Yorkton and Area Community Threat Assessment and Support Protocol (CTASP)

Re-signed November 17, 2020

Yorkton and Area Community Threat Assessment and Support Protocol (CTASP) Updated November 2020

The Yorkton and Area CTASP is a Multi-Disciplinary Partnership Committed to:

- **Early intervention;**
- **Violence prevention;**
- **High-risk assessments;**
- **Interventions and supports; and**
- **Creating and maintaining internal processes and practices consistent to the model, in accordance with other CTASP partners.**

Our shared goal is safer schools and communities.

This Community Threat Assessment and Support Protocol (CTASP) reflects the work of J. Kevin Cameron, Executive Director of the North American Centre for Threat Assessment and Trauma Response, the Yukon Threat Assessment Program (Y - TAP) and, the Alberta Children and Youth Initiative.

Appreciation is expressed to Saskatoon Public School Division for sharing their expertise and for the original development of this document, which has been updated to reflect our Yorkton area community partners.

The original Community Threat Assessment and Support Protocol was signed in September 2013.

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A Collaborative Response to Assessing and Responding to Violence Potential

The community partners (as listed on page 5) are committed to making our schools and communities safe. All partners will respond to behaviours exhibited by a person of concern that may pose a potential risk for violence to students, clients, staff, and members of the community. The term "partner" in this document is not intended to mean a legal partnership, but rather a collaborative arrangement.

The *Community Threat Assessment and Support Protocol* (CTASP) has been expanded to include Yorkton Tribal Council – Project Safe Haven and Good Spirit Housing Authority. The CTASP demonstrates our commitment to creating safe learning and work environments in our community for individuals of all ages and abilities.

This protocol supports collaborative planning among community partners to reduce violence and reflects safe, caring, and restorative approaches. It fosters timely sharing of information about individuals who pose a risk of violence towards themselves or others. The protocol promotes the development of supportive and preventive plans.

The strength of community partnership lies in the multidisciplinary composition of the CTASP team. The CTASP team will strive to share details of the threatening situation or evidence promptly, to collaborate effectively, and to make use of a broad range of expertise.

This collaborative process will respect the individual's rights to privacy and the safety of all, to the fullest extent possible.

Community Partners

Community partners include the following agencies and organizations:

Christ the Teacher Catholic Schools – includes schools in the following communities:

- Yorkton, Melville, and Theodore

Crestvue Ambulance Services

East Central Newcomer Welcome Centre Inc.

Good Spirit Housing Authority

Good Spirit School Division – includes schools in the following communities:

- Yorkton, Melville, Calder, Canora, Churchbridge, Esterhazy, Grayson, Langenburg, Invermay, Kamsack, Pelly, Norquay, Preeceville, Saltcoats, Springside, Stockholm, and Sturgis

Government of Saskatchewan:

Ministry of Corrections and Policing

- Community Corrections

Ministry of Social Services, Child & Family Programs

- Yorkton Centre Service Area

Ministry of Social Services

- Community Living Service Delivery

Melville Fire and Rescue

Parkland College

Royal Canadian Mounted Police (RCMP) – includes the following detachments:

- Yorkton, Melville, Canora, Esterhazy, Kamsack, and Preeceville.

SaskAbilities

Saskatchewan Health Authority:

- Yorkton Mental Health Centre

Society for the Involvement of Good Neighbours (SIGN)

Yorkton Fire Protective Services (and the volunteer fire departments in the rural communities listed above)

Yorkton Tribal Council – Project Safe Haven

Yorkton Tribal Council – Tribal Justice Department

Additional community partners will be invited to join as training occurs. This will allow the protocol to expand and reflect a comprehensive community commitment to early intervention measures and responses to behaviour that pose a potential threat to students, staff, and community members.

Vision

All partners are accountable to the protocol purpose and have a shared obligation to actively take steps to prevent violence.

In situations where data suggests a child, youth, or adult may pose a significant risk to themselves or others, the partners agree to work together for the common goal of violence prevention, threat management, and safety planning by sharing information, advice, and support that assists in the reduction of risk.

