COLLABORATIVE RISK-DRIVEN INTERVENTION EVALUATION BRIEF
A Preliminary Analysis of Discussion Subject, Table Discussant, and Key Stakeholder Satisfaction, Understanding and Perceived Impact of Collaborate Barrie

Prepared for

Chief Kimberly Greenwood
Barrie Police Service

prepared by

Dr. Chad Nilson
Vice President of Research and Evaluation
(306) 953-8384   chad@globalcommunitysafety.com

January 2017

This report has been prepared by the Global Network for Community Safety for all partners of Collaborate Barrie. This report has been commissioned through the accountable partner: Barrie Police Service.

For further information on Collaborate Barrie or Barrie Police Service, please contact Sgt. Valarie Gates (vgates@barriepolice.ca).

For further information on Global Network for Community Safety, please contact Dr. Chad Nilson (chad@globalcommunitysafety.com).

The Global Network for Community Safety is an international corporation committed to advancement of community safety and well-being. For additional information on the Global Network for Community Safety please visit www.globalcommunitysafety.com or call 905-767-3467.

To reference this report, please use the following cite:

COLLABORATIVE RISK-DRIVEN INTERVENTION EVALUATION BRIEF
A Preliminary Analysis of Discussion Subject, Table Discussant, and Key Stakeholder Satisfaction, Understanding and Perceived Impact of Collaborate Barrie

1.0   INTRODUCTION

In June of 2015, Collaborate Barrie was launched as an upstream, multi-sector approach to mitigating risk before harm occurs. Based upon the *Hub Model of Collaborative Risk-Driven Intervention*, Collaborate Barrie has mobilized over 150 interventions to support individuals and families with complex needs. In an effort to gather a sense of the satisfaction, understanding and perceived impact of these efforts, Barrie Police Service invited the Global Network for Community Safety to conduct a brief evaluative exercise with Collaborate Barrie.

The purpose of this evaluation brief is to present some preliminary understanding of Collaborate Barrie from the client, situation table, and key stakeholder perspectives. This involves the presentation of findings from surveys of both discussion subjects (clients) and table discussants (agency participants at the situation table), as well as telephone interviews/questionnaires with key stakeholders (agency leaders). The results of this brief are not comprehensive. However, they can be useful for making improvements to Collaborate Barrie, and furthermore, helpful in identifying the next steps for improving community safety and well-being in Barrie, ON.

The next part of this brief provides some background on collaborative risk-driven intervention and Collaborate Barrie's implementation of the Hub Model. The third part of this brief reviews some of the past evaluative work completed on the model. The fourth section introduces the evaluation questions driving this exercise. Next, the methodology section introduces the process used to gather data from discussion subjects, table discussants, and key stakeholders. The sixth section of this brief introduces the results of the two surveys and interview/questionnaire process. The findings of this brief are presented in the seventh section, which highlights key lessons learned in Collaborate Barrie. The eighth section of this brief provides recommendations for partner agencies of Collaborate Barrie to consider in moving forward. Finally, a brief conclusion is offered on this preliminary evaluative exercise focused on Collaborate Barrie.

2.0   BACKGROUND

Collaborate Barrie is a multi-sector collaborative risk-driven intervention initiative inspired by the Hub Model founded in Prince Albert, Saskatchewan. Since 2012, several communities in Ontario have implemented their own such initiatives to improve community safety and well-being. The generic term for applications of the model in Ontario has become known as *Situation Tables*. These situation tables are very similar in design and function. Many of them have adapted the highly-disciplined, Four Filter discussion process that helps to protect privacy, but also facilitates the identification and rapid mitigation of acutely-elevated risk (Russell & Taylor, 2014). Also, aiding most situation tables in Ontario is the *Risk-Tracking Database*. Based upon the original *Hub Database* in Saskatchewan, this database helps situation tables maintain consistency in practice, and gather information that table discussants need to monitor their collective involvement in the intervention process (Nilson, Winterberger & Young, 2015).

2.1   *Collaborative Risk-Driven Intervention*

In 2011, the Hub Model was developed in Prince Albert, Saskatchewan. Its creation was driven by the need to "do better" (McFee & Taylor, 2014). Rising crime, emergency room visits, truancy, violence, family dysfunction, and high levels of alcohol use were only some of the reasons why human service professionals from multiple sectors came together to identify how collaboration and a focus on risk can help alleviate some of these mounting social problems. In practice, the Hub (or Situation Table) is an opportunity for human service providers to come together one or two days a week. While together, the human service providers engage in a highly-disciplined discussion process that results in the identification of risk, limited sharing of information, and the planning and rapid deployment of an intervention designed to mitigate the identified risks (Nilson, 2014). Following an intervention, members of the Situation Table collectively decide if a sufficient offering of support is in place, at which time they will close the discussion and allow the relevant agencies to provide their services.

To help explain the process of the Hub Model, Figure 1 illustrates the flow of a discussion involving acutely-elevated risk. As you can see, an inherently important aspect of the Hub Model is a Four Filter process that protects the information of individuals while also allowing for necessary information to be shared among participating agencies.

Figure 1. **Discussion Flow of a Hub/Situation Table**
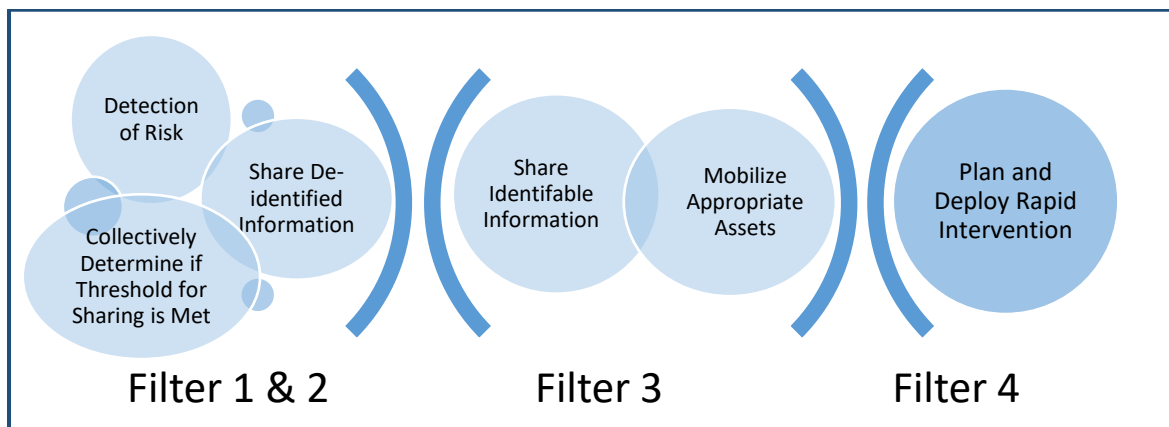
Since 2011, the Hub Model has been replicated in over 60 confirmed locations across Canada. Within these replications, over 8,000 situations of acutely-elevated risk have been triaged (Global Network for Community Safety, 2016). Motivating this rapid replication has been a number of independent evaluations that reveal how the Hub Model has led to increased access to services (Nilson, 2014); quicker access to services (Litchmore, 2014); improved communication among human service providers (Babayan et al., 2015); reduced barriers to support from human service agencies (Brown & Newberry, 2015); identified gaps in the human service delivery system (Brown & Newberry, 2015; Nilson, 2016a) and improved client-service provider relations (Nilson, 2016b).

2.2   Collaborate Barrie

In their own application of collaborative risk-driven intervention, community safety and well-being partners in Barrie have been led by the Barrie Police Service. Early mobilization efforts in Barrie began with a community-wide forum in 2014. During this town-hall type event, 55 different human service professionals, community leaders and key stakeholders met to discuss collective approaches to improving community safety and well-being. One output of this meeting was the development of an executive steering committee to lead *Collaborate Barrie*. The newly-formed committee quickly recognized the need to break down silos, work collaboratively, avoid duplication of efforts and provide a continuum of care for those risks specific to Barrie. Supporting Barrie's application of the Hub model, advisor Brent Kalinowksi helped the newly-formed intervention table with process, discipline, and technique. In its first year of operation, partners to Collaborate Barrie have made referrals of over 110 situations involving acutely-elevated risk (Nilson, 2016c). Following these referrals, de-identified information was considered, further (limited) information was shared, and several collaborative interventions were deployed. Figure 2 presents a logic model illustrating the program theory of Collaborate Barrie.

