



# Minutes

## Of a Meeting of the Crime Prevention and Community Well-Being Advisory Committee of the City of Kenora

Friday, June 14, 2024

9:00 a.m.

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|--------------|------------------------|--------------------|
| <b>With:</b> | Darcia Curtis          | Jim Neild          |
|              | Denise Forsyth         | Taras Manzie       |
|              | Regan Dearborn         | Cynthia MacDougall |
|              | Shannon Bailey         | Jeff Duggan        |
|              | Logan Haney            | Hayley Pentek      |
|              | Councillor Barb Manson | Jodelle Maksymchuk |
|              | Councillor Bob Bernie  |                    |

**Staff:** Eric Shih – CSWB Coordinator  
 Heather Pihulak, Director of Corporate Services/City Clerk  
 Heather Lajeunesse, Enforcement Services Manager/Deputy Clerk  
 Christiane Sadeler – Consultant

|                 |              |                     |
|-----------------|--------------|---------------------|
| <b>Regrets:</b> | Jill Hager   | Kyle Attanasio, CAO |
|                 | Grant Cowles | Anita Cameron       |
|                 | Jared Olsen  |                     |

### 1. Call to Order and Land Acknowledgement

Chair Darcia Curtis called the meeting to order at 9:08 a.m. and Logan Haney delivered the land acknowledgement.

### 2. Declaration of Pecuniary Interest and the General Nature Thereof

There were none declared.

### 3. Additions to and Approval of Agenda

No additions to the agenda declared. Agenda accepted.

### 4. Approval of Minutes from Previous Meeting

**Moved by R. Dearborn, Seconded by D. Forsyth and Carried -**

That the Minutes of the Crime Prevention and Community Well-Being Advisory Committee meeting held April 19, 2024, be confirmed as written and filed.

## **5. Endorsement in principle of May 10 workshop notes**

Agenda item was deferred.

## **6. Community of Practice:**

### **Deb Everly, Executive Director, Kenora Association for Community Living**

Darcia introduced and welcomed Deb Everly as a presenter to the group.

Deb gave an overview of how the Kenora Association for Community Living (KACL) was established and how it has evolved over the years. KACL has existed since 1961 and was originally started by families of Kenora, who were committed to coming together being that their children who had intellectual disabilities were and unable to attend school. Deb shared that she came to the organization in 1984 from Red Lake and that she has been involved since she was 13 in this type of work.

Deb touched on the history of developmental services and how it had initially been designed for institutionalizing people. The last institution for the developmentally disabled closed in 2009, an apology followed in 2013 by then Premier Kathleen Wynne for the abuses that occurred in those facilities. In 1967 KACL started bringing people home from these facilities, which accelerated in the 1980s.

Deb explained that there are 280 kindred organizations across the province, all with various programming. Each community identifies program needs through the families and thus programs are all individualized. KACL is at the progressive end of development services. They are the largest organization in the district with 300 staff, supporting 281 clients, 24 are part of the street population.

Deb distributed a handout to members outlining the list of services, associated models, people supported, referral pathway and funding. She explained that developmental services are quite complicated and provided some information and details on the extensive list of services that KACL offers. There is a long waiting list to get into KACL services and the only way to get in is when those currently in services pass away. Currently there are 112 people on the waiting list.

The handouts outlining KACL's services are attached to these minutes. More information on the history of KACL and its programming can be found on their website at [www.kacl.ca](http://www.kacl.ca)

Following Deb's presentation, it was asked if committee members had any questions.

Some questions were emailed in advance of the meeting to Eric:

What is KACL doing for the unhoused population?

Response: For transitional youth they have let us put in funding, housing for this group isn't identified as a priority need but it needs to be.

Is KACL duplicating what others are doing?

Response: There are other case management programs but they are justice related, KACL exists beyond that and a mental health diagnosis is required. There are no others that provide this type of case management. KACL is part of the Adult Protective Services Workers (APSW) group and provides complex case management, other groups don't have the same programs. There is a duplication of housing, KACL would like to pool together to reduce administrative costs, but it would be hard to manage. KACL does have a lot of partnerships.

