

The Philly Hub

Collaboration to Reduce Risk

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Hub Situation Example #1

Case Overview: The first case brought to the Hub involved a young man who was shot in the summer of 2020. The young man was paralyzed, and being cared for by his mother who was also in a wheelchair.

Risk Factors: The risk factors for this family were categorized as basic needs, housing, physical violence, physical health, mental health, and unemployment.

Participating Agencies: The originator agency of the situation to the Hub was Philadelphia CeaseFire (victim services, violence prevention), and they remained as the lead agency. Assisting agencies were PHMC (mental health), Philadelphia Department of Behavioral Health and Intellectual disAbility Services (mental health), a charter school in North Philadelphia (education), Hope Matters (faith), First Church Worship Center (basic needs), Temple Hospital (healthcare), and Urgent365 (youth development).

Support and Conclusion: Within 24 hours, the following occurred: counseling support was identified and provided; the family received an immediate food donation and was placed on the Share Food distribution list; Philadelphia CeaseFire provided transportation for medical appointments and arranged to do so for future appointments; and a contractor provided an estimate to make the home ADA compliant. This situation was concluded successfully, with the family connected to a range of services, some of which were on-going.

What is the Philly Hub?

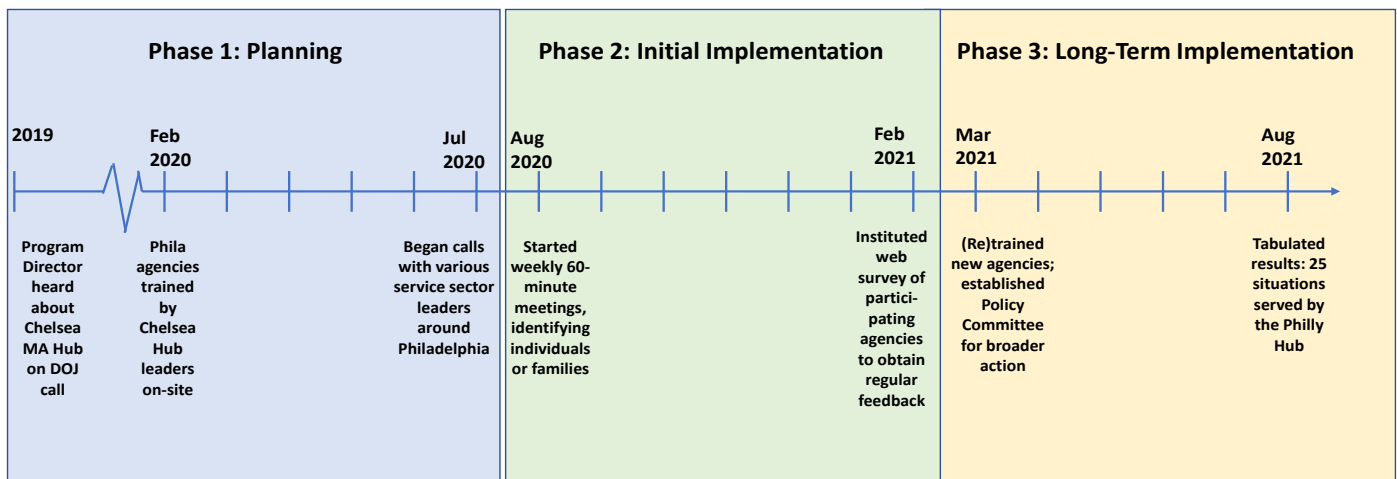
The Philly Hub is a space and a process that provides service agencies the opportunity to work collaboratively to respond to individuals nearing a crisis situation that may have been brought on by exposure to violence. Initiated in 2020 by Marla Davis Bellamy, director of Philadelphia CeaseFire at the Katz School of Medicine at Temple University, the Philly Hub ultimately aims to reduce violence and victimization by breaking down institutional silos to facilitate voluntary, coordinated care. The Philly Hub is based off of a public health-informed collaborative services model, popularized in Canada and brought to the United States (US) by the Chelsea, Massachusetts Police Department. The model recognizes that social problems, such as violence, poverty, homelessness, and substance abuse, can be addressed expediently utilizing a collaborative approach among city agencies and social service organizations. As of July 2021, over 100 agencies and organizations throughout Philadelphia have participated in the Hub. Funding support for the Philly Hub is provided through Everytown for Gun Safety and a Pennsylvania Commission on Crime and Delinquency Victims of Crime Assistance (VOCA) grant.

