or violence
- Racism
- Discrimination
- Social isolation (loneliness)

Protective factors for MHA include, but are not limited to:

- Parental involvement
- Healthy lifestyle
- Access to education
- Employment / steady income
- Access to faith-based resources
- Social connectedness
- Strong attachment to family, school



MHA concerns are common. Many individuals who develop substance use disorders (SUD) are also diagnosed with mental health disorders, and vice versa. Mental health issues may prompt someone to use alcohol or drugs to feel better. For others, the substance use problem and mental health issue can start simultaneously, triggered by something. A mental health condition with addiction or substance use is known as a concurrent disorder.

Despite having a network of highly skilled MHA service providers, residents in our community with severe, persistent and unstable mental health issues may struggle to access adequate support to meet their needs. Although we have MHA services throughout the County, there are discrepancies related to equity, access and quality of core services. COVID-19 has pushed a system that was stretched too thin to begin with, to a breaking point. What does that look like? Even longer wait times for service, increase in addictions, overdoses, and death. People who did not have diagnosed mental health conditions before the pandemic are now in line for assistance due to being overwhelmed, lonely, anxious, depressed, and or addicted.

Although mental health and addiction issues can present at any point along the lifespan, there is particular interest and concern for children and youth. Half of Ontario parents report having had concerns about their child's level of anxiety, and one-third of Ontario parents have had a child miss school due to anxiety.⁵ The government recognizes the crisis that communities are facing and is taking affirmative steps.

In March 2020, the Province of Ontario released Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addiction System. Within the framework, there are (4) pillars – areas of focus that, when executed together, will support the delivery of the services people need, where and when they need them.

Aligning the CSWB MHA outcomes with the Roadmap to Wellness outcomes will have the most significant impact. We will be working towards common goals.

While strategies in this Plan look to better support those with existing MHA, prevention of illness and promoting positive mental health across the lifespan will also be an area of focus.

Interventions at the community level for both adults and children are critical. As with the other areas of risk, this will require an inter-sectoral, coordinated approach. We will build on to the existing work underway (see Appendix A)



Throughout the one-to-one and group engagement process of subject matter experts and local survey results from residents within our community, the following predominant themes emerged.

Expand on what is working well

Expand or grow services like peer support, youth hubs, virtual care, joint advocacy efforts, mobile services, partnerships, other.

COVID-19 made things significantly worse

Individuals and families as a whole are struggling more since the start of the pandemic. Self-reported positive mental health has declined. Substance use and addiction have gone up.

MHA is linked to other areas of risk

Those impacted by MHA issues are more vulnerable to housing instability, lower-income levels, unstable employment patterns, poor social connectedness, barriers to service, and lower educational attainment.

Social isolation is on the rise

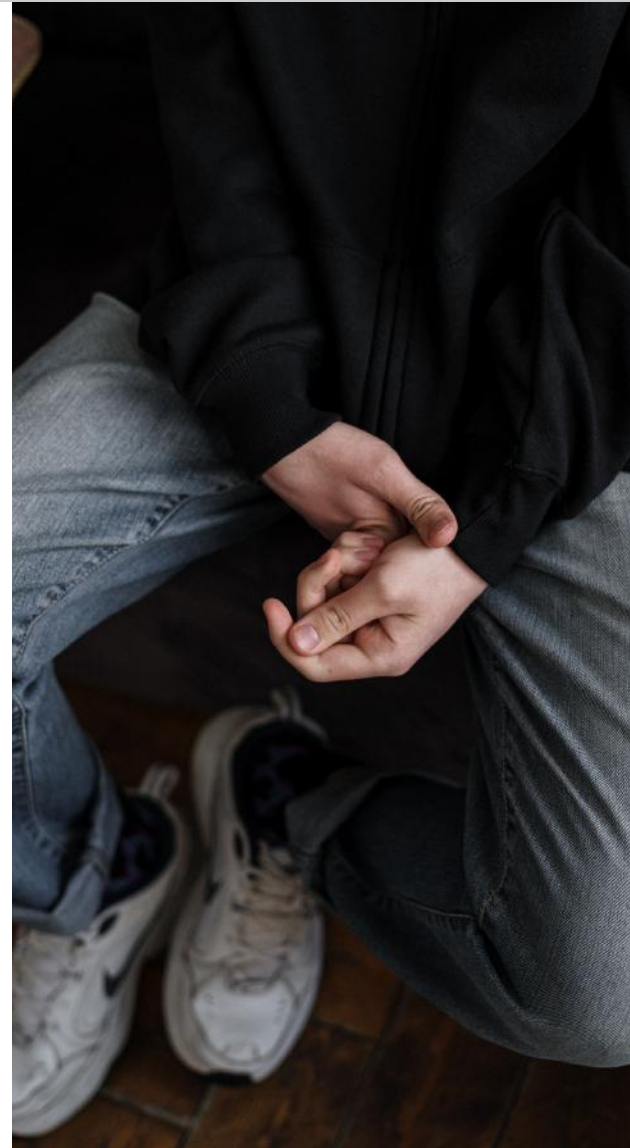
Even before the pandemic, social isolation was impacting the lives of many residents. The pandemic's physical distancing has heightened loneliness and significantly impacted the mental health of many.

Stigma persists

We need more trauma-trained staff across services. Not all human service organizations are following harm reduction approaches to care/service.

Equity, availability, access and quality of MHA services across the region vary

There are still barriers to access and care for particular residents with MHA. There are medically, and socially complex residents in our community who also suffer from addictions and they are hard to connect to the level of care they need. Despite MHA services offered throughout the County, there are gaps in equity, timeliness, and quality of services.

**With a strong network of MHA providers in our community, we can now turn our attention to:**

- Identifying and putting a plan in place to improve equity, access and quality of services across Simcoe County
- Ensuring everyone in the community has information and access to the MHA resources they need
- Build capacity related to harm reduction
- Strategies and supporting those with MHA using a trauma-informed approach
- Measuring the impact of our inter-sectoral approach



Strategic Direction

People will have access to MHA services and resources that are integrated, seamless, supportive and collaborative across sectors

Strategic Goals

1. Map out The Comprehensive Continuum Framework for MHA Core Services (e.g./ withdrawal management services) in each GMG
2. Use a maturity model to monitor progress around enhancing services across the GMGs
3. Increase client and family engagement strategies in each GMG

Outcomes

- Sectors align strategy to support their role along the MHA Comprehensive Continuum Framework
- More equitable access and quality of MHA services offered throughout the County (in each GMG)
- Residents living with addictions report quality experience in each municipality
- Barriers to services are reduced
- Care closer to home
- Principles of harm reduction are integrated across the service continuum

Strategic Priority

Build capacity through information sharing, knowledge transfer and exchange



Strategic Direction

The knowledge and resources needed to support those with MHA in a safe and supportive way will be available to those with MHA, their families and those providing care and services

Strategic Goals

1. Increase the knowledge, skills, understanding and capacity in each GMG to support those with MHA through:
 - harm reduction (HR) strategies
 - trauma-informed approach
2. Intersectoral commitment to strategies that build capacity for people to self-manage their mental well-being in terms of resources, technology, support, spaces, other
3. Promote positive mental health strategies that all employers can utilize to support their employees

Outcomes

- Professional capacity in each GMG is enhanced
- People with MHA feel supported based on their individualized needs and continue to access services and supports
- Pathways for self-help and self-management of MHA are clear
- Early interventions prevent more intensive interventions and avoid ED visits and hospitalizations

Strategic Priority

Utilize multisectoral data and performance measurement to inform system change



Strategic Direction

Key impact metrics will guide collaborative inter-sectoral work

Strategic Goals

1. Identify 3 -5 key metrics regarding outcomes (impact) of inter-sectoral efforts related to MHA that will contribute to an overarching County CSWB Indicator Framework and Data Set, grouped to the desired level of geography (GMG)
2. Other data repositories and or secondary data sources by sector will be reviewed for relevance to CSWB

Outcomes

- We will better understand our community MHA needs through the ability to identify gaps, trends, opportunities and emerging threats
- CSWB Planning Table(s) and community partners will have access to local (GMG) data for planning purposes

Strategies are in alignment with:

- Ontario Government - *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addiction System*
- BANAC - *An Indigenous Opioid Strategy and Action Plan for North Simcoe Muskoka (2018)*
- Simcoe Muskoka District Health Unit - *Mental Health Promotion Strategy 2019-2022*
- Ontario Harm Reduction Network - *Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools*
- OHT for Specialized Populations: *MHA strategy*
- Simcoe Muskoka Opioid Strategy (SMOS): *An Action Plan for Our Communities*
- Ontario's Leading MHA organizations - *'Everything is not ok' campaign (2021)*
- Children's Mental Health Ontario - *'Kids Can't Wait' report*

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- ¹ World Health Organization. “Mental Health: Strengthening our Response” (2018) Fact Sheet
- ² “Mental Health and Substance Use.” Mental Health and Substance Use | Mental Health Commission of Canada. Accessed 2021. <http://http://www.mentalhealthcommission.ca/English/what-we-do/mental-health-and-substance-use>. .
- ³ Data source: National Ambulatory Care Reporting System 2011-2018, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: January 2020
- ⁴ Data source: National Ambulatory Care Reporting System 2011-2018, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: January 2020
- ⁵ “Children and Youth Mental Health Survey: Getting Help in Ontario.” Ipsos Public Affairs, 2017. <https://www.ipsos.com/en-ca/news-polls/CMHO-children-and-youth-mental-health-ontario>.

Preventable Mortality: Social Connectedness / Safety

Why it Matters

- Social isolation and loneliness are associated with increased risk of acute myocardial infarction (AMI) and stroke and elevated mortality after the incidence of AMI or stroke ¹
- Loneliness and social isolation put individuals at greater risk of cognitive decline and dementia ²
- A survey by Action for Children found that 43% of 17–25 year-olds who used their service had experienced problems with loneliness, and that of this same group, less than half said they felt loved³
- A 2019 study by the Angus Reid Institute found that loneliness is a problem for people in Canada, and particularly for people who are members of a visible minority, who are Indigenous, who have mobility challenges and who identify as LGBTQ
- One study found that being socially isolated reduces our lifespan in a way that compares to smoking 15 cigarettes a day
- Socially connected communities respond better to crisis and disaster, and they rebound better afterwards
- Strong social connection strengthens your immune system (research by Steve Cole shows that genes impacted by loneliness also code for immune function and inflammation)⁴
- Social connection can lower anxiety and depression, help us regulate our emotions, lead to higher self-esteem and empathy, and improve our immune systems

The level of socio-economic resources a person has or does not have, namely money, education, status, power, and social connections, helps protect one's health or promote sickness and premature mortality. In its most basic form, this suggests that resources consisting of money, knowledge, power, prestige and social connections are vital to maintaining a health advantage.

