



Community Services Committee

Wednesday, August 14, 2024 at 1:00 PM

Miramichi Lodge, 725 Pembroke St. W., Pembroke, Ontario

Agenda

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1. Call to Order	
2. Land Acknowledgement	
3. Roll Call	
4. Disclosure of Pecuniary Interest and General Nature Thereof	
5. Adoption of the Open Minutes	3 - 6
Community Services Committee - Jun 12 2024 - Minutes 	
6. Adoption of the Closed Minutes	
7. Delegations	
a. 1:30 p.m. - Kimberly MacLeod, Service Director and Sarah Haaima, Hub Manager -Addictions Treatment Service / Renfrew County Youth Wellness Hub, Renfrew Victoria Hospital	7 - 13
YWHO Presentation 	
8. Community Services Department Reports	
Director's Report	
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Community Supports Division

- b. [CS - Community Supports Report](#)  89 - 93
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Children's Services Division

- c. [Children's Services Report](#)  94 - 146
[Renfrew EDI Summary Report](#) 
[Renfrew EDI Over Time Report](#) 
[IT Modernization Initiative](#) 

9. New Business

10. Closed Meeting

11. Date of next meeting (Tuesday, September 10, 2024) and adjournment

NOTE:

- County Council: Wednesday, August 28, 2024.
- Submissions received from the public either orally or in writing, may become part of the public record.



Community Services Committee

Wednesday, June 12, 2024 at 1:00 PM

Council Chambers

Minutes

Present: Vice-Chair Debbi Grills
Councillor David Mayville
Councillor Neil Nicholson
Councillor Gary Serviss

Absent: Chair Anne Giardini
Warden Peter Emon
Councillor Ed Jacyno (City of Pembroke Representative)

Also Present: Craig Kelley, CAO/Deputy Clerk
Andrea Patrick, Director of Community Services
Jason Davis, Director of Development and Property
Jennifer Dombroskie, Manager of Community Housing
April Muldoon, Manager of Community Supports
Margo Smith, Manager of Children's Services
Barb Tierney, Mesa Coordinator
Tina Peplinskie, Media Relations and Social Media Coordinator
Evelyn VanStarkenburg, Administrative Assistant

1. Call to Order

Vice-Chair Grills called the meeting to order at 1:55 p.m.

2. Land Acknowledgement

The land acknowledgement identifying that the meeting was being held on

the traditional territory of the Algonquin People was recited.

3. Roll Call

The roll was called.

4. Disclosure of Pecuniary Interest and General Nature Thereof

No pecuniary interests were disclosed.

5. Adoption of the Minutes - May 15, 2024

[May15-24 Community Services Committee Minutes DRAFT](#) 

RESOLUTION NO. CS-C-24-06-36

THAT the minutes of the May 15, 2024 meeting be approved.

Moved by: Gary Serviss

Seconded by: Neil Nicholson

CARRIED

6. Adoption of the Closed Minutes - May 15, 2024

RESOLUTION NO. CS-C-24-06-37

THAT the Closed minutes of the May 15, 2024 meeting be approved.

Moved by: Gary Serviss

Seconded by: Neil Nicholson

CARRIED.

7.

8. Delegations

None at time of mailing.

9. Community Services Director's Report

- a. The Director of Community Services overviewed the Community Services Director's Report.

[Community Services Director's Report](#) 

[APP I - National Housing Strategy Funding Update](#) 

[APP II - Community Services Staff Day](#) 

- b. [Community Services August Meeting Location](#) 

RESOLUTION NO. CS-C-24-06-38

THAT the August 2024 meeting of the Community Services Committee be held at Miramichi Lodge.

Moved by: David Mayville

Seconded by: Gary Serviss

CARRIED.

- c. The Manager of Community Supports overviewed the Community Supports Division Report.

[Community Supports Division Report](#) 

[Appendix OW-I - YWHO Summer Newsletter](#) 

[App-OW-II-MOU Extension 2024-25](#) 

- d. The Manager of Children's Services Division overviewed the Children's Services Division Report.

[Children's Services Division Information](#) 

RESOLUTION NO. CS-C-24-06-39

THAT the Community Services Department Report be approved.

Moved by: David Mayville

Seconded by: Neil Nicholson

CARRIED.

10. New Business

None.

RESOLUTION NO. CS-C-24-06-40

BE IT RESOLVED THAT Council move into a closed meeting pursuant to Section 239 (2) of the Municipal Act, 2001, as amended for the purpose of discussion on personal matters about and identifiable individual. Time: 2:25 p.m.

Moved by: Neil Nicholson

Seconded by: Gary Serviss

CARRIED.

11. Closed Meeting

12. Open Meeting

RESOLUTION NO. CS-C-24-06-42

THAT this meeting resume as an open meeting. 2:50 p.m.

Moved by: Neil Nicholson
Seconded by: Gary Serviss

CARRIED

13. Date of next meeting (Wednesday, August 14, 2024) and adjournment

RESOLUTION NO. CS-C-24-06-43

THAT this adjourn and the next regular meeting be held on August 14, 2024. Time: 2:50 p.m.

Moved by: David Mayville
Seconded by: Gary Serviss

CARRIED

Warden

County Clerk

Youth Wellness Hub Ontario YWHO



Renfrew County



Delegation at the
Community Services
Committee

August 14, 2024

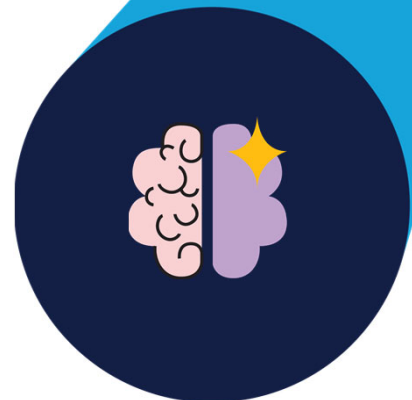
YWHO Background

In February 2017, the Ontario government announced funding for integrated service hubs across the province to address gaps in the youth service system.

Ten hubs were established to serve as fully integrated youth networks for youth aged 12-25 and their families.

Spring of 2021 the Ministry of Health and Long Term Care announced the addition of 4 more hubs and Renfrew County was one of the locations selected under the lead of RVH/ATS

Since then, funding for other hubs has continued to bring it to 27 hubs across Ontario at this time



What is YWHO?

The hub is dedicated to helping youth aged 12-25 and their families with issues and challenges to address needs related to mental health, substance use, health care, education training, employment training, housing, and other community and social services.

The hub also includes peer support services, outreach, and system navigation services.

Services will emphasize quality, fully integrated for youth to ensure their able to access the hub easily and with no barriers or stigma.



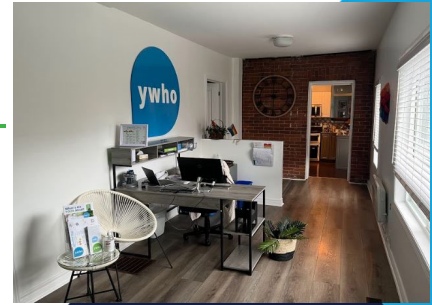
How YWHO Works

- Providing rapid access to easily identifiable mental health and substance use services with walk-in, low-barrier services and clear service pathways
- Providing evidence-based interventions matched to individuals' level of need, and supported transitions to specialized care services when the severity of need is evident
- Integrating mental health, substance use, primary care, vocational, housing and other support services into a integrated model of care offered in a youth-friendly space. Goal is to have 80% of all Renfrew County youth based services available at the hub



Where we are Located

- We have our first site at 278 Nelson Street in Pembroke – it is a newly renovated house that provides a home away from home feel. We have all the amenities of home – laundry, kitchen, dining room, Rec room, as well as fully equipped clinical spaces
- Second Site is in Renfrew at the new MYFM Center located at 1 ma-te-way Park Drive Renfrew. It's a brand new space designed with youth in mind, offering a large open space outfitted with recreational activities, as well as a full kitchen for programs and a separate clinical space with private offices for confidentiality.



Meet the Team

- **Intake Coordinator - Mireille**
- **Navigators – Amanda/Matt**
- **Peer Support Worker – Ashley**
- **Mental Health And Substance Use Clinician –Katie**
- **Nurse Practitioner – TBD**
- **Hub Manager – Sarah**



Additional Programs

You're The Chef -



This program runs in partnership with the RCDHU – 5 week learning program

Strengthening Families –

This program is partnered with Phoenix Center and the RCDHU – 9 week family group designed to support growth and learning for families to become a stronger family unit

Additional Programs

PreVenture –



A program designed for youth ages 12-17 to provide early intervention work for addictions. Based on the core of four personality types that would take on two ninety minute workshops to provide support.

Skills and Wellbeing Activities –

We have a monthly calendar of events that are designed to promote healthy relationships and life skills wrapped around a fun activity that is often suggested by youth in our youth advisory meetings.

AUGUST

RENFREW COUNTY YOUTH WELLNESS HUB

HAVE QUESTIONS? WANT TO REGISTER FOR AN EVENT? CALL OR EMAIL US!!

613-570-8953

renfrewcountywho@gmail.com

Renfrew Location:

1 Ma-Te-way Park Dr MYFM CENTRE

MONDAY AND WEDNESDAY IN RENFREW 10AM-6PM

TUESDAY AND THURSDAY IN PEMBROKE 10AM-6PM

Pembroke Location: 278 Nelson St

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

				1. Movie Night: 3pm-6pm	2. Virtual Services Available by Appointment 8:30am-4:30pm	3.
4.	5.	6. PLEO 6:30PM-8PM Outdoor Activities 2pm-6pm	7. Sheep Farm Tour 12:30pm-3pm MUST REGISTER Outdoor Activities 1pm-3pm	8. Paint Night 3pm-6pm COMMUNITY SERVICES 1PM-3PM	9. Virtual Services Available by Appointment 8:30am-4:30pm	10. Down Town Pembroke Shopping and Busker Fest MUST REGISTER
11.	12. Ice Cream and Outside Activities 2pm-4pm Vaping Presentation with ATS 4pm-5pm	13. Outdoor Hike (weather dependent) 4pm-5pm	14. Basketball 1PM-3PM Peer Support Art Group & Summer Drinks 3pm-6pm Ontrac 2pm-4pm	15. Outdoor Walk (weather dependent) 4pm-6pm	16. Virtual Services Available by Appointment 8:30am-4:30pm	17. Cooking WITH the Town of Renfrew AT the Renfrew Hub 12PM-2PM (MUST REGISTER)
18.	19. Downtown Scavenger Hunt 4pm-5:30pm Youth Advisory 3:30pm-4pm	20. Paint Night 3pm-6pm	21. Community Services: Housing 1pm-3pm Dinner and a Game Show with Ryan (BMH) MUST REGISTER 3pm-6pm	22. EMPLOYMENT SERVICES 1PM-3PM DIY Ice Cream Sundaes 2pm-4pm Vaping Presentation with ATS 4pm-5pm	23. Back to School Picnic & Fishing in Pembroke 2pm-7pm MUST REGISTER	24.
25.	26. Sweet Treats with Peer Support 4pm-6pm	27. Youth Advisory 4pm-5pm Outdoor Hike 1pm-3pm	28. Badminton 1PM-3PM Game Night 4pm-7pm	29. Art in the Park 4pm-6pm	30. Virtual Services Available by Appointment 8:30am-4:30pm	31.

Our Core Services
Peer Support
Care Navigation
Recreational & Skill Building Activities
Mental Health and Addictions Counselling
by appointment
Primary Care
All Services FREE OF CHARGE

Activity Drop In Hours, Monday-Thursday 3pm-6pm

SNACKS ARE ALWAYS AVAILABLE!! SWING BY FOR SOME YUMMY FOOD

Additional Services



Transportation

The hub provides access to transportation in our van that is wrapped with our YWHO logo.

All transportation must be pre-arranged through staff and we require a waiver to be signed. If the youth is between 12-17 they would require a parent/guardian signature.

Community Partners

- Phoenix Center
- Elevate Youth Center
- RVH
- Youth Probation
- Ontario Works
- Bernadette McCann
- Algonquin Employment Services
- Town of Renfrew
- Connect Well
- Columbus House
- Family and Children Services
- Algonquin College
- Algonquins of Pikwakagnagan
- RCDSB/RCCDSB
- Connectwell
- YouTurn
- Renfrew Public Library
- ATS
- City of Pembroke
- RCDHU
- PLEO
- The Grind
- PFLAG
- MacKay Manor
- ASH
- CWMS



Contact Us

Central Intake call/text 613 570 8953

FAX 613 432 9917

Email General Inquiries:

renfrewcountyywho@gmail.com

Referrals: mirsullivan@renfrewhosp.com

Follow us on social media

Facebook and Instagram

Renfrew County Youth Wellness Hubs





THANK YOU ❤️

Link Tree



COUNTY OF RENFREW
COMMUNITY SERVICES REPORT

TO: Community Services Committee
FROM: Andrea Patrick, Director of Community Services
DATE: August 14, 2024
SUBJECT: Department Report

INFORMATION

1. Treasurer's Report

Attached as information is the Treasurer's Report for the Community Services Department as of June 30, 2024.

2. End Violence Against Women Event

The Because of You! Commemorating and Celebrating the Work to End Violence Against Women event was held at the Opeongo Seniors Centre in Barry's Bay on June 28, 2024. Members of the Community Services management team attended this important event featuring a panel discussion and a candlelight vigil at the Stone Pebble Monument. The event was scheduled on the second anniversary of the Anastasia Kuzyk, Nathalie Warmerdam, and Carol Culleton inquest verdict encouraging survivors, friends, service providers, and community members to continue the work to end violence against women.

3. Mesa Gathering Report

The Mesa Gathering was held on May 22, 2024 at Miramichi Lodge in Pembroke with more than 180 attendees representing 49 agencies that provide services to individuals facing addictions, mental health challenges, and homelessness. The Mesa Gathering served as the official launch of Mesa and highlighted the collaborative approach to compassionate care and building a healthier, more resilient community. The feedback from the event emphasizes the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions. The Mesa Gathering yielded numerous significant insights that hold substantial potential to positively impact vulnerable individuals in our community. These insights have been used to formulate the attached draft report containing recommendations identified as impactful,

achievable, and sustainable for improving the lives of individuals experiencing homelessness, addiction, and mental health challenges.

4. **The Warming Centre Final Report**

The Warming Centre, funded through contributions from four municipal partners and fundraising efforts led by The Grind Pembroke, was operational from December 1, 2023 to April 18, 2024. The final report completed by the Pembroke and Area Warming Centre Committee containing an overview of operations, financials, and attendance data is attached.

RESOLUTIONS

5. **Warming Centre for 2024 – 2025 Winter Months**

Recommendation: THAT the Community Services Committee directs staff to review options for a warming centre for the period of November 2024 – April 2025; AND THAT staff should initiate discussions with the City of Pembroke and interested service providers (including The Grind Pembroke) regarding these options and bring information back to the September Committee meeting.

Background

The County of Renfrew is taking significant steps forward by launching a series of housing initiatives designed to support individuals grappling with mental health challenges, addictions, and homelessness. These programs aim to provide stable, supportive housing solutions and connect residents with vital resources to aid their recovery and well-being. Despite these promising efforts, a warming centre is still required to safeguard those who may not yet be ready to engage with service providers or participate in treatment and other support programs. During the severe winter months, a warming centre would ensure that these vulnerable individuals remain safe and protected from the harsh elements, providing an essential lifeline until they are prepared to start their journey towards stability.

COUNTY OF RENFREW
TREASURER'S REPORT - Community Services Committee
JUNE 2024

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>ONTARIO WORKS</u>	<u>292,309.42</u>	<u>743,567.00</u>	<u>(451,257.58)</u>	<u>1,487,138.00</u>
Depreciation	7,952.94	9,336.00	(1,383.06)	18,667.00
Homelessness	0.00	0.00	0.00	0.00
Municipal Contribution - City of Pembroke	(267,050.11)	(264,528.00)	(2,522.11)	(529,065.00)
Ontario Works Program Administration	1,615,206.45	2,009,105.00	(393,898.55)	4,018,203.00
Other Revenue	0.00	0.00	0.00	0.00
Provincial Subsidy - Ontario Works Program Admin	(1,081,008.00)	(1,011,006.00)	(70,002.00)	(2,022,000.00)
Provincial Subsidy - Social Assistance - Benefits	(6,370,073.18)	(6,298,164.00)	(71,909.18)	(12,596,330.00)
Social Assistance - Benefits	6,395,234.26	6,308,160.00	87,074.26	12,616,330.00
Surplus Adjustment - Depreciation	(7,952.94)	(9,336.00)	1,383.06	(18,667.00)
SURPLUS ADJ - CAPITAL	0.00	0.00	0.00	0.00
Surplus Adjustment - TRF From Reserve	0.00	0.00	0.00	0.00
<u>CHILD CARE</u>	<u>223,208.94</u>	<u>287,952.00</u>	<u>(64,743.06)</u>	<u>167,139.00</u>
Administration	18,038.94	82,786.00	(64,747.06)	165,553.00
Core Programs	227,088.00	227,088.00	0.00	454,188.00
Special Needs Resourcing	0.00	1.00	(1.00)	0.00
Special Purpose	10,074.00	10,074.00	0.00	20,157.00
EarlyON Centres	0.00	(7.00)	7.00	0.00
Licensed Family Home Day Care	0.00	2.00	(2.00)	0.00
CWELCC (\$10/day Child Care)	0.00	0.00	0.00	0.00
Municipal Contribution - City of Pembroke	(31,992.00)	(31,992.00)	0.00	(63,989.00)
Surplus Adjustment - TRF From Reserve	0.00	0.00	0.00	(408,770.00)
<u>COMMUNITY HOUSING</u>	<u>3,182,705.55</u>	<u>3,179,790.00</u>	<u>2,915.55</u>	<u>5,914,824.00</u>
Admin Charges	108,258.00	108,390.00	(132.00)	216,783.00
Affordable Housing - Tax Rebate	3,708.25	6,252.00	(2,543.75)	12,500.00
HR Charges	41,130.00	41,130.00	0.00	82,259.00
IT Charges	18,708.00	18,708.00	0.00	37,411.00
Legal	0.00	0.00	0.00	0.00
Municipal Contribution - City of Pembroke	(356,598.00)	(356,598.00)	0.00	(713,198.00)
Non Profit Housing	665,684.00	808,032.00	(142,348.00)	1,616,064.00
Office Supplies	0.00	498.00	(498.00)	1,000.00
PROV (FED) SUBSIDY -SOCIAL HOUSING	(369,204.70)	(369,204.00)	(0.70)	(738,409.00)
PROV REV - IAH	(14,300.00)	(8,502.00)	(5,798.00)	(17,000.00)
PROV REV - OPHI	(7,729.69)	(250,152.00)	242,422.31	(500,300.00)
PROV REV - SRF-COVID	0.00	0.00	0.00	0.00
PROV REV - SSRF-COVID	0.00	(649,998.00)	649,998.00	(1,300,000.00)
PROV REV - HPP	(1,831,313.32)	(1,784,598.00)	(46,715.32)	(3,569,200.00)
PROV SUBS HOUSING - COHB	(250.00)	(1,500.00)	1,250.00	(3,000.00)
PROV SUBS HOUSING - COCHI	(481,559.43)	(580,650.00)	99,090.57	(1,161,300.00)
PROV SUBS HOUSING - CMHC	0.00	(88,500.00)	88,500.00	(177,000.00)
RCHC TRANSFER - BASE	3,228,906.00	3,228,906.00	0.00	6,457,815.00
RCHC TRANSFER - IAH	14,300.00	8,502.00	5,798.00	17,000.00
RCHC TRANSFER - OPHI	7,729.69	250,152.00	(242,422.31)	500,300.00
OPHI Direct	0.00	0.00	0.00	0.00
RCHC TRANSFER - COCHI	481,559.43	430,710.00	50,849.43	861,420.00
RCHC TRANSFER - CMHC	0.00	88,500.00	(88,500.00)	177,000.00
HOUSING-INTERNAL CHG-RCHC COHB	250.00	1,500.00	(1,250.00)	3,000.00
RCHC TRANSFER - COVID	0.00	649,998.00	(649,998.00)	1,300,000.00
RCHC TRANSFER - HPP	1,831,313.32	1,784,598.00	46,715.32	3,569,200.00
Recoveries - RCHC	(157,386.00)	(157,386.00)	0.00	(314,774.00)
Recoveries - Outside	(104,074.05)	0.00	(104,074.05)	0.00
Special Project - Warming Centre	103,574.05	0.00	103,574.05	0.00
Surplus Adjustment - Capital	0.00	0.00	0.00	0.00
Surplus Adjustment - TRF from Reserves	0.00	0.00	0.00	(444,747.00)
Surplus Adjustment - TRF To Reserves	0.00	0.00	0.00	0.00
Travel	0.00	1,002.00	(1,002.00)	2,000.00
Total Community Services	3,698,223.91	4,211,309.00	(513,085.09)	7,569,101.00

mesa Gathering Report



County of
Renfrew
Ontario . Canada

A workshop to discuss the community response to addictions, mental health challenges, and homelessness/affordable housing



1

Day

180

Attendees

49

Agencies

MAY 22

2024

Contents

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Introduction

The Mesa Gathering was held on May 22, 2024 with more than 180 participants. 140 joined the gathering in person and more than 40 participated virtually. There was representation from 49 agencies that provide services to community members facing addictions, mental health challenges, and homelessness.

The County of Renfrew, in collaboration with the Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit, hosted the event to officially launch Mesa, highlighting the collaborative approach to compassionate care and building a healthier, more resilient community. A full list of participating agencies is provided in Appendix 4.

The Mesa Gathering was held at Miramichi Lodge, a long-term care facility located in the City of Pembroke, owned and operated by the County of Renfrew. This was the first event held at the facility since the Pandemic.

Mesa Gathering participants were welcomed by Elder Francis Sarazin, a member of the Algonquin of Pikwakanagan First Nation Community. Francis Sarazin opened the gathering with an open heart and mind, setting the tone for an intentional, thoughtful day of dialogue and learning from each other.

Throughout the day, participants engaged with leading experts, participated in discussions, and explored innovative approaches to enhance care and quality of life for everyone in our communities. The gathering was about sharing knowledge, fostering partnerships, and cultivating collaborative opportunities that lead to meaningful change.

Background

The County of Renfrew, like many regions across Ontario, is grappling with escalating homelessness, addictions, and mental health crises. The intertwined nature of these issues has created a complex challenge for local communities and community members. Homelessness rates have surged, partly driven by economic instability and a lack of affordable housing. Concurrently, the opioid and toxic overdose epidemic and rising rates of substance use have exacerbated the situation, leading to an increased use of emergency services and strain on local health systems. Mental health issues, often both a cause and a consequence of homelessness and addiction, are prevalent, with many residents unable to access timely and effective support.

Given these multifaceted challenges, a gathering of experts presents an invaluable opportunity to collaboratively address these pressing issues. Bringing together people with lived experience and professionals from mental health, community services, public health, and community paramedicine, the Mesa Gathering aimed to foster constructive dialogue and generate innovative solutions. This convergence of knowledge and expertise was crucial for developing integrated approaches that effectively tackle the root causes of these crises. By sharing insights and exploring new strategies, participants helped shape a comprehensive, community-based response that addresses the immediate needs of community members while also working towards long-term systemic change.



Local Issues in the County of Renfrew

The County of Renfrew is experiencing a critical situation as a result of affordable housing, homelessness, addictions, and mental health issues. The region has seen a significant increase in the number of individuals and families facing homelessness. Factors contributing to this rise include a shortage of affordable housing, economic challenges, and an increase in the cost of living. Additionally, many individuals experiencing homelessness are also struggling with substance use as well as mental health challenges. These complex challenges create a cycle that is difficult to break without comprehensive support.

1. Addiction, particularly opioid addiction, has become a severe public health crisis in our communities, with one death every ten days. The use of prescription medications and the availability of illicit drugs have led to a spike in overdose incidents and deaths. This epidemic not only impacts the individuals directly involved but also places a heavy burden on emergency services, healthcare providers, families and the larger community.
2. Mental health challenges are deeply intertwined with both homelessness and addiction. Many individuals suffering from mental health conditions lack access to adequate care and support, which exacerbates their situation. The stigma surrounding mental health also prevents many from seeking help, leading to a deterioration in their condition and quality of life. A more comprehensive review of the issues and challenges in Renfrew County and Ontario can be found in Appendix 1.
3. Homelessness in the County of Renfrew poses significant challenges, closely intertwined with issues of addictions and mental health. Many individuals experiencing homelessness and housing instability also struggle with substance use as well as mental health disorders, creating a complex cycle that hinders their ability to secure stable housing and access necessary support services. The lack of adequate resources and integrated care further exacerbates these issues, making it difficult for affected individuals to achieve long-term stability and wellness.

Importance of Multi-Agency Collaboration

Addressing these complex and interrelated issues requires a coordinated effort from multiple sectors. No single agency or organization can tackle these challenges alone. Multi-agency collaboration is essential to provide comprehensive and integrated care. By pooling resources, knowledge, and expertise, agencies can develop more effective strategies and interventions. Collaborative efforts ensure that individuals receive holistic support that addresses their housing, health, and social needs.

Collaboration also fosters the sharing of best practices and innovative solutions, allowing agencies to learn from each other and implement the most effective approaches. It helps to create a unified strategy, avoiding duplication of efforts, and ensuring that all aspects of the problem are addressed. Moreover, a united front sends a strong message to the community and policymakers about the seriousness, urgency and complexity of these issues and the commitment to finding solutions.

Objectives for the Multi-Agency Mesa Gathering

1. Understanding the Current Landscape:

- Provide a comprehensive overview of the current state of homelessness, addiction, and mental health issues in the County of Renfrew.
- Share data, statistics, and case studies to highlight the extent and impact of these issues on the community.

2. Identifying Gaps and Challenges:

- Discuss the existing gaps in services and support for individuals facing these issues.
- Identify the barriers that prevent effective service delivery, such as funding limitations, stigma, and lack of coordination.

3. Fostering Collaboration and Partnership:

- Encourage networking and relationship-building among different agencies and stakeholders.
- Establish a framework for ongoing collaboration and communication to ensure continuous support and development of strategies.

4. Developing Integrated Strategies:

- Brainstorm and develop integrated approaches that address the root causes and interconnected nature of homelessness, addiction, and mental health issues.
- Focus on preventative measures as well as immediate interventions.

5. Creating an Action Plan:

- Outline specific, actionable steps that agencies can take individually and collectively to address these issues.
- Set short-term and long-term goals, with clear timelines and responsibilities.

6. Resource Allocation and Advocacy:

- Discuss ways to optimize resource allocation to maximize impact.
- Develop strategies for advocacy to secure additional funding and support from local, provincial, and federal governments.

7. Monitoring and Evaluation:

- Establish mechanisms for monitoring the progress of implemented strategies and evaluating their effectiveness.
- Ensure continuous feedback and improvement of approaches based on data and outcomes.

By focusing on these objectives, the Mesa Gathering aimed to create a collaborative, strategic approach to tackling the critical issues of homelessness, affordable housing, addiction, and mental health in the County of Renfrew. This united effort will help build a stronger, more supportive community for all residents.

Presenters and Keynote Speakers

The Mesa Gathering was opened by Warden Peter Emon. Warden Emon has been a member of the County of Renfrew Council since 2006 and has served five one-year terms as Warden. During his tenure, he was an active member of the Eastern Ontario Wardens Caucus (EOWC) for five years, holding the position of Chair for two years. Warden Emon has extensive experience in social services, having worked as a child protection worker for 25 years and as a crisis support worker in community mental health.

