Analysis of Regional Acutely Elevated Risk (AER)

"Situation Tables"

Final Report

by

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Abstract

The purpose of this project was to analyze three regional Situation Tables located in Northumberland, City of Kawartha Lakes and Peterborough. A literature review was conducted to explain the history, working practices and Provincial guidelines of Situation Tables. Data that each regional Situation Table records was analyzed in order to identify trends among the three regions in regards to which human services and justice organizations are most involved and what risk factors are most commonly present. Surveys and interviews were completed to capture the experiences and opinions of individuals who participate at each regional Table and gather their ideas for improvements.

Findings include that police services are heavily involved in both the referral process and intervention responses across all three regional Tables. Mental health services are also very commonly involved in the intervention responses as mental health was found to be the most common risk factor discussed and actioned at all three regional Tables. Ideas for improvements such as ensuring a more fulsome understanding of Situation Tables among all members are presented. Additionally, possible missing agencies for each regional Table are suggested based on the survey and interview responses of participating Situation Table members. Potential future research and limitations in this study are also discussed.

Keywords: Situation Table, Collaboration, Risk-Driven, Intervention, Acutely Elevated Risk

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Key Terms and Definitions

Acutely Elevated Risk (AER): A state in which an individual faces imminent harm or victimization due to a variety of risk factors.

AKG Shelter: Anishnaabe Kwewag Gamig Shelter.

Assisting Agency: An agency that assisted in a Situation Table intervention response.

CAS: Children's Aid Society.

CCAC: Community Care Access Centre.

CMHA: Canada Mental Health Association.

Collaboration: The process of a group of individuals or organizations working together to achieve a like-minded goal.

HKPR: Haliburton Kawartha and Pine Ridge.

HSJCC: Human Services and Justice Coordinating Committee.

Intervention Response: Coordinated action or actions undertaken by a combination of human service organizations to reduce the risk surrounding an individual who is in danger of being victimized or harming someone else.

KPRDSB: Kawartha Pine Ridge District School Board.

Lead Agency: The agency that led a Situation Table intervention response.

Originating Agency: The agency that presented the case to the Situation Table for analysis/response.

PVNCCDSB: Peterborough Victoria Northumberland and Clarington Catholic District School Board.

Risk-driven: A form of community safety planning that aims to identify and mitigate risks before a crime or victimization occurs.

Risk Factor/Situation: Any characteristic, attribute or circumstance that increases the likelihood an individual will face harm or victimization.

Situation Table: A collaboration of human services organizations with the common goal of addressing and reducing heightened risk situations in a quick, appropriate time frame. These Tables refer to meetings involving professionals from a diverse group of organizations who work together to critically analyze and respond to instances of acutely elevated risk within the community.

Introduction

In society, individuals face issues and challenges every day. For some, these problems are much more complex due to a variety of factors such as mental health, addiction and poverty. Professional services are available to help and assist individuals living with these complex issues; however what happens when an individual possesses several of these complex issues at the same time? A mental health agency can provide support for a mental health problem, but likely not for addiction or when they are living in poverty. A possible solution for helping an individual with multiple needs or risk factors is through a collaborative approach consisting of agencies who can provide services for each of that individual's specific needs. A Situation Table can be this answer in providing collaborative, risk-driven approaches to aid marginalized individuals or groups in a community (1).

A Situation Table is a collaboration of human services and organizations with the common goal of addressing and reducing heightened risk situations in a quick and appropriate time frame (2). The term "Table" refers to meetings involving professionals from a diverse group of organizations who work together to critically analyze and respond to instances of Acutely Elevated Risk (AER) within a community (2). AER occurs when an individual is at an increased risk of victimization or harm due to a variety of circumstances (2). These circumstances involve multiple risk factors that cannot be sufficiently addressed or resolved by a singular service or organization (2). A Situation Table aims to identify all the risk factors present and develop an intervention response involving the necessary agencies/services within 24-48 hours of the Situation Table meeting (2). The final goal of a Situation Table is to successfully mitigate the risk level of the individual so that they are no longer facing imminent harm or victimization (2).

Situation Tables adhere to provincial legislation in regards to private information sharing, confidentiality and consent (2). In order to abide by this legislation, Situation Tables follow a four-filter process to determine if a presented case at a Situation Table meeting meets the standards of AER (2). Cases will be discussed by the members at the Situation Table at each level of the four-filter process with each subsequent filter step allowing for more information to be shared (2). The four filter process will be described in more detail later in this report.

This project was initiated by the HKPR (Haliburton, Kawartha, Pine Ridge) Regional HSJCC (Human Services and Justice Coordinating Committee). Dave Jarvis, the Chair of the HKPR Regional HSJCC, is the host supervisor. The HSJCC works to influence change in the justice system as it relates to individuals who live with mental health, addiction, and other similar adverse conditions (3). The HSJCC supports the decriminalization, deinstitutionalization and de-stigmatization of these individuals and provides resources as needed (3). The HKPR Regional HSJCC is comprised of individuals from a variety of different professional fields including policing, correctional services, community living and mental health (3). Many of the organizations represented at the HKRP Regional HSJCC are also commonly represented at Situation Tables. The HSJCC shares a similar mandate to a Situation Table as both aim to provide collaborative responses to individuals facing a variety of risk factors with the end goal of mitigating their threat of harm or victimization (3).

The first Situation Table in Canada was established in 2011 and their usage has since spread to numerous communities across Canada (4). The history behind Situation Tables will be discussed in terms of their origin both outside and inside of Canada. The working practices in running and operating a Situation Table will be summarized in this report according to official Situation Table manuals and guides. Finally, the relevant provincial guidelines and legislation for

Situation Tables will be discussed. All of this will serve as the background information for Situation Tables as it will be made clear where they came from, how they are run, how participants are trained and what provincial legislation oversees the Tables.

There are three regional Situation Tables that will be analyzed in this report. The first Table is the Northumberland Situation Table which has been operational since May 2015. The second Table is the City of Kawartha Lakes Situation Table which has been operational since November 2015. The third and final Table is the Peterborough Situation Table that has been operational since June 2016. These three regional Situation Tables are relatively new and they were analyzed both individually and comparatively. The research focuses on existing spreadsheet data that has been collected and maintained by each region's Situation Table. This data was analyzed to identify trends within each Situation Table itself as well as between each Situation Table. The data analysis focuses on the level of involvement of various agencies at the Tables, time commitments and the most common risk situations discussed. As previously mentioned, these trends will be compared across the three Tables in order to determine similarities and differences. This will provide insight into what each Table is commonly responding to and what each specific agency is contributing to their respective Table.

In addition to identifying trends through data analysis, this report will convey some thoughts, experiences and opinions of Situation Table participants. This will help indicate what can be done to possibly improve each region's Situation Table, how Situation Tables have impacted community well-being and services/agencies that may be missing from each Table. The concept of improved interagency communication due to these Situation Tables will be explored based on the first hand experiences of individual's who actively participate at their

region's Table. Overall, these experiences will be shared to present ideas for improvement as well as to provide insight into how the Situation Tables are making a difference.

Situation Tables provide help to people who need it the most. Situation Tables can break down barriers of communication between agencies and services that will ultimately result in more effective AER responses (2). Situation Tables are not without their potential faults, but through improved interagency collaboration assistance can be offered to individuals who face imminent harm or victimization (2). It is worth investing time and research into Situation Tables as they have shown to help people in significant need (2). This project aims to uncover trends, ideas for improvement and experiences at three relatively new Situation Tables located in Northumberland, City of Kawartha Lakes and Peterborough.

Methods

An extensive and thorough literature review was conducted in order to gain the required knowledge of the history, working practices and relevant legislation for Situation Tables. The compiled literature consisted of manuals, reports, journal articles and news articles. The majority of the literature was found through various Internet web searches with the keywords "Situation Tables", "Acutely Elevated Risk", "Risk-Driven Collaboration" and "Hub Model". Additional sources were discovered through the references cited in previously read literature. Lastly, literature was provided by Peter Williams of the Peterborough Police Service through in-person meetings and email communication.

Data analysis was performed on Excel spreadsheet data for the Peterborough, Northumberland and City of Kawartha Lakes regional Situation Tables. Each regional Table produces and maintains their own spreadsheet. The format is based on Situation Table guidelines that indicates what information should be recorded from each Situation Table meeting. These Excel spreadsheets are continuously updated with non-identifying case information as cases are presented and discussed at each Table. First, this spreadsheet data was acquired by contacting members of each region's Situation Table. The spreadsheet data for Peterborough and City of Kawartha Lakes was acquired in November 2016. The spreadsheet data for Northumberland was acquired in February 2017. The spreadsheet data consisted of anonymized information regarding which agencies were involved in each Situation Table case, what risk situations were discussed, the generalized outcome and more. This data was quantified based on the level of involvement from each agency and frequency of risk situations being discussed. This quantified data was then compiled in a separate Excel spreadsheet file where graphs and Tables were constructed to

visualize the data. Overall, 85 cases were analyzed from the Northumberland Situation Table, 35 from the City of Kawartha Lakes Situation Table and 14 from the Peterborough Situation Table.

An online survey was created using Qualtrics. This survey consisted of thirteen questions with the first question asking for the participant's consent. If any participant did not give their consent and therefore answered "no" to this question, then they would be sent to the end of the survey and would not be able to complete it. The rest of the twelve questions consisted of multiple choice and short answer responses. A copy of the survey questions can be found in Appendix A. These surveys were designed to be answered only by individuals who participate at their region's Situation Table. One individual from each region's Situation Table was contacted through email and asked to disseminate this survey among their fellow region's participants through an anonymous survey link. This was done to encourage a higher response rate, as well as to maintain respondent anonymity. The surveys were anonymous unless respondents chose to provide their email in the last question of the survey. The survey was opened on January 31st, 2017 and was closed on March 1st, 2017.

Interviews were conducted with individuals who participate in their region's Situation Table meetings. In total, five interviews were conducted. These individuals were identified as potential interview candidates by providing their email address on the last question of the Situation Table survey. Participants were contacted through email to confirm interest in an interview. Out of the five individuals interviewed, two were from the Peterborough Situation Table, one was from the Northumberland Situation Table and the last two were from the City of Kawartha Lakes Situation Table. Two interviews were conducted in person, while the other three were conducted through phone calls. Each interview was recorded with a recording device for the purpose of transcribing the interview. The interviews varied in length, with the shortest

interview being 7 minutes and 42 seconds and the longest being 29 minutes and 41 seconds. Consent was asked for and obtained from each individual regarding the recording. The identity of each individual who completed an interview will remain anonymous. The interview was a semi-structured interview that followed a line of eight questions. The list of questions that were asked in each interview can be found in Appendix B.

For both the surveys and interviews, an ethics application was completed. The ethics applications were reviewed and approved by Trent University's Forensic Science Research Ethics Committee. Ethics approval for the surveys was given on January 30th, 2017. Ethics approval for the interviews was given on February 10th, 2017.

Previous Knowledge

History of Situation Tables

To accurately and effectively explain where and how Situation Tables came to be, it must be understood what the basic premise of a Situation Table is. A Situation Table is a risk-driven collaboration model that aims to identify instances of AER and respond within a timely manner in order to mitigate the subject's overall risk with a collaborative intervention (2). In short, the strategy is to collaborate, identify risk situations and respond as needed. The Situation Table Guidance Manual, written by Dr. Hugh C. Russell in April 2016, identifies the basic strategy behind Situation Tables as originating in two major American cities (2).

In 1994, David Kennedy was tasked by the National Institute of Justice to develop a problem-oriented approach to solving youth violence in Boston, Massachusetts (5). During his research Kennedy commonly spoke with Paul Joyce, the Boston Police Department's leader of the Youth Violence Strike Force, where he revealed that he felt the threat of violence or incarceration induced little effect in combatting violent gangs (5). At the time in the United States, major cities and police departments were attempting to lower violent crime rates through zero-tolerance policies that resulted in more incarcerations and longer sentences (5). While violent crime rates were found to be decreasing, researchers suggested that these zero-tolerance policies were only a small factor in the decline (5). Despite this, the policies lived on and incarceration rates continued to rise (5). As previously mentioned, Joyce did not find this to work with violent gangs and rather preferred to combat gang violence through community outreach partners (5). These partners would include: clergy members, outreach service workers with street credibility, ex-convicts and others (5). These individuals would reach out to known gang

members and offer them help in an attempt to convince them to leave the gang and thus lower the gang violence.

Kennedy, through this revelation, developed a method of focused deterrence (5). With this method, Kennedy proposed that community partners could develop repeatable working systems to influence known gang members (5). Since these community partners would know or have a connection with each individual in some capacity, the chances of "getting through" to them would be higher (5). If these community partners could then work together -or collaborate- the chances of success would only increase (5). Further, the Working Group that Kennedy put together wondered if there were ways to control the dynamics of different gangs by identifying the reasons for the gang disputes and thus the level of violence could be lowered or mitigated (6). Kennedy took these ideas and pitched his model of group forums or call-ins to the Boston Police (5). The Boston Police listened to Kennedy's presentation and agreed it could work (5). These call-ins were developed in the spring of 1996 and over the next five months, only eight youth homicides were committed (5). For comparison, in the five months before the call-ins were established, there were twenty-eight youth homicides (5). At around or before this time, very similar anti-gang strategies had been developed in Cincinnati, Ohio (2). These basic strategies of collaborating and identifying potentially harmful situations were found to be working.

In 2004 Glasgow, Scotland possessed the highest murder rate in Western Europe and was therefore labelled as Western Europe's murder capital (7). One of the main reasons for this was the prevalence of the gang activity in Glasgow and the police decided to adopt a new strategy (7). Karyn McCluskey, the Glasgow Police intelligence chief, travelled to the United States and met David Kennedy to discuss implementing the anti-gang strategies that he had helped develop in Boston and Cincinnati (7). By 2008, Glasgow had their model in place (2). Five years later, it

was found that violent death in Glasgow had decreased by 50 percent (2, 7). Glasgow differed from the original Boston and Cincinnati models in that Glasgow incorporated more community services such as family and child services (7). With increased community partners and collaboration, the Glasgow model greatly resembled the Situation Table model seen today. Glasgow would then become the inspiration for the first Situation Table to be developed in Canada.

In 2011, an initiative was launched in Prince Albert, Saskatchewan to develop a collaborative, risk-driven crime and violence reduction strategy (2). Prince Albert's Police Chief Dale McFee had grown frustrated by rising crime and violence rates and in the years leading up to 2011, explored strategies for how to combat this (8). In 2009, Norm Taylor was a consultant for the Saskatchewan Ministry of Corrections, Policing and Public Safety and he was given the task of researching the future of policing in Saskatchewan and develop an evidence-based strategy (8). Taylor's findings concluded that the Saskatchewan Police needed to identify the root causes of crime and violence and address them accordingly (8). Taylor stated that this could be done through system-wide integration of community partners and resources to develop mobilization efforts. The Glasgow model in Scotland came to the attention of the Prince Albert Police and with the backing of Taylor and his research, a model of community risk-driven collaboration was developed in Prince Albert (8). Prince Albert would call their model "Community Mobilization Prince Albert Hub Model" (8). Preliminary evaluation work of this Hub Model indicated that it was having a positive impact on the Prince Albert community and that at-risk community members were having their overall risk situation lowered to manageable levels (2).

Shortly after the implementation of the Prince Albert Hub Model, the first Situation Table in Ontario was formed in 2012 (2). This Situation Table was formed in Rexdale and would be called FOCUS Rexdale (9). The Toronto Police Service, United Way Toronto and City of Toronto adapted the Prince Albert Hub Model for use in the Toronto area (9). This model was implemented by these groups as a strategy for improving community well-being and safety (9). Following the adaptation and implementation by FOCUS Rexdale, Situation Table models were formed and developed in several communities across Ontario. As of November 20, 2016 there are 40 active Situation Tables in Ontario (10).

Working practices and Provincial guidelines of Situation Tables

At Situation Tables, multiple agencies collaborate in order to develop targeted intervention responses that aim to mitigate risks (2). When these agencies collaborate, personal information about the individual or individuals who are the focus of the intervention response will be shared (2). Considering the importance of privacy to all individuals, the process of information sharing at Situation Tables is required to be learned through training by all prospective Situation Table members (2). Additionally, in order to ensure privacy is protected during Situation Table meetings, there is special provincial legislation in place (2). Through specialized information sharing training and legislation, the working practices and Provincial guidelines for Situation Tables must be followed to safeguard the privacy for all individuals who are presented at a Situation Table (2).

There are many pieces of Provincial legislation that protects the privacy of Ontario citizens (2). The three most important pieces of privacy legislation in regards to Situation Tables are the Freedom of Information and Protection of Privacy Act (FIPPA), Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Personal Health Information

Protection Act (PHIPA) (2). These pieces legislation do not just govern Situation Tables but they govern the majority of community partners who sit at Situation Tables (2). On top of this legislation that governs Situation Table agencies is any organizational policies related to the protection of private information (2). With all this being said, there are clearly many considerations agencies need to make when deciding if they are going to present a case to a Situation Table and possibly share private information, with or without the consent of the individual (2).

This is where a best working practices guide is essential for navigating the complex privacy issues that a Situation Table faces. There is currently a best practice guide for Ontario and a best practice guide as recommended by the IPC (Office of the Information and Privacy Commissioner of Ontario) (2). These best practice guides differ only slightly, but the current best practice guide for Ontario will be discussed. The best practice guide for Situation Tables in Ontario is broken down into four filters (2).

Filter One

The first filter is the internal agency screening (1). At this filter, the agency representative that participates at the Situation Table must decide if they are going to present a certain situation at their Table meeting (2). If the agency representative decides to present it, they are also deciding that personal information will have to be shared in order to mitigate the multiple risks (2). In addition, before discussion begin at the meeting, it will have to be ensured that the other agencies at the Table are sufficiently qualified to receive potential identifiable information (2). This determination can be made according to the relevant Ontario privacy legislation (2). If any agencies do not meet the qualifications, they cannot participate in the later filters (2).

Filter Two

The second filter is where a discussion of the presented situation occurs (2). During this discussion, only de-identified information is shared and talked about (2). This means that no personal information is shared or revealed by any agency (2). What is talked about is if the presented situation meets the acutely elevated risk threshold (1). This is done by identifying and discussing the risk factors that are present in the situation (1). If the situation is deemed to be of acutely elevated risk according to the risk factors, the agencies that should participate in the planned intervention based on the present risk factors will be determined (2).

