Community **Mobilization** Sudbury
Mobilisation **Communautaire** Sudbury
Weweni **EnjiNagidwendaagozing**

Rapid Mobilization Table Data Report

January to December 2019

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Community Mobilization Sudbury

Rapid Mobilization Table Data Report – 2019

Background

Community Mobilization Sudbury (CMS) is a community partnership representing over 25 organizations from diverse sectors such as health, children's services, policing, education, mental health and addictions, housing and municipal services. We have come together around a common need and desire to build multi-sectoral and collaborative mechanisms for responding to situations of acutely elevated risk**.** The CMS threshold of ***acutely elevated risk*** refers to:

> *a situation affecting an individual, family, group or place where there is high probability of imminent and significant harm to self or others, (e.g. offending or being victimized, , experiencing an acute physical or mental health crisis, loss of housing). Circumstances require the support of multiple service providers and have accumulated to the point where a crisis is imminent if appropriate supports are not put in place.*

Community Mobilization Sudbury is *not* a stand-alone program or service, but rather a way of utilizing and mobilizing existing systems and resources in a coordinated and collaborative way. It is based upon a well-established, evidence-informed, and evaluated model that originated in Scotland and has since been replicated in communities across Canada and the United States. In Ontario alone, over 60 similar initiatives are now operating or in development.

The CMS model is an upstream investment of resources in the coordinated prevention of negative outcomes, rather than a response to harmful incidents once they have occurred. Community Mobilization Sudbury collaborations result in coordinated responses and supports. These early interventions have demonstrated their potential to reduce the need for more intensive and "enforcement-based" responses such as hospitalizations, arrests and apprehensions.

Community Mobilization Sudbury has three main goals:

- Individuals and families at high risk of harm are connected to timely and appropriate supports.
- Service providers have greater capacity to respond to situations of acutely elevated risk and prevent negative outcomes for individuals, families and communities.
- CMS partners and resources influence positive change to improve the conditions that influence community safety and well-being.

Community Mobilization Sudbury Partners		
Alzheimer Society Sudbury, Manitoulin, North Bay and Districts	John Howard Society of Sudbury	Rainbow District School Board
Behavioural Supports Ontario	March of Dimes	Réseau Access Network
Canadian Mental Health Association-Sudbury/Manitoulin	Ministry of Children, Community and Social Services – ODSP	Shkagamik-Kwe Health Centre
Children's Aid Society of the Districts of Sudbury and Manitoulin	Ministry of the Attorney General - Office of the Public Guardian and Trustee	Sudbury Action Centre for Youth
City of Greater Sudbury	Ministry of the Solicitor General – Adult Probation & Parole	Sudbury and Area Victim Services
City of Greater Sudbury Paramedic Services	Monarch Recovery Services	Sudbury Catholic District School Board
Conseil scolaire catholique du Nouvel-Ontario	Nogdawindamin Family & Community Services	Sudbury Community Service Centre
Conseil scolaire public du Grand Nord de l'Ontario	North East Local Health Integration Network – Home & Community Care	Sudbury Counselling Centre
Greater Sudbury Police Services	Northern Initiative for Social Action - NISA	Sudbury District Nurse Practitioners Clinics
Health Sciences North	N'Swakamok Native Friendship Centre	Sudbury District Restorative Justice
Homelessness Network	Ontario Aboriginal Housing Services	

The Rapid Mobilization Table (RMT)

Representatives from CMS partner agencies meet twice each week at the *Rapid Mobilization Table* (RMT). The RMT is a focused, disciplined discussion where participants collaboratively identify situations involving those who are at high risk of harm. Once a situation is identified, all necessary agency partners participate in a coordinated, joint response – ensuring that those at risk are connected to appropriate, timely, effective and caring supports.

In order to ensure that privacy is maintained appropriately throughout RMT discussions, a "four filter" approach has been developed and endorsed by the Ministry of Community Safety and Correctional Services and the office of Ontario's Information and Privacy Commissioner. These filters establish the presence of acutely elevated risk, identify relevant risk factors related to the risk, identify the agencies required to mitigate the risk, and guide the coordinated, collaborative response.

Rapid Mobilization Table Data Overview

At each Rapid Mobilization Table (RMT) meeting, de-identified data is captured to reflect the nature of RMT discussions. Variables collected include demographics, risk factors, involved agencies and situation conclusion details. The Ministry of the Solicitor General (formally the Ministry of Community Safety and Correctional Services) created a Risk Tracking Database (RTD) to collect and store this data.

This report provides a detailed outline of RMT data collected between January 1, 2019 and December 31, 2019. The demographics and risk factors presented are not meant to be representative of the full nature and scope of risk in the City of Greater Sudbury. Rather, they represent situations that: a) meet the criteria of acutely elevated risk, and b) were identified by partners for presentation to the Rapid Mobilization Table.

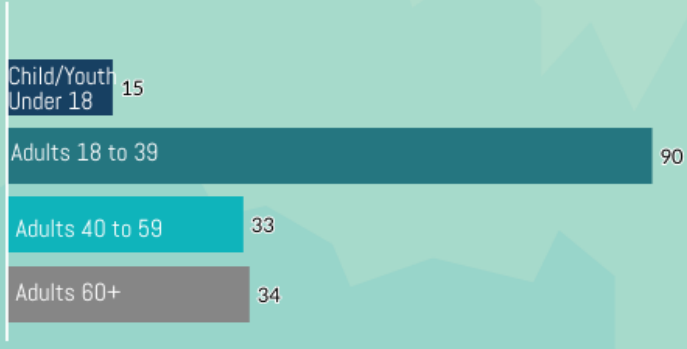
RMT 2019 Activity Update

209 Situations of Acutely Elevated Risk

35 Family

2 Dwelling

172 Individual



Most Frequently Identified Risks

95% Mental Health

78% Basic Needs

71% Antisocial/ Negative behaviour

63% Drugs

RMT Responses

11 Avg # of risk factors identified

11 Avg # of agencies involved in response

8.5 Avg # of days situation stayed open

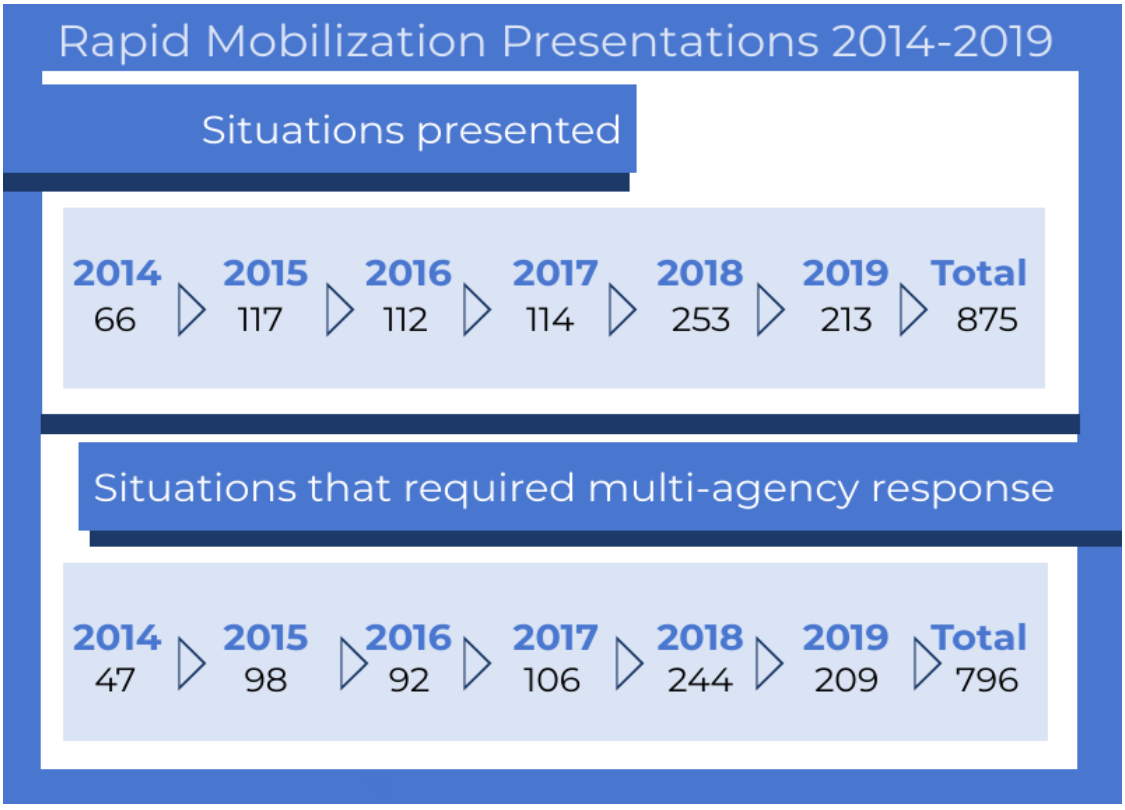
Situations presented to the Rapid Mobilization Table

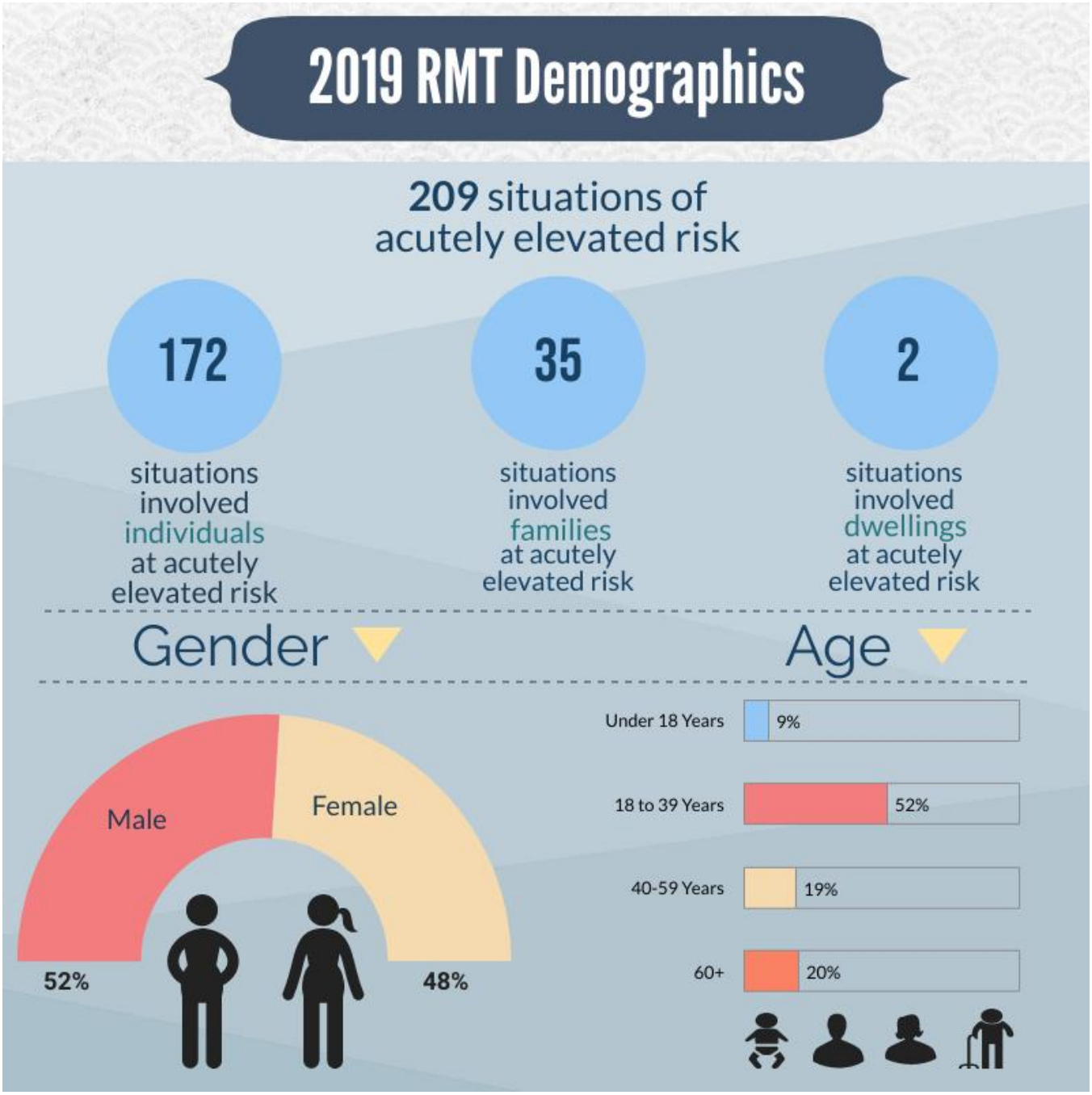
A total of 213 situations were presented to the Rapid Mobilization Table between January 1, and December 31, 2019. Of those, 209 (98%) met the CMS threshold of acutely elevated risk and required a multi-agency response (**Table 1**). This is the highest percentage of appropriate referrals received since the launch of the RMT in 2014. This increase is likely due to increased partner understanding of the threshold of risk, familiarity with the RMT process, and the strong, mutual trust that has developed between partner agencies.

