



Akwesasne Cornwall Stormont Dundas Glengarry
SITUATION TABLE
TABLE D'INTERVENTION
ATEKHWAHRÁ'NE KARIHWA'HERE

PARTNERING FOR A SAFE & CARING COMMUNITY
PARTENARIAT POUR UNE COMMUNAUTÉ SÉCURITAIRE ET BIENVEILLANTE
KIONKWATERO'HON NE SKÉN:NEN AKÉNHAKÉ TSI NÓN:WE TEWANAKERE

ANNUAL REPORT

May 2021 - May 2022



This report is an opportunity to inform and communicate information regarding the work of the Akwesasne Cornwall Stormont Dundas Glengarry Situation Table over the past year and to acknowledge the efforts of all Situation Table members who have dedicated themselves to the Situation Table and to the health and well-being of the most vulnerable members of our community.

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A message from the ACSDG Situation Table Advisory Committee Co-Chairs

"I am so proud to be a part of the Situation Table in Stormont, Dundas and Glengarry and Akwesasne. It is with such passion and ongoing community commitment that we are able continue to have this space for the intent and purpose of why the Situation Table exists. Members dedicate weekly time to review personal situations that are deemed higher in risk and develop wrap around planning to make sure children, youth, adults and families can receive the services they need and help reduce their high risk situation. This past year in particular, the impact of COVID has proven why a table such as this one exists and how people in need of help benefit when their community works collaboratively and thinks through situations from a person-focused approach. A special thank you to all of those who contribute for all of this to be possible: the members and volunteer chairs who attend the weekly meetings to ensure that meaningful exchanges take place to come up with the best response decisions possible and the members of the Advisory Committee who help shape decisions that reflect the purpose of this program. And lastly, a special thank you to our coordinator, who is foundational in keeping this program sharp and organized. I look forward to the continued growth of this table in the year to come." – Angela Arcuri, Service Director, Children's Aid Society of S.D. & G.



"The past few years have been difficult for all the agencies represented at the Situation Table to find new and innovative ways to help families and individuals in need. Growth happens as a result of challenge, and over the past few years our communities have faced hardships which have forced all of us to pivot to new and creative ways to make things happen. The Situation Table has continued to make changes to the process that allows us to serve the members in our community who need support in these unprecedented times. The continued collaboration between all the partner agencies has provided services and support to individuals that help mitigate immediate risk. The Situation Table continues to serve the citizens of Cornwall, Stormont Dundas Glengarry and Akwesasne as part of the commitment to Community Safety and Wellbeing." – Inspector David Michaud, Cornwall Police Service



Remarks from Municipal Leaders

“As the Member of Parliament for Stormont—Dundas—South Glengarry, I’d like to sincerely congratulate the Akwesasne Cornwall Stormont Dundas Glengarry (ACSDG) Situation Table on a very important milestone of serving the community for five consecutive years.

The care, compassion and dedication of the advisory committee has shown through their work and collaborative efforts in assisting our most vulnerable and mitigating high-risk situations is greatly appreciated. The important work that our local agencies and organizations do to serve our community is never an easy job. These past couple of years have undoubtedly been especially difficult. My staff and I have seen first hand the challenges and anxieties felt by both local residents and the organizations and teams working to support them.



Yet through the work of the ACSDG Situation Table, we have seen the value of how a coordinated and collaborative approach has yielded many positive benefits and outcomes. Members of the community were able to quickly connect with different service agencies, such as City of Cornwall Social Services, Cornwall Police Service, and Youth Now Cornwall, to receive the appropriate help and assistance they need. Each and every day, the ACSDG Situation Table worked tirelessly to make our community safer and more prosperous, even during the midst of a pandemic. For that, we are grateful.

To everyone involved with the ACSDG Situation table, congratulations on your continued achievements, and thank you for the great and vital work you do for the health and betterment of our community. My team and I wish you continued success. Keep up the great work!” – Eric Duncan, Member of Parliament Député Stormont-Dundas-South Glengarry

“The Situation Table of ACSDG is an integral part of our region. This collaborative has helped countless families and individuals since 2017. These are our most vulnerable, and by connecting them with services that may have otherwise been difficult to obtain we have solidified important social links.

Situation Table members have joined forces to make it possible for vulnerable members of our region to connect with services that address immediate risks. The Situation Table has amplified the overall wellbeing of our community, and we look forward to creating more links for individuals in need in our community.” – Warden Carma Williams, United Counties of Stormont, Dundas and Glengarry



“For the past five years, the Akwesasne Cornwall Stormont Dundas Glengarry Situation Table (formally the Cornwall Stormont Dundas Glengarry Situation Table) which is made up of several local organizations, has provided a valuable service to local communities including ours. The Situation Table’s continuous work has shown a clear message — that there is a need for the services provided.

As was the case since the launch of the Situation Table in 2017, last year’s annual report showed that the top risk factor identified continued to be related to mental health. Furthermore, it also showcased a trend that has steadily increased over the last five years and has become a focal point in Cornwall — housing.

The risk of losing housing or unsafe living conditions as well as homelessness were identified as some of the most common situations experienced in 2021. With that being said, 2021’s report showed that 83.6 % of situations that were examined by the Situation Table resulted in the overall risk being lowered. That’s 102 concluded cases in which acutely elevated risk situations positively impacted the life of a local individual or family.

I want to congratulate the Situation Table on not only wrapping up another extremely successful year, but also celebrating five years since its inception. Thank you for all the work your members undertake to help our residents in need and to make our communities a safer place to live.” – Mayor Glen Grant, City of Cornwall



“Akwesasne is very proud and honored to be a part of the Akwesasne Cornwall Stormont Dundas Glengarry Situation Table. Having this open dialogue between our respective communities is crucial to fully serving our community members, especially our vulnerable population. Thank you to all community agencies and chairs for their time and commitment to this working group. We are always stronger together and I look forward to the work we will continue to do for our communities” – Abram Benedict, Grand Chief Mohawk Council of Akwesasne



A Message from the ACSDG Situation Table Volunteer Chairs

“It is hard to believe that we officially launched our local Situation Table five years ago! We have grown as a Table and as a community thanks to the remarkable dedication, passion, and hard work of our Table members, advisory committee members, volunteer chairs and data analysts. This Annual Report highlights some of our key accomplishments over the last five years – please take a moment to review! Being part of the Situation Table as one of the volunteer Chairs since its inception has been a humbling experience and privilege; witnessing the work of our dedicated community partners is truly extraordinary! Supporting the most vulnerable individuals in the City of Cornwall, United Counties of Stormont Dundas and Glengarry, and the community of Akwesasne takes professionals who are dedicated and willing to go above and beyond – and this is truly what we have at our Table. I would like to congratulate everyone; you have each made a lasting imprint in our community!” – Elyse Lauzon-Alguire, Volunteer Rotating Chair and Situation Table Coordinator



“As the Situation Table reaches its 5th year milestone, one can look at the stats to see why the Situation Table continues to be successful and needed in our area, but stats only tell part of the success story, humans tell the other side. The degree of cooperation, availability and commitment from agency personnel to find solutions for our most vulnerable residents is humbling. Silos of care no longer exist in our community. Agency workers have acknowledged and welcome help from their community partners so that the best possible outcomes can be achieved for their clients. It takes an inclusive community approach to keep a municipality healthy and safe and the Situation Table provides a space for the collaboration to occur.” – Cathy Cooper, Volunteer Rotating Chair



“As one of the rotating Chairs of the Situation Table, I remain impressed by all active and ad-hoc members who continue to demonstrate ongoing collaboration and cooperation. Our most vulnerable population in our community is the benefactor of such a responsible and pro-active Situation Table.” – Carole Cardinal-Lortie, Volunteer Rotating Chair



Introduction

The Akwesasne Cornwall Stormont Dundas Glengarry (ACSDG) Situation Table is a diverse gathering of human service professionals trained to collaborate in a weekly process of risk detection, disciplined information-sharing and rapid intervention.

Our focus is on mobilizing service access and support sooner than conventional crisis response pathways allow. Our goal is to identify and mitigate elevations in risk before harm occurs. A “Situation” may pertain to a single individual suffering the onslaught of multiple risk factors; it may also pertain to something that is happening to a whole family, or a group of people.



The Table is made up of a core group of primary agencies representing social services, police/justice, health services and education. Ad-hoc agencies are called upon on a case by case basis to provide additional support to the primary agencies at the table when required.

Background

In 2015, a group of community partners led by Cornwall Community Hospital (CCH) got together to explore ways of improving communication and collaboration to better serve clients that received services from multiple agencies; this group was called the Collaborative Care Working Group.



The Collaborative Care Working Group soon recognized the link between Situation Table models that they were hearing about from other regions and their desire to enhance collaboration in SDG. The Cornwall Police Service had a long-standing interest in the Situation Table model and invited Norm Taylor, President, Global Network for Community Safety (who had implemented similar models elsewhere) to Cornwall in November 2015. The Collaborative Care Working Group attended this session and was inspired to begin exploring the possibility of establishing a similar table in SDG. The Working Group determined that their focus would shift to this work to address acutely elevated risk in a collaborative manner.

Vision

Children, youth, adults and families will grow and thrive in a safe and healthy community as a result of agencies working collaboratively and implementing integrated services.

Mission

A collaborative, integrated multi-agency team to building safer and healthier communities through rapid mobilization of resources to meet the immediate needs of those experiencing acutely elevated levels of risk.

Efforts were combined with the Ontario Provincial Police recognizing that CPS had jurisdiction in Cornwall only and this was an initiative that was suited to the entire SDG region. As a result of the strong interest in developing and implementing a Situation Table in our community, an Advisory Committee was formed for the Situation Table. The Advisory Committee connected with supports from the OPP to continue the information sharing, as the OPP had also set up similar models throughout the province.

Cornwall Police Service applied for funding through a Proceeds of Crime Front-Line Policing Grant (2016) to launch the project; the grant was approved later that same year, which provided support for a Cornwall Community Hospital Project Manager who coordinated and led the implementation effort. Multiple cross-sector partners signed a Memorandum of Understanding and the Situation Table went live in May 2017.

In May 2018, Cornwall Police Service received confirmation of a second Proceeds of Crime Front-Line Policing Grant (which ended on March 31, 2020). Thanks to this grant, Carmen Cousineau was recruited in January 2019 to lead the development of the Community Safety and Well-Being Plan. Elyse Lauzon-Alguire was also recruited to provide part-time coordination support for the Situation Table and continues to do so.

“For the last five years, the ACS DG Situation Table has continued to have an incredible impact on our communities. The Cornwall Police Service is proud to have been a partner in the initial development of the Situation Table five years ago and continues to be an active member of the table in working towards its mission to build safer and healthier communities. Since the launch of the Situation Table, our police service has been able to further enhance our relationships with partnering agencies, while assisting those who are most at-risk. We have continued to recognize the importance of enhancing our response to those who are most vulnerable, and the Situation Table undoubtedly serves as a means to connect at-risk families and individuals to vital resources and expedited access to services. I am incredibly proud of the work being completed through the Situation Table and am eager to see its continued success over the years to come.”

– Shawna Spowart, Chief of Police, Cornwall Police Service

Situation Table Operation

Prior to the start of the COVID-19 Pandemic, the Situation Table was meeting in-person; however, due to COVID-19, the Situation Table has been meeting via Zoom for Healthcare every Tuesday at 9:00 a.m.

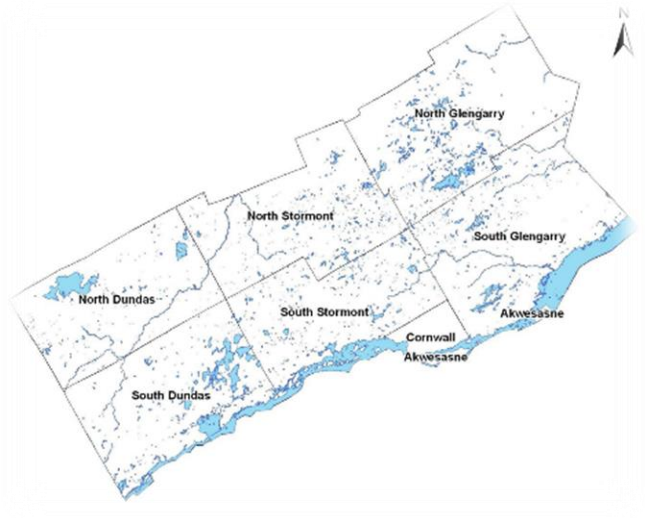


At the weekly Situation Table meetings, agencies are given the opportunity to share a situation involving an individual, family, group or place they feel is at imminent risk of falling into crisis. The conversation is guided through a specific and intentional process that asks if the professionals around the Table feel there is the possibility of increased risk to the individual or family. As the group agrees to this risk, agencies that are able to assist with the intervention are determined including a lead agency to guide the intervention. Additional information about the situation is shared only with those agencies selected to assist the individual/family.

