

LANARK COUNTY SITUATION TABLE

10 Years



ANNUAL REPORT

2025

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INTRODUCTION

In 2025, the Lanark County Situation Table celebrated its 10th anniversary. It is part of a community safety project that began in September 2015 with two main objectives: to establish and maintain a situation table and to undertake a community plan for safety and well-being for Lanark County and Smiths Falls. Since then, more than 400 discussions have come to the situation table, and local municipalities adopted the second iteration of the Community Plan for Safety and Well-being for Lanark County and Smiths Falls in 2025.

At inception, the project aimed to identify root causes of crime and social disorder and find ways to prevent or alleviate harms. 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. This annual report outlines the work of the situation table, which is a valuable, collaborative tool that helps people before situations escalate into crisis. At the same time, it increases networking between community partners, which creates greater understanding of services and supports available in our communities.

This report provides community partners, local municipal councils, the Lanark County OPP Detachment Board and the public with an overview of Lanark County Situation Table activities in 2025 and throughout its 10-year history. The project has been made possible by grants from the Ministry of the Solicitor General and in-kind support from the Town of Perth, Lanark County and Lanark County OPP.

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 2025 there were representatives from 27 local agencies actively participating at the situation table, with several other agencies serving in an ad hoc capacity. Representatives work in a privacy-protective manner to rapidly connect individuals to appropriate services. Coordination support was provided through a part-time position with the Town of Perth until June 2025, when it became part of the new full-time Lanark County OPP Detachment Board Support Coordinator position with Lanark County. Situation table coordination and operations are supported through provincial Ministry of the Solicitor General (SOLGEN) grants. 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 58 times from inception to the end of December 2025.

Referrals come from agencies when they have a client they believe meets the threshold for AER, exceeds their capacity to respond within their own agency alone, exhibits multiple risk factors and requires a multi-agency response. The situation table also has a non-AER referral process for 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 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 SOLGEN. This allows for nationally comparative data for analysis and for the situation table to track

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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 in the database. 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). Individuals are licensed and trained by SOLGEN to use the RTD for the Lanark County Situation Table. Currently the coordinator and an OPP data analyst are authorized as 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. Rather, the agencies involved at the intervention stage 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.

The situation table has been an effective medium for representatives to identify systemic gaps, many of which were incorporated into the community plan for safety and well-being process.

Agencies

The following agencies are actively represented at the Situation Table as of December 2025:

- Adult Probation and Parole – Ministry of Community Safety and Correctional Services
- 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
- Lanark County Interval House and Community Support
- 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
- Ontario Disability Support Program
- Ontario Health at Home
- Open Doors Mental Health for Children, Youth and Families
- Ontario Provincial Police – Lanark County
- Perth and Smiths Falls District Hospital
- Rideau Community Health Services
- RNJ Youth Services
- Rural FASD Network
- Shelter Movers
- Smiths Falls Police Service

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- South East Health Unit
- The Royal Ottawa Hospital
- Transitional Aged Youth Program
- Upper Canada District School Board
- Victim Services of Lanark County

Ad hoc organizations include:

- Almonte General/Carleton Place Memorial District Hospital
- Change Health Care Inc.
- Drummond/North Elmsley and Tay Valley Fire Rescue
- Perth Family Health Team
- The Table Community Food Centre

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 privately 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

LANARK COUNTY SITUATION TABLE STATISTICS

Discussions

Since the Lanark County Situation Table began on Dec. 9, 2015 up to Dec. 31, 2025, 411 discussions have been held. Of those, 323 met the threshold for AER, and 83.3% of those were ultimately closed with overall risk lowered. In 2025, 33 out of 40 discussions met the threshold and 84.8% of those were closed with overall risk lowered. The graph below shows discussion numbers from 2015 to 2025. Referrals dropped when the Mobile Crisis Response Team (MCRT) began in late 2018, but started to rise again during the pandemic, with the most referrals since 2018 occurring in 2025.

