



SOCIAL RECOVERY TASK FORCE AGENDA

DATE: Oct 1, 2020
TIME: 1pm
PLACE: FCSS Basement Meeting Rooms –FCSS Stable Room & FCSS Back 40 and Zoom [Zoom Link](#)

Chairperson: Kim Krawec, Manager, Family Community Support Services

Members Attending: Terri Lauer, FCSS
Natalia Tapia Glenn, Rotary Club
Jan Tracy, Cochrane Activettes
Lauren Delahunt, Victim Services
Chairra Nicolle, Helping Hands
Cindy Iles, Big Hill Haven

Administration: Nicole Copses, Recording Secretary

Regrets: Jeff Genung, Mayor
Susan Flowers, Councillor

Guest: Renita Bartlett, Community Liaison & Programmer - Volunteer Sector

1. CALL TO ORDER

2. AGENDA - AMENDMENTS & ADOPTION

- 2(a) Agenda additions/deletions
- 2(b) Adoption of the Agenda

3. ADOPTION OF PREVIOUS MINUTES

- 3(a) Adoption of the Minutes

4. *PRESENTATION FROM RENITA BARTLETT, COMMUNITY LIAISON & PROGRAMMER - VOLUNTEER SECTOR*

5. BUSINESS

- 5(a) Old Business
 - i. Speaker Series
 - a. Back to School Panel numbers
 - b. Building Community debrief (Sep 29, 2020 David Irvine)
 - c. Health and Wellness (Oct 27, 2020, Dr Jennifer Corrales, Dr. Greg Sikorski & Eric Howey)
 - d. Conflict Resolution (Nov 17, 2020 Gary McDougal) (attached)
 - e. Jodi Carrington (Jan 26, 2021)

- i. Communication update
- ii. Joint meeting with the Economic Recovery Task Force (Oct 14, 2020 4-6pm)

5(b) New Business

- i. Discuss public and organization engagement surveys (attached)
- ii. Round table discussion

6. ADJOURNMENT



Biography for Gary McDougall

Gary is a retired police officer who served with the Calgary Police Service for 25 years; the last 9 years of his career, Gary was a member of the Hostage/Crisis Negotiation Team.

He served as both a Team Leader and Training coordinator for the Calgary Hostage Negotiation team and upon retiring in 2006, Gary formed a company called Conflict Solutions. He is currently on the speaking circuit, delivering training in a number of disciplines which include effective negotiation skills, conflict management, dealing with difficult clients, ethics in the workplace and workplace violence issues.

Gary is also a member of the Canadian Speakers Bureau as well as a Lead Instructor for the National Tactical Officer's Association and in that capacity, he travels around North America teaching crisis intervention and hostage negotiation skills to law enforcement agencies.

Gary served as an Instructor at the Canadian National Police College in Ottawa teaching negotiation skills to National as well as International students.

Gary is both a graduate of the FBI Crisis Negotiators Training School and has also served as an Instructor at the FBI Training Academy in Virginia, assisting in the training of new FBI Hostage and Crisis Negotiators.

CONFLICT SOLUTIONS

GARY MCDUGALL TRAINER AND FACILITATOR
PHONE: 403-275-7858 EMAIL: garymcd@telusplanet.net



PRESENTATION SUMMARY

Prepared for: Ms. Lauren Delahunt
Town of Cochrane

Prepared by: Gary McDougall
Conflict Solutions, Calgary, Alberta
403-275-7858
E-mail: garymcd@telusplanet.net

Date: 17 September 2020

Lauren:

Thank you for your potential interest the Constructive Conflict Management presentation offered by Conflict Solutions.

Based on our e-mail exchange of 16 September 2020 it is my understanding that you are potentially looking for a presentation to be delivered (in person) to a group of your employees, with the option of broadcasting the session to other people virtually.

The date and time you suggested was 17 November 2020 from 7:00 pm until 8:00 pm. I am happy to report I am completely agreeable to both the method of delivery as well as the date and time. I will hold that time slot until/unless I hear otherwise from you.

My notes indicate we had spoken about a presentation fee of \$400.00 (plus GST) and if you are comfortable with that amount, that would be the invoicing amount.

