

Introduction

Hub Principles

- Address circumstances of individuals and families facing acutely elevated levels of risk for crime and/or victimization as recognized across a number of human service agencies
- Mitigate risk situations brought to the HUB table, participating in and resolving issues using a multi-jurisdictional and flexible collective approach
- Commit to providing immediate, creative, real-time integrated collaborative solutions
- Foster collaboration and success, working toward a safer and healthier community as seen across agencies, diverse stakeholders and by the community in general

Governance

- Establish the structure of the South East Regional Community Mobilization Initiative
- Guide the development of the South East Regional Community Mobilization Initiative support the focused process and the individual agencies participating in the mobilization process
- Monitor the South East Regional Community Mobilization Initiative's ongoing operation and effectiveness
- Articulate possible systemic recommendations to South East Regional Intersectoral Committee

Steering Committee

Representation:

- Weyburn Police Services
- RCMP
- Estevan Police Service
- Sun Country Health Region
- Ministry of Social Services
- Ministry of Corrections and Policing
- South East Cornerstone Public School Division
- Holy Family Roman Catholic Separate School Division
- First Nations – *(When it expands out of Estevan and Weyburn)*

South East Regional Intersectoral Coordinator as a resource when available

BPRC representatives will attend meetings as a resource when available.

The steering committee will select a chair, co-chair and secretary from the organizational representative. The chair and co-chair will serve for a term of two (2) years, replaced in alternating years. The chair and co-chair may serve successive terms. The secretary will be appointed annually.

The steering committee will meet a minimum of quarterly, or as called by the chair. Each steering committee representative will ensure regular and consistent HUB representation from their own agency. The optimum process would be consistent, trained personnel attending from each representing agency.

The steering committee meetings will consist of:

- BPRC Data reports
- HUB chair updates (twice annually)
- Identify strengths, weaknesses and opportunities
- Reviewing process
- Update documents as needed
- Agenda and minutes will be kept by respective co-chairs

Steering committee and Hub will hold a joint meeting congruent to the first quarter meeting.

Record Keeping

Documentation will be stored in a secure setting at the Ministry of Social Services in Weyburn and will be under the care of the Ministry of Social Services.

Role of the HUB

The Hub is a team of designated staff from community agencies, police services and government Ministries who meet each week to address specific situations regarding individuals and/or locations facing elevated levels of risk, as recognized across multiple disciplines, and develops immediate, coordinated and integrated responses through the mobilization of resources and services. The Hub is an innovative way of utilizing and mobilizing existing systems and resources in different, unified and dynamic ways to address specific situations of elevated risk, where an integrated approach is required, and for which current, single-agency services or responses are inadequate to meet the needs of the affected individual(s) and/or the community.

The Hub will consist of representatives from those agencies listed from the Steering Committee and other agencies as needed. All members at the Hub table will have signed the Hub Non-Disclosure Agreement. The signed document will be forwarded to the co-chairs of the steering committee for record keeping.

The sharing of information between agencies will be as per the Memorandum of Understanding.

The Hub will consist of a chair, a vice-chair and data recorder as determined by the Steering Committee. As well as consistent representation from each listed agency.

The Hub will meet weekly except in extenuating circumstances at the call of the Chair and/or Vice Chair.

Scope

The current scope of the South East Regional Community Mobilization is Weyburn, Estevan and the corridor in between. Specific situations outside of this area will be considered on a case to case basis. It is within the parameters of the Steering Committee to determine the expansion and processes involved in changing the scope.

Conflict of Interest

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.

This includes, but is not limited to, any decision in which it would appear a Hub participant could not make an unbiased decision on the matter, or a decision in which the Hub participant or their family could benefit materially by the decision to be made.

Referral to the HUB

Agencies are responsible to develop their own internal referral system based on the following risk factors:

- Addictions (Drugs, Alcohol, Both)
- Attendance
- Bereavement/Grief
- Pattern of Aggressive Behaviour
- Patterns of Being a Victim of Aggressive Behaviour
- Housing
- Negative Peer Group
- Mental Health
- Parent/Child Conflict
- Parental Support (Lack of supervision, care)
- Teen-parent Needing Support
- Violence (Domestic Adult/Adult)
- Violence (Family: Parent/Child, Sibling/Sibling)
- Violence (Fighting with Peers)
- Cyber Safety (Aggression/Victimization Through Technology)
- Other (Please Specify)

Agencies Involved with the potential referral prior to the situation going to the HUB

- Addictions Services
- Justice
- Fire Services
- Mental Health
- Ministry of Social Services
- Police
- Other (Please Specify)

Four Filter Approach

Filter 1: Agencies only bring forward situations for discussion if they determined that acutely elevated risk across multiple agencies is present. To determine if acutely elevated risk is present, the Hub participants have adopted a threshold test. The threshold combines both the degree of probability of harm involved in any given situation, and the degree to which the operating risk factors involved cut across multiple human service disciplines. Taken together, these combined factors represent acutely elevated risk.

