
COLLABORATIVE PUBLIC SAFETY PROGRAMS

2025

SITUATION TABLE

ANNUAL

REPORT

Acronyms

The following acronyms are used throughout this report for consistency and ease of reference.

AER	Acutely Elevated Risk
BC	British Columbia
CPSP	Collaborative Public Safety Programs
GBV	Gender-Based Violence
MCFD	Ministry of Children and Family Development
PSSG	Ministry of Public Safety and Solicitor General
RCMP	Royal Canadian Mounted Police
RTD	Risk Tracking Database
SDPR	Ministry of Social Development and Poverty Reduction



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Executive Summary

"[Situation Tables are] a perfect example of the sum being greater than the parts – together we are more effective than we are when we try to operate on our own."
~ Campbell River Situation Table Member

Situation Tables provide community agencies and service providers across British Columbia with a structured, collaborative model to respond to individuals and/or families experiencing Acutely Elevated Risk (AER).

In 2025, Situation Tables across British Columbia facilitated a total of 992 discussions. Of these, 71.5 percent led to a decrease in risk.* Additionally, 83.9 percent of 112 total referrals by police were transferred to more appropriate community agencies. These outcomes indicate that Situation Tables are functioning as intended by connecting individuals and/or families with the supports required to reduce risk, while also allowing frontline policing resources to remain focused on core policing responsibilities.

2025 also marks Situation Tables' 10-year anniversary in BC. Since 2015, 5001 discussions have been held involving more than 450 different agencies, with 70.2 percent leading to a decrease in risk. In this way, over 3900 individuals across BC have been successfully connected with services and supports through a Table.

Of the 5001 total, 40 percent (approximately 2000 discussions) were held in the past 2 years. This follows after a period of significant program growth from 17 active tables in 2022 to 40 active Tables (and an additional 10 under implementation) in 2025.

*Lowered risk in this case refers to the number of individuals successfully connected with supports following their referral to a Table.



The data captured within this report demonstrates Situation Tables' ability to enhance service delivery outcomes through structured, multi-sector collaboration. By aligning intervention strategies across different systems, they improve risk-detection and enable a more rapid and holistic response. They also offer a direct pathway to transfer cases to agencies that are better equipped to provide the appropriate supports, resulting in more targeted support plans.

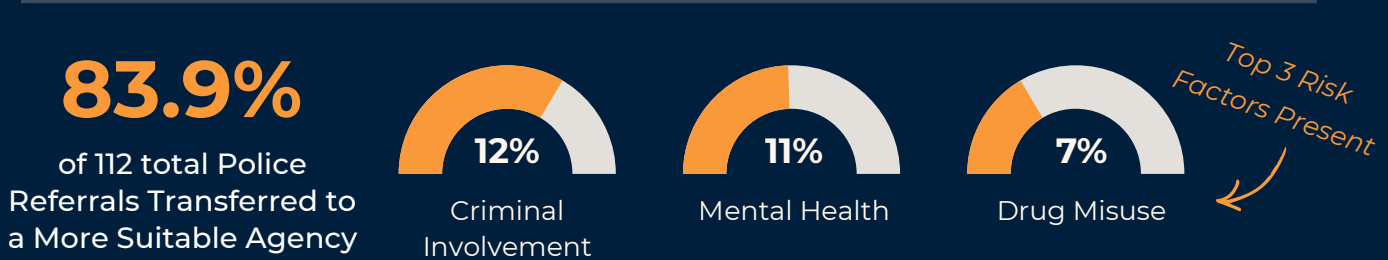
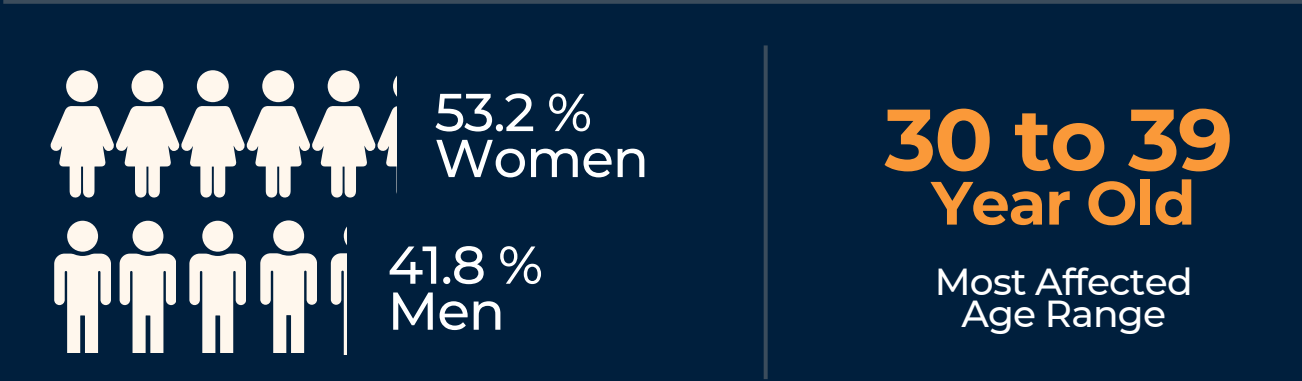
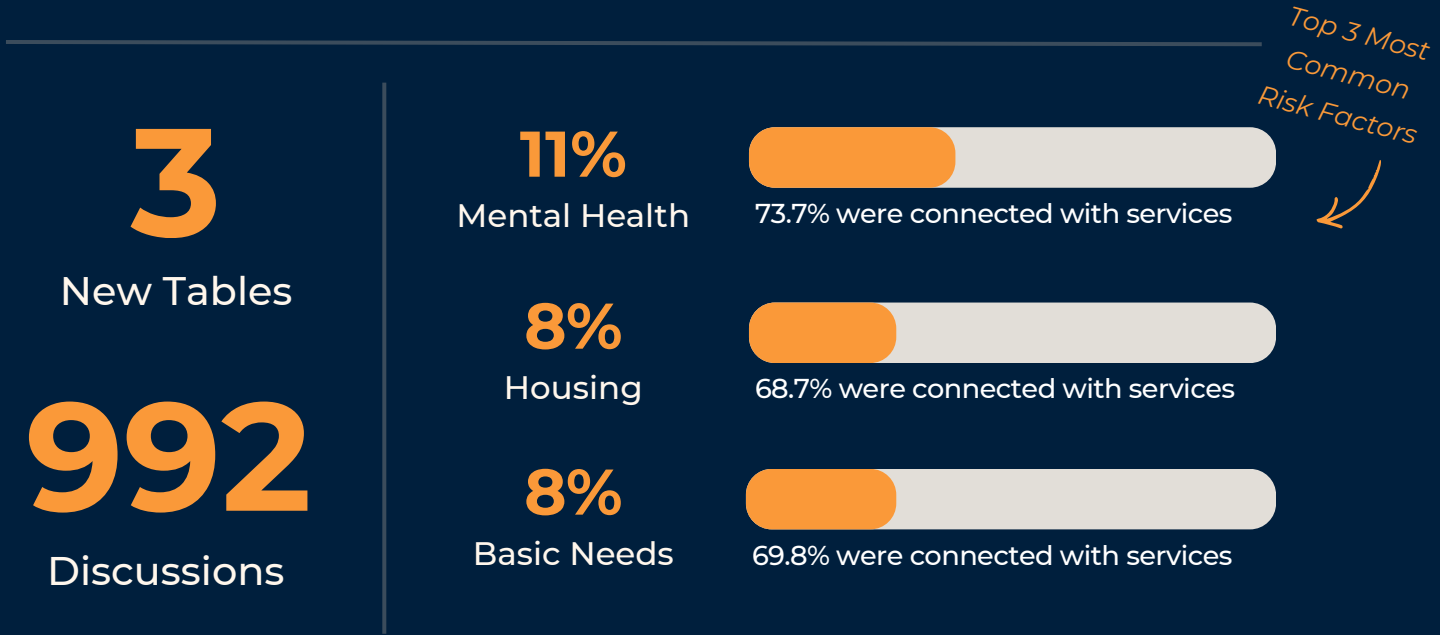
This report acts as a tool to highlight what frontline service providers are seeing across BC. It also presents a valuable opportunity to leverage data to better understand the risk factors most commonly seen within BC. These insights can support evidence-informed policy development, program planning, and cross-sector initiatives at the community, regional, and provincial levels. Stories from frontline practitioners have also been included in this report to demonstrate linkages between the data being collected and the on-the-ground reality of service provision.

Overall, this report highlights the importance of sustaining and strengthening cross-sector collaboration to continue improving outcomes for individuals and communities facing complex risk.



2025 Snapshot

Data used has been provided by 32 of the 40 active Situation Tables across BC and was collected using the RTD between January and December of 2025. Please see 'Community-Specific Breakdowns' for region-specific information.



**See the section titled "Insight Spotlight: Resource Appropriate Case Transfers – Law Enforcement" on page 12 for additional information.



Approach and Methods



This report outlines: (1) 2025 reporting period data, which includes ‘Community-Specific Breakdowns’ beginning on page 19, and (2) a weighted analysis of Situation Table activity over the past 10 years.

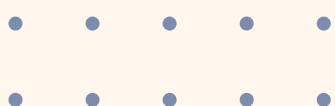
While there are 50 Situation Tables established province-wide, these analyses focus on the 40 Tables that were active and submitting data during or before the 2025 reporting period. Tables that were inactive or did not record discussions in the RTD during this timeframe were excluded from analysis.

Community profiles included in the section titled ‘Community-Specific Breakdowns’ have only been provided for Tables that conducted more than five discussions during the reporting period to support meaningful interpretation of community-level trends. Tables with fewer than five discussions are included in provincial and regional analyses but are not featured in standalone community profiles.

The data used within this report was captured and stored in the Risk Tracking Database (RTD) by each Situation Table for each reporting year. The RTD captures standardized, non-identifying information from Situation Table discussions, enabling consistent analysis of the 105 risk factors, agency referrals, and outcomes across participating communities. Only de-identified, aggregate-level data were used, ensuring compliance with applicable privacy and information-sharing requirements.

The RTD and all supporting documentation for Situation Tables in British Columbia are stored on a SharePoint site managed by the Collaborative Public Safety Program (CPSP) team. Each community has its own dedicated page with secure data controls, allowing Situation Table participants to access the material they need during meetings for data collection.

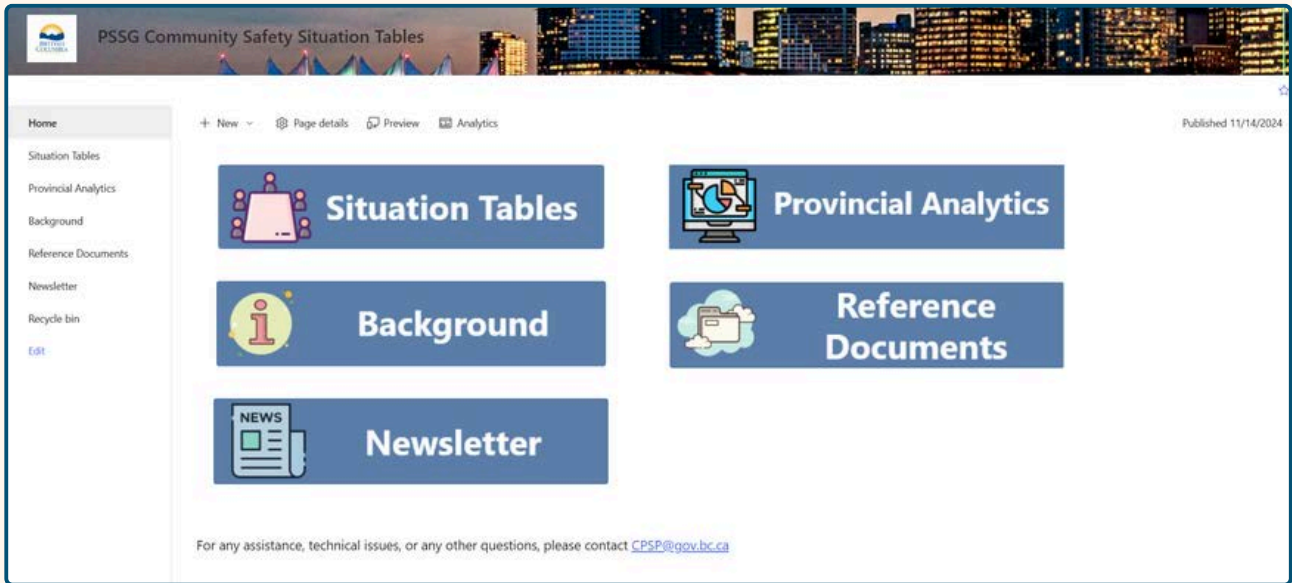
The CPSP Situation Table SharePoint site functions as the central data collection hub for all Situation Tables across BC and supports the annual provincial analysis.





In response to requests from communities and partners, CPSP is also able to provide real-time insights about local trends and activity through the SharePoint platform.

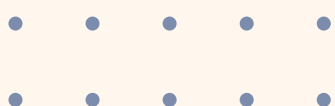
The SharePoint Homepage



Caveats

Within the RTD, certain risk factors are captured in multiple subcategories (i.e. mental health is split into diagnosed, suspected, self-reported, etc.). Historically, this has resulted in them being underrepresented in the final analysis. Therefore, these risk factors have been counted under their larger category (i.e. “mental health”) for the purposes of this analysis. Past reports have also counted risk factors in terms of the percentage of times they have been present in discussions, however, since one discussion often has many risk factors present and because the number of Tables tracking discussions has grown over time, this report presents them as a percentage of the total risk factors per year.

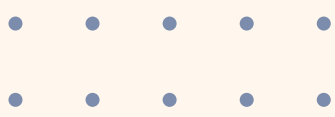
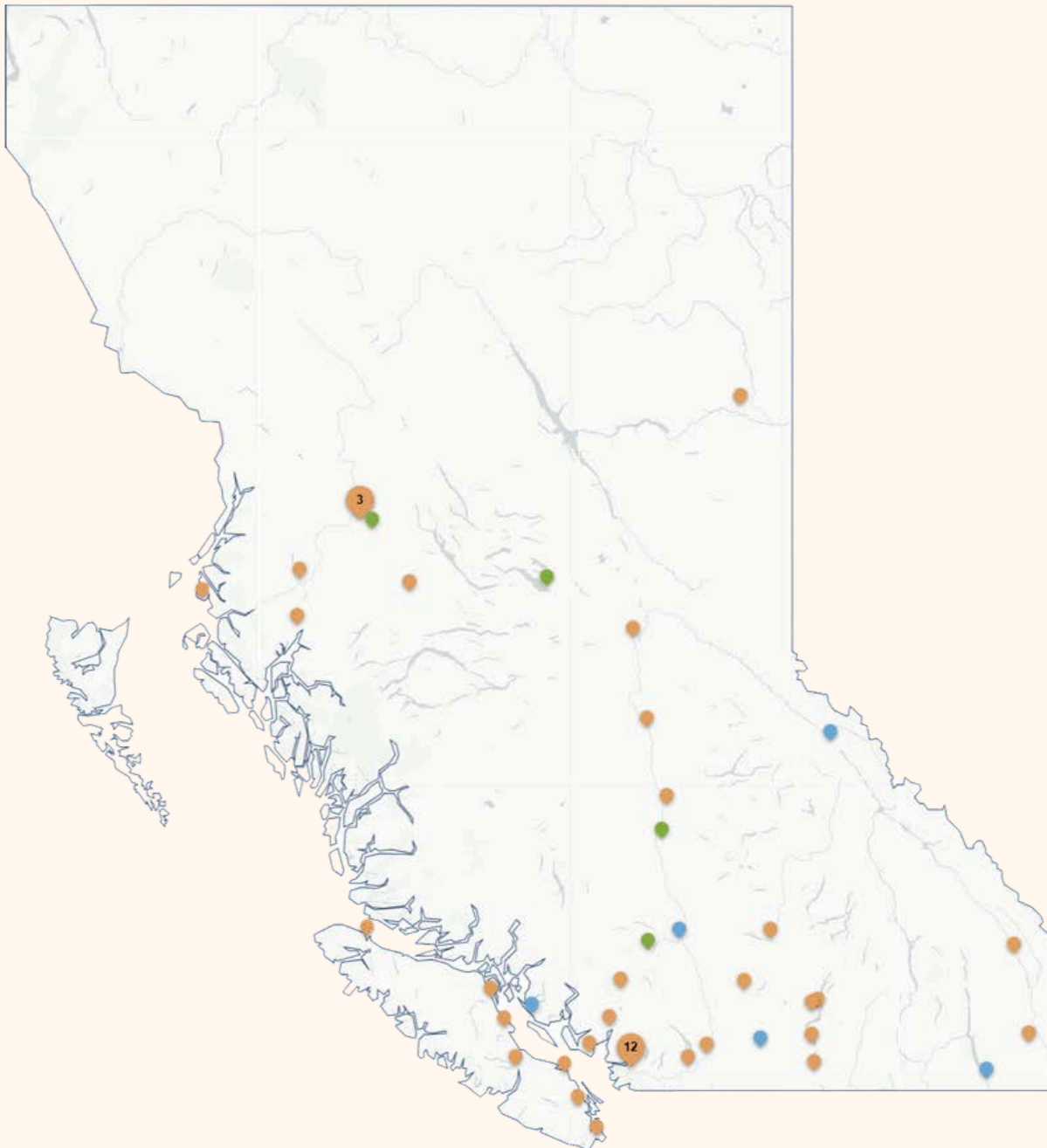
Discussions conducted by the Surrey (CHART) Table, which utilizes a different tracking system not fully aligned with the Province’s RTD data framework, were excluded from the RTD analysis to ensure data consistency. For the 2025 reporting period, for example, this means that the quantitative analysis presented in this report is based on 772 of the total 992 discussions.





Situation Tables in BC

Within the map below are all current Situation Tables and Intervention Circles (First Nation-led Tables) across BC. Orange dots represent active Tables, blue dots represent Tables under implementation and green dots represent Interventions Circles. Some regions are clustered where high concentrations of Tables exist for clarity.





From 2015 to 2025: A Decade of Progress for Situation Tables in BC

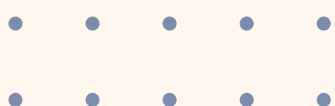


What are
Situation
Tables?

Situation Tables are an evidence-based model for improving community safety by facilitating opportunity for a community's frontline service providers to collaborate. As a result, frontline service providers are able to offer coordinated multi-agency responses, rapidly connecting vulnerable people to all the services they need in order to proactively mitigate risks and associated harms and negative outcomes. Cases, referred to as discussions, are brought forward by a community agency. If the discussion meets the threshold of Acutely Elevated Risk (AER), a collaborative intervention is then planned by multiple agencies. Interventions occur within 24 – 48 hours of the Situation Table meeting.

Situation Tables were brought to British Columbia as a pilot initiative in Surrey in 2015 and have been championed by the Ministry of Public Safety and Solicitor General's Policing and Security Branch since 2017. As of 2025, there are 40 communities with active Situation Tables across British Columbia with an additional 10 under implementation. **Over the past 10 years, Situation Tables in BC have held just over 5000 discussions involving over 300 different agencies, connecting 3941 individuals facing AER with supports and services. Of these, just over 2000 discussions (40 percent) were held in the past two years.**

A significant strength of Situation Tables is their ability to track and highlight issues affecting personal safety across BC, known as risk factors. During this past decade, three risk factors have proven the most consistent within discussions across BC: (1) mental health accounted for 10% of the total risk factors noted, (2) drug misuse accounted for 8% of total risk factors noted, and (3) housing accounted for another 8% of the total. Additional analysis of risk factors and more can be found on page 10 in the **2015 to 2025 Snapshot**.



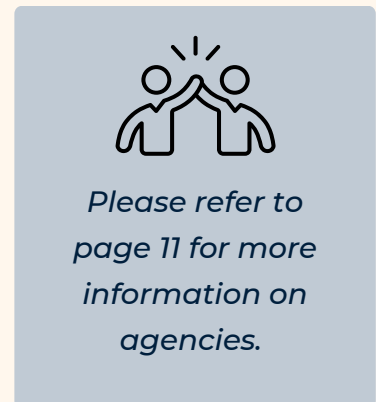


Tables are championed by community partners. The in-kind contribution from community partners is key to the model's success. Data and feedback from partners shows that efficiencies resulting from continued collaboration outweigh the time commitment required of a weekly or bi-weekly meeting.

Once established, Situation Tables rely on inter-agency collaboration in order to operate smoothly, utilizing different agencies' expertise to properly assess needs and generate effective support plans. There are two types of professionals who sit on Tables: (1) permanent members, and (2) temporary/situation-specific professionals.

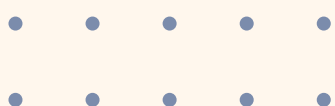
The first type includes those who sit on the Table consistently. They typically provide more generalized services, are available for frequent input, and refer many cases to the Table. Each community chooses which agencies sit on their Table, allowing for community-specific representation that matches local needs.

These permanent members often include agencies such as children and family services, local law enforcement, Indigenous or culturally relevant services, mental health supports, victim services, income assistance, housing assistance, education or addictions services. On average, each Table has 23 professionals attending on a weekly basis, resulting in a total of about 800 professionals sitting on Tables across the province.



The second type of professional consists of those who are brought in on an ad-hoc basis to provide specific supports. They are typically only brought in for the Filter 4 process, and do not sit in on discussions on a consistent basis. These often include agencies such as youth workers, culturally specific supports, legal aid, settlement services, or Shift-BC.

Since the Table model is a process rather than a service, Situation Tables are only as good as the services available in their community. They bring together



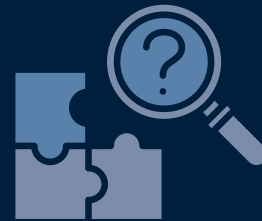


existing agencies to increase collaboration as opposed to generating new or unique supports, making them effective for reducing work duplication and streamlining responses but also heavily affected by systemic limitations. This is especially true in rural and remote communities where there are often limited agencies available, and those available often have overburdened capacities.

If there are no local agencies available to provide the services needed to effectively help, then it is difficult to produce an effective support plan; **“without expanding and diversifying the service landscape, Tables and other collaborative models will remain limited in their capacity to reduce [risk] and break cycles of violence in BC communities.”¹**

Story from the Frontline

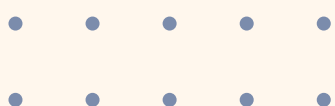
‘Sadly, our Table has seen a number of our referrals not meet successful outcomes. In many cases, systemic barriers within our healthcare, judicial, and child protection systems present obvious gaps.



Despite community attempts, people are left suffering on the street "outside the scope of care", or without a signature from a psychiatrist, with a closed file at MCFD, or an extended leave allowed to end.

In the worst case scenarios, we have had individuals die in the weeks or months following a [Table] referral, indicating that the right referrals are being made to the Table, that imminent and severe harm is present, but that, in some cases, our hands are tied due to these systems/policy barriers.’

¹ Collaborative Public Safety Programs, “Towards Collaborative GBV Risk Mitigation” (CPSP GBV Evaluation, 2025), 38.



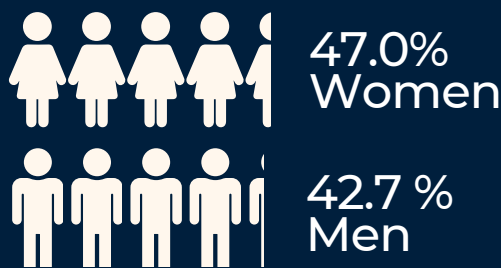
2015-2025 Snapshot

Currently, there are 40 operational Tables across BC with an additional 10 under implementation. Data used has been provided since 2019 by 32 of the 40 active Situation Tables across BC and was collected using the RTD.**



	2025	2022	2019
11% Mental Health	9% Mental Health	10% Mental Health	
8% Housing	8% Basic Needs	9% Basic Needs	
8% Basic Needs	8% Drug Misuse	9% Drug Misuse	

Top 3 Most Common Risk Factors



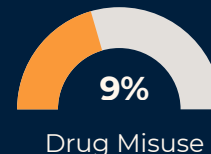
3941
Individuals

Connected with Services

30 to 39
Years Old

Most Prominent Age Range

85.8%
of 811 total Police Referrals Transferred to a More Suitable Agency



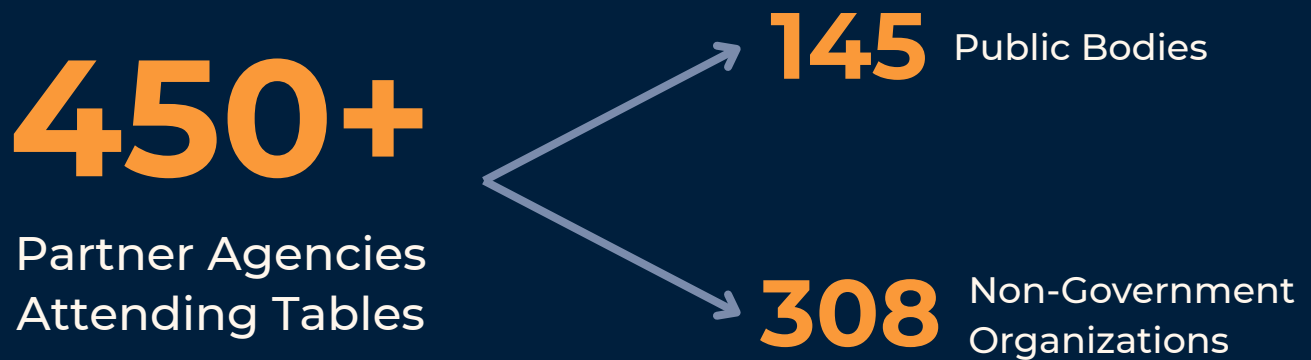
Top 3 Risk Factors Present

**Data were collected over a span of 10 years, with high variance in the number of Tables per year. In order to limit data skew, the analysis has been weighted according to implementation year.



Partner Agencies

Since 2015, Situation Table partner agencies have widened in scope considerably. Partners that sit on Tables refer cases, participate in discussions, and help develop support plans during the Filter 4 process when their expertise is required.



***Lead agency refers to the agency which spearheads the planning and operationalization of the support plan.





Insight Spotlight:

Resource-Appropriate Case Transfers from Law Enforcement

The term Resource-Appropriate Case Transfer in this report refers to a specific data point tracked by the CPSP team: the number of cases which were originally referred to a Table by law enforcement (Police of Jurisdiction, RCMP, etc.) but were transferred to a non-law enforcement agency lead during the filter 3 process. Essentially, it tracks how many cases were originally reported to the police but were deemed to require other, more situation-appropriate resources and supports. In some cases, law enforcement may still be involved in the resulting support plan and filter 4 process, however, they will play a supportive role.

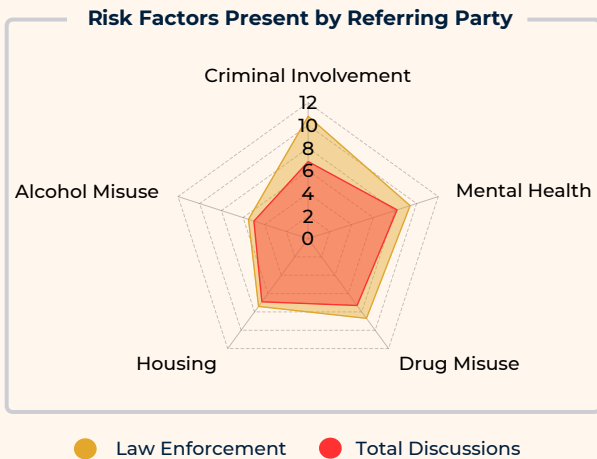
"So we get that initial call, we connect them to services... now their needs are addressed by the appropriate agency, police don't need to be involved anymore."²

~ Cst. Jocelyn Foidart

Sits on the Smithers Table

Since 2015, 811 referrals have been made by Law Enforcement to Situation Tables, with 70.2 percent being transferred to a more suitable agency. Certain

risk factors are often over-represented in referrals from law enforcement when compared with other referrals. The chart to the left compares percentages of the top five risk factors present in referrals from law enforcement with percentages of those same risk factors from all discussions between 2015 to 2025.