How does KACL create programs?

Response: We have had to change the narrative with what is happening in the City of Kenora. We need to rehumanize each other as service providers and move beyond tolerating to taking risks and developing new service models. It is not easy to acknowledge that we have failed people. Regarding mental health and addictions network, we need to have a youth outreach program. We are taking away resources from KACL to support youth outreach, there is a need to come together and figure it out. Research projects have happened as clientele changes. We have to start with a reconciliation process between community and service providers.

Councillor Bernie explained that he has done this type of work his whole career and has worked extensively with youth and those supported by KACL. He spoke to risk assumption and asked about the risk the community assumes and suggested that we have to look at these things strategically. He indicated that what KACL does is honourable but that taxpayers are feeling unsafe and are not good with that. So how can we reconcile risk vs. reward, is it possible to say no to someone seeking services?

Deb explained that these people are here, many have been their whole lives and have aged out of the system and developmental services. She indicated that they have said no to people, but that they cannot say no to someone that needs services unless they do not have the resources. It is really hard to say no to people and that they don't know what do about someone they say no to that ends up in the shelter. What we need to do is create really robust outreach programs. It was explained how hard and heartbreaking this work is and out of the hundreds of people that they do support and help it can take just one bad incident to give a negative perception.

Denise explained that Deb has been clear with the All-Nations Health Partners about outreach, solutions need to be found together as organizations.

Deb shared that there were several serious occurrences this past weekend which involved after hours calls, and they were all managed with various groups. KACL has people on call 24/7.

Jim shared that OPP does work closely with these teams and there are positive interactions coming out of some of the homes that are set up. We need to build bridges before a crisis happens.

Logan shared that she talks to KACL workers every day in her work and explained there are good things coming out of these coordinated partnerships. She hasn't ever had a negative incident with KACL clients and is getting to know some of them.

Jeff asked if KACL builds a profile of where people are from as some want to be close to family, as many communities do have the infrastructure to provide services in their communities.

Deb explained that people have the freedom to choose but that we are dictating location as per where we are building the housing, so the system is at fault.

It was discussed that as agencies and organizations we need to shift priorities to build the team we want. We can't go back to the government and ask for more money, we need to assign FTE's and show the government the need for funding for this team. Deb agreed that KACL needs a story to tell funders as their money is tied to individual people, the community needs to speak with one voice. Jeff suggested that if you tell the community that we are going all out for youth he can't see anyone disputing that.

Shannon indicated she agrees with what Jeff said, coordination of services is something we talk about and we see the coordination with this plan. She agreed that we are adequately funded, and the resources need to be brought together. It needs to be decided what agency will take the lead and just do it.

*Break from 10:15 – 10:25 a.m.*

**Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit (10:38am)**

Dr. Kit Young Hoon was introduced and welcomed as a presenter to the group.

Dr. Young Hoon shared that she has two presentations which are focused on substance use. She distributed an 80-page bound book to committee members: Best Practice Recommendations – for Canadian Programs that provide harm reduction supplies to people who use drugs and are at risk for HIV, HCV, and other harms.

Dr. Young Hoon gave an overview of the Northwestern Health Unit's (NWHU) spectrum regarding substance use. All substance use has the potential to be addictive and cause harm not just illegal drugs. Some people use substances and don't have health harm, others have addiction which is a medical condition, which in turn means changes in how the brain functions. Users can't just stop as it can be life threatening to them, they may need a spectrum of supports. Dr. Young Hoon elaborated on the framework of addiction (4 C's) and explained there are many associated factors. She shared Ontario data on harms and estimated costs for tobacco, alcohol, cannabis and opioids, indicating that

alcohol is the biggest driver. Use is higher in NWHU catchment area and things are not improving.

