

# Connectivity Kitchener

## Six Month Report

*An analysis of Hub Data from October 2, 2014 through to March 26, 2015*

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**Connectivity Kitchener**

Connectivity Kitchener was launched on October 2, 2014 by Carizon Family and Community Services, in partnership with Waterloo Regional Police Services and with the support of the Waterloo Region Crime Prevention Council.



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## About Connectivity Kitchener

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

Connectivity Kitchener was launched on October 2, 2014, by Carizon Family and Community Services and in partnership with Waterloo Region Police Services. 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.

## Participants

As of March 26, 2015, Connectivity Kitchener was comprised of 23 partner agencies.<sup>1</sup> 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>Connectivity Kitchener Partner Agencies</b>	<b>Acronym</b>
Canadian Mental Health Association	CMHA
Carizon Family and Community Services	Carizon
Community Care Access Centre/Elder Abuse Response Team	CCAC
Family and Children Services	FACS
Family Violence Project	FVP
Front Door	Front Door
Grand River Hospital	GRH
Interfaith Community Counselling Centre	Interfaith Counselling
Kitchener-Waterloo, Wilmot, Woolwich and Wellesley Community Ward/Health Links	Health Links
Lutherwood	Lutherwood
Ministry of Children and Youth Services	MCYS
Ministry of Community Safety and Correctional Services	Probation
oneROOF	oneROOF
Promise of Partnership/Carizon	Promise of Partnership
Ray of Hope	Ray of Hope
Sexual Assault Support Centre	SASC
St. John's Kitchen/The Working Centre	St. John's
Victim Services Waterloo Region	Victim Services
Waterloo Catholic District School Board	WCDSB
Waterloo Region District School Board	WRDSB
Waterloo Regional Police Service	WRPS
Wilmot Family Resource Centre	WFRC

<sup>1</sup> As of May 2015, the following agencies have become partner agencies at Connectivity Kitchener: Developmental Services Resource Centre, Grand River Hospital, Region of Waterloo Social Services, Employment and Income Support, Sexual Assault Domestic Violence Treatment Centre, and St. Mary's Counselling Services.

# The Four Filter Approach

Confidentiality is very important to this work. All members of the table sign non-disclosure agreements. Information shared follows a four filter model based on the Prince Albert Hub model that allows the members 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.<sup>2</sup>

## 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, confidential and necessary information will not be shared and the situation will not be discussed further at the table.

## 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 of 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.

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<sup>2</sup> Based on: An Interpretive Guide to Information Sharing Practices in Ontario - Ontario Working Group, Ontario Association of Chiefs of Police

# Results

## Situations Brought to the Table

Situations that are typically brought to the table have already gone through Filter One meaning that the situation is determined to go beyond the scope of the referring agency. Typically these situations have escalated in risk and need a collaborative, multi-service response in a timely manner.

Criteria that can be taken into account at this stage include:<sup>3</sup>

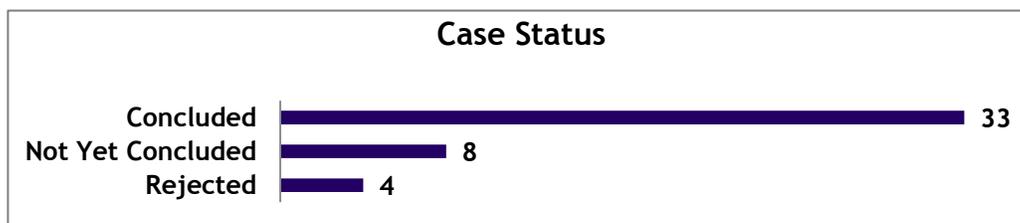
- ◆ The intensity of the presenting risk factors, as in: Is the presenting risk of such concern that sharing of personal and confidential information may be justified by bringing the situation to the table for discussion?
- ◆ Is there a reasonable expectation of probable harm if nothing is done?
- ◆ Would that harm constitute damage or detriment and if not mere inconvenience to the individual, family, community or to the service providers?
- ◆ Did the agency do all it could to mitigate the risks before bringing forward the situation?
- ◆ Are the risks applicable across multiple agencies?
- ◆ Is it reasonable to assume that disclosure to the table will help minimize or prevent the anticipated harm?