With such excellent work underway in Couchiching around the clinical aspects of preventable mortality, we will focus our interest on social connectedness as a critical factor in preventable mortality.



From May to July 2018, Information Orillia and its partners launched the Orillia and Area Community Wellbeing Survey. The survey was conducted by the Canadian Index of Wellbeing (CIW) team at the University of Waterloo. It was distributed to residents of Orillia and surrounding communities: Oro-Medonte, Ramara, and Severn. The survey included focused questions in the CIW's eight defined domains of well-being and analyzed the collected data from the survey's responses.

One of the eight domains is Community Vitality. This domain looks at our quality of life with regard to the communities we live in. It tells us what is happening in our neighbourhoods, how safe we feel, and whether or not we are engaged in community activities or becoming socially isolated.⁶

While all eight domains make a significant contribution to well-being, there are three domains that emerge as having the greatest impact when considering the relative contribution of each domain to overall well-being: Leisure and Culture, Time Use, and Community Vitality.



Risk factors for social disconnectedness include, but are not limited to:

- Being new to a community
- Few, or no, family or friends
- Life transition (divorced, immigration, loss of loved one, retirement, health changes, other)
- Lack of awareness of access to community services
- Limited or no access to transportation
- Limited or no access to technology
- Loss of driver's licence
- Living alone
- Low / unstable income
- Lower level of education
- Location (rural)
- Disability / mobility issues
- Health / mental health issues
- Sensory impairment

Protective factors for social connectedness include, but are not limited to:

- Feeling respected and appreciated
- Accepting help from others, and giving help to others
- Skills for establishing and maintaining connections
- Ability to participate effectively in the community
- High-quality social relationships and supports
- Connection to community, school, faith group, other
- Good health and mental health
- Companionship
- Adequate income and housing
- Higher levels of education
- Residing in a neighbourhood where one feels safe



Overall, Couchiching reported a relatively high level of satisfaction with the Community Vitality domain, scoring 4.97 based on a 7-point scale. Comparatively, residents living in the Townships report higher satisfaction levels in the Community Vitality domain than residents living in the City. Residents with below-average well-being scores in the Community Vitality domain were more socially isolated, experienced discrimination more often (ethnicity, age, gender, disability) and felt more unsafe walking alone after dark. Social isolation is more prevalent among residents with lower incomes and younger residents (under 44 years of age) compared to middle age and older adults. The percentage for younger residents, especially those under the age of 35, that reported feeling socially isolated was significant, with 27.7% feeling 'more isolated.' Feeling 'unsafe' is more prevalent among residents with lower incomes, those aged 16-34, and lower education levels.



The Canadian Council of Social Development explored the concept of community vitality, how it has been defined in theory and practice and related concepts such as social capital and inclusion.⁷ The concept paper suggested that the CIW community vitality domain comprises two main categories with sub-categories under each.

Community Vitality Domain	
Social Relationships	Social Norms and Values
Social Engagement <ul style="list-style-type: none"> • Social Participation • Civic Participation • Economic Participation 	Attitudes towards Others and Community <ul style="list-style-type: none"> • Trust • Respect for Diversity • Altruism • Sense of Belonging
Social Support <ul style="list-style-type: none"> • Size of Social Networks • Reciprocity 	
Community Safety <ul style="list-style-type: none"> • Crime • Perception of Safety 	

Credit: Canadian Council on Social Development, Concept Paper



When researchers refer to the concept of social connection, they mean the feeling that you belong to a group and generally feel close to other people. Scientific evidence strongly suggests that this is a core psychological need essential to feeling satisfied with your life.⁸

Social connectedness influences and is impacted by the other CSWB areas of risk. Throughout the CSWB planning, the connection between marginalized members of society and poor health and socio-economic outcomes was evident. Social isolation, discrimination, and exclusion from what would be considered protective factors in society results in increased potential for residents to have a lower self-reported sense of well-being and an increased mortality risk from preventable causes. Studies have found that greater social connection is associated with a 50 percent reduced risk of early death. The risk of premature death from social isolation and loneliness was equal to or exceeded the effect of other well-accepted risk factors such as obesity.⁹ Having social support can have a buffering or protective effect on us when we experience adverse events or times of distress or stress in our lives.

When people feel safe and connected to their community, they may be more inclined to engage and participate in actions that help the community. This may include reaching out and supporting others locally. We see evidence of this in people volunteering and engaging in other civic opportunities that better the lives of residents in the community. Comparatively, residents with lower income, lower education, and lower community vitality scores also scored lower in the Democratic Engagement domain of the CIW. Loneliness can affect how we anticipate and interpret our social experiences. Anxiety and feelings of helplessness can cause someone to withdraw even more from social supports around them.



Social support networks directly affect how residents interact and perceive their environments. The individuals that make up a person's network (e.g. family, friends, caregivers, neighbours, others) play important roles and can lessen the chance of that person feeling lonely or socially isolated. An extensive network of connections is not necessary; rather, it is the quality of the relationships that are of greatest benefit.¹⁰ *Social isolation* is the objective physical separation from other people (living alone), while *loneliness* is the subjective distressed feeling of being alone or separated. It's possible to feel lonely while among other people, and you can be alone yet, not feel lonely.¹¹

Sectors need to work in partnership to build, support and nurture local conditions that support the social health of residents. Communities have assets that can strengthen social connectedness. Those assets may be physical spaces like hubs or recreation centres, churches, libraries, parks, green space, underutilized spaces for community-based programs, public spaces that encourage people to connect (e.g. picnic tables, pavilions, food amenities, other). Policies, programming, and strategic partnerships can also advance social connection and safety in communities. A focus on social connectedness and security needs to be a shared one. Creating opportunities for residents to connect with their community and those around them takes an inter-sectoral and collaborative commitment.

Throughout the one-to-one and group engagement process of subject matter experts and local survey results from residents within our community, the following predominant themes emerged.

Not everyone feels like they fit in

Discrimination and harassment still exist. People may face barriers to establishing connections based on their marital status, age, gender, sexual orientation, physical disabilities, intellectual disabilities, cultural background, other.

Youth need more help connecting

More dedicated spaces for youth. Actively engage youth to determine their interests and needs.

We have all been impacted by COVID-19, some more than others

The mental health of all members of the community is of concern. Physical distancing has taken a toll on many, and we need to know who they are and how we can support each other.

Need to help people connect

211 is a valuable resource, but having in-person navigators at various points and locations throughout the community would reach and connect more people. Organizations should make social connectedness something they screen for if they are a human service organization.

People feel unsafe at times

Some advocate for stronger police presence in the downtown, parks, and rural areas. More robust community support and assistance for those with mental health and addiction issues so that they are not loitering on the street(s).

Greater awareness about the importance of social connectedness across the lifespan

People do not understand the importance of social connectedness related to their physical health and mental health. Avoid waiting until you retire to think about social connections, leisure and civic engagement. A public campaign can help people understand the effects of loneliness.

Opportunities

An age-friendly strategy that will build opportunities for social connection and make business more inviting and accessible for the ageing population. Encourage businesses to offer more ageing-in-place support (e.g. home-delivery services in more rural areas). Do not let the cost of public transportation be a barrier to inclusion. Encourage residents (of all ages) to be ambassadors of their community - incentivize and promote! Encourage more safe and sustainable practices that get people out together (e.g. community farming, active transportation options, no-car access to some community events, other).

Through a network of committed municipal partners, community partners across sectors, and engaged residents, we will advance social connectedness across our communities by:

- Forging inter-sectoral collaborations that actively put a plan in place to improve community safety and social cohesion
- Ensuring everyone in the community has opportunities to grow their social network, relationships, and opportunities for civic participation
- Assuring victims of crime that there are pathways to safety for them in our community
- Measuring the impact of our inter-sectoral approach



Strategic Direction

Sectors will work collaboratively to promote and support individual well-being by focusing on elements of the Community Vitality domain of the Canadian Index of Well-Being

Strategic Goals

1. Identify, draft, and map a 'Community Vitality: Pathways to Social Connectedness' Framework
2. Use a maturity model to monitor progress around enhancing social relationships and social norms and values
3. Achieve a common understanding of defined partner roles and responsibilities regarding supports that positively influence social connectedness

Outcomes

- Coordinated strategies across sectors
- Conditions that foster social connectedness can be optimized
- More equitable access, consistency and quality of opportunities for residents to connect, participate and engage in their community
- Improved sense of well-being among residents
- Improved indicators of well-being (eg. physical health, mental health)



Strategic Direction

The awareness of resources and opportunities that support community safety, social connectedness, participation and inclusion will be available to those at the highest risk of social disconnectedness, their families and those providing care and services

Strategic Goals

With a focus on those members of society, as identified through the CIW, at highest risk for social disconnectedness:

1. Increase the capacity in Couchiching for residents to enhance their social engagement, social support and feel safer in their community (social relationships)
2. Increase the capacity in Couchiching for residents to strengthen relationships based on attitude, trust, respect for diversity and sense of belonging (social norms and values)
3. Strengthen and bring awareness to pathways to safety for victims (e.g. crime, sexual assault, family violence, other)
4. Increase information sharing opportunities between municipalities, community partners and those most at risk of having lower community vitality scores.