The partners will work together for the benefit of any person of concern (children, youth, or adults) who come within the scope of this protocol to:

- Build collaborative working relationships based on mutual respect and trust.
- Work in ways that promote safe, caring, and restorative practices for schools, protocol partners, and the community as a whole.
- Prioritize the need for promotion, prevention, and intervention strategies that demonstrate effectiveness in providing coordinated and integrated supports/services for the person of concern and as appropriate, their families.
- With children and youth, involve families in planning for services and supports.
- Recognize that each person of concern has unique strengths and needs that should be considered when developing supports, interventions, and services.
- Realize that working together successfully requires persistence and is a process of learning, listening, and understanding one another.
- Ensure the Fair Notice of policies and procedures regarding Violence Threat Risk Assessment (VTRA) is provided to all protocol partner staff and the student, patient, subject, or client served.
- NACTATR is committed to being a learning organization that adapts to the contextual needs of our professional and community partners.
- The protocol is designed to enhance communication between all partners. It is incumbent upon the partners to share necessary information that may initiate or facilitate a VTRA process.

Key Approaches in Violence Threat Risk Assessment

1. Sharing of Relevant Information

The sharing of information is carried out by any of the team members, on a proactive basis, to avert or minimize imminent danger that affects the health and safety of any person. Information is shared on a confidential basis and is to be used solely for the purpose of assessment or for actions directly related to or flowing from the assessment.

2. Investigative Mind-Set

This is central to the successful application of the violence threat risk assessment process. Threat assessment requires thoughtful probing, viewing information with professional objectivity, and paying attention to key points about worrisome behaviours. Personnel who carry out violence threat risk assessments must strive to be both accurate and fair.
Components of an investigative mind-set include:

- Open probing questions;
- Healthy skepticism;
- Attention to worrisome behaviours;
- Verification of facts, actions corroborated; and
- Ensuring that information is accurate.

When determining if a threat maker actually poses a risk to the person/target, consideration should be given to the following:

- Is the threat clear, direct, and plausible?
- Is the threat emotionally charged?
- What are the precipitating and contextual factors?

3. Anonymous Threats: Assessment and Intervention

Anonymous threats are typically threats to commit a violent act against an individual(s), specific group, or site (i.e. workplace, school). They may be found written on bathroom walls or stalls, spray painted on the side of a building, posted on the internet, letters left in a conspicuous place (i.e. staffroom table, desk) etc.

Although anonymous threats may be credible in the world of global terrorism, in the field of school and workplace VTRA, the lack of ownership (authorship) of the threat generally denotes a lack of commitment. Nevertheless, there are steps that should be followed to:

- Assess the anonymous threat,
- Attempt to identify the threat maker,
- Avoid or minimize the crises/trauma response.

1. Assessing the Threat

VTRA teams should consider the following in determining the initial level of risk based on the current data (i.e. the language of the threat).

Language of Commitment:

- Amount of detail (location where the violence is to occur, target(s), date and time the violence is to occur, justifications, etc.).
- Threatened to do what with what ("kill", "murder", "ruin your lives", "shank", "shoot",etc.)?
- Method of delivery of the threat (who found/received the threat, when did they receive it, where did they receive it, who else did they tell and who else knows about it?).
- Is the threat clear, direct, plausible, and consistent?

2. Identifying the Threat Maker

In many cases the author is never found but steps that can be taken to identify who the author(s) are:

- Handwriting analysis.
- Word usage (phrases and expressions that that may be unique to a particular person or group of people [street gang, club, sports team, etc.]).
- Spelling (errors or modifications unique to an individual or group).

Contra-indicators:

Some authors will switch gender and try to lead the reader to believe they are male (or female) when they are not or pretend to be someone else as a setup.

Some individuals who write anonymous "hit lists" embed their own names in the list of identified targets.

Some individuals who report having found the anonymous threat are either the author or know who the author is.

4. Building Capacity

The VTRA protocol is intended to be used by multidisciplinary teams trained in "Level One and Level Two Violence Threat Risk Assessment". This protocol is not a substitute for training in the field of Violence Threat Risk Assessment and should not be used until adequate training is received. The NACTATR training program in VTRA is currently a four-day training initiative. Level One and Level Two are both two-day trainings.

5. VTRA Management Committee

The VTRA Management Committee is comprised of a minimum of 1 manager/program lead from all signed partners. The role of the committee is:

- Develop and maintain a current list of all employees and volunteers within protocol agencies (organizations) who are Level One and Level Two VTRA trained.
- Develop and maintain a current list of the VTRA Lead(s) for each protocol partner.
- Make any modifications to the written protocol.
- Review VTRA practice by having one or two cases presented to the sub-committee that highlights successes, challenges, and lessons learned.
- Determine when additional training is required.
- Serve as the management representation for assisting front line staff in navigation of the protocol and concerns when working with partners signed to the protocol.

