

# Community Safety and Well-Being Plan Regional Report

**Including:**

**Municipality of Powassan**

**Municipality of Callander**

**Township of Nipissing**

**Township of Chisholm**



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## Message from the Mayors

The Regional Community Safety and Well-Being (CSWB) Plan is an action plan which will support our region in adapting and responding to the current and emerging needs within our communities. This plan promotes enhanced collaboration among our communities and various sectors therein. It provides a better understanding of risks that our communities face as well as identifies any vulnerable groups, then addresses how we can collectively work together to support these needs. It ensures that individuals with complex needs can receive appropriate services in a timely and efficient manner. This plan provides our communities with an increased awareness of services, better access to these services and improved coordination of services. It is a proactive and cost-effective approach to providing support. We can no longer be working in silos, but rather, all sectors need to work together towards the common goal, meeting the needs of our people. We are looking forward to working collaboratively with Powassan, Callander and Nipissing, along with the broader communities, to ensure the safety, security, care and welfare of all, keeping our residents safe and our communities strong and thriving.

**Gail Degagne, Mayor  
Township of Chisholm**



The Municipality of Powassan is pleased to present the Community Safety and Well-Being Plan. This Plan has been achieved through partnerships with our neighbours in Callander, Nipissing and Chisholm with the effort and contributions from many people and agencies in the region. The Plan provides a summation of our challenges related to community safety and well-being and also opportunities for improvement.

The municipality and our surrounding area is a fantastic and safe place to live, raise a family, and retire. We have developed The Plan to keep it safe and to continue to strive to make it a better place to live. This has been an exciting opportunity to work with a wide range of stakeholders to try to tackle challenges such as mental health and crime prevention. Citizen input was also key in this process. I am confident that with the strategies developed in this planning process, together we can make our community a safer, healthier place to live.

**Peter McIsaac, Mayor  
Municipality of Powassan**



The Township of Nipissing is happy to participate with our neighbouring municipalities in the preparation of the Community Safety and Well-Being Plan. This plan will help our municipalities and regional care partners to identify priorities and work together to provide the most effective ways to meet the needs of our communities.

The Township of Nipissing has worked collaboratively with the Municipalities of Powassan and Callander and the Township of Chisholm on several projects because we all face similar challenges and have interactive communities. Working together allows us to provide the most comprehensive and cost-effective support to our residents.

Looking forward, this Plan will provide an outline of issues that are of the greatest concern to our residents and help create a network to address the current mental health, crime prevention and access to services challenges we face.

**Tom Piper, Mayor**  
**Township of Nipissing**



In the Municipality of Callander, building safe, healthy communities is a priority for all of Council. As a result, our Council has partnered with other regional municipalities, including Powassan, Nipissing and Chisholm, to come together to develop an action plan that will support our residents, resulting in a better quality of life for everyone; a Community Safety and Well-Being Plan.

This Plan supports collaboration among service providers to address servicing gaps and improve accessibility. This approach has been proven to be more cost-effective than the typical reactive approach. We are hopeful that by identifying the challenges, and implementing social development approaches, we will be successful in achieving greater community safety and well-being.

**Robb Noon, Mayor**  
**Municipality of Callander**





## Introduction

All municipalities within Ontario are required to develop and adopt a community safety and well-being (CSWB) plan working in partnership with a multi-sectoral advisory committee comprised of representation from the police services board and other local service providers in health/mental health, education, community/social services and children youth services. This plan is to be complete by July 1, 2021.

In the fall of 2019, the Municipalities of Powassan and Callander reached out to the Township of Nipissing to inquire about working together on the CSWB plan. These three municipalities have similar demographics as well as sharing services within the District of Parry Sound and bordering on the District of Nipissing. A working committee was put together in late 2019. The Township of Chisholm joined the group in early 2020, tying the District of Nipissing into the plan and providing a similar voice to the group. Therefore, the Municipalities of Powassan and Callander together with the Townships of Nipissing and Chisholm (hereafter referred to as PCNC) decided to create a regional CSWB plan.

The working committee consisted of at least one staff member from each municipality. Bi-weekly meetings were held with duties and action items being split between them.

## Benefits of a Community Safety and Well-being Plan

Through the ministry's engagement with communities that are developing a plan, local partners identified the benefits they are seeing, or expect to see, as a result of their work. The following benefits are wide-ranging, and impact individuals, the broader community, and participating partner agencies and organizations:

- enhanced communication and collaboration among sectors, agencies and organizations
- stronger families and improved opportunities for healthy child development
- healthier, more productive individuals that positively contribute to the community
- increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods
- transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs
- increased engagement of community groups, residents and the private sector in local initiatives and networks
- enhanced feelings of safety and being cared for, creating an environment that will



- encourage newcomers to the community
- increased awareness, coordination of and access to services for community members and vulnerable groups
- more effective, seamless service delivery for individuals with complex needs
- new opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes
- reduced investment in and reliance on incident response.<sup>1</sup>

## Social Determinants of Health

According to the World Health Organization there are conditions in which people are born, grow, work, live and age that contribute to their overall health. These conditions are referred to as the social determinants of health (SDH) and are considered the non-medical factors that influence health outcomes.



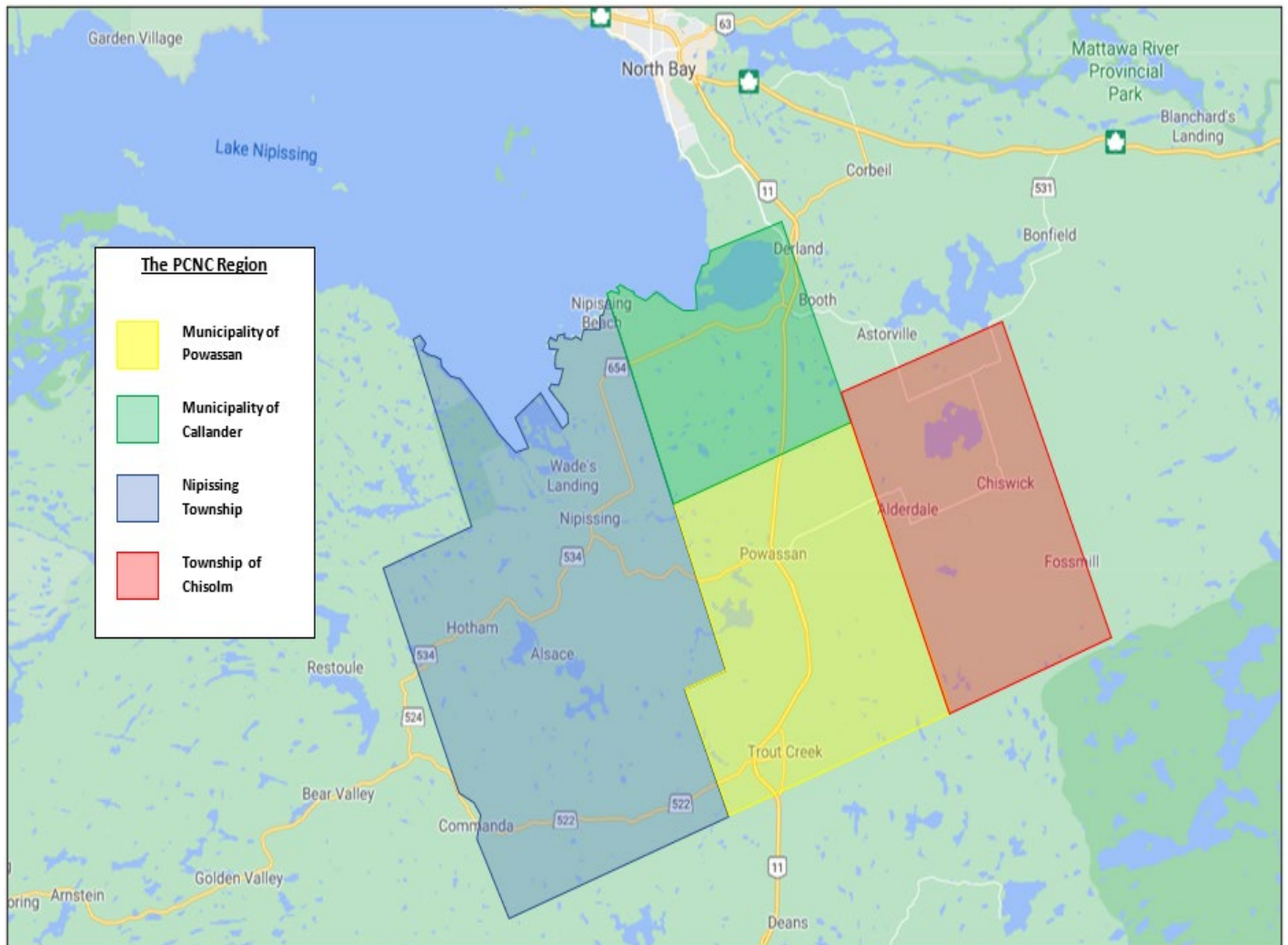
The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.<sup>2</sup>

## Demographics

The PCNC region is located on the Highway 11 corridor about 3.5 hours north of Toronto and just south of North Bay. The map below depicts the area of the four participating municipalities. The area is mostly rural with permanent and seasonal residences, farms, provincial and private parks and camp grounds.



The population of the region is majority adult aged 15-64 at 62% with 15% children aged 0-14 and 22% 65 and older. See Figure 1.1

The area is seeing an increase of retirees and families moving to the area from southern Ontario, for a more peaceful, slower paced way of living.

Most of the PCNC region is considered a 'bedroom community' for the larger City of North Bay. The area has many home-based businesses, retail businesses, such as grocery stores, gas stations, pharmacies, and restaurants, plus automotive garages, agriculture businesses and other retail stores.

The area is rich in agriculture with cow/calf, dairy and sheep operations across the region.

The number of farm stands have increased over the last couple of years, especially due to COVID 19 pandemic. There is a push of increasing local buying and supporting local small business. Farm stands are selling fresh produce, baked goods, meats, jams and jellies, and artisan products.

The region is not an overly rich population with 52% of individuals making \$39,999 or less per year. The cohort with the most individuals (465) is income between \$10,000 and \$19,999. Individuals making \$40,000 to \$79,999 make up 29% of the region and only 19% of individuals make over \$80,000. See Figure 1.2

The Government of Canada has the unemployment rate for Northern Ontario at 13.1% for the period of April 11 to May 8<sup>th</sup> 2021. See further labour information in Appendix A Labour Market Group Newsletter April 2020 publication. The unemployment rate is higher than average because of the pandemic. For reference, the unemployment rate for March

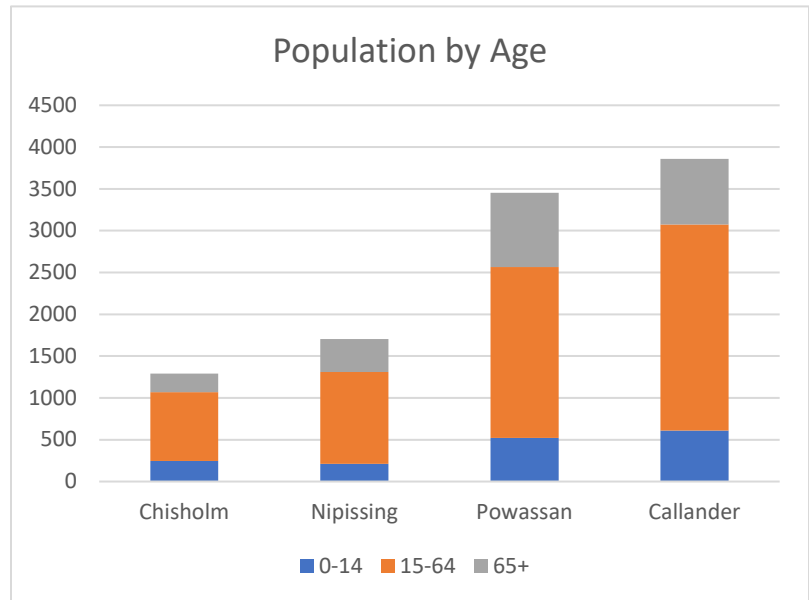


Figure 1.1 - 2016 Census Data

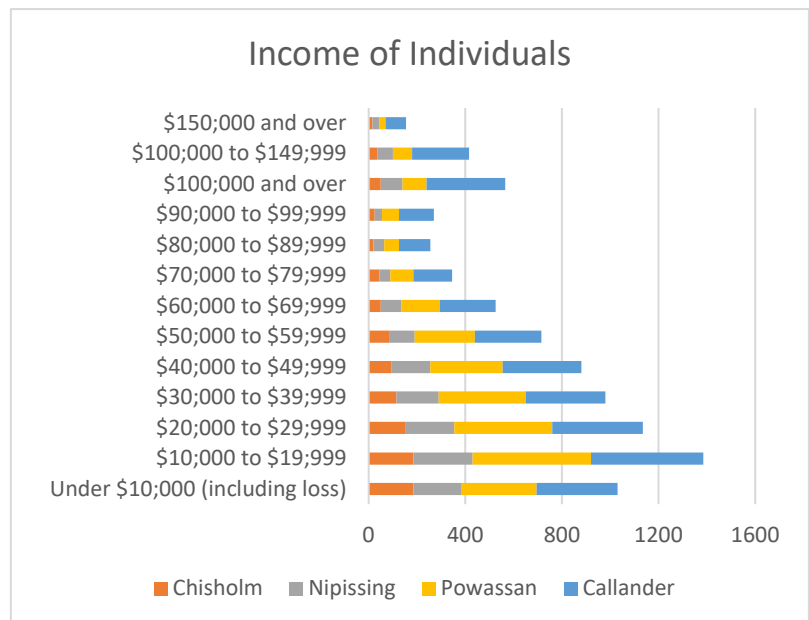


Figure 1.2 – 2016 Census Data



2020 and March 2019 was 8.0% and 6.3% respectively.

There is a direct correlation between income and education. Majority of the individuals within the PCNC region do have some post secondary education but 1310 individuals have no certificate, diploma or degree. Twenty-nine percent of the individuals have a secondary school diploma or less, while only 10% have a university degree at a bachelor level or higher. See Figure 1.3.

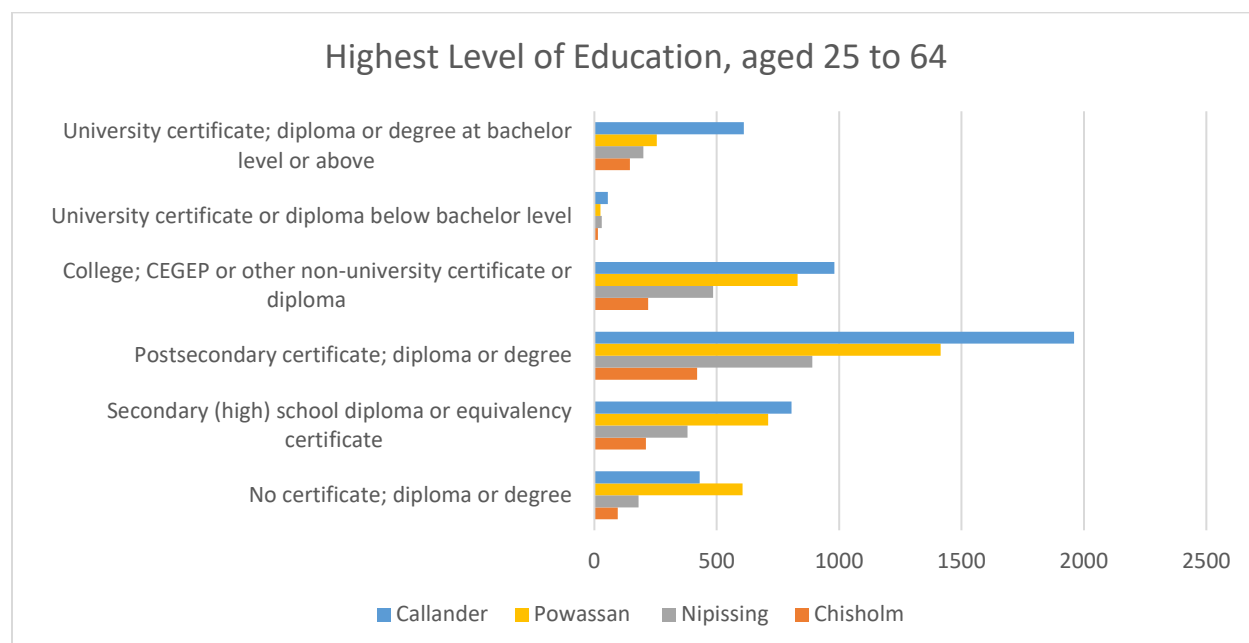


Figure 1.3 – 2016 Census Data

## Community Engagement

Due to the large geographic area and the communities' services belonging to separate districts, there were challenges in getting an Advisory Committee together. Some of the service providers main offices were out of North Bay and others from the Town of Parry Sound. If you were driving your car between these two towns it would take you about an hour and 44 minutes.

Because of the challenges, the Community Engagement process happened with two separate initiatives: 1) Community Survey and 2) Meeting with Service Providers and Community Stakeholders.

The Community survey was launched in late February 2021 and kept open until March 31, 2021. We had 88 participants from the region participate, of which 51.1% were from the Municipality of Powassan. Majority of the respondents identified as married females, with 49% of all respondents answering that they were satisfied with their personal safety.

Of the respondents, 42.5% agreed that there is adequate policing in our area vs 16.1%

disagreeing. When asked if your community's crime rate was high; 80.7% replied No and 19.3% replied Yes.

The top 5 important safety and well-being priorities identified in the survey were: 1) Crime Prevention (44.3%), 2) Access to Service (34.1%), 3) Mental Health (33%), 4) Physical Health, access to healthcare (31.8%) and 5) Community belonging (30.7%).

See Appendix B for full Community Survey Results

On March 24<sup>th</sup> 2021, an online meeting with service providers and community stakeholders was held. The following organizations/agencies (Advisory Committee) were represented at the meeting:

Almaguin Highland Community Living, Powassan	St Theresa School	Children's Aid Society Nipissing/Parry Sound
Parry Sound Social Services Administration Board	North Bay Police Service	Ontario Provincial Police
North Bay Parry Sound Catholic School Board	MT Davidson School	Council of Municipality of Powassan
Council of Municipality of Callander	Council of Township of Chisholm	Powassan and Area Family Health Team

\* For organizations that could not be in attendance of the meeting, individual conversations were had with the working committee.

Both initiatives produced very similar results with mental health and access to services being the top priorities. As a result, the identified priorities that the PCNC working committee dedicated to working on are Mental Health, Access to Service and Crime Prevention.

## Identified Priorities

### Mental Health

#### Context

#### Description

Mental Health and Cognitive issues can be broadly defined as problems with psychological and emotional well-being or intellectual functioning. This includes diagnosed problems, grief, self-harm and suicide.

Cognitive issues include reduced intellectual functioning that may have existed since birth, as a result of an injury, or through the normal course of aging.

The underlying causes of mental health are similar to those associated with substance abuse, such as intergenerational trauma, social isolation, poverty etc. Many individuals experience both mental health and substance abuse issues, combining for complex needs.

### Current State & Supporting Statistics

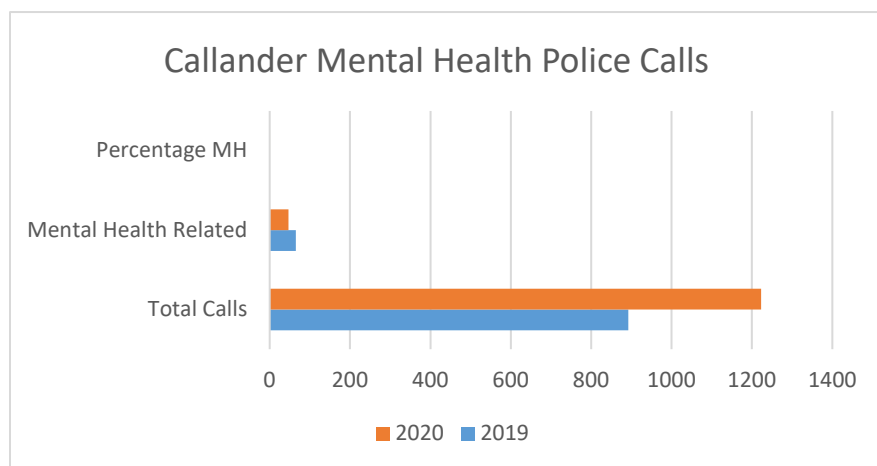
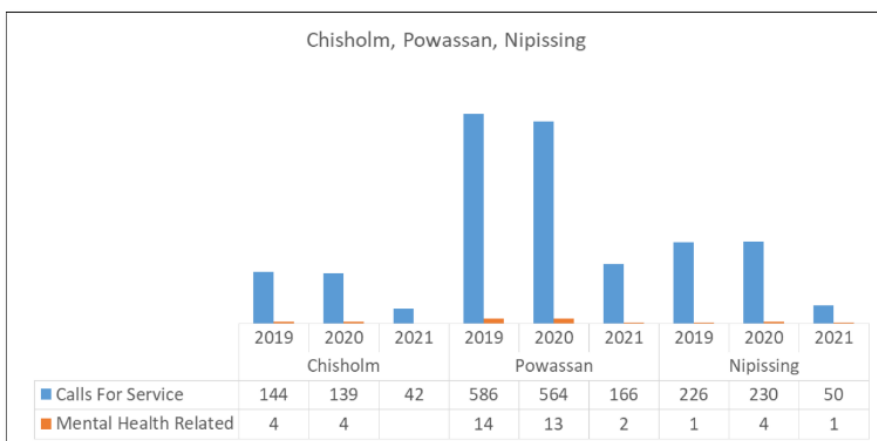
Issues relating to mental health were identified by nearly all panel members during advisory committee consultations as a leading cause for concern in the service area.

