Waterloo Region Crime Prevention Council
Together for a Safer Community

WRCPC Minutes
January 8, 2015
The Family Centre
65 Hanson Avenue
Room 2015
Kitchener, ON

Present: Alison Scott, Andrew Jackson, Angela Vanderheyden, Barry Cull, Bill Davidson, Bill Wilson, Bryan Larkin, Mike Haffner, Chris Cowie, Courtney Didier, Doug Thiel, Felix Munger, Irene O'Toole, Jane Mitchell, Jennifer Mains, Joe-Ann McComb, Laurie Strome, Mark Pancer, Mark Poland, Marla Pender, Mary Zilney, Michael Beazely, Pari Karem, Sharon Ward-Zeller, Shayne Turner, Tom Galloway, Peter Ringrose.

Regrets: Christine Bird, Denise Squire, Derek Haime, Douglas Bartholomew-Saunders, Don Roth, Frank Johnson, Helen Jowett, John Shewchuk, Sharlene Sedgwick-Walsh, Liz Vitek, Peter Rubenschuh.

Staff: Christiane Sadeler, Mary Anna Allen, Michael Parkinson, Tracy Jasmins

1. **Welcome and introductions:** The WRCPC members and guests were welcomed and introductions were made.

2. **Approval of Agenda: Moved by Mary Zilney and seconded by Sharon Ward-Zeller. Carried.**

3. **Declaration of Conflict of Interest:** None

4. **Approval of Minutes of December 11, 2015: Moved by Felix Munger and seconded by Michael Beazely. Carried.**

5. **Approval of Smart Update (consent agenda): Moved by Sharon Ward-Zeller and seconded by Courtney Didier. Carried.**

6. **Presentation of the Evaluation of the Connectivity Project**

   The WRCPC invited Taylor and Newbury Consulting to present the evaluation findings for the Connectivity (situation tables) in Waterloo Region. Council was interested the aggregate data and what it means for larger system challenges,

the reporting mechanism and the development of the privacy framework. Please see PPT attached.

Connectivity is a multi-sectoral direct service collaborative model that brings together police; education; health; justice; and social service agencies to a weekly meeting to provide support to persons at risk. The risk status is ascertained through a four filter process.

This model was introduced to the community by the Waterloo Regional Police Service (WRPS), the Waterloo Wellington Local Health Integration Network (WWLHIN) and the Waterloo Region Crime Prevention Council (WRCPC) in January 2013. Since that time, two Connectivity Tables have been launched in partnership with the WRPS, one in Cambridge by Langs and one in Kitchener by Carizon.

The Information and Privacy Commissioner (IPC) is working closely with the Ministry of Community Safety and Corrections in developing guidance on ways to refine the process with regards to privacy. The Ministry of Community Safety and Corrections has developed a position paper and has provided examples of situations to help inform the Privacy Commissioner. The OACP Board of Directors have also met with the Privacy Commissioner. There are sections in the Freedom of Information and Protection of Privacy Act that give the organizations the duty to act. There is also health privacy legislation that is very specific about when, where and with whom information can be shared. The Connectivity members were encouraged to work with the staff from the IPC to develop a framework that is anticipated to be released in 2016.

There are three primary sources for data collection. One is the ongoing Connectivity databases for Cambridge and Kitchener situation tables, which are a collection of information about risks and what organizations are involved in responding. The other two sources are Connectivity member focus groups and interviews and other key stakeholder interviews and focus groups.

The longer-term impact of Connectivity on the people served in terms of their wellness and wellbeing is unclear and the evaluators would like to continue to pursue this work by interviewing clients that are receiving service. They would also like to interview clients about privacy matters.

Carizon develops a monthly summary of the work of the most prevalent risk factors, and any issues that have developed. Carizon is in the final stages of

looking at an analysis of the period of time since the launch to December 31, 2015. They will be looking at risk factors by gender and age group. Carizon will be forwarding that analysis to the Ministry.

Cambridge is piloting a database that the Ministry created that produces aggregate reports. The Cambridge Connectivity Table will not only capture risk factors but also prevention and protective factors.

The original Prince Albert model included a second level called the Centre of Responsibility to deal with systemic issues. There was a suggestion and some discussion about the Connectivity Tables sharing their data with an overarching table that represents most of the human services like the WRCPC.

Currently, the local Connectivity Tables do not see the need to create an overarching reporting table and at present report data information to the Health Links. Bill Davidson offered to make a presentation about Health Links to the Council at a later date.

Organizational collaboration is important for prevention efforts and essential to avoid duplication, including duplication of larger collaborative tables. Since resources overall are tight, asking sectors to be at multiple tables is unlikely to be successful. The Community Well-being Plan Table is one opportunity to have the broader system work discussions. The WRCPC is involved with this Table.

7. Overdose Monitoring Alert Response System (OMARS) - Michael Parkinson and Paul Gregory - presentation and discussion

Michael Parkinson, staff with the Waterloo Region Crime Prevention Council and Paul Gregory, Coordinator for Waterloo Region Integrated Drugs Strategy (WRIDS) were invited to present the Overdose Monitoring Alert Response System: an action plan to monitor, alert and respond to overdoses and tainted drugs in the local community. Please see PPT attached.

WRIDS began the process of monitoring overdoses in Waterloo Region in response to the presence of ‘bootleg fentanyl’, a high-dose black market opioid now in Ontario. The WRCPC recommended a real time surveillance system in 2008 in our report **A First Portrait of Drug Related Overdoses in Waterloo Region** and issued a Community Advisory in 2013. Currently, there is no Provincial overdose surveillance system in place. A letter, supported by the WRCPC, was sent to the Premier and the Minister of Health and Long-term Care

asking for the Province to take leadership on issues of opioid overdose. To date a response has not been received.
[Post meeting addendum, the letter and response]: Letter to Ontario Premier Kathleen Wynne and Health Minister Eric Hoskins of November 2, 2015 endorsed by WRCPC and the Minister's reply received January 18, 2016.

In the meantime, the WRIDS developed the Overdose Monitoring Alert Response System (OMARS) and brought it forward to the WRCPC with a request for WRCPC participation. Information on how to participate can be accessed through the website: www.whatsyourrole.org

The WRCPC had a discussion about its role, directions and next steps and provided feedback.

Feedback:
The lack of urgency and attention to overdose issues speaks to stigma, discrimination and marginalization; all key considerations in the WRCPC Strategic Plan 2015-2018.

An OMARS presentation for information purposes by the WRIDS to Regional Council was suggested. It was also suggested to ask Public Health about their role and involvement.

Bill 33 – the Fentanyl Patch for a Patch program – has been passed by the Legislature and requires that patients return the used prescription fentanyl patches in order to receive a new patch. It was shared that although this is a well intended program, limited resources might be better applied to overdose prevention and the expanded distribution of naloxone, a lifesaving antidote for those that overdose.

8. **Community Well-being Plan Update:**

Shayne Turner, Vice-Chair of the WRCPC will now be representing the WRCPC at Community Well-being Planning Table along with Christiane Sadeler.

The next meeting of the Community Well-Being Planning Table is on February 5, 2016. It is convened and lead by Mike Murray (CAO) and Douglas Bartholomew-Saunders. Research participants in the study conducted by Dr. Kathy Hogarth and those from the group that originally met with the Ministry are invited to this initial next step.

9. **Recognition of Outgoing WRCPC Members:**

Chris Cowie, on behalf of the WRCPC, recognized outgoing members, Bill Davidson, Christine Bird, Frank Johnson, Irene O'Toole, Laurie Strome, and Mary Zilney.

10. RCMP Gazette Article:

The WRPS were asked by the RCMP to contribute an article answering the question: "How can the public play a greater role in supporting police operations?" The WRPS decided to feature the WRCPC and collaborated with WRCPC staff on the article. Doug Thiel will share the article after it is published in the RCMP Gazette.

11. The Nominating Committee Report:

A motion for the WRCPC to move into closed session moved by Irene O'Toole.

An Evaluation of the *Connectivity* Situation Tables in Waterloo Region:

Addressing Risk Through System Collaboration

Presented to the Waterloo Region Crime Prevention Council

January 8, 2016

Background

- **January 2013:** Waterloo Regional Police Service (WRPS), the Waterloo Wellington Local Health Integration Network (WWLHIN), and the Waterloo Region Crime Prevention Council introduced the model to the community.

- **January 31, 2014**: Connectivity Cambridge was launched by Langs in partnership with WRPS.

- **October 2, 2014:** Connectivity Kitchener was launched by Carizon Family and Community Services in partnership with WRPS.

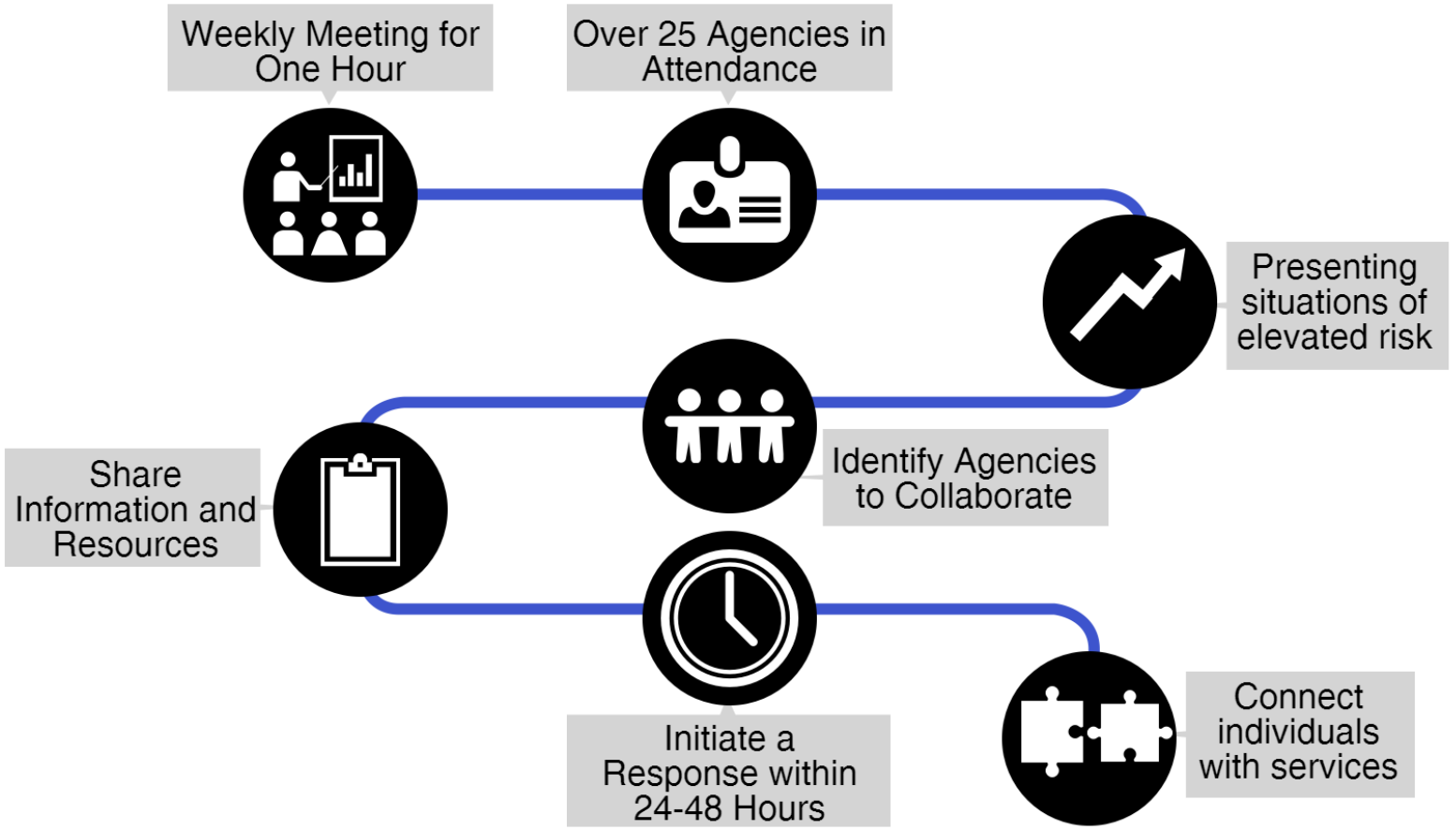
Why Connectivity was Needed in Waterloo Region

- Higher rate of alcohol use than in the rest of the province.
- People with serious mental health issues are at higher risk of experiencing homelessness. In 2006, there were 6500 adults with a mental health issue.
- Growing economic disparity with 25% of the population reporting an income at or below $14,100.
- A youth crime rate higher than both provincial and national levels. 80% of calls to Waterloo Regional Police Service are non-criminal in nature.

