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

Rapid Mobilization Table Data Report

January to December 2022

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Canadian Mental Health Association – Sudbury/Manitoulin

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

Community Mobilization Sudbury

Rapid Mobilization Table Data Report – 2022

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.

Rapid Mobilization Table Partners		
Alzheimer Society Sudbury, Manitoulin, North Bay and Districts	Health Sciences North	Ontario Aboriginal Housing Services
Behavioural Supports Ontario	Home and Community Care Support Services North East (Ontario Health Network)	Rainbow District School Board
Canadian Mental Health Association-Sudbury/Manitoulin	Homelessness Network	Réseau Access Network
Canadian Red Cross	John Howard Society of Sudbury	Shkagamik-Kwe Health Centre
Cedar Place Salvation Army Women and Family Shelter	Kina Gbezhgomi Child and Family Services	Spark Employment Services
Children's Aid Society of the Districts of Sudbury and Manitoulin	March of Dimes	Sudbury Action Centre for Youth
Children's Community Network	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
Elder Abuse Prevention Ontario	Northern Initiative for Social Action - NISA	Victim/Witness Assistance Program
Elizabeth Fry Society / Safe Harbour House	Northern Youth Services	YMCA - Employment Services & Immigrant Services
Greater Sudbury Fire Services	N'Swakamok Native Friendship Centre	

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 Solicitor General (formally 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, 2022 and December 31, 2022. 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) met 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. In March 2020 the RMT meeting moved to a virtual meeting platform via the Ontario Telemedicine Hub (OTNHub).

The Ontario Telemedicine Network Hub (OTNHub), is a secure videoconferencing system that meets the requirements of the Personal Health Information Protection Act (PHIPA). While it proved to be a viable method to host meetings and support collaborative discussions and response planning there were some technical challenges with the OTNHub system. In August 2022, after careful consideration of alternative options, the virtual meeting platform was changed to Zoom for Healthcare. This change addresses several of the technological challenges associated with OTNHub while remaining compliant with Ontario privacy legislation.

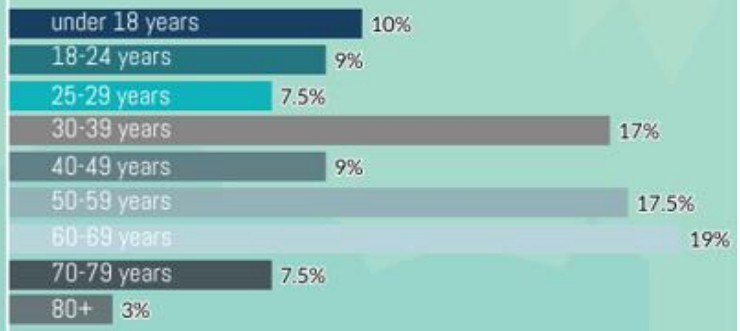
RMT 2022 Activity Update

158 Situations of Acutely Elevated Risk

37 Family

120 Individual

1 Neighborhood



Most Frequently Identified Risk Catagories

86% Mental Health

72% Physical Health

66% Basic Needs

63% Antisocial/ Negative behaviour

RMT Responses

12 Avg # of risk factors identified

10 Avg # of agencies involved in response

14 Avg # of days situation stayed open

Situations presented to the Rapid Mobilization Table

A total of 162 situations were presented to the Rapid Mobilization Table between January 1, and December 31, 2022. Of those, 158 (98%) met the CMS threshold of acutely elevated risk and required a multi-agency response (**Table 1**). The total number of situations presented in 2022 (162) was similar to the number presented in 2021 (166). The number of situations presented in 2020 to 2022 are lower than those presented in 2019 (212) (**Chart 1**). This may be due in part to the COVID-19 pandemic conditions continuing over these years and the challenges of providing and accessing services during this time. It may be that the fluctuations in capacity to provide in-person supports over this time likely also meant challenges with capacity to identify situations of acutely elevated risk.

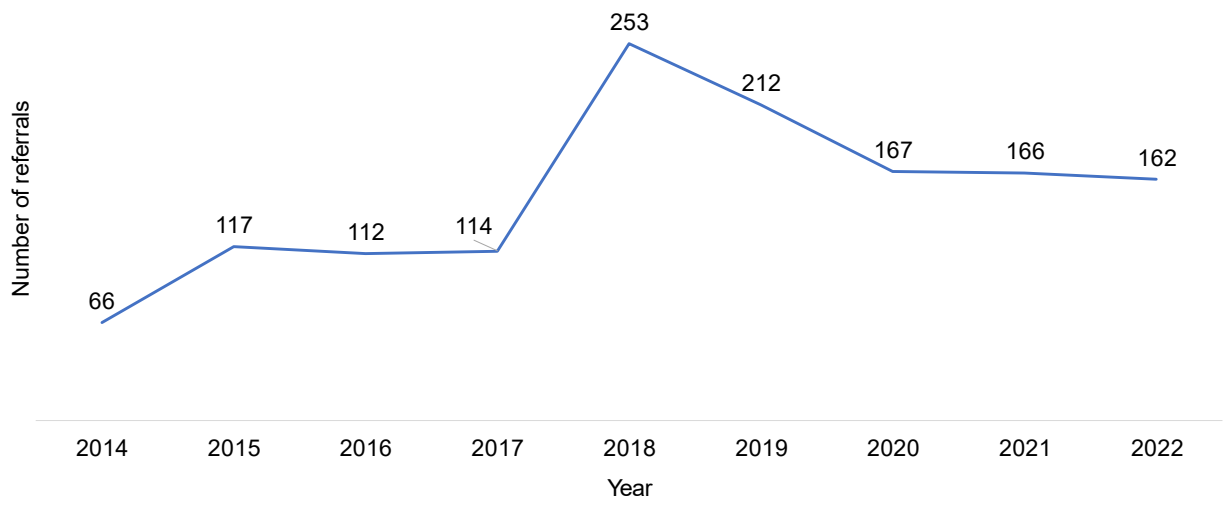
Table 1
Situations presented to the Rapid Mobilization Table
January 1, 2022– December 31, 2022

	n	%
Situation met Acutely Elevated Risk (AER) threshold	158	98%
Situation did not meet Acutely Elevated Risk (AER) threshold	4	2%
Total	**162**	**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 2022) 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.

Chart 1
Number of RMT referrals by year



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 (76%). This proportion is slightly lower than in 2021 (82%). The number of referrals involving families was higher in 2022. Families represented 23% of all presentations meeting the threshold of acutely elevated risk in 2022 compared to 17% in 2021. RMT received one neighborhood referral and no referrals involving dwellings or environments in 2022. A Neighborhood referral is applied when the risks identified have broad impacts to a neighbourhood within the community.

