Abbotsford Situation Table

A Collaborative Approach to Acutely Elevated Risk

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INCLUSIVE & CONNECTED COMMUNITY
SUSTAINABLE & SAFE CITY
VIBRANT & GROWING ECONOMY
ORGANIZATIONAL EXCELLENCE & INTEGRITY

CEDAR OUTREACH SOCIETY

ABBOTSFORD

What is a Situation Table?

An initiative of the Ministry of Public Safety and Solicitor General (PSSG), a Situation Table is a community-led, multi-agency team that collaboratively addresses situations of acutely elevated risk (AER) faced by individuals or families. These tables bring together frontline workers from various sectors (public safety, health, social services, education, Indigenous services, community organizations) to facilitate a rapid, coordinated response. **Members contribute by bringing cases to the table, helping discern AER, adding relevant information to cases, and assisting with open cases.**

Current Attending Agencies:

- Abbotsford Police Department
- Abbotsford Regional Hospital
- Archway Community Services
- BC Housing
- CEDAR Outreach (co-chair and service provider)
- City of Abbotsford (co-chair)
- Community Living BC (CLBC)
- Cyrus Centre
- First Nations Health Authority (FNHA)
- Fraser Health (Home Health, IHS, IAT, ICM, IHART, Psychiatry, RAAC, SUSAT, ACT)
- Lookout Housing + Health Society
- MACO (Community Corrections)
- MCC
- MCFD
- MICR (Mobile Integrated Crisis response)
- MSDPR
- Pacific Community Resources Society
- Salvation Army
- SARA for Women
- Sparrow Community Care Society
- Ucwalmicw All Nations Services Society (UANSS)
- Xyólheméylh (FVACFSS)

The Goal:

To proactively identify and support individuals and families at imminent high risk of harm (victimization, offending, overdose, eviction, serious health issues, suicide) by connecting them with the necessary services *before* a crisis escalates.

Key Principles:

- **Community-Led Partnership:** Driven by local service providers.
- **Multi-Agency Collaboration:** Bringing diverse expertise and resources to the table.
- **Focus on Acutely Elevated Risk (AER):** Addressing situations with a high probability of imminent and significant harm.
- **Rapid and Coordinated Intervention:** Mobilizing support quickly (ideally within 24-48 hours).
- **Privacy-Conscious Information Sharing:** Utilizing the "Four Filter Process" to ensure responsible data exchange only when necessary.
- **Prevention-Oriented:** Addressing risks early to prevent negative outcomes.
- **Coordination, Not Service Delivery:** The table coordinates existing services; it doesn't directly provide them.

Risk Factors:

A case should be brought to the Situation Table if an individual is experiencing **two or more of the following risk factors** requiring a **multidisciplinary approach**.

Alcohol	Drugs	Physical Disability	Cognitive Impairment
Mental Health	Physical Health	Suicide	Self-Harm
Criminal Involvement	Crime Victimization	Emotional Violence	Sexual Violence
Physical Violence	Elderly Abuse	Supervision	Basic Needs
Missing School	Parenting	Housing	Poverty
Negative Peers	Antisocial Behaviour	Unemployment	Missing/Runaway
Brain Injury	Neurodivergence	Social Isolation	Gambling
Gang Involvement	Social Environment	Threat to Public Health & Safety	

The Four Filter Process:

The Four Filter Process ensures that personal information is shared only when necessary and in a controlled manner as the Situation Table assesses and plans interventions.

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Filter 1: Home Agency Screening Using the *Filter 1 Referral Form*

- Frontline worker identifies a case they believe meets the criteria for AER:
    1. Risk of harm to individual/others, risk of victimization, and/or risk of serious instability
    2. Presence of two or more concurrent risk factors
    3. Exhaustion of single-agency capacity
    4. Need for a multi-disciplinary approach
- The agency internally assesses the risk factors suggesting AER using the *Filter 1 Referral Form* ***without sharing identifying information externally***.

Filter 2: De-Identified Discussion at the Table

- The referring worker presents the case to the multi-agency table using the using the *Filter 1 Referral Form's* **non-identifying information**.
- The goal is to determine if the case meets the Table's threshold for AER and warrants further discussion based on the presented risk factors.
- Cases not warranting further discussion are tracked as "rejected"

Filter 3: Identifiable Discussion (Agency Recognition)

- If the Table agrees the case involves AER, the referring worker may share **limited identifying information** (name, date of birth, address; no details related to associated family members or peers are shared unless the situation directly includes them).
- Table participants check their agency records to see if they are already involved with the individual or family, avoiding duplication and ensuring all relevant agencies are aware.
- The lead agency and supporting agencies are identified to form the Filter 4 team.