Filter Three

The third filter is where limited personal information is permitted to be shared (2). Having deemed the presented situation to be of acutely elevated risk, it has been determined that the individual in question is facing imminent harm or victimization (2). Ideally, the originating agency who presented the case will have requested and received consent from the at-risk individual to share personal information before discussing the case at the Situation Table (2). If consent cannot be received due to the risk being so severe and immediate, legislation allows the reveal of personal information despite no given consent (2). This can only occur if the Table has sufficiently identified the case as acutely elevated risk and disclosure of personal information must occur if the individual's threat of harm will be mitigated (2). The limited personal information that is permitted to be shared at this filter consists of name, address and date of birth (2). All agencies present for this discussion must have the proper authority to disclose and collect the information being discussed (2). Once the limited personal information has been revealed, the agencies that will participate in the planned intervention response will be determined (1). Additional agencies may have determined they should participate in the intervention response

based on the identity of the individual (2). Any agencies present for this filter three conversation who ultimately will not participate in the planned intervention must have any notes that were taken destroyed (2). Only the agencies who have the authority to collect information and will be involved in the intervention will be permitted to record and collect information pertaining to the case (2).

Filter Four

This filter is where the intervention planning occurs (2). The agencies that were identified in filter three as agencies who will participate in the intervention will meet (2). Any agency that is not going to be a part of the intervention is not permitted to be present (1). At this filter, further disclosure of personal information is permitted on the basis that any information shared must be necessary in properly assessing the situation (2). Any information shared must aid in determining the best course of action to take to mitigate the present risks (2). With the intervention plan in place, the intervention must occur within the next 24-48 hours of this filter four meeting. Once the intervention occurs, if consent was not obtained prior to or at filter one by the originating agency, then consent must be requested to allow for any further private information sharing among the agencies involved (2). If the individual does not give their consent or does not accept the services presented, the agencies involved are not permitted to take further action and information sharing must cease (2).

Working practices for Situations Tables require members to have substantial knowledge and training in understanding the four filter process (2). Other working practices that are contained in training documentation include information on the purpose of the Situation Table, the meaning of acutely elevated risk and its indicators and risk factors that will be actively presented and discussed at the Tables (2). Prospective Situation Table members will be required

to complete additional training that may update information in these categories (2). Additional training for these working practices include learning about the agreements and protocols that form the base for the Situation Tables, the roles and responsibilities in protecting private information, the limitations that are in place for documenting Situation Table discussions and finally all members must receive training in intervention responses and how to properly implement/plan them (2). Overall, the training documentation is designed to ensure all members possess a thorough knowledge in how private information should be shared at Situation Tables (2). The guidelines set out this the training safeguard Situation Table members from violating Provincial privacy legislation and ultimately protects citizens from unjustly having their privacy breached (2). The guidelines and legislation do not hinder a Situation Table's ability to be successful (2). If a case presented to a Table is truly acutely elevated risk and the individual in question requires immediate help, Provincial legislation and Situation Table working practices allow legal action by the Table to occur (2).

Results

This results section answers questions that have been divided into two separate categories. The question that is to be answered is italicized. First, the questions and results relating to the data analysis of each regional Situation Table's spreadsheet data are presented. Second, questions and results that were gathered based off survey and interview responses from Situation Table participants are presented.

Data Analysis Questions

The data presented in this section is based on the Excel spreadsheet data that each regional Situation Table records for each presented case.

Which agencies/organizations are represented at the Situation Tables?

The agencies that are represented at the Situation Tables were listed in the data spreadsheets that each regional Table regularly updates and maintains. A list of the agencies represented at each regional Table are provided below. Some agencies were listed as assisting "ad-hoc" or "non-hub". This means that the agency is not officially a member of that region's Table and therefore does not participate in the Situation Table meetings but is available to provide resources in intervention responses if needed.

Northumberland Situation Table Represented Agencies:

- Access Community Services
- Campbellford Memorial Hospital Community Mental Health Services
- Canadian Mental Health Association
- Cobourg Police Service
- Community Advocacy Services – Adult Protective Services
- Community Care Northumberland
- Cornerstone FVPC
- FourCAST – Addiction Services
- Highland Shores Children's Aid
- Kinark Child & Family Services

- KPRDSB (Kawartha Pine Ridge District School Board)
- Northumberland Hills Hospital Community Mental Health Services
- Northumberland Community Counselling Centre
- Northumberland County Community & Social Services
- Northumberland County Paramedics
- OPP Northumberland
- Port Hope Community Health Centre
- Port Hope Police Service
- Probation & Parole – Adult
- PVNCCDSB (Peterborough Victoria Northumberland Clarington Catholic School Board)
- Rebound Child & Youth Services
- Transition House Coalition
- Tri-County Community Support Services
- Victim Services Peterborough/Northumberland
- Youth Justice

Northumberland Situation Table Non-Hub Assisting Agencies

- Alderville First Nations
- Alzheimer Society
- Elizabeth Fry Society
- Fire Department
- Ontario Disability Program
- P.A.R.N.
- Parks & Recreation, Municipality of Port Hope
- Port Hope By-Law Enforcement
- SPCA

City of Kawartha Lakes Situation Table Represented Agencies:

- Adult Protective Services
- A Place Called Home
- Big Brother Big Sisters
- Boys and Girls Club
- Bylaw
- Canadian Mental Health Association
- CCAC (Community Care Access Centre)
- CAS (Children's Aid Society)
- Chimo
- Community Care
- Community Living
- Family Health Team
- Fire Department
- Fleming College
- FourCAST
- Housing
- Humane Society
- John Howard Society
- Kawartha Lakes OPP
- Kawartha Lakes Police Service
- Ontario Works

- Paramedic Services
- Probation –Adult
- Probation – Youth
- Ross Memorial Hospital
- Trillium Lakelands School Board
- Tri-County
- Women's Resources
- Youth Justice Services

Peterborough Situation Table Represented Agencies:

- Adult Probation
- Adult Protective Services
- Canadian Mental Health Association HKPR (Haliburton Kawartha Pine Ridge)
- Central East Community Care Access Centre – Peterborough Branch
- FourCAST
- John Howard Society
- Kawartha Haliburton Children's Aid Society
- Kinark Child & Family Services
- KPRDSB (Kawartha Pine Ridge District School Board)
- Nogojiwanong Friendship Centre
- OPP Peterborough
- Peterborough Family Health Team
- Peterborough Police Service
- Peterborough Regional Health Centre
- Peterborough Youth Services
- Social Services – City of Peterborough
- Tri-County Community Support Services
- Victim Services – Peterborough Northumberland
- Victim Services – Peterborough Police Service
- Youth Justice Services, MCYS
- YWCA Peterborough Haliburton

Where in social support and to which justice organizations does the responsibility for taking action fall?

When analyzing the spreadsheet data for each of the three regions, the "Originating Agency" would be used to determine which organizations have the responsibility for taking action. The Table itself does not seek out situations to discuss, analyze and respond to. It is the responsibility of the individual agencies who sit at the Table to identify if a person or group they come across is in a situation that would be suitable to be heard and actioned at the Table. This is where the idea of "taking action" can be seen because if no agencies are presenting cases to the

Table, then nothing is happening. The agencies who are presenting the most situations at each Table can therefore be seen as the drivers of action. Therefore, the "Originating Agency" is the agency that presents the situation to the Table. Each region will be presented individually.

Northumberland:

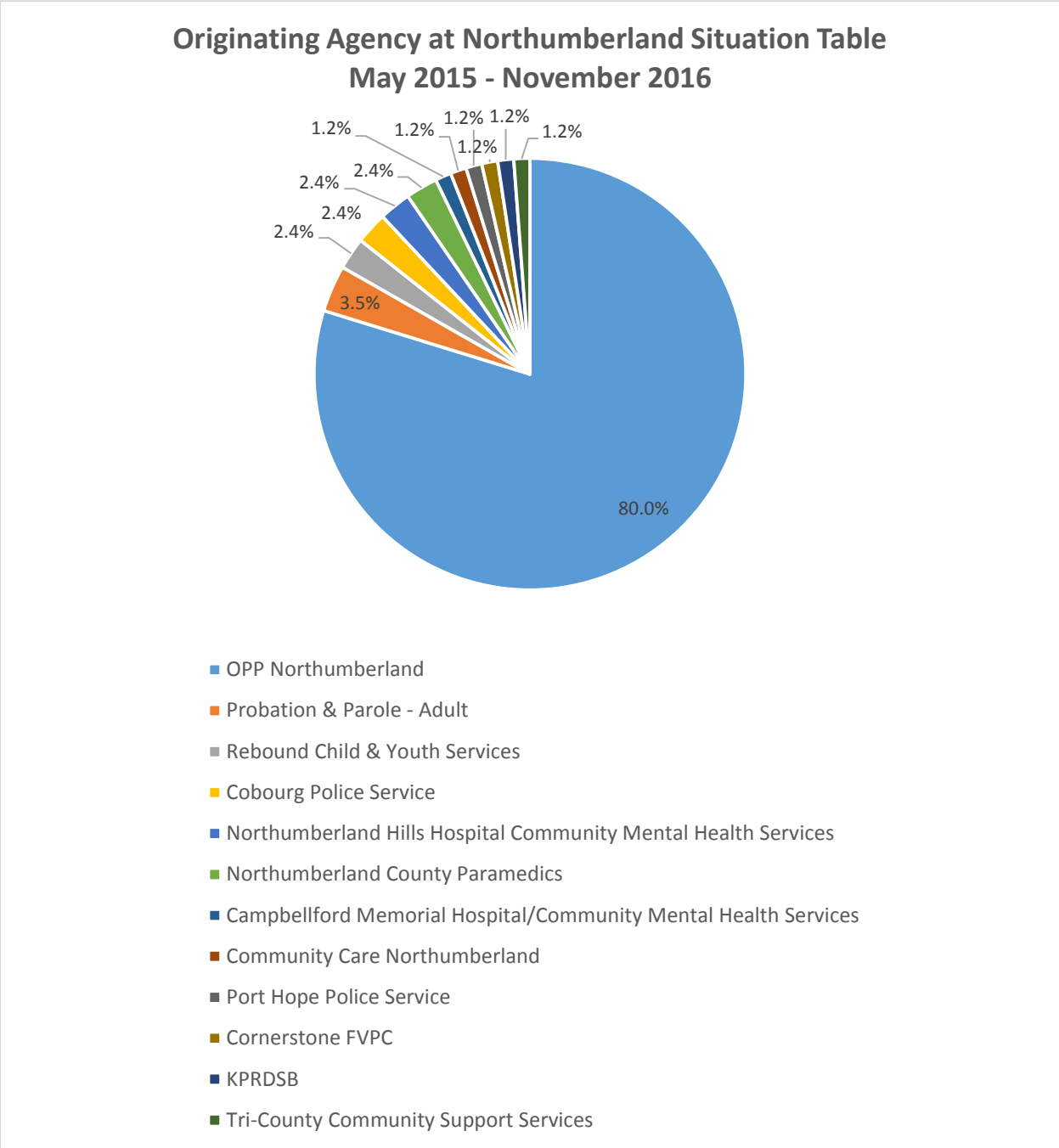

Figure 1: Most Common Originating Agencies at Northumberland Situation Table

OPP Northumberland has been the originator for the most situations at the Northumberland Situation Table. OPP Northumberland has presented 80% (n=85) of the situations to this Table. The Cobourg Police Service was the originating agency in two situations and the Port Hope Police Service was the originating agency in one situation at the Table. Therefore, when combining all three police services that are represented at this Table, police services presented 83.5% (n=85) of the situations to the Northumberland Situation Table.

City of Kawartha Lakes:

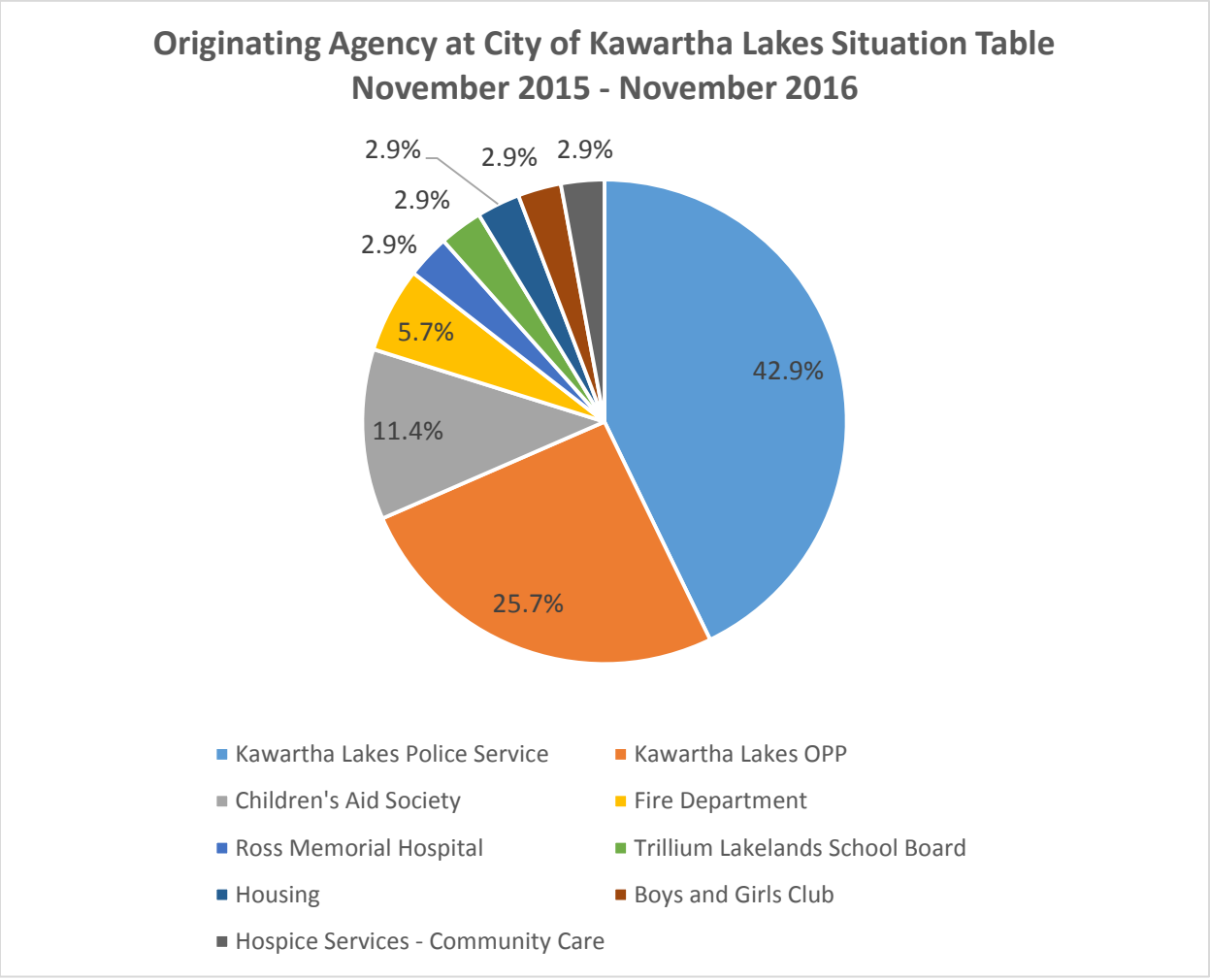

Figure 2: Most Common Originating Agencies at City of Kawartha Lakes Situation Table

The Kawartha Lakes Police Service was the most common originating agency at the City of Kawartha Lakes Situation Table. The Kawartha Lakes Police Service presented 42.9% (n=35) of the situations to the Table. The second most common originator was OPP Kawartha Lakes with 25.7% (n=35) of the situations. Combined, these two police services presented 68.6% (n=35) of the situations to the City of Kawartha Lakes Situation Table. Two other notable originating agencies were Children's Aid Society at 11.4% and the Fire Department at 5.7%.

Peterborough:

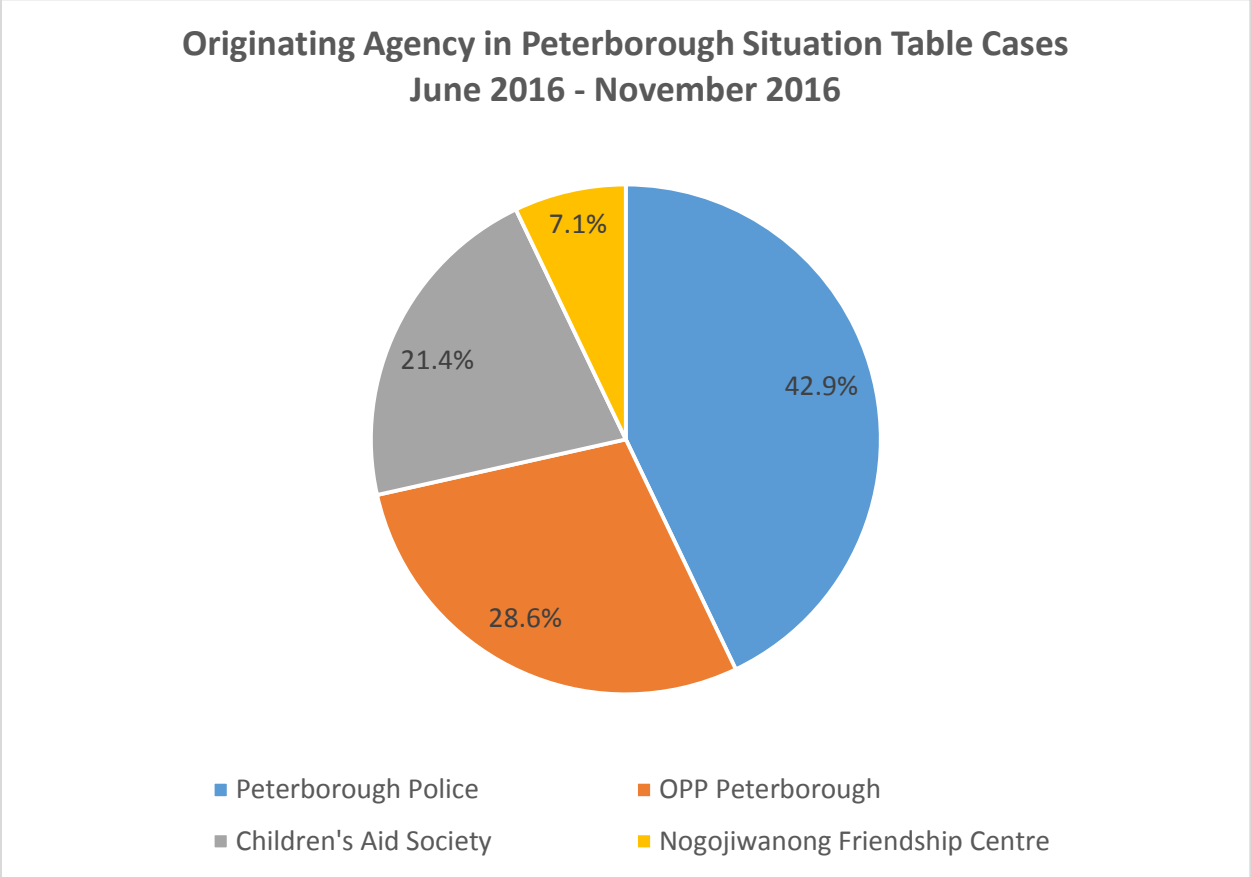

Figure 3: Most Common Originating Agencies at Peterborough Situation Table

The Peterborough Police Service was the most common originating agency at the Peterborough Situation Table. The Peterborough Police presented 42.9% (n=14) of the situations to the Table. The second most common originating agency was OPP Peterborough with 28.6%

(n=14) of the situations presented. Combined, these two police services presented 71.5% (n=14) of the situations to the Peterborough Situation Table. Children's Aid Society presented 21.4% of the situations and Nogojiwanong presented 7.1%.

