



ANNUAL REPORT

May 2020 - May 2021



This report is an opportunity to inform and communicate information regarding the work of the Cornwall Stormont Dundas Glengarry Situation Table over the past year and to acknowledge the efforts of all Situation Table members who have dedicated themselves to the Situation Table and to the health and well-being of the most vulnerable members of our community.

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[A message from the Situation Table Advisory Committee Co-Chairs](#)

“I would like to thank all of the community agencies and Chairs, who have come together since 2017 to help serve and assist our most vulnerable. The Situation Table of CSDG has helped many families and individuals improve their overall wellbeing by connecting them with services that may have otherwise been difficult to obtain. The collaborative work being done by Situation Table members has made it possible for individuals to connect with services that help mitigate immediate risks. Overall the Situation Table has contributed to the overall Community Safety and Wellbeing of CSDG.” – Inspector David Michaud, Cornwall Police Service

“For the last four years, our community has come together every Tuesday morning to have conversations about residents of Cornwall, Stormont, Dundas, Glengarry and Akwesasne in need of help and assistance for different reasons. We cannot thank you enough for your time, partnership, creativity and openness to continue to learn, develop and work together as a community table. None of us can do this work alone and this table has proven time and time again that together, we create stronger plans with those in need and the outcomes of these interventions have proven to have strong impact for the people we are serving. Our table is also a demonstration of how a well-organized and committed group of community partners led by dedicated volunteer chairs and an incredible coordinator helps us stay true to the vision of this work and has us all fully committed as a community to assisting those who need our help.” – Angela Arcuri, Service Director, Children’s Aid Society of S.D. & G.

[Introduction and Background](#)

The Cornwall Stormont Dundas Glengarry Situation Table is a diverse gathering of human service professionals trained to collaborate in a weekly process of risk detection, disciplined information-sharing and rapid intervention. Our focus is on mobilizing service access and support sooner than conventional crisis response pathways allow. Our goal is to identify and mitigate elevations in risk before harm occurs. A “Situation” may pertain to a single individual suffering the onslaught of multiple risk factors; it may also pertain to something that is happening to a whole family, or a group of people.

The Table is made up of a core group of primary agencies representing social services, police/justice, health services and education. Ad-hoc agencies are called upon on a case by case basis to provide additional support to the primary agencies at the table when required.

Background

In 2015, a group of community partners led by Cornwall Community Hospital (CCH) got together to explore ways of improving communication and collaboration to better serve clients that received services from multiple agencies; this group was called the Collaborative Care Working Group.

The Collaborative Care Working Group soon recognized the link between Situation Table models that they were hearing about from other regions and their desire to enhance collaboration in SDG. The Cornwall Police Service had a long-standing interest in the Situation Table model and invited Norm Taylor, President, Global Network for Community Safety (who had implemented similar models elsewhere) to Cornwall in November

Vision

Children, youth, adults and families will grow and thrive in a safe and healthy community as a result of agencies working collaboratively and implementing integrated services.

Mission

A collaborative, integrated multi-agency team to building safer and healthier communities through rapid mobilization of resources to meet the immediate needs of those experiencing acutely elevated levels of risk.

2015. The Collaborative Care Working Group attended this session and was inspired to begin exploring the possibility of establishing a similar table in SDG. The Working Group determined that their focus would shift to this work to address acutely elevated risk in a collaborative manner.

Efforts were combined with the Ontario Provincial Police recognizing that CPS had jurisdiction in Cornwall only and this was an initiative that was suited to the entire SDG region. As a result of the strong interest in developing and implementing a Situation Table in our community, an Advisory Committee was formed for the Situation Table. The Advisory Committee connected with supports from the OPP to continue the information sharing, as the OPP had also set up similar models throughout the province.

Cornwall Police Service applied for funding through a Proceeds of Crime Front-Line Policing Grant (2016) to launch the project; the grant was approved later that same year, which provided support for a Cornwall Community Hospital Project Manager who coordinated and led the implementation effort. Multiple cross-sector partners signed a Memorandum of Understanding and the Situation Table went live in May 2017.

In May 2018, Cornwall Police Service received confirmation of a second Proceeds of Crime Front-Line Policing Grant (which ended on March 31, 2020). Thanks to this grant, Carmen Cousineau was recruited in January 2019 to lead the development of our Community Safety and Well-Being Plan. Elyse Lauzon-Alguire was also recruited to provide part-time coordination support for the Situation Table and continues to do so.

Community Safety and Well-Being Plan

On January 1, 2019, the Government of Ontario mandated municipalities (single and upper tier) to prepare and adopt a Community Safety and Well-Being (CSWB) plan by December 31, 2020. As part of these legislative changes, municipalities are required to work in partnership with sectors including police services, health/mental health, education, community/social services and children/youth services as they undertake the planning process.

The goal of CSWB planning is to achieve the ideal state of a sustainable community where everyone is safe, has a sense of belonging, access to services and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

The City of Cornwall and Cornwall Police Service have taken a proactive and collaborative approach towards the development of a Community Safety



and Well-Being (CSWB) plan. Vibrant Communities – Our Safety and Well-Being (VC-SWB) Plan (v. 1) was developed under the leadership and guidance of the multi-sectoral Advisory Committee and in partnership with the Social Development Council of Cornwall and Area’s – Vibrant Communities Initiative.

In December 2019, the Community Safety and Well-Being Plan was endorsed by the Cornwall City Council, the Stormont Dundas Glengarry Council and the Mohawk Council of Akwesasne with the understanding that the plan will be revised and refined by the Social Development Council of Cornwall and Area’s – Vibrant Communities Initiative. To view the Vibrant Communities – Our Safety and Well-Being (VC-SWB) Plan version 1, please visit <https://sdccornwall.ca/vcr-news/>.

The Vibrant Communities – Our Safety and Well-Being (VC-SWB) Plan version 1 includes strategies for our regional safety and well-being at four levels of intervention: social development, prevention, risk intervention, and emergency response. There are four pillars that the focus group identified, which are mental health, access to health services, poverty and community safety.

Working groups were established based on the four pillars. In late 2020, the working groups began conducting a feasibility review of the strategies identified in version 1 of the plan and will be creating an implementation plan. The first step of this study was to create a map of existing services in relation to the strategies identified in the plan (<https://sdccornwall.ca/service-mapping/>). The second phase of the feasibility study will be to complete a Feasibility Matrix to help with prioritization of these strategies. A Lived Experience Advisory Committee is also in the process of being formed. The Lived Experiences Advisory Committee will include residents who reflect the diversity of the Stormont, Dundas, Glengarry, Cornwall and Akwesasne region, and either are currently experiencing poverty or have lived in poverty. With the help from the Lived Experience Advisory Committee, Vibrant Communities hopes to create support programs and advocacy campaigns for our region that will reduce the level of poverty our residents are faced with.

For any questions, please contact Carilyne Hébert, Executive Director of the Social Development Council of Cornwall and Area at chebert@sdccornwall.ca , 613-930-0211.

Situation Table Operation

The Cornwall Stormont Dundas Glengarry (CSDG) Situation Table was officially launched on May 2, 2017; May 2, 2021 marked the Situation Table's fourth anniversary! The success of our Situation Table is thanks to the incredible dedication and collaboration of all the partner agencies, Advisory Committee members, volunteer Chairs and Data Analysts!



Prior to the COVID-19 Pandemic, the Situation Table was meeting in-person every Tuesday at 9:00 a.m. at the City of Cornwall Council Chambers. As a result of COVID-19, the Situation Table began to meet every Tuesday via teleconference; however, after exploring various video platforms (to ensure the highest level of security) the Situation Table Advisory Committee decided to begin meeting via Zoom for Healthcare. This has been made possible thanks to the in-kind support from the Cornwall Community Hospital!



At the weekly Situation Table meetings, agencies are given the opportunity to share a situation involving an individual, family, group or place they feel is at imminent risk of falling into crisis. The conversation is guided through a specific and intentional process that asks if the professionals around the Table feel there is the possibility of increased risk to the individual or family. As the group agrees to this risk, agencies that are able to assist with the intervention are determined including a lead agency to guide the intervention. Additional information about the situation is shared only with those agencies selected to assist the individual/family.

The referring agency may not necessarily be the lead agency in an intervention. The Filter 4 intervention team will identify a lead agency based on the situation, mandate/resource to address the most significant risk factors and/or has the best rapport with the individual/family. The lead agency will take action in partnership with other identified agencies to plan the next steps involved in the intervention (usually within 24 to 48 hours); the Situation Table will remain involved in the case until the level of risk has been reduced.

At subsequent meetings of the Situation Table, the lead agency reports back to the group regarding the conclusion of the intervention; for example, whether risk was lowered because an individual was connected to services or whether it should remain at acutely elevated risk due to further interventions needing to occur.

Situation Table Referrals

A Situation Table's focus is about mitigating risk rather than waiting for a harmful and victimizing incident that requires an emergency response.

A "Situation" may pertain to a single individual suffering the onslaught of multiple risk factors (e.g. mental health, addictions, physical illness, criminal activity, and homelessness). It may also pertain to something that is happening to a whole family, or a group of people.

The Situation Table is not a case management tool, nor is it a venue for self-referrals. A situation can originate directly from any of the agencies represented at the Situation Table or by any other community organization/agency supported by a Situation Table member. Organizations should always try their best to support the individual or family with the resources they have internally before bringing it to the Table.

Determining Acutely Elevated Risk

Questions to consider when determining whether a situation meets the criteria of acutely elevated risk:

- Is this person/family experiencing a rapid elevation in risk?
- Has the referring agency exhausted all avenues/services within their own mandate to help this person/family?
- Does the referring agency need to disclose personal information in order to reduce the risk for this person/family?
- Is a multi-agency response within 24 to 48 hours required?

The Situation Table is designed to address situations that are determined **to involve acute elevations in risk**. This could include individuals who are generally low risk as well as individuals who are mainly high risk. The most important element is that there is a **noticeable elevation in risk** that requires a rapid intervention to mitigate.