It is important to note that even those situations that do not meet the CMS threshold of acutely elevated risk (2% in 2019) benefited from presentation to RMT. When situations do not proceed to response, partners are invited to share suggestions regarding next steps and possible follow-up to assist the presenting agency.

Table 1
Situations presented to the Rapid Mobilization Table January 1, 2019– December 31, 2019

	n	%
Situation met Acutely Elevated Risk (AER) threshold	209	98%
Situation did not meet Acutely Elevated Risk (AER) threshold	4	2%
Total	**213**	**100%**




2019 RMT Demographics
209 situations of acutely elevated risk
172
situations involved individuals at acutely elevated risk
35
situations involved families at acutely elevated risk
2
situations involved dwellings at acutely elevated risk
Gender
Age
Male
Female
52%
48%
Under 18 Years
9%
18 to 39 Years
52%
40-59 Years
19%
60+
20%

Demographic Breakdown

As in previous years, the majority of RMT situations that required a multi-agency response, (i.e. met the threshold of acutely elevated risk), involved individuals at high risk of harm (82%). The number of referrals involving families doubled this year, increasing from 17 referrals in 2018 to 35 referrals in 2019. RMT also received two referrals involving dwellings, but no situations involved neighbourhoods or environments during the 2019 reporting period.

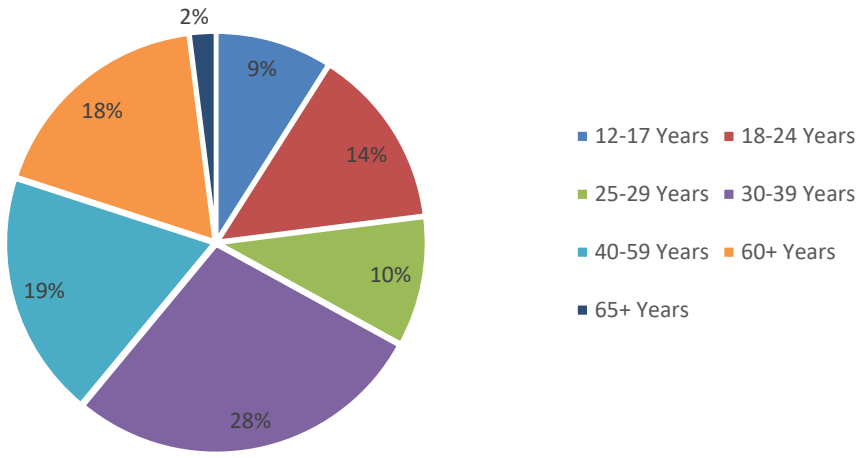
Table 2
Types of situations of acutely elevated risk between January 1, 2019 – December 31, 2019

Types of Situations of Acutely Elevated Risk	**n**	**%**
Person	172	82%
Family	35	17%
Dwelling	2	1%
Total	**209**	**100%**

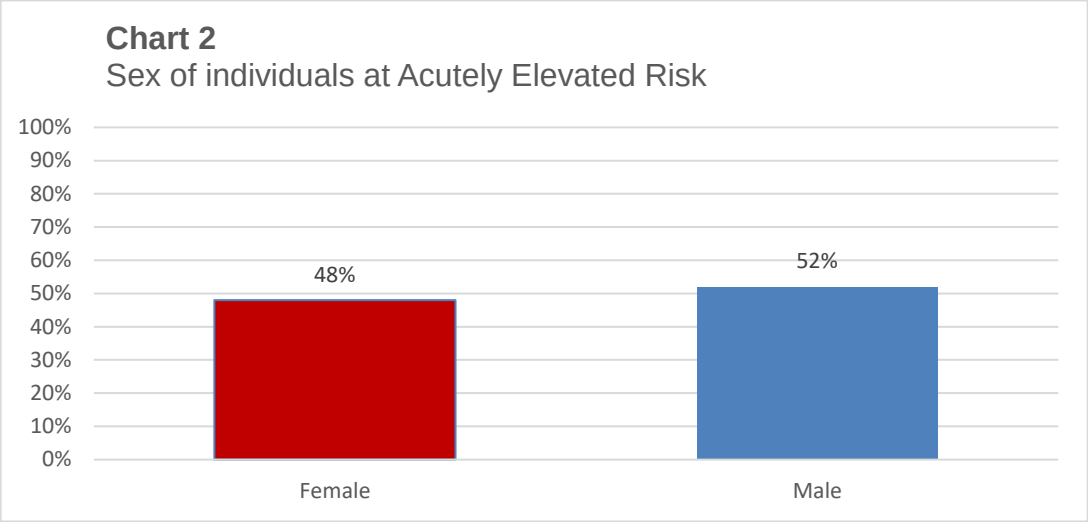
Presentations involving individuals

Of the situations that met the threshold of acutely elevated risk, the most frequently identified age group were adults aged 30-39 (28%) followed by adults between the ages of 40-59 (19%). Youth aged 12-17 represented 9% of presentations. **Chart 1** provides additional detail. There were no situations in which an individual under the age of 12 was presented alone, however some family presentations involved this age group.

Chart 1
Age Range of individuals at Acutely Elevated Risk

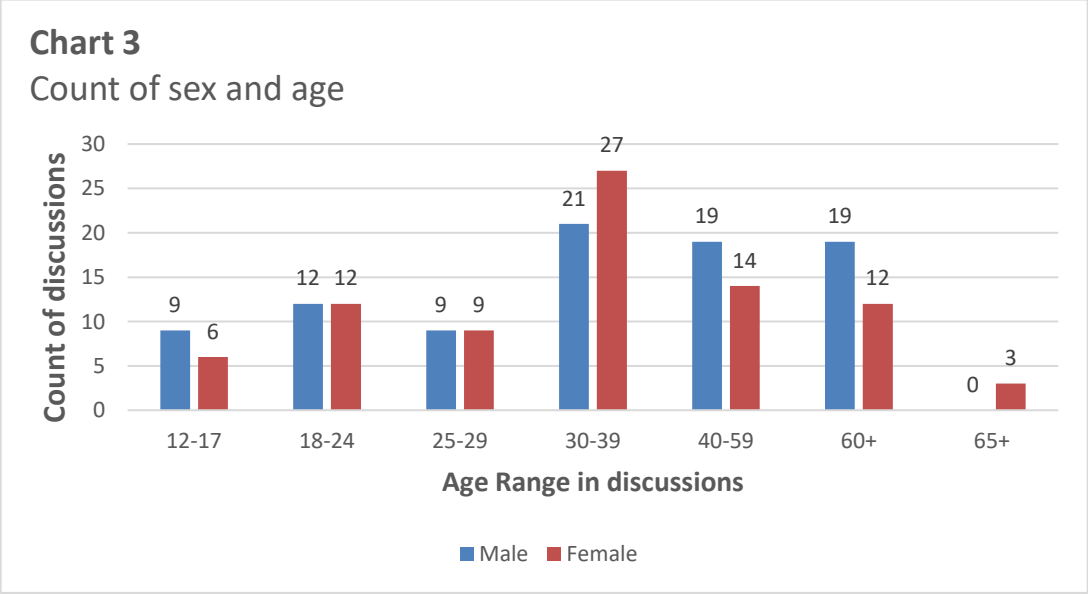


There was a fairly close divide between individual referrals involving females (48%) and individual referrals involving males (52%) (**Chart 2**).



The most common age range for individual males and females presented to the table was 30-39 years.

Individuals aged 18-24 and 25-29 were evenly distibuted between sexes, while there were slightly more males presented in the 60+ age range. There were three females presented in the 65+ age category, which is not regularly utilized. As a measure of privacy, this age group will be combined with the 60+ group for all further discussion (**Chart 3).**



Presentations involving families

The number of AER presentations involving families brought forward to RMT in 2019 doubled that of 2018, increasing from 17 referrals to a total of 35. The most frequent age range of primary caregivers in presentations involving families was 40-59 years (31%), followed by 30-39 years (28%). The most frequent age range of non-primary caregivers was 6-11 years (21%), followed by 49-59 years (20%). Please see **Charts 4 a-b** for further detail.