² Tom Barker, "Smithers crime severity declines by nearly a third in 2024," Interior News (2025), <https://interior-news.com/2025/07/22/smithers-crime-severity-declines-by-nearly-half-in-2024>.



What does this statistic tell us?

One of the biggest strengths of the Situation Table format is the inclusion of a wide range of supports and social services. In cases where the agency receiving an initial referral is not the best suited agency to help, it facilitates an easy transfer to a more suitable agency.

Local law enforcement is not always the best equipped body to provide support to an individual, but it is usually law enforcement partners – often managing high caseloads – who are called upon to respond. In some cases, the individual may have been reported to the police but does not pose an immediate threat requiring police intervention. In other cases, an individual may have been seeking help and called 911 or sought out a nearby police station. In both cases, they pose no risk to public safety and instead need other services such as medical, psychological, financial or social support. These cases are also often non-criminal in nature and pose no immediate threat to safety of the support team.

The Table process allows these cases to be referred by the law enforcement parties receiving the initial call to a Table, and to transfer the lead role to an agency more suited to provide support. In some instances, local law enforcement may be an integral member of the support team but should not act as the lead agency. This can be for a plethora of reasons but is most often to ensure trauma-informed practices or because law enforcement is only needed as a safety precaution.

Story from the Frontline

'A [young man] was brought to the Table who desperately wanted off the street. He had recently committed several criminal offenses as he was being threatened by gang members and had to pay his due. He mentioned to the arresting officer that he would like to change his lifestyle and the RCMP member brought his name to the Table...



...He was a familiar name to many agencies that had attempted several times to support a healthier lifestyle for him; however, this time he was ready and willing to engage. He accepted help from [a health agency] and went into treatment for 4 months. Currently, he is in one of our supportive reintegration homes on the land and is doing well.

On last check in, he was very proud of himself as he had helped lead a group of school kids on a hike to gather traditional medicines from the land. It is of interest to note that this young man is not First Nation but growing his confidence and self-esteem back while residing in a supportive First Nation community.'

When are the police beneficial to a case?

On the other hand, involving local law enforcement can also be highly beneficial in certain situations. In some cases, there may be an immediate and imminent threat of physical danger to self or others, requiring police response. This would include situations which involve weapons or ongoing/escalating assault.

It can also be used as a form of protection for the Table's responding team, the individual(s) referred to the Table, or those connected to the individual(s) referred (such as family, friends, teachers, etc.). A non-law enforcement frontline worker may not be equipped to properly handle the situation should it escalate into violence, requiring police expertise. In severe cases, the police may be needed for emergency relocation or witness protection.

In other cases, there may be a need for a member of the responding team to have the legal authority to detain or arrest an individual. Some examples would include an instance of assault or escalating violence, some other form of criminal act being involved, or a mental health crisis requiring police apprehension under the BC Mental Health Act section 28.



Story from the
Frontline

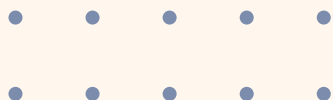


[A case] was brought to our Table from a local Probation Officer, involving a young man who had recently fallen into homelessness and was sleeping in his car. The Probation Officer was concerned that he was experiencing suicidal ideation.

Through the referral, a team of agencies along with the RCMP Mental Health Liaison Officer were able to locate him and connect him to support services. This connection helped secure housing for him when it became available.

Without the referral and the collaborative approach taken by first responders, this story might have ended differently. He has been successfully housed and is doing well.

*For further considerations regarding the role of law enforcement in support planning, please see page 16 for a **Lead Agency Decision Matrix**.*





Lead Agency Decision Matrix

The following decision matrix demonstrates some decision factors for when law enforcement is or isn't the most suitable lead agency for a case. **This matrix applies to the larger social services sphere and is not specific to Situation Tables.**

<i>Decision-Making Factor</i>	<i>A Law Enforcement Lead is the Best Fit When...</i>	<i>A Different Agency Lead is the Best Fit When...</i>
Imminent Threat or Criminality	There is an imminent threat to life, of active violence and weapons, or an ongoing criminal offence requiring scene control, arrest, or protection of life.	There is no active offence or immediate threat. The risk can be stabilized through coordinated services within the AER window.
Legal Authority	Risk mitigation requires police powers (arrest, public safety measures, warrant execution, or perimeter security).	Risk mitigation requires clinical or social authority such as voluntary care, health authority protocols, income assistance, etc.
Mental Health Crisis	The person meets the criteria for police apprehension under BC Mental Health Act s.28, with transport to a designated facility and police attendance required.	The crisis is clinically led where police powers are not required.
GBV Element	Immediate danger, escalation, or high lethality indicators requires a police lead for urgent safety planning, offender management, and criminal processes.	High-risk case management where primary needs are victim safety supports (shelter, advocacy, safety planning, children's needs).
Child Protection	Evidence of immediate danger to a child with criminal elements (abduction risk, violent offence).	Protection and case planning are primarily under child/family services legislation.
Substance Use / Overdose Risk	Active public-safety risk (i.e. trafficking-related violence on scene). Police lead until safe for health outreach.	Health/addictions services can lead where no peace-officer powers are needed.
Cultural Safety / Indigenous-Led	Police support <u>alongside</u> Indigenous service leads to ensure safety while centering cultural and community protocols.	Indigenous and culturally-specific services lead when they can safely engage and coordinate supports.



Conclusion

Situation Tables have been in British Columbia for over a decade and have grown exponentially during that time. A large part of this growth has been in the past two years, with 40 percent of all discussions happening during that period. With 10 new Tables currently under implementation, it is likely that this trend will continue.

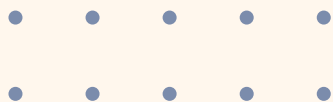


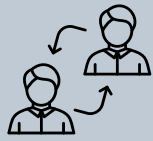
Table partners have also expanded during the past decade, now encompassing over 450 different agencies and an approximate 800 professionals across BC.

These agencies include but are not limited to children and family services, local law enforcement, Indigenous or culturally relevant services, mental health supports, victim services, income assistance, housing assistance, education or addictions services. Having a range of services involved enables more holistic support planning and a higher likelihood of success.

As a hub-model, Situation Tables facilitate collaboration between community frontline practitioners, coordinating multi-agency responses while also reducing duplication of effort. This does mean, however, that Tables are only as effective as the supports available within the community. As such, Table capability will remain limited unless service capacity in BC expands to encompass a wider range of supports. Rural and remote areas are especially affected by this limitation.

Additionally, stories from the frontline have shown that a substantive benefit of Tables is the ability to enable resource-appropriate case transfers. In many instances, the agency receiving an initial referral is not the one best suited to lead the support plan. Most especially, law enforcement agencies receive a high number of calls that they are not best equipped to handle such as housing, mental health, and medical cases.



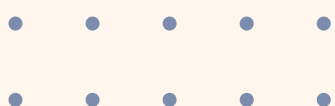


Over the past decade, 85.8 percent of referrals from law enforcement have been transferred to a more suitable agency through Situation Tables.

There are instances, though, where law enforcement is best suited to act as the lead. This is especially true when they are needed to protect the safety of the frontline staff and/or the individual(s) receiving support or when specific police powers are needed such as warrant execution or arrest.

Having a community-led, evidence-based model in BC allows for faster, more effective frontline response to instances of acute risk and provides rapid support to those most in need of it. By aligning intervention strategies across different systems, Situation Tables improve risk-detection and enable a more rapid and holistic response.

Overall, this report underscores the need to maintain and enhance collaboration across sectors to further improve outcomes for individuals and communities experiencing complex risk.



Community-Specific Breakdowns

Communities which choose to provide data to the Ministry for analysis receive an annual community-specific report. This includes a quantitative analysis on all discussions logged within the RTD by the Table during the 2025 reporting year.

For each community, basic information such as population (from the Province of British Columbia's most recent population estimate)³, location (rural / urban)⁴, and region according to health authority classifications (north / interior / coastal / lower mainland / island) has been provided to contextualize the analysis.

These reports are provided for Tables that conducted more than five discussions during the reporting period to support meaningful interpretation of community-level trends. Tables with fewer than five discussions are included in provincial and regional analyses but are not featured in stand-alone community profiles.

In 2025, 30 communities out of 40 shared their data prior to this analysis. The following pages contain their reports, provided in alphabetical order.

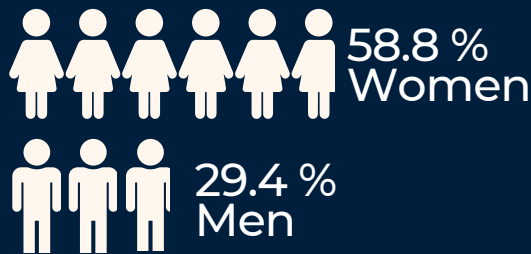
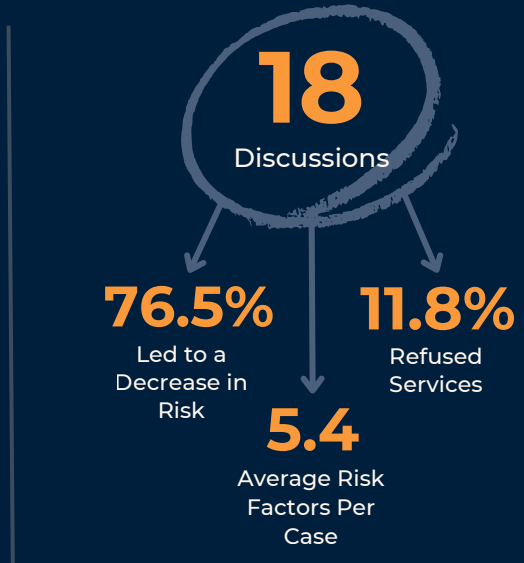
³ Province of British Columbia, "Population Estimates & Projections for British Columbia," (December 2025), <https://doi.org/10.25318/1710014801-eng>.

⁴Province of British Columbia, "Rural Initiative – Draft Guidance," (September 2025), 5. Found at https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/rural-initiative/rural_initiative_-_draft_guidance.pdf.

Abbotsford

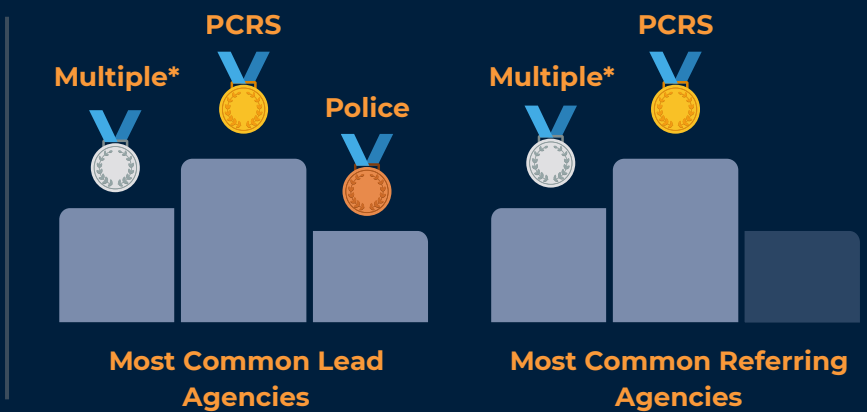
Abbotsford is an urban city with a population of 175,825 within the lower mainland region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

6



*Phoenix Society, Cedar Outreach, and the local Health Authority each acted as lead for an equal number of discussions.

Burnaby

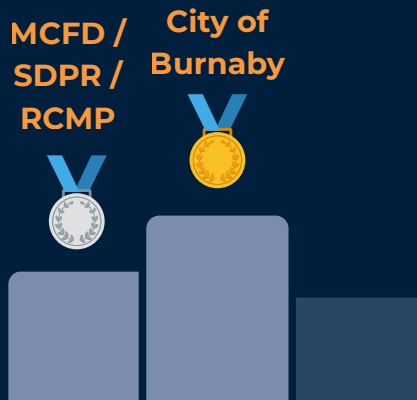
Burnaby is an urban city with a population of 304,010 within the lower mainland region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

3



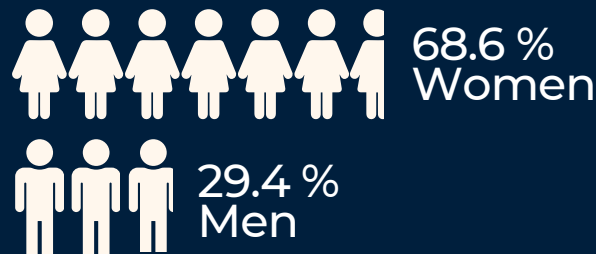
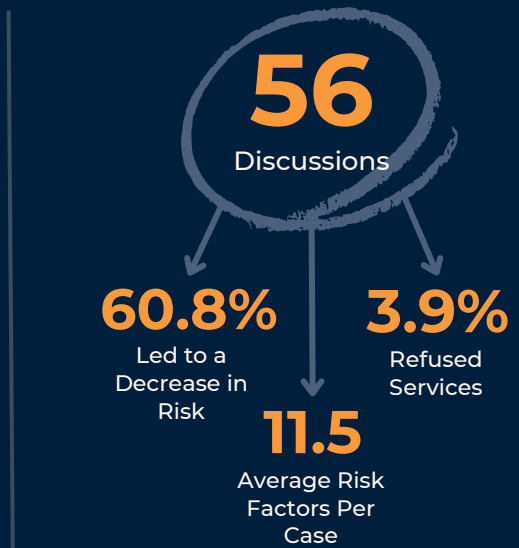
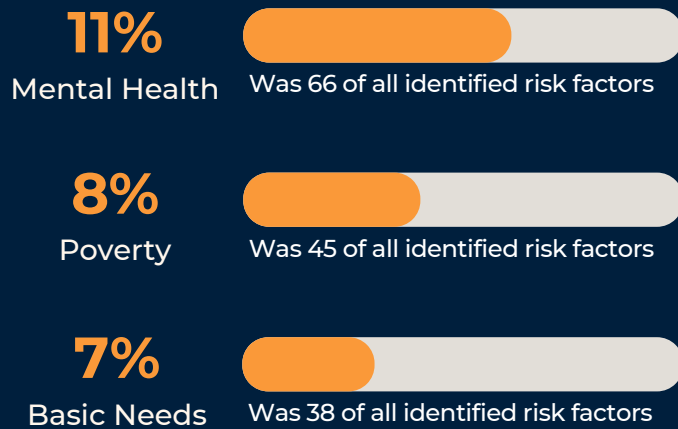
Most Common Referring Agencies