Acutely Elevated Risk refers to risky situations that are on the verge of becoming emergency situations. Circumstances indicate that if there is not a short-term, timely, wraparound intervention, a negative outcome such as criminalization, victimization or harm is likely to occur that will require the community's emergency or crisis response systems.

The form is titled "SITUATION TABLE REFERRAL FORM" and includes the following sections:

- Completion of this form is required prior to presenting at the Situation Table.**
- PART 1: Agency screening prior to introduction to the Situation Table**
 - Referring agency: Date:
 - Name of referring staff: Telephone:
 - Elements of Acutely Elevated Risk: (Check all that apply)
 - 1) Significant interest at stake? (Significant interest usually refers to an individual or a family but could refer to an array of situations involving a vulnerable group, a dwelling, neighbourhood or environment.)
 - 2) Probability of harm occurring? (There is a reasonable expectation of harm to individuals if nothing is done.)
 - 3) Significant intensity of harm? (The harm would constitute damage or detriment and not mere inconvenience to the individual. It is reasonable to assume that disclosure to the Situation Table would help minimize or prevent the anticipated harm.)
 - 4) Multi-disciplinary nature of risk? (The risk factors are beyond the Originating Agency's scope/mandate to mitigate the elevated level of risk. Operating risk factors cut across multiple human service disciplines. Traditional inter-agency approaches have been considered.)
 - Was client consent obtained? Yes No Consent type: Implied Written Verbal
- PART 2: De-identified discussion at the Situation Table** (Use no identifiers like names, names of relatives, birth dates, addresses, telephone numbers, email addresses, health services numbers, social insurance numbers, school program identifiers that could allow identity to be pursued, unless they are necessary to determine acutely elevated risk. De-identifiers include: location information, names of relatives, major status, significant dates, other people, programs, interventions, employment, income)
 - Discussion type: Person Family (see below) Dwelling Environmental Neighbourhood Other
 - Age group: 0-5 years 6-11 years 12-17 years 18-24 years 25-29 years 30-39 years 40-49 years 50-59 years 60-69 years 70-79 years 80+ years N/A
 - Sex: Male Female Unknown
 - Ethnicity and/or culture: X (which includes Trans, Non-Binary, Two-Spirit, and Binary) Other (please specify)
 - First language: English French Other:
 - Preferred language: English French Other:
- Additional subject/active affected persons:** (If you have selected "family" as the discussion type, please complete the following section.)

| Age group: | Primary caregiver: |
|--|---|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-49 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60-69 years <input type="checkbox"/> 70-79 years <input type="checkbox"/> 80+ years <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
- Please provide an overview of the situation using de-identified information.** Briefly describe the situation that you are referring. What harms are you concerned about? Why are you concerned now? What supports do you feel are required?



Benefits of the Situation Table Model

- Make police and agency services part of a stronger safety net, rather than being the entire net themselves.
- Provide opportunities for early intervention that help prevent crimes and improve outcomes for local residents and the community.
- They reduce calls for service and deliver positive results for individuals and families at a lower cost to the taxpayer.
- Collect very detailed data of the predominant risks and other patterns of service use that can be used to inform social policy.

Privacy and Confidentiality

- Situation Tables follow the guidance of the Office of the Information and Privacy Commissioner of Ontario (IPC).
- When an individual is known to the agency, they may have the opportunity to obtain consent.
- In serious, time-sensitive situations, there may not be an opportunity to obtain consent; therefore, Tables follow the disciplined Four Filter process.
- Records of these discussions treat targeted situations as numbers without identifying individuals.
- Clients are provided with a Disclosure of Information Notification should they be discussed without consent; this outlines all attending agencies.
- Clients are provided with a consent form at the point of intervention.
- All agencies represented at the Table have signed a Memorandum of Understanding with direction regarding the importance of confidentiality.
- All Table members have signed a Non-Disclosure Agreement.
- Any guest to the Table will sign a Non-Disclosure Agreement.
- At every meeting, all in attendance will sign a confidentiality form.
- All members will follow the guidelines stipulated by their agencies with respect to privacy and confidentiality legislation.

All Situation Table representatives must complete an online training course administered by Wilfred Laurier University prior to joining the Situation Table, sign the Situation Table Memorandum of Understanding/Terms of Reference, as well as sign a non-disclosure/confidentiality agreement prior to participating in a table discussion.



Four-Filter Model of Information Sharing

A four-filter process is used to assess whether a situation meets the threshold for acutely elevated risk and, therefore, can proceed to wraparound intervention by relevant agencies.



Filter 1: Agency screening prior to introduction to the Situation Table

Agency screens a situation and determines the risk factors are beyond its scope/mandate to mitigate the elevated risk. Essentially, this is the point when an agency decides whether or not to take a situation to the Table.

-If an agency decides to take it to the Situation Table, it must determine that the sharing of private information is necessary to mitigate risks and, further, that it has authority to disclose that information.

-Before bringing the situation forward, an agency should consider other agencies that are reasonably likely to have a role to play in the development and implementation of an intervention to mitigate the risks.

-The presenting agency must have exhausted all options that exist within their own organization and the risk factors in the situation being brought forward are beyond the agency's scope/mandate.

-Complete the Situation Table referral form.

-Obtain consent from the client to bring the situation to the Table, if possible.



Filter 2: De-identified discussion at the Situation Table

Agency presents the situation to the Situation Table discussion in a de-identified format.

A de-identified record is created in the Situation Table database at this point using an anonymous entry number for follow-through with agencies.

Members are invited to ask clarifying questions to help determine if the situation meets the threshold of acutely elevated risk.

Members collectively decide if it meets the standard of acutely elevated risk factors across a range of service providers before any personal and confidential information is disclosed.

If it does not meet the threshold, no personal and confidential information is disclosed and no further discussion takes place. *If a case is not accepted by the Table, Table members will provide suggestions/alternative solutions for the presenting agency.

If the consensus is that sharing information with the Situation Table is necessary to help prevent harm or inadequate care to an individual or the public, limited disclosure will be permitted at filter four.



Filter Three: De-identified discussion to identify intervening agencies

If the group concludes that the threshold of acutely elevated risk is met, the Table determines which agencies/organizations will be required to participate in a full intervention-planning discussion outside of the full Table.

All responsibility for record keeping related to actual case management remains with each agency that has a role.

The Situation Table will not generate nor maintain any individualized or identifiable records.



Filter Four: Full in-camera discussion among intervening agencies only

Only identified agencies that have a direct role to play in an intervention will meet separately to discuss limited personal and confidential information that needs to be disclosed in order to inform the plan for addressing the acutely elevated risk factors.

Discussion is still limited to only the information that is deemed necessary to assess the situation and to develop and implement an effective strategy to reduce or eliminate the risk, and each recipient agency should have the authority to collect the information.

A lead agency is identified. The lead agency representative is responsible to ensure all those involved in Filter 4 are kept informed as to next steps, etc.



Intervention

- Following the completion of filter four, an intervention should take place (within 24-48 hours) to address the needs of the individual, family, or specific group of people and to eliminate or mitigate their risk of harm.
- In many multi-sectoral risk intervention models, the intervention may involve a “door knock” where the individual is informed about or directly connected to a service(s) in their community.
- In all cases, if consent was not already provided prior to the case being brought forward to the Situation Table, obtaining consent to permit any further sharing of personal information in support of providing services must be a priority of the combined agencies/organizations responding to the situation. If upon mounting the intervention, the individual(s) being offered the services declines, no further action (including further information sharing) will be taken.



Report Back

- The lead agency representative will provide a report back at the next Situation Table meeting regarding the referral.
- This will involve reporting back, in a de-identified manner, on pertinent information about organization roles that transpired through the intervention, whether the intervening agencies need to discuss further action, has the intervention reduced the level of imminent risk, any further supports required to reduce the risk, any additional risk factors, services mobilized and reason for closure (e.g. connected to service).



Lead Agency

- The lead agency representative is responsible to coordinate the logistics of the intervention and provide a summary of the intervention at the next Situation Table meeting.
- The determination of the lead agency is based on the mandate/resource to address the most significant risk factor(s) and/or has the best rapport with the individual/family.

Risk Factors

For a situation to be considered one of acutely elevated risk, two or more factors must be present. Presentation of these risk factors to the Situation Table assist the agencies involved to plan an appropriate intervention. On average, 11 risk factors are present and identified in each situation.



- Alcohol
- Antisocial/Negative Behaviour
- Basic Needs
- Cognitive Impairment
- Crime Victimization
- Criminal Involvement
- Drugs
- Elder Abuse
- Emotional Violence
- Gambling
- Gangs
- Housing
- Mental Health
- Missing/Runaway
- Missing School
- Negative Peers
- Parenting
- Physical Health
- Physical Violence
- Poverty
- Self-Harm
- Sexual Violence
- Social Environment
- Suicide
- Supervision
- Threat to Public Health and Safety
- Unemployment

There are currently representatives from 35 local agencies working in a privacy protective manner to rapidly connect individuals and families to appropriate services.



