

# **RISK-DRIVEN COLLABORATIVE INTERVENTION**

A Preliminary Impact Assessment of Community Mobilization Prince Albert's Hub Model

prepared by

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## PREFACE

In preparing this report, I was afforded the incredible opportunity of being immersed in the day-to-day workings of Saskatchewan's flagship model of risk-driven collaborative intervention. Championed through Community Mobilization Prince Albert (CMPA), what is known as the *Hub model* has attracted considerable attention throughout Saskatchewan, Canada, and other parts of the world. Due to such broad interests in the Hub model, this preliminary impact assessment has been designed for a diverse audience. To organize my own thoughts and observations for such a broad audience, I took the liberty of grouping the readers of this report into three cohorts that I would like to address in this preface.

To fellow researchers and evaluators, I confess that preparing this report was one of the more difficult challenges I've taken on in my career. My challenges stemmed not from complicated methodological choices or theoretical determinations, but from the fact that there is so much going on with this paradigm shift occurring in Prince Albert, and in the rest of Saskatchewan. As an academic being able to delve deep into a bold and innovative initiative, my observation is that the phenomena stemming from these changes are almost overwhelming. There are so many important themes of research one could focus on: institutional change, partnership collaboration, service delivery improvement. From an evaluative lens, one can easily be occupied with the process of the Hub's implementation and risk identification, or the outcomes stemming from service mobilization and collaborative intervention. Of course, most desirable to an evaluation audience is the big picture story: *the impact that eroding long-standing bureaucratic pillars has on community safety and wellness*. As such, it has been a challenge to prioritize my undertakings with CMPA. Nevertheless, I hope that other scholars will join me in pursuing the many different research and evaluation opportunities that are presented by human service efforts to think outside-the-box.

To the practitioners reading this report, I hope that the stories I reiterate from the various human service professionals involved in the Prince Albert Hub, help in your own planning and exploration in risk-driven collaborative intervention models of community mobilization. There is much more to be learned about the process of the Hub model and its overall application. Hopefully, learning of its utility through this report will give you a head-start.

To decision-makers in government, the findings of this report are preliminary and somewhat limited. However, they do suggest great potential for the impact that collaborative risk-driven intervention can have on service delivery outcomes for individuals and families with complex needs. As you will see in my concluding remarks of this report, the Hub model is worth pursuing further. While we must wait for more robust findings to declare a total victory, there is strong enough indication within the limited findings presented herein, that continued support of the Hub model will help human service professionals connect clients to services more efficiently. On a different note, I hope that this report gives you the motivation to support further research and evaluation on community mobilization initiatives and their impact on public safety and wellness.

To those government decision-makers and human service professionals already engaged in community mobilization, I wish for this report to bring you support and reassurance that your endeavours are notable and worthy. My greatest desire is to see research and evaluation continue to play an ongoing role in the development, improvement and replication of the Hub model.

## ACKNOWLEDGEMENTS

There are three names that should never go unmentioned in discussion on the risk-driven collaborative intervention model of community mobilization in Saskatchewan. Those names are Dale McFee (Deputy Minister of Saskatchewan Corrections and Policing), Norm Taylor (Future of Policing Consultant to the Government of Saskatchewan) and Ken Hunter (Director of Community Mobilization Prince Albert). Each of these individuals will be first to admit that none of the progress in Saskatchewan public safety would be possible without the many dedicated people in Prince Albert and the rest of Saskatchewan who helped make the Hub become a reality. However, it is safe to say that McFee as the visionary, Taylor as the architect and Hunter as the builder, set the stage for the community mobilization franchise to take off in Prince Albert and the rest of Saskatchewan. With high regard, I thank these three individuals for not only spending time making sure my needs as an academic were met, but in seeing that research, measurement and evaluation all have a permanent place in the Saskatchewan model of community mobilization.

My next acknowledgement is to the staff of CMPA (Markus Winterberger, Tamara Young, Karen Anthony), their consultant (Lisa Taylor) and current and former members of CMPA's Centre of Responsibility (Brent Kalinowski, Kimberly Werrett, Corrine Anderson, Carmela Schneider, Ron Anderson, Shelley Storey-Humble, Lorne Zanidean, Glenis Clarke, Lisa Simonson, Kirby Rudderham and Matt Gray) who I had the chance to work with. This fine group of professionals has been instrumental in helping me gain a solid understanding of community mobilization, and furthermore, be positioned to write this and forthcoming reports on the Hub model.

Of course, one of most important cohorts of contributors to this preliminary impact assessment has been the human service professionals who sit as participants to the Hub in Prince Albert. While their list of names is too long to include here, the individual and collective contributions they made to my own understanding of risk-driven collaborative intervention has been immense. Furthermore, without their participation in interviews for this report, the findings would be nil. Thank you for your on-going involvement in the evaluation process.

At the University of Saskatchewan, I would like to acknowledge the contributions of PhD student Myles Ferguson, who prepared for the Centre for Forensic Behavioural Science and Justice Studies, an impressively large annotated bibliography on many themes relevant to research and evaluation in the area of collaboration and cross-sector partnerships. Also at the University, I would like to thank my colleagues, Dr. Stephen Wormith, Ronda Appell, Dr. Lisa Jewell and Carolyn Camman, for their support and encouragement in this project.

Finally, I would like to both acknowledge and congratulate the Saskatchewan Ministry of Justice, Corrections and Policing for committing to a long-standing relationship with the University of Saskatchewan's Centre for Forensic Behavioural Science and Justice Studies. In doing so, the Ministry has provided an opportunity for evidence to be infused with practice; thereby strengthening the mutually-beneficial collaboration of human service scholars and professionals in Saskatchewan. Within the Ministry's executive, I would like to acknowledge and thank Dr. Brian Rector for engaging our Centre in this rewarding opportunity. Ultimately, it is through support from the Ministry of Justice - Corrections and Policing Division that this report has been possible.

## ***EXECUTIVE SUMMARY***



## EXECUTIVE SUMMARY

### Report Intent

The purpose of this report is to provide a preliminary assessment of the impact that Community Mobilization Prince Albert's (CMPA) Hub has on acutely-elevated risk, and on the efforts of human service professionals to address the composite needs of individuals who are experiencing elevated risk. Common themes to be addressed in this report include overall challenges, successes and general lessons learned through the community mobilization experience in Prince Albert. The report concludes with an outline of opportunities for future research and evaluation in community mobilization as well as a list of recommendations for improving the Hub model.

### Literature Review

A thorough look at the Hub model requires a focus on three main concepts. Past observations on *collaboration* among human service professionals help to point out some of the dynamics involved in various agencies working together towards the same end. Literature on *risk* helps us see the importance of risk factors in reducing the probability of harm to high risk individuals. Finally, findings on *interventions* illustrate the value that such tactics bring to human service provider efforts in addressing the composite needs of individuals. Although CMPA's Hub model is unique in many ways, this brief review of literature may bring some familiarity and support to the main elements of the Hub model.

### History and Development of the Hub Model

In describing the Hub model, this report begins with a historical overview of the development of Prince Albert's Hub. Key contributions to this development include:

- Global findings from the *Institute for Strategic International Studies* revealed that accounting for both risk factors and partnerships can help build capacity in policing (ISIS, 2008; 2009).
- Locally, the *Prince Albert Police Service* (2009) identified a need for change in community safety because the status quo was not working. A front-end approach to crime reduction that involved collaboration among multiple service providers appeared to be most promising.
- The *Future of Policing Strategy* identified the need for policing in Saskatchewan to align, integrate and mobilize with other human service agencies (Taylor, 2010).
- Observations of the *Scotland Violence Reduction Unit* by key police and human service professionals from Prince Albert, verified that a collaborative risk-driven intervention model has great potential in their community (McFee & Taylor 2014).
- Evidence compiled by the *Saskatchewan Police and Partners Strategy* suggested that collaborative risk-driven interventions were both promising and possible in Saskatchewan; and that nearly all human service sectors within the Government of Saskatchewan should become involved in community mobilization (SPPS Enterprise Group, 2011).
- In February of 2011, the Prince Albert Hub was formed as a multi-disciplinary team that meets twice weekly for the identification, rapid development and immediate deployment of real-time interventions and short-term opportunities to address emerging problems, risk conditions and crime prevention opportunities identified and brought forward from the frontline operations of all participating agencies that comprise CMPA.

- Early in the process, participants of the Hub saw the benefits of information-sharing, cooperation and ultimately, collaborative risk-driven intervention.
- Identification of broader systemic issues helped Hub participants realize the need for a special team to work beyond the time available to most Hub participants. With support from Premier Brad Wall came the development of Community Mobilization Prince Albert, and with it, a team to address systemic issues: the Centre of Responsibility (COR).
- To implement recommendations of the above-mentioned strategies, the Government of Saskatchewan developed the *Building Partnerships to Reduce Crime* initiative to focus the priorities of crime reduction in the province around prevention, intervention and suppression (Ministry of Corrections, Public Safety & Policing, 2011).
- After learning of the Hub model in Prince Albert, and with guidance and support from the Building Partnerships to Reduce Crime initiative, multiple communities in Saskatchewan began to engage in community mobilization efforts of their own (BPRC Implementation Team, 2013).

### The Hub Structure and Function

The Hub is structured as a venue for human service professionals (hereafter referred to as discussants) from a variety of disciplines, to meet and collaborate on interventionist opportunities of addressing situations of *acutely-elevated risk*. The Hub itself is inherently risk-driven, and lends itself to both secondary and tertiary efforts of prevention. The Hub meets Tuesday and Thursday mornings for up to 90 minutes each day. The focus of these meetings is to identify complex risks of individuals or families that cannot be addressed by a single agency alone. When situations are brought to the table by one of the partner agencies, the appropriate human service professionals become engaged in a *discussion*, which results in a *collaborative intervention* to connect services and offer supports where they were not in place before. The goal of the Hub is to connect individuals-in-need to services within 24 to 48 hours. At the time of this report, the Hub in Prince Albert has held over 800 different discussions.

Community Mobilization Prince Albert defines acutely-elevated risk as occurring where four conditions are present:

- Significant interest at stake.
- Probability of harm occurring.
- Severe intensity of harm.
- Multi-disciplinary nature of elevated risk.

The four criteria used to determine acutely-elevated risk are upheld through a filter process that the Hub uses to determine whether collaborative intervention is necessary. This filter process is not only used to identify priority needs in the community, but it helps protect and promote the privacy interests of individuals and families experiencing elevated risk. At any time during the filter process, a situation can exit the Hub table if Hub discussants collectively determine that acutely-elevated risk is no longer present, and/or appropriate services are in place.

- *Filter One*: agencies determine if they can unilaterally meet the composite needs of a client.
- *Filter Two*: agencies provide de-identified information on client risk factors known to other human service professionals at the Hub table.
- *Filter Three*: Basic identifiable information of the client is shared in order to identify which agencies need to be involved in generating opportunities for risk reduction.

- *Filter Four:* Only the lead and assisting agencies in a discussion meet to identify the assets or supports in the community which will become part of their collaborative intervention.

During the Hub discussion process, certain de-identified information is kept on each discussion. These data help the Hub identify its target group and survey the presenting risks of those individuals discussed at the Hub table. An analysis of Hub data gathered from September 2012 to August 2013 show that most situations involve male or female youth, with the more common risk factors of all Hub situations being alcohol, criminal involvement, parenting concerns, mental health issues, physical violence, truancy and drugs.

One important asset to the Hub in Prince Albert is the Centre of Responsibility (COR). The COR is a group of experienced human service professionals seconded to work full-time in a collaborative team environment at CMPA's office facility. Referred to as sector specialists, members of the COR team account for six of the many different sectors represented at the Hub table (i.e. police, corrections, social work, education, addictions and mental health).

In fulfilling its role in community mobilization, the COR has produced a lot of benefits for the Hub in Prince Albert. Having direct support from the COR strengthens relationships between Hub agencies, develops opportunities for collaboration and limited information sharing, builds capacity of Hub discussants and assists in the identification of community assets that bring added value to community mobilization in Prince Albert. Although the Hub in Prince Albert could function independent of the COR, its overall level of functioning has been greatly enhanced by its intimate proximity to the COR.

## Methodology

To provide a preliminary assessment of the short-term outcomes generated by the Hub model in Prince Albert, a three part methodology was designed.

- 1)** The first part of the methodology consists of ten illustrative *case studies* of select Hub discussions. While the case studies may be suggestive of potential Hub outcomes, they were primarily conducted to demonstrate the Hub model in action—and highlight the fact that there is great variation in Hub discussion types and discussion outcomes.
- 2)** The second part of the methodology involved *interviews* with 21 Hub discussants on their experience in the Hub. Dialogue captured through group interviews with each sector of the Hub focus on client risk, service delivery, challenges, successes and improvements to the Hub model.
- 3)** The final part of the methodology involved *interviews* with 14 key stakeholders from the various agencies that played critical roles in the development and implementation of the Hub in Prince Albert. These discussions focused on the design of the Hub; key ingredients to implementation; benefits to participating agencies; challenges and barriers; threats to community mobilization; and successes and progress of the Hub in Prince Albert.

## Results

Results from this preliminary impact assessment provide a lot of rich and detailed information about the Hub experience in Prince Albert. While the three different parts of this methodology each contribute something different to this assessment, their results are mutually supportive of one another.

## **Case Studies**

The case studies presented in this report were designed to highlight the range of discussions that occur at the Hub. Although they were not intended to reveal specific trends, the Hub and COR respondents who contributed to the case studies were able to identify a few lessons learned. These include:

- There is variation in Hub discussion dynamics, risk factors and outcomes.
- The Hub intervention team reaching out to individuals and parents is often a welcomed surprise.
- Clients are more likely to accept support if it is offered before crisis occurs.
- There seems to be a domino effect in service engagement, whereby connecting a client to some services opens opportunities for other services where there were no opportunities before.
- Complicated risks means more agencies become involved in a discussion, which can be quite valuable if handled properly.
- Collaboration and information sharing opens new opportunities to provide support to clients.
- Transience, refusal of services and client failure to recognize risk are all client-based barriers in successful collaborative intervention. Institutional barriers to successful collaborative intervention involve limitations in leverage over clients (e.g., no mechanism to enforce regulations or policies).

## **Group Interviews**

The group interviews conducted with Hub and COR representatives from the mental health, addictions, education, police, corrections and social services sectors provided some very detailed understandings of how the Hub impacts acutely-elevated risk as well as the work of human service professionals in Prince Albert.

Results from group interviews suggest that all sectors benefited from relations with other agencies. Weekly interactions and collaboration provided a better understanding of one another's strengths and limitations. This collaboration also broadened discussant understandings of risk, which builds capacity to offer improved holistic support to clients. Another benefit of Hub is that the relationships formed among Hub agencies brought out the strengths in service providers. Results show that Hub discussants want to try hard to produce results in a team fashion. Some describe it as a result-driven synergy that overtakes the room and motivates people to find opportunities to reduce risk.

Group interview results also showed that all sectors either moved towards or enhanced their existing prevention efforts in some way. This became clearer in the problem-solving exercises developed through collaborative Hub interventions. Also fairly clear was that the Hub experience fosters multi-directionality in both learning opportunities and accountability. Clients learn the value of multi-agency support and become more accountable to all service providers. Likewise, professionals learn how to best address high risk while being accountable to the client and one another.

Finally, results from interviews in all six sectors suggest that the Hub model allows high risk individuals with composite needs to gain access to services that they otherwise would not receive. The collaborative, solution-based support from the Hub intervention team, more often than not, reduces risk and averts crisis.

### ***Key Stakeholder Interviews***

Results of stakeholder interviews reveal that the Hub model was born out of the realization that current practices in public safety and wellness did not address situations involving elevated risk that were requiring immediate and multiple-sector interventions. There was a widely-shared belief among advocates of the Hub model that the status quo should be replaced by a prevention model that focused on risk and collaboration of service providers.

Stakeholder dialogue also suggests that the Hub model was developed as a problem-solving tool to help human service providers identify and mitigate the risks of individuals with composite needs. The actual Hub functions by serving as a forum for necessary and limited information sharing that occurs in Hub discussions and collaboration that result in Hub interventions. Combined, the discussion and intervention process mobilizes supports that are necessary for lowering the overall level of acute risk for individuals and families.

Key stakeholders suggest that the key ingredients in developing a Hub are committed leaders, strong support for the model and a willingness to try different alternatives to the status quo. Successful Hub discussions require a shared understanding of the Hub's function, purpose and process among all participants. There also must be strong communication between partner organizations and an equal contribution of time and effort from each agency involved in the Hub. Finally, there must be a balance between respect for privacy and due diligence in protecting people from harm.

When it comes to delivering successful Hub interventions, there must be active involvement of relevant agencies that can play a direct role in mitigating the risk factors which have placed the individual or family in a situation of acutely-elevated risk. Once assembled, the Hub intervention team must approach individuals while offering support—not mandating it. Results of key stakeholder interviews also indicate that the Hub intervention team must work with the individual in not only generating options, but building a solution that will reduce their level of risk and overall probability of harm.

### ***Challenges and Barriers***

During both the group interview and key stakeholder interview processes, a number of challenges and barriers were uncovered. Some of these pertained to the *discussion* process:

- Varying interpretations of privacy legislation hamper information sharing and ultimately inhibits the community mobilization process.
- Variation in agency participation intensity in Hub discussions affects progress.
- Fast pace of Hub discussion limits general dialogue of discussants.
- Popularity of Hub has resulted in local agencies sending their complicated cases to Hub without first trying to address matters themselves.
- No direct involvement of community-based organizations limits the capacity of Hub.
- Variation in home-agency referral process leads to different levels of risk being brought to the Hub table.

Others pertained to the *intervention* process:

- There is no follow-up mechanism to ensure clients have engaged in services.

- Variation in the availability of Hub discussants to participate in interventions makes planning difficult.
- Hub interventions are more effective with individuals and families who are newly at-risk. In other words, those individuals whose risk factors, although composite, are not yet reoccurring. In contrast, more intensive intervention supports are needed for those with chronic, reoccurring risk factors who have been involved with the system several times already.

## Findings

The key findings of this report are that the Hub in Prince Albert has generated a number of successes.

- The Hub has broken down long-standing institutional silos. Human service agencies are now sharing limited but necessary information, and frontline professionals are more often collaborating around the needs of their shared clients.
- Clients are, for the most part, responding positively to collaborative interventions that are based upon voluntary offerings of support.
- Clients of Hub agencies are not only gaining quicker access to services before harm even occurs, but they are gaining access to services that they were never able to reach (or successfully engage) before their situation was brought to the Hub.
- Risk in most Hub discussions is being lowered from acutely-elevated to a more manageable level of risk. This lowers the severity and probability of harm to a significant interest of the individual, the family and the community.

## Limitations

The purpose of this report is to identify the extent to which the Hub may be having an impact on the ability of agencies to serve their client's needs, and the extent to which acutely-elevated risk is lowered during and shortly after a Hub discussion and intervention. In trying to achieve this, the methodology of this report was affected by a few challenges:

- Natural bias among interview respondents to be supportive of Hub model.
- Methodology does not include interviews with individual subjects of Hub discussions.
- Report lacks quantitative findings that could add support to qualitative findings.
- Methodology does not measure the aggregate success of the Hub model, including outcome results of individual clients discussed at the Hub table.
- Due to the inaugural nature of this evaluation topic, the report divides itself between the broader themes of community mobilization and immediate short-term impacts of risk-driven collaborative intervention.

## Conclusion

The success of Community Mobilization Prince Albert's Hub in engaging a diverse cohort of human service providers in collaborative risk-driven intervention is likely only the start of what is about to occur in Saskatchewan. Advocates of the Hub model are driven by the notion that the 'human service disconnect' in our contemporary bureaucracy makes it difficult for some individuals and families to get the supports they need. Furthermore, supporters of the Hub model believe that mobilizing various community resources around an individual who is in a situation of acutely-elevated risk is the surest

means of reducing multiple risks and lowering the probability of harm occurring. The results of this preliminary impact assessment confirm that in many respects, they may be right. As such, fellow researchers, on-looking practitioners and curious government decision-makers should be prepared, for there is a wave of enthusiasm sweeping across this prairie province with the belief that the Hub model can produce positive and sustainable outcomes in public safety and wellness. This wave is powered by the simple desire to do better.

## Recommendations

- 1) Develop and implement a permanent follow-up mechanism that verifies not only a client connection to services, but engagement of those services.
- 2) Agencies sending staff to participate in the Hub should either remove or reduce the burden of other home agency work on their staff.
- 3) Agencies involved in the Hub should try to improve the consistency of membership at the table.
- 4) CMPA, the COR representatives, Hub discussants and agency managers should work together to open opportunities for broader engagement of entire organizations in the community mobilization model.
- 5) CMPA should identify a means of directly involving some key community-based organizations in Hub discussions.
- 6) CMPA should work with the academic and research community, as well as its own Hub discussants, to start building a science around collaborative Hub interventions.
- 7) CMPA should work with the academic and research community, in collaboration with the Ministry of Justice's Corrections and Policing Division, to develop more clearly visible opportunities for corrections professionals to engage in community mobilization.
- 8) CMPA should implement new advancements in the data collection process that will not only provide opportunities for measurement of outputs and short-term outcomes, but will also strengthen the structure and format of the Hub discussion process.
- 9) CMPA should encourage the Government of Saskatchewan to raise awareness of the balance that the Hub model holds between respecting the privacy rights of individuals and maintaining due diligence in harm prevention.
- 10) CMPA should work with its partner agencies to encourage an internal Hub referral screening process that requires the same rigour of risk assessment across all sectors.

## Future Research and Evaluation Opportunities

One of the goals of this report was to identify a number of different opportunities for further inquiry into the Hub model of community mobilization. This report identifies several opportunities for future researchers and evaluators to help Hubs at the *operational* level:

- Identify leading practices in the Hub *discussion* process.

- Identify leading practices in collaborative *intervention*.
- Identify options for a follow-up mechanism to help Hub discussants verify service engagement.
- Identify conditions, criteria and community assets that help Hubs function properly.
- Develop and implement a more robust data collection process that facilitates ongoing performance monitoring.

This report also identifies a number of opportunities for future inquiries to measure *outcomes* of the Hub model:

- Consider engaging past subjects of Hub discussions in the data collection process through interviews or surveys.
- Develop measures for aggregate risk reduction which allows for the assessment of the Hub's overall impact on acutely-elevated risk.
- Measure the relationship between various models of community mobilization and the long-term intended outcomes of public safety and wellness.



***Part I***  
***Introduction***

# RISK-DRIVEN COLLABORATIVE INTERVENTION

## A Preliminary Impact Assessment of Community Mobilization Prince Albert's Hub Model

### 1.0 INTRODUCTION

In 2011, a group of Prince Albert police officers, educators, social workers, mental health professionals, addictions counsellors and several other human service providers embarked upon a mission to remove the institutional barriers that prevented communication and cooperation among them. Doing so, they believed, would allow for more efficient and effective reductions in risk among individuals with composite needs. To achieve this, the Prince Albert group of professionals—made up of representatives from Prince Albert Police Service, Saskatchewan Rivers Public School Division, Prince Albert Catholic School Division, Prince Albert Parkland Health Region, Royal Canadian Mounted Police “F” Division, Saskatchewan Corrections, Saskatchewan Social Services, Prince Albert Fire Department and Prince Albert Grand Council—initiated Saskatchewan’s first government-led model of collaborative risk-driven intervention: the *Hub*.

In its simplest form, the Hub in Prince Albert is a form of community mobilization that mobilizes various human service resources around the composite needs of high risk individuals. Twice weekly, this collective of professionals, known as Hub discussants, meet to identify situations of *acutely-elevated* risk (a term and threshold they defined together) and determine which supports are needed to lower the level of risk before further harm occurs. Through communication and a specified process of information sharing, professionals around the Hub table collaborate to design an intervention that quickly meets the most pressing and immediate needs of the individual or family. The premise behind such a tactic is that the existing system of isolated support has been inadequate for some individuals and families. Through collaborative intervention, all of an individual’s complex needs have the potential of being met—ultimately reducing risk more efficiently and effectively than if that individual were to try and access professional supports one by one.

Prince Albert, the community in which the Hub model was first developed and implemented, is the third largest city in Saskatchewan. With a population of 35,552 (2011 census), Prince Albert is small enough for community-wide relationships to form between various human service organizations, but is also large and diverse enough to pose significant challenges for these organizations in addressing issues that pertain to community safety and wellness (e.g. crime, addiction, poverty).

In 2012, the Centre for Forensic Behavioural Science and Justice Studies - University of Saskatchewan was invited by the then-Saskatchewan Ministry of Corrections, Public Safety and Policing to conduct an ongoing evaluation of the Hub model in Prince Albert. This report serves as the first of several deliverables to be produced on the Hub and the overarching strategic alliance which houses the Hub: *Community Mobilization Prince Albert*.

This report has been designed to provide a preliminary assessment of the impact that Prince Albert’s *Hub* has on acutely-elevated risk, and on the efforts of human service professionals to help individuals who are experiencing this level of risk. The opening section of this report provides a brief review of the three main concepts relevant to an assessment of Hub: collaboration, risk and intervention. The tail end of the literature review discusses a few examples of collaborative risk-driven intervention that have been implemented outside of Saskatchewan.

The third section of this report provides a background on the Hub model—including its creation, current structure, function and the types of risks that collaborative Hub interventions have been designed to address. The intent of this section is also to provide a rather thorough overview of the historical developments which have led to the design and implementation of the Hub model. This growth process may become important to future research on community mobilization development and implementation.

To highlight the diversity of Hub discussions in Prince Albert, the methodology of this report contains selective case studies of 10 different Hub discussions. The intent of these purposive illustrative case studies is to showcase different types of Hub discussions and intervention outcomes. In addition to the case studies described in this report, results of group interviews with professionals in the social work, education, probation, corrections, addictions, mental health and policing sectors provide a frontline understanding of what seems to be working in the Hub model, and what is not. Of particular focus in these interviews are the various ways in which the collaborative interventions of Hub discussants contribute towards more positive short-term outcomes for their shared clients. The final component to the methodology is key stakeholder interviews with those involved in the development and operation of the Hub model. Discussions with this cohort focused on the functionality of the Hub model, challenges and barriers to its implementation, and what success looks like now and after continued engagement of this model by human service providers.

The closing sections of this report provide the author's observations of the Hub model and offer recommendations to human service professionals and government decision makers interested in replicating or pursuing the Hub model further. The closing sections of this report also identify some opportunities for future research and evaluation on models of community mobilization. While several limitations to this document's methodology prevent any conclusive evidence from being reported, there is no reason to believe that future pursuits of assessing the Hub model cannot be more comprehensive. At the very least, the findings of this report do suggest that the Hub model currently being implemented in Prince Albert, is showing favourable signs of lowering risk and helping human service professionals provide more efficient and effective supports to high risk individuals with composite needs.

***Part II***  
***Literature Review***

## 2.0 LITERATURE REVIEW

To prepare for a thorough understanding of the Hub model assessed in this report, it is helpful to examine certain concepts that are important to the overall picture of community mobilization in Saskatchewan. The Hub model of community mobilization involves professionals from various sectors, working together to identify composite needs of clients who are in a situation of acutely-elevated risk. Once the risk factors of individuals are identified, the Hub implements strategic interventions to mitigate those risks and prevent harm from occurring. Considering this, there are three concepts worthy of review before the assessment of CMPA's Hub gets underway. These include: *collaboration*, *risk* and *intervention*.

### 2.1 Collaboration

The first important concept to explore in developing an operational understanding of the Prince Albert Hub is collaboration among partner agencies. As this report will show, the entire Hub model is built around engaging different human service providers in a process of collaboration that results in the composite needs of high risk individuals being addressed. Some of the available literature on collaboration can help provide a basic sense of the dynamics involved in partnership approaches to problem-solving.

#### 2.1.1 Understanding Collaboration

In defining collaboration, scholars from different disciplines converge around the notion that collaboration involves multiple partners working together toward achieving a mutually-shared goal. Berg-Weger and Schneider (1998) define collaboration as, "an interpersonal process through which members of different disciplines contribute to a common product or goal" (p.98). Others see it as an interpersonal process that achieves goals through ongoing cooperation, communication, coordination and partnership (Graham & Barter, 1999). Claiborne and Lawson (2005) view collaboration as a form of collective action that involves multiple agencies working together to address mutually dependent needs and complex problems. Finally, Brunstein (2003) posits that collaboration is a partnership process that involves "interdependence, newly created professional activities, flexibility, collective ownership of goals and reflection on process" (p.299).

When it comes to explaining the origin of collaboration, some observers (Bond & Gittel, 2010) see collaboration as being the product of government pressure to improve efficiency and outcomes in service delivery. In response to such pressure, human service agencies have been more actively engaged in collaboration as a method of problem-solving that comes with certain built-in efficiencies.

The extent to which collaborative arrangements are effective in problem-solving depends in part upon past collaboration experience of the partners, as well as structural incentives to collaborate with other agencies (Daley, 2009). Another determinant of effective problem-solving via collaboration is if the collaboration itself contains a number of key ingredients, such as an exchange of information, an alteration of regular activities, a sharing of resources, and an effort to improve the capacity of others. According to Himmelman (2001), successful collaboration also involves the "sharing of risks, resources, rewards, and when fully achieved, can produce the greatest benefits of mutual action" (p.278).

Within the literature on collaboration, one conceptual framework that most captures what collaboration in the Prince Albert Hub looks like is what Stephen Page (2003) describes as an entrepreneurial strategy

for managing interagency collaboration. According to Page, there are six main principles of an entrepreneurial strategy of collaboration. Table 1 summarizes each of these principles and provides a description of what exists before and after such reforms take place within community partnerships.

