Risk-driven Tracking Database

2023 Annual Report

Ministry of the Solicitor General

Released: Summer 2024

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
- Migration to Microsoft Dynamics 365 10

Part A – RTD 2023 Annual Report - Provincial Results 11

2023 RTD Provincial Highlights 11

2023 RTD Provincial Data Results 12

- Provincial Discussion Overview 12
- Provincial Sector Engagement 13
- Provincial Socio-Demographic Data 15
- Provincial Risk Category Information 16
  - Risk Categories – By Occurrence 17
  - Top 5 Risk Categories – By Discussion 17
  - Top 5 Risk Categories by Demographics 18
- Provincial Protective Factors 19

Provincial Study Flags 20
Provincial Services Mobilized 21
Provincial Conclusion Reasons 22
Provincial Correlating Data 23
Top 5 Risk Categories with Associations 23
Top 5 Correlated Risk Categories by Age Group 24
Top 5 Study Flags with Correlated Risk Categories 25
Provincial Population Category Analysis 26
Top 5 Risk Categories by Population Category 26
Socio-Demographic Data by Population Category 27
Part B – RTD 2023 Annual Report - Regional Results 28
2023 RTD Regional Data Results 29
Discussion Overview 29
Regional Sector Engagement 30
Top 3 Sectors Engaged 30
Regional Socio-Demographic Data 31
Regional Risk Category Information 32
Top 3 Risk Categories – By Occurrence 32
Top 3 Risk Categories – By Discussion 33
Top 3 Risk Categories by Demographics 34
Regional Protective Factors 35

Top 5 Protective Factors 35
Regional Study Flags 36
Top 5 Study Flags 36
Regional Services Mobilized 37
Top 3 Services Mobilized 37
Regional Conclusion Reasons 38
Conclusion 39
Provincial Trend Analysis 39
Value provided by the RTD 42
Contacts 43
RTD 2023 Annual Report Contributors 43
Appendix A – Glossary of Terms 44
Appendix B – All Ontario site locations onboarded to the RTD 47

Introduction

Building on years of progress, Ontario continues to advance upstream, holistic and sustainable approaches to addressing crime and complex social issues, which has culminated in 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 several provincial tools and resources that can support local safety and well-being efforts.

One of these tools is the Risk-driven Tracking Database (RTD), which 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 mandating municipalities to prepare and adopt a community safety and well-being plan, in collaboration with their community partners, which initially came into force on January 1, 2019 under the *Police Services Act*, and continues under the *Community Safety and Policing Act, 2019*. As part of their community safety and well-being plan, municipalities must identify local priority risks that are most prevalent in the community, as well as strategies and outcomes to address those risks. 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 its inception in 2014, the use of the RTD has expanded significantly, both within the province and nationally, with three provinces now onboarded. Recognizing the importance of this work, the ministry has released an RTD Annual Report each year since 2016 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 is continuing to ensure that vulnerable populations receive quick access to appropriate services, and address broader issues related to community safety and well-being — creating a safer Ontario.

Data considerations and limitations

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

- Data was pulled in early 2024; numbers can change from the point the data was pulled as communities continually update their data.
- Some sites have more discussions than others, particularly those in Large Urban Centres & Regions; 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).

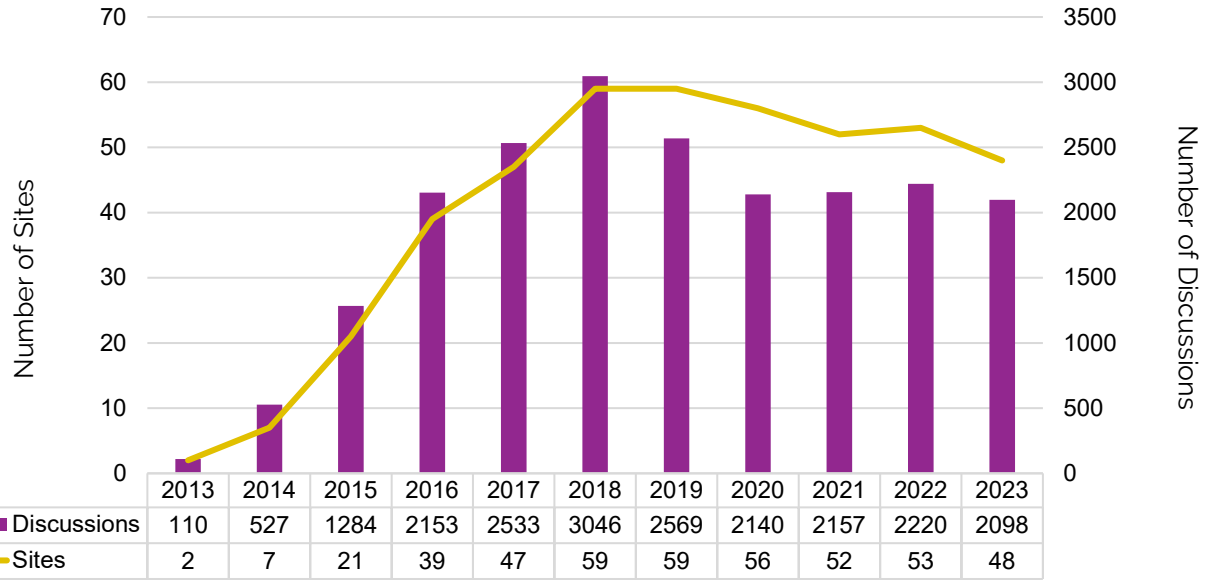
The Glossary of Terms in **Appendix A** may assist in understanding some of the data results included in this report.

RTD Project Highlights

Since inception of the RTD Project in 2014, there have been a number of milestones, including continued onboarding and user training, dedicated technical support, and seven annual reports delivered. The chart below shows the RTD's steady growth since inception. However, we do see a slight dip in both the number of sites that were operational 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. The development of other risk intervention models and crisis response teams in recent years may also be impacting local situation tables, especially those in smaller communities with more limited resources. Secondly, many tables had to pause or reduce their meeting frequency due to the COVID-19 pandemic; however, this impact on the number of discussions has leveled out since 2020.

Project Successes

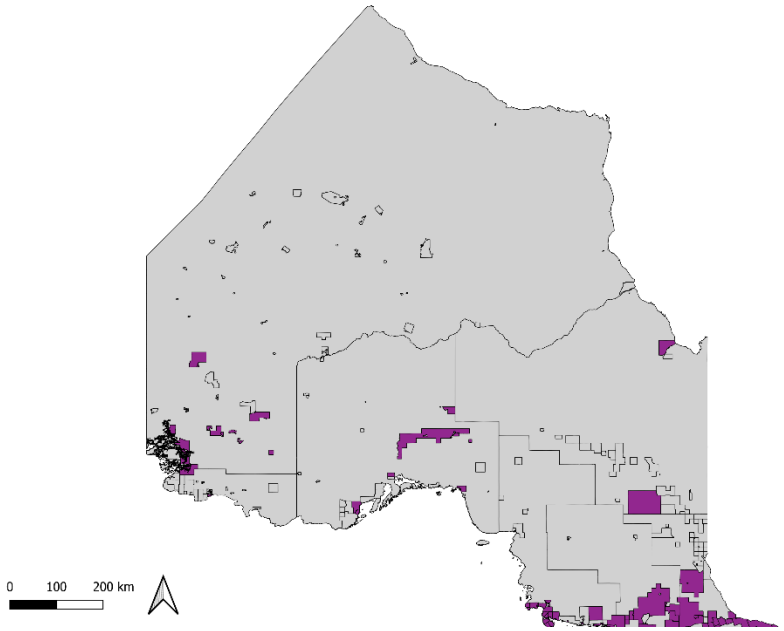
Year-over-Year Data Results Discussions and Sites



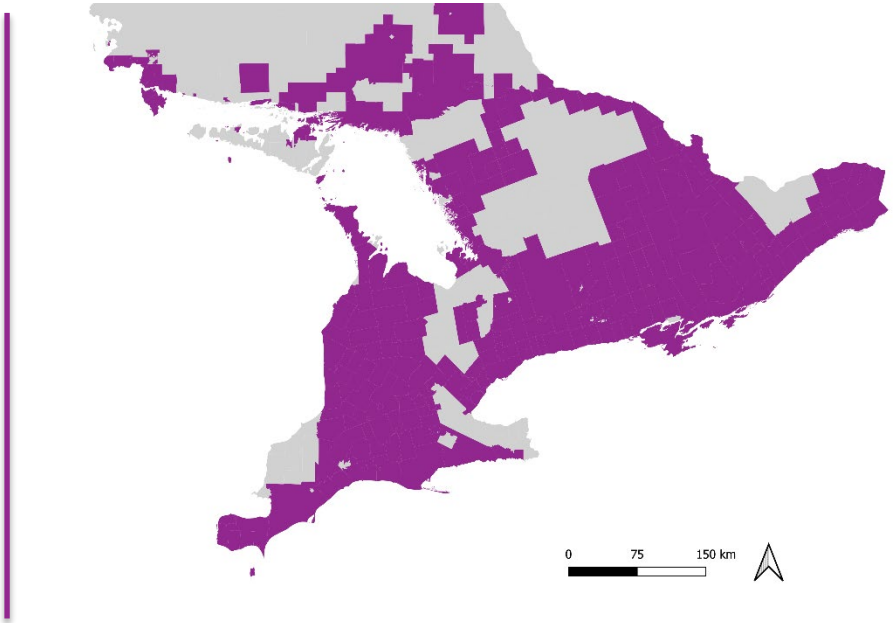
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Discussions	110	527	1284	2153	2533	3046	2569	2140	2157	2220	2098
Sites	2	7	21	39	47	59	59	56	52	53	48

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 - 2024). For a full list of all 63* site locations that have been onboarded to the RTD as of January 2024, see **Appendix B**.



Ontario (with focus on Northern Ontario)

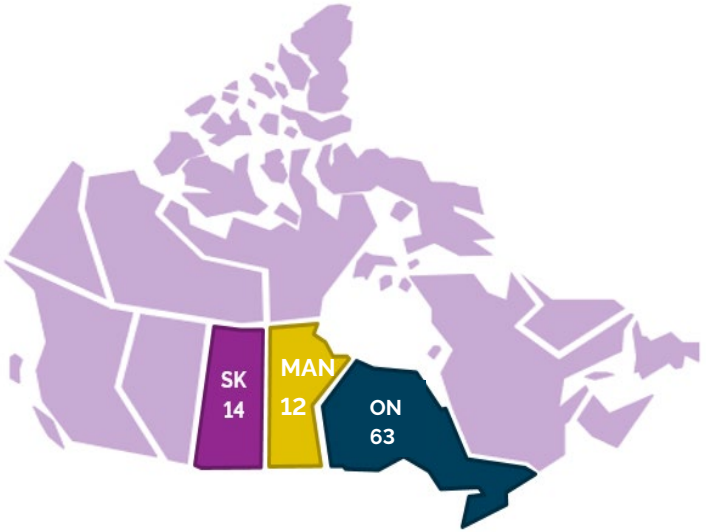


Ontario (with focus on Southern Ontario)

***Note:** while 63 sites have been onboarded to the RTD since inception, only 48 sites had 2023 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 training recordings have been made available since 2021 to support new users from existing sites. Further, two training sessions have been held since the migration to Microsoft Dynamics 365 in 2023 that were open to all RTD users.

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 and 2023 years the ministry was undertaking broader work on upgrading the RTD platform to Microsoft Dynamics 365, which launched in July 2023. Due to the amount of work required, onboarding of new sites was put on hold during this time. Onboarding and planning for system enhancements have since resumed beginning in winter 2023/24.

Migration to Microsoft Dynamics 365

In 2021 Microsoft informed the ministry that they would no longer be supporting the previous RTD system (Microsoft Dynamics CRM 2013) beginning June 2023. As such, beginning in 2021-22 and throughout 2022-23, the ministry undertook work to upgrade the RTD system to Microsoft Dynamics 365 (365) and moving RTD data storage to the Microsoft Cloud, as part of the government's strategic direction of "Cloud first".

Increasing the security around ministerial data was also part of the reasoning behind the recent decision to move the RTD from an on-premises solution to the cloud. After investigation, the ministry recognized the many benefits of moving to the cloud, including ease of use, infrastructural scalability, computing flexibility, and the adaptability that comes with software as a service offering.

The project involved setting up security profiles for existing users, re-producing the RTD environment and data on the 365 testing environment, testing the updates/fixes at each stage of development, and preparing training materials and delivering the updated training to all users. The project was completed and the new environment went live in July 2023.

