

# Connectivity

*Serving Kitchener, Waterloo, Wilmot,  
Woolwich and Wellesley*

**Eighteen Month Report:**

*October 2, 2014 - March 31, 2016*

This report was compiled by:

Sue Coulter, Connectivity Navigator, Carizon Family and Community Services  
Jen Wilson, Information Management Coordinator, Carizon Family and Community Services

For more information please contact:

Sue Coulter  
1-519-743-6333 x220  
scoulter@carizon.ca

### Connectivity

Connectivity was launched on October 2, 2014 by Carizon Family and Community Services, and is a community partnership of 31 organizations.



# Table of Contents

About Connectivity .....	3
Highlights .....	4
Evaluation of Connectivity Waterloo Region .....	4
Community of Practice .....	5
International Recognition: Webber Seavey Award .....	6
Participants .....	7
Partner Agencies .....	7
Secondary Agencies.....	8
Guests at the Table.....	8
How the Situation Table Operates .....	9
Hub Data.....	11
Results .....	11
Demographics .....	13
Risk Factors .....	14
Top Risk Categories .....	15
Top Risk Factors by Age Group and Gender .....	17
Study flags.....	21
Agency Participation.....	22
Originating Agencies.....	22
Lead Agencies .....	23
Assisting Agencies.....	24
Summary .....	25

## ABOUT CONNECTIVITY

In January 2013, the Waterloo Wellington Local Health Integration Network (WWLHIN), Waterloo Regional Police Service (WRPS) and the Waterloo Region Crime Prevention Council introduced the Saskatchewan model of supporting those most at risk in their communities. Connectivity Cambridge and North Dumfries started in January, 2014.

Connectivity was launched on October 2, 2014, by Carizon Family and Community Services in partnership with Waterloo Regional Police Service and working collaboratively with Cambridge and North Dumfries to become Connectivity Waterloo Region. It serves Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley.

Connectivity brings health and social service agencies to a weekly meeting, to collaboratively and proactively address situations of elevated risk and support individuals to access the services they need. In doing so, organizations and systems are immediately responsive and begin to make systematic improvements to improve service delivery, with the long term vision of reducing emergency room admissions, child protection cases, prosecutions, violent crime and youth victimization.

# HIGHLIGHTS

## *EVALUATION OF CONNECTIVITY WATERLOO REGION*

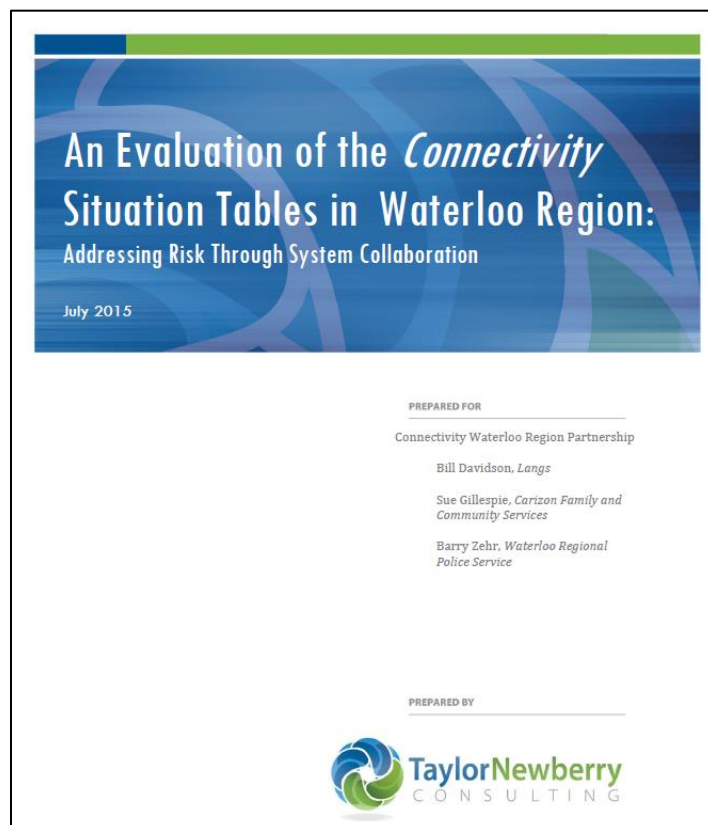
Connectivity Waterloo Region received a Proceeds of Crime Grant from the Ministry of Community Safety and Correctional Services to design and implement an evaluation strategy for the two Connectivity tables in Waterloo Region. Taylor Newberry Consulting was contracted to lead this evaluation work which was completed in July 2015.

The evaluation focused on two major areas of inquiry:

1. Evaluation of implementation focused on the development, evolution and delivery of Connectivity activities.
2. Evaluation of outcomes focused on the ways in which Connectivity leads to benefits for individuals that become connected to the supports.

A copy of the report, “An evaluation of the *Connectivity* Situation Tables in Waterloo Region: Addressing Risk Through System Collaboration” can be found at:

<http://www.carizon.ca/community-services/connectivity-kitchener>



## COMMUNITY OF PRACTICE

In the spring of 2015, a Community of Practice for situation tables like Connectivity, was formed. In Ontario, as of March 2016, over 25 such tables were operating or in planning stages. The Community of Practice provides a valuable forum to share information and mentor new tables.

In addition, the Community of Practice is now working with the Independent Privacy Commission of Ontario, the Ministry of Community Safety and Correctional Services and the Ontario Working Group on Collaborative, Risk-driven Community Safety and Well-being to further develop best practices.

The development of a provincial web-based data-base is another collaborative effort of the Community of Practice and the Ministry of Community Safety and Correctional Services.

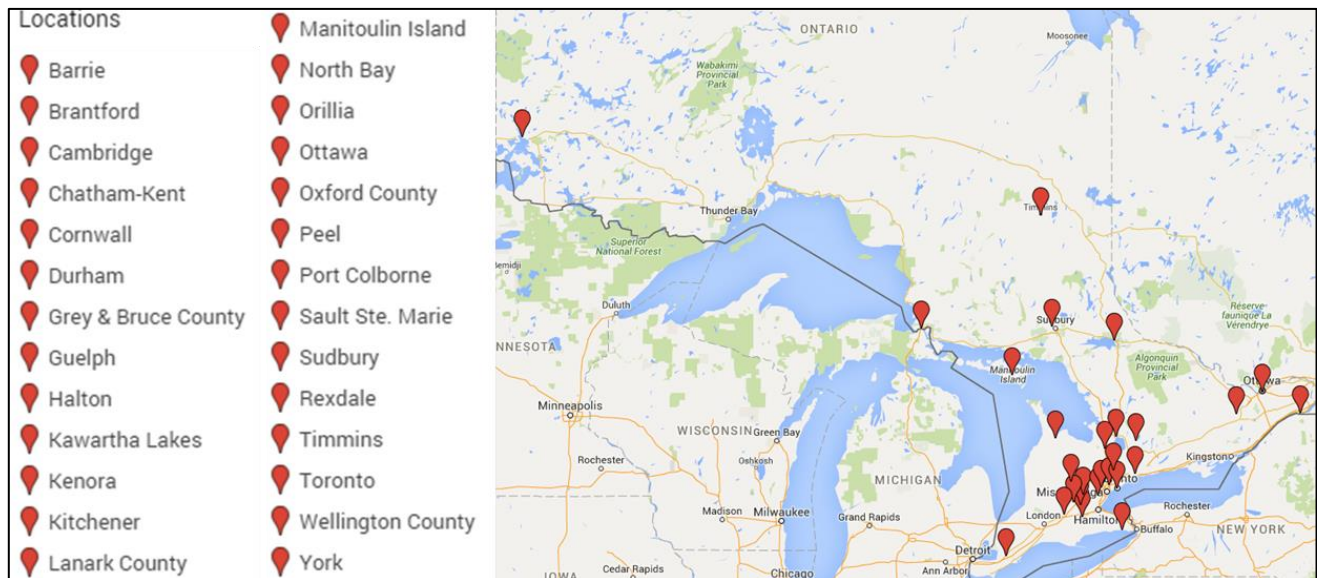


Figure 1 Ontario Situation Tables in various stages of development as of March 2016

## ***INTERNATIONAL RECOGNITION: WEBBER SEAVEY AWARD***

In September 2015, Connectivity Waterloo Region was announced as a recipient of IACP/Motorola Webber Seavey Award. The award, given by the International Association of Chiefs of Police, was established to recognize a standard of excellence that exemplifies law enforcement's contribution and dedication to the quality of life in our communities. It is awarded to applicants who have achieved:

- ◆ Continually improving services to the community
- ◆ Strengthening police relations and promoting community participation
- ◆ Effectively using resources
- ◆ Enhancing communications within and cooperation among agencies
- ◆ Developing creative and innovative approaches that promote excellence in law enforcement

The receipt of this award honours the collaboration and dedication of the community partners who form Connectivity Waterloo Region. The award was presented at the IACP Conference in Chicago on October 26<sup>th</sup>, 2015 and a local celebration was held on November 6<sup>th</sup>, 2015 to recognize the work of the community partners.