Criteria that can be taken into account at this stage include:

- Were the agency's traditional options exhausted?
- Are the risks spread across multiple agencies?
- Is it beyond the agency's scope or mandate to mitigate the risk alone?
- 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 Hub will help minimize or prevent the anticipated harm?

Filter 2: The discussion first is presented in de-identified format. The Hub table then decides that the discussion meets the threshold of acutely elevated risk across multiple agencies based on the information provided. If filter 2 is not passed, the discussion ends without having shared identifiable information. If filter 2 is passed the agencies obviously are of the opinion that the originating agency properly applied filter 1.

Filter 3: After filter 2 was passed, the agency proceeds to disclose limited personal information relevant to the current risk. If the Hub table then cannot confirm that the individual is already connected to the relevant services the agencies decide to number the discussion and to create a de-identified central record in the BPRC Hub Database. (Note: If filter three is not met, i.e. the table finds that the relevant services are already in place, the discussion ends without creating a central record)

Filter 4: Only the lead and the assisting agencies discuss the details of the situation, this takes place after the meeting. Also, the discussion ends as soon as the agencies decide that the acutely elevated risk is mitigated.

Identification of a Hub Discussion

The purpose of a Hub meeting is to discuss situations in which there is an acutely elevated risk to an individual/family or environment and to mobilize existing resources with the expectation that early intervention will mitigate the risk. It is expected that each agency only bring those situations to the Hub that the agency has determined may involve risk factors beyond its capacity to address and represents situations that could be more effectively addressed in a multi-agency manner.

If there is uncertainty about whether it fits the criteria, present it in a non-identified format, If it is not deemed by the HUB to be elevated risk then following the meeting consult directly with those agencies to which the risks may involve.

Each individual Agency requires a screening process which will determine which situations would be considered to be brought to Hub.

Consider the following questions when deliberating whether a situation meets the criteria:

1. Have I looked at the "Risk Glossary of Terms" and does the situation I have in mind cover multiple areas of risk which fall outside my agency's capabilities? Refer to Attached Appendix
2. Has my agency exhausted all available avenues within the mandate to mitigate the risk?
3. Has the person had escalating contact with my agency either in frequency or severity in nature?
4. Does this person have a history of victimization or perpetration? Are their friends in trouble with the law?
5. Is the individual having difficulty with substance abuse issues? For example have they been lodged in police cells for public intoxication or have they been intoxicated by drugs or alcohol while interacting with my agency?
6. Does this individual have a safe place to live?
7. Do I have reason to believe the individual has mental health problems, do I know if they are connected to a mental health worker, or if they take medications? If they are taking medication, are they taking it as prescribed?
8. Does this individual have physical health problems that they need support with?
9. Do you suspect that this person is living in a domestic violence situation?
10. If your person is a minor, do they go to school regularly, and do they have proper supervision at home? Do they have a negative peer group? If they are the parent, do they look after their kids and make them go to school?
11. Is the individual currently unemployed? Do they have enough money to ensure they can buy adequate food and housing?
12. Is this person currently engaged in behaviour that represents a danger to public health and safety?
13. Is this person a bully at school, or are they being bullied?
14. Is this a child who has neglectful parents? Are they being physically, mentally, or emotionally abused?

Any combination of risks can and should be considered when preparing to table a situation at Hub.

Elevated Risk

The Threshold combines both the degree of probability of harm involved in any given situation, and the degree to which the operating risk factors involved cut across multiple human service disciplines. Taken together, these combined factors represent acutely elevated risk. Situations meeting this threshold are thus likely to benefit greatly from collective problem solving at the Hub table, and from the immediate cooperative action taken forward from the Hub meetings by the most appropriate agencies. The Hub is preventative in nature and not designed to be reactive or punitive when alternative measures are not considered to meet the threshold.

Violent Threat Risk Assessment(VTRA) – Imminent Risk to self or others

The Community Mobilization Program (HUB) draws on the already existing expertise of agency partners, whereas the VTRA is a formalized practice with structured data collection and interviewing criteria that only professionals trained in VTRA perform in potentially high risk situations. As a guide, it is those situations which are clearly above what would be known in a HUB discussion as elevated risk and it is a situation which has strong potential of self harm or harm to others.

Agencies that identify situations that have imminent risk to an individual or others will initiate the Violent Threat Risk Assessment procedures. (If in doubt and there appears an imminent risk contact the local police service immediately) A VTRA ensures the immediate and ongoing safety of students, staff, parents, and others through an immediate intervention plan. The VTRA also ensures the student/youth/individual receives long-term case management and support to address the underlying reasons for the behavior, and to reduce the risk to self or others.

