

Policy & Procedure Manual

INTERNAL SITUATION TABLE REFERRALS – R-I-12

POLICY:

To identify and mobilize OPTIONS NORTHWEST in accordance with our mandate when responding to Acutely Elevated Risk (AER) situations.

The intent of this policy is to formalize the process for OPTIONS NORTHWEST employees to make an internal referral to the Thunder Bay Situation Table, or a Situation Table within the District of Thunder Bay.

PURPOSE:

The purpose of the Situation Table is to bring together diverse front-line service providers and collaboratively mobilize appropriate short-term community services to develop interventions to address situations of AER.

DEFINITIONS:

Acutely Elevated Risk:

AER is a reference to any situation impinging on individuals, families, groups or places where circumstances indicate an extremely high probability of the occurrence of victimization from crime or social disorder.

Left unattended, such situations would likely result in serious harm or lead to the situation worsening to the point where a more formal and intrusive intervention is required, such as targeted enforcement and/or other emergency response. The “Acute” nature of these situations is an indicator that threatening circumstances have accumulated to the point where a crisis is imminent, new circumstances have contributed to severely increase the chances of victimization and/or any effort to mitigate victimizations requires a multi-agency response.

Objective and standardized criteria for AER do not exist owing to the complexity and uniqueness of each situation. Therefore, professionals sitting at the Thunder Bay Situation Table are required to rely on their combined experience and professional judgement to discriminate whether any given situation merits the designation of “AER”.

Four-Filter Approach:

The Four-Filter Approach (Appendix C) sets out the process by which situations are referred and mitigated at the Situation Table in compliance with privacy legislation. It is outlined in the “Non-Disclosure Agreement and Information-Sharing Protocol”, and including:

- 1st Filter: Internal OPTIONS NORTHWEST screening prior to introduction to the Situation Table.
- 2nd Filter: De-identified discussion at the Situation Table.

- 3rd Filter: Limited identified case information shared.
- 4th Filter – Team confirmed to take action. Discussion among intervening agencies only.

Harms and Victimization:

Short or long-term negative and harmful effect on the individuals, families, groups or locations resulting from risk factors, social disorder or crime.

Imminent Risk:

Impending harms or victimization stemming from the rapid increase in a single risk factor or a combination of multiple risk factors.

Intervening Agency:

An agency identified as needing to be present during an intervention to mitigate a situation of AER.

Lead Agency:

The agency that leads the coordination of services during the intervention and is responsible for any reporting requirements back to the Situation Table at subsequent meetings.

Originating Agency:

The agency that identifies a situation of AER, refers it to the Situation Table, and describes the situation in a de-identified format in Filter 2.

Partners:

Agencies, organizations, individuals from all sectors and government which agree to a common association towards mutual goals of betterment through shared responsibilities, complementary capabilities, transparent relationships and joint decision making.

Risk Factors:

Negative characteristics or conditions in individuals, families, communities or society that may increase social disorder, crime or fear of crime, or the likelihood of harm or victimization to person or property. See Appendix B.

Risk Mitigation:

Efforts to identify individuals, families, groups or locations at imminent risk of harm or victimization and customize interventions which reduce those risks before an emergency response is required.

Situation Tables:

A regular meeting with representation from a variety of human service agencies and sectors, who work together to identify individuals, families, groups or locations that are at an AER of harm and customize multi-disciplinary interventions which mitigate those risks.

STANDARDS OF APPLICATION:

The three primary areas of emphasis for the Situation Table are:

1. To provide timely, collaborative responses to the situations of AER.
2. To gather de-identified data in relation to situations of AER.
3. To encourage collaboration, strengthen relationships, and build trust and respect between community service agencies.

The objective of Situation Table interventions are:

- To increase community safety and wellbeing by responding to situations of AER before crisis occurs.
- To efficiently and effectively develop collaborative multi-disciplinary interventions.
- To ensure situations that do not meet the threshold of AER are responded to outside of the Situation Table.
- To share valuable information and informed input to the North West Centre of Responsibility (NWCOR) that has the potential to enhance Situation Table discussions and enhance community planning (i.e. opportunities, barriers, recommendations, post-intervention satisfaction, etc.).

