# HUB DATABASE DESCRIPTION OF VARIABLES

**An Overview of Variables to be used in the Hub Database for Purposes of Tracking General Information, Risk Factors and Actions of Hub Discussions and Collaborative Interventions in Saskatchewan**

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## INTRODUCTION

The *Hub Database* was created to allow for a number of important activities that are necessary for the community mobilization model to be effective, implemented similarly across time and space, and for its effectiveness to be adequately measured. These activities include:

- Identification of systemic issues and root causes of social problems.
- Provide opportunities for analysis and research, resulting in new solutions to systemic issues and social problems.
- Effectively support ongoing Hub discussions.
- Protect privacy rights of individuals discussed at the Hub table.
- Account for the due diligence of Hub discussants in their efforts to reduce risk.
- Help improve the operational effectiveness and efficiency of the Hub discussion process.
- Build capacity for proper and systematic evaluation that assesses the reach, performance and impact of the mobilization process by measuring outputs and outcomes of the Hub discussion.
- Justify collaborative intervention as an effective tool of public safety and wellness.
- Assist in replication of the Hub model in other jurisdictions.

Overall, data collected by the Hub will help build capacity for proper and systematic evaluation, generate opportunities for researching solutions to social problems and systemic gaps, and most importantly, help improve the operational effectiveness and efficiency of the Hub discussion process. As such, ongoing daily entry of data shall always remain a critical part of the Hub discussion process.

The Hub Database is comprised of multiple variables that help gather information needed to fulfill the activities mentioned herein. The variables are grouped into three different types. These include *General Information Variables*, *Risk Variables* and *Hub Action Variables*. The following section introduces the different types of variables designed to capture the information on the Hub process. Many of the variables introduced in this description have both operational importance to the Hub and an evaluative importance to researchers and analysts.

## Part I - GENERAL INFORMATION VARIABLES

These variables were designed to help gather basic information about discussions for the purposes of supporting discussions around the Hub table. This information helps organize the needs of Hub discussants, including the types of individuals, families and agencies involved in a given situation.

**A) DISCUSSION TYPE** → Coding the type of discussion helps Hub discussants determine what the focus of their intervention will be on. This helps determine needs and which agencies should be involved in the intervention.

| DISCUSSION TYPE |
| --- |
| Dwelling |
| Environmental |
| Family |
| Neighbourhood |
| Individual |

**B) DISCUSSION SUBJECTS** → The next data entered into the Hub database during a discussion is information on the discussion subject. A *discussion subject* is the focus of the Hub discussion—whether it is an individual, family, neighbourhood, etc. In the event that the discussion type is a family or individual, data should be entered on all individuals affected by a situation (e.g. mother, children).

**B.1) GENDER** → Identifying the gender of discussion subjects helps narrow the needs of individuals for Hub discussants involved in an intervention. From an analytical perspective, it also helps assess collated needs of all individuals discussed at the Hub table. Data on gender are recorded for all individuals and family members discussed at the Hub table.

| GENDER |
| --- |
| Female |
| Male |
| Unknown |

**B.2) AGE COHORT** → Grouping discussion subjects by age cohort allows Hub discussants to get a better understanding of the discussion subject's needs, abilities and capacity without identifying who they are[1]. Age is also important in the broader analysis of the target group reached by the community mobilization process. Data on age are recorded for all individuals and family members discussed at the Hub table.