The Hub model, which the Philly Hub subscribes to, operates through the deployment of real-time interventions and short-term opportunities with the immediate goals of reducing situational harm and increasing agency collaboration. The multi-sector collaborative model involves weekly meetings among agencies, which provides a venue to assess the risk factors surrounding a potential situation and develop a plan to mitigate the risk factors that the collaborative team believes could reduce the likelihood of harm (i.e., harm to self or others). The model is a low-cost way to facilitate a short-term social services support system that connects residents to voluntary services, while creating the space for human service professionals from different agencies to work collaboratively to improve resource mobilization and reduce duplication of services.

Philadelphia and the Philly Hub

The Hub model was brought to Philadelphia because the establishing agency wanted to address the rising levels of youth gun violence through a collaborative crisis-intervention model designed to break down silos of care and support. Ranking as one of the most populous cities in the US, Philadelphia faces a number of complex social and economic issues. These issues, now aggravated by the COVID-19 pandemic,ⁱ include high levels of violence, intergenerational poverty, low educational attainment rates, homelessness, and drug abuse. Since roughly 2016, gun violence has been steadily increasing. The city witnessed 1,829 non-fatal shootings and 417 gun homicide victims in 2020, the highest number of shootings and gun homicides in Philadelphia in at least a decade.ⁱⁱ Philadelphia is also home to the largest open-air drug market in the eastern US,ⁱⁱⁱ which exacerbates violence and has fueled an unprecedented number of overdose deaths.^{iv} But Philadelphia is fortunate to have a wide range of innovative and evidence-based services, with committed providers eager to collaborate for systems change.

Figure 1. Philly Hub Timeline



The Philly Hub can be used to avert crisis situations caused by the complex issues Philadelphia residents face. The issue of gun violence was a particularly salient concern for organizers, but the Hub model was also believed to be appropriate because community and government stakeholders were not always working together to solve these pressing issues. The intent of the Philly Hub is to work collaboratively to connect individuals-in-need to services within 24 to 48 hours. In the long-term, this type of integrated service model increases service provider awareness of the multiple needs and complex histories of the individuals who are served through the Hub. The safety and security of the individuals served are paramount; and the integrated service plans reduce duplication and inefficiency. For victims or those exposed to or who have witnessed violence, the Philly Hub should help reduce feelings of helplessness and harm that can result from describing a traumatic incident repeatedly to different service providers. As these shorter-term outcomes are achieved, implementation of the model should result in fewer 911 calls for service and reductions in violence, leading to overall improvements in community well-being.

Planning and Implementation

Figure 1 shows the planning and implementation phases of the Philly Hub. The planning phase began in 2019, with initial implementation beginning early in the following year (2020).

Philly Hub Process and Consent

In Philadelphia, situations are brought to the Hub using a risk-driven process. The focus on risk allows the Hub to determine which agencies should be involved in providing support. Participant agencies who are presenting situations to the Hub

(i.e., originators) provide the gender and age range of those involved in the situations, alongside the risk factors and a two sentence summary of the situation. They then characterize the situation as involving either a family or individual, and address whether there was consent (verbal or written) to bring the situation to the Hub.

The Hub members then answer the following questions (with silence taken as affirmation due to Zoom meeting logistics):

- Is there a consensus of a high probability of harm?
- Is there a high predictability that this harm will continue?
- Are we crossing several service sectors?
- Therefore, are we in “*Acutely Elevated Risk*” (AER)?

If the answers to these questions are “yes”, the situation becomes eligible for services and a unique identification number is assigned. It is only then, that the originators provide more detailed information on the individuals involved in the situation to determine if there is recognition or awareness of services currently or previously provided by Hub agencies at the table. The Hub agencies then decide which agency should take the lead on the situation, which assisting agencies should be involved, and move to a discussion of a service provision plan after the main meeting. The entire process is voluntary and the agencies at the table protect the privacy of individuals involved in situations; identifying information is only shared verbally with others at the table when there is designation of AER status with implied consent because of the nature of immediate need. Most of the situations brought to the Hub thus far have involved either verbal or written consent acquired beforehand from the individuals involved in situations presented. Individuals in situations also have the right to decline services offered by the Hub.

