



Akwesasne Cornwall Stormont Dundas Glengarry

**SITUATION TABLE**

**TABLE D'INTERVENTION**

**ATEKHWAHRÁ'NE KARIHWA'HERE**

*PARTNERING FOR A SAFE & CARING COMMUNITY*

*PARTENARIAT POUR UNE COMMUNAUTÉ SÉCURITAIRE ET BIENVEILLANTE*

*KIONKWATERO'HON NE SKÉN:NEN AKÉNHAKÉ TSI NÓN:WE TEWANAKERE*

# ANNUAL REPORT

May 2022 - May 2023



This report is an opportunity to inform and communicate information regarding the work of the Akwesasne 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 ACSDG Situation Table Advisory Committee Co-Chairs

*“Since 2017, a committed group of individuals from several community agencies that represent the Situation Table of Cornwall, Stormont, Dundas, Glengarry and Akwesasne have come together weekly to assist some of the most vulnerable members of our communities. Our Situation Table is led by dedicated and caring volunteer chairs and coordinator who ensure that our vision is met, and that families and individuals at risk are assisted to the fullest capacity. The support for families at this level cannot be achieved without a dedicated teamwork approach, the members of the Situation Table have demonstrated teamwork and collaboration consistently in creating strong plans and positive outcomes for at risk people.*

*Thank you to everyone involved in the continued success of the Situation Table of Cornwall, Stormont, Dundas, Glengarry and Akwesasne, your hard work and dedication contributes greatly to community safety and wellbeing.” –*  
**Inspector David Michaud, Cornwall Police Service**



*“One of the proudest roles I hold is Co-Chair of the Akwesasne Cornwall Stormont Dundas Glengarry Situation Table. It brings me great joy to know I am part of a community that has the support of over 44 community partners, investing their time with a shared responsibility mindset to attend to those who require this type of support and help.*

*What stands out to me over this last year is the continued learning from the Advisory and Table members to understand what “risk” means for different people who have different lived experiences and personal stories. The goal of attending to those who meet the criteria of “acute elevated risk” really means that we are attending to them at a time where we can offer support to mitigate the situation from worsening. This has led to us having many conversations to ensure that, as a Table, we are working with the same intent and understanding. What I have appreciated most about these conversations is that they can only be had because of the commitment that Situation Table members have made to be a part of this table and help those in need have better outcomes. Because relationships have been built and solidified amongst Situation Table members, this has led to the very significant advancements we have made as a community table overall.*



*After 6 years in place, we are proud to be focusing on the sustainability plan for our ACSDG Situation Table. For us, part of our success has been the committed volunteers we have who offer their time to chair our weekly meetings. Our Situation Table coordinator has also been with us from the inception of the table, and this by far is one of the key roles in helping our table stay organized, advanced, and moving forward.*

*I look forward to another year of continued learning, growing, and impacting change for the better for all members of our Situation Table and for the service recipients.” –*  
**Angela Arcuri, Director of Services, Children's Aid Society of S.D. & G.**

## Message from the ACSDG Situation Table Volunteer Chairs

*"I have had the honour of being part of our local Situation Table since its inception in May 2017, both as a volunteer Chair and part-time Coordinator. Witnessing the ongoing collaboration and growth amongst our community partners has been, and continues to be, a humbling experience. Our responsibility as a Table is to ensure we provide a timely and collaborative response to situations of acutely elevated risk, and this is possible thanks to the combined expertise of all our Table members! To all of our active member agency representatives, ad-hoc member agency representatives, advisory committee members, volunteer Chairs and data analysts, I would like to take this opportunity to thank you for your ongoing commitment, dedication and enthusiasm. The success of our Table is thanks to your hard work and perseverance."* – Elyse Lauzon-Alguire, Volunteer Rotating Chair and Situation Table Coordinator



*"I have been one of the Rotating Chairs of the ACSDG Situation Table for the past four years. I remain honored and privileged to offer this assistance to the members of the Situation Table. I remain impressed by all the members dedication and compassion towards our most vulnerable population in our community. One of the greatest attributes of the Situation Table is the extensive knowledge of social and justice agencies in our community being available in one platform to offer assistance and guidance to one another. It remains a team effort and one with frequent positive results and outcomes. Our community is safer due to the Situation Table members diligence and collaboration."* – Carole Cardinal-Lortie, Volunteer Rotating Chair



*"As we persevere through the challenges of the pandemic, the agency members have continued to support the most vulnerable in our community. The cases that come to the Table have become increasingly more challenging with multiple risk factors and multiple needs that need to be immediately supported. It is a humbling experience to be part of this compassionate professional team."* – Cathy Cooper, Volunteer Rotating Chair



*"Alone, we can do so little; together, we can do so much."* Helen Keller

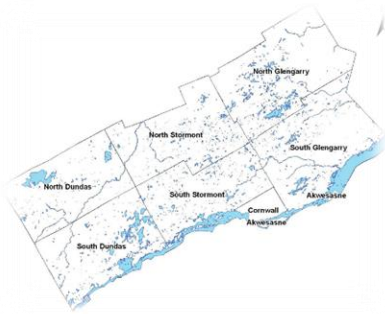
## Introduction

The Akwesasne Cornwall Stormont Dundas Glengarry (ACSDG) 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.



Situation Tables empower participating agencies to mitigate risks that extend beyond the mandates of multiple agencies in order to connect people living with acutely elevated risk to the supports and services they need to increase their personal wellbeing. The Situation Table allows service providers to expedite service delivery where there is acutely elevated risk.

### **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.

## 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 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 the 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 (approximately 5.5 hours per week).

The sustainability of the ACSDG Situation Table continues to be a key priority at the Advisory Committee level to ensure we can continue to operate in an efficient, accountable, and successful manner.

*“The Situation Table has become an integral resource for our community to mitigate risk and help those in need receive services in a coordinated and timely manner.”* – Situation Table representative

## Situation Table Operation

The Situation Table meets on Tuesday mornings at 9am; the majority of meetings are held via Zoom for Healthcare, with an in-person meeting every two months.



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 Situation Table is imperative in maintaining the safety of all vulnerable members in our community. The Situation Table is the perfect platform allowing all social and justice community agencies to share their concerns, ask for assistance, inform the group of new initiatives, and support one another.” – Situation Table representative*

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.



The purpose of the Table is to enhance the delivery of integrated services to those who are at acutely elevated risk through early identification and rapid mobilization of existing services in an integrated approach.

## Situation Table Leadership

The ACSDG 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:

- Inspector David Michaud, Co-Chair (Cornwall Police Service)
- Angela Arcuri, Co-Chair (Children's Aid Society of S.D. & G.)
- Susie Trotter (Cornwall Community Hospital)
- Don Lewis (Upper Canada District School Board)
- Jason Pollick (Canadian Mental Health Association - Champlain East)
- Detachment Commander Inspector Marc Hemmerick (Ontario Provincial Police SDG)
- Linda Bissonette (Inspire Community Support Services)
- Patti Gauley (Eastern Ontario Health Unit)
- Chantal Prieur (Victim Services of S.D.G. & A.)
- Maxine LeBlanc-Byham (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)
- Angela McNamee (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)
- Kaitlyn Bissonette (Children's Aid Society of S.D. & G.)
- Catherine Lelievre (Akwesasne Family Wellness/Well-Being Program)
- Colleen Hill (Société Alzheimer Society Cornwall & District)
- Deputy Chief Lee-Ann O'Brien (Akwesasne Mohawk Police Service)
- Stephen Alexander (Akwesasne Child and Family Services)



We would like to extend our sincere appreciation to the following past Advisory Committee members:

- Renee Rozon (Catholic District School Board of Eastern Ontario), Caroline Guimond (Société Alzheimer Society Cornwall & District) and Michelle Gosselin (Canadian Mental Health Association - Champlain East).



*"This initiative has been really enhancing the wellbeing of clients and families in the community whom were perceived at risk and vulnerable." – Situation Table representative*



## 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.

A screenshot of a Situation Table referral form. The form is titled "SITUATION TABLE REFERRAL FORM" and contains several sections for providing details about the situation, including the name of the individual, the nature of the situation, and the agency making the referral. The form is filled out with handwritten and printed text.

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 an active Situation Table member (those who attend weekly meetings). Organizations should always try their best to support the individual or family with the resources they have internally before bringing it to the Table.

The Situation Table operates in accordance with recommendations provided by the Ministry of the Solicitor General and the Office of the Information and Privacy Commissioner of Ontario.

Recognizing there are agencies in Akwesasne, Cornwall, Stormont, Dundas and Glengarry who do not typically provide case management and/or acute care services but that may, from time to time, encounter an individual exhibiting complex needs that extend beyond the mandate of their agency, the following procedure has been developed to make a referral to the Situation Table.

1. Conduct a Filter One analysis. Consider the following before proceeding to the next step:
  - Have we exhausted all avenues/services within our own mandate to help this individual, family, group or place?
  - Is this individual, family, group or place meeting the definition of Acutely Elevated Risk?
  - Do we need to disclose personal information in order to reduce the risk for this individual, family, group or place?
  - Is a multi-agency response within 24 to 48 hours required?
2. If the agency answered "yes" to the above questions, the agency representative is to contact an appropriate/relevant active Situation Table representative and provide a de-identified outline of the situation. A determination will be made as to whether the situation may be appropriate for the Situation Table.
3. If proceeding with the referral, the referring agency/staff member will attend the next Situation Table meeting in partnership with the appropriate/relevant active Situation Table representative (who will present the situation).