SITUATION TABLE RESPONSIBILITY TIP CARD

| ORIGINATING AGENCY | LEAD AGENCY | ALL PARTICIPATING AGENCIES |
|--|---|---|
| Brings a situation to the Table after going through Filter 1 in-house. | Has the mandate/resource to address the most significant risk factor(s) and/or has the best rapport with the individual/family. | Engages in ongoing risk detection within their home agency. Champions the Situation Table within their organization, sector and with others, as deemed appropriate. |
| Obtains consent from the client to bring the situation to the Table, if possible. | Collects contact information from all members of the response team. | Attends and is on time for every weekly Situation Table meeting. |
| Completes referral form before presenting to the Table. | Ensure that, should the Situation Table representative delegate the lead role to another staff member within their agency, an explanation is to be provided to that individual reminding them of their role and responsibilities of acting as the lead (i.e. coordinating the intervention, staying involved, communicating with the other supporting agencies) | Has the mandate/resources to address one or more risk factors impacting the individual/family and/or has good rapport with the individual/family. |
| Presents situation to the Table. When presenting a situation to the Table on behalf of another agency staff member (who is not a Situation Table member), it is strongly recommended to make arrangements to have the staff member/caseworker present at the Situation Table meeting in order to assist in answering any case-specific clarifying questions. | Coordinates intervention – timing, attendance (logistics). | Engages in collaborative problem solving and innovative solutions during Filter 4 and Situation Table intervention responses. |
| Answers questions based on risk factors and acutely elevated risk. | Provides summary of intervention at the next Situation Table including date of intervention and services mobilized. | Ensures that someone from their agency participates in the Situation Table intervention, "door knock", direct outreach or other appropriate method of connecting with the individual/family at acutely elevated risk. Priority is to be placed on in-person connection (within 24 to 48 hours). |
| | Provides a follow-up survey to the client (post-intervention) at the point they feel is most appropriate based on their professional judgment. | Engage in timely responses to acutely elevated risk. |

Situation Table Leadership

The CSDG Situation Table Advisory Committee meets regularly to guide the practice and development of the Table, monitor the Table's ongoing operations and effectiveness, as well as ensuring sustainability.

The Advisory Committee is comprised of the following individuals:

- David Michaud, Co-Chair (Cornwall Police Service)
- Angela Arcuri, Co-Chair (Children's Aid Society of S.D. & G.)
- Deena Shorkey (Cornwall Community Hospital)
- Simon Hardy (Ontario Provincial Police SDG)
- Chad Brownlee (Upper Canada District School Board)
- Michelle Gosselin (Canadian Mental Health Association - Champlain East)
- Farhana Meghji (Inspire Community Support Services)
- Patti Gauley (Eastern Ontario Health Unit)
- Chantal Prieur (Victim Services of S.D.G. & A.)
- Linda Smith (Maison Interlude House)
- Joanne Patey (Ministry of Children, Community and Social Services - Youth Justice Services)
- Martine Sabourin (Probation and Parole Services - Ministry of the Solicitor General)
- Renee Rozon (Catholic District School Board of Eastern Ontario)
- Karine Burroughs (Conseil scolaire de district catholique de l'Est ontarien)
- Gina Julie Lacombe (Équipe psycho-sociale pour enfants, jeunes et familles de SDG)
- Emily Stewart (Children's Aid Society of S.D. & G.)
- Catherine Lelievre (Akwasasne Family Wellness/Well-Being Program)

We would like to extend our sincere appreciation to the following past Advisory Committee members: Claire Roy (Cornwall Community Hospital), Tara-Ann MacGillivray & Katie Vachon (Children's Aid Society of S.D. & G.), Heather Gerber (Catholic District School Board of Eastern Ontario), Raquel Beauvais-Godard (Canadian Mental Health Association), Leanne Clouthier (Seaway Valley Community Health Centre) and Don Lewis (Upper Canada District School Board).

A special thank you to Deputy Chief Shawna Spowart (Cornwall Police Service), past Advisory Committee Co-Chair, who stepped down as one of the Advisory co-chairs in November 2020. Deputy Chief Spowart has been instrumental in the success of our local Situation Table!



Situation Table Membership

The CSDG Situation Table is made up of a core group of primary agencies representing social services, mental health, police/justice, victim services, hospital, school boards, child protection services, probation/parole, health services, etc. Ad-hoc member agencies are called upon on an as needed basis to participate in post-Table discussions and interventions.

The following agencies are currently represented at the weekly Situation Table meetings:

- Akwesasne Family Wellness/Well-Being Program
- Canadian Mental Health Association – Champlain East
- Catholic District School Board of Eastern Ontario
- Conseil scolaire de district catholique de l'Est ontarien
- Cornwall Community Hospital
- Cornwall Police Service
- Équipe psycho-sociale pour enfants, jeunes et familles de SDG
- Inspire Community Support Services
- Maison Interlude House
- Ministry of Children, Community and Social Services - Youth Justice Services
- Ontario Provincial Police S.D. & G.
- Probation and Parole Services - Ministry of the Solicitor General
- The Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry
- Upper Canada District School Board
- Victim Services of S.D.G. & A.



The following agencies are currently ad-hoc member agencies to the Situation Table.

- Carefor
- Centre Agapè Center
- Champlain LHIN: Home and Community Care
- City of Cornwall Social Services (Housing and Ontario Works)
- Clinique Juridique Roy McMurtry Legal Clinic SDG
- Cornwall Fire Service - Fire Prevention Division
- Cornwall SDG Paramedic Services
- Eastern Ontario Health Unit
- Laurencrest Youth Services Inc.
- Maison Baldwin House
- Naomi's Family Resource Centre
- Ontario Disability Support Program
- Regional Integrated Care (formerly HealthLink)
- Royal Ottawa Health Care Group
- Seaway Valley Community Health Centre
- Sexual Assault Support Services for Women S.D.G. & A.
- Société John Howard Society of Ottawa - Project ReSet
- Vista Centre Brain Injury Services
- Youth Now Cornwall
- Youturn Youth Support Services



Volunteer and In-Kind Contributions

Due to COVID-19, the Situation Table has been meeting via Zoom for Healthcare. Cornwall Community Hospital - Community Addiction and Mental Health Services has kindly offered the use of their Zoom for Healthcare platform as in-kind support to the Situation Table. We are very thankful!



Prior to COVID-19, the Situation Table was meeting in-person in the City of Cornwall council chambers. Thank you to the City of Cornwall for generously providing the council chambers as in-kind space for the in-person Situation Table meetings!



Data Analysts:

We are extremely fortunate to have four fantastic data analysts who provide crucial support to the Situation Table! Cornwall Police Service, Ministry of Children, Community and Social Services - Intake & Benefits Administration Unit and YouTurn provide in-kind data analyst support to the Situation Table. A data analyst attends every Situation Table meeting and is responsible to enter accurate de-identified recording of all situations presented to the Situation Table into the Risk-driven Tracking Database (developed and provided by the Ministry of Solicitor General), as well as attend Advisory Committee meetings.

Tasha Marcotte and Stephanie MacRae have been data analysts since May 2017; Christina Adams and Kristen Lafleche have been data analysts since December 2018. Thank you for all of your hard work and dedication to the Situation Table!



Christina Adams
*MCCSS - Intake & Benefits
Administration Unit*



Kristen Lafleche
YouTurn



Tasha Marcotte
Cornwall Police Service



Stephanie MacRae
Cornwall Police Service

Stephanie MacRae (Cornwall Police Service) continues to provide support to the Situation Table by completing the Data Analyst Reports which provide crucial data for our community. Stephanie also provides administrative support to the Situation Table Advisory Committee. Thank you Stephanie!

Volunteer Chairs:

The Situation Table is extremely fortunate to have three Situation Table volunteer Chairs. The role of the Situation Table Chair is to attend the weekly Situation Table meeting and lead the table in consensus-based decision making through the diligent application of the Four Filter process for information sharing.



Cathy began as a volunteer Chair in September 2018; Carole began as a volunteer Chair in May 2019; Elyse began as a volunteer Chair in May 2017. Thank you to our dedicated and passionate volunteer Chairs!



"All Table members continue to address the complex needs of the most vulnerable within our community. With the added stress of the Pandemic, has come an increased in mental health, addictions, and poverty cases to the Table. Yet, one of the most challenging needs which should be an easy fix, is often the immediate need for short and long-term housing. We must find a better way to track available affordable housing so that our community members feel safe and warm as they work on their long term personal goals to reduce the risks that brought them to the Situation Table."

Cathy Cooper

Situation Table Rotating Chair



"It is my honour and pleasure to serve as one of the Chairs of the Situation Table. Having been employed in the justice sector for 35 years, I can assure the community that the Situation Table's agencies work collaboratively and most effectively to assist our vulnerable population. It is an essential service which confirms that social and justice partners continue to work together."

Carole Cardinal-Lortie

Situation Table Rotating Chair



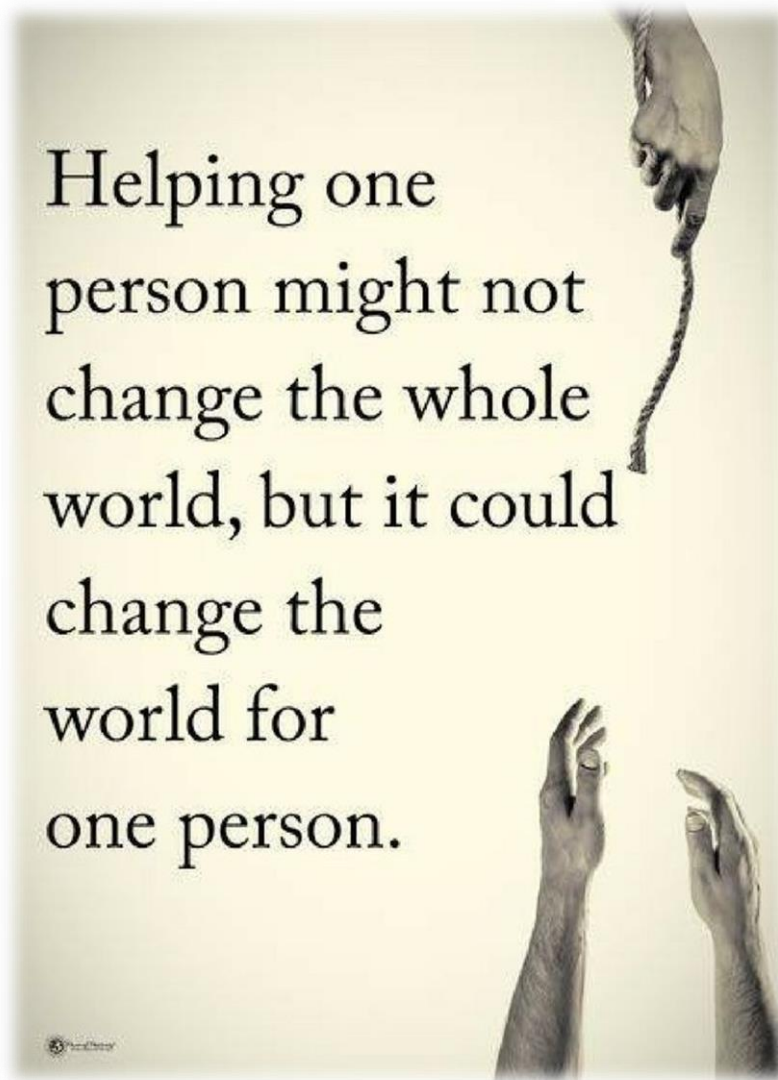
"I have been part of the CSDG Situation Table since its inception (May 2017) as one of the rotating volunteer Chairs. In April 2018 I was approached to assist with providing coordination support to the Situation Table on a part-time and have been doing so ever since. It has been an absolute pleasure to be part of such an amazing community initiative which is making a positive difference in so many lives! The work of our Situation Table is remarkable; the compassion and dedication from all agencies involved with the Situation Table is truly heartwarming. I have witnessed how much the Table has evolved since we first launched in 2017 and I look forward to continuing to be part of such a wonderful community initiative!"

