Summary of MERIT Table - Purpose and Process

The term 'integrated service delivery' is widely used across all human services and it can connote a variety of approaches. In the context of this summary, this term refers specifically to specially convened forums wherein professionals from a variety of human service sectors come together for the purpose of identifying the need for, and developing immediate plans for, multi-agency interventions. These forums and their resulting interventions are intended to reduce elevated risk situations that if left unattended, are deemed by the professionals involved to be highly likely to create imminent harm to individuals, families or the community.

A MERIT 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 the integrated service delivery 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 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 be 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 done 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.

The Four Filter Process:

Through extensive collaboration, the CMPA (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 OWG have adopted this approach and localized the model for their respective communities. The Ontario Working Group (OWG) is a subcommittee of the Ontario Association of Chiefs of Police (OACP) Community Safety and Crime Prevention Committee, and its activities are supported by the Ministry of Community Safety and Correctional Services.

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 will:

- 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; 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 Situation Table.

The Filters Explained

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.

For example, the Ottawa Police Service Victim Crisis Unit will act as the single point of contact for all OPS referrals for the pilot program. As the subject matter experts for risk management, the VCU will triage any officer initiated referrals from the front line and other investigative units. Although 'acutely at risk' persons and families are not victims in the traditional sense of the definition, the VCU is dedicated to providing professional assistance and crisis counseling to victims of ***crime or tragic circumstances***. The VCU also ensures that victims have access to the many resources and programs offered in the Ottawa Area.

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 MERIT 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?

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.

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.

Filter Four: <u>Full in camera discussion among intervening agencies only</u>

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.

References

7 Nilson, C., Winterberger, M., and Boechler, T. (2013). Hub Database Methodological Summary: An Overview of the Ongoing Development and Implementation of a Database Tracking General Information, Risk Factors and Activities of Hub Discussions Held At Community Mobilization Prince Albert. Prince Albert, SK: Community Mobilization Prince Albert.

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