Outcomes

- Residents are aware of opportunities to connect, participate and engage
- Residents feel safer in their community
- Residents feel a stronger sense of belonging to their community
- Increased awareness of family violence, sexual assault and other crimes as issues in our community
- Increased awareness of supports and pathways to safety for victims

Strategic Priority

Utilize multi-sectoral data and performance measurement to inform system change



Strategic Direction

Key impact metrics will guide collaborative inter-sectoral work to advance opportunities that promote social connectedness

Strategic Goals

Identify 3-5 key metrics for Community Vitality: Social Connectedness to contribute to an overarching County CSWB Indicator Framework and Data Set, grouped to the desired level of geography (GMG)

Outcomes

- We will better understand community vitality (social connectedness) through the ability to identify gaps, trends, opportunities and emerging threats
- Greater access to data for planning purposes

Strategies are in alignment with:

- Orillia, Oro-Medonte, Ramara and Severn - *Opportunity for All: Canada's National Poverty Reduction Strategy*
- County of Simcoe - *Positive Aging Strategy (2018-2023)*
- BANAC - *Five-Year Community Strategic Plan (2019)*
- North Simcoe Muskoka Specialized Geriatric Services - *Confinement Syndrome Work Underway*
- Government of Ontario - Evidence synthesis - *Physical activity and social connectedness interventions in outdoor spaces among children and youth: a rapid review (2020)*

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Employment

Why it Matters

- Couchiching has a lower employment rate (56.7%) than Simcoe County (60.9%) and Ontario (59.9%) according to Statistics Canada 2016 Census
- Couchiching has a higher proportion of youth ages 15-19 years of age employed (44%) compared to Simcoe County (43.2) and Ontario (34.5) according to Statistics Canada 2016 Census
- 36.5% of Couchiching residents that have a disability have a total annual household income before taxes from all sources lower than \$30,000 (Canadian Index of Wellbeing, Couchiching, 2018)
- Among Canadians aged 25 to 64, the rate of poverty is 40 per cent higher for persons with mild disabilities and nearly 200 per cent higher for those with more severe disabilities, than it is for Canadians without disabilities ¹

Determinants of health are the broad range of personal, social, economic and environmental factors that determine individual and population health. Employment is recognized as a determinant of health.

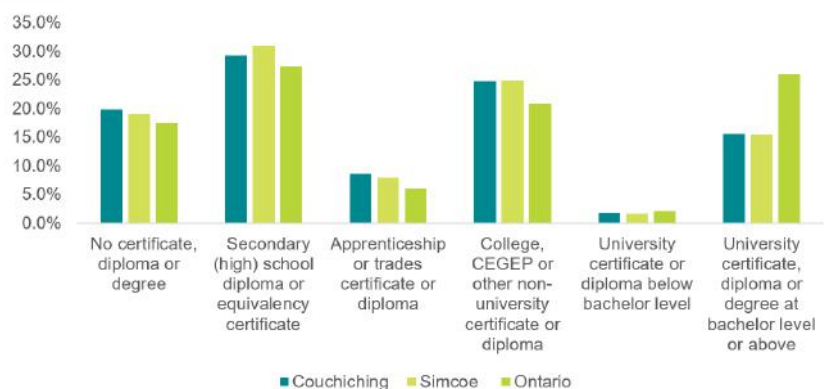
Employment is linked to the other CSWB areas of risk, often as a protective factor. We know that unemployment can impact housing stability, MHA, income, access to services, education, overall well-being and social connectedness.

Evidence of this is reflected in the 2018 Canadian Index of Wellbeing Survey (CIW) that was completed in Couchiching. ²

Those with above-average well-being scores:

- 68% had a regular weekend day schedule (below average well-being = 57.5%)
- Have a better job fit than those with below-average well-being scores
- Have higher perceived opportunities for job promotion than those with below-average well-being scores
- Spend less time commuting (average = 16.81 minutes) compared to those with below-average well-being scores (average = 20.73 minutes)
- 6.8% report having no money to buy things they needed at least once

Indicator: Highest Certificate Diploma or Degree



Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016365

Couchiching demonstrates a larger percentage of the population with no certificate, diploma or degree. They fall below Simcoe County for those with secondary school diploma or equivalency certificate, but are above the Ontario average. They perform well compared to Simcoe County and Ontario when it comes to apprenticeship or trade certificate or diploma. Couchiching has a slightly higher rate than Simcoe County for university certificate, diploma or degree at the bachelor level or above, but still below the Ontario average

Risk factors for employment include, but are not limited to:

- Culture and ethnicity
- Age
- Marital status
- Dependants
- Disability / Mobility
- Low education level
- Low-literacy level
- Mental health
- Gender
- Rural communities
- Barriers to transportation

Protective factors for employment include, but are not limited to:

- Culture and Ethnicity
- Education level
- Access to transportation
- Literacy skills
- Positive mental health and coping strategies
- Access to employment opportunity
- Access to transportation





In looking at the educational results in the Couchiching CIW (2018) we can see:

- 26% of residents have taken formal education or courses to improve skills in their current job
- 15.2% of residents have taken formal education or a course to prepare for a future job
- 10% of residents have taken formal education to get started in a current or new job
- Low-income residents find that cost prevents their participation

These days, a high school diploma is no longer enough to secure employment that pays a decent wage in today's economy. Post-secondary education is highly encouraged. Often, youth are encouraged to pursue a path that involves studying at the university level. While there is nothing wrong with this course of education, it is important to note that by 2021, one in five new jobs in Ontario is expected to be in trade-related occupations. The increase in trade-related positions presents a clear need and opportunity for our residents.³

This need can be seen in our community. Based on Statistics Canada 2016 census data, we can see that the top four industries in Simcoe County (by labour force) require a certain level of educational attainment:

1. Retail trade
2. Health care and social assistance
3. Manufacturing
4. Construction

Based on the labour force by occupation (Statistics Canada 2016 census), the top five labour force concentrations in Couchiching are:

1. Sales and Service occupations
2. Trades, transport and equipment operators and related occupations
3. Business, finance and administration occupations
4. Occupations in education, law and social, community and government services
5. Health occupations

Included in that data are some of Couchiching's fastest-growing industries, such as mining/quarry/oil/gas extraction, agriculture/forestry/fishing/hunting, construction, health care and social assistance.⁴





Despite growing industries, there are still residents that find themselves unemployed or precariously employed. Low-income workers are often most impacted by the harmful effects of precarious employment. By ensuring backgrounds and circumstances are not barriers to the labour market, we can demonstrate that we value fairness, equality, diversity and multiculturalism.⁵

With Couchiching quickly becoming a destination location, the lifestyle that it offers is increasingly being recognized, as we see more people leaving the GTA and taking up residence in Couchiching. Long-standing entrepreneurs and new entrepreneurs are also contributing to the area's economic growth. Couchiching is home to a diverse range of businesses and industries of all sizes. The area is also very well supported by academic partners such as Lakehead University and Georgian College. With exciting new developments planned that include Hydro One, the Automotive Innovation Park and the Medical Innovation Park, to name a few, there will be more employment opportunities for residents and ways that the community can support employers.

To meet the labour demands of existing and future employers, committed community partners have identified education and upskilling strategies. With recent data forecasting an increasing deficit in skilled labour resulting from an ageing skilled trade workforce and enrollment rates of youth not matching the number that will be leaving trades, we have real risk and real opportunity ahead of us.

Throughout the one-to-one and group engagement process of subject matter experts and local survey results from residents within our community, the following predominant themes emerged.

Retirement of baby-boomers and gap of experienced workers

There is a gap of skilled workers in the age range of 35-55 years old. Although awareness and interest in youth are evident in a slight rise in youth apprenticeship numbers, it is not enough to backfill those retiring.

Expand on what is working well

More awareness of available resources to support employment, interest in pursuing a trade, apprenticeship, second career or pre-requisites. Information on how residents can improve literacy, digital literacy, and soft skills needs to be made available in more locations.

Some need more support

Wrap-around support and service that address affordable housing, MHA support, transportation and system navigation are needed. More community partners need to be tagged in to support some job seekers.

Local wages

Workers will travel for higher wages. Non-standard employment, minimum wage, lack of benefits are all factors that lead to residents seeking employment outside of Couchiching.

Equity, availability, access and quality of employment services and supports vary

There are disconnects between services and providers that limit employment candidates from securing positions. There is an opportunity for more organizations to support local job seekers. Help residents more fully understand options along the pathway to employment, as many find it confusing and fragmented.

Opportunities

Expand engagement of youth, women, Indigenous persons, immigrants, those with disabilities or barriered residents to determine how best to support their employment aspirations. Look for opportunities to invest and grow internal people (promotion). Improve transportation connections to existing and future employment development sites.

With a committed network of education and employment partners in our community, we can now bolster existing strategy by:

- Identifying and putting a plan in place to improve equity, access and quality of services that support the employability and employment of Couchiching residents
- Looking beyond our traditional partners towards a broader inter-sectoral approach to supporting employment in our community
- Ensuring everyone in the community has information and access to the employment supports and resources they need
- Build capacity related to apprenticeship, skilled trade, health care and soft skills training
- Measuring the impact of our inter-sectoral approach



Strategic Direction

Inter-sectoral collaboration will help shape clear paths to employment for residents

Strategic Goals

1. Identify, draft and map an 'Inter-sectoral Pathways to Employment' Framework.
2. Use a maturity model to monitor progress around enhancing services that support people looking for employment
3. Achieve a common understanding of defined partner roles and responsibilities regarding supports that positively influence employment
4. Connect mainstream employment strategies, services and opportunities with Indigenous employment strategies

Outcomes

- Coordinated strategies across sectors
- Stronger candidate pool
- United voice for advocacy
- Higher employment levels
- Stronger Indigenous workforce participation

Strategic Priority

Build capacity through information sharing, knowledge transfer and exchange



Strategic Direction

The information and resources needed to promote and support employment is available to job seekers, employers and those collaborating across sectors

Strategic Goals

1. Increase the capacity in Couchiching to support those looking for employment
2. Connect and support key commercial development initiatives underway and planned for in Couchiching
3. Increase knowledge, understanding and capacity in Couchiching to employ barriered candidates
4. Increase information sharing opportunities between Economic Development and community partners
5. Fuel the discovery of local intrapreneurs in the workforce

Outcomes

- More residents employed
- Strong and sustainable businesses
- More inclusive community
- More diverse community
- More connected community
- Growth from within organizations

Strategic Priority

Utilize multi-sectoral data and performance measurement to inform system change



Strategic Direction

Key impact metrics will guide collaborative inter-sectoral work that supports employment opportunities

Strategic Goals

1. Identify 3 -5 key metrics regarding outcomes (impact) of inter-sectoral efforts related to employment that will contribute to an overarching County CSWB Indicator Framework and Data Set, grouped to the desired level of geography (GMG)
2. Other data repositories and/or secondary data sources by sector will be reviewed for relevance to CSWB

Outcomes

- Multi-sectoral data will further help identify gaps, trends, opportunities and emerging threats to employment
- Greater access to data for planning purposes

Strategies are in alignment with:

- Simcoe Muskoka Workforce Development Board- *Report on In-Demand Skilled Trades in The County of Simcoe and The District of Muskoka (2020)*
- Simcoe Muskoka Workforce Development Board - *Local Labour Market Plan, 2019*
- County of Simcoe - *Local Immigration Partnership: Community Settlement Strategy*
- Government of Ontario - *Making Ontario Open for Business Act (2018)*
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Why it Matters

- Experts estimate that as much as 80% of the modifiable factors that determine an individual's health are separate from health care (e.g. housing, food security, education, employment, socio-economic condition, natural environment, community design, other) ¹
- In Simcoe County, the number of visible minorities population rose significantly from 16,665 in 2006 to 33,965 in 2016 (+103.8%), representing 7.2% of the total population in 2016.
- In 2016, the top-five most common immigrant mother tongues in Simcoe County were: Italian (5,755), German (4,645), Portuguese (4,580), Spanish (3,740), and Polish (3,300). For the same year in Simcoe County, the top-five immigrant languages spoken most often at home were: Portuguese (1,625), Spanish (1,620), Russian (1,440), Italian (1,245), and Polish (1,180).
- From 2011 to 2016, the top-three immigrant languages spoken most often at home that changed the most in Simcoe County were: Tamil (+385, or 367%), Russian (+960, or 200%), and Persian (Farsi) (+245, or 126%)
- Francophone Residents: Orillia = 475, Oro-Medonte = 315, Ramara = 110, Severn = 220 (Statistics Canada 2016 Census)
- Nearly 1 in 5 members of the LGBTQ community has avoided seeking medical care because they have faced or fear facing discrimination. ²
- 56% of CSWB survey respondents in Couchiching had not heard of 211 Ontario
- Changes in Aboriginal Identity for the Total Population in Private Households from 2006-2016: Orillia = +40.6%, Oro-Medonte = +53.8%, Ramara = +22.6%, Severn = +122.2%



Access To Services

Access to Services is a concept that has not been defined or applied consistently in literature or by service definition. Access to services is multifaceted. For purposes of CSWB planning, 'access' is presented as a general concept that identifies a set of more specific dimensions that describe the interface between residents in our community and the organizations, providers and services. Access can be viewed as the opportunity for our residents to reach (connect to) and obtain assistance in situations of perceived need. In short, if a resident needs care or services, they can get them.

Early work in this area identified four dimensions of access.³ In literature, affordability has been included under accessibility, and at times, considered a dimension of its own.

For purposes of CSWB planning, the dimensions of access that will frame our planning around 'access to services' are:

1. Availability
2. Accessibility (including affordability)
3. Accommodation
4. Acceptability

Residents in our community are not one big homogenous group. Residents have characteristics, abilities, experiences, beliefs and histories that are unique. When considering how to improve access to services, the aim should be to improve the fit between those who use the service and the service itself. If we have a person-centred approach to our planning, we will make improvements in meaningful and supportive ways.



Risk factors for access to services include, but are not limited to:

- Low literacy
- Low digital literacy
- Lack of access to technology
- Sensory deficits
- Marginalized groups
- Language barriers
- Transportation barriers
- Socio-economic factors
- Lack of knowledge of services
- Stereotyping and prejudice

Protective factors for access to services include, but are not limited to:

- Literacy
- Digital literacy
- Access to technology
- Mobility
- Transportation
- Income
- Language
- Knowledge of services



There is an interdependence that exists among the dimensions that needs to be acknowledged. For example, a service may be available because it exists within the County and is open to all residents, but it may only be located in one municipality. Thus, the notion of availability is dependent on residents being able to travel to access it. For some residents where transportation is a barrier, this service would not be available to them. When looking at each dimension of access, it would be wise to consider the enabling factors that would support access (e.g. transportation, mobility, occupational flexibility, other).



Taking a closer look at each dimension of access...

Availability

Availability can refer to the actual presence or existence of the service. The presence can be in a variety of forms (e.g. physical space, workers, other). The capacity of the service is also a factor of availability. If there is a 12 month wait time, how available is that service? If the service is not evenly distributed across the County (e.g. available in each municipality) that access might be considered restricted to some degree. If we only look at the availability of services and resources, we run the risk of missing other characteristics of the provider and the clients that may pose a barrier to access.⁴



Accessibility

Accessibility can refer to geographic accessibility, which is determined by how easily the person can physically reach the provider's location, any physical barriers to entry or barriers to be able to participate fully. Accessibility can also refer to language. This could include necessary translation or interpretation service provision in another language if needed. Accessibility can also include affordability which reflects the economic capacity for people to spend resources and time to use appropriate services.



Accommodation

Accommodation reflects the extent to which the resources and services are organized and delivered to meet the needs of the person seeking assistance. Examples of this might include hours of operation, how appointments can be made, appointment times, same-day service, in-person or virtual options, and other processes that address potential constraints to the person in need of service.



Acceptability

Acceptability of service looks at whether the services and the way they are offered are a good fit with the characteristics, values, attitudes and needs of the person being served. Examples of poor acceptability would be if significant differences exist in providers' and clients' views about the causes and treatments of health problems.⁵ Acceptability also relates to cultural and social factors that shape the possibility for people to seek or accept services.

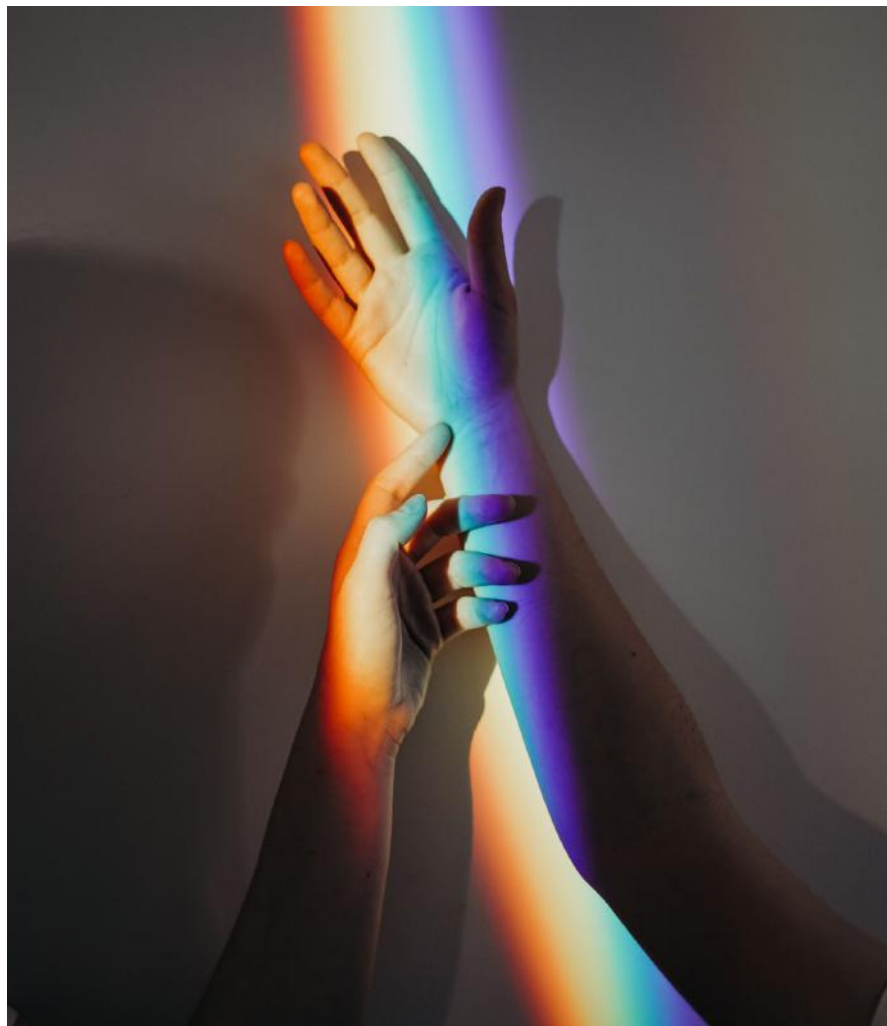
Equity, Diversity, and Inclusion:

Acceptability in terms of access means that providers and organizations strive to organize and provide services that meet people's needs considering different age groups, sexual orientation, ethnicity, abilities, socio-economically disadvantaged and vulnerable populations, religious and cultural differences, that are reflected in our resident population. This is acknowledging Equity, Diversity and Inclusion as critical and basic factors in approaching service delivery. This can be very challenging considering that different groups can judge appropriateness and quality differently.

Quality:

Quality is another sub-category of acceptability. A report prepared by the World Health Organization (WHO) that looked at quality of care and services, identified communities and service users as co-producers of health. They have a responsibility in identifying their own needs and preferences and in managing their health with appropriate support from service providers.⁶ This reinforces the value of engaging those with lived experience in conversations related to improving quality as a component of acceptability.

Looking at the landscape of our community and how services are currently set up and delivered, we have a real opportunity to improve access to services for residents in our community.



Throughout the one-to-one and group engagement process of subject matter experts and local survey results from residents within our community, the following predominant themes emerged.

Knowledge and Awareness

There are many great services in our community, but people do not know about them. More than half of the residents surveyed did not know about 211 Ontario.

Navigation

Residents struggle to navigate the network of services and resources. It can be overwhelming and complicated.

Availability

There are long wait times for specific services and programs. Service providers struggle with capacity constraints. There are great concerns and feedback around child and youth mental health and long wait times. Availability of services is not equitable across the county, leaving residents of more rural communities having to travel to access services. Personnel shortages are becoming more of an issue that impacts availability. Gaps in services can have significant negative impacts on residents' health (e.g. being discharged from detox back into the community and having to wait weeks to get into a treatment program).

Accessibility

Improvements in barrier-free design have helped. Those with mobility issues still find some locations challenging. More services located in the community (without having to travel to a big city). Encourage more co-location and integration of services in our community. Improve transportation options for those who live in the more rural municipalities and travel across municipal borders to access service. Have a preferred vendor for language services (e.g. translation, interpreter, other) that organizations and providers can use if the need arises. Forecast changing demographics (languages, culture, diversity, other) to help inform hiring. Improve awareness of one-stop-shop to find out about supports (e.g. 211 Ontario). More culturally diverse services will be needed as our population diversifies. Identify 'safe' locations that people can go to if they need assistance accessing services (e.g. libraries, other). Both residents and providers identified awareness of existing services in general, as an area that needs greater attention.