Figure 2. **Collaborate Barrie Logic Model**
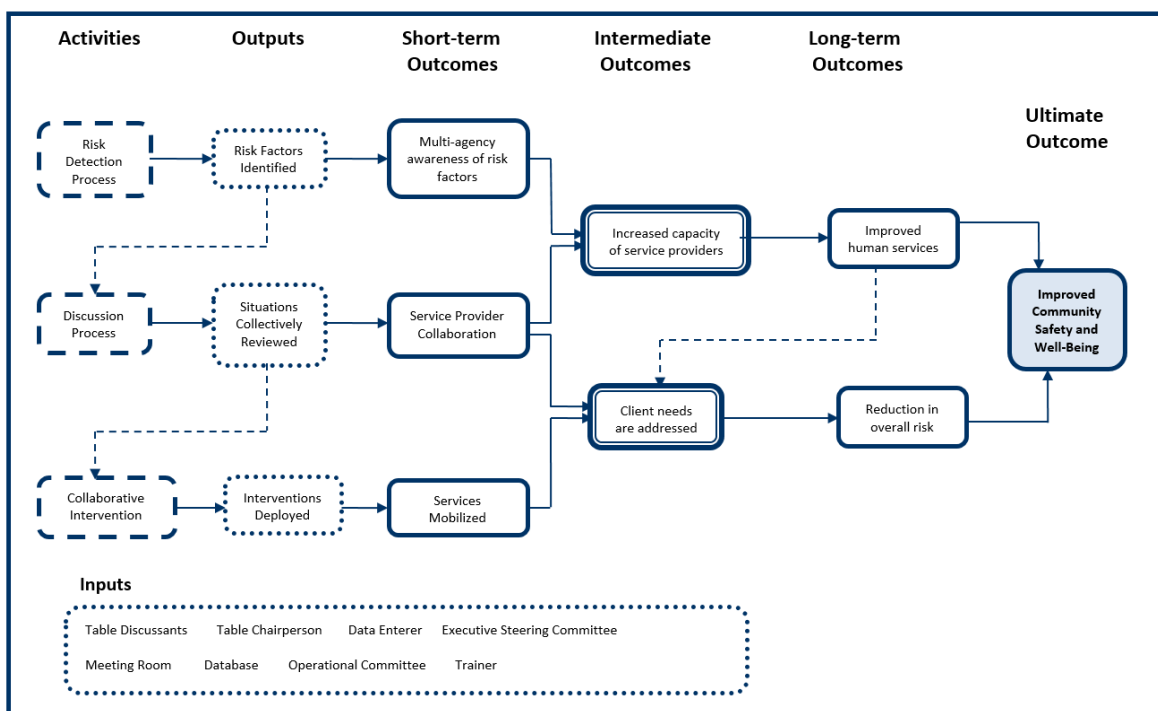
To better understand the Hub Model of Collaborative Risk-Driven Intervention, evaluation and data analyses have been a part of the model since its beginning. During the initial implementation and refinement of the model, Nilson (2014) was immersed as a developmental evaluator, tasked with helping Community Mobilization Prince Albert identify the most optimal way to configure and conceptualize what it is that they were trying to achieve in what has become known as collaborative risk-driven intervention. Out of this immersion also came the *Hub Database*[1]. Originally created by Nilson, Winterberger & Young (2015) for the Prince Albert Hub, the Hub Database is now used Canada-wide to track de-identified information on risk factors, demographics, agency involvement, intervention actions, and systemic issues. At the time of this report, data from over 8,000 discussions have been gathered using this database nation-wide (Global Network for Community Safety, 2016).

To support future evaluative work in the area of community safety and well-being, the Ontario Working Group for Collaborative Risk-Driven Community Safety commissioned the development of a comprehensive evaluation framework for Ontario (Nilson, 2015). This framework laid out a number of methodological options and strategies for future evaluators, analysts and researchers to consider.

As the model started being replicated in Ontario, evaluations were conducted in Toronto (Ng & Nerad, 2015), Brantford (Babayan et al., 2015), Kitchener (Brown & Newberry, 2015), Guelph (Litchmore, 2014), Ottawa (Lansdowne Consulting, 2016), and Cambridge (Brown & Newberry, 2015), to name a few. Outside of Ontario, Public Safety Canada sponsored an evaluation of Canada's first on-reserve application of the model in Maskwacis, Alberta (Nilson, 2016a). Simultaneously, several communities also began analysing their Hub/Situation Table data that had been collected and stored in the *Hub Database* (Gray, 2016; Lamontagne, 2015; North Bay Parry Sound District Health Unit, 2015; Nilson, 2016c; Winterberger, 2014).

Within this growing body of research on the Hub Model, a variety of data collection methods have been adopted. Examples of these methods include interviews (Nilson, 2016a; Brown & Newberry, 2015), focus groups (Babayan et al., 2015; Ng & Nerad, 2015), surveys (Brown & Newberry, 2015; Lansdowne Consulting, 2016), direct observation (Ng & Nerad, 2015; Nilson, 2014), and case studies (Ng & Nerad, 2015, Nilson 2014). While most data sources for these evaluations are either human service providers or data captured at the Hub/Situation Table, a few evaluations (Brown & Newberry, forthcoming; Nilson, 2016b) have attempted to gather data directly from clients who are the focus of collaborative risk-driven intervention. Unfortunately, gathering data from clients has not been easy (Babayan, et al., 2015; Newberry & Brown, 2015; Nilson, 2016b). However, as others point out (Nilson, 2016d), there is a real need for data from clients to be included in the ongoing measurement and monitoring of collaborative risk-driven intervention.

Overall, the evaluation and analytical literature on the Hub Model of collaborative risk-driven intervention has been very encouraging (Nilson, 2016d; 2016e). Some early outcomes reported in the evaluation literature include increased service access (Nilson, 2014); clearer determination of client needs (Babayan et al., 2015); improved communication among agencies (Ng & Nerad, 2015); reduced barriers to support (Brown & Newberry, 2015); improved client-service provider relations (Nilson, 2016a); and increased efficiencies in human service delivery (Lansdowne Consulting, 2016). In addition

---

[1] In adopting the original "Hub Database" from Saskatchewan, the Ontario Ministry of Community Safety and Corrections uses the term "Risk-Driven Tracking Database" for its collection of data from Situation Tables.

to these findings, other evaluations show promise for the model's application in large urban areas (Ng & Nerad, 2015), small urban areas (Babayan et al., 2015), and rural communities (Nilson, 2016a; 2016b). As existing measurement frameworks on collaborative risk-driven intervention suggest (Nilson, 2015), future evaluations may soon inform us on service engagement, mobilization, collaboration, and a multitude of community safety and well-being outcomes. In fact, recent reviews (Nilson, 2016e) of the evaluation literature on the Hub Model point to a growing capacity to improve our collective measurement of collaborative risk-driven intervention[2].

---

[2] A further indication of this growing capacity is a National Hub/Situation Table Measurement Dialogue event hosted by Community Safety Knowledge Alliance at Toronto in January, 2017.

4.0   EVALUATION QUESTIONS

To guide this evaluation exercise, a number of questions have been proposed. These questions stem from consultations with the Steering Committee for Collaborate Barrie. They are designed to highlight some of the key areas that this evaluation brief will focus on. Specific questions for the current evaluation included:

- What are the main perceptions of Collaborate Barrie?
- What are the benefits to implementing this model?
- How satisfied are clients with this approach?
- Has this model affected client access to services?
- What are the remaining challenges with Collaborate Barrie?
- What are some opportunities to improve the model?
- Do the partner agencies have the capacity to maintain this initiative?
- How can leadership of Collaborate Barrie be shared among the partner agencies?
- What can be done about systemic barriers that table discussants encounter?
- What are the next steps for Collaborate Barrie and the partner agencies?

5.0   METHODOLOGY

To answer the questions driving this evaluation exercise, a mixed methodology has been developed that involves gathering feedback from discussion subjects, table discussants, and key stakeholders. For the purposes of this evaluative exercise, *discussion subjects* are those clients at the centre of collaborative risk-driven intervention. *Table discussants* include the front-line agency representatives that participate in Collaborate Barrie. Finally, the *key stakeholder* cohort involves both mid-level managers at the Operational Committee, and executive managers from the Executive Steering Committee.

For each of these three cohorts, a separate data collection instrument has been designed and implemented. Over a 2-month period (April – May, 2016), table discussants were asked to administer a survey to clients, along with a separate one to complete themselves. Responses to both of these instruments were provided with informed and implied consent. To gather data from key stakeholders, telephone interviews/questionnaires were conducted over a 4-month period (September – December, 2016). Data from the interviews/questionnaires were recorded in notes taken by the evaluator[3].

Respondents to both surveys and the telephone interviews/questionnaires were advised that their answers would remain confidential and anonymous, and that the purpose of the data collection was to identify client/partner perspectives on the extent to which Collaborate Barrie is having the impact it was designed to produce, and what the next steps for the initiative should be. The following sub-sections describe each instrument in more detail.

5.1   Discussion Subject Survey

The *Discussion Subject Survey* (see appendices) was designed to identify respondent demographics, their perceptions of the intervention process, satisfaction, and the impact of the intervention on them or their families. The discussion subject survey also provided clients with a chance to offer suggestions on improving the collaborative risk-driven intervention process that they encountered.

To have clients complete the survey, table discussants with existing clients who had received an intervention through the situation table, approached their client to voluntarily complete the survey. Table discussants were provided with a list of tips for approaching clients (see appendices). Part of these tips included the request to not approach individuals in crisis and to assure confidentiality and anonymity. Where clients had difficulties in literacy, table discussants were encouraged to offer support in completing the survey. In total, 11 discussion subject surveys were submitted to the evaluator.

5.2   Table Discussant Survey

The *Table Discussant Survey* (see appendices) was designed to identify the reasons for agency involvement in Collaborate Barrie and overall satisfaction with their experience at the table. The table discussant survey was also designed to identify discussant perceptions on the impact of the situation table on discussion subjects, human service professionals, their agencies and the broader community. Some key themes in the table discussant survey include client access to services, risk reduction, and client satisfaction. The discussant survey also invited respondents to identify challenges, suggestions for improvements and additional observations or comments.

---

[3] In situations where the respondent was not available for a telephone interview (*n* = 6), written responses were provided in a questionnaire that was based off the interview guide.

During the data collection process, table discussants were informed about the survey during situation table meetings. They were asked to email completed surveys directly to the analyst. In total, 10 surveys were provided from table discussants.

5.3   Key Stakeholder Telephone Interview Guide/Questionnaire

Following a survey of both table discussants and discussion subjects, preliminary results were used to inform and shape an interview guide for key stakeholders. The questions posed to stakeholders focused on benefits of Collaborate Barrie, remaining challenges, opportunities to grow leadership of the initiative, future funding sources, communications, internal capacity for sustainability, how to address systemic issues, and the next steps for Collaborate Barrie. Between September and December of 2016, 8 interviews were conducted over the telephone and 6 respondents submitted completed questionnaires electronically.

6.0   RESULTS

The results from the surveys were analysed using a mixture of frequency distributions and basic content analysis. Due to the small *N* of surveys received from each cohort, no advanced statistical testing was possible. Ultimately, the analysis of the available data was done in a way that yielded the lowest-threshold learning opportunities for table discussants, community leaders, agency managers and other community safety and well-being stakeholders. As for the telephone interview/questionnaire data, respondent dialogue was analyzed using a combination of thematic and content analysis.

6.1   *Discussion Subject Survey Results*

The results of the discussion subject survey help us understand discussion subject demographics, intervention experience, satisfaction, impact, assessment and suggestions for improvement. The following sub-sections present the results of each item in the survey.

Respondent Demographics

The respondent group had mixed age and gender. Most were non-immigrants and Caucasian. Very few respondents identified whether they had dependents in their home (see Table 1).

Table 1. **Discussion Subject Demographics (*N* = 11)**

VARIABLE	VARIANT	*N*
Age	18 or younger	2
	19 to 24	3
	25 to 29	3
	30 to 39	1
	40 to 49	1
	50 to 59	0
	60 to 69	0
	70 or older	1
Gender	male	5
	female	6
	transgender	0
Recent Immigrant	yes	1
	no	9
	missing	1
Ethnicity	Caucasian	9
	First Nation	0
	Metis	0
	Inuit	0
	African	0
	Asian	0
	Middle-Eastern	0
	Latino/Latina	0
	Pacific/Caribbean	0
	missing	2
Dependents in the Home	under 5 years	1
	6 to 12 years	1
	13 to 19 years	0
	adult dependents	2
	missing	7

Intervention Experience

The respondents were asked some questions around the rationale for the intervention, the result of their intervention and their overall response during the intervention. Table 2 summarizes discussion subject responses to these survey questions.

Table 2. **Client Responses to the Experience of their Intervention**

QUESTION	SUMMARY OF RESPONSES
Why do you think that a group of human service professionals mobilized an intervention around you?	• I was experiencing symptoms of mental illness. • To help me deal with my problems. • I was living in a very dangerous situation with no way to get myself out. • To help me. • I was suffering from depression and had suicidal thoughts. • My family was struggling and fighting a lot. • They had nothing else to do in their life. • Because I was lost and had no supports and no help. • To help me in areas I was having trouble coping with. • I was homeless.
What was the result of that intervention?	• I was connected with services and received proper medication. • It taught me something about myself and how to tell someone my needs. • I learned of other support groups and about the shelter. • Not sure, police and ambulance continue to come. • They came to educate me on services and supports in my area. • It gave me someone to talk to. • Made me feel helpful knowing there was more out there. • I ended up going to jail. • It helped me move away. • They connected me to services and made me feel more comfortable to reach out for help when I need it. • I received housing, transportation assistance, counselling and food.
What was your response to the intervention?	• I was shocked and in disbelief but it helped me understand my mental illness. • I was fine with it. • It gave me the courage to get a place on my own and not let him know where I was going to be. • I appreciated it. • It was comforting. • They seemed really wanting to help me. • I was ok with it. • It sucked. • It was great. Agencies helped me in considering my needs. • I feel that it is a really good program for youth and for the community. • I really appreciated it.

To better understand the respondent experience during the intervention process, the survey invited respondents to check off the feelings that applied to them during the intervention. In all, 3 respondents checked off multiple feelings while 7 identified one feeling (see Table 3).

Table 3. **Discussion Subject Feelings During Intervention (*N* = 11)**

FEELING	*N*
Angry	0
Scared	2
Sad	1
Supported	9
Relieved	3
Excited	0

Satisfaction

To develop an understanding of client satisfaction with the intervention process, respondents were asked to rate how satisfied they were with the intervention. As Table 4 illustrates, most respondents were very satisfied with the intervention.

Table 4. **Client Responses to the Experience of their Intervention (*N* = 11)**

LEVEL OF SATISFACTION	*N*
not satisfied	1
somewhat satisfied	1
satisfied	2
very satisfied	7
no opinion	0
missing	0

Impact

One important purpose of the survey to discussion subjects was to determine the impact of the intervention on the individuals at the centre of those interventions. To do so, respondents were asked whether the intervention connected them to services, whether they made any changes in their life, and whether the intervention changed the way they felt about human service professionals. Table 5 illustrates both the fixed and open-ended responses to questions on impact.

Table 5. **Discussion Subject Responses to Questions on Impact of the Intervention (*N* = 11)**

QUESTION	RESPONSE	If yes, please explain:
Because of the intervention, were you connected to any services or supports?	yes = 9 no = 2	• CMHA • TAPS program • Mental health, shelter and outreach support • Detectives with OPP • I got released from custody • Youth Haven Outreach • Shelter outreach • Gave me family and personal support • Counselling and Kinark services.
Because of the intervention, did you make any changes in your life?	yes = 7 no = 4	• I got housing and became more financially responsible. • Better goals in life. • I moved into my own place. • I stay clean, secured housing and see my children more. • I have a more positive outlook and want to succeed.
Did the intervention change the way you feel about human service professionals?	yes = 4 no = 7	• It changed the way I feel about police—I can call them anytime for help and not be scared of them anymore. • Made me hate them more. • Made me think they can support me.

Assessment

The final group of questions in the discussion subject survey concerned the respondent's overall assessment of the collaborative risk-driven intervention process they experienced. These questions asked respondents whether they felt the intervention was effective, if there were any weaknesses or challenges, and what suggestions they had for improving the intervention process. Tables 6 and 7 provide a summary of client responses to these questions.

Table 6. **Discussion Subject Perceptions on Effectiveness and Challenges of Intervention Process**

QUESTION	RESPONSE	If yes, please explain:
Do you feel that an intervention involving multiple human service providers is effective?	yes = 9 no = 1 missing = 1	• You get to meet several people all at the same time and get to know about different services. • I think it is great that different people all came out. • It links a lot of good services for people to get help.
Do you feel there are any weaknesses or challenges with the intervention?	yes = 3 no = 7 missing = 1	• I am better with fewer people because it is easier to focus with less people. • There was a lack of follow-through and poor communication of services. • I wasn't sure of the police role beyond the intervention—if they were going to keep me safe or not.

Table 7. **Discussion Subject Suggestions for Improvement and Other Observations**

QUESTION	SUMMARY OF RESPONSES
Do you have any suggestions or ideas for how these interventions could be improved in the future?	• Make sure to follow-up with clients, I lost contact with them when I went to jail. • Communicate better with the person, and stick to your word if you say something. • It would be wonderful if we were sent home with a document outlining what each service provider offers in terms of supports. I couldn't remember all that information after the meeting.
Do you have any other comments, feedback or observations?	• It was good. • I am very grateful. • It helped me see things differently, and go about life in a better way. • A structured environment to help a person is important. • It was great for me; I have no complaints. • The people are very supportive and motivating. • We were homeless and going to lose our kids—this gave us a new chance.

6.2 Table Discussant Survey Results

The results from the table discussant survey provide some understanding of Collaborate Barrie from the perspective of those who sit at the situation table. Questions in the survey invite respondents to discuss their experiences, involvement, and what they feel the table has achieved. The survey also invites dialogue on the impact and outcomes of Collaborate Barrie, as well as challenges and opportunities to improve the initiative.

