Cambridge and North Dumfries Health Link

Connectivity

AOHC Conference June 2,2015

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Disclosure of Commercial Support

Presenter Disclosure

Presenter: Bill Davidson
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Relationships with commercial interests:

- **Grants/Research Support:**   None
- **Speakers Bureau/Honoraria:** None
- **Consulting Fees:**   None
- **Other:**   None

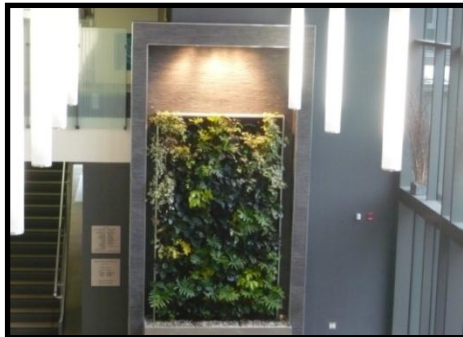Changed lives, healthy communities   www.langs.org

Background about Langs

- Neighbourhood based organization that has been in operation for 36 years

- Offers a wide range of services for all ages

- Operates 1 of 4 Community Health Centres in the Waterloo Wellington LHIN

- Operates the North Dumfries Satellite CHC

- Langs is co-located with 20+ agencies in a new hub building in Cambridge

- Long standing partnership with Waterloo Region Police Services

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Langs Community Hub

- On June 25, 2010, Langs was granted $4.9 million from the Federal Government and $ 3 million from the City of Cambridge to build a community centre.

- The William E. Pautler Seniors Centre co-located with Langs and operates the frail elderly program and wellness programs for seniors.

- 58,000 sq. ft facility that includes a living wall, a green roof, walking track and gymnasium as well as many meeting spaces.

- Ground breaking in October 2010 - Moved in September 2011.

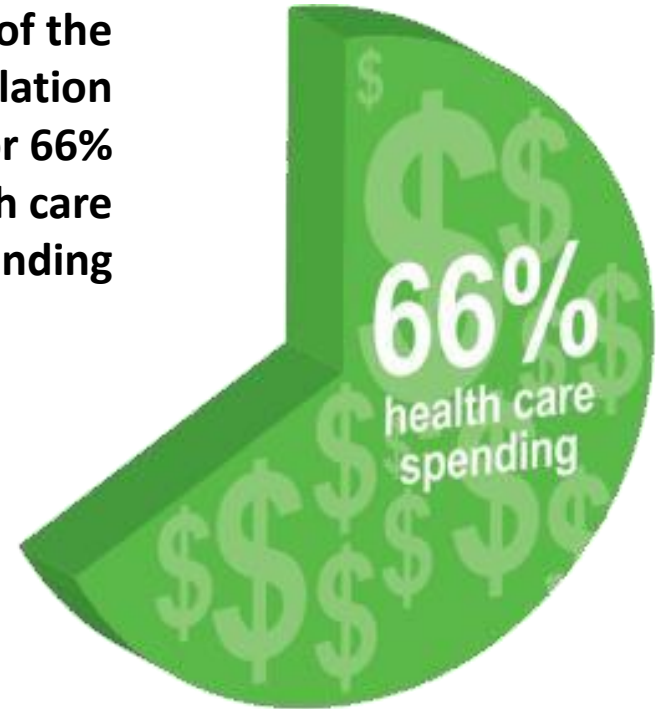Changed lives, healthy communities   www.langs.org

Introduction and Alignment with CHC and Health Link priorities

How does Connectivity connect with these priorities ?

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The relatively few people with complex problems account for the majority of our health expenditures