The RTD and its migration to 365 was also recognized by Microsoft as an example of innovation within government. On October 22, 2023, the RTD was featured on Microsoft's "Customer Stories", a platform that highlights leadership in digital transformation using Microsoft technologies. To read the full story please visit: **Microsoft Customer Story-Ontario aids marginalized populations with cloud-based collaborative solution on Microsoft Dynamics 365**

Part A – RTD 2023 Annual Report - Provincial Results

2023 RTD Provincial Highlights

TOTAL

Sites 48

Discussions 2,098

TOP 3 RISK FACTOR CATEGORIES

Mental Health
15%

Criminal Involvement
7%

Basic Needs
7%

96%

Discussions Met the Threshold of Acutely Elevated Risk (AER)

77%

Resulted in the Overall Risk Lowered*

*Discussions that met AER

63%

Discussions Involve a Person at AER

TOP VULNERABLE AGE GROUP

30-39 **18%**

AVERAGE PER DISCUSSION

Risk Factors	8
Protective Factors	1
Agencies Engaged	5

TOP 3 PROTECTIVE FACTOR CATEGORIES

Housing & Neighbourhood
33%

Family Supports
19%

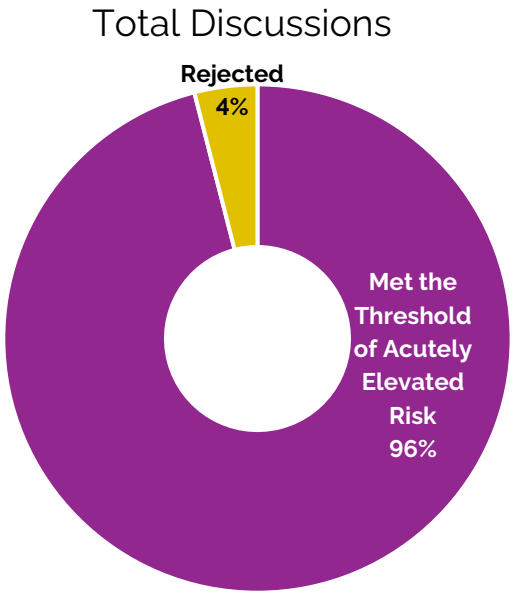
Financial Security and Employment
10%

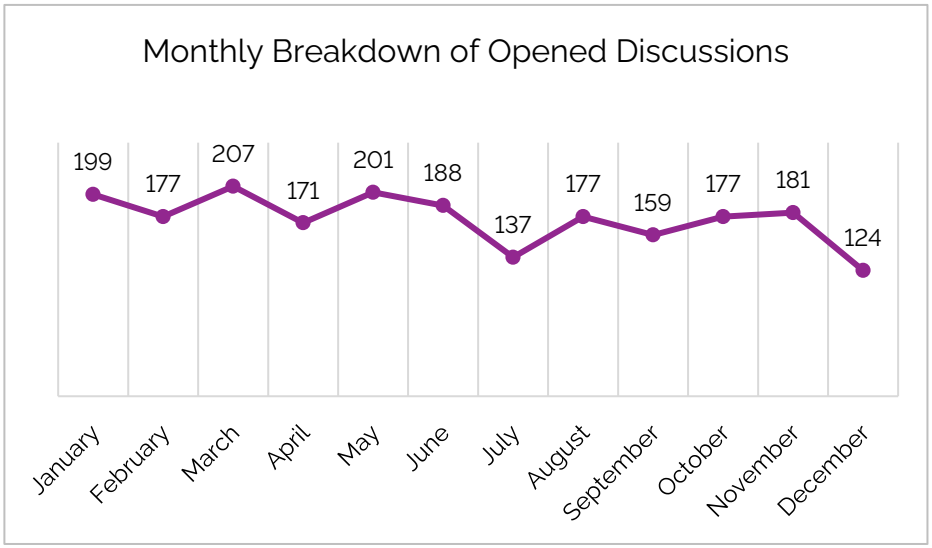
2023 RTD Provincial Data Results

As of 2023, there were 48 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

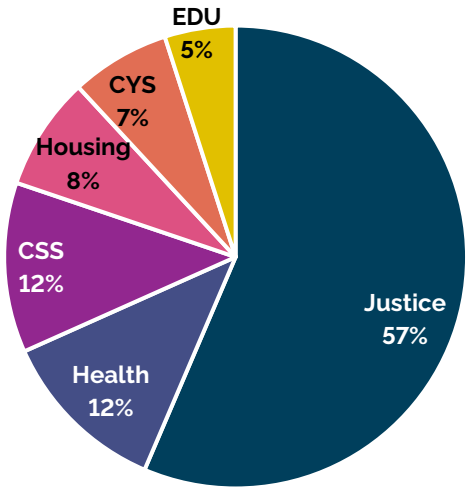




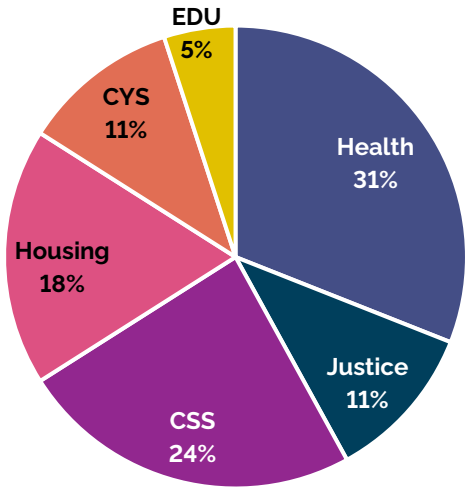
Provincial Sector Engagement

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; 31 per cent).

Originating Sector

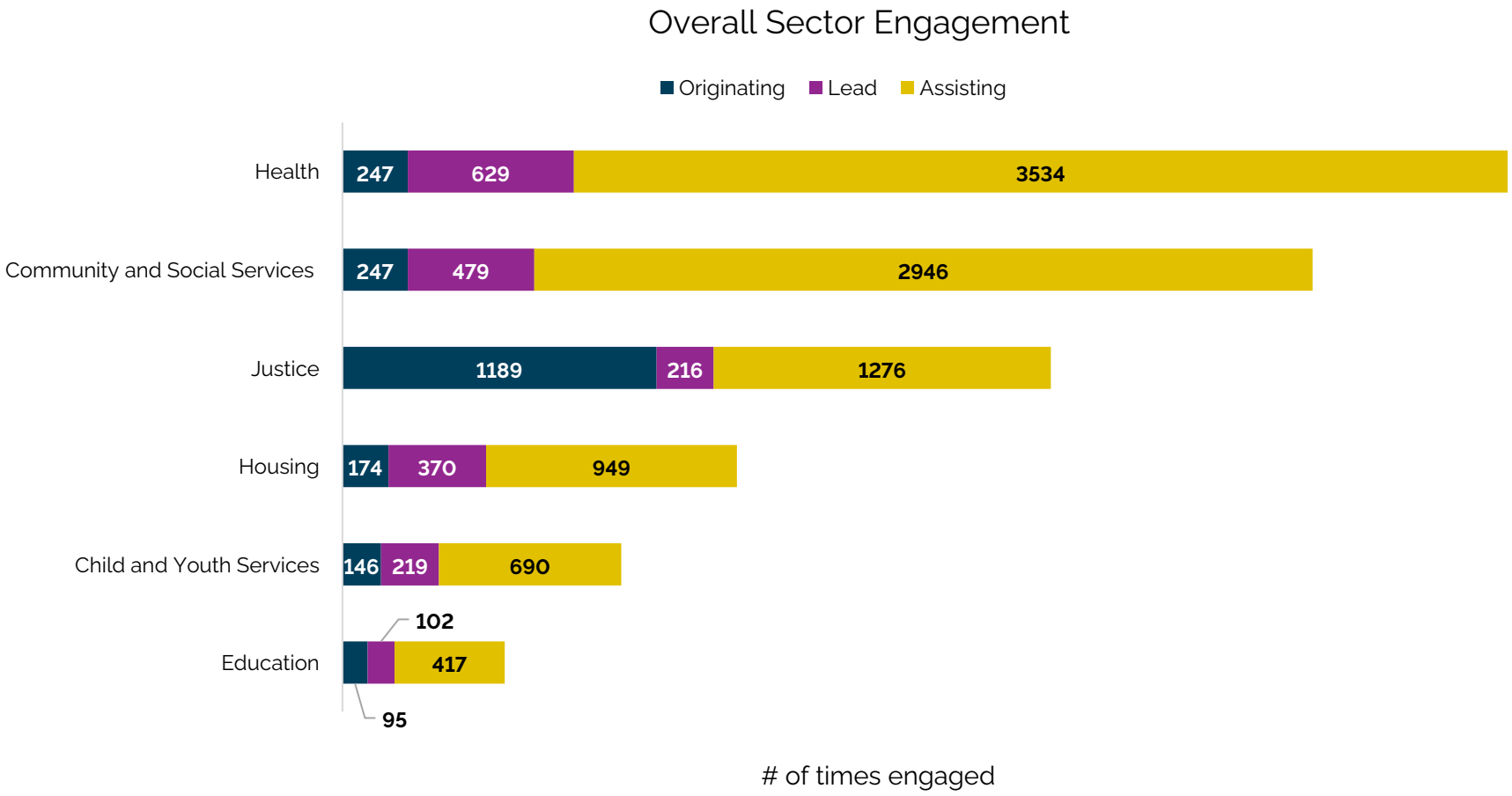


Lead Sector



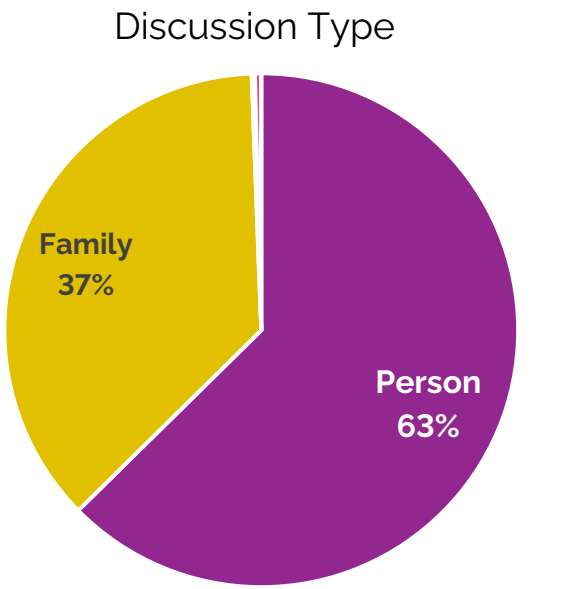
*__Note__: **CSS** = Community and Social Services; **CYS** = Child and Youth Services; **EDU** = Education.

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.

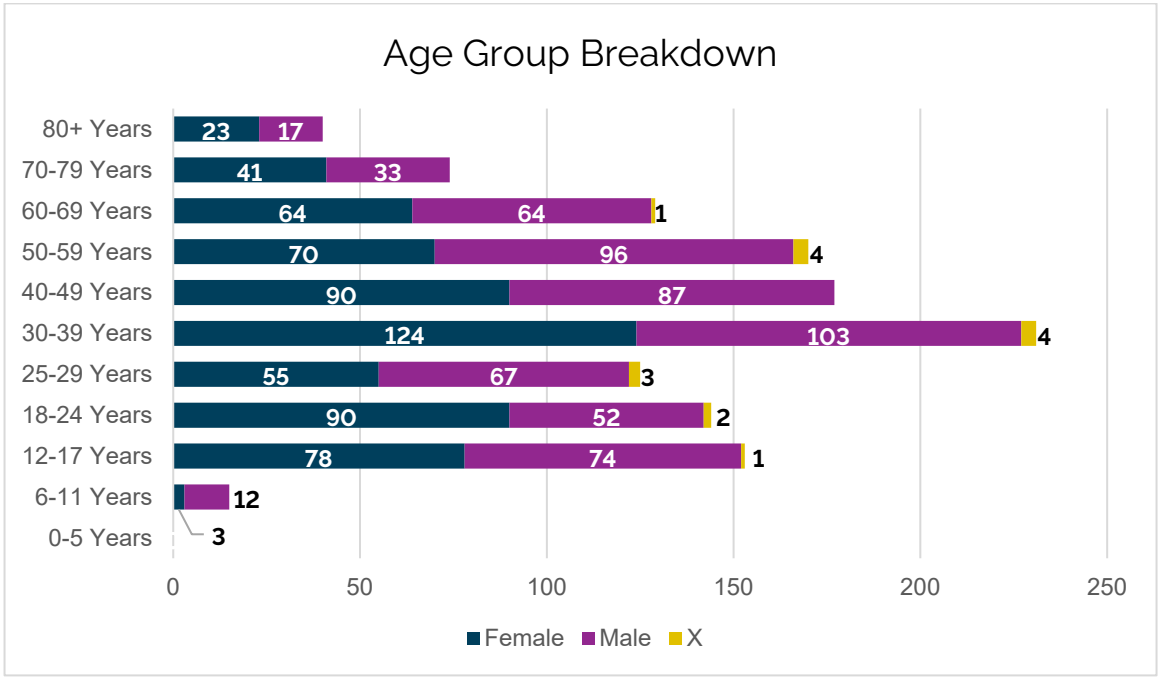


Provincial Socio-Demographic Data

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.



Note: "Dwelling" (0.2%), and "Neighbourhood" (0.4%), Discussion Type field values also contribute to these data results.

