Risk-driven Tracking Database

2022 Annual Report

Ministry of the Solicitor General

Released: 2023

Ontario

Table of Contents

Introduction 5

Data considerations and limitations 6

RTD Project Highlights 7

- Provincial Roll-out and On-boarding 8
- National Project 9
- RTD Training 9
- Service Level Standards 9
- System Enhancements 9

Part A – RTD 2022 Annual Report - Provincial Results 10

2022 RTD Provincial Highlights 10

2022 RTD Provincial Data Results 11

- Provincial Discussion Overview 11
- Provincial Sector Engagement 12
- Provincial Socio-Demographic Data 14
- Provincial Risk Category Information 15
  - Risk Categories – By Occurrence 16
  - Top 5 Risk Categories – By Discussion 16
  - Top 5 Risk Categories by Demographics 17
- Provincial Protective Factors 18
- Provincial Study Flags 19

Provincial Services Mobilized 20
Provincial Conclusion Reasons 21
Provincial Correlating Data 22
Top 5 Risk Categories with Associations 22
Top 5 Correlated Risk Categories by Age Group 23
Top 5 Study Flags with Correlated Risk Categories 24
Provincial Population Category Analysis 25
Top 5 Risk Categories by Population Category 25
Socio-Demographic Data by Population Category 26
Part B – RTD 2022 Annual Report - Regional Results 27
2022 RTD Regional Data Results 28
Discussion Overview 28
Regional Sector Engagement 29
Top 3 Sectors Engaged 29
Regional Socio-Demographic Data 30
Regional Risk Category Information 31
Top 3 Risk Categories – By Occurrence 31
Top 3 Risk Categories – By Discussion 32
Top 3 Risk Categories by Demographics 33
Regional Protective Factors 34
Top 5 Protective Factors 34

Regional Study Flags....35
Top 5 Study Flags....35
Regional Services Mobilized....36
Top 3 Services Mobilized....36
Regional Conclusion Reasons....37
Conclusion....38
Provincial Trend Analysis....38
Value provided by the RTD....41
Contacts....42
RTD 2022 Annual Report Contributors....42
Appendix A – Glossary of Terms....43
Appendix B – All Ontario site locations onboarded to the RTD....46

Introduction

Over the last decade, Ontario has made significant progress towards upstream, holistic and sustainable approaches to addressing crime and complex social issues. This is being achieved through greater collaboration among sectors, improved integrated service delivery and implementation of innovative strategies, such as community safety and well-being planning. Recognizing the value of this work, the Ministry of the Solicitor General (ministry) continues to offer a number of provincial tools and resources that can support local safety and well-being efforts, including the Risk-driven Tracking Database (RTD).

The RTD is a Microsoft technology solution that the ministry provides free of charge to allow for improved opportunities for data collection, analysis and reporting for communities that have introduced multi-sectoral risk intervention models such as Situation Tables. The RTD also continues to support the legislative requirements that came into force on January 1, 2019, under the *Police Services Act*, mandating municipalities to develop local community safety and well-being plans, in consultation with various sectors, including justice, health/mental health, education, community and social services, and children and youth services. The data collected through the RTD can help identify local trends regarding priority risks and vulnerable groups and inform future programs and strategies that will be implemented to address these risks within a community safety and well-being plan.

Since the RTD project began as a pilot in 2014, its use has expanded substantially. Approximately 85 per cent of all Situation Tables in Ontario currently use the RTD, and in 2019 the RTD National Project was approved with three provinces, including Ontario, now onboarded. As part of this work, the ministry has released an RTD Annual Report each year since 2016. This provides a mechanism to highlight project milestones and share Ontario provincial and regional data results. In addition, the report also includes correlation analyses, trend analyses and population category analyses. Through this work, the government continues to strive to ensure that those most vulnerable receive quick access to appropriate services, and addresses broader issues related to community safety and well-being.

Data considerations and limitations

When viewing this report, readers should be aware of the following data limitations and considerations:

- Data was pulled in early 2023; numbers can change from the point the data was pulled as communities continually update their data.
- Some sites have more discussions than others; therefore, the provincial-level data may be skewed.
- While the ministry consistently conducts data audits and data-cleansing procedures to ensure accuracy and integrity of the data, there is an inherent possibility of data errors and gaps in the database (e.g., wrongly inputted data fields, blank data fields, technical errors, etc.). Functional changes have been implemented to minimize possible data errors and gaps.
- Where there is a limited amount of data for a particular dataset, the data has been suppressed. This is noted in the report near the data where it occurs.
- Percentages may not add up to 100 per cent due to rounding and/or agencies taking multiple roles in a discussion (i.e., an agency can take the role of both originating agency and assisting agency in a given discussion).

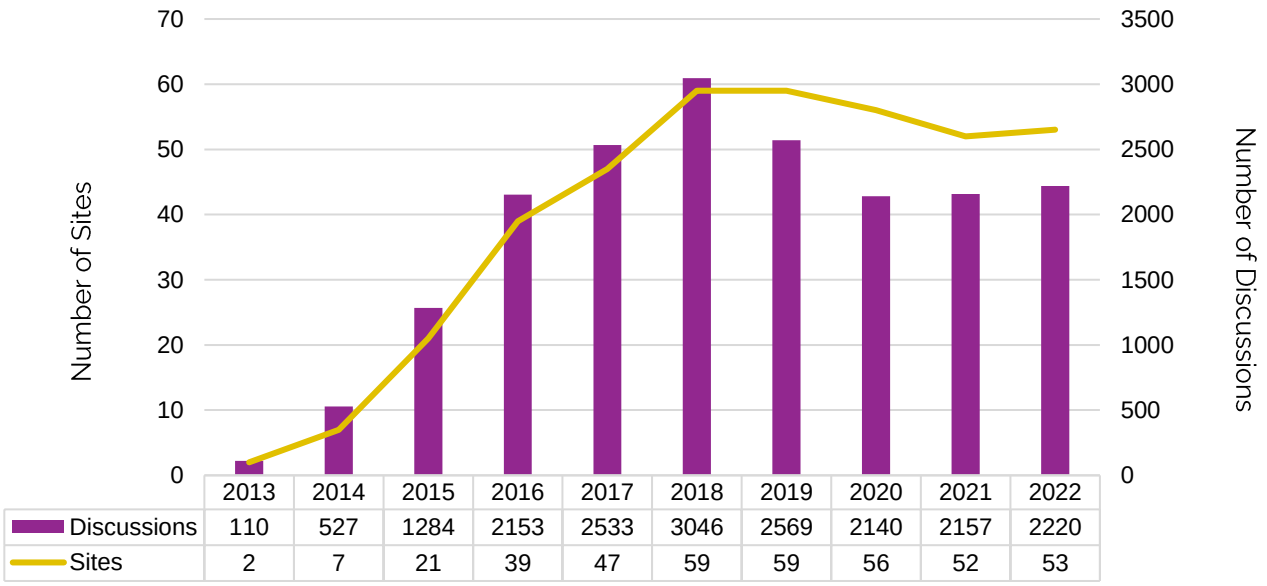
The Glossary of Terms in **Appendix A** may assist in understanding some of the data results included in this report.

RTD Project Highlights

Since inception of the RTD Project in 2014, there have been several significant successes and milestones, including continued onboarding and user training, dedicated technical support, and seven annual reports delivered to date. The chart below shows the RTD's steady growth since inception. However, we do see a slight dip in both the number of sites and the number of discussions around 2020, which can be attributed to a number of factors. Firstly, the success of Situation Tables, and similar multi-sectoral approaches, has increased cross sector collaboration, meaning that agency partners may be able to mitigate risks without having to come to the table, causing some smaller tables to suspend operation. Secondly, many tables had to pause or reduce their meeting frequency due to the COVID-19 pandemic. As pandemic measures are loosened, Situation Tables can meet more freely to discuss situations of acutely elevated risk, which may be attributed to the number of discussions slowly increasing each year since 2020.

Project Successes

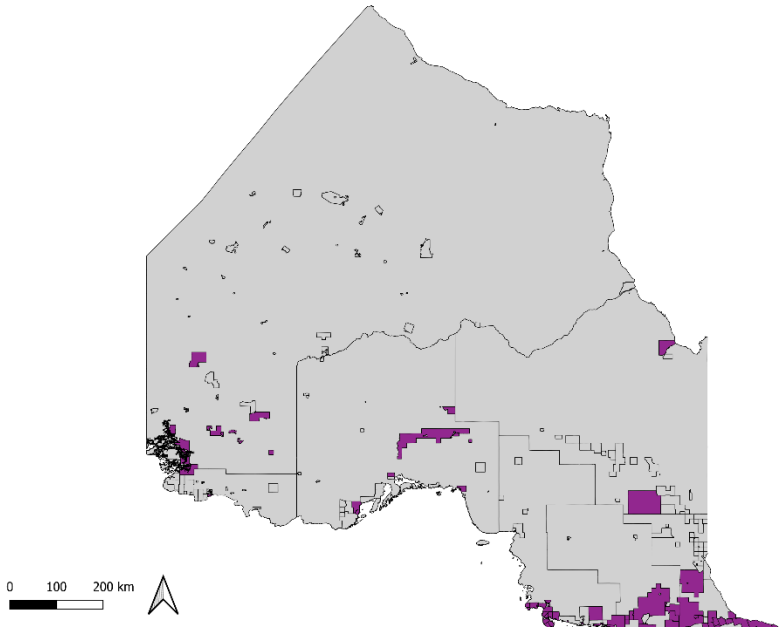
Year-over-Year Data Results
Discussions and Sites



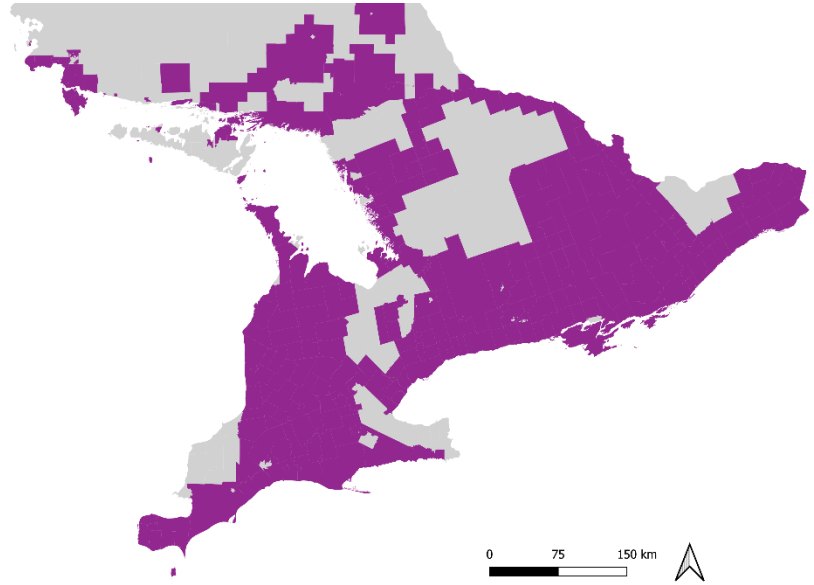
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Discussions	110	527	1284	2153	2533	3046	2569	2140	2157	2220
Sites	2	7	21	39	47	59	59	56	52	53

Provincial Roll-out and On-boarding

Based on the ongoing success of the project, the RTD continues to be rolled out provincewide. The following maps reveal a geographical representation of RTD use across Ontario since inception of the project (2014 - 2022). For a full list of all 62* site locations that have been onboarded to the RTD see **Appendix B**.



Ontario (with focus on Northern Ontario)

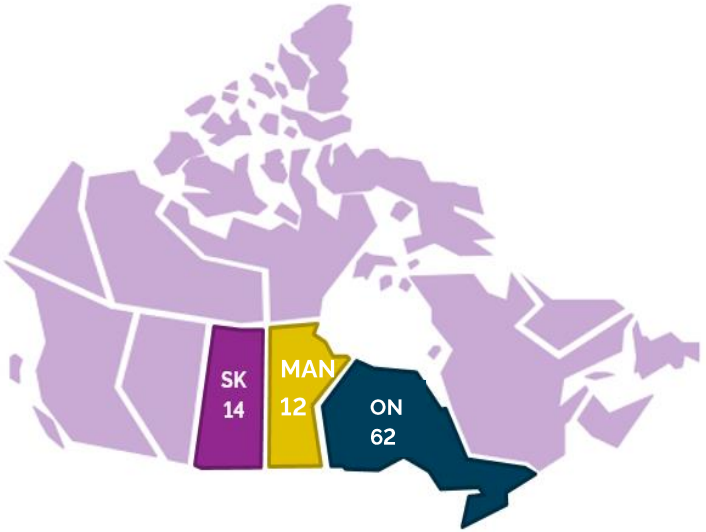


Ontario (with focus on Southern Ontario)

***Note:** while 62 sites have been onboarded to the RTD since inception, only 53 sites had 2022 data in the RTD at the time of this report.

National Project

The ministry recognized the value of continuing to build a network of support for enhancing community safety and well-being across Canada. Based on the success of a pilot with Saskatchewan, which included 14 sites being on-boarded, in December 2019 the RTD National Project was approved. Since then, Manitoba has been onboarded with 12 sites to date. The ministry continues consultations with other provinces. National level data will not be presented in this report.



RTD Training

As part of the RTD project, the ministry provides a one-day training session for each new site using the RTD. Since 2020, training has been delivered virtually, and a recording of the training program was made available in 2021 to support new users from existing sites.

Service Level Standards

The ministry has committed to service level standards for technical support and maintenance of the database. To ensure the RTD Support Team is meeting its commitments, as outlined in the RTD Agreement, these measures are tracked and reviewed annually.

System Enhancements

To ensure the RTD remains innovative and is meeting the needs of Ontario communities, the ministry conducts regular system enhancements. Through the 2022 year the ministry was undertaking broader work on upgrading the RTD platform to Microsoft Dynamics 365, which launched in July 2023.