Offer of Support

Resist the temptation to resort to or return to traditional practices of doing business, utilizing a strength-based family centered approach.

The offers of support or interventions, unless extenuating circumstances **shall** be done within 24-72 hours utilizing a multi-agency approach consisting of an initial visit with the individual or family in need of services. The door-knock and subsequent intervention is a shared responsibility of those agencies identified as lead and supporting agencies.

Record Keeping

The record keeper will record Hub discussions utilizing the BPRC data base.

Only lead and assisting agencies will keep notes regarding discussions and those notes remain property of those agencies. The Data Base will be updated on a case by case situation at all meetings.

Discussions Closed as Unresolved Situations or Rejected

The chair and co-chair of the Hub will meet with the chair and/or co-chair of the Steering Committee to review the discussion and outcome ensuring all avenues have been exhausted. This review will occur on a bi-monthly basis.

Visitors

Any attendees at the Hub must be from a representing agency and must have signed the Non-Disclosure Agreement. Any other visitors must be approved by the Steering Committee.

Training

The Hub participants shall receive the BPRC Hub Workshop training in a timely manner. New members to the Hub will receive appropriate orientation.

Reporting back to the Regional Intersectoral Committee (RIC)

RIC will be supplied an update on Hub meetings after each quarterly steering committee meeting. This report will also be shared with BPRC. These agencies may use this information to supply support for South East Community Mobilization.

Media and Communications

The South East Regional Community Mobilization Steering Committee will be responsible for all communication with the general public. Members must have Steering Committee prior approval, to provide news releases or updates to the media or the general public. All media releases and communication may be supported through Building Partnerships to Reduce Crime personnel, to assist in providing clear and accurate messages on Community Mobilization implementation and outcomes and express Government of Saskatchewan support.

Appendix A: Saskatchewan Hub Database

GLOSSARY OF RISK FACTORS*

*Risk factors are conditions of presumed risk that elevate the probability of harm to a significant interest at stake. They are believed to be true; and are related to the onset of acutely elevated risk.

RISK VARIABLE	RISK FACTORS	DEFINITION
Alcohol	alcohol use by person	known to consume alcohol; no major harm caused
	alcohol abuse by person	known to excessively consume alcohol; causing self-harm
	alcohol abuse in home	living at a residence where alcohol has been consumed excessively and often
	harm caused by alcohol abuse in home	has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home
	history of alcohol abuse in home	excessive consumption of alcohol in the home has been a problem in the past
Drugs	drug use by person	known to use illegal drugs (or misuse prescription drugs); no major harm caused
	drug abuse by person	known to excessively use illegal/prescription drugs; causing self harm
	drug abuse in home	living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often
	harm caused by drug abuse in home	has suffered mental, physical or emotional harm or neglect due to drug abuse in the home
	history of drug abuse in home	excessive consumption of drugs in the home has been a problem in the past
Gambling	chronic gambling by person	regular and/or excessive gambling; no harm caused
	chronic gambling causes harm to self	regular and/or excessive gambling; resulting in self-harm
	chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
	person affected by the gambling of others	is negatively affected by the gambling of others
Mental Health	diagnosed mental health problem	has a professionally diagnosed mental health problem
	suspected mental health problem	suspected of having a mental health problem (no diagnosis)
	self-reported mental health problem	has reported to others to have a mental health problem(s)
	witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
	mental health problem in the home	residing in a residence where there are mental health problems
	grief	experiencing deep sorrow, sadness or distress caused by loss
	not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self or others

Physical Health	pregnant	pregnant
	physical disability	suffers from a physical impairment
	terminal illness	suffers from a disease that cannot be cured and that will soon result in death
	chronic disease	suffers from a disease that requires continuous treatment over a long period of time
	nutrition deficit	suffers from insufficient nutrition, causing harm to their health
	general health issue	has a general health issue which requires attention by a medical health professional
	not following prescribed treatment	not following treatment prescribed by a health professional; resulting in risk
Suicide	person current suicide risk	currently at-risk to take their own life
	person previous suicide risk	has in the past, been at-risk to take their own life
	affected by suicide	has experienced loss due to suicide
Self-Harm	person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
	person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Criminal Involvement	damage to property	has been suspected, charged, arrested or convicted for damage to property
	arson	has been suspected, charged, arrested or convicted for arson
	theft	has been suspected, charged, arrested or convicted for theft
	break and enter	has been suspected, charged, arrested or convicted for break and enter
	robbery	has been suspected, charged, arrested or convicted for robbery (which is theft with violence or threat of violence)
	assault	has been suspected, charged, arrested or convicted of assault
	sexual assault	has been suspected, charged, arrested or convicted for sexual assault
	threat	has been suspected, charged, arrested or convicted for uttering threats
	homicide	has been suspected, charged, arrested or convicted for the unlawful death of a person
	animal cruelty	has been suspected, charged, arrested or convicted for animal cruelty
	drug trafficking	has been suspected, charged, arrested or convicted for drug trafficking
	possession of weapons	has been suspected, charged, arrested or convicted for possession of weapons
	other	has been suspected, charged, arrested or convicted for other crimes