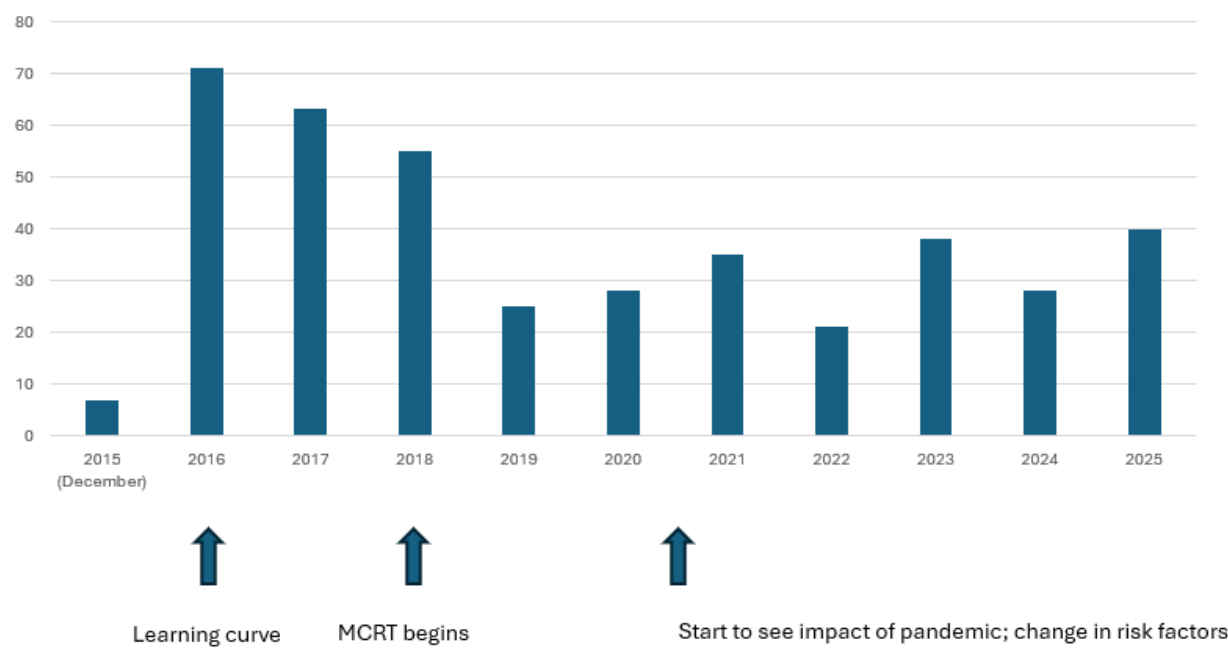


Figure 1: Discussion Numbers – 2015-2025

Agency Engagement

Over time, police been the top referrers to the Lanark County Situation Table. As a 24/7 emergency response agency, they are often the first ones called, and the situation table has provided a mechanism for officers to be able to refer people to more appropriate services when they need help. In the early years, police represented about 50% of all referrals. From 2015 to 2025, OPP and Smiths Falls Police Service combined represent 35% of referrals and 33.9% last year. In the last few years, there has been an increase in referrals coming from other agencies. Over time, Lanark County Mental Health; Lanark, Leeds and Grenville Addictions and Mental Health; Victim Services; Family and Children’s Services and Probation/Parole have been in the top five for lead and assisting agencies in interventions. The charts below show the top 15 agencies for engagement for all time and in 2025. Member engagement continues to be steady and consistent.

LANARK COUNTY SITUATION TABLE

ALL TIME AGENCY ENGAGEMENT – TOP 15

Agency	Originating Agency	Lead Agency	Assisting Agency	Total Count	% of Total
Ontario Provincial Police - Lanark	134	7	104	245	23%
Lanark County Mental Health	19	49	144	212	20%
Victim Services of Lanark County	19	36	124	179	17%
Lanark County Social Services	25	21	125	171	16%
Lanark Leeds Grenville Addiction and Mental Health	5	18	128	151	14%
Family and Children's Services of Lanark Leeds and Grenville	25	25	81	131	12%
Smiths Falls Police Service	35	5	91	131	12%
Probation and Parole	38	46	34	118	11%
Upper Canada District School Board - Lanark County	25	19	65	109	10%
Lanark County Interval House	6	10	80	96	9%
Open Doors Mental Health for Children, Youth and Families	3	8	75	86	8%
Perth and Smiths Falls District Hospital	7	5	74	86	8%
Leeds Grenville Lanark District Health Unit - Lanark County	17	11	39	67	6%
Lanark County Paramedic Services	5	1	51	57	5%
RNJ Youth Services	3	15	31	49	5%

Figure 2: All Time Agency Engagement – Top 15

2025 AGENCY ENGAGEMENT – TOP 15

Agency	Originating Agency	Lead Agency	Assisting Agency	Total Count	% of Total
Lanark County Social Services	8	6	19	33	31%
Lanark County Mental Health	7	8	16	31	29%
Ontario Provincial Police - Lanark County	3	1	20	24	23%
Lanark Leeds Grenville Addiction and Mental Health			19	19	18%
Lanark County Paramedic Services	1	1	15	17	16%
Probation and Parole	6	4	5	15	14%
Victim Services of Lanark County	2	1	12	15	14%

