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 supports enhanced collaboration among our communities and various sectors within our communities.

It supports a better understanding of risks that our communities face as well as vulnerable groups within our communities 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 supporting those within our communities.

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, heathier 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.

The committee met on March 24, 2023 to review plan and discuss updates.

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.[1]

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.[2]

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.
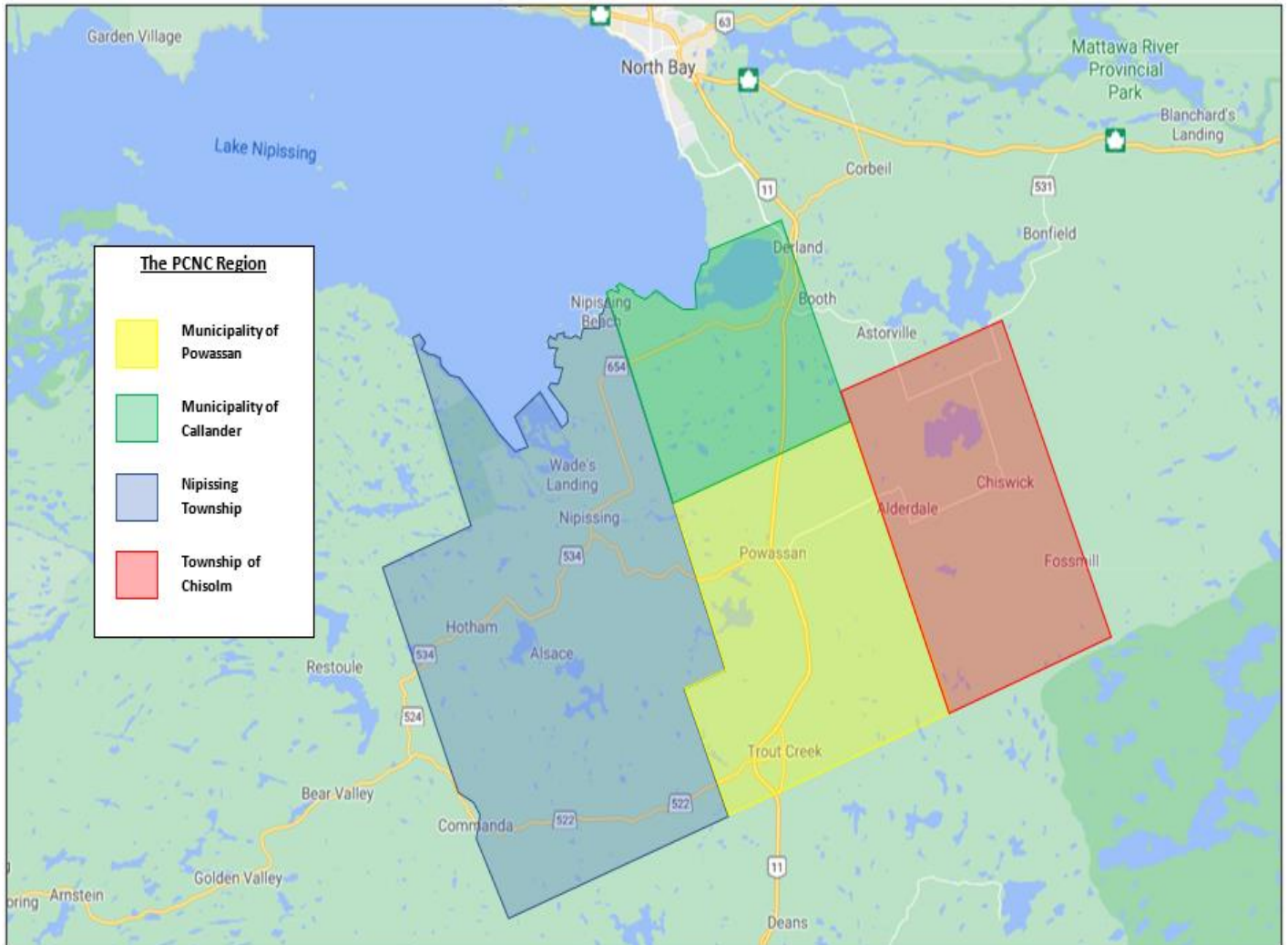
The population of the region is majority adult aged 15-64 at 60% with 15% children aged 0-14 and 25% 65 and older. There is a decrease in 15-64 year olds and an increase of 65 and older when comparing the 2016 Census to the 2021 Census data. The children aged 0-14 remained the same. See Figure 1.1

In direct relation to COVID, a large population shift was experienced in our

communities. Families, individuals and investors make up a large portion of this change. With a population shift, a change in service delivery expectations is experienced and all areas are working to address those challenges.

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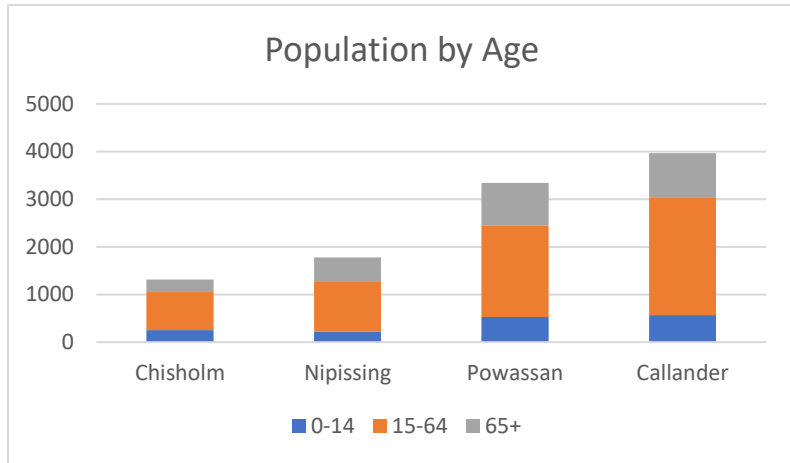

Figure 1.1 - 2021 Census Data

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 46% (52% in 2016 Census) of individuals making $39,999 or less per year. The cohort with the most individuals (1350) is income between $20,000 and $29,999. Individuals making $40,000 to $79,999 make up 33% of the region and only 21% of individuals make over $80,000. See Figure 1.2
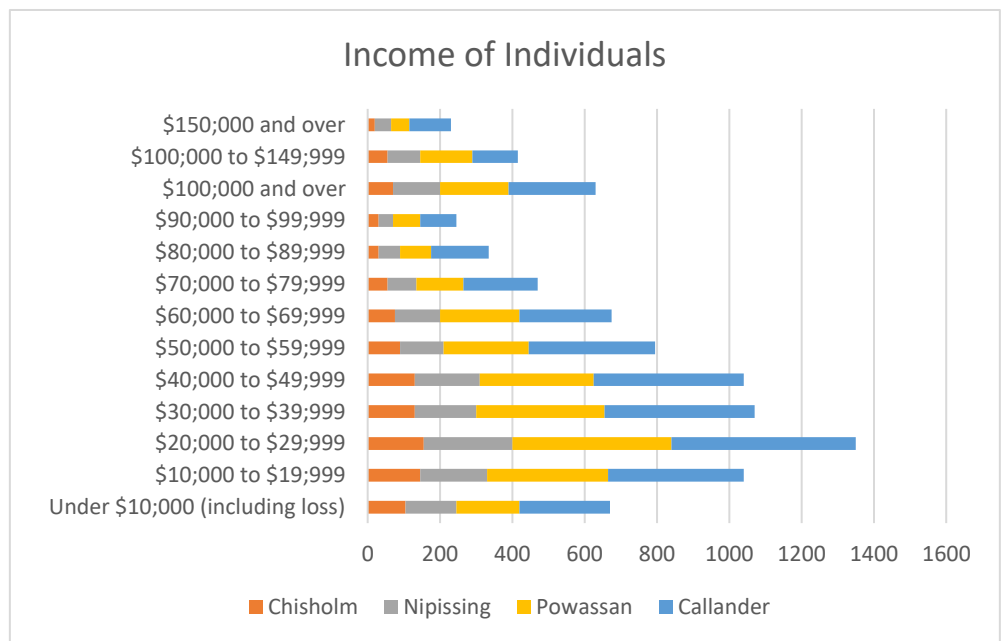

Figure 1.2 – 2021 Census Data

The Government of Canada has the unemployment rate for Northern Ontario at 8% for the period of April 9 to May 6 2023. See further labour information in Appendix A Labour Market Group Newsletter March 2023 publication. The unemployment rate is on par but was considerably higher at 13.1% in April 2021 as a result of the pandemic. For reference, the unemployment rate for March 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 1470 individuals have no certificate, diploma or degree. Thirty-one 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.
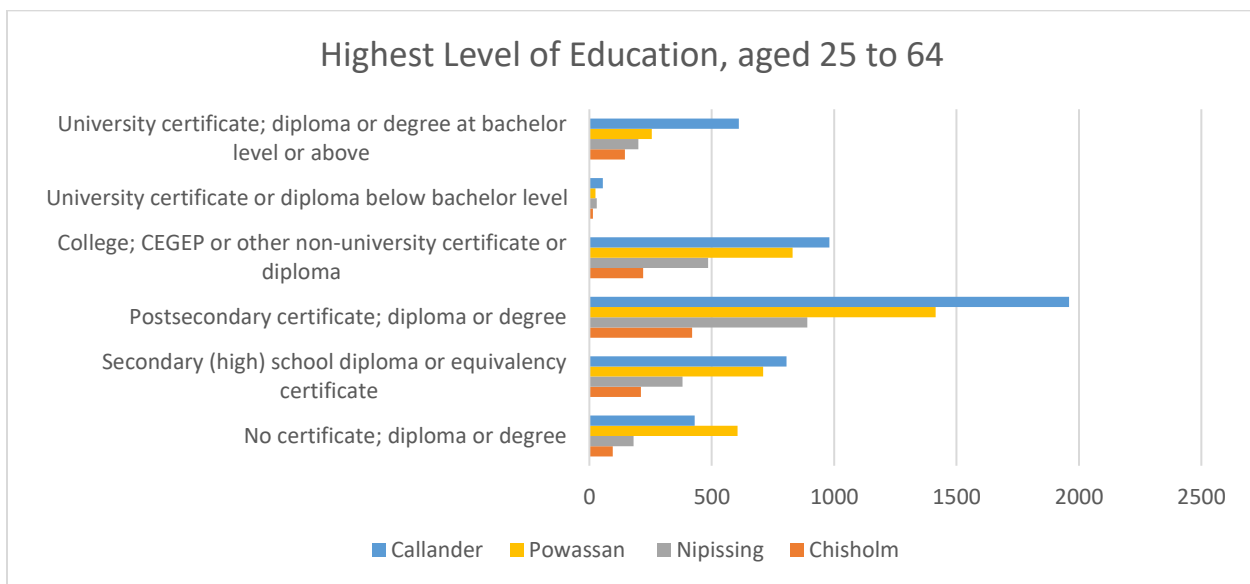
Figure 1.3 – 2021 Census Data

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 24th 2021, an online meeting with service providers and community stakeholders was had. 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

Chisholm, Powassan, Nipissing

	2019	2020	2021	2019	2020	2021	2019	2020	2021
		Chisholm			Powassan			Nipissing	
Calls For Service	144	139	42	586	564	166	226	230	50
Mental Health Related	4	4		14	13	2	1	4	1

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.