Filter 4: Intervention Planning (The "Door Knock")

- Only the agencies with a **direct role in the intervention** discuss the specifics of a coordinated support plan ***after the conclusion of the meeting***.
- Email is sent by Co-Chairs to lead and supporting agencies to aid in setting up a Filter 4 Meeting – can meet right after the Situation Table via Teams
- These involved agencies share **necessary personal information** to facilitate the intervention, adhering to their own privacy policies and information-sharing agreements. Agencies not directly involved do not receive further identifying information.

Pending Cases:

- Start each Situation Table meeting by revisiting open cases.
- No identifiers are used unless more information is needed or more partners are needed.
- Pending cases can be rolled over for several meetings in a row.
- Cases are closed for various reasons:
  - Overall Risk Lowered – Connected to Services
  - Overall Risk Lowered – Through no action of the Situation Table
  - Still AER – Informed about services; not yet connected
  - Still AER – Systemic Issue
  - Still AER – Refused Services/Uncooperative
  - Other – Deceased
  - Other – Unable to Locate

If a potential case requires action before the next Situation Table meeting, the co-chairs can confirm AER & connect staff to partner agencies via email immediately. The case will still be tracked at the next meeting & any additional supports can be identified at that time.

Making a Referral to the Situation Table:

- **Filter 1 Referral Form:** Complete form & send to co-chairs
- **Sign NDA:** Request an NDA from the co-chairs and sign and return in advance of the meeting
- **Regular Hybrid Meetings:** Tuesdays bi-weekly at 10:45am (Legacy Sports Centre/Teams)
- **Virtual "As Needed" Meetings:** Alternating Tuesdays at 10:45am (Teams)
- **Contact Information:** abbotsfordsituationtable@cedaroutreach.com

Abbotsford Situation Table: Filter 1 Referral Form

For all potential cases for the Situation Table, please complete the following referral form and send it to abbotsfordsituationtable@cedaroutreach.com. Any questions can be sent to the same email.

Referring Organization Information:

Date (MM/DD/YYYY) | Discussion # (TBD)

Referring Organization | Staff Name | Phone Number | Email

Filter 1 Screening Tool – Select All That Apply:

- ☐ Risk of harm to individual/others, risk of victimization, and/or risk of serious instability
- ☐ Presence of two or more concurrent risk factors (see below)
- ☐ Exhaustion of single-agency capacity
- ☐ Need for a multi-disciplinary approach

Person 1 Gender:

☐ Male ☐ Female ☐ Other:

Person 2 Gender (If Needed):

☐ Male ☐ Female ☐ Other:

Person 1 Age Range:

☐ 0-11 ☐ 12-18 ☐ 19-26 ☐ 27-39 ☐ 40-54 ☐ 55-69 ☐ 70+

Person 2 Age Range (If Needed):

☐ 0-11 ☐ 12-18 ☐ 19-26 ☐ 27-39 ☐ 40-54 ☐ 55-69 ☐ 70+

Dependent Child/ren Age Range (Check All That Apply):

☐ 0-11 ☐ 12-18 ☐ 19-26 ☐ 27-39 ☐ 40-54

Select All That Apply:

☐ Indigenous ☐ Children In Home ☐ Exiting Hospital ☐ Exiting Institution ☐ Intimate Partner Violence ☐ Gender Based Violence

Risk Factors – Select All That Apply:

☐ Alcohol	☐ Drugs	☐ Physical Disability	☐ Cognitive Impairment
☐ Mental Health	☐ Physical Health	☐ Suicide	☐ Self-Harm
☐ Criminal Involvement	☐ Crime Victimization	☐ Emotional Violence	☐ Sexual Violence
☐ Physical Violence	☐ Elderly Abuse	☐ Supervision	☐ Basic Needs
☐ Missing School	☐ Parenting	☐ Housing	☐ Poverty
☐ Negative Peers	☐ Antisocial Behaviour	☐ Unemployment	☐ Missing/Runaway
☐ Brain Injury	☐ Neurodivergence	☐ Social Isolation	☐ Gambling
☐ Gang Involvement	☐ Social Environment	☐ Hoarding	☐ Threat to Public Health/Safety

Brief Description of Circumstance (include any known resources they are attached to):

NOTE: The above assessment and referral form is completed by the referring agency ONLY, without sharing identifying information externally.