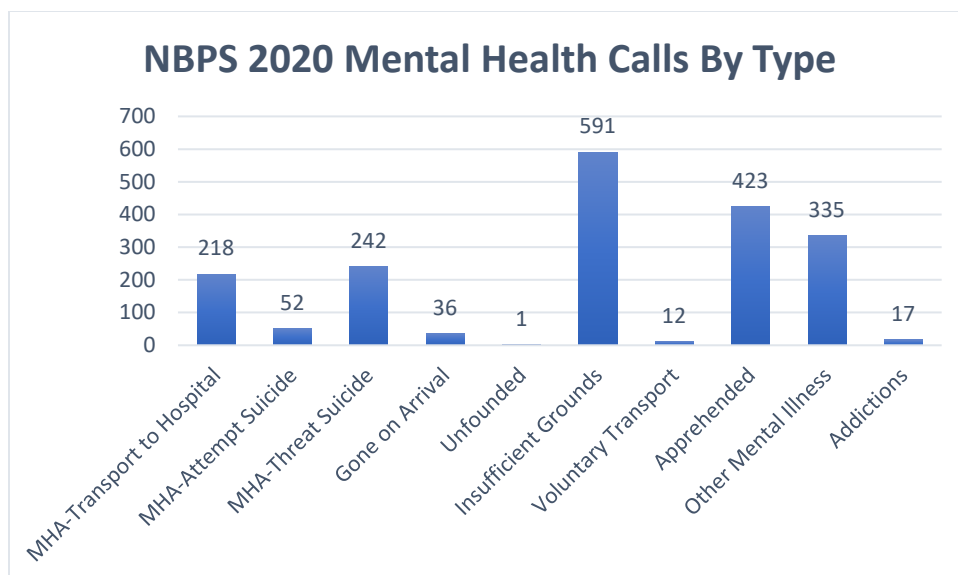
The Nipissing –Parry Sound District Health Unit (NBPSDHU), including the PCNC area, experience rates of E.R. visits and hospitalization due to mental health issues that are within the average range in Ontario as a whole.

Child and youth mental health outcomes are also a concern the NBPSDHU. The Centre for Addictions and Mental Health (CAMH) reported in 2016 that youth in Canada aged 15-24 are more likely than any other age group to experience mental illness and/or substance abuse disorder. This greatly affects development, success in school and ability to live a fulfilling and productive life.

With an increase in the regional population over 65 projected between 2016 and 2025, demand for supports for dementia and independent living are expected to increase.

*Mental Health was identified as the third highest priority risk factor by community survey respondents.*





North Bay Police Service's mental health call type distribution is thought to mirror the region on the whole.

### Vulnerable Groups

Mental Health impacts people in different ways throughout their lives, everyone from children to seniors are potentially vulnerable. Survivors of abuse, or with a history of involvement with the Child Welfare System are particularly vulnerable.

Over the last five years of operation, the North Bay Gateway Hub identified Mental Health as the number one risk priority facing their clients. See Appendix C for further information.

### Existing Programs & Services

The communities in the PCNC area offer programs and services that address issues relating to mental health. These programs are offered through local, regional, and national service providers. The following table outlines the

existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs and Services	Population Served
<b>Almaguin Highlands Community Living</b>	provides services and support to people who have an intellectual disability	-youth and adults affected by mental health disability
<b>Local Health Integration Network</b>	Care Coordinators –connect individual with other service providers	Community at large
<b>Canadian Mental Health Association</b>	Assessment / screening Counselling / therapy / interventions Care and treatment planning / referral / advocacy	Children, adults, seniors



	Community outreach	
<b>Gateway Hub</b>	-17 local partners and agencies involved, the collaborative meets to discuss situations of acute risk, and then collaborating on pro-active solutions and supports for individuals and families.	High risk individuals, community at large
<b>North Bay Regional Health Centre</b>	-acute inpatient psychiatry unit, acute mental health services, substance abuse/withdrawl management, Assertive Community Teams, Child and Adolescent Mental Health Unit, Safe Beds, etc..	Community at large
<b>Nipissing Mental Health Housing and Support Services</b>	Support, advocacy and housing for those who have serious and persistent mental health illness	Adults
<b>Community Counseling Centre of Nipissing</b>	mental health and addictions services	Adults

## Contributing Factors

### Risk Factors

Risk Factors influencing the PCNC area are:

- Substance use
- Adverse childhood experiences, trauma
- Contact with child welfare system
- Stigma associated with accessing help in a small community
- Isolation (seniors) – and generally relating to COVID 19
- Lack of affordable housing

In a 1-year period (April 20, 2020 – April 18, 2021, a total of 666 overdoses were reported in the NBPSDHU. 37 of resulted in death.

- Lack of community relationships, education / employment
- Access to services (getting there)

### Protective Factors

The following elements have been identified as important to support mental health in the region.

- Schools, childcare centres
  - Structure and eyes on early identification
- Gateway Hub
  - Opportunity for a coordinated response
- Outreach and supportive person-oriented programs
  - Home visits
  - Help getting to doctor appointments
  - Supports oriented to healthier lifestyles
  - Programs and support that help people where they are, focus on overall well-being, and build trust
- Housing, education / employment supports
- Community relationships, and connections
- Access to nationwide resources and expertise (e.g. Canadian Medical Association (CMA) connections)
- Trauma informed staff, boards, organizations

### Gaps & Barriers

Key gaps and barriers identified that impact the ability of community members to meet their needs in relation to addressing Mental Health:

- Psychiatric and psychological services not readily available locally which is partially related to recruitment and retention challenges
- Shortage of homecare / personal support workers
- There is a wait list for mental health counselling services (2 to 3 weeks)
- Regional shortage of complex care beds
- Stigma attached to asking for help with mental health
- Lack of youth hub / drop-in space for recreation / connections

### Associated Ministry Risk Factors

- Mental Health – diagnosed, suspected or self-reported problem
- Grief
- Mental health problem in the home
- Not following prescribed treatment
- Witnessed traumatic event
- Self-harm – threatened or engaged in
- Suicide – affected by, current or previous risk

### Ministry Protective Factors

- Accessing resources/services
- Adaptability
- Personal coping strategies
- Self-esteem & self-efficacy
- Taking prescribed medications

### Objectives

Objectives were identified in a planning session with the Advisory Committee. Priority objectives are items that were deemed essential – requiring immediate attention.

Objectives	Description	Target Completion
<b>Gateway Hub</b>	Ensure representation for at risk residents on the Gateway Hub	2021

<b>Representation</b>		
<b>Increase Service Awareness</b>	Engage in a collaborative public awareness across the four municipalities to educate at risk individuals about the resources already in place to support them.	2021

### Target Outcomes

The target outcomes for the mental health pillar are:

Short-term	Intermediate	Long-term
- Increased awareness of services available	- Quicker connection to mental health services	- Reduced number of calls for emergency services
- Increased local availability of mental health supports	- Increased engagement with mental health programs	- Decrease in emergency room visits related to mental health
	- Increased engagement with other social supports	- Decrease in incidents of self harm

## Access to Services

### Context

#### Description

Access to services may refer to program availability or the ability to physically gain access to available services.

Services can be defined as medical and health care including long-term care, mental health and disease prevention and treatment; family support including early learning centres for children, respite care for a variety of home care situations or child care assistance; food security including food banks and access to grocery stores.

As the population ages and economic circumstances change, the ability to access services and the variety of services required will change and the importance of community programming support is heightened. Access to services impacts general health care, mental health and family stability.

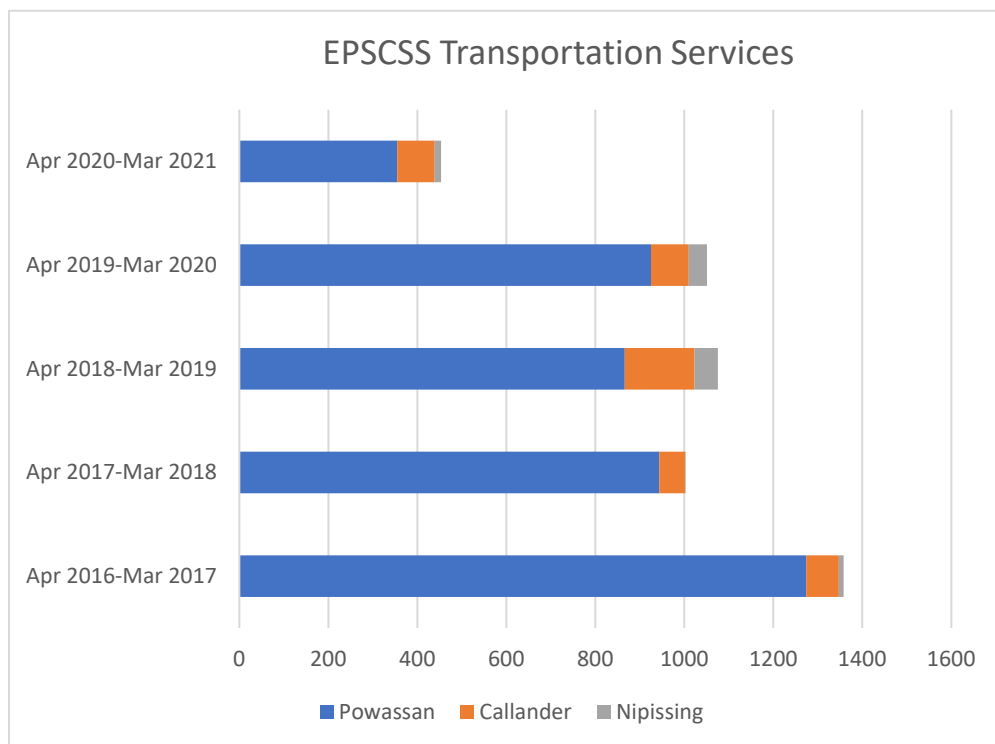
#### Current State & Supporting Statistics

Access to services has different implications to different people in a large, rural region which describes the areas covered by this document.

Distance to services and transportation are concerns for those living in rural areas

without localized services such as Nipissing and Chisholm. Powassan and Callander have urban centres which contain doctors, nurse practitioners, additional health services such as dental, physiotherapy and massage therapy as well as food banks and service clubs such as Legions.

Living in a rural setting requires alternate modes of transportation as public transportation is not available in any of the participating municipalities. Not all residents own a reliable vehicle, and in some cases, residents are not able to drive for a number of possible reasons. The East Parry Sound Community Support Services (EPSCSS) uses volunteer drivers, using their own vehicle, to take clients to medical and other related appointments.



Some medical services can only be accessed in North Bay or in larger cities. There is an increased demand on services for mental health, certain diagnostic procedures and outpatient services overall in the area and this may be a delay in access to services.

In response to concerns about limited services and access to services, two new programs have been launched. One in North Bay administered by the North Bay Regional Health Centre called the Geriatric Community Outreach Program and one in the Parry Sound District called Community Paramedicine supported by the District of Parry Sound EMS. These programs bring care to patient's homes and are implemented by discharge planning from hospital care and family practitioners.

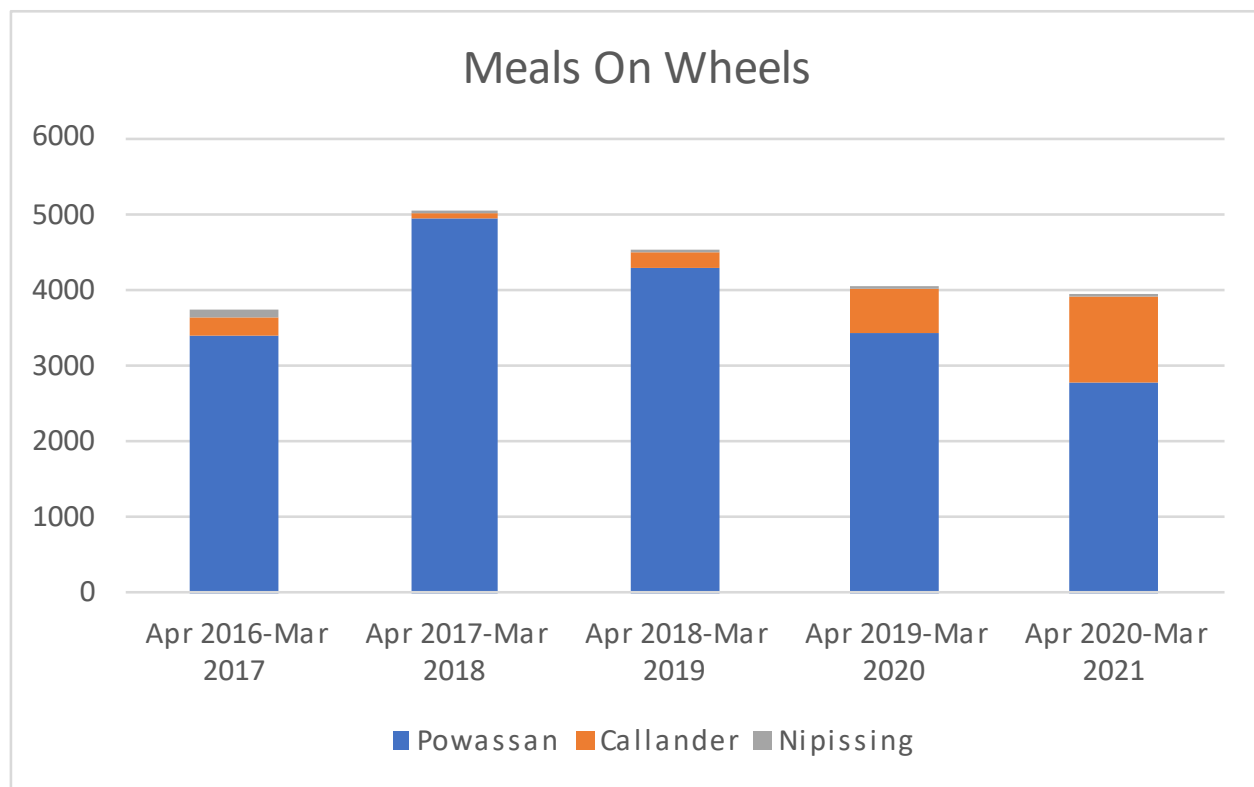
## Food

Food Banks are established in the Municipality of Callander and the Municipality of Powassan, serving areas around the municipal boundaries including the Township of Chisholm and the Township of Nipissing.

The East Parry Sound Community Support Services Program supports Meals on Wheels and frozen meal supports for seniors over the age of 65 and people with



disabilities.



## Medical and Health

There is a Health Centre located in Callander which hosts the Callander Lakeside Medical Clinic, dental, chiropractic and has a drug store within the group. Powassan has the Powassan & Area Family Health Team which includes a number of services including family doctors, nurse practitioner, nurse and social worker on staff.

There is a wait list in Northern Ontario for a family physician. The doctor shortage in this area has been a concern for a number of years. Those looking for a doctor may sign up using the Provincially hosted Health Care Connect and wait for an availability nearby. Otherwise, care is provided using the Emergency Department at the North Bay Regional Health Centre when required.

There are programs available to assist people with disabilities and/or 65+. These programs are supported by the East Parry Sound Community Support Services and administered under Eastholme Home for the Aged, located in Powassan.

## Family/Child Programs

District of Parry Sound Social Services Administration Board covers Callander, Powassan and Nipissing whereas the District of Nipissing Social Services

Administration Board covers Chisholm.

Child Care assistance and Early Childhood programs are supported by each DSSAB.

## **Mental Health**

There is a Mobile Crisis Team supported through the North Bay Regional Health Centre and the North Bay Police Services, this covers the Municipality of Callander. The OPP also works with a crisis team and covers the Powassan, Nipissing and Chisholm catchment area.

## **Vulnerable Groups**

The groups impacted by limited access to services can be identified as:

Physical access to services (transportation services concerns)

- Seniors
- Low to limited income earners

Accessing services where there is limited programming available

- All demographic groups

## **Existing Programs & Services**

The communities in the PCNC area offer programs and services that assist in accessing services including transportation, food security and medical/health care. The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

<b>Program Name &amp; Description</b>	<b>Contact Information</b>
<b>Powassan &amp; District Food Bank</b> Serves Powassan, Nipissing, Chisholm and unincorporated areas in proximity.	705-724-3015 250 Clark Street Powassan, ON P0H 1Z0 Hours: Wednesday 11 am to 5 pm
<b>Callander and area Food Bank</b> Serves Callander, Corbeil and Astorville.	705-752-4819 78 Lansdowne Street Callander, ON P0H 1H0 Hours: Tuesday 9 am to 12 pm (noon)
<b>Powassan &amp; Area Family Health Team</b> Family Doctors Nurse Practitioner Nurse Social Worker Serves Powassan and Area	705-724-1020 Powassan Medical Centre 507 Main Street Powassan ON P0H 1Z0 Hours: Mon to Thurs 9 am to 3 pm Friday 8 am to 12 pm (noon)
<b>Callander Health Centre</b> Lakeside Medical Clinic Callander Dental Chiropractic	705-752-1004 Medical 705-752-1510 Dental 705-752-4572 Chiropractic 299 Main Street North

Serves Callander and Area	Callander, ON P0H 1H0
<b>East Parry Sound Community Support Services Program</b> Serves Powassan, Callander, Chisholm, Nipissing and unincorporated areas in proximity. Meals on Wheels, Frozen Meals Transportation Services for those over 65 years of age or with a disability to medical and necessary appointments.	705-724-6028 P.O. Box 400 62 Big Bend Avenue Powassan, ON P0H 1Z0
<b>District of Nipissing Social Services Administration Board</b> Serves the District of Nipissing. Children's Services Ontario Works Housing Services	877-829-5121 toll free 705-474-2151 (North Bay) 200 McIntyre Street East North Bay, ON P11B 8J8 Mon to Fri 8:30 am to 4:30 pm
<b>District of Parry Sound Social Services Administration Board</b> Serves the District of Parry Sound Children's Services Ontario Works Housing Services Women's Shelter	800-461-4464 toll free 705-746-7777 (Parry Sound) 1 Beechwood Drive Parry Sound, ON P2A 1J2

### Gaps & Barriers

Key gaps and barriers identified that impact the ability of community members to access services:

- Medical and health care services located in urban centres or larger cities requiring travel and possible hotel costs, loss of support community during the event.
- Shortage of Doctors and Health Care Professionals in the area, access to medical care may be limited to Emergency Room visits and results in a lack of continuation of care.
- Services closest to the municipalities are located in the District of Nipissing however some municipalities are designated as District of Parry Sound.

### Objectives

Objectives were identified in a planning session with the Advisory Committee. Priority objectives are items that were deemed essential – requiring immediate attention.

Objectives	Description	Target Completion
<b>Promote Awareness of Service Programs</b>	Ensure information is promoted throughout all available channels in all municipalities. Ensure Staff of municipalities are aware and provided the information to supply to	2021

	residents when inquiries are received.	
<b>Council Support for Health Care professional recruitment strategies in the local municipalities.</b>	Engage local Health Care services to provide local Council support and awareness at all levels of government for the recruitment of health care professionals in local municipalities.	2021

### Target Outcomes

The target outcomes for the access to services pillar are:

Short-term	Intermediate	Long-term
- Increased awareness of services available	- Maintain updated program information and collaborate on programming needs	- All residents have access to a family physician, have access to all levels of care
- Encourage continued community feedback on programming needs	- Increased engagement with community and program providers	- Decrease in emergency room visits for routine health matters, reduced crisis intervention requirements as program needs meet immediate life needs

## Crime Prevention

### Context

#### Description

Crime prevention speaks to a desire to circumvent a crime before it occurs. Extensive research has been done in defining crime prevention. The definition guiding crime prevention in Ontario reads as follows:

*“The anticipation, recognition and appraisal of a crime risk and the actions taken – including the integrated community leadership required – to remove or reduce it”.*

This category includes animal cruelty, arson, break and enter, child abuse, drug trafficking, elder abuse, homicide, human trafficking, intimate partner or domestic violence, physical assault, theft, sexual assault, and threats.

Although it is difficult to get a clear picture of police crime statistics for the PCNC region as a whole because of the differences in reporting between the OPP detachments and the North Bay Police Department, individual statistics are available for the OPP



detachment and Police Service, and a review of this information will be of utmost importance as action planning in this area begins.

Community safety is one of the concerns most frequently expressed by Ontarians and a factor that became clear through our community survey. Although statistics point to overall falling crime rates, Ontario's citizens want assurances that they are safe in their own communities.

The Ontario government is dedicated to making Ontarians safer in their communities by being tough on crime through effective enforcement and crime prevention. The key to enhancing personal and community security through crime prevention is to actively address the risk factors associated with crime.

Provincially, the Ministry of Community Safety and Correctional Services (MCSCS) has a strong commitment to preventing crime. MCSCS continuously delivers services and sets standards, policies and guidelines in policing, corrections and public safety to keep Ontario's communities safe. This is evident through the extensive work undertaken in partnership with various municipal police services, the Ontario Provincial Police (O.P.P.), all levels of government and community agencies in promoting crime prevention through community policing and community mobilization throughout the province.

In addition, a number of ministries are involved in the support and delivery of community well-being and social development related programs that contribute to crime prevention. Strong legislative, policy and program ground work has been laid throughout the province and communities across Ontario have built varying degrees of local crime prevention capacity.