***Figure 2: Representatives from partner agencies of Connectivity in Waterloo Region on November 6th***

## PARTICIPANTS

### *PARTNER AGENCIES*

As of March 31, 2016, Connectivity was comprised of 31 partner agencies. Agencies were asked to select representatives who were able to take immediate action, work collaboratively, and think outside the box. This includes front line workers, managers, and executive directors, depending on how each organization operates.

<b>Partner Agencies</b>	<b>Acronym</b>
Canadian Mental Health Association Waterloo Wellington Dufferin	CMHA
Carizon Family and Community Services	Carizon
Community Care Access Centre/Elder Abuse Response Team	CCAC/EART
Developmental Services Resource Centre - Waterloo Region	DSRC
Family and Children's Services of the Waterloo Region	FACS
The Family Violence Project of Waterloo Region	FVP
Front Door	Front Door
Grand River Hospital	GRH
The Hoarding Project (Supportive Housing of Waterloo)	Hoarding Project
House of Friendship	HoF
Interfaith Community Counselling Centre	Interfaith Counselling
Kitchener-Waterloo, Wilmot, Woolwich and Wellesley Community Ward/Health Link	Health Link
Lutherwood	Lutherwood
Ministry of Children and Youth Services	MCYS
Ministry of Community Safety and Correctional Services	MCSCS
oneROOF Youth Services	oneROOF
Promise of Partnership (Carizon Family and Community Services)	Promise of Partnership
Ray of Hope	Ray of Hope
Region of Waterloo Community Services Employment and Income Support	ROW
Sexual Assault Support Centre of Waterloo Region	SASC
St. John's Kitchen (The Working Centre)	St. John's Kitchen
Stonehenge Therapeutic Community	Stonehenge
Victim Services Waterloo Region	VSWR
Waterloo Catholic District School Board	WCDSB
Waterloo Region District School Board	WRDSB
Waterloo Regional Police Service	WRPS
Waterloo Region Sexual Assault Domestic Violence Treatment Centre	SADVTC
White Owl Native Ancestry Association	White Owl
Wilmot Family Resource Centre	WFRC
Youth Addiction Services (Ray of Hope)	Youth Addictions
YWCA Kitchener Waterloo	YWCA

Additional agencies are considering their role in relation to Connectivity.



## **SECONDARY AGENCIES**

These agencies do not sit at the table on a weekly basis, but have been important partners by referring situations and/or assisting with situations.

---

### **Secondary Agencies**

Elizabeth Fry Society Southern Ontario Region

Hospice of Waterloo Region

Lutherwood - Housing Services

Ontario Disability Support Program

Saugeen Health Centre

Service Resolution Coordination

St. Mary's Counselling Service

Women's Crisis Services Waterloo Region

Woolwich Community Health Centre

---

## **GUESTS AT THE TABLE**

In addition to the agency representatives who attend each week, 89 individuals attended Connectivity meetings as guests. These include other staff members from partner agencies, including managers and CEOs, interns, medical residents, visitors from other situation tables and other police departments, and agencies considering joining the table in some capacity.

## HOW THE SITUATION TABLE OPERATES

Confidentiality is very important to this work. All partners at the table sign non-disclosure agreements. Information shared follows a four filter model based on the Prince Albert Hub model that allows the partners of the table to screen situations. This approach utilizes a model of determining acutely elevated risk utilizing knowledge of the degree of probable harm and also looks for risks that cross a number of agency mandates.

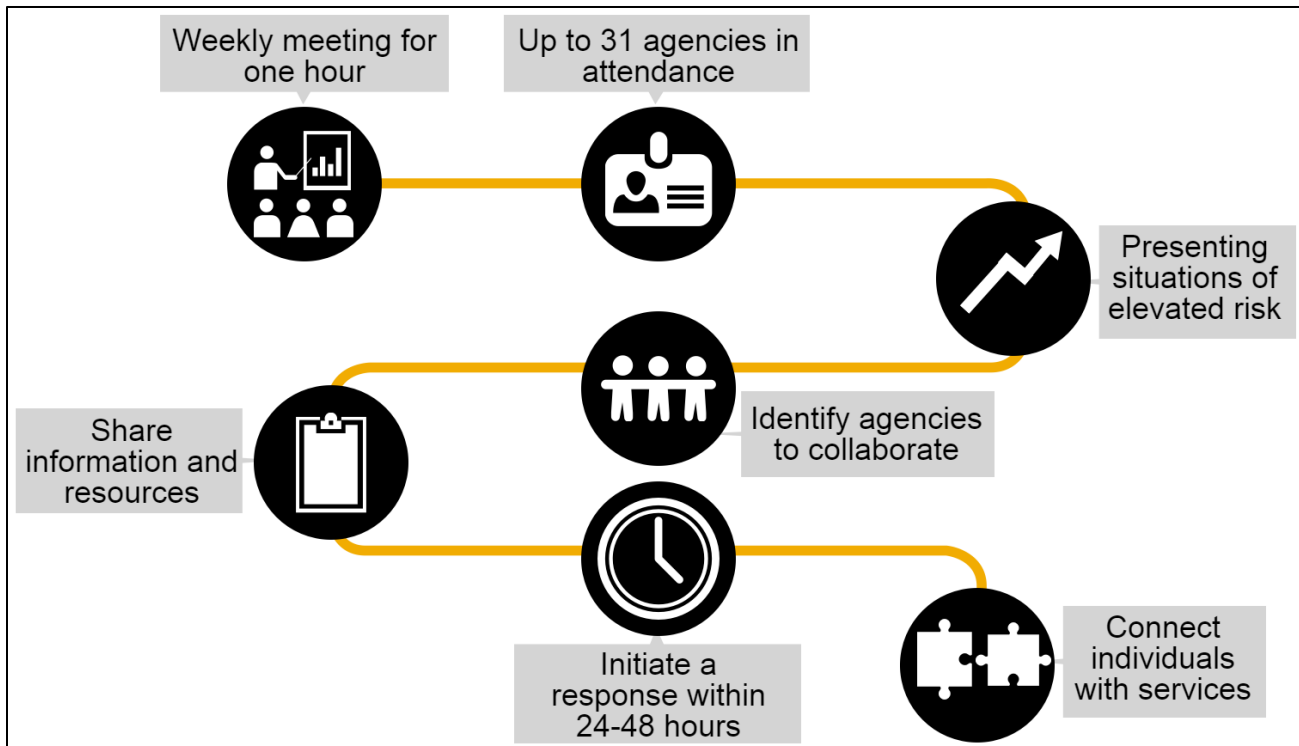


Figure 3 Road map of the Connectivity process

### Filter One

- ◆ This filter is applied at an agency level to determine whether the risk factors are beyond the scope or mandate of the agency that brings it forward and also to consider whether other agencies are already involved and whether there are gaps.