Our ability to adapt during the pandemic has really been great. Inspiring and dedicated group of community members.” – Situation Table representative

The Filter 4 intervention team will identify a lead agency based on the situation, mandate/resource to address the most significant risk factors and/or has the best rapport with the individual/family. The lead agency will take action in partnership with other identified agencies to plan the next steps involved in the intervention (usually within 24 to 48 hours); the Situation Table will remain involved in the case until the level of risk has been reduced.

At subsequent meetings of the Situation Table, the lead agency reports back to the group regarding the conclusion of the intervention; for example, whether risk was lowered because an individual was connected to services or whether it should remain at acutely elevated risk due to further interventions needing to occur.



“Families have expressed how surprised they are with how many community services are made available to support them. In a more recent experience, the family was grateful for the support they received in addressing the serious structural issues of their home. They felt the table recognized their needs and responded quickly and efficiently.” – Situation Table representative

Situation Table Referrals

A Situation Table’s focus is about mitigating risk rather than waiting for a harmful and victimizing incident that requires an emergency response. A “Situation” may pertain to a single individual suffering the onslaught of multiple risk factors (e.g. mental health, addictions, physical illness, criminal activity, and homelessness). It may also pertain to something that is happening to a whole family, or a group of people.

The Situation Table is not a case management tool, nor is it a venue for self-referrals. A situation can originate directly from any of the agencies represented at the Situation Table or by any other community organization/agency supported by a Situation Table member. Organizations should always try their best to support the individual or family with the resources they have internally before bringing it to the Table.

SITUATION TABLE REFERRAL FORM
 Completion of this form is required prior to processing of the Situation Table - please email completed form to: agencysituationstable@gmail.com

FILTER 1: Agency screening prior to introduction to the Situation Table

Referring agency: Date:

Name of referring staff: Telephone:

Elements of Acutely Elevated Risk: [Check all that apply]

- 1) Significant interest at stake? ("Significant interest" usually refers to an individual or a family but could refer to an entity or institution within a vulnerable group, a meeting, neighborhood or neighborhood.)
- 2) Probability of harm occurring? (There is a reasonable expectation of harm to individual(s) or group(s).)
- 3) Significant intensity of harm? (The harm would normally damage or deprive and not meet community to the individual - it is responsible to bring this situation to the Situation Table and not simply address or prevent the situation.)
- 4) Multi-disciplinary nature of risk? (The risk factors are beyond the originating Agency's jurisdiction to mitigate and elevated level of risk. Operating risk factors on various multiple human service objectives. Traditional disciplinary approaches have been considered.)

Type of client consent used to permit information sharing? Written Implied None

FILTER 2: De-identified discussion at the Situation Table (Do not enter identifying information, names of service, full name, addresses, phone numbers, email addresses, social media numbers, social media identifiers that could allow identity to be located, unless this is necessary to reference a case document. Do not include identifying information.)

Discussion type: Person Family (see below) Dwelling Neighborhood Other

Age group: 0-5 years 6-11 years 12-17 years 18-24 years 25-34 years 35-44 years 45-54 years 55-64 years 65-74 years 75-84 years Unknown

Sex: Male Female Unknown

Ethnicity and/or culture: X (which includes Asian, Black, Brown, Two-Spirit, and Other people and people who do not want to disclose their gender identity)

First language: English French Other

Preferred language: English French Other

Additional subjects/active affected persons: Youth Criminal Justice Act Youth Justice and Court Services Youth Offenders Youth Workers Youth Services Youth Support Youth Services Youth Services Youth Services

Please provide an overview of the situation using de-identified information. Briefly describe the situation that you are referring. What harms are you concerned about? Why are you concerned now? What supports do you feel are required?

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“Great job everyone! The dedication is remarkable!” – Situation Table representative



A member of the Originating agency identifies a situation of AER & completes referral form. They then connect with Situation Table representative



Situation Table representative supports the process to bring the referral forward at a meeting



Originating agency representative then attends the meeting and presents the situation

SITUATION TABLE REFERRAL PROCESS

Filter One: Agency screening/detecting risk
 Once risk is detected, organizations should always try their best to support the individual or family with the resources they have internally. Definition of Acutely Elevated Risk (AER) can be found on Page 3.

Consider the following before proceeding to the next step:

- Have we exhausted all avenues/services within our own mandate to help this individual, family, group or place?
- Is this individual, family, group or place meeting the definition of Acutely Elevated Risk (AER)?
- Do we need to disclose personal information in order to reduce the risk for this individual, family, group or place?
- Is a multi-agency response within 24 to 48 hours required?

If you determine the case would not meet the criteria of the Table, you are welcome to bring it forward as a de-identified "case consult/discussion" to seek the Table members' guidance/ suggestions as to next steps.

If you answered "yes" to these questions, contact your agency's Table representative and provide a de-identified outline of the situation. A determination will be made as to whether the situation may be appropriate for the Situation Table.

If the referral is originating from an ad-hoc agency or community partner (who is not directly involved with the Table), contact a relevant active Situation Table representative (active Table membership list can be found on Page 3) and provide a de-identified outline of the situation. A determination will be made as to whether the situation may be appropriate for the Situation Table.

Consult with a Situation Table representative from your agency.

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Filter Two: De-identified discussion at the Situation Table
 Attend the Situation Table meeting (Tuesday 9am).

Situation Table representative presents the situation to the Situation Table in a de-identified format. Members collectively decide if it meets the standard of acutely elevated risk factors across a range of service providers before any personal and confidential information is disclosed.

Complete the referral form
 Referral form can be found on Page 3. Front-line staff can complete the internal condensed Situation Table referral form to capture the initial information; however, the condensed referral form is for internal use only.

The referring staff member and the Situation Table representative are to complete the longer version of the referral form when bringing a case forward to the Table; this is to ensure we capture all necessary data.

If proceeding with the referral, the referring staff member will attend the next Situation Table meeting in partnership with your agency's Situation Table representative (who will present the situation on their behalf). The referring staff member is to attend to assist in answering any clarifying questions and participate in Filter 4.

If the consensus is that sharing information with the Situation Table is necessary to help prevent harm or inadequate care to an individual or the public, the case will proceed to the next filter of information sharing.

If the consensus is that the situation does **not** meet the threshold of AER, no personal and confidential information is disclosed and no further discussion takes place. Table members are invited to provide suggestions to assist/guide the referring agency.

Non-disclosure form
 All guests must sign a non-disclosure form prior to the Situation Table meeting. Link to the form can be found on Page 3.

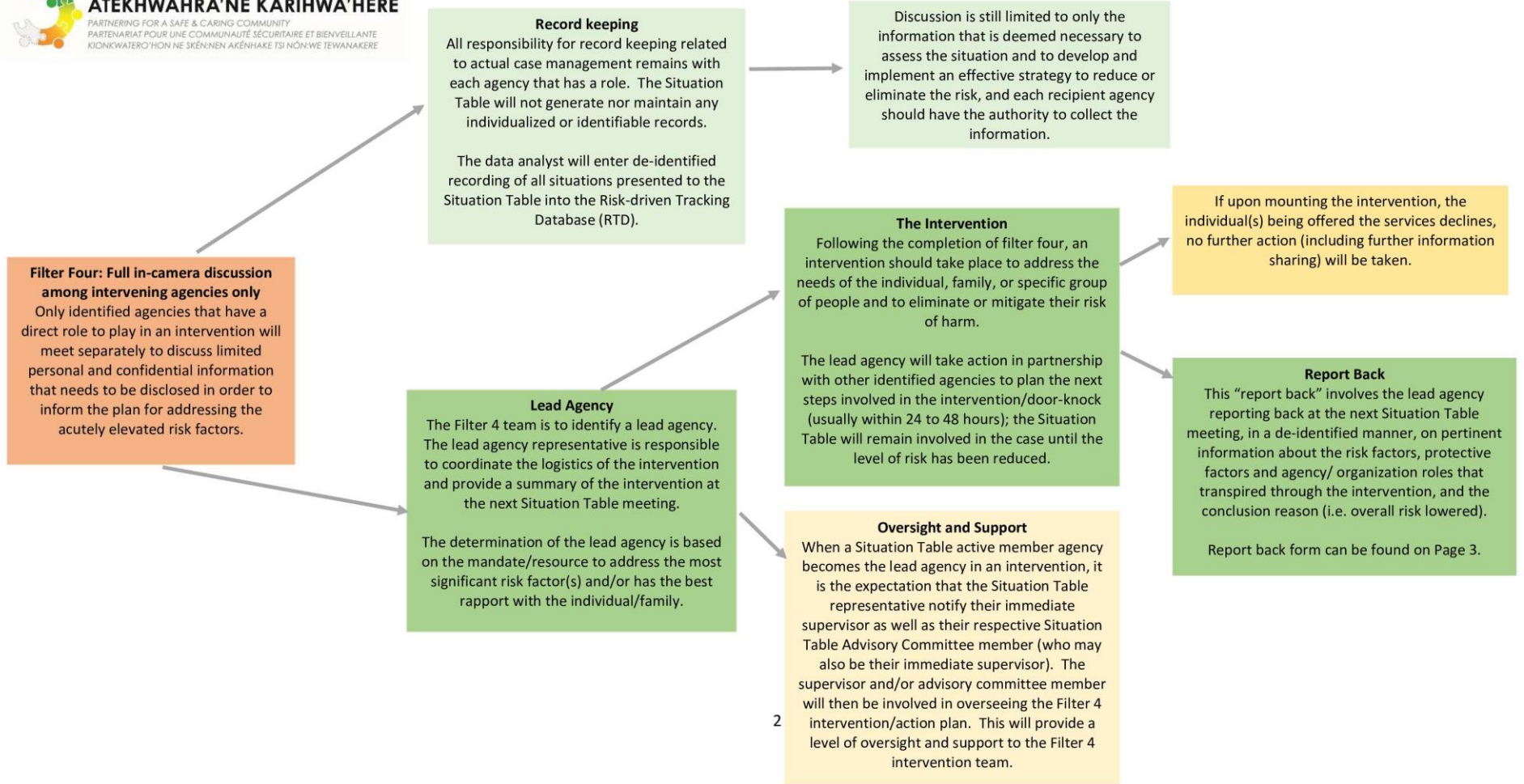
Consent
 Whenever possible, the ideal way to share personal information about an individual is by first obtaining that individual's consent. In serious, time-sensitive situations, there may not be an opportunity to obtain consent; therefore, Tables follow the disciplined Four Filter process. Form can be found on Page 3.

Disclosure of information notification
 The intervention team is to provide the client with a Disclosure of Information Notification should they be discussed without consent; this outlines all attending agencies. Form can be found on Page 3.

Filter Three: Identify intervening agencies
 At this filter, the group has concluded that the threshold of acutely elevated risk is met; the Table determines which agencies will be required to participate in a full intervention-planning discussion outside of the full Table.

Page 2 - flow chart continued.

SITUATION TABLE REFERRAL PROCESS



Community Safety and Well-Being Plan

Vibrant Communities; Our safety and Well-being plan includes 52 strategies with corresponding solutions and action items aimed at improving the quality of life for



the residents of Stormont, Dundas and Glengarry, Cornwall and Akwesasne. (SDGCA). In 2018, The Social Development Council of Cornwall and Area (SDC) embarked on a collective impact initiative called Vibrant Community Roundtable. They engaged policy makers, healthcare workers, non-profit professionals, business owners, people with lived experience, and many more from across SDGCA. The objective was to assess the greatest risks and find the biggest issues the communities are faced with. The goal was to then take action collectively and address those largest societal issues, the pillars, with a strong focus on prevention. Their 5 pillars, as determined by the community are Mental Health, Health Services, Poverty, Community Safety and Community Well-being.