## Community Safety and Well-Being Plan

Vibrant Communities; Our safety and Well-being plan includes 52 strategies with corresponding solutions and action items aimed at improving the quality of life for



the residents of Stormont, Dundas and Glengarry, Cornwall and Akwesasne. (SDGCA). In 2018, The Social Development Council of Cornwall and Area (SDC) embarked on a collective impact initiative called Vibrant Community Roundtable. They engaged policy makers, healthcare workers, non-profit professionals, business owners, people with lived experience, and many more from across SDGCA. The objective was to assess the greatest risks and find the biggest issues the communities are faced with. The goal was to then take action collectively and address those largest societal issues, the pillars, with a strong focus on prevention. Their 5 pillars, as determined by the community are Mental Health, Health Services, Poverty, Community Safety and Community Well-being.

On January 1, 2019 The Government of Ontario mandated municipalities (single and upper tier) to prepare and adopt a Community Safety and Well-Being plan (CSWB). As part of these legislative changes, municipalities are required to work in partnership with police services, health/mental health, education, community/social services and children/youth services as they undertake the planning process. The goal of this plan 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. 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. The Social Development Council, with the assistance of the United Way SDG, Vibrant Communities working groups, and in partnership with subject matter experts have finalized a feasibility study for the strategies identified in version 1. It is not the intent to duplicate any services or existing efforts and initiatives; it is simply to support it and amplify it. The working groups have gone through every strategy and its action items and identified the community partners that are already leaders in that work. These are key partners that can either support the implementation and collectively support to strengthen the work that is already happening.

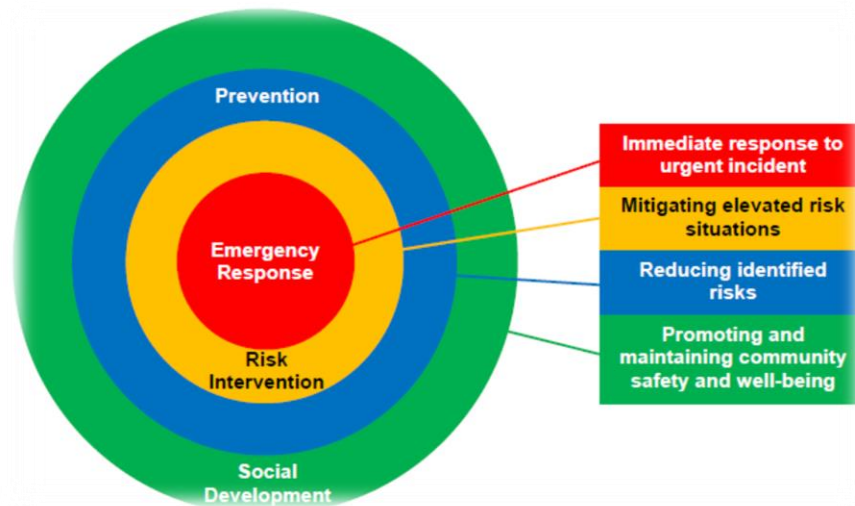
The ACSDG Situation Table is proud to have been identified as a leader in many of the strategies outlined in the plan and will be providing support when implementation begins:

- Community Safety Pillar
  - Strategy #1: Enhance awareness and promote existing services beyond first response within the Police, Fire, Paramedic services.
  - Strategy #2: Crime and abuse prevention programs
  - Strategy #6: Support families and individuals in emergency or financial Crisis Situation
- Community Well-being Pillar
  - Strategy #1: A centralized coordination of care.

In April and May 2022, the Mohawk Council of Akwesasne, United Counties of SDG Council and City of Cornwall Council have approved the completed plan; the working groups will now begin the implementation. The Social Development Council is excited to present to you the completed [Vibrant-Communities-Our-Safety-and-Well-Being-Plan-Complete-Action-Plan-04-13-2022.pdf \(sdccornwall.ca\)](#). For any questions, please contact Carilyne Hébert, Executive Director of the Social Development Council of Cornwall and Area at [chebert@sdccornwall.ca](mailto:chebert@sdccornwall.ca) , 613-930-0211.

## Benefits of the Situation Table Model

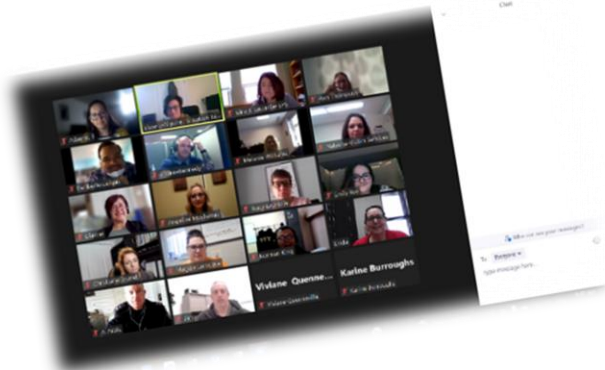
- Make police and agency services part of a stronger safety net, rather than being the entire net themselves.
- Provide opportunities for early intervention that help prevent crimes and improve outcomes for local residents and the community.
- Reduce calls for service and deliver positive results for 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.



***A Framework for Planning Community Safety and Well-being***

The figure above demonstrates the philosophy behind the ACSDG Situation Table which is, essentially, to work as a community to reduce crisis incidents requiring an emergency response, represented by the red zone. The process for the community plan for safety and well-being takes all of the zones into account.

The Situation Table empowers agencies to reduce a broad range of risks that can impact a person's well-being and safety.



*"Our community is served better with the Situation Table – great work by all partner organizations." – Situation Table representative*

## Determining Acutely Elevated Risk

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

- 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 the individual, family, group or location at significant risk of serious physical, mental or emotional harm, or do they pose a significant risk of serious harm to others?
- Is the disclosing agency unable to mitigate these risks without disclosing that information?
- Is it reasonable for the disclosing agency to believe that sharing this information with one or more other human or social service agencies will substantially help in mitigating the risks?
- Is it possible to limit the amount of information disclosed to that which is necessary for planning and implementing effective risk mitigation?
- Does each agency which is targeted to receive personal information have a role to play in the risk mitigation strategy as well as the authority to receive personal information?
- Is a multi-agency response within 24 to 48 hours required?



*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 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.



## Consent

- Obtaining consent prior to bringing a case forward is the ideal way and should be sought whenever possible; however, it is not required in situations of Acutely Elevated Risk.
  - In serious, time-sensitive situations, there may not be an opportunity to obtain consent; therefore, Tables follow the disciplined Four Filter process.
- We are permitted to share personal information if there are compelling circumstances affecting the health or safety of an individual or if we believe that disclosure can eliminate or reduce a risk of serious bodily harm. This is why we work hard at determining whether the situation meets the criteria of acutely elevated risk.
- As per the “Guidance on information sharing” [Guidance on information sharing | Ontario.ca](#), when there are compelling circumstances affecting the health and safety of an individual, heads of institutions may disclose personal information to a person other than the individual to whom it relates.
  - Section 42(1)(h) of FIPPA and section 32(h) of MFIPPA read:
    - An institution shall not disclose personal information in its custody or under its control except, in compelling circumstances affecting the health or safety of an individual if upon disclosure notification is mailed to the last known address of the individual to whom the information relates.
  - Section 40(1) of PHIPA reads:
    - A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.
    - “Significant risk of serious bodily harm” includes a significant risk of both serious physical as well as serious psychological harm. Like other provisions of PHIPA, section 40(1) is subject to the mandatory data minimization requirements set out in section 30 of PHIPA.
  - Section 42(1)(h) of FIPPA and section 32(h) of MFIPPA reads:
    - An institution shall not disclose personal information in its custody or under its control except, in compelling circumstances affecting the health or safety of an individual if upon disclosure notification is mailed to the last known address of the individual to whom the information relates.
- Clients are provided with a Disclosure of Information Notification (by the intervention team) should they be discussed without consent; this outlines all attending agencies.



## Privacy and Confidentiality

- Situation Tables follow the guidance of the Office of the Information and Privacy Commissioner of Ontario. All agencies represented at the Table have signed a Memorandum of Understanding with direction regarding the importance of confidentiality.
- 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.
- Records of these discussions treat targeted situations as numbers without identifying individuals.
- All Table members have signed a Non-Disclosure Agreement; any guest to the Table will sign a Non-Disclosure Agreement.



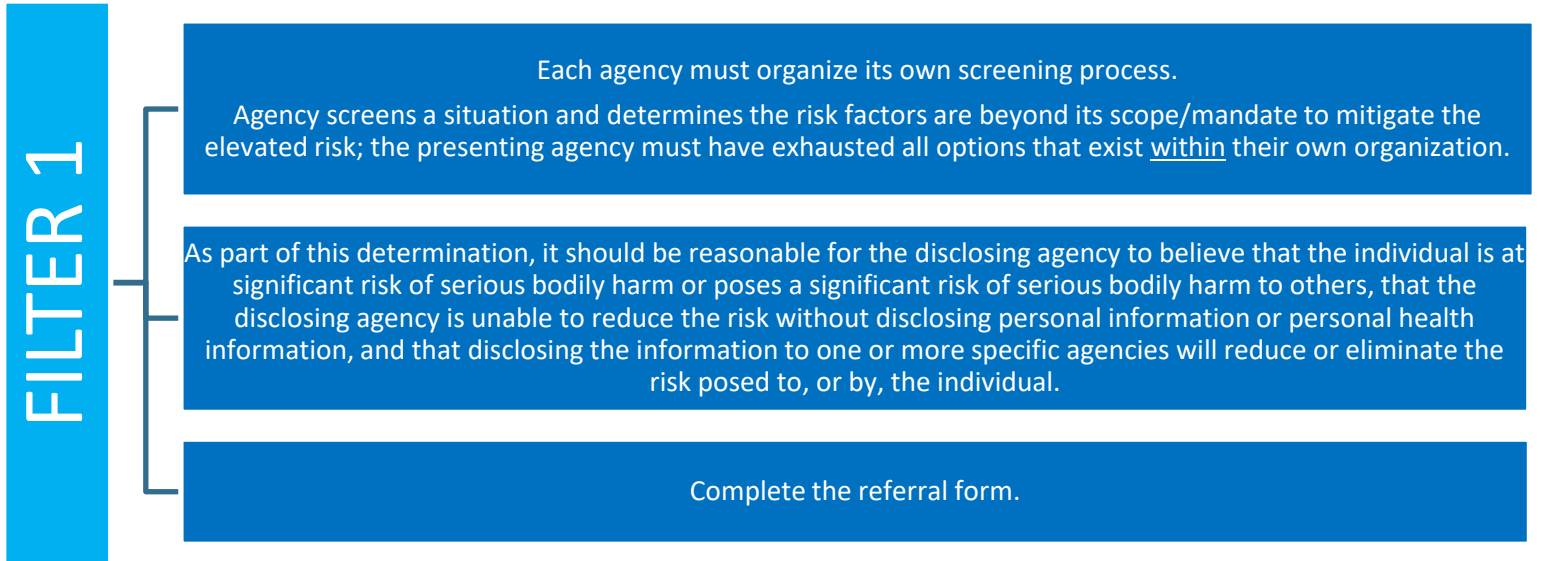
*"The Situation Table is an amazing and essential community initiative to assist agencies in actively identifying and mitigating risk in our community. The Situation Table members, advisory committee members, volunteer chairs and data analysts all play an essential role in the success of our Table!" – Situation Table representative*

