

Coordinating Human Services in Haliburton, Kawartha, and Pine Ridge: A Comprehensive Inventory of Programs and Services

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By: Hailey Hoeschler

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Supervising Professor: Joel Cahn

Trent Community Research Centre Project Coordinator: Carolyn Mount

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Suite 3.10, Trent University Student Centre

1600 West Bank Drive

Peterborough, ON K9L 0G2

Phone: [\(705\) 748-1093](tel:(705)748-1093)

Email: tcrc@trentu.ca

Website: trentu.ca/tcrc

**Project #6122: Coordinating Human Services in Haliburton, Kawartha, and Pine Ridge: A
Comprehensive Inventory of Programs and Services**

Researcher: Hailey Hoelscher

Faculty Supervisor: Joel Cahn

Host Supervisors: Kim Kennelly and Teryl Hoefel

Host Organization: Human Services and Justice Coordinating Committee

TCRC Coordinators: Carolyn Mount and Brittany Finnigan

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Abstract

This study delves into the pressing need for a comprehensive resource list tailored for service providers, aimed at enhancing client referrals. It highlights the pivotal role organizational communication and collaboration has in improving support structures available for vulnerable and marginalized communities. The primary focus of this study is to determine the need for an exhaustive inventory of services and programs, as well as pinpoint the most critical requirements of these populations and uncover the prevailing gaps in existing resources. Through scrutiny of provincial and regional websites, alongside a thorough review of service inventories established within the past year, this research uncovers an array of services accessible within the Haliburton, Kawartha Lakes, and Pine Ridge (HKPR) area. Additionally, it sheds light on crucial insights regarding areas where services and resources are lacking. Furthermore, surveys were conducted among standing members of the Human Services and Justice Coordinating Committee (HSJCC), revealing valuable perspectives on the gaps within the current services provided in HKPR locales. Moreover, the data identifies a consistent correlation between the most pressing service needs and the most pronounced gaps. Specifically, this correlation is observed among homelessness, mental health, and addiction services. These categories are currently in high demand by marginalized individuals, yet they face challenges due to insufficient capacity and a lack of accessible locations. Consequently, the study advocates for targeted strategies, including the identification of specific gaps within each region, the mitigation or removal of barriers hindering access to these services, and the exploration of avenues for securing funding to ensure the perpetual relevance of services and programs in meeting the evolving needs of marginalized individuals.

Introduction and Background

This project involved close collaboration with the Human Services and Justice Coordinating Committee (HSJCC) of Haliburton-Kawartha Lakes-Pine Ridge (HKPR) to determine the array of services and programs accessible to marginalized individuals intersecting with the justice system. The project aimed to identify the most essential services and programs vital for the successful reintegration of individuals into society. The intent was to develop a comprehensive inventory encompassing services and programs available in the HKPR regions, designed to address homelessness, food insecurity, mental health, addiction, and employment.

The research investigates the diverse array of services and programs currently operational within Peterborough, Haliburton, and Northumberland Counties, as well as Kawartha Lakes. This focus is particularly crucial given Canada's recidivism rate standing at roughly 41% as of 2023, with Ontario's slightly lower at 35%. Identifying services and programs within the HKPR region emerges as a pivotal step in curbing recidivism and reducing the number of individuals entering the criminal justice system. As of June 2023, the incarceration rate for provincial and territorial correctional services in Canada stands at approximately 67 individuals per 100,000 individuals, while the corresponding rate for federal correctional services is approximately 40 individuals per 100,000 individuals [1]. Despite Canada having one of the lowest incarceration rates globally, with minimal fluctuation since 2001, the importance of this endeavour remains paramount [1].

The purpose of this project is to answer two questions: what services are currently available in the Haliburton, Kawartha, and Pine Ridge (HKPR) areas? And by whom are these services being provided? These two questions were addressed by compiling a comprehensive inventory encompassing the programs and services currently offered in the HKPR area. The urgency of this project stems from the fact that not all service providers possess a comprehensive understanding and knowledge of the available services and programs. This knowledge gap directly impedes the ability of service providers to effectively aid those in need or those seeking a specific resource. Developing a comprehensive inventory of existing programs and services allows providers to gain a better understanding of the available resources within Peterborough City and County, Kawartha Lakes, Haliburton County, and Northumberland County. Ultimately, this inventory aims to enhance the efficiency of workers, mitigate redundancies, and elevate client support and referral processes. This project also offered the researcher a valuable opportunity to collaborate with well-established and reputable organizations as well as become familiar with the various offerings in the HKPR area. Furthermore, it serves as a platform for the acquisition of valuable knowledge and insight into the challenges and barriers faced by marginalized individuals and those from low socio-economic backgrounds.

The establishment of the Human Services and Justice Coordinating Committee (HSJCC) was prompted by the need for coordinated resources and services, as well as the development of a more effective framework for individuals who have encountered legal conflicts [3]. These committees achieve their mission through regular monthly meetings, convening service providers with the shared objective of discovering solutions to the challenges faced by

individuals involved in the criminal justice system [3]. Operating at a provincial, regional, and local level, the HSJCC exemplifies a comprehensive approach to fulfilling its mandate. At the provincial, the HSJCC is dedicated to providing leadership in alignment with the government of Ontario's policy framework (1997), catering to individuals who may benefit from intervention within the human services system and those who have interacted with the justice system [3]. To achieve this goal, the provincial HSJCC has outlined five key objectives: support the efforts of regional and local committees, identify and address provincial services and policy issues to furnish recommendations to the Ontario government ministries, address systematic challenges, advocate for a unified approach across the province, and to share information [3]. In direct alignment with these objectives, the present project serves as a pivotal asset to the HSJCC, facilitating the identification of systematic solutions and the dissemination of crucial information.

The Haliburton-Kawartha Lakes-Pine Ridge (HKPR) Regional Human Services and Justice Coordinating Committee became fully established in 2006/07. Comprised of twelve to fourteen standing members, the regional HSJCC encompasses representatives from a diverse array of entities including the Ontario Provincial Police (OPP), adult and children's mental health sectors, brain injury advocacy, courts and corrections, probation and parole services, adult protective services, developmental services Ontario (DSO), community living organizations, and schedule 1 hospital [4]. The standing members of the regional HSJCC collaborate closely to address issues involving service delivery, capacity enhancement, and service accessibility. The members facilitate communication through interlinkages within the healthcare, criminal justice, and social service sectors, as well as local committees. Moreover, they coordinate regional training initiatives and offer guidance on system design, strategic planning, and resource allocation [5]. The research conducted for this project serves as a direct means of support for the regional HSJCC, aiding in the identification and resolution of challenges related to service delivery, capacity, and accessibility.

The HSJCC has articulated a need for a thorough inventory of available services and programs, with the expectation that it will make the responsibilities of service providers easier. This expectation is reinforced by findings from Balkhi and colleagues, which demonstrate the collaborative potential of inventories in enhancing agency productivity, response times, referral quality, and cost-effectiveness [6]. In addition to understanding the role inventories have in

supporting service providers, it is essential to identify and understand the geographical landscapes within each of the HKPR regional areas. The Haliburton region expands across Dorset, Minden, Wilberforce, Gooderham, Irondale, Cardiff, West Guilford, Eagle Lake, and Fort Irwin [7]. Meanwhile, the Kawartha Lakes region encompasses Coboconk, Norland, Omemee, Lindsay, Fenelon Falls, and Bobcaygeon [8]. Overlapping with the Kawartha Lakes region is the Peterborough, which includes Buckhorn, Lakefield, Ennismore, Norwood, Havelock, Douro, Apsley, Campbelltown, Millbrook, and Bridgenorth [9]. Lastly, the Northumberland region encompasses Brighton, Cobourg, Colborne, Grafton, Port Hope, Rice Lake, and Trent Hills [10]. A comprehensive grasp of the HSJCC structure, operations, and the potential impact of a comprehensive inventory was imperative to the project's success.

