

# ANNUAL REPORT 2024

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Cover image: A Framework for Planning Community Safety and Well-being, SOLGEN

### **INTRODUCTION**

The Lanark County Situation Table began in September 2015 with two main objectives: to establish and maintain a riskintervention table and to undertake a community plan for safety and well-being for Lanark County and Smiths Falls. The overall community safety model seeks to identify root causes of harm and find ways to prevent or mitigate them. The situation table is a risk-intervention tool that mitigates harm and the community plan for safety and well-being focuses on prevention and building social programs to strengthen the health and well-being of the community. The situation table continues to be a valuable tool for community partners to help individuals and families before situations escalate into a crisis, while enhancing networking and understanding of the supports that exist in our communities.

The purpose of this document is to provide community partners, police services boards, local municipal councils and communities with an overview of Lanark County Situation Table activities in 2024. It will provide background and statistics for the reporting period and from the inception of the situation table.

This project has been made possible by grants from the Ministry of the Solicitor General and in-kind support from the Lanark County OPP, Town of Perth and Lanark County. Thanks to the Lanark County OPP and the former Perth Police Services Board for taking the lead in establishing this model for Lanark County, to local municipalities for their support of the endeavour, and to the many partner agencies and their representatives who do the incredible front-line work to help those who need it.

### HOW DOES THE SITUATION TABLE WORK?

The situation table brings front-line, acute-care, human-service agencies together to provide wrap-around support for individuals who meet a defined threshold of "acutely elevated risk" (AER). AER means someone is at imminent risk of self-harm or harming someone else. In 2024 there were representatives from 28 local agencies participating at the situation table. Representatives work in a privacy-protective manner to rapidly connect individuals to appropriate services. Coordination support has been provided by the part-time position funded by provincial grants through Town of Perth. The situation table has been meeting twice monthly since December 9, 2015. It also meets on an ad hoc basis when necessary and has done so 53 times from inception to the end of May 2024.

When a member agency has a client it believes would meet the threshold for AER, a referral can be made. The situation must exceed their capacity to respond within their own agency alone, exhibit multiple risk factors and require a multi-agency response. The situation table also has a non-AER referral process in which agencies can capture individuals who are not quite at the threshold of AER, but who still exhibit multiple risk factors and need a multi-agency response. For this process, consent must be received from an individual up front. Privacy legislation allows, in circumstances of imminent harm, for a discussion to take place prior to consent being received for individuals who are at acutely elevated risk. Consent up front is always preferred. Once it is deemed either the AER or non-AER threshold has been met, a team of the most appropriate and relevant agencies is assembled to work with clients to connect them to services and reduce overall risk.

The Lanark County Situation Table uses the online Risk-Driven Tracking Database (RTD) through an agreement with and supported by the provincial Ministry of the Solicitor General (SOLGEN). This allows for nationally comparative data for analysis and for the situation table to track referrals in a de-identified format using a case number, general information about gender and age range, risk factors, study flags, agencies involved (originating and assisting) and services mobilized. No personal information is retained. There are 107 risk factors and 35 study flags included in the database, encompassing a wide range of categories (e.g., addictions, mental and physical health, criminal involvement, housing).

In 2024, three individuals were licensed and trained by SOLGEN to use the RTD for the Lanark County Situation Table (the coordinator and two OPP data analysts who are authorized as de-identified data recorders for the meetings). The

system includes reporting capabilities to help with trend analysis and community safety planning. Reports are specific to each situation table and the system adheres to strict privacy and security guidelines.

The Lanark County Situation Table itself does not conduct case management; this is left to the agencies involved at the intervention stage to take on that role as appropriate and with consent. In addition, self-referrals are not accepted; referrals are made through one of the participating agencies. Several agencies that are not full participating members at the situation table, but that may encounter individuals who could be referred, have been made aware of the referral process and are sometimes involved.