On January 1, 2019 The Government of Ontario mandated municipalities (single and upper tier) to prepare and adopt a Community Safety and Well-Being plan (CSWB). As part of these legislative changes, municipalities are required to work in partnership with police services, health/mental health, education, community/social services and children/youth services as they undertake the planning process. The goal of this plan is to achieve the ideal state of a sustainable community where everyone is safe, has a sense of belonging, access to services and where individuals and families are able to meet their needs for education, health care, food, housing, income and social and cultural expression. Vibrant Communities – Our Safety and Well-Being (VC-SWB) Plan (v. 1) was developed under the leadership and guidance of the multi-sectoral Advisory Committee and in partnership with the Social Development Council of Cornwall and Area’s – Vibrant Communities Initiative. The Social Development Council, with the assistance of the United Way SDG, Vibrant Communities working groups, and in partnership with subject matter experts have finalized a feasibility study for the strategies identified in version 1. It is not the intent to duplicate any services or existing efforts and initiatives; it is simply to support it and amplify it. The working groups have gone through every strategy and its action items and identified the community partners that are already leaders in that work. These are key partners that can either support the implementation and collectively support to strengthen the work that is already happening.

The ACSDG Situation Table is proud to have been identified as a leader in many of the strategies outlined in the plan and will be providing support when implementation begins:

- Community Safety Pillar
 - Strategy #1: Enhance awareness and promote existing services beyond first response within the Police, Fire, Paramedic services.
 - Strategy #2: Crime and abuse prevention programs
 - Strategy #6: Support families and individuals in emergency or financial Crisis Situation
- Community Well-being Pillar
 - Strategy #1: A centralized coordination of care.

In April and May 2022, the Mohawk Council of Akwesasne, United Counties of SDG Council and City of Cornwall Council have approved the completed plan; the working groups will now begin the implementation. The Social Development Council is excited to present to you the completed [Vibrant-Communities-Our-Safety-and-Well-Being-Plan-Complete-Action-Plan-04-13-2022.pdf \(sdccornwall.ca\)](#). For any questions, please contact Carilyne Hébert, Executive Director of the Social Development Council of Cornwall and Area at chebert@sdccornwall.ca , 613-930-0211.

Determining Acutely Elevated Risk

Questions to consider when determining whether a situation meets the criteria of acutely elevated risk:

- Is the presenting risk of such concern that the individual's privacy intrusion may be justified by bringing the situation forward for multi-sectoral discussion?
- Is the individual, family, group or location at significant risk of serious physical, mental or emotional harm, or, do they pose a significant risk of serious harm to others?
- Is the disclosing agency unable to mitigate these risks without disclosing that information?
- Is it reasonable for the disclosing agency to believe that sharing this information with one or more other human or social service agencies will substantially help in mitigating the risks?
- Is it possible to limit the amount of information disclosed to that which is necessary for planning and implementing effective risk mitigation?
- Does each agency which is targeted to receive personal information have a role to play in the risk mitigation strategy as well as the authority to receive personal information?
- Is a multi-agency response within 24 to 48 hours required?

Acutely Elevated Risk refers to risky situations that are on the verge of becoming emergency situations. Circumstances indicate that if there is not a short-term, timely, wraparound intervention, a negative outcome such as criminalization, victimization or harm is likely to occur that will require the community's emergency or crisis response systems.



The Situation Table is designed to address situations that are determined to involve acute elevations in risk; this could include individuals who are generally low risk as well as individuals who are mainly high risk. The most important element is that there is a noticeable elevation in risk that requires a rapid intervention to mitigate.

Benefits of the Situation Table Model

- Make police and agency services part of a stronger safety net, rather than being the entire net themselves.
- Provide opportunities for early intervention that help prevent crimes and improve outcomes for local residents and the community.
- They reduce calls for service and deliver positive results for individuals and families at a lower cost to the taxpayer.
- Collect very detailed data of the predominant risks and other patterns of service use that can be used to inform social policy.

"I've received a lot of help, the response has been impressive and everyone has been extraordinarily kind. I have yet to start of any of the programs suggested but I look forward to being able to start and manage what has caused me to go into crisis. Thank you." – Individual supported by the Situation Table

Privacy and Confidentiality

- Situation Tables follow the guidance of the Office of the Information and Privacy Commissioner of Ontario (IPC).
- All members will follow the guidelines stipulated by their agencies with respect to privacy and confidentiality legislation.
- All Situation Table representatives must complete an online training course administered by Wilfred Laurier University prior to joining the Situation Table.
- Records of these discussions treat targeted situations as numbers without identifying individuals.
- Clients are provided with a Disclosure of Information Notification should they be discussed without consent; this outlines all attending agencies.
- Whenever possible, the ideal way to share personal information about an individual is by first obtaining that individual's consent. In serious, time-sensitive situations, there may not be an opportunity to obtain consent; therefore, Tables follow the disciplined Four Filter process.
- All agencies represented at the Table have signed a Memorandum of Understanding with direction regarding the importance of confidentiality.
- All Table members have signed a Non-Disclosure Agreement; any guest to the Table will sign a Non-Disclosure Agreement.



"It provides an opportunity for services providers to offer services to clients in a non-judgmental, non-enforcement environment without fear of reprisal."

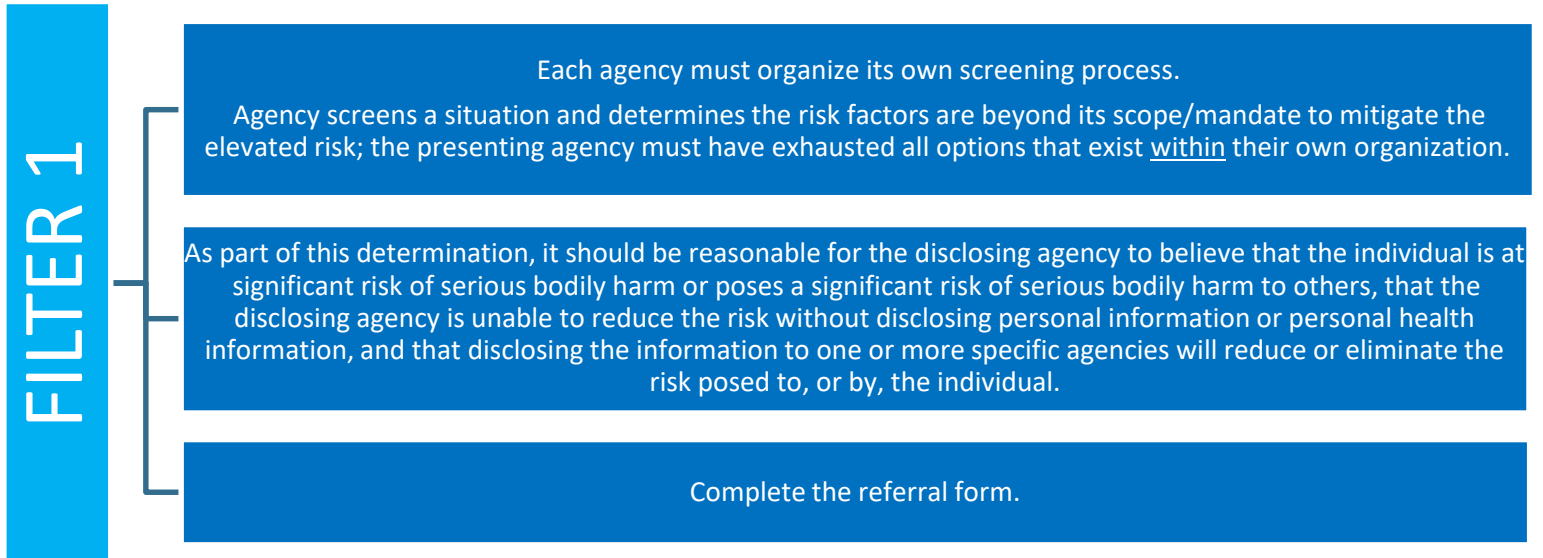
– Situation Table representative

– Situation Table representative

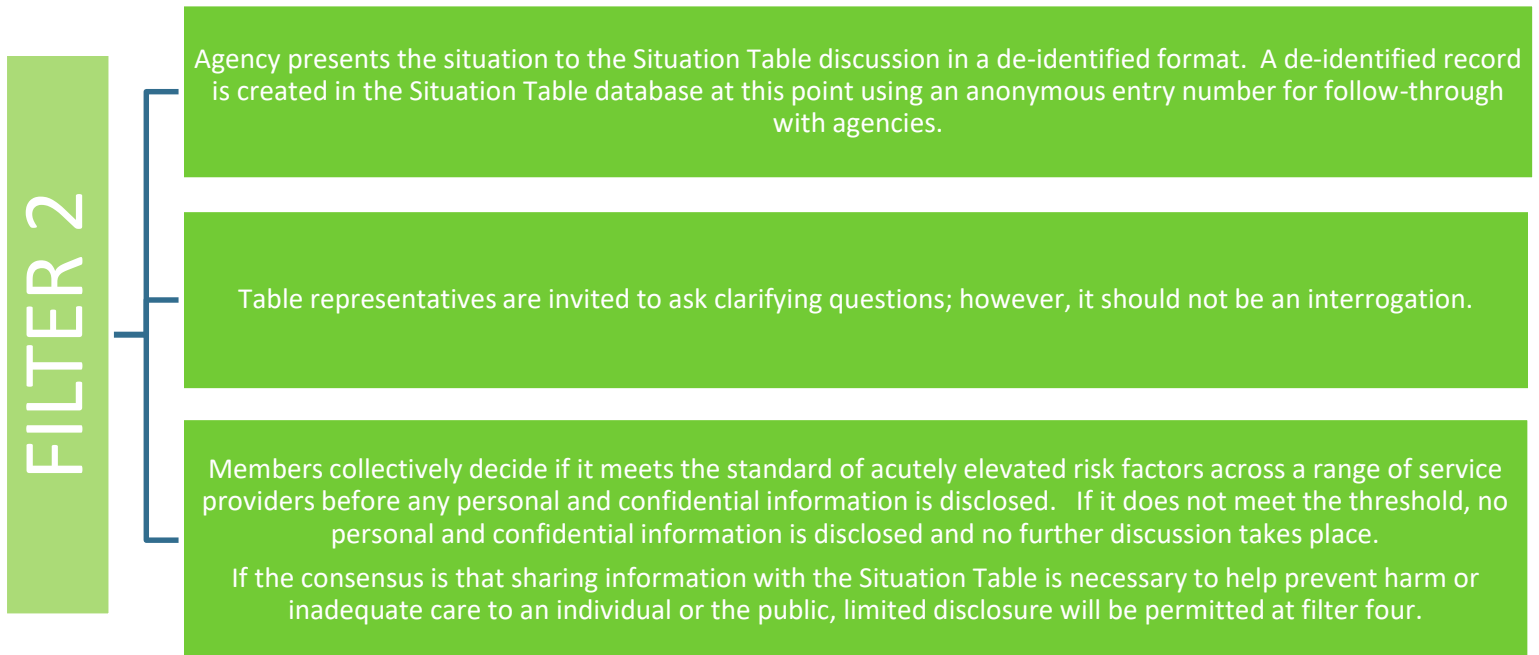
Four-Filter Model of Information Sharing

The ACSDG Situation Table uses the Four Filter Approach developed by the Ontario Working Group on Collaborative Risk Driven Community Safety and Well-Being and modified by Ontario's Information and Privacy Commission in 2016.

Filter One: Agency screening prior to introduction to the Situation Table



Filter Two: De-identified discussion at the Situation Table



Filter Three: De-identified discussion to identify intervening agencies

FILTER 3

If the group concludes that the threshold of acutely elevated risk is met, the Table determines which agencies/organizations will be required to participate in a full intervention-planning discussion outside of the full Table.

All responsibility for record keeping related to actual case management remains with each agency that has a role. The Situation Table will not generate nor maintain any individualized or identifiable records.

If a case does not get accepted by the Table, the Table members will be asked to provide suggestions/alternative options for the presenting agency.

Filter Four: Full in-camera discussion among intervening agencies only

FILTER 4

Only identified agencies that have a direct role to play in an intervention will meet separately to discuss limited personal and confidential information that needs to be disclosed in order to inform the plan for addressing the acutely elevated risk factors.

Discussion is still limited to only the information that is deemed necessary to assess the situation and to develop and implement an effective strategy to reduce or eliminate the risk, and each recipient agency should have the authority to collect the information. Sharing of information at this level proceeds within the allowances for care and for individual and community safety that apply to each profession.

In all cases, obtaining consent to provide multi-sector services, and to permit any further sharing of personal and confidential information in support of such services, will be the first priority of the combined agencies responding to the situation.



Intervention

- Following the completion of filter four, an intervention should take place (within 24-48 hours) to address the needs of the individual, family, or specific group of people and to eliminate or mitigate their risk of harm.
- In many multi-sectoral risk intervention models, the intervention may involve a “door knock” where the individual is informed about or directly connected to a service(s) in their community.
- In all cases, if consent was not already provided prior to the case being brought forward to the Situation Table, obtaining consent to permit any further sharing of personal information in support of providing services must be a priority of the combined agencies/organizations responding to the situation. If upon mounting the intervention, the individual(s) being offered the services declines, no further action (including further information sharing) will be taken.