Determining the array of services and programs utilized by individuals who have come in contact with the justice system is an important step in the journey toward reconciling the systematic barriers and challenges faced by these individuals. An insightful article authored by Bezzina and colleagues outlines numerous adversities encountered by individuals involved in the criminal justice system [11]. These hardships included inadequate housing, insufficient income due to precarious employment, and a lack of nutrition [11]. Furthermore, the Federal framework aimed at reducing recidivism has identified five main areas crucial for facilitating the successful reintegration of offenders into society: housing, education, employment, health, and positive support networks [12]. The insights provided by Bezzina and colleagues' research, coupled with the Federal framework's strategic priorities, offer guidance in identifying the essential services and programs required to facilitate the seamless reintegration of individuals encountering barriers and challenges upon their return to society.

Several services and programs within the Haliburton area are dedicated to addressing the multifaceted challenges encountered in housing. These include Places for People, Haliburton Housing Help, YMCA: Women's Center of Haliburton County and HERS [13]. Meanwhile, various initiatives cater to address employment needs in Haliburton County, such as the Second Career Program, Haliburton County Development Corporation, and Crew Employment Center [13]. Furthermore, organizations like SIRCH Frozen Meals, Meals on Wheels, and Haliburton 4Cs are available to mitigate food insecurity in the region [13]. Additionally, Haliburton County offers a spectrum of support services for individuals dealing with substance abuse or mental health concerns, including Four County Crisis, Haliburton Highlands Health Services, the

Canadian Mental Health Association (CMHA), and support groups such as Alcoholics and Narcotics Anonymous, and the Center for Addiction and Mental Health [13].

Individuals undergoing the challenging process of reintegrating into society stand to benefit from an array of services and programs available within the Kawartha Lakes areas. Among the housing services are a Place called Home Emergency Shelter, the Housing Service Center, and the Kawartha Lakes Haliburton Housing Corporation [14]. Similarly, employment-seeking initiatives such as Job Quest, Lindsay Employment Resource Center, and VCCS Career Services play a crucial role in supporting individuals seeking employment in the Kawartha Lakes region [14]. Additionally, Kawartha Lakes addresses food insecurity through services such as Meals on Wheels and the Haliburton-Kawartha Lakes-Brock Food Banks [14]. Moreover, a range of mental health and addiction services and programs are available, including Connex Ontario, the Canadian Mental Health Association, Alcoholics and Narcotics Anonymous, the Four Counties Addiction Services Team, and Fourcast Addiction Services [14].

In Northumberland County, housing services are provided by the Transition House Emergency Shelter and Cornerstone Family Violence Prevention Center [15]. However, resources for addressing employment needs appear limited, with only community outreach and Ontario works identified as available services [16]. Nonetheless, Northumberland County offers ample resources to combat food insecurity, including the Fare Share Food Bank in Campbellford, Christ the Servant Church, and the Seven Hills Community Pantry [17]. Similarly, mental health and addiction services encompass the Suicide Prevention Service of Canada, Four-County Crisis, Bounce Back, Fourcast, the Rapid Access Addiction Medicine (RAAM) clinic, and the Addiction Treatment Centre of Ontario [15].

In contrast, the County of Peterborough has a wealth of services and programs across various domains. Housing support is provided by organizations such as Brock Mission, Yes Shelter for Youth and Families, and the YWCA Peterborough and Haliburton Crossroads Shelter [18]. Employment services include the Peterborough Employment Resource Center and EPC Peterborough [18]. Furthermore, a multitude of initiatives address food insecurity, with standout services such as Meals on Wheels, Food not Bombs, and the One Roof Community Center [18]. Additionally, the county offers a diverse range of addiction and mental health support services, including the Gateway Recovery Center, Addiction Treatment Center of Ontario, Four Counties

Addiction Service Team, the Canadian Mental Health Association, Peterborough Clinic, and Community Counselling and Resource Center [18].

Even upon analyzing this small portion of services and programs available within the Haliburton, Kawartha Lakes, and Pine Ridge regions, it is evident there is a significant overlap between services provided across all four counties. However, certain challenges encountered by marginalized individuals lack extensive resources, particularly in addressing addiction, food insecurity, and employment. Therefore, the discovery and analysis of additional services and programs with the HKPR region contribute to the development of a comprehensive inventory, ultimately enhancing the quality of referrals provided by individuals within the HKPR regional HSJCC.

Despite the abundance of resources available, gaps and challenges persist within existing services and programs that warrant acknowledgement. Strikingly similar are the barriers encountered by individuals seeking support for mental health, addiction, homelessness, food insecurity, and employment. Stigma emerges as an alarming obstacle faced by many seeking assistance, directly influencing the types of services received and the efficacy of the support provided [19]. The effects of stigma on an individual's mental and physical health vary depending on their cognitive response, while research emphasizes the significant influence of geography, age, and various temporal aspects on the expression of structural stigma [19]. Understanding the impact on those seeking help aids in identifying the most suitable services and programs to address their needs while mitigating the additional hurdle of stigma.

Delving into the intricate correlation between substance abuse, mental health illnesses, and homelessness, Polcin's study highlights how alcohol and drug use can precipitate homelessness, thereby complicating efforts to secure stable housing [20]. Polcin identifies key challenges, emphasizing the need for integrated service outcomes and critical assessment of service access methodology [20]. Furthermore, many individuals re-entering society struggle to secure employment due to education deficiencies, a lack of work experience, and insufficient training [12]. A lack of occupation upon being released from the criminal justice system can directly impact the ability of an individual to obtain housing due to an insufficient income [12]. Additionally, individuals who struggle with mental illnesses often struggle with addiction, facing challenges of accessibility, availability, acceptability, and affordability of services [22]. Davidson and colleagues outline the imperative need for community engagement in addiction recovery

efforts, advocating for a more holistic and integrated approach to addressing mental health and addiction matters [21]. Similarly, services and programs available for addressing food insecurity tend to offer only short-term solutions, rather than discovering long-term solutions [23]. After a brief web search of the services and programs provided to address the matter of food insecurity, the only identified services were food banks and assistance programs, necessitating a deeper exploration into long-term solutions [23]. Recognizing these shortcomings within existing services and programs is paramount to this research, guiding the researcher toward more effective solutions that mitigate these gaps, and uncover the need for the development of new services and programs.