Callander Mental Health Police Calls

NBPS 2020 Mental Health Calls By Type

Call Type	Count
MHA-Transport to Hospital	218
MHA-Attempt Suicide	52
MHA-Threat Suicide	242
Gone on Arrival	36
Unfounded	1
Insufficient Grounds	591
Voluntary Transport	12
Apprehended	423
Other Mental Illness	335
Addictions	17
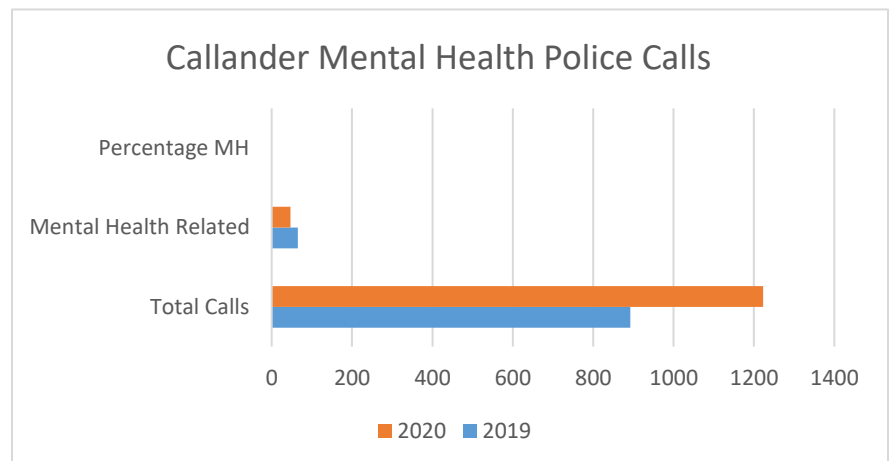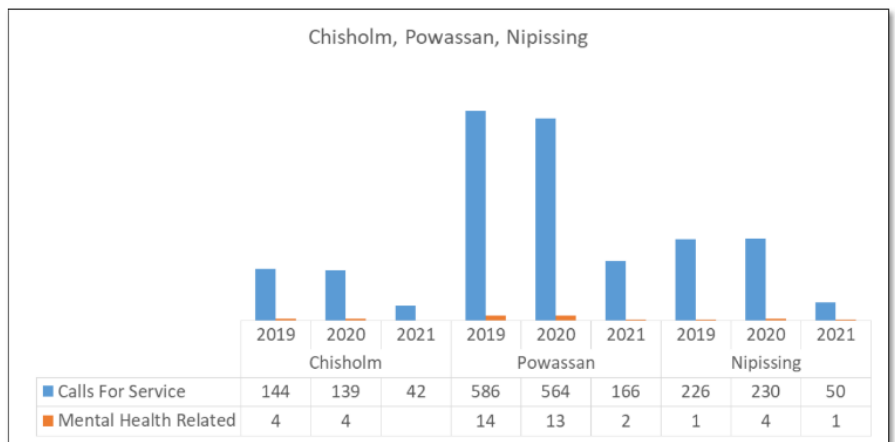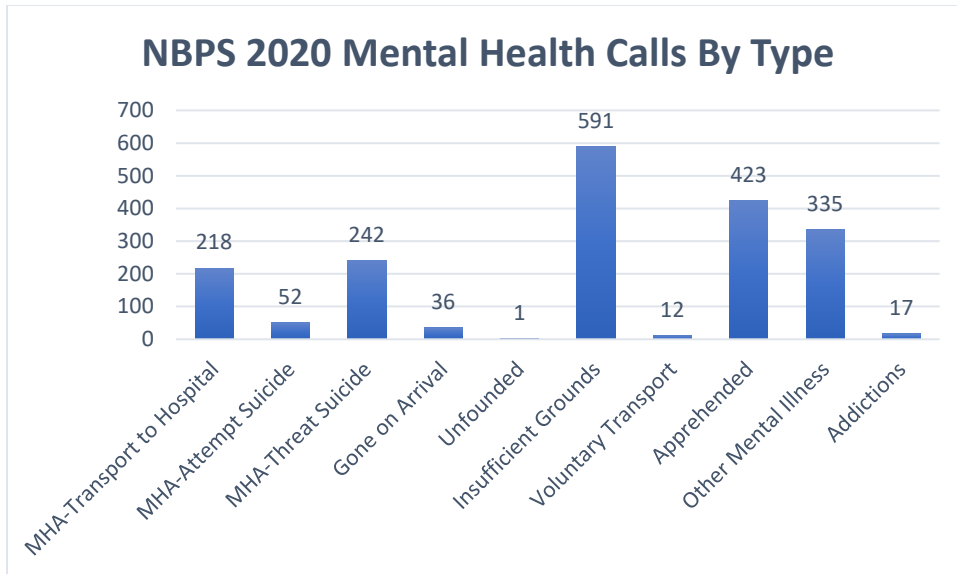
North Bay Police Service's mental health call type distribution is thought to mirror the region on the whole.

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

Gateway Hub	-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
North Bay Regional Health Centre	-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
Nipissing Mental Health Housing and Support Services	Support, advocacy and housing for those who have serious and persistent mental health illness	Adults
Community Counseling Centre of Nipissing	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 Red Lake and Ear Falls.
- 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
Gateway Hub Representation	Ensure representation for at risk residents on the Gateway Hub	2021
Increase Service Awareness	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.

EPSCSS Transportation Services

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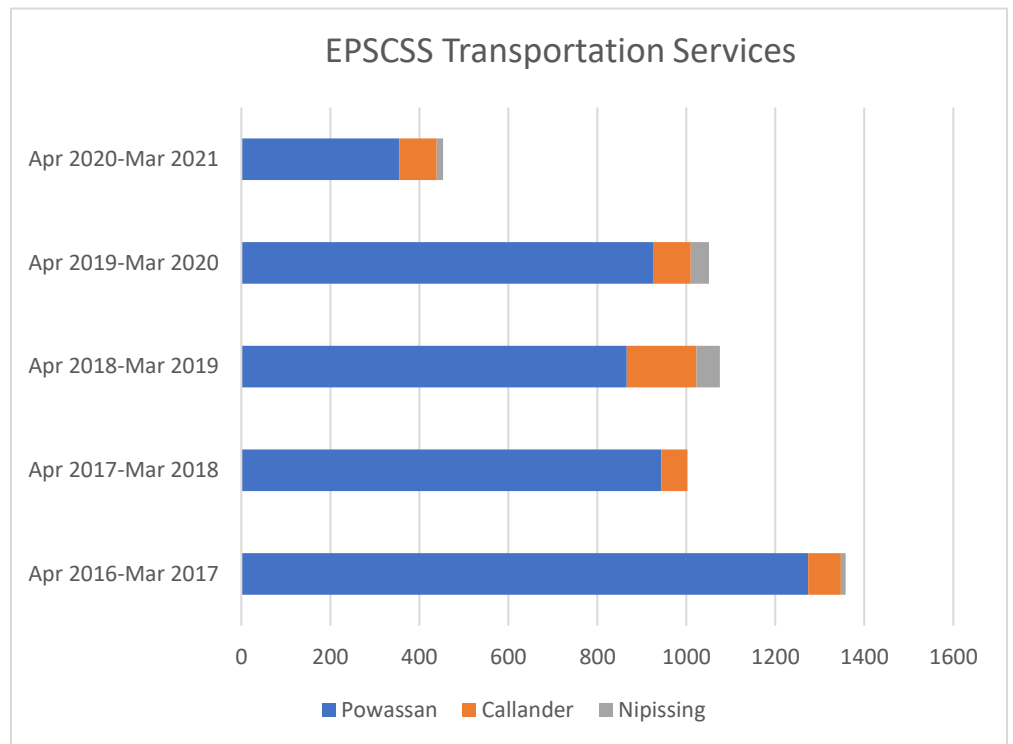
Some medical services can only be accessed in North Bay or in larger cities. There is an increased demand on services for mental health, certain diagnostic procedures and outpatient services overall in the area and this may be a delay in access to services.

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 North Bay Parry Sound District Health Unit has identified food insecurity related to financial constraints as a community concern requiring action by the Provincial government. Councils received information packages on this issue and continues to provide education materials.

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.