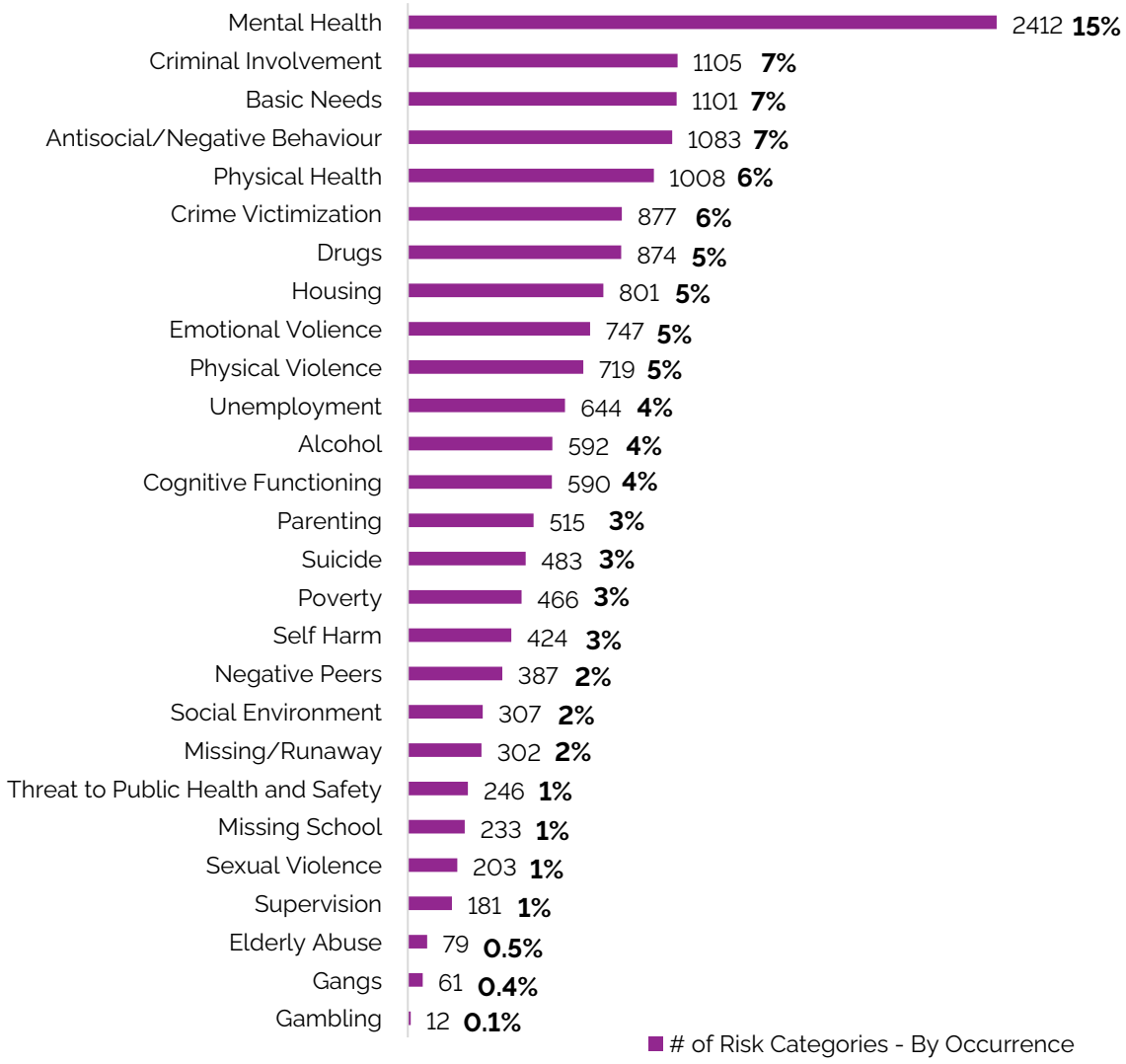


Provincial Risk Category Information

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 (16,452) reported in 2023, 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 (80 per cent), antisocial/problematic behaviour (44 per cent) and basic needs (44 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 provincially, we have identified that, the majority of discussions specific to “person” in 2023 fell within the age group of 30-39 years (18 per cent).

Risk Categories – By Occurrence



Top 5 Risk Categories – By Discussion

Mental Health
1,671 (80%)

Antisocial/ Problematic Behaviour
934 (44%)

Basic Needs
918 (44%)

Housing
790 (38%)

Physical Health
718 (37%)

Total Risk Factors Reported = **16,452**
Average Per Discussion = **8**
Risk Factors Identified (out of 105 risk factors) = **105**

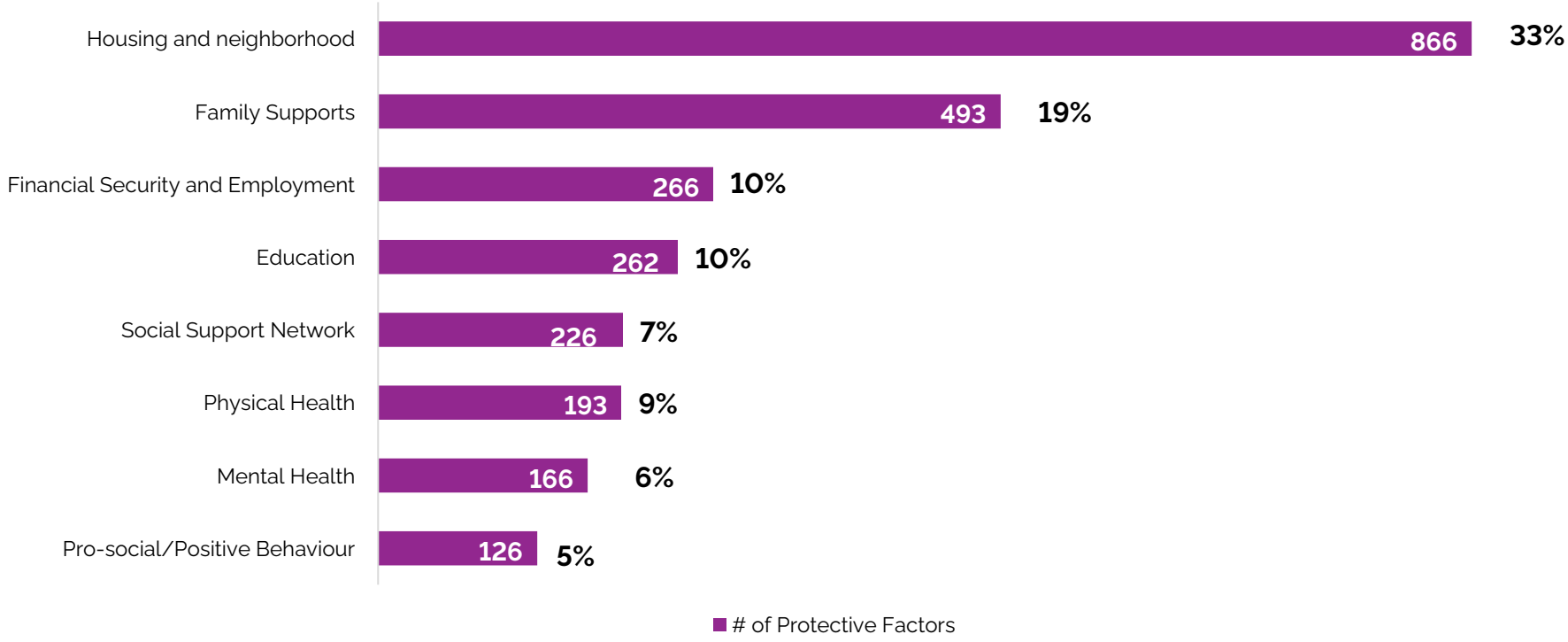
Top 5 Risk Categories by Demographics

Top 5 Risk Categories for 30-39 Years Group	
1. Mental Health (16%)	
2. Criminal Involvement (8%)	
3. Drugs (8%)	
4. Basic Needs (7%)	
5. Antisocial/Negative Behaviour (6%)	
FEMALE	**MALE**
1. Mental Health (17%)	1. Mental Health (15%)
2. Drugs (8%)	2. Criminal Involvement (10%)
3. Basic Needs (6%)	3. Basic Needs (8%)
4. Crime Involvement (6%)	4. Drugs (8%)
5. Crime Victimization (6%)	5. Physical Health (6%)

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

Provincial Protective Factors

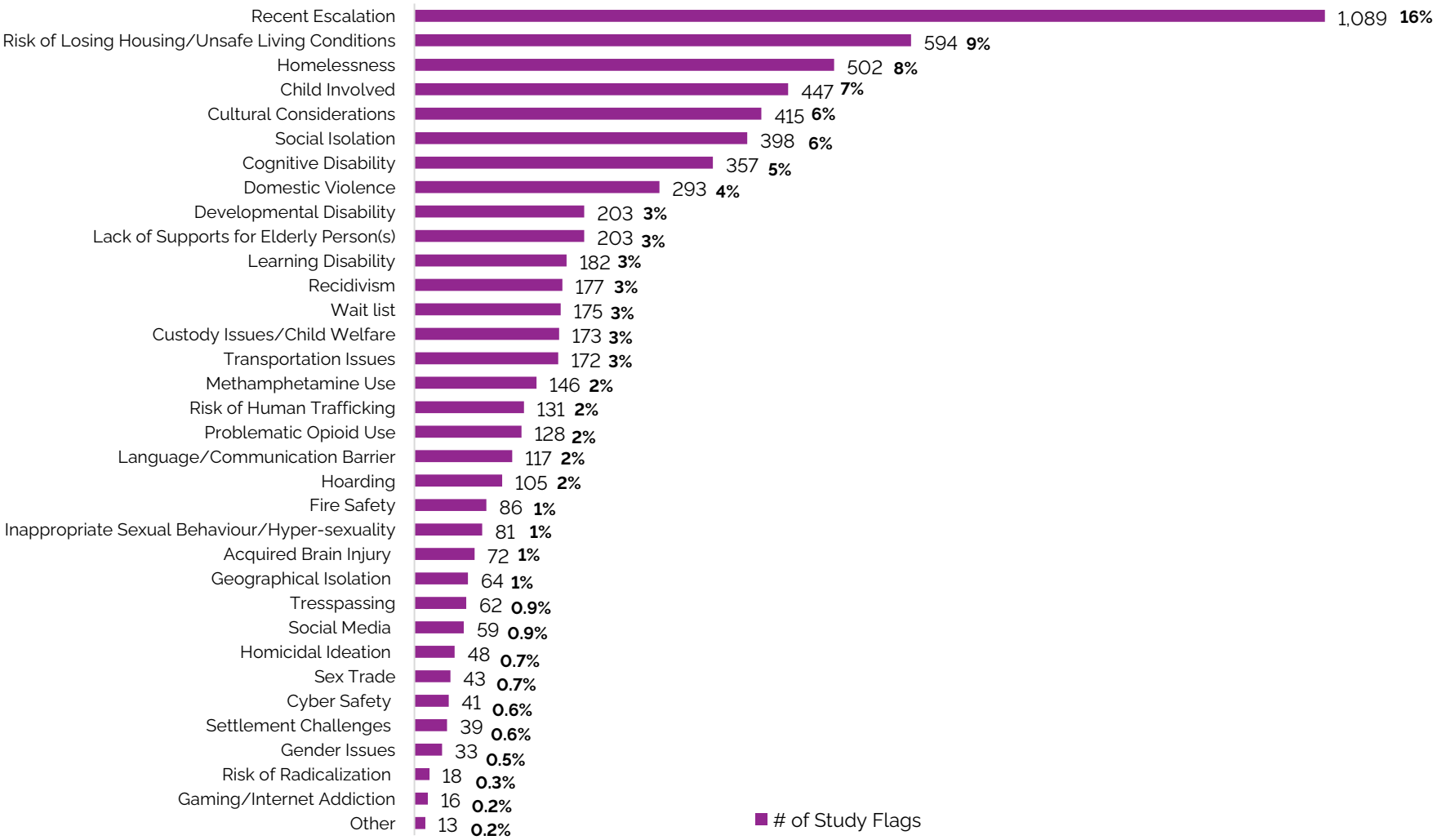
The RTD includes 51 protective factors that can be rolled up into eight protective factor groupings. Protective factor information is currently being collected by 35 sites across Ontario that had data in 2023. The top two protective factor groupings provincially in 2023 were “Housing and Neighbourhood" (33 per cent) and "Family Supports" (19 per cent).



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

Provincial Study Flags

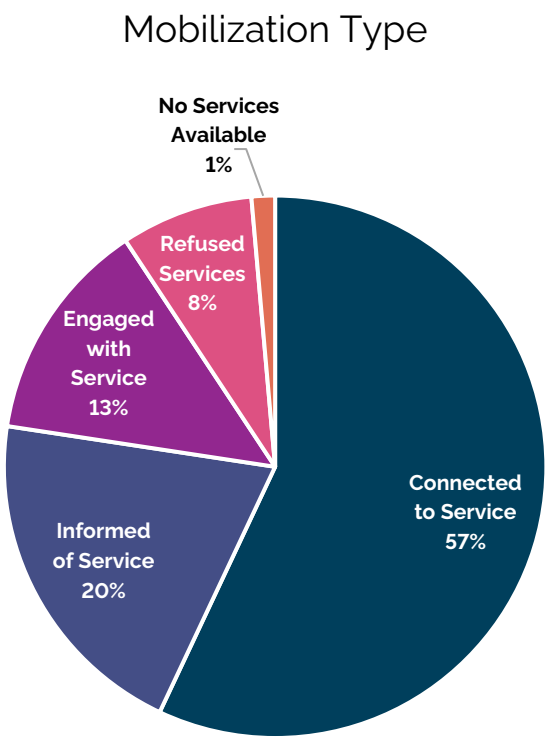
There are 33 study flag values that can be collected within the RTD. “Recent escalation” (16 per cent) remains the highest provincially, followed by “Risk of Losing Housing/Unsafe Living Conditions” (9 per cent), and Homelessness (8%).

