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

Rapid Mobilization Table Data Report

January to December 2020

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Canadian Mental Health Association – Sudbury/Manitoulin

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Canadian Mental Health Association Sudbury/Manitoulin | Association canadienne pour la santé mentale Sudbury/Manitoulin

Community Mobilization Sudbury

Rapid Mobilization Table Data Report – 2020

Background

Community Mobilization Sudbury (CMS) is a community partnership representing over 30 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	Home and Community Care Support Services North East (Ontario Health Network)	Rainbow District School Board
Behavioural Supports Ontario	Homelessness Network	Réseau Access Network
Canadian Mental Health Association-Sudbury/Manitoulin	John Howard Society of Sudbury	Shkagamik-Kwe Health Centre
Canadian Red Cross	March of Dimes	Sudbury Action Centre for Youth
Children's Aid Society of the Districts of Sudbury and Manitoulin	Ministry of Children, Community and Social Services – ODSP	Sudbury and Area Victim Services
City of Greater Sudbury	Ministry of Children, Community and Social Services - Sudbury Youth Justice Office	Sudbury Catholic District School Board
City of Greater Sudbury Paramedic Services	Ministry of the Attorney General - Office of the Public Guardian and Trustee	Sudbury Community Service Centre
COMPASS	Ministry of the Solicitor General – Adult Probation & Parole	Sudbury Counselling Centre
Conseil scolaire catholique du Nouvel-Ontario	Monarch Recovery Services	Sudbury District Nurse Practitioners Clinics
Conseil scolaire public du Grand Nord de l'Ontario	Nogdawindamin Family & Community Services	Sudbury District Restorative Justice
Elizabeth Fry Society	Northern Initiative for Social Action - NISA	YMCA - Employment Services & Immigrant Services
Greater Sudbury Police Services	N'Swakamok Native Friendship Centre	
Health Sciences North	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

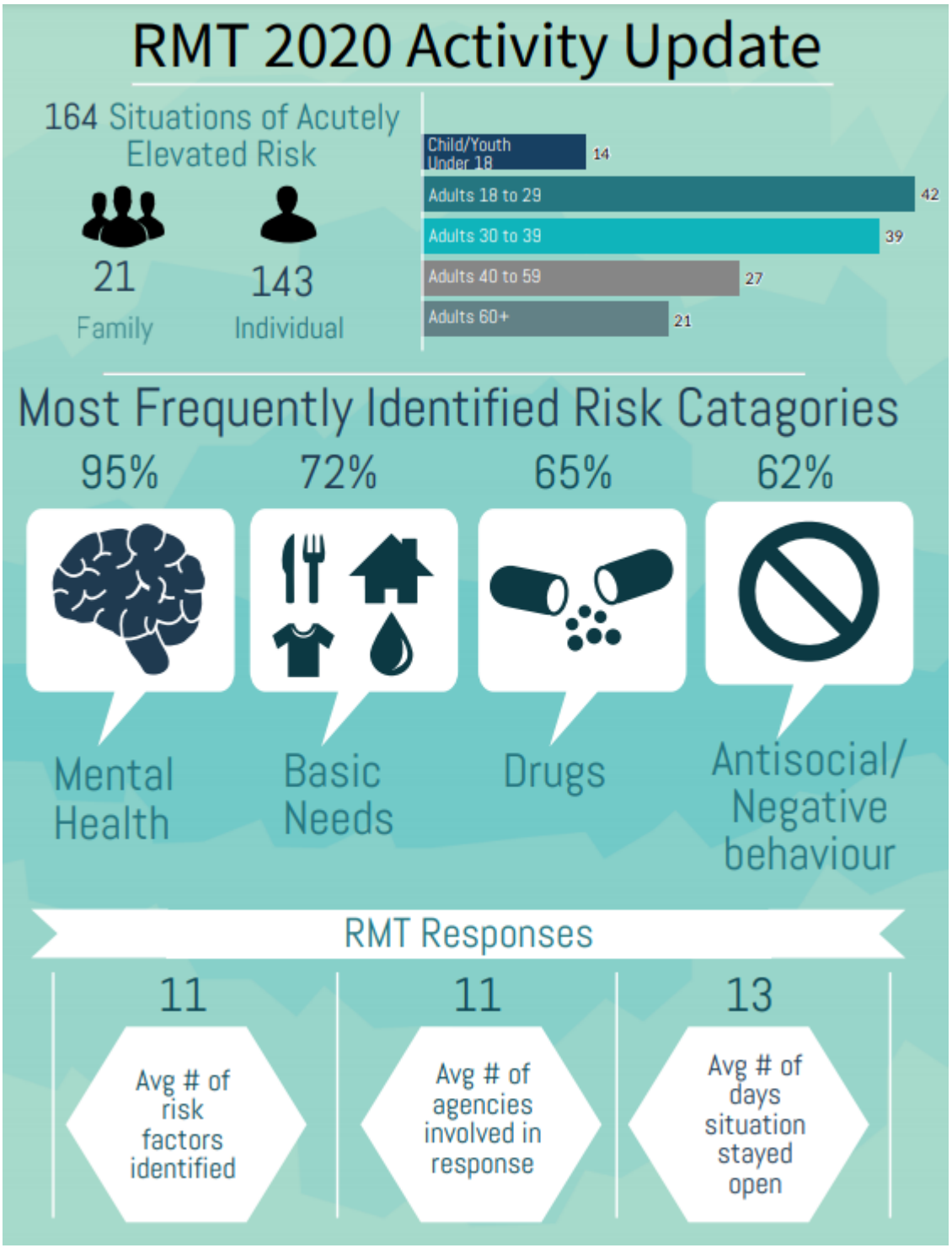
At each Rapid Mobilization Table (RMT) meeting, de-identified data is captured to reflect the nature of RMT discussions. Variables collected include demographics, risk factors, involved agencies and situation conclusion details. The Ministry of the Solicitor General (formally the Ministry of Community 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, 2020 and December 31, 2020. 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.

In 2020 the RMT meeting schedule and platform were adapted to adjust to the COVID-19 pandemic conditions.

- March 19th: RMT moved to meeting via teleconference
- April 2nd: RMT meeting schedule switched to once per week (Thursday) with ad-hoc option to call a second meeting if required
- April 9th: RMT meeting modality switched to Ontario Telemedicine Hub (OTNHub)
- August 25th: Returned to twice per week meeting schedule (Tuesday/Thursday)
- RMT continues to meet via OTNHub

The Ontario Telemedicine Network Hub (OTNHub), is a secure videoconferencing system that meets the requirements of the Personal Health Information Protection Act (PHIPA). To date, it has proven to be a viable method to host meetings and support collaborative discussions and response planning.


RMT 2020 Activity Update
164 Situations of Acutely Elevated Risk
21
Family
143
Individual
Child/Youth Under 18
14
Adults 18 to 29
42
Adults 30 to 39
39
Adults 40 to 59
27
Adults 60+
21
Most Frequently Identified Risk Catagories
95%
72%
65%
62%
Mental Health
Basic Needs
Drugs
Antisocial/ Negative behaviour
RMT Responses
11
Avg # of risk factors identified
11
Avg # of agencies involved in response
13
Avg # of days situation stayed open

Situations presented to the Rapid Mobilization Table

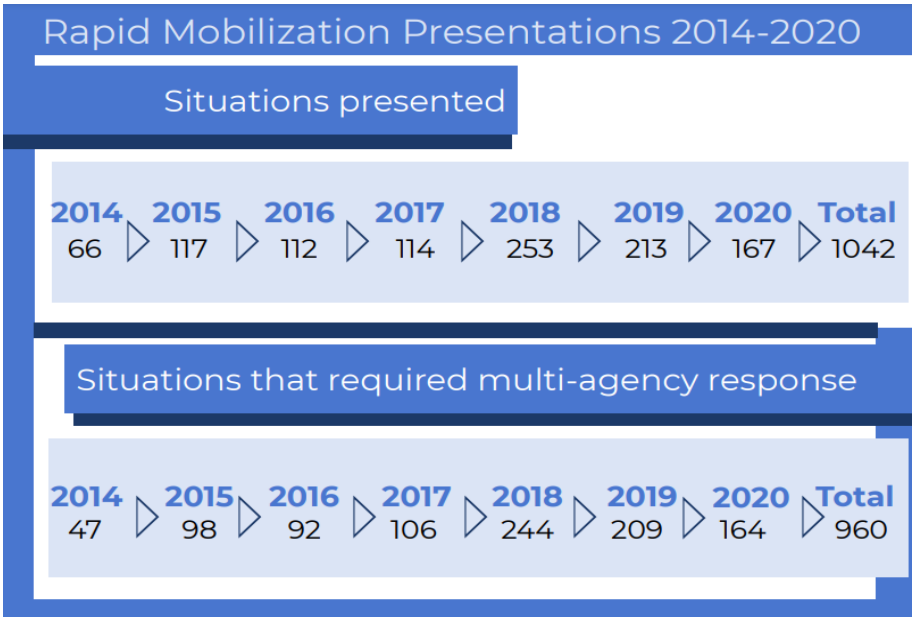
A total of 167 situations were presented to the Rapid Mobilization Table between January 1, and December 31, 2020. Of those, 164 (98%) met the CMS threshold of acutely elevated risk and required a multi-agency response (**Table 1**). The number of situations presented in 2020 was lower than the number presented in 2019 (213). This may be due in part to the COVID-19 pandemic and the challenges of providing and accessing services during this time. Most significantly, a reduction in capacity to provide in-person supports likely also meant challenges with capacity to identify situations of acutely elevated risk.