Three Stage VTRA Model

This protocol is based on The North American Centre for Threat Assessment and Trauma Response's (NACTATR) Model of Violence Threat Risk Assessment (VTRA). The VTRA follows a three-step process:

- Stage 1: Data collection and immediate risk reducing interventions;
- Stage 2: Comprehensive multidisciplinary risk evaluation; and
- Stage 3: Multidisciplinary interventions.

The three stages of the VTRA combine all appropriate threat assessment concepts and risk assessment factors. This protocol allows for a comprehensive determination of violence risk and threat posed and the identification of appropriate interventions. It prevents under-reaction by professionals who may use general violence risk assessment tools as the unilateral measure to determine risk of violence of an individual. The three stage approach promotes understanding that some individuals may not pose a risk for general violence, yet may be moving rapidly on a pathway of violence toward a particular target they consider justifiable.

During data collection and risk reducing interventions VTRA team members should ensure attention to fluidity. Fluidity is the understanding that individuals may move between threats to harm others and a threat to harm themselves. Fluidity is an important consideration because the first hypothesis of VTRA is that a threat is a cry for help.

Stage 1: Data collection and immediate risk reducing interventions

Stage One is generally referred to as "data collection and immediate risk reducing interventions" performed at a minimum by the Site-Specific VTRA Team and the police of jurisdiction. This initial data collection is often accomplished in one to two hours. The Stage One Report Form is the primary guide for data collection and interviewing.

- **Step 1**: Incident Screening – Plausibility-Baseline-Attack Related Behaviours (PBA).
- **Step 2**: Site-Specific VTRA Team activation (Data Collection and Consolidation).
- **Step 3**: Immediate Risk Reducing Plan developed and implemented.

That said, the VTRA Team conducting Stage One rapidly collects data related to the specific incident that resulted in protocol activation in the first place in order to determine if the threat maker really poses a risk to the target. If the threat maker really poses a risk to the target, then the team needs to stabilize the threat maker, protect the target, and take any other reasonable steps to manage the current situation. Stage One must be done once a team member becomes aware of any information that meets the criteria for protocol activation. Most data collected at this stage is called **Case Specific Data (CSD).**

But in cases that prove to be truly moderate to high risk at the Stage One level there are often longer standing variables (risk enhancers) that have weakened the person to the point of posing a risk of serious violence such as childhood trauma, drug or alcohol abuse, early caregiver disruption, etc. This means that at some later point (one to two days following completion of the Stage One VTRA) we will also initiate a Stage Two VTRA.

Basic Categorization of Risk for Stage One VTRA;

Low Level of Concern:

"Low" categorization of risk does not imply "no risk", but indicates *the individual* is at little risk for violence, and monitoring of the matter may be appropriate.

- Threat is vague and indirect.
- Categorization of low risk does not imply "no risk" but indicates *the individual* is at little risk for violence.
- Information contained within the threat is inconsistent, implausible or lacks detail; threat lacks realism.
- Available information suggests that the person is unlikely to carry out the threat or become violent.
- Within the general range for typical baseline behaviour for the person of concern in question.
- Monitoring of the matter may be appropriate.

Moderate Level of Concern:

"Moderate" categorization of risk indicates *the individual* is at an elevated risk for violence, and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

- Threat is more plausible and concrete than a low-level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat will be carried out (e.g., possible place and time).
- No clear indication that the individual of concern has taken preparatory steps (e.g., weapon, seeking), although there may be an ambiguous or inconclusive reference pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!"
- A moderate or lingering concern about the individual's potential to act violently.
- Increase in baseline behaviour.
- Categorization of risk indicates *the individual* is at an elevated risk for violence, and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

High Level of Concern:

"High" categorization of risk indicates *the individual* is at high or imminent risk for violence, and immediate intervention is required to prevent an act of violence from occurring.

- Threat is specific and *plausible.* There is an identified target. Individual has the *capacity* to act on the threat.
- Information suggests concrete steps have been taken toward acting on threat. For example, information indicates that the individual has acquired or practiced with a weapon or has had a victim under surveillance.
- Information suggests strong concern about the individual's potential to act violently.
- Significant increase in baseline behaviour.
- Categorization of risk indicates the individual is at a high or imminent risk for violence.
- Immediate intervention is required to prevent an act of violence from occurring.

