Dufferin Community Safety and Well-Being (CSWB) Plan Integration Table Meeting Minutes December 10, 2024

1:00 p.m. - 2:00 p.m. Via Microsoft Teams

Chairs: Jennifer Payne, Headwaters Communities In Action

Members Present: Dorothy Davis, Dufferin Caledon Victim Services

Dan McCord, County of Dufferin

Jennifer Moore, Dufferin Child and Family Services Lisa Neuman, Services and Housing In the Province

Darin Tjeerdsma, Dufferin Paramedics Carol Barber, County of Dufferin Terri-Ann Pencarinha, Dufferin OPP Raman Hansra, Family Transition Place

Heidi Vanderhorst, Dufferin Area Family Health Team

Lyndsey Dossett, WDG Public Health Anna Vanderlaan, WDG Public Health Michael Di Pasquale, Dufferin OPP

Dave Pearson, Ontario Health Team (OHT)

Minutes: Corinne Nielsen, County of Dufferin

Regrets: Jennifer Kirkham, Mischievous Cat Productions, Consultant

Lyn Allen, Family Transition Place

Tara Nixon, Orangeville Probation and Parole Services

Trisha Linton, Diversity, Equity, Inclusion Community Advisory Committee

Lynette Pole-Langdon, Family Transition Place

Sara MacRae, County of Dufferin Camille Loucks, WDG Public Health Diane Kite, Community Living Dufferin Fatima Medeiros, Polycultural Society Glenna Rogers, WDG Public Health

Sheralyn Roman, HCIA

Shonette Gobin, Polycultural Society

Sinthusha Panchalingam, CHMA Peel Dufferin Tim Smith, Canadian Mental Health Association Shirley Boxem, Dufferin Community Foundation

