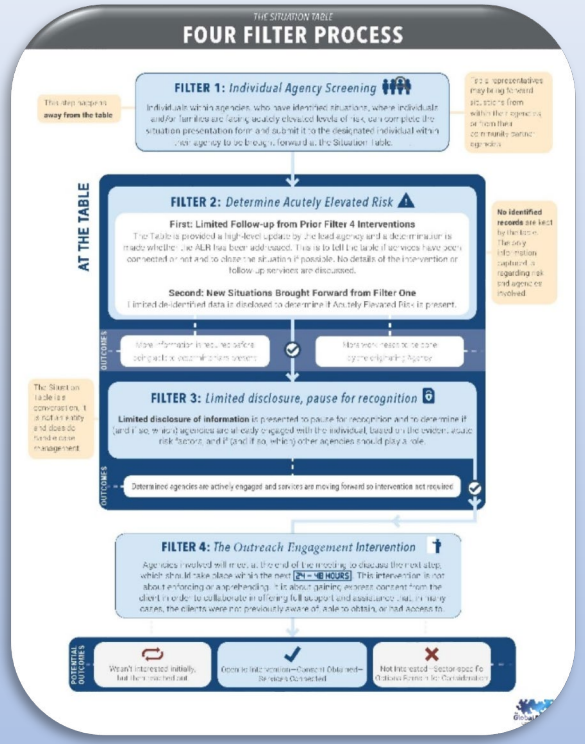
Community Safety and Well-Being

SITUATION TABLE

Breaking Down the Filters

Filter 1 Explained

- Situation identification occurs away from the Table, with agencies assessing potential Acutely Elevated Risk (AER) Situations.
- An internal Situation Presentation template is utilized to guide a presenter at Filter 2.
- The Situation Table primarily operates on a combination of implied consent (*Police*) and obtaining formal consent at the earliest opportunity.
- Often, consent is obtained during Filter Four Outreach Planning or Engagement.
- When possible, consent is secured upfront



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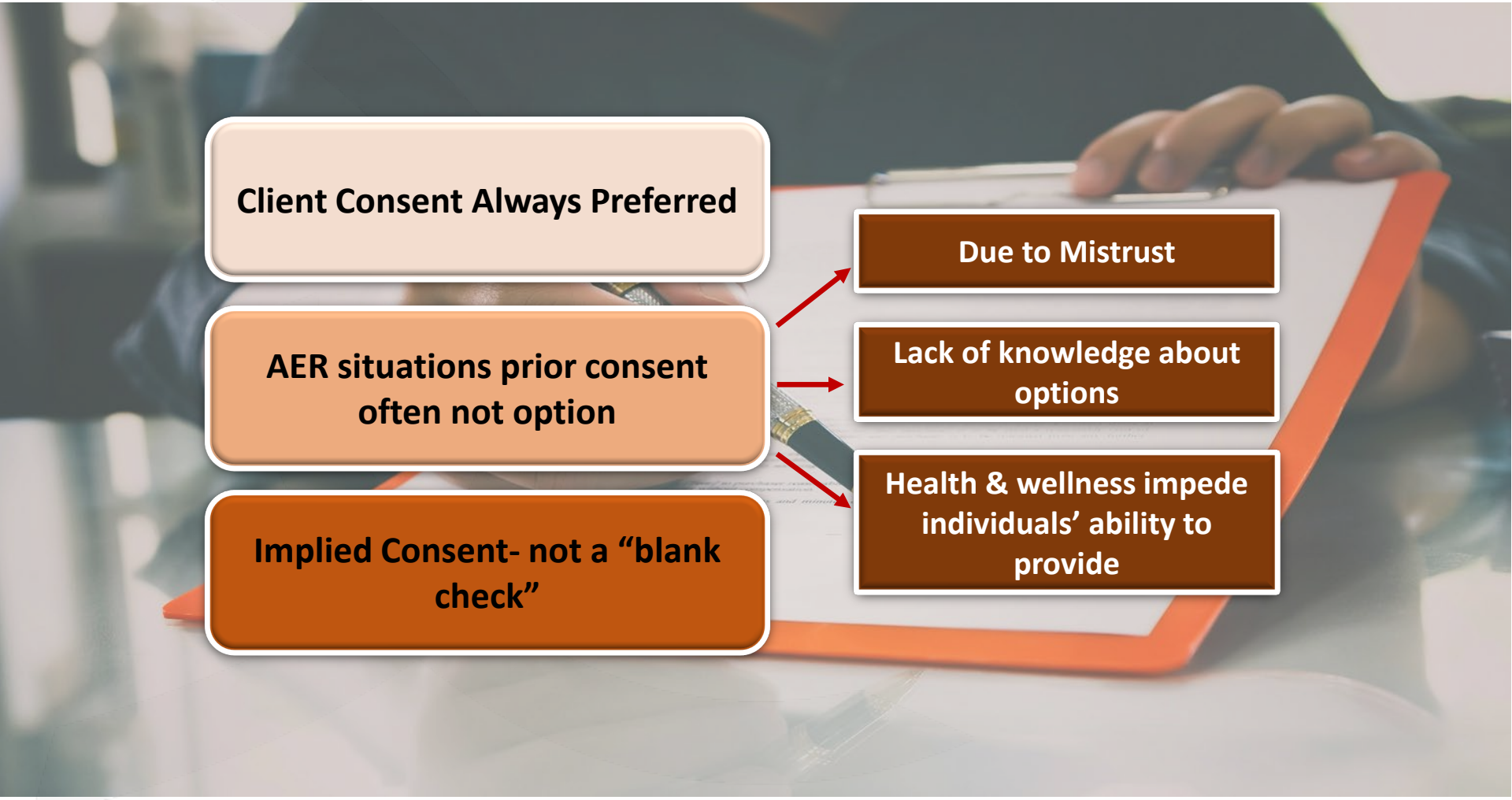
Consent