What Happens After the Filter 1 Referral Form is Sent In: *

- You will receive an NDA to sign & return to attend the next Situation Table meeting.
- If unable to attend, pass the referral form and all relevant identifying information to another staff member *in your organization* who can attend in your place. Please make the co-chairs aware of this.
- At the next Situation Table Meeting, Filters 2, 3, and 4 will carry out as follows…

Filter 2: De-Identified Discussion at the Table

- You will present the situation to the table using the referral form's non-identifying information.
- The table will determine if the situation meets the threshold for AER and warrants further discussion based on the presented risk factors.

Filter 3: Identifiable Discussion (Agency Recognition)

- If the threshold is met, you will share limited identifying information (name, date of birth, address; no details related to associated family members or peers are shared unless the situation directly includes them).
- Table participants check their agency records to see if they are already involved with the individual or family, avoiding duplication and ensuring all relevant agencies are aware.
- The lead agency and supporting agencies are identified to form the Filter 4 team.

Filter 4: Intervention Planning (The "Door Knock")

- Only the agencies with a **direct role in the intervention** discuss the coordinated support plan ***after the conclusion of the meeting.*** This will include you as the lead or supporting agency.
- The involved agencies share **necessary personal information** to facilitate the intervention, adhering to privacy policies and information-sharing agreements. Agencies not directly involved do not receive further identifying information.

If a potential case requires action before the next Situation Table meeting, the co-chairs can confirm AER & connect staff to partner agencies via email immediately. The case will still be tracked at the next meeting & any additional supports can be identified at that time.

Data Tracking

Risk Tracking Data Base:

- Filled in by Data Tracker during meeting
- Tracks non-identifying information:
  - Discussion Number & Case Status (open, closed, rejected)
  - Open Date/Close Date
  - Number of Discussions
  - Reason for Closure
  - Type (Individual, Family, Neighbourhood, Environment)
  - Gender & Age Range
  - Risk Factors
  - Originating Agency, Lead Agency, Supporting Agencies
  - Consent Obtained (Yes/No)
  - Issues & Study Flags

Issues, Service Gap & Study Flags:

Issues

- Domestic Violence
- Children in the Home

Study Flags

- Indigenous
- Hoarding
- Institution Discharge

Study Flags Newly Added in 2025

- Brain Injury
- Neurodivergence
- Social Isolation
- Gender-Based Violence
- Homelessness (Abbotsford-only)