▶ 5% of the population accounts for 66% of health care spending

66% health care spending

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Breaking Down Silos

Better Integration: Health Links

Hospital

Long-Term Care Homes

Home Care

Specialists

Community Services

Allied Health Professionals

Primary Care Physicians
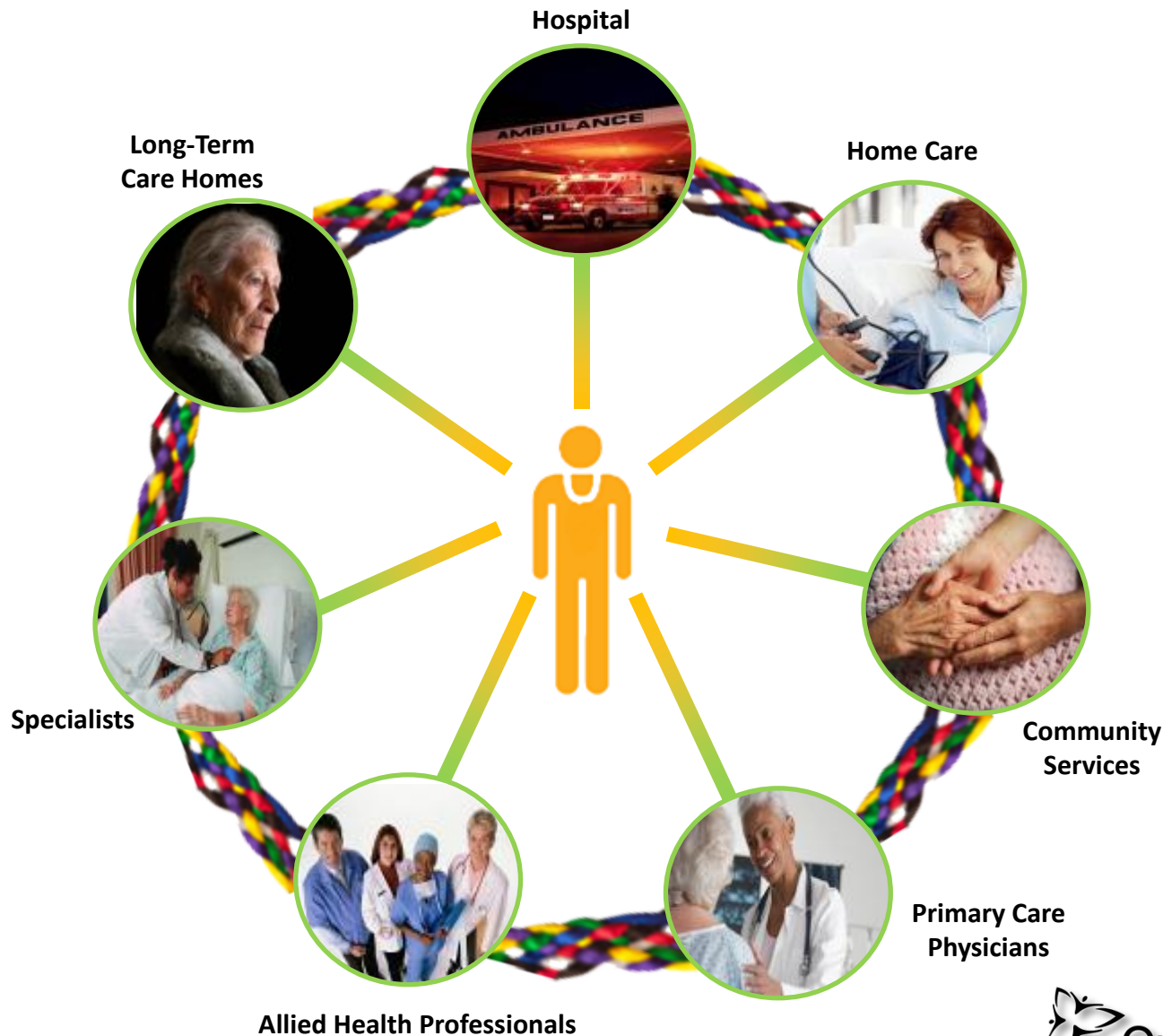
Coordinated and integrated care is the heart of Health Links

◆ Health Links launched Dec. 2012

◆ New model to improve care for high needs patients

◆ All providers working at the local level to integrate clinical care and coordinate plans at the patient level

◆ 60+ Health Links

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How Connectivity is Integrated with Health Link

- Opportunity for all providers to work together (health, social services, education and the police)
- One Referral Form
- One Co-ordinated Plan of Care
- Different funding, some differences in reporting
- Common evaluation strategies