Respondent Sectors

Respondents to the table discussant survey represent 16 different sectors. While 6 respondents indicated that they represented a single sector, 4 respondents indicated that their agency represented multiple sectors. Table 8 provides the number of respondents indicating each human service sector they represent.

Table 8. **Sectors Represented by Table Discussant Survey Respondents**

HUMAN SERVICE SECTOR	N
addictions	1
advocacy/navigation	2
corrections	-
counselling	3
courts	-
cultural support	-
education	-
employment services	1
fire and emergency services	-
food support	-
harm reduction	2
home care	-
housing	-
legal/justice support	1
life skills	2
medical health	-
mental health	1
mentorship	-
outreach	4
paramedic	-
parenting support	-
parole	-
police	1
probation	3
public health	-
recreation	1
safe shelter	1
sexual health	-
social assistance	-
social services	3
spiritual support	-
victim support	1
other: (development)	1

Reason for Involvement

One of the first questions on the survey asked table discussants why their agency was a partner in Collaborate Barrie. Their responses ranged from being an opportunity of added value for their clients, to suggesting that it just made sense because old ways of doing business were not working. As Table 9 highlights, there is a diversity of reasons among respondent answers to this question.

Table 9. **Reasons for Why Table Discussants Feel their Agency Joined Collaborate Barrie**

QUESTION	SUMMARY OF RESPONSES
What is the main reason(s) your agency is a partner in the Collaborate Barrie Hub?	• Networking opportunity. • Allows a collaborative effort to support an individual/family in need. • It reaches out to clients that may not connect with our agency due to stigma. • It helps our sector be able to move beyond our limitations and, through collaboration, find a solution. • Intervention is timely and holistic. • As an agency, it helps us address client needs we cannot address alone. • Provides an opportunity for our services to support the clients of other agencies. • It is a great opportunity to best serve individuals with complicated risks in our community. • We like to support the community and collaborate. • We want to provide assistance and expertise to other community partners when they are dealing with violence against women in our community. • Helps us connect clients to services that they would otherwise not access. • Helps provide an opportunity for information-sharing and helping clients at risk. • The Hub is a good fit for many of our clients with complex needs.

Experience

When asked to explain how they would *characterize* their experience at the situation table, respondents were overwhelmingly positive. Their responses are summarized in Table 10.

Table 10. **Respondent Characterizations of their Experience at the Situation Table**

QUESTION	SUMMARY OF RESPONSES
How would you characterize your overall experience at the Situation Table?	• It is rewarding, empowering and effective. • It has been a rewarding opportunity to collaborate and assist people. However, it has been frustrating to realize how broken our system really is. • Very positive, well-organized, efficient, and active involvement of partners. • Excellent networking opportunity and useful for insight on other agencies. • Very productive in that it allows me to work with other agencies I have not worked with before. • Well-structured and organized table that makes a huge difference in the community. • It brings a lot of varied experience and knowledge. • Dedicated, cooperative and mutually-supportive. • It has been invaluable in being able to provide the most complete and effective provision of service to the most vulnerable members of our community. • Beneficial to be part of a team that helps clients with diverse needs. • Very positive. • Hub is a positive team that has always been supportive of a collaborative approach when working with issues related to clients with complex needs.

Achievement

Another topic explored with table discussants was the achievements that the situation table has been able to secure, and not secure over the past year. Through their responses, we learn a great deal about what Collaborate Barrie has done for the community, and what areas it could potentially improve upon (see Table 11).

Table 11. **Table Discussant Dialogue on Situation Table Achievements**

QUESTION	SUMMARY OF RESPONSES
What do you feel is being achieved during situation table meetings?	• Cross-education of services and networking. • Common theme of genuinely wanting to support individuals/families. • There is a relationship among service providers throughout the county that would not have been there before. • There is a different lens available to assist people who do not know how to navigate the system. • Individuals in the community who present with a variety of complex needs are being effectively serviced and supported. • The community, clients, and all agencies involved are becoming stronger. Their needs are being addressed and agencies are working together rather than in their silos. • The table identifies gaps in services and lowers risk by providing services to complex cases that may not have received support otherwise. • It has provided an opportunity to learn about the roles and functions of other agencies in the community. • There are interventions that help the community and individuals create awareness of supports in the community. • We've been able to achieve efficient emergency plans of care in a very short period of time…this reduces client stress and their degree of risk to themselves and community. • We are connecting people to services that they would otherwise not be connected to.
What do you feel is NOT being achieved at situation table meetings?	• Still missing a few key partners. • There is still a bit of gaps between agencies that should be connected. • There are gaps in the system—it is frustrating because we cannot fix them at this level. • The table may be under-utilized or misunderstood by some agencies. There needs to be more education among agencies to promote the benefit of referring complex cases to the table. • We need more participation from the school boards because of the many high-risk situations involving youth.

Involvement

To determine the extent to which respondents themselves are involved in collaborative risk-driven intervention, a number of questions were posed around referrals, interventions, and service connection. As Table 12 shows, some of the 10 respondents had experience in all three areas, whereas others only had experience in specific areas. This highlights the common practice at situation tables for discussants to naturally have different roles at the table.

Table 12. **Table Discussant Involvement in New Referrals, Intervention and Service Connection (*N* = 10)**

QUESTION	RESPONSE	*N*
Have you ever brought a new situation to the table?	yes	6
	no	4
Have you ever participated in an intervention planned by the table?	yes	6
	no	4
Has a client been connected to your agency because of the table?	yes	8
	no	2

Impact

Four of the questions on the table discussant survey asked respondents to provide feedback on the extent to which Collaborate Barrie had an impact on discussion subjects, themselves as service providers, the agency they represent, and the broader community. Table 13 summarizes the different responses provided under each subject of impact.

Table 13. **Respondent Perception of Impact by Group Affected**

IMPACTED GROUP	SUMMARY OF IMPACT
Discussion Subjects	• Educates on services. • Gives clients hope that people in our community care for them. • Helps them in a positive way—so they are not alone in a confusing system. • This has helped clients access services right away—where they otherwise would not have reached out for help on their own. • Their overall risk has been lowered and they have gained access to multiple services. • They are engaging in services they might not have engaged in without the table. • It has helped clients become aware of the impact of their behavior on others. • It has de-escalated situations in the short-term and connected clients to services for long-term benefit. • It has helped them connect with resources quickly, without having to navigate the system independently.
Table Discussants	• Helps us build rapport. • Helps us realize that it takes more than one service provider to help people. • Has helped me experience the benefits of partnership and cohesiveness. • Has allowed me to get to know my community partners better. • I feel more connected to community agencies. • I was able to form connections and relationships with particular stakeholders that I was not able to form before; because of confidentiality and other barriers. • It has helped me to develop working relationships and contact in the community. • It has given me the confidence to work with complicated risks because I am part of a cohesive group that has the capacity to rapidly mobilize services. • Has helped me understand the different perspectives from various sectors. • Allows us to play a role in preventing recidivism and not just criminalizing the client.
Partner Agencies	• Increases workload and client access. • It's been a slow process getting our staff on board, but slowly they are seeing its worth. • It has helped our agency become well-connected in the community. • It has helped our agency provide more resources to our clients. • It has allowed our agencies to better understand one another. • Helped increase staff awareness of community partners who are helpful for clients that require services beyond our own agency. • Positive relations with other agencies, including information sharing. • Has helped us gain new partners in the community. • Has allowed our agency to work with other agencies while still protecting privacy and confidentiality.
Community	• More awareness of services and a desire to ask for help. • More and more people are realizing the table is making a positive impact. • Although hard to measure, our community is becoming safer. • Is building awareness of supports and building trust with citizens. • The community is very supportive of Collaborate Barrie and our efforts to continue to work together to mitigate risk.

Outcome

An important component of any evaluative effort, big or small, is exploration of some of the outcomes that an initiative may be producing. Relevant to the field of collaborative risk-driven intervention are outcomes of client access, risk reduction, and client satisfaction. As shown in Table 14, three questions in the table discussant survey invite respondents to rate these areas.

Table 14. **Table Discussant Ratings of Collaborate Barrie Outcomes**

QUESTION	RESPONSE	*N*
To what extent do you feel the table has increased client access to services?	not at all	-
	somewhat	1
	quite a bit	2
	considerably	7
	unsure	-
To what extent do you feel the table has reduced risk among clients discussed at the table?	not at all	-
	somewhat	1
	quite a bit	3
	considerably	6
	unsure	1
To what extent do you feel your clients are satisfied with the collaborative intervention process?	not satisfied	-
	somewhat satisfied	-
	very satisfied	7
	unsure	2

Assessment

The final set of questions in the table discussant survey solicited respondent assessment of challenges and opportunities for improving the situation table in Barrie. Also included in this was an opportunity for respondents to share additional comments or observations on Collaborate Barrie. As Table 15 summarizes, one of the widely-shared challenges was equal participation of all agencies at the table.