Crime Victimization	damage to property	has been reported to police to be a victim of someone damaging their property
	arson	has been reported to police to be the victim of arson
	theft	has been reported to police to be the victim of theft (someone stole from them)
	break and enter	has been reported to police to be the victim of break and enter (someone broke into their premises)
	robbery	has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)
	assault	has been reported to police to be the victim of assault (i.e: hitting, stabbing, kicking)
	sexual assault	has been reported to police to be the victim of sexual assault (i.e: touching, rape)
	threat	has been reported to police to be the victim of someone uttering threats to them
	other	has been reported to police to be the victim of other crimes not mentioned above
Physical Violence	person victim of physical violence	has experienced physical violence from another person (i.e: hitting, pushing)
	person perpetrator of physical violence	has instigated or caused physical violence to another person (i.e: hitting, pushing)
	physical violence in the home	lives with threatened or real physical violence in the home (i.e: between others)
	person affected by physical violence	has been affected by others falling victim to physical violence (i.e: witnessing; having knowledge of)
Emotional Violence	person victim of emotional violence	has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied or intentionally ignored them, etc.
	person perpetrator of emotional violence	has emotionally harmed others by controlling their behaviour, name-calling, yelling, belittling, bullying, intentionally ignoring them, etc.
	emotional violence in the home	resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
	person affected by emotional violence	has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc. (i.e: witnessing; having knowledge of)

Sexual Violence	person victim of sexual violence	has been the victim of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	person perpetrator of sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur
	person affected by sexual violence	has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching, or forced sexual acts (i.e: witnessing; having knowledge of)
Elderly Abuse	person victim of elderly abuse	has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process
	person perpetrator of elderly abuse	has knowingly or unknowingly caused intentional or unintentional harm upon others because of physical, mental or situational vulnerabilities associated with the aging process
Supervision	person not properly supervised	has not been provided with adequate supervision
	person not providing proper supervision	has failed to provide adequate supervision to a dependent person (i.e: child, elder, disabled)
Basic Needs	person being neglected by others	basic physical, nutritional, or other needs are not being met by others they depend upon
	person neglecting others' basic needs	has failed to meet the physical, nutritional, or other needs of others under their care
	person unable to meet own basic needs	cannot independently meet their own physical, nutritional or other needs
	person unwilling to have basic needs met	person is unwilling to meet or receive support in receiving their own basic physical, nutritional or other needs met
Missing School	Truancy	has unexcused absences from school without parental knowledge
	Chronic Absenteeism	has unexcused absences from school with parental knowledge, that exceed the commonly acceptable norm for school absenteeism

Parenting	person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
	person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
	parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties
Housing	person does not have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e: condemned building, street)
	person transient, but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e: couch-surfing)
Poverty	person living in less than adequate financial situation	current financial situation makes meeting the day to day housing, clothing or nutritional needs, significantly difficult
Negative Peers	person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
	person serving as a negative peer to others	is having a negative impact on the thoughts, actions or decisions of others
Antisocial/ Negative	person exhibiting antisocial/negative behavior	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community (i.e: partying; public urination; rude, obnoxious or disruptive behaviour)
	antisocial/negative behavior within home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community (i.e: partying; public urination; rude, obnoxious or disruptive behaviour)
Unemployment	person temporarily unemployed	without paid work for the time being
	person chronically unemployed	persistently without paid work
	caregivers temporarily unemployed	caregivers are without paid work for the time being
	caregivers chronically unemployed	caregivers are persistently without paid work

Missing/ Runaway	runaway with parents' knowledge of whereabouts	has run away from home with guardian's knowledge but guardian is indifferent
	runaway without parents' knowledge of whereabouts	has runaway and guardian has no knowledge of whereabouts
	person reported to police as missing	has been reported to the police and entered in the Canadian Police Information Centre (CPIC) as a missing person
	person has history of being reported to police as missing	has a history of being reported to police as missing and in the past has been entered on CPIC as a missing person
Threat to Public Health and Safety	person's behaviour is a threat to public health and safety	is currently engaged in behaviour that represents a danger to the health and safety of the community (i.e: unsafe property, intentionally spreading disease, putting others at risk)
Gangs	gang association	social circle involves known or suspected gang members, but is not a gang member
	gang member	is known to be a member of a gang
	threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members
	victimized by gang	has been attacked, injured, assaulted or harmed by a gang in the past
Social Environment	negative neighbourhood	lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms
	frequents negative locations	is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms