

Risk Mitigation through Collaboration

**A Case Study from the Northumberland
Situation Table**

Some Positive Numbers

The Northumberland Table went live on May 31, 2015, as of October 2017, 118 situations have been brought to the Table Of these...

- 57 were connected to services
- 4 were connected to services in another jurisdiction
- 10 were informed about services available to them
- 2 had relocated and 2 were unable to locate

Who is at the table.....

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- Northumberland County Paramedics
 - Northumberland Community Counseling Centre
 - Victim Services of Peterborough Northumberland
 - Community Care Northumberland
 - MCSCS Probation & Parole
 - Kinark Child & Family Services
 - LHINS
 - Northumberland Hills Hospital
 - Campbellford Memorial Hospital/Northumberland Hills Hospital - Community Mental Health Services
 - Port Hope Police Service
 - Northumberland OPP
 - Port Hope Community Health Centre
 - Highland Shore Children's Aid Society
 - Tri-County Community Support Services
 - Cramahe Twp Fire Dept
 - KPRD

Guiding Values

- We do no harm.
- We have a duty of care, a responsibility to protect.
- We apply professional discipline and make every effort to be informed.
- We are governed by a consistent purpose, sharing information only when it enhances the purpose for which the information was given.
- We seek consent, or act on implied consent where individuals are unable to give consent.
- We recognize precise rules are neither possible or appropriate.
- We believe due diligence, good faith and evolving practice must prevail.
- We seek opportunities for regulatory reform.

As a group of human service providers representing a variety of sectors:

- We are vigilant about maintaining confidentiality practices, holding each other accountable as professionals;
- Through a four filter process we identify individuals and families that Table Participants agree are at acutely elevated risk;
- We design and implement “Door Knock” interventions;
- Our protocol is based on the document “Guidance on Information Sharing in Multi-Sectoral Risk Intervention Models” which was developed by Ministry of Community Safety and Correctional Services and the Office of the Information and Privacy Commissioner of Ontario.

The Situation Table

- Does **not** do Case Management
- Does **not** wait for a harmful or victimizing incident that requires an emergency response
- Does **MOUNT A SHORT TERM AND IMMEDIATE INTERVENTION THAT ARE DESIGNED TO REDUCE IMMINENT RISK OF HARM AND/OR VICTIMIZATION**
- **Does** get in front of incidents and mitigates risks, with a goal of connecting individuals-in-need to services and eliminate the risk within 24 to 48 hours

CASE STUDY

- Adult Female with multiple calls for service including MHA, Threats, Assaults, Mischief, Unwanted Person.
- She has been hospitalized numerous times for mental health
- She has a child that has been apprehended by CAS
- She is addicted to drugs including marijuana, cocaine and prescription medications
- The apprehensions and diminished mental health have escalated the nature of her threats
- She has threatened death to herself and her family and friends
- The imminent risk is her possible involvement in Human Trafficking, there have been reports that several females that she has resided with have been reported missing.
- She is currently before the courts for Breach of Probation and Assault.
- Other risk factors consistent of the following;

The Four Filters

Filter One:

- Is the screening process within the agency that determines the risk factors are beyond its own scope or usual practice, and thus represents a situation that could only be effectively addressed in a multi-sector manner.
- Sometimes the person is connected with services but the risk factors have changed and the situation has become imminent.

The Four Filters

Filter Two:

- **The agency presents the situation to the table discussion in a de-identified format. This allows the table to collectively decide if the situation meets the requirement of acutely elevated risk factors across a range of service providers, before any personal information is disclosed.**
- Police presented the case using the Situation Table Form. Several other risk factors were presented. And the imminent or acutely elevated risk was shared. Family was at risk of being harmed and the female was engaging in high risk behavior and at high risk for victimization.
- Relevant questions were asked to determine if the person met the criteria of “acutely elevated risk”.

The Four Filters

Filter Three:

- Is applied if the agencies conclude that the above threshold is met. Limited personal information may be included if necessary to help determine which agencies should participate in full discussion. And to determine if there is any recognition from the agencies.
- Police did not release the name and date of birth.
- Determine who the lead agency and support agencies will be that will take part in the Filter 4 discussion. Supports for person and their family were considered.

LEAD AGENCY - Probation and
Parole

SUPPORT AGENCIES- OPP,
CAS, Mental Health, Victim Services.

The Four Filters

Filter Four:

- **Only those identified agencies are present to hear the necessary personal information relevant to the solution of the AER factors. Actions taken as a result of a table discussion are taken by one or more agencies and can include a “door knock” to an individual or family deemed in need of services.**
- Plan for where and when the “door knock” will take place. “Safety” being the priority.

The Door Knock

- **WHAT-** Immediate Intervention
- **WHERE-** A door knock can occur “anywhere”. P&P office, Court, Residence, Hospital, OPP Detachment.
- **WHEN-** Within 24-48 hours after it’s been accepted. This door knock occurred the next day at the P&P office.
- **WHO- only** services that have been identified to help eliminate the “acutely elevated risk”. In this case P&P took the lead along with OPP, Mental Health and Victim Services.