What is Connectivity?

- Multi-sector collaboration model that brings together police, education, health, justice, and social service agencies to a weekly meeting, also called a situation or hub table.
- Collaboratively and proactively address situations of elevated risk through a four filter model process and provides support to individuals to access the services they need.
- Organizations and systems are immediately responsive (e.g. same day or next day).
- Long term vision of reducing crime, emergency room admissions, child protection cases, prosecutions, and youth victimization.

What is Connectivity?



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About Connectivity

Representation and Engagement of Local Services

The Tables have been designed to include cross-sectoral representation, including:

- **education**
- **police and justice services**
- **primary health care**
- **community health and hospital services**
- **community mental health and addictions**
- **developmental services**
- **child protection services**
- **housing and homelessness support services**
- **income support services**
- **sexual assault and victim support services**

- Approx. 25 members at each Table representing local services and organizations (alternate members to stand-in when the primary rep. is unable to attend).

Background to the Evaluation

- Project Launch in Jan 2015 with key stakeholders
- Overarching evaluation questions:

1. Evaluation of implementation

How is Connectivity being implemented in Waterloo Region? Who is being served by Connectivity?

2. Evaluation of outcomes

What are the outcomes for the people being served by Connectivity?

What changes to service delivery, organizational collaboration, and system coordination emerge as a result of the new practices at the Connectivity table?

Methods

We collected data from **three** primary sources.

- The Connectivity databases maintained for the Cambridge and Kitchener Situation Tables
- Connectivity member focus groups and interviews
- Other key stakeholder interviews and focus groups (i.e., consultants for other Situation Tables, local system leaders, C&ND Health Link Steering Committee)

We engaged a **total of 74 individuals** between Jan-Mar 2015

- 4 focus groups (68 participants)
- 26 individual interviews

Key Findings

Key Findings: Overview

- Both Tables have demonstrated **consistent and effective processes** to address elevated community risk amongst people with complex challenges; **strong, integrated, cross-sectoral collective of organizations** working together at both Tables

- **Multiple, interrelated risk factors** are being creatively addressed through the contributions of members representing health, mental health and addictions, police services, child and youth services, education, and a range of social services

- Members report **enhancements and improvements in how they engage in collaborative work** and **new system relationships** have developed to support table responses and local supports and services more generally

- Although the longer-term impact of Connectivity on the **people served** is unclear at this time, there is evidence of short-term gains in creating **new service connections and engagement**, building **trust and rapport**, and **mitigating elevated risk**

How is Connectivity being implemented in WR?

Number of Referrals and Situations Discussed

The Cambridge Connectivity Table has been operating since February 2014. In its first 13 months of operation,

- 122 situations were referred to the Table
- 17 of those situations were rejected by the Table because they were not appropriate
- **105 situations discussed at the Cambridge Table**

The Kitchener Connectivity Table has been operating since October 2014. In its first 5 months of operation,

- 39 situations were referred to the Table.
- 4 of those situations were rejected by the Table because they were not appropriate
- **35 situations discussed at the Kitchener Table**

How is Connectivity being implemented in WR?

Who is Being Served? Risks Identified by Connectivity

The majority of Situations referred to Connectivity have often involved:

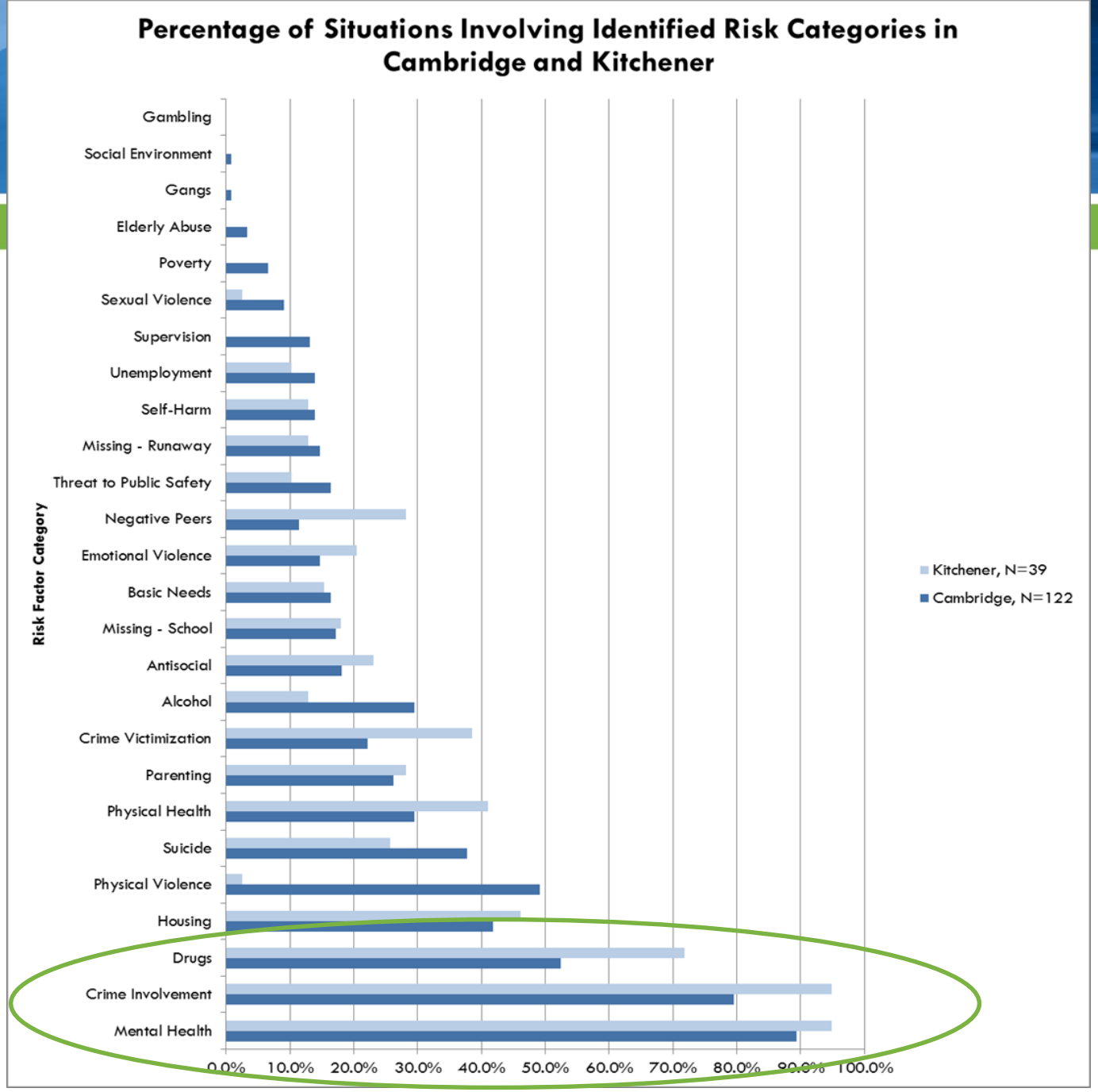
- **Transitional aged youth (youth 16 -24 years)** (25% in Cambridge; 38% in Kitchener)
- **Adults aged 30-59 years** (30% in Cambridge; 33% in Kitchener).