Part A – RTD 2022 Annual Report - Provincial Results

2022 RTD Provincial Highlights

TOTAL

Sites 53

Discussions 2,220

TOP 3 RISK FACTOR CATEGORIES

Mental Health
15%

Criminal Involvement
8%

Physical Health
7%

96%

Discussions Met the Threshold of Acutely Elevated Risk (AER)

75%

Resulted in the Overall Risk Lowered*

*Discussions that met AER

68%

Discussions Involve a Person at AER

TOP VULNERABLE AGE GROUP

30-39 **21%**

AVERAGE PER DISCUSSION

Risk Factors	8
Protective Factors	1
Agencies Engaged	5

TOP 3 PROTECTIVE FACTOR CATEGORIES

Housing & Neighbourhood
37%

Family Supports
16%

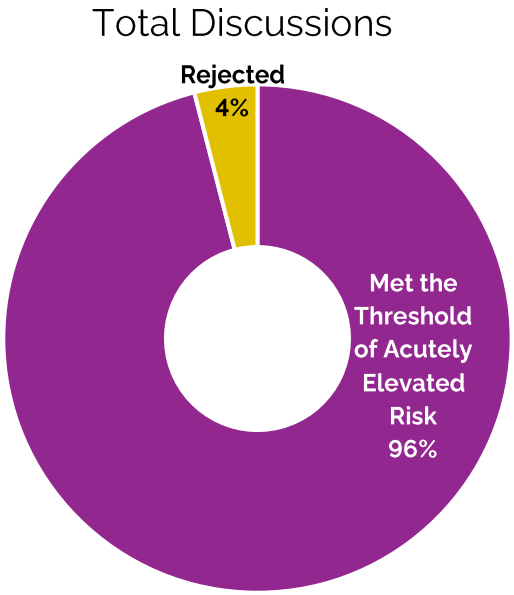
Financial Security and Employment
10%

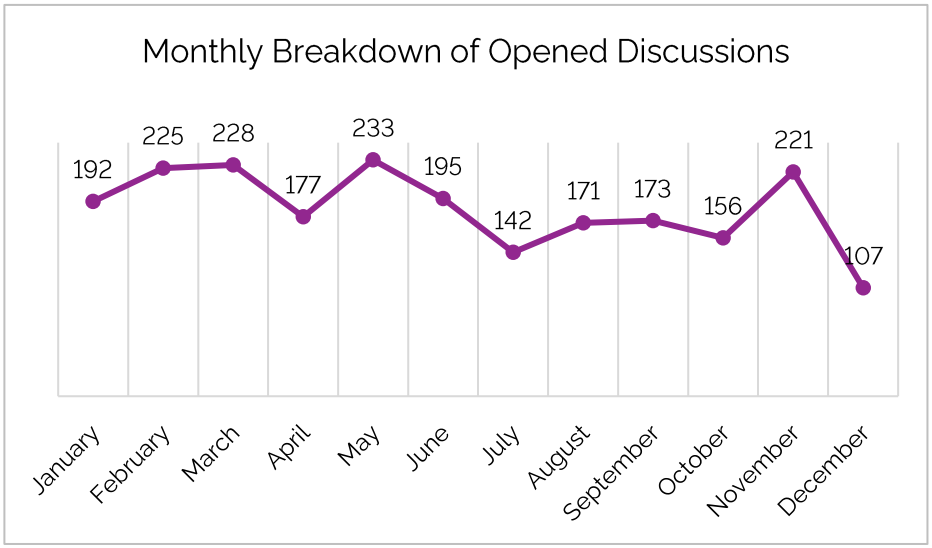
2022 RTD Provincial Data Results

As of 2022, there were 53 sites in operation using the RTD. This includes representation from all five regions across the province.

It is important to note that conclusions should not be drawn from the RTD data alone when assessing patterns and trends related to community safety and well-being. The RTD is only one of many tools that can be used to gather data and communities are encouraged to leverage all available resources to identify their local priorities.

Provincial Discussion Overview

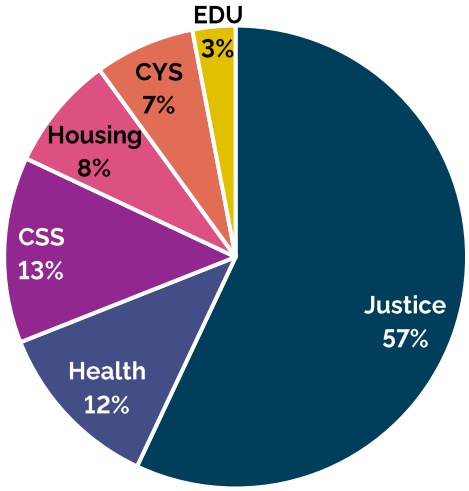




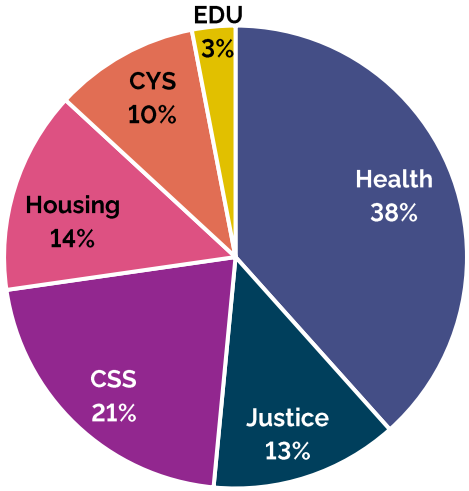
Provincial Sector Engagement

The RTD categorizes all agencies under one of six sectors outlined below, which is beneficial when conducting provincial analysis given demographic size differences. The justice and health sectors consistently remain the top originating and lead sectors, with variability in the top assisting sector. Often in situations of AER, individuals seek out the most familiar resource available to them, which often tends to be from the justice sector (57 per cent). This data also confirms that once a situation of AER is discussed through a multi-agency risk-based approach, the agency identified to lead the intervention is no longer from the justice sector. It moves, more appropriately, to the sector that is best suited to lead the process to help reduce those risks identified (for example, health; 38 per cent).

Originating Sector

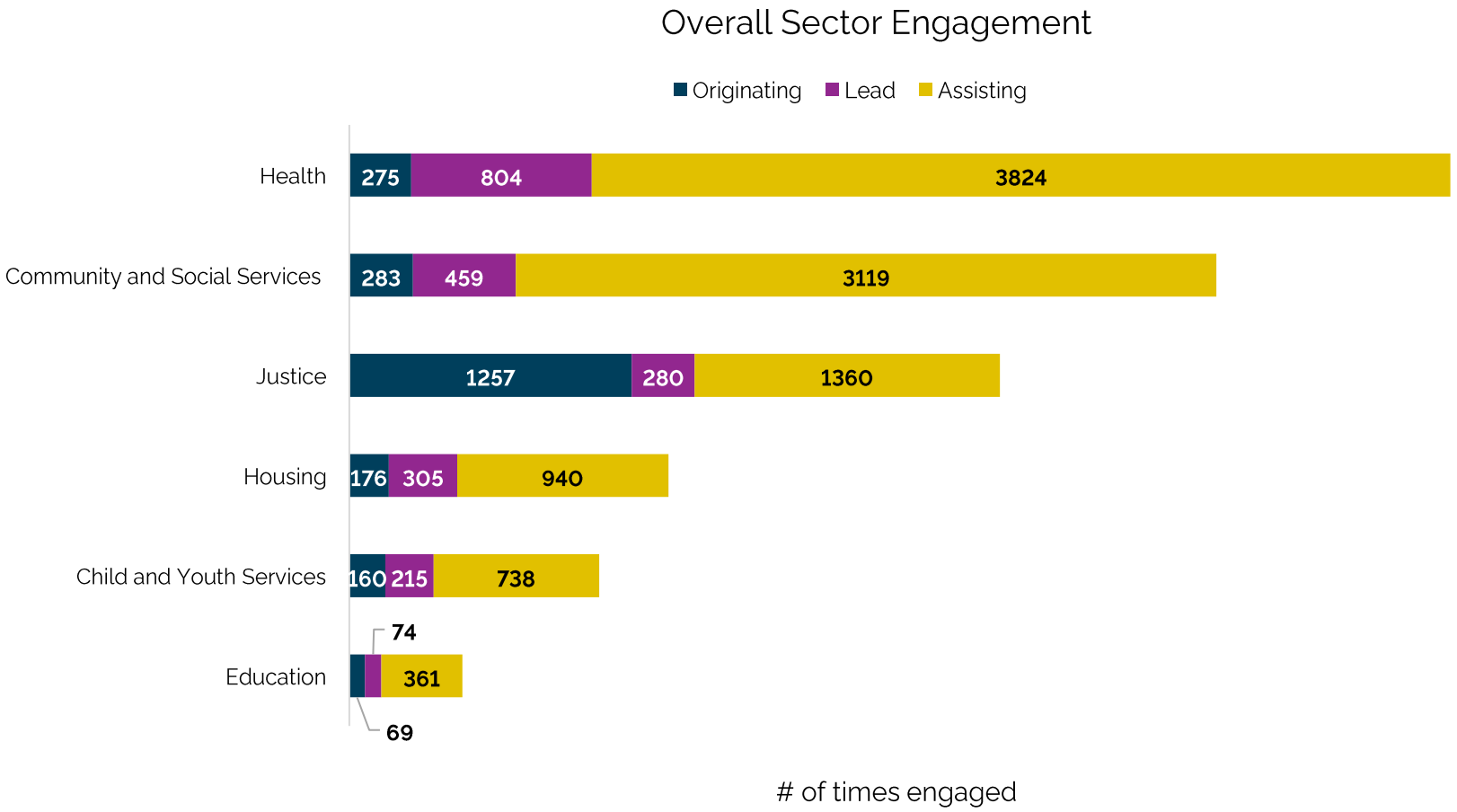


Lead Sector



*__Note__: **CSS** = Community and Social Services; **CYS** = Child and Youth Services; **EDU** = Education.

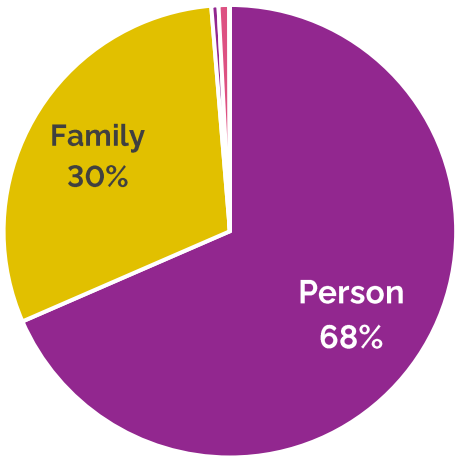
The chart below shows Overall Sector Engagement, by Originating, Lead, and Assisting Agency; demonstrating the pivotal role that assisting agencies play in the intervention process. For example, although the justice sector may not be best positioned to lead the intervention, it is still involved in a supporting capacity.



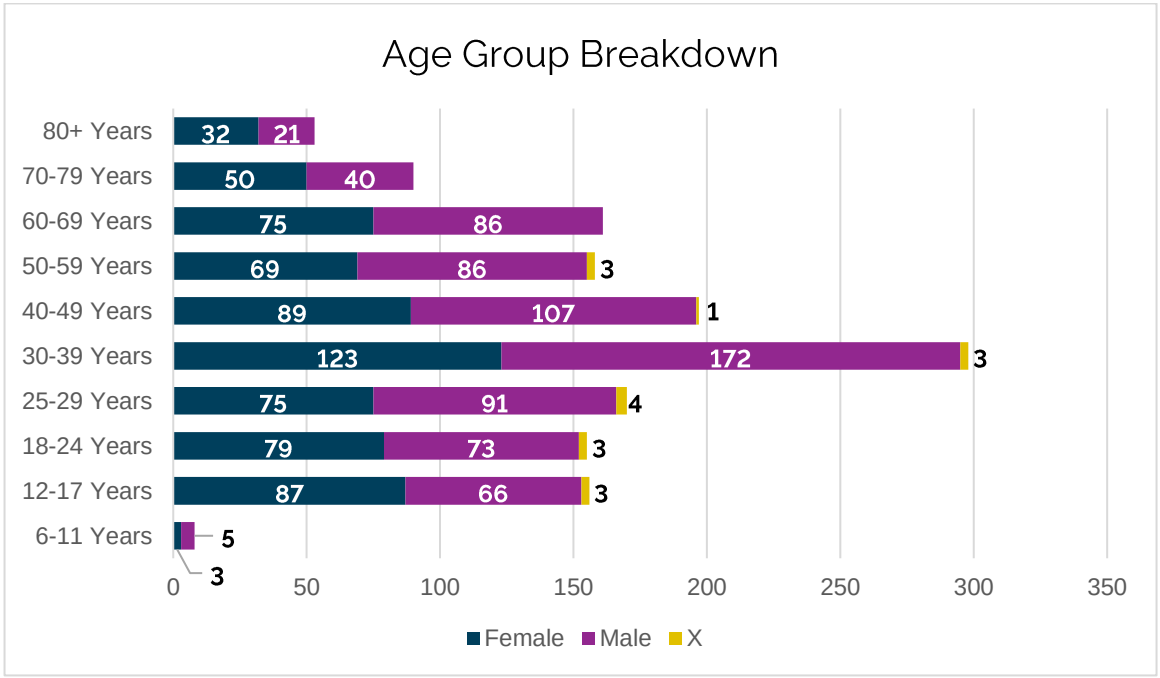
Provincial Socio-Demographic Data

When discussing situations of AER, agency partners will identify the type of discussion as well as some de-identified socio-demographic information to assist in determining situational factors and agency engagement.

Discussion Type



Note: "Dwelling" (0.51%), "Neighbourhood" (0.75%), and "Environmental" (0.05%) Discussion Type field values also contribute to these data results.