Dr. Young Hoon explained that she is sharing this information and the statistics to show it is important to have a strategic approach as there are multiple factors relating to the problem. Risk factors need to decrease, and protective factors need to increase, and we need to ask: what does success look like? She referred to the decreased smoking rates since 1965 and that there is hope. Smoking used to be allowed everywhere before there was no more smoking permitted indoors and in workplaces. The decline in smoking required changes such as this and to display, warnings and taxation. That is what was needed to bring about this change.

There was a brief discussion on alcohol harms touching on factors such as retail density, pricing and taxation, advertising and marketing, Dr. Young Hoon shared that we have the highest alcohol outlet density in the province and that increased availability equals increased consumption and increased harms. Labelling with warnings would be a harm reduction measure. Taras shared that alcohol lobbyists are so big that they push against this.

Dr. Young Hoon recommended exploring prevention indicating that maybe there are other things this group is considering. She referenced some evidence-based programs such as Planet Youth's Icelandic Prevention Model, Strengthening Families for the Future, The Fourth R, and PreVenture. She shared that the Icelandic Model is pretty impressive which is why she brought it forward, it is evidence based and substance use has significantly declined, although this model has not been evaluated in Canada. Timmins is moving forward with it, and we can monitor the evidence, there will also be funding in 2026.

Dr. Young Hoon shared her final comment that what she has presented today doesn't cover all the work of the NWHU as the scope of their work is very broad.

Following Dr. Young Hoon's presentation, it was asked if committee members had any questions.

Darcia confirmed that substance use, and mental health and addictions are a big part of this plan but well-being is as well. She asked if the NWHU has any suggestions around other areas we should be considering for "well-being". Dr. Young Hoon explained she did go straight to substance use with her presentation but there are other things. Some of the main drivers are chronic disease which goes back to the importance of healthy eating, activity, etc. She referenced the NWHU student nutrition program, adding that the cost of healthy eating has increased by 9% in Northwestern Ontario in the last year. The Rotary Club also has a Nutrition on Weekends program in Kenora to increase food availability and nutrition for students that have insufficient access to healthy food. It comes down to income to afford food, there could be assistance and support to explore this further. Dr. Young Hoon also touched on mental wellness, and the stigma of addressing mental illness and addiction. She offered to do another presentation for the committee if more information is wanted.

Dr. Young Hoon shared information on the needle distribution program and explained the benefits of harm reduction. She added that this program is supported by many such as the World Health Organization, Canadian Mental Health Association as well as many national and international organizations. There is strong evidence to support this harm reduction approach.

There was discussion on needle distribution and how people are encouraged to only take and return what they need. A point was raised about the importance of providing education to the program users during the interaction when they pick up needles, about returning them as well as providing options for treatment or counselling. Concerns were brought forward about the cost effectiveness and the waste created (used and unused needles) around the community associated with the NWHU giving out unlimited needles, and it was questioned if the risks are outweighing the benefits of the program.

Dr. Young Hoon stated that she recognizes the education is a gap and they have increased the number of connections with clients, people are flagged to get an educational piece. Denise indicated they have an extra staff person on at Morningstar Detox Centre specifically for needle distribution. Dr. Young Hoon shared that the results of a survey of clients indicated that some of them inject 3-5 times per day so to make sure they don't share needles they need to be given enough. NWHU has concerns about HIV getting into the broader population from sharing needles and this will be hard to control.

It was brought up that there has been no discussion about meth or fentanyl. Dr. Young Hoon responded that there is no specific evidence-based intervention for meth. This is a challenging one and part of it is prevention.

Chair Darcia thanked both presenters for attending. (ended at 11:40)

## **7. Update in completed stakeholder consultations**

Christiane updated the group on the stakeholder consultations and suggested to try to get on the agenda of other groups. She will be coming back to Kenora the week of July 22<sup>nd</sup> and will try to come the day before to meet in person and talk about the sticky issues that are emerging from this process. She shared that lots of the members have been completing their homework. It is the hope that the data from these consultations and through other sources altogether will create a baseline going forward for the CSWB plan.

## **8. Checking progress on gathering data and hosting self-led consultations**

A number of updates were received through email, and everyone has been touched base with and knows where they are at.