If we're talking imminent risk, we're getting emergency services involved to deal with that and mitigate that. If we're talking acutely elevated, it's if we don't do something in the next week, this could really deteriorate.

*Erin Scott, Critical Events Response Administrator, Waterloo Region District School Board*

Connectivity Kitchener had 45 situations presented at the table in the first six months of operations. Of these situations, 41 were deemed to be at acutely elevated risk and were opened for discussion, and four cases were rejected.

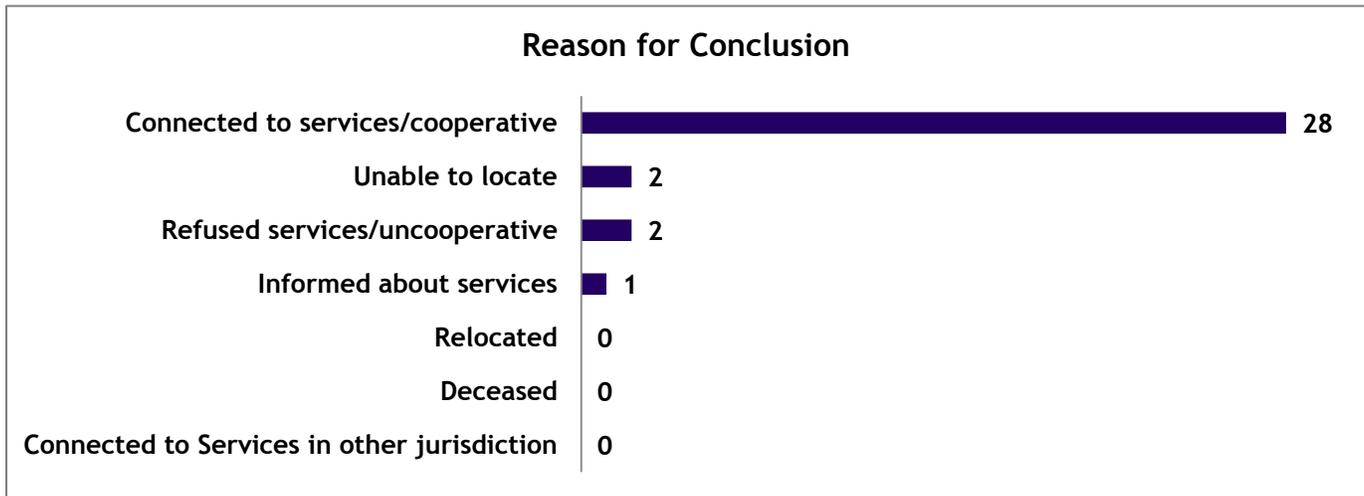
As of March 26, there were eight situations that were not yet concluded. Three of those were opened on March 26. The other five were still open as lead and assisting agencies were still in the process of mitigating risk.



<sup>3</sup> Based on: An Interpretive Guide to Information Sharing Practices in Ontario - Ontario Working Group, Ontario Association of Chiefs of Police

## Concluded Situations

The majority of cases that were concluded in the first six months were closed because those involved were connected to services (85%, n=28). Two situations were closed because services were refused, and in one situation information was provided but services were not immediately accessed. In the final two situations, agencies were unable to locate the individual after the situation was brought to the table.



## Rejected Situations

Situations are marked as Rejected in the Hub Data if they do not meet the threshold for acutely elevated risk, or if the presenting agency has not yet exhausted all internal options. This means that the situation was not opened at the table, but it 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.

Of the four cases that were rejected, two were found to already be connected to services that could mitigate the risk. One of the benefits of the table is increased information sharing between agencies, and the ability to quickly assess whether an individual or family is already connected to appropriate services. The other two situations were rejected because the originating agency had not yet exhausted the available options to address the issue. In all four situations, participants provided support away from the table.