Service Gap Newly Added in 2025

- Siloed Services

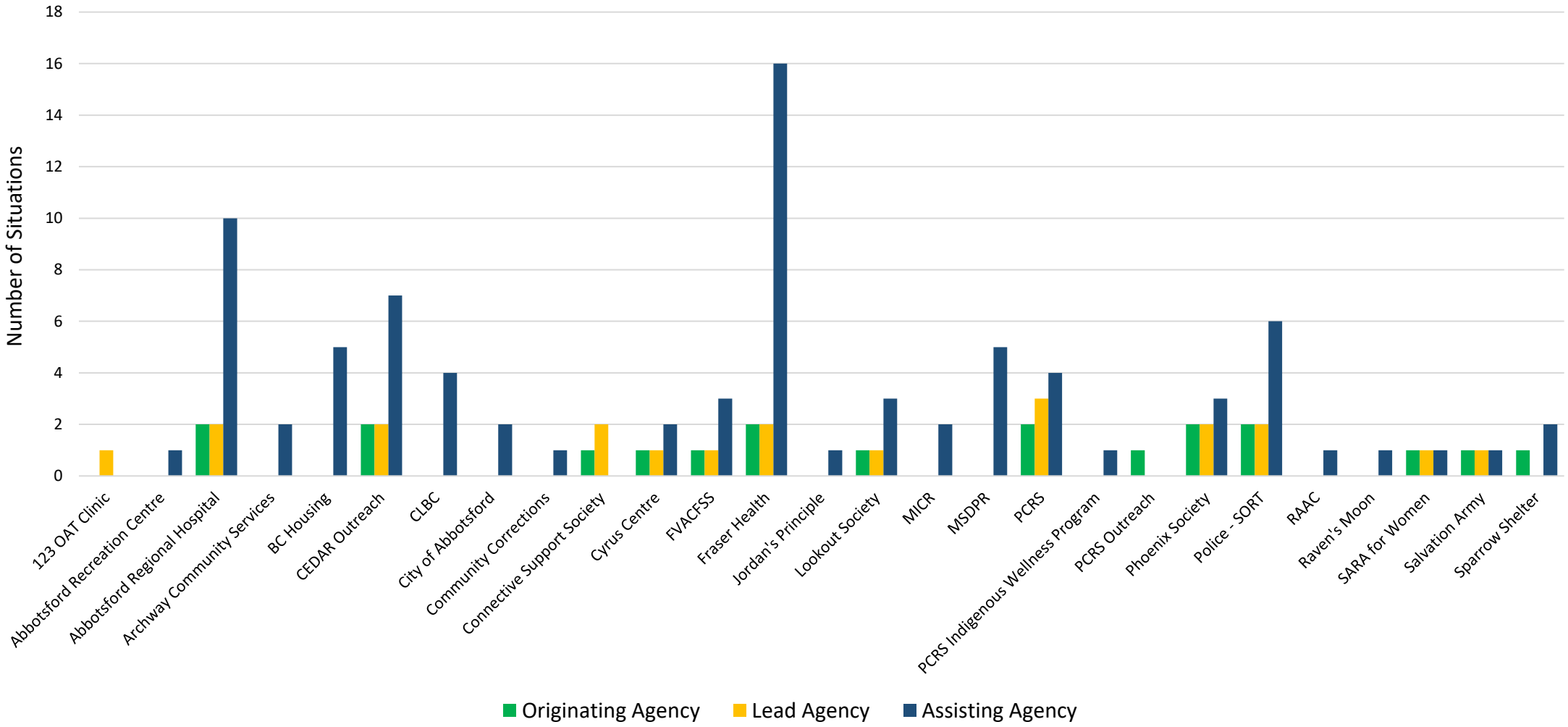
Statistics
March 2025 – March 2026

Number of Situations

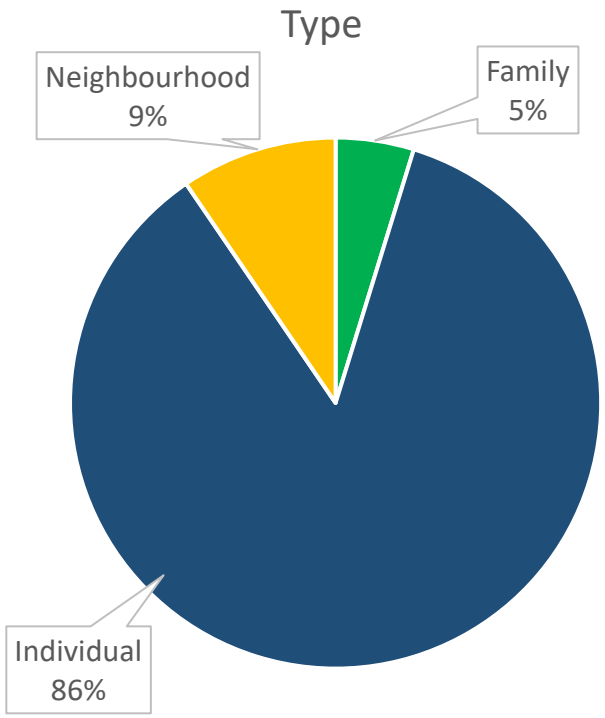
During the period of March 2025 to March 2026, 0 situations were rejected.

