

Municipal Community Safety and Well Being Plan 2021-2026

Sault Ste. Marie Police Services

March 2021

SSM Community Safety Well-Being Plan

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United Way

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Executive Summary

In the beginning of 2020, community leaders were informed of their participation in the development of a Community Safety and Well-Being plan for the municipality of Sault Ste. Marie. This plan, legislated by the Police Services Act, is designed to mitigate immediate social risks that lead to crime and that negatively impact a community member's wellbeing and ability to have a healthy quality of life. With the collaborative efforts of existing community planning tables and committees, dedicated to meeting the needs and filling services gaps, social issues such as poverty, mental health, addictions, unemployment and housing issues can be transformed into sustainable outcomes through both long and short term actions as they contribute to overall social development in Sault Ste. Marie.

At the start of the COVID-19 pandemic, reaching provincial state of emergency response in the spring of 2020 and continuing to be unresolved as of January 2021, a common concern for multiple stakeholders including community members is the exacerbation of mental health and substance use disorders in the community, which has affected all sectors and population groups. The impact of poverty on community members has also been highlighted by the pandemic and prioritized by all levels of government to increase access to housing, shelter and food security for the community's most vulnerable members.

The Algoma Leadership Table, informed by several community consultations prioritized mental health and addictions as well as poverty as the community risks that require coordinated, strategic efforts that a plan such as this provides. Sault Ste. Marie has many community planning tables and recent community reports and publications such as the Drug Strategy Call for Action, the Impact on Poverty report and community consultation data to assist in the development of this plan.

The plan has compiled evidence-based interventions to implement by identified stakeholders and indicators to track effectiveness. The report includes a summary of the Community Safety and Well-Being Framework and community risks, the consultation process and the strategic action plan. Although the plan has assigned responsibilities to participating community organizations and tables, the community of Sault Ste. Marie must continue to be responsive to the needs of those who require concerted efforts of creating a safe, welcoming community where all persons can achieve prosperity and support when needed.

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Introduction

Commencing January 2020, the City of Sault Ste. Marie and the Sault Ste. Marie Police Service were legislated to create a Community Safety and Well-Being Plan by the Ministry of Community Safety and Correctional Services through the Police Services Act. The provincially mandated plan requires multi-sectoral collaboration to prioritize risks and address short and long-term needs in the community through social development. This report presents the identified risks and corresponding strategic actions that are required to fulfill the appropriate outcomes. The intent is to create communities where everyone feels that they can belong, participate in and where positive quality of life persists.

1.0 Community Safety and Well Being Framework

The Community Safety and Well Being Framework is designed to assist municipalities in the development of the community plan. The framework includes four planning areas: Incident Response, Risk Intervention, Prevention and Social Development.

Incident Response includes planning for immediate responses to situations that may require emergency reaction such as police, fire and child welfare services that is in response to an incident. Risk Intervention requires multiple sectors to address the risks in the community that require immediate action by preventing an incident that will decrease dependence on systemic responses. Prevention requires implementation of

policies and programs enlisting collateral community stakeholders prior to responding to situations of risk and harm. Lastly, long-term social development seeks to improve the social determinants of health that addresses social issues through community collaboration. Ideally, when sustainable social development is achieved, it mitigates stressors in the other framework areas and risks in the community.

2.0 Our Community Risks

Within the past few years, organizations in Sault Ste. Marie have produced reports that provide insight into social issues present in the community. These persistent social issues have increased in visibility in Sault Ste. Marie and are demanding action-oriented responses such as the creation of the SSM and Area Drug Strategy Committee. Similarly, the Poverty Round Table's premiere report sheds light on the current gaps in housing, food security, workforce entry and crisis diversion and resolution. These recently available reports identify the social risks occurring in Sault Ste. Marie.

2.1 Drug Strategy

The Sault Ste. Marie Area Drug Strategy (SSMADS) Committee is comprised of professionals working with individuals with lived experience in the community of SSM. This committee is dedicated to addressing substance abuse and wellness (SSMADS, p. 4). The SSMADS released their Call to Action report in 2019 providing community level information on substance use and mental health data including personal

interviews. This report includes 62 recommendations under four pillars: Prevention & Education, Treatment & Recovery, Enforcement & Safety and Harm Reduction.