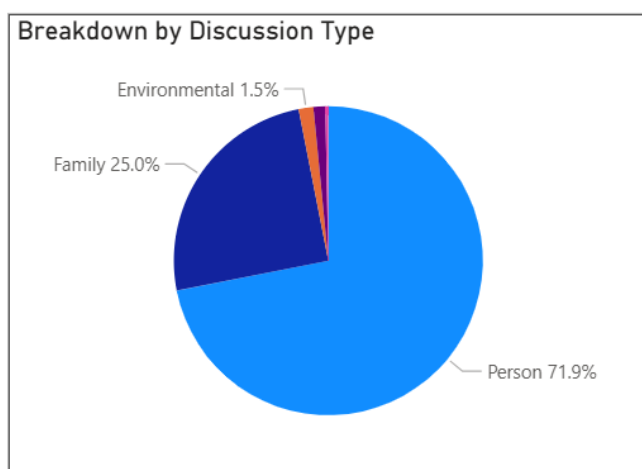
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Family and Children's Services of Lanark Leeds and Grenville -	3	2	9	14	13%
Upper Canada District School Board - Lanark County	4	4	6	14	13%
Perth and Smiths Falls District Hospital	1	1	11	13	12%
Smiths Falls Police Service	1		11	12	11%
Connectwell Community Health			11	11	10%
Lanark County Interval House	1	1	7	9	8%
Lanark County Sexual Assault & Domestic Violence Program	1	1	7	9	8%
Ontario Disability Support Program	0	0	8	8	8%

Figure 3: Agency Engagement, 2025 – Top 15

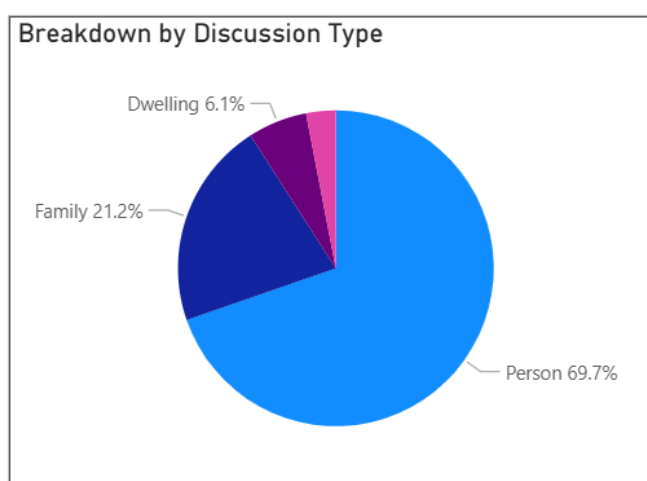
Demographics

The Risk-Tracking Database allows for a range of discussion categories, including person, family, neighbourhood, environment and dwelling. While most discussions fall within the person and family categories, the Lanark County Situation Table has been exploring use of some of the other categories. The dwelling, neighbourhood and environmental categories have allowed interventions to tackle issues affecting larger groups of people, such as safety concerns in an apartment complex (dwelling), bringing members of a neighbourhood together to problem-solve social issues (neighbourhood) and creating a broad community response with resources following the murder of a youth.



Discussion Type	Discussions	% of Total
Person	233	71.9%
Family	81	25.0%
Environmental	5	1.5%
Dwelling	4	1.2%
Neighbourhood	1	0.3%
Total	324	100.0%

Figure 4: Breakdown by Discussion Type, 2015-2025



Discussion Type	Discussions	% of Total
Person	23	69.7%
Family	7	21.2%
Dwelling	2	6.1%
Neighbourhood	1	3.0%
Total	33	100.0%

Figure 5: Breakdown by Discussion Type, 2025

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In 2025, 40 discussions were held. Of the 33 that proceeded to intervention, 23 were individuals and 7 were families.

In terms of age groups, the tables below span all time and 2025. Please note 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.

Since inception, 35.1% of individuals referred to the situation table have been between the ages of 0 and 24. That number was 21% in 2025. The tables below show only individual referrals; 50.3% of affected persons in family referrals from 2015-2025 have fallen into the 0 to 24 age group and 54.2% in 2025, which will be highlighted later in the report.

Age Group	Discussions	% of Total
Total	254	100%
12-17	50	20%
30-39	38	15%
18-24	37	15%
40-59	33	13%
60+ Years	23	9%
Unknown	21	8%
25-29	18	7%
60-69	12	5%
40-49	10	4%
50-59	6	2%
6-11	2	1%
70-79	2	1%
80+	2	1%
0-5	0	0%

Figure 6: Breakdown by Age Group-Person – 2015-2025

Age Group	Discussions	% of Total
Total	23	100%
40-49	5	22%
12-17	4	17%
30-39	4	17%
60-69	4	17%
25-29	2	9%
18-24	1	4%
50-59	1	4%
70-79	1	4%
80+	1	4%
0-5	0	0%
6-11	0	0%

Figure 7: Breakdown by Age Group-Person – 2025

Similar to the age ranges, the “Gender” charts below only include discussions that proceeded to intervention and do not include the “Family” category. Males were referred slightly more often than females for all time and in 2025.

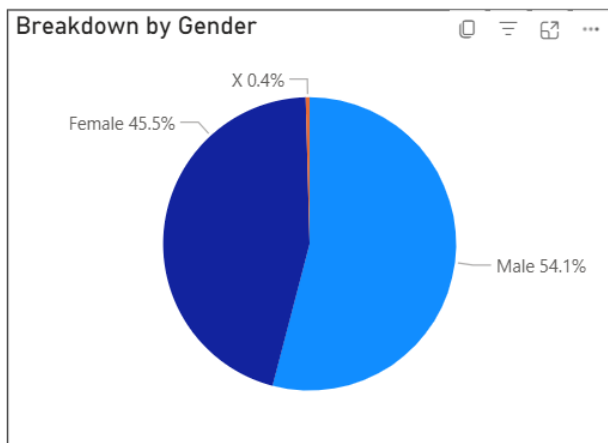


Figure 8: Breakdown by Gender-Person, 2015-2025

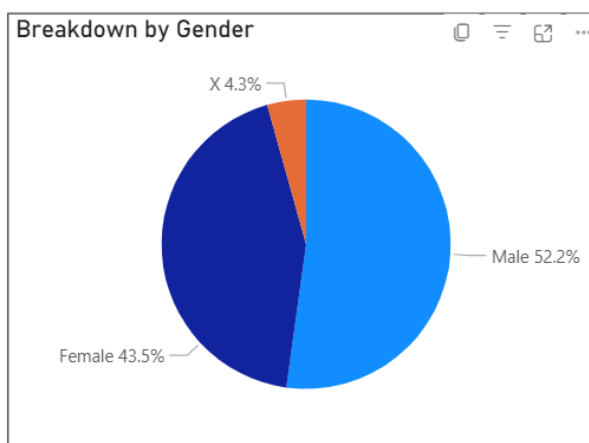


Figure 9: Breakdown by Gender-Person, 2025

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The graphs below show the ages and genders for individuals involved in family referrals from 2015 to 2025. Out of the total discussions for that period, 78 were in the “family” category and proceeded to intervention, with a total of 264 “affected persons.” The graph on the left shows all involved, and the graph on the right shows only the non-caregivers (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.

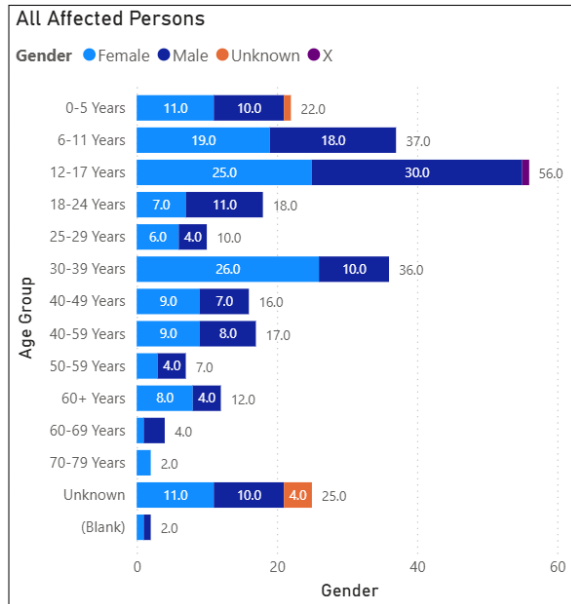


Figure 10: All Affected Persons, Family Referrals – 2015-2025

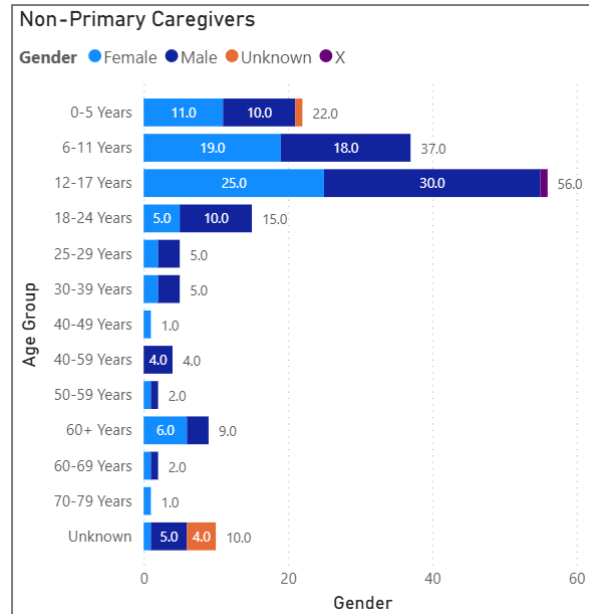


Figure 11: Non-Primary Caregivers, Family Referrals – 2015-2025

In 2025, there were seven discussions with a total of 24 “affected persons.” Children aged 0 to 17 made up 92.9% of the non-primary caregivers and, again, the 30- to 39-year age range dominates the primary caregivers.