Warden Emon's opening remarks at the Mesa Gathering were informed by his diverse background as a social worker and elected official. He addressed the escalating challenges our community faces, including homelessness, addictions, and mental health issues. He emphasized the importance of community collaboration to address the root causes of substance use disorders, improve access to treatment and support services, and implement evidence-based harm reduction strategies.

Warden Emon concluded his remarks with a poignant question:



"If not the collective 'us', then who?"

In developing the agenda, the organizing committee highlighted the fundamental importance of hearing from members of our community with lived experience. The presentations by Leonard Baskin and Corey Clouthier were invaluable. Leonard, in recovery from alcohol use disorder, spoke about the challenges he faced in his personal journey and the treatment he received at MacKay Manor. Corey shared his struggles with addiction, interactions with the criminal justice system, and the impact on his family and relationships. Corey is now a Canadian Certified Addiction Counsellor and Certified Anger Management Facilitator, working at a long-term residential treatment center for men, helping others recover from their addictions.



Leonard and Corey's presentations set the tone for the day. Their stories inspired the Mesa Gathering participants and highlighted the goals of our gathering — to improve the lives of those most in need across our communities.



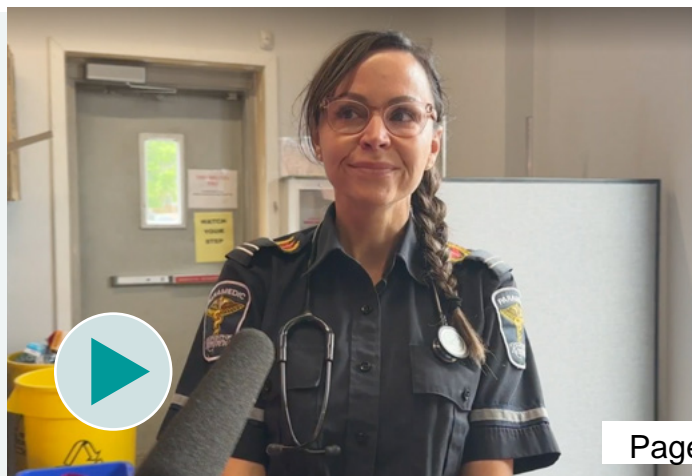
We were very fortunate to receive a presentation from our next presenter, Omar Dabaghi-Pacheco, a celebrated journalist and the host of CBC Ottawa News. Omar is renowned for his compelling documentary storytelling, and his presentation at the Mesa Gathering was no exception. During his talk, Omar chronicled his most recent series of interviews with people experiencing homelessness and struggling with mental health and addiction challenges. Through clips captured by his cameraman and producer, Ryan Garland, Omar illustrated the human side of Ottawa's fentanyl crisis, a scene that is unfolding repeatedly across the city and the country. A key takeaway from Omar's presentation was the crucial role of housing in providing a starting point for recovery for those facing mental health and addiction issues.

CBC Documentary

June 26, 2024

In small town Ontario, fighting opioid crisis requires personal touch

Watch Here



Deidre Freiheit, former President and Chief Executive Officer (CEO) of Shepherds of Good Hope in Ottawa, spoke to us about community strategies to de-stigmatize beliefs. Shepherds of Good Hope’s mission is to foster hope and reduce harm in Ottawa by supporting people experiencing homelessness and vulnerable adults through specialized services, programs, and partnerships. The conversation was guided by Chief of Paramedic Services, Michael Nolan, who began with a series of questions for Deidre, leading to an open and dynamic discussion with the audience. Throughout the discussion, Deidre provided examples of community concerns she had faced over the years and how these issues were resolved through open dialogue. Many in the audience could relate to the concerns expressed, as they were similar to those occurring at The Grind in the City of Pembroke. The presentation was extremely insightful and relevant.



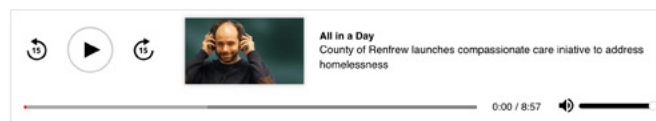
Our morning session concluded with a call to action by Craig Kelley, Chief Administrative Officer for the County of Renfrew. Craig addressed the challenges faced in Renfrew County, noting its uniqueness in having not just one urban area but a collection of urban centers complemented by small towns, villages, and hamlets. Each of these communities struggles with similar issues, yet they all have varied service delivery models or even a lack of efficient resourcing. Craig emphasized that we are reaching a crisis point that requires innovative thinking, integrated support systems, and aligned, strategic investments moving forward. He concluded by reaffirming the County of Renfrew’s ongoing commitment to supporting the community through new and innovative delivery models, a Housing First philosophy, and increased resources to address these challenges.

CBC: All in a Day

March, 2024

County of Renfrew launches compassionate care initiative to address homelessness

[Listen Here](#)



County of Renfrew launches compassionate care initiative to address homelessness

4 months ago | Radio | 8:57

The initiative, named mesa, is now focused on developing mobile response teams that will support people experiencing mental health crises, addiction and homelessness. The chief of the county’s paramedic service tells us more.

Rapid Fire Presentations

The afternoon session started with a series of Rapid Fire Presentations from agency partners. Each agency was given 10 minutes to provide an overview of key initiatives. The following organizations were represented:

Pembroke Regional Hospital — Mental Health Services:

Melanie Henderson, Vice-President, Clinical & Support Services and Molly Fulton, Manager, Mental Health Services, Pembroke Regional Hospital.

Ontario Provincial Police:

Inspector Steph Neufeld, Detachment Commander UOV OPP

County of Renfrew (Property Division, Community Services, Paramedic Services):

Jason Davis, Director of Development and Property, Andrea Patrick, Director of Community Services and Mathieu Grenier, Deputy Chief of Paramedic Services.

Renfrew Victoria Hospital - Addiction Services and Mackay Manor:

Kim McLeod, Service Director, Addictions Treatment Service at Renfrew Victoria Hospital and Liana Sullivan, Executive Director at Mackay Manor

Renfrew County and District Health Unit (RCDHU) Program Highlights:

Brian Brohart, Coordinator, RCDHU

Renfrew County and District Drug Strategy:

Patti Smith, Director, Health Promotion & Chief Nursing Officer at Renfrew County and District Health Unit

The Rapid Fire Presentations provided important information for our participants, setting the stage for our panel discussion that followed.

Panel Discussion Review

The Mesa Gathering brought together a panel of practitioners from partner agencies to address the pressing issues of addictions, mental health, and homelessness in the County of Renfrew. The panel included Melanie Henderson, Vice-President of Clinical & Support Services, from the Mental Health Team at Pembroke Regional Hospital, who provided valuable insights into the mental health services available in the region. Inspector Steph Neufeld, Detachment Commander of the Ontario Provincial Police (UOV OPP), discussed the law enforcement perspective and the challenges faced by officers on the ground. Andrea Patrick, Director of Community Services, highlighted the County’s initiatives and the need for integrated service delivery through the Mesa Program to effectively address these complex issues.



The discussion was enriched by contributions from Kim McLeod, Service Director of Addictions Treatment at Renfrew Victoria Hospital, while Patti Smith, Director of Health Promotion and Chief Nursing Officer at the Renfrew County and District Health (RCDHU), outlined the priorities of the RCDHU and the collaborative effort in the development of the Drug Strategy. Audience participants engaged actively, posing important questions to the panel members about the current situation and the ways in which these organizations are collaborating to find sustainable solutions. The exchange provided important insights into the multiagency approach required to tackle these issues, emphasizing the need for continued innovation and community involvement.

Members of the audience and the panel did not shy away from engaging in difficult but important discussions. The Ontario Provincial Police (OPP) were asked about the delicate balance between laying charges in cases of fatalities and supporting community members with addictions and mental health issues. Inspector Neufeld responded by indicating that individuals in the community who are dealing or distributing narcotics and are involved in a fatality will be thoroughly investigated, with the possibility of charges being laid.

Community Mental Health was asked about the process for case management and whether an individual requires an official psychiatric diagnosis. The panel experts responded that the mandate has changed over the years, and an official diagnosis is no longer required. This question evolved to acknowledge the growing need for mental health services and the lack of available psychiatric services in the community. It was noted that this situation is not unique to Renfrew County, reflecting a broader challenge faced by many regions.

The audience inquired if the Mesa Program helped alleviate challenges associated with waitlists for some individuals. The panel members responded by suggesting that these important questions will be addressed as the program develops, emphasizing the need for collaboration with Mesa partners to find solutions.

An audience member asked if Pembroke Regional Hospital would consider becoming a designated psychiatric facility (Schedule 1) under the Mental Health Act. It was noted that paramedics often have to transfer patients to Ottawa due to the absence of local facilities. Panel experts acknowledged this issue and indicated that this possibility was being explored, emphasizing that providing care closer to home is the preferred approach. They highlighted three pillars associated with this issue: the availability of healthcare human resources, the education and training of staff, and the facility design and layout.

In concluding the panel discussion, the panel members were asked how to continue moving forward and improve collaboration. All panel members noted that the day was a great start, identifying the necessity of providing multiple supports from various agencies. Organizations will need to commit to continuing the conversation. The panel acknowledged that the newly formed Ottawa Valley Health Team will have an important role to play in the future.

World Café — Facilitated Session

Our final session of the day was designed to harness the collective wisdom of the group and develop a new collaborative, co-ordinated approach to the challenges of homelessness, mental health, and addictions. To achieve this, we used the World Café model and Mentimeter interactive software to engage the Mesa Gathering participants.

The World Café model is a participatory facilitation method that enables dynamic and collaborative dialogue among participants. It is often used to foster a deeper understanding of complex issues, generate innovative ideas, and build community. The process simulates the relaxed, conversational atmosphere of a café.



Each round of questions was guided by a clear, thought-provoking question relevant to the overall theme (see Appendix 2 and 3). These questions were designed to cultivate deep reflection and dialogue, evolving over the rounds to build on previous conversations and leading to deeper levels of inquiry and understanding. The World Café model guides participants through a structured process involving four key phases:

1 Discovery:

Exploring and appreciating the aspects that are currently effective.

2 Dream:

Imagining and envisioning a desired future or outcome.

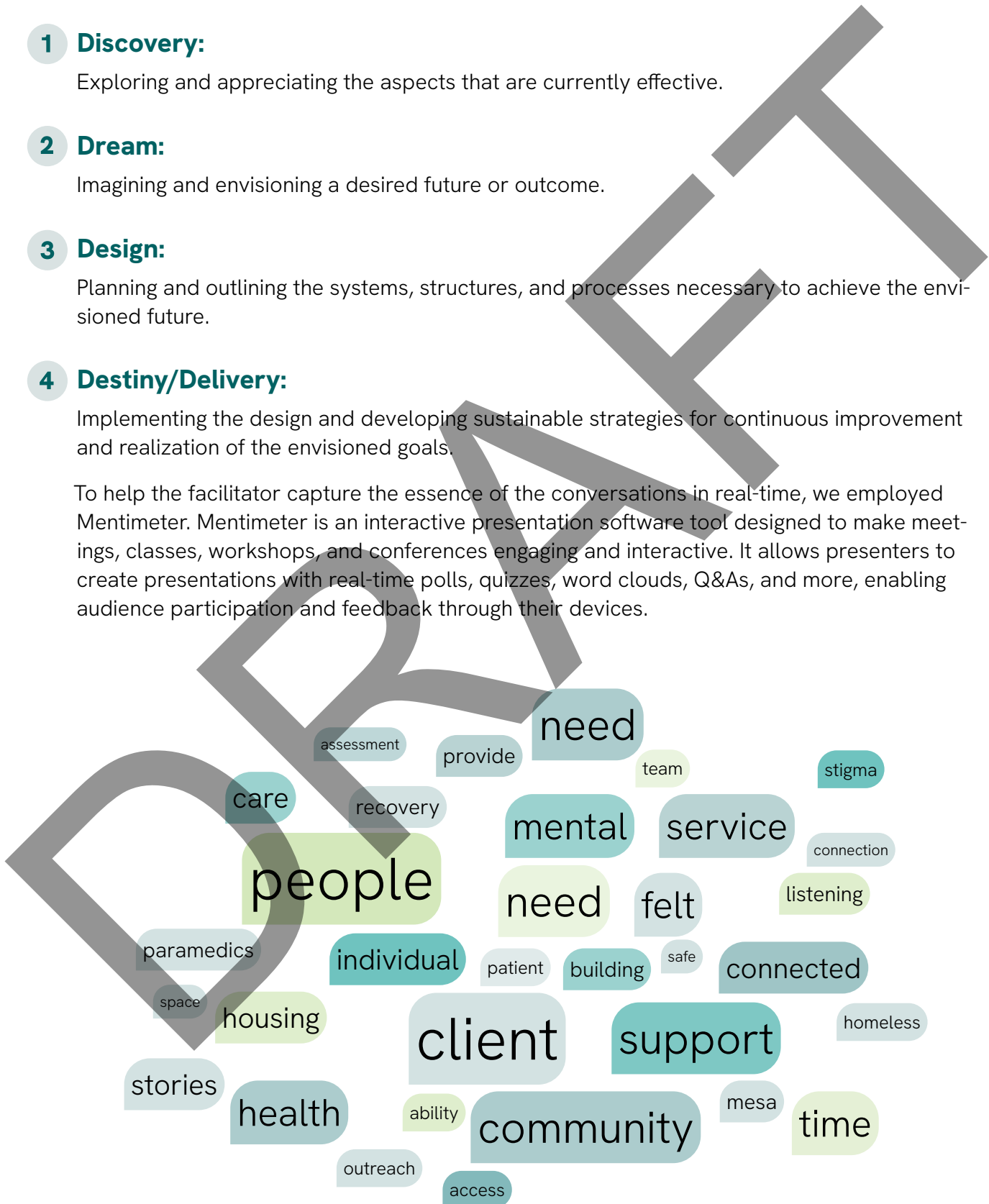
3 Design:

Planning and outlining the systems, structures, and processes necessary to achieve the envisioned future.

4 Destiny/Delivery:

Implementing the design and developing sustainable strategies for continuous improvement and realization of the envisioned goals.

To help the facilitator capture the essence of the conversations in real-time, we employed Mentimeter. Mentimeter is an interactive presentation software tool designed to make meetings, classes, workshops, and conferences engaging and interactive. It allows presenters to create presentations with real-time polls, quizzes, word clouds, Q&As, and more, enabling audience participation and feedback through their devices.



Question 1 invited participants to share stories or moments when individuals experiencing homelessness, mental health issues, or addictions felt seen, valued, and supported by their communities. This question aimed to highlight positive experiences and successful interventions, providing a foundation of hope and possibility. By focusing on real-life examples, we sought to uncover the underlying factors that contributed to these moments of support and inclusion, offering valuable insights that could be replicated as the Mesa program continues to evolve.

Question 2 asked participants to imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity, and inclusion in addressing mental health, addiction, and homelessness. This forward-looking question encouraged participants to dream big and think creatively about what an ideal supportive community would look like. By envisioning a future where no one is left behind, participants were able to articulate a collective vision that could guide future initiatives and policy-making.

Question 3 focused on identifying innovative strategies and interventions that could better support individuals experiencing homelessness, mental health challenges, and addiction. This question prompted participants to brainstorm new ideas and approaches, drawing on their diverse experiences and expertise. The goal was to generate a range of creative solutions that could address the complex and multifaceted nature of these issues.

Question 4 sought to translate the collective vision and innovative ideas into concrete actions. Participants were asked to consider what steps could be taken to ensure that the vision of inclusive communities becomes a reality. This question encouraged practical thinking and collaborative planning, emphasizing the importance of implementation and accountability in achieving long-term change.

These questions facilitated a dynamic exchange of ideas, fostering a collaborative environment where participants could learn from each other, build on each other's insights, and co-create actionable solutions for a more inclusive and supportive community. For a detailed list of responses see Appendix 2. Appendix 3 provides a summary of responses that have been grouped under common themes.

Key Outcomes and Insights

which individuals experiencing homelessness, mental health issues, or addictions feel seen, valued, and supported by their communities. Key points include:

1. Direct Support and Interaction:

- Daily interactions at community hubs like “The Grind” and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams take time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & Mental Health tours.
- Adopted a Centralized Platform for sharing information and coordinating care among providers.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities are making efforts to address hidden issues.
- Collaborative efforts with Carefor, Community Mental Health, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals' living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients' goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, take time to meet with vulnerable individuals.
- Initiatives like the "Out Loud Library" creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.
- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

List of Recommendations

The Mesa Gathering yielded numerous significant insights that hold substantial potential to positively impact individuals experiencing homelessness, addiction, and mental health challenges. The following list represents the recommendations identified as impactful, achievable, and sustainable for improving the lives of individuals experiencing homelessness, addiction, and mental health challenges.

Recommendations:

1. Continuation of the Mesa Program

RECOMMENDATION:

Provide permanent funding for the Mesa program and secure additional financial support from the provincial government.

ACTIONS:

- Allocate a dedicated budget line for the Mesa program in the county’s annual budget.
- Elected officials to schedule and conduct meetings with Provincial officials to discuss ongoing financial support.
- Develop a long-term strategic plan to ensure the program’s sustainability and effectiveness.
- Adopt a centralized data platform: This central database will allow for the sharing information and coordination of care amongst providers.

2. Designation of Pembroke Regional Hospital as a Schedule 1 Facility

RECOMMENDATION:

Advocate for the designation of Pembroke Regional Hospital as a Schedule 1 facility under the Mental Health Act.

ACTIONS:

- Support the designation of Pembroke Regional Hospital to become a Schedule 1 facility under the Mental Health Act.
- Form a task force to spearhead the initiative, including representatives from the hospital, local government, and mental health advocates.
- Prepare a comprehensive proposal outlining the benefits and requirements for the designation.
- Coordinate with provincial health authorities and lobby for the necessary legislative changes.

3. Support Sustainability for The Grind

RECOMMENDATION:

Establish a partnership between The Grind and similar plural sector organizations such as Shepherds of Good Hope or the Ottawa Mission to ensure sustainability.

ACTIONS:

- Initiate discussions with potential partner organizations to explore collaboration opportunities.
- Develop a memorandum of understanding (MOU) detailing the roles, responsibilities, and benefits of the partnership.
- Implement joint programs and services, sharing best practices and resources to enhance support for those with mental health issues, addictions, and homelessness.



4. Establish a Regional Addiction Treatment Facility in or near to the County of Renfrew, servicing local needs in Eastern Ontario.

RECOMMENDATION:

The Mesa Gathering underlined the urgent need for this facility. The consensus was clear that a dedicated treatment center is vital to support individuals experiencing addiction. The creation of an addiction treatment facility in the County of Renfrew is a necessary and urgent step to address the ongoing crisis to provide essential services to those in need.

ACTIONS:

- Advocate the Province of Ontario to allocate funding specifically for the establishment of a mental health, addiction, and residential drug treatment rehabilitation facility serving the County of Renfrew and Eastern Ontario.
- Create a multi-agency team that supports a facility that offers evidence-based, trauma-informed care, addressing both addiction and concurrent mental health issues.

5. Create a Supportive Bridge Housing Facility

RECOMMENDATION:

Develop a supportive bridge housing facility for individuals living with the challenges of addictions, mental health issues, and homelessness.

ACTIONS:

- Conduct a needs assessment to determine the size, scope, and requirements of the facility.
- Secure funding through grants, partnerships, and government support.
- Collaborate with local agencies, non-profits, and healthcare providers to design and operate the facility, ensuring comprehensive support services are available.

6. Address Health Care Human Resource Shortages

RECOMMENDATION:

Create a collaborative training program to address the shortage of healthcare human resources in the community.

ACTIONS:

- Partner with Algonquin College, healthcare providers, and professional organizations to develop the training curriculum.
- Standardize training programs across the community to ensure consistent quality and standards.
- Coordinate training opportunities among partner agencies leading for a consistent approach and financial efficiencies.

7. Enhance Community Education and De-stigmatization

RECOMMENDATION:

Implement a community education campaign to destigmatize mental health and substance use issues.

ACTIONS:

- Launch public awareness campaigns using various media platforms to educate the community about mental health and substance use.
- Organize workshops, seminars, and support groups to provide information and resources.
- Partner with local schools, businesses, and community organizations to promote mental health awareness and reduce stigma.

8. Implement a Renfrew County Drug Strategy

RECOMMENDATION:

Support the ongoing development and implementation of the Renfrew County Drug Strategy.

ACTIONS:

- Ensure that the Ottawa Valley Ontario Health Team and Renfrew County and District Health Unit (public health) have adequate resources to continue the development of the Drug Strategy.
- Educate and train all agencies on the implementation of the Drug Strategy.
- Launch public awareness campaigns using various media platforms to educate the community about the Renfrew County Drug Strategy
- Promote Renfrew County Drug Strategy in concert with recommendation 6 - Implement a community education campaign to destigmatize mental health and substance use issues.

9. Support increased Volunteer Capacity

RECOMMENDATION:

The Mesa Gathering underscored the critical role volunteers play in supporting agencies that deliver mental health services, addiction treatments, and homelessness support. However, a decline in volunteerism has been noted, which jeopardizes the efficacy of these essential services. To address this issue, the creation of a dedicated organization to manage and train volunteers, ensuring they are equipped to work safely and effectively in high-risk environments is critical to support program delivery.

ACTIONS:

- Develop community campaigns, launching community-wide campaigns to raise awareness about the importance of volunteerism and its impact on mental health, addiction, and homelessness support.
- Create a dedicated centralized volunteer recruitment, management, and training program to ensure a streamlined process and reduce the administrative burden on individual agencies.
- Develop comprehensive training programs. Volunteers working in mental health, addiction, and homelessness support face unique challenges and risks. It is imperative they receive thorough training in areas such as crisis intervention, de-escalation techniques, and understanding the complexities of mental health and addiction.
- Seek funding for support and supervision. Ongoing support and supervision for volunteers are crucial. This organization will provide a support system, offering guidance and addressing volunteer concerns, thereby enhancing volunteer satisfaction and performance.

By adopting these recommendations and implementing the corresponding actions, the County of Renfrew can address the key issues identified during the Mesa Gathering and work towards creating a supportive, resilient, and inclusive community.

Conclusion

The Mesa Gathering was a significant milestone in addressing the crises of homelessness, mental health issues, and addiction in the County of Renfrew. The event underscored the importance of multi-agency collaboration, co-ordination and the need for innovative, integrated approaches to these complex challenges. Throughout the day, participants engaged with local practitioners, shared valuable insights, and explored new strategies to enhance care and support for vulnerable populations.

The discussions and presentations highlighted the urgent need for coordinated efforts across various sectors, from healthcare and social services to law enforcement and community organizations. The Rapid Fire Presentations and panel discussions provided a platform for sharing best practices and identifying gaps in current service delivery. Moreover, the stories shared by individuals with lived experiences of addiction and recovery added a powerful human dimension to the issues being addressed, emphasizing the critical role of compassion and understanding in our collective efforts.

As we move forward, the insights gained from the Mesa Gathering will serve as a foundation for developing a comprehensive action plan. This plan will foster ongoing collaboration, optimize resource allocation, and advocate for necessary funding and policy support. By continuing to work together, we can build a more resilient, compassionate community that effectively addresses the root causes of homelessness, addiction, and mental health challenges.

The Mesa Gathering has laid the groundwork for meaningful change. It is now up to all of us—community leaders, service providers, policymakers, and residents—to carry this momentum forward. Through sustained collaboration and a shared commitment to innovation and compassion, we can create a brighter, healthier future for all members of the County of Renfrew.

Appendices

Appendix 1: Environmental Scan — Comprehensive review of the current state of homelessness, addiction, and mental health services in the community and available programs.

Appendix 2: World Café Questions and Responses — complete list of Mentimeter Responses.

Appendix 3: Summary of World Café — Key Findings

Appendix 4: List of Participating Agencies

Appendix 1: Environmental Scan

May 2024

1. Current Situation

Addictions

- **Ontario:** Ontario is experiencing a significant opioid crisis, with rising rates of overdoses and opioid-related deaths. Other substance use issues, including alcohol and stimulants, are also prevalent.
- **Renfrew County:** Similar to the broader province, Renfrew County faces challenges with opioid addiction and other substance use disorders, compounded by rural access barriers.
- In just five years, from 2018 to 2023, we've seen a staggering increase from an average of 12 deaths annually to a heartbreaking 39 deaths in 2023 alone. This surge is unprecedented and deeply concerning. To put it in perspective, our per capita rate of suspect drug poisoning deaths now exceeds that of the entire province of Ontario.
- In the first quarter of 2024 the County of Renfrew recorded eight suspect drug poisoning deaths, indicating a continuation of this tragic trend. Each of these numbers represents a life lost, a family shattered, and a community in mourning.
- In 2023, our local hospitals witnessed approximately 70 such visits, a 60% increase compared to just four years prior. While the distribution of naloxone has undoubtedly saved lives, it's also indicative of the urgent need for comprehensive strategies to address substance use disorders.
- Toxicology findings from the Coroner's office reveal a troubling trend: opioid-related deaths often involve multiple substances. This underscores the complexity of the issue and the need for holistic, multifaceted approaches to harm reduction and support. That means that everyone in this room has a role to play.

Homelessness

- **Ontario:** Homelessness remains a critical issue, with a significant number of individuals experiencing chronic homelessness. Affordable housing shortages and economic disparities continue to be prevalent throughout Ontario.
- In cities like Toronto experiencing escalating housing costs that push low-income families to the outskirts or into homelessness contribute to the problem.
- **Renfrew County:** Homelessness is less visible but still a pressing issue, often intertwined with mental health and addiction problems. Rural homelessness often involves couch surfing and living in inadequate housing conditions.
- In the County of Renfrew, rural communities also grapple with limited affordable housing options, exacerbating the challenges faced by low-income families.

Mental Health

- **Ontario:** Mental health issues are widespread, with increasing demand for services outpacing supply. The COVID-19 pandemic has exacerbated mental health challenges across all demographics.
- **Renfrew County:** Access to mental health services is a significant challenge due to the rural setting, with long wait times and a shortage of healthcare professionals.

2. Existing Programs

Addictions

• Ontario-wide Programs:

- **Ontario Naloxone Program:** Provides free naloxone kits to help reverse opioid overdoses.
- **Rapid Access Addiction Medicine (RAAM) Clinics:** Offer quick access to addiction treatment services without an appointment.
- **ConnexOntario:** A helpline and database providing information on addiction services across the province.

Homelessness

• Ontario-wide Programs:

- **Ontario Housing First Program:** Focuses on providing permanent housing with wraparound support services.
- **Investing in Affordable Housing (IAH):** Joint federal-provincial program to create affordable housing units.
- **Ontario Renovates Program:** The Ontario Renovates program provide financial assistance for home repairs and adaptations, benefiting low-income families and seniors.(offered by the County of Renfrew)
- **Canada-Ontario Housing Benefit (COHB):** The Canada-Ontario Housing Benefit offers financial support to eligible low-income individuals and families to help with rental costs, addressing affordability concerns. (offered by the County of Renfrew)

Mental Health

• Ontario-wide Programs:

- **Ontario Mental Health Helpline:** Provides information and referrals to mental health services.
- **Telehealth Ontario:** Offers free access to a registered nurse for health advice, including mental health concerns.

• Renfrew County Programs:

- **Addiction Treatment Services:** Offers counselling, harm reduction services, and support for individuals struggling with addiction.
- **Pembroke Regional Hospital:** Provides detoxification services and outpatient addiction treatment programs.
- **Renfrew County and District Health Unit:** RDCHU has initiated a multi-organization drug strategy.