Highlights from the SSMADS report include that females are more likely than males to be hospitalized due to mental health and/or addictions with the 15-24 year old cohort most likely to experience this type of hospitalization in the Algoma district. Sault Ste. Marie has the highest rate of opioid poisoning related emergency department visits in Ontario in comparison to similarly populated cities. In 2017, there were 22 opioid related deaths due to opioid overdoses at a rate of 19.1 % in Algoma per 100,000, which is higher than the provincial rate of 8.9%. (SSMADS, p.20). Along with opioid use, Hepatitis C cases in Algoma District were the highest in Ontario between 2013-2017. Statistics for Algoma District versus the rest of Ontario has shown that there are more youth who have tried cannabis, more pregnant mothers who use alcohol or drugs and a larger proportion of mothers who experience mental health issues during pregnancy or postpartum.

Throughout the extensive consultation process and research, the following priorities emerged from the Drug Strategy report. These include: improving service delivery in programs, education on harms related to substance use, implementation of evidence-based programs to reduce service gaps, advocate for a Level III Withdrawal Management Facility, ensure accessible services, reduce crime associated with substance use,

increase treatment opportunity for children and youth ages 14-25, public education on prevention options, and finally, expansion of mental health and substance use services for people with complex health needs.

2.2 Poverty Round Table

The Sault Ste. Marie Poverty Round Table, a multi-stakeholder table was formed to increase communication, partnerships and impact poverty in SSM, released a report that provided a baseline assessment of indicators and outcomes to reflect the current state of poverty in the community. This report describes income measures, housing, food insecurity and other health programs. The report found that with poverty measures related to income, close to 6000 persons were living below the Low Income Cut Off-After Taxes (LICO-AT). Based on the Census Family Low Income Measure-After Taxes (CFLIM-AT), 11,000 persons in SSM were living below the CFLIM-AT cut-off (Ortiz et al., p. 16). In 2018, the average monthly Ontario Works caseload was 2217 persons in receipt while the 3,650 persons in families in receipt of social assistance, the majority were single parent households. As for the Ontario Disability Support Program, in 2018 there were approximately 8300 persons in receipt of this form of financial assistance, based on a monthly average (Ortiz et al., p. 17). Significantly, the majority of individuals accessing employment programs (76%) are in receipt of social assistance as well, 32% of those entering into employment programs do not hold a high school diploma. Ninety-two

percent of participants in literacy programs are in receipt of social assistance or have no income (Ortiz et al, p. 48).

Approximately 9000 persons are food insecure at least part of the year in Sault Ste. Marie. To eat healthy, the Algoma Public Health determined that family food cost would be \$209.27 a week, which, to a family who is living at the LICO-AT cut off, this is about 33% of their net annual income. Strikingly, 10% of food distributed in 2018 from Harvest Algoma was determined as nutritious, whole foods (Ortiz et al., p.24). When surveyed, both Second Line area and the city as a whole are very positive toward the availability of grocery stores, 73% and 79% respectively. Gore Street, however, reports less than half (41%) as satisfied or being very satisfied, and 53% as dissatisfied or very dissatisfied with the access to grocery stores (DSSMSSAB, pg. 84).

Approximately 1800 families and individuals in 2018 were on the waiting list for subsidized housing. One hundred and two persons were homeless in SSM in 2018 (Ortiz et. al, 39). The city as a whole is concerned over the availability of affordable housing, even more so the Gore Street area. While the city reports 36% dissatisfaction with housing, Gore Street reports 60%, with Second Line falling in between at 49%. Sault Ste. Marie has a very mixed response to helping the homeless. The city as a whole is split between those who are satisfied with the progress and those who are not. Second Line answered fairly positively with 44% satisfied or very satisfied with the city's progress. Gore Street however, answered

unfavorably, with 51% dissatisfied or very dissatisfied (DSSMSSAB, p. 90).

2.3 Wellness Survey

The District of Sault Ste. Marie Social Services Administration Board surveyed community hubs located near social housing groupings. The data collected from this survey in 2011, was compiled along with information from the Community Index of Wellbeing (2016), Statistics Canada and informed by Social Services Hub profiles. Overall, Sault Ste. Marie residents are satisfied with their community involvement (56%), while looking closer at the Gore street neighborhood, 42% are satisfied with their involvement. Gore Street participants were decidedly worse in many areas such as: volunteerism, feelings of inclusion, safety concerns, the least satisfied with police services and experience severe distrust in people at a rate of 5% versus 22% for overall SSM participants. Sixty-nine percent of participants in Gore Street had an educational attainment of a high school diploma or less. Gore Street rated the lowest for feelings of having 'very good' overall health against Second Line and SSM who had overall feelings of good health. Persons across the city are somewhat dissatisfied with access to counseling services and access to medical care include dental care however Gore Street remains over 50% dissatisfied with access and Second Line shares the same dissatisfaction. One quarter of respondents from the Gore Street area were dissatisfied with recreational opportunities while two thirds of SSM as a whole are satisfied or very satisfied.