Table 15. **Table Discussant Identified Challenges, Suggested Improvements & Additional Observations**

QUESTION	SUMMARY OF RESPONSES
What do you feel are some of the biggest challenges or limitations of Collaborate Barrie?	• Some of the major sectors are not consistent at the table. • Some agencies have not grasped their own policies on privacy. • There are gaps in service that the table cannot fill. • Some agencies are still unsure about confidentiality and information sharing. • In the beginning, the time commitment was a major challenge. • Getting referrals to the table from community agencies is sometimes difficult. • Some agencies do not attend on a regular basis. • Our home agency caseloads make twice weekly meetings difficult. • Sometimes, clients themselves present limitations to the process.
In what ways, could application of the Hub Model in Barrie be improved?	• Need more agencies on board more regularly. • More support and cooperation at management level to have the right agencies involved. • Need more promotion and education in the community—to make the community more aware of the table and understand its intent and purpose. • Table members should form an outreach committee and go to various organizations to explain the model and what it has to offer the community. • Need more consistence in attendance.
Do you have any other comments about your experience or understanding of Collaborate Barrie?	• It has been great working collaboratively with community agencies. • This has been a great experience. I hope this model can be applied in other parts around Barrie. • I am thankful my agency supports this table, and I am thankful to be able to sit at it and contribute in a positive way. • Collaborate Barrie is one of the best mechanisms to support our model in a long time.

6.3 Key Stakeholder Telephone Interview/Questionnaire Results

Results of the telephone interviews/questionnaires provide a higher-level understanding of Collaborate Barrie. Within the dialogue provided by key stakeholders, a number of topics were covered. These included: benefits, remaining challenges, leadership, future funding, community engagement, capacity for sustainability, systemic barriers, and next steps for Collaborate Barrie. The following sections provide results from the interview/questionnaire process of the methodology.

Benefits

In discussing the benefits of Collaborate Barrie, respondents in the key stakeholder cohort were able to identify several. The first group of benefits involved rapid and effective access to services for clients. Several respondents felt that the initiative allowed for their staff to help clients access services that they otherwise would have had difficulty accessing without the intervention. In addition, respondents felt

that the timeliness of the intervention itself was a benefit. As one respondent claimed, "supporting people quickly is critical…Collaborate Barrie allows us to provide better and more appropriate services to clients."

Another group of benefits identified by respondents concerned collaboration and the opportunity Collaborate Barrie provides for improving multi-sector cooperation and communication. According to respondents, this has allowed for new opportunities to learn what other agencies can do to support clients. It has also helped promote interagency collaboration and a reduction in duplication of services. Some felt that the collaborative aspects of the initiative not only help to draw in more partners, but are helping agencies collectively obtain stronger and more immediate support for their clients.

A third group of benefits mentioned in the literature is the opportunity Collaborate Barrie provides partner agencies to engage in effective prevention. According to one respondent, "it provides validity to our own human service network in terms of preventing escalation and dealing with issues early on." Another shared that because Collaborate Barrie acts as a venue for problem solving, considerable harm and suffering has been prevented.

Remaining Challenges

Despite the benefits and strengths of Collaborate Barrie, key stakeholder respondents were able to point out a number of remaining challenges. The first and most common challenge mentioned was the fact that neither of the school divisions were part of the table yet, and that the hospital is limited in what information it shares. Being that both of these sectors are in strategic positions for risk detection, not having these sectors fully represented at Collaborate Barrie undermines the potential impact of the initiative. Another common challenge reported by respondents concerned the fact that much of the success of Collaborate Barrie can be attributed to the strong leadership of police. The fact is, if the police move away from their leadership role, it will be difficult to sustain momentum of the initiative.

In addition to these two general groups of challenges, several other unique challenges were mentioned in the interview/questionnaire process:

- We as a steering body are not as engaged in guiding this initiative as we should be.
- Our agency leaders need to make better use of the data being collected through Collaborate Barrie. Doing so will help inform our understanding of community needs.
- Some of our partners have inconsistent representation at the table.
- Our efforts to mobilize an effective intervention and service engagement are stymied by long wait lists and an inability to prioritize clients in the service queue.
- It is hard for our fill-in periodic staff to be part of the synergetic team environment that full-time agency representatives enjoy.
- We need further understanding and education on appropriate information sharing.

Leadership

One of the main topics of concern leading into this evaluative exercise was to establish some understanding around leadership, and who could share the ownership of Collaborate Barrie. Throughout the interview/questionnaire process, it became very clear that although every agency shared in the

ownership of Collaborate Barrie, Barrie Police Service was the clear leader. In asking respondents how other agencies could increase their role in leadership, mixed reactions were gathered.

In the affirmative direction, several respondents felt that the Barrie Police Service has done a great job leading the initiative, but that to be fair, others should step up and share these responsibilities. Respondents from several different agencies said that they were willing to step forward and collectively discuss the leadership role of the initiative. At least half of the respondents felt that the initiative benefits not just the police, but other agencies. Therefore, other sectors involved in Collaborate Barrie should play a leadership role. In doing so, several recognized that Barrie Police Service would be leaving some "rather large shoes to fill." To mitigate this, one respondent suggested that "we would need to develop a transition plan that would help other agencies take on that role."

Less enthusiastic about a leadership change were a few respondents who felt that it may be difficult for other agencies to step into that role. Much of this had to do with internal capacity to increase their responsibilities related to Collaborate Barrie. As one stakeholder described: "The challenge with leadership is that many of the agencies involved in Collaborate Barrie have very little administrative infrastructure. Their funding is based upon grants for projects and programs. Because their administration is quite lean already, leading Collaborate Barrie would be a challenge for most." Another agency felt that leading Collaborate Barrie would be difficult, largely because prevention efforts fell outside of their funding mandates. A third respondent shared that it would be hard for some agencies to step into a leadership role because they do not know if they will have funding to maintain their role in the initiative beyond each fiscal year. Finally, a fourth respondent observed that "Barrie Police Service is doing a great job, [Collaborate Barrie] contributes to the police mandate of prevention, so why change things?"

Future Funding

Another important topic explored in the interview/questionnaire process was future funding opportunities. To date, Collaborate Barrie has been financially supported through a Proceeds of Crime Grant that Barrie Police Service received from the Ontario Ministry of Community Safety and Correctional Services. However, those funds will soon run out. In discussing their thoughts on future funding sources, a few respondents admitted to presently not being aware of any opportunities. Others offered a few different suggestions. Some of these included local community investment funds, the City of Barrie, local coalition networks, or perhaps provincial or county sources. For the most part, however, respondents offering suggestions for future funding felt that the partner agencies themselves should each contribute to the initiative from their own internal resources.

With this suggestion, however, came a few additional observations. The first was that not all partners to Collaborate Barrie would be able to contribute to the initiative—at least not in the same amount. There are varying degrees of capacity and size among the agencies, and so it is impractical to assume everyone could afford to contribute the same amount. The second was that some agencies struggle annually to find basic operating dollars, let alone additional funds for Collaborate Barrie. A third was that because Barrie is largely a municipal environment, it may be hard for some of the partners to provide funding at that level. In contrast to these limitations, a fourth position was that "if every agency made Collaborate Barrie part of the way they do business, then they should be able to make the initiative part of their annual budget."

Community Engagement

In addition to leadership and funding, another important factor in the implementation of Collaborate Barrie is community engagement. Presently, Barrie Police Service and Barrie Women's Shelter facilitate a majority of the community engagement activities (e.g. partnership development, community presentations). To build ownership and share the workload, respondents were asked what they could contribute to this process. Overwhelmingly, the stakeholder respondents felt that their own agencies could assist and support in these endeavours. Several felt that doing so would not only ease the burden on their partners, but increase buy-in from their own agency. One respondent in particular observed that, "the table is all of ours, so we should all pitch in on delivering community presentations and increasing engagement."

Capacity for Sustainability

When it comes to maintaining the momentum of Collaborate Barrie, finding the capacity for sustainability is critical. In discussing with respondents their own internal capacity to sustain their involvement in Collaborate Barrie, most were fairly confident. Admittedly, several respondents felt that some additional training at the start would help their own agencies build the knowledge and capacity to continue supporting their own staff that they send to the situation table. To mitigate the impact of turnover, most respondents felt that it was important for all agencies to explore options of an ongoing training resource or process. Over a year into this initiative already, most were quite ready to learn how to support new staff they will send to Collaborate Barrie. Quite candidly, one respondent explained that "we need to build capacity not just to prepare someone to go to the table, but for contributing to risk detection, referrals, and interventions." Another suggested that "it would be ideal to have access to an online course where we could access information on-demand as new staff came onboard."