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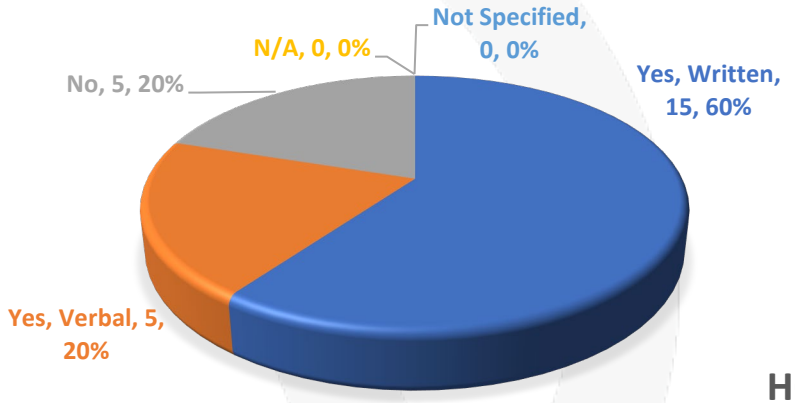
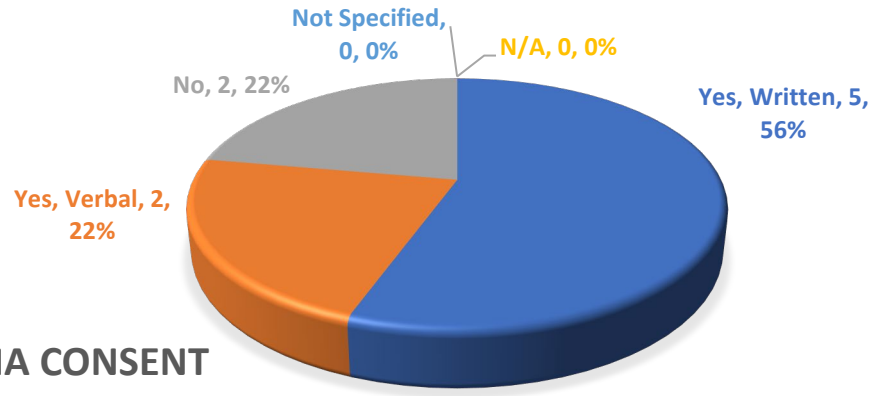
Consent from an Active Situation Table