### Reason for Rejection

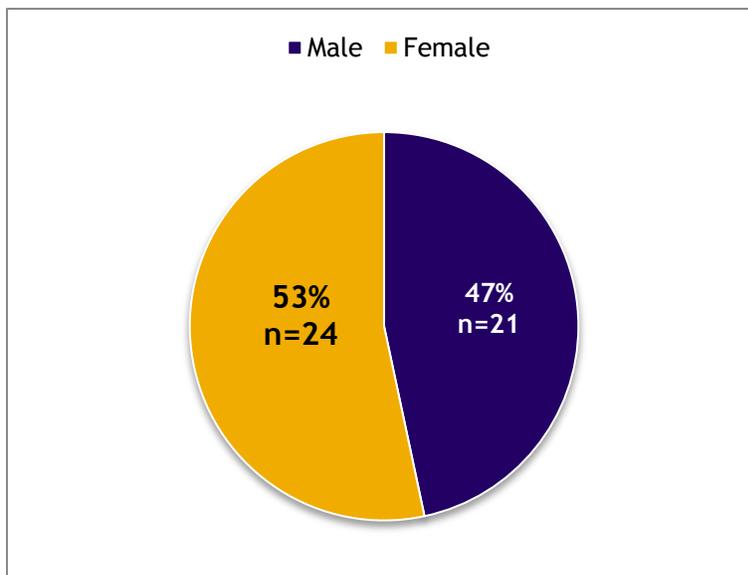
Already connected to appropriate services with potential to mitigate risk	2
Originator has not exhausted all options to address issue	2
Single agency can address risk further	0
Situation not deemed to be one of acutely elevated risk	0
Already connected to appropriate personal supports with potential to mitigate Risk	0
Already connected to personal supports and risk was mitigated	0
Already connected to services and risk was mitigated	0

## Demographics

The types of situations are identified as dwelling, environmental, family, neighbourhood, or person. All of the 45 situations brought to Connectivity Kitchener fell into the category of person.

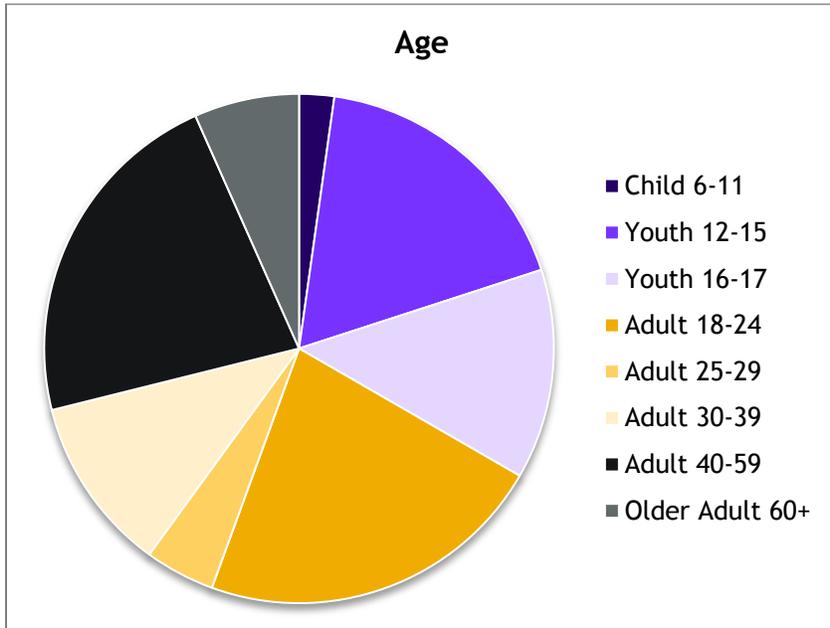
### Gender

The division of persons identified as males versus females was close to equal, with 53% female (n=24) and 47% male (n=21). The third gender option of Unknown was not selected for any of the situations.