### Filter Two

- ◆ At this stage, a situation is brought to Connectivity and is discussed using de identifying information. The professionals at the table will collectively decide what the risk factors are, and whether or not these factors meet the standard of acutely elevated risk. If it does not, confidential and necessary information will not be shared and the situation will not be discussed further at the table. If it does, the situation moves to Filter 3.

◆ Criteria taken into account at this stage include:

- Significant interest at stake
- Probability of harm occurring if nothing is done immediately
- Significant intensity of the harm
- Multidisciplinary nature of risk

**Filter Three**

- ◆ If the elevated risk threshold is met then limited identifying information will be shared at this stage. Agency involvement will be determined and further discussion of the situation will be determined at filter Four (separate from the table). Only non-identifying information will be kept in a database at Connectivity, and each situation will be identified by a number, not a name. Agencies involved in interventions will keep their own separate record in accordance with their individual record-keeping policies.

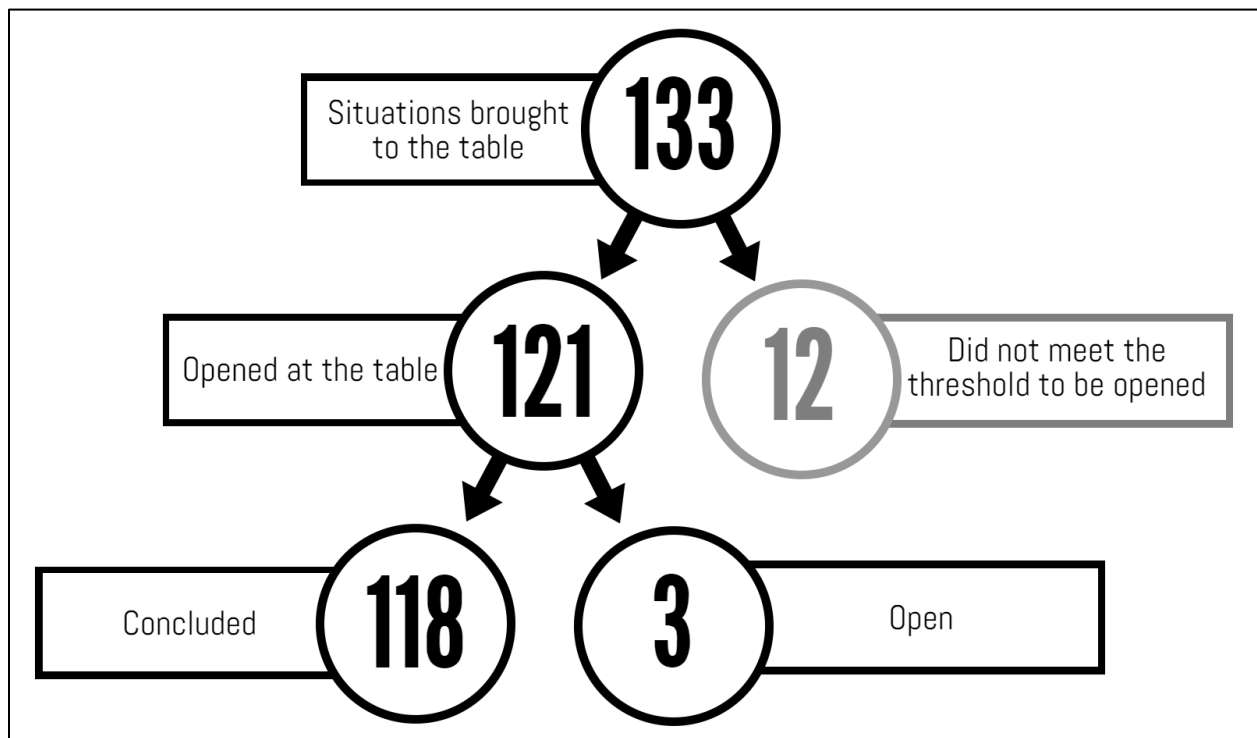
**Filter Four**

- ◆ At this stage, the agency representatives involved in the intervention will meet privately to share pertinent information and determine a process of intervention. These agencies are expected to intervene to mitigate the risk as soon as possible. This information is not shared with the larger table, but progress is updated at the following meeting. Obtaining consent for future sharing of information will also be a priority during the initial stages of intervention.

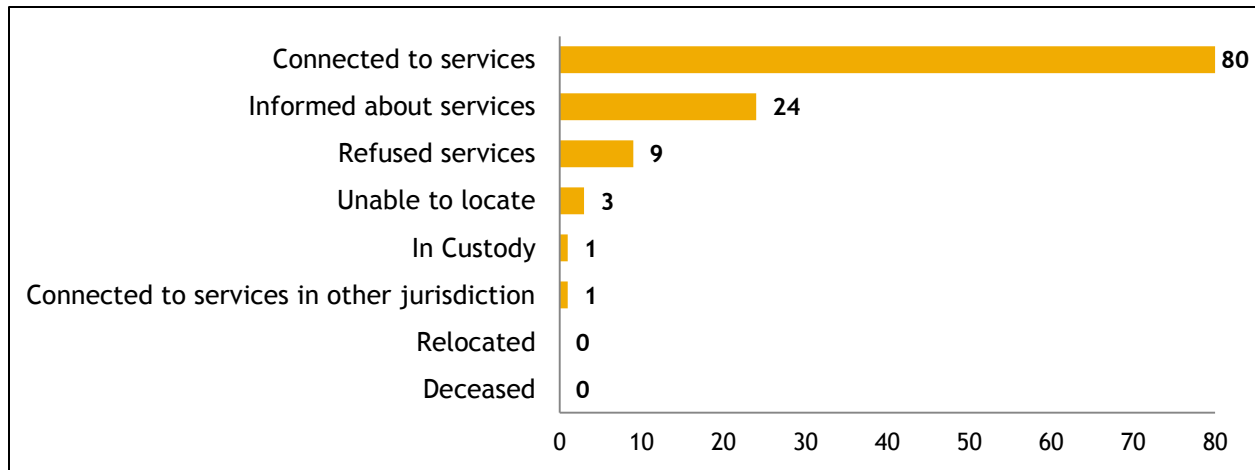
## HUB DATA

Data collection is innate in the operation of Connectivity, and is done by situation tables throughout the province. During the weekly meetings, data is actively collected by a staff partner as each situation of an individual or family at acutely elevated risk is presented. The information is referred to as the Hub Data, and incorporates de-identified information, risk factors, responding agencies, and the outcome. The de-identified information includes age-range and gender, and the risk factors are comprised of 102 risks divided into 26 categories. The Ministry of Community Safety and Correctional Services is working with these tables to develop a web based data base expected to be implemented in the spring of 2016.