Table 1.  
**Summary of Accomplishments in the Entrepreneurial Strategy of Collaboration**

| Principles of Entrepreneurial Strategy of Collaboration | Before Collaboration  | After Collaboration   |
|---|---|---|
| Clear mission and goals                                 | Separate agency missions  | Broad, appealing goals relevant to all partners; yet concrete enough to focus and motivate collaboration          |
| Embracing accountability                                | Procedural accountability for individual agencies                               | Accountability made clearer; which justifies efforts to authorizers and potential partners                        |
| Redesigning production processes                        | Individual agencies deliver discrete services to individuals                    | Intuitive, concrete targets to guide the design and implementation of services                                    |
| Adjusting administrative systems                        | Separate administrative systems in individual agencies                          | Government can assess effectiveness of collaboration; which helps identify best practices in partnership projects |
| Performance consequences                                | Sanctions in individual agencies for failure to comply with standard procedures | Clear expectations that motivate partner agencies involved in collaboration                                       |
| Changing (inter) organizational culture                 | Separate organizational cultures in individual agencies                         | Commitments among partners to work together on fulfilling the principles of entrepreneurial collaboration         |

*(Source: Page, 2003:319-320)*

Page’s description of the entrepreneurial strategy to collaboration provides a starting point for understanding the type of collaboration occurring within CMPA’s Hub. As much as anything, the entrepreneurial strategy shows that collaboration involves much more than just parallel attempts to influence the same condition. This is supported by observations reported in other literatures that examine collaboration within the broader human service sector.

One of these observations is that when human service professionals work together in collaboration, it involves much more than just ‘working together’ towards the same end. According to Kaye and Crittenden (2005), “true interdisciplinary collaboration requires crossing professional boundaries into what is often unfamiliar territory”(p.35). The authors further contend that collaboration also “challenges professionals to put aside preconceived notions of other professions, learn new languages and see problems through a new lens”(p.35).

When different professionals collaborate with one another, there are a number of benefits. First, it helps professionals legitimize an issue and gain broader support. Next, collaboration also creates a synergy that results from multiple professionals working as a team to address a single issue, or group of issues (Alter, cited in Kaye & Crittenden, 2005). A third benefit is that collaboration among professionals from multiple disciplines closes the gaps in service which commonly exist. A fourth benefit of collaboration is that it can build capacity among the partners. Such shared growth in capacity can promote greater community resiliency to the social problems that the collaborative partnership was designed to reduce (Nowell & Foster-Fishman, 2011). A fifth benefit is that collaboration among professionals from different disciplines can broaden the understanding of an issue by bringing to light different philosophical contexts and conceptual schemes (Sanford et al., 2007). Similarly, insight from

different specializations can help bring in knowledge and skill not held by other members of the collaboration (Hulme & Toye, 2005). Finally, collaboration among service providers has been found by some to improve overall service delivery of partner agencies (Provan & Milward, 2001).

Some proponents of collaboration suggest that such an arrangement between agencies is often critical because a lack of interagency collaboration can have significant consequences for vulnerable individuals with composite needs. As Byles (1985) argues, properly planned collaboration is necessary to make sure that both cooperation and communication are in place between multiple agencies who serve the same clientele. When these arrangements are not in place, the needs and well-being of individuals are at risk of not being secured.

Of course, despite the benefits and importance of collaboration between different human service providers, it does not come without challenges. As Kaye and Crittenden (2005) identify, there are a number of barriers to the collaboration process. One is the expenditure of time, funding and information that is required to establish a collaborative process of problem-solving. Another is that collaboration means that some partners must relinquish control of a problem they typically held exclusive jurisdiction or mandate over. A third challenge is that professional misinterpretation, conflict over goals and communication problems may internally threaten the collaboration process itself. A fourth barrier is that sufficient resources are not always available to complete the collaboration as intended. Challenges in resources being stretched thin, low budgets and high client caseloads of partner agencies may be barriers to the overall collaboration process. A fifth challenge is that the partners to collaboration may not always agree on the definition or prioritization of a problem or even strategies for addressing the problem (Margolis & Runyan, 1998). A final challenge identified in the collaboration literature is that barriers to information sharing between different agencies undermine both the spirit and intent of collaboration (Munetz & Teller, 2004).

### **2.1.2 Evidence Behind Collaboration**

In assessing collaboration among different professionals, it is important to consider the evidence supporting it. Some researchers (Longoria, 2005) warn that the symbolic qualities of collaboration perpetuate its use rather than hard evidence that it makes a difference in achieving the desired outcomes. As such, it is important to have a good understanding of some of the findings generated from studies and evaluations on collaboration among human service professionals.

One major venue for collaboration among professionals from multiple disciplines is the health sector. Within the broader health profession, collaboration among multiple health care and social service providers has been found to improve client outcomes in chronic care (Alkema, Shannon & Wilber, 2003); mental health (Abbott, Jordan & Murtaza, 1995); disability care (Appleton, et al., 2003); rehabilitation (Bloor, 2006); addictions (Slayter & Steenrod, 2009) and chronic disease prevention (Bourdages, Sauageau & Lepage, 2003); to name a few.

An emerging venue for collaboration that has considerable relevance for this report is the criminal justice system. Early examinations of police and social work collaborations suggest that there is added value in domestic violence interventions when multiple perspectives and talents are involved (Roy, 1982). Others (Corcoran et al., 2001) demonstrate there to be high police satisfaction with interventions involving social work support. In other parts of the criminal justice system, collaboration has become an important ingredient to progress in probation (Gibbs, 2001), offender re-entry (Bond & Gittel, 2010), and work with young offenders (Callaghan, et al., 2003; Erickson, 2012).

Outside of the health and criminal justice sectors, collaboration is also considered a major instrument of effective community mobilization by those involved in education (Chavkin, 1991; Eber, et al., 1996); aging preparedness (Chee, 2006); family planning (Chervin, et al., 2005); housing (Davey & Ivery, 2009); employment (Lindsay, McQuaid & Dutton, 2008) and child protection (Bai, Wells & Hillemeir, 2009; Darlington & Feeney, 2008).

One sector that tends to naturally involve participation of professionals from multiple disciplines is the violence prevention sector. Collaboration among police, social work, mental health, education and addictions professionals has been shown to foster the type of community mobilization needed to address the diverse needs of families (Backer & Geurra, 2011), women (Colombi, Mayhew & Watts, 2008) children (Evans et al., 2001) and youth (Kim-Ju et al., 2008) affected by violence.

Overall, evidence supporting the utility of collaboration in reducing harm can be linked to meeting the diverse needs of at-risk individuals. The reason why collaboration becomes so important is because meeting these needs requires multi-sector identification of risk factors which lead to the presenting problems. This brings up the next important concept explored in this preliminary assessment: *risk*.

## **2.2 Risk**

The Hub in Prince Albert is a rapid-response mechanism designed to assist human service agencies identify and reduce risk, and in particular, risk that is both acute and probable. The reason behind this is designers of the Hub believe that to undermine threats to public safety and wellness, human service professionals must get at the root causes of the problems they are trying to solve. To do so, they must mitigate the immediate risk factors that contribute to the overall problems being presented.

According to research on the prevention of social problems, the identification and reduction of risk factors for these problems plays a significant role in preventing harm (Barton, Watkins & Jarjoura, 1997). Additional research in the areas of adolescent behaviour (Pollard, Hawkins & Arthur, 1999), addictions (Clay, 2010; Sartor et al., 2006), child maltreatment (Brown et al., 1998), elderly abuse (Lachs et al., 1997) and health outcomes (Ezzati et al., 2002; Fine, 2004), to name a few, has all concluded that certain characteristics of an individual's personality, behaviour, situation or environment increase their risk for some forms of harm than others who do not possess such risk factors.

In the area of criminal justice, risk factors have become a central concern for those interested in crime reduction simply because of their utility in identifying where support is needed. A comprehensive scan (Tanner-Smith, Wilson & Lipsey, 2012) of both the developmental criminology perspective and the risk reduction paradigm reveal the strong predictive strength of different risk factors for crime.

One of the major supporters of community-based work on the reduction of risk factors in Canada is the National Crime Prevention Centre (NCPC). Housed within the Ministry of Public Safety, NCPC has advanced considerations for risk in crime prevention throughout the country. In sharing its own understanding of these terms, Public Safety Canada (2014:1) describes risk factors in the following manner:

*“Risk factors are negative influences in the lives of individuals or a community. These may increase the presence of crime, victimization or fear of crime in a community and may also increase the likelihood that individuals engage in crime or become victims.”*



Although Public Safety Canada may look at risk factors with a crime prevention lens, its perspective on risk is not out of the ordinary. Other entities share the view that risk factors are traits that elevate an individual's probability of harm. For example, the World Health Organization (2014:1) defines a risk factor as "any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury".

Most relevant to this report is that many risk factors are intertwined or connected and may have a multiplying effect on one another. For example, research on crime and deviance (Shader, 2003), addictions (Newcomb & Felix-Ortiz, 1992) and homelessness (Echenberg & Jensen, 2009) all suggest that various risk factors for individual harms are not only related to one another, but combine to have a cumulative effect. These findings serve as some of the strongest pillars of support for collaborative risk-driven strategies. It is also why some observers (Amuyunzu-Nyamongo, 2010; Hammond, et al., 2006; Huang, et al., 2009; Pronk, Peek & Goldstein, 2004) have called for multi-disciplinary approaches to addressing the needs of individuals presenting multiple risk factors for specific problems.

### **2.3 Intervention**

The final concept of relevance to this assessment of the Hub model is intervention. In trying to address the complex needs of individuals referred to the Hub table, human service professionals collaborate to reduce their client's risk factors by engaging in a collaborative risk-driven intervention.

Interventions are defined by some (Schensul, 2009) as "systematically planned, conducted and evaluated social science-based products intercepting the lives of people and institutions in the context of multiple additional events and processes that may speed, slow or reduce change towards a desired outcome" (p.241). Other observers (Kendall & Kessler, 2002) describe interventions as specific measures undertaken for populations at risk or already engaged in harmful behaviours.

During the execution of an intervention, it is very common for professionals from multiple sectors to become involved. Typically, there are multiple risk factors contributing to the need for an intervention in the first place. Research findings in the education (Allen & Graden, 2002), addictions (Kaner et al., 2013), homelessness (Mott, Moore & Rothwell, 2012), child abuse (Iwaniec, 2006) and mental health (Siegel, Tracy & Corvo, 1994) fields all support the notion that an intervention is an effective tool for reducing risk factors—especially when it involves multiple participants.

When it comes to developing an intervention, there are multiple levels to which the intended impact can be aimed. Swerissen and Crisp (2004) propose that interventions can and should be carried out at the individual, organizational and policy levels of society. They believe that interventions at one of these single levels alone cannot bring about the desired change. This position brings merit to community mobilization models like the Prince Albert Hub, which focus on multiple levels of community mobilization (i.e. partner agencies, Hub, COR, community).

One of the larger sub-fields of literature on intervention is made up of those who focus on the 'wrap-around approach'. According to Buchard, Bruns and Burchard (2002), the wraparound approach involves efforts to help individuals and families through a planning process that results in a set of supports tailored for their own needs. Wraparounds tend to focus on client strengths, are community-based, culturally-relevant, and coordinated across multiple agencies (VanDenBerg & Grealish, 1996). While the author of this report does not imply that the Hub model is a wraparound approach, the Hub and

traditional wraparounds both mobilize community supports around the complex needs of individuals and their families.

In discussing intervention, it is impossible not to recognize the role of prevention. Prevention efforts are largely targeted towards higher, more abstract levels of a problem. In contrast, intervention focuses on addressing a specific existing problem so that harm does not worsen. These two terms are not polar opposites of one another. Rather, they are complementary. In fact, one team of psychologists (Wandersman & Florin, 2003) observe that when it comes to reducing social problems, the success of interventions are often dependent upon the presence of prevention efforts, and vice-versa. As such, while general prevention tools reduce the risk of possible harm from occurring, intervention tools are designed to stop current harm and prevent the existing harm from worsening. Considering this, the Hub model in Prince Albert lends itself to both secondary prevention, where risk factors are present, and tertiary prevention, where harm is already occurring.

## **2.4 Examples of Collaborative Risk-Driven Intervention**

Following this review of the literature on these distinct concepts, it is useful to briefly examine a few examples of how they fit together. The examples included herein do not represent collaborative risk-driven intervention in its entirety. They are simply provided to illustrate applications of collaborative interventions aimed at risk reduction. Most of the examples discussed below are limited to tertiary prevention.

As this report will eventually show, one of the biggest motivators for the development of the Hub in Prince Albert was the success experienced by a collaborative risk-driven intervention model developed and implemented in Scotland. In 2005, the Strathclyde Police established the *Violence Reduction Unit* to target all forms of violent behaviour, but mostly knife crime and weapon carrying among young men in and around Glasgow. The impetus of this project came from decades of violence, spanning multiple generations. The Unit adopted a public health approach to violence reduction by collaborating with partner agencies to achieve long-term societal and attitudinal changes that undermine risks for violence. Although law enforcement is still used to contain and manage violent behaviour, the collaborative partnership component to the project focuses on the root causes of violence (Violence Reduction Unit, 2014).

Overall, Scotland's experience with the Violence Reduction Unit suggests that there is considerable merit in collaborative approaches to addressing crime and violence in particular. Additional literature on crime and violence suggest that police professionals, when partnering with other human service professionals in the community, can be effective in reducing certain types of crime and violence. To be successful, their partnerships must involve a variety of community partners, and their collaborative efforts must involve an array of tactics to address underlying root causes of crime and violence (Braga, 2008; Weisburd & Eck, 2004). Such collaborative risk-driven intervention provides a number of relevant examples to this assessment of the Hub.

Another collaborative risk-driven approach to reducing crime and violence is known as the *Pulling Levers Focused Deterrence Strategy*—otherwise known as *Operation Ceasefire*. According to researchers heavily involved in this topic area (Braga & Weisburd, 2012), the focussed deterrence strategy is a problem-oriented policing tool that depends upon collaboration with other human service professionals in the community. During its creation in Boston, Operation Ceasefire was designed to prevent violence by reaching out directly to gang members and informing them that violence would not be tolerated.

During this intervention, a team of police officers and professionals from addictions, social services, employment, housing and other community resources, would back up that message by ‘pulling every lever’ legally available to reduce the risk of violence (Kennedy, 1997). Ultimately, the chronic involvement of gang members in a wide variety of offenses made them, and the gangs they formed, vulnerable to this coordinated response from criminal justice and human service professionals (Braga & Weisburd, 2012).

While Boston’s Operation Ceasefire was one of the initial implementations of this model, there have been applications of the focused deterrence model in other American cities. Past evaluators of these projects in Indianapolis (McGarrell et al., 2006), Chicago (Papachristos et al., 2007) and Los Angeles (Tita et al., 2004) suggest that coordinated responses to high risk or violent offenders, that involve collaboration of police with other human service professionals, increase the likelihood that offenders will abstain from further crime and violence.

One of the replication projects modeled after Operation Ceasefire was the *Cincinnati Initiative to Reduce Violence*. Evaluators (Engel et al., 2010) of the Cincinnati project describe the story of how Cincinnati’s political leaders partnered with professionals from the policing, education, health, street outreach, community activism and business sectors to form a model of ‘pulling levers’ that included legal consequences for violence along with opportunities for human service support and community engagement. The intervention teams would approach offenders in face-to-face meetings to tell them that they must stop their violence and that some supports would be offered to help them exit that lifestyle. Findings from the Cincinnati evaluation team revealed that a reduction in both homicide and shootings in the community were attributable in large part to the Cincinnati Initiative.

## **2.5 Lessons from the Literature**

Overall, the literatures on collaboration, risk and intervention are useful in providing a context for this assessment of the Hub model. Past observations on collaboration help to point out some of the dynamics involved in various agencies working together towards the same end. Literature on risk helps us see the importance of risk factors in reducing harm. Finally, findings on interventions illustrate the value that such tactics bring to human service provider efforts to address the composite needs of individuals. Although CMPA’s Hub model is unique in many ways, this brief review of literature may bring some familiarity and support to the main elements of the Hub model.

***Part III***  
***Historical Developments of the Prince Albert Hub Model***

### 3.0 HISTORICAL DEVELOPMENTS OF THE PRINCE ALBERT HUB MODEL

The focus of this report is on one particular initiative of risk-driven collaborative intervention: Community Mobilization Prince Albert's *Hub*. Revered as the flagship model of community mobilization in Saskatchewan, the Prince Albert Hub has gained a lot of attention from government (Ministry of Corrections, Public Safety and Policing, 2011), broader professional audiences (School of Public Policy, 2012) and mainstream audiences (Turner, 2013). Much of this attention has been drawn because the Prince Albert Hub indicates a paradigm shift in meeting the needs of individuals experiencing high levels of risk. While different government agencies have worked to meet the needs of these individuals long before Hub was established, much of that work was done in silos. The Hub provides an opportunity to bring down traditional barriers between human service professionals and allow for a type of collaborative intervention that more efficiently and effectively responds to the needs of individuals who are in situations of *acutely-elevated risk*.

The Prince Albert Hub is a product of not one, but several historical revelations—most of which can be followed through individual documents and reports. The bottom line is that there are many different events of importance that contributed to the development of the Prince Albert Hub. It is also important to note that while there are multiple developments which led to the Prince Albert Hub, they did not all occur in sequence. Some happened to occur simultaneous and others, separate from one another. Considering this, one could argue that this made the creation of CMPA's Hub all that more certain in the long run.

To deliver a complete picture of the Prince Albert Hub, this part of the report begins with a comprehensive background on the historical developments that led to creation of the Hub. Such depth of understanding is important because it shows all of the different influences that aligned at the local, provincial, national and international levels in order for the Prince Albert Hub to become what it is today. This opening part also describes two creations of partnership that are important to the Prince Albert Hub: Community Mobilization Prince Albert and the Centre of Responsibility (COR). Following this is an examination of the larger community mobilization landscape in Saskatchewan which is currently being nourished through the *Building Partnerships to Reduce Crime* initiative. Finally, this part closes with a look at some of the successes being shared about the Hub model in Prince Albert.

#### 3.1 Institute for Strategic International Studies

The earliest thinking around the idea of partnership collaboration that can be traced back to Hub occurred in 2008, when the Canadian Association of Chiefs of Police (CACP) encouraged several police administrators to scan the world looking for innovative ways to build capacity in policing. Through its Institute for Strategic International Studies (ISIS), the group of police administrators came across a number of opportunities for police agencies to change policing and build internal capacity simply by partnering with existing agencies in the community. Summarizing their observations, the ISIS group (ISIS, 2008) showed that open collaboration was much more of a commitment than simple cooperation. It involved communicating, sharing information and working together with non-police entities. One of the many sites they visited during their year-long project was Glasgow, Scotland. Glasgow became important to the development of the Prince Albert Hub as time went on.

In 2009, assembled with a new class of police administrators, the CACP sent the ISIS group on another fact-finding mission around the globe. This time, the focus was on intervention opportunities for youth. In their travels, the ISIS group saw that partnerships were once again an important factor. Different in

the 2009 project, however, was that they started to see the tremendous value that examining risk factors brings to collaborative intervention initiatives. In summarizing their findings, the ISIS group explained that police do not have to be limited to enforcement. Where typical social development supports fail, police can work alongside other human service professionals to build an intervention plan around the risks that an individual is presenting. This should deliver a much more robust impact on crime and violence than relying strictly on an enforcement approach (ISIS, 2009).

### **3.2 Prince Albert Police Service**

Also during 2009, then-Prince Albert Police Chief Dale McFee had grown increasingly frustrated with the never-ending stream of arrests and rising crime rates in Prince Albert. Between 1999 and 2008, there was a 128% increase in arrests. In particular, increases in intoxicated persons, missing persons, domestic violence, graffiti, property crimes, poor housing, hotspot areas and gangs were becoming unmanageable (Prince Albert Police Service, 2009). According to McFee (2012), “what we were doing, wasn’t working...we were just banging our heads against the wall”. Similar sentiments came from then-Sgt. Brent Kalinowski who explained that “we were just dying...our stats were going through the roof. It was just crazy. It was like you were trying to bail out a sinking ship”(cited in Turner, 2013).

These trends indicated to Prince Albert Police Service that crime suppression through law enforcement would not solve long-standing issues in public safety. Internal data from the Prince Albert Police Service brought quantitative support to these observations (Prince Albert Police Service, 2009). As the intensity grew, Prince Albert Police Service knew that they had to do something—and arresting their way out of the problem was not going to work (McFee, personal communication, June 2013).

Amidst the crime crisis in Prince Albert, McFee became motivated by the notion that, “if it is predictable, it is preventable”(McFee, 2012). This marked a new approach to not only policing, but overall community safety in Prince Albert. Inspired by recent police management training designed to help administrators be goal-oriented, McFee set out to develop a business plan that would improve community safety outcomes in Prince Albert.

The business plan was designed to move Prince Albert Police Service from a community services model of policing to one of community mobilization. In that plan, McFee describes that

*“Community safety is at a cross-roads in relation to service delivery. Resources continue to be stretched and demands continue to grow. This creates a point at which those in the service industry must refocus on changing the landscape as it relates to those issues that drive services.”*

(Prince Albert Police Service, 2009:18)

Within the business plan, McFee presented the findings of a SWOT analysis he had completed on Prince Albert<sup>1</sup>. He identified the strengths of Prince Albert to be openness to partnerships, volunteerism and timing for the desire of change. He identified a weakness to be a history of developing strategies in isolation from one another. An opportunity he pointed out was a chance to focus on the actual problem

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<sup>1</sup> SWOT analysis is a structured planning tool used to evaluate the strengths, weaknesses, opportunities and threats of a project.

instead of ownership of the problem, which would allow for much needed innovation in community safety. Finally, the threat McFee identified was adherence to the status quo that would come from a fear of or resistance to change (Prince Albert Police Service, 2009).

Within the business plan, McFee drafted a community mobilization unit based on buy-in with multiple service providers, an oversight board containing decision-makers from each agency and operational plans to be prioritized by the frontline staff. The plan, in essence, was built around being able to connect individuals in need with a broad spectrum of services quickly and effectively. The assumed impact would be less run-around for clients, fewer barriers to support and a break in cycles of crime and violence (Prince Albert Police Service, 2009).

In laying out the business plan for community mobilization in Prince Albert, McFee also predicted seven key benefits to a successful multi-agency community mobilization unit:

- Diverse resources focused on the issue at hand.
- Protective and efficient service delivery.
- Better follow-up geared towards long-term change.
- Enhanced frontline working relationships between agencies.
- Service delivery that is focused on problems and not ownership of problems.
- Information and expertise sharing geared towards long-term system needs.
- Modeling emerging trends on a variety of evidence-based models in crime reduction and overall community safety and wellness.

(Prince Albert Police Service, 2009:12)

### **3.3 Future of Policing in Saskatchewan**

While McFee was working on his business plan for a community mobilization unit in 2009, Norm Taylor was serving as a consultant to the then-Saskatchewan Ministry of Corrections, Policing and Public Safety. His task was to lead the government through an extensive research and consultation process that would provide an evidence-based strategy for the future of policing in Saskatchewan. At the time, Norm Taylor was also the director of CACP's Institute for Strategic International Studies where he became quite familiar with the concepts of collaboration, intervention and risk.

In his report to then-Deputy Minister Al Hilton, Taylor (2010) was responding to the Government of Saskatchewan's desire to "develop a long-term provincial strategy that clearly identifies the current and emerging needs of local police forces and guides provincial government support for crime fighting initiatives"(p.i). To help the province develop a strategy, Taylor undertook research and consultations on opportunities for policing. The result was a report to the Government of Saskatchewan that outlined a strategy for policing based on a partnership-oriented, evidence-based, needs-driven path to reducing crime and violence in Saskatchewan.

In providing the framework for such a strategy, Taylor considered several options for police renewal in the province. Considering the economic climate, social dynamics and policing capacity of Saskatchewan, Taylor concluded that the best model for Saskatchewan is one that is built around strategic themes. In other words, the optimal strategy for police solutions in Saskatchewan is not functional or structural, but principled in nature. The resulting themes, he suggested, should guide the province in future police

planning around the principles of alignment, integration and mobilization. The following summarizes Taylor's (2010:23) conceptualization of these three themes:

- *Align* all provincial police agencies and the Government of Saskatchewan under a made-in-Saskatchewan principle-driven policing model.
- Achieve greater collective focus and reinforce active *integration* among province-wide police efforts and resources.
- *Mobilize* non-policing partners in service of the principle-driven policing model and its goals.

At the end of the day, the Future of Policing Strategy for Saskatchewan was not going to be about restricting policing. Rather it was about mobilizing communities around the complex needs of high risk individuals. The most effective strategy for policing in Saskatchewan, Taylor argued, was for the province to focus on a principled-approach that gets at the root causes of crime and violence. Taylor's work concluded that only by ensuring a fully-integrated approach to a broad spectrum of crime reduction solutions, could the province ensure community safety in the short-term, while building new capacities for lasting security in the long-term.

### **3.4 Scotland Violence Reduction Unit**

As Taylor was leading the Government of Saskatchewan through the development of a new policing strategy and McFee was putting together his business plan for a community mobilization unit in Prince Albert, the two began discussing opportunities to see their ideas in action. As mentioned earlier, Taylor was the director of ISIS. This opportunity made him very aware of different police strategies across the globe. In addition, in 2009, McFee also served as the President of the Saskatchewan Association of Chiefs of Police and, through that role, was aware of what was being reported by the ISIS group in 2008 and 2009. As a result of their combined knowledge and determination to move forward, Taylor and McFee looked to none other than the faraway city of Glasgow, Scotland to see their ideas in action.

The reality was McFee and his partners in Prince Albert were already 90% convinced that collaborative risk-driven intervention involving multiple professionals was the best solution to Prince Albert's growing crime problem. Before moving forward, however, they needed to see a practical example to verify that their assumptions were correct. With funding support from the Prince Albert Regional Intersectoral Committee, McFee and Taylor led a study team of police officers, educators, social workers and other human service professionals on a fact-finding mission to Glasgow (McFee, personal communication, June 2013).

While there, the study team witnessed the result of what occurred when a government prioritizes collaborative intervention and cross-sector innovation within state efforts to reduce crime and violence. Known as the *Scottish Violence Reduction Unit*, the Glasgow model focuses on mitigating the complex needs of high risk individuals by collaborating resources, programs and services. The key ingredient to the Glasgow model was information sharing across sectors (McFee & Taylor, 2014).

During their examination of the collaborative risk-driven model in Glasgow, the study team noted the multiple similarities in presenting risk factors of high risk people in Glasgow to those in Prince Albert. Many of the key risk factors plaguing these individuals and overwhelming human service professionals in Prince Albert were also present in Glasgow. This provided the comparability and relevance that the team was looking for (McFee & Taylor, 2014).



In his recount of the voyage to Scotland, McFee shared the following:

*“Our excursion was driven by the realization that if you’re not willing to engage in systemic changes, your problems won’t be fixed. We had made up our minds that a new approach to public safety, one based upon collaboration and risk-driven intervention involving multiple human service professionals, was critical. We just needed a real-world example to see for our own eyes how such an approach would play out. The Scotland Violence Reduction Unit provided us with validation that there was real opportunity for examining risk within a collaboration of professionals; as opposed to waiting around until something bad happened. In Scotland, they showed us the good, the bad and the ugly. They made us realize that marginalized people were not being helped by our current system. We were energized and motivated to come back home and prove that our mobilization model could work.”*

(McFee, personal communication, June 2013)

In their seminal piece on the community mobilization movement in Saskatchewan, McFee and Taylor (2014) describe the Scotland trip as providing the epiphany they and others needed to start some very important work in Saskatchewan. Their major realization was that there is another type of collaboration for addressing the needs of high-risk individuals which might be more effective:

*“It was while observing this model that the distinction between our typical incident-driven collaborations in Canada and this one—the process of locally-informed sharing that triggered immediate collaborative action based on identified, compounding risk factors, before incidents occurred—came clearly into focus. It was here that the paradigm shifted.”*

(McFee & Taylor, 2014:8)

When the study team returned from Scotland, they were inspired, motivated and focused on building their own model of collaborative risk-driven community safety. Upon their return home, they also knew that to support their own validations gathered during the Scotland trip, they needed to find additional evidence. Coincidentally, on the horizon in Saskatchewan was a large body of evidence gathered in support of the *Saskatchewan Police and Partners Strategy* (SPPS). Released in January of 2011, the SPPS gave the Prince Albert group the substantial backing in evidence they needed to move forward with their plans for community mobilization in Prince Albert.

### **3.5 Saskatchewan Police and Partners Strategy**

When the Government of Saskatchewan made it clear that it was interested in a new strategy to guide policing in the province, Taylor’s (2010) Future of Policing project called for a comprehensive and whole-of-government approach to the reduction of crime and violence. The then-Ministry of Corrections, Public Safety and Policing responded to this call with an “enterprise wide” strategy known as the *Saskatchewan Police and Partners Strategy*.

The development of this strategy required creation of a working group with participation from nearly all ministries of government. Collectively, the *SPPS Enterprise Group* recognized that, to be effective in crime and violence reduction, all efforts and practices proposed and implemented under SPPS must be conceived from and built upon a solid base of empirical evidence. To provide this, the group conducted

a major scan of the literature in their respective fields, created an annotated bibliographic database, and produced an interpretive report in January of 2011 (SPPS Enterprise Group, 2011).

Through their work, the SPPS Enterprise Group identified two major factors that drove both the urgency and the opportunity to act collectively in crime reduction. These factors were a disproportionate growth of marginalized groups in Saskatchewan and an extensive employability gap among these groups. This led the SPPS Enterprise Group to call for new capacities. As the strategy explains, “Government, policing and community-based service providers must develop new capacities to face growing challenges on their own, and moreover, must develop new capacities to work more cooperatively and synergistically with their partners across the system” (SPPS Enterprise Group, 2011:11).

