



**MERIT**

Multiagency Early Risk Intervention Tables

# **Multiagency Early Risk Intervention Table(s) Pilot Project Review**

Prepared for:

MERIT Pilot Steering Committee and Participating Agencies

Prepared by:



The Lansdowne Consulting Group

1001-275 Slater St | Ottawa | 613.236.3333 | [lansdowne.com](http://lansdowne.com)

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>MERIT INFOGRAPHIC – 10 MONTH EVALUATION PERIOD .....</b>	<b>4</b>
<b>1 INTRODUCTION .....</b>	<b>5</b>
<b>2 SETTING THE CONTEXT.....</b>	<b>5</b>
2.1 BRIEF HISTORY ON SITUATIONAL TABLES.....	5
2.2 ECONOMICS OF POLICING .....	6
2.3 THE ONTARIO EXPERIENCE .....	7
2.4 THE CATALYSTS FOR OTTAWA.....	10
<b>3 ABOUT SITUATION TABLES.....</b>	<b>11</b>
3.1 THE FOUR FILTER PROCESS .....	11
3.1.1 <i>Filter One: Agency screening prior to introduction to MERIT Situation Table .....</i>	<i>12</i>
3.1.2 <i>Filter Two: De-identified discussion at the MERIT Situation Table.....</i>	<i>13</i>
3.1.3 <i>Filter Three: Limited identifiable information shared .....</i>	<i>13</i>
3.1.4 <i>Filter Four: Full in camera discussion among intervening agencies only .....</i>	<i>13</i>
<b>4 ABOUT MERIT .....</b>	<b>14</b>
4.1 OVERVIEW .....	14
4.2 GOVERNANCE.....	17
4.3 PARTICIPANTS.....	17
4.4 PERFORMANCE FRAMEWORK .....	18
4.5 PRIVACY .....	19
<b>5 APPROACH AND METHODOLOGY.....</b>	<b>21</b>
5.1 BACKGROUND AND CONTEXT .....	21
5.2 DATA COLLECTION .....	21
5.2.1 <i>Knowledge Exchange Symposium.....</i>	<i>22</i>
5.3 EVALUATION METHODOLOGY .....	22
5.3.1 <i>Timeframe.....</i>	<i>24</i>
5.3.2 <i>Strengths of this Approach .....</i>	<i>24</i>
5.3.3 <i>Limitations/Constraints of this Approach .....</i>	<i>25</i>
<b>6 KEY FINDINGS .....</b>	<b>26</b>
6.1 PERFORMANCE .....	26
6.1.1 <i>Referrals.....</i>	<i>26</i>
6.1.1.1 Process of Referrals.....	26
6.1.1.2 Sources of Referrals .....	26
6.1.1.3 Types of Referrals .....	27
6.1.2 <i>Response.....</i>	<i>27</i>
6.1.2.1 Number of days between situation presentation and closure.....	28
6.1.2.2 Situation Resolution.....	28
6.1.3 <i>Population Served.....</i>	<i>29</i>
6.1.3.1 Age .....	29
6.1.3.2 Gender Balance.....	29
6.1.4 <i>Presenting Risk Factors .....</i>	<i>29</i>
6.1.4.1 Correlation of Risk Factors .....	30
6.2 MERIT'S NEED AND VALUE .....	32
6.2.1 <i>Reasons for Partner Participation in MERIT.....</i>	<i>33</i>

6.3	MERIT'S RELATIONSHIPS AND PARTNERSHIPS .....	36
6.4	MERIT'S GOVERNANCE .....	40
6.5	MODEL IMPLEMENTATION AND ASSOCIATED COMPONENTS .....	43
6.6	COMMUNICATIONS .....	51
6.6.1	<i>MERIT Pilot Communications Practices: Public and Internal</i> .....	51
6.6.2	<i>Positive Practices</i> .....	51
6.6.3	<i>Communications Issues, Challenges, and Concerns</i> .....	52
6.7	SUSTAINABILITY .....	54
6.7.1	<i>Continuation of MERIT</i> .....	54
6.7.2	<i>Future Expansion of MERIT</i> .....	54
<b>7</b>	<b>EMERGING KEY TRENDS FROM THE ONTARIO COMMUNITY OF PRACTICE .....</b>	<b>56</b>
7.1	GOVERNANCE AND FUNDING .....	56
7.2	EXPANSION .....	57
7.3	PROCESS INNOVATIONS .....	57
<b>8</b>	<b>OBSERVATIONS AND CONCLUSIONS.....</b>	<b>58</b>
<b>9</b>	<b>RECOMMENDATIONS.....</b>	<b>60</b>
	<b>ACRONYMS.....</b>	<b>66</b>
	<b>LIST OF REFERENCES.....</b>	<b>67</b>
	<b>APPENDICES.....</b>	<b>69</b>
	<b>APPENDIX A: MERIT PROCESS MAP – FILTER ONE .....</b>	<b>69</b>
	<b>APPENDIX B: MERIT PROCESS MAPS – FILTER TWO, THREE AND FOUR.....</b>	<b>69</b>
	<b>APPENDIX C: MERIT OVERVIEW SLIDE PRESENTATION .....</b>	<b>69</b>
	<b>APPENDIX D: MERIT CHARTER AND TERMS OF REFERENCE .....</b>	<b>69</b>
	<b>APPENDIX E: TABLE OF ROLES AND RESPONSIBILITIES.....</b>	<b>69</b>
	<b>APPENDIX F: MERIT FACTSHEET .....</b>	<b>69</b>
	<b>APPENDIX G: DATABASE DATA FIELDS .....</b>	<b>69</b>
	<b>APPENDIX H: MERIT KNOWLEDGE EXCHANGE SYMPOSIUM REPORT.....</b>	<b>69</b>
	<b>APPENDIX I: DATA COLLECTION TOOL.....</b>	<b>69</b>
	<b>APPENDIX J: STORIES OF IMPACT .....</b>	<b>69</b>
	<b>APPENDIX K: LIST OF RISK CATEGORIES .....</b>	<b>69</b>
	<b>APPENDIX L: SAMPLE COMMUNICATIONS TOOL.....</b>	<b>69</b>

## List of Figures

Figure 1: Framework for Planning Community Safety and Well-being .....	9
Figure 2: South-East Ottawa Community Health Centre Area .....	14
Figure 3: Timeline of Significant Milestones .....	16
Figure 4: MERIT Governance Structure.....	17
Figure 5: MERIT Logic Model - reference Chad Nilson CMPA.....	18
Figure 6: Sources of Referrals .....	26
Figure 7: Balance of Situation Referral, Lead and Assisting Agencies .....	26
Figure 8: Situation Resolution.....	28
Figure 9: Situation Resolution.....	28
Figure 10: Age Demographics of Individuals Served.....	29
Figure 11: Gender of Individuals Served .....	29
Figure 12: Frequency of Presenting Risk Factors by Category.....	30
Figure 13: Correlation of Risk Factors.....	31
Figure 14: Correlation of Risk Factors.....	31
Figure 15: Reasons for Joining MERIT .....	34
Figure 16: Length of Organizational Involvement in MERIT .....	36
Figure 17: Occurrence of Changes in Organizational Interaction Resulting from MERIT Involvement.....	37
Figure 18: % of Partners who would like to see a rotation of Chair role.....	43
Figure 19: Organization Changes in Knowledge of Risk Resulting from Participation in MERIT .....	44
Figure 20: Placement of Acutely Elevated Risk Based on Involvement with MERIT.....	45
Figure 21: Awareness of Tools to Support Bringing Cases Forward to Situation Tables .....	46
Figure 22: Effectiveness Ratings of MERIT's Four Filter Model .....	48
Figure 23: Division of organizations with sufficient human resources to support an expansion of MERIT	54

## List of Tables

Table 1: Summary of Recommendations .....	2
Table 2: Community Safety and Well-Being Themes.....	7
Table 3: Key Recommendations from the Information and Privacy Commissioner of Ontario .....	19
Table 4: Summary of Partner Involvement: Referrals, Leading and Assisting .....	27
Table 5: Effectiveness of Operational Performance Dimensions .....	49
Table 6: Efficiency of MERIT Table Operations .....	50

## EXECUTIVE SUMMARY

The Multi-agency Early Risk Intervention Tables (MERIT) is Ottawa's situational table pilot project that brings together 24 health, education, social services agencies and police to collaboratively and proactively address situations of acutely elevated risk. The aim of the initiative is to improve individual lives and find greater system efficiencies by applying a risk mitigation lens to human service delivery in our community.

The pilot was launched in June 2015 for a 6 month period and was subsequently extended to a full year. The evaluation of the MERIT pilot project, covering activities from June 2015 to March 2016, was conducted by the Lansdowne Consulting Group through a grant awarded to the Ottawa Police Service from the Ministry of the Attorney General's Civil Remedies Grant. The evaluative activities to examine early pilot efforts included:

- hosting a 2-day, 150-person Knowledge Exchange on situational tables and the MERIT model,
- completing process maps showing how MERIT works, and
- an evaluation and communications review

The results of these three components are included in this report and focus on the following thematic areas: need and value; relationships and partnerships; governance; implementation of the model; and, sustainability. These themes provide the structure for this report and the depth of review for each theme was scoped to align with the study budget through a MERIT Steering Committee consultation. The lines of evidence that framed this review include:

- a targeted review of evaluation documentation of similar initiatives operating in other jurisdictions, including Rexdale, Sudbury, Waterloo and Prince Albert;
- a targeted review of MERIT related program documentation that included stakeholder surveys, performance measurement information, project background documentation and updates;
- several online surveys targeting different MERIT stakeholders were administered under the auspices of this evaluation. These surveys included stakeholders, Ottawa Police Service, and communities of practice members from other jurisdictions; and
- key informant interviews (n=18).

Data was collected from three primary sources:

- the MERIT Risk Tracking Database and the Situation Register, two databases currently maintained by the Ottawa Police Service;
- online surveys targeting: MERIT members and community stakeholders; the Ottawa Police Service members involved in MERIT; and, members of the MERIT Situation Table Community of Practice;
- interviews with MERIT members and key stakeholders; and
- feedback from participants at the MERIT Knowledge Exchange.

This report provides an evidence-based and neutral assessment of the relevance and performance of the pilot project. It is intended to inform the decisions pertaining to the future of MERIT and key considerations and recommendations should MERIT transition from pilot to program with expansions beyond its current scope.

The team engaged over 275 individuals representing over 30 agencies, including 18 interviews; 105 responses to the online surveys and over 150 participants at the 2-day Symposium.

### Summary of Recommendations

The MERIT Pilot Project Review has brought forward a number of recommendations based on promising practices, lines of evidence and performance indicators reviewed. For a thorough list and discussion of each, refer to Section 9 Recommendations of the full report – the list below has been abbreviated. These recommendations are intended to support further collaborative discussions and decisions required on the future of MERIT; decisions that should be made collectively by the MERIT Steering Committee and the Executive Committee through consensus. All subsequent recommendations rest on the first recommendation supported by a strong majority of consulted stakeholders.

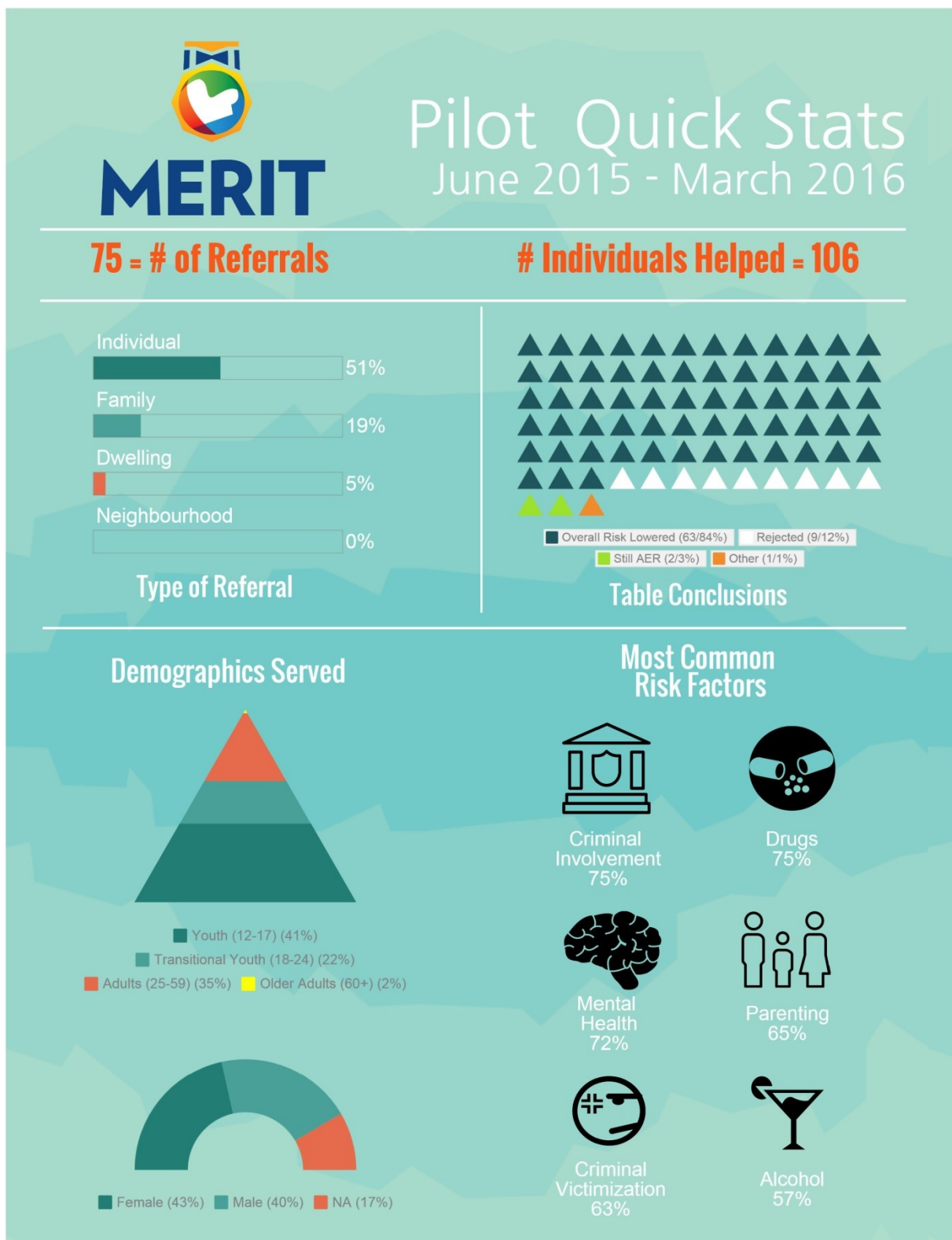
*Table 1: Summary of Recommendations*

No.	Description of Recommendation
R1	The MERIT pilot project should be transitioned to a sustainable community-based initiative or program, building on the solid foundation that has been developed prior to and throughout the pilot period.
R2	Expand MERIT's geography to include a larger catchment area.
R3	Conduct further training to enhance the level of understanding and proficiency in applying the definition of acutely elevated risk in all participating agencies to assist in identifying referrals and positioning MERIT in its broader context with other collaborative initiatives.
R4	Develop a mechanism by which agencies that intend to bring a referral to the table may flag key risk factors in advance to ensure the most likely required community resources are present.
R5	Revisit the membership of the MERIT Situation Table to ensure it represents the services to address presenting risks and demographics. Use data collected during the pilot to inform decisions related to membership informed by demand.
R6	Explore trialing the use of technology such as teleconferencing as one means of participating at the MERIT Situational Table meetings.
R7	Consider creative opportunities to leverage other forums, networks, tables, committees and initiatives.
R8	Create a reference group that can serve the initiative and provide linkages for expedited services without the need to sit at the weekly MERIT Situation Table.
R9	Engage individuals from human services organizations who have existing relationships with the individual or family, and who are likely to be working with the individual or family in any future relapses, in the intervention.
R10	Build clarity around expectations of participating agencies in terms of waiting lists and the need for timely access to services give AER.
R11	Key stakeholders who are engaged at various tables focused on demographic groups (e.g. youth 12-18, transitional youth 18-24, aging population), or presenting issues (e.g.

No.	Description of Recommendation
	mental health, addictions), should collaborate to develop a systems map of the initiatives and identify the rubs, overlaps and gaps.
R12	Streamline the governance structure to align more closely with other initiatives of similar scale and scope.
R13	Explore options to engage a 3rd party program manager and chair to transfer the administrative burden of the program from agencies who's contribution would be best served in service of the client. Consider co-funding in partnership with organizations such as the LHIN.
R14	Review the MERIT Steering Committee and Situational Table membership on an annual basis or as gaps are identified.
R15	A transition of the MERIT Table Chair position to a Co-Chair model should occur in the near future to better reflect a collaborative, community-based model.
R16	Enhance the Performance Measurement Framework (PMF) for MERIT.
R17	The basis for developing a MERIT PMF should be grounded in a revisited logic model that reflects the transition from a pilot to program initiative, with a focus on outcomes.
R18	All performance measurement and evaluation efforts should consider tools, mechanisms and efforts currently developed and used by MERIT to draw on existing strengths, and maximize efficiencies where possible.
R19	Identify a communications resource among the participating agencies to support the public communications for MERIT, including social media, media engagements, and web presence.
R20	Develop communications and training tools that address all stages of change management and learning to address the needs of new and veteran MERIT members.
R21	Develop plain-language communications material that explains what MERIT is, what acutely elevated risk is, why the Table exists and who should be referred to the Table.
R22	Engage the members of the Executive Committee as visible champions of MERIT.
R23	Continue with the Quarterly Reports and focus on successes, lessons learned, changes to partners or processes, and upcoming events such as training.
R24	Enhance MERIT's presence on websites and social media.
R25	Once the Information and Privacy Commissioner releases the standardized privacy protocol for situation tables, engage all participating agencies to review and consider any changes to the current filter process.
R26	Explore opportunities to integrate data collection, analysis and reporting with other synergistic initiatives.



## MERIT Infographic – 10 Month Evaluation Period



## **1 INTRODUCTION**

The Multiagency Early Risk Intervention Table (MERIT) project was started up in Ottawa as a one-year situation table pilot project involving 25 partners in June of 2015. The aim of the situation table is to improve individual lives and find greater system efficiencies by applying a risk mitigation lens to human service delivery in our community. An evaluation of the MERIT pilot project, covering activities from June 2015 to April 2016, was conducted by the Lansdowne Consulting Group through a grant awarded to the Ottawa Police Service from the Ministry of the Attorney General's Civil Remedies Grant. This report provides an evidence-based and neutral assessment of the relevance and performance of the pilot project. It is intended to inform the decisions pertaining to the future of MERIT and key considerations and recommendations should MERIT transition from pilot to program with expansions beyond its current scope.

## **2 SETTING THE CONTEXT**

Before we look closer at MERIT and its recent history in Ottawa, it is important to describe the larger context which led to the decision to undertake the pilot project. Ottawa is by no means unique in the adoption of the use of a situation table to address communities at risk. In fact, it is only one jurisdiction of many both in Ontario and across Canada to embark on this path. In this section we look at several factors which describe the current environment, and offer an explanation as to why collaborative efforts to address communities at risk have attracted the attention of policing and human services.

### **2.1 Brief History on Situational Tables**

In 2010 the Prince Albert Police Service (PAPS) in Saskatchewan and its local human services partners were working to develop a community mobilization plan to address the underlying conditions that had resulted in Prince Albert having the highest Crime Severity Index in Canada according to a 2007 Statics Canada report.<sup>1</sup> The PAPS understood that law enforcement alone was not going to solve the complex and ongoing issues that were affecting the entire community. It was also clear that a new approach was necessary as the status quo was not meeting the requirement. Prince Albert found a potential answer in a methodology being applied in the community of Govanhill, in Glasgow, Scotland.

The Govanhill area shared a number of similarities with Prince Albert in terms of the size of the population, diversity, and a transient population. Numerous forums had sought to address Govanhill's many issues but typically meetings were attended by policy analysts and not front line staff. Over time, frustration grew amongst policing and human services agencies at the inability of these forums to collectively address immediate needs rather than longer term strategies and tactics. In an attempt to move ahead on some of the more urgent issues, a new forum was developed with front-line practitioners. These practitioners began to meet daily to address cases that had regularly come to the

---

<sup>1</sup> "The Prince Albert Hub and the Emergence of Collaborative Risk-Drive Community Safety," Canadian Police College Discussion Paper Series, Change and Innovation in Canadian Policing. Dale R. McFee and Norman E. Taylor. 2014. <http://www.cpc-ccp.gc.ca/sites/default/files/pdf/prince-albert-hub-eng.pdf>. Page 3.

attention of agencies. They found that "by examining these situations together in real time and through multiple lenses, seen through the various perspectives and informed by the active case files of multiple agencies all at once, it became apparent almost immediately that effective interventions could be launched directly out of the meetings and mobilized collaboratively within hours."<sup>2</sup>

Following a visit to Glasgow, Prince Albert launched its version of the Govanhill model in February 2011. Its initiation was timely: in early 2010, the Province of Saskatchewan had received a report on a Province-wide strategy to reduce crime and build safer communities which noted "that a significant proportion of the individuals, families and addresses that were creating an untenable workload for the police, were the same people straining the health system and every other human service across the province."<sup>3</sup> With the support of the Premier of Saskatchewan and the Provincial Government, the Community Mobilization Prince Albert (CMPA) Model was put into operation and quickly became the Canadian standard.