*Situation Table representative  
members, volunteer chairs and data analysts all play an essential role in the success of our Table! –*

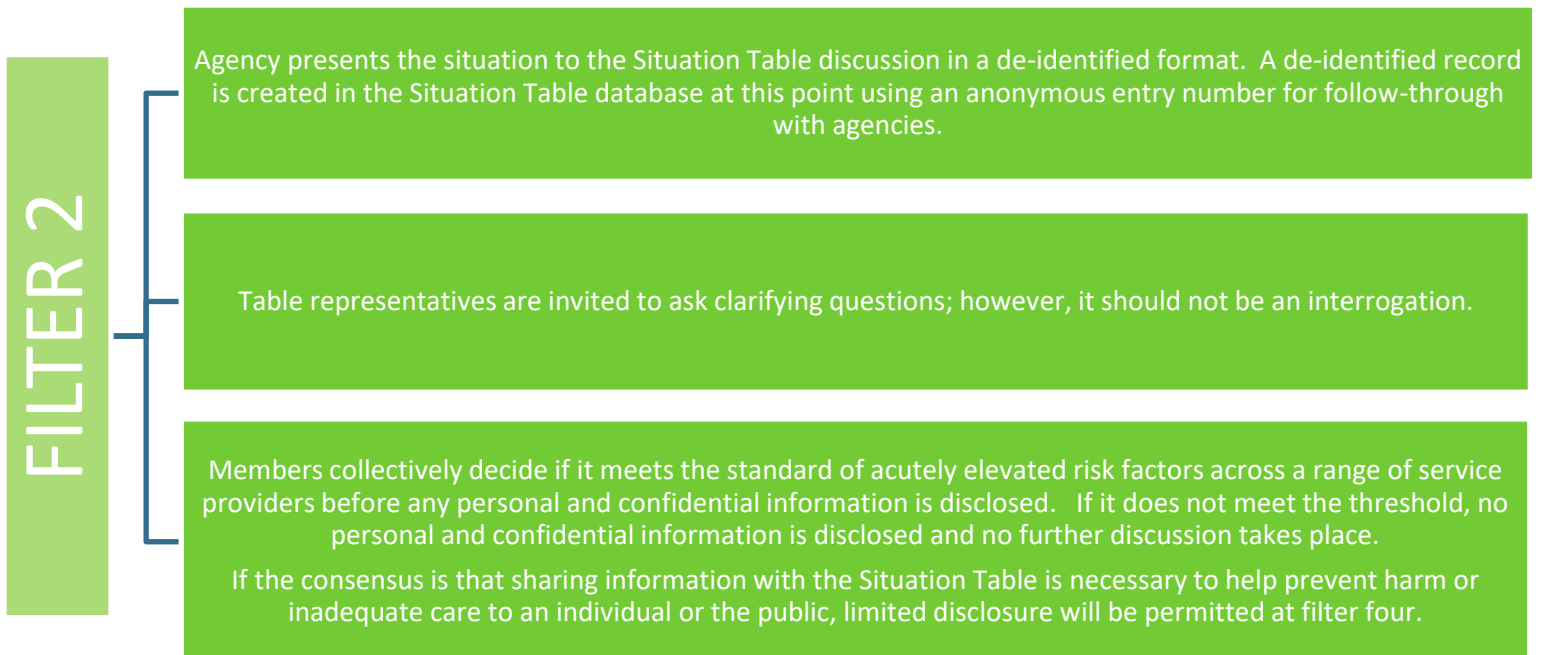
## Four-Filter Model of Information Sharing

The ACSDG Situation Table uses the Four Filter Approach developed by the Ontario Working Group on Collaborative Risk Driven Community Safety and Well-Being and modified by Ontario's Information and Privacy Commission in 2016.

### **Filter One: Agency screening prior to introduction to the Situation Table**



### **Filter Two: De-identified discussion at the Situation Table**



### Filter Three: De-identified discussion to identify intervening agencies

## FILTER 3

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.

If a case does not get accepted by the Table, the Table members will be asked to provide suggestions/alternative options for the presenting agency.

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

## FILTER 4

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. Sharing of information at this level proceeds within the allowances for care and for individual and community safety that apply to each profession.

In all cases, obtaining consent to provide multi-sector services, and to permit any further sharing of personal and confidential information in support of such services, will be the first priority of the combined agencies responding to the situation.





## 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 44 local agencies working in a privacy protective manner to rapidly connect individuals and families to appropriate services.**



*“All agencies working together for the greater good is a major benefit to the Situation Table. The community works so well together and is open to offering supports and services.” – Situation Table representative*

## Situation Table Membership

The ACSDG 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 are currently our active member agencies (who attend weekly Situation Table meetings):



**La Société de l'aide à l'enfance**  
**The Children's Aid Society**  
 des comtés unis de | of the United Counties of  
**Stormont, Dundas & Glengarry**



**Community Addiction and  
 Mental Health Services**  
**Services communautaires de santé  
 mentale et de dépendances**



**Canadian Mental  
 Health Association**  
**Association canadienne  
 pour la santé mentale**



**Équipe psycho-sociale**



**CATHOLIC DISTRICT SCHOOL  
 BOARD OF EASTERN ONTARIO**



**IETHINISTEN:HA**  
**kwesasne Family Wellness Program**  
 Phone : (613) 937-4222  
 24 Hr Crisis Line : 1-800-480-4208



**Conseil scolaire de  
 district catholique  
 de l'Est ontarien**



**Ontario**

**Société Alzheimer Society**  
 CORNWALL AND DISTRICT  
 CORNWALL ET RÉGION



The following agencies are currently ad-hoc member agencies to the Situation Table (who are called upon on an as needed basis):