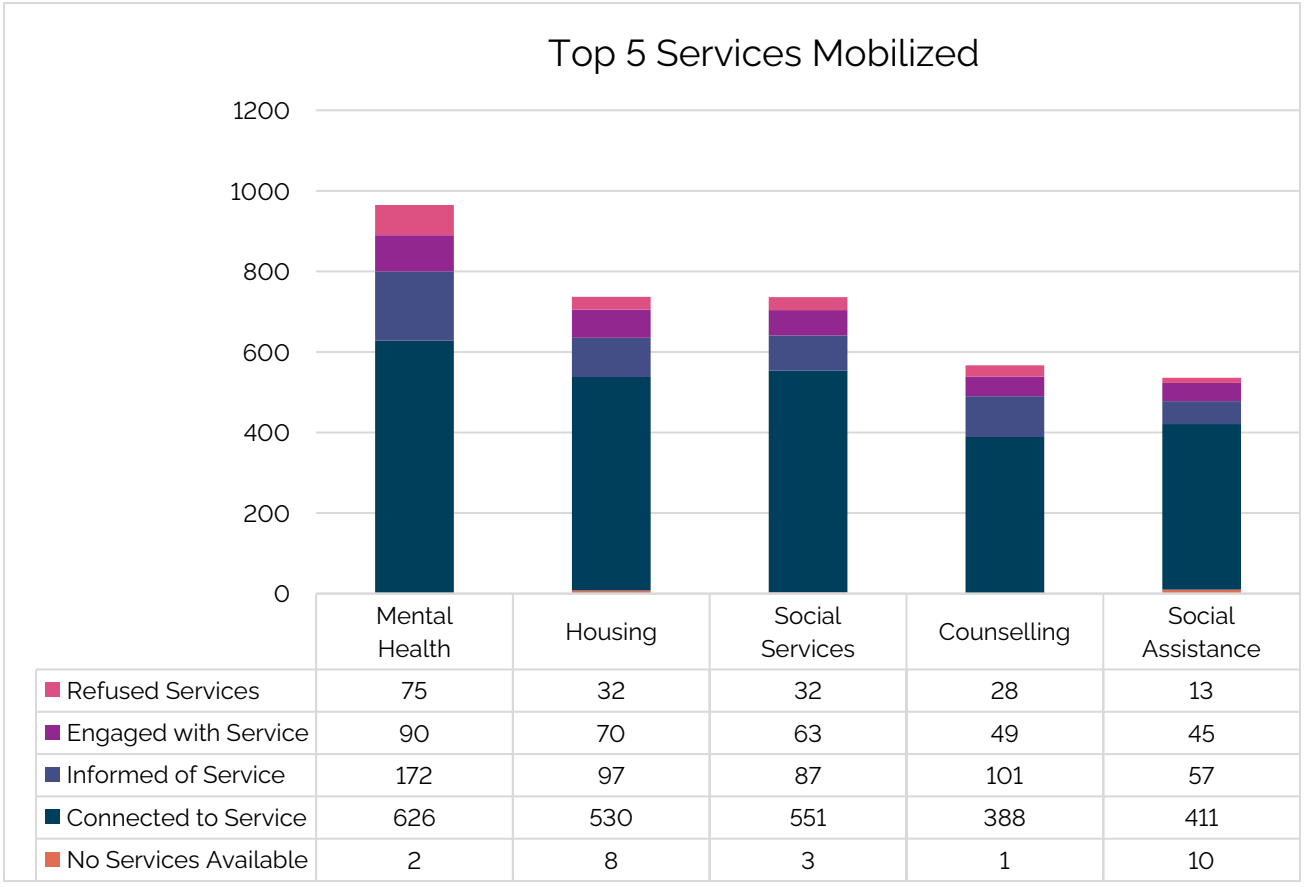


***Note:** Number of sites using study flags: 41 sites

Provincial Services Mobilized

Data for the type of mobilization and services mobilized was collected from 35 sites and reported back to agency partners after the intervention occurs. Provincial results most frequently reveal a connection to mental health services.

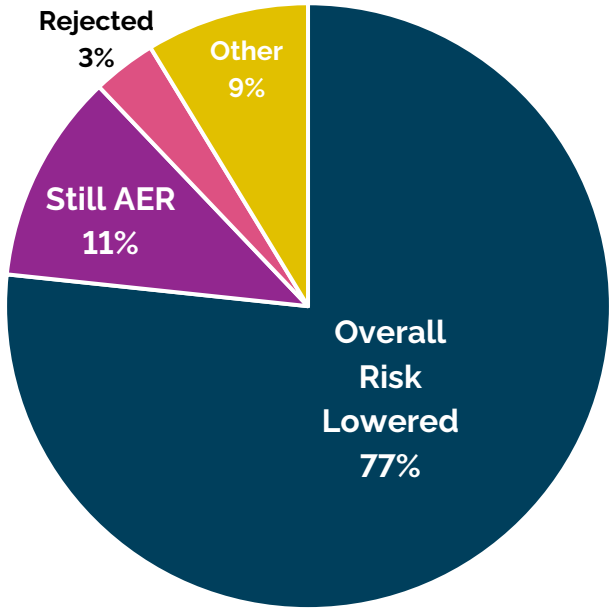


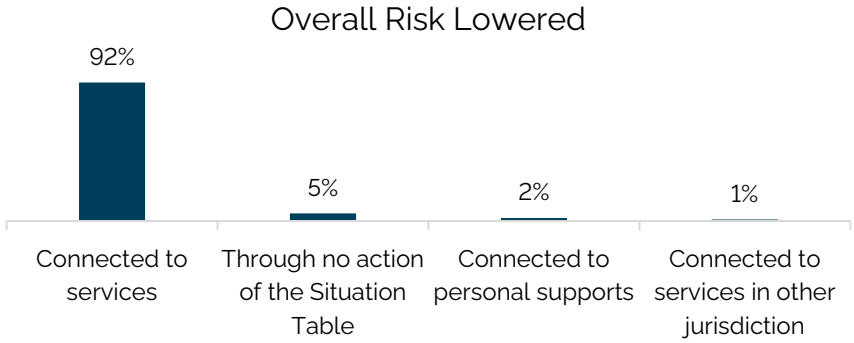


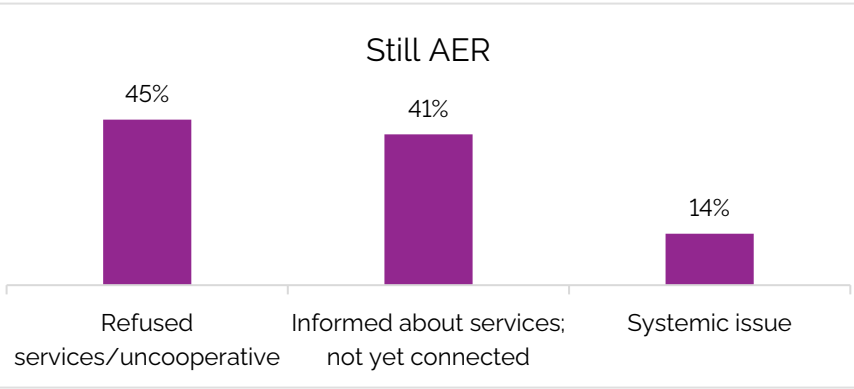
	Mental Health	Housing	Social Services	Counselling	Social Assistance
Refused Services	75	32	32	28	13
Engaged with Service	90	70	63	49	45
Informed of Service	172	97	87	101	57
Connected to Service	626	530	551	388	411
No Services Available	2	8	3	1	10

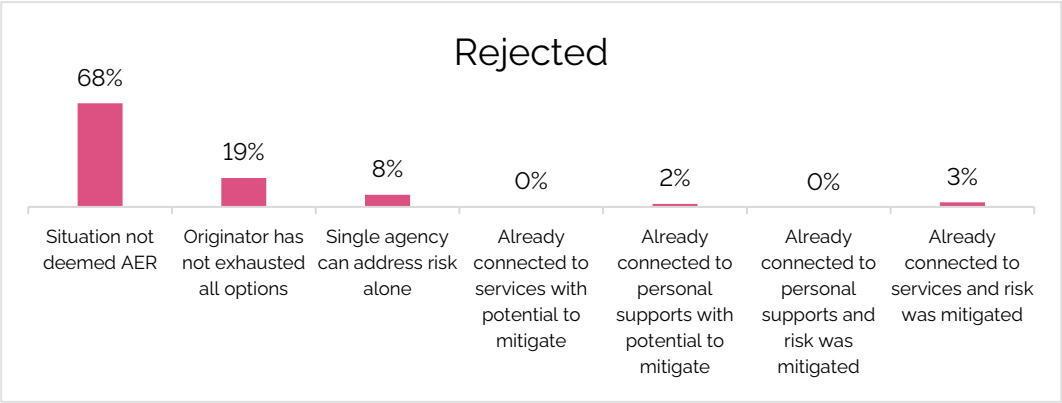
***Note:** Number of sites using services mobilized: 35 sites.

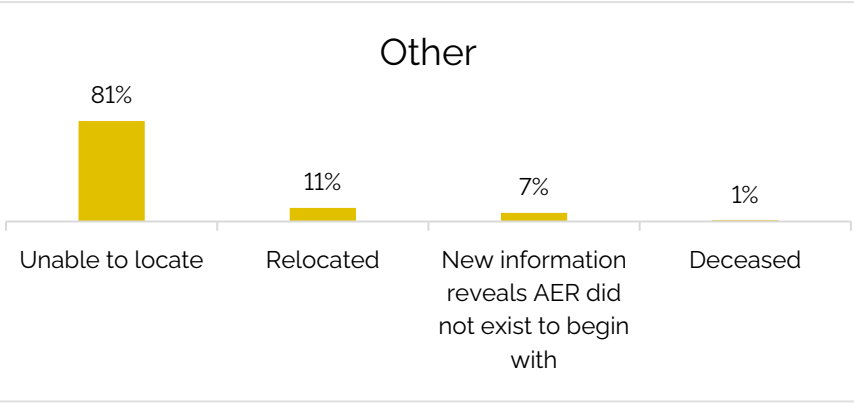
Provincial Conclusion Reasons











Provincial Correlating Data

Top 5 Risk Categories with Associations

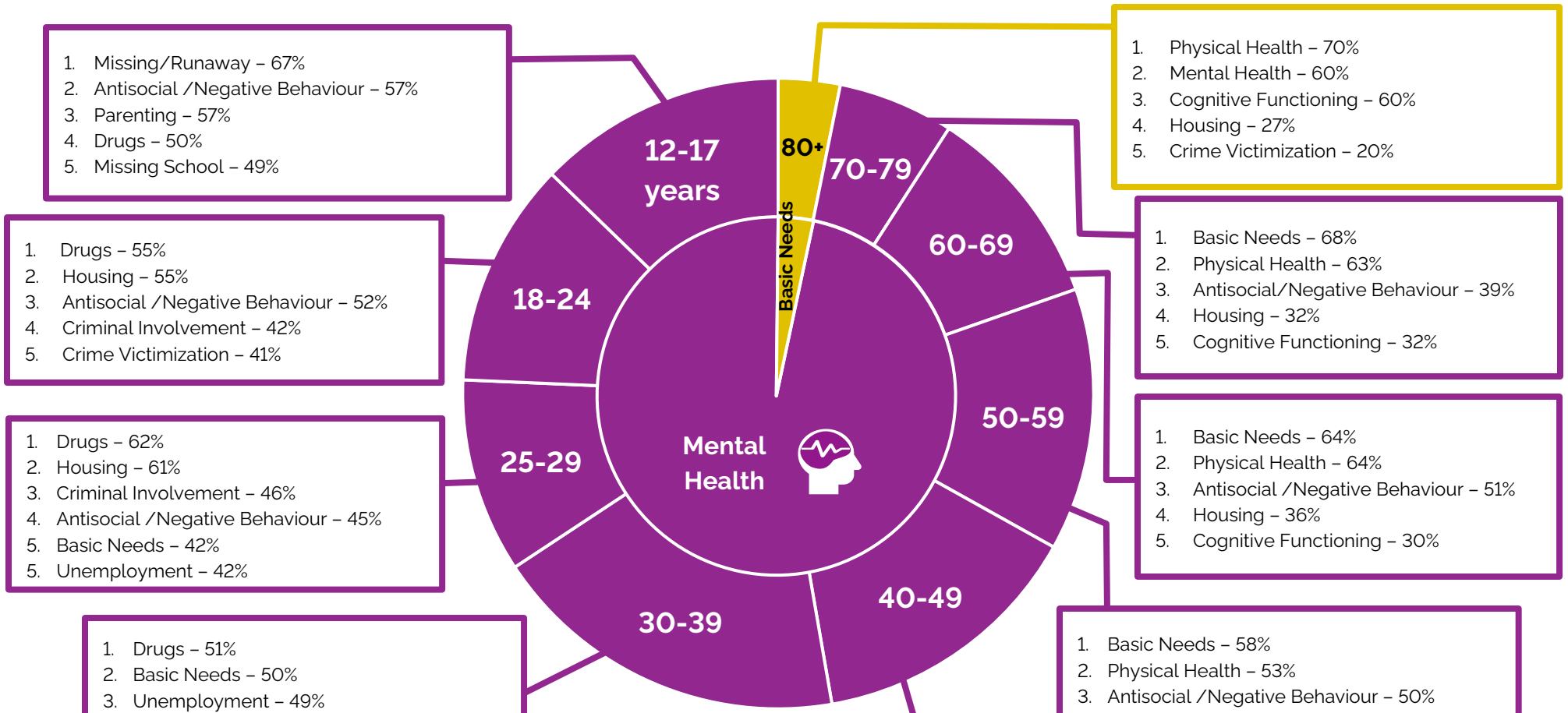
	1. Mental Health* 15%	2. Criminal Involvement 8%	3. Basic Needs 7%	4. Antisocial/ Negative Behaviour 7%	5. Physical Health 7%
Top Risk Category					
Top Age Group	30-39 Years	30-39 Years	30-39 Years	30-39 Years	50-99 Years
Top 5 Correlating Risk Categories	1. Antisocial/ Negative Behaviour (50%) 2. Basic Needs (46%) 3. Housing (39%) 4. Drugs (37%) 5. Physical Health (36%)	1. Mental Health (84%) 2. Anti-social/ Negative Behaviour (59%) 3. Drugs (53%) 4. Housing (41%) 5. Basic Needs (39%)	1. Mental Health (84%) 2. Housing (51%) 3. Physical Health (51%) 4. Antisocial /Negative Behaviour (44%) 5. Unemployment (38%)	1. Mental Health (89%) 2. Criminal Involvement (45%) 3. Basic Needs (43%) 4. Drugs (40%) 5. Physical Violence (35%)	1. Mental Health (83%) 2. Basic Needs (65%) 3. Housing (43%) 4. Antisocial /Negative Behaviour (42%) 5. Unemployment (34%)
Top Study Flag	Recent Escalation 56%	Recent Escalation 59%	Recent Escalation 55%	Recent Escalation 66%	Recent Escalation 51%
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 50 per cent of the time, along with a study flag of recent escalation 56 per cent 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