2.4 Rapid Response Situation Table

The Rapid Response Situation Table (RRST) is a multi-sectoral risk intervention model and partnership that aims to mitigate risk and enhance the safety and well-being of the community of Sault Ste. Marie through collaborative mechanisms for responding to situations of acutely elevated risk. RRST is a Sault Ste. Marie community partnership representing key sectors in the human services system. Statistics collected for 2019 in SSM indicates that there were 24 instances of the RRST. From these 24 instances, there were 107 risk factors associated with Mental Health and Cognitive Functioning as being the most prevalent then antisocial/problematic behavior (noncriminal), substance abuse issues, criminal involvement, victimization, housing, education/employment, peers, physical health, neighborhood, emotional violence and last, family circumstances. More specifically, within those risk factors, the following top listed factors were mental health (14.02%), housing (12.15%), criminal involvement (11.21%), drugs (11.21%), physical violence (8.41%), self-harm (6.54%), negative peers (4.67%), sexual violence (3.74%), antisocial/negative behavior (3.74%) and physical health (3.74%).

3.0 Limitations

The amount of persons consulted in this plan was limited due to COVID-19 restrictions. Ideally, the community would have been widely consulted in the development of the plan however; with the current pandemic, this was not possible. The consultations that did occur adhered to health and safety guidelines by Algoma Public Health and held over videoconference.

Another limitation within this community plan is the inclusion of children. Although the plan is inclusive of youth and youth services, children supported by early intervention and prevention programs and services grow into healthy adults. Any community initiative targeted toward this age group and their families increases protective factors and mitigates future risks.

The community identified the top two priority risks for Sault Ste. Marie therefore this plan does not develop strategic action for every risk that exists in the community. By focusing on the identified risks in this report, with actions and a lead organization or planning table, the impact and execution of the document will be greater and sustainable in the long term.

4.0 The Consultation Process

The Algoma Leadership Table, a collective group of executive-level leaders in Sault Ste. Marie and the Algoma District who have representation from healthcare and public health, education, social, community and justice services, was established to effectively impact outcomes for the community through collaboration, coordination and sharing resources. This group approved designation as the advisory circle throughout the development of the Community Safety and Well Being Plan. They are responsible for ensuring that the plan is built on community strengths, aligns with coordinated efforts and is equitable by design.

Further to the main advisory body, the community was consulted in the

creation of the plan in the following ways:

- An in person survey responded by community members attending the Soup Kitchen Community Center/James Street area in August 2020 and Gore Street in September 2020
- An online survey completed by frontline staff associated with the Neighborhood Resource Center collaborative in September 2020.
- Indigenous community stakeholders were engaged via a focus group held in September 2020.
- The Social Equity Action Team was consulted in December 2020 and January & February 2021.
- The Algoma Leadership Table was consulted throughout the entire development process with final approval reached March 2021.

5.0 Priority Risks

In November 2020, the Algoma Leadership Table was informed of the consultation and literature review findings, selected and then approved the top risks for Sault Ste. Marie as:

5.1 Mental Health and Addictions

This priority risk was identified in all sources of literature and across all consultation groups. Mental health and addictions are typically co-occurring and the outcome of such is cyclical in both individuals and families. For example, challenges experienced with mental health may reduce opportunity for an individual to enter the workforce that increases risk of poverty. These risks require a continuum of integrated services, is noted as a gap in current

services and impacts all demographics and equity-seeking groups.

5.2 Poverty

Falling in line with the work of the Poverty Round Table, the areas of Housing, Food Security, Workforce Entry and Crisis Diversion & Resolution compose the issue of poverty. Basic supports required by community members are rooted in this risk and underline many issues associated with it such as mental health, addictions, violence and crime.

6.0 Strategic Plan

The prioritized focus of the Community Safety and Well-being plan lies in the areas of Mental Health & Addictions and Poverty in Sault Ste. Marie. The Sault Ste. Marie Poverty Round Table Progress on Impact Report (2020), the SSM & Area Drug Strategy Call to Action (2019), and the Central Algoma Mental Health and Addictions Planning Table Action Plan (2020) have informed this five-year plan. Many of the researched strategies, outcomes and measures located in each of these foundational documents were synthesized and are presented under each identified risk. While not every action and recommendation written in these reports could be included into this plan, they should be consulted for context and aligning supporting actions. Appendix A is the Community Safety and Well-being Plan's work plan, which contains the information presented in section 6.2 and 6.3 including measures associated with each corresponding area of focus. Designated community planning tables, committees and organizations are the leads responsible

to implement the actions identified in the plan, engage community partners and encourage citizen participation.

Community table's membership can be found in Appendix B.

6.1 Community Safety and Well-Being Plan Guiding Principles

The Community Safety and Wellbeing Plan is guided by the following principles:

1. **Evidence-based & Evaluation:** Actions carried out by the Community Safety and Well-Being plan have been researched as short and long term strategies which include measures to indicate progress.
2. **Shared Collaborative Approach:** The community plan follows a multi-sector approach and relies on the strengths of effective community partnerships and commitment from key stakeholders to ensure sustainability.
3. **Community Engagement:** This plan will seek to include the greater public of Sault Ste. Marie as it implements actions that will be responsive to the cultural and demographic needs of the community.
4. **Wellness:** The plan demonstrates that actions carried out by stakeholders remain wellness-focused intended to improve the quality of living for all community members.
5. **Diversity & Inclusion:** Rooted in the values of anti-discrimination, anti-racism and anti-oppression, these have formed the foundation for the areas of focus and actions. This principle incorporates the specific needs of equity-seeking and cultural groups where informed consent and equitable decision-making is required for a healthy quality of life.

6.2 Mental Health & Addictions

Areas of Focus					
Continuum of Care	Youth Services	Community Based Services	Advocacy & Policy	Research	Public Education & Awareness

6.2.1 Continuum of Care

Intended Outcomes: Prevention to aftercare service providers are knowledgeable and informed on models of care that are trauma informed and recovery oriented, clients and/or service users receive high quality treatment and emergency department high users are provided access to community based mental health and addictions services

Supporting Actions:

- All service providers on the Continuum of Care, from Prevention to Aftercare services, are engaged to provide holistic health services and are supported with up-to-date and evidence-based information, resources, and tools for working with patients, including their families.
- Adapt the prescribed Health Quality Ontario recommendations into the Drug Strategy implementation framework and support the Provincial Opioid Strategy.

- Intensive treatment crisis services and withdrawal management services are adequately staffed and housed for potential expansion.

Responsibility: CMHA Algoma Chair – Mental Health & Addictions System Planning Table SSM, Drug Strategy Committee/Steering Executive Council

6.2.2 Youth Services

Intended Outcomes: Youth have appropriate recreational programming available to them, alternative forms of justice are available to youth, parents and youth are educated on resiliency and coping skills, youth in transition between systems are supported and services are available to them.

Supporting Actions:

- Increase barrier-free safe spaces to access diverse recreation and leisure activity programs and enhance social development programs and capacity in neighborhoods.
- Encourage all school boards to consider alternatives to expulsion/suspension due to absenteeism.
- Advocate for Youth Justice Diversion Programs, therapy, and wraparound treatment services for youth, who use substances and in conflict with the law. Ex. Alternatives for Youth Genesis.
- Offer curriculum-based presentations to youth and parents in the school system and community at large, with a focus on coping skills, and dealing with trauma.
- Transitional youth between systems of care are provided community based psychosocial rehabilitation supports (life skills, navigation, housing)

Responsibility: Drug Strategy Committee/Steering Executive Council

6.2.3 Community-Based Services

Intended Outcomes: Wraparound services are available to individuals and families from commencement to remission and are supported post treatment, individuals are families and neighborhood vulnerability is reduced from harm, substance dependency treatment is identified and offered in a timely and purposeful way by multiple sectors (i.e. primary care and justice), persons with lived experience are empowered to work with others, services and programs provide a continuum of care based on the needs of the individual

Supporting Actions:

- Integrate community led partnerships to leverage collective resources between primary care, mental health, addictions and social services.
- Provide opportunities to increase safety and support for persons involved in street level sex trade (e.g. 24-hr access to a safe place, 'bad date' lines, victim supports).

- Expand and enhance current peer supports and support the continued development of both a family and peer support network. Integrate the experiences and knowledge of individuals with lived experience in initiatives.
- Service delivery is client centered and hours of operation for treatment and wrap around services are cultural/demographic-specific and concurrent-disorder focused, incorporates system navigation across systems of care from individuals about their treatment options and what to expect while navigating through treatment, and are consistently available outside the regular daytime Monday to Friday window.