**EOHU** Eastern Ontario Health Unit

**BSEO** Bureau de santé de l'est de l'Ontario

**Coordinated Service Planning**

**you turn**  
Youth Support Services | Services d'appui à la jeunesse

**Agapè**  
FOOD BANK Centre Centre SOUP KITCHEN

**NAOMI'S**  
FAMILY RESOURCE CENTRE

**Recovery Care**  
Your Path. Our Support.

**Seaway Valley Community Health Centre**  
Working with you for a Healthier Community

**SASS | SASAS**  
FOR WOMEN | POUR FEMMES

**Cornwall**  
ONTARIO CANADA

**Carefor**  
HEALTH & COMMUNITY SERVICES / SERVICES & SOINS DE SANTÉ COMMUNAUTAIRES

**HOME AND COMMUNITY CARE SUPPORT SERVICES**  
Champlain

**SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE**  
Champlain

**MAISON BALDWIN**  
HOUSE

**The Le Royal**  
Mental Health - Care & Research / Santé mentale - Soins et recherche

**CHANGE HEALTH CARE INC**  
41 Second Street West  
Cornwall, On  
K6J 1G3  
P: 613 932-9777  
F: 613 932-8314

**GRACE ARBOUR**  
CORNWALL INC.

**Akwesasne Community Justice Program**

**NEWCOMER EMPLOYMENT WELCOME SERVICES**  
CENTRE DE SERVICES AUX NOUVEAUX ARRIVANTS

**PROJECT RESET**

**VISTA CENTRE**  
BRAIN INJURY SERVICES  
CENTRE DE SERVICES VISTA  
POUR TRAUMATISÉS CRÂNIENS

**SOUTH STORMONT**

**TOWNSHIP OF SOUTH STORMONT**

**Ontario**

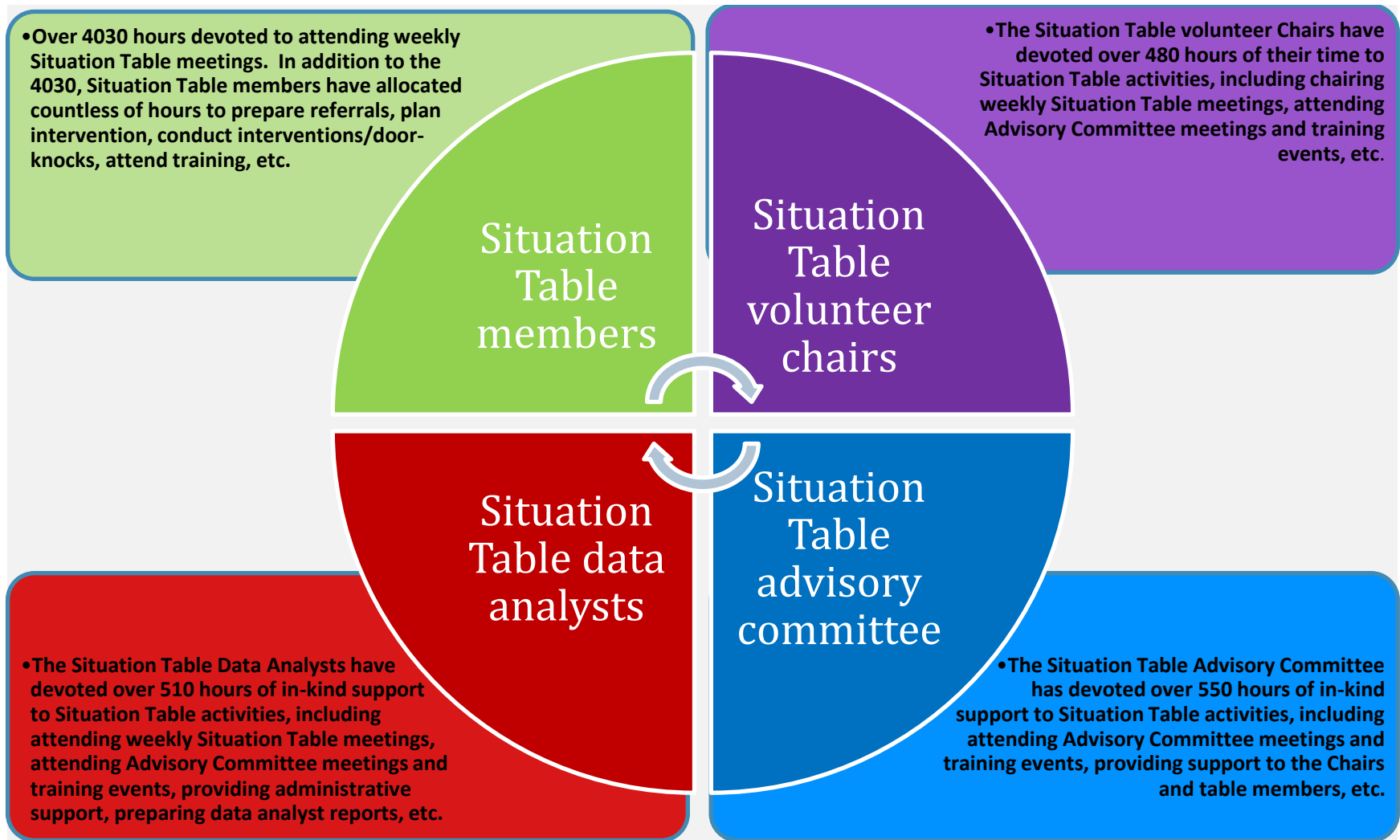
**Laurencrest Youth Services Inc.**

**Cornwall SDG Paramedic Services**

**South-East Ottawa Community Health Centre**

**Centre de santé communautaire du sud-est d'Ottawa**

Since the Situation Table launched in May 2017:



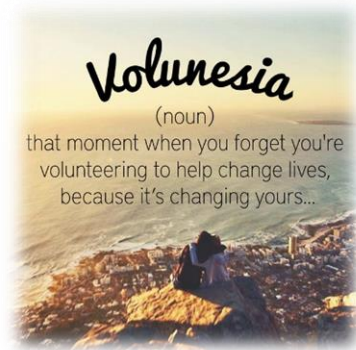
## Accomplishments and deliverables over the past year

Our local Situation Table was officially launched on May 2, 2017. Our Situation Table relies on the combined contributions and commitment of community partners across Akwesasne, Cornwall and the United Counties of SDG to ensure its sustainability and continuity.

- We continue to be extremely fortunate to have our committed volunteer Chairs: Cathy Cooper, Carole Cardinal-Lortie and Elyse Lauzon-Alguire. 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. Thank you for your ongoing dedication and passion!



Cathy Cooper & Carole Cardinal-Lortie



- Another key role at the Situation Table is the role of our amazing data analysts who provide crucial 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. All data analysts provide in-kind support to the Situation Table – thank you for all of your hard work and dedication!



Christina Adams  
MCCSS - Intake & Benefits  
Administration Unit



Kristen Hodgson  
Cornwall SDG Human  
Services Department



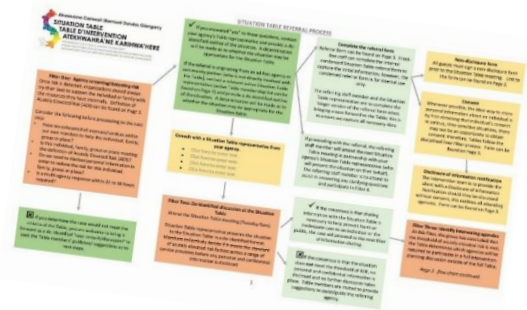
Tasha Mallette  
Cornwall Police Service

- In addition to bringing formal referrals of Acutely Elevated Risk (AER) forward to the Situation Table, agencies are welcome to bring forward non-AER cases (in a de-identified manner) that require a case consult from the Table. This has proven to be extremely beneficial for agencies as it provides the ideal platform to seek input/suggestions from Table members. Collaboration is key to the Situation Table!



- We have implemented a new process should a case of acutely elevated risk be detected between our regularly scheduled Tuesday meetings. If an agency identifies a case of acutely elevated risk that requires a rapid response between our weekly Tuesday meeting, the agency can proceed to contact the relevant agencies they feel should be involved in the case. The agency would then come back to the Situation Table at the next scheduled meeting and register it in the database (and provide a report back post-intervention). The case would need to fall under the acutely elevated risk criteria, etc.

- Recognizing there are agencies in Akwesasne, Cornwall, Stormont, Dundas and Glengarry who do not typically provide case management and/or acute care services but that may, from time to time, encounter an individual exhibiting complex needs that extend beyond the mandate of their agency, a referral flow chart has been developed and shared with community agencies to ensure they are aware how a referral can be made to the Table.



- All active member agencies and ad-hoc member agencies continue to sign a yearly Memorandum of Understanding; this document ensures that all Table members are aware of the requirements and roles/responsibilities of their participation with the ACSDG Situation Table.

- The Situation Table Coordinator actively participates in provincial meetings with the Community of Practice, which is made up of other Situation Tables in Ontario, as well as participates in various local committees: Community Action Network Against Abuse, the Community Safety Working Group (Vibrant Communities), Human Services and Justice Coordinating Committee, Substance Use Health Strategy.

- The Situation Table Advisory Committee continues to meet on a bi-monthly basis.

- We would like to recognize and thank the City of Cornwall for generously providing the council chambers as in-kind space for the Situation Table meetings. We would also like to thank the Cornwall Community Hospital - Community Addiction and Mental Health Services for allowing us to use their Zoom for Healthcare platform over the past few years! We are very grateful for your support!

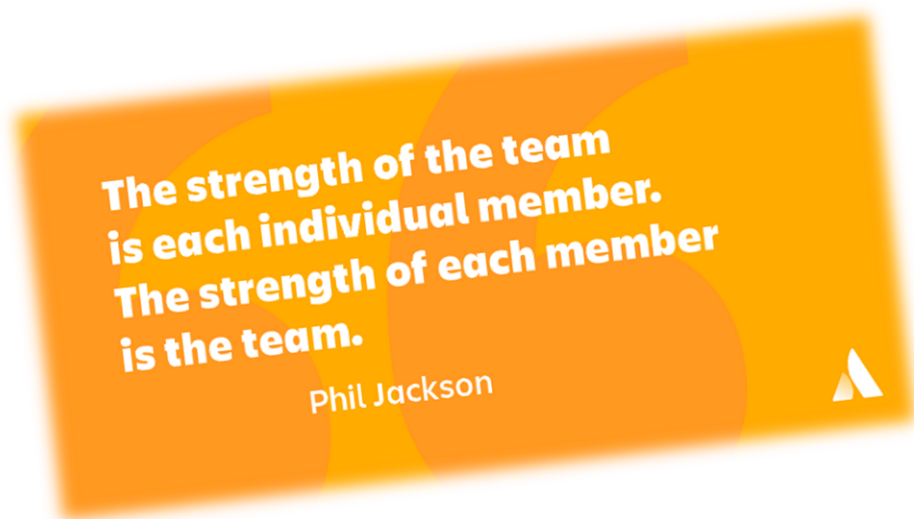


- Community agencies continue to be invited to attend a Situation Table meeting to provide a brief overview of their programs and services.

- We are extremely pleased that the following agencies have joined the Situation Table:
  - Akwesasne Child and Family Services has joined as an active member agency.
  - Change Health Care Cornwall has joined as an ad-hoc member agency.
  - Newcomer Employment Welcome Services (NEWS) has joined as an ad-hoc member agency.
  - Township of South Stormont (Fire Prevention and By-Law) has joined as an ad-hoc member.
- A Procedures Manual has been developed which provides a summary of our local Situation Table processes. In addition, various recordings have been made to summarize various portions of the Manual. These recordings have been shared with all Table members and community partners. The recordings can be accessed by following this link: [Situation Table folder – recordings](#)

The recordings include:

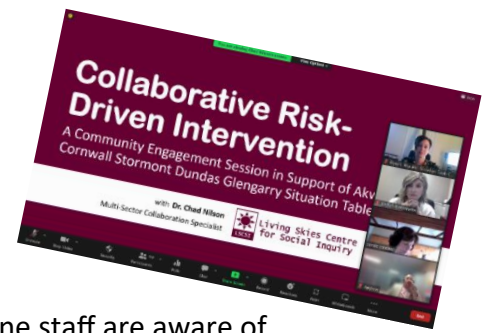
- Overview of the Situation Table
- Overview of acutely elevated risk and consent
- Roles & responsibilities of active table members and ad-hoc table members
- Onboarding process for new Table members (active and ad-hoc)
- Referral process and report back process
- Four filter approach to information sharing
- Case studies
- Mock scenarios



*“Networking to connect clients to services we sometimes didn’t even know were available with the goal of the client (and thus community) and well-being. Well done to the leaders of the Situation Table!” – Situation Table representative*



- On October 13, 2022, Dr. Chad Nilson facilitated a 2-hour virtual presentation. The presentation, *“Informed Community Engagement: A Brief Orientation to Community Partners on Understanding and Interacting with Situation Tables”*, provided Situation Table members, community partners and front-line staff with the necessary knowledge when it comes to the purpose of a Situation Table, how to make a referral, etc.