Table 2
Types of situations of acutely elevated risk between January 1, 2022 – December 31, 2022

Types of Situations of Acutely Elevated Risk	**n**	**%**
Individual	120	76%
Family	37	23%
Neighborhood	1	1%
Total	**158**	**100%**

Presentations involving individuals

Of the situations that met the threshold of acutely elevated risk, the most frequently identified age group were adults aged 60-69 years (n=23, 19%) followed by adults aged 50 to 59 years (n=21,

17.5%). Youth under the age of 18 represented 10% (n=12) of presentations. **Chart 2** provides additional detail. Please note the percentages have been rounded. Compared to 2021, the percent of referrals for the age range 60-69 years has almost doubled. As well, in 2022, there was a slight decrease in percent of referrals for the age ranges “under 18 years” and “25-29 years”. This suggests that since 2021 the age of individuals being referred has slightly increased. **Chart 3** provides more detail. We will continue to monitor this trend in 2023.

Chart 2
Percent of individuals at Acutely Elevated Risk by age range

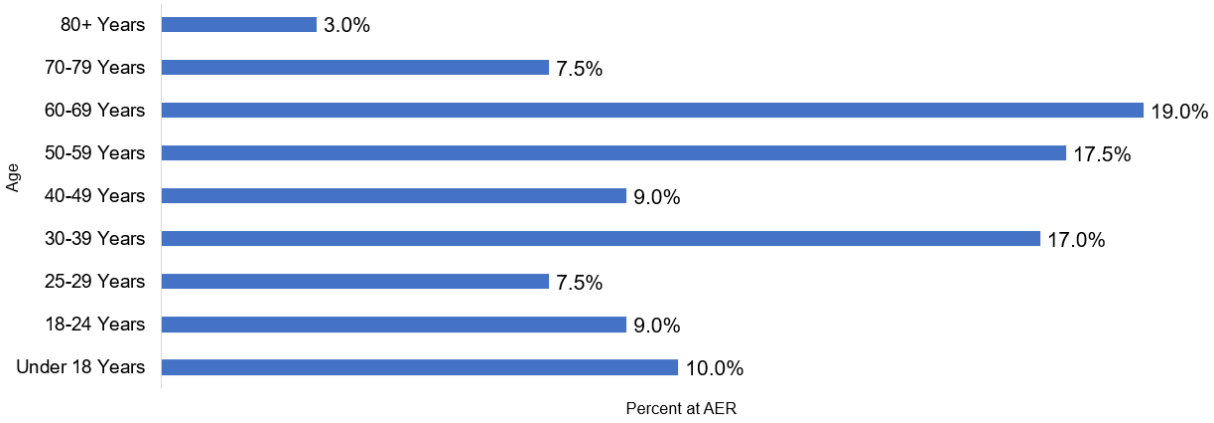
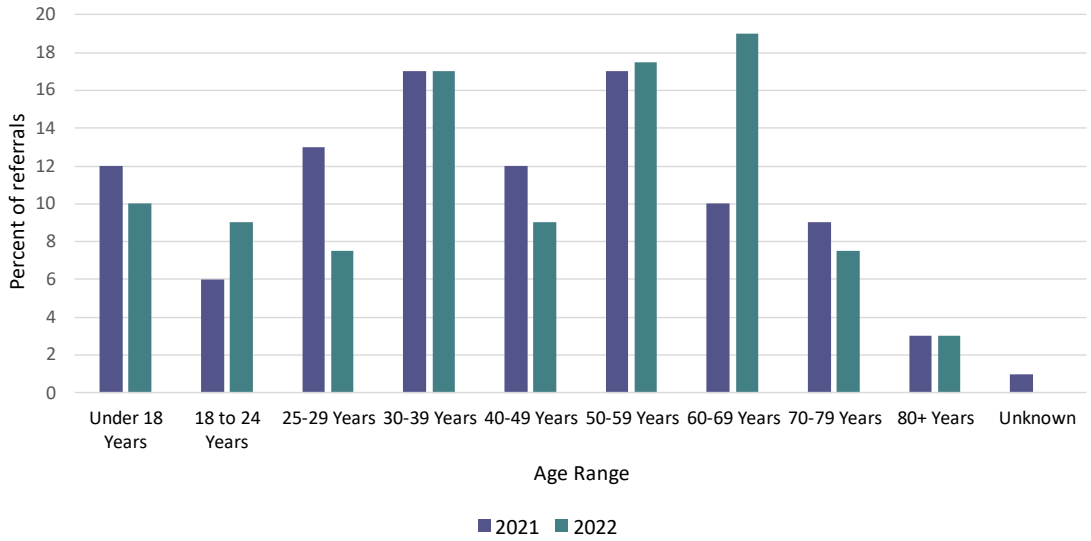


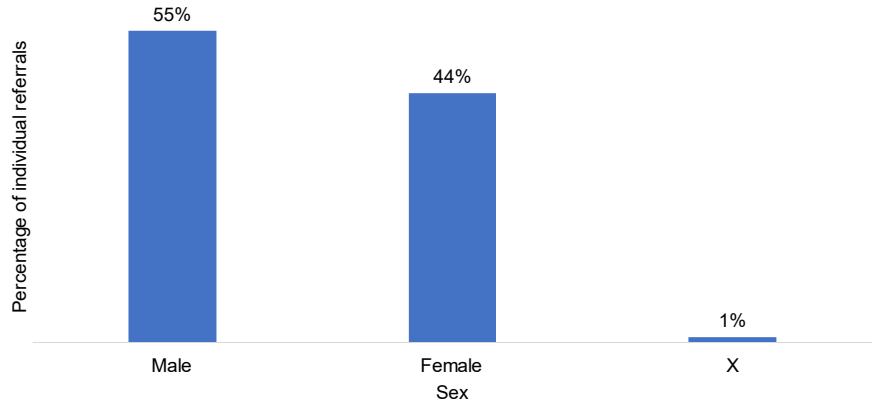
Chart 3
Percent of RMT Referrals by Age 2021 -2022



This year there was a smaller divide, compared to 2021, between the percentage of individual referrals involving females (44%) and individual referrals involving males (55%) (**Chart 4**). This is a difference of 11% compared to 2021 where the difference was 21%. In 2022 there was one referral involving an indiviual identified as X (1%).