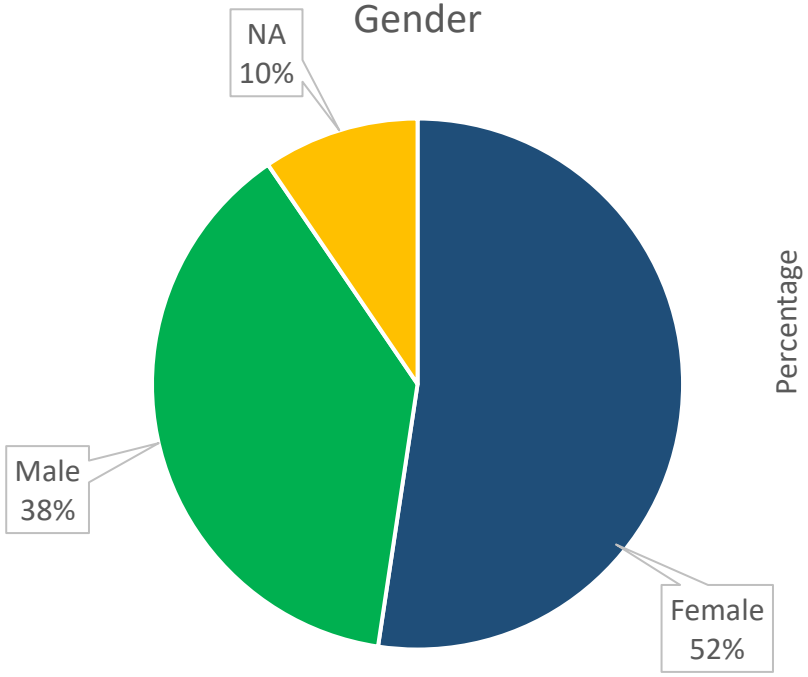
This brings the total amount to 21 for this time frame.