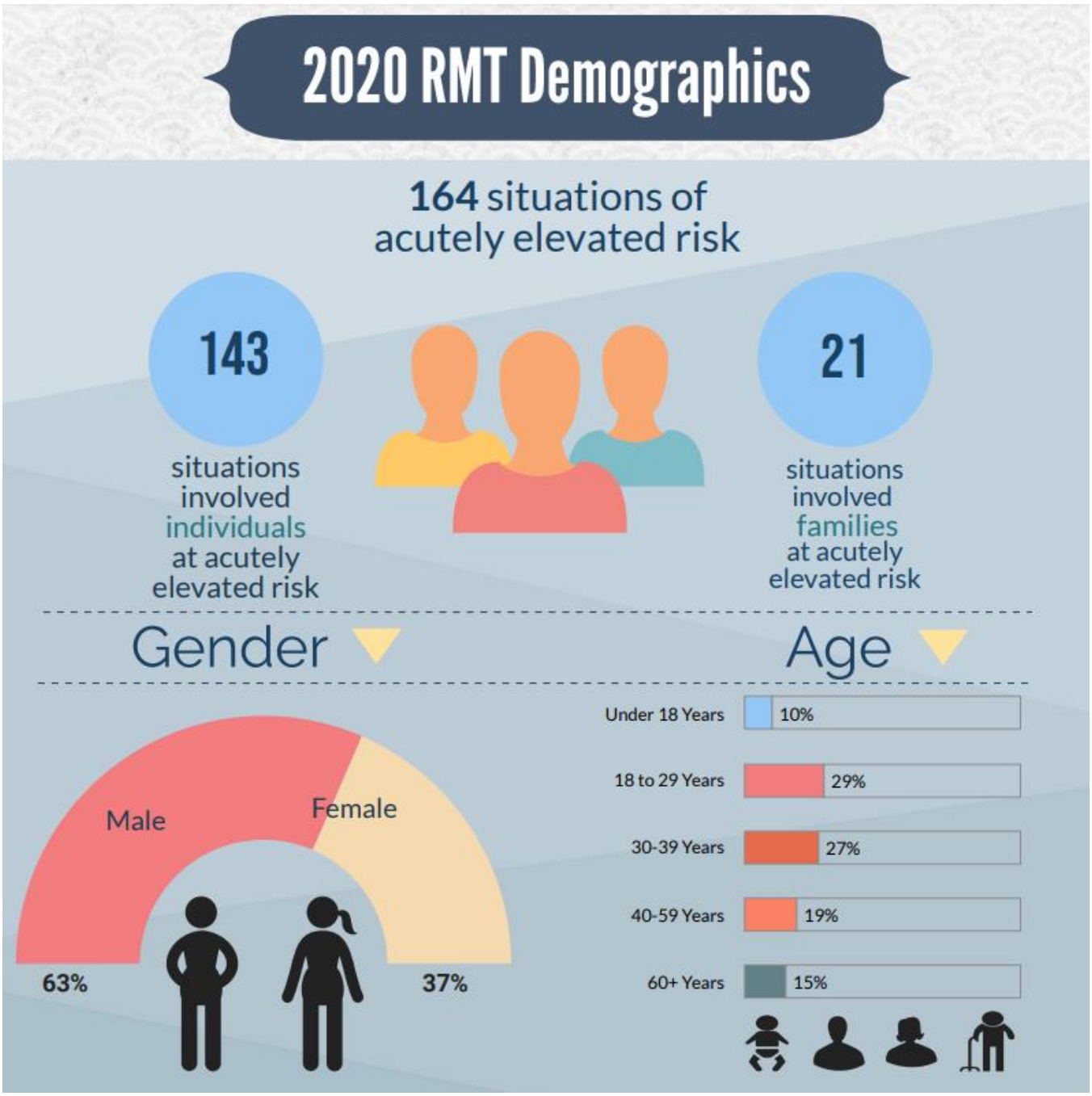
Table 1
Situations presented to the Rapid Mobilization Table January 1, 2020– December 31, 2020

	n	%
Situation met Acutely Elevated Risk (AER) threshold	164	98%
Situation did not meet Acutely Elevated Risk (AER) threshold	3	2%
Total	**167**	**100%**

Despite these challenges, the RMT has and will continue to diligently and consistently identify and address situations of acutely elevated risk and collaborate and create innovative solutions to support those most vulnerable in our community.

It is important to note that even those situations that did not meet the CMS threshold of acutely elevated risk (2% in 2020) benefited from presentation to RMT. When situations do not proceed to response, partners are invited to share general suggestions regarding next steps and possible follow-up to assist the presenting agency.




2020 RMT Demographics
164 situations of acutely elevated risk
143
situations involved individuals at acutely elevated risk
21
situations involved families at acutely elevated risk
Gender
Age
Male
Female
63%
37%
Under 18 Years
10%
18 to 29 Years
29%
30-39 Years
27%
40-59 Years
19%
60+ Years
15%

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 (87%). This proportion is slightly higher than in 2019 (82%). The number of referrals involving families was lower in 2020. Families represented 13% of all presentations meeting the threshold of acutely elevated risk in 2020 compared to 17% in 2019. RMT received no referrals involving dwellings, neighbourhoods, or environments in 2020.

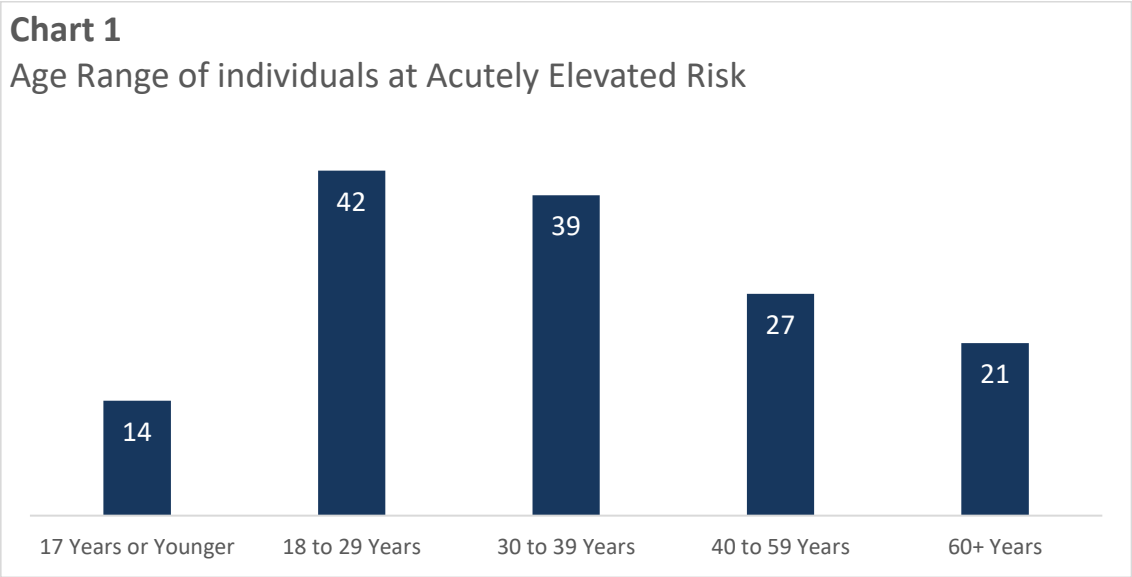
Table 2
Types of situations of acutely elevated risk between January 1, 2020 – December 31, 2020

Types of Situations of Acutely Elevated Risk	n	%
Person	143	87%
Family	21	13%
Total	**164**	**100%**

Presentations involving individuals

Of the situations that met the threshold of acutely elevated risk, the most frequently identified age group were adults aged 18 to 29 (n=42, 29%) followed by adults between the ages of 30 to 39 (n=39, 27%). Youth under the age of 18 represented 10% (n=14) of presentations. **Chart 1** provides additional detail.