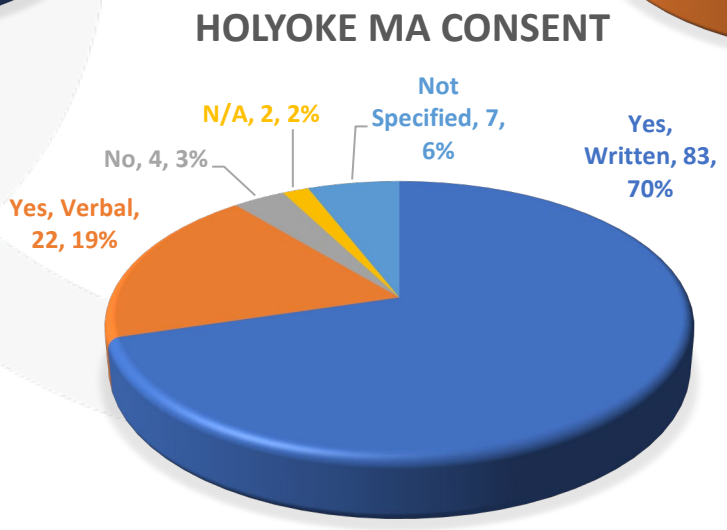
Springfield VT Team obtained verbal/written consent from 80% of individuals.



Woonsocket RI obtained verbal/written consent from 78% of individuals.



Holyoke MA Team obtained verbal/written consent from 89% of individuals.



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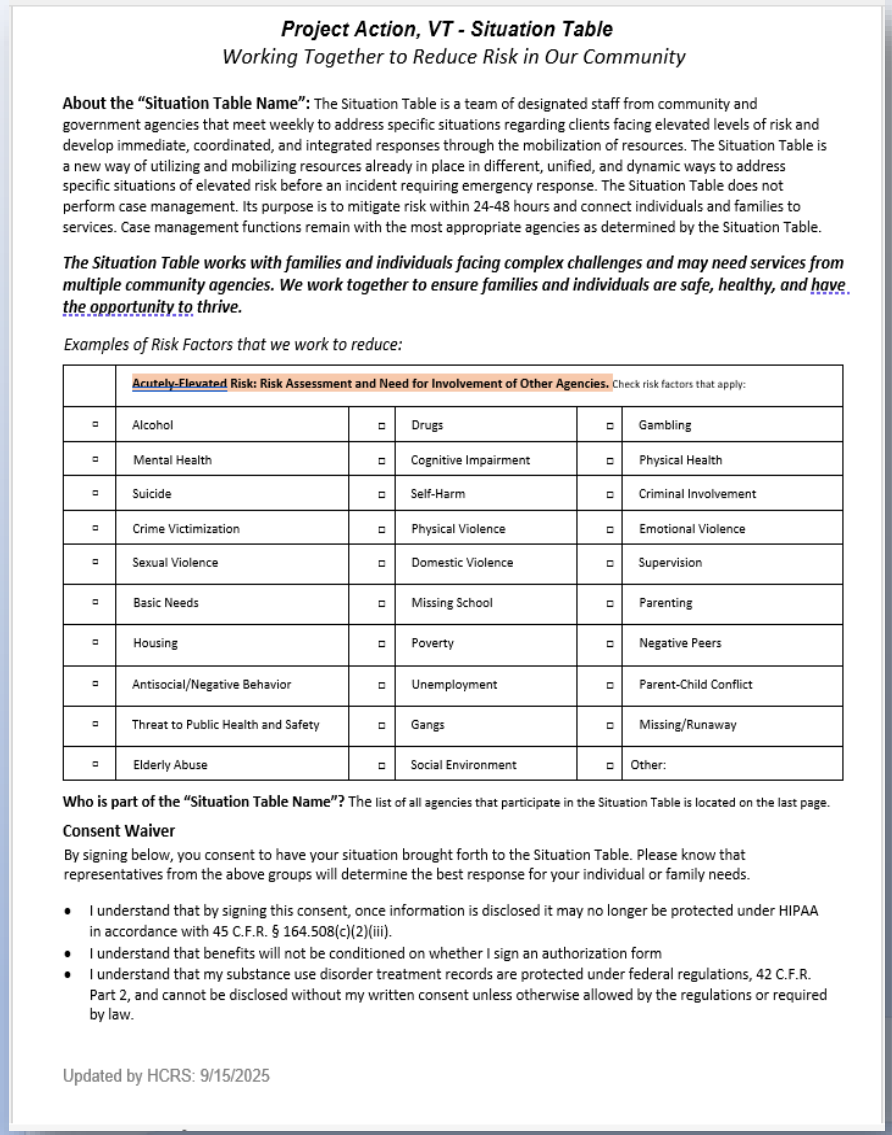
TEMPLATE CONSENT TO RELEASE FORM