## **9. Coordinator, subcommittee and working group updates**

Eric introduced Steve Woolrich who was present at the meeting. He has been contracted by the City to undertake a three-month residency to examine Kenora's downtown with his expertise in Crime Prevention Through Environmental Design (CPTED). Steve shared that his work in Kenora is going well, he is still impressed by the community being friendly and welcoming and he has had some great discussions.

Assessment is going very well on downtown in the three different districts, and it will be completed at the end of July. He shared that at the end of July he leaves and is looking to empower a cohort group he will be training. This group consists of a dozen City staff and people from the community that will be empowered to work in the neighbourhoods and downtown after his departure. Things are at the halfway point, but everything is coming together nicely. Steve shared that the cohort training will start next week.

Eric shared Anita's report on the TRC Subcommittee adding that they are hoping to organize some meetings. He also shared that the city has now hired an Indigenous Relations Advisor.

## **10. New Business**

None

## **11. Meeting Evaluation Round Table w/ message priorities for communication (what are the 3 key takeaways from the meeting?)**

Regan – We are sharing who we are, connecting with what we are hearing and getting that information out there. She has learned a lot about the agencies she has worked with for a long time, let's keep the momentum going.

Jodelle - Appreciates the evidence-based information, there is a list of things to move forward.

Councillor Manson – KACL's presentation was really informative. Regarding the NWHU we have to answer to taxpayers and the needle exchange is a hot topic. Would like the data, how many they are giving out and how many coming back. Understands their side but also have to deal with the other side.

Jeff – A sub-committee could be valuable to talk about needle distribution and create accountability. Need some numbers on meth as it has been around since 2016.

Eric – Is talking with Christiane and Kyle about a working group focused on needles and suggested that this is something we need to work on for sure. Today is too busy so it can be at the next meeting, and he will discuss this at the Project Team meeting. Great to get local perspectives from presentations. Will send an email out to ask members what they want to hear. Good opportunity for people to hear in detail what different organizations do. Appreciated the questions he received in advance of the meeting.

Denise – The meeting was insightful and spoke to different perspectives on different topics. We need to build bridges instead of blowing them up. We all have our perspectives on different organizations.

Logan – The meeting went well and enjoyed presentations; they came from a place of vulnerability. Agree with Denise, we have to work on building the bridges.

Taras – The meeting was great, need more of these local perspectives and communities of practice. There is a lot going on in many of these organizations and in trying to pull it all together. The business community fears that something will be lost, there are lots of organizations that need to have their voices heard (businesses and certain areas) which needs to be kept in mind.

Hayley – The meeting was super helpful, understanding all the different areas that they cover. Would have liked the NWHU to go over more of what they do, as there is so much other good work in community. Perhaps Dr. Young Hoon can come back.

Cynthia – Found meeting informative, she has worked with KACL and liked to get a better understanding of their programs. She works closely with the NWHU in needle distribution and agrees that numbers would be helpful regarding needles. It is scary for the community to see how many are left in the community and shows the problems we have with substance abuse.

Christiane - Echoes what folks have said, it is valuable to learn about the programs and important to recognize that the plan we are developing is built off what we already have in place. It is important to celebrate that and congratulate yourselves on the work you are already doing. For the challenges brought forward today, the opportunity is to create a plan that balances risk vs. opportunities so that everyone can see themselves in the plan. Glad to be part of it.

Darcia - How do we invite people into our meetings, we are asking for information on how to help create a plan, then we start asking questions with our work hats. How do we work with our community of practice, does this committee want to hear the information and evidence, or do we need the space to have more conversations together. How do we balance the presentations vs. questions.

Denise – We have to be really clear about what we are expecting from the presentations, we want them to be engaged as part of the solution.

Eric - When he spoke to the presenters it was communicated that it would be their presentation then questions, which is why we canvassed questions in advance to find out so they knew what would be coming from the committee.

## **12. Adjournment**

The meeting was adjourned at 11:57 a.m.

### **Actions Arising:**

1. Committee members to complete their assigned consultations and data submissions.