Report Back

- The lead agency representative will provide a report back at the next Situation Table meeting regarding the referral.
- This will involve reporting back, in a de-identified manner, on pertinent information about organization roles that transpired through the intervention, whether the intervening agencies need to discuss further action, has the intervention reduced the level of imminent risk, any further supports required to reduce the risk, any additional risk factors, services mobilized and reason for closure (e.g. connected to service).



Lead Agency

- The lead agency representative is responsible to coordinate the logistics of the intervention and provide a summary of the intervention at the next Situation Table meeting.
- The determination of the lead agency is based on the mandate/resource to address the most significant risk factor(s) and/or has the best rapport with the individual/family.

Risk Factors

For a situation to be considered one of acutely elevated risk, two or more factors must be present. Presentation of these risk factors to the Situation Table assist the agencies involved to plan an appropriate intervention. On average, 11 risk factors are present and identified in each situation.



- Alcohol
- Antisocial/Negative Behaviour
- Basic Needs
- Cognitive Impairment
- Crime Victimization
- Criminal Involvement
- Drugs
- Elder Abuse
- Emotional Violence
- Gambling
- Gangs
- Housing
- Mental Health
- Missing/Runaway
- Missing School
- Negative Peers
- Parenting
- Physical Health
- Physical Violence
- Poverty
- Self-Harm
- Sexual Violence
- Social Environment
- Suicide
- Supervision
- Threat to Public Health and Safety
- Unemployment

There are currently representatives from 40 local agencies working in a privacy protective manner to rapidly connect individuals and families to appropriate services.

« En tant que prestataire de services en santé mentale pour enfants, adolescents et familles francophones, je suis fière d'être membre du comité de la table d'intervention communautaire. Le comité comprend une gamme de partenaires communautaires qui travaillent en collaboration pour mieux répondre aux besoins grandissants de notre communauté. Ses membres, doués d'une richesse d'expériences et de connaissances, iront au-delà de leur rôle et leur mandat respectif afin de venir en aide aux personnes plus vulnérables. Leur dévouement est exceptionnel! ». – Gina Julie Lacombe, Équipe psycho-sociale pour enfants, jeunes et familles de SDG

“As a francophone child and youth mental service provider, I am a proud member of the situation table committee. The committee includes of a range of community partners who work collaboratively to best meet the growing needs of our community. Committee members and chairs have a wealth of experiences and knowledge, and they will go out of their way to help an individual or a family in need. Their dedication is remarkable!”. – Gina Julie Lacombe, Équipe psycho-sociale pour enfants, jeunes et familles de SDG

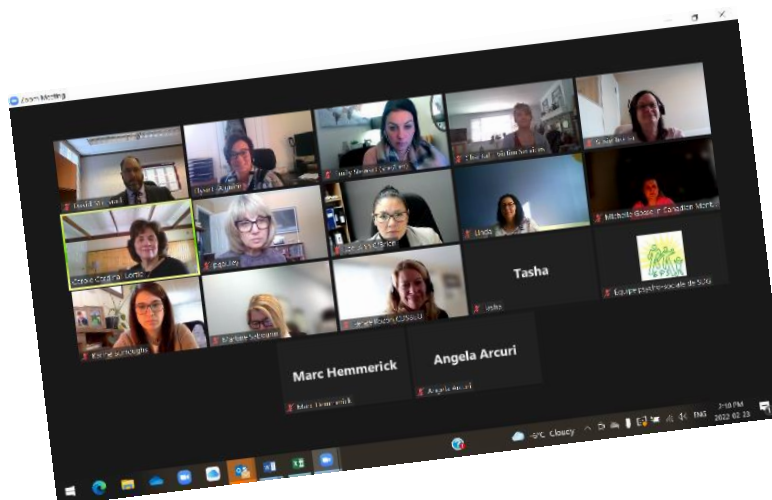
Situation Table Leadership

The ACSDG Situation Table Advisory Committee meets regularly to guide the practice and development of the Table, monitor the Table's ongoing operations and effectiveness, as well as ensuring sustainability.

The Advisory Committee is comprised of the following individuals:

- Inspector David Michaud, Co-Chair (Cornwall Police Service)
- Angela Arcuri, Co-Chair (Children's Aid Society of S.D. & G.)
- Susie Trotter (Cornwall Community Hospital)
- Don Lewis (Upper Canada District School Board)
- Michelle Gosselin (Canadian Mental Health Association - Champlain East)
- Detachment Commander Inspector Marc Hemmerick (Ontario Provincial Police SDG)
- Linda Bissonette (Inspire Community Support Services)
- Patti Gauley (Eastern Ontario Health Unit)
- Chantal Prieur (Victim Services of S.D.G. & A.)
- Maxine LeBlanc-Byham (Maison Interlude House)
- Joanne Patey (Ministry of Children, Community and Social Services - Youth Justice Services)
- Martine Sabourin (Probation and Parole Services - Ministry of the Solicitor General)
- Renee Rozon (Catholic District School Board of Eastern Ontario)
- Karine Burroughs (Conseil scolaire de district catholique de l'Est ontarien)
- Gina Julie Lacombe (Équipe psycho-sociale pour enfants, jeunes et familles de SDG)
- Kaitlyn Bissonette (Children's Aid Society of S.D. & G.)
- Catherine Lelievre (Akwesasne Family Wellness/Well-Being Program)
- Caroline Guimond (Société Alzheimer Society Cornwall & District)
- Deputy Chief Lee-Ann O'Brien (Akwesasne Mohawk Police Service)

We would like to extend our sincere appreciation to the following past Advisory Committee members: Emily Stewart (Children's Aid Society of S.D. & G.), Leanne Clouthier (Seaway Valley Community Health Centre), Farhana Meghji (Inspire Community Support Services), Deena Shorkey (Cornwall Community Hospital) and Simon Hardy (Ontario Provincial Police SDG).



Situation Table Membership

The ACSDG Situation Table is made up of a core group of primary agencies representing social services, mental health, police/justice, victim services, hospital, school boards, child protection services, probation/parole, health services, etc. Ad-hoc member agencies are called upon on an as needed basis to participate in post-Table discussions and interventions.

The following agencies are currently represented at the weekly Situation Table meetings:



La Société de l'aide à l'enfance
The Children's Aid Society
 des comtés unis de | of the United Counties of
Stormont, Dundas & Glengarry



Community Support Services | Services de soutien communautaire



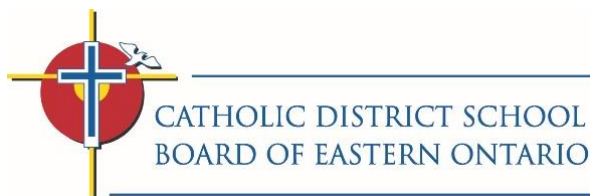
Community Addiction and Mental Health Services
 Services communautaires de santé mentale et de dépendances



Canadian Mental Health Association
 Association canadienne pour la santé mentale



Équipe psycho-sociale



Conseil scolaire de district catholique de l'Est ontarien



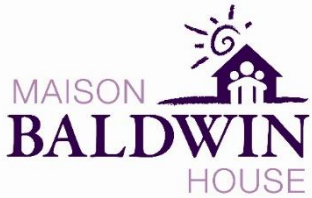
Ontario



Akwesasne Family Wellness Program
 Phone : (613) 937-4322
 24 Hr Crisis Line : 1-800-480-4208

Société Alzheimer Society
 CORNWALL AND DISTRICT
 CORNWALL ET RÉGION

The following agencies are currently ad-hoc member agencies to the Situation Table:



HOME AND COMMUNITY CARE SUPPORT SERVICES Champlain



SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Champlain



Cornwall SDG Paramedic Services

PROJECT RESET

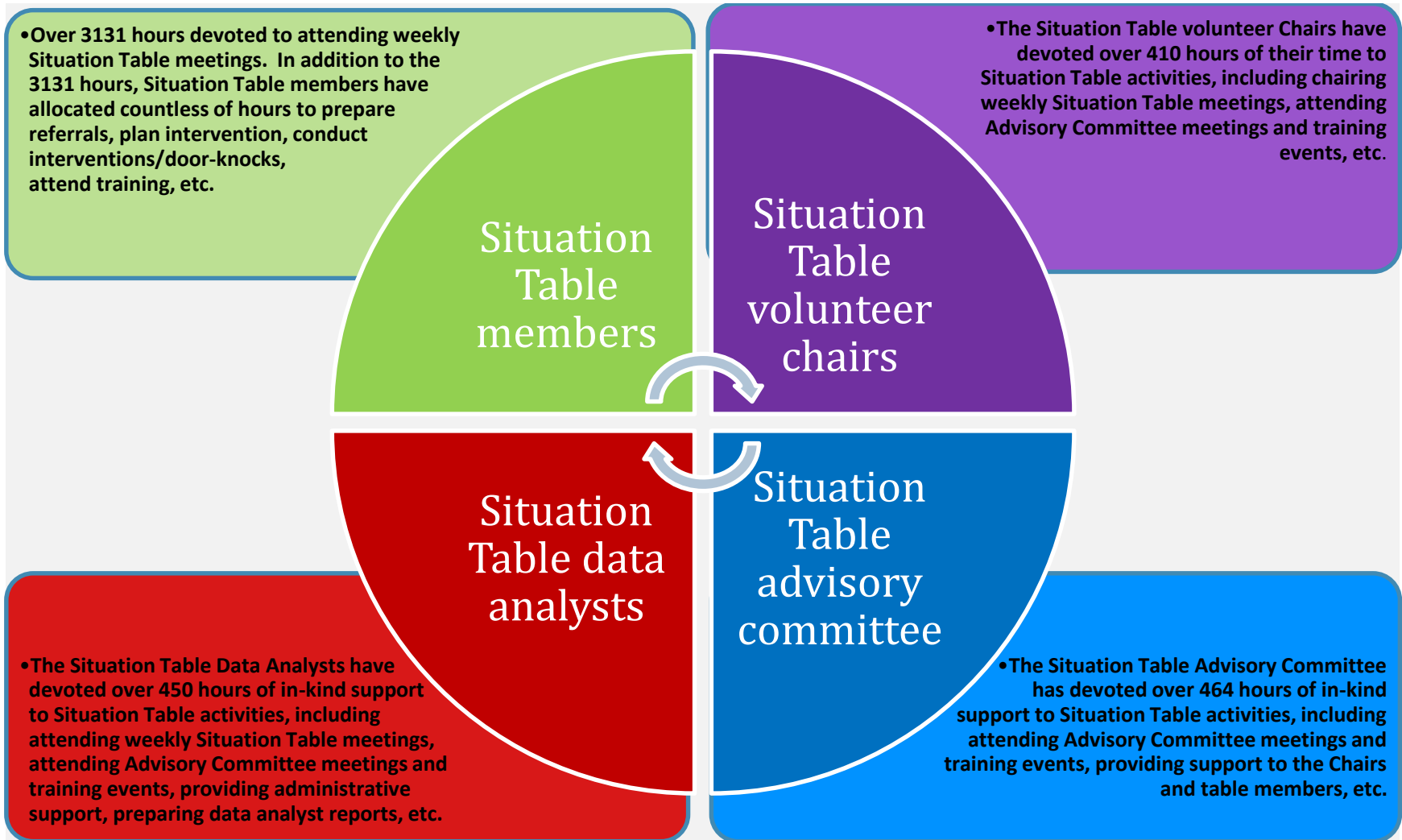
Laurencrest Youth Services Inc.



South-East Ottawa Community Health Centre



Centre de santé communautaire du sud-est d'Ottawa



Our Journey

Our local Situation Table was officially launched on May 2, 2017. May 2, 2022 marked the Situation Table's fifth anniversary! The success of our Situation Table is thanks to the incredible dedication, passion and collaboration of all the partner agencies, Advisory Committee members, volunteer Chairs and Data Analysts!

Please take a moment to review our journey over the last five years....