Chart 4a Age Range of Primary Caregivers – Family Presentations

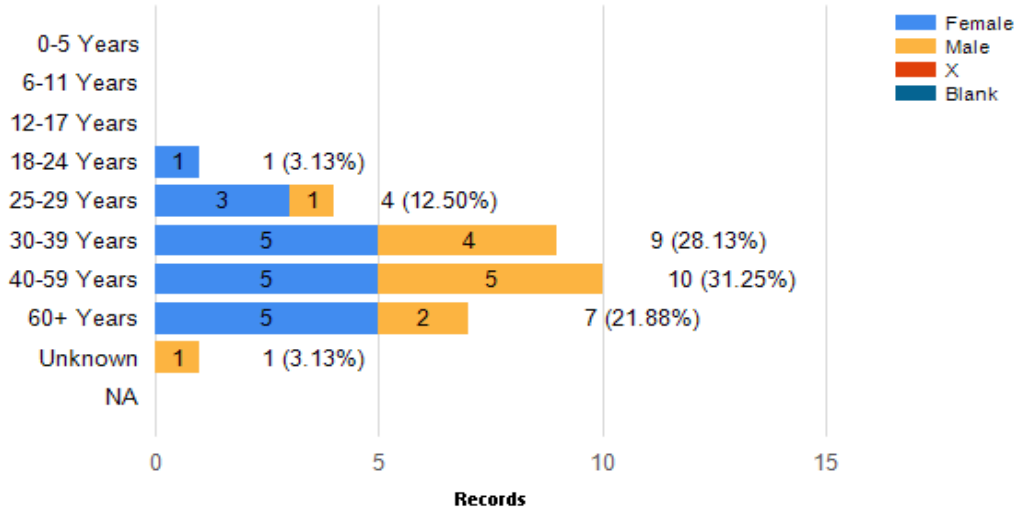
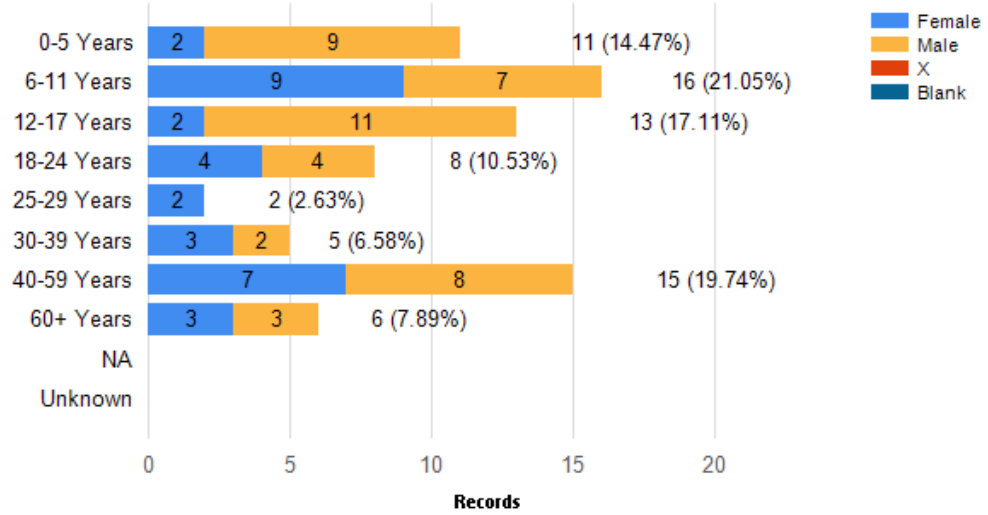


Chart 4b Age Range of Non-Primary Caregivers – Family Presentations

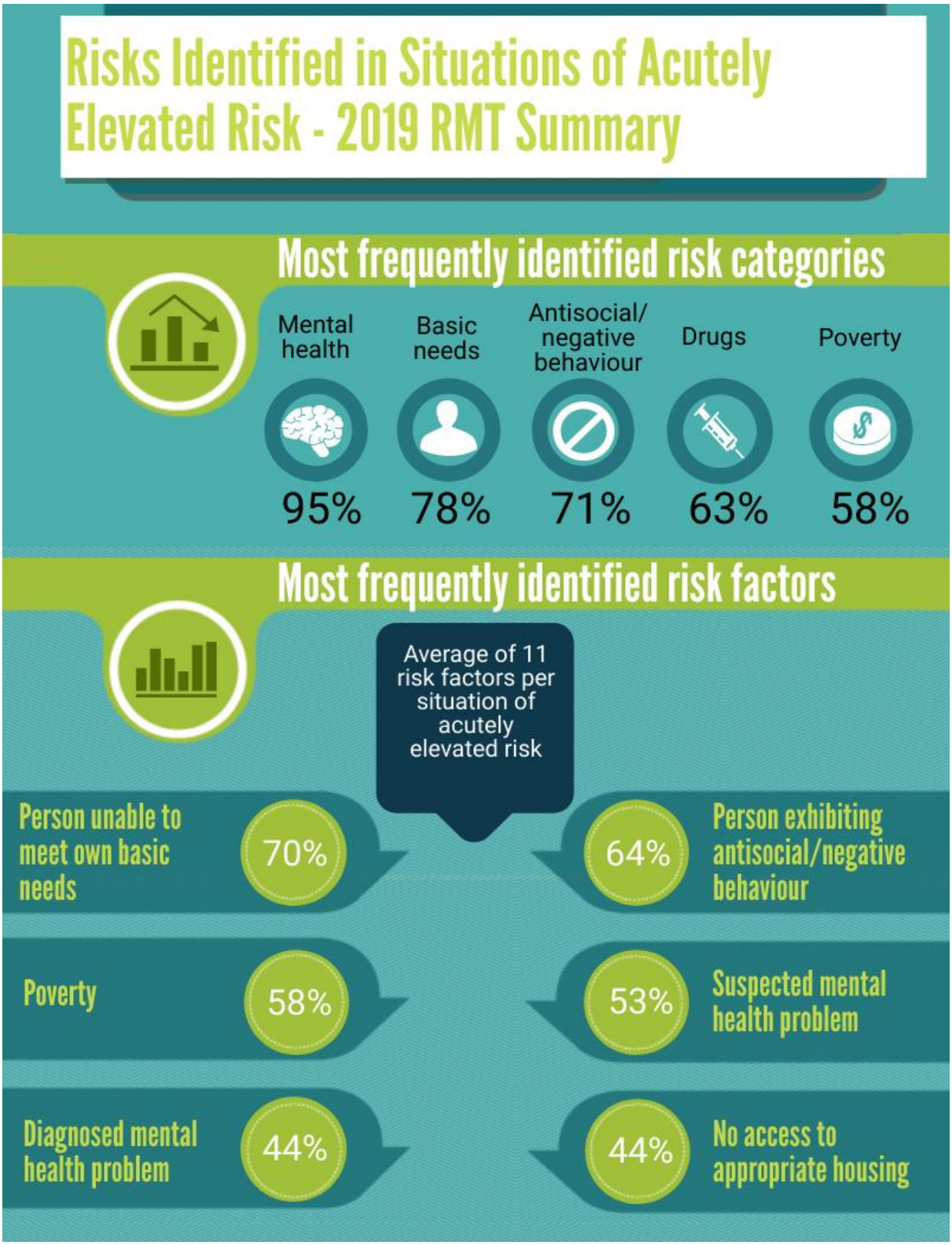


Originating Agencies – All Presentations

As in previous years, the Greater Sudbury Police Service provided the most referrals to the table (40%), followed by the City of Greater Sudbury Social Services (15%) and the Greater Sudbury Paramedic Services (12%). The following table summarizes the partner referrals to the RMT.

Table 3
Originating agency referrals to RMT (n=213)

Agency	n	%
Greater Sudbury Police Service	86	40%
City of Greater Sudbury Social Services	32	15%
Sudbury Paramedic Services	25	12%
Canadian Mental Health Association - Sudbury/Manitoulin	13	6%
Health Sciences North - Mental Health & Addictions - Sudbury	10	5%
Greater Sudbury Housing Corporation	8	4%
Sudbury District Nurse Practitioners Clinic	5	2%
Children's Aid Society of the Districts of Sudbury and Manitoulin	4	2%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	4	2%
Rainbow District School Board	4	2%
North East Behavioural Supports Ontario	3	1%
Sudbury Action Centre for Youth	3	1%
Sudbury Catholic Schools	3	1%
Conseil scolaire catholique du Nouvel-Ontario	2	1%
Health Link - Greater Sudbury	2	1%
Homelessness Network	2	1%
Local Health Integration Network - North East - Sudbury	2	1%
Adult Probation and Parole - Ministry of the Solicitor General - Sudbury	1	<1%
Northern Initiative for Social Action	1	<1%
Reseau Access Network	1	<1%
Sudbury and Area Victim Services	1	<1%
Sudbury Community Service Centre	1	<1%


Risks Identified in Situations of Acutely Elevated Risk - 2019 RMT Summary
Most frequently identified risk categories
Mental health
Basic needs
Antisocial/ negative behaviour
Drugs
Poverty
95%
78%
71%
63%
58%
Most frequently identified risk factors
Average of 11 risk factors per situation of acutely elevated risk
Person unable to meet own basic needs
70%
64%
Person exhibiting antisocial/negative behaviour
Poverty
58%
53%
Suspected mental health problem
Diagnosed mental health problem
44%
44%
No access to appropriate housing

Risk Categories and Factors Contributing to Acutely Elevated Risk

Categories of risk

The Risk Tracking Database (RTD) used by CMS identifies and captures 27 risk categories to facilitate situation presentation, data collection and discussion.

The *Mental Health* risk category has consistently been the most frequently identified risk category at RMT since inception, and this year was no different. Between January 1 – December 31, 2019, *Mental Health* was identified in nearly all situations of acutely elevated risk (95%).

Notably, the risk category *Housing* has increased in frequency of presentation, highlighted in 54% of AER presentations in 2019 as compared to only 24% of AER presentations in 2018.

Table 4 provides a complete summary of the frequency of the 27 risk categories identified in situations of acutely elevated risk in 2019.

Table 4
Frequency of risk categories in RMT situations of acutely elevated risk 2019

Risk Category	**Total discussions (n) = 209**	
	n	**%**
Mental Health	199	95%
Basic Needs	164	78%
Antisocial Negative Behaviour	149	71%
Drugs	131	63%
Poverty	121	58%
Physical Health	120	57%
Housing	112	54%
Unemployment	104	50%
Criminal Involvement	94	45%
Alcohol	91	44%
Emotional Violence	86	41%
Physical Violence	83	40%
Negative Peers	76	36%
Self-Harm	66	32%
Threat to Public Health and Safety	65	31%
Suicide	64	31%
Cognitive Functioning	63	30%
Crime Victimization	56	27%
Parenting	49	23%
Social Environment	40	19%
Missing	22	11%
Sexual Violence	21	10%
Missing School	15	7%

Elderly Abuse	12	6%
Supervision	9	4%
Gangs	4	2%
Gambling	2	1%

Risk Categories Impacting Individuals and Families

Mental Health was the most frequently identified risk category for situations involving both individuals (96%) and families (91%). *Antisocial Negative Behaviour*, *Drugs* and *Basic Needs* all featured in the top five most frequently identified risk categories for these groups. **Tables 5 a-c** provides a summary of the top ten risk categories for the situation types.

Table 5a
Most frequently identified risk categories impacting individuals (n=172)

	n	**%**
Mental Health	165	96
Basic Needs	138	80
Antisocial/Negative Behaviour	123	72
Drugs	110	64
Physical Health	102	59
Poverty	102	59
Housing	97	56
Unemployment	86	50
Criminal Involvement	85	49
Alcohol	79	46

Table 5b
Most frequently identified risk categories impacting families (n=35)

	n	**%**
Mental Health	32	91
Antisocial/Negative Behaviour	25	71
Basic Needs	25	71
Emotional Violence	21	60
Drugs	19	54
Poverty	18	51
Parenting	17	49
Physical Health	17	49
Unemployment	17	49
Cognitive Functioning	15	43

Table 5c Most frequently identified risk categories impacting dwellings (n=2)		
	n	**%**
Alcohol	2	100
Crime Victimization	2	100
Criminal Involvement	2	100
Drugs	2	100
Mental Health	2	100
Threat to Public Health and Safety	2	100
Antisocial/Negative Behaviour	1	50
Basic Needs	1	50
Emotional Violence	1	50
Gangs	1	50

Risk Categories & Age Groups

Summarized below are the most commonly identified risk categories for different age groups presented as individuals (**Tables 6a-b**)**.** As a privacy measure and for the purposes of this report, the 65+ age group category is combined with the 60+ age group. *Mental Health* was the most commonly identified risk category for all groups.