Stage 2: Specialized Risk Evaluation

Note: Professionals leading the Stage Two process ***must*** be trained in Level Two VTRA.

- **Step 4:** Community Protocol Activation (Further Data Collected – Risk Assessment).

Stage Two is generally referred to as "Specialized risk evaluation" which often involves VTRA team members or partners using their specialized training and skill to more fully assess confirmed risk enhancers and explore hypothesized risk enhancers. As such, much of Stage Two VTRA is the assessment of more statistically derived traditional risk enhancers that give insight into the overall functioning of the Person of Concern. It assists in targeting areas that may need to be addressed strategically and therapeutically, not just to lower the level of risk contextually, but to result in "lasting gains" where stabilization is both maintained and the cognitive, emotional, and behavioural baselines are reduced over time.

Some or all of the following may take a further lead in Stage Two VTRA:

- Police-based threat assessment units
- Psychiatry
- Pediatrics
- Mental Health
- Child Protection
- Youth Probation
- Others

Many protocol regions across the country have anywhere from ten to thirty (or more) agencies that are trained and signed-off partners to the Community VTRA Protocol. However, the disparity in those numbers means that in some regions key professionals who should be part of the formal VTRA Team are not yet trained. These agencies are referred to as "external agencies" meaning they are professionals or agencies who are not VTRA trained and not signed protocol partners.

While the VTRA Team understands that the untrained partner/agency is in essence part of the Stage Two VTRA process, it is more useful to communicate with these "external agencies" in their own professional language during the referral process. Education about VTRA can occur for them at a later time.

Stage 3: Comprehensive Intervention, Review, and Follow-up

- **Step Five:** Longer-Term Multi-Disciplinary Intervention Plan developed and maintained.
- **Step Six:** Follow-up – Continue to monitor, evaluate, and/or revise intervention plan as needed (30-60-90-day follow-up as needed).

From the moment the VTRA Protocol is activated there is ongoing data collection, assessment, and "intervention". Intervention plans must be established, implemented, and evaluated for both Stage One and Stage Two VTRA's. When the team identifies that the person who threatened to use a knife actually has a knife, then removing the weapon is an immediate risk-reducing "intervention". However, removing the weapon does not prevent them from obtaining a knife again at a later date. As such, the intervention planning goes beyond access to the means (short term) and instead works to

decrease the likelihood that the person of concern will return to the point of even wanting to use a knife to harm someone in the future (long term).

As Stage Two VTRA nears completion it should be evident as to what the primary risk enhancers are and therefore who is the logical VTRA lead for the remainder of the case. Many team members present during the early stages of the case may no longer be needed but are available as an original team (agency) member if needed again. The VTRA team does not abandon the lead(s)! However, the goal of successful intervention is that fewer and fewer resources are needed to support the person of concern (and/or their families etc.) as time goes on.