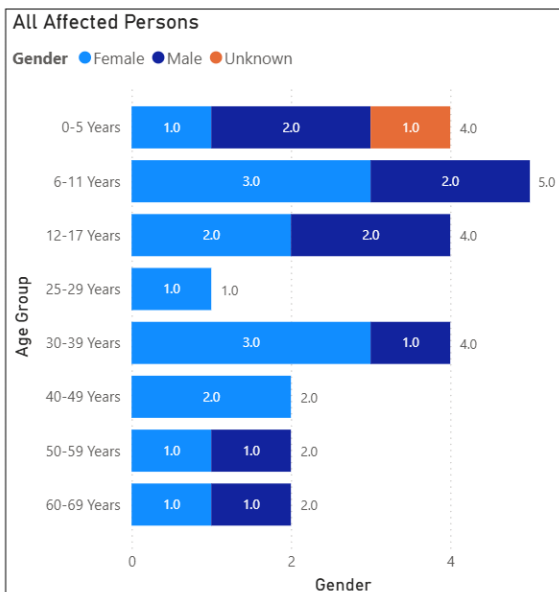


Figure 12: All Affected Persons, Family Referrals – 2025

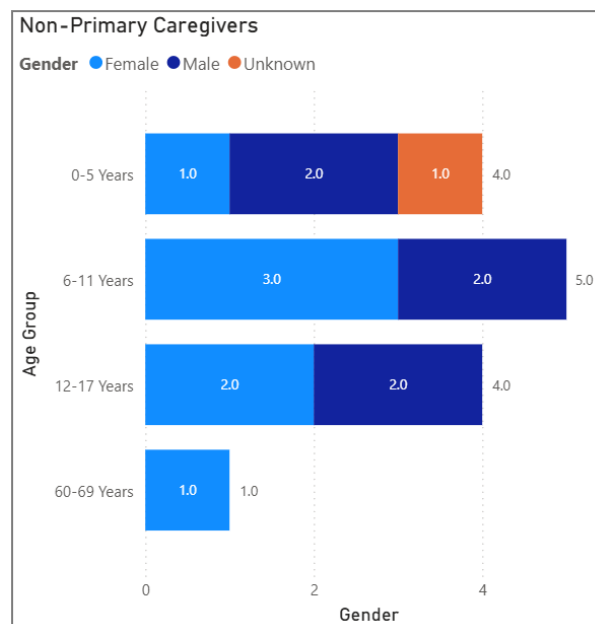


Figure 13: Non-Primary Caregivers, Family Referrals – 2025

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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, with criminal involvement and drugs often in the top three.

The chart below shows the top categories for all time. The top categories for 2025 follow and show basic needs in the top three. Basic needs, poverty and housing have become more prevalent since the pandemic.

Risk Category	Risk Factors Reported
Mental Health	356
Criminal Involvement	306
Drugs	170
Antisocial/Negative Behaviour	165
Physical Health	147
Parenting	143
Alcohol	122
Basic Needs	117
Housing	116
Physical Violence	110
Suicide	89
Poverty	78
Emotional Violence	77
Crime Victimization	67
Self Harm	54
Cognitive Functioning	51
Negative Peers	46
Threat to Public Health and Safety	44
Missing School	43
Unemployment	42
Sexual Violence	27
Missing/Runaway	25
Social Environment	17
Elderly Abuse	15
Supervision	15
Gambling	2
Gangs	1

Figure 14: Risk Factors – 2015-2025

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Risk Category	Risk Factors Reported
Mental Health	37
Criminal Involvement	32
Basic Needs	22
Antisocial/Negative Behaviour	21
Drugs	21
Physical Health	20
Poverty	17
Housing	15
Cognitive Functioning	14
Physical Violence	14
Emotional Violence	13
Self Harm	12
Suicide	11
Alcohol	9
Unemployment	9
Parenting	8
Social Environment	7
Crime Victimization	6
Negative Peers	6
Threat to Public Health and Safety	6
Missing School	4
Sexual Violence	3
Elderly Abuse	2
Gambling	1
Gangs	1
Missing/Runaway	1
Supervision	1

Figure 15: Risk Factors – 2025

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 related to escalating contacts. The criminal involvement category can include instances when a person is suspected, charged, arrested or convicted of an offence.

The database can also look at risk information by demographic, which can help to determine areas to focus prevention. For example, from 2015 to 2025, the top five risk categories for youth up to age 24 were mental health, criminal involvement parenting, drugs and antisocial/negative behaviour. For 2025, they were mental health, self-harm, criminal involvement, suicide and antisocial/negative behaviour.