## **2.2 Economics of Policing**

During the same time frame Prince Albert and Saskatchewan were commencing their initial foray with the CMPA Model, there was a growing discussion across Canada regarding the increasing costs associated with the delivery of police services. In 2011, the cost of local policing was estimated to be \$13 billion dollars<sup>4</sup> and the Canadian public was becoming increasingly aware of the expense of policing. They were also becoming more familiar with the complexities facing policing services who found themselves dealing with other factors, such as mental illness - which are better described as social disorders rather than criminal issues, and strain finite police resources.

In 2013, Public Safety Canada commenced work to address this issue. Following initial work by a steering committee comprised of three provinces, the three national policing associations (the Canadian Police College, the RCMP and an academic advisor), all the Federal, Provincial and territorial Ministers of Justice and Public Service agreed to collaborate on a number of fronts to seek improvements to efficiency and effectiveness. One of these was a Shared Forward Agenda<sup>5</sup> of which the goals are to:

1. Increase the efficiency and effectiveness of policing in Canada,
2. Encourage learning, innovation and the application of best practices, and
3. Contribute to improved public safety outcomes and social well-being.

---

<sup>2</sup> *New Directions in Community Safety – Mitigating Acutely Elevated Risk of Harm. Considerations in Adopting "The Situation Table", Ontario Working Group on Collaborative, Risk-driven Community Safety*, Ontario Association of Chiefs of Police. Hugh C. Russell and Norman E. Taylor. April 2014. Page 4.

<sup>3</sup> *The Prince Albert Hub and the Emergence of Collaborative Risk-Drive Community Safety*, Canadian Police College Discussion Paper Series, Change and Innovation in Canadian Policing. Page 5.

<sup>4</sup> *Economics of Policing – Baseline for Policing Research in Canada*. Prepared for Community Safety and Countering Crime Branch, Public Safety Canada. 2014, Her Majesty in Right of Canada. Page 5.

<sup>5</sup> See <https://www.publicsafety.gc.ca/cnt/cntrng-crm/plcng/cnmcs-plcng/shrd-frwrd-eng.aspx> for more information on the Shared Forward Agenda.

An important principle for the *Shared Forward Agenda* was the adoption of a comprehensive and holistic approach to public safety. This meant considering new models of community safety and that the conversation had to include more than simply policing professionals. This new movement with its focus on community safety, along with efficiency and effectiveness is nicely summed up by McFee and Taylor:

*"If we are to direct increasingly scarce public resources to effectively meet the needs of citizens and achieve the right outcomes for individuals, families and communities, we must desist with rampant territorialism shaped by bureaucratic convenience, and we must replace debate about hard or soft approaches to crime with a balance dialogue that is smart on community safety."*<sup>6</sup>

## 2.3 The Ontario Experience

Ontario, like other provinces, has taken steps to adopt new models and approaches to delivering services in communities (Ontario was one of the three provinces who worked with Public Safety Canada to develop the Shared Forward Agenda). In 2013, following 30 community consultations across the province, the Ministry of Community Safety and Correctional Services (MCSCS) released a report entitled *Community Safety and Well-Being in Ontario – Booklet 2: A Snapshot of Local Voices*. The results of the consultations identified four common themes throughout the Province: collaboration, service gaps, service accessibility, and resources and sustainability.

The table below provides a condensed version of the information provided in the report<sup>7</sup>.

*Table 2: Community Safety and Well-Being Themes*

Theme	Discussion	Challenges / Gaps / Issues
<b>Collaboration</b>	The benefits of collaboration were acknowledged by many communities at the engagement sessions, but not without mention of the following significant challenges they face when attempting to build and maintain effective partnerships.	<ul style="list-style-type: none"> <li>• Silos</li> <li>• Information sharing</li> <li>• Community empowerment</li> </ul>
<b>Service Gaps</b>	Participants at the community engagement sessions identified service gaps particular to their needs; some of those mentioned were highly specific and not shared across communities. Common service gaps were also identified in several locations, often by multiple sectors.	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Poverty, homelessness and economic opportunities</li> <li>• Youth</li> </ul>
<b>Service Accessibility</b>	Service accessibility is an important consideration in addressing a community's priority service gaps. At the community engagement sessions, many	<ul style="list-style-type: none"> <li>• Lack of knowledge, awareness and coordination</li> </ul>

<sup>6</sup> The Prince Albert Hub and the Emergence of Collaborative Risk-Drive Community Safety," Canadian Police College Discussion Paper Series, Change and Innovation in Canadian Policing. Page 3.

<sup>7</sup> *Community Safety and Well-Being in Ontario – Booklet 2: A Snapshot of Local Voices*. Ministry of Community Safety and Correctional Services. <http://www.mcscs.jus.gov.on.ca/english/publications/LocalVoices.html>

Theme	Discussion	Challenges / Gaps / Issues
	communities identified a lack of access to existing programs and services as a significant challenge.	<ul style="list-style-type: none"> <li>• Waitlists</li> <li>• Location and transportation</li> <li>• Low uptake of services</li> </ul>
<b>Resources and Sustainability</b>	A contributing factor to the overall availability and accessibility of services identified by communities may be related to their challenges with ensuring the sustainability of the programs and services offered. Generally, communities indicated that current resources are either insufficient or unsustainable	<ul style="list-style-type: none"> <li>• Funding structures</li> <li>• Funding criteria</li> <li>• Limited evaluation</li> </ul>

Many of the themes identified by the MCSCS booklet were further investigated and reported upon a year later in 2014 by the *Ontario Association of Chiefs of Police Ontario Working Group (OWG) on Collaborative, Risk-driven Community Safety*. In a series of resource papers, the OWG offered observations on a number of issues such as roles for police, collaboration, the need for community involvement in solutions to community issues, and new ways to view crime prevention. Notable amongst these observations are the following:

- Social disorder is trending upwards. Social disorder “refers to potentially harmful and victimizing activities and incidents that are not chargeable under the *Criminal Code of Canada*, provincial statute, or municipal bylaw.”<sup>8</sup> Social disorder calls account for 75-85% of all call to police services.
- True collaboration describes a relationship that is a joint intellectual effort which results in the joint discovery of new ways of knowing, and therefore, of doing.
- Police are not well suited for crime prevention. Police services are experts at law enforcement but not experts at the social development measures that are seen as the mitigation against criminal activities. Furthermore, Ontario’s *Police Services Act (PSA)* does not extend police service core activities into the realm of social development. That is not to say that Police do not have a role to play in communities at risk from the effects of social disorder. Rather that role is a supportive one, not a lead role.
- The economics of safety and well-being has a direct effect on the economics of policing, as it does on the economics of providing human services.

To address these observations, the Ontario Working Group dedicates one of its resource papers to discussing how to mitigate acutely elevated risks of harm within communities. Acutely elevated risk is defined as a situation “*where there is a significant interest at stake, the probability of harm occurring, a severe intensity of harm, and a set of needs that are multi-disciplinary in nature and which must be*

<sup>8</sup> New Directions in Community Safety – Consolidating Lessons Learned about Risk and Collaboration. Ontario Working Group on Collaborative, Risk-driven Community Safety, Ontario Association of Chiefs of Police. Hugh C. Russell and Norman E. Taylor. April 2014. Page 7.

addressed in order to lower such risk.”<sup>9</sup> The OWG cites a proposed Framework for Planning Community Safety and Well-being (provided in Figure 1) and offers:

“the potential for expanded collaboration within all four zones or circles of this model. Similarly, risk is consistently highlighted as the most effective point of leverage at every phase. But, nowhere in the model do these two terms come together more directly than within the amber circle, where the focus is on active steps to mitigate risk factors, after they have accumulated to acute levels, but before they have manifest in the kind of incidents that demand emergency response from one or more agencies.”<sup>10</sup>

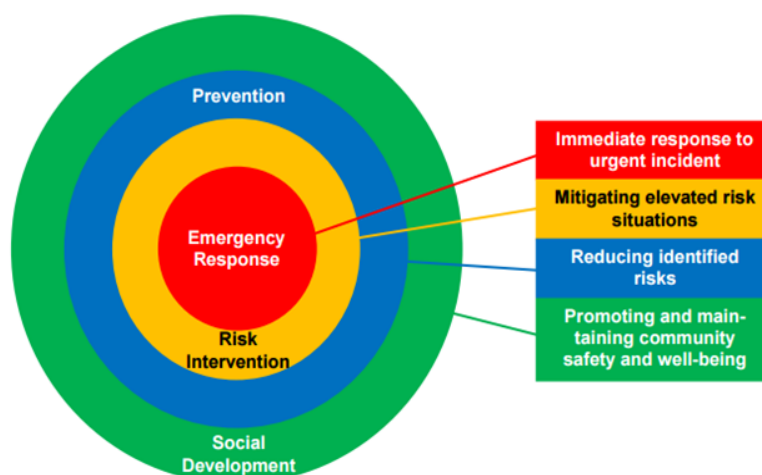


Figure 1: Framework for Planning Community Safety and Well-being

The Ontario Association of Chiefs of Police Ontario Working Group concludes that to address the risks in the amber ring, the adoption of a “Situation Table” offers the best chance of maintaining community safety and well-being. How a situation table should run will be discussed in Section 3: About Situation Tables

To conclude the review of the Ontario experience, it is worth noting the current environment surrounding community safety and well-being. In August 2015, the Government of Ontario announced its Strategy for a Safer Ontario. In a discussion paper, it outlined that “The cornerstone of the new strategy will be a focus on community safety and well-being and a goal to improve collaborative partnerships between police, the public and other sectors such as education, health care and social services, to strengthen relationships between police and the citizens they serve.”<sup>11</sup> Key to success is the

<sup>9</sup> *The Original Game Changers – An Evaluation on Prince Albert’s Centre of Responsibility and its Role in the Advancement of Community Mobilization Efforts to Improve Community Safety and Wellness*. University of Saskatchewan Centre for Forensic Behavioural Science and Justice Studies. Dr. Chad Nilson. September 2015. Page 48.

<sup>10</sup> *New Directions in Community Safety – Mitigating Acutely Elevated Risk of Harm. Considerations in Adopting “The Situation Table”*, Ontario Working Group on Collaborative, Risk-driven Community Safety, Ontario Association of Chiefs of Police. Hugh C. Russell and Norman E. Taylor. April 2014. Page 3.

<sup>11</sup> Strategy for a Safer Ontario: Public Discussion Paper. [www.ontario.ca/page/strategy-safer-ontario-public-discussion-paper](http://www.ontario.ca/page/strategy-safer-ontario-public-discussion-paper)

focus on community leadership and involvement and the leveraging of a wide range of services to meet the diverse needs of communities at risk of social disorder.

## **2.4 The Catalysts for Ottawa**

It is in the larger context of the widespread adoption of the Prince Albert model, ongoing discussions on the economics of policing, and work within the Province of Ontario to re-examine the role of police services, that we now consider how the MERIT pilot project was established in Ottawa.

As one of the largest police services in Ontario, the OPS was well engaged in the discussions regarding community safety. The OPS Chief of Police, Charles Bordeleau, was on the Board of Directors for the Ontario Association of Chiefs of Police (OACP) and would have been aware of the work of the Ontario Association of Chiefs of Police Ontario Working Group.

The OPS's championing of the MERIT pilot must also be viewed within the larger context discussed earlier in this section. In 2014, at the direction of its Board, OPS launched the Service Initiative (SI) Program to address issues and pressures pertaining to the economics of policing. In an October 2015 report to the Ottawa Police Services Board, the Chief of Police identified these as "...budget expectations, growth, changing demographics, growing demands for service, and the increasing complexity of crime. These challenges are not unique to Ottawa and in fact, are being faced by police services across the country and throughout the world."<sup>12</sup>

The four specific outcomes OPS is sought to achieve through the Service Initiative are:

1. Improved service
2. Money and/or person hour efficiencies
3. Enhanced partnerships
4. Cost recovery or revenue opportunities

Within OPS, the oversight of the MERIT pilot project is currently provided by the Service Initiative Project and is one of a number of initiatives that seek to achieve the outcomes defined above.

---

<sup>12</sup> OTTAWA POLICE SERVICE INITIATIVE UPDATE: INTEGRATED OPERATING MODEL. 26 October 2015.  
[http://www.ottawapolice.ca/en/news-and-community/resources/OPSB\\_Service\\_Initiative\\_Report.PDF](http://www.ottawapolice.ca/en/news-and-community/resources/OPSB_Service_Initiative_Report.PDF)



### **3 About Situation Tables**

A situation table is a discussion between multiple agencies that may include government institutions, local authorities, and health trustees, police services, and community-based organizations in the human services delivery sector taking place on a regular basis. It is typically a discussion and does not have any actual case management role or authority. The case management and the actual service delivery fully remain with the agencies. The discussion focuses on providing immediate coordinated and integrated responses through mobilization of resources to address situations facing individuals, families or environments with acutely elevated risk factors, as recognized across a range of service providers.

The purpose of a situation table meeting is to discuss situations where there is an acutely elevated risk to an individual or the community and to mobilize existing resources with the expectation that early intervention can help the individuals / community in question with the intent of reducing the possibility of the situation worsening to the point where more significant problems emerge, including more formal interventions from police, social services, etc.

Part of the situation table discussion is the identification of specific tasks to be undertaken by agencies in order to address the risk. The tasks are identified by the participating agencies based on the nature of the situation and the discussion. In follow-up discussions, if the initial intervention did not reduce the risk to an acceptable level, the agencies review the tasks and their progress to determine if the risk has been appropriately met by the intervention or if more tasks need to be undertaken. The bulk of the meeting is focused on the discussion of the risk situations.

Typically, a situation will stay open for as short a time as possible. The intent is to deal with a situation as soon as possible after discussion with the hope that the matter can be closed at the next meeting or at a meeting soon after. As each situation is reviewed during a meeting, the outstanding actions are reviewed and if completed are closed. If the situation of acutely elevated risk remains and new actions are identified, they are bookmarked to be completed within days and will be reviewed at a future meeting.

Once the existing situations are discussed, new situations are introduced. This is done in a roundtable format: the discussion moves around the room allowing any person at the table to propose a new situation. Situations are introduced and discussed in a staged approach designed to minimize disclosure of personal information to the participating agencies that need to be involved in resolving the situation. Introduction of a new situation begins using non-identifiable information only. Identifiable information is introduced into the discussion only as necessary to determine actions.

#### **3.1 The Four Filter Process**

Through extensive collaboration, the Community Mobilization Prince Albert team and a multi-disciplinary provincial task force of privacy experts developed a four-filter threshold approach by which privacy provisions are both respected and applied in the service of rapid response interventions. Since this time, 15 municipalities across Ontario guided by the Ontario Association of Chiefs of Police Ontario Working Group have adopted this approach and localized the model for their respective communities.



Integrated service providers adopt a four filter approach to the sharing of information in order to be able to meet privacy expectations. The four filters:

- Only allow situations of acutely elevated risk to be discussed.
- Minimize the identifiable personal information and personal health information that is disclosed to the discussion.
- Limit the agencies to which the information is disclosed.
- Limit the recording of identifiable information – i.e. only agencies with a role to play record identifiable information and no identifiable information is recorded in the central records of the Situation Table.

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

The first filter is the screening process within the agency that brings forward a situation for discussion. The agency determines that the risk factors are beyond its scope/mandate to mitigate the elevated risk and all traditional interagency approaches have been excluded from consideration or exhausted. It is the responsibility of each agency to organize its own screening process.

It is expected that an agency only brings those situations to the discussion that it has determined may involve risk factors beyond those outside its own scope or usual practice, and thus represent situations that could be much more effectively addressed in a multi-agency manner. The agency must therefore examine each situation carefully and internally come to the conclusion that the risk(s) posed by situation are serious enough to take to the Hub for discussion there. These situations are relatively exceptional, with significantly more handled internally than that are taken to the Situation Table.

Criteria that can be taken into account at this stage include:

- The nature of the presenting risk(s),
- Is the presenting risk of such concern that the individual or family's privacy intrusion justified by bringing the situation to the table for discussion?
- Are the risk factors higher than what can reasonably be considered the norm?
- Is there a reasonable expectation of probable harm if nothing is done?
- Would that harm constitute damage or detriment and not mere inconvenience to the individual?
- Is it reasonable to assume that disclosure to the table will help minimize or prevent the anticipated harm?
- Are these risks applicable across multiple agencies?
- Is it beyond the agency's scope or mandate to mitigate the risk alone?
- The agency's experience with the subject individual or family,
- Did the agency bringing forward the situation do all it could to mitigate the risk?
- Were the agency's traditional/standard/levels/options exhausted?
- Can one agency appropriately mitigate the risk alone? A multiagency approach is required to appropriately mitigate the risk?
- Does the complexity of the situation warrant table discussion and multi-agency involvement?

For a visual model of Filter One, refer to Appendix A: MERIT Process Map, Filter One

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

The agency then presents the situation to the discussion in a de-identified format. This allows the Situation Table to collectively decide if the situation meets the standard of acutely elevated risk factors across a range of service providers, before any personal and confidential information is disclosed. The wide range of sector specialists at the discussion is the ideal setting for making a decision as to whether such risk factors are indeed present. If the circumstances do not meet this threshold, no personal and confidential information is disclosed and no further discussion of the situation occurs at the Situation Table. But, if at this point the consensus is that sharing information with the Situation Table is necessary to help prevent harm or inadequate care to an individual or the public, limited disclosure will be permitted as contemplated within the circumstantial provisions found in relevant privacy protection acts and regulations.

### ***3.1.3 Filter Three: Limited identifiable information shared***

If the agencies conclude that the above threshold is met, limited identifying information will be shared, only to the extent necessary to help determine who should continue to be part of the discussion. At this point, the Situation Table is able to determine which agencies will be required to participate in a full intervention planning discussion, outside of the full table.

It is also at this threshold that the Situation Table will decide to begin a numbered discussion for purposes of tracking the intervention. This refers to the creation of a new, strictly de identified record in the Situation Table database. Agencies that may become involved in the intervention and follow through on a situation will use this anonymous entry number as a point of reference for their own record keeping (as in, “this case was discussed at a Situation Table”), and for purposes of recognition should the situation return to the table at some future point. All responsibility for record keeping related to actual case management will remain with each agency that has a role to play. The Situation Table will not generate nor maintain any individualized or identifiable records. It is also from these anonymous entries that a broad range of analysis into community risk factors and agency and interagency roles can later be conducted.

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

At this final threshold, only those 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 determine appropriate actions. 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 multisector 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.

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, there is no further discussion.

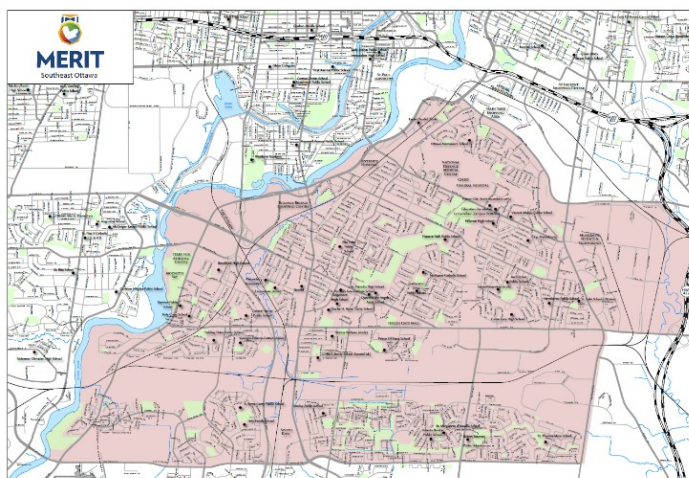
Actions arising from a Situation Table discussion are taken almost immediately by one or more agencies, and these can include a door knock, a multiagency visit to an individual or family deemed to be in need of services. At that time an invitation for services is offered and, if accepted, the services are then provided by the individual agencies as part of their normal business, with much more continuing interagency cooperation than what might otherwise have been provided.

For a visual model of Filter Two, Filter 3 and Filter Four, refer to Appendix B: MERIT Process Map.

## 4 About MERIT

### 4.1 Overview

In 2014, the ground work to implement a multi-agency table pilot project commenced. Over the course of the next year and a half, OPS led the effort to undertake project planning, identify stakeholders and potential partners, develop the MERIT conceptual model, identify the pilot neighbourhood area, establish the MERIT governance structure, and conduct MERIT training leading to an eventual launch of the project on 4 June 2015. The OPS commissioned the third party assistance of industry leaders Norm Taylor and Brent Kalinowski from the Global Network for Community Safety to establish a strong foundation in Ottawa.



*Figure 2: South-East Ottawa Community Health Centre Area*

In addition, the Ottawa Police Service has long prioritized services to support the vulnerable sector in Ottawa including individuals and neighbourhoods as evidenced in the 2016-2018 Business Plan 'Innovation and Investment in Community Safety'. Specifically, one of the core drivers of the plan is their commitment to community policing including engagement, relationships, partnerships, and risk driven approaches.

It was decided that the pilot geographical area be aligned with the service boundaries of the South-East Ottawa Community Health Centre, which is bounded by the Rideau River and Industrial Avenue/Innes Road to the north, Highway 417 to the east, the Rideau River to the west, and Hunt Club Road to the south.