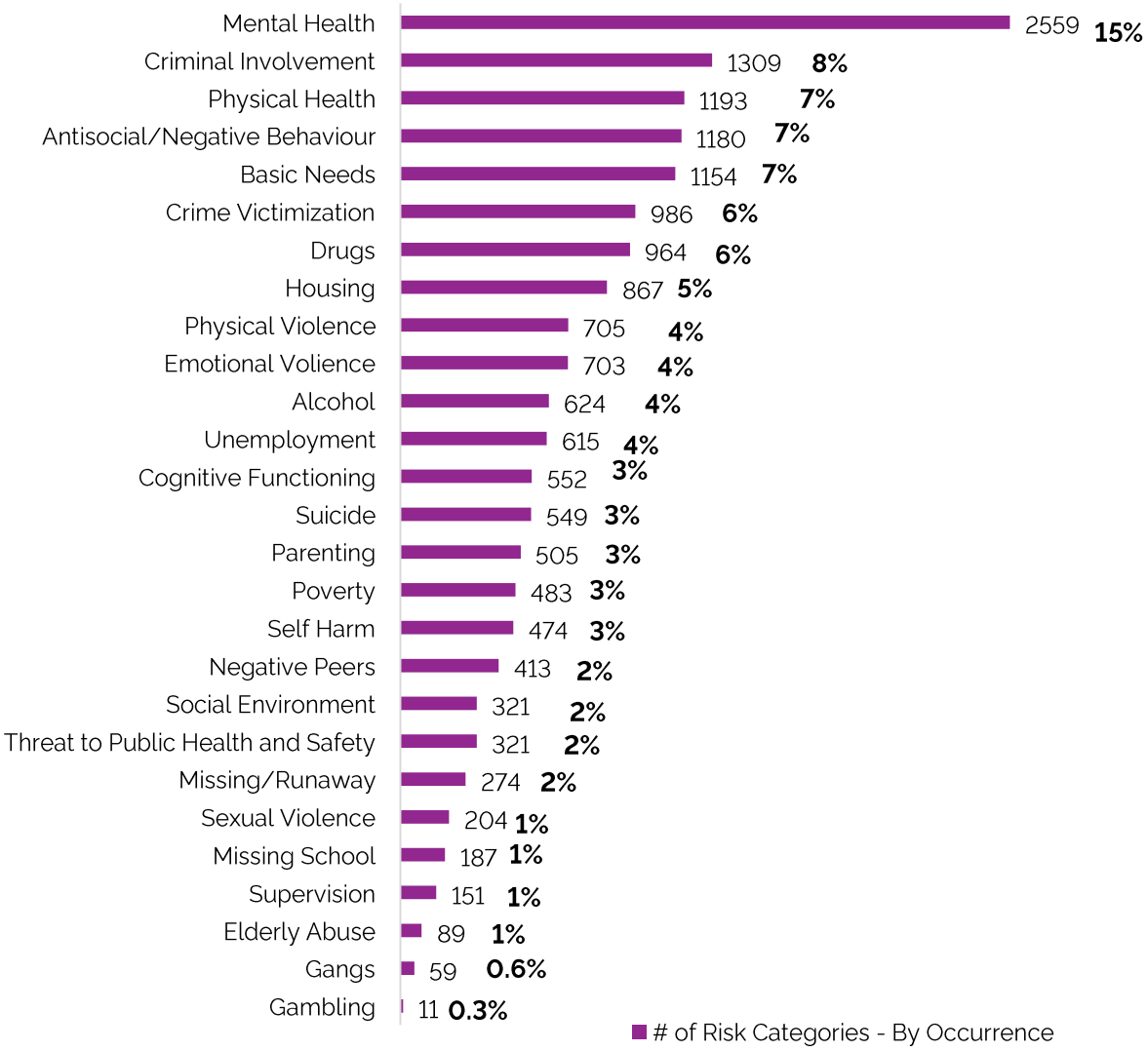


Provincial Risk Category Information

Risk information in the RTD can be analyzed in two different ways – by occurrence and by discussion. The total number of risk factors (105) roll-up into one of 27 risk categories. However, the number of risk factors in each respective category are not equal [e.g., mental health (seven), criminal involvement (13), drugs (five), etc.]. Analysing the data by occurrence allows for a count of all risk factors (17,452) reported in 2022, regardless of how many times the risk factors of the same category appear in a single discussion. Comparatively, risk factor analysis by discussion captures instances where risk factors included in one of 27 categories appear at least once in a given discussion. For example, analysis of provincial risk information by occurrence reveals the most predominant risk categories identified centred around mental health risks (15 per cent), followed by criminal involvement (eight per cent) and physical health (seven per cent). However, instances where a risk factor appears at least once in a given discussion from each of the 27 categories reveal a different pattern centred around mental health (83 per cent), antisocial/problematic behaviour (49 per cent) and basic needs (45 per cent).

It is important to note that priority risks may vary by discussion type, age group and/or sex. When looking at the dataset relative to individuals brought forward for discussion we have identified that, provincially, the majority of discussions specific to “person” in 2022 fell within the age group of 30-39 years (21 per cent).

Risk Categories – By Occurrence



Top 5 Risk Categories – By Discussion

Mental Health
1,765 (83%)

Antisocial/ Problematic Behaviour
1,041 (49%)

Basic Needs
963 (45%)

Housing
866 (41%)

Physical Health
829 (39%)

Total Risk Factors Reported = **17,452**
Average Per Discussion = **8**
Risk Factors Identified (out of 105 risk factors) = **105**

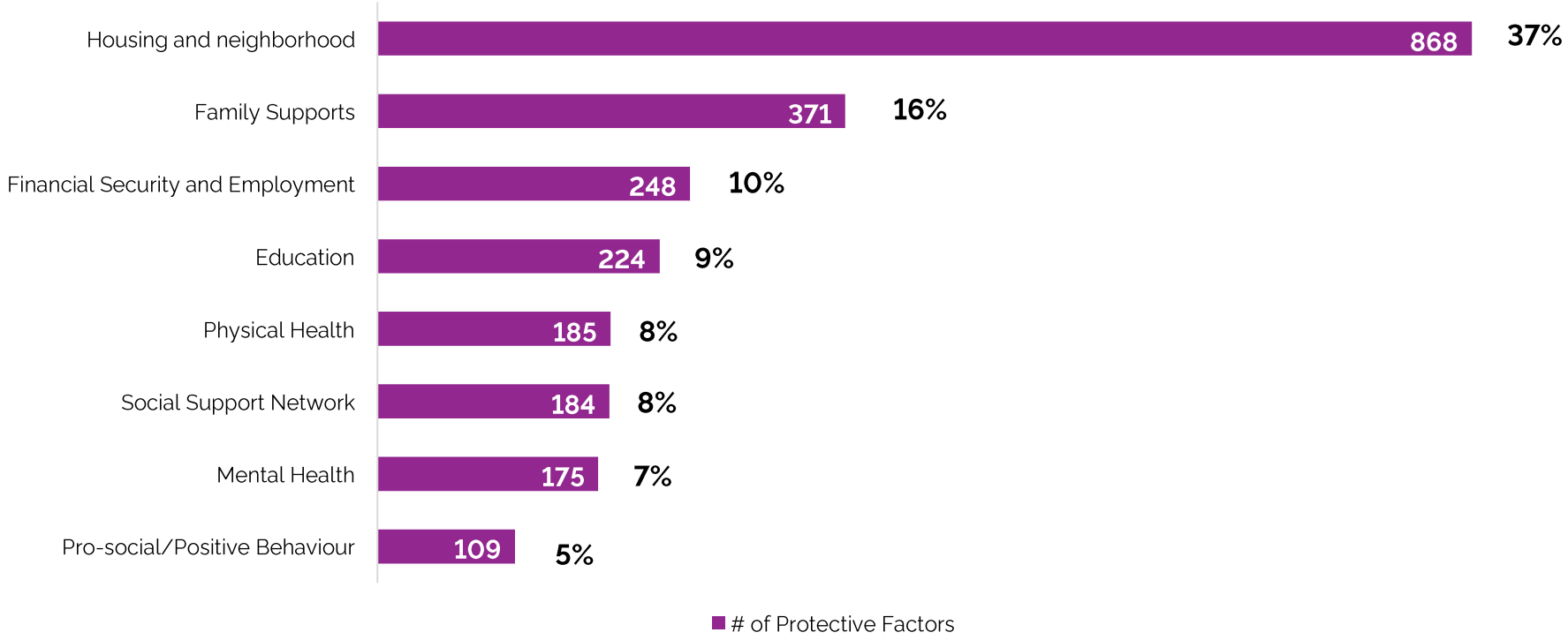
Top 5 Risk Categories by Demographics

Top 5 Risk Categories for 30-39 Years Group	
1. Mental Health (14%)	
2. Criminal Involvement (11%)	
3. Drugs (8%)	
4. Basic Needs (7%)	
5. Housing (6%)	
FEMALE	**MALE**
1. Mental Health (15%)	1. Mental Health (14%)
2. Physical Health (8%)	2. Criminal Involvement (11%)
3. Basic Needs (8%)	3. Physical Health (8%)
4. Crime Victimization (7%)	4. Antisocial/Negative Behaviour (7%)
5. Drugs (6%)	5. Basic Needs (7%)

***Note:** Data for the sex group "X" has been suppressed from this table due to low sample size.

Provincial Protective Factors

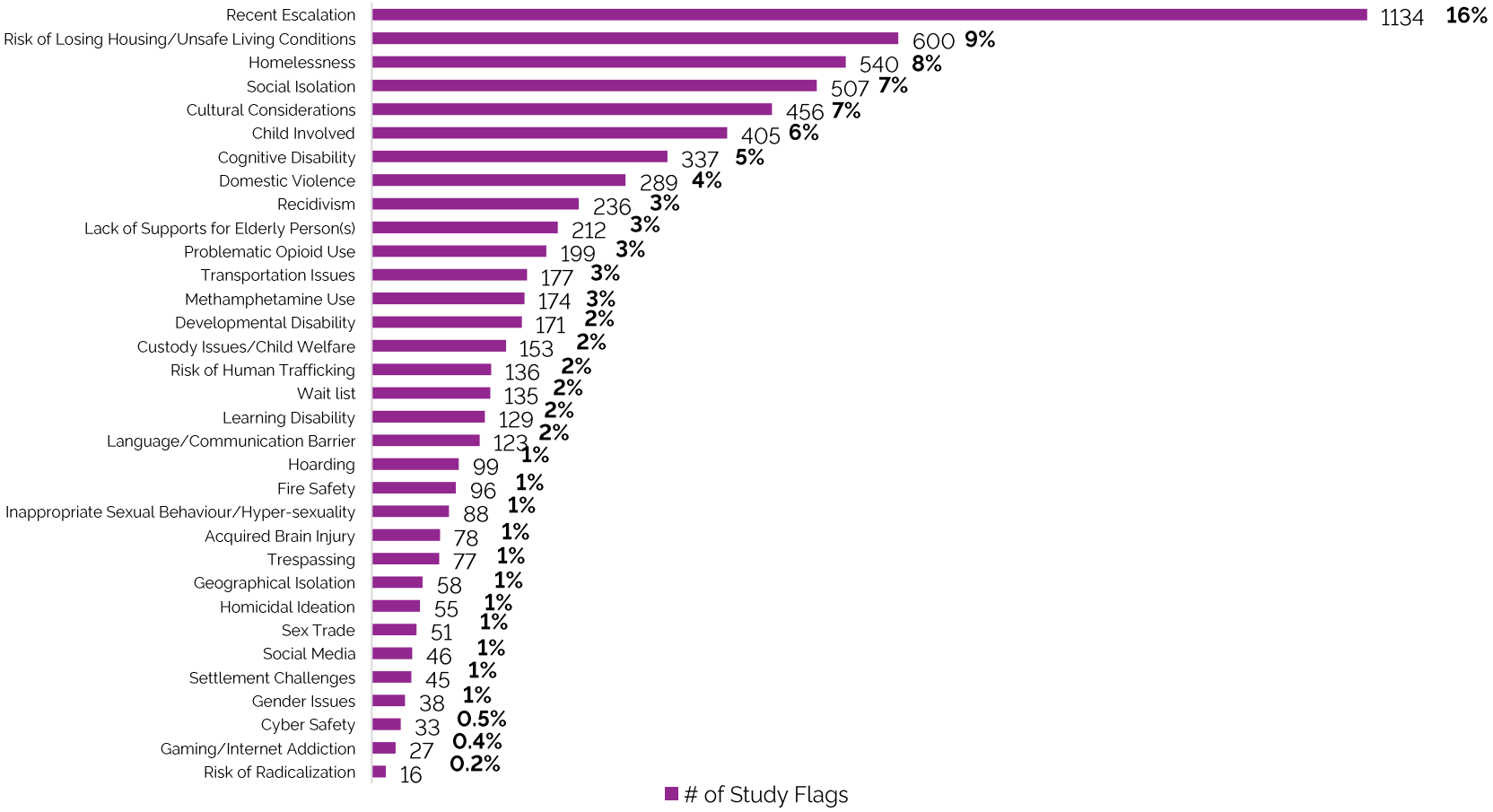
The RTD includes 51 protective factors that can be rolled up into eight protective factor groupings. Protective factor information is currently being collected by 35 sites (56 per cent) across Ontario that are currently accessing the RTD. The top two protective factor groupings provincially in 2022 were “Housing and Neighbourhood" (37 per cent) and "Family Supports" (16 per cent).



***Note:** Number of sites using protective factors: 35 sites.

Provincial Study Flags

There are 33 study flag values that can be collected within the RTD. In 2022, the number of study flags reported totalled 6,920. "Recent escalation" (16 per cent) remains the highest provincially, followed by "Risk of Losing Housing/Unsafe Living Conditions" (9 per cent).

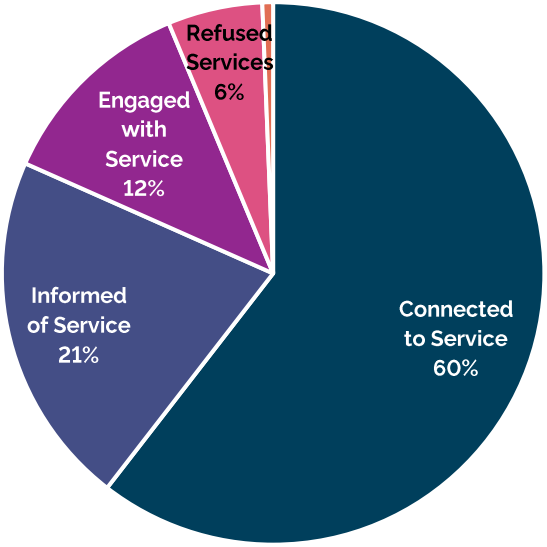


***Note:** Number of sites using study flags: 43 sites

Provincial Services Mobilized

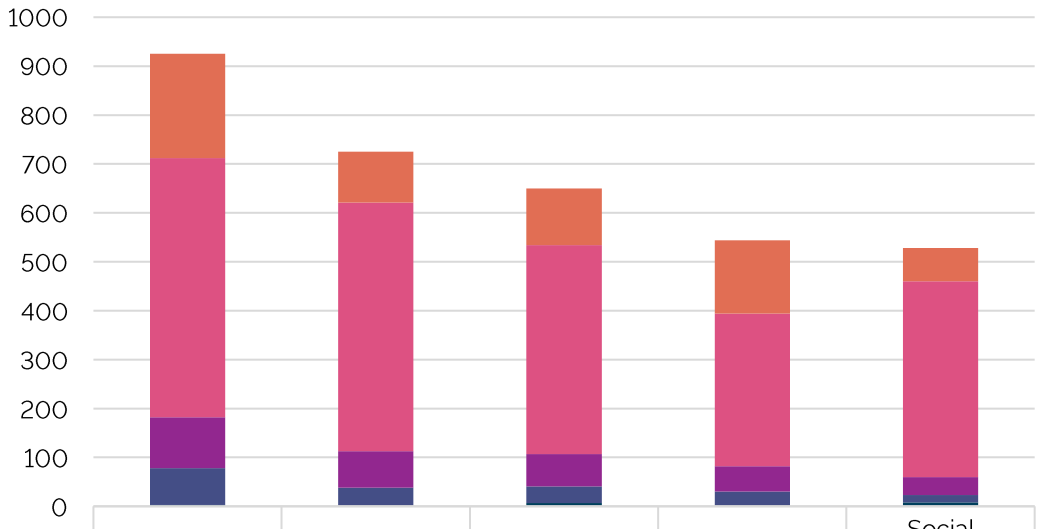
Data for the type of mobilization and services mobilized is collected from 40 sites (75 per cent) and reported back to agency partners after the intervention occurs. Provincial results most frequently reveal a connection to mental health services.

Mobilization Type



Note: "No Services Available" (0.64%) field value also contributes to these data results.