Several common factors contribute to these barriers and challenges. Shortages of mental health and addiction professionals available within certain regions, coupled with a lapse in follow-up after referring or providing a service [22]. A lack of client follow-ups exacerbates difficulties in accessing mental health and addiction services due to capacity limitations [23]. Addressing the shortages of affordable housing is critical, as it often leads to homelessness post-incarceration [24]. Considerable efforts to provide transitional housing solutions are imperative to addressing housing needs and reducing the risk of recidivism due to homelessness [12]. Institutions must review and enhance incarceration training to align with the job market, while also proactively providing mental health and addiction management services [12]. Moreover, parole officers should consider earlier release planning to ensure individuals have access to the needed medications upon being released [12]. Service providers must also explore and evaluate more options for long-term solutions when addressing food insecurity [23]. Awareness of the gaps and challenges existing within the services and programs, as well as understanding the barriers encountered by individuals receiving support, can aid in the research process. It allows the researcher to gain a better understanding of the services and programs requiring recognition to mitigate barriers and challenges. Furthermore, it demonstrates the need for continuous improvement in the services and programs offered to ensure effectiveness. Such insights are advantageous to the HSJCC, enabling them to perform their jobs optimally when providing referrals.

The main goal of the research was to determine how a comprehensive inventory of services and programs will mitigate redundancies and enhance the quality of referrals provided by service

providers. It was initially expected that urban communities will have more available services compared to rural communities.

Materials and Methodology

The information used to create a comprehensive inventory of services and programs was gathered from documents provided by the Human Services and Justice Coordinating Committee and gray literature sourced from multiple websites. Some of these resources included government, provincial, regional, and organizational websites, aiding in identifying and assessing services, programs, and support groups available to individuals in the HKPR region who may be experiencing challenges such as homelessness, food insecurity, addiction, mental health, and unemployment. Throughout the data collection process, the researcher encountered several obstacles, such as limited availability of programs in certain areas due to geographic constraints, lack of awareness about newer services and programs, and inadequate online advertisement of existing services or programs.

The data collection process began with the researcher conducting a web search to compile and summarize a list of available services and programs in the HKPR area. The list was then cross-referenced with the documents provided by the HSJCC to ensure the accuracy and relevance of services and programs, as well as identify additional resources to supplement the inventory. Although the inventory strived to provide a holistic and well-rounded approach, challenges related to service availability persisted, particularly when searching for services and programs related to addiction support, education, and employment services. The third step in the research process was to submit an ethics application outlining the methodology and criteria for survey participant inclusion and exclusion. The inclusion criteria outlined that the individual must work for an organization that provides services to the marginalized population or individuals who have come into contact with the justice system. Meanwhile, exclusion criteria involved services that do not assist the marginalized population, services that are not publicly accessible, and services and programs that require a monetary value to be utilized. Once the ethics application was approved, the researcher began contacting standing members of the HSJCC via email explaining the goal of the researcher and asking them if they would fill out a short ten-minute survey. The survey process aimed to gather detailed and accurate information regarding the services and programs provided by each organization, as well as insight and

information into the gaps and barriers faced by marginalized individuals accessing these services and programs. Furthermore, survey participants were asked to provide organizational contact information. The culmination of this research effort involved compiling and summarizing the collected data into a comprehensive report, highlighting valuable and crucial resources essential in today's society. This report will be shared among all service providers within the HKPR region to facilitate collaboration and enhance support for marginalized communities.

During the research process, organizational bias arose during the surveying process. Despite efforts to distribute the survey among various service providers across the HKPR region, a large number of responses originated from the John Howard Society and the Canadian Mental Health Association HKPR.

Surveys were conducted involving human subjects, upon the approval of an ethics application, focusing on the services and programs currently provided in the HKPR region. Participants in the survey provided insight into the challenges faced by marginalized individuals and any potential correlation to interactions with the criminal justice system. Survey candidates included members of organizations such as the Human Services and Justice Coordinating Committee (HSJCC), the Canadian Mental Health Association (CMHA), the John Howard Society of Peterborough, and other HSJCC standing partners and organizations. It is important to note the survey was only administered to organizational members discussing marginalized individuals, ensuring there is no direct contact with individuals who may pose a risk. Therefore, there were no safety concerns that needed to be addressed.

Results

The documents provided by the Human Services and Justice Coordinating Committee unveiled inventories initiated in January 2023 for Haliburton County, Kawartha Lakes, and Peterborough City and County. All three of the inventory documents provided were outdated, containing services and programs that ceased to exist. Moreover, the examination of websites yielded a minimal overlap with the HSJCC-provided inventories. However, a comprehensive comparison revealed that the websites contained additional services and programs not accounted for in the initial inventories.

The insight accumulated from the survey proved invaluable in both corroborating and challenging the data sourced from the HSJCC documents and internet searches. The survey

shined light on the most pressing current needs of the marginalized population and identified emerging service gaps. The survey was distributed to all four counties, showing a balanced response between Peterborough City/County and Kawartha Lakes (Figure 1). Meanwhile, Northumberland County and Haliburton County exhibited comparable response rates but still lagged behind Peterborough City/County and Kawartha Lakes (Figure 1). In addition to its wide distribution across the four counties, Figure 2 delineates the survey's coverage within the HKPR region. Interestingly, a majority of respondents were employed by the John Howard Society or the Canadian Mental Health Association (CMHA) HKPR (Figure 2). The large response rate from the John Howard Society and the CMHA HKPR could have potentially skewed the results (Figure 2).

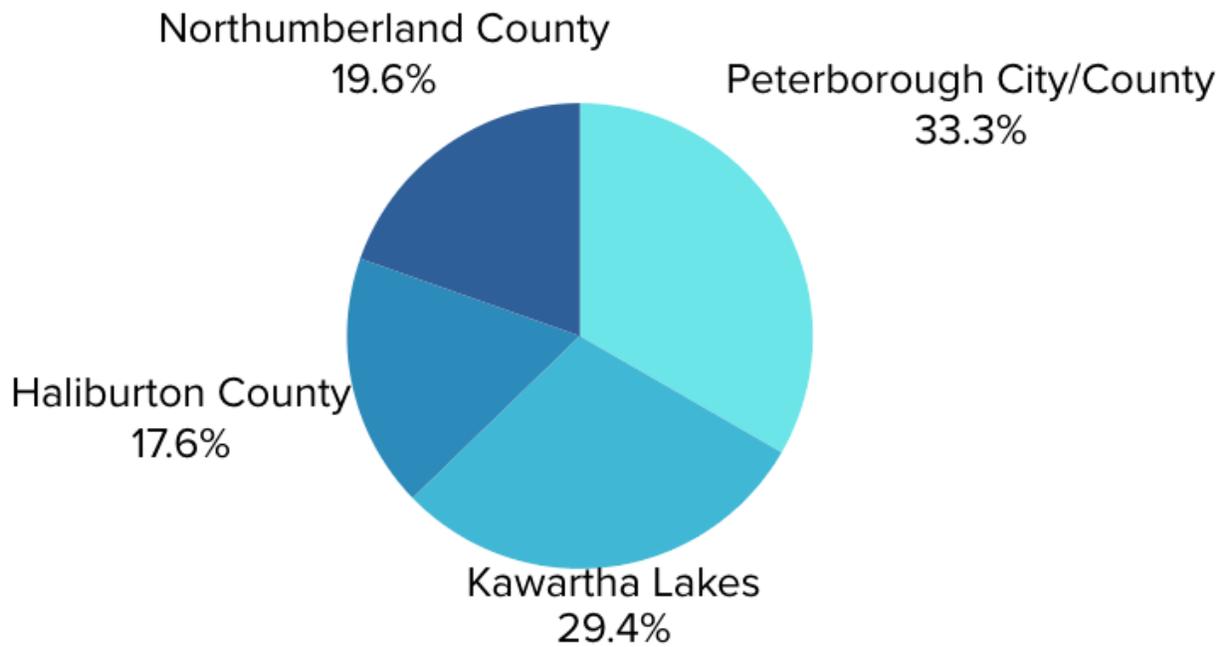


Figure 1: Pie chart representing the number of people in each region who completed the survey.