Meals On Wheels
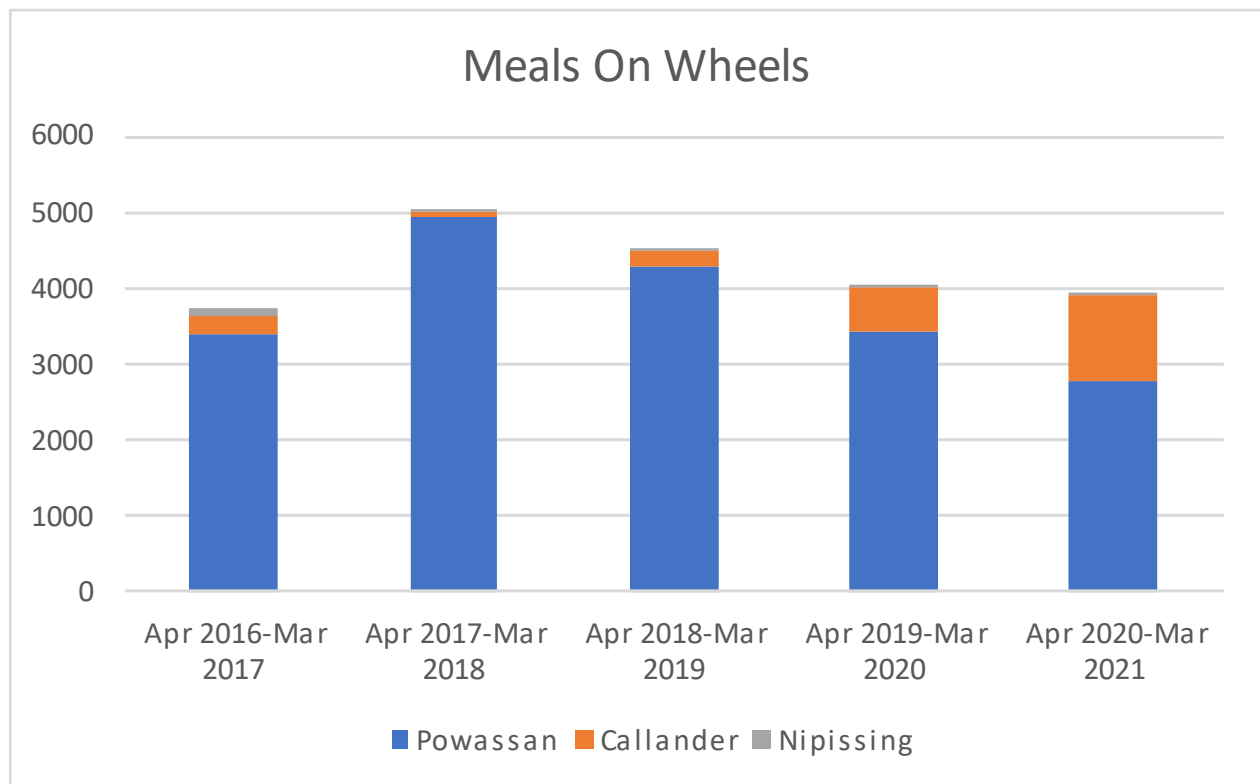
Medical and Health

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.

Program Name & Description	Contact Information
Powassan & District Food Bank 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
Callander and area Food Bank Serves Callander, Corbeil and Astorville.	705-752-4819 78 Lansdowne Street Callander, ON P0H 1H0

	Hours: Tuesday 9 am to 12 pm (noon)
Powassan & Area Family Health Team 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)
Callander Health Centre Lakeside Medical Clinic Callander Dental Chiropractic Serves Callander and Area	705-752-1004 Medical 705-752-1510 Dental 705-752-4572 Chiropractic 299 Main Street North Callander, ON P0H 1H0
East Parry Sound Community Support Services Program 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
District of Nipissing Social Services Administration Board 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
District of Parry Sound Social Services Administration Board 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
Promote Awareness of Service Programs	Ensure information is promoted throughout all available channels in all municipalities. Ensure Staff of municipalities are aware and provided the information to supply to residents when inquiries are received.	2021
Council Support for Health Care professional recruitment strategies in the local municipalities.	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			
	2018	**2019**	**2020**	**2021**		**2018**	**2019**	**2020**	**2021**
Drugs	1	2	0	1		3	0	0	0
Operational Crime	75	58	51	65		84	115	86	100
Other Criminal Code Violations	4	5	2	3		2	3	6	2
Property Crime	8	8	9	16		15	24	16	11
Mental Health/Landlord Tenant Calls	5	8	9	6		12	7	11	17
Traffic	16	20	14	9		12	10	14	18
Violent Crime	2	4	1	5		7	7	14	7
Total	**111**	**105**	**86**	**105**		**135**	**166**	**147**	**155**

	Powassan						Callander		
	2018	**2019**	**2020**	**2021**			**2019**	**2022**	
Drugs	2	2	0	1			4	5	
Operational Crime	229	265	223	250			618	472	
Other Criminal Code Violations	5	13	13	9			0	88	
Property Crime	40	38	54	49			14	37	
Mental Health/Landlord Tenant Calls	30	33	24	59			0	16	
Traffic	30	35	21	30			86	314	
Violent Crime	28	21	14	18			10	10	
Total	**337**	**405**	**349**	**416**			**732**	**942**	

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
Rural Communities throughout the PCNC Region	Rural Watch	Community at Large
Community Organizing	Neighbourhood Watch	Callander Downtown Core
North Bay Police	Boots on the Ground Initiative	Callander Downtown Core
Ontario Provincial Police	Crime Stoppers	Provincial/Federal
Ministry of Children, Community and Social Services	Ontario's Anti-Human Trafficking Strategy	Provincial
Poverty Reduction Strategy	Ontario Government	Provincial
Ministry of Children, Community and Social Services	Child Welfare Redesign	Provincial/Indigenous Population
Ministry of Health	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 Vicitimization/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
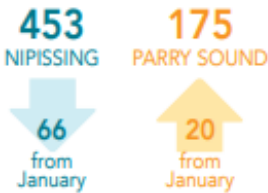
APPENDIX A – Labour Market Group Newsletter
March 2023

LABOURFOCUS

The Labour Market Group

JOBS REPORT FEBRUARY 2023

TOTAL NUMBER OF JOB POSTINGS

453 NIPISSING

175 PARRY SOUND

66 from January

20 from January

TOP INDUSTRY WITH VACANCIES

NIPISSING
Health Care & Social Assistance (22.3%)

PARRY SOUND
Retail Trade (24%)

To view the full report, visit our website
www.thelabourmarketgroup.ca
readysethired.ca

Questions or concerns?
Feel free to contact us at
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P1B 3B9

The Labour Market Group is funded by:

Ontario

EDUCATIONAL ATTAINMENT

This table presents the educational attainment data for select age groups for 2021 and compares it to the 2016 numbers, for ONTARIO, PARRY SOUND and NIPISSING.

In ONTARIO, the trend between 2016 and 2021 has been towards an increase in university-level education, at the expense of all other categories of educational attainment.

Among those aged 15 to 24 years old, there has been less change, simply because within that age bracket, there will be a relatively constant proportion of educational attainment up to 18 years of age.

This has been especially pronounced among those aged 25 to 44 years old.

After that, only a certain percentage will obtain their post-secondary certificate before the age of 24 years old.

	2016				2021		
	ONTARIO	PARRY SOUND	NIPISSING		ONTARIO	PARRY SOUND	NIPISSING
15 TO 24 YEARS OLD							
33%	40%	40%	No certificate, diploma or degree	32%	42%	37%
42%	38%	36%	High school certificate or equivalent	43%	41%	39%
2%	3%	3%	Apprenticeship certificate or equivalent	1%	2%	3%
10%	14%	14%	College certificate or diploma	10%	9%	13%
12%	5%	7%	University certificate, diploma or degree	14%	6%	8%
25 TO 44 YEARS OLD							
8%	11%	10%	No certificate, diploma or degree	7%	9%	9%
22%	29%	24%	High school certificate or equivalent	21%	31%	24%
5%	10%	7%	Apprenticeship certificate or equivalent	4%	9%	6%
25%	32%	35%	College certificate or diploma	23%	31%	36%
40%	19%	23%	University certificate, diploma or degree	46%	21%	25%
45 TO 64 YEARS OLD							
13%	15%	14%	No certificate, diploma or degree	11%	13%	13%
27%	30%	26%	High school certificate or equivalent	26%	32%	27%
7%	12%	10%	Apprenticeship certificate or equivalent	6%	10%	7%
24%	28%	33%	College certificate or diploma	24%	30%	34%
29%	14%	16%	University certificate, diploma or degree	33%	16%	18%

Educational Attainment, Nipissing, Parry Sound and Ontario CONTINUED

Sources: Statistics Canada

www.thelabourmarketgroup.ca

THERE IS A CONSISTENT PATTERN FOR BOTH PARRY SOUND AND NIPISSING ACROSS ALL AGE GROUPS

In general, residents in PARRY SOUND and NIPISSING are considerably:

More likely to have a college education.

Less likely to have a university degree.

(compared to the provincial average.)

They are also slightly **more likely** to have either **NO** certificate, a high school diploma or an apprenticeship certificate than the provincial average.

Comparing the two areas to each other, residents of PARRY SOUND are slightly **more likely** to have either **NO** certificate, a high school diploma or an apprenticeship certificate.

Residents of NIPISSING are slightly **more likely** to have a **college diploma** or a **university degree**.

Compared to the educational attainment profile in 2016, residents of both PARRY SOUND and NIPISSING across all three age groups were slightly **more likely** to have obtained a **university education**.

JOB VACANCY DATA

The chart below illustrates job vacancy data from StatCan's Job Vacancy and Wage Survey, for the period **January 1, 2018, to September 30, 2022**. In terms of time frames, the data is reported by quarters and, in terms of geography, by economic region. Both PARRY SOUND and NIPISSING fall within the Northeast Ontario economic region (NE ONT). **Rest of Ontario** reflects the data for Ontario minus the Toronto Region. (*Data collection was suspended for the second and third quarters of 2020.*)

JOB VACANCY RATE, NORTHEAST ONTARIO AND REST OF ONTARIO, Q1 2018 TO Q3 2022

Legend: Rest of Ontario, NE ONT

Throughout **2018** and **2019**, the job vacancy rate in Northeast Ontario very closely tracked a relatively stable trend for the Rest of Ontario, hovering between **2.7% and 3.6%**.

With the resumption of data collection in Q4 2020, the job vacancy rate started **climbing significantly**, peaking in Q2 2022 at **6.2%** in Northeast Ontario and **5.8%** in the Rest of Ontario.

In the subsequent and last reported quarter, the rate has **declined slightly**. The data clearly illustrates the recent **greater challenges** that employers have in **recruiting new workers**.

Sources: Statistics Canada

www.thelabourmarketgroup.ca

APPENDIX B – Community Survey Results

Community Safety and Well Being Survey

88 responses

Where do you live?
Municipality of Powassan 51.1%
Township of Chisholm 25.0%
Municipality of Callander 15.9%
Township of Nipissing 8.0%
out of 88 answered

What is your age?
36-55 years old 42.0%
56-65 years old 29.5%
26-35 years old 13.6%
66-75 years old 11.4%
> 75 years old 2.3%
20-25 years old 1.1%
16-19 years old 0.0%
<16 0.0%
out of 88 answered

Gender: How do you identify?
Female 80.7%
Male 18.2%
Prefer to self describe 1.1%
Non-binary 0.0%
out of 88 answered

What is your marital status?
Married/common law 78.4%
Single 11.4%
Divorced 4.5%
Widow/er 3.4%
Family 1.1%
Single Parent 1.1%
out of 88 answered

Are you a permanent or seasonal resident?
Permanent 97.7%
Seasonal 2.3%

How do you feel about your personal safety?
Satisfied 48.9%
Very satisfied 40.9%
Neutral 10.2%
Dissatisfied 0.0%
Very Dissatisfied 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

Have you ever felt unsafe due to any of the following?
Not applicable 79.1%
Gender or sexual identity 15.1%
Disability 4.7%
socioeconomic status 1.2%
Race 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

I feel my community has adequate policing.
Agree 42.5%
Neutral 33.3%
Disagree 16.1%
Strongly agree 5.7%
Strongly disagree 2.3%

I feel like my community's crime rate is high.
No 80.7%
Yes 19.3%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

What are the 5 most important safety and well being priorities to you?
Crime prevention 44.3%
Access to service 34.1%
Mental health 33.0%
Physical health, access to healthcare 31.8%
Community belonging 30.7%
Employment opportunities 30.7%
Adequate and affordable housing 27.3%
Personal and overall safety and security 26.1%
Traffic safety on roads 26.1%
Healthy childhood development 25.0%
Support programs for seniors 23.9%
Physical activities 20.5%
Food security 19.3%
Community pride 18.2%
Addictions and substance abuse 17.0%
Accessibility for persons with disabilities 15.9%
Youth initiatives 15.9%
Safe and well maintained walking areas with adequate lighting 12.5%

Support programs for youth 12.5%
Domestic violence 8.0%
Transportation barriers 8.0%
Poverty and income 5.7%
Discrimination 4.5%
Human trafficking 3.4%
Traffic safety on trails 3.4%
Skills and development for employment 1.1%
Victim services - lack thereof 1.1%
3/31/2021 Community Safety and Well Being Survey

Overall, my physical health is:
Very good 52.3%
Good 31.8%
Excellent 9.1%
Fair 4.5%
Poor 2.3%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

I feel I can access adequate healthcare in my community, including supports for physical health and well being,
Agree 36.4%
Neutral 25.0%
Disagree 22.7%
Strongly agree 10.2%
Strongly disagree 5.7%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

Overall my mental health is:
Very good 54.5%
Good 28.4%
Excellent 11.4%
Fair 4.5%
Poor 1.1%

Do you have access to healthcare benefits for physical or mental health supports?
Yes 74.7%
No 25.3%
out of 88 answered
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

In the past 12 months, have you experienced negative impacts (emotional, physical, financial) due to any of the following:
I have not experienced any negative impacts 41.4%
family members mental health 28.7%
own mental health 24.1%
someone else's mental health 5.7%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

The following factors have impacted my ability to receive proper physical or mental health supports:
I have not required supports 50.0%
Cost/affordability 18.2%
Other 11.4%
Program/clinic accessibility 9.1%
program/clinic location 6.8%
Felling unwelcome/judged in a program 2.3%
Lack of transportation to a program 2.3%
Hours of operation 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

In the past 12 months did drinking alcohol negatively impact any of the following?
Not applicable 87.4%
Physical health 6.9%
Mental health 3.4%
Personal relationship 2.3%
Living situation 1.1%
Employment 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

In the past 12 months did the use of drugs or other substances negatively impact any of the following:
Not applicable 95.5%
Mental health 2.3%
Living situation 1.1%
Personal relationships 1.1%
Physical health 1.1%
Employment 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

Part 1: In the past 12 months have you experienced negative impacts due to any of the following:
Not applicable 84.1%
Someone else's substance abuse 6.8%
Family member's substance abuse 4.5%
Own substance abuse 4.5%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

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

Not applicable 80.5%

Alcohol 13.8%

Cannabis 4.6%

Opioids (heroine, fentanyl, etc.) 2.3%

Stimulants (cocaine, methamphetamine, etc.) 2.3%

Tobacco 2.3%

Prescription drugs 1.1%

out of 88 answered

3/31/2021 Community Safety and Well Being Survey

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

Yes 95.5%

No 4.5%

How do you prefer to socialize?

In person 1:1 61.4%

Out in public 26.1%

Online 4.5%

Telephone 4.5%

Social media 3.4%

out of 88 answered

3/31/2021 Community Safety and Well Being Survey

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

Not applicable 51.2%

Social engagement 25.6%

Friendship 19.8%

Inclusiveness 3.5%

out of 88 answered

3/31/2021 Community Safety and Well Being Survey

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

I have not been impacted by these factors 40.7%

I have not sought out these programs 16.3%

Cost/affordability 11.6%

Hours of operation 9.3%

Feeling of being unwelcome 8.1%

Location 5.8%

Program/event accessibility 4.7%

Lack of transportation 3.5%

out of 88 answered

3/31/2021 Community Safety and Well Being Survey

Have you ever avoided seeking help or obtaining support in your community for any of the following due to embarrassment, fear or presumed stigma?
None 75.9%
Emotional supports 17.2%
Mental health supports 12.6%
Physical health supports 6.9%
Financial supports 5.7%
Disability support 3.4%
Substance abuse 2.3%
Abuse 0.0%
Educational supports 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

Which of the following best describes your work situation (prior to COVID-19)
Work full time 43.2%
Retired 23.9%
Self-employed 9.1%
Work part-time 8.0%
Casual work 4.5%
Disability 3.4%
Unemployed looking for work 3.4%
Seasonal work 2.3%
Multiple jobs 1.1%
Unemployed, not looking for work 1.1%
Student 0.0%

I feel as though my job/work is stable and reliable.
Agree 29.9%
Strongly agree 29.9%
Neutral 26.4%
Disagree 9.2%
Strongly disagree 4.6%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

If you currently are or have ever been unemployed in your community, what factors prevented you from getting a job?
Not applicable 77.0%
Other 6.9%
Childcare availability 4.6%
Location 3.4%
Skill set compatibility 3.4%
Hours of operations/shifts 2.3%
Lack of transportation 2.3%
Lack of education 0.0%
Not accessible 0.0%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey
Total income annually for your household

$100,000-$149,999 28.9%
$75,000-$99,999 20.5%
$50,000-$74,999 15.7%
$150,000+ 13.3%
$35,000-$49,999 9.6%
$20,000-$34,999 8.4%
<$20,000 3.6%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

Overall, how do you feel about your personal finances?
Moderate stress 41.4%
Minimum stress 40.2%
No stress 12.6%
Overwhelming Stress 3.4%
High stress 2.3%
out of 88 answered
3/31/2021 Community Safety and Well Being Survey

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?
Increase number of low cost recreation activities 56.6%
Develop and establish opportunities for community members to connect and gather for activities 48.2%
Increase awareness, accessibility and navigation of community services. 42.2%
Create and implement an online volunteer hub 36.1%
Create cost effective public transportation between communities 31.3%
Promote continued youth and adult education 25.3%
Provide more caregiver supports 20.5%
Prevent duplication of services and coordinate better care of community 18.1%
Increase coordination and efforts to address issues associated with housing and homelessness 13.3%
Increase advocacy for changes within personalized social services 12.0%

What would your top solutions be for a safer community?
Revive neighbourhood watch programs 65.5%
Build community pride and foster personal accountability and responsivity 51.7%
Increase police presence 43.7%
Offering more education and awareness on needed topics 29.9%
Examine property standards to improve poor housing conditions 9.2%

APPENDIX C – Gateway Hub Report 2022

North Bay Gateway Hub Summary Report 2022

SECTION 1: Introduction and Overall Highlights

The following summary report represents the work of Community Mobilization- North Bay's Gateway Hub Situation Table for 2022. The metrics obtained for this report were gathered and analyzed by the Gateway Hub Community Development and Engagement Coordinator from the Risk Tracking Database (RTD) for North Bay from 1/01/2022 to 12/31/2022.

Currently there are 22 community agencies actively sitting as primary members at the Hub Table (See attachment SI update). The member agencies brought forward 46 situations at Acutely Elevated Risk in 2022. All (100%) of the discussions met the threshold of acutely elevated risk, and 71.74% (33) of those discussions that met the threshold of acutely elevated risk resulted in the overall risk being lowered.

In 2022 we had 94 meetings, with an average of 80% attendance. Throughout 2022 we had clients with higher risks with limited resources to address risks however each situation brought forward had a large commitment from agencies represented to support and provide key services, provide professional perspectives in discussion and in the interim to mitigate and reduce the levels of risk variables.

Table 1. shows the open and closed discussions throughout the year of 2022 at the Gateway Hub Situation Table.

Table 1. Open Discussions

Month	Discussions Opened
January	4
February	5
March	3
April	2
May	5
June	5
July	2
August	3
September	2
October	6
November	5
December	4

Concluded Situations

Referrals brought to the Hub Table deemed to warrant further discussion are considered situations. The large majority (71.74%) of 46 situations discussed at the Hub Table in 2022 concluded resulting in the overall risk being lowered (Table 2).

Chart 1. Conclusion Grouping
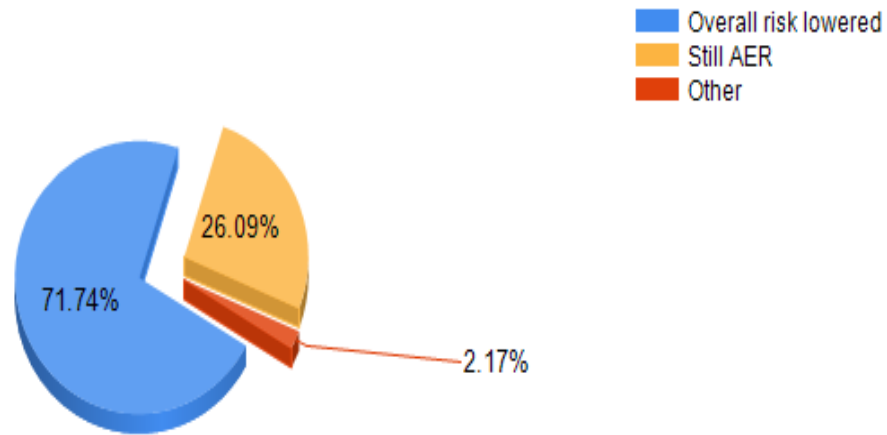
Table 2. Conclusion Grouping

Conclusion Grouping	# Of Discussions	Percentage
Overall risk lowered	33	71.74%
Still AER	12	26.09%
Other	1	2.17%
Rejected	0	0.00%
Total	46	**100.00%**

With respect to Hub Discussions where they were closed as Overall Risk Lowered, the majority 90.91% were connected to services in the North Bay area, in 6.06% of the situations the overall risk was lowered through a service connection outside our jurisdiction, and in 3.03% of the discussions at Hub Table had a reduction in overall risk though no action of the Situation Table (Table 3).