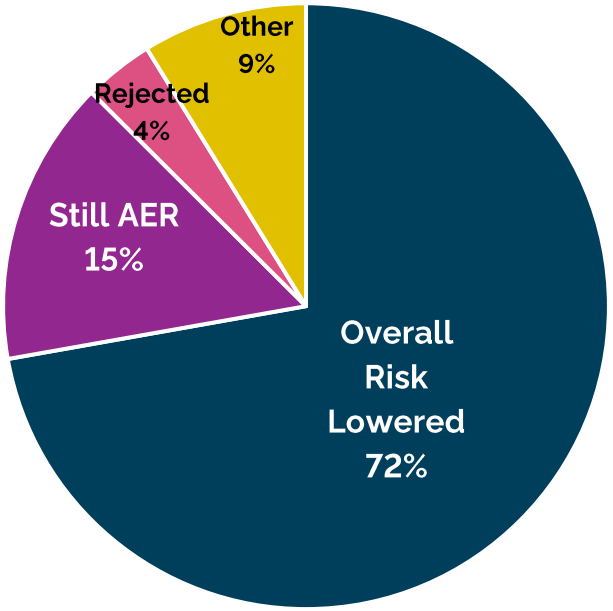
Top 5 Services Mobilized

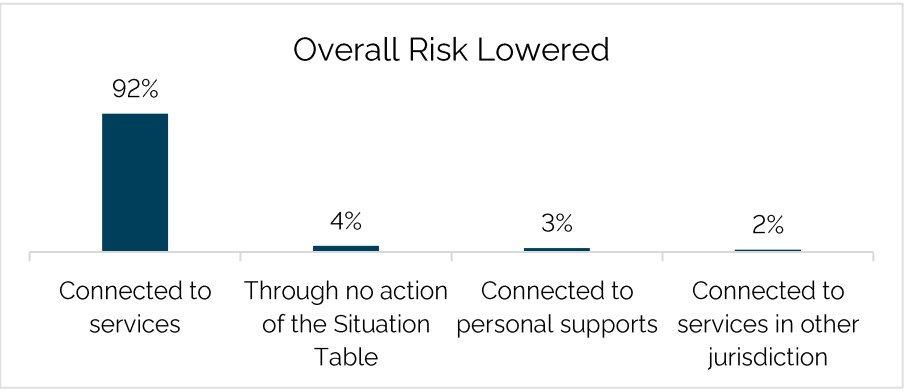


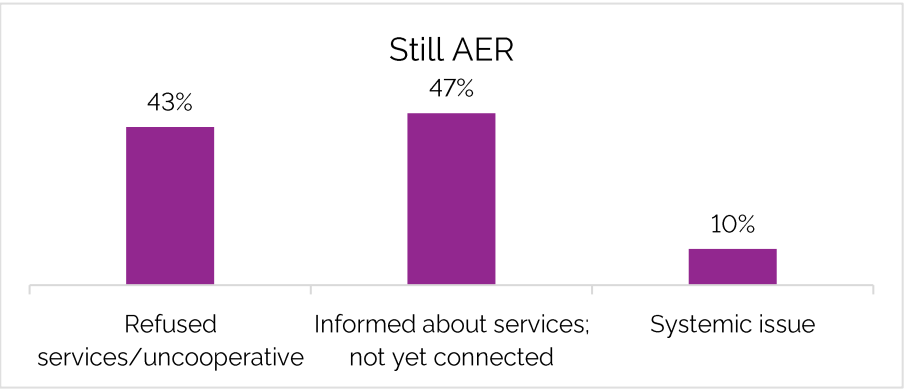
	Mental Health	Social Services	Housing	Counselling	Social Assistance
Informed of Service	213	104	116	150	68
Connected to Service	530	508	427	312	400
Engaged with Service	104	75	66	52	37
Refused Services	75	37	34	29	15
No Services Available	3	1	7	1	8

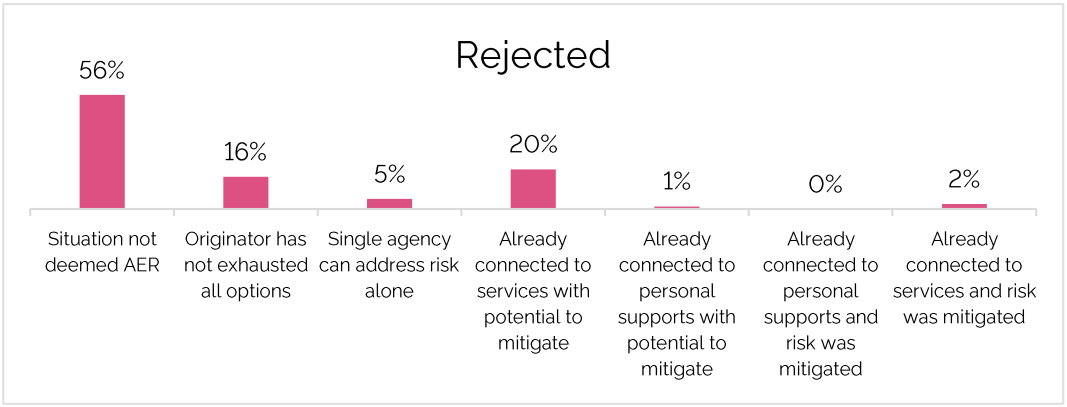
***Note:** Number of sites using services mobilized: 40 sites.

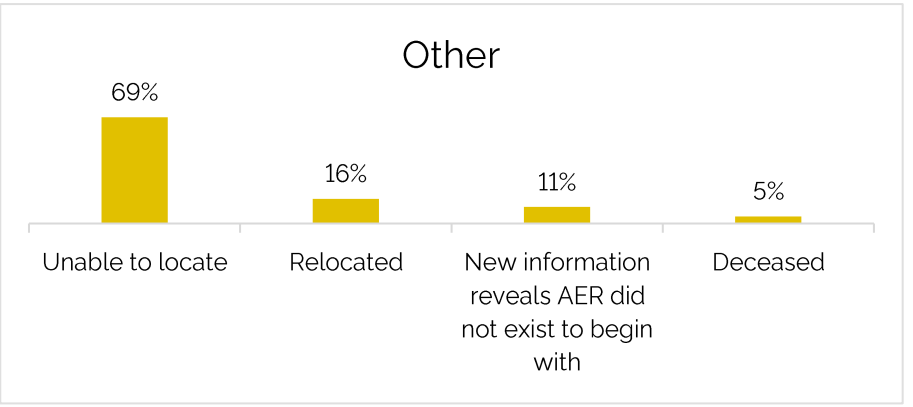
Provincial Conclusion Reasons











Provincial Correlating Data

Top 5 Risk Categories with Associations

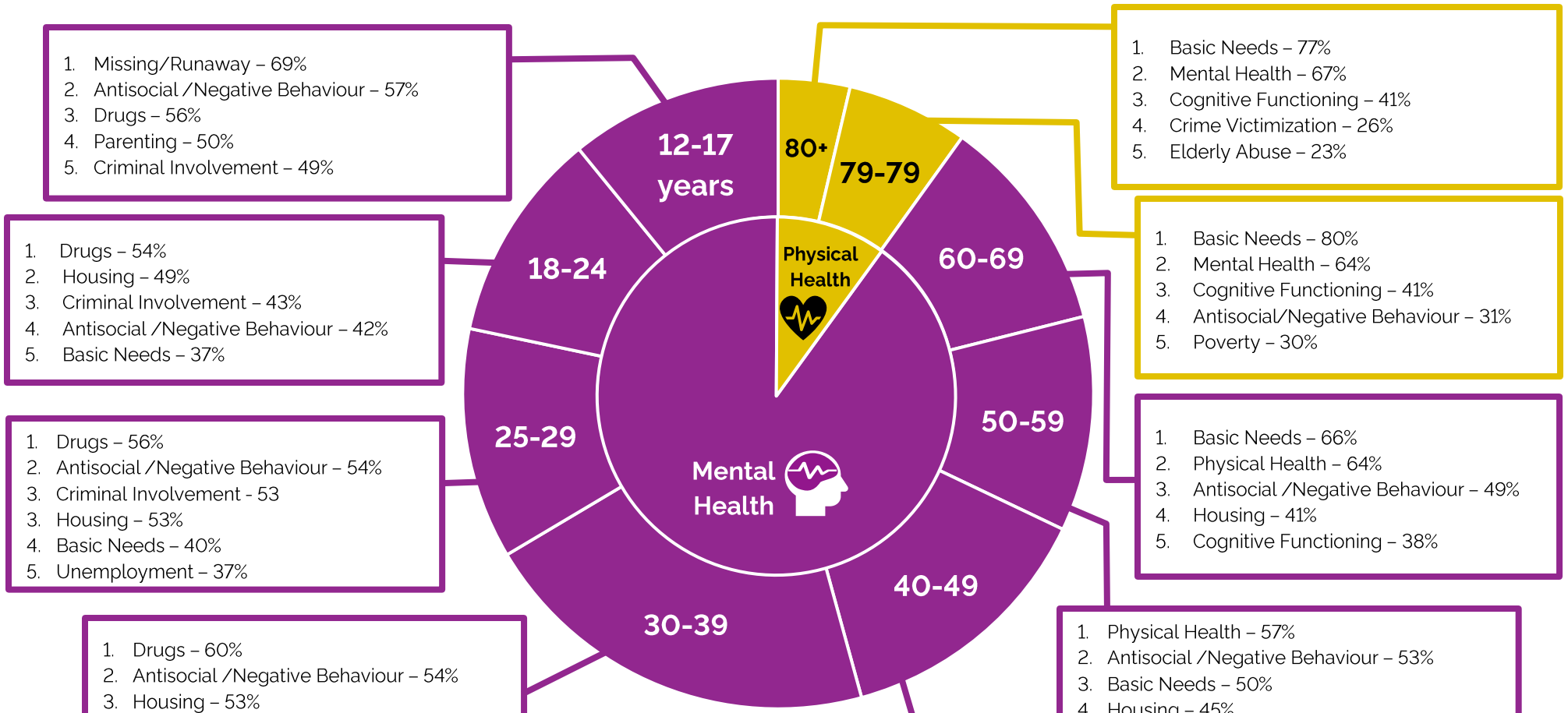
Top Risk Category	1. Mental Health* 15%	2. Criminal Involvement 8%	3. Physical Health 7%	4. Antisocial/ Negative Behaviour 7%	5. Basic Needs 7%
Top Age Group	30-39 Years	30-39 Years	30-39 Years	30-39 Years	30-39 Years
Top 5 Correlating Risk Categories	1. Antisocial/ Negative Behaviour (52%) 2. Basic Needs (44%) 3. Housing (40%) 4. Drugs (39%) 5. Physical Health (38%)	1. Mental Health (87%) 2. Anti-social/ Negative Behaviour (62%) 3. Drugs (57%) 4. Housing (42%) 5. Physical Violence (38%)	1. Mental Health (80%) 2. Basic Needs (65%) 3. Housing (49%) 4. Antisocial/ Negative Behaviour (44%) 5. Drugs (35%)	1. Mental Health (88%) 2. Criminal Involvement (45%) 3. Basic Needs (43%) 4. Drugs (41%) 5. Housing (36%)	1. Mental Health (78%) 2. Physical Health (54%) 3. Housing (50%) 4. Antisocial /Negative Behaviour (45%) 5. Drugs (35%)
Top Study Flag	Recent Escalation 55%	Recent Escalation 59%	Recent Escalation 50%	Recent Escalation 62%	Recent Escalation 50%
Top Service Mobilized	Mental Health				

***Example:** When looking at discussions of all age groups that contain mental health risk factors, the age group that is most associated is 30-39 years, and Antisocial/Negative Behaviour risk factors appear 52 percent of the time, along with a study flag of recent escalation 55 percent of the time. A mental health service is most often mobilized as a result of the intervention process.

Note: Risk category correlations are calculated by discussion – see page 16 for reference.

Top 5 Correlated Risk Categories by Age Group

Physical health was the top occurring risk category for the age groups 70-79 and 80+, while mental health was the top occurring risk category for the remainder of the age groups. *This page outlines the risk categories that are most correlated to the top risk category for each age group. For example, in the 18-24 age group, in all discussions that had a mental health risk category, the risk category "Drugs" also appeared 54% of the time.



***Note:** Data for the age groups 0-5 and 6-11 have been excluded due to low sample size.

Note: Risk factor correlations are calculated by discussion – see page 16 for reference.

Top 5 Study Flags with Correlated Risk Categories

1. Recent Escalation*	2. Risk of Losing Housing/ Unsafe Living Conditions	3. Homelessness	4. Social Isolation	5. Cultural Considerations
Mental Health 15%	**Mental Health** 14%	**Mental Health** 13%	**Mental Health** 16%	**Mental Health** 15%
Criminal Involvement 8%	**Physical Health** 9%	**Criminal Involvement** 9%	**Physical Health** 10%	**Antisocial/ Negative Behaviour** 7%
Antisocial/ Negative Behaviour 7%	**Basic Needs** 8%	**Housing** 9%	**Basic Needs** 9%	**Criminal Involvement** 7%
Drugs 6%	**Criminal Involvement** 7%	**Basic Needs** 8%	**Antisocial/ Negative Behaviour** %	**Physical Health** 6%
Basic Needs 5%	**Antisocial/ Negative Behaviour** 7%	**Physical Health** 7%	**Criminal Involvement** 5%	**Basic Needs** 6%

***Example:** In discussions where there is a Recent Escalation Study Flag, the Mental Health Risk Category appears 1,231 times (or 15 per cent).

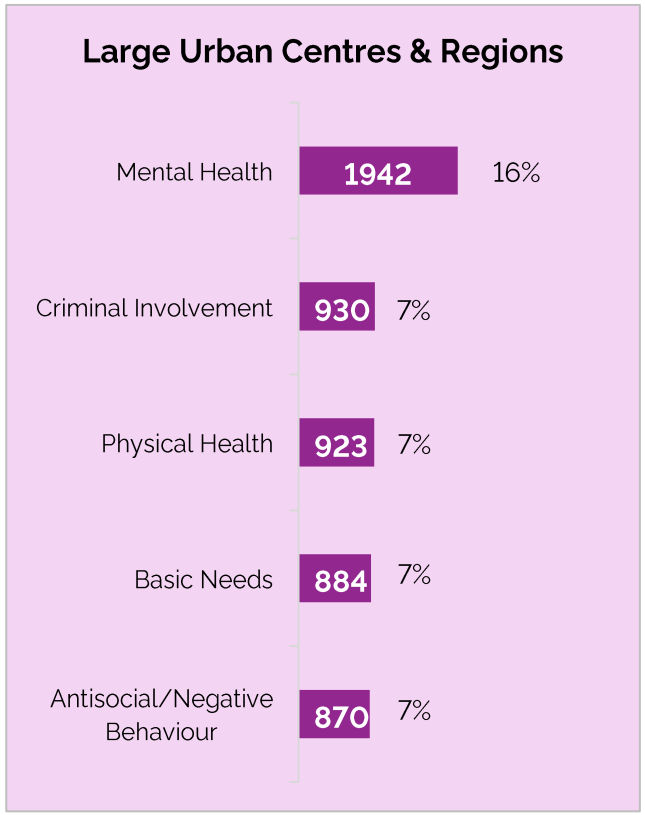
Note: Study Flag correlations are calculated by occurrence – see page 15 for reference on analysis by occurrence vs discussion.