Responsibility: Algoma Leadership Table, Drug Strategy Committee/Steering Executive Council, CMHA Algoma

6.2.4 Advocacy & Policy

Intended Outcomes: A wide range of Community and residential withdrawal management and inpatient/outpatient treatment services are available in SSM, all elementary and secondary schools are adequately staff with mental health professionals and local Institutions and businesses are prepared in harm reduction techniques

Supporting Actions:

- Continue to advocate for the federal/provincial government's approval of enhanced withdrawal management services and residential treatment for youth with mental health/addictions in Algoma and Northern Ontario.
- Increase mental health and addictions team staffing in all school boards and mental health and substance use disorder content in the curriculum to enhance early intervention, prevention education and services.
- Encourage all local institutions and businesses to integrate Naloxone into their first aid policies and harm reduction training.
- Support collaborative plans for timely needle retrieval including public signage in higher risk areas and include needle disposal containers in local businesses and institutions and high traffic public spaces or areas.

Responsibility: CMHA Algoma SSM Mental Health and Addictions Working Group, Drug Strategy Committee/Steering Executive Council

6.2.5 Research

Intended Outcomes: Sectors are aware of drug use data and there is evidence-based information on the viability of a safe consumption site in Sault Ste. Marie.

Supporting Actions:

- Continue public health surveillance activities and make data available across sectors to allow for system planning.
- Investigate the benefits of a safe consumption site in Sault Ste. Marie.

Responsibility: Drug Strategy Committee/Steering Executive Council

6.2.6 Public education & Awareness

Intended Outcome: The public is informed and the community is ready to engage in drug strategy & mental health initiatives and messaging.

Supporting Actions:

- Develop a communication strategy that includes public education and awareness information on relevant legislation, guidelines, and harm reduction services related to substance use disorders and concurrent disorders intended to reduce stigma.
- Continue to promote Naloxone awareness and public Naloxone training.

Responsibility: Drug Strategy Committee/Steering Executive Council

6.3 Poverty

Areas of Focus			
Housing	Food Security	Workforce Entry	Crisis Diversion & Resolution

6.3.1 Housing

Intended Outcomes: Low-income people are living in housing that meets all appropriate standards of living, all low-income persons are housed in affordable units and housing is available to at-risk populations.

Supporting Actions:

- Increase the availability of affordable housing stock particularly one bedroom affordable units.
- Increase enforcement of municipal property standards.
- Support, stabilize and increase existing long and short term housing supports including permanent supportive housing units and rapid re-housing interventions for persons with housing instability or those who are experiencing homelessness and mental health and/or addictions.
- Implement a Housing First Model into the community.

Responsibility: City of Sault Ste. Marie, District of Sault Ste. Marie Social Services Administration Board, Housing Working Group of the Poverty Round Table

6.3.2 Food Security

Intended Outcomes: Low-income earners are food literate, the public is educated with respect to the impact of Food Security in the region, Nutritious food is accessible to low-income people and organizations are distributing nutritious food

Supporting Actions:

- Increase the supply of nutritious food distributed by Harvest Algoma.

- Access points for nutritious foods are established within walking distance for all neighborhoods.
- Expand the number of Community Kitchens/Community Gardens available for use by public.
- Communicate availability of accessible food and food literacy programming to the public
- Create a shared data collection tool for use by food security organizations.

Responsibility: United Way, Food Security Working Group of the Poverty Round Table

6.3.3 Workforce Entry

Intended Outcomes: Employment supports for low-income people to enter the work force are accessible, low-income learners complete levels of education that is required to enter the workforce and employers support training and hiring low-income people based on local labour market demand

Supporting Actions:

- Raise awareness of the living wage to the public and private sector and recognize employers who have adopted the rate of pay.
- Design learning supports for high school and first generation post-secondary students to increase graduation rates.
- Design supports for those entering the workplace to assist with navigating employment and workplace opportunities for students.
- Expand the Bridges out of Poverty to support workforce entry.
- Create a data collection network to track the number of employers supporting training and hiring of low-income persons.
- Create labor specific skill sets to satisfy high levels of demand within multiple sectors.