Which agencies respond to situations of AER and which are most involved in those responses?

Agencies respond to situations of AER through the coordinated interventions developed at the Situation Table. Not every agency is involved with every intervention. An agency will only be involved with the intervention if through the Table discussions it is determined that the agency is needed because they can provide valuable resources. There are two general categories that agencies can be placed into when it comes to their role in the intervention response. The first category is the "Lead Agency". The "Lead Agency" is the agency that coordinated and led the intervention response. This agency would be designated the "Lead Agency" by other members of the Table. There could only be one "Lead Agency" for each situation responded to. The second category is "Assisting Agency". An agency is listed as an "Assisting Agency" when it is determined by members at the Table that they could provide valuable resources in the intervention response. Each region had eight designated slots in their spreadsheet format to list "Assisting Agencies". Additionally, each region's spreadsheet contained extra slots to list agencies that assisted "ad-hoc" or "non-hub". However, it must be noted that some agencies who were listed as "ad-hoc" or "non-hub" may have been listed as so due to a limitation in the data spreadsheet. The format of that data spreadsheet only allows the Table to list a certain number of assisting agencies. For all three regional Tables, the maximum number of slots assigned for listing assisting agencies was eight. In some cases, if more than eight agencies were assisting with the intervention response, the extra assisting agencies may have been listed as "ad-hoc" or "non-hub". As stated, this is a limitation in the spreadsheet data as there was no way to

determine if agencies that were listed as “ad-hoc” or “non-hub” were actually assisting agencies in cases where there was more than eight assisting agencies. Therefore, the agencies that have been listed as “ad-hoc” or “non-hub” in the following data have been listed as so because that is how it is presented in the spreadsheet data.

First, the percentage of situations that each agency participated as the “Lead Agency” in the intervention responses will be presented for each region. Second, the percentage of situations that each agency participated as an “Assisting Agency” will be presented for each region. Lastly, the number of times each agency participated either as the “Lead Agency” or as an “Assisting Agency” will be combined. This is to present the total percentage of situations that each agency was involved in the intervention responses.

Lead Agency Northumberland:

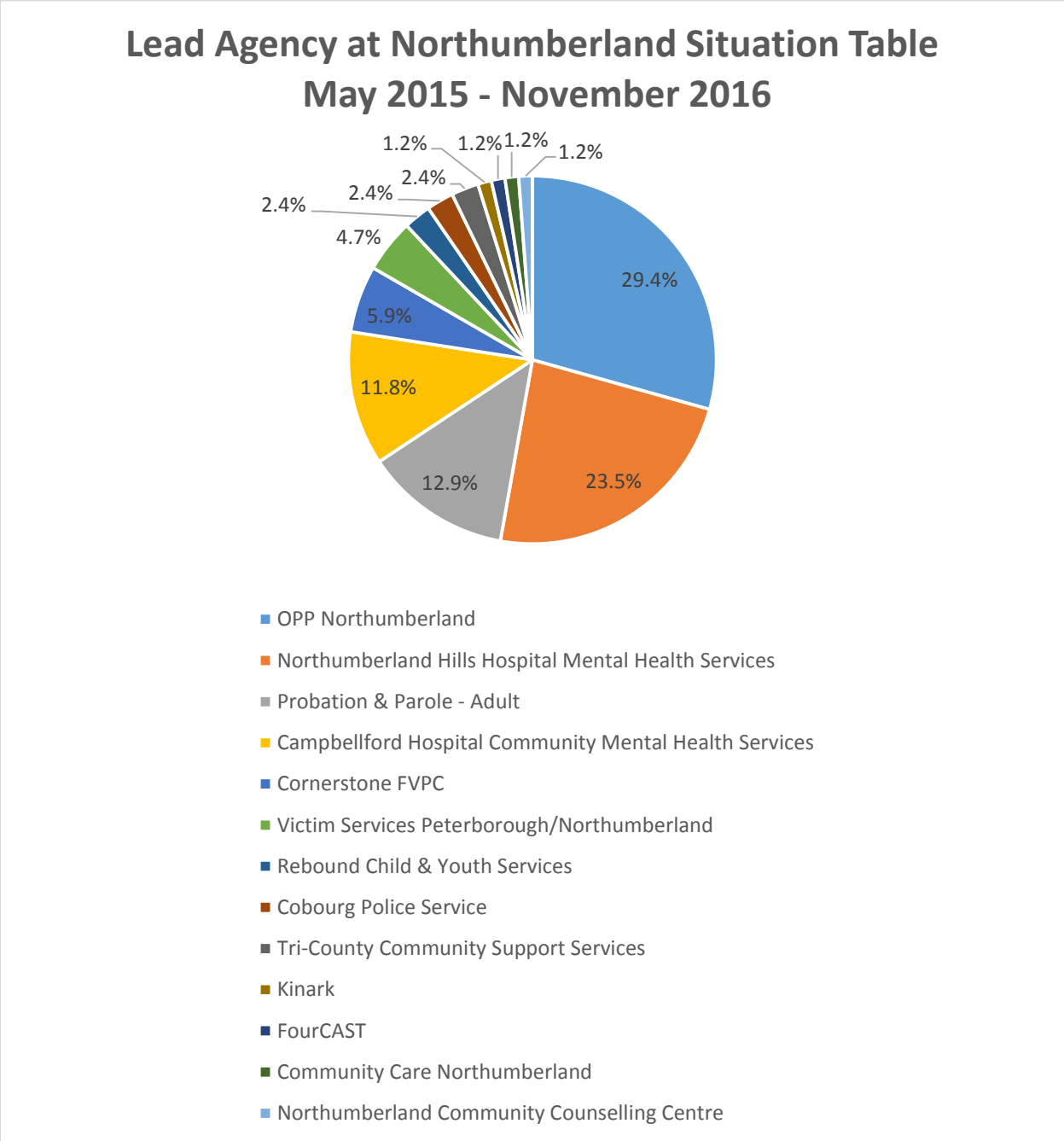

Figure 4: Most Common Lead Agencies at Northumberland Situation Table

The agency that was most commonly the lead agency at the Northumberland Situation Table was OPP Northumberland with 29.4% (n=85) situations as lead agency. Northumberland Hills Hospital Mental Health Services was the second most common lead agency with 23.5%

(n=85) situations as lead agency. Probation & Parole (Adult) and Campbellford Hospital Community Mental Health Services were the third and fourth most common lead agencies at 12.9% and 11.8% (n=85) respectively.

Lead Agency City of Kawartha Lakes:

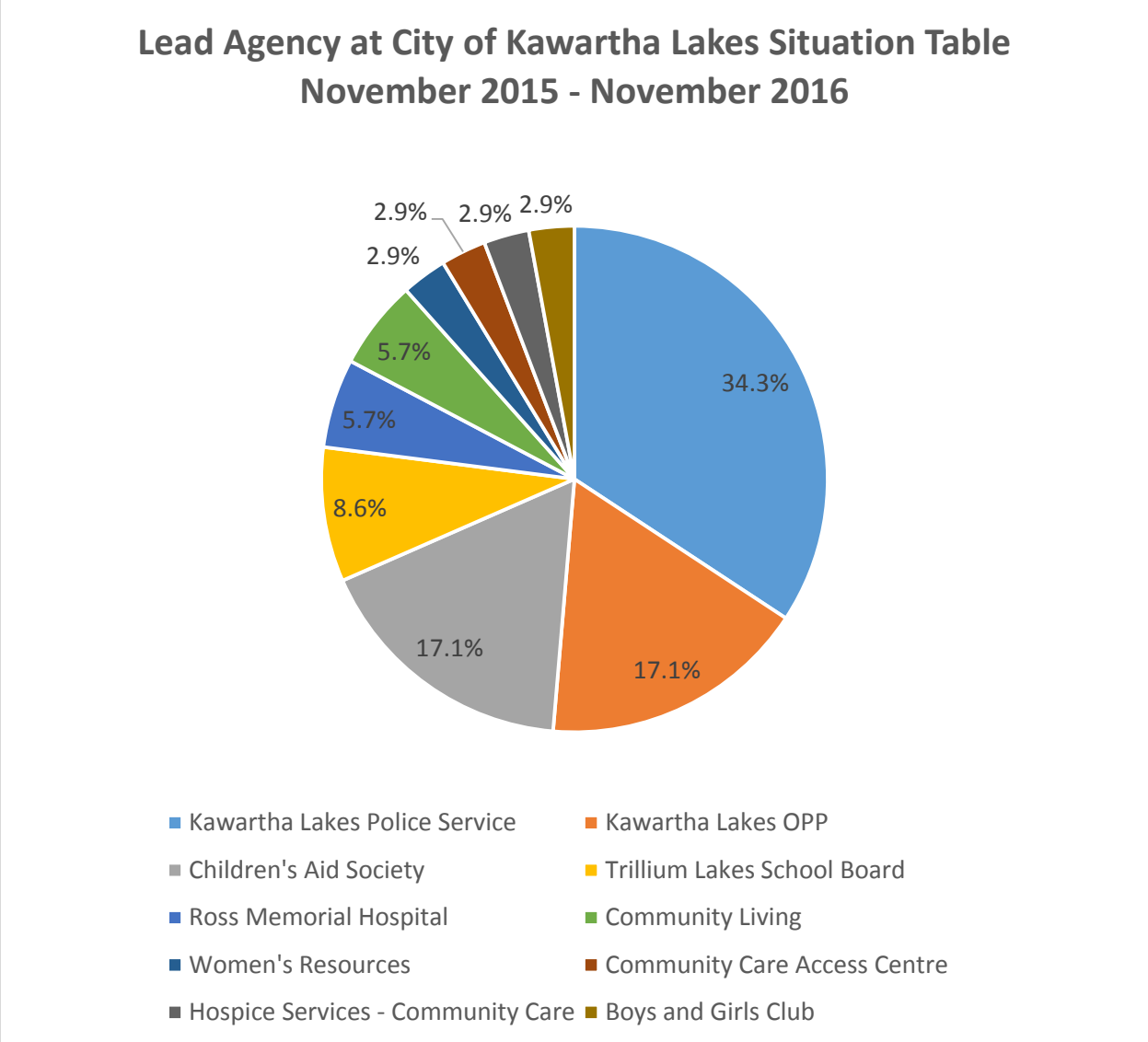

Figure 5: Most Common Lead Agencies at City of Kawartha Lakes Situation Table

The agency that was the most common lead agency at the City of Kawartha Lakes Situation Table was the Kawartha Lakes Police Service with 34.3% (n=35) situations as lead

agency. OPP Kawartha Lakes and Children's Aid Society were both the next most common lead agency with 17.1% (n=35) situations as lead agency each.

Lead Agency Peterborough:

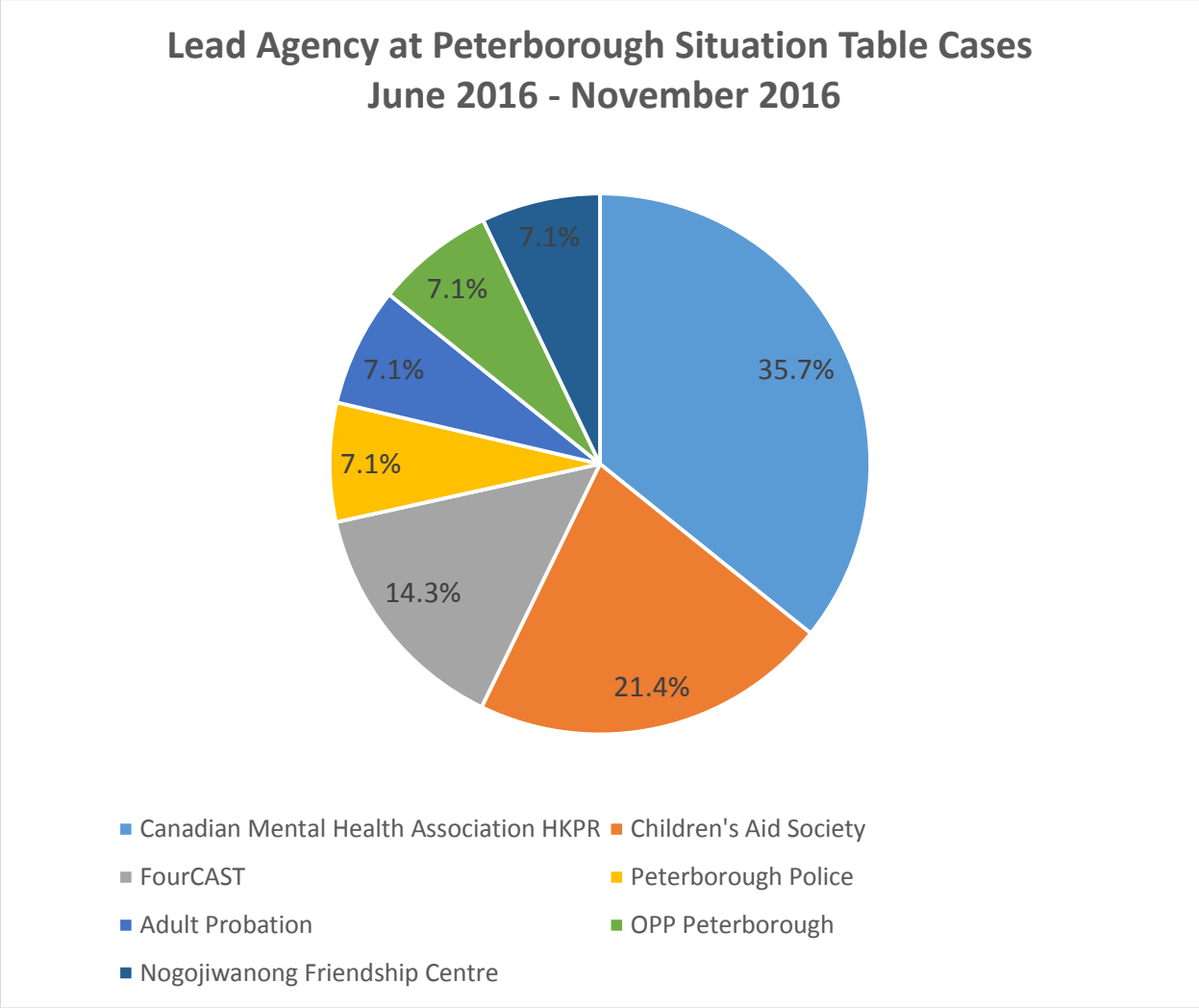

Figure 6: Most Common Lead Agencies at Peterborough Situation Table

The most common lead agency at the Peterborough Situation Table was the Canadian Mental Health Association HKPR with 35.7% (n=14) of situations as lead agency. Children's Aid Society was the second most common lead agency with 21.4% (n=14) of situations as lead agency followed by FourCAST with 14.3% of situations as lead agency.

Assisting Agencies Northumberland:

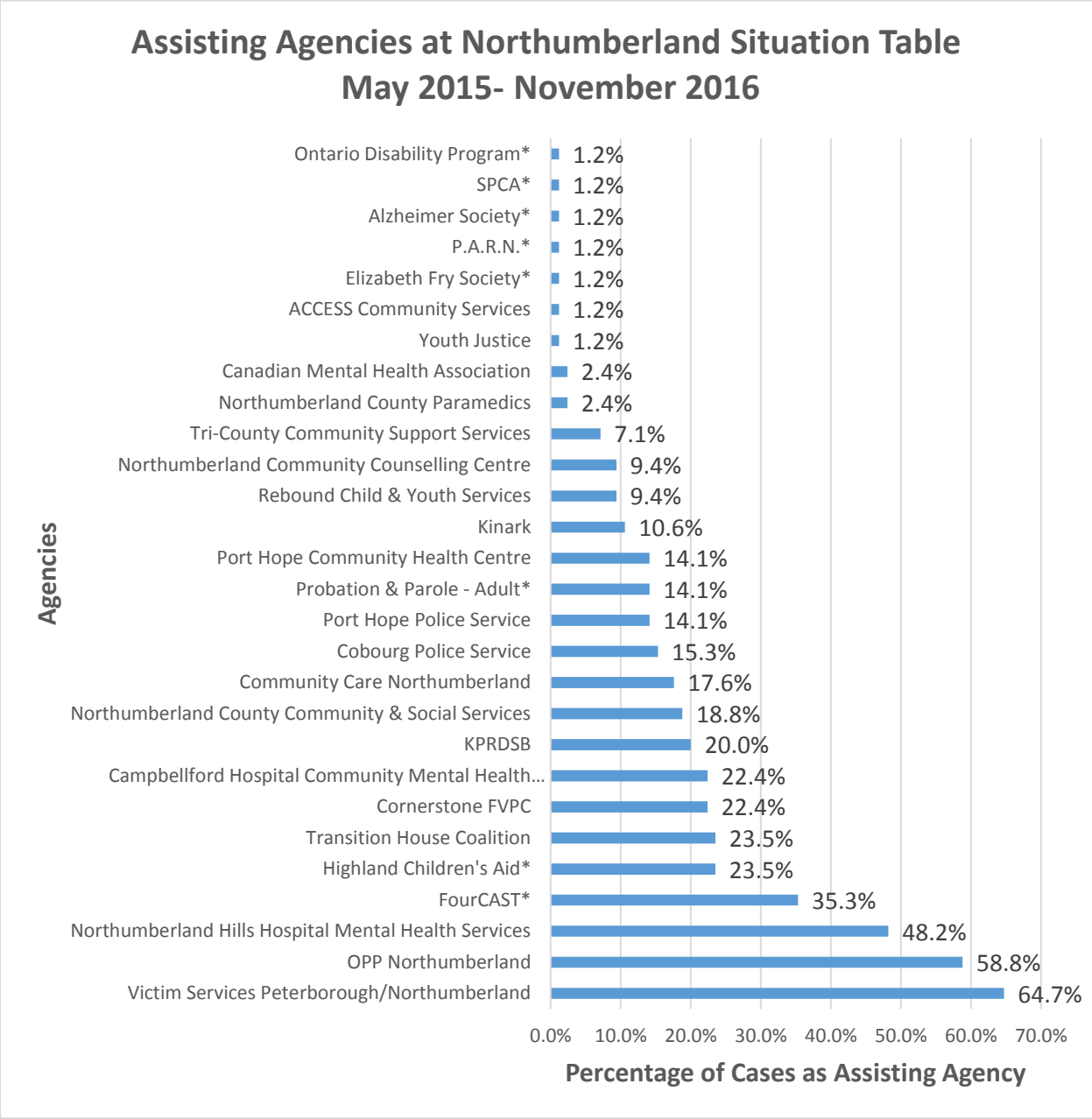

Figure 7: Most Common Assisting Agencies at Northumberland Situation Table

Victim Services Peterborough/Northumberland was the agency most commonly involved as an assisting agency in intervention responses having been listed as an assisting agency in 64.7% (n=85) of situations at the Northumberland Situation Table. OPP Northumberland was the second most common assisting agency with 58.8% (n=85) of intervention responses involving

this agency. Northumberland Hills Hospital Mental Health Services was listed as an assisting agency in 48.2% (n=85) of intervention responses.