Basic Needs was the top occurring risk category for the age group 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 55 per cent 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. Child Involved	5. Cultural Considerations
Mental Health 15%	**Mental Health** 14%	**Mental Health** 13%	**Mental Health** 13%	**Mental Health** 15%
Antisocial/ Negative Behaviour 8%	**Basic Needs** 8%	**Housing** 9%	**Antisocial/ Negative Behaviour** 7%	**Antisocial/ Negative Behaviour** 7%
Criminal Involvement 7%	**Physical Health** 8%	**Basic Needs** 9%	**Parenting** 7%	**Basic Needs** 7%
Basic Needs 6%	**Antisocial/ Negative Behaviour** 6%	**Criminal Involvement** 8%	**Criminal Involvement** 6%	**Crime Victimization** 6%
Physical Health 5%	**Housing** 6%	**Physical Health** 7%	**Emotional Violence** 5%	**Emotional Violence** 6%

***Example:** In discussions where there is a Recent Escalation Study Flag, the Mental Health Risk Category appears 1,399 times (or 15 per cent).

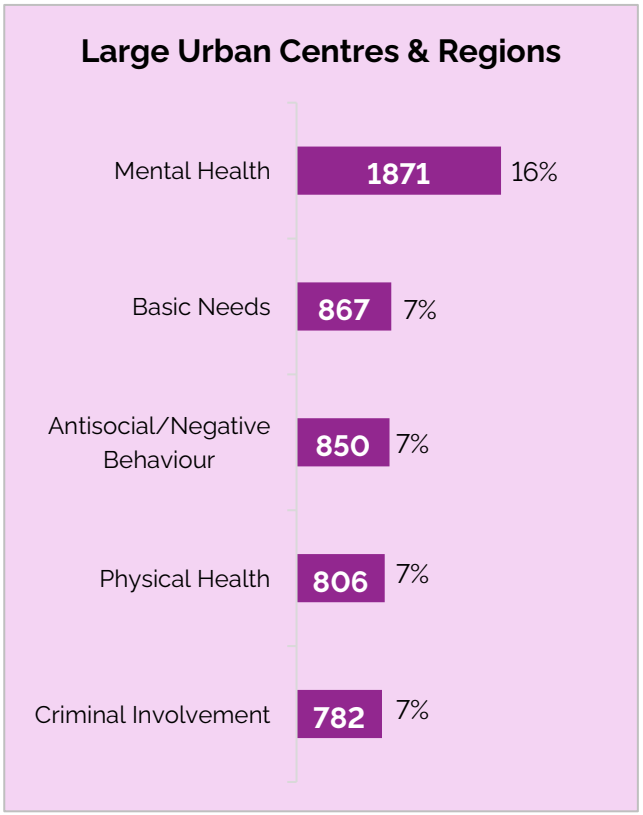
Note: Study Flag correlations are calculated by occurrence – see page 16 for reference on analysis by occurrence vs discussion.

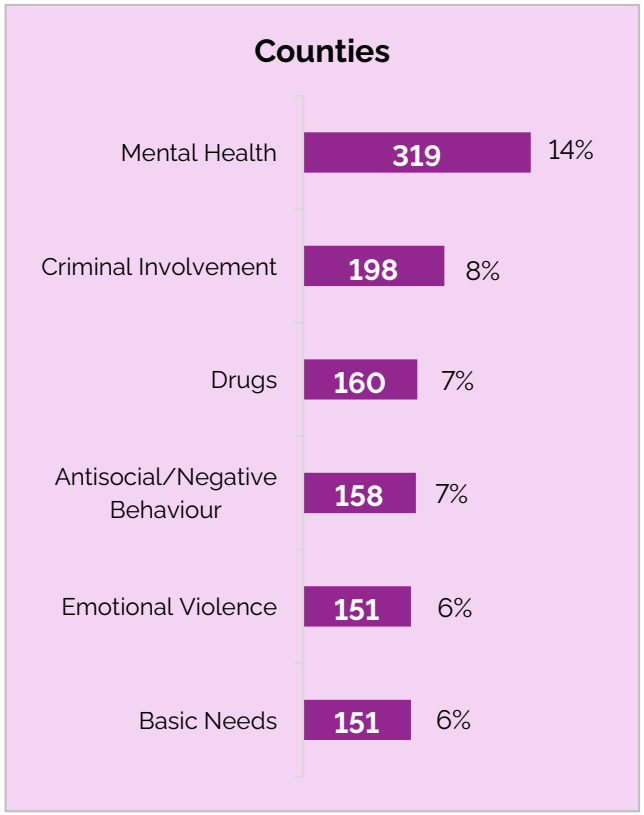
Provincial Population Category Analysis

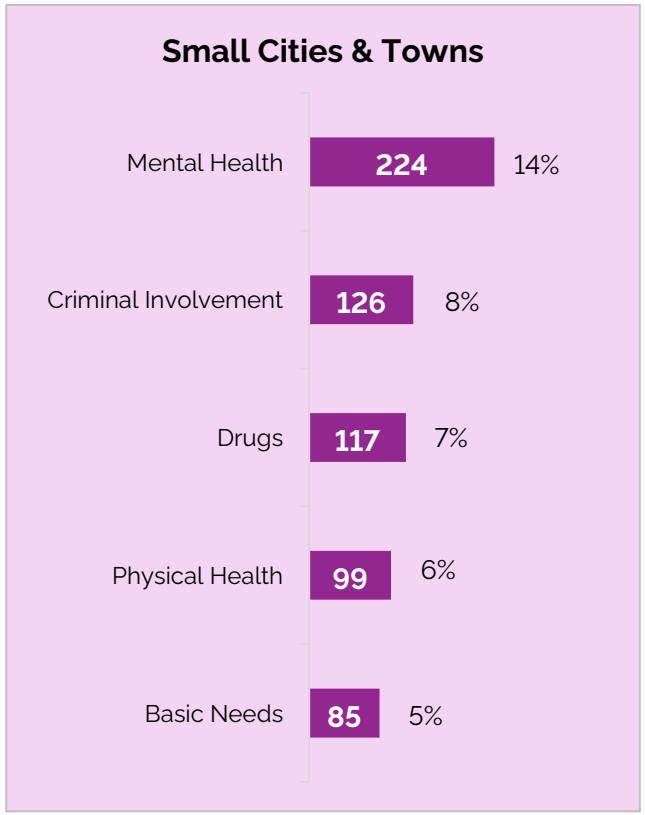
The 48 sites in the RTD with data in 2023 were divided into three population categories based on size according to Statistics Canada: Large Urban Centres & Regions (20), Counties (13), and Small Cities & Towns (15).

Top Risk Categories by Population Category

The following charts show the top 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.

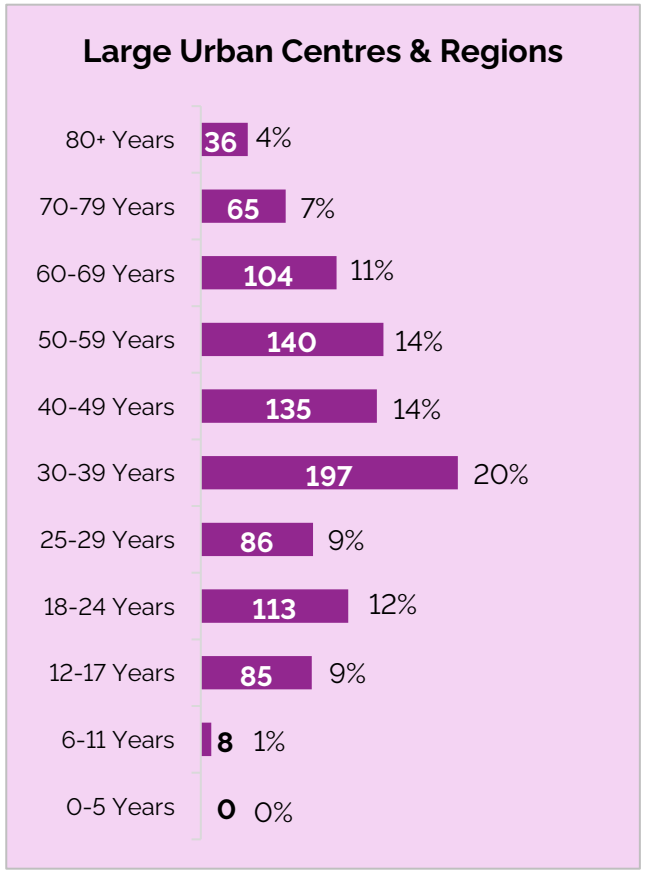


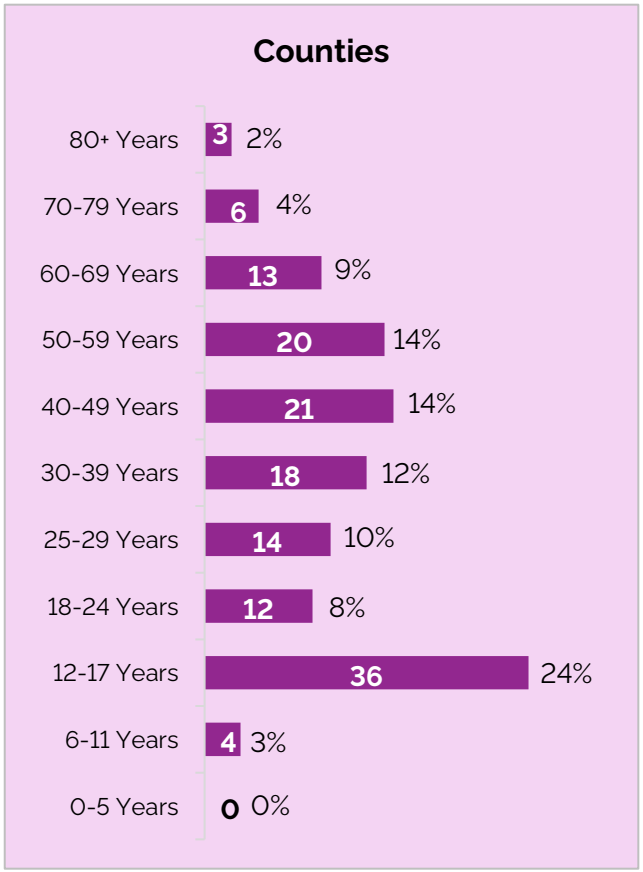


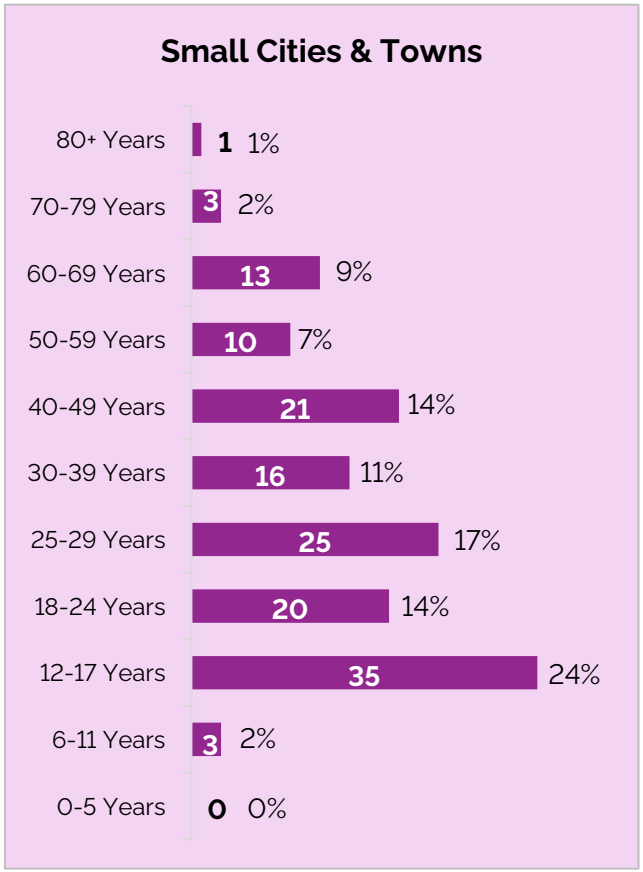


Socio-Demographic Data by Population Category

The following charts show the age groupings for each population category. The top age group for Large Urban Centres & Regions in 2023 was 30-39 Years. The top age group for Counties, as well as Small Cities and Towns in 2023 was 12-17 Years. This shows that there may be different service needs based on community size. It also shows the proportional effect that Large Urban Centres & Regions have on the overall provincial data results.