In their multi-disciplinary approach to examining solutions to crime and violence reduction, the SPPS Enterprise Group examined four key themes: (1) government and partners doing business differently; (2) ensure that the criminal justice system is responsive and effective for Saskatchewan; (3) support community and citizen ownership and leadership in addressing local challenges; and (4) build on individual, family and community strengths to promote positive outcomes. Of these four themes, the most relevant to the Hub model examined herein is “government and partners doing business differently”.

According to the SPPS Enterprise Group, the notion of partners working more *cooperatively* and *synergistically* is not new. Despite noting some success around the globe, the group felt that there was still a need for a greater effort to be put into breaking down silos among partners. One of the key messages of the group was that in building partnerships, it is not enough to have integration at the government level or front-line level. Instead, there must be integration throughout. Perhaps the single most important contribution of the SPPS Enterprise Group to the development of the Hub in Prince Albert is the three elements it identified as critical for governments to encourage multi-agency approaches to crime and violence reduction: *information-sharing, shared perspectives of the problem, and a use of agreed-upon performance monitoring systems and outcome indicators.*

With respect to the first of these three elements, the Enterprise Group warned that a reluctance or inability to share information stems both from uncertainty around privacy and unfamiliarity with the information sharing process in general. Although common, the group identifies that this is critical to overcome because information sharing is vital to multi-agency approaches to crime and violence reduction. To overcome these barriers, some options provided by the Enterprise Group include: “agreed protocols, redefining or limiting the scope of information or in some cases, legislative or regulatory adjustments” (p.16).

Regarding the second element, the Enterprise Group reported that having a shared perspective of a problem among multiple agencies is a major catalyst for collaboration. Rather than simply sharing understandings of solutions to the problem, the Enterprise Group felt that partners need to have a similar understanding of the problem itself.

Finally, in discussing the third element, the Enterprise group reported that the use of agreed-upon performance monitoring systems and outcome indicators allow collaborations to maintain sight of their progress and utilize results to make corrections or improvements in their overall direction.

Overall, the Saskatchewan Police and Partners Strategy was the first attempt by the Government of Saskatchewan to gather evidence that collaborative risk-driven solutions to crime and violence were

both possible and promising. Although the document produced by the SPPS Enterprise Group did not attract widespread attention when it was first released, it became important as Saskatchewan started its own journey towards community mobilization. That journey, of course, started in Prince Albert.

### **3.6 Creating the Prince Albert Hub**

As previously mentioned, McFee and his growing team of human service providers believed from the start that a multi-agency approach to addressing the complex needs of high risk individuals was the only way they could impact community safety and wellness outcomes in Prince Albert. The trip to Scotland validated their beliefs that such an initiative is possible. Finally, the *Police and Partners Strategy* provided the Prince Albert group with the broader evidence they needed to support their plans to develop an opportunity to practice community mobilization in Prince Albert.

When the group of professionals returned back to Prince Albert, they did not waste any time getting organized. Leading discussions as the newly appointed Hub chair was former career police officer and recent inaugural bylaw manager, Ken Hunter. In recalling the first Hub meeting, Hunter explained that, “surprisingly it went pretty smooth; mainly because people were fired up and excited to be part of change” (personal communication, February 2014).

Prince Albert Police Service took the lead in assembling what was to become the Hub, but ownership of the initiative was distributed evenly throughout all of the human service providers involved. The success in developing the Hub came from complete buy-in and participation of the multiple human service providers in Prince Albert. The Hub became functional in February of 2011 and benefits were seen early on. As McFee (personal communication, June 2013) explains,

*“It took a few meetings to get people organized around the purpose, engaged in information sharing and working together for a common end. Very quickly however, what used to take 3 to 6 months for an individual to get connected to services turned into 3 to 6 minutes. It was then that we realized how broken our current system really was.”*

In its initial form, the Prince Albert Hub involved membership from a variety of human service agencies, mostly government. The meetings were scheduled on Tuesdays and Thursdays and held privately in the “community room” of a local shopping centre. The initial weeks of operation were not without challenges. As McFee recalls, “there was a lot of uncertainty among some of the different groups. We were doing something totally different. Therefore we had to use a bit of strategic persuasion to get some people to realize the value in what we were trying to accomplish”. Within the first month, Hub meetings became well-attended by all of the major government agencies in the community.

### **3.7 Community Mobilization Prince Albert**

As the Hub meetings in Prince Albert helped connect high risk individuals to services, participants of the Hub meetings realized that in changing the way they meet the needs of their clients, they were encountering several systemic barriers to the current human service system. For example, each Hub participant only had enough time in their work week to sit on the Hub. They did not have time to delve deeper into the complicated systemic problems affecting their clients. As a result, the Hub felt that the development of a special team of dedicated human service professionals to tackle more complicated systemic problems in the community and surrounding region would help. When the Prince Albert Hub recognized the need for a special team to work beyond the time available for most Hub participants, the

timeliness to move forward on a Centre of Responsibility (COR), also originally conceived amid the Scotland trip insights, started to become clear.

Around the same time, Saskatchewan Premier Brad Wall was looking for pragmatic and innovative solutions to public safety. Following a presentation of the Hub to Premier Wall by then-Chief Dale McFee, the Government of Saskatchewan endorsed the Prince Albert Hub model and suggested an opportunity for funding through the then-Ministry of Corrections, Public Safety and Policing, to support a more robust Hub that would benefit from the expertise of full-time staff and a COR. This new alliance became not only commonly, but officially, known as *Community Mobilization Prince Albert* (CMPA). With Premier Wall becoming a champion of community mobilization in Saskatchewan, CMPA's Hub model became a flagship of what was soon to become known as Saskatchewan's Building Partnerships to Reduce Crime initiative.

With unwavering support from Premier and Cabinet and a formal nesting of CMPA within the Government's evolving crime reduction strategy, it became only natural for the Province's Future of Policing Consultant, Norm Taylor, to help in the development of CMPA. As previously mentioned, then-Police Chief McFee and Norm Taylor both wanted Saskatchewan to engage in collaborative risk-driven interventions. At this time, they shared the benefit of having many motivated human service providers in Prince Albert. This allowed them to become instrumental in getting the COR structured and to remain a priority for the human service delivery partners both in Prince Albert and at the senior ministry levels in Regina.

As commitments to the community mobilization process in Prince Albert developed, the partners of CMPA—including Prince Albert Police Service, Saskatchewan Rivers Public School Division, Prince Albert Catholic School Division, Prince Albert Parkland Health Region, Royal Canadian Mounted Police "F" Division, Saskatchewan Corrections, Saskatchewan Social Services and Prince Albert Grand Council—began to prepare Memorandums of Understanding to formalize their involvement in CMPA. Through these agreements came secondments of highly-experienced frontline staff to serve on the COR, operating funds to support CMPA and a commitment to participate in the oversight (Executive Steering Committee) and operations (Operational COR Committee) of CMPA.

In August of 2011, the framework for the COR, as well as the operation of the Hub and how each would work within the Government's newly emerging "partnership agenda", were all presented in the *Community Mobilization Prince Albert Business Plan and Prospectus* (CMPA, 2011). Within that important blueprint, CMPA was described as a "multi-layered and multiple partner strategy to build safer and healthier environments for individuals, families, neighbourhoods, businesses, schools and [the] overall community through the prevention and suppression of crime and violence, the reduction of victimization and the integrated treatment of conditions which give rise to [crime and violence]"(p.2). The Hub is described as a "multi-disciplinary team that meets twice weekly for the identification, rapid development and immediate deployment of real-time interventions and short-term solutions to emerging problems, risk conditions and crime prevention opportunities identified and brought forward from the frontline operations of all participating agencies that comprise CMPA"(p.3). Finally, the COR is described as "is a full-time, multi-disciplinary team of human service professionals who collaborate to seek and analyze trends, measure and report on progress and outcomes achieved across the communities served by the Hub, and to identify and propose opportunities and recommendations for systemic changes and actions in the Prince Albert region and/or at the provincial level" (CMPA, 2014).

As the initiative began to take its current shape, Ken Hunter, who has served as chair of the Prince Albert Hub, was hired to be Executive Director of CMPA. Hunter's role is to chair Hub meetings, oversee the work of the COR, maintain local and regional partner involvement in the mobilization process and act as a conduit of information and experience between frontline professionals and various ministries within the Government of Saskatchewan. Also at this time, an administrative assistant was hired to support the Hub and COR in day-to-day operations. Finally, as CMPA began to formalize in structure and operation, it acquired exclusive use of office facilities with a large boardroom to be used for Hub meetings.

In May of 2012, two analysts, one strategic and one tactical, were hired to assist the Hub and COR with their data collection and analysis needs. The role of the strategic analyst is to gather and store data on the Hub process, particularly with respect to what risks constitute acutely-elevated risk. The strategic analyst is responsible for maintaining various metrics in support of Hub and COR data, and liaising with the Government of Saskatchewan to ensure consistency and quality assurance in data collection and dissemination. The role of the tactical analyst is to examine data from various organizations to detect trends and patterns, identify appropriate referrals to the Hub, and analyze systemic issues identified through the Hub process. The tactical analyst works closely with Prince Albert Police Service and other human service organizations to make their involvement in CMPA both effective and well-connected.

The final resource to come to CMPA, the author of this report, is an evaluation consultant from the University of Saskatchewan's Centre for Forensic Behavioural Science and Justice Studies. Through a Memorandum of Understanding between the University of Saskatchewan and the then-Ministry of Corrections, Policing and Public Safety, the author's role is to evaluate CMPA, work with the analysts to develop measurement tools and provide technical advice and support where applicable.

### **3.8 Centre of Responsibility**

Although this preliminary impact assessment focuses on the Hub in Prince Albert, it is important to account for the role that the COR plays in the overall mobilization process. As previously mentioned, the COR is a group of experienced human service professionals seconded to work full-time in a collaborative team environment at CMPA's office facility. Members of the COR team are selected through a joint selection process involving members of the Operational COR Committee and the CMPA Director.

In its first year of operation, the COR spent much of its time supporting Hub participants and explaining the Prince Albert Hub model to the rest of the community, Saskatchewan and other parts of the world. Much of this work occurred through presentations to hundreds of audiences as well as tours of CMPA's facility. In addition to this community outreach, the COR team also began to develop several lines of business—many of which still guide the work of the COR today.

In their second year of operation, the COR began to refine its mandate and clarify its purpose within CMPA. Some of the undertakings it took on became routine, expected and part of the team's day-to-day work. In making observations of the COR operation, the author of this report conceptualized a number of different activities that account for the main functions of the COR in Prince Albert (see Table 2).

Table 2.  
**Activities of the COR in Prince Albert**

| ACTIVITY                             | DESCRIPTION  |
|--------------------------------------|--|
| Outreach                             | Provide learning opportunities and knowledge sharing to government leaders and human service sector professionals about the mobilization process in Prince Albert (e.g., visits from or presentations to human service professionals or governments in other communities).   |
| Data Collection and Analysis         | Collect and analyze data to facilitate issue identification, support action projects and evaluate application of the CMPA model while measuring overall outcomes of community mobilization (e.g., Hub database, outreach forms, trends in crime, truancy levels).  |
| Issue Identification                 | Identify systemic issues—through experience, research, community engagement and communication with Hub participants—and disseminate this information (through papers, letters, meetings) to appropriate stakeholders in the policy community (e.g., opportunity papers, letters to government, meetings with stakeholders).  |
| Action Project                       | Spearhead and/or become involved in the development of initiatives which act to address systemic issues in the community (e.g., alcohol strategy, public safety compliance team, paramedics in police cells).  |
| Hub Support                          | Provide assistance to agency colleagues at the Hub when they encounter systemic or institutional barriers to mitigating or preventing acutely-elevated risk (e.g., helping Hub discussants navigate through challenges of the system itself).  |
| Community Involvement and Engagement | Establish a presence in the community to develop mutually beneficial working relationships with other agencies in the human service sector that result in a strengthened and more thorough process of community mobilization (e.g., sitting on committees, participating in community consultation projects, belonging to working groups).   |
| Agency Representation                | Undertake continuous and open communication between CMPA and the agencies of COR team members with the intent of maintaining cooperative participation of the agency, its staff and supervisors in the community mobilization process (e.g., encouraging colleagues to bring discussions to the Hub table, informing managers of progress or challenges at CMPA, keeping the home agency engaged in the advancements in community mobilization). |
| Capacity Building                    | Engage in or provide opportunities to build capacity to improve service delivery through knowledge transfer, training, skill development or networking (e.g., mental health training, geo-mapping).  |

In fulfilling its role in community mobilization, the COR has produced a lot of benefits for the Hub in Prince Albert. Having direct support from the COR strengthens relationships between Hub agencies, develops opportunities for collaboration and limited information sharing, builds capacity of Hub discussants and assists in the identification of community assets that bring added value to community mobilization in Prince Albert. Although the Hub in Prince Albert could function independent of the COR, its overall level of functioning has been greatly enhanced by its intimate proximity to the COR.

### **3.9 Building Partnerships to Reduce Crime**

As the preceding paragraphs of this sub-section reveal, there have been many different forces at work to see the Prince Albert Hub model come to fruition. Much of the support for the Prince Albert Hub has come from the Government of Saskatchewan’s continuous commitment to find better ways to address crime in the Province. As such, developing parallel to Prince Albert’s Hub model was Saskatchewan’s own *Building Partnerships to Reduce Crime* initiative.

As the importance of findings from the *Saskatchewan Police and Partners Strategy* became more relevant to the needs of Saskatchewan, and the *Future of Policing* project started to resonate with key decision-makers, the Government of Saskatchewan committed to improving community safety and wellness. Released in September of 2011, the Building Partnerships to Reduce Crime (BPRC) initiative declared that multi-partnered, risk-driven collaboration shall be the focus of government-led efforts to reduce crime and violence in Saskatchewan. With vocal support from Premier Brad Wall, the then-

Ministry of Corrections, Public Safety and Policing led most other government ministries, the Saskatchewan Association of Chiefs of Police, and the RCMP's 'F' Division into a long-term commitment to shift the status quo in addressing community needs around public safety and wellness.

Most notable in the release of BPRC was that key messaging from Saskatchewan's top police officers prepared the Province for a major paradigm shift not only in policing, but public safety and wellness overall. In his opening message of the BPRC release, then-President of the Saskatchewan Association of Chiefs of Police Dale McFee, explained that,

*"Police officers know, perhaps more than most, that crime suppression and law enforcement alone will never be enough and moreover, should never be seen as the first course of action to address the circumstances that lead people into conflict with the law. Prevention and early intervention have been proven again and again to be the most essential and lasting solutions to crime and for these to be effective, we all must work together."*

(Ministry of Corrections, Public Safety & Policing, 2011:2).

Describing this need for change further, then Commanding Officer of RCMP 'F' Division Russ Mirasty, shared that,

*"Building Partnerships to Reduce Crime underlines the need for more effective collaboration and a unified approach to the prevention and reduction of crime. This means that police officers, like other partners in the community, may have to step outside of their comfort zone and support activities not normally associated with their traditional role to achieve a safe and secure Saskatchewan."*

(Ministry of Corrections, Public Safety & Policing, 2011:3).

With a new direction set for the Province, the Building Partnerships to Reduce Crime initiative easily set out intervention, prevention and suppression as its three main pillars for reducing crime in Saskatchewan. According to the BPRC release (Ministry of Corrections, Public Safety & Policing, 2011), the path towards success in each of these pillars would be sought through *alignment, integration* and *mobilization*—the three priorities set out in the *Future of Policing* project. Most important to the purposes of this report is that the BPRC release also held the Prince Albert Hub model as its flagship project in community mobilization.

### **3.10 The Expansion of Community Mobilization**

As the Prince Albert Hub model continued to operate, other developments in community mobilization were initiated across the province. With the announcement of the BPRC initiative, the Government of Saskatchewan hired two consultants to provide communities with support in their collaborative risk-driven endeavours. In several communities, including Yorkton, La Ronge, North Battleford, Moose Jaw, Saskatoon, Weyburn/Estevan, Nipawin, Lloydminster and Swift Current, their new crime reduction initiatives have been similar to that of the Prince Albert Hub model. Other communities pursuing new community mobilization initiatives have created different models that meet their own needs and capacities. No matter the degree of resemblance to the Prince Albert Hub model, a common thread in all new initiatives under the BPRC is that they contain elements of systemic change, collaboration and a focus on risk (BPRC Implementation Team, 2013).

### 3.11 Building toward Success

While a majority of this sub-section explains the development and implementation of the Prince Albert Hub model, of importance (particularly because of the freshness of this model) is a brief account of what will bring success to this model. In personal communication with two of the model's founders, the author was able to learn what the most important ingredients for building success are.

According to Dale McFee (personal communication, June 2013) there are three fundamental ingredients that help get community mobilization operational:

- **People willing to challenge the status quo:** "Being willing to respectfully step on toes and push through the naysayers was a critical step in implementing our model".
- **Have leadership not ownership:** "It's ownership that allowed our system of pillars to get so dysfunctional in the first place".
- **Having key supports in government:** "Strong support from various ministries in government gave us a network within which we could move forward in the development and implementation of our model".

According to Norm Taylor (personal communication, June 2013), the success of the Hub model is dependent upon a collective will to change:

*"The process of community mobilization rises and falls on the shoulders of champions who are willing to change the common culture in the work that they do. Our model challenges those long-standing codes of the bureaucracy that many professionals have spent their entire careers defending. Ultimately, the success of this paradigm shift absolutely requires that we achieve some critical mass before some other systemic imperative drives it off the table. If we have a critical mass—that spans frontline workers all the way to government and everyone in between—this model will have enough momentum to endure. In other words, if we get enough support for this model, we'll change the entire system."*

### 3.12 Early Testimonies of Success

As participants in the Prince Albert Hub model became experienced in collaborative risk-driven intervention, some early accounts of its success were shared. In an article published in the *RCMP Gazette* (Gault, 2013), police officer Matt Gray explained that "we used to handle things individually—if somebody shoplifted we arrested them, but we never asked why...Now we can look beyond that specific incident and see the whole picture, and be more than just a responsive police action...We can look at alternative measures and a going forward plan"(p.2). In the same article, social worker Kim Werrett spoke to the efficiency of the Hub in pre-emptively meeting client needs—saying "our clients are accessing support services in a more timely manner rather than having to wait until a crisis"(p.2).

In an article appearing within the Canadian Association of Chiefs of Police's, *Police Chief Magazine* (Taylor, 2011), Prince Albert's Hub Chair, Ken Hunter, observed that "the magic of the Hub is its focus on real time immediate solutions. We leave these meetings with a host of creative actions and we each head out to put them into effect, often later the same day"(p.23). In the same article, school Principal, Dr. Shelley Storey, explained that through the multi-agency collaboration afforded by the Hub, "we are rapidly overcoming what was a growing sense of isolation. We are full of renewed hope as we leave



these meetings”(p.26). Dale McFee also stated “when I look around that table and I see the incredible, real time differences these folks are achieving for our most at-risk citizens at each and every meeting...this, for us, is the game changer”(p.27).

Finally, the perceived early successes of the Hub also caught the attention of mainstream media. In a detailed story published in the *Winnipeg Free Press* (Turner, 2013), addictions counsellor Maria Lloyd shared “I thought we were really disjointed as agencies until we started Hub...We realize how connected our clients were to other agencies...They were, we weren’t”(p.5). In summarizing his experience at the Hub, former police sergeant Brent Kalinowski expressed that the Hub is “creating safe, healthier communities where we haven’t had that before—or, at least, an idea of how we can get there”.

From a broader perspective, policing consultant Norm Taylor feels that the early achievements of the Prince Albert Hub were not only about helping individuals at-risk, but were about making our entire system more effective and efficient. According to Taylor (personal communication, June 2013), “due to the inherent fragmentation of government service delivery, the old way of doing business had high cost and low yield. Through the Prince Albert Hub model we can see that efficiencies and effectiveness can be achieved through collaboration”. In further explaining his position, Taylor shared that “the effectiveness and efficiencies of the Hub model stem from providing integrated services aimed at reducing the composite risk factors of marginalized individuals; therefore resulting in more immediate abatement of risk factors and more sustained service delivery to individuals”.

***Part IV***  
***Understanding the Hub in Prince Albert***

## 4.0 UNDERSTANDING THE HUB IN PRINCE ALBERT

This first section of this part explains the structure and function of the Hub in Prince Albert. Critical to explaining the Prince Albert model is an overview of the filter process for referring and reviewing potential Hub discussions, and a description of the actual collaborative intervention practices that human service professionals collectively undertake at the Hub. Also in the first section of this part is an explanation of *systemic issues* and how the Hub works closely with CMPA's Centre of Responsibility to address these issues. Finally, of extreme importance to many groups are matters of privacy and voluntary consent within the context of the Hub. This section ends with a description of how CMPA has worked to protect the privacy of individuals while also making sure their urgent needs are met.

The second section of this part presents an overview of the data collection practices that have been developed to help the Hub identify its target group, and to help the COR execute further study on the presenting risks of those individuals discussed at the Hub table. This section also introduces some of the latest developments in the ongoing effort to improve the data collection capacity and practices of Community Mobilization Prince Albert.

The final section of this part provides a brief look at some of the quantitative data gathered through CMPA's Hub discussions in 2012-2013. Descriptive information is provided on the age, gender and risks of the achieved target group. Following this, some proportional data are presented on the referral patterns of agencies participating in the Hub, interventions designed by Hub discussants and the extent to which acutely-elevated risk has been lowered through a Hub intervention.

### 4.1 Structure and Function of the Prince Albert Hub

In its current format, the Prince Albert Hub is a venue for human service professionals (hereafter referred to as discussants) from a variety of disciplines, to meet and collaborate on interventionist opportunities of addressing situations of *acutely-elevated risk*. The Hub itself is inherently risk-driven, and lends itself to both tertiary and secondary forms of prevention. The Hub meets Tuesday and Thursday mornings for 90 minutes each day. The focus of these meetings is to identify complex risks of individuals or families that cannot be addressed by a single agency alone. When situations are brought to the table by one of the partner agencies, the appropriate human service professionals become engaged in an intervention plan to connect services and supports where they were not in place before. The goal of the Hub is to connect individuals-in-need to services typically within 24 to 48 hours, or sooner. At the time of this report, the Hub in Prince Albert has held over 800 different discussions.

The ultimate goal of the Hub is to reduce risk for individuals who are presenting numerous risk factors that cross multiple sectors of the human service. To achieve this goal, the Hub engages in a 'discussion process' that is focused on identifying these risks as well as potential opportunities to mitigate these risks. The intent is that by mobilizing resources around these risk factors, individuals and their families will be connected to appropriate services, eventually resulting in a reduction of risk.

Aside from its discussion process, the Hub also identifies and refers systemic issues to the COR, which helps to reduce some of the institutional challenges affecting high risk individuals. In addition, the Hub is tasked with building collaborative relationships among the partner agencies involved. These efforts help improve efficiency and effectiveness of the discussion process. Finally, in an effort to maximize opportunities for collaborative intervention, the Hub works to build capacity among community assets

by engaging in knowledge-sharing, networking and support. Mapping out this process is the Hub Logic Model presented in the next subsection of this report.

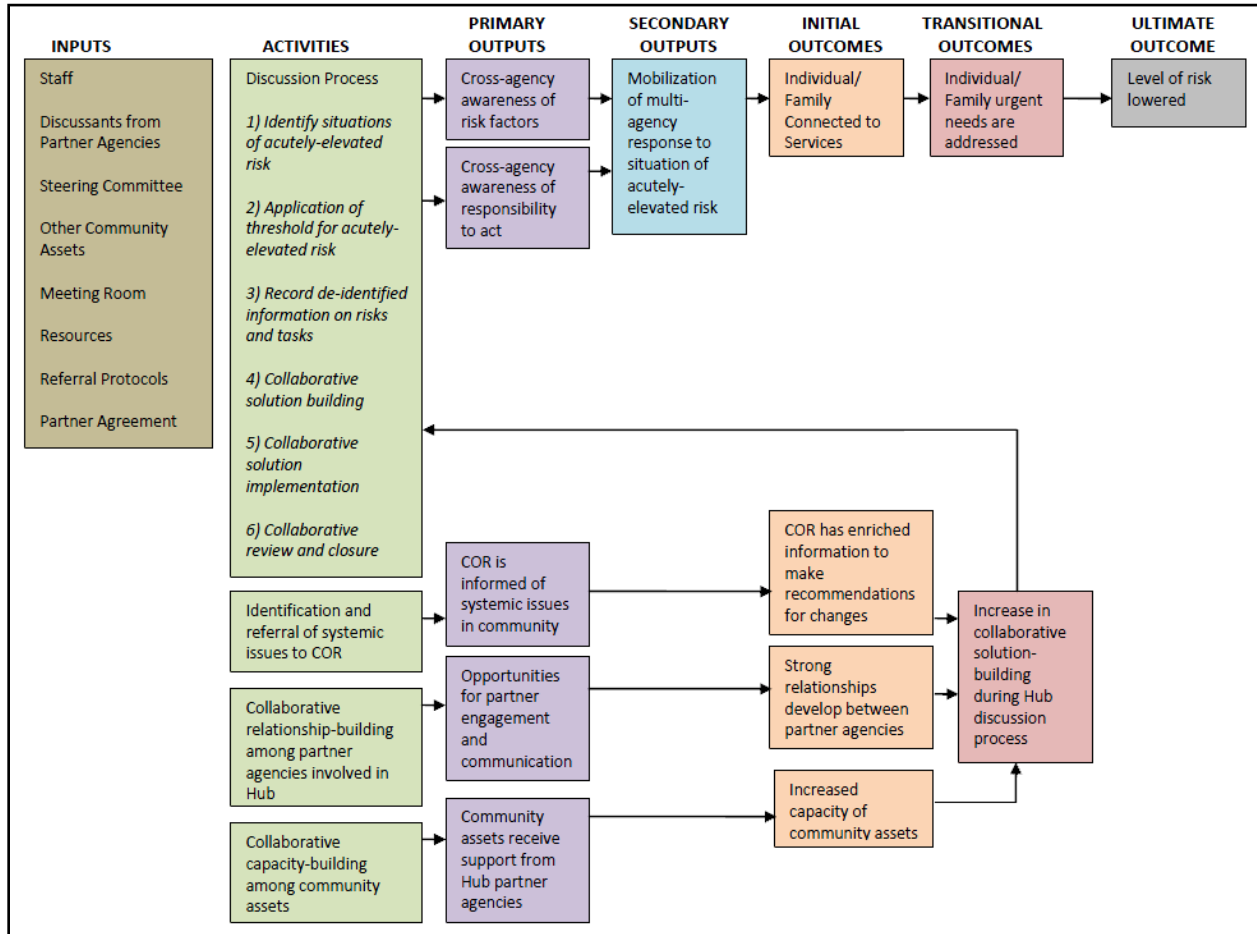
#### **4.1.1 Logic Model**

A logic model is a planning tool that program planners and evaluators often use to graphically display what the intended process and predicted goals of a program are. In particular, logic models can be used to map out a program's available resources, deliverables and expected impact of the project. Logic models typically contain these key components:

- **Inputs:** Resources, materials, personnel and supports that go into the delivery of a program.
- **Activities:** Actions program staff take to deliver the program and alter a condition.
- **Outputs:** Intended results of the activities.
- **Outcomes:** End-products or goals of a program that occur as a result of the program's activities successfully generating the outputs it had intended to produce.

In consultation with members of the COR, as well as CMPA Executive Director Ken Hunter and consultants Norm and Lisa Taylor, the author of this report developed a logic model to graph the structure and function of the Prince Albert Hub (see Figure 1).

Figure 1.  
Prince Albert Hub Logic Model



#### 4.1.2 Acutely-Elevated Risk

One of the most important concepts to be aware of in understanding the Prince Albert Hub model is acutely-elevated risk. This is the threshold of risk that discussants at the Hub table use to collectively determine if a situation requires their collaborative efforts. Community Mobilization Prince Albert defines acutely-elevated risk as occurring where four conditions are present:

- Significant interest at stake
- Probability of harm occurring
- Severe intensity of harm
- Multi-disciplinary nature of elevated risk

Where these four conditions are present, the Hub will move forward with identifying the risks and potential opportunities for mitigating those risks. If one or more of these conditions are not present, the Hub will not consider the situation to be one of acutely-elevated risk. When this occurs, the situation is referred back to the originating agency, and/or other agencies in the community.

In describing acutely-elevated risk, Russell and Taylor (2014) highlight that acutely-elevated risk is “deliberately distinct from other operating thresholds that might trigger a much more limited range of unilateral response and enforcement options by one or more of the agencies involved, often characterized by common terms such as ‘crisis’, ‘imminent danger’, ‘violent threat’ or ‘criminal activity in progress’” (p.19). This conceptualization of acutely-elevated risk drives home the point that such an increasing level of risk requires a collaborative response from multiple agencies.

Ultimately, acutely-elevated risk, both for the purposes of this paper and within the context of Hub discussions, is a quick and noticeable elevation of risk that involves high probability of intense harm that crosses multiple human service sectors. The role of the Hub of course, is to intervene in these situations of acutely-elevated risk, both swiftly and carefully, to prevent such risk from being elevated to the point of crisis.

#### **4.1.3 Filter Process**

To help navigate the Hub table through the determination of acutely-elevated risk, a filter process has been put in place. This filter process is not only used to identify priority needs in the community, but it helps protect and promote the privacy interests of individuals and families experiencing elevated risk (Nilson, Winterberger & Young, 2013). At any time during the filter process, a situation can exit the Hub table if Hub discussants collectively determine that acutely-elevated risk is no longer present, and/or appropriate services are in place.

The first filter in the process is that in order for an agency to bring a situation to the Hub, they must have exhausted all options currently available with that originating agency to meet the needs of the individual. If an agency cannot meet the needs of their client unilaterally, then their Hub representative can bring the situation to the table. To help with this process, some agencies (i.e., social services, education, health) have designed an internal Hub assessment and referral process specific to their own organization.