- School-aged children and youth (aged 6-15 years) have also been commonly involved in situations referred to Cambridge (27%), but less so in Kitchener (18%).

- Older adults have only been involved in 5-10% of the situations referred to Connectivity in Cambridge and Kitchener.

Connectivity Tables identified **an average of 6 risks involved in each situation** managed by the Tables.

In both Cambridge and Kitchener, the most commonly identified risk factors were related to **mental health, criminal involvement, and drugs.**



How is Connectivity being implemented in WR?

Representation and Engagement of Local Services

- A key factor in the successful implementation of Connectivity has been the strategic recruitment and engagement of members who are perceived as **"leaders" and "decision-makers"** in their home organizations.

[There are] *observers and doers, and I think at this table you've got doers. They go out and do the work, and it doesn't matter if you're a management level person or a frontline worker, or directly working with the clients or not. There's just this understanding that we'll be doers and we'll get the work done. We need to make things happen fairly quickly, and if they aren't able to do that, then there needs to be consideration for who is there representing those agencies.*

–Connectivity Member

How is Connectivity being implemented in WR?

Representation and Engagement of Local Services

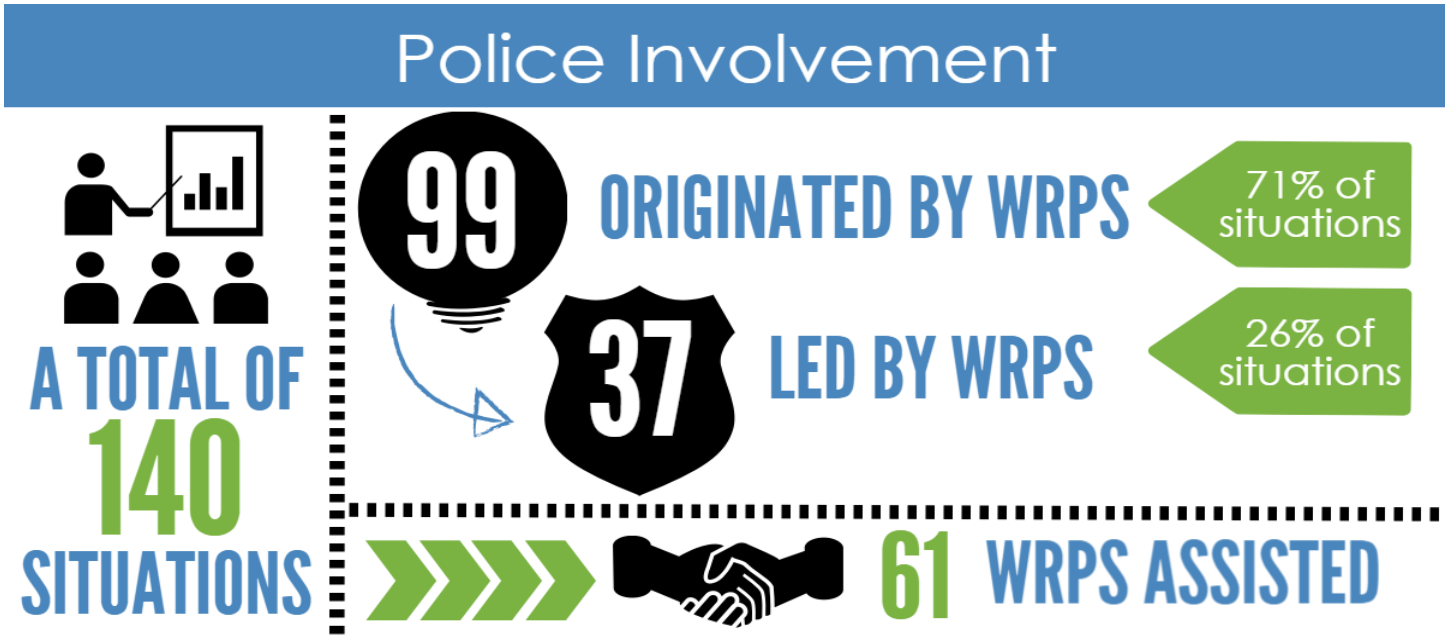
In both Cambridge and Kitchener, all of the referrals have originated from 10 services/programs.

About **50% of the time**, the service or **agency that referred the situation became the lead** agency in mobilizing a response to the situation.

- **Police Services, CMHA-WWD and Family and Children's Services** were the services most frequently engaged in responding (as a lead agency or assisting agency) to situations of elevated risk in both communities.

How is Connectivity being implemented in WR?

Police Involvement in Connectivity



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How is Connectivity being implemented in WR?

