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

Addressing Risk Through System Collaboration

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About Us

Taylor Newberry Consulting

Taylor Newberry Consulting (TNC) is community based research and evaluation organization located in Guelph, Ontario. We have extensive experience in

- program and system level evaluations,
- needs assessments,
- program and system design,
- organizational capacity building, and
- facilitation and training.

At TNC, our goal is to help organizations and communities generate the information, tools, and resources they need to improve their work and create strategic change.

Acknowledgements

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Special thanks to the Project Leadership Team:

Bill Davidson, Langs

Sue Gillespie, Carizon Family and Community Services

Barry Zehr, Waterloo Regional Police Service

About Connectivity WR

Partnership between

- Langs,
- Waterloo Regional Police Service, and
- Carizon Family and Community Services

- Cambridge and North Dumfries – operating since Feb 2014

- Kitchener – operating since Oct 2014

About Connectivity WR

Representation and Engagement of Local Services

The Tables have been designed to include cross-sectoral representation from **education, police and justice services, primary health care, community health and hospital services, community mental health and addictions, child protection services, housing and homelessness 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 outcomes or changes does Connectivity bring to bear on local services and systems?

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)
- Individual interviews with 26 key informants

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:

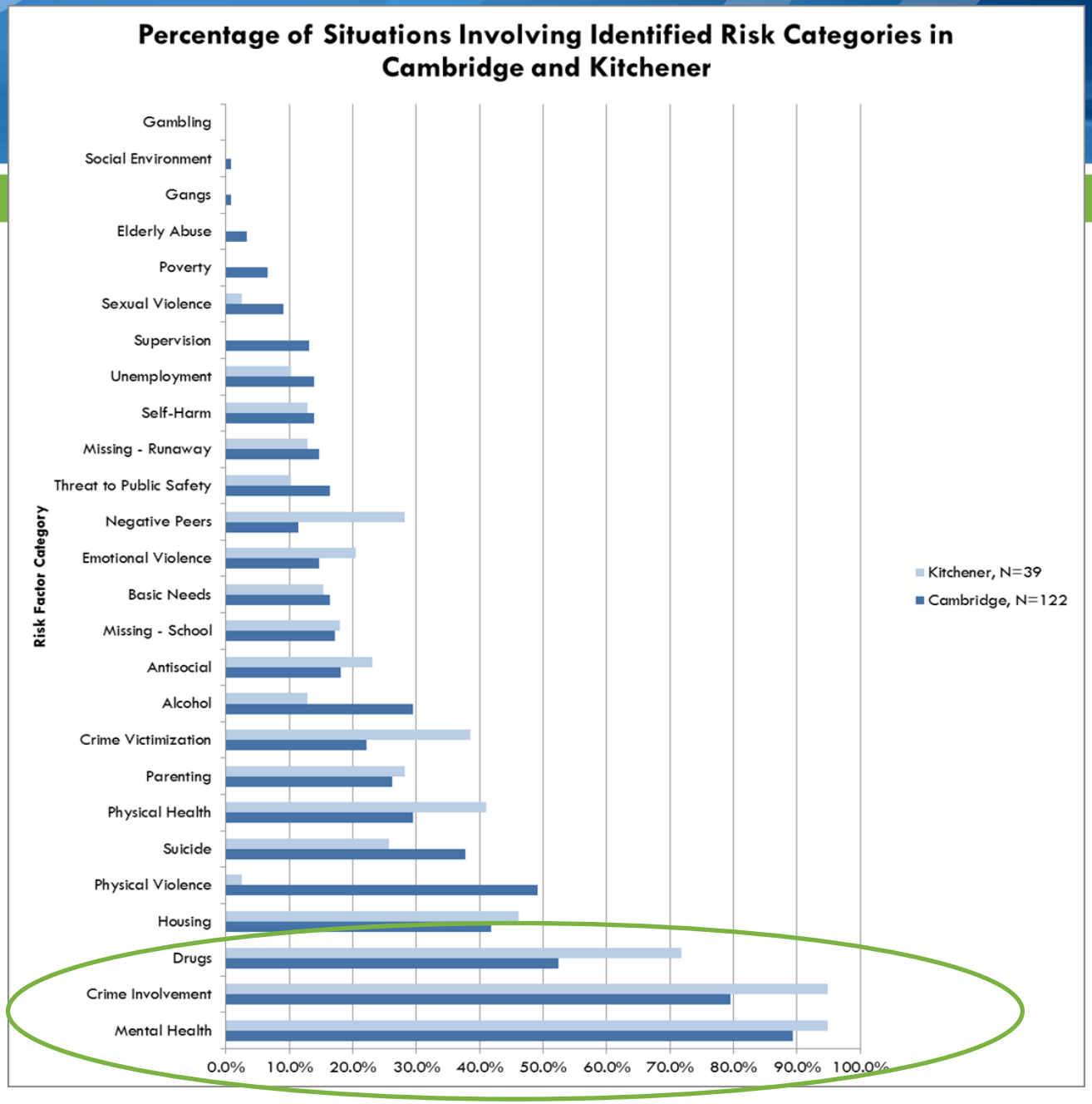
- **Transitional aged youth (youth 16 -24 years)** (25% in Cambridge; 38% in Kitchener)
- **Adults aged 30-59 years** (30% in Cambridge; 33% in Kitchener).