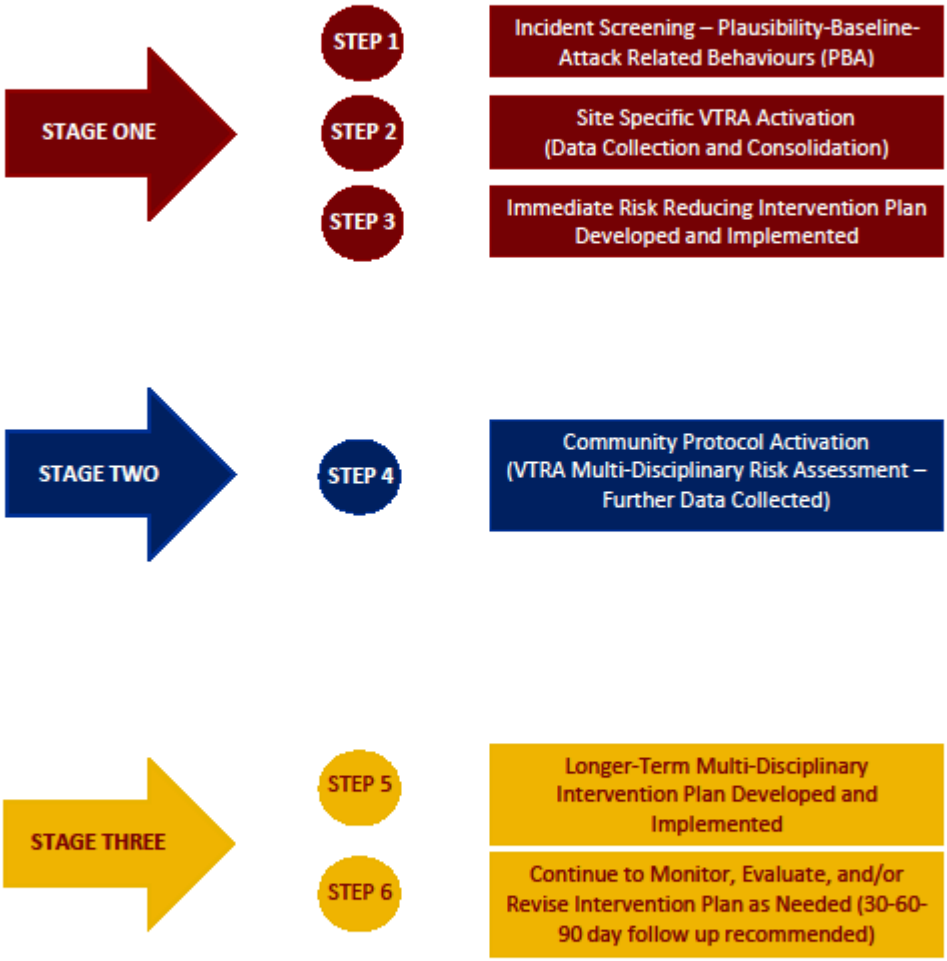
In essence, good intervention planning occurs when there is ongoing collaboration in cases considered as a complex case by the VTRA Team members. By definition:

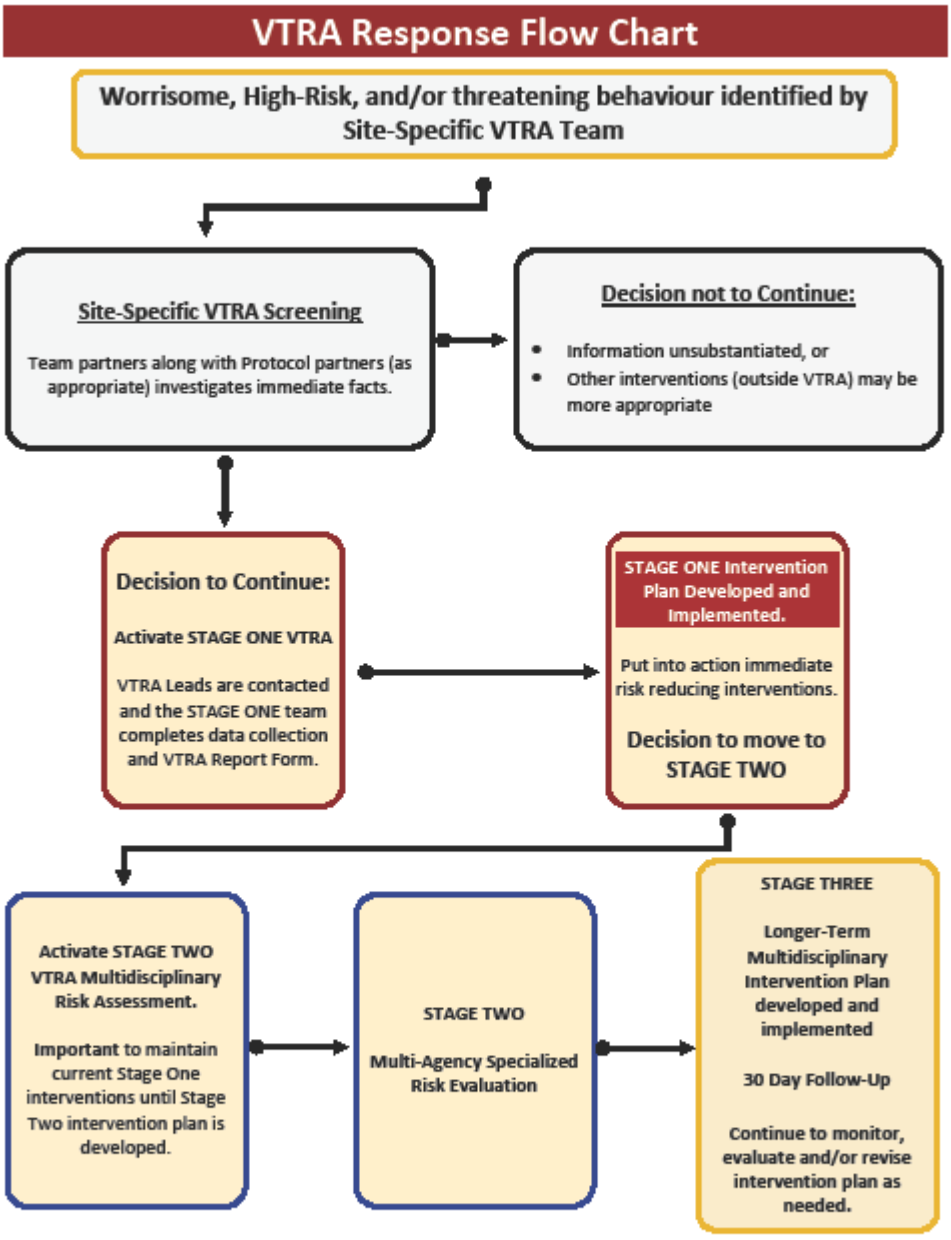
> *"Any case that has at least two or more significant risk enhancing variables that requires at least two or more different VTRA partners to remain involved in order to lower the level of risk and obtain lasting gains is a **complex case**".*