Blast

From the Past

2017



May 2, 2017 - Situation Table official launch

Retired Staff Sergeant Brian Snyder (Cornwall Police Service) and Sarah Kaplan (Project Manager, Cornwall Community Hospital – retired)



- The Situation Table is overseen by a dedicated Advisory Committee comprised of a supervisor/manager from each active Table member agency. The Advisory Committee meets regularly to guide the practice and development of the Table, monitor the Table's ongoing operations and effectiveness, as well as ensuring sustainability.
 - The first Advisory Committee Co-Chairs included Retired Staff Sergeant Brian Snyder (Cornwall Police Service) and Christine Penney (Vice President, Community Programs – Cornwall Community Hospital).
 - In March 2018, Cornwall Police Services' Chief Shawna Spowart (Inspector at the time) replaced Staff Sergeant Snyder as co-chair on the Advisory Committee.
 - In November 2018, Angela Arcuri (Service Director, Children's Aid Society of SDG) replaced Christine Penney as co-chair of the Advisory Committee.
 - In November 2020, Inspector David Michaud (Cornwall Police Service) was endorsed as the new co-chair of the Advisory Committee, replacing Ms. Spowart.
- A key aspect of the Situation Table is the commitment and dedication of our volunteer Chairs. The role of the Situation Table Chair is to attend the weekly Situation Table meeting and lead the table in consensus-based decision making through the diligent application of the Four Filter process for information sharing. Since the Table was launched, we have been extremely fortunate to have such dedicated and passionate volunteer chairs!
 - In May 2017, Suzanne Ross, Pierre Pilon and Elyse Lauzon-Alguire were the first rotating volunteer Chairs. Suzanne and Pierre's leadership and support has been an integral part of where the Table is today!
 - In April 2018, Elyse Lauzon-Alguire began as the part-time Coordinator (approximately 8 hours per week) for the Situation Table; Elyse also continues to rotate as a volunteer Chair.
 - In September 2018, Cathy Cooper joined the Table as a rotating volunteer Chair, and in May 2019, Carole Cardinal-Lortie began as a volunteer Chair. Cathy and Carole continue to be active rotating volunteer Chairs and we are so thankful for these wonderful ladies!

"I am so pleased to see the work of the Situation Table continues bringing together so many agencies to one table to assist our local needs of vulnerable individuals and their families. This collaborative initiative has certainly met a previous void in our community! Thank you all!" – Suzanne Ross, Past Volunteer Chair



- Another key role at the Situation Table is the role of our amazing data analysts who provide crucial support to the Situation Table. A data analyst attends every Situation Table meeting and is responsible to enter accurate de-identified recording of all situations presented to the Situation Table into the Risk-driven Tracking Database (developed and provided by the Ministry of Solicitor General), as well as attend Advisory Committee meetings. All data analysts provide in-kind support to the Situation Table – thank you for all of your hard work and dedication!
 - Tasha Mallette (Cornwall Police Service) and Stephanie MacRae (Cornwall Police Service) have been data analysts since the inception of the Situation Table (May 2017).
 - Christina Adams (Ministry of Children, Community and Social Services - Intake & Benefits Administration Unit) and Kristen Hodgson (City of Cornwall) have been data analysts since December 2018.



Christina Adams
MCCSS - Intake & Benefits
Administration Unit



Kristen Hodgson
Cornwall SDG Human
Services Department



Tasha Mallette
Cornwall Police Service



Stephanie MacRae
Cornwall Police Service

- A Best Practice/Procedures Manual was developed for the Situation Table, as well as a pamphlet.
- Recognizing there are agencies in Akwesasne, Cornwall, Stormont, Dundas and Glengarry who do not typically provide case management and/or acute care services but that may, from time to time, encounter an individual exhibiting complex needs that extend beyond the mandate of their agency, a referral procedure has been developed and shared with community agencies to ensure they are aware how a referral can be made to the Table.
- In addition to bringing formal referrals of Acutely Elevated Risk (AER) forward to the Situation Table, agencies are welcome to bring forward non-AER cases (in a de-identified manner) that require a case consult from the Table. This has proven to be extremely beneficial for agencies as it provides the ideal platform to seek input/suggestions from Table members. Collaboration is key to the Situation Table!

“It is an incredible experience to see a client realize that so many people are present and offering support - community is everything!” – Situation Table representative

- All active member agencies and ad-hoc member agencies continue to sign a yearly Memorandums of Understanding; this document ensures that all Table members are aware of the requirements and roles/responsibilities of their participation with the ACSDG Situation Table.
- The ACSDG Situation Table developed an internal evaluation process to help understand our effectiveness by measuring client satisfaction with the services received as well as the experience of Situation Table members.
- The Situation Table Coordinator actively participates in provincial meetings with the Community of Practice, which is made up of other Situation Tables in Ontario, as well as participates in various local committees.
- In August of 2019, the Situation Table Advisory Committee underwent a review of the Advisory Committee membership. As a result, the Advisory Committee has grown extensively as we now have a representative from each active member agency on the Advisory Committee.
- Mock "Acutely Elevated Risk" scenarios have been organized where front-line staff were invited to attend and observe the process.



“So happy that we have this in our community. I tell people from agencies in other areas about it all the time. It's so many things to so many people, support, advocacy, information, basic needs, neighbours helping neighbours when they cannot help themselves.” – Situation Table representative

- On January 13, 2020, the Akwesasne Family Wellness/Well-Being Program hosted a Lunch & Learn Session for members of the Situation Table. It was a very informative session which provided a terrific opportunity to network and learn about the various agencies in Akwesasne, as well as share information regarding the Situation Table. We are so pleased to have expanded our partnerships with Akwesasne and now have representation from the Akwesasne Family Wellness/Well-Being Program and Akwesasne Mohawk Police Service!



- In March 2020, the Situation Table successfully received \$5,300 thanks to the City of Cornwall "Social Services Relief Fund" for assistance with Situation Table clients' needs. Funds were used to cover the cost of grocery gift, covering the cost of basic needs (clothing, etc.), gas cards, hotel vouchers (if shelter is needed), transportation costs, etc. A total of 26 individuals were assisted as a result of the fund - several of the individuals received assistance on more than one occasion.

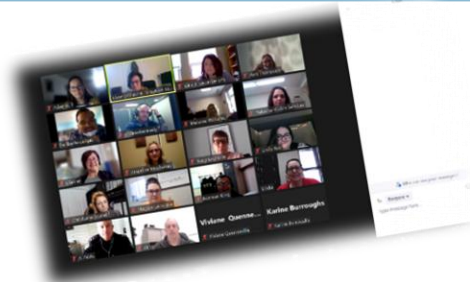
- The Children's Aid Society of SDG kindly provided a contribution of \$15,000 to the ACSDG Situation Table Advisory Committee to cover the costs associated with the Situation Table Coordination Services.



- We would like to recognize and thank the City of Cornwall for generously providing the council chambers as in-kind space for the Situation Table meetings. Due to COVID-19, the Situation Table has been meeting via Zoom for Healthcare. Cornwall Community Hospital - Community Addiction and Mental Health Services has kindly offered the use of their Zoom for Healthcare platform as in-kind support to the Situation Table. We are very grateful!



"It was an honour to be a member of the Advisory Committee that worked hard to ensure a highly functioning Situation Table. I hear regularly from CCH staff and our partners that the Situation Table is a tremendous resource. All agencies involved have prioritized clients who are referred to the Situation Table, improving access to those with the highest need." – Christine Penney, Vice President, Community Programs, Cornwall Community Hospital



- In March 2021, the Community Action Network Against Abuse and the ACSDG Situation Table partnered together thanks to the additional fiscal project funding CANAA received from the Ministry of Children, Community and Social Services. The Community Action Network Against Abuse provided a financial contribution in the amount of \$1,000 to the ACSDG Situation Table in order to enhance communication amongst community partners, facilitate the sharing of available resources in our community and engage in a violence prevention initiative as the Situation Table’s focus is about identifying and mitigating elevations in risk before harm occurs, therefore providing opportunities for early intervention and improve outcomes for local residents and the community.
- The ACSDG Situation Table, in partnership with various other Situation Tables across the province, developed a training resource which contains various case studies/mock scenarios.
- Community agencies continue to be invited to attend a Situation Table meeting to provide a brief overview of their programs and services.
- The Situation Table Advisory Committee continues to meet on a bi-monthly basis. Members of the Advisory Committee continue to attend various Situation Table meetings to conduct quarterly check-ins with the Situation Table members.
- In May 2021, the Situation Table Advisory Committee changed the logo to include Akwesasne; we are very fortunate to have Akwesasne part of the Situation Table!



“Partnerships have strengthened. We are extremely fortunate to have a Situation Table in our community and it is thanks to the ongoing efforts and collaboration of our dedicated Table members!”
 – Situation Table representative

- Ongoing learning has been key to the success of our Situation Table. Refresher training sessions have been coordinated on a yearly basis. Here is an overview of past refresher training sessions....

On June 12, 2018, a refresher training was delivered by Tammi Simcoe (Research Analyst, Community Safety Services, OPP) and Staff Sergeant Jeff Simpkins (OPP). During the 2018 refresher training, we took some time to recognize and celebrate the one-year anniversary of the Situation Table.



Pictured left to right

Tammy Hart (Former Deputy Mayor Township of South Stormont), Tammi Simcoe (Research Analyst, Community Safety Services, OPP), Staff Sergeant Jeff Simpkins (OPP), Shawna Spowart (past Advisory Committee Co-Chair) and Member of Provincial Parliament Jim McDonell.



Pictured left to right

Shawna Spowart (past Advisory Committee Co-Chair) and Member of Provincial Parliament Jim McDonell.



- On October 10, 2019, Dr. Chad Nilson, Multi-Sector Collaboration Specialist (Living Skies Centre for Social Inquiry, Prince Albert, Saskatchewan) provided a one-day working session titled *"Risk Detection: A Facilitated Working Session on Maximizing Effectiveness at Filter One"* to Situation Table members and Advisory Committee members.



- On November 4 and 5, 2020, the Cornwall Police Service and the Situation Table hosted two virtual working sessions (via Zoom): *"Collaborative Risk-Driven Intervention: A Community Engagement Session in Support of Situation Tables"* and *"Situation Table Check-in Session: An Opportunity for Troubleshooting and Improvement"*. Both sessions were sponsored by the Cornwall Police Service who is a key partner to the ACSDG Situation Table! These working sessions were facilitated by Dr. Chad Nilson, Multi-Sector Collaboration Specialist (Living Skies Centre for Social Inquiry, Prince Albert, Saskatchewan).
- On October 21, 2021, Dr. Chad Nilson facilitated a 3-hour refresher training session (via Zoom) for all active member agency representatives, ad-hoc member agencies, advisory committee members, Chairs and Data Analysts. The training involved an examination of core principles and practices of the Situation Table model—including risk detection, meeting processes, information sharing, intervention planning, report-back and closure.

INDICATORS	DESCRIPTION	EXAMPLE
Change in Behaviour	Service providers or family members may notice a stark change in the behaviour, attitude or reactions of an individual that are not characteristic of that person.	sudden absence from school by student
Clustering of Needs	Multiple needs may have a composite effect on the individual. Whereas one or two needs alone may be manageable, a clustering of needs may elevate risk considerably.	homelessness, victim, alcohol medical problem
Request for Help	Sometimes, individuals simply want help. They may be nearing a crisis, feeling helpless, or overwhelmed by the challenges in their life. Requests for help serve as a detection of risk.	abusive father forward and a help
Unusual Incident	Different from a change in behaviour, unusual incidents are those situations which typically should not happen, and may be the result of elevated risk in someone's life or family.	children left a long period of
Crisis	Situations where it appears that everything has broken down and people have been or will likely be emotionally or physically harmed, with little means to help or protect themselves.	mother previously beaten and ab another binge
Systematic Assessment	In many sectors (e.g. education, mental health) there are systematic assessment tools that human service providers administer to assess the needs of clients they serve. It is quite possible that such assessments may reveal acute situations requiring	screening assessment maternal child program

Data Analyst Report

Prepared by Stephanie MacRae, Cornwall Police Service

INTRODUCTION

The Akwesasne, Cornwall, SDG (ACSDG) Situation Table held its first meeting on May 2, 2017. Since then, the table has continued to successfully grow and assist members of the community. There are currently 17 agencies who attend the regular weekly meetings and 23 ad-hoc agencies involved in the ACSDG Situation Table.

The data presented in this report is representative of the period between May 1, 2021 and May 1, 2022.