• Renfrew County Programs:

- **Renfrew County Housing Corporation (RCHC):** Manages affordable housing units and provides support services.
- **Emergency Minor Home Repairs Program:** A program for low-income homeowners who require minor home repairs that will allow for continued safe occupancy of their home.
- **Affordable Homeownership Program:** A program to assist low-to-moderate income renter households in Renfrew County to purchase affordable homes by providing down payment assistance in the form of a forgivable loan.
- **The Grind Pembroke:** A drop-in center offering shelter, meals, and support services to homeless individuals.

• Renfrew County Programs:

- **Mental Health Services of Renfrew County (MHSRC):** Offers a range of mental health services including crisis intervention, counseling, and case management.
- **Phoenix Centre for Children and Families:** Provides mental health services tailored to children, youth, and their families.

3. Recent Developments

Mesa — a County of Renfrew initiative

- **Mesa:** Recently announced, this initiative aims to address the intertwined issues of mental health, addictions, and homelessness in Renfrew County. Mesa focuses on creating a collaborative framework that brings together healthcare providers, social services, and community organizations to deliver integrated care and support to vulnerable populations. This project is expected to enhance service coordination, improve access to care, and provide targeted support to individuals in need.

4. Gaps and Recommendations

Gaps:

- **Service Accessibility:** Despite numerous programs, rural areas like Renfrew County face accessibility issues due to geographic spread and transportation barriers.
- **Resource Constraints:** Chronic underfunding and resource shortages limit the effectiveness of existing programs.
- **Integrated Care:** There is a need for more integrated care models that address mental health, addiction, and homelessness concurrently.

Recommendations:

- **Enhanced Funding:** Increase funding for mental health and addiction services, particularly in rural areas.
- **Community Collaboration:** Strengthen collaborations among healthcare providers, social services, and community organizations to create a seamless support network.
- **Mobile Services:** Develop mobile health and addiction units to reach remote communities.

Conclusion

Ontario and Renfrew County have a range of programs addressing addictions, homelessness, and mental health, but challenges remain, especially in rural accessibility and integrated care. The recent Mesa initiative in Renfrew County is a promising development aimed at improving coordination and support for the most vulnerable. Continued focus on enhancing accessibility, funding, and collaboration will be key to addressing these critical issues effectively.

Appendix 2: World Café Questions and Responses

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

Responses:

Daily at The Grind

Mobile Outreach

Time to witness and hear stories without judgement

In a homeless shelter, volunteers play a crucial role in providing support and companionship to those in need.

Chatting with someone sleeping rough

EMS & MH tours

At the probation office

Pt with anxiety concerned about significant medical history and talked to paramedics for 2 hours which helped

Client impact/gratitude

Meeting clients where they are at

Rural communities often make these issues hidden and not as visible

Conversing with someone in need

Supportive friends when you have no where to go

Working as a Health link Coordinator, helped a young woman get into a recovery clinic in Sudbury — she was successful

When (MESA) paramedics were on foot conducting surveys

Be open with prejudice

Post-disaster

Access to warming centres.

Prime Minister made time against his itinerary to meet with vulnerable individuals.

Open without judgement

Interaction w mcrtr

Trans identifying client, opened up because felt service provider was a non-judgemental space, identified that community needs more LGBTQ friendly services...felt seen and cared for

Connection with families

Brought care directly to the individual, practical support (\$)

Moment when I could provide a mental health assessment in an individuals living room instead of transporting to hospital

RCVTAC

Mesa Team chatting with someone in the community, building trust, connected with OATC, provided resources for short stay, pt felt comfortable and thankful

Approaching those in need

Individuals being able to tell their stories

Collaboration between home care and paramedics to move a patient to safe housing. Pt felt like needs were met. Went on to live a healthier life supported within the community.

Making eye contact and acknowledging the person

Empowerment

When professionals take a human approach to listening — rather than problem solving.

Not transporting a patient to hospital just because they were "high"

Meeting clients where they are at

Built relationship and continually sought out individual — they felt cared for

All the agencies

Working collaboratively with service providers to mitigate repetition for clients

COVID caused homeless population to congregate

Partnership with Carefor and CMH — many have mental health challenges, couch surfing, crisi bed with community mental health. CMH supports them for a short time. Could be a weekend or two weeks

Warming centre

Actively listening to individuals and demonstrating an interest in their stories and the person

Feel seen when time with counsellor is not limited...that the counsellor is there and committed to help, validate their pain, you see them as a whole person....people can feel so moved around and shuffled

Pt frequently presenting to. ER with panic attack, came in week after previous symptoms. Initiated chest pain protocol. Pt dx with an MI. Pt reached out later expressing appreciation for treating the

CMH, Older Adults, and Carefor working collaboratively

Time and listening

Supporting the client's support team

Collaborative teams collectively helping people for full resourcing

Warming centre by community to make it happen

Mesa outreach, displaced due to memory problems, got medical assessment, Blood work, placed onto Crisis list, and connection with ODSP. Pt felt seen and feel grateful

Collaborations with partners to prevent relapse and accelerate care

Learn about peoples stories

Advocating for, caring for an individual — going the extra mile for someone... this was recognized

Community agency referral and warm hand off

All hands on deck

Individuals felt seen with support from their communities

The Eganville Leader series on lived experience — allowing people to share their stories and lived/living experience.

Professionals are recognizing the value of the family voice

Difficulty connecting with pt using fentanyl. Listened to pt and pt was so thankful the time was taken to understand her situation

Coldest Night of the Year

Be receptive to what patients' goals are

Few people in community responded to need to make a big difference. And then corporation was pivotal

Support for caregivers

Person with mental health issues. Could not live alone or manage medication. CMH reached out to Carefor. Now who goes to the gym, bingo, volunteers in own recreation program.

Housing is crucial.

Majority of clients deal with mental health and addiction..allowing support workers to come into a facility so that the client doesn't have to travel to the service (best to travel to the client)

Housing as a foundation to wellbeing

Learning from PWLE

Implemented an initiative to phone people on their wait list to check in and see how they are doing, assessing needs that can be immediately assisted with

Having immediate resources

Clients returning after successful recovery months later

Professionals are starting to listen to what families are bringing to the table — this helps reduce stigma

Empowering PWLE

Person-first, meeting people where they are at — taking time to listen to them, as a person and working on goals with them together.

Seeing with people who have stigma with racial stigma, and just taking the time to sit and chat and provide friendship

A meal can make a huge difference

Homeless Count

Harm reduction staff supporting people where they are at — where it be to provide supplies, get them connected to services, or listen to their story.

Continuance of care after securing housing

building relationship with people and stopping, talking and building rapport

Consistent support, not giving up — being there for them.

People returning to only place they felt supported

When clients feel heard as a person and not an "issue/problem"

Ways to have basic needs met immediately

Ability to work "off guideline" to provide care

"Out loud library" — Creating safe spaces to share stories with those that have been through similar experiences, and having the ability to ask questions.

Pt experiencing homelessness supported and connected to services at a local library. Client appreciated the help

Broad community engagement

Free access to counselling and care

Decriminalization

Looks like people with power and privilege stretching to be uncomfortable

Expanded community mental health services with expanded eligibility criteria — transitional housing and affordable housing

Everyone has a home; without isolation; has good mental health, primary care; small children to come into treatment with moms.

Ongoing public education to learn and understand

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

Responses:

Youth wellness hub expansion and for adults

Wrap around support

Reduction in wait times

Positive

Bright Idealist future

A homeless shelter in Renfrew County

Collaboration between services

Safety (physically, mentally, spiritually safe and supported)

Anti Stigma movements

ER avoidance

Appropriate and accessible care.

Community - inclusive

Rapid access everything

Wait times reduced

Food insecurities addressed

Prevention vs. Action

Less paperwork to access care — no hoops to jump through

Having enough

Coordinated access and care so people can easily access the services and tell their story once

Medical needs addressed

Barrier free

Everyone has adequate housing

Therapists available for a walk in hub.

Addiction services available as needed, with no stigma

Streamlined services that re available

EDI

Navigation centre to appropriately place individuals efficiently

Basic income to lift out of poverty

All inclusive databases, where information can be shared between all services

Harm reduction — tiered approach. Not signing up to be absence based — moving people through

Cooking classes. Food bank inclusion. Healthy meals on a budget

No stigma

Free counselling (abundance)

No wait lists

Self directed care — led by client choice

Prevention to avoid need for most intensive services

Promote active living

Full suite of the housing continuum

Mobile health care

Low barrier approach to help people stabilize

Reduced barriers

education

Everyone attached to primary care

Different tools and responses to choose from for respond to individual's need

Safe Communities

Everyone would have access to what they need — no wait times — no going out of County

Allow pets to fit into the picture of shelters

Support for enabling people with their ADLs

Equitable services. Geographically.

Seeing people for people — no stigma no judgement. Inclusive and acceptance

True community based education for everybody

More people with lived and living experience working with individuals to relate on a different level

A reduction in stigma.

Anti-stigma

Access for children for psychiatric interventions

Able to stay local — close to family

Prioritize mental health—just as important as acute care

Everyone is welcome. Diversity is celebrated

Transportation

Fixed address vs. Home

No fear of judgement

Timely access

Holistic approach that takes into account the full person, exercise, diet, housing etc

Laundry. Donated clothes for "free shopping"

Baseline education in this sector for all people

No wrong door, no wrong number. Every door leads to the right door.

Supports for children earlier — this would help support before it gets to us

Coordinated access

Earlier intervention — prevention rather than reactive

Meet peoples needs

Allowing for individualism. allowing for personal interpretation

Navigation streamlined

More access to doctors

An amended MH act to better serve people who in a moment were not criminal but needed support

Access to services when and where they need it

Less deaths

Housing resources that meet the right level of need for people. They have choice

Increased public education about harm reduction.

Peer support role and graduate through program. Pay them what they're worth

Mental health is not criminalized

Less trauma for all involved

Primary care doctors

Living wage

Access to addictions treatment services immediately

Empowering individuals to be their best self

Open, non-judgemental communication with all people, clients and services

Vacant housing, affordable. Community resources, hubs access to care, primary care providers to meet all needs

Decriminalization of MH

More psychiatrists

Equal distribution of resources

Safer communities

People have choice

Focus on SDOH

Inform our answers from lived experiences

Continuum of care

System navigation to include pets while treatment is being obtained.

Help now — into facility right away — can't be on a waitlist

Jails are not MH facilities

Increased access to psychiatry.

A society that has a good base of core family and moral values

Taking away the stigma

Strong push on Harm Reduction and Harm Prevention, early education and evidence based practise.

Working upstream

OHIP coverage of mental health resources.

Catching people in the moment and wrapping care around them now

Enough service providers—ready when people need help

Fostering culture of understanding and why EDI is important

No waitlists

Access to primary care

Possibility to go for help without the stimulation barrier

TED program here in Renfrew County.

Better understanding and education for all on addiction and mental health

Reward and invest in health

More in patient care in the Pembroke area. More residential treatment options in our area.

No one is lonely or disconnected

Eliminate diversity barriers to allow full and safe participation in life.

24/7 service accessibility

Access to educational opportunities: high school, post secondary education

Less compassion fatigue in community services

Not fighting government for funding

Connected to community and family

Having a system that works

Wrap around seamless care

Hold space

\$\$\$

Safe usage sites

More human resources

Holistic approach to care

Services available when people are ready

No false hope— need an honest conversation about services available

More accessible in-patient treatment for female specifically (live in) Mom's have to leave the area.

Continued education

Establishing safety and security within the community

Less nimbyism

Public education and awareness

Free holistic care that is not just westernized medicine

People feel that they can share stories and it's ok to be in different points in the journey

Social issues education

Social workers and additional supports in elementary schools and high schools for earlier identification and intervention

No nimbyism

Universal, trauma informed care.
Preventative measures

Community mental health — patients need to be able to set goals — long term goals of care. When someone is in an acute episode, they cannot see the future goals. Expand eligibility to meet people who

People in need do not need to be in crisis to get support

Less stigma and more acceptance

Integrated care

Everyone getting the help they need

Housing is the first step; which leads to other activities that decrease isolation.

Meet people where they are at

Culturally based supports in all communities

Services based on client need rather than what is available

Ceremonies

Provide care right away.

Early recognition and intervention
Aggressive policies.

Everyone has a place and belongs

Early intervention, detection, prevention. Start in schools early on. Address stigma ongoing.

Nothing about us without us.

Incorporate consent for shared approach to care. Consent to speak to various partners. Opens up care options.

School systems — more social work access

Capacity for psychiatric services meets need

In patient and out patient services

People understand the medicines

Make lived experience examples louder

No need for food banks or emergency help

Verbal consent

Services 24 /7 for as long as an individual needs it.

Easy service navigation — time to get it right with tech and communication

Building resiliency

Retention

More trauma resources. Long wait lists currently.

Land based programs

Early identification and prevention

Transitional housing — bridge housing

Public transportation, accessible services, alternative delivery options.

Enough funding

Healing

More trauma informed free services

People are supported to care for own mental health

Shared repository for notes

Increased access to covered rehab facilities (alleviating financial barriers and increasing equitable care)

Equitable care.

One overriding organization

More physicians

Shared access to data

Service providers are supported with all the information and supports they need to help their clients

Having diversity in our leadership and governance

Courageous leaders to focus on community wellness!

Lean on faith based and community based services to increase supports — provide funding and support, communication

Accessible Resources, Diverse and Culturally Competent Care, Holistic Approach, Community Involvement and Peer Support, Equitable Access to Treatment

Build a homeless shelter and transitional housing

Prioritize lived experience for management positions

24 hour shelter in the community.

Eliminating some assessments (Gain Q3)

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

Responses:

Safe injection sites.

Focussing on prevention

Get people housed

A Shelter 24/7 access

Centralized access to service 24/7

Changing system

Networking social programs and hospitals

One stop shop for detox, rehab, transitional housing, where all of providers are under one roof

Work more collaboratively

Everyone has family doctor

Reduce privacy barriers

Upstream and preventative approaches

Networking

Supports for families and loved ones so they have a tool box

Community kiosks or AI intuitive local tech to connect people to resources

Rest and Recovery site open 24/7

Housing Shared services — providing matching services

Repurpose buildings; include isolation avoidance strategies

Live integrated network of available resources

Streamlined process that allows workers to connect with someone else that can support needs of the individual

Tiny Homes, All professional Services onsite within a tiny home subdivision.

Sharing data

Appropriate transitional housing

Sparrow Organization

Overdose Prevention Sites

Lives experience input is more important than scientific evidence

Need more people— more psychiatrists etc— need mobile

Coordinated access

Safe consumption sites, testing for substances

Centralized data base

Youth Mental health — supports to families and. Caregivers and that are inclusive and family—based approach

Holistic care

Active transportation

Elimination of duplication of forms

Bouncing off ideas and getting information that can be modified to fit into our context

AI strategies for education for kids; increase education for kids about mental health;

Collaborative approach, stepped care. Care pathways to provide continual care for people the spectrum

No wait lists for services. People get what they need when they need. It

Virtual doesn't always work — need to be mobile

Like what universities have...a place to go like a phone booth where people can go and get connected live for help

Wages meet inflation

In addition to supportive housing, including wrap around services to include mental and physical health services — addiction services

Consider tiny home solutions in communities

TED Program like programs for short term recovery in the community (versus ED)

Substitute drug therapy for long term treatment of addiction

Shelters

"Living wages"

School partnerships and school as a hub for parents and caregivers to learn about services and how to access

Tele-psychiatry

More housing

Engaging lived/living experience in strategies

Moving individuals from incarceration direct to treatment

Virtual paediatric for one assessments with a psychiatrist. So we could do something like this. Keeps care close to home.

Recruitment and retention for workers — stability in HHR, education, support for care-givers

Tiny homes concept — creating communities.

Mentorship

Use a dashboard with common indicators using Artificial Intelligence — AI, wait list mapping, track success; (or lack thereof);

Arrest and Jail more drug dealers that are the source and cause of deaths.

Technology made available to everyone who needs it and no matter what

Housing centre with social service, medical, mental health and addictions support on site

Lived experience

Community education, communication specialists

Expand services so can keep patients and clients here. Utilize technology to keep people where they are

Bringing primary care to people where they are — especially when unhoused

Mobile service with 2 counsellors across RC that is walk in. Talk to — like the Toy Bus

Have collaborative services that pool staff and are logged into queue and readily available to deploy to crisis

Service bus

Drug identification services

Adequate income supports that actually meet costs

Dental program expansion, leveraged

More community conversations so community can understand the issues in the way we do

Lived experience of workers can reduce stigma

Don't reinvent the wheel; use what is working elsewhere and apply it with tweaks

More community hubs ...interconnected model

Food strategy — everyone should have access to food

Increased mental health services all under one "roof".

Funding to pay people properly.

Educate community so people feel supported. End stigma.

Transportation — need a plan to get people to services and services to people

Step wedged program within community partnerships. Ability for all partners to access one platform to follow someone in their journey..

Mobile — equipped with satellite to link in with specialist or other things. Expand the CWMS van and build on this.

Providing appropriate individual needs assessments

Knowing what is in the supply

Treatment facility locally with a supportive environment afterwards. Individuals after treatment return to what they left, perhaps no job, no housing, no supportive environment.

A way for community members/ civilians to call service providers to provider outreach

Collocation opportunities to improve services

Residential treatment within the County for women and men, respectively

Flexible points of entry

Coordinate an approach — bring multiple entities together, referral process, quarterbacking Oversight.

Access to primary care

Stigma — more stories of positive impact and the successes. Build on Recovery Day and the. Work of The Grind and the stories

Carbon foot print of what we are doing now, so we can communicate going forward

Mesa Mobil hub

Coordinated Care

More shelters

Education

More subsidized housing — transition house — don't lose sense of community because you moved into housing

Involve PWLLE in the decisions or strategies

People fear for their safety. So need to discuss issues and educate people so they are informed.

Transition to treatment

Meeting people where they are at. Information is available.

Open forum conversations

Communication and talk about the stories to change the narrative. Highlight stories and organizations

We have a lot of empty buildings — Reno and use them

More collaborative outreach in ALL communities within the County.

A guide or mentor who helps guide client through all of their need for supports — not "drop them off" at next service — but continue in a mentorship role ongoing

Centralized hub or website for access to information and care

Culturally appropriate services to ensure people feel heard and supported

Stigma is still too bad

Reduce stigma social messaging campaign

Agree to disagree. Bold enough to do what needs to be done but be respectful of the community around

Wellness hubs for adults

Less stigma at methadone clinics/ pharmacies

Community information sessions. Not community consultations.

More education for the public

Access to transportation

Anti stigma directed to school age children and youth to go into schools. Prevention and health promotion approach

Living experience included in education for youth

Education and anti-stigma for community members

Safe supply

Document successes

Central platform for information on MESA patients — so that people don't need to tell their stories over and over again.

Share information so we can talk about how to support each other.

Education of primary care and health professionals

More day programs....things for people to do

Direction — strategic plan to direct and focus attention, include boards of directors for NPOs and other executives. This leads all in the same direction with the same goals

Mobile showers and laundry facilities

Educate and share stories — stories are powerful

Public transportation

don't be afraid to fail; this is how we improve

Coordinated access

Intergenerational approach for building community

Mentorship program, boosting community support, having a peer mentor

Using language helps support. Use the right language. Saying someone is clean implies they were dirty.

People with lived experience sharing — having input on services

Cross agency consents

Human library to learn about each other and different experiences

Providing coop opportunities

More trauma support

Cross agency strategic plans

Engage community volunteers — this is an untapped resource — needs to be coordinated

Working transportation service into care models.

Calling people homeless people has a negative connotation

Supportive environments after return from treatment

Fort night — bring a senior and build connections with kids.

Change old homes that are well suited to community living — e.g. nunneries, nursing homes that are empty would be well suited to transitional housing

Provide secure and safe access to substances

More social education — like the CPAN game — surviving low income

Earlier intervention for trauma

Make resources available.

Less criteria for eligibility of some programs that are restrictive

Ensure not projecting what “we” think is needed for individuals

Neighborhood and community based care and supports. Improved transportation

Take the good parts of the programs and initiatives like health links (the things that worked) and build on those positive outcomes (vs reinvent)

Education and interaction at the schools— need more staff and assessments

Basic income

Advertising community meetings on social media to try and control the conversation and educate people

Immediate access to help.

Integrated housing within communities. Close to parks, schools, grocery stores

Listening, community outreach

Schools vary in services/ approach

Community throughout the journey.

Improving resource efficiency through better collaboration

Faith based organizations — they can help1

One client, one chart

Simplified language for services

More youth-based activities that are during the time that they are active (evening and night)

Bring services together — much like a family health team to provide wrap around care.

Many people are scared to call 911. They are not aware of Good Samaritan act. Need to ensure that people have the right messages at right time to make informed decisions

Affordable rent

In-house support for interpersonal relationships that are strained within families

Planned transportation due to the size of Renfrew County

Community based programs that are diverse. Not just sports

Provincial cohesion of programs

Transportation initiatives

More lived experience say

Assessments not being done equally continuing cycle of need/ not getting services they need (e.g. child and youth)

Ability to access programs in other jurisdictions. More accessibility.

Providing more life skills, more community gardens, vegetable gardens

Support workers embedded in homes of families with complex challenges with relationships between those living in the home

Lots of amazing services, but people do not know what they are eligible for and then door is closed on them. Need to change this. So many silos with great intentions. Pull together care to help

Safety measures within housing

Not one size fits all approach

Talk with teachers and talk with them for their ideas on what we can do

Community based support structure — reach out for needs to a network that can connect care and provisions

Leveraging virtual care to access psychiatry services in absence of lack of in-person psychiatrist.

Also alleviates technology barriers.

Safer supply increases

How to get help to cover rental costs — in shelter system

Collaborate — Avoid duplication of service

Government funding

Provide transportation for everyone

Remove stigma and educate

Funding and policy change

How we get unpaid providers to show up- community connection to support social capital not just formal services

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality?

Responses:

Continue with the present path forward;

Increased funding

Establish an increase in housing; or repurposing housing

Money

One point of contact for clients

Advocacy

Champions

Collaboration

Quick identification and action

Humanize

Political will; coordination;

PDA's which comes from government money

Alignment

Anti-stigma

Funding

More Human Resources — capacity issues

Agencies should look for efficiency re: funding.

Public education

Change system level policy barriers

Breaking down siloes.

Make it cohesive and accessible

Communication opportunities between services.

Sustainable funding

Immediate action and investment

Community champions

Education (destigmatization in early years and elementary)

Lead governance structure

Incorporate policies anti racism, training embedded into orientation for staff

Take down the barriers

Relationship building

Increase staffing

Full implementation of the 86 recommendations of the femicide investigation

Coordinating Body

Coordination — unify our services to provide a broader scope of care

Public speaking

Collaboration

Funding

One system, fewer silos

Unified voice from community agencies to the elected

Rural investments mental health and addiction

Bringing action to the forefront; less planning; start first and tweak as one goes forward; then plan evaluate

HHR in rural communities

Need a community of friendship beyond traditional services— neighbourhoods

Process to identify and support burnout

Lobbying province and federal gov't for resources

Changes to criminal code and other legislation so policy supports work we are trying to achieve

Engaging and educating the public.

Awareness and stories to the general public

Bilingual services

Incentivizing anti-stigma campaigns.

Change language that's more inclusive and accepting

Staffing for mental health and addictions workers. Need increased staffing

More community engagement, all seasons, equal opportunities for all

Better representation of diverse community

Concept of making communities safe places to connect

Communication (clear);

Community anti-stigma

Access to free shared spaces in the community for consultation with patient and families.

Government funding for homeless shelter in Renfrew County

Regular town meetings

Pathways different for difference organizations — but together could have shared vision of goals & commitment to create a safe positive space

Connected communities — sense of belonging

Education campaigns

Further the conversation with the public

Transitional housing

More staff

Shepherds of Good Hope in Renfrew County

More community business' donating bringing opportunities for community members to come together

Engage local communities and care providers to develop a strategic plan to give guidance and a focal point for all

Open engagement and open discussion needs to continue to happen. Willingness

A system to measure indicators ...so we know trends and how strategies impact...identifying success

County wide wifi access

Long term housing that's available for the continuum of care

Educating public

We have to start leveraging each other.

Don't duplicate — steal shamelessly

Events of collaboration

Balance negative social media with positive language and stories

Need to get out of silos.

Multi-layered approach to housing

Engaging community to be a supportive community

Staffing need

Mentorship with PWLE

Education

Break down stigma.

One system (portal) that we are all connected to talk to each other.

Affordable housing for everyone

Strong public education strategy

Give family a voice

Educate the communities

Shepherds of Good Hope in Renfrew County

Collaborative approaches. "All or nothing" wrap around approaches.

Involve family in supports

Help to organize neighbours helping one another— not a job just organized helping

More funding

Regular meeting to discuss our shared vision

Sustainable funding

Get the public on board

Ask "How can I help you"

Continue with the gatherings on an annual basis.

Education about the continuum of care for all service providers. And community. Proper assessment and system navigation. Guidance tools

Creating a centralized resource to get direction/access to services.

More volunteering and helping in neighbourhood so people feel connected

Access to mental health supports and specialists within the County

Child care — needs for families

Think small but series of small

Connect services and networking opportunities. Demonstrate what has happened over a year. Annual evaluation.

Better utilization of AI...intuitive to help service providers collaborate and share information

Evaluate

Strategic Plan

Farm communities have a tradition of services. And hearing — build on that

Improved communication — break down silos

Have more conversations!!!!

Streamline service access — coordinated access

Cultural awareness and sensitivity inclusion in training, education, programming.

Implement SHIP to assist in coordinated care plans and communicate with each other

More community outreach teams

Access to reliable transportation

Education starting at a young age about what addiction and mental health looks like

Flexible work schedules

mobile clinics of mental health and addictions specialists go to smaller communities on a regular basis

Nothing for us without us — involve lived experience partners

Support workers ready to accompany people in accessing treatment

Inclusion of living experience in progress and programming.

Decrease duplication of services by having system oversight

Youth homelessness and addressing upstream

Community outreach teams to determine needs. People will share what they need and we can develop resources based on needs.

Community engagement with education opportunities and integration between community members

More supports for LGBTQ+ communities

Hospital that accepts mental health clients

Shared care plan;

Outreach activities connected to informal community places (e.g. churches)

Collaboration with indigenous partners

Creation of service based hubs that provide a variety of care Make these accessible

Dignity among those accessing services

Listen to PWLLE

"Fifty, Fit and Feisty" group — social collaboration and integration concept.

Refugees support

People with lived experience providing support within housing communities/ services

Services offered in different languages to support individuals

Collaboration. Maintain network. We can do this well in rural areas so we need to lean into it.

To figure out the clients/patients do not have to relive their story (as it is painful minimally or traumatic)

People connected to network of volunteer services

Services in our community

Predictive data/AI in measuring data and evaluating outcomes

Educating community

Anti-stigma

Designing welcoming transitional housing communities

Effective data gathering and data sharing

All organizations to communicate on online portal

Continued Ontario Health Teams supported days of networking.

Work together and not in silos

Innovative transportation strategy

Free trauma supports

Address fear in seeking support

Treat individuals as equals

Centralized communication for collaboration. Regular, intentional meetings of key stakeholders

Community engagement and empowerment — communities can solve this own solution with support

Community groups that support and socialize.

Bringing stories that are lived to the forefront to gather the attention of the public and start to want to make a difference

Everyone looks at their own policies to ensure they are patient centred and patients first.

Not one answer— needs to be patient led

Paediatric supports

Given the rural-ness of the county, we need to be mobile — bring the care to the person

Prevention. Can deal with in the moment things. Free trauma counselling in-person is needed. Immediate access to.

Ministry funding

In-person services.

Build more housing that helps people feel a sense of community and prioritize the access to this for those with the deepest/most acute need

Address HHR needs, lack of appropriately trained staff, education and appropriate supports for them

Hold elected officials accountable (provincial, federal)

Skills development.