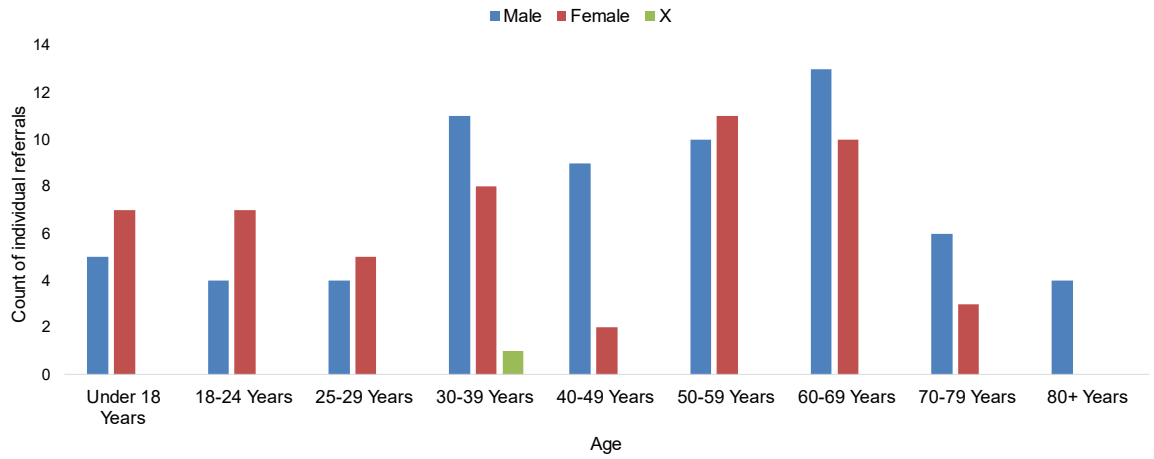
CMS recognizes that individuals have diverse gender identities and we strive to use gender-inclusive language when serving individuals and in our written documentation. Please note that the Risk Tracking Database developed by the Ministry of the Solicitor General references Sex as a demographic category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

Chart 4
Sex of individuals at Acutely Elevated Risk



In 2021 the “Child/Youth Under 18” category was the only category that females made up a greater percentage of this group than males. In 2022, females make up a greater percentage of the first three age groups as well as the group 50-59 years as seen in Chart 5.

Chart 5
Count of sex and age of individuals at Acutely Elevated Risk



Presentations involving families

The number of acutely elevated risk presentations involving families brought forward to RMT in 2022 was 37, up from 27 families in 2021. The most frequent age range of primary caregivers in presentations involving families was 40-49 years, followed by 30-39 years. The most frequent age range of non-primary caregivers was 12-17 years, followed by 6-11. Please see **Charts 6 a-b** for further detail.

Chart 6a
Age Range of Primary Caregivers - Family

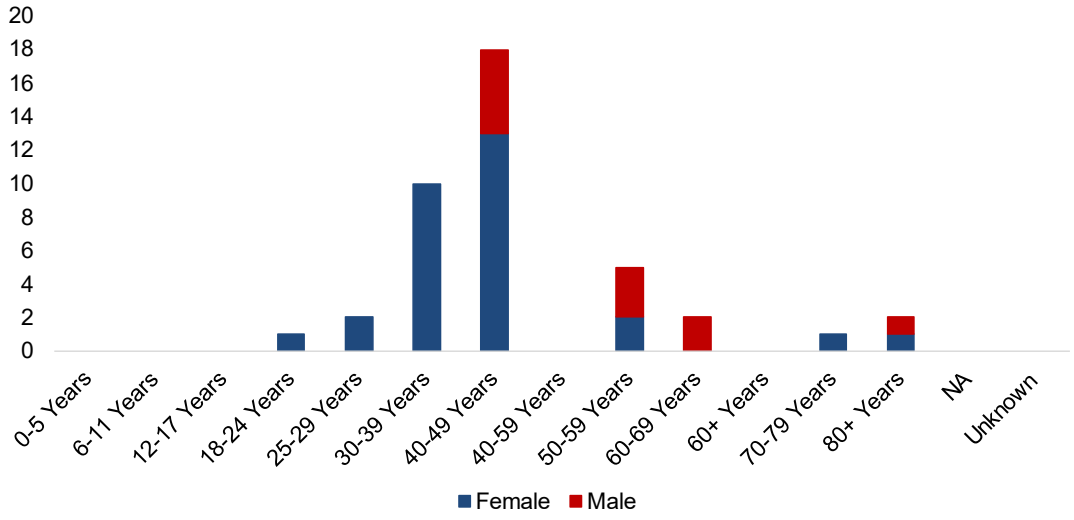
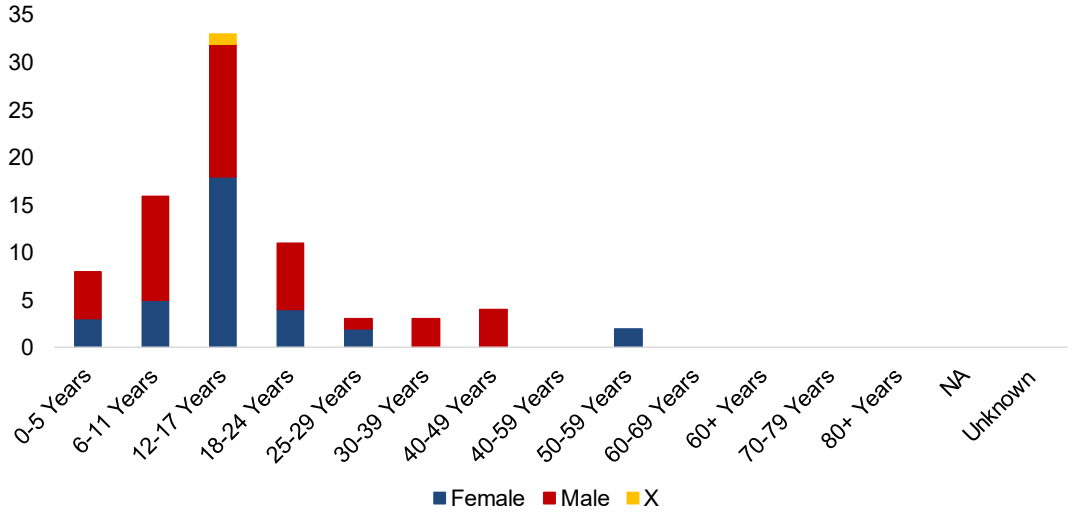


Chart 6b
Age Range of Non-Primary Caregivers - Family



Originating Agencies – All Presentations

As in previous years, the Greater Sudbury Police Service provided the most referrals to the table (27%). As well in 2022, Sudbury Paramedic Services referred the second most situations to the table (14%) followed by the Children's Aid Society of the Districts of Sudbury and Manitoulin (11%). In total, in 2022, there was a total of 23 agencies that brought forward a situation to RMT.