It continues to be crucial that our community partners and front-line staff are aware of how to make a referral to Table; this is key to ensuring we are properly and actively detecting risk in Akwesasne, Cornwall, Stormont, Dundas and Glengarry. The more eyes and ears we have in our community the better we will be at mitigating risk.

We would like to recognize the Community Action Network Against Abuse (CANAA) for sponsoring a portion of the October 13<sup>th</sup> Informed Community Engagement Presentation!



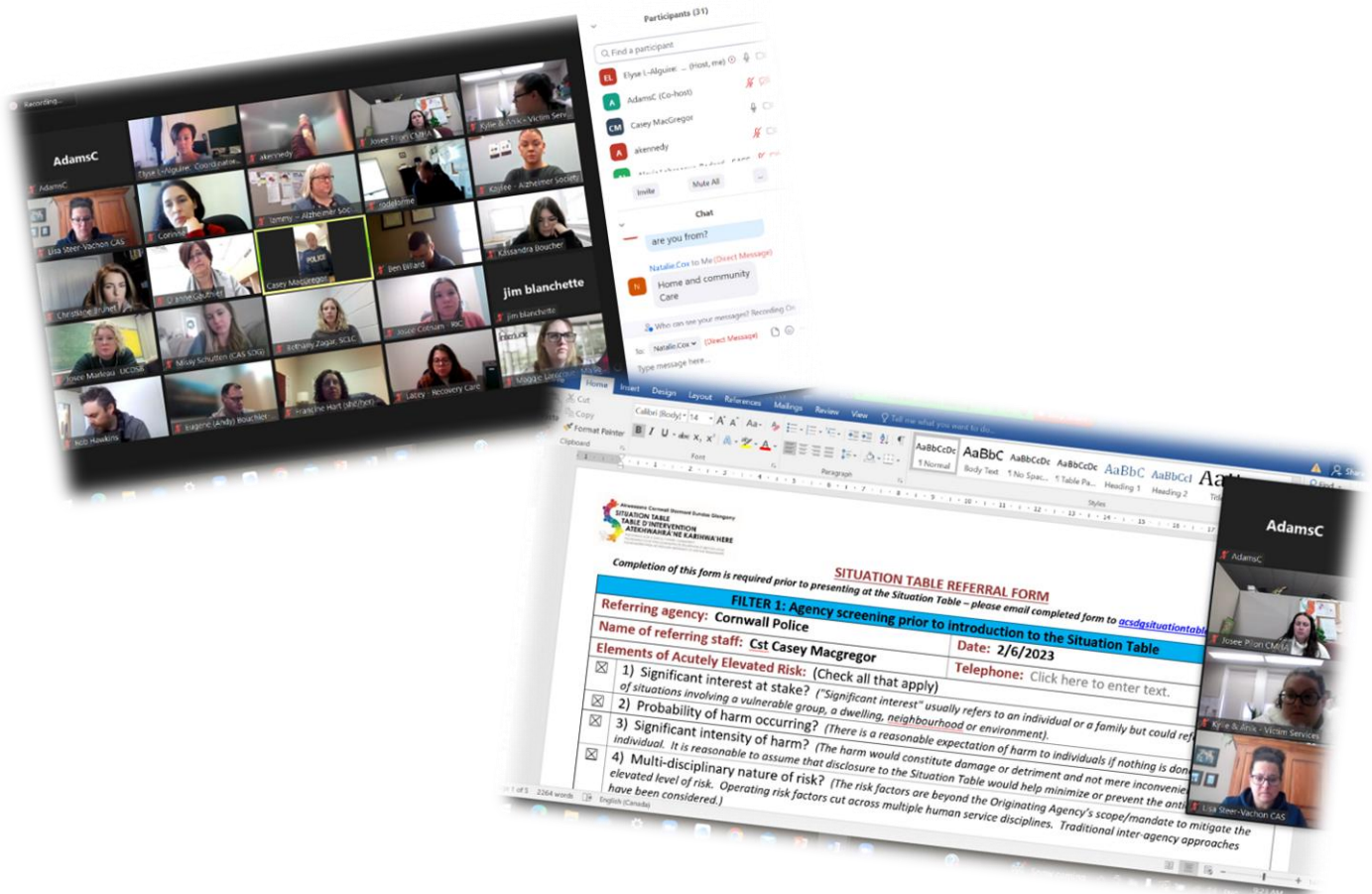
*“What Dr. Nilson does so well is capture the attention of the audience, whether they have heard him several times already or for the first time. I am more than confident that everyone left with new learning and incredibly important reminders.”*

*“This morning’s presentation and conversation with Dr. Nilson was genuinely outstanding. The attendance across our community was strong and I think the level of learning and insights shared was great. A number of attendees were not as familiar with the table and its intent, so this provided a forum for a number of our community resource friends to learn about us and what we do. I think there is great potential that can grow from today with new working relationships which is great.”*

*“I came into this meeting unaware of what the “Situation Table” was, or the purpose it served in our community. This introductory meeting was highly valuable to myself, as our organization works heavily with the Situation Table.”*

*“This was a great way to bring awareness to the community about the work that the Situation Table does.”*

- November 8, 2022, the Ministry of Children, Community and Social Services delivered the Child Welfare Redesign presentation to our Situation Table members. <https://www.ontario.ca/page/child-welfare-redesign>
- The Eastern Ontario Health Unit is looking to develop a strategy to address the increase in drug poisonings/overdoses; as a result, the ACSDG Situation Table attended the Regional Drug Strategy Meeting in December 2022, and will be playing a supportive role in the “prevention and harm reduction” pillar.
- On February 7, 2023, Cornwall Police Service and The Children’s Aid Society of SDG each presented a mock scenario (which were recorded for the purpose of onboarding new Table representatives as well as community awareness). Various ad-hoc member agencies and front-line staff were in attendance to observe the process. Thank you to the Cornwall Police Service and to the Children’s Aid Society SDG for developing and presenting your mock scenarios!



*“The benefits of the Situation Table is allowing the community to recognize where the system has flaws and enables people to remove the barriers clients face to help in the healing process.”*  
 – Situation Table representative

## Data Analyst Report

Prepared by Tasha Mallette, Cornwall Police Service.

### INTRODUCTION

The Akwesasne, Cornwall, SDG (ACSDG) 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 18 agencies who attend the regular weekly meetings and 26 ad-hoc agencies involved in the ACSDG Situation Table.

The data presented in this report is representative of the period between May 2, 2017 and May 1, 2023. 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
- Intervention Data
- Conclusion of Situations



### SITUATION SUMMARY

179  
total situations

169 deemed  
acutely elevated  
risk (AER)

139  
deemed AER  
concluded with  
overall risk lowered

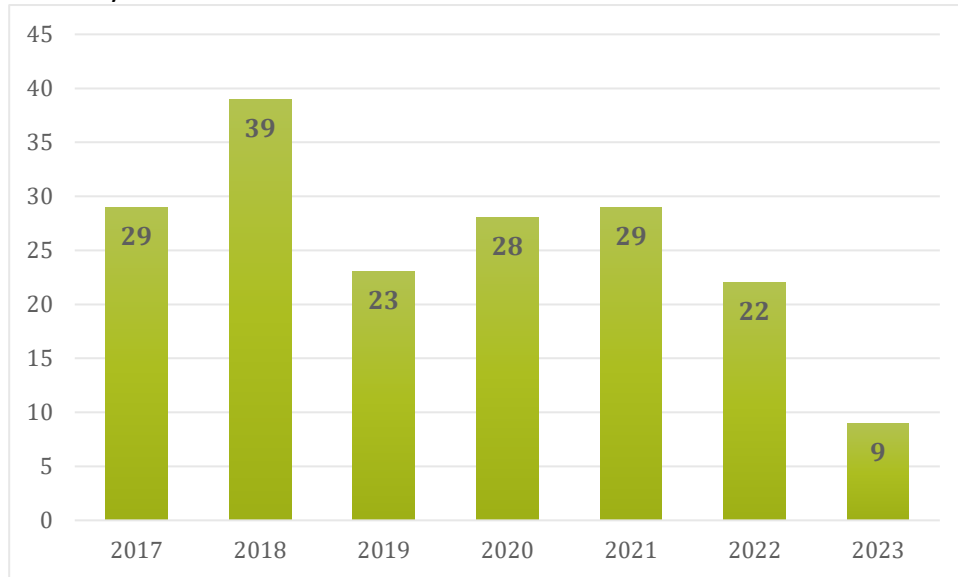
9  
average number of  
days to close  
discussion  
\*includes weekends

9  
situations rejected

12  
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 2023 is only reflective of the period between January and May.