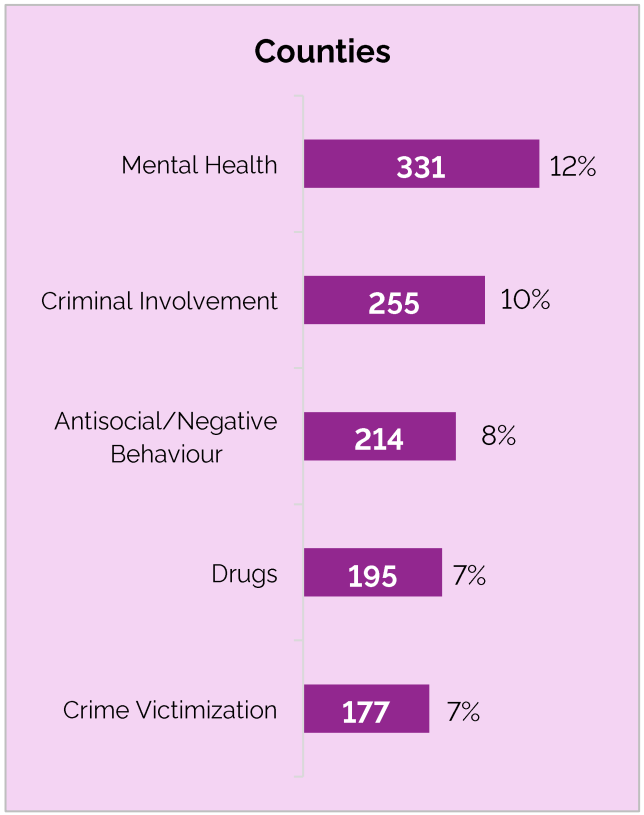
Provincial Population Category Analysis

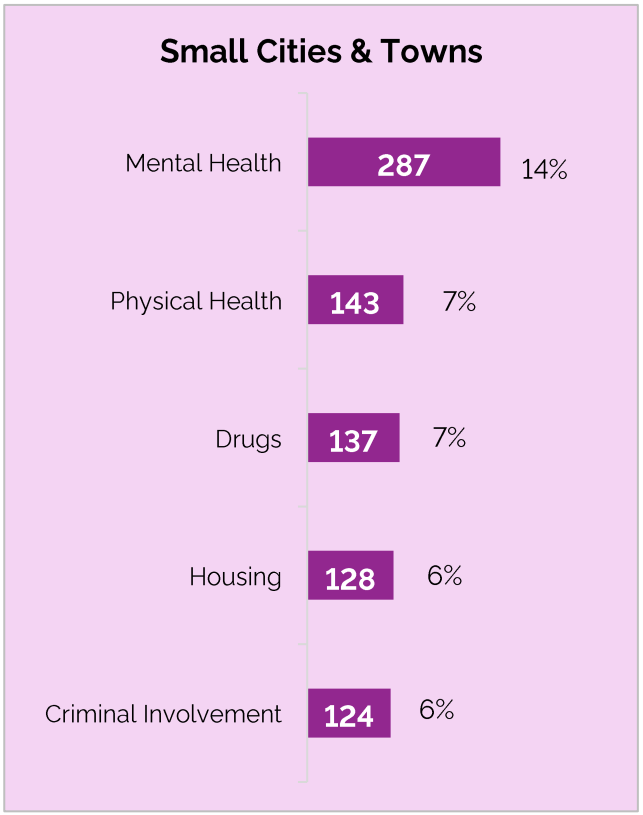
The 53 sites in the RTD with data in 2022 were divided into three population categories based on size according to Statistics Canada: Large Urban Centres & Regions (20), Counties (16), and Small Cities & Towns (17).

Top 5 Risk Categories by Population Category

The following charts show the top five Risk Categories by Occurrence for each Population Category. The top Risk Category is the same (Mental Health) for each Population Category, with some variation in the top five.

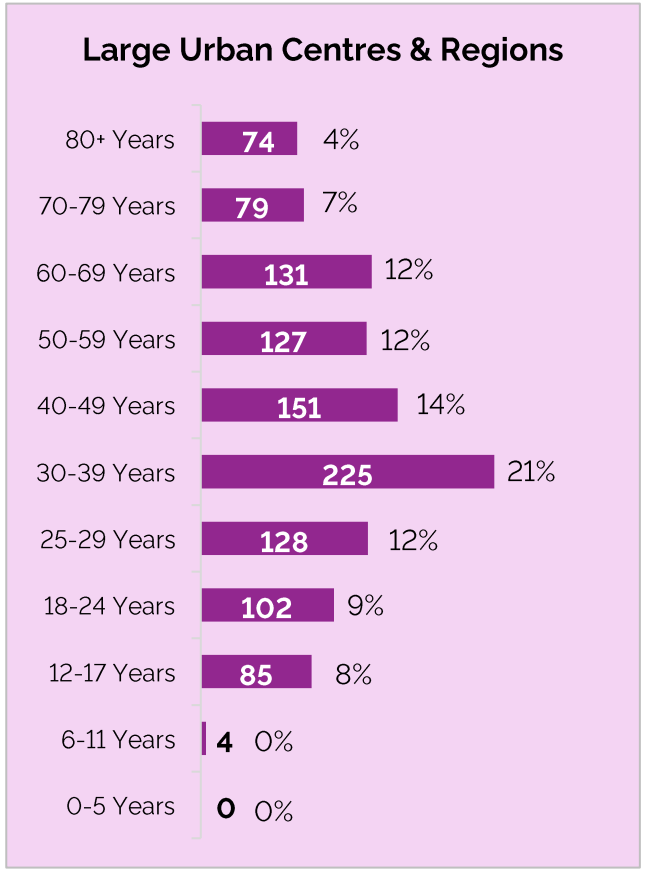


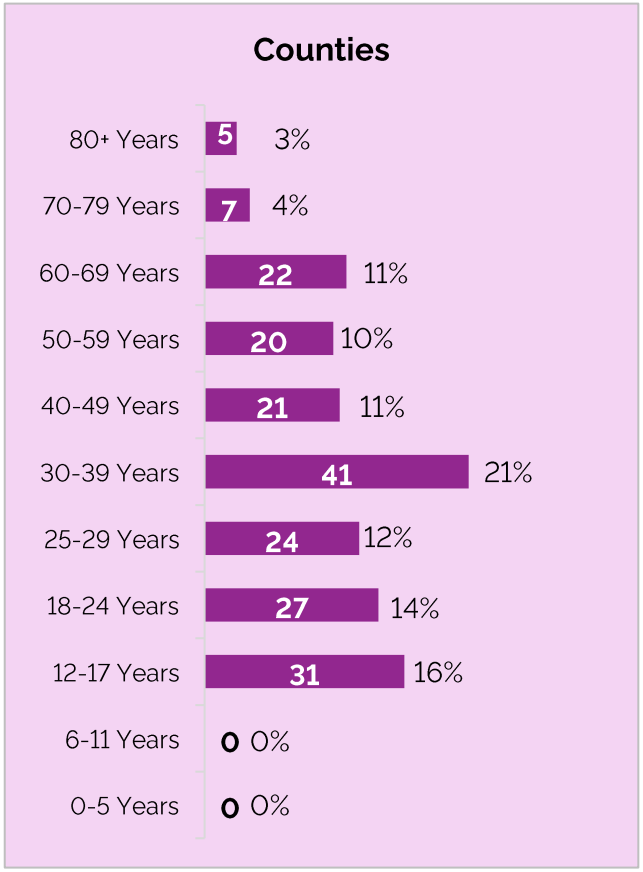


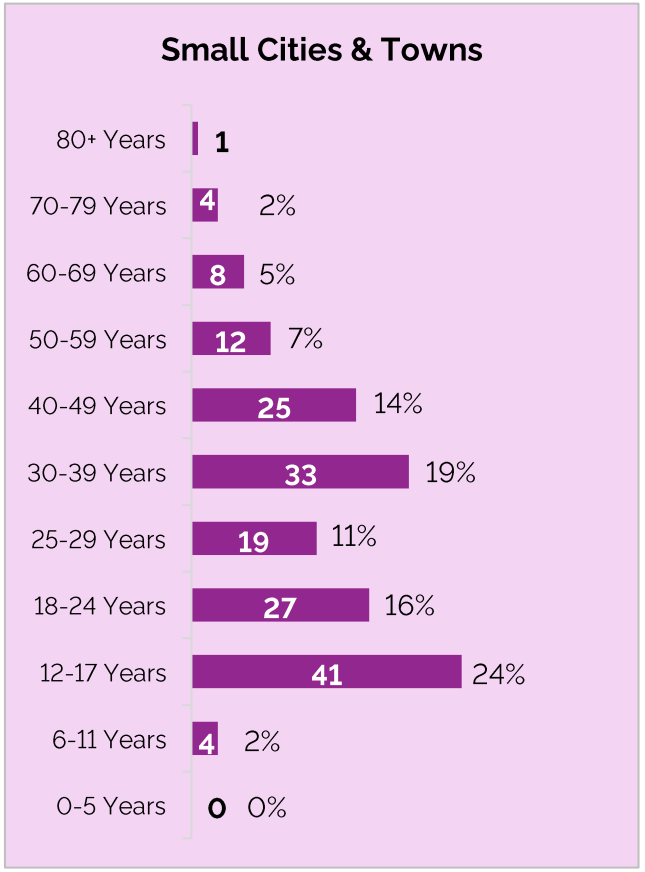


Socio-Demographic Data by Population Category

The following charts show the age groupings for each population category. The top age group for both Large Urban Centres & Regions and for Counties in 2022 was 30-39 Years, followed by 40-59 Years for Large Urban Centres & Regions, and 12-17 Years for Counties. The top age group for Small Cities and Towns was 12-17 Years, followed by 30-39 Years.



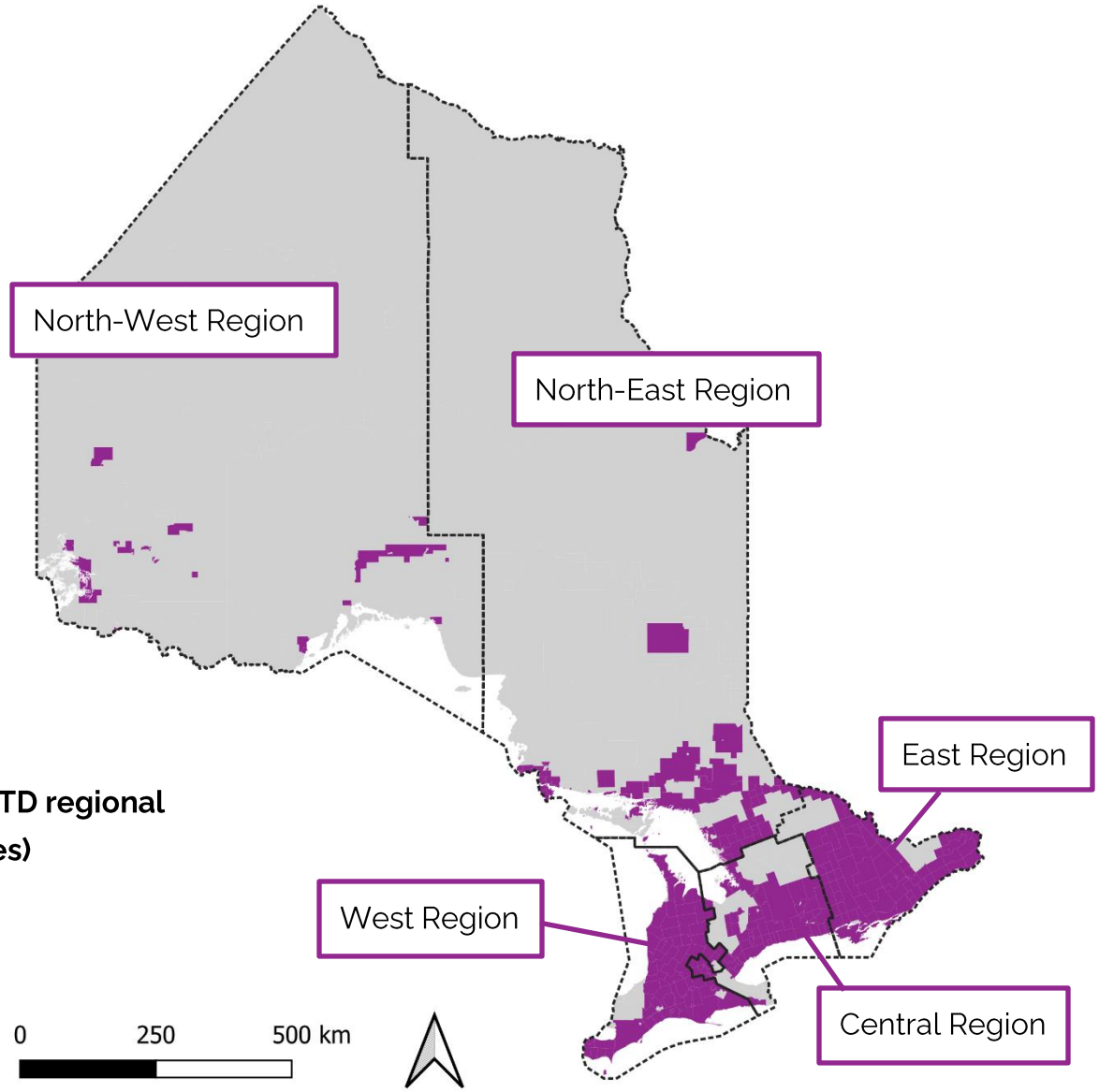




Part B – RTD 2022 Annual Report - Regional Results

The following maps reveal a geographical representation of RTD use across Ontario since inception of the project (2014 - 2022). For a full list of all 62* site locations that have been onboarded to the RTD see Appendix B.

***Note:** while 62 sites have been onboarded to the RTD since inception, only 53 sites had 2022 data in the RTD at the time of this report.