The report is divided into several sections as indicated below:

- Situation Summary
- Year over Year Situation Data
- Agency Involvement: Originating, Lead, and Assisting Agencies
- Demographic Information
- Risk Factors
- Protective Factors
- Study Flags
- Services Mobilized
- Intervention Data
- Conclusion of Situations

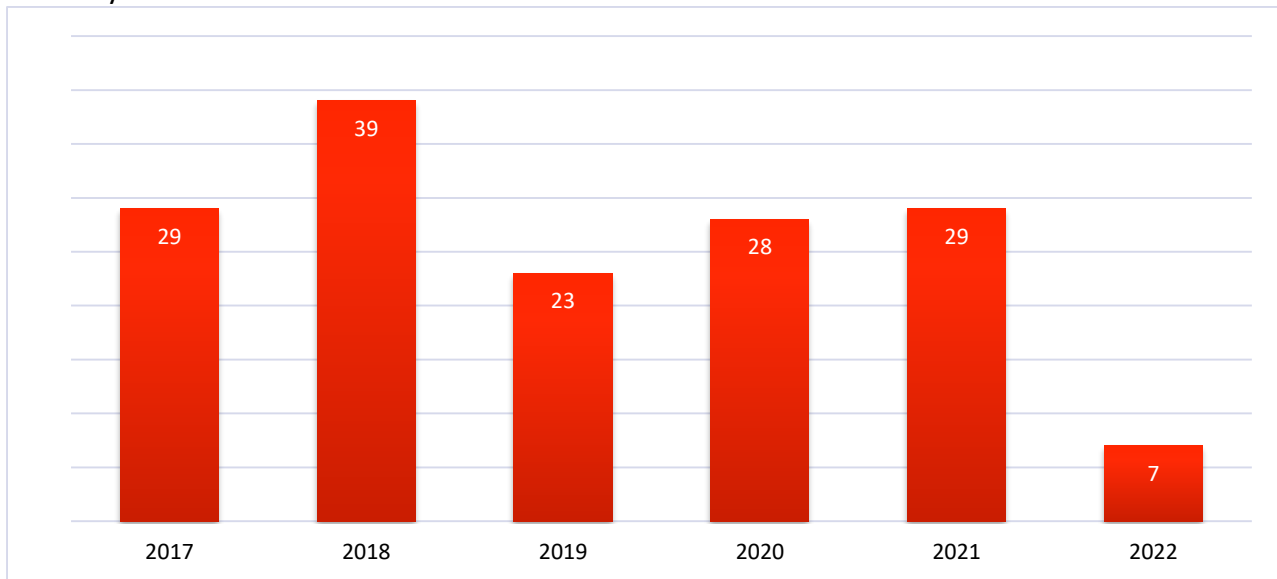


SITUATION SUMMARY



YEAR OVER YEAR SITUATIONS OPENED

The following chart shows the number of situations that were opened annually since the Situation Table launched on May 2nd, 2017. The data for 2022 is only reflective of the period between January and May.

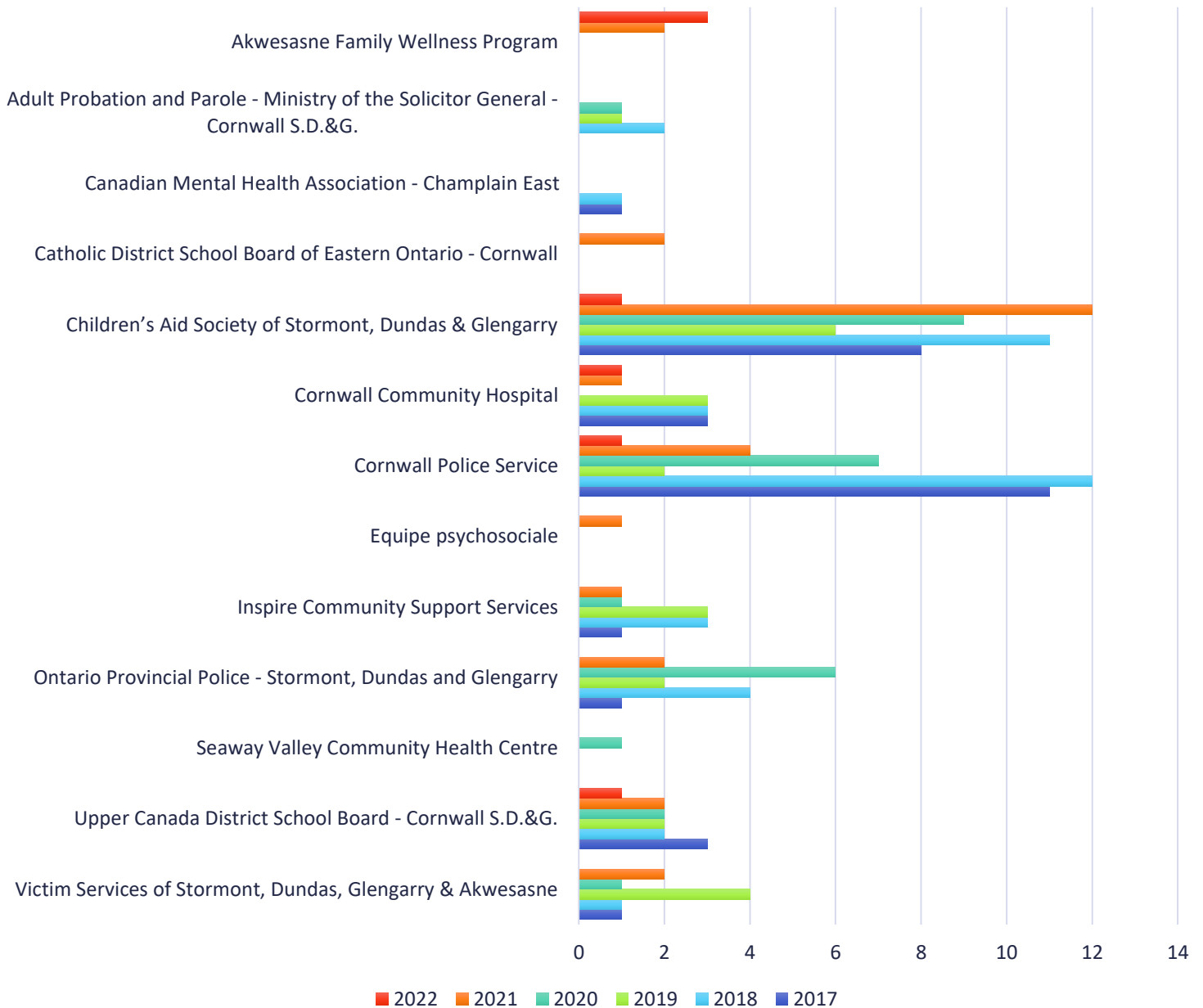


YEAR OVER YEAR AGENCY INVOLVEMENT

The following three charts show the number of times an agency became involved as an originating agency, a lead agency, and an assisting agency. Please note that where an agency is **not** listed, the agency has not been involved in the indicated category.

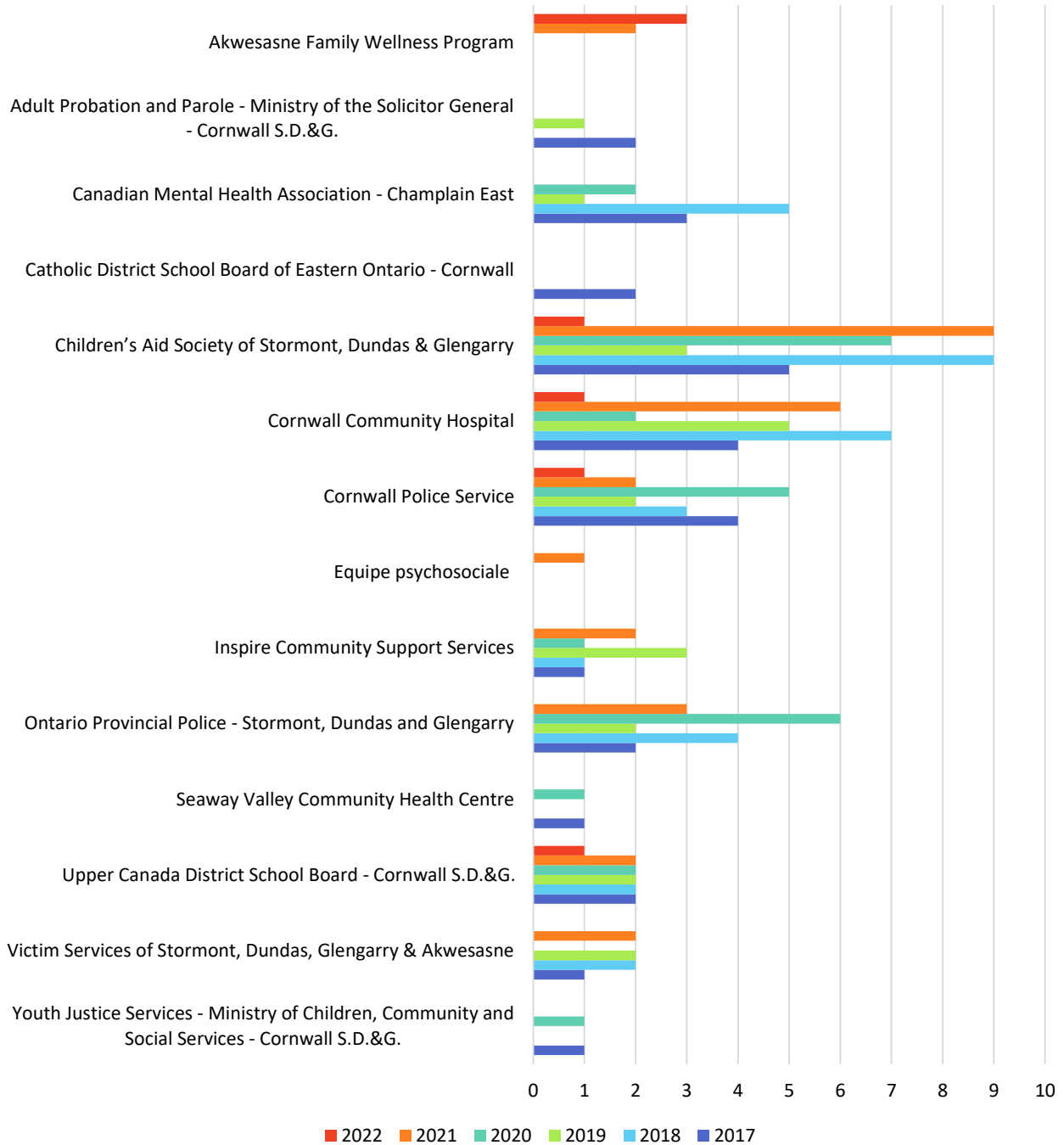
ORIGINATING AGENCIES

A total of thirteen agencies have brought forward situations since May 2nd, 2017. The chart below shows the number of times these agencies originated a situation since the beginning of the ACSDG Situation Table.



LEAD AGENCIES

While the originating agency is responsible for planning the referral and bringing the situation(s) to the table, it is the responsibility of one of the participating agencies to act as a lead. The lead agency will ensure the intervention/plan is being met and followed, communicates with the other agencies involved in the intervention, and reports back to the Situation Table at the following meeting. Of the 146 AER situations brought forward, the following chart reveals which agencies have been involved as a lead annually.



ASSISTING AGENCIES

A lead agency requires the assistance of other agencies in order to make the door knock a successful turning point. The following data demonstrates which agencies have assisted with situations and how frequently they have been in the role of an assisting agency. On average, six agencies are engaged as an assisting agency per situation.

Agency Name	2017	2018	2019	2020	2021	2022
Adult Probation and Parole - Ministry of the Solicitor General	5	7	3	6	2	1
Agape Centre			1	3	2	1
Akwesasne Family Wellness Program					2	2
Akwesasne Mohawk Police Service						1
Canadian Mental Health Association - Champlain East	22	27	15	21	17	3
Carefor Health and Community Services	1	4	2	2	2	
Catholic District School Board of Eastern Ontario - Cornwall	4	7	2	2	3	
Centre de santé communautaire de l'Estrie					1	
Children's Aid Society of Stormont, Dundas & Glengarry	13	12	7	9	10	3
Cornwall SDG Human Services Department	9	4	6	5	8	4
CHEO Coordinated Service Planning					1	
Roy McMurtry Legal Clinic				1	4	
Cornwall Community Hospital	18	28	18	26	27	6
Cornwall Police Service	21	18	12	17	14	1
Cornwall Fire Services				1	2	
Cornwall SDG Paramedic Services		2	2		1	
Inspire Community Support Services	13	14	8	10	9	1
Developmental Services Centre				1		
Eastern Ontario Health Unit	2	1		1	1	
Equipe psychosociale		1				
Home and Community Care Support Services - Champlain	4	4	1	1		
Laurencrest Youth Services	2	1	5	4	1	1
Maison Baldwin House		3	1	1	4	1
Maison Interlude House		4	3	3	2	1
Naomi's Family Resource Centre		2			1	
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Cornwall	7	3	6	3	3	2

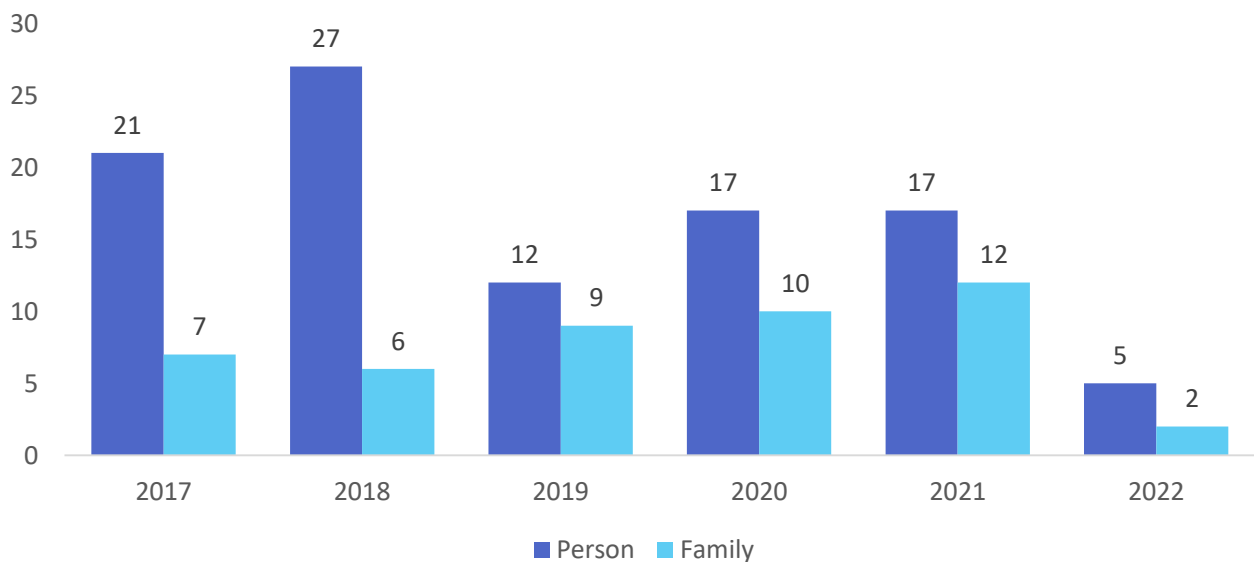
Ontario Provincial Police - Stormont, Dundas and Glengarry	6	5	5	1	7	1
Regional Integrated Care (formerly HealthLink)			1			
Royal Ottawa Health Care Group		1			2	1
Seaway Valley Community Health Centre	8	9	5	3	4	2
Sexual Assault Support Services for Women		1	2	3		1
Upper Canada District School Board - Cornwall S.D.&G.	2	4	5	6	5	0
Victim Services of Stormont, Dundas, Glengarry & Akwesasne	11	13	5	6	12	2
Youth Justice Services - Ministry of Children, Community and Social Services	2	2	1	0		
Youth Now Canada			1	2	2	
Youturn Youth Support Services						1

DEMOGRAPHIC INFORMATION

Of the 146 AER cases brought forward to the Situation Table, 99 were involving one person, while 46 were involving a family situation, where multiple persons were requiring assistance. In the situations where a “family” was at risk, no specific gender or age category can be identified.

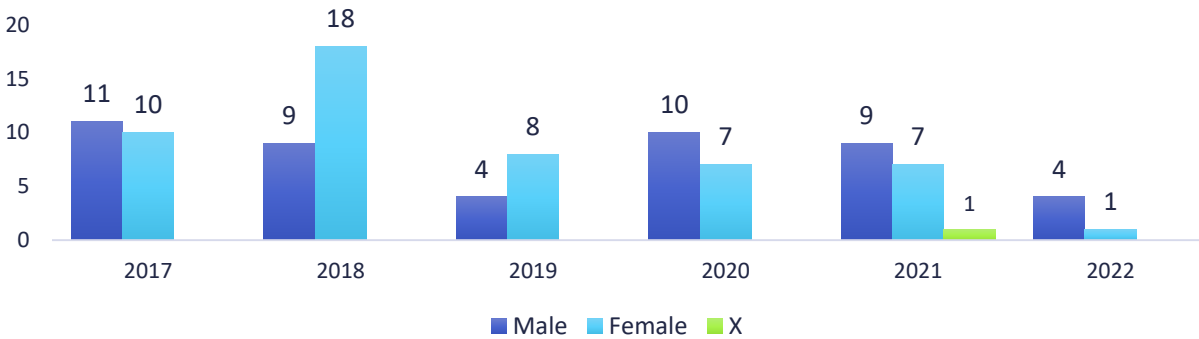
PERSON VS. FAMILY SITUATIONS

The data below compares the number of situations where an individual was involved to the number of situations where a family was involved.



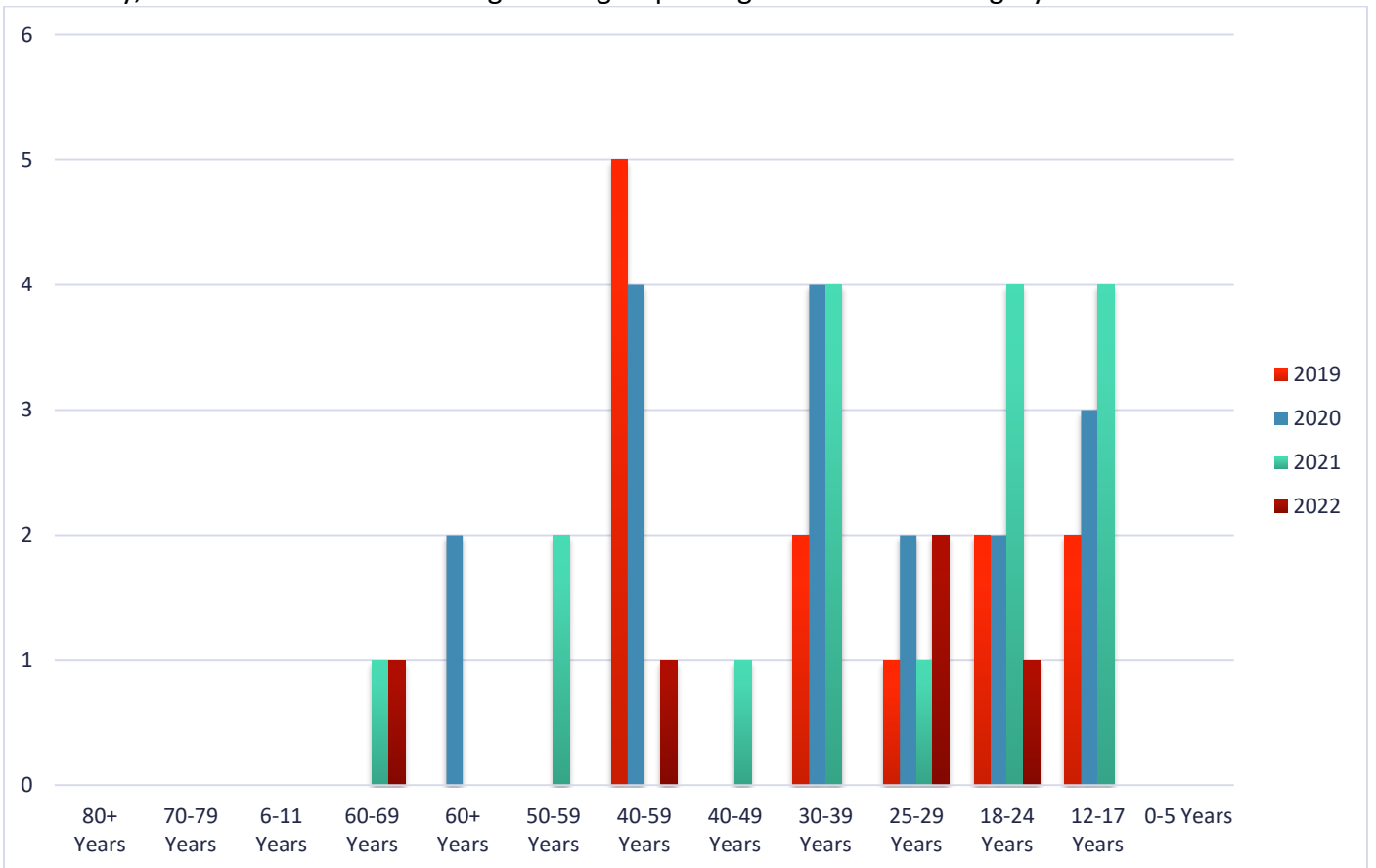
GENDER

The data below shows the gender of the individuals referred via the Situation Table. Please note that during the referral process, the originating agency has the ability to submit the individual's gender as female, male, NA, unknown, or X.



AGE GROUP

The data below shows the age category of the individuals referred via the Situation Table. In late 2020, the Ministry updated the database to now breakdown age groups beyond the age of 60. Previously, all individuals above that age were grouped together in a 60+ category.



TOP RISK FACTOR CATEGORIES

When a situation is brought to the table, a number of pre-defined risk factors are identified. On average, 11 risk factors are identified per discussion. 98 out of a possible 105 risk factors have been identified through the ACSDG Situation Table database. Each risk factor has a broader/general **category** that it is classified under (*i.e. Mental Health is a general category containing multiple, more specific risk factors to be identified in a situation, such as “diagnosed mental health problem” or “suspected mental health problem.”*) A situation can have multiple risk factors from the same general category.

The following chart displays a five-year comparison of the top risk categories.

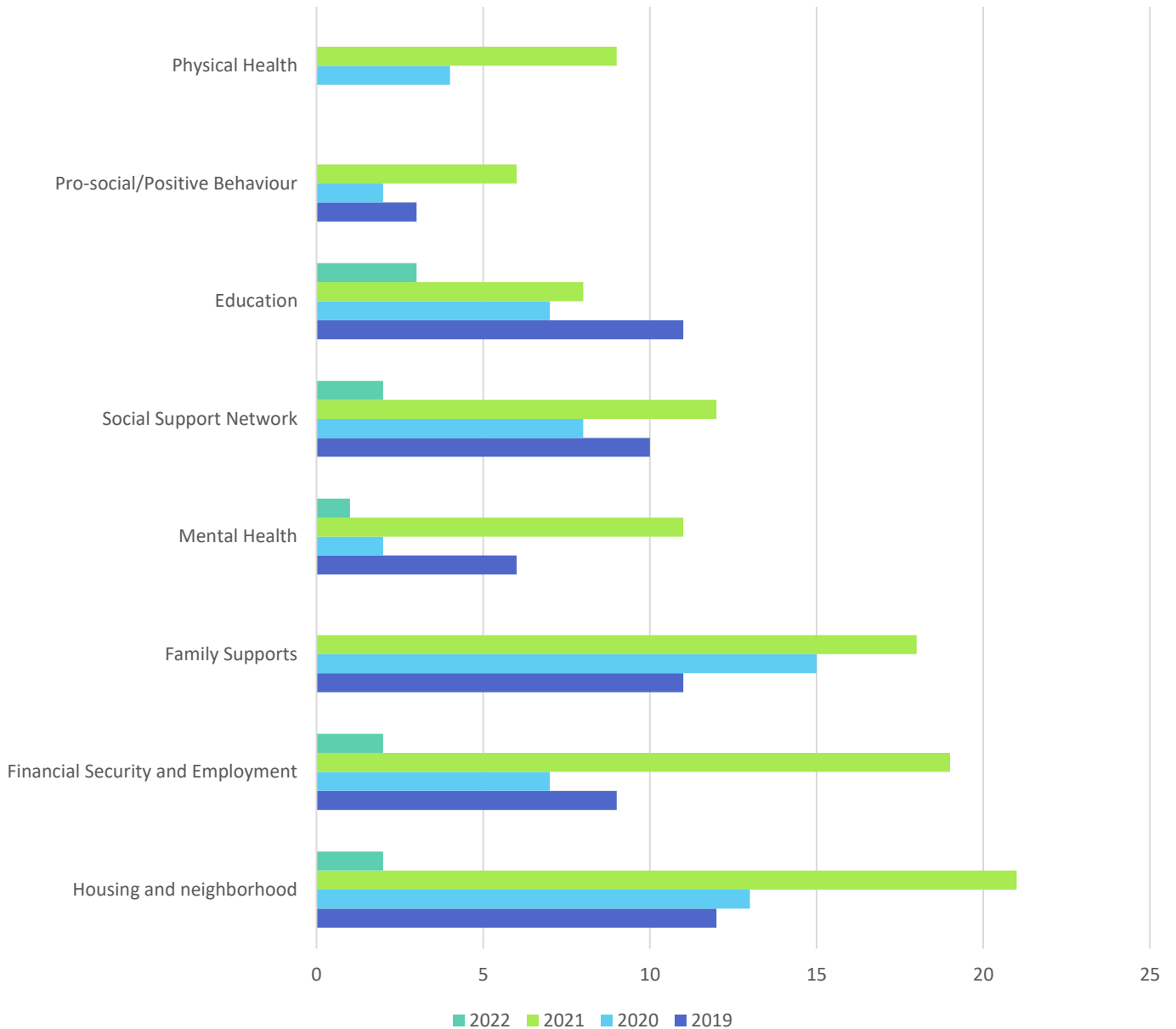
Top Risk Categories

Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2017	Mental Health	39	Criminal Involvement	38	Physical Violence	22	Antisocial/Negative Behaviour	19	Physical Health	16
2018	Mental Health	38	Criminal Involvement	36	Drugs	26	Antisocial/Negative Behaviour	21	Emotional Violence	21
2019	Mental Health	36	Emotional Violence	22	Criminal Involvement	20	Drugs	15	Basic Needs	15
2020	Mental Health	39	Drugs	26	Criminal Involvement	21	Antisocial/Negative Behaviour	20	Basic Needs	18
2021	Mental Health	20	Drugs	11	Emotional Violence	10	Physical Violence	10	Housing	9
2022	Basic Needs	8	Mental Health	7	Housing	6	Physical Health	6	Poverty	6



PROTECTIVE FACTORS

Protective factors are defined as positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families and communities, thereby increasing personal and/or community safety and well-being. The following protective factor groupings have been identified in situations. As indicated below, housing and neighborhood is a protective factor that is most frequently seen in cases brought forward to the table. Protective factors were a new addition to the Risk-Driven Tracking Data base in 2018.