Elyse Lauzon-Alguire

Situation Table Rotating Chair & Coordinator

Since the Situation Table launched in May 2017:

- The Situation Table members have devoted over 2175 hours to attending weekly Situation Table meetings. In addition to the 2175 hours devoted to attending weekly meetings, Situation Table members have allocated countless hours to preparing referrals, planning the intervention, conducting interventions/door-knocks, attending training, etc.
- The Situation Table volunteer Chairs have devoted over 380 hours of their time to Situation Table activities, including chairing weekly Situation Table meetings, attending Advisory Committee meetings and training events, etc.
- The Situation Table Data Analysts have devoted over 400 hours of in-kind support to Situation Table activities, including attending weekly Situation Table meetings, attending Advisory Committee meetings and training events, providing administrative support, preparing data analyst reports, etc.
- The Situation Table Advisory Committee has devoted over 370 hours of in-kind support to Situation Table activities, including attending Advisory Committee meetings and training events, providing support to the Chairs and table members, etc.



Accomplishments and Deliverables

- Since May 2020, the Situation Table has been meeting virtually due to the COVID-19 Pandemic.
- The CSDG Situation Table successfully received \$5,300 thanks to the City of Cornwall "Social Services Relief Fund" for assistance with Situation Table clients' needs. Funds can be used to cover the cost of grocery gift, covering the cost of basic needs (clothing, etc.), gas cards, hotel vouchers (if shelter is needed), transportation costs, etc.
- The Children's Aid Society of SDG has kindly provided a contribution of \$15,000 to the CSDG Situation Table Advisory Committee to cover the costs associated with the Situation Table Coordination Services. The funds will sustain the Situation Table until December 2022.
- The Community Action Network Against Abuse and the CSDG Situation Table have partnered together thanks to the additional fiscal project funding CANAA received from the Ministry of Children, Community and Social Services. The Community Action Network Against Abuse has provided a financial contribution in the amount of \$1,000 to the CSDG Situation Table in order to enhance communication amongst community partners, facilitate the sharing of available resources in our community and engage in a violence prevention initiative as the Situation Table's focus is about identifying and mitigating elevations in risk before harm occurs, therefore providing opportunities for early intervention and improve outcomes for local residents and the community.
- The Situation Table Coordinator continues to provide community awareness about the CSDG Situation Table to a wide range of audiences. The Coordinator participates in various networking events and workshops, such as the Community Action Network Against Abuse, participation in the Cornwall Police Service Community Partner Consultation, Vibrant Communities Community Safety Working Group, Diversity & Inclusion Exploring Unconscious Bias workshop, etc.
- The Situation Table Coordinator continues to participate in provincial teleconferences with the Community of Practice Group, which is made up of other Situation Tables in Ontario.
- The CSDG Situation Table, in partnership with various other Situation Tables across the province, will be developing a training resource which will contain various case studies/mock scenarios. This resource will be made available to all Situation Tables in Ontario to use as a training tool for new Table members, etc.
- Community agencies continue to be invited to attend a Situation Table meeting to provide a brief overview of their programs and services. The following community agencies have presented to the Situation Table (timeframe May 2020-May 2021):
 - Inspire Community Support Services
 - Ontario Disability Support Program
 - Champlain LHIN: Home and Community Care



- Laurencrest
 - Maison Baldwin House
 - John Howard Society – Project ReSet
 - Regional Integrated Care (formerly HealthLink)
 - Cornwall Community Hospital - Youth Wellness Hub
 - Drug Awareness Group
 - Vibrant Communities
 - Clinique Juridique Roy McMurtry Legal Clinic SDG
 - Ontario Provincial Police - SDG
 - Sexual Assault Support Services for Women
 - Cornwall Police Service
 - Équipe psycho-sociale pour enfants, jeunes et familles de SDG
 - Maison Interlude House
- Several Situation Table representatives including rotating chairs, data analysts, coordinator and advisory committee members attended the Opioid Partner Education Webinar on January 28, 2021, organized by Cornwall Police Service and the local Drug Awareness Group.
 - The Situation Table Advisory Committee continues to meet on a bi-monthly basis. Members of the Advisory Committee continue to attend various Situation Table meetings to conduct quarterly check-ins with the Situation Table members.



- Cornwall Police Service and the Cornwall Stormont Dundas Glengarry (CSDG) Situation Table had originally scheduled two in-person working sessions which were to take place in April 2020 and to be facilitated by Dr. Chad Nilson; however, due to the COVID-19 Pandemic, both working sessions were postponed to November 2020.



On November 4th and 5th 2020, Cornwall Police Service and the CSDG Situation Table hosted two virtual working sessions (via Zoom) for Situation Table members, Situation Table ad-hoc members, Advisory Committee members, Data Analysts and Chairs. Both sessions were sponsored by the Cornwall Police Service who is a key partner to the CSDG Situation Table!



These working sessions were facilitated by Dr. Chad Nilson, Multi-Sector Collaboration Specialist (Living Skies Centre for Social Inquiry, Prince Albert, Saskatchewan).

Over 160 participants attended the November 4th "Collaborative Risk-Driven Intervention: A Community Engagement Session in Support of Situation Tables". The objective of this session was to provide community organizations (both Situation Table members and non-Table members) with an introduction to the Hub Model of Collaborative Risk-Driven Intervention; where the model came from; how it is different than case management; how it compliments existing collaborative service models; what circumstances best merit referral to the Table; how it can be used to improve service access upstream before harm occurs; and most of all, what roles community organizations should play in various aspects of the model (e.g., risk detection, service mobilization, follow-up and client care).



The November 5th "Situation Table Check-in Session: An Opportunity for Troubleshooting and Improvement" was specifically for Situation Table active members and Advisory Committee members. The purpose of this session was to provide table discussants and advisory committee members a venue for reflection and clarity on key concepts and practices in collaborative risk-driven intervention.



Feedback from Situation Table representatives & clients

"I have really enjoyed the experience of being part of the Situation Table from the beginning. It is such a great example of the community working together to support those who are in urgent need."

"I just want to share how impressed I was by the response today! Everyone really came together to collaborate for these two cases. Even though there were some barriers with face to face meetings for some community agencies they immediately offered alternatives! It was really great to see! I just wrapped up at 130 and left feeling happy with how this all played out, the positive response and approach during Filter 4! 😊"

"Great job everyone! The dedication is remarkable!"

"Partnerships have strengthened. We are extremely fortunate to have a Situation Table in our community and it is thanks to the ongoing efforts and collaboration of our dedicated Table members!!"

"Clients becoming aware of the support offered by agencies they were previously unaware of."

"People who want the help but don't know where to turn are offered service engagement right at their door."

"Intervention, collaboration, access and understanding of services. Reducing AER factors."

"It provides an opportunity for services providers to offer services to clients in a non-judgmental, non-enforcement environment without fear of reprisal."

"In the past, wrap around service offering and connection, along with immediate reduction in AER factors. Clients felt they were not alone, that someone cared and was there to show them the way."

"It is an incredible experience to see a client realize that so many people are present and offering support - community is everything!"

"I've received a lot of help, the response has been impressive and everyone has been extraordinarily kind. I have yet to start any of the programs suggested but I look forward to being able to start and manage what has caused me to go into crisis. Thank you."

"So happy that we have this in our community. I tell people from agencies in other areas about it all the time. It's so many things to so many people, support, advocacy, information, basic needs, neighbours helping neighbours when they cannot help themselves."

"What an incredible service! It's impressive to see this many caring cooperating agencies partnering for such a cause. As heartbreaking as it is to hear these situations, its inspiring to know that dedicated professionals are coming together to help."



Situation Table Data Analyst - Annual Data Analyst Report

Prepared by Stephanie MacRae, Cornwall Police Service

The Cornwall SDG Situation Table held its first meeting on May 2, 2017. Since then, the table has continued to successfully grow and assist members of the community. There are currently 15 agencies who attend the regular weekly meetings and 20 ad-hoc agencies involved in the Cornwall SDG Situation Table.