Accommodation

Not enough coverage (hours in a day) for many services (especially the critical ones). More integrated services for youth, embedded or accessed through the school system (go to where the youth are). Some are getting left behind with so much moving online, if they do not have access to technology or stable internet. Some do not have the technical or digital literacy skills. Improvements are being seen in the option for virtual visits, which is welcomed. Less 'live contact' noted for some services when trying to book; making residents feel uncomfortable leaving their reason for calling on machines or typed into an online registration forms (e.g. mental health concerns, sexual health concerns, other).

More walk-in options for certain services (especially MHA and needs that cannot wait). More coverage (OHIP covered services) that support access to psychologists, social workers, and mental health trained professionals. Transportation costs are a barrier to access. Not all employers support flexible scheduling of appointments which can pose an obstacle for employees (residents) needing to access services.

Throughout the one-to-one and group engagement process of subject matter experts and local survey results from residents within our community, the following predominant themes emerged.

Acceptability

Indigenous organizations should be supported to provide Indigenous care in Indigenous hands. We need to help people feel safe in self-identifying as Indigenous. Services for disadvantaged or vulnerable persons should meet residents where they are at (more mobile or satellite sites). Human and social service organizations should follow harm reduction strategies when supporting those that access their services. More mental health training for EMS and first responders is needed. Age can be a barrier when qualifying for specific services. Many LGBTQ people have difficulty finding services where they feel included or accepted.

As a community of committed partners across health, social services, community, and municipal sectors, we recognize that availability, accessibility, accommodation, and acceptability are of equal importance regarding access to services. With partner representation on the local Ontario Health Team and connection with the Ontario Health Team for Specialized Services, we will ensure we align our work without duplicating efforts. We will look at access to services across organizations and across the lifespan.

With an array of existing services available for our residents, we commit to the following:

- Mapping access to services using a consistent framework across sectors and at the organization level
- Ensuring residents, their families and service providers are aware of the services they can access
- Identifying ways to improve availability, accessibility, accommodation and acceptability of services in our community
- Identifying potential service gaps
- Measuring the impact of our inter-sectoral approach



Strategic Direction

Residents will have improved 'access to services' related to availability, accommodation, accessibility and acceptability of services

Strategic Goals

1. Identify, draft, and map an 'Access to Services' framework to gauge current access to services across sectors (organizations)
2. Use a maturity model to monitor progress around enhancing access to services related to availability, accommodation, accessibility, and acceptability
3. Inter-sectoral approach to increase the capacity in GMG to support improved access to services

Outcomes

- Coordinated strategies across sectors
- Improved 'access to services' specific to availability, accessibility and acceptability
- Shared advocacy opportunities if resource constraints are identified



Strategic Direction

The information and resources needed to support access to services is available to residents, their families and those providing care and services

Strategic Goals

1. Identify ways to address **availability**:
 - Capacity
 - Equity
2. Identify ways to address **accessibility**:
 - Geography
 - Physical
 - Language
 - Awareness
 - Affordable
3. Identify ways to address **accommodation**:
 - Hours of operation
 - Appointment times (scheduling)
 - Service options (e.g. in-person, virtual)
4. Identify ways to address **acceptability**:
 - Cultural appropriateness
 - Age appropriate
 - Inclusive and respects diversity
 - Social appropriateness
 - Quality of service

Outcomes

- Decreased barriers to service
- Services provided closer to home
- More equitable access, consistency and quality of services offered in our community

Strategic Priority

Utilize multi-sectoral data and performance measurement to inform system change



Strategic Direction

Key impact metrics will guide collaborative inter-sectoral work that improves access to services

Strategic Goals

Identify 3-5 key impact metrics regarding access to services, to contribute to an overarching County CSWB Indicator Framework and Data Set, grouped to the desired level of geography (GMG)

Outcomes

- Multi-sectoral data will further help identify gaps, trends, opportunities and emerging threats to access to services
- Greater access to data for planning purposes

Strategies are in alignment with:

- County of Simcoe - *Transportation Master Plan (2014)* * currently being refreshed
- Simcoe County - *LINX Transit Plan*
- Government of Canada - *Opportunity for All: Canada's National Poverty Reduction Strategy*
- 211 - *211 in Ontario: Vision and Roadmap 2013-2015*

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https://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf.

Our CSWB Plan has laid the groundwork and structure for our next steps.

The first step in all areas of risk is to identify and draft a framework or continuum. We recognize that people experience risks and threats to their safety and well-being at different points and in different ways. Having a firm understanding of the necessary supports and protective factors across each area of risk will help us tailor our approach based on the unique needs of our residents.

We will build our local CSWB Table, facilitating the formation of our Regional CSWB Steering Committee. Given that MHA is the one area of risk common to all CSWB Plans across Simcoe County, we commit to starting there.

We will work towards a Community CSWB Scorecard of indicators reflective of all eight areas of risk. We will coordinate with the Data Consortium to identify efficiencies with this process.

Our Advisory Body and those with lived experience will be our source of truth throughout this process that will keep us connected to what matters most and how best to accomplish it.

Our GMCC will continue in their current capacity. They will lead our local efforts and keep our Councils connected to our progress in a timely and meaningful way.

We will work as allies with our border communities, recognizing that the natural travel of residents in bordering communities may influence their care/service preferences which may differ from defined catchments of organizations and services.

Ensuring that our approach reflects cross-sector collaboration is critical. We will invest our time, efforts and resources into enablers with the farthest reach and that yield the most positive impacts across the interconnected areas of risk.

Over the next four years, we will move our CSWB planning forward, recognizing that there will likely be changes around us. We are experiencing a great deal of uncertainty as a result of the pandemic. We have factored this into our Plan. We can respond in an agile and coordinated manner despite any challenges we face. One thing will not change – our community needs us, and every single resident has the right to be safe and well.



Engagement List



Adam Ballagh

Just Recovery Simcoe

Aleta Armstrong
Director of Community Engagement, Inclusivity and Fundraising

Canadian Mental Health Association Simcoe
County

Alison Brett
Coordinator

Georgian College Career and Employment
Community Services

Andrew Fletcher
Chief of Police

South Simcoe Police Service

Andrew Robert
Paramedic Chief

County of Simcoe

Andrew Tait
A/Inspector

Huron West
Ontario Provincial Police

Arfona Zwiers
Director of Social Housing

County of Simcoe

Ashley Sweeney
Team Leader

Agilec

Ashley Watson
Business and Communications Coordinator

Township of Ramara

Blaine Parkin
CAO

Town of New Tecumseth

Brenda Guarda
Program Manager-Population Health Assessment, Surveillance
and Evaluation

Simcoe Muskoka District Health Unit

Brenda Jackson
Executive Director

BANAC

Brian Thomas
Fire Chief (Retired)

Township of Tay

Dwight Peer
Chief Superintendent, Commander, Central Region

Ontario Provincial Police

Cathy Lethbridge
Principal of Well-Being

Simcoe County District School Board

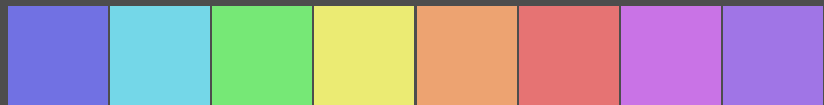
Chris Archer
Project Manager

Couchiching Family Health Team and
Couchiching OHT

Chris Maecker
Detachment Commander

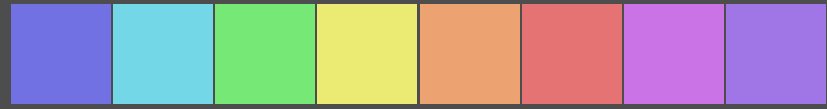
Collingwood and The Town of Blue Mountains
Ontario Provincial Police

Engagement List



Claudia Swoboda-Geen Public Health Nurse, Substance Use and Injury Prevention Program	Simcoe Muskoka District Health Unit
Colleen Healey-Dowdall CAO	Township of Essa
Colleen Simpson Manager of 911 and Emergency Planning	County of Simcoe
Dalete Karst-Yaacov Director of Services	Canadian Mental Health Association York and South Simcoe
David Denault CAO	Town of Midland
David Jeffery Executive Director	Chigamik Community Health Centre
Dean Collver Executive Director of Customer and Corporate Services	Town of Collingwood
Donna Hewitt Director, Corporate Services	Township of Oro-Medonte
Dr. Kim McIntosh Clinical Lead, Physician	Couchiching Ontario Health Team
Gail Michalenko Coordinator	SCATEH
Gayle Hall Chief Librarian / CEO	Simcoe County Library Co-operative
Geoff McKnight CAO	Town of Bradford West Gwillimbury
George Vadeboncoeur CAO	Town of Wasaga Beach
Germaine Elliott Executive Director - Mamaway Wiidokdaadwin	BANAC
Gerry Croteau Executive Director	Gilbert Centre
Graeme Peters CEO-New Tecumseth Library	Town of New Tecumseth
Greg Bishop General Manager, Social and Community Services	County of Simcoe
Gosia Puzio Manager, Social Media	Ontario Provincial Police

Engagement List



Haley Peek Consultant	Canadian Mental Health Association
Heather Klein-Gebbinck Executive Director	South Georgian Bay Community Health Centre
Howard Courtney Pastor	Innisfil Community Church
Jaelen Josiah Recreation: Youth Advisory Council	Township of Tiny
Jamie Moran Director of Ontario Works	County of Simcoe
Jane Sinclair General Manager, Health and Emergency Services	County of Simcoe
Jeff Schmidt CAO	Township of Springwater
Jenn Fleury Housing Support Worker	Contact Community Services: Housing Resource Centre
Jenn Rae Executive Director of the Innisfil Community Foundation	Town of Innisfil
Jennifer Murley Community Engagement Coordinator	Town of Innisfil
Jennifer Parker Coordinator, Community Well-Being and Inclusion	Town of Collingwood
Jim Harris Manager of Planning and System Integration	New Path Youth & Family Services
Jim Smyth Superintendent, Director of Operations	Ontario Provincial Police
John Connell Implementation Manager - Social Housing	County of Simcoe
John Pinsent CAO	Town of Ramara
Joseph Evans Detachment Commander	Southern Georgian Bay Ontario Provincial Police
Katy Viccary Media Relations	Ontario Provincial Police, Central