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Study Flags

The RTD offers reports to show study flags associated with discussions, which highlights specific local risks. 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. The first table is for 2015-2025 and the second is for 2025. A single discussion can include multiple study flags.

Rank	Study Flag	Discussions	% of Total
1	Recent Escalation	175	18.1%
2	Risk of Losing Housing/Unsafe Living Conditions	92	9.5%
3	Homelessness	83	8.6%
4	Domestic Violence	76	7.9%
5	Child Involved	55	5.7%
6	Transportation Issues	51	5.3%
7	Social Isolation	43	4.4%
8	Cognitive Disability	39	4.0%
8	Custody Issues/Child Welfare	39	4.0%
8	Developmental Disability	39	4.0%
11	Risk of Human Trafficking	25	2.6%
12	Methamphetamine Use	22	2.3%
13	Opioid misuse	21	2.2%
14	Learning Disability	20	2.1%
15	Acquired Brain Injury	19	2.0%
16	Hoarding	17	1.8%
16	Trespassing	17	1.8%
18	Wait list	16	1.7%
19	Geographical Isolation	13	1.3%
19	Inappropriate Sexual Behaviour	13	1.3%
21	Lack of Supports for Elderly Person(s)	12	1.2%
22	Recidivism	11	1.1%
23	Fire Safety	10	1.0%
24	Gender Identity	9	0.9%
24	Polysubstance use	9	0.9%
26	Sex Trade	8	0.8%
27	Cultural Considerations	7	0.7%
27	Language/Communication Barrier	7	0.7%
27	Social Media	7	0.7%
30	Cyber Safety	6	0.6%
31	Gaming/Internet Addiction	3	0.3%
32	Homicidal Ideation	2	0.2%
33	Misuse of Inhalants	1	0.1%
33	Risk of Radicalization	1	0.1%
		968	100.0%

Figure 16: Study Flags – 2015-2025

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Rank	Study Flag	Discussions	% of Total
1	Recent Escalation	22	11.7%
	Risk of Losing Housing/Unsafe Living		
2	Conditions	15	8.0%
3	Homelessness	13	6.9%
4	Domestic Violence	12	6.4%
4	Social Isolation	12	6.4%
6	Cognitive Disability	10	5.3%
7	Child Involved	9	4.8%
7	Developmental Disability	9	4.8%
7	Transportation Issues	9	4.8%
10	Polysubstance use	7	3.7%
11	Custody Issues/Child Welfare	6	3.2%
11	Learning Disability	6	3.2%
11	Methamphetamine Use	6	3.2%
11	Opioid misuse	6	3.2%
15	Risk of Human Trafficking	5	2.7%
16	Acquired Brain Injury	4	2.1%
16	Fire Safety	4	2.1%
16	Lack of Supports for Elderly Person(s)	4	2.1%
16	Trespassing	4	2.1%
16	Wait list	4	2.1%
21	Social Media	3	1.6%
22	Gaming/Internet Addiction	2	1.1%
22	Gender Identity	2	1.1%
22	Geographical Isolation	2	1.1%
22	Hoarding	2	1.1%
22	Inappropriate Sexual Behaviour	2	1.1%
22	Language/Communication Barrier	2	1.1%
28	Cultural Considerations	1	0.5%
28	Cyber Safety	1	0.5%
28	Homicidal Ideation	1	0.5%
28	Misuse of Inhalants	1	0.5%
28	Recidivism	1	0.5%
28	Sex Trade	1	0.5%
		188	100.0%

Figure 17: Study Flags – 2025

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Conclusion Reasons

Of 411 discussions held from 2015 to 2025, 323 proceeded to intervention, and 83.3% of those were closed with overall risk lowered. Of the rejected discussions, 27 were referred to the non-AER process, which began in 2019.