The data presented in this report is representative of the period between May 1, 2020 and May 1, 2021. The report is divided into several sections as indicated below:

- Situation Summary
- Year over Year Situation Data
- Agency Involvement: Originating, Lead, and Assisting Agencies
- Demographic Information
- Risk Factors
- Protective Factors
- Study Flags
- Services Mobilized
- Conclusion of Situations



SITUATION SUMMARY

133
total situations

123
deemed acutely
elevated risk (AER)

102
deemed AER
concluded with
overall risk lowered

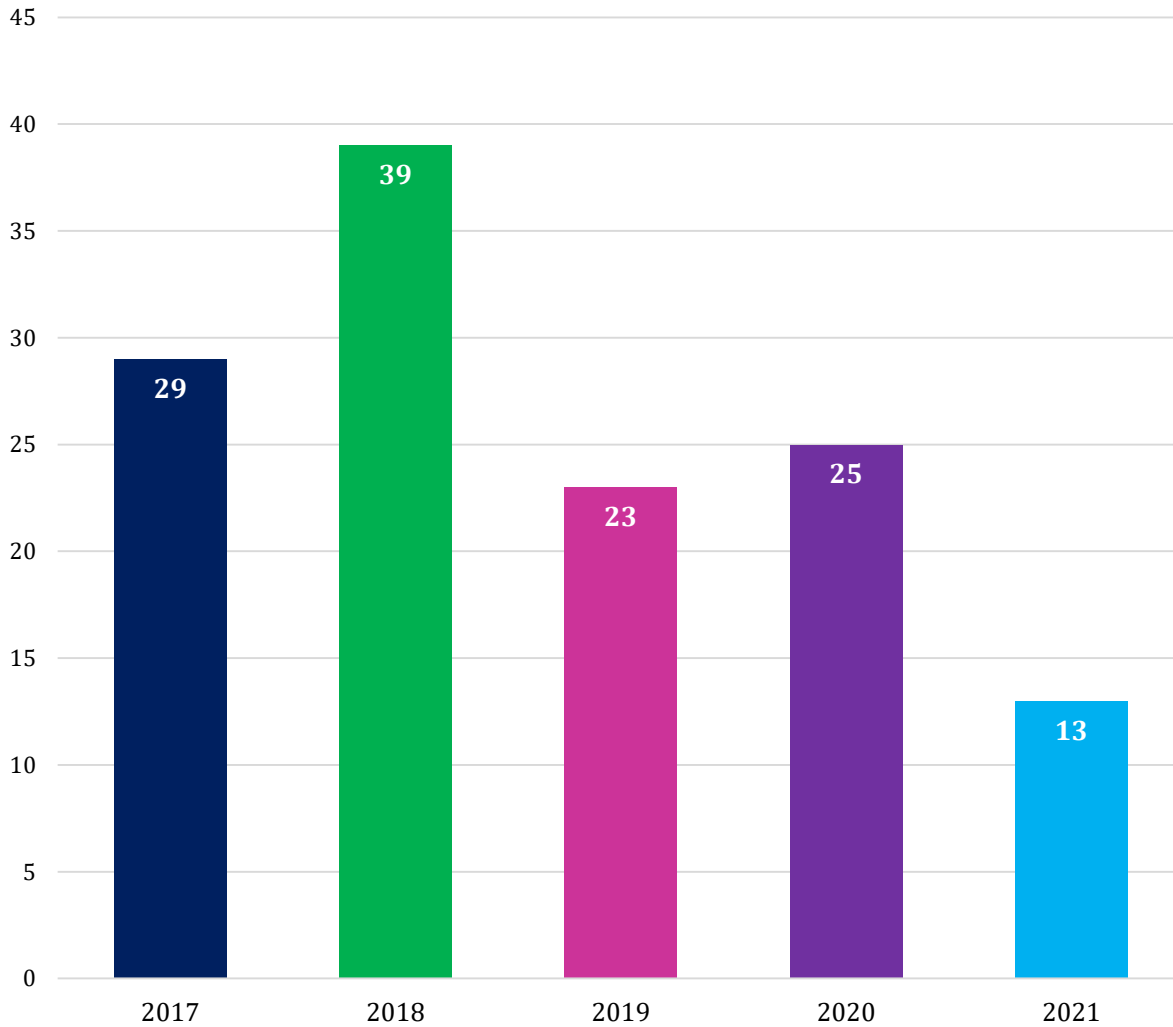
8
average number of
days to close
discussion
*includes weekends

10
situations rejected

6
situations
re-opened

YEAR OVER YEAR SITUATIONS OPENED

The following chart shows the number of situations that were opened annually since the Situation Table launched on May 2nd, 2017. The data for 2021 is only reflective of the period between January and May.

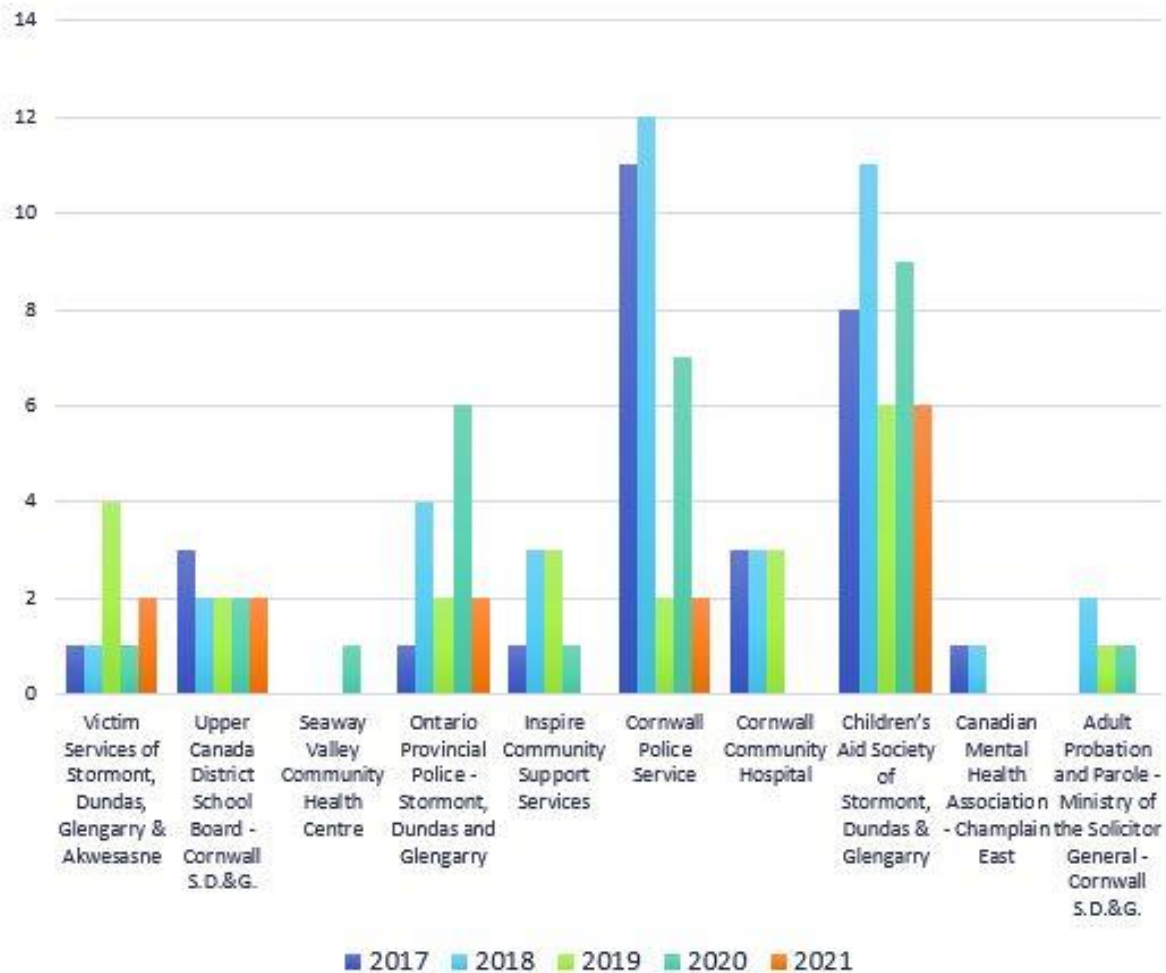


YEAR OVER AGENCY INVOLVEMENT

The following three charts show the number of times an agency became involved as an originating agency, a lead agency, and an assisting agency. Please note that where an agency is **not** listed, the agency has not been involved in the indicated category.