- 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

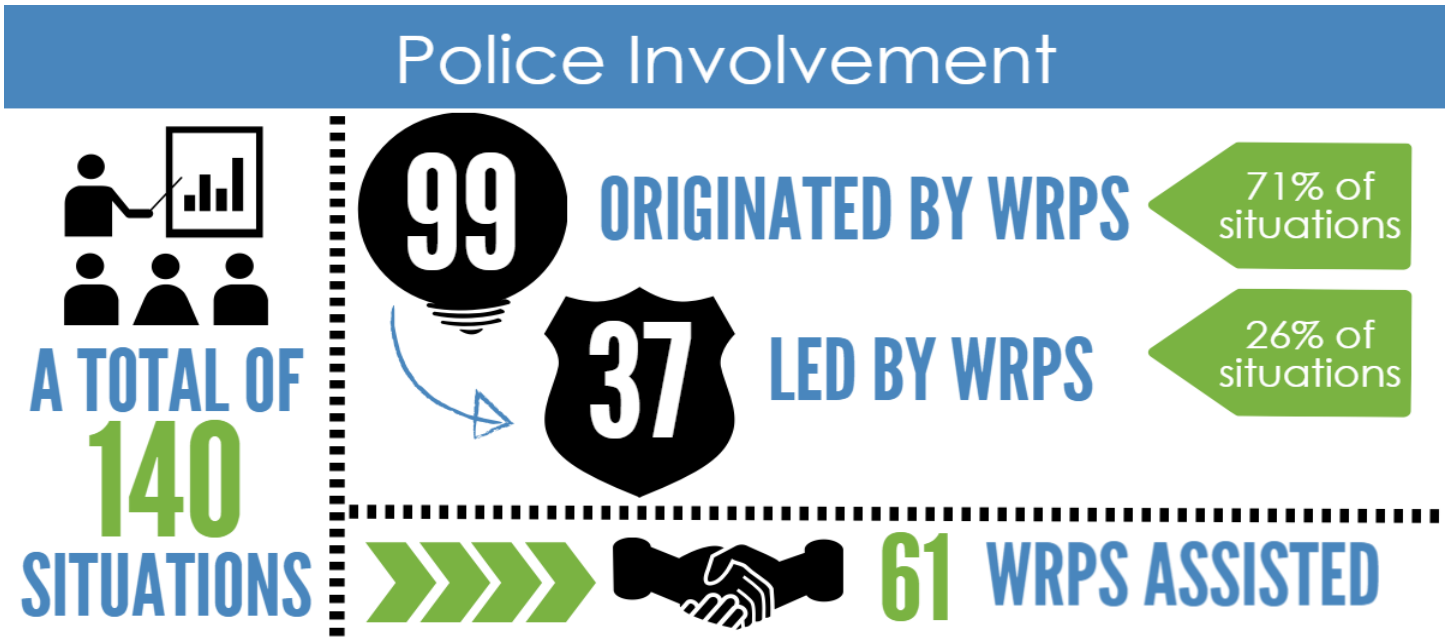
In both Cambridge and Kitchener, all of the referrals have originated from 10 services/programs.