Chart 1
Age Range of individuals at Acutely Elevated Risk



This year there was a greater divide between the percentage of individual referrals involving females (37%) and individual referrals involving males (63%) (**Chart 2**). This is a difference of 26% compared to 2019 where the difference was 4%.

CMS recognizes that individuals have diverse gender identities and we strive to use gender-inclusive language when serving individuals and in our written documentation. Please note that the Risk Tracking Database developed by the Ministry of the Solicitor General references Sex as a demographic category rather than gender and individual data is reported as such in this report.

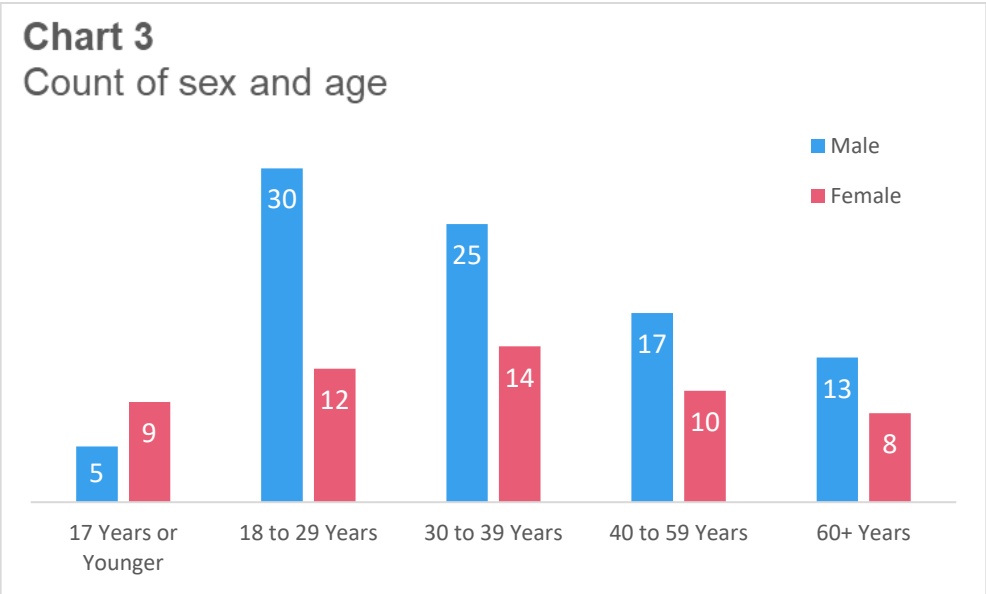
Chart 2

Sex of individuals at Acutely Elevated Risk

We see that the distribution of ages for each sex follow the same pattern with males making up a greater percentage of the age group than females. An exception is the “Child/Youth Under 18” category where we see that females make up a greater percentage of this group than males. (**Chart 3).**

Chart 3

Count of sex and age



Presentations involving families

The number of acutely elevated risk presentations involving families brought forward to RMT in 2020 was 21, down from 35 families in 2019. The most frequent age range of primary caregivers in presentations involving families was 40-59 years, followed by 30-39 years. The most frequent age range of non-primary caregivers was 0-11 years, followed by 12-17 years and 30-39. Please see **Charts 4 a-b** for further detail.

Chart 4a

Age Range of Primary Caregivers - Family Presentations

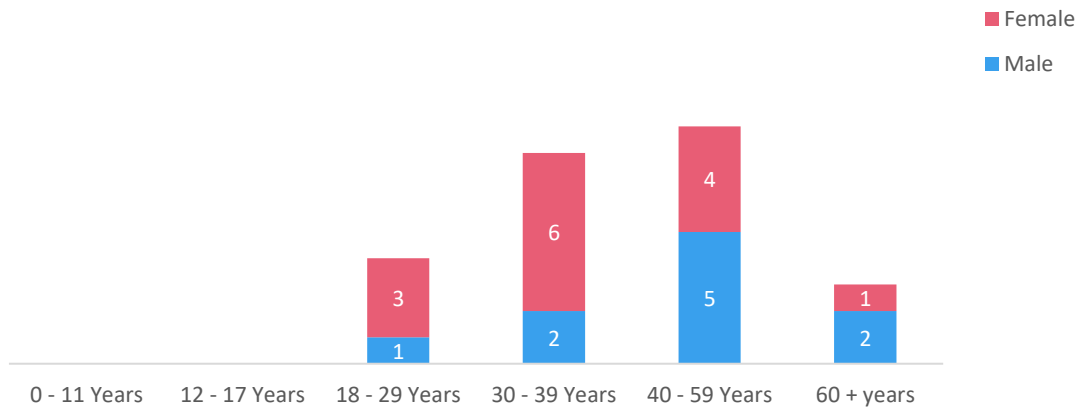
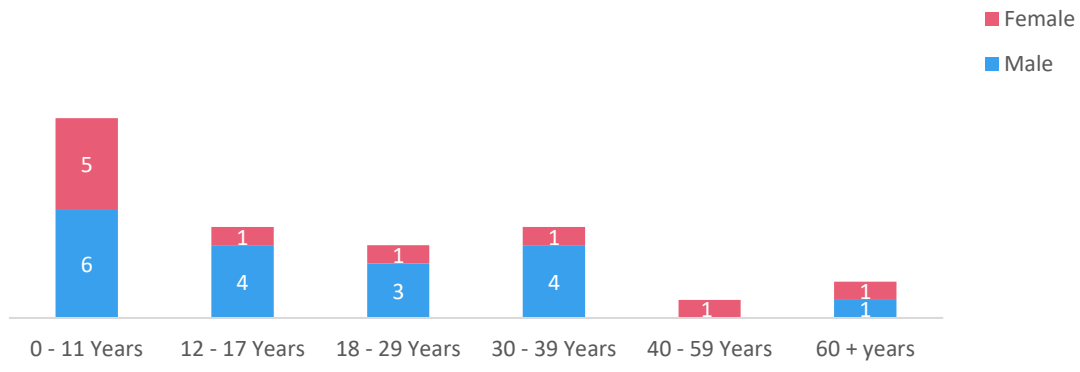