The area was chosen due to the existing capacity of partner organizations and programs such as No Communities Left Behind, and a Community Crime and Safety Project in the area. In addition, the area has recently suffered from the impact of gang related activity. The Ottawa Police also have the support of two dedicated Community Police Officers active in the south east as well as projects in a priority at risk school at Ridgemont HS. The Ontario Working Group on Collaborative Risk Driven Community

Safety emphasized the importance of a Social Capital - Build the capacity of communities to take control of the factors influencing their health and well-being. The South East is actively building this social capital which provided the foundation for a successful MERIT pilot.

Three months into the pilot, the MERIT Senior Management Committee extended the initial six month trial period to a full year to allow sufficient time for MERIT operations to mature and provide a fulsome evaluation of its efficacy. While there was some discussion of expanding the geographical area of the pilot, the Senior Management Committee decided to maintain the original area. Approximately one month later the operational situation table decided to allow referrals outside the priority area in South Ottawa to include all areas east of the Rideau River. The rationale was to respond to increasing demands from neighbouring areas that were also deemed to be a priority neighbourhood. Also, most table agencies at the table represented citywide services and were in agreement that they should respond to the risk presented as opposed to being constrained by artificial boundaries. It was also decided that if competing demands were faced by the table that the original neighbourhoods in South Ottawa would retain priority.

The pilot consists of one table that meets on a weekly basis on the same day and time during which participating agencies bring forward situations of acutely elevated risk that they have identified through their respective agencies. They jointly go through the filter process as long as the thresholds are met and until which time they reach filter four where only intervening agencies are engaged. The MERIT pilot process has been mapped as part of this review. Process maps are provided in Appendix A and B.

Significant milestones for this work were as follows:

- June 2014 - Jan 2015 - Research, Planning, and Engagement
- February/March 2015 - Partner Information Sessions
- April 2015 - Inaugural MERIT EC/SMC Meetings (Charter/Terms)
- 23 April 2015 - Confidentiality Sessions (Police & Partner) hosted by Norm/Brent
- 24 April 2015 - MERIT Table Training & E-learning Launch - facilitated by Norm/Brent
- May 2015 - Individual Partner and OPS engagement
- 04 June 2015 - MERIT Pilot Launch (South East Ottawa) @ CHEO
- June 2015 - MERIT EC Consultation Norm Taylor re: Privacy (conference call)
- Sept 2015 - Mid Pilot SMC Meeting (last time we met)
- Nov 2015 - Mid Pilot EC Meeting (conference call)

These milestones are outlined graphically in Figure 3 below.

A slide presentation prepared by the MERIT Chair and Secretariat is provided in Appendix C.

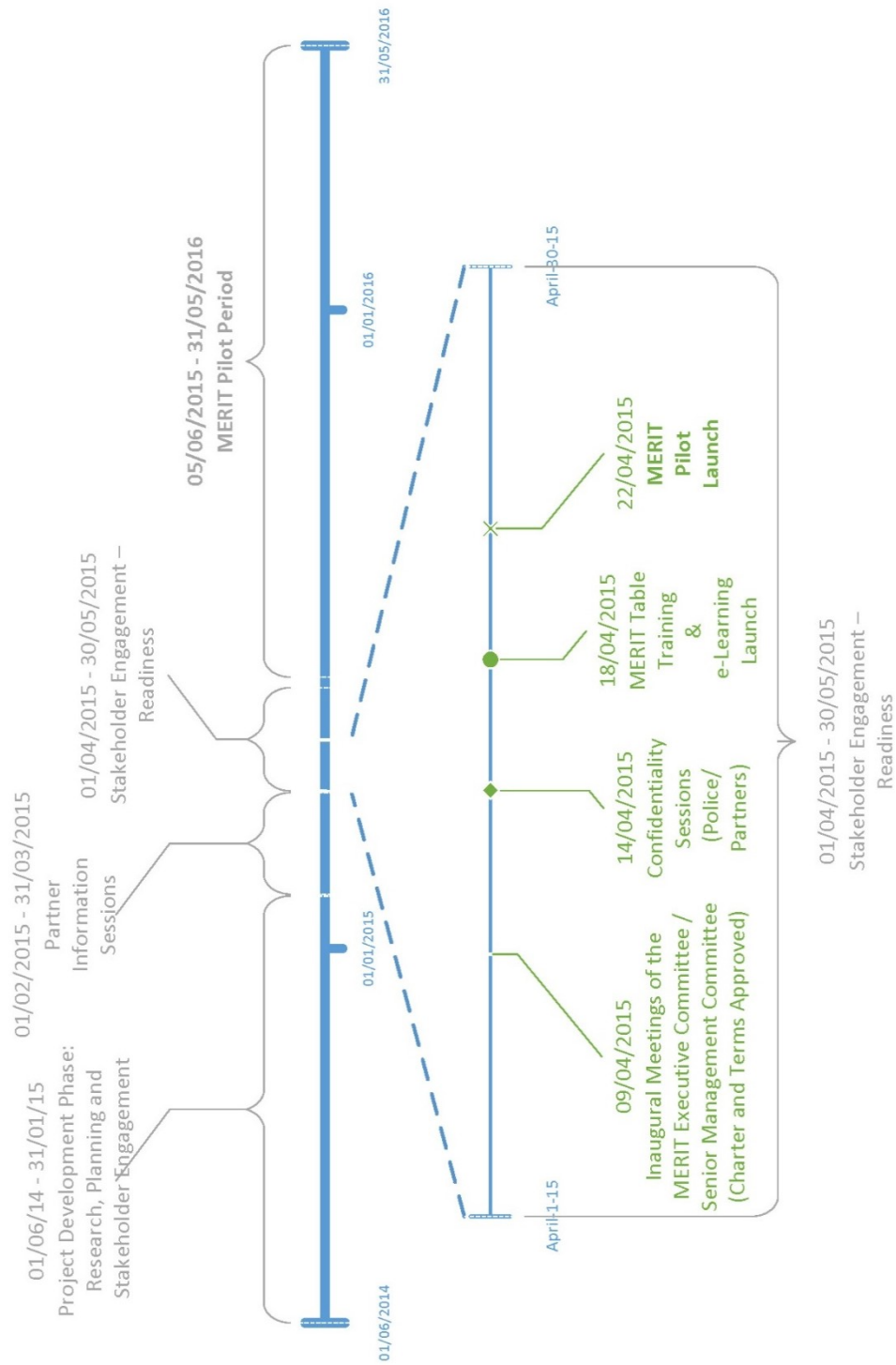


Figure 3: Timeline of Significant Milestones

## 4.2 Governance

MERIT's governance structure is illustrated in Figure 4. The current Executive Committee comprises:

- Chief Charles Bordeleau, Ottawa Police Service;
- Dr. Isra Levy, Medical Officer of Health for the City of Ottawa;
- Dr. Jennifer Adams, Director of Education, Ottawa Carleton District School Board; and
- Chantale LeClerc, Chief Executive Officer, Local Health Integration Network.

Collectively, they provide executive oversight and strategic direction on mobilizing community resources.

The MERIT Senior Management Committee represents the participating organizations providing education, social, health, and policing services to residents of Ottawa.

The MERIT Secretariat provides advice to the MERIT Executive Committee on the design and implementation of the MERIT model and is tasked with the implementation and evaluation of the pilot. The Secretariat responsibilities currently reside within OPS as an in-kind service to MERIT. Guidance and promising practices to inform the Ottawa pilot project comes from a variety of sources including the Ontario Working Group, a provincial Community of Practice, and Academia. Additional details on the mandates, authorities, membership, and roles and responsibilities of the various parts of the governance structure form part of the Charter and Terms of Reference attached herein in Appendix D. A comprehensive table of roles and responsibilities is provided in Appendix E and a MERIT Factsheet is attached in Appendix F.

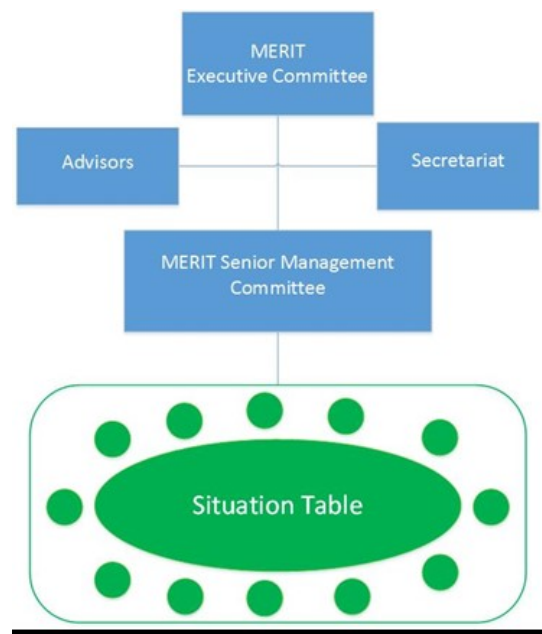


Figure 4: MERIT Governance Structure

## 4.3 Participants

The following list represents the organizations involved in the MERIT pilot project. Organizations in *italics* represent those who joined the pilot after its initial launch.

- |  |   |
|--|---|
| • Boys and Girls Club of Ottawa – Youth Outreach Workers (YOW) | • City of Ottawa: Community and Social Services     |
| • Children's Aid Society of Ottawa                             | • City of Ottawa: Emergency and Protective Services |
| • Children's Hospital of Eastern Ontario                       | • John Howard Society                               |
| • CMHA Ottawa  | • City of Ottawa: Ottawa Public Health              |
| • Champlain Community Care Access Centre                       | • Champlain Local Health Integration Network        |
| • Community Health Resource Centres                            |   |
| • <i>Community Houses</i>                                      |   |
| • Crime Prevention Ottawa                                      |   |



- *Ottawa Addiction and Access Referral Services*
- Ottawa-Carleton District School Board
- Ottawa Community Houses
- Ottawa Community Housing
- Ottawa Catholic School Board
- Ottawa Hospital, Mobile Crisis Team
- Ottawa Paramedic Service
- Ottawa Police Service
- Ottawa Probation and Parole (Ontario MAG)
- Royal Ottawa Hospital
- *Somali Family Services Centre*
- United Way Ottawa
- Youth Services Bureau (Ontario MAG)

## 4.4 Performance Framework

At its inception, the MERIT pilot developed a performance framework, illustrated in the following logic model. The intent was to build a common understanding of the pilot and expectations for resources, participating agencies and other community stakeholders and allow for a framework from which to communicate the expected outputs and desired outcomes.

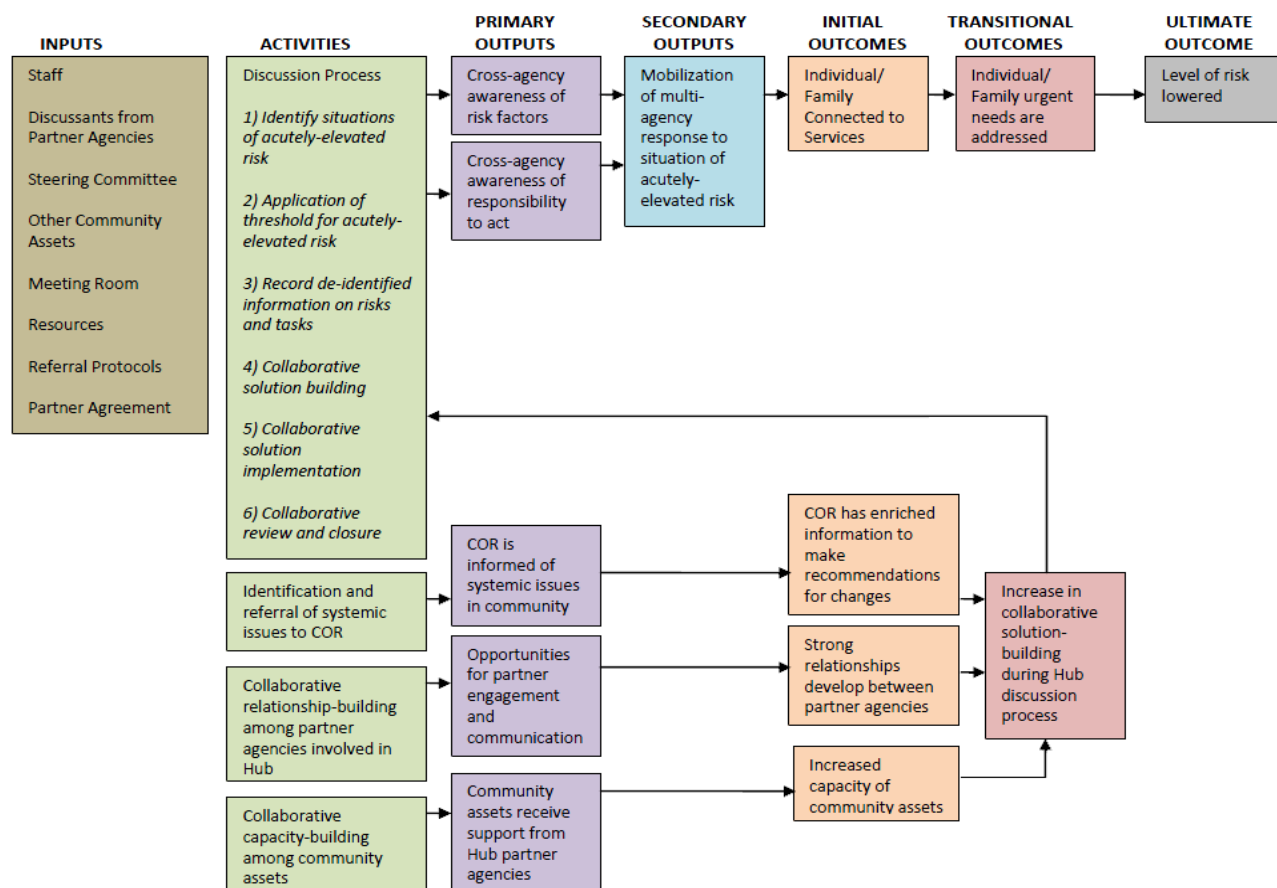


Figure 5: MERIT Logic Model - reference Chad Nilson CMPA

## 4.5 Privacy

Privacy is a key concern for MERIT and for other situational tables in Ontario. The referral of a case to MERIT requires divulging personal information and/or personal health information. While the intent of the filter process is to limit the information shared on any particular case to the minimum required upon which to decide if an intervention is warranted, many MERIT partners have felt constrained by privacy legislation. Privacy has, arguably, been the largest roadblock to a more widespread embrace of MERIT.

Other Ontario situational tables and the Ministry of Community Safety and Correctional Services (MCSCS) have worked with the Information and Privacy Commissioner of Ontario (IPC) who offered its advice in a September 25, 2015, letter to the Community Mobilization Project in Sudbury. While supportive of the intent of the situational tables to reduce harm, the letter made a number of recommendations to ensure the activities of situational tables were aligned the three pieces of legislation the IPC oversees:

- the *Freedom of Information and Protection of Privacy Act (FIPPA)*;
- *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*; and
- *Personal Health Information Privacy Act (PHIPA)*

These are summarized in the table below:

*Table 3: Key Recommendations from the Information and Privacy Commissioner of Ontario*

Issue	Recommendation
<b>Accountability for the collection, use and personal identification and personal health information.</b>	<ul style="list-style-type: none"> <li>• De-identification: information must not have any direct identifiers or “quasi-identifiers” that can be combined to uniquely identify individuals</li> <li>• Privacy Impact Assessments (PIA) – agencies should do a PIA before joining a situational table to identify and mitigate privacy risks</li> </ul>
<b>The role of consent</b>	<ul style="list-style-type: none"> <li>• Express consent should be the default for the use and disclosure of personal information at situation tables covered under the <i>FIPPA</i> and <i>MFIPPA</i>, and for the collection, use and disclosure of personal health information by custodians under <i>PHIPA</i></li> <li>• A consent-based approach must ensure that the consent is from the individual to whom the information relates, knowledgeable, related to the particular information, and never obtained through deception or coercion</li> </ul>
<b>Disclosure without consent</b>	<ul style="list-style-type: none"> <li>• The four-filter approach: personally identifiable information should only be disclosed to the agencies that are in a position to intervene</li> <li>• Acutely elevated risk of harm concept: the term is not found in any of the privacy legislation. A harm prevention disclosure framework has been developed by the IPC and should form the basis of information disclosure rather than the acutely elevated risk of harm threshold</li> </ul>



Issue	Recommendation
<b>Recipients' authority to collect personal information or personal health information</b>	<ul style="list-style-type: none"> <li>Before the affected individual's personal information or personal health information is disclosed, each recipient institution or custodian must ensure that they have the authority to collect the information</li> </ul>
<b>Intervention report back</b>	<ul style="list-style-type: none"> <li>With consent by privacy legislation, the report back must be limited to an indication that the file can be closed or whether the intervening agencies need to discuss further information</li> </ul>
<b>Record-keeping</b>	<ul style="list-style-type: none"> <li>Institutions and custodians must create and maintain their own records reflecting the personal information or personal health information they collect, use and disclose in the context of situation tables</li> </ul>
<b>Use and Accuracy</b>	<ul style="list-style-type: none"> <li>Institutions and custodians participating in situation tables should develop policies and procedures for ensuring that information is accurate and up-to-date before it is used and disclosed</li> </ul>
<b>Access and correction</b>	<ul style="list-style-type: none"> <li>It is important to ensure that individuals are able to continue to exercise their access and correction rights. Institutions and custodians participating in situation tables should ensure their access and correct policies and procedures are up-to-date</li> </ul>
<b>Retention and disposal</b>	<ul style="list-style-type: none"> <li>Each institution and custodian must consider how records generated as part of their participation in a situation table will be retained and disposed of in accordance with Ontario privacy legislation and other records retention policies and laws that may apply to them</li> </ul>

At the time of this report, the Ministry of Community Safety and Correctional Services continued to work with the Information and Privacy Commissioner of Ontario to finalize a standardized privacy protocol for situation tables. Although the absence of such a protocol continues to be a hindrance for MERIT, MERIT partners made every effort to operate in accordance with the recommendations set out in the IPC letter. Privacy undoubtedly has been, and will remain, a central concern; however, some MERIT partners have expressed the view that while privacy is important, more important is the requirement to prevent harm.

## 5 APPROACH AND METHODOLOGY

### 5.1 Background and Context

Early in 2016, the Ottawa Police Service, on behalf of MERIT, was awarded Ministry of the Attorney General funding to undertake a number of evaluative activities to examine early pilot efforts in Ottawa of a collaborative, risk-driven community safety model known as MERIT. These activities included:

1. hosting a 2-day, 150-person Knowledge Exchange on situational tables and the MERIT model,
2. completing process maps showing how MERIT works, and
3. an evaluation and communications review

The results of these three components are included in this report. A number of experts were engaged to lead these separate, but highly integrated components.

### 5.2 Data Collection

Across all three components noted above (Knowledge Exchange Symposium, process mapping, and an evaluation and communications review), several lines of evidence were reviewed including:

- **MERIT databases:** The MERIT Secretariat captures de-identified information in an MS Excel MERIT Risk Tracking Database (RTD) provided by the Ontario Working Group. Data points collected include: timeline information, demographics, agency involvement (originating, lead and assisting), presenting risk factors identified through the referral, status and conclusion. See Appendix G for a complete list of the database fields and response options. In addition, OPS captures internal data for OPS originating referrals. This dataset is for internal purposes and is intended to assist with monitoring and measuring if MERIT is having the intended impact on calls for service. Both databases were analyzed to understand how MERIT is functioning and the population served. This analysis included referrals documented in the MERIT databases between June 4, 2015 and March 31, 2016 for a total of 10 months of data.
- **Document Review:** MERIT pilot project documentation was reviewed both to provide context and as an input to the tool development for the respective areas of evaluative inquiry, and input into these components. This documentation included MERIT background materials, presentations, performance documents including dashboard summaries, survey results administered periodically throughout MERIT's history to various stakeholders, briefing notes, and planning documents.
- **Interviews:** Semi-structured interviews were undertaken by each of the leads of the various components of this project. The majority of interviews for the communications and evaluation segments were conducted in concert with one another, given the interrelatedness of subject matter. These leads also conducted interviews independently, as did the process mapping lead of this effort. A total number of 18 interviews were undertaken to support this effort.
- **Surveys:** Four surveys were designed and implemented. Separate surveys were administered to support an evaluation scoping exercise, a MERIT stakeholder survey targeting several thematic areas including the need and value, relationships and partnerships, governance, model

implementation, communications, and sustainability. A modified survey was administered to divisions within the Ottawa Police Services and finally a survey on sustainability elements was administered to the Ontario Communities of Practice (CoP) operating similar initiatives in other jurisdictions. Additional information on these surveys is available in Section 5.3: Evaluation Methodology.

Where feasible, data collection efforts were coordinated amongst team members to reduce the response burden on individuals from participating organizations.

Data collection was undertaken from late February through to May 2016. Original timeframes were prolonged at the request of the project lead to support high stakeholder engagement and inclusion in this effort. It is with appreciation that the team acknowledges this extension.

Additionally with this funding, a two day knowledge symposium was held in Ottawa drawing interested audience members from across Ontario. Further details on the symposium are provided in the following section.