Engagement List



Kirsten Bulligan Staff Sgt.	Nottawasaga Detachment Ontario Provincial Police
Kristine Preston Assistant Clerk/Executive Director Orillia Police Services Board	City of Orillia
Laura Wark CEO, Library Services	Essa Library
Laurie Kennard CAO	Township of Severn
Laurie Straughan Supports and Services Manager	Empower Simcoe
Lindsay Bryant Human Resource Specialist	Township of Tay
Lynn Davies Executive Director	Couchiching Family Health Team
Lynne Cheliak Director of Clinical Services	Canadian Mental Health Association Simcoe County
Mark Aiken Chief Administrative Officer	County of Simcoe
Maxine Johnson Director, Programs and Services	Empower Simcoe
Melanie Marchand Coordinator, Police Degree Program	Georgian College Career and Employment Community Services
Melissa Bramham Executive Director	Contact Community Services
Melissa Hurst Co-founder	Simcoe Moms for Opioid Awareness
Merideth Morrison Manager of LTC and Paramedic Services	County of Simcoe
Michelle Bergin Executive Director	Catholic Family Services of Simcoe County
Mike McEachern Executive Director	FOCUS Employment Services
Mike McWilliams Fire Chief	Town of Wasaga Beach

Engagement List



Monika Hollander Brief Service Worker	WENDAT Community Programs
Nancy Heuther Economic Development Manager	County of Simcoe
Nancy Sutherland Registered Nurse, Volunteer	The Lighthouse
Nathan Sykes CEO	The Guesthouse Shelter
Pam Hillier Executive Director	Community Connections / 211
Paul Pentikainen Senior Planner	Town of Innisfil
Peter Leon Corporate Communications Coordinator	Barrie Police Service
Phillip Brown Detachment Commander	Huron West Ontario Provincial Police
Rebecca Holloway Resource and Information Specialist	Georgian College Career and Employment Community Services
Rhonda Bunn CAO	Township of Adjala-Tosorontio
Rob Sheppard Project Facilitator	Simcoe Muskoka Workforce Development Board
Roree Payment Fire Chief	Township of Clearview
Rosslyn Junke Director, Community Impact	United Way of Simcoe County
Sandra Easson-Bruno Director	North Simcoe Specialized Geriatric Services Specialized Geriatric Services
Sandra Lee Manager, Local Immigration Partnership	County of Simcoe
Sandy Foster Wellness Catalyst	Town of Innisfil
Sonya Skinner CAO	Town of Collingwood

Engagement List



Stacey Cooper
Clerk / Deputy CAO

Town of Penetanguishene

Stewart Strathearn
Mayor

Town of Midland

Steve Ridout
Detachment Commander

Nottawasaga
Ontario Provincial Police

Sue Sgambati
Corporate Communications Coordinator

South Simcoe Police Service

Sue Walton
Director of Legislative Services / Clerk

Township of Tiny

Susan Baues
Library Manager, Collections

Town of Innisfil

Susan Laycock
Executive Director

Simcoe Muskoka Workforce Development
Board

Tej Parmar
Director of Services

Canadian Mental Health Association
York and South Simcoe

Tim Leitch
Director, Public Works

Tiny Township

Dr. Valerie Grdisa
CEO

Canadian Mental Health Association Simcoe
County

Veronica Eaton
Detachment Commander

Couchiching
Ontario Provincial Police

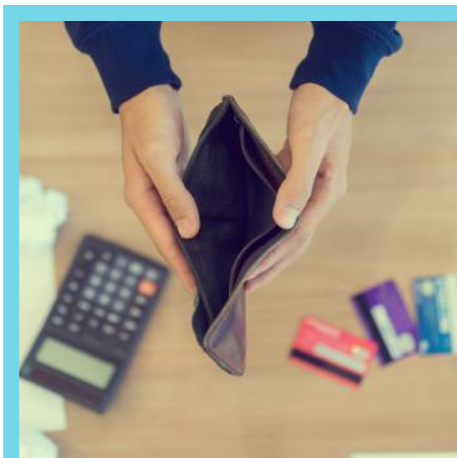
Wendy Hembruff
Manager of Ontario Works

County of Simcoe

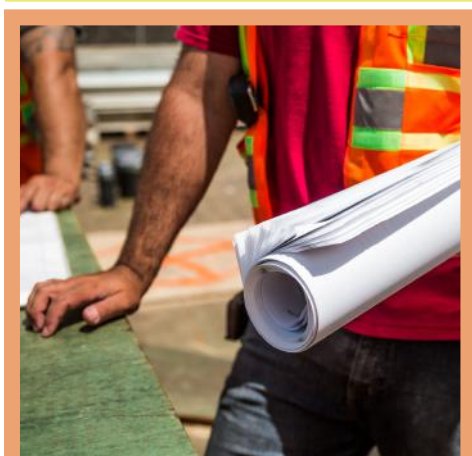
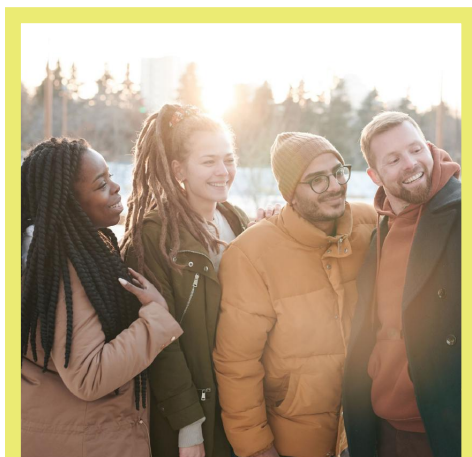
Thank you to Child, Youth and Family Coalition of Simcoe County, Simcoe Muskoka Opioid Strategy (SMOS), the various Community Roundtables, Situation Tables, Municipal Councils, Age Friendly Committees, Ontario Health Team Working Groups, and SCATEH for invitations to present and discuss community safety and well-being issues and actions needed.

Appendix A

Inter-Sectoral Work Underway
in Simcoe County



We recognize that there are collaborative efforts already underway and inter-sectoral collaboration in itself is not new. We have an abundance of evidence of this in our own community.



NOTE: The information on the following pages is not an exhaustive list.

Inter-Sectoral Work Already Underway Across Simcoe County

Mental Health and Addictions

Clinical Care Coordination and Integration (OHT for Specialized Populations)

Current focus: People with MHA conditions, starting with Child and Youth and Indigenous populations

Specialized Geriatric Services Clinical Design Strategy (North Simcoe Muskoka Specialized Geriatric Services)

NSM Specialized Geriatric Services are hospital and community-based health care services supporting frail older adults and their caregivers. A team of health care professionals supports the assessment, diagnosis and initial management of issues commonly seen in older adults with frailty. Team members include geriatricians, geriatric psychiatrists, nurses, social workers, occupational therapists, physiotherapists and pharmacists. The North Simcoe Specialized Geriatric Services is also working on timely research and response to confinement syndrome

Seniors Social Prescribing Program (Community Connections)

Addressing social isolation in Seniors

Integrated Inter-sectoral Transitional Age Youth Services (Various Partners)

Youth Hubs throughout the County

Mobile Withdrawal Management and Stabilizations Program (CMHA and Mamaway Wiidokdaadwin Primary Care) program and services for rural and urban Indigenous populations

Mobile Police / Mental Health Crisis Team (Local Police: South Simcoe / OPP and Mental Health Partners)

Mobile response team consisting of a police officer and mental health professional also known as Crisis Outreach and Support Team (C.O.A.S.T), Mobile Crisis Intervention Team (M.C.I.T) or Mental Health Support Team (M.H.S.T) throughout the region (different GMGs call it by a different name).

'An Action Plan for Our Communities' (Simcoe Muskoka Opioid Strategy *SMOS)

Multi-sector partnership known as SMOS which is chaired by the Simcoe Muskoka District Health Unit (SMDHU).

SMOS is championing a collaborative opioid strategy for Simcoe Muskoka

Foundational Pillars:

1. Data and Evaluation
2. Lived Experience

Action Pillars:

1. Prevention
2. Treatment / Clinical Practice
3. Harm Reduction
4. Enforcement
5. Emergency Management

Inter-Sectoral Work Already Underway Across Simcoe County

Mental Health and Addictions

Indigenous Opioid Strategy (regional Indigenous partner organizations)

Culturally grounded prevention, education, anti-stigma and harm reduction strategies, mobilized and supported by local Indigenous communities

Situation Tables (Community Partnership)

Situation Tables have been established in various communities throughout the County. Situation Tables (also known as Hubs) help front line staff from the public safety, health, and social service sectors to identify vulnerable people that are at acutely elevated risk and collaboratively and rapidly connect them to services before they experience a negative or traumatic event

COMPASS (Child, Youth and Family Coalition of Simcoe County)

COMPASS (Community Partners with Schools) is a network of community school teams across Simcoe County that link schools (elementary and secondary) with local providers of community supports and services including child and youth mental health, parenting supports, child protection, health, youth justice, community recreation and more. COMPASS teams help schools enhance student learning, support healthy child/youth development and reduce social, emotional or behavioural challenges within schools

Integrated Psychogeriatric Outreach Program (IPOP) – LOFT

The Integrated Psycho-geriatric Outreach Program (IPOP) provides comprehensive psychogeriatric assessments by a community clinician consulting with a psychiatrist or geriatrician in the client's home. This program looks to promote the health, well-being, safety and independence of older adults living in the community with mental health and dementia-related concerns

Inter-Sectoral Work Already Underway Across Simcoe County

Income

Ontario Works: Financial and Employment Assistance (County of Simcoe)

Benefits:

- Basic Needs
- Shelter Allowance
- Employment Related Expenses
- Medical Travel and Transportation Costs
- Special Diet Allowance
- Child Care Expenses
- Drug Card
- Adult Emergency Dental
- Eyeglasses
- Earnings exemption after 3 months of continuous eligibility
- Extended employment health benefits

Programs:

- Self-employment assistance
- Basic Education and Training programs
- Learning, Earning and Parenting program
- Community Participation
- Job Readiness Workshops
- Apprenticeship Development
- Addiction Services Program

Poverty Reduction Task Group (Child Youth and Family Services Coalition)

The PRTG supports poverty reduction initiatives by providing leadership, advocacy to increase access to and address the barriers to the social determinants that families and individuals of low-income experience. They develop and support initiatives at the local and county level

Bridges Out of Poverty, Getting Ahead, Circles (County + SCDSB)

Bridges Out of Poverty provides a family of concepts and workshops to help employers, community organizations, social service agencies, and individuals address and reduce poverty in a comprehensive way. Bridges brings people from all sectors and economic classes together to improve job retention rates, build resources, improve outcomes, and support those who are moving out of poverty

No Money for Food is Cent\$less (Simcoe Muskoka District Health Unit)

No Money for Food is ... Cent\$less is a campaign that aims to increase awareness and advocacy for income solutions that will help everyone to buy enough food to feed themselves and their families

Simcoe County Food Council (Community partners)

The County of Simcoe in partnership with various stakeholders has created a community-based Simcoe County Food Council (SCFC) to enhance community food security and decrease food insecurity in the region. The Council's vision is for a "sustainable, equitable and secure local food system in Simcoe County that recognizes food as a human right."

