

Cariboo Chilcotin Acute Response Table (CCART) Backgrounder

OVERVIEW

In February 2012, the BC government launched the Justice Reform Initiative to identify actions that government, the judiciary, the legal professions, police and others can take to give BC more timely and effective justice services. In September 2013, a Blue-Ribbon Panel of experts was convened to study crime reduction opportunities and recommend ways to drive BC's crime rate down, recognizing the broad range of strategies and actions already underway. Between September 2013 and March 2014, the Panel met with a broadest range of stakeholders imaginable; judges, prosecutors, defense lawyers, police, front-line service providers, local elected officials, First Nation leaders, Prolific offenders and people in treatment were some of the stakeholders who participated.

Roundtable meetings were held in many communities including Williams Lake. What the Panel learned is that; a wealth of experience exists in our communities, where local leaders are implementing innovative crime reduction initiatives tailored to their own specific needs and priorities, that our community expressed a determination to take action and that our community realized that crime reduction is not solely a law enforcement issue but an issue that the entire community must commit to, to make a positive difference.

Blue-Ribbon Panel-Recommendation for crime reduction opportunities were:

- Recommendation #1
 - Manage prolific and priority offenders more effectively
- Recommendation #2
 - Make quality mental health and addiction services more accessible
- Recommendation #3
 - Make greater use of restorative justice
- Recommendation #4
 - Support an increased emphasis on designing out crime
- Recommendation #5
 - **Strengthen inter-agency collaboration** *
- Recommendation #6
- Re-examine funding approaches to provide better outcomes

“Simply put, the goal is to stop crime before it happens and keep individuals out of the criminal justice system”

The Cariboo Chilcotin Acute Response Table (CCART) is a risk driven response model that works in collaboration with other human service providers to identify risks before incidents occur. This model is also referred to a “Hub”. It originated out Prince Albert, Saskatchewan and has been successfully established in 100+ communities in Canada. This model is instrumental in reducing child protection

cases, violent crimes, and emergency room admission. British Columbia to date has 10 Situation Tables established of which the Williams Lake Table is one.

The purpose of CCART is to bring together multi-discipline team, made up of law enforcement, corrections, housing health and social services to identify situations of 'Acutely Elevated Risk' and prevent negative outcomes from occurring. Service providers rapidly respond (within 48 hrs) and offer wraparound services to individuals with diverse needs who find themselves at risk of criminalization, victimization and/or harm.

FREQUENTLY ASKED QUESTIONS

What is CCART?

CCART stands for Cariboo Chilcotin Acute Response Table. CCART is a collaboration, risk-driven intervention model that works to quickly assist those who are at imminent risk of harm, victimization or criminality.

What is the purpose of CCART?

CCART seeks to reduce the incidence of emergencies to persons, groups, or places in Williams Lake. The primary focus of CCART is situations where circumstances, as viewed from multiple human service perspectives, indicate that a person or group is at an acutely elevated level of risk of harm. If left unattended, these situations may require targeted enforcement, emergency responses or intensive support from health and social service providers.

What is Acutely Elevated Risk?

Acutely Elevated Risk refers to situations where imminent harm is present. Without immediate interventions, these situations will escalate and a negative outcome such as criminalization, victimizations, and/or harm to self or others is likely to occur. Risks may include addictions and mental health issues, criminality and victimization, poor physical health or self-care, lack of social and family support, poor parenting, frequent truancy, inadequate housing, poverty, negative peer and family association, unemployment, and/or anti-social behaviour.

CCART defines acutely elevated risk as occurring when 4 conditions are present:

- Significant interest at stake.
- Clear possibility of harm occurring.
- Server intensity of harm is predicted; and
- There is a multi-disciplinary nature to the elevated risk factors.

What are the benefits of a collaborative model?

- Reduced risk of harm, victimization and criminality.
- Individuals and families are connected to services when they need it the most.
- More effective mobilization and coordination of resources.
- Formalized information sharing based on risk.
- Decreased costs and demands for service.
- Increased community safety security and wellness.

How is CCART different from other multi-agency collaboration?

There is amazing work being done in Williams Lake on intervention and collaboration, however, prior to CCART most existing models were consent based, require long-term management, and were deployed after a crisis had occurred. CCART does not wait for an incident to occur, but rather identifies risk early in an effort to reduce harm and demand for emergency response. CCART is not an agency nor a program, and it does not focus on long term solutions, chronic conditions, or case management. Instead, CCART focuses specifically on short-term, immediate intervention for those in situations of acutely elevated risk.

Who are the partners in CCART?