Bring services to where they're needed

Roadmap for service navigation

Education in schools early on

Ticket system- automated to connect many types of care for people reaching out— pullkey words to inform planning

Drug strategy and using it (buy in from everywhere). Communicate with all parties.

More trained counsellors in schools

Continue de-stigmatization work

A platform to easily access all Renfrew County services and what they offer/ contact information.

Provide politicians with real life examples of program options to aid in successful program opportunities

Be more Responsive by using technology

Accessible, affordable solutions, care, supports and housing

Care for the caregiver

Commitment to reach out to a new partner to discover new services.

Housing — safe housing

Community!! Encouraging human connections in children — getting off social media.

Landlord registry. Landlords have to provide and maintain safe and appropriate housing

Increase access to technology for those experiencing mental health, addiction, or housing attachment adversities

211 promotion

Affordable housing

Double ODSP and ODP

Increase diversity within our service sector

Focused care for individuals that have "burned bridges" more intensive supports

Community conversations

Appendix 3: Summary of World Café — Key Findings

Question 1:

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

1. Direct Support and Interaction:

- Daily interactions at community hubs like “The Grind” and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams taking time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & MH tours.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities making efforts to address hidden issues.
- Collaborative efforts with Carefor, CMH, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals’ living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients’ goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, taking time to meet with vulnerable individuals.
- Initiatives like the “Out Loud Library” creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.

- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

Question 2:

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

1. Expansion and Accessibility of Services:

- Youth wellness hubs expanded for adults.
- Wraparound support systems.
- Reduction in wait times for services.
- Rapid access to comprehensive care.
- Mobile health care units and 24/7 service accessibility.

3. Collaboration and Coordination:

- Enhanced collaboration between various services and organizations.
- Coordinated access and care, reducing the need for multiple story-telling's.
- Streamlined service navigation and integrated care systems.

2. Community Infrastructure and Resources:

- Establishing a homeless shelter and transitional housing in Renfrew County.
- Ensuring everyone has adequate housing and access to food.
- Creation of navigation centers for efficient placement.
- Community hubs offering primary care and integrated services.

4. Inclusive and Equitable Care:

- Emphasis on diversity, equity, and inclusion.
- Barrier-free access to services.
- Culturally competent care.
- Equal distribution of resources across geographic areas.
- Services based on client needs rather than availability.

5. Prevention and Early Intervention:

- Shift from reactive to preventive measures.
- Early identification and intervention, starting from schools.
- Child care programs and other supports for at-risk children
- Public education campaigns to reduce stigma and promote understanding.
- Harm reduction and prevention programs.

6. Holistic and Person-Centered Approaches:

- Holistic care considering the full person (mental, physical, and social health).
- Self-directed care led by client choice.
- Inclusion of pets in care plans.
- Access to healthy meals, cooking classes, and addressing food insecurities.

7. Supportive Community and Empowerment:

- Empowerment through active listening and client-led goal setting.
- Peer support roles and involvement of people with lived experiences.
- Community involvement in service provision and support systems.
- Safe, inclusive, and non-judgmental communication.

8. Legislation and Policy Changes:

- Amendments to the Mental Health Act to better serve individuals.
- Decriminalization of mental health and addiction issues.
- Basic income initiatives to lift people out of poverty.

9. Comprehensive Education and Training:

- Education on addiction, mental health, and harm reduction for all.
- Baseline education in mental health and social issues for everyone.
- Training for service providers to use diverse tools and responses.

10. Resource Allocation and Funding:

- Sufficient funding for services and reducing the need for emergency help.
- Increased access to psychiatric services and covered rehabilitation facilities.
- Investment in health services and continuous education.

These elements collectively paint a picture of a future where mental health, addiction, and homelessness are addressed through comprehensive, inclusive, and equitable support systems, emphasizing prevention, collaboration, and holistic care.

Question 3:

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

1. Service Accessibility and Integration:

- **24/7 Access:** Centralized, around-the-clock services including shelters, rest, and recovery sites.
- **One-Stop Shops:** Facilities that provide detox, rehab, transitional housing, and other services under one roof.
- **Mobile Services:** Mobile health units with counsellors, primary care, and specialized services to reach individuals where they are.
- **Virtual Care:** Tele-psychiatry and virtual assessments to provide care without geographic barriers.

2. Housing Solutions:

- **Supportive Housing:** Integration of mental and physical health services with addiction services in housing solutions.
- **Transitional and Tiny Homes:** Community-based housing solutions with professional services on-site.
- **Repurposing Buildings:** Using vacant buildings for housing and avoiding isolation.

3. Collaboration and Coordination:

- **Networking:** Enhanced collaboration between social programs, hospitals, and service providers.
- **Coordinated Care:** Centralized data and streamlined processes for easy access and continuity of care.
- **Community Hubs:** Interconnected services within community hubs for comprehensive support.

4. Prevention and Early Intervention:

- **Education:** Increased education for children and the community about mental health and addiction.
- **Early Intervention:** Programs focusing on early detection and intervention, particularly in schools.
- **Harm Reduction:** Safe injection sites, overdose prevention sites, and safe consumption services.

5. Holistic and Person-Centered Care:

- **Wrap-Around Services:** Comprehensive support addressing all aspects of a person's needs (mental, physical, social).
- **Individual Needs Assessments:** Personalized assessments to ensure appropriate and effective support.
- **Culturally Appropriate Services:** Ensuring services are inclusive and respectful of cultural differences.

6. Community Involvement and Peer Support:

- **Lived Experience:** Engaging individuals with lived experience in strategy development and service provision.
- **Mentorship:** Peer mentorship programs to provide ongoing support and guidance.
- **Community Education:** Open forums, community information sessions, and social messaging campaigns to reduce stigma.

7. Innovative Use of Technology:

- **AI and Tech Solutions:** Community kiosks, AI tools for connecting people to resources, and dashboards for tracking service success.
- **Centralized Platforms:** Platforms for sharing information and coordinating care among providers.
- **Technology Accessibility:** Ensuring technology is available and usable for everyone in need.

8. Policy and Funding Changes:

- **Adequate Funding:** Ensuring sufficient funding to pay providers properly and support comprehensive services.
- **Policy Changes:** Advocating for changes in legislation to improve service delivery and support for individuals.
- **Basic Income and Living Wages:** Initiatives to provide financial stability and reduce economic barriers.

9. Transportation Solutions:

- **Access to Services:** Providing transportation to ensure individuals can reach services and services can reach individuals.
- **Mobile Units:** Service buses and mobile units equipped with necessary technology and resources.

10. Community-Based Programs and Support Structures:

- **Integrated Community Care:** Neighborhood-based care and support networks.
- **Intergenerational Programs:** Building connections across generations for mutual support.
- **Public Education and Awareness:** Continuous education and interaction with the community to build understanding and reduce stigma.

These elements highlight a comprehensive approach to addressing homelessness, mental health challenges, and addiction through integrated, accessible, and person-centered strategies supported by strong community involvement and innovative technology.

Question 4:

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality.

1. Funding and Resource Allocation:

- **Increased Funding:** Securing sustainable funding for services and infrastructure.
- **Efficient Use of Resources:** Agencies should maximize efficiency regarding funding and resources.
- **Human Resources:** Addressing capacity issues by increasing staffing levels for mental health and addiction services.

2. Housing Solutions:

- **Affordable Housing:** Increasing the availability of affordable housing and repurposing existing buildings.
- **Transitional and Long-Term Housing:** Providing housing solutions that support continuity of care.
- **Safe and Inclusive Housing:** Ensuring housing options are safe and welcoming.

3. Service Integration and Accessibility:

- **One Point of Contact:** Simplifying access to services through a single contact point.
- **Coordinated Care:** Unifying services to provide comprehensive and cohesive care.
- **Mobile and In-Person Services:** Bringing services to where they are needed, especially in rural areas.

4. Community and Public Engagement:

- **Public Education:** Campaigns to educate the public about mental health, addiction, and homelessness.
- **Community Champions:** Engaging local leaders and community champions to advocate for change.
- **Community Outreach:** Regular town meetings and community conversations to gather input and foster engagement.

5. Collaboration and Partnerships:

- **Cross-Agency Collaboration:** Breaking down silos and fostering collaboration between different service providers.
- **Engaging Diverse Stakeholders:** Involving indigenous partners, LGBTQ+ communities, and people with lived experience in planning and implementation.
- **Unified Voice:** Community agencies presenting a unified voice to elected officials and policymakers.

6. Policy and Advocacy:

- **Policy Change:** Advocating for changes to the criminal code and other legislation to support inclusive community goals.
- **Governance and Oversight:** Establishing a lead governance structure and coordinating body for oversight and strategic planning.
- **Lobbying for Resources:** Engaging in lobbying efforts at the provincial and federal levels for additional resources.

7. Anti-Stigma and Public Awareness:

- **Anti-Stigma Campaigns:** Education campaigns to reduce stigma associated with mental health, addiction, and homelessness.
- **Language and Communication:** Using inclusive and accepting language to promote dignity and respect.
- **Public Stories and Awareness:** Sharing lived experiences and success stories to change public perception and garner support.

8. Data and Technology:

- **Centralized Platforms:** Creating a centralized resource or online portal for accessing services and information.
- **Predictive Data and AI:** Using technology to measure outcomes, track success, and coordinate care.
- **Technology Access:** Ensuring access to technology for those experiencing adversities.

9. Education and Early Intervention:

- **Early Education:** Incorporating mental health and addiction education in schools from an early age.
- **Training for Professionals:** Providing ongoing training and professional development for service providers.

10. Community Building and Support:

- **Neighborhood Engagement:** Encouraging human connections and support within neighborhoods.
- **Volunteer Networks:** Leveraging community volunteers to support individuals and families.
- **Inclusive Spaces:** Creating free, shared community spaces for consultation and support.

11. Specialized Services:

- **Cultural Sensitivity:** Incorporating cultural awareness and sensitivity into training and programming.
- **Support for Caregivers:** Providing care and support for those who support individuals with mental health and addiction issues.
- **Trauma Support:** Offering free trauma counseling and immediate access to support.

By addressing these key points, communities can create a supportive, inclusive environment that effectively addresses mental health, addiction recovery, and homelessness.

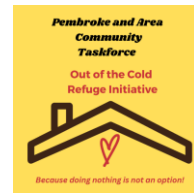
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Appendix 4: List of Participating Agencies

Addiction Treatment Services
Robbie Dean Counselling Centre
Algonquin college
Shepards of Good Hope
Algonquin of Pikwakanagan First Nation
The Dementia Society of Ottawa and Renfrew County
Built for Zero Canada
The Grind Pembroke
Canadian Alliance to End Homelessness
Town of Petawawa
Carefor
Township of Greater Madawaska
CBC Radio Canada
United Way Eastern Ontario
Child Poverty Action Network
Upper Ottawa Valley OPP Detachment Operations
City of Ottawa
Victim Services of Renfrew County
City of Pembroke
West Champlain Family Health Team
Columbus House
Whitewater Region
Community Mental Health at Pembroke Regional Hospital
Groves Park Lodge
Hastings County
Head, Clara and Maria
Health Care Connect Ontario
Home and Community Care Support Services
Laurentian Hills
Loyalist College
Mackay Manor
Ministry of the Solicitor General
Ontario Disability Support Program
Ottawa Valley Ontario Health Team
Parents Lifeline of Eastern Ontario (PLEO)
Pathways
Pembroke and Area Community Taskforce (PACT)
Pembroke Fire Department
Pembroke Regional Hospital Foundation
Pembroke Regional Hospital
Petawawa Centennial Family Health Centre
Renfrew and Area Connection Centre
Renfrew County and District Health Unit
Renfrew County Catholic District School Board
Renfrew County Community Poverty Action Network
Renfrew Hospital
Renfrew Central Ambulance Communications Centre
Richmond Medical Clinic



County of
Renfrew
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Report to: Pembroke & Area Warming Centre Committee

From: Jerry Novack, Executive Director, The Grind
Steven P. Boland, Chair, Pembroke & Area Community Taskforce

Subject: Pembroke Warming Centre Final Report (Revised June 21, 2024)

Background

In March 2023, the Pembroke & Area Community Taskforce (PACT) was formed by a group of residents from Pembroke and the surrounding area who saw a need to support the homeless people in the community through the winter of 2023/24. During the winter of 2022/23 The Grind provided a limited overnight service to the homeless persons. However, the facilities at The Grind were determined to be less than desirable for overnight stays. Through discussions The Grind and PACT determined that a facility was needed that would provide a consistent and predictable overnight place of refuge from the winter conditions for the most vulnerable members of the community. The initial proposal was to establish a shelter within the City of Pembroke. However, due to a variety of circumstances, it was determined that a temporary “warming centre” would be the preferred model to follow. PACT and The Grind engaged with elected officials and staff from the County of Renfrew and the City of Pembroke throughout the summer and fall of 2023 to identify potential locations to establish a warming centre as well as potential funding sources to enable the warming centre to operate. Through discussions involving the City of Pembroke, it was determined that the Pembroke Farmers’ Market was a suitable location to establish the warming centre for the winter months. It was determined that a budget of \$220,000 would be required to operate the warming centre for the winter season.

The Pembroke Warming Centre was established on December 1, 2023 and included the following components and operating characteristics:

1. The Warming Centre operating hours would be 10:00 PM to 8:00 AM daily from December 1, 2023 to May 1, 2024.
2. An agreement was put in place between the City of Pembroke, The Farmers’ Market and The Grind for the use of the property.
3. The overall operation of the warming centre was monitored by a coordinator employed by The Grind. The Grind also had overall responsibility for the financial affairs of the warming centre.
4. A rented ATCO office trailer 12’ wide x 50’ long as the overnight accommodations.
5. A double washroom ATCO trailer to provide sanitary facilities to the warming centre guests.
6. The office trailer was equipped with a 100 amp electrical service connected to the Farmers’ Market building to provide electrical power and heat. The electrical work was contracted to Faught Electric who provided exemplary service at a very

fair cost. In consultation with the Pembroke Farmers Market, it was decided that the 100 Amp Service cabling should be properly terminated and left in place for the future use of the Market.

7. The trailer and market area were equipped with a video security monitoring system capable of monitoring the area continuously and recording the video feeds captured. The trailers were also equipped with live smoke detection equipment which was capable of being monitored 24 hours a day. The Security Company supplied the video and smoke monitoring equipment and services.
8. The office trailer was equipped with 27 recliner chairs in which the overnight guests could rest. The Pembroke Regional Hospital provided blankets to cover the chairs and the guests. The recliner chairs have been placed in secure storage, donated by Cassidy Moving & Storage, for future use.
9. During the setup of the warming centre trailer, the Renfrew County Paramedic Service, Pembroke Fire and Building Departments and the OPP were consulted to ensure that safety of the facility and the clients was top of mind. As a result of the discussions with these groups an emergency access ramp was constructed and several fire extinguishers were installed at key locations. It is to be noted that upon closure of the Warming Centre the emergency access ramp was moved and repurposed for use at the Waterfront platform and gazebo at Miramichi Lodge.
10. The warming centre was staffed by full-time qualified security persons during the hours of operation. The firm Protec – 5 was contracted to provide the security personnel.
11. The Warming Centre would be cleaned and disinfected daily by using a combination of PACT volunteers and contracted services.
12. The Warming Centre would provide food for the guests when they arrived at night as well as a breakfast snack in the morning. PACT Volunteers arranged for and organized the food requirements. In a number of instances, local food retailers and restaurants provided food at no cost to the operation. Refrigerators and microwave ovens were provided to support the food storage and preparation requirements. All food was distributed from the Kitchen area of the market building.
13. The Renfrew County and District Health Unit was consulted to ensure that all food safety requirements were in place.
14. Overnight guests would be required to place their personal possessions in a locked storage area overnight.
15. One picnic table was found to be damaged, and repairs have been ordered through Walsh Bros Contracting.
16. The last day of operation of the Warming Centre was April 18/19, 2024. The property was cleaned and disinfected during the week following and the trailers were removed on April 25 & 26, 2024.
17. An inspection of the facility with Mr. Dan Sheedy of the Pembroke Farmers' Market was completed on April 29, 2024, at which time all was found to be satisfactory with the exception of the damaged picnic table. All keys to the market building were returned on April 29, 2024.

Statistics

The Warming Centre served many of the community's homeless people over the course of the winter. The following brief summary is provided of the overall program:

- Warm Nights Provided: 1309

- Breakfasts Provided: 979
- Dinners Provided: 1309
- Clean Linens Provided: 1400+
- Longest Stay: 30 of 31 Nights (March)
- Average Stay: 8 Nights
- Busiest Night: 19 Guests
- Total Guests Served: 101
 - Male: 70
 - Female: 31
 - Youngest: 16
 - Oldest: 86
- Demographics:
 - Local (Renfrew County): 89 People
 - Outside of County: 12 People
 - Transient Stays: 10 People
- Program/Service Referrals: 16 People
- Emergency Services Calls
 - Paramedics: 7
 - OPP: 6
 - Fire: 3
- One (1) death occurred at the Warming Centre in December 2023.

More detailed information is provided in Appendix A.

It must be noted that there were many rumors circulating that large numbers of individuals were being bussed into the Warming Centre from areas outside the County including Ottawa and North Bay. This information was false. As Indicated by the demographics 12 individuals were recorded as being from beyond Renfrew County. Of these only **2 people remained in the area**.

It is also of note that during the period of April 19 – 25 inclusive 46 additional overnight stays were provided at The Grind as the Warming had closed on the morning of April 19th.

Financial Information

As indicated previously, the estimated budget for the Warming Centre was \$220,000. Funding for the Warming Centre Operation was provided by the County of Renfrew, the City of Pembroke, the Township of Laurentian Valley, the Town of Petawawa and various private individuals. Revenues in the amount of \$226,030.00 were received. The final cost to operate the Warming Centre was \$223,509.03. A small balance of \$2,520.97 was remaining after the closure of the Warming Centre. A detailed accounting of the revenues and expenses is provided in Appendix B attached to this report.

Note: It should be noted that some late donations and invoices have been received which will change the financial statement. The final amounts are subject to the final audit of the accounts by the accounting firm utilized by The Grind.

Accomplishments

The Pembroke Warming Centre was successful in fulfilling its mission of providing a place Out Of The Cold (OOTC) during this past winter by providing a safe place of refuge for 101 vulnerable persons. These are people who may very well have suffered a very tragic fate were it not for the existence of the Warming Centre. Many of the guests have indicated that having the Warming Centre available has given them new hope for life. Of particular note is one person who is 86 years of age who was able to be placed in a permanent lodging situation. Several of the individuals have met with support agencies and have indicated a desire to seek assistance for their drug addictions and move away from life on the street. Further a number of the guests who decided the Warming Centre was to be their home for the winter took the initiative to help out by ensuring that the area in and around the Warming Centre was kept reasonably tidy.

The success of the Warming Centre was further enhanced by providing basic needs for many individuals in order to improve their quality of life. Items such as coats, gloves, hats, socks, and personal hygiene items, all of which were donated by faith groups and members of the community, were provided on a frequent basis throughout the winter. Many of the donors continue to support the vulnerable at risk in the community.

It is also important to note that operation of the Warming Centre provided an opportunity for the clients to access the County Paramedic Service for health care needs. In addition, clients were able to connect with other social service agencies such as Community Mental Health, Ontario Works (OW), the Homelessness Prevention Program (HPP) and the Ontario Disability Support Program (ODSP) for assistance.

The operation of the Warming Centre also provided an opportunity to provide training relative to drug identification as provided by the OPP and for Narcan, First Aid & AED training by the Paramedics. Many of the guests have expressed a desire for further training of this nature.

While some challenges were encountered during the winter, overall, the operation of the Warming Centre has demonstrated positive results.

Opportunities for Improvement

As with any new venture there were challenges which identified potential opportunities for improvements that could be considered for future similar endeavours. Areas which would benefit from improvement are:

- **Hours of Operation**

The hours of operation for the warming centre over the past winter were from 10:00 pm to 8:00 am. This meant that there was a period of time during the evening that the guests had no place to go for refuge. The hours of operation should be increased to include the period for from 8:00 pm to 8:00 am.

- **Food Supply, Preparation and Distribution**

The supply, preparation and distribution of food at the warming centre was coordinated by volunteers with distribution being done by the security staff. For the most part the food consisted of prepackaged meals (ie: frozen dinners and

sandwiches) A better option would be to have the food prepared in an approved kitchen, similar to The Grind's, and served at the same time by volunteers.

- **On Site Security**

On site security consisted of two individuals for the entire period of the operation of the warming centre. A third security person would be beneficial at all times. In addition with an increase in the operating hours more security personnel would be required.

- **Washroom Facilities**

Washroom Facilities were available at all times while the warming centre was open and operating. However, outside of the operating hours the facilities were not available. Round the clock access to washroom facilities are preferred.

- **Access to Agencies**

Access to the various support agencies was shown to be of assistance to the clients staying at the warming centre. However, not all agencies were available. Improved access to the various health, addiction and social services would greatly benefit many of the clients.

- **Media Coverage**

Media coverage of the operation of the warming centre was spotty at best and relied on the efforts of the volunteers. A greater role in providing media releases and coverage should be provided by the lead agencies.

- **Staffing/Volunteers**

As noted previously, much of the work in operating the warming centre was done by a small cadre of volunteers along with some staff from The Grind. This posed some challenges with staff and volunteer burnout. Additional staff and volunteer resources are required. In addition, a regular (ie: weekly) rotation to spread out the workload would be beneficial and more efficient.

- **On Site Storage**

Limited on-site storage was made available for clients to store some of their belongings on a temporary basis within one of the rooms of the market building. A better solution would be to provide a "seacan" style unit separate from the market building.

- **Daily Reporting/Communications**

Daily reporting and communication with the warming centre operators is important to ensure that issues that may have arisen were dealt with in a timely manner. Due to staff and volunteer turnover, some gaps were noted in the timeliness of the reporting.

- **Training**

Some training of staff and volunteers was provided by the Paramedic service and the OPP in regards to drug and overdose recognition and response. A number of clients have also requested this type of training to allow them to assist others in distress. In addition, training for food preparation/handling as well as facility cleaning and hazards recognition would be of benefit to the staff and volunteers at the warming centre.

Future Directions

It is clear that the warming centre was of benefit to the clients who stayed there over the past winter. The initiation of the MESA program by the County is showing great promise in helping the vulnerable members of the community. However, like most significant undertakings, it takes time for all of the aspects of the program to come to fruition. With this in mind, it seems that there will be a continued need for the warming centre, or something similar, to be in place in the foreseeable future. It is imperative that the planning for the next generation of the warming centre commence immediately so as to avoid the last-minute emergency style implementation that was used in 2023.

In early 2023 when PACT was formed, it was clear that something needed to be done to help those most at risk of suffering dire consequences during the winter months. The Warming Centre was determined to be a model that could be and was successful. Now it is important to continue to move the yard sticks forward in helping the most vulnerable members of the community. What if we Don't?

Recommendations

The following recommendations are respectfully provided for the consideration of this committee:

1. That consideration be given to establishing a formal "Warming Centre Operations Group".
2. That the funding partners make a decision regarding establishing a warming centre for the winter of 2024/25 not later than August 1, 2024.
3. That the location of the 2024/25 Warming Centre be determined not later than August 1, 2024.
4. That the period of operation of the Warming Centre be from November 1, 2024, to April 30, 2025, and further, the hours of operation should be increased to include the period from 8:00 pm to 8:00 am daily.
5. That the various agencies and organizations that have mandates to provide health, harm reduction and social services be proactively engaged with a posted schedule on site to facilitate regular provision of the services to be provided to the clients who may access the services of the warming centre.
6. That funding of the 2024/25 Warming Centre be provided by Sept 01 from the various agencies and levels of government that have the responsibility to provide the basic necessities of life to the vulnerable members of the community.

7. Organize the food for overnight guests to be prepared in an approved kitchen, similar to The Grind's, and served by volunteers.
8. Dependent upon the site selected for the Centre a three security person team would be beneficial at all times.
9. Dependent upon the site selected for the Centre round the clock access to washroom facilities are necessary to assist in reducing the potential for conflict with the public in the downtown core.
10. A greater role in providing coordinated media releases and coverage should be provided by the lead agencies. Perhaps the County of Renfrew, the City of Pembroke and Renfrew County District Health Unit could second their communications staff on a rotational basis to this task.
11. More volunteers are needed to spread out the workload, with regular hours and duties defined, via a volunteer job description would be beneficial and more efficient.
12. Dependent on the Warming Centre site a "Seacan" style unit separate from the immediate site for client storage would be necessary.
13. Development of a daily reporting and communication system with the warming centre operators is important to ensure that issues that may have arisen are dealt with in a timely manner. It is also beneficial for interaction by staff/volunteers and clients with the agencies and services.
14. Training of staff and volunteers should be accessed from Paramedic Service, and the OPP in regards to drug and overdose recognition and response. Harm reduction strategies from RCDHU and dealing with difficult people is also important. A number of clients have also requested learning more on these topics.
15. Training for food handling as well as facility cleaning and hazards recognition would be of benefit to the staff and volunteers at the warming centre.
16. It would be beneficial to recruit a fund raising chair/subcommittee and develop a fund raising strategy.

Appendix 1

Out Of The Cold Statistics Final Report



OOTC Monthly Report

December Statistics

Total Stays: 192

Total Clients: 37

Average clients per night: 7

Female: 15

Male: 22

December 17th had the highest number of people staying, with **11** people. We had **5** people stay for more than half the month (14+ stays in the month).

Regions served were:

Renfrew County: 36 (Pembroke: 35, Renfrew: 1)

North Bay: 1 (Stayed 2 nights. Connected him with Ontario Works. Returned to North Bay)

December Emergency Services Called:

Paramedics: 3

OPP: 1

Referrals:

Ontario Works: 1

Community Mental Health: 1

Items provided:

Coats, gloves, hats, socks, hand & feet warmers, hygiene items, food/meals



OOTC Monthly Report

January Statistics

Total Stays: 238

Total Clients: 37

Average clients per night: 8

Female: 13

Male: 24

January 17th had the highest number of people, with **12** people.

We have had **6** people stay for more than half the month (14+ stays)

Regions served:

Renfrew County: 33 (Pembroke: 31, Renfrew: 1, Petawawa: 1)

Montreal: 1 (OPP dropped him off. Stayed 1 night. Left Pembroke the following day) Kitchener: 1 (Connected him with Ontario Works. Left the area)

Ottawa: 1

Cornwall: 1 (Stayed 1 night. Left Pembroke the following day)

January Emergency Services Called:

Paramedics: 2

OPP: 2

Referrals:

Ontario Works: 1

Items provided:

Coats, gloves, hats, socks, hand & feet warmers, hygiene items, food/meals

While the same number of individuals utilized the warming center in both months, there was a 23.96% increase in the frequency of stays per person in January compared to December.

The current average age of individuals visiting the warming center is **43 years old**.

Trainings:

Drug Identification Training (OPP) - January 15

Narcan + First Aid & AED Training (Paramedics) - January 29



OOTC Monthly Report

February Statistics

Total Stays: 286

Total Clients: 47

Average clients per night: 7

Female: 12

Male: 35

February 26th had the highest number of people staying, with **18** people. We had **8** people stay for more than half the month (14+ stays in the month).

Regions served were:

Pembroke: 36 Petawawa: 1

Unknown: 3 Kitchener: 1

Eganville: 2 Ottawa: 1

North Bay: 1 Sudbury: 1

Quebec: 1 **Renfrew County Local: 39 Emergency Services Called:**

Paramedics:

Police:

Fire:

Referrals:

Community Mental Health: 1

Items provided:

Coats, gloves, hats, socks, hand & feet warmers, hygiene items, food/meals

Notes:

-Orkin inspected OOTC kitchen areas, and the Warming Center. No infestations found. - Renfrew County Health Unit inspected.