Chart 4b

Age Range of Non-Primary Caregivers - Family Presentations

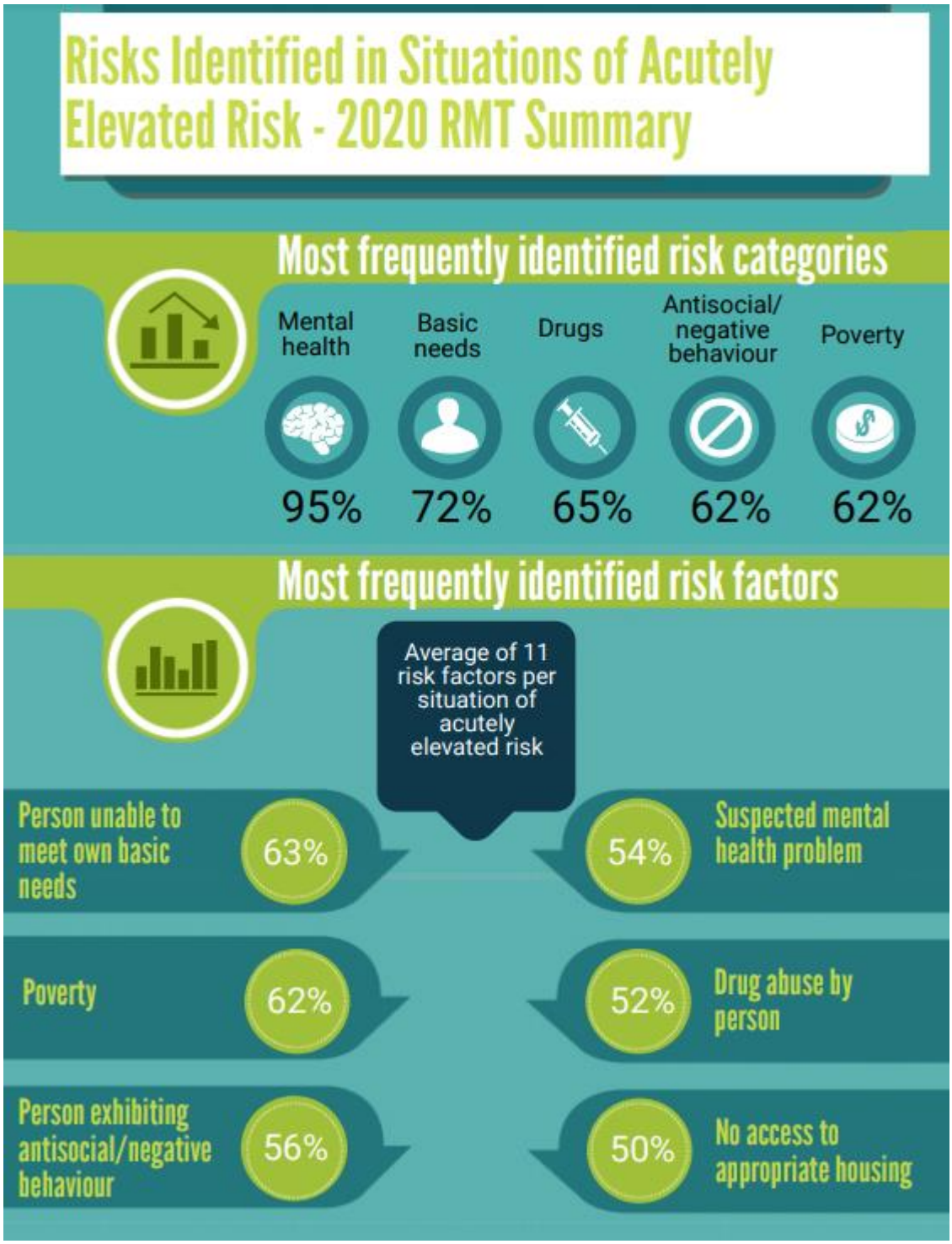


Originating Agencies – All Presentations

As in previous years, the Greater Sudbury Police Service provided the most referrals to the table (32%). For 2020 the Canadian Mental Health Association – Sudbury/Manitoulin brought the second most situations to the table (17%) followed by the City of Greater Sudbury Social Services (12%). In total, in 2020, there was a total of 25 agencies that brought forward a situation to RMT.

Table 3
Originating agency referrals to RMT (n=164)

Agency	n	%
Greater Sudbury Police Service	52	32%
Canadian Mental Health Association - Sudbury/Manitoulin	28	17%
City of Greater Sudbury Social Services	20	12%
Sudbury Paramedic Services	17	10%
Elizabeth Fry Society of Sudbury	5	3%
Rainbow District School Board	4	2%
Children's Aid Society of the Districts of Sudbury and Manitoulin	4	2%
Sudbury District Nurse Practitioners Clinic	3	2%
Health Sciences North - Mental Health & Addictions - Sudbury	3	2%
Greater Sudbury Housing Corporation	3	2%
Sudbury Community Service Centre	3	2%
Shkagamik-Kwe Health Centre	2	1%
Réseau Access Network	2	1%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	2	1%
Sudbury Action Centre for Youth	2	1%
Victim Services of Sudbury and Area	2	1%
Ontario Aboriginal Housing Services - Sudbury	2	1%
March of Dimes Canada	2	1%
Monarch Recovery Services	2	1%
Local Health Integration Network - North East - Sudbury	1	< 1%
Northern Initiative for Social Action	1	< 1%
Compass – Sudbury	1	< 1%
N'Swakamok Native Friendship Centre	1	< 1%
Kina Gbezhgomi	1	< 1%
Adult Probation and Parole - Ministry of the Solicitor General - Sudbury	1	< 1%


Risks Identified in Situations of Acutely Elevated Risk - 2020 RMT Summary
Most frequently identified risk categories
Mental health
Basic needs
Drugs
Antisocial/ negative behaviour
Poverty
95%
72%
65%
62%
62%
Most frequently identified risk factors
Average of 11 risk factors per situation of acutely elevated risk
Person unable to meet own basic needs
63%
Suspected mental health problem
54%
Poverty
62%
Drug abuse by person
52%
Person exhibiting antisocial/negative behaviour
56%
No access to appropriate housing
50%

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, 2020, *Mental Health* was identified in nearly all situations of acutely elevated risk (95%).

Table 4 provides a complete summary of the frequency of the risk categories identified in situations of acutely elevated risk in 2020 at RMT.

Table 4
Frequency of risk categories in RMT situations of acutely elevated risk 2020

Risk Category	**Total discussions (n) = 164**	
	n	**%**
Mental Health	155	95%
Basic Needs	118	72%
Drugs	107	65%
Antisocial Negative Behaviour	101	62%
Poverty	101	62%
Housing	92	56%
Physical Health	87	53%
Unemployment	76	46%
Alcohol	68	41%
Criminal Involvement	64	39%
Negative Peers	61	37%
Cognitive Functioning	60	37%
Physical Violence	52	32%
Social Environment	47	29%
Emotional Violence	46	28%
Self Harm	46	28%
Crime Victimization	39	24%
Suicide	34	21%
Threat to Public Health and Safety	33	20%
Parenting	26	16%
Missing/Runaway	17	10%
Sexual Violence	15	9%
Supervision	9	6%
Missing School	8	5%
Elderly Abuse	7	4%
Gangs	7	4%
Gambling	0	0%

Risk Categories Impacting Individuals and Families

Mental Health was the most frequently identified risk category for situations involving both individuals (95%) and families (90%). *Antisocial Negative Behaviour*, *Basic Needs*, and *Poverty* are featured in the top six most frequently identified risk categories for both groups. For individuals, *Drugs* and *Housing* fall under the top six risk factors while *Parenting* and *Unemployment* are found in the top risk factors for families. **Tables 5 a-b** provides a summary of the top risk categories for the situation types.

Table 5a
Most frequently identified risk categories impacting individuals (n=143)

	n	%
Mental Health	136	95%
Basic Needs	104	73%
Drugs	98	69%
Poverty	90	63%
Antisocial/Negative Behaviour	88	62%
Housing	83	58%

Table 5b
Most frequently identified risk categories impacting families (n=21)

	n	%
Mental Health	19	90%
Basic Needs	14	67%
Antisocial/Negative Behaviour	13	62%
Parenting	11	52%
Unemployment	11	52%
Poverty	11	52%

Risk Categories & Age Groups

Summarized below are the most commonly identified risk categories for different age groups presented as individuals (**Tables 6a-b**)**.** *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	17 Years or Younger (n=15)	n (%)	18 to 29 Years (n=42)	n (%)	30 to 39 Years (n=39)	n (%)
1	Mental Health	14 (87%)	Mental Health	42 (100%)	Mental Health	37 (95%)
2	Drugs	12 (80%)	Drugs	35 (83%)	Basic Needs	30 (77%)
3	Missing/ Runaway	10 (67%)	Basic Needs	31 (74%)	Drugs	30 (77%)
4	Antisocial/Negative Behaviour	9 (60%)	Poverty	29 (69%)	Poverty	27 (69%)
5	Alcohol	9 (60%)	Housing	27 (64%)	Antisocial/Negative Behaviour	27 (69%)
6	Negative Peers	9 (60%)	Antisocial/Negative Behaviour	22 (52%)	Housing	26 (67%)
7			Unemployment	22 (52%)		

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

Rank	40 to 59 Years (n=27)	n (%)	60+ Years (n=21)	n (%)
1	Mental Health	25 (93%)	Mental Health	16 (76%)
2	Basic Needs	19 (70%)	Physical Health	15 (71%)
3	Drugs	17 (63%)	Basic Needs	14 (67%)
4	Antisocial/Negative Behaviour	17 (63%)	Poverty	11 (52%)
5	Physical Health	17 (63%)	Antisocial/Negative Behaviour	11 (52%)
6	Unemployment	17 (63%)	Housing	9 (43%)
7			Cognitive Functioning	9 (43%)

Risk Categories & Sex

Within the top five most frequently identified risk categories in 2020, in presentations involving individuals, the same categories are represented for both males and females (**Tables 7a-b**).

For males in 2019, we saw that *Antisocial/Negative Behaviour* and *Criminal Involvement* were in the top five risks but for 2020, *Poverty* and *Housing* were in the top five.