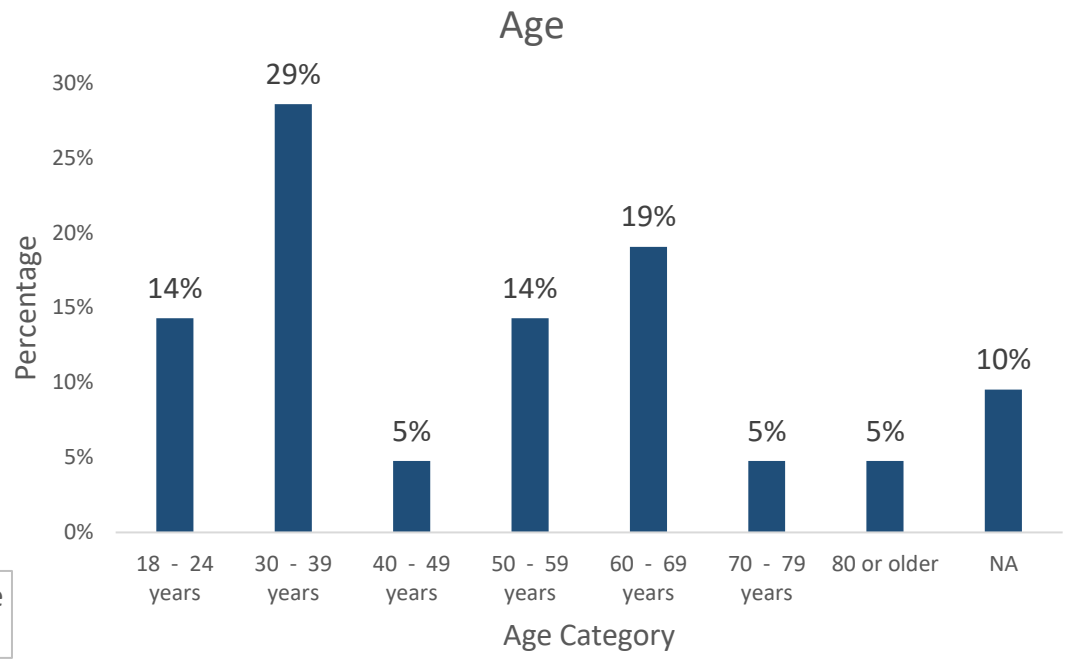
Agency Involvement



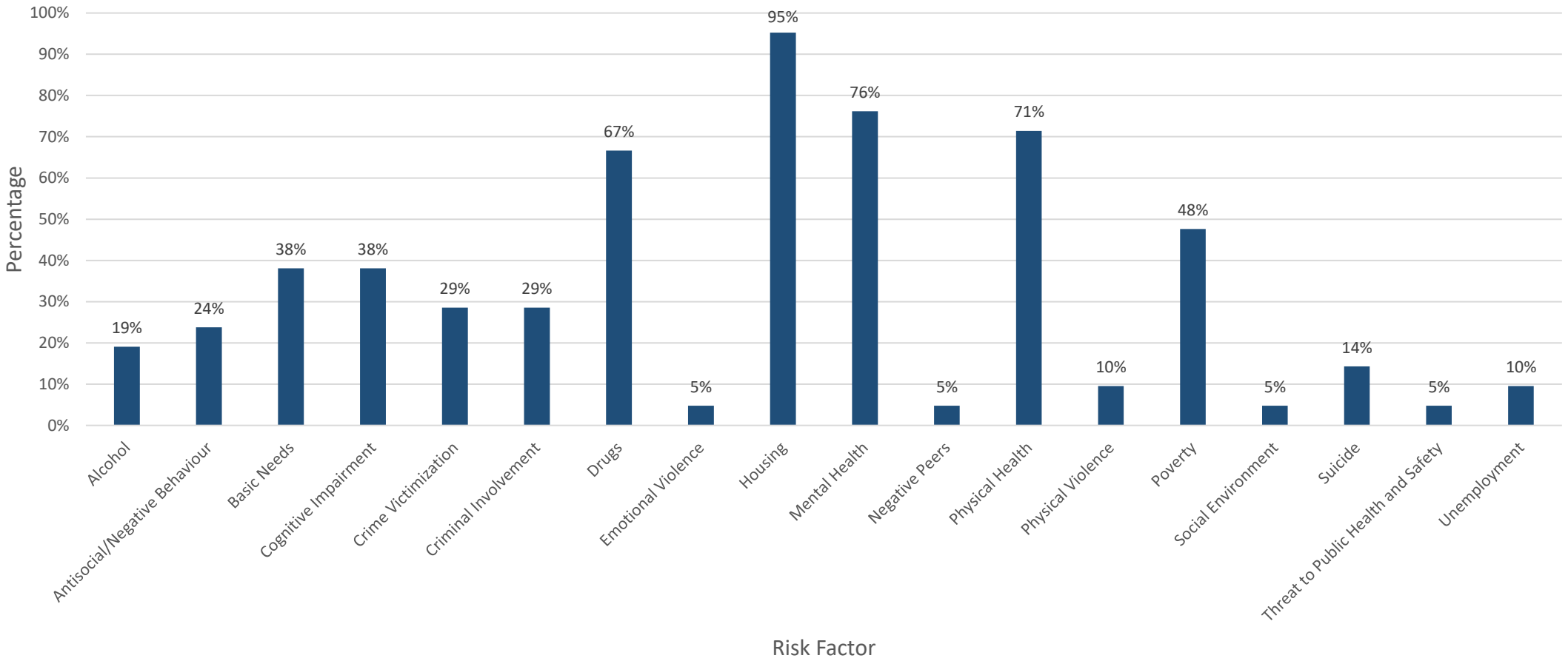
Demographics



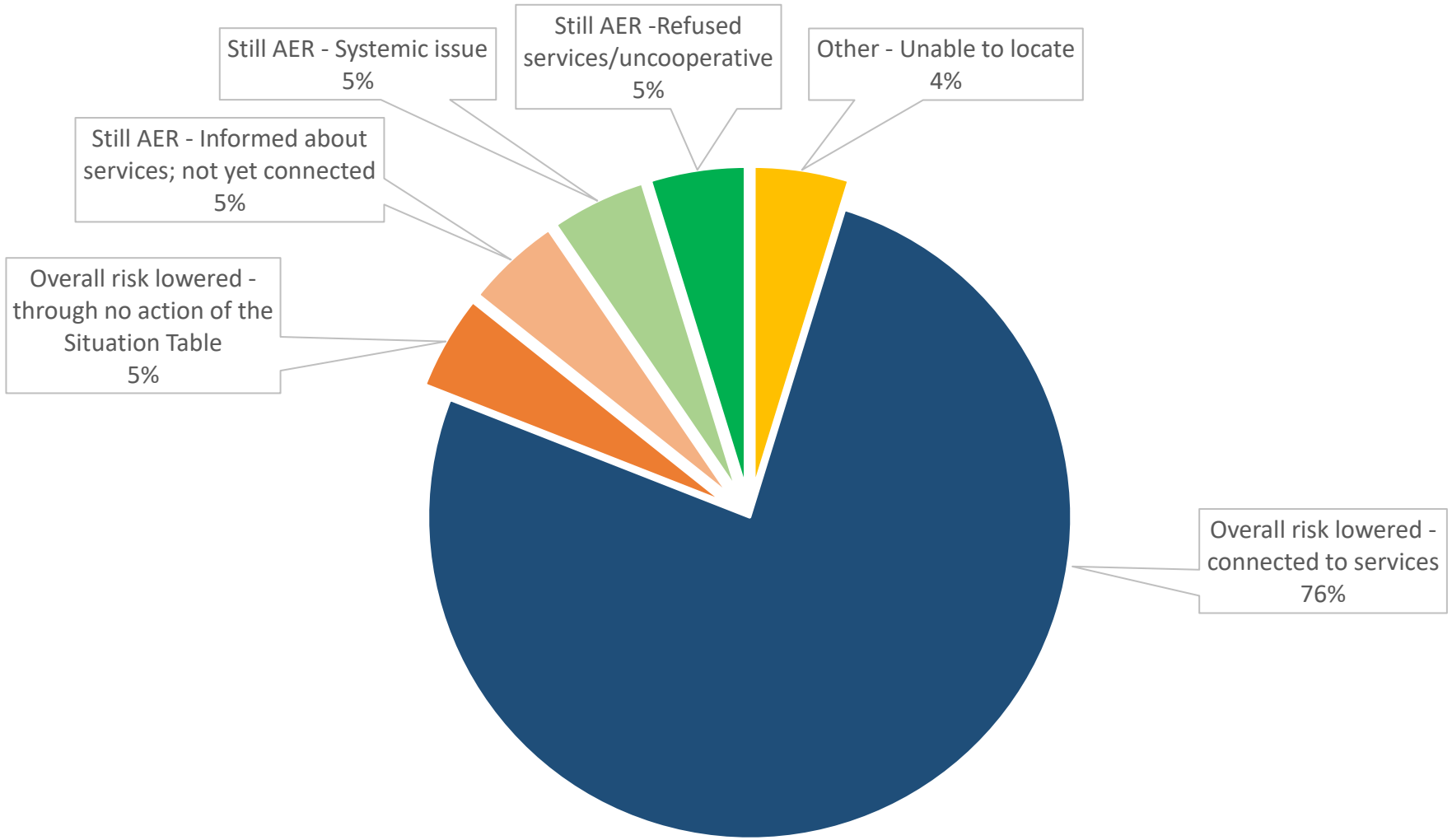




Identified Risk Factors



Reason for Closure



Thank You!

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Test Cases

AER Test Item 1: (Tabled by City Police)

Non-Identified – Female Youth

- Recently was reported to Police as a missing person by her guardian. She is living with her grandmother. Was located by police 2 hours after being reported missing and returned to her grandmother. When patrol dropped the girl off, the grandmother expressed to patrol that she is at a loss on dealing with this child, that she is missing school and that she has a poor attitude at home.
- Two weeks prior to being reported missing, she was located unconscious in a park, intoxicated and taken to hospital by ambulance for treatment.
- Also currently is listed as the victim of an ongoing investigation for sexual abuse by her stepfather. When she told her mother about the abuse, her mother disregarded the information and has told police that she believes her daughter has made up the story. During the police interview, the mother indicated that she was moving to Toronto and would not be taking her daughter.

AER?
What are you seeing as risks?

Who should be involved?

AER? *YES

What are you seeing as risks?

Who should be involved?

AER? *YES

What are you seeing as risks?

Missing, Housing, Alcohol misuse, Parent Child Conflict, Truancy, Victimization-Sexual

Who should be involved?

AER? *YES

What are you seeing as risks?

Missing, Housing, Alcohol misuse, Parent Child Conflict, Truancy, Victimization-Sexual

Who should be involved?

Victim Services, Police, Child and Family, Education, Addictions

AER Test Item 2: (Tabled by Education)

Non-Identified – Female Child

- Attends class regularly, but seems withdrawn, mother attends school functions and has recently had a baby. School is concerned because they have spoken to the child and she said that her mom and dad are getting a divorce and that she is sad. Further to this, the child asked a friend to share her lunch last week because her mom had not sent a lunch. The school has requested that mom attend the school to talk about the lack of interest in friends and fun activities, but the mother canceled the appointment. The school is concerned that there are mental health issues with the mother (possibly due to the divorce or postpartum) and has not been able to reach the dad.

AER?
What makes you lean in that direction?

AER? *No

What makes you lean in that direction?

What are you seeing, not seeing?