PROCEDURE:

1. As a member of the Situation Table, OPTIONS NORTHWEST is responsible for decision making with respect to the identification, planning and implementation of services required to mitigate incidences of Acutely Elevated Risk (AER).
2. Community Services Managers and Supervisors will be the OPTIONS NORTHWEST representatives (the Rep) at the Situation Table. The Director of Community Services, The Director of Human Resources and the Executive Director will act as back up Reps for the Situation Table.
3. The Rep may be required to make contact with any departments of OPTIONS NORTHWEST to fulfill the responsibilities to the Situation Table. Given OPTIONS NORTHWEST's commitment to the Situation Table and the urgency with which cases need to be addressed, OPTIONS NORTHWEST employees will be required to respond on a priority basis to the Rep.
4. OPTIONS NORTHWEST employees may/should bring forward an internal referral to the Rep, if they become involved in a complex case which presents with the following AER considerations namely:
 - a. The case presents with several risk factors that are beyond the scope of OPTIONS NORTHWEST's mandate of providing supports to individuals with a developmental disability.
 - b. All traditional inter-agency approaches have been exhausted.
 - c. It is determined by the OPTIONS NORTHWEST employees and their supervisor that the situation could be more effectively addressed through a multi-agency approach.

- d. It is determined that the decision is risk driven, meaning it is being motivated to react/intervene based on an assessment of risk factors from the probability that the situation will lead to significant harm(s) or victimization(s).
 - e. The sharing of private information is necessary to mitigate risks.
5. Should there be a number of AER factors above, the referring employee will:
- a. Complete an Internal Referral Form (Appendix A).
 - b. Discuss the referral with their supervisor.
 - c. Forward the completed referral form to the Rep for review.
6. Upon receipt of an Internal Referral Form, the Rep will:
- a. Review the referral to make sure it meets AER considerations.
 - b. Discuss the case with the referring employee to obtain further information.
 - c. Confirm that the case meets the criteria for an AER case.
 - d. Advise the Situation Table Coordinator of the referral for the next Situation Table meeting.
 - e. Present the referral to the Situation Table as the Originating Agency at the next scheduled Situation Table meeting.
 - f. Should the case be declined by the Situation Table, bring back information for rejection of the case to the referent and their supervisor.
 - g. Participate in the Filter Approach in dealing with the case.
 - h. Participate in all Four Filters of the Situation Table process.
 - i. Follow up, as required, with the referent with general non-identifiable information.
 - j. Provide a report on a quarterly basis to the Director, Community Services, outlining OPTIONS NORTHWEST's involvement with Situation Table cases.
7. OPTIONS NORTHWEST may either be a participant at an intervention or be the lead.
- a. Planning an Intervention:
 - i. Once all new cases are brought to the Situation Table, discussed and a determination is made regarding AER, the lead and assisting agencies meet privately.
 - ii. The lead and assisting agencies plan details of the intervention prior to implementation – which usually happens within 24-48 hours.
 - iii. Discussion is still limited to only the information that is deemed necessary to assess the situation and to determine appropriate actions.
 - iv. Obtaining consent will be the first priority of the combined agencies responding to the situation.
 - v. If at any point in the above sequence it becomes evident that resources are currently being provided within existing agencies, and the situation table is confident elevated risk is already being mitigated, the situation is closed.

b. Intervention:

- i. Most often, intervention takes the form of a door-knock – calling on the individual, family or group on their home territory.
- ii. Sometimes it will take place during a meeting at one of the participating agencies.
- iii. Occasionally outreach is done by follow-up phone call.
- iv. Take the form of referring individuals, families, groups or places to those agencies and organizations which can best provide services that are needed to reduce the chances of harm or victimization.
- v. Sometimes those services are provided by the responding participating agencies.
- vi. Sometimes they come from other agencies in the community -- at which point the responding participating agencies work to ensure access to services in a timely fashion.
- vii. Referrals may be made to acute care agencies; or agencies that are enabled by their own legislation, policies and practices to make home visits.
- viii. Sometimes it is helpful to refer individuals to long-term care and community capacity-building agencies and organizations.
- ix. If consent to share private and confidential information has not yet been obtained, then it is requested at this point.
- x. The individual is informed about the minimal information already shared to enable the intervention.
- xi. Each agency that is participating in the intervention keeps records of their role and actions as per the policies, procedures and standards of their home agencies.
- xii. The designated “lead agency” in the planned and co-ordinated intervention takes responsibility for recording that information which it needs to report back to the Situation Table at their next meeting about the status of the intervention.

AUTHORITY AND RESPONSIBILITY

Community Services Administration is responsible for:

- Supporting the priority of the Situation Table.
- Identifying and forwarding appropriate cases to the OPTIONS NORTHWEST Representative.
- Providing any information required to assess the case to the OPTIONS NORTHWEST Representative on a priority basis.

The OPTIONS NORTHWEST Representatives are responsible for:

- Participating in the Situation Table for as long as OPTIONS NORTHWEST is a participating member.
- Providing any required training.
- Providing follow up with the originating referent and their supervisor.
- Providing updates to the Director, Community Services on the status of OPTIONS NORTHWEST's cases.

The Director, Community Services is responsible for providing quarterly updates to the Executive Director regarding involvement of OPTIONS NORTHWEST's cases.

The Executive Director/Designate will be a representative on the North West Centre of Responsibility (NWCOR) Committee. The NWCOR is a collaborative partnership between local and regional agencies with goals to improve the health and well-being of our communities through research and analysis of data from a variety of sources including the Thunder Bay Situation Table; and it looks for solutions for system wide improvements in collaboration with community partners.

OPTIONS NORTHWEST's Director of Community Services is kept apprised of OPTIONS NORTHWEST's role and time commitment in the process. This is reviewed monthly to determine when no further service is required and/or risk has been mitigated to warrant closure.

EMPLOYEE TRAINING

This policy will be reviewed with all employees indicated in the operational accountability.

RECOMMENDED BY: Community Services

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Community Service Administration, Community Services (all)

ORIGINAL POLICY DATE: October 2020

AUTHORIZED BY: Executive Director

SIGNATURE:

A handwritten signature in blue ink, appearing to be 'M. [unclear]', written over a horizontal line.

Thunder Bay Situation Table INTERNAL AGENCY REFERRAL FORM

A) PRE-SITUATION TABLE SCREENING – FILTER 1

Client ID/No:	<input type="checkbox"/> New Discussion <input type="checkbox"/> Previous Discussion: No. _____	Situation Table Discussion Number:
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Authority for Use and Disclosure of Personal Information or Personal Health Information at the Situation Table - Consent Received?

<input type="checkbox"/> Verbal	Date Received (<i>Attach consent form as appendix, if obtained</i>):
<input type="checkbox"/> Written	Date Received (<i>Attach consent form as appendix, if obtained</i>):
<input type="checkbox"/> Not Obtained	Not Practical to Obtain Consent? If yes, explain:

Acutely Elevated Risk Considerations: (Check all that apply)

<input type="checkbox"/>	Are there several severe risk factors?
<input type="checkbox"/>	Are the risk factors beyond the scope/mandate of your agency?
<input type="checkbox"/>	Have you exhausted all traditional inter-agency approaches?
<input type="checkbox"/>	Have you determined that the situation could be more effectively addressed through a multi-agency approach?
<input type="checkbox"/>	Is your decision risk driven – meaning it is being motivated to react/intervene based on an assessment of risk factors and the probability that the situation will lead to significant harms or victimization?
<input type="checkbox"/>	Is the sharing of private information necessary to mitigate risks?