Chart 2. Conclusion Reason-Overall Risk Lowered
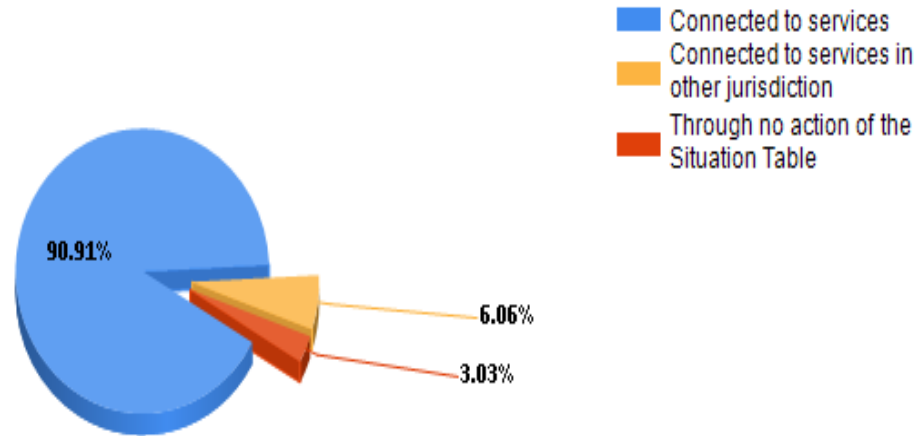
Table 3. Conclusion Reason- Overall Risk Lowered

Conclusion Reason - Overall Risk Lowered	# Of Discussions	Percentage
Connected to services	30	90.91%
Connected to services in another jurisdiction	2	6.06%
Through no action of the Situation Table	1	3.03%
Total	**33**	100.00%

Discussions Closed as 'Still AER'

Twenty-six percent (12) of the 46 Discussions were closed as 'Still AER'; and 1 (2.17%) of those was marked as 'Other-Unable to locate". For those discussions still marked 'Still AER' at closing the reasons are as follows: 6 Discussions (50%) were informed of services but had not yet connected with the service(s), while 33.33% had refused services and/or were uncooperative and 16.67% faced systemic issues (Chart 3 and Table 4).

Chart 3. Conclusion Reason- Still AER

3
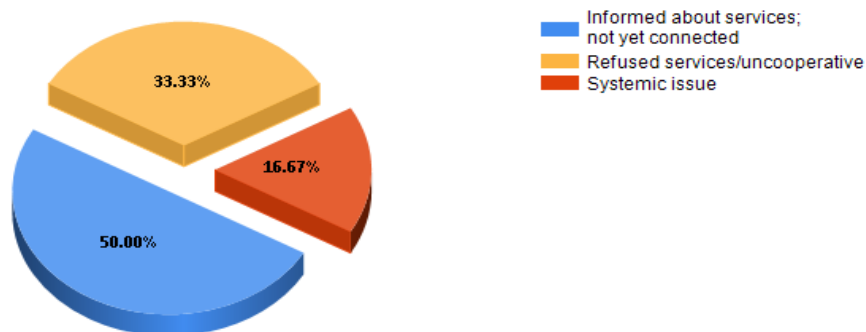
Table 4. Conclusion Reason-Still AER

Conclusion Reason - Still AER	# Of Discussions	Percentage
Informed about services; not yet connected	6	50.00%
Refused services/uncooperative	4	33.33%
Systemic issue	2	16.67%
Total	**12**	100.00%

Table 5: Conclusion Reason-Other

Conclusion Reason - Other	# Of Discussions	Percentage
Unable to locate	1	100.00%
Total	**1**	100.00%

On average the number of days it took to close a discussion at the Hub for 2022 was 9. That is compared with 8 days in 2021 and 13 days in 2020. Given the rising complexity and nature of those who are being presented at the situation table, we are holding discussions open until a confirmed connection to a stabilizing support has been established. Our rapid mobilizations are still being done within 24-48 hours, except where it is by situation extended.

SECTION 2: Sector & Agency Engagement

Sector Identification Report

In 2022 the leading sectors presenting individuals and families to the Gateway Hub Table were Health with 18 discussions (39.13%), Child and Youth Service brought forward 10 discussions (21.74%); and Justice Services presented eight discussions (17.39%). Community and Social Services and Education brought forward five discussions each (10.87%) in 2022 (Chart 4 and Table 6).

Chart 4. Originating Sectors-Primary

4
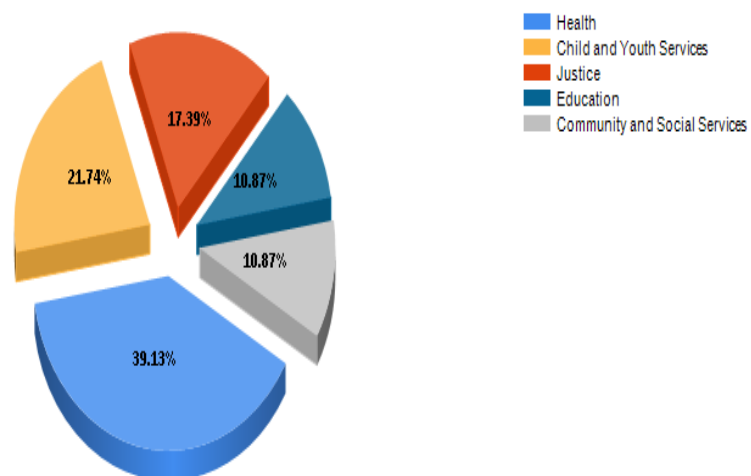
Table 6. Sector Identification

Originating Sector	Number of Discussions	Percentage
Health	18	39.13%
Child and Youth Services	10	21.74%
Justice	8	17.39%
Community and Social Services	5	10.87%
Education	5	10.87%
Total	**46**	**100.00%**

Agencies Involved- Primary Sectors

Community Safety and Well-Being (CSWB) breaks down the levels of participation by primary sectors and local agencies that participated at the Hub Table. Table 6 displays the Top 3 Originating/ Lead/ Assisting Primary Agencies/Organizations. Chart 5 displays all agency engagement for 2022 as Originating, Lead and Assisting agencies. There was a lot of intersectoral work, planning and risk mitigation work achieved across partner agencies through the body of the Gateway Hub. On average, 6 agencies engaged per discussion that have "Met the Threshold of Acutely Elevated Risk"

Table 8. The Top 3 Originating/ Lead/ Assisting Primary Agencies

Top 3 Originating/Lead/Assisting Primary Sector:

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

Chart 5. All Hub Agencies Engaged in Discussions

All Agencies (All table types) Engaged in Discussions

■ Originating Agency ■ Lead Agency ■ Assisting Agency

Agency	Discussions
North Bay Regional Health Centre - Crisis Intervention	9 | 31 → 31 (67.4%)
Community Counselling Centre of Nipissing	1 | 10 | 21 → 31 (67.4%)
North Bay Police Service	7 | 30 → 30 (65.2%)
Canadian Mental Health Association - North Bay and District	5 | 13 | 17 → 29 (63.0%)
District of Nipissing Social Services Administration Board - Ontario Works	3 | 21 → 22 (47.8%)
Children's Aid Society of Nipissing and Parry Sound	10 | 4 | 16 → 20 (43.5%)
Crisis Centre of North Bay	14 → 14 (30.4%)
Ontario Disability Support Program - Ministry of Children, Community and Social Services - North Bay	1 | 13 → 13 (28.3%)
HANDS - North Bay	6 | 6 → 12 (26.1%)
True Self Debwewendizwin Program	1 | 11 → 12 (26.1%)
Near North District School Board	1 | 2 | 8 → 10 (21.7%)
District of Nipissing Social Services Administration Board - Emergency Medical Services	1 1 | 8 → 9 (19.6%)
Ontario Provincial Police - North Bay	1 | 9 → 9 (19.6%)
March of Dimes Canada - North Bay	1 1 | 7 → 8 (17.4%)
Community Living North Bay	1 | 7 → 8 (17.4%)
Nipissing - Parry Sound Catholic School Board	4 | 5 | 1 → 6 (13.0%)
North Bay Indigenous Friendship Centre	2 | 2 | 2 → 5 (10.9%)
One Kid's Place	5 → 5 (10.9%)
Low Income People Involvement of Nipissing	3 → 3 (6.5%)
Big Brothers Big Sisters of North Bay	3 → 3 (6.5%)
Amelia Rising	3 → 3 (6.5%)
North Bay Fire Services	2 → 2 (4.3%)
Mattawa Womens Resource Centre	2 → 2 (4.3%)
AIDS Committee of North Bay and Area	2 → 2 (4.3%)
Youth Justice Services - Ministry of Children, Community and Social Services - North Bay	1 → 1 (2.2%)
The Right Path - Nipissing First Nation	1 → 1 (2.2%)
North Bay Practioner-Led Clinic	1 → 1 (2.2%)
Humane Society/Ontario Society For the Prevention of Cruelty to Animals - North Bay	1 → 1 (2.2%)
Alliance Centre – West Nipissing General Hospital	1 → 1 (2.2%)

Mobilization Type

The RTD tracks whether the mobilization of rapid response supports, and services were informed, connected, engaged and notes whether services are not available (Table 9). Chart 6 breaks down the types of services which were mobilized through the Gateway Hub when discussions were closed. Table 10, on the following page, goes into further detail on the types of services offered and which services they engaged with, were informed of and which ones they had received a connection to.