Agency Participation and Law Enforcement Engagement

Phase 3, in addition to retraining, also involves exploring the potential for engaging additional stakeholders, such as the police department, more hospitals and housing service providers. The Hub model is a law enforcement model and, in Canada and the existing American versions, Hubs are traditionally police-driven; local police departments have generally been the agencies that created, implemented and maintain the Hub process.

In Philadelphia, police department stakeholders have come to the meetings and referred situations but are not yet regularly present at weekly meetings. This low level of participation by the Philadelphia Police Department (PPD), compared to other cities' models, may be attributed to the extensive size of Philadelphia and the District-level, semi-autonomous organization of the PPD, making it difficult to designate an appropriate police leader for the weekly Hub meetings. Hub jurisdictions in Canada and Massachusetts are much smaller in size or limit their Hub to a smaller geographic area.

At the current time, there are a broad range of agencies represented in the weekly Hub meetings. These agencies span the following areas: child welfare, community development, domestic violence, elderly, education, faith, healthcare, housing, legal, mental health, municipal, substance use, victim services, violence prevention, and youth development. Thus far, victim services organizations, community umbrella agencies (“CUAs”; CUAs provide a continuum of care for children, under an initiative led by the Philadelphia Department of Human Services), and one of the local high schools have supplied most of the Hub situation referrals. Other agencies who have provided information and support include those involved in community development, domestic violence intervention, education, faith, mental health, substance use prevention and intervention, violence prevention, and youth development. Each week participating agencies may change, as a commitment to be present at every Hub meeting is not required. Figure 2 provides information related to the 25 situations handled by the Philly Hub from inception through July 31, 2021. The top panel of the graphic includes demographic and risk-factor information about the individuals within the situations discussed and served; the middle panel contains information on the “discussants” or agencies that are part of the intervention services; and the bottom panel highlights the outcomes of the 22 situations that had “concluded” by July 31, 2021.

Future Goals

Although the Philly Hub began as an entity primarily focused on reducing youth violence city-wide, the ultimate goal is to have multiple Hubs existing in geographic areas that align with police divisions. These geographically-oriented Hubs could focus on the entire breadth of needs within the corresponding Philadelphia neighborhoods. The idea would be to retain the city-wide connections in addition to these neighborhood Hubs, as situations can often cross geographic areas because victims, co-victims, and incidents could reside or be located in different neighborhoods. Multiple community leaders have already approached the organizers of the Philly Hub to assess the feasibility of starting a Hub focused on their areas.