In terms of content for the 60 minute presentation, I would recommend the following:

A review of “conflict”; how and why it occurs in the workplace and in our personal relationships.

A discussion relating to how our individual perceptions, assumptions and mindset affect our thoughts, behaviours and attitudes and ultimately the outcome of our personal interactions.

A presentation and discussion around the need for professionalism, strategies for managing our own anger during difficult interactions and strategies for managing strong emotions in those difficult people we interact with.

A specific focus on the skill of defusing angry people and dealing with verbally aggressive subjects. In addition, we will explore the theory of “response expectation” and the “emotion/reason equilibrium”. This provides some understanding of why people act as they do in conflict.

I look forward to the possibility of working with the Town of Cochrane and should you require any further information, please feel free to contact me. I can be reached via cellular phone at 403-804-9765, e-mail, or if you prefer, my home office number is 403-275-7858.

I thank you for your potential interest.

Gary McDougall
Conflict Solutions

SOCIAL RECOVERY TASK FORCE SURVEY

In these difficult times, when everyone's lives are being affected by the COVID-19 pandemic, you can do something important for your families, friends, neighbours and community. Please take 10 minutes to participate in the Social Recovery Task Force (SRTF) survey. The information gathered will help the task force understand and respond to our community's needs.

To participate in the survey, visit letstalkcochrane.ca/SRTF or complete this paper survey.

Completed surveys can be dropped off in the mail slot at:

Cochrane Family and Community Support Services

209 Second Ave W
Cochrane, AB T4C 2B9



1. How would you say your mental health and personal well-being was prior to the COVID-19 pandemic?

- Excellent
- Very good
- Good
- Fair
- Poor
- Other? Please explain: _____

2. How concerned are you about the following impacts of the COVID-19 pandemic?

	Extremely concerned	Very concerned	Somewhat concerned	Not at all concerned
My own physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own mental health and personal well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of stress in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vulnerable family members' health (e.g. elderly family members, those with chronic conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overloading the health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family stress from confinement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of routine/disruption of day-to-day life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing the essential goods that I need (e.g. due to shortages, store closures, delayed shopping, long lines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in disagreements and conflict in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What other concerns do you have regarding the impact of the COVID-19 pandemic? _____

4. Thinking about the current situation, have you experienced any of the following? (check all that apply)

- Feeling helpless about the situation
- Loss of interest and pleasure in your daily activities
- Change in the quality or the duration on your sleep
- Feeling more irritable or having moments of anger that you did not have before
- Moments of great anxiety
- Increased use of alcohol and/or drugs
- None of the above
- Other? Please explain: _____

5. How much have the following negatively impacted your state of mind?

	Greatly impacted	Moderately impacted	No impact at all
News appearing in the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing my daily schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of being infected or infecting someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines or instructions from the authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The situation of someone close to you (i.e., elderly person with COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What else has had a negative impact on your state of mind? _____

7. How would you describe your sense of belonging to your local community?

Very strong

Somewhat strong

Somewhat weak

Very weak

I don't know

Other? Please explain: _____

10. Do you feel that you have the mental health support you need?

Yes

No

8. In times of stress and need, what are your top three networks of support? Please rank them from 1 (most important) to 3 (least important).

_____ Family

_____ Friends

_____ Health professionals

_____ Neighbours

_____ Community agencies

_____ Faith groups

_____ Employer

_____ Support groups

_____ School

_____ Other

11. Are you aware of the mental health resources in our community?

Yes

No

12. Have you or anyone in your household lost their job because of the COVID-19 pandemic? (check all that apply)

Yes, I have

Yes, someone in my household has

No, but my hours have been reduced

Not yet, but I'm concerned it might happen if things continue as is

No, my job/ family income is secure

If other, please specify: _____

13. Since the COVID-19 pandemic, how has it been for you or your household to meet its financial needs?

Much more difficult

Somewhat more difficult

Neither more difficult nor easier

Somewhat easier

Much easier

I don't know

9. Do you have access to technology to connect with family, friends or other social groups outside of your household?

Yes

No

14. If the current public health response to the COVID-19 pandemic does not change for the next few months, what will happen to your financial situation?