Table 3
Originating agency referrals to RMT (n=162)

Agency	n	%
Greater Sudbury Police Service	44	27%
Sudbury Paramedic Services	23	14%
Children's Aid Society of the Districts of Sudbury and Manitoulin	18	11%
City of Greater Sudbury Social Services	13	8%
Canadian Mental Health Association - Sudbury/Manitoulin	11	7%
Kina Gbezhgomi	8	5%
Victim Services of Sudbury and Area	6	4%
Greater Sudbury Housing Corporation	6	4%
Monarch Recovery Services	6	4%
Rainbow District School Board	4	2%
Restorative Justice of Sudbury	3	2%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	3	2%
Probation and Parole - Ministry of the Solicitor General - Sudbury	3	2%
Sudbury District Nurse Practitioners Clinic	2	1%
Health Sciences North - Mental Health & Addictions - Sudbury	2	1%
Home and Community Care Support Services - North East - Sudbury	2	1%
Elizabeth Fry Society of Sudbury	2	1%
Homelessness Network	1	<1%
North East Behavioural Supports Ontario	1	<1%
Health Sciences North - Inpatient Services	1	<1%
Sudbury Community Service Centre	1	<1%
March of Dimes Canada	1	<1%
Shkagamik-Kwe Health Centre	1	<1%

Risk Categories and Factors Contributing to Acutely Elevated Risk

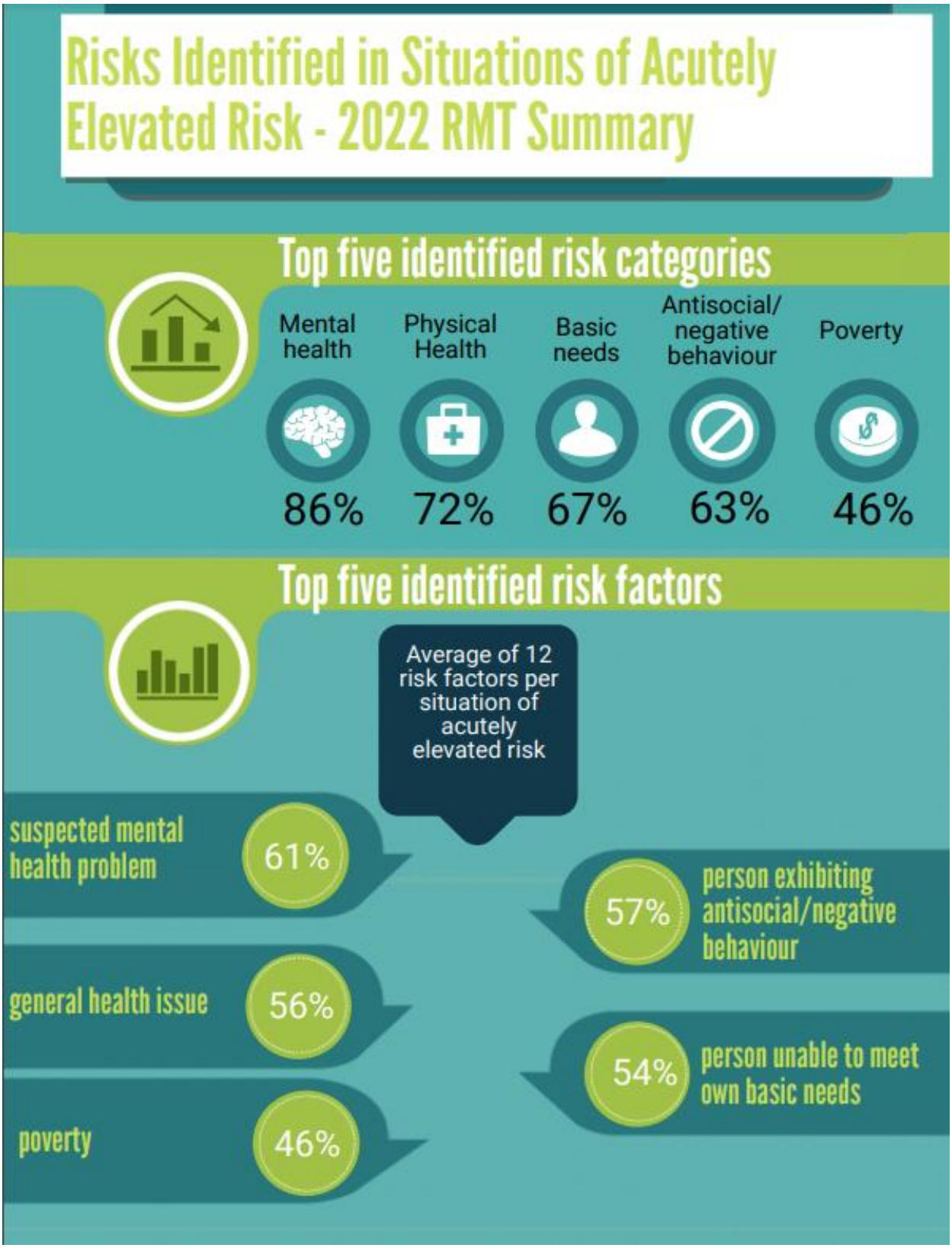
Categories of risk

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, 2022 and December 31, 2022, *Mental Health* was identified in nearly all situations of acutely elevated risk (86%). **Table 4** provides a complete summary of the frequency of the risk categories identified in situations of acutely elevated risk in 2022 at RMT.

Table 4
Frequency of risk categories in RMT situations of acutely elevated risk 2022

Risk Category	Discussion	Percentage
Mental Health	136	86%
Physical Health	113	72%
Basic Needs	105	66%
Antisocial/Negative Behaviour	100	63%
Poverty	73	46%
Drugs	72	46%
Housing	64	41%
Physical Violence	63	40%
Criminal Involvement	61	39%
Crime Victimization	59	37%
Cognitive Functioning	57	36%
Negative Peers	55	35%
Suicide	49	31%
Unemployment	49	31%
Alcohol	45	28%
Social Environment	44	28%
Self Harm	41	26%
Parenting	38	24%
Emotional Violence	35	22%
Sexual Violence	20	13%
Threat to Public Health and Safety	20	13%
Missing School	18	11%
Missing/Runaway	17	11%
Elderly Abuse	9	6%
Supervision	7	4%
Gangs	3	2%
Gambling	1	1%


Risks Identified in Situations of Acutely Elevated Risk - 2022 RMT Summary
Top five identified risk categories
Mental health
Physical Health
Basic needs
Antisocial/ negative behaviour
Poverty
86%
72%
67%
63%
46%
Top five identified risk factors
Average of 12 risk factors per situation of acutely elevated risk
suspected mental health problem
61%
general health issue
56%
poverty
46%
57%
person exhibiting antisocial/negative behaviour
54%
person unable to meet own basic needs

Risk Categories Impacting Individuals and Families

Mental Health was the most frequently identified risk category for situations involving both individuals (87%) and families (86%). *Physical Health, and Antisocial Negative Behaviour* are featured in the top five most frequently identified risk categories for both groups. For individuals, *Drugs* and *Basic Needs* fall under the top five risk categories while *Parenting* and *Physical Violence* is found in the top risk categories for families. **Tables 5 a-b** provides a summary of the top risk categories for the situation types. It's interesting to note that Physical Health has moved to the second most frequently identified risk impacting individuals compared to 2021 where it was the third or 2020 where it was the seventh. This may reflect the ongoing impact of COVID/Pandemic on Physical health such as the impact of the virus, less access to in-person services, and an increase in isolation. It may also reflect the needs of the slightly older demographic being referred to RMT. As well, considering the 5th most common risk category is poverty, it may be that we are seeing the impact of this risk on physical health and ability to meet basic needs.