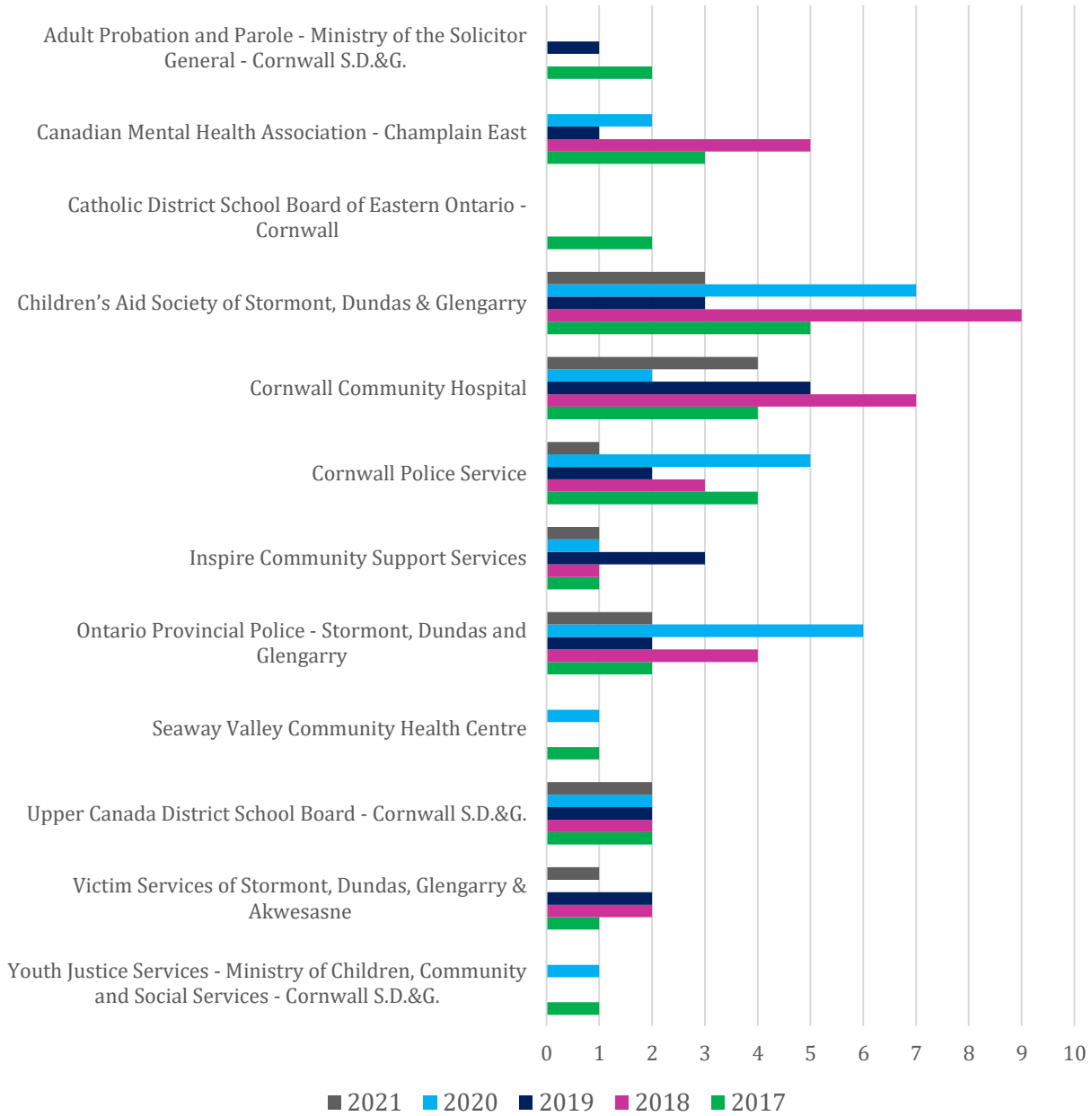
ORIGINATING AGENCIES

A total of ten agencies have brought forward situations since May 2nd, 2017. The chart below shows the number of times these agencies originated a situation since the beginning of the CSDG Situation Table.



LEAD AGENCIES

While the originating agency is responsible for planning the referral and bringing the situation(s) to the table, it is the responsibility of one of the participating agencies to act as a lead. The lead agency will ensure the intervention/plan is being met and followed, communicates with the other agencies involved in the intervention, and reports back to the Situation Table at the following meeting. Of the 123 AER situations brought forward, the following chart reveals which agencies have been involved as a lead annually.



ASSISTING AGENCIES

A lead agency requires the assistance of other agencies in order to make the door knock a successful turning point. The following data demonstrates which agencies have assisted with situations and how frequently they have been in the role of an assisting agency. It should be noted that all agencies who sit around the table on a weekly basis (not including ad-hoc agencies) have each assisted in at least one situation. On average, six agencies are engaged as an assisting agency per situation.

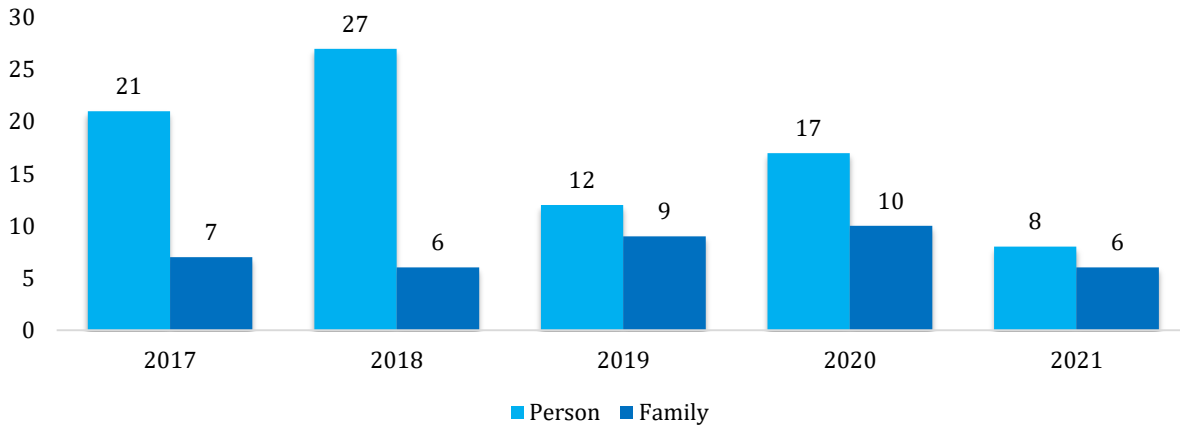
| Agency Name | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------|------|------|------|------|
| Adult Probation and Parole - Ministry of the Solicitor General | 5 | 7 | 3 | 6 | |
| Agape Centre | | | 1 | 3 | |
| Canadian Mental Health Association - Champlain East | 22 | 27 | 15 | 21 | 8 |
| Carefor Health and Community Services | 1 | 4 | 2 | 2 | 1 |
| Catholic District School Board of Eastern Ontario - Cornwall | 4 | 7 | 2 | 2 | 2 |
| Centre de santé communautaire de l'Estrie | | | | | 1 |
| Children's Aid Society of Stormont, Dundas & Glengarry | 13 | 12 | 7 | 9 | 3 |
| City of Cornwall Social Services | 9 | 4 | 6 | 5 | 5 |
| Roy McMurtry Legal Clinic | | | | 1 | 2 |
| Cornwall Community Hospital | 18 | 28 | 18 | 26 | 13 |
| Cornwall Police Service | 21 | 18 | 12 | 17 | 5 |
| Cornwall Fire Services | | | | 1 | 2 |
| Cornwall SDG Paramedic Services | | 2 | 2 | | 1 |
| Inspire Community Support Services | 13 | 14 | 8 | 10 | 4 |
| Developmental Services Centre | | | | 1 | |
| Eastern Ontario Health Unit | 2 | 1 | | 1 | |
| Équipe psycho-sociale | | 1 | | | |
| Laurencrest Youth Services | 2 | 1 | 5 | 4 | 2 |
| Local Health Integration Network - Champlain - Cornwall | 4 | 4 | 1 | 1 | 1 |
| Maison Baldwin House | | 3 | 1 | 1 | 2 |
| Maison Interlude House | | 4 | 3 | 3 | 1 |
| Naomi's Family Resource Centre | | 2 | | | 1 |
| Ontario Disability Support Program - Ministry of Children, Community and Social Services - Cornwall | 7 | 3 | 6 | 3 | 1 |
| Ontario Provincial Police - Stormont, Dundas and Glengarry | 6 | 5 | 5 | 1 | 4 |
| Regional Integrated Care | | | 1 | | |
| Royal Ottawa Health Care Group | | 1 | | | |
| Seaway Valley Community Health Centre | 8 | 9 | 5 | 3 | 1 |
| Sexual Assault Support Services for Women | | 1 | 2 | 3 | |
| Upper Canada District School Board - Cornwall S.D.&G. | 2 | 4 | 5 | 6 | 3 |
| Victim Services of Stormont, Dundas, Glengarry & Akwesasne | 11 | 13 | 5 | 6 | 6 |
| Youth Justice Services - Ministry of Children, Community and Social Services | 2 | 2 | 1 | 0 | |
| Youth Now Canada | | | 1 | 2 | 2 |

DEMOGRAPHIC INFORMATION:

Of the 123 AER cases brought forward to the Situation Table, 85 were involving one person, while 38 were involving a family situation, where multiple persons were requiring assistance. In the situations where a “family” was at risk, no specific gender or age category can be identified.

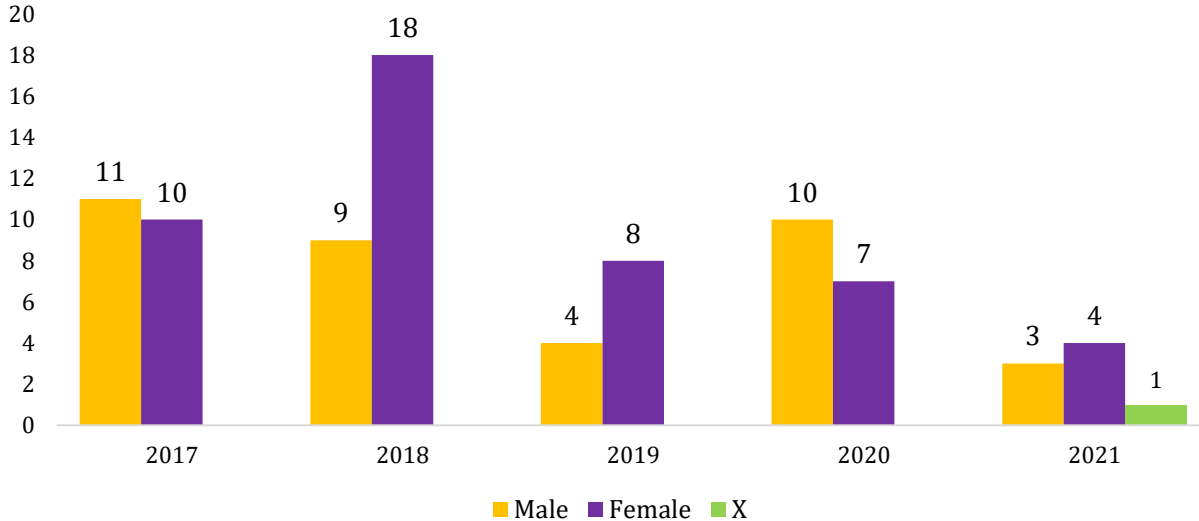
PERSON VS. FAMILY SITUATIONS:

The data below compares the number of situations where an individual was involved to the number of situations where a family was involved.



