

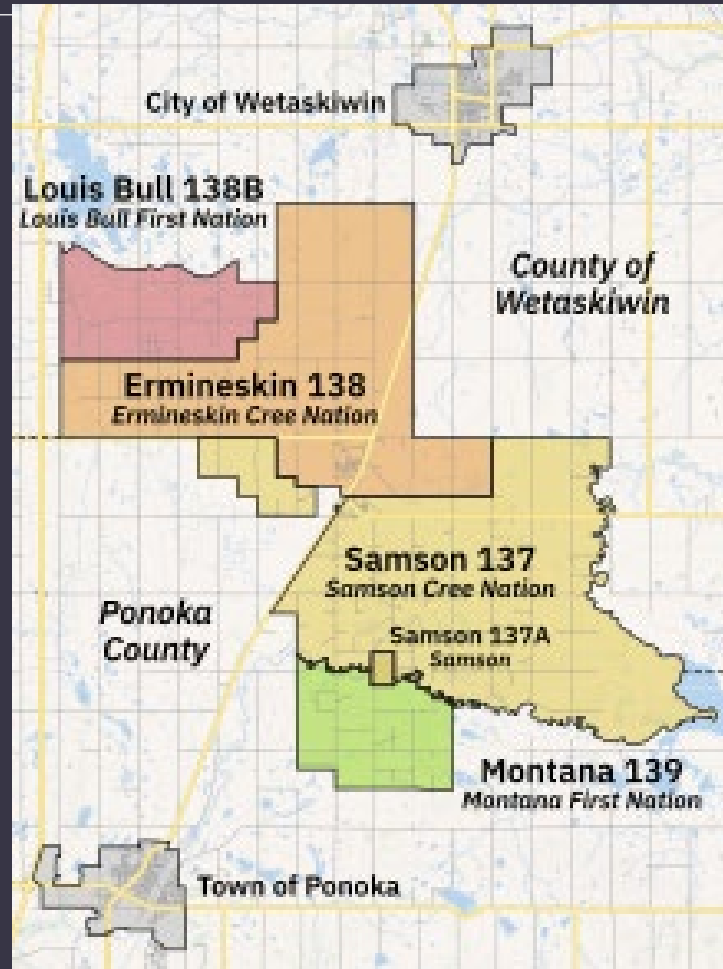
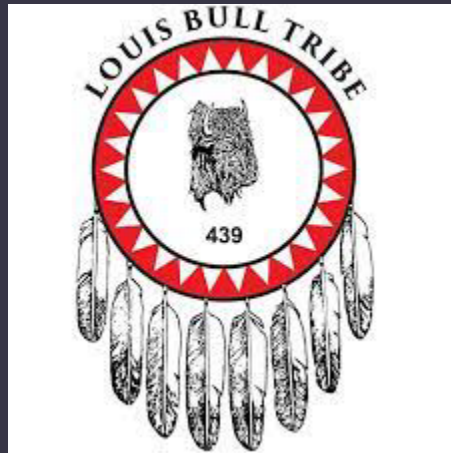


# 10 Years on Success, Challenges, and Opportunities After a Decade of the HUB Model in Maskwacis, Alberta

PRESENTED BY:

**Cpl Holly Porterfield**

# Welcome to Maskwacis



# Maskwacis RCMP

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# Community Response Unit

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Under the CTA 2006 a CCG is created:

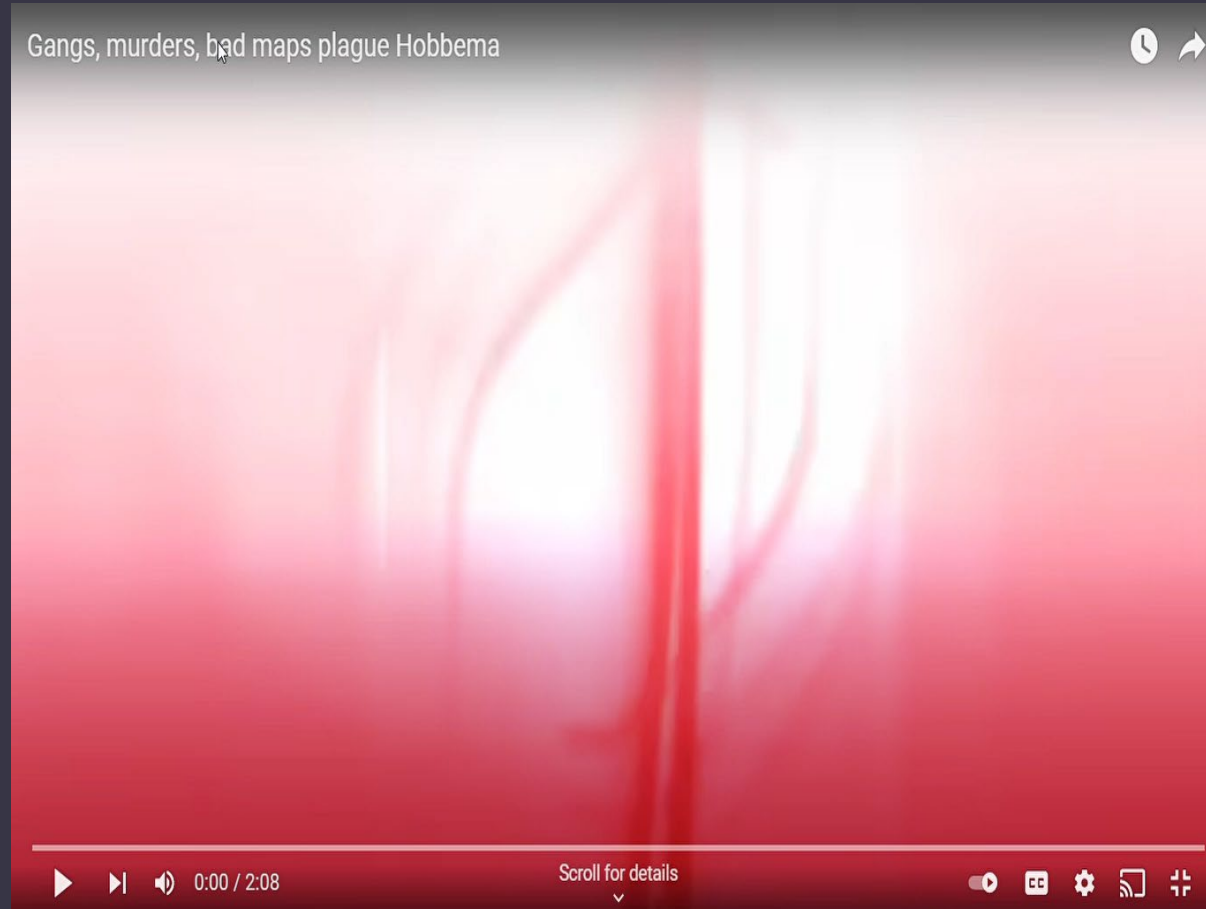
- Both Enforcement and proactive services.

Community Response Unit established in 2008 .

- Unique for it's time as it was for both proactive Gang enforcement as well as community relationship building.

# Challenges prior to HUB

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**Hobbema band leaders frustrated by gang**

**Weapons and drugs seized**

**Three teens plead guilty in death of five-year-old boy in Alberta**

The Canadian Press

Published Wednesday, November 7, 2012

**House fire leaves three people dead**

**RCMP arrest t**

Julia Parrish  
CTV Edmonton

# Woman suspect sought in Hobbema teen's Alberta shooting death

Postmedia News

Sep 05, 2011

Allison Salz/QMI Agency

Feb 09, 2013 • February 9, 2013 • 1 minute read

Dec. 1, 2010 12:00 p.m. / NEWS

and hundreds of marijuana j

CBC News • Posted: Jul 29, 2010 5:00 PM MT | Last Updated: July 29, 2010



# Challenges Continued

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- ❑ Too many children in care.
- ❑ Youth not attending school.
- ❑ Domestic Violence.
- ❑ Suicide Rates.
- ❑ Substance abuse.

Community in crisis.