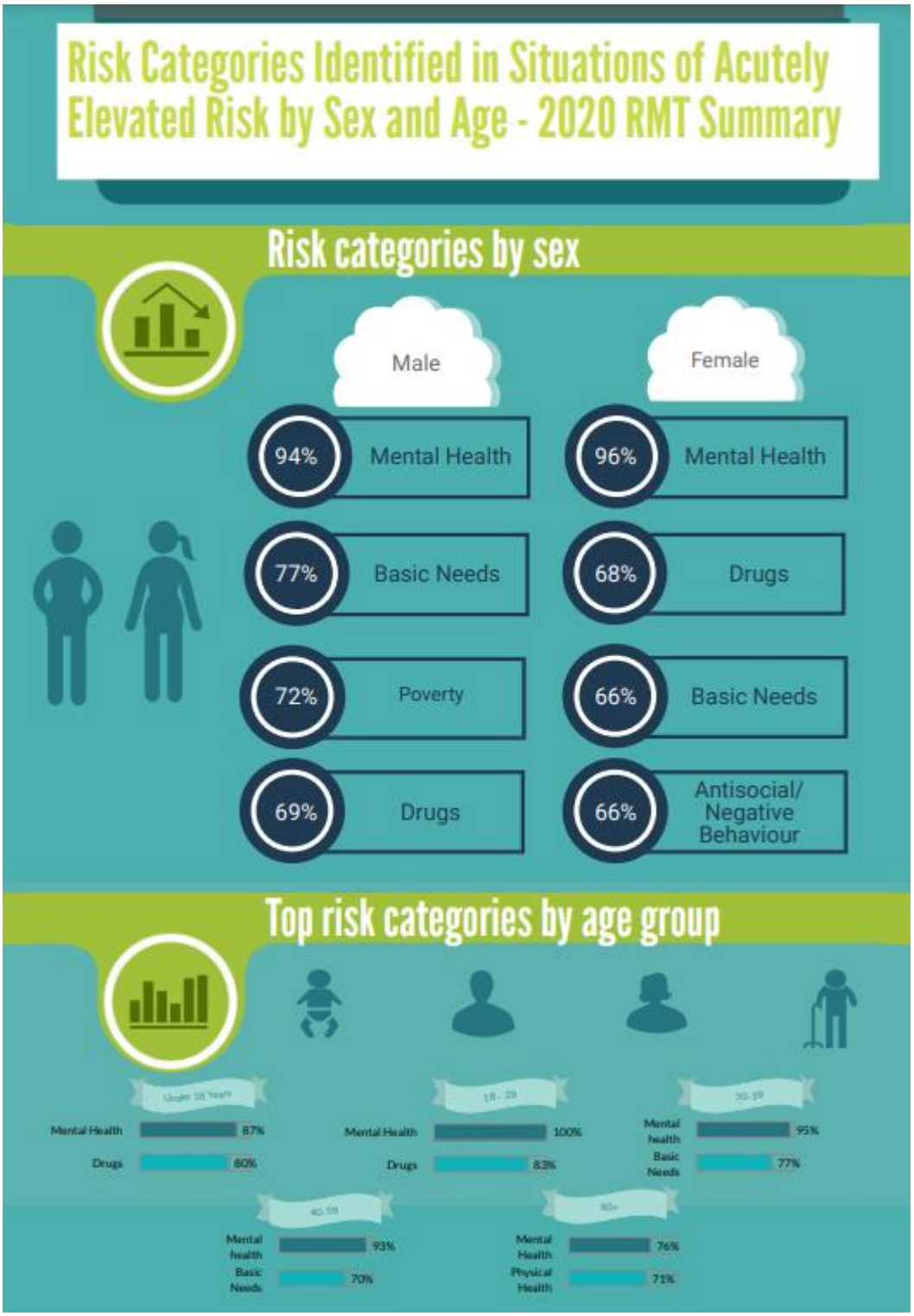
For females, five risks placed for fifth place in the top five risk categories. The new categories identified this year in the top five were *Alcohol*, *Housing*, *Physical Violence* and *Poverty*.

Table 7a
Most frequently identified risk categories in presentations involving individuals, male (n=90)

	n	**%**
Mental Health	85	94%
Basic Needs	69	77%
Poverty	65	72%
Drugs	62	69%
Housing	57	64%

Table 7b
Most frequently identified risk categories in presentations involving individuals, female (n=53)

	n	**%**
Mental Health	51	96%
Drugs	36	68%
Antisocial/Negative Behaviour	35	66%
Basic Needs	35	66%
Alcohol	25	63%
Housing	25	63%
Physical Health	25	63%
Physical Violence	25	63%
Poverty	25	63%


Risk Categories Identified in Situations of Acutely Elevated Risk by Sex and Age - 2020 RMT Summary
Risk categories by sex
Male
94% Mental Health
77% Basic Needs
72% Poverty
69% Drugs
Female
96% Mental Health
68% Drugs
66% Basic Needs
66% Antisocial/ Negative Behaviour
Top risk categories by age group
Mental Health 87%
Drugs 80%
Mental Health 100%
Drugs 83%
Mental health 95%
Basic Needs 77%
Mental health 93%
Basic Needs 70%
Mental Health 76%
Physical Health 71%

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 2020, 1805 risk factors were captured during the 164 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. The Risk Category of *Basic Needs* includes four risk factors.

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 there are less factors defining this category (**Table 8**). This risk factor was also the topmost identified risk factor in 2019. There are no changes to the risk factors included in the top ten risk factors between 2019 and 2020, although the ranking of them varies slightly.

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

Risk Factor	**n = 164**	**%**
Basic Needs – person unable to meet own basic needs	103	63%
Poverty – person living in less than adequate financial situation	101	62%
Antisocial Negative Behaviour – person exhibiting	92	56%
Mental Health – suspected mental health problem	88	54%
Drugs – drug abuse by person	86	52%
Housing – person doesn't have access to appropriate	82	50%
Unemployment – person chronically unemployed	67	41%
Physical Health – general health issue	60	37%
Mental Health – diagnosed mental health problem	59	35%
Negative Peers – person associating with negative peers	58	35%

Risk Factors - Age Group & Sex

The top six most frequently identified risk factors in presentations involving individuals included the same factors for both males and females, although with differing rankings. 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=90)

Risk Factor	**n = 90**	**%**
Basic Needs – person unable to meet own basic needs	61	68%
Poverty – person living in less than adequate financial situation	60	67%
Antisocial Negative Behaviour – person exhibiting	52	58%
Mental Health – suspected mental health problem	50	56%
Drugs – drug abuse by person	46	51%
Housing – person doesn't have access to appropriate housing	44	49%
Unemployment – person chronically unemployed	39	43%
Physical Health – general health issue	35	39%
Mental Health – diagnosed mental health problem	30	33%
Basic Needs – person unwilling to have basic needs met	28	31%

Table 9b
Most frequently identified risk factors in presentations involving individuals, female (n=53)

Risk Factor	**n = 53**	**%**
Poverty – person living in less than adequate financial situation	31	58%
Housing – person doesn't have access to appropriate housing	30	57%
Antisocial Negative Behaviour – person exhibiting	29	55%
Basic Needs – person unable to meet own basic needs	28	53%
Drugs – drug abuse by person	27	51%
Mental Health – suspected mental health problem	23	43%
Unemployment – person chronically unemployed	22	42%
Mental Health – diagnosed mental health problem	21	40%
Negative Peers – person associating with negative peers	19	36%
Alcohol – alcohol abuse by person	17	32%

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

Rank	17 Years or Younger (n=15)	n (%)	18 to 29 Years (n=42)	n (%)	30 to 39 Years (n=39)	n (%)
1	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	9 (60%)	Basic Needs - person unable to meet own basic needs	20 (48%)	Poverty - person living in less than adequate financial situation	27 (69%)
2	Basic Needs - person unable to meet own basic needs	8 (53%)	Housing - person doesn't have access to appropriate housing	20 (48%)	Drugs - drug abuse by person	26 (67%)
3	Drugs - drug abuse by person	7 (47%)	Mental Health - suspected mental health problem	20 (48%)	Basic Needs - person unable to meet own basic needs	24 (62%)
4	Negative Peers - person associating with negative peers	7 (47%)	Poverty - person living in less than adequate financial situation	18 (43%)	Mental Health - suspected mental health problem	24 (62%)
5	Poverty - person living in less than adequate financial situation	7 (47%)	Drugs - drug abuse by person	16 (38%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	22 (56%)
6	Social Environment – frequents negative locations	6 (40%)	Physical Health - general health issue	16 (38%)	Housing - person doesn't have access to appropriate housing	22 (56%)