Managing Information Sharing and Privacy

- Connectivity uses a 4-filter approach to protect privacy of individuals involved in situations; only de-identified information is shared until absolutely necessary.
- Although some expressed concerns in the early days of Connectivity, agencies told us that they have now, for the most part, reconciled privacy concerns. Concerns generally centred around aligning internal organizational polices with Connectivity's practices.

At my agency we have kind of reconciled it in our confidentiality policy that we hand out to clients. We say when areas are outside our expertise or our scope, or there are risks to yourself or to other people, we are required to contact the appropriate authority. … and I think we've negotiated in our agencies that the proper authority now is sometimes Connectivity.

–Connectivity Member

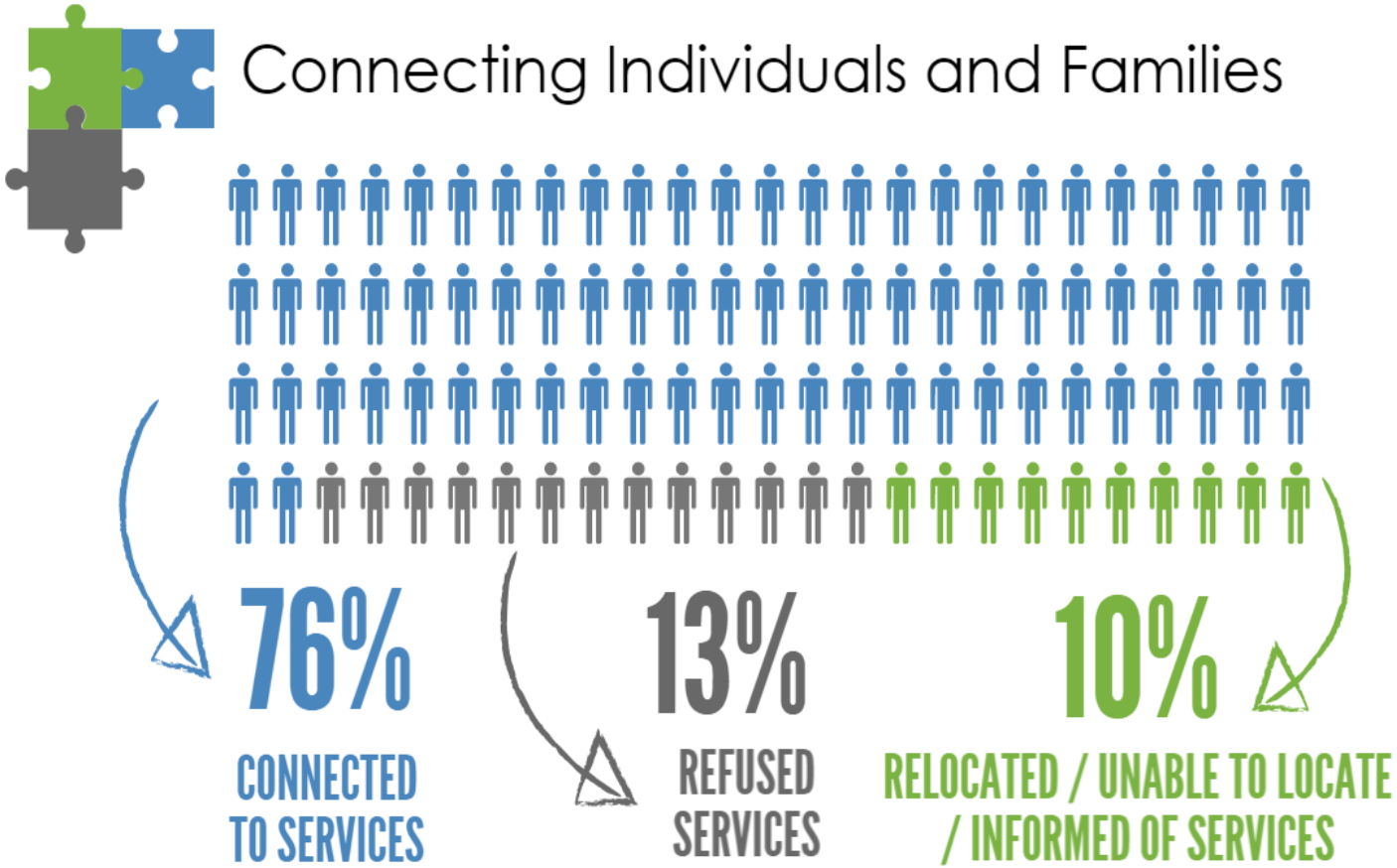
What are the outcomes for PEOPLE BEING SERVED by Connectivity?

Connectivity's core function is to connect individuals and families at acutely elevated risk to appropriate services and supports. The underlying assumption is that service connections will mitigate risk.

- Connectivity has been **successful in connecting individuals and families in situations of acutely elevated risk with services in over three-quarters (76%) of the situations** they have addressed and closed.

- Lead agency members report that individuals served have experienced an **increased sense of trust in service providers and increased levels of stability and wellness** as a result of their involvement with the initiative.

What are the outcomes for PEOPLE BEING SERVED by Connectivity?