## RESULTS



## CONCLUDED SITUATIONS

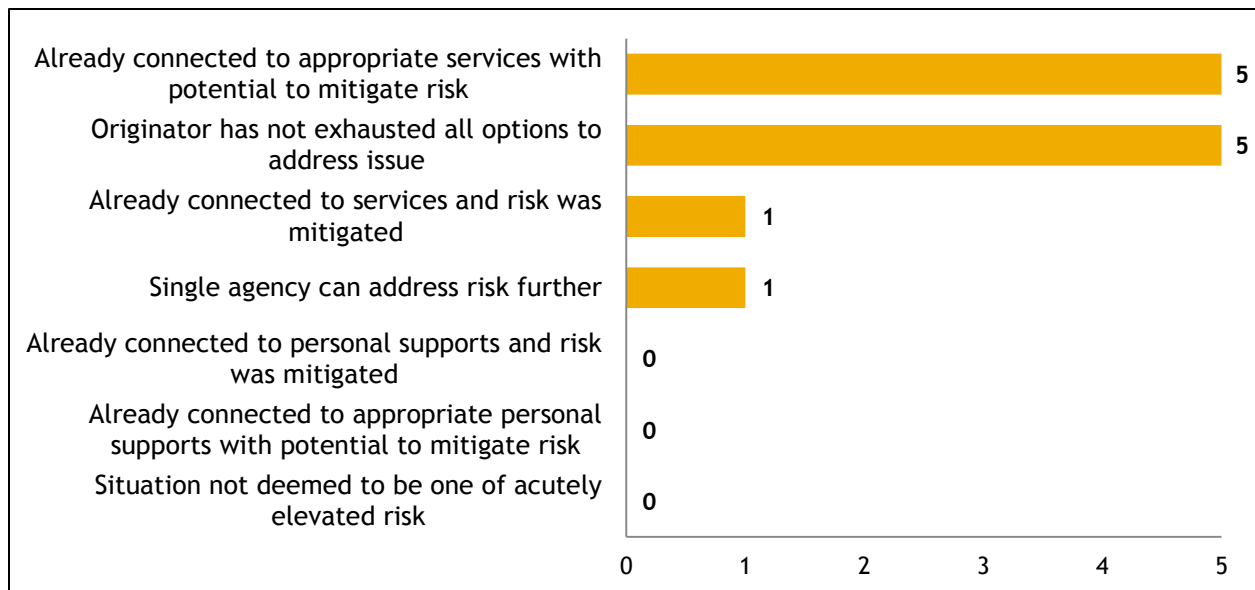


## OPEN SITUATIONS

As of March 31, 2016, there were three opened situations that had not yet been concluded.

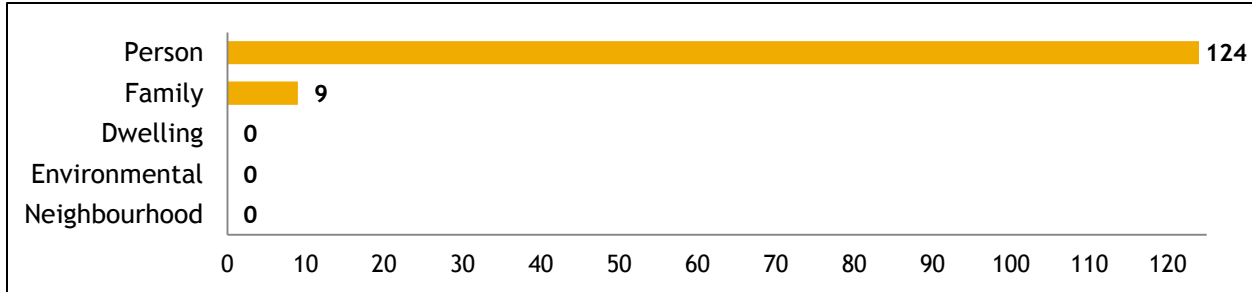
## SITUATIONS NOT OPENED AT THE TABLE

When a situation is not opened at the table, that does not mean that the situation was left unaddressed. It is still possible for a discussion to take place without identifying information being disclosed, and for organizations to provide support and coordinate away from the table. If the situation changes, it can be brought back to the table for re-assessment.