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

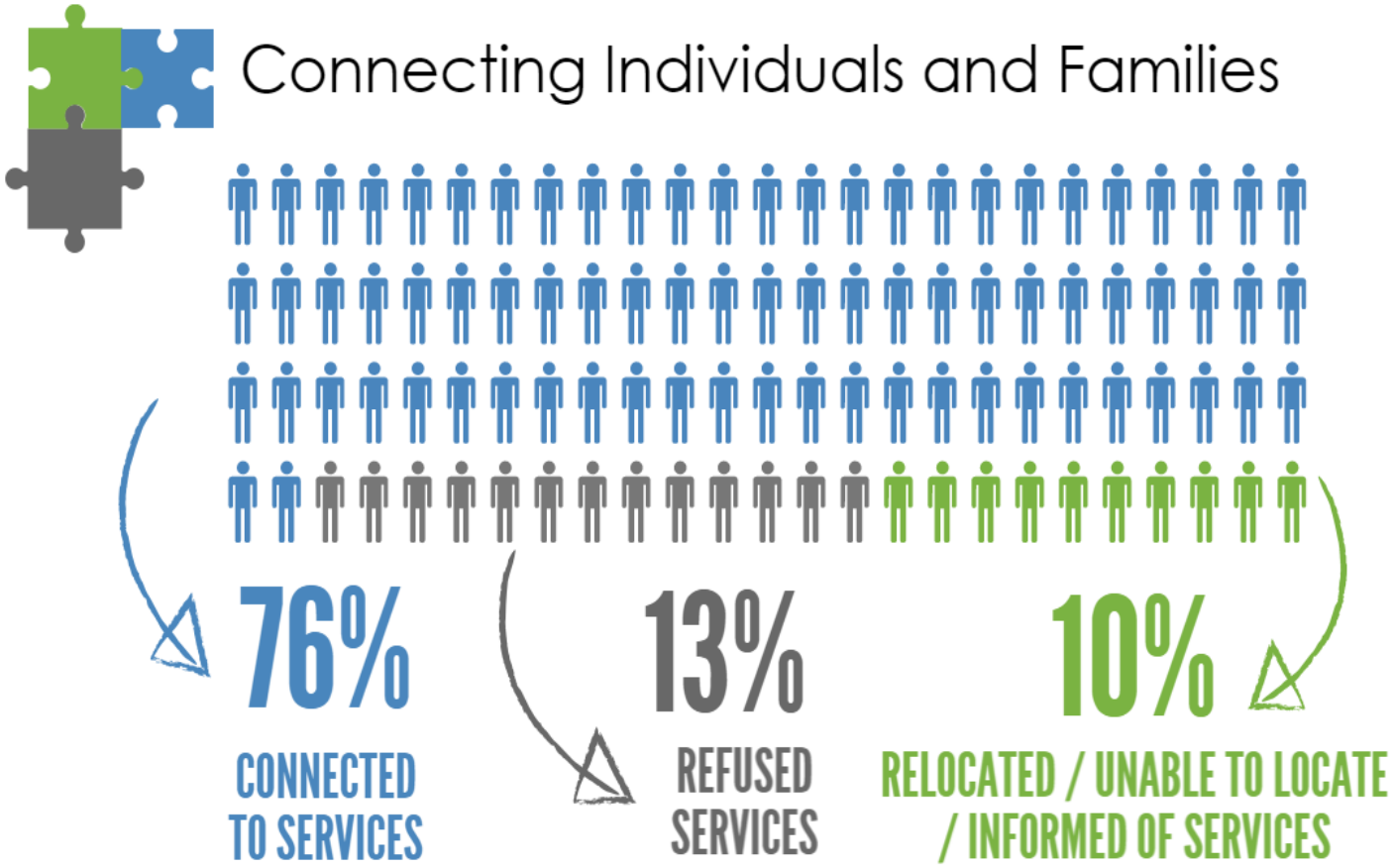
What are the outcomes for PEOPLE BEING SERVED by Connectivity?

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.

- Case examples demonstrate 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.