Significantly worse

Somewhat worse

No change

Somewhat better

Significantly better

I don't know

15. How likely is it in your household that food will run out before you receive money to buy more?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely
- I don't know

16. What's your current housing situation?

- Own home
- Rental
- Staying with family/ friends
- Living in Camp
- No fixed address
- Other? Please explain: _____

17. How likely is it that you will need to move within the next 6 months because you can no longer afford your current home?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely
- I don't know

18. Have you applied for any of the following financial relief services? (Check all that apply)

- I have not needed financial relief services
- Mortgage deferral
- Utility payment deferral
- Property tax deferral
- Credit card payment deferral
- Employment Insurance
- Canada Emergency Response Benefit
- I don't qualify for government financial relief programs
- Other? Please specify: _____

19. Thinking to after the COVID-19 pandemic, what is your outlook on your financial stability?

- Extremely concerned
- Moderately concerned
- Somewhat concerned
- Slightly concerned
- Not at all concerned

Please tell us why: _____

20. Would you visit a business or organization that is not considered essential if they had good measures in place such as space to allow for physical distancing and frequent disinfecting of surfaces?

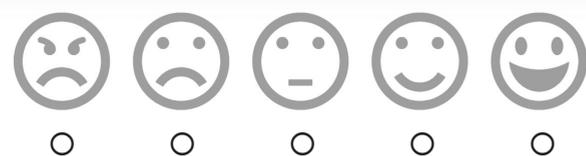
- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable
- Other? Please explain: _____

21. What would help you feel safe when returning to non-essential shopping? _____

22. Do you have ideas or suggestions on programs that could be offered to keep your spirits up during the COVID-19 pandemic? _____

23. In your opinion, what should the top priorities be for the Social Recovery Task Force? _____

24. Overall, how do you feel about the long-term future of Cochrane's social well-being?



25. What has changed for the BETTER for you since the COVID-19 pandemic? (list 1 or 2 things, if any) _____

26. What has changed for the WORSE for you since the COVID-19 pandemic? (list 1 or 2 things, if any) _____

The following questions are asked for statistical purposes only. Your answers will remain completely anonymous and will not be shared with any third party.

27. My age:

- Over 65
- 46-64
- 31-45
- 19-30
- 18 or under

28. Gender:

- Male
- Female
- Prefer not to answer
- Other? Please specify: _____

29. I identify as:

- Heterosexual
- Gay
- Lesbian
- Bi-sexual
- Questioning
- Other? Please specify: _____

30. My citizenship/immigration status is:

- Canadian citizen
- Work visa (Temporary Foreign Worker)
- Refugee
- Permanent resident/landed immigrant
- Student visa
- Temporary resident
- Visitor visa
- Other? Please specify: _____

31. Which of the following best describes where you live?

- Town of Cochrane
- Western Rocky View County
- MD of Bighorn
- Stoney Nakoda Nation
- Other? Please specify: _____

32. How many people live in your household including you?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> |

33. How many children 0-6 years old reside in your household?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> |

34. How many children 7-12 years old reside in your household?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> |

36. How many children 13-18 years old reside in your household?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> |

38. How many adults over 65 years old reside in your household?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> |

40. Can you estimate your household income, before taxes and deductions, for 2019? Household refers to all family (related) members of your household (exclude roommates).

- | | |
|---|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$120,000 to \$139,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> \$140,000 to \$159,999 |
| <input type="checkbox"/> \$40,000 to \$59,999 | <input type="checkbox"/> \$160,000 to \$179,999 |
| <input type="checkbox"/> \$60,000 to \$79,999 | <input type="checkbox"/> \$180,000 to \$199,999 |
| <input type="checkbox"/> \$80,000 to \$99,999 | <input type="checkbox"/> \$200,000 and over |
| <input type="checkbox"/> \$100,000 to \$119,999 | <input type="checkbox"/> I don't know |

41. How do you find information regarding services, programs and events? (check all that apply)

- Cochrane Program and Activity Guide
- Newspaper
- Websites
- Digital sign
- E-Newsletter
- Posters
- Word of mouth
- Social media
- Radio
- Other? Please specify: _____

Please provide any other feedback or comments:

If you would like to participate in further surveys or provide additional feedback, please provide your contact information.