#### Agencies

The following agencies were represented at the Situation Table in 2024:

- Almonte General Hospital/Carleton Place Memorial District Hospital
- Catholic District School Board of Eastern Ontario
- ConnectWell Community Health
- Cornerstone Landing Youth Services
- Family and Children's Services of Lanark, Leeds and Grenville
- Lanark County Community Justice Program
- Lanark County Interval House
- Lanark County Mental Health
- Lanark County Paramedic Services
- Lanark County Sexual Assault & Domestic Violence Program
- Lanark County Social Services (Ontario Works, Social Housing, Children's Services and Developmental Services)
- Lanark, Leeds, Grenville Addiction and Mental Health
- Leeds, Grenville & Lanark District Health Unit (South East Health Unit)
- Ontario Disability Support Program
- Ontario Health at Home South East Lanark
- OPP Lanark County
- Open Doors for Lanark Children and Youth
- Perth and Smiths Falls District Hospital
- Probation and Parole Ministry of the Solicitor General Lanark County
- Rideau Community Health Services
- RNJ Youth Services
- Rural FASD Network
- Shelter Movers
- Smiths Falls Police Service
- The Royal Ottawa Hospital
- The Table Community Food Centre
- Transitional Aged Youth Program
- Upper Canada District School Board
- Victim Services of Lanark County

#### Four Filter Process

The Lanark County Situation Table uses the following procedure to assess AER referrals:

- Filter One Agency determines a situation is beyond its scope and may meet threshold for AER.
- Filter Two De-identified discussion held at situation table in order for group to determine if it meets threshold.
- Filter Three If it meets the threshold, most relevant/appropriate agencies are determined for intervention planning.
- Filter Four Identified agencies with a direct role meet separately to discuss limited personal/confidential information in order to inform plan to address risk factors.

In all cases, obtaining consent to provide multi-sector services and to permit any further sharing of personal and confidential information is the first priority of the combined agencies responding to the situation.

# LANARK COUNTY SITUATION TABLE STATISTICS

#### **Discussions**

Since the Lanark County Situation Table began on Dec. 9, 2015 and up to Dec. 31, 2024, 371 discussions have been held. Of those, 290 met the threshold for AER, and 83% of those were ultimately closed with overall risk lowered. The table to the right shows discussion numbers from 2021 to June 30, 2025. The list below shows numbers for previous years. Numbers began to increase again during the pandemic.

#### **Previous years:**

- 2015 (December only): 7
- 2016: 71 (this was the most in one year and may reflect the learning curve for determining appropriate referrals)
- 2017:63
- 2018: 55 (The Mobile Crisis Response Team (MCRT) began in 2018. Some referrals that would have come to the table were – and continue to be – caught earlier through MCRT.)
- 2019: 25
- 2020: 28

### All Discussions in 5 years $\sim$



Figure 1: All Discussions In 5 Years

#### Agency Engagement

Since inception, police have tended to be the top referrers to the Lanark County Situation Table, largely due to the 24/7 nature of police response and the vulnerable people they encounter. The situation table has provided a mechanism for officers to be able to refer people to more appropriate services when they need help. OPP and Smiths Falls Police Service combined represent 44% of referrals since inception and 21% last year. In the last two years, there has been an increase in referrals coming from other agencies. In 2024, the top referrer was OPP, followed by Family and Children's Services, Lanark County Mental Health and the Lanark County Sexual Assault and Domestic Violence Program. Probation/Parole, Lanark County Mental Health/Lanark Leeds and Grenville Addictions and Mental Health, and Victim Services are the top three for lead and assisting agencies in interventions since inception. In 2024, the top lead and

assisting agencies included Lanark County Mental Health, Victim Services, Lanark County Social Services and Lanark Leeds and Grenville Addictions and Mental Health.

The charts below show the top 20 agencies for engagement, all time and in 2024. Overall, member engagement at the situation table has been steady, with some individuals having been involved since inception.