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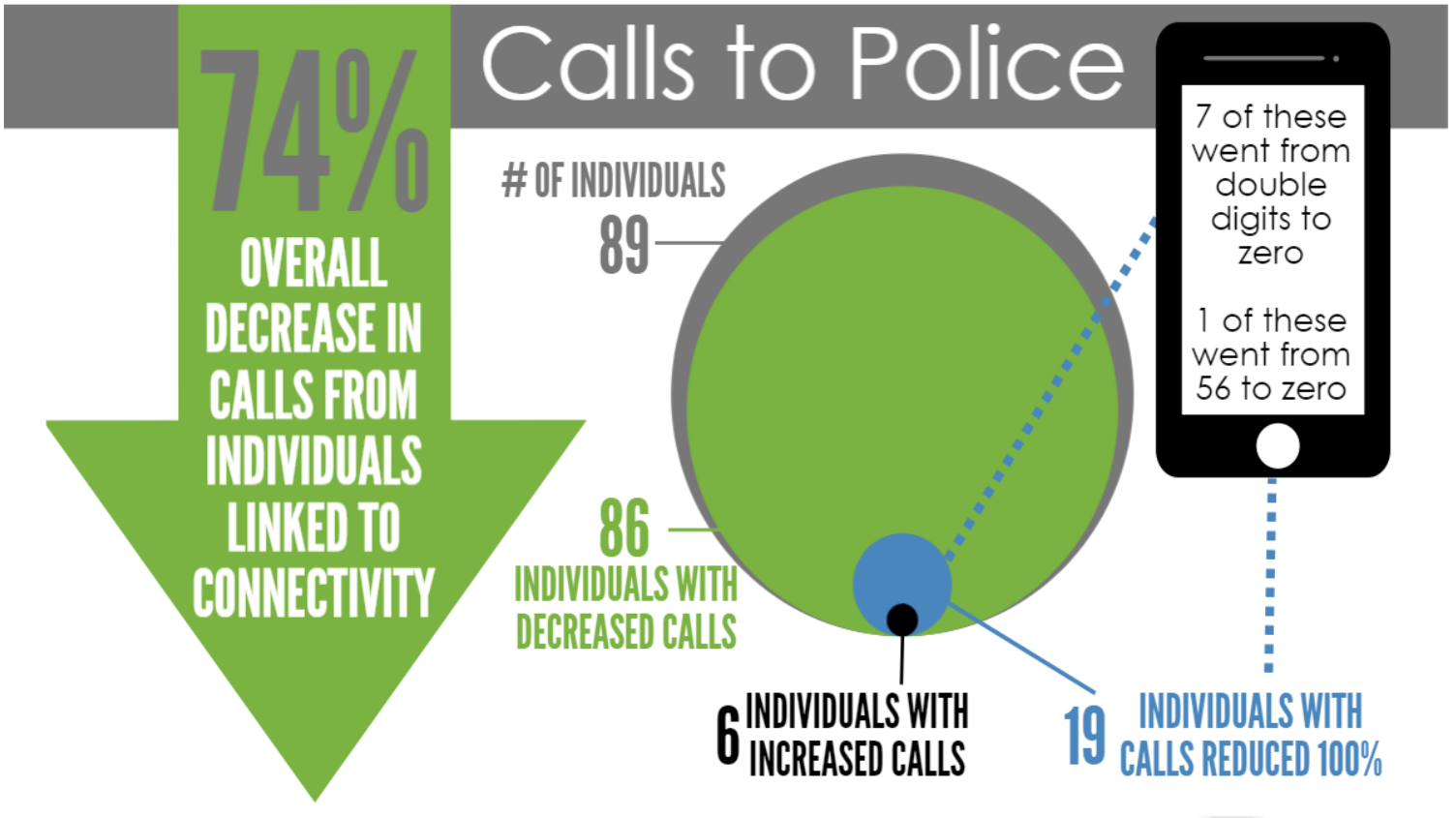
What are the outcomes for PEOPLE BEING SERVED by Connectivity?

Evidence from the WRPS in Cambridge suggests that Connectivity may be reducing the use of emergency and crisis services by connecting individuals to more appropriate services before crisis arises.



What outcomes or changes to LOCAL SERVICES AND SYSTEMS occur as a result of Connectivity?

Connecting with hard-to-reach client populations

Some services have reported that Connectivity has enabled them to **reach vulnerable client populations they have had difficulty connecting with** or finding through other community resources (e.g., homeless or precariously housed individuals with mental health needs, victims of sexual assault or trauma).

Connectivity has helped services to:

- connect with these clients through Connectivity **referrals**
- **raise their agency's profile** amongst other providers in the community, leading to increased referrals of appropriate client groups.

What outcomes or changes to LOCAL SERVICES AND SYSTEMS occur as a result of Connectivity?

Service Providers "Working Differently"

Members report a positive impact on the way local service providers conduct their work. New relationships with other service providers developed through the work of the Table have enabled them to:

- Consult and **collaborate with each other on non-Connectivity** situations more frequently.
- Create streamlined pathways and processes, enabling agencies to **serve clients more quickly and efficiently** (e.g., fast-track into services that would typically carry a waiting list).
- Be **more proactive** in identifying and mitigating situations of elevated risk.

Summary of Recommendations

Closing Situations

- Close situations when there is evidence of **meaningful engagement** of person with services.
- Flag and **follow up on people who refuse** services.
- **Track specific service actions after closure** for a specified time period.

Capacity and Participation

- Improve **remote access to home database** information.
- Promote **decision-making flexibility and authority** of table members.
- Continue to attend to **privacy protocols** and improve alignment with policies of member organizations.

System Gaps and Priorities

Through the work of the tables, Connectivity is beginning to identify important service gaps in Waterloo Region.

For example, Both Tables have noted a need to expand **adult mental health services** (both community mental health services and psychiatric services) and for organizations to increase capability to address complex, co-occurring needs.

More analysis needs to be done. Stakeholders view the identification of system gaps/priorities and strategies to address them as an important function of Connectivity and a **priority for future development**.

Summary of Recommendations

Strategic Data Use and Future Evaluation

- Strategically compile, analyze, and summarize data to **inform system development and improvement**.

- Pursue more detailed evaluation of **individual level impact;**
  - **Pilot** outcome evaluation studies focused on key questions/priorities
  - Identify **data that the tables already use** that can double as outcome indicators; identify additional indicators related to risk categories that can be assessed over time.
  - Draw on **secondary data that already exists within the system** that can speak to outcomes (e.g., police service calls, ED usage)

Update on Work with Privacy Commission

- The IPC has visited three situation tables in Ontario
- They have gained a much better understanding of the model
- IPC is working closely with the Ministry of Community Safety and Corrections and the tables they have visited
- They have provided excellent guidance on ways to refine the process which tables have adopted
- There have been no privacy breaches and there are over 20 tables operating in Ontario
- Connectivity tables often have consent and this is being tracked by tables
- Connectivity will continue to work with IPC to develop best practices for situation tables

Thank you!