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Alignment with CHC model

- Collaboration and coordinated care are instrumental to the Connectivity model

- Involvement of health and allied health providers at the CHC

- Strong link to the social determinants of health (ie income, employment, social support, housing, healthy child development)

- Addresses challenges faced by CHC staff in finding the right services at the right time, for complex patients

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Background

- Began in Canada in in Prince Albert, Saskatchewan

- Need for collaborative approach to non-emergency calls for police assistance

- Saskatchewan had the highest Crime Severity Index of all provinces in 2007

- Impact of social determinants of health including high rates of unemployment, substance use; lower education levels and a high youth population

- Model originated in Scotland

Mitigating Elevated Risk
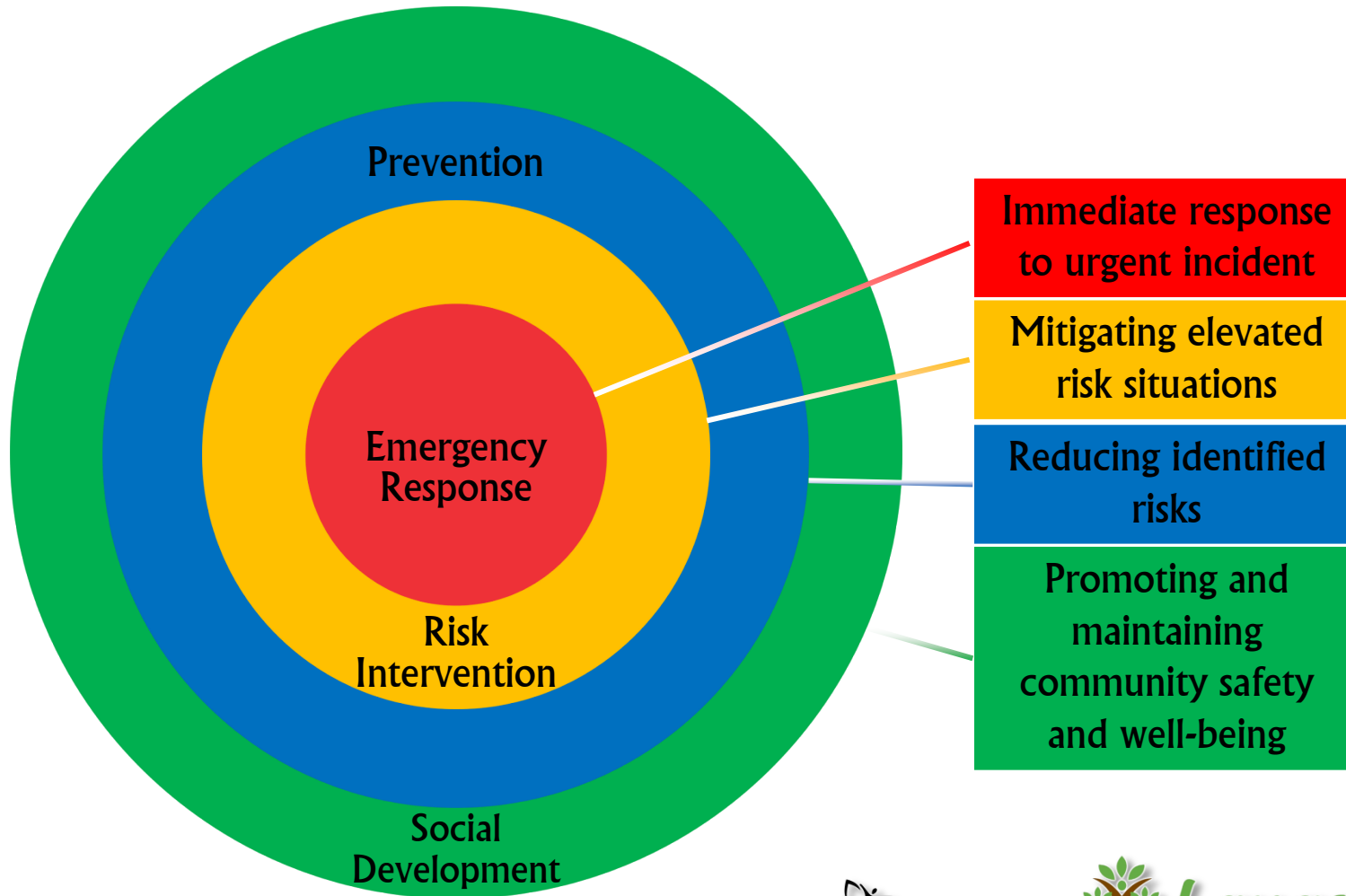
Four Filter Process