#### ALL TIME AGENCY ENGAGEMENT – TOP 20

Agency	Originating	Lead	Assisting	Total	% of
Ontario Provincial Police - Lanark County	Agency 131	Agency 6	Agency 84	<b>Count</b> 221	<b>Total</b> 23.2%
Smiths Falls Police Service	34	5	80	119	12.5%
Probation and Parole - Ministry of the Solicitor General - Lanark County	32	42	29	103	10.8%
Family and Children's Services of Lanark Leeds and Grenville - Lanark County	22	23	72	117	12.3%
Upper Canada District School Board - Lanark County	21	15	59	95	10.0%
Lanark County Social Services	17	15	106	138	14.5%
Leeds Grenville Lanark District Health Unit - Lanark County	17	11	33	61	6.4%
Victim Services of Lanark County	17	35	112	164	17.2%
Lanark County Mental Health	12	41	128	181	19.0%
Ontario Health at Home - Champlain - Lanark	8	11	11	30	3.1%
Lanark County Sexual Assault & Domestic Violence Program	7	4	24	35	3.7%
Perth and Smiths Falls District Hospital	6	4	63	73	7.7%
Connectwell Community Health	5	3	19	27	2.8%
Lanark County Interval House	5	9	73	87	9.1%
Lanark Leeds Grenville Addiction and Mental Health	5	18	109	132	13.9%
Lanark County Paramedic Services	4		36	40	4.2%
Lanark County Community Justice Program	3	1	3	7	0.7%
Mobile Crisis Response Team - Lanark	3	4	16	23	2.4%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Lanark County	3	2	23	28	2.9%
Open Doors for Lanark Children and Youth	3	8	70	81	8.5%

Figure 2: All Time Agency Engagement – Top 20

#### AGENCY ENGAGEMENT, 2024 – TOP 20

Agency	Originating	Lead	Assisting	Total	% of
	Agency	Agency	Agency	Count	Total
Ontario Provincial Police - Lanark County	5		9	14	20.0%
Family and Children's Services of Lanark Leeds and Grenville - Lanark County	3	4	9	16	22.9%
Lanark County Mental Health	3	4	15	22	31.4%
Lanark County Sexual Assault & Domestic Violence Program	3	1	10	14	20.0%
Lanark County Social Services	2	3	11	16	22.9%

Lanark County Situation Table \* Annual Report – 2024

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Open Doors for Lanark Children and Youth	2	2	10	14	20.0%
Upper Canada District School Board - Lanark County	2	1	9	12	17.1%
Connectwell Community Health	1		3	4	5.7%
Lanark County Paramedic Services	1		9	10	14.3%
Lanark County Situation Table	1	1		2	2.9%
Perth and Smiths Falls District Hospital	1	1	6	8	11.4%
Probation and Parole - Ministry of the Solicitor General -	1	1	1	3	4.3%
Lanark County					
RNJ Youth Services	1	2	6	9	12.9%
Smiths Falls Police Service	1		10	11	15.7%
Victim Services of Lanark County	1		12	13	18.6%
Almonte General Hospital			1	1	1.4%
Carleton Place and District Memorial Hospital			1	1	1.4%
Catholic District School Board of Eastern Ontario			4	4	5.7%
Cornerstone Landing Youth Services			2	2	2.9%
Lanark County Community Justice Program			1	1	1.4%
	•	•	•	•	-

Figure 3: Agency Engagement, 2024 – Top 20

#### **Demographics**

The Risk-Tracking Database allows for a range of discussion categories, including person, family, neighbourhood, environment and dwelling. For all time, most discussions (72.2%) have fallen into the "person" category. In 2024, there was a much closer split between "person" and "family." In 2024, 28 discussions were held. Of the 21 that proceeded to intervention, 10 were individuals and 9 were families. There has been an increase in other discussion types in recent years. In 2024 there was one dwelling referral, which focuses on reducing risks in a housing complex, and there was an environmental referral, which initiated a community response to a murder.