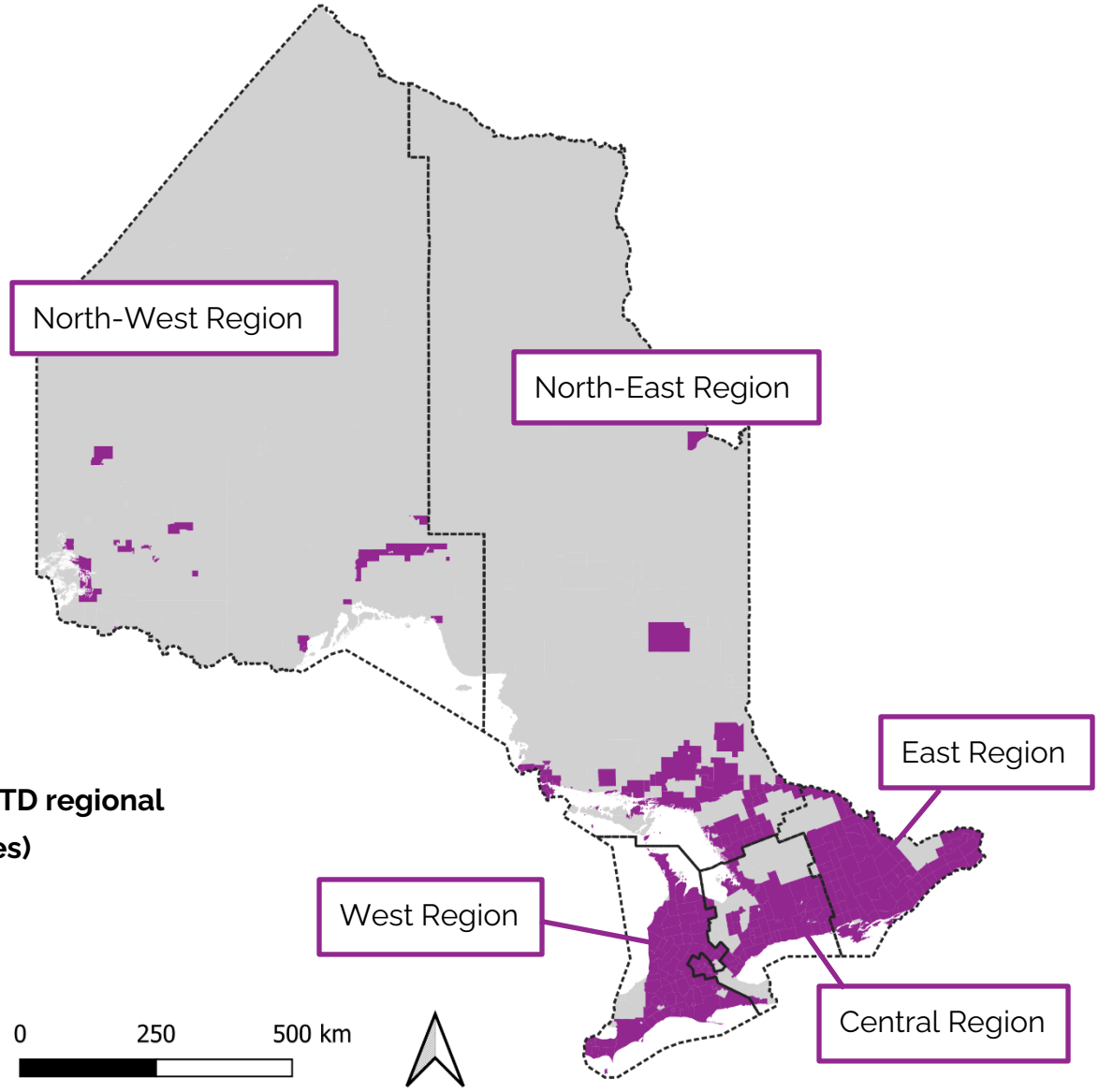




Part B – RTD 2023 Annual Report - Regional Results

The following maps reveal a geographical representation of RTD use across Ontario since inception of the project (2014 - 2023). For a full list of all **63*** site locations that have been onboarded to the RTD see **Appendix B**.

***Note:** while 63 sites have been onboarded to the RTD since inception, 48 sites had 2023 data in the RTD at the time of this report.

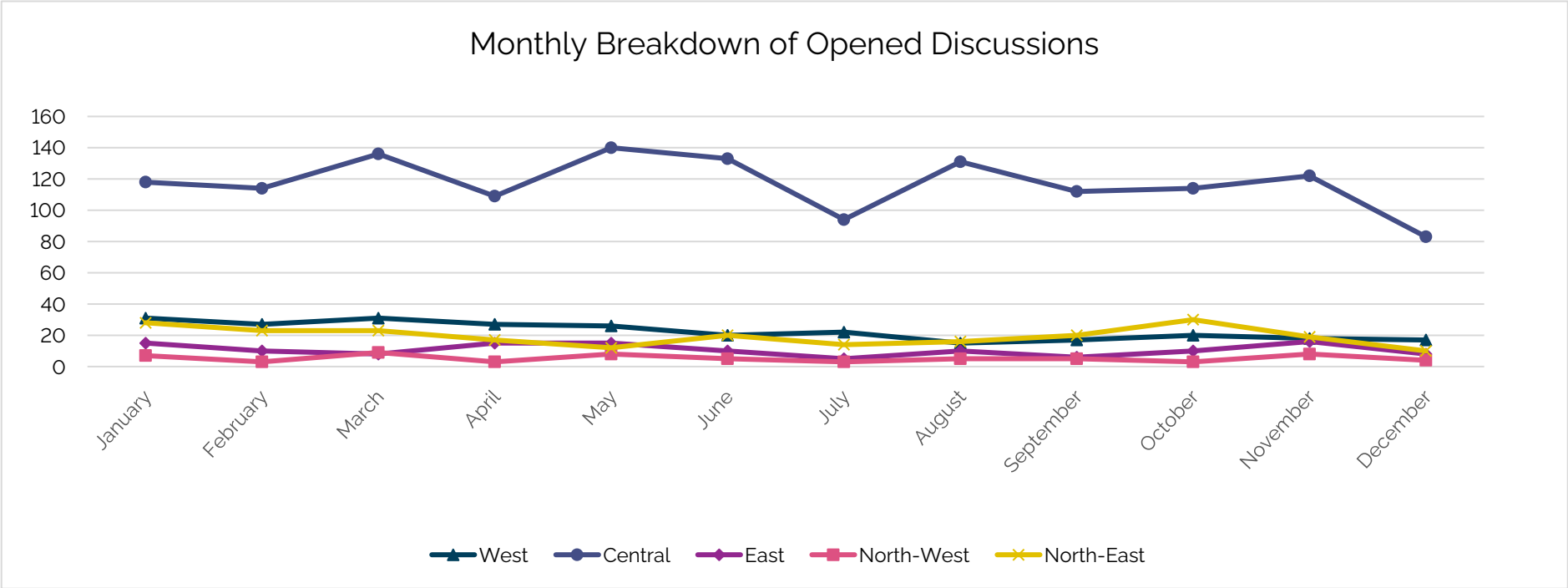


Ontario (showing RTD regional boundaries)

2023 RTD Regional Data Results

As of 2023, there were 48 sites in operation using the RTD. This includes representation from all five regions across the province.

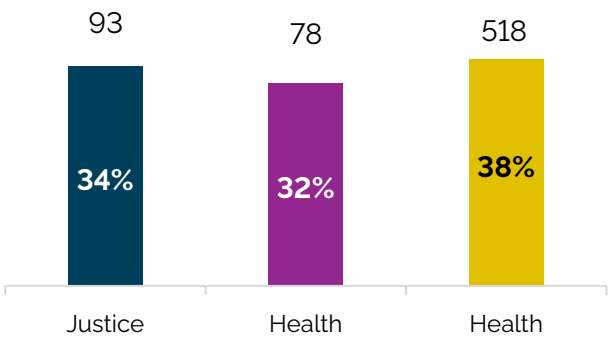
Discussion Overview



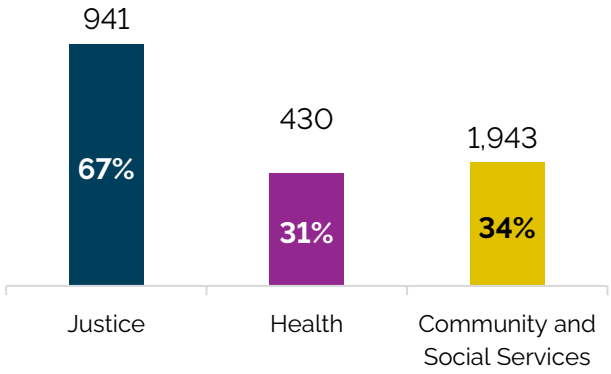
	West	Central	East	North-West	North-East
Sites	10	18	8	5	7
Discussions	271	1,406	128	61	232
Met the Threshold	91%	98%	85%	100%	98%
Rejected	9%	2%	15%	0%	2%

Regional Sector Engagement

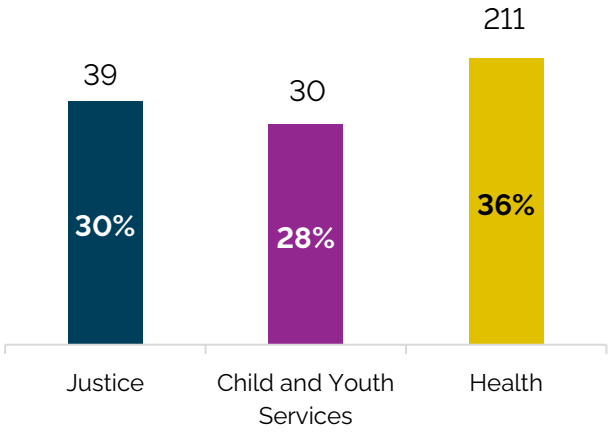
Top 3 Sectors Engaged



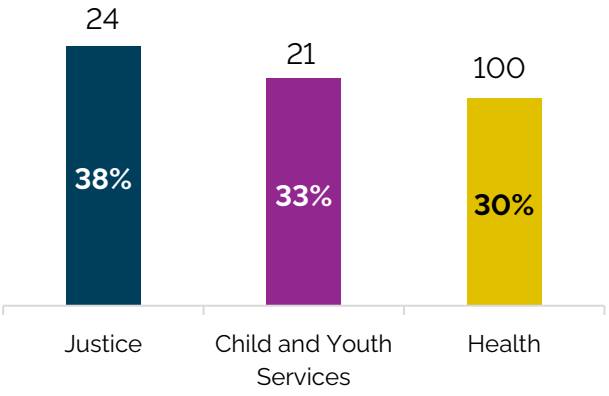
West Region



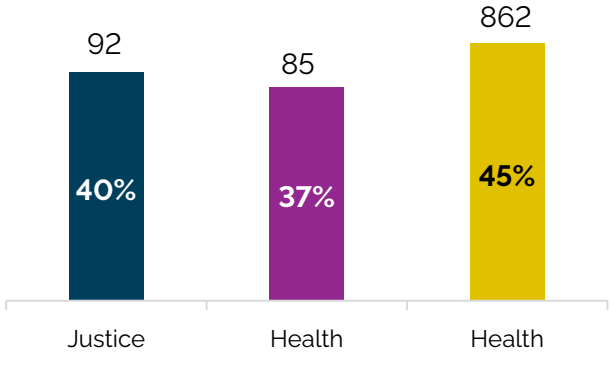
Central Region



East Region



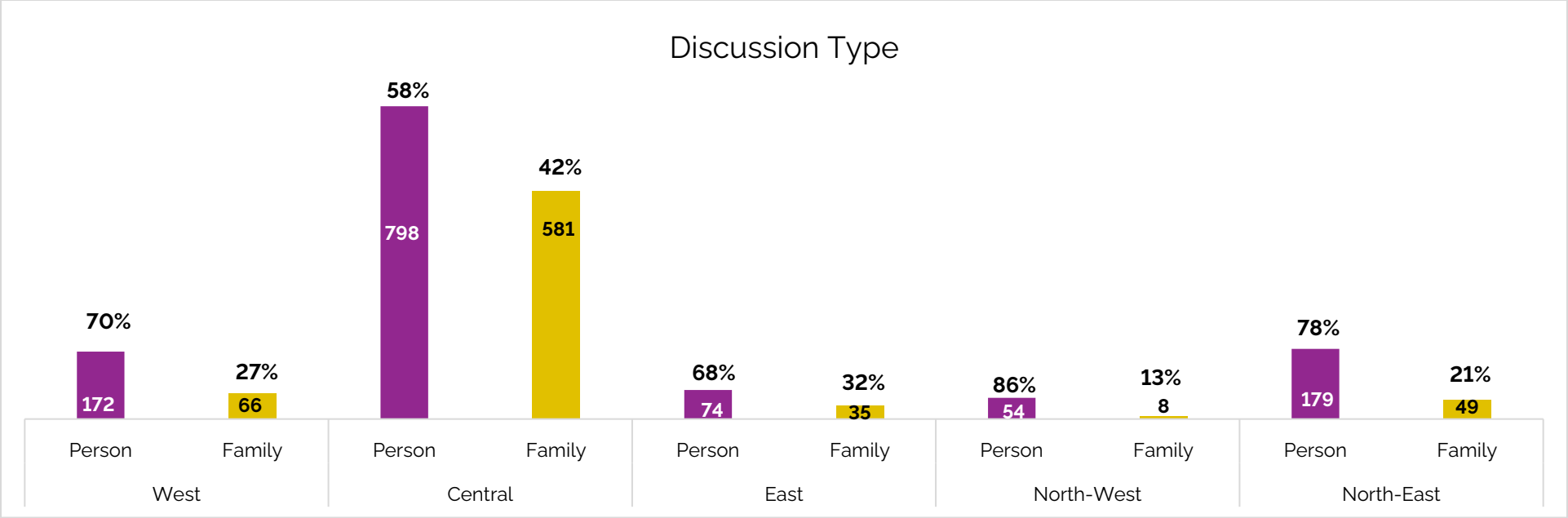
North-West Region



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.