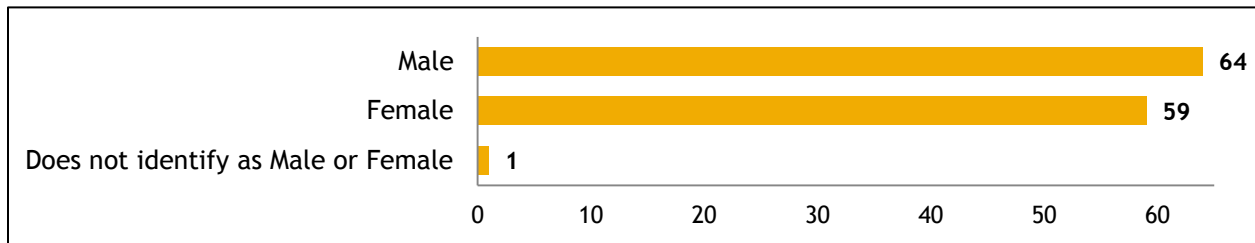


# DEMOGRAPHICS

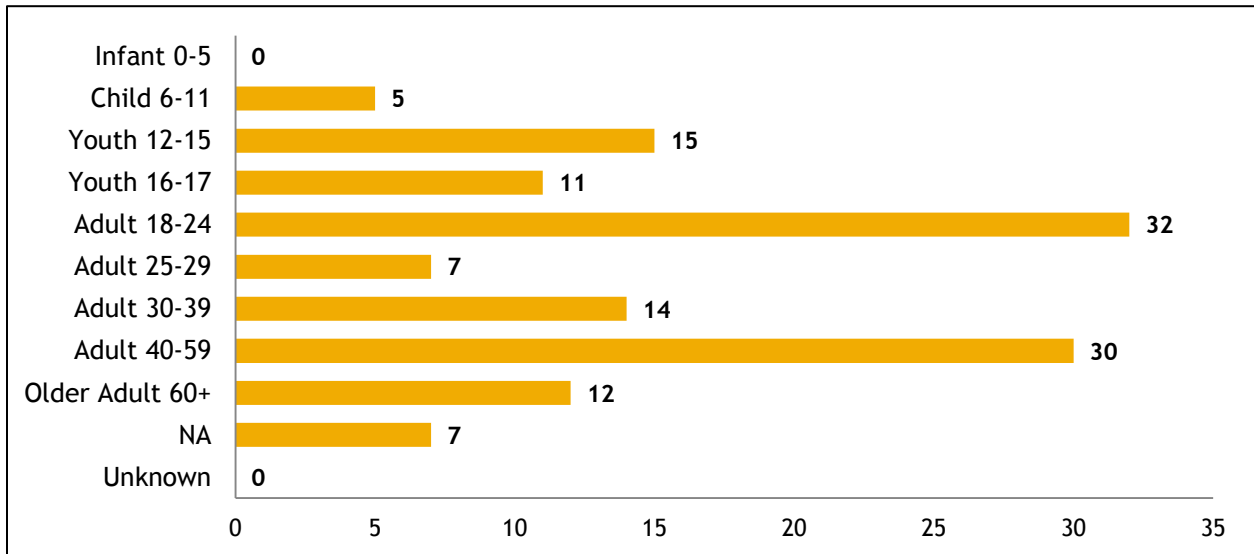
## TYPE



## GENDER

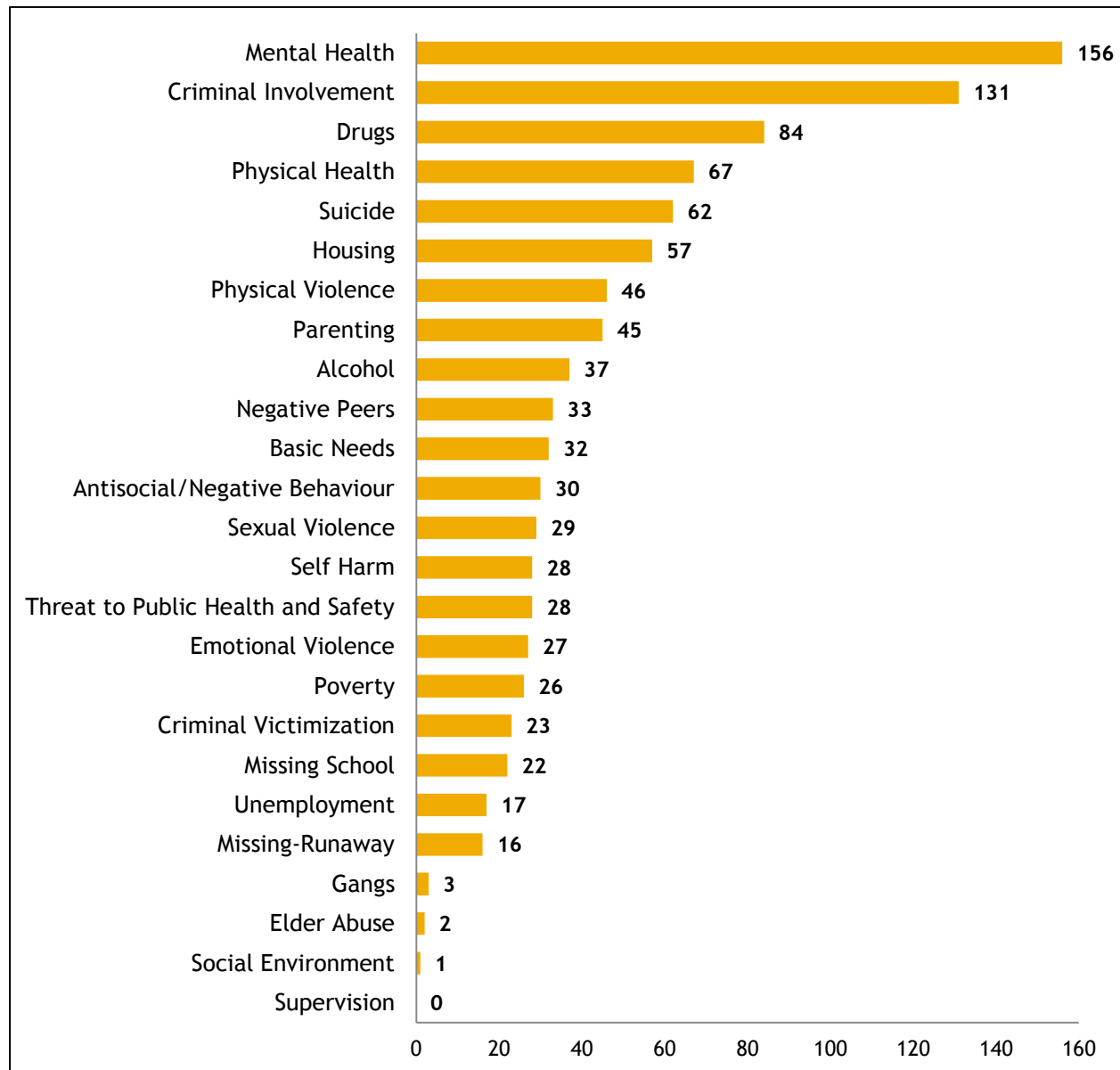


## AGE



## RISK FACTORS

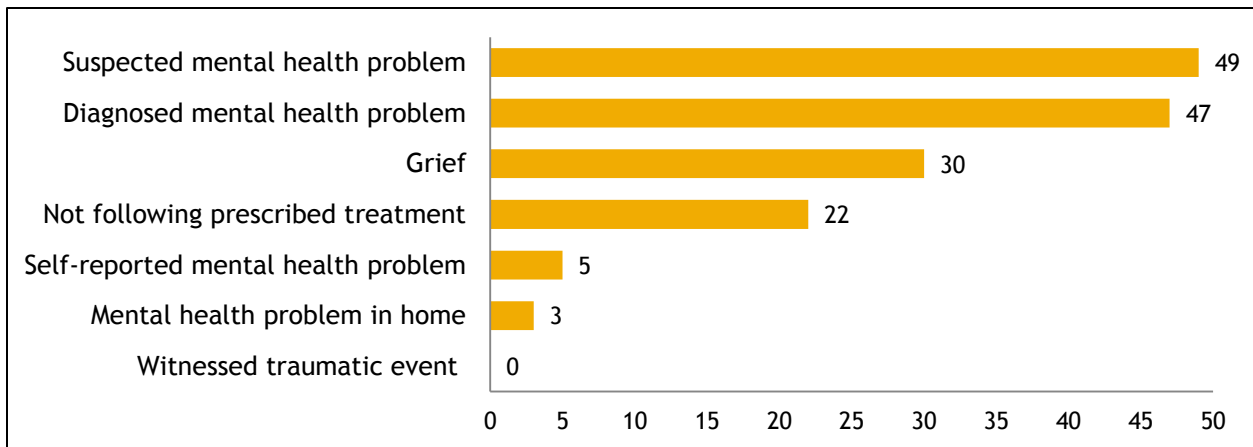
The Hub Data includes 26 Risk Categories, which are further broken down into 102 Risk Factors. These Risk Factors are used by the majority of Situation Tables in Ontario. A total of 1002 risk factors were identified for 133 situations brought to the table (average of 7.5 risk factors per situation).



## TOP RISK CATEGORIES

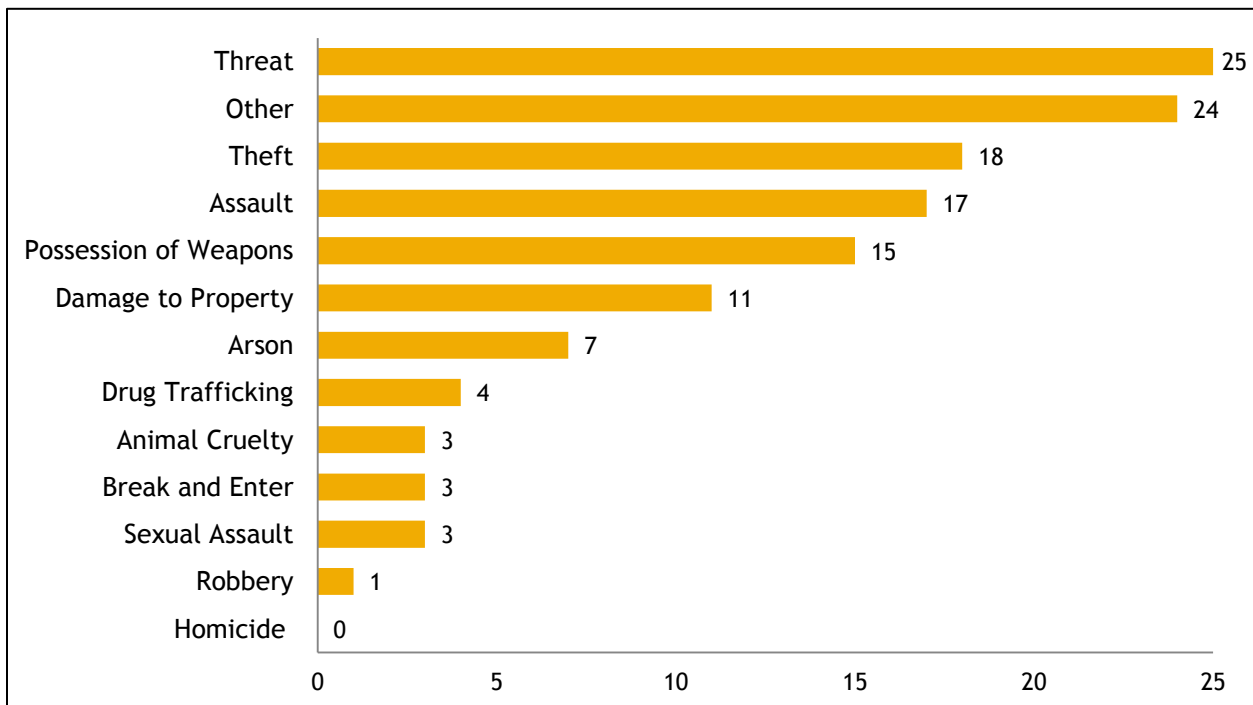
The top three risk categories (Mental Health, Criminal Involvement, and Drug Use) are the same top three from the six month report. Mental Health risk factors alone account for 16% of all identified risk factors.