## Age

The age ranges used for the Hub Data are outlined below. None of the situations fell into the age category 0-5 (Infant) and only three fell into the 60+ category (Older Adult). Of particular note is that 31% (n=14) were youth between the ages of 12-17. Overall, the majority of situations involved individuals under the age of 30 (60%, n=27).

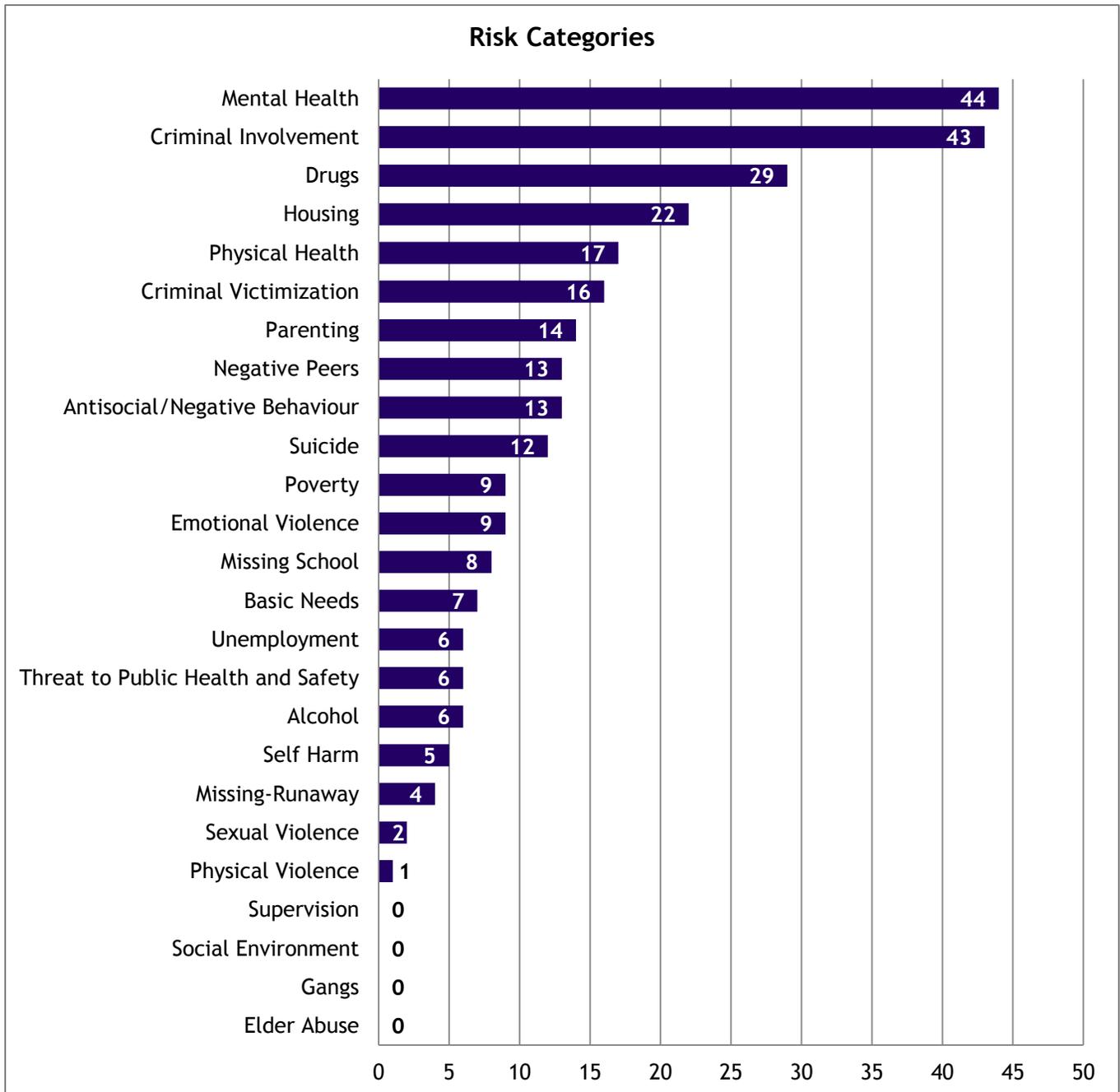


Range	n	%
Infant 0-5	0	0
Child 6-11	1	2
Youth 12-15	8	18
Youth 16-17	6	13
Adult 18-24	10	22
Adult 25-29	2	5
Adult 30-39	5	11
Adult 40-59	10	22
Older Adult 60+	3	7

## Risk Factors

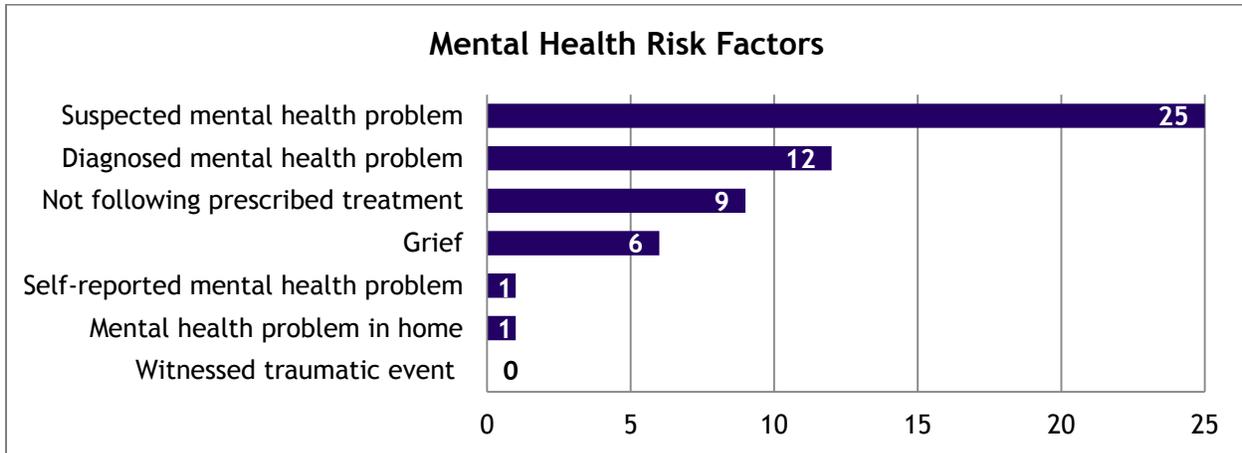
The Hub Data is comprised of 26 Risk Categories, which are further broken down into 102 Risk Factors.

### Top Risk Categories

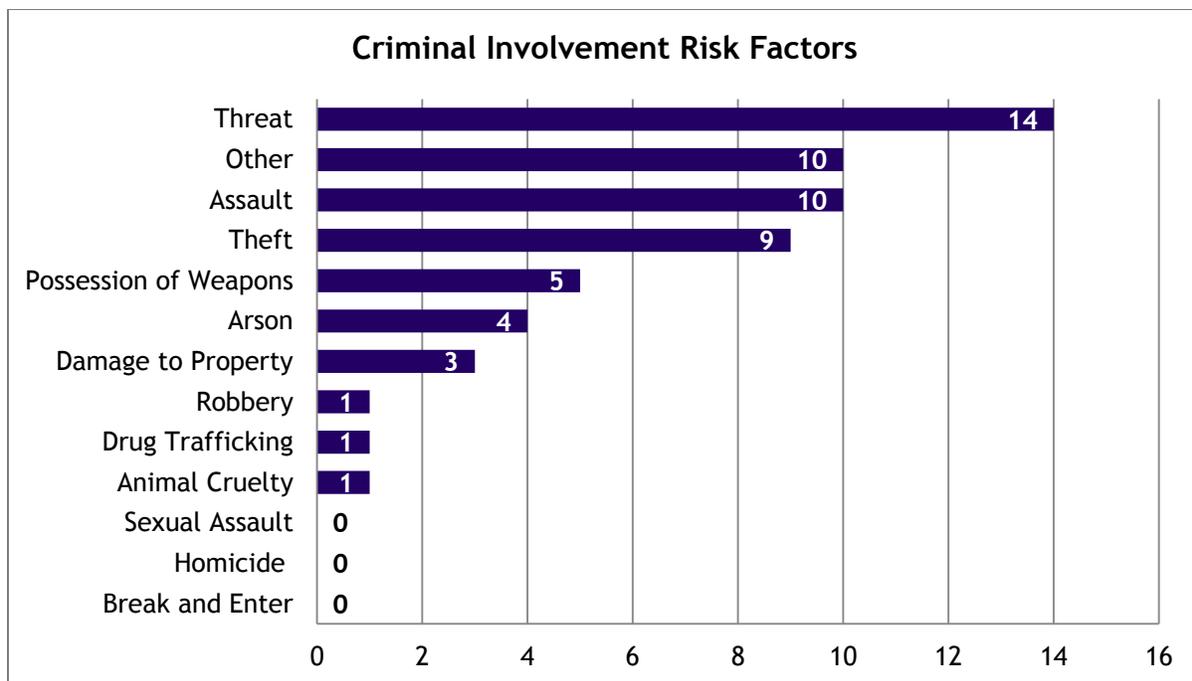


A total of 286 risk factors were identified for the 45 situations brought to the table (an average of six risk factors per situation). The top two risk categories were Mental Health, and Criminal Involvement.

These two categories are broken down into risk factors below. The predominant Mental Health risk factor was a suspected mental health problem (57%, n=25), which is defined as “suspected of having a mental health problem (no diagnosis)”. This risk factor captures any situation where there was no known diagnosis, but sufficient reason to suspect a mental health problem was present.



The predominant Criminal Involvement was threat (33%, n=14). This risk factor captures any situation where the individual has been suspected, charged, arrested or convicted for uttering threats. It is important to note that it is not necessary for charges to have been laid in order to identify this risk factor.



## Agency Participation

As previously mentioned, Connectivity Kitchener was comprised of 23 partner agencies by March 26, 2015. Agency participation continues to evolve as new agencies are introduced to the work of Connectivity Kitchener and find the best way to engage with the process. In addition to partner agencies, the table also has secondary supports, non-Hub agencies identified to provide support for specific situations, and visitors to the table.

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### Secondary Supports

Lutherwood - Whatever It Takes  
Service Resolution

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### Non-Hub Agencies

Kitchener Fire Department<sup>4</sup>  
Ontario Works  
Promise of Partnership<sup>5</sup>  
Sexual Assault Domestic Violence Treatment Centre<sup>6</sup>  
St. Mary's Counselling<sup>7</sup>  
YWCA

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### Visitors

Guelph Enterprise Project  
Local Health Integration Network  
Waterloo Region Police Services - Domestic Violence  
Investigation Branch

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<sup>4</sup> The Kitchener Fire Department approached Connectivity Kitchener and presented a situation at the table on March 26, 2015.

<sup>5</sup> Promise of Partnership became a partner agency on December 4, 2014 after providing support as a non-Hub agency prior to that.

<sup>6</sup> The Sexual Assault Domestic Violence Treatment Centre became a partner agency on May 14, 2015 after providing support as a non-Hub agency prior to that.

<sup>7</sup> St. Mary's Counselling became a partner agency on April 2, 2015 after providing support as a non-Hub agency prior to that.