-**Expenditure on food has risen** significantly near the end of the month due to larger groups of clients staying at the warming center.

-Longest stay: **26 of 29 nights** of the month.

-The current average age of individuals visiting the warming center is **43 years old**. - **716 warm nights provided** YTD.



OOTC Monthly Report

March Statistics

Total Stays: 380

Total Clients: 44

Average clients per night: 11

Female: 14

Male: 30

The 31st of March had the highest number of people staying, with **19** people. We had **11** people stay for more than half the month (14+ stays in the month).

Regions served were:

Pembroke: 39

Sault St. Marie: 1 (Transient, stayed one night and moved on) Eganville: 1 (Chronic, stayed 19 nights of 31)

Newmarket: 1 (Relocated to Pembroke permanently)

Sudbury: 1 (Moved back into the area to reconnect with family) Griffith: 1 (chronic, partner is from Pembroke)

Renfrew County Local: 41

Emergency Services Called:

Paramedics: 1 (Potential overdose, self resolved)

Police: 2 (Fight, intoxication)

Fire: 3 (Fire Alarms)

Referrals:

Community Mental Health: 2 (new referrals)

Homeless Prevention Program: 4 (new referrals)

Items provided:

Coats, gloves, hats, socks, hand & feet warmers, hygiene items, food/meals

Notes:

-Longest stay: **30 of 31 nights** of the month (Multiple individuals) -Oldest **86** (male), Youngest **16** (male).

- **1096 warm nights provided** YTD.



OOTC Monthly Report

April Statistics (1st-18th)

Total Stays: 213

Total Clients: 33

Average clients per night: 7

Female: 12

Male: 21

April 18th had the highest number of people staying, with **18** people. We had **9** people stay for more than 10 nights of the final 18.

46 additional warm nights provided after the end of the OOTC program at The Grind. Regions served were:

Pembroke: 31

Griffith: 1

Renfrew: 1

Renfrew County Total: 33

Emergency Services Called:

Paramedics: 1 (Potential overdose, refused care)

OPP: 1 (altercation)

Referrals:

Homeless Prevention Program: 3

ODSP: 3

Permanent Lodging: 2 (86 y/o male, 52 y/o male)

Off the Street:

-Female (56, boarding)

-Female (40, boarding)

-Female (25, boarding)

-Male (35, boarding)

-Male (43, boarding)

Items provided:

Coats, gloves, hats, socks, hand & feet warmers, hygiene items

Breakfast Provided: 228

Dinner Provided: 213



OOTC Monthly Report

Program Totals: December 1, 2023 – April 18, 2024

Warm Nights Provided: 1309

Breakfast Provided: 979

Dinner Provided: 1309

Clean Linens Provided: 1400+ (PRH)

Program/Service Referrals: 16 (Independent of The Grinds totals) **Youngest Client: 16**

Oldest Client: 86

Busiest Night: 19 clients

Longest stay: 30 of 31 days of a month (March)

Average Stay Overall: 8

Total Individual Clients: 101 (12 Out of the County, 10 being transients staying only 1 or 2 nights)

Client Demographics:

Male: 70

Female: 31

Appendix 2

Out Of The Cold Financial Report

**The Grind Pembroke
Profit and Loss Detail**

All Dates

REVENUE

Date	#	Name	Memo/Description	Amount	Balance
24/11/2023	1940	Donation	County of Renfrew Support for OOTC	80,000.00	80,000.00
28/11/2023	1941	Donation	Donation ██████████ for OOTC (chair)	500.00	500.00
01/12/2023	1942	Donation	Donation for OOTC (chair) - ██████████	500.00	500.00
08/12/2023	1943	Donation	Donation ██████████ for OOTC (chair)	500.00	500.00
20/12/2023	1938	Donation	Donation from Calvin United staff for warming center	100.00	100.00
20/12/2023	1937	Donation	Donation ██████████ for OOTC	2,000.00	2,000.00
20/12/2023	1939	Donation	Donation ██████████ for OOTC (chair)	500.00	500.00
27/12/2023	1945	Donation	Donation ██████████ for OOTC	1,000.00	1,000.00
27/12/2023	1944	Donation	Donation ██████████ for OOTC (chair)	300.00	300.00
17/01/2024	2152	Donation	County of Renfrew (Petawawa & Laurentian Valley support)	40,000.00	40,000.00
17/01/2024	2155	Donation	██████████	360.00	360.00
10/04/2024	2294	Donation	COUNTY OF RENFREW - CITY OF PEMBROKE OOTC SHARE	100,000.00	100,000.00
25/04/2024	2286	Donation	Donation from ST. LUKE'S ANGLICAN CHURCH PEMBROKE FOR OOTC	270.00	270.00
TOTAL REVENUE				226,030.00	- 226,030.00

EXPENSES

Date	#	Name	Memo/Description	Amount	HST	Balance
5022 Shelter Services						
23/11/2023	Q-61869-1	██████████	Down payment to ATCO Structures Inc. on trailer for Out of the Cold project. Paid personally by Jerry	3,890.00	0.00	3,890.00
29/11/2023	OTW-SR 47381422	ATCO Structures & Logistics Ltd.	RENT, TRANSPORTATION, AND MAINTENANCE SN#01200449	1,166.67	151.67	1,318.34

29/11/2023	OTW-SR 47381422	ATCO Structures & Logistics Ltd.	RENT, TRANSPORTATION, AND MAINTENANCE SN# 252200278	1,625.00	211.25	1,836.25
30/11/2023	CTGF-176689	Cassidy's Transfer and Storage 0330	Delivery of chairs from the Brick, Mississauga for the Out of the Cold project	950.00	123.50	1,073.50
30/11/2023	12.1.149	Faught Electric	25% discount for labour - Community Involvement	-352.00	-45.76	(397.76)
30/11/2023	265	His & Hers Gourmet Grazing	custom catering (\$176011 x 160)	1,760.00	228.80	1,988.80
30/11/2023	11303KPEKIV	The Brick	Recliners for Out of The Cold	16,500.00	2,145.00	18,645.00
30/11/2023	1509	Forward Thinking Marketing Agency	OV Jobs, Out of the cold Coordinator	75.00	9.75	84.75
30/11/2023	12.1.149	Faught Electric	Provide temporary power to Warming Centre/trailer and washrooms. ESA Permit for temporary installation	3,119.00	405.47	3,524.47
01/12/2023	OTW-SR 47381423	ATCO Structures & Logistics Ltd.	RENT OFFICE SN 252200278	1,200.00	156.00	1,356.00
01/12/2023	OTW-SR 47381423	ATCO Structures & Logistics Ltd.	RENT TOW N GO SN 010200449	1,000.00	130.00	1,130.00
04/12/2023	23-127288	SunSign Graphics Inc.	3 "rules" for warming stations signs, collections of 50 stickers for tape measures	160.00	20.80	180.80
04/12/2023	234801	The Security Company	video surveillance & security system equipment - Warming Centre Trailer	4,628.60	601.72	5,230.32
05/12/2023	351359	Giant Tiger Store # 3 Lenester Sales Ltd	supplies for OOTC	91.46	11.89	103.35
05/12/2023	351359	Giant Tiger Store # 3 Lenester Sales Ltd	supplies for OOTC	10.76	0.00	10.76
07/12/2023	351795	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	67.96	0.00	67.96
07/12/2023	351795	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	17.08	2.22	19.30
08/12/2023	352131	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	7.54	0.98	8.52
08/12/2023	352131	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	78.79	0.00	78.79
11/12/2023	352900	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	25.85	3.36	29.21
11/12/2023	352900	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	55.66	0.00	55.66
12/12/2023	Dec 12 2023	██████████	Wal-mart BluRay player	78.90	10.26	89.16
12/12/2023	353043	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	11.22	0.00	11.22
12/12/2023	353043	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	22.69	2.95	25.64
12/12/2023	Dec 12 2023	██████████	Bell World - sim card, minutes for cell phone	140.99	18.33	159.32
14/12/2023	525151	Sani-Sol Inc.	Cleaning supplies for the Out of the Cold trailer	54.93	7.14	62.07
14/12/2023	353794	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	55.08	7.14	62.22
15/12/2023	Staples 15/12/23 Nov 16-Dec 15	██████████	office supplies for Out of the Cold	484.20	62.95	547.15
15/12/2023	2023	Petty Cash	Wholesale - supplies for OOTC Dec 15/23	24.26	3.16	27.42

15/12/2023	Nov 16-Dec 15 2023	Petty Cash	Wholesale - supplies for OOTC Dec 11/23	11.98	1.56	13.54
15/12/2023	Nov 16-Dec 15 2023	Petty Cash	Culligan - water for OOTC Dec 11/23	18.00	0.00	18.00
15/12/2023	23-209	Barron Door and Security	Panic bar and door closer for the Warming Centre	550.00	71.50	621.50
15/12/2023	353936	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	21.45	0.00	21.45
15/12/2023	353936	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	118.31	15.38	133.69
16/12/2023	JN12162023	██████████	Reimbursement - Walmart purchase - muffins, etc. for warming centre	28.85	0.00	28.85
18/12/2023	117461	Westland Insurance	Insurance for the Warming Centre	270.00	0.00	270.00
18/12/2023	117462	Westland Insurance	Insurance policy charge for the Warming Centre	558.36	0.00	558.36
19/12/2023	354783	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	111.08	14.44	125.52
19/12/2023	354783	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	83.46	0.00	83.46
20/12/2023	2123184	JK Soilutions	Cleaning - OOTC - month of December 2023	1,395.00	181.35	1,576.35
20/12/2023	355007	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	17.08	2.24	19.32
20/12/2023	23-127310	SunSign Graphics Inc.	Out of the cold 24x32 Rules for Warming station signs (3)	105.00	13.65	118.65
21/12/2023	235234	The Security Company	supply wireless smoke detector Warming Centre	93.80	12.19	105.99
26/12/2023	356356	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	2.85	0.37	3.22
26/12/2023	356356	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	28.40	0.00	28.40
26/12/2023	356480	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	20.85	2.71	23.56
26/12/2023	356480	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	36.01	0.00	36.01
27/12/2023	82 Credit card charges	Walmart	Walmart - supplies for set up	157.59	20.49	178.08
27/12/2023	82 Credit card charges	Amazon	Amazon - Cigarette Dispenser	179.14	23.29	202.43
27/12/2023	82 Credit card charges	Walmart	Walmart - supplies for set up	382.76	49.76	432.52
27/12/2023	82 Credit card charges	Sunbelt	Sunbelt - blanket wraps	600.00	78.00	678.00
27/12/2023	82 Credit card charges	Sunbelt	Sunbelt - blanket wraps refund	-360.00	-46.80	(406.80)
27/12/2023	82 Credit card charges	Canadian Tire	Canadian Tire - supplies	99.98	13.00	112.98
27/12/2023	82 Credit card charges	Wholesale	Wholesale - supplies	133.96	0.00	133.96
27/12/2023	82 Credit card charges	Walmart	Walmart - supplies	90.00	0.00	90.00
27/12/2023	82 Credit card charges	Joes Pizza	Joes Pizza lunch for volunteers	61.44	7.99	69.43

27/12/2023	82 Credit card charges	Joes Pizza	Joes Pizza lunch for volunteers tip	10.76	0.00	10.76
27/12/2023	82 Credit card charges	Wholesale Club	Wholesale supplies	22.99	0.00	22.99
27/12/2023	82 Credit card charges	Giant Tiger Store # 3 Lenester Sales Ltd	Giant Tiger supplies	80.86	10.50	91.36
27/12/2023	82 Credit card charges	Wholesale Club	Wholesale supplies	260.37	33.85	294.22
27/12/2023	82 Credit card charges	Canadian Tire	Canadian tire - water	16.99	0.00	16.99
27/12/2023	82 Credit card charges	Canadian Tire	Canadian tire - water machine	341.96	44.45	386.41
27/12/2023	82 Credit card charges	Joes Pizza	Joes Pizza	52.98	6.88	59.86
27/12/2023	82 Credit card charges	Joes Pizza	Joes Pizza - tip	8.98	0.00	8.98
28/12/2023	356683	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	108.77	14.14	122.91
28/12/2023	356683	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	51.44	0.00	51.44
29/12/2023	Dec 20-29/23	Petty Cash	Lysol wipes - OOTC Dec 27/23	13.47	1.75	15.22
29/12/2023	Dec 20-29/23	Petty Cash	Culligan water for OOTC Dec 29/23	28.00	0.00	28.00
29/12/2023	Dec 20-29/23	Petty Cash	Wholesale - Groceries for OOTC Dec 20/23	38.94	5.05	43.99
29/12/2023	Dec 20-29/23	Petty Cash	Culligan - water for OOTC Dec 20/23	18.00	0.00	18.00
31/12/2023	2023-100	Pro-Tec 5 Inc.	OOTC Security 48 x 2 = 96 Hours @ 30.00/hour 27-31 Dec 23	2,880.00	374.40	3,254.40
31/12/2023	FB04012024		Supplies for Out of the Cold trailer	189.56	0.00	189.56
31/12/2023	Dec 2023	OTTAWA RIVER POWER - market	Hydro at 101 Victoria Street	678.22	88.17	766.39
31/12/2023	Dec 2023	OTTAWA RIVER POWER - market	Ontario Electricity rebate	-130.90	0.00	(130.90)
31/12/2023	Dec 31/23	NO FRILLS	Cereal	12.00	0.00	12.00
31/12/2023	2023-100	Pro-Tec 5 Inc.	OOTC Security 18 x 2 =36 Hours (stat days) @ 45.00 / hour	1,620.00	210.60	1,830.60
31/12/2023	2023-100	Pro-Tec 5 Inc.	OOTC Security 232 x 2 = 464 Hours @ 30/hour- for 01-24 Dec 2023	13,920.00	1,809.60	15,729.60
01/01/2024	OTW-SR47454878	ATCO Structures & Logistics Ltd.	RENT OFFICE SN 252200278	1,200.00	156.00	1,356.00
01/01/2024	OTW-SR47454878	ATCO Structures & Logistics Ltd.	RENT TOW N GO SN 010200449	1,000.00	130.00	1,130.00
02/01/2024	357133	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	55.85	7.26	63.11
02/01/2024	357133	Giant Tiger Store # 3 Lenester Sales Ltd	Supplies for OOTC	37.05	0.00	37.05
04/01/2024	300545	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	30.15	3.92	34.07
04/01/2024	300545	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	38.09	0.00	38.09

05/01/2024	357673	Giant Tiger Store # 3 Lenester Sales Ltd	Keys, food, and supplies for OOTC	36.00	4.68	40.68
05/01/2024	357673	Giant Tiger Store # 3 Lenester Sales Ltd	keys food and supplies for OOTC	31.46	0.00	31.46
08/01/2024	357974	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	153.32	0.00	153.32
08/01/2024	357974	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	49.62	6.45	56.07
10/01/2024	24-017340	SunSign Graphics Inc.	Clean and re-letter street banner for CNOY event 2023	1,125.00	146.25	1,271.25
11/01/2024	358269	Giant Tiger Store # 3 Lenester Sales Ltd	women's boots	45.00	5.85	50.85
12/01/2024	358397	Giant Tiger Store # 3 Lenester Sales Ltd	supplies	10.15	1.32	11.47
12/01/2024	358302	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	49.15	6.39	55.54
12/01/2024	358302	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	103.32	0.00	103.32
16/01/2024	358663	Giant Tiger Store # 3 Lenester Sales Ltd	Food & supplies for OOTC	43.46	5.65	49.11
16/01/2024	358663	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	125.05	0.00	125.05
19/01/2024	Jan 19/24	WalMart	Groceries for OOTC	2.75	0.00	2.75
19/01/2024	359162	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	53.85	7.00	60.85
19/01/2024	359162	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	228.90	0.00	228.90
19/01/2024	Jan 19/24	WalMart	Groceries for OOTC	5.69	0.71	6.40
19/01/2024	Jan 19/24	Wholesale Club	Groceries for OOTC	11.00	1.43	12.43
19/01/2024	Jan 19/24	Wholesale Club	Groceries for OOTC	60.26	0.00	60.26
26/01/2024	360017	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	60.38	7.85	68.23
26/01/2024	2024017	JK Soilutions	Out of the Cold cleaning services for January	1,935.00	251.55	2,186.55
26/01/2024	360017	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	234.80	0.00	234.80
30/01/2024	360370	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	156.51	0.00	156.51
30/01/2024	Jan2024	Culligan of Pembroke	Water for OOTC Jan 5, 10, 23	32.00	0.00	32.00
30/01/2024	360370	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	57.69	7.50	65.19
31/01/2024	1435	Walsh Bros. Pembroke (2016) Ltd.	Labour and materials to complete construction of emergency access ramp at warming centre	5,505.59	715.73	6,221.32
31/01/2024	2024-004	Pro-Tec 5 Inc.	Security 2x2 = 16hours January 1, 2024 STAT Security 300x2 =600 hours Jan 2-31 2024 Security 2x4 = 8 hours Jan 15, 2024 OPP training	18,960.00	2,464.80	21,424.80
01/02/2024	OTW-SR 47530134	ATCO Structures & Logistics Ltd.	trailer rental for February 2024 OOTC	2,200.00	286.00	2,486.00

02/02/2024	360992	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	107.14	0.00	107.14
02/02/2024	360992	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	33.85	4.41	38.26
03/02/2024	361203	Giant Tiger Store # 3 Lenester Sales Ltd	Gloves for OOTC	8.55	1.11	9.66
06/02/2024	361483	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	67.40	0.00	67.40
06/02/2024	Wholesale Feb 6/24	Wholesale Club	Groceries for OOTC	21.98	0.00	21.98
06/02/2024	361483	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	28.15	3.66	31.81
06/02/2024	Wholesale Feb 6/24	Wholesale Club	Groceries for OOTC	23.00	2.99	25.99
06/02/2024	Feb 6/24	WalMart	Microwave, etc.	201.91	26.25	228.16
08/02/2024	Amazon Feb 8/24	Amazon	Lock Box for OOTC	45.97	5.98	51.95
08/02/2024	361649	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	10.94	0.00	10.94
08/02/2024	361649	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	39.69	5.15	44.84
09/02/2024	361754	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	81.77	10.62	92.39
09/02/2024	361754	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	289.45	0.00	289.45
12/02/2024	362128	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	210.39	0.00	210.39
12/02/2024	362128	Giant Tiger Store # 3 Lenester Sales Ltd	Food and kitchen supplies for OOTC	114.08	14.82	128.90
13/02/2024	OTW-SR-47629430	ATCO Structures & Logistics Ltd.	MAINTENANCE JANUARY 2024 - 5 FULL SERVICE PACKAGE FOR 01-FEB-24 TO 29-FEB-24	1,775.00	230.75	2,005.75
13/02/2024	362201	Giant Tiger Store # 3 Lenester Sales Ltd	Keys and tags for OOTC	11.80	1.53	13.33
15/02/2024	Sani-Sol Feb 15/24	Sani-Sol Inc.	Washroom supplies for OOTC	5.67	0.74	6.41
16/02/2024	362448	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	103.31	13.43	116.74
16/02/2024	362448	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	197.52	0.00	197.52
21/02/2024	362811	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	285.36	0.00	285.36
21/02/2024	FEB 21 2024	Pizza Pizza	PIZZA - OOTC	89.87	11.68	101.55
21/02/2024	Culligan Feb 21/24	Culligan of Pembroke	Water for OOTC	32.00	0.00	32.00
21/02/2024	362811	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	67.15	8.74	75.89
21/02/2024	Wholesale Feb 21/24	Wholesale Club	Groceries for OOTC	71.47	0.00	71.47
23/02/2024	CulliganFeb23/24	Culligan of Pembroke	Water for OOTC	18.26	0.00	18.26
23/02/2024	363117	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	54.69	7.12	61.81

23/02/2024	363117	Giant Tiger Store # 3 Lenester Sales Ltd	Food for OOTC	100.87	0.00	100.87
26/02/2024	363364	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	55.08	7.16	62.24
26/02/2024	363364	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	295.47	0.00	295.47
28/02/2024	363676	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	189.56	0.00	189.56
28/02/2024	2024028	JK Soilutions	CARETAKER SERVICES FOR FEBRUARY 2024 AT THE OOTC SHELTER	1,845.00	239.85	2,084.85
28/02/2024	363676	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	81.54	10.60	92.14
01/03/2024	PC Jan/Feb 2024	Petty Cash	Culligan - water for OOTC	18.00	0.00	18.00
01/03/2024	OTW-SR 47669369	ATCO Structures & Logistics Ltd.	MARCH 2024 RENT FOR OOTC OFFICE AND TOW N GO	2,200.00	286.00	2,486.00
01/03/2024	PC Jan/Feb 2024	Petty Cash	Wholesale groceries for OOTC	32.94	4.27	37.21
01/03/2024	PC Jan/Feb 2024	Petty Cash	Dollarama Mops, etc. for OOTC	15.00	1.96	16.96
04/03/2024	2024-012	Pro-Tec 5 Inc.	2 Security Guards for OOTC February 2024	17,700.00	2,301.00	20,001.00
05/03/2024	364611	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	234.21	0.00	234.21
05/03/2024	JAN 2024	OTTAWA RIVER POWER - market	HYDRO FOR JANUARY 2024 - OOTC	748.08	97.25	845.33
05/03/2024	JAN 2024	OTTAWA RIVER POWER - market	ONTARIO ELECTRICITY REBATE	-144.38	0.00	(144.38)
05/03/2024	364611	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	143.46	18.65	162.11
10/03/2024	365129	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	20.23	2.63	22.86
10/03/2024	365129	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	47.98	0.00	47.98
11/03/2024	365167	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	140.47	0.00	140.47
11/03/2024	365167	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	15.54	2.02	17.56
12/03/2024	MAR 12 2024	Culligan of Pembroke	WATER FOR OOTC	36.00	0.00	36.00
13/03/2024	MAR 13 2024	Canadian Tire	FRIDGE FOR OOTC	179.99	23.40	203.39
13/03/2024	365390	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	132.79	0.00	132.79
15/03/2024	365792	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	151.36	0.00	151.36
15/03/2024	365792	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	52.54	6.83	59.37
18/03/2024	OTW-SR-47739434	ATCO Structures & Logistics Ltd.	MAINTENANCE - 4 FULL SERVICE PACKAGE 01-MAR-24 TO 31-MAR-24	1,420.00	184.60	1,604.60
19/03/2024	366231	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	48.62	6.32	54.94
19/03/2024	366231	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	218.09	0.00	218.09

19/03/2024	MAR 19 2024	Wholesale Club	GROCERIES FOR OOTC	20.46	2.65	23.11
19/03/2024	MAR 19 2024	Wholesale Club	GROCERIES FOR OOTC	67.51	0.00	67.51
20/03/2024	MAR 20 2024	Giant Tiger Store # 3 Lenester Sales Ltd	GROCERIES FOR OOTC	6.31	0.82	7.13
20/03/2024	MAR 20 2024	Giant Tiger Store # 3 Lenester Sales Ltd	GROCERIES FOR OOTC	25.75	0.00	25.75
21/03/2024	2024042	JK Soilutions	08 - OOTC cleaning for the month of March	2,025.00	263.25	2,288.25
22/03/2024	366736	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	54.54	7.09	61.63
22/03/2024	366736	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	267.00	0.00	267.00
24/03/2024	366927	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	37.69	4.90	42.59
24/03/2024	366927	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	371.85	0.00	371.85
27/03/2024	367328	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	135.92	17.67	153.59
27/03/2024	March 2024	Blair Jones Professional Corp	Professional services regarding terms of operation of Warming Centre.	1,575.00	204.75	1,779.75
27/03/2024	367328	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	194.00	0.00	194.00
31/03/2024	3.31.034	Faught Electric	March 20, 2024 - replaced broken light fixture on the Alco Trailer Bathroom Unit at the Warming Centre	258.00	33.54	291.54
31/03/2024	March 2024	Welch LLP	Bookkeeping and accounting services for OOTC project	1,000.00	130.00	1,130.00
01/04/2024	OTW-SR 47760814	ATCO Structures & Logistics Ltd.	RENT TOW N GO SN 010200449	1,000.00	130.00	1,130.00
01/04/2024	OTW-SR 47794429	ATCO Structures & Logistics Ltd.	MAINTENANCE FOR APRIL 2024	1,065.00	138.45	1,203.45
01/04/2024	OTW-SR 47760814	ATCO Structures & Logistics Ltd.	RENT OFFICE SN 252200278	1,200.00	156.00	1,356.00
02/04/2024	368397	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	94.62	12.30	106.92
02/04/2024	368397	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	283.41	0.00	283.41
02/04/2024	APR 2 2024	Wholesale Club	GROCERIES FOR OOTC	66.52	0.00	66.52
02/04/2024	APR 2 2024	Wholesale Club	GROCERIES FOR OOTC	59.38	7.72	67.10
05/04/2024	368616	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	11.00	1.43	12.43
05/04/2024	368616	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	44.75	0.00	44.75
07/04/2024	APR 7 2024	Giant Tiger Store # 3 Lenester Sales Ltd	GROCERIES FOR OOTC	48.68	0.00	48.68
07/04/2024	2024-025	Pro-Tec 5 Inc.	Security for out of the cold March 1-31 2024	18,900.00	2,457.00	21,357.00
07/04/2024	APR 7 2024	WalMart	GROCERIES FOR OOTC	11.88	0.00	11.88
09/04/2024	369182	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	301.54	0.00	301.54

09/04/2024	369182	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	70.62	9.19	79.81
09/04/2024	369126	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	11.82	1.54	13.36
12/04/2024	369654	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	469.92	0.00	469.92
12/04/2024	369654	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	132.23	17.19	149.42
15/04/2024	OTW-SR 47828449	ATCO Structures & Logistics Ltd.	Trailer rental for April 2024	1,420.00	184.60	1,604.60
16/04/2024	370140	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	21.00	0.00	21.00
16/04/2024	370268	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	5.69	0.73	6.42
16/04/2024	370268	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	279.64	0.00	279.64
18/04/2024	370451	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	90.94	0.00	90.94
18/04/2024	370464	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	34.00	4.42	38.42
18/04/2024	370464	Giant Tiger Store # 3 Lenester Sales Ltd	Food and supplies for OOTC	257.25	0.00	257.25
20/04/2024	APR 20 2024	TIM HORTONS	FOOD FOR OOTC	39.98	5.20	45.18
21/04/2024	APR 21 2024	TIM HORTONS	FOOD FOR OOTC	65.12	8.47	73.59
22/04/2024	OOTC April 2 24	OTTAWA RIVER POWER - market	Hydro for the Market (Ontario electricity rebate)	-111.35	0.00	(111.35)
22/04/2024	APR 22 2024	Peavey Mart	GARBAGE BAGS FOR OOTC	34.99	4.55	39.54
22/04/2024	OOTC April 2 24	OTTAWA RIVER POWER - market	Hydro for the Market OOTC location February 1 - March 1 2024	576.93	75.00	651.93
24/04/2024	2024060	JK Soilutions	Final clean for OOTC	1,890.00	245.70	2,135.70
26/04/2024	OOTC Apr 26 24	OTTAWA RIVER POWER - market	Hydro for OOTC Market location service dates 2024-03-01 to 2024-04-01	536.01	69.68	605.69
26/04/2024	OOTC Apr 26 24	OTTAWA RIVER POWER - market	Hydro for OOTC Market location Ontario Electricity Rebate	-103.45	0.00	(103.45)
24/05/2024	April / May 2024	Welch LLP	Bookkeeping and accounting services for OOTC project	1,000.00	130.00	1,130.00
01/05/2024	2024-30	Pro-Tec 5 Inc.	2 Security guards for April 2024	18,000.00	2,340.00	20,340.00
02/05/2024	5.2.043	Faught Electric	Disconnect power for Warming Station	303.84	39.50	343.34
1052024	April 2024 final	OTTAWA RIVER POWER - market	Estimate of billing not yet received for April Hydro	400.00	52.00	452.00
				180,151.27	21,842.29	201,993.56