Privacy in Connectivity: The Four Filtered Approach

A four filtered approach to sharing information is used to meet privacy expectations:

1. Only allow situations of elevated risk to be discussed;

2. Minimize the identifiable personal information and personal health information that is disclosed at the discussion;

3. Limit the organizations to which the information is disclosed;

4. Limit the recording of identifiable information (e.g. only agencies with a role to play record identifiable information)

Filter One

Filter Two

Filter Three

Filter Four
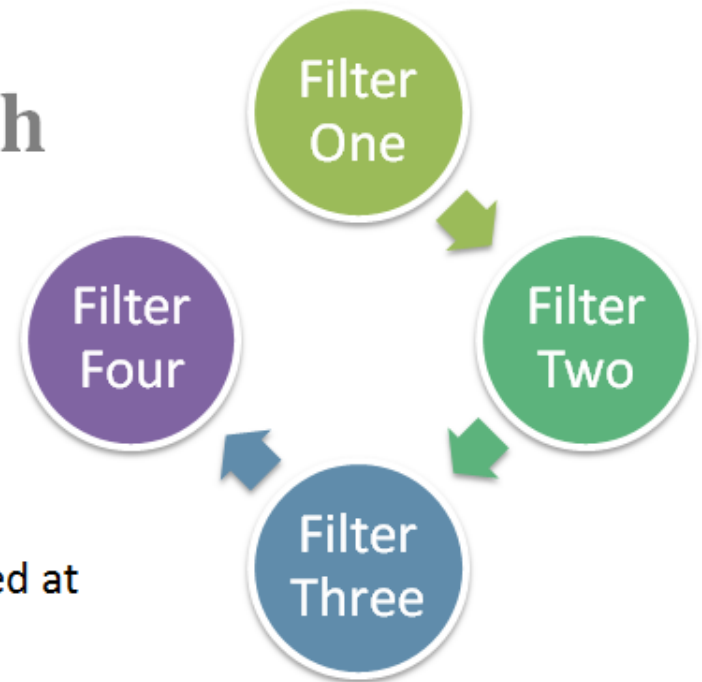
Why Cambridge and North Dumfries?

- Introduction to the model in 2013: WWLHIN, Crime Prevention Council and Waterloo Region Police Service coordinate learning day with leaders from Prince Albert ,SK

- Langs Community Hub Model

- Readiness for implementation the model

- Organizations have a history of working collaboratively

- Community Mobilization and partnerships with Waterloo Region Police Service

- Timely with introduction of Health Links in Waterloo Wellington

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Implementation Journey for Connectivity

- Proceeds of Crime funding from the Ministry of Community Safety and Correctional Services

- Leadership from WRPS and Langs

- Intentional invitations to key leaders in health and social services

- Information session and launch January 2014

- Immediate start of Connectivity meetings

- Oversight provided by the Health Link Steering Committee

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Video – Overview of Connectivity In Waterloo Region

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Implementation Journey for Connectivity

- Membership at Connectivity grew based on needs of the situations and organizations/services who have frequent involvement

- Continued intentional engagement of health and social service organizations/representatives

- Role of primary care

- On-going education sessions for new partners, back up representatives and to meet growing community interest

- Experience as an early adopter site

- Introduction of Coordinated Care Plan

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Connectivity – A Multi-Sector Collaboration

Cambridge and North Dumfries Connectivity

INDIVIDUAL

141 Situations

WRPS

A Connectivity Situation

An opportunity for the Connectivity Experience

Example Situation (Identities Are Protected)

Domestic · Mental Health · Medications · Problematic Substance Use · Unemployed · Suicidal