- Aboriginal Victim Services
- Adult Probation
- Boys and Girls Club (WL)
- Cariboo Friendship Society
- Cariboo Chilcotin Child Development Centre
- Canadian Mental Health Associations – Housing and Outreach
- City of Williams Lake
- Community Corrections
- Denisiqi Service Society
- Esk'etmc Prevention and Justice
- Interior Health – Gateway – Crisis and Stabilization Unit
- Interior Health – Mental Health
- Ministry of Children and Families
- Metis Association
- Ministry of Social Development and Poverty Reduction
- Native Court Workers
- Pregnancy Outreach
- RCMP – Williams Lake
- RCMP – Victim Services
- Restorative Justice
- Salvation Army
- School District #27
- Tsilhoqot'in National Government – Health
- Williams Lake First Nation Band – Health and Social Work
- Women's Contact Society
- Yeqox Nilin Justice Society

We are so grateful for all the members that regularly participate in CCART and continuously reach out to support our most vulnerable sector. Their hard work makes our community a safer place and improves the well-being of many.

Will CCART impact the way services are delivered to others?

CCART is risk driven as opposed to incident based and will align with existing community programs and social supports. The goal is for services to be enhanced and prioritized through early intervention prior to escalation.

How does CCART work?

By bringing together diverse sectors like mental health, addictions, criminal justice, social services, development services, indigenous agencies, ministry of children and families, child development centre, etc. CCART collaboratively resolves situations of Acutely Elevated Risk.

Individuals in complex situations, facing multiple risk factors that cannot be addressed by any single agency on its own are presented to the Table. The most appropriate services provider then takes the lead and collaboratively the team plans interventions.

When did CCART launch?

The first official CCART meeting was held on October 2019. Since then, CCART group continues to meet once a week.

When are meeting held?

Meetings are held every Tuesday from 10:30 am to 11:30 am at the Williams Lake Fire Hall. Meetings from April 2020 to current (Sept 7, 2021) have been held online on the TEAMS platform. Emergency meetings may be called when needed.

How does someone get referred to CCART?

The participating agencies will refer individuals or groups who they deem to have acutely elevated risk factors that require a multi-agency intervention to prevent immediate harm. Others may also contact any of the partners to present a situation, that the partner may then determine if the criteria has been met to bring forward to the table.

What age range are CCART referrals?

CCART is an intervention table for all ages 1 to 99+, it will work collaboratively to serve the needs of all resident who may require support and intervention.

How is information shared at the Cariboo Chilcotin Acute Response Table?

A Privacy Impact Assessment was completed by other Situation Table in BC and approved by the Office of the Information and Privacy Commissioner for BC. Only de-identified information on client risk factors are provided on the CCART referral forms and captured in the CCART database. Basic identifiable information of the client is shared in CCART meetings in order to identify which agencies need to be involved in the intervention. Those agencies then meet separately in a Filter 4 discussion to collaborate on the intervention. All CCART discussions strictly adhere to the Four Filter Approach to

Information Sharing. This ensures that information shared during discussion is done in a privacy protection manner.

What is a Four Filter Approach?

All CCART discussions strictly adhere to the Four Filter Approach to information sharing. This ensures that information shared during discussion is done in a privacy protective manner.

- Four Filter Approach
 - Filter 1: Internal agency screening
 - An agency will refer a situation to the Table if they believe the situation meets the threshold for Acutely Elevated Risk (AER) and requires a coordinate multi-agency response.
 - Filter 2: De-identified discussion of assessed risked
 - Information shared with members at CCART is done in a de-identified format and only details related to risk circumstances are provided.
 - Filter 3: limited information to allow identification for intervening agencies
 - Limited information is shared to determine if agencies have previous connection with the individual at risk: name, date of birth, gender.
 - Filter 4: Collaborative intervention planning among supportive agencies
 - Intervening agencies receive and share limited identifying information to collaboratively plan an intervention

Who benefits from CCART?

Individuals offered wraparound services by CCART benefit from faster access to services before harm occurs and may also gain access to services that they were unable to access or successfully engage in, before the situation was brought to CCART. The collective coordinated efforts of many agencies ensure individuals are connected to the right services at the time of acute risk.

Why is it effective?

Bringing together diverse sectors promotes multi-sectorial collaboration and creates greater efficiencies of service. Rather than work independently, partners use collective resources to address situations of Acutely Elevated Risk. Operating as a strategic alliance of human services, members mitigate situations in a timely manner. This practice, guided by common processes has been shown to divert individuals from the justice system and has led to a reduction in caseloads, emergency calls for services and emergency department visits.

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