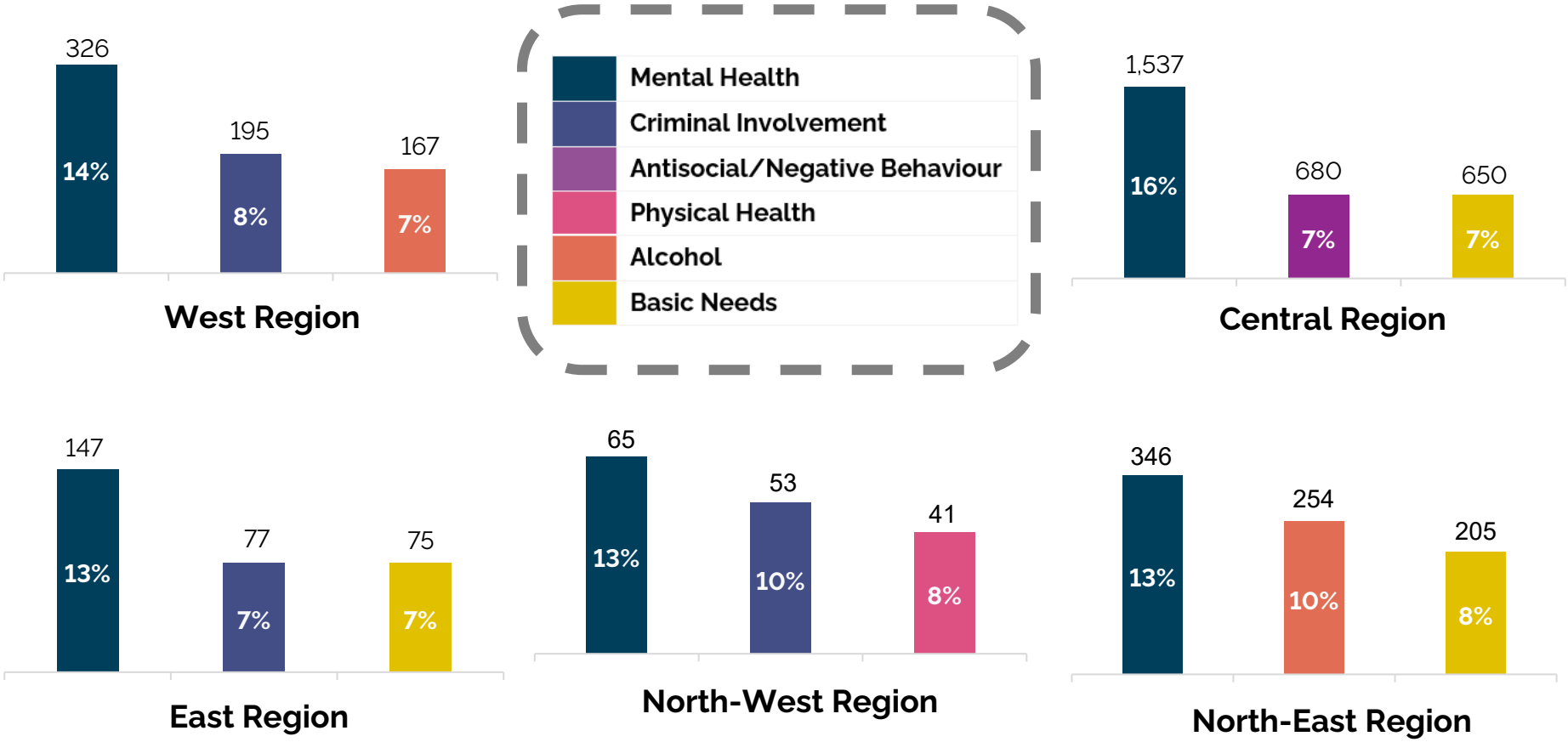
Top Age Group				
West Region	**Central Region**	**East Region**	**North-West Region**	**North-East Region**
12-17 Years (15%)	**30-39 Years (20%)**	**12-17 Years (28%)**	**12-17 Years (39%)**	**30-39 Years (21%)**

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 80% (218)	Mental Health 79% (1,108)	Mental Health 73% (95)	Mental Health 75% (47)	Mental Health 92% (214)
Drugs 47% (127)	Antisocial/ Negative Behaviour 43% (605)	Basic Needs 44% (58)	Drugs 64% (40)	Physical Health 66% (153)
Antisocial/Negative Behaviour 47% (126)	Basic Needs 41% (575)	Drugs 43% (56)	Criminal Involvement 59% (37)	Basic Needs 65% (150)

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 12-17 Age Group

1. Criminal Involvement (10%)
2. Mental Health (10%)
3. Drugs (9%)

Female	Male
1. Mental Health (12%)	1. Criminal Involvement (13%)
2. Drugs (10%)	2. Drugs (10%)
3. Criminal Involvement (8%)	3. Antisocial/Negative Behaviour (8%)

Central Region

Top Risk Categories for 30-39 Age Group

1. Mental Health (18%)
2. Criminal Involvement (8%)
3. Drugs (7%)

Female	Male
1. Mental Health (19%)	1. Mental Health (17%)
2. Drugs (7%)	2. Criminal Involvement (10%)
3. Criminal Involvement (7%)	3. Drugs (7%)

East Region

Top Risk Categories for 12-17 Age Group

1. Mental Health (11%)
2. Criminal Involvement (10%)
3. Emotional Violence (6%)

Female	Male
1. Mental Health (13%)	1. Criminal Involvement (14%)
2. Emotional Violence (8%)	2. Mental Health (10%)
3. Self Harm (7%)	3. Antisocial/Negative Behaviour (8%)

North-West Region

Top Risk Categories for 12-17 Age Group

1. Criminal Involvement (12%)
2. Mental Health (11%)
3. Alcohol (10%)

Female	Male
1. Alcohol (11%)	1. Criminal Involvement (12%)
2. Mental Health (11%)	2. Mental Health (11%)
3. Criminal Involvement (10%)	3. Alcohol (9%)

North-East Region

Top Risk Categories for 30-39 Age Group

1. Mental Health (13%)
2. Basic Needs (10%)
3. Drugs (8%)

Female	Male
1. Mental Health (13%)	1. Mental Health (12%)
2. Drugs (8%)	2. Basic Needs (12%)
3. Physical Violence (8%)	3. Criminal Involvement (9%)

Regional Protective Factors

Top 5 Protective Factors

The top two protective factor groupings regionally in 2023 were “Housing and Neighbourhood" and "Family Supports" across all five regions.

West Region

Housing and Neighbourhood – 26%

Family Supports – 19%

Financial Security / Employment – 15%

Physical Health – 12%

Education – 9%

Central Region

Housing and Neighbourhood – 37%

Family Supports – 18%

Education – 10%

Social Support Network – 9%

Financial Security / Employment – 9%

East Region

Family Supports – 21%

Housing and Neighbourhood – 18%

Education – 14%

Financial Security / Employment– 12%

Physical Health – 12%

North-West Region

Family Supports – 30%

Housing and Neighbourhood – 27%

Education– 10%

Mental Health – 10%

Physical Health – 8%

North-East Region

Family Supports – 32%

Housing and Neighbourhood – 19%

Financial Security / Employment– 13%

Mental Health – 13%

Physical Health – 9%

Regional Study Flags

Top 5 Study Flags

The top two study flags regionally in 2023 were “Recent Escalation" followed by "Risk of Losing Housing/Unsafe Living Conditions" in four of the five regions and “Homelessness” in North-West Region.