5650 Interest and Bank charges

05/03/2024	JAN 2024	OTTAWA RIVER POWER - market	INTEREST ON ACCOUNT	1.25	0.00	1.25
22/04/2024	OOTC April 2 24	OTTAWA RIVER POWER - market	Interest	2.20	0.00	2.20

	\$		
3.45	\$	0.00	3.45

5800 Repairs and maintenance

07/12/2023	9446	Layman Fire and Safety	Perform Semi-Annual Inspection - replace fusible lings @ warming shelter, 2 Fire Extinguishers, 3 10 year smoke alarms supplied and installed	606.00	78.78	684.78
				\$	\$	\$
				606.00	78.78	684.78

Payroll Expenses

5410 Wages

15/12/2023	4073	██████████	Gross Pay - This is not a legal pay stub	748.80		748.80
12/01/2024	4104	██████████	Vacation Pay	72.00		72.00
12/01/2024	4104	██████████	Gross Pay - This is not a legal pay stub	1,800.00		1,800.00
26/01/2024	4144	██████████	Gross Pay - This is not a legal pay stub	1,500.00		1,500.00
26/01/2024	4144	██████████	Vacation Pay	60.00		60.00
09/02/2024	4159	██████████	Vacation Pay	84.00		84.00
09/02/2024	4159	██████████	Gross Pay - This is not a legal pay stub	2,100.00		2,100.00
23/02/2024	4162	██████████	Gross Pay - This is not a legal pay stub	1,734.72		1,734.72
23/02/2024	4166	██████████	Gross Pay - This is not a legal pay stub	1,260.00		1,260.00
23/02/2024	4166	██████████	Vacation Pay	50.40		50.40
08/03/2024	4201	██████████	Gross Pay - This is not a legal pay stub	1,709.76		1,709.76
08/03/2024	4195	██████████	Gross Pay - This is not a legal pay stub	748.80		748.80
22/03/2024	4219	██████████	Gross Pay - This is not a legal pay stub	1,872.00		1,872.00
05/04/2024	4233	██████████	Gross Pay - This is not a legal pay stub	1,783.39		1,783.39
19/04/2024	4251	██████████	Gross Pay - This is not a legal pay stub	2,021.76		2,021.76
03/05/2024	4263	██████████	Gross Pay - This is not a legal pay stub	1,597.44		1,597.44

Total for 5410 Wages

19,143.07	-	19,143.07
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Taxes

15/12/2023	4073	██████████	Employer Taxes	53.63		53.63
12/01/2024	4104	██████████	Employer Taxes	141.44		141.44
26/01/2024	4144	██████████	Employer Taxes	116.10		116.10

09/02/2024	4159	██████████	Employer Taxes	165.74	165.74
23/02/2024	4162	██████████	Employer Taxes	135.53	135.53
23/02/2024	4166	██████████	Employer Taxes	96.25	96.25
08/03/2024	4201	██████████	Employer Taxes	133.45	133.45
08/03/2024	4195	██████████	Employer Taxes	53.94	53.94
22/03/2024	4219	██████████	Employer Taxes	146.88	146.88
05/04/2024	4233	██████████	Employer Taxes	139.54	139.54
19/04/2024	4251	██████████	Employer Taxes	159.27	159.27
03/05/2024	4263	██████████	Employer Taxes	124.17	124.17
		WSIB on total wages for OOTC	WSIB included in WSIB remittance for all staff	218.23	218.23
Total for Taxes				1,684.17	1,684.17
Total for Payroll Expenses				20,827.24	20,827.24
Total for Expenses				201,587.96	21,921.07
Net Income				24,442.04	(21,921.07)
					2,520.97

COMMUNITY SUPPORTS DIVISION REPORT

Prepared by: April Muldoon, Manager of Community Supports

Prepared for: Community Services Committee

August 14, 2024

INFORMATION

1. Ontario Works Caseload Statistics

Month	2024 Total Caseload	2023 Total Caseload
January	1,250	1,161
February	1,291	1,167
March	1,300	1,182
April	1,286	1,185
May	1,291	1,189
June	1,263	1,182
July		1,168
August		1,167
September		1,161
October		1,187
November		1,209
December		1,242

2. By-Name List Statistics

Active Homelessness Statistics as of June 30, 2024

Homelessness Status	Number	Percentages
Chronic	14	52%
Non-Chronic	13	48%
Total "Active" Files	27	

Gender	Number	Percentages
Male	15	56%
Female	12	44%

Household Type	Number	Percentages
Single	24	89%
Family	3	11%

Age Group	Number	Percentages
Youth (16-29)	3	11%
Adult (30-64)	18	67%
Senior (65+)	5	19%
Undisclosed	1	4%

3. **Mesa Update**

The County of Renfrew's Mesa initiative is a comprehensive plan to better support individuals struggling with mental health, addictions, and homelessness. The goal is to provide wraparound support services to individuals, enhancing their housing stability and overall health. Through the collaborative approach with three Departments within the County of Renfrew – Emergency Services, Community Services, and Property and Development working in partnership with service providers in the community, there has already been a notable increase in coordination of care. The County of Renfrew continues to work collaboratively with the City of Pembroke, Algonquins of Pikwakanagan First Nation and the Province of Ontario to breakdown the silos and leverage the expertise and resources that exist within the community to work towards better outcomes for all residents of the County. The attached report, compiled at the beginning of July 2024, provides details on Mesa activities and client interactions.

Mesa Status Report – July 10, 2024

The County of Renfrew’s Mesa initiative is a comprehensive plan to better support individuals struggling with mental health, addictions, and homelessness. The goal is to provide wraparound support services to individuals, enhancing their housing stability and overall health. Addressing these needs is part of the County of Renfrew’s strategic plan goal of Community Wellness and Health Care.

While individual departments and organizations have been providing services in these areas, this initiative provides an opportunity to move beyond the silos and align existing efforts to offer wraparound care for all community members to thrive. Mesa also addresses gaps identified through the Housing and Homelessness Strategy.

Since March 2024, Mesa Paramedic teams, with the County of Renfrew’s Emergency Services Department, have had approximately 678 encounters with individuals. Of these encounters, approximately:

- 648 occurred in the City of Pembroke
- 602 were with an individual who identified as experiencing homelessness, addictions, and mental health challenges
- 65 were follow-ups post 911 activation
- 171 resulted in 911 and emergency department diversions
- 115 were related to wellness checks or reported concerns
- 284 of these encounters were at the Grind

Mesa Paramedics have been providing outreach services throughout the county. An example of this is the outreach Mesa Paramedics are providing at The Grind Tuesday to Friday. The demand for services is increasing as trust and respect are built through educational programs, system navigation, RCVTAC consultations, and paramedic-lead interventions. In addition to this, Department of Community Services staff have been providing outreach services at various places within the County, including at The Grind on Thursdays.

With Mesa, there has been an intensified response through this collaborative approach to ensure that those who qualify through the Homelessness Prevention Program, administered by the Department of Community Services, are provided with the associated responses. This includes health and social services resources, housing opportunities, basic needs support, and financial assistance.

In April 2024, the County of Renfrew hosted a successful Affordable Housing Summit in Renfrew. This was a full day which involved dialogue towards the development of critical relationships to grow affordable housing across the County. During this summit, the County’s Department of Development and Property introduced the expression of interest, which makes

County properties potentially available for developing affordable housing, including existing ageing stock within the Renfrew County Housing Corporation portfolio and other lands owned by the County of Renfrew. This expression of interest has since closed and is currently being reviewed. Overall, organizers were pleased about the multi-sector community engagement towards finding housing solutions and the feedback throughout the day, including the need for more seamless processes and less red tape.

In April 2024, the County of Renfrew signed a Letter of Agreement with Pembroke Regional Hospital, as represented by the Mental Health Services of Renfrew County (MHSRC), for the provision of Mental Health Services to assist individuals with navigating the mental health care system through Mesa with the goal of reducing the number of community deaths and visits to hospital emergency departments.

In May 2024, the County of Renfrew signed Letters of Agreement regarding the provision of addiction and withdrawal services related to Mesa with MacKay Manor as represented by Community Withdrawal Management Services of Renfrew County (CWMS), and Renfrew Victoria Hospital as represented by Addiction Treatment Services (ATS).

On May 22, 2024, the County of Renfrew's Mesa initiative was officially launched. The County of Renfrew, in collaboration with the Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit hosted a Mesa gathering in Pembroke. The primary objective of the gathering was to foster engagement and consensus among stakeholders regarding the approach to addressing mental health, addiction, and homelessness in the County of Renfrew. The day was a success with more than 140 individuals coming together, representing approximately 30 organizations, from across Renfrew County already working to address the unprecedented crisis around the precariously housed and those facing mental health, substance abuse, and addictions challenges.

In June 2024, the County of Renfrew announced the launch of a new initiative to provide supportive bridge housing for residents in our community. The County signed a three-year lease at the Carefor facility, located at 700 Mackay Street, Pembroke, ON. This lease is for a separate area within the facility that is currently vacant, renovations are planned with an occupancy target of late Fall 2024.

Through the collaborative approach with three Departments within the County of Renfrew – Departments of Emergency Services, Community Services, and Property and Development working in partnership with service providers in the community, there has already been a notable increase in coordination of care. This is demonstrated by the fact that of the 678 encounters with individuals and Mesa Paramedics, who are working in collaboration with Caseworkers from Mental Health (Pembroke Regional Hospital), Addictions (MacKay Manor, and Renfrew Victoria Hospital), and the Department of Community Services, care coordination outcomes included:

- 353 encounters of collaboration with organizations (including but not limited to Department of Community Services, Community Mental Health, and Food Banks) to provide immediate resources to individuals)
- 30 referrals to Addiction Treatment Services (ATS)

- 11 referrals to Community Withdrawal Management Services (CWMS)
- 15 referrals made to Renfrew County Housing

This collaboration also involves the implementation of wellness clinics at 260 Elizabeth Street, with plans to expand this to other Community Housing units throughout the County of Renfrew over time. Currently, there has been an added benefit for those who do not have a Primary Care Provider to follow-up with post-discharge from hospital. The Mesa team will be able to help those individuals navigate the healthcare system if follow-up is required.

The County of Renfrew continues to work collaboratively with the City of Pembroke, Algonquins of Pikwakanagan and the Province of Ontario to breakdown the silos and leverage the expertise and resources that exist within the community to work towards better outcomes for all residents of the County.

CHILDREN'S SERVICES DIVISION REPORT

Prepared by: Margo Smith, Manager of Children's Services Division

Prepared for: Community Services Committee

August 14, 2024

INFORMATION

1. Licensed Child Care Centre Statistics

The following chart indicates monthly statistics for licensed child care centres in Renfrew County from January 2024 to June 2024.

Month	Number of Centres	Licensed Spaces	Operating Spaces	Total Children Served*
January	30	2109	1719	1737
February	30	2109	1755	1759
March	30	2109	1748	1777
April	30	2109	1740	1760
May	30	2109	1751	1798
June	30	2109	1755	1786

* Total children served may be a higher number than operating spaces, as some programs have multiple part-time children using the same space.

2. Licensed Home Child Care Agency Statistics

The following chart indicates the monthly statistics for licensed home child care agencies in Renfrew County from January 2024 to June 2024.

Month	Number of Agencies	Homes Open	Licensed Spaces	Operating Spaces	Total Children Served
January	2	15	390	90	70
February	2	15	390	90	72
March	2	15	390	90	75
April	2	15	390	90	75
May	2	14	390	84	71
June	2	14	390	84	74

3. Canada-wide Early Learning and Child Care (CWELCC) Statistics

The following chart indicates monthly statistics for CWELCC from January 2024 to June 2024.

Month	Centres Enrolled in CWELCC	CWELCC Eligible Children (under age six)	Centres Not Enrolled in CWELCC	Non-CWELCC Children (under age six)
January	30	1104	2	67
February	30	1129	2	64
March	30	1161	2	67
April	30	1150	2	64
May	30	1198	2	64
June	30	1189	2	66

4. Inclusion Services Statistics

The following chart indicates Inclusion Services monthly statistics from January 2024 to June 2024.

Month	Children Served
January	174
February	172
March	174
April	170
May	170
June	171

5. Early Development Instrument (EDI) Reports

The Early Development Instrument (EDI) is a questionnaire completed by kindergarten teachers for each student in senior kindergarten. The questionnaire measures early child development in five domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. The sixth cycle of EDI was completed in late 2023 for the 2022/2023 school year. As the service system manager for early years and licensed child care services, the County of Renfrew has a Memorandum of Understanding with the Ministry of Education to access the results of the questionnaire through the Offord Centre for Child Studies at McMaster University. Attached is the Summary Report for the County of Renfrew for EDI Cycle VI and the EDI Over Time Report for the County of Renfrew, showing comparative data over all six cycles of the EDI reports.

6. **Child Care and Early Years IT Modernization Initiative**

The Ministry of Education is in the process of creating a new integrated, user-centered and modernized provincial child care and early years IT solution to replace the multiple IT systems that are currently being used throughout the province. Consultations will be taking place with service system managers, operators, Indigenous partners and families to better understand the needs of the sector and to help inform system design. Attached is a slide deck about the IT modernization initiative that was presented to Ontario Municipal Social Services Association (OMSSA), and the Children's Services leads throughout the Province.

7. **National Indigenous Peoples Day**

On June 21, 2024, Waka-ehi Lodge, Family and Children's Services of Renfrew County, and the City of Pembroke hosted a celebration for National Indigenous Peoples Day at the Pembroke Waterfront Park. The day recognized the cultures and contributions of Canada's First Nations, Inuit, and Métis. Community Services staff joined the festivities with a booth to share information on our programs and services.



EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

Summary Report

Senior Kindergarten Students in the
province of Ontario
County of Renfrew
2022/2023

*A snapshot of children's
developmental health at school entry*





EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

- Questionnaire Information 1
- EDI Outcomes 2
- Subdomain Profiles 5
- Contextual Factors 9
- Special Needs Report 12
- Glossary 15

About the EDI

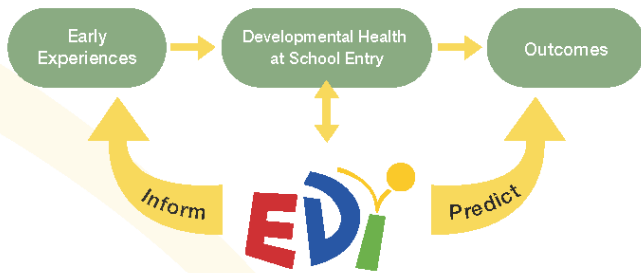
A teacher-completed instrument called the Early Development Instrument (EDI) was developed at the Offord Centre for Child Studies at McMaster University to measure children's ability to meet age-appropriate developmental expectations at school entry. The EDI focuses on the overall outcomes for children as a health-relevant, measurable concept that has long-term consequences for individuals and populations. The data derived from the collection of the EDI facilitate and encourage community, provincial, national, and international monitoring of the developmental health of our young learners.

Data collection across Canada shows that in most jurisdictions 25% or more of children entering Kindergarten are vulnerable in at least one aspect of their development. Further research linking EDI findings to later educational data demonstrate that, on average, Kindergarten vulnerability predicts ongoing vulnerability in the school system. Numerous studies have shown that early vulnerability is associated with a child's lifelong health, learning, and behaviour.

The EDI has been designed as a tool assisting in the mobilization of communities and policy makers to facilitate a positive impact on children's development in their local areas. Understanding the state of early development for all children population-wide is foundational to mobilizing stakeholders towards change.

70 school boards across Ontario participated in the Cycle VI EDI data collection. In 2023, EDI questionnaires were completed later in the school year than those in previous EDI cycles. When analyzing EDI results, it is important to keep in mind that children in the Cycle VI cohort are slightly older than in previous cohorts.

This report is complemented by the Interpretation Guide, which provides in depth information regarding the history of the EDI, development of scores and working with data. Please be sure to refer to this Guide for assistance.



Thanks to all of our partners for their hard work and commitment to the EDI. A very special thanks to all of the teachers who have committed their time and energy to filling out EDI questionnaires over the years. Without you, none of this would have been possible.



Questionnaire Information

The table below describes the number of EDI questionnaires completed, the number of questionnaires which did not meet the criteria for analysis (excluded) for the population of children both with and without Special Needs.

	Students without Special Needs	Students with Special Needs
Completed EDI Questionnaires	963	102
Excluded EDI Questionnaires*	43 (4.5%)	3 (2.9%)
Questionnaires Valid for Analysis (VFA** & VFA-SN***)	920 (95.5%)	99 (97.1%)

* Questionnaires are excluded if they have incomplete data in specific variables. This includes students who have been in class less than one month, the special needs question is left blank, and questionnaires missing more than 25% of responses to core questions.

**Questionnaires valid for analysis count omits excluded questionnaires and students with special needs

***Questionnaires valid for analysis for students with special needs count omits excluded questionnaires and students without a designation of special needs

Descriptive characteristics of the County of Renfrew 2022/2023 cohort (N=920)

	Number	%
Sex		
Girl	469	51.0%
Boy	449	48.8%
Missing	2	0.2%
Language Status		
ELL/ALF/PANA	148	16.1%
None	641	69.7%
Missing	131	14.2%
Language Immersion		
French Immersion	344	37.4%
Other Immersion	9	1.0%
No Language Immersion	516	56.1%
Missing	51	5.5%
Age		
Average Age	5.8	-

These are some examples of the contextual variables that may influence EDI scores. Communities are encouraged to explore other contextual factors that may help better explain EDI data.

On average, older children have better EDI scores than younger children.





Distribution of Scores

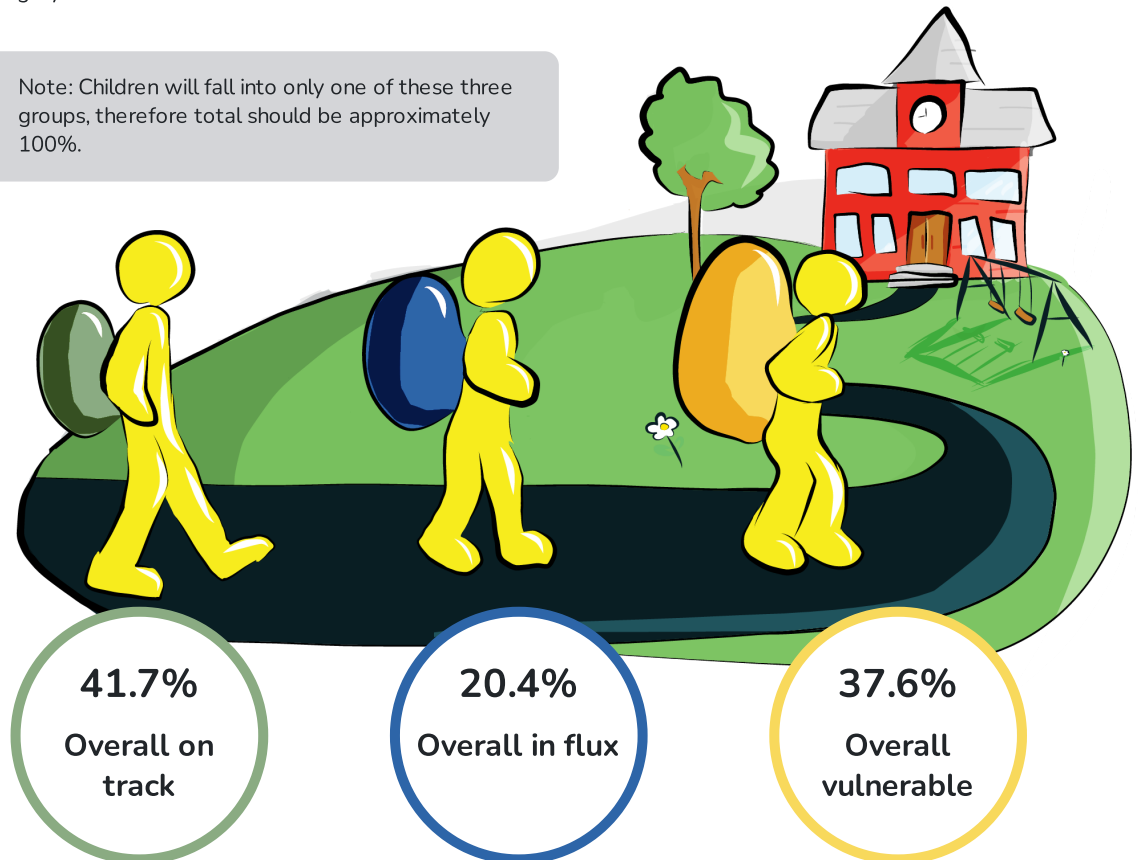
Data from the baseline EDI collection have been used to create cut-off scores that divide children's scores into three categories. A site's baseline collection is its first full implementation. Comparing collections to the baseline allows us to determine whether children's developmental outcomes are getting better or worse.

EDI Outcomes

The EDI measures children's ability to meet age-appropriate developmental expectations across five domains: Physical Health and Well-being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge. Please see the glossary at the end of this report, as well as the Interpretation Guide on the EDI website for more detailed information about the domains.

The groups below are based on the distribution of scores, however they do not represent a total overall of each category of the distribution.

Note: Children will fall into only one of these three groups, therefore total should be approximately 100%.



Children with scores above the 25th percentile cut-off on all five domains. These children are considered to be developing well for their age in all areas of developmental health.

These children are not vulnerable on any of the domains, however they are not on track on all five domains. This group of children falls above the 10th percentile on all 5 domains, but below the 25th percentile on at least one domain. These children may need more support or may catch up with their peers. (These children are not all in the at risk category, they may fall into the at risk category on some domains, but on track in others).

Children with scores below the 10th percentile cut-off on any of the five domains. Being vulnerable means that children are at an increased risk of difficulties and, without additional support, may continue to experience challenges.



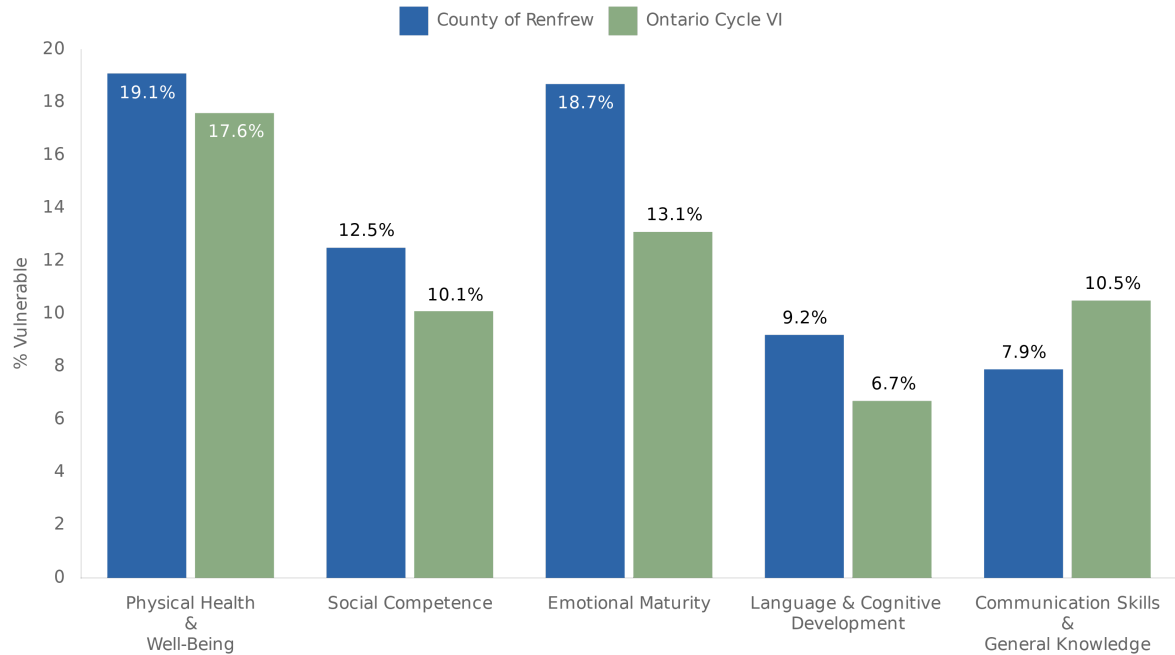


Vulnerable Children

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

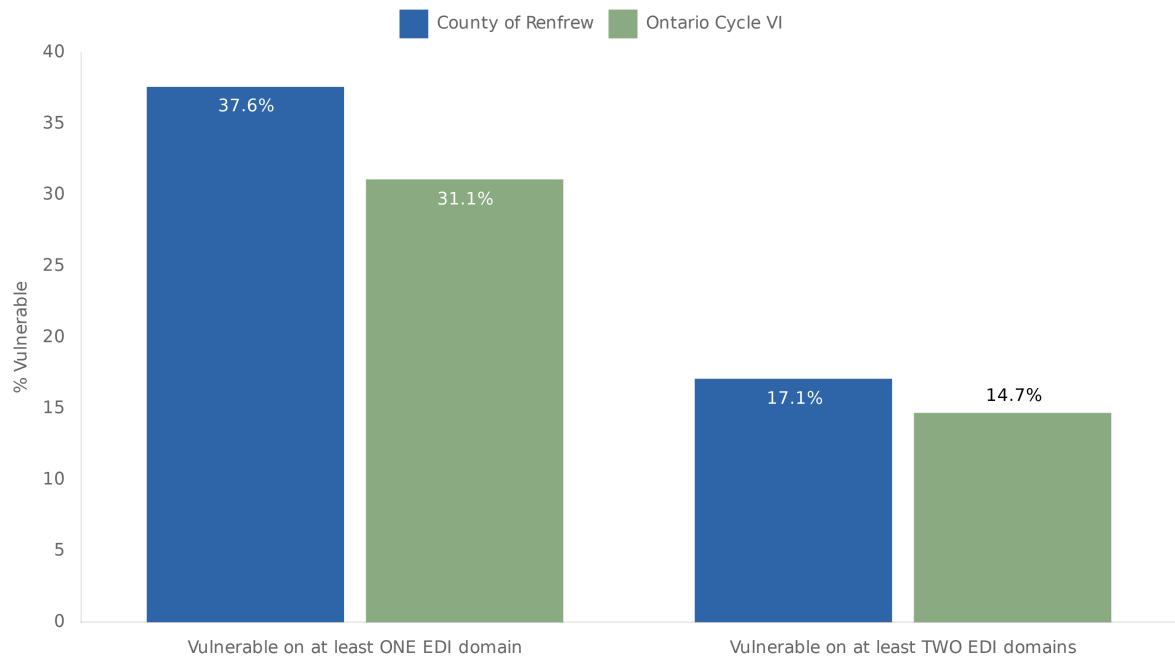
"Vulnerable" describes the children whose scores fall below the 10th percentile cut-off of the Ontario baseline population on any of the five domains. Higher vulnerability indicates that a greater percentage of children are struggling. The Ontario Cycle VI collection is included here as a comparison.

Percentage of Children Vulnerable by Domain



The graph below illustrates the County of Renfrew 2022/2023 results for the percentage of children vulnerable on at least one and at least two domains.

Percentage of Children Vulnerable





EDI research across Canada shows that vulnerability at school entry is associated with poorer scores on provincial standardized tests in Grades 3 and 4. Research also shows an association between vulnerability and the likelihood of having some form of Special Needs status by Grade 9.