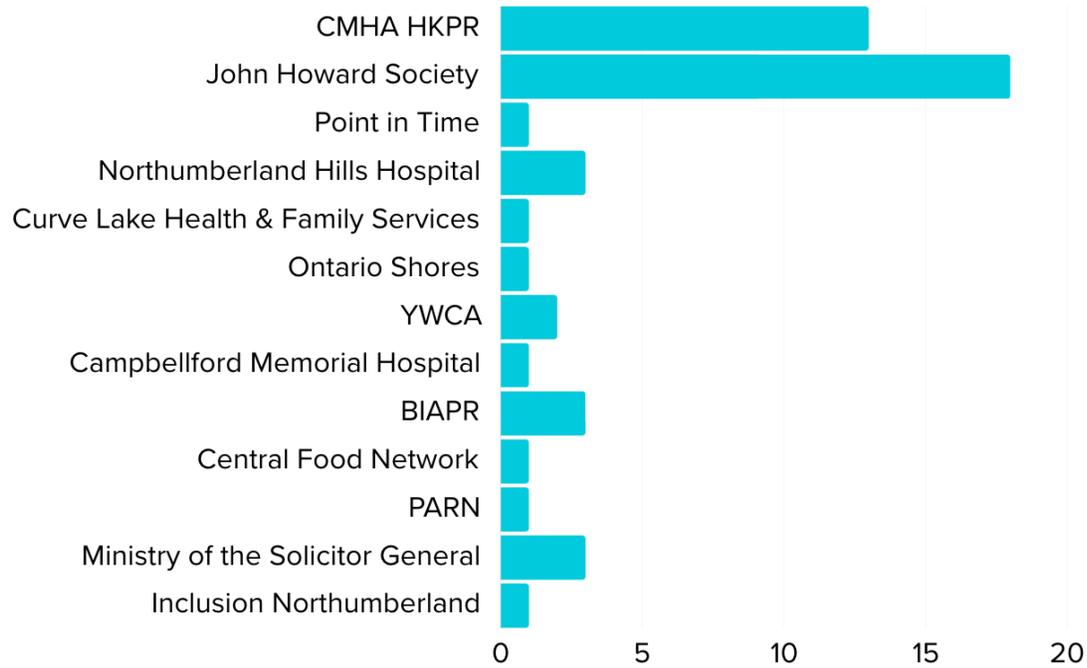


Figure 2: Bar graph representing the organizations that employ the survey respondents.

The survey provided valuable insights into identifying areas where service providers face gaps in knowledge or resources (Figure 3). Analysis of the data collected revealed that a significant portion of service and program providers lack an adequate understanding of the services available to individuals with cognitive impairment. The analysis also uncovered that a majority also struggle with insufficient resources to address homelessness effectively (Figure 3). Notably, the survey highlighted additional areas where deficiencies exist, such as antecedent-based intervention (ABI) strategies, financial support, access to trauma counselling for those with no funds, and services to support individuals with dual diagnosis (Figure 3).

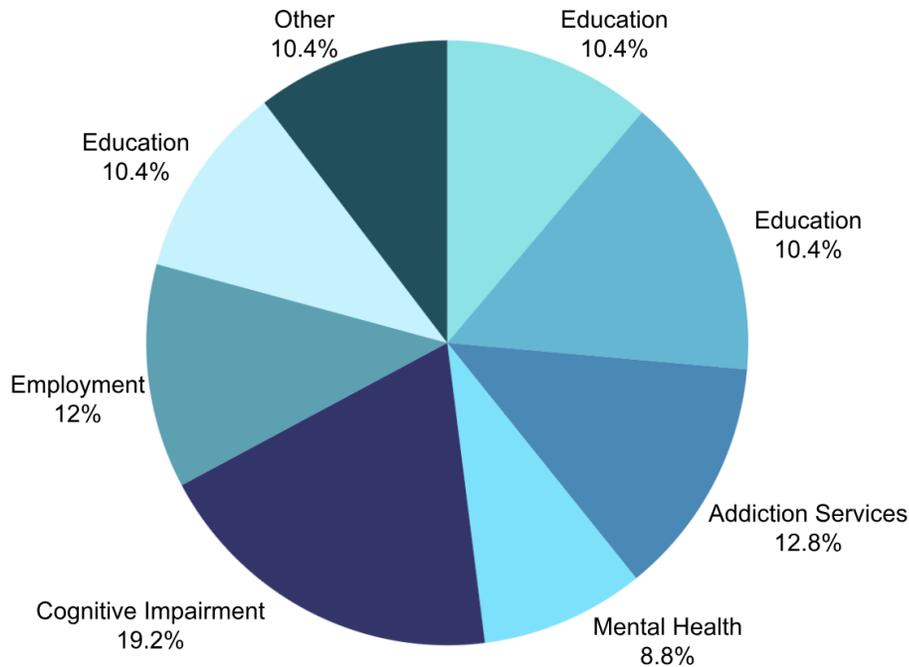


Figure 3: Pie graph representing the areas where service providers lack service knowledge or resources.

Finally, the survey sought input from service providers in the HKPR region regarding emerging gaps and priority service needs. Respondents highlighted an urgent demand for initiatives addressing homelessness, food insecurity, addiction, and mental health services (Figure 4). Additionally, over half of the respondents indicated that deficiencies arose within the services related to homelessness, addiction, and mental health (Figure 4). Furthermore, upon compiling a comprehensive inventory, it became evident that mental health, housing, and food insecurity were the most extensively addressed topics across all regions in HKPR. Conversely, areas such as addiction, education, and employment emerged as comparatively underrepresented in terms of available services and programs (Appendix I). Noteworthy is the identification of approximately sixty services and programs accessible online to individuals and service providers throughout Ontario.

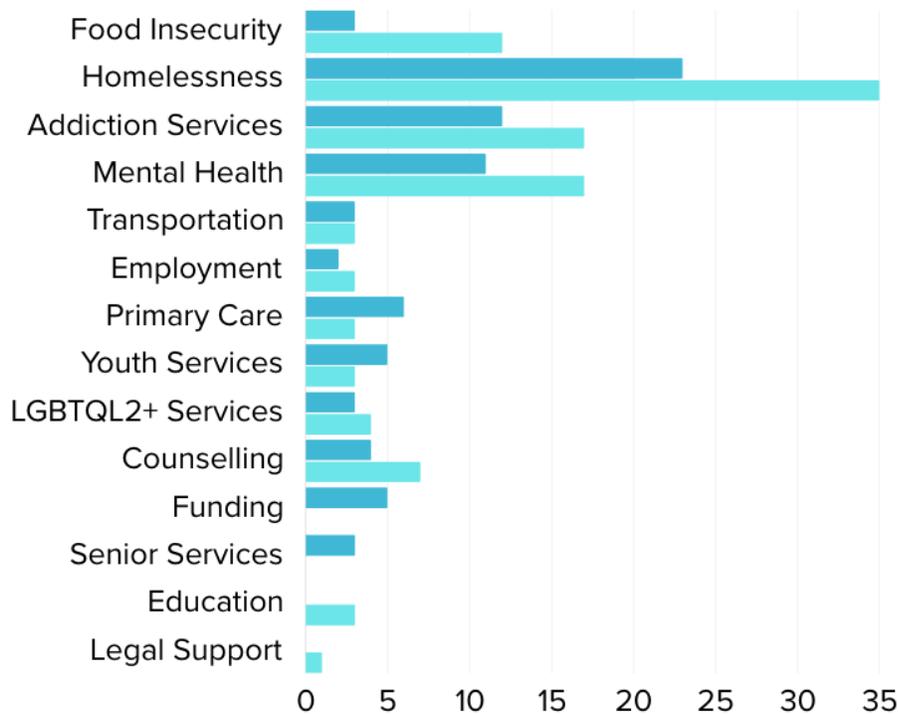


Figure 4: Double bar graph comparing where the gaps are in the current services provided (sky blue) to the services currently most needed (turquoise) in the HKPR region.