Domestic · Mental Health · Medications · Truancy · Runaway · Suicidal

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Risk Factors Identified

Supervision

Basic Needs

Alcohol

Mental Health

Suicide

Missing School

Parenting

Antisocial Behaviour

Runaway

Follow-Up at Next Connectivity Table

Impact and Outcomes to Date

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Progress Over 16 months

- First few months getting to know the model and outreaching to various organizations

- Successful project launch and follow up information session

- Over the past 66 weeks:

20 Agencies Participating

200 visitors

141 Situations brought to table

17 Situations declined

123 Situations closed

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Progress Over 16 months

- Kitchener-Waterloo Connectivity Table launched by Carizon

- Evaluation strategy implemented in partnership with WRPS and Kitchener Waterloo Connectivity

- Langs has been participating in the Ontario Working Group

- Intentional integration with Health Links Steering Committee versus having a separate governance structure

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Challenges

- Some organization buy in at start up

- Differing understanding of privacy policies

- Model is a little prescriptive in its approach

- Needs to be a greater emphasis on strengths, assets and protective factors, in addition to risk factors

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Year One - Impact

For the Organization =	For the Individual/Family =	For the System =
- Excitement among front line workers and senior staff of the partner organizations. - More effective use of resources and more intentional approach to collaborative work. - Added benefits of collaboration and positive inter-agency relationships.	- More responsive to the needs of the individual/community - Quicker intervention and access to services. - Better outcomes for the individual and family	- High level of commitment to participate at Connectivity - Helps identify gaps in system or transitions between services (ie. Community based mental health)

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What are the Data Trends with Connectivity Situations?

Top Risk Factors

- Diagnosed/suspected mental health problem
- Criminal Involvement
- Drugs
- Physical violence
- Housing

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Social Determinants of Health

- Childhood Development (Parenting/Supervision)
- Housing
- Social Inclusion & Exclusion
- Basic Needs
- Unemployment
- Income/Poverty

Connectivity Situations by Age:

- Youth 12-15 – 19%
- Adult 40-59 – 14%
- Adult 30-39 – 13%
- Child 6-11   – 13%

Connectivity Situations by Gender

- 63% male; 37% female

Outcomes and Impacts – Waterloo Region Evaluation Methodology

- Partner agencies govern the evaluation process

- Observation of Connectivity meetings

- Analysis of Connectivity data bases

- Focus groups with Connectivity members and Cambridge and North Dumfries Health Link Steering committee

- Key informant interviews with Connectivity members; agency representatives/supervisors and key stakeholders (including those involved in the start up of Connectivity)

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Outcomes and Impacts – Waterloo Region Central Evaluation Questions

- *How has Connectivity been implemented in Waterloo Region?*
- *Who is being served by Connectivity?*
- *What are the outcomes for people being served by Connectivity?*
- *What outcomes or changes to local services and the broader systems occur as a result of Connectivity?*

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Outcomes and Impacts – Waterloo Region

Representation and Engagement of Local Services

- Cross-sectoral representation from education, police and justice services, primary care, hospital, mental health and addictions, child protection services, housing and homelessness support services, sexual assault and victim support services.

- Strategic recruitment and engagement of members who are perceived as "leaders" and "decision-makers" in their home organizations.

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Outcomes and Impacts – Waterloo Region

Representation and Engagement of Local Services

- 35-45% of the services represented at each table have been responsible for bringing situations to Connectivity.

- Police have referred almost three-quarters of the situations to Cambridge (73%) and over half (56%) to the Kitchener table.

- Police services were the highest referral source in both Connectivity tables; police were also the agency most frequently leading, providing assistance or responding to situations

- Canadian Mental Health and Family and Children's Services were the next agencies most frequently engaged in responding to situations of elevated risk in both communities.

- Langs provided primary care assistance in 20 situations in Cambridge

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Outcomes and Impacts – Waterloo Region

What are the outcomes for people being served by Connectivity?

- Connectivity has been successful in connecting individuals and families in situations of acutely elevated risk to connect with services in over three-quarters (76%) of the situations they have addressed and closed.

- Individuals served experienced an increased sense of trust in service providers and increased levels of stability and wellness.

- 74% reduction in calls for police service associated with people presenting at the Cambridge table during the 90 day period after the situation was closed.