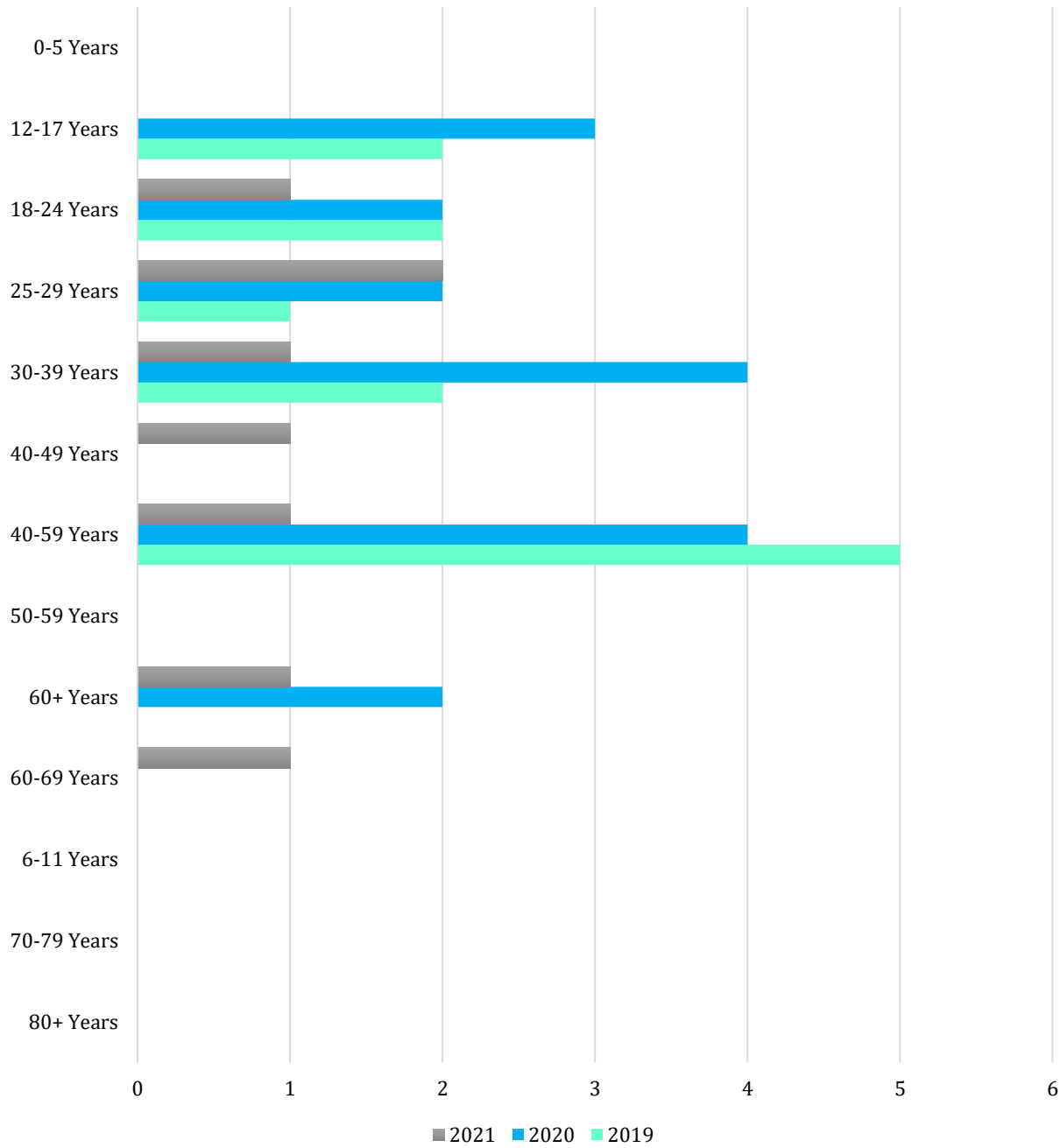
GENDER:

The data below shows the gender of the individuals referred via the Situation Table. Please note that during the referral process, the originating agency has the ability to submit the individual’s gender as female, male, NA, unknown, or X.



AGE GROUP:

The data below shows the age category of the individuals referred via the Situation Table. In late 2020, the Ministry updated the database to now breakdown age groups beyond the age of 60. Previously, all individuals above that age were grouped together in a 60+ category.



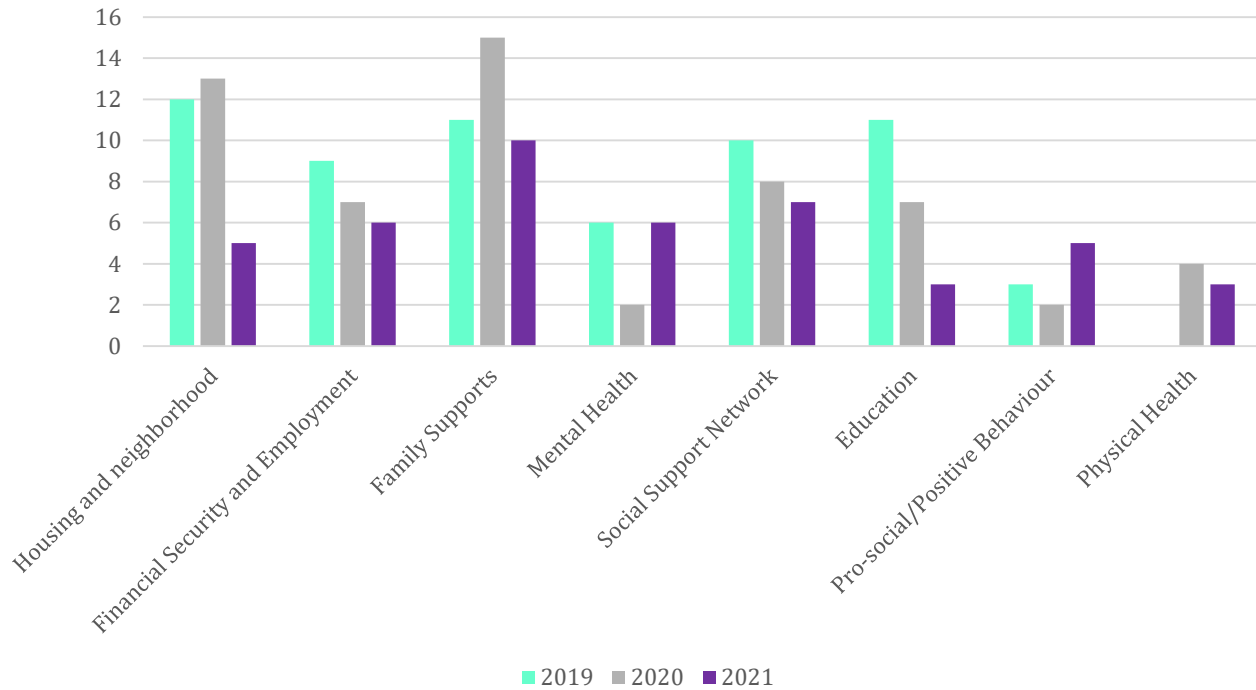
TOP RISK FACTOR CATEGORIES

When a situation is brought to the table, a number of pre-defined risk factors are identified. On average, 11 risk factors are identified per discussion. 97 out of a possible 105 risk factors have been identified through the CSDG Situation Table database. Each risk factor has a broader/general **category** that it is classified under (*i.e. Mental Health is a general category containing multiple, more specific risk factors to be identified in a situation, such as “diagnosed mental health problem” or “suspected mental health problem.”*) A situation can have multiple risk factors from the same general category. The following chart displays a five-year comparison of the top risk categories.

| Top Risk Categories | | | | | | | | | | |
|---------------------|---------------|----|----------------------|----|----------------------|----|-------------------------------|----|--------------------|----|
| Year | Top 1 | | Top 2 | | Top 3 | | Top 4 | | Top 5 | |
| 2017 | Mental Health | 39 | Criminal Involvement | 38 | Physical Violence | 22 | Antisocial/Negative Behaviour | 19 | Physical Health | 16 |
| 2018 | Mental Health | 38 | Criminal Involvement | 36 | Drugs | 26 | Antisocial/Negative Behaviour | 21 | Emotional Violence | 21 |
| 2019 | Mental Health | 36 | Emotional Violence | 22 | Criminal Involvement | 20 | Drugs | 15 | Basic Needs | 15 |
| 2020 | Mental Health | 39 | Drugs | 26 | Criminal Involvement | 21 | Antisocial/Negative Behaviour | 20 | Basic Needs | 18 |
| 2021 | Mental Health | 20 | Drugs | 11 | Emotional Violence | 10 | Physical Violence | 10 | Housing | 9 |

PROTECTIVE FACTORS:

Protective factors are defined as positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families and communities, thereby increasing personal and/or community safety and well-being. The following protective factor groupings have been identified in situations. As indicated below, housing and neighborhood is a protective factor that is most frequently seen in cases brought forward to the table. Protective factors were a new addition to the Risk-Driven Tracking Data base in 2018.