17% Of discussions were under the age of 25

Campbell River

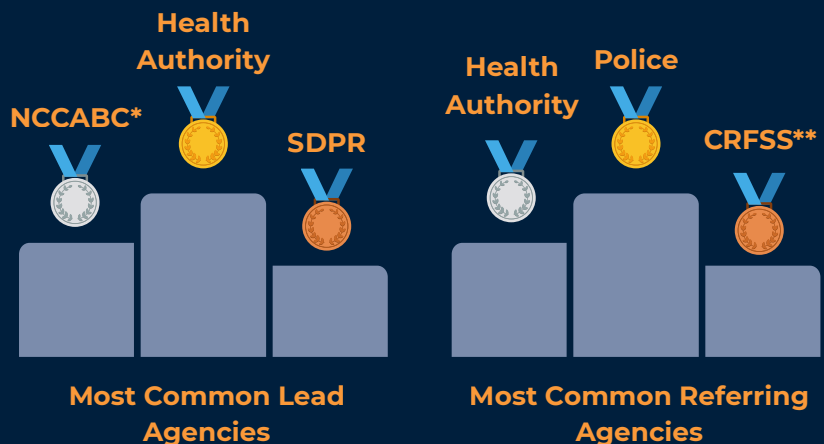
Campbell River is an urban city with a population of 37,262 within the island region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

8



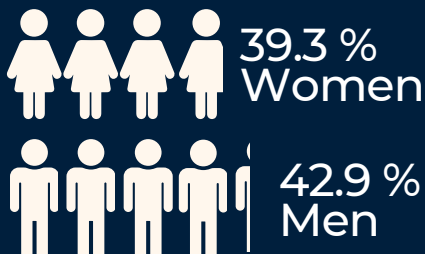
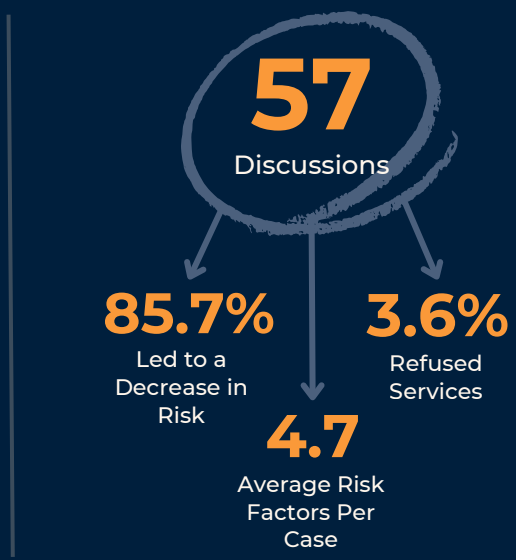
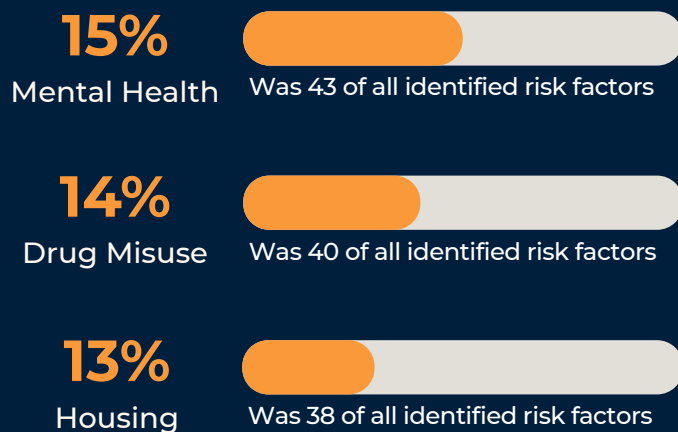
*Native Courtworker and Counselling Association of BC

**Campbell River Family Services

Chilliwack

Chilliwack is an urban city with a population of 101,702 within the lower mainland region of British Columbia.

Most Common Risk Factors

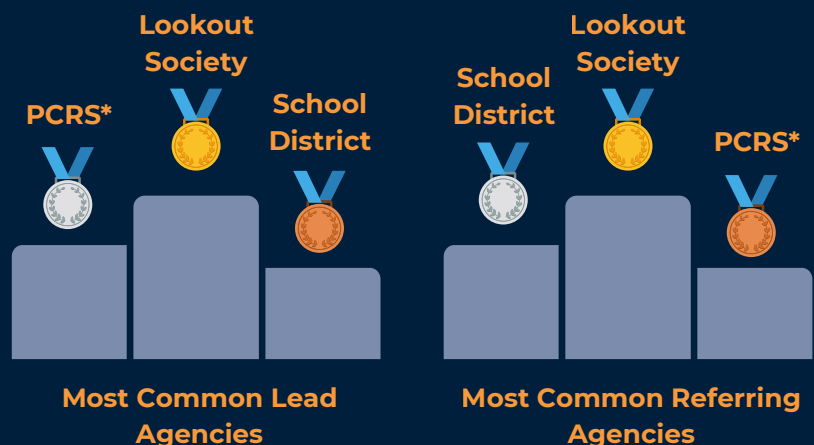


25% Of discussions were under the age of 25

15% Of those under 25 had mental health as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

5

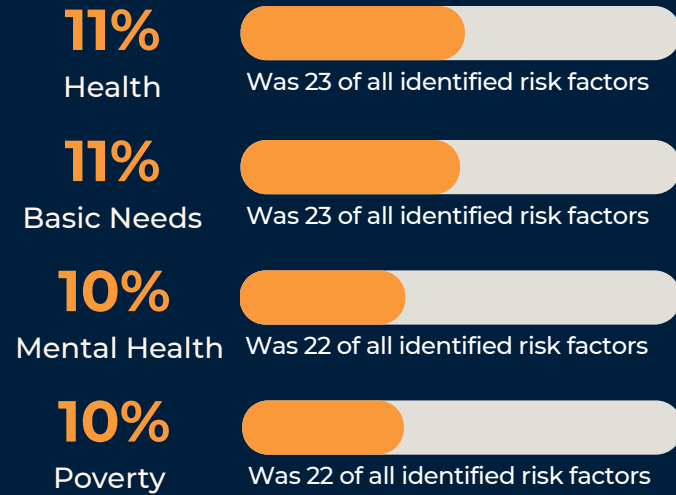


*Pacific Community Resource Society

Comox Valley

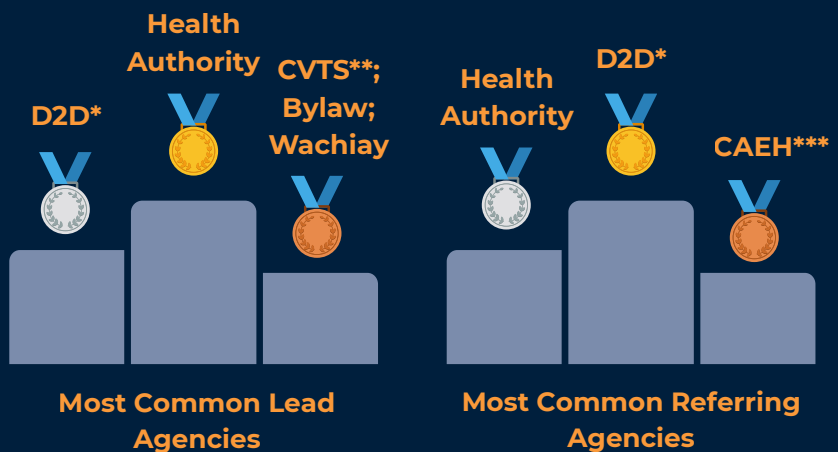
Comox Valley is a regional district with a population of 25,812 within the island region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

6



*Dawn to Dawn Action on Homelessness

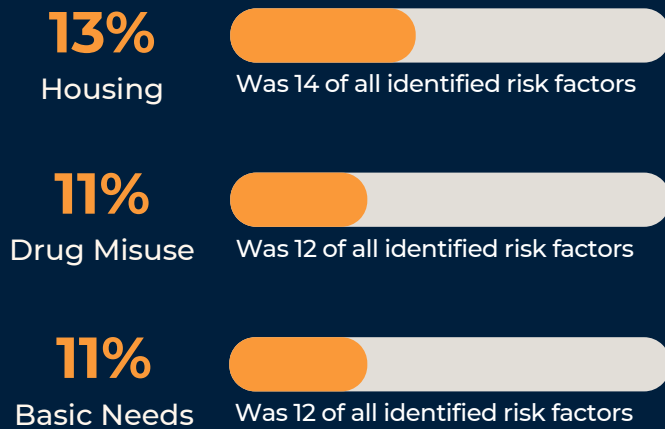
**Comox Valley Transition Society

***Coalition to End Homelessness

Cranbrook

Cranbrook is an urban city with a population of 22,342 within the interior region of British Columbia.

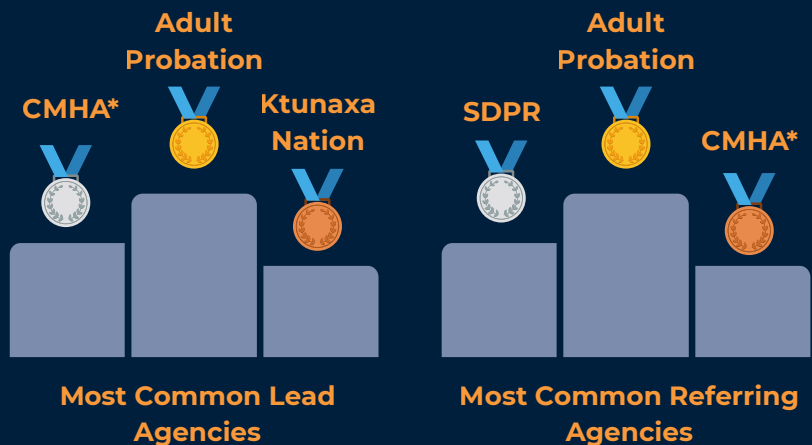
Most Common Risk Factors



13% Of discussions were under the age of 25

Average Number of Agencies Involved in the Filter 4 Process:

5

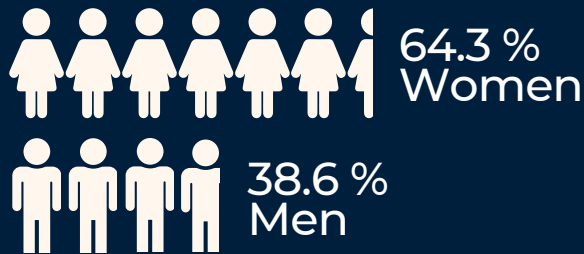
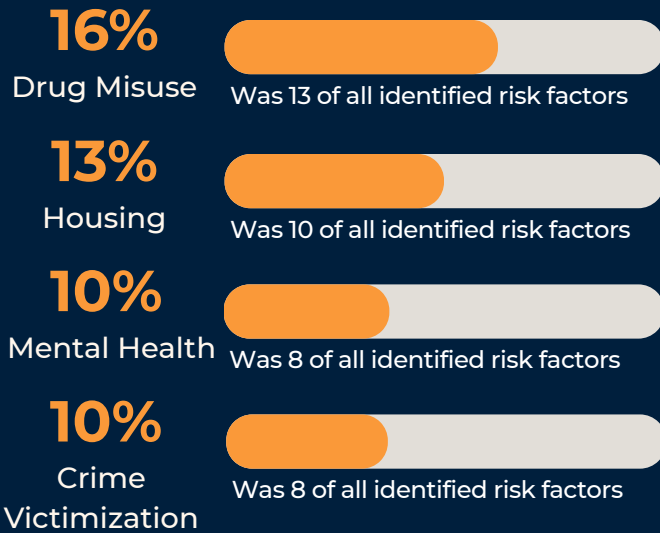


*Canadian Mental Health Association

Fort St. John

Fort St. John is an urban city with a population of 24,138 within the northern region of British Columbia.

Most Common Risk Factors

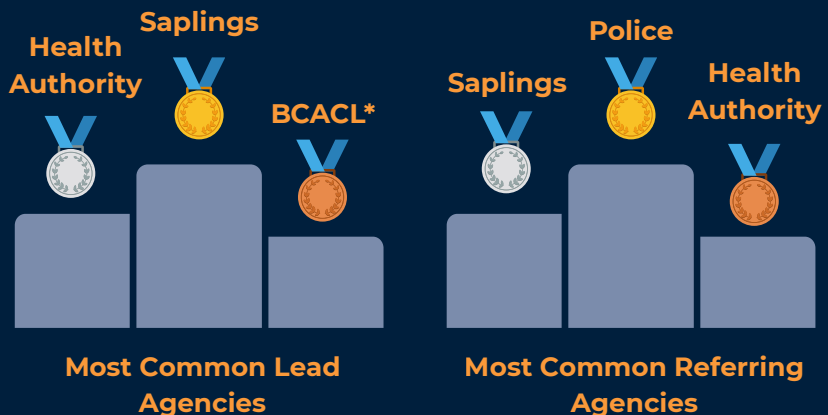


64% Of discussions were under the age of 25

13% Of those under 25 had drug misuse, housing, and crime victimization as risk factors

Average Number of Agencies Involved in the Filter 4 Process:

6



*British Columbia Association for Community Living

Greater Westside Hub

The Greater Westside Hub includes West Kelowna, Peachland, and the Westbank First Nation. They have a collective population of over 46,000 within the interior region of British Columbia.