### Current State & Supporting Statistics

	Chisholm					Nipissing			
	2016	2017	2018	2019		2016	2017	2018	2019
<b>Drugs</b>	2	3	1	2		2	3	3	0
<b>Operational Crime</b>	78	82	75	58		86	79	84	115
<b>Other Criminal Code Violations</b>	6	3	4	5		4	3	2	3
<b>Property Crime</b>	15	10	8	8		24	19	15	24
<b>Mental Health/Landlord Tenant Calls</b>	10	5	5	8		27	17	12	7
<b>Traffic</b>	11	18	16	20		10	13	12	10
<b>Violent Crime</b>	5	2	2	4		10	6	7	7
<b>Total</b>	<b>127</b>	<b>123</b>	<b>111</b>	<b>105</b>		<b>163</b>	<b>140</b>	<b>135</b>	<b>166</b>

	Powassan					Callander			
	2016	2017	2018	2019		2016	2017	2018	2019
<b>Drugs</b>	4	4	2	2					4
<b>Operational Crime</b>	280	261	229	265					618
<b>Other Criminal Code Violations</b>	12	11	5	13					0
<b>Property Crime</b>	57	54	40	38					14
<b>Mental Health/Landlord Tenant Calls</b>	51	45	30	33					0
<b>Traffic</b>	40	25	3	35					86
<b>Violent Crime</b>	25	34	28	21					10
<b>Total</b>	<b>469</b>	<b>434</b>	<b>337</b>	<b>405</b>					<b>732</b>

### Vulnerable Groups

- Low income earners (includes recipients of Ontario Works income support,
- Ontario Disability Support Program /employed in other than resource industry
- Indigenous persons
- Youth
- Women
- Single parents

### Existing Programs & Services

The communities in the PCNC area offer programs associated with crime prevention. These programs are offered through local, regional, and national service providers. The following table outlines the existing programs and services as inventoried through interviews and focus groups with the Advisory Committee and key stakeholders.

Organization	Major Programs and Services	Population Served
<b>Rural Communities throughout the PCNC Region</b>	Rural Watch	Community at Large
<b>Community Organizing</b>	Neighbourhood Watch	Callander Downtown Core
<b>North Bay Police</b>	Boots on the Ground Initiative	Callander Downtown Core
<b>Ontario Provincial Police</b>	Crime Stoppers	Provincial/Federal
<b>Ministry of Children, Community and Social</b>	Ontario's Anti-Human Trafficking Strategy	Provincial

<b>Services</b>		
<b>Poverty Reduction Strategy</b>	Ontario Government	Provincial
<b>Ministry of Children, Community and Social Services</b>	Child Welfare Redesign	Provincial/Indigenous Population
<b>Ministry of Health</b>	Roadmap to Wellness: A plan to build Ontario's Mental Health and Addictions system	Provincial

## Contributing Factors

### Risk Factors

Risk factors are the negative characteristics and/ or conditions present in individuals, families, communities or society that may increase the presence of crime or fear of crime in a community. These factors may also increase the likelihood that individuals engage in crime and/or become victims. It is important to note that these risk factors are multi-dimensional and overlap with each other.

Risk Factors			
Individual	Family/Peers	Community	Society
Behavioural Problems Poor educational achievement Poor mental health Prior criminal behaviour Racism/Marginalization Victimization/Abuse	Abuse Few economic resources Neglect Negative parenting Poor peer influences Parent/sibling criminality	Crime in area Few social services High poverty concentration Poor housing	Cultural norms supporting violence Social disorganization Negative media messaging

### Protective Factors

Protective factors are positive elements that can mediate or moderate the effect of being exposed to risk factors and can help to foster healthier individuals, families and communities thereby increasing the safety of a community.

Protective Factors			
Individual	Family/Peers	Community	Society
Personal coping strategies Strong attachment to adult Positive school experience Self-esteem Self-efficacy Sense of responsibility	Adequate parental supervision Parent(s) engaged in child's life Positive peer influences	Housing in close proximity to services Cohesive communities' Recreational facilities for youth	Low social tolerance of violence High awareness of the determinants of well-being

## Gaps & Barriers

The legitimization of crime prevention, recognition of the importance of data and evidence, multi-sectoral approaches are among major successes identified with crime prevention. As rural communities, our vastness and lack of ability to provide equal service across large swaths of land are among the many challenges, barriers and gaps can be identified. Other examples include:

- funding and programming
- more inclusiveness and broader, ongoing engagement.
- the need for sharing data and best practices.
- accessing appropriate services and programs

## Emerging Issues

- The need for youth engagement, youth employment
- Engagement with marginalized communities, availability of social services and diversion from the justice system
- The need to address racism and hate crimes
- Cyberbullying

## Objectives

- Strengthen sense of safety in communities across the PCNC Region.
- Bring together various levels of government, police, community agencies, individual community members, business, educators and health care professionals to create an integrated approach to crime prevention.
- Ensure federal/provincial/municipal initiatives are complementary and aligned.
- Enhance community level involvement, ownership and control in the development and implementation of crime prevention activities.
- Identify priority areas and vulnerable groups affected by crime and target the socio-economic risk factors of crime and reduce the opportunity to commit crime.
- Encourage outreach and education to garner support for crime prevention, community safety and well-being;

## Target Outcomes

### Target Outcomes

The target outcomes for the crime prevention pillar are:

Short-term	Intermediate	Long-term
- Increased awareness of crime prevention programs	- Consider other Crime Prevention strategies within the Province	- Implement new Crime Prevention strategies
- Educate communities on how to protect their personal property	- Engage with communities on crime prevention	-Reduction of crime and victimization



## **Implementation of the Plan**

- The PCNC working committee will agree to meet annually.
  - In 2022 the committee will meet in September for an in depth review of the plan.
  - From 2023 going forward, the committee will meet no later than the end of March to update and review statistics.
- Changes in Objectives, Target Outcomes and Risk Factors
  - Identify new outcomes, if applicable
  - Create a progress report for Councils
- The Advisory Committee will meet annually to review priorities and discuss changes within the identified priorities.
- Councils for each municipality will discuss annually and also use the CSWB plan report in decision making and planning going forward.

## **Evaluation of the Plan**

It is important that the plan be evaluated. Each of the priorities have short-, intermediate- and long-term outcomes that are measurable. Having measurable outcomes provides for both accountability and learning.

An annual progress report will be created by the PCNC working committee and presented to each council in each May starting in year 2023. This will also allow for Councils to contribute to the evolution of the CSWB plan.

## **Resources/End Notes**

1. Community Safety and Well-Being Plan Planning Framework, A shared Commitment in Ontario, Booklet 3 version 2
2. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

## APPENDIX A – Labour Market Group Newsletter April 2021

April 2021

# LABOURFOCUS



The Labour Market Group

## IN THIS EDITION

Job Posting Representation and Average Starting Wages by Major Occupational Classification (1-Digit Noc)

Change in Hourly Wage Posted Amongst Major Occupational Classifications Between 2019 & 2020

Full-Time VS. Part-Time Job Postings

## JOBS REPORT MARCH 2021

### TOTAL NUMBER OF JOB POSTINGS

267

Nipissing

87

Parry Sound

28

from February

27

from February

### TOP INDUSTRY WITH VACANCIES

Nipissing

Accommodation & Food Services (19.9%)

Parry Sound

Health Care and Social Assistance and Accommodation & Food Services (20.7%)

To view the full report, visit our website [www.thelabourmarketgroup.ca](http://www.thelabourmarketgroup.ca)

The Labour Market Group is funded by:

Ontario



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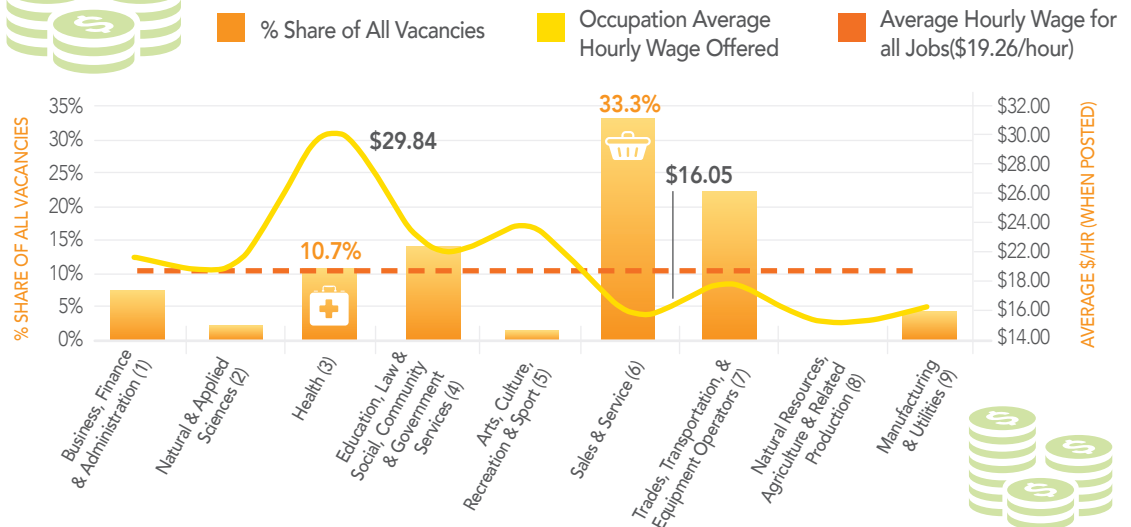
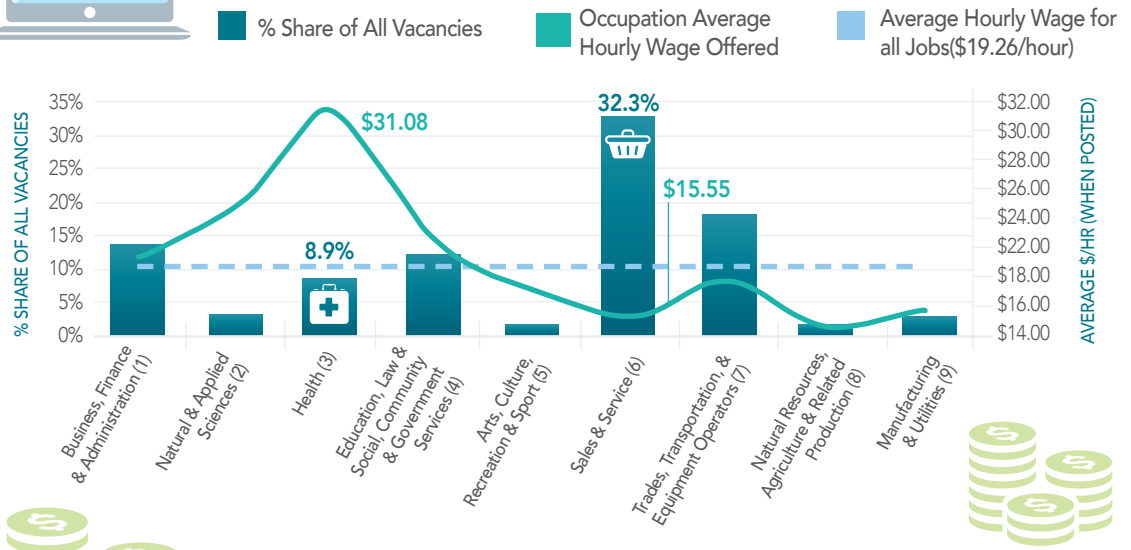
THE FOLLOWING DATA IS COLOUR CODED FOR EACH DISTRICT

NIPISSING DISTRICT

PARRY SOUND DISTRICT



## JOB POSTING REPRESENTATION AND AVERAGE STARTING WAGES BY MAJOR OCCUPATIONAL CLASSIFICATION (1-DIGIT NOC)



Source: LLMP Report 2021

[www.thelabourmarketgroup.ca](http://www.thelabourmarketgroup.ca)

## READY. SET. HIRED.

Job Portal for the districts of  
Nipissing and Parry Sound

There are currently  
**354** jobs available.  
Find yours  
TODAY!

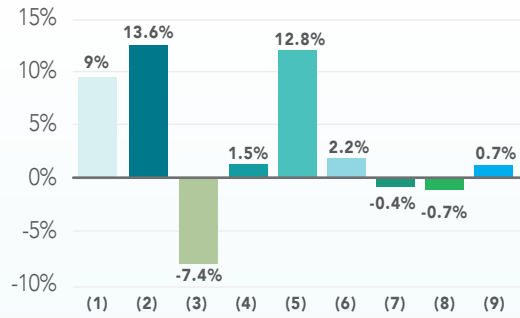


readysethired.ca

## CHANGE IN HOURLY WAGE POSTED AMONGST MAJOR OCCUPATIONAL CLASSIFICATIONS BETWEEN 2019 & 2020



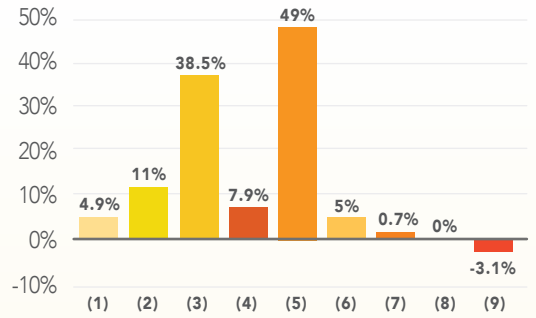
**13.6%**  
Natural & Applied Sciences (2)



- Business, Finance & Administration (1)
- Natural & Applied Sciences (2)
- Health (3)
- Education, Law & Social, Community & Government Services (4)
- Arts, Culture, Recreation & Sport (5)
- Sales & Service (6)
- Trades, Transportation, & Equipment Operators (7)
- Natural Resources, Agriculture & Related Production (8)
- Manufacturing & Utilities (9)

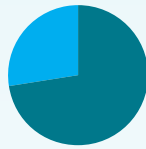


**49%**  
Arts, Culture, Recreation & Sport (5)

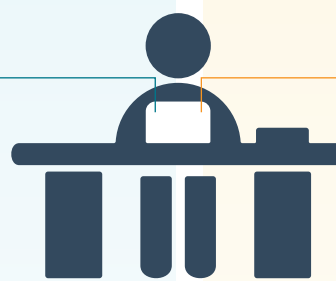


- Business, Finance & Administration (1)
- Natural & Applied Sciences (2)
- Health (3)
- Education, Law & Social, Community & Government Services (4)
- Arts, Culture, Recreation & Sport (5)
- Sales & Service (6)
- Trades, Transportation, & Equipment Operators (7)
- Natural Resources, Agriculture & Related Production (8)
- Manufacturing & Utilities (9)

## FULL-TIME VS. PART-TIME JOB POSTINGS IN 2020

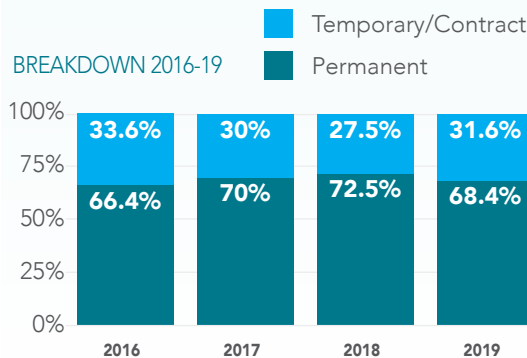


Approximately **73%** of the job postings recorded (in 2020) indicated that the position would be **PERMANENT** in nature.

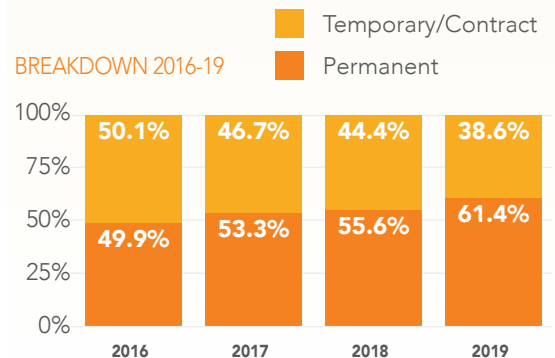


Approximately **58.9%** of the job postings recorded (in 2020) indicated that the position would be **PERMANENT** in nature.

This figure remains virtually unchanged since 2017 with distributions ranging from 68.4% to 72.7% with the only minor outlier in the past five years being 2016 with a value of 66.4%. In summary there has not been a significant shift in direction between permanent and temporary based opportunities in Nipissing District over the past 5 years.



This figure is slightly down from 2019 (61.4%) but still part of an upward trend over the past five years; growing from the lowest share of 49.9% in 2016. This data suggests that employers may be leaning towards offering more sustainable employment opportunities within the district.



Questions or concerns?  
Feel free to contact us at  
info@thelabourmarketgroup.ca

T. 705.474.0812  
Toll Free 1.877.223.8909  
F. 705.474.2069

101 Worthington St. East  
Suite 238  
North Bay, Ontario

The Labour Market Group is funded by:



Source: LLMP Report 2021

## APPENDIX B – Community Survey Results

# Community Safety and Well Being Survey

88 responses


COMMUNITY SAFETY AND WELL BEING PLAN SURVEY 2021

Everyone has a role to play in community safety and well being.

The municipalities of Callander and Powassan, and Townships of Chisholm and Nipissing are working together to create a Community Safety and Well Being Plan that can be implemented with a regional goal of a sustainable community where everyone feels safe, has a sense of belonging and opportunities to participate and where individuals and families are able to meet their needs for children, youth and the elderly, as well as for economic, cultural, and social needs.

Currently the systems are responsive and often initiated at critical points to resolve social development. The goal is to create and build partnerships working together to mitigate critical path points and provide proactive solutions that reduce emergency events.

**Social Development Chart and Wellbeing Matrix**



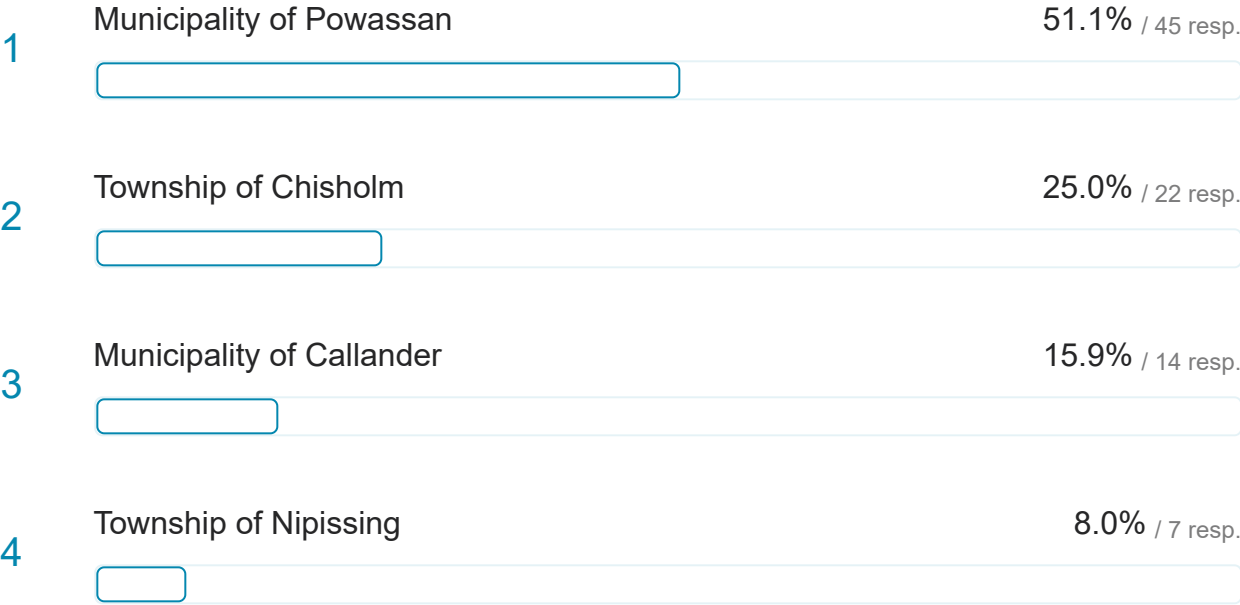
Topics for consideration: crime, discrimination, education and skill development, employment, emotional distress, family support, financial security, food security, housing, settling in Canada, mental health and cognitive functioning, mobility safety, transportation safety, physical health, pre-social justice behavior, social environment, neighborhood, social support, social isolation, street level violence, substance abuse/addictions, victimization.

**Why 50% participation is important**

Only by involving 50% or more the present partners truly understand the state of our region's social development, and only with this understanding can we create meaningful change that will make significant transformation to individuals and families, ensuring they receive the right support at the right time and by the right service providers.

Where do you live?