James Giovannetti, Dufferin OPP

Elaine Capes, DC MOVES

Charlene Heyer, CMHA Peel Dufferin Rohan Thompson, County of Dufferin

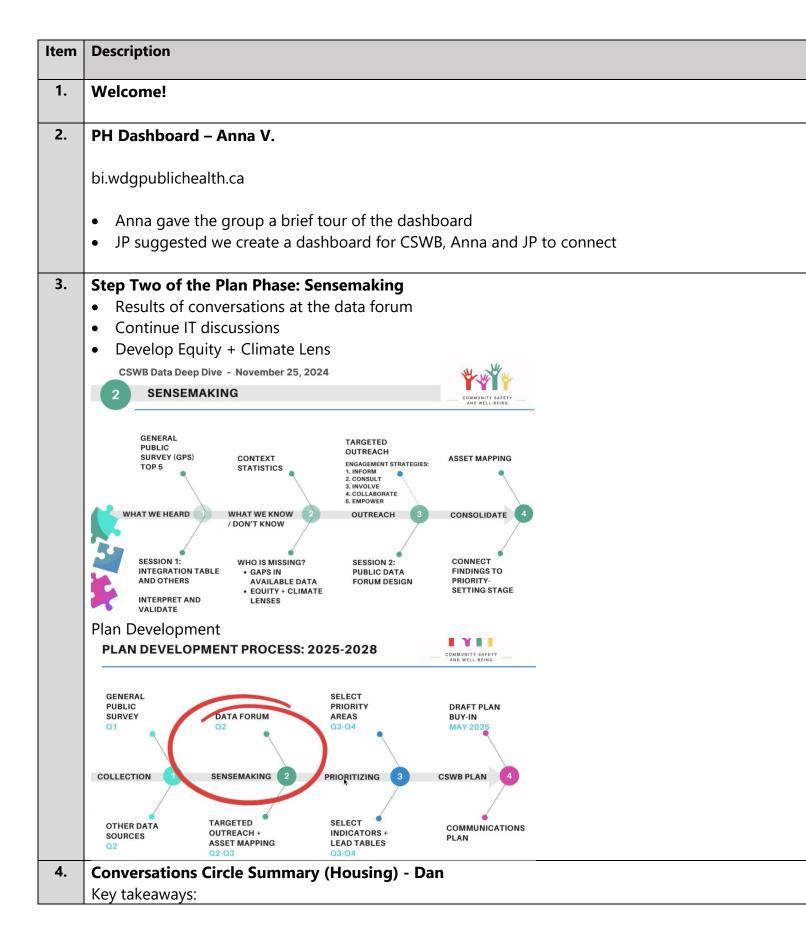
Megan Ball, County of Dufferin

Tracy Coffin, Hills of Headwaters OHT

Corrie Trewartha, Dufferin OPP

Caitlin Ward, Services and Housing In the Province

Elaine Griffin, Alzheimer Dufferin Sonja Vukovic, WDG Public Health



- Homelessness is hidden. Very true for rural areas
 - There are waitlist overlaps need more context, define providers (e.g. DC vs. SHIP vs. coops), n more community awareness to make folks aware of the work being done. Orangeville is workin messaging. Some people choose to be unhoused. Homelessness is not criminal.
 - DCEC H&H Working Group one action of this group is to work on community awareness
- General stock needed, as well as a mix of options for housing spectrum
- Data aligns with what service providers are seeing
- Multiple points of access to services * Not coordinated. Having info at all points of access. Look to additional context. Is lack of coordination in conjunction with lack of awareness?

Gaps:

- How to track displacement from the area; may not come up in the data as people move on from that has limited services HIFIS is able to track this data, is designed to follow the client though the journey
- PiT and BNL could be lower than the true numbers *If people leave the area and seek services in or
 areas it could be tracked through HIFIS (used by shelters as well). Other tracking through OW.

Initial Actions:

- Strengthening our declaration and shared principles about housing as a human right
- Seek developers who will support the range of affordable housing needs
- Dashboard for housing and homelessness services and data
- funding

Proxy:

• Low income contributes to food insecurity, crime, mental health and housing.

5. Conversations Circle Summary (Mental Health) - Dan

Key takeaways:

- How do we define Mental Health? E.g. Cultural perspectives on MH
- What is the should vs. can do?
- System doesn't build resiliency Data: 93% of DCAFS participants come away feeling increased res
 - \circ Clients in DC housing are becoming harder to house because of MH and substance use
 - Mainstream MH approach fails to see physical and emotional wellbeing, interconnection to Housing, other barriers the individual is facing
 - Our system is reactionary not preventative. Don't have a lens on Social determinants of Heather the health system)
 - o PH: can get resiliency data from WHY Survey
- There is a contradiction between life satisfaction and high stress
- There is a range of perceptions (e.g. cultural perspectives on MH)

Gaps:

What will the growing population want/need?

- Culturally responsive services i.e. South Asian
- Polycultural may have data?
- DAFHT seeing anxiety as #1 (not dealing with crisis)

• WHO – what is youth consultation saying? UGU and DCCBA and Brave Canoe for connections. Col identity-based data in services, can be compared for what is needed in the community

What are the impacts of travelling for services?

- Not at top 3 reasons for not seeking services. Lyndsey could see if results are different for Dufferin more rural areas. Top reason is stigma.
- Dave: Much of what lies ahead for the province in terms of health is contained here: https://patientsmedicalhome.ca/files/uploads/PMN2021_ImplementKit_ON.pdf
- What are types of services that will meet the needs of a changing population (i.e. culturally, etc.) We need to do locally vs. partner with other regions? Define what are "must have" services and protection that folks must have locally (physical therapy as an example).

Initial Actions:

• Mental Health is broad and multi-faceted, making it hard to identify trends and areas of focus. Wo the definition?

Proxy?

6. Next Steps: for January 7 meeting:

- Look at what the gaps identified. Are there others that we need to fill before we can make conclus about this sensemaking process to define what goes into the priority areas of the next plan? OR A confident enough that from the data we have that this area needs to be a priority?
- If we are determining that we need to gather more data to give more context on our decision to me priority area, how will we do that outreach? Who does it? By when?
- 7. Next Integration Table Meeting: **January 7, 2025 @ 2pm** via MS Teams