Discussion Type	Discussions	% of lotal
Person	210	72.2%
Family	74	25.4%
Environmental	5	1.7%
Dwelling	2	0.7%
Total	291	100.0%



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Person	10	47.6%
Family	9	42.9%
Dwelling	1	4.8%
Environmental	1	4.8%
Total	21	<b>100.0</b> %

Figure 4: Breakdown by Discussion Type, All Time

Figure 5: Breakdown by Discussion Type, 2024

In terms of age groups, the charts below show for all time and for 2024. There was a change in the database a few years ago that further broke down the previous 40-59 and 60+ age groups. Data for 40-49, 50-59, 60-69 70-79 and 80+ has only been collected since that change.

The age group chart only includes discussions that proceeded to intervention and does not include age ranges for discussions in the "family" category – only individuals. The number of young people being referred to the situation table is being monitored.



Figure 6: Breakdown by Age Group, All Time

The graph below shows vulnerable age groups between 2021 and up to June 30, 2025. The impact of pandemic stressors can be seen on the 30-39 age group in 2021.



Figure 8: Discussion by Age Group-Year Over Year

Figure 7: Breakdown by Age Group, 2024

Similar to the age ranges, the "Gender" charts below only include discussions that proceeded to intervention and do not include the "Family" category. The split for all time is fairly even (below left) and is 50/50 in 2024.









The graphs below show the ages and genders for individuals involved in family referrals from inception to Dec. 31, 2024. Out of the 371 discussions for that period, 74 were in the "family" category and proceeded to intervention, with a total of 240 "affected persons." The graph on the left shows all involved, and the graph on the right shows only the noncaregivers (i.e., children and others). The 12- to 17-year category figures prominently in these referrals, along with younger children. When caregivers are included (see below left), the 30- to 39-year age group has the highest occurrence.





Figure 11: All Affected Persons, Family Referrals-All Time



In 2024, there were 28 discussions with a total of 32 "affected persons." The 6-11 and 12-17 age ranges are the most dominant, with the 30-39 and 40-49 age ranges occurring most frequently as caregivers.





Figure 13: All Affected Persons, Family Referrals-2024



#### **Risk Factors**

The RTD system places risk information into different groupings. These are defined as "characteristics and/or conditions present in individuals, families and communities that may increase the presence of crime or fear of crime in a community." There are 107 risk factors included in the RTD. These fit into 27 categories along with 13 Community Safety and Well-being high-level priorities, which allows for different types of analysis. Mental health has been a number one risk factor since the situation table began. Each referral to the situation table involves more than one risk factor. With the average since inception being 7.3 risk factors per discussion.

The chart below shows the top risk factors from inception to Dec. 31, 2024. The top three are, quite consistently, mental health, criminal involvement and drugs. Over the years, basic needs and housing have been increasing as risk factors.



Figure 15: Overall Risk Categories, All Time

For each individual discussion, there can be numerous risk factors within a single risk category. For example, an individual who has had repeated and escalating contacts with police may be demonstrating several different criminal involvement risk factors within the single criminal involvement category (e.g. mischief, assault and theft). Criminal involvement is frequently seen as a risk due to the volume of referrals that come from police, often due to escalating contacts. The criminal involvement category can include instances when a person is suspected, charged, arrested or convicted of an offence (as opposed to only convicted, for example).

The chart below shows the top risk factors for 2024, with mental health, criminal involvement and drugs the top three.



Figure 16: Overall Risk Categories, 2024

The database can also show at risk information by demographic, which can help to determine areas to focus prevention. The following charts take a closer look at risk factors affecting three different age-range groups over the last five years (2020-2024), which would include the pandemic. Further exploration could break down risks related to gender and more specific age ranges.

#### Ages 12 to 24 (2020-2024)

RISK INFORMATION - 12-24	4 AGE RANGE, 20	20-2024
Mental Health	26	14%
Criminal Involvement	20	10%
Parenting	16	8%
Antisocial/Negative Behaviour	13	7%
Housing	13	7%
Drugs	12	6%
Physical Violence	10	5%
Crime Victimization	8	4%
Emotional Violence	8	4%
Suicide	8	4%
Basic Needs	7	4%
Missing/Runaway	7	4%
Self Harm	7	4%
Alcohol	6	3%
Missing School	5	3%
Cognitive Functioning	4	2%
Physical Health	4	2%
Poverty	4	2%
Sexual Violence	4	2%
Negative Peers	3	2%
Supervision	3	2%
Social Environment	1	1%
Threat to Public Health and		
Safety	1	1%
Unemployment	1	1%
Total	191	100%

In this time period, mental health, criminal involvement, parenting, antisocial/negative behaviour and housing were the top five risks for the 20 discussions that included individuals in this age range. This would not include family referrals.