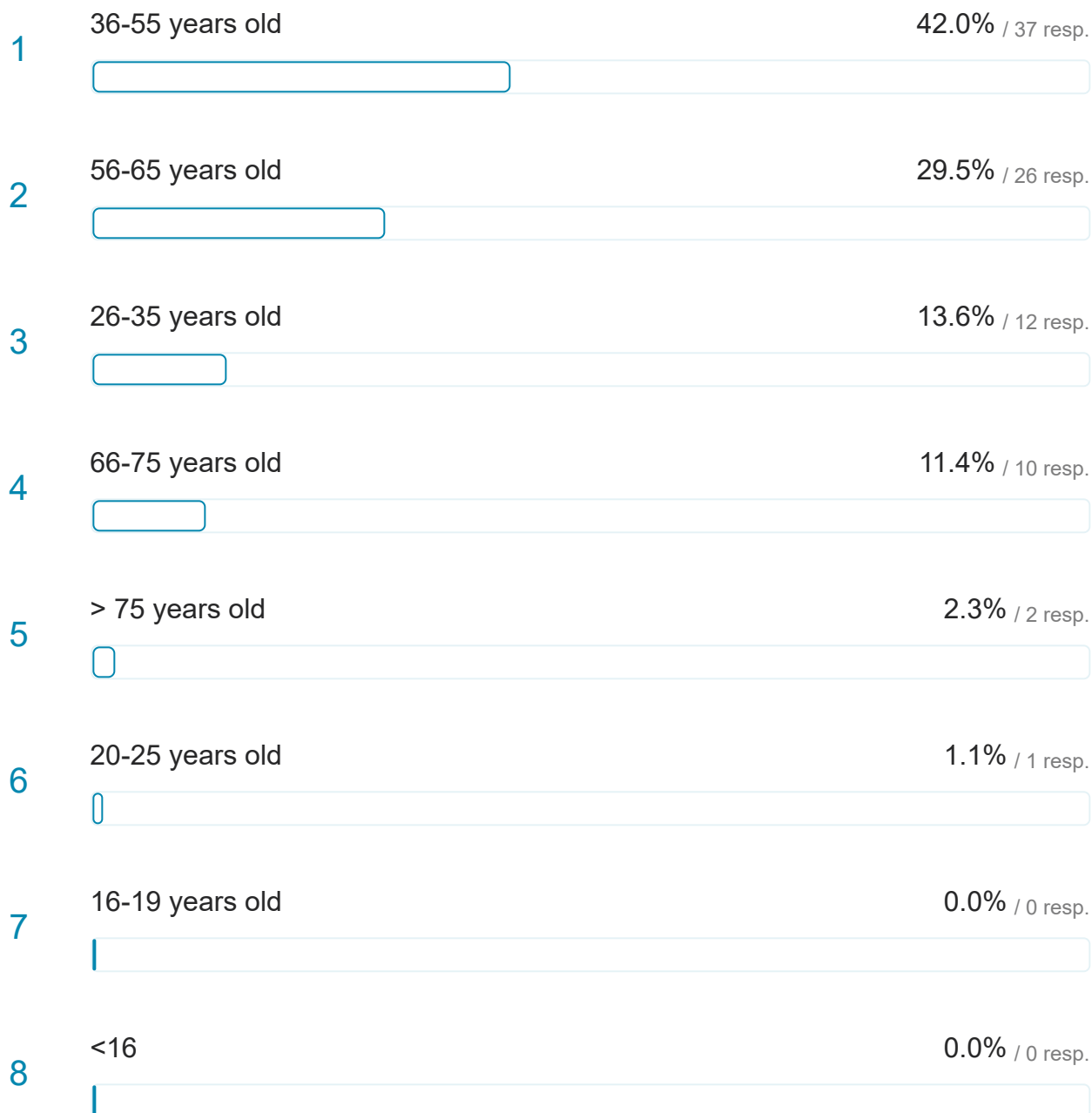
88 out of 88 answered





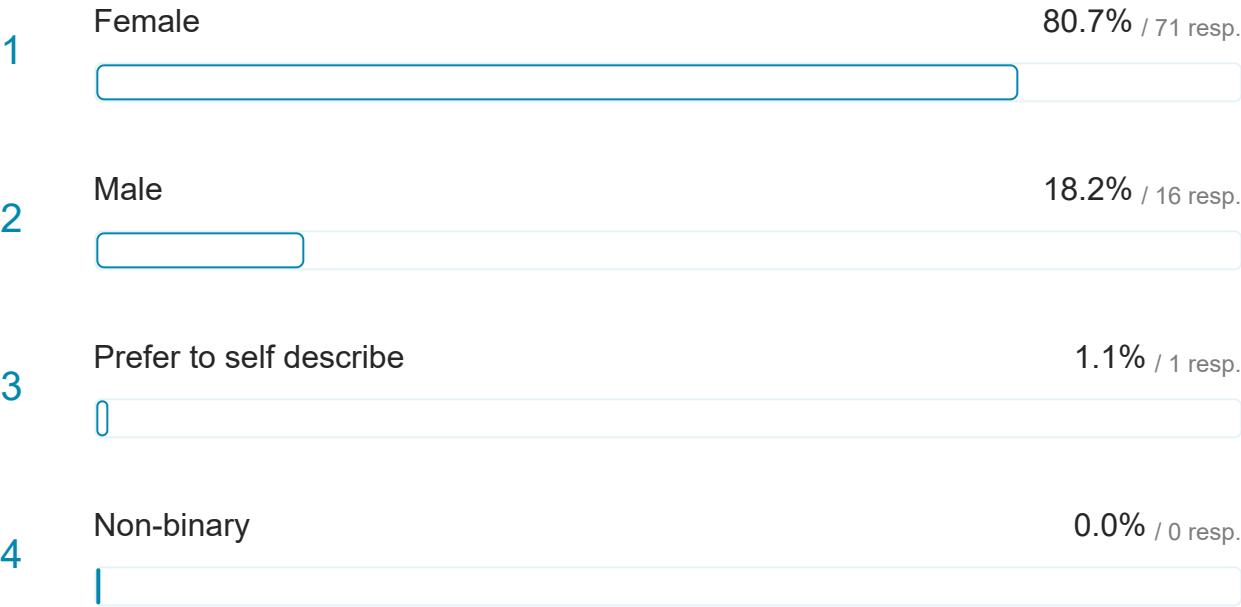
What is your age?

88 out of 88 answered



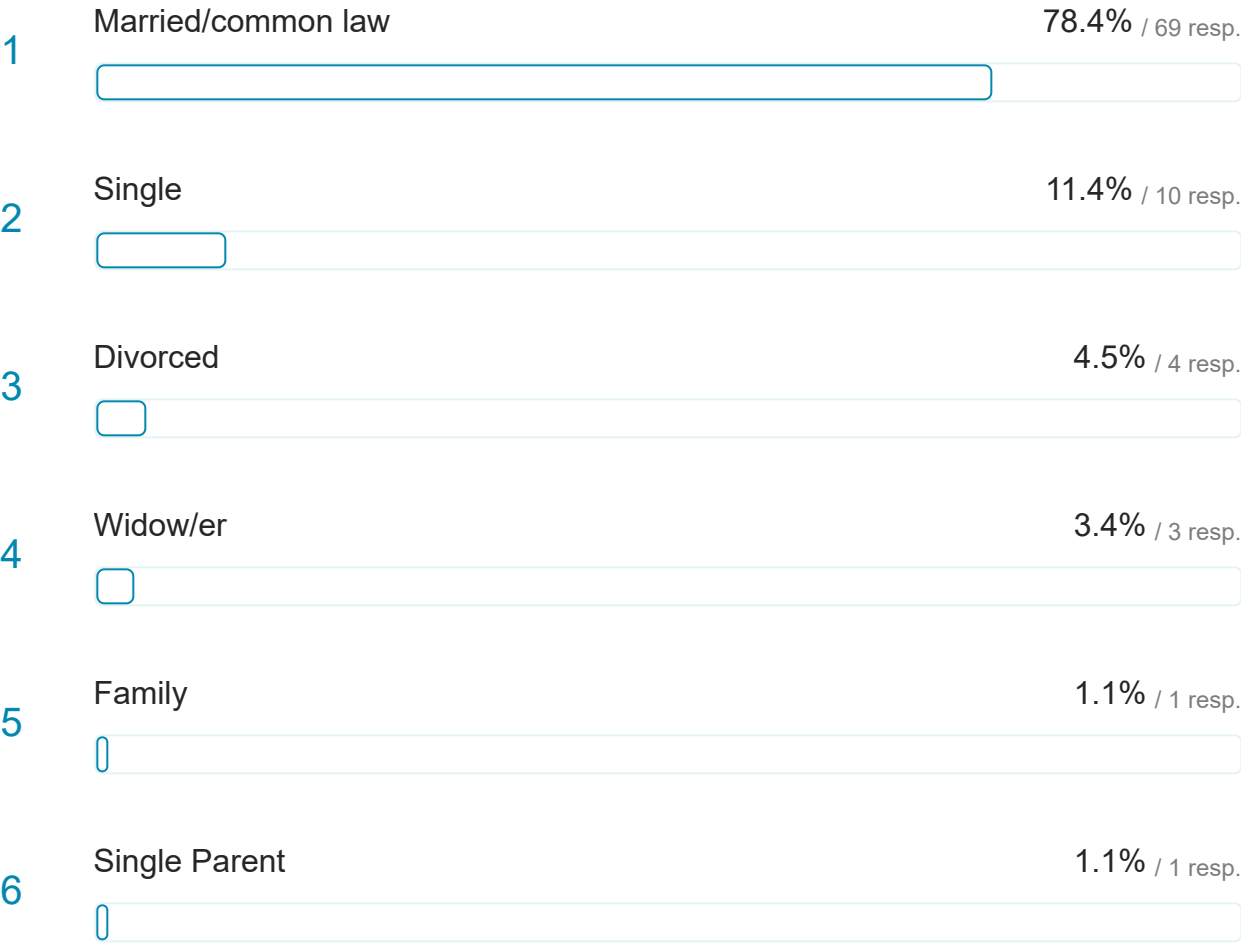
Gender: How do you identify?

88 out of 88 answered



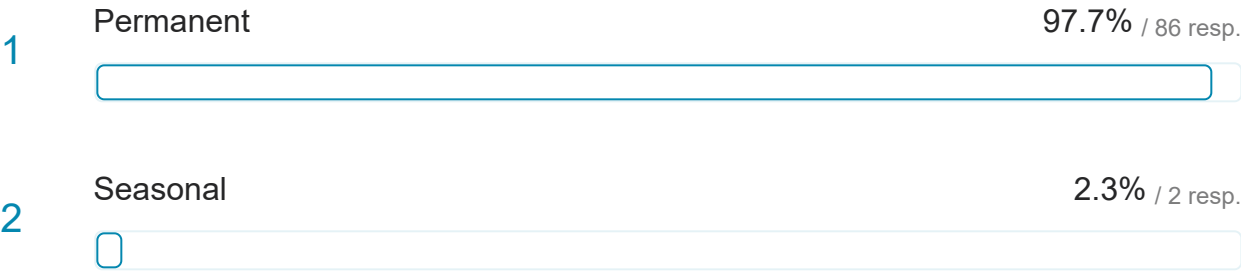
What is your marital status?

88 out of 88 answered



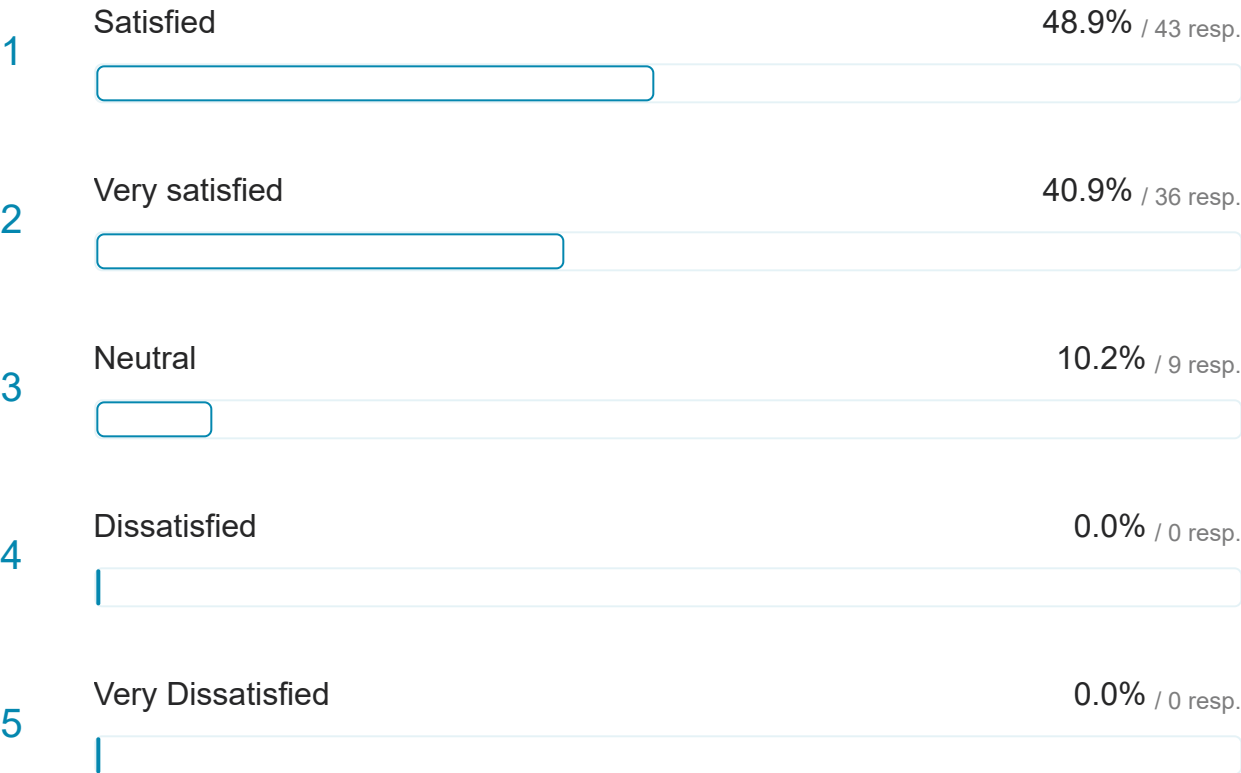
Are you a permanent or seasonal resident?

88 out of 88 answered



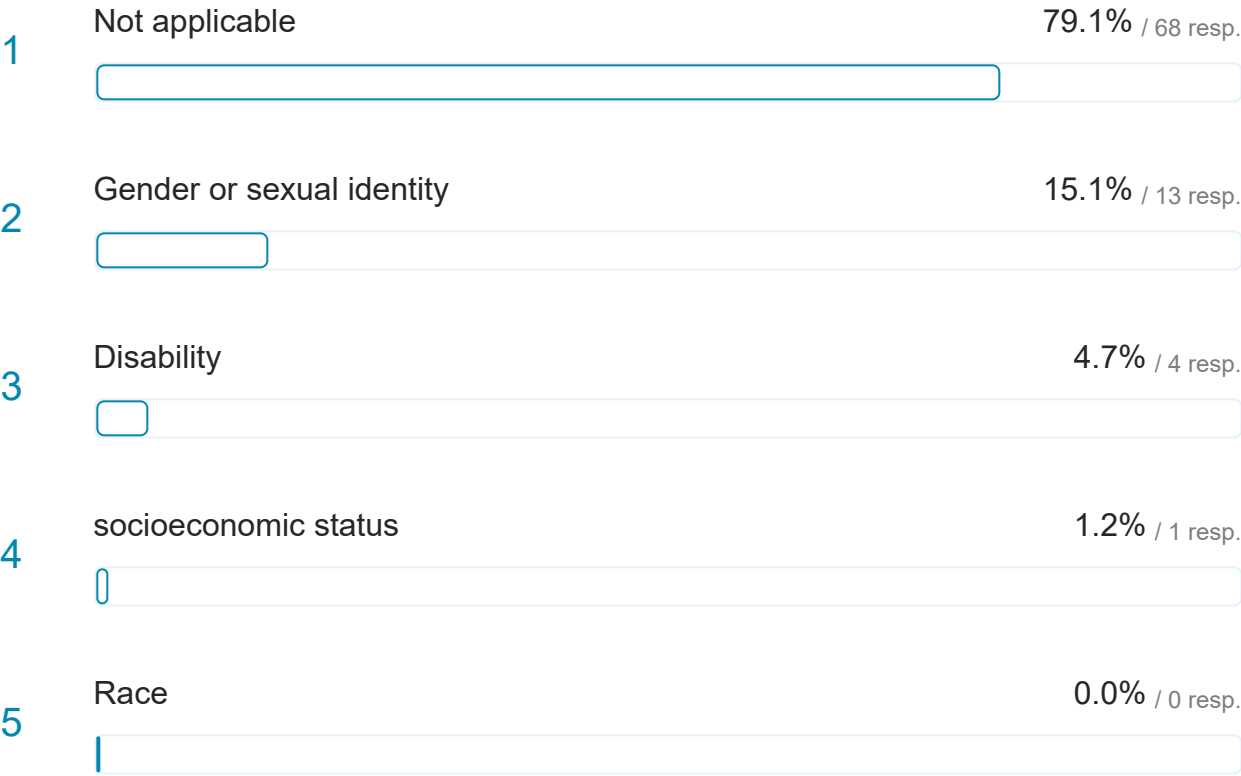
How do you feel about your personal safety?

88 out of 88 answered



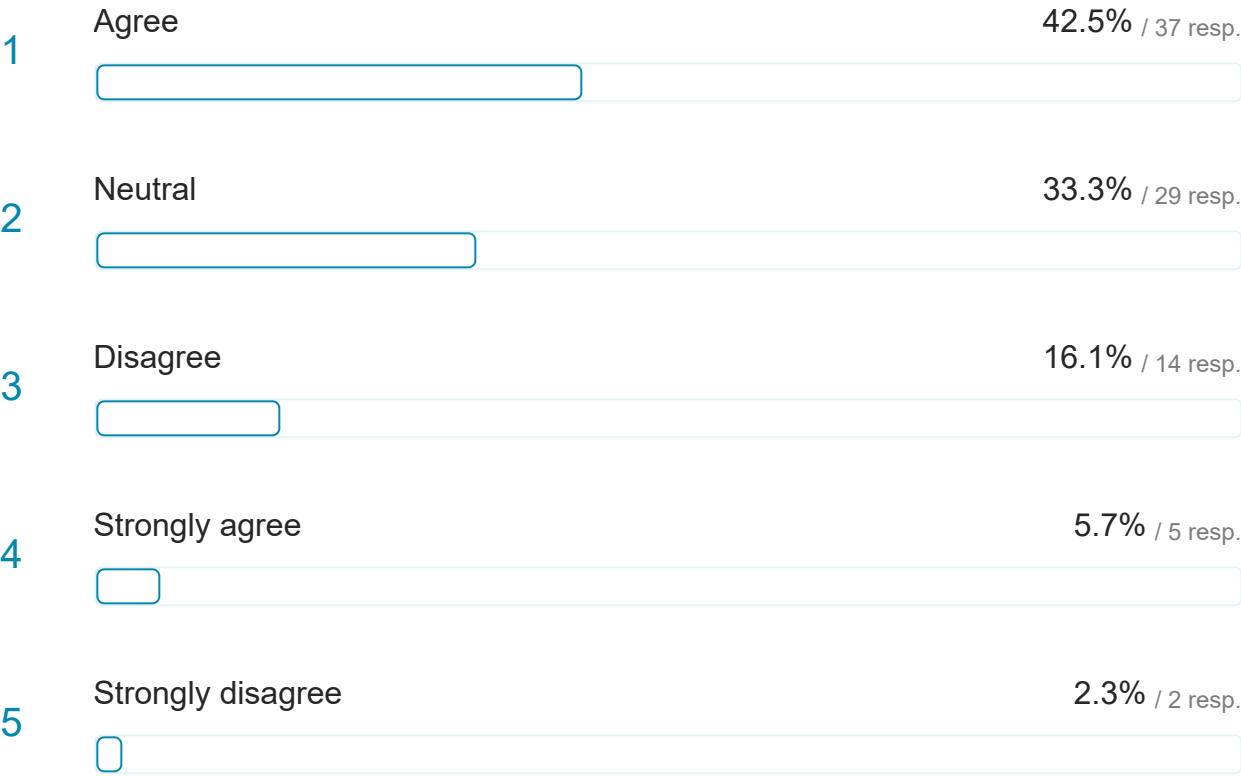
Have you ever felt unsafe due to any of the following?

86 out of 88 answered



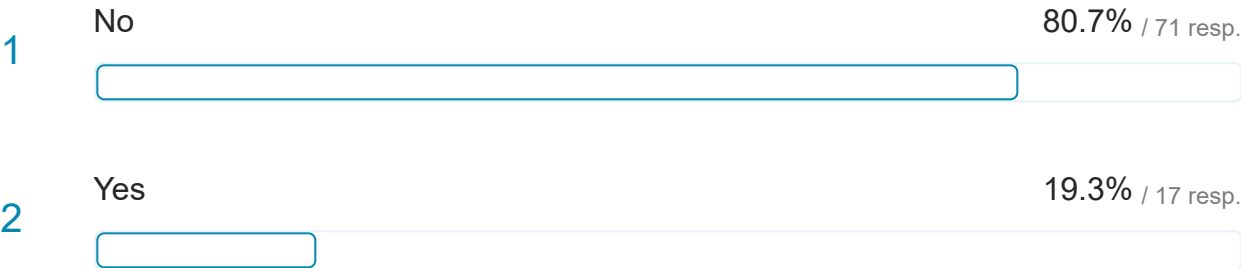
I feel my community has adequate policing.

87 out of 88 answered



I feel like my community's crime rate is high.