Table 9. Mobilization Type

Mobilization Type	Number	Percentage
Connected to Service	50	40.32%
Engaged with Service	44	35.48%
Informed of Service	29	23.39%
No Services Available	1	0.81%
Total	124	100.00%

Chart 6. Type of Services Mobilized
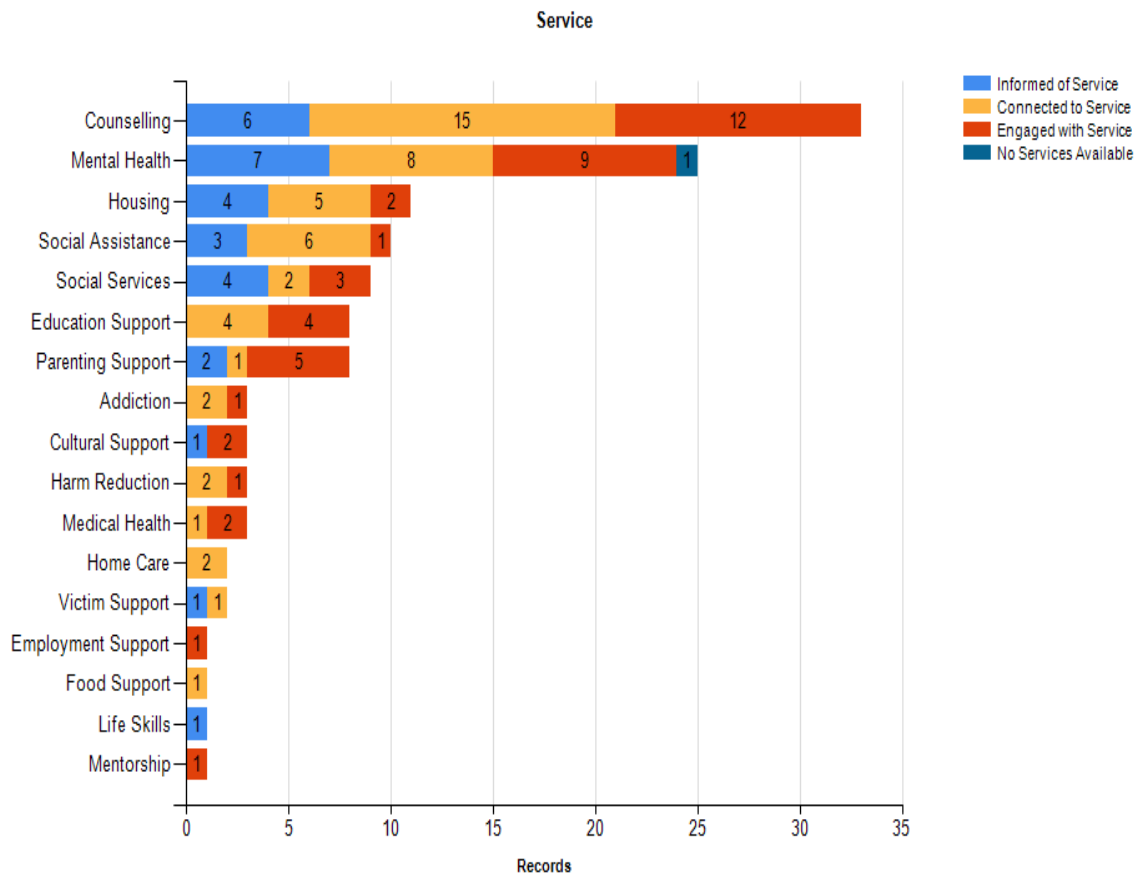
Table 10. Type of Services Mobilized

Service-Mobilization Type	Informed of Service	Connected to Service	Engaged with Service	No Services Available	Refused Services	Total	Percentage
Counselling	6	15	12	0	0	33	26.61%
Mental Health	7	8	9	1	0	25	20.16%
Housing	4	5	2	0	0	11	8.87%
Social Assistance	3	6	1	0	0	10	8.06%
Social Services	4	2	3	0	0	9	7.26%
Education Support	0	4	4	0	0	8	6.45%
Parenting Support	2	1	5	0	0	8	6.45%
Addiction	0	2	1	0	0	3	2.42%
Cultural Support	1	0	2	0	0	3	2.42%
Harm Reduction	0	2	1	0	0	3	2.42%
Medical Health	0	1	2	0	0	3	2.42%
Home Care	0	2	0	0	0	2	1.61%
Victim Support	1	1	0	0	0	2	1.61%
Employment Support	0	0	1	0	0	1	0.81%
Food Support	0	1	0	0	0	1	0.81%
Life Skills	1	0	0	0	0	1	0.81%
Mentorship	0	0	1	0	0	1	0.81%
Total	**29**	**50**	**44**	**1**	**0**	**124**	**100%**

SECTION 3: Demographics

For North Bay's Situation Table, many situations involved individuals at 39 (84.7%) with the 7 (15.22%) discussions having been opened for area families at acutely elevated risk (Chart 7).

Chart 7. Breakdown By Discussion Type
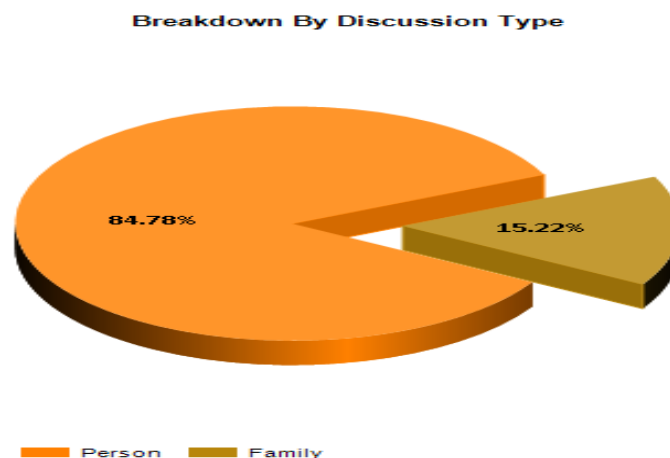
Top Age Range for 2022 in North Bay

Youth ages 12-17 represented the majority, 25.64% of discussions in 2022. The data is consistent with 2018, 2019, and 2021's RTD Reports. The RTD shows that individuals in our city between the ages of 12 and 39 were presented the most frequently as being in acutely elevated risk and in need of rapid mobilization of crisis supports. Individuals 30 to 39 represented 23.08%, young adults aged 18-24 represented 7.69%, followed by individuals ages 25 to 29 (Chart 8).

Chart 8. Breakdown by Age Group
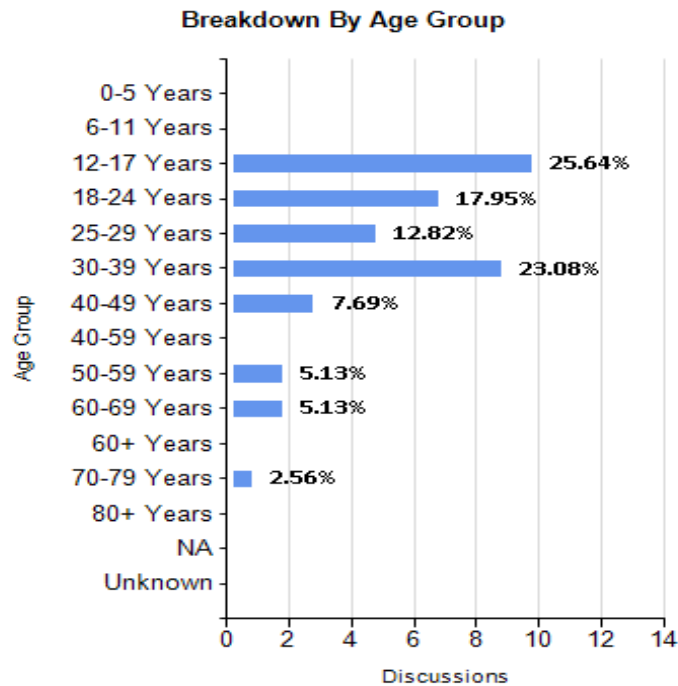
Table 11. Breakdown by Age Group

Age Group	Discussions	Percentage
0-5 Years	0	0.00%
6-11 Years	0	0.00%
12-17 Years	10	25.64%
18-24 Years	7	17.95%
25-29 Years	5	12.82%
30-39 Years	9	23.08%
40-49 Years	3	7.69%
40-59 Years	0	0.00%
50-59 Years	2	5.13%
60-69 Years	2	5.13%
60+ Years	0	0.00%
70-79 Years	1	2.56%
80+ Years	0	0.00%
NA	0	0.00%
Unknown	0	0.00%
Total	**39**	**100.00%**

In 2022 the Gateway Hub saw **27 female individuals** (62.93%) and **12 male individuals** (30.77%) presented as AER in North Bay. The majority of individuals brought to the Gateway Hub in 2022 were females representing 69.23% (Chart 9 and Table 12).

Chart 9. Breakdown by Sex of Individuals
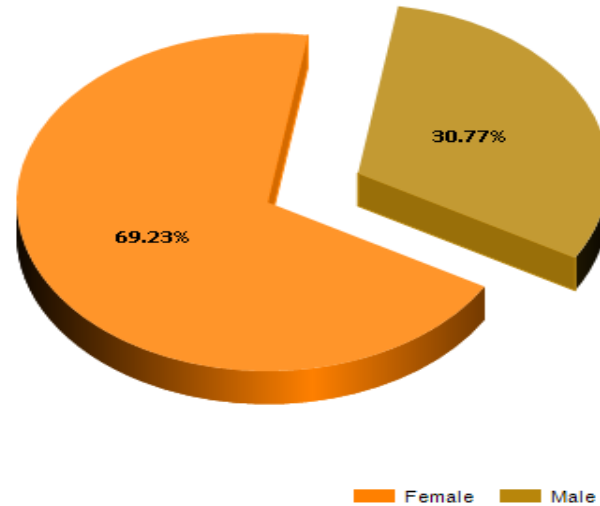
Female ▮ Male ▮

Table 12. Breakdown by Sex of Individuals

Sex	Discussions	Percentage
Female	27	69.23%
Male	12	30.77%
Total	**39**	**100.00%**

SECTION 4: Overall Risk Information

Risk Factors

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. Table 13 shows the CSWB Top 3 High Level Risk Priorities across all discussions for 2022.

Table 13. CSWB Top 3 High Level Risk Priorities- All Discussions

CSWB High Level Risk Priorities	# Of Risk Factors Reported	Percentage
Mental Health and Cognitive Functioning	139	27.15%
Antisocial/Problematic Behaviour (non-criminal)	62	12.11%
Substance Abuse Issues	58	11.33%
Victimization	49	9.57%
Physical Health	42	8.20%
Emotional Violence	35	6.84%
Family Circumstances	29	5.66%
Neighborhood	26	5.08%
Housing	24	4.69%
Education/Employment	20	3.91%
Criminal Involvement	19	3.71%
Peers	9	1.76%
`Total	512	100.00%

There was a total of **46 discussions** with a total of **512 risk factors reported** (Table 10). On average, 11 risk factors per discussion that have "Met the Threshold of Acutely Elevated Risk", with **81 out of a possible 105 risk factors** were identified. Additional risk factor variables that went above the permitted 15 value spaces currently permitted were noted by the Hub Chair in an additional separate and secured Excel Sheet for hold until the RTD makes additional spaces for Risk Variables.