STUDY FLAGS

Study Flags further classify situations and categorize common trends. Presented below is a list of the top Study Flags identified each year.

2018	
Recent Escalation	25
Domestic Violence	15
Child Involved	9
Risk of Losing Housing/Unsafe Living Conditions	8
Social Isolation	8
Recidivism	7
Cognitive Disability	7

2019	
Recent Escalation	17
Transportation Issues	10
Social Isolation	9
Homelessness	9
Developmental Disability	7
Learning Disability	7
Risk of Losing Housing/Unsafe Living Conditions	6

2020	
Recent Escalation	16
Child Involved	10
Domestic Violence	10
Risk of Losing Housing/Unsafe Living Conditions	8
Cognitive Disability	5
Methamphetamine Use	5
Homelessness	4

2021	
Recent Escalation	20
Risk of Losing Housing/Unsafe Living Conditions	16
Child Involved	15
Domestic Violence	10
Homelessness	9
Learning Disability	7
Custody Issues/Child Welfare	7

2022	
Homelessness	5
Transportation Issues	5
Risk of Losing Housing/Unsafe Living Conditions	4
Social Isolation	3
Recent Escalation	2
Recidivism	2
Inappropriate Sexual Behaviour	2

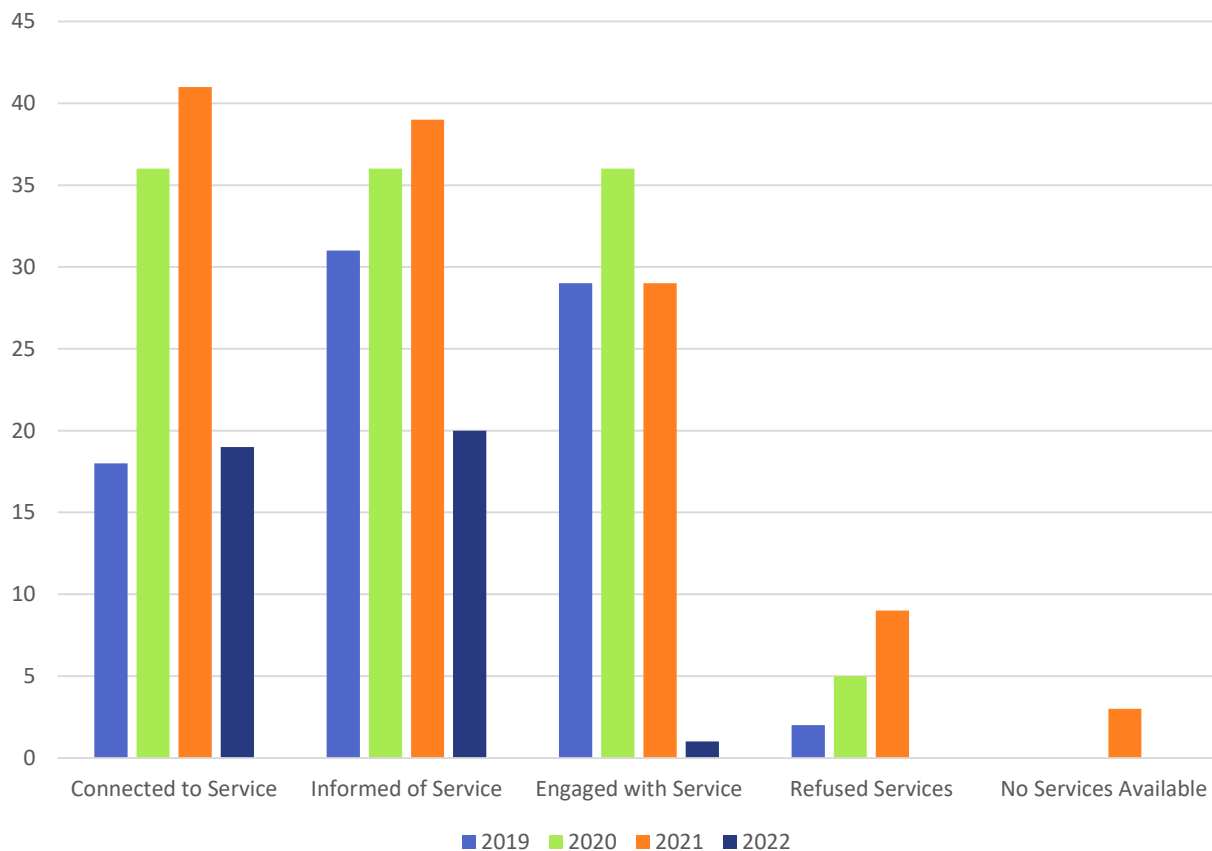
SERVICES MOBILIZED

Once an intervention is implemented by Situation Table participants, the services mobilized as a result of the intervention may be recorded into the database. This is a newer feature that started to be tracked in mid-2018. By tracking the Services Mobilized, the outputs of the mobilization process can be recorded. Additionally, this provides a mechanism that promotes collective due diligence among agencies involved in Situation Table discussions. There are three ways in which the Situation Table can mobilize services, as defined below. Services not mobilized due to a lack of available services or refusal of services should also be tracked.

Currently there are seventeen types of services been tracked per each type of mobilization, ranging from counselling, addition, housing, mental health, food support, victim support, education services, etc. In 2021, the service mobilized the most often was counselling and mental health services.

TYPES OF MOBILIZATION

- **Informed of Services** - Letting the individual/family know what services are available to reduce risks identified
- **Connected to Services** - Facilitating the individual's/family's communication with a service provider
- **Engaged with Services** - Individual/family actually begins receiving services/supports from an agency
- **No Services Available** - Services not available in the community to refer individual/family to
- **Refused Services** - Individual/family refused services recommended by service provider

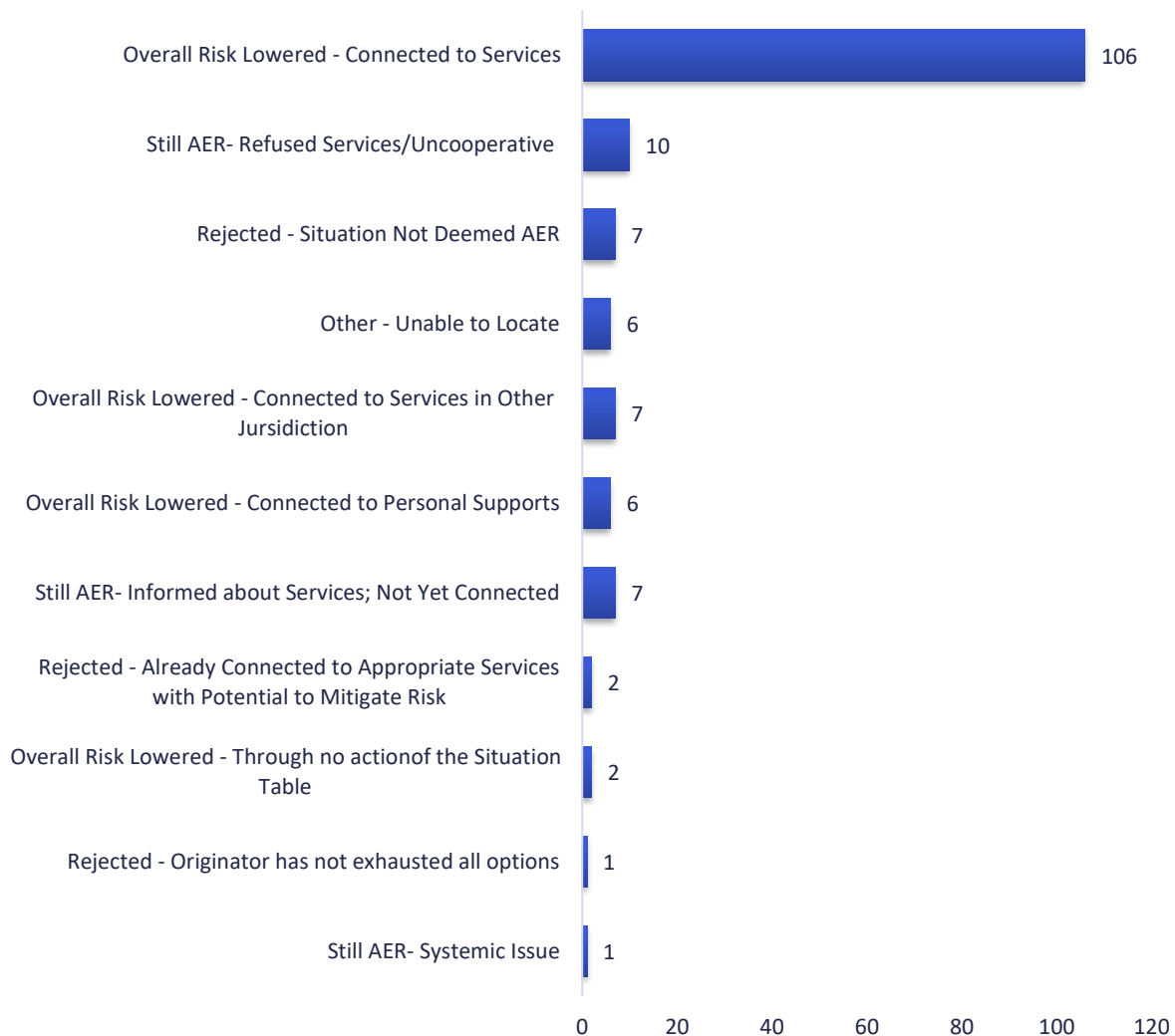


INTERVENTION DATE

Intervention date data was added to the RTD in 2018. From this time to present, the data shows that it is taking an average of 2.9 days for the intervention to take place from the time the situation was presented to the Situation Table. Over the last year, since May of 2021, interventions are taking an average of 3.4 days to occur. It should be noted that the COVID-19 pandemic is likely to have been a factor in the increase.

CONCLUSION OF SITUATIONS

The overall goal of the Situation Table is to lower AER and have the involved party(ies) connected to appropriate services in an expedited amount of time. As mentioned previously in this report, nine situations were concluded as “rejected” due to not meeting AER or being already connected to appropriate services. Eleven cases have been re-opened since May 2, 2017. Of the 146 AER situations, 121 have resulted in the overall risk being successfully lowered. The breakdown is as follows:



CONCLUSION

Overall, the data presented in this report is an indicator of the continued success of the ACSDG Situation Table. This report has focused on data submitted to the Situation Table Risk-Driven Tracking Database between over the last year, including the number of situations, the agencies who have taken the role as originating, lead, and assisting agencies, demographic information on the at-risk parties, the most commonly indicated risk factors, protective factors, services mobilized, study flags, and finally, the report indicates how each case was concluded. 83.4% of the situations resulted in the overall risk being lowered, which means that 121 concluded AER situations have positively impacted the life of a local individual or family.