(Brown & Parekh, 2010; Calman & Crawford, 2013; D'Angiulli, Warburton, Dahinten, & Hertzman, 2009)



Distribution of EDI Scores

The graphs below illustrate the percentage of County of Renfrew children who fall in the Vulnerable, At Risk, and On Track categories for each domain. Your site is shown in relation to the distribution of scores in Ontario Cycle VI.

County of Renfrew (n = 920)

Physical Health & Well-Being (n = 919)



Social Competence (n = 920)



Emotional Maturity (n = 919)



Language & Cognitive Development (n = 920)



Communication Skills & General Knowledge (n = 920)



Children with scores below the 10th percentile

Children with scores between the 10th and 25th percentiles

Children with scores above the 25th percentile

Ontario Cycle VI (n = 83839)

Physical Health & Well-Being (n = 83796)



Social Competence (n = 83834)



Emotional Maturity (n = 83648)



Language & Cognitive Development (n = 83708)



Communication Skills & General Knowledge (n = 83809)



Children with scores below the 10th percentile

Children with scores between the 10th and 25th percentiles

Children with scores above the 25th percentile

Note: Distributions may not equal 100% due to missing values in a domain

Exploring subdomains is an important step in determining the areas of development that are influencing vulnerability rates in various domains. Subdomains in which a large percentage of children are doing poorly can be used to inform the action needed to address children's weaknesses.

Subdomain Profiles

Each of the five domains is divided into subdomains, except for Communication Skills and General Knowledge. The subdomains were originally identified using factor analysis. The table below shows the breakdown of subdomains for each domain.

Physical Health & Well-being	Social Competence	Emotional Maturity	Language & Cognitive Development	Communication Skills & General Knowledge
Physical readiness for school day	Overall social competence	Prosocial & helping behaviour	Basic literacy	Communication skills & general knowledge
Physical independence	Responsibility & respect	Anxious & fearful behaviour	Interest in literacy/numeracy & memory	
Gross & fine motor skills	Approaches to learning	Aggressive behaviour	Advanced literacy	
	Readiness to explore new things	Hyperactivity & inattention	Basic numeracy	

Scores for domains and subdomains on the EDI vary from 0 to 10. Some subdomains represent skills that a child in kindergarten, based on his or her developmental age, is expected to have mastered already. Other subdomains represent areas of development that are still emerging.

Based on skills and abilities that each subdomain represents, groups of scores were identified representing children who met:

- All/almost all of the developmental expectations
- Some of the developmental expectations
- Few/none of the developmental expectations

In contrast to the "on track", "at risk", and "vulnerable" groups identified for domains in the EDI Descriptive Report, which are based on the distribution of scores in the province/territory or in Canada, the subdomain categories are distribution-free.

The following section outlines the percentage of your children who are meeting all/almost all, some, or few/none of the developmental expectations for each subdomain. An investigation of percentages of children who fall into the "few/none" category will identify areas of the greatest weakness in the population. The results for the Ontario Cycle VI population are included as a comparison.





■ Few/None ■ Some ■ All/Almost All

Physical Health & Well-being

Physical readiness for school day

Children who never or almost never experienced being dressed inappropriately for school activities, coming to school tired, late or hungry.



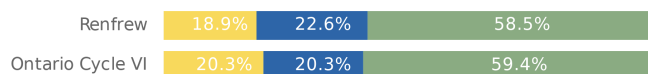
Physical independence

Children who are independent in looking after their needs, have an established hand preference, are well coordinated, and do not suck a thumb/finger.



Gross & fine motor skills

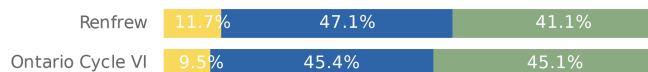
Children who have an excellent ability to physically tackle the school day and have excellent or good Gross & fine motor skills.



Social Competence

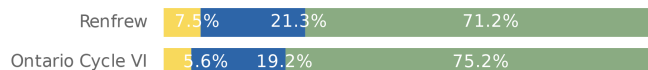
Overall social competence

Children with excellent or good overall social development, very good ability to get along with other children and play with various children, usually cooperative and self-confident.



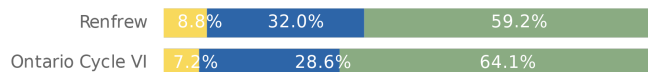
Responsibility and respect

Children who always or most of the time show respect for others, and other's property, follow rules and take care of materials, accept responsibility for actions, and show self-control.



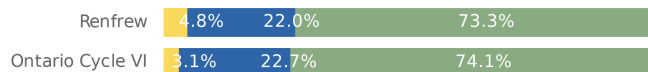
Approaches to learning

Children who always or most of the time work neatly, independently, and solve problems, follow instructions and class routines, easily adjust to changes.



Readiness to explore new things

Children who are curious about the surrounding world, and are eager to explore new books, toys and games.



“Children grow according to the qualities of stimulation, support, and nurturance they get on a moment to moment basis throughout their waking hours.”

– Dr. Clyde Hertzman

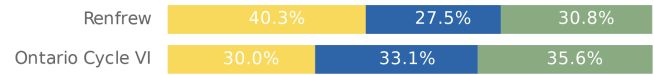


Emotional Maturity

Few/None Some All/Almost All

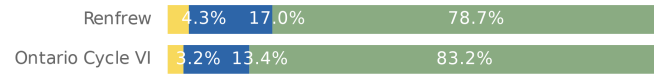
Prosocial and helping behaviour

Children who often show most of the helping behaviours: helping someone hurt, sick or upset, offering to help spontaneously, invite bystanders to join in.



Anxious and fearful behaviour

Children who rarely or never show most of the anxious behaviours; they are happy and able to enjoy school, and are comfortable being left at school by caregivers.



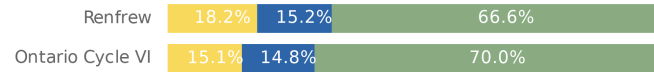
Aggressive behaviour

Children who rarely or never show most of the aggressive behaviours; they do not use aggression as a means of solving a conflict, do not have temper tantrums, and are not mean to others.



Hyperactivity & inattention

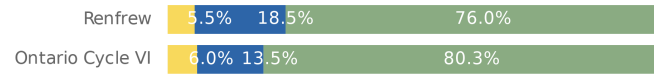
Children who never show most of the hyperactive behaviours; they are able to concentrate, settle in to chosen activities, wait their turn, and most of the time think before doing something.



Language & Cognitive Development

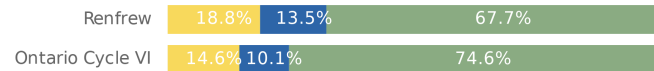
Basic literacy

Children who have all the basic literacy skills: know how to handle a book, can identify some letters and attach sounds to some letters, show awareness of rhyming words, know the writing directions, and are able to write their own name.



Interest in literacy / numeracy and memory

Children who show an interest in books and reading, math and numbers, and have no difficulty with remembering things.



Advanced literacy

Children who have at least half of the advanced literacy skills: reading simple, complex words or sentences, writing voluntarily, writing simple words or sentences.



Basic numeracy

Children who have all the basic numeracy skills: can count to 20 and recognize shapes and numbers, compare numbers, sort and classify, use one-to-one correspondence, and understand simple time concepts.





“If we can address needs of children early, rather than later, we can help each child reach their maximum potential. It also means we can equal the playing field for all children.”

- Dr. Fraser Mustard

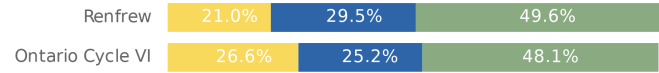


Communication Skills & General Knowledge

■ Few/None ■ Some ■ All/Almost All

Communication Skills & General Knowledge

Children who have excellent or very good communication skills; can communicate easily and effectively, can participate in story-telling or imaginative play, articulates clearly, show adequate general knowledge, and are proficient in their native language.





Section D – Special Concerns

Note: the following chart ONLY includes children who do not have Special Needs.

Special Concerns

Minimum: 0

Maximum: 11

- physical disability
- visual impairment
- hearing impairment
- speech impairment
- learning disability
- emotional problem
- behavioural problem
- home environment / problems at home
- chronic medical/health problems
- unaddressed dental needs
- other

Special Skills

Minimum: 0

Maximum: 7

- Demonstrates special numeracy skills or talents
- Demonstrates special literacy skills or talents
- Demonstrates special skills or talents in art
- Demonstrates special skills or talents in music
- Demonstrates special skills or talents in athletics/dance
- Demonstrates special skills or talents in problem solving in a creative way
- Demonstrates special skills or talents in other areas

Special Concerns	Yes, Observed		Yes, Parent Info/Diagnosis		Yes, Both	
	Number	%	Number	%	Number	%
19.2% (177) Yes						
Physical Disability	5	0.5%	1	0.1%	3	0.3%
Visual Impairment	3	0.3%	9	1.0%	7	0.8%
Hearing Impairment	1	0.1%	0	0.0%	5	0.5%
Speech Impairment	34	3.7%	10	1.1%	26	2.8%
Learning Disability	26	2.8%	0	0.0%	0	0.0%
Emotional Problem	39	4.2%	1	0.1%	5	0.5%
Behavioural Problem	58	6.3%	3	0.3%	8	0.9%
Home Environment / Problems at Home	37	4.0%	2	0.2%	3	0.3%
Chronic Medical / Health Problems	3	0.3%	2	0.2%	4	0.4%
Unaddressed Dental Needs	3	0.3%	0	0.0%	1	0.1%
Other	22	2.4%	1	0.1%	4	0.4%

	Yes		No		Missing	
	Number	%	Number	%	Number	%
Child Receiving School Based Support	66	7.2%	841	91.4%	13	1.4%
Child Currently Receiving Further Assessment	35	3.8%	858	93.3%	27	2.9%
Child Currently on Wait List to Receive Further Assessment	45	4.9%	842	91.5%	33	3.6%
Child Needs Further Assessment	167	18.2%	730	79.3%	23	2.5%

Children with 1+ Special Skills **37.8%**

Children with 1+ Special Concerns **23.3%**



Early Intervention

Program: Includes: speech/language therapy, a parent who attended a parenting program, a Head Start program, a School's Cool program, etc., or if child has had similar in-home services

Section E - Additional Questions

Child attended Junior Kindergarten		
Yes	No	Missing
91.8%	7.4%	0.8%
845	68	7

Child attended an early intervention program		
Yes	No	Missing
3.0%	76.6%	20.3%
28	705	187

Child attended other community learning program		
Yes	No	Missing
34.5%	21.6%	43.9%
317	199	404

In non-parental care prior to kindergarten entry		
Yes	No	Missing
29.7%	37.9%	32.4%
273	349	298

Type of non-parental care arrangement prior to Kindergarten entry

Centre-based, within our school building	5.1%
	47
	Yes

Centre based, in the community	7.4%
	68
	Yes

Home based child care	12.9%
	119
	Yes

Child's home, non-relative	0.7%
	6
	Yes

Child's home, relative	3.0%
	28
	Yes

Pre-school/Nursery school	1.3%
	12
	Yes

Other/Don't know	4.7%
	43
	Yes

Time spent in care arrangement

Full-Time		Part-Time		Missing	
Number	%	Number	%	Number	%
189	20.5%	49	5.3%	682	74.1%





Section E - Additional Questions

Recognizing the contextual factors in your community, like a child's experiences before school entry, may help explain EDI vulnerability. In addition to the variables on the EDI, all communities are encouraged to explore locally relevant factors that may affect children's development.



Type of care arrangement before school

Centre based, within our school building	5.8%
	53
	Yes

Centre based, in the community	3.8%
	35
	Yes

Home based child care	6.2%
	57
	Yes

Child's home, non-relative	0.3%
	3
	Yes

Child's home, relative	1.4%
	13
	Yes

Other/don't know	0.5%
	5
	Yes

Child gets dropped off before school			
60.7%	28.4%	6.7%	4.2%
558	261	62	39
By bus	By parent/guardian	From school-based child-care	Other

Type of care arrangement after school

Centre based, within our school building	5.8%
	53
	Yes

Centre based, in the community	4.7%
	43
	Yes

Home based child care	7.3%
	67
	Yes

Child's home, non-relative	0.8%
	7
	Yes

Child's home, relative	1.5%
	14
	Yes

Other/don't know	0.8%
	7
	Yes

Child gets picked up after school			
61.5%	27.4%	7.0%	4.1%
566	252	64	38
By bus	By parent/guardian	From school-based child-care	Other



Special Needs Report

The rate of special needs amongst kindergarten children in the EDI Normative II sample is 3.8%. This is comparable to the rate of 4.2% of children ages 5 to 9 with disabilities found on the 2006 Statistics Canada Participation and Activity Limitation Survey.

(Janus, Hughes, & Duku, 2010; Statistics Canada, 2008).

Under the definition of special needs is a broad range of disorders affecting behaviour, communication, as well as physical or intellectual development. Children with special needs often contend with multiple problems, which require tailor-made, flexible support. These children may also have above average abilities in certain areas, adding to the complexity of providing appropriate support to help them reach their optimal development.

Because of the unique challenges associated with helping children with special needs, the following report is provided so not to lose the individuality of the results of these children. The more specific needs of this group must be addressed individually. Providing the following Special Needs Report allows for the school boards and communities to focus on these children's needs and to plan better for future years.

Children with Special Needs: General Guidelines

Yes - The child has already been identified as having special needs (e.g., a medical, physical, mental health diagnosis by a doctor, pediatrician, psychologist, or assessment by a Speech and Language Pathologist, Audiologist, etc.).

Child requires special assistance in the classroom

No - Gifted or talented children

Children only suspected to be suffering from a disabling condition, or having a condition not severe enough to be classified as "special needs"



Descriptive characteristics of the County of Renfrew 2022/2023 Special Needs cohort (N=99)

	Number	%
Sex		
Girl	27	27.3%
Boy	72	72.7%
Missing	0	0.0%
Language Status		
ELL/ALF/PANA	20	20.2%
None	70	70.7%
Missing	9	9.1%
Language Immersion		
French Immersion	40	40.4%
Other Immersion	2	2.0%
No Language Immersion	55	55.6%
Missing	2	2.0%
Age		
Average Age	5.8	-



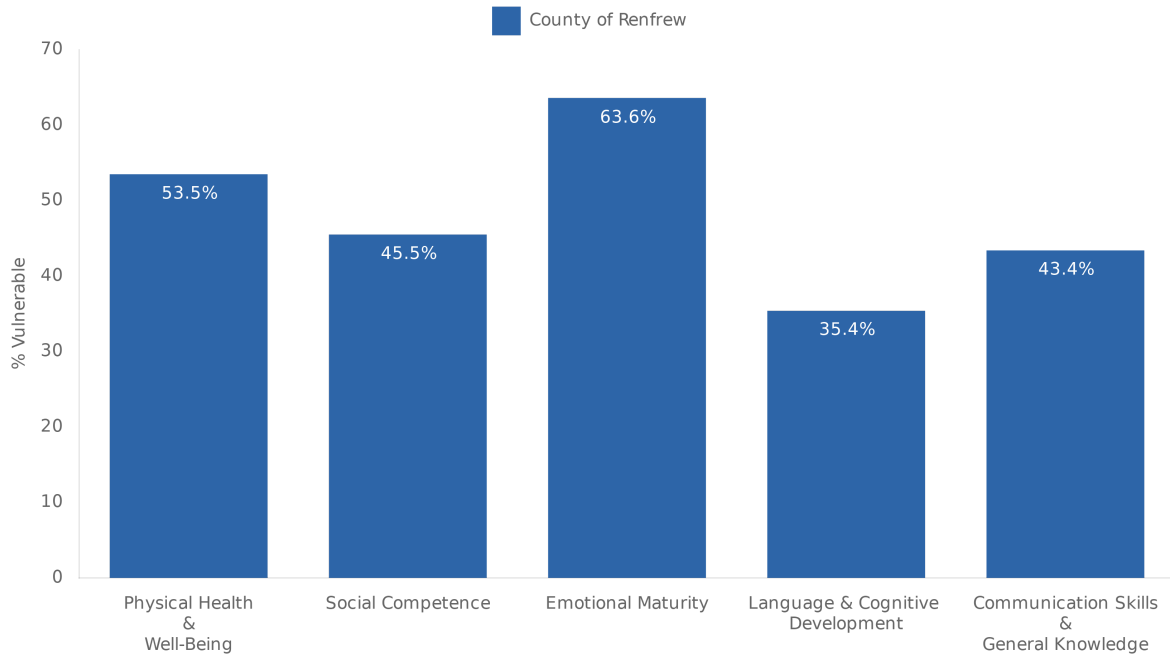


Vulnerable Children

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

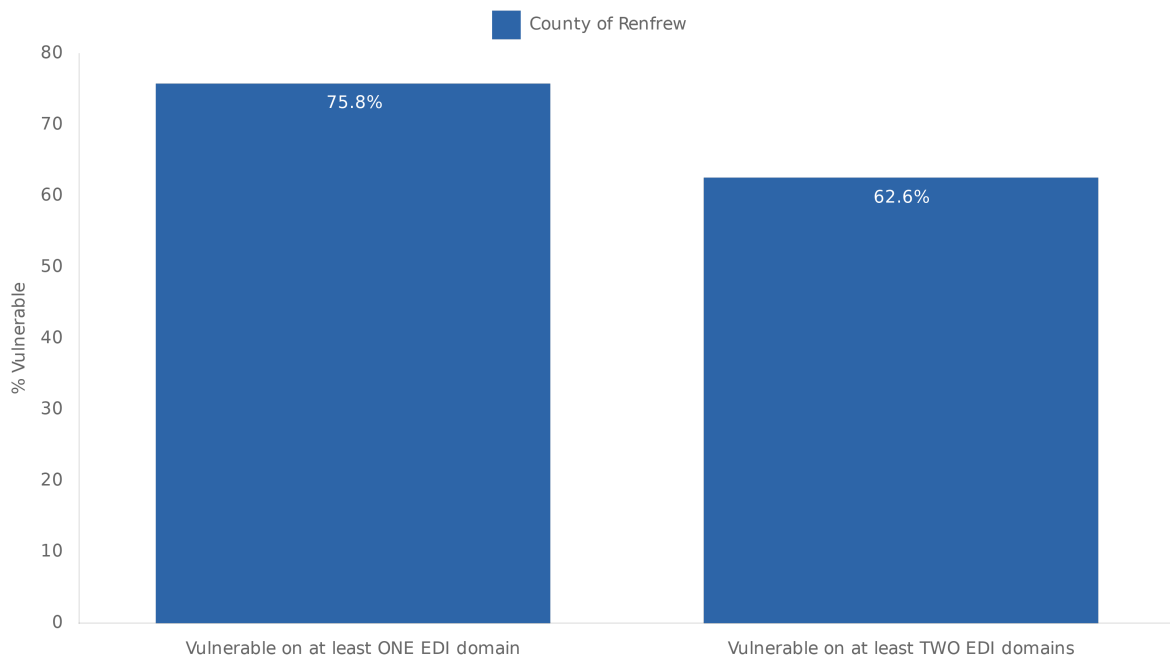
"Vulnerable" describes the children whose scores fall below the 10th percentile cut-off of the Ontario baseline population on any of the five domains. Higher vulnerability indicates that a greater percentage of children are struggling. A comparison group is not provided because the composition of the special needs group in each individual site may not be reflective of the province-wide group of children with special needs.

Percentage of Children with SN Vulnerable by Domain



The graph below illustrates the County of Renfrew 2022/2023 results for the percentage of children with special needs vulnerable on at least one and at least two domains.

Percentage of Children with SN Vulnerable



Section D – Special Concerns

Note: the following chart ONLY includes children who have Special Needs.

Special Concerns

Minimum: 0
Maximum: 11

- physical disability
- visual impairment
- hearing impairment
- speech impairment
- learning disability
- emotional problem
- behavioural problem
- home / environment problems
- chronic medical/health problems
- unaddressed dental needs
- other

Special Skills

Minimum: 0
Maximum: 7

- Demonstrates special numeracy skills or talents
- Demonstrates special literacy skills or talents
- Demonstrates special skills or talents in art
- Demonstrates special skills or talents in music
- Demonstrates special skills or talents in athletics/dance
- Demonstrates special skills or talents in problem solving in a creative way
- Demonstrates special skills or talents in other areas

Special Concerns	Yes, Observed		Yes, Parent Info/Diagnosis		Yes, Both	
	Number	%	Number	%	Number	%
85.9% (85) Yes						
Physical Disability	3	3.0%	0	0.0%	11	11.1%
Visual Impairment	4	4.0%	0	0.0%	5	5.1%
Hearing Impairment	0	0.0%	0	0.0%	4	4.0%
Speech Impairment	7	7.1%	8	8.1%	27	27.3%
Learning Disability	9	9.1%	2	2.0%	15	15.2%
Emotional Problem	15	15.2%	3	3.0%	9	9.1%
Behavioural Problem	20	20.2%	5	5.1%	17	17.2%
Home / Environment Problems	8	8.1%	9	9.1%	2	2.0%
Chronic Medical / Health Problems	0	0.0%	3	3.0%	2	2.0%
Unaddressed Dental Needs	0	0.0%	0	0.0%	0	0.0%
Other	5	5.1%	3	3.0%	8	8.1%

	Yes		No		Missing	
	Number	%	Number	%	Number	%
Child Receiving School Based Support	85	85.9%	14	14.1%	0	0.0%
Child Currently Receiving Further Assessment	33	33.3%	60	60.6%	6	6.1%
Child Currently on Wait List to Receive Further Assessment	27	27.3%	62	62.6%	10	10.1%
Child Needs Further Assessment	47	47.5%	49	49.5%	3	3.0%

Children with 1+ Special Skills **30.3%**

Children with 1+ Special Concerns **88.9%**



Glossary

Developmental health: The full range of developmental outcomes, including physical and mental health, behavioural adjustment, literacy, mathematics achievement, and more.

Special Needs: Children identified as needing special assistance in the classroom due to chronic medical, physical, or mental disabling conditions.

On track: The total group of children with scores above the 25th percentile of the distribution.

At risk: The total group of children with scores between the 10th and 25th percentiles of the distribution.

Vulnerable: The total group of children with scores below the 10th percentile cut-off of the distribution.

French Immersion: Only for Anglophone communities; a program in which kindergarten students are introduced early to French language through immersion, however, the main language of the schools remains to be English.

Domains: The EDI measures children's developmental health across five domains:

- 1. Physical Health & Well-Being - 13 questions**
Children are healthy, independent, and rested each day.
- 2. Social Competence - 26 questions**
Children play and get along with others, share, and show self-confidence.
- 3. Emotional Maturity - 30 questions**
Children can concentrate on tasks, help others, show patience, and are not often aggressive or angry.
- 4. Language & Cognitive Development - 26 questions**
Children are interested in reading and writing, can count, and recognize numbers and shapes.
- 5. Communication Skills & General Knowledge - 8 questions**
Children can tell a story and communicate with adults and other children.

Ontario baseline: The first provincial EDI collection in Ontario from 2004-2006. Used as a reference for all subsequent EDI collections in Ontario. Vulnerability is based on cut-offs calculated on data from this population.

Ontario Cycle VI: The sixth provincial collection that took place during the 2022-2023 school year. 70 of 75 school boards across Ontario participated in the Ontario Cycle VI collection.

Subdomains: Each of the five EDI domains is comprised of subdomains that measure a more specific area of development. There are 16 subdomains in total. Children are rated as 'meeting few/no developmental expectations', 'meeting some developmental expectations', and 'meeting all/almost all developmental expectations' on each subdomain.

Missing: Question not answered by teachers.

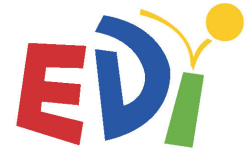
Interpretation Guide: Can be found here <https://edi-offordcentre.s3.amazonaws.com/uploads/2019/03/EDI-interpretation-toolkit.pdf>



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EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

EDI Over Time Report

Ontario
County of Renfrew

*A snapshot of children's
developmental health at school entry*





EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

- Demographics 1
- Vulnerability: Renfrew 2
- Critical Difference 4

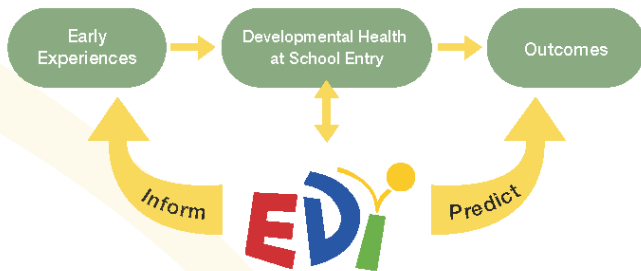
About the EDI in Ontario

Cycle I	Cycle II	Cycle III	Cycle IV	Cycle V	Cycle VI
2003/2004 2004/2005 2005/2006	2006/2007 2007/2008 2008/2009	2009/2010 2010/2011 2011/2012	2014/2015	2017/2018	2022/2023

The Early Development Instrument (EDI) has a long history in the province of Ontario. Between 2003/2004 and 2011/2012 the Ministry of Children and Youth Services (MCYS) sponsored three full provincial collections of the EDI, completed over three-year cycles. Most publicly funded school boards participated in each full provincial collection. Some school boards completed their EDI collection across all three years of a cycle, whereas others completed the entire school board in a single year. The Ministry of Education sponsored the EDI collections in 2014/2015, 2017/2018 and 2022/2023. In contrast to earlier cycles, the fourth, fifth, and sixth provincial collections took place entirely in a single year.

In Ontario, the first province-wide implementation of the EDI was completed between 2004-2006. These data constitute the Ontario "Baseline" or Cycle I, and are used to determine the 10th percentile cut-offs for subsequent reporting for all cycles.

70 school boards across Ontario participated in the Cycle VI EDI data collection. EDI questionnaires completed in 2023 were done so later in the school year than previous EDI cycles. When analyzing EDI results, keep in mind that the Cycle VI cohort is slightly older than previous cohorts.



Thanks to all of our partners for their hard work and commitment to the EDI. A very special thanks to all of the teachers who have committed their time and energy to filling out EDI questionnaires over the years. Without you, none of this would have been possible.



All analyses in this report include children that are in Senior Kindergarten, have not been identified by teachers as having special needs, have been in class for more than one month and have a minimum number of items completed on the EDI questionnaire.

Why look at EDI data over time?

The information collected through the EDI helps us to understand the state of children's developmental health by connecting the conditions of early childhood experiences to learning outcomes and future successes.

Examining how children are doing over time is important for mobilizing stakeholders towards change. Focusing on strengthening the areas in which children are vulnerable allows schools, communities, and governments to make decisions on how to best support early development. Investigating how children's developmental health is changing over time can also allow for evaluation and strategic planning around what is currently being done to support children and their families.

We hope the County of Renfrew EDI Over Time Report will assist you in your invaluable work in the early years sector, aid in informing planning and resource allocation, but most of all, help to build, strengthen, and enhance your connections with community partners.