Systemic Barriers

One of the more lengthy and enthusiastic discussions with key stakeholder respondents concerned systemic barriers and options for partners of Collaborate Barrie to reduce these barriers. The common understanding among respondents was that, quite often, frontline staff involved in Collaborate Barrie come across barriers or issues that are systemic in nature, and quite often too large or complex to overcome. In fact, taking action to address many of these barriers falls far outside the decision-making authority of most table discussants. Therefore, exploration of these barriers and optimal solutions must occur at a higher level than the situation table.

In discussing this concept, nearly all 14 respondents felt that there was an appetite for the leadership of Collaborate Barrie to begin working collaboratively to address these barriers. Some suggestions along these lines included: "considering our shared commitment to collaborate around vulnerable persons, I would suspect that there is an appetite to develop a forum at the decision-maker level that could further investigate and address these issues"; "there is a tremendous appetite for a process where situation tables identify issues, which are then reported upwards, and the executive level responds to those systemic issues"; "Collaborate Barrie has certainly exposed some systemic barriers that our leaders could work collectively and strategically to address"; and "if we were to facilitate the working of these issues at the Operational Committee level, it would strengthen buy-in and give these issues the attention they need".

When it comes to explaining how the leadership of Collaborate Barrie could work together in exploring and reducing these barriers, stakeholder respondents offered a few different suggestions. These included:

- The Steering Committee should review the data highlighting systemic issues and identify appropriate actions.
- The issues should be analysed at a leadership level, where agency directors could collaborate around addressing the issues.
- It would be ideal to arrange for ground-level table participants to communicate systemic issues to senior levels, who would then in turn, explore creative options for reducing these barriers.
- Analysing and sharing data through Collaborate Barrie may be beneficial in helping demonstrate systemic barriers.
- We could involve more than just table participants in addressing systemic issues in our community (e.g., other human service agencies).
- It is important that systemic issues are researched, our understanding refined, and solutions explored. Then, the various options need to be handed to decision-makers—who do not have time to delve into the deep technical aspects of a problem.
- Form a working group among the agencies to address the issue—at the very least—bring statistics forward on the systemic issues.
- Develop a working group separate from Collaborate Barrie to deal with issues in the longer term (e.g., human trafficking).
- Our agency is willing to contribute to the process of addressing systemic issues and working with partner agencies to identify solutions.

Next Steps

The final topic discussed with key stakeholder respondents was ideal next steps for Collaborate Barrie as a whole. Generally, the directions suggested by this cohort involved building sustainability, increased data analysis, addressing systemic barriers, and improved agency buy-in. Table 16 summarizes the suggestions provided by respondents.

Table 16. **Stakeholder Suggestions on Next Steps for Collaborate Barrie**

DIRECTION	RESPONDENT SUGGESTIONS
Sustainability	• Develop a sustainability and future directions plan. • Create a protocol that streamlines and prioritizes service access for discussion subjects. • Secure the role of table discussants within each partner agency's organization. • Improve government support for collaborative risk-driven intervention. • Collaborate to identify sustainable funding options. • Facilitate sharing opportunities that allow each agency to better understand one another's services, mandates, limitations and potential.
Data Analysis	• Conduct further analysis and dissemination of data gathered from Collaborate Barrie.
Systemic Barriers	• Identify a process by which table discussants can communicate systemic barriers to agency leaders, who in turn, collectively explore opportunities for barrier reduction.
Agency Buy-In	• Secure the involvement of relevant sectors not currently participating in Collaborate Barrie. • Improve our marketing capacity to promote the initiative among both partner and peripheral agencies. • Hold more regularly-scheduled Executive Steering Committee and Operational Committee meetings.

7.0   SUMMARY OF FINDINGS

The results of this evaluation brief demonstrate considerable opportunity for further research and evaluation of Collaborate Barrie's application of collaborative risk-driven intervention. At a minimum, data gathered through surveys to both discussion subjects (clients) and table discussants (agency representatives), combined with interviews/questionnaires to key stakeholders, provide some preliminary understanding of satisfaction, benefit, impact, outcomes, challenges and new opportunities to expand and improve Collaborate Barrie.

The data gathered through this evaluation exercise, although limited, does inform us on a number of different areas. In point form, the following observations are made concerning the results of this evaluation brief.

7.1   Discussion Subject Findings

- Clients acknowledge the intervention occurred for a legitimate purpose (e.g. recognized problems and desperate need of support).
- Clients report their intervention resulted in service access and connections with supports.
- During the intervention process, clients felt supported, empowered and grateful that someone was looking out for their needs and interests.
- Fixed-item responses indicate that most of the 11 clients felt 'supported' during the actual intervention.
- Overall, a majority of the 11 clients were 'very satisfied' or 'satisfied' with their experience during the intervention.
- Client responses to fixed-item questions reveal that a majority of the 11 clients were connected to supports during the intervention and made changes in their life following the intervention.
- 9 out of 11 clients felt the intervention was effective. Some respondents reported that having multiple human service professionals mobilize around their needs was supportive.
- One area of challenge mentioned by some clients was that they did not know what the role of human service providers was following the intervention. Some additional communication and follow-up would help.
- One suggestion from a client was to leave additional information on services with individuals, following an intervention.

7.2   Table Discussant Findings

- Feedback to the *Table Discussant Survey* was provided from respondents representing 16 different human service sectors.
- Table discussants felt their agency joined Collaborate Barrie because collaboration allows for enhanced efforts to mitigate risk; it helps agencies address client needs that they cannot address alone; and it helps agencies connect with clients they would otherwise not have a chance to connect with on their own.
- In characterizing their experience at the situation table, respondents used words like rewarding, effective, well-organized, positive, mutually-supportive, and invaluable, to name a few.
- Table discussants report Collaborate Barrie fosters working relationships between agencies that would not have existed before; better enables agencies to serve client needs; and to helps human service agencies better understand their roles, services and limitations.

- Table discussants feel that Collaborate Barrie provides a well-structured environment that allows human service professionals to address complex needs more efficiently and effectively, while also protecting privacy.
- Table discussants felt that Collaborate Barrie impacts discussion subjects by helping them become aware of services, feel supported by multiple professionals, get connected with services they otherwise would not have connected to, and de-escalating situations before crisis occurs.
- Table discussants report that Collaborate Barrie has impacted them as human service professionals by helping them work with other agencies; build capacity to better meet client needs; and have a more comprehensive understanding of opportunities to mitigate risk.
- Table discussants identified that Collaborate Barrie impacted partner agencies by helping them become more connected in the community; be able to provide more resources to clients; and has allowed agencies to better understand one another.
- Table discussants report that Collaborate Barrie has increased community appreciation and support for the role of collaboration in community safety and well-being.
- A majority of table discussants felt that Collaborate Barrie is increasing client access to services and reducing risk among clients discussed at the table.
- 7 out of 11 table discussants felt that their clients have been 'satisfied' with the collaborative risk-driven intervention process that they experienced.
- Table discussants observe that there are still a number of key partners who are either not at the table, or who need to attend meetings more consistently. This would increase the collective capacity of the partners to meet complex client needs.
- Some table discussants report that a few of the partners still had uncertainties around privacy, confidentiality and how information can be shared in situations of acutely-elevated risk.
- Some table discussants recommended that more community outreach and education on Collaborate Barrie would produce increased cooperation and support from agencies that do not sit at the situation table.

7.3   Key Stakeholder Findings

- Participating in Collaborate Barrie brings multiple benefits to agencies, their clients, and the broader community. These include efficient service access, interagency collaboration, and an opportunity to engage in effective upstream prevention.
- A number of challenges remain with the initiative. The main challenges are: not having participation of education; limited information shared by the hospital; a strong dependence on police leadership; and ongoing systemic barriers that continue to go unaddressed.
- Other agencies are willing to share the leadership role. To help make this happen, a transition plan would lessen the learning curve for new leading agencies. All partners must acknowledge, however, that there are varying capacities among the partner agencies to move into a leadership role.
- There is fairly wide agreement that additional funding sources (besides police funding) are required. Some options include internal contributions from each partner agency; however, there are varying capacities among the agencies to provide funding. Other funding options include collective applications for funding from municipal, county, or provincial sources.
- There was a strong consensus that, where agencies could fulfill the time commitment, they would be willing to both support and lead community engagement activities such as partnership development and community presentations.

- In order for Collaborate Barrie to be sustainable, the partner agencies themselves need to build the internal capacity to support their staff during turnover at the situation table. To help with this, additional access to training and learning resources would help.
- It was very clear among stakeholders that agency leaders must begin working together to address systemic barriers detected at the situation table level. Collaborating around the research, analysis, and development of solutions will yield optimal results.
- Moving forward, the leadership and table discussants of Collaborate Barrie must focus on building sustainability, increasing data analysis and dissemination, reducing systemic barriers, and increasing agency buy-in.

8.0   RECOMMENDATIONS

Although this report serves only as an evaluation brief, the preparation experience gained through this process has allowed for a few observations to be developed. These observations are shared in the form of recommendations for Collaborate Barrie partners to consider while moving forward with their initiative.

1. Be supportive of one another in finding opportunities for those partners not currently active at the table, to become more active. This may help improve the collective ability of the table to meet complex client needs.

2. Increase communication and outreach to both partner agencies and those agencies not involved in Collaborate Barrie. This may allow for increased support and capacity to mobilize services when they are necessary.

3. Through updated training and knowledge transfer, renew and affirm table discussant understanding of information sharing practices, the *Hub Model* discipline, and effective intervention strategies.

4. Hold a leadership transition planning session among members of the Executive Steering Committee and Operational Committee, where the partner agencies can collectively identify what agencies have the capacity and wherewithal to transition into a leadership position of Collaborate Barrie.

5. Plan a frank and open discussion among agency leaders focused on the immediate capacity to contribute internal funding towards Collaborate Barrie. Simultaneously, form a list of potential funding sources, followed by a commitment to pursue those sources within a specified timeframe.

6. Organize a community engagement team within Collaborate Barrie who will work collectively to actively build new partnerships and facilitate information-sharing and community knowledge of Collaborate Barrie.

7. As individual agencies, begin building the internal capacity to not only sustain and support the table discussant position within each organization, but to also promote the important practices of risk detection and referral within each organization.

8. Explore opportunities to develop and implement a process of identifying systemic issues and barriers at the situation table or community level, then researching and implementing optimal solutions at the leadership level. Look to the experience of other jurisdictions in developing this process (e.g., Prince Albert, Durham, Halton).

9. Through the implementation of an evaluation framework, begin discussions and planning to measure some of the short-term outcomes generated by Collaborate Barrie (e.g., service

engagement, risk reduction). This may provide agency leaders and community stakeholders with additional evidence required to enhance their support for the initiative.

10. In future evaluations, design a process to engage community stakeholders who may not be directly involved in Collaborate Barrie's situation table, but certainly have an intimate understanding of its operations and impact.

11. In future research on collaborative risk-driven intervention, consider exploring opportunities to track and compare client outcomes following an intervention to a control group that is not exposed to the intervention process.

The findings of this evaluation brief suggest that preliminarily, Collaborate Barrie has made some important progress toward improving community safety and well-being through collaborative risk-driven intervention. Feedback from discussion subjects, table discussants, and key stakeholders, reveal that there is satisfaction, observable impact, tangible benefits, and promising opportunities stemming from the implementation of Collaborate Barrie. Although further evaluation is required to confirm some of the key outcomes, data gathered through this evaluation exercise suggest that Collaborate Barrie is certainly on the right track.

Some of the more important observations made in this exercise are that clients find the intervention experience helpful, human service providers see their involvement as enriching, and agency leaders find the human resource investment worthwhile. Moving forward, this evaluation has outlined a number of improvements, important next steps, and transitions to make in the continued implementation of Collaborate Barrie. If the agency partners are able to build sustainability, secure funding opportunities, share the role of leadership, and begin a process of better understanding and addressing systemic barriers, then Collaborate Barrie will have a promising future of improving community safety and well-being in Barrie, ON.

Babayan, A., Landry-Thompson, T., and Stevens, A. (2015). *Evaluation of the Brant Community Response Team Initiative: Six-month Report*. Brantford, ON: Brant County Health Unit.

Brown, J. and Newberry, J. (2015). *An Evaluation of the Connectivity Situation Tables in Waterloo Region*. Evaluation Report submitted to Waterloo Region Connectivity Partnership. Guelph, ON: Taylor Newberry Consulting.

Global Network for Community Safety. (2016). *1st Canada-Wide Account of Hub/Situation Table Adopter Sites and Situations Triaged for Acutely Elevated Risk – Since 2011.* Retrieved from www.globalcommunitysafety.com.

Gray, S. (2016) *Lanark County Situation Table Project: Annual Report, September 2015 – September 2016*. Perth, ON: Lanark County Situation Table.

Lamontagne, E. (2015). *Rapid Mobilization Table Data Analysis Update: February, 2015*. Sudbury, ON: Community Mobilization Sudbury.

Lansdowne Consulting. (2016). *Multiagency Early Risk Intervention Tables (MERIT): Pilot Project Review.* Ottawa, ON: The Lansdowne Consulting Group.

Litchmore, R. (2014). *Preliminary Report on the Progress of the Guelph Situation Table*. Internal Report Provided to Guelph Situation Table. Guelph, ON: University of Guelph.

McFee, D., and Taylor, N. (2014). The Prince Albert Hub and the Emergence of Collaborative Risk-Driven Community Safety. In *Change and Innovation in Canadian Policing -* Canadian Police College Discussion Paper Series. Ottawa, ON: Canadian Police College.

Ng, S., and Nerad, S. (2015). *Evaluation of the FOCUS Rexdale Pilot Project*. Delivered to the City of Toronto and Toronto Police Service. Toronto, ON: Vision and Results Inc. and SN Management.

Nilson, C. (2014). *Risk-Driven Collaborative Intervention: A Preliminary Impact Assessment of Community Mobilization Prince Albert's Hub Model*. Saskatoon, SK: Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan.

Nilson, C. (2015). *Measuring Change: A Framework to Support Evaluation of Collaborative Risk-Driven Community Safety and Well-Being in Ontario*. Delivered to the Ontario Working Group on Collaborative Risk-Driven Community Safety. Prince Albert, SK: Living Skies Centre for Social Inquiry.

Nilson, C. (2016a). *Collaborative Risk-Driven Intervention: A Study of Samson Cree Nation's Application of the Hub Model*. Ottawa, ON: Public Safety Canada.

Nilson, C. (2016b). *Chatham-Kent's Fast Intervention Risk Specific Teams: Final Evaluation Report*. Toronto, ON: Global Network for Community Safety.

Nilson, C. (2016c). *Year One Analysis: A Descriptive Review of Data Captured through Collaborate Barrie's Collaborative Risk-Driven Intervention Initiative.* Toronto, ON: Global Network for Community Safety.

Nilson, C. (2016d). Canada's Hub Model: Calling for Perceptions and Feedback from those Clients at the Focus of Collaborative Risk-Driven Intervention. In *Journal of Community Safety and Well-Being*, v.1, i.3: 58-60.

Nilson, C. (2016e). *Tech-Enabled Hubs in Remote Communities: A Literature Review*. Saskatoon, SK: Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan.

Nilson, C., Winterberger, M., and Young, T. (2015). Hub Database Description of Variables: *An Overview of Variables to be used in the Hub Database for Purposes of Tracking General Information, Risk Factors and Actions of Hub Discussions and Collaborative Interventions in Saskatchewan*. Prince Albert, SK: Community Mobilization Prince Albert/Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan.

North Bay Parry Sound District Health Unit. (2015). North Bay Gateway Hub: Data Analysis 1-year Report. North Bay, ON: North Bay Parry Sound District Health Unit.

Russell, H., and Taylor, N. (2014). *New Directions in Community Safety-Consolidating Lessons Learned about Risk and Collaboration: Mitigating Acutely-Elevated Risk of Harm Considerations in Adopting "The Situation Table".* Ontario Working Group on Collaborative Risk-Driven Community Safety.

Winterberger, M. (2014). *Report on the Hub Discussion 2013/2014: A Documentation of the Prince Albert Hub Discussion Study Period: September 1, 2013 to August 31, 2014*. Prince Albert, SK: Community Mobilization Prince Albert.

Survey to Hub Discussants (table participants)	• Complete survey in Microsoft Word. • Save survey on your computer for safe keeping. • Email completed copy of your survey to chad@globalcommunitysafety.com. • Complete and send survey by **April 29, 2016.**
Survey to Hub Subjects (agency clients)	• Approach clients of yours who received an intervention from the Situation Table. • Do NOT approach clients with the survey if crisis is imminent or current. • Inform the client that the purpose of the survey is to see how clients are responding to the intervention process, so that we can not only continue the process, but make necessary improvements to better meet client needs. • Inform the client that their completion of the survey is totally voluntary, and that they will not face repercussions if they choose not to complete the survey. • Inform the client that if they choose to complete the survey, their answers will remain confidential and anonymous. • Inform the client that if they have uncertainties about completing the survey on their own, and if they are comfortable with you administering the survey, then you can help them complete the survey. • If you are approaching clients under the age of 18, please seek verbal consent from their parent or guardian to approach their child for participation in this survey process. • Please ensure that your client's name or any other identifying information does not appear on the survey. • Once your client completes the survey, please seal it in an envelope and submit it to Sgt. Val Gates at the next Situation Table meeting you attend. • Please submit all client surveys by **April 29, 2016.**

THANK YOU SO MUCH

CLIENT SURVEY

This survey is to be completed by individuals who received intervention support from members of the Situation Table in Barrie, ON. Completion of this survey is totally voluntary. All answers will remain confidential and anonymous. Therefore, please do not put your name anywhere on the survey. Data from the surveys will be used to determine how well the table in Barrie is satisfying client need and how the intervention and client support process can be improved. Individuals can request help from their service professional if they desire. Thank you for taking the time to offer your feedback and observations.