# Start of HUB in Samson

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Began with Samson Cree Nation and the RCMP. Grew to include:

- ❑ Social Services;
- ❑ Education;
- ❑ Health;
- ❑ Child Welfare;
- ❑ Corrections; and
- ❑ Other groups relevant to our community.
- ❑ Community Mobilization: Prince Albert / Building Partnerships to Reduce Crime Strategy



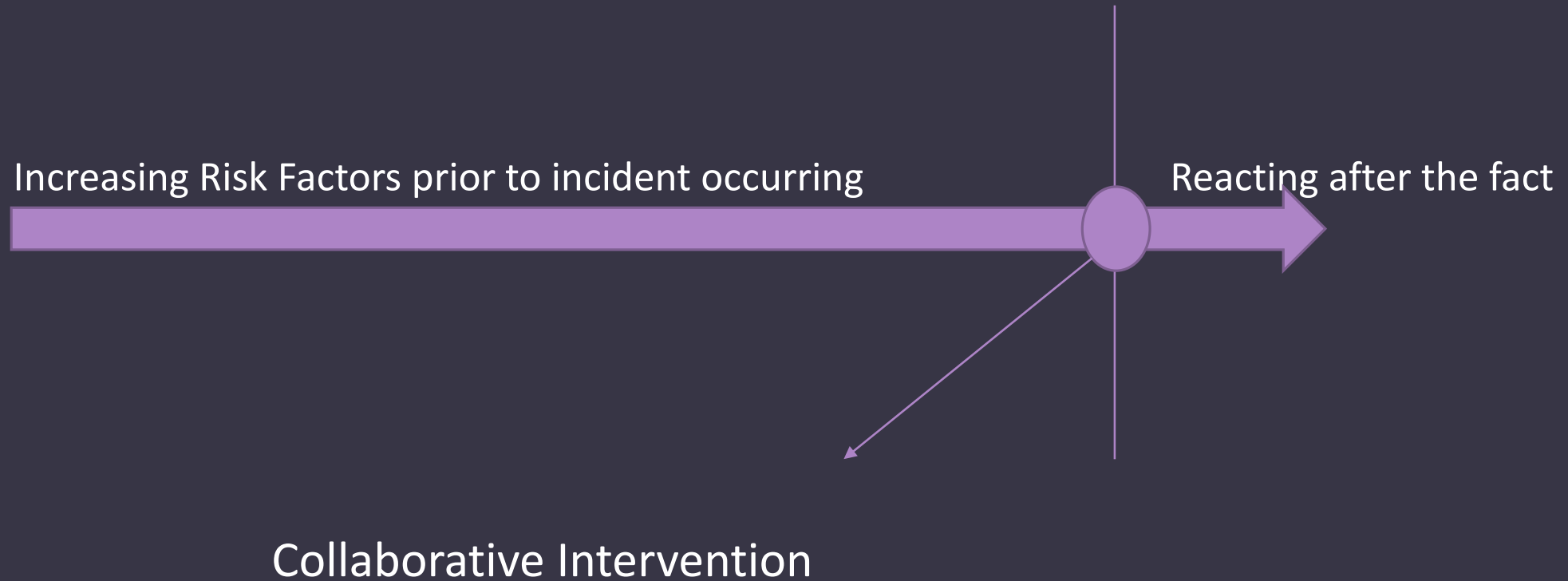
# Hub Model

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- ❑ A Risk Driven Collaborative Model.
- ❑ Collaborative Intervention.
- ❑ Mobilization of Community Resources.
- ❑ Addresses Individuals and Families at Risk.

# Risk-Driven Response

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# Understanding the HUB Program

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- ❑ Hub Table.
- ❑ Agency collaboration.
- ❑ Efficient Case Management and Timely Response.
- ❑ Four Filter Approach adhering to privacy legislation.
- ❑ Disclosure agreement.

# Information Sharing Strategy (ISS)

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Ensures Government & Service Providers can share information

ISS was established to ensure:

- A. Alberta's policies & legislation support information sharing
- B. Everyone understands what can be shared
- C. Resources and training to help make information sharing decisions

# ISS Purpose

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Appropriately sharing information allows service providers to better support Albertans.

Decisions are made with full consideration of an individual's needs.

Limits to sharing information exist around issues involving children, violence, abuse, criminal matters and health.

That information can and should be shared to provide the best support.

# Children First Act

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Children first act was passed in 2013 to:

- A. Guide and support the right kind of information sharing.
- B. Supplement the Freedom of Information and Protection of Privacy Act & the Health Information Act.

# Children First Act & ISS

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Children's health care, program & service providers must consider what is being shared, with who, and for what purpose.

For the purpose of providing services to a child, a service provider may collect, use and disclose:

- ❑ Personal information about the child or parent from another service provider.
- ❑ Health information from a custodian.

# Acutely Elevated Risk

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- ❑ There is significant community interest at stake;
- ❑ There is a clear probability of harm occurring;
- ❑ A severe intensity of harm is predicted; and,
- ❑ There is a multi-disciplinary nature of the needs which must be addressed in order to lower such risk



# The Four Filters

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- First Filter: Can the situation be resolved within own sector?
- Second Filter: Describe the referral with de-identified language.
- Third Filter: Limited identifying information is shared.
- Fourth Filter: Intervention plan.

# Risk Factors

26 risk factors.

- Alcohol, drugs, mental or physical health, violence, basic needs, gang involvement, etc.

Typically 3+ for referral.

Originating Agency					Referring Agent:				
Detection Method	_ Change in Behavior _ Clustering of needs		_ request for help _ Unusual incident		_ crisis _ systematic assessment				
Statistics Type	_ dwelling   _ environment   _ neighbourhood   _ family   _ individual								
Age/ Gender (check per individual)	#	Male	Female	1 to 4	5 to 11	12 to 17	18 to 29	30+	
	A								
	B								
	C								
	D								
	E								
	F								
Reason for Referral <i>(provide a brief description with no identifying information)</i>									
Detected Risk Factors <i>(identify risk factors you are aware of at the time of referral)</i>									
_ alcohol		_ self-harm		_ basic needs		_ unemployment			
_ drugs		_ criminal behavior		_ missing school		_ missing/truancy			
_ gambling		_ crime victimization		_ parenting		_ threat to public/safety			
_ mental health		_ physical violence		_ housing		_ gangs			
_ cognitive impairment		_ sexual violence		_ poverty		_ social environment			
_ physical health		_ elderly abuse		_ negative peers					
_ suicide		_ supervision		_ anti-social behavior					
Efforts made before Referral <i>(provide brief description with no identifying information)</i>									
Consent Obtained	_ written _ verbal _ not yet		Threats of Acutely Elevated Risk		_ Significant Interest at stake _ probability of harm occurring _ significant intensity of harm _ multidisciplinary nature of risk				

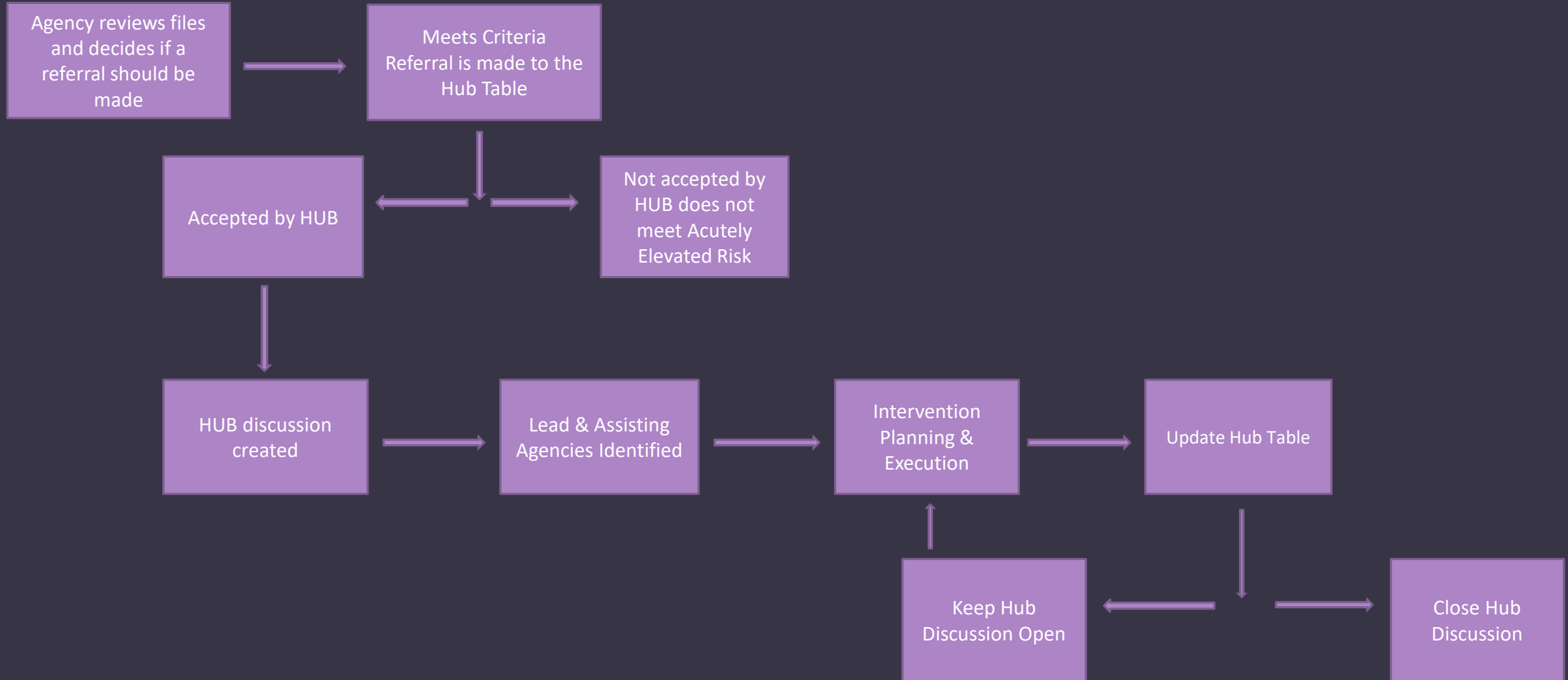
# The Offer of Support/Services

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The collaborative Offer of Services should occur within 24 to 48 hrs.

1. Intervention Planning.
2. Intervention Execution.
3. Intervention Assessment.
4. Update HUB Table.

# HUB Referral Flowchart



# Challenges

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- ❑ Difficult to measure effectiveness – Not all files are police involved.
- ❑ Differences between Nations.
- ❑ Consistent buy-in is required from participants.
- ❑ Conflict of Interests.

# Benefits of the Hub Program

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- ❑ Direct intervention based on risk factors.
- ❑ Draws on the resources and insights of multiple agencies.
- ❑ Proactive and preventative.
- ❑ Going through the referrals to HUB the table can also identify more broad issues and concerns within the community.
- ❑ Evidence based.
- ❑ Clients like HUB as it has allowed for a wide range of service to be involved, but is still considerate of privacy.
- ❑ Able to Align well with Indigenous Culture and Traditions

# Benefits Continued...

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- ❑ Development of RCRU (Rapid Crisis Response Unit).
- ❑ Beter understanding and relationship between agencies.
- ❑ Positive Community feedback- feel like people care.
- ❑ Ambulance authority reported a decline in repeated suicide attempts.
- ❑ Schools reported growth in enrollment and increased attendance.
- ❑ Children's Services – Provided more options for their cases reducing apprehensions and number of children in Care.
- ❑ Policing- Allows us to divert clients to more appropriate services.

# Lessons Learned

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- ❑ Focusing on risk provides opportunity to focus on custom supports for clients.
- ❑ Required a change in the way Agencies operate.
- ❑ Requires strong and stable leadership.
- ❑ Consistency in attendance.
- ❑ Value added opportunity to collaborate between agencies.
- ❑ Can help improve relationships between agencies and their clients.



# Questions?

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UNLESS SOMEONE like you  
cares a whole awful lot,  
nothing is going to get better.  
It's not.  
—Dr. Seuss

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