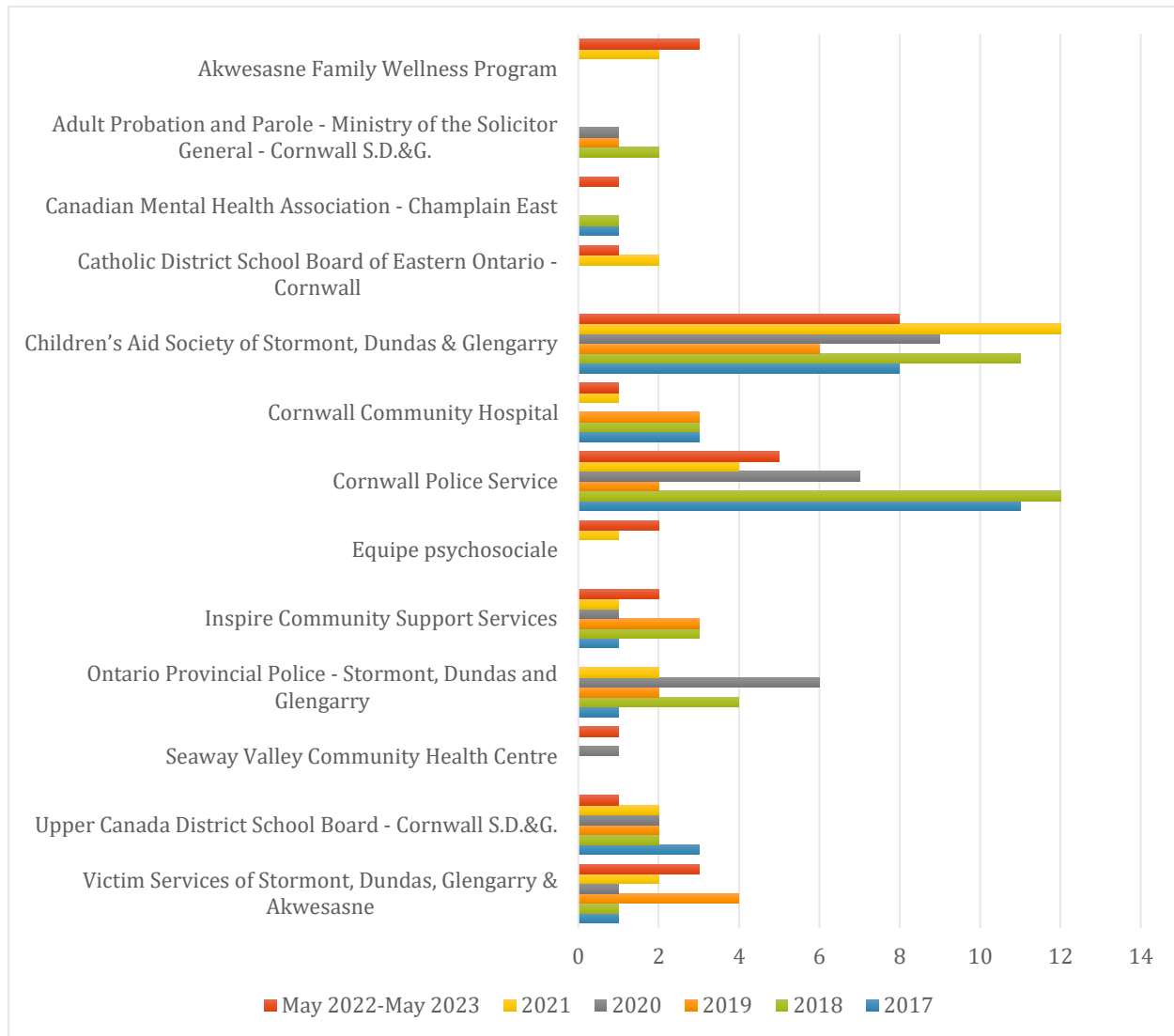
### YEAR OVER AGENCY INVOLVEMENT

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.



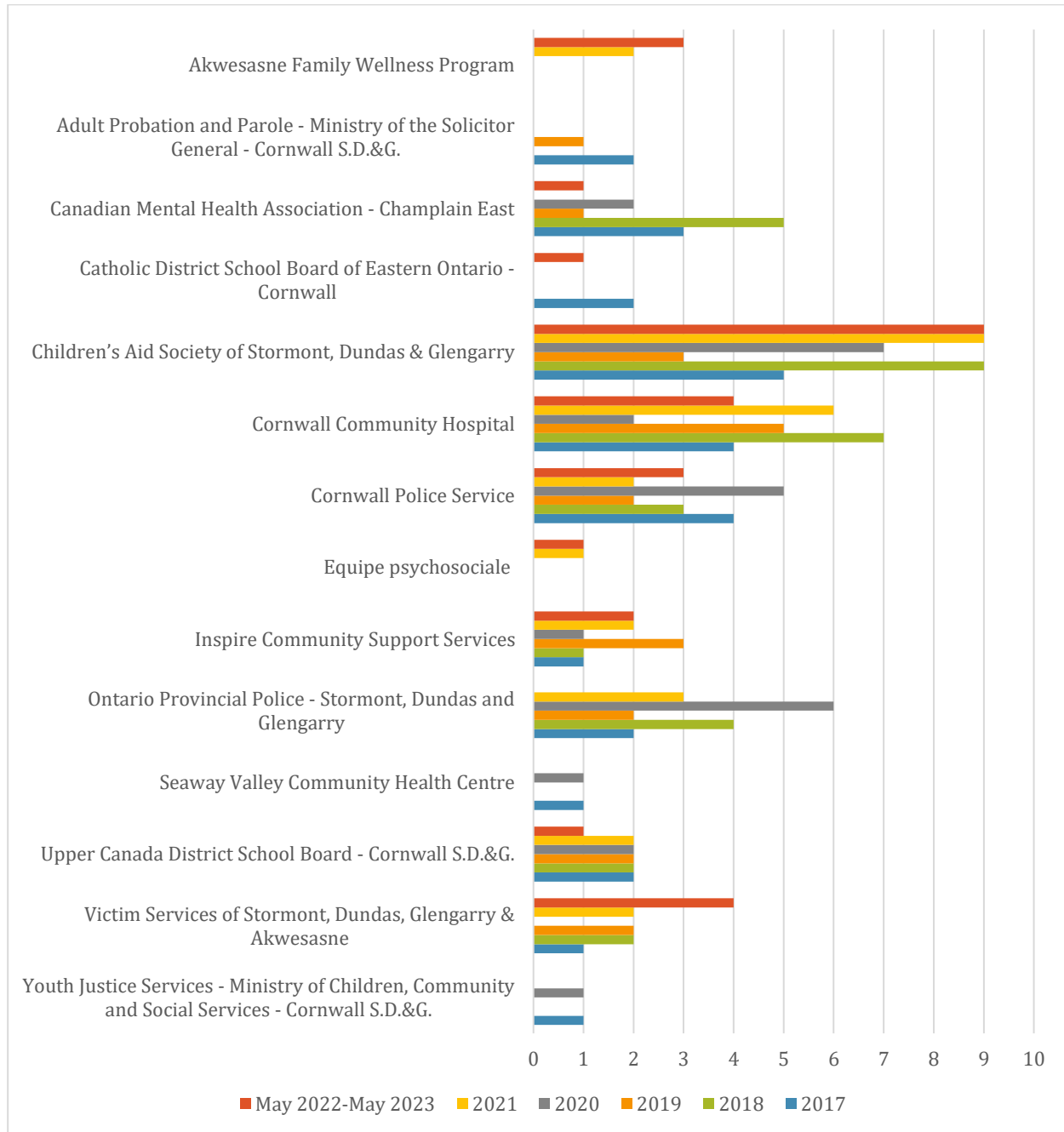
## ORIGINATING AGENCIES

A total of 13 agencies have brought forward situations since May 2<sup>nd</sup>, 2017. The chart below shows the number of times these agencies originated a situation since the beginning of the ACSDG 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 169 AER situations brought forward, the following chart reveals which agencies have been identified as a lead agency since May 2, 2017.



## 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. On average, six agencies are engaged as an assisting agency per situation.