### ***5.2.1 Knowledge Exchange Symposium***

A Knowledge Exchange Symposium was hosted on March 22 and 23, 2016. Over 150 participants representing leaders, decision makers, and front line staff from health, social services, education, and law enforcement came together to share and learn about the situational table model. The event was a joint initiative hosted by MERIT partners and the Ontario Provincial Police (OPP) and aimed to:

- Provide a platform to discuss the strategic context for situational tables
- Explore opportunities and means to bridge strategy into operational realities
- Learn from first-hand experience outside of Ottawa
- Share the experience of the MERIT pilot project through the lens of various partners and present on initial observations and early results
- Provide training from subject matter experts on various topics that complement the work of the table
- Engage in dialogue on next steps to ensure the sustainability of the MERIT model in Ottawa

A symposium report was produced as a summary of the proceedings for the event participants and reflects the key highlights from presentations; panel discussion and table networking sessions (see Appendix H).

## **5.3 Evaluation Methodology**

The evaluation focused on particular aspects related to the relevance and performance of the model's collaborative problem solving approach that mobilizes and draws on the combined expertise of relevant community agencies to identify, assess and mitigate imminent risks of crime, victimization, and harm. Formative evaluation efforts focused on learning more about efforts undertaken by stakeholders to date on the mobilization of multiagency resources, sharing information, and the improvement of the provision of local community safety, social, and health related services. A formative evaluation by

definition examines process elements and identifies indicators, by which identified outcomes are likely to be achieved given progress made.

An important value underpinning the MERIT evaluation was the incorporation of stakeholder perspectives into the scope of the evaluation. This was to ensure that the evaluation was driven by stakeholders. Consequently, a stakeholder evaluation scoping exercise was implemented to address these concerns, and ensure that stakeholder perspectives were considered, and prioritized for inclusion in the evaluation. The prioritized thematic areas flagged for examination included MERIT's: need and value, relationships and partnerships, governance, implementation of the model, and sustainability.

These thematic areas were drawn from questions posed in MERIT's monitoring and evaluation plan. These questions included:

- What has been the commitment of partner agencies to this initiative?
- Has the governance structure fostered effective communication, learning and implementation of the intended model?
- To what extent has mobilization of the community occurred?
- In what ways have human service agencies collaborated on the identification and mitigation of risk?
- How has cooperation from different sectors resulted in recognizable opportunities to improve service delivery?
- Has there been an increase in shared community knowledge around risk and remedies for reducing risk? How has this been observed?
- Has there been any measureable and/or observable change in risk among individuals, families and the community?
- What opportunities are there to improve the implementation and potential outputs of this initiative?

It is these thematic areas that provide the structure of this report. It should be noted that it was not possible to address all of these evaluation questions, but they provide a frame of reference for discussion, and additionally, flag for consideration for future evaluation efforts. This decision was made based on what was realistically possible within the scope, timeframes and capacity of this effort. Discussions were also held with individuals responsible for similar initiatives in other jurisdictions to share their evaluation experiences.

Evaluation efforts were closely aligned, and based on the MERIT logic model (Figure 5). The logic model identifies several immediate outcomes that included:

- Individual/families connected to services;
- The Centre of Responsibility (COR) has enriched information to make recommendations for charges;
- Strong relationship development between partner agencies; and
- Increased capacity of community assets.

The MERIT evaluation incorporated the following lines of evidence:

- a targeted review of evaluation documentation of similar initiatives operating in other jurisdictions, including Rexdale, Sudbury, Waterloo and Prince Albert;
- a targeted review of MERIT related program documentation that included stakeholder surveys, performance measurement information, project background documentation and updates;
- several online surveys targeting different MERIT stakeholders were administered under the auspices of this evaluation. These surveys included stakeholders, Ottawa Police Service, and communities of practice members from other jurisdictions; and
- key informant interviews (n=18).

All data collection tools can be found at Appendix I of this document.

### ***5.3.1 Timeframe***

This evaluation was expedited after notification of funding, and data collection was undertaken during February through to May 2016. The original intention was to have completed all lines of evidence data collection finished by the end of March 2016; however, stakeholder engagement in the evaluation process was greater than anticipated in the length and number of key informant interviews. To accommodate for stakeholder engagement and inclusion, the evaluation timeline was extended to May 2016.

### ***5.3.2 Strengths of this Approach***

There were a number of strengths associated with this approach that include the following:

- **High stakeholder engagement and diversity** across the process mapping exercise, the communications review and the evaluation as well as the knowledge symposium as indicated by the number of participants in each of the lines of inquiry.

MERIT affiliated organizations, and the individuals representing them demonstrated a commitment to the evaluation process. This was indicated in both the evaluation scoping exercise, and in the interview process. The evaluation budget estimated to include ten interviews with key stakeholders, with an estimated duration of one hour. The number of interviews conducted addressing evaluation issues and concerns exceeded the original estimates, and the duration of interviews in exceeded the estimated hour length. On average, evaluation interviews lasted an hour and a half to two hours.

- **The diversity of stakeholders engaged** in the interview process could also be considered a strength of this effort to ensure that different perspectives were heard during this process. To accommodate the volume of interviewees, several interviewees were grouped together (i.e. school board representatives). The subsequent risk for biased responses in front of colleagues was found to be less than including the diversity of perspectives; and

- **An established monitoring and evaluation approach was established at MERIT's inception:** this approach drew relevant information from both the Ontario Working Group on Collaborative Risk Driven Community Safety, and from MERIT itself supported performance reporting.
- **The MERIT's Secretariat commitment to monitoring and evaluation**  
The implications of this commitment ensured that sufficient performance measurement information was available to support evaluation efforts. This is in the context of a larger commitment to monitoring and evaluation of similar initiatives in other jurisdictions. Having engaged academics to help identify relevant outcomes and indicators provided a broad framework for this, and future evaluation efforts. A note of caution however should be issued in that monitoring and evaluation plans must be adapted to account for contextual considerations.
- **Drawing on expertise from similar initiatives in other jurisdictions.**  
Conversations with those responsible for undertaking similar evaluative efforts were able to provide helpful guidance. Tools that they had developed for their individual evaluation efforts were shared as a starting point for MERIT specific efforts.

### ***5.3.3 Limitations/Constraints of this Approach***

- **Stakeholder engagement scoping strategy**  
Although stakeholder engagement was a strength of the evaluation, this was also a limitation. To accommodate the high number of interviewees initially targeted for input into the evaluation, some interviewees were interviewed according to their stakeholder affiliation. The implications of this may reflect a bias in responses. Additionally, the decision was made to interview those in leadership positions in participating organizations and, in some instances, they were distanced from the operational realities of MERIT. Consequently, in some instances they were unable to respond to the interview questions.
- **Influence of Knowledge Exchange Symposium on data**  
A portion of the data collection efforts were initiated prior to the MERIT Knowledge Symposium; however, the MERIT Stakeholder Survey, the OPS Survey and the individual interviews occurred shortly afterward. Feedback from the Symposium was positive, and may have unduly influenced participation, and responses in both of these data collection exercises. While it may have been advisable to stagger these data collection efforts, associated project timeframes precluded this.
- **Recipients of MERIT Services not directly engaged**  
MERIT service recipients were not directly engaged in any of the lines of evidence for this study. While not a methodological limitation per se given the systems orientation of the initiative, there would be a benefit of including their perspective for the richness of detail resulting from their interactions with MERIT as part of the door-knock interventions.

## 6 Key Findings

### 6.1 Performance

#### 6.1.1 Referrals

##### 6.1.1.1 Process of Referrals

A total of 75 referrals were presented at the MERIT table during the 10 month pilot evaluation period. A total of nine (9) referrals were rejected for the following reasons:

- Originator had not exhausted all options to address the issue (n=4);
- Individual was already connected to appropriate services with potential to mitigate risk (n=2);
- The situation was not deemed to be one of acutely elevated risk (n=1); and
- Was deemed that a single agency could address the risk alone (n=2).

A total of 66 referrals were therefore identified as within the scope of the MERIT table. One of the 66 was not able to be located by the team and so 65 situations of AER were identified. Of the 65 situations, three (3) were presented at the MERIT table on two occasions due to re-occurring elevated risks.

##### 6.1.1.2 Sources of Referrals

Over the first 10 months of the MERIT pilot, Ottawa Police Service introduced 80% (n=60) of the referrals. Figure 6 summarizes the frequency with which participating agencies presented new referrals of acutely elevated risks to the MERIT table. Within this context, it is important to note that although the majority of referrals originated from the Ottawa Police Service, it is the lead agency in only 27% (n=20) of interventions. Figure 7 below illustrates for the eight most active agencies the division of roles from source of referrals, lead and assisting.

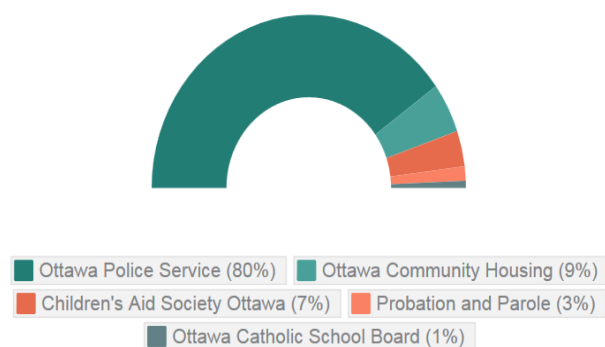
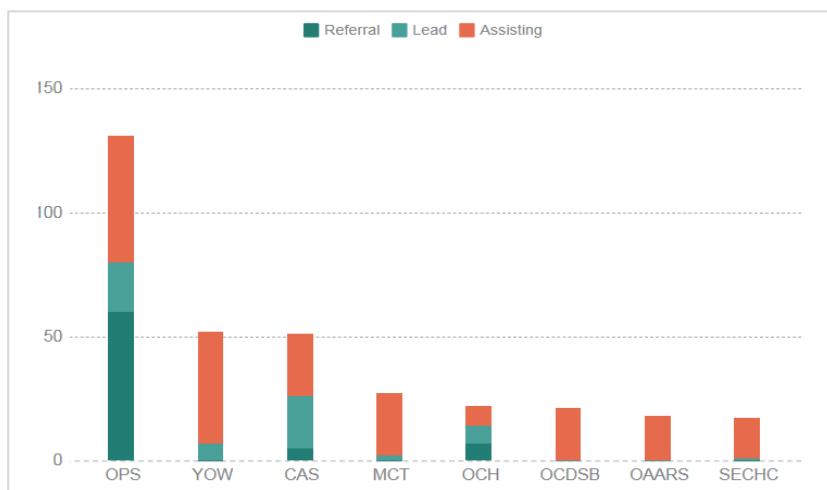


Figure 6: Sources of Referrals

Figure 7: Balance of Situation Referral, Lead and Assisting Agencies



### 6.1.1.3 Types of Referrals

The majority (68%, n=51) of referrals involved individuals at risks, whereas another 25% (n=19) involved families. The balance of referrals were from dwellings (7%, n=5), representing a residence.

### 6.1.2 Response

Agencies plan and participate in a response based on their mandate, their capacity and their past involvement with the individual(s) in question and the presenting risk factors. Their active role is decided as part of Filter 4 planning. The Lead agency is responsible for coordinating the response and reporting back at the next MERIT meeting. Most frequent leads in the first 10 months of the pilot include the Children's Aid Society of Ottawa (28%, n=21) and Ottawa Police Service (27%, n=20) followed equally by Ottawa YOW and Ottawa Community Housing (each 9.3%, n=7).

During the pilot period, all participating agencies were involved in at least on intervention in an assisting role. Those most likely to provide assistance include the Ottawa Police Service (19.5%, n=51), Ottawa YOW (17.2%, n=45), the Mobile Crisis Team, and the Children's Aid Society of Ottawa, equally at 9.6% (n=25). On average, four (4) agencies collaborated on the response.

The following table summarizes the total engagements by agency, which includes referring, leading, and assisting contributions.

*Table 4: Summary of Partner Involvement: Referrals, Leading and Assisting*

Member	# / % Referrals		# / % Leads		# / % Assisting		Total # / % Involvement	
Canadian Mental Health Association	0	0.0%	0	0.0%	2	0.8%	2	0.5%
Children's Aid Society Ottawa	5	6.7%	21	28.0%	25	9.6%	<b>51</b>	12.4%
City of Ottawa- By-Law	0	0.0%	0	0.0%	8	3.1%	8	1.9%
Community Care Access Centre	0	0.0%	0	0.0%	1	0.4%	1	0.2%
Community House	0	0.0%	0	0.0%	1	0.4%	1	0.2%
John Howard Society	0	0.0%	1	1.3%	6	2.3%	7	1.7%
Mobile Crisis Team	0	0.0%	2	2.7%	25	9.6%	<b>27</b>	6.6%
OAARS	0	0.0%	0	0.0%	18	6.9%	<b>18</b>	4.4%
Ottawa Carleton District School Board	0	0.0%	0	0.0%	21	8.0%	<b>21</b>	5.1%
Ottawa Catholic School Board	1	1.3%	2	2.7%	9	3.4%	12	2.9%
Ottawa Community Housing	7	9.3%	7	9.3%	8	3.1%	<b>22</b>	5.4%
Ottawa Hospital	0	0.0%	1	1.3%	2	0.8%	3	0.7%
Ottawa Police Service	60	80.0%	20	26.7%	51	19.5%	<b>131</b>	31.9%



Member	# / % Referrals		# / % Leads		# / % Assisting		Total # / % Involvement	
Ottawa Public Health	0	0.0%	0	0.0%	1	0.4%	1	0.2%
Ottawa YOW	0	0.0%	7	9.3%	45	17.2%	52	12.7%
Probation and Parole Adult	2	2.7%	2	2.7%	6	2.3%	10	2.4%
Probation and Parole Youth	0	0.0%	2	2.7%	7	2.7%	9	2.2%
Rideauwood	0	0.0%	0	0.0%	1	0.4%	1	0.2%
Royal Ottawa Hospital	0	0.0%	0	0.0%	1	0.4%	1	0.2%
Somali Centre	0	0.0%	0	0.0%	3	1.1%	3	0.7%
South East Community Health Centre	0	0.0%	1	1.3%	16	6.1%	17	4.1%
Youth Services Bureau	0	0.0%	1	1.3%	4	1.5%	5	1.2%
<b>Total</b>	<b>75</b>	<b>100%</b>	<b>75</b>	<b>100%</b>	<b>261</b>	<b>100%</b>	<b>412</b>	<b>100%</b>

### 6.1.2.1 Number of days between situation presentation and closure

Once a situation is opened at the MERIT table, it is documented in the RTD and date open and date closed are both captured. On average, situations are taking 11 days from open to closure, with a median of 8 days. In fact, 69% off all situations are concluded within a week. A situation is concluded once the agencies involved report that the AER has been mitigated.

### 6.1.2.2 Situation Resolution

A total of 65 situations of AER were addressed by MERIT during the pilot evaluation period, representing a total of 106 individuals. In 97% of the cases, it was reported that the overall risk was lowered and cases were closed for the following reasons:

- 89% (n=58): overall risk lowered after being connected to services through MERIT
- 5% (n=3): overall risk lowered after the individual was connected to personal supports through MERIT
- 3% (n=2): overall risk lowered through no action of MERIT
- The other 3% involve one case where MERIT was unable to locate the individual and in the other two cases, individuals had been informed about MERIT but have not yet connected to services and so they were still being flagged as AER situations.

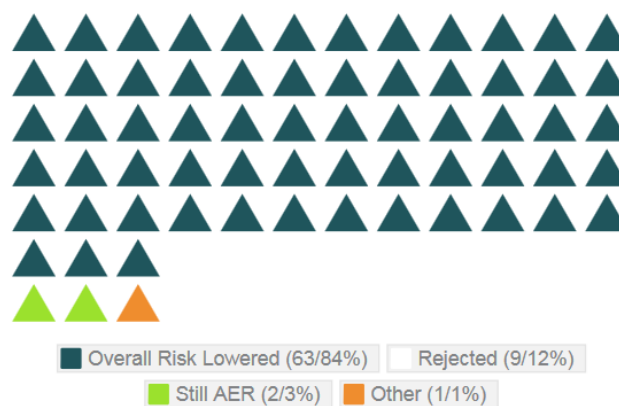


Figure 9: Situation Resolution

### 6.1.3 Population Served

#### 6.1.3.1 Age

More than half (52%, n=34) of the AER situations involved individuals between the age of 12 and 17. Transitional youth age 18 to 24 represented 11% (n=7), with adults 25 to 39 representing 6% (n=4). Adults over 40 represented 14% (n=9), with the remaining 17% (n=11) being unidentified.

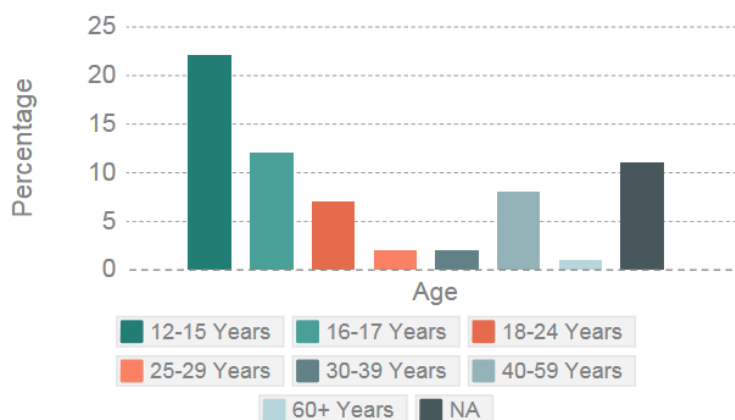


Figure 10: Age Demographics of Individuals Served

#### 6.1.3.2 Gender Balance

Gender of the primary focus of AER situations is quite balanced with 43% female (n=28) and 40% male (n=26). Groups are identified as “NA” and represent 15% (n=10) of situations where gender of the group members is not currently captured.

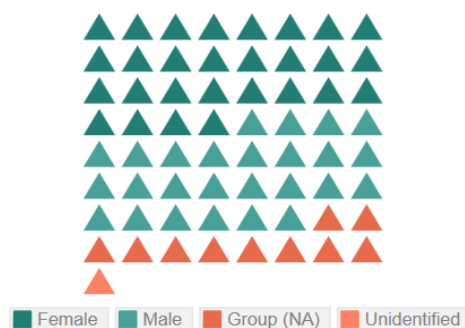


Figure 11: Gender of Individuals Served

### 6.1.4 Presenting Risk Factors

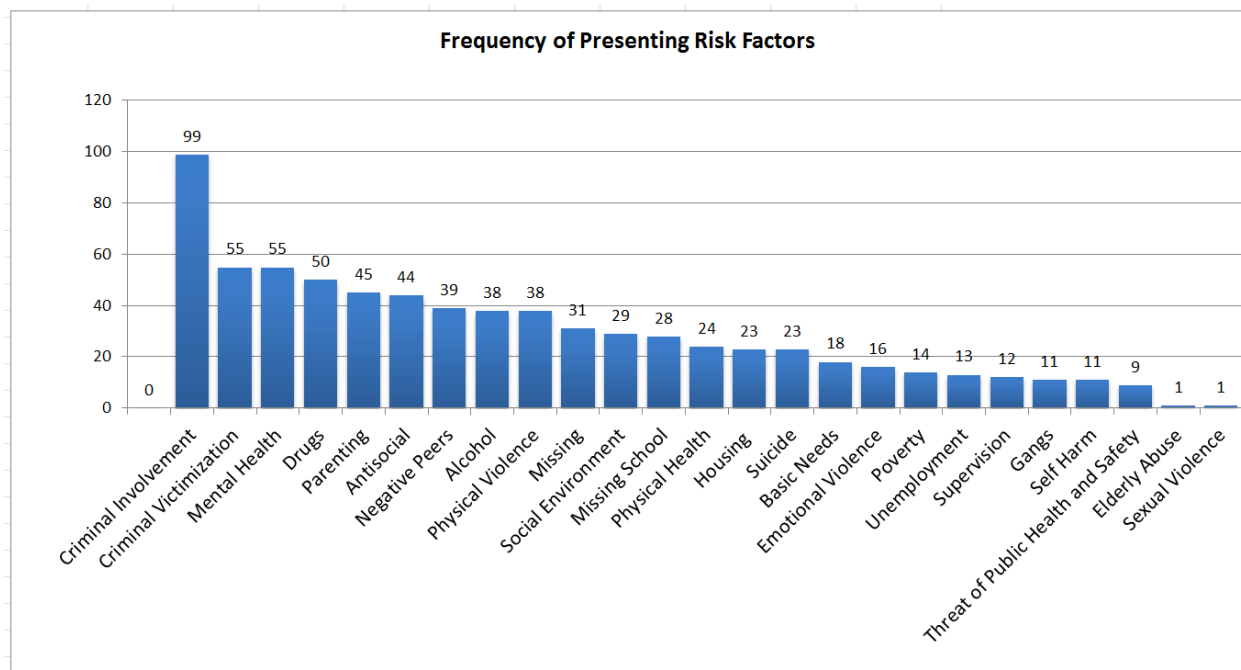
A total of 26 risk categories are captured during MERIT table discussions, as listed below. A complete list of risk categories and sub-categories is provided in Appendix K.

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

During the pilot review period, the most frequently presenting risk factors were equally criminal involvement and drugs, in 49 of 75 (65%) of situations, respectively. Other frequently identified risk categories include the following:

- 63% (n=47) mental health
- 57% (n=42) antisocial / negative behaviour
- 56% (n=42) parenting
- 55% (n=41) physical violence
- 53% (n=40) criminal victimization
- 52% (n=39) negative peers
- 49% (n=37) alcohol

The MERIT database tracks a total of 102 risk factors grouped by the 27 categories defined above. An average of 5 risk factors were identified in each of the 75 situations referred to MERIT. The total number of risk presented during the pilot period in all situations is 727, with a minimum of 2 and a maximum of 20.



*Figure 12: Frequency of Presenting Risk Factors by Category*

#### **6.1.4.1 Correlation of Risk Factors**

To gain insight on acutely elevated risk, we looked at the correlation of risk factors. In reviewing these findings, it is important to note that correlation does not imply a causal relationship between risks because correlation does not prove causation. It simply implies if statistically, pairs of variables are strongly related. Using the example, in the 49 of referrals where drugs was identified as risk factor, criminal involvement was present in 37 of those referrals, therefore 76% of the time. Figure 11 illustrates the correlation of risk factors for the top 5 most frequently identified risks.



Figure 13: Correlation of Risk Factors

## 6.2 MERIT's Need and Value

A targeted review of literature from jurisdictions implementing initiatives similar to MERIT highlight increasing demands on police for emergency assistance, and associated increasing costs. Statistics identify that approximately 75-85% of calls for police services are continuing to rise for assistance with matters that are not related to chargeable offences. These matters include serious safety issues including manifestations of addictions and mental health. A need has arisen based on these statistics to engage stakeholders collectively, and appropriate system mechanisms to intervene in advance of an escalation of incidents; “this is the essence and the promise of risk-driven paradigms.”<sup>13</sup>

The purpose of Ottawa’s MERIT model for collaborative, risk-driven community safety and well-being is to improve individual lives and find greater system efficiencies by applying a risk mitigation lens to human service delivery. Project documentation identifies that MERIT’s goal is for health, social and safety service professionals to provide assistance to individuals and families in vulnerable communities who exhibit signs of ‘acutely elevated risk’ (AER) and require the immediate and integrated services of multiple agencies.”<sup>14</sup> The acute nature of these situations is an indicator that either chronic conditions have accumulated to a point where a crisis is imminent, or new circumstances have contributed to severely increased risks of victimization. MERIT operates under the probability of the occurrence of harm, victimization, or criminality. MERIT is proactive in that interventions occur in advance of situations arising that may require targeted enforcement, emergency response, or intensive support from social services.

The development and execution of a community wide and multi-sector strategy is intended to bring about greater efficiencies, effectiveness and improved service connections amongst stakeholders. Cumulatively, these intentions are thought to contribute to bringing about more positive social outcomes from all human services in the City of Ottawa and its surrounding communities in aligning resources and delivery mechanisms of social, health, government and policing services. MERIT’s objective is not to provide long term case management, but rather to facilitate an **immediate service connection to mitigate AER and assist in navigating the various systems involved for the risks identified by the needs of the individuals and families.**

Despite the evaluation’s purpose to focus on MERIT’s implementation, two interviewees (one interview) went out of their way to identify the immediate benefits to individuals and families resulting from MERIT’s door-knock interventions. These interviewees referenced a willingness to engage with the various representatives presenting at their homes, offering coordinated services in response to identified risk-factors. Interviewees cited the drastic change from previous, perhaps negative experiences, in engaging with police services through the MERIT

*“The value for individuals and organizations is putting a face to the services provided; immediate services enable to the individual to choose what they believe that they need. MERIT is a personalized intervention in which personal connections are established... the most empowering component is the choice of an individual to select the services presented to them, based on their needs.”*

*~MERIT Evaluation Stakeholder Interviewee*

---

<sup>13</sup> OWG, page 11

<sup>14</sup> MERIT Background Presentation, slide 2

project. Individuals were often overwhelmed by the assistance provided to them through MERIT, and were very appreciative of the opportunities presented to them. Without directly engaging individuals benefitting from MERIT's efforts as part of the evaluation, it is difficult to determine to what extent consent posed as a concern for individuals and their families despite community organizations' concerns regarding consent.

For a series of 'Stories of Impact' collected by partner organizations during a mid-pilot review, please refer to Appendix J: Stories of Impact.

### ***6.2.1 Reasons for Partner Participation in MERIT***

Multiple stakeholder objectives exist for participating organizations. Identified in project documentation, the following list outlines the desired system level outcomes from MERIT, and serves as the primary set of reasons most organizations joined:

- Reduced risk of harm, victimization, and criminality in vulnerable communities;
- Multiagency reduction in crisis related demand for services;
- Improved mobilization and prioritization of local community safety, social, and health related services;
- Qualitative outcomes – partnership working, awareness, etc.;
- Systems navigation and change; and
- Breaking down silos: privacy & formalized information sharing.

Stakeholder survey responses noted that two most frequently reported primary reasons for joining MERIT included reducing risk of harm, victimization and criminality; and, more effective mobilization and coordination of resources (n=7). Figure 15 presented below identifies by frequency, these and other reasons for participating in MERIT.

Interviewees across all stakeholder groups further identified that their organization's primary reason for joining MERIT was aligned with individual organization mandates and objectives. Regardless of the primary reason for joining, the majority of interviewees indicated that progress is being made in achieving project objectives; however, without tracking indicators at jurisdictional levels in areas related to these objectives, it will be difficult to benchmark progress in these areas. The OWG has identified their concerns in tracking information, and attributing any resulting changes to collaborative initiatives. If MERIT is extended past its pilot phase, additional efforts will need to be employed to demonstrate its effectiveness in the longer term.



Figure 15: Reasons for Joining MERIT

Regardless of stakeholders' reason for participating, overwhelmingly 88% of survey respondents identified that the purpose for which they joined was being met. Almost half of survey respondents have integrated their participation in MERIT into existing organizational work plans. Other ways in which organizations have integrated MERIT include future work plans, current and future strategic plans, and into business planning processes. This signals willingness, recognition of MERIT's value and need, and a commitment of various stakeholder organizations to invest in MERIT.

Stakeholders universally acknowledged the potential value of the initiative at individual, project stakeholder, and jurisdictional levels. Actual value to date has been demonstrated at individual levels and in some aspects for project stakeholders. The value to the jurisdiction in the longer-term will require additional study beyond the pilot phase and the engagement of organizations at the more strategic level to ensure that the need and value of MERIT are accurately assessed.

Project documentation notes throughout all reviewed resources, a consistently articulated project purpose and objectives. Despite this coherency in documentation, both survey respondents and interviewees note that a common understanding of what MERIT is attempting to achieve is not universally recognized. Thirty-eight per cent (38%) of survey respondents do not believe that a common understanding of what MERIT is trying to achieve is shared amongst stakeholders. Reasons provided included:

*"... these situations are multi-faceted, many of them are. Things are done well in silo approaches, but not necessarily very good at working horizontally... there is a need to think about what the impacts are beyond individual organizations, and reflect on what the impacts are on communities and people in those communities"*

*~MERIT Evaluation Stakeholder Interviewee*

- Differing definitions of “acute” and “elevated” risk.
- Operational variables such as risk level, filters, and privacy are varied.
- Differing experiences of stakeholder organizations contribute to definitions of what MERIT is and how it can contribute to the community.
- Those at the table understand the intent of MERIT, it is those who are not at the table that do not understand.

Many interviewees noted that several individuals and families served through this initiative would have crossed paths with their services in the future in the purview of their own organization. The value of belonging to a multi-sectoral jurisdictional collaboration lies in the ability to provide coordinated, timely interventions in direct response to needs. In the MERIT model, these needs are identified in order to provide a more

*“MERIT is about doing things in a new way. It is not the normal way of working but rather a change in how business is done, drawing on the strengths of the community. At times, it is clear to see that everyone is playing it safe, not as individuals per se but rather, taking their cues from senior management.”*

*~MERIT Evaluation Survey Respondent*

comprehensive level of detail about the dimensions that comprise Acutely Elevated Risk. Being able to identify and address multiple, and compounding risk factors ensures the adoption of a holistic approach to addressing the needs of individuals and families in a more comprehensive manner.

Several interviewees identified that they have traditionally worked effectively within their individual sectors. Sector specific efforts to support service provision has historically been referred to as a “silo” approach. This approach in many instances has led to the development of expertise in specific areas that are relevant to organizational mandates and jurisdictions. It was suggested by a few interviewees that the silo approach may have led to a protectiveness, contributing to a resistance in some instances about changing how things work at a broader, more systemic level. Simultaneously, it was recognized by the majority of respondents that maintaining this approach to providing services is not efficient in the long term. However, support for integrating service responses to transition to a broader, more system-oriented approach requires a broader lens to address various sectoral requirements.

MERIT provides the structure for the Ottawa Police Service to navigate privacy and to refer acute risk situations to partner agencies for immediate assistance. Within 24-48 hours of the MERIT table, an intervention team is mobilized and services are offered to individuals and families during an intervention. Based on success to date in working collaboratively with partners and providing early interventions to AER situations, there are early indications that calls for services for individuals involved with MERIT is reduced in the 90 days post intervention.

While efficacious for police services, it was brought to the evaluator’s attention that the redistribution of effort amongst stakeholder groups posed a heavier burden than originally anticipated by stakeholders. For those stakeholders involved in interventions, participation beyond Situational Table attendance places an additional burden of coordinating amongst MERIT team members, amongst their own organization staff, participating in the intervention, and intervention follow ups. It is difficult for



individual organizations to bear the burden of transitioning to a more systems-oriented approach as current practice resides with previous silo approaches. Evidence provided by other jurisdictions implementing similar initiatives provides positive cues to stakeholders that the model “works”; however, hesitation is still present. Reasons provided for hesitation include bearing the transitional burden.

### 6.3 MERIT’s Relationships and Partnerships

**Involvement:** One of the evaluation questions posed as part of MERIT’s monitoring and evaluation plan referenced the level of commitment of partner organizations to support this initiative. Stakeholder interviews indicated a general willingness to change how they worked in order to work collaboratively to address the needs of individuals and families having been identified as experiencing AER. Through the survey, the majority of stakeholders (39%) indicated that they had been involved with MERIT since the project’s conceptual development. Figure 16: *Length of Organization Involvement with MERIT* presented below identifies that almost three quarters of participating organizations have been involved since the project’s conceptual development, or since its implementation in June of 2015. Only 13% of survey respondents had joined MERIT after its launch.

*“We are a substantive agency working in this community, if we can partner with a particular process or project that can help our community, or the partners in our community, there is a willingness there. We’ve invested a lot in the South-East Ottawa Community and we want to know how to work with, and around other organizations in the community.”*

*~MERIT Evaluation Stakeholder Interviewee*

*“MERIT is about doing things in a new way. It is not the normal way of working but rather a change in how business is done, drawing on the strengths of the community. At times, it is clear to see that everyone is playing it safe, not as individuals per se but rather, taking their cues from senior management.”*

*~MERIT Evaluation Stakeholder Interviewee*

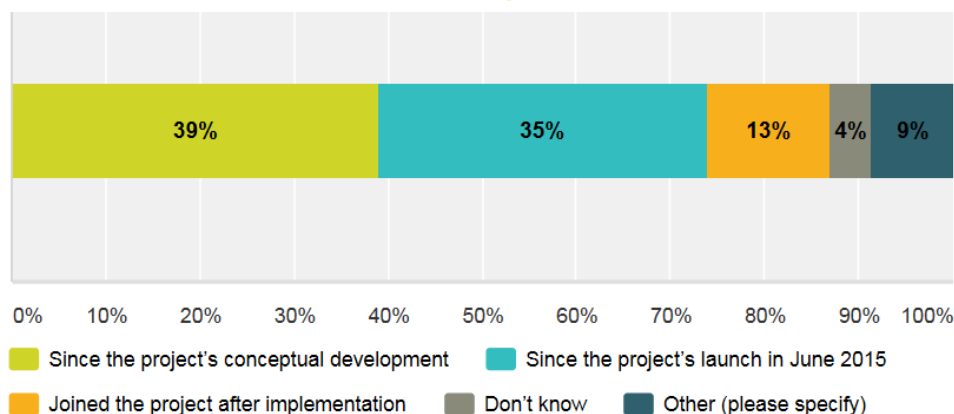


Figure 16: *Length of Organizational Involvement in MERIT*

Approximately 2/3 of survey respondents (64%) identified that they formalized their involvement in MERIT. This included being signatory to the Charter, Terms of Reference, and/or non-disclosure agreement signatory.

The three most commonly cited reasons for not formalizing their relationship with MERIT included:

- minimal anticipated involvement;
- did not realize that this was required or needed to participate; and
- agreed to provide resources to participate at the table.

All levels of MERIT's governance involve relationship dimensions. Nowhere is it more apparent than at the project's Situation Table. Weekly, MERIT involves approximately 25 professional and community based organizations that include, but are not limited to Ottawa Police Service, Ottawa Hospital Mobile Crisis Team, Community Houses, South East Ottawa Community Health Centre, the Children's Aid Society of Ottawa, Canadian Mental Health Association, Ottawa Addiction and Access Referral Services, Boys & Girls Club of Canada, Ottawa Community Housing, School Boards, Children's Hospital of Eastern Ontario, John Howard Society, as well as Adult and Youth Probation and Parole. This is a significant investment of resources to commit to an initiative and represents a significant mobilization of community for a pilot initiative.

**Network Relationships:** An overwhelming majority of survey respondents (86%) indicated representation of their organization at MERIT's Situation Table; the same percentage indicated that MERIT has changed how they interact with other organizations involved at the table level. Figure 17: *Occurrence of Changes in Organization Interaction Resulting from MERIT Involvement* illustrates this.

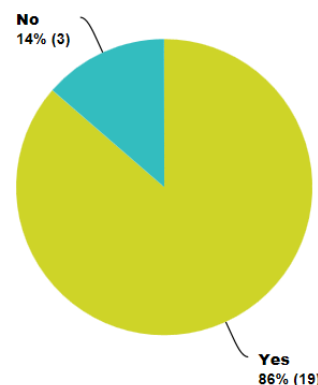


Figure 17: *Occurrence of Changes in Organizational Interaction Resulting from MERIT Involvement*

Interviewees elaborated on their participation at the MERIT table, identifying that while everyone's input was valuable, input was not required from every organization at every meeting. Having all organizations present for all meetings was not viewed as an efficient, nor an effective practice particularly when it consistently appeared that the same four or five organizations were engaged when an intervention was escalated to an intervention. Regardless of whether they had participated in an intervention, organizations continue to participate at MERIT meetings. Opinions were divided on whether everyone needed to be there for every meeting. This suggests that there may be room in the future to devise a mechanism that would allow for more effective and more strategic engagement of contributing organizations to the MERIT table. A minority of organizations that had been present at meetings early in MERIT's inception phase, identified that resource limitations had limited their participation in subsequent meetings.

Interviewees also noted that there appeared to be key stakeholders that were missing from MERIT. There was a common perception amongst both interviewees and survey respondents that the Youth Services Bureau (YSB) and the Royal Ottawa Hospital (ROH) should be represented. However, when

these stakeholders were interviewed as part of this effort, it was confirmed that they were supportive of MERIT's efforts, and had identified specific mechanisms by which they could contribute to MERIT's operationalization respecting organizational mandates and jurisdictions. A suggestion was reiterated regarding the formation of a reference group that could serve the initiative and provide linkages for expedited services for those in need through the creation of a Memoranda of Understanding (MOU). This aligns with sentiments expressed by other interviewees who shared the belief that "not everyone needs to sit at the table, but rather to have access to them when we need them is important". When queried regarding future iterations of MERIT requiring a redefinition of table representation, there was almost a universal agreement amongst interviewees in the affirmative. Additionally, it was noted at the MERIT Knowledge Symposium and by several interviewees the perception existed that no Aboriginal organizations, French school boards, paramedic services, or organizations representing the aging population are represented in MERIT at any level.

Reasons addressing how MERIT has changed how organizations at the table interact with one another included:

- An increased awareness of other agencies, the role that they play in the community, the services that they offer, and how to access them;
- An increased understanding of confidentiality, harm and risk from multiple, other perspectives;
- Improved working relationships and connectivity; and
- Fostering direct communication with individuals representing various organizations.

Interestingly, one unintentional outcome was flagged during stakeholder interviews that is not directly relevant to the MERIT initiative: as a result of direct communications with individuals representing various organizations and establishing personal relationships, interviewees had identified that they now felt that they had a personal contact within organizations that did not exist prior to MERIT's implementation. Establishing networks that extend beyond MERIT's operations had resulted in the removal of barriers related to accessing services in areas where they had previously experienced difficulties.

**Organizational Cultures of Engagement:** Organizational culture was defined in the evaluation survey as a system of shared assumptions, values and beliefs that govern how people behave in organizations and perform their work. When asked about how many organizations' cultures respondents could identify at the MERIT situation table, responses varied from three to ten. Organizational cultures identified included: law enforcement representing the judicial and criminal sectors, health, supportive services (such as housing, community development). Consensus among interviewees is that it is too early to attribute MERIT with changing how sectors engage with one another, but relationships within organizations and sectors has been influenced by MERIT. When queried about whether these different organizations interact collaboratively at the situation table, a significant majority of respondents (93%) answered yes. This is promising for MERIT in being able to speak to efforts to engage collaboratively cross-sectorally. The dissenting opinion offered identified that "some cultures don't inherently see the same things in the same way".

Survey respondents were asked to indicate changes in their levels of awareness of a number of dimensions of partnerships using a modified Likert scale that included significantly improved, slightly improved, no change, and don't know. These knowledge dimensions included: geographical catchment areas of partners, partners' mandates and regulations, police role and services, partner services offered, and partner agencies. *Table 5: Changes in Levels of Awareness Regarding Partnership Dimensions*

**Table 5: Changes in Levels of Awareness Regarding Partnership Dimensions**

	Significantly improved	Slightly improved	No change	Don't know	Total	Weighted Average
Knowledge of geographical catchment areas for partners	30% 7	43% 10	22% 5	4% 1	23	3.00
Knowledge of partners' mandates and regulations	39% 9	48% 11	9% 2	4% 1	23	3.22
Knowledge of police role and services	43% 10	39% 9	13% 3	4% 1	23	3.22
Knowledge of partners' services offered	48% 11	39% 9	9% 2	4% 1	23	3.30
Knowledge of partner agencies	70% 16	17% 4	9% 2	4% 1	23	3.52

highlights that most respondents on all identified dimensions of partnership reported a significantly or slightly improved awareness.

**Additional Partnership Dimensions:** Survey respondents were further queried on the impact of the current membership structure on additional dimensions of partnerships. These additional quality dimensions included:

- information on risk management,
- partner interactions,
- quality and depth of client interventions, and
- frequency of partner interactions.

All components were rated favourably by survey respondents.

These two sets of responses cumulatively speak to a marked improvement in levels of awareness amongst survey respondents in the area of partnerships, which in turn support claims regarding

increased knowledge outcomes in this area amongst MERIT stakeholders, particularly those directly involved in the Situation Table. Interviewees noted that it was too early in its development for knowledge of MERIT to have permeated larger organizations, and to the broader community itself.

Barriers regarding the dissemination of knowledge related to MERIT within participating organizations include size and geographic area of delivery of organizational services, internal silo approaches, lack of capacity, and limited organizational resources such as staff and time.

*“They’re responding to calls to which they are not prepared to handle. They are very invested in making this work. The thinking behind it - I am on board. This is what makes sense. This is what the community needs. The community doesn’t need more police, they need more social services”*

*~MERIT Evaluation Stakeholder*

## 6.4 MERIT’s Governance

The five components that comprise MERIT’s overall governance structure include the:

- **MERIT Executive Committee (MEC)** - which includes senior leadership representatives from the City of Ottawa, the Local Health Integrated Network (LHIN), OPS, and Ottawa-Carleton District School Board (OCDSB).

As program Champions, the mandate of the MERIT Executive Committee is to provide executive oversight of the MERIT framework and provide strategic and expert direction regarding opportunities to mobilize community resources in the provision of health, social and safety services;

- **MERIT advisors** - which include individuals from the academic sector, Communities of Practice in Ontario, the Ontario Working Group, and other external resources;
- **MERIT’s Secretariat** - is the Ottawa Police Service.

The mandate of the MERIT Secretariat is to provide advice to the MERIT Executive Committee on the design and implementation of the MERIT model in Ottawa and execution and evaluation of the pilot in the South-end;

- **MERIT Senior Management Committee (SMC)** - which includes representatives from all agencies.

The mandate of the SMC is to provide strategic advice and direction in the development, resourcing and execution of the MERIT pilot; and the

- **MERIT Situational Table** who bring forward referrals on behalf of their respective agencies, share information applying the filter process to assess risk and qualify AER, and resource mobilization.

**Reflections on the OPS leading the MERIT project:**

Stakeholders responded positively to having the OPS lead MERIT. The existence of evidence documenting effectiveness of similar collaborative risk driven initiatives from other jurisdictions was noted favourably by several interviewees. The awareness and referencing of this support was thought to provide a solid groundwork on which to frame MERIT's work locally. Project documentation provided by the Communities of Practice in Ontario identified that a vast majority of similar initiatives are driven by jurisdictional police services. Given the established demand for police services evidenced through calls for services, interviewees confirmed that it makes sense for the police to spearhead such initiatives. Police are acknowledged experts in matters related to criminality, but others have expertise better situated to address health issues concerning addictions and mental health. Consequently, other organizations are better enabled to address these concerns.