Note:

Based upon feedback from our US-based Tables, we have learned from Behavioral Health Professionals that they are able to get written or verbal consent without significant challenges.

If no consent, professionals proceed under "Implied Consent" if AER is deemed to be present, with consent to be obtained "forthwith".

HCRS (Vermont) utilized Template ROI/Consent Form, customized and had legal review with approval to utilize at VT Situation Tables



Project Action, VT - Situation Table

Working Together to Reduce Risk in Our Community

About the "Situation Table Name": The Situation Table is a team of designated staff from community and government agencies that meet weekly to address specific situations regarding clients facing elevated levels of risk and develop immediate, coordinated, and integrated responses through the mobilization of resources. The Situation Table is a new way of utilizing and mobilizing resources already in place in different, unified, and dynamic ways to address specific situations of elevated risk before an incident requiring emergency response. The Situation Table does not perform case management. Its purpose is to mitigate risk within 24-48 hours and connect individuals and families to services. Case management functions remain with the most appropriate agencies as determined by the Situation Table.

The Situation Table works with families and individuals facing complex challenges and may need services from multiple community agencies. We work together to ensure families and individuals are safe, healthy, and have the opportunity to thrive.

Examples of Risk Factors that we work to reduce:

	Acutely-Elevated Risk: Risk Assessment and Need for Involvement of Other Agencies. Check risk factors that apply:				
☐	Alcohol	☐	Drugs	☐	Gambling
☐	Mental Health	☐	Cognitive Impairment	☐	Physical Health
☐	Suicide	☐	Self-Harm	☐	Criminal Involvement
☐	Crime Victimization	☐	Physical Violence	☐	Emotional Violence
☐	Sexual Violence	☐	Domestic Violence	☐	Supervision
☐	Basic Needs	☐	Missing School	☐	Parenting
☐	Housing	☐	Poverty	☐	Negative Peers
☐	Antisocial/Negative Behavior	☐	Unemployment	☐	Parent-Child Conflict
☐	Threat to Public Health and Safety	☐	Gangs	☐	Missing/Runaway
☐	Elderly Abuse	☐	Social Environment	☐	Other:

Who is part of the "Situation Table Name"? The list of all agencies that participate in the Situation Table is located on the last page.