The second filter occurs at the Hub table where an agency that feels it has exhausted all means within its current capacity and mandate to address an individual’s complex needs provides de-identified information to the other Hub discussants about the situation. During this process, the referring agency must identify the presenting risks which combine to deem the situation one of acutely-elevated risk.

It is in this second filter where the other Hub discussants collectively decide whether the risk factors identified place the situation at a level of acutely-elevated risk. If the Hub decides that not enough criteria are met to propose the situation as a discussion at Hub, the originating agency is encouraged to revisit their original strategies, or, in some cases, work with another agency in the community. However when the Hub participants collectively determine that a situation is one of acutely-elevated risk, it is passed on to filter three.

The third filter in the Hub process is where basic identifiable information about the individual or family is shared. In filter three, only enough personal information and details about the client are shared in order to identify whether other agencies are already involved with the client, or in contrast, which agencies should be involved. During filter three, only the relevant agencies can take notes. To help direct the discussion further, a “lead agency” is determined by the Hub based on the relevance of the highest priority risk factors to the mandate of the agency. In addition, one or more “assisting agencies” are also identified to help develop an intervention.

It is at the fourth filter where collaborative intervention occurs. Once the Hub meeting ends, the lead and assisting agencies meet privately to discuss their options for building a solution. During their intervention planning, the Hub sub-group identifies the assets or supports in the community which may become critical in the sustainability of their collaborative intervention.

**4.1.4 Collaborative Intervention**

Typical Hub interventions include “door knocks” or meetings with individuals and families. This is where all of the relevant Hub partner agencies approach the person who is the subject of the discussion with a voluntary opportunity for support. The key message delivered to the client is that they are in a vulnerable situation, and before conditions worsen, the diverse team of professionals can provide some immediate support. Another common tactic is engaging other family members and service providers first, which is then followed by a meeting with the client about their needs, current risks and options for support.

The strategies used by Hub sub-groups in their collaborative interventions can be understood in relation to five main task areas, as identified by Nilson, Winterberger and Young (2013:6). Each of these task areas include several specific tasks which are common in most Hub interventions (see Table 3).

Table 3.  
**Tasks of Collaborative Intervention at Prince Albert Hub**

| TASK AREA                 | SPECIFIC TASKS   |
|---------------------------|--|
| <b>Information Search</b> | Investigate risk factors further<br>Determine past/current services received<br>Locate individual<br>Fail to locate individual         |
| <b>Communication</b>      | Communicate with individual<br>Communicate with parents<br>Communicate with others   |
| <b>Service</b>            | Provide direct service to individual<br>Help individual gain access to other service providers<br>Refer individual to service provider |
| <b>Advise</b>             | Advise local agency<br>Advise agency in other jurisdiction<br>Advise personal supports of individual                                   |
| <b>Consult</b>            | Consult with local agency<br>Consult with agency in other jurisdiction<br>Consult with personal supports of individual                 |

During the performance of these tasks, the intervention team focuses on the ultimate goal of connecting the client to services. These services span a wide variety of professions and disciplines. After observing several months of Hub interventions, Nilson, Winterberger and Young (2013) identified a typology of services mobilized during collaborative Hub interventions (see Figure 2).

Figure 2.  
**Services Mobilized Through Collaborative Hub Interventions**

|                   |                    |                 |
|-------------------|--------------------|-----------------|
| social services   | cultural support   | safe shelter    |
| social assistance | parenting support  | police          |
| housing           | home care          | courts          |
| mental health     | education support  | corrections     |
| sexual health     | employment support | probation       |
| public health     | addictions         | parole          |
| medical health    | life skills        | legal support   |
| harm reduction    | victim support     | fire protection |
| counselling       |                    |                 |

Following an intervention, the team reports on the results of its attempt to provide services and support to the client at the next Hub meeting. If sufficient services are put in place and the Hub discussants unanimously feel that the key presenting risk factors are no longer elevated, the discussion is closed. In closing a discussion, the Hub accepts the assumption that the client will continue to access the services they have been connected to. If the team is not successful in lowering the level of acute risk, the Hub discussion remains open and the team attempts a second intervention. Most Hub discussions are closed within 2 to 4 meetings.

**4.1.5 Systemic Issues**

There are a variety of reasons for why some Hub discussions do not close quickly. These include not being able to locate the client, client refusal of services, complications in identified supports for the client or systemic issues. The latter of these four reasons, systemic issues, is of particular importance to the COR. Where the Hub cannot successfully implement an intervention plan because of institutional barriers, they refer the matter to the COR, whose members have more time and expertise to work on difficult issues than most Hub participants do.

With respect to the concept of systemic issues, CMPA identifies them as being present where “characteristics and applications of, or procedures affecting human service sector institutions, either serve as a barrier to, or plainly fail to, alleviate situations of acutely-elevated risk. Systemic issues are also present where large inefficiencies exist in producing expected outcomes”(Nilson, Winterberger & Young, 2013:21). When a systemic issue is identified, the lead agency in discussion works with CMPA’s data analysts to notify the COR of the situation.

**4.1.6 Privacy and Voluntary Consent**

Two of the most salient issues in collaborative intervention are privacy and consent. The reason for this is because appropriate information sharing is a major part of effective collaboration. Accommodations made for varying interpretations of these concepts have contributed to a slower-than-planned implementation of Prince Albert’s Hub. In particular, there has been some uncertainty as to how concerns about privacy and consent might best be met while at the same time preserving the underlying principles and the integrity of the Hub.

To address these issues, CMPA cooperated with Saskatchewan’s Information Sharing Issues Working Group, a multi-sector task force of legal and policy experts on privacy matters, to refine its procedures. This exchange also helped CMPA refine the ways in which it operates Hub meetings. Through this



process, CMPA became informed on the importance of due diligence in responding to situations of risk. As a result, CMPA sees the state of acutely-elevated risk as potentially preventing individuals from being able to realize that they are in a vulnerable situation and that perhaps they are not receiving the necessary help. In these situations, the Hub initiates an intervention based on risk, and often on the basis of implied as opposed to expressed consent.

With respect to privacy, the same rationale applies. The only difference is that when it comes to information sharing, CMPA sees the *Health Information Protection Act* (among other forms of legislation and regulation) as a tool to not only protect individual privacy, but also protect individuals from harm. Wording in the *Act* outlines an opportunity for professionals to share information where probable harm exists (see Sections 27.4.A and 27.4.B, Saskatchewan Health Information Protection Act). As the opening paragraph of this sub-section shows, this language serves as part of CMPA's overall conceptualization of acutely-elevated risk.

Overall, the main question for a lot of new observers to community mobilization is "how do you get around privacy?" In explaining the balance between privacy and other existing legislation, one senior official within Saskatchewan's Ministry of Justice shares that,

*"Within the context of certain legislation, such as the Child and Family Services Act, we have an obligation to share information for the purposes of preventing harm to children. Protecting children from serious harm takes precedence over general rules governing confidentiality. As such, it's not about 'getting around' privacy or confidentiality, but rather understanding the purpose and intent of legislation that defines the limits of confidentiality—especially as it pertains to our responsibility to prevent harm or provide a duty of care."*

(Brian Rector, personal communication, February 2014).

#### **4.2 Data Collection Practices of the Prince Albert Hub**

Since its initial meeting back in 2011, the Hub in Prince Albert valued the role of data collection in community mobilization. While the Hub does not keep case notes or sensitive identifiable information on clients discussed at the table, it has made a consistent effort to keep track of the risks being discussed at the table.

In their methodological summary of the Hub's database, Nilson, Winterberger and Young (2013) describe the historical developments of the Prince Albert Hub's data collection practices. Through that document, the trio summarizes the changes that have taken place in Hub data collection since its inception. Some of these changes were to enhance privacy protections while others were to enrich the data for the sake of improved analysis. In its current form, the Hub's database is structured to help CMPA in the following areas:

- Identify systemic issues and root causes of social problems.
- Find potential opportunities to solve social problems and systemic issues via analysis, research and experience.
- Assess reach, performance and impact of the mobilization process by measuring outputs and outcomes of the Hub discussion.
- Effectively support and maintain structure in the Hub discussion process.
- Protect privacy rights.

The Hub database is an online, class “A” secured and password protected, data collection interface operated by the Strategic Systems and Innovation Branch of the Saskatchewan Ministry of Justice. Data collection for the database is initiated in the second filter of Hub discussions. When the originating agency is presenting de-identified information during filter two, the data analysts enter relevant information into the database. This information includes the originating agency, age, gender, subject type (i.e. individual, family, dwelling, neighbourhood, environment) and most importantly, the risks present.

With respect to risks, CMPA, in partnership with the Centre for Forensic Behavioural Science and Justice Studies, created a list of 25 different risk categories. Within each category are several risk factors used to further specify the type of risk facing each subject (e.g., suicide: current suicide risk, previous suicide risk, affected by suicide). Over several months, CMPA piloted these risk variables. This allowed for the team of analysts and researchers to streamline the variables, remove redundancies and fill voids. Ultimately, the goal was to construct a list of risk factors that were exclusive to one another, and applicable to replication Hubs across Saskatchewan.

Once a situation makes it to filter three and becomes a “Hub discussion”, the data analysts then record what agencies identified themselves to be involved in the intervention as lead and assisting agencies. These roles are determined through discussions among Hub discussants, as to which agencies are required to best meet the needs of individuals. Also gathered in filter three is information on *issue flags*. Here, Hub discussants identify whether domestic violence is involved, if children are in the home, the number of people receiving services through the intervention, and if the discussion is considered to be a systemic issue.

Following the intervention planned in the fourth filter, members of the intervention team report back on what happened. If the Hub discussants collectively decide that the level of acute risk has been lowered, they close the discussion and the data analysts record that the individual was either ‘connected to services’ or ‘connected to services in other jurisdiction’. However, if the Hub table decides to close a discussion without acute risk being reduced, the analysts enter other possible reasons, including ‘deceased’, ‘informed of services’, ‘refused services/uncooperative’, ‘relocated’ or ‘unable to locate’.

At the time of this report, the data analysts at CMPA have been working with the author to develop further measures of outputs and short-term outcomes. Some additions to the database may include pre and post-checklists of the four elements of acutely-elevated risk, reasons for why a situation was rejected, tasks undertaken by Hub discussants during an intervention, services mobilized due to Hub and fidelity confirmations—within the context of due diligence—on whether each individual risk factor was reviewed by the Hub. While these proposed variables will be a tremendous asset to evaluation, they will also help discipline Hub discussions across time and space.

To date, CMPA has accomplished quite a bit with respect to measuring risks of the achieved target group. For the most part, these endeavours have occurred largely in isolation of other government or community Hubs. In its early work on building a database, however, CMPA (in partnership with university support) was always cognizant of the fact that their variables may very well be used by Hubs in other communities. To exemplify their genuine concern for broad applicability of the Hub database, CMPA has spent time training other Hubs on how to use the database. Furthermore, the data analysts

have also agreed to join a database working group with specialists from the Ministry of Justice and other Hub analysts from across Saskatchewan.

### **4.3 Descriptive Results of Hub Data Analysis**

The data gathered using CMPA's Hub database provide a fairly thorough understanding of the individuals and families brought to the Hub table, including information on age, gender, risk and the agencies involved in collaborative intervention. Data collected during Hub discussions help in the identification of the achieved target group and the agencies mobilized to meet the needs of situations discussed at the Hub.

On an annual basis, analysts at CMPA provide a descriptive overview of the discussions that came through the Hub the previous 12 months. The most recent analysis (CMPA, 2013) was completed using data gathered from 307 situations brought to the Hub table between September of 2012 and August of 2013. These statistical reports are used to "help participating agencies continue the documentation of the Hub discussion process in the interest of building a strong foundation for the identification of systemic issues, root causes of social problems and how they can be addressed; as well as to support the optimization of the Hub process and the development of community mobilization in general" (CMPA, 2013:6).

#### **4.3.1 Achieved Target Group**

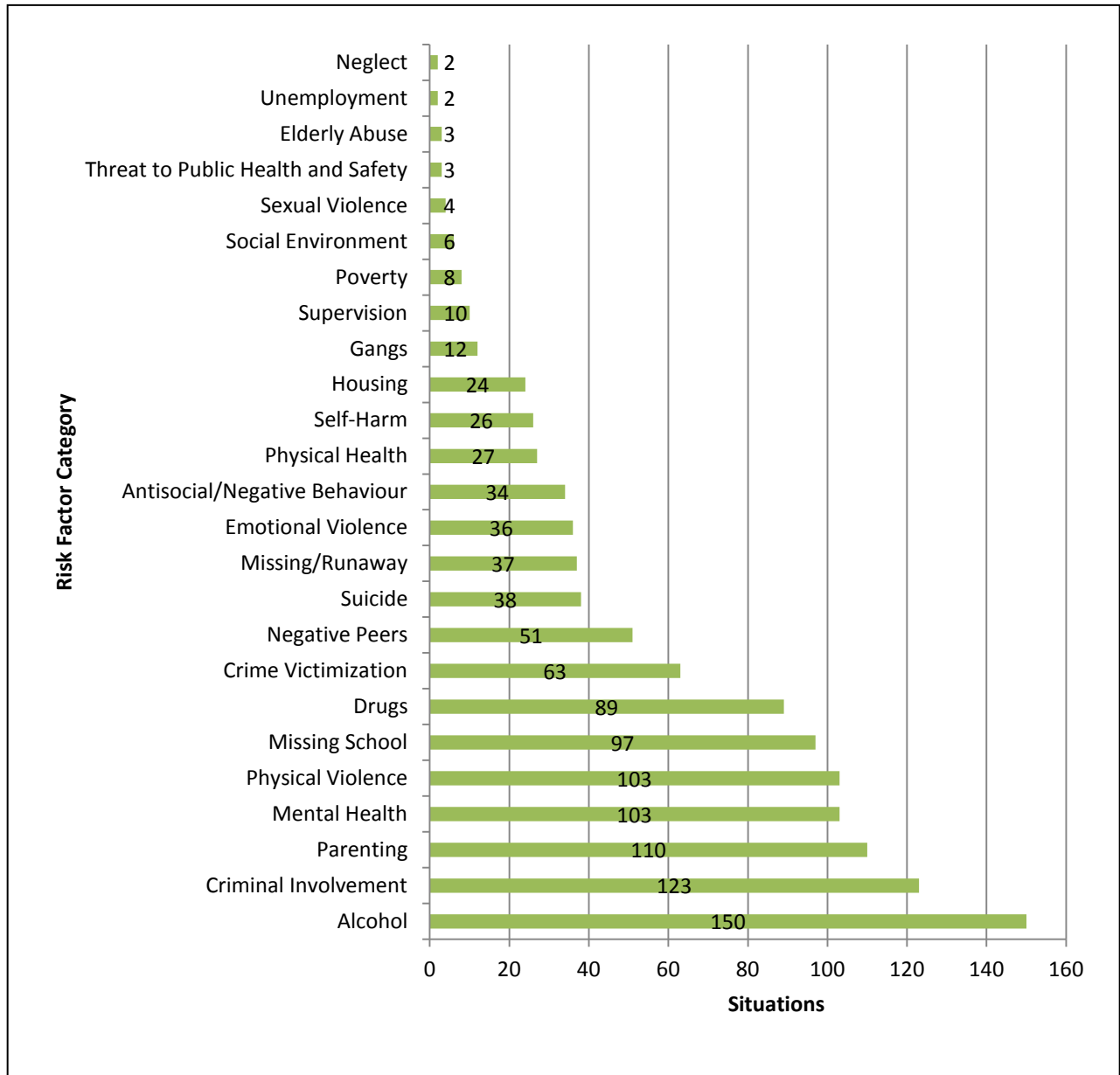
In this recent study period, CMPA (2013:10) identified that, of the 307 situations brought to the table, 65 (21%) were rejected as not having met the criteria of acutely-elevated risk. Of those 242 situations which became 'discussions' at the Hub, 201 (83%) focused on individuals while 41 (17%) focused on an entire family. With respect to gender, 107 (44%) were males and 132 (55%) were females. When it comes to age, a majority ( $n = 125$ ; 51%) of individuals discussed at the Hub were youth between the ages of 12 to 17. The next largest age cohort were adults between 18 and 64 years of age ( $n = 87$ ; 36%), followed by children under 12 years ( $n = 24$ ; 10%) and seniors ( $n = 4$ ; 2%)<sup>2</sup>.

In the area of risk, the most prevalent category of risk was alcohol, followed by criminal involvement, parenting, mental health, physical violence, missing school and drugs. As Figure 3 illustrates, other risk categories may not have been as common as the major categories, but were still apparent in a number of different Hub discussions.

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<sup>2</sup> Data were missing for some situations.

Figure 3.  
**Number of Situations Involving Specific Risk Categories**



One of the major purposes of Hub is to mobilize multiple service providers around the composite needs of individuals. One of the real challenges to service providers is that fact that so many different risk factors are connected. To assess the combination of problems facing individuals who are discussed at the Hub table, analysts (CMPA, 2013) from CMPA identified the six most companion-like risk factors of the major risk categories identified in the Figure above. As Figure 4 illustrates, some categories of risk that are quite common when other risks are present. This, if anything, highlights the composite needs of the Hub’s achieved target group.

Figure 4.  
**Top Six Companion Risks to Most Prevalent Risks by Risk Category**

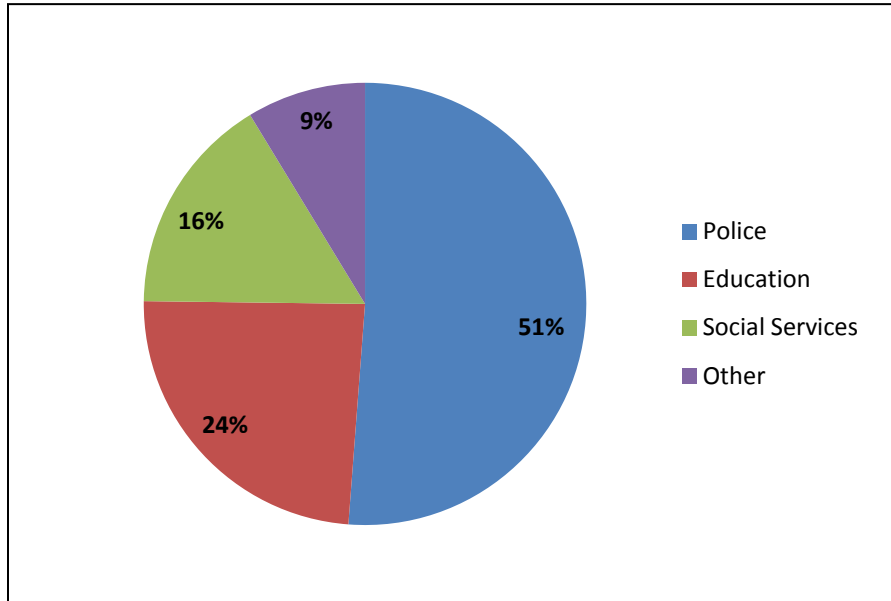
|   |   |  |
|---|---|--|
| <b>Alcohol</b><br>Physical Violence (49%)<br>Drugs (43%)<br>Parenting (43%)<br>Mental Health Issues (39%)<br>Missing School (33%)<br>Crime Victimization (30%)  | <b>Criminal Involvement</b><br>Alcohol (64%)<br>Drugs (42%)<br>Parenting (41%)<br>Mental Health Issues (38%)<br>Missing School (37%)<br>Physical Violence (37%)               | <b>Parenting</b><br>Alcohol (58%)<br>Missing School (52%)<br>Physical Violence (48%)<br>Criminal Involvement (46%)<br>Mental Health (38%)<br>Drugs (32%) |
| <b>Mental Health Issues</b><br>Alcohol (57%)<br>Criminal Involvement (46%)<br>Parenting (41%)<br>Drugs (40%)<br>Missing School (38%)<br>Physical Violence (37%) | <b>Physical Violence</b><br>Alcohol (71%)<br>Parenting (51%)<br>Criminal Involvement (44%)<br>Mental Health Issues (37%)<br>Missing School (34%)<br>Crime Victimization (34%) | <b>Missing School</b><br>Parenting (59%)<br>Alcohol (51%)<br>Criminal Involvement (47%)<br>Drugs (44%)<br>Mental Health (40%)<br>Physical Violence (36%) |

#### **4.3.2 Services Mobilized During Collaborative Intervention**

When a discussion is brought to the table, agencies can become coded as ‘originating agencies’, ‘lead agencies’ and/or ‘assisting agencies’. Originating agencies bring situations to the Hub for discussion, while lead and assisting agencies take part in the intervention designed to lower acute risk. In some situations, the originating agency may stay on as the lead agency, but look toward assisting agencies for support.

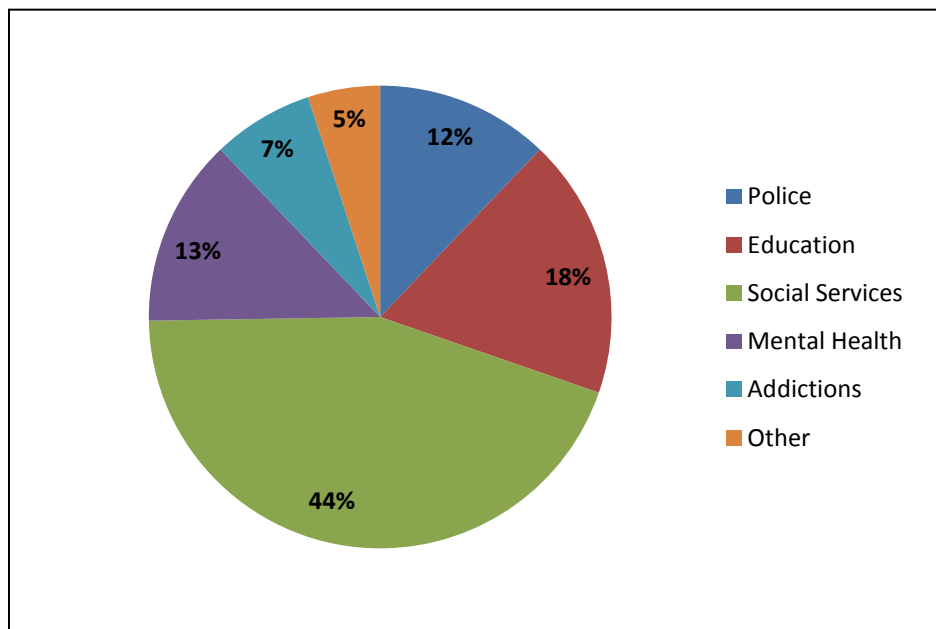
When it comes to originating agencies of Hub discussions, a slight majority of Hub discussions came from the police ( $n = 124$ ; 51.2%). The second and third most common originating agencies in Hub discussions were education ( $n = 58$ ; 24%) and social services ( $n = 39$ ; 16.1%). Other agencies which brought situations to the Hub—including a tribal council, probation, mental health, addictions, victim services and bylaw—combine to account for 8.7% ( $n = 21$ ) of the remaining discussions (CMPA, 2013: 12) (see Figure 5).

Figure 5.  
**Originating Agencies of Hub Discussions by Proportion of Each Agency**



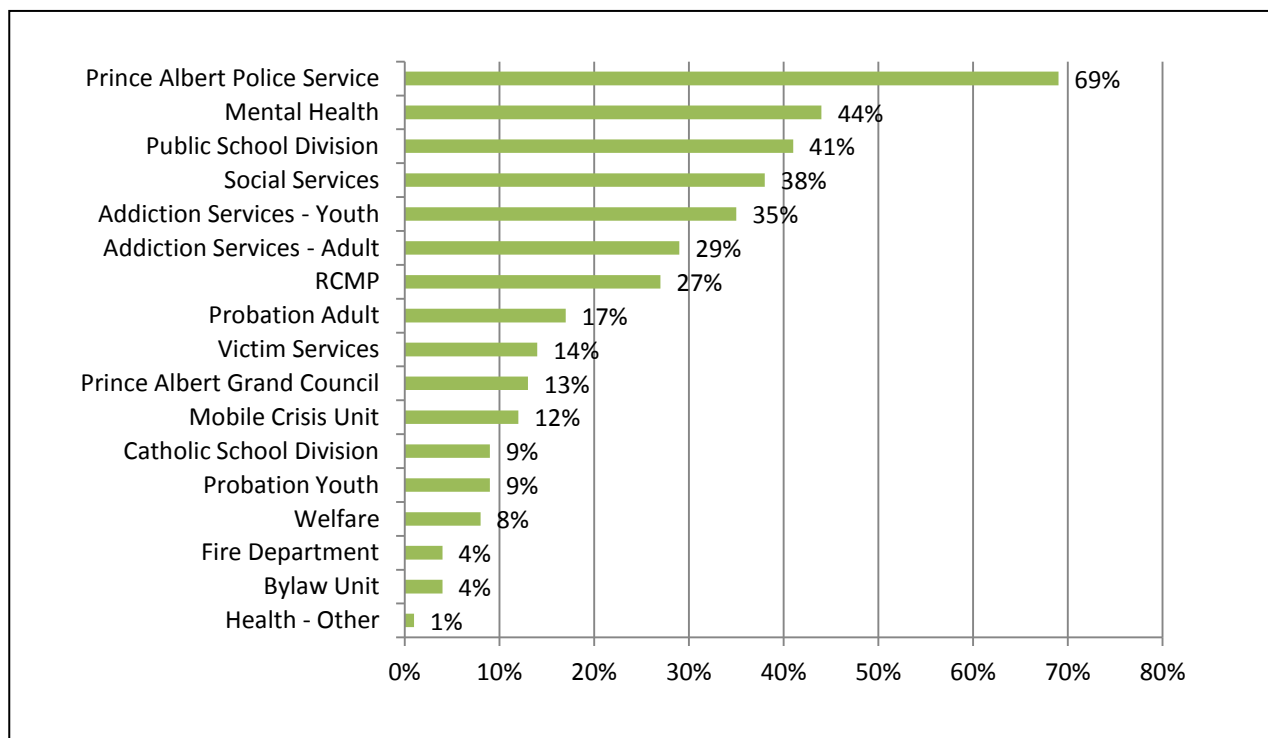
Once at filter three, the Hub discussion turns to an identification of which agencies will play a leading or supporting role in collaborative intervention. According to findings from CMPA (2013:13-17), social services played the lead role in 44% ( $n = 107$ ) of Hub discussions, followed by education ( $n = 44$ ; 18%), mental health ( $n = 32$ ; 13%), police ( $n = 30$ ; 12%), and addictions ( $n = 18$ ; 7.4%) (see Figure 6).

Figure 6.  
**Lead Agencies in Hub Interventions by Proportion of Each Agency**



In assisting the lead agency, the Prince Albert Police Service alone became involved in 69% ( $n = 168$ ) of Hub discussions while their rural counterparts, the RCMP, became involved in 27% ( $n = 66$ ) of all Hub discussions. Outside of policing, mental health ( $n = 101$ ; 44%), Saskatchewan Rivers Public School Division ( $n = 100$ ; 41%), social services ( $n = 93$ ; 38%) and addiction services for both youth ( $n = 84$ ; 35%) and adults ( $n = 71$ ; 29%) were often involved as assisting agencies in Hub discussions (see Figure 7).

Figure 7.  
**Agency Proportion of Involvement as an Assisting Agency in Hub Intervention**



Following each Hub discussion, the chair of the Hub prompts Hub discussants to collectively determine whether acutely-elevated risk has been lowered, and whether the discussion should be closed. In 70% ( $n = 170$ ) of closed discussions, the Hub intervention team was able to ‘connect the individual/family to services’. In 22% ( $n = 54$ ) of closed discussions, Hub subjects were at least ‘informed of services’ before closure. In total, only 5% ( $n = 11$ ) ‘refused services’ or were ‘uncooperative’ with the intervention team who mobilized to support them (CMPA, 2013: 37).

When it comes to the volume of situations presented at the Prince Albert Hub, 307 situations were referred to the Hub by participating agencies. Of these, 242 were accepted as Hub discussions. To address the needs of these 242 Hub discussions, 992 individual discussion-specific conversations were held within 102 actual Hub meetings between September 2012 and August 2013. According to CMPA (2013:39), there were, on average, 9.7 different discussions addressed in each 90 minute Hub meeting. Across all Hub discussions—from their start to finish—the Hub spent approximately 35 minutes discussing risks and potential solutions over the course of four or five different Hub meetings. As part of their interventions (e.g., door knocks, meetings, referrals), the Hub intervention teams typically carried out their chosen tasks 24 to 72 hours after the initial situation was presented at the Hub. In attempting to lower risk within the 242 discussions held during the study period, 792 different tasks were tracked.

Once a Hub discussion is closed, there is always a chance that the same situation and individuals involved may return to the Hub table. Although CMPA does not keep identifiable information in the database (i.e., client names, identification numbers), discussants at the Hub are often quick to point out the fact whether an individual had been presented previously to the Hub. Between September of 2012 and August of 2013, 17% of discussions were re-opened at the Hub once they had already been closed (CMPA, 2013: 41).

In summary, the typical Hub discussion in Prince Albert is a 12 to 17 year old female presenting risks in the areas of substance abuse, criminality and victimization. These risk factors are often combined with mental health issues, a history of being a 'missing person', a lack of parenting and truancy. Most Hub discussions are brought forward by social workers, police officers or educators. Finally, most Hub discussions are examined at the Hub table through 4 to 5 meetings, resulting in roughly 2 to 3 tasks (e.g., visits, door knocks, meetings) that occur within each intervention. Typically, most interventions involve 4 to 5 different agencies. With a permanent closure rate of 83%, only a few Hub discussions have ever re-opened during the Hub's existence.



***Parts V & VI***  
***Methods and Results***

## 5.0 METHODOLOGY

To provide a preliminary assessment of the short-term outcomes generated by the Hub model in Prince Albert, a three-part methodology has been designed. The first portion of the methodology consists of illustrative case studies of select Hub discussions. While the case studies may be suggestive of potential Hub outcomes, they were primarily conducted to demonstrate the Hub model in action—and highlight the fact that there is great variation in Hub discussion types and discussion outcomes. The second portion of the methodology involves interviews with Hub discussants on their experiences in the Hub. The final portion of the methodology involves interviews with several key stakeholders involved in the development and implementation of the Hub model in Prince Albert.