Discussion

Despite disparate contexts, a study conducted on a Mexican company solidifies the significant impact of inventories in strengthening customer satisfaction, streamlining production processes, facilitating strategic planning, and ultimately elevating service quality [24]. The comprehensive analysis conducted on a Mexican company delved into the efficacy of inventory management, emphasizing its role in reducing costs and enhancing customer service [24]. This study focused on two distinct inventory policies: one utilizing a traditional economic order quantity model and the other employing a continuous review policy [24]. Moreover, the study outlined the critical importance of documentation, meticulous record-keeping, proactive planning, employee proficiency, and staff competence in effective inventory management [24]. The study also suggested that additional financial resources alone do not guarantee success in inventory management [24]. In light of the identified gaps and barriers within services provided in the HKPR region, the company study highlights the indispensable need for establishing and maintaining a comprehensive inventory of available services and programs. The timeliness and

relevance of such an inventory play a vital role in identifying areas requiring attention, thereby facilitating the proper allocation of funding to address each area appropriately.

The balanced distribution of survey responses observed between Kawartha Lakes and Peterborough City/County can be attributed to their centralized locations (Figure 1). Conversely, Haliburton County and Northumberland County exhibit comparable response rates amongst themselves but demonstrate a decline in comparison to Peterborough City/County and Kawartha Lakes (Figure 1). This decline and variation are presumed to stem from the rural nature of the latter two counties, resulting in lower levels of traffic and engagement (Figure 1). However, it is noteworthy to consider the population disparities among the four regions. According to the 2021 census data from Statistics Canada, Peterborough County inhabited approximately 129 000 residents, while Kawartha Lakes housed around 79 000 individuals, Northumberland County accommodated roughly 321 000, and Haliburton County had a population of approximately 21 000 [25, 26, 27, 28]. When considering these population figures with the survey responses, it becomes concerning to note that Northumberland County, despite its substantial population size, exhibited the second-lowest survey response rate (Appendix I). Additionally, Northumberland County appears to offer the smallest array of services and programs among the four counties (Appendix I). This highlights a pressing need for the development of more services within Northumberland County to adequately support its growing population and address the escalating demands for housing, food security, mental health, and addiction support. Furthermore, it is worth mentioning that despite having the second-smallest population size, the County of Kawartha Lakes has the second-highest survey response rate. Although Kawartha Lakes presents a smaller list of services and programs compared to other regions, its population size can contextualize this (Appendix 1). Nevertheless, despite the relatively lower number of services and programs, those offered in Kawartha Lakes appear to be comprehensive, aligning well with the current societal needs. Additionally, it is important to note that the respondents of the survey are predominantly employed by the John Howard Society or the Canadian Mental Health Association (Figure 2). While this may skew the results slightly in favour of Kawartha Lakes and Peterborough City/County, as these two regions serve as the primary hubs for such services, it outlines the importance of diversifying the survey participation for a more comprehensive understanding of the region's needs.

Many service providers often recognize areas where improvements are needed, yet frequently lack the necessary resources to enact meaningful changes. Among the array of service and program deficiencies observed across eight key areas, cognitive impairment stood out as an overlooked area, with service providers often lacking familiarity with the support services available for individuals struggling with cognitive impairments (Figure 3). A primary reason for this oversight is the underutilization of cognitive impairment resources by individuals living with dementia, hindering their access to crucial support. As of January 2024, nearly 733,000 Canadians were living with dementia, a number projected to increase to over 1.7 million by 2050 [29]. Based on the insights gathered from the literature review and survey responses, it is apparent that certain services and programs tend to be frequently overlooked by service providers, particularly when fewer individuals seek them out. Furthermore, cognitive impairment can be difficult to recognize, resulting in delaying treatment and a reduced number of individuals seeking aid. Consequently, many service providers gravitate towards addressing more prominent and media-centric concerns such as mental health, substance use, and housing. To mitigate this knowledge gap, more effort must be made to elevate public awareness, expand the services offered, and align resources with the escalating demand. Increasing awareness of cognitive impairment entails leveraging social media and advertising platforms, establishing dedicated memory clinics, and offering more services and programs tailored to cognitive impairment, all while fostering public education on the matter [30].

Many frontline workers within service providers have voiced concerns regarding the insufficient availability of services and programs to address the pressing housing crisis. A comprehensive review of homelessness in Canada conducted in 2023 revealed alarming statistics, estimating an average of 235,000 individuals experiencing homelessness annually [31]. Furthermore, the average price for a house in Ontario surged to \$923,000 by 2021, marking a staggering \$500,000 increase over the past decade [32]. The surge represents a daunting 180% spike, while the average individual's income only rose by 38% during the same period [32]. With homelessness showing no signs of slowing down due to escalating costs of living expenses, urgent action is imperative from both government bodies and service providers to alleviate this crisis and offer robust support to Canadians in need. In the HKPR region, numerous services and programs are available to address the provincial housing crisis. However, the overwhelming demand has strained resources to their limits, leaving countless individuals still without shelter.

The current predicament stems from a shortage of available beds within existing facilities, compounded by limitations on expansion due to building capacities, and inadequate funding, resulting in a scarcity of housing crisis workers. Recognizing the gravity of the situation, the Government of Canada has acknowledged the growing population in Ontario and the need for increased housing provisions. Consequently, Ontario has embarked on a coordinated effort to meet the goal of constructing 1.5 million homes by 2031 [32]. Although commendable, this initiative does not fully address the housing needs of marginalized individuals, as the constructed homes primarily target stable-income families. In addition to the home-building initiative, Ontario has established a housing affordability task force report, which has produced a comprehensive report outlining a plethora of recommendations to tackle the crisis [32]. Particularly noteworthy among these recommendations is the proposal for an Ontario housing fund, encouraging federal government participation to match individual contributions [32]. The implementation of this initiative shows a promising outlook for individuals struggling with the mounting pressure of inflation. Furthermore, a recurring theme that emerged from survey responses was the critical need for client housing to reduce the dependency on other support services. The absence of adequate housing intensifies the number of clients on the streets, hindering progress in other facets of their lives and increasing their reliance on supplementary services. Addressing this fundamental need is paramount to effecting meaningful change and fostering holistic well-being within the community,

In addition to having a shortage of resources to address the housing crisis, it's evident that the services and programs aimed at supporting individuals dealing with mental health issues and addiction face significant challenges and gaps. Recognizing the pressing need for enhanced mental health services is paramount, given that 1 in 5 Canadians experience a mental illness each year, translating to 1 in 2 individuals having encountered or currently facing mental health challenges by the age of forty [33]. Moreover, mental illness and addiction stand as the primary causes of disability in Canada, proven to shorten life expectancy by ten to twenty years [33]. Alarmingly, approximately 37% of individuals report unmet mental health needs in 2022 [34]. Neglecting to address this critical need for mental health services and programs will inevitably impact the well-being of residents and the overall population size of the HKPR region.