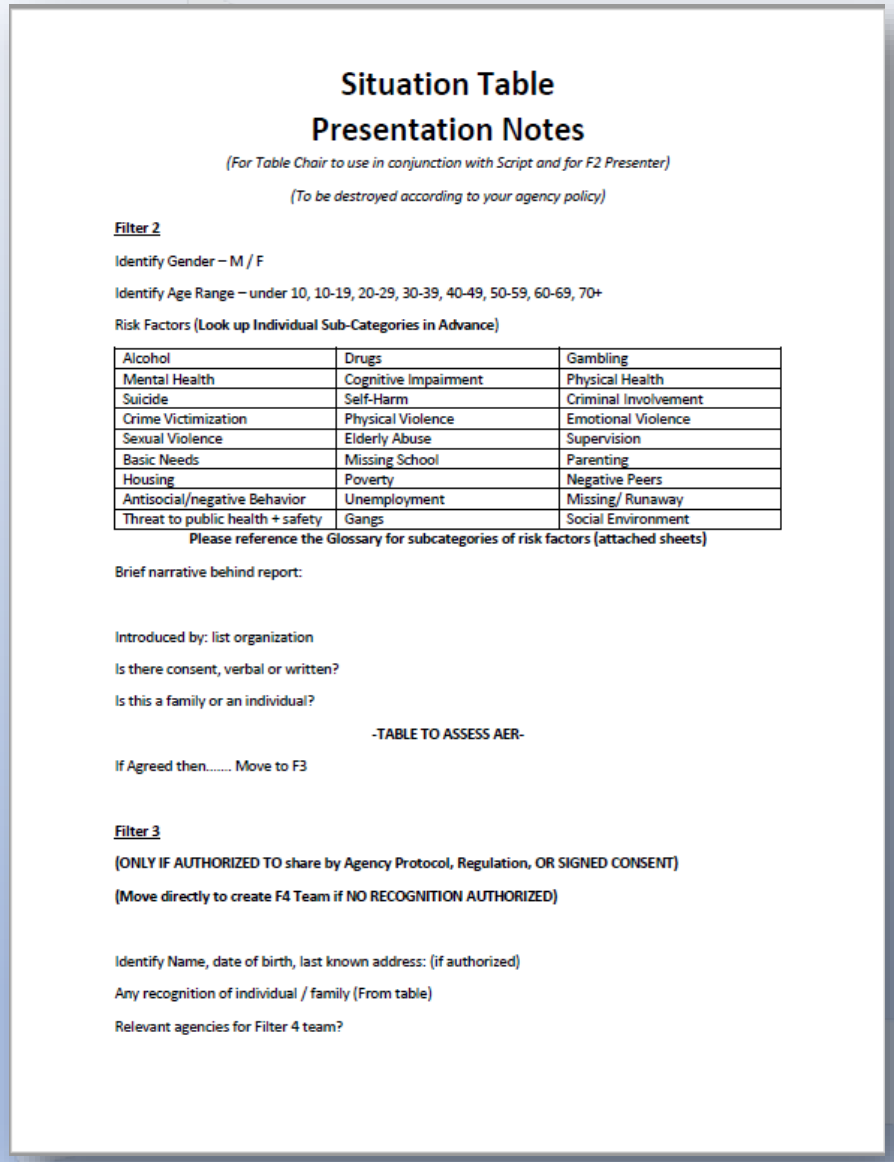
Consent Waiver

By signing below, you consent to have your situation brought forth to the Situation Table. Please know that representatives from the above groups will determine the best response for your individual or family needs.

- I understand that by signing this consent, once information is disclosed it may no longer be protected under HIPAA in accordance with 45 C.F.R. § 164.508(c)(2)(iii).
- I understand that benefits will not be conditioned on whether I sign an authorization form
- I understand that my substance use disorder treatment records are protected under federal regulations, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise allowed by the regulations or required by law.

Updated by HCRS: 9/15/2025

78



Situation Table
Presentation Notes

(For Table Chair to use in conjunction with Script and for F2 Presenter)

(To be destroyed according to your agency policy)

Filter 2

Identify Gender – M / F

Identify Age Range – under 10, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Risk Factors **(Look up Individual Sub-Categories in Advance)**

Alcohol	Drugs	Gambling
Mental Health	Cognitive Impairment	Physical Health
Suicide	Self-Harm	Criminal Involvement
Crime Victimization	Physical Violence	Emotional Violence
Sexual Violence	Elderly Abuse	Supervision
Basic Needs	Missing School	Parenting
Housing	Poverty	Negative Peers
Antisocial/negative Behavior	Unemployment	Missing/ Runaway
Threat to public health + safety	Gangs	Social Environment

Please reference the Glossary for subcategories of risk factors (attached sheets)

Brief narrative behind report:

Introduced by: list organization

Is there consent, verbal or written?

Is this a family or an individual?

-TABLE TO ASSESS AER-

If Agreed then..... Move to F3

Filter 3

(ONLY IF AUTHORIZED TO share by Agency Protocol, Regulation, OR SIGNED CONSENT)

(Move directly to create F4 Team if NO RECOGNITION AUTHORIZED)

Identify Name, date of birth, last known address: (if authorized)

Any recognition of individual / family (From table)

Relevant agencies for Filter 4 team?