Contact for more information:
Jaime Brown, PhD
Senior Consultant
Taylor Newberry Consulting
Guelph, ON
(519) 400-0430
jaime@taylornewberry.ca
www.taylornewberry.ca

Membership at Connectivity Cambridge

- Cambridge Memorial Hospital;
- Cambridge Self Help Food Bank;
- Cambridge Shelter Corporation;
- Canadian Mental Health Association Waterloo Wellington Dufferin;
- City of Cambridge Bylaw
- Developmental Services Resource Centre;
- Family And Children's Services of Waterloo Region;
- Langs;
- Lutherwood;
- Ray of Hope;
- Region of Waterloo Income Support Service;
- oneROOF;
- Sexual Assault Support Centre Waterloo Region;
- St. Mary's Counselling Service;
- Stonehenge Therapeutic Community;
- Supportive Housing of Waterloo;
- Victim Services of Waterloo Region;
- Waterloo Catholic District School Board;
- Waterloo Region District School Board;
- Waterloo Regional Police Services;
- Waterloo Wellington Community Care Access Centre;
- Youth Justice Services.

Membership at Connectivity Kitchener

- Canadian Mental Health Association;
- Carizon Family and Community Services;
- Community Care Access Centre/Elder Abuse Response Team;
- Developmental Services Resource Centre;
- Family and Children Services;
- Family Violence Project;
- Front Door;
- Grand River Hospital;
- Interfaith Community Counselling Centre; Kitchener-Waterloo, Wilmot, Woolwich and Wellesley Community Ward/Health Link;
- Lutherwood;
- Ministry of Children and Youth Services;
- Ministry of Community Safety and Correctional Services;
- oneRoof;
- Promise of Partnership/Carizon;
- Ray of Hope;
- Ray of Hope (Youth Addiction Services);
- Region of Waterloo Social Services, Employment and Income Support;
- Sexual Assault Domestic Violence Treatment Centre;
- Sexual Assault Support Centre;
- St. John's Kitchen/The Working Centre;
- St. Mary's Counselling Service,
- Stonehenge Therapeutic Community;
- Supportive Housing of Waterloo;
- Victim Services Waterloo Region;
- Waterloo Catholic District School Board;
- Waterloo Region District School Board;
- Waterloo Regional Police Service;
- White Owl Native Ancestry Association;
- Wilmot Family Resource Centre;
- YWCA Kitchener-Waterloo.

Four Filter Approach

Filter One: Single agency determines if it has done all it can do.

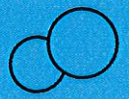
Filter Two: De-identified basic information is presented at the Hub/Situation Table.

Filter Three: Discussants collaboratively determine if acutely-elevated risk is present.

Filter Four: A select group of discussants from appropriate agencies share (in private) additional information during their planning of a collaborative intervention.

Overdose Monitoring, Alert and Response System

An action plan to monitor, alert and respond to overdoses and tainted drugs in our community



Find Allies

draft version 3.0
January 2016

WaterlooRegion
Integrated Drugs Strategy

Contents

WaterlooRegion
Integrated Drugs Strategy

WaterlooRegion
Integrated Drugs Strategy

Overdose Monitoring, Alert and Response System

An action plan to monitor, alert and respond to overdoses and tainted drugs in our community

1 2 3

Monitoring and Surveillance

Community monitoring and surveillance of overdose and tainted drugs

Direct Service providers - email report overdoses and tainted drugs (anecdotal report form template)

Communication Plan

Communicate overdose risk information and early alerts to community partners and people who use substances

Crisis Communications Team issues alerts based on threshold overdose and tainted drugs criteria

Tactics for dissemination
- provider email list(s)
- peer networks
- Sanguen Outreach Van
- social media - twitter
- SMS text

see COMMUNICATIONS PLAN

ongoing awareness and engagement for OMARS

Response

Local and regional responses to increase sector capacity to prevent overdoses

Increase OD training/prevention - # of people that can distribute OD kits and can adminiter Naloxone esp. peers/mobile outreach

Increase availability and number of OD kits

Increase # of medical directives that allow Naloxone/OD kit distribution

Increase availaibility of drug testing kits

WaterlooRegion
Integrated Drugs Strategy

Overdose and Tainted Drugs Communication Plan

A communications plan to monitor, alert and disseminate overdose and tainted drug information and responses across our community

1 Community inputs

System wide email distribution list used by stakeholders across sectors to report overdoses and tainted drugs

- Template form used to report overdoses and tainted drugs - by community stakeholders
- Crisis Communications Team to monitor email reports

2 Alert trigger/thresholds

Stakeholder reports are considered by Crisis Communications Team in order to determine whether to issue alert

Thresholds to issue alert:
- Two or more fatal overdoses in one week
- Two or more non-fatal overdoses in one week
- Two or more Naloxone administrations by EMS in one week (draft)
- Tainted drugs reports
- Any other reports that the communication Team deems necessary to issue an alert

3 Alert dissemination

Alert distribution to all community stakeholders about potential overdose(s) and/or tainted drugs

Dissemination:
1. Email stakeholder list(s)
2. Media alert

- Templates for warnings
- Crisis Communications Team spokespeople assigned
- Key messages/statements

4 Continue to monitor

Ongoing monitoring regular updates that come through 1 or other channels

Repeat 1-3 and continue to identify and inform stakeholders as new information comes in

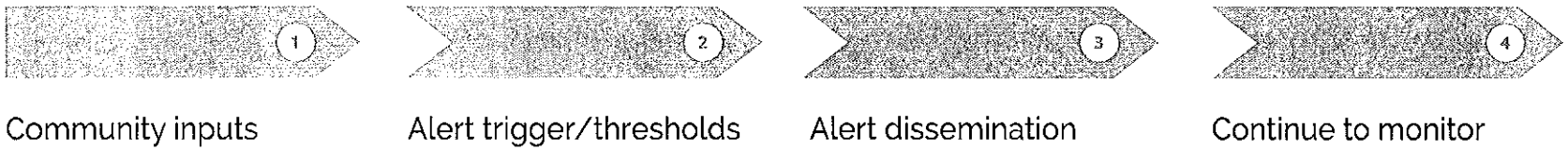
Ongoing enegagement and awareness to community partners