Responsibility: Poverty Round Table, Workforce Entry Working Group of the Poverty Round Table, Algoma Public Health & DSSMSSAB

6.3.4 Crisis Diversion & Resolution

Intended Outcomes: The unmet needs of community members are addressed and the gaps in service are responded to by community organizations

Supporting Actions:

- Increase awareness of community programs and supports that are accessible to any community member in need.
- Maintain appropriate funding to community basic needs emergency support programs other than social assistance.
- Support the Basic Income Guarantee and the living wage as a threshold measure to access emergency supports.
- Free access to non-food basic need items are publicly available.

Responsibility: Crisis Diversion & Resolution Working Group of the Poverty Round Table

7.0 Conclusion

Sault Ste. Marie's Community Safety and Well-Being Plan requires the coordinated efforts of multi-sector stakeholders to ensure that the plan is responsive to the community's persistent and emerging social risks throughout the continuum of prevention to aftercare services, data sharing occurs across organizations, youth have access to services and community-based services meet the varying needs of community members. Housing, food security, opportunities to participate in employment and diverting crises before they require immediate reactionary interventions are also rooted in this 'evergreen' social development plan. The joint responsibility of initiation and regular review of this community plan will be primarily led by the Sault Ste. Marie Police Services with the support of the City of Sault Ste. Marie.

References

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APPENDIX A Community Safety and Well-Being Work Plan

Risk	Community Safety & Wellbeing Plan 2021-2026				
	Areas of Focus	Actions/Related Tasks	Responsible	Expected Outcomes	Evaluation
Mental Health & Addictions	1. Continuum of Care	All service providers on the Continuum of Care, from Prevention to Aftercare services, are engaged to provide holistic health services and are supported with up-to-date and evidence-based information, resources, and tools for working with patients, including their families.	CMHA Algoma Chair – Mental Health & Addictions System Planning Table SSM	Continuum of Care providers are knowledgeable and informed on models of care that are trauma-informed and recovery oriented.	# service providers receiving resources
		Adapt the prescribed Health Quality Ontario recommendations into the Drug Strategy implementation framework and support the Provincial Opioid Strategy.	Drug Strategy Committee/Steering Executive Council	Clients/users receive high quality treatment.	# of relationships established with professionals in the community
		Intensive treatment crisis services and withdrawal management services are	Drug Strategy Committee/Steering Executive Council	Emergency department high users are provided access to community based mental health and addictions services.	# of discharge plan meetings with institutions # of high frequency emergency department users

		adequately staffed and housed for potential expansion.			
	2. Youth Services	Increase barrier-free safe spaces to access diverse recreation and leisure activity programs and enhance social development programs and capacity in neighborhoods. Encourage all school boards to consider alternatives to expulsion/suspension due to absenteeism. Advocate for Youth Justice Diversion Programs, therapy, and wraparound treatment services for youth, who use substances and in conflict with the law. Ex. Alternatives for Youth Genesis. Offer curriculum-based presentations to youth and parents in the school system and community at	Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council	Youth have appropriate recreational programming available to them. Alternative forms of justice are available to youth. Parents and youth are educated on resiliency and coping skills. Youth in transition between systems are supported and services are available to them.	# of presentations to youth and parents # of low cost recreational activities # of youth in diversion programs # of services provided to youth who are transitioning between systems

		large, with a focus on coping skills, and dealing with trauma. Transitional youth between systems of care are provided community based psychosocial rehabilitation supports (life skills, navigation, housing)	Drug Strategy Committee/Steering Executive Council		
	3. Community-Based Services	Integrate community led partnerships to leverage collective resources between primary care, mental health, addictions and social services. Provide opportunities to increase safety and support for persons involved in street level sex trade (e.g. 24-hr access to a safe place, 'bad date' lines, victim supports). Expand and enhance current peer supports and support the continued development of both a family and peer support network. Integrate the experiences and	Algoma Leadership Table Drug Strategy Committee/Steering Executive Council Canadian Mental Health Association Algoma	Wraparound services are available to individuals and families from commencement to remission and are supported post treatment. Individuals, families and neighborhood vulnerability is reduced from harm. Substance dependency treatment is identified and offered in a timely and purposeful way by multiple sectors (i.e.	# of collaborative initiatives # of direct supports for those involved in the sex trade # of supports offered outside of regular hours and between Monday-Friday # of peer workers hired, trained and

		knowledge of individuals with lived experience in initiatives. Service delivery is client centered and hours of operation for treatment and wrap around services are cultural/demographic-specific and concurrent-disorder focused, incorporates system navigation across systems of care from individuals about their treatment options and what to expect while navigating through treatment, and are consistently available outside the regular daytime Monday to Friday window.	Drug Strategy Committee/Steering Executive Council	primary care and justice) Persons with lived experience are empowered to work with others. Services and programs provide a continuum of care based on the needs of the individual.	working in community
	4. Advocacy & Policy	Continue to advocate for the federal/provincial government's approval of enhanced withdrawal management services and residential treatment for youth with mental health/addictions in Algoma and Northern Ontario.	CMHA Algoma SSM Mental Health and Addictions Working Group	A wide range of Community and residential withdrawal management and inpatient/outpatient treatment services are available in SSM.	# of mental health staff operating in the school boards # of public signage & sharps