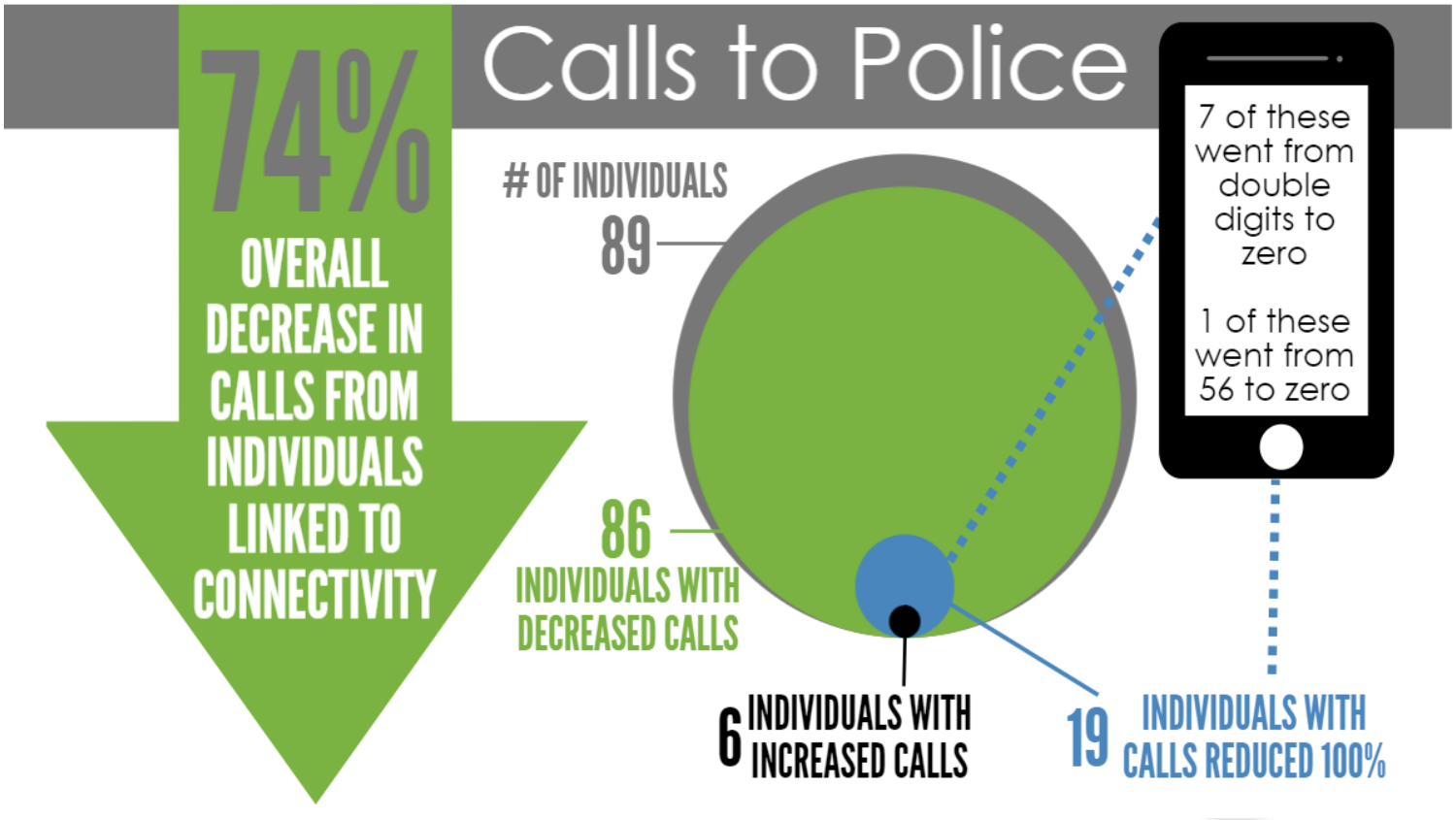
What are the outcomes for PEOPLE BEING SERVED by Connectivity?



*N=131

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.

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** cases 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.

System Gaps and Priorities

Through their work, Connectivity is beginning to identify important service gaps in Waterloo Region.

Both Tables have noted a need to expand **adult mental health services** (both community mental health services and psychiatric services).

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

Capacity and Participation

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

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.

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)

Thank you!

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