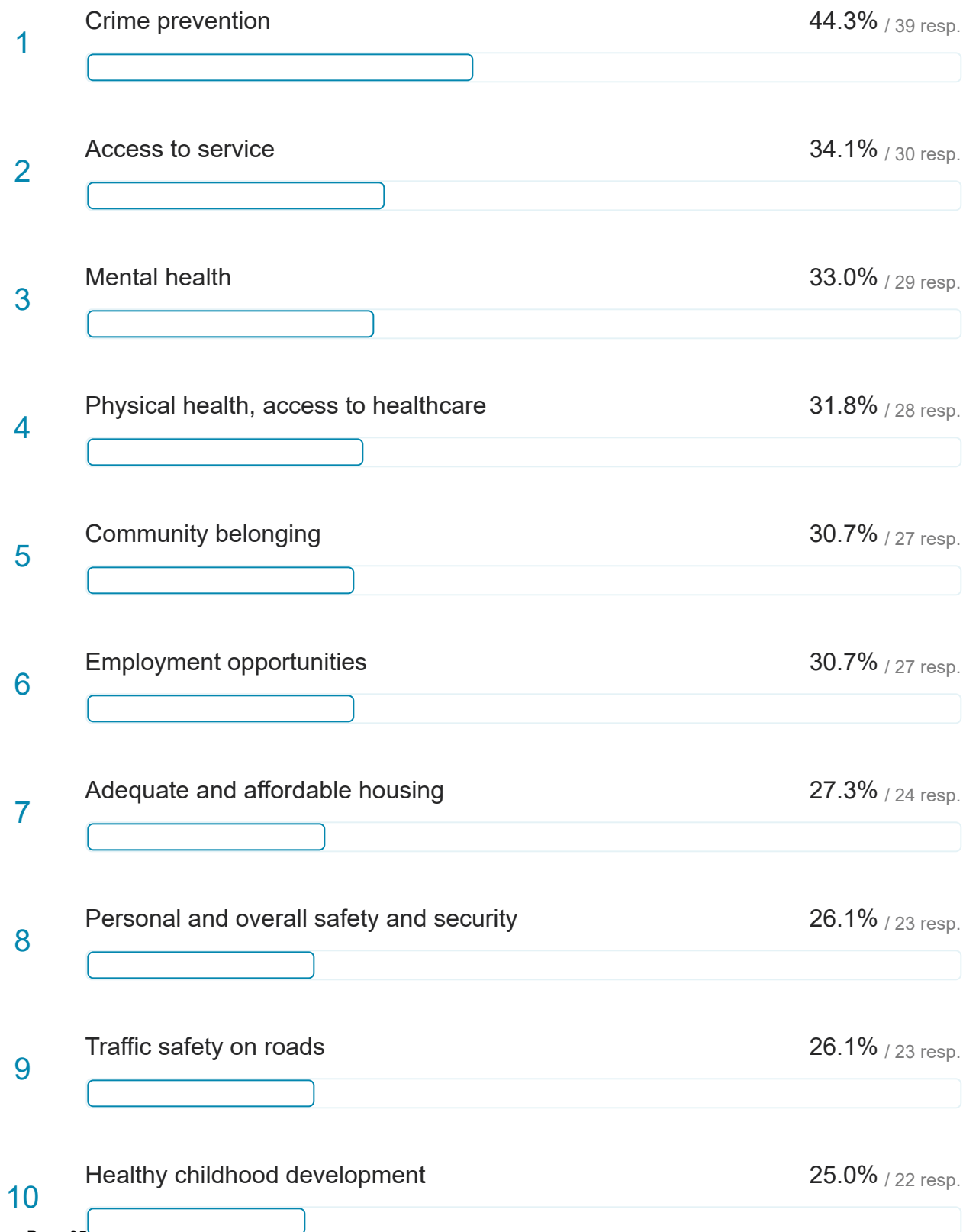
88 out of 88 answered

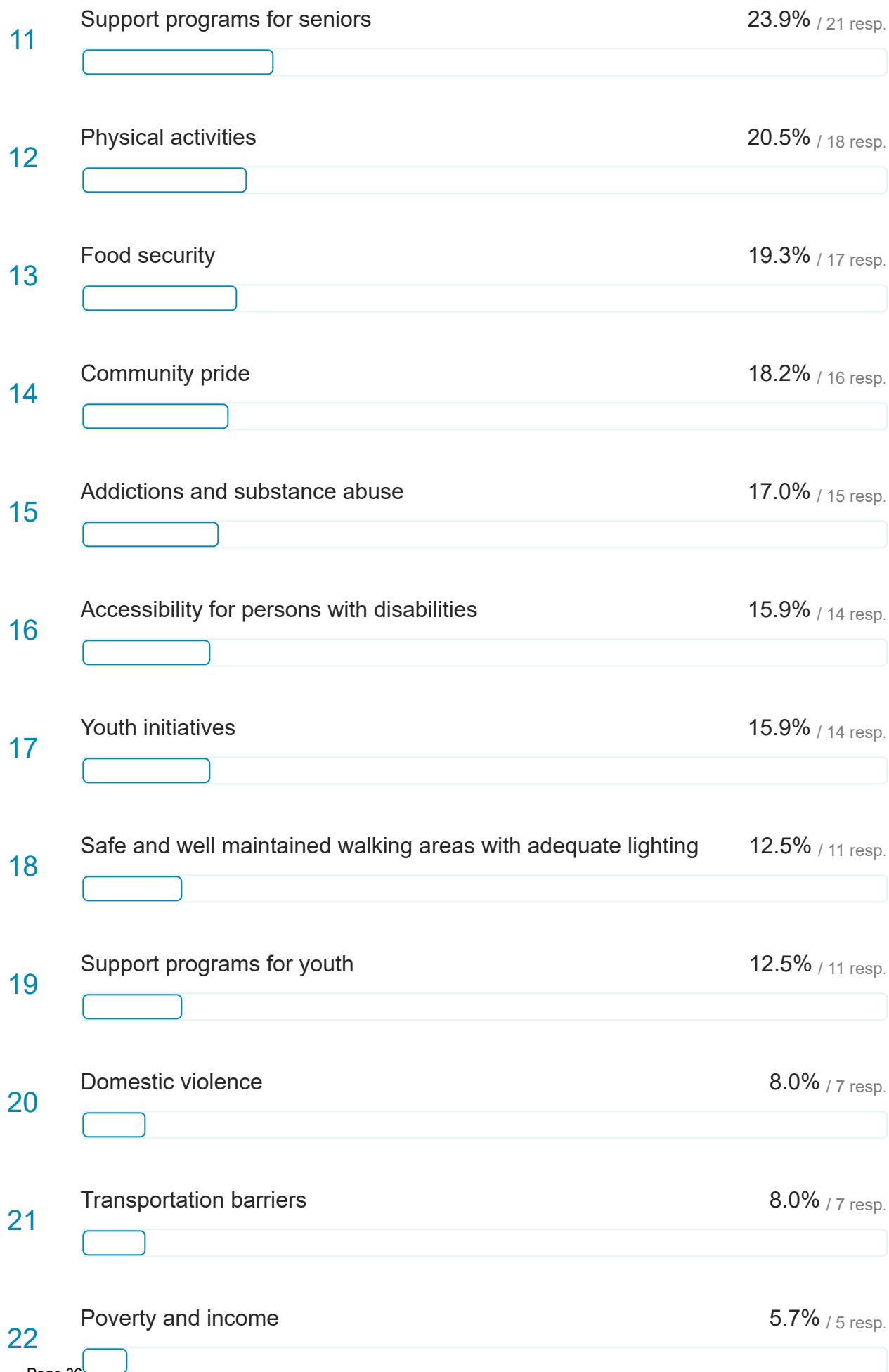


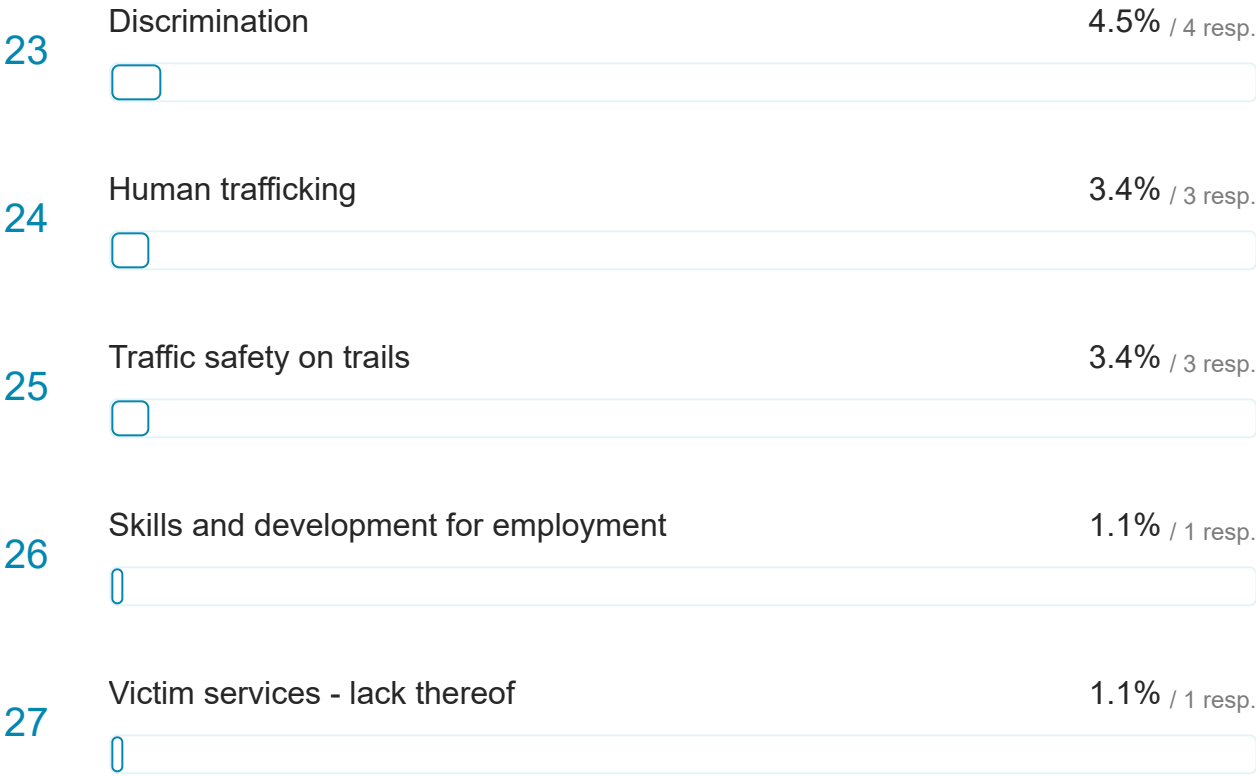


What are the 5 most important safety and well being priorities to you?

88 out of 88 answered

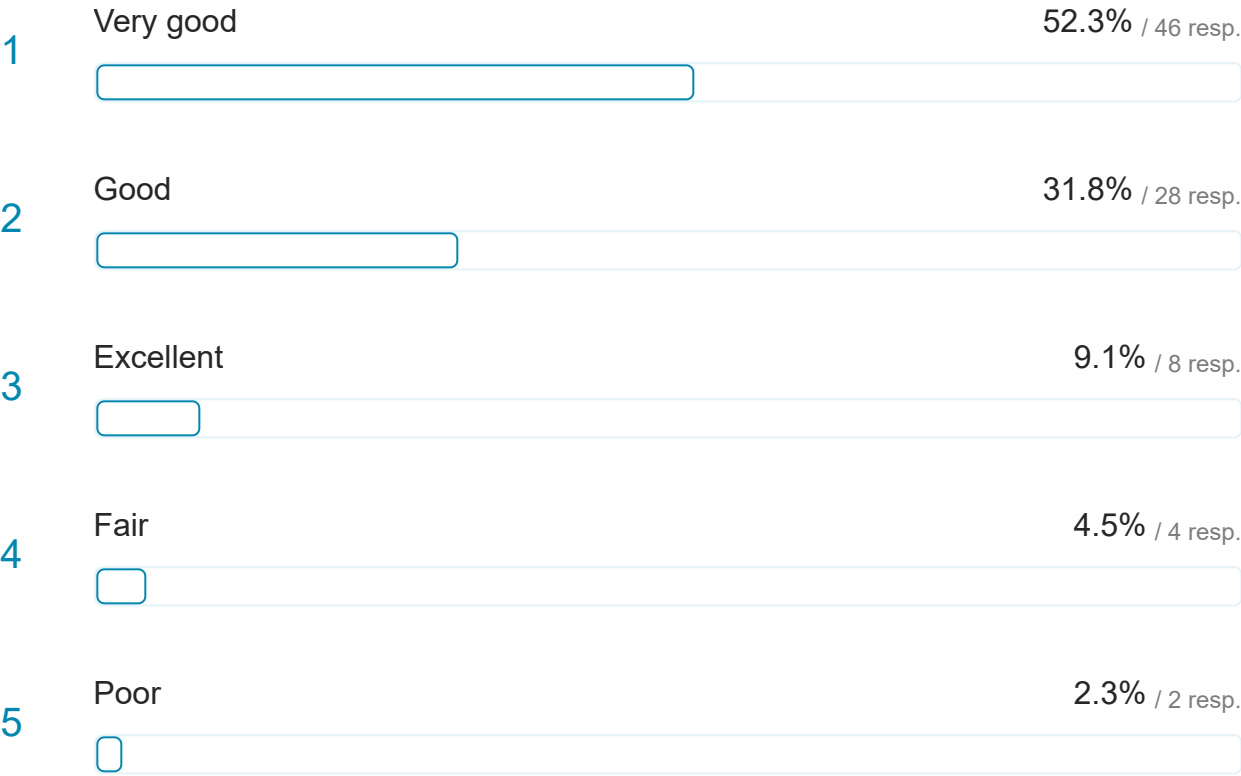






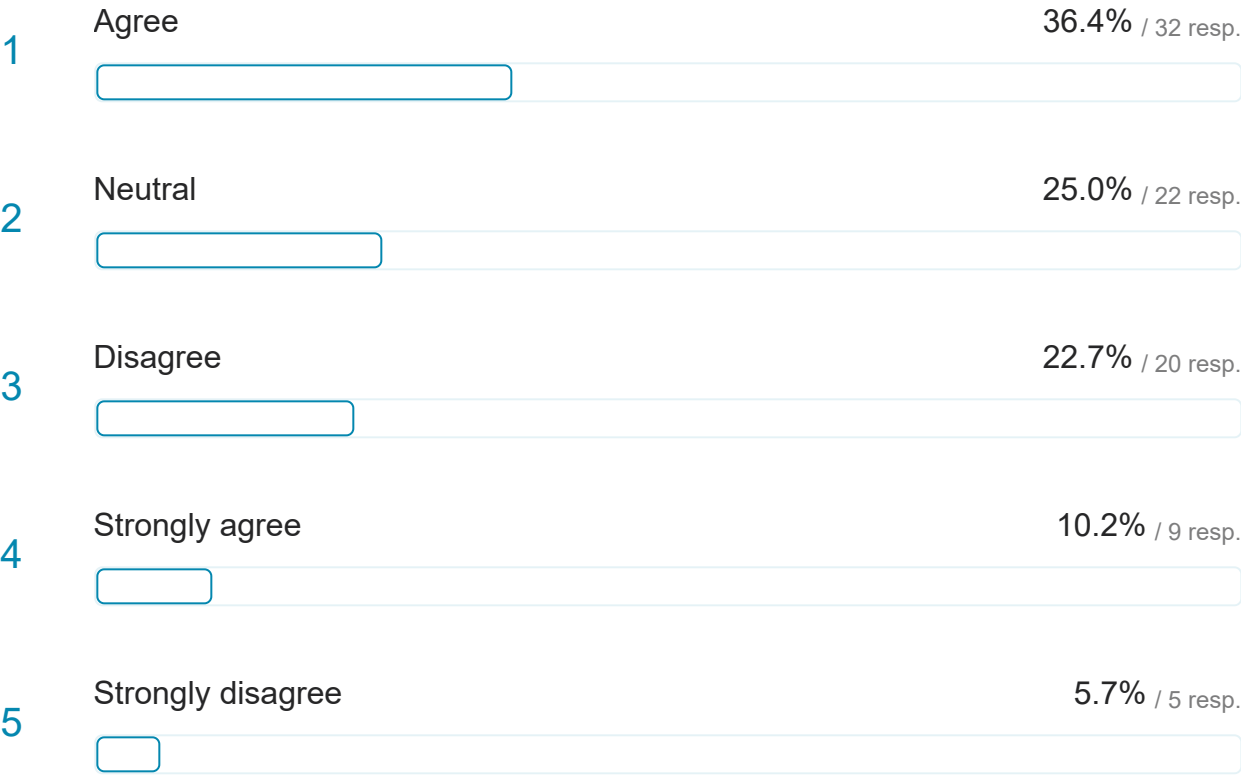
Overall, my physical health is:

88 out of 88 answered



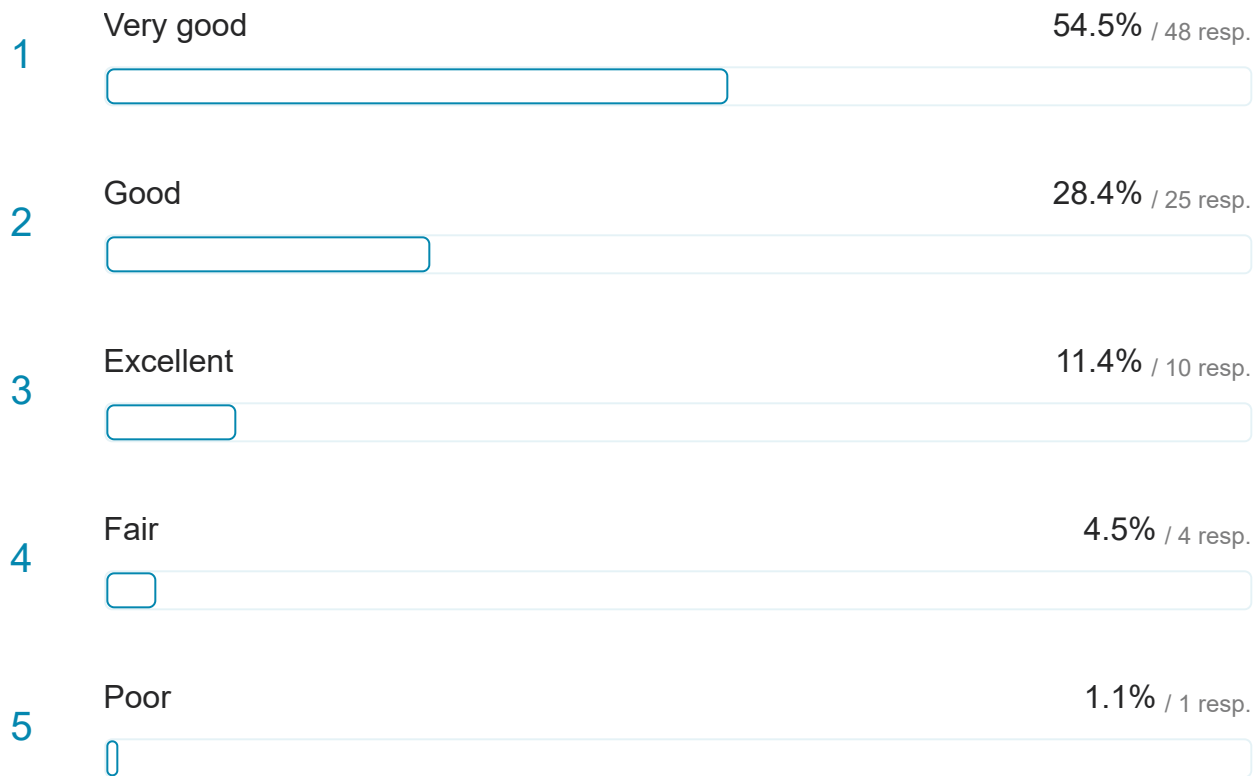
I feel I can access adequate healthcare in my community, including supports for physical health and well being,

88 out of 88 answered



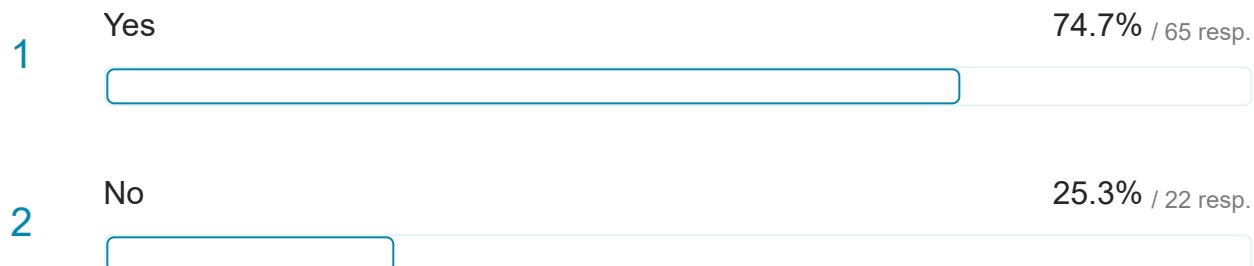
Overall my mental health is:

88 out of 88 answered



Do you have access to healthcare benefits for physical or mental health supports?