Most Common Risk Factors

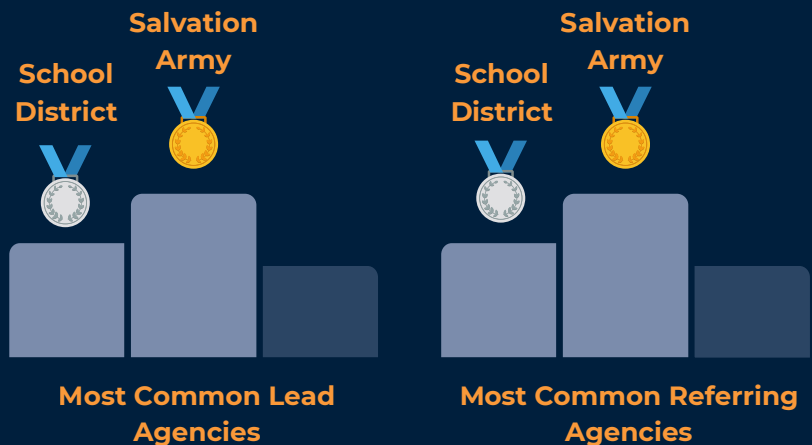


44% Of discussions were under the age of 25

18% Of those under 25 had mental health as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

8



Houston

Houston is a rural town with a population of 3,085 within the northern region of British Columbia.

Most Common Risk Factors



Kamloops

Kamloops is an urban city with a population of 108,834 within the interior region of British Columbia.

Most Common Risk Factors



29% Of discussions were under the age of 25

20% Of those under 25 had criminal involvement as a risk factor

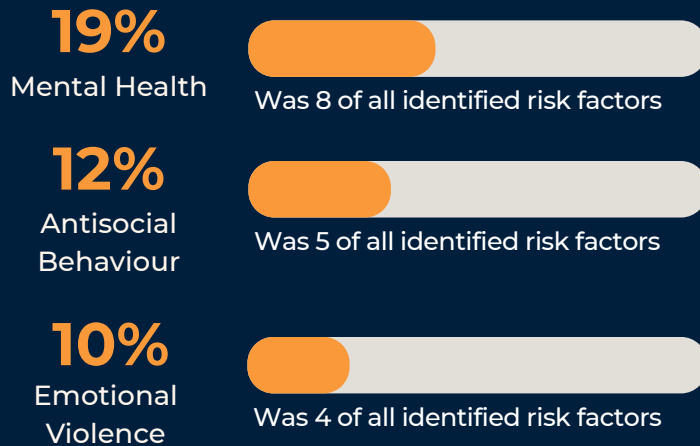
Average Number of Agencies Involved in the Filter 4 Process:

7

Kelowna

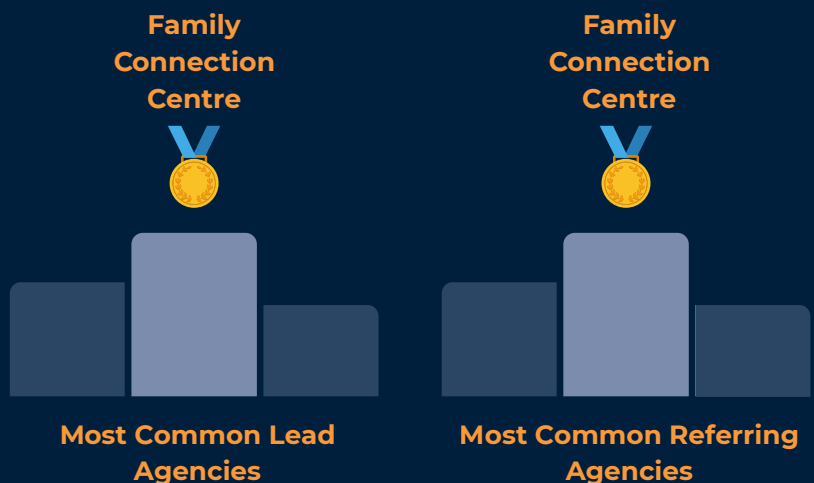
Kelowna is an urban city with a population of 164,533 within the interior region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

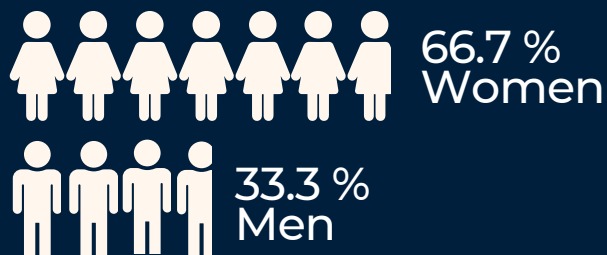
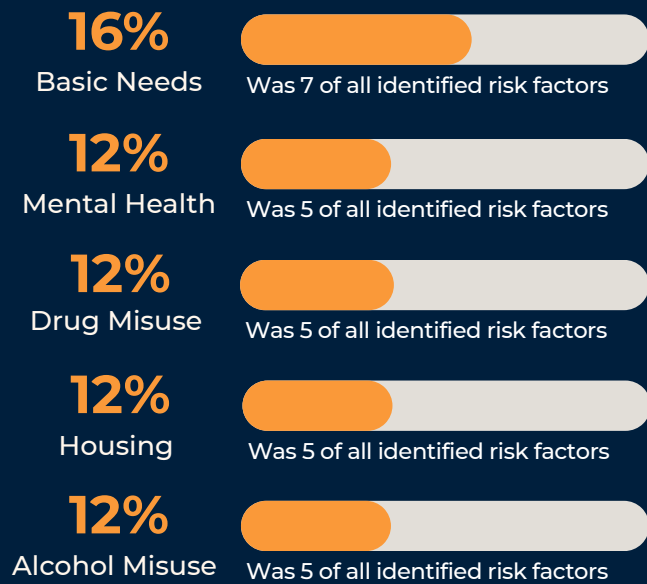
2



Kitimat

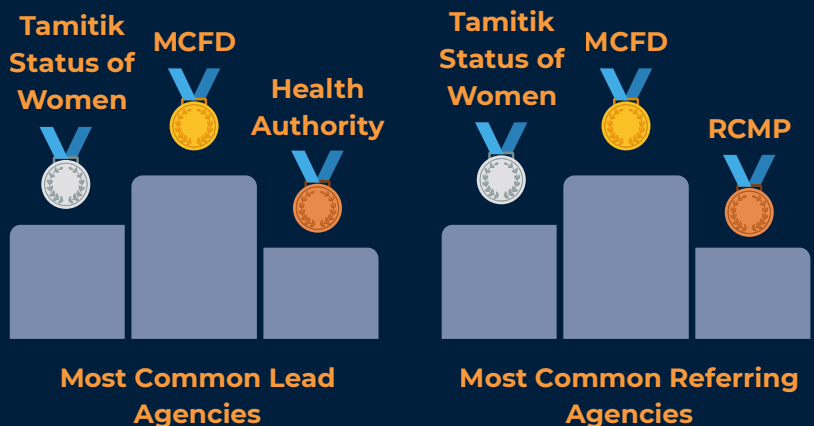
Kitimat is an urban municipality with a population of 9,081 within the northern region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

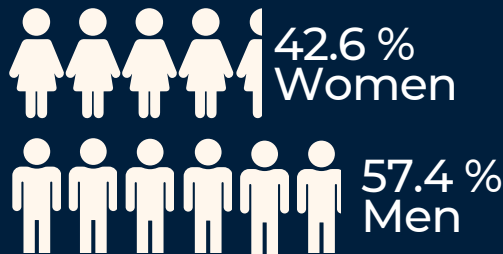
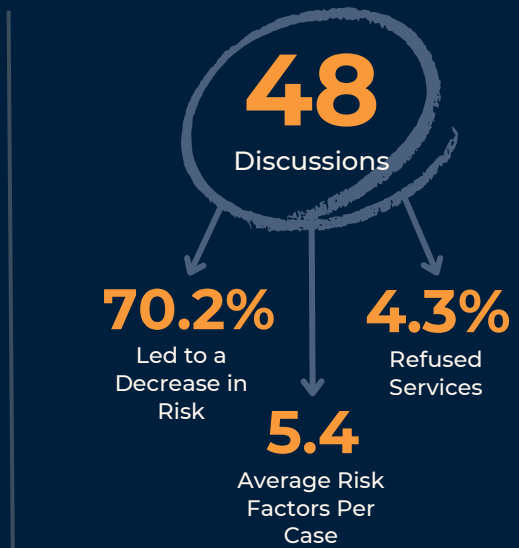
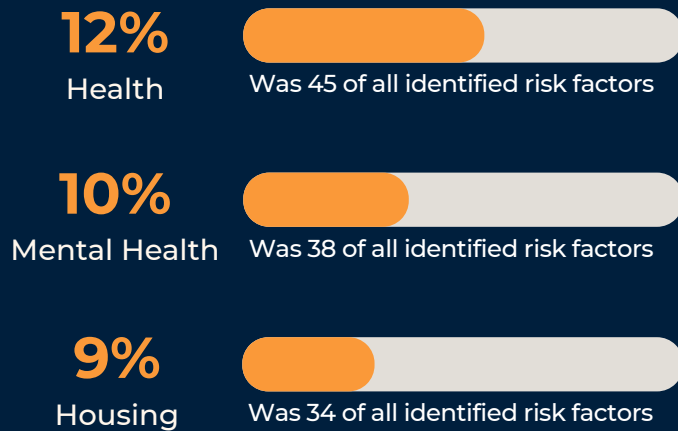
5



Langley

Langley is an urban city and township with a population of 200,997 within the lower mainland region of British Columbia.

Most Common Risk Factors

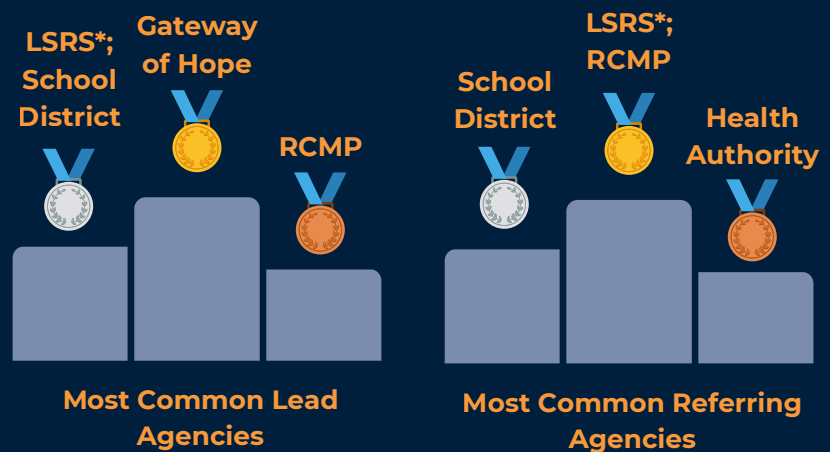


21% Of discussions were under the age of 25

9% Of those under 25 had mental health and health as risk factors

Average Number of Agencies Involved in the Filter 4 Process:

5



Maple Ridge

Maple Ridge is an urban city with a population of 107,182 within the lower mainland region of British Columbia.

Most Common Risk Factors

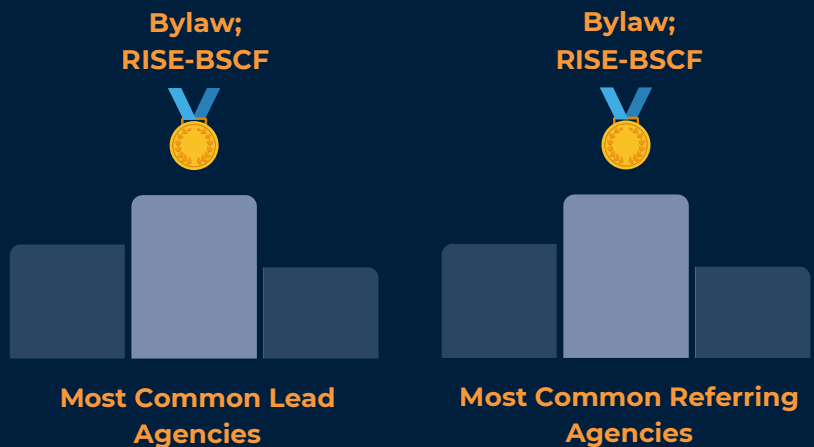


43% Of discussions were under the age of 25

13% Of those under 25 had mental health and housing as risk factors

Average Number of Agencies Involved in the Filter 4 Process:

4



Merritt

Merritt is an urban city with a population of 7,087 within the interior region of British Columbia.