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

Rank	40 to 59 Years (n=27)	n (%)	60+ Years (n=21)	n (%)
1	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	18 (67%)	Basic Needs - person unable to meet own basic needs	16 (76%)
2	Basic Needs - person unable to meet own basic needs	15 (56%)	Poverty - person living in less than adequate financial situation	15 (71%)
3	Poverty - person living in less than adequate financial situation	15 (56%)	Mental Health - suspected mental health problem	11 (52%)
4	Unemployment - person chronically unemployed	13 (48%)	Housing - person doesn't have access to appropriate housing	10 (48%)
5	Drugs - drug abuse by person	12 (44%)	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	9 (43%)
6	Housing - person doesn't have access to appropriate housing	12 (44%)	Physical Health - general health issue	8 (38%)
7	Mental Health - diagnosed mental health problem	12 (44%)		
8	Mental Health - suspected mental health problem	12 (44%)		
9	Physical Health - general health issue	12 (44%)		

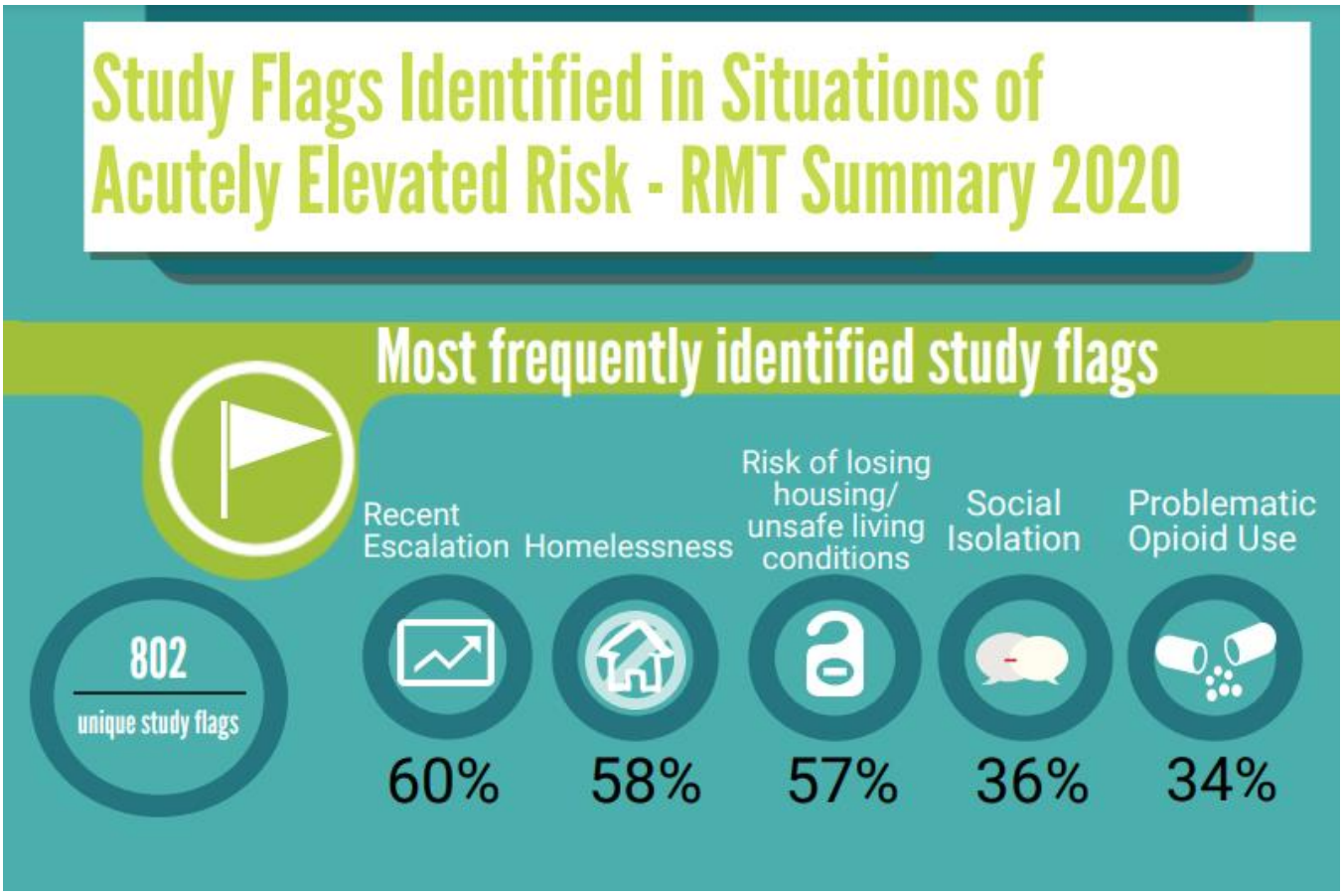
Study Flags

Study flags are additional considerations that may help to guide RMT responses.

Recent Escalation was the most frequently identified study flag; identified in 60% of discussions, followed by *Homelessness* (58%). **Table 11** provides a summary of most frequently identified study flags.

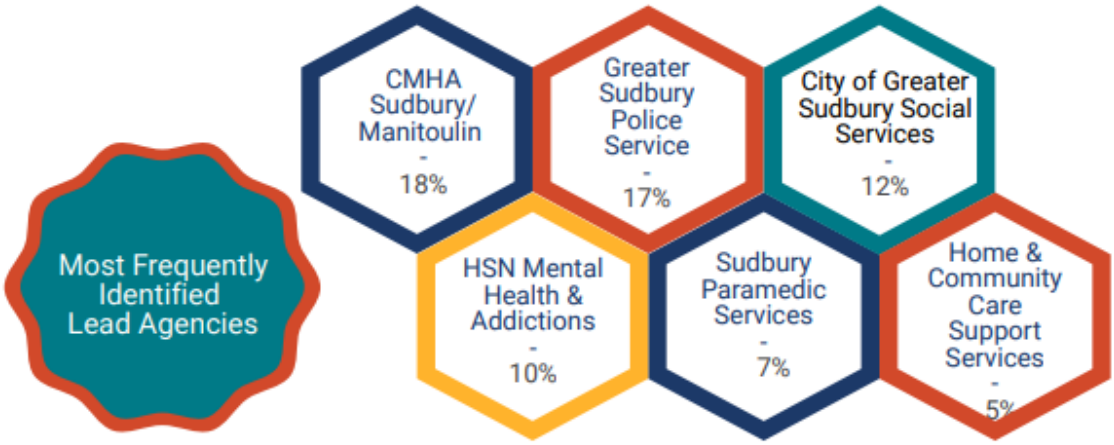
Table 11
Most frequently identified study flags in situations of acutely elevated risk (n=164)

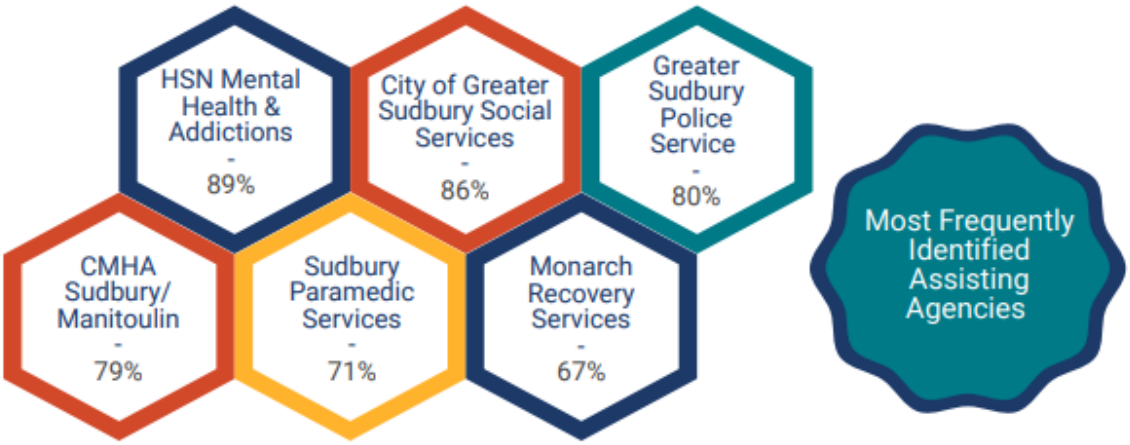
Study Flag	n	%
Recent Escalation	97	60%
Homelessness	94	58%
Risk of Losing Housing/Unsafe Living Conditions	93	57%
Social Isolation	58	36%
Problematic Opioid Use	56	34%
Cultural Considerations	40	25%


Study Flags Identified in Situations of Acutely Elevated Risk - RMT Summary 2020
Most frequently identified study flags
802
unique study flags
Recent Escalation
60%
Homelessness
58%
Risk of losing housing/ unsafe living conditions
57%
Social Isolation
36%
Problematic Opioid Use
34%

RMT RESPONSES 2020

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 discussion that "Met the Threshold of Acutely Elevated Risk". The Greater Sudbury Police Service presented the highest number of situations to RMT (31%, n=52) and were involved in 159 (95%) responses (either lead or assisting). Other agencies frequently involved in responses include Health Sciences North - Mental Health & Addictions - Sudbury (96%, n=160), CMHA Sudbury/Manitoulin (94%, n=157) and the City of Greater Sudbury Social Services (93%, n=155).