Name: _____

Phone number: _____

Email: _____

NEED TO SPEAK TO SOMEONE?

Call us, we can provide support or connect you with the resources you need!

Mon-Fri 8:30am-4:30pm:

Cochrane Family & Community Support Services (FCSS) 403-851-2250

For after-hours support on evenings and weekends contact:

Cochrane and Area Victim Services 1-877-557-1998

Social Recovery Task Force Organization Engagement Survey

* 1. Contact Information:

Organization:

Name:

Position/Role:

Email Address:

2. Which of the following, if any, has your organization experienced in response to the COVID-19 pandemic?

	To a great extent	To some extent	Not at all
Reduced revenue from earned income (e.g. sales and/or fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased funding to support program delivery, operations, safety protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced revenue from fundraising (e.g. cancelled events, donations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased donations (e.g. cash, supplies, services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased costs to support program adaptations, adoption of technology for program delivery and working remotely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased costs (e.g. program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0 of 16 answered

	To a great extent	To some extent	Not at all
supplies, travel, meeting space)			
Reduced financial reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased demand for services/support from clients and communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased demand for services/support from clients and communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption of services to clients and communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Challenges related to staff and volunteers needing to work remotely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need to revisit or institute updated remote work and sick leave policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)			

3. Do you see potential to collaborate with other groups that you are not already working with?

- Yes
- No

4. Did your organization remain open and operational during the COVID-19 pandemic?

- Yes, we are open and operating
- Yes, we are open and operating but have modified our programs and operations
- No, we have had to close our doors until further notice
- We expect to be permanently closing our operation
-

Other (please specify)

5. Did your staffing levels change as a result of the COVID-19 pandemic?

- Increased staff
- Staff levels remain the same
- Reduced staff hours
- Other (please specify)
- Temporary layoff of staff
- Permanent layoff of staff
- Salary reductions for staff

6. Did your volunteer levels change as a result of the COVID-19 pandemic?

- Increased number of volunteers
- Decreased number of volunteers
- Volunteer levels remain the same
- Other (please specify)
- Increased ability to recruit volunteers
- Decreased ability to recruit volunteers

7. To what extent are you currently delivering your regular programs and services?

- More than usual
- The same as we always do
- Programs continue to be delivered, but in a different way
- In a moderately reduced capacity
- In a severely reduced capacity
- No longer delivering our regular programs and services

8. Please estimate the total financial impact that the COVID-19 pandemic (state of emergency, related economic downturn) will have on programs, services, or general operations of your organization to the best of your knowledge.

- Less than \$50,000
- \$51,000 - \$99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 or more
- Don't know

9. How important is government funding for your organization? (e.g. federal, provincial, and/or municipal)

- Extremely important
- Very important
- Moderately important
- Not important

10. Are there any emergency funding programs for which your organization has applied or intends to apply for during the COVID-19 pandemic? (e.g. Mental Health Response Plan, \$60 million in Social Services emergency fund)

- Don't Know
- Not eligible
- No
- Yes (Please Specify)

11. How likely is it that your organization will be able to adequately perform regular operations, such as events and providing programs and services for your clients, during the remainder of 2020?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Unsure

12. As of today, how optimistic are you for your organization's ability to recover from the impacts of the COVID-19 pandemic?

Not at all Optimistic	Somewhat Optimistic	Optimistic	Very Optimistic
★	★	★	★

13. How can the Town of Cochrane support you to address current and future challenges? (please select all that apply)

- Provide knowledge about new ways of partnering / possible partnerships
- Provide knowledge about emergency preparedness
- Provide knowledge on organizational capacity building
- Provide knowledge/data on current and future trends
- Provide information on grant opportunities
- Other (please specify)

14. What is your greatest concern right now as an organization?

15. In your opinion, what should the top priorities be for the Social Recovery Task Force?

16. Are there any other comments you would like to share?

DONE

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