### 5.1 Illustrative Case Studies

The purposive illustrative case studies employed in this part of the methodology were designed to provide a detailed understanding of the different types of Hub discussions that occur at the Hub table. Part of these studies are an examination of the collaborative Hub interventions used to try and meet the complex needs of high risk individuals or families referred to the Hub. This part of the methodology was not designed to contribute exclusively to the assessment portion of this report. Rather, it was designed to help us gather a detailed understanding of the different types of discussions that come across the Hub table. Such information becomes useful as we begin to examine feedback from Hub discussants themselves.

The cases examined in this study were selected to illustrate the various dimensions inherent to mobilizing services and supports around individuals experiencing acutely-elevated risk. Case selection in this manner allows us to examine both the successes and challenges of the Hub experience in Prince Albert. Of equal value to this style of case selection is the opportunity it provides for policy makers, administrative leaders and frontline professionals to see real life examples of community mobilization under a variety of lenses, conditions and outcomes.

To determine the sample of case studies, CMPA staff members were asked to use the Hub database to identify the discussions where at least, education, social services and police had all been involved<sup>3</sup>. Then, sector specialists of CMPA's Centre of Responsibility (COR), were asked to work with their Hub counterparts to identify which of those Hub discussions fit into at least one of the following types of Hub discussions:

- Simple, straightforward, typical Hub discussion.
- Complicated Hub discussion that resulted in success.
- Complicated Hub discussion that did not result in success.
- Hub discussion that illustrates barriers to mobilization.
- Hub discussion which illustrates the factors that facilitate mobilization.

Once the Hub discussants (led by their sector specialist at the COR) selected a number of discussions to represent each of the above-mentioned criteria, they were asked to identify, for each case: the presenting risk factors, reasons for referral to the Hub, intervention plans created in response to client

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<sup>3</sup> These three agencies are the most commonly involved in Hub discussions.

needs, outcomes of collaborative intervention and lessons learned. In providing this information to the author, all of it was original factual information already shared at the Hub table. In other words, no new information from individual agencies appears in the case studies. Furthermore, in presenting the information to the report's author, all discussions were left de-identified.

## **5.2 Group Interviews with Hub Discussants**

To provide some first-hand accounts of the successes and weaknesses of the Hub model, group interviews were conducted with Hub discussants from policing, social services, education, mental health, addictions and the corrections sector<sup>4</sup>. In total, 21 Hub discussants participated in the interview process that occurred in November and December of 2013. The average group interview lasted one to two hours. The interviews themselves were guided by several questions around three main topics. These included client risk, service delivery and challenges and improvements. The following questions were used to guide group interviews with Hub discussants in each of their respective sectors:

### **Client Risk**

- 1) What does your agency define as high risk?
- 2) How do you see risk being defined at the Hub table?
- 3) How has the Hub facilitated the needs of high risk clients to be addressed?
- 4) How do you feel Hub mitigates risk? In other-words what makes it function?
- 5) How do you see Hub having an impact on short-term client outcomes?

### **Service Delivery**

- 6) How did your agency typically deal with complicated needs of high risk clients before Hub was created?
- 7) How did that change after Hub was created?
- 8) How has your agency changed the way it operates because of its involvement in Hub?
- 9) What benefits do you see your agency receiving from its Hub involvement?
- 10) What benefits do you feel your clients receive when you bring their situation to Hub?
- 11) How has Hub benefited your relationship with other agencies?

### **Challenges and Improvements**

- 12) What challenges exist in the current practice of Hub discussions?
- 13) What improvements could be made to the current practice of Hub discussions?
- 14) What challenges exist in the current practice of collaborative Hub interventions?
- 15) What improvements could be made to the current practice of collaborative Hub interventions?

## **5.3 Individual Interviews with Key Stakeholders**

To capture some additional feedback from those individuals involved in the development and implementation of the Hub, the author conducted semi-structured individual interviews with key stakeholders between June and November of 2013. This cohort of key stakeholders included 11 sector specialists from the COR as well as CMPA's Director Ken Hunter, Future of Policing Consultant Norm

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<sup>4</sup> Only government sectors represented in the COR at the time of this report participated in the group interview process.

Taylor and Deputy Minister of Corrections and Policing Dale McFee. Total interview times ranged from 45 minutes to 2 hours. The interviews were guided around a number of broad topics. These included:

- The origin and growth of the Hub model.
- Critical ingredients to successful implementation of the Hub model.
- Benefits of the Hub model to participating agencies and their clients.
- Challenges and barriers of the current Hub model.
- Threats to the Hub model of community mobilization.
- Successes and progress of the current Hub model.
- Defining success of the Hub model.

## 6.0 RESULTS

The results of implementing the methodology for this report are presented separately by method. While the illustrative case studies provide an understanding of the types of Hub discussions that occur in Prince Albert, the group and individual interviews with Hub discussants and key stakeholders respectively provide some rich detail around the function, structure, outcomes, challenges and successes of the Hub model.

### 6.1 Results of Illustrative Case Studies

In identifying Hub discussions to contribute to the case study portion of this methodology, Hub discussants and their COR counterparts held individual sector meetings to respond to the different informational needs of this report. Following their meetings, the Hub discussants jointly submitted 17 different Hub discussions to be considered for use in this report. Through a process of removing duplications and eliminating Hub discussions that bared similar traits, the author narrowed the total number of case studies down to 10. The resulting case studies illustrate a good cross-section of the different types of Hub discussions held in Prince Albert. The case studies presented herein ultimately highlight the many different possible situations of acutely-elevated risk, the response of the Hub to these risks, and the outcomes of the intervention attempt—positive or negative. The results of the case studies are presented in each of their respective categories, as determined by the researcher.

#### 6.1.1 *Simple, Straightforward, Typical Hub Discussions*

One of the difficult tasks of this exercise for Hub discussants was identifying a ‘typical’ Hub discussion. The varying risk factors and uniqueness of each situation of acutely-elevated risk does make the collaborative intervention model all that more meaningful. However, it also makes it difficult to generalize among Hub discussions. In overcoming this challenge, Hub discussants identified two situations that serve as an example of simple and straightforward Hub discussions.

The first typical discussion involved a female youth, whose situation was brought to the table by education because of chronic absenteeism and improper parenting. According to Hub discussants, the home of the young female was chaotic and lacked sufficient structure and expectations from her parents. Through a joint door knock by education and social services, the parents voluntarily accepted the referral of a parent aide to help in organizing the home to support school attendance. The youth’s parents were quite happy to receive support and the teenage female improved her attendance at school. As a bonus, during the door knock, the Hub intervention team also learned that the parents were having difficulty accessing medical support for their other child. The pair explained that the parent aide would be able to help in organizing appointments as well. Overall, Hub discussants from the education and social work sectors felt that this discussion was a success because of parent engagement and the acceptance of a parent aide into the family home.

The second typical Hub discussion involved social services identifying that a mother and her husband were heavily involved in using alcohol and displayed violence in front of the children. A Hub intervention team involving social services, police, education and addiction services offered support to the mother. During the conversation, the mother requested help with her addiction. Through the children’s school, the mother was able to connect with an Elder and get further support. The mother was also able to access counselling to address her victimization and alcohol addiction. This Hub discussion was considered successful because the mother had connected to supports that she would likely not have

accessed on her own. Further, the intervention occurred before any further damage could affect the children in the home. Finally, police reported no further calls to the family's home for violence.

### **6.1.2 Complicated Hub Discussions that Resulted in Success**

In identifying a complicated but successful Hub discussion, discussants described the situation of a male youth who was reported to police as missing, but following an altercation with a family member, showed up at the hospital for mental health support. After further investigation by health and police professionals, it was determined that the mother and her two children had recently relocated to Prince Albert from another community. She had not yet enrolled them in school because they both had mental health disorders and she wanted to wait until their 'files' came from their previous community. Furthermore, one of the children was having difficulties with drug use. Finally, it was also determined that the family was homeless and was staying at a homeless shelter but would not engage in any support services.

In a meeting with the mother and her children, the collaborative Hub intervention team—consisting of social services, education, police, mental health and addictions—was able to offer the mom support. In doing so they highlighted the many different challenges her family had, all with no support in place. During the intervention meeting, the mother agreed to receive support from a parent aide, the children were connected with mental health support, education would provide the children with addiction support through the school, the family would be connected with a local housing authority and the children were to start attending school—regardless of whether their 'files' had arrived yet. The intervention team saw this complicated discussion as a success because it was able to engage a high risk family with the supports they needed to start fresh in Prince Albert. In ongoing monitoring of the family, social services no longer saw concerns for child protection.

The second complicated discussion concerned a female child who was often late for school or did not show up at all. When school staff would call the home, the girl would answer and say the family slept in. It was eventually learned that the young girl would often take care of her younger siblings and hide them in the bedroom when there was violence in the home. Once brought to the Hub table, the intervention team tried several times to reach the mother when her abusive partner was not home. However, they were unsuccessful. Finally an intervention worker from the school was able to connect with the mother and offer a meeting with the Hub intervention team at the school. Through the meeting it was learned that the mom had mental health problems, her abusive partner was on electronic monitoring and therefore could not leave the home, and the female child had been a victim of sexual assault.

Through a meeting with the mother, the intervention team was able to reconnect the mother to mental health support, engage her and the children in a family-based anger management program and connect the girl to a psychiatrist. Finally, police worked with corrections to change the probation order so that the abuser could move into a family member's home, rather than stay in the girl's home. Education viewed this discussion as a success because the female child is now regularly attending school and the family is safe. Social services see the risks to children as being lowered because the abusive adult male is no longer in the home.

### **6.1.3 *Complicated Hub Discussions that Did Not Result in Success***

The first complicated Hub discussion examined here that did not result in success involves many risk factors and multiple attempts at a collaborative intervention. The ultimate challenge throughout this situation was a refusal of services.

The situation was first brought to the Hub table by police who had arrested a male child for a significant theft. The boy was referred to an alternative measures program for corrective support. Eventually, the boy was found intoxicated and was taken to the hospital for care. At the hospital, addiction services were offered but the mother refused services for her son. When social services became involved in the discussion, the Hub learned that three adult sex offenders had been associated with the boy. Social services connected a family support specialist to the mother and child, while addictions were able to connect with the boy. The Hub discussion was closed.

Later on however, the Hub discussion was reopened when the boy was no longer attending school or his addictions counselling sessions. The alternative measures program was contacted, who informed the Hub intervention team that the boy had no place to live because he did not like the mother's present boyfriend. When the boy tried to live with his biological father as an alternative, he was physically abused. In an intervention meeting, the Hub team met with the mother and boy to relay the importance of supports for their general well-being. The boy was offered extensive support opportunities through two school divisions, counselling through a community-based agency and addictions support. The Hub discussion was once again closed.

Finally, the situation was brought to the Hub table a third time because the boy was truant and hanging around negative peers. In addition, he was not attending his counselling sessions, did not take advantage of recreation programs offered to him at the school and was in steady conflict with his mother. At this time, the mother informed the Hub intervention team that she had to move out of their rental home and the only place they could go was out of the community. The Hub team considered this discussion a failure because they could not engage the youth in services and were unable to see the mother succeed in what she had to do in order to lower the level of risk for her son.

The second example of a complicated Hub discussion considered to be unsuccessful concerns a single-parent family not willing to admit that a problem existed. The situation involved a family with multiple children who were often absent from school. The one child whose attendance was a little better than his siblings, happened to consistently bully and physically abuse other children in the school. An initial intervention meeting booked at the school was not attended by the father. In a follow-up door knock, the intervention team connected with the father and all of the children who were home—on a school day. Although the team explained how important school attendance was, the father said they were not interested in any services and that there was no problem to worry about. Over time, attendance of the children continued to worsen. Several door knocks were met with no answer until eventually the father called social services and said he did not want anyone knocking on his door anymore. The Hub intervention team saw this as a failure not only because the family refused services, but because the father failed to see school absenteeism or bullying as problems.

### **6.1.4 *Hub Discussions that Illustrate Barriers to Mobilization***

The first example of barriers to mobilization involves the inability to enforce legislation that compels school attendance in Saskatchewan. The situation was brought to the Hub table because the school

could not connect with the family. A door knock at the home by police, social services and education resulted in the boy telling the intervention team that he was not going to school because he was sick and that his parents gave him permission to use violence against the team if he wanted. On a second door knock, the team connected with the boy's mother, who explained that her son's behavioural problem was the reason he was not being sent to school. When mental health supports were offered for the boy, the mother refused. In a third visit, this time involving the father, the team offered counselling supports for the boy—but that was refused as well because the family did not think anything was wrong with the situation. Eventually, the discussion was closed as 'refused services'. The boy did not end up engaging in school. The Hub team saw this as a failure, mainly because of an inability to compel student attendance.

The second example of barriers to mobilization concerns the difficulty that the Hub intervention team faced in trying to contact transient individuals. In one situation, the police had arrested a young offender who was often truant and involved in alcohol and drug use. The mother called the police several times for drug possession and bullying other family members for money. When the intervention team connected with the family, they learned that the youth had relocated. The team requested for police in the youth's new community to follow up with the youth on previous arrest warrants and see if the youth was attending school. In the end, the youth had not attended school in either community and was constantly moving between the homes of different family members. The intervention team deemed this as a failure because they not only had no way of compelling attendance, but they had no way of tracking the youth down to provide direction and support.

#### ***6.1.5 Hub Discussions which Illustrate the Factors that Facilitate Mobilization***

In trying to mitigate composite needs of high risk individuals, it is often enlightening for Hub discussants to experience the true value of information sharing and collaboration. In recounting one situation where teamwork paid off, the Hub discussants explained how a teenage female had been caught up in drugs. Her parents' efforts to keep her in school and away from drugs were failing. After being caught using drugs at school, the Hub intervention team met with the youth and her parents. It was clear that voluntary drug detoxification was not an option. One of the barriers to the team was that she had been artificially sliding through detoxification warrants simply because her drug of choice was not detectable by conventional testing methods. At the time, her chaotic life became accentuated by the fact that she was living in her car, as well as using and selling drugs. In collaborating with addictions and legal experts, the team was able to emphasize the "stabilization" component of the detoxification warrant and have her admitted. The result was that she was able to stabilize in a facility for several days—at least long enough to realize that living in her car was not safe. While she did not return home, she did move in with a friend's family. The Hub intervention team saw this as a partial success in that, through collaboration, they were able to stabilize the girl and get her off the street and into an acceptable home environment.

The second example of factors that facilitate mobilization concerns information sharing between agencies. In this situation, a mother of a young girl had been struggling with mental health issues. The grandmother of the child had a restraining order against the mother because of past violence. The mother's mental health condition also contributed to heavy alcohol use and concerns from social services that her daughter was not safe. Strong indicators that the mother may be violent towards the daughter heightened the concerns of social services, who then reached out through the Hub to find a way of providing mental health support to the mother. Information sharing between victim services, social services and mental health professionals resulted in the execution of a mental health warrant that



saw the mother admitted to a psychiatric centre. This lowered the risk of probable harm to the child, who in turn, moved in with her grandmother. The information sharing between professionals also helped the mother gain access to mental health supports that she was not otherwise connected to, but in great need of.

#### **6.1.6 Summary of Case Studies Results**

The case studies presented above show the variety of outcomes that were produced through risk-driven collaborative intervention among human service professionals. These cases were selected based upon their utility in illustrating the different types of Hub discussions that occur in Prince Albert. Although not all of the Hub discussions resulted in success, valuable lessons are learned in all of them. Table 4 provides a summary of the results produced through the 10 case studies presented herein.

Table 4.  
**Summary of Results from Hub Discussion Case Studies by Discussion Type**

| DISCUSSION TYPE                              | Case Study | LEADING RISKS   | COLLABORATIVE INTERVENTION APPROACH                       | RESULT                                     | LESSONS LEARNED   |
|--|------------|---|---|--|---|
| <b>Simple, Straightforward &amp; Typical</b> | A          | truancy; lack of parenting                              | door knock; offer of services                             | connected to services; risk lowered        | reaching out to parents and offering help with parenting is valuable                                |
|  | B          | alcohol; violence                                       | door knock with follow-up calls about support             | connected to services; risk lowered        | individuals are willing to accept support if the support is offered early enough                    |
| <b>Complicated but Successful</b>            | C          | mental health; addictions; homelessness                 | cooperated with homeless shelter to engage new services   | connected to services; risk lowered        | engaging even a few services can open doors for acceptance of other supports                        |
|  | D          | violence; truancy; mental health                        | collaboration of services; change in housing arrangements | connected to services; risk lowered        | complicated risks means a greater number of Hub partners can make a valuable difference             |
| <b>Complicated and not Successful</b>        | E          | criminality; lack of parenting; physical abuse; truancy | three separate approaches to the situation                | refusal of services; moved away            | despite repeat efforts of a collaborative intervention team, client refusal is always a possibility |
|  | F          | truancy; physical violence                              | multiple door knocks                                      | refusal of services; risk heightened       | some clients do not recognize a problem exists  |
| <b>Barriers to Mobilization</b>              | G          | addictions; criminality                                 | multiple door knocks; made transportation arrangements    | could not be contacted to provide services | it is difficult to mobilize supports around transient individuals                                   |
|  | H          | truancy; mental health                                  | multiple approaches to parents and child                  | refusal of services                        | there are no tools to compel school attendance  |
| <b>Factors that Facilitate Mobilization</b>  | I          | addiction; homelessness                                 | special arrangements for mandated support                 | stabilized; connected to services          | collaboration opens new opportunities to provide support  |
|  | J          | mental health; physical violence                        | special arrangements for mandated support                 | connected to services; risk lowered        | information sharing opens new opportunities to provide support                                      |

## 6.2 Results of Group Interviews with Hub Discussants

Group interviews with Hub discussants were conducted by sector. This made it easier to understand the Hub experience for each professional group represented at the table. As previously mentioned, there were three main topics of discussion with each interview group. Results on *client risk* and *service delivery* are presented by sector of Hub discussants. Results from feedback on *challenges and improvements* are summarized in aggregate form.

## **6.2.1 The Education Experience in Hub**

### ***Perceptions of Risk – Education***

Under their own lens, Hub discussants from the education sector defined risk as anything that involves violence, multiple suspensions, out-of-control behaviour, drastic changes in behaviour, negative peer groups, not being able to connect with family and having unmet needs—particularly those in the area of mental health. The most common risk observed by educators was truancy and/or chronic absenteeism. When it came to their observations at the Hub table, the education respondents believed that the Hub overall, defines risk as “something bad will happen if we don’t do something...whether it’s someone will die, someone will end up in jail, someone will be assaulted, someone will be victimized”. The education group also felt that, at the Hub table, risk is considered elevated in any situation where there are children involved.

### ***Hub Impact on Risk – Education***

When asked to describe how the Hub has facilitated the needs of high risk clients to be addressed, the education cohort pointed out that by approaching the individual and/or their families, the intervention team from the Hub breaks down a lot of barriers to service that would otherwise stand in the way. One example given was that a typical 8:00am to 5:00pm schedule of service providers with offices located in the downtown area may not be conducive to high risk clients experiencing problems. By bringing an integrated team of professionals to the door, clients have instant access to the various options which they may require. According to the educators, this initial visit increases the chances of follow-up, far more than a phone call or pamphlet.

In providing more details, the education group explained that the Hub helps families know that they can be helped before things get worse. In contrast, in pre-Hub times, risks would be elevated until certain services—like social services or policing—would become mandated. According to one respondent, “this offering of support empowers them by letting them choose the services they want...[the Hub] allows for creativity in accessing services for clients based on their own needs, challenges and barriers”. One of the most important features of the Hub is that it enables human service professionals to offer support through mitigation and not arbitration. As one respondent explained, “[Clients] see the Hub interventions as support without judgement because we are providing them with options. They see we are willing to work with them”.

In discussing their overall experience in helping clients meet their needs, the education respondents pointed out that the Hub itself serves as a paradigm shift in education. By working with other human service professionals, they have not only gained a better understanding of client needs, but have learned how to better support clients with complex needs. One education respondent explained that “the Hub helps professionals work with others to meet client needs, whereas before, there was a wall and no communication between different agencies”.

### ***Hub Impact on Service Delivery – Education***

In terms of the impact of Hub on service delivery, the education cohort explained that in pre-Hub times, complicated needs of students were met with single agency door knocks and referrals to services that school staff were aware of. In schools where social workers were present, it was a little bit easier to connect students to services in the community. However, the bottom line, according to one respondent,

was that it was still up to families to make the connection to services because the school had no way of following up to make sure the family received the services they needed. With the Hub however, all that changed. According to respondents, services are brought directly to students and their families. This secures a connection to services much more effectively than informing the family of which supports they could approach if they were interested. Furthermore, once connected to supports, the school is aware that their students have been connected to services and can work with the student to better meet their educational needs.

In discussing the impact of Hub on the education sector in Prince Albert, respondents explained that the Hub gives educators one more tool to help students become engaged in supports designed to help them. As one respondent explained, “it is a problem-solving model instead of a punitive model”. Such a model is based upon individual choice and acceptance of services as opposed to forced services that come when no alternatives for support are available. This results in better responses from parents, which builds more positive relationships between schools and families. As one respondent explained, “the Hub has been a real bonus for education because it helps us really connect with parents and allows parents to see that something serious is going on and they need to be a part of the solution”. Another respondent echoed that “parents really like this model, one even asked us, ‘where were you guys before?’”.

#### ***Hub Impact on Client Outcomes – Education***

In discussing the impact of Hub on short-term client outcomes, the education cohort explained that the communication and information sharing opportunities it provides to professionals has made a difference—which ultimately has an impact on clients. Citing one example, an interview respondent explained that traditionally, when a child was not at school, schools just assumed the student was skipping school. However, the Hub allows schools to see all of the child’s risk factors, which lets the intervention team focus on mitigating the risks that led to truancy and/or chronic absenteeism in the first place. Such interventions, according to education respondents, have had a positive increase in school attendance among students affected by other problems in life.

In an overall discussion of Hub and its impact on client outcomes, the interview group felt that the Hub has an impact on individuals and families experiencing acutely-elevated risk. According to the group, the Hub model prevents the worst case scenario from happening, and through intervention, makes a positive difference in the lives of individuals and their families. By presenting multiple service supports to individuals, human service professionals are able to lower the level of acute risk that leads to harm.

#### ***Benefits of the Hub – Education***

One benefit of the Hub model to the education sector has been the strong relationships that it has been able to develop with other agencies. In particular, these relationships have been prevention-based and focused on problem-solving. As the group described, being able to have a relationship with other agencies allows educators to ask important questions that can help them better meet the needs of students. Furthermore, where education cannot meet the needs of students, it has become more natural to call upon the support of other agencies for help. Knowing that such help will not be forced upon the students is a real asset to the relationships educators can maintain with their students and families.

## **6.2.2 The Social Services Experience in Hub**

### **Perceptions of Risk – Social Services**

Hub discussants from social services, known professionally as child protection workers, define risk within their own sector as “imminent risk of harm to children”. Such harm could be physical, sexual, emotional or health-related in nature. In determining such risk, child protection workers use structured decision-making tools at different stages of a situation to determine whether an investigation would be required under the *Child and Family Services Act*. Risk factors of a situation are more clearly defined during home visits with the family.

When discussing risk at the Hub table, the social services cohort explained that risk involves a variety of risk factors which are acutely-elevated. Risk in this sense, does not always meet mandated engagement thresholds set by legislation (e.g., *Child and Family Services Act*, *Criminal Code*). Instead, the type of risk examined at the Hub table is often that which precedes the level of risk (or in other words, crisis) which triggers mandated involvement of police officers or child protection workers.

### **Hub Impact on Risk – Social Services**

When it comes to the Hub addressing the needs of high risk clients, child protection professionals see the Hub as helping clients access important services more quickly than they would normally. They also indicated that providing clients with a chance to enter services without being in a major state of crisis is much more sustainable. At the intervention stage, respondents perceived that it is easier for clients to tell a story once to five different agencies than it is to tell their story over and over again to different service providers. In addition, it seems to be a lot easier for clients to accept services when they are offered by five different agencies at once as opposed to being forced services by one single agency (e.g., social services, police).

According to child protection professionals, the Hub mitigates risk by identifying the main risks affecting an individual, then making and implementing a plan to stabilize the individual and/or family members who may be involved in the risk, by connecting them to immediate services that can address their risks. To prevent further harm, Hub discussants connect clients with ongoing supports in the community. The “beauty in this process”, according to child protection respondents, is that the Hub intervention “helps the client develop one plan with multiple agencies rather than a different plan with each agency involved”. This not only expedites access to services but increases the sustainability of support that high risk individuals receive.

### **Hub Impact on Service Delivery – Social Services**

In discussing service delivery before the Prince Albert Hub was implemented, social services respondents explained that, without the Hub, situations of high risk often left social workers with no choice but to apprehend children. With the Hub, a variety of alternatives have provided viable options for families to reduce their level of probable risk without the mandatory services of child protection coming into force (e.g., child apprehension). Further, in the past, the child protection respondents noted that even if they tried to connect clients to services, there was resistance from other agencies in the community who did not want to become involved in social services cases. With the Hub however, it has become more natural for different agencies to become involved in the plans. As one respondent

explained, “it’s as if they now know that we work with families and not just go around apprehending kids”.

Perhaps the key message from all child protection respondents regarding changes in service delivery was that social workers did not have all the information about clients before the Hub initiative. With increased communication and collaboration among different human service providers, the needs of clients can be identified and supports can be offered before children need to be apprehended. According to child protection respondents, social services can now play a more active role in prevention and can more effectively engage both families and service providers.

Changes in the role of child protection workers within the Hub environment are also causing a change in their agency’s relationship with other agencies. According to one respondent, “Nowadays, other agencies are more willing to participate in case conferencing because they realize that through collaboration, apprehension doesn’t have to be the only alternative”. The result of this, as several respondents pointed out, is that the Hub experience in Prince Albert has helped social services shift from protection to prevention.

### ***Hub Impact on Client Outcomes – Social Services***

With respect to short-term outcomes of clients, child protection professionals perceive that a Hub intervention offers clients some comfort and relief that they have choices in the type of support they receive. Not only does it empower clients, but it also allows for a more enhanced level of prevention in the support that clients receive. As one child protection professional explained, “when services are offered early enough, it forces a person to see that they better get control of a situation before they get into trouble”. A different respondent explained that “if the Hub can hook clients up with supports before a crisis, there is a greater chance they will call and ask for help before things escalate”.

### ***Benefits of the Hub – Social Services***

When it comes to identifying the benefits of the Hub experience, respondents from social services point to the opportunities of collaboration that the Hub has afforded them. Being able to better meet the diverse needs of clients, and work in a problem-solving fashion to meet these needs, has helped child protection workers better serve their clients. As one respondent explained, “for once, I’m actually doing what I wanted to do when I became a social worker and that is help people...not just take their kids away. Through the Hub, we’re really helping families”.

When it comes to benefitting clients, child protection respondents pointed out that collaborative interventions orchestrated through the Hub help clients avoid crises that often lead to significant harm. This cohort also pointed out that early interventions reduce harm by increasing the likelihood of clients to accept help. As explained by one respondent, “when a client sees social services coming in earlier with the assistance of other agencies, they feel more supported instead of feeling a need to be defensive”. This was confirmed by a second respondent who thought that “the Hub is important at the early intervention stage because clients are more apt to listen and cooperate when things are falling apart as opposed to when they are already in crisis...at that point, it’s fight or flight”. Finally, a third social services respondent explained that when clients of any agency are surrounded by multiple agencies offering support, there is a greater likelihood that they will accept help.

### **6.2.3 The Mental Health Experience in Hub**

#### **Perceptions of Risk – Mental Health**

Mental health professionals around the Hub table define risk within their own profession as “a state of mental health which places oneself or others in a state of mental or physical harm”. For the most part, mental health services are received by choice, until the point at which one is unaware of the risks their state of mental health poses to themselves or others. As one respondent explained, “identifying risk in mental health is quite unique because the person suffering may not realize their decreased level of functioning”. Considering this, identifying a need for support becomes very troublesome.

At the Hub table, mental health respondents see risk being defined as *acutely-elevated*. In contrast to the Hub, the level of risk seen in mental health is considered *imminent*. In explaining this, the respondents pointed out that the Hub takes action long before mental health would typically take action. The reason for this is that, other than offering support, mental health is largely reactive and not proactive. By the time an individual comes to mental health, he or she has been through a variety of other services. During Hub interventions, mental health professionals offer support, but they cannot become directly involved until a client voluntarily asks for their support or their support is mandated by an order. This, according to mental health respondents, is why very few discussions originate from mental health professionals.

#### **Hub Impact on Risk – Mental Health**

In discussing the ways in which the Hub addresses the needs of high risk clients, mental health professionals describe the Hub as getting individuals with complicated needs the types of support they would otherwise not receive. By connecting clients to various services, based upon their risks, the Hub is mitigating risk to a level not previously possible. As one mental health respondent described, “the wholesome look at an individual’s issues by multiple professionals increases the chances of addressing their needs and reducing harm. This doesn’t happen with a single agency approach”.

#### **Hub Impact on Service Delivery – Mental Health**

During the discussion of service delivery, mental health professionals described their own pre-Hub days as existing in a bubble. Collaboration seldom occurred and the sharing of information only happened following consent. As a result, mental health workers seldom became involved in complex cases. According to one respondent, “before the Hub we would often farm out complicated high needs cases to other agencies simply because we didn’t have all the tools to work with them. Now we can work with other Hub agencies to offer support”.

Following the initiation of Hub, as previously noted, there occurred an increase in mental health involvement in complicated cases. As some respondents described, “through the Hub, we have greater intakes; more than we used to have”; “the Hub helps us work more with other agencies”; and “with the Hub, we get them services sooner than they would otherwise”.

Of course, with changes in the way mental health becomes involved in complicated cases come changes in the overall work of mental health professionals. As one respondent described, “since sitting on Hub, my job has changed a lot. Hub has tremendously increased our workload because we’re now going out and getting new clients rather than waiting for someone to refer them”. Another noticeable change,

according to respondents, is that it is the intent of work at the Hub to see arrests and child apprehensions go down. With that, however, comes an increase in workload for mental health and addictions intake—the very supports that are prescribed to lower risks requiring the mandated services of police officers (arrests) and social workers (apprehensions).

### ***Hub Impact on Client Outcomes – Mental Health***

When asked to comment on the potential impact that the Hub may have on short-term outcomes, the mental health cohort explained that collaborative Hub interventions in particular, prevent further harm from occurring. As one respondent commented: “when service providers get to the door quicker, we get a chance to help them function better so that they don’t escalate and get into worse trouble”.

### ***Benefits of the Hub – Mental Health***

With respect to how the Hub benefits the mental health sector, respondents described the process as “intake on steroids”. Whereas most at-risk individuals would not have previously come into contact with mental health services, the Hub allows for these individuals to have a direct link to mental health supports. This, according to mental health professionals, considerably increases the amount of exposure that a large cohort of high risk individuals in Prince Albert has to mental health support. At the same time, involvement in Hub also increases the opportunities for mental health professionals to collaborate with other human service providers, and ultimately, better meet the needs of clients. Another benefit of the Hub to mental health is that it allows mental health professionals to work in the community more. As one interviewee observed, “this helps reduce stigma around mental health. It helps us show we’re ready to come to the table and work with others”.

When discussing the benefits of Hub to their clients, mental health professionals pointed out that the “Hub helps individuals and families from not completely coming apart”. According to respondents, “clients appreciate the collaborative effort. It is like a one-stop shop to get all your clients’ help at once...Instead of them bouncing around to services they get all the help they need in one place”. One of the major benefits of Hub to clients is that most of the offers of support occur in the client’s home—where they are much more comfortable than in a government office. Another benefit is that the nature of collaborative Hub interventions, being non-intrusive and voluntary, makes people feel that they are being supported, not forced into something they do not want to do.

The final discussion with mental health professionals was focused on the extent to which their Hub involvement has benefited their relationship with other human service professionals. According to respondent feedback, the Hub collaboration process has turned most relations from adversarial to trust-based, cooperative and helpful. The collaboration among the various Hub partners, according to mental health respondents, has helped the risk reduction process move along much quicker. One of the more specific benefits of the Hub discussion to relationship-building is that “in the Hub there is no buck-passing; they’ll take on the lead to help get things done”.

## ***6.2.4 The Addictions Experience in Hub***

### ***Perceptions of Risk – Addictions***

Making up the addictions cohort were addictions counsellors employed within the health region. Their own perception of risk involves the use of prolonged or intensive substance use that causes harm to



oneself or others. In discussing risk, the addictions professionals explained that their understanding of risk itself has significantly broadened since becoming involved in the Hub. This understanding involves an appreciation for potential harm that falls outside of, but is often related to, substance use. Within the mobilization process, addictions respondents see risk defined at the Hub table as a compilation of multiple risk factors that are both complicated and interactive. One respondent explained that “the Hub has made us aware of risks in our own clients that we traditionally haven’t been aware of”.

### ***Hub Impact on Risk – Addictions***

In discussing how the Hub meets the needs of high risk individuals, the addictions cohort explained how multiple services are brought together to address a variety of risk factors affecting individuals and/or their families. The Hub facilitates an opportunity for cooperation and collaboration on situations of risk. This process produces more access to agency support for clients and increased knowledge and awareness of support among service providers. As one addictions professional described, “the Hub fosters more flexibility in programming and creativity in planning support for individuals—especially if there are gaps”. The addictions cohort also explained that the Hub reduces duplication in services and motivates service providers to focus on problem-solving.

When asked to explain how the Hub mitigates risk, the addictions cohort emphasized the importance of *reaction time*. According to the cohort, “a timely door knock before crisis occurs, and an offering of services by several professionals, face to face, is critical”. One of the key ways in which the Hub mitigates risk is when professionals work outside of their comfort zone to offer services and supports to high risk clients. As respondents describe, “[professionals] are willing to be flexible because of the trust among agencies at the table; there is a willingness to work outside of their normal practices because we have a common goal and interest in what we’re doing”.

### ***Hub Impact on Service Delivery – Addictions***

When it comes to pre-Hub service delivery, the addictions respondents explained that their profession typically tried to find out what other services the client was involved with. Sometimes they could get all of the information and other times they could not. During this process, there were a lot of case conferences, emails, referrals and follow-up between multiple agencies. The most significant difference for addictions was that “this process was not time-sensitive, like it is now”. Before Hub, the immediacy wasn’t really understood because they didn’t know the whole story behind a situation. As one respondent explained, “in the past, there was a lot of duplication that often went unknown”.

When the Hub came into operation, all of this changed. As the addictions cohort explained, “the Hub provided open dialogue in one single room between multiple agencies. It gave us the ability to act together, act immediately and share relevant information”. The Hub also changed the rigidity of many organizations. As one interviewee recalled, “the Hub offers a lot more flexibility in the work that we do—which results in us breaking down a lot of barriers and making services more accessible”. Another respondent explained that “simple things like getting the client a jacket and glasses went a long way towards them building the confidence and ability to accept help. That wouldn’t have even been an option before”. The same respondent added that “success in the Hub occurs when everyone sees a client’s particular need is not within their traditional scope of practice, but they do something anyway”. These sorts of changes, according to respondents, have caused a lot of change in their own local agency.

In describing their own agency's changes attributable to Hub, the addictions respondents shared that their colleagues are stepping up more and more to offer quicker support. They see the extreme importance of timely support and are willing to do what it takes to mobilize around a client's needs. Other observations of agency change concern the fact that addictions workers are being exposed to a whole new array of risks that, although they have implications for substance use, were never on the radar of addictions professionals before. A final change for the addictions agency is that now more than ever, addictions counsellors have been conducting outreach, participating in door knocks and making phone calls to clients offering support.

The changes described by addictions professionals have had a positive impact on the agency overall. As respondents described, the biggest advantage to addictions staff is having comprehensive knowledge of a situation early on. This allows for counsellors to better understand the needs of individuals and more efficiently connect them to the required supports. Another benefit to the addictions field is that the Hub experience has actually improved their understanding of privacy and what can be shared. This has helped addictions professionals better meet the needs of clients with complicated risk factors. Without the Hub, addictions professionals would have likely not shared information with other professionals—ultimately preventing the client from getting the help that they need.

### ***Hub Impact on Client Outcomes – Addictions***

Turning to a discussion on client impact in the short-term, the addictions respondents explained that the Hub helps high risk individuals become aware of services and become confident that professionals are interested in their well-being. Through a collaborative Hub intervention, professionals are able to conduct some immediate hands-on screening. According to addictions respondents, this allows for a greater understanding of client need, more immediate placements of support, and ultimately, a reduction in elevated risk. As one respondent explained, “the Hub gives clients faces and people to talk to from different agencies. It gives them a chance to see the support they can have with only a phone call”. The cohort followed by explaining that Hub interventions allow clients the opportunity to make more informed decisions about whether to seek help and from who they can draw support. This was considered to be far superior than other agencies simply giving the client a pamphlet.

### ***Benefits of the Hub – Addictions***

When asked to identify the benefits of Hub to their own clients, the addictions team pointed out that the Hub is opening doors for a whole cohort of clients to get addictions support where they otherwise would have gone with none. Through both Hub discussions and interventions, addictions staff are becoming engaged with clients early on. As one respondent explained, “we used to infrequently know about intoxicated persons in police cells or the emergency room. They'd be released and we'd never get a chance to offer our support”. Another benefit mentioned was that the Hub helps addictions workers connect their clients to services much faster than they could before. These types of changes are described as contributing to better service access for clients which results in lowered risk earlier on.

One of the most significant benefits highlighted by addictions respondents was that the Hub helps individuals with acutely-elevated risk navigate through complicated support systems. As one respondent explained, “we can help them plan their next step, help them feel supported, put things into perspective and make them feel that they have full access to a variety of services. In a door knock situation, we can help them feel empowered by offering them options instead of dictation”. In a follow-up comment, a different respondent shared that “the Hub intervention actually increases accountability of clients who

may engage in game playing. They have to acknowledge the truth as all service providers are in the same room together”.

The final topic discussed with addictions professionals was relationships that Hub helps them build with other agencies. The respondents felt that the Hub experience has given them a thorough understanding of other agencies and what they can accomplish through cooperation. The Hub was also reported to have given addictions professionals a sense of their normal practices’ limitations—something they never quite had before. Another revelation was that the Hub has helped agencies get over their frustrations with other agencies because it has fostered the type of collaboration that brings understanding and mutual respect. A final thought on inter-agency relations was that the Hub has helped different agencies realize that addictions treatment, unless court-ordered, is generally a voluntary service. This has fostered a better understanding of the need for agencies to cooperate in connecting clients to services rather than just waiting around for someone else to do it.

### **6.2.5 The Police Experience in Hub**

#### ***Perceptions of Risk – Police***

Interviews with municipal police officers as well as locally-assigned members of the RCMP revealed that risk is defined within the police world as situations that would have a negative impact on individuals or property. According to respondents, police generally prioritize risk based upon the likelihood of harm, with potential loss of life as the highest level of risk officers deal with. Ultimately, however, the perception of risk differs per incident and by the level of experience an officer has.

When examining risk within the context of Hub, police respondents alluded to the fact that there is a shared perception of risk among Hub discussants. This perception is illustrated by the 102 different risk factors that the Hub database has been built around. It is this common understanding of risk, which the officers agreed upon, that has led to a certain language at the Hub table which all discussants share. As one officer commented, “you don’t appreciate that common language on risk around the Hub table until you’ve been away from the Hub for a while”. Another characteristic of risk being identified at the Hub table is that how current certain risk factors are can have a major influence on the perception of risk. As one officer commented, when discussants are examining client risk, “the recency of risk factors is very important in determining overall level of risk”.

#### ***Hub Impact on Risk – Police***

In describing how the Hub facilitates the needs of high risk clients to be addressed, the police cohort reported that multiple service providers work together to see the broader picture, while coordinating a solution to the problem in a timely and nearly immediate manner. In mitigating risk, the Hub allows professionals from different sectors to work outside of their silos, which generates the type of support needed by high risk clients with complex needs. As one officer explained, “Hub gets things done because when people work outside of their conventional parameters, they remove the excuses of why they couldn’t help. This gets to the root of the problem”.

According to police professionals, risk is more quickly abated during the Hub process because not only are agencies accountable to one another during and after the intervention stage, but clients are accountable to all the agencies involved. Illustrating this, one officer commented that “you really try hard to get stuff done in the Hub, because it is an awful feeling coming back to the table not having your

piece done yet”. Another officer explained that “clients are less likely to be dishonest with professionals when they are all in the room together”.

Of course, the extent to which the Hub can mitigate risk is really dependent upon several factors. One factor the police cohort pointed out was timing. If support is provided to clients before a situation gets to the stage of arrest or child apprehension, there is a better chance of clients receiving the support offered to them. However, once the services of police and social workers are mandated, few options become available for the client to consider. Other factors identified as being important for risk mitigation include trust among Hub discussants, the sharing of good quality information, a result-driven synergy within the room, a disciplined discussion process and a unified purpose among all Hub discussants.

### ***Hub Impact on Service Delivery – Police***

Turning to responses to risk, police officers involved in the Hub explained that their response to the needs of high risk clients has changed drastically since becoming involved in the Hub. Some police officers explained that their pre-Hub approach to high needs clients really depended upon what resources they were aware of in the community and what supports they could link clients to. Others explained that their entire approach was incident-driven: “we often examined situations as binary—either protect the victim or prosecute the accused”. An exception to the latter situation may have occurred when “an exceptional investigator made an extra effort to try and connect a family to supports”.

After local police became involved in the Hub, however, all of this completely changed. The opportunities of collaboration provided by Hub helped officers work with other professionals to identify opportunities to help high risk clients with complicated needs. This provided new options for police. As one officer described, “there is now another step we can take before arrest”. Another change that came with Hub involvement was that the police in Prince Albert have been able to shift from a reactive approach of handling many repeat calls, to a proactive problem-solving approach that appears to be generating more effective results. As one officer observed, “we still have a bit of buy-in needed from some of our officers, but gradually, we have become focused more on the root causes of crime. With help from other agencies at the Hub we can address those issues”. Perhaps the biggest change is in the way officers themselves see the role of police.

In reflecting on their experiences in the Hub, police respondents revealed that their own personal understandings of risk had changed significantly. Police officers reported considering risk factors that they had not considered previous to their Hub involvement. Prior to Hub, officers explained that while they may have recognized certain risk factors, they wouldn’t do anything about them because it did not involve the law. Now, however, officers are more apt to make an effort to address risk factors that are out of their traditional scope. This is typically done through referrals to other agencies or Hub itself. Overall, the police cohort felt that the Hub has directly enhanced the preventative elements of policing in the community by encouraging officers to focus on broader risk factors—even those which are the mandate of other agencies. As one officer summarized, “you become more global once you wear the Hub glasses”. Another officer commented that “being in Hub changed the way we see the world completely”.

### ***Hub Impact on Client Outcomes – Police***

When asked to identify whether the Hub is having an impact on short-term outcomes of clients, the police cohort felt that the Hub is connecting clients to services where they otherwise would not be connected. As one officer described, “the problem-solving nature of the Hub gives clients a chance to contribute to their own destiny and involve them in solution-planning. This has a very positive impact on their likelihood of accepting services, and ultimately, lowering their level of risk”.

### ***Benefits of Hub – Police***

When it comes to identifying benefits of police involvement in community mobilization, the police cohort felt that the Hub allows officers to be client-based and offer help instead of delivering mandated services. This has had a very positive impact on client perception of the police. According to officer feedback, clients have a different perspective of police now because of the Hub. Through the intervention team, clients are approached in a non-judgemental fashion. As one respondent described, “when they see a police officer working with other professionals to offer support, it really improves the relationship between police and high risk individuals”.

Another benefit of police involvement in the Hub is the new set of relationships officers have been able to build with other agencies. With these new working relationships, officers pointed out that there is more familiarity with one’s own agency and more trust for others. There is also a reduction of uncertainties, which in turn minimizes disappointments. The police cohort also identified improved efficiencies in service that stem from having new relationships with other agencies. Whereas officers would attend the same situation several times in the past, they can now reach out to their partners and solve problems quicker. Finally, one officer explained that “the relationships we’ve been able to develop at Hub have helped us address issues and be preventative. In fact, our work with other agencies has even prevented things from coming to Hub”.

## ***6.2.6 The Corrections Experience in Hub***

### ***Perceptions of Risk – Corrections***

The corrections cohort was represented in the interviews by both probation officers and community youth workers. Their shared understanding of risk within the field of corrections pertains mostly to recidivism. As one respondent described, “our understanding of risk is specific to the chances of an existing client reoffending”. In further explaining their work, the corrections cohort highlighted the fact that in trying to reduce the probability of recidivism, they address some of the leading risk factors that contribute to the problem. To do this, they often connect clients to many of the different services represented at the Hub table.

When asked to describe their understanding of risk at the Hub table, the corrections cohort revealed risk to be probable harm that will occur if no one intervenes. In addressing the needs of high risk clients, the Hub table identifies a variety of risk factors and tries to connect services for each of those risks. Through multiple service collaboration, the Hub is able to address complicated risk that, in many cases, may not be mitigated otherwise.

### ***Hub Impact on Risk – Corrections***

One of the challenges in risk mitigation from a corrections perspective is that the services of probation officers and community youth workers come at the end of the line, when everything else fails. In other words, when corrections professionals become involved with a client, it is usually because the client has failed to thrive under other supports in the community. As one respondent shared, “Hub tends to help good kids that took a bad turn try to get back on the right path. Our kids [in corrections] have already taken a bad turn and have been through the many different services already offered at the Hub”. A different respondent felt that “there is a lot of sense of hopelessness in people by the time they become our client...in fact, our clients are almost always at the level of acutely-elevated risk”. Another respondent explained that, for many corrections clients, risk mitigation requires more support than what is offered in a 24-to 72-hour intervention.

### ***Hub Impact on Service Delivery – Corrections***

With respect to service delivery, the corrections cohort explained that they traditionally dealt with high risk clients by connecting them to various services they were in need of. When the Hub became a reality, it did not necessarily change the way community corrections operates as much as it added additional options for probation officers and community youth workers to help their clients. As one respondent explained, “the Hub has become another tool for us to use in complex cases where we could really use some additional resources”.

One of the difficulties with corrections involvement in the mobilization process itself is that it is difficult for corrections professionals to approach a client for support when they are not mandated to do so by the courts. Although the spirit of mobilization is to think outside the box and explore options outside of one’s traditional scope, the reality is, probation officers and youth workers have difficulties engaging with clients who are not involved in the justice system. As one respondent explains, “we cannot just approach individuals and build case plans—not without the legal authority to do so”.

According to corrections professionals, even when they are involved with clients, corrections workers strive to connect clients to services already represented in most Hub intervention teams. The only other tool of corrections workers, other than connecting clients to services and supports, is breaching existing criminal justice clients on their orders. It is well known within the corrections world that doing so does not help the clients in addressing their needs. This is especially the case when other human service providers are trying to build supportive risk reduction strategies with a client.

To date, the corrections cohort admits that becoming involved in collaborative intervention has been difficult when a Hub discussion does not involve an existing client. Where a Hub discussion involves a criminal justice client, however, more opportunities are available for corrections professionals to connect and engage with the supports offered by other members of the intervention team. Even in this capacity, however, as one respondent explained, probation and youth workers still take a backseat in the intervention because “legally motivating clients is not always the best option—you’re just setting them up for failure”. Another respondent explained that “often times, its detrimental [to the intervention process] for us to show up anyway”.

### ***Hub Impact on Client Outcomes – Corrections***

Despite having a different experience in the Hub discussion and intervention process than other sectors, the corrections cohort has seen the Hub generate positive outcomes for Hub discussion subjects. In bringing multiple supports together around one individual, the Hub helps dissect complicated risk so that service providers can get right at the problem. One of the nice things about Hub, according to one corrections respondent, is that families can get support: “if corrections professionals were to try and help clients alone, they wouldn’t be able to engage the broader family in services. [In a lot of cases], meeting a family’s needs helps meet a client’s needs”.

### ***Benefits of the Hub – Corrections***

In discussing the benefits of Hub to their clients, the corrections cohort felt that the Hub helps address the needs of individuals in ways that a non-cooperative approach could not. One of the biggest benefits of Hub is to young people. As one respondent describes, “[the Hub] provides a proactive approach to stop younger kids from coming into the system”. Another respondent explained that “it is often difficult for clients to ask for help, but the Hub offers them a variety of services to choose from, without forcing them to accept the services”.

Within their own agency, one of the nice benefits to corrections professionals is that when one of their existing clients becomes a Hub discussion, the client becomes a priority for other agencies to support. This helps increase access to services for clients of the criminal justice system. As one respondent explained, “when one of our clients is brought up at the Hub, it helps us help our clients better because they’re all of a sudden on the radar of other agencies”. While the corrections cohort acknowledged the willingness of other agencies to help their clients, they felt that such help is more readily available when it results from a Hub discussion.

Although the corrections cohort feels that the Hub brings many benefits to their agency, the entire process does interrupt some of the processes within their own agency. As one respondent described, “when probation officers are working to try and connect their clients to services, and there is a small blip in their life, they fall onto the Hub radar. This then takes control of the case away from the probation officer, makes them feel as if they are not doing their job, and changes things between themselves and the client—especially when others become involved”. Another respondent added that “clients get overwhelmed when they have a good relationship with the probation officers and then all of a sudden five other professionals show up at the door”.

When it comes to relationships with other agencies, the corrections cohort felt that the Hub has allowed a level of comfort to develop between their own agency and others. According to one respondent, “the Hub makes it a lot easier for us to approach different [service providers]”. Another respondent explained that “the Hub fosters relationships that allow for us to secure services for clients even without bringing the situation to Hub. This, I think, is what community mobilization is really all about”.

### ***6.2.7 Challenges and Improvements to the Hub***

In each group interview, sector respondents were asked to provide feedback on the challenges they encountered in both the Hub discussion and Hub intervention processes. In addition, respondents were also asked to provide suggestions for improving either part of the mobilization process in Prince Albert.

Their feedback on challenges and suggestions for improvement has been paraphrased below. Results have been reported in the aggregate to protect the identity of respondents and their sectors.

### ***Challenges in the Hub Discussion***

Some of the key challenges encountered during the Hub discussion process include the following:

- Not being able to take notes until their own agency becomes involved is a challenge for some respondents. This makes it very difficult to keep the story straight without having to ask a lot of follow-up questions. Although the filter process allows for more clarification to happen in the intervention meeting (filter four), it does become a challenge to determine whether an agency should be involved or not. A common situation is when there is a discussion around a family. During the de-identified portions of the discussion, the education and social services discussants do not know whether children are involved. This serves as a barrier in their own determination of acutely-elevated risk, which could ultimately affect the entire table's decision. A more liberal application of the exemptions to privacy at filter two would greatly assist in this regard.
- It becomes difficult when one agency perceives acutely-elevated risk as occurring and other agencies do not. Although this seldom happens, it is not impossible. This tends to occur most when one sector representative feels that they've exhausted all options and other Hub discussants point out some alternatives before bringing the discussion forward. In these situations, while the rejection of a situation may be unanticipated by the originating agency, it does at least help them think of a few other options to provide support. More training and experience for all sectors could assist here, along with the adoption of more consistent practices and protocols for Hub referral.
- The re-opening of a Hub discussion is not necessarily a challenge, but worth some clarity. Whereas some would view the reopening of a Hub discussion as a failure, others see it as a success. Reopening a Hub discussion, according to some, shows that Hub discussants are aware of that individual's circumstances, realize that previous arrangements are not working for them and that support needs to be offered again. Some feel that a failure would be the Hub looking at a situation, saying 'ah, we already tried once' and not reopening the discussion. Limiting a high risk situation to one intervention is impractical. Since many Hub discussions involve multiple complicated risks that took years to develop, it should not come as surprise if the same individual is brought to the Hub table more than once.
- There is considerable variation in the leeway that different Hub discussants receive from their own agencies to participate in Hub. On occasion, Hub discussions are sometimes thwarted by an inability of certain agencies to share information with confidence that they will be supported. Whether it is matters pertaining to consent, privacy or interpretation of legislation, some agencies simply have different reservations about information sharing and collaboration. As such, when not all of the relevant professionals can participate and contribute equally in a Hub discussion, some progress is sacrificed. Informed leadership within each sector could assist in this regard, with more consistent interpretation and application of the four filter process that has been endorsed by Deputy Ministers.
- The discussion process becomes interrupted when regular Hub discussants are absent and the individuals covering for them do not know how the Hub functions or where certain discussions



are at. In the past year, there has been a lot of changeover at the Hub table. While this exposed different professionals to Hub, it also undermined the continuity of the group.

- In the name of privacy and confidentiality, we have lost some of our ability to share information on the important pieces of the puzzle. The biggest loss is collateral information. When we wait around for filter four to share specifics, we leave certain agencies out that could otherwise have benefited from that information. We really need a balance between sharing too much information and too little information.
- Sometimes the pace of the Hub discussion is too fast to get all of the right information on the table. This makes it difficult to address risk in one shot. A follow-up mechanism that verifies a reduction in risk before a discussion is closed would be ideal.
- During the Hub discussion, there is variation in the immediacy of agencies responding to the information needs of the Hub. For example, some agencies will respond right away with their systems checks for client history or involvement, whereas other agencies will take longer. This undermines the efforts of Hub to intervene swiftly.
- One of the unintended consequences of promoting the community mobilization model in Prince Albert is that some frontline workers in the community shy away from trying to solve complicated problems themselves and simply refer more difficult cases to the Hub. Although Hub is designed to address complicated risk factors through multi-agency collaboration, there is nothing stopping professionals in any sector from trying to build solutions with the resources they are aware of. In solving this, agency leaders need to move their involvement in community mobilization beyond just appointing a Hub representative and try and get their entire frontline involved in problem-solving through mobilization.
- One of the difficulties in developing any new initiative is growing pains. There is still a lot of unfamiliarity with the Hub discussion process and with parameters of privacy. On top of that, there is still a need for buy-in among both individuals and agencies. Without total commitment by all discussants, Hub discussions become less productive than they could be.
- There is a lot of involvement of government and regional service organizations in the Hub, but no direct involvement of the community-based organizations who not only meet the day-to-day needs of individuals, but also have excellent rapport with them. While Hub is supposed to be an initiative that uses collaboration to address composite risk, we are currently limited by presumed practice to involvement of government agencies. This is primarily due to current interpretations around the exemptions available for information sharing. Greater clarity in this area, and clear policy direction from the ministries that fund these community organizations, could enable wider participation, either directly at the Hub or as part of an active network for shaping and delivering interventions.
- In the beginning stages of Hub, we had more time for informal dialogue and information sharing. Now Hub discussions run like clockwork; they are getting very clinical. This doesn't allow for an opportunity to share success or debrief. These are important things in building morale around the table. Reminding all Hub discussants of the more intangible benefits of Hub participation, and collaboration in general, may be something worth doing on a regular basis.

### ***Improvements in the Hub Discussion***

To help identify opportunities for improving the Hub discussion process, respondents provided the following suggestions:

- With respect to improving the Hub discussion process, making sure that all agencies and their Hub representatives have a shared understanding of acutely-elevated risk is critical. While the criteria used to identify suitable Hub discussions in Prince Albert tends to be ‘mutually understood’, some agencies could use some support in making sure they have exhausted all options before bringing a discussion to the Hub table (e.g. training resources, intake forms).
- There should be more involvement of community-based organizations at the Hub table. This is based upon the fact that a significant amount of supports in Prince Albert stem from the non-government, community-based sector. These agencies have a tremendous amount of rapport with high risk clients. They also have considerable knowledge on the needs of individuals and their acceptance of support. Most importantly, many of them have already engaged certain high risk clients where government agencies have tried and failed. There would be added value to the Hub discussion process if community-based organizations could play a part in the planning that occurs at Filter Four. Including them in the execution of intervention plans would be additionally advantageous.
- All agencies committed to the Hub model need to develop an understanding that it is not just a collaboration that occurs for two hours twice weekly. The teamwork and cooperation around client needs should be happening all the time. The Hub should be used as a forum to identify new discussions. However the real work in collaboration needs to happen throughout the rest of the week. This highlights the importance of agencies giving their staff a considerable amount of time to work on Hub-related files.
- More communication among Hub partners outside of actual Hub meetings would reduce the number of situations brought to the Hub. One opportunity is in improved information sharing between police and corrections professionals. This would fill in a lot of uncertainties that end up being addressed at the Hub table anyway.

### ***Challenges in Collaborative Hub Intervention***

In discussing Hub interventions, respondents identified the following challenges:

- Sometimes there is a challenge connecting clients to supports because clients are not always reachable during the day. Respondents report having some interventions in the evening hours just to engage the client. Other reasons for difficulty in reaching clients include transience, fear of agency involvement and suspicion.
- Too often, social services and education are encouraged to be the lead agencies in an intervention just because children are involved. Although the Hub recognizes that child involvement elevates the importance of intervention, this should not overshadow the main risk factors contributing to acutely-elevated risk. Child protection workers take on a lot of lead roles

in Hub interventions because they are the agency of last resort for children. However, other agencies are likely more suitable to take the lead role.

- There is no follow-up mechanism built into Hub discussion protocol that helps discussants make sure that clients have actually engaged in services. Typically, once members of the intervention team have informed the rest of the Hub discussants that a discussion subject had been connected to services, the discussion is closed. However, discussants at the Hub table have no way of confirming that the client actually engaged in services. As a result, the Hub table is frequently unaware as to whether a client actually received the proposed services until the discussion is reopened. This could easily be remedied by ongoing follow-up by the lead agency in a collaborative intervention.
- Collaborative intervention becomes difficult when none of the intervention team members have any relevant tools to address a given situation. While limited in occurrence, this challenge can be threatening to the mobilization process. Two situations in Prince Albert that have previously challenged Hub discussants were elderly abuse and gang exit strategies. While elements of each issue were addressed by some of the Hub discussant services, most of the dynamics surrounding each of these problems were foreign to the Hub. Although in practice these two issues would be identified as ‘systemic’ and passed along to the COR, it does not eliminate the fact that individuals in acutely-elevated risk still need support.
- Sometimes it is difficult to have everyone involved in an intervention simply because Hub discussants are busy. There is considerable variation in the caseload that different Hub discussants carry in their home agency. It can be hard to balance regular work with Hub work, no matter what profession. As more agencies increase their commitment to the Hub model, the workload of Hub discussants increases even though the workload at their home agency does not decrease.
- The Hub is a good tool for newly at-risk individuals and families. It helps them get connected and reduces their overall risk. However, the Hub is not good at helping individuals who have already been connected to all the available services. The practice of ‘connect and close’ that the Hub has become accustomed to using does not work for this cohort. Ongoing follow-up and intensive case management by the participating agencies are required in these cases. Hub can only act as a safety net should these services become disconnected from the client.

### ***Improvements to Collaborative Hub Intervention***

To help identify opportunities for improving Hub interventions, respondents provided the following suggestions:

- There is a need for a follow-up mechanism in the Hub discussion process—to make sure that clients are not only connected, but engaged in services following the intervention. While the Hub is not designed to case-manage, it is important that individuals engage in services. If they are not, the Hub intervention team needs to identify why they are not engaging and provide support for engagement.