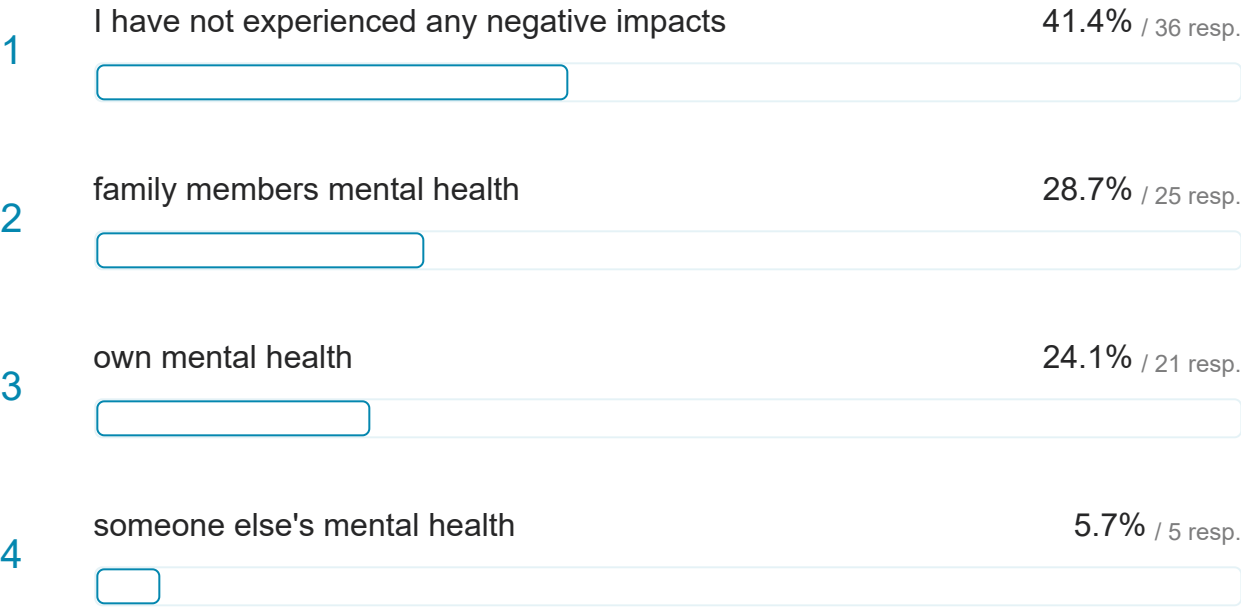
87 out of 88 answered





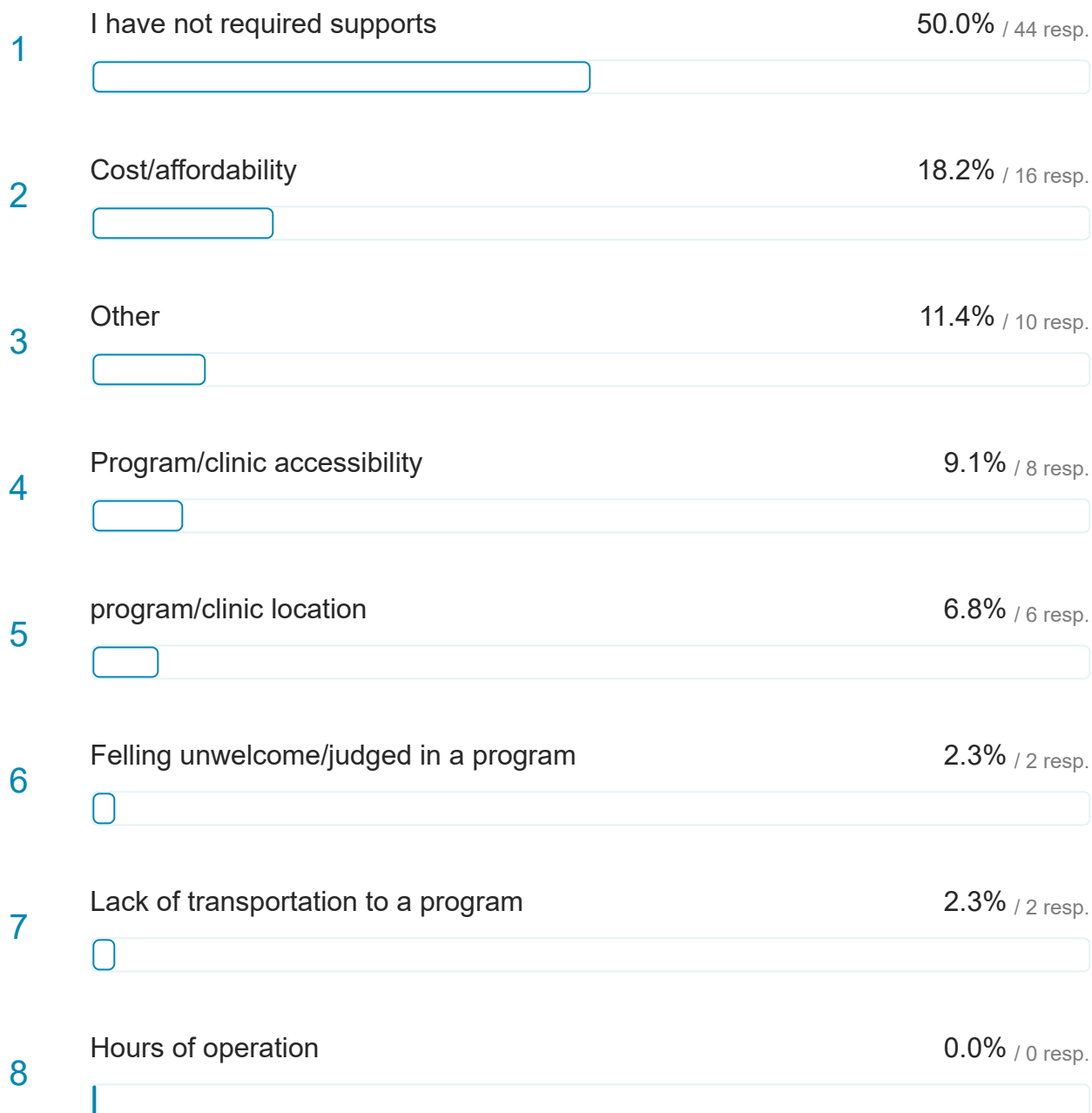
In the past 12 months, have you experienced negative impacts (emotional, physical, financial) due to any of the following:

87 out of 88 answered



The following factors have impacted my ability to receive proper physical or mental health supports:

88 out of 88 answered



In the past 12 months did drinking alcohol negatively impact any of the following?

87 out of 88 answered

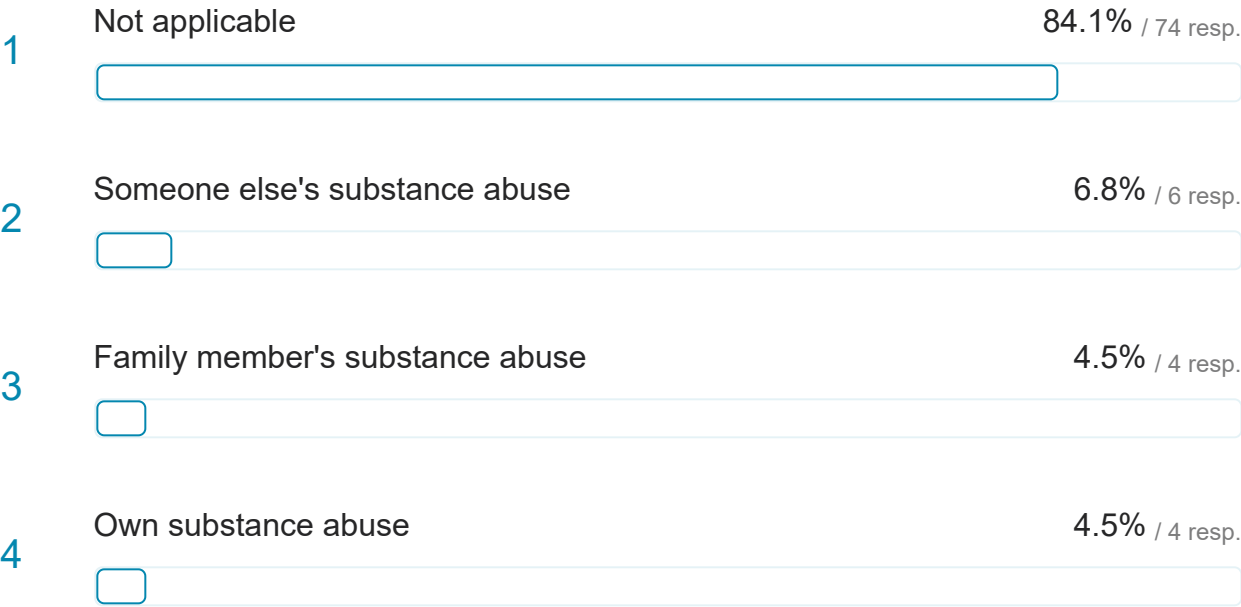


In the past 12 months did the use of drugs or other substances negatively impact any of the following:  
88 out of 88 answered



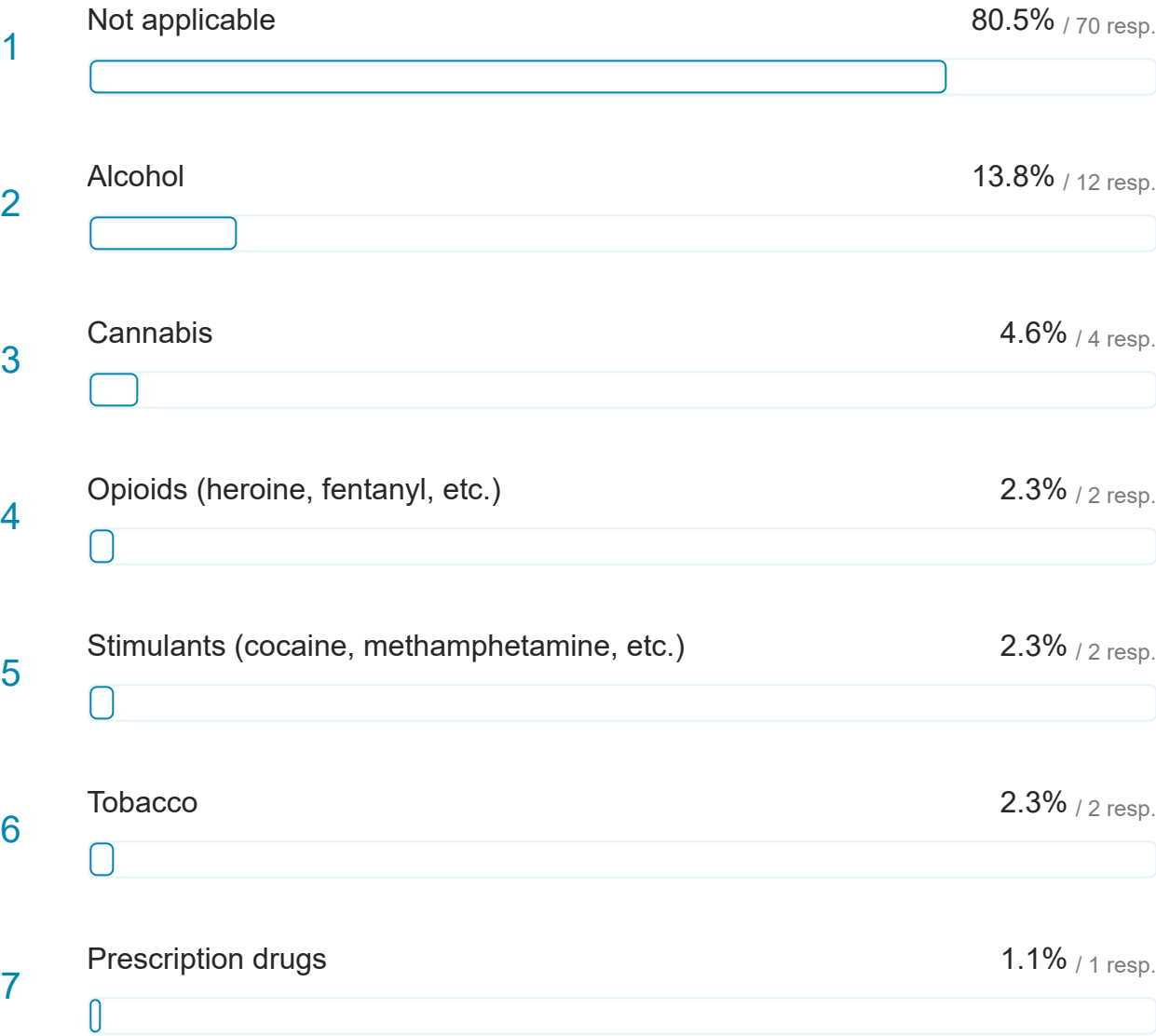
Part 1: In the past 12 months have you experienced negative impacts due to any of the following:

88 out of 88 answered



Part 2: If you have experienced negative impacts relating to substance abuse, which substance caused these impacts?

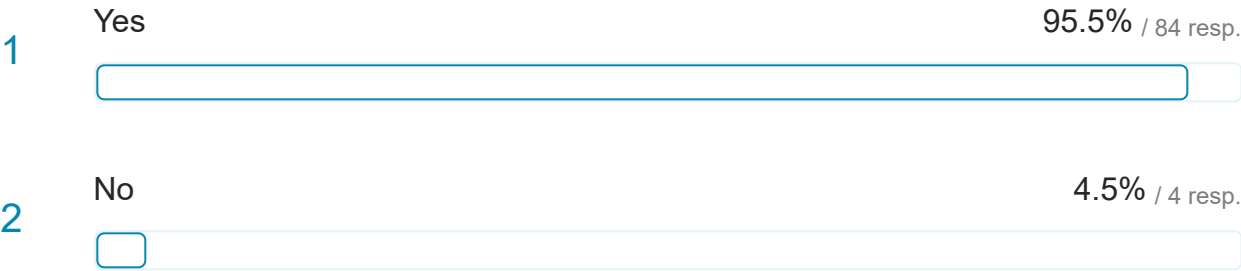
87 out of 88 answered





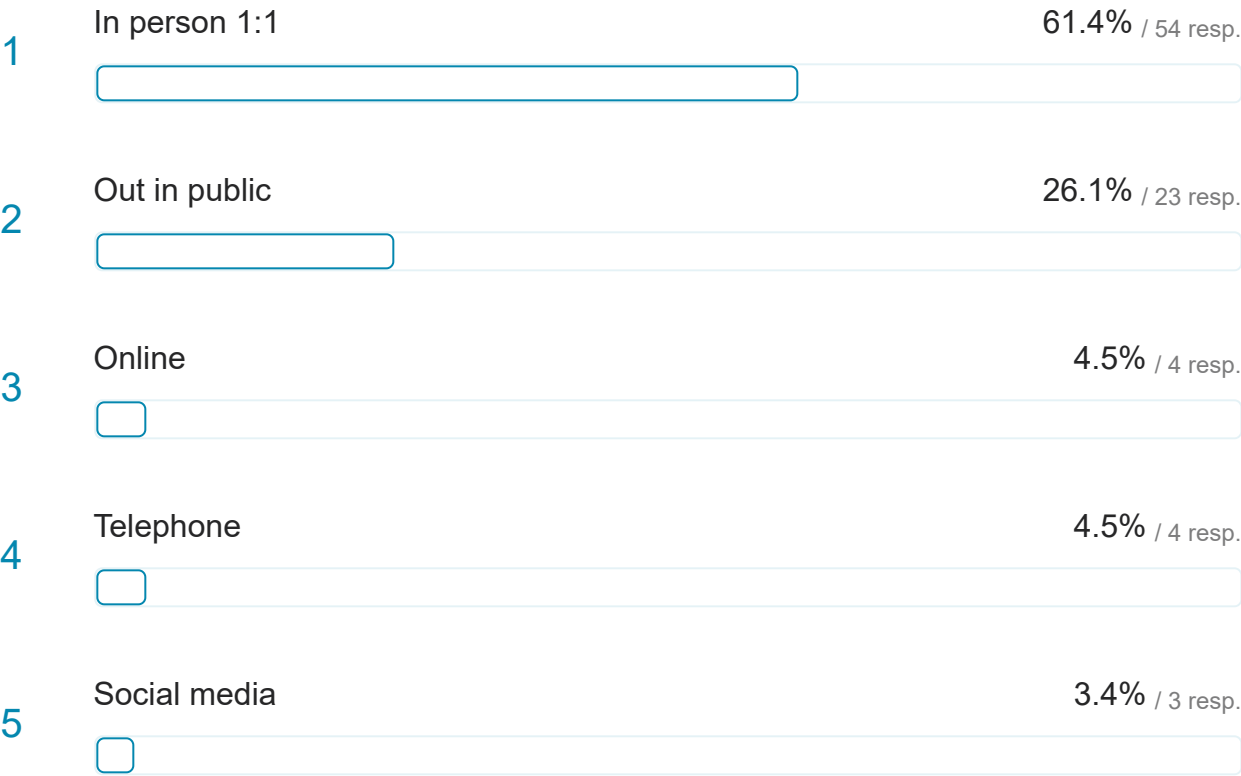
Overall I feel I have family and friends I can rely on.

88 out of 88 answered



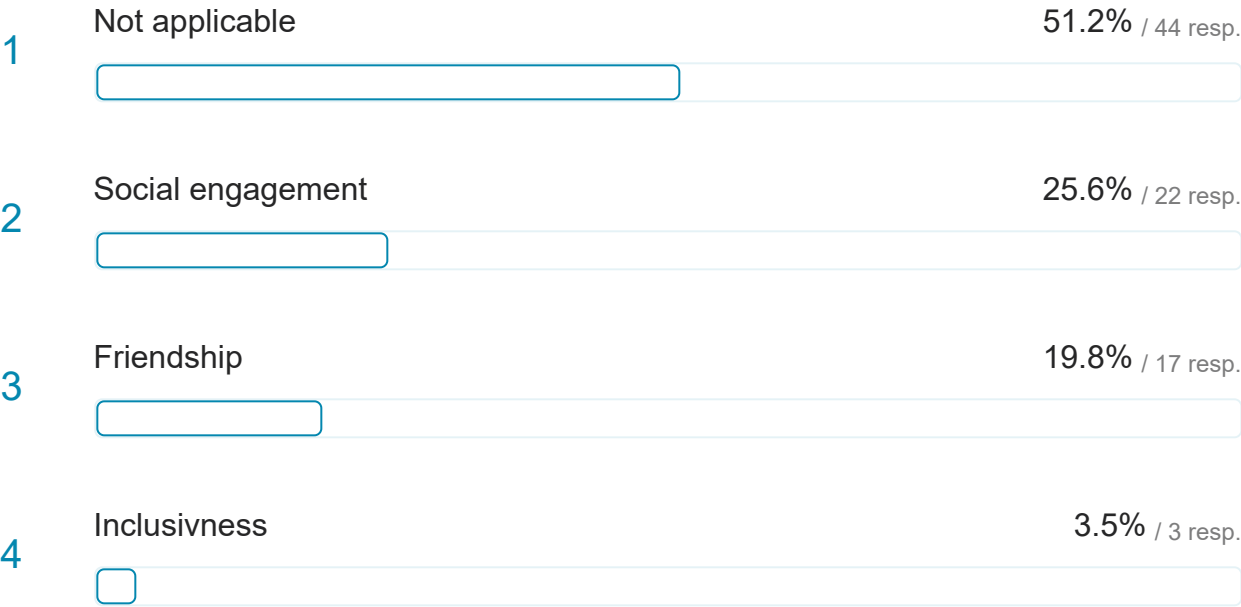
How do you prefer to socialize?

88 out of 88 answered



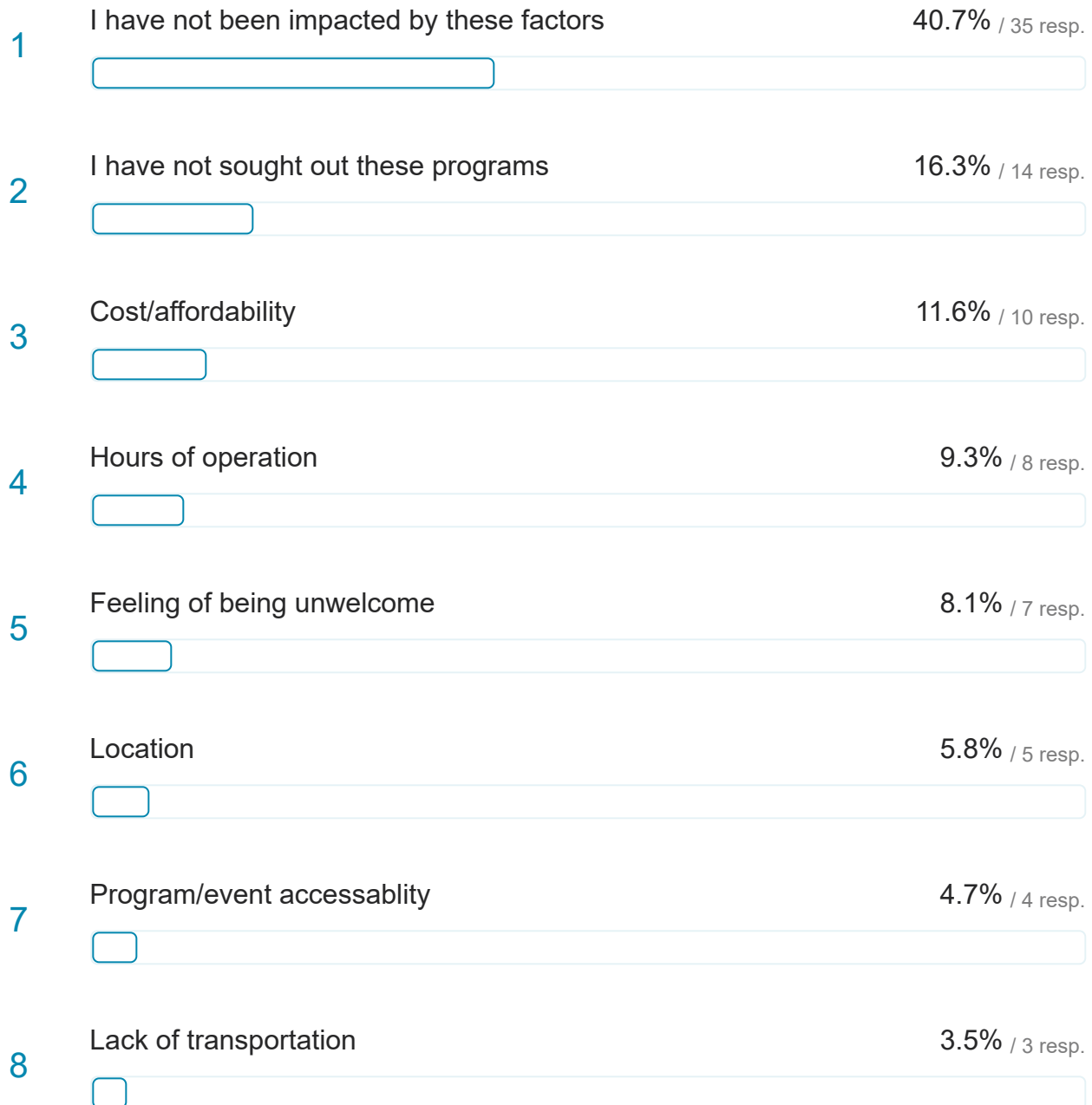
Are there any programs, supports, services you wish were available in your area for:

86 out of 88 answered



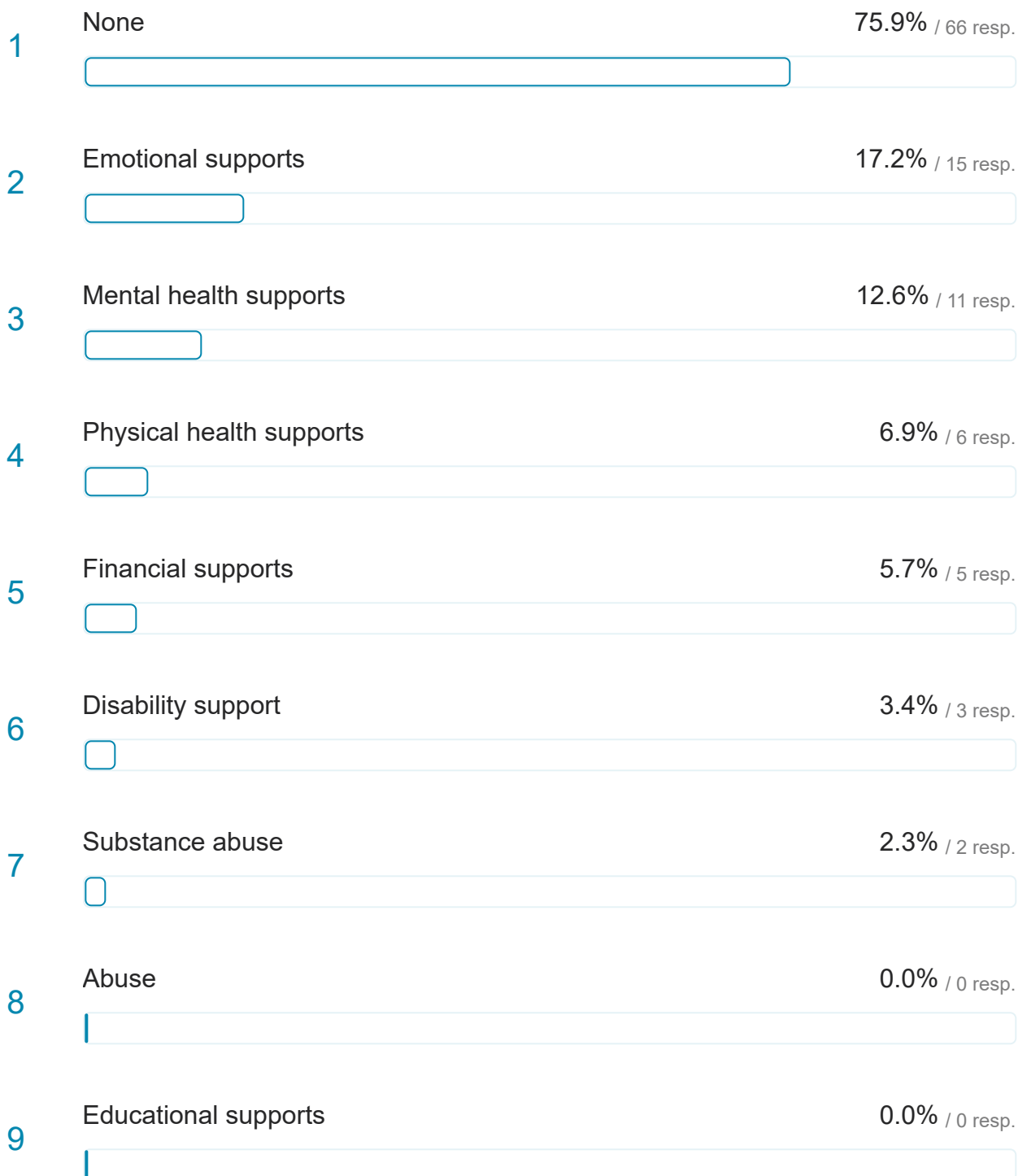
Do any of the following factors affect your ability to participate in recreation and leisure activities within your community?

86 out of 88 answered



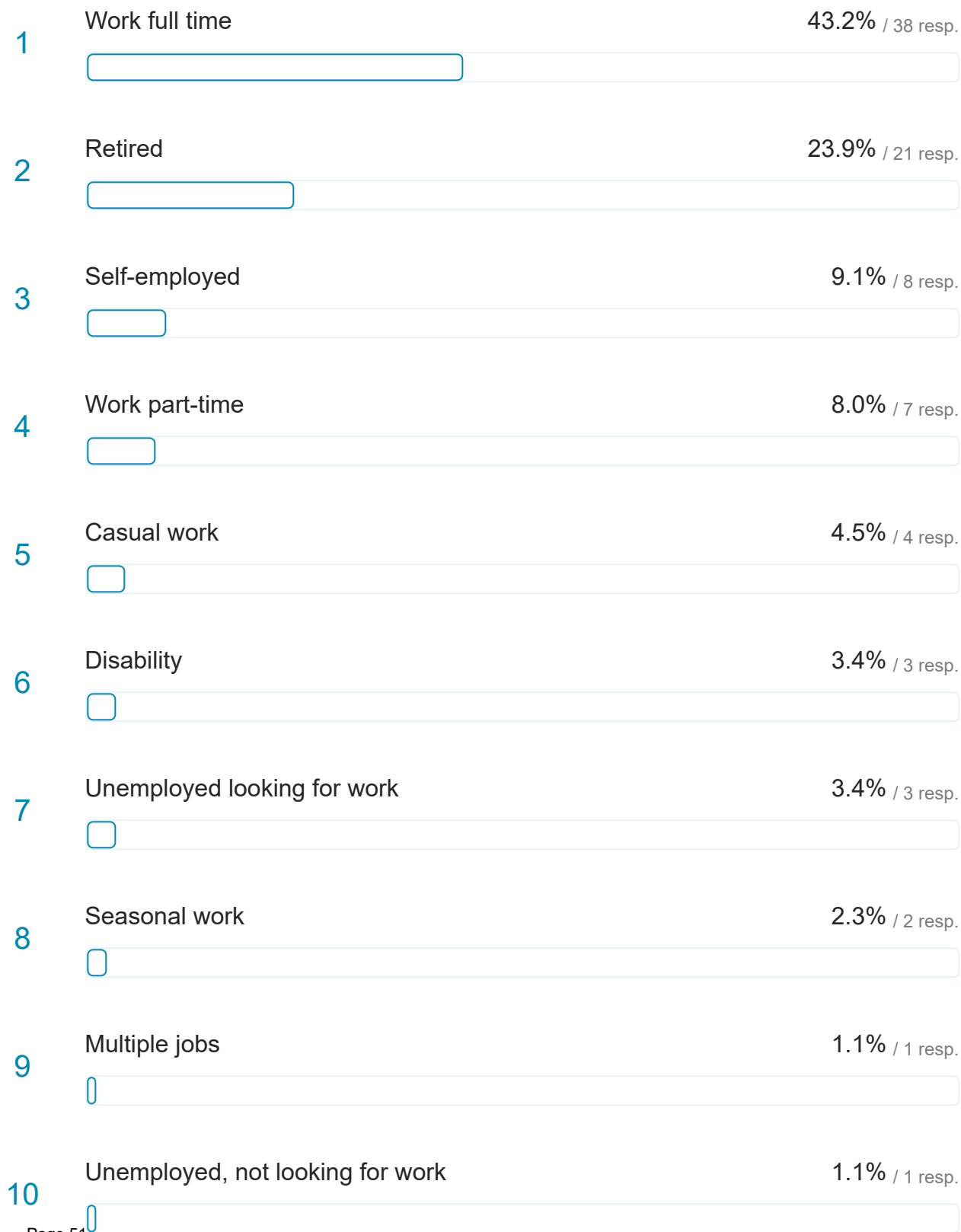
Have you ever avoided seeking help or obtaining support in your community for any of the following due to embarrassment, fear or presumed stigma?

87 out of 88 answered



Which of the following best describes your work situation (prior to COVID-19)

88 out of 88 answered



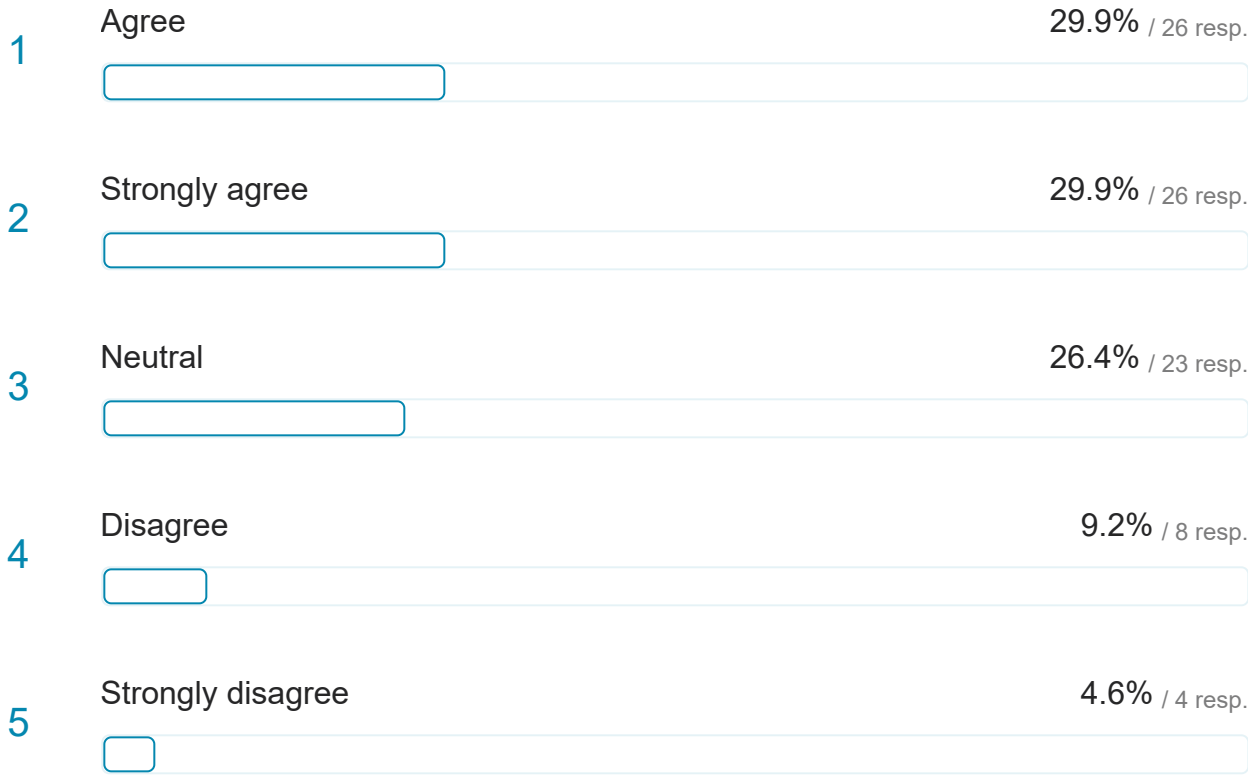
11

Student

0.0% / 0 resp.

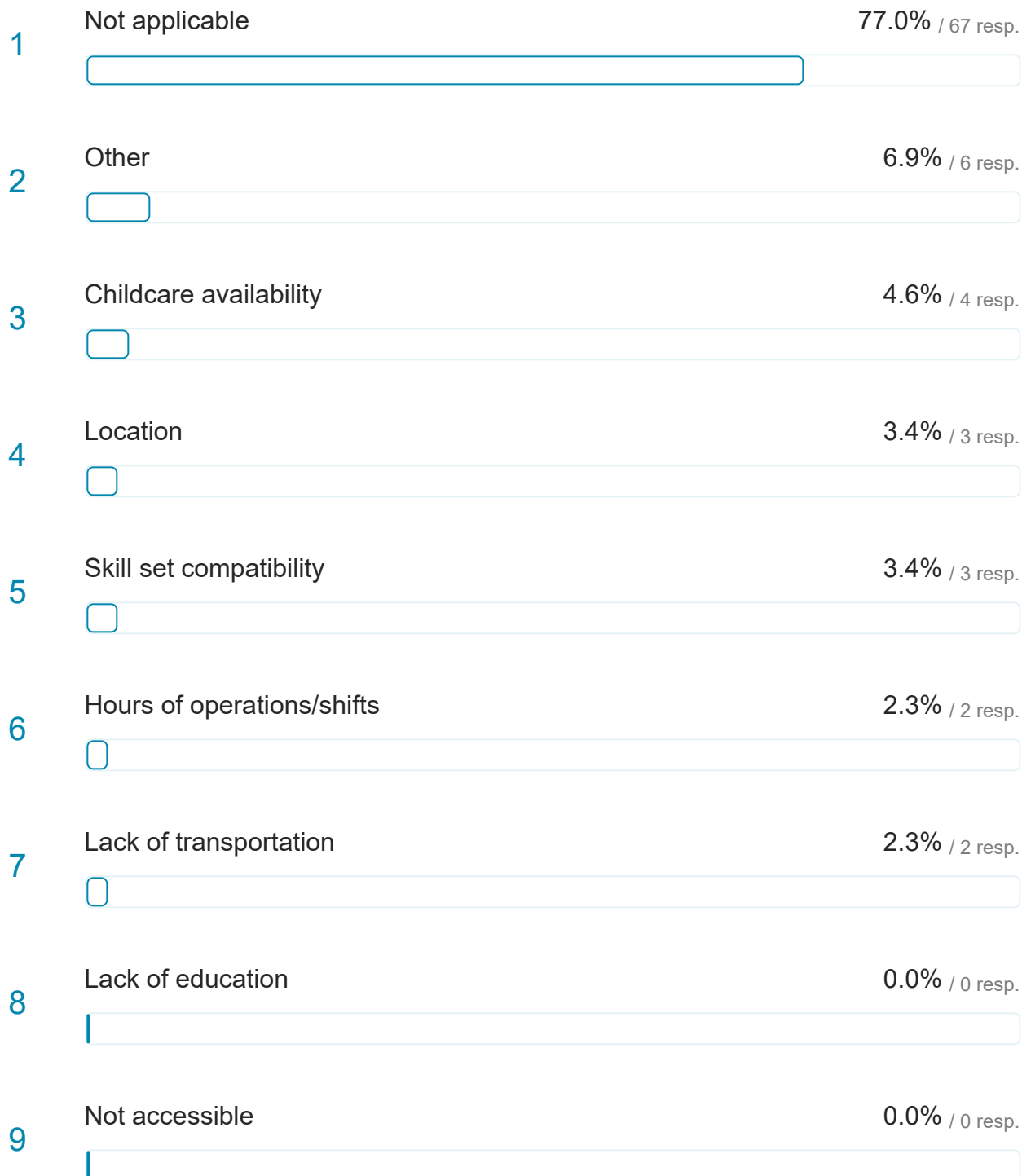
I feel as though my job/work is stable and reliable.

87 out of 88 answered



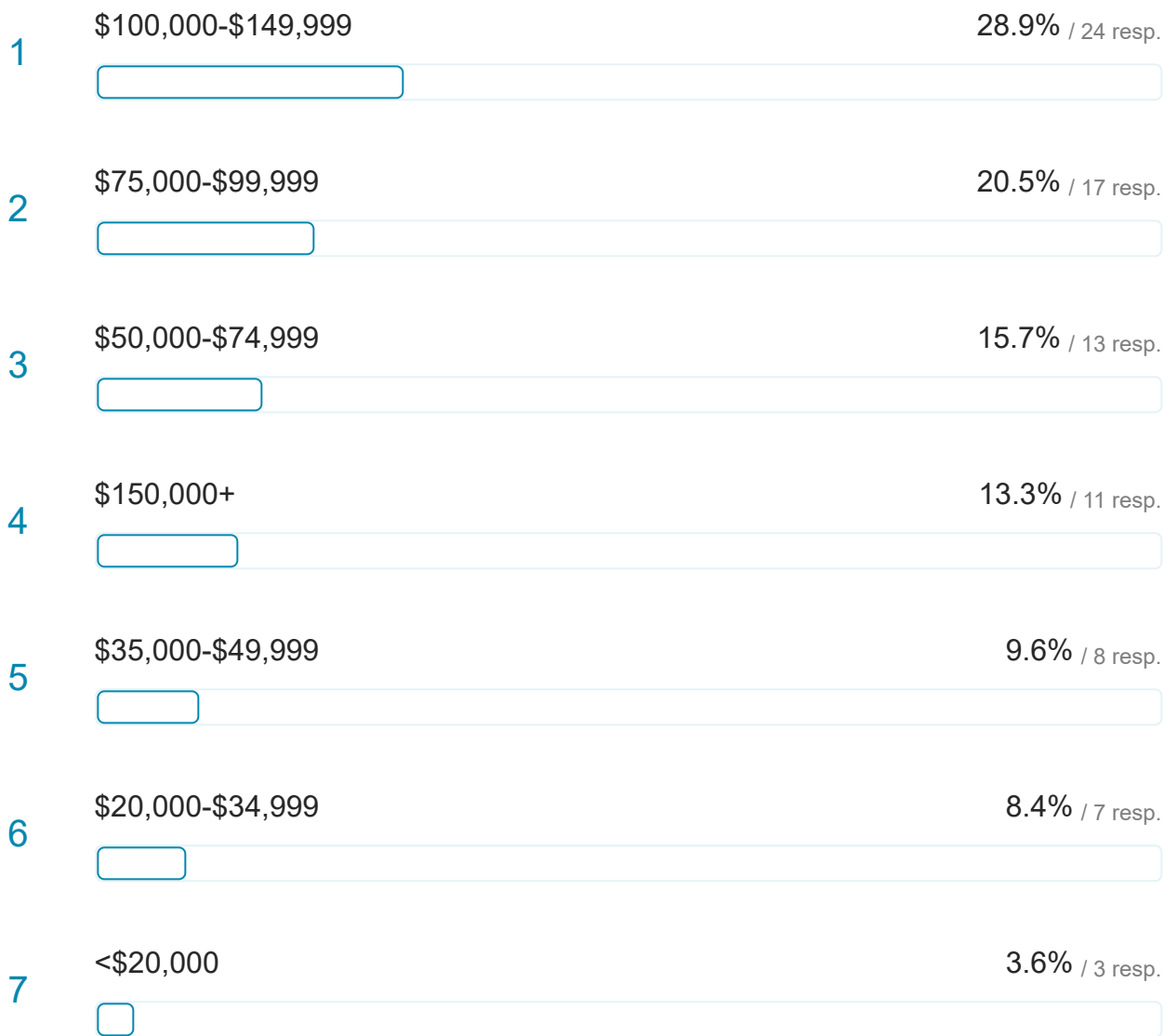
If you currently are or have ever been unemployed in your community, what factors prevented you from getting a job?

87 out of 88 answered



## Total income annually for your household

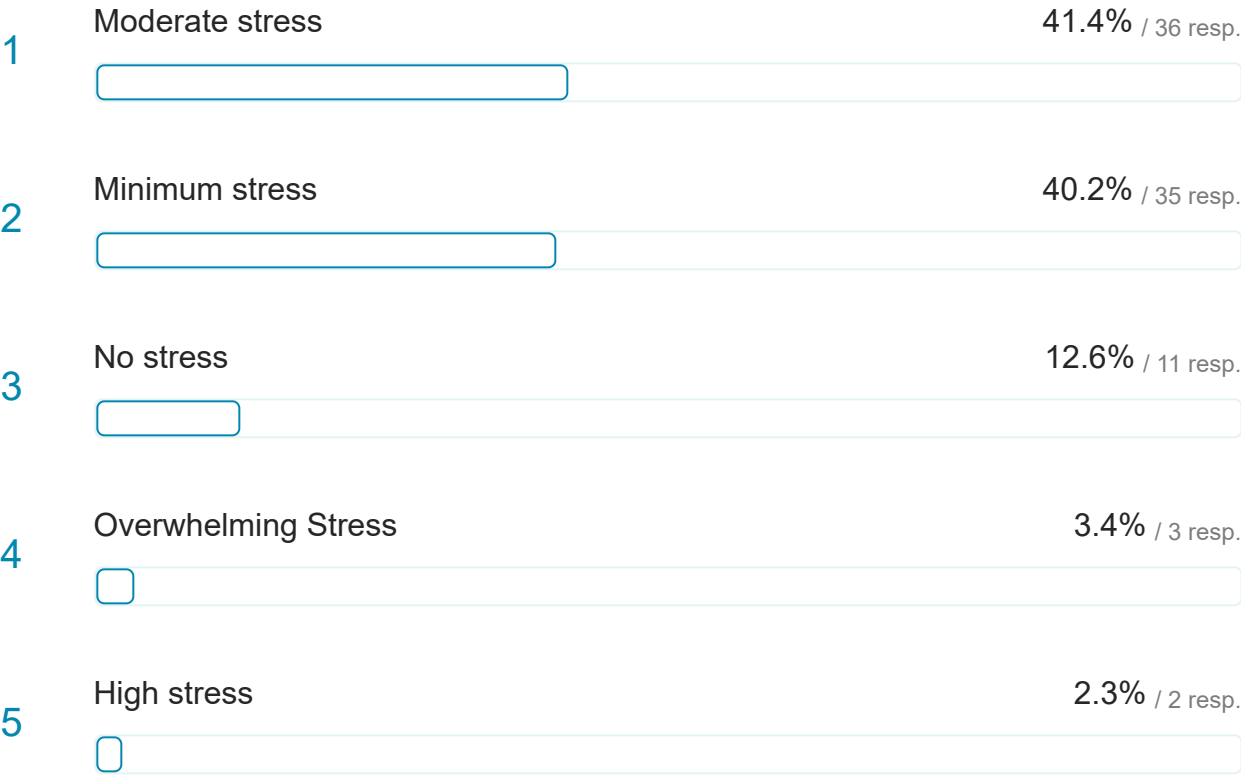
83 out of 88 answered














Overall, how do you feel about your personal finances?

87 out of 88 answered



If your community, or a regional program were to set up, would you support/participate in any of the following to improve well-being for yourself or the community in general?

83 out of 88 answered

- 1 Increase number of low cost recreation activities 56.6% / 47 resp.  

- 2 Develop and establish opportunities for community members to connect and gather for activities 48.2% / 40 resp.  

- 3 Increase awareness, accessibility and navigation of community services. 42.2% / 35 resp.  