Table 6 a Most frequently identified risk categories by age group (individual presentations)						
Rank	**Under 18 years (n=15)**	**n (%)**	**18-24 Years (n=24)**	**n (%)**	**25-29 Years (n=18)**	**n (%)**
1	Mental Health	14 (93%)	Mental Health	24 (100%)	Mental Health	18 (100%)
2	Antisocial/Negative Behaviour	12 (80%)	Antisocial/Negative Behaviour	18 (75%)	Basic Needs	17 (94%)
3	Parenting	12 (80%)	Basic Needs	17 (71%)	Drugs	14 (78%)
4	Criminal Involvement	10 (67%)	Drugs	17 (71%)	Housing	13 (72%)
5	Emotional Violence	10 (67%)	Poverty	15 (62%)	Antisocial/Negative Behaviour	11 (61%)
6	Drugs	9 (60%)	Housing	14 (58%)	Criminal Involvement	11 (61%)

Table 6 a
Most frequently identified risk categories by age group (individual presentations)

Rank	Under 18 years (n=15)	n (%)	18-24 Years (n=24)	n (%)	25-29 Years (n=18)	n (%)
7	Missing	9 (60%)	Unemployment	14 (58%)	Poverty	11 (61%)
8	Missing School	9 (60%)	Self-Harm	13 (54%)	Physical Violence	10 (56%)
9	Physical Violence	9 (60%)	Negative Peers	12 (50%)	Unemployment	10 (56%)
10	Basic Needs	7 (47%)	Suicide	12 (50%)	Negative Peers	9 (50%)

Table 6 b
Most frequently identified risk categories by age group (individual presentations)

Rank	30-39 years (n=48)	n (%)	40-59 years (n=33)	n (%)	60+ Years (n=34)	n (%)
1	Mental Health	47 (98%)	Mental Health	32 (97%)	Mental Health	30 (88%)
2	Basic Needs	46 (96%)	Basic Needs	26 (79%)	Physical Health	26 (76%)
3	Drugs	42 (88%)	Physical Health	26 (79%)	Basic Needs	25 (74%)
4	Antisocial/Negative Behaviour	37 (77%)	Unemployment	24 (73%)	Antisocial/Negative Behaviour	24 (71%)
5	Housing	36 (75%)	Antisocial/Negative Behaviour	21 (64%)	Poverty	16 (47%)
6	Poverty	36 (75%)	Poverty	21 (64%)	Housing	13 (38%)
7	Unemployment	34 (71%)	Drugs	20 (61%)	Alcohol	12 (35%)
8	Alcohol	29 (60%)	Criminal Involvement	16 (48%)	Cognitive Functioning	12 (35%)
9	Criminal Involvement	29 (60%)	Alcohol	14 (42%)	Criminal Involvement	8 (24%)
10	Physical Health	29 (60%)	Housing	14 (42%)	Drugs	8 (24%)

Risk Categories & Sex

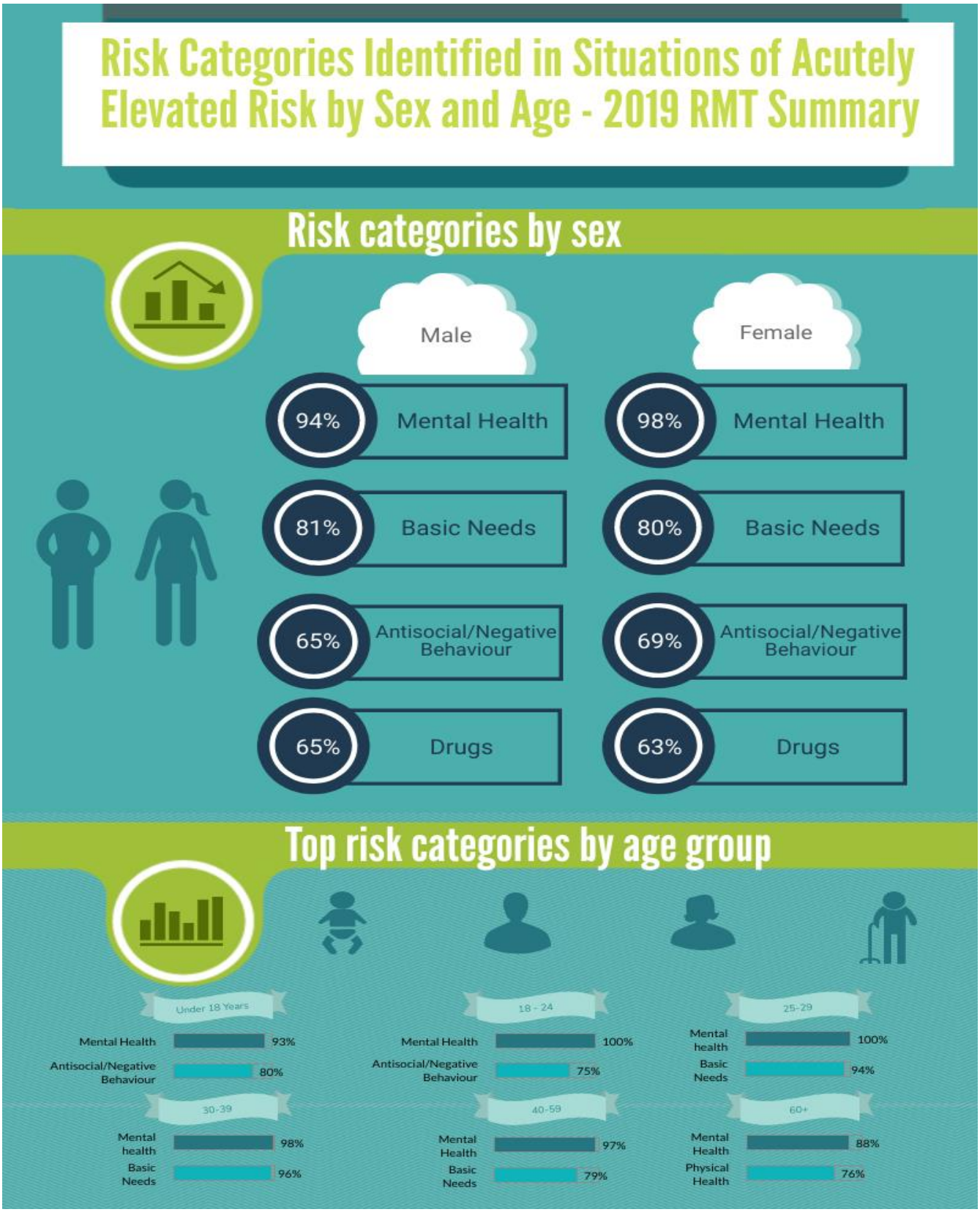
The top four most frequently identified risk categories, in presentations involving individuals, were the same for both males and females (**Tables 7a-b**).

Table 7a
Most frequently identified risk categories in presentations involving individuals, male (n=89)

	n	**%**
Mental Health	84	94%
Basic Needs	72	81%
Antisocial/Negative Behaviour	58	65%
Drugs	58	65%
Criminal Involvement	57	64%

Table 7b
Most frequently identified risk categories in presentations involving individuals, female (n=83)

	n	**%**
Mental Health	81	98%
Basic Needs	66	80%
Antisocial/Negative Behaviour	57	69%
Drugs	52	63%
Physical Health	52	63%


Risk Categories Identified in Situations of Acutely Elevated Risk by Sex and Age - 2019 RMT Summary
Risk categories by sex
Male
94% Mental Health
81% Basic Needs
65% Antisocial/Negative Behaviour
65% Drugs
Female
98% Mental Health
80% Basic Needs
69% Antisocial/Negative Behaviour
63% Drugs
Top risk categories by age group
Under 18 Years
Mental Health 93%
Antisocial/Negative Behaviour 80%
18 - 24
Mental Health 100%
Antisocial/Negative Behaviour 75%
25-29
Mental health 100%
Basic Needs 94%
30-39
Mental health 98%
Basic Needs 96%
40-59
Mental Health 97%
Basic Needs 79%
60+
Mental Health 88%
Physical Health 76%

Risk Factors

The RTD tracks 105 distinct risk factors grouped within the 27 risk categories. For example, *Antisocial/Negative Behaviour* is a risk category. It includes two risk factors: *antisocial/negative behaviour within the home* and *person exhibiting antisocial/negative behaviour*. Capturing specific risk factors within a risk category provides table members with a clearer understanding of the situation and a more informed assessment of acutely elevated risk.

In 2019, 2,401 risk factors were captured during the 209 RMT discussions that met the threshold of acutely elevated risk. The RTD allows for a maximum collection of 15 risk factors per discussion. The average number of risk factors per discussion was 11

Risk Factors provide a bigger picture of the situation presented. Risk Factors are more specific than their risk category, and therefore when analyzing risk factors and reporting on risk factors, it is important to note that the frequency in which a risk factors occurs may differ from the frequency in which a risk category occurs overall. For example, *Mental Health* was the most frequently occurring risk category; this category is comprised of seven individual risk factors, which may all be identified in a discussion, however, the overall category, *Mental Health* would only be accounted for once.

This can explain why, while *Mental Health* is the most frequently identified risk category, *Basic Needs – person unable to meet own basic needs* is the most frequently occurring risk factor, as displayed in **Table 8.**

Table 8
Most frequently identified risk factors in situations of acutely elevated risk

Risk Factor	**n = 209**	**%**
Basic Needs – person unable to meet own basic needs	147	70%
Antisocial Negative Behaviour – person exhibiting	135	65%
Poverty	121	58%
Mental Health – suspected mental health problem	111	53%
Mental Health – diagnosed mental health problem	93	44%
Housing – person doesn't have access to appropriate	92	44%
Physical Health – general health issue	91	44%
Drugs – drug abuse by person	89	43%
Unemployment – person chronically unemployed	81	39%
Negative Peers – person associating with negative peers	73	35%

Risk Factors - Age Group & Sex

The top three most frequently identified risk factors in presentations involving individuals were the same for both males and females. Please see **Tables 9 a-b** for more details. **Tables 10 a-b** summarize the most frequently identified risk factors in individual presentations by age group.