Table 5a
Top five frequently identified risk categories impacting individuals (n=120)

	n	%
Mental Health	104	87%
Physical Health	96	80%
Basic Needs	91	76%
Antisocial/Negative Behaviour	77	64%
Drugs	60	50%

Table 5b
Most frequently identified risk categories impacting families (n=37)

	n	%
Mental Health	32	86%
Parenting	23	62%
Antisocial/Negative Behaviour	22	59%
Physical Health	17	46%
Physical Violence	17	46%

Risk Categories & Age Groups

Summarized below are the most commonly identified risk categories for different age groups presented as individuals (**Table 6**)**.** *Mental Health* was the most commonly identified risk category overall however, individuals aged 50-59 and 70-79 demonstrated Antisocial/Negative Behaviour and/or Physical Health as the most predominant risk categories, with Mental Health falling into the second most predominant risk category for these age groupings. Please refer to Table 6 for more details.

Table 6
Top most frequently identified risk categories by age group (individual presentations)

Age Range	**Risk Category**					
0-17 n=12	Mental Health	92%	Antisocial/ Negative Behaviour, Criminal Involvement & Parenting	75%	Alcohol	67%
18-24 n= 11	Mental Health	82%	Criminal Involvement, Drugs & Physical Health	73%	Antisocial/ Negative Behaviour, Basic Needs & Housing	55%
25-29 n=9	Basic Needs & Mental Health	89%	Antisocial/ Negative Behaviour, Physical Health & Physical Violence	78%	Drugs & Unemployment	67%
30-39 n=20	Mental Health	85%	Basic Needs & Physical Health	80%	Housing	75%
40-49 n=11	Basic Needs, Drugs, Mental Health & Physical Health	82%	Antisocial/ Negative Behaviour & Poverty	64%	Criminal Involvement & Housing	55%
50-59 n=21	Antisocial/ Negative Behaviour & Physical Health	86%	Basic Needs & Mental Health	81%	Poverty	62%
60-69 n= 23	Mental Health & Physical Health	91%	Basic Needs	83%	Cognitive Functioning	61%

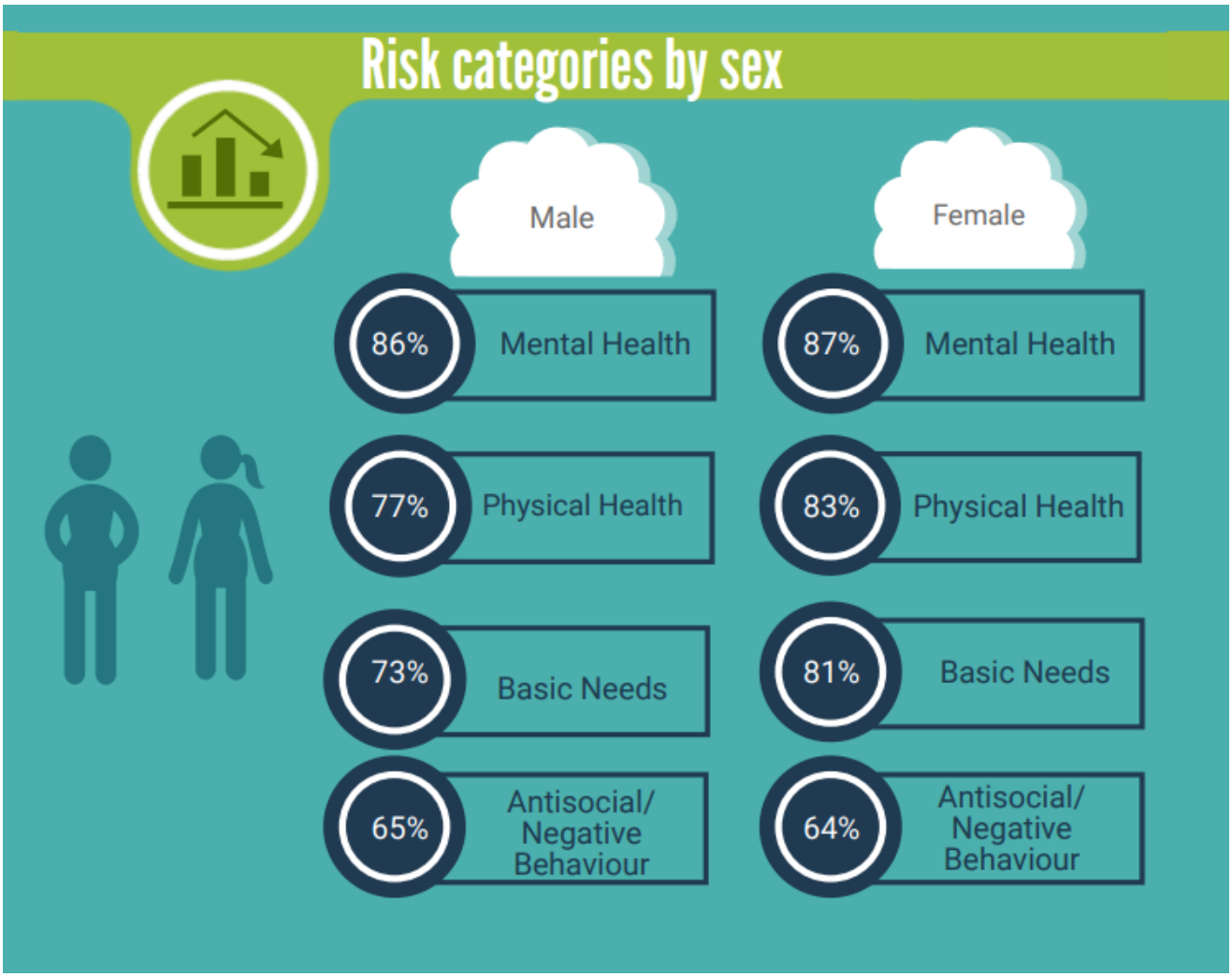
Table 6 Top most frequently identified risk categories by age group (individual presentations)						
Age Range	**Risk Category**					
70-79 n=9	Physical Health	100%	Mental Health / Basic Needs	89%	Antisocial/ Negative Behaviour	67%
80+ n=4	Mental Health & Physical Health	100%	Basic Needs & Poverty	75%	Alcohol & Antisocial/ Negative Behaviour	25%

Risk Categories & Sex

Within the top five most frequently identified risk categories in 2022, in presentations involving individuals, the same top four categories are represented for both males and females. The fifth most predominant risk category for males was *Drugs* and for females it was *Poverty* (**Tables 7a-b**).