Cases that reach this level of intervention planning should place a special emphasize on predetermined follow-up meetings where all related VTRA team members come together personally or via telephone conference etc. to report and review the current state of the case. Sometimes data is obtained in these meetings that confirms the interventions are working or that follow through did not occur when the person of concern claimed it did. Thirty day (30); ninety day (90) and even one-year follow-ups have assisted tremendously with ensuring a high-risk case does not "fall through the cracks".

Three Stage VTRA Model

A model focusing on three distinct yet seamless stages, and 6 key steps that incorporates a multi-disciplinary team approach.




VTRA Response Flow Chart
Worrisome, High-Risk, and/or threatening behaviour identified by Site-Specific VTRA Team
Site-Specific VTRA Screening
Team partners along with Protocol partners (as appropriate) investigates immediate facts.
Decision not to Continue:
Information unsubstantiated, or
Other interventions (outside VTRA) may be more appropriate
Decision to Continue:
Activate STAGE ONE VTRA
VTRA Leads are contacted and the STAGE ONE team completes data collection and VTRA Report Form.
STAGE ONE Intervention Plan Developed and Implemented.
Put into action immediate risk reducing interventions.
Decision to move to STAGE TWO
Activate STAGE TWO VTRA Multidisciplinary Risk Assessment.
Important to maintain current Stage One interventions until Stage Two intervention plan is developed.
STAGE TWO
Multi-Agency Specialized Risk Evaluation
STAGE THREE
Longer-Term Multidisciplinary Intervention Plan developed and implemented
30 Day Follow-Up
Continue to monitor, evaluate and/or revise intervention plan as needed.

Sharing of Information

Wherever possible and reasonable, consent to disclose personal information should be obtained.

The general intent of access to information and protection of privacy legislation is to regulate the collection, storage, use, and disclosure of personal information. (Note: When the term "personal information" is used in this document, this includes personal health information.)

Informed consent does not exist unless the individual knows what he/she is consenting to, and understands the limits of confidentiality regarding the disclosure. The individual must be made aware that he/she can withdraw consent at any time by giving written or verbal notice. Community partners are committed to the sharing of relevant information to the extent authorized by law.

The presumption is that all information shared by partners about individuals and families is personal information and should be treated with a high level of confidentiality. Once sharing of information has occurred each partner who receives the information will be responsible for ensuring appropriate storage, use, and disclosure of such information in accordance with the laws, regulations, policies, and procedures applying to that partner. Each partner will be responsible for the education of personnel in this regard.

It is vital to note that legislation allows the release of personal information if there is imminent threat to health or safety. To make the public aware, a Fair Notice Letter is developed by community partners who deem it appropriate for the services they provide.