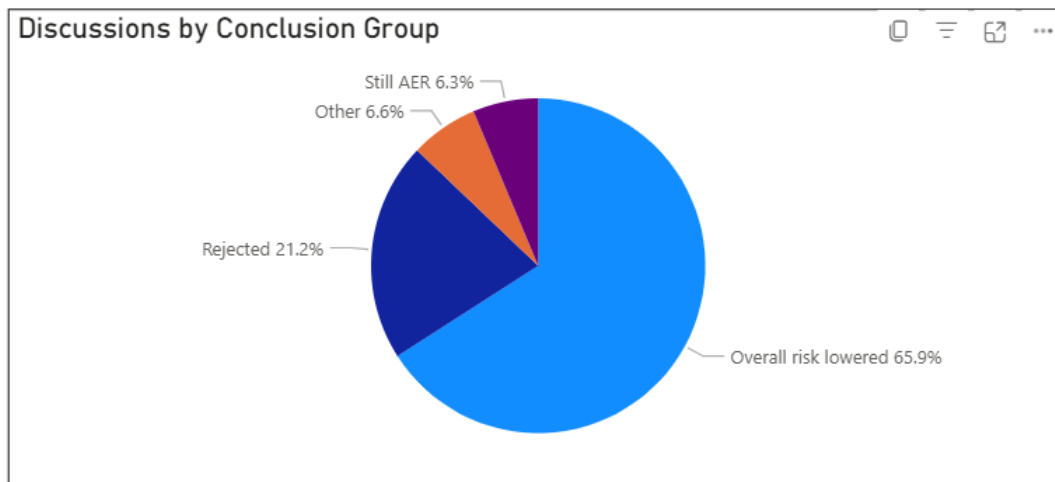


Figure 18: Conclusion Group – 2015-2025

The table below provides more detailed reasons for the conclusion categories. Rejected discussions can include “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.” Similarly, there are several reasons that, combined, provide the overall percentage for discussions being closed with overall risk lowered. Discussions referred to the non-AER process fall into the “Situation not deemed to be one of acutely elevated risk” category. Of those, 70.4% were closed with overall risk lowered, 11% refused service, 11% were still at risk due to systemic issues, one person relocated and one person was deceased.

rtd_conclusionreason	Discussions	% of Total
Connected to services	235	57.2%
Situation not deemed to be one of acutely-elevated risk	38	9.2%
Relocated	19	4.6%
Originator has not exhausted all options to address the issue	18	4.4%
Already connected to appropriate services with potential to mitigate the risk	17	4.1%
Refused services	15	3.6%
Through no action of the Situation Table	14	3.4%
Connected to personal supports	12	2.9%
Already connected to appropriate personal supports with potential to mitigate the risk	11	2.7%
Connected to services in other jurisdiction	10	2.4%
Unable to locate	7	1.7%
Systemic issue	6	1.5%
Informed about services; not yet connected	5	1.2%
Already connected to services and risk was mitigated	3	0.7%
New information reveals AER did not exist to begin with	1	0.2%
Total	411	100.0%

Figure 19: Conclusion Reasons-Detail – 2015-2025

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In 2025 there were 40 discussions, of which 33 proceeded to intervention. Of those, 84.8% were closed with overall risk lowered. Four of the rejected discussions went to the non-AER process. Three of those were closed with overall risk lowered, and one person had relocated.

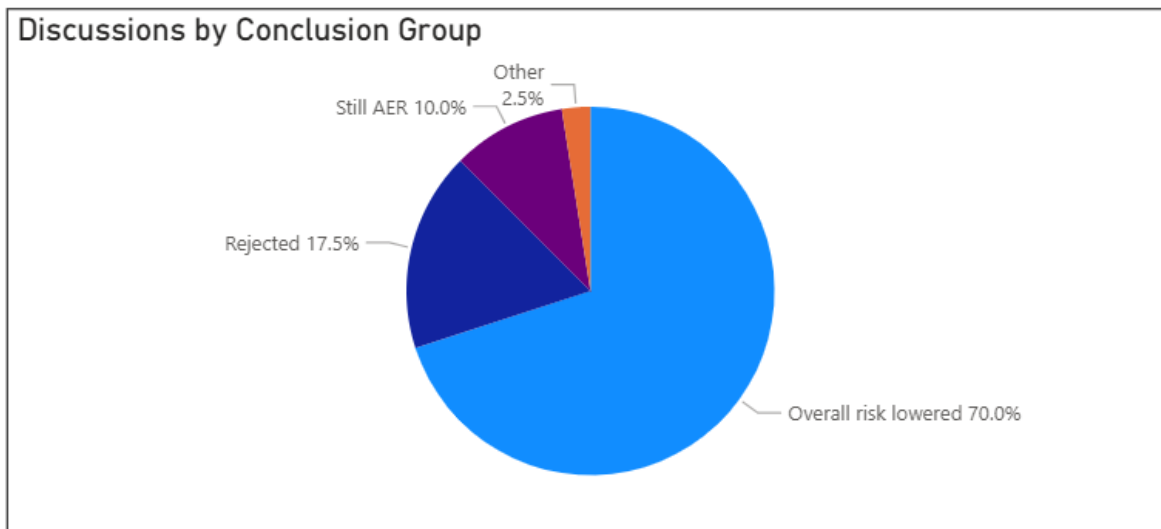


Figure 20: Conclusion Group, 2025

The detailed closure reasons for 2025 are in the table below.

rtd_conclusionreason	Discussions	% of Total
Connected to services	22	55.0%
Situation not deemed to be one of acutely-elevated risk	5	12.5%
Connected to personal supports	3	7.5%
Connected to services in other jurisdiction	2	5.0%
Informed about services; not yet connected	2	5.0%
Originator has not exhausted all options to address the issue	2	5.0%
Refused services	1	2.5%
Relocated	1	2.5%
Systemic issue	1	2.5%
Through no action of the Situation Table	1	2.5%
Total	40	100.0%

Figure 21: Conclusion Reasons-Detail, 2025

Services Mobilized

The Lanark County Situation Table began tracking “Services Mobilized” information on the RTD in late 2017 after it was implemented. 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 tables below show the services mobilized for all time and for 2025. Mental health continues to be the top service mobilized, with housing figuring prominently as well.