### *MENTAL HEALTH*



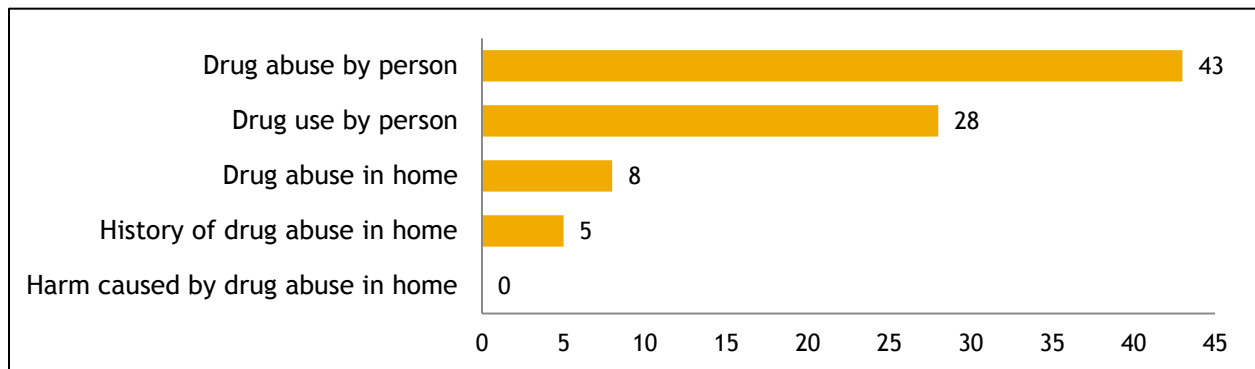
### *CRIMINAL INVOLVEMENT*

It is important to note that the category of Criminal Involvement does not necessarily mean that an individual has been convicted of a crime. The category of Criminal Involvement includes suspected, charged, arrested, and convicted.





## DRUGS



## TOP RISK FACTORS BY AGE GROUP AND GENDER

The following tables show the top five risk factors by age groups and by gender. The risk factors are then listed in descending order, with frequency of responses indicated as a whole number and the percentage of total responses.

Age Range: Child 6-11							
Female (0)				Male (5)			
Rank	Number (#)	Percentage (%)	Risk Factor	Rank	Number (#)	Percentage (%)	Risk Factor
				1 (Tied)	3	60%	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour
				1 (Tied)	3	60%	Criminal Involvement - Arson
				1 (Tied)	3	60%	Mental Health - Grief
				1 (Tied)	3	60%	Physical Violence - Person perpetrator of physical violence
<i>Four risk factors tied for second</i>							

Age Range: Youth 12-15							
Female (8)				Male (7)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1	6	75%	Drugs - Drug use by person	1 (Tied)	3	43%	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour
2	5	63%	Negative Peers - Person associating with negative peers	1 (Tied)	3	43%	Mental Health - Diagnosed mental health problem
3	4	50%	Sexual Violence - Person victim of sexual violence	1 (Tied)	3	43%	Parenting - Person not receiving proper parenting
4 (Tied)	3	38%	Missing - Person has a history of being reported to police as missing	<i>Fourteen risk factors tied for second</i>			
4 (Tied)	3	38%	Missing - Runaway without parents knowledge				

Age Range: Youth 16-17							
Female (6)				Male (4)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1	6	100%	Negative Peers - Person associating with negative peers	1	4	100%	Housing - Person does not have access to appropriate housing
<i>Six risk factors tied for second</i>				2 (Tied)	3	75%	Drugs - Drug abuse by person
				2 (Tied)	3	75%	Missing School - Chronic absenteeism
				2 (Tied)	3	75%	Parenting - Person not receiving proper parenting
				<i>Two risk factors tied for second</i>			

Age Range: Adult 18-24							
Female (17)				Male (17)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1 (Tied)	11	65%	Drugs - drug abuse by person	1	9	53%	Housing - Person does not have access to appropriate housing
1 (Tied)	11	65%	Mental Health - grief	2	8	47%	Drugs - Drug abuse by person
2 (Tied)	10	59%	Housing - person doesn't have access to appropriate housing	<i>Five risk factors tied for third</i>			
2 (Tied)	10	59%	Physical health - general health issue				
3	9	53%	Poverty - person living in less than adequate financial situation				

Age Range: Adult 25-29							
Female (2)				Male (5)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
<i>Eleven risk factors tied for first</i>				1 (Tied)	3	60%	Mental Health - Suspected mental health problem
				1 (Tied)	3	60%	Threat to Public Health and Safety - Person's behaviour is a threat to public health and safety
				<i>Seven risk factors tied for second</i>			

Age Range: Adult 30-39							
Female (7)				Male (6)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1 (Tied)	3	43%	Housing - person doesn't have access to appropriate housing	1	5	83%	Threat to Public Health and Safety - Person's behaviour is a threat to public health and safety
1 (Tied)	3	43%	Mental Health - diagnosed mental health problem	2	4	66%	Mental Health - Suspected mental health problem
1 (Tied)	3	43%	Mental Health - not following prescribed treatment	3	3	50%	Drugs - Drug use by person
1 (Tied)	3	43%	Parenting - person not providing proper parenting	<i>Eight risk factors tied for fourth</i>			
<i>Eleven risk factors tied for second</i>							

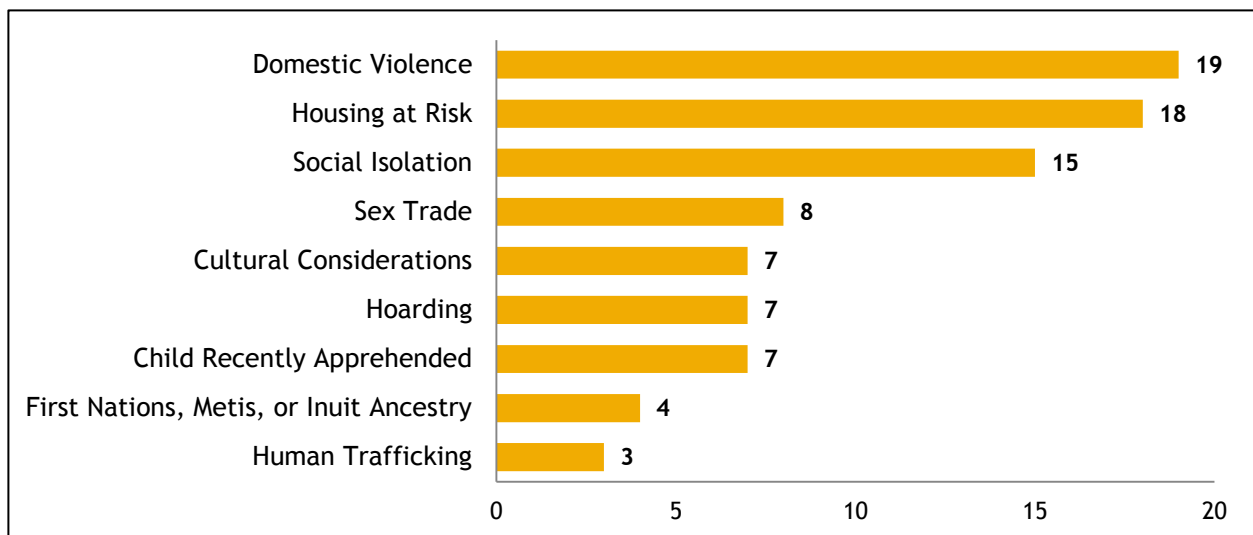
Age Range: Adult 40-59							
Female (14)				Male (16)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1	10	71%	Mental Health - Suspected mental health problem	1 (Tied)	7	44%	Criminal Involvement - Threat
2	7	50%	Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	1 (Tied)	7	44%	Mental Health - Suspected mental health problem
3 (Tied)	4	35%	Drugs - Drug abuse by person	2	6	38%	Housing - Person does not have access to appropriate housing
3 (Tied)	4	35%	Physical Health - General health issues	<i>Seven risk factors tied for third</i>			
3 (Tied)	4	35%	Suicide - Person previous suicide risk				

Age Range: Older Adult 60+							
Female (5)				Male (6)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1 (Tied)	3	60%	Basic Needs - Person unable to meet own basic needs	1	5	83%	Mental Health - suspected mental health problem
1 (Tied)	3	60%	Mental Health - Diagnosed mental health problem	2	4	67%	Basic Needs - Person unable to meet own basic needs
2 (Tied)	2	40%	Mental Health - Not following prescribed treatment	3 (Tied)	3	50%	Criminal Involvement - threat
2 (Tied)	2	40%	Mental Health - Suspected mental health problem	3 (Tied)	3	50%	Mental Health - grief
<i>Thirteen risk factors tied for third</i>				3 (Tied)	3	50%	Physical health - general health issue

