Durham Connect Handbook

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DURHAM REGION

DURHAM REGIONAL POLICE

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Background

A Situation Table is defined by the province as a collaborative, multi-sectoral risk intervention model. Within this program model, service providers across several sectors collaborate to assist individuals, families, groups and places facing acutely elevated risk of harm by connecting them to resources in the community within 24 to 48 hours.

Durham Region's Situation Table is called "Durham Connect."

Durham Connect is a Community Safety and Well-Being (CSWB) initiative led by The Regional Municipality of Durham and Durham Regional Police Service (DRPS). It is implemented through the Region's Community Safety and Well-Being (CSWB) Plan.

Vision

To ensure residents of Durham Region feel safe and, have a sense of belonging, and their needs for education, health care, food, housing, income, as well as social and cultural expression are met.

Mission

In alignment with the Region's Community Safety and Well-Being (CSWB) Plan, Durham Connect strives to establish safer and healthier communities through the collaborative and timely mobilization of resources to assist individuals, groups and communities experiencing acutely elevated levels of risk.

Purpose

The purpose of Durham Connect is to engage multiple human service sectors to mobilize a co-ordinated response to situations of Acutely Elevated Risk (AER) in Durham Region. By fostering collaboration across diverse sectors, Durham Connect offers a strategic response to reduce and mitigate crisis situations, while collectively identifying systemic issues and risk factors affecting communities across the region.

Operating principles

- Holistically address the complex and interrelated factors that influence overall community safety and well-being.
- Develop intervention plans that are balanced, culturally appropriate, and well integrated across the spectrum of prevention, integration, suppression, rehabilitation, and restoration.

- Develop intervention plans that address situations of acutely elevated risk that are sustainable and incremental.
- Support community-based efforts that advance local capacity, local ownership, and local responsibility for community well-being and safety.
- Develop resources, training and other assets to reduce levels of acutely elevated risk in Durham Region.
- Embed a continuing focus on measurable outcomes and results.
- Respect the privacy of individuals and families by using the four-filter process of information sharing and by abiding by all Ontario privacy legislation and guidelines.

Definition of Acutely Elevated Risk (AER)

For the purposes of the following Four Filter Approach, “acutely elevated risk” refers to a situation negatively affecting the health or safety of an individual, family, or specific group of people, where professionals are permitted to share personal information under provincial privacy legislation to eliminate or reduce an objective risk of serious harm to one or more individuals. The “**acute**” nature of these situations is an indicator that either:

- Chronic conditions have accumulated to the point where a crisis is imminent.
- New compelling circumstances have contributed to severely increased risks to the health and safety of an individual, family, groups or places.
- If left unattended, there are serious risks of either physical or psychological harm to a person or group of persons.

Objective and standardized criteria for acutely elevated risk do not exist owing to the complexity and uniqueness of each situation. Professionals sitting at the Situation Table must rely on their combined experience and professional judgment to determine whether any given situation merits that designation and an immediate intervention to reduce the levels of risk.

Durham Connect membership

Membership of Durham Connect will consist of local organizations that are mandated to provide health, educational, social, family and justice-related services. These agencies are committed to the Situation Table model and can provide personnel from their respective agencies to participate in interventions following the Durham Connect meeting. Durham Connect Table Members should have the authority to make decisions for their organizations that fall within the scope of the Table’s roles and authorities (meaning they can mobilize staff resources). For consistency, a primary and alternate representative will be appointed by each member agency. The alternate member is encouraged to attend a Situation Table meeting once a month.

Every effort will be made to ensure that a diverse cross-section of community sectors (e.g. health, children's services, education), languages and cultural perspectives are represented at the Durham Connect Table. The membership list is subject to change as gaps and needs are identified.

Regular membership refers to agencies whose designates are permanent members of the Table and will commit to weekly meeting attendance. A **regular member** agency will attend on a weekly basis and provide services within Durham Region. **Ad hoc membership** refers to those agencies that may be called upon on an as-needed basis.

All members must sign a partnership agreement and read the Durham Connect Handbook prior to joining Durham Connect.

Conflict of interest

Any Table member with a real or perceived conflict of interest must declare this to Durham Connect as soon as they become aware of it and before any further disclosure of private and confidential information proceeds. A member in conflict should remove themselves from the Table meeting until the matter is resolved.

Joining Durham Connect

- Agencies that are interested in joining Durham Connect are to contact the Co-Chairs at situationtable@durham.ca to discuss their interest and suitability.
- New member onboarding will include:
    - Completing table-member training.
    - Attending a Durham Connect meeting to observe the process.
    - Reading and signing the Partnership Agreement and associated forms.
    - Being provided with the Durham Connect handbook.