Some organizations were initially resistant to MERIT; interviewees identified that there were however several factors that contributed to overcoming this resistance gradually over the duration of the pilot. This included seeing the direct benefits for individuals and families that resulted from MERIT's engagement. One interviewee noted that "it must be frustrating to get these calls, particularly when they are called repeatedly, and there is little that the police can do. Originally, we considered this project an offload of effort from OPS onto others but this isn't the case..." Only the slightest minority of interviewees and survey respondents identified a resistance to governance of MERIT by OPS.

**Benefits of OPS Lead:** One of the strongest benefits of having the OPS lead MERIT is the police's attention to record keeping and their historical proficiency at documenting situations. This stems in part from calls for service, twenty four hours a day, seven days a week. The police are then exposed to many of the incidents that other health and social service providers may not be exposed to given their hours of operation are fewer. Other benefits cited include having access to OPS resources which are comparatively more significant than those offered by smaller organizations. Resources specifically cited include personnel, infrastructure, and influential community support.

**Drawbacks of OPS Lead:** The drawbacks of having OPS lead MERIT are best summarized by one interviewee "but is it good for us if police are always leading? I see this as a community initiative helping people but it doesn't necessarily benefit every agency in the same way and we need to recognize that". Both leadership and community constitute important components in MERIT.

Given the vested interest of OPS in diverting calls to the appropriate front line service providers, the potential exists for a conflict of interest in having OPS serve in the Chair role. However, several interviewees noted the importance of having the right person, in the right position at the right time. MERIT's OPS lead was identified by several individuals as being "the

*"Partnerships and collaborations are essential for individual success as well as organizational growth. MERIT has provided opportunities to strengthen existing partnerships, develop new relationships, and most importantly collaborate in new ways. Shifting thinking within the system through our collaborations is the greatest benefit for our community; moving away from silos and offering interventions to individuals and families in need, face to face, as team of holistic support. It's been a rewarding experience to be a part of and I hope to see MERIT grow within Ottawa."*

*~MERIT Evaluation Stakeholder Interviewee*

right person, the perfect person” as the face of MERIT. One interviewee noted that a significant amount of confidence had been built by the current chair over MERIT’s pilot period that needed to be maintained as discussions surrounding sustainability begin. Consistency at the Situation Table, particularly in relation to the Chair Role was also referenced by other interviewees.

When survey respondents were queried whether they believed the various governance structures were effective and efficient in supporting MERIT’s operations, 88% and 83% respectively replied in the affirmative. In this vein, sources indicated that they are well served by the governance structure, particularly if MERIT moves beyond the pilot phase. Several interviewees questioned the effectiveness of the MEC in the pilot phase citing an example demonstrating that decision-making power really needs to reside with the Steering Committee as the Executive is too far removed from MERIT operations to be able to identify what the impact is of their decisions.

It was suggested that MERIT’s overall governance structure requires simplification. Survey results highlighted perceptions regarding poor communications between the various governance structures. Relative responsibilities between various MERIT committees and insufficient contact at the steering committee level, and between the management committee were cited by respondents as contributing to perceptions of ineffectiveness. While not in the majority, this finding was also referred to in the interview process. An instance was described in which a decision was made by one committee was quickly overturned by another. Further, in both the survey and interview data collection processes, the perception was held by some stakeholders that police were unwilling to engage and consult with MERIT stakeholders, contributing to the belief that partners’ voices were not always being heard.

Project documentation emphasizes the contribution of the OPS in managing the initiation phase of MERIT, but concludes that they (the OPS) will not own the program beyond the pilot stage. With this understanding, respondents were asked about various governance aspects including:

- the chair role;
- willingness to assume the chair role;
- expectations about what duration of the chair role would be reasonable; and
- a willingness to support a third party to manage the chair role.

A strong majority of 71% of respondents do not support the rotation of MERIT’s chair role, and a comparable percentage of respondents would not be willing to assume the chair role; however, seven participating organizations indicated that they would be willing to step into this role. When asked about the term of the chair role, the strongest suggestion with 44% of responses was one-year.



A one to two year term was explored and further explained by interviewees to ensure a consistency in MERIT operations. Approximately 3/4s of survey respondents indicated a willingness to support acquiring a third party to manage the MERIT program, including the chair if funding were to become available.

**Governance Structure and Partner Relations:** Slightly less than half of survey respondents (42%) believed that the governance structure has resulted in changes in partner relations. The most frequently reported changes resulting include:

- Reinforcing cross-sectional and interagency work with joint responsibility for outcomes;
- Promotes a deeper understanding of mandate, role, barriers, and opportunities for collaboration; and
- Development of relationships with senior staff from other organizations.

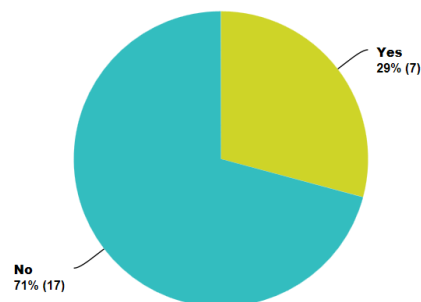


Figure 18: % of Partners who would like to see a rotation of Chair role

## 6.5 Model Implementation and Associated Components

The assessment of risk and acutely elevated risk (AER) in particular is integral to MERIT's conceptualization and implementation. As outlined above, MERIT adopts a four filter approach to the sharing of information in order to be able to meet privacy expectations. The four filters:

- only allow situations of AER to be discussed;
- minimize the identifiable personal information and personal health information that is disclosed to the discussion;
- limit agencies to which the information is disclosed; and
- limit the recording of identifiable information – i.e. only agencies with a role to play record identifiable information and no identifiable information is recorded in the central records of the integrated service.

Figure 19: *Organizational Changes in Knowledge of Risk Resulting from Participation in MERIT* presented below highlights that survey respondents indicated a 69% improvement (combined significantly and slightly improved) in overall knowledge of risk as a result of their involvement with this initiative. Twenty-three per cent indicated no change in their knowledge of risk. During interviews, a familiarity with general concepts of risk, and more specific risk components relevant to individual organizational mandates was identified. Participating organizations with a legislated privacy requirement identified greater familiarity with, and exposure to risk factors as a result of their individual work.



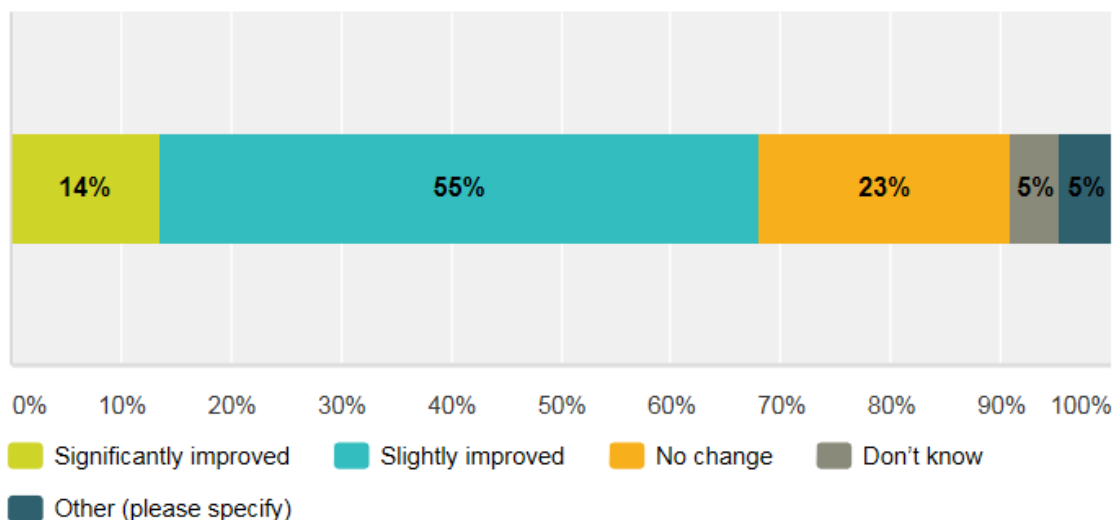


Figure 19: Organization Changes in Knowledge of Risk Resulting from Participation in MERIT

Further, respondents were asked to respond to the following dimensions of risk as part of their change in knowledge. The dimensions of knowledge of risk include:

- scope of risk factors;
- risk management;
- awareness of issues and risk factors;
- compounding impact of risk factors;
- risk profiles;
- privacy and confidentiality;
- conducting interventions; and
- adherence to privacy legislation and accountability.

The top changes in knowledge (combined significantly and slightly increased) amongst survey participants on these dimensions included: adherence to privacy legislation and accountability (77%), privacy and confidentiality (76%), scope of risk factors (76%), and risk management (76%). Reported knowledge increased in these particular dimensions of privacy support the intention of a coordinated approach at a systems level. The inference might be made that this applies particularly to those involved in a Filter Four process when an individual's name is disclosed at the Situation Table and an intervention occurs. Interestingly, increases in knowledge that are least frequently reported (combined significantly and slightly increased) are in conducting interventions. Many Situation Table members have never been involved in a door-knock intervention, which corresponds to why knowledge in this area is less than in other areas. This increase in reported risk and risk management knowledge for individuals from participating organizations, speaks well for its transfer to other individuals within their individual organizations. It may serve to contributing to breaking down silo approaches in understanding how to manage risk, and risk management.

Individual experiences with risk and risk management drive how individuals interpret and apply definitions of AER both in their individual organizations, and at the MERIT Situation Table. Participants at MERIT's Situation Table routinely see cases such as those brought forward within the scope of their own organizational jurisdictions of work and, consequently identified struggling with conceptual definitions of AER and chronic risk at the Situation Table. The majority of interviewees routinely identified that differing perceptions of "AER" are driven by the work of their individual organizational mandates. Figure 20: *Placement of Acutely Elevated Risk Based on Involvement with MERIT* presented below demonstrates the majority of survey respondents place AER on a continuum at "high".

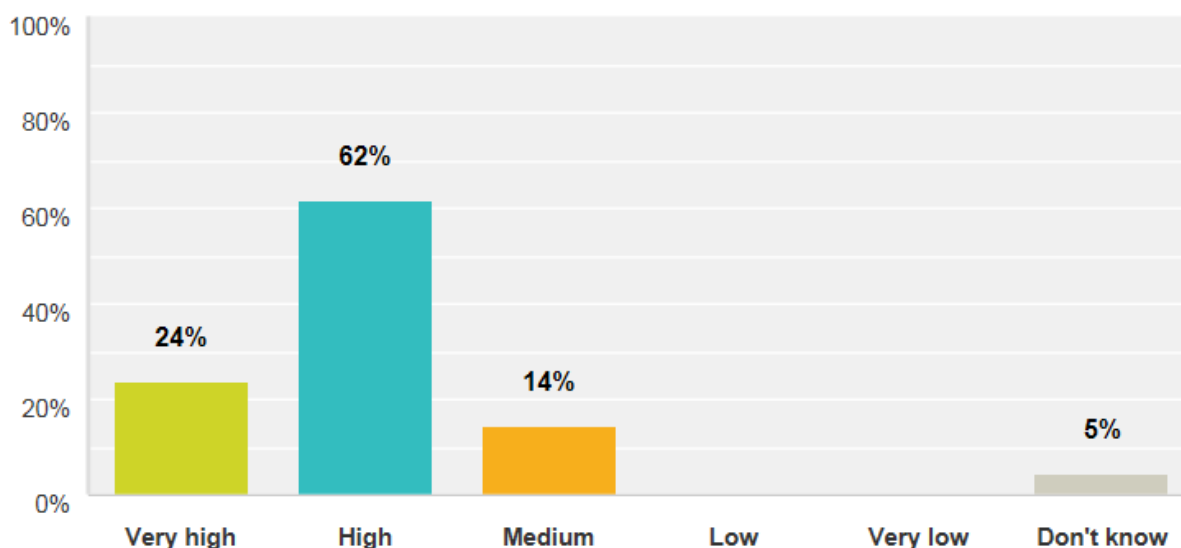


Figure 20: *Placement of Acutely Elevated Risk Based on Involvement with MERIT*

The same interviewees also identified that while a common understanding of AER may not exist, they have set aside these differences to both work collaboratively at the Situation Table. When the occasion presents itself in defining AER for cases presented, discussions are held respectfully and under the auspices of providing integrated services to those in need. The establishment of trust amongst individuals participating in MERIT's pilot and the relationships they have formed, contribute to how these discussions are conducted. A slight majority of survey respondents (55%) identified that their AER definition has not changed based on their involvement with MERIT, but interviewees noted that for the most part, organizations put aside these differences to address cases collaboratively. This was expressed as being more problematic in MERIT's earlier days, less so as the initiative as evolved. These concerns were consistently noted through MERIT's periodic surveys administered by the Secretariat.

Understanding AER in the context of MERIT has been driven in part by subject matter presentations. Presentations have included individual agency presentations from MERIT, from the Mobile Crisis Team, OPS Victim Crisis Unit (VCU), and from the Crown Attorney's (CA) office. The most commonly cited subject matter presentation contributing to understandings of risk, and risk reduction was the MERIT training. Specifically when queried regarding understandings of risk management resulting from subject matter presentations, survey respondents noted a majority (58%) (combined significantly and slightly) increase. Bringing cases forward to the MERIT Situation Table has involved the development of a

number of tools. Figure 21: *Awareness of Tools to Support Bringing Cases Forward to the Situation Tables* presented below outlines tools developed and the accompanying percentage of survey respondents who were aware of each of the tools.

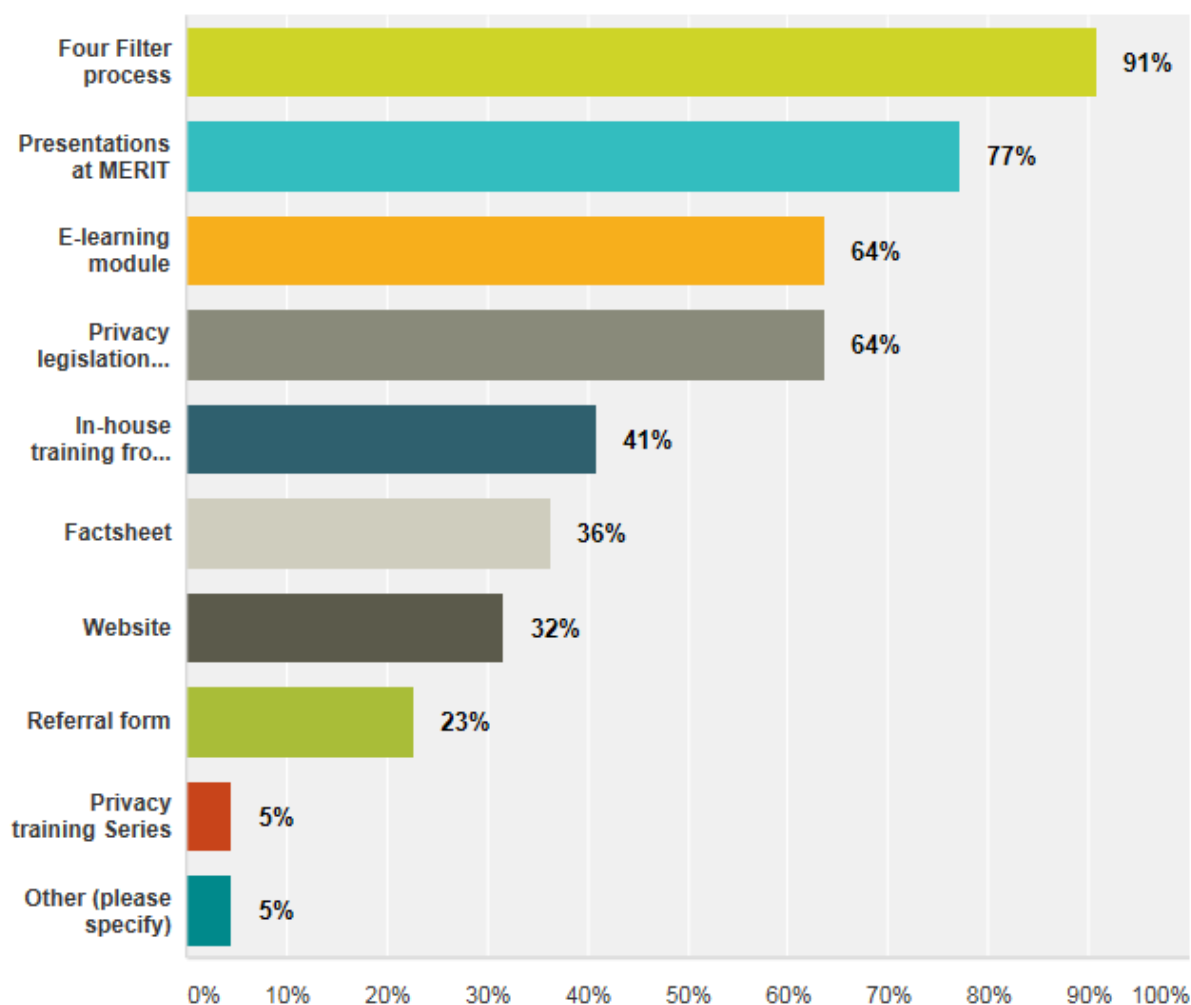


Figure 21: *Awareness of Tools to Support Bringing Cases Forward to Situation Tables*

The four most commonly cited tools are the Four Filter process, followed by Presentations at MERIT and the E-learning module, and Privacy Legislation Guidance. Other tools included In-house training from MERIT, the Factsheet, the Website, the Referral Form, and the Privacy training series.

An equal number of survey respondents (50%) have delivered internal training on MERIT within their organizations to those that have not. The same proportion of survey respondents noted that their individual organizations would benefit from internal training or information sessions. Only 27% of survey respondents have developed a Filter One process to drive referrals to MERIT, whereas 45% have not developed a Filter One process. The main reason provided for not developing Filter One processes included having little to no current capacity in terms of both staff and availability. Privacy was not noted as a concern in developing a Filter One process.

Interviewees were queried extensively on MERIT's Four Filter model to provide their opinions on what worked well during implementation, and what could be improved. It was identified that the model was generally very effective as a framework to support collaboration engagement with the intent of improving service delivery for those individuals and families requiring assistance. The four filters serve as the backbone for MERIT's ability to navigate differing privacy and consent requirements amongst various participating organizations. However, several interviewees noted that current privacy, and consent concerns existed. Partners have different policies regarding privacy, and their circles of care. As regulated professionals, fear exists about what would occur if one of these cases were to end up in court. The potential court outcome isn't clear to participating organizations about what would transpire if this were to occur.

Providing internal organizations training on MERIT or developing a Filter One process may provide an increased number of referrals, particularly in larger organizations where silo approaches exist across geographically diverse areas in the National Capital Region (NCR). Just over two thirds (67%) of survey respondents have not brought cases forward to MERIT. Many interviewees however, including those with legislated mandates with strict privacy regulations, noted that it would be unlikely that they would refer a case to the MERIT Situation Table. Organizations offer differing opinions on whether it is problematic that the majority of referrals are currently driven by the OPS; for some it is a logical place to originate the majority of referrals, others disagree. Interviewees also noted that in some instances, they were surprised by the low number of referrals overall during the pilot phase. Preliminary conclusions were drawn by some interviewees who hypothesized that the low number of referrals suggests that perhaps individuals are being served better by other organizations in the region. Additional information on other networks, and services is addressed in other sections of this report.

Overall, the Four Filter Model's effectiveness in addressing privacy was designed by survey respondents as effective (63%). Figure 22: *Effectiveness Ratings of MERIT's Four Filter Model* highlights that survey respondents broadly indicated effectiveness. Only 12% (n=2) of respondents noted that the model was either somewhat ineffective, or ineffective.

*"I am still bothered by the fact that identifying information is revealed at Filter Three when everyone is still around the Table... don't believe that everyone sitting there needs to hear that information, especially when people who are attending the meetings, but not participating in the Filter Four stage"*

*~MERIT Evaluation Stakeholder Interviewee*

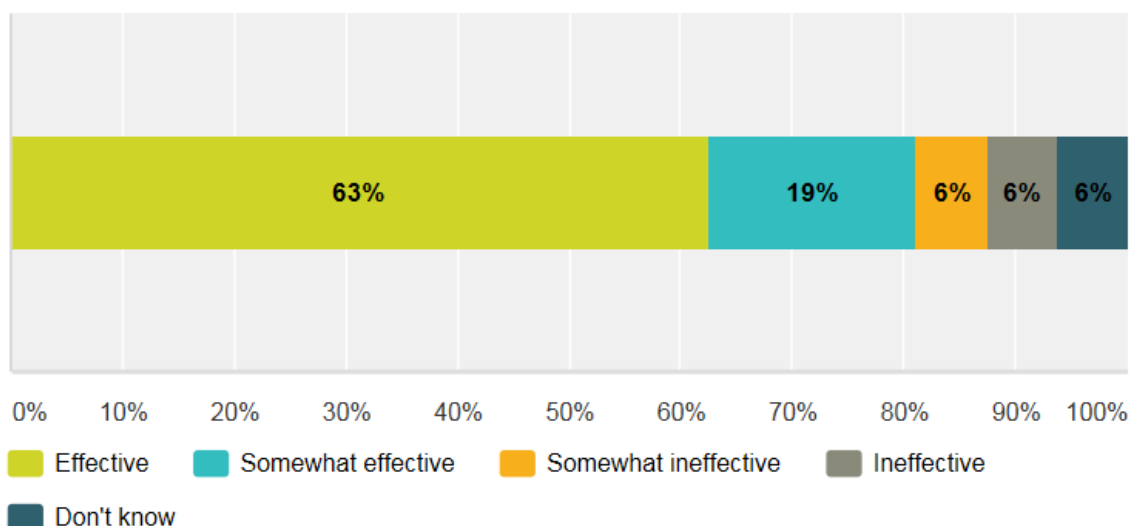


Figure 22: Effectiveness Ratings of MERIT's Four Filter Model

The Four Filter model process has a number of associated dimensions that include coordinating the four filters, door-knock interventions, mobilizing resources following Filter Four, adherence to the model and associated elements of privacy. Survey respondents identified high levels of effectiveness related to coordination elements (93%), mobilizing resources following Filter Four (85%), and door-knock interventions (85%). Adherence to the Four Filter and privacy was related less effective at 78% but is still generally quite high. It is postulated that the slightly lower effectiveness ratings in the latter area are related to conceptual differences in participating organizations rather than procedural concerns.