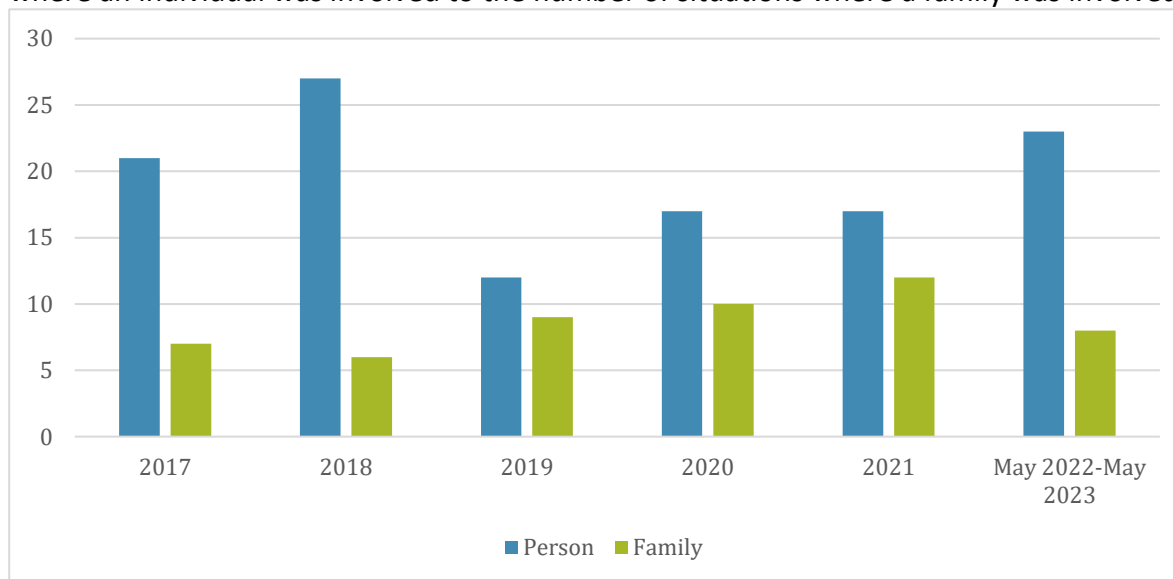
Agency Name	2017	2018	2019	2020	2021	May 2022-May 2023
Adult Probation and Parole - Ministry of the Solicitor General - Cornwall S.D.&G.	5	7	3	6		3
Agape Centre			1	3		3
Canadian Mental Health Association - Champlain East	22	27	15	21	8	15
Carefor Health and Community Services	1	4	2	2	1	2
Catholic District School Board of Eastern Ontario - Cornwall	4	7	2	2	2	4
Centre de santé communautaire de l'Estrie					1	0
Children's Aid Society of Stormont, Dundas & Glengarry	13	12	7	9	3	11
Cornwall SDG Human Services Department	9	4	6	5	5	10
Roy McMurtry Legal Clinic				1	2	0
Cornwall Community Hospital	18	28	18	26	13	23
Cornwall Police Service	21	18	12	17	5	17
Cornwall Fire Services				1	2	2
Cornwall SDG Paramedic Services		2	2		1	
Inspire Community Support Services	13	14	8	10	4	8
Developmental Services Centre				1		
Eastern Ontario Health Unit	2	1		1		
Equipe psychosociale		1				2
Home and Community Care Support Services - Champlain	4	4	1	1	1	
Laurencrest Youth Services	2	1	5	4	2	8
Maison Baldwin House		3	1	1	2	2
Maison Interlude House		4	3	3	1	2
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 (formerly Health Link)			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		2
Upper Canada District School Board - Cornwall S.D.&G.	2	4	5	6	3	4
Victim Services of Stormont, Dundas, Glengarry & Akwesasne	11	13	5	6	6	9
Youth Justice Services - Ministry of Children, Community and Social Services - Cornwall S.D.&G.	2	2	1	0		
Youth Now Canada			1	2	2	
Youturn Youth Support Services						3

### DEMOGRAPHIC INFORMATION:

Of the 169 AER cases brought forward to the Situation Table, 117 were involving one person, while 52 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.

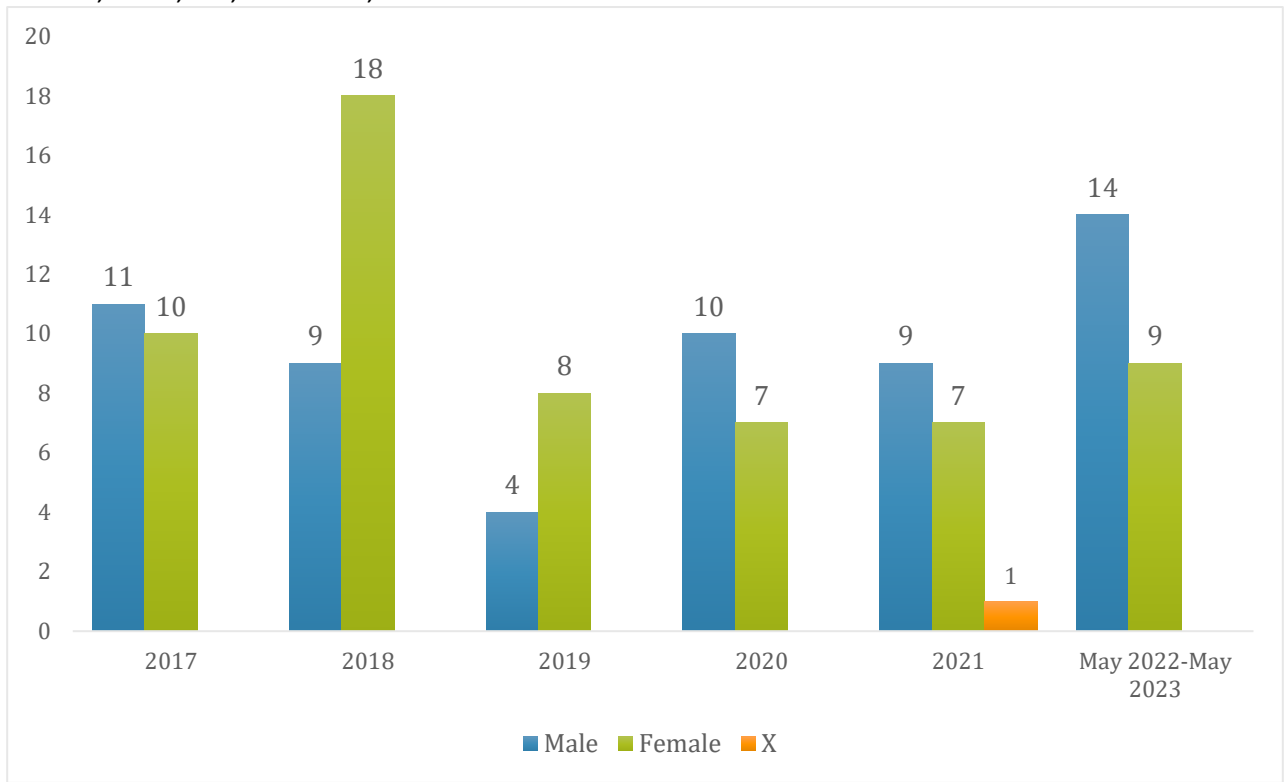
**PERSON VS. FAMILY SITUATIONS:** The data below compares the number of situations where an individual was involved to the number of situations where a family was involved.