The Top 3 CSWB High Level Risk Priorities and risk categories by occurrence for North Bay were **Mental Health and Cognitive Functioning** 27%, **Antisocial Problematic Behaviour- Non-Criminal** 12%; and **Substance Abuse Issues** 11% (Table 13).

Tables 14 through 36 display CSWB High Level Risk Priorities and Risk Categories by discussion in detail beginning with discussions marked as Families (Table 14) and then within each age range that had discussions presented. The Risks are further broken down by risk factors for males and females within each age range.

The rationale for displaying this quantity of detailed data is to allow for our community partners to see which specific risks are happening to each of the different age ranges, whose demographics they may be targeting. It is hoped that the evidence generated through the RTD can help inform and support current and/or needed programming and services in North Bay.

In 2022 we had **7 Discussions** where families presented as being in AER with a combined **76 risk factors** reported. The top risks were **Mental Health**, **Emotional Violence**, access to **Basic Needs** and **Housing**. See full list below in Table 15.

Families

Table 14. Risk Information by Demographics Report- By Discussion- Families

CSWB High Level Risk Priorities	Discussion	Percentage

Mental Health and Cognitive Functioning	7	100.00%
Family Circumstances	6	85.71%
Antisocial/Problematic Behaviour (non-criminal)	5	71.43%
Emotional Violence	5	71.43%
Education/Employment	4	57.14%
Housing	4	57.14%
Physical Health	4	57.14%
Victimization	3	42.86%
Neighborhood	2	28.57%
Substance Abuse Issues	1	14.29%

Table 15. Risk Categories

Risk Category	Discussion	Percentage
Mental Health	7	100.00%
Emotional Violence	5	71.43%
Basic Needs	4	57.14%
Housing	4	57.14%
Physical Health	4	57.14%
Cognitive Functioning	3	42.86%
Missing School	3	42.86%
Parenting	3	42.86%
Physical Violence	3	42.86%
Antisocial/Negative Behaviour	2	28.57%
Poverty	2	28.57%
Self Harm	2	28.57%
Suicide	2	28.57%
Unemployment	2	28.57%
Crime Victimization	1	14.29%
Drugs	1	14.29%
Sexual Violence	1	14.29%

AGE RANGE 12-17

Females 12-17

We had **6 Discussions** where females ages 12- 17 were presented with AER with a combined total of **55 risk factors** reported. The top risk categories were **Mental Health**, **Self- Harm**, **Physical Violence** and **Drugs**, with 50% of the risks reported for this demographic included issues with **Physical Health**, **Parenting**, and **Missing School** (Table 17).

Table 16. Risk Information by Demographics Report- By Discussion- Females Ages 12- 17

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	6	100.00%
Mental Health and Cognitive Functioning	6	100.00%
Education/Employment	3	50.00%
Family Circumstances	3	50.00%
Physical Health	3	50.00%
Substance Abuse Issues	3	50.00%
Peers	2	33.33%
Victimization	2	33.33%
Criminal Involvement	1	16.67%

Table 17. Risk Categories

Risk Category	Discussion	Percentage
Mental Health	6	100.00%
Self Harm	5	83.33%
Physical Violence	4	66.67%
Drugs	3	50.00%
Missing School	3	50.00%
Parenting	3	50.00%
Physical Health	3	50.00%
Alcohol	2	33.33%
Antisocial/Negative Behaviour	2	33.33%
Cognitive Functioning	2	33.33%
Missing/Runaway	2	33.33%
Negative Peers	2	33.33%
Sexual Violence	2	33.33%
Basic Needs	1	16.67%
Crime Victimization	1	16.67%
Criminal Involvement	1	16.67%
Suicide	1	16.67%
Supervision	1	16.67%
Threat to Public Health and Safety	1	16.67%

Males 12-17

The Gateway Hub had a total of **4 Discussions** with males in the age range of 12- 17 in 2022. They were presented with a combined total of **42 risk factors** reported. The top risk categories were **Mental Health**, **Missing School, Parenting**, and **Basic Needs**. It is worth noting that in this demographic 50% of the risk categories captured also include **Housing**, **Suicide**, **Missing/ Runaway**; and **Physical Violence** (Table 19).

Table 18. Risk Information by Demographics Report- By Discussion- Males Ages 12- 17

CSWB High Level Risk Priorities	Discussion	Percentage
Education/Employment	4	100.00%
Mental Health and Cognitive Functioning	4	100.00%
Antisocial/Problematic Behaviour (non-criminal)	3	75.00%
Family Circumstances	3	75.00%
Housing	2	50.00%
Neighborhood	2	50.00%
Substance Abuse Issues	2	50.00%
Victimization	2	50.00%
Criminal Involvement	1	25.00%
Emotional Violence	1	25.00%
Peers	1	25.00%

Table 19. Risk Categories

Risk Category	Discussion	Percentage
Mental Health	4	100.00%
Missing School	4	100.00%
Parenting	3	75.00%
Basic Needs	2	50.00%
Drugs	2	50.00%
Housing	2	50.00%
Missing/Runaway	2	50.00%
Physical Violence	2	50.00%
Suicide	2	50.00%
Alcohol	1	25.00%
Antisocial/Negative Behaviour	1	25.00%
Criminal Involvement	1	25.00%
Emotional Violence	1	25.00%
Negative Peers	1	25.00%
Poverty	1	25.00%
Self Harm	1	25.00%
Social Environment	1	25.00%

AGE RANGE 18-24

Females Ages 18-24

The Hub had **7 Discussions** with females in the age range of 18- 24 in 2022. They were presented with a combined total of **94 risk factors**. The top 5 risk categories were **Mental Health**, **Drugs**, **Emotional Violence**: and **Physical Health**. It is also worth noting that 57.14% of the risks reported for this demographic included issues with **Cognitive Functioning**, **Housing** and **Physical Violence (**Table 18).

Table 17. Risk Information by Demographics Report- By Discussion- Females 18-24

CSWB High Level Risk Priorities	Discussion	Percentage
Mental Health and Cognitive Functioning	7	100.00%
Emotional Violence	6	85.71%
Substance Abuse Issues	6	85.71%
Physical Health	5	71.43%
Victimization	5	71.43%
Antisocial/Problematic Behaviour (non-criminal)	4	57.14%
Housing	4	57.14%
Family Circumstances	3	42.86%
Neighborhood	3	42.86%
Criminal Involvement	2	28.57%
Education/Employment	2	28.57%
Peers	2	28.57%

Table 18. Risk Categories

Risk Category	Discussion	Percentage
Mental Health	7	100.00%
Drugs	6	85.71%
Emotional Violence	6	85.71%
Physical Health	5	71.43%
Cognitive Functioning	4	57.14%
Housing	4	57.14%
Physical Violence	4	57.14%
Basic Needs	3	42.86%
Crime Victimization	3	42.86%
Self Harm	3	42.86%
Criminal Involvement	2	28.57%
Negative Peers	2	28.57%
Parenting	2	28.57%
Poverty	2	28.57%
Sexual Violence	2	28.57%
Suicide	2	28.57%
Supervision	2	28.57%
Unemployment	2	28.57%
Alcohol	1	14.29%
Antisocial/Negative Behaviour	1	14.29%
Social Environment	1	14.29%
Threat to Public Health and Safety	1	14.29%

AGE RANGE 25-29

Females 25-29

There were **2 Discussions** presented with females in the age range of 25-29 with a total **30 risk factors** reported. The top 5 risk categories for this demographic were **Alcohol**, **Basic Needs**, **Crime Victimization**, **Drugs**, and **Emotional Violence** (Table 20).

Table 19. Risk Information by Demographics Report- By Discussion- Females 25-29

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	2	100.00%
Emotional Violence	2	100.00%
Mental Health and Cognitive Functioning	2	100.00%
Substance Abuse Issues	2	100.00%
Victimization	2	100.00%
Criminal Involvement	1	50.00%
Family Circumstances	1	50.00%
Neighborhood	1	50.00%
Peers	1	50.00%
Physical Health	1	50.00%

Table 20. Risk Categories

Risk Category	Discussion	Percentage
Alcohol	2	100.00%
Basic Needs	2	100.00%
Crime Victimization	2	100.00%
Drugs	2	100.00%
Emotional Violence	2	100.00%
Mental Health	2	100.00%
Criminal Involvement	1	50.00%
Negative Peers	1	50.00%
Parenting	1	50.00%
Physical Health	1	50.00%
Physical Violence	1	50.00%
Poverty	1	50.00%
Self Harm	1	50.00%
Sexual Violence	1	50.00%
Suicide	1	50.00%
Supervision	1	50.00%

Males 25-29

There were **3 Discussions** presented with males in the age range of 25-29 with a total **36 risk factors** reported. The top 5 risk categories for this demographic were **Drugs**, **Emotional Violence**, **Mental Health**, **Basic Needs**, and **Criminal Involvement** (Table 22).

Table 21. Risk Information by Demographics Report- By Discussion- Males 25-29

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	3	100.00%
Emotional Violence	3	100.00%
Mental Health and Cognitive Functioning	3	100.00%
Substance Abuse Issues	3	100.00%
Criminal Involvement	2	66.67%
Neighborhood	2	66.67%
Victimization	2	66.67%
Education/Employment	1	33.33%
Housing	1	33.33%
Peers	1	33.33%
Physical Health	1	33.33%

Table 22. Risk Categories

Risk Category	Discussion	Percentage
Drugs	3	100.00%
Emotional Violence	3	100.00%
Mental Health	3	100.00%
Basic Needs	2	66.67%
Criminal Involvement	2	66.67%
Poverty	2	66.67%
Alcohol	1	33.33%
Antisocial/Negative Behaviour	1	33.33%
Cognitive Functioning	1	33.33%
Crime Victimization	1	33.33%
Elderly Abuse	1	33.33%
Housing	1	33.33%
Negative Peers	1	33.33%
Physical Health	1	33.33%
Physical Violence	1	33.33%
Sexual Violence	1	33.33%
Threat to Public Health and Safety	1	33.33%
Unemployment	1	33.33%

AGE RANGE 30-39

Females 30-39

The Hub had **7 Discussions** with females in the age range of 30-39 in 2022. They were presented with a combined total of **81 risk factors**. The top 5 risk categories were **Housing**, **Mental Health**, **Physical Health**, **Poverty**: **Criminal Involvement** (Table 23).