Inter-Sectoral Work Already Underway Across Simcoe County

Income

Urgent Needs Fund (United Way Simcoe Muskoka)

The Urgent Needs Fund offers emergency financial assistance with prompt, one-time grants to address basic needs like groceries, clothing, transportation, health and wellness expenses and more, and has been expanded to assist those impacted by the COVID-19 pandemic. The Urgent Needs Fund cannot address housing payments or arrears. The Urgent Needs Fund was designed to help fill that gap by providing timely, modest grants once community resources had been exhausted

Interactive Low-Income Map (Simcoe Muskoka District Health Unit)

There are pockets of areas within each municipality that have higher percentages of their populations living in low-income. This map uses dissemination areas (DA) – a standard geography with populations of 400-700 to show the variation in the prevalence of low-income (after-tax). The data is grouped into quintiles (5 income levels containing approximately 20% of the population). The DAs are ranked from lowest to highest income and rolled up into the 5 income quintile groups. The income data is from the 2016 Census

Community Link (Transportation) (Community partners)

The Community Transportation Link, or CT Link, is a network of community-based transportation service providers developing a web-based Portal that they will use to identify opportunities to pool transportation resources between agencies. The CT Link will improve mobility options for people using community-based transportation services, such as seniors, people living with disabilities and/or medical concerns, and people on fixed incomes, by increasing their transportation opportunities. Self-bookings are now available for CT Link clients

Free and low-cost Meals (www.foodinsimcoecounty.ca)

This is an online resource that lets people know where free and low-cost meals can be found in their community. It will indicate the date, time, and location of the meals available

Local data (Enumeration, Food Security, Living Wage, Local Immigration Partnership) (County of Simcoe and various partners)

Various organizations and groups throughout Simcoe County work to gather local data to use that will inform planning and service delivery across programs that address poverty

Inter-Sectoral Work Already Underway Across Simcoe County

Housing

10 Year Affordable Housing and Homelessness Prevention Strategy (County of Simcoe and Municipalities)

Strategic Opportunities:

1. Establish strong leadership and governance
2. Achieve affordable housing target
3. Protect existing public assets
4. Planning for the public good – Planning Policy and instruments to support affordable housing
5. Create an integrated model for housing and supports

Social Housing (County of Simcoe)

Various Housing and Supports: Social Housing, Rent Supplements, Housing Allowance, Rent Geared to Income, Special Needs Housing, Home Ownership Program, Housing Retention Program, Ontario Renovates, Secondary Suites

BFZ Simcoe (Community partnership)

Goal is to reach functional zero by December 31, 2024

Efforts centre around two initiatives:

1. Coordinated Access System: a community-wide strategy to help prevent homelessness and match individuals and families experiencing homelessness to housing and support resources
2. By-name List (BNL): the BNL helps community partners know every person experiencing homelessness by name, understand their unique needs, and then prioritize them for the most appropriate and available housing and supports

Simcoe County Alliance To End Homelessness (SCATEH) (Local Movement)

SCATEH is a local movement to prevent and end homelessness in Simcoe County, through coordinated strategies, advocacy, and awareness

Inter-Sectoral Work Already Underway Across Simcoe County

Social Connectedness / Safety

Seniors Isolation Project (Community Connections and community partners)

The aim of the project is twofold:

- 1) to measurably reduce social isolation among seniors, and
- 2) to build our community's capacity to identify, reach, and connect isolated seniors—preventing isolation in the future

Age-Friendly Resources and Helpful Links (County of Simcoe)

The County of Simcoe website, under Age-Friendly Community, has resources and links related to accessing help, social inclusion and locations of Active Living Centres in Simcoe

LGBTQ Youth and Family Programming (Gilbert Centre)

The Gilbert Centre runs a program called, QT Youth Connection which is a drop-in and social space for Queer, Trans, Intersex, Questioning and Non-Binary youth. Groups take place in Barrie, Orillia, Midland, Bradford, and Stayner and are a place for youth to connect with each other and to community

Older LGBTQ Adult Programs (The Gilbert Centre)

The program contributes to the knowledge base of better understanding of the needs and wishes of the LGBTQ older adults in our region, to create safer spaces to socialize, educate, and connect communities. The program offers drop in programs, educational seminars, inter-generational programming and collaborates with the Safer Spaces program to support senior serving organizations and long term care facilities to become inclusive to older LGBTQ adults

Local Immigration Partnership (County of Simcoe, community partners)

The Simcoe County Local Immigration Partnership (SCLIP) is a community partnership focused on the development of settlement strategies for newcomers. These strategies will bring together and support service delivery to newcomers in Simcoe County while promoting positive relationships, opportunity, and use of local resources effectively

Peer to Peer Support (Community MHA partners)

Peer support is created through a trusting, equal and empowering recovery-oriented relationship between two individuals who share a similar experience. This service works with individuals to support their recovery socially, emotionally and practically to empower them in their day-to-day lives

Indigenous Friendship Centres -

Friendship Centres are multi-purpose organizations that provide a variety of programs and services. However, their core mission continues to be the administration and provision of health and social programming to Aboriginal people regardless of their status or legal definition

Inter-Sectoral Work Already Underway Across Simcoe County

Job Creation

Economic Development Strategy (County of Simcoe)

5-year Economic Development Strategy 2021-2025 Goals:

- Simcoe County will be recognized as a premier destination for investment in Ontario
- Through an excellent quality of life, education and careers, Simcoe County attracts and retains talent to support the needs of its thriving business community
- Businesses stay and grow in the region, supported by a strong and innovative business development environment
- The County of Simcoe's Economic Development Office is a leader in facilitating and building effective and collaborative relationships that create a strong ecosystem for regional economic development
- Advocate for and support the delivery of infrastructure to meet the needs of a competitive business community

Small Business Centres *SBECs

A resource helping local enterprising people start and grow their businesses to meet their entrepreneurial aspirations. Part of the provincial Ontario Network of Entrepreneurs (ONE), the Centres provide support to new and existing businesses offering free one-on-one consultations, business plan reviews, seminars, networking opportunities and more

Community Futures Development Corporations *CFDCs, (Government of Canada)

A resource that offers a wide variety of programs and services supporting community economic development and small business growth. In particular, they provide:

- Business loans for small and medium-sized businesses and social enterprises
- Business counselling services
- Access to community and business information
- Support for community-based projects
- Strategic community planning and socio-economic development

Agriculture and Agri-Food BR&E Study (Community Partners)

Regional partners undertook a significant study of the area's agriculture and agri-food sector to build regional and local Action Plans. A BR&E Study is an analysis of the current business climate in an area or sector based on standardized interviews with businesses. The survey results are then compiled and analyzed to look for trends, opportunities, challenges and provide baseline information. The goal is to then use the results of the BR&E to develop Action Plans to address identified opportunities and challenges

Henry Bernick Entrepreneur Centre

The Henry Bernick Entrepreneurship Centre (HBEC) is a resource for entrepreneurs at various stages, across all industry sectors. With the support of Georgian College and the Ontario Centres of Excellence, HBEC helps students and community based entrepreneurs validate their business ideas and grow existing businesses by connecting them with the tools they need to be successful, including mentorship, funding, training and networking

Inter-Sectoral Work Already Underway Across Simcoe County

Job Creation

ventureLAB

ventureLAB is the non-profit Regional Innovation Centre (RIC). It is a member of the ONE network that supports Simcoe County, Muskoka and York Region. ventureLAB helps entrepreneurs bring their innovations to market, by offering a unique combination of mentoring, partnering and connecting, tailored to the unique needs of each business. ventureLAB offers the BUILD training program, 1:1 advisory services, workshops, conferences, investor meetings and other special events

Ontario Centres of Excellence

Ontario Centres of Excellence (OCE) drives the development of Ontario's economy by helping create new jobs, products, services, technologies and businesses. In partnership with industry, OCE co-invests to commercialize innovation originating in the province's publicly funded colleges, universities and research hospitals. Another expanding focus for OCE is the development of the next generation of innovators through entrepreneurship fellowships and programs for students and youth across Ontario.

The OCE program suite covers three key areas: Industry-Academic R&D Collaboration, Commercialization, and Entrepreneurship. Other key OCE initiatives are the IBM High Performance Computing Initiative and Colleges Ontario Network for Industry Innovation (CONII)

Concierge

Concierge is a single access point to funding, expertise, facilities, and global opportunities for small- and medium-sized enterprises (SMEs) seeking to grow through innovation. The only service of its kind in Canada, it offers free, one-on-one assistance from expert advisors who provide customized guidance in selecting the most relevant programs and services to help you grow your business

Local Chamber of Commerce *Located throughout Simcoe County

These are local organizations of businesses whose goal is to further the interests of businesses. Business owners in towns and cities form these local societies to advocate on behalf of the business community. There are 14 throughout Simcoe County

Municipal Studies, Surveys and Plans (across municipalities)

Economic Development Strategy Plans, Official Plans, Growth Strategy Plans, Multi-Modal Active Transportation Master Plan (TMP), Transportation Studies, other

Local Commercial and Industrial Developments

Small, medium and large scale developments underway across the County

Inter-Sectoral Work Already Underway Across Simcoe County

Employment

Employment Ontario Service Sites *Located across Simcoe County (Government of Ontario)

Help for job seekers, workers and employers with advice, grants and other services around public and private sector employment

Georgian College Centre for Career and Employment Services (funded by Employment Ontario)

Service for employers, services for job seekers, services for youth seeking employment, and newcomer employment services

Community Development Corporations *various locations throughout Simcoe County (supported by Government of Canada)

Business coaching and guidance, professional growth opportunities, loans, pathways to employment

'workinsimcoecounty.ca' consolidated site

The 'Work in Simcoe County' portal uses an automated fetching tool to aggregate job listings from over 20 popular job boards and career sites, such as Indeed, Workopolis, job bank, Employment Ontario job boards throughout Simcoe County and more. The new user-friendly online tool also includes features, such as the ability to map job opportunities across Simcoe County. It provides important information on accessing Employment Ontario offices and childcare facilities