Age Range: Older Adult 60+							
Female (59)				Male (64)			
Rank	#	%	Risk Factor	Rank	#	%	Risk Factor
1 (Tied)	23	39%	Mental Health - Suspected mental health problem	1	24	38%	Mental Health - Suspected mental health problem
1 (Tied)	23	39%	Negative Peers - Person associating with negative peers	2 (Tied)	22	34%	Threat to Public Health and Safety - Person's behaviour is a threat to public health and safety
2 (Tied)	21	36%	Drugs - Drug abuse by person	2 (Tied)	21	33%	Housing - Person does not have access to appropriate housing
2 (Tied)	21	36%	Housing - person doesn't have access to appropriate housing	3 (Tied)	21	33%	Mental Health - Diagnosed mental health problem
3	20	34%	Mental Health - Diagnosed mental health problem	3 (Tied)	20	31%	Criminal Involvement - Threat

## STUDY FLAGS

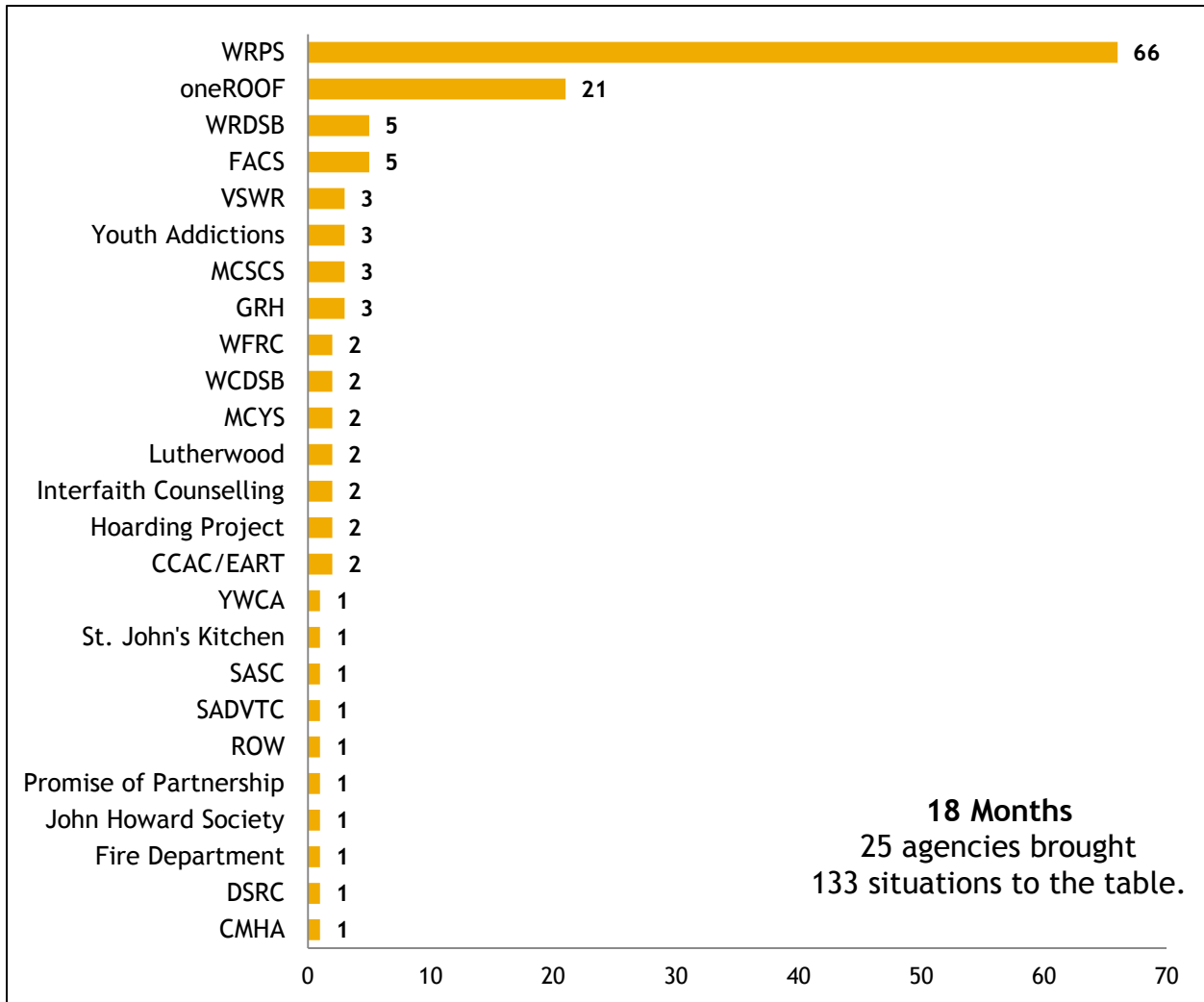
In May 2015, study flags were added to the database (Domestic Violence, Housing at Risk, Involvement in the Sex Trade, Victim of Human Trafficking, and Social Isolation). These factors were reoccurring issues during table discussions, and identified as contributing to acutely elevated risk, but were not reflected in the predetermined Risk Factors. Table partners agreed to add them and capture additional notes to more accurately reflect issues involved with the situations. A study flag for cultural considerations was also added at this time, to reflect situations that involved newcomers, language barriers, and cultural conflicts. In October 2015, the risk factor Hoarding was added, and in November 2015, the risk factor Child Recently Apprehended was added. When White Owl Native Ancestry Association joined the table in November 2015, they became involved in situations where an individual self-identified as First Nations (status or non-status), Metis, or Inuit Ancestry.



# AGENCY PARTICIPATION

The agency that presents the situation to the table is called the Originating Agency, and the agency that takes the lead to address the situation is called the Lead Agency. Please refer to page 8, Partner Agencies, for a list of agency names and acronyms.