* FourCAST was listed as an assisting agency in 35.3% (n=85) of the intervention responses which corresponds to 30 situations. Of these 30 situations actioned by the Table, FourCAST was listed as a non-hub member in 16 of these intervention responses.

* Highland Children's Aid was listed as an assisting agency in 23.5% of the intervention responses which corresponds to 20 situations. Of these 20 situations actioned by the Table, Highland Children's Aid was listed as a non-hub member in 16 of these intervention responses.

* Probation & Parole (Adult) was listed as an assisting agency in 14.1% of the intervention responses which corresponds to 12 situations. Of these 12 situations actioned by the Table, Probation & Parole (Adult) was listed as a non-hub member in 1 of these intervention responses.

* Canadian Mental Health Association was listed as an assisting agency in 2.4% of the intervention responses which corresponds to 2 situations. Of these 2 situations actioned by the Table, Canadian Mental Health Association was listed as a non-hub member in both of these intervention responses.

* Elizabeth Fry Society, P.A.R.N., Alzheimer Society, SPCA and Ontario Disability Program were each listed as an assisting agency in 1 intervention response. All of these agencies were listed as a non-hub member for the intervention response they participated in.

Assisting Agencies City of Kawartha Lakes:

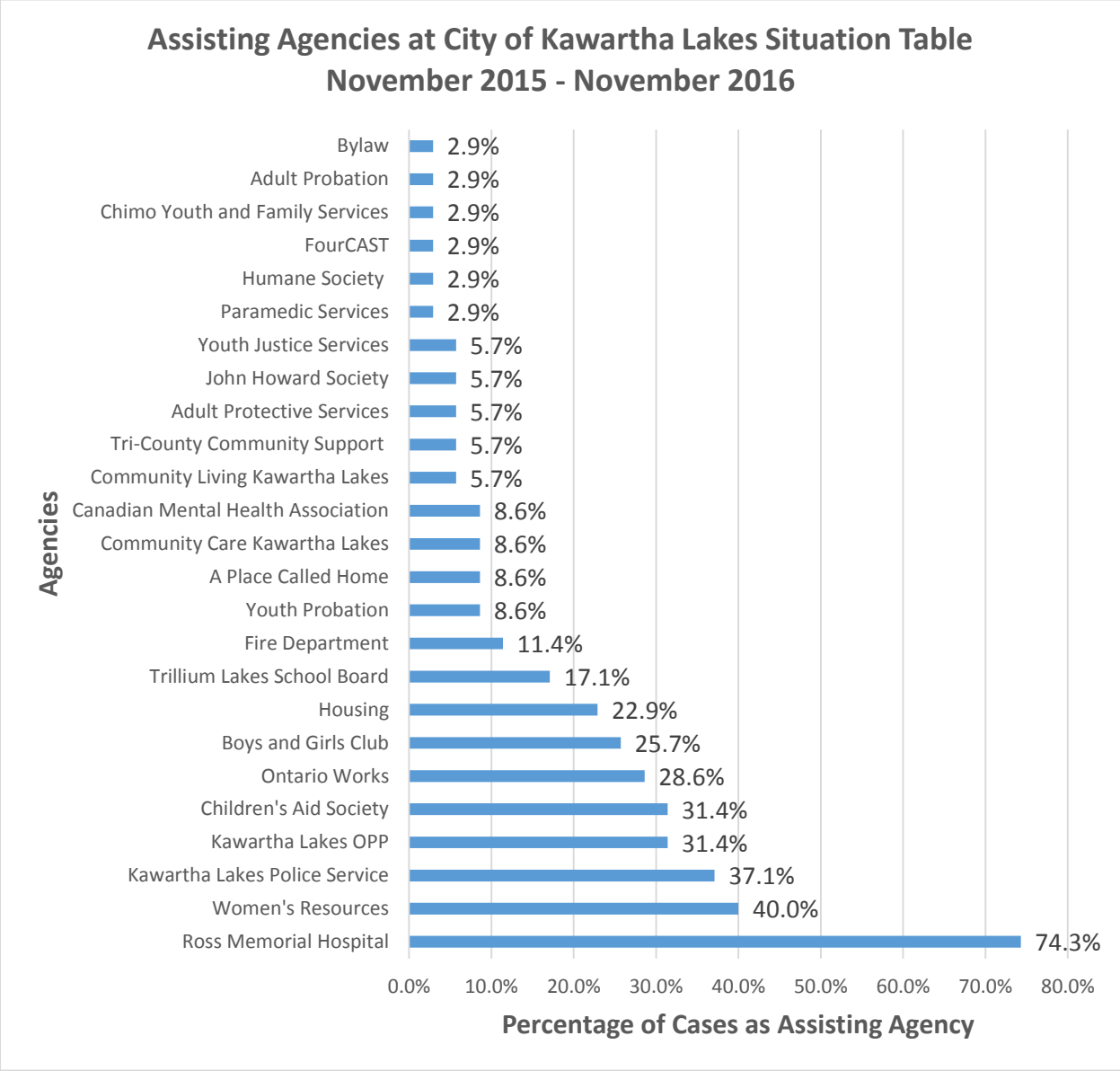

Figure 8: Most Common Assisting Agencies at City of Kawartha Lakes Situation Table

The Ross Memorial Hospital was involved in the most intervention responses as an assisting agency with 74.3% (n=35) situations as an assisting agency. Women's Resources, Kawartha Lakes Police Service, OPP Kawartha Lakes and Children's Aid Society each had similar involvement as an assisting agency in intervention responses with 40%, 37.1%, 31.4% and 31.4% involvement respectively.

Assisting Agencies Peterborough:

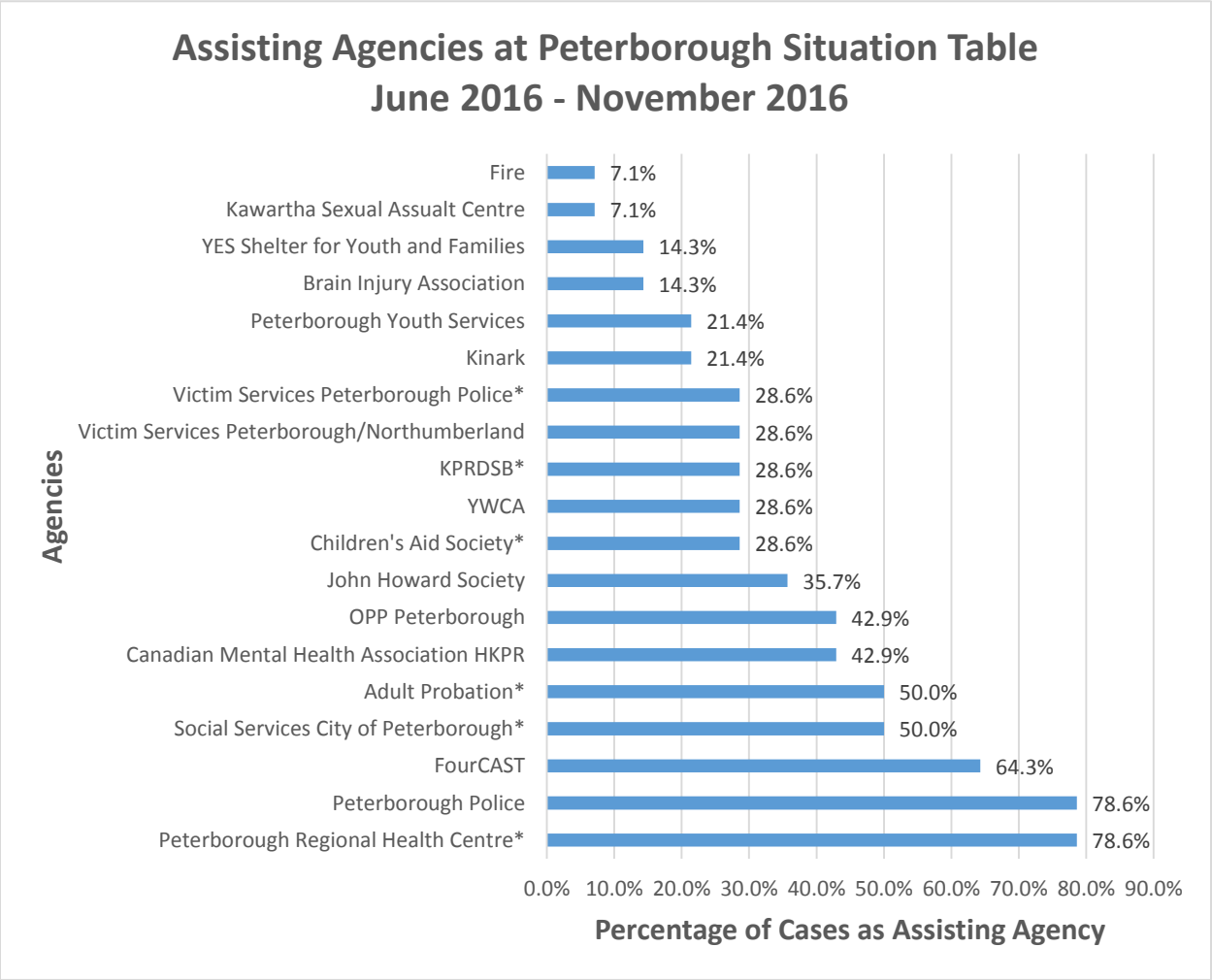

Figure 9: Most Common Assisting Agencies at Peterborough Situation Table

Peterborough Regional Health Centre and Peterborough Police Service were the two most common agencies listed as assisting agencies with 78.6% (n=14) intervention responses as an assisting agency each. FourCAST was the next most common assisting agency at 64.3% (n=14) intervention responses as assisting agency.

* Peterborough Regional Health Centre was an assisting agency in 78.6% of the intervention responses which corresponds to 11 situations. Of these 11 situations, they were listed as an ad-hoc member once.

* Social Services City of Peterborough and Adult Probation were both listed as an assisting agency in 50% of the intervention responses which corresponds to 7 situations. Of these 7 situations, they were both listed as an ad-hoc member once.

* Children's Aid Society, KPRDSB and Victim Services Peterborough Police were each listed as an agency in 28.6% of the intervention responses which corresponds to 4 situations. Of these 4 situations, each agency was listed as an ad-hoc member once.

Total Intervention Response Involvement Northumberland:

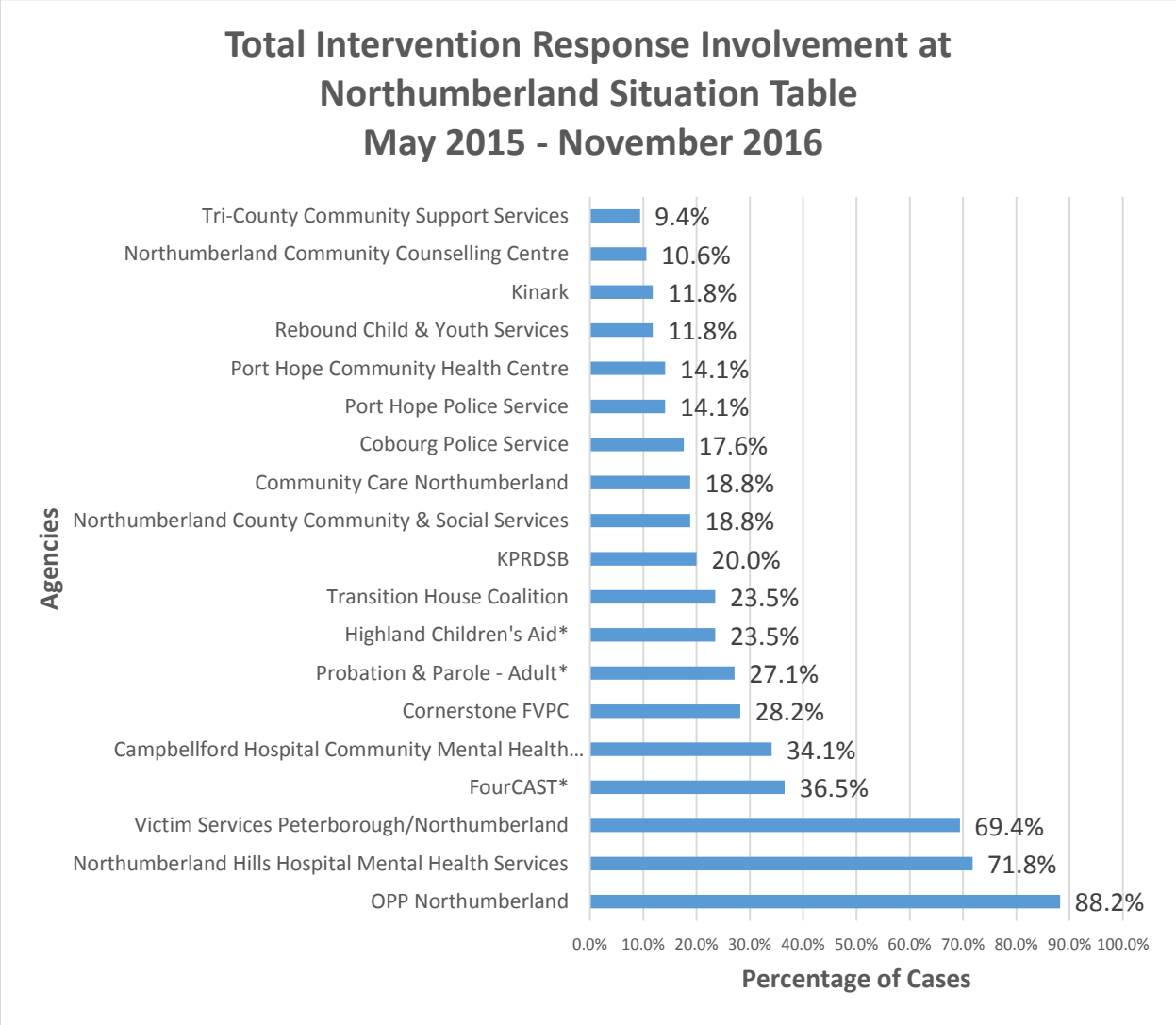

Figure 10: Most Common Agencies Involved in Intervention Responses (Northumberland)

OPP Northumberland was involved in the highest percentage of intervention responses at the Northumberland Situation Table with 88.2% (n=85). The next two most commonly involved agencies by percentage were Northumberland Hills Hospital Mental Health Services and Victim Services Peterborough/Northumberland with 71.8% and 69.4% (n=85) respectively.

* Number of times as non-hub assisting agency still applies as explained in previous section

Total Intervention Response Involvement City of Kawartha Lakes:

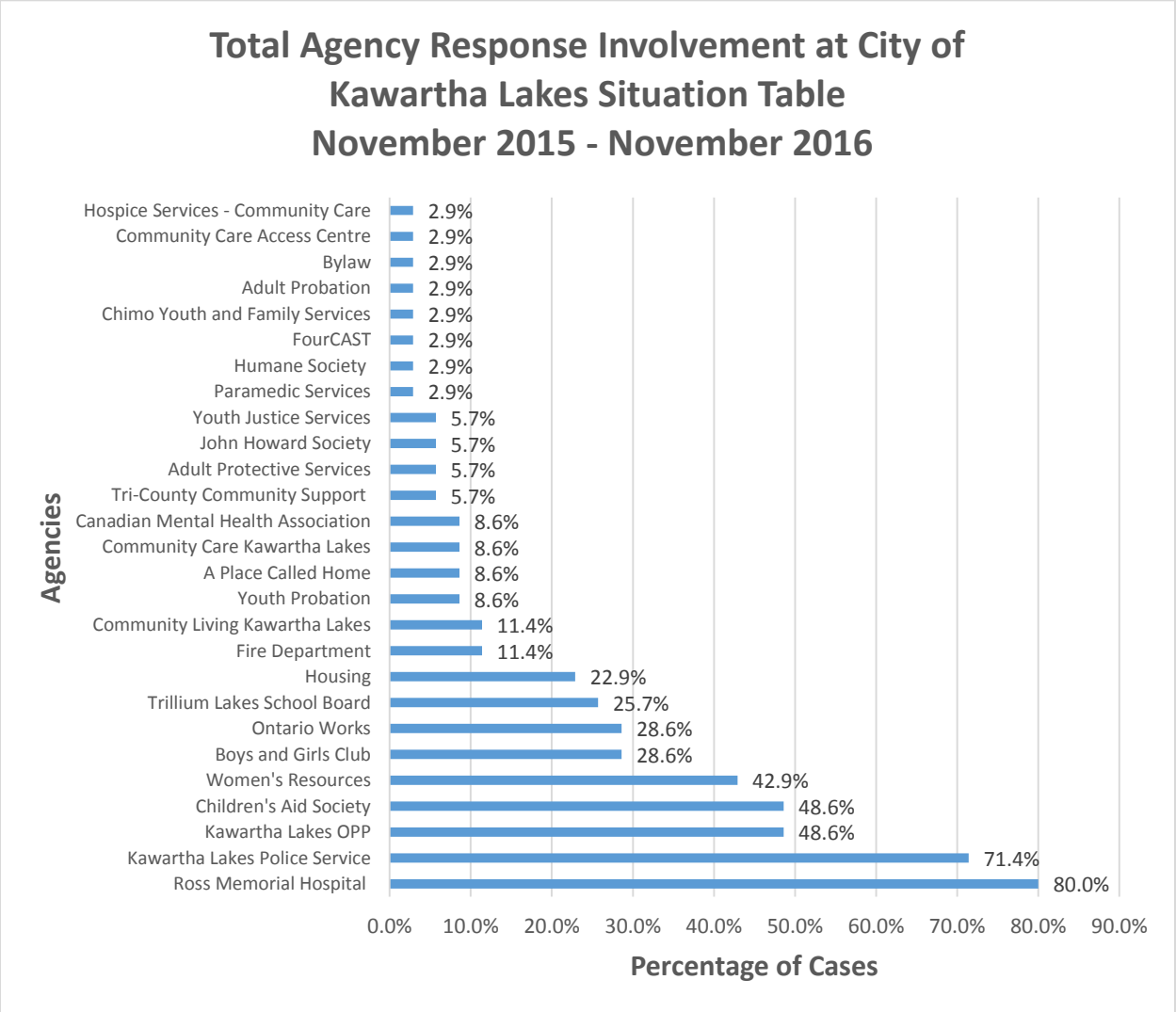

Figure 11: Most Common Agencies Involved in Intervention Responses (City of Kawartha Lakes)

Ross Memorial Hospital was involved in the highest percentage of intervention responses at the City of Kawartha Lakes Situation Table with 80% (n=35). Kawartha Lakes Police Service was the next most common agency by percentage at 71.4% (n=35). OPP Kawartha Lakes and Children's Aid Society were the next two most common agencies by percentage with 48.6% (n=35) involvement for each.