B) DE-IDENTIFIED INFORMATION – FILTER 2 & 3 *Do not use identifiers like names, names of relatives, birth dates, addresses, telephone numbers, email addresses, health services numbers, social insurance numbers. Avoid quasi-identifiers that could allow identity to be guessed, unless they are necessary to determine acutely elevated risk.*

Discussion Type (check one): <input type="checkbox"/> Dwelling <input type="checkbox"/> Environmental <input type="checkbox"/> Family <input type="checkbox"/> Neighbourhood <input type="checkbox"/> Individual	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> X <input type="checkbox"/> N/A	Age Range: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years, YC/A? (Y/N) <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-59 years <input type="checkbox"/> 60+ years
Neighborhood:	<input type="checkbox"/> Indigenous

Briefly describe the situation in a de-identified format and any previous attempts at engagement

*Please notify the Coordinator **BEFORE** presenting a Situation at the Table*

FOR AGENCY USE ONLY – NOT FOR DISCLOSURE

Please identify any recent evidence/circumstances that suggest that if untended, this situation will require an emergency response and/or lead to imminent risk of criminalization, victimization and/or harm.

KNOWN AGENCIES INVOLVED & LEVEL OF ENGAGEMENT:

Check all that apply if known:			
<input type="checkbox"/>	Addiction Services	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Victim Services	<input type="checkbox"/>	Hospital & Health Care
<input type="checkbox"/>	Education	<input type="checkbox"/>	Police Services
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Child Welfare
<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Other, Specify:

RISK FACTORS CONTRIBUTING TO IMMEDIATE RISK: Check/Highlight all risk factors that apply to addressing imminent /Acutely Elevated Risk: (These are categories of risk factors from the Hub Glossary of Risk Factors. See the Glossary for Risk Factors under each category and definitions)

RISK VARIABLE	RISK FACTORS
Alcohol	Alcohol use by person
	Alcohol abuse by person
	Alcohol abuse in home
	Harm caused by alcohol abuse in home
	History of alcohol abuse in home
Drugs	Drug use by person
	Drug abuse by person
	Drug abuse in home
	Harm caused by drug abuse in the home
	History of drug abuse in the home
Gambling	Chronic gambling by person
	Chronic gambling causes harm to self
	Chronic gambling causes harm to others
	Person affected by the gambling of others
Mental Health	Diagnosed mental health problem
	Suspected mental health problems
	Self-reported mental health problem
	Witnessed traumatic event
	Mental Health problem in the home
	Grief
	Not following prescribed treatment

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RISK VARIABLE	RISK FACTORS
Suicide	Person current suicide risk
	Person previous suicide risk
	Affected by suicide
Physical Health	Pregnant
	Physical disability
	Terminal illness
	Chronic disease
	Nutritional deficit
	General health issue
	Not following prescribed treatment
Self-Harm	Person has engaged in self-harm
	Person threatens self-harm
Cognitive Functioning	Diagnosed cognitive impairment/limitation
	Self-reported cognitive impairment/limitation
	Suspected cognitive impairment/limitation
Criminal Involvement	Damage to property
	Arson
	Theft
	Break and Enter
	Robbery
	Assault
	Sexual assault
	Threat
	Homicide
	Animal cruelty
	Drug trafficking
	Possession of Weapons
	Other
Crime Victimization	Damage to property
	Arson
	Theft
	Break & Enter
	Robbery
	Assault
	Sexual assault
	Threat
	Other
Physical Violence	Person victim of physical violence
	Person perpetrator of physical violence
	Physical violence in the home
	Person affected by physical violence
Emotional Violence	Person victim of emotional violence
	Person perpetrator of emotional violence
	Emotional violence in the home
	Person affected by emotional violence
Sexual Violence	Person victim of sexual violence
	Person perpetrator of sexual violence
	Sexual violence in the home
	Person affected by sexual violence
Elderly Abuse	Person victim of elderly abuse