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[1] The term 'discussants' refers to those human service professionals collaborating in a Hub discussion.

| AGE COHORT | |
|---|---|
| Infant | 0 - 2 |
| Toddler | 3 - 4 |
| Child | 5 - 11 |
| Youth | 12 - 15 |
| | 16 - 17 |
| Adult | 18 - 24 |
| | 25 - 29 |
| | 30 - 39 |
| | 40 - 49 |
| | 50 - 59 |
| | 60 -69 |
| Older Adult | 70 -79 |
| | 80+ |
| Unknown | |
| *NA* | |

**B.3) SUBJECT ROLE →** It is important for Hub discussants to be able to differentiate the risk factors and demographics between the primary individual they are supporting, and the others closely involved (e.g. parent, sibling). Quite often, the issues of the caregiver may be impacting those of the primary subject, and vice-versa. In the event that the *discussion type* is an "individual" or "family", a sub-category of information is gathered on the role of one or more Hub subjects. If a Hub subject is the primary individual of interest in a discussion, they shall be identified as "primary subject". If a Hub subject is a primary caregiver to a primary subject involved in the discussion, they shall be identified as "primary caregiver". One or more individuals can be identified as the primary subject and/or primary caregiver, and a primary subject can also be a primary caregiver.

| SUBJECT ROLE | DATA FORM |
|---|---|
| Primary Subject | If yes, check |
| Primary Caregiver | If yes, check |
| *Unknown* | |

**C) YCJA CONFERENCE →** It is important for several participants of a Hub discussion to know if charges are pending on an individual under the Youth Criminal Justice Act. This has an impact on the type of information that can be shared and the types of interventions the Hub can develop.

| YCJA CONFERENCE |
|---|
| NA |
| No |
| Yes |

**D) REOPENING** → These data are captured to help Hub discussants determine whether a discussion subject and/or situation had already been opened at Hub in the past, and whether or not the same or different elements of risk are present.

| REOPENING |
| --- |
| No |
| Yes - different risk |
| Yes - same risk |
| Yes - but unknown if same risk or not |
| Unknown |

**E) OLD DISCUSSION NUMBER** → Allows for entry of the discussion subject's former discussion number (if available), which allows for consideration of their previous discussion at Hub.

| OLD DISCUSSION NUMBER |
| --- |
| NA |
| Unknown |
| Manually enter old discussion # |

## Part II – RISK VARIABLES

**A) RISK FACTORS** → Under the Hub model, determining risks which lead to imminent and probable harm of a significant interest at stake is an important first step to identifying root causes of social problems and systemic issues. Having a good understanding of the presented risks of Hub discussions also helps in the development of potential solutions.

To better organize information around risk, notions of both risk categories and risk factors were adopted. Risk factors are conditions of presumed risk that elevate the probability/intensity of harm for a significant interest at stake. There are reasonable grounds to believe they are true; and are related to the onset of acutely-elevated risk. Risk categories are the broader groupings of risk that help Hub discussants identify the relevant categories of service supports to become involved in the intervention.

To develop a list of risk factors, analysts from CMPA and an evaluator from the University of Saskatchewan met weekly for several months to examine Hub discussions. During the analysis of this information, various risks were identified as common or reoccurring. Over an 8-month process, an extensive list of risk factors was developed, refined, reviewed and eventually piloted in real Hub discussions. Results of the pilot process, along with feedback from various service sector professionals, helped solidify a final list of risk factors. In total, 26 different risk categories present 102 separate risk factors that are distinct from one another.

| RISK CATEGORY | RISK FACTORS | DESCRIPTION |
|---|---|---|
| **Alcohol** | alcohol use by person | known to consume alcohol; no major harm caused |
| | alcohol abuse by person | known to excessively consume alcohol; causing self-harm |
| | alcohol abuse in home | living at a residence where alcohol has been consumed excessively and often |
| | harm caused by alcohol abuse in home | has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home |
| | history of alcohol abuse in home | excessive consumption of alcohol in the home has been a problem in the past |
| **Drugs** | drug use by person | known to use illegal drugs (or misuse prescription drugs); no major harm caused |
| | drug abuse by person | known to excessively use illegal/prescription drugs; causing self-harm |
| | drug abuse in home | living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often |
| | harm caused by drug abuse in home | has suffered mental, physical or emotional harm or neglect due to drug abuse in the home |
| | history of drug abuse in home | excessive consumption of drugs in the home has been a problem in the past |
| **Gambling** | chronic gambling by person | regular and/or excessive gambling; no harm caused |
| | chronic gambling causes harm to self | regular and/or excessive gambling; resulting in self-harm |
| | chronic gambling causes harm to others | regular and/or excessive gambling that causes harm to others |
| | person affected by the gambling of others | is negatively affected by the gambling of others |