This site is a one-stop shop and includes training, recruiting and funding resources for job seekers and employers alike, and will alleviate local employers from having to enter their job postings on multiple sites, as well as job seekers having to search a variety of platforms for work opportunities within the County

Express Entry *online immigration application system (Government of Canada)

Express Entry is an online system that the Government of Canada uses to manage applications for permanent residence from skilled workers

Credential Recognition Services *academic and professional (Welcome Centre for Immigrant Services: Mobile Unit)

For academic credentials outside of Canada, they are often referred to as "international credentials" or "foreign credentials." To be licensed with a professional association or to study in Canada, the credentials completed outside of Canada may need to be evaluated

Build ON (YMCA, funded by by Immigration, Refugees and Citizenship Canada)

Build ON is a pre-arrival service funded by Immigration, Refugees and Citizenship Canada. Build ON provides specialized information and orientation about the skilled trades, engineering and construction sectors to new immigrants approved to immigrate to Ontario, Canada. There is no cost to participate

Inter-Sectoral Work Already Underway Across Simcoe County

Education

Ontario Youth Apprenticeship (OYAP) (School Boards)

OYAP is a high school program that allows students to try a variety of apprenticeship-based careers in skilled trades, starting in Grade 11 or Grade 12 through the Cooperative Education program

Specialist High Skills Major (SHSM) (School Boards)

Specialist High Skills Majors (SHSM) are bundles of 8-10 courses that allow Grade 11 and 12 students to focus their learning on a specific economic sector while getting their high school diploma. SHSMs provide students with an opportunity to focus their learning and gain valuable experience for all post-secondary opportunities. Students will also earn industry-recognized certifications, which builds confidence in their skills and links their studies with the world beyond high school and future careers

Georgian College Centre for Career and Employment Services (funded by Employment Ontario)

Apprenticeship, education and training to support employment

Indigenous Services and Access Programs

Indigenous Resource Centres are located at the Barrie, Midland, Orillia and Owen Sound campuses. The centres provide students with a culturally supportive and comfortable environment where they can study, socialize, and access a wide range of resources. The staff support students, whether academically, personally or spiritually. The resource centres are home to the visiting Elder and Niwijiagan peer mentor programs, Getsijig (Indigenous education counsellor) and Indigenous student advisors

Employment Ontario Service Sites

Assist in facilitating apprenticeships by working closely with employers and clients

Online Resources (Ontario Ministry of Labour Training and Skills Development *MLTSD)

Literacy Basic Skills (Simcoe Muskoka Literacy Network)

Programs and services that support literacy basic skills (LBS)

The Learning Centres *located across the county (Simcoe County District School Board)

Help for high school students and adults to earn an Ontario Secondary School Diploma (O.S.S.D)

Adult and continuing education, ESL, literacy and Personal Support Worker program

Soft Skills Solutions© (Simcoe Muskoka Workforce Development Board)

Free for participants. 25-30 hours of employability skills training taught by certified SSS instructors. Certificate issued upon completion. In-demand skills such as Workplace Communication, Teamwork, Personal Management, Problem Solving and Critical Thinking, Professional and Skills Advancement

Inter-Sectoral Work Already Underway Across Simcoe County

Education

Welcome Centre Immigrant Services, Mobile Unit (Welcome Centre Immigration Services)

e-Learning language classes and enhanced language training

Language Instruction for Newcomers to Canada *LINC (Bradford Immigrant and Community Services BICS)

This program offers free Language Instruction for Newcomers to Canada (LINC) classes to persons who are 18 years of age or older who are Permanent Residents, Convention Refugees or have 'approval in principle' to remain in Canada. You are not eligible for these classes if you are a Canadian citizen, Refugee Claimant, or a Temporary Resident (such as foreign student, foreign worker or visitor). Language assessment test must be taken before starting classes, done by appointment only, held at the BWG Library or at any CLARS Assessment Centres available in other areas

Newcomer Services, Newcomer Settlement Program (YMCA of Simcoe/Muskoka)

English instruction:

YMCA Immigrant Services ensures eligible newcomers to Canada receive appropriate English language training and settlement services including assessment of needs, orientation, information and referral, and labour market information in order to feel welcomed in the community and to participate socially, culturally and economically. These services are supported by Citizenship and Immigration Canada

Academic and Career Entrance Services

College and Career Preparation, Literacy and Basic Skills Program (Georgian College, Barrie Campus)
Adult Education Centre (Collège Boréal, Barrie)

FAST *Foundational Assessment for Skilled Trades (Simcoe Muskoka Workforce Development Board)

Support for those who may want to strengthen their knowledge and understanding before entering apprenticeship training

Access To Services

211 (Community Connections)

211 connects people to the right information and services, strengthen Simcoe County's health and human services, and helps residents become more engaged with their communities. 211 can be accessed, by calling, clicking (online), chatting (online) or texting

Each organization

Access to services is currently addressed through individual organizations and entities and the respective services that they provide. The organizations, groups and initiatives mentioned throughout this Plan are a great place to start. For fast and focused assistance, connect with 211

Appendix B

Local CSWB Survey

Couchiching Community Safety and Well-Being Plan

1. Couchiching CSWB Plan: Input on Priority Area(s)

The City of Orillia, in partnership with the Township of Oro-Medonte, the Township of Ramara, and the Township Severn are joining together to develop a Couchiching Community Safety and Well-Being (CSWB) Plan.

Throughout the County of Simcoe, eight (8) community safety and well-being priority areas (areas of risk) have been identified. After a comprehensive prioritization process that was informed by current data, the Couchiching CSWB Plan will focus on the following four (4) areas of risk:

1. Mental Health and Addictions
2. Preventable Mortality
3. Access to Services
4. Employment

We are looking for your assistance in advising us on what you believe, or have experienced to be, any challenges, obstacles or gaps in addressing the above issues.

We welcome your thoughts or ideas on how best to create solutions to the above areas of risk.

NOTE:

The residents of Couchiching will benefit from the local CSWB planning efforts and, indirectly, from the planning efforts throughout the County around the other areas of risk as there will be opportunities to leverage the collective wisdom and learning.

By participating in this survey, you agree to the collection of your answers and the use of information from your responses to inform community safety and well-being planning. This information may be shared with the County of Simcoe and Avail Consulting to support broader community safety and well-being planning. Your personal information will not be attached to your responses, and only overall results, without individual identifying information, will be shared in the final Couchiching CSWB Plan. The Couchiching CSWB Plan will be made available to the general public and posted on the respective municipal websites.

You may exit the survey at any time if you change your mind about participation. Only completed surveys will be counted in the final results.

1. Where do you live?

- City of Orillia
- Township of Oro-Medonte
- Township of Ramara
- Township of Severn

2. What do you believe, or have experienced to be, any challenges, obstacles or gaps in people accessing and receiving support for mental health and/or addiction issues? (Pick all that apply)

- Stigma (when those with mental health and/or addiction issues are viewed in a negative way)
- Poor integration between health and mental health services
- Not enough 24/7 services (inadequate after-hours services)
- Poverty (cannot afford to pay for certain for-fee services)
- Transportation (difficulty getting to and from appointments)

Other (please specify)

3. Do you have any thoughts, recommendations or ideas that would help people access and receive support for mental health and/or addiction issues?

- No
- Yes (please specify)

4. What do you believe, or have experienced to be, any challenges, obstacles or gaps in people seeking employment in our area?

- I do not know of any
- Challenges, obstacles or gaps are:

5. Do you have any thoughts, recommendations, or ideas that would help people secure employment in our area?

- No
- Yes (please specify)

6. According to the Ministry of the Solicitor General, CSWB is defined as:

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

Based on the above definition, if you had a question or concern regarding your personal needs or community needs, where would you likely look for the information?

- Phonebook
- Internet
- Newspaper
- Local social media pages
- I do not know where to look

Other (please specify)

7. 211 (Community Connection) is a free local directory that can help you find information on local resources (programs and services) in relation to many topics. You can access 211 online, by phone or via text. Were you aware of 211 before the completion of this survey?

- Yes
- No

8. What do you feel is the best method to spread awareness on the availability of 211, especially in relation to information on how to access services and supports for mental health, addictions, housing, job creation, or employment needs?

- Phone
- Local News / Radio
- Mailout Flyers
- Advertisements in local businesses or health care settings
- Local Social media pages
- An active 211 link on a variety of service provider websites

Other (please specify)

9. Do you have any other comments or suggestions that would help make your community a safer and more vibrant place to live?

- No
- Yes (please specify)

10. Do you want to be part of the solution? If you would like to participate in a future Community Safety and Well-Being Working Group, enter your email address here:

No, thank you.

Yes, I would like to participate in future CSWB planning. My email address is:

Thank you for taking the time to participate in this survey.

End Notes

Disclaimer

The purpose of this document is to outline information that came to the attention of the consultant during Phase 1 of the Community Safety and Well-Being (CSWB) planning process and to offer comments and recommendations for consideration by the Couchiching Geographical Municipal Coordinating Committee. The work has consisted of the inquiry, observation, comparison, and analysis of information provided by various Advisory Body member organizations and other third-party individuals and entities.

Third Party Reliance

Outside of a responsibility to the County of Simcoe and the respective municipalities identified in this Plan, Karie Warnar and Avail Consulting Inc. do not undertake responsibility in any way from reliance placed by a third party on this document. Any reliance placed is that party's sole responsibility. Any third party accessing the document acknowledges that it may not place reliance on the results and finding contained in this document.

The Couchiching Geographical Municipal Coordinating Committee, in collaboration and consultation with the Local CSWB Table, Steering Committee and Advisory Body are responsible for the decision to act on information that is contained in this document.

Limitation

This document has been prepared by Karie Warnar, of Avail Consulting Inc. for use by the municipalities identified in this Plan. Such work does not constitute an audit. Accordingly, we express no opinion on financial matters, internal control, or other information. The author neither warrants nor represents that the information contained in this report is accurate, complete, sufficient or appropriate for use by any person or entity other than the Couchiching Geographical Municipal Coordinating Committee, and the author hereby expressly disclaim any and all responsibility or liability to any person or entity other than the Couchiching Geographical Municipal Coordinating Committee in connection with their use of this report for future Phases of the CSWB planning process.

Phase 1 - Plan Development
Supported and Resourced By



Plan Prepared By

Karie Warnar