Total Intervention Response Involvement Peterborough:

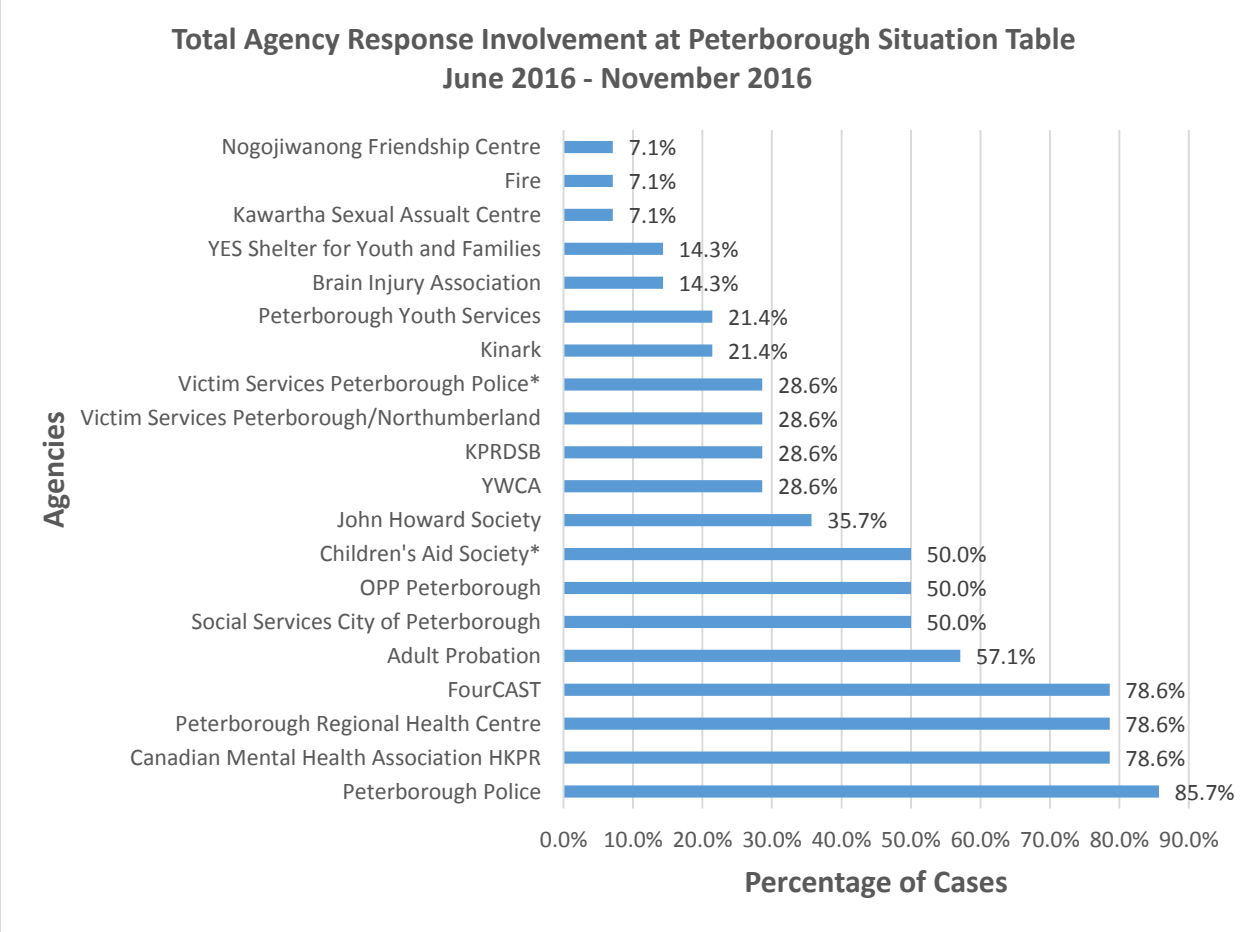

Figure 12: Most Common Agencies Involved in Intervention Responses (Peterborough)

Peterborough Police Service was involved in the highest percentage of intervention responses at the Peterborough Situation Table at 85.7% (n=14). Canadian Mental Health

Association HKPR, Peterborough Regional Health Centre and FourCAST were involved in the next highest percentage of intervention responses at 78.6% (n=14) each.

* Number of times as ad-hoc assisting agency still applies as explained in previous section

What types of risk situations are most commonly discussed and actioned at each Situation Table?

For each situation that is responded to with an intervention by each Table, the identified risk factors present in that situation are recorded in the spreadsheet that each Table maintains. Many types of risk factors possessed subcategories. For example, a mental health risk factor may be listed in one of seven ways according to the identified subcategory:

1. Mental Health – diagnosed mental health problem
2. Mental Health – grief
3. Mental Health – mental health problem in home
4. Mental Health – not following prescribed treatment
5. Mental Health – self-reported mental health problem
6. Mental Health – suspected mental health problem
7. Mental Health – witnessed traumatic event

The risk factors were not analyzed and reported based on their subcategories. Rather, each risk factor was counted per case based on its main risk factor category. Additionally, risk factors were only counted once per case. Using mental health as an example once again, if a situation involved multiple mental health subcategories, mental health was only counted as a risk factor once for that particular situation. This was done in order to accurately portray the main risk factor category by percentage of cases where it was an identified risk factor.

Most Common Risk Situations Northumberland:

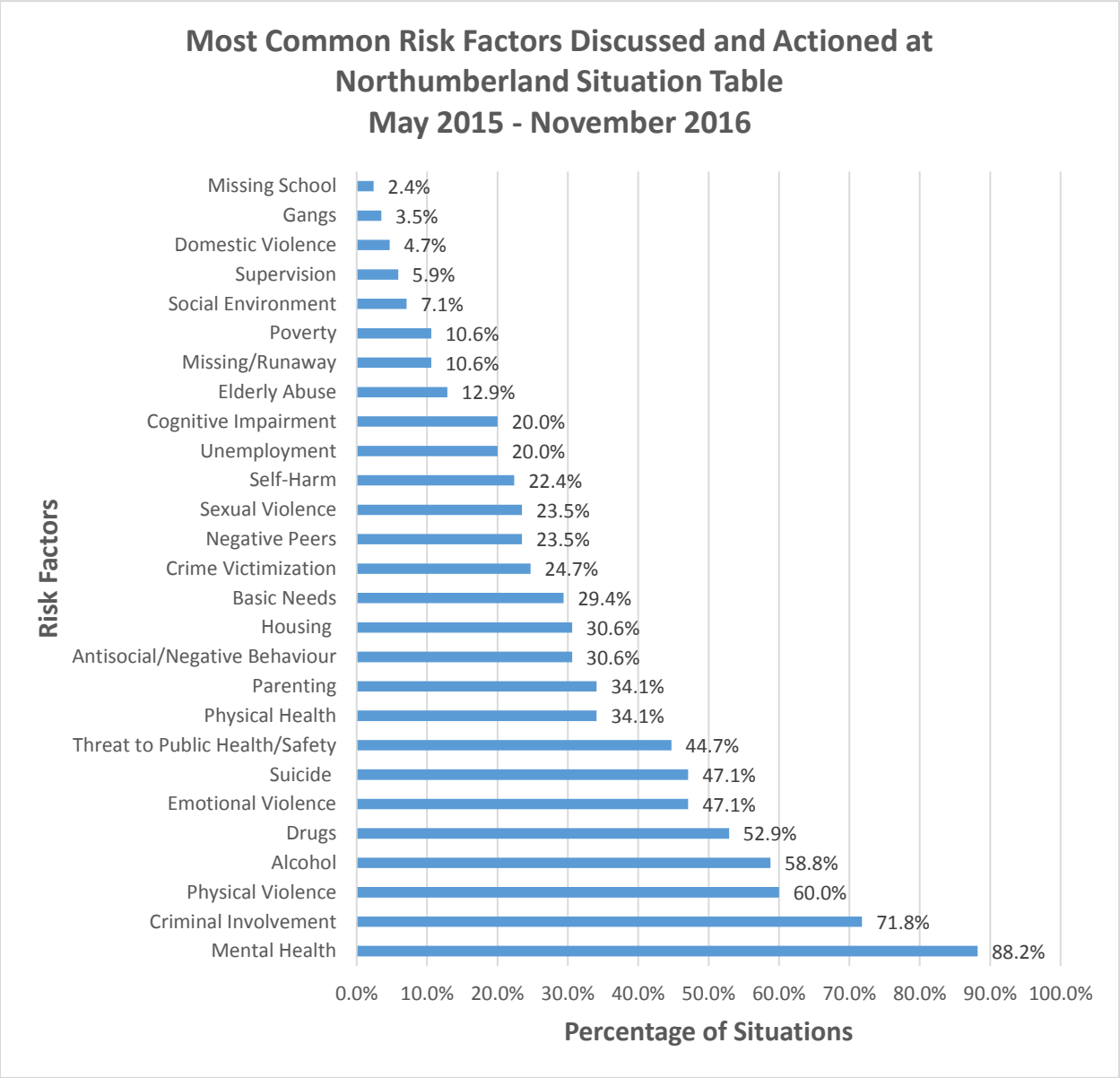

Figure 13: Most Common Risk Factors at Northumberland Situation Table

Mental health was the risk factor identified in the highest percentage of situations at the Northumberland Situation Table at 88.2% (n=85). Criminal involvement had the second highest percentage at 71.8% (n=85) followed by physical violence at 60% (n=85).

Most Common Risk Situations City of Kawartha Lakes:

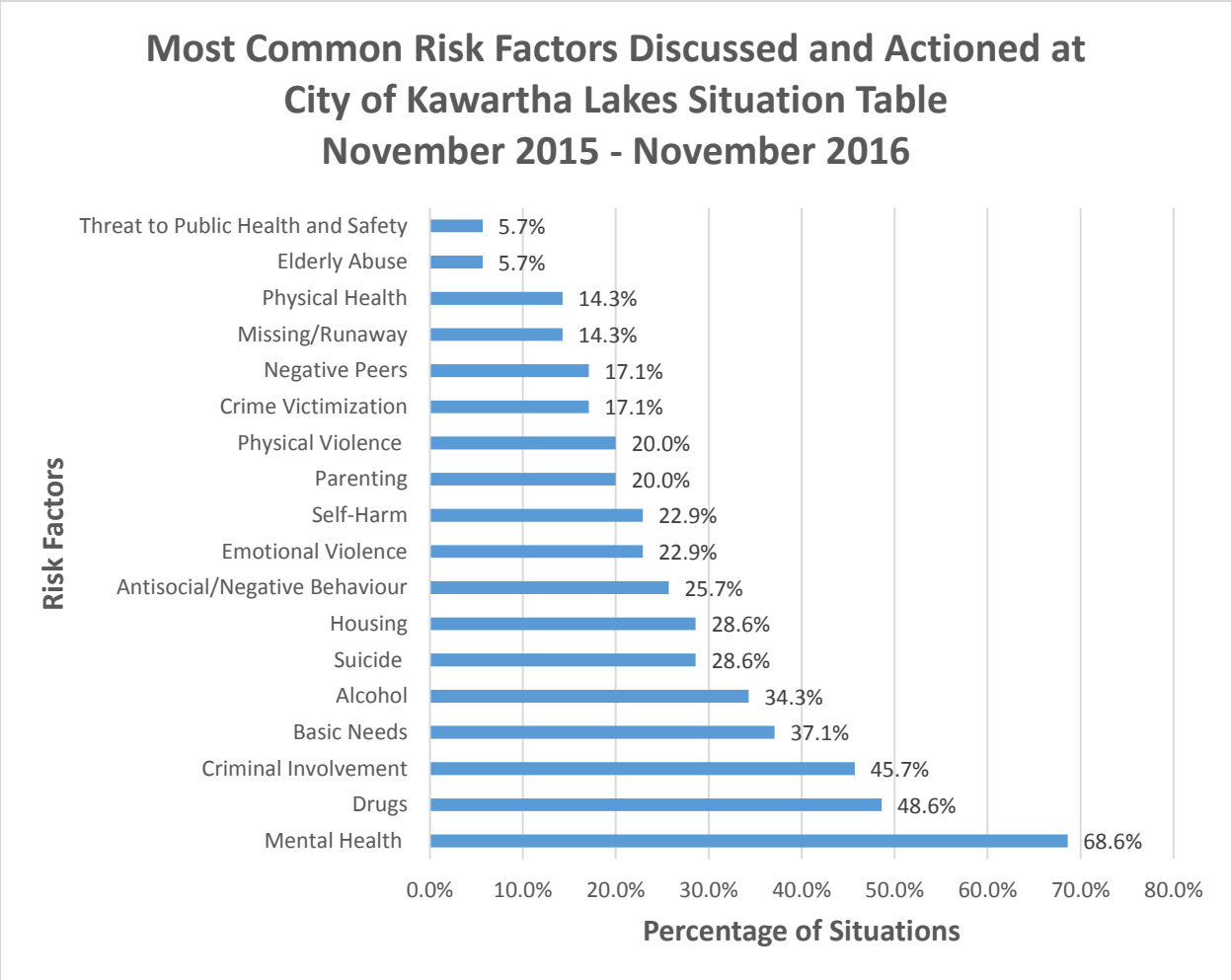

Figure 14: Most Common Risk Factors at City of Kawartha Lakes Situation Table

Mental health was the risk factor that was identified in the highest percentage of situations at the City of Kawartha Lakes Situation Table at 68.6% (n=35). Drugs was the next most common risk factor by percentage at 48.6% (n=35) followed by criminal involvement at 45.7% (n=35).

Most Common Risk Situations Peterborough:

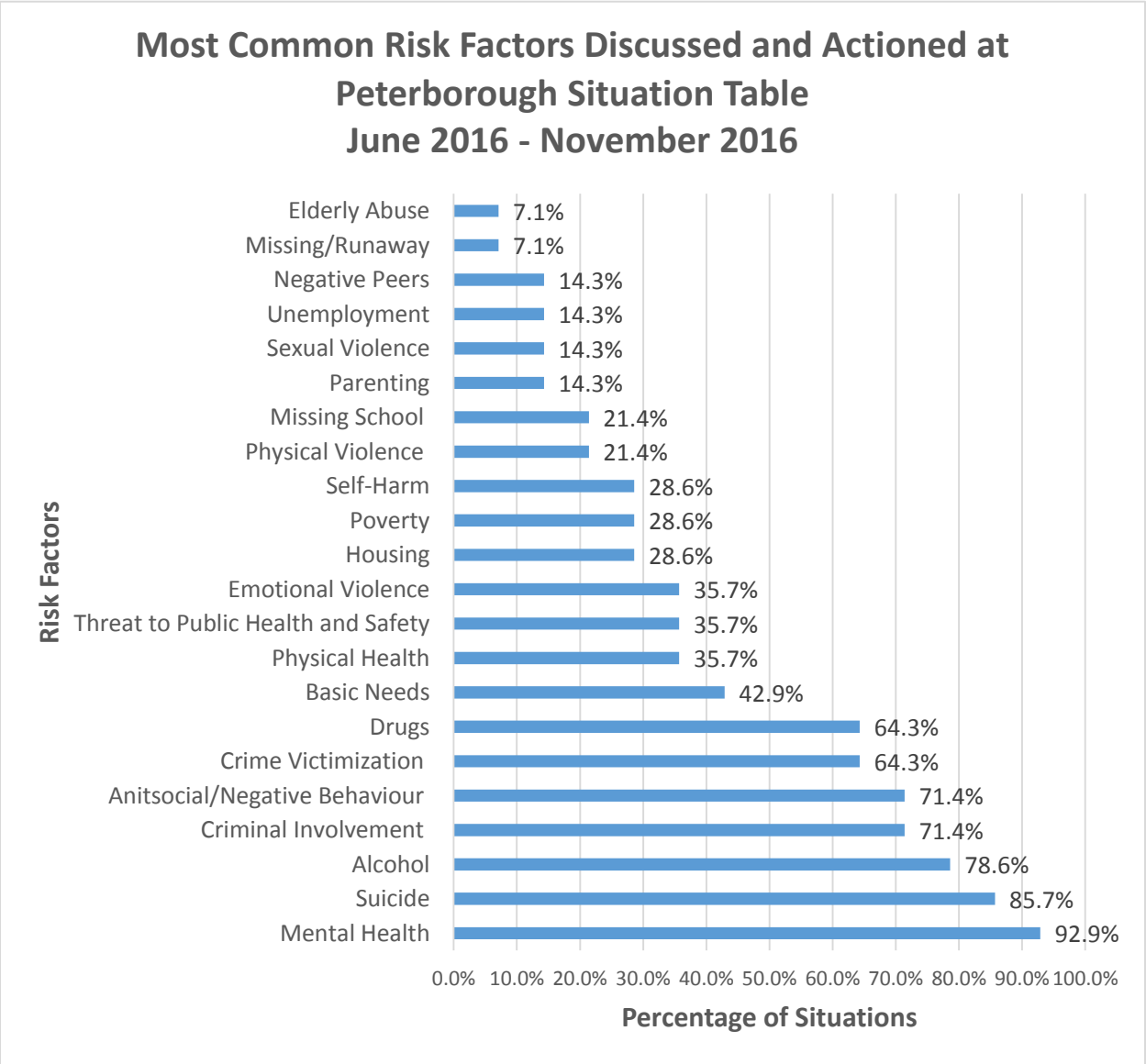

Figure 15: Most Common Risk Factors at Peterborough Situation Table

Mental health was the risk factor that was identified in the highest percentage of situations at the Peterborough Situation Table at 92.9% (n=14). Suicide was the next most common risk factor by percentage at 85.7% (n=14) followed by alcohol at 78.6% (n=14).

Survey/Interview Questions

The data and quotes presented for these questions were gathered from conducting surveys and interviews with Situation Table participants.

What level of time commitment is each agency making to the Situation Tables?

Determining the level of time commitments being made by each agency could not be achieved through analyzing each regional Table's spreadsheet data. Instead, several questions relating to time commitments were asked on a survey that participants at each regional Table filled out. Through these survey questions, specific time commitments made by each agency still could not be determined. This is due to the unknown and often variable amount of time agencies commit to each individual Situation Table case. One agency for a particular Situation Table case could be heavily involved in the planning and response but for another case may not be involved at all. This reason is why multiple survey respondents chose "other" and specified "as needed" when asked about their specific time commitments to the differing aspects of the Situation Table.