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Outcomes and Impacts – Waterloo Region

What outcomes or changes to local services and the service systems occur as a result of Connectivity?

- Some services have reported that Connectivity has enabled them to reach vulnerable client populations they have had difficulty connecting with or finding through other community resources.

- Positive impact on the way local service providers conduct their work. (e.g. providers reported that the new relationships with other service providers at he table have enabled them to work more collaboratively, effectively, and efficiently).

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Outcomes and Impacts – Waterloo Regin

What outcomes or changes to local services and the service systems occur as a result of Connectivity?

- Services and agencies involved in Connectivity are seeing great value in participating and, where possible, are creating capacity to sustain or enhance engagement in the tables.

- Identified important service gaps such as the need for expansion of adult mental health services.

Outcomes and Impact – Prince Albert, SK

Calls For Service
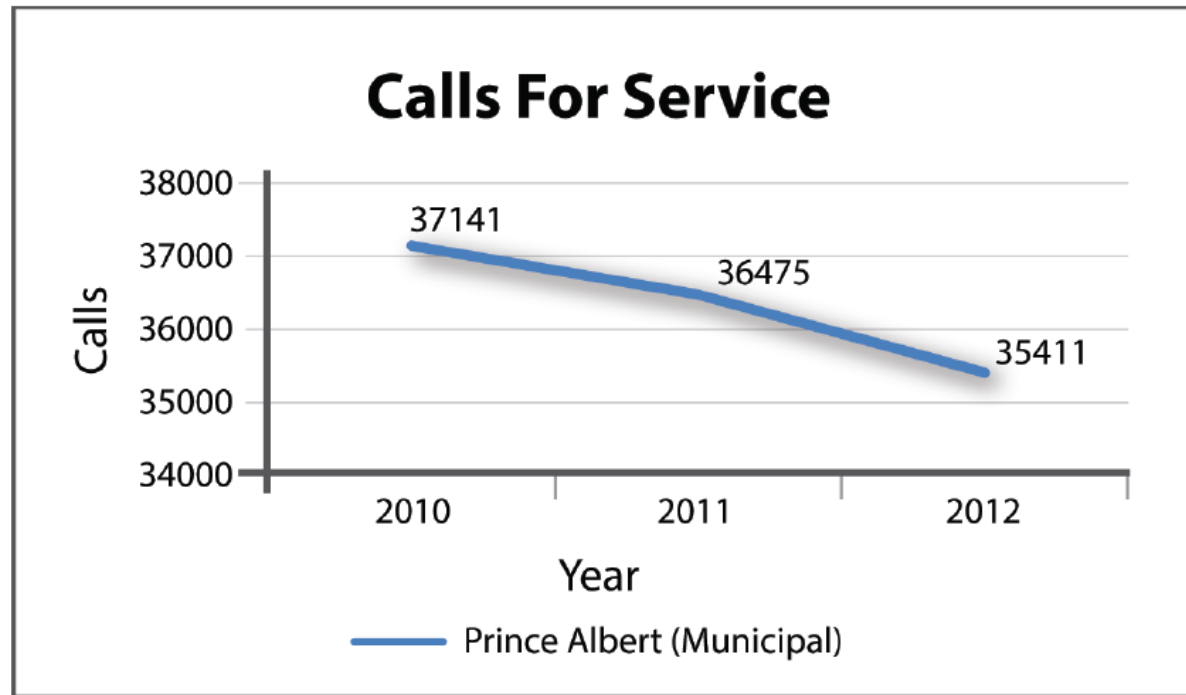
Some Promising Indicators Resulting from BPRC-CMPA
(as of January 2014)
Ministry of Justice: Corrections and Policing

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Frequently Asked Questions

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Is this model scalable?

- Growing across Ontario in the past 18 months
- North Bay, Rexdale, Woodstock, Guelph, Brantford, Ottawa, Sudbury and more interest each day!
- Builds on collaborative work in the CHC sector

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How does this align with the privacy legislation?

- 4 Filter process

- Data base check at Filter Four

- Confidentiality form for guests/observers and each Connectivity member

- Privacy Commission visit and report on the model provincially

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Questions?

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AOHC evaluation form

- We appreciate your feedback!

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Thank you!

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