

# Appendix A



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## Community Safety and Well-being Plan 2026-2030

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## Land Acknowledgement

We acknowledge that Sault Ste. Marie is located on the traditional lands of the Anishinaabe people, specifically the Baawaating region, known as “the place of the rapids.” This territory is the ancestral home of the Garden River First Nation, Batchewana First Nation, and the Historic Sault Ste. Marie Métis Council, and is part of the Robinson-Huron Treaty of 1850.

We recognize the enduring presence and contributions of Indigenous peoples across this region, and we honour their stewardship, culture, and knowledge systems that continue to guide and sustain community well-being. We commit to advancing truth, reconciliation, and meaningful partnership with Indigenous communities as we work together to build a safer, healthier, and more connected Sault Ste. Marie.

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## **Preamble on the Legislative Requirements Outlined in the *Police Services Act, 2018***

The Community Safety and Well-Being (CSWB) Plan for Sault Ste. Marie is prepared to ensure compliance with *Part XI, Sections 143–150 of the Police Services Act, 2018 (PSA)*. These legislative provisions were introduced through the *Safer Ontario Act, 2018*, which updated the Province's approach to community safety in recognition that enforcement alone cannot address the complex social issues affecting communities across Ontario.

Under the PSA, municipalities are required to:

- prepare and adopt a CSWB Plan;
- engage and consult with legislated partners, including police, health, mental health, social services, education, and Indigenous organizations;
- identify local risks to safety and well-being based on evidence;
- develop strategies across the four planning areas:
  - Social Development
  - Prevention
  - Risk Intervention
  - Emergency Response
- establish a governance structure to oversee plan implementation;
- publish the plan and report regularly on progress.

Sault Ste. Marie's Community Safety and Well-being Plan 2026-2030 fully complies with these requirements and extends beyond minimum legislative expectations through a strong emphasis on prevention, Indigenous partnership, system integration, and community leadership.

# Executive Summary

Sault Ste. Marie is a community known for resilience and strong relationships. These strengths remain evident as the city faces increasingly complex challenges that affect daily life, community identity, and public trust. The rising visibility of homelessness, ongoing mental health and addiction pressures, the toxic drug crisis, youth disconnection, and concerns about public space safety create a sense of urgency for coordinated action. At the same time, rising rates of intimate partner violence (IPV) underscore that a significant portion of community safety risk occurs in private settings, requiring stronger prevention, early intervention, survivor-centred supports, and safe housing pathways that extend beyond traditional crisis and enforcement responses. Residents, businesses, service providers, Indigenous partners, and frontline workers share the belief that Sault Ste. Marie is capable of more and ready for change.

The Community Safety and Well-Being Plan is a shared roadmap for building a safer and healthier community. It was developed through extensive engagement with residents, youth, Indigenous partners, frontline workers, service agencies, health and justice partners, business owners, educators, and people with lived and living experience. It draws on data from police, Emergency Medical Services (EMS), hospitals, schools, social services, housing, and homelessness systems, along with the perspectives of those who experience these pressures directly.

The plan recognizes that many upstream factors are outside local control. Local partners cannot redesign provincial addiction treatment systems, regulate income support levels, or resolve the toxic drug crisis alone. What Sault Ste. Marie can influence is the coordination, prevention, early intervention, community presence, housing stability, youth support, and public space strategies that create conditions where safety and well-being are strengthened.

This plan sets out four priorities for collective action:

## 1. Safer Shared Public Spaces

Residents expressed clear concerns about safety, predictability, and visible distress in public areas. The plan calls for coordinated presence, environmental improvements, supportive engagement, and clear expectations for behaviour. The plan affirms that illegal behaviours such as harassment, threats, violence,

vandalism, and conduct that compromises safety are never acceptable. At the same time, it emphasizes that people in distress will be supported, not penalized.

## **2. Early Outreach and Support**

Many crises begin long before the first 911 call. A coordinated early outreach system will connect people with support sooner, reduce preventable crises, and improve safety for both the individual and the community. The plan outlines shared protocols, improved coverage expectations, service navigation with and for Indigenous Peoples, mental health involvement, and consistent follow up.

## **3. Housing Stability and Reduced Homelessness**

The city faces growing pressures related to homelessness, including people entering homelessness, prolonged experiences of homelessness, and the scarcity of supportive housing. This Community Safety and Well-Being Plan is designed to align with and reinforce the [Sault Ste. Marie Homelessness Strategy and Action Plan \(2026–2035\)](#), which provides detailed direction on homelessness prevention, housing stability, and system design.

The plan focuses on prevention of housing loss, stabilization supports, improved system flow, culturally safe pathways, and transitions that reduce returns to homelessness. A coordinated approach will help reduce pressure on crisis systems and strengthen long-term stability.

## **4. Children and Youth Belonging, Prevention & Structured-Time**

Enhancing support for early-year development programming and related supports will remain a focus for local partners. During community engagement sessions, feedback shared also identified that youth in Sault Ste. Marie described loneliness, limited safe spaces, and few structured-time opportunities. These conditions increase long-term risk. The plan highlights the launch of the Icelandic Prevention Model, led locally by Algoma Public Health. This approach focuses on protective factors, structured activities, family engagement, and building strong connections for youth.

Across all priorities, several themes guide the work: strong partnership with the Indigenous community, equity and inclusion, lived and living experience leadership, cross-system collaboration, data-informed decision making, and clear public communication.

This Community Safety and Well-Being Plan is a commitment to work together, intervene earlier, support those who are struggling, restore trust in public spaces, strengthen youth opportunities, and build a safer and more connected Sault Ste. Marie for everyone.

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## Authorship and Acknowledgement

This Community Safety and Well-Being Plan was prepared by OrgCode Consulting Inc. throughout 2025. The work was guided by the leadership committee and strengthened by the insight and experience shared by residents of Sault Ste. Marie, Indigenous partners, youth, local businesses, first responders, community organizations, and government departments. Their honesty, expertise, and commitment to the community shaped every section of this Plan.

The Plan reflects the voices, concerns, strengths, and aspirations of the people who participated in meetings, conversations, site visits, engagement sessions, and ongoing dialogue. OrgCode Consulting Inc. extends sincere appreciation to everyone who contributed their time and perspective. The Plan is made stronger by their participation and reflects a shared determination to improve safety and well-being across the City of Sault Ste. Marie.

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# TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>LAND ACKNOWLEDGEMENT .....</b>  | <b>2</b>  |
| <b>PREAMBLE ON THE LEGISLATIVE REQUIREMENTS OUTLINED IN THE <i>POLICE SERVICES ACT, 2018</i> .....</b> | <b>3</b>  |
| <b>EXECUTIVE SUMMARY .....</b>   | <b>4</b>  |
| <b>1. Safer Shared Public Spaces .....</b>   | <b>4</b>  |
| <b>2. Early Outreach and Support .....</b>   | <b>5</b>  |
| <b>3. Housing Stability and Reduced Homelessness .....</b>   | <b>5</b>  |
| <b>4. Children and Youth Belonging, Prevention &amp; Structured-Time .....</b>                         | <b>5</b>  |
| <b>AUTHORSHIP AND ACKNOWLEDGEMENT.....</b>   | <b>7</b>  |
| <b>INTRODUCTION .....</b>  | <b>15</b> |
| <b>VISION.....</b>   | <b>17</b> |
| <b>GUIDING PRINCIPLES.....</b>   | <b>18</b> |
| <b>THE ROLES AND RESPONSIBILITIES OF LOCAL GOVERNMENT .....</b>  | <b>20</b> |
| <b>ROOT CAUSES AND JURISDICTIONAL RESPONSIBILITIES .....</b>   | <b>21</b> |
| TABLE 1. ISSUES, ROOT CAUSES, AND JURISDICTIONAL RESPONSIBILITIES .....                                | 21        |
| <b>STRENGTHS AND SUCCESSES PRESENT IN THE COMMUNITY .....</b>  | <b>24</b> |
| <b>OVERVIEW OF THE ENGAGEMENT APPROACH.....</b>  | <b>26</b> |
| WHAT WE HEARD: THEMES AND INSIGHTS .....   | 26        |
| <i>Safety in Shared Public Spaces .....</i>  | <i>26</i> |
| <i>Growing Fragmentation Across Systems.....</i>   | <i>26</i> |
| <i>Youth Need Safe Spaces, Support, and Belonging.....</i>   | <i>27</i> |
| <i>Early Outreach is Critical but Inconsistent.....</i>  | <i>27</i> |
| <i>Housing Pathways are Confusing and Hard to Navigate .....</i>                                       | <i>28</i> |
| <i>Indigenous Partnership is Essential .....</i>   | <i>28</i> |
| <i>Residents Want Clearer Communication.....</i>   | <i>28</i> |
| EXAMPLES OF POSITIVE MOMENTUM AND COMMUNITY STRENGTHS.....   | 29        |
| <b>DATA INSIGHTS.....</b>  | <b>31</b> |
| OVERVIEW OF THE DATA.....  | 31        |
| <i>Rising Complexity in Public Spaces .....</i>  | <i>32</i> |
| <i>Homelessness and Housing Instability .....</i>  | <i>32</i> |
| <i>Mental Health, Substance Use, and the Toxic Drug Crisis.....</i>                                    | <i>33</i> |
| <i>Youth Mental Health, Belonging, and Risk Factors .....</i>  | <i>34</i> |
| <i>Pressures on Emergency Services and Crisis Systems.....</i>   | <i>34</i> |
| <i>Pressure on the Non-Profit Sector .....</i>   | <i>35</i> |
| <i>Community Perceptions of Safety.....</i>  | <i>36</i> |
| <i>Increasing Needs and Insufficient System Capacity .....</i>   | <i>36</i> |
| <i>Economic Pressures and Community Vulnerability .....</i>  | <i>37</i> |
| <b>COMMUNITY PRIORITIES: PRIORITY 1 – SAFER SHARED PUBLIC SPACES .....</b>                             | <b>39</b> |
| OVERVIEW .....   | 39        |
| CONTEXT AND DRIVERS OF PUBLIC SPACE PRESSURE .....   | 39        |
| <i>Untreated or undertreated mental health needs.....</i>  | <i>39</i> |
| <i>Substance toxicity.....</i>   | <i>40</i> |



|  |           |
|--|-----------|
| <i>Housing instability</i> .....   | 40        |
| <i>Economic stress and community-level vulnerability</i> .....                             | 40        |
| <i>Gaps in stabilization support</i> .....   | 40        |
| <i>Limited coordinated presence</i> .....  | 40        |
| WHAT WE HEARD FROM THE COMMUNITY .....   | 40        |
| <i>Housed residents are compassionate but want clear standards</i> .....                   | 41        |
| <i>The presence of visible distress creates uncertainty</i> .....                          | 41        |
| <i>Business owners feel the cumulative strain</i> .....                                    | 41        |
| <i>People want coordinated, compassionate responses</i> .....                              | 41        |
| <i>Indigenous partners emphasized the need for cultural safety</i> .....                   | 41        |
| DATA INSIGHTS RELATED TO PUBLIC SPACE SAFETY.....  | 41        |
| ROOT CAUSES.....   | 42        |
| CLEAR COMMUNITY STANDARDS FOR PUBLIC BEHAVIOUR .....                                       | 43        |
| <i>Illegal behaviour in public spaces is not acceptable</i> .....                          | 43        |
| <i>Support will continue to be offered before enforcement</i> .....                        | 44        |
| <i>Enforcement remains available when required</i> .....                                   | 44        |
| <i>Everyone has a role in maintaining respectful public environments</i> .....             | 44        |
| A COORDINATED PRESENCE MODEL .....   | 44        |
| <i>Predictable visibility</i> .....  | 44        |
| <i>Shared information</i> .....  | 44        |
| <i>Culturally safe engagement</i> .....  | 44        |
| <i>Crisis diversion</i> .....  | 45        |
| <i>Environmental improvements</i> .....  | 45        |
| ENVIRONMENTAL DESIGN AND PUBLIC SPACE IMPROVEMENTS.....                                    | 45        |
| EXPECTED OUTCOMES.....   | 46        |
| <b>COMMUNITY PRIORITIES: PRIORITY 2 – EARLY OUTREACH AND SUPPORT .....</b>                 | <b>47</b> |
| OVERVIEW .....   | 47        |
| CONTEXT AND DRIVERS .....  | 47        |
| <i>Increasing complexity of individual needs</i> .....                                     | 47        |
| <i>Limited access to timely mental health and addiction support</i> .....                  | 48        |
| <i>Housing instability and lack of stabilization supports</i> .....                        | 48        |
| <i>Strain on emergency systems</i> .....   | 48        |
| <i>Cultural safety gaps</i> .....  | 48        |
| <i>Inconsistent outreach practices</i> .....   | 48        |
| WHAT WE HEARD FROM THE COMMUNITY .....   | 48        |
| DATA INSIGHTS RELATED TO EARLY OUTREACH .....  | 49        |
| ROOT CAUSES.....   | 50        |
| A UNIFIED EARLY OUTREACH SYSTEM .....  | 51        |
| <i>Shared outreach protocols</i> .....   | 51        |
| <i>Integrated planning and communication</i> .....   | 51        |
| <i>Predictable hours of operation</i> .....  | 51        |
| <i>Indigenous-led outreach and navigation</i> .....  | 51        |
| <i>Peer support integration</i> .....  | 52        |
| <i>Crisis diversion alignment</i> .....  | 52        |
| HOUSING STABILITY THROUGH EARLY OUTREACH.....  | 52        |
| SUPPORTING YOUTH THROUGH EARLY OUTREACH .....  | 53        |
| EXPECTED OUTCOMES.....   | 53        |
| <b>COMMUNITY PRIORITIES: PRIORITY 3 – HOUSING STABILITY AND REDUCED HOMELESSNESS .....</b> | <b>54</b> |
| OVERVIEW .....   | 54        |
| CONTEXT AND DRIVERS OF HOUSING INSTABILITY.....  | 54        |
| <i>Insufficient availability of affordable and rent-geared-to-income housing</i> .....     | 55        |

|   |           |
|---|-----------|
| <i>Limited supply of supportive housing</i> .....   | 55        |
| <i>Gaps in stabilization services</i> .....   | 55        |
| <i>Economic pressures</i> .....   | 55        |
| <i>Barriers to culturally safe services</i> .....   | 55        |
| <i>Challenges navigating the system</i> .....   | 55        |
| <i>Trauma and relational disconnection</i> .....  | 55        |
| WHAT WE HEARD FROM THE COMMUNITY .....  | 56        |
| DATA INSIGHTS RELATED TO HOUSING AND HOMELESSNESS.....  | 57        |
| ROOT CAUSES.....  | 57        |
| STRENGTHENING HOUSING STABILITY: A COORDINATED APPROACH .....   | 58        |
| <i>Early identification of risk</i> .....   | 59        |
| <i>Housing loss prevention and landlord mediation</i> .....   | 59        |
| <i>Stabilization supports</i> .....   | 59        |
| <i>Culturally grounded pathways for Indigenous Peoples</i> .....  | 59        |
| <i>Clear pathways to housing for people experiencing homelessness</i> .....                                       | 59        |
| <i>Supportive housing expansion</i> .....   | 59        |
| <i>Housing-focused shelter operations</i> .....   | 59        |
| REDUCING HOMELESSNESS THROUGH PREVENTION AND SUPPORT .....  | 60        |
| SUPPORTING TRANSITIONS TO AND FROM HOMELESSNESS.....  | 60        |
| EXPECTED OUTCOMES.....  | 61        |
| <b>COMMUNITY PRIORITIES: PRIORITY 4 – CHILDREN AND YOUTH BELONGING, PREVENTION &amp; STRUCTURED TIME</b><br>..... | <b>62</b> |
| OVERVIEW .....  | 62        |
| CONTEXT AND DRIVERS OF YOUTH RISK AND DISCONNECTION.....  | 63        |
| <i>Limited structured-time opportunities</i> .....  | 63        |
| <i>Increasing mental health challenges</i> .....  | 63        |
| <i>Family stress and economic pressure</i> .....  | 64        |
| <i>Exposure to substance use</i> .....  | 64        |
| <i>Cultural safety barriers</i> .....   | 64        |
| <i>Lack of identity-affirming spaces</i> .....  | 64        |
| <i>Transportation barriers</i> .....  | 64        |
| <i>Gaps in mentorship and peer leadership opportunities</i> .....   | 64        |
| WHAT WE HEARD FROM YOUTH, PARENTS, EDUCATORS, AND WORKERS.....  | 64        |
| DATA INSIGHTS RELATED TO YOUTH WELL-BEING .....   | 65        |
| ROOT CAUSES.....  | 66        |
| THE ICELANDIC PREVENTION MODEL (PLANET YOUTH) .....   | 67        |
| YOUTH SPACES AND STRUCTURED-TIME OPPORTUNITIES.....   | 68        |
| <i>Safe, accessible youth hubs</i> .....  | 68        |
| <i>Affordable programming</i> .....   | 68        |
| <i>Identity-affirming environments</i> .....  | 68        |
| <i>Transportation support</i> .....   | 68        |
| <i>Mentorship and adult support</i> .....   | 68        |
| <i>Connection to culture</i> .....  | 69        |
| STRENGTHENING PREVENTION ACROSS SYSTEMS.....  | 69        |
| EXPECTED OUTCOMES.....  | 69        |
| <b>CROSS-CUTTING THEMES .....</b>   | <b>71</b> |
| 1. <i>Indigenous Partnership and Reconciliation</i> .....   | 71        |
| 2. <i>Equity, Inclusion, and Accessibility</i> .....  | 71        |
| 3. <i>The Importance of Coordinated Communication</i> .....   | 72        |
| 4. <i>Data Governance and Shared Information</i> .....  | 72        |
| 5. <i>Support for the Non-Profit Sector</i> .....   | 73        |

|   |           |
|---|-----------|
| 6. A Consistent Trauma Informed Approach .....              | 73        |
| 7. Shared Accountability and System Alignment.....          | 74        |
| GOVERNANCE FOR IMPLEMENTATION.....                          | 74        |
| 1. Executive Leadership Table.....                          | 74        |
| 2. Implementation Table .....                               | 75        |
| 3. Priority-Specific Working Groups.....                    | 75        |
| 4. Role of Indigenous Partners in Governance.....           | 76        |
| 5. Community Engagement and Public Communication .....      | 76        |
| 6. Monitoring, Evaluation, and Continuous Improvement.....  | 77        |
| <b>IMPLEMENTATION PLAN .....</b>                            | <b>78</b> |
| OVERVIEW .....  | 78        |
| IMPLEMENTATION TIMELINE AND KEY ACTIONS .....               | 78        |
| <i>Stage 1: Foundation Building.....</i>                    | <i>79</i> |
| 1. Confirm Governance Structures.....                       | 79        |
| 2. Develop Shared Protocols and Operating Frameworks.....   | 79        |
| 3. Identify Early Wins .....                                | 79        |
| 4. Data and Reporting Foundations .....                     | 79        |
| 5. Cross-Sector Training and Capacity Building .....        | 80        |
| <i>Stage 2: System Alignment and Integration.....</i>       | <i>80</i> |
| 1. Coordinated Presence Rollout .....                       | 80        |
| 2. Unified Early Outreach System .....                      | 80        |
| 3. Housing Stability System Improvements .....              | 81        |
| 4. Youth Prevention and Structured-Time Expansion .....     | 81        |
| 5. Strengthened Communications and Public Information ..... | 81        |
| 2. Rapid Response Table Re-Engagement .....                 | 81        |
| <i>Stage 3: Expansion and Evaluation .....</i>              | <i>82</i> |
| 1. Evaluate Early Outcomes.....                             | 82        |
| 2. Expand What Works .....                                  | 82        |
| 3. Strengthen Workforce Sustainability.....                 | 82        |
| 4. Update the Plan .....                                    | 83        |
| PRINCIPLES FOR SUCCESSFUL IMPLEMENTATION .....              | 83        |
| 1. Shared Responsibility.....                               | 83        |
| 2. Indigenous Leadership .....                              | 83        |
| 3. Transparency and Communication.....                      | 84        |
| 4. Flexibility and Responsiveness.....                      | 84        |
| 5. Continuous Learning.....                                 | 84        |
| 6. Commitment to Equity.....                                | 84        |
| EXPECTED IMPACT OF IMPLEMENTATION .....                     | 85        |
| <b>CONCLUSION AND CALL TO ACTION .....</b>                  | <b>86</b> |
| <b>APPENDIX A: METHODOLOGY.....</b>                         | <b>89</b> |
| PURPOSE OF THE METHODOLOGICAL APPROACH.....                 | 89        |
| DATA SOURCES AND ANALYSIS.....                              | 89        |
| DOCUMENT REVIEW .....                                       | 90        |
| COMMUNITY AND STAKEHOLDER ENGAGEMENT.....                   | 90        |
| ROLE OF INDIGENOUS PARTNERSHIP .....                        | 91        |
| SYSTEMS-LEVEL CONSULTATION.....                             | 91        |
| SYNTHESIS AND THEME DEVELOPMENT .....                       | 92        |
| LIMITATIONS OF THE METHODOLOGY.....                         | 92        |
| <b>APPENDIX B: COMMUNITY ENGAGEMENT SUMMARY.....</b>        | <b>93</b> |

|  |            |
|--|------------|
| OVERVIEW OF THE ENGAGEMENT APPROACH .....  | 93         |
| WHO WE ENGAGED .....   | 93         |
| <i>Residents</i> .....   | 93         |
| <i>Youth</i> .....   | 93         |
| <i>Indigenous Partners</i> .....   | 94         |
| <i>People with Lived and Living Experience</i> .....                                       | 94         |
| <i>Non-Profit and Social Service Providers</i> .....                                       | 94         |
| <i>Business Owners and Community Organizations</i> .....                                   | 94         |
| <i>First Responders and Public Sector Partners</i> .....                                   | 94         |
| MAJOR THEMES FROM ENGAGEMENT .....   | 94         |
| 1. <i>Strong Compassion Paired with Desire for Safety and Predictability</i> .....         | 95         |
| 2. <i>Rising Mental Health and Substance Toxicity Challenges</i> .....                     | 95         |
| 3. <i>Public Space Pressure and Community Fatigue</i> .....                                | 95         |
| 4. <i>Desire for Coordinated Responses and Clear Expectations</i> .....                    | 95         |
| 5. <i>Strain on Non-Profit and Social Service Agencies</i> .....                           | 96         |
| 6. <i>Growing Housing Instability and Difficulty Accessing Support</i> .....               | 96         |
| 7. <i>Youth Need Safe Spaces, Meaningful Activities, and Mentorship</i> .....              | 96         |
| 8. <i>Indigenous Residents Experience Distinct Barriers to Safety and Well-Being</i> ..... | 97         |
| WHAT COMMUNITY MEMBERS WANT TO SEE CHANGE .....  | 97         |
| COMMUNITY STRENGTHS AND SOURCES OF PRIDE.....  | 97         |
| HOW ENGAGEMENT SHAPED THE PLAN.....  | 98         |
| CONCLUSION .....   | 98         |
| <b>APPENDIX C: INTERGOVERNMENTAL ROLES AND RESPONSIBILITIES.....</b>                       | <b>99</b>  |
| OVERVIEW .....   | 99         |
| FEDERAL GOVERNMENT RESPONSIBILITIES AND POLICY LEVERS .....                                | 99         |
| 1. <i>National Drug Policy and Regulation</i> .....  | 99         |
| 2. <i>Immigration and Settlement</i> .....   | 100        |
| 3. <i>Federal Housing Investment</i> .....   | 100        |
| 4. <i>Income Security Programs</i> .....   | 100        |
| 5. <i>Indigenous Relations and Rights</i> .....  | 100        |
| <i>Federal Policy Implications for Sault Ste. Marie</i> .....                              | 100        |
| PROVINCIAL GOVERNMENT RESPONSIBILITIES AND POLICY LEVERS.....                              | 100        |
| 1. <i>Mental Health and Addiction Systems</i> .....  | 101        |
| 2. <i>Social Assistance and Disability Supports</i> .....                                  | 101        |
| 3. <i>Housing and Supportive Housing</i> .....   | 101        |
| 4. <i>Children and Youth Services</i> .....  | 101        |
| 5. <i>Education</i> .....  | 101        |
| 6. <i>Policing and Emergency Response</i> .....  | 101        |
| 7. <i>Land Use and Planning Frameworks</i> .....   | 102        |
| <i>Provincial Policy Implications for Sault Ste. Marie</i> .....                           | 102        |
| LOCAL MUNICIPAL RESPONSIBILITIES AND AREAS OF INFLUENCE.....                               | 102        |
| 1. <i>Public Space Design and Maintenance</i> .....  | 102        |
| 2. <i>Local Coordination and Convening</i> .....   | 102        |
| 3. <i>Bylaw Services and Local Enforcement Tools</i> .....                                 | 102        |
| 4. <i>Recreation, Youth Programs, and Community Programming</i> .....                      | 103        |
| 5. <i>Local Transit</i> .....  | 103        |
| 6. <i>Advocacy to Other Orders of Governments</i> .....                                    | 103        |
| <i>Local Policy Implications for Sault Ste. Marie</i> .....                                | 103        |
| WHY ROOT CAUSE CLARITY MATTERS FOR IMPLEMENTATION .....                                    | 103        |
| CONCLUSION .....   | 104        |
| <b>APPENDIX D: THE ICELANDIC PREVENTION MODEL (PLANET YOUTH) .....</b>                     | <b>105</b> |

|   |            |
|---|------------|
| INTRODUCTION .....  | 105        |
| ORIGINS AND DEVELOPMENT OF THE MODEL .....  | 105        |
| CORE ELEMENTS OF THE MODEL .....  | 106        |
| EVIDENCE OF EFFECTIVENESS .....   | 107        |
| ALIGNMENT WITH THE NEEDS OF SAULT STE. MARIE .....  | 108        |
| IMPLEMENTATION CONSIDERATIONS FOR SAULT STE. MARIE.....   | 108        |
| CONCLUSION .....  | 109        |
| SELECTED REFERENCES .....   | 109        |
| <b>APPENDIX E: COMMUNITY ENGAGEMENT – ACTIVITIES, SUMMARY, OBJECTIVES, METHODS AND KEY FINDINGS</b><br>.....              | <b>110</b> |
| COMMUNITY ENGAGEMENT SUMMARY .....  | 110        |
| ENGAGEMENT OBJECTIVES .....   | 110        |
| ENGAGEMENT METHODS.....   | 110        |
| 1. CSWB Advisory Committee .....  | 110        |
| 2. Leadership Roundtable .....  | 111        |
| 3. Public Session.....  | 111        |
| 4. Surveys.....   | 112        |
| A. Public Survey.....   | 112        |
| B. Provider Survey.....   | 112        |
| C. Youth Survey.....  | 112        |
| <i>Captured youth voices and understanding of feeling safe and a sense of belonging within<br/>    the community.....</i> | <i>112</i> |
| 5. Targeted Focus Groups.....   | 112        |
| 6. System Mapping .....   | 113        |
| 7. Engagement with Indigenous Organizations .....   | 113        |
| 8. Key Informant Interviews.....  | 114        |
| KEY THEMES FROM ENGAGEMENT.....   | 114        |
| <i>Theme 1: Community Safety Concerns in Public Spaces.....</i>   | <i>114</i> |
| <i>Theme 2: Fragmented Systems .....</i>  | <i>115</i> |
| <i>Theme 3: Youth Need Safe Spaces and Belonging .....</i>  | <i>115</i> |
| <i>Theme 4: Early Outreach is Critical.....</i>   | <i>115</i> |
| <i>Theme 5: Housing Pathways Are Confusing.....</i>   | <i>115</i> |
| <i>Theme 6: Indigenous Partnership is Essential .....</i>   | <i>116</i> |
| <i>Theme 7: Clear Communication is Needed.....</i>  | <i>116</i> |
| <b>APPENDIX F: DATA AND EVIDENCE USED TO SUPPORT THE PLAN &amp; PRIORITIES.....</b>                                       | <b>117</b> |
| DATA SOURCES .....  | 117        |
| <i>Police Data.....</i>   | <i>117</i> |
| <i>Health System Data .....</i>   | <i>117</i> |
| <i>Homelessness System Data (HIFIS).....</i>  | <i>117</i> |
| <i>Youth Well-Being Data .....</i>  | <i>117</i> |
| <i>Public and Provider Survey Data.....</i>   | <i>117</i> |
| <i>Engagement Data.....</i>   | <i>118</i> |
| POPULATION HEALTH & SOCIAL DETERMINANTS.....  | 119        |
| <i>Table 2. Key Demographic and Social Determinant Indicators in Algoma.....</i>  | <i>119</i> |
| MENTAL HEALTH BURDEN & ACCESS TO CARE.....  | 119        |
| <i>Table 3. Mental Health Indicators in Algoma.....</i>   | <i>119</i> |
| SUBSTANCE USE AND OPIOID HARMS .....  | 120        |
| <i>Table 4: Opioid-Related Crisis Indicators for Algoma District (including Sault Ste. Marie).....</i>                    | <i>120</i> |
| SUBSTANCE USE & OVERDOSE RISK (BEYOND OPIOIDS) .....  | 121        |
| <i>Table 5: Substance Use &amp; Toxic Drug Indicators in Algoma .....</i>   | <i>121</i> |
| COMMUNITY VOICE AND BARRIERS TO SERVICES .....  | 122        |

|  |            |
|--|------------|
| <i>Table 6. Community Voice &amp; Service Barriers in Algoma</i> .....   | 122        |
| COMMUNITY SERVICE SYSTEM: STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS.....                                  | 123        |
| CROSS-GROUP BARRIERS IDENTIFIED THROUGH LIVED EXPERIENCE, COMMUNITY PARTNER FEEDBACK, AND SYSTEMIC FINDINGS... | 124        |
| COMMUNITY SAFETY AND BARRIERS TO SERVICES- PUBLIC SURVEY DATA .....  | 125        |
| COMMUNITY SAFETY PRESSURES IDENTIFIED IN POLICE DATA .....   | 129        |
| <i>Table 7. Key Community Safety Indicators from Police Data</i> .....   | 129        |
| HOMELESSNESS AND COMMUNITY WELL-BEING.....   | 131        |
| <b>KEY DATA INSIGHTS</b> .....   | <b>132</b> |
| 1. <i>Public-space risk is health-driven, not crime-driven.</i> .....  | 132        |
| 2. <i>Crisis systems are overwhelmed.</i> .....  | 132        |
| 3. <i>Homelessness is becoming more chronic.</i> .....   | 132        |
| 4. <i>Youth experiences signal early risk.</i> .....   | 132        |
| 5. <i>Data systems must improve.</i> .....   | 132        |
| DATA GAPS & FUTURE NEEDS .....   | 133        |
| <i>Consistent Cross-Sector Data-Sharing</i> .....  | 133        |
| <i>Real-Time Outreach Coordination</i> .....   | 133        |
| <i>Youth Data Disaggregated for Equity Groups</i> .....  | 133        |
| <i>Indigenous Data Sovereignty Standards</i> .....   | 133        |
| <i>Clear Indicators for Encampment Response</i> .....  | 133        |
| <i>Better Integration of Health and Justice System Data</i> .....  | 134        |
| <b>APPENDIX G: GLOSSARY AND DEFINITIONS</b> .....  | <b>135</b> |
| PURPOSE OF THE GLOSSARY .....  | 135        |
| <i>Community Safety</i> .....  | 135        |
| <i>Community Well-Being</i> .....  | 135        |
| <i>Coordinated Presence</i> .....  | 136        |
| <i>Cultural Safety</i> .....   | 136        |
| <i>Early Outreach</i> .....  | 136        |
| <i>Homelessness</i> .....  | 137        |
| <i>Housing Stability</i> .....   | 137        |
| <i>Indigenous Service Navigator</i> .....  | 138        |
| <i>Protective Factors</i> .....  | 138        |
| <i>Public Space Pressure</i> .....   | 138        |
| <i>Risk Factors</i> .....  | 139        |
| <i>Root Causes</i> .....   | 139        |
| <i>Structured-Time</i> .....   | 139        |
| <i>Supportive Housing</i> .....  | 140        |
| <i>Trauma Informed Practice</i> .....  | 140        |
| <i>Well-Being Systems</i> .....  | 140        |
| <b>APPENDIX H- IMPLEMENTATION FRAMEWORK</b> .....  | <b>141</b> |
| PRIORITY 1 – SAFER SHARED PUBLIC SPACES .....  | 142        |
| PRIORITY 2 – EARLY OUTREACH & SUPPORT .....  | 145        |
| PRIORITY 3 – HOUSING STABILITY & REDUCED HOMELESSNESS .....  | 148        |
| PRIORITY 4 – CHILDREN AND YOUTH BELONGING, PREVENTION & STRUCTURED-TIME.....                                   | 152        |

## Introduction

Sault Ste. Marie is a community with a long history of resilience, mutual support, and deep cultural and geographic identity. The city continues to demonstrate strengths, determination, and a willingness to face difficult challenges with shared purpose. These qualities serve as a foundation for the Community Safety and Well-Being Plan.

At the same time, Sault Ste. Marie is experiencing some of the most complex social pressures in recent memory. Residents described feeling unsettled by visible distress in public spaces and frustrated by the sense that systems are stretched beyond their limits. Service providers spoke openly about the increasing complexity of needs and the difficulty of responding effectively when crisis calls continue to grow. Youth, parents, educators, and community leaders identified rising anxiety, limited structured spaces for young people, and uncertainty about where to find support. Indigenous partners noted gaps in cultural safety, persistent barriers to service access, and opportunities for healthier, more collaborative relationships.

None of these pressures exist in isolation. Together they create a landscape where safety, stability, and well-being feel more fragile. Yet the community's strengths are just as real and equally important. Sault Ste. Marie is not starting from a place of failure. It is starting from a place of determination. This Plan reflects that reality. It is built around the belief that safety grows when well-being improves and that well-being improves when systems work together in shared purpose.

The Community Safety and Well-Being Plan provides a coordinated roadmap for addressing the issues that are within local control, and for working collaboratively on issues that reach far beyond the municipal level. It reflects an understanding that long-term success depends on early intervention, shared responsibility, and the capacity to support people before situations reach a crisis point. It also reflects the community's desire to see clearer expectations for public space behaviour and predictable responses that protect the safety and dignity of all residents and local businesses.

The work ahead will require commitment, honesty, and patience. It will require coordinated leadership from the City of Sault Ste. Marie, the District Social Services Administration Board, Indigenous partners, police, health, education,

housing providers, youth-serving agencies, community organizations, and residents. It will require clear communication so that the community understands what can be done locally and what requires advocacy to other orders of government. Above all, it will require a shared belief that Sault Ste. Marie can move forward with confidence by investing in prevention, supporting vulnerable populations, and strengthening opportunities for everyone to thrive.

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## Vision

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***Sault Ste. Marie is a safe, connected, and thriving community where residents feel supported, youth have meaningful opportunities, vulnerable individuals receive timely and appropriate help, and organizations work together to advance well-being.***

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The vision is rooted in the belief that every person deserves the conditions that allow them to survive and the opportunities that allow them to thrive. Community safety grows when systems are coordinated, when responses begin before crisis, and when no one is left behind.

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# Guiding Principles

## **Prevention First**

Prevention is the foundation of community safety and well-being. When partners focus on identifying risks early and supporting people before crisis, the entire system becomes more stable, predictable, and effective. This principle encourages investments in youth belonging, early outreach, housing loss prevention, and mental health supports that reach individuals long before their challenges escalate into emergencies. A prevention-first orientation strengthens community confidence, reduces pressure on police and emergency services, and improves long-term outcomes for residents.

## **Shared Responsibility**

Community safety is a collective effort. No single organization, department, or sector can be responsible for addressing issues that are deeply interconnected. Shared responsibility means that police, health, social services, schools, Indigenous partners, housing providers, community groups, business interests, and residents work in alignment, each contributing their expertise. This principle also calls for clarity about roles so that expectations are realistic and coordinated.

## **Equity and Inclusion**

Equity is essential to safety and well-being. Some residents face greater barriers to support or experience harm in ways that are shaped by race, age, disability, gender identity, income, or cultural background. The CSWB Plan prioritizes fair access to services, culturally safe supports, and meaningful inclusion of groups who often experience disproportionate risk. Equity is an ongoing commitment to remove barriers, adjust practices, and design services that are safe and welcoming for everyone. This includes recognizing that women, gender-diverse people, Indigenous women, and youth are disproportionately impacted by intimate partner violence and require tailored, culturally safe, and accessible supports across all systems.

## **Indigenous Partnership and Reconciliation**

This principle reflects a commitment to Indigenous rights, Indigenous data sovereignty, and meaningful participation at every stage of planning and implementation. It acknowledges the need for culturally grounded supports, land-based healing opportunities, and decision making informed by Indigenous

knowledge. Reconciliation is not symbolic. It is a practical and ongoing practice woven throughout this Plan.

### **Lived and Living Experience Leadership**

People with direct experience of homelessness, mental health challenges, substance use, youth risk, and system involvement understand these issues in ways that data alone cannot capture. Their insights help identify gaps, shape solutions, and ensure that services reflect real needs and experiences. This principle commits partners to involving lived experience leaders not only as advisors but as decision makers, contributors, and builders of a more responsive and compassionate system.

### **Data-Informed Decisions**

Effective community safety and well-being work depends on reliable information. Data helps identify risks, track progress, reveal inequities, and guide resources to where they are most needed. This principle supports improved data sharing, stronger data governance, culturally safe protocols, and the use of both quantitative and qualitative evidence. Data informs decisions, but it is paired with professional judgment, lived experience, and community insight to ensure a balanced and thoughtful approach.

### **Transparency and Public Accountability**

Residents deserve clear information about what is being done, why it is being done, and how progress is measured. This principle includes commitments to regular public reporting, open communication about challenges, and clear updates about implementation.

### **Dignity, Compassion, and Safety**

This principle affirms that safety and dignity are not competing goals. Supporting people with compassion creates safer outcomes for individuals and for the broader community. It guides approaches to public space safety, mental health response, youth support, homelessness services, and enforcement when required. Upholding dignity helps prevent escalation, builds trust, and ensures that Sault Ste. Marie remains a community where everyone feels valued and protected. This principle also applies to responses to intimate partner violence, ensuring survivor safety, trauma-informed practice, coordinated supports, and clear accountability for harm.

## The Roles and Responsibilities of Local Government

Many of the root causes that shape safety and well-being in Sault Ste. Marie lie outside the authority of a municipal government and the Sault Ste. Marie District Social Services Administration Board (DSSAB). These include the likes of provincial responsibility for addiction treatment programs, psychiatric care, detox capacity, income supports, housing legislation, and the child welfare system. These structural drivers shape local realities in ways that cannot be resolved through municipal action alone.

Within the complexity of intergovernmental roles and responsibilities, acknowledging these limits is a way to focus on the areas where local partners can have meaningful and measurable impact. These areas include public space safety, early outreach, coordinated crisis diversion, youth belonging, housing stability, and system alignment. They also include Indigenous partnership, support for culturally safe services, and efforts to strengthen data governance and cross-sector communication.

This Plan focuses on the tools that Sault Ste. Marie and the DSSAB can influence directly. These include coordinated presence in public spaces, trauma informed and culturally safe outreach, the prevention of housing loss, early intervention with youth, system governance improvements, better information sharing, and community-based problem solving. Within Sault Ste. Marie, the City can hold space for all stakeholders and partners to identify the social issues impacting the community, acknowledge gaps in supports negatively affecting community members, and promote better-aligned programs to meet the current and emergent needs of local households.

The City and DSSAB can champion advocacy. They can elevate local concerns to provincial and federal decision makers, especially in relation to mental health and addictions services, supportive housing supply, and youth well-being.

# Root Causes and Jurisdictional Responsibilities

Many of the issues affecting safety and well-being in Sault Ste. Marie originate from structural conditions that extend beyond the authority of municipal and DSSAB partners. Understanding these root causes helps clarify what can be addressed through local coordination and what requires sustained advocacy to other levels of government. The table below summarizes the major issues, the underlying drivers, and the orders of government responsible for policy and funding decisions.

**Table 1. Issues, Root Causes, and Jurisdictional Responsibilities**

| Local Issue  | Key Root Causes   | Responsible Orders of Government  | Local Levers Available  |
|--|---|---|---|
| <p><b>Economic poverty and income insecurity</b></p> | <p>Income support rates that do not match cost of living.</p> <p>Low minimum wage relative to housing and food costs.</p> <p>Limited access to stable employment.</p>   | <p>Province sets OW, ODSP, minimum wage, employment standards.</p> <p>Federal government shapes economic policy and tax incentives.</p> <p>Local government supports economic development.</p>        | <p>Zoning that supports business growth.</p> <p>Local hiring initiatives.</p> <p>Economic diversification strategies.</p> |
| <p><b>Housing instability and homelessness</b></p>   | <p>Insufficient supply of affordable, Rent Geared to Income, and supportive housing.</p> <p>High rents relative to income.</p> <p>Limited mental health and addictions stabilization supports.</p> <p>Limited access to long-term housing stability and case management supports.</p> | <p>Federal and provincial governments set housing policy and major funding programs for housing and homelessness initiatives.</p> <p>Province regulates landlord-tenant law and support services.</p> | <p>Coordinated access, shelter improvement, planning approvals, local incentives, housing loss prevention programs.</p>   |

| Local Issue  | Key Root Causes   | Responsible Orders of Government  | Local Levers Available   |
|--|---|---|--|
| <b>Mental health and addiction pressures</b>       | <p>Limited psychiatric care, detox, withdrawal management, and treatment.</p> <p>Toxic drug supply.</p> <p>Insufficient community based clinical supports.</p>                  | <p>Province funds and regulates mental health, addiction, and clinical care.</p> <p>Federal role in drug regulation and interdiction.</p>       | <p>Early outreach, community coordination, crisis diversion partnerships, Indigenous-led healing programs.</p>                             |
| <b>Substance toxicity and overdose trends</b>      | <p>Unregulated drug supply.</p> <p>Insufficient treatment and harm reduction options.</p> <p>Gaps in early detection and prevention.</p>  | <p>Federal oversight of controlled substances.</p> <p>Provincial responsibility for treatment and harm reduction services.</p>                  | <p>Local connection to supports, data coordination, education, Indigenous-led cultural responses, safety planning and Police Services.</p> |
| <b>Youth disconnection and rising risk factors</b> | <p>Limited structured time opportunities.</p> <p>Declining mental health.</p> <p>Family stress.</p> <p>Limited identity affirming spaces.</p>                                   | <p>Province funds schools, youth mental health, child welfare, recreation grants.</p> <p>Federal role in child benefit and income supports.</p> | <p>Local youth spaces, recreation programs, partnership with schools, support of the Icelandic Prevention Model.</p>                       |
| <b>Public space safety concerns</b>                | <p>Visible distress linked to unmet health needs.</p> <p>Lack of coordinated presence.</p> <p>Limited environmental design improvements.</p> <p>Increasing social disorder.</p> | <p>Provincial responsibility for mental health and addictions.</p> <p>Federal role in drug regulation and justice reforms.</p>                  | <p>Coordinated presence, by-law strategy, outreach, environmental design, transit improvements, clear expectations for behaviour.</p>      |
| <b>Encampments and visible homelessness</b>        | <p>Housing scarcity.</p> <p>Lack of stabilization supports.</p> <p>Poverty.</p>   | <p>Federal and provincial levels responsible for housing and clinical supports.</p>   | <p>Housing-focused encampment approach, outreach, coordinated transitions indoors, data sharing.</p>                                       |

| Local Issue  | Key Root Causes   | Responsible Orders of Government   | Local Levers Available   |
|--|---|--|--|
|  | <p>Unmet mental health needs.</p> <p>Toxic drug crisis.</p>   |  |  |
| <b>Pressures on police, EMS, and emergency departments</b>         | <p>Insufficient early intervention options.</p> <p>Limited community clinical capacity.</p> <p>Social issues treated as emergencies rather than prevention needs.</p>   | <p>Province funds hospitals, EMS standards, mental health services.</p>  | <p>Crisis diversion programs, early outreach, coordinated response protocols, community education.</p>   |
| <b>Barriers to culturally safe services for Indigenous peoples</b> | <p>Colonial service structures.</p> <p>Gaps in Indigenous-led programming.</p> <p>Lack of Indigenous data sovereignty.</p>  | <p>Federal government responsible for Indigenous service funding and policy.</p>   | <p>Partnership with Indigenous organizations, culturally safe practices, Indigenous-led housing and youth programs.</p>  |
| <b>Fragmentation across systems</b>                                | <p>Separate mandates, limited data sharing, inconsistent protocols.</p>   | <p>Provincial ministries align sector mandates.</p> <p>Federal government influences immigration, child benefits, housing programs.</p>  | <p>Local governance tables, shared protocols, integrated data frameworks, community communication strategies.</p>  |
| <b>Intimate Partner Violence (IPV) and Gender-Based Violence</b>   | <p>Gender inequality; trauma and intergenerational harm; poverty and housing instability; substance use and mental health pressures; lack of culturally safe services; limited confidential housing options for survivors</p> | <p>Federal: Criminal law, national funding for shelters and prevention initiatives.</p> <p>Provincial: Violence Against Women services, family and criminal courts, child welfare,</p> | <p>Coordinated local protocols across police, health, housing, and social services; survivor-centered safety planning; Indigenous-led supports and navigation; rapid access to safe and confidential housing; integrated data-</p> |

| Local Issue | Key Root Causes | Responsible Orders of Government | Local Levers Available         |
|-------------|-----------------|----------------------------------|--------------------------------|
|             |                 | housing and income supports.     | sharing within privacy limits. |

## Strengths and Successes Present in the Community

Although the community faces significant pressures, many strengths are already in place. These strengths reflect the resilience of Sault Ste. Marie and the commitment of its residents and leaders to work together.

One of the most significant strengths is the depth of Indigenous leadership and partnership. Indigenous organizations, service providers, Elders, Knowledge Keepers, and youth leaders contribute cultural wisdom, advocacy, and programs that enrich the entire community. Their involvement in planning and implementation offers a foundation for Reconciliation in practice and for culturally grounded approaches to safety and well-being.

The community also benefits from strong relationships across sectors. Service providers frequently work beyond their official mandates to support one another and to respond creatively when faced with complex needs. Many frontline workers have long-standing relationships with individuals and families, which helps build trust and contributes to successful interventions. This relational strength is an asset that cannot be manufactured. It is shaped by the city's size, history, and culture.

New momentum is emerging in youth-focused work. Early efforts connected to the Icelandic Prevention Model have created enthusiasm across youth-engaged and youth-serving organizations. This model offers a structured, evidence-informed approach to understanding youth risk and protective factors and strengthens collaboration between schools, health partners, and community organizations. With strong local leadership, the upcoming pilot has the potential to anchor broader youth prevention efforts across the city.

The community has also seen success in outreach and crisis response efforts. Despite limited resources, many outreach teams have prevented harm, supported people through moments of distress, and connected individuals to



housing, treatment, cultural supports, and community resources. These teams demonstrate persistence, compassion, and creativity.

Several community organizations offer examples of excellence. Libraries, cultural centres, sports organizations, faith-based groups, and neighbourhood associations provide safe places, structured activities, and positive role models for youth and families. These environments create protective factors that reduce risk and strengthen social connection.

The business community has also shown willingness to engage constructively. Business owners described wanting safe environments for customers and staff, and they also expressed compassion for individuals in distress. Their concerns reflect both a desire for predictable responses to unsafe behaviour and an understanding that many people need appropriate support. This balanced perspective provides an opportunity for partnership rather than polarization.

Taken together, these strengths demonstrate that the community is starting from a place of challenge, but also possibility. The CSWB Plan builds on this foundation by strengthening coordination, reducing fragmentation, and aligning efforts toward shared goals.

## Overview of the Engagement Approach

The Community Safety and Well-Being Plan is grounded in extensive engagement that reached across the city and included diverse voices, perspectives, and lived experiences. Engagement was intentional and structured in a way that allowed residents, youth, Indigenous organizations, frontline workers, community organizations, health and justice partners, business owners, educators, and people with lived and living experience to share their insights and contribute to the plan's direction.

The sections that follow summarize the key themes that emerged from engagement and highlight the positive momentum that already exists.

### **What We Heard: Themes and Insights**

#### **Safety in Shared Public Spaces**

Across the community, residents expressed concern about conditions in certain public spaces, particularly in areas where people gather, travel, or work. Many described feeling uncomfortable or unsure how to respond when witnessing visible distress, erratic behaviour, or substance use. Others raised concerns about vandalism, discarded needles, and perceived inconsistent application of by-laws and criminal law.

Despite these concerns, residents did not frame their worries as opposition to vulnerable people in most instances. Many people acknowledged the role of mental health challenges, addictions, homelessness, and trauma in shaping what they were seeing. They expressed a strong desire for safer environments without abandoning compassion. They also supported the idea of a coordinated presence that brings police, municipal staff, Indigenous service navigators, and outreach workers together in public spaces to create predictability and reassurance.

#### **Growing Fragmentation Across Systems**

Frontline staff, service providers, educators, and health partners described increasing fragmentation across the systems that support individuals and families. They shared stories of individuals who repeat their experiences at multiple agencies without receiving coordinated help. They noted inconsistent

communication across sectors, differences in priority setting, and gaps in follow up that leave vulnerable people without the support they need.

Participants acknowledged that each organization is doing its best with limited resources. However, they also noted that the cumulative effect of these gaps is significant. People fall through the cracks. Tensions rise between agencies. Staff experience burnout. Families become discouraged.

Engagement repeatedly highlighted the need for a stronger, more formal structure for collaboration. This includes shared protocols, real time communication tools, coordinated case conferencing, and integrated data systems. There was broad support for strengthening the role of the CSWB governance tables and creating more opportunities for joint problem solving.

### **Youth Need Safe Spaces, Support, and Belonging**

The engagement highlighted strong support for the Icelandic Prevention Model. There was shared enthusiasm about the use of annual youth surveys that identify risk and protective factors and guide local programming. Many expressed hope that this evidence informed approach will create new opportunities for collaboration and lead to more effective prevention.

Youth engagement also reinforced the importance of safe spaces, affordability, and cultural safety. Many youth face barriers accessing programs due to cost, distance, or experiences of exclusion. Addressing these barriers is essential for building strong prevention pathways.

### **Early Outreach is Critical but Inconsistent**

Across sectors, people spoke about the need for stronger early outreach. Many described situations where individuals exhibited signs of declining health, increasing distress, or housing instability well before crisis occurred. Yet the capacity of direct-service organizations, hours of operation, and follow up practices are inconsistent. Some noted that outreach teams are effective but overextended. Others described the frustration of encountering situations that clearly required early intervention but finding no coordinated response available.

Participants emphasized the need for a unified early outreach strategy that brings together health, mental health, Indigenous service navigators, peer

workers, outreach practitioners, and housing stability teams. They noted that early outreach builds trust, prevents harm, reduces pressure on police and EMS, and helps people maintain stability. Engagement with Indigenous partners reinforced the importance of culturally safe approaches and the need for Indigenous-led navigation and healing supports.

### **Housing Pathways are Confusing and Hard to Navigate**

People with lived experience, service providers, and frontline workers described significant challenges in navigating housing and homelessness systems. Many individuals face long waits for supportive or rent-geared-to-income housing, inconsistent access to stabilization supports, and unclear steps for transitioning out of shelter or encampments. Families expressed confusion about eligibility requirements, prioritization processes, and who to contact for help.

Engagement highlighted opportunities to strengthen housing loss prevention, build more consistent stabilization supports, improve communication between agencies, and create clearer pathways for transitions into housing. Many participants emphasized that the lack of supportive housing is a major barrier to reducing homelessness and preventing returns to homelessness.

### **Indigenous Partnership is Essential**

Indigenous partners emphasized the need for culturally grounded services, Indigenous data sovereignty, land-based healing opportunities, and meaningful involvement in governance. They also identified gaps in cultural safety across systems and highlighted the importance of ensuring that Indigenous peoples have access to safe, inclusive, and culturally affirming supports. Engagement with Indigenous partners reinforced the need for Indigenous representation at all levels of decision making, from advisory roles to implementation leadership.

### **Residents Want Clearer Communication**

Residents expressed confusion about which agencies handle which issues. Some were unsure who to contact or what to expect when reporting concerns. Others wanted a clearer understanding of what is within local control and what requires advocacy to other orders of government.

Participants asked for regular updates, clear messaging about public space standards, honest communication about what local partners can and cannot

influence, and transparency about progress. They also noted that consistent communication helps build public trust and strengthens community confidence in the plan's goals.

## **Examples of Positive Momentum and Community Strengths**

### **Examples of Positive Momentum and Community Strengths**

Engagement identified a wide range of established and emerging programs that are positively impacting community well-being. These initiatives reflect strong local leadership, cross-sector collaboration, and a shared commitment to prevention, inclusion, and early intervention. Together, they represent important momentum that can be strengthened and better connected over time.

#### **Older Adult Well-Being and Social Inclusion**

The **Active 55+ Seniors Active Living Centres**—including the Bay Street Active Living Centre and the Northern Community Centre—are strong examples of preventative, community-based investment in healthy aging. These centres offer accessible fitness opportunities, social connection, educational programming, low-cost drop-in activities, indoor walking, and volunteer opportunities. The availability of current program guides and facility schedules supports consistent participation and reflects strong operational stability. These programs reduce social isolation, promote physical health, and strengthen community belonging among older adults.

#### **Recreation, Physical Literacy, and Water Safety**

The **John Rhodes Community Centre – Aquatics** program contributes meaningfully to physical literacy and public safety through daily lane swims, public swims, and Lifesaving Society “Swim for Life” lessons. These services support residents across age groups and play an important preventative role in health promotion and water safety.

#### **Youth Voice, Leadership, and Prevention**

Several initiatives demonstrate positive momentum in youth engagement and leadership. The **Mayor's Youth Advisory Council (MYAC)** and the **Youth Initiatives Fund** provide structured opportunities for young people to influence local decision-making, develop leadership skills, and bring forward youth-led solutions. The **Algoma Youth Wellness Hub (ages 12–25)** offers an integrated, youth-friendly

access point for mental health, substance use, and wellness supports, aligning well with prevention and early intervention priorities.

The **YMCA of Sault Ste. Marie** further strengthens protective factors through inclusive recreation, youth programming, summer camps, and after-school activities that provide safe, structured, and supportive environments.

### **Community-Driven Solutions and Micro-Grants**

Programs such as **Neighbours Helping Neighbours (NHN)** and the **Community Development Fund (CDF)** illustrate the community's capacity to support grassroots solutions. NHN micro-grants (up to \$500) empower residents and neighbourhood groups to respond quickly to local needs, while the CDF's focus on social equity and green initiatives supports longer-term community resilience and innovation.

### **Health, Mental Health, and Harm Reduction**

Several services are effectively reducing barriers to care and supporting early intervention. The **CMHA Algoma Community Wellness Bus** provides mobile outreach and brings services directly to individuals who may not otherwise access traditional settings.

The **CMHA / AFS / SAH / John Howard Walk-In Counselling** program offers accessible, no-appointment counselling support, responding to immediate mental health needs.

**Algoma Public Health's harm reduction services**, including the Needle Exchange Program (NEP) and naloxone distribution, continue to play a critical role in overdose prevention and community safety.

### **Housing Stability and Crisis Prevention**

The **DSSAB Homelessness Prevention Team**, grounded in Housing First principles, represents an important system-level strength. By focusing on housing stability, diversion, and prevention, this work reduces reliance on emergency services and supports longer-term outcomes for individuals and families.

### **Community Safety, Outreach, and Relationship-Based Policing**

The **SSM Police Service's Dynamic Patrol and School Liaison programs** were identified as positive examples of proactive, relationship-based approaches to community safety. These efforts support early identification of concerns, youth engagement, and coordinated responses across systems.

### **Indigenous-Led Cultural Supports**

The **Indigenous Friendship Centre's Cultural Resource Program** provides essential

cultural programming, supports, and advocacy. Indigenous-led initiatives strengthen community wellness, promote cultural safety, and ensure that reconciliation is reflected in practice, not just principle.

### **Access to Information and Navigation**

The **Community Resource Centre** continues to play an important role in helping residents navigate services and supports, reinforcing access, coordination, and community connection.

Collectively, these programs demonstrate a strong foundation of prevention, early intervention, and community care. The key opportunity moving forward is not to create entirely new initiatives, but to better align, connect, and amplify existing strengths. By strengthening coordination across sectors, improving awareness and navigation, and intentionally linking prevention, outreach, housing, health, and community safety efforts, the community can increase impact, reduce duplication, and respond more effectively to emerging needs—while building on what is already working well.

## **Data Insights**

### **Overview of the Data**

To understand community safety and well-being in Sault Ste. Marie, the planning process examined data from police, EMS, hospitals, housing and homelessness systems, income support programs, education partners, youth surveys, and local agencies. When possible, data was reviewed in partnership with frontline workers, administrators, and system leaders who provided important context and interpretation. Although local data is not perfect and does not capture every nuance of community experience, it presents a clear picture of the pressures that shape daily life in the city.

The data reflects a community where social, health, economic, and safety issues overlap and often reinforce one another. It shows increasing complexity, high rates of distress among vulnerable individuals, and significant demand on systems that were not designed to shoulder so much responsibility. It reveals patterns consistent with provincial and national trends but also highlights several challenges that are more concentrated in Sault Ste. Marie due to local economic, geographic, and demographic factors.

The following narrative summarizes the data story. Full tables are included in an appendix for reference.

## **Rising Complexity in Public Spaces**

Multiple datasets point to increasing complexity in public spaces, particularly in and around the downtown core, transit points, commercial corridors, and certain parks. Police calls for service related to perceived social disorder, wellness checks, suspicious activity, disturbances, mischief, and unwanted persons have grown. These calls are not always criminal in nature. Many relate to visible distress, untreated mental health conditions, intoxication driven by the toxic drug supply, or situations where people are in crisis but do not have access to timely support.

EMS respond to a high volume of calls involving overdose, medical crises linked to substance toxicity, and situations where individuals require transport due to mental health concerns. Frontline accounts confirm that many people who appear distressed or erratic in public are dealing with untreated health needs or acute intoxication rather than criminal intent.

Environmental factors contribute to the visibility of distress. Certain areas offer limited natural surveillance, inadequate lighting, or are situated near service hubs that attract both individuals seeking support and individuals experiencing acute distress. These conditions heighten feelings of unease for some residents and create understandable concern about safety.

## **Homelessness and Housing Instability**

Homelessness data in Sault Ste. Marie reveals multiple overlapping challenges. The number of people experiencing homelessness has increased, with a significant portion living outdoors or cycling between encampments, shelters, and temporary arrangements with friends or family. Chronic homelessness represents a substantial share of the overall homeless population, indicating long-term instability, trauma, health challenges, and repeated system involvement.



Housing market data reinforces the extent of the problem. Rental prices continue to rise faster than income for low- and moderate-income households. Vacancy rates remain low. Affordable units are scarce, especially for people with barriers such as disabilities, large families, fixed incomes, or histories of trauma. Shelter data shows increased demand, longer stays for individuals with high needs, and growing challenges in transitioning people to permanent housing.

The system has many dedicated partners working hard under difficult circumstances. However, the data shows that without additional investments in housing loss prevention, stabilization supports, and more supportive housing options, Sault Ste. Marie will continue to experience rising pressure across emergency services, public spaces, and social systems.

### **Mental Health, Substance Use, and the Toxic Drug Crisis**

Health data highlights the severity of the mental health and substance use landscape in Sault Ste. Marie. Emergency department visits related to mental health concerns have increased, particularly among adults experiencing homelessness, youth, and individuals with untreated or undertreated mental illnesses. EMS calls related to overdose reflect the ongoing impact of the toxic drug supply. Many overdoses involve repeat individuals who have limited access to stabilization supports, withdrawal management, or treatment options.

Mental health services face long waits, inconsistencies in follow up, and limited capacity for community-based support. Individuals often move between crisis, emergency room visits, temporary supports, and periods of severe instability. This cyclical pattern places pressure on police, EMS, hospitals, and community organizations while also taking a heavy toll on individuals and families.

People shared repeatedly during engagement that these issues are not simply about behaviour. They are about distress, trauma, pain, and prolonged disconnection from support systems. The data reinforces the need for coordinated early outreach, culturally grounded healing supports, and trauma informed approaches across the community.

## **Youth Mental Health, Belonging, and Risk Factors**

Risk factors such as limited structured time, exposure to substance use, family stress, and poor mental health are elevated for some groups of local youth. Protective factors such as strong family relationships, positive peer connections, supportive adults, cultural identity, and participation in structured activities vary considerably across the city.

These patterns highlight the importance of structured time programs, youth spaces, mentorship, and recreation opportunities. They also underscore the potential value of the Planet Youth model, which uses annual data collection to guide prevention strategies and create a community wide approach to youth well-being.

The upcoming Pilot lead by Algoma County Public Health is an important starting point. It offers a location where the model can be tested, refined, and expanded over time.

## **Pressures on Emergency Services and Crisis Systems**

Police, EMS, and emergency department data indicate growing pressures related to mental health challenges, substance use, homelessness, and broader social distress. Police are increasingly responding to calls that are non-criminal in nature and require crisis intervention, de-escalation, and connection to appropriate supports rather than enforcement.

Emergency medical services are attending a significant volume of overdose responses, wellness checks, and health-related calls linked to the toxic drug supply and unmet social needs. At the same time, hospital emergency departments continue to function as a default response for individuals experiencing acute distress, even when emergency care is not the most appropriate or effective setting.

More effective alternatives exist and are already partially present within the community. These include mobile crisis and wellness teams, peer-led and clinically supported outreach, walk-in and same-day counselling, harm reduction and overdose prevention services, supportive housing and homelessness prevention interventions, and youth- and family-centred early intervention programs. When well-coordinated and adequately resourced,

these options can respond earlier, stabilize situations in the community, and connect individuals to ongoing supports—reducing the need for police, ambulance transport, and emergency department use.

Together, these trends underscore the importance of strengthening and scaling community-based responses that are accessible, timely, and person-centred, allowing emergency services to focus on true emergencies while improving outcomes for individuals in crisis.

The high rate of repeat calls for a small number of individuals suggests that many crises are preventable. With earlier outreach, stabilization supports, and coordinated follow up, many people could avoid repeated emergency interactions. This reality points to the need for a stronger prevention and early intervention framework that aligns police, health and social services, Indigenous service navigators, and outreach teams.

### **Pressure on the Non-Profit Sector**

Information from homelessness services, youth agencies, mental health programs, family support programs, and community organizations shows that the non-profit sector is carrying a large and growing share of the community's social pressures. Many agencies report rising caseloads, increasing complexity, and more individuals presenting with overlapping needs related to trauma, substance use, mental health challenges, family stress, instability, and poverty. As the demand for support increases, non-profit staff are facing more situations that require de-escalation, crisis intervention, referral coordination, and sustained follow-up. These responsibilities extend far beyond what many agencies were originally funded or designed to provide, yet they continue to respond because the need is so acute.

This expansion of responsibility is occurring while the sector is experiencing significant constraints. Staffing shortages, recruitment challenges, and limited funding create conditions where agencies cannot increase capacity to match the level of need. Many organizations rely on short-term or project-based funding that makes it difficult to maintain stable staffing models or invest in long-term program development. Staff turnover, workplace stress, moral injury, and burnout are common, especially in roles that involve high emotional labour or regular exposure to crisis situations. Administrative requirements have also grown

over the years, adding pressure to agencies that are already operating at their limits. The cumulative effect of these pressures undermines the ability of the sector to deliver consistent, high-quality support.

These conditions have broader implications for community safety and well-being. When the non-profit sector is stretched thin, individuals who rely on these supports face longer waits, fewer opportunities for early intervention, and inconsistent follow-up. Issues that could be stabilized early instead escalate into crises that eventually involve police, EMS, or emergency departments. The pressure placed on non-profit agencies therefore reverberates across the entire system and contributes to the visible cycle of distress and social disorder identified in the data. Strengthening the sector is essential not only for improving outcomes for individuals but also for reducing pressure on emergency response systems, stabilizing public spaces, and creating a more coordinated and effective community response.

### **Community Perceptions of Safety**

While data from police and EMS provides one lens on safety, community perceptions offer another. Surveys, engagement sessions, and community conversations reveal mixed feelings about safety. Many residents feel safe in their neighbourhoods and daily routines. However, people expressed concern about specific areas where visible distress is common, especially during evening/night hours.

Business owners expressed frustration with situations that they feel ill-equipped to manage, including disruptive behaviour, property damage, and repeated requests for assistance. Engagement in the development of the CSWB Plan also revealed moments where the public feels unsafe or unsure how to respond.

### **Increasing Needs and Insufficient System Capacity**

Data across police, EMS, hospitals, youth services, housing programs, and non-profit agencies shows a clear and persistent trend. More people in Sault Ste. Marie are seeking help for mental health concerns, housing instability, family stress, substance toxicity, trauma, and the general pressures of daily survival. Many individuals are carrying multiple challenges at once, which creates

situations that are both urgent and complex. This increase reflects structural pressures such as rising living costs, limited access to stable housing, a toxic drug supply, intergenerational trauma, and gaps in community based mental health support. As more people seek assistance, the number and intensity of situations requiring coordinated intervention continue to rise.

While needs are increasing, the systems responsible for meeting those needs have not expanded in proportion. Mental health services face long wait times and limited availability for intensive or sustained care. Addiction treatment and stabilization programs struggle to provide timely access, which prolongs distress for individuals who are ready for support. Housing systems have an insufficient supply of affordable, rent-geared-to-income, and supportive units, making it difficult to provide stable pathways out of homelessness. Youth programs and family services operate with constrained capacity that limits reach during evenings, weekends, and other critical times when young people require safe and structured environments. These constraints mean that many individuals never receive the level of support their situations require, even when they reach out repeatedly for help.

As a result, the community experiences a cycle where issues escalate rather than resolve. People who cannot access appropriate mental health or addiction support often reach crisis points that involve police, EMS, or emergency departments. Housing instability becomes chronic when individuals cannot obtain stabilization supports or permanent housing. Youth who lack structured time and supportive environments may become increasingly disconnected or at risk. These unresolved needs spill into public spaces, contributing to visible distress, disorder, and community concern.

### **Economic Pressures and Community Vulnerability**

Economic conditions play a significant role in shaping community safety and well-being in Sault Ste. Marie. Local economic data shows a continued reliance on the steel industry as a major employer, revenue generator, and a major anchor of the regional economy. Recent information about tariffs, export uncertainties, and shifting trade conditions between Canada and the United States suggests a period of instability for steel production and related sectors. These indicators point to increased economic vulnerability in the near term. When employment is uncertain or households face reduced earnings, pressures

on families rise, youth experience increased stress, and demand for social services expands. Economic instability therefore acts as a root driver of both individual hardship and community-level risk.

Downturns in large employment sectors in any community produce measurable social impacts. When household incomes decrease or fluctuate, data shows increases in food insecurity, housing instability, and missed bill payments. Transportation challenges become more pronounced as families adjust to reduced budgets, and mental health stressors intensify when financial strain is prolonged. These pressures often show up first in the caseloads of non-profit agencies, housing programs, schools, and community organizations, long before unemployment figures are formally recorded. Local agencies consistently report that economic stress contributes to increased demand for basic needs assistance, family support, and youth programming. These patterns demonstrate the close link between economic conditions and social well-being.

Given these vulnerabilities, the importance of strengthening prevention, early outreach, and coordinated support becomes even more apparent. If the steel industry continues to experience adverse economic trends, the number of residents needing assistance will rise, and the complexity of their situations may deepen. A strong network of prevention programs, youth engagement opportunities, housing stability supports, and accessible mental health services can mitigate the severity of social impacts during an economic downturn. Recognizing the influence of economic data in the Plan helps Sault Ste. Marie prepare for future disruptions, rather than reacting only when pressures escalate. Building a resilient community safety and well-being system is therefore not only a response to current challenges. It is a strategic investment that prepares the community for the economic realities that data suggests are likely ahead.

# Community Priorities: Priority 1 – Safer Shared Public Spaces

## Overview

Public spaces shape how residents move through the city, how youth experience belonging, how businesses operate, and how visitors perceive the community. Many residents have voiced concern that some public areas feel less predictable, more complex, and at times unsafe. These concerns are grounded in the visible presence of distress, untreated mental health needs, unpredictable behaviour connected to substance toxicity, and the growing number of crises that unfold in shared spaces.

The data shows increasing calls for police and EMS, rising instances of visible distress, and frequent repeat interactions with individuals who require stabilization rather than enforcement. Engagement and experience confirm that many of these situations stem from unmet needs rather than criminal intent. At the same time, residents, business owners, and youth consistently expressed that illegal behaviours such as harassment, threats, vandalism, intimidation, and actions that compromise public safety are not acceptable. They want compassionate, coordinated responses that protect the well-being of vulnerable people while also upholding clear expectations for conduct in shared spaces.

This priority focuses on creating public spaces that are safe, welcoming, and predictable for everyone. It builds on the strengths of outreach teams, Indigenous service navigators, police services, municipal staff, youth workers, and community agencies who are already working daily to support individuals in distress. It also responds to residents' desire for clearer standards and more visible community presence. The goal is to reduce harm, prevent crises, and promote safe public environments through coordination, compassion, environmental design, and consistent expectations.

## Context and Drivers of Public Space Pressure

Conditions in public spaces do not arise in isolation. They are shaped by several interconnected factors that include:

### **Untreated or undertreated mental health needs.**

Individuals experiencing psychosis, trauma reactions, or severe depression often

have no access to immediate support. Without accessible clinical intervention, crises unfold in public spaces where the individual becomes both vulnerable and a source of concern for others.

### **Substance toxicity.**

The unregulated drug supply creates unpredictable behaviour, rapid onset of distress, and medical emergencies. This reality creates anxiety among residents and risk for the individual.

### **Housing instability.**

People who are sleeping outdoors, temporarily sheltered, or staying in unsafe environments often spend significant time in public areas. Without safe indoor options available 24/7 with sufficient capacity to support everyone in need, visible homelessness becomes part of the public landscape.

### **Economic stress and community-level vulnerability.**

Local economic conditions, including the potential impacts of steel-sector instability, increase household stress and may contribute to more people spending time in public spaces while navigating financial hardship.

### **Gaps in stabilization support.**

When people do not have consistent access to psychiatric care, detox, outpatient treatment, life skills programs, or supportive housing, their crises become more visible and recurrent.

### **Limited coordinated presence.**

Without an aligned approach that places municipal staff, police, Indigenous service navigators, health partners, and outreach in shared spaces at predictable times, public perceptions of safety remain inconsistent.

For some individuals particularly women, children, and gender-diverse people public spaces may feel safer than home due to experiences of violence, overcrowding, or unsafe living conditions. This dynamic further links public space pressures to underlying issues of domestic safety, housing instability, and the availability of confidential, safe alternatives for survivors.

## **What We Heard From the Community**

Several themes consistently emerged:



### **Housed residents are compassionate but want clear standards.**

It is acknowledged that safety and well-being should be supported for all members of the community – those that are vulnerable and those that are not. Housed people in the community expressed empathy for those in distress and acknowledged that many challenges are connected to trauma, mental health issues, and substance toxicity. They also emphasized that threatening behaviour, vandalism, harassment, indecent acts, and actions that create fear or disrupt businesses cannot be tolerated.

### **The presence of visible distress creates uncertainty.**

Many residents spoke about walking through specific areas feeling unsure of what might happen. These concerns are not always tied to crime but to unpredictability.

### **Business owners feel the cumulative strain.**

Stores, restaurants, and service businesses described repeated disruptions, property damage, and the emotional toll of trying to balance empathy with operational needs. They want a stronger and more coordinated presence, not more criminalization.

### **People want coordinated, compassionate responses.**

Almost every engagement conversation called for responses that bring together police, municipal staff, Indigenous service navigators, outreach teams, and health workers. Residents want predictable support for people in distress and clear messaging that illegal behaviour is not acceptable.

### **Indigenous partners emphasized the need for cultural safety.**

Many Indigenous individuals feel unsafe or unwelcome in certain public spaces due to past experiences of racism or discrimination. A safer public environment includes cultural visibility, Indigenous-led support, and clear strategies to address systemic barriers.

## **Data Insights Related to Public Space Safety**

The data supports what residents are experiencing. Over the past several years:

- Police calls related to disturbances, disorder, suspicious activity, or wellness checks have increased.

- EMS response to overdoses and medical issues connected to substance toxicity continues to rise.
- Emergency department visits related to mental health and substance use are more frequent and often involve individuals without access to ongoing support.
- Public complaints related to loitering, erratic behaviour, litter, or safety concerns have grown, particularly in areas near service hubs.
- A small number of individuals account for a large proportion of repeat interactions, which suggests unmet needs rather than new incidents.

These trends align with the broader pressure on housing, mental health, and non-profit sectors. Public space challenges are downstream outcomes of upstream gaps. Addressing them requires coordinated, systems-level work rather than single-agency responses.

## **Root Causes**

Public space safety concerns in Sault Ste. Marie are not the result of isolated behaviour or individual choice. They are the visible outcomes of deeper, long-standing systemic issues. One of the most significant root causes is the lack of timely, accessible mental health care for people experiencing distress. Provincial mental health systems are under-resourced, with long wait times, limited crisis stabilization options, and insufficient outpatient capacity. Individuals experiencing psychosis, severe anxiety, trauma responses, or other destabilizing symptoms often have nowhere to turn until their needs become acute. As a result, crises unfold in public spaces, where the individual becomes both vulnerable and a source of community alarm.

Substance toxicity further complicates public safety. The unregulated and unpredictable drug supply, a federal responsibility, creates erratic behaviour, medical emergencies, and rapid intoxication that can appear frightening or chaotic. The presence of highly toxic substances means that individuals (both housed and unhoused) are at risk of collapse, overdose, or sudden disorientation. These situations occur in public areas because people who use substances may have nowhere safe, supervised, or private to go. Without

appropriate harm reduction infrastructure, detox access, treatment availability, or stabilization supports, public distress becomes a predictable outcome.

Housing instability is another major root cause of public space pressure. People who are unhoused or precariously housed spend large portions of their day in public spaces because they lack indoor alternatives. Rising rents, insufficient rent-geared-to-income housing, limited supportive housing supply, and provincial income support levels that do not align with local cost of living conditions all contribute. Without stable housing, individuals cycle through shelters, encampments, or outdoor spaces and carry their vulnerabilities into the public realm. Local governments can influence zoning, property standards, and the built environment, but they cannot independently produce the large-scale housing investment needed to address the structural housing shortage.

Economic vulnerability also plays a role. Fluctuations in the steel sector, high cost of living, and limited economic diversification place pressure on households. When employment becomes unstable, people experience financial strain, food insecurity, and heightened stress. These pressures can contribute to increased substance use, mental health deterioration, family breakdown, or unstable housing. Public systems often absorb the downstream effects. Although economic development is a shared responsibility between all levels of government, federal and provincial economic policy strongly shapes local stability.

Finally, public space conditions reflect a lack of sufficient stabilization supports. Detox, psychiatric beds, outpatient treatment, intensive case management, and culturally grounded healing services do not meet demand. These systems are largely provincial in mandate and require sustained investment that exceeds municipal resources. Public disorder is therefore not a standalone issue. It is a symptom of unmet clinical and social needs shaped by structural gaps far upstream of the downtown core or local parks.

### ***Clear Community Standards for Public Behaviour***

The Plan affirms the following:

#### **Illegal behaviour in public spaces is not acceptable.**

Harassment, threats, violence, intimidation, vandalism, or actions that compromise safety will not be tolerated in Sault Ste. Marie. Everyone has a right

to use public spaces safely, including children, seniors, businesses, residents, and people experiencing vulnerability.

**Support will continue to be offered before enforcement.**

People in crisis, experiencing mental health distress, or affected by substance toxicity will be approached with empathy and assistance. Outreach workers, Indigenous service navigators, and health partners will play a central role in early engagement.

**Enforcement remains available when required.**

Police will continue to address situations where behaviour escalates or poses risk. Enforcement is a last resort, but it remains a necessary tool to maintain public safety.

**Everyone has a role in maintaining respectful public environments.**

Individuals, businesses, service agencies, and responders contribute to the conditions that shape safety and community well-being.

**A Coordinated Presence Model**

To make public spaces safer, Sault Ste. Marie should adopt a coordinated presence approach. This model brings together municipal staff, police, Indigenous service navigators, outreach teams, peer support workers, youth workers, and health partners in a predictable and collaborative way.

A coordinated presence relies on:

**Predictable visibility.**

Community members feel safer when they see staff and responders working together in the same spaces consistently.

**Shared information.**

Aligned communication helps ensure that everyone understands who is supporting whom and what next steps are expected.

**Culturally safe engagement.**

Indigenous service navigators and culturally grounded workers help create safe

environments for Indigenous residents and ensure respectful, appropriate support.

### **Crisis diversion.**

Many situations can be stabilized or prevented before they require police or EMS, reducing pressure on emergency systems.

### **Environmental improvements.**

Public spaces that are well designed, well-lit with clear sightlines, and well maintained contribute to comfort and safety.

The goal is to create a unified approach that responds to both safety concerns and social needs without overburdening any single agency.

## ***Environmental Design and Public Space Improvements***

The built environment plays a significant role in shaping perceptions of safety. Small improvements can shift how people move through spaces and how they feel while doing so.

Examples of environmental improvements include:

- Enhanced lighting in parks, transit stops, walkways, and business corridors.
- Natural surveillance through pruning, line-of-sight improvements, and removal of hidden corners.
- Seating, greenery, and design elements that signal care and welcome.
- Strategies that reduce debris and promote clean public spaces.
- Partnering with local groups to maintain, beautify, or animate shared areas.

These changes improve both the real and perceived safety of public spaces.

## **Expected Outcomes**

The coordinated presence and enhanced public space strategy aims to achieve:

- Reduced fear and increased feelings of safety among residents, youth, and businesses.
- Fewer repeat incidents involving individuals whose needs can be met through earlier intervention.
- Faster and more effective support for people in distress.
- Clearer public expectations for responses to illegal behaviour.
- Stronger collaboration among municipal departments, police, outreach teams, Indigenous organizations, and health providers.
- More welcoming, predictable, and respectful public spaces for everyone.

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# Community Priorities: Priority 2 – Early Outreach and Support

## Overview

Early outreach is a cornerstone of an effective community safety and well-being system. When individuals receive support early in their moments of distress, the likelihood of crisis decreases dramatically. Many of the situations that unfold in public spaces, emergency rooms, shelters, or police interactions begin days or even weeks earlier with signs of declining health, escalating substance use, deepening stress, or weakening support networks. Without early outreach and follow-up, individuals are left to navigate increasingly complex challenges alone. The result is predictable: repeated crises, visible distress, and significant pressure on emergency responders.

Sault Ste. Marie has dedicated outreach workers, Indigenous service navigators, peer supporters, mental health responders, and housing stability staff who already engage with individuals in need. However, outreach in the community is not coordinated consistently across agencies. Hours of operation vary, follow-up practices differ, cultural safety approaches are not uniform, and workers often lack clear expectations for shared response. These inconsistencies create gaps that allow individuals to slip through the cracks.

This priority focuses on creating a unified early outreach system that brings agencies together, provides support before situations escalate, and delivers consistent follow-up. It responds directly to the needs and concerns expressed across engagement and aligns with the data showing that many crises are preventable.

## Context and Drivers

The need for early outreach is shaped by several factors that were consistently identified across data analysis, engagement, and system discussions:

### **Increasing complexity of individual needs.**

Many people experience multiple challenges at once, including mental health concerns, substance toxicity, chronic illness, trauma, disability, or housing instability. Without early intervention, these issues intensify and eventually lead to crisis.

### **Limited access to timely mental health and addiction support.**

Gaps in clinical capacity mean that early signs of distress go untreated. Individuals often wait too long for services or struggle to navigate multiple access points.

### **Housing instability and lack of stabilization supports.**

People on the verge of losing housing require outreach to prevent eviction or unsafe displacement. Without early intervention, housing loss becomes a major driver of crisis.

### **Strain on emergency systems.**

Police, EMS, and emergency departments respond to increasing numbers of preventable crises. They routinely encounter individuals whose needs are health or social in nature, not criminal.

### **Cultural safety gaps.**

Indigenous individuals often experience barriers to accessing culturally appropriate care, which can lead to avoidance of services until situations escalate.

### **Inconsistent outreach practices.**

Different agencies use different strategies, hours, and follow-up models. This results in uneven coverage and uncertainty about who is supporting whom.

### **Intimate partner violence and family violence**

Risk of intimate partner violence and/or family conflict, which can precipitate sudden housing loss, crisis calls, or visible distress in public spaces when individuals have no safe alternatives

## ***What We Heard From the Community***

Engagement revealed deep appreciation for the dedication, compassion, and persistence of outreach workers in Sault Ste. Marie. People highlighted examples where outreach staff built trust with individuals who had long histories of trauma or instability. They shared stories of Indigenous service navigators helping reconnect people with cultural supports. They described youth workers whose



persistence made a critical difference for young people struggling with stress or insecurity.

Alongside these positive stories, participants shared concerns about outreach gaps. Many residents described situations where they recognized that someone needed help but did not know which agency to contact or what to expect. Business owners noted instances where outreach teams responded quickly and effectively, and other times where no response was available. Frontline staff described the difficulty of maintaining continuity of care when agency mandates do not align.

Indigenous partners emphasized the importance of Indigenous-led outreach that respects cultural identity, prioritizes safety, and builds trusting relationships. They noted that cultural safety in outreach is not supplemental. It is essential.

People with lived and living experience echoed many of these themes. They spoke about times when early outreach prevented harm and helped them stabilize. They also shared experiences of being overlooked, misunderstood, or unable to access support when they needed it most.

### **Data Insights Related to Early Outreach**

The data reinforces the community's call for early outreach.

- A significant percentage of EMS calls, police interactions, and emergency department visits involve individuals with repeated contact across systems.
- Many of these interactions stem from situations that could have been stabilized earlier with coordinated outreach, case management, treatment access, or peer support.
- Housing data shows that a large proportion of homelessness episodes begin after avoidable crises such as missed rent, family conflict, mental health episodes, or unsafe living environments.
- Non-profit caseloads demonstrate that individuals often present in acute distress because early supports were not available, accessible, or culturally safe.

These patterns point to a clear conclusion. A strengthened early outreach system would reduce preventable crises, improve well-being, and relieve pressure on emergency responders and social services alike.

## **Root Causes**

The need for strengthened early outreach in Sault Ste. Marie is rooted in systemic gaps that allow individual challenges to escalate long before help arrives. One of the most significant root causes is the limited availability of timely mental health support. Provincial mental health systems are under-resourced, which results in long waits for counselling, assessments, psychiatric care, or ongoing therapeutic services. When early signs of distress go unaddressed, individuals become increasingly vulnerable. Many people deteriorate in isolation until their needs become visible in crisis, at which point emergency responders become the default support.

Substance toxicity contributes significantly to the need for early outreach. The toxic drug supply is a federal issue, and the unpredictability of substances increases the risk of erratic behaviour, overdoses, and chronic instability. People often use substances to cope with trauma, poverty, mental health challenges, or unresolved grief. Without early, culturally safe, trauma informed support, these coping mechanisms escalate. Outreach teams often encounter individuals already deep in crisis because upstream prevention and stabilization systems are not available or consistent.

Housing instability is another root cause. Individuals who are one missed pay cheque away from housing loss, living in unsafe housing, or navigating conflict at home often show early signs of distress. However, eviction prevention systems are limited, income supports are insufficient relative to housing costs, and tenancy stabilization services are scattered and underfunded. These challenges fall largely within provincial and federal mandates. Early outreach becomes a necessity because structural supports for housing stability are not strong enough to prevent downward spirals.

Another root cause is the fragmentation of service systems. People often interact with multiple agencies, yet these agencies operate with different mandates, processes, and information systems. There is no unified provincial system that facilitates shared care plans or consistent follow-up. Individuals fall

through gaps not because they are unwilling to accept help, but because the system is difficult to navigate. Early outreach becomes reactive rather than preventive when coordination is weak.

Cultural safety is also a root cause. Indigenous individuals may avoid seeking early care due to historical trauma, discrimination, or culturally unsafe experiences in mainstream services. This leads to delayed help-seeking and increased vulnerability. Strengthening culturally grounded outreach is necessary to counter the effects of systemic inequities that originate far upstream of local programming.

### **A Unified Early Outreach System**

To address the gaps identified, it is recommended that Sault Ste. Marie develop a unified early outreach system. The purpose of this system is to create clarity, consistency, and coordination across all agencies involved in early intervention. A unified system will ensure that individuals receive support sooner, follow-up is consistent, and outreach staff across agencies understand how to work together on shared cases.

The unified system will include:

#### **Shared outreach protocols.**

Agencies will align their approaches to engagement, assessment, follow-up, documentation, and referral. This reduces duplication and improves continuity.

#### **Integrated planning and communication.**

Outreach teams will share information, within legal and ethical limits, to ensure that people do not fall through gaps between organizations.

#### **Predictable hours of operation.**

Coverage will be coordinated so that early outreach is available during the times when people most often need support, including evenings and weekends.

#### **Indigenous-led outreach and navigation.**

Indigenous organizations will guide how culturally safe outreach is designed and delivered. Indigenous service navigators will play a central role in the unified system.

### **Peer support integration.**

Peer workers will be included where appropriate to provide lived experience insight, build trust, and guide individuals through complex systems.

### **Crisis diversion alignment.**

Early outreach will work in partnership with police and EMS to stabilize situations before they escalate into emergency interventions.

By creating a unified system, Sault Ste. Marie will take a major step toward preventing crisis, strengthening coordination, and improving long-term outcomes.

### ***Housing Stability Through Early Outreach***

Early outreach is a critical component of preventing housing loss. Individuals who are struggling to pay rent, maintain tenancy, or manage household stress often benefit from early support. This may include landlord mediation, access to benefits, financial stabilization, mental health support, or connection to community resources. Without early outreach, small issues can grow quickly and result in eviction, homelessness, or displacement.

A unified early outreach system can work closely with housing stability teams, landlords, and supportive housing providers to identify tenants at risk, respond quickly to stressors, and prevent housing loss wherever possible. This work will be particularly important during periods of economic strain or when families face sudden disruptions in income or health.

Early outreach should routinely include trauma-informed attention to safety risks related to intimate partner, gender-based and domestic violence, with rapid pathways to confidential shelter, legal supports, culturally grounded services, and longer-term housing options for survivors and their children.

## **Supporting Youth Through Early Outreach**

Youth often show early signs of distress long before crises emerge. Declining attendance, changes in peer relationships, increased irritability or withdrawal, and challenges at home can indicate the need for support. Early outreach in youth environments, including schools, community centres, parks, and after-school programs, can help build protective factors. Youth benefit from consistent support, mentoring, structured activities, and culturally grounded programming.

The unified early outreach system should include youth-focused outreach workers who collaborate with educators, families, youth programs, and health partners to identify needs early and provide timely support.

## **Expected Outcomes**

Strengthening early outreach is expected to produce several positive outcomes:

- Reduced preventable crises that require police, EMS, or emergency department intervention.
- Fewer repeat interactions with individuals whose needs can be addressed through earlier support.
- Improved stability for people at risk of homelessness.
- Stronger collaboration among outreach teams, Indigenous partners, health workers, and social service agencies.
- Increased cultural safety and improved relationships with Indigenous community members.
- Better support for youth before issues escalate.
- Greater public confidence in the community's ability to respond compassionately and effectively.

## **Community Priorities: Priority 3 – Housing Stability and Reduced Homelessness**

### **Overview**

Housing stability is central to community safety and well-being. When people have safe, affordable, and stable housing, their health improves, their connection to community strengthens, and their reliance on emergency systems decreases. Conversely, when individuals experience housing instability, the impacts are immediate and far-reaching. Housing loss contributes to vulnerability in public spaces, increases risk of harm, heightens mental and physical health challenges, and places significant strain on police, EMS, hospitals, shelters, and non-profit agencies. In Sault Ste. Marie, the connection between housing instability and broader community pressures is clear in both data and experience.

This priority focuses on preventing homelessness wherever possible, improving housing stability for individuals at risk, supporting people through transitions, and reducing the number of individuals experiencing chronic homelessness. It recognizes that while local partners cannot control the availability of provincial treatment or federal housing investments, they can take meaningful steps to improve coordination, strengthen stabilization support, and create clearer pathways to housing. The priority also acknowledges the importance of culturally safe housing options for Indigenous peoples, whose experiences of homelessness are shaped by systemic inequities, intergenerational trauma, and barriers to accessing culturally grounded services.

A stronger housing stability framework will improve outcomes for individuals and reduce pressure on public spaces, emergency services, non-profit agencies, and the healthcare system. It will also create the conditions necessary for long-term change across the community.

### **Context and Drivers of Housing Instability**

The data and engagement findings reveal several key drivers of housing instability and homelessness in Sault Ste. Marie:

### **Insufficient availability of affordable and rent-geared-to-income housing.**

Market rents continue to rise faster than income for many households, leaving low-income individuals and families vulnerable to eviction, overcrowding, or unsafe living arrangements.

### **Limited supply of supportive housing.**

Some individuals require long-term or intensive support to maintain housing. The shortage of supportive housing prolongs shelter stays, increases chronic homelessness, and contributes to high visibility of homelessness in public spaces.

### **Gaps in stabilization services.**

People who experience mental health challenges, substance use, chronic illness, or trauma often require stabilization support to maintain their housing. When these supports are inconsistent, individuals struggle to stay housed and may cycle repeatedly through crises.

### **Economic pressures.**

Local economic vulnerability, particularly related to steel-sector instability and broader cost-of-living increases, places additional stress on families and increases risk of housing loss.

### **Barriers to culturally safe services.**

Indigenous individuals face disproportionate rates of housing instability due to systemic inequities and a lack of a sufficient amount of culturally grounded housing options. These barriers contribute to repeated homelessness and difficulty accessing support.

### **Challenges navigating the system.**

Many people with lived experience described difficulty understanding the housing system, accessing help, or navigating complex referral processes. When pathways are confusing, the risk of falling through gaps increases.

### **Trauma and relational disconnection.**

Housing instability is not solely a financial issue. Trauma, grief, family conflict, and lack of supportive relationships often contribute to homelessness. Without trauma-informed supports, these underlying issues remain unresolved.

Risk of intimate partner violence or unsafe living conditions that force individuals often women, children, and Indigenous family members to leave housing without viable alternatives.

### ***What We Heard From the Community***

Engagement with residents, service providers, Indigenous partners, housing providers, and people with lived experience painted a clear picture of the housing challenges in Sault Ste. Marie. People spoke about the difficulty finding affordable units, the scarcity of supportive housing, long waiting lists for rent-geared-to-income housing, and the frustration of seeing individuals cycle repeatedly through homelessness. Frontline staff noted that the absence of enough intensive stabilization supports and mental health care often limits their ability to help people maintain housing over time. Outreach workers described how individuals with complex needs sometimes return to homelessness because their housing situations were not aligned with their support requirements.

Indigenous partners described systemic barriers to safe housing, including discrimination, lack of enough Indigenous-led housing options, and difficulties accessing culturally grounded support. They stressed that meaningful progress requires partnership, shared leadership, and an approach rooted in Reconciliation and Indigenous Rights.

Residents described both compassion and frustration. Many want to help but feel unsure how to respond when they see people visibly struggling in public spaces. Others expressed concern that individuals experiencing homelessness are not receiving the help they need to stabilize and move forward.

People with lived experience emphasized the importance of trust, community, and consistent support. They shared experiences of finding housing but losing it because their underlying needs were never addressed. They highlighted the gaps in mental health access, long waits for treatment, stigma, and the difficulty of navigating systems that feel fragmented.

The message from engagement is clear: the community wants a coordinated, compassionate approach that builds housing stability and reduces homelessness through prevention, better support, and improved pathways back to housing and stability.



## **Data Insights Related to Housing and Homelessness**

The data reinforces what the community shared.

- Homelessness numbers have increased, with a significant proportion of individuals experiencing chronic homelessness.
- The shelter system faces rising demands, longer stays, and increasing acuity and complexity.
- Housing loss often results from preventable events such as rent arrears, family conflict, untreated mental health issues, or the effects of toxic substances.
- Some people who previously experienced homelessness return to homelessness because of unresolved stabilization needs or lack of support in their housing placement.
- Indigenous Peoples are disproportionately represented in homelessness data, consistent with provincial and national patterns rooted in systemic inequities.
- Supportive housing supply is significantly below what is needed to meet local demand.

These patterns illustrate a system under significant pressure and highlight the need for coordinated action focused on prevention, stabilization, and clear housing pathways.

## **Root Causes**

Housing instability in Sault Ste. Marie is generated by systemic issues that extend well beyond the capacity of local service providers to resolve. One of the largest root causes is the shortage of affordable and rent-geared-to-income housing. This shortage is driven by federal and provincial housing policy, long-term underinvestment in new rental construction, and rising private market rents that exceed the incomes of many residents. When supply does not match need, people are forced into unstable or unsafe arrangements. Local government can influence zoning and development incentives, but it cannot produce the volume of affordable and rent-geared-to-income units required without investment from other orders of government.

Supportive housing shortages add to this challenge. Some individuals require ongoing or intensive support to live successfully in housing. However, supportive housing is tied to provincial funding, community mental health budgets, and health system capacity. Without adequate supportive housing, individuals with complex needs cycle between homelessness, shelters, hospitals, and unstable accommodations. This cycle is not caused by individual failure but by a provincial system that lacks the clinical and operational infrastructure to match demand.

Income insecurity is another significant root cause. Provincial social assistance and disability support rates do not align with local housing costs. Federal income support programs, although important, are not designed to cover the full cost of living for low-income households. As a result, people are forced to make untenable choices between rent, food, utilities, and medication. Housing loss becomes unavoidable. This economic misalignment creates a predictable pipeline into homelessness that local agencies are left to manage.

Homelessness amongst Indigenous Peoples has distinct root causes tied to colonization, residential schools, systemic racism, and intergenerational trauma. Indigenous Peoples often face discrimination in the housing market, a lack of culturally safe services, and historical barriers to land, economic opportunity, and community stability. These root causes cannot be addressed solely through local programming. They require a commitment to reconciliation, Indigenous-led governance, and structural reform at the federal and provincial levels.

Finally, gaps in stabilization services contribute to housing loss. People with mental health concerns, trauma, chronic illness, or substance use issues require ongoing support to maintain housing. However, provincial systems do not provide enough psychiatric care, counselling, detox capacity, outpatient treatment, or case management to meet the level of need. Without stabilization support, housing can be difficult to retain. Homelessness emerges not as a standalone issue but as a symptom of unmet clinical, economic, and cultural needs.

### ***Strengthening Housing Stability: A Coordinated Approach***

To address housing instability, Sault Ste. Marie should strengthen a coordinated housing stability approach that spans prevention, stabilization, and transition

support. This approach recognizes that individuals need more than housing units. They need the supports, relationships, and pathways that help them succeed.

A strengthened housing stability system includes the following components:

### **Early identification of risk.**

Housing providers, landlords, outreach teams, schools, health partners, Indigenous organizations, and community agencies play a key role in recognizing early signs of housing instability. A coordinated system ensures that those signs trigger timely outreach and support.

### **Housing loss prevention and landlord mediation.**

Prevention includes mediation with landlords, financial assistance, benefit access, tenancy support, and problem solving. It is less costly, more humane, and more effective than responding after homelessness occurs.

### **Stabilization supports.**

Mental health, addiction, and clinical supports are essential for some individuals. When these supports are not readily accessible, people are at higher risk of losing housing. Stabilization also includes life skills development, connection to culture, case management, and peer support.

### **Culturally grounded pathways for Indigenous Peoples.**

Indigenous-led housing, navigation, and wraparound supports are central to Reconciliation and long-term success. Indigenous partners must have leadership roles in designing and delivering culturally safe housing options.

### **Clear pathways to housing for people experiencing homelessness.**

People should not have to navigate a confusing or fragmented system. Housing pathways must be transparent, accessible, and consistent across agencies.

### **Supportive housing expansion.**

Although supportive housing supply depends on federal and provincial funding, local partners can prepare proposals, identify sites, build partnerships, and advocate strategically.

### **Housing-focused shelter operations.**

Shelters must function as temporary, supportive environments that help people move into housing as quickly as possible, rather than long-term accommodations.

### **Supporting survivors of Intimate Partner and Gender Based Violence**

Create dedicated, confidential pathways to safe housing for survivors of violence, including culturally grounded options for Indigenous women and families, with integrated legal, financial, and therapeutic supports

### **Reducing Homelessness Through Prevention and Support**

Preventing homelessness is one of the most effective ways to reduce community pressure. Early outreach, eviction prevention, benefit navigation, financial support, and culturally grounded services all reduce the likelihood of homelessness. Prevention is particularly important for:

- Youth leaving unsafe or unstable environments.
- Adults facing sudden job loss or economic disruption.
- Families experiencing conflict or crisis.
- Individuals with mental health needs who require stabilization.
- Individuals discharged to homelessness from provincial and federal institutions.
- Indigenous community members facing systemic barriers.

By focusing on prevention, the community can reduce the number of people who enter homelessness and decrease pressure on shelters, outreach teams, police, and public spaces.

### **Supporting Transitions to and from Homelessness**

Transitions are critical points in the homelessness system. People may experience the most instability when entering shelter, exiting shelter, or moving into housing. Effective support during these transitions reduces the likelihood of repeated homelessness.

Transition support includes:

- Case management or intensive supports during shelter stays.
- Coordination between outreach, shelters, hospitals, corrections and housing providers.
- Stabilization support when moving into housing.
- Strong follow-up to ensure safety, success, and connection to services.
- Indigenous-led transition pathways for Indigenous individuals.

## **Expected Outcomes**

Strengthening housing stability should contribute to:

- Reduced homelessness, including chronic homelessness.
- Improved stability for people at risk of losing housing.
- Decreased reliance on police, EMS, and emergency departments.
- Stronger partnerships with landlords and housing providers.
- Increased cultural safety for Indigenous Peoples.
- Improved transitions from homelessness to housing.
- Enhanced community well-being through safer, more stable living environments.

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## **Community Priorities: Priority 4 – Children and Youth**

### **Belonging, Prevention & Structured Time**

#### **Overview**

Young people across Sault Ste. Marie are navigating a world of increasing complexity. Some youth described feeling disconnected, anxious, or overwhelmed. Educators and parents spoke about concerns such as young children being supported to meet early development expectations, rising mental health pressures, limited access to identity-affirming spaces, and a lack of affordable, structured activities. Youth workers emphasized that many young people do not have consistent mentorship, guidance, or community involvement during the hours when they need it most. These challenges do not reflect a lack of resilience among youth. Instead, they reflect gaps in the community's support structures during critical developmental periods.

Children and youth are central to the future of Sault Ste. Marie. Their experiences shape long-term community well-being, and their sense of belonging influences their choices, relationships, and opportunities throughout their lives. When youth feel connected to caring adults, participate in structured activities, and have access to safe spaces, they are significantly less likely to engage in risky behaviours and significantly more likely to develop strong, healthy pathways into adulthood.

This priority focuses on strengthening youth belonging, increasing access to structured-time opportunities, enhancing mental health supports, and expanding prevention efforts that are grounded in evidence. It includes a strong commitment to implementing the Icelandic Prevention Model through an upcoming pilot. The community has already demonstrated enthusiasm for this model, and early momentum provides a strong platform for expansion. By investing in youth now, Sault Ste. Marie is investing in its long-term safety, well-being, and prosperity.

#### **Communication and Awareness: Supporting Access to Youth Programs**

A recurring theme through engagement was not the absence of youth programs or financial supports, but gaps in awareness, communication, and navigation. Many families, caregivers, and even service providers are unaware of the range of subsidies, grants, and cost-offset programs available to support

youth participation in sport, recreation, culture, and wellness activities. Strengthening communication and shared information is a critical enabler of prevention and community well-being.

Sault Ste. Marie benefits from multiple funding pathways that reduce financial barriers for children and youth, including national programs such as **KidSport Sault Ste. Marie** and **Canadian Tire Jumpstart**, needs-based subsidies through the **YMCA of Sault Ste. Marie's Strong Communities** initiative, sport-specific supports such as the **Hockey Canada Foundation Assist Fund**, and locally driven sponsorships and bursaries through community organizations and clubs. Additional supports are available through **Indigenous-specific funding streams**, including **Jordan's Principle**, Métis Nation of Ontario programs, and local First Nations supports. Transportation access, including **free transit for children under 12 and the Social Equity Pass**, further reduces participation barriers.

The opportunity moving forward is to ensure this information is consistently shared, easy to navigate, and integrated into existing points of contact with families and youth. Schools, youth-serving agencies, recreation providers, outreach teams, and system partners are well positioned to act as connectors by providing clear, up-to-date information on what supports exist, who is eligible, and how to apply. A shared communication approach—supported by centralized resources and referral pathways—would improve access, reduce inequities, and maximize the preventative impact of existing investments.

## **Context and Drivers of Youth Risk and Disconnection**

Multiple interrelated factors shape youth risk and disconnection. Engagement and data highlight several key drivers:

### **Limited structured-time opportunities.**

It was reported that there are few safe, affordable, accessible places to spend time outside of school. Activities often require transportation, cost money, or end early in the evening.

### **Increasing mental health challenges.**

Youth mental health concerns, including anxiety, depression, and stress, have become more prevalent. Schools and community organizations are addressing these challenges as best they can, but capacity is limited.

### **Family stress and economic pressure.**

Economic vulnerability affects families' ability to support youth through recreation, mentorship, transportation, and participation in extracurricular activities.

### **Exposure to substance use.**

The toxic drug crisis affects youth directly and indirectly. Some youth are exposed to substance use in their homes or peer groups. Others experience stress or grief connected to loss, instability, or fear.

### **Cultural safety barriers.**

Indigenous youth often experience racism, cultural isolation, and limited access to land-based or culturally grounded programs. These barriers affect belonging and contribute to risk.

### **Lack of identity-affirming spaces.**

2SLGBTQ+ youth and racialized youth spoke about the need for places where they feel safe, respected, and supported.

### **Transportation barriers.**

Many youth cannot easily travel to programs or activities. Limited evening transit options reduce participation in structured recreation.

### **Gaps in mentorship and peer leadership opportunities.**

Youth benefit greatly from mentoring relationships with supportive adults, yet many do not have access to consistent guidance.

## ***What We Heard From Youth, Parents, Educators, and Workers***

Engagement revealed a community deeply concerned about youth well-being and strongly committed to supporting young people.

Youth inputs described feeling lonely, stressed, or uncertain about the future. They noted that safe spaces to gather are limited and often far from home. The value of adults who listen, support, and guide them cannot be understated as well.



Parents expressed concern about their children's mental health and well-being. They noted the difficulty of finding programs that operate during evening hours, the cost of some activities, and the lack of transportation. Parents emphasized that strengthening prevention is essential and that community supports should relieve pressure on families rather than depend on them alone.

Educators described the growing emotional and behavioural needs of students. They spoke about students who experience anxiety, trauma, or stress but have limited access to timely support. They also highlighted the importance of structured activities, consistent mentoring, and strong community-school partnerships.

Youth workers and community service providers highlighted the need for programming that is consistent, predictable, culturally safe, and aligned across agencies. They noted that many youth flourish when given opportunities to participate and lead, yet too few opportunities exist for them to do so.

Indigenous partners emphasized the importance of culturally grounded support for Indigenous youth. They spoke about the need for land-based programming, cultural mentorship, and culturally safe spaces that respect identity and strengthen connection to community.

### **Data Insights Related to Youth Well-Being**

Available youth data to a large extent reinforces what young people and families shared in engagement:

- Youth mental health concerns, including anxiety and depression, have increased significantly.
- Some youth experience loneliness or disconnection from peers and school environments.
- Participation in structured-time activities is uneven across neighbourhoods and income levels.
- Transportation barriers disproportionately affect youth in lower-income or geographically dispersed areas.
- Indigenous youth face higher exposure to systemic barriers that affect both risk factors and protective factors.

- Youth substance use patterns vary, but stress and exposure to substance toxicity in the community create indirect harm.
- Youth who participate in structured-time programming, sports, recreation, cultural activities, or mentoring programs show lower levels of risk and higher levels of protective factors.

These patterns point toward the importance of expanding structured activities, strengthening relationships, and improving access to culturally grounded supports.

## **Root Causes**

Youth disconnection and risk in Sault Ste. Marie stem from structural conditions that shape young people's daily lives. One of the most significant root causes is limited access to consistent, affordable, structured-time activities. Recreation, arts, sports, cultural programming, and youth-friendly spaces are often limited by funding constraints, transportation barriers, and inconsistent hours of operation. These limitations reflect broader provincial and federal funding patterns in youth programming. Without consistent structured-time opportunities, youth have fewer protective factors and greater exposure to risk.

Youth mental health is another major root cause. Anxiety, depression, stress, and emotional challenges have increased across Ontario. Provincial mental health systems do not have the capacity to meet the needs of children and youth in a timely way. Long waits for counselling, inconsistent school-based mental health resources, and limited specialized support contribute to declining well-being. When youth do not receive early mental health care, their capacity to cope, connect, or participate in positive activities decreases. These systemic gaps create conditions in which youth unnecessarily struggle.

Economic insecurity within families also shapes youth experiences. When parents/caregivers face unstable employment, rising costs of living, or unpredictable work schedules, their ability to support youth participation in recreation and structured activities becomes limited. Economic pressures are tied to federal and provincial labour markets, income supports, wage policies,

and broader economic conditions. These pressures influence youth indirectly through increased household stress and decreased access to opportunity.

Cultural safety gaps are additional root causes. Indigenous youth, 2SLGBTQ+ youth, and racialized youth experience discrimination or exclusion within mainstream programs. Without culturally safe and identity-affirming spaces, youth disengage. This disengagement is not a youth failure but a systems-level failure to provide inclusive environments.

Finally, transportation barriers limit youth access to activities, support services, and safe spaces. Transit availability, affordability, and scheduling are influenced by municipal capacity and provincial transit funding models. When youth cannot travel to programs, even the best-designed opportunities remain inaccessible. Transportation is therefore a structural determinant of youth well-being.

### ***The Icelandic Prevention Model (Planet Youth)***

The Icelandic Prevention Model is recognized internationally for its success in reducing youth substance use and improving youth well-being through community-wide prevention. It has been adapted in many countries and has produced measurable results by focusing on risk and protective factors rather than punitive approaches.

The model uses annual surveys completed by youth to identify trends, risks, strengths, and protective factors. These findings guide community decisions about programming, investment, and support. The model also emphasizes:

- Strong relationships with caring adults
- High levels of engagement in structured-time activities
- Strong school and community partnerships
- Reduced access to substances
- Family involvement
- Safe and welcoming places for youth to spend time

Sault Ste. Marie is positioned to launch this approach in the coming months. Early engagement highlighted a sense of hope among parents, youth, educators, and community organizations. The Icelandic model provides a

framework that Sault Ste. Marie can use to strengthen prevention, build protective factors, and reduce youth risk across the city.

The pilot will serve as a learning environment for the broader community. It will demonstrate how evidence-informed prevention can guide investment, programming, and collaboration. It will also help build momentum for expansion across other neighbourhoods and schools.

### **Youth Spaces and Structured-Time Opportunities**

Youth need safe places where they can gather, participate, learn, and grow. Structured-time opportunities are a central component of prevention and are strongly correlated with improved mental health, stronger academic outcomes, fewer risk behaviours, and increased connection to community.

A comprehensive youth structured-time strategy in Sault Ste. Marie includes:

#### **Safe, accessible youth hubs.**

Youth benefit from spaces that feel welcoming, inclusive, and culturally affirming. These hubs must operate during the hours youth are most likely to need them.

#### **Affordable programming.**

Cost is one of the biggest barriers to participation. Programs must be free or low-cost to ensure equitable access.

#### **Identity-affirming environments.**

Programs must reflect the diversity of youth in Sault Ste. Marie, including Indigenous youth, 2SLGBTQ+ youth, and youth from racialized communities.

#### **Transportation support.**

Transportation must be addressed to support participation.

#### **Mentorship and adult support.**

Youth thrive when adults show interest, listen, and guide them.

## **Connection to culture.**

Indigenous youth in particular benefit from culturally grounded and land-based programming led by Indigenous organizations.

Expanding these opportunities will require coordination across schools, the City, the DSSAB, Indigenous partners, recreation providers, and community agencies.

## **Strengthening Prevention Across Systems**

Youth prevention requires a shared commitment from many partners:

- Schools play a central role as almost daily points of contact.
- Community organizations provide structured activities, mentoring, and safe spaces.
- Indigenous partners provide cultural grounding and support.
- Health partners contribute mental health expertise and resources.
- Parents and caregivers provide guidance, encouragement, and support.
- Local government contributes resources, coordination, and policy alignment.

Prevention is most effective when systems align around shared goals, consistent messaging, and data-informed decision making.

## **Expected Outcomes**

Strengthening youth belonging, prevention, and structured-time opportunities will result in:

- Improved youth mental health and emotional well-being.
- Increased participation in structured activities.
- Improved resilience and protective factors for involved youth.
- Stronger relationships between youth and caring adults.
- Reduced exposure to risky environments and behaviours.

- Greater cultural safety and inclusion for Indigenous and 2SLGBTQ+ youth.
- More resilient families and communities.
- Clear evidence and guidance for expanding the Icelandic Prevention Model across the city.

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## Cross-Cutting Themes

Across all four priorities, several cross-cutting themes shape how the community will work together to strengthen safety and well-being. These themes emerged consistently through engagement, data analysis, system discussions, and the community's lived experience. They represent the values, approaches, and conditions that must guide implementation if the plan is to be successful.

### **1. Indigenous Partnership and Reconciliation**

Indigenous communities and organizations are central to the identity, history, and future of Sault Ste. Marie.

Indigenous partnership is not an isolated strategy. It must be woven throughout the Community Safety and Well-Being Plan. This includes Indigenous leadership in program design, youth engagement, early outreach, data governance, and housing pathways. It also includes commitments to cultural safety across all systems, from the shelter sector to youth programs to public space strategies.

Reconciliation in this context means more than acknowledgment. It means practicing respect, sharing decision making, supporting Indigenous-led programs, and ensuring that Indigenous residents feel safe, welcomed, and valued in every part of the community. Indigenous-led prevention, Indigenous Service Navigation, cultural programming, and land-based healing are critical components of the broader response.

### **2. Equity, Inclusion, and Accessibility**

Equity is essential for improving safety and well-being. The data and engagement highlighted that many residents experience barriers because of race, poverty, disability, gender identity, age, housing status or cultural background. Youth from racialized communities described feeling singled out or overlooked. Indigenous residents shared experiences of discrimination in public spaces, housing, and services. People with disabilities noted gaps in physical accessibility and program design.

A community safety and well-being system must be equitable to be effective. This means removing barriers, improving cultural safety, providing identity-affirming services, and designing programs with inclusion at the core. It also means addressing systemic inequities that contribute disproportionately to risk among marginalized groups. Accessibility is another essential dimension, ensuring that programs, spaces, and services are reachable, affordable, and welcoming to all.

### **3. The Importance of Coordinated Communication**

Residents repeatedly asked for clearer and more accessible information about services, expectations, responses, and roles across systems. People want to know whom to call, what to expect, and how partners work together. Business owners want to understand how public space safety issues are handled and how to participate in solutions. Youth and parents want to know where to find safe spaces and structured activities. Indigenous communities want transparency and shared decision making.

Effective communication increases public trust and reduces confusion. It also strengthens cooperation between partners. A coordinated communications approach should include clear messaging for residents, consistent updates on progress, accessible information about services, and opportunities for community feedback. A unified voice also strengthens advocacy efforts to other levels of government.

### **4. Data Governance and Shared Information**

Safe and ethical data sharing is essential for coordinated systems. Many individuals interact with multiple agencies, yet organizations often lack the information they need to support people effectively. This leads to gaps in service, inconsistent follow-up, and fragmented care. Indigenous partners also highlighted the importance of Indigenous data sovereignty and the need to ensure data practices respect Indigenous Rights.

Develop data-sharing protocols that respect privacy while enabling coordinated, timely responses to intimate partner violence across police, shelters, health, housing, and social services.



Improving data governance means aligning data systems where possible, developing shared indicators, ensuring culturally safe practices, and respecting privacy and confidentiality. It also means using data to guide decisions, identify trends, and evaluate progress. A coordinated approach to data strengthens accountability and enables partners to respond proactively to emerging needs.

## **5. Support for the Non-Profit Sector**

The non-profit sector is a crucial part of the community's response to homelessness, housing stability, youth programming, mental health, substance use, family support, and early outreach. This sector is carrying heavy and increasing pressure. Agencies face staffing shortages, recruitment challenges, high levels of burnout, moral injury, and limited funding stability. Much of the visible pressure in public spaces and emergency systems reflects unmet needs that non-profit organizations try to manage with inadequate resources.

Recognizing the central role of the non-profit sector means investing in stable funding, workforce development, shared protocols, and coordinated practices. A sustainable non-profit sector strengthens prevention, reduces crisis, and improves long-term outcomes.

## **6. A Consistent Trauma Informed Approach**

Trauma plays a major role in many of the issues experienced across the community. People who experience homelessness, substance toxicity, mental health challenges, racism, discrimination, or instability often carry deep trauma. A trauma informed approach across all systems helps prevent re-traumatization, improves trust, and strengthens outcomes.

Trauma informed practice means recognizing trauma, responding with empathy, designing programs that promote safety and predictability, and ensuring that staff are trained and supported. It also includes culturally grounded approaches that honour Indigenous knowledge and healing practices.

This includes system-wide alignment on trauma-informed responses to intimate partner violence that prioritize survivor safety, minimize re-traumatization, and support accountability for harm.

## **7. Shared Accountability and System Alignment**

No single agency can achieve meaningful change alone. Enhanced community safety and well-being require coordinated systems that share responsibility, data, leadership, and learning. Agencies must understand each other's roles, collaborate on shared priorities, and problem solve together when challenges arise. Clear governance structures support this alignment.

Shared accountability ensures that progress is measured, resources are coordinated, and responsibilities are distributed in a way that reflects the strengths and mandates of each partner.

### **Governance for Implementation**

To ensure strong and coordinated implementation, Sault Ste. Marie should use a multi-tiered governance structure. This structure builds on the relationships, partnerships, and systems that already exist and strengthens them by providing clarity, consistency, and shared purpose.

The governance model includes:

#### **1. Executive Leadership Table**

The Executive Leadership Table brings together senior leaders from key organizations including:

- The City of Sault Ste. Marie
- The District Social Services Administration Board
- Police Services
- Algoma Public Health
- Indigenous leadership and organizations
- Health partners

- Education partners
- Housing providers
- Non-profit sector leaders

This Table is responsible for setting strategic direction, removing barriers, aligning resources, and monitoring high-level progress. Members meet regularly to review the implementation of the four priorities, address system-wide challenges, and advance advocacy efforts. The Executive Leadership Table provides the oversight needed to keep the plan moving forward and ensure accountability across partners.

## **2. Implementation Table**

The Implementation Table focuses on operationalizing the strategies within each priority. Members include program managers, coordinators, supervisors, Indigenous service navigators, outreach leads, youth leaders, and frontline representatives. This Table ensures that the vision set by the Executive Leadership Table translates into practical, day-to-day action.

Responsibilities include:

- Establishing shared protocols and practices
- Coordinating outreach, public space initiatives, youth programming, and housing supports
- Aligning data collection and reporting
- Identifying training needs
- Supporting consistent communication across agencies
- Monitoring early indicators of success

The Implementation Table should meet monthly to address emerging issues and ensure a coordinated approach to implementation.

## **3. Priority-Specific Working Groups**

Each of the four priorities should have a dedicated working group responsible for advancing its specific goals. These groups include subject matter experts,

Indigenous partners, youth representatives (where appropriate), frontline workers, non-profit staff, and community stakeholders.

Working Groups are responsible for:

- Developing detailed implementation plans
- Testing and refining new approaches
- Providing insights from frontline experience
- Strengthening cultural safety and inclusion
- Creating tools, guides, and practical resources
- Reporting progress to the Implementation Table

Consider a dedicated Intimate Partner Violence / Gender-Based Violence working group that supports the various priorities identified in the CSWB Plan or promote the formal integration of IPV responsibilities within the Early Outreach and Housing Stability working groups.

#### **4. Role of Indigenous Partners in Governance**

Indigenous partners play a leadership role across all levels of governance. Their involvement is essential for ensuring cultural safety, supporting Reconciliation, strengthening youth wellbeing, addressing homelessness among Indigenous Peoples, and guiding data governance practices.

Indigenous voices should be present at the Executive Leadership Table, the Implementation Table, and all relevant working groups. Indigenous organizations should lead culturally grounded strategies, advise on program design, and hold shared authority in decisions that affect Indigenous residents.

#### **5. Community Engagement and Public Communication**

Ongoing engagement with residents, youth, businesses, community groups, and people with lived experience is critical to the success of the Plan. The governance structure should include mechanisms to ensure ongoing community involvement, including:

- Annual public reporting
- Community feedback sessions
- Youth advisory involvement

- Partnerships with Indigenous community councils
- Communication updates through municipal and DSSAB channels

Clear, consistent communication helps build trust, manage expectations, and demonstrate progress.

## **6. Monitoring, Evaluation, and Continuous Improvement**

The governance structure will support ongoing monitoring and evaluation. Partners will review indicators, examine trends, and identify barriers. Trends in intimate partner violence, repeat victimization, and survivor access to safe housing and coordinated supports should also be taken into consideration.

This approach ensures that the Plan remains responsive to emerging challenges and opportunities

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# Implementation Plan

## Overview

Transforming community safety and well-being in Sault Ste. Marie requires a clear, coordinated, and realistic implementation plan. The previous sections have outlined the four priority areas, root causes, strategies, and expected outcomes. This section brings those elements together and provides a practical roadmap for action. It recognizes that implementation will require commitment, collaboration, and shared accountability from all partners, including the City, the DSSAB, Indigenous organizations, non-profit agencies, police services, health systems, education partners, families, youth, and residents.

To support this collective effort and strengthen system coordination, the City of Sault Ste. Marie has committed to establishing a dedicated Community Safety and Well-Being (CSWB) Coordinator position. This role will provide leadership in convening partners, advancing implementation, supporting data and evaluation activities, and ensuring alignment between municipal operations, DSSAB initiatives, and cross-sector priorities. The CSWB Coordinator will serve as a central point of coordination, helping to sustain momentum, facilitate communication, and drive progress across all elements of the plan.

Implementation is a sustained process that grows stronger over time. The following roadmap provides a structured approach for the first two years of implementation, focusing on building foundational systems, strengthening partnerships, aligning operations, and delivering visible improvements. The goal is to create momentum, demonstrate early wins, and build the infrastructure needed for long-term sustainability.

## Implementation Timeline and Key Actions

The Plan can be implemented in three stages over two years:

1. Foundation Building
2. System Alignment and Integration
3. Expansion and Evaluation

Each stage includes actions involving multiple partners and requiring coordinated effort.

## **Stage 1: Foundation Building**

Months 1 to 6

This stage focuses on establishing the structures, tools, and relationships needed to support implementation across the four priorities.

### **1. Confirm Governance Structures**

- Convene the Executive Leadership Table and finalize membership.
- Establish the Implementation Table and confirm meeting schedules.
- Formalize working groups for each priority.
- Ensure Indigenous representation at all levels of governance.

### **2. Develop Shared Protocols and Operating Frameworks**

- Create shared outreach protocols for engagement, follow up, communication, and documentation.
- Establish a coordinated presence model for public spaces, including hours, roles, and shared expectations.
- Develop a shared communications framework to guide public messaging.

### **3. Identify Early Wins**

- Select specific parks, streets, or business areas for early coordinated presence pilots.
- Identify a small group of landlords for immediate collaboration on eviction prevention.
- Launch first-phase programming of the Icelandic Prevention Model at the pilot site to continue building momentum.

### **4. Data and Reporting Foundations**

- Develop a shared dashboard for key indicators across the four priorities.
- Align agency-level data collection tools where possible.

- Create a baseline report to serve as a comparison point for future progress.

## **5. Cross-Sector Training and Capacity Building**

- Provide trauma informed practice training across all relevant agencies.
- Offer Indigenous cultural safety training in collaboration with Indigenous partners.
- Begin workforce support initiatives for the non-profit sector, including supervision training and burnout prevention resources.

This first stage ensures that implementation begins with strong foundations, clear expectations, and shared understanding across partners.

## **Stage 2: System Alignment and Integration**

Months 6 to 18

This stage focuses on integrating services, strengthening collaboration, and improving the consistency of the community's response.

### **1. Coordinated Presence Rollout**

- Expand coordinated presence to additional public space hotspots.
- Add Indigenous service navigators, youth workers, and peer supporters to the rotation.
- Implement environmental improvements identified in early assessments.

### **2. Unified Early Outreach System**

- Launch coordinated outreach schedules covering evenings and weekends.
- Implement shared follow up practices across agencies.
- Introduce cross-agency case discussions to support shared program participants with high needs.
- Strengthen collaboration between outreach teams and housing stability teams.



### **3. Housing Stability System Improvements**

- Expand eviction prevention programs and landlord relationships.
- Strengthen transitions from homelessness to housing through improved case management relationships.
- Develop proposals for provincial and federal supportive housing investments.
- Identify opportunities for Indigenous-led housing initiatives.

### **4. Youth Prevention and Structured-Time Expansion**

- Expand programming at the Icelandic Prevention Model pilot site based on early Planet Youth insights.
- Launch youth activities or hubs in two additional neighbourhoods.
- Develop transportation solutions for youth to access structured programs.
- Strengthen partnerships between schools, recreation organizations, and Indigenous youth programming.

### **5. Strengthened Communications and Public Information**

- Launch a coordinated communications strategy that includes updates on progress, public space initiatives, and community expectations.
- Provide clear guidance for residents on who to contact for different concerns.
- Offer quarterly updates to Council and community partners.

### **2. Rapid Response Table Re-Engagement**

- Re-establish a standing Rapid Response Table to support timely, coordinated responses to emerging issues.
- Clarify membership, roles, and referral pathways across outreach, housing, health, Indigenous partners, and police.
- Align Rapid Response Table processes with CSWB Data Governance standards and coordinated presence activities.

### **7. Advocacy**

- As priorities are identified by the ELT, advocacy efforts can be aligned so that community priorities are consistently championed by appropriate community organizations.

This stage demonstrates visible progress that builds trust and strengthens collaboration.

### **Stage 3: Expansion and Evaluation**

Months 18 to 24

This stage focuses on expanding successful approaches, evaluating results, and preparing for long-term sustainability.

#### **1. Evaluate Early Outcomes**

- Assess performance indicators across public space safety, outreach, housing stability, and youth well-being.
- Conduct surveys, focus groups, or feedback sessions with clients, staff, youth, residents, Indigenous communities, and partners.
- Compare current conditions with baseline data.

#### **2. Expand What Works**

- Increase coordinated presence coverage based on early results.
- Expand structured-time and youth programs to additional neighbourhoods.
- Grow partnerships with landlords, businesses, and community groups.
- Strengthen culturally grounded services through Indigenous-led expansion.

#### **3. Strengthen Workforce Sustainability**

- Implement long-term strategies to stabilize the non-profit workforce.
- Explore funding opportunities for long-term positions within outreach, homelessness services, and youth programs.
- Develop leadership training for frontline supervisors and program managers.

#### **4. Update the Plan**

- Revise the implementation plan based on evaluation findings.
- Adjust strategies to reflect new partners, new data, and new opportunities.
- Prepare a public mid-term update summarizing progress, challenges, and next steps.

This final stage prepares Sault Ste. Marie for long-term success and ensures that the Plan remains responsive, relevant, and grounded in real results.

#### **Principles for Successful Implementation**

Successfully implementing this Plan requires partners to embrace several key principles.

##### **1. Shared Responsibility**

Shared responsibility means that every partner understands their role and how it connects to others. Community safety and well-being cannot be achieved by any single organization, because the root causes span mental health, housing, addiction, youth development, public space design, poverty, and culture. Shared responsibility requires cross-agency commitment, joint decision making, clear expectations, mutual accountability, and the willingness to solve problems together rather than in silos. It shifts the system from reactive to proactive coordination, and from fragmented to aligned.

##### **2. Indigenous Leadership**

Indigenous leadership strengthens the design, implementation, and evaluation of strategies across the Plan. This principle recognizes Indigenous rights, cultural knowledge, and the longstanding presence of Indigenous Peoples in Sault Ste. Marie. Indigenous-led programs provide cultural grounding, trust, relational connection, and healing practices that mainstream systems cannot replicate. Embracing Indigenous leadership means ensuring meaningful decision-making authority, supporting Indigenous-run services, and promoting cultural safety across all systems.

### **3. Transparency and Communication**

Transparency and communication are foundational to public trust. When residents, businesses, youth, and service providers understand who does what and what to expect, the system becomes more predictable, accessible, and accountable. Transparency also supports alignment across agencies, ensuring that outreach workers, police, municipal staff, Indigenous service navigators, youth programs, and housing providers operate with shared information and consistent messaging. Clear communication reduces confusion and helps the community understand progress, challenges, and changes.

### **4. Flexibility and Responsiveness**

Implementation must remain adaptive as conditions and needs change. The pressures facing Sault Ste. Marie are not static. Economic shifts, toxic drug trends, housing market changes, and youth needs will continue to evolve. Flexibility ensures that strategies can adjust quickly, that working groups can shift priorities based on new data, and that partners can test, refine, and expand practices as learning emerges. Responsiveness prevents stagnation and ensures that the Plan remains relevant over time.

### **5. Continuous Learning**

Continuous learning recognizes that implementation is not linear. Agencies learn by doing, adjusting, piloting, and evaluating. Data must guide decisions, but lived experience, frontline insight, and Indigenous knowledge are equally important sources of learning. This principle ensures that partners remain reflective, examine evidence, question assumptions, and stay open to change. Continuous learning is how Sault Ste. Marie evolves from a collection of programs into an integrated system.

### **6. Commitment to Equity**

Equity ensures that all residents have access to safety, opportunity, and well-being. This principle requires removing barriers, embedding cultural safety, supporting inclusive design, addressing systemic racism, and aligning programs with the needs of communities that face disproportionate risk. Equity also involves accessibility, affordability, and culturally grounded approaches that serve Indigenous peoples, youth, seniors, people with disabilities, newcomers,

2SLGBTQ+ residents, and those living in poverty. Without equity, no system can claim to improve well-being for all.

## 7. Accountability

Organizations through the ELT need to agree on leads for particular functions and activities, collaborate and report on goals, timelines and key performance indicators.

### ***Expected Impact of Implementation***

A well-governed, coordinated implementation effort should result in:

- Safer public spaces with reduced fear and increased predictability
- Earlier intervention and fewer preventable crises
- Greater housing stability and reduced homelessness
- Stronger youth connections, improved mental health, and expanded structured-time opportunities
- Better community-wide coordination
- Stronger Indigenous partnership and cultural safety
- More predictable, reliable support systems across the city
- A foundation for long-term economic and social resilience

## Conclusion and Call to Action

Sault Ste. Marie is a community with strength, resilience, and determination. Throughout this process, residents, youth, Indigenous partners, service providers, businesses, and public sector leaders shared their experiences, hopes, concerns, and priorities. Their voices shaped every part of this Plan. The stories and data revealed a community that cares deeply about safety, belonging, and well-being. They also revealed real challenges, including growing pressure on public spaces, increasing mental health and substance toxicity crises, rising housing instability, youth disconnection, strain on the non-profit sector, and systems that struggle to keep pace with the complexity of people's needs.

These challenges are not signs of a failing community. They are signs of systems under pressure and root causes that sit far upstream of individual behaviour and the control of municipalities. The issues facing Sault Ste. Marie are shaped by provincial gaps in mental health, addiction treatment, supportive housing capacity, and income support systems, as well as federal challenges such as toxic drug supply and affordable housing shortages. Local governments, non-profit agencies, and community partners are absorbing the downstream consequences of these structural realities every day. This Plan acknowledges these root causes clearly while also setting out a coordinated path forward that is practical, achievable, and grounded in local leadership.

The four priority areas in this Plan offer a balanced and actionable approach. Safer shared public spaces respond to visible community concerns while emphasizing compassion, consistency, and clear expectations. Early outreach and support provide a foundation for preventing crises and stabilizing individuals before situations escalate. Housing stability strategies tackle one of the most significant drivers of emergency response pressure. Youth belonging and structured-time investment build long-term well-being and strengthen the next generation of community members. Together, these priorities form an integrated framework that supports the whole community.

Implementation will require shared responsibility across all partners. It will require Indigenous leadership, strong communication, consistent trauma-informed practice, and a commitment to equity. It will also require the continued resilience and creativity of the non-profit sector and the willingness of public systems to align their efforts. Change will not happen overnight, but steady,

coordinated action will produce measurable progress that benefits all residents, businesses, youth, and families.

The challenges Sault Ste. Marie faces are significant, but so is its capacity for action. Communities across the province are grappling with similar pressures, yet Sault Ste. Marie is positioned to lead with clarity, evidence, and courage. By embracing this Plan, partners commit to a shared vision where public spaces are safe and welcoming, where people receive support before they reach crisis, where housing stability is achievable, and where youth have opportunities to thrive. This Plan reflects the community's strengths and its willingness to face difficult issues with honesty and determination.

The path forward requires collaboration, persistence, and hope. With shared purpose and coordinated effort, Sault Ste. Marie can strengthen community safety, enhance well-being, and build a future where every resident feels secure, connected, and supported. This is the work of a community that believes in its people, invests in its future, and refuses to leave anyone behind.

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APPENDICES

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## **APPENDIX A: Methodology**

### ***Purpose of the Methodological Approach***

The methodology used to develop the Community Safety and Well-Being Plan was designed to ensure that the Plan reflects the lived realities of residents, the expertise of frontline workers, the insights of Indigenous partners, and the strategic perspectives of community leaders. The process combined qualitative and quantitative approaches to create a balanced, evidence-informed understanding of the pressures affecting Sault Ste. Marie. The goal was to produce a Plan that is grounded in data, driven by community engagement, informed by system partners, and aligned with provincial CSWB legislation.

### ***Data Sources and Analysis***

Multiple data sources were reviewed to understand trends, patterns, and underlying pressures affecting the community. These datasets were provided by partners including the City of Sault Ste. Marie, the District Social Services Administration Board, police services, Algoma Public Health, hospitals, non-profit agencies, Indigenous organizations, housing providers, youth-serving organizations, and school partners.

Quantitative data included calls for service, emergency response patterns, shelter occupancy, chronic homelessness trends, youth engagement indicators, service waitlists, overdose and toxicity data, public complaints, and housing stability measures. Multi-year trend analysis was used wherever possible to understand changes over time rather than relying on single-year snapshots. The team also reviewed local demographic data, economic indicators, and relevant provincial and federal research reports to contextualize local trends within broader patterns.

Analysis focused on identifying structural drivers, repeated patterns, service gaps, and relationships between systems. Special attention was given to understanding how upstream needs manifest as downstream pressure on police, EMS, public spaces, and non-profit agencies. Data interpretation was strengthened by discussions with community partners who could validate or clarify observed trends.

## **Document Review**

A thorough document scan was completed to understand existing strategies, mandates, and community priorities. This included municipal reports, community needs assessments, agency strategic plans, housing and homelessness strategies, public health documents, school board materials, reconciliation and Indigenous-led frameworks, and provincial legislative requirements related to CSWB planning.

This review helped identify alignment opportunities and gaps, ensuring that the CSWB Plan complements rather than duplicates existing efforts.

## **Community and Stakeholder Engagement**

Engagement was central to the methodology. The goal was to gather the perspectives of people who experience, witness, or respond to community safety and well-being issues in their daily lives. Engagement sessions were conducted with:

- Residents from a range of neighbourhoods
- Youth, including those engaged in structured programs and those less connected to services
- Indigenous partners, Elders, Knowledge Keepers, and Indigenous-led organizations
- Non-profit agencies, frontline workers, and social service providers
- First responders
- Housing providers and landlords
- Educators and school administrators
- Businesses and local associations
- People with lived and living experience of homelessness, substance use, and mental health challenges

Engagement took place through group sessions, interviews, dialogues, on-site conversations, and focused discussions. Participants were encouraged to speak candidly about what they see, what they experience, and what they believe the community needs. All feedback was recorded anonymously and synthesized into themes that appear throughout the Plan.

Engagement was intentionally relational rather than transactional. Time was spent building trust, listening to context, and reflecting back what was heard. This produced deeper insights and more nuanced understanding of community pressures.

### ***Role of Indigenous Partnership***

Indigenous partners were engaged in the development process, not as one stakeholder group among many, but as essential co-creators. Indigenous organizations contributed insights on cultural safety, systemic barriers, youth needs, housing challenges, healing approaches, and the importance of Indigenous-led solutions.

Their guidance shaped the development of root cause analysis, youth priorities, and system responses. Indigenous voices were included at every stage of the methodology, supporting a process that aligns with reconciliation principles and responds to the needs of Indigenous residents.

### ***Systems-Level Consultation***

In addition to community engagement, the methodology included structured conversations with system leaders responsible for housing, policing, early outreach, youth services, public health, emergency response, and mental health and addiction services. These consultations helped clarify operational realities, resource constraints, partnership opportunities, and system-level bottlenecks.

The team facilitated discussions that explored what is working well, where systems struggle, and what supports are needed to improve coordination. These consultations were essential for ensuring that the Plan is implementable and grounded in the daily experience of organizations responsible for community safety and well-being.

## ***Synthesis and Theme Development***

All data, engagement feedback, and system insights were reviewed together to identify intersecting themes and pressures. The synthesis process focused on:

- Identifying issues that were raised across multiple sectors
- Distinguishing symptoms from root causes
- Clarifying what is within local control and what requires advocacy to other levels of government
- Mapping upstream needs to downstream impacts
- Determining which strategies would be most effective across multiple priorities

Themes were not selected based on frequency alone, but on importance, impact, and system relevance. The synthesis process also ensured that the priorities chosen for action reflected community values and the most urgent areas of need.

## ***Limitations of the Methodology***

All methodologies have limitations. Although extensive engagement and data analysis were conducted, not every resident or youth participated, and some datasets are incomplete or limited by reporting practices. System pressures evolve over time, meaning that some trends may shift in future years. Engagement findings reflect the voices of those who chose to participate or who were reachable during the process and may not represent all perspectives.

Despite these limitations, the methodology is robust, balanced, and sufficiently comprehensive to support the development of a credible, actionable, and evidence-informed CSWB Plan.

## **APPENDIX B: Community Engagement Summary**

### **Overview of the Engagement Approach**

Community engagement was an essential component in developing the Community Safety and Well-Being Plan. The purpose was to gather the insights and lived experiences of residents, youth, Indigenous partners, frontline workers, businesses, non-profit organizations, public sector agencies, and people with lived experience of homelessness, mental health challenges, substance use, and housing instability. Engagement provided a grounded understanding of what people are witnessing, feeling, and experiencing in their daily lives, and helped identify shared priorities and concerns.

This approach was carried out through a combination of community surveys, specialized engagement sessions, and key informant focus groups. Participants included frontline service providers, system leaders, emergency responders, health and social service organizations, educators, youth-serving agencies, Indigenous-led organizations, business representatives, and people with lived and living experience. Engagement activities were facilitated in small-group and role-alike formats to support candid discussion, explore system-level issues in depth, and ensure that both professional expertise and lived experience meaningfully informed the findings.

### **Who We Engaged**

Engagement efforts reached a wide range of stakeholders. While not exhaustive, the following groups were substantively represented:

#### **Residents**

Residents participated in an open survey available to all people within the community.

#### **Youth**

Youth service organizations were intentionally included.

## **Indigenous Partners**

Indigenous voices were central to this process, with a specific focus on engaging Indigenous organizations. Their insights shaped both the priorities and the cultural lens applied to the Plan.

## **People with Lived and Living Experience**

Individuals who have experienced homelessness, substance use, mental health challenges, child welfare involvement, or family instability shared their expertise and experience. Their contributions ensured that the Plan reflects the realities of those most affected by system pressures.

## **Non-Profit and Social Service Providers**

Frontline staff and leaders from homelessness services, youth programs, mental health and addiction services, Indigenous organizations, family support programs, shelters, food security programs, and outreach services participated in focused discussions.

## **Business Owners and Community Organizations**

Local businesses, community groups, faith-based organizations, and neighbourhood associations provided insight into the pressures they experience and the conditions that affect safety and well-being in shared spaces.

## **First Responders and Public Sector Partners**

Police, EMS, fire, health care providers, school boards, and DSSAB staff contributed to discussions on system-wide pressures, response patterns, and opportunities for collaboration.

## **Major Themes from Engagement**

The engagement produced several themes that appeared consistently across groups, even when perspectives differed. These themes help explain the conditions driving community concern and shape the priorities within the Plan.

## **1. Strong Compassion Paired with Desire for Safety and Predictability**

People across the community expressed deep compassion for individuals experiencing homelessness, mental health distress, substance toxicity, or trauma. Residents understand that these issues are not rooted in personal failure but in systemic pressures and unmet needs. At the same time, residents, youth, and businesses consistently stated that threatening behaviour, harassment, vandalism, or unpredictable actions in public spaces create fear and discomfort. People want a compassionate community that does not tolerate harmful behaviour.

## **2. Rising Mental Health and Substance Toxicity Challenges**

Many participants described witnessing more people in visible distress, experiencing psychosis, collapsing due to toxic drug supply, or displaying unpredictable behaviour. Youth expressed fear about encountering individuals in unsafe condition. Parents shared concern about their children walking alone or taking transit. First responders noted that they are frequently called to address what are essentially health and substance toxicity issues. These observations reflect gaps in mental health and addiction systems, and the lack of consistent stabilization supports.

## **3. Public Space Pressure and Community Fatigue**

Residents and businesses described a cumulative feeling of fatigue related to public space safety. Business owners spoke about repeated incidents involving disruptive behaviour, property damage, or individuals in medical crisis. Residents described avoiding certain areas of the city. Seniors spoke about feeling vulnerable or unsafe during errands. This fatigue does not stem from a lack of empathy but from repeated exposure without visible improvement or consistent presence from support teams.

## **4. Desire for Coordinated Responses and Clear Expectations**

Engagement participants repeatedly asked for clearer community standards and more coordinated responses across agencies. People want to know whom

to call, what to expect, and how services work together. Many expressed support for a coordinated presence model where outreach workers, Indigenous navigators, police, youth workers, and municipal staff work side by side in public spaces. Participants want consistency and predictability, not more enforcement alone.

## **5. Strain on Non-Profit and Social Service Agencies**

Frontline workers and agency leaders described overwhelming caseloads, increasing complexity, workplace stress, and difficulty supporting clients who require intensive or clinical care. Staff expressed a strong commitment to their work but acknowledged the emotional toll created by inadequate resources, limited system capacity, and rising community need. Many agencies feel that they are carrying responsibilities that exceed their mandate because upstream systems are failing to keep pace with demand.

## **6. Growing Housing Instability and Difficulty Accessing Support**

Landlords, residents, frontline staff, and people with lived experience all noted that housing loss occurs quickly and that re-establishing stability is difficult. Once a person loses housing, the path back is often long. Participants described a system where supportive housing is scarce, rents are rising, and income supports are not enough to cover the cost of living. Indigenous partners described additional barriers rooted in discrimination, lack of cultural safety, and historical trauma.

## **7. Youth Need Safe Spaces, Meaningful Activities, and Mentorship**

Across discussions, youth described feeling disconnected or bored, with limited access to affordable structured activities. Parents expressed worry about youth mental health and the lack of safe places for youth to spend time. Teachers and youth workers noted rising anxiety and isolation among young people. Youth spoke about wanting programs that reflect their identities, interests, and cultures. Indigenous youth emphasized the importance of land-based programs, cultural mentorship, and community connection.



## **8. Indigenous Residents Experience Distinct Barriers to Safety and Well-Being**

Indigenous participants shared experiences of racism in public spaces, housing discrimination, lack of cultural safety in services, and the ongoing effects of colonial policies. Indigenous partners emphasized the importance of Indigenous-led services, Indigenous navigators, and culturally grounded healing. They also spoke about the need for stronger relationships between Indigenous organizations and mainstream agencies.

### ***What Community Members Want to See Change***

Engagement participants not only identified concerns but also provided clear direction for future action. Across groups, people expressed the desire for:

- A more coordinated response in public spaces
- Stronger early outreach and consistent follow up
- More accessible mental health and addiction supports
- Increased supportive housing and prevention efforts
- Safe, affordable, structured activities for youth
- Greater inclusion of Indigenous-led programs and cultural supports
- Clear standards for public behaviour
- Better communication across systems and with the public
- Support for the non-profit workforce
- Neighbourhood programs that reduce isolation and strengthen community

These desires align closely with the Plan's four priority areas.

### ***Community Strengths and Sources of Pride***

Engagement also highlighted many strengths that Sault Ste. Marie can build upon:

- Deep community compassion
- Strong relationships between agencies

- Resilient and committed frontline staff
- Strong Indigenous leadership and cultural knowledge
- Innovative youth programming in some neighbourhoods
- Capacity for collaboration demonstrated by current initiatives
- Community willingness to engage in honest conversations
- Local pride in culture, land, and history

These strengths will support successful implementation of the Plan.

### **How Engagement Shaped the Plan**

Engagement was not symbolic. It meaningfully influenced the Plan.

- Concerns about public space pressure shaped Priority 1.
- Desire for coordinated, early support shaped Priority 2.
- Experiences of housing instability shaped Priority 3.
- Youth calls for belonging and structure shaped Priority 4.
- Indigenous partners' guidance shaped the root cause analysis and cultural safety commitments.
- Non-profit fatigue shaped the focus on system coordination and workforce sustainability.
- Public requests for clear standards shaped the section on unacceptable behaviour.

The Plan reflects what the community shared, not what was assumed in advance.

### **Conclusion**

The voices of Sault Ste. Marie residents and partners are woven throughout this Plan. Their insight, honesty, and commitment created a foundation for meaningful action. Continued engagement will remain essential as the community moves into implementation, evaluation, and continuous improvement.

# APPENDIX C: Intergovernmental Roles and Responsibilities

## Overview

Community safety and well-being in Sault Ste. Marie is shaped by policy and resource decisions made at all three levels of government. Many of the root causes of public space pressure, mental health crises, housing instability, substance toxicity, and youth disconnection arise from provincial and federal systems that local municipalities neither control nor finance. This appendix provides a more detailed discussion of the responsibilities held by each level of government, the resource and policy levers available to senior governments, and the practical scope of action available to a local municipality within a Community Safety and Well-Being Plan.

Understanding these distinctions is essential. Municipalities often carry the public visibility of social pressures, yet they operate with limited jurisdictional authority, limited taxation powers, and limited influence over the systems that shape community well-being. At the same time, municipalities play a critical coordinating and convening role. A successful CSWB Plan requires clarity about who is responsible for which components of safety and well-being, how systems intersect, and where local action is most effective.

## Federal Government Responsibilities and Policy Levers

The federal government influences many of the upstream determinants of community safety and well-being through legislation, regulation, national programs, and funding frameworks. Key federal responsibilities include:

### 1. National Drug Policy and Regulation

The federal government establishes the regulatory framework that governs controlled substances. This includes the criminal code, drug classification, import regulations, and national harm reduction strategies. The toxic and unpredictable drug supply that affects communities across Canada is shaped by national enforcement and regulatory approaches rather than local practice. Municipalities do not have the authority to regulate the drug supply or introduce national-level harm reduction policies.

## **2. Immigration and Settlement**

Settlement services, newcomer supports, and immigration pathways fall largely under federal jurisdiction. Immigration patterns influence housing demand, labour markets, cultural diversity, and social infrastructure needs.

## **3. Federal Housing Investment**

The federal government influences housing affordability through the National Housing Strategy, capital investment programs, CMHC funding streams, and tax policy. These federal levers shape the availability of affordable rental housing, incentives for new construction, and large-scale supportive housing initiatives. Municipalities cannot finance or independently deliver this scale of investment.

## **4. Income Security Programs**

Programs such as the Canada Child Benefit, Employment Insurance, Old Age Security, and the Canada Pension Plan play significant roles in determining household stability, child and youth well-being, and seniors' ability to afford housing. These programs reduce poverty, moderate economic strain, and indirectly reduce the risk of homelessness.

## **5. Indigenous Relations and Rights**

The federal government has constitutional responsibilities related to Indigenous rights, treaties, and the duty to consult. Many of the systemic inequities affecting Indigenous peoples originate from federal policy decisions, historic and ongoing.

### **Federal Policy Implications for Sault Ste. Marie**

Local governments cannot alter national drug policy, immigration patterns, federal housing capital flows, or income security programs. However, municipalities can advocate, partner in federally funded initiatives, and provide local coordination that ensures federal investments align with local needs.

### **Provincial Government Responsibilities and Policy Levers**

The provincial government holds the most significant suite of responsibilities affecting daily well-being and system function. These include:

## **1. Mental Health and Addiction Systems**

Ontario funds psychiatric care, community mental health programs, counselling, detox centers, withdrawal management, outpatient treatment, and crisis response services. Wait times, service capacity, program eligibility, and clinical availability are determined by provincial funding decisions. Municipalities do not control the mental health system but experience the downstream impacts of provincial underfunding.

## **2. Social Assistance and Disability Supports**

Ontario Works and the Ontario Disability Support Program are provincial programs. Benefit levels, eligibility, and income exemptions influence the ability of individuals to afford housing, food, and transportation. When benefits do not align with the cost of living, municipalities see increased demand for emergency shelters, food programs, and public space support.

## **3. Housing and Supportive Housing**

While municipalities and DSSABs administer some housing programs, the province determines operating funding, capital funding, policy frameworks, supportive housing budgets, service standards, and related legislation. The lack of supportive housing capacity is primarily a provincial funding issue.

## **4. Children and Youth Services**

Child welfare, child and youth mental health, school-based supports, and youth justice programs fall under provincial jurisdiction. Youth well-being is deeply shaped by provincial funding capacity across these systems.

## **5. Education**

Provincial curriculum, school funding, special education supports, mental health resources in schools, and student engagement initiatives all influence youth belonging and opportunity.

## **6. Policing and Emergency Response**

The Province governs policing through the Community Safety and Policing Act, collective agreements, training standards, oversight, dispatch, and mental

health response models. While police services operate locally, their legislative framework is provincial.

## **7. Land Use and Planning Frameworks**

The Province sets the Planning Act, growth policies, and housing action plans that guide municipal authority over zoning, density, and development approvals.

### **Provincial Policy Implications for Sault Ste. Marie**

The most acute pressures in mental health, addictions, supportive housing, youth services, and income support systems are upstream provincial responsibilities. Local governments cannot correct provincial system shortages, but they can partner, coordinate, advocate, and improve the pathways that connect individuals to provincial systems.

### **Local Municipal Responsibilities and Areas of Influence**

Local governments hold important powers, but these powers are narrower in scope and resource base. Municipal authority is concentrated in:

#### **1. Public Space Design and Maintenance**

Municipalities influence lighting, cleanliness, visibility, design, natural surveillance, maintenance, and environmental improvements that affect how safe public spaces feel.

#### **2. Local Coordination and Convening**

Municipalities are well positioned to bring partners together, align efforts, coordinate responses, and provide structure and governance for cross-system collaboration.

#### **3. Bylaw Services and Local Enforcement Tools**

Municipal bylaws shape expectations related to property standards, parking, and business operations. These tools contribute to predictability but cannot replace clinical or social supports.

## **4. Recreation, Youth Programs, and Community Programming**

Municipal recreation programs and community facilities provide structured-time opportunities, especially when coordinated with non-profit and school-based programs.

## **5. Local Transit**

Transportation options shape access to youth programs, healthcare, employment, and community connections.

## **6. Advocacy to Other Orders of Governments**

Municipalities play a key role in advocating for provincial and federal action where local impact is pronounced.

### **Local Policy Implications for Sault Ste. Marie**

A CSWB Plan cannot correct system deficits in mental health, addictions, income support, supportive housing, or drug regulation. It can, however:

- Strengthen coordination
- Improve public space safety
- Support early outreach
- Enhance youth belonging
- Improve housing stability pathways
- Support Indigenous-led approaches
- Reduce system fragmentation
- Advocate for structural change

This Plan is grounded in what the municipality can meaningfully influence while acknowledging the limitations imposed by jurisdictional boundaries.

### **Why Root Cause Clarity Matters for Implementation**

Understanding jurisdictional roles prevents unrealistic expectations. Without clarity, municipalities risk being held responsible for provincial or federal system failures. Clear articulation of root causes ensures that:

- Municipal actions are targeted and realistic

- Senior governments are held accountable for their responsibilities
- Advocacy is precise and evidence-informed
- Community expectations remain grounded
- The Plan does not promise outcomes it cannot deliver

This clarity strengthens implementation and ensures the Plan remains credible and sustainable.

## **Conclusion**

Intergovernmental responsibilities shape every element of safety and well-being in Sault Ste. Marie. Senior governments hold the policy levers necessary to address the most significant root causes affecting community health, safety, and stability. Local governments hold influence in coordination, design, advocacy, youth supports, and public space management. A successful CSWB Plan acknowledges these constraints and opportunities, builds strategically on the areas where municipalities can lead, and uses coordinated advocacy to drive broader system change.



## **APPENDIX D: The Icelandic Prevention Model (Planet Youth)**

### ***Introduction***

The Icelandic Prevention Model is widely regarded as one of the most effective population-level youth well-being and substance use prevention strategies in the world. Developed in Iceland in the late 1990s in response to high rates of adolescent alcohol and tobacco use, the model has since been adopted in more than twenty countries and hundreds of communities. Its success has been documented in peer-reviewed research, longitudinal studies, and government evaluations. What makes the Icelandic approach distinct is its community-driven, data-informed, prevention-oriented philosophy. It strengthens protective factors in young people's lives rather than relying on punitive or surveillance-oriented interventions. In many ways, the model's origins and goals align strongly with the needs of youth in Sault Ste. Marie.

Community partners, parents, youth, schools, and Indigenous leaders have expressed clear interest in expanding structured activities, improving belonging, increasing protective supports, and reducing risks. This appendix provides a detailed explanation of the Icelandic Model, its core principles, its evidence base, and its relevance to Sault Ste. Marie's youth well-being priorities. Citations at the end provide an academic foundation for the model's credibility.

### ***Origins and Development of the Model***

During the 1990s, Iceland faced a significant youth substance use crisis. Surveys indicated that some of the highest rates of binge drinking in Europe occurred among Icelandic adolescents. Public concern grew as policymakers, schools, and health authorities recognized that the underlying issues were not isolated incidents but symptoms of broader social and environmental conditions affecting youth. Researchers at the University of Iceland, including Dr. Inga Dora Sigfúsdóttir and colleagues, began working with municipal leaders, parents, teachers, and youth organizations to develop a long-term prevention strategy grounded in social science evidence.

Their starting premise was simple but revolutionary: youth substance use was not primarily driven by individual choice but by the conditions in which young

people lived. Risk and protective factors were spread across families, peer groups, schools, neighbourhoods, and community environments. Therefore, the solution had to be systemic. Rather than criminalize youth or emphasize personal responsibility alone, Iceland embarked on a multi-decade commitment to strengthening protective factors and improving environments. Their approach was based on annual student surveys, shared community responsibility, and a long-term vision for cultural change. Over time, this work became known internationally as the Icelandic Prevention Model, and its global adaptation is now facilitated through Planet Youth.

### **Core Elements of the Model**

Although the Icelandic Model is often described as a prevention strategy, it is more accurately understood as a community transformation framework. It includes several interdependent elements that reinforce one another.

The backbone of the model is the annual youth survey. Administered through schools, the survey collects detailed information on mental health, structured-time participation, parental communication, peer relationships, school engagement, neighbourhood safety, and substance use patterns. Instead of generalizing experiences across a city or region, the survey data is analyzed at the neighbourhood or school catchment level. This high level of specificity allows communities to understand the exact pressures young people face and to respond accordingly. The survey is not used to punish individuals. It is used to guide community action.

The second critical element is the emphasis on protective factors. The Icelandic Model is grounded in research showing that young people thrive when they have strong relationships with caring adults, meaningful structured activities, clear expectations at home, good peer connections, and safe neighbourhood environments. Strengthening these protective factors reduces the likelihood of harmful behaviour and builds resilience. This approach shifts prevention away from reacting to individual risk and toward creating environments where positive choices are supported.

A third element is the development of community-based action plans. These plans are created collaboratively by parents, schools, recreation leaders, Indigenous partners, health professionals, and youth. They outline specific steps

the community will take to improve protective factors. These may include expanding after-school programs, offering more culturally grounded opportunities, increasing parental engagement, improving transportation to youth activities, strengthening mentorship networks, or enhancing safe public spaces. Each community's action plan reflects its unique context and data.

Finally, the model relies on long-term commitment. Iceland did not achieve its outcomes through short-term pilots. It achieved them through consistent implementation, continuous learning, repeated surveys, and incremental cultural change over decades. This long-term orientation is essential to the philosophy of the model.

### **Evidence of Effectiveness**

The Icelandic Prevention Model has one of the strongest evidence bases of any youth prevention initiative globally. Longitudinal research shows dramatic declines in adolescent substance use since the model's introduction. For example, the proportion of Icelandic tenth graders who reported being drunk in the past 30 days fell from 42 percent in 1998 to less than 7 percent by 2018 (Sigfúsdóttir et al., 2008; Kristjánsson et al., 2019). Similar reductions were observed in smoking and cannabis use. These outcomes occurred alongside increases in structured-time participation, improved parental monitoring, and stronger school engagement.

Research also shows improvements in youth mental health, reductions in bullying, and increases in overall well-being. Communities implementing Planet Youth internationally have reported similar trends. Although specific outcomes vary by context, the core principle holds true: when communities strengthen protective factors around youth, harmful behaviours decrease and well-being increases.

Evaluations consistently show that the model is effective because it is systemic and relational. It changes conditions, not individuals. It improves environments, not enforcement. It strengthens supports, not punishments. The model has been described as a "public health innovation" comparable to large-scale smoking reduction campaigns or improvements in early childhood development (Sigfúsdóttir et al., 2009).

## ***Alignment with the Needs of Sault Ste. Marie***

Engagement findings in Sault Ste. Marie demonstrate significant alignment between local youth needs and the Icelandic Model's philosophy. Youth participants described feeling disconnected, isolated, or bored. They expressed the desire for meaningful activities during evening hours, weekends, and school breaks. Many referenced limited transportation options, long distances to programs, or a lack of safe places to spend time. Parents shared concerns about youth mental health, anxiety, and stress. Teachers described increasing complexity among students and a growing need for coordinated community support.

Indigenous youth and Indigenous organizations emphasized the importance of culturally grounded activities, land-based programs, and connection to identity and traditions. All of these themes are core components of the Icelandic Model. The Rosedale neighbourhood, in particular, shows strong community readiness. Early structured-time initiatives have created momentum that can be expanded. The Icelandic Model gives Sault Ste. Marie a proven framework for organizing these efforts into a coherent, long-term strategy.

## ***Implementation Considerations for Sault Ste. Marie***

Successful implementation will require several conditions. First, long-term commitment is essential. The Icelandic Model works because communities repeat the survey cycle every few years, adjust their action plans, and learn from experience. Second, schools must remain central partners. Their participation is necessary for administering surveys and bridging the gap between academic life and community life.

Parent involvement is a third requirement. Iceland's success depended in part on parent networks that fostered communication, shared expectations, and collective norms. Recreation providers, Indigenous-led organizations, youth groups, health partners, and municipal staff must also work together to ensure that structured-time opportunities are accessible and responsive. The Plan's emphasis on transportation solutions, cultural safety, neighbourhood programming, and mentorship aligns directly with the model's evidence base.

Finally, the youth voice must be embedded in every stage of the process. The model is most successful when young people are not only participants but leaders who shape programming based on their interests and identities.

## **Conclusion**

The Icelandic Prevention Model provides a clear, evidence-informed path for strengthening youth well-being in Sault Ste. Marie. It aligns with the community's aspirations, addresses the pressures youth described during engagement, and supports the long-term vision of creating neighbourhoods where young people feel safe, supported, connected, and able to thrive. Expanding the model in Sault Ste. Marie will require collaboration, commitment, and a shared belief that youth deserve the conditions that help them flourish.

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# **APPENDIX E: Community Engagement – Activities, Summary, Objectives, Methods and Key Findings**

## ***Community Engagement Summary***

The CSWB Plan for Sault Ste. Marie was shaped through a comprehensive, 9-month engagement process involving residents, Indigenous partners, youth, service providers, frontline workers, health leaders, businesses, and people with lived/living experience. This process reflects the city's commitment to transparency, inclusion, and collaborative decision-making.

Engagement methods included advisory committee meetings, leadership roundtables, public forums, targeted consultations, surveys, system mapping sessions, and Indigenous-led engagement. Based on survey responses, key informants and focus group discussions, more than 1,300 participants engaged in activities to develop the Community Safety and Well-Being Plan in Sault Ste. Marie.

## ***Engagement Objectives***

The engagement process was designed to:

- Understand resident and stakeholder experiences
- Identify risks, needs, and opportunities
- Clarify expectations for safety and well-being
- Include diverse voices, especially from marginalized groups
- Integrate expertise from frontline workers and system leaders
- Ensure Indigenous perspectives and cultural safety are embedded
- Validate the priority areas and implementation pathways
- Build trust and legitimacy for the CSWB Plan

## ***Engagement Methods***

### ***1. CSWB Advisory Committee***

A multi-sector advisory committee steered the development of the Plan, including representatives from:

- Indigenous Friendship Centre
- Mamaweswen/North Shore Tribal Council
- DSSAB
- City of Sault Ste. Marie
- Sault Ste. Marie Police Service
- Algoma Public Health
- Sault Area Hospital
- Algoma Family Services
- CMHA Algoma
- School boards
- Youth representatives
- Lived and living experience representatives
- Frontline service providers
- Community agencies

Meetings took place regularly between June 2025 and December 2025.

## **2. Leadership Roundtable**

Senior leadership from health, policing, education, social services, and Indigenous organizations met to:

- Identify system-wide pressures
- Confirm strategic priorities
- Establish shared expectations
- Strengthen cross-sector commitment
- Support governance development

This session validated the need for system alignment and prevention-focused solutions.

## **3. Public Session**

OrgCode Consulting Inc. in partnership with the city of Sault Ste. Marie hosted a public meeting including:

- General information
- Public education
- Resident experiences and concerns

Residents expressed:

- Concerns about safety in public spaces
- Compassion for people experiencing homelessness
- Desire for coordinated humane responses
- Frustration with system gaps beyond municipal control
- Support for mental health and addiction treatment investment
- Strong interest in prevention approaches

## **4. Surveys**

Three formal surveys were deployed:

### **A. Public Survey**

Captured resident concerns, perceptions of safety, and expectations for community responses.

### **B. Provider Survey**

Gathered input from professionals in health, education, outreach, housing, and social services.

### **C. Youth Survey**

All Surveys were available for the month of October 2025

Captured youth voices and understanding of feeling safe and a sense of belonging within the community.

These surveys provided valuable quantitative and qualitative data, reinforcing themes around safety, belonging, early intervention, and system navigation.

## **5. Targeted Focus Groups**

Specialized engagement sessions are focused, facilitated discussions with key informants who have direct expertise or lived/living experience related to a specific issue, population, or system. In the context of key informant focus groups, these sessions are designed to gather detailed, practice-informed



insights on what is working, where gaps exist, and what changes would most improve outcomes.

Specialized engagement sessions were conducted with:

- Indigenous community members
- People with lived and living experience
- 2SLGBTQ+ youth
- Frontline outreach
- Housing teams
- Shelter staff

These sessions identified recurring themes such as:

- The need for coordinated outreach
- Desire for safe, accessible youth spaces
- Challenges navigating services
- Importance of culturally grounded supports
- Barriers faced after hospital or corrections discharge

## **6. System Mapping**

Partners across sectors participated in system-mapping focused on:

- Outreach responses
- Housing pathways
- Youth services
- Encampment response
- Discharge planning
- Public-space safety management

These insights identified bottlenecks, duplication, and opportunities for improved coordination.

## **7. Engagement with Indigenous Organizations**

Dedicated engagement sessions with Indigenous organizations.

Themes included:

- Importance of cultural safety
- Need for land-based healing approaches
- Indigenous data sovereignty
- Recognition of intergenerational trauma
- Barriers in mainstream services
- Leadership roles for Indigenous organizations in governance

These inputs shaped the Plan's cross-cutting commitments and governance structures.

## **8. Key Informant Interviews**

In addition to large-group engagement, a series of **key informant interviews** were conducted with leaders, specialists, and individuals with deep experience in community safety, homelessness, housing, youth well-being, policing, Indigenous services, and health care. These interviews provided nuanced insight into system pressures, service gaps, operational realities, and opportunities for coordinated action. Participants included executive leaders, frontline supervisors, outreach program managers, Indigenous service providers, youth service experts, and individuals with lived and living experience.

Key informant interviews helped validate emerging themes, informed the refinement of priority areas, and strengthened the understanding of how system-level decisions impact day-to-day experiences for residents and service providers.

### ***Key Themes from Engagement***

#### **Theme 1: Community Safety Concerns in Public Spaces**

Residents, businesses, and service providers all emphasized the need for:

- Predictable presence
- Safer, cleaner environments
- Coordinated responses
- Trauma-informed approaches
- Clear roles and expectations

## **Theme 2: Fragmented Systems**

Participants reported:

- People falling through cracks
- Limited collaboration between systems
- Repetition of assessments
- Lack of shared information
- Confusion among the public

## **Theme 3: Youth Need Safe Spaces and Belonging**

Youth highlighted:

- Increasing anxiety and isolation
- Lack of places to go after school
- Desire for supportive adult relationships
- Identity-based safety concerns
- Need for structured-time opportunities

## **Theme 4: Early Outreach is Critical**

Service providers and people with lived experience emphasized:

- Early engagement prevents crisis
- Outreach needs consistency and expanded hours
- Follow-up is inconsistent
- Many people need culturally safe supports
- Mental health/addictions needs are overwhelming outreach teams

## **Theme 5: Housing Pathways Are Confusing**

Concerns included:

- Long waits for housing
- Inconsistent stabilization supports
- Discharge to homelessness
- Limited supportive housing
- Lack of transparency and consistency with selection for supportive/Bridge housing
- Multiple entry points with different rules

Participants supported the concept of a unified Housing Stability Pathway.

## **Theme 6: Indigenous Partnership is Essential**

Indigenous participants and organizations across various engagement methods emphasized:

- Co-leadership roles
- Cultural safety
- Indigenous navigators in outreach
- Indigenous data sovereignty
- Respect for ceremony and cultural practices

## **Theme 7: Clear Communication is Needed**

Residents, businesses, and even service providers expressed confusion around:

- Who responds to what
- Who has authority
- What the City and DSSAB can legally do
- Limitations over root causes (treatment, income, housing affordability)

Participants urged transparent messaging and public education, and public consultation.

# APPENDIX F: Data and Evidence Used to Support the Plan & Priorities

## Data Sources

The following sources informed the analysis:

### Police Data

- Social disorder calls
- Trespassing/unwanted persons
- Mental-health-related calls
- Public intoxication
- Encampment-related calls

### Health System Data

- EMS responses (mental health, overdose, intoxication)
- ER presentations
- Substance toxicity patterns
- Hospital discharge data

### Homelessness System Data (HIFIS)

- By-Name List trends
- Chronic homelessness
- Length of homelessness
- Housing placements
- Shelter occupancy
- Unsheltered homelessness reports

### Youth Well-Being Data

- School attendance and absenteeism
- Student reported mental health and belonging
- Icelandic Prevention Model survey results
- Youth homelessness signals (hidden homelessness)

### Public and Provider Survey Data

- Perceptions of safety
- Concerns about homelessness
- Access to services
- Service provider capacity

## Engagement Data

- Qualitative themes from focus groups
- Frontline system mapping workshops
- Advisory committee insights

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## Population Health & Social Determinants

**Table 2. Key Demographic and Social Determinant Indicators in Algoma**

| Indicator                       | Algoma            | Ontario      | Notes   |
|---------------------------------|-------------------|--------------|---|
| Population 65+                  | 26.5 percent      | 18.5 percent | Aging population drives healthcare demand             |
| Indigenous identity             | 14.3 percent      | 2.9 percent  | Higher than provincial average                        |
| Spending 30 percent+ on shelter | 1 in 6 households | 1 in 4       | Housing pressure somewhat lower but still significant |
| Food insecurity (2021–2023)     | 17.6 percent      | 19.7 percent | Elevated vulnerability                                |
| Median household income         | 63,200            | 79,500       | Large income gap                                      |
| Has primary care provider       | 85 percent        | 90.5 percent | Lower access to care                                  |
| Unemployment rate               | 12.9 percent      | 12.2 percent | Slightly higher                                       |

(From Community Health Profile 2024)

## Mental Health Burden & Access to Care

**Table 3. Mental Health Indicators in Algoma**

| Indicator   | Data                          | Notes                                      |
|---|-------------------------------|--|
| Self-reported “very good/excellent mental health” | About two-thirds of residents | From CH Profile                            |
| High job or life stress                           | More than 1 in 5 residents    | CH Profile                                 |
| Talked to provider about mental health            | 60.2 percent                  | Higher than Ontario's 55.7 percent         |
| Hospitalization rate for MH & addictions          | 491.5 per 100,000             | Ontario rate approximately 350 per 100,000 |

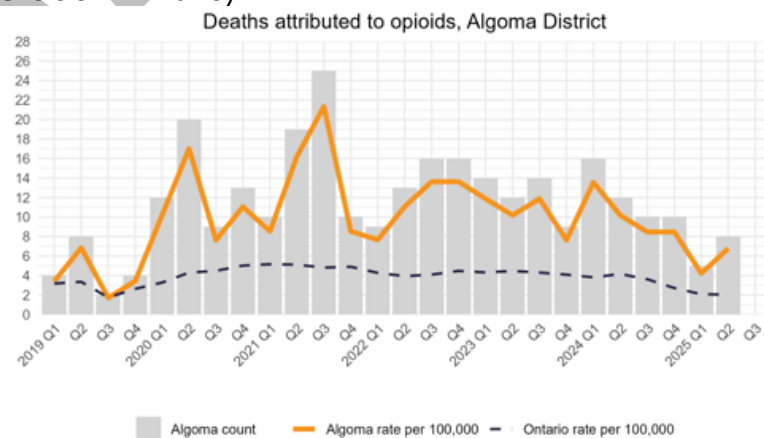
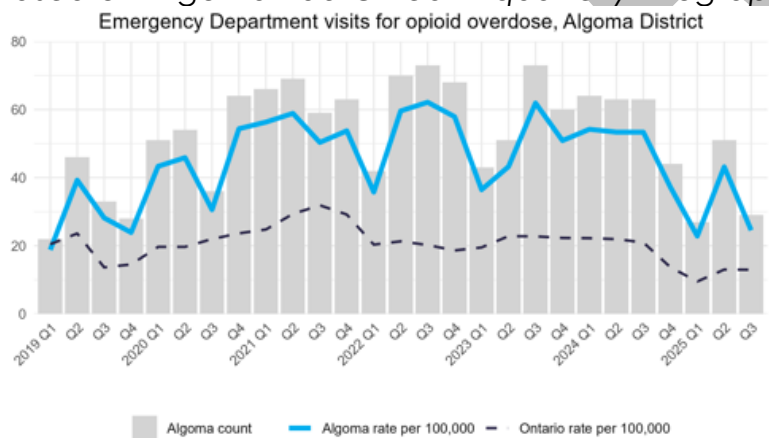
Algoma’s mental-health and addictions hospitalization rate is triple the provincial rate, showing a system under strain. Despite relatively high engagement with providers, structural shortages continue to drive acute episodes.

## Substance Use and Opioid Harms

**Table 4: Opioid-Related Crisis Indicators for Algoma District (including Sault Ste. Marie)**

| Indicator                                | Peak Activity  | Most Recent Levels (2025 Q1–Q3)     | Overall Trend                | Notes  |
|--|--|-------------------------------------|------------------------------|--|
| EMS calls for suspected opioid overdoses | Several quarters between 100 and 140 calls, especially 2021–2023 | 2025 quarters generally 50–70 calls | Declining from earlier highs | EMS burden has eased from peak years but remains well above pre-2019 levels.                     |
| ED visits for opioid overdose (count)    | Many quarters between 60 and 100 visits; some slightly above 100 | 2025 mostly in the 60–80 range      | High but stabilizing         | Hospital pressure remains steady; no return to pre-2020 lows.                                    |
| Deaths attributed to opioids             | Quarters in 10–15 range during 2020–2022                         | 2025 quarters roughly 4–8 deaths    | Easing but still elevated    | Fatalities have dropped from crisis peak but remain a significant concern in a small population. |

(Based on Algoma Public Health quarterly infographics, last updated October 22 2025)





## Substance Use & Overdose Risk (Beyond Opioids)

**Table 5: Substance Use & Toxic Drug Indicators in Algoma**

| Indicator                            | Data (Algoma / Sault Ste. Marie)   | Notes  |
|--------------------------------------|--|--|
| Opioid toxicity mortality ranking    | Sault Ste. Marie had the 4th highest mortality rate in Ontario in the first 9 months of 2023 | APH reports SSM ranked 4th in Ontario for opioid-toxicity deaths (2023)  |
| Location of deaths                   | 82.1 percent occur in private residences   | Majority of deaths occur in private residential settings                 |
| Deaths among unhoused                | 8 percent unsheltered; 5 percent in shelters   | Combined unhoused deaths = 13 percent; housed deaths = ~82 percent       |
| Age groups most affected (EMS calls) | Ages 25–39 = 51.3 percent of EMS overdose calls  | 25–39 is the single largest age block involved in EMS overdose responses |
| Sex most affected                    | 3 in 4 deaths are male   | Male deaths consistently outnumber female deaths at a 3:1 ratio          |
| Inhalation involvement               | About 50 percent of deaths involved inhalation; Northern ON = 56.4 percent                   | Inhalation appears in roughly half of opioid toxicity deaths             |
| Fentanyl involvement                 | Fentanyl involved in 85.3 percent (Northern ON) to 88.5 percent (Ontario)                    | Fentanyl is the predominant substance involved in deaths                 |
| Stimulant involvement                | Stimulants involved in 6 in 10 opioid-toxicity deaths  | Stimulants co-involved in a majority of opioid toxicity fatalities       |
| Polysubstance use                    | Increasingly common, intentional or unintentional combinations                               | APH reports rising polysubstance use patterns over time                  |

*(From Algoma Public Health Toxic Drug Community Assessment and Quarterly Infographics, 2024)*

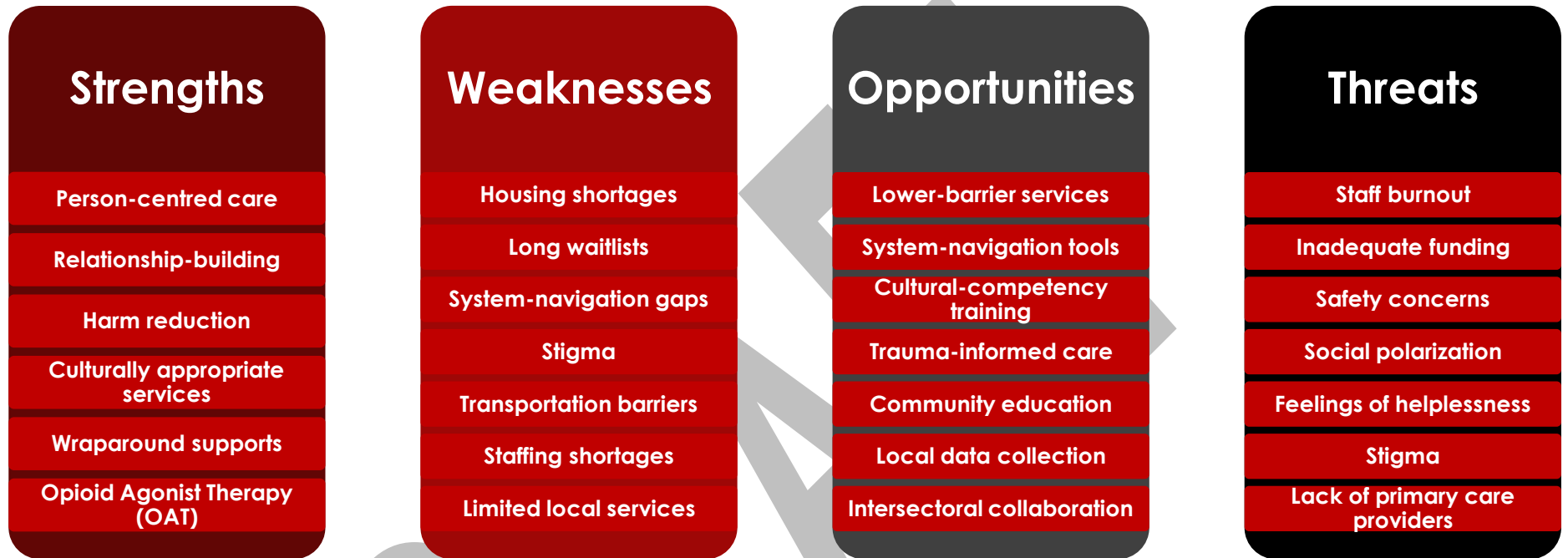
## Community Voice and Barriers to Services

**Table 6. Community Voice & Service Barriers in Algoma**

| Indicator   | Data  | Notes  |
|---|---|--|
| Barriers identified by People with Lived/Living Experience (PWLE) | No housing; stigma/judgement; not interested in services; program expulsions; religious components; difficulty finding counsellor; staffing issues                | These barriers emerged consistently across PWLE interviews           |
| Barriers identified by community partners                         | Housing; transportation; anonymity concerns; service hours; stage of change   | Identified as key obstacles to getting people “in the door”          |
| System-level barriers   | Waitlists; complex intake processes; staffing shortages; system navigation challenges; eligibility requirements   | These barriers affect access and continuity across multiple agencies |
| What PWLE report helps  | Peer support; counselling/therapy; AA/NA; Opioid Agonist Therapy (OAT); housing; supportive staff   | Service elements that promote engagement and retention               |
| System strengths  | Person-centred care; relationship-building; harm reduction; culturally appropriate services; wraparound supports; OAT   | Identified strongest features of Algoma’s care environment           |
| System weaknesses   | Housing shortages; long waitlists; navigation gaps; stigma; transportation barriers; staffing shortages; limited local services; lack of primary care providers   | Areas consistently cited as limiting service effectiveness           |
| Opportunities   | Lower-barrier services; navigation tools; cultural-competency training; trauma-informed care; community education; better local data; intersectoral collaboration | Priority opportunities identified through partner workshops          |
| Threats   | Staff burnout; inadequate funding; feelings of helplessness; staff/client safety concerns; social polarization; increasing number without primary care            | External pressures that threaten system stability                    |

(From Algoma Public Health Toxic Drug Community Assessment and Related Infographics, 2024)

## Community Service System: Strengths, Weaknesses, Opportunities & Threats



(From Algoma Public Health Toxic Drug Community Assessment and Related Infographics, 2024)

## Cross-Group Barriers Identified Through Lived Experience, Community Partner Feedback, and Systemic Findings

| Theme                         | Lived/Living Experience | Community Partners | Systemic Barriers |
|-------------------------------|-------------------------|--------------------|-------------------|
| Housing barriers              | •                       | •                  | •                 |
| Stigma                        | •                       | •                  | •                 |
| Staffing shortages            | •                       | •                  | •                 |
| System-navigation barriers    |                         | •                  | •                 |
| Transportation                | •                       | •                  |                   |
| Eligibility requirements      |                         | •                  | •                 |
| Limited local services        |                         | •                  | •                 |
| Safety & security concerns    |                         | •                  | •                 |
| Service engagement challenges | •                       |                    |                   |

These findings come from engagement work carried out by Algoma Public Health (APH) as part of its Toxic Drug Community Assessment. APH spoke directly with people who have lived and living experience, along with a wide range of community partners, to understand what gets in the way of accessing services. The heat map shows which of the nine barrier themes were raised in each group.

Some issues appeared across all sources. Housing barriers, stigma and staffing shortages were named in lived-experience interviews, by community partners and in APH's system review. Other barriers such as navigation challenges, eligibility rules, limited local services and safety concerns surfaced mainly through partner discussions and the system-level analysis. Barriers tied to service fit and engagement were identified only by people with lived and living experience.

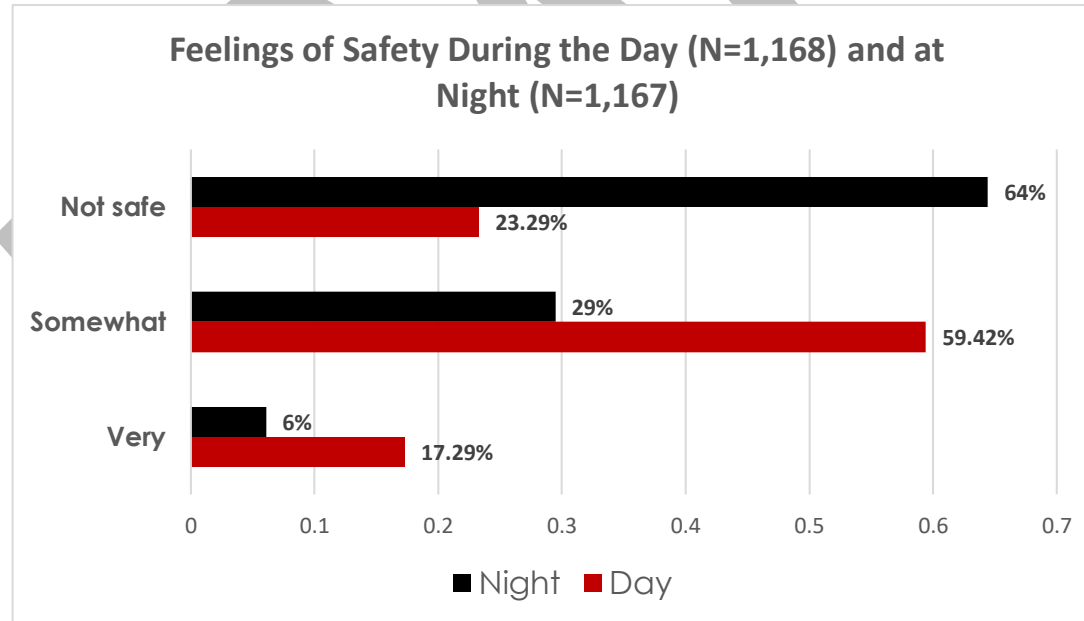
Presenting these perspectives side by side helps show where there is clear agreement, where structural system barriers are most prominent, and where lived experience adds insight that does not appear elsewhere.

## Community Safety and Barriers to Services- Public Survey Data

A total of 1201 people participated in the public Sault Ste. Marie Community Safety and Well-being Survey throughout September and October, 2025, with most respondents having deep ties to the community. Of the 1191 who answered the question about how long they've lived in Sault Ste. Marie, 1024 have been in the community for more than ten years. Only a small number are newer arrivals. This shapes how people think about safety and local services because most respondents are speaking from long experience rather than recent impressions.

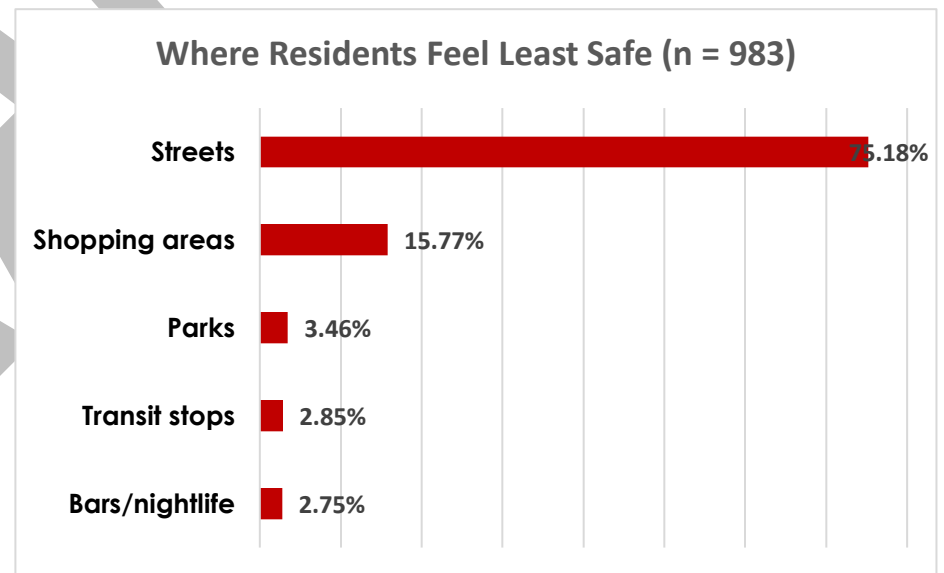
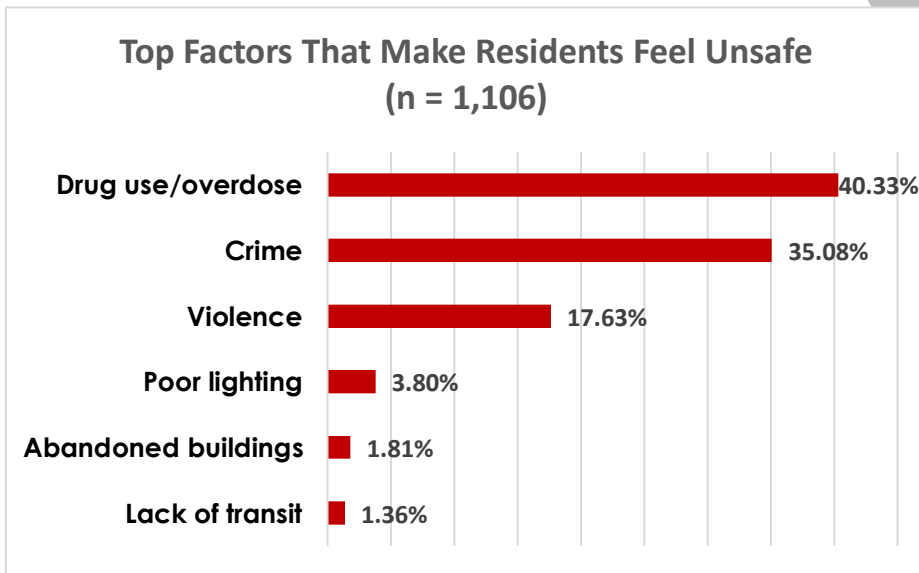
The age profile of respondents skews older, with most responses coming from people 45 and above. Women made up the majority of respondents at 69 percent, while a small number, 6 percent, identified as Indigenous.

When the survey results are viewed next to what Algoma Public Health gathered through its engagement work, the overlap is clear. People repeatedly raised concerns about housing, access to services, and feeling safe in public spaces. The survey does not replace lived experience or partner input. It confirms that these issues are widespread across the community.

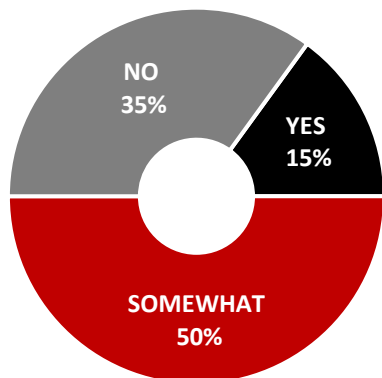


Most residents say they feel generally safe during the day, but that confidence drops sharply at night. Only a small percentage feels “very” safe after dark, and almost two-thirds say they do not feel safe at all. When people were asked what drives that sense of insecurity, drug use and overdose were named most often, followed by crime and violence. Poor lighting, abandoned buildings, and lack of transit played a role for some, but at a much smaller scale.

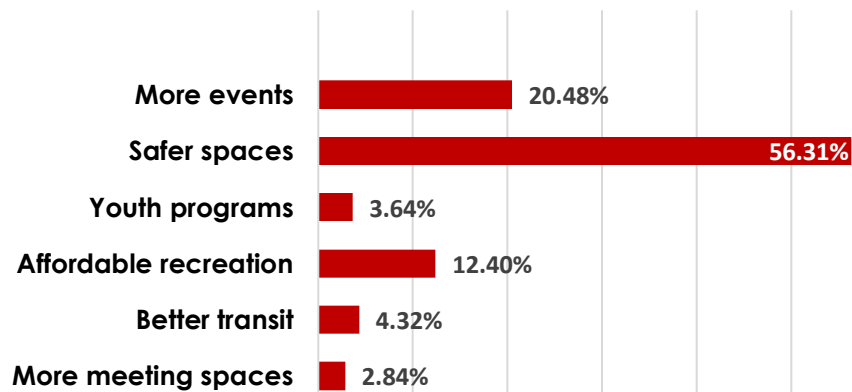
People were also clear about where these concerns show up. Three-quarters of respondents pointed to streets as the place they feel least safe, with shopping areas a distant second. Parks, bars, nightlife, and transit stops were rarely named in comparison. These patterns are reflected in the 2023 EMS response map, which shows the highest concentration of acute calls in the downtown blocks and around the CRC shelter area, with consistently high demand year over year. Taken together, the survey results, EMS activity, and Algoma Public Health’s assessment all point to the same thing: safety concerns cluster in central public spaces where substance use and related safety issues are more visible.



### Do you feel connected (n=967)



### What Would Help Residents Feel More Connected (n = 879)



A little under half of respondents said they feel only somewhat connected to the community, and just 15 percent said they feel connected. More than a third said they do not feel connected at all. This mirrors the earlier findings about safety and trust. People are rooted in the community; many have lived here for decades, but that does not automatically translate into a strong sense of belonging.

When people were asked what actually helps them feel connected, the response was clear. Local events mattered most, far more than any other option. Gatherings, sports, cultural activities, volunteering, and services all played a role, but on a much smaller scale. When asked what would help them feel more connected, the top answer was safer spaces, chosen by more than half of respondents. More events and affordable recreation stood out as secondary needs, while youth programs, better transit, and more meeting spaces were selected less often. Together, these results point to something straightforward: people want opportunities to come together, but they need to feel safe and welcome in the places where that happens.

Across the 775 open ended responses to the question “If you could change one thing to improve safety or well-being, what would it be- a few themes emerged as the top responses. The most common concerns are what people see in public areas related to substance use. Survey respondents described witnessing open drug use, discarded needles, and people

experiencing drug poisonings on a regular basis in places they use every day. This paired with comments of feeling there was a need for more detox and treatment options, and outreach supports than currently exist.

The issue of visible homelessness was also raised as a top concern and people wrote about encampments, individuals sleeping in building entrances and bus stops and the strain the current shelter system is under. While there were many comments expressing empathy for those experiencing homelessness, the comments mostly focused on the visibility of homelessness and how it affects their safety and comfort level in public areas. Consistently the theme arose that the current level of need is beyond what the system can handle.

Concerns about crime and justice were another strong theme. Many residents described feeling that repeat offenders cycle in and out of the justice system with few consequences. Others talked about shoplifting, break-ins, and harassment, especially in the downtown core. The call was for a more coordinated response and not just an increase in policing.

Respondents also focused on the environment and community life. People talked about poor lighting on streets and paths, public areas that don't feel looked after, and parks or gathering spots that seem run down or unused. Several mentioned that these places feel different at night than during the day, and that something as simple as better lighting or routine upkeep would change how safe they feel moving around. Others pointed out that the city lacks enough positive places for people to spend time, especially spaces where families, seniors, or youth can be without feeling out of place. Recreation came up often, not just as "something nice to have," but as part of what makes a neighbourhood feel alive and cared for. A few respondents connected this directly to safety, saying that when there are things to do, and places that draw people in, it changes the tone of a community and gives people more reasons to be out and connected.

Overall, the comments highlight that people have a clear desire for a safer, and more connected community. People want public spaces that feel welcoming, safe, and vibrant and they want a support system that can keep up with the level of demand they are seeing every day.



## Community Safety Pressures Identified in Police Data

**Table 7. Key Community Safety Indicators from Police Data**

| Indicator                                   | Change from Previous Year |
|---|---------------------------|
| <b>Total Crimes</b>                         | ↓ 0.7%                    |
| <b>Crimes of Violence</b>                   | ↑ 13.9%                   |
| <b>Intimate Partner Violence</b>            | ↑ 9.9%                    |
| <b>Crimes of Property</b>                   | ↓ 3.4%                    |
| <b>Calls for Service (Sault Ste. Marie)</b> | ↑ 4.1%                    |
| <b>Mental Health Act Occurrences</b>        | ↑ 5%                      |
| <b>Well-Being Checks</b>                    | ↓ 37%                     |
| <b>Motor Vehicle Collisions</b>             | ↑ 7.4%                    |
| <b>Impaired Driving (Alcohol)</b>           | ↓ 3.9%                    |
| <b>Impaired Driving (Drugs)</b>             | ↓ 40%                     |
| <b>Public Complaints</b>                    | ↓ 13.3%                   |

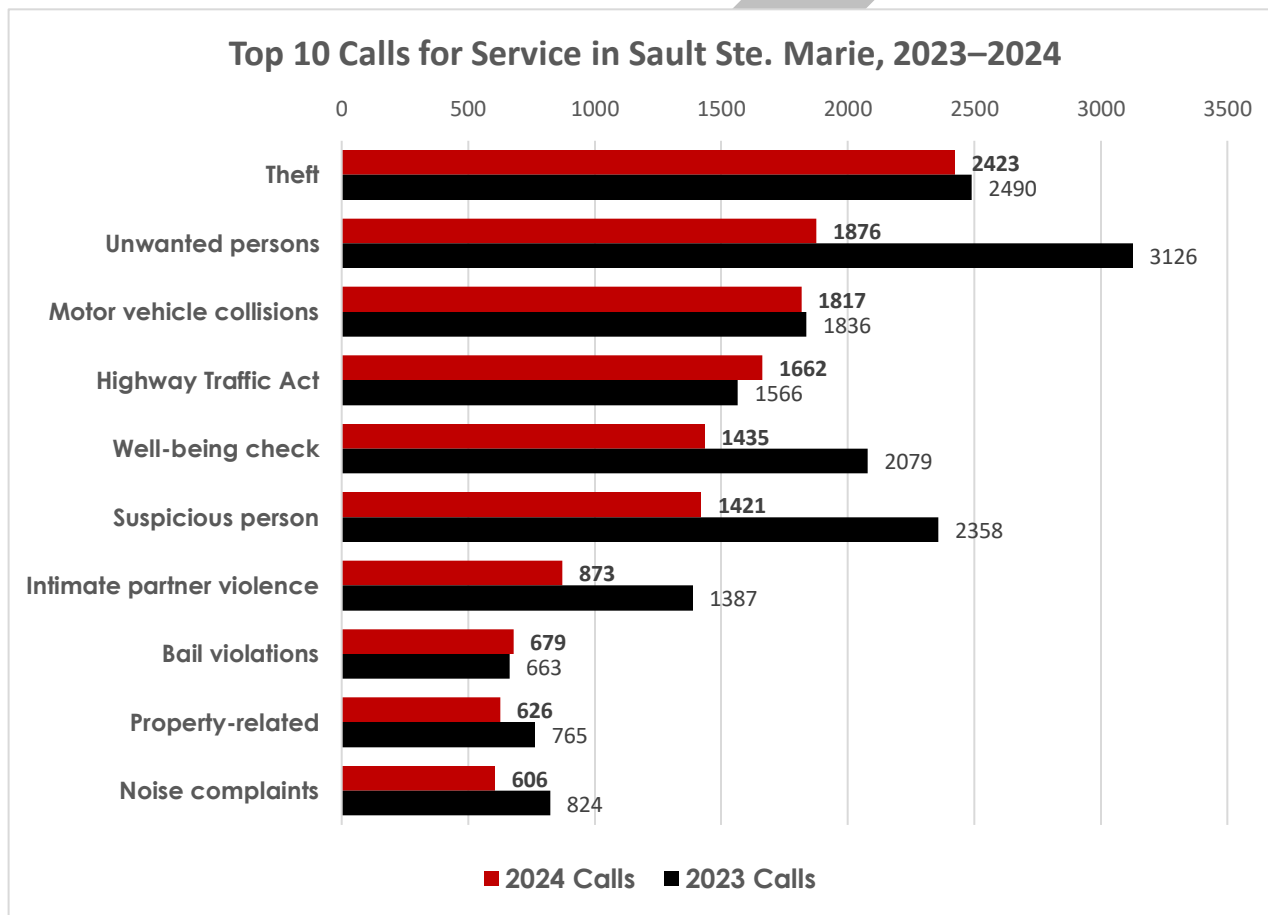
*(From Sault Ste. Marie Police Service Annual Report, 2024)*

The increase in intimate partner violence highlights that a substantial share of community safety pressure occurs behind closed doors rather than in public spaces. This reinforces the need for prevention, early outreach, coordinated crisis diversion, and clear pathways to safe housing and supports for survivors—particularly women, children, and Indigenous families who experience disproportionate risk.

Police data shows a mixed picture of safety pressures in Sault Ste. Marie. Overall crime decreased slightly, but violent crime and intimate partner violence both rose, as did mental health-related calls and motor-vehicle collisions. Calls for service also increased, while well-being checks and public complaints declined. Impaired driving involving alcohol and drugs both declined.

Calls for service stayed relatively steady from 2023 to 2024, but the mix of calls shows where pressure is building. Unwanted-person calls were highest in 2023, while theft led in 2024, pointing to ongoing strain in public spaces and commercial areas. Well-being checks, suspicious-person calls, motor-vehicle collisions, and Highway Traffic Act violations remained high in both

years. Together, these patterns show consistent demand driven by disorder, wellness concerns, and road safety, all of which require coordinated responses across the community.



(From Sault Ste. Marie

Report, 2024)

Police Service Annual

Police also play a visible role in community life, with officers participating in at least 84 public appearances over the year. These events included school presentations, fraud-prevention workshops, safety demonstrations, and broader community

gatherings. This kind of outreach supports several goals of the CSWB Plan by helping build trust, increasing awareness of safety resources, and keeping lines of communication open between residents and the service.

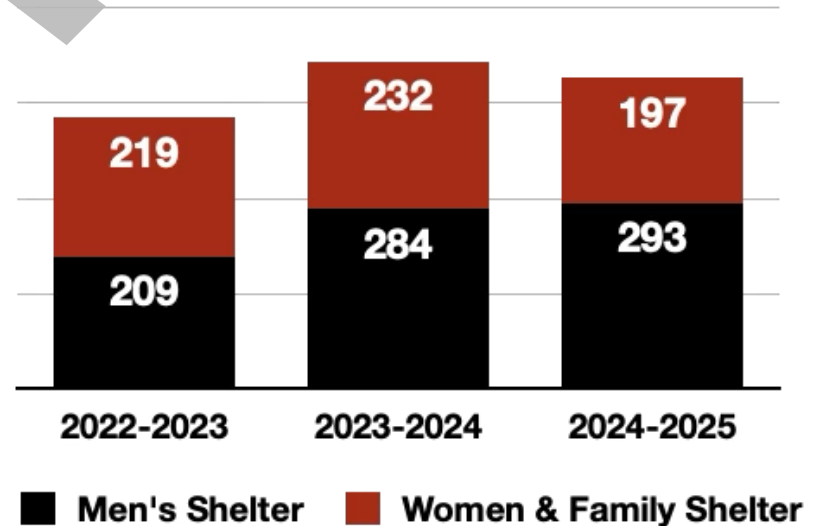
### **Homelessness and Community Well-being**

Homelessness has become a significant pressure point in Sault Ste. Marie, both in scale and visibility. Point-in-Time Counts rose from 93 people in 2018 to 421 in 2024, an increase of about 353%. By-Name Data show steady demand as well, increasing from 139 people in January 2023 to 161 in 2024 before dropping to 113 in 2025. Single adults and Indigenous residents continue to be strongly represented, and many people experiencing homelessness describe feeling unsafe or disconnected from the wider community.

The system responding to homelessness remains active but stretched. The number of people entering homelessness continues to match or exceed the number leaving, and many leave the system because contact is lost rather than because they secure housing. Emergency shelters have seen steady demand, serving several hundred people each year. Access to affordable housing remains limited. More than 2,100 households were on the rent-geared-to-income waitlist in early 2025, and turnover in community and supportive housing remains low. This mismatch between need and available housing contributes to longer periods of homelessness and increases pressure on public spaces, emergency services, and community agencies.

These conditions affect community safety and well-being in broad ways. Visible homelessness and limited access to supports shape how residents experience safety in public areas, and they also shape the daily reality of people who are unhoused and navigating high levels of vulnerability. The data point to interconnected pressures that require coordinated responses across sectors and a community where everyone has access to safety, stability, and a stronger sense of belonging.

**Unique Shelter Clients Served by Fiscal Year  
(HIFIS Data)**



## ***Key Data Insights***

### **1. Public-space risk is health-driven, not crime-driven.**

Most incidents relate to unmet mental health or substance use needs.

### **2. Crisis systems are overwhelmed.**

EMS, ER, and police are regularly responding to situations that could be prevented through early outreach and stabilization services.

### **3. Homelessness is becoming more chronic.**

People are remaining unhoused longer due to a lack of supportive housing and stabilization supports.

### **4. Youth experiences signal early risk.**

Declining belonging, increased anxiety, and limited youth spaces highlight long-term community safety risks.

### **5. Data systems must improve.**

Partners require better data-sharing to monitor trends and measure progress.

## **Data Gaps & Future Needs**

### **Consistent Cross-Sector Data-Sharing**

Agencies need standardized, timely, and privacy-compliant data-sharing processes to support coordinated responses and reduce duplication across the system.

### **Real-Time Outreach Coordination**

A shared platform or communication protocol is required to give outreach, mental health, housing, and enforcement teams real-time visibility into who is engaging with whom and what follow-up is needed.

### **Youth Data Disaggregated for Equity Groups**

Youth data must be broken down by key demographic groups such as Indigenous youth, 2SLGBTQIA+ youth, newcomer youth, and youth with disabilities, to better understand inequities and target interventions.

### **Indigenous Data Sovereignty Standards**

Data involving Indigenous individuals and communities must follow Indigenous data governance principles, to ensure respectful, safe, and self-determined use of information.

### **Clear Indicators for Encampment Response**

A consistent set of indicators is needed to track encampment trends, risks, and outcomes, including health, safety, engagement frequency, and transition-to-housing progress.

## **Better Integration of Health and Justice System Data**

Improved alignment between hospital, EMS, mental health, police, probation, and corrections data is essential to identify high-risk transitions, reduce repeat crises, and support coordinated care pathways

## **APPENDIX G: Glossary and Definitions**

### ***Purpose of the Glossary***

The Community Safety and Well-Being Plan relies on a set of concepts that come from the fields of public health, social policy, community development, policing, homelessness response, youth development, and Indigenous well-being. These terms are sometimes used differently across sectors. This glossary provides clear definitions that reflect how these concepts are used within the Plan. The intention is to support shared understanding, reduce ambiguity, and strengthen collaboration across partners.

### ***Community Safety***

Community safety refers to conditions in which residents feel secure in their neighbourhoods, have confidence using public spaces, and are protected from harm (physical, social, psychological and cultural). It includes both actual safety and the perception of safety. Community safety does not rely solely on enforcement. It reflects the combined impact of social supports, health systems, public space design, coordinated outreach, community cohesion, and clear behaviour expectations.

### ***Community Well-Being***

Community well-being refers to the personal, social, economic, cultural, environmental and health conditions that allow individuals, families, and communities to thrive. It includes mental health, physical health, belonging, meaningful relationships, stable housing, access to supports, and opportunities for youth and adults. A

community is well when its systems work together to support stability, connection, and dignity, while continually identifying and reducing service gaps.

### **Coordinated Presence**

Coordinated presence is a community-based approach to public space safety and support. It brings together outreach workers, Indigenous navigators, police, bylaw staff, youth workers, and municipal staff to work collaboratively in identified areas. The goal is to provide consistent support, reduce unsafe situations, help people access services, and enhance the quality of shared spaces. Coordinated presence enhances predictability for both residents and those in need of assistance.

### **Cultural Safety**

Cultural safety refers to creating environments where Indigenous Peoples feel respected, affirmed, and protected from discrimination or cultural harm. Cultural safety goes beyond cultural awareness or sensitivity. It requires Indigenous leadership, recognition of historical and ongoing injustices, and the active removal of barriers that prevent Indigenous people from accessing services or participating fully in community life.

### **Early Outreach**

Early outreach refers to proactive engagement with individuals who show signs of distress or instability. It includes connecting with people before a crisis occurs, offering support, guiding them to services, and



maintaining follow up. Early outreach is grounded in prevention, relationship building, and continuity. Its purpose is to reduce the severity of crises and help individuals stabilize earlier.

## **Homelessness**

Homelessness refers to the situation of individuals and families who lack stable, safe, appropriate, and permanent housing. This includes people who are unsheltered, staying in emergency shelters, temporarily doubled up, living in precarious or unsafe accommodations, or experiencing chronic homelessness due to persistent barriers. Homelessness is not a personal choice. It is the consequence of structural and systemic factors that include insufficient income, lack of supportive housing, housing unaffordability, inadequate mental health supports, and historical inequities.

## **Housing Stability**

Housing stability refers to a person's ability to remain housed safely over time. It includes having secure tenure, predictable rent, the right level of supports, and the skills and resources needed to maintain housing. Housing stability is influenced by income adequacy, rental market conditions, mental health, substance use, community supports, and access to basic needs.

## **Indigenous Service Navigator**

An Indigenous service navigator is a trusted Indigenous staff member who supports Indigenous individuals and families in accessing housing, health care, cultural services, and community supports. Navigators provide cultural grounding, advocacy, emotional support, and connection to Indigenous-led services. Their work reduces barriers created by racism, trauma, and systemic inequities.

## **Protective Factors**

Protective factors are conditions that increase resilience and reduce the likelihood of harmful behaviours. For youth, protective factors include caring relationships, structured-time activities, strong cultural identity, supportive adults, academic engagement, safe neighbourhoods, and stable routines. Strengthening protective factors is central to prevention.

## **Public Space Pressure**

Public space pressure refers to cumulative impacts in shared spaces such as parks, streets, transit areas, and business districts. It includes increases in medical emergencies, substance toxicity, disruptive behaviour, encampments, or other situations that cause discomfort or fear. Public space pressure is a sign of broader gaps in health care, housing, social services, and support for stability.

## **Risk Factors**

Risk factors are conditions that increase the probability of harm or instability. These may include isolation, unmet mental health needs, substance toxicity, poverty, trauma, unpredictable environments, unstable housing, or lack of family support. Understanding risk factors helps guide prevention strategies.

## **Root Causes**

Root causes refer to the upstream conditions that give rise to downstream social issues. Root causes include poverty, income insecurity, lack of mental health and addiction services, housing unaffordability, discrimination, colonial harms, unstable drug supply, and broader economic conditions. Local governments do not control root causes. They are primarily shaped by provincial and federal policy and funding.

## **Structured-Time**

Structured time refers to organized, predictable, purposeful activities for youth that take place outside of school hours. These activities may include sports, arts, music, land-based programs, cultural practices, clubs, mentorship, recreation, leadership programs, and other supervised opportunities. Structured-time activities protect youth by promoting belonging, positive peer connections, confidence, skill development, and relationships with caring adults.

## **Supportive Housing**

Supportive housing refers to housing combined with on-site or mobile supports that help individuals with health, mental health, or substance use challenges remain stably housed. Supports may include case management, peer support, clinical care, life skills, and cultural programming. Supportive housing is a provincial responsibility and is essential for reducing homelessness and improving well-being.

## **Trauma Informed Practice**

Trauma informed practice recognizes that many individuals have experienced trauma that shapes how they think, feel, and behave. This approach focuses on safety, trust, compassion, and respect. It seeks to avoid re-traumatization and supports a person's sense of control and dignity. Trauma informed practice includes understanding how trauma affects behaviour and creating environments that promote healing.

## **Well-Being Systems**

Well-being systems refer to the interconnected services that support individuals throughout their lives. These include health care, mental health programs, housing supports, youth services, Indigenous-led services, employment supports, recreation programs, and community-based organizations. A well-functioning well-being system is coordinated, accessible, culturally safe, and responsive.

## Appendix H- Implementation Framework

The following tables translate the Community Safety and Well-Being priorities into actions, identified leadership roles, and agreed outcomes and indicators to support coordinated implementation. They provide a shared structure for advancing this work across sectors and for guiding action, accountability, and progress tracking.

While the priorities, focus areas, and leadership roles reflect agreed directions, implementation is expected to evolve over time. Specific activities, measures, and approaches may be refined through ongoing collaboration as conditions change, new information becomes available, and work already underway continues to mature.

This Implementation Framework is designed to operate alongside other adopted community plans, including the [Sault Ste. Marie Homelessness Strategy and Action Plan \(2026–2035\)](#). Actions related to housing stability and homelessness are aligned with that plan and are intended to reinforce, not duplicate, its priorities and implementation pathways.

Lead organizations identified in the framework represent agreed points of accountability for coordinating implementation within each priority area. Leads are expected to convene partners, support alignment, and advance actions in collaboration with identified partners, consistent with their mandates and capacity. Where organizations are already active in these areas, existing leadership structures, activities, outcomes, and indicators should be incorporated rather than duplicated.

Successful implementation also requires dedicated coordination capacity. While responsibility for specific actions rests with identified lead organizations, a Community Safety and Well-Being Coordinator is required to support cross-sector implementation by convening partners, aligning work across priorities, tracking progress, and sustaining momentum over time. This role functions as an enabling resource and does not replace or assume the responsibilities of lead or partner organizations.

### Implementation Action Framework

Focus Areas, Leads, Key Partners, Outcomes, and Indicators

**Priority 1 – Safer Shared Public Spaces**

| Focus Area  | Actions / Tasks   | Lead / Key Partners  | Expected Outcomes  | Indicators  |
|---|---|--|--|---|
| <b>Coordinated Presence in Shared Public Spaces</b> | <ul style="list-style-type: none"> <li>• Establish a shared schedule for cross-sector presence during peak times.</li> <li>• Align policing, outreach, and City teams on shared deployment times.</li> <li>• Develop and implement shared protocols for responding to visible distress and crisis situations.</li> <li>• Create clear pathways to connect people in distress, including individuals avoiding unsafe home environments due to intimate partner violence, to appropriate health, housing, and safety supports.</li> </ul> | <p><b>LEAD:</b> City of SSM and Canadian Mental Health Association Sault Ste. Marie and District (Community outreach)</p> <p><b>Key Partners:</b> SSM Police Service, DSSAB (EMS), Indigenous organizations, Intimate Partner Violence and gender-based violence service providers, Community agencies</p> | <ul style="list-style-type: none"> <li>• More predictable and coordinated presence in public areas.</li> <li>• Clear, consistent responses to visible distress and crisis situations.</li> <li>• Earlier connection to supports, reducing escalation.</li> <li>• Increased sense of safety and predictability in shared spaces.</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinated presence hours per week.</li> <li>• Number of shared-protocol responses.</li> <li>• Individuals connected to supports instead of emergency services.</li> <li>• Safety perceptions in priority locations.</li> </ul> |
| <b>Community Standards in Shared Public Spaces</b>  | <ul style="list-style-type: none"> <li>• Finalize and publish community standards for shared public spaces.</li> <li>• Train cross-sector teams on applying standards consistently and respectfully.</li> </ul>   | <p><b>Lead:</b> City of SSM</p> <p><b>Key Partners:</b> SSM Police Service, DSSAB, Communications, Indigenous partners</p>   | <ul style="list-style-type: none"> <li>• Clear, shared expectations for behaviour and response.</li> <li>• More consistent and respectful interactions.</li> <li>• Reduced tension in high-traffic locations.</li> </ul>   | <ul style="list-style-type: none"> <li>• Staff trained.</li> <li>• Complaints or inquiries related to standards.</li> <li>• Internal consistency reviews.</li> <li>• Public awareness levels.</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>• Integrate standards into presence protocols and outreach scripts.</li> <li>• Develop a reporting and feedback process to monitor application of standards.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Improved public understanding of expectations in shared spaces.</li> </ul>  |   |
| <b>Culturally Safe Engagement &amp; Indigenous Navigation</b> | <ul style="list-style-type: none"> <li>• Embed Indigenous Navigators within coordinated presence and outreach teams.</li> <li>• Provide cultural-safety orientation for public-space responders.</li> <li>• Establish Indigenous-led pathways for accessing cultural supports.</li> <li>• Review engagement protocols quarterly with Indigenous partners.</li> </ul>                                     | <p><b>Lead:</b> Sault Ste. Marie Indigenous Friendship Centre</p> <p><b>Key Partners:</b> Nogdawindamin Family and Community Services, CMHA (HART Hub), DSSAB (EMS), SSM Police Service, City of SSM</p>  | <ul style="list-style-type: none"> <li>• Increased cultural safety and trust.</li> <li>• More use of Indigenous-led pathways.</li> <li>• Reduced escalation involving Indigenous community members.</li> <li>• Stronger Indigenous leadership in safety work.</li> </ul>   | <ul style="list-style-type: none"> <li>• Indigenous-led engagements.</li> <li>• Staff trained in cultural safety.</li> <li>• Referrals through Indigenous pathways.</li> <li>• Indigenous Partner feedback on cultural safety.</li> </ul> |
| <b>Justice Diversion &amp; Early Stabilization</b>            | <ul style="list-style-type: none"> <li>• Align outreach, Police, and EMS protocols for non-criminal distress.</li> <li>• Develop criteria for diversion to health and social supports.</li> <li>• Ensure diversion and stabilization responses include safe, trauma-informed pathways for individuals experiencing intimate partner violence, aligned with existing community-based supports.</li> </ul> | <p><b>Lead:</b> Mobile Crisis Rapid Response Team (Sault Area Hospital and SSM Police Service)</p> <p><b>Key Partners:</b> DSSAB (EMS), Indigenous organizations, City of Sault Ste. Marie, Youth diversion services (e.g., John Howard Society of Sault Ste. Marie &amp; District Extra-Judicial Measures; CMHA Algoma Youth</p> | <ul style="list-style-type: none"> <li>• Increased diversion of non-criminal crises.</li> <li>• Faster connection to supports.</li> <li>• Reduced pressure on emergency services.</li> <li>• Fewer repeat crisis calls.</li> <li>• Safer, more appropriate responses for people in crisis, including those affected by intimate partner violence.</li> </ul> | <ul style="list-style-type: none"> <li>• Diversion rates.</li> <li>• Repeat crisis calls.</li> <li>• Time from crisis encounter to stabilization.</li> <li>• EMS/Police non-criminal call data.</li> </ul>                                |

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|   | <ul style="list-style-type: none"> <li>• Train responders on diversion and stabilization options.</li> <li>• Track and review diversion outcomes.</li> </ul>  | Mental Health Court Support), Intimate Partner Violence and gender-based violence service providers  |   |  |
| <b>Environmental Design &amp; Public-Space Improvements</b> | <ul style="list-style-type: none"> <li>• Identify priority locations for environmental improvements.</li> <li>• Implement lighting, sightline, maintenance, and cleanliness upgrades.</li> <li>• Coordinate ongoing maintenance informed by frontline input.</li> <li>• Evaluate impacts of environmental changes.</li> </ul> | <p><b>Lead:</b> City of SSM (Parks, Public Works)</p> <p><b>Key Partners:</b> SSM Police Service</p> | <ul style="list-style-type: none"> <li>• Improved real and perceived safety.</li> <li>• Reduced environmental contributors to distress.</li> <li>• More welcoming and predictable public spaces.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of upgrades completed.</li> <li>• Maintenance metrics.</li> <li>• Staff observations.</li> <li>• Safety perception changes.</li> </ul> |



## Priority 2 – Early Outreach & Support

| Focus Area  | Actions / Tasks  | Lead / Key Partners   | Expected Outcomes   | Indicators  |
|---|--|---|---|---|
| <b>Earlier, More Consistent Outreach Response</b>   | <ul style="list-style-type: none"> <li>• Establish shared outreach protocols across agencies for identifying, engaging, and following up with people in distress.</li> <li>• Create a coordinated outreach schedule across agencies so outreach is aligned and predictable.</li> <li>• Implement a warm-handoff process connecting people to health, harm-reduction, cultural, housing, and safety supports, including confidential pathways for individuals experiencing or at risk of intimate partner violence</li> <li>• Set up real-time communication between outreach and key partners during active shifts.</li> </ul> | <p><b>Lead:</b> Canadian Mental Health Association Sault Ste. Marie and District (Community outreach)</p> <p><b>Key Partners:</b> Indigenous organizations, Health partners, Intimate Partner Violence and gender-based violence service providers, Community agencies, DSSAB</p> | <ul style="list-style-type: none"> <li>• More coordinated outreach presence across agencies.</li> <li>• Earlier engagement before situations escalate into crisis.</li> <li>• Reduced reliance on emergency and enforcement responses for non-criminal distress.</li> <li>• Better continuity of short-term support and connections to ongoing services.</li> </ul> | <ul style="list-style-type: none"> <li>• Outreach contacts per week.</li> <li>• Warm handoffs completed.</li> <li>• Percentage of distress situations where outreach is the primary responder rather than EMS/Police.</li> <li>• Follow-up contacts completed.</li> </ul> |
| <b>Predictable &amp; Expanded Outreach Coverage</b> | <ul style="list-style-type: none"> <li>• Expand outreach coverage during identified high-need times (evenings, weekends, and priority locations).</li> <li>• Increase outreach presence in locations</li> </ul>  | <p><b>Lead:</b> Canadian Mental Health Association Sault Ste. Marie and District (Community outreach)</p> <p><b>Key Partners:</b> Youth agencies, DSSAB, relevant community</p>   | <ul style="list-style-type: none"> <li>• More timely support during periods of highest need.</li> <li>• Reduced crises escalating due to delayed or absent outreach.</li> </ul>   | <ul style="list-style-type: none"> <li>• Percentage of peak-time coverage.</li> <li>• Outreach contacts during extended hours.</li> <li>• Number of youth-specific contacts.</li> </ul>   |

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|   | <p>identified through data and frontline input as having frequent visible distress or crisis-driven behaviour.</p> <ul style="list-style-type: none"> <li>• Implement youth-specific outreach in locations where youth regularly gather.</li> <li>• Review outreach coverage data regularly and adjust schedules to reduce gaps.</li> </ul>                                       | and/or private sector representatives  | <ul style="list-style-type: none"> <li>• Improved ability to reach people when risk is highest.</li> </ul>   |   |
| <b>Indigenous-Led Outreach &amp; Cultural Navigation</b>        | <ul style="list-style-type: none"> <li>• Expand Indigenous Navigator roles within outreach responses.</li> <li>• Strengthen culturally grounded pathways that connect people to Indigenous-led supports.</li> <li>• Apply Indigenous-led engagement standards across outreach teams.</li> <li>• Review outreach practices with Indigenous partners on a regular basis.</li> </ul> | <p><b>Lead:</b> Indigenous organizations</p> <p><b>Key Partners:</b> Canadian Mental Health Association Sault Ste. Marie and District (Community outreach)</p> | <ul style="list-style-type: none"> <li>• Increased cultural safety and trust in outreach interactions.</li> <li>• More people connected through Indigenous-led pathways.</li> <li>• Reduced escalation linked to unsafe or inconsistent engagement.</li> <li>• Stronger Indigenous leadership in early outreach work.</li> </ul> | <ul style="list-style-type: none"> <li>• Indigenous-led contacts.</li> <li>• Referrals to Indigenous pathways.</li> <li>• Feedback from Indigenous partners on engagement practices.</li> </ul>                                       |
| <b>Crisis Diversion &amp; Non-Criminal Response Integration</b> | <ul style="list-style-type: none"> <li>• Align Police, EMS, and outreach protocols for responding to non-criminal distress.</li> <li>• Establish clear diversion criteria and stabilization pathways for non-criminal crises, including situations involving intimate partner</li> </ul>  | <p><b>Lead:</b> Mobile Crisis Rapid Response Team (SSM Police Service and Sault Area Hospital)</p> <p><b>Key Partners:</b> DSSAB (EMS), CMHA, IFC</p>          | <ul style="list-style-type: none"> <li>• Reduced strain on emergency services from non-criminal crises.</li> <li>• Increased diversion of non-criminal crises away from enforcement.</li> <li>• Faster connection to appropriate health or stabilization supports.</li> </ul>  | <ul style="list-style-type: none"> <li>• Percentage of eligible calls diverted.</li> <li>• Repeat crisis call trends.</li> <li>• Time from initial contact to stabilization.</li> <li>• EMS/Police non-criminal call data.</li> </ul> |

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|  | <p>violence where safety-focused, non-criminal responses are appropriate.</p> <ul style="list-style-type: none"> <li>• Provide training on using diversion and stabilization pathways as alternatives to enforcement for non-criminal distress.</li> <li>• Track diversion outcomes and refine protocols based on what is working.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Better coordination during crisis response.</li> </ul>  |  |
| <p><b>Youth-Focused Outreach &amp; Prevention (IPM / Planet Youth)</b></p> | <ul style="list-style-type: none"> <li>• Provide outreach in schools, parks, community hubs, and other regular youth gathering spaces.</li> <li>• Align youth outreach with Icelandic Prevention Model principles (structured time, parental engagement, reduced risk exposure).</li> <li>• Use Planet Youth data to target gaps in youth protective factors and inform outreach priorities.</li> <li>• Strengthen youth access to positive, supervised, structured activities through community partners.</li> </ul> | <p><b>Lead:</b> Algoma Family Services &amp; Algoma Public Health</p> <p><b>Key Partners:</b> School Boards, Youth agencies</p> | <ul style="list-style-type: none"> <li>• Stronger protective factors for youth.</li> <li>• Increased youth belonging and connection to positive adults and peers.</li> <li>• Reduced exposure to high-risk environments and activities.</li> </ul> | <ul style="list-style-type: none"> <li>• Youth outreach contacts.</li> <li>• Participation in structured-time activities.</li> <li>• Trends in key Planet Youth indicators over time.</li> </ul> |

### Priority 3 – Housing Stability & Reduced Homelessness

#### Proposed Actions/ Leads & Key Partners/ Outcomes/ Indicators

| Focus Area  | Actions / Tasks   | Lead / Key Partners  | Expected Outcomes   | Indicators   |
|---|---|--|---|--|
| <b>Housing Loss Prevention &amp; Early Intervention</b> | <ul style="list-style-type: none"> <li>• Strengthen diversion and prevention approaches that help people avoid entering homelessness wherever possible.</li> <li>• Work with housing providers to identify early signs of housing instability and coordinate support before eviction occurs.</li> <li>• Provide access to financial supports, mediation, and problem-solving to stabilize housing situations, including rapid, confidential responses for individuals and families leaving housing due to intimate partner violence or unsafe living conditions.</li> <li>• Improve coordination with institutions to reduce discharges into homelessness.</li> </ul> | <p><b>Lead:</b> DSSAB</p> <p><b>Key Partners:</b> Housing and homelessness response providers, Intimate Partner Violence and gender-based violence service providers, Community agencies</p> | <ul style="list-style-type: none"> <li>• Reduced inflow into homelessness.</li> <li>• Earlier support for people at risk of losing housing.</li> <li>• Fewer evictions leading directly to homelessness.</li> <li>• Stronger cross-system prevention coordination.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of successful housing preventions.</li> <li>• Diversion outcomes.</li> <li>• Eviction trends among partner providers.</li> <li>• Percentage of institutional discharges linked to coordinated supports.</li> </ul> |
| <b>Stabilization Supports for Housing Retention</b>     | <ul style="list-style-type: none"> <li>• Strengthen short-term stabilization supports for people transitioning out of shelters, encampments, or crisis settings.</li> <li>• Increase access to mental-health, substance-use, and harm-reduction supports</li> </ul>   | <p><b>Lead:</b> DSSAB</p> <p><b>Key Partners:</b> CMHA, Harm-reduction providers, Indigenous organizations, Intimate Partner Violence and gender-based violence service providers</p>        | <ul style="list-style-type: none"> <li>• Higher rates of housing retention.</li> <li>• Reduced cycling between housing, shelters, and crisis responses.</li> <li>• Improved stability for people with complex needs.</li> </ul>   | <ul style="list-style-type: none"> <li>• Housing retention at 3, 6, and 12 months.</li> <li>• Number of stabilization supports delivered.</li> <li>• Repeat shelter use trends.</li> <li>• Follow-up engagement rates.</li> </ul>                                  |

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|   | <p>following housing placement, including trauma-informed supports for survivors of intimate partner violence.</p> <ul style="list-style-type: none"> <li>• Ensure coordinated follow-up for individuals who cycle between housing, shelters, and crisis responses.</li> <li>• Improve communication between housing, health, and social-support providers during early housing stabilization.</li> </ul>  |  | <ul style="list-style-type: none"> <li>• Better coordinated support during the transition period.</li> </ul>  |   |
| <p><b>Culturally Safe Housing Pathways (Indigenous Led)</b></p> | <ul style="list-style-type: none"> <li>• Strengthen Indigenous-led housing supports and pathways, including culturally grounded, confidential housing options for Indigenous women and families experiencing intimate partner violence.</li> <li>• Provide culturally grounded approaches to assessment, engagement, and stabilization.</li> <li>• Apply Indigenous definitions of homelessness in planning, prioritization, and service delivery.</li> <li>• Improve collaboration with Indigenous housing providers and service partners.</li> </ul> | <p><b>Lead:</b> Indigenous organizations involved in housing and homelessness sector</p> <p><b>Key Partners:</b> DSSAB Housing, Ontario Aboriginal Housing Services (OAHS)</p> | <ul style="list-style-type: none"> <li>• Better housing outcomes for Indigenous residents.</li> <li>• Greater cultural safety within housing services.</li> <li>• Housing approaches that reflect Indigenous experiences and definitions of homelessness.</li> <li>• More people connected to culturally appropriate supports.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of Indigenous-led housing supports delivered.</li> <li>• Housing outcomes for Indigenous residents.</li> <li>• Partner-reported cultural-safety improvements.</li> <li>• Referrals to Indigenous housing pathways.</li> </ul> |

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| <p><b>Clear Pathways Out of Homelessness</b></p>                          | <ul style="list-style-type: none"> <li>• Strengthen pathways from encampments, shelters, and provisional settings into stable housing.</li> <li>• Ensure shelters apply consistent, housing-focused practices in daily operations.</li> <li>• Implement coordinated transition supports for people moving from crisis settings into housing.</li> <li>• Improve navigation so people understand available housing options and how to access them.</li> </ul>       | <p><b>Lead:</b> DSSAB</p> <p><b>Key Partners:</b> Shelter operators, Community outreach providers, Housing providers</p>          | <ul style="list-style-type: none"> <li>• Faster transitions from crisis settings into housing.</li> <li>• Reduced time spent in encampments, shelters, or provisional situations.</li> <li>• Increased clarity and predictability in the housing pathway.</li> <li>• Fewer people falling through system gaps.</li> </ul> | <ul style="list-style-type: none"> <li>• Time from identification to housing placement.</li> <li>• Shelter exits to housing.</li> <li>• Encampment-to-housing transitions.</li> <li>• Number of people successfully connected to housing pathways.</li> </ul>            |
| <p><b>Supportive Housing Expansion &amp; System Capacity Building</b></p> | <ul style="list-style-type: none"> <li>• Advocate for and support the development of additional supportive and deeply affordable housing units.</li> <li>• Align local planning, provincial engagement, and funding opportunities to advance supportive-housing projects.</li> <li>• Strengthen coordination between housing, health, and social services for residents in supportive housing.</li> <li>• Identify service models that ensure long-term</li> </ul> | <p><b>Lead:</b> DSSAB</p> <p><b>Key Partners:</b> City of Sault Ste. Marie, Provincial partners, Housing and health providers</p> | <ul style="list-style-type: none"> <li>• Increased supply of supportive housing options.</li> <li>• Reduced chronic and repeated homelessness.</li> <li>• More people with complex needs maintaining long-term housing stability.</li> <li>• Improved system capacity to respond to housing and support needs.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of supportive-housing units approved or added.</li> <li>• Chronic homelessness trends.</li> <li>• Housing-stability outcomes for supportive-housing residents.</li> <li>• Cross-sector coordination measures.</li> </ul> |

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|  | stability for people with complex needs. |  |  |  |
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## Priority 4 – Children and Youth Belonging, Prevention & Structured-Time

### Proposed Actions/ Leads & Key Partners/ Outcomes/ Indicators

| Focus Area  | Actions / Tasks  | Lead / Key Partners  | Expected Outcomes  | Indicators   |
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| <b>Children and Youth Belonging &amp; Connection</b>                            | <ul style="list-style-type: none"> <li>• Strengthen programs and environments where youth feel safe, welcome, and supported.</li> <li>• Increase opportunities for youth to build positive relationships with adults and peers.</li> <li>• Expand access to safe, welcoming spaces where youth can connect outside of high-risk environments.</li> <li>• Engage youth to help shape programs and activities that reflect their needs and interests.</li> </ul> | <p><b>Lead:</b> Algoma Family Services</p> <p><b>Key Partners:</b> City of SSM (recreation and culture teams), Schools Boards, Indigenous organizations, Youth agencies, YMCA of SSM</p> | <ul style="list-style-type: none"> <li>• Increased youth sense of belonging and safety.</li> <li>• More supportive relationships with adults and peers.</li> <li>• Reduced exposure to environments associated with higher risk.</li> <li>• Youth programs that reflect lived experiences and local needs.</li> </ul>                      | <ul style="list-style-type: none"> <li>• Youth-reported belonging and safety indicators.</li> <li>• Participation in belonging-focused programs.</li> <li>• Feedback from youth engagement activities.</li> <li>• Trends in Planet Youth social-connection measures.</li> </ul>            |
| <b>Prevention Through Positive, Structured-Time Opportunities (IPM-Aligned)</b> | <ul style="list-style-type: none"> <li>• Expand access to affordable, structured, supervised activities across recreation, arts, sports, and cultural programs.</li> <li>• Reduce barriers to participation (transportation, cost, scheduling).</li> <li>• Align program development with Icelandic Prevention Model principles focused on strengthening protective</li> </ul>   | <p><b>Lead:</b> City of SSM</p> <p><b>Key Partners:</b> Youth agencies, School Boards, Recreation providers, Algoma Public Health</p>  | <ul style="list-style-type: none"> <li>• Higher youth participation in positive structured-time activities.</li> <li>• Strengthened protective factors identified through Planet Youth data.</li> <li>• Reduced time spent in unsupervised or high-risk settings.</li> <li>• Improved youth connection to family and community.</li> </ul> | <ul style="list-style-type: none"> <li>• Participation levels in structured-time activities.</li> <li>• Planet Youth protective-factor trends.</li> <li>• Barriers-to-participation measures (cost, transport usage).</li> <li>• Attendance during structured-time programming.</li> </ul> |



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|   | <p>factors and reducing risk exposure.</p> <ul style="list-style-type: none"> <li>• Work with community partners to expand positive structured-time options where gaps exist.</li> </ul>   |  |  |  |
| <b>Youth Mental Health &amp; Early Support Pathways</b>               | <ul style="list-style-type: none"> <li>• Strengthen early identification and support for youth showing signs of stress, disconnection, or risk behaviour.</li> <li>• Increase access to low-barrier mental-health and wellbeing supports across school and community settings.</li> <li>• Improve coordination between schools, youth agencies, and health partners for warm handoffs and follow-up.</li> <li>• Strengthen communication between youth-serving organizations to support earlier identification and follow-up.</li> </ul> | <p><b>Lead:</b> Algoma Family Services</p> <p><b>Key Partners:</b><br/>Algoma Public Health, School Boards, CMHA, Youth agencies, Youth agencies, Indigenous organizations</p> | <ul style="list-style-type: none"> <li>• Earlier identification of youth in need of support.</li> <li>• More predictable access to mental-health and wellbeing services.</li> <li>• Fewer youth crises requiring emergency response.</li> <li>• Increased collaboration across youth-serving systems.</li> </ul> | <ul style="list-style-type: none"> <li>• Youth referrals to early-support pathways.</li> <li>• Mental-health service engagement trends.</li> <li>• Number of youth requiring crisis response from emergency services.</li> <li>• Coordination metrics across school and community partners.</li> </ul> |
| <b>Culturally Safe Youth Supports &amp; Indigenous Youth Pathways</b> | <ul style="list-style-type: none"> <li>• Strengthen culturally grounded programs and Indigenous-led youth supports.</li> <li>• Improve access to safe, culturally welcoming spaces for Indigenous youth.</li> <li>• Increase collaboration between schools,</li> </ul>   | <p><b>Lead:</b> Indigenous organizations</p> <p><b>Key Partners:</b> School Boards, Youth agencies, DSSAB, Sault Career Centre</p>   | <ul style="list-style-type: none"> <li>• Stronger cultural identity, safety, and connection for Indigenous youth.</li> <li>• Increased participation in culturally grounded programs.</li> <li>• Reduced isolation and disconnection among Indigenous youth.</li> </ul>  | <ul style="list-style-type: none"> <li>• Participation in Indigenous-led programs.</li> <li>• Youth engagement feedback.</li> <li>• Cultural-safety indicators.</li> <li>• Indigenous partner evaluation of program alignment.</li> </ul>  |

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|   | <p>Indigenous organizations, and youth programs.</p> <ul style="list-style-type: none"> <li>• Use Indigenous perspectives to inform program design and youth engagement.</li> </ul>  |   | <ul style="list-style-type: none"> <li>• Culturally informed system responses.</li> </ul>   |  |
| <p><b>Youth Spaces, Accessibility &amp; Safe Environments</b></p> | <ul style="list-style-type: none"> <li>• Increase the availability of youth-friendly spaces that are safe, supervised, and easy to access.</li> <li>• Expand transportation and scheduling supports to improve access to youth activities and programs.</li> <li>• Improve the physical and social environments of youth spaces to reflect safety, inclusiveness, and belonging.</li> <li>• Support youth-serving partners to strengthen consistent approaches that promote youth safety and wellbeing.</li> </ul> | <p><b>Lead:</b> City of SSM</p> <p><b>Key Partners:</b> School Boards, Indigenous organizations, Youth agencies, Recreation providers</p> | <ul style="list-style-type: none"> <li>• More accessible and safe places for youth to gather.</li> <li>• Increased participation in programs that promote safety and wellbeing.</li> <li>• Fewer youth relying on unsupervised or unsafe environments.</li> <li>• Youth-serving spaces that reflect consistent safety standards.</li> </ul> | <ul style="list-style-type: none"> <li>• Youth-space utilization rates.</li> <li>• Transportation-support usage.</li> <li>• Youth feedback on safety and accessibility.</li> <li>• Program attendance and facility metrics.</li> </ul> |