Meeting schedule

- Durham Connect meetings are scheduled tentatively every Tuesday, from 10 a.m. to noon.
- For virtual meetings, the meeting link will be sent every Monday prior to the meeting.
- If there are any changes or cancellations to the meeting, the Co-Chair(s) will notify all Situation Table representatives by 4 p.m. Monday with schedule updates.
- It is requested that all new cases be submitted to the table by 4 p.m. on the Monday prior to the meeting.

Participation in collaborative Situation Table interventions

All Durham Connect participants will:

- Connect individuals and families to the supports and services required to reduce AER. They will do so in a way that is guided by the needs and aspirations of the individuals and families served.
- Engage in timely responses to AER. (Note: Durham Connect responses will, whenever possible, include direct contact with the individual or family within 24 to 48 hours.)
- Provide trauma-informed responses that reflect the unique strengths and challenges experienced by each individual and family at acutely elevated risk of harm, including culturally responsive and language-specific supports, wherever possible.
- Adhere to all Durham Connect related protocols, including internal communication protocols (e.g. utilizing de-identified case numbers to reference situations for intervention planning purposes).
- Challenge themselves and each other to participate courageously and honestly, exploring new and innovative approaches to meeting individual and family needs.

Roles and responsibilities of Table Members

Regular Table Members shall:

- Be employed at an agency that has signed a Durham Connect partnership agreement.
- Complete training and onboarding prior to joining Table meetings.
- Attend weekly Durham Connect meetings.
- Comply with the established Table protocols.
- Accurately relate the perspectives of the organization and sector they represent and ensure an effective information feedback loop is maintained.
- Engage in collaborative problem-solving and promote innovation in all solutions.
- Place issues needing resolution before the Table during meetings (or if necessary, offline and directly to the co-chairs) and engage in solution-focused problem solving.
- Champion Durham Connect within their organization, sector and with others, as deemed appropriate.
- Monitor the application of Filter One protocols in their respective organization(s).
- Research situation details ahead of time and be prepared to respond and make informed decisions at Filters Two and Three on behalf of their organization or sector.

- Act as the First Contact Agency for discussions and interventions when identified.
- Maintain high standards of confidentiality.
- Participate in Filter Four intervention planning discussions related to setting goals and collaborative actions for Durham Connect.
- Engage in reviews of interventions executed to determine results achieved, appropriate reporting back to Durham Connect, evident trends and areas for improvement over time.
- Create communication protocols between primary and alternate representatives so that there are no gaps in knowledge or service at the Table.
- In the event neither the primary agency representative nor the alternate agency representative is available to attend a Durham Connect meeting, the representatives are to be available by telephone or email to avoid delays in information sharing and response planning.

Ad hoc Table Members shall:

Some agencies may be deemed ad hoc members of Durham Connect. These are important members of Durham Connect; however, they are not required to attend on a weekly basis and can be called to the Table for involvement when needed. These members shall:

- Complete training and onboarding prior to being added as an ad hoc Table member.
- Be employed at an agency that has signed a Durham Connect partnership agreement.
- Agree to attend a Durham Connect meeting when called on and participate in post-Table discussions and interventions as needed.
- Maintain high standards of confidentiality.

Representatives of the Originating Agency shall:

The Originating Agency is a member agency that brings a situation to the Table after going through Filter One in-house. Every situation will have an Originating Agency. They shall:

- Obtain consent from the client to bring the situation to the Table, if possible. This includes explaining the nature of Durham Connect resources to the client and informing them of the agencies that may be involved.
- Complete the submission form prior to the Table meeting.
- Present the situation to the Table.
- Answer questions based on risk factors and AER.
- Maintain privacy standards.

Representatives of the First Contact Agency shall:

The First Contact Agency is the member agency that will lead communication with the client/s. All situations deemed AER will be assigned a First Contact Agency. These members shall:

- Have the ability and resources to address the greatest need and/or have a good rapport with the client/s.
- Serve as first point of contact with the client/s (i.e. inform them that other agencies will be in touch, reaffirm their informed consent to receive Durham Connect services etc.).
- Inform the intervention team when first contact has been made
- Provide a report back at subsequent Situation Table meetings. (i.e. services mobilized, reason for closure).
- Advise when a case can be closed.

Co-chairs shall:

Durham Connect will utilize a Co-Chair model for meeting facilitation and Table co-ordination. Two primary Co-Chairs will be appointed, one by DRPS and the other by The Regional Municipality of Durham through the CSWB Secretariat.