## Originating and Lead Agencies

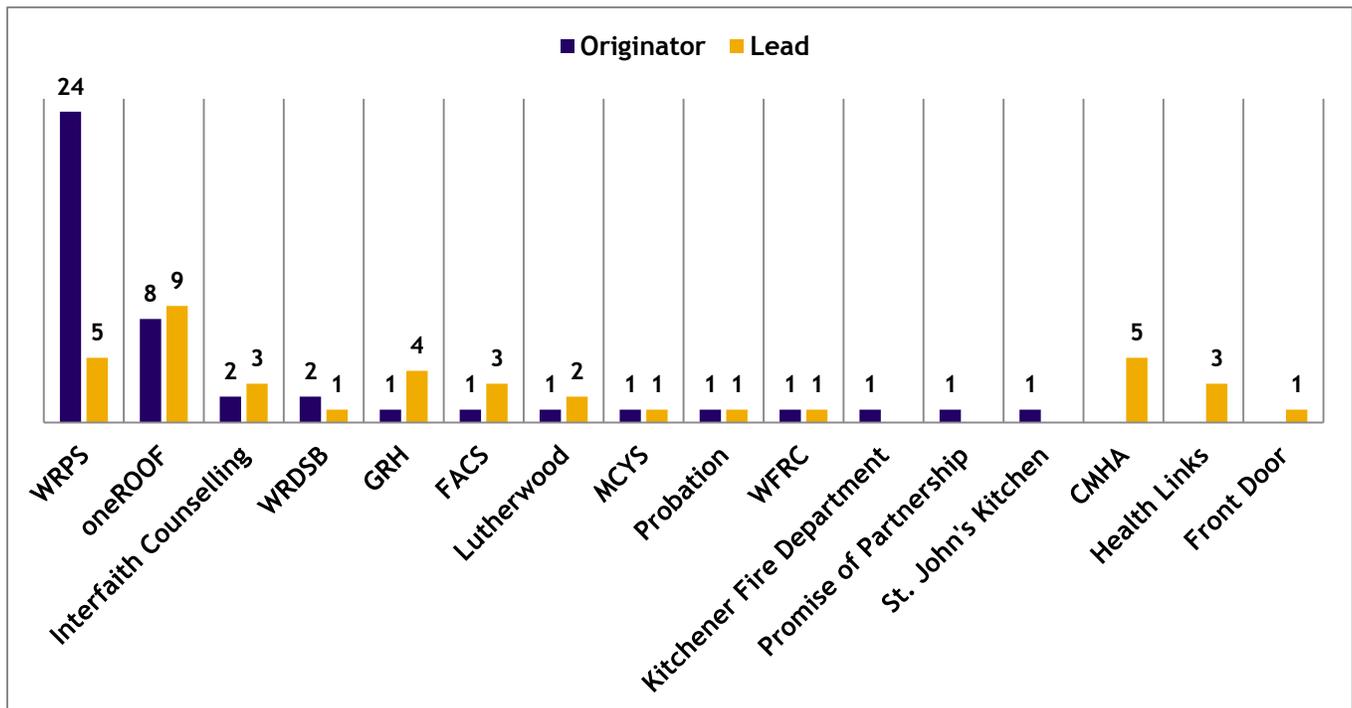
The agency that presents the situation to the table is called the Originating Agency, and the agency that takes the lead to address the situation is called the Lead Agency. There are originators for all 45 situations that were brought to the table, and leads for the 39 cases that were opened.

WRPS originated 25 situations during the first six months, more than twice as many as any other organization (53% of total situations). However, there were only five situations where WRPS took the lead (13% of opened situations). This demonstrates that the majority of situations being brought to the attention of the police are being redirected to more appropriate lead agencies.

[I]t's really good the police bring [situations] forward. In other communities, they don't, and the options are incarceration, charges, detention. Here, there's an option to engage at a faster pace at the front end to avoid that criminalization.

