An Evaluation of the *Connectivity* Situation Tables in Waterloo Region: Service User Experiences and Impact on Use of Emergency Services

EXECUTIVE SUMMARY

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PREPARED FOR

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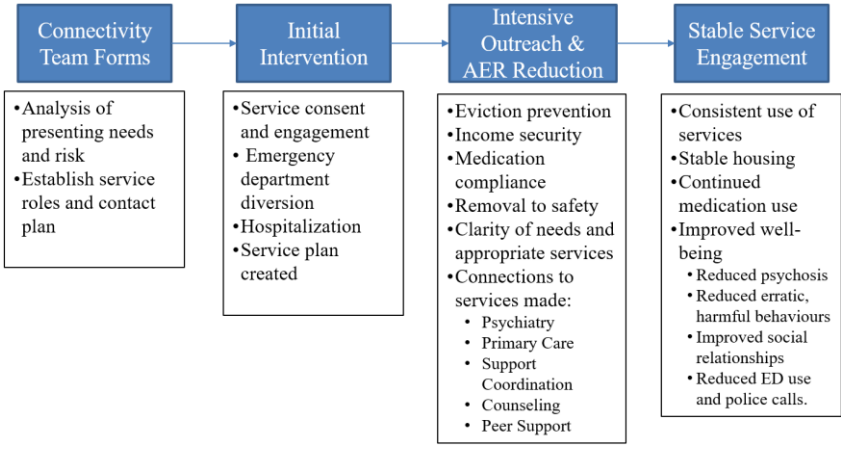
In January 2014, the Waterloo Regional Police Service (WRPS), in partnership with Langs, adapted and implemented *Connectivity*, a "Situation Table" in Cambridge-North Dumfries (CND). In partnership with Carizon Family and Community Services, a second Situation Table became operational covering Kitchener, Waterloo, Wellesley, Wilmot, and Woolwich (KW4) in October 2014. Together, these two tables are known as Connectivity Waterloo Region (WR). Connectivity is based on a Community Mobilization Hub Model originating in Prince Albert, Saskatchewan. The model is a multi-disciplinary, interagency approach to addressing situations of acutely elevated risk on a case-by-case basis. Locally, each table brings health, social, and justice services together at a weekly meeting to collaboratively and proactively address situations of risk. This approach enables organizations to be immediately responsive to acute needs in the community.

After a Phase 1 evaluation that examined the operations and collaborative practices of Connectivity[1], the leadership requested a Phase 2 evaluation that was more heavily focused on outcomes. Taylor Newberry Consulting (TNC) was contracted to continue this evaluation work. The following key evaluation questions guided Phase 2:

- *To what extent do individuals engage with the supports and services developed and implemented by Connectivity?*
- *What new services and supports do individuals access to meet their needs?*
- *What are individuals' experiences with new supports and services? Are they experienced as beneficial and helpful? In what ways? How can services be improved?*
- *What changes are observed in people's lives? To what extent are stability and wellness promoted? How is risk mitigated or removed?*
- *To what extent have interventions by Connectivity influenced the frequency and duration of emergency department visits and hospital admissions among Connectivity users?*
- *To what extent have interventions by Connectivity influenced the frequency of police service calls among Connectivity users?*

The Connectivity Outcomes Framework



An outcomes framework, at right, was developed to provide focus to the Phase 2 evaluation of Connectivity. The content was derived from Phase 1 findings and consultation with the tables. It is noted that the activity of the tables may cease after basic needs are met, or even prior, if the individual has been successfully connected to local services in the community. The success of the tables beyond immediate risk mitigation is largely determined by the actions and activities of the broader service system.

[1] Brown, J. & Newberry, J. (2015). *An Evaluation of the Connectivity Situation Tables in Waterloo Region.* Evaluation report submitted to Waterloo Region Connectivity Partnership. Guelph, ON: Taylor Newberry Consulting.

Evaluation Design and Methods

The following evaluation methods were employed.

1. 8 **key informant interviews** with Connectivity members (4 from each Table) and 3 key informant interviews with external providers. Interviewees were each asked to provide two situation examples, one that represented successes and one that represented challenges.
2. 3 **service user interviews** with 4 individuals (one interview was a parent/youth dyad) whose situations had been brought to Connectivity, to gather firsthand experiences regarding Connectivity interventions and their impact.
3. Compilation of **hospital service usage data** associated with Connectivity users, covering emergency department use, in-patient admissions, and length of stay. Data was provided by Cambridge Memorial Hospital (a CND Table member) and Grand River Hospital (a KW4 Table member) in fully anonymized form for analysis by TNC. Analysis examined trends and changes in these indicators before and after Connectivity interventions.
4. Compilation of **police call data** associated with Connectivity users. Analysis examined trends and changes in police calls before and after Connectivity interventions.

Summary of the Findings

In summary, the following findings emerged:

- Ongoing success of the tables relies on assembling multi-disciplinary teams that have a strong outreach capacity to access individuals in the community, as well as a tenacious, "whatever it takes" commitment to addressing needs. Table members need support and endorsement from their parent organizations to overcome recurring service barriers.