		Increase mental health and addictions team staffing in all school boards and mental health and substance use disorder content in the curriculum to enhance early intervention, prevention education and services. Encourage all local institutions and businesses to integrate Naloxone into their first aid policies and harm reduction training. Support collaborative plans for timely needle retrieval including public signage in higher risk areas and include needle disposal containers in local businesses and institutions and high traffic public spaces or areas.	Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council	All elementary and secondary schools are adequately staff with mental health professionals. Local Institutions and businesses are prepared in harm reduction techniques	containers in public spaces
	5. Research	Continue public health surveillance activities and make data available	Drug Strategy Committee/Steering Executive Council	Sectors are aware of drug use data.	# of sector organizations in receipt of real-time data

		across sectors to allow for system planning. Investigate the benefits of a safe consumption site in Sault Ste. Marie.	Drug Strategy Committee/Steering Executive Council	There is evidence-based information on the viability of a safe consumption site in SSM.	A report is produced on safe consumption site
	6. Public Education & Awareness	Develop a communication strategy that includes public education and awareness information on relevant legislation, guidelines, and harm reduction services related to substance use disorders and concurrent disorders intended to reduce stigma. Continue to promote Naloxone awareness and public Naloxone training.	Drug Strategy Committee/Steering Executive Council Drug Strategy Committee/Steering Executive Council	The public is informed and the community is ready to engage in drug strategy & mental health initiatives and messaging.	# of public Naloxone training events held # of public education campaigns # of organizations who have been trained

Risk	Objectives	Actions/Related Tasks	Responsibility	Expected Outcomes	Evaluation
Poverty	1. Housing	Increase the availability of subsidized housing stock particularly one bedroom affordable units. Increase enforcement of municipal property standards. Support, stabilize and increase existing long and short term housing supports including permanent supportive housing units and rapid rehousing interventions for persons with housing instability or those who are experiencing homelessness and mental health and/or addictions. Implement a Housing First Model into the community.	Housing Working Group of the Poverty Round Table City of SSM Housing Working Group of the Poverty Round Table District of Sault Ste. Marie Social Services Administration Board	1. All low-income persons are housed in affordable units 2. Housing is available to at-risk populations 3. Low-income people are living in housing that meets all appropriate standards of living	# of applicants on the subsidized housing waiting list # of individuals/families accessing subsidized housing # of homeless individuals in Sault Ste. Marie # of complaints made about substandard housing or other housing issues

	2. Food Insecurity	Increase the supply of nutritious food distributed by Harvest Algoma.	United Way	1. Nutritious food is accessible to low-income people	Places by category to access nutritious food and their locations
		Access points for nutritious foods are established within walking distance for all neighborhoods.	Food Security Working Group of the Poverty Round Table	2. Organizations are distributing nutritious food	Harvest Algoma's distribution of nutritious food
		Expand the number of Community Kitchens/Community Gardens available for use by public.	Food Security Working Group of the Poverty Round Table	3. Low-income earners are food literate	Percentage and weight of nutritious food distributed (including free, rescued and non-local food as well as food produced)
		Communicate availability of accessible food and food literacy programming to the public	Food Security Working Group of the Poverty Round Table	4. Public is educated with respect to the impact of Food Security in the region	# of organizations delivering types of food preparation skills/education
		Create a shared data collection tool for use by food security organizations.	Food Security Working Group of the Poverty Round Table		# of people participating in food preparation

					skills/education training # of organizations sharing data # of reports to the public
	5. Workforce Entry	Raise awareness of the living wage to the public and private sector and recognize employers who have adopted the rate of pay. Design learning supports for high school and first generation post-secondary students to increase graduation rates. Design supports for those entering the workplace to assist with navigating employment and workplace opportunities for students. Expand the Bridges out of Poverty to support workforce entry.	Poverty Round Table Workforce Entry Working Group of the Poverty Round Table Workforce Entry Working Group of the Poverty Round Table Algoma Public Health & District of Sault Ste.	1. Employment supports for low-income people to enter the work force are accessible 2. Low-income learners complete levels of education that is required to enter the workforce 3. Employers support training and hiring low-income people based on local labour market demand	# of people participating in job readiness support programs Secondary school graduation rates Post-secondary enrolments # of literacy service providers # of people participating in skills development # of employers supporting