Table 7a Most frequently identified risk categories in presentations involving individuals, male (n=66)		
	n	**%**
Mental Health	57	86%
Physical Health	51	77%
Basic Needs	48	73%
Antisocial/Negative Behaviour	43	65%
Drugs	35	53%

Table 7b Most frequently identified risk categories in presentations involving individuals, female (n=53)		
	n	**%**
Mental Health	46	87%
Physical Health	44	83%
Basic Needs	43	81%
Antisocial/Negative Behaviour	34	64%
Poverty	27	51%



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 2022, 1865 risk factors were captured during the 158 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 in 2022 was 11.5.

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 factor occurs may differ from the frequency in which a risk category occurs overall. For example, the *Antisocial/Negative Behaviour* risk category includes two risk factors whereas the *Mental Health* risk category contains seven different risk factors. As such, when we add up all those seven risk factor counts under Mental Health, it will show as the higher risk category than Antisocial/Negative Behaviour. However in 2022 Mental Health was identified as the top risk category as well as the top risk factor (**Table 8**).

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

Risk Factor	**n = 158**	**%**
Mental Health - suspected mental health problem	97	61%
Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	90	57%
Physical Health - general health issue	88	56%
Basic Needs - person unable to meet own basic needs	86	54%
Poverty - person living in less than adequate financial situation	73	46%
Basic Needs - person unwilling to have basic needs met	63	40%
Housing - person doesn't have access to appropriate housing	55	35%
Negative Peers - person associating with negative peers	52	33%
Drugs - drug use by person	50	32%
Unemployment - person chronically unemployed	45	28%

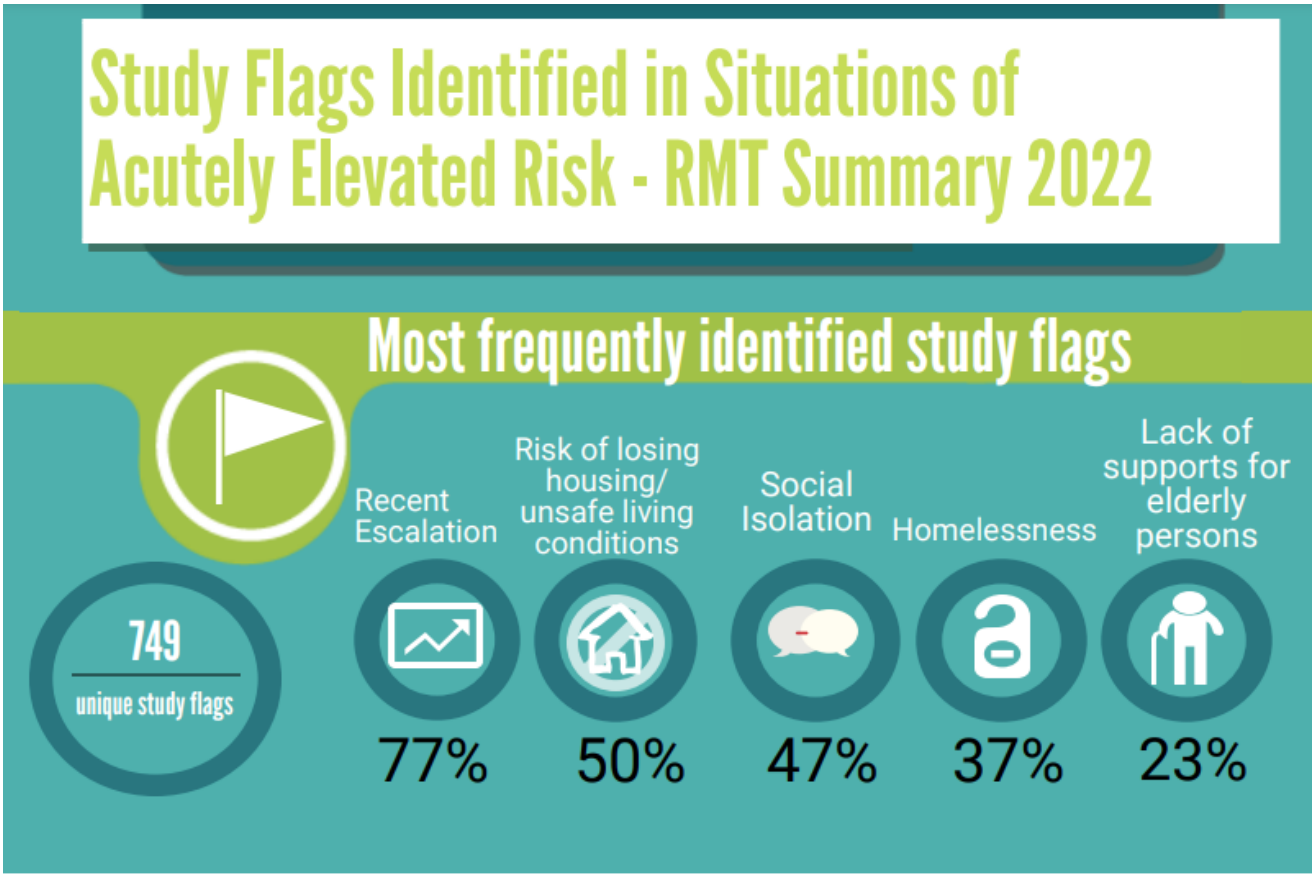
Study Flags

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

The top two the most frequently identified study flags were *Recent Escalation (*77%) and *Risk of Losing Housing/Unsafe Living Conditions* (50%), these study flags were also the top two most identified study flags in 2021. **Table 11** provides a summary of most frequently identified study flags.

Table 11
Top five identified study flags in situations of acutely elevated risk (n=158)

Study Flag	n	%
Recent Escalation	121	77%
Risk of Losing Housing/Unsafe Living Conditions	79	50%
Social Isolation	74	47%
Homelessness	58	37%
Lack of Supports for Elderly Person(s)	36	23%



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, 10 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 (28%, n=44) and were involved in 153 (97%) responses (either lead or assisting). Other agencies frequently involved in responses include CMHA Sudbury/Manitoulin (92%, n=145), the City of Greater Sudbury Social Services (89%, n=140), and Health Sciences North - Mental Health & Addictions - Sudbury (84%, n=132).

The Children's Aid Society of the Districts of Sudbury and Manitoulin was the most frequently identified lead agency (14% of all discussions), followed by City of Greater Sudbury Social Services (13%) and Canadian Mental Health Association - Sudbury/Manitoulin (12%). **Table 12** provides a summary of partner agency involvement in RMT situations in 2022.