Table 9a
Most frequently identified risk factors in presentations involving individuals, male (n=89)

Risk Factor	**n = 89**	**%**
Basic Needs – person unable to meet own basic needs	67	75%
Antisocial Negative Behaviour – person exhibiting	65	73%
Poverty	55	62%
Housing – person doesn't have access to appropriate	48	54%
Mental Health – suspected mental health problem	45	51%
Unemployment – person chronically unemployed	41	46%
Mental Health – diagnosed mental health problem	40	45%
Threat to Public Health & Safety	40	45%
Physical Health – general health issue	39	44%
Drugs – drug abuse by person	37	42%

Table 10 a
Most frequently identified risk factors in individual presentations by age group

Rank	Under 18 years (n=28)	n (%)	18-24 Years (n=24)	n (%)	25-29 Years (n=18)	n (%)
1	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	12 (80%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	16 (67%)	Basic Needs - person unable to meet own basic needs	16 (89%)
2	Parenting - parent-child conflict	11 (73%)	Poverty - person living in less than adequate financial situation	15 (62%)	Drugs - drug abuse by person	13 (72%)
3	Mental Health - diagnosed mental health problem	8 (53%)	Basic Needs - person unable to meet own basic needs	14 (58%)	Housing - person doesn't have access to appropriate housing	12 (67%)
4	Emotional Violence - person perpetrator of emotional violence	7 (47%)	Drugs - drug abuse by person	12 (50%)	Poverty - person living in less than adequate financial situation	11 (61%)
5	Missing School - truancy	7 (47%)	Mental Health - diagnosed mental health problem	12 (50%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	10 (56%)
6	Basic Needs - person unable to meet own basic needs	6 (40%)	Negative Peers - person associating with negative peers	12 (50%)	Mental Health - diagnosed mental health problem	10 (56%)
7	Criminal Involvement - assault	6 (40%)	Mental Health - suspected mental health problem	11 (46%)	Negative Peers - person associating with negative peers	9 (50%)
8	Emotional Violence - person victim of emotional violence	6 (40%)	Suicide - person current suicide risk	11 (46%)	Threat to Public Health and Safety - person's behaviour is a threat to public health and safety	9 (50%)
9	Mental Health - suspected mental health problem	6 (40%)	Threat to Public Health and Safety - person's behaviour is a threat to public health and safety	11 (46%)	Mental Health - suspected mental health problem	8 (44%)
10	Missing - person has history of being reported to police as missing	6 (40%)	Housing - person doesn't have access to appropriate housing	10 (42%)	Physical Health - general health issue	7 (39%)

Table 9b
Most frequently identified risk factors in presentations involving individuals, female (n=83)

Risk Factor	n = 83	%
Basic Needs – person unable to meet own basic needs	57	69%

Antisocial Negative Behaviour – person exhibiting	51	61%
Poverty	47	57%
Mental Health – suspected mental health problem	45	54%
Drugs – drug abuse by person	42	51%
Physical Health – general health issue	40	48%
Negative Peers – person associating with negative peers	38	46%
Mental Health – diagnosed mental health problem	36	43%
Housing – person doesn't have access to appropriate	32	39%
Alcohol – alcohol abuse by person	30	36%

Table 10 b
Most frequently identified risk factors in individual presentations by age group

Rank	Under 30-39 (n=48)	n (%)	40-59 (n=33)	n (%)	60+ (n=34)	n (%)
1	Basic Needs - person unable to meet own basic needs	42 (88%)	Basic Needs - person unable to meet own basic needs	25 (76%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	22 (65%)
2	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	36 (75%)	Physical Health - general health issue	21 (64%)	Basic Needs - person unable to meet own basic needs	21 (62%)
3	Drugs - drug abuse by person	36 (75%)	Poverty - person living in less than adequate financial situation	21 (64%)	Mental Health - suspected mental health problem	21 (62%)
4	Poverty - person living in less than adequate financial situation	36 (75%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	20 (61%)	Physical Health - general health issue	17 (50%)
5	Housing - person doesn't have access to appropriate housing	30 (62%)	Unemployment - person chronically unemployed	20 (61%)	Poverty - person living in less than adequate financial situation	16 (47%)
6	Mental Health - suspected mental health problem	27 (56%)	Mental Health - suspected mental health problem	17 (52%)	Basic Needs - person unwilling to have basic needs met	15 (44%)
7	Unemployment - person chronically unemployed	27 (56%)	Mental Health - diagnosed mental health problem	16 (48%)	Housing - person doesn't have access to appropriate housing	13 (38%)
8	Physical Health - general health issue	24 (50%)	Physical Health - chronic disease	15 (45%)	Cognitive Functioning - suspected cognitive impairment/limitation	11 (32%)
9	Negative Peers - person associating with negative peers	23 (48%)	Negative Peers - person associating with negative peers	13 (39%)	Mental Health - diagnosed mental health problem	11 (32%)
10	Alcohol - alcohol abuse by person	21 (44%)	Drugs - drug abuse by person	12 (36%)	Physical Health - chronic disease	9 (26%)

Study Flags

Study flags are additional considerations that may help to guide RMT responses. Over the last two years, RMT partner agencies have begun including study flags more frequently in their presentations.

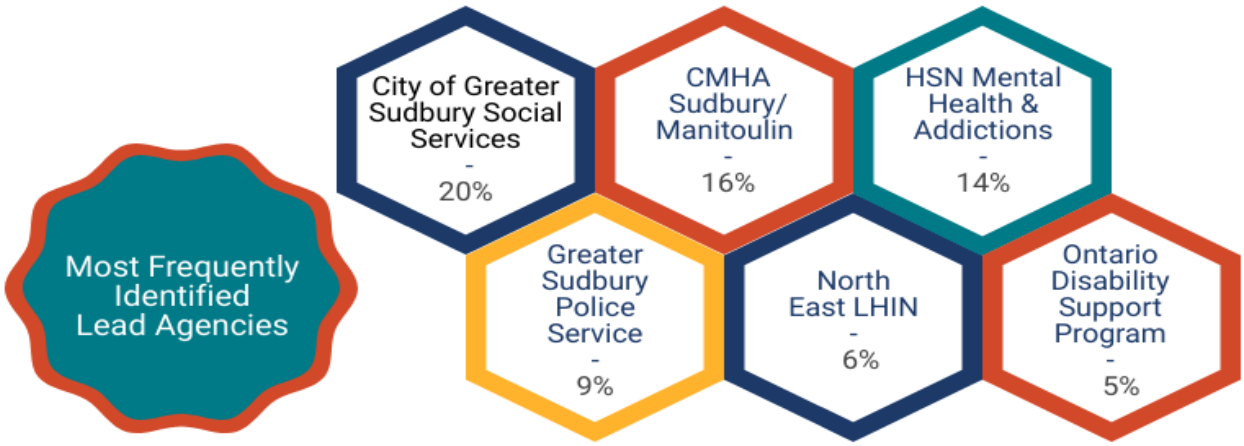
Risk of Losing Housing/Unsafe Living Conditions was the most frequently identified study flag; identified in 68% of discussions, followed by *Social Isolation* (59%). **Table 11** provides a summary of most frequently identified study flags.

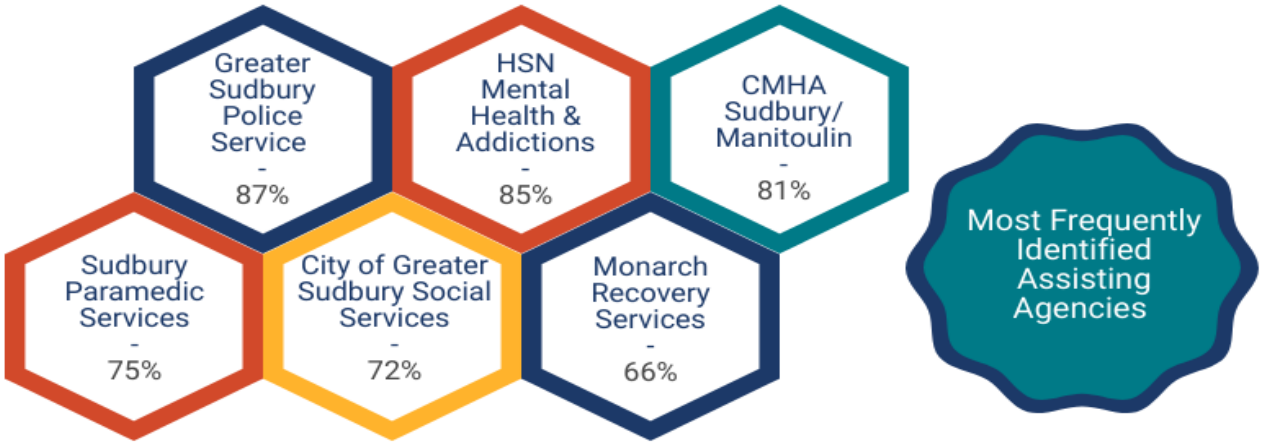
Table 11
Most frequently identified study flags in situations of acutely elevated risk (n=209)

Study Flag	n	%
Risk of Losing Housing/Unsafe Living Conditions	143	68%
Social Isolation	123	59%
Recent Escalation	106	51%
Homelessness	106	51%
Domestic Violence	59	28%
Methamphetamine Use	56	27%
Problematic Opioid Use	48	23%
Cognitive Disability	47	22%
Transportation Issues	45	22%
Cultural Considerations	43	20%
Child Involved	38	18%
Lack of Supports for Elderly Person(s)	28	13%

RMT RESPONSES 2019

Agency Involvement





Rapid Mobilization Table Collaborative Responses

Lead and assisting agencies participate in each RMT response based on their mandate and capacity to respond to the risk factors presented. All responding agencies contribute to the planning of the response based on their prior involvement or the perspective that they bring to understanding the situation. Their active role in the response is determined as part of Filter 3 and 4 planning. The lead agency is responsible for coordinating the response and providing a report back at the next RMT meeting.

Partner agency involvement in RMT situations

On average, 11 agencies were engaged per discussionsb that "Met the Threshold of Acutely Elevated Risk". The Greater Sudbury Police Service presented the highest number of situations to RMT (40%, n=86) and were involved in a total of 201 (94%) responses (either lead or assisting). Other agencies frequently involved in responses include Health Sciences North - Mental Health & Addictions - Sudbury (97%, n=207), CMHA Sudbury/Manitoulin (95%, n=203) and the City of Greater Sudbury Social Services (91%, n=193).

The City of Greater Sudbury Social Services was the most frequently identified lead agency (20% of all discussions), followed by the Canadian Mental Health Association - Sudbury/Manitoulin (16%) and Health Sciences North - Mental Health & Addictions - Sudbury (14%). **Table 12** provides a summary of partner agency involvement in RMT situations in 2019.