Most Common Risk Factors

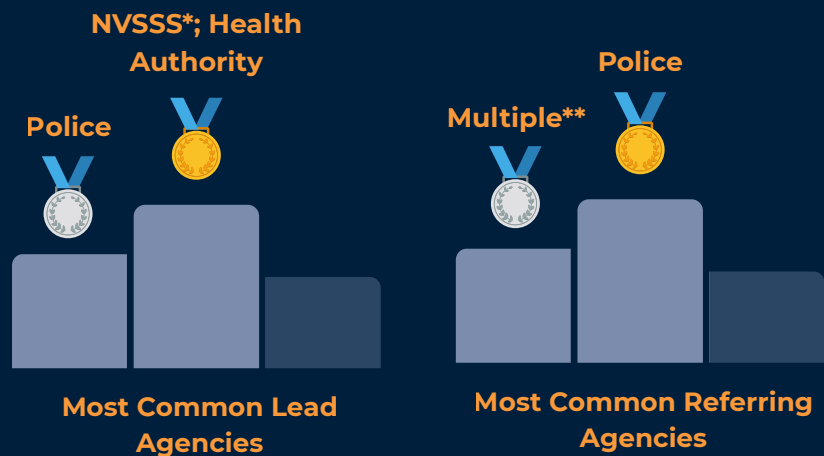


28% Of discussions were under the age of 25

11% Of those under 25 had social environment as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

6



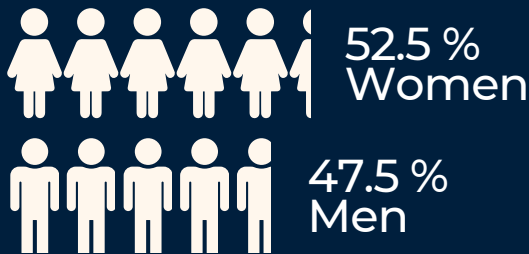
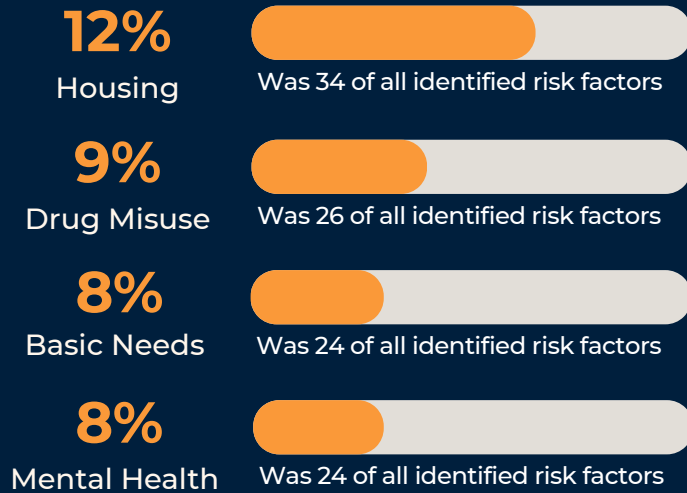
*Nicola Valley Shelter and Support Society

**Ask Wellness, Nicola Valley Advocacy Centre and the City of Merritt referred an equal amount of cases

Nanaimo

Nanaimo is an urban city with a population of 109,936 within the island region of British Columbia.

Most Common Risk Factors

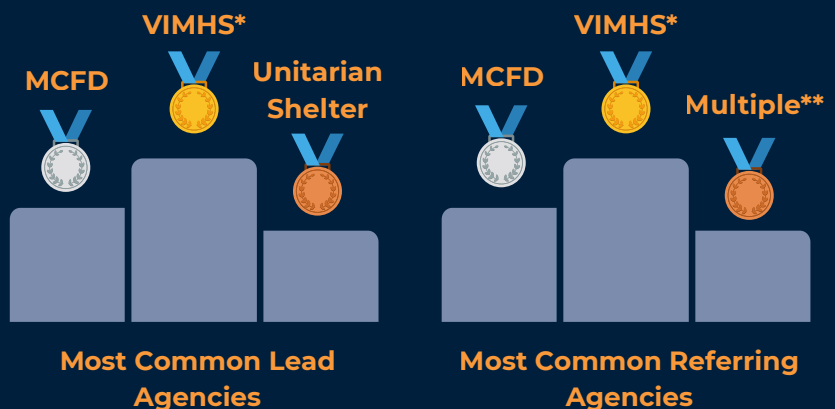


25% Of discussions were under the age of 25

11% Of those under 25 had drug misuse as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

5



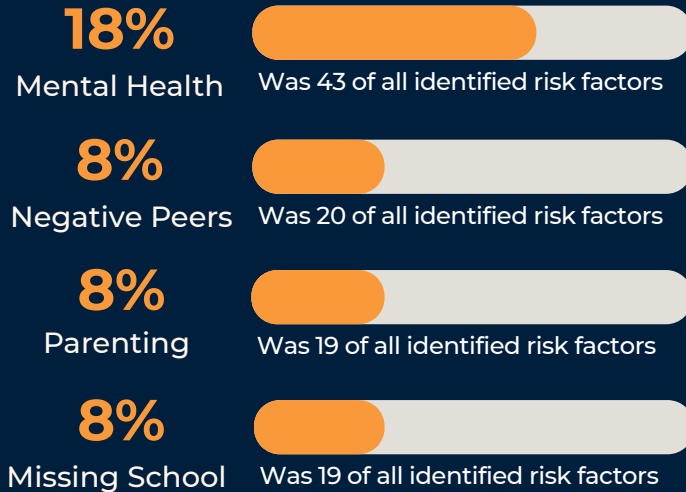
*Vancouver Island Mental Health Society

**SDPR, the local Health Authority, and the Unitarian Shelter all referred an equal number of cases

New Westminster

New Westminster is youth-focused table based in an urban city with a population of 92,568 within the lower mainland region of British Columbia.

Most Common Risk Factors

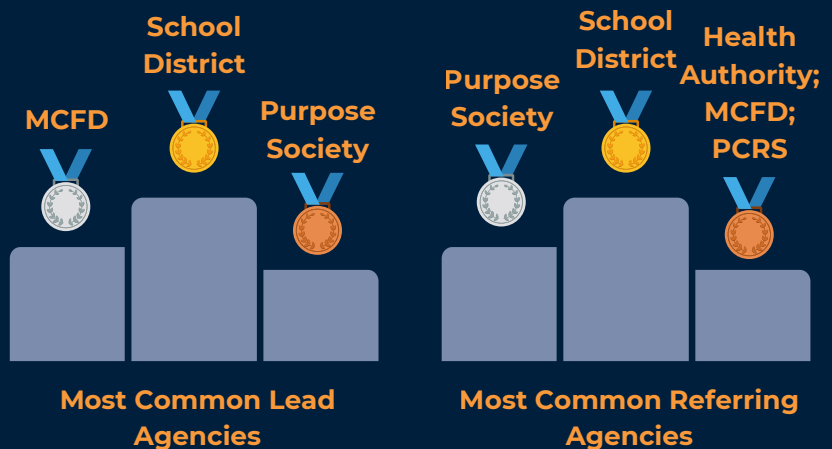


100% Of discussions were under the age of 25

18% Of those under 25 had mental health as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

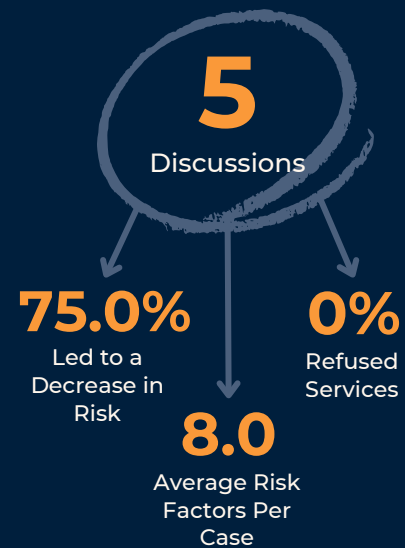
4



North Cowichan

North Cowichan is an urban municipality with a population of 34,010 within the island region of British Columbia.

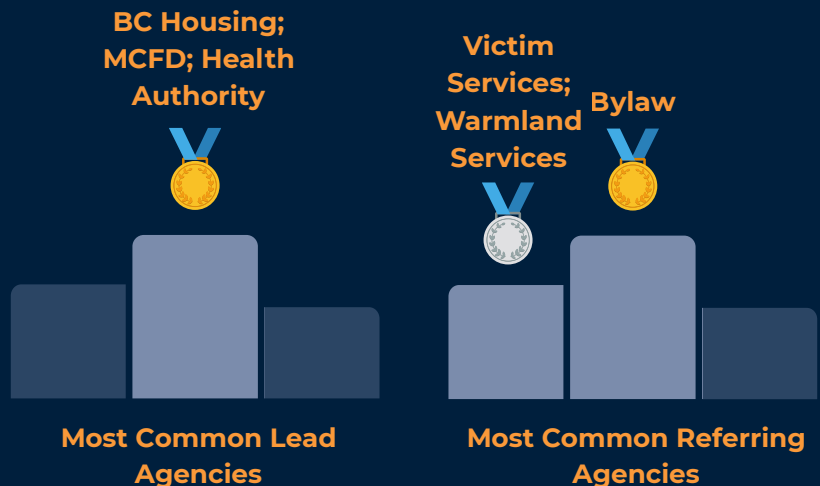
Most Common Risk Factors



50% Of discussions were under the age of 25

Average Number of Agencies Involved in the Filter 4 Process:

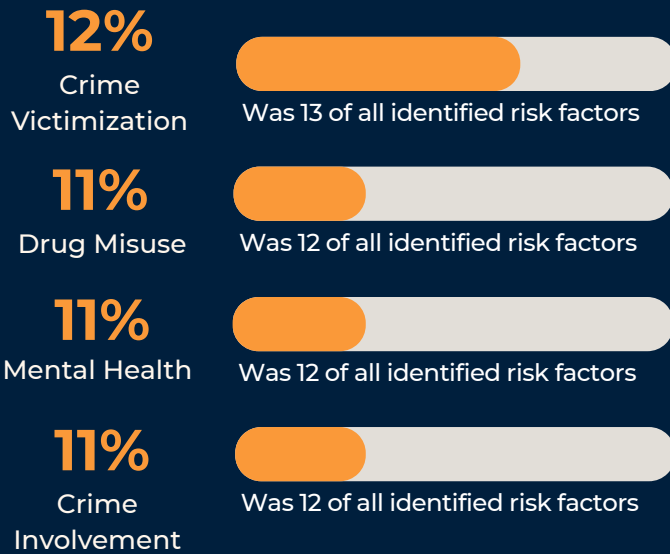
2



Port Alberni

Port Alberni is an urban city with a population of 19,340 within the island region of British Columbia.

Most Common Risk Factors

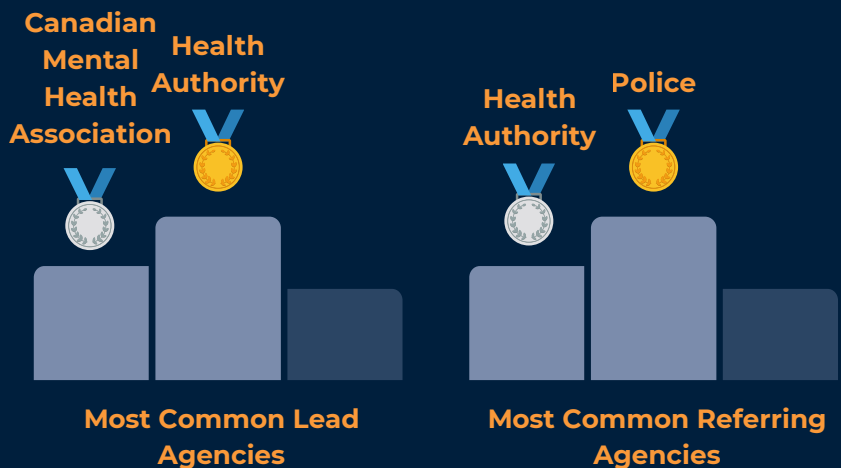


29% Of discussions were under the age of 25

32% Of those under 25 had crime involvement health as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

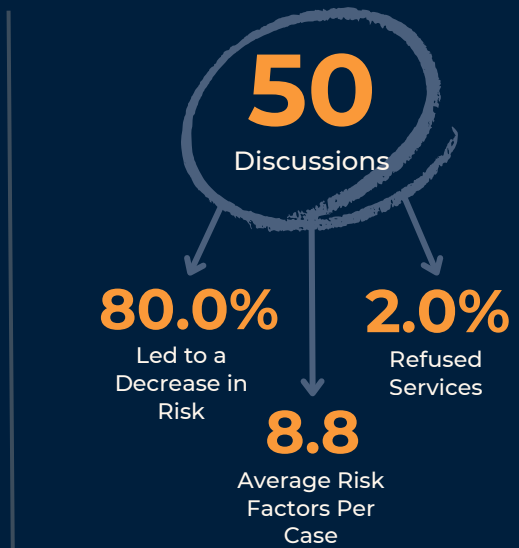
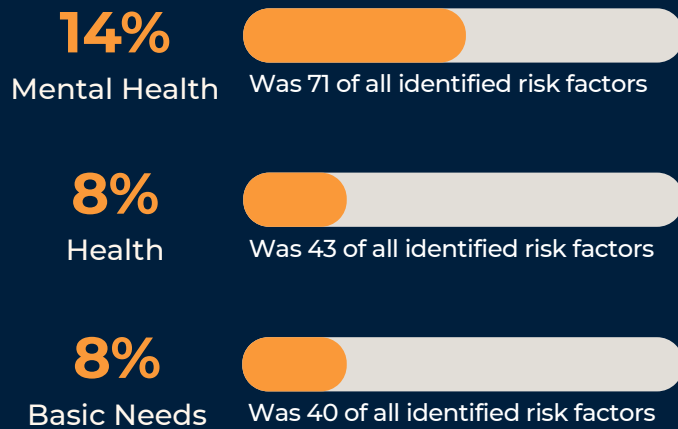
5



Prince George

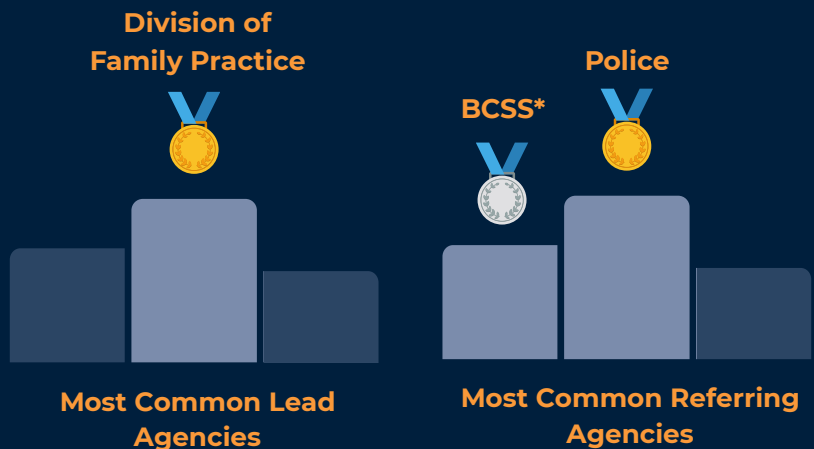
Prince George is an urban city with a population of 84,184 within the northern region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