		Create a data collection network to track the number of employers supporting training and hiring of low-income persons. Create labor specific skill sets to satisfy high levels of demand within multiple sectors.	Marie Social Services Administration Board Workforce Entry Working Group of the Poverty Round Table Workforce Entry Working Group of the Poverty Round Table		training and hiring low income people # of people leaving financial assistance programs due to employment (e.g. Ontario works, ODSP)
	4. Crisis Diversion & Resolution	Increase awareness of programs and supports that are accessible to any community member in need. Maintain appropriate funding to community basic needs emergency support programs. Support the Basic Income Guarantee and advocate for the use of the SSM living wage as a threshold measure in order to access emergency supports.	Crisis Diversion & Resolution Working Group of the Poverty Round Table Crisis Diversion & Resolution Working Group of the Poverty Round Table Poverty Round Table	1. The unmet needs of community members are addressed 2. Gaps in service are responded to by community organizations.	# of unmet needs by type and by number of people (e.g. shift childcare, availability of afterhours services) # of persistent unmet needs # of gaps identified from 211 contacts/searches

		Free access to non-food basic need items are publicly available.	Crisis Diversion & Resolution Working Group of the Poverty Round Table		
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APPENDIX B List of Community Planning Table Membership

Algoma Leadership Table:

Algoma District Social Services Administration Board
Algoma District School Board
Algoma Family Services
Algoma Legal Clinic
Algoma Public Health
Anishinabek Police Service
Canadian Mental Health Association
Children's Aid Society of Algoma
Child Care Algoma
City of Sault Ste. Marie
Counselling Centre of East Algoma
Community Living Algoma
Conseil Scolaire Catholique du Nouvel-Ontario
Conseil Scolaire Publique du Grand Nord de l'Ontario
District of Sault Ste. Marie Social Services Administration Board
Early Years Services
FutureSSM
Garden River Wellness Center
Group Health Centre
Huron-Superior Catholic District School Board
John Howard Society of Sault Ste. Marie
Local Health Integration Network
Métis Nation of Ontario
Ministry of Children, Community and Social Services
Ministry of Training, Colleges and Universities
Missanabie Cree First Nation
MPP Sault Ste. Marie Office
Northeastern Community Care Access Centre
North Shore Tribal Council
Ontario Provincial Police
Sault Area Hospital
Sault Ste. Marie & Area Drug Strategy
Sault Ste. Marie Indigenous Friendship Centre
Sault Ste. Marie Innovation Centre
Sault Ste. Marie Police Services
Superior Family Health Team
Thrive Child Development Center
United Way
Victim Services of Algoma
Women In Crisis

Poverty Round Table:

Algoma Education Gardening Committee
Algoma Family Services
Algoma Public Health
Algoma Workforce Investment Corporation
Breton House
Credit Counselling of SSM
City of Sault Ste. Marie
District of Sault Ste. Marie Administration Board
United Way
Habitat for Humanity
Harvest Algoma
Huron Superior Catholic District School Board
John Howard Society
Ken Brown Recovery Home
NORDIK Institute
Sault College
Sault Ste. Marie Innovation Center
SSM Soup Kitchen
Women in Crisis
Crisis Diversion & Resolution Working Group
Food Insecurity Working Group
Housing Working Group
Workforce Entry Working Group

Drug Strategy Committee:

Algoma Public Health/CADAP
Adult Probation and Parole
Sault Emergency Medical Services
Sault Ste. Marie Police Services
Algoma District School Board
Safe Communities Partnership
Maamwesying North Shore Community Health Services Inc.
Group Health Center, Hep Care Program
Huron Superior Catholic District School Board
Breton House/ A New Link
DSSMSSAB
Ontario Aboriginal HIV/AIDS Strategy
Independent Drug Marts
Indian Friendship Center
Garden River Addictions and Mental Health
Sault Area Hospital, Outpatient/Inpatient Programs
John Howard Society
Algoma Family Services, Alternatives for Youth
Batchewana NNADAP