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	Person perpetrator of elderly abuse
RISK VARIABLE	RISK FACTORS
Supervision	Person not properly supervised
	Person not providing proper supervision
Basic Needs	Person unable to meet own basic needs
	Person unwilling to have basic needs met
	Person being neglected by others
	Person neglecting others basic needs
Missing school	Truancy
	Chronic Absenteeism
Parenting	Person not receiving proper parenting
	Person not providing proper parenting
	Parent-child conflict
Housing	Person does not have access to appropriate housing
	Person transient, but has access to appropriate housing
Poverty	Person living in less than adequate financial situation
Negative Peers	Person associating with negative peers
	Person serving as a negative peer to others
Antisocial/Negative Behavior	Person exhibiting antisocial/negative behavior
	Antisocial/negative behavior within the home
Unemployment	Person temporarily unemployed
	Person chronically unemployed
	Caregivers temporarily unemployed
	Caregivers chronically unemployed
Missing/Runaway	Runaway with parents knowledge or whereabouts
	Runaways without parents knowledge or whereabouts
	Person reported to police as missing
	Person has history of being reported to police as missing
Threat to Public Health and Safety	Person's behavior is a threat to public health and safety
Gangs	Gang association
	Gang Member
	Threatened by gangs
	Victimized by gangs
Social Environment	Negative neighborhood
	Frequents negative locations

PROTECTIVE FACTORS: Check/Highlight all protective factor grouping and accompanying protective factors for the referral that are known (These are categories of risk factors from the Hub Glossary of Protective Factors. See the Glossary for Protective Factors under each category and definitions)

CS&W PROTECTIVE FACTOR GROUPING	Protective Factor
Financial Security and Employment	Stable employment
	Financial stability
	Ingoing financial supplement
	Temporary financial support
	Work life balance
	Positive work environment
Housing & Neighborhood	Access to stable housing

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	Appropriate, sustainable housing
	Positive, cohesive community
	Access to/availability of resources, professional services and social supports
	Housing in close proximity to services / Relationships established with neighbors
Family Supports	Positive support within the family
	Single parent family with a strong father or mother figure
	Adequate parental supervision
	Both parents involved in childcare
	Parental level of education
	Strong family bond
	Stability of the family unit
	Positive relationship with spouse
	Family life is integrated into the life of the community
	Open communication among family members
	Strong parenting skills
Education	School activities involving the family
	Positive school education
	Caring school environment
	Academic achievement
	Involvement in extracurricular activities
Social Support Network	Positive role models/relationship with adult
	Close friendships with positive peers
	High level of trust in community support services
	High level of trust with police
Pro-social/Positive Behavior	Optimism and positive expectations for the future
	Sense of responsibility
	Positive interpersonal skills
	Positive pro-social behaviors
	Strong engagement/affiliation in community, spiritual and/or cultural activities
	Strong problem-solving skills
Physical Health	Accessing resources/services to improve a temporary physical health issue ³
	Positive physical health
	Primary care Physician
	Demonstrates commitment to maintaining good physical health
	Accessing consistent resources/services to improve on-going physical health issue
Mental Health	Accessing resources/services related to mental health
	Personal coping skills
	Self-esteem
	Self-efficacy
	Adaptability
	Taking prescribed medication

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STUDY FLAGS:

Study Flags Check all that apply to addressing Acutely Elevated Risk. (These are categories of risk factors from the List of Defined Study Flags. See the List of Defined Study Flags for definitions)					
<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Child Involved	<input type="checkbox"/>	Fire Safety	<input type="checkbox"/>	Homicidal Ideation
<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	Gaming/Internet Addiction	<input type="checkbox"/>	Risk of Human Trafficking
<input type="checkbox"/>	Cyber Safety	<input type="checkbox"/>	Geographical Isolation	<input type="checkbox"/>	Inappropriate Sexual Behavior/Hyper sexuality
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Hoarding	<input type="checkbox"/>	Language/Communication Barrier
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Recent Escalation	<input type="checkbox"/>	Recidivism
<input type="checkbox"/>	Risk of Losing Housing/Unsafe Living Conditions	<input type="checkbox"/>	Settlement Challenges	<input type="checkbox"/>	Sex Trade
<input type="checkbox"/>	Social Isolation	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Transportation Issues
<input type="checkbox"/>	Trespassing	<input type="checkbox"/>	Intergenerational Trauma	<input type="checkbox"/>	Lack of Supports for Elderly Persons
<input type="checkbox"/>	Custody Issues/Child Welfare	<input type="checkbox"/>	Gender Issues	<input type="checkbox"/>	Methamphetamine Use
<input type="checkbox"/>	Risk of Radicalization	<input type="checkbox"/>	Wait List	<input type="checkbox"/>	Problematic Opioid Use
<input type="checkbox"/>	Dual Diagnosis	<input type="checkbox"/>			

C) LIMITED IDENTIFIABLE INFORMATION –FILTER 4 For agency records and client file ONLY

Name of Individual:		DOB:
Address:	City/Province:	Postal Code:
School (if applicable):		
Parent/Guardian:		Parent/Guardian:
Spouse:		
Siblings and/or other children living in the home:		
Name:	DOB:	
Name:	DOB:	
Name:	DOB:	

Lead Agency:
Assisting Agencies:

Date of Situation Table Meeting: _____
 Referred by: _____ Agency: _____

Please notify the Coordinator BEFORE presenting a Situation at the Table

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Alcohol	Alcohol use by person	known to consume alcohol; no major harm caused
	Alcohol abuse by person	known to excessively consume alcohol; causing self-harm
	Alcohol abuse in home	living at a residence where alcohol has been consumed excessively and often
	Harm caused by alcohol abuse in home	has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home
Drugs	History of alcohol abuse in home	excessive consumption of alcohol in the home has been a problem in the past
	Drug use by person	known to use illegal drugs (or misuse prescription drugs); no major harm caused
	Drug abuse by person	known to excessively use illegal/prescription drugs; causing self-harm
	Drug abuse in home	living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often
	harm caused by drug abuse in the home	has suffered mental, physical or emotional harm or neglect due to drug abuse in the home
Gambling	history of drug abuse in home	excessive consumption of drugs in the home has been a problem in the past
	Chronic gambling by person	regular and/or excessive gambling; no harm caused
	Chronic gambling causes harm to self	regular and/or excessive gambling; resulting in self-harm
	Chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
	Person affected by the gambling of others	is negatively affected by the gambling of others
Mental Health	Diagnosed mental health problem	has a professionally diagnosed mental health problem
	Suspected mental health problem	suspected of having a mental health problem (no diagnosis)
	Self-reported mental health problem	has reported to others to have a mental health problem(s)
	Witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
	Mental health problem in the home	residing in a residence where there are mental health problems
	Grief	experiencing deep sorrow, sadness or distress caused by loss
	Not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self and/or others
	Person current suicide risk	currently at risk to take their own life
	Person previous suicide risk	has in the past, been at risk to take their own life
	Affected by suicide	has experiences loss due to suicide