2

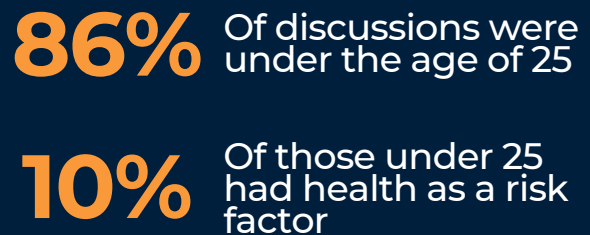
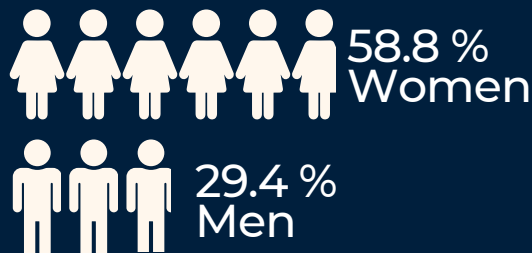
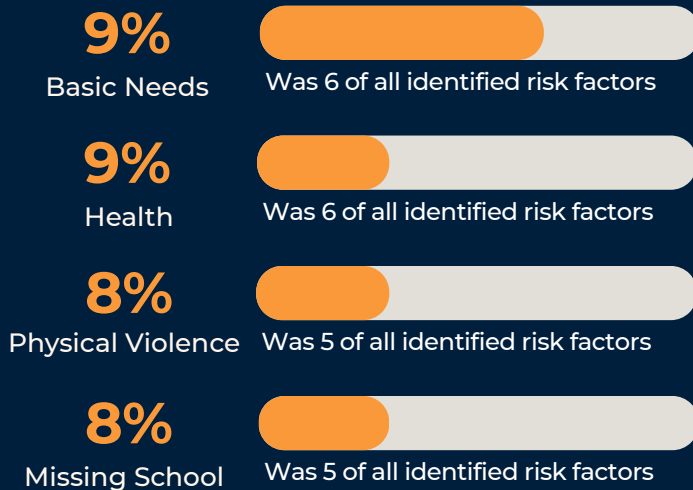


*BC Schizophrenia Society

Prince Rupert

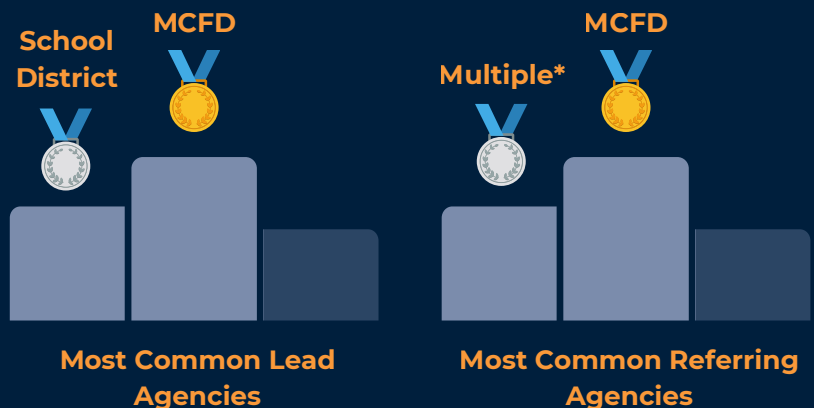
Prince Rupert is an urban city with a population of 12,609 within the northern region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

5

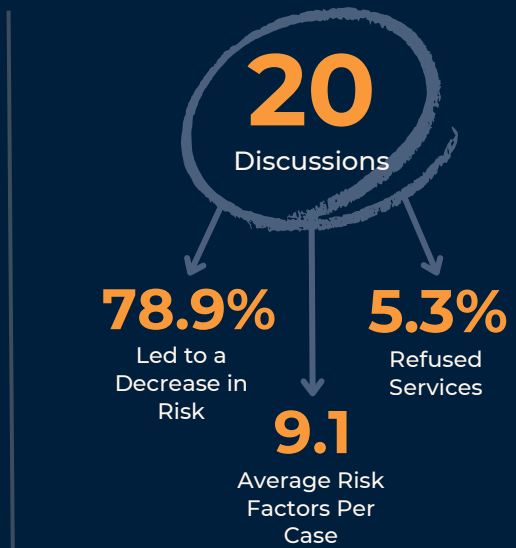
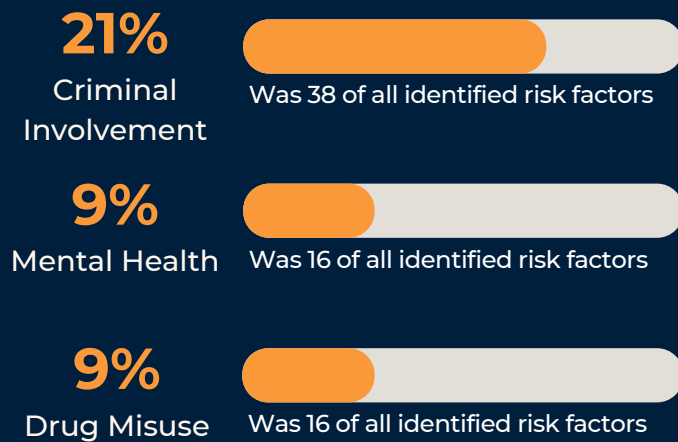


*The School District and Kxeen Community Services Society referred an equal number of cases

Quesnel

Quesnel is an urban city with a population of 10,051 within the northern region of British Columbia.

Most Common Risk Factors

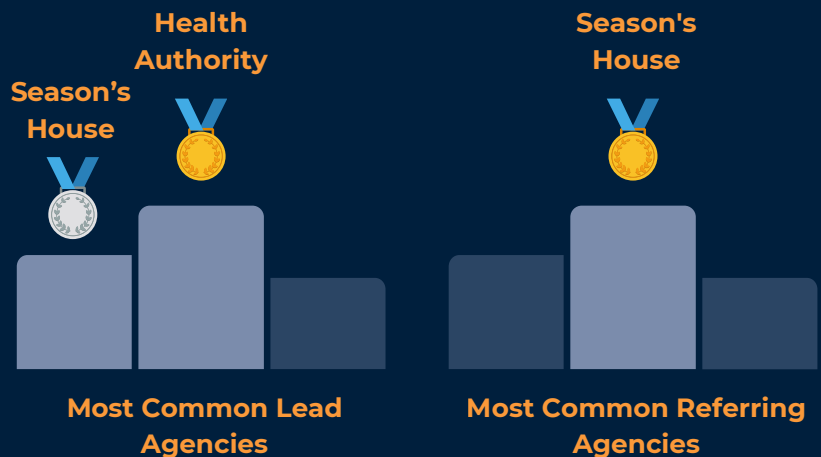


6% Of discussions were under the age of 25

15% Of those under 25 had criminal involvement, mental health, & social environment as risk factors

Average Number of Agencies Involved in the Filter 4 Process:

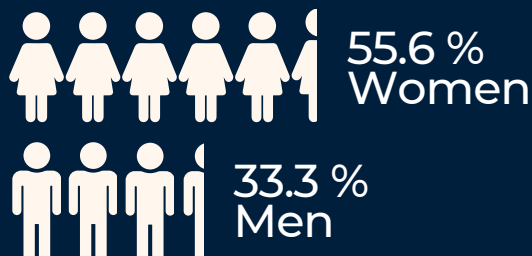
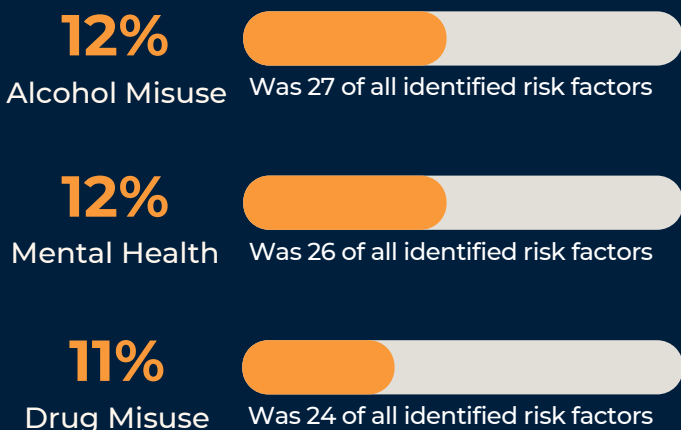
2



Smithers

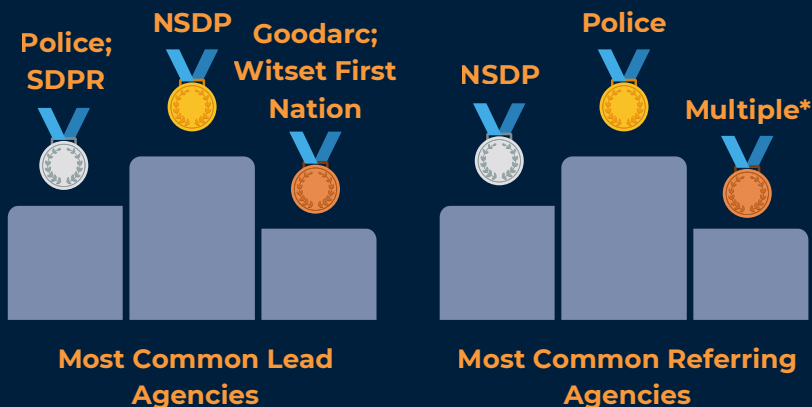
Smithers is an urban town with a population of 5,518 within the northern region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

5

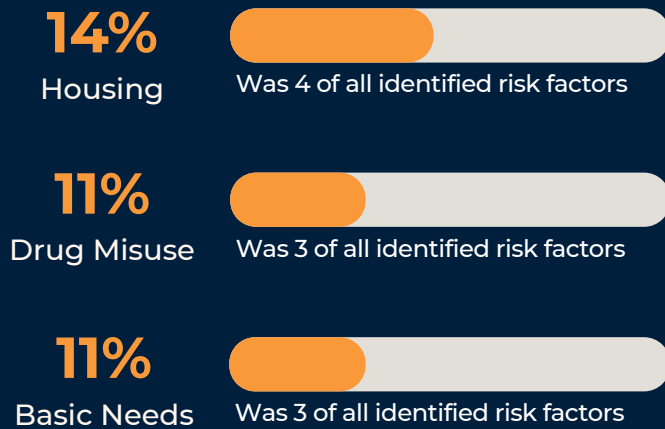


*Goodarc Place, SDPR, and the Witset First Nation referred an equal number of cases

Squamish

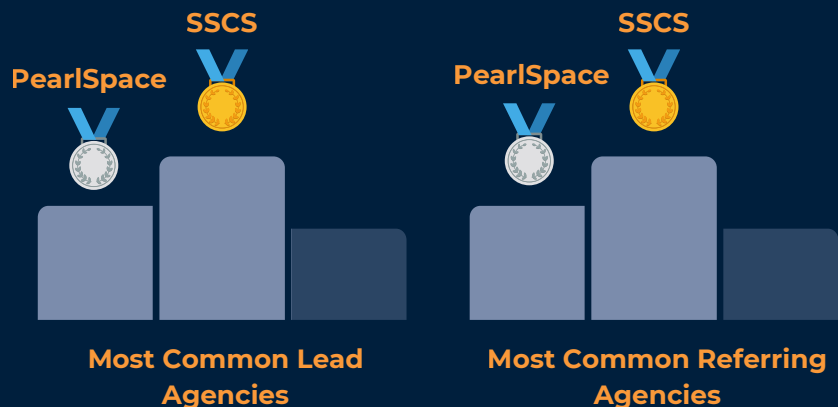
Squamish is an urban city with a population of 28,262 within the coastal region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

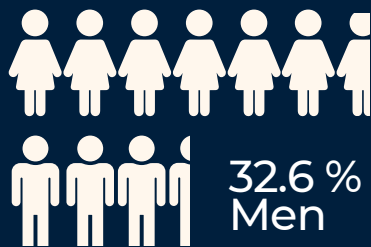
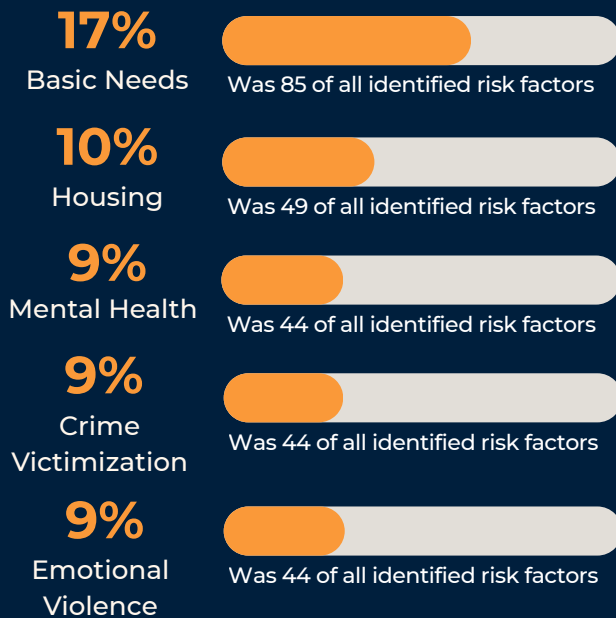
3



Surrey (SMART)

Surrey (SMART) is based in an urban city with a population of 723,378 within the lower mainland region of British Columbia.