The following table, Table 5: *Effectiveness of Operational Performance Dimensions* presents survey respondents perceptions of effectiveness on several dimensions of MERIT's operational performance. Generally, it was offered that MERIT is effective for its performance dashboard providing summary information, data recording procedures at the table, communicating intervention results, communicating lessons learned and mitigating AER. Where it was believed that MERIT was less effective was in working with tertiary service providers not at the table. This finding was echoed by interviewees.

Table 5: Effectiveness of Operational Performance Dimensions

	Effective	Somewhat effective	Somewhat ineffective	Ineffective	Don't know
Working with tertiary service providers not at the table	21% 3	43% 6	7% 1	14% 2	14% 2
Mitigating 'acutely elevated risk'	57% 8	21% 3	0% 0	7% 1	14% 2
Communicating lessons learned	62% 8	23% 3	0% 0	8% 1	8% 1
Communicating intervention results	64% 9	21% 3	7% 1	0% 0	7% 1
Data recording procedures at the table	71% 10	14% 2	0% 0	0% 0	14% 2
Performance dashboard providing summary information	71% 10	7% 1	0% 0	0% 0	21% 3

Across all areas of MERIT's table operations including Filter Three recognition, weekly table meetings, interventions, execution of Chair duties, execution of Recorder duties, Filter Two presentation of AER situations, and Filter Four, survey respondents indicated broad levels of agreement regarding efficiency. Combining the two highest categories in the scale, percentages in agreement ranged from 78-93 per cent. The two areas flagged as having been rated either somewhat effective or ineffective by a few respondents (n=2) included both Filter Two presentation, and Filter Three recognition. Table 6: *Efficiency of MERIT Table Operations* presented below summarizes these findings.

Table 6: Efficiency of MERIT Table Operations

	Efficient	Somewhat efficient	Somewhat inefficient	Inefficient	Don't know
Filter Three recognition stage	50% 7	29% 4	7% 1	7% 1	7% 1
Weekly table meetings	57% 8	36% 5	0% 0	0% 0	7% 1
Door knock interventions	57% 8	29% 4	0% 0	0% 0	14% 2
Execution of Chair duties	77% 10	8% 1	0% 0	0% 0	15% 2
Execution of Recorder duties	71% 10	14% 2	0% 0	0% 0	14% 2
Filter Two presentation of acutely elevated risk situations	71% 10	7% 1	14% 2	0% 0	7% 1
Filter Four	71% 10	21% 3	0% 0	0% 0	7% 1

Additionally just over two-thirds of survey respondents (69%) have access to their home organization's database. All of these respondents who responded positively believed that having direct access improves efficiency. Of respondents who didn't believe direct access improved efficiency, only one could potentially access their databases remotely. When queried on this element during interviews, one respondent associated with an organization that has mandated privacy requirements noted that "accessing client records comes with a cost, it is our name that is logged onto the system every time we access these records and because of the privacy concerns, it is highly unlikely that our agency would ever access the database during a Situation Table..."

*"The team has developed in this process since the initial phase. The concern is with some agencies around the table that have never been involved in a Filter 4 situation. This is a bit of an issue that individuals who will not be involved in the care or provision of services are aware of their names at Filter 3 with no written consent to share this with the table."*

*~MERIT Evaluation Stakeholder Interviewee*

## 6.6 Communications

### 6.6.1 *MERIT Pilot Communications Practices: Public and Internal*

Most of the communications focus of MERIT during the pilot project has been on internal audiences: building relationships between members at the situation table; reaching out to potential partners who had decided not to participate in the pilot project; and, trying to build awareness at various levels of target audiences within the Ottawa Police Service and MERIT's organizational partners. As was intended, MERIT did not have a high public profile during the pilot period although there were a number of media interviews at the early launch of the program.

The communications messages and tools targeted primarily MERIT partner agencies, both at the governance and at the operational levels and through the use of:

- direct email
- @MERITottawa Twitter account
- MERIT governance meetings
- MERIT Table meetings (every Tuesday morning)
- quarterly status reports
- staff newsletters
- dashboards
- websites (Global Safety)
- webpage on OPS site

### 6.6.2 *Positive Practices*

Despite the fact that there were few resources committed to communications, there are several positive communications practices that should be noted:

- **A communications plan was created in the early planning stages:** early in 2015, prior to the pilot launch in June 2015, a communications plan was created that clearly delineated milestones / actions; audience / stakeholder; communication tools / means; person responsible; key messages. OPS Corporate Communications assisted in helping draft key internal and external messaging for both members and the public;
  - The communications plan covered the initial stakeholder engagement (identifying and enlisting project champions, briefings and information sessions, first contact with situation table participants, etc.) It also covered the June 2015 MERIT pilot launch, and the pilot evaluation;
- **MERIT Project Lead / Chair:** OPS assigned a Constable as the project lead and chair of the MERIT table that had in depth knowledge and experience with situational tables. He was instrumental in planning and implementing the model in Ottawa, a key contributor to the communications efforts, and was a natural choice as project lead/chair for the pilot phase of MERIT;



- **The ‘face’ of MERIT:** For many people who took part in the pilot project, MERIT’s public face was the OPS community constable team. Throughout the evaluation engagements, MERIT participants acknowledged their credibility, passionate, and expressed how they are fully-invested ‘ambassadors’ for MERIT. They proved to be a great choice for internal, face-to-face meetings at OPS, especially with rank and file members. They are also well respected with partner organizations who recognize their street experience and credibility among their police service peers, clients and social services agencies;
- **Weekly meetings:** Although an operational function, the weekly situation table meetings have had an important secondary benefit of enhancing communications between community organizations and creating closer relationships between organizational partners, as well as a better understanding of the mandate of each other’s organization;
- **Adaptable communications material:** OPS has created a fact sheet, a specialist referral guide and a referral feedback form, all of which could be adapted for use by other Table partners and used as communications tools for their internal audiences;
- **Study Flag Process created:** OPS has also created a ‘study flag’ process called ‘ME - MERIT Assessment Recommended’ on its records management system that ‘flags’ a situation and initiates the risk management and triage process through its Victim Crisis Unit. (See Memo from S/Sgt Brad Hampson, dated 5 June 2015);
  - Although this is an operational tool, something similar could serve to solve a communications gap that exists in some partner organizations, namely ‘How do front line workers bring situations to the attention of the organization’s rep at the Table?’ Tools like these will be especially useful to organizations that are new to the Table; and
- **AER Video Produced:** Peel Regional Police, in collaboration with students from the media program of a local high school, produced a video that puts a human face on an individual in a state of ‘acutely elevated risk’ (AER).

### ***6.6.3 Communications Issues, Challenges, and Concerns***

The following section outlines a number of observations and key points raised in the interviews that lead to challenges, issues and concerns that MERIT may wish to address moving forward. These are:

- **No Communications Lead:** There is no communications lead identified for MERIT. Communications has been done ‘off the corner of the desk’ by the OPS MERIT Project Lead who is also the MERIT Chair and these efforts commenced before the pilot project’s official launch on June 4<sup>th</sup>, 2015.
- **Partner concerns not accurately communicated:** A perceived lack of communications between partner organizations and their front line workers was originally thought to be the reason so few partner organizations brought situations to MERIT. Not so, according to the partners interviewed as part of this evaluation process. The primary reason many partners gave for not bringing situations to the table was the concerns they (or their organization) had regarding client privacy and the practice of doing ‘door knocks’ before consent was sought. This is a communications issue that could have an impact on operational efficiency.

- **No formalized agreement for partners as it relates to their commitment to internal communications about MERIT:** There is no defined requirement and mechanism for accountability on the part of the MERIT partners to communicate about MERIT within their respective organizations, making it difficult to know whether the broader MERIT message is actually getting through to other key members of their organization.
- **Lack of understanding how MERIT fits with existing networks, tables and collaborations:** Some communications messages have been developed to situate MERIT among other collaborative initiatives such as the Problem Address Framework but more needs to be done to help clarify this in the minds of stakeholders as they continue to question how MERIT fits. (see sample in Appendix L)
- **Roles and responsibilities of Governance not clearly articulate:** Several interviewees cited that there is some confusion and lack of general understanding regarding the role of the MERIT SMC and the MERIT EC. This included the perception and concern that the members of these committees hold a decision-making authorities without fully understanding how MERIT works.
- **Inconsistent definitions:** While the definition of Acutely Elevated Risk (AER) is consistent across the Province and Canada, Partners at the Table do not appear to share a common interpretation and acceptable definition of ‘acutely elevated risk’ (AER). This is also raised in earlier sections.
- **Inconsistent internal communications practices and information flow:** Internal communications between senior managers and front line workers within partner organizations varied widely, as did the communications between MERIT participants and their organizations. Internal communications ranges from limited to no communications, to sporadic and very good. E.g. internal communications was perceived as burdensome for some and e-mails were described as too frequent, too long, and too focused on process with few ‘impact stories’.
- **Absence of reporting back on outcomes:** Interviewees consistently shared that there was a lack of feedback loop back to their organization or more specifically their respective team on the outcomes of interventions that they referred. For many, referrals were made for individuals or families that are well known to them and feedback would allow for either closure on the file or better information if the client continues to engage with the service following an intervention. From a client perspective, this can also seem as a disconnected process and may submit them to the retelling of what occurred in the intervention.
- **Consistency in messaging:** There is little alignment between the most often repeated key message (e.g.: “It’s all about the people we’re there to help”) and what is reflected in the communications messaging reviewed. The communications has been heavily focused on process and has missed opportunities to put a human face to MERIT through its achievements and positive impact on “the people we’re there to help”. Part of a successful change initiative such as MERIT is seeing progress and celebrating small successes. This is as important to engagement and buy-in as the awareness, desire and knowledge to deliver the process.

## 6.7 Sustainability

As MERIT's pilot phase draws to a conclusion, significant discussions about its continuation is permeating both strategic and operational planning processes. Knowing that sustainability discussions would occur, the decision was made to incorporate a line of questioning in the evaluation. These lines of evidence included stakeholder interviews; the MERIT stakeholder survey; additionally a short survey was administered to the Ontario Communities of Practice (CoP) for information on sustainability aspects of similar initiatives in other jurisdictions. The latter line of evidence is applicable only to the sustainability dimension.

### 6.7.1 Continuation of MERIT

There is universal support amongst both interviewees, and survey respondents regarding the continuation of MERIT, and that an expansion should be seriously considered. One of the major considerations for organizations committing to MERIT's continuation is the resource level required to contribute meaningfully to MERIT's operations. Of note:

- 75% of the survey respondents stated they can continue resourcing MERIT at current levels post pilot and the majority confirmed that it is unlikely that the resources that they currently dedicate will be changing in the future;
- 57% said they dedicate less than 25% of a full time equivalent (FTE) staff each week to MERIT, while the remaining 43% dedicate between 50-100% FTE.

Of those interviewed, many indicated a willingness to absorb MERIT resources during the pilot phase; however, most interviewees representing MERIT's core agencies indicated that they would be challenged to continue staffing the initiative at current levels beyond the pilot. Stakeholders' willingness to participate in the pilot phase note that this was in part attributable to its innovative aspects in working beyond silo approaches with a systems orientation.

### 6.7.2 Future Expansion of MERIT

Some confusion exists as to what would constitute an expansion of MERIT as several opinions exist regarding what an expansion might mean. Expansion was inferred to include:

- a broader geographic area,
- additional situational tables and associated governance and coordination elements.

Using expansion as defined in this context, just over half of respondents (56%) indicated that they don't have the organizational resources to support a MERIT expansion. Of

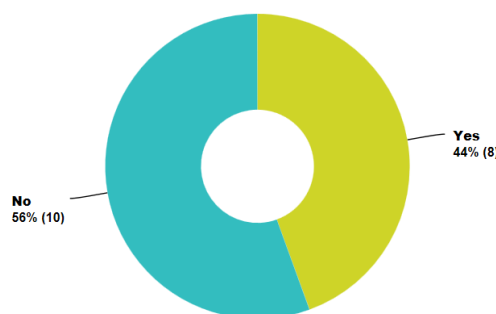


Figure 23: Division of organizations with sufficient human resources to support an expansion of MERIT

note was a few open ended comments where respondents stated that this question was too simplistic and requires further discussion. It was also flagged that situations falling under one's mandate would be supported in an expansion and that MERIT should look to raise awareness at the LHIN so that it can be considered for future resourcing. For those respondents that supported the resourcing of an expansion;

- 50% felt the creation of two situational tables that are geographically based would be most realistic for them, whereas
- 29% preferred one table that is city-wide.

Several interviewees noted a need to engage the LHIN in this sustainability discussion. Many participating organizations have accountability relationships with the LHIN to whom they are responsible for service targets within their own organizations. To engage the LHIN in MERIT's renewal discussions, interviewees noted may be then considered in their planning processes, and appropriate resources dedicated to supporting MERIT to help mitigate the resource burden of some participating organizations. Some also stated the potential strategic and operational opportunity of exploring close alignment of MERIT to the newly launched Intersections initiative that targets youth between 9-17 years of age and brings together the same community stakeholders as MERIT.

Strategic stakeholders (such as the LHIN) should be aware of, and perhaps to adjust for stakeholders' participation as there is a risk that individual organization targets may be jeopardized, and employees are stretched thin to meet the needs both internally, and as part of the MERIT team.

Both interviewees and survey respondents identified several opportunities to engage with other frameworks, networks, and collaborations in the Ottawa region. Given the synergies in membership, scope and outcomes, there may be considerable efficiencies to those that are either working in a similar fashion, serving similar clientele, or working with a similar set of stakeholders. The following, non-exhaustive, list of initiatives and collaborations were identified for further engagement:

- Boys and Girls Club Ottawa Community Youth Diversion Program Committee Crossroads serving kids 0-12
- Collaborative Justice Program
- Interventions serving kids 9-17
- Multi-Stakeholder Approach to Problem Addresses
- Ottawa Community Suicide Prevention Network
- Ottawa Gang Strategy and Action Plan through Crime Prevention Ottawa, and its various initiatives such as the Gang Sibling pilot, Gang Prevention Intervention Program and Supporting Families
- Ottawa Youth Justice Services Network (OYJSN)
- YSB Mobile Crisis
- Youth Service Unit at OPS and their extensive network and partnerships serving 12-18
- A Way Home Ottawa (AWHO) (youth homelessness)
- CHEO
- Collective impact tables such as the Community Development Framework

- Community-based Violence / Threat Risk Assessment Protocol (Ottawa school boards, police and community partners)
- COMPAC
- Growing Up Great (Network of child and youth serving agencies in Ottawa)
- Integrated plan of care
- Ottawa Bullying Prevention Coalition
- Ottawa Restorative Justice Network
- Ottawa Suicide Prevention Coalition
- Ottawa Youth Mental Health Court Committee
- Overdose Prevention Task Force
- Regional Safe Schools Committee
- Safer Ottawa Drinking Alliance
- Substance Use and Youth in Schools Committee (SAYS)
- United Way initiatives
- Various crisis teams for youth and adults
- Various health care tables
- Various hospital tables
- Various violence against women initiatives such as MRAT
- Youth Justice Service Collaborative - Intersections

## 7 Emerging Key Trends from the Ontario Community of Practice

In other jurisdictions across Ontario, a number of initiatives similar to MERIT have been launched, are being developed, or are expanding beyond their original pilot phases. The Communities of Practice (CoP) Working Group meets on a regular basis to share from their experiences, best practices and challenges. A short survey was administered to this group of professionals to contextualize MERIT's expansion plans.

### 7.1 Governance and Funding

As of April 2016, just over a third (34%) of Situational Tables across the province are chaired by police services, followed by individuals from community/social organizations (24%), and by health sector organizations (6%). Generally, the two most common units identified within police services chairing their Situation Table were Community Policing, and Mental Health units. Just over another third of respondents (34%) indicated that their Situational Tables were co-chaired by another organization in conjunction with police services, and mental health organizations. Only in one instance was an independent individual identified as chair of the Situational Table. Overwhelmingly, 96% of survey respondents indicated that whichever organization chairs their Situation Table, it works for them. Only 20% of these respondents indicated a rotation of their chair role; however, many of these tables are newly formed and have significantly less experience at the Situation Table than does MERIT. The CoP data notes that community partners range from 11 to 31 organizations.

Approximately two thirds of Situational Tables in Ontario are externally funded. Of those who shared their funding sources, two noted a grant provided through Proceeds of Crime, and the other identified regional LHIN as their source of funding. Only four of the responding provincial Situational Tables do not have dedicated staff. Based on the data provided, there is no relationship between funding provided and dedicated resources. The majority of responding Situational Tables (approximately 65%) meet once a week. Only two of the responding CoP note that they are without a Steering Committee.

## **7.2 Expansion**

The CoP identified a number of significant enablers driving the expansion of their Situation Tables. These enablers in order of frequency reported included:

1. Partner engagement, support and relationship building including police services;
2. Informal network connections driving Situation Table growth;
3. Detailed tracking of performance information to determine which partners need to be at the tables; and
4. Historical connections with stakeholders from past initiatives.

The CoP also identified a diverse number of significant inhibitors that they had faced during the expansion of their Situation Tables. These inhibitors in order of frequency reported included:

1. Resource constraints including time, FTEs, capacity,
2. Privacy concerns and differing interpretations of relevant privacy legislation;
3. Reaching consensus on procedural elements;
4. Different cultures at the tables that have yet to buy-in to the process;
5. Identifying the “correct” individuals to participate;
6. Promoting awareness and understanding of the initiative; and
7. Lack of administrative support.

## **7.3 Process Innovations**

A number of members from the CoP had identified both technical and less technical innovations that they were pursuing, or had pursued in maximizing efficiencies and increasing effectiveness. Technological adaptations included use of secure videoconferencing facilities, and the use of an electronic program to flag recommendations for referral to the Situation Tables. Other, non-technological innovations included awarding Tim Hortons gift certificates to drive/increase the referral process which was effective.

## 8 Observations and Conclusions

This evaluation confirms MERIT's relevance and performance. Particularly, this evaluation examined MERIT's need and value, relationships and partnerships, governance, model implementation and sustainability. A decision was made at the evaluation's outset to render a further examination of MERIT outcomes as identified in the logic model to a later date following conclusion of MERIT's pilot phase though early outcome indicators have been flagged to highlight opportunities for future evaluation efforts in discussions of findings. This evaluation is able to conclude fidelity of model implementation based on identified needs in Ottawa. Specific recommendations have been developed for the evaluation components noted above that are grounded in the findings presented.

As highlighted, the development and execution of a community-wide and multi-sector strategy is intended to bring about greater efficiencies at the systemic level. There is a disconnect in the current model's efficiency - which employs a sectoral siloed approach - although the value of moving to a systemic response is recognized. Acknowledging that system level outcomes were not anticipated in the first year, this is an observation that should be addressed as MERIT transitions out of its pilot phase. Inefficiencies highlighted in evaluation findings indicate that having all current stakeholders attend MERIT's Situation Table when they may not participate may not be the best use of scarce community resources, particularly if a referral is escalated to a door-knock intervention. To minimize the draw on resources, efficiencies would be improved if MERIT can adapt or develop a mechanism to flag which risk factors may be presented at the table in advance to ensure that the appropriate community resources may provide input, and provide the appropriate supports for these referrals. In addition, MERIT may also consider exploring the use of teleconferencing as a means to participate and other online collaboration tools.

In addition, participating agencies have expressed through this evaluation that a significant amount of resources have been dedicated to MERIT over its pilot phase, from weekly Situation Table meeting to interventions that escalate to a door-knock. Community organizations perceived as not being involved with, or committed to, or interested in MERIT's work should be contacted to determine how they can contribute, and to follow through on their suggestions.

With the overwhelming support from participating organizations, and their dedication of resources to MERIT, the redefinition process of the Situation Table membership should be handled with sensitivity. These stakeholders should be provided with the opportunity to determine how they would like to participate in MERIT beyond its pilot phase. Again, this should be undertaken with sensitivity to create an open environment which establishes trust amongst those participating individuals. It would be advisable that as part of ongoing sustainability discussions, that stakeholders be consulted on redefining Situation Table membership once expansion plans have been finalized.