STUDY FLAGS:

Study Flags further classify situations and categorize common trends. Presented below is a list of the number of times each one was identified since the beginning of the CSDG Situation Table.

| 2018 | |
|-------------------------------|----|
| Recent Escalation | 25 |
| Domestic Violence | 15 |
| Child Involved | 9 |
| Risk of Losing Housing/Unsafe | 8 |
| Living Conditions | |
| Social Isolation | 8 |
| Recidivism | 7 |
| Cognitive Disability | 7 |

| 2019 | |
|-------------------------------|----|
| Recent Escalation | 17 |
| Transportation Issues | 10 |
| Social Isolation | 9 |
| Homelessness | 9 |
| Developmental Disability | 7 |
| Learning Disability | 7 |
| Risk of Losing Housing/Unsafe | 6 |
| Living Conditions | |

| 2020 | |
|-------------------------------|----|
| Recent Escalation | 16 |
| Child Involved | 10 |
| Domestic Violence | 10 |
| Risk of Losing Housing/Unsafe | 8 |
| Living Conditions | |
| Cognitive Disability | 5 |
| Methamphetamine Use | 5 |
| Homelessness | 4 |

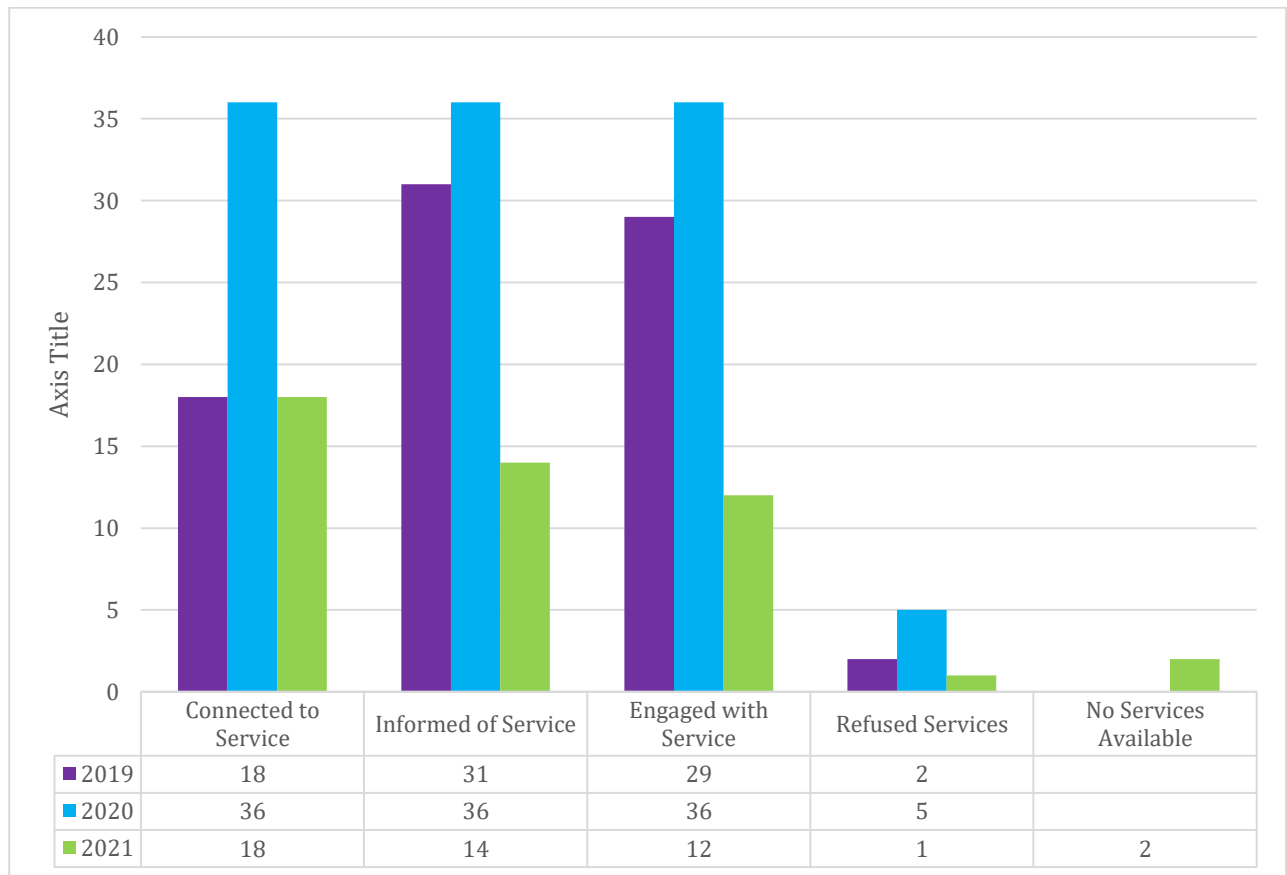
| 2021 | |
|-------------------------------|---|
| Recent Escalation | 9 |
| Risk of Losing Housing/Unsafe | 9 |
| Living Conditions | |
| Child Involved | 8 |
| Homelessness | 6 |
| Social Isolation | 6 |
| Domestic Violence | 5 |
| Custody Issues/Child Welfare | 4 |

SERVICES MOBILIZED:

Once an intervention is implemented by Situation Table participants, the services mobilized as a result of the intervention may be recorded into the database. This is a newer feature that started to be tracked in mid-2018. By tracking the Services Mobilized, the outputs of the mobilization process can be recorded. Additionally, this provides a mechanism that promotes collective due diligence among agencies involved in Situation Table discussions. There are three ways in which the Situation Table can mobilize services, as defined below. Services not mobilized due to a lack of available services or refusal of services should also be tracked.

TYPES OF MOBILIZATION:

- **Informed of Services** - Letting the individual/family know what services are available to reduce risks identified
- **Connected to Services** - Facilitating the individual's/family's communication with a service provider
- **Engaged with Services** - Individual/family actually begins receiving services/supports from an agency
- **No Services Available** - Services not available in the community to refer individual/family to
- **Refused Services** - Individual/family refused services recommended by service provider

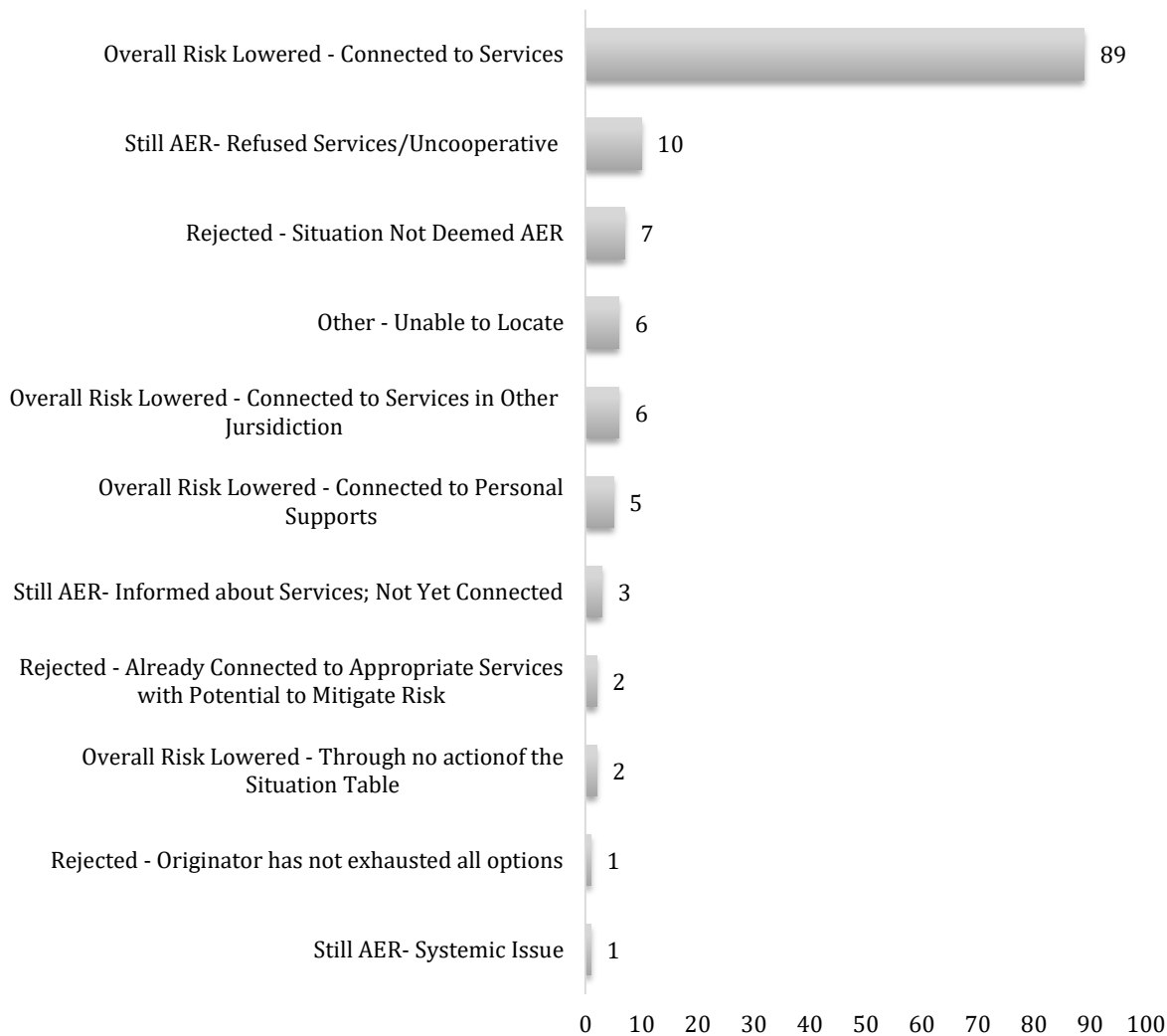


INTERVENTION DATE:

Situations from May 2020 to present show that it is taking an average of 2.9 days for the intervention to take place from the time the situation was presented to the Situation Table. So far in 2021, interventions are taking an average of 1.4 days to occur, either happening on the same day as the situation is presented, or the following day.

CONCLUSION OF SITUATIONS:

The overall goal of the Situation Table is to lower AER and have the involved party(ies) connected to appropriate services in an expedited amount of time. As mentioned previously in this report, ten situations were concluded as “rejected” due to not meeting AER or being already connected to appropriate services. Six cases have been re-opened since May 2, 2017. Of the 133 AER situations, 102 have resulted in the overall risk being successfully lowered. The breakdown is as follows:



CONCLUSION:

Overall, the data presented in this report is an indicator of the continued success of the CSDG Situation Table. This report has focused on data submitted to the Situation Table Risk-Driven Tracking Database between over the last year, including the number of situations, the agencies who have taken the role as originating, lead, and assisting agencies, demographic information on the at-risk parties, the most commonly indicated risk factors, protective factors, services mobilized, study flags, and finally, the report indicates how each case was concluded. 83.6% of the situations resulted in the overall risk being lowered, which means that 102 concluded AER situations have positively impacted the life of a local individual or family.