- Agencies must make sure that managers of Hub discussants recognize how busy their staff will be in Hub-related matters. Being involved in the Hub adds a significant amount of work to a participant’s plate. As such, by limiting the excess workload of other agency duties, Hub discussants can play more active roles in the collaborative intervention process.
- Every time representatives from different agencies at the Hub change, the dynamics around the table change. The effectiveness of Hub intervention teams is determined, in part, by the cohesion of the overall Hub table. Therefore, disruptions in Hub membership should be kept fairly moderate—to say the least.
- There should be a clear message of support from agency leaders to its staff, stating specifically that all agency activities should contribute to the needs of the Hub. It is not simply a process that involves agency representatives in isolation of their home agencies. Rather, it is a process that should attract support and involvement of participating agencies. The Hub discussants themselves are merely conduits through which information travels.
- Each agency needs to pick the right individual to become involved in Hub interventions. They need to be team-oriented, good at problem-solving and really willing to think creatively.
- Government should provide Hub agencies with the resources to maintain their involvement in the Hub without sacrificing human resources to be part of the process. Government-funded frontline staff positions, exclusively assigned to the Hub, would allow for additional support at the Hub table without subtracting from the help needed at the home agency.
- Agencies involved in the Hub need to develop a stronger relationship with their Hub representative and become engaged in the mobilization process themselves. It is not just about sending a Hub representative to the Hub table and forgetting about them. Hub discussants are simply one piece of the whole mobilization puzzle. Ongoing communication and regular engagement of the entire agency should be a priority for both the agency and its Hub representative.

### **6.2.8 Key Messages of Hub Sectors**

During the group interview process, respondents were given the opportunity to identify a key message for other professionals in their sector. The nature of that message was left wide open. Respondents were simply told that their message should be something that other professionals in their sector should consider, or at least be aware of, when considering replication of the Hub model of community mobilization. Each of the key messages from interview respondents is provided by sector.

#### ***Education***

- Hub helps human service professionals better connect with one another, understand their perspectives and mandates, and work collaboratively to meet client needs.
- It is important to be a part of the Hub—it builds school capacity to help kids in ways that we could never help them with before. We used to be powerless, but now we have the power to help kids in ways that were previously not possible.

- For kids to do well in school they need to be free of family stress. Education needs to be part of the Hub to make sure that students have support so they can do well in school, and in life.
- The Hub gives families hope where before they were hopeless. It gives opportunities where before there were none.

### ***Social Services***

- Involvement in the Hub leads to better customer service and better quality partnerships with other agencies. Meeting the needs of children and their families becomes so much more efficient and effective with one case plan shared with other agencies rather than having different case plans with different agencies.
- The Hub is really all about client service that is provided in a positive way. It gives them an opportunity to access services in their own way and gives them services that they want when they need it—not when they are forced into it. Offering clients support services voluntarily often has better results than forcing them to accept services.
- We see a change in our child protection workers who have had the Hub experience. They are more aware of the diverse needs of clients and are motivated to do their job well—especially when they see positive outcomes.
- Our mindset has changed. It used to be about what we as social services can do. Now it is about how we can get other supports in the community engaged.

### ***Mental Health***

- Take the time to figure out what Hub is, how it works, and maximize it. Do not get stuck in the institutional status quo. The Hub helps us more quickly and efficiently meet the needs of high risk clients.

### ***Addictions***

- We are engaging people that would not otherwise be engaged. Just because we may be getting more and more clients in addictions is not a bad thing. It means that we're helping people reduce their level of risk and harm. When participating in a Hub, discussants need to be open, flexible, immediate, compassionate and knowledgeable on what the Hub is all about. Most of all, the Hub fits with a 'patient first' mentality.

### ***Police***

- Take the time to inform yourselves about the mobilization model. It's worth the investment in the long run. Do not wait for the Hub process to become routine and status quo because you will not achieve the maximum level of effectiveness. The comfort zone for police officers is in 'being told what to do'. That is the way police are structured. However, if you can build some motivation and passion in this process, you'll be more effective in the end.
- Remember why you became a police officer. Use that drive to think outside the box and look at the bigger picture. Look past the individual call and realize that there are other things going on in that home, and work with your partner agencies to deal with those issues.
- Use the Hub as a tool in crime prevention. Make an effort to work with other agencies and even make referrals to the Hub yourself.

- Reinstates the sense of community where you take care of others. Help communities gain capacity to help individuals and families with their needs.

### ***Corrections***

- The Hub is a vehicle for effective collaboration that helps increase access to services for our clients. It increases cooperation opportunities with other agencies and helps us gain a better understanding of the various risks affecting our clients. Although we as corrections professionals see the current Hub model as valuable, we have not yet maximized our own role in the implementation of this model. Furthermore, in the corrections field, a significant portion of our clients are at acutely-elevated risk throughout most of their lives. Hub is a very effective, proactive tool for low to medium risk clients, but it is limited in helping high risk clients that already have too many issues for a basic intervention. For these individuals, other strategies may be more effective at addressing their highly complex, and almost chronic, risk factors. For low to medium risk clients however, we in corrections can and should do more to help these individuals before they become regular clients of ours. Clearly, participating in Hub is one way to do so.

## **6.3 Results of Individual Interviews with Key Stakeholders**

Interviews with key stakeholders of CMPA and the risk-driven collaborative intervention development in Saskatchewan produced some descriptive information on the Hub. In comparison to feedback gathered through group interviews with Hub discussants, information obtained from key stakeholders was at a broader level. While still focused on the Prince Albert Hub, the observations of Hub gathered from key stakeholders will add some additional reach to the findings of this report. Interview responses from key stakeholders are presented in the seven main themes used to guide the interview process.

### ***6.3.1 The Origin and Growth of the Hub Model***

Key stakeholders involved in CMPA believe that the Hub came in response to a need for front-end crime prevention and public safety. Paraphrasing some of the respondents, this need was based on the realization that human service professionals have to change the way they do business. Early advocates of the Hub model felt that reactionary approaches to public safety and wellness were not working. There was a tremendous need for a prevention process that focused on risk rather than reaction. One respondent explained that much of the urgency to find an alternative to the status quo came from the fact that the existing approach did not prevent harm: “we could no longer wait for people to be sick, hurt or in trouble. We needed to find them and get them supports before they ended up in the emergency room, police cells or the morgue”.

When it came into existence, the Hub model in Prince Albert was developed as a problem-solving tool to help police and human service providers identify and address risk in high-need situations. The discussion process was engineered to help service professionals identify risk, whereas the intervention process was designed to address the corresponding needs of those risks immediately. According to key individuals involved in Hub, both processes enable high risk clients to bypass long wait times and the runaround that comes with connecting them to the right services. By doing so, the Hub is able to mitigate acutely-elevated risk. Success in the Hub comes from developing short-term opportunities for risk reduction using complete information and thorough participation of relevant service providers. “Ultimately”, as one respondent described, “the Hub is a bottom-up approach designed to mobilize services around high

risk individuals in the community. It allows participating agencies to collectively intervene in high risk situations—ultimately reducing risk for clients and their families”.

### **6.3.2 Critical Ingredients to Successful Implementation of the Hub Model**

One of the goals of this report is to provide information to other communities and governments who are considering replication of the Prince Albert model. To achieve this goal, key stakeholders were asked to identify some of the key ingredients of a successful Hub model. Feedback from key stakeholders can be divided up into three different areas: (a) key ingredients to develop a Hub; (b) key ingredients for effective Hub discussion; and (c) key ingredients for effective Hub interventions.

With respect to developing a Hub, stakeholders identified a number of key ingredients. These include:

- A group of committed leaders that share a vision.
- A champion who has influence.
- Good research that supports the model.
- Leverage in timing (e.g., good economic times in Saskatchewan; strong government).
- A community in crisis that is willing to look at other options.
- An appetite for collaboration that breaks down institutional silos.
- Momentum that comes from people speaking outside of their comfort zone.
- Promoting our model to the non-initiated in other parts of the country helps strengthen our own understanding of community mobilization and convictions for the Hub model.
- Paradigm-shift thinking.
- A group of people who are willing to follow and support the innovation happening around them.

Once a Hub is established, the discussion process itself becomes very critical for the success of that Hub. Feedback from key stakeholders identified a number of factors which make for a good Hub discussion. The first is a set of shared realizations around the Hub’s function and purpose. According to respondents, one such shared realization is an understanding among discussants that the Hub will not function properly if everyone has their own agenda. There must be a collective will among service providers to work together. The Hub participants need to work as a team and understand that all agencies experience difficulties in their respective roles. Through collaboration and a team approach, members of the Hub can get through those challenges.

In addition, Hub discussants must realize that the discussion process cannot always address life-long issues in a single intervention. There needs to be strong follow-up support in place. The Hub is merely a starting point for ongoing risk reduction. At the Hub table, there must be solid communication between the partner organizations, and an equal contribution of time and effort from each. Finally, there must be a balance of respect for privacy legislation and due diligence in protecting people from harm.

With respect to actual Hub meetings, discussions should be attended by the same individuals each week as much as possible. Continuity of membership ensures the Hub functions properly and efficiently by making sure there is consistent information. When agencies send different representatives too often, it impedes the process because discussants from those agencies do not know what their colleagues know, or what they have proposed for a discussion.

On the topic of Hub discussants, another key ingredient of the Hub discussion process, according to key stakeholders, is having the right people at the table. Having the best representatives from each agency—representatives who are innovative—makes for an effective and progressive team. Hub discussions require individuals who are motivated, innovative and results-oriented. Hub discussions thrive when they involve people who are interested in the mobilization process and who are competent in their work. Finally, given that there are many different mandates at the Hub table, Hub discussants must be flexible and open-minded in order to work together effectively.

Once an effective discussion process is in place, and the right people are representing their agencies at the Hub table, the next critical element of a successful Hub implementation is a collaborative Hub intervention. Since the inception of Hub, the *discussion process* has been the focus of conversation on community mobilization in Prince Albert. Sharing information, and working through what has become the “four filter process” has preoccupied CMPA and its onlookers for quite some time. However, one area that is starting to become honed by Hub discussants in Prince Albert is the collaborative intervention itself.

Respondents to the interviews explained that the manner in which interventions are carried out has a tremendous impact on the outcome of mobilization. Through their own experiences in perfecting interventions, key stakeholders identified a number of key ingredients to an effective collaborative Hub intervention. These include:

- The intervention team should not involve too many people—the team should not overwhelm the client.
- The intervention team cannot be too invasive—it must be a gentle inquiry followed by an offer of support.
- The team cannot appear to be judgemental or seem to have preconceived notions of the client’s condition or his/her position on matters.
- The intervention team’s communication with the client must be genuine and respectful.
- The intervention team must function as a team, and appear to the client to be a team. According to respondents, nothing kills an intervention quicker than team members exchanging business cards during a door knock.
- The approach taken by the intervention team must be consistent with the message being delivered on behalf of the Hub.
- While the intervention team must provide options to clients, they need to work with the client to find an actual solution rather than just provide them with a list of resources that may address the problem.

Overall, the stakeholder group felt that having a solid Hub model that is supported by a properly designed discussion and intervention process is not only necessary, but should be expected. The reason for that is because several agencies have put much effort, resources and commitment towards making changes in their organization and to investing in community mobilization. They sacrificed staff, altered organizational traditions and put up funding because they believed in the Hub model and that it would work. Considering this, making sure the right people are involved, proper processes are in place, and sufficient planning has occurred are major ingredients of an effective implementation of the Hub model.



### **6.3.3 Benefits of the Hub Model to Participating Agencies and Their Clients**

Feedback from key stakeholders on the benefits of the Hub model suggests that the Hub helps agencies build capacity to better serve their clients. One explanation of this benefit is that by bringing professionals with experience and expertise from multiple sectors together, Hub allows for an environment where good ideas have an opportunity to grow. This builds the collective capacity of agencies to identify new opportunities for improving services for clients.

Another example of how the Hub benefits agencies in capacity-building stems from the opportunities Hub provides discussants to be innovative in their problem-solving. According to one respondent, “Hub allows professionals to temporarily ignore the large institutional structures built around their respective sectors and get back to the basics of helping people and making a difference in their lives”. The same individual added that “most professionals are inundated with the various ‘processes’ within their own agencies; it's nice to see them move beyond that and focus on problem-solving with other agencies that come with different ideas and experiences”.

Another benefit to agencies involved in Hub is information sharing. During the discussion process, valuable information shared between agencies reduces uncertainties about clients and their needs. It also helps create an opportunity for different agencies to work together to meet the needs of their shared clients. One example of this was given by a respondent from the education sector:

*“In pre-Hub days, schools had awareness of complicated risks facing their students. However they didn’t always have a lot of resources to turn to in an effort to help students. Now, through a Hub intervention, the needs of students can be met more quickly”.*

Additional benefits related to agency involvement in the Hub are experienced by the clients of Hub agencies themselves. More specifically, this benefit comes in the form of increased access to other services in the community. One respondent explained that through communication with other agencies, Hub discussants are able to secure for their clients easier access to services of other organizations. Another respondent commented that “being a part of Hub means that our clients have access to many other services in the community”. A final benefit stemming from clients’ increased access to services pertains to the Hub ultimately playing a role in prevention. As the respondent explained, “the Hub allows agencies like the police and social services to connect clients to more preventative services so that they don’t require further police or social work involvement”.

### **6.3.4 Challenges and Barriers of the Current Hub Model**

In discussing their observations and overall experience in the implementation of CMPA’s Hub model, the stakeholders were able to identify a number of challenges and barriers they have encountered in their work. It appears that much of the challenges in Hub are related to the overall process. In contrast, the barriers confronting implementation of the Hub model concern perception, structure, capacity and external sources.

#### **Challenges**

With respect to challenges with the Hub process, the first identified problem was raised by respondents who have spent considerable time trying to get the rest of their agencies interested and engaged in the Hub model by making referrals for their clients. However, a problem occurs when a situation does not

become a ‘numbered discussion’ at the Hub table. As one respondent described, “when an agency sends a referral to the Hub and it is rejected, they tend not to send anymore. We need to do a better job informing all frontline staff of acutely-elevated risk, the filter process and the general purpose and function of Hub”.

Another challenge brought up by respondents was that the Hub closes a discussion when a subject is connected to services. In doing this, there is an assumption that acutely-elevated risk is lowered. The problem, according to several respondents, is that there is no way of verifying whether an individual actually engaged in services. As such, a recommendation from several key stakeholders is not only that the Hub should start confirming that discussion subjects have engaged in services, but that the assumption of lowered risk should be based on the actual engagement and receipt of services as opposed to a connection or ‘being informed of’ services.

When it comes to barriers, the most common barriers experienced by Hub stakeholders pertain to misperceptions about the Hub. As one respondent described, some of the misperceptions about Hub may have stemmed from the fact that CMPA did not execute an overly aggressive information campaign at the local level. As one stakeholder recounts,

*“In the beginning, we spent so much time telling other communities what we do at CMPA that it didn’t allow for our relations with local organizations to reach their full capacity. We need to spend more time in Prince Albert, engaging others of community mobilization. BPRC has relieved a lot of that pressure from CMPA and so we’ve started to improve our local relationships.”*

Another challenge with perception concerns the entire orientation of Hub as another tool for the police, versus a forum for multi-agency collaboration. One respondent explained that people either still believe, or conveniently hide behind the fact, that this originally was a police initiative. This causes problems in two ways. The first is that other human service professionals in the community do not completely understand the structure or function of Hub. As a result, they doubt the validity of Hub because they still see police being involved. Second, because Hub started as a police initiative, officers are still commonly involved in collaborative interventions, which cause some to be concerned—especially when it regards matters of addiction or mental health. So, although the Hub has come a long way in developing a filter process that determines which agencies should be involved in collaborative intervention following a Hub discussion, there is still some work that can be done in the community to smooth out some of these concerns.

A third challenge associated with misperceptions of Hub surrounds its purpose and function. Despite all attempts of CMPA to deliver strong messaging about the Hub, some service providers still see it as a clearinghouse for referrals of all needs. As one stakeholder described, “it has taken a while for people to realize that the Hub was not a place where clients are brought for referrals. Rather, it is a place where client situations are brought when current services in place are not working or there has been difficulty in engaging clients in the right services”.

The final challenge stemming from misperceptions concerns privacy legislation. According to several Hub respondents, there is considerable fear and hesitation about information sharing between different agencies. Much of this comes from a misunderstanding of actual privacy legislation. In reality, CMPA has been quite aware of various implications of privacy and consent—hence many of the changes it has made since its origin. Despite this, there are still a small number of individuals and groups who do not

completely engage in community mobilization because of what they perceive privacy laws to be. Unfortunately, this limits the capacity of the entire Hub to be effective in certain situations.

In addition, regarding perceptions of privacy within the Hub, there have been a few challenges in being able to collect the right data. According to respondents, a lot of pushback comes from people—even from key champions of the Hub—simply because they are fearful of the repercussions more advanced data collection will have on Hub from a privacy rights perspective. Although the data analysts at CMPA have been diligent and thorough in reducing the impact of data collection on both Hub discussions and privacy, several hesitations—driven by uncertainty—have caused for significant delay in the full potential of data collection that is possible with the Hub and its academic supports. Current work underway at the provincial level is seeking to clarify these concerns and advance opportunities for responsible data sharing across all the relevant sectors.

### ***Barriers***

When discussing barriers to community mobilization and the implementation of Hub, stakeholder respondents pointed to two different types. The first type of barrier discussed was structural barriers stemming from the makeup of the Hub. According to one respondent, a weakness of the Hub model is that it is based completely on the participation of the membership. On account of this, the overall strength of the Hub is vulnerable to fluctuations in performance and commitment by the partner agencies.

Another structural barrier mentioned in stakeholder interviews was the referral process and an inability of Hub to command a uniform method of referrals from its partner agencies. According to respondents, each agency has its own internal referral process to the Hub. This variation in referral processes leads to different levels of risk coming to the table. In providing a solution to this problem, one respondent suggested that “a systematic and consistent referral method across all partner agencies should be based on the shared criteria of acutely-elevated risk”.

The second type of barrier mentioned by key stakeholders was external in nature. Many of the external barriers Hub encountered emerged during the developmental stages of Hub. One of these barriers was the long-held historical belief that agencies must set as their underlying priority the justification of their services in the ongoing defense of their existence. According to one respondent, this made cooperation difficult during the developmental stages of Hub. Another external barrier has been slow buy-in at some levels of middle management in a few of the partner agencies. This not only makes it difficult for their own staff at the Hub, but makes further enhancements of the mobilization model a challenge for other partners who are fully committed.

Other respondents, who also highlighted external barriers to the Hub development, felt that a lot of resistance came from various levels of leadership within the ministries. According to one individual, there are a lot of different barriers that stem from agency leadership that are external to the Hub itself. These include competing interests; the ‘not in my backyard’ effect; lack of vision; protectionism; varying leadership capabilities; and varying interests in a ‘new model’. With respect to the latter, one respondent identified a risk of this barrier occurring where some people might think Hub is just a flavour of the month—a short-term crime prevention program aimed only at short-term outcomes.

### **6.3.5 Threats to the Hub Model of Community Mobilization**

The final topic discussed with key stakeholders was threats to CMPA's Hub model in both its current implementation and future developments. This topic was a bit more difficult to talk about, as many stakeholders admitted that implementing this model was a new experience for them. Consequently, without any previous experience, it was hard for them to predict what could threaten the sustainability of the Hub model. The threats discussed in the interview process can be divided into three different types.

The first type of threat is the *rapid expansion threat*. This threat becomes a concern as more and more human service providers across the province attempt replication of the Prince Albert model. Summarizing one respondent, CMPA and the Government of Saskatchewan need to make sure there is a solid foundation before moving ahead too quickly. Without that strong base level of knowledge, experience, and support, there could be a lot of chaos in the development of other Hubs. A threat to the entire community mobilization model is one or two poorly-run Hubs that do not have strong support guiding them through their development and implementation.

The second type of threat mentioned by respondents is the *snapback threat*. This threat occurs when the former status quo is reinstated because decision-makers are not adequately convinced of the Hub's utility. According to one respondent, the entire Hub model is founded upon the evidence-based notion that addressing composite risks will lead to long-term outcomes of community safety and wellness. Of course, the challenge is that short-term indicators of success for this model are not currently present. Government officials live in a pragmatic, budget-driven world. As such, the assumptions of the Hub model are really at risk. Making this even more difficult is the fact that the progress measures in bureaucracy are stacked to reinforce the paradigm assumptions of the bureaucracy. The system itself is designed to build measures for the type of progress it is successful at. Collectively, these reasons make the measurement of short-term outcomes important for at least partial validation of the Hub model. Without quick and tangible results, there could be a devastating shift back to the status quo. Where this occurs, we could see Hub discussants pulled from the Hub table and told to refocus their efforts on the unilateral interests of their own agency.

The third threat identified in the interviews with key stakeholders was described as the *self-preservation threat*. When the Hub model begins to generate success (e.g., crime reduction), there may be a tendency within government to reduce certain budgets formerly reserved for the problem. In other words, should the Hub model produce positive results, there may be a decrease in budgets for agencies with a traditional mandate that is reactionary in nature. According to one respondent, this may cause problems in the sectors whose budgets were reduced; potentially impacting their support for, or involvement in, community mobilization. Considering this, continued economic analysis will be important to properly inform any such decisions.

### **6.3.6 Successes and Progress of the Current Hub Model**

One of the priorities of this assessment is to report on impacts of the Hub, including short-term outcomes that those close to the Hub see as successes of the current model. In responding to questions of the successes and progress of the current model, key stakeholders outlined a number of impacts they felt were noteworthy. Success has been demonstrated through the following examples:

- The Hub has been able to break down the barriers between different agencies so that different human service professionals can work with one another.
- Clients have experienced the compassionate care that a multiple agency approach can provide to them. This has increased their willingness to work with service providers to reduce their own risks.
- Many agencies are now working together, sharing information and collaborating outside of their regular comfort zones.
- The Hub intervention team connects high risk individuals to services before harm occurs.
- Multiple Hub discussions have connected otherwise unreachable clients to services they would not have been connected to.
- That Hub interventions have lowered risk from acutely-elevated to a more general level of risk is a success.
- Some agencies in Hub have received a lot more calls for support from clients. Other clients of Hub agencies have even been asked to be referred to the Hub for support.
- The Hub allowed multiple agencies to work together more efficiently to address problems. Prior to Hub, most of the agencies worked independently and tried to problem-solve on their own. Now they are able to work collaboratively and put the proper supports in place.

### ***6.3.7 Defining Success of the Hub Model***

The final topic of discussion with key stakeholders was what success looks like in terms of implementing the Hub model. Below are the definitions of Hub success, as identified by key stakeholders in the Prince Albert Hub model. To organize the responses of stakeholders, the researcher grouped their answers into short, intermediate or long-term successes. The respondents had no part in determining the timeframe of the successes that they mentioned in the interview process.

#### ***Short-Term Success***

Respondent successes that may be considered short-term include:

- Hearing frontline workers getting excited to go do a door knock because they know the team approach will be more effective than going at it alone.
- Agencies working together to serve diverse needs of the same client.
- Seeing patients relax during an intervention because they realize service providers are there to support them rather than tell them what to do.
- Connecting high risk individuals to services that they have previously not been able to engage.

#### ***Intermediate Success***

Respondent successes that may be considered intermediate include:

- The individuals who are frequently the focus of Hub discussions start to make changes in their lives.
- Fewer calls for service, fewer emergency room visits and fewer reports of violence.
- A reduction in risk factors among discussion subjects.
- Entry into the justice system is prevented.

## **Long-Term Success**

Respondent successes that may be considered long-term include:

- Citizens live safer, healthier lives.
- Lower crime, less truancy, less fear and healthy parents.
- Increased public safety and wellness in Prince Albert and area.

***Parts VII & VIII***  
***Findings and Limitations***

## 7.0 FINDINGS

The results of this preliminary impact assessment indicate that Community Mobilization Prince Albert's Hub model is on the right path towards reducing risk through collaborative intervention. The results of this report also show where some strengths, weaknesses and opportunities for Hub models of community mobilization lie in the future. Although this report lacks the methodological aptitude to deliver conclusive evidence of risk reduction, there is certainly commentary from various professionals attesting to the utility of the Hub model in improving client access to services, building agency capacity to better meet client needs and reducing barriers to allow problem-solving to occur through information sharing and collaboration among human service providers.

The historical review of the origin and development of Hub that was prepared for the background section of this report reveals the many different points of influence that aligned to support the Hub's creation and implementation. The overview of the Hub's structure and function hopefully conveyed a sense of how a collective group of professionals meet twice weekly to address the composite needs of high risk individuals in Prince Albert and area. The data collection process of Hub, which played an important role in the development and sustainability of community mobilization, also provided important information for this report. Finally, the methodology of this report involved three different types of data collection that were designed to deliver a preliminary analysis of the various impacts resulting from the Prince Albert Hub.

### 7.1 Case Studies

The case studies presented in this report were designed to highlight the range of discussions that occur at the Hub. Although they were not intended to reveal specific trends, the Hub and COR respondents who contributed to the case studies were able to identify a few lessons learned. These include:

- There is variation in Hub discussion dynamics, risk factors and outcomes.
- The Hub intervention team reaching out to individuals and parents is often a welcomed surprise.
- Clients will more likely accept support if it is offered before a crisis occurs.
- There seems to be a domino effect in service engagement, whereby connecting a client to some services opens opportunities for other services where there were no opportunities before.
- Complicated risks mean more agencies become involved in a discussion; this can be quite valuable if handled properly.
- Collaboration and information sharing opens new opportunities to provide support to clients.
- Transience, refusal of services and client failure to recognize risk are all client-based barriers to successful collaborative intervention. Institutional barriers to successful collaborative intervention involve limitations in leverage over clients.

### 7.2 Group Interviews

The group interviews conducted with respondents from each provincial government sector represented at the Hub provided some rich and detailed information on the successes, challenges and changes that have come from the implementation of Hub in Prince Albert. While the experience of each Hub cohort varied slightly in some ways, the main message at the end of the day, from all sectors, was that Hub contributes to improved service delivery outcomes for clients. This is largely attributable to client access



to services, increased service provider knowledge of client needs and the cross-sector support that comes from multi-agency collaborative intervention.

Within the results of each sector's group interview, key findings emerged on the impact of Hub related to various elements of how a Hub operates, including identification of client risk, relationships between agencies, problem-solving and changes in the way different professionals approach risk after having been a part of the Hub experience in Prince Albert. Of most relevance to this report is the insight that different sector respondents provided on the impact that the Hub has on acutely-elevated risk.

Results from interviews with education specialists revealed that the Hub breaks down barriers to support by approaching clients with options as opposed to telling them what they need to do. The education cohort reported that the Hub helps educators better understand complicated needs of high risk individuals and that collaboration and information sharing with other agencies has increased education's capacity to meet the needs of their high risk clients. Compared to pre-Hub days, students are now connected to services much quicker. This not only prevents the worst case scenario from happening but it makes a positive difference in client outcomes.

Looking through the lens of social services, according to this group, the true success of the Hub lies in connecting clients to multiple supports at one time rather than establishing multiple connections in different meetings over a period of time. According to child protection workers, recipients of a Hub intervention are often relieved that they have a choice in how to address their needs. Results of the interviews suggest that the Hub has given social services the opportunity to be involved in prevention, which is something child protection workers seldom got the chance to engage in previously. Other observations made were that the Hub provides solution-driven options for families that result in more positive and sustainable results. Overall, much of the success of Hub can be linked to the information sharing and collaboration that allows social services and other agencies to better understand and meet the needs of high risk clients.

With respect to the mental health sector, the Hub has become an important tool in working on complicated cases without having to always refer out to other agencies. The team approach to identifying client risk and developing collaborative opportunities for risk reduction has allowed mental health professionals to expedite the support that clients receive. One of the outcomes of the Hub model is a large increase in new clients for mental health professionals. Whereas in the past, high risk clients seldom came to mental health before going through several other agencies, now, mental health support is being provided before the moment of crisis. This is having a positive impact on client outcomes. It is also a major catalyst of the working relationships that mental health professionals have begun to build with other agencies in the community.

Turning to addictions, the Hub has been particularly advantageous to those helping individuals overcome dependencies on substances. Feedback from the addictions cohort indicated that the Hub has helped this group see additional risks affecting their clients. This, combined with the experience of collaborating with other service providers, has motivated addictions professionals to reach out and offer support rather than wait for another agency to make a referral. Interview results also showed that the Hub has helped addictions professionals undertake quicker screening and identification of client needs, which helps contribute to more immediate service delivery for high risk individuals.

Some of the most significant impacts of the Hub in Prince Albert have been felt in policing. Findings from interviews with police officers highlight the fact that the Hub helps all service providers get to the root

cause of the problem. This opportunity is especially new to police officers, who are now examining risk factors that they previously ignored. Police officers involved in the Hub are no longer focusing just on arresting and protecting. Instead, they are now engaged in problem-solving, examining risks and potential harm, and working with other service providers and clients to find a collaborative solution. According to interview results, the Hub has enhanced the prevention elements of policing in the community. This has not only changed the perspective of police officers and administrators, but it has also changed client perspectives of police.

Findings from group interviews with the corrections cohort show that the Hub has brought additional tools to community corrections that staff can use to better meet client needs. The Hub has also been deemed effective in reducing the risks of young people so that they do not enter the justice system. Overall, corrections workers see the Hub as a valuable tool in reducing risk among clients who have composite needs but have not yet connected to all of the different supports available in the community.

Despite such praise, corrections professionals also see the limitations of the Hub's utility for chronic high risk clients who have been in and out of the justice system. In fact, results show that it has been a challenge for corrections to find a comfort zone in Hub interventions simply because their clients are generally beyond prevention of a crisis. According to respondents, corrections clients are constantly at a level of acutely-elevated risk and have already been through most services offered at the Hub table. The reality is, according to corrections professionals, that it is hard to motivate clients legally. When corrections become involved, it really minimizes the genuineness of the intervention team in 'providing options' to clients.