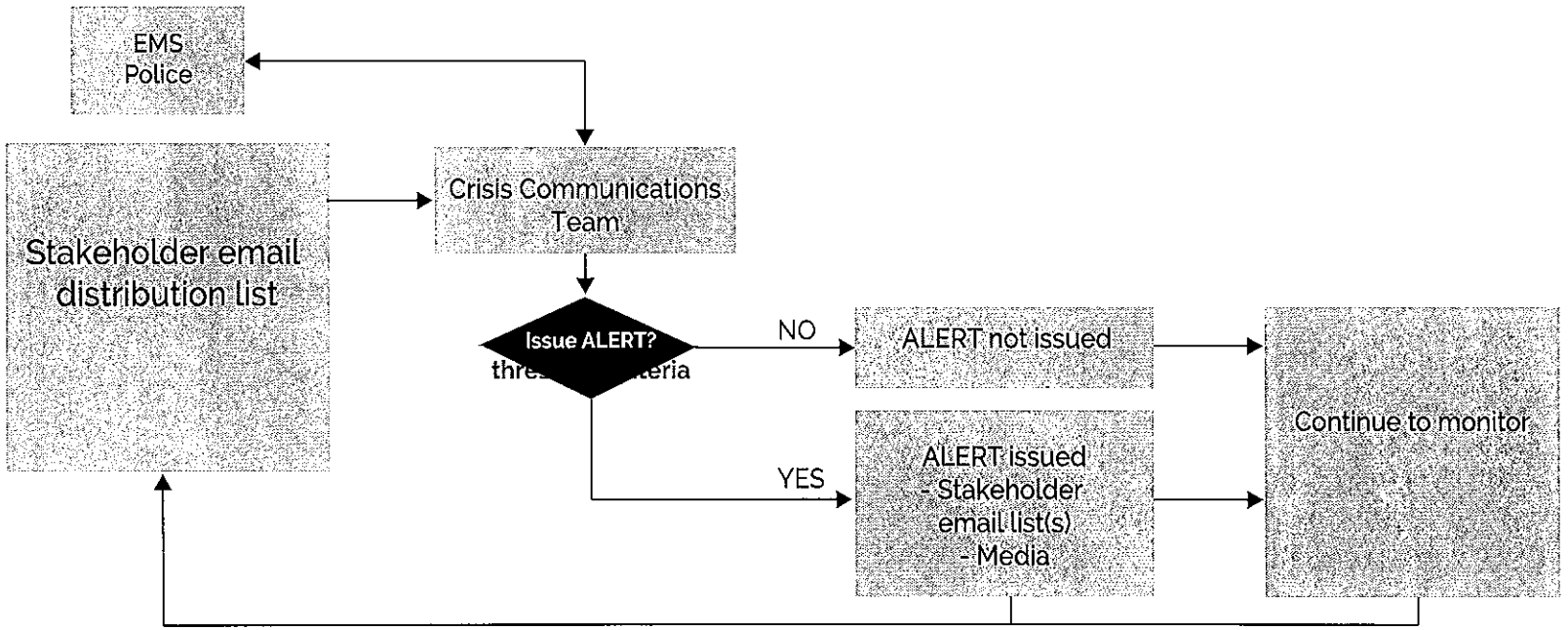
Move to active community response planning

WaterlooRegion
Integrated Drugs Strategy

Overdose and Tainted Drugs Communication Flow

Communication flow process to monitor, alert and disseminate overdose and tainted drug information and responses across our community





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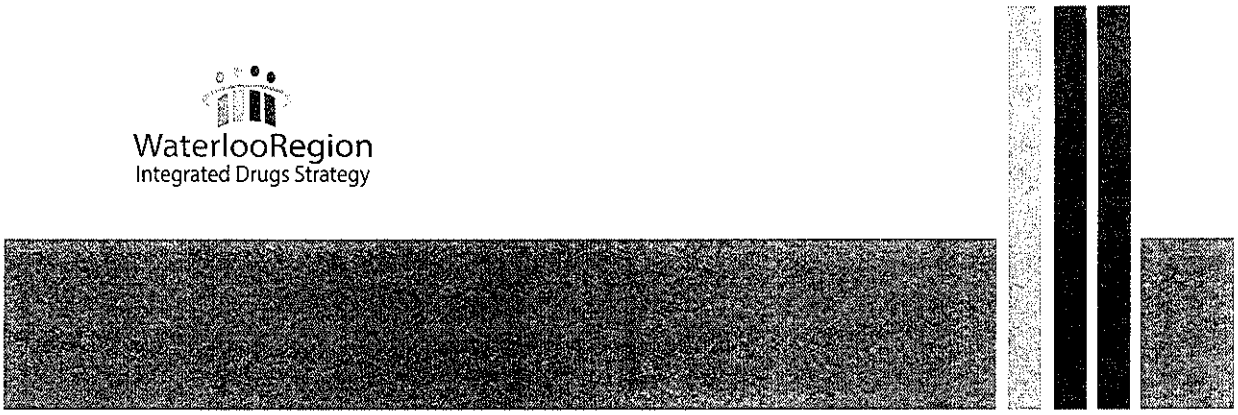
@whatsyourrole



Overdose/Tainted Drugs Report

WHEN: Date of Incident (mm/dd/year)

WHERE: Location of incident

WHAT: Occurred (check all that apply)

- ☐ OD fatal
- ☐ OD non-fatal
- ☐ Tainted drugs suspected

Number of people involved

Drug Format

Suspected drug(s) involved (brief description)

Was 911 called?

- ○ Yes
- ○ No
- ○ unknown

Was Naloxone administered?

- ○ Yes
- ○ No
- ○ unknown

If possible please describe what happened (context/background)

SEND FORM TO: info@whatsyourrole

follow Waterloo Region Integrated Drugs Strategy @whatsyourrole for updates

WaterlooRegion
Integrated Drugs Strategy

Overdose ALERT
in Waterloo region

High number of reports of

IF SOMEONE OVERDOSES
1. CALL 911
2. Give them Naloxone if an opioid overdose is suspected
3. Provide CPR or rescue breathing as required

USE with a safety plan
- never use alone have someone check on you
- use just a little at first
- if using with others, use at different times

---

have an overdose or tainted drugs to report email: info@whatsyourrole
follow Waterloo Region Integrated Drugs Strategy @whatsyourrole for updates and alerts