- Facilitate weekly meetings of Durham Connect by applying the Four Filter Approach.
- Appoint an alternate Co-Chair for those times when the primary Co-Chair(s) is/are unavailable to attend.
- Ensure Table tasks are actioned, and cases are closed as soon as practical.
- Implement dispute resolution as necessary.
- Promote and raise the profile of Durham Connect as ambassadors for the project.
- Ensure data is entered into the appropriate tracking form(s) (e.g. the Risk Tracking Database).
- Rigorously manage the exchange among professionals sitting at the Situation Table to:
    - Limit all discussions to essential information.
    - Ensure the privacy of personal and confidential information.
    - Limit the amount of time spent on any single situation.
    - Achieve identification and intervention decisions via consensus.

- Mobilize the most appropriate blend of community services necessary to reduce acutely elevated risk.

Data support shall:

Durham Connect will receive data support through a research analyst appointed through DRPS' Community Safety and Well-Being Unit. These individuals shall:

- Ensure that accurate, appropriate and sanitized data, and situations are supplied for presentation to Durham Connect table meetings.
- Adhere to and apply practices consistent with privacy legislation and established best practices for Situation Tables in Ontario.
- Provide Durham Connect with an annual report comprising relevant information and data.

Durham Connect responsibility tip card

Originating Agency	First Contact Agency	Assisting Agencies (Members of the Intervention Team)
• Obtain consent (if possible) from the client/s to bring the situation to the Table. • Complete the submission form prior to the table meeting. • Present the situation during the table meeting. • Answer questions to support table members in determining level of risk.	• Serve as first point of contact with the client/s. This involves reaffirming their consent and informing them that the assisting agencies will be in touch. • Inform the intervention team when first contact has been made. (priority is to be placed on an in-person connection within 24 to 48 hours). • Provide a report back at subsequent table meetings. This is a summary of the intervention, that includes the services mobilized, outstanding needs, changes to risk level etc. • Advise when a situation can be closed.	• Ensure that a representative from their agency participates in the Durham Connect intervention (e.g. during the “door knock,” direct outreach, or other methods of connecting the client/s to appropriate supports). • Engage in collaborative problem-solving during Filter Four and throughout the intervention process. • Maintain communication with the intervention team to ensure a timely and coordinated response to situations of acutely elevated risk.

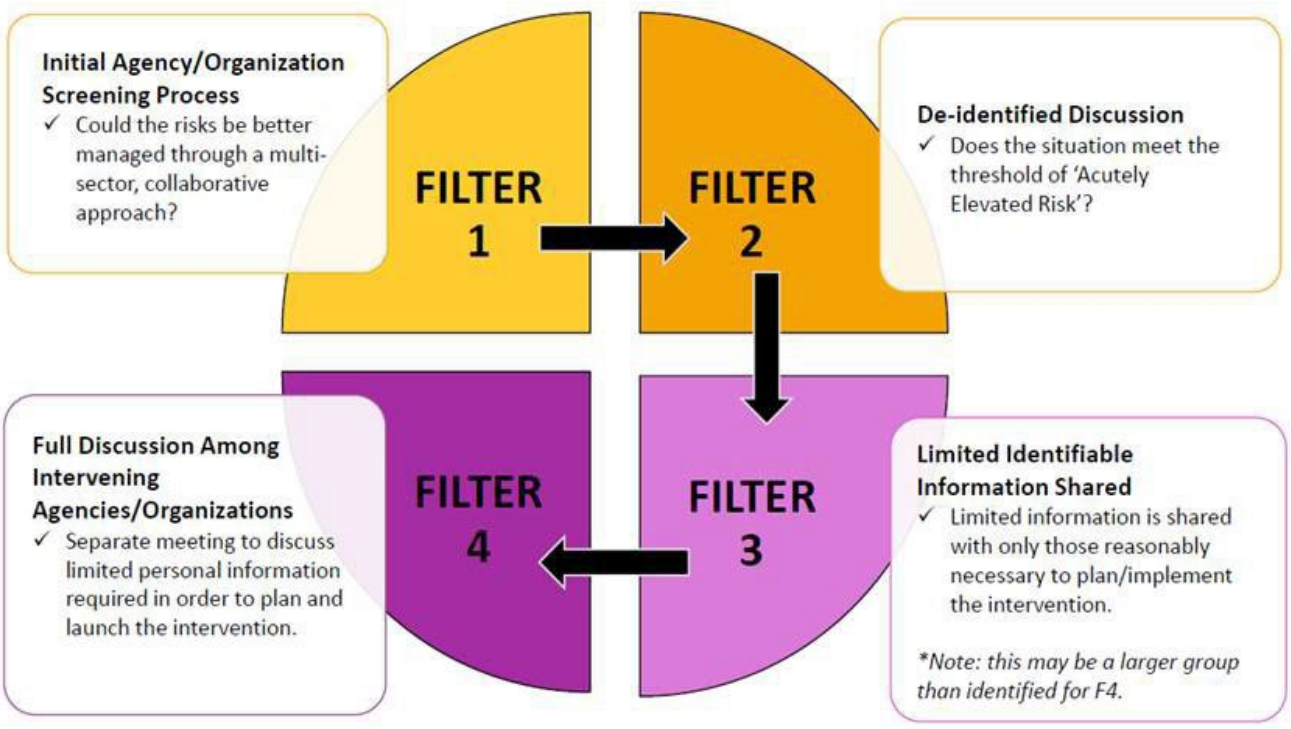
Four-Filter Approach to information sharing