Delving into the realm of addiction within individuals' psychological health, it becomes imperative to address the distress and mental health triggers associated with substance use as

individuals with a mental illness are twice as likely to have a substance use disorder compared to the general population [33]. Substance use and addiction have surged as a concerning issue in the HKPR region, exacerbated by Canada's ongoing opioid crisis, which has witnessed an increase in hospitalizations and fatalities [35]. In 2016 alone, there were 865 deaths attributed to substance use, translating to an opioid overdose death occurring every ten hours in Ontario [33]. Addiction manifests not only through drugs but also through excessive alcohol consumption. However, a 2019 study conducted by the Canadian government revealed a stagnation in alcohol consumption since 2017 [36]. While alcohol use among youth aged fifteen to nineteen has declined by 57% since 2017, cannabis use among individuals aged twenty to twenty-four has seen a 45% increase [36]. Problematic substance use affects an estimated 10% of Ontario's population, with many incidents linked to Peterborough Police's out-of-sight policy implemented in 2023 [37]. The lack of safe inhalation sites coupled with the out-of-sight policy in Peterborough has driven individuals to engage in substance use in unsafe and secluded environments, creating an increased threat to their well-being. There is an urgent call for the establishment of safer inhalation sites in Peterborough to mitigate the number of drug-related fatalities and to facilitate pathways for individuals to break free from the grips of lethal substances. This demand emphasizes the critical importance of prioritizing resources to address addiction-related challenges and safeguard community health and safety.

In addition to the pressing challenges surrounding housing, mental health, and addiction resources, numerous other essential services and programs are also suffering from resource deficiencies. One critical area of concern identified by service providers is the scarcity of support services available for victims of domestic violence and abuse, particularly for men, who currently lack dedicated resources in this realm. Addressing this shortfall is paramount for safeguarding an individual's psychological well-being and fostering a sense of safety and support.

Moreover, youth-centric services encounter significant hurdles, including logistical barriers such as navigating school schedules and arranging transportation, compounded by extensive wait times that often lead to youths aging out of the system before receiving assistance. Increasing the availability of services tailored to youth, particularly in the realm of mental health, holds the promise of significantly enhancing their quality of life and eliminating the need for additional interventions. This is particularly crucial given that individuals aged fifteen to twenty-

four are at a heightened risk of encountering mental health and addiction challenges [33]. Conversely, there are cases where youths are mandated to participate in psycho-educational programs. However, there is often a disconnect between what the individual learns and what their families are informed of, leading to a situation where the youth may struggle to apply the acquired skills within their home environment effectively.

Furthermore, there is a scarcity of services available to cater to the population of individuals over the age of sixty-five, a demographic predicted to have substantial growth in the coming years. Accessing existing services is pertinent for many elderly individuals due to internet usage difficulties and transportation logistics, especially for those with mobility limitations. These challenges demonstrate the urgent need for expanded service provisions tailored to the unique needs of the elderly, ensuring equitable access to essential care and support services. Overall, addressing these multifaceted resource deficiencies across various service sectors is essential for fostering a more inclusive and supportive society, one that prioritizes the well-being of all its members, regardless of age, gender, or circumstance.

It is noteworthy to highlight the gaps within the services and programs currently offered often align closely with the urgent needs of today's marginalized populations (Figure 4). Survey respondents have indicated that these perceived deficiencies stem primarily from a breakdown in communication and collaboration among various agencies and organizations tasked with addressing the multifaceted challenges faced by marginalized individuals. This issue is particularly pronounced in the realm of criminal justice services and the external factors impacting individuals either currently incarcerated or with a history of incarceration. Despite Canada's justice system being among one of the world's best, with 9 out of 10 Canadians generally feeling safe due to a 31% decline in the Crime Severity Index over the past decade, significant challenges persist [38]. The Government of Ontario has highlighted five main reasons for the shortcomings in Canada's justice system, shedding light on systematic issues that continue to impede progress. These include a lack of fairness and equality, where marginalized communities disproportionately weather the impact of systemic biases and discriminatory practices, leading to disparities in treatment and outcomes [39]. Furthermore, ineffective approaches for assisting individuals with mental health and addiction problems, sustain cycles of incarceration and recidivism, as access to the appropriate support and treatment remains limited within correctional facilities [39]. Insufficient collaboration approaches among service partners

hinder the holistic support needed to address the complex needs of individuals involved with the justice system, leaving gaps in the services provided and amplifying vulnerabilities. Additionally, there is an urgent need for more compassionate handling of victims' issues, as shortcomings in victim support services and a lack of sensitivity in addressing victims' needs can heighten trauma and impact the healing process [39]. Increased utilization of restorative justice initiatives is also paramount in promoting accountability, healing, and reconciliation within communities, yet their widespread adoption remains limited [39]. Addressing these systemic challenges requires a comprehensive approach that prioritizes collaboration, equity, and compassion within the justice system. By fostering greater communication and coordination among service providers, implementing more equitable policies and practices, and investing in restorative justice initiatives, Canada can work towards a more just and inclusive society where all individuals, especially marginalized populations, have equitable access to fair and effective justice outcomes.

The lack of effective communication and collaboration among agencies and organizations fabricates additional barriers for individuals seeking help and support, further diminishing their chances of restoring a functional lifestyle. The fragmentation within the services provided exacerbates the already daunting journey toward recovery, as individuals navigate disjointed systems often compounded with bureaucratic hurdles and conflicting procedures. Furthermore, survey respondents indicated there is a strong presence of stigmatization arising from certain service providers. Structural stigma, in particular, creates an unwelcoming environment for individuals who may be dealing with profound challenges. Encountering negative and judgemental attitudes when reaching out for assistance can inflict lasting harm, eroding trust and heightening feelings of isolation and despair. Addressing this structural stigma demands proactive measures within service provider agencies. Implementing mandatory de-stigmatization training programs can equip staff with the necessary tools to recognize and combat prejudice, fostering a culture of empathy and understanding. Moreover, it's imperative to emphasize the significance of cultivating a welcoming atmosphere where individuals feel respected and supported on their journey toward healing. Beyond internal improvements, promoting the use of these services can play a vital role in reducing public stigma. By raising awareness and destigmatizing discussions surrounding mental health, addiction, and homelessness, communities can foster a more inclusive and compassionate environment, encouraging individuals to seek the help they need without fear of judgment or discrimination.

Furthermore, additional gaps affecting the services and programs offered encompass issues of accessibility. Many essential services are primarily offered online or at specific organizational locations, posing significant barriers for individuals residing in geographically dispersed areas like the HKPR region. This geographic disparity exacerbates the challenges faced by marginalized populations, particularly those in rural areas, who may already struggle with limited resources and infrastructure. Moreover, the heavy reliance on online platforms creates obstacles for individuals with low socio-economic status who may lack consistent internet access or devices. The digital divide perpetuates inequalities, further marginalizing already vulnerable populations and impeding their ability to access vital support services. Effectively addressing these accessibility challenges necessitates a multifaceted approach. Firstly, there is an urgent need to expand the geographical reach of services and programs, particularly in underserved rural areas such as Haliburton County. By establishing satellite offices or mobile outreach initiatives, organizations can bridge the gap and ensure that essential services are accessible to all community members, regardless of their location. Additionally, increased funding is essential to strengthening the provision of services across multiple platforms – both in-person and online. This entails investing in infrastructure upgrades, technology resources, and staff training to facilitate seamless service delivery and accommodate diverse needs. By embracing a hybrid model of service provision, organizations can maximize accessibility and meet individuals' diverse preferences and circumstances. The imperative need for more hybrid services outlines the significant barriers marginalized individuals encounter in accessing support. By addressing these accessibility challenges head-on and adopting inclusive approaches to service delivery, communities can strive toward greater equity and ensure that no one is left behind.