FILTER 1 PROCESS: SITUATION PRESENTATION FORM

- Refer to Notes
- Risk Factor Categories

79

Filter 2 – "Read In" Guidelines

- Table Recorder will assign a Situation Number in the Situation Table Solution
- A brief and succinct overview of the situation using de-identified language.
- Clear articulation of the risk factors using the category language as identified in the Situation Table Solution summarizing with what leads you to believe AER is evident?
- An overview of your agency's efforts thus far within its mandate to mitigate the presenting risks which have now become exhausted.
  - This 'may' include liaising bilaterally with another human service agency which is common in our traditional ways of doing business.
- Clear articulation of why you believe the situation will require the professional services of 'multiple' (usually more than 2) human service disciplines to mitigate.

Filter 2: Introduction of New Situations

Filter Two – Table Chair Script

- Please list gender, age range, risk factors, and a brief narrative if necessary

Gender _____Age Range_____Risk Factors:

- Introduced by:
- Is there consent, verbal or written? [to Introducer]
- Is this a family or an individual? [to Introducer]
- Is there a consensus of a high probability of harm? [to Table]
- Is there a high predictability that this harm will continue? [to Table]
- Are we crossing several service sectors? [to Table]
- Therefore, are we in Acutely Elevated Risk (AER)? [to Table]

If the table determines it meets the threshold it moves to Filter 3, if not, the situation is closed, and no further details shared. Process takes about 3-4 minutes

Situation Table
Presentation Notes

(For Table Chair to use in conjunction with Script and for F2 Presenter)

(To be destroyed according to your agency policy)

Filter 2

Identify Gender – M / F

Identify Age Range – under 10, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Risk Factors

Alcohol	Drugs	Gambling
Mental Health	Cognitive Impairment	Physical Health
Suicide	Self-Harm	Criminal Involvement
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Housing	Poverty	Negative Peers
Antisocial/negative Behavior	Unemployment	Missing/ Runaway
Threat to public health + safety	Gangs	Social Environment

Please reference the Glossary for subcategories of risk factors (attached sheets)

Brief narrative behind report:

Introduced by: list organization

Is there consent, verbal or written?

Is this a family or an individual?

-TABLE TO ASSESS AER-

If Agreed then..... Move to F3

Filter 3

(ONLY IF AUTHORIZED TO share by Agency Protocol, Regulation, OR SIGNED CONSENT)

(Move directly to create F4 Team if NO RECOGNITION AUTHORIZED)

Identify Name, date of birth, last known address: (if authorized)

Any recognition of individual / family (From table)

Relevant agencies for Filter 4 team?

****Shared by Springfield, Vermont Situation Table**

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Filter 3 – Disclosure of Limited Information

- Agency reads in limited identified information: **(ONLY IF PRESENTER IS AUTHORIZED OR ALLOWED)**
  - Person's name, DOB, address (if known)
  - This is done to ensure all agencies attempting to help this person can be part of the intervention
  - "Who knew what and when?"
- Table determines which agencies should be involved in the Filter 4 intervention
- Table Determines appropriate lead.
  - The lead will run point on the Outreach Engagement but doesn't necessarily take on more of a role in the intervention.
- Pause discussion until after the other situations have gone through the process

Filter 3 – Table Chair Script – Opportunity to Disclose Limited Information

Filter Three: Please advise the name, DOB, last known address: **(ONLY IF PRESENTER OR TABLE PARTICIPANTS ARE AUTHORIZED OR ALLOWED)**

Participating Agencies

- Is there recognition? [to Table]
- Is there awareness of any current service in place? [to Table]
- What agencies should be on the Filter 4 team relevant to risk factors? [to Table]
- Who can take the lead? [to Table]
- Any further comments on risk factors? [to Table]

Filter 3 – Additional Considerations

Creating Filter 4

- During read-in, agencies who hear risk factors that they provide services for should be part of the F4
- No notes are recorded or saved, only if part of F4