Age: ___ 18 or younger ___ 19 to 24 ___ 25 to 29 ___ 30 to 39 ___ 40 to 49 ___ 50 to 59 ___ 60 to 69 ___ 70 or older	**Gender:** ___ male ___ female ___ transgender **Recent Immigrant:** ___ yes ___ no	**Ethnicity:** ___ Caucasian ___ First Nation ___ Métis ___ Inuit ___ African ___ Asian ___ Middle-Eastern ___ Latino/Latina ___ Pacific/Caribbean	**Dependents in Home** (indicate number): ___ under 5 years ___ 6 to 12 years ___ 13 to 19 years ___ adult dependents

1) Why do you think that a group of human service professionals mobilized an intervention around you?

2) What was the result of that intervention?

3) What was your response to the intervention?

4) How did you feel during the intervention process? (check any that apply) ___ angry ___ scared ___ sad ___ supported ___ relieved ___ excited	**5) Overall, how satisfied were you with the intervention?** ___ not satisfied ___ somewhat satisfied ___ satisfied ___ very satisfied ___ no opinion	**6) Because of the intervention, were you connected to any services or supports?** ___ yes ___ no **If yes, can you please explain these supports:**
7) Because of the intervention, did you make any changes in your life? ___ yes ___ no **If yes, can you please explain these changes:**	**8) Did the intervention change the way you feel about human service professionals?** ___ yes ___ no **If yes, can you please explain these changes:**	

9) Do you feel that an intervention involving multiple human service providers is effective? ___ yes ___ no **Please explain your answer:**	**10) Do you feel there was any weaknesses or challenges with the intervention?** ___ yes ___ no **If yes, please explain:**

11) Do you have any suggestions or ideas for how these interventions could be improved in the future?

12) Do you have any other comments, feedback or observations?

Please complete the survey and place it in an envelope. Then return it to your human service provider.

THANK YOU SO MUCH

SITUATION TABLE DISCUSSANT SURVEY

This survey is to be completed by human service professionals who sit at the Situation Table in Barrie, ON. Completion of this survey is totally voluntary. All answers will remain confidential and anonymous. Data from the surveys will be analysed in the aggregate and reported on through a brief report and presentation to all member agencies of Collaborate Barrie. Please complete this survey in Microsoft Word and email it to chad@globalcommunitysafety.com before April 29, 2016. Thank you.

Please indicate (X) what human service sector(s) you represent:		
___ social services	___ cultural support	___ courts
___ social assistance	___ spiritual support	___ corrections
___ housing	___ parenting support	___ probation
___ mental health	___ education	___ parole
___ sexual health	___ employment services	___ legal/justice support
___ public health	___ home care	___ fire and emergency services
___ medical health	___ life skills	___ paramedic
___ addictions	___ victim support	___ recreation
___ harm reduction	___ safe shelter	___ food support
___ counselling	___ police	___ mentorship
___ outreach	___ advocacy/navigation	___ other: _____

1) What is the main reason(s) your agency is a partner in the Collaborate Barrie Hub?

2) How would you characterize your overall experience at the Situation Table?

3) What do you feel is being achieved during Situation Table meetings?

4) What do you feel is NOT being achieved at Situation Table meetings?

5) Have you ever brought a new situation to the Table? ___ Yes ___ No	6) Have you ever participated in an intervention planned by the Table? ___ Yes ___ No	7) Has a client been connected to your agency because of the Table? ___ Yes ___ No

8) What do you feel has been the overall impact of Collaborate Barrie on <u>clients</u> who become the focus of interventions?

9) What has been the impact of your experience at Collaborate Barrie on <u>you</u> as a human service professional?

10) What do you feel has been the impact of Collaborate Barrie on the <u>agency</u> you represent?

11) What observations, if any, have you made of the impact that the Barrie Situation Table is having on the broader <u>community</u>?

12) To what extent do you feel the Table has increased client access to services?	**13) To what extent do you feel the Table has reduced risk among clients discussed at the table?**	**14) To what extent do you feel your clients are satisfied with the collaborative intervention process?**
___ not at all ___ somewhat ___ quite a bit ___ considerably ___ *unsure*	___ not at all ___ somewhat ___ quite a bit ___ considerably ___ *unsure*	___ not satisfied ___ somewhat satisfied ___ very satisfied ___ *unsure*

15) What do you feel are some of the biggest challenges or limitations of Collaborate Barrie?

16) In what ways could application of the Hub/Situation model in Barrie be improved?

17) Do you have any other comments about your experience or understanding of Collaborate Barrie?

Please email completed survey to chad@globalcommunitysafety.com by **April 29**, 2016.

THANK YOU SO MUCH

STAKEHOLDER QUESTIONNAIRE

In an effort to identify opportunities to improve, strengthen and advance the efforts of collaborative risk-driven intervention in Barrie, the Barrie Police Service has requested that Dr. Chad Nilson of the Global Network for Community Safety provide some evaluative support to Collaborate Barrie. In that effort, he is reaching out to key stakeholders of the initiative to invite them to provide their feedback via telephone or survey. If you choose to participate in this process, your responses will remain confidential and anonymous. Results will be reported in the aggregate, and no individual or their agency will be held accountable for any suggestions or ideas provided in the interview/questionnaire process. When you have completed this survey, please send it to chad@globalcommunitysafety.com. If you would rather be interviewed over the telephone, please call 306-953-8384. We hope to receive all responses by *December 16th*. Thank you very much.

1) **To date, what has been your agency's involvement in Collaborate Barrie?**

2) **Broadly speaking, what have you observed to be some of the benefits of this initiative?**

3) **In your perspective, what remaining challenges does Collaborate Barrie face moving forward?**

4) **To date, Barrie Police Service has largely led the development and operation of this initiative.**
   a) Do you foresee any opportunities for other agencies to increase their leadership role in this initiative?

   b) Do you have any particular thoughts concerning your own agency's role in the leadership of Collaborate Barrie?

5) **To date, Collaborate Barrie has been funded through a Proceeds of Crime Grant awarded to Barrie Police Service.**
   a) Do you have any ideas for finding funds to sustain the initiative?

   b) Do you think it would be possible for the partner organizations to each contribute funds?

6) **To date, Barrie Police Service in conjunction with Barrie Women's Shelter, has provided most of the community presentations concerning the initiative. Does your agency have the capacity to assist with these community presentations?**

7) **Internally, does your organization have the capacity to develop an internal subject expert on collaborative risk-driven intervention who can provide training and support to staff within your agency?**

8) **One of the challenges for table discussants at Collaborate Barrie is when they confront systemic barriers during the intervention process. Some examples of these systemic barriers include availability of services, age gap in services between 14 and 16 years, jurisdictional challenges, lack of resources, etc.**
   a) What do you think can be done about these systemic issues?

   b) Do you feel there is an appetite among your community partners to explore a process of identifying and addressing systemic issues in Barrie?

9) **Overall, what do you feel are the next steps for Collaborate Barrie? (e.g. sustainability, growth)**
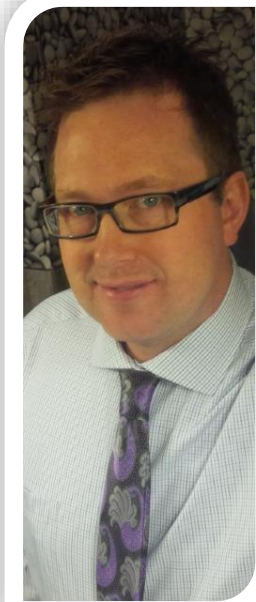
Dr. Chad Nilson is vice president of research and evaluation at the Global Network for Community Safety, where he provides research, evaluation, advising and planning services to various community-based organizations and government agencies in municipal, provincial, federal, and Aboriginal jurisdictions. Chad is also the inaugural research fellow at the Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan. Chad has developed a strong research agenda in community safety, has helped communities build strategies for violence reduction, and as lead investigator with the Living Skies Centre for Social Inquiry, has conducted numerous evaluations of crime prevention and health promotion programs.

Since releasing his 2014 preliminary impact assessment on the Hub Model in Prince Albert, Chad has been invited to lead and support conversations and planning of collaborative risk-driven intervention practices, data collection and evaluation across the country. As a technical advisor to the Ontario Working Group on Collaborative Risk-Driven Community Safety, Chad developed a supportive guide to lead evaluation of community safety and well-being in Ontario. On behalf of Public Safety Canada, Chad gathered lessons learned from the Samson Cree Nation Hub in Alberta. Chad also serves as an evaluation advisor to several Hub/Situation Tables in Ontario, Saskatchewan, Alberta, Manitoba, British Columbia, and Prince Edward Island. Finally, Chad continues to support various communities with his expertise as the lead developer of the Hub (Risk Tracking) Database now being used across Canada.

306-953-8384
chad@globalcommunitysafety.com