Figure 17: Risk Information – Ages 12-24, 2020-2024

#### Ages 25-59 (202-2024)

There were a total of 31 discussions involving individuals in this age group in the last five years. The top five risks were mental health, criminal involvement, drugs, physical health and housing.

RISK INFORMATION – 12-24 AGE RANGE, 2020-2024				
Risk Category	Occurrences	Percentage		
Mental Health	40	15%		
Criminal Involvement	33	12%		
Drugs	21	8%		
Physical Health	19	7%		
Housing	17	6%		
Poverty	16	6%		
Antisocial/Negative Behaviour	14	5%		
Alcohol	13	5%		
Basic Needs	13	5%		
Crime Victimization	11	4%		
Physical Violence	11	4%		
Suicide	11	4%		
Cognitive Functioning	9	3%		
Sexual Violence	9	3%		
Emotional Violence	8	3%		
Unemployment	5	2%		
Negative Peers	4	1%		
Self Harm	4	1%		
Threat to Public Health and				
Safety	4	1%		
Parenting	3	1%		
Social Environment	1	0%		
Supervision	1	0%		
Total	267	100%		

*Figure 18: Risk Information – Ages 25-59, 2020-2024* 

#### Ages 60+

In this category there were 10 discussions for this age group between 2020 and 2024. Here the risk factors are more varied, showing physical health, basic needs, antisocial/negative behaviour, mental health and emotional violence as the top five.

RISK INFORMATION – 60+ AGE RANGE, 2020-2024				
Risk Category	Occurrences	Percentage		
Physical Health	13	18%		
Basic Needs	8	11%		
Antisocial/Negative Behaviour	7	10%		
Mental Health	7	10%		
Emotional Violence	6	8%		

Lanark County Situation Table \* Annual Report – 2024

Housing	6	8%
Criminal Involvement	5	7%
Crime Victimization	4	6%
Alcohol	3	4%
Cognitive Functioning	2	3%
Physical Violence	2	3%
Threat to Public Health and		
Safety	2	3%
Drugs	1	1%
Elderly Abuse	1	1%
Poverty	1	1%
Self Harm	1	1%
Sexual Violence	1	1%
Supervision	1	1%
Total	71	100%

Figure 19: Risk Information – 60+, 2020-2024

#### <u>Study Flags</u>

The RTD offers reports to show the range of study flags associated with discussions, which often helps to provide a more local lens on issues affecting the community. Since inception, the most frequent study flag has been, by far, "recent escalation." An escalation in risk is often a first indicator of a need for a referral. In recent years, "risk of losing housing/unsafe living conditions" and "homelessness" have increased in frequency for study flags. Domestic violence continues to be in the top five. In 2024 (next page), "custody issues/child welfare" and "child involved" were second and third highest, which reflects higher numbers of referrals involving children and youth as well as increased engagement with Family and Children's Services in that time frame.



Figure 20: Study Flag Discussions - Top 15, All Time



Figure 21: Study Flag Discussions – Top 15, 2024

#### **Closure Reasons**

Of 371 discussions held from inception to Dec. 31, 2024, 291 proceeded to intervention due to acutely elevated risk, and 83% of those were closed with overall risk lowered. Of the rejected discussions, 23 were referred to the non-AER process, which began in 2019. Of those, 48% had overall risk lowered.

The table below provides more detailed reasons for the conclusion categories. Rejected discussions can include the following reasons: "Situation not deemed to be one of acutely elevated risk," "Already connected to appropriate services with potential to mitigate the risk," "Originator has not exhausted all options to address the issue" and "Already connected to appropriate personal supports with potential to mitigate the risk." Discussions that are referred to the non-AER process fall into the "Situation not deemed to be one of acutely elevated risk" category.