Participating organizations may not share a common understanding of what common understanding of what MERIT is attempting to achieve, nor a shared understanding of AER; however, most are able to put aside these differences while engaged in collaborative efforts. Individuals representing their respective organizations at MERIT's Situation Table have established personal relationships, which are underpinned by trust. This trust facilitates discussions negotiating common understandings. However, as members

transition in and out of the initiative, there is some hesitation about new members which will be mitigated by their participation and tools developed by MERIT.

Privacy will continue to present as a concern amongst stakeholder organizations; however, this should not impact MERIT's expansion in Ottawa based on current experiences. Stakeholders will continue to flag these privacy concerns for discussion at the Situation Table as the project continues on an as-required basis. The most prevalent concern about privacy is the filter at which identifying information is disclosed. Moving beyond the pilot phase with potential new members at the MERIT Situation Table membership, disclosure should be revisited in discussion with those participating organizations to determine comfort levels. This suggestion is not made with the intention of redeveloping the Four Filter model, but rather to foster an environment in which stakeholders feel consulted, and that their opinions are valued as part of an integral component of this initiative.

The various tiers of MERIT's governance structure are somewhat unwieldy and need to be simplified as part of the next iteration of the initiative. Decreasing the layers of governance will assist in providing a clarity between the various orders' roles and responsibilities.

Attributable to work undertaken by the OWG, MERIT has a wealth of performance measurement data on which to draw to inform their efforts. Moving forward with the next iteration of the MERIT model, the initiative needs to focus on outcomes. Traditionally, it has been noted that it is difficult to report on progress at systemic levels however, without according attention to the outcomes being achieved, it will be more difficult to support reporting on progress made. MERIT has a strong emphasis, and competencies in reporting, and this emphasis will support the development of future results frameworks. The current MERIT logic model should be revisited by the Secretariat once sustainability plans have been updated. Consideration of outputs should be attended to, to ensure that stakeholder engagement and collaboration is regarded as an outcome versus an output.

What MERIT has committed to, and has been noted as a success is their MERIT specific training materials that address the privacy, legislation and consent concerns. Stakeholders noted that their knowledge in risk, risk management, and risk mitigation had increased as a result of these presentations. If MERIT engages with new community organizations as part of their expansion, these are the materials that need to be shared to provide a contextual understanding of what MERIT is, and how they operate.



## 9 Recommendations

The recommendation in this section reflect are based on promising practices, lines of evidence and performance indicators reviewed for the evaluation period of June 2015 to March 2016. These recommendations are offered with the intention of supporting further collaborative discussions and decisions required on the future of MERIT. The following key recommendation is supported by a strong majority of consulted stakeholders:

- R1. The MERIT pilot project should be transitioned to a sustainable community-based initiative or program, building on the solid foundation that has been developed prior to and throughout the pilot period.**

All subsequent recommendations are based on the assumptions that MERIT will continue to operate and, therefore, are offered to inform the transition.

Some recommendations address issues with the implementation of the pilot that were identified during the stakeholder engagement that speak to elements of MERIT that will need to be addressed in transitioning and sustaining MERIT – these focus primarily on efficiencies and effectiveness of the model for Ottawa. Other recommendations focus on key considerations if transitioning MERIT from a pilot to a community-based program including its integration to a community with existing and emerging concurrent and integral initiatives. Lastly, are recommendations in relation to governance and performance measurement to best support oversight, coordination, and strategic, evidence-based decision making.

### **MERIT process effectiveness and efficiencies**

*“Being effective is about doing the right things, while being efficient is about doing the things in the best possible manner.” ~Peter Drucker*

- R2. Expand MERIT’s geography to include a larger catchment area.** It is suggested that MERIT expand its current geography and on a trial basis observe the impacts of this expansion on the current situation table to assess the demands of a larger geography. With additional data to support the decision, work in collaboration with the MERIT Steering Committee and other key stakeholders to make decisions on how best to further scale MERIT, either through an additional table or other means such as improved efficiencies. The major considerations in this decision, as described through the consultation, is the resource requirements of weekly situation table meetings and services that are City-wide that would be challenged to resource both tables. Given that the volume of referrals is currently manageable, testing an expended geography should be feasible in the current model with due consideration to membership given the expanded geography and regional agencies.
- R3. Conduct further training to enhance the level of understanding and proficiency in applying the definition of acutely elevated risk in all participating agencies to assist in identifying referrals and positioning MERIT in its broader context with other collaborative initiatives.** (link to R11)

- R4. **Develop a mechanism by which agencies that intend to bring a referral to the table may flag key risk factors in advance to ensure the most likely required community resources are present.**

This can be aided by clearly defining the referral processes when dealing with a specific demographic or presenting issue that has existing and matures models in place that are complemented by MERIT (link to R11).

*Recommendations that relate to the intense resourcing requirements of the weekly situation table meetings:*

- R5. **Revisit the membership of the MERIT Situation Table** to ensure it represents services to address presenting risks and demographics. Using data gathered during the pilot phase can inform the type of agencies that are most likely to be the best fit for the needs presented at the table. Historical data on lead and supporting agencies can also be insightful for this purpose. Look to other group structures and membership to address varying levels of engagement and need (see R8 below)
- R6. **Explore trialing the use of technology such as teleconferencing as one means of participating at the MERIT Situational Table meetings.** This is can be especially useful for agencies that are called upon less often based on current data, those who must travel a greater distance to attend meetings, and agencies who must balance limited resources.
- R7. **Consider creative opportunities to leverage other forums, networks, tables, committees and initiatives.** This could include bringing together the same agencies, or a large subset of agencies to minimize the displacements of individuals. It could also mean the use of sector representatives, where one individual may represent a number of agencies at the Table meetings and reach back to agency representatives to further gather information and resource interventions. This position can be rotated within the sector to minimize the resource burden on one agency and also to foster relationship building for all agencies by participating at the Table.

*Recommendations that relate to Interventions:*

- R8. **Create a reference group that can serve the initiative and provide linkages for expedited services without the need to sit at the weekly MERIT Situation Table.** This may allow MERIT to both address the concerns of some agencies as it relates to conflicting consent policies and, for MERIT to cast its service net deeper into the community providing timely community access to additional services that may otherwise not be able to contribute given limited resources. This would also better serve clients “where they are” and offer more linkages to the appropriate services based on the presenting need and need for timeliness given AER. The best approach is the creation of a Memorandum of Understanding between MERIT members be created to frame the working relationship and set expectations.
- R9. **Engage individuals from human services organizations who have existing relationships with the individual or family, and who are likely to be working with the individual or family in any future relapses, in the intervention.** Alternatively, establish a mechanism by which the outcome of an intervention with an individual or family is shared with those who have an established relationship. Specific examples include the Youth Section and Mental Health Sections with Ottawa

Police Service who are engaged at MERIT by proxy but that have established relationships with many of the youth and families referred to MERIT as well as community services with whom they have collaborated with historically in service of the needs of the youth and those families.

- R10. **Build clarity around expectations of participating agencies in terms of waiting lists and the need for timely access to services given AER.**

### **MERIT Integration**

- R11. **Key stakeholders who are engaged at various tables focused on demographic groups (e.g. youth 12-18, transitional youth 18-24, aging population), or presenting issues (e.g. mental health, addictions), should collaborate to develop a systems map of the initiatives and identify the rubs, overlaps and gaps.** The MERIT pilot project was heavily based on the promising practices and reported results of situational tables implement in other parts of Ontario and Canada as well as the well-established programs in Europe. Of note from the stakeholder feedback and literature review is the wealth of existing and mature collaborative models in the Ottawa community. In reframing MERIT for long term sustainability, it is recommended this would provide greater clarity to all community stakeholders on where each initiative fits in the broader system. Supporting documentation would also be helpful to communicate mandates, fit and application of these initiatives that are integral to servicing the needs in our community over a continuum of both needs and age groups. Specific examples of initiatives that may benefit from further integration include (as examples): Intersections; Problem-Address Framework; Mental Health Crisis Team.

### **MERIT Governance and Performance Measurement**

*Recommendations related to streamlining the governance model:*

- R12. **Streamline the governance structure to align more closely with other initiatives of similar scale and scope.** Specifically, consider removing the MERIT Executive Committee as a formal structure in the governance while continuing to foster, through the MERIT SMC, strong community champions that can assist with broader systemic changes at all levels of government and serve as local advocates for the work of the MERIT Situation Table.
- R13. **Explore options to engage a 3<sup>rd</sup> party program manager and chair to transfer the administrative burden of the program from agencies who's contribution would be best served in service of the client.** Co-funding options for this position can be explored with participating agencies or in partnership with organizations such as the LHIN.

*Recommendations related to membership and participation, including the role of Chair and Lead/Secretariat:*

- R14. **Review the MERIT Steering Committee and Situational Table membership on an annual basis or as gaps are identified.** This routine review will ensure that the right agencies and their respective

resource can be brought to bear. Noted during this evaluation was the absence of representatives of the Aboriginal community, French school boards, paramedic, aging population, and LGBTQ. An annual review will allow the opportunity to engage these and other agencies.

- R15. **A transition of the MERIT Table air position to a Co-Chair model should occur in near future to better reflect a collaborative, community-based model.** It also serves to transfer knowledge and to share the Chair responsibilities and lighten the workload. This would address the divide in the evaluation responses between OPS maintaining the Chair role, having another community agency assume the Chair role or look to acquiring the support of a third to manage MERIT. A number of agencies expressed their interest in Chairing MERIT; however, all stated their concern with resourcing. As part of this transition, it will be essential to look at various funding models or potential grant opportunities to assist with the resourcing. A majority of respondents suggested a 1 to 2 year term on a rotational basis to create consistency. With a co-chair model, there is the opportunity to ensure there is only one outgoing chair in a cycle to ensure the consistency and the knowledge transfer. It would also allow all community members to contribute to the resourcing requirements of this position over time. Finally, MERIT should continuously seek opportunities for grant funding through various Ministries in order to assist with covering the cost of the Co-Chair positions, future evaluations of the initiative and systemic impact at the jurisdictional level.

*Recommendations related to Performance Measurement:*

- R16. **Enhance the Performance Measurement Framework (PMF) for MERIT.** A framework to measure MERIT's performance can provide all participating agencies with timely, strategically focused, objective and evidence-based information on the performance of initiative. It would provide a consistent approach for systematically collecting, analyzing, utilizing and reporting on the performance. In order to do so, these common principles are proposed to help guide the process:
- outcomes and results must be clearly defined and reflect the needs of all agencies;
  - the approach, including data collection, should be simple and cost-effective;
  - the language should be positive, not punitive;
  - performance indicators should be simple, valid, reliable, affordable and relevant to the activity or process being measured;
  - performance targets or benchmarks should be set and agreed upon by all participating agencies on an annual basis;
  - performance indicators should be reviewed and improved on an ongoing basis;
  - formal communications on progress and results should be established, as well as less formalized internal communication messaging should be drawn from the results and adapted to agency specific messaging of relevance.
- R17. **The basis for developing a MERIT PMF should be grounded in a revisited logic model that reflects the transition from a pilot to program initiative, with a focus on outcomes.** The development of a logic model should reflect the following:
- principles identified above;

- a social development continuum in which information, knowledge and action play a prominent outcome role that incorporates notions of control, direct and indirect influence; and
- considerations of the Ottawa contextual (operational and symbolic environment).

**R18. All performance measurement and evaluation efforts should consider tools, mechanisms and efforts currently developed and used by MERIT to draw on existing strengths, and maximize efficiencies where possible.** MERIT currently has a Risk Tracking Database that can be enhanced to meet the needs of MERIT agencies. Ottawa Police Service also developed an internal data capture tool to track data of importance to them, such as the number of 9-1-1 calls in the 90 prior to a MERIT intervention and 90 days after the conclusion date. As part of the development of this framework, each participating agency should identify the data that is important for them to track internally, in addition to the shared dataset, in order for them to demonstrate value and performance aligned to their respective mandates. As a best practice, it would be advisable that all databases include a unique identifier common for ease of cross referencing data for future cross-analysis. This recommendation addresses the evaluation findings that stakeholders universally acknowledge the potential value of the initiative at individual, project stakeholder, and jurisdictional levels but the value to the system at a jurisdictional level for the longer-term is unknown and will require additional study beyond the pilot phase and the engagement of organizations at the strategic level to ensure that the need and value of MERIT are accurately assessed.

### **MERIT Communications, Change Management and Training**

**R19. Identify a communications resource among the participating agencies to support the public communications for MERIT, including social media, media engagements, and web presence.**

**R20. Develop communications and training tools that address all stages of change management and learning to address the needs of new and veteran MERIT members.** These tools should address awareness, “raison-d’être” or business case for MERIT, the knowledge required to participate at the table, and the proficiency and reinforcement on process and understanding. They could include:

- The OPP has recently released e-Learning modules to support these activities and can complement a MERIT specific training tool.
- An annual knowledge exchange can also provide an excellent forum for communication, cross-learning, relationship building, the application of table top exercises driven by scenarios, the sharing of MERIT stories and problem solving based on lessons observed at the Table.
- Consider using the OPS video production unit to create a short video about the MERIT program that could be screened for internal audiences (OPS and partner agencies). Consider a second video for general public consumption that could be posted to the MERIT website.

- R21. **Develop plain-language communications material that explains what MERIT is, what acutely elevated risk is, why the Table exists and who should be referred to the Table.** For example, OPS has created a fact sheet, a specialist referral guide and a referral feedback form, all of which could be adapted for other Table agencies. These could be rewritten as plain language documents and reformatted as brochures. It could also mean developing a postcard or brochure to leave for clients who may not be ready to engage with the MERIT team or who have engaged and would like to have information about the initiative. Include a few blank lines to record contact info of those involved in the ‘door knock’.
- R22. **Engage the members of the Executive Committee as a visible champions of MERIT.** This is especially useful when working with the senior leadership positions of partnering agencies.
- R23. **Continue with the Quarterly Reports and focus on successes, lessons learned, changes to partners or processes, and upcoming events such as training.** Consider using a 1-pager dashboard or infographic format and consult partners to identify what performance data would be useful to them on a quarterly basis.
- R24. **Enhance MERIT’s presence on websites and social media.** Examples of websites include the OPS website. Consider transferring the MERIT site hosted on a third party site to one of the core MERIT partner sites. Include success stories, links to participating agencies, process information, and performance data. An increased social media presence can be created by building the MERIT Twitter following by asking all participating agencies and individuals with Twitter accounts to follow @MERITTottawa. The communications resource should consult the MERIT SMC to discuss communications to the general public and develop a communication plan and schedule.

### Privacy

- R25. **Once the Information and Privacy Commissioner releases the standardized privacy protocol for situation tables, engage all participating agencies to review and consider any changes to the current filter process.** In the current absence of this standard, continue to operate in accordance with the recommendations set out in the Information and Privacy Commissioner letter.
- R26. **Explore opportunities to integrate data collection, analysis and reporting with other synergistic initiatives.** Specifically, MERIT may further explore the data and metrics supporting initiatives such as but not limited to:
- Intersections
  - Crossroads
  - the Ottawa Gang Strategy and Action Plan
    - Gang Prevention Intervention Program
    - Supporting Families
    - YouDecide
  - Youth Opportunities Strategies (YOW)
  - Problem-address Framework
  - Community Development Framework
  - Children’s Aid Society and Violence Against Women Integration Initiative

## ACRONYMS

AER	Acutely Elevated Risk
BGCC	Boys and Girls Club of Canada
CA	Crown Attorney
CAS	Children's Aid Society
CCAC	Community Care Access Centre
CDF	Community Development Framework
CHC	Community Health Services
CHEO	Children's Hospital of Eastern Ontario
CMHA	Canadian Mental Health Association
CoP	Communities of Practice
COR	Centre of Responsibility (Prince Albert)
IPC	Information and Privacy Commissioner of Ontario
LIHN	Local Integrated Health Network
MAG	Multi-agency Group
MAG	Ministry of the Attorney General
MEC	MERIT Executive Committee
MERIT	Multiagency Early Risk Intervention Tables
MOU	Memoranda of Understanding
MSAPA	Multi-Stakeholder Approach to Problem Addresses
NCR	National Capital Region
OAARS	Ottawa Addiction Access and Referral Services
OCDSB	Ottawa Carleton District School Board
OCH	Ottawa Community Housing
OCSB	Ottawa Catholic School Board
OPH	Ottawa Public Health
OPS	Ottawa Police Services
OWG	Ontario Working Group (on Collaborative Risk Driven Community Safety)
ROH	Royal Ottawa Hospital
SEOCHC	South East Ottawa Community Health Centre
SMC	Senior Management Committee
VCU	Victim Crisis Unit
YSB	Youth Services Bureau

## List of References

- 1) 2015-2016 Civil Remedies Grant Program Agreement. 23 November, 2015.
- 2) *An Evaluation of the Connectivity Situation Tables in Waterloo Region: Addressing Risk Through System Collaboration*. July 2015. Prepared by Taylor Newberry Consulting
- 3) *Community Safety and Well-Being in Ontario – A Snapshot of Local Voices. Booklet 2*. Ontario Association of Chiefs of Police.
- 4) *Community Safety and Well-Being in Ontario – Booklet 2: A Snapshot of Local Voices*. Ministry of Community Safety and Correctional Services.  
<http://www.mcscs.jus.gov.on.ca/english/publications/LocalVoices.html>
- 5) *Economics of Policing – Baseline for Policing Research in Canada. Prepared for Community Safety and Countering Crime Branch*, Public Safety Canada. 2014, Her Majesty in Right of Canada.
- 6) *Economics of Policing: Police Education and Learning Summit 2013, Summary Report*. Public Safety Canada, 2013. Her Majesty in Right of Canada.
- 7) *Economics of Policy and Community Safety – Policy Makers’ Dialogue on Privacy and Information Sharing. Workshop Report*. Public Safety Canada. January 2015.
- 8) *Evaluation of the FOCUS Rexdale Pilot Project*. May 2015.
- 9) *Govanhill Operational Hub – Evaluation. Final Report for Glasgow City Council*. May 2011. EKOS Limited, St. George’s Studios, 93-97 St. George’s Road, Glasgow, G3 6JA Reg 145099
- 10) Letter from the Information and Privacy Commissioner to Community Mobilization Sudbury re: Situation Tables. Dated 25 September, 2015.
- 11) *Measuring Change - a Framework to Support Evaluation of Collaborative Risk-Driven Community Safety and Well-Being in Ontario*, prepared for Ontario Working Group on Collaborative Risk-Driven Community Safety. Prepared by Dr. Chad Nilson, Living Skies Centre for Social Inquiry. March 2015.
- 12) MSAPA & MERIT: A Comparative Reference Guide for Agencies and Professionals.
- 13) *New Directions in Community Safety – Consolidating Lessons Learned about Risk and Collaboration*. Ontario Working Group on Collaborative, Risk-driven Community Safety, Ontario Association of Chiefs of Police. Hugh C. Russell and Norman E. Taylor
- 14) *New Directions in Community Safety – Mitigating Acutely Elevated Risk of Harm. Considerations in Adopting "The Situation Table"*, Ontario Working Group on Collaborative, Risk-driven Community Safety, Ontario Association of Chiefs of Police. Hugh C. Russell and Norman E. Taylor. April 2014.
- 15) Ottawa Police Service Initiative Update: INTEGRATED OPERATING MODEL. 26 October 2015.  
[http://www.ottawapolice.ca/en/news-and-community/resources/OPSB\\_Service\\_Initiative\\_Report.PDF](http://www.ottawapolice.ca/en/news-and-community/resources/OPSB_Service_Initiative_Report.PDF)
- 16) *Rapid Mobilization Table Progress Report Year One – May 2014 to May 2015*. Prepared by: Elyse Lamontagne Decision Support Specialist Community Mobilization Sudbury September 2015.



- 17) Strategy for a Safer Ontario: Public Discussion Paper. [www.ontario.ca/page/strategy-safer-ontario-public-discussion-paper](http://www.ontario.ca/page/strategy-safer-ontario-public-discussion-paper)
- 18) *The Original Game Changers – An Evaluation on Prince Albert’s Centre of Responsibility and its Role in the Advancement of Community Mobilization Efforts to Improve Community Safety and Wellness*. University of Saskatchewan Centre for Forensic Behavioural Science and Justice Studies. Dr. Chad Nilson. September 2015.
- 19) The Prince Albert Hub and the Emergence of Collaborative Risk-Drive Community Safety," Canadian Police College Discussion Paper Series, Change and Innovation in Canadian Policing. Dale R. McFee and Norman E. Taylor. 2014. <http://www.cpc-ccp.gc.ca/sites/default/files/pdf/prince-albert-hub-eng.pdf>.

## **APPENDICES**

The following appendices are provided under separate cover.

**Appendix A: MERIT Process Map – Filter One**

**Appendix B: MERIT Process Maps – Filter Two, Three and Four**

**Appendix C: MERIT Overview Slide Presentation**

**Appendix D: MERIT Charter and Terms of Reference**

**Appendix E: Table of Roles and Responsibilities**

**Appendix F: MERIT Factsheet**

**Appendix G: Database Data Fields**

**Appendix H: MERIT Knowledge Exchange Symposium Report**

**Appendix I: Data Collection Tool**

**Appendix J: Stories of Impact**

**Appendix K: List of Risk Categories**

**Appendix L: Sample Communications Tool**