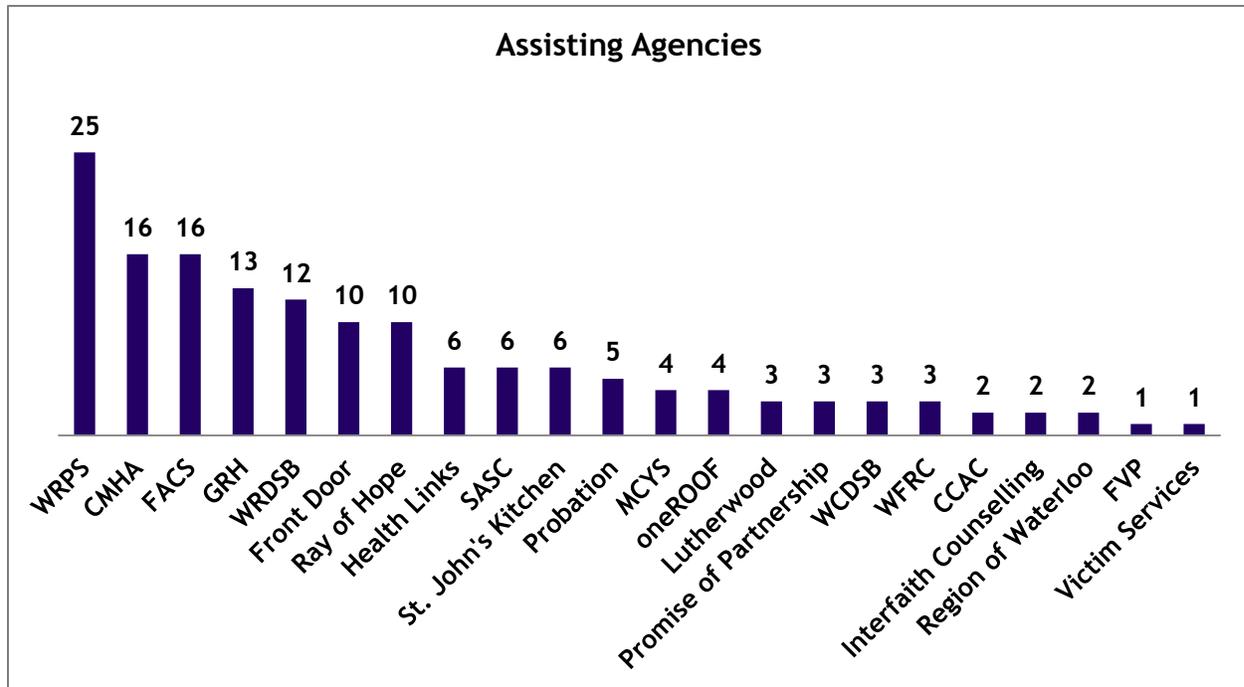
Stephanie Mestancik, Supervisor, Program Development, Region of Waterloo Social Services, Employment and Income Support

oneROOF took the lead most frequently (23%, n=9), and also originated the second most situations (18%, n=8). CMHA, Health Links, and Front Door all took the lead for one or more situation each, although they did not originate any situations.



## Assisting Agencies

The majority of Connectivity Kitchener partner agencies took on the role of assisting agency for one or more situations (91%, n=21). 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

During the first six months of operation, Connectivity Kitchener assessed a total of 45 situations - four of which were rejected for further discussion, and 41 of which met the threshold for discussion and intervention by the table.

Agencies approached about Connectivity Kitchener have been consistently positive, whether or not they have joined the table. Those who have not joined as partner agencies have instead offered their services as secondary supports or expressed their support and offered assistance in other ways.

Partner agencies have reported a high degree of communication taking place away from the table. There have been situations where partners have been able to mitigate the risk before there was a need to bring it to the table. Agencies now have names and faces of their co-partners at the table and are able to make direct connections and develop relationships.

There has been a high level of commitment for attendance at the weekly meeting by partner agencies. Most agencies have designated at least one alternate representative to be present if the primary representative cannot attend. When an agency is not able to be present, they communicate with the Connectivity Navigator and make themselves available to assist with situations.

Progress is already being made in increasing the visibility of Connectivity Kitchener to the wider community. Information about Connectivity Kitchener can now be found online through Carizon's website, and the Connectivity Navigator is continuing to reach out to different community members and agencies to provide information and make connections.

I'm doing things way differently because I see real possibility to effect change, whereas before I was just shuffling the same people around. I check into things, knowing we can actually make a difference, whereas before it was...okay, I've been to this house 30 times this month, I guess we'll be there 30 times again next month.

Curtis Gloade, Community Resource Officer, Waterloo Regional Police Services