The Canadian Mental Health Association - Sudbury/Manitoulin was the most frequently identified lead agency (18% of all discussions), followed by the Greater Sudbury Police Service (17%) and City of Greater Sudbury Social Services (12%). **Table 12** provides a summary of partner agency involvement in RMT situations in 2020.

Table 12
Agency involvement in situations of acutely elevated risk

Agency	Originating Agency		Lead Agency		Assisting Agency		Total # of Discussions Engaged In	
	n	%	n	%	n	%	n	%
Health Sciences North - Mental Health & Addictions - Sudbury	3	2%	16	10%	145	89%	160	95.8%
Greater Sudbury Police Service	52	31%	27	17%	131	80%	159	95.2%
Canadian Mental Health Association - Sudbury/Manitoulin	29	17%	30	18%	128	79%	157	94.0%
City of Greater Sudbury Social Services	20	12%	20	12%	140	86%	155	92.8%
Sudbury Paramedic Services	17	10%	11	7%	116	71%	126	75.4%
Monarch Recovery Services	2	1%	1	1%	109	67%	110	65.9%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	2	1%	1	1%	101	62%	102	61.1%
Sudbury District Nurse Practitioners Clinic	4	2%	1	1%	90	55%	93	55.7%
Homelessness Network	0	0%	3	2%	84	52%	87	52.1%

Table 12
Agency involvement in situations of acutely elevated risk

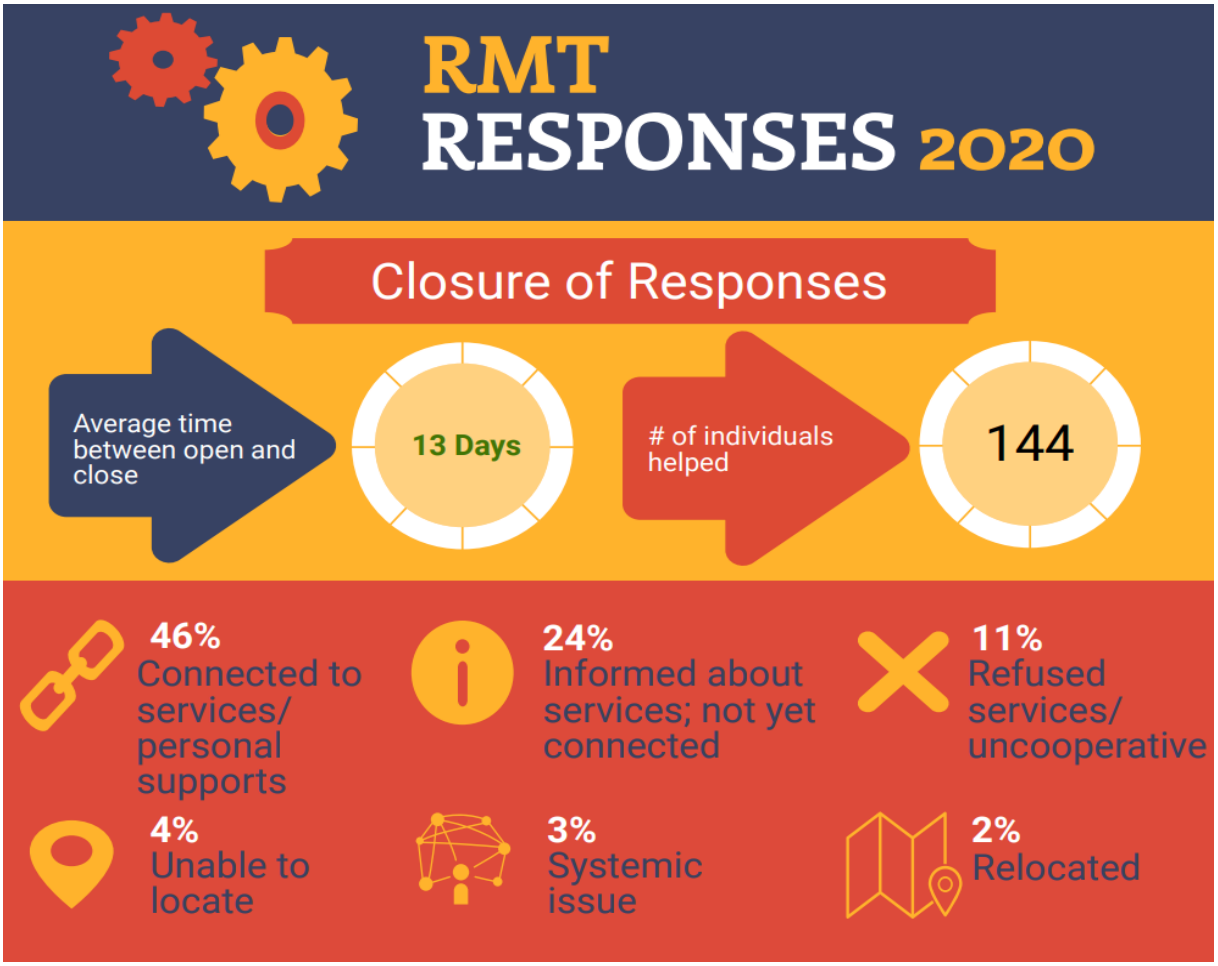
Agency	Originating Agency (n=213)		Lead Agency (n=209)		Assisting Agency (n=209)		Total # of Discussions Engaged In (n=213)	
	n	%	n	%	n	%	n	%
Health Sciences North - Safe Beds Program	0	0%	0	0%	73	45%	73	43.7%
Victim Services of Sudbury and Area	2	1%	2	1%	49	30%	51	30.5%
Home and Community Care Support Services	2	1%	8	5%	41	25%	50	29.9%
Réseau Access Network	2	1%	3	2%	46	28%	49	29.3%
Adult Probation and Parole - Ministry of the Solicitor General - Sudbury	1	1%	0	0%	49	30%	49	29.3%
Office of the Public Guardian and Trustee - Ministry of the Attorney General	0	0%	0	0%	48	29%	48	28.7%
Sudbury Counselling Centre	0	0%	0	0%	41	25%	41	24.6%
Shkagamik-Kwe Health Centre	2	1%	2	1%	36	22%	38	22.8%
Children's Aid Society of the Districts of Sudbury and Manitoulin	4	2%	7	4%	29	18%	36	21.6%
N'Swakamok Native Friendship Centre	1	1%	3	2%	33	20%	36	21.6%
Ontario Aboriginal Housing Services - Sudbury	2	1%	4	2%	27	17%	31	18.6%
Sudbury Action Centre for Youth	2	1%	3	2%	28	17%	31	18.6%
Sudbury Community Service Centre	3	2%	5	3%	23	14%	28	16.8%
North East Behavioural Supports Ontario	0	0%	1	1%	26	16%	27	16.2%
Rainbow District School Board	4	2%	4	2%	13	8%	17	10.2%
March of Dimes Canada	2	1%	3	2%	11	7%	13	7.8%
Alzheimer Society of Sudbury-Manitoulin North Bay & Districts	0	0%	0	0%	12	7%	12	7.2%
John Howard Society of Sudbury	0	0%	0	0%	11	7%	11	6.6%
Elizabeth Fry Society of Sudbury	5	3%	4	2%	6	4%	10	6.0%
Greater Sudbury Housing Corporation	3	2%	0	0%	9	6%	9	5.4%
Kina Gbezhgomi	1	1%	3	2%	4	2%	7	4.2%
Compass - Sudbury	1	1%	1	1%	5	3%	6	3.6%
Sudbury Fire Services	0	0%	0	0%	6	4%	6	3.6%
Restorative Justice of Sudbury	0	0%	0	0%	5	3%	5	3.0%
Sudbury Catholic Schools	0	0%	0	0%	3	2%	3	1.8%