## ORIGINATING AGENCIES

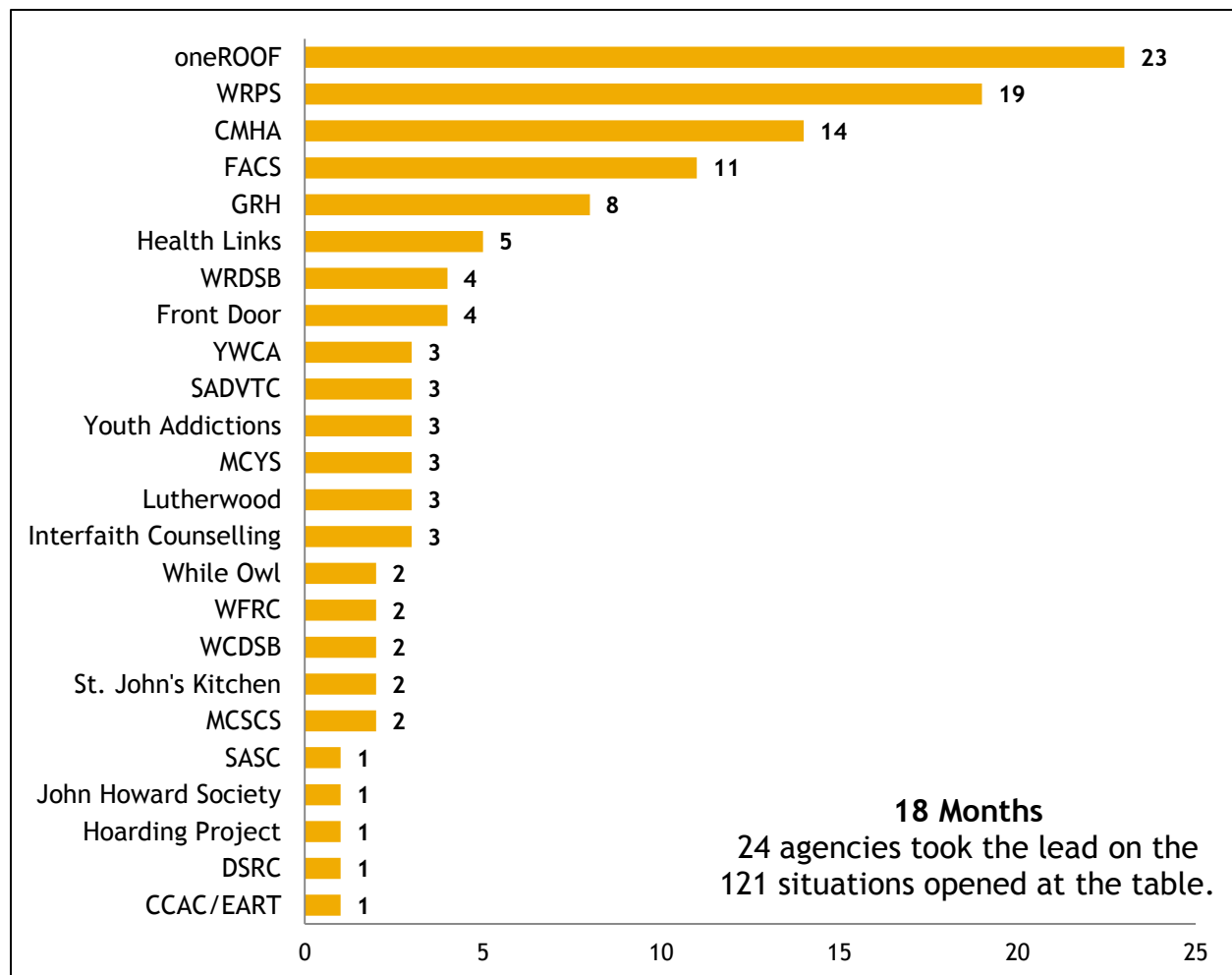


## LEAD AGENCIES

Each opened situation is assigned a Lead Agency, who coordinates the response to the situations. A Lead Agency may be chosen for any of the following reasons:

- ◆ The agency with expertise and resources that best match the most significant risks
- ◆ The agency with an already established positive relationship with the individual(s)
- ◆ The agency who has the most information regarding the situation

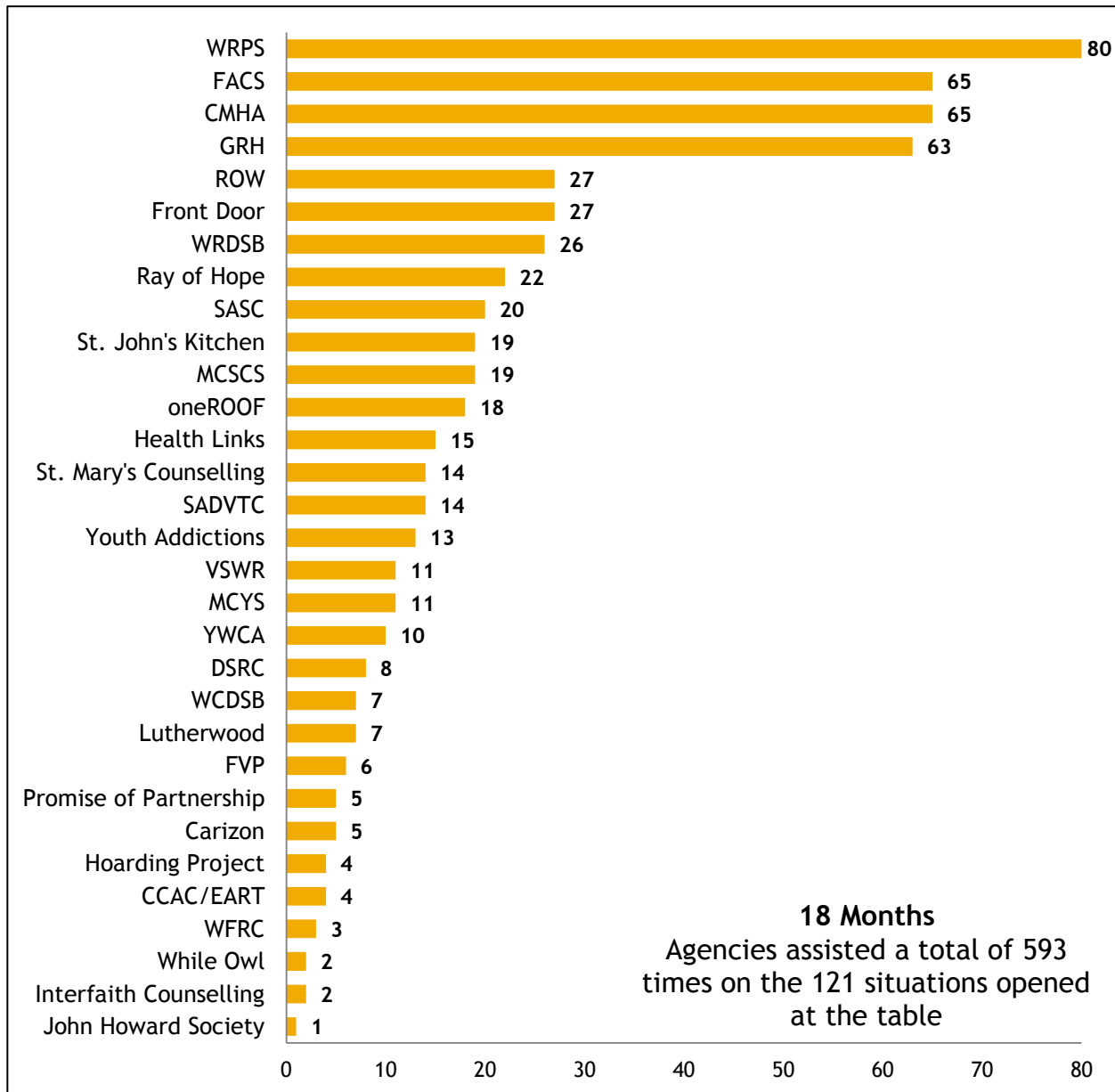
Waterloo Region Police Services (WRPS) has risen from third to second in frequency of taking lead on a situation since the six month mark. Often WRPS takes the lead in situations where there has been a threat of violence and/or concerns about the possession of weapons by individuals being offered services. It has become standard practice that before a door-knock or in-person offer of assistance takes place, WRPS always verify if they are aware of any potential concerns.





## ASSISTING AGENCIES

Assisting agencies may be able to provide historical information, current information, provide access to their agency services, draw on pre-existing relationships to build support, or contribute to brainstorming outside-the-box solutions. If a situation evolves, new assisting agencies can be added or current assisting agencies can step down if their support is no longer required.



## SUMMARY

Since we released our six month report in March 2015, Connectivity has gone from assessing 45 situations to 133 situations. The number of situations that met the threshold for discussion and intervention has gone from 41 to 121. Membership at the table has also grown, from 23 partner agencies to 31. Connectivity continues to experience a high level of engagement and commitment from partner agencies, both at the weekly meetings and through the work done away from the table.

During the past 18 months, Connectivity has fostered enhanced communication and cooperation among partner agencies. Not only do service providers actively engage at weekly meetings to address situations brought forward, but they have also reported a significantly higher level of operational communication and collaboration outside of these meetings. The result is numerous potential situations being mitigated by Connectivity partners prior to reaching a level of acutely elevated risk. Partners also report consultation and collaboration with the Connectivity network on non-Connectivity situations.

Additionally, the data contained in this report is being widely shared with the community. It is of interest to service providers, funders and policy-makers.

Finally, we look forward to working with Connectivity Cambridge North Dumfries to undertake Phase Two of our evaluation. It will examine the impacts of Connectivity on the people who have experienced the intervention, as well as provide an opportunity to gain a better understanding of how Connectivity may be impacting use of emergency and crisis services.