West Region

Recent Escalation – 13%

Risk of Losing Housing/ Unsafe Living Conditions – 9%

Homelessness –8%

Domestic Violence – 7%

Child Involved– 7%

Central Region

Recent Escalation – 18%

Risk of Losing Housing/ Unsafe Living Conditions – 9%

Cultural Considerations– 8%

Homelessness– 7%

Child Involved – 7%

East Region

Recent Escalation – 11%

Risk of Losing Housing/ Unsafe Living Conditions – 10%

Homelessness– 8%

Child Involved – 7%

Social Isolation – 6%

North-West Region

Recent Escalation– 11%

Homelessness – 7%

Cognitive Disability – 7%

Risk of Human Trafficking – 7%

Risk of Losing Housing/ Unsafe Living Conditions – 7%

North-East Region

Recent Escalation – 14%

Risk of Losing Housing/ Unsafe Living Conditions – 10%

Homelessness– 8%

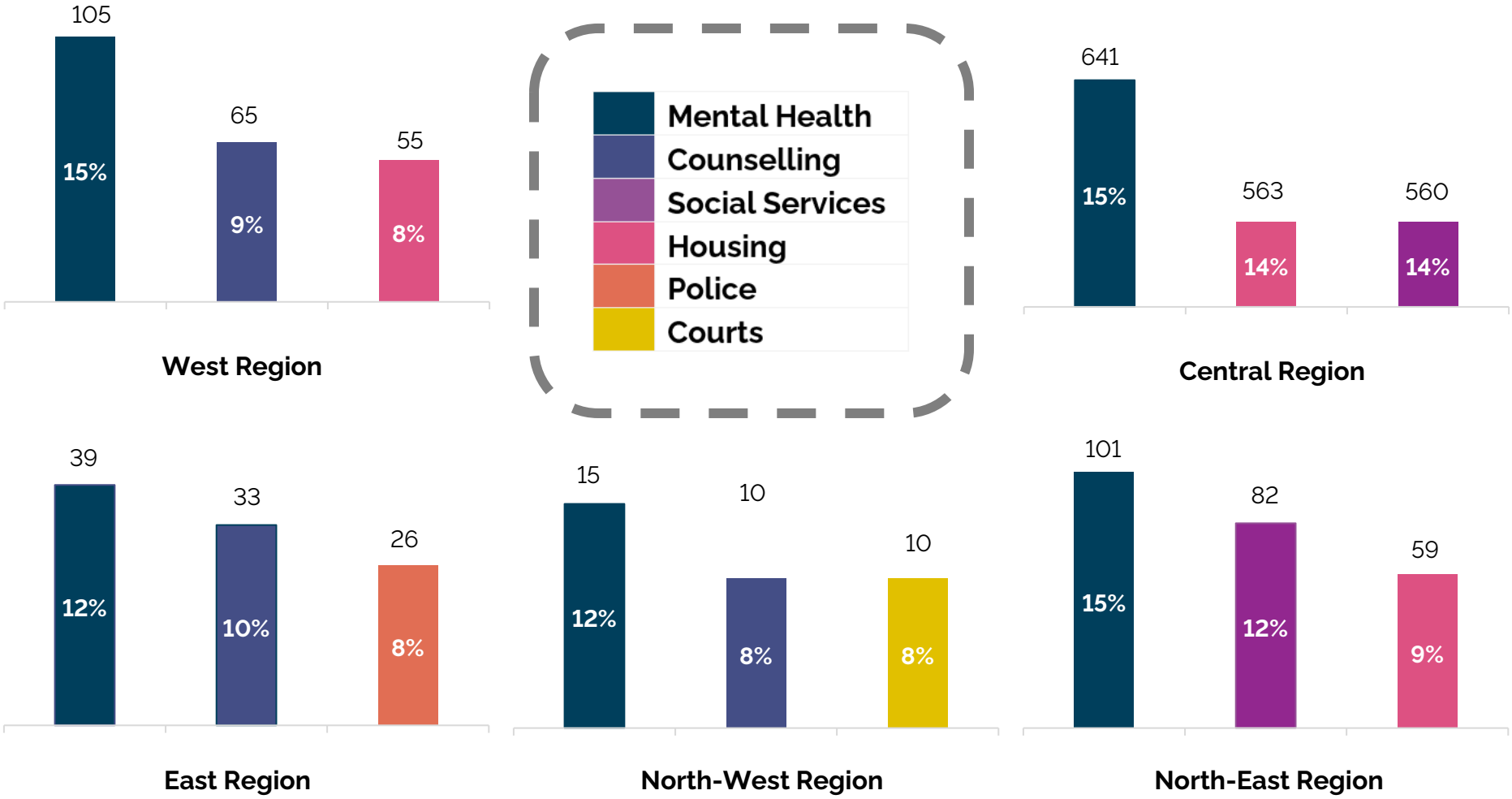
Social Isolation – 8%

Cognitive Disability – 6%

Regional Services Mobilized

Top 3 Services Mobilized

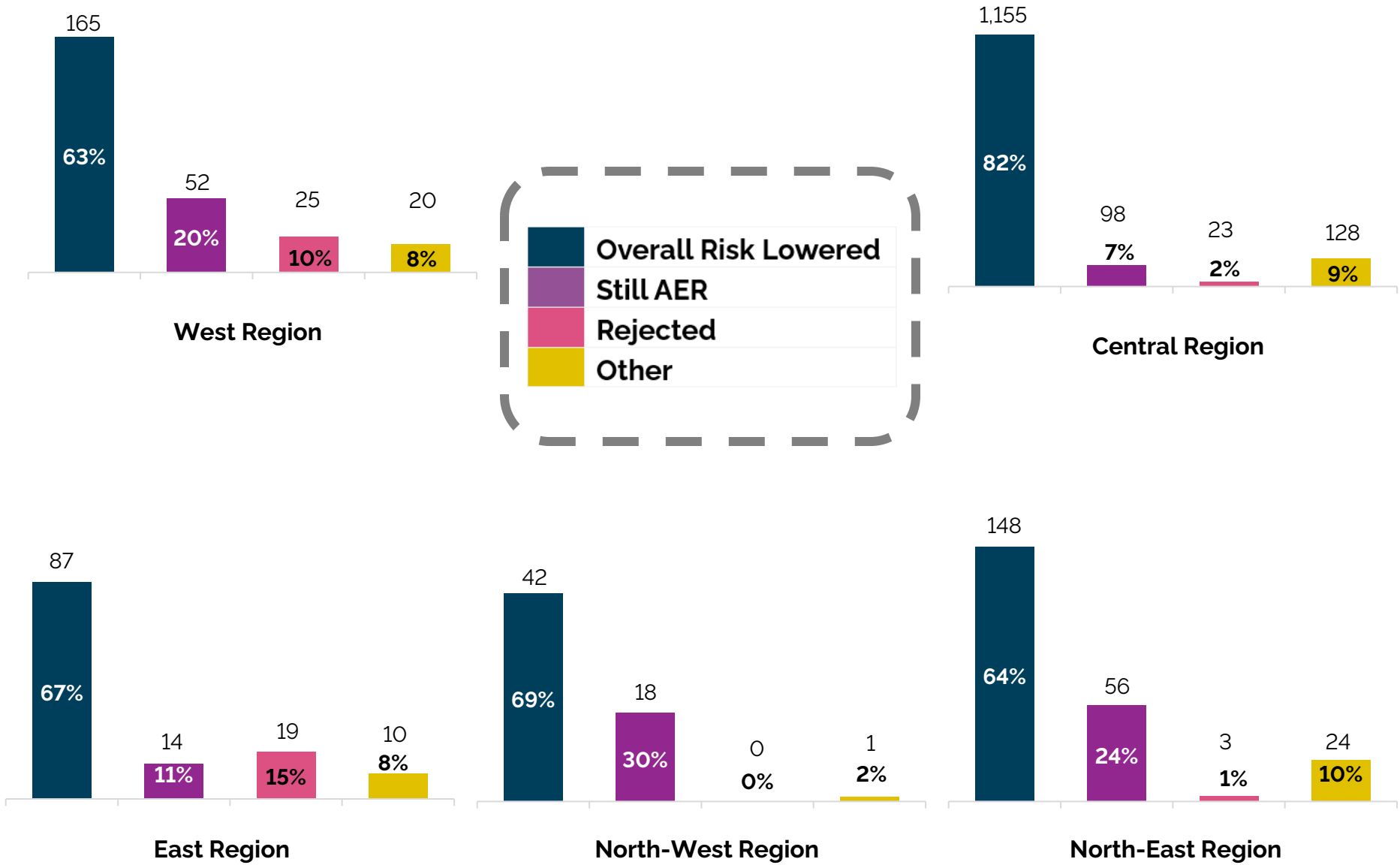
The following data reflects the mobilization types: Informed of Services, Connected to Services, and Engaged with Services.



***Note:** Number of sites using services mobilized: 48 sites.

Regional Conclusion Reasons

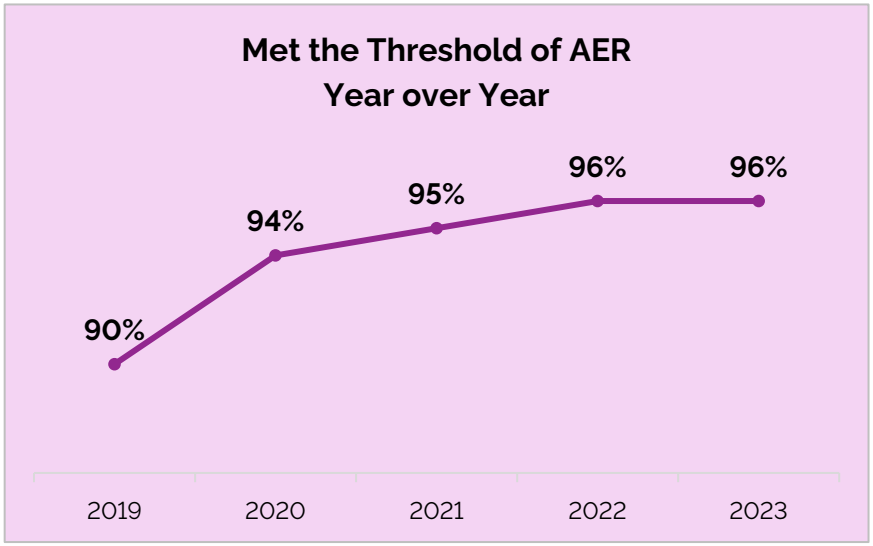
The majority of discussions in all five regions concluded in overall risk being lowered, followed by still at AER.

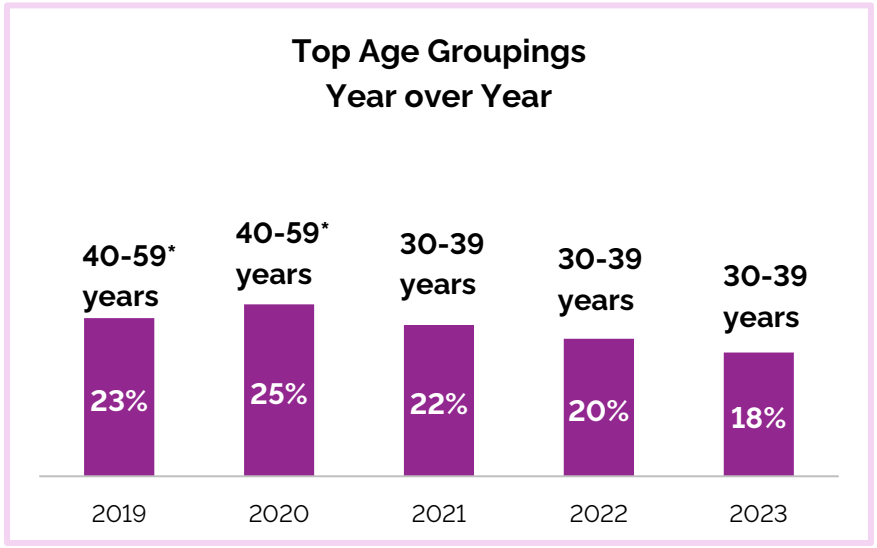


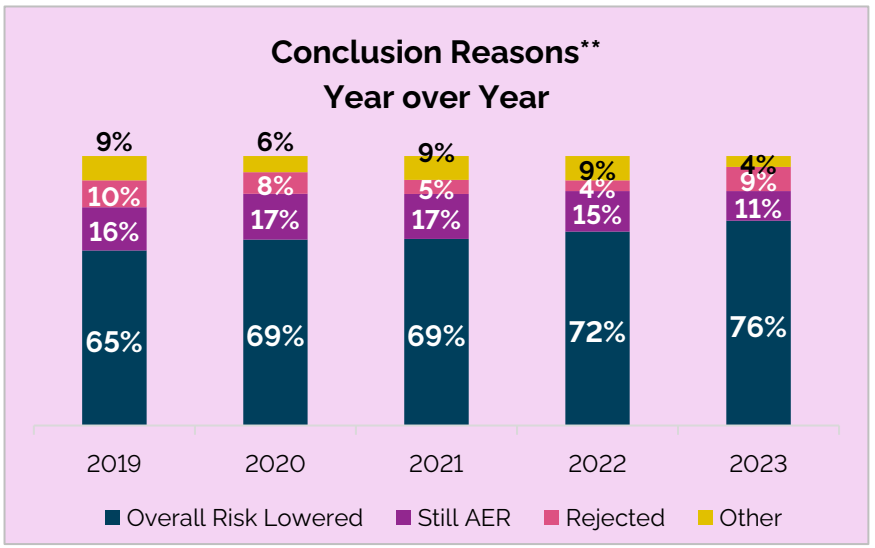
Conclusion

Provincial Trend Analysis

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







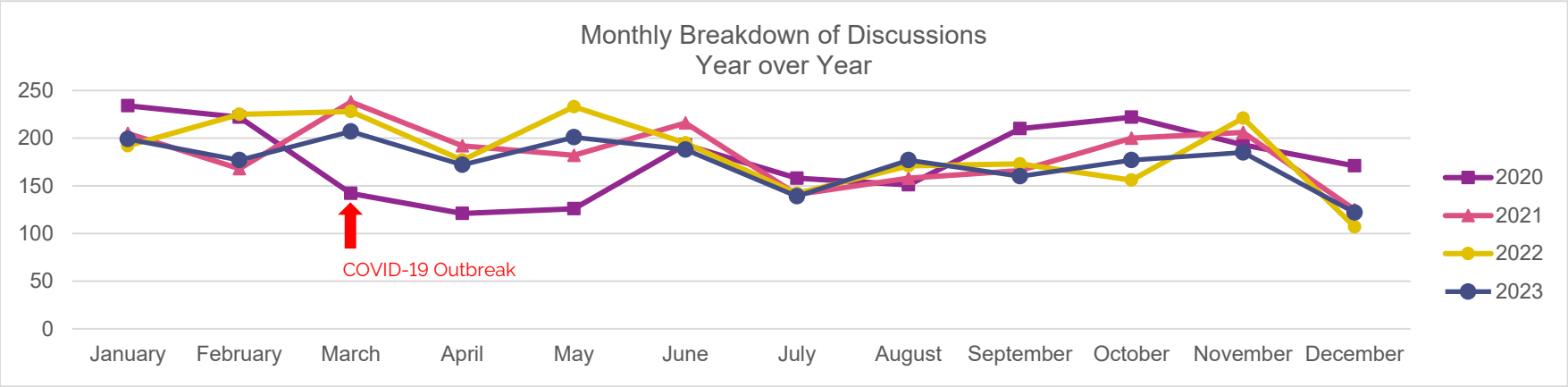
Notes:

*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 2019 to 2023 (the past five years), discussions meeting the threshold of AER have steadily increased, indicating that agency partners have become adept at understanding what discussions to bring forward.
    - In 2023, 77 per cent of discussions meeting the threshold of AER resulted in the overall risk being lowered, this is a two per cent 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 top five correlating risk categories to mental health in 2023 (page 23), were: antisocial/negative behaviour (50 per cent), basic needs (46 per cent), housing (39 per cent), drugs (37 per cent), and physical health (36 per cent), these were the same risk categories in that order in the previous year.
    - The 2023 population category analysis (page 26) showed that the risk category mental health was most prevalent in discussions across all three population categories, with some variation in the top five.
- The top age group represented at discussions has remained 30-39 years over the past three 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 2023 population category analysis (page 27) showed a stark difference in the top age group after accounting for population size. The top age group in Large Urban Centres and Regions was 30-39 years, while the top age group in Counties and Small Cities & Towns was 12-17 years, indicating that the young age groups become more represented in discussions as the community gets smaller. A similar pattern was observed over the previous three 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.

- When looking at the monthly breakdown of discussions opened from 2020 to 2023 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. Impacts of the COVID-19 pandemic should be analyzed over a longer period of time using multiple data sets.



- In each year from 2019 to 2023, 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 (37 per cent) over the past five years being evident in 2023.

Value provided by the RTD

Ensuring the safety and well-being of our communities is a shared responsibility by all members and requires an integrated approach to bring municipalities, police services, community partners and Indigenous communities, together to address a collective goal. Encouraging multi-sectoral partnerships with a unified vision for safety and well-being is essential in developing strategies, programs, and services to help minimize risk factors and foster safer and healthier 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, for example, 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 so that data can be utilized to inform policy and program work, including community safety and well-being planning efforts, as well as broader provincial investments. Specifically, RTD data can be overlapped and analyzed against the top risks identified in community safety and well-being plans across the province to provide a more comprehensive picture of risks and needs in Ontario communities. Locally, various community safety and well-being plans have identified the need to strengthen and/or expand their Situation Tables as a strategy in addressing their local risks and supporting vulnerable populations, demonstrating the positive impact of these tables and the need for continued data collection and analysis provided by the RTD.

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 2023 Annual Report Contributors

Community Safety Analysts, Program Development Section
Natalie Brull
Ashika Sharda

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 (19 Sites)	EAST REGION (11 Sites)	NORTH-WEST REGION (9 Sites)	NORTH-EAST REGION (10 Sites)
• Brantford • Chatham-Kent • Elgin County • Grey & Bruce Counties • Huron and Perth County • London • Middlesex County (Strathroy) • Norfolk County (Simcoe, Haldimand County) • Oxford County • Rural Wellington • Waterloo Region (Cambridge, Kitchener) • 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 (Brampton, Mississauga) • Peterborough • Port Colborne (Wainfleet, Welland, Pelham) • St. Catherines-Thorold • 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 2023. 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.