Closing Out F3

- In rare Situations, at F3, an agency advised table that all services are connected, in effect, already out of AER (i.e., in treatment)
- The table may decide to close out & not pursue F4 (may reopen or have team at ready)

Additional Considerations - Privacy

Privacy has been at the forefront of discussions since Situation Table operations commenced at Community Mobilization Prince Albert in February 2011

- PII-Personable Identifiable Information
- HIPAA- Health Insurance Portability and Accountability Act
- CFR 42- 42 CFR Part 2 regulations (Part 2)
- Information sharing is **restricted**

COLLABORATION

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Additional Privacy Measures

- Sign In Sheet
- Non-Disclosure Agreements
- Participant NDAs
- Visitor NDAs

Include essential components requiring review and signature by Participants and Agencies in the NDA

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NON-DISCLOSURE TEMPLATE EXAMPLE

PARTICIPANT NON-DISCLOSURE AGREEMENT

Participant's Name (Print): _____

Agency: _____

Position: _____

City/Prov: _____

Phone #'s: _____ Cell #: _____

Email Address: _____

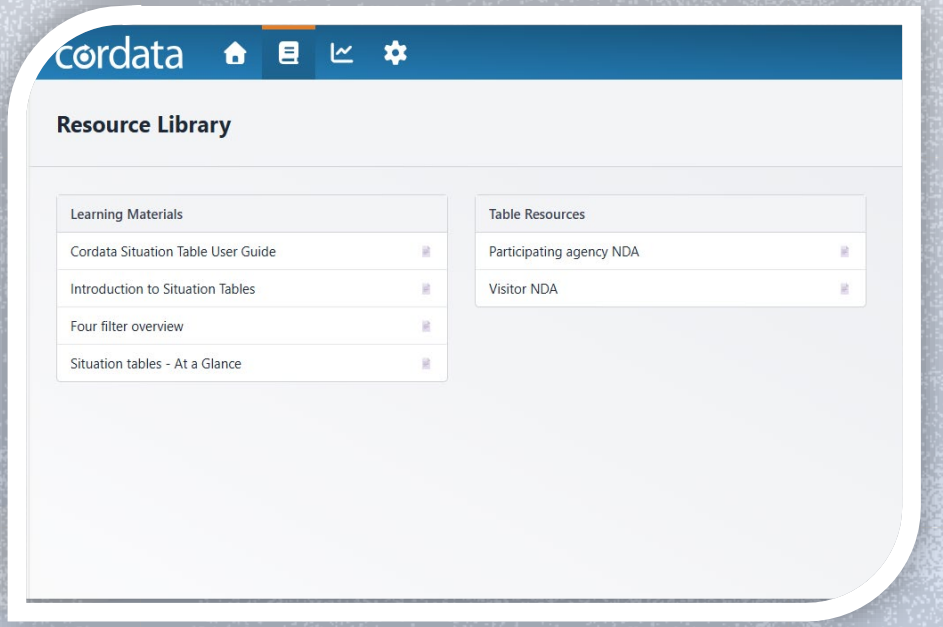
1. I acknowledge that I will be given access to confidential information presented during Situation Table proceedings or as a result of my access to Situation Table meetings.
2. I understand and acknowledge that all information presented will be held in the strictest of confidence. I will not disclose this information or knowledge to anyone outside of the Situation Table unless it is required to provide services by my home agency. This information will be used in good faith and in consideration of the best interest of the client.
3. I promise to only take notes on a *need to know* basis and only if the agencies participating in the discussion identified my respective home agency to be directly involved in the situation the information pertains to. I promise to only take notes if the note taking is lawful.
4. **Conflict of Interest Policy**: *A conflict of interest is a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his/her official duties.*

   If I am in a **Conflict of Interest** with a situation discussed at the Situation Table, I will immediately disclose my conflict of interest to the Situation Table Chair and the agency representatives. I will not take part in the discussion and remove myself from the entire discussion.
5. I agree to adhere to the above conditions as well as to the policies regarding confidentiality set out by my respective home agency.

Participant's Signature _____

Witness Signature _____

Date: _____



87