- 4 Create and implement an online volunteer hub 36.1% / 30 resp.  

- 5 Create cost effective public transportation between communities 31.3% / 26 resp.  

- 6 Promote continued youth and adult education 25.3% / 21 resp.  

- 7 Provide more caregiver supports 20.5% / 17 resp.  

- 8 Prevent duplication of services and coordinate better care of community 18.1% / 15 resp.  

- 9 Increase coordination and efforts to address issues associated with housing and homelessness 13.3% / 11 resp.  


10

Increase advocacy for changes within personalized social services

12.0% / 10 resp.

What would your top solutions be for a safer community?

87 out of 88 answered

1

Revive neighbourhood watch programs

65.5% / 57 resp.

2

Build community pride and foster personal accountability and responsiveness

51.7% / 45 resp.

3

Increase police presence

43.7% / 38 resp.

4

Offering more education and awareness on needed topics

29.9% / 26 resp.

5

Examine property standards to improve poor housing conditions

9.2% / 8 resp.

## APPENDIX C – Gateway Hub Report 2020

# North Bay Gateway Hub Summary Report 2020



## SECTION 1: Introduction and Overall Highlights

The following summary report represents the work of Community Mobilization- North Bay's Gateway Hub Situation Table for 2020. The metrics obtained for this report were gathered from the Risk Tracking Database (RTD) for North Bay from 2019-2020. The report shares 2020 Hub RTD- Data except where it is separated for comparison reasons.

COVID-19 and changes to the service provision, environments, as well as accessibility to spaces for staff and clients/community members/services users left impacts felt all across the board. The Hub continues meeting twice a week remotely through Microsoft Teams and often convenes Filter Four discussions after the main call in a privacy protected manner to coordinate planning and interventions.

Community agencies sitting at the Hub Table brought forward 201 situations with 116 occurring in 2019 in comparison with 85 occurring in 2020. In 2020 the large majority (91.76% or 78) of discussions met the threshold for acutely elevated risk (AER). Of discussions that met the threshold of AER, 47 (60.26%) resulted in the overall risk being lowered. Table 1 displays open and closed discussions by month for 2019 and Table 2 displays open and closed discussions for 2020.

**Table 1: Open and closed discussions 2019**

Month	Opened Discussions	Opened Non-Rejected Discussions	Closed Discussions	Percentage of Opened Non-Rejected Discussions out of All Opened
January	11	10	12	90.91%
February	9	8	8	88.89%
March	11	11	8	100.00%
April	16	15	18	93.75%
May	9	7	10	77.78%
June	6	5	8	83.33%
July	5	5	5	100.00%
August	4	4	5	100.00%
September	11	11	10	100.00%
October	20	18	14	90.00%
November	10	10	16	100.00%
December	4	4	5	100.00%
<b>2019 Total:</b>	<b>116</b>	<b>108</b>	<b>119</b>	

**Please note:** some discussions closed in 2019 were potentially opened in 2018. Also, some discussions opened in 2019 were potentially closed in 2020

**Table 2: Open and closed discussions 2020**

Month	Opened Discussions	Opened Non-Rejected Discussions	Closed Discussions	Percentage of Opened Non-Rejected Discussions out of All Opened
January	11	11	6	100.00%
February	13	12	11	92.31%
March	13	12	18	92.31%
April	4	3	6	75.00%
May	8	8	7	100.00%
June	6	6	5	100.00%
July	2	1	5	50.00%
August	3	3	1	100.00%
September	8	6	8	75.00%
October	7	7	5	100.00%
November	7	7	11	100.00%
December	6	5	3	83.33%
<b>2020 Total:</b>	<b>88</b>	<b>81</b>	<b>86</b>	

**Please note:** some discussions closed in 2019 were potentially opened in 2018. Also, some discussions opened in 2019 were potentially closed in 2020

- 85 discussions in total
- 91.76% (78) of discussions have "Met the Threshold of Acutely Elevated Risk"
- 60.26% (47) of discussions that "Met the Threshold of Acutely Elevated Risk" resulted in "Overall Risk Lowered."

### Concluded Hub Discussions

In response to COVID-19 and subsequent changes to service delivery, re-assigning of staff, the closure of agencies; and many agencies moving to remote-based service delivery, there was a disruption to the traditional channels of our Hub Table agency members in connecting with and identifying those individuals and families at acutely elevated risk in our community and being able to bring them at AER to the table for discussion. For those individuals who were under-housed or homeless, locating them during this period for interventions and supports presented many challenges.

The dedication of Hub Table members and their respective agencies was shown in 2020 in that they were able to bring the majority of situations to be concluded with the result the overall risk was lowered for a number of reasons (Table 3).

**Table 3: Discussion Conclusion Reason**

Conclusion Grouping	# of Discussions	Percentage
Overall risk lowered	47	55.29%
Still AER	24	28.24%
Other	7	8.24%
Rejected	7	8.24%
<b>Total</b>	<b>85</b>	<b>100.00%</b>

In 2020 of those situations accepted at the Gateway Hub as AER, the majority (%- Table 4) were connected to services in the North Bay area and, in % of the situations the overall risk was lowered through no action of the Hub Table.

**Table 5: Conclusion Reasons For Still AER, Rejected, and Other**

Conclusion Reason - Still AER	# of Discussions	Percentage
Informed about services; not yet connected	18	75.00%
Refused services/uncooperative	4	16.67%
Systemic issue	2	8.33%
<b>Total</b>	<b>24</b>	<b>100.00%</b>
Conclusion Reason - Rejected	# of Discussions	Percentage
Already connected to appropriate services with potential to mitigate the risk	4	57.14%
Originator has not exhausted all options to address the issue	1	14.29%
Single agency can address risk alone	1	14.29%
Already connected to appropriate personal supports with potential to mitigate the risk	1	14.29%
<b>Total</b>	<b>7</b>	<b>100.00%</b>
Conclusion Reason - Other	# of Discussions	Percentage
Unable to locate	6	85.71%
Relocated	1	14.29%
<b>Total</b>	<b>7</b>	<b>100.00%</b>

## Agency Engagement

Table 6 shows Gateway Hub Member agencies that participated in the most multi-sectoral risk interventions as part of increasing CSWB across North Bay and area in 2020. The table below displays the top three originating, lead, and assisting agencies by CSWB primary sector, and Table 7 displays the top three originating, lead, and assisting agencies.

**Table 6: Top 3 Originating/Lead/Assisting Primary Sector:**

Originating Agency	Lead Agency	Assisting Agency
1. Health	1. Health	1. Health
2. Justice	2. Community and Social Services	2. Community and Social Services
3. Education	3. Education	3. Justice

**Table 7: Top 3 Originating/Lead/Assisting agencies:**

Originating Agency	Lead Agency	Assisting Agency
1. North Bay Regional Health Centre - Crisis Intervention	1. Nipissing Mental Health Housing and Support Services	1. North Bay Police Service
2. North Bay Police Service	2. Community Counselling Centre of Nipissing	2. North Bay Regional Health Centre - Crisis Intervention
3. Nipissing - Parry Sound Catholic School Board	3. North Bay Recovery Home	3. Community Counselling Centre of Nipissing

- On average, 5 agencies engaged per discussion that have "Met the Threshold of Acutely Elevated Risk"
- The average number of days it took to close a discussion =13

## SECTION 2: Demographics

### Approved situations by those involved

- 31.25% of individuals at risk are ages 30-39 Years
- The large majority of situations involved individuals (82.05.0%) with the remaining (17.95.0%) involving area families (Table 8).

**Table 8: Demographics by discussion type**

Involved	Discussions	Percentage
Person	64	82.05%
Family	14	17.95%
<b>Total</b>	<b>78</b>	<b>100%</b>

### Reported Gender of individuals

- More males were reported in table discussions compared to females (Table 9).

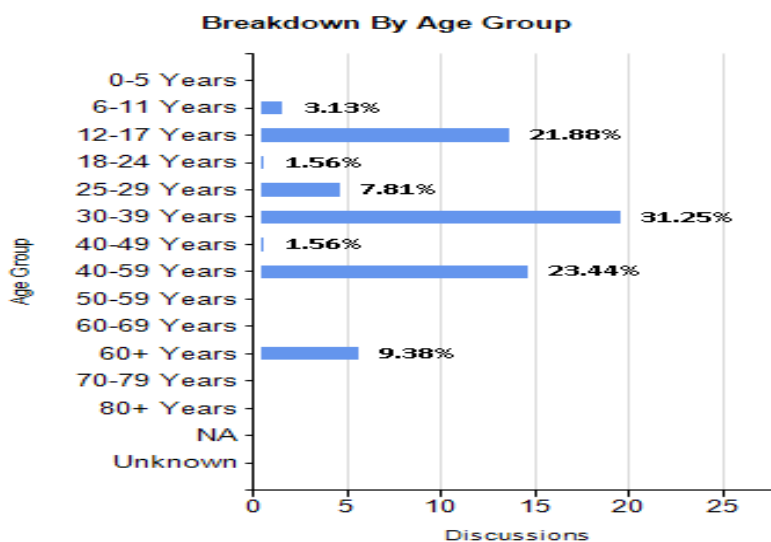
**Table 9: Demographics by sex**

Sex	Discussions	Percentage
Male	35	54.69%
Female	28	43.75%
X	1	1.56%
<b>Total</b>	<b>208</b>	<b>100%</b>

**NOTE:** Data that appear in the “Breakdown by Age Group” and “Breakdown by Sex” graphs are only associated with discussions where Discussion Type is identified as “Person”.

### Age of individuals

The ages of individuals involved in situations of acutely elevated risk ranged from 6 to 60+ years (Figure 1). The largest proportion of people accepted to the Hub for AER involved adults ages 30 to 39 years old and was 31.25% of the total.



**Figure 1: Demographics by age group**

**NOTE:** The schools being shut down and other pandemic responses since March 2020 had influenced who was able to attend at the Gateway Hub Table and also whom was being identified as being at AER in the community.

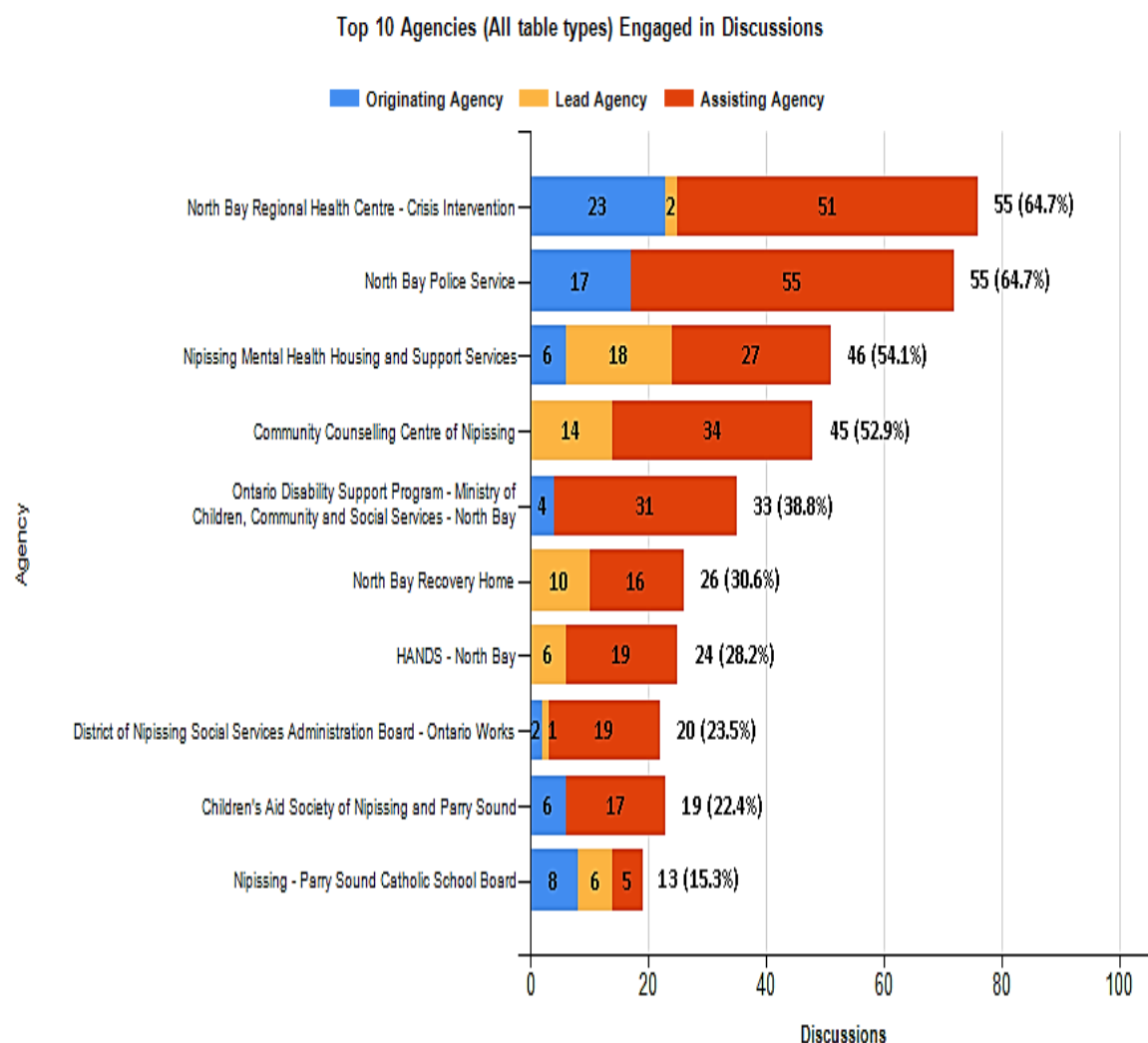


### SECTION 3: Agency Engagement

The Gateway Hub's multi-sectoral risk intervention model continues to expand across North Bay, and greater Nipissing, a number of partner agencies have committed resources to participate in these local initiatives, with the top five agencies engaged in 2020 included below (Figure 2). Collection and analysis of data from Hub agencies engaged both regularly and on an ad-hoc basis allows our us to report back to the to our partners with evidence on the level of commitment and the shared sense of responsibility to reduce situations of elevated risk in a community, while also improving engagement to mitigate and be proactive in identifying and addressing gaps or challenges when they surface.

The North Bay Regional Health Centre-Crisis Intervention (Mobile Crisis) brought the highest number of situations (17) to the Hub Table and North Bay Police was the highest assisting agency (55).

**Figure 2: Agency engagement –2020**



## SECTION 4: Overall Risk Information

### Risk Factors

Negative characteristics and/or conditions present in individuals, families and communities that may increase the presence of crime or fear of crime in a community. These risk factors are broken down in three ways: high level risk priority, which can be further broken down by risk category, and risk category is further broken down by risk factors. For a full list of risk factors you may refer to the CSWB Planning Framework: A Shared Commitment in Ontario booklet.

### CSWB High Level Risk Priorities

There was a total of 78 discussions with Risk Factors records with a total of 835 risk factors reported (Table #10). On average, 11 risk factors per discussion that have "Met the Threshold of Acutely Elevated Risk", with 87 out of a possible 105 risk factors identified.

CSWB High Level Risk Priority	Number	Percentage
Mental Health and Cognitive Functioning	159	19.04%
Antisocial/Problematic Behaviour (non-criminal)	151	18.08%
Substance Abuse Issues	106	12.69%
Criminal Involvement	72	8.62%
Neighborhood	63	7.54%
Physical Health	51	6.11%
Family Circumstances	50	5.99%
Emotional Violence	45	5.39%
Education/Employment	43	5.15%
Victimization	43	5.15%
Peers	33	3.95%
Housing	19	2.28%
<b>Total</b>	<b>835</b>	<b>100.00%</b>

## Risk Categories

- There was a total of 78 discussions with Risk Categories for a total of 835 risk factors reported (Table 11).

**Table 11: Risk Categories**

Risk Category	Number	Percentage
Mental Health	100	11.98%
Criminal Involvement	72	8.62%
Drugs	71	8.50%
Antisocial/Negative Behaviour	56	6.71%
Emotional Violence	45	5.39%
Physical Violence	45	5.39%
Physical Health	43	5.15%
Poverty	37	4.43%
Parenting	35	4.19%
Alcohol	35	4.19%
Basic Needs	34	4.07%
Negative Peers	33	3.95%
Suicide	30	3.59%
Social Environment	26	3.11%
Unemployment	26	3.11%
Housing	24	2.87%
Threat to Public Health and Safety	21	2.51%
Cognitive Functioning	18	2.16%
Missing School	17	2.04%
Crime Victimization	16	1.92%
Missing/Runaway	13	1.56%
Sexual Violence	12	1.44%
Self Harm	11	1.32%
Supervision	8	0.96%
Elderly Abuse	6	0.72%
Gambling	1	0.12%
<b>Total</b>	<b>835</b>	<b>100.00%</b>

## SECTION 5: Risk Information over 5 Years

Table 15 displays the risk priority over the last 5 years. There were 669 total discussions (636 discussions with risk factor records), with a total number of risk factors reported equaling 4890

**NOTE:** The RTD has a maximum limit of 15 possible entries for risk factor recordings per discussion, and there are cases where individuals/families presented to the Gateway Hub have over 15 associated risk factors and therefore the final count for risk factors is shy of the actual number.

**Table 15: Risk priority over 5 years**

Year	CSWB Risk Priority Rank	CSWB Risk Priority	Count
<b>2016</b>			
	<b>CSWB Risk Priority 1</b>	Mental Health and Cognitive Functioning	217
	<b>CSWB Risk Priority 2</b>	Antisocial/Problematic Behaviour (non-criminal)	142
	<b>CSWB Risk Priority 3</b>	Substance Abuse Issues	131
	<b>CSWB Risk Priority 4</b>	Family Circumstances	110
	<b>CSWB Risk Priority 5</b>	Criminal Involvement	85
<b>2017</b>			
	<b>CSWB Risk Priority 1</b>	Antisocial/Problematic Behaviour (non-criminal)	169
	<b>CSWB Risk Priority 2</b>	Mental Health and Cognitive Functioning	158
	<b>CSWB Risk Priority 3</b>	Family Circumstances	103
	<b>CSWB Risk Priority 4</b>	Substance Abuse Issues	101
	<b>CSWB Risk Priority 5</b>	Victimization	55
<b>2018</b>			
	<b>CSWB Risk Priority 1</b>	Mental Health and Cognitive Functioning	251
	<b>CSWB Risk Priority 2</b>	Antisocial/Problematic Behaviour (non-criminal)	222
	<b>CSWB Risk Priority 3</b>	Substance Abuse Issues	140
	<b>CSWB Risk Priority 4</b>	Family Circumstances	122
	<b>CSWB Risk Priority 5</b>	Criminal Involvement	83
<b>2019</b>			
	<b>CSWB Risk Priority 1</b>	Mental Health and Cognitive Functioning	212
	<b>CSWB Risk Priority 2</b>	Antisocial/Problematic Behaviour (non-criminal)	148
	<b>CSWB Risk Priority 3</b>	Substance Abuse Issues	133
	<b>CSWB Risk Priority 4</b>	Family Circumstances	95
	<b>CSWB Risk Priority 5</b>	Neighborhood	68
<b>2020</b>			
	<b>CSWB Risk Priority 1</b>	Mental Health and Cognitive Functioning	159
	<b>CSWB Risk Priority 2</b>	Antisocial/Problematic Behaviour (non-criminal)	151
	<b>CSWB Risk Priority 3</b>	Substance Abuse Issues	106
	<b>CSWB Risk Priority 4</b>	Criminal Involvement	72
	<b>CSWB Risk Priority 5</b>	Neighborhood	63

## SECTION 6: Services Mobilized

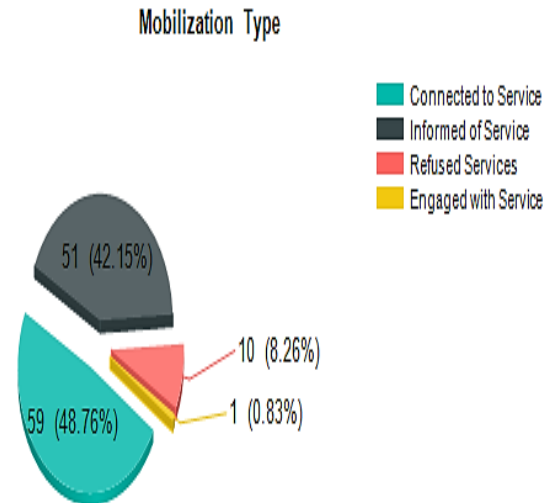
Table 16 displays the mobilization type and Table 17 displays the type of services offered to individuals and families identified as an acutely elevated risk. There was a total of 49 discussions with Services Mobilized out of 85 total discussions.

**Table 16: Mobilization type**

Total Discussions: 85

Discussions (with Services Mobilized records): 49

Mobilization Type	Number	Percentage
Connected to Service	59	48.76%
Informed of Service	51	42.15%
Refused Services	10	8.26%
Engaged with Service	1	0.83%
<b>Total</b>	<b>121</b>	<b>100.00%</b>



**Table 17: Type of service offered**

Service \ Mobilization Type	Informed of Service	Connected to Service	Engaged with Service	Refused Services	No Services Available	Total	Percentage
Counselling	11	20	0	4	0	35	28.93%
Mental Health	14	15	1	3	0	33	27.27%
Addiction	10	6	0	3	0	19	15.70%
Social Services	5	2	0	0	0	7	5.79%
Education Support	2	4	0	0	0	6	4.96%
Harm Reduction	2	2	0	0	0	4	3.31%
Cultural Support	1	3	0	0	0	4	3.31%
Social Assistance	1	2	0	0	0	3	2.48%
Parenting Support	1	1	0	0	0	2	1.65%
Police	2	0	0	0	0	2	1.65%

Please note: This table only includes the top 10 Services