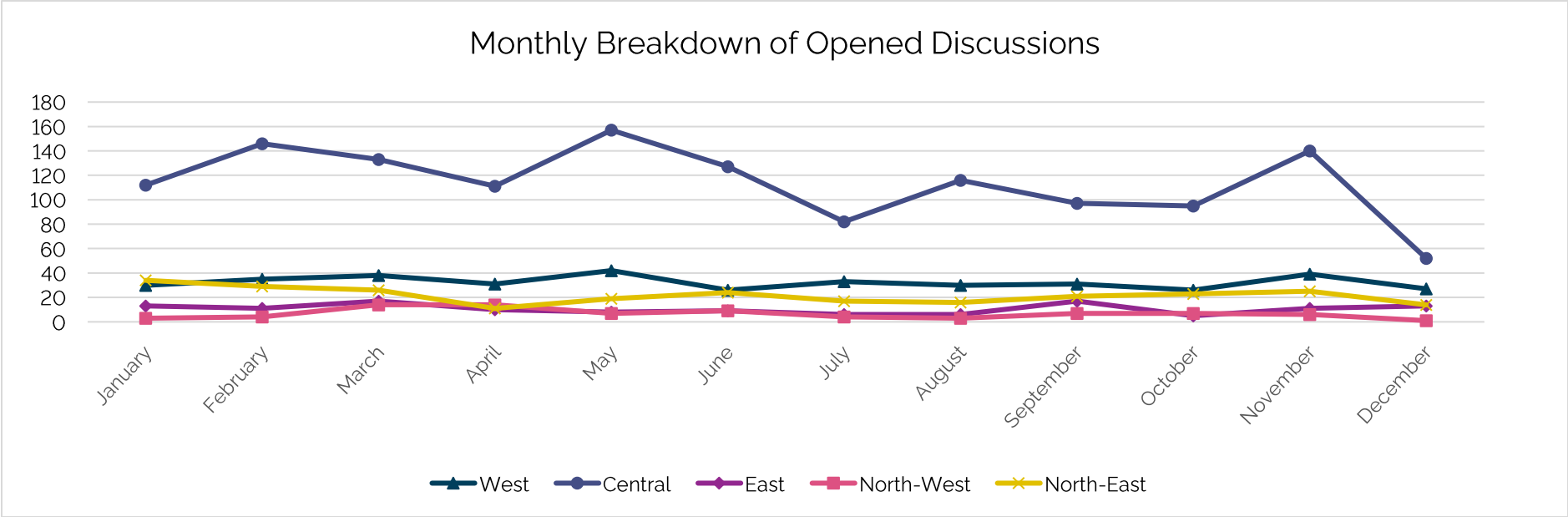


Ontario (showing RTD regional boundaries)

2022 RTD Regional Data Results

As of 2022, there were 53 sites in operation using the RTD. This includes representation from all five regions across the province.

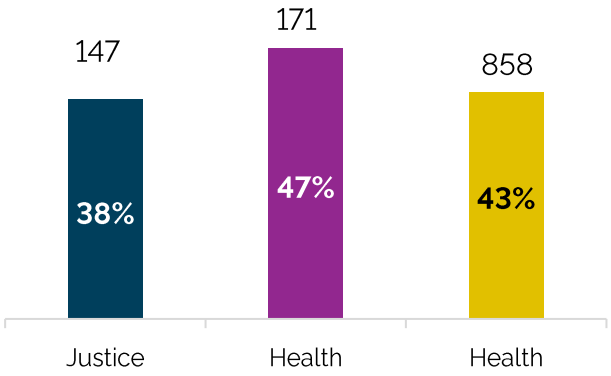
Discussion Overview



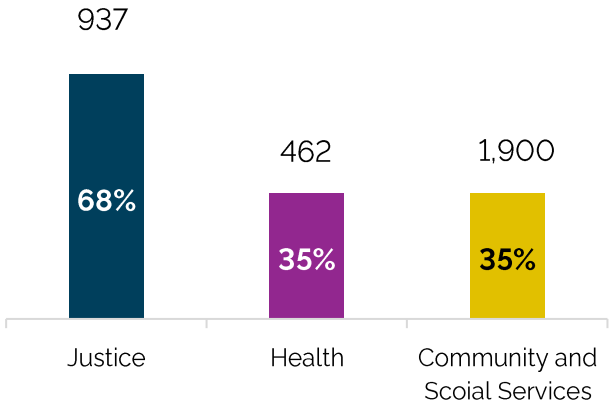
	West	Central	East	North-West	North-East
Sites	12	18	9	7	7
Discussions	388	1,368	126	79	259
Met the Threshold	94%	98%	87%	92%	98%
Rejected	6%	2%	13%	8%	2%

Regional Sector Engagement

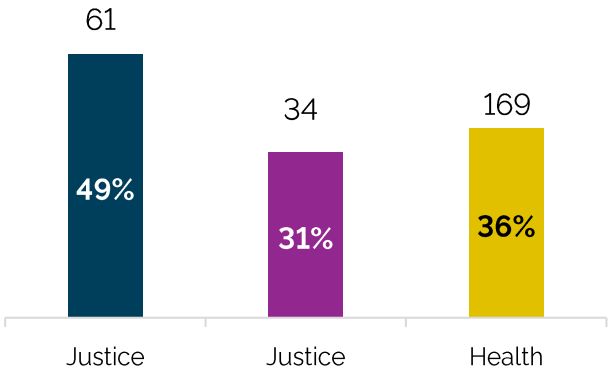
Top 3 Sectors Engaged



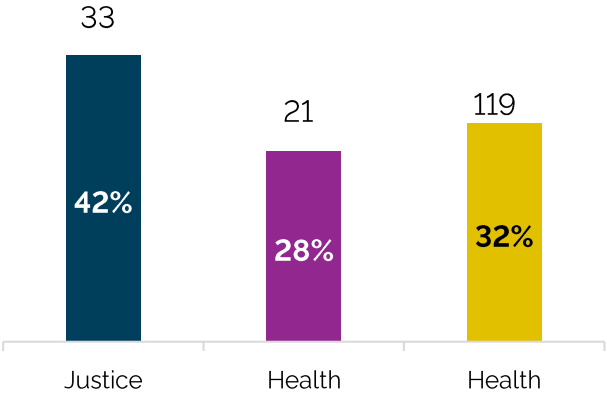
West Region



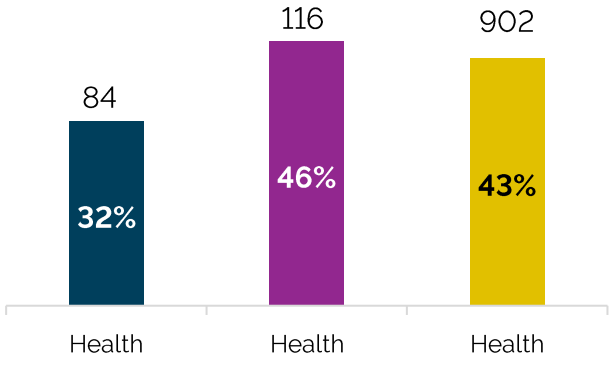
Central Region



East Region



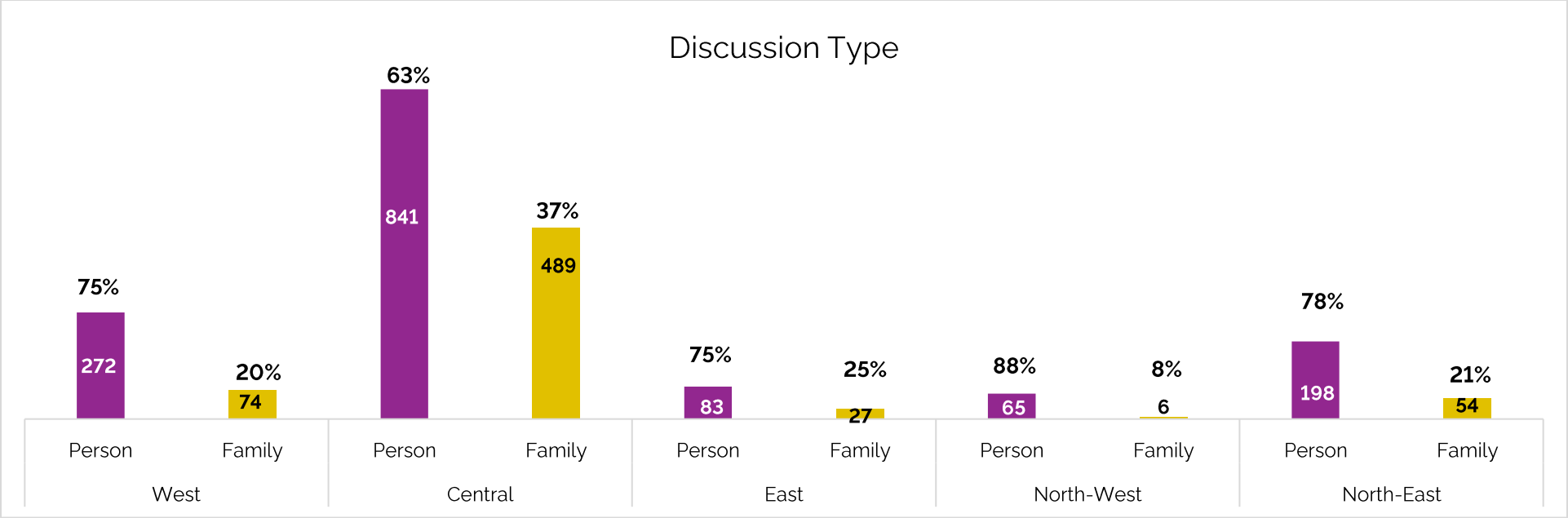
North-West Region



North-East Region

Regional Socio-Demographic Data

When discussing situations of AER, agency partners will identify the type of discussion as well as some de-identified socio-demographic information to assist in determining situational factors and agency engagement. The majority of regional discussions involved persons with some variability in age between regions.



***Note:** "Dwelling", "Neighbourhood", and "Environmental" Discussion Type field values also contribute to these data results in small quantities.

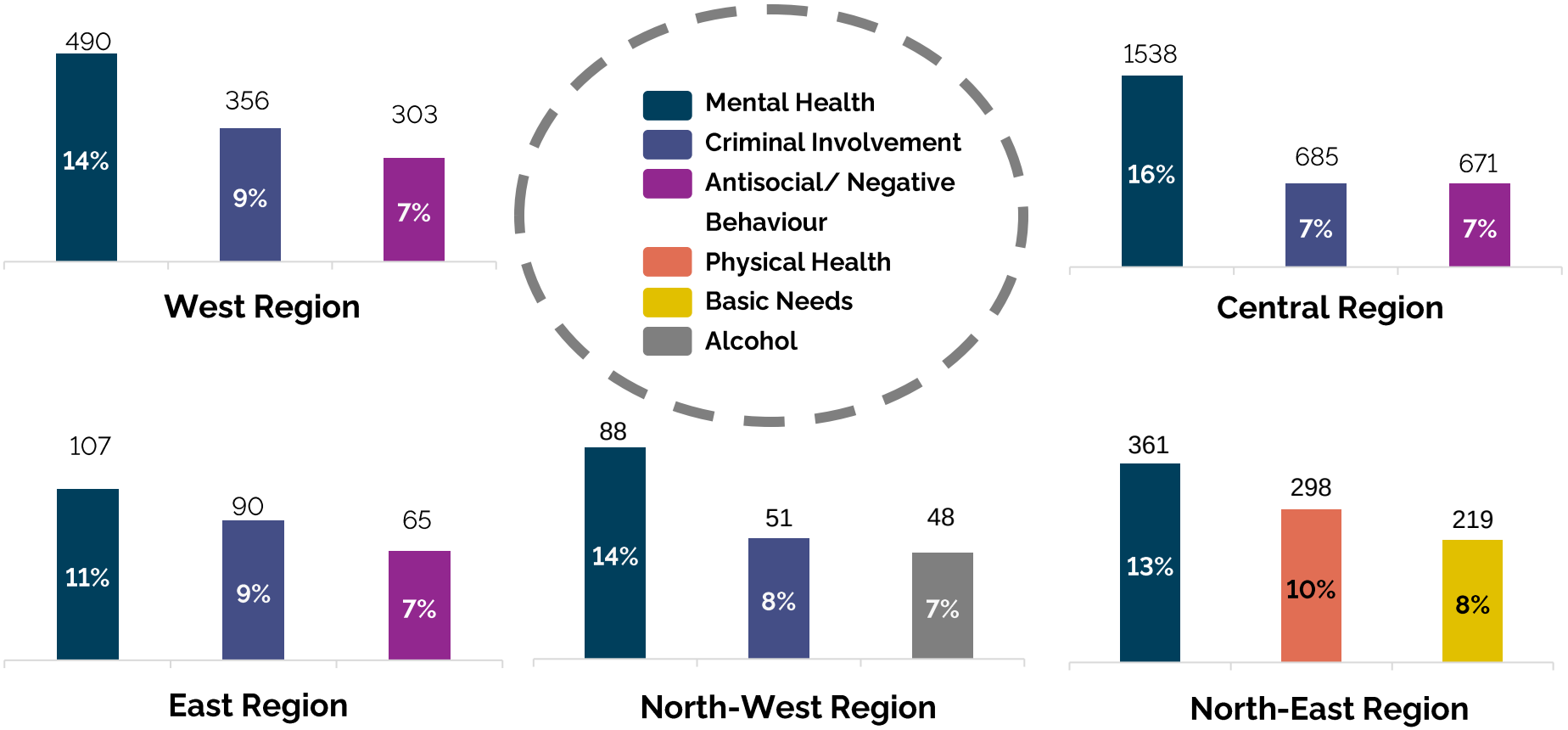
Top Age Group				
West Region	**Central Region**	**East Region**	**North-West Region**	**North-East Region**
30-39 Years (20%)	**30-39 Years (20%)**	**12-17 Years (27%)**	**12-17 Years (38%)**	**30-39 Years (18%)**

Regional Risk Category Information

When analyzing risk results at the regional level, there is variability among regions from both an occurrence and discussion perspective.

Top 3 Risk Categories – By Occurrence

Analysis of risk information by occurrence reveals the following six most predominant risk categories, with mental health identified as the number one risk category across all regions.



Top 3 Risk Categories – By Discussion

Analysis of risk information by discussion, where a risk factor appears at least once in a given discussion from each of the 27 categories, reveals a slightly different pattern with mental health remaining the number one risk category across all regions.

West Region	Central Region	East Region	North-West Region	North-East Region
Mental Health 85% (312)	Mental Health 81% (1,085)	Mental Health 84% (133)	Mental Health 84% (62)	Mental Health 88% (261)
Antisocial/ Negative Behaviour 58% (212)	Antisocial/ Negative Behaviour 45% (606)	Antisocial/ Negative Behaviour 51% (56)	Housing 57% (42)	Physical Health 65% (164)
Drugs 53% (85)	Basic Needs 42% (566)	Drugs 49% (54)	Alcohol 54% (40)	Basic Needs 59% (151)

Top 3 Risk Categories by Demographics

The tables below demonstrated the variance in top risk categories specific to the male and female population in the top age group identified, allowing for more targeted risk analysis relative to those most vulnerable populations in a respective region.

West Region

Top Risk Categories for 30-39 Age Group

1. Criminal Involvement (13%)
2. Mental Health (13%)
3. Drugs (9%)

Female	Male
1. Mental Health (15%)	1. Criminal Involvement (17%)
2. Crime Victimization (10%)	2. Mental Health (11%)
3. Basic Needs (9%)	3. Drugs (9%)

Central Region

Top Risk Categories for 30-39 Age Group

1. Mental Health (15%)
2. Criminal Involvement (10%)
3. Drugs (8%)

Female	Male
1. Mental Health (15%)	1. Mental Health (16%)
2. Criminal Involvement (8%)	2. Criminal Involvement (13%)
3. Drugs (8%)	3. Drugs (8%)

East Region

Top Risk Categories for 12-17 Age Group

1. Mental Health (9%)
2. Antisocial/ Negative Behaviour (8%)
3. Drugs (8%)

Female	Male
1. Mental Health (13%)	1. Antisocial/ Negative Behaviour (10%)
2. Drugs (11%)	2. Basic Needs (9%)
3. Criminal Involvement (8%)	3. Housing (9%)

North West Region

Top Risk Categories for 12-17 Age Group

1. Mental Health (15%)
2. Missing School (11%)
3. Criminal Involvement (9%)

Female	Male
1. Mental Health (15%)	1. Mental Health (18%)
2. Missing School (11%)	2. Alcohol (10%)
3. Criminal Involvement (9%)	3. Criminal Involvement (10%)

North East Region

Top Risk Categories for 30-39 Age Group

1. Mental Health (12%)
2. Physical Health (10%)
3. Criminal Involvement (10%)

Female	Male
1. Physical Health (14%)	1. Criminal Involvement (14%)
2. Mental Health (12%)	2. Mental Health (11%)
3. Basic Needs (10%)	3. Drugs (10%)

Regional Protective Factors

Top 5 Protective Factors

The top two protective factors regionally in 2022 were "housing and neighbourhood" and "family supports". Given the small dataset in the North-East Region, those results have been suppressed.