| | | |
|---|---|---|
| **Mental Health** | diagnosed mental health problem | has a professionally diagnosed mental health problem |
| | suspected mental health problem | suspected of having a mental health problem (no diagnosis) |
| | self-reported mental health problem | has reported to others to have a mental health problem(s) |
| | witnessed traumatic event | has witnessed an event that has caused them emotional or physical trauma |
| | mental health problem in the home | residing in a residence where there are mental health problems |
| | grief | experiencing deep sorrow, sadness or distress caused by loss |
| | not following prescribed treatment | not following treatment prescribed by a mental health professional; resulting in risk to self or others |
| **Cognitive Impairment** | diagnosed cognitive impairment | has a professionally diagnosed cognitive impairment |
| | suspected cognitive impairment | suspected of having a cognitive impairment (no diagnosis) |
| | self-reported cognitive impairment | has reported to others to have a cognitive impairment |
| **Physical Health** | pregnant | pregnant |
| | physical disability | suffers from a physical impairment |
| | terminal illness | suffers from a disease that cannot be cured and that will soon result in death |
| | chronic disease | suffers from a disease that requires continuous treatment over a long period of time |
| | nutrition deficit | suffers from insufficient nutrition, causing harm to their health |
| | general health issue | has a general health issue which requires attention by a medical health professional |
| | not following prescribed treatment | not following treatment prescribed by a health professional; resulting in risk |

| | | |
|---|---|---|
| **Suicide** | person current suicide risk | currently at-risk to take their own life |
| | person previous suicide risk | has in the past, been at-risk to take their own life |
| | affected by suicide | has experienced loss due to suicide |
| **Self-Harm** | person has engaged in self-harm | has engaged in the deliberate non-suicidal injuring of their own body |
| | person threatens self-harm | has stated that they intend to cause non-suicidal injury to their own body |
| **Criminal Involvement** | damage to property | has been suspected, charged, arrested or convicted for damage to property |
| | arson | has been suspected, charged, arrested or convicted for arson |
| | theft | has been suspected, charged, arrested or convicted for theft |
| | break and enter | has been suspected, charged, arrested or convicted for break and enter |
| | robbery | has been suspected, charged, arrested or convicted for robbery (which is theft with violence or threat of violence) |
| | assault | has been suspected, charged, arrested or convicted of assault |
| | sexual assault | has been suspected, charged, arrested or convicted for sexual assault |
| | threat | has been suspected, charged, arrested or convicted for uttering threats |
| | homicide | has been suspected, charged, arrested or convicted for the unlawful death of a person |
| | animal cruelty | has been suspected, charged, arrested or convicted for animal cruelty |
| | drug trafficking | has been suspected, charged, arrested or convicted for drug trafficking |
| | possession of weapons | has been suspected, charged, arrested or convicted for possession of weapons |

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

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

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

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

**B) MANDATORY ISSUE FLAGS** → To assist Hub discussants identify specific needs and vulnerabilities of individuals, and to gather additional information about individuals that is separate from other risk factors, *issue flags* have been created to code discussions on a number of select issues that are important to the broader model of community mobilization.

| MANDATORY ISSUE FLAGS | DATA FORM |
|---|---|
| domestic violence^ | y/n |
| discussion reveals a systemic issue* | y/n |
| # of people who were informed of/connected to/engaged in services through the intervention | # |

^ *Domestic Violence* is present where physical/psychological harm occurs (or is expected to occur) through conflict between individuals of the same family or between individuals engaged (or formerly engaged) in a relationship. It is included as an issue flag because of the vast interconnectedness of risk factors in situations involving family violence, and because of the interpersonal dynamics associated with a situation involving domestic violence. This will often have an impact on the available intervention strategies to be considered by human service professionals.