Table 12
Agency involvement in situations of acutely elevated risk

Agency	Originating Agency (n=213)		Lead Agency (n=209)		Assisting Agency (n=209)		Total # of Discussions Engaged In (n=213)	
	n	%	n	%	n	%	n	%
Health Sciences North - Mental Health & Addictions - Sudbury	10	4.7%	29	13.9%	178	85.2%	207	97.2%
Canadian Mental Health Association - Sudbury/Manitoulin	13	6.1%	34	16.3%	169	80.9%	203	95.3%
Greater Sudbury Police Service	86	40.4%	19	9.1%	182	87.1%	201	94.4%
City of Greater Sudbury Social Services	32	15.0%	42	20.1%	151	72.2%	193	90.6%
Sudbury Paramedic Services	25	11.7%	7	3.3%	157	75.1%	164	77.0%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	4	1.9%	10	4.8%	132	63.2%	143	67.1%
Monarch Recovery Services	0	0.0%	5	2.4%	138	66.0%	143	67.1%
Homelessness Network	2	0.9%	6	2.9%	116	55.5%	122	57.3%
Sudbury District Nurse Practitioners Clinic	5	2.3%	4	1.9%	69	33.0%	73	34.3%

Table 12
Agency involvement in situations of acutely elevated risk

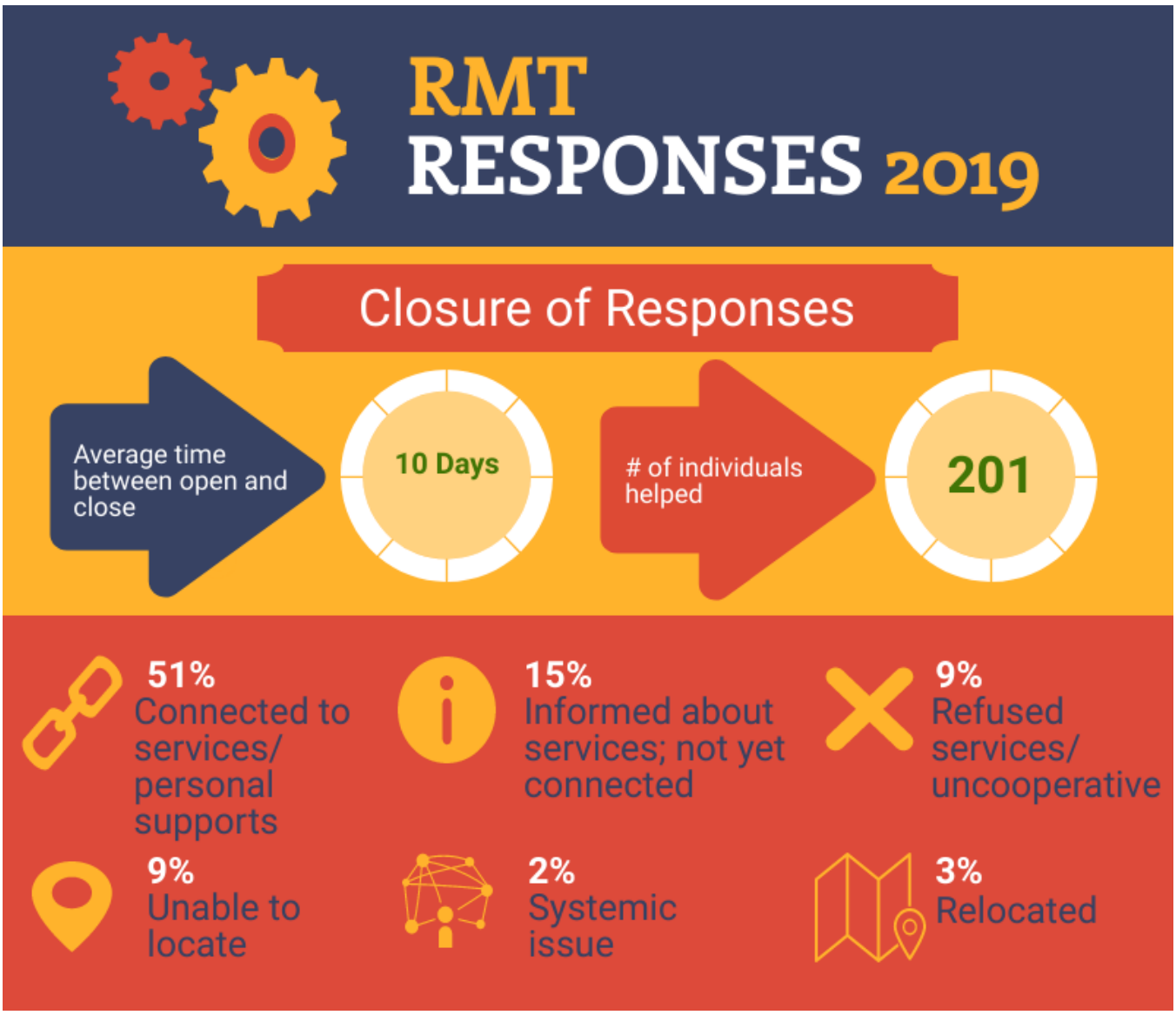
Agency	Originating Agency (n=213)		Lead Agency (n=209)		Assisting Agency (n=209)		Total # of Discussions Engaged In (n=213)	
	n	%	n	%	n	%	n	%
Sudbury and Area Victim Services	1	0.5%	2	1.0%	63	30.1%	65	30.5%
Sudbury Counselling Centre	0	0.0%	1	0.5%	64	30.6%	65	30.5%
Health Sciences North - Safe Beds Program	0	0.0%	1	0.5%	63	30.1%	64	30.0%
Local Health Integration Network - North East - Sudbury	2	0.9%	13	6.2%	47	22.5%	60	28.2%
Children's Aid Society of the Districts of Sudbury and Manitoulin	4	1.9%	8	3.8%	46	22.0%	54	25.4%
Réseau Access Network	1	0.5%	1	0.5%	53	25.4%	54	25.4%
Sudbury Action Centre for Youth	3	1.4%	3	1.4%	47	22.5%	51	23.9%
Shkagamik-Kwe Health Centre	0	0.0%	1	0.5%	41	19.6%	42	19.7%
Sudbury Community Service Centre	1	0.5%	0	0.0%	41	19.6%	41	19.2%
Adult Probation and Parole - Ministry of the Solicitor General - Sudbury	1	0.5%	1	0.5%	39	18.7%	40	18.8%
N'Swakamok Native Friendship Centre	0	0.0%	1	0.5%	37	17.7%	38	17.8%
North East Behavioural Supports Ontario	3	1.4%	3	1.4%	26	12.4%	29	13.6%
John Howard Society of Sudbury	0	0.0%	0	0.0%	24	11.5%	24	11.3%
Alzheimer Society of Sudbury-Manitoulin North Bay & Districts	0	0.0%	0	0.0%	18	8.6%	18	8.5%
Greater Sudbury Housing Corporation	8	3.8%	1	0.5%	15	7.2%	17	8.0%
Office of the Public Guardian and Trustee - Ministry of the Attorney General	0	0.0%	0	0.0%	17	8.1%	17	8.0%
Rainbow District School Board	4	1.9%	1	0.5%	13	6.2%	14	6.6%
Youth Justice Services - Ministry of Children, Community and Social Services - Sudbury	0	0.0%	2	1.0%	11	5.3%	13	6.1%
Developmental Services Ontario - Sudbury	0	0.0%	1	0.5%	11	5.3%	12	5.6%
Sudbury Fire Services	0	0.0%	2	1.0%	8	3.8%	10	4.7%
March of Dimes Canada	0	0.0%	2	1.0%	7	3.3%	9	4.2%
Restorative Justice of Sudbury	0	0.0%	0	0.0%	9	4.3%	9	4.2%
Public Health Sudbury & Districts	0	0.0%	0	0.0%	8	3.8%	8	3.8%
Kina Gbezhgomi	0	0.0%	0	0.0%	7	3.3%	7	3.3%
Elizabeth Fry Society of Sudbury	0	0.0%	0	0.0%	5	2.4%	5	2.3%
Sudbury Catholic Schools	3	1.4%	3	1.4%	1	0.5%	4	1.9%

Table 12
Agency involvement in situations of acutely elevated risk

Agency	Originating Agency (n=213)		Lead Agency (n=209)		Assisting Agency (n=209)		Total # of Discussions Engaged In (n=213)	
	n	%	n	%	n	%	n	%
Conseil scolaire catholique du Nouvel-Ontario	2	0.9%	3	1.4%	1	0.5%	4	1.9%
TG Innerselves	0	0.0%	0	0.0%	4	1.9%	4	1.9%
Health Link - Greater Sudbury	2	0.9%	1	0.5%	1	0.5%	3	1.4%
Nogdawindamin Family and Community Services	0	0.0%	0	0.0%	3	1.4%	3	1.4%
Compass - Sudbury	0	0.0%	0	0.0%	3	1.4%	3	1.4%
Children's Community Network	0	0.0%	0	0.0%	3	1.4%	3	1.4%
Ontario Aboriginal Housing Services - Sudbury	0	0.0%	0	0.0%	2	1.0%	2	0.9%
Conseil scolaire public du Grand Nord de l'Ontario	0	0.0%	0	0.0%	2	1.0%	2	0.9%
Child and Community Resources	0	0.0%	0	0.0%	2	1.0%	2	0.9%
Northern Initiative for Social Action	1	0.5%	0	0.0%	1	0.5%	1	0.5%
Health Sciences North - Emergeny Department	0	0.0%	1	0.5%	0	0.0%	1	0.5%
Genevra House	0	0.0%	1	0.5%	0	0.0%	1	0.5%
Violence Intervention and Prevention Program/VOICES for Women	0	0.0%	0	0.0%	1	0.5%	1	0.5%
Northeast Cancer Centre	0	0.0%	0	0.0%	1	0.5%	1	0.5%
Laurentian University	0	0.0%	0	0.0%	1	0.5%	1	0.5%
Canadian Red Cross - Sudbury Branch	0	0.0%	0	0.0%	1	0.5%	1	0.5%
Aboriginal Peoples Alliance Northern Ontario	0	0.0%	0	0.0%	1	0.5%	1	0.5%

Situation Resolution

Among the 209 situations of acutely elevated risk referred to the RMT in 2019, 123 situations were closed with the reason "*Overall Risk Lowered".*



An additional 8% of situations closed as "*Overall Risk Lowered – Through no action of the situation table*". In early filter discussions, the risk factors and situation description met the threshold of Acutely Elevated Risk, however, after further discussion and limited information sharing, it was identified that further response by RMT was not required.

The average number of days that situations remained open in 2019 was 8.5.

Factors influencing the amount of time that situations remain open include:

- Trying to locate individuals (unknown incarceration, unknown housing)
- Coordinating participation from other non-CMS partner agencies
- Providing individuals with additional time to engage with appropriate services
- Highly complex histories of being at risk including challenging relationships with many service providers
- Seasonal breaks, conferences and trainings that impact table members' capacity to participate in RMT responses

Services Mobilized

When closing discussions, RMT members have the opportunity to identify which services were offered or provided to the individual during the response. In order to track this, the team has a generalized list of services that correlates with the options captured in the Risk Tracking Database (RTD). Additionally, team members identify the level of service mobilization (i.e. whether the individual or family refused, was informed of, connected to, or engaged with that service because of the RMT intervention).

Of the situations where the team identified services mobilized, *Mental Health* was the most frequently identified service mobilized (125), followed by *Addiction* (68) and *Housing* (57) (**Table 13**).