Table 23. Risk Information by Demographics Report- By Discussion- Females 30-39

CSWB High Level Risk Priorities	Discussion	Percentage
Housing	6	85.71%
Mental Health and Cognitive Functioning	6	85.71%
Neighborhood	6	85.71%

Physical Health	6	85.71%
Substance Abuse Issues	5	71.43%
Antisocial/Problematic Behaviour (non-criminal)	4	57.14%
Criminal Involvement	4	57.14%
Education/Employment	2	28.57%
Family Circumstances	2	28.57%
Victimization	2	28.57%
Emotional Violence	1	14.29%
Peers	1	14.29%

Table 24. Risk Categories

Risk Category	Discussion	Percentage
Housing	6	85.71%
Mental Health	6	85.71%
Physical Health	6	85.71%
Poverty	6	85.71%
Criminal Involvement	4	57.14%
Alcohol	3	42.86%
Basic Needs	3	42.86%
Drugs	3	42.86%
Suicide	3	42.86%
Crime Victimization	2	28.57%
Supervision	2	28.57%
Unemployment	2	28.57%
Antisocial/Negative Behaviour	1	14.29%
Cognitive Functioning	1	14.29%
Emotional Violence	1	14.29%
Negative Peers	1	14.29%
Parenting	1	14.29%
Self Harm	1	14.29%
Social Environment	1	14.29%

Males 30-39

The Hub had **2 Discussions** with males in the age range of 30-39. They were presented with a combined total of 29 risk factors. The risk categories are listed below in Table 26.

Table 25. Risk Information by Demographics Report- By Discussion Males 30-39

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	2	100.00%
Criminal Involvement	2	100.00%
Education/Employment	2	100.00%
Housing	2	100.00%
Mental Health and Cognitive Functioning	2	100.00%
Neighborhood	2	100.00%
Substance Abuse Issues	2	100.00%
Victimization	2	100.00%
Physical Health	1	50.00%

Table 26. Risk Categories

Risk Category	Discussion	Percentage
Antisocial/Negative Behaviour	2	100.00%
Crime Victimization	2	100.00%
Criminal Involvement	2	100.00%
Drugs	2	100.00%
Housing	2	100.00%
Mental Health	2	100.00%
Physical Violence	2	100.00%
Poverty	2	100.00%
Unemployment	2	100.00%
Basic Needs	1	50.00%
Physical Health	1	50.00%
Suicide	1	50.00%

AGE RANGE 40-49

Females 40-49

The top risks in this age range were **Basic Needs**, **Housing**, **Mental Health**, and **Physical Health**.

Table 27. Risk Information by Demographics Report- By Discussion Female 40-49

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	1	100.00%
Housing	1	100.00%
Mental Health and Cognitive Functioning	1	100.00%
Physical Health	1	100.00%

Table 28. Risk Category

Risk Category	Discussion	Percentage
Basic Needs	1	100.00%
Housing	1	100.00%
Mental Health	1	100.00%
Physical Health	1	100.00%

Males 40-49

The Hub had **2 Discussions** with males in the age range of 40-49. They were presented with a combined total of **24 risk factors** (Table 29). The top 5 risks in this age range as reported were **Antisocial/Negative Behaviour**, **Basic Needs**, **Housing**, **Mental Health**; and **Unemployment** (Table 30).

Table 29. Risk Information by Demographics Report- By Discussion Males 40-49

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	2	100.00%
Education/Employment	2	100.00%
Housing	2	100.00%
Mental Health and Cognitive Functioning	2	100.00%
Substance Abuse Issues	2	100.00%
Criminal Involvement	1	50.00%
Neighborhood	1	50.00%
Physical Health	1	50.00%

Table 30. Risk Category Males 40-49

Risk Category	Discussion	Percentage
Antisocial/Negative Behaviour	2	100.00%
Basic Needs	2	100.00%
Housing	2	100.00%
Mental Health	2	100.00%
Unemployment	2	100.00%
Alcohol	1	50.00%
Criminal Involvement	1	50.00%
Drugs	1	50.00%
Physical Health	1	50.00%
Poverty	1	50.00%
Self Harm	1	50.00%
Social Environment	1	50.00%
Suicide	1	50.00%

AGE RANGE 50-59

Females 50-59

The Hub had **2 Discussions** with a combined **14 risk factors** reported within this age range. The top 5 risks associated were **Mental Health**, **Alcohol**, **Basic Needs**, **Crime Victimization**; and **Emotional Violence** (Table 32).

Table 31. Risk Information by Demographics Report- By Discussion Females 50-59

CSWB High Level Risk Priorities	Discussion	Percentage
Mental Health and Cognitive Functioning	2	100.00%
Antisocial/Problematic Behaviour (non-criminal)	1	50.00%
Emotional Violence	1	50.00%
Family Circumstances	1	50.00%
Housing	1	50.00%
Neighborhood	1	50.00%
Physical Health	1	50.00%
Substance Abuse Issues	1	50.00%
Victimization	1	50.00%

Table 32. Risk Category Females 50-59

Risk Category	Discussion	Percentage
Mental Health	2	100.00%
Alcohol	1	50.00%
Basic Needs	1	50.00%
Crime Victimization	1	50.00%
Emotional Violence	1	50.00%
Housing	1	50.00%
Physical Health	1	50.00%
Physical Violence	1	50.00%
Poverty	1	50.00%

Males 50-59

The top 5 Risk Factors reported for this demographic were **Antisocial/Negative Behaviour**, **Antisocial/Negative Behaviour**, **Cognitive Functioning**; and **Housing***.

Table 31. Risk Information by Demographics Report- By Discussion Males 50-59

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	1	100.00%
Emotional Violence	1	100.00%
Mental Health and Cognitive Functioning	1	100.00%
Physical Health	1	100.00%

Table 32. Risk Category

Risk Category	Discussion	Percentage
Antisocial/Negative Behaviour	1	100.00%
Antisocial/Negative Behaviour	1	100.00%
Cognitive Functioning	1	100.00%
Emotional Violence	1	100.00%
Housing	1	100.00%
Mental Health	1	100.00%
Physical Health	1	100.00%
Suicide	1	100.00%

*Note: There was only one discussion for 2022

AGE RANGE 60-69

Females 60-69

The top 5 Risk Factors reported for this demographic were **Basic Needs**, **Housing**, **Mental Health,** and **Poverty** (Table 34)*.

Table 33. Risk Information by Demographics Report- By Discussion Females 60-69*

CSWB High Level Risk Priorities	Discussion	Percentage
Antisocial/Problematic Behaviour (non-criminal)	1	100.00%
Housing	1	100.00%
Mental Health and Cognitive Functioning	1	100.00%
Neighborhood	1	100.00%

Table 34. Risk Category Females 60-69

Risk Category	Discussion	Percentage
Basic Needs	1	100.00%
Housing	1	100.00%
Mental Health	1	100.00%
Poverty	1	100.00%

*Note: There was only one discussion for 2022

AGE RANGE 70-79

Females 70-79

The Hub had **1 Discussions** with **14 risk factors** reported within this age range. The risks associated are in Tables 35 and 36.

Table 35. Risk Information by Demographics Report- By Discussion Females 70-79

Risk Category	Discussion	Percentage
Basic Needs	1	100.00%
Housing	1	100.00%
Mental Health	1	100.00%
Poverty	1	100.00%

Table 36. Risk Category

Risk Category	Discussion	Percentage
Alcohol	1	100.00%
Antisocial/Negative Behaviour	1	100.00%
Drugs	1	100.00%
Mental Health	1	100.00%
Physical Health	1	100.00%
Physical Violence	1	100.00%
Poverty	1	100.00%
Social Environment	1	100.00%
Supervision	1	100.00%

SECTION 5 Protective Factors

While the capturing of protective factors is a goal for our agency representatives it is not always practical to obtain in the initial engagement with the individual and family at risk. We were capturing them where possible and the Top 3 Protective Factors were **Family Supports**, **Financial Security and Employment**, and **Education.**

SECTION 6 Study Flags

In 2022 our team members captured 247 study flags from the 46 individuals and families accepted at the situation table for discussion. The full list of study flags is taken from the RTD and listed below in Table 37. Lack of access to housing, 'Homelessness' (11%) and Risk of Losing Housing/Unsafe Living Conditions (10%), and Social Isolation (8%) were the 3 flagged for further study and action (Table 37).

Table 37. Study Flags

Study Flag	Number of Study Flags Reported	Percentage
Recent Escalation	34	13.77%
Homelessness	28	11.34%
Risk of Losing Housing/Unsafe Living Conditions	25	10.12%
Social Isolation	20	8.10%
Child Involved	18	7.29%
Cognitive Disability	13	5.26%
Transportation Issues	13	5.26%
Wait list	11	4.45%
Domestic Violence	11	4.45%
Developmental Disability	7	2.83%
Recidivism	7	2.83%
Risk of Human Trafficking	7	2.83%
Methamphetamine Use	7	2.83%
Problematic Opioid Use	5	2.02%
Geographical Isolation	5	2.02%
Cultural Considerations	5	2.02%
Hoarding	4	1.62%
Acquired Brain Injury	4	1.62%
Lack of Supports for Elderly Person(s)	4	1.62%
Custody Issues/Child Welfare	3	1.21%
Trespassing	3	1.21%
Social Media	3	1.21%
Learning Disability	2	0.81%
Fire Safety	2	0.81%
Gaming/Internet Addiction	2	0.81%
Gender Issues	1	0.40%
Cyber Safety	1	0.40%
Language/Communication Barrier	1	0.40%
Inappropriate Sexual Behaviour/Hyper-sexuality	1	0.40%
Total	**247**	**100.00%**

SECTION 7 Risk Information 2019-2022

Table 38. 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.

Between 2019 and 2022 we had a total of **324 Discussions**, with **308** of those Discussions having a Risk Factor Record**.** In total we have captured **3270 Risk Factors** in our work to mobilize rapid response supports for those at AER in our community.

Table 38. Top Risk Information Year-over-Year Report

	Top Risk Factors									
Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2019	**Poverty**	52	**Mental Health - suspected**	49	**Antisocial/ Negative Behaviour**	44	**Negative Peers**	39	**Mental Health – diagnosed**	37
2020	**Antisocial/ Negative Behaviour**	48	**Mental Health - diagnosed**	40	**Poverty**	38	**Mental Health - suspected**	33	**Physical Violence**	29
2021	**Poverty**	36	**Housing**	32	**Mental Health - diagnosed**	31	**Basic Needs**	29	**Antisocial/ Negative Behaviour**	28
2022	**Mental Health - Grief**	29	**Housing**	24	**Mental Health - diagnosed**	24	**Basic Needs**	22	**Poverty**	20