County of Renfrew

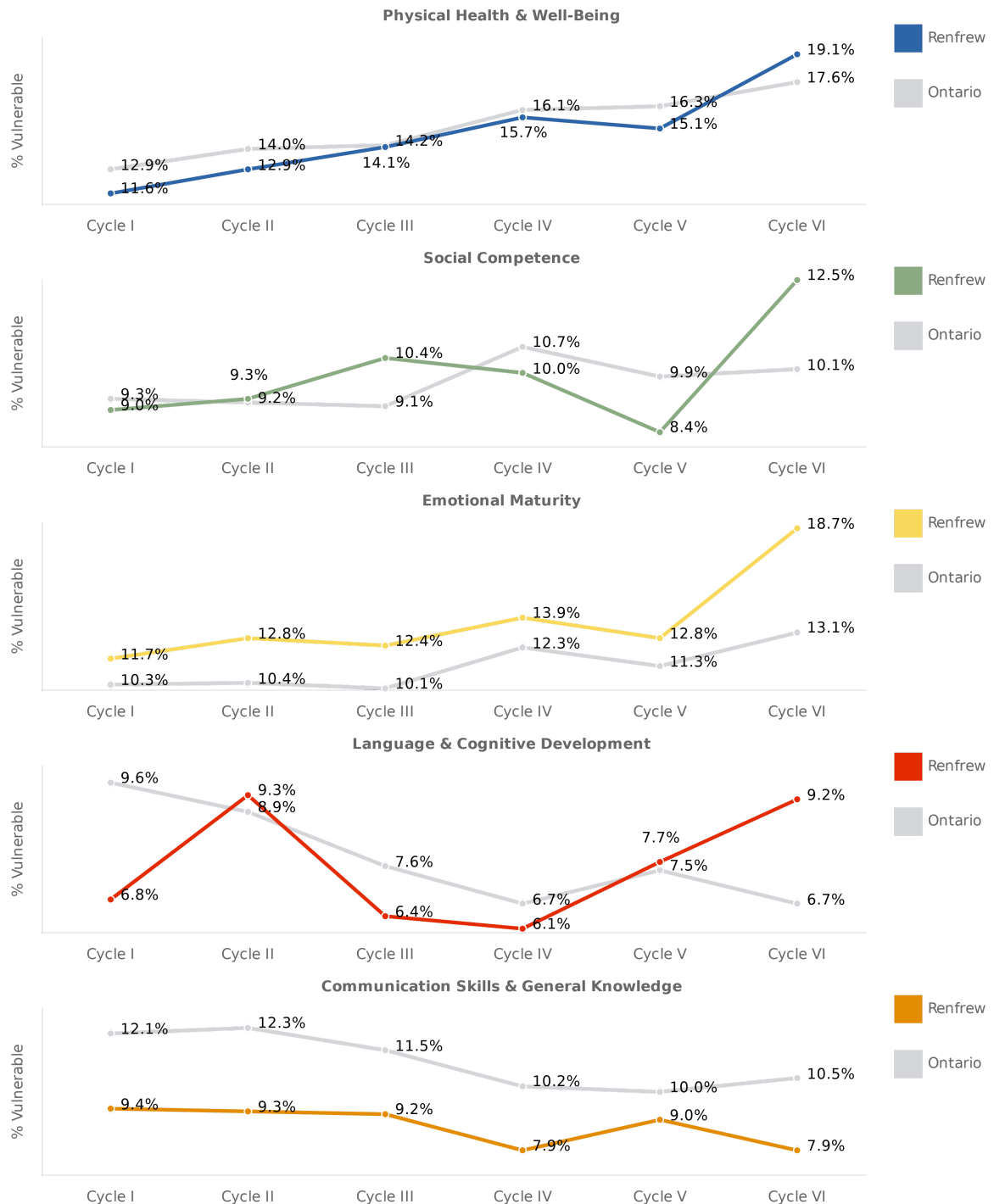
	Cycle I	Cycle II	Cycle III	Cycle IV	Cycle V	Cycle VI
Children included in this report	924	954	887	964	989	920
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
Girls	441 47.7%	476 49.9%	420 47.4%	443 46.0%	517 52.3%	469 51.0%
Boys	482 52.2%	478 50.1%	467 52.6%	521 54.0%	472 47.7%	449 48.8%
Child's Language Status (ELL/ALF)	48 5.2%	55 5.8%	42 4.7%	145 15.0%	141 14.3%	148 16.1%
Children requiring further assessment	98 10.6%	103 10.8%	118 13.3%	136 14.1%	127 12.8%	167 18.2%
Average age (in years)	5.7	5.6	5.7	5.7	5.7	5.8
Average days absent	3.6	3.1	4.3	8.1	7.6	17.0



Vulnerable Children - County of Renfrew

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

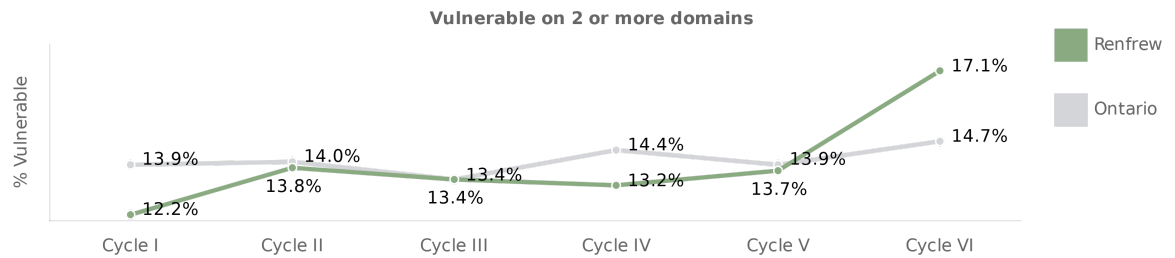
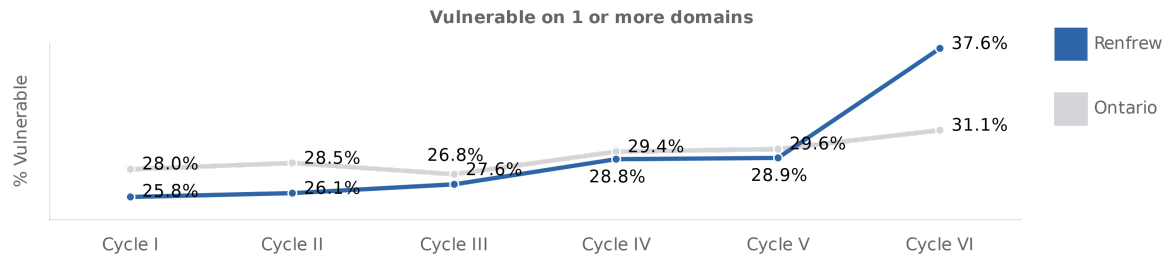
"Vulnerable" describes the children who score below the 10th percentile cut-off of the Ontario Baseline population on any of the five domains. Higher vulnerability indicates that a greater percentage of children are struggling in comparison to the Ontario Baseline data. As a comparison, we have included the results for all six cycles for Ontario. This will allow you to compare your site's results to those for the entire province.



Vulnerable Children - County of Renfrew

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

The graphs below illustrate the percentage of children vulnerable on at least one and at least two domains.





For more information on critical difference please view HELP's webinar for communities looking to better understand critical difference

youtu.be/pEG8YWmco

How do we know if children's developmental health is changing over time?

When exploring trends in children's development over time, what we want to know is whether children are doing better, worse, or about the same as in the past. Although the vulnerability rate in an area may have changed over time, we want to know whether or not that change is large enough to be meaningful. If we establish that a change in vulnerability rate is meaningful, that means that we are confident that it is real, rather than a result of uncertainty due to sampling or measurement issues.

Our colleagues from the Human Early Learning Partnership (HELP) at the University of British Columbia developed a method to help communities and stakeholders make informed judgements about meaningful change in EDI vulnerability over time. The method is called critical difference.

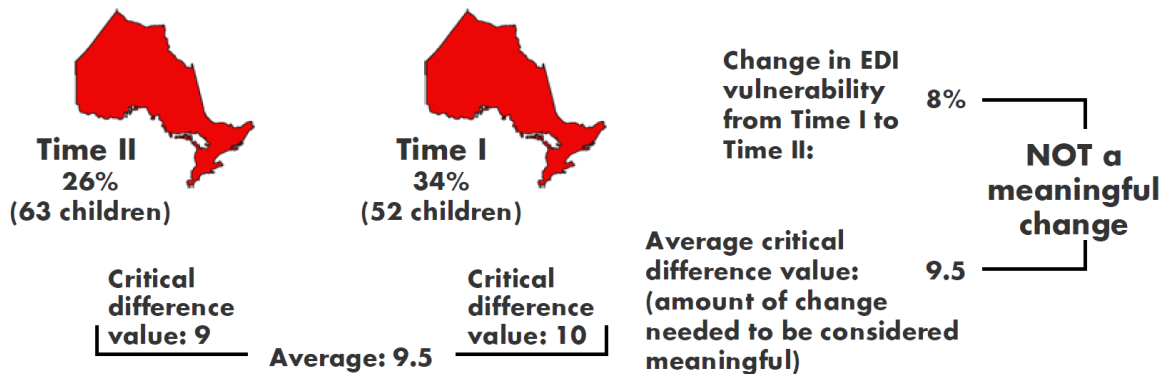
Critical difference is the amount of change over two time points in an area's EDI vulnerability rate that is large enough to be statistically meaningful.

How to use critical difference: An example

Neighbourhood 'A' has a vulnerability rate on 'one or more domains' of 26% in Time II, based on scores for 63 children. In Time I, the vulnerability rate was 34%, based on scores for 52 children. This means vulnerability has dropped 8 percentage points.

To find out whether this is big enough to be meaningful we must calculate the critical difference percentage for our population size (see next page for your site's calculations). The critical difference for 63 children is 9 percentage points in Time II; the critical difference for 52 children is 10 percentage points in Time I. The average critical difference between both cycles is 9.5 percentage points.

Since the average critical difference is larger than the observed drop in vulnerability of 8 percentage points (34% to 26%), the vulnerability rate has not changed enough to be considered a meaningful difference.



A comparison of Cycle V vs. Cycle VI data is provided for your site.

Note: Research on critical difference values has not been produced for Vulnerable on 2 or more domains, which is why it is not included in the tables.

*denotes a meaningful difference in vulnerability between cycles.



County of Renfrew - Vulnerability

The table below displays vulnerability rates for EDI Cycles V and VI in the County of Renfrew. The most recent two cycles are used to calculate meaningful change for this report, however meaningful change can be calculated for any two EDI cycles. Please contact the EDI Team for assistance with additional calculations.

	Cycle V		Cycle VI	
	Number of Children	% Vulnerable	Number of Children	% Vulnerable
Physical Health & Well-Being	149	15.1%	176	19.1%
Social Competence	83	8.4%	115	12.5%
Emotional Maturity	127	12.8%	172	18.7%
Language & Cognitive Development	76	7.7%	85	9.2%
Communication Skills & General Knowledge	89	9.0%	73	7.9%
Vulnerable on at least ONE EDI domain	286	28.9%	346	37.6%

Critical Difference

This table provides the change in vulnerability from Cycle V to Cycle VI. An increase in vulnerability is represented by an upwards arrow, indicating there were more vulnerable children in Cycle VI than Cycle V. A decrease in vulnerability is represented by a downward arrow, indicating there were less vulnerable children in Cycle VI than Cycle V. Please note that less vulnerability is the more favourable outcome. The required critical difference value for meaningful change is provided as a reference

	Cycle V vs Cycle VI		
	Change in Vulnerability	Increase / Decrease	Critical Difference Value
Physical Health & Well-Being	4.1*	↑	2.3
Social Competence	4.1*	↑	1.5
Emotional Maturity	5.9*	↑	1.6
Language & Cognitive Development	1.6*	↑	1.5
Communication Skills & General Knowledge	1.1	↓	1.9
Vulnerable on at least ONE EDI domain	8.7*	↑	2.3



June 2024

Child Care and Early Years IT Modernization Initiative

Ontario Municipal Social Services
Association (OMSSA)

Child Care Leads

Introduction

The purpose of this session

What's this session all about?

The purpose

The Ministry of Education (the ministry) is continuing work on a **new, provincial child care and early years IT solution.**

We will be consulting with service system managers, operators, and Indigenous partners throughout the project to understand needs and inform system design.

Today we'll be ...

- 1 providing a refresher on the early years and child care IT modernization initiative and sharing recent updates
- 2 sharing parent user research findings
- 3 providing an overview of next steps, including how service system managers can continue to be involved

1

IT modernization refresher and update

As per the Canada-Wide Early Learning and Child Care (CWELCC) Agreement and Action Plan, Ontario committed to:

- enhance its existing data collection tools to support reporting to the federal government on key indicators associated with a CWELCC system
- support sector capacity to implement the CWELCC agreement

Why is a new IT solution needed?



Ontario's current IT landscape for child care and early years is disjointed and inconsistent.

Multiple IT systems are currently used, by varying degrees, by the sector. This results in administrative burden for:



- **families** that need to navigate multiple provincial, municipal, and operator websites/processes when searching/applying for child care, fee subsidy, and EarlyON programs



- **operators** that experience duplicative and often manual reporting requirements, as well as inconsistent processes if operating in more than one SSM



- **SSMs** that experience onerous reporting requirements in addition to spending their own funds on local digital systems/customizations to meet needs

 - This can result in unequal access to digital solutions for SSMs across the province.

As such, the ministry will be replacing the Ontario Child Care Management System (OCCMS) with a new integrated, user-centred and modernized provincial child care and early years IT solution. The development, maintenance, and ongoing enhancement of this new IT solution would be funded by the province and be provided to the sector at no cost.



What is guiding us?

Vision*

Ontario is North America's leader in user-centred child care/early years digital solutions, freeing up time across the sector to focus on children and families

Mission*

To develop Ontario's first provincial child care and early years IT solution to equip the sector with modernized approaches to deliver better service

Modernization principles*

Co-design and **continuously improve** based on user feedback

Provide a simple and **stress-free digital experience** for families

Enhance data collection and analytics for better oversight, planning and decision-making

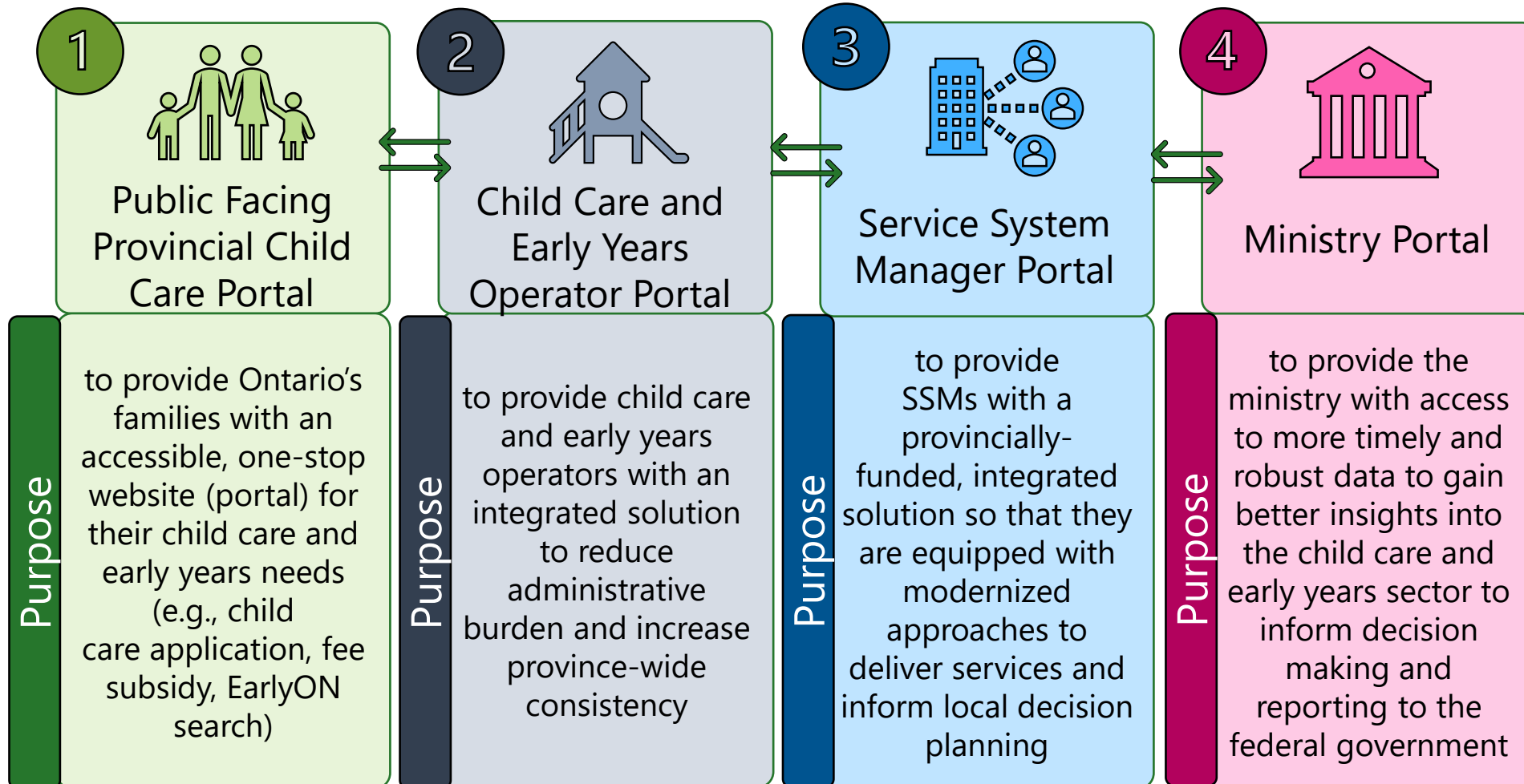
Streamline processes to **reduce administrative burden** for all users, especially families

Establish provincial consistency so families get the same experience no matter where they live **while allowing for local flexibility** as needed

Ensure **accessibility for all** users, particularly families, regardless of ability or access to quality technology

The new child care and early years IT solution

The new child care and early years IT solution would have four unique, interconnected portals to meet users' needs.



Note: final system features to be defined following user research with SSMs and operators

Progress Update



Summer/Fall 2023:

Since we last met in June 2023, we continued **targeted consultations with SSM tables, licensee associations, and Francophone licensees**. Feedback continues to be positive.



Winter 2023/24:

We **engaged with Indigenous partners** so that the needs of off-reserve Indigenous families are reflected in system design and implementation. This would include distinctions-based socio-demographic data collection, alignment with Indigenous data sovereignty principles, and opportunities to share data.

We conducted **user-research (via interviews) with parents** across Ontario to explore their experiences navigating Ontario's child care/early years system (see next section for more information).



Spring 2024:

We began conducting **in-person observation sessions with a variety of SSMs** to gain a deeper understanding of the fee subsidy application process and local variations.

2

Parent user research findings

The ministry contracted with StudioWé, a third party user research vendor, to conduct parent user research. Project deliverables included:

- interviews with parents focused on the experience of searching and applying for child care and EarlyON programs and applying for fee subsidies
- a jurisdictional scan of child care tools and websites
- a literature review on child care digital tools and best practices

Key parent user research takeaways

Key recommendations, or “takeaways”, from the parent user research includes the following (more information, including key insights from parents, can be found in the appendices):



Have one centralized, seamless platform

- ✓ Provide one centralized entry-point for searching, applying, and registering for child care and fee subsidy for a seamless experience.
- ✓ Make it easy to search and register for EarlyON from the same platform.



Make it accessible to all

- ✓ Consider primary users’ accessibility needs, cognitive levels, and physical capabilities (e.g., tasks that can be accomplished on different devices and tasks that can be accomplished with one hand).
- ✓ Apply digital accessibility standards throughout the entire design and development process.



Raise Awareness

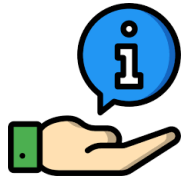
- ✓ Become the authoritative reference for parents searching for child care and early years programs and provide information early in their search process.

Key parent user research takeaways



Provide the step by step process

- ✓ Provide a simple roadmap that guides users through the process.
- ✓ Ensure there is human support throughout the process.



Provide information parents need

- ✓ Provide detailed information about programs all in one place (e.g., pedagogy, costs, inspection findings, menus) so that parents can make informed decisions without needing to navigate multiple websites.



Provide live information

- ✓ Provide live waitlist information for child care (including vacancies).
- ✓ Communicate through notifications regularly so parents feel supported (e.g., waitlist updates, program updates such as closures, new licensing inspections, prompts for fee subsidy file renewals).

*Refer to the appendices for more information, including key insights gleaned from parents.

- Which of the key parent user research takeaways stand out?
- Which, if any, of the takeaways surprised you?
- Do any of the takeaways confirm what you have heard from parents in your own region?

Questions and discussion



3

Next steps and opportunities for collaboration

Starting this summer, all SSMs will be invited to participate in comprehensive user research to:

- share their best practices, current business processes, and local IT customizations
- identify manual processes, pain points, and data collection/reporting/analytics challenges
- identify opportunities for administrative burden reduction
- understand local flexibility needs as well as opportunities for greater provincial consistency

Ontario's Digital Service Standard

What is the Ontario Digital Service Standard?

Provincial IT projects follow Ontario's Digital Service Standard to help build and deliver simpler, faster, better government services and products for the people who live and do business in Ontario.

Our current phase is "Discovery" and includes conducting in-depth user research with parents, SSMs, operators and Indigenous partners.

Pre-Discovery

Creating the foundation and preparing for the work to come

Discovery

Conducting user research to understand user needs

Alpha

Testing hypotheses with users using prototypes, mock-ups, etc.

Beta

Developing a minimum viable product

Live

Continuing to improve product based on user feedback and data



Discovery themes

Tentative timelines: August 2024 to March 2025
Estimated total number of sessions: 12

SSM user research themes

A vendor is being onboarded to conduct user research sessions.
Sessions are divided into 6 themes, including sub-topics.



Fee subsidy

- application process & income verification
- attendance reporting
- CWELCC
- camps and authorized recreation
- case management
- cross-jurisdictional functionality

~3 sessions



Waitlist management

- technology and tools used in the SSM for child care waitlists (e.g., OneHSN)
- SSM oversight

~1 session



Funding management

- contract management
- CWELCC
- General Operating Grant
- special needs
- special purpose
- Wage Enhancement Grant

~3 sessions



Reconciliation

- local processes
- technology and tools used

~2 sessions



EarlyON

- SSM oversight and management
- technology and tools used

~2 sessions



Reporting and analysis

- fulfilling ministry reporting requirements
- analytics needs for system planning
- use of other ministry IT systems (e.g., CCLS)
- local system configuration & user management

~1 session

Discovery SSM groupings



SSMs will be organized according to pre-identified “groups”

1. DSSABs

- District of Nipissing Social Services Administration Board
- District of Thunder Bay Social Services Administration Board
- District of Cochrane Social Services Administration Board
- District of Sault Ste Marie Social Services Administration Board
- Kenora District Services Board
- District of Timiskaming Social Services Administrations Board
- Algoma District Services Administration Board
- District of Parry Sound Social Services Administration Board
- Manitoulin-Sudbury District Services Board
- Rainy River District Social Services Administration Board

2. City of Toronto

- dedicated sessions for the City of Toronto

3. Small SSMs (licensed capacity <2,500 spaces)

- City of St. Thomas
- County of Lanark
- County of Dufferin
- County of Renfrew
- City of Stratford
- County of Bruce
- County of Northumberland
- City of Kawartha Lakes
- County of Lennox & Addington
- District Municipality of Muskoka
- County of Huron

Discovery SSM groupings, continued



SSMs will be organized according to pre-identified “groups”

4. Medium SSMs – Group 1

(licensed capacity >2,500 - <20,000)

- City of Cornwall
- City of Kingston
- City of London
- City of Peterborough
- County of Grey
- County of Hastings
- County of Simcoe
- Municipality of Chatham-Kent
- Regional Municipality of Niagara
- United Counties of Leeds & Grenville
- City of Greater Sudbury

5. Medium SSMs – Group 2

(licensed capacity >2,500 - <20,000)

- City of Brantford
- City of Windsor
- County of Lambton
- County of Oxford
- County of Wellington
- Norfolk County
- United Counties of Prescott and Russell

6. Large SSMs

(licensed capacity >20,000)

- Regional Municipality of York
- City of Ottawa
- Regional Municipality of Peel
- Regional Municipality of Halton
- Regional Municipality of Durham
- City of Hamilton
- Regional Municipality of Waterloo

Identifying SSM subject matter experts



SSM participants

User research sessions should be conducted with a staff member from the SSM with subject matter expertise on the theme. Next steps are:

1. We will be in touch with SSMs to identify one SSM staff subject matter expert to attend per theme via a survey (up to 6 experts per SSM). Should you wish to add additional representatives, please let us know.
2. We will email all SSM subject matter experts with next steps. An additional survey may be sent out before the sessions to better understand regional practices.
3. Session invites will be sent to participants by the vendor, along with applicable materials, to help participants prepare for the session.

Each session will be two-three hours. SSMs should have a contingency plan for who can attend in nominees' place should the scheduled dates conflict with other commitments (e.g., vacation). For last-minute scheduling conflicts, the invite can be forwarded.



SSMs may use the incremental one-time-only CWELCC administrative funding provided as part of the new funding formula implementation in 2024 to also support staff costs associated with participation in the upcoming discovery sessions.

Discovery with operators

Child care and early years operators

In parallel, we will also be conducting user research with child care and early years operators and will be asking the following in the survey to support our recruitment:

- if your SSM has any fee subsidy agreements with school boards for extended day programs, authorized recreation programs, and/or with camps
- if your SSM would volunteer to nominate operators to ensure we cover a broad and representative sample of these user groups



Discovery operator themes

Operator user research themes

Sessions are divided into 5 themes, including sub-topics.



Fee subsidy

- experience with child care fee subsidy funding including fee subsidy approvals, fee changes, attendance reporting, and communicating with SSMs

~2 sessions



Waitlist management

- experience with managing waitlists, registrations, and enrolments

~2 session



Funding management

- experience entering into contracts with SSMs and applying for funding
- CWELCC attendance reporting

~2 sessions



Reconciliation

- local processes
- technology and tools used

~2 sessions



EarlyON

- experience entering into contracts with SSMs
- technology and tools used (e.g., posting calendars, sign-in/out)
- reconciliation process

~2 sessions



Discovery operator groupings

Operators will be organized into pre-identified “groups”

Child care licensees

- large to medium multi-site
- single site and small multi-site
- home child care
- POG
- Francophone operators
- Indigenous-led operators
- City of Toronto operators
- directly operated by SSM



EarlyON operators

- EarlyON operators outside of Toronto
- City of Toronto EarlyON operators



Discovery with parents

Parents will be asked about their experience navigating the current child care and early years system

We will be conducting additional parent user research with parent groups that could not be reached during our initial discovery work.

The survey will also ask if your SSM would volunteer to help reach parents who have applied for child care fee subsidy in the past 12 months and:

- identify as having a disability, or
- experience language barriers, or
- have low digital literacy, or
- have little to no access to digital tools and resources



Discovery themes

- Do you agree with the SSM and operator themes? Are there any missing themes?

Discovery groupings

- What is the best way to support SSM subject matter experts so that they can meaningfully participate in the sessions?
- Do you agree with the operator groupings? Should anything be adjusted?

What advice can you share with us about how to best engage operators?

Questions and discussion



Next steps

Survey due date:
Friday, June 28th

A link to our survey will be sent to Child Care Leads following this meeting

Theme of the session

Fee Subsidy Management

Topics include: fee subsidy application process and income verification, at recreation, case management, cross-jurisdictional process

Who from your SSM would be best to attend?

1. Representative Name *

Who from your SSM would be best to attend for this theme?

Enter your answer

Role of identified representative

2. Representative Position *

Role of identified representative (e.g., caseworker, supervisor, etc.)

Enter your answer

Email address of representative

3. Representative Email Address *

Email of identified representative

Enter your answer

Back-up representative

4. Back-up contact information *

Please enter name and email address of back-up representative

Enter your answer

**Thank you for
taking the time!**



**Questions or
additional thoughts?**

Please contact Dana Green at
Dana.Green@ontario.ca