What are the experiences of those who sit at the Tables and what ideas do members have for the improvement of the Tables?

Experiences:

> "I hear this from many partners as well, but we have come to have a much greater understanding of our partner's capacities, mandates, abilities, scope of practice, resources, all of that stuff. So it has made us better partners. Through the relationships fostered at the Table, we are better at picking up the phone and connecting with someone to bounce ideas off each other. In terms of moving to a more collaborative and multi-system approach, there has been great improvement in this area." – Peterborough Situation Table member (February 21st, 2017) (11)

> "A positive of the Situation Tables that I have seen is agencies being able to clarify and explain the scope of their capabilities to other agencies. Often times workers of one

> agency will assume what is available for supports from another agency and will operate under that assumption and then get frustrated when that agency is not living up to its mandate. However their expectation of that agency's abilities and services was not actually accurate. So it gives each agency the chance to explain their capabilities and that clarifies the expectations that other agencies have for them." – City of Kawartha Lakes Situation Table member (February 22nd, 2017) (12)

> "They have not with my agency. However, I have heard through other people at the Table that there has been a good opportunity to get to learn what other services are available. This is in terms of learning what is out there, who I can call, what exactly can they offer. So I think that has occurred in Northumberland." – Northumberland Situation Table member (February 24th, 2017) (13)

> "Oh most definitely. You now have a name and a face to associate with an organization or agency and it just makes it easier to call someone if you need information or support. It has helped us understand other agencies as well. I think we all have perceived ideas of what the other agencies can do but in reality they have boundaries and limits to what they can do." – City of Kawartha Lakes Situation Table member (March 2nd, 2017) (14)

> "Yes, for sure. Communication is huge but the collaboration is as well. It has to do with sharing tasks and working together with a common goal. It makes both my own agency and other agency to work more efficiently. At least every week I will get a call from someone at the Table asking a question. Same thing for me, I now know who I can call if I have a specific question. Knowing more detail about what people do makes it a lot easier because you know they are the expert in that area." – Peterborough Situation Table member (March 3rd, 2017) (15)

Summation of Experiences:

In each of the five interviews conducted, the Situation Table member indicated how the Situation Table experience has improved interagency communication. All interview participants stated this increased communication was a major positive in their Situation Table experience because it has helped community partners develop closer relationships. Most interview participants indicated that this increased communication and collaboration resulted in some changes to how they work because they felt more comfortable calling their newfound contacts

for help or advice in certain cases. Every interview participant stated that the community partners present at the Situation Tables have been able to develop a better understanding of each other's capabilities and limitations in terms of what the services and resources they can or cannot offer.

Ideas for Improvement:

The following recommendations are based off the opinions and ideas of the individuals who were interviewed for this project.

Northumberland

1. Sufficiently train all members who participate at the Table (13). This Table recently switched their Situation Table training program to an e-learning course offered through Wilfred Laurier University so all members must be properly trained according to this program (12).

City of Kawartha Lakes

1. Ensure all cases being discussed and actioned meet the acutely elevated risk threshold to ensure privacy and confidentiality is properly upheld (12).
2. Add agencies to the Table who possess assertive outreach functions (12). Many of the agencies who participate at the Table do not possess assertive outreach functions as the services they offer are voluntary. In other words, they do not seek out individuals who may be in need, they let those individuals come to them (12). However, for at-risk individuals who may be unable to reach out for help, it would be helpful to have assertive outreach agencies present at the Table (12). These agencies can go out and possibly identify individuals who are at-risk and who may otherwise have never reached out for help. If the individuals that these services assist face imminent risk, it may be beneficial

for both the individual and the assertive outreach agency to have the case presented at the Situation Table (12).

3. Change the reveal of the individual's name from filter 4 back to filter 3 (14). Agencies must stay longer at the Table meetings because they are waiting to learn the name of the individual before they decide if they need to participate and this slows the process down (14).

Peterborough

1. Have all members be at the same level of understanding for what Situation Tables are, how they work and how referrals can be made (11). Situation Tables rely on effective collaboration. Therefore, if all members do not possess the same level of understanding for how the Situation Table model works, the overall effectiveness of the Table is negatively impacted.
2. Find ways to make the Table effective and efficient within the boundaries that some agencies have placed on their overall involvement with the Table (11). Some agencies face limitations for how involved they can be at the Situation Table based on their own mandate and policies. Further, privacy legislation impacts certain agencies differently compared to others when it comes to involvement and participation at the Table (11). Therefore, certain agencies are unable to be as involved in referrals or intervention responses as much as they ideally could be. Finding ways to work around these boundaries and maximizing the Situation Table's effectiveness according to these boundaries should be further explored (11).
3. Research and explore ways to transition Situation Table cases to long-term collaborative case management (11).

4. Change the reveal of limited identifying information from filter 4 back to filter 3 because some agencies may need to know the name of the individual when determining if they should be involved in the response (15). Further discussion about the individual should remain at filter 4 (15).
5. Collaborate with the local housing Table as there may be cross-over in the cases heard at both Tables (15).

What agencies might be missing from the Tables who could contribute services?

To determine which agencies may be missing from each regional Table, this question was asked on a survey that was completed only by participating members at each Table. The responses are presented below in graph form:

Northumberland:

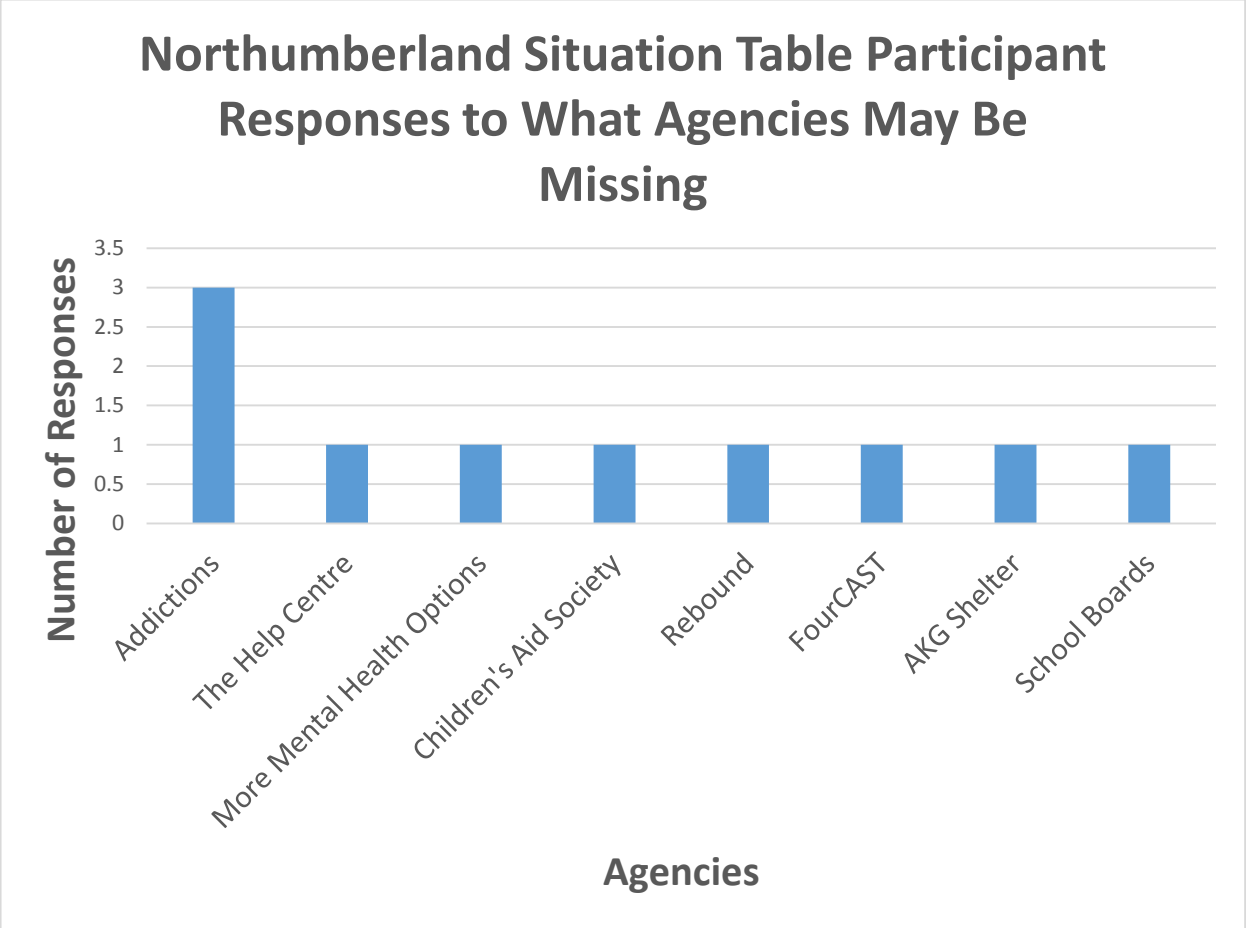

Figure 16: What Agencies May Be Missing From Northumberland Situation Table?

This data was compiled from six survey responses where the respondent identified they participated at the Northumberland Situation Table. Three of the respondent (50%, n=6) indicated that they felt addiction services were missing from this Table. Some respondent gave multiple answers.

City of Kawartha Lakes:

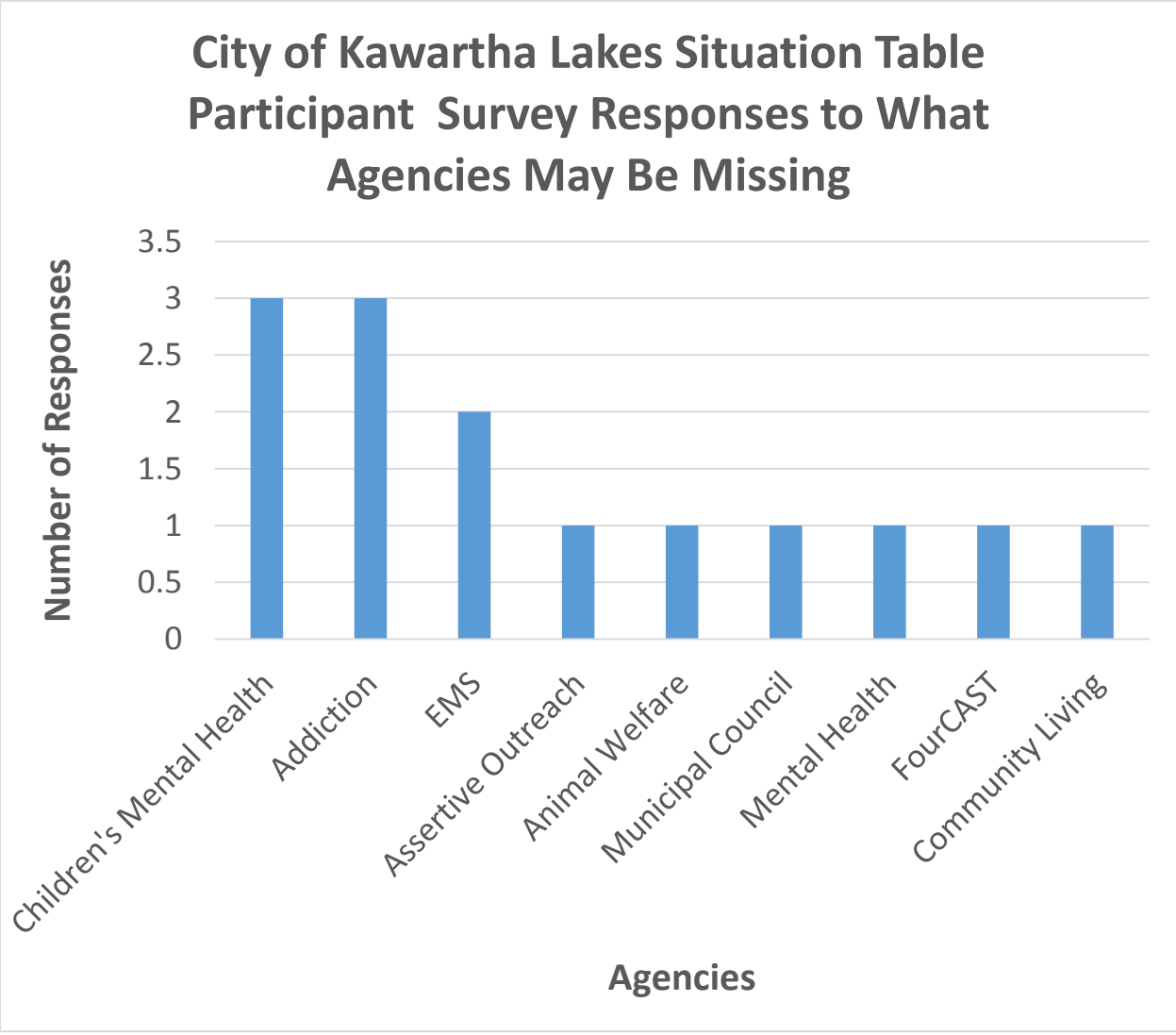

Figure 17: What Agencies May Be Missing From City of Kawartha Lakes Situation Table?

This data was compiled from ten survey responses where the respondent identified they participated at the City of Kawartha Lakes Situation Table. Children's mental health services and addiction services were the two most common responses with three each (30%, n=10). Some respondents gave multiple answers.

Peterborough:

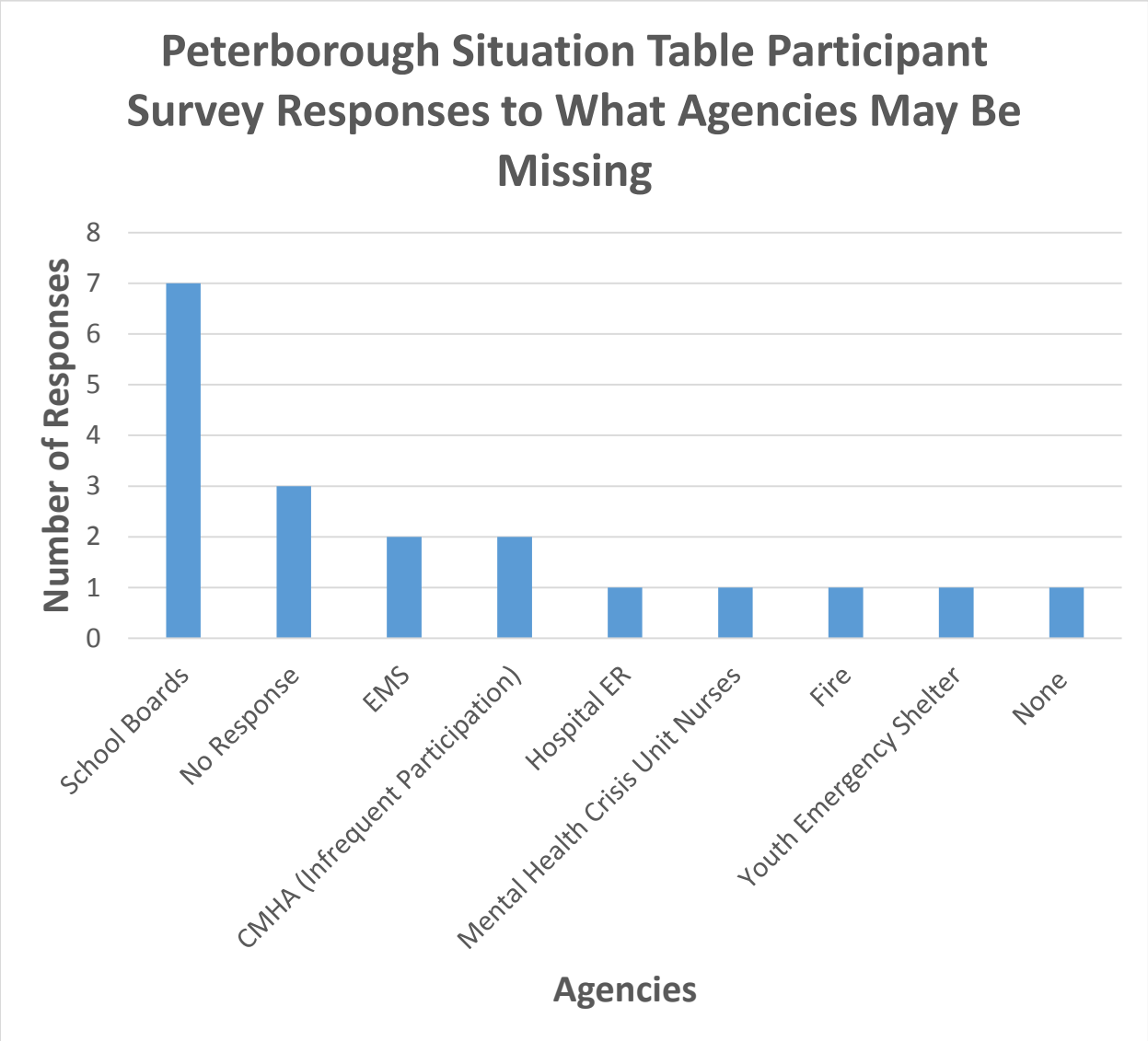

Figure 18: What Agencies May Be Missing From Peterborough Situation Table?

This data was compiled from fourteen survey responses where the respondent identified they participated at the Peterborough Situation Table. The most common response was school boards with seven responses (50%, n=14). Some respondents gave multiple answers.

Discussion

Where in social support and to which justice organizations does the responsibility of taking action fall?

Across all three regional Situation Tables, police agencies were the most common originator for the Situation Table cases. This means that police agencies were most involved in presenting cases to each of the three Tables and were therefore most responsible for mobilizing the Table to take action. The second most common kind of agency that initiated Situation Table action by presenting cases to the Table was children and youth services. At the City of Kawartha Lakes and Peterborough Situation Table, Children's Aid Society presented the most cases to each Table (after both region's OPP police detachment and local police service). At the Northumberland Situation Table, Rebound Child and Youth Services and KPRDSB (Kawartha Pine Ridge District School Board) each presented cases (2.4% and 1.2% respectively), indicating once again that agencies involving children were involved in referring cases outside of the police agencies.

Police agencies referring the majority of cases to each of these three Situation Tables is not unique to these regions (2). For example, police are the originators of the majority of cases

heard at the Oxford and Waterloo Situation Tables (16,17). Additionally, the Situation Table Guidance Manual identifies police as the most common originator of cases at many Tables across Ontario (2). Police refer the most cases to the Situation Tables because they are the agency most often coming into contact with individuals who are at acutely elevated risk and may require immediate help (2). Further, if the call the police are responding to is not crime related and is instead an individual in a crisis situation due to a variety of risk factors, there is not much the police agency can do. Therefore, the police agency is more likely to bring the case to the Situation Table because there is less internally that they can provide to the individual when compared to other human services.