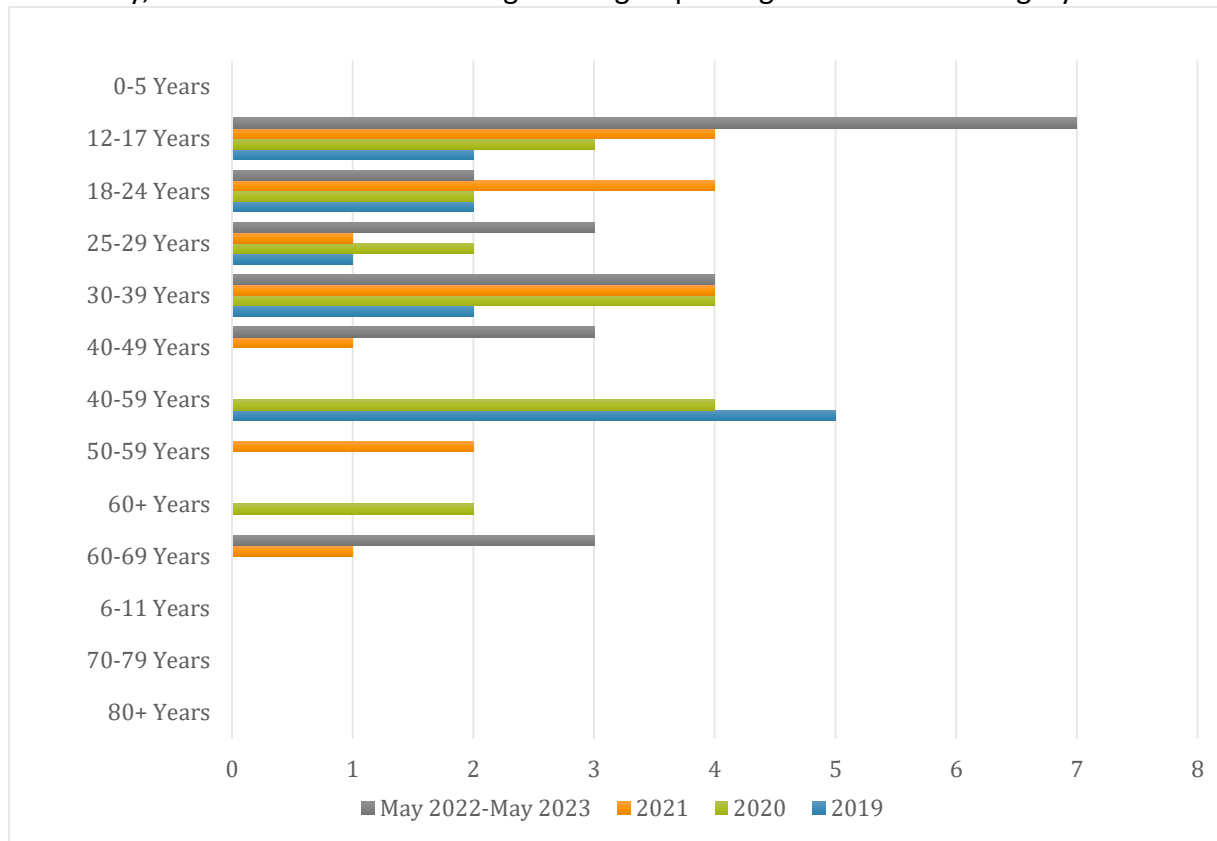
**GENDER:**

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

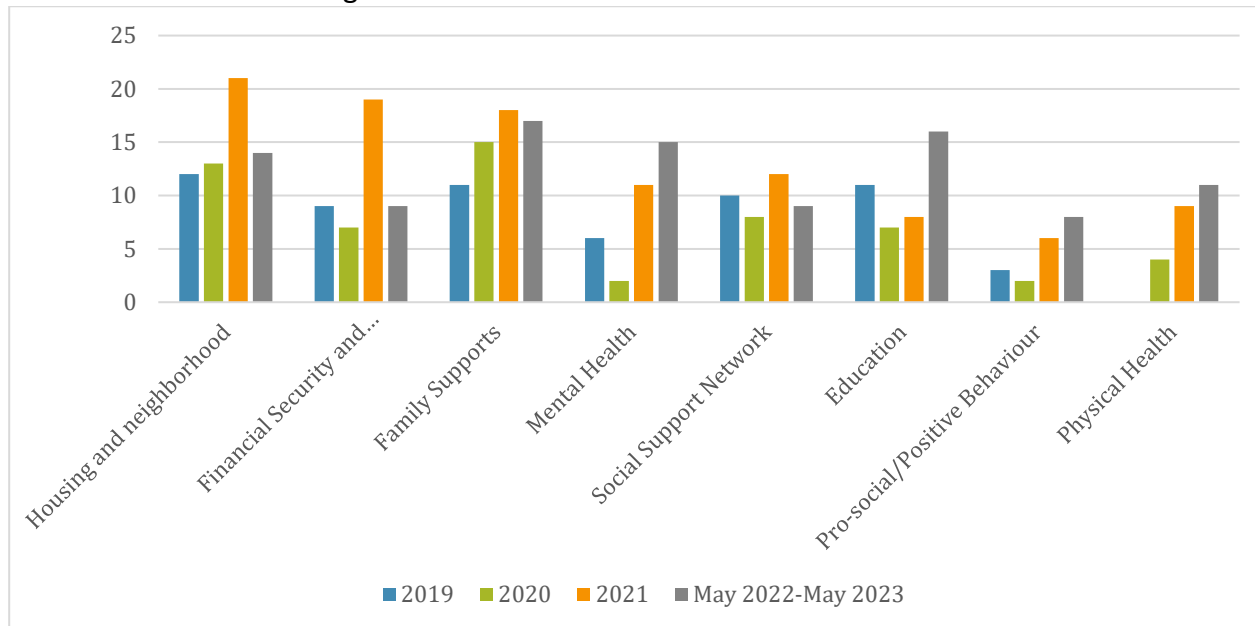
When a situation is brought to the table, a number of pre-defined risk factors are identified. On average, 11 risk factors are identified per discussion. 98 out of a possible 105 risk factors have been identified through the ACSDG Situation Table database. Each risk factor has a broader/general **category** 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.

Year	Top 1	Top 2	Top 3	Top 4	Top 5
2019	Mental Health - diagnosed mental health problem	Basic Needs - person unable to meet own basic needs	Poverty - person living in less than adequate financial situation	Housing - person doesn't have access to appropriate	Drugs - drug abuse by person
2020	Mental Health - diagnosed mental health problem	Negative Peers - person associating with negative peers	Drugs - drug abuse by person	Antisocial/Negative Behaviour - person exhibiting antisocial/negative	Basic Needs - person unable to meet own basic needs
2021	Mental Health - diagnosed mental health problem	Basic Needs - person unable to meet own basic needs	Drugs - drug abuse by person	Housing - person doesn't have access	Crime Victimization - assault
2022	Basic Needs - person unable to meet own basic needs	Housing - person doesn't have access to appropriate housing	Mental Health - diagnosed mental health problem	Poverty - person living in less than adequate financial	Negative Peers - person associating with negative peers
2023	Mental Health - diagnosed mental health problem	Cognitive Functioning - diagnosed cognitive impairment/limitation	Poverty - person living in less than adequate financial situation	Negative Peers - person associating with negative peers	Physical Health - general health issue

### 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 top Study Flags identified each year.

2018	
Recent Escalation	25
Domestic Violence	15
Child Involved	9
Risk of Losing Housing/Unsafe Living Conditions	8
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 Living Conditions	6

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

2021	
Recent Escalation	20
Risk of Losing Housing/Unsafe Living Conditions	16
Child Involved	15
Domestic Violence	10
Homelessness	9
Learning Disability	7
Custody Issues/Child Welfare	7

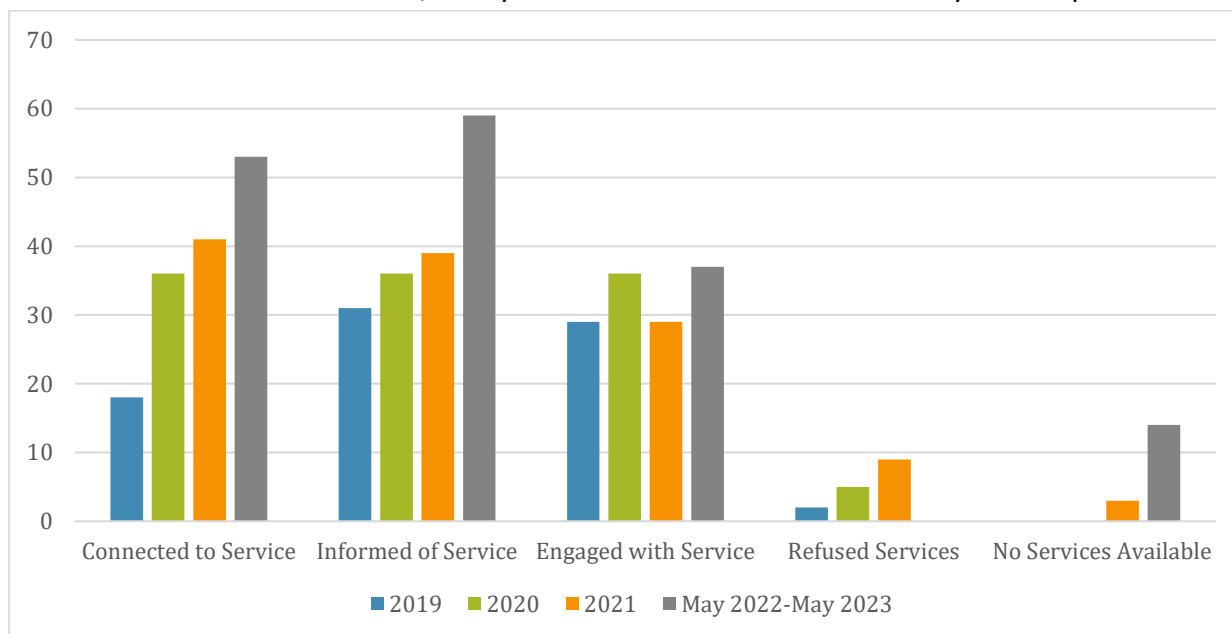
May 2022-May 2023	
Homelessness	11
Transportation Issues	10
Risk of Losing Housing/Unsafe Living Conditions	14
Social Isolation	14
Recent Escalation	18
Recidivism	4
Inappropriate Sexual Behaviour	4

### 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. Currently there are seventeen types of services been tracked per each type of mobilization, ranging from counselling, addition, housing, mental health, food support, victim support, education services, etc. In 2021, the service mobilized the most often was counselling and mental health services.

### 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

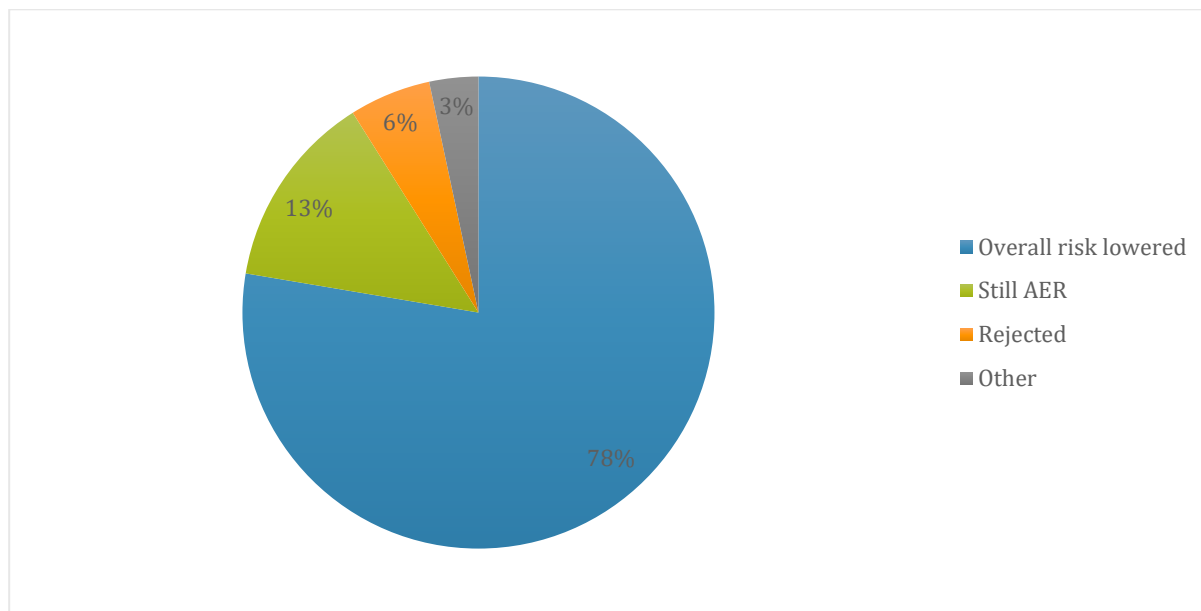


### INTERVENTION DATE:

Intervention date data was added to the RTD in 2018. From this time to present, the data shows that it is taking an average of 2.26 days for the intervention to take place from the time the situation was presented to the Situation Table.

### 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, nine situations were concluded as “rejected” due to not meeting AER or being already connected to appropriate services. Twelve cases have been re-opened since May 2, 2017. Of the 169 AER situations, 139 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 ACSDG 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. 83.4% of the situations resulted in the overall risk being lowered, which means that 139 concluded AER situations have positively impacted the life of a local individual or family.