- Strategic collaboration of particular organizations and resources appeared to be effective in a number of situations – the coordinated intervention of police, housing services, community mental health services, and hospital intervention. Specifically, the ability of Connectivity to work proactively with hospitals to ensure admission and the mobilization of community supports and, often, psychiatry, was important.

- Qualitative interviews provided numerous examples of success, where individuals moved from serious risk contexts to ongoing service connections, stability and functioning, and improvements in quality of life. Below is an example of risk context, intervention characteristics, and outcome observations (note: these are quotes are slightly paraphrased from our interviews to remove identifying information, including personal pronouns).

Risk Context	Intervention Characteristics	Outcome Observations
Significant mental health issue with drug use but was not engaging in any service. Brought to Connectivity because of the high involvement of police in daily life, multiple times a day, hundreds of times a year.	*Had a lengthy hospitalization. The doctors, because of Connectivity, they understood that the situation was more serious and that there were a lot of people involved. Able to get a lot of assistance in the hospital that would not have got otherwise. Previous attempts to go to hospital had resulted in quick discharges because of drug use.*	*There has been absolutely no more contact with police, no more issues in the community, complete stability, housed, healthy, still on medication, and still followed by a lot of the supports that were put into place as a result of coming to Connectivity.*

- The general success of Connectivity is qualified by ongoing challenges in engaging individuals presenting with drug addictions. Table members identified use of crystal methamphetamine as particularly challenging risk factor. About 50% of individuals whose situations were closed as "Connected" had drug use as a risk factor; in comparison about 80% of individuals whose situations were closed as "Still At-Risk", had drug use as a risk factor.

- A range of service and system barriers continue to persist in Waterloo Region, hampering the efforts of Connectivity in mitigating risk and fostering longer-term positive outcomes. These include early discharge from hospital (especially when addictions are presenting), poor access to detox services and long wait lists for addictions treatment, a lack of discharge planning out of prison, lengthy wait lists for longer term supports and services (e.g., mental health support coordination, addictions treatment), and a lack of affordable housing options.

- Analysis of data provided by Cambridge Memorial Hospital (CMH) and Grand River Hospital (GRH) showed 14% and 69% decreases, respectively, in emergency department visits after Connectivity interventions. Length of stay increased 31% at CMH and decreased 44% at GRH (however, the absolute number of in-patient days was quite small at GRH both before and after Connectivity intervention, which strongly qualifies the percent decrease). The drop in ED visits represents $40 thousand of diverted costs.

- Analysis of data provided by Waterloo Regional Police Services (WRPS) shows 46% decrease in repeat police calls between 90-day periods, before and after Connectivity. Conservatively estimated, this represents just under $100 thousand available for other allocations.

Challenges of the Evaluation Design

A number of challenges and limitations were confronted in the evaluation design and remain relevant to the evaluation of Situation Tables in general:

- Because the evaluation required accessing clients who were currently receiving services from member organizations, research ethics, privacy, and other related issues needed to be addressed with each organization separately. In some cases this type of research requires a formal request, application, and/or ethics oversight process. While this was expected and appropriate, it is resource and time intensive.

- Many individuals are transient and difficult to locate thereby making client interviews difficult to achieve. Initial connections with providers may be lost. Additionally, many individuals approached will decline to participate, or agree but fail to show up for an interview.

- The evaluation by design is biased to recruit individuals who are generally doing better than others – they are actively engaged with services and are motivated to tell their story.

- Providers sometimes had professional concerns about involving individuals in the research who they assess as experiencing too much difficulty, vulnerability, or disability to participate. There were concerns about client decompensation, confusion, and/or discomfort. In some cases, providers may feel that an individual would be unable to recall or speak coherently about the period in which there was an intervention.

Recommendations for Future Evaluation

Based on the findings of this evaluation and the experience of implementing the chosen design, we offer several recommendations to improve and expand the evaluation capacity and learnings of Connectivity WR.

Recommendation 1: *The tables should continue their development of protocols and inter-organizational agreements to ensure consistent collection of individual information to be held confidentially by member organizations that lead or assist in a situation.*

Recommendation 2: *An evaluation advisory committee that is representative of table membership should be assembled to guide and direct future evaluation projects.*

Recommendation 3: *Build an ongoing case-study methodology to be implemented by the tables that assesses post-Connectivity outcomes as described in the Outcomes Framework.*

Recommendation 4: *Implement an updated evaluation of secondary data to assess the longevity of outcomes such as?*

Recommendation 5: *Consider tracking additional service usage indicators to examine trends associated with Connectivity interventions.*

Recommendation 6: *Focus future evaluation efforts on key transitions experienced by Connectivity clients.*

Recommendation 7: *Focus future evaluation efforts on promising practices to and barriers to effectively supporting individuals with serious addictions who are at acutely elevated risk, including beyond the closure of the situation.*