Another factor to consider for why police agencies are the dominant Situation Table case originators is how each agency defines their threshold for acutely elevated risk.

> "One of the biggest learnings at the Table is that no two agencies have the exact same threshold for acutely elevated risk. Police probably have the lowest which is why they bring the most cases. So, other agencies bring much fewer cases because their threshold is much higher." – Peterborough Situation Table member (February 21st, 2017) (11)

If police possess the lowest threshold for identifying acutely elevated risk, they are more likely to bring a case to the Situation Table for discussion. An interesting next step in this research would be to analyze each participating agency's threshold for acutely elevated risk and identify where each agency differs as it relates to determining acutely elevated risk. Certain agencies may know of individuals who should have their case presented at a Situation Table but that case is ultimately not heard because that agency did not view it as acutely elevated risk. However, if the case was acutely elevated risk and it simply did not pass the agency's strict threshold, an opportunity may have been missed to alleviate the individual's risk of imminent harm.

Which agencies respond to situations of AER and which are most involved in those responses?

Lead Agency:

Each regional Situation Table had an interesting breakdown for the most common lead agencies in their Situation Table responses. OPP Northumberland led the highest percentage of cases at the Northumberland Situation Table (29.6%), followed closely by Northumberland Hills Hospital Mental Health Services (23.5%). Additionally, Campbellford Hospital Community Mental Health Services was the fourth most common lead agency at this Situation Table (11.8%). Combined, these agencies account for leading nearly two-thirds of the intervention responses. Therefore police services and mental health services were heavily involved in leading the intervention responses at the Northumberland Situation Table.

At the City of Kawartha Lakes Situation Table, OPP Kawartha Lakes and Kawartha Lakes Police Service combined led over half of the intervention responses (51.4%). In contrast with the Northumberland Situation Table, police agencies led a higher percentage of intervention responses but more notably was the lack of intervention responses led by mental health services. The Ross Memorial Hospital, which contributes mental health services to the Table, led 5.7% of the intervention responses.

At the Peterborough Situation Table, the most common lead agency was the HKPR Canadian Mental Health Association (35.7%). Both Northumberland and Peterborough had their intervention responses led by a mental health service in a similar percentage of cases (35.3% vs. 35.7%). Both of these percentages are significantly higher than the 5.7% responses by mental health services at the City of Kawartha Lakes Table. Another notable trend at the Peterborough Situation Table compared to the other two regional Tables is police agencies leading a lower percentage of cases. OPP Peterborough and Peterborough Police combined to lead 14.2% of the

intervention responses, much lower compared to the percentage of cases led by police agencies in Northumberland and City of Kawartha Lakes (29.6% and 51.4%).

The data indicates that Peterborough's Situation Table typically had its intervention responses led by non-police agencies. The opposite is seen with the City of Kawartha Lakes Situation Table where police agencies led just over half of the intervention responses. Northumberland falls in the middle in terms of intervention responses led by police, but like Peterborough, a significant proportion of their intervention responses are led by mental health services. As indicated above, City of Kawartha Lakes did not have a significant proportion of their intervention responses led by mental health services.

Total Intervention Response Involvement:

When analyzing which agencies were most involved in the intervention responses as either a lead or assisting agency, comparable trends could be seen across each region. At each regional Table, police services and mental health services were the two most common agencies involved in the intervention responses.

Despite City of Kawartha Lakes having a low percentage of intervention responses led by mental health services, their most common agency involved in the intervention responses ended up being the Ross Memorial Hospital. Ross Memorial Hospital was involved in a significant percentage (74.3%) of intervention responses as an assisting agency.

It is interesting to see in the data how each region utilizes their services when deciding between lead or assisting agency. City of Kawartha Lakes appears to prefer having police agencies lead the intervention response while the opposite can be said for Peterborough and (although not as much) Northumberland. Peterborough and Northumberland had their

intervention responses led most often by mental health services and a variety of other non-police agencies. The reasons for these differences could be that City of Kawartha Lakes simply prefers to have their intervention responses led by police agencies. This reasoning could stem from the police agencies presenting the majority of the cases to the Table. Since the police are presenting the case, it is likely that they know the most about the individual and therefore may be best suited to lead the response. Northumberland and Peterborough may have the majority of their intervention responses led by non-police agencies because they are the agencies who possess the most vital service that the individual in question needs. Future research could study this potential difference in philosophy between the regional Tables in terms on how they decide who leads the intervention responses. Despite the differences in the lead agencies, when totalling the overall intervention response involvement, all regions most commonly had the same kind of agencies/services involved.

FourCAST was noticeably much more active at the Peterborough Situation Table compared to the other Tables. In Peterborough, FourCAST participated in 78.6% of the intervention responses compared to 36.5% in Northumberland (many as a non-hub agency) and just 2.9% in City of Kawartha Lakes. Despite being a member at each regional Situation Table, FourCAST only significantly participated at the Peterborough Situation Table. While different regional FourCAST organizations would be represented at each Table, the difference is still notable.

In summation, each regional Situation Table had police services and mental health services most commonly involved in the intervention responses. Although the breakdown in how the agencies participated in these intervention responses differed (lead vs. assisting), the result was generally the same across all three regions. The two most notable differences in the agencies

involved in the highest percentage of intervention responses were FourCAST being much more involved at Peterborough Table and Victim Services Peterborough/Northumberland being more involved at the Northumberland Table compared to the Peterborough Table.

What types of risk situations are most commonly discussed and actioned at each Situation Table?

The most common risk situation discussed and actioned at each Situation Table was mental health. Mental health was the most common risk situation in Northumberland (88.2%), City of Kawartha Lakes (68.6%) and Peterborough (92.9%). Other common risk situations discussed at each Table include criminal involvement, drugs and alcohol.

Differences can be seen in some individual risk situations across the three regions. First, Northumberland reported physical violence as a risk factor in 60% of its cases. This is significantly higher compared to the other regions. City of Kawartha Lakes reported physical violence in 20% of its cases while Peterborough reported physical violence in 21.4%. Second, suicide was a reported risk factor in 85.7% of the cases discussed and actioned at the Peterborough Situation Table. This rate of suicide as a risk factor was significantly higher compared to the other two Situation Tables. Suicide was a reported risk factor in 47.1% of the cases at the Northumberland Table and 28.6% of the cases at the City of Kawartha Lakes Situation Table. Lastly, Peterborough cases involved crime victimization as a reported risk factor 64.3% of the time. While in Northumberland and City of Kawartha Lakes, crime victimization was a risk factor in 24.7% and 17.1% of cases respectively.

Other differences exist in the data when comparing how often each risk factor was reported at each regional Table. The stark differences in some of the reported risk factors is somewhat surprising and thought provoking. Further research could be conducted into how each

regional Situation Table reports these risk factors. The differences seen could possibly be explained by each Table possessing different standards or thresholds when determining if a certain risk factor is present in the case. For example, the reported suicide risk factor. Suicide could be reported in one of three ways:

1. Person affected by suicide
2. Person current suicide risk
3. Person previous suicide risk

If each Table possesses a different threshold for determining someone is a current or past suicide risk, there will likely be differences in how often it is reported. Additionally, determining if someone falls under one of these categories could be considered presumptuous especially if the individual has not had any kind of wellness check performed on them.

In summation, some of the risk factors that the Tables have the option to identify require some thresholds or presumptions to be made when reporting them as being present. It would be beneficial to determine how exactly these risk factors are reported and the process that each Table goes through when positively identifying a risk factor as being present.

What agencies are making what time commitment to the Tables?

Determining the time commitments being made by each agency to the Table could not be done through analyzing the data. This is due to the data not indicating what exactly each agency did when referring or responding to cases and it not being known the difference in time/effort when an agency is the lead or assisting agency. Further, the data does not record attendance for each agency member which would help in determining time commitments at least to the regular meetings. Additionally, no two cases at a Situation Table are the same. Some cases would

require a specific agency to devote a significant amount of time while other cases may require little to no time commitment from that same agency. Therefore the time commitments made by every agency at the Tables may vary based on what is required or needed.

In an attempt to answer this questions, a series of questions relating to time commitments were asked on a survey (Appendix A). The survey data collected proved to be complicated and ultimately inconclusive. The surveys that were disseminated were designed to be confidential. Therefore, the agency that each individual represented who completed a survey was not known as this would violate the confidentiality of the respondent. Instead, only the kind of agency (mental health, addiction, social services, etc.) was reported and known. Further, not every agency representative who sits at each Table completed a survey. Each Table had approximately two dozen participating agencies and the total number of survey responses received was thirty. Therefore, the survey response across the three regions was ~42%. Even if the agency of the survey respondents were known, data was collected from less than half the participating agencies which would not have sufficiently identified the overall time commitments made by every agency.

Useful data did arise from the survey, however. A common survey response to the questions that were asked regarding the participating agency's time commitments were "as needed". This specific wording was used in several survey responses where the respondent chose the "other" option and answered with those exact words. This reflects the general time commitment fluctuations that many agencies experience when participating at the Situation Tables. It essentially indicated that the agency was prepared to make any necessary time commitments to the Situation Table. It just came down to whether or not their services or resources were needed.

If specific time commitments for each agency were to be determined through a data analysis, the data spreadsheet that each Table maintains would have to allow for more detail and explanation into what each agency did and how long it took them in each case. Otherwise, it is impossible to determine how much time OPP Northumberland devoted to referring, discussing and responding to Situation Table cases on any sort of specific time basis. The data spreadsheet likely would not be able to be expanded to include this detailed information. The spreadsheet cannot contain any identifying information and including specifics for what each agency did in each case could potentially reveal private information.

In conclusion, the time commitments made by each agency could not be determined through the data analysis. Rather, based on survey responses, it can be said that many agencies devote as much time as is needed to their Situation Table.

How closely do the mandates of the agencies that currently participate in Situation Tables fit with the skillsets needed to effectively address situations of AER?

Across all three regional Situation Tables, the mandates of the participating agencies fit with what is needed to effectively address situations of AER. Each agency that sits at each region's Situation Table is there for a reason. That reason is because it has been identified that the agency can provide some kind of resource or service that would be beneficial in responding to instances of acutely elevated risk. The common theme in the mandate of each agency is they offer services that help people. Situation Tables are about helping people in crisis situations. As long as the agency can provide help to mitigate these crisis situations in some way, they are a good fit at a Situation Table.

Situation Tables do not respond to cases with easy or obvious answers. They are designed to provide interdisciplinary and collaborative responses for a reason. Each situation brought to

the Tables is complex and unique. No two cases are the same. The variables for each case are consistently changing, so one unwavering response cannot be developed and have it considered to be good enough. The responses need to be thorough and every possibility must be accounted for. That is why many unique agencies could be sitting at a Situation Table at once. There is no specific mandate or skillset that is needed for an agency to participate at a Situation Table. They simply need to possess the means to help assist individuals who need it the most.

As mentioned, Situation Table cases are always unique when compared to each other. One case could involve a child who is associating with the wrong crowd and missing school. While another case could involve an elderly individual who is facing physical health problems and is homeless. For these two situations, very different services and resources are needed in order to provide the help that is needed.

With this being said, mandates that allow services to provide fast and immediate services are better fits at a Situation Table. Some agencies possess emergency response front-line workers. Naturally, due to the immediate and severe nature of many cases that are presented to a Situation Table, these agencies are better suited to address acutely elevated risk.

What are the experiences of those who sit at the Tables and what ideas do members have for the improvement of the Tables? What agencies might be missing from the Tables who could contribute services?

The most common theme when discussing Situation Tables with individuals who participate at them is how they have improved interagency communication (11,12,13,14,15). In all five interviews conducted, it was remarked how the collaboration that is promoted by the Situation Table model has had positive impacts either on themselves or other members at the Table.

This collaboration and communication has extended to work outside of the Situation Table as well. Multiple interview participants stated that they are more comfortable and confident when contacting members of other agencies. Further, members possess a much better understanding of what other agencies can, and perhaps more importantly, cannot do. With this increased understanding, it allows these community partners to grow closer and develop more trust.

The main experiential takeaway from this study is the community partners appreciating and enjoying increased interagency communication and collaboration. Members were passionate when discussing how their involvement at the Situation Table had opened new lines of communication that they either had not considered or attempted to access before. A few members stated the way they worked had changed for the better because they were incorporating more collaboration into their everyday work (11,15). Future research could study the effects that Situation Table experience has had on participants regular work duties in terms of collaboration. Things to be considered are how often do they now seek help outside of their agency and is their agency and other agencies collaborating on cases where they likely would not have before.

The ideas for improvement listed in the results section of this report were obtained from interview discussions with Situation Table members. One member from City of Kawartha Lakes and Peterborough each identified a possible improvement in changing filter 3/filter 4 information sharing back to how it was before a recent legislation change (14,15). This change in legislation by the privacy commission now requires the identity of the individual being discussed at the Table to remain confidential until the filter 4 stage (14,15). Both Situation Table members stated they thought this change should be reversed, for largely the same reasons. The City of Kawartha Lakes member indicated that partners who may need to be involved were having to stay until

later stages in the Table discussion so they could know for sure if their assistance was needed (14). The member furthered stated that this slowed the response process down (14). The Peterborough member similarly stated that some agencies need to know the name of the individual being discussed before deciding if they are needed (15). This is because the individual may be known to their agency and if they are, it changes things (15). Both members were clear that they thought only limited identification information (name, address, etc.) should go back to being shared at filter 3 and that more detailed discussion of the individuals should remain at filter 4 (14,15).

Another idea for improvement that applies to all three Situation Tables is ensuring that all members have a clear and thorough understanding of Situation Tables. This includes how they are run, how to make referrals, the information sharing model and all relevant training/legislation that governs Situation Tables. For the Situation Tables to be as successful as possible, it is vital that members possess the same level of understanding and training. If some members are behind in their education or training with Situation Tables, the effectiveness and efficiency of the Table may be negatively impacted.

An area for future research would be examining the possibility of developing a long-term case management model that the Situation Table intervention response can transition from (11).

> "To me a shortcoming in Situation Tables, not just ours but all, is what happens after the door knock. In my mind, it is really clear that the Situation Table is a framework for teamwork and collaboration in order to alleviate acutely elevated risk. But that is not so you can just turn around and walk away because that is all you are going to be doing over and over again. So where we are all falling down, and there is not enough research or support for this, is how we transition the intervention for acutely elevated risk into case management. The theory says that when you do the intervention, you have to tell the person what information you have shared, why you shared it, who you shared it with and move to a consent based model. Well if all you are doing is getting consent for information you have already shared, and you are just alleviating the immediate crisis, that is not good enough. That is not what the long term goal of the Situation Table should be. The long term goal should be transitioning into a long term case management model

> with the collaborating partners so that the person does not end up in crisis again." – Peterborough Situation Table member (February 21st, 2017) (11)

The Situation Table model is only meant to alleviate immediate risks. There is no risk-driven collaboration model to be followed once the acutely elevated risk situation has been mitigated by the collaborating community partners. These partners can choose to continue collaborating on the case if the need and resources are present, but the Situation Table itself moves on once the risks are mitigated (11). This Peterborough Situation Table member believes that the next step is to continue the collaboration beyond the Table. If a long-term case management collaboration model could be developed, then it could help ensure that the individuals being presented to and helped by the Table never find themselves back at the Table again. Future research would have to be conducted on this topic to analyze the need and viability for such a model beyond the Situation Table.

The type of agency/service that was most commonly identified as missing from the Northumberland Situation Table was addiction services. Initially, this was an interesting response because FourCAST had been found to have participated in 36.5% of Northumberland's Situation Table responses. However, out of the 31 intervention responses they participated in, 16 were as a non-hub agency. This suggests FourCAST did not sit at the Table for the original meetings and only participated in some way with the response (the extent to which is not known), in these cases. Regardless, 50% (n=6) of the respondents from Northumberland who completed a survey identified addictions as being missing. One respondent further stated that two tiers of addiction services were needed at the Table.

The two most common survey responses regarding missing agencies from City of Kawartha Lakes Situation Table members were children's mental health and addiction services. One respondent further clarified that an addiction service is a tertiary member at the Table and

does not actually sit at the Table meetings. Similar to how addiction services were identified as being missing from the Northumberland Table, it would be beneficial to have these addiction services involved in the actual discussion of the cases. Further, since addiction issues such as drug and alcohol abuse are common risk factors at each Table, having more involvement from addiction agencies could really aid in discussing the Situation Table cases at hand.

For the Peterborough Situation Table, 50% of the 14 survey responses identified school boards as being missing from the Table. This includes both the public (KPRDSB) and catholic (PVNCCDSB) school board.

> "Having the school boards involved, because they have multiple interdisciplinary professional who work with kids. Having a representative there would be very helpful since every kid who is brought to the Table is a part of the school board at some level. A representative from either KPR or PVNC would be of mutual benefit because they could offer and receive insight on certain individuals." – Peterborough Situation Table member (March 3rd, 2017) (15)

This Peterborough Situation Table member explained why it would be beneficial for any missing agency at any regional Situation Table to be present. While the Situation Table itself would benefit greatly by adding the missing agency, the missing agency itself could benefit by obtaining assistance with some of their own clients (15). Using the school boards as an example, a school councillor may know what happens when the child is at school, but they would be generally unaware of what happens when they are at home. If the school board/councillor is attempting to assist and care for this child with their own resources, it would be beneficial for them to be aware of the additional risk factors the child may be facing. Their evaluation and plan to assist the child could greatly change based on what they learn at the Situation Table and the situation itself could possibly be solved through a collaborative intervention response that they would have the option to participate in.

All the agencies that were identified as possibly being missing from each region's Situation Table have their own reasons for not being present. These reasons are not the focus of this research question. This question was meant to capture the opinions of the individuals who participate at each Situation Table and present ideas for what agencies could possibly strengthen the Tables.

This research conducted analysis on three regional Situation Tables. Despite the data and results presented in this report, there is much future research that could be conducted. Further data analysis should be performed as this report only covers each Situation Table's data until November 2016. At the time of November 2016, the City of Kawartha Lakes Table was one year old and the Peterborough Table only six months old. Trends in both of these regions may have shifted as the model was still being learned and different agencies may have joined or left the Tables. This study is a start in analyzing this data.

This study experienced some limitations. Ideally, a much wider range of Situation Table members from all three regions would have been included in answering the survey and being interviewed. Further, it would have been extremely beneficial to conduct focus groups with each region's Situation Table members to fully flush out the experiences and opinions of the members. Due to time constraints, this research was limited to a survey and five interviews. Although further and more up to date data analysis should be conducted for any future study in this subject, incorporating more Situation Table members in the qualitative aspects of the study should be done. Lastly, there was some limitations with the spreadsheet data. As previously mentioned, there may have been some cases where an agency was listed as an "ad-hoc" or "non-hub" assisting agency when they were actually just an assisting agency. The spreadsheets limit the Tables to listing only eight assisting agencies, so if more than eight agencies assist in the

intervention response they may instead have been listed as “ad-hoc” or “non-hub”. Further, if the time commitments being made by each agency want to be determined through a data analysis of these spreadsheets, then more detail for what each agency did is needed. There was no way to know what each agency did when they were either a lead or assisting agency therefore not even a rough estimate could be made for specific time commitments. It could be recommended that more detail should be provided in the spreadsheets for future studies, but privacy and information sharing considerations must be made. If specific actions that each agency did are detailed in the spreadsheet, it may violate the privacy of the individual. However, if there is a way to provide more detail in the spreadsheet for what each agency did while still protecting the individual’s privacy to the full extent, it should be explored.