* *Systemic Issues* 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 (e.g. solving social problems). The systemic issue flag should be used when an attempted mobilization of service did not occur because of a 'systemic issue'; and/or if the discussion was marked as a 'systemic issue' in the closure variable and/or if the situation is showing another systemic issue that was not recorded via the 'services not mobilized' variable or the 'closure' variable. Ultimately, any situation showing any systemic issue should be flagged.

**C) STUDY FLAGS** → Each Hub is provided with an opportunity to create *study flags* to track and monitor specific trends in their community (e.g., cyber-bullying, newcomers to area). These trends may be variants of existing risk factors in the Hub database or something completely different altogether. They are simply a check box that allows local Hubs to gather information on certain conditions that they have an interest in studying. Care should be taken when adding study flags to protect the privacy of discussion subjects (i.e. no rare traits that would make an individual/family identifiable).

# Part III – HUB ACTION VARIABLES

**A) ORIGINATING AGENCY** → When a situation is brought to the table, the agency which brought the situation is recorded as the *originating agency*. This helps maintain continuity of the discussion over time, and provide information linkages on originating agencies with risks identified during the Hub discussion.

**B) LEAD AGENCY** → Once acutely-elevated risk has been identified, the Hub discussants collectively decide which agency shall lead the intervention. Recording the lead agency allows for better coordination of services and verification of which service providers shall lead the discussion/intervention, and respectively, which agency will have the primary responsibility of reporting back to the Hub at the next meeting. If during a Hub discussion an alternative agency becomes more ideal for the lead agency role, the data can be changed. The names of these agencies will change depending upon the community a Hub operates within.

**C) ASSISTING AGENCIES** → Once the lead agency of a Hub discussion has been identified, the Hub discussants collectively decide which agencies shall play a supportive role in the intervention. Recording the assisting agencies allows for better coordination of services and verification of which service providers shall assist in the discussion/intervention. The names of these agencies will change depending upon the community a Hub operates within. Note: Conducting a *system check* on the discussion subject does NOT qualify a Hub partner to be coded as an assisting agency.

Each Hub will be able to create its own local list of agencies. Below is an example of agencies listed in Prince Albert Hub:

| ACRONYM | ORIGINATING/LEAD/ASSISTING AGENCY |
|---------|-----------------------------------|
| PARCSSD | Ministry of Education – Prince Albert Roman Catholic Separate School Division |
| SRPSD | Ministry of Education – Saskatchewan Rivers Public School Division |
| MSS CFS | Ministry of Social Services – Child and Family Services |
| MSS IA | Ministry of Social Services – Income Assistance |
| MSS MCU | Ministry of Social Services – Mobile Crisis Unit |
| PAFD | Prince Albert Fire Department |
| PAGC | Prince Albert Grand Council |
| PAPHR ASA | Prince Albert Parkland Health Region – Addiction Services Adult |
| PAPHR ASY | Prince Albert Parkland Health Region – Addiction Services Youth |
| PAPHR MH | Prince Albert Parkland Health Region – Mental Health |
| PAPS | Prince Albert Police Service |
| PAPS BYLAW | Prince Albert Police Service – Bylaw |
| PAPS VS | Prince Albert Police Service – Victim Services |
| CORR | Ministry of Justice – Corrections |
| RCMP | Royal Canadian Mounted Police |

**D) OPEN/CLOSE/PENDING DATES** → Once a Hub discussion opens, the date of opening is recorded. Should the Hub table decide to keep the discussion pending, a date for 'updates' is

added. Likewise, the closing date of a Hub discussion is also recorded. This allows for monitoring of intervention periods and the resources required.

**E) SERVICES MOBILIZED** → Once an intervention is implemented by Hub discussants, the services mobilized because of the Hub discussion shall be recorded. This helps record part of the outputs of the mobilization process. This is ultimately a mechanism that promotes collective due diligence among agencies involved in Hub discussions. There are three ways in which the Hub can mobilize services around individuals: "informing" (e.g., letting them know what services are available); "connecting"(e.g., facilitating their communication with a service provider) and "engaging" (e.g., client actually begins receiving services/supports from an agency).