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Physical Health	Pregnant	pregnant
	Physical disability	suffers from a physical impairment
	Terminal illness	suffers from a disease that cannot be cured and that will soon result in death
	Chronic disease	suffers from a disease that requires continuous treatment over a long period of time
	Nutritional deficit	suffers from insufficient nutrition, causing harm to their health
	General health issue	has a general health issue which requires attention by a medical health professional
Self-Harm	Not following prescribed treatment	not following treatment prescribed by a health professional; resulting in risk
	Person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
	Person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Criminal Involvement	Damage to property	has been suspected, charged, arrested or convicted for damage to property
	Arson	has been suspected, charged, arrested or convicted for arson
	Theft	has been suspected, charged, arrested or convicted for theft
	Break and enter	has been suspected, charged, arrested or convicted for break and enter
	Robbery	has been suspected, charged, arrested or convicted for robbery (which is theft with violence or threat of violence)
	Assault	has been suspected, charged, arrested or convicted for assault
	Sexual assault	has been suspected, charged, arrested or convicted for sexual assault
	Threat	has been suspected, charged, arrested or convicted for uttering threats
	Homicide	has been suspected, charged, arrested or convicted for the unlawful death of a person
	Animal cruelty	has been suspected, charged, arrested or convicted for animal cruelty
	Drug trafficking	has been suspected, charged, arrested or convicted for drug trafficking
	Possession of weapons	has been suspected, charged, arrested or convicted for possession of weapons
	Other	has been suspected, charged, arrested or convicted for other crimes

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Crime Victimization	Damage to property	has been reported to police to be a victim of someone damaging their property
	Arson	has been reported to police to be the victim of arson
	Theft	has been reported to police to be the victim of theft (someone stole from them)
	Break and enter	has been reported to police to be the victim of break and enter (someone broke into their premises)
	Robbery	has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)
	Assault	has been reported to police to be the victim of assault (i.e.: hitting, stabbing, kicking)
	Sexual Assault	has been reported to police to be the victim of sexual assault (i.e.: touching, rape)
	Threat	has been reported to police to be the victim of someone uttering threats to them
	Other	has been reported to police to be the victim of other crimes not mentioned above
	Physical Violence	Person victim of physical violence
Person perpetrator of physical violence		has instigated or caused physical violence to another person (i.e.: hitting, pushing)
Physical violence in the home		lives with threatened or real physical violence in the home (i.e.: between others)
Person affected by physical violence		has been affected by others falling victim to physical violence (i.e.: witnessing; having knowledge of)
Person victim of emotional violence		has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied or intentionally ignored them, etc.
Person perpetrator of emotional violence		has emotionally harmed others by controlling their behavior, name-calling, yelling, belittling, bullying, intentionally ignoring them etc.
Emotional Violence	Emotional violence in the home	resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
	Person affected by emotional violence	has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Sexual Violence	Person victim of sexual violence	has been the victim of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	Person perpetrator or sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	Sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur
	Person affected by sexual violence	has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching, or forced sexual acts (i.e.: witnessing; having knowledge of)
Elderly Abuse	Person victim of elderly abuse	has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process
	Person perpetrator of elderly abuse	has knowingly or unknowingly caused intentional or unintentional harm upon others because of physical, mental or situational vulnerabilities associated with the aging process
Supervision	Person not properly supervised	has not been provided with adequate supervision
	Person not providing proper supervision	has failed to provide adequate supervision to a dependent person (i.e.: child, elder, disabled)
Basic Needs	Person unable to meet own basic needs	can not independently meet their own physical, nutritional, or other needs
	Person unwilling to have basic needs met	person is unwilling to meet or receive support in receiving their own basic physical, nutritional or other needs met
	Person being neglected by others	basic physical, nutritional or medical needs are not being met
	Person neglecting others' basic needs	has failed to meet the physical, nutritional or medical needs of others under their care

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Missing School	Tuancy	has unexcused absences from school without parental knowledge
	Chronic Absenteeism	has unexcused absences from school without parental knowledge, that exceed the commonly acceptable norm for school absenteeism
Parenting	Person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
	Person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Housing	Parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties
	Person does not have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e.: condemned building, street)
	Person transient, but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e.: couch surfing)
	Person living in less than adequate financial situation	current financial situation makes meeting the day to day housing, clothing or nutritional needs, significantly difficult
Negative Peers	Person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
	Person serving as a negative peer to others	is having negative impact on the thoughts, actions or decisions of others
Antisocial/Negative Behaviour	Person exhibiting antisocial/negative behaviour	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community ie: obnoxious/disruptive behavior
	Antisocial/negative behaviour within the home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community ie: obnoxious, disruptive behavior

GLOSSARY OF RISK FACTORS*

RISK VARIABLE	RISK FACTORS	DEFINITION
Unemployment	Person temporarily unemployed	without paid work for the time being
	Person chronically unemployed	persistently without paid work
	Caregivers temporarily unemployed	caregivers are without paid work for the time being
	Caregivers chronologically unemployed	caregivers are persistently without paid work
Missing/Runaway	Runaway with parents' knowledge or whereabouts	has run away from home with guardian's knowledge but guardian is indifferent
	Runaway without parents' knowledge or whereabouts	has runaway and guardian has no knowledge or whereabouts
	Person reported to police as missing	has been reported to the police and entered in the Canadian Police Information Centre (CPIC) as a missing person
	Person has history of being reported to police as missing	has a history of being reported to police as missing and in the past has been entered on CPIC as a missing person
Threat to Public Health and Safety	Person's behaviour is a threat to public health and safety	is currently engaged in behaviour that represents danger to the health and safety of the community (i.e.: unsafe property, intentionally spreading disease, putting others at risk)
	Gangs	social circle involves known or supported gang members but is not a gang member is known to be a member of a gang
Social Environment	threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members
	victimized by gang	has been attacked, injured, assaulted or harmed by a gang in the past
	negative neighbourhood	lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to our directly involved in other social harms
	frequents negative locations	is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms

**Situation Table Four Filter
Questions**

POLICY R-I-12
APPENDIX C

**Table tips from Table
Members!**

- ❖ Look at all four questions 'as a whole' as each can impact the other towards increased risk.
- ❖ Trust your intuition. There is helpful information behind it.
- ❖ Knowing other agencies are involved can help reduce risk.
- ❖ Find time to stay after the Table discussion to network. This can help reduce the multi-disciplinary nature of risk.
- ❖ Don't forget to consider protective factors.

Filter Questions:	Questions to ask:	Considerations/Examples:
Is there significant interest at stake?	<ul style="list-style-type: none"> ➤ Is there reasonable expectation of harm to individuals if nothing is done? ➤ What kind of harm do you envision happening to this individual if nothing is done? 	<ul style="list-style-type: none"> • <u>Example</u>: suicide risk, harm to family and/or community. • What has changed for this individual/family?
What is the probability of harm occurring if nothing is done immediately ?	<ul style="list-style-type: none"> ➤ What does this harm look like? ➤ How long has this individual been at risk? ➤ Are there other agencies/supports involved that can mitigate immediate risks? 	<ul style="list-style-type: none"> • Baseline risky behaviour for individual may have changed but it's important to consider the intensity of harm, frequency, or impact on others and impact on physical health over time. • Whether other risk factors put together increase immediate concerns, or immediate physical health is a concern.
Is there significant intensity of harm?	<ul style="list-style-type: none"> ➤ Would the harm constitute damage or detriment and not mere inconvenience to the individual? ➤ What would this damage look like? ➤ Is it reasonable to assume that disclosure to the Table would help minimize or prevent the anticipated harm? 	<ul style="list-style-type: none"> • Even if it <i>seems</i> extreme to support agencies, it may not <i>be</i> extreme to the individual, or it may not be harming others. • Ask yourself, what has changed for this person that suggests intensity of harm e.g. deterioration of health (frequency of ER visit), breakdown of protective factors.
Is there a multi-disciplinary nature of risk?	<ul style="list-style-type: none"> ➤ Are the risk factors beyond the originating agency's scope/mandate to mitigate the elevated level of risk? ➤ Do the operating risk factors cut across multiple human service disciplines? ➤ Are there any systemic barriers to assessing these services? 	<ul style="list-style-type: none"> • <u>Example</u>: waitlists, difficulty accessing agencies to reduce risk • Bringing a situation to the Table at Filter 3 and brainstorming action steps or which agencies need to be involved may lower risk so that Filter 4 is not needed.