Moreover, while efforts are made to bridge these gaps, the availability of services and programs to address challenges related to education, employment, and support for victims of abuse or violence are often inadequately publicized. This lack of awareness compounds the challenge of accessibility, as individuals may not know where to turn for assistance when facing these pressing issues. As a result, marginalized populations, already struggling with systemic barriers, are further marginalized by the invisibility of vital support resources. Conversely, gaps can also manifest within the services themselves, highlighting the need for greater inclusivity and intersectional approaches. For instance, community-building services tailored to newcomers to Canada or the LGBTQIA2+ community may inadvertently exclude individuals who do not

possess specific intersections of identity. This exclusionary approach fails to recognize the diverse experiences and needs within these communities, perpetuating inequalities and leaving certain individuals without the support they desperately need. Addressing these gaps requires a concerted effort to prioritize inclusivity and intersectionality within the services provided. Organizations must actively work to amplify the visibility of available resources, ensuring that marginalized individuals are aware of the support options at their disposal. Additionally, service providers must adopt inclusive practices that recognize and affirm the diverse identities and experiences within marginalized communities. This entails designing programs and interventions that are accessible to all individuals, regardless of their specific intersections of identity, and actively engaging with community members to understand their unique needs and challenges. Centering inclusivity and intersectionality in service delivery allows organizations to ensure that no one is left behind and that all individuals have equitable access to the support they require to thrive. This holistic approach not only addresses the immediate needs but also fosters a more just and compassionate society where every individual is valued and supported.

Limitations

While conducting the research and gathering information, several limitations surfaced. One significant constraint was the researcher's limited familiarity with the spectrum of services available in the HKPR region. Consequently, the researcher relied heavily on the insights and data provided by survey respondents to identify areas where services and programs were deficient or failing to meet community needs. Additionally, outdated inventories supplied by the HSJCC necessitated a comprehensive review of all listed services and programs. This analysis involved meticulous internet research, correspondence via email, and outreach through cold calls. Despite these efforts, some services and programs could not be validated as current or operational, leading to their exclusion from the inventory.

During the survey administration, limitations were encountered regarding the survey response rates. While sixty-three individuals initiated the survey, only thirty-seven completed it in its entirety, with an additional fifteen respondents partially completing forty-five percent of the survey. Consequently, information gathered regarding the most critical service gaps and pressing needs could only be derived from the thirty-seven individuals who fully participated. Moreover, the inventory relied exclusively on organizational data provided by the fifty-two respondents

who completed the questions pertaining to their organization's services and contact details. However, the lack of diversity in survey responses hindered the utilization of all eligible responses, as there was an overlap in the information provided. Despite these limitations, the redundancy in the information facilitated the verification of collected results, enhancing the reliability of the findings. Furthermore, the drastically high response rate from the CMHA HKPR and the John Howard Society in comparison to the other organizational response rates significantly skewed the results and data collected. As a result, the findings may inadvertently overemphasize the perspectives and practices of those particular organizations, potentially obscuring the voices and experiences of other crucial stakeholders within marginalized populations accessing services and programs. This bias could undermine the comprehensiveness and accuracy of the analysis, highlighting the need for a more balanced and representative sample in future research efforts.

Future Recommendations

The research has generated a range of future recommendations and actionable steps based on the insights gleaned from the data collected. A prevailing suggestion emerging from the survey data is the necessity to conduct regular audits of the inventory of services and programs to uphold its relevance and currency. It is proposed to task someone with updating and expanding the inventory at least monthly, as the utility of such resources diminishes rapidly once they become outdated, transitioning from being facilitators to barriers. Additionally, ensuring universal accessibility to the inventory of services and programs – both online and offline – is essential to ensure it remains inclusive and readily available to everyone.

Furthermore, there is an urgent need for the HJSCC regional HKPR area to increase the array of services tailored to individuals aged sixty-five and above. Presently, most services only cater to individuals who are under sixty-five, leaving the elderly population vulnerable. Many individuals in this age bracket require support before transitioning into long-term care, particularly those suspected or diagnosed with dementia. Moreover, some elderly individuals in the region opt to remain in their homes despite needing day-to-day assistance, emphasizing the demand for personal support workers (PSWs) and assistance with medical appointments, housing, and care coordination.

Identifying and addressing gaps in services for elderly populations across the four regions – Peterborough City and County, Kawartha Lakes, Haliburton County, and Northumberland County – is crucial in rectifying organizational shortcomings. Recognizing the evolving needs of each region, shaped by residing resident demographics and geographical considerations, is essential. Subsequently, organizational stakeholders must actively seek funding to enact necessary changes to existing services and programs to aid in bridging these gaps. This is particularly important as the services and programs offered to marginalized individuals often fluctuate in response to the available funding, potentially compromising their effectiveness and value. It is also interesting to note the most crucially needed services often coincide with the areas exhibiting the most significant gaps. Future research endeavours should delve into understanding the reasons for this correlation and explore strategies to mitigate or eliminate it, thereby enhancing the services and programs offered to marginalized populations.

Lastly, there is a noticeable deficiency in services available in the HKPR region for fostering community building, especially for individuals of colour. The existing services and programs typically require individuals to possess multiple intersecting identities, such as being BIPOC and queer or BIPOC and new to Canada, to participate. To mitigate barriers faced by this demographic, service providers should reconsider attendance requirements and offer programs accessible to those with a singular intersection of identity. The current requirement of having dual intersecting identities often leaves racialized individuals underserved in a predominantly white and conservative region.

Conclusions

In conclusion, a comprehensive inventory detailing the array of services and programs most currently utilized within the Haliburton-Kawartha Lakes-Pine Ridge (HKPR) area stands as a cornerstone resource for both service providers and their clients. These inventories aid service providers in educating the community on safe practices, connecting clients to external supports, streamlining support for marginalized individuals, and fostering a sense of communication and community among partner agencies to disseminate crucial information to the public. A thorough inventory not only highlights the resources available to the community but also serves as a tool for identifying areas of need and prioritizing support efforts. It provides invaluable assistance to both new and seasoned employees offering guidance in navigating unfamiliar services and

facilitating seamless connections to appropriate resources for clients. Ultimately, this project paints a promising picture for marginalized individuals seeking assistance from service providers across Peterborough County, Kawartha Lakes, Northumberland County, and Haliburton County. It demonstrates the potential for collaborative efforts to bridge gaps and provide much-needed support to vulnerable populations within the region.