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	%
Greater Sudbury Police Service	44	28%	15	9%	138	87%	153	96.8%
Canadian Mental Health Association - Sudbury/Manitoulin	11	7%	19	12%	126	80%	145	91.8%
City of Greater Sudbury Social Services	13	8%	20	13%	120	76%	140	88.6%
Health Sciences North - Mental Health & Addictions - Sudbury	2	1%	4	3%	128	81%	132	83.5%
Sudbury Paramedic Services	23	15%	18	11%	95	60%	113	71.5%
Monarch Recovery Services	6	4%	6	4%	79	50%	85	53.8%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	3	2%	1	1%	68	43%	70	44.3%

Table 12
Agency involvement in situations of acutely elevated risk

Agency	Originating Agency		Lead Agency		Assisting Agency		Total # of Discussions Engaged In	
Sudbury District Nurse Practitioners Clinic	2	1%	2	1%	60	38%	62	39.2%
Sudbury Counselling Centre	0	0%	0	0%	55	35%	55	34.8%
Victim Services of Sudbury and Area	6	4%	6	4%	48	30%	54	34.2%
Homelessness Network	1	1%	2	1%	50	32%	52	32.9%
Home and Community Care Support Services - North East - Sudbury	2	1%	6	4%	46	29%	52	32.9%
Health Sciences North - Safe Beds Program	0	0%	0	0%	45	28%	45	28.5%
Children's Aid Society of the Districts of Sudbury and Manitoulin	18	11%	22	14%	18	11%	41	25.9%
Sudbury Community Service Centre	1	1%	4	3%	34	22%	38	24.1%
Sudbury Action Centre for Youth	0	0%	0	0%	35	22%	35	22.2%
Office of the Public Guardian and Trustee - Ministry of the Attorney General	0	0%	0	0%	31	20%	31	19.6%
Canadian Red Cross - Sudbury Branch	0	0%	0	0%	31	20%	31	19.6%
Restorative Justice of Sudbury	3	2%	3	2%	28	18%	31	19.6%
Probation and Parole - Ministry of the Solicitor General - Sudbury	3	2%	4	3%	27	17%	31	19.6%
Rainbow District School Board	4	3%	3	2%	25	16%	28	17.7%
Health Sciences North - Inpatient Services	1	1%	1	1%	26	16%	27	17.1%
North East Behavioural Supports Ontario	1	1%	3	2%	22	14%	25	15.8%
Shkagamik-Kwe Health Centre	1	1%	2	1%	21	13%	23	14.6%
N'Swakamok Native Friendship Centre	0	0%	0	0%	21	13%	21	13.3%
Sudbury Fire Services	0	0%	0	0%	19	12%	19	12.0%
Northern Youth Services Inc	0	0%	0	0%	19	12%	19	12.0%
Réseau Access Network	0	0%	1	1%	18	11%	19	12.0%
John Howard Society of Sudbury	0	0%	0	0%	17	11%	17	10.8%

Table 12
Agency involvement in situations of acutely elevated risk

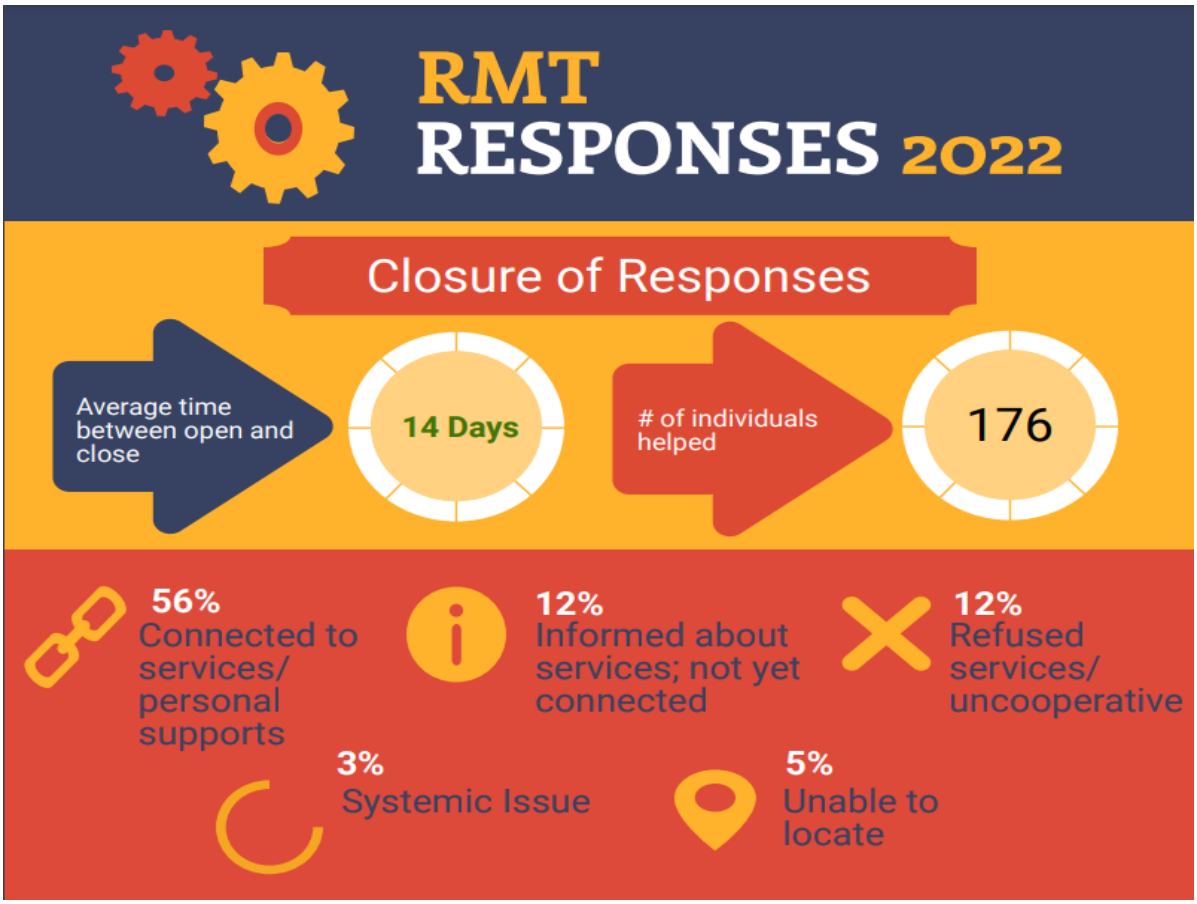
Agency	Originating Agency		Lead Agency		Assisting Agency		Total # of Discussions Engaged In	
Kina Gbezhgomi	8	5%	9	6%	6	4%	15	9.5%
Alzheimer Society of Sudbury-Manitoulin North Bay & Districts	0	0%	0	0%	14	9%	14	8.9%
Greater Sudbury Housing Corporation	6	4%	3	2%	9	6%	14	8.9%
Cedar Place Salvation Army Sudbury Women and Family Shelter	0	0%	0	0%	13	8%	13	8.2%
March of Dimes Canada	1	1%	1	1%	12	8%	13	8.2%
Children's Community Network	0	0%	0	0%	12	8%	12	7.6%
Compass - Sudbury	0	0%	0	0%	10	6%	10	6.3%
Elizabeth Fry Society of Sudbury	2	1%	2	1%	5	3%	7	4.4%
Youth Justice Services - Ministry of Children, Community and Social Services - Sudbury	0	0%	0	0%	6	4%	6	3.8%
Ontario Aboriginal Housing Services - Sudbury	0	0%	0	0%	5	3%	5	3.2%
Northern Initiative for Social Action	0	0%	0	0%	5	3%	5	3.2%
Sudbury Catholic Schools	0	0%	0	0%	4	3%	4	2.5%
YMCA - Northeastern Ontario, Employment Services & Immigrant Services	0	0%	0	0%	2	1%	2	1.3%
Victim Witness Assistance Program - Sudbury	0	0%	0	0%	2	1%	2	1.3%
Health Sciences North - Emergeny Department	0	0%	0	0%	1	1%	1	0.6%
Genevra House	0	0%	0	0%	1	1%	1	0.6%
Elder Abuse Prevention Ontario	0	0%	0	0%	1	1%	1	0.6%
Developmental Services Ontario - Sudbury	0	0%	0	0%	1	1%	1	0.6%
Conseil scolaire catholique du Nouvel-Ontario	0	0%	0	0%	1	1%	1	0.6%
Canadian National Institute for the Blind – Sudbury Regional Office	0	0%	0	0%	1	1%	1	0.6%
Aboriginal Peoples Alliance Northern Ontario	0	0%	0	0%	1	1%	1	0.6%

Table 12
Agency involvement in situations of acutely elevated risk

Agency	Originating Agency		Lead Agency		Assisting Agency		Total # of Discussions Engaged In	
Nogdawindamin Family and Community Services	0	0%	1	1%	0	0%	1	0.6%

Situation Resolution

Among the 162 situations referred to the RMT in 2022, 102 situations were closed with the reason "*Overall Risk Lowered"* (63%). This is higher than in 2021 where 58% of situations were closed with the reason "*Overall Risk Lowered*". The number of situations closed as "*Overall Risk Lowered"* is impacted by several factors. For example, 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. The fact that the number of situations closed as "*Overall Risk Lowered*" increased in 2022 reflects the dedication and resiliency of RMT. Despite challenges, the RMT continues to diligently and consistently identify and collaboratively address situations of Acutely Elevated Risk, making it a valuable resource for our community, during the pandemic and beyond. Outcomes of RMT responses are summarized in the infographic below.



Additional outcome categories included: "*Overall Risk Lowered – Connected to services in other jurisdiction*" (1%); "Deceased" (2%); and "Relocated" (2%). An additional 7% of situations were 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 2022 it took an average of 14 days to close a discussion as compared to 10 days in 2021. The increased number of days open in 2022 may reflect an increase in complexity of the referrals and the resources and time required to carry out the responses and mitigate risk.

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

Services Mobilized

When closing discussions, RMT members identify which services were offered or provided to the individual during the response. 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 (91) followed by *Social Services* (67). *Housing* was the third most frequently identified service mobilized (50) and *Medical Health* was the fourth (48) (**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	Refused Services	No Services Available	Total
Mental Health	43	30	17	1	0	91
Social Services	20	23	24	0	0	67
Housing	20	14	16	0	0	50
Medical Health	14	14	20	0	1	48
Counselling	26	6	8	0	0	40
Addiction	22	14	2	1	0	39
Police	11	15	8	0	0	34
Harm Reduction	13	9	2	1	0	25
Home Care	5	12	8	0	0	25
Social Assistance	6	8	10	0	0	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. From May 2014 to December 2022 the RMT has identified 13,442 individual-level risk factors.

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

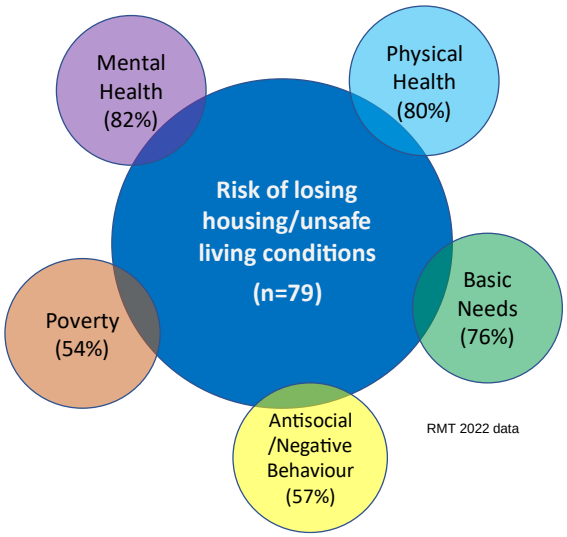
The Ministry of the Solicitor General (formally the Ministry of Community Safety and Correctional Services) developed the Risk Tracking Database (RTD) to provide a standardized means of gathering de-identified information on situations of acutely elevated risk for communities implementing multi-sectoral 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 mental health, physical health, basic needs, antisocial / negative behaviour, and poverty, it is clear that planning for housing cannot be carried out without the participation of other health and social service providers.

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 Good News Story

A referral for an individual male was brought forward to RMT.

This individual had been in Sudbury for a very short amount of time with no supports in place prior to arrival. While he was here, he was accessing some shelters and resources in the community. He was struggling with his memory which caused him to get lost and confused when wandering the streets. He was living in poverty and struggling with his mental health. Due to his behavior in the community and the dangerous situations he put himself into, members of the community were constantly calling emergency services to help him.

This individual was brought forward to RMT where numerous community partners collaborated to support and provide resources to assist. It was quickly determined his cognitive abilities were questionable and he was a risk to public safety in the community. He was taken to hospital to be assessed and develop a plan of care for him. RMT members worked with doctors, nurses, and management to determine the best course of action for him.

Agencies advocated for this individual to be returned to his home community elsewhere in the province as he had services and supports in place to assist him there. He also had a residence that he was able to return to, however, he was not able to travel this long distance alone due to his cognitive issues which posed a safety risk for him. RMT members were able to collaborate with service agencies in that town to ensure they would continue providing supports and greet him when he arrived. Arrangements were negotiated with the hospital to have this individual transported by the ambulance transfer service to his home community in the company of health professionals.

This individual was safely transferred out from Sudbury into the care of his support team where they were able to provide various services to assist him. This individual is now surrounded by agencies that will monitor his progress and provide additional supports as required.

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

Risk Factor	Definition
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

Risk Factor	Definition
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.

Study Flags	Definition
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).

Study Flags	Definition
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.