*

West Region

Housing and Neighbourhood – 29%

Family Supports – 17%

Financial Security and Employment – 16%

Physical Health – 11%

Mental Health – 10%

East Region

Housing and Neighbourhood – 20%

Education – 17%

Family Supports – 15%

Mental Health– 13%

Social Support Network – 12%

Central Region

Housing and Neighbourhood – 41%

Family Supports – 14%

Education – 9%

Financial Security and Employment – 9%

Social Support Network – 8%

North-West

Housing and Neighbourhood – 27%

Family Supports – 21%

Mental Health – 17%

Financial Security and Employment – 14%

Education – 10%

Note: North-East Region results have not been reported due to sample size.

Regional Study Flags

Top 5 Study Flags

In 2022, the number of study flags reported totalled 6,920. “Recent escalation” remains the highest regionally.

West Region

Recent Escalation – 15%

Homelessness – 10%

Risk of Losing Housing/ Unsafe Living Conditions – 8%

Child Involved – 7%

Domestic Violence – 6%

Central Region

Recent Escalation – 18%

Cultural Considerations – 9%

Risk of Losing Housing/ Unsafe Living Conditions – 8%

Social Isolation – 7%

Homelessness – 7%

East Region

Recent Escalation – 14%

Social Isolation – 9%

Risk of Losing Housing/ Unsafe Living Conditions – 8%

Homelessness – 8%

Child Involved – 7%

North-West Region

Recent Escalation– 11%

Risk of Losing Housing/ Unsafe Living Conditions – 9%

Homelessness – 9%

Social Isolation – 8%

Cognitive Disability – 6%

North-East Region

Recent Escalation – 15%

Risk of Losing Housing/ Unsafe Living Conditions – 10%

Social Isolation– 9%

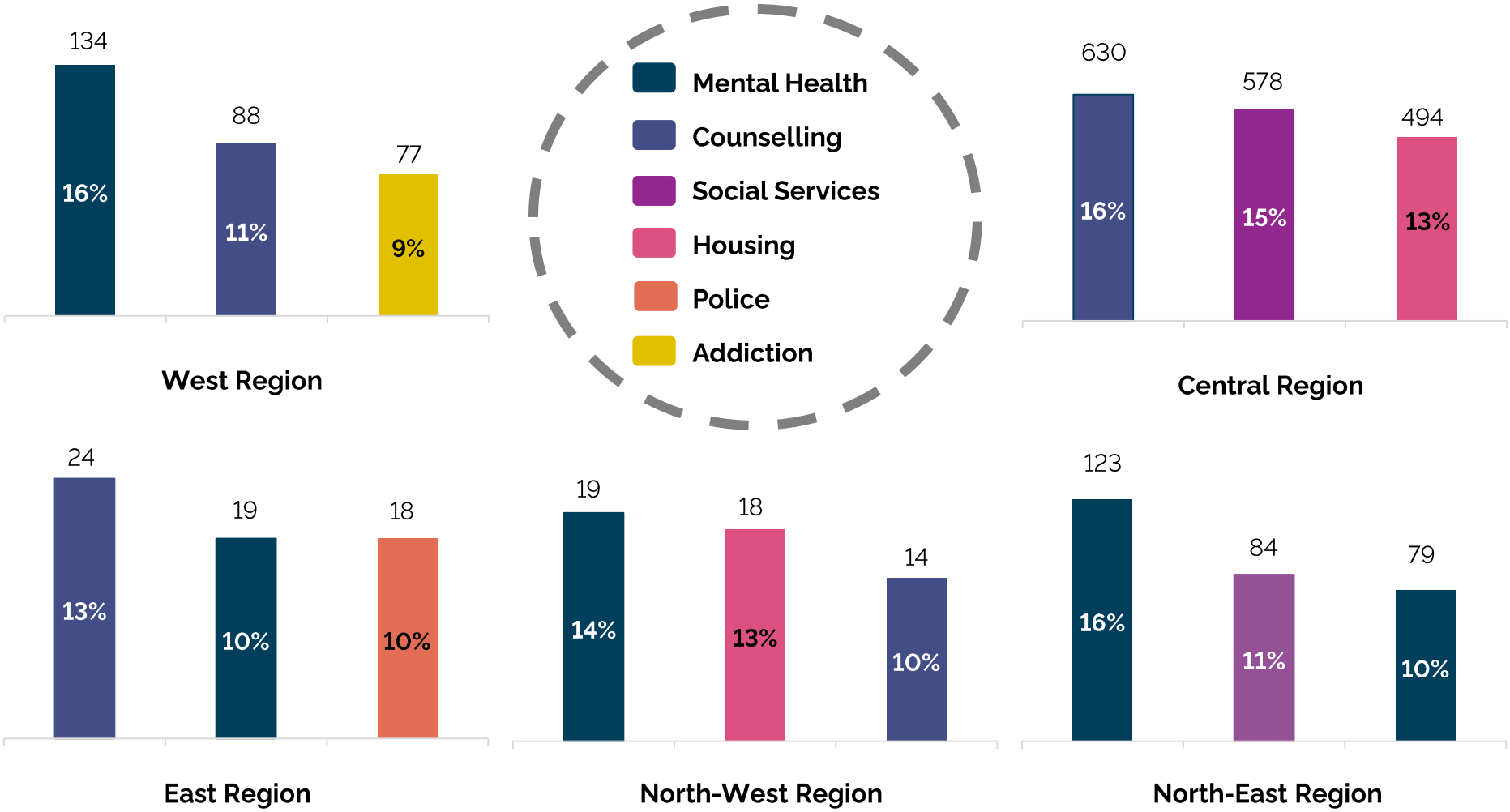
Homelessness – 9%

Child Involved – 5%

Regional Services Mobilized

Top 3 Services Mobilized

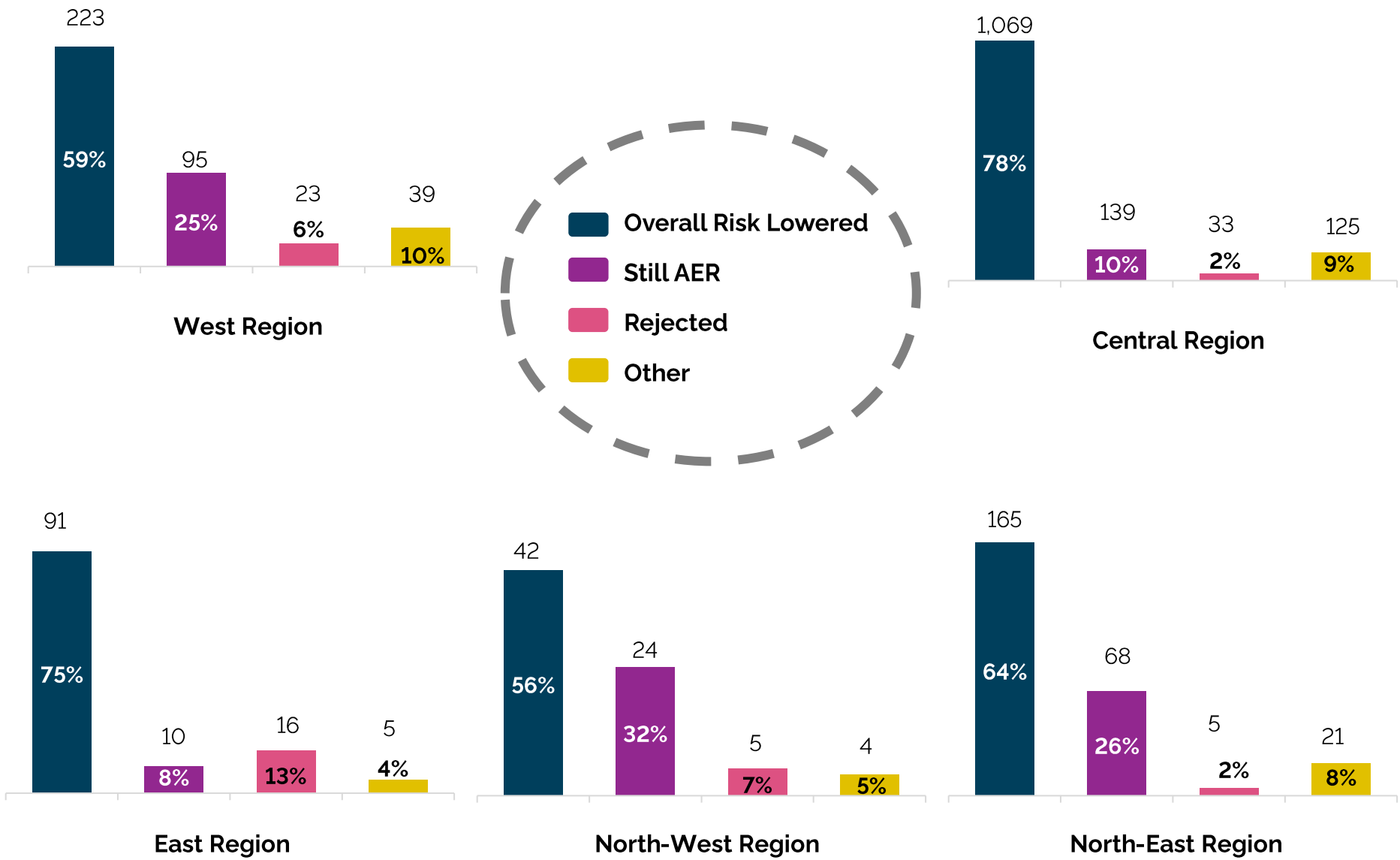
The following data reflects the mobilization types: Informed of Services, Connected to Services, and Engaged with Services.



***Note:** Number of sites using services mobilized: 38 sites.

Regional Conclusion Reasons

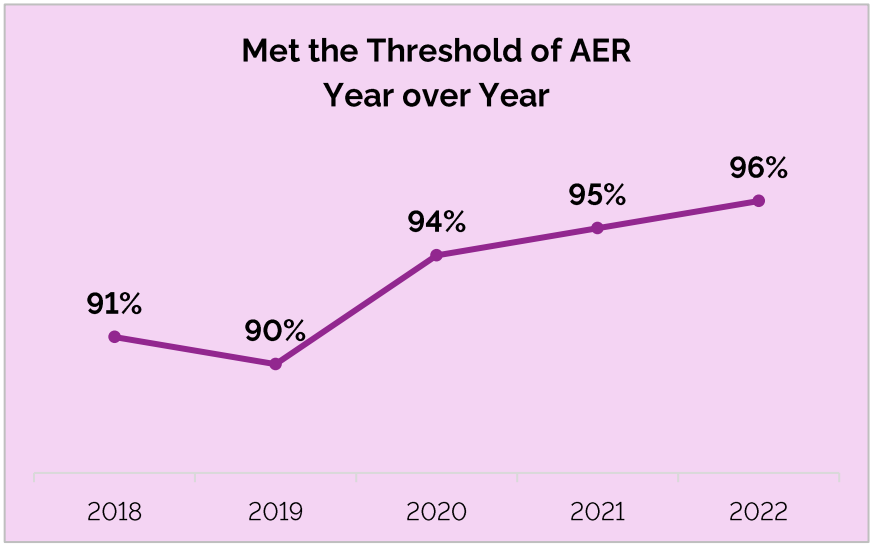
The majority of discussions in all five regions concluded in overall risk being lowered, followed by still at AER.

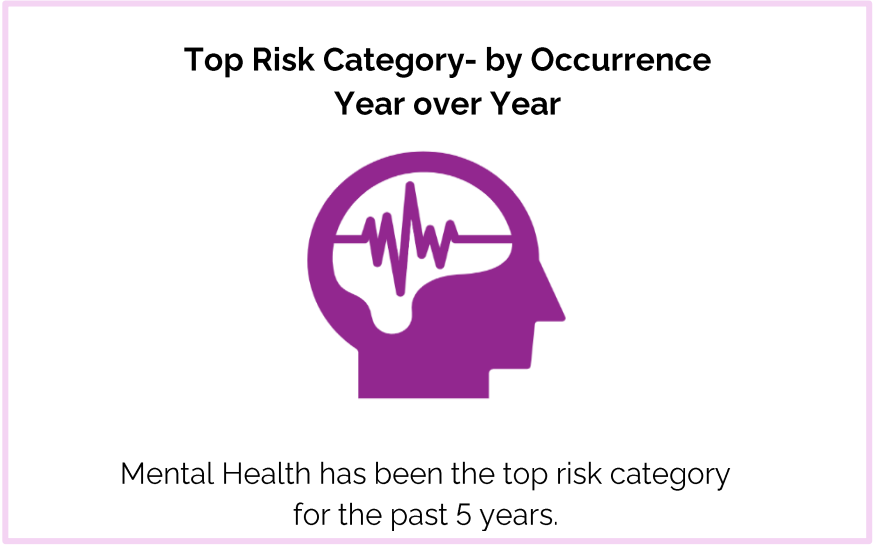


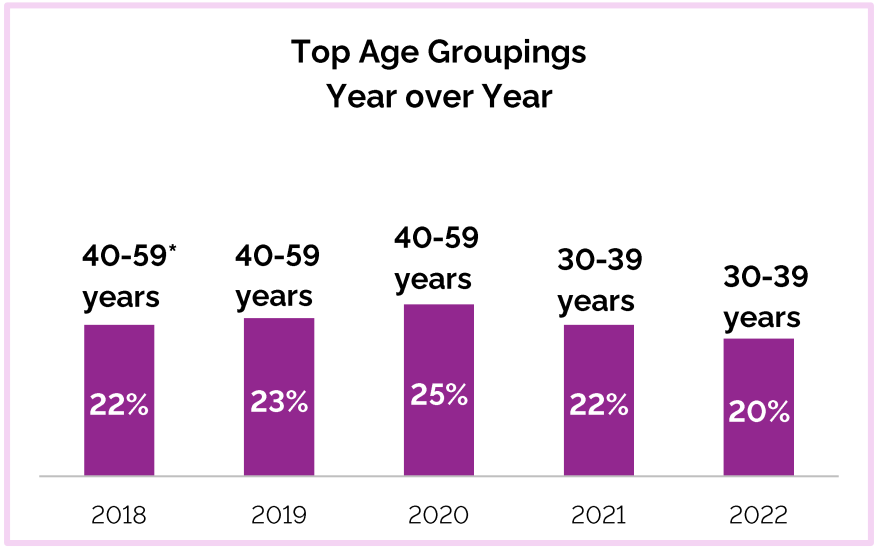
Conclusion

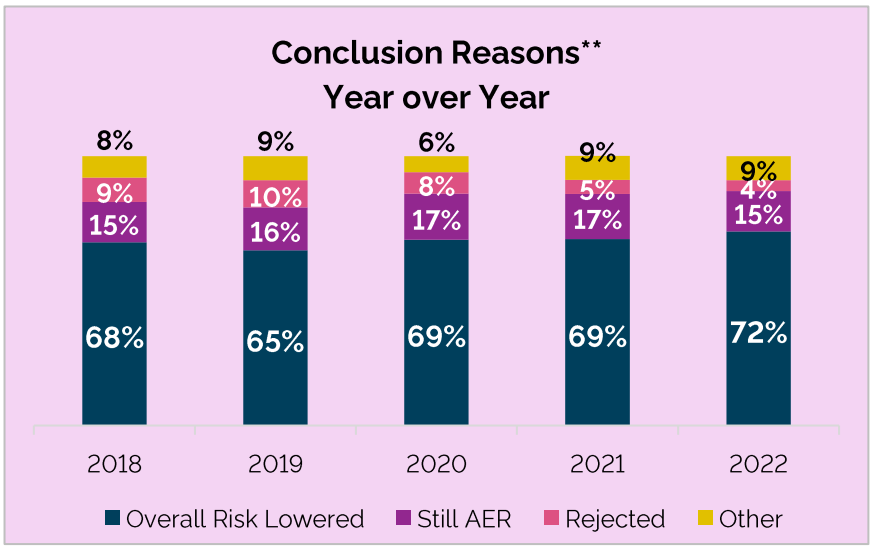
Provincial Trend Analysis

The following trends have been observed across the RTD Annual Reports released over the past five (5) years.









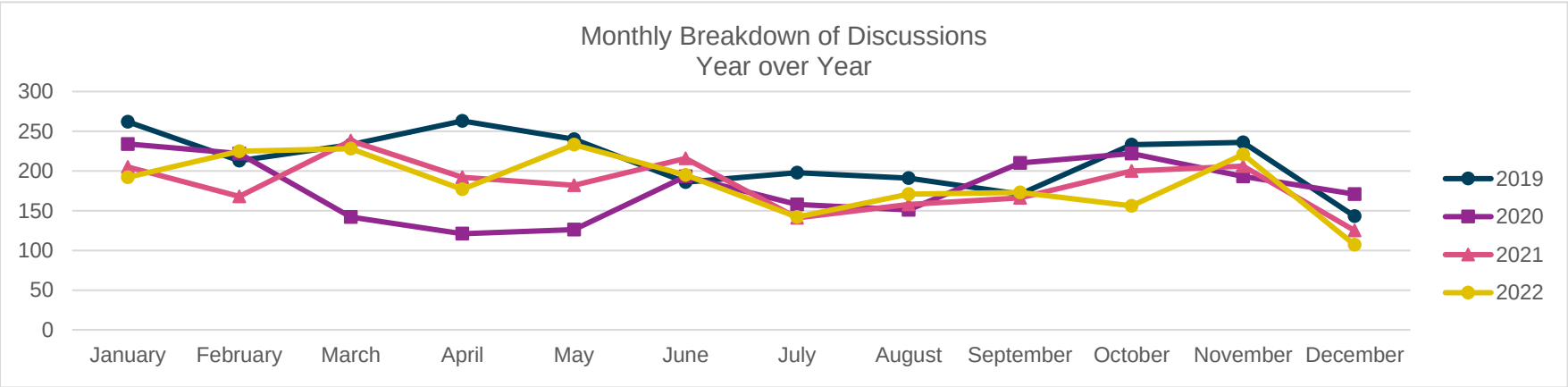
Notes:

*40-59 years references historical age groups. Age groupings have been updated for greater reliability.

**Data represents all discussions, not only those that met the threshold of acutely elevated risk as reported on page 10.

- In each year from 2018 to 2022, discussions meeting the threshold of AER have steadily increased, indicating that agency partners have become adept at understanding what discussions to bring forward.
    - In 2022, 75 per cent of discussions meeting the threshold of AER resulted in the overall risk being lowered, this is a two percent increase over the previous year.
- The top risk category has been mental health, both when analysed by occurrence and by discussion, over the past five years in Ontario and in each of the five regions individually.
    - The proportion of mental health risks compared to overall total risks has remained steady over the years. It may take some time for the impact of COVID-19 to be realized in RTD risk data. Impacts should be watched long term and further research with additional datasets may be considered by local practitioners.
    - The top five correlating risk categories to mental health in 2022 (page 22), were: antisocial/negative behaviour (52%), basic needs (44%), housing (40%), drugs (39%), and physical health (38%), with physical health replacing criminal involvement as a top five indicator in previous years.
    - The 2022 population category analysis (page 25) indicated that the risk category housing was more prevalent in discussions in small cities and towns, while crime victimization was more prevalent in counties, and basic needs was more prevalent in large urban centers and regions. Housing did not appear as a top risk category in previous years population category analysis, replacing alcohol in 2020 and emotional violence in 2021 as a top risk category in small cities and towns.
- The top age group represented at discussions has changed slightly throughout the years. In August 2020, a change was implemented in the RTD to refine the age ranges for future discussions to allow for more refined insights. These new groupings were not reported on until 2021 to ensure a fulsome dataset. The historical age ranges are referenced in **Appendix A**.
    - The 2022 population category analysis (page 26) indicated that the number of discussions involving the age groups 12-17 and 18-24 increased as the community gets smaller. This was also the case in the previous two years. This may be a result of socioeconomic factors such as reduced access to opportunities and services, though conclusions should not be made from one dataset alone.

- The number of discussions resulting in the overall risk being lowered has steadily increased over the past five years, while the number of discussions resulting in a rejected conclusion have decreased from nine percent in 2018 to four per cent in 2022, again indicating the agency partners expertise in bringing forward and navigating discussions.
- When looking at the monthly breakdown of discussions from 2019 to 2022 a similar pattern in discussion frequency can be observed, with a large drop in recorded discussions in the spring months of 2020, which could be an indication of the impact of the COVID-19 pandemic on communities ability to hold discussions.



- In each year from 2018 to 2022, the majority of discussions have originated from partners in the justice sector.
    - However, the lead sector shifts once the initial discussion takes place, and the majority of discussions/interventions are then led by partners from the health sector in each year. Confirming that once a situation of AER is discussed through a multi-agency risk-based approach more appropriate partners are engaged, and supports are identified.
    - The pivotal role that assisting agencies play in the intervention process can not be underestimated. The data results continue to demonstrate the commitment from several agencies that recognize the benefits this model has to offer.
- The majority of discussions each year involve the discussion type “person”; however, in recent years the frequency of discussions involving the discussion type “family” has increased, with the highest level (30%) over the past five years being evident in 2022.

Value provided by the RTD

Community safety and well-being is a shared responsibility by all members of the community and requires an integrated approach to bring municipalities, community partners and Indigenous communities, together to address a collective goal. Breaking down silos and encouraging multi-sectoral partnerships are essential in developing strategies, programs, and services to help minimize risk factors and improve the overall well-being of our communities.

The data provided through the RTD continues to demonstrate the success of multi-sectoral partnerships in reducing risk by working collaboratively to identify local risks and launching interventions, while considering local demographics, needs, and resources. It also provides a reliable resource for communities, to use in conjunction with other available data sets and local knowledge, to identify trends regarding priority risks and vulnerable groups and inform future programs and strategies that will be implemented to address these risks within a community safety and well-being plan.

As the RTD project continues to grow, it has become the preferred software solution in Ontario to support communities that have implemented multi-sectorial risk intervention models. Recognizing the value of the RTD data, the ministry remains committed to providing annual reports to ensure provincial and regional results are shared with government and community partners with the hope that it can help to inform policy and program work, including community safety and well-being planning efforts, as well as broader provincial investments.

Through the RTD, the ministry continues to champion the significant benefits of working together toward shared outcomes that improve the quality of life for those who are most vulnerable in our communities.

To learn more about the community safety and well being planning process, including the community safety and well-being planning framework and toolkit, please refer to the ministry's resources here:
Community safety and well-being planning

Contacts

For questions regarding the RTD or its Annual Reports, please contact the ministry's RTD Support Team at SafetyPlanning@ontario.ca.

RTD 2022 Annual Report Contributors

Community Safety Analysts, Program Development Section
Natalie Brull
Oleisha Burleigh
Poonam Sharma

Team Lead, Program Development Section
James Y. Lee

Manager, Program Development Section
Ryan Baird

Director, External Relations Branch
Michelina Longo

Appendix A – Glossary of Terms

Multi-sectoral risk intervention model: A collaborative intervention model where partnerships are developed with the aim to mitigate risk and enhance the safety and well-being of communities. Situation Tables are just one example of this model.

Situation Table: A Situation Table consists of a regular meeting of frontline workers, from a variety of human services agencies and sectors, who work together to identify individuals, families, groups or locations that are at an acutely elevated risk of harm and customize multi-disciplinary interventions which mitigate those risks.

Acutely Elevated Risk (AER): Any situation negatively affecting the health or safety of an individual, family, or specific group of people, where professionals are permitted in legislation to share personal information to eliminate or reduce imminent harm to an individual or others. Under the Four Filter Approach, the determination is made at Filter 2, whether or not the threshold of AER has been met.

Four Filter Approach:

Filter 1: Internal Agency Screening - The first filter is the screening process by the agency that is considering engaging partners in a multi-sectoral intervention. The agency must be unable to eliminate or reduce the risk without bringing the situation forward to the group. This means that each situation must involve risk factors beyond the agency's own scope or usual practice, and thus represents a situation that could only be effectively addressed in a multi-sectoral manner.

Filter 2: De-identified Information - At this stage, the agency presents the situation to the group in a de-identified format, disclosing only descriptive information that is reasonably necessary. If the circumstances do not meet the threshold of acutely elevated risk, no further discussion should occur. However, if it is determined, based on consensus of the table, that the threshold has been met, limited personal information is disclosed at filter three to begin planning for a multi-sector intervention.

Filter 3: Limited Identified information - If the group concludes that the threshold of acutely elevated risk is met, at this filter, they should determine which agencies are reasonably necessary to plan and implement the intervention. Identifying information may then be shared with those agencies at filter four.

Filter 4: Planned Intervention - At this final filter, only agencies that have been identified as having a direct role to play in an intervention will meet separately to discuss limited personal information required in order to inform planning for the intervention. Following the completion of filter four, an intervention should take place shortly thereafter, to address the needs of the individual, family, or specific group of people and to mitigate their acute risk.

Please note that not all aspects of the Four Filter Approach are prescribed in legislation, and many may not be mandatory for a specific agency or organization.

For more information regarding the Four filter approach to sharing information please refer to the Guidance on information sharing in multi-sectoral risk intervention models document on the ministry's website. This document outlines best practices for professionals where information is shared about individuals or families to connect them to services in the community and mitigate their acute risk of harm.

Conclusion Reasons: A list of outcomes that results from a discussion at a multi-sectoral risk intervention initiative. The RTD includes 18 different conclusion reasons that are grouped into four categories.

Discussion Types: Determines what the focus of the multi-sectoral risk intervention will be on (i.e., person, family, neighbourhood, environmental and dwelling).

On-board: The planning and implementation process involved when sites are added to the RTD, including migrating historical data, testing functionality and training users.

Protective Factors: Positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families, and communities, thereby increasing personal and/or community safety and well-being. There are 51 protective factors in the RTD.

Risk Factors: Negative characteristics and/or conditions present in individuals, families and communities that may increase the presence of crime or fear of crime in a community. There are 105 risk factors in the RTD.

Services Mobilized: The services mobilized, as a result of the intervention, are collected in the RTD to help track which services were offered to and accepted by that individual or family at AER. There are five types of mobilization efforts (e.g., informed, engaged) that can be applied to 29 different services.

Study Flags: Allows multi-sectoral agency partners an opportunity to track and monitor specific trends in their community and collect information on certain conditions that may be studied locally that fall outside the scope of individual risk factors. There are 33 study flags in the RTD.

Age Range: Grouping discussion subjects by age cohort allows multi-sectoral agency partners to get a better understanding of the discussion subject's needs, abilities, and capacity without identifying who they are. In fall 2020, a change was implemented in the RTD to refine the age ranges for future discussions to allow for more refined insights. These new groupings were not reported on until 2021 to ensure a fulsome dataset. The historical and new age range values are outlined in the table below:

Historical Values	New Values
0 - 5 Years	0 - 5 Years
6 - 11 Years	6 - 11 Years
12 - 17 Years	12 - 17 Years
18 - 24 Years	18 - 24 Years
25 - 29 Years	25 - 29 Years
30 - 39 Years	30 - 39 Years
40 - 59 Years	40 - 49 Years
60+ Years	50 - 59 Years
	60 - 69 Years
	70 - 79 Years
	80+ Years

Appendix B – All Ontario site locations onboarded to the RTD

WEST REGION (14 Sites)	CENTRAL REGION (18 Sites)	EAST REGION (11 Sites)	NORTH-WEST REGION (9 Sites)	NORTH-EAST REGION (10 Sites)
• Brantford • Cambridge • Chatham-Kent • Elgin County • Grey & Bruce Counties • Huron and Perth County • Kitchener • London • Middlesex County (Strathroy) • Oxford County • Rural Wellington • Sarnia - Lambton • Simcoe-Norfolk County • Windsor	• Barrie • Durham Region • Halton Region • Kawartha Lakes • North Simcoe (Huronia West, Midland) • Northumberland County (Port Hope) • Nottawasaga • Orillia • Peel Region • Peterborough • Port Colborne • Toronto - Rexdale • Toronto - North Scarborough • Toronto - Downtown East • Toronto - Downtown West • Toronto - Black Creek • Toronto - York • York Region	• Cornwall, Stormont, Dundas, Glengarry • Hastings County (Belleville, Quinte West) • Kingston & Frontenac County • Lennox & Addington County (Napanee) • Leeds & Grenville County • North Hastings County (Bancroft and Area) • Ottawa • Lanark County (Perth) • Prince Edward County • Renfrew County • United Counties of Prescott-Russell	• Dryden • Fort Frances • Greenstone • Kenora • Marathon • Nipigon • Red Lake • Sioux Lookout • Thunder Bay	• Espanola • East Algoma • Manitoulin Island • Moosonee • North Bay • Parry Sound • Sault Ste. Marie • Sudbury • Sudbury East • Timmins

*__Note__: Table includes all sites currently onboarded to the RTD regardless of whether they had data in 2022. Please also note that while Ottawa and Sarnia-Lambton tables were onboarded to the RTD in the past, they are no longer operational or using the RTD.