Table 13
Top 10 most frequently identified services mobilized and type of mobilization

Service \ Mobilization Type	Informed of Service	Connected to Service	Engaged with Service	Total
Mental Health	75	34	16	125
Addiction	53	11	4	68
Housing	30	21	6	57
Social Services	15	30	8	53
Social Assistance	13	24	14	51
Medical Health	19	19	11	49
Counselling	26	15	5	46
Harm Reduction	29	2	2	33
Safe Shelter	13	4	8	25
Food Support	10	9	5	24

Appendix A – Community Mobilization Sudbury and Community Safety & Well-being Planning

In March 2018, Bill 175 – *the Safer Ontario Act* – received Royal Assent. This act reinforces the provincial government's shift to collaborative community safety and well-being planning, giving municipalities a larger role in defining and addressing local needs. *"Municipalities will be mandated to work with police services and local service providers in health care, social services and education to develop community safety and well-being plans that proactively address community safety concerns"* (Ministry of Community Safety & Correctional Services news release, November 2, 2017).

Community Mobilization Sudbury has the potential to make a significant contribution to ongoing, municipally-led community safety and well-being planning initiatives. As examples:

1. The CMS Rapid Mobilization Table has demonstrated itself to be an effective and valued mechanism for mitigating situations of elevated risk – an essential component of the province's proposed Community Safety and Well-being planning framework.
2. Community Mobilization Sudbury is the founder and administrative lead for the provincial *Situation Table Community of Practice*. This group of over 90 members, representing 40+ communities has established multiple mechanisms for sharing promising practices to achieve community safety and well-being. Although currently focused on the operation and advancement of situation tables such as the Rapid Mobilization Table, the membership has begun to discuss their role in informing broader community planning activities.
3. The Community Safety and Well-Being Planning Framework (Booklet 3, v.2) identifies the Risk Tracking Database (RTD) used by situation tables as one tool that can be used by communities to identify, validate and analyze local risks. The CMS Rapid Mobilization Table has data in the RTD dating back to May 2014, and over a five-year period (May 2014-April 2019), has identified 6,406 individual-level risk factors.

The Risk Tracking Database and Community Safety & Well-being Planning

The Ministry of the Solicitor General (formally the Ministry of Community Safety and Correctional Services) developed the Risk Tracking Database (RTD) to provide a standardized means of gathering de-identified information on situations of acutely elevated risk for communities implementing multi-sectoral risk intervention models.

The Ministry worked closely with the Province of Saskatchewan to leverage their existing database, customizing it to suit the needs of Ontario. As a result of this partnership, the data

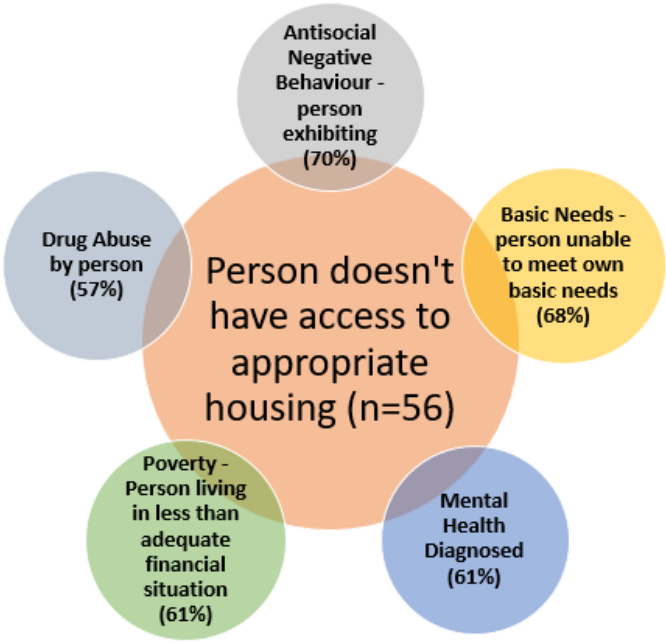
elements collected in the RTD not only align provincially, but also within other jurisdictions across Canada, allowing for national comparatives.

Community Mobilization Sudbury (CMS) uses the RTD to collect de-identified demographic information, including sex, age range, and discussion type *(i.e. individual, family)* in situations of high risk. Specific risk information for each situation is also collected; the RTD captures 105 risk factors within 27 risk categories (*i.e. Category: alcohol, Risk Factor: alcohol abuse by person*) as well as 33 individual study flags *(i.e. homelessness, child involved*).

The CMS data collected in the RTD is uniquely able to highlight trends in cross-sectoral risk over time, including demographics, risk factors, agency involvement, and conclusions to local situations of risk. This data can be used to inform agency, sector and broader community planning efforts.

Potential service gaps, as well as prevalent, high-priority risks can be identified using CMS data by evaluating co-occurring risk factors. Furthermore, reporting on intersecting risk factors demonstrates the range of multi-sectoral partners needed to plan and design effective programs that truly address the risks and needs in our community.

For example, by understanding that the gap in housing frequently co-occurs with issues related to substance abuse, mental health and poverty, it is clear that planning for housing cannot be carried out without the participation of other health and social service providers.



RMT 2018 data

The data collected by CMS in the RTD is an important contribution to community safety and well-being planning, especially in the context of other community data. While it represents a very specific population at high risk of harm and should not be used in isolation, it is a valuable resource in identifying and validating local, prevalent cross-sectoral risks and can be leveraged, alongside the knowledge, data and experience of community partners. Identifying intersecting risks is a necessary step in eliminating silos and helping community agencies to collaboratively plan and design effective programs.

Appendix B – RMT Success Stories

Individual Female

Risk Factors/Study Flags – Risk of Losing Housing/Unsafe Living Conditions, Mental Health, Physical Health, Social Isolation, Poverty

Individual was brought to the table by Greater Sudbury Police Service (GSPS), who were contacted by the individual's landlord. Landlord reported individual had a bug infestation in the unit, and was not allowing landlord and pest control company in her unit to spray. Individual was living in a minor hoarding situation, and was angry with the landlord's directions to clean up the unit so that pest control would be able to enter and treat for bugs. Landlord was in the process of evicting individual and there was lots of tension. This individual's mental health was poor and her physical health was deteriorating.

After the RMT meeting, GSPS, City of Greater Sudbury Paramedic Services (EMS), City of Greater Sudbury Social Services (Ontario Works), Canadian Mental Health Agency and North East Local Health Integration Network (NELIHN) went to the housing complex. GSPS had a brief meeting with the landlord and the group went to visit the individual. She explained that she was trying to clean up her unit and pack her belongings but was unable to do so in the time frame that was given to her. She had limited funds and her physical health prevented her from extensive cleaning. Her perception was that the landlord was harassing her and she mentally and physically could not deal with the stress of the situation. She was assessed on the spot for physical health by EMS, and spoke to the nurse from the NELHIN. She was referred to a social worker through the NELHIN, and set up for case management through CMHA. CGS Social Services Ontario Works worker was able to secure funds for totes and storage, and GSPS was able to discuss an extended time frame for the clean up of the unit.

The individual was extremely grateful for the help of the group. She was able to pack her belongings and access storage while her unit was treated. She continues to reside in her unit and access community services.

Individual Male

Risk Factors/Study Flags – Homelessness, Unable to Meet Basic Needs, Mental Health, Poverty

City of Greater Sudbury Library Services called City of Greater Sudbury Social Services Ontario Works worker about bringing an individual forward to RMT. This individual was

homeless, was neglecting self care and was spending all day in the library. He had no source of income, and no social supports in the community.

After the RMT meeting, GSPS, CMHA, and CGS Social Services attended the library and spoke with the referring staff. The group approached the individual and briefly offered some services. Ontario Works gave the client some bus tickets and a grocery card. CMHA brought some personal needs items and gave them to the individual. He was not receptive to discussion at this time, but took the contact information of the workers. A few days later, he went into the CMHA office to ask for help. He was brought to the shelter and set up with shelter supports. He was referred to the Homelessness Network and was set up with a case manager.

The Ontario Works worker was able to attend there to complete an application for Ontario Works, and was able to provide funds for last month's rent and furnishings, a monthly income and drug coverage. This individual remains housed with support from CMHA and the Homelessness Network case manager.

Appendix C – Data Dictionary

Ministry of the Solicitor General – Risk Tracking Database Risk Factors

Risk Factor	Definition
Alcohol - alcohol abuse by person	known to excessively consume alcohol; causing self-harm
Alcohol - alcohol abuse in home	living at a residence where alcohol has been consumed excessively and often
Alcohol - alcohol use by person	known to consume alcohol; no major harm caused
Alcohol - harm caused by alcohol abuse in home	has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home
Alcohol - history of alcohol abuse in home	excessive consumption of alcohol in the home has been a problem in the past
Antisocial/Negative Behaviour - antisocial/negative behaviour within the home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community i.e. obnoxious, disruptive behaviour
Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community i.e. obnoxious/disruptive behaviour
Basic Needs - person being neglected by others	basic physical, nutritional or medical needs are not being met
Basic Needs - person neglecting others' basic needs	has failed to meet the physical, nutritional or medical needs of others under their care
Basic Needs - person unable to meet own basic needs	cannot independently meet their own physical, nutritional or other needs
Basic Needs - person unwilling to have basic needs met	person is unwilling to meet or receive support in receiving their own basic physical, nutritional or other needs met
Cognitive Functioning - diagnosed cognitive impairment/limitation	has a professionally diagnosed cognitive impairment/limitation
Cognitive Functioning – suspected cognitive impairment/limitation	suspected of having a cognitive impairment/limitation (no diagnosis)
Cognitive Functioning – self-reported cognitive impairment/limitation	has reported to others to have a cognitive impairment/limitation
Crime Victimization - arson	has been reported to police to be the victim of arson
Crime Victimization - assault	has been reported to police to be the victim of assault (i.e. hitting, stabbing, kicking, etc.)
Crime Victimization - break and enter	has been reported to police to be the victim of break and enter (someone broke into their premises)
Crime Victimization - damage to property	has been reported to police to be the victim of someone damaging their property
Crime Victimization - other	has been reported to police to be the victim of other crime not mentioned above
Crime Victimization - robbery	has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)
Crime Victimization - sexual assault	has been reported to police to be the victim of sexual assault (i.e. touching, rape)
Crime Victimization - theft	has been reported to police to be the victim of theft (someone stole from them)
Crime Victimization - threat	has been reported to police to be the victim of someone uttering threats to them
Criminal Involvement - animal cruelty	has been suspected, charged, arrested or convicted of animal cruelty
Criminal Involvement - arson	has been suspected, charged, arrested or convicted of arson