As a result of this project, several trends in how each Table is running and what each Table is responding to were identified. Police agencies refer by far the most cases to each regional Situation Table and future research could look into how to get more agencies involved in the referral process. Agency mandates and important privacy legislation have significant impacts on this and studying the effects that this has on agencies making referrals would provide interesting insight. Police and mental health services were found to be the two most common agencies involved in intervention responses with mental health being the unanimous most common risk factor across each region. Situation Table participants credit Situation Tables for improving interagency communication and collaboration among members. This improved communication and collaboration has led to many agencies benefitting from these relationships outside of the Situation Table in their everyday work. Main areas of improvement for the Tables should focus on continuously educating and training Situation Table members and remaining up to date with current privacy legislation and regulations. Some agencies that were identified as

being missing from the Tables included addiction services from Northumberland and City of Kawartha Lakes and school boards from Peterborough.

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C)

12. City of Kawartha Lakes Situation Table Member. Personal Interview. 22 February 2017. (see Appendix D)

13. Northumberland Table Member. Personal Interview. 24 February 2017. (see Appendix E)

14. City of Kawartha Lakes Situation Table Member. Personal Interview. 03 March 2017. (see Appendix F)

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Appendix A: Copy of Survey

This is a copy of the electronic survey

Title of Study: Analysis of Regional Acutely Elevated Risk (AER) "Situation Tables"

Student Researcher: Callum Stanford Email: callumstanford@trentu.ca

Student Research Advisor: Sharon Beaucage-Johnson Email: sharonbeaucage@trentu.ca

Introduction

You have been asked to participate in a research project on situation tables in the Peterborough, Northumberland, and City of Kawartha Lakes regions. You were identified as a possible participant because you are involved with situation table meetings in one of the three regions listed above. Please read this consent form and ask any questions before giving your consent to participate in this research project.

Purpose of Study

The purpose of this study is to analyze situation tables in the Peterborough, Northumberland, and City of Kawartha Lakes regions. Trends will be compared and contrasted between the three region's situation tables through data analysis, surveys, and interviews. Questions pertaining to time commitments, most common risk situations, and situation table interventions will look to be answered. The results of this study will be reported to the HKPR Regional HSJCC and later published.

Duration and Description of Participation

You are being asked to complete one survey. The survey contains questions that are multiple choice and questions that require a short written response. Every question pertains to situation tables and the estimated time needed to complete the survey is about ten minutes.

Privacy and Confidentiality

The surveys are anonymous and no personal information will be shared or retained. However, if the respondent chooses to provide their email address for the final question, it will no longer be anonymous. If the respondent chooses to provide their email address in this final question, it indicates their interest in a possible follow up interview. The researcher would only use the provided email address for contacting the interested respondent about a potential follow up interview. If the respondent elects to not provide their email address, the survey will be completely anonymous. The pool of participants is known since only individuals who participate at Situation Tables have been asked to complete this survey. However responses will not, and cannot, be attributed to any specific respondent. The response data will be collected in a Qualtrics database that only I, the researcher, will have access to through my password protected student university account. The response data collected from these surveys will then be stored on a personal, password protected laptop for use in a final report on this project. Once the report has been completed, the response data will be permanently deleted and the data stored in the Qualtrics account will also be deleted.

Declarations

i) I, the participant have been informed of the nature of this study as described above and freely give my informed consent to participate.

ii) I understand that I am free to leave at any time before or during the study.

iii) I understand that privacy/confidentiality of my participation and performance in this study will be maintained in the following manner: my name will be known only by the researcher and will not be part of any public statements or documents.

iv) I understand that I will be given an account of the nature, purpose and findings of this study immediately after participating, or if that is not possible, by April 24th, 2017 at which time this information will be sent to me by email, college or personal address at:_____.

v) I permit data and records from this research to be used in research publications or for teaching so long as my privacy and confidentiality are protected.

vi) I understand that I will not receive compensation for my participation in this study.

vii) I understand that this research project has been reviewed and received ethical approval by the Research Ethics Committee of the Department of Forensic Science, Trent University.

1. Consent

Do you give your consent to participating in this study by completing this survey? By selecting "yes" below, you are consenting to participating. You are also acknowledging that you have read and understand the information contained in this consent form.

- Yes
- No

2. Which regional Situation Table do you participate in?

- Peterborough
- Northumberland
- City of Kawartha Lakes

3. What field best describes your agency?

- Police Services
- Mental Health Services
- Child & Youth Services
- Medical Services
- Addiction Services
- Victim Services
- Probation & Parole
- School Services
- Community Care
- Elderly Care
- Other (please specify) _____

4. How often does your region conduct Situation Table meetings?

- Twice a week
- Once a week
- Once every two weeks
- Once a month
- Other (please specify) _____

5. How often do you participate in your region's Situation Table meetings?

- Twice a week
- Once a week
- Once every two weeks
- Once a month
- Other (please specify) _____

6. What is your agency's time commitment to Situation Table meetings?

- One hour or less every two weeks
- One hour or less every week
- 1-3 hours per week
- 3+ hours per week
- Other (please specify) _____

7. Internal discussions of situation table issues and response planning

- One hour or less every two weeks
- One hour or less every week
- 1-3 hours per week
- 3+ hours per week

8. Intervention response

- One hour or less every two weeks
- One hour or less every week
- 1-3 hours per week
- 3+ hours per week

9. What is the most common risk situation discussed and responded to at your region's Situation Table?

- Mental Health
- Drug or Alcohol Abuse
- Supervision (Parenting, court imposed, CTO)
- Crime Victimization
- Domestic Abuse (Spousal, child, elderly, etc.)
- Poverty
- Criminal Involvement
- Other (please specify) _____

10. What agency/service do you think may be missing from your region's Situation Table?

- Written response

11. How does your agency's mandate fit with the skillsets needed to provide effective Situation Table responses?

- Written response

12. How valuable do you believe a Situation Table is to your region?

- 1 (Not valuable at all)
- 2 (Not very valuable)
- 3 (Somewhat valuable)
- 4 (Fairly valuable)
- 5 (Essential)

13. Would you be willing to participate in a follow-up interview? This interview would be conducted in order to gain more detail from this survey. The interview would be conducted either in person, or through phone depending on the circumstances. The interview would be approximately 20 minutes in length. If you choose yes, please provide your email below.

- Yes (_____)
- No

Appendix B: Semi-Structured Interview Questions

1. How long have you been participating at your region's Situation Table?
    a. Were you involved in developing your region's Situation Table?

2. What is the mandate of your agency?

3. How does your agency's mandate make your agency a good fit at your region's Situation Table? What kind of skills and resources does your agency offer towards operating a successful Situation Table?

4. What are some improvements/modifications that you think can or should be implemented at your region's Situation Table?

5. Has participating at your region's Situation Table changed the way you work? If yes, how?

6. Have Situation Tables opened lines of communication with other services/organizations? If yes, can you provide an example?

7. Are there any services/organizations that you think may be missing from your region's Situation Table? What could they provide that would improve your region's Situation Table?

8. Is responsibility equitably shared among members/organizations at your region's Situation table?

Appendix C: Transcribed Semi-Structured Interview #1

Only selected parts of the interview were transcribed

Identity of interviewee is anonymous

*Interviewee sits at **Peterborough** Situation Table*

February 21st, 2017

Time Elapsed: 29:41

CS = Callum Stanford (Interviewer)

AA = Interviewee

CS: "What are some improvements or modifications that you think could be implemented at your region's Situation Table?"

AA: "I don't think we have all the partners that we want to have yet. Most notably, we are missing active participation from the school boards."

"I think we can still improve on having a more fulsome understanding within agencies about what the Situation Table is, how it works and how to make referrals."

"I think that we have done a pretty good job because we made a strong commitment to the fidelity of the model, of the four-filter process. I think we have done a good job with the filter one process. Almost too good because it has put some organizations in a situation where they are trying to do more than they actually have the capacity or resources to do. So, what we are facing right now is finding the resources to do the evaluations."

"I think we can still improve on how to make the Situation Table effective and efficient within the limits of which some partners have committed to. Some agencies have had to put clear lines around the extent to which they can participate, for various reasons."

CS: "Has participating at your region's Situation Table changed the way you work at all?"

AA: "Yes. I hear this from many partners as well, but we have come to have a much greater understanding of our partner's capacities, mandates, abilities, scope of practice, resources, all of that stuff. So it has made us better partners. Through the relationships fostered at the table, we are better at picking up the phone and connecting with someone to bounce ideas off each other. In terms of moving to a more collaborative and multi-system approach, there has been great improvement in this area."

CS: "That goes along with my next question, have Situation Tables opened lines of communication between partners?"

AA: "Yes and there are a lot of reasons. One reason it has is because people made a commitment to showing up every week. It has because people made a commitment to the training which created a container of trust. So people all have a context into what they are speaking about. It can be easy to say you don't know what my sector is like or what I am dealing with. But since we all took the same training, there is a specific framework for our communication. Also, because of the commitment of the partners, there is a commitment to communicate. Not just to sit there and nod or shake your head, but a commitment to say I don't agree with this or I think this is really important. There was enough passion and commitment to the Situation Table for people to communicate."

CS: "You already touched on this, and it was asked on the survey, but are there any services or organizations that you feel are missing from your table and how could they help?"

AA: "Yes, so the two school boards are the biggest. The 12-18 age group is a significantly represented group at the table in terms of cases brought forward. Children are also commonly involved in other cases. So having the school boards at the table would result in a more robust response."

"One of the biggest learnings at the table is that no two agencies have the exact same threshold for acutely elevated risk. Police probably have the lowest which is why they bring the most cases. So, other agencies bring much fewer cases because their threshold is much higher."

"To me a shortcoming in Situation Tables, not just ours but all, is what happens after the door knock. In my mind, it is really clear that the Situation table is a framework for teamwork and collaboration in order to alleviate acutely elevated risk. But that is not so you can just turn around and walk away because that is all you are going to be doing over and over again. So where we are all falling down, and there is not enough research or support for this, is how we transition the intervention for acutely elevated risk into case management. The theory says that when you do the intervention, you have to tell the person what information you have shared, why you shared it, who you shared it with and move to a consent based model. Well if all you are doing is getting consent for information you have already shared, and you are just alleviating the immediate crisis, that is not good enough. That is not what the long term goal of the Situation Table should be. The long term goal should be transitioning into a long term case management model with the collaborating partners so that the person does not end up in crisis again."

"The Situation Table is not an entity. It is just a framework for collaborating for acutely elevated risk. So unless all the partners are committed to some kind of long term case management, it does not happen. Partners do not know where to go after the intervention because they have their own case load to deal with."

Appendix D: Transcribed Semi-Structured Interview #2

Only selected parts of the interview were transcribed

Identity of interviewee is anonymous

*Interviewee sits at **City of Kawartha Lakes** Situation Table*

February 22nd, 2017

Time Elapsed: 16:32

CS = Callum Stanford (Interviewer)

BB = Interviewee

CS: "What are some improvements or modifications that you think could be implemented at your region's Situation Table?"

BB: "I still do not think we have the protection of confidentiality process perfect. At our table we have changed the point at which the person is identified or brought forward. But it is a built in conflict. In order to know whether you ought to be a part of that conversation, you may need to know who the person is. But once certain agencies say they know that person, you have disclosed some personal health information. So it is something I do not really have a great recommendation for because it is a built in disclosure and breach of confidentiality to determine whether or not you should be participating in the level 4 conversation. It is an inherent flaw that is going to be hard to ever overcome."

"An improvement I have noticed in our group is the ability to notice obvious risk situations. When we started, there were people being presented in difficult situations but they were not dire enough to violate the person's rights. There were some instances where the members agreed that a person was at risk and personal information should be shared and the person needed to be helped, but I said this still does not meet the standards that our agency needs to talk about the person without their consent. My agency has to follow certain legislation and so when deciding

to be a part of these interventions it must be determined that the person is of immediate risk to harm either themselves or someone else and the first few cases at the table did not meet that."

CS: "Has participating at your region's Situation Table changed the way you work at all?"

BB: "One change is getting used to work a little more collaboratively with other agencies. Operationally, I think of whether or not we bring people to the table and the answer is no. We are more of a destination provider. That being said, we have not been significantly involved in the intervention responses either."

CS: "Have Situation Tables opened lines of communication between partners?"

BB: "A positive of the Situation Tables that I have seen is agencies being able to clarify and explain the scope of their capabilities to other agencies. Often times workers of one agency will assume what is available for supports from another agency and will operate under that assumption and then get frustrated when that agency is not living up to its mandate. However their expectation of that agency's abilities and services was not actually accurate. So it gives each agency the chance to explain their capabilities and that clarifies the expectations that other agencies have for them."

CS: "Are there any services or organizations that you feel are missing from your table and how could they help?"

BB: "One limitation that we work with in the community of Kawartha Lakes is assertive outreach. That could look like someone doing door knocks and wellness checks uninvited. There is one person who does that at the hospital and she is fabulous but she is only one person. It is also only part of her responsibilities. I think FourCAST's ability to perform more assertive outreach is growing in Kawartha Lakes but I do not think they are present at the Situation Table and they should be. I think their assertive outreach capacity would be beneficial. My agency offers voluntary services and we do not have assertive outreach functions. When people come to us asking for help, we are happy to give it. But we do not go out and find people who need help."

Appendix E: Transcribed Semi-Structured Interview #3

Only selected parts of the interview were transcribed

Identity of interviewee is anonymous

*Interviewee sits at **Northumberland** Situation Table*

February 24th, 2017

Time Elapsed: 9:04

CS = Callum Stanford (Interviewer)

CC = Interviewee

CS: "What are some improvements or modifications that you think could be implemented at your region's Situation Table?"

CC: "I think at this time for our specific table we are having a difficult time getting each participant trained properly. We just decided that we will be switching from the Global Training to an e-learning course that is offered through Wilfred Laurier University. Aside from that I think we are doing a really great job. We have a good cross-section of services and we meet on a weekly basis regardless of whether there is any new cases, we still have that weekly meeting and come face-to-face."

CS: "Are there any services or organizations that you feel are missing from your table and how could they help?"

CC: "Right now at our table we are missing community living. They have reached out to us in the past couple of weeks asking to participate so as long as they sign the protocols and the representative complete the training, they will be invited to our regular meetings."

CS: "Has your Situation Table opened lines of communication between partners?"

CC: "They have not with my agency. However, I have heard through other people at the table that there has been a good opportunity to get to learn what other services are available. This is in terms of learning what is out there, who I can call, what exactly can they offer. So I think that has occurred in Northumberland."

Appendix F: Transcribed Semi-Structured Interview #4

Only selected parts of the interview were transcribed

Identity of interviewee is anonymous

*Interviewee sits at **City of Kawartha Lakes** Situation Table*

March 2nd, 2017

Time Elapsed: 7:42

CS = Callum Stanford (Interviewer)

DD = Interviewee

CS: "What are some improvements or modifications that you think could be implemented at your region's Situation Table?"

DD: "We recently had to change our format where could divulge the name at filter 3 but the Ministry made some recommendations and now we have to wait to be in a filter 4 discussion to reveal the name. So now agencies have are having to stick around longer because they are waiting to find out if they need to be involved or not. It is doubtful at this point that it will change but it has certainly slowed the process down."

CS: "Has participating at your region's Situation Table changed the way you work at all?"

DD: "It has not necessarily changed the way I work but it has helped treat people at acutely elevated risk. Before it would be difficult to figure out how to treat people but with all the services together at the table we can develop a comprehensive wrap around service."

"Another thing is that relationships are being made. This is improving the communication between services so that is something I have definitely noticed."

CS: “This is sort of along the same lines but has your Situation Table opened lines of communication between partners?”

DD: “Oh most definitely. You now have a name and a face to associate with an organization or agency and it just makes it easier to call someone if you need information or support. It has helped us understand other agencies as well. I think we all have perceived ideas of what the other agencies can do but in reality they have boundaries and limits to what they can do.”

CS: “Are there any services or organizations that you feel are missing from your table and how could they help?”

DD: “Currently we are missing addiction services. I believe they are available if we need them, but they do not actually sit at the table. If we have questions for them I believe they assist. The other one would be children’s mental health services. There are quite a few kids presented at the table so it would be helpful to have their input but I believe it is the consent issue that holds them up. Our members try to get consent before the case is brought to the table but it does not happen in all cases.”

Appendix G: Transcribed Semi-Structured Interview #5

Only selected parts of the interview were transcribed

Identity of interviewee is anonymous

*Interviewee sits at **Peterborough** Situation Table*

March 3rd, 2017

Time Elapsed: 16:49

CS = Callum Stanford (Interviewer)

EE = Interviewee

CS: "What are some improvements or modifications that you think could be implemented at your region's Situation Table?"

EE: "With the recent change by the Privacy Commission in saving identifying information to filter 4, I would put that back. The threshold for identifying acutely elevated risk should remain the same, but I believe saving the identifying information until filter 4 potentially leaves some agencies out. The detailed discussions should be saved for filter 4 but the agencies may need to know who the person is if they are going to assist in the response. Confidentiality and privacy are of course very important but I think there are ways to protect those things while still sharing limited identifying information at filter 3."

"With the housing table and housing agencies in town who deal with folks who may be at imminent risk of losing their houses I think there could be a lot of cross-over. So having a representative from their table and vice versa could result in a mutually beneficial collaboration."

CS: "Has participating at your region's Situation Table changed the way you work at all?"

EE: “For me, I have made a whole lot of connections. I work more collaboratively so if there is something I do not know there are several people I can now pick up the phone and ask a question to.”

CS: “Have Situation Tables opened lines of communication between partners?”

EE: “Yes, for sure. Communication is huge but the collaboration is as well. It has to do with sharing tasks and working together with a common goal. It makes both my own agency and other agency to work more efficiently. At least every week I will get a call from someone at the table asking a question. Same thing for me, I now know who I can call if I have a specific question. Knowing more detail about what people do makes it a lot easier because you know they are the expert in that area.”

CS: “Are there any services or organizations that you feel are missing from your table and how could they help?”

EE: “Having the school boards involved, because they have multiple interdisciplinary professional who work with kids. Having a representative there would be very helpful since every kid who is brought to the table is a part of the school board at some level. A representative from either KPR or PVNC would be of mutual benefit because they could offer insight on certain individuals.”