LANARK COUNTY SITUATION TABLE

Services Mobilized – 2017-2025

Mobilization Type	Connected to Service	Engaged with Service	Informed of Service	No Services Available	Refused Services	Total
Mental Health	55	37	27	1	10	130
Counselling	26	25	36		7	94
Housing	26	24	29	3	4	86
Social Services	30	30	20	2	4	86
Police	30	36	13		3	82
Medical Health	28	36	12	1	2	79
Social Assistance	30	24	16		3	73
Victim Support	20	24	17		3	64
Addiction	15	11	22	1	7	56
Safe Shelter	16	16	18	2	4	56
Harm Reduction	13	13	10		3	39
Probation	17	17	1		1	36
Food Support	8	12	13		2	35
Public Health	8	12	13	1	1	35
Education Support	12	16	5			33
Home Care	7	11	12		3	33
Courts	14	14	2		1	31
Legal Support	11	10	8		1	30
Parenting Support	12	5	7			24
Community Outreach Services	7	4	6			17
Life Skills	6	3	4		1	14
Recreation	3	1	5		1	10
Corrections	7	2				9
Sexual Health	2	4	3			9
Cultural Support	2	2	1		1	6
Employment Support	1	1	4			6
Fire Department	3	1	2			6
Animal Services	1		1			2
Peer Support Program	1	1				2
Parole	1					1
Spiritual Support			1			1
Total	412	392	308	11	62	1,185

Figure 22: Services Mobilized, 2017-2025

LANARK COUNTY SITUATION TABLE

Services Mobilized – 2025

Mobilization Type	Connected to Service	Engaged with Service	Informed of Service	No Services Available	Refused Services	Total
Mental Health	12	6	6		1	25
Housing	8	3	5		1	17
Social Services	6	6	3		1	16
Police	3	9	2			14
Community Outreach Services	7	1	5			13
Medical Health	4	4	3			11
Social Assistance	3	6	2			11
Counselling	2	3	5			10
Addiction	2	2	4		1	9
Harm Reduction	4	2	2			8
Public Health	1	2	5			8
Safe Shelter	3		3	1	1	8
Probation	5	1	1			7
Education Support	4	2				6
Home Care	1	1	3		1	6
Legal Support	1	1	4			6
Victim Support	4	2				6
Food Support		1	3			4
Courts		2	1			3
Parenting Support	2		1			3
Recreation	2		1			3
Animal Services	1		1			2
Employment Support		1	1			2
Fire Department	1		1			2
Life Skills	1	1				2
Peer Support Program	1	1				2
Cultural Support	1					1
Sexual Health		1				1
Total	79	58	62	1	6	206

Figure 23: Services Mobilized, 2025

OPP Pre- and Post-Referral Data

Since 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 to the situation table by the OPP. From inception to the end 2025, OPP have made a total of 134 out of 411 referrals – 32.6%.

The most recent analysis was for 2024 in order to allow for a one-year pre- and post-referral window. Five referrals from 2024 were made, but only one met the criteria for analysis within the reporting period. It showed a significant reduction in officer hours and calls for service following the referral. The overall number of officer interactions decreased by 168%,

LANARK COUNTY SITUATION TABLE

total officer hours dropped by 167% and total calls for service decreased by 175%. For the most part, each year has seen decreases in calls for service and officer hours; however, this can fluctuate depending on specific issues affecting some referred individuals. In one year, for example, there was a significant increase in calls for service due to individuals involved experiencing significant challenges that required an elevated amount of police involvement. 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

Over the past 10 years, the Lanark County Situation Table has established itself as a valuable component of the local community safety model. This is in large part due to the commitment, engagement, positivity and consistency of the community partners who sit around the table. One of the successes of the situation table is that it is a place where partners can network – they come together to help those who need support and learn about the people and programs of partner agencies at the same time. Communication and relationships are vital components of this success.

Thank you to the Lanark County OPP and the Perth Police Services Board for taking the lead in establishing this model for Lanark County in 2015, to the Ministry of the Solicitor General for its ongoing support, and to the Lanark County OPP Detachment Board and local municipalities for continuing to support this valuable risk-intervention tool. Much gratitude goes to the many partner agencies and their representatives who do the incredible front-line work to help those who need it throughout Lanark County and Smiths Falls.

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