Where services are not mobilized, the Hub must identify why support was not mobilized. This provides analysts an opportunity to identify the types of services not available. It also helps provide a reason why no further support could be offered to the discussion subject from the Hub.

| | SERVICES MOBILIZED/NOT MOBILIZED |
|---|---|
| **Informed of** | social services |
| **Connected to** | social assistance |
| | housing |
| **Engaged with** | mental health |
| | sexual health |
| **No Services Available** | public health |
| | medical health |
| **Refused Services** | addictions |
| | harm reduction |
| | counselling |
| | cultural support |
| | spiritual support |
| | parenting support |
| | education support |
| | employment support |
| | home care |
| | life skills |
| | victim support |
| | safe shelter |
| | police |
| | courts |
| | corrections |
| | probation |
| | parole |
| | legal support |
| | fire department |
| | mentorship |
| | recreation |
| | food support |
| | other |
| **Not Mobilized** | systemic issue |
| | overall risk lowered – through no action of Hub |
| | new information reveals AER did not exist to begin with |
| | relocated |
| | unable to locate |
| | deceased |

**G) NUMBER OF TIMES DISCUSSED AT HUB TABLE** → Helps Hub discussants keep track of how many times a certain situation is discussed at the Hub table.

| NUMBER OF TIMES DISCUSSED |
|---|
| Manually enter the number of times the situation was discussed at Hub  (add 1 each time the situation is discussed) |

**H) REASONS FOR DISCUSSION REJECTION/CLOSURE** → When a situation that is brought to the table is rejected, it is important to record the reason for the rejection. This provides analysts with an opportunity to identify the types of situations that are most often rejected; it helps Hub discussants verify and record why they have rejected a situation; it provides a reason for why no further action was taken by the Hub; and it informs the originating agency of why the situation was rejected (thereby supporting their referral process). In contrast, when a Hub discussion opened, then Hub discussants collectively decide that there is an absence of acutely-elevated risk, and/or no further action can immediately be taken to mitigate the original risks, the group moves to close a discussion. The reasons for collecting data on why the discussion is closed helps with managing discussion needs and for generating discussion outcome data. These data are also recorded to show why a situation of acutely-elevated risk may have been closed, even if elevated risk was still present—thereby providing valuable information on barriers to addressing acutely-elevated risk.

| REASONS FOR DISCUSSION CLOSURE |
| --- |
| Rejected - Originator has not exhausted all options to address the issue |
| Rejected - Services mobilized and risk was mitigated |
| Rejected - Personal supports mobilized and risk was mitigated |
| Rejected - Services mobilized with potential to mitigate the risk |
| Rejected - Personal supports mobilized with potential to mitigate the risk |
| Rejected - Situation not deemed to be one of acutely-elevated risk |
| Rejected - Single agency can address risk alone |
| Overall risk lowered - services mobilized |
| Overall risk lowered -  through no action of Hub |
| New information reveals AER did not exist to begin with |
| Still AER - services mobilized with potential to lower risk |
| Still AER - agency/agencies will take over situation |
| Still AER - refusal of services |
| Still AER -  relocated |
| Still AER - systemic issue |
| Still AER -  unable to locate |
| Deceased |

**I) TRANSFER TO ANOTHER HUB** →  On occasion, where a Hub subject relocates to another jurisdiction, the Hub may transfer the discussion to another Hub. When transferring a discussion, the originating Hub records that they had made the transfer by selecting the transfer box.

**J) DATE OF TRANSFER** →When a Hub discussion is transferred to another Hub; the date of transfer shall be recorded.

**K) DESTINATION OF TRANSFER** → When a transfer occurs, the destination of the discussion transfer is recorded. The originating Hub should reach out to the Hub receiving the transfer and provide the necessary information.