Criminal Involvement - assault	has been suspected, charged, arrested or convicted of assault
Criminal Involvement - break and enter	has been suspected, charged, arrested or convicted of break and enter
Criminal Involvement - damage to property	has been suspected, charged, arrested or convicted of damage to property
Criminal Involvement - drug trafficking	has been suspected, charged, arrested or convicted of drug trafficking
Criminal Involvement - homicide	has been suspected, charged, arrested or convicted of the unlawful death of a person
Criminal Involvement - other	has been suspected, charged, arrested or convicted of other crimes
Criminal Involvement - possession of weapons	has been suspected, charged, arrested or convicted of possession of weapons
Criminal Involvement - robbery	has been suspected, charged, arrested or convicted of robbery (which is theft with violence or threat of violence)
Criminal Involvement - sexual assault	has been suspected, charged, arrested or convicted of sexual assault
Criminal Involvement - theft	has been suspected, charged, arrested or convicted of theft
Criminal Involvement - threat	has been suspected, charged, arrested or convicted of uttering threats
Drugs - drug abuse by person	known to excessively use illegal/prescription drugs; causing self-harm
Drugs - drug abuse in home	living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often
Drugs - drug use by person	known to use illegal drugs (or misuse prescription drugs); no major harm caused
Drugs - harm caused by drug abuse in home	has suffered mental, physical or emotional harm or neglect due to drug abuse in the home
Drugs - history of drug abuse in home	excessive consumption of drugs in the home has been a problem in the past
Elderly Abuse - person perpetrator of elderly abuse	has knowingly or unknowingly caused intentional or unintentional harm upon others because of their physical, mental or situational vulnerabilities associated with the aging process
Elderly Abuse - person victim of elderly abuse	has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process
Emotional Violence - emotional violence in the home	resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
Emotional Violence - person affected by emotional violence	has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
Emotional Violence - person perpetrator of emotional violence	has emotionally harmed others by controlling their behaviour, name-calling, yelling, belittling, bullying, intentionally ignoring them, etc.
Emotional Violence - person victim of emotional violence	has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied, intentionally ignored them, etc.
Gambling - chronic gambling by person	regular and/or excessive gambling; no harm caused
Gambling - chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
Gambling - chronic gambling causes harm to self	regular and/or excessive gambling; resulting in self-harm
Gambling - person affected by the gambling of others	is negatively affected by the gambling of others
Gangs - gang association	social circle involves known or supported gang members but is not a gang member
Gangs - gang member	is known to be a member of a gang

Gangs - threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members
Gangs - victimized by gang	has been attacked, injured, assaulted or harmed by a gang in the past
Housing - person doesn't have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e. condemned building, street)
Housing - person transient but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e. couch surfing)
Mental Health - diagnosed mental health problem	has a professionally diagnosed mental health problem
Mental Health - grief	experiencing deep sorrow, sadness or distress caused by loss
Mental Health - mental health problem in the home	residing in a residence where there are mental health problems
Mental Health - not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self and/or others
Mental Health - self-reported mental health problem	has reported to others to have a mental health problem(s)
Mental Health - suspected mental health problem	suspected of having a mental health problem (no diagnosis)
Mental Health - witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
Missing - person has history of being reported to police as missing	has a history of being reported to police as missing and in the past has been entered on CPIC as a missing person
Missing - person reported to police as missing	has been reported to the police and entered in CPIC as a missing person
Missing - runaway with parents' knowledge or whereabouts	has runaway from home with guardian’s knowledge but guardian is indifferent
Missing - runaway without parents' knowledge or whereabouts	has runaway and guardian has no knowledge of whereabouts
Missing School - chronic absenteeism	has unexcused absences from school without parental knowledge, that exceed the commonly acceptable norm for school absenteeism
Missing School - truancy	has unexcused absences from school without parental knowledge
Negative Peers - person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
Negative Peers - person serving as a negative peer to others	is having negative impact on the thoughts, actions or decision of others
Parenting - parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties
Parenting - person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Parenting - person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Physical Health - chronic disease	suffers from a disease that requires continuous treatment over a long period of time
Physical Health - general health issue	has a general health issue which requires attention by a medical health professional
Physical Health - not following prescribed treatment	not following treatment prescribed by a health professional; resulting in risk
Physical Health - nutritional deficit	suffers from insufficient nutrition, causing harm to their health

Physical Health - physical disability	suffers from a physical impairment
Physical Health - pregnant	pregnant
Physical Health - terminal illness	suffers from a disease that cannot be cured and that will soon result in death
Physical Violence - person affected by physical violence	has been affected by others falling victim to physical violence (i.e. witnessing; having knowledge of)
Physical Violence - person perpetrator of physical violence	has instigated or caused physical violence to another person (i.e. hitting, pushing)
Physical Violence - person victim of physical violence	has experienced physical violence from another person (i.e. hitting, pushing)
Physical Violence - physical violence in the home	lives with threatened or real physical violence in the home (i.e. between others)
Poverty - person living in less than adequate financial situation	current financial situation makes meeting the day to day housing, clothing or nutritional needs, significantly difficult
Self-Harm - person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
Self-Harm - person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Sexual Violence - person affected by sexual violence	has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching or forced sexual acts (i.e. witnessing; having knowledge of)
Sexual Violence - person perpetrator of sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching or forced sexual acts
Sexual Violence - person victim of sexual violence	has been the victim of sexual harassment, humiliation, exploitation, touching or forced sexual acts
Sexual Violence - sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur
Social Environment - frequents negative locations	is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms
Social Environment - negative neighbourhood	lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms
Suicide - affected by suicide	has experienced loss due to suicide
Suicide - person current suicide risk	currently at risk to take their own life
Suicide - person previous suicide risk	has in the past, been at risk to take their own life
Supervision - person not properly supervised	has not been provided with adequate supervision
Supervision - person not providing proper supervision	has failed to provide adequate supervision to a dependant person (i.e. child, elder, disabled)
Threat to Public Health and Safety - person's behaviour is a threat to public health and safety	is currently engaged in behaviour that represents danger to the health and safety of the community (i.e. unsafe property, intentionally spreading disease, putting others at risk)
Unemployment - caregivers chronically unemployed	caregivers are persistently without paid work
Unemployment - caregivers temporarily unemployed	caregivers are without paid work for the time being
Unemployment - person chronically unemployed	persistently without paid work
Unemployment - person temporarily unemployed	without paid work for the time being

Ministry of the Solicitor General – Risk Tracking Database Study Flags

Study Flags	Definition
Acquired Brain Injury	Acquired Brain Injury (ABI) is an injury to the brain, which is not hereditary, congenital, or degenerative. It can be caused by a traumatic blow to the head, severe rotation of the neck or whiplash, or even lack of oxygen.
Child Involved	Child is involved in the discussion brought forward
Cognitive Disability	Dysfunction related to memory, language, orientation, judgement, problem solving etc. Formerly known as organic brain disorders, they include amnestic disorders, Huntington disorder, delirium, dementia, and the formal criteria for mental retardation (this is still a diagnosis in the DSM). Some acquired brain injury can also fit the bill especially as it is seen as declining as one ages. Head trauma or other or declining mental status in the areas first listed due to other physical conditions would be classified as cognitive disorder not otherwise specified.
Custody Issues/Child Welfare	Circumstances related to family separation, custody disputes, or child apprehension
Developmental Disability	An umbrella term used to describe disorders that impair function that typically onset in childhood prior to the completion of development at age 18. These disorders affect the developing nervous system, resulting in impaired intellectual and/or adaptive functioning. Such children have difficulty with adapting to change, understanding covert social cues, managing abstract concepts like money and other needs based issues. Typically, this also affects their ability to understand and regulate emotions and understand their impact on those around them. This does not automatically capture folks with learning disability unless it is also association with one of the conditions below or meets the threshold for pervasive developmental disorder. This definition also include children, youth and adults with Autism Spectrum Disorders, Fetal Alcohol Spectrum Disorders and other genetic metabolic syndromes.
Domestic Violence	Violence or abuse that can happen between people who are related to each other or who have relationships with each other. It includes violence, abuse or intimidation by one person over another which causes fear, or physical and/or psychological harm. It may be a single act, or a series or acts forming a pattern of abuse.
Fire Safety	Residence poses a fire hazard to itself and/or neighbours.
Gaming/Internet Addiction	An excessive, unhealthy amount of playing computer games or being on the internet. Rather than engaging in the real world, an addicted user devotes the majority of his or her time to being on a computer for internet use/gaming. The addicted gamer often isolates him/herself from others and ignores more important responsibilities.
Geographical Isolation	Residing in a remote location with limited access to transportation, services, internet, neighbours, increasing the possibility of victimization or self-harm.
Gender Issues	An individual experiencing difficulties related to gender identity and/or gender expression/presentation. Other risk factors are elevated as a result of gender issues.
Hoarding	A behavioural disorder characterized by the excessive accumulation of material possessions, the character and quantity of which substantially interferes with an individual's normal social functional and vocational roles. The individual cannot or will not willingly part with these possessions and the individual often lacks insight into the safety risks their possessions can cause.
Homelessness	The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.
Homicidal Ideation	Person has expressed thoughts/ideas about homicide.

Inappropriate Sexual Behaviour/Hyper-Sexuality	Inappropriate dress, actions, etc., for adolescent age group; exhibiting unusual or excessive concern with or indulgence in sexual activity, often being inappropriate.
Lack of Supports for Elderly Person(s)	A lack of family support or incidents or caregiver burnout are leading to escalating risks for elderly person(s) related to health, mental health, housing, basic needs, etc.
Language/Communication Barrier	Sight or hearing difficulties, as well as difficulty accessing services in a client's preferred language
Learning Disability	Refers to a variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information. They range in severity and invariably interfere with the acquisition and use of one or more of the following important skills: oral language, reading, written language and mathematics
Methamphetamine Use	Discussion involving methamphetamine use either by person, friend, or family member. Methamphetamine is a synthetic, highly addictive and illegal stimulant which is part of the amphetamine drug family. On-going methamphetamine use can have devastating effects on the individual, as well as significant costs to the economy through healthcare and criminal justice system involvement, for example.
Problematic Opioid Use	Patterns or types of opioid use that have a higher risk of individual and/or societal impacts. This includes improper use of opioid medicine, taking more than is prescribed, taking it at the wrong time, taking an opioid medicine that was not prescribed to the user, or taking an illegally produced or obtained opioid.
Recent Escalation	Recent increase or change in behaviours and/or circumstances (e.g. number of police calls, ED visits, missing, truancy, physical violence, etc.) which is contributing to the acutely elevated risk of the individual or family.
Recidivism	Chronic tendency towards the repetition of criminal behaviour
Risk of Human Trafficking	The situation includes a risk of being involved in human trafficking. Human trafficking involves the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour.
Risk of Losing Housing/Unsafe Living Conditions	Person is at risk of being evicted or living conditions are not adequate from a health and safety perspective (e.g. hoarding, pest infestation).
Risk of Radicalization	Individual is exhibiting behaviours that may make them susceptible for recruitment or pose a potential for violence based on a particular ideology (e.g. political, radical, religious, etc.).
Settlement Challenges	Recent immigrants/newcomers/refugees are having difficulty integrating into the community or adjusting to their new living environment.
Sex Trade	Person is involved in the practice of engaging in promiscuous sexual relations or sexual acts in exchange for some type of payment.
Social Isolation	Person does not have access to family or social supports and/or has limited social connections
Social Media	Individual is engaging in negative/risky behaviours through social media or being negatively impacted by social media.
Transportation Issues	Insufficient/non-existent access to personal or public transportation in order to allow individuals to access services or leave an undesirable situation
Trespassing	Illegal entry onto private and/or public property.
Wait list	Service is available but wait list is a barrier to receiving needed supports.