Reference

1. Statista. Correctional services in Canada - statistics and facts. <https://www.statista.com/topics/2935/correctional-services-in-canada/#statisticChapter>. Accessed 26 October 2023.
2. World Population Review. Recidivism rates by country 2023. <https://worldpopulationreview.com/country-rankings/recidivism-rates-by-country>. Accessed 26 October 2023.
3. Human Services & Justice Coordinating Committee. About. <https://hsjcc.on.ca/about-us/>. Accessed 1 November 2023.
4. Human Services & Justice Coordinating Committee. Provincial committee members. <https://hsjcc.on.ca/provincial-committee/committee-members/>. Accessed 1 November 2023.
5. Human Services & Justice Coordinating Committee. Haliburton-Kawartha Lakes-Pine Ridge regional HSJCC. <https://hsjcc.on.ca/haliburton-kawartha-lakes-pine-ridge-regional-hsjcc/>. Accessed 1 November 2023.
6. Balkhi B, Alshahrani A, Khan A. Just-in-time approach in healthcare inventory management: Does it really work?. *Saudi Pharm J.* 2022;30(12):1830-1835. doi: 10.1016/j.jsps.2022.10.013.
7. Haliburton Tourism. Haliburton county. <http://www.haliburton-tourism.com/halcounty.html>. Accessed 1 November 2023.
8. Kawartha Lakes: Kawartha Lakes Jump In. About the Kawartha Lakes lifestyle. <https://www.kawarthalakes.ca/en/living-here/about-kawartha-lakes-lifestyle.aspx#:~:text=We%20are%20made%20up%20of,is%20where%20urban%20meets%20rural>. Accessed 1 November 2023.
9. Peterborough County: Invest Peterborough and The Kawarthas. County of Peterborough. <https://investptbo.ca/the-ptbo-advantage/location-and-proximity/community-profiles/county-of-peterborough/#:~:text=The%20County%20of%20Peterborough%20is,to%20offer%20%E2%80%93%20all%20year%20round>. Accessed 1 November 2023.
10. Northumberland: Northumberland Tourism. Communities. <https://www.northumberlandtourism.com/en/road-trip/communities.aspx>. Accessed 1 November 2023.
11. Bezzina A, Arndt L, Khenti A, Delhon S, Thompson D. *Advancing justice: Human rights, poverty, racism, and Canada's criminal justice system.* Maytree. 2021.

12. Government of Canada. Federal framework to reduce recidivism. 2022. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2022-fdrl-frmwrk-rdc-rcdvsm/index-en.aspx>. Accessed 3 November 2023.
13. Haliburton County. Community resource directory 2020. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.sirch.on.ca/wp-content/uploads/2020/01/Community-Services-updated-2020-January.pdf>. Accessed 2 November 2023.
14. Kawartha Lakes: Kawartha Lakes Jump In. 2-1-1 service. <https://www.kawarthalakes.ca/en/living-here/support-services.aspx>. Accessed 2 November 2023.
15. Northumberland: Community Health Centres of Northumberland. Mental health resources. <https://chcnorthumberland.ca/services/mental-health-resources/>. Accessed 2 November 2023.
16. Northumberland County. Financial and employment support. <https://www.northumberland.ca/en/living-here/financial-and-employment-support.aspx>. Accessed 2 November 2023.
17. Community Connection. Food help in Northumberland County. <https://foodhelpnorthumberland.cioc.ca/bresults.asp?STerms=&SType=A&CMType=L&CMID=1004&OComm=&OCommID=&GHType=AG&GHID=15877#/SHOWMAP>. Accessed 2 November 2023.
18. Peterborough: PIRG Peterborough. Community resources. <https://opirgptbo.ca/resources/community-resources/>. Accessed 2 November 2023.
19. Mitchell UA, Nishida A, Fletcher FE, Molina Y. The long arm of oppression: How structural stigma against marginalized communities perpetuates within-group health disparities. *Health Educ Behav.* 2021;48(3):342-351. doi:10.1177/10901981211011927.
20. Polcin DL. Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *J Soc Distress Homeless.* 2015;25(1):1-10. doi: 10.1179/1573658X15Y.0000000004.
21. Davidson L, Andres-Hyman R, Bedregal L, Tondora J, Frey J, Kirk Jr TA. From “double trouble” to the “dual recovery”: Integrating models of recovery in addiction and mental health. *J Dual Diagn.* 2008;4(3):273-290. doi: 10.1080/15504260802072396.
22. Stefl ME, Prospero DC. Barriers to mental health service utilization. *Community Ment Health J.* 1985;21:167-178. doi: 10.1007/BF00754732.

23. Cullen D, Abel D, Attridge M, Fein JA. Exploring the gap: Food insecurity and resource engagement. *Acad Pediatr*. 2021;21(3):440-445. doi: 10.1016/j.acap.2020.08.005. 24. Reingle Gonzalez JM, Rana RE, Jetelina KK, Roberts MH. The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *Int J Offender Ther Comp Criminol*. 2019;63(10):1861-1875. doi: 10.1177/0306624X19830596.
24. Lopez-Garces JA, Mendoza A, Masini-Aguilera J. A classic and effective approach to inventory management. *Prod Plan Control*. 2013;20(5-6). doi: 10.23055/ijietap.2013.20.5-6.460.
25. Statistics Canada. Census profile, 2021 census of population. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Northumberland&DGUIDlist=2021A00033514&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>. Accessed 20 2024.
26. Statistics Canada. Focus on geography series, 2021, census of population. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=1&dguid=2021S0504530>. Accessed 20 2024.
27. Statistics Canada. Census profile, 2021 census of population. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Haliburton&DGUIDlist=2021A00033546&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>. Accessed 20 March 2024.
28. Statistics Canada. Focus on geography series, 2021, census of population. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=1&dguid=2021S0503529>. Accessed 20 March 2024.
29. Alzheimer Society. Dementia numbers in Canada. <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>. Accessed 20 March 2024.
30. Mukadam N, Cooper C, Kherani N, Livingston G. A systematic review of interventions to detect dementia or cognitive impairment. *Int J Geriatr Psychiatry*. 2014;30(1);32-45. doi: 10.1002/gps.4184.
31. Statistics Canada. A review of Canadian homelessness data, 2023. <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2023004-eng.htm>. Accessed 21 March 2024.

32. Government of Ontario. Building 1.5 million homes.
<https://www.ontario.ca/page/building-1-point-5-million-homes>. Accessed 22 March 2024.
33. Center for Addiction and Mental Health. Mental illness and addiction: Facts and statistics. <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>. Accessed 21 March 2024.
34. Statistics Canada. Mental disorders in Canada, 2022.
<https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2023053-eng.htm>. Accessed 21 March 2024.
35. Statista. Drug use in Canada – Statistics and Facts.
<https://www.statista.com/topics/4533/drug-use-in-canada/#topicOverview>. Accessed 22 March 2023.
36. Statistics Canada. Canadian alcohol and drugs survey (CADS) summary of results for 2019. <https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html>. Accessed 22 March 2024.
37. Canadian Mental Health Association. <https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/#:~:text=In%20Ontario%2C%20it%20is%20estimated,morphine%2C%20heroin%2C%20and%20oxycodone>. Accessed 22 March 2024.
38. Statistics Canada. Why we are transforming the criminal justice system.
<https://www.justice.gc.ca/eng/cj-jp/tcjs-tsjp/why-pourquoi.html>. Accessed 22 March 2024.
39. Statistics Canada. What we heard – Transforming Canada’s criminal justice system.
<https://www.justice.gc.ca/eng/rp-pr/other-autre/tcjs-tsjp/p1.html>. Accessed 22 March 2024.

APPENDIX I



Figure 5: Inventory of services and programs in the HKPR region.