Hub Situation Example #2

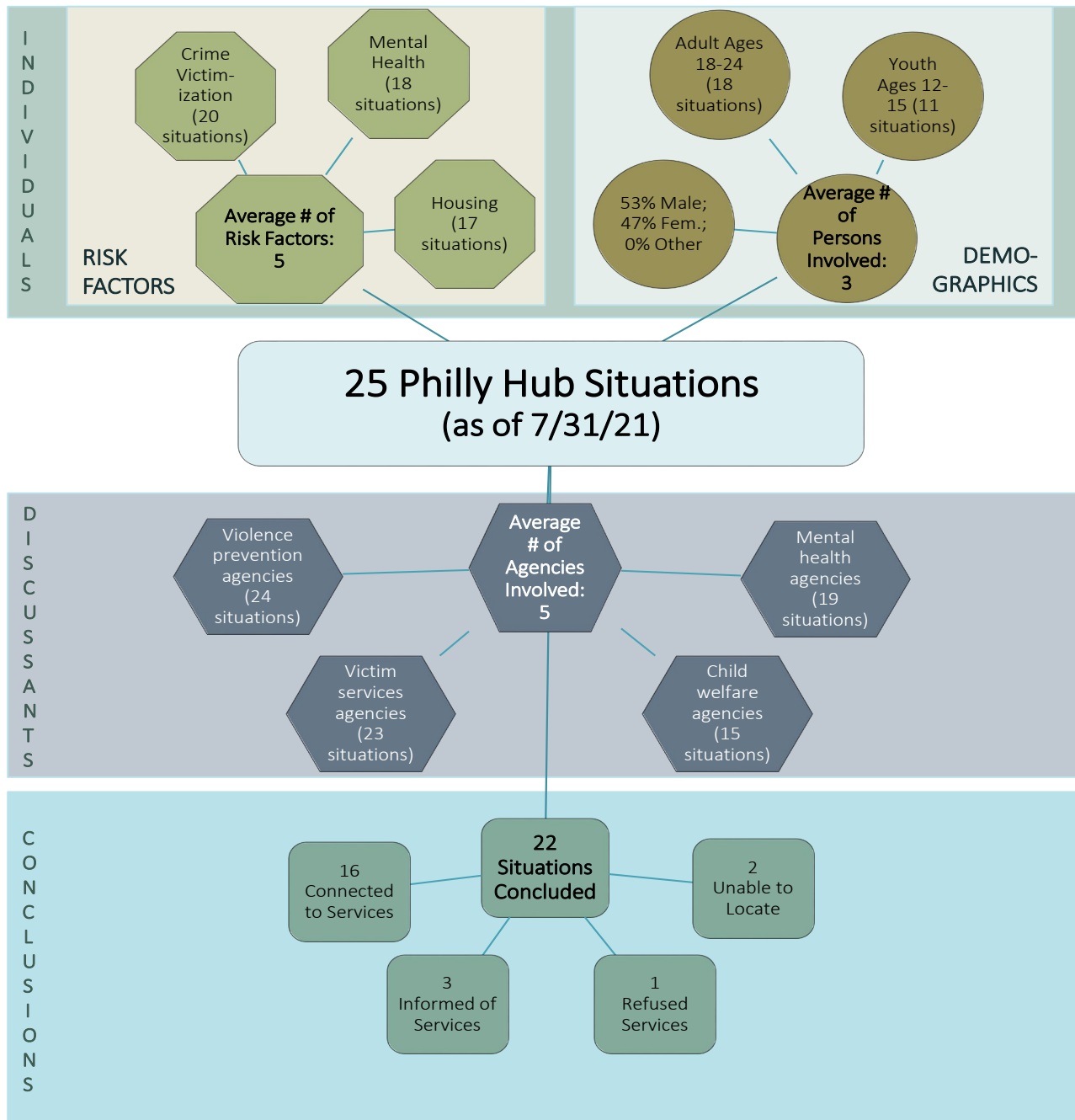
Case Overview: This situation involved a grandmother whose daughter had been shot and killed and left behind a child. There were concerns about the custody arrangements of the grandchild, which revolved around the father, who was attempting to support the child but had issues with consistency and had an open bench warrant.

Risk Factors: The risk factors for this family were categorized as crime victimization, mental health (grief), basic needs, supervision, missing school, and drugs & alcohol.

Participating Agencies: The originator of the situation to the Hub was a therapist with ties to Northwest Victim Services (mental health, victim services), and the therapist remained as the lead. Assisting agencies within the Hub were Philadelphia CeaseFire (victim services, violence prevention), Philadelphia Adult Probation (legal), DHS (child welfare), a representative from the TEB-IT Foundation (violence prevention, youth development), and a prison chaplain (faith, mental health). In addition, Hub members recruited support from members of family court, the sheriff's office, and the PPD.

Support and Conclusion: This situation was one of the more complex ones that the Hub has handled, and support was offered over a number of weeks. Counseling support was provided by the lead. A group of representatives from the Hub brainstormed solutions for the custody issues, which involved connecting with the police, DHS, and family court. Basic needs were also supported through a donor gift from the chaplain. The situation concluded with the grandmother receiving full custody of the child, and visitation rights for the father. The child is on a wait list for counseling services.

Figure 2. Philly Hub Situations through July 31, 2021



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Endnotes

- ⁱ Pew Charitable Trusts. (2021, April). Philadelphia 2021: The state of the city. <https://www.pewtrusts.org/-/media/assets/2021/04/philadelphia-2021-state-of-the-city.pdf>
- ⁱⁱ Office of the Controller, the City of Philadelphia. (2021). Mapping Philadelphia’s gun violence crisis. <https://controller.phila.gov/philadelphia-audits/mapping-gun-violence/#/2020>
- ⁱⁱⁱ Percy, J. (2018, October 10). Trapped by the ‘Walmart of Heroin’. The New York Times Magazine.
- ^{iv} Johnson, N. J., Roman, C. G., Mendlein, A. K., Harding, C., Francis, M., & Hendrick, L. (2020). Exploring the influence of drug trafficking gangs on overdose deaths in the largest narcotics market in the Eastern United States. *Social Sciences*, 9(11), 202.