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	%
Northern Initiative for Social Action	1	1%	1	1%	1	1%	2	1.2%
Youth Justice Services - Ministry of Children, Community and Social Services - Sudbury	0	0%	0	0%	2	1%	2	1.2%
Public Health Sudbury & Districts	0	0%	0	0%	2	1%	2	1.2%
Health Link - Greater Sudbury	0	0%	0	0%	2	1%	2	1.2%
Aboriginal Peoples Alliance Northern Ontario	0	0%	0	0%	2	1%	2	1.2%
YMCA - Northeastern Ontario, Employment Services & Immigrant Services	0	0%	0	0%	1	1%	1	0.6%
TG Innerselves	0	0%	0	0%	1	1%	1	0.6%
Huntington Society of Canada - Northern Ontario Resource Centre	0	0%	0	0%	1	1%	1	0.6%
Conseil scolaire public du Grand Nord de l'Ontario	0	0%	0	0%	1	1%	1	0.6%
Children's Community Network	0	0%	0	0%	1	1%	1	0.6%
Big Brothers Big Sisters of Greater Sudbury	0	0%	0	0%	1	1%	1	0.6%

Situation Resolution

Among the 164 situations of acutely elevated risk referred to the RMT in 2020, 87 situations were closed with the reason "*Overall Risk Lowered"* (53%). This lower than in 2019 where 59% of situations were closed with the reason "*Overall Risk Lowered*". Due to COVID-19 many agencies had to alter and adapt their services to align with public health and social distancing guidelines to protect the safety and well-being of service users, volunteers and employees. In many cases in-person service delivery was suspended or reduced as agencies modified services in response to pandemic conditions. These conditions created substantial challenges to planning and implementing RMT responses as the team had to adapt response plans to align with COVID-19 restrictions. While every effort was made to develop adaptive responses collaboratively and creatively, these challenges may have impacted the RMT's ability to successfully mitigate acutely elevated risk in particularly challenging situations.



Additional categories included: "*New information reveals AER did not exist to begin with*" (2%) and "*Deceased*" (0.6%). An additional 7% of situations closed as "*Overall Risk Lowered – Through no action of the situation table*". In these cases, 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.

In 2020 it took an average of 13 days to close a discussion as compared to 8.5 days in 2019. This is most likely a reflection of an increase in complexity of the referrals and the resources and time required to carry out the responses and mitigate risk during the COVID-19 pandemic.

Other 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 (81), followed by *Housing* (55) and *Addiction* services (40) (**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	46	27	8	81
Housing	25	20	10	55
Addiction	31	7	2	40

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
Medical Health	12	23	4	39
Counselling	16	11	1	28
Social Assistance	7	7	7	21
Harm Reduction	17	4	0	21
Social Services	10	6	3	19
Home Care	7	9	2	19
Cultural Support	5	9	1	15

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. From May 2014 to December 2020 the RMT has identified 9,671 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.

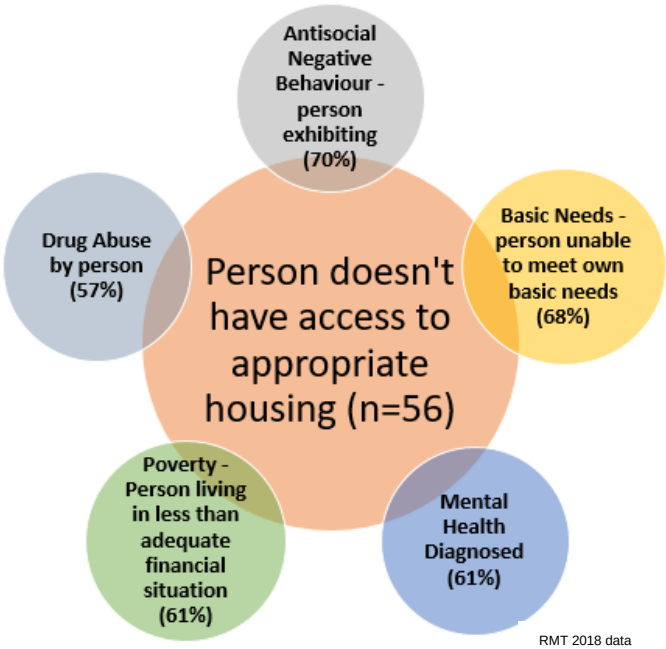
The Ministry worked closely with the Province of Saskatchewan to leverage their existing database, customizing it to suit the needs of Ontario. As a result of this partnership, the data elements collected in the RTD not only align provincially, but also within other jurisdictions across Canada, allowing 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 - Hoarding, Risk of Losing Housing/Unsafe Living Conditions, Mental Health, Physical Health, Social Isolation, Poverty

This individual was brought to RMT by the City of Greater Sudbury Paramedic Services. The individual's home was in a state that posed risk for the individual and was not safe for service providers to attend. The individual was also at risk of losing housing due to the condition of her home. This individual was socially isolated and lacked means to obtain food without relying on others for transport and delivery up stairs. She was required to pay another resident for grocery shopping and delivery and due to this she often ran out of money by the end of the month. She had no means to pick up a regular Food Bank box.

The City of Greater Sudbury Health Promotion Community Paramedic Program (CP) connected with the individual, coordinated an immediate Food Bank pick up and delivery and obtained consent from the individual to bring a referral forward to RMT.

After presentation at RMT a response plan was developed and initiated following social distancing guidelines. CP went to the individual to discuss the situation and linked her to GOVA plus to support transportation challenges. The individual was also linked to the Canadian Mental Health Association, the Food Bank, and the Red Cross who were able to take over regular and ongoing Food Bank delivery. The individual was also linked to City of Greater Sudbury Housing support who put them on a wait list for a lower level unit and waived the eviction notice, so the individual had an opportunity to remedy her home situation.

The individual immediately began to address the issues within her home and continued to do so with the support of City of Greater Sudbury Housing staff. The individual's home situation was remedied, and they were no longer at a risk of losing their housing. They secured weekly Food Bank delivery and began to use GOVA plus for transportation. The individual also engaged home care services through Home and Community Care Support Services for additional and ongoing support.

Individual Female

Risk Factors/Study Flags: Anti social negative behaviour, unwilling to meet own basic needs, drug abuse, no access to appropriate housing, frequents negative neighbourhood.

This individual was brought to RMT by City of Greater Sudbury Social Services- Ontario Works office. The individual was on Ontario Works (OW) and was living outside since she had been evicted from her apartment. She did not feel comfortable accessing the shelter system. She was in heavy addictions at this time and OW staff were worried about a potential overdose.

A referral was made to RMT to put appropriate supports in place for this individual. Due to COVID-19 restrictions, RMT had to get creative in their response. The individual was well known to Greater Sudbury Police Services in the downtown area, so an officer familiar with RMT and trusted by this individual set out to locate her. Once she was located, the officer spoke with individual and explained the RMT process and brought her into the Sudbury and District Nurse Practitioner's Clinic, so that the individual could get assistance with contacting other agencies, and would have a point of contact. She was also able to speak with a social worker there and be seen by a nurse practitioner. OW sent paperwork and benefit information to the Nurse Practitioner Clinic so that the individual could have the nurse practitioner fill out paperwork to apply for special diet funds and to apply for Ontario Disability Support Program. The Nurse Practitioner Clinic helped the individual to reach out to the Homelessness Network and housing support services in order to get assistance with supportive housing.

The individual was accepted for housing support services and secured affordable accommodations with the help of financial support from housing support services and OW. OW has ensured that individual's rent is paid directly to the landlord, and that individual has funds for transportation to travel to meet with service providers. Housing support services meets with the individual regularly in her accommodations to help her maintain life stabilization. She will also be connected with other supports as needed.

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

Risk Factor	Definition
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

Risk Factor	Definition
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

Risk Factor	Definition
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

Risk Factor	Definition
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.

Study Flags	Definition
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.

Study Flags	Definition
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.