In spite of these growing pains, there is a lot of potential for corrections to continue contributing to community mobilization. Additional strategizing and collaboration with other Hub partners may reveal new opportunities for corrections professionals to maximize their involvement in the Hub.

Overall, the findings from group interviews with the different sectors demonstrate support for the Hub model. During the interview process, each sector cohort was able to identify a number of benefits and successes of the Hub model that were relevant to their own needs and goals. Most supportive of the interview findings however are the shared experiences and observations of the Hub experience that cut across all sectors involved in the Hub.

Results of the group interviews show that all sectors benefited from relations with other agencies. Weekly interactions and collaboration provided a better understanding of one another's strengths and limitations. This collaboration also broadened discussant understandings of risk, which builds capacity to offer improved, holistic support to clients. Another benefit of Hub is that the relationships formed among Hub agencies brought out the strengths in service providers. Results show that Hub discussants want to try hard to produce results in a team fashion. Some describe their collective efforts as a result-driven synergy that overtakes the room and motivates people to find opportunities to reduce risk.

Group interview results also showed that all sectors either moved towards or enhanced their existing prevention efforts in some way. This became clearer in the problem-solving exercises developed through collaborative Hub interventions. Also, fairly clear was that the Hub experience fosters multi-directionality in both learning opportunities and accountability. Clients learn the value of multi-agency support and become more accountable to all service providers. Likewise, professionals learn how to best address high risk while being accountable to the client and one another.

Finally, results from interviews in all six sectors suggest that the Hub model allows high risk individuals with composite needs to gain access to services that they otherwise would not receive. The collaborative, solution-based support from the Hub intervention team, more often than not, reduces risk and averts crisis.

Some corroboration for the group interview findings can be found in actual Hub data which shows that in discussions held between September 2012 and August 2013, only 5% (n = 11) of the 242 Hub discussion subjects refused services with the Hub intervention team. In the remaining discussions, 70% (n = 170) of clients were either connected to services or were informed (22%; n = 54) of services. The permanent closure rate of Hub discussions during this time was 83%. These figures suggest that the Hub has been able to voluntarily connect individuals to supports, and in using the same criteria of acutely-elevated risk that brought them to the table, close their discussions once risk is considered to be lowered from elevated to general.

### **7.3 Key Stakeholder Interviews**

Interviews with key stakeholders provided a rich understanding of the overall Hub model within the broader context of community mobilization. Results of stakeholder interviews reveal that the Hub model was born out of the realization that reactionary models of public safety and wellness were not working. The status quo needed to be replaced by a prevention model that focused on risk and collaboration of service providers.

The Hub model was developed as a problem-solving tool to help human service providers identify and mitigate the risks of individuals with composite needs. The actual Hub functions by serving as a forum for necessary and limited information sharing and collaboration that result in Hub interventions. Combined, the discussion and intervention process mobilizes supports that are necessary for lowering the overall level of acute risk for individuals and families.

Findings from key stakeholder dialogue suggest that the key ingredients in developing a Hub are committed leaders, strong community support for the model and a willingness to try alternatives to the status quo. Successful Hub discussions require a shared understanding of the Hub's function, purpose and process among all participants. There also must be strong communication between partner organizations and an equal contribution of time and effort from each agency involved in the Hub. Finally, there must be a balance between respect for privacy and due diligence in protecting individuals from harm.

When it comes to delivering successful Hub interventions, there must be active involvement of relevant agencies that can play a direct role in mitigating the risks which have placed the individual or family in a situation of acutely-elevated risk. Once assembled, the Hub intervention team must approach individuals as if they are offering support, not mandating it. Results of key stakeholder interviews also indicate that the Hub intervention team must work with the individual in not only generating options, but building a solution that will reduce his/her level of risk and overall probability of harm.

### **7.4 Challenges and Barriers**

During both the group interview and key stakeholder interview processes, a number of challenges and barriers were uncovered. Challenges to the Hub discussion process stem from a few different sources. To begin, the filter process designed to protect privacy limits certain forms of information sharing which

has a negative impact on the efficiency of collaboration. Next, variation in the levels of participation among agencies has a negative impact on the discussion progress. A third challenge is that during Hub meetings, the fast pace of the discussion process does not allow for much dialogue before, or especially after, an intervention. A fourth challenge in the discussion process is that the popularity of Hub has resulted in agencies sending their more complicated cases to the Hub rather than trying to work things out with other agency relationships and resources they already have access to. Finally, a major shortcoming of the Hub is that, due in large part to a currently limited understanding about information sharing implications, there is no direct involvement of community-based organizations in Prince Albert—many of which could be very effective resources for engaging high risk individuals with composite needs.

While the results of this report point to the challenges of the discussion process, Hub interventions are also not immune from weaknesses. Dialogue gathered through interviews suggests that the biggest shortcoming of the Hub is the lack of a follow-up mechanism after a Hub intervention. Although most Hub discussants verify to the Hub table that an individual had been ‘connected to services’, there is no way of confirming whether he/she has actually engaged in services. Another challenge of the intervention process is that variation in the availability of Hub discussants makes scheduling an intervention a real challenge, as most Hub discussants are expected to carry out regular duties at their home agency in addition to the work they do on the Hub. A final major challenge to the Hub intervention process is that the success of Hub interventions themselves may be limited to newly at-risk individuals and families—in other words, to those individuals whose risk factors, although composite, are not yet reoccurring. More intensive support is needed for those individuals with chronic, reoccurring risk factors who have already been through various systems of support.

Of all the barriers to community mobilization that were mentioned in the interview process, three in particular were brought up by multiple sectors involved in the Hub. The first barrier is that misperceptions and uncertainty around privacy causes hesitation and undermines Hub participation. The second is that the success of the Hub is dependent upon full, continuous and ongoing participation of members, as agencies and their representatives do not always participate equally. Finally, variation in referral processes has led to different levels of risk coming to the table. This reduces the efficiency of the Hub discussion process as participants try to figure out whether acutely-elevated risk is present or not.

### **7.5 Benefits of the Hub Model**

One objective of evaluation is to determine the extent to which a given project or initiative achieved what it was designed to achieve. In drafting what eventually became the business plan for community mobilization in Prince Albert, McFee identified a number of benefits that he thought would result following successful implementation of a multi-agency community mobilization unit (Prince Albert Police Service, 2009). The results of this report suggest that Prince Albert is on the right track to securing a good portion of those benefits. The following table identifies which of McFee’s original predicted benefits of community mobilization are found to have occurred since the Hub’s inception in Prince Albert.

Table 5.

**Predicted Hub Benefits That are Supported by Results of This Preliminary Impact Assessment**

| Predicted Benefit of Hub   | Status      |
|--|-------------|
| Diverse resources focused on the issue at hand   | achieved    |
| Protective and efficient service delivery  | achieved    |
| Better follow-up geared towards long-term change   | needs work  |
| Enhanced frontline working relationships between agencies  | achieved    |
| Service delivery that is focused on problems and not ownership of problems   | achieved    |
| Information expertise-sharing geared towards long-term system needs  | achieved    |
| Modelling emerging trends on a variety of evidence-based models in crime reduction and overall community safety and wellness | in progress |

If anything, Table 5 suggests that CMPA’s Hub model is achieving some of the benefits it was originally designed to produce. While there is always room for improvement, the results of this preliminary work show that the Hub model being implemented in Prince Albert is following its intended path.

Outside of McFee’s predicted benefits, this report was also able to reveal some benefits that members of the COR and Hub perceived to have been produced in Prince Albert. Some of these benefits are linked to the perceived benefits outlined by Hub planners, whereas others have been observed by Hub and COR participants in the day to day work of CMPA. These benefits include:

- The Hub helps agencies build capacity to better serve clients.
- The Hub breeds innovation in problem-solving.
- The Hub fosters communication and relationships between agencies.
- The Hub provides options for agencies to support their clients.
- The Hub provides increased access to support for clients themselves.
- The Hub allows for agencies to play an active role in the prevention of harm.

**7.6 Successes of the Hub Model**

One of the most important aspects of this project was ascertaining the success achieved by the Hub model. Although no quantitative data were available to empirically verify the success of Hub, a considerable amount of interview data from different respondents provides at least some indication that a number of successes have been achieved.

The first success concerns the fact that the Hub has broken down silos, that is, that agencies are sharing limited and necessary information and service providers are collaborating around the needs of their shared clients. The second success is that clients are, for the most part, responding positively to collaborative interventions that are based upon voluntary offerings of support. The third notable success is that clients of Hub agencies are not only gaining quicker access to services before harm occurs, but they are gaining access to services that they were never able to reach (or successfully engage) before. Finally, the last major success is that according to respondent observations, risk among most Hub discussions is being lowered from acutely-elevated to a more general level of risk.

While successes of the Hub model are likely the most desirable for onlookers to learn about, the reach of this success must be considered. To explain, the scope of impact for the Hub is limited to an

immediate lowering of acutely-elevated risk stemming directly from a Hub discussion and intervention. Beyond the collaborative Hub interventions planned at the Hub table in filter four, the long-term success of client treatment and support is dependent upon individual agencies providing many ongoing services to their clients. As such, it is always important for discussions of Hub success to remain strictly within the reach of community mobilization and not within areas that the participating agencies themselves achieve their own successes.

## 8.0 LIMITATIONS

The three-part methodology of this preliminary impact assessment was determined in large part by the availability of data and the collection capacity of the evaluator. It was not the intention of this assessment to provide conclusive findings about the overall outcomes of the Hub model. That kind of effort requires considerably more data—the type and quality that comes from a fairly systematic and structured data collection process involving all partner agencies involved in CMPA’s Hub. Instead, the purpose of this report is to identify the extent to which the Hub may be having an impact on the ability of agencies to serve their client’s needs, and on the extent to which acutely-elevated risk is lowered during and shortly after a Hub discussion and intervention. In trying to achieve this, the methodology of this evaluation was affected by a few limitations.

The first limitation of this report is that there may be a natural bias among interview respondents to be supportive of the Hub model. Since they are immersed in the model, and are responsible for its implementation, it is assumed that the individuals interviewed in this evaluative project would have a certain level of support for the Hub. That being said, however, no other cohort (at this time in the Hub’s life anyway) would have a better understanding of its functionality, challenges and successes. The type of outcomes that other stakeholders external to Hub (e.g., community-based organizations, other professionals) could comment on, would be too far removed from the immediate, short-term perspective that this report has on the Hub. Considering this, the positive impacts of the interview respondents chosen for this preliminary impact assessment outweigh the potential negative impacts that their own biases may have on this assessment.

A second limitation of this preliminary impact assessment is that the methodology did not include interviews or any other form of data collection (e.g., survey) with subjects of Hub discussions. Although time and resources were the two biggest reasons for why client feedback was not gathered, another major obstacle was identifying respondents to approach without infringing on their rights to privacy. Future research and evaluation on the Hub model may want to work with member agencies of the Hub to determine opportunities for involving their clients in the evaluation process.

Another limitation of this report is that it lacks the type of quantitative rigour that would truly enhance the findings presented herein. Further, at this point in time, it has not been possible to gather data on intermediate outcomes that could be directly linked to the Hub. Similarly, at the level of long-term outcomes, too few Hub discussions have been held to generate the sample size needed to test its direct effectiveness in reducing crime, emergency room visits, or addiction rates, for example. As a result, we are left with a number of options using qualitative methodology. Although the interviews and case studies of this preliminary impact assessment provide a rich and detailed inaugural account of the Hub model, more robust measures would help strengthen our understanding of the Hub’s impact. In time, future developments of the Hub database, along with support from the Government of Saskatchewan, will allow for larger *N* studies of the Hub model and its impact on public safety and wellness.

A fourth limitation is that the qualitative methodology executed in this project does not measure the aggregate success of the Hub model. To explain, the intent and spirit of the Hub model is to break down institutional silos and foster multi-agency collaboration around the composite needs of high risk individuals. Although qualitative data were gathered through dialogue from respondents of all sectors represented at the Hub table, the impact and success they were able to discuss was often through the lens of their own profession. As such, we only have multiple single-sector observations of the Hub’s successes and failures in mobilizing supports and reducing risk. Future opportunities in quantitative

methodology may help us reduce some of the sector-specific bias that may be present in the results of this report. By measuring overall Hub impact in aggregate form, the strengths and weaknesses of the entire model will be seen, not just sector-specific perceptions of success/failure.

The fifth limitation, and perhaps the biggest challenge for this entire project, was the tendency of this report to present on the broader themes of community mobilization while focusing on immediate short-term impacts of risk-driven collaborative intervention. Since the Hub is so new, it was important to account for the broader structure and function of Hub while also examining some of its more narrow outputs and outcomes. As a result, this report required more background information than is typical for other evaluation reports.

Another reason this report has accounted for broader themes while also focusing on the smaller details of the Hub model is because of the dynamics around the Hub itself. To explain, the reality is that the evaluative pursuits of Community Mobilization Prince Albert have had to be flexible and constantly adjust to the changing shape of the Hub model and the ability of Hub to collect data for the purposes of evaluation. Nailing down a set of specific objectives for this report has been difficult because of a constant shift in methodology to meet the privacy interests of discussion subjects, data collection capacity of CMPA, time availability of respondents and the strategic interests of the various partners involved in community mobilization across Saskatchewan.

In summary, this preliminary impact assessment is not immune to the challenges of inquiry which stem from studying a dynamic and continually-evolving initiative. It is also not free from limitations in methodology that can be attributable to data collection capacity and data availability. As such, the results presented herein may be limited in conclusiveness, but the level of insight derived from the use of case study and interview-based methodology exploring Hub discussants' first-hand experiences is greater than what can typically be obtained through quantitative methods.



***Part IX***  
***Conclusion***

## 9.0 CONCLUSION

The Hub in Prince Albert was developed as a result of the realization at various levels of government that conventional approaches to public safety and wellness were not working. There was a shared understanding that by working in silos, human service professionals were not achieving the client outcomes they had hoped for. As the Hub model began to flourish in Prince Albert, it became quite clear to those involved that following the status quo towards mediocrity in client outcomes would no longer be an option.

In describing such change, the findings of this report suggest that long-held definitions of crime, poverty and addiction—to name a few—sustained problem ownership in Saskatchewan for many years. This led to institutional silos that protected and promoted certain definitions of social problems. However, several important factors aligned in Saskatchewan to challenge conventional approaches to public safety and wellness. The Hub model implemented in Prince Albert, which was supported heavily by the Government of Saskatchewan, resulted in a punctuated equilibrium<sup>5</sup>. Such reform in Saskatchewan has opened the door for innovative thinking, collective problem-solving and relationship-building among different human service professionals. The entire ‘think-outside-the-box’ mentality surrounding the Hub model has spawned a considerable amount of first-time collaboration among human service professionals from different sectors. In addition to collaboration, the Hub model’s focus on risk has brought added value to human service efforts by helping them maximize their respective roles in prevention. Finally, an emphasis on direct, multi-faceted intervention has increased client access to a variety of services and supports. Ultimately, these changes represent a total paradigm shift in public safety and wellness within Saskatchewan.

Overall, the qualitative methods described herein help this study accomplish three things: (a) it provides scholars with a more detailed perspective of the methodological options available for more enhanced and conclusive research on outcomes of the Hub model; (b) it helps practitioners identify the processes, challenges and potential successes of the Hub model; and (c) it allows decision-makers to see the strong potential for risk-driven collaborative interventions—spearheaded through the Hub discussion process—to increase access to services and improve opportunities for risk reduction among individuals who have composite needs.

While it was not the direct intent of this report to contribute to any particular body of literature, the findings of this report do support a number of positions taken by other researchers. These include the observation that collaboration comes with both inherent challenges (Kaye & Crittenden, 2005; Munetz & Teller, 2004) and benefits (Nowell & Foster-Fishman, 2011; Provan & Milward, 2001); that addressing underlying risk factors help reduce the probability of imminent harm (Barton, Watkins & Jarjoura, 1997) and that intervention is a useful tool for risk reduction (Allen & Graden, 2002; Iwaniec, 2006; Kaner et al., 2013; Matt, Moore & Rothwell, 2012; Siegel, Tracy & Carvo, 1994). Most importantly, the findings presented in this report align with the findings of other studies that collaborative risk-driven interventions can be effective at reducing harm (Braga & Weisburd, 2012; Engel et al., 2010; McGarrell et al., 2006; Papachristos et al., 2007; Tita, et al., 2009; Violence Reduction Unit, 2014).

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<sup>5</sup> Punctuated equilibrium occurs when long periods of stability and policy continuity are disrupted by short but intense periods of instability and change (Baumgartner & Jones, 1993; Gersick, 1991).

The results of this study should be used for training purposes, replication planning and evaluation design. In particular, the findings of this preliminary impact assessment should be used to help identify relevant parameters and data collection capacities for future Hub outcome measurements that are driven by a more rigorous methodology. While the findings presented herein should not be generalized to similar efforts in community mobilization, they certainly do provide a preliminary glimpse into the extent to which the Hub model of community mobilization contributes to a reduction of acutely-elevated risk and improved client outcomes of human service professionals.

In conclusion, the success of Community Mobilization Prince Albert's Hub in engaging a diverse cohort of human service providers in collaborative risk-driven intervention is likely only the start of what is about to occur in Saskatchewan. Advocates of the Hub model are driven by the notion that the 'human service disconnect' in our contemporary bureaucracy makes it difficult for some individuals and families to get the supports they need. Furthermore, supporters of the Hub model believe that mobilizing various community resources around an individual who is in a situation of acutely-elevated risk is the surest means of reducing multiple risks and lowering the probability of harm occurring. The results of this preliminary impact assessment confirm that in many respects, they may be right. As such, fellow researchers, on-looking practitioners and curious government decision-makers should be prepared, for there is a wave of enthusiasm sweeping across this prairie province with the belief that the Hub model can produce positive and sustainable outcomes in public safety and wellness. This wave is powered by the simple desire to do better.

***Part X***  
***Recommendations***

## 10.0 RECOMMENDATIONS

The recommendations provided in this report have been influenced both by findings of the interview process and observations of the Hub made by the author. Implementing these recommendations may not guarantee improved performance of the Hub, but it certainly may contribute to the overall value of the Hub model within the broader efforts of community mobilization in Prince Albert, and potentially, the rest of Saskatchewan.

**1)** Develop and implement a permanent follow-up mechanism that verifies not only a client connection to services, but engagement of those services. Doing so will help Hub discussants more accurately determine reduction of risk that leads to the closure of a Hub discussion.

**2)** Agencies sending staff to participate in the Hub should either remove or reduce the burden of other home agency work on their staff. This will provide their Hub representatives with more time to not only contribute to Hub discussions and interventions, but increase the overall engagement of their home agency in the community mobilization process.

**3)** Agencies involved in the Hub should try to improve their consistency of membership at the table. Although providing different professionals with a quality Hub experience is important for the advancement of community mobilization, a fluid Hub membership reduces continuity of the Hub and weakens both the discussion and intervention processes. If this opportunity cannot be fulfilled, then agencies should at least consider a consistent mode to update different Hub representatives within their own agency. This will reduce uncertainties that occur when an agency sends multiple representatives to participate in the Hub discussion process.

**4)** CMPA, the COR representatives, Hub discussants and agency managers should work together to open opportunities for broader engagement of entire organizations in the community mobilization model. Participating in Hub is more than just sending a representative to the Hub table. Some agencies have shown that there is a lot that other staff at their agency can do to engage in community mobilization. Other agencies could use some support in finding ways to allow for more thorough staff and agency-wide engagement with the community mobilization model.

**5)** CMPA should identify a means of directly involving some key community-based organizations in Hub discussions. By analysing Hub data on the most prevalent risk factors present in Hub discussions, CMPA would be able to identify which community organizations are best suited to contribute to the Hub discussion and intervention process. As the perceived limitations and historical barriers to information sharing continue to come down with greater confidence and leadership support, there may indeed be no clear reason why government organizations should hold exclusive rights to a seat at the Hub table if risk-driven collaborative intervention is the driving goal.

**6)** CMPA should work with the academic and research community, as well as its own Hub discussants, to start building a science around collaborative Hub interventions. The success of the Hub discussion process is determined by the extent to which the Hub intervention team can both connect and engage clients with the supports that the latter needs. Therefore, a database of leading practices in collaborative intervention would not only help Hub intervention teams maximize their own effectiveness, but it would help new Hubs in the province build better capacity to perform successful collaborative Hub interventions.

**7)** CMPA should work with the academic and research community, in collaboration with the Ministry of Justice's Corrections and Policing Division, to develop more clearly visible opportunities for corrections professionals to engage in community mobilization. Doing so may require creation of a Hub variant that can be used for chronic high risk offenders who have already had access to the different services represented at the original Hub table. Furthermore, while probation officers and community youth workers should continue to play a role in the Hub, their colleagues involved in release planning within Prince Albert's various correctional institutions should also be engaged in at least some aspect of the mobilization process. This latter move may become less desirable if a Hub variant is created for offenders who are in a reoccurring state of acutely-elevated risk.

**8)** CMPA should implement the next stage of data collection proposed in the work of Nilson, Winterberger and Young (2013). Doing so will not only provide opportunities for measurement of outputs and short-term outcomes, but it will strengthen the structure and format of the Hub discussion process. This will become particularly important in replicating the Hub model across Saskatchewan.

**9)** CMPA should encourage the Government of Saskatchewan to raise awareness of the balance that the Hub model holds between respecting the privacy rights of individuals and maintaining due diligence in harm prevention. Although CMPA has worked meticulously to help its own partner agencies become aware of this balance, misperceptions of privacy legislation and due diligence remain a barrier to community mobilization in Saskatchewan. Additional support from the Government of Saskatchewan throughout all sectors of the bureaucracy is required to overcome this challenge.

**10)** CMPA should work with its partner agencies to encourage an internal Hub referral screening process that requires the same rigour of risk assessment across all sectors. The results of group interviews described herein show that each sector has its own perception of risk. However, all sectors do share an understanding of what risk is within the context of the Hub. Therefore, CMPA should lead a risk assessment discussion that helps all agencies come to the Hub table with situations of risk that are comparable to one another. In addition, this referral screening mechanism should include a verification process whereby each agency has exhausted all options before bringing the situation to the Hub table. Fulfilling this recommendation would improve consistency in the level of risk discussed at the Hub table. It will also help other Hubs in Saskatchewan more quickly ascertain a level of risk that requires mobilized supports in their respective communities.

***Part XI***  
***Future Opportunities in Research and Evaluation***

## 11.0 FUTURE OPPORTUNITIES IN RESEARCH AND EVALUATION

One of the major aspirations of this report is to spark scholarly inquiry into risk-driven collaborative intervention models of community mobilization. The journey of the Prince Albert Hub has broken down a number of barriers for other communities to develop a Hub. In turn, hopefully this study will ignite additional dialogue among researchers and evaluators on the measurements of Hub success.

As community mobilization continues to shift the paradigm in the human service sector, it will become increasingly important for further research and evaluation to be conducted. These efforts must not only inform key decision-makers of progress in mobilization projects, but they should also contribute to a heightened awareness of the process required to effectively address the composite needs of high risk individuals. In doing so, this report suggests a few opportunities to be pursued in research/evaluation agendas related to community mobilization.

To contribute to further development of the Hub at an operational level, future research should try to identify leading practices in models of Hub discussion, explore approaches to collaborative Hub interventions, and establish options for creating follow-up mechanisms between human service providers actually delivering supports and the Hub table who made the connection to these services in the first place. This will help Hub practitioners close the gap between the mobilization and service delivery processes. Doing so will build capacity for success in community mobilization.

Another contribution of research and evaluation at the operational level would be for researchers to help Hubs assess and adapt their role in a given community, given the unique local realities that characterize it. Although the Hub model in Saskatchewan is being franchised across the province, variations in service capacity and agency commitments make each application of the Hub model somewhat different. Perhaps a research team could identify the types of conditions, criteria and assets that allow a Hub to function properly and support the community's overall needs. While this may help Hub planners and developers, it will also inform future research examining why the Hub model works or does not work in certain environments.

Finally, the third suggestion for how researchers can provide operational support to Hubs is to help Hubs develop and implement a data collection process. To date, the author of this report has helped CMPA design a database which captures the achieved target group and risk factors of Hub discussions. Future developments in data collection must capture Hub outputs—such as tasks and intervention methods—as well as short-term outcomes like service engagement and risk reduction. This study reflects an important first step in this endeavour by identifying some of the short-term, intermediate and long-term outcomes relevant to the Prince Albert Hub. Building the data collection and storage capacity of all Hubs is critical to both sustaining and improving the Hub model.

In terms of measuring short- to intermediate-term impacts of a Hub, researchers and evaluators should work with various partners of a given Hub to identify actual measures, or perhaps even proxies, for risk within each sector. Next, that information should be used to develop a rubric that can be used to observe aggregate risk reduction in Hub discussions. To explain, Hub discussants work collectively to identify an individual's various risks. Following this, the intervention on those risks is unified. As such, implementing a measure of overall risk and examining changes in that aggregate risk level before, during and after an intervention may speak to how the Hub model impacts acutely-elevated risk overall. The key message here is that, if discussants of a Hub are trying to move beyond the confines of their own profession to have a collaborative impact on risk, then research on that effect should also focus on the



unified influence and outcomes of Hub interventions. Ultimately, a set of indices need to be created that allow the collective value of composite risk abatement that comes from collaborative intervention, to be measured. This demands much more innovative outcome measures than multiple sector-specific methodologies allow.

In developing outcome-level measurements of the Hub model, future researchers and evaluators should consider opportunities of engaging past subjects of Hub discussions themselves (e.g., exit interview, online survey). In other words, scholars should work with partner agencies of the Hub to gather feedback from those individuals who received a collaborative Hub intervention. With proper ethics and standards of informed consent in place, researchers may be able to develop an entirely new perspective on community mobilization that this report has completely missed.

Once researchers are able to connect the activities of Hub to short-term outcomes like service engagement and risk reduction, some work should be pursued on trying to identify a relationship between community mobilization and the long-term intended outcomes of public safety and wellness. While it may take several years for long-term outcomes to manifest themselves, it is possible to begin testing different assessment tools with the growing number of Hubs we have in Saskatchewan. With proper controls in place, it would be worthwhile for researchers to try and isolate the impact of collaborative Hub intervention on the different factors which have triggered this entire paradigm shift (e.g., crime, violence, injury).

One of the final topics for future researchers to spend some time thinking about is the role of Social Return on Investment in community mobilization. As some researchers (Waikar, Kalagnanam & Findlay, 2013) describe, Social Return on Investment, commonly known as SROI, “is a principle-based approach that assigns monetary value to social, environmental, and other impacts that are not typically valued in traditional metrics or measures of success”(p.ii). In this sense, initiatives like the Prince Albert Hub may one day contribute to cost reductions through decreases in demand—thus making the investment in efforts like CMPA very worthwhile.

However, a note of caution that should be heeded is that if academics do not take the proper steps to scientifically verify the achievement of outcomes in community mobilization, then there is no way to accurately estimate the returns on investing in community mobilization. In essence, any SROI analysis on community mobilization is nothing more than a projection of cost savings. Therefore, these predictions will mean nothing if there is not sufficient evidence that community mobilization is working, and that it is indeed securing the deliverables that investors (i.e., government) hope to produce. To determine this, governments and universities need to support an aggressive research and evaluation agenda that is focused on all aspects of community mobilization outcomes.

In closing, there are a number of questions that future researchers and evaluators may want to consider when examining risk-driven collaborative intervention models of community mobilization. These include:

- Was risk actually lowered?
- How was risk lowered?
- How can we best measure aggregate risk reduction?
- How does risk reduction contribute to improvements in public safety and wellness?
- How do we best measure improvements in public safety and wellness?

## ***GLOSSARY OF TERMS***

## GLOSSARY OF TERMS

|                                     |  |
|-------------------------------------|--|
| <b>Acutely-Elevated Risk</b>        | Level of risk that the Hub uses as a threshold for tabling new situations at the Hub. Situations are determined to be of acutely-elevated risk where there is (1) a significant interest at stake, (2) probability of harm occurring, (3) a severe intensity of harm, and (4) multi-disciplinary nature of the needs which must be addressed in order to lower such risk.  |
| <b>Collaborative Intervention</b>   | Where all of the relevant Hub partner agencies approach the subject of a discussion with a voluntary opportunity of support. The key message delivered to the client is that they are in a vulnerable situation, and before conditions worsen, the diverse team of professionals can provide some immediate support to reduce their overall level of risk.   |
| <b>COR</b>                          | Short for <i>Centre of Responsibility</i> , the COR is a full-time, multi-disciplinary team of human service professionals who collaborate to seek and analyze trends, measure and report on progress and outcomes achieved across the communities served by the Hub, and to identify and propose opportunities and recommendations for systemic changes and actions in the Prince Albert region and/or at the provincial level. |
| <b>Discussion</b>                   | The term used in reference to a situation that is considered by the Hub table as being one of acutely-elevated risk, at which point the Hub will assign a number to the situation and begin collaborating to identify opportunities for risk reduction.  |
| <b>Discussant</b>                   | The term used when referring to human service professionals who participate in Hub discussions.  |
| <b>Executive Steering Committee</b> | Sets the direction and overall purposes of CMPA. It is made up of managerial representatives from each of the partner agencies involved in CMPA.   |
| <b>Hub</b>                          | A multi-disciplinary team of human service professionals that meets twice weekly for the identification, rapid development and immediate deployment of real-time interventions and short-term opportunities to address emerging problems and risk conditions identified and brought forward from the frontline operations of all participating agencies that comprise CMPA.  |
| <b>Operational COR Committee</b>    | Supervises the operations of CMPA to ensure consistency with its overall purpose and intent.   |
| <b>Systemic Issue</b>               | Are present where characteristics and applications of, or procedures affecting human service sector institutions, either serve as a barrier to, or plainly fail to, alleviate situations of acutely-elevated risk. Systemic issues are also present where large inefficiencies exist in producing expected outcomes.   |

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