Durham Connect will follow the Ministry of the Solicitor General's (formerly the Ministry of Community Safety and Correctional Services) Four-Filter Approach for information sharing, as set out in the Ministry's Guidance Document on Information Sharing in Multi-sectoral Intervention Models. (See Appendix A).

The four-filter process is critical for the success of the table. It will:

- Allow potential situations of AER to be presented by the Originating Agency and reviewed through disciplined discussion by table members.
- Support a co-ordinated, methodical approach to risk assessment and AER decisions.
- Minimize the disclosure of personal information.
- Limit the number of agencies to which personal information is disclosed,
- Limit the recording of identifiable information – that is, only agencies with a role to play will record identifiable information through their internal processes.

Figure 1: Four Filter Approach to information sharing



In summary:

- **Filter One: Agency screening to identify potential AER situations**

Filter One: Internal Screening by Originating Agency

The first filter is the in-house screening process that is conducted by the Originating Agency to determine whether a situation should be presented to the Durham Connect Situation Table. No personal information or personal health information is disclosed to Durham Connect Table Members at this stage.

Internal agency screening questions for consideration:

- 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 there an objective risk of harm if nothing further is done?
- Would that harm constitute substantial interference with the health or well-being of a person and not mere inconvenience to the individual or agency/organization?
- Did the agency/organization do all it reasonably could, to help mitigate the risks before bringing the situation forward?
- Do multiple agencies/organizations have the mandate to intervene or assist in this situation?
- Is it reasonable to believe that disclosure to multi-sectoral partners will help eliminate or reduce the anticipated harm?

- **Filter Two: De-identified case presentation**

The Originating Agency will disclose only the de-identified information that is required to help Table Members collectively decide whether the situation meets the criteria for acutely elevated risk across a range of service providers, before moving to filter three. No personal information or personal health information is disclosed at this stage of the Durham Connect meeting.

- **Filter Three: Identify the intervening agencies/organizations**

If it is confirmed in filter two that the threshold of acutely elevated risk is met, organizations will advise if they can offer supports to participate in the filter-four intervention-planning discussion. No personal information or personal health information is disclosed at this time.

- **Filter Four: Full discussion among intervening agencies/intervention planning**

At this stage, a full discussion of the supportive plan will take place in a private and confidential setting. Only those Table Members that have a direct role in implementing the plan will participate in this discussion. Only the limited personal information or personal health information deemed necessary to assess the situation and determine appropriate action for the purposes of enhanced care will be shared.

The intervention

Following the completion of filter four, an intervention should take place to address the AER situation and to eliminate or mitigate risk of harm. In many multi-sectoral risk intervention models, the intervention may involve a “door knock,” where individuals are informed about, or directly connected to, services in their community. In other cases, individuals may be informed about, or directly connected to, services in their community by email or phone call.

If consent is not obtained prior to the intervention stage of the process, obtaining consent to provide multi-sector services, and to permit any further sharing of personal or confidential information in support of those services, will be the priority of the combined agencies responding to the situation. If, upon mounting the intervention, the individual being offered services declines, no further action is taken.

All responsibility for record-keeping related to case management remains with each agency that has a role in the intervention. Durham Connect will not generate nor maintain any individualized or identifiable records.

It is best practice for all Durham Connect representatives to bring their schedules or calendars to the meeting in order to effectively and efficiently plan the intervention. It is strongly recommended that Situation Table representatives leave time available in their schedules shortly after the regular Situation Table meeting for filter four (intervention planning meeting).

