

An Evaluation of Connectivity Tables in Waterloo Region



What is the Connectivity Table?

Connectivity is based on a Community Mobilization Hub Model originating in Prince Albert, Saskatchewan. The model is a multi-disciplinary, interagency approach to addressing situations of acutely elevated risk on a case-by-case basis. Locally, each table brings health, social, and justice services together at a weekly meeting to collaboratively and proactively address situations of elevated risk.

How Does the Connectivity Table Work?

Connectivity Tables work through an intentional 4 filter model using de-identifying information at their weekly meetings to assess and respond to acutely elevated risk. The following diagram illustrates the process.



How Did the Waterloo Region Connectivity Tables Get Started?

In January, 2014, the Waterloo Regional Police Service (WRPS), in partnership with Langs, adapted and implemented Connectivity, a “Situation Table” in Cambridge-North Dumfries (CND). In partnership with Carizon Family and Community Services, a second Situation Table became operational covering Kitchener, Waterloo, Wellesley, Wilmot, and Woolwich (KW4) in October 2014. Together, these two tables are known as Connectivity Waterloo Region.

Why Evaluate Connectivity Tables?

The expected outcome of the Connectivity Table is that individuals are connected to services. However, we know through experience that Connectivity Tables have a greater impact on individuals, families, organizations and the system. With the number of tables established in Ontario, it was timely to look at their impact and develop an evaluation framework that could be replicated for other situation tables. Two evaluations were undertaken in Waterloo Region completed by Taylor Newberry Consulting. A Steering Committee helped guide the evaluation process and input was sought from table members about the evaluation.

What was the Methodology Undertaken to Evaluate Waterloo Region Connectivity Tables?

One of the things that I think that makes the Table work is people come from their organizations, but when that case gets put forward, that's who we look at first. We look at those risk factors and we're not looking at do they fit my criteria, would they fit into our agency—you know? ...We decide who can be of best help, not whether or not it's my job... Those silos drop, and it's like we work for one agency, but we're bringing our expertise and our resources... And that's the way it really should be, because if one agency could handle them, they wouldn't be coming here. We need to step up. We can't allow the clients to fall between the cracks. – Connectivity Table Member, Phase 1 Evaluation

Project Design and Evaluation Methodology	
Phase 1 Evaluation	Phase 2 Evaluation
An analysis of police calls for service data pre and post Connectivity Table interventions	An analysis of hospital service usage data, including emergency department use, in-patient admissions, and length of stay. Analysis examined trends and changes pre and post Connectivity Table interventions
Key informant interviews with table members and external stakeholders	Interviews with service users/clients connected to services to gather first-hand experiences regarding the impact of the Connectivity Tables.
Focus groups with table members	An analysis of police calls for service data pre and post Connectivity Table interventions
	Key informant interviews with table members and external stakeholders

There has been absolutely no more contact with police, no more issues in the community, complete stability, housed, healthy, still on medication, and still followed by a lot of the supports that were put into place as a result of coming to Connectivity. – Connectivity Table Member, Phase 2 Evaluation

Connectivity Table Process and Expected Outcomes

<h3>Connectivity Team Forms</h3>	<ul style="list-style-type: none"> • Analysis of presenting needs and risk • Establish service roles and contact plan
<h3>Initial Intervention</h3>	<ul style="list-style-type: none"> • Service consent and engagement • Emergency Department diversion • Hospitalization • Service plan created
<h3>Outreach and Risk Reduction</h3> <div data-bbox="126 695 695 1045" style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p><i>‘I just wasn’t taking my medication when I lived with my mom. I was skipping some meds I probably shouldn’t have skipped, which I realized after I moved out how much they actually help and how much they don’t actually hurt me’ – Connectivity Table Client, Phase 2 Evaluation</i></p> </div>	<ul style="list-style-type: none"> • Eviction prevention • Income security • Medication compliance • Removal to safety • Clarity of needs and appropriate services <ul style="list-style-type: none"> • Connections to services made: <ul style="list-style-type: none"> - Psychiatry - Primary Care - Support Coordination - Counselling - Peer Support

Evaluation Questions

The Phase 2 evaluation focused more heavily on outcomes. The following key evaluation questions guided Phase 2:

- To what extent do individuals engage with the supports and services developed and implemented by Connectivity?
- What new services and supports do individuals access to meet their needs?
- What are individuals’ experiences with new supports and services? Are they experienced as beneficial and helpful? In what ways? How can services be improved?
- What changes are observed in people’s lives? To what extent are stability and wellness promoted? How is risk mitigated or removed?
- To what extent have interventions by Connectivity influenced the frequency and duration of emergency department visits and hospital admissions among Connectivity users?
- To what extent have interventions by Connectivity influenced the frequency of police service calls among Connectivity users?

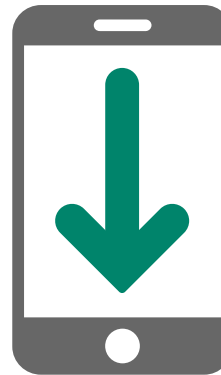
“We do have a lot of people in our community who won’t actually be helped if you don’t have somebody going to the door ... the point of Connectivity isn’t just to give them a business card and say, call me if you want some help. It’s to grab a hold of their arm and look at them in the eye and tell them, “you need help and here it is”. There aren’t too many agencies out there who do that sort of work, so for us to round up in groups and go do that, I think is very unique.” – Community Partner

Connectivity Table Outcomes... By the Numbers

Phase 1 – 89 situations



76% CONNECTED TO SERVICES
13% DECLINED SERVICES
11% INFORMED/REFUSED/RELOCATED



74% OVERALL DECREASE IN CALLS FROM INDIVIDUALS LINKED TO CONNECTIVITY
21% INDIVIDUALS WITH CALLS REDUCED 100%

Phase 2 – 255 situations



65% CONNECTED TO SERVICES
9% DECLINED SERVICES
26% INFORMED/REFUSED/RELOCATED



46% OVERALL DECREASE IN CALLS FROM INDIVIDUALS LINKED TO CONNECTIVITY
16% INDIVIDUALS WITH CALLS REDUCED 100%



41.5% OVERALL REDUCTION IN EMERGENCY DEPARTMENT VISITS

1,341
FEWER CALLS TO POLICE



126
FEWER EMERGENCY DEPARTMENT VISITS



\$139,131
COSTS DIVERTED

Thanks to our supporters who made this evaluation possible:

Cambridge and North Dumfries