Most Common Risk Factors

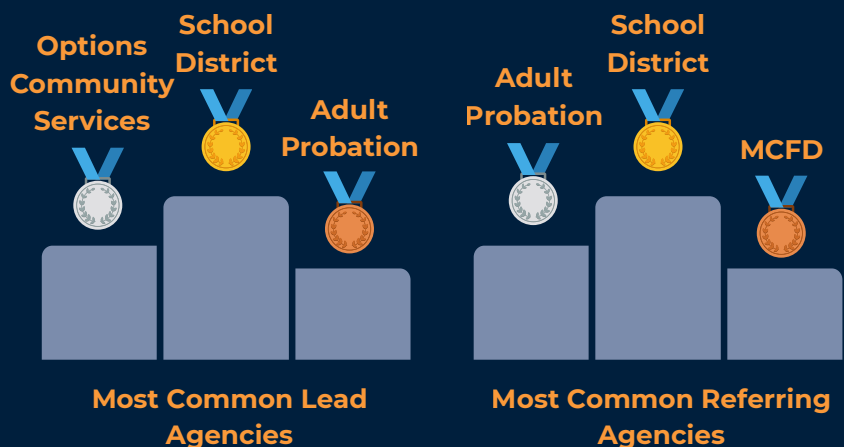


9% Of discussions were under the age of 25

13% Of those under 25 had crime victimization & drug misuse as risk factors

Average Number of Agencies Involved in the Filter 4 Process:

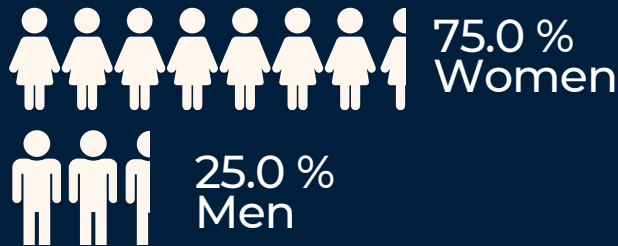
5



Terrace

Terrace is an urban city with a population of 13,174 within the northern region of British Columbia.

Most Common Risk Factors

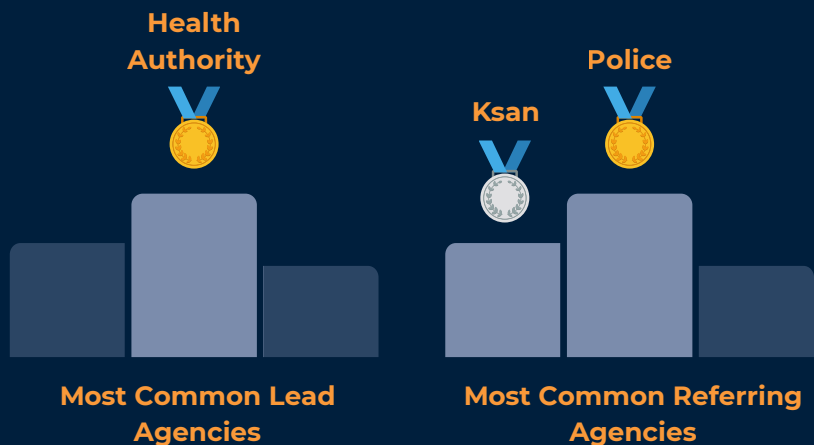


13% Of discussions were under the age of 25

15% Of those under 25 had self-harm as a risk factor

Average Number of Agencies Involved in the Filter 4 Process:

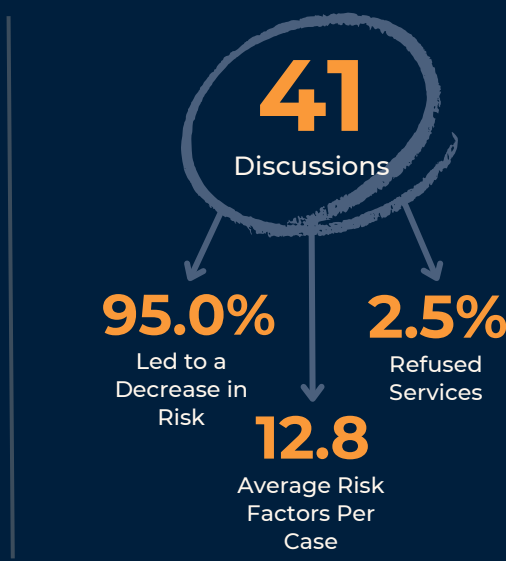
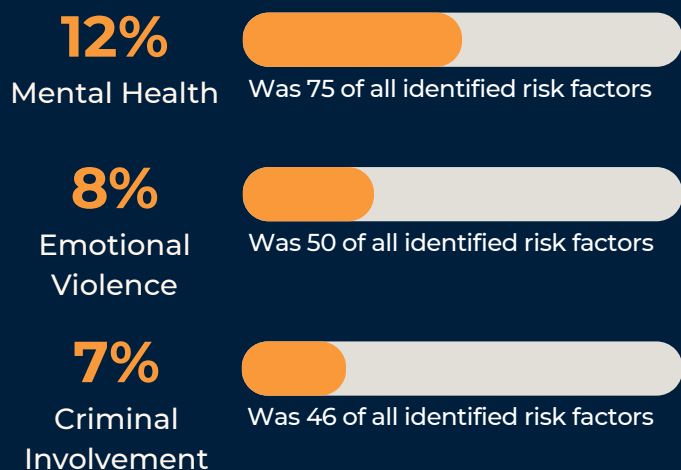
8



Tri-Cities

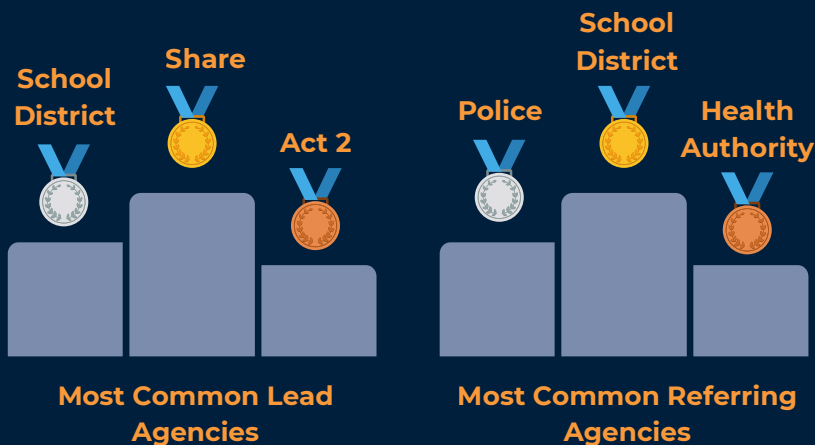
Tri-Cities is a youth-focused Table consisting of 3 urban cities: Coquitlam, Port Moody, and Port Coquitlam. They have a collective population of 284,488 within the lower mainland region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

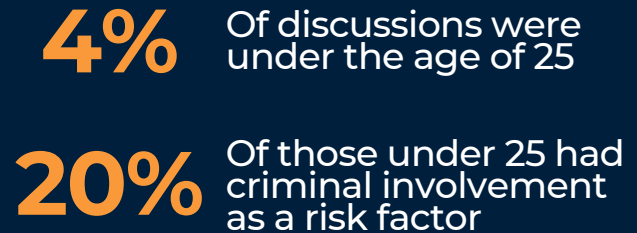
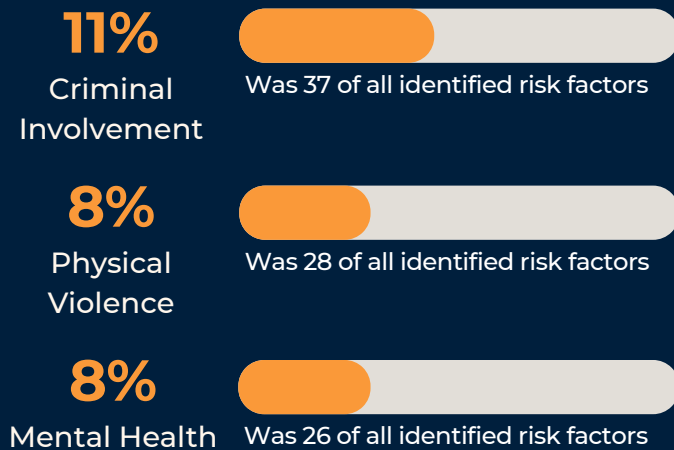
6



Victoria

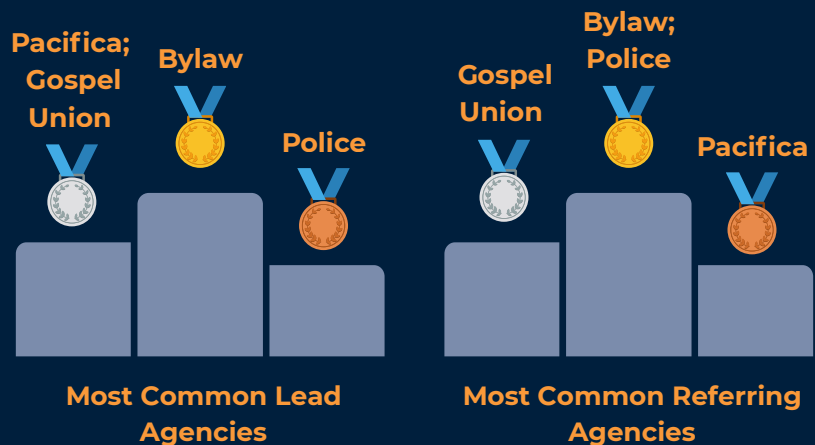
Victoria is an urban city with a population of 102,113 within the island region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

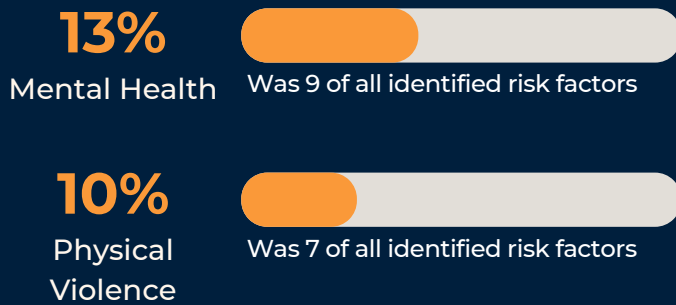
3



Whistler

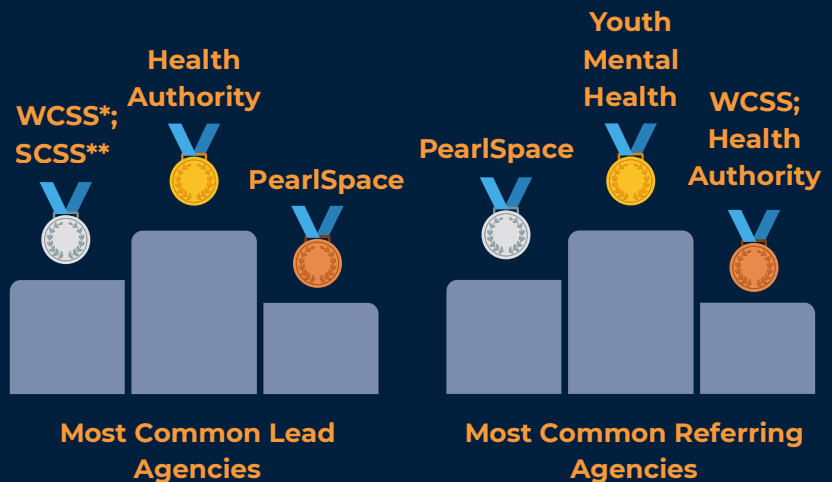
Whistler is an urban city with a population of 15,552 within the coastal region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

3

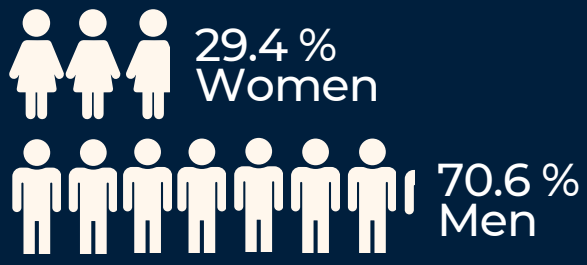
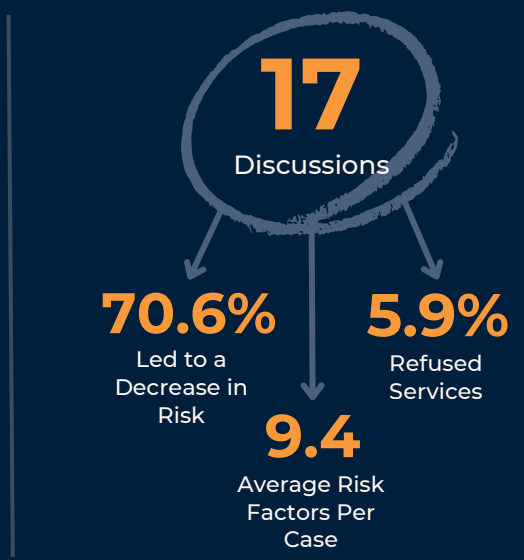


*Whistler Community Services Society
 **Sea to Sky Community Services

Williams Lake

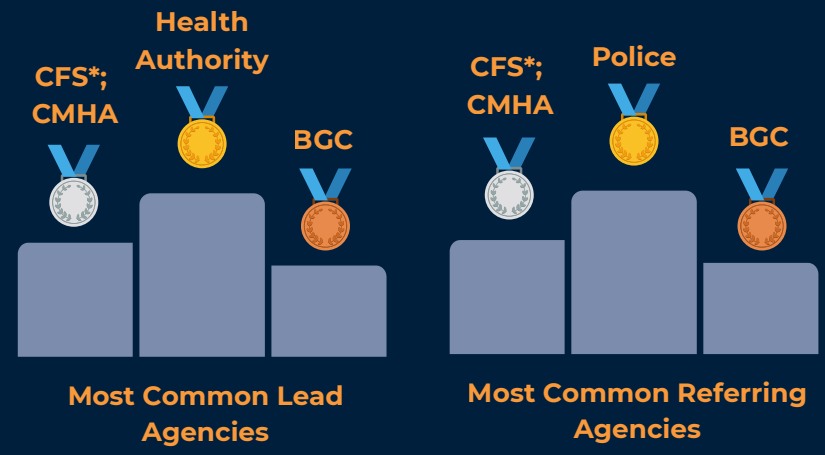
Williams Lake is an urban city with a population of 11,111 within the north region of British Columbia.

Most Common Risk Factors



Average Number of Agencies Involved in the Filter 4 Process:

6



*Cariboo Friendship Society

Acknowledgment

The Ministry expresses our sincere appreciation to all Situation Table stakeholders, including fellow ministries, municipal partners, First Nations staff, NGOs, health authorities, and law enforcement for their unwavering support and dedication to this initiative.



Ministry of
Public Safety and
Solicitor General

Collaborative Public Safety Programs

For inquiries please email CPSP@gov.bc.ca