Conclusion Reasons – All Time	Discussions	% of Total
Connected to services	213	57%
Situation not deemed to be one of acutely elevated risk	33	9%
Relocated	18	5%
Already connected to appropriate services with potential to mitigate the risk	17	5%
Originator has not exhausted all options to address the issue	16	4%
Refused services	14	4%
Through no action of the Situation Table	13	4%
Already connected to appropriate personal supports with potential to mitigate		
the risk	11	3%
Connected to personal supports	9	2%

Connected to services in other jurisdiction	8	2%
Unable to locate	7	2%
Systemic issue	5	1%
Already connected to services and risk was mitigated	3	1%
Informed about services; not yet connected	3	1%
New information reveals AER did not exist to begin with	1	0%
Total	371	<b>100</b> %

Figure 22: Conclusion Reasons, All Time

In 2024 there were 28 discussions, of which 21 proceeded to acutely elevated risk intervention. Of those, 90% were closed with overall risk lowered. Four of the rejected discussions went to the non-AER process. Three of those had overall risk lowered and the fourth relocated to another jurisdiction. The detailed closure reasons for acutely elevated risk referrals in 2024 are in the table below.

Conclusion Reasons - 2024	Discussions	% of Total
Connected to services	18	64%
Situation not deemed to be one of acutely elevated risk	5	18%
Already connected to services and risk was mitigated	1	4%
Originator has not exhausted all options to address the		
issue	1	4%
Refused services	1	4%
Systemic issue	1	4%
Through no action of the Situation Table	1	4%
Total	28	100%

Figure 23: Conclusion Reasons, 2024

#### Services Mobilized

Since 2017, the Lanark County Situation Table has been tracking "Services Mobilized" information on the RTD. This includes different categories of services and allows the lead agency to indicate during the report-back process whether individuals (or others) were engaged, informed of, connected to or refused a service. It also can indicate if a service is not available. The graphs below, for 2017-2024 and for 2024 alone, show mental health continues to be the most frequent service mobilized, with housing in the top five.



Figure 24: Services Mobilized, 2017-2024



Figure 25: Services Mobilized, 2024

### **OPP Pre- and Post-Referral Data**

Since almost the start of the Lanark County Situation Table, Lanark County OPP has been evaluating its effectiveness in relation to calls for service pre- and post-referral for individuals referred by the OPP. From inception to the Dec. 31, 2024, OPP have made a total of 131 out of 371 referrals – or 35%. The number of referrals from OPP has declined in the last few years, with increased referrals coming from partner agencies.

In the past three years, there has been a wide fluctuation related to the calls for service. In a reporting period for a grant spanning 2022 to 2025, year one saw five referrals from OPP and a 271% increase in calls for service post-referral because the individuals involved were experiencing significant challenges requiring an elevated level of police involvement. In the second year, there were three referrals from OPP and a 57% decrease in calls for service. In the third year, there was one referral and a 175% decrease in calls for service. The smaller number of referrals from OPP affects the calculation depending on the circumstances of the individual. Since the situation table began using this measurement several years ago, most years have shown a decrease in calls for service, with year one of this grant cycle being the first time there was an increase. The analysis does not include time spent by court officers or support staff after initial interactions with a subject, nor does it include any court time accrued by officers relating to any of the interactions. It can be inferred that those hours would also be reduced with fewer interactions.

### CONCLUSION

The Lanark County Situation Table continues to make a valuable contribution to community safety in Lanark County and Smiths Falls. The involvement of so many community partners is critical to its success, and engagement continues to be positive and consistent, which strengthens the situation table and improves responses. The Lanark County Situation Table is a place where partners can come together to effectively help those needing support while networking, building relationships and identifying risks in our community.

Thank you to the many partners and participants who have supported the work of the Lanark County Situation Table and the Community Plan for Safety and Well-being, and to the Ministry of the Solicitor General for its ongoing support of this valuable risk-intervention model.