Report back

The report back phase will be provided by the First Contact Agency, or if not available, a participating agency, regarding the intervention. The report-back will include only de-identified information about the risk factors, protective factors, and connections to supports that occurred through the intervention. The purpose is for the First Contact Agency to recommend whether the case should be closed or remain open, with an accompanying explanation. Limited information may be shared regarding the reason for closure.

Confidentiality

All participating members of Durham Connect will hold all information —concerning the operations of the project, personnel, acutely elevated risk scenarios and interventions— strictly confidential. Information identified as confidential will not be discussed in public or disclosed to anyone who is not directly involved. Information will be shared in a confidential setting and according to individual agencies' policies. When in doubt about the confidentiality of certain information, no disclosure should occur without confirming with the source of the information that such disclosure has been authorized.

With or without consent, professionals may only collect, use or disclose information in a manner that is consistent with legislation (e.g. Freedom of Information and Protection of Privacy Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act and any other applicable legislation to which the agency or organization is bound). Applicable legal and policy provisions must be respected and applied at all times. The Durham Connect Situation Table follows the guidance of the Office of the Information and Privacy Commissioner of Ontario (IPC). As well, all Durham Connect participating agencies will sign a confidentiality agreement, outlining the importance of confidentiality.

Submission process

Durham Connect is not a case management tool, nor is it a venue for self-referrals. Submissions are made by Durham Connect Table Members; following the four-filter process, which helps to determine whether the referral meets the threshold for acutely elevated risk. Referrals to Durham Connect can be brought forward by a Regular Situation Table member on behalf of a non-participating agency.

Decision-making, issue management and resolution

- All Durham Connect Table decisions will be informed by collaborative discussions in which all discussants at the Table can commit to supporting the decision of the Table in terms of moving through the four-filter process.
- All Durham Connect AER designations will be based on a vote by Table participants. Each member organization may cast one vote. If an organization has multiple members at the Table, they should decide in advance who will be responsible for voting at each meeting.
- If 70 per cent or more of the members vote "yes," the case will advance, engaging applicable team members in the collaborative process of determining a response plan.

- If a clear decision cannot be supported by the Table (impasse), the matter will be resolved in a manner consistent with sound professional input from individual discussants and input from community agencies that have specialized knowledge and skills in addressing the primary areas of risk presented at filter two for the individual case in question.
- At all times, the clients' personal information and privacy will be respected and protected. This will occur in a timely manner in order to address a situation that may be one of acutely elevated risk.
- In situations that are not deemed AER, the Table Co-Chairs will ask for a show of hands from any agencies able to support the client or clients involved. The Originating Agency will make note and, with the client's consent, connect them as appropriate to the service providers listed. **Absolutely no identifying information will be disclosed at any time without the client's written consent.** If written consent is not obtained, the Originating Agency will still make note of the agencies that are able to support, this information will then be shared directly with the client or clients by the Originating Agency (where reasonably possible).

Consent:

Whenever possible, **the ideal way to share personal information about an individual is by first obtaining that individual's consent.** Consent may be conveyed verbally or in writing. Professionals should document the consent, including the date of consent, what information will be shared, with which organizations, for what purpose or purposes, and whether the consent includes any restrictions or exceptions.

When a professional is engaged with an individual that they believe is at an acutely elevated risk of harm and could benefit from the services of other agencies or organizations, they may have the opportunity to ask that individual for consent to share their personal information. However, in some serious, time-sensitive situations, there may not be an opportunity to obtain consent. In these instances, professionals should refer to applicable legislation, including privacy legislation, that may allow for the sharing of personal information without consent.

In addition, when deciding whether to share information with other professionals, the Information Sharing Principles for Multi-Risk Intervention Models must be considered. These Information Sharing Principals are described in the Provincial Guidance on information sharing in multi-sectoral risk intervention models (Appendix A). These principals include: Do No Harm, Duty of Care, Due Diligence and Evolving Responsible Practice. Professionals should act to the best of their ability in ways that will result in a more positive than negative impact on individuals who may be at acutely elevated risk of harm. The interests of these individuals must remain a priority for all parties involved, at all times.

With or without consent, professionals may only collect, use or disclose information in a manner consistent with legislation (e.g. the Freedom of Information and Protection of Privacy Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act and any other applicable legislation to which the agency or organization is bound). They must always respect all applicable legal and policy provisions.

Appendix A: Provincial Guidance on information sharing in multi-sectoral risk intervention models