When to Share Information

Green Light	Yellow Light	Red Light
Generally speaking, and subject to the guidelines of LAFOIP, relevant personal information CAN be shared under one or more of the following circumstances:	In any of the following circumstances, obtain more information and receive direction from a supervisor:	Information can NEVER be shared under any of the following circumstance:
▪ With written consent (use Youth Criminal Justice Act [YCJA]); ▪ To avert or minimize imminent danger to the health and safety of any person; ▪ To report a child who might need protection under the Child and Family Services Act; ▪ By order of the Court; ▪ To support the rehabilitation of a young person under the Youth Criminal Justice Act; ▪ To ensure the safety of students and/or staff under the YCJA ; ▪ To cooperate with a police and/or a child protection investigation.	▪ Where consent is not provided or is refused but where there may be a health or safety issue for any individual or group(s); ▪ When asked about a report of criminal activity given to the police; ▪ When asked to share YCJA information from records, where there is a demand or request to produce information for a legal proceeding; ▪ When a professional code of ethics may limit disclosure.	▪ There is a legislative requirement barring disclosure; ▪ No consent is given and there is no need to know or overriding health/ safety concerns; ▪ Consent is given but there is no need to know nor overriding health/safety concerns.

Sharing Information: Legislation and Case Law

Each partner involved in an assessment will be responsible for determining the threshold for sharing information with other partners. Each partner will be responsible for ensuring compliance with applicable legislation.

Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)

"Disclosure of personal information: Subject to any other Act or regulation, personal information in the possession or under the control of a local authority may be disclosed: where necessary to protect the mental or physical health or safety of any individual." (L-28 (2) (l)).

Health Information Protection Act (HIPA)

"A trustee may disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases: where the trustee believes, on reasonable grounds, that the disclosure will avoid or minimize a danger to the health or safety of any person." (1999, cH-0021, s27 (4) (a)).

Freedom of Information and Protection of Privacy Act (FOIP)

FOIP applies to all provincial government ministries and agencies in Saskatchewan including Child and Family Services and the Ministry of Justice. Its terms are similar to LAFOIP and allow disclosure of information when the public interest in disclosure clearly outweighs any invasion of privacy or when disclosure would clearly benefit the individual to whom the information relates.

Youth Criminal Justice Act (YCJA)
Section 125(6), YCJA enables information in a Youth Criminal Justice Act record to be shared, within the access period, with any professional or other person engaged in the supervision or care of a young person – including the representative of any school division, or school or any other educational or training institution only in limited circumstances. Information may be shared to ensure the safety of staff, students, or others, to facilitate rehabilitation/reintegration of the young person, or to ensure compliance with a youth justice court order or any order of the provincial director respecting reintegration leave. Such sharing of information does not require the young person's consent.

The recipient of youth justice information is responsible for ensuring compliance with legislated restrictions on its use, storage, and disposal under the YCJA ss.126 (7). This provision requires that the information must be kept separate from any other record of the young person, that no other person must have access to the information except as authorized under the YCJA or for the purposes of ss.125 (6), and that it must be destroyed when it is no longer needed for the purpose for which it was disclosed.

Supreme Court Decision: R. V. M. (M. R.), (1998) 35. C. R. 398
"The Supreme Court of Canada (1998) has established legal precedent by ruling (in R. vs M (M. R)) that in certain situations, the need to protect the greater student population supersedes the individual rights of the students. The ruling explicitly acknowledges that school officials must be able to act quickly and effectively to ensure the safety of the students and to prevent serious violations of the school rules." (p. 47)

Reference: Cameron, K. (2018) *Community Protocol for Violence Threat Risk Assessment (VTRA) and Intervention* (10th Edition)

Child and Family Services Act
In Child and Family Services, information is gathered under the mandate of *The Child and Family Services Act* and *The Adoption Act*. Section 74 of *The Child and Family Services Act* provides the parameters for sharing information gathered for the purposes of the Act. This includes information that the Ministry is given that had been gathered through other legislative mandates such as Health Information, Criminal Code investigations, etc. 74(1) Notwithstanding Section 18 of *The Department of Social Services Act* , members of the board, members of family review panels, mediators, officers and employees of the department, members of boards of directors of agencies, officers and employees of agencies, foster parents and all other persons who are employed in or assist with the administration of this Act: (a) shall preserve confidentiality with respect to: (i) the name and any other information that may identify a person that comes to their attention pursuant to: (A) this Act; (B) *The Family Services Act*, not including Part III; or (C) *The Child Welfare Act*, not including Part II; and (ii) any files, documents, papers or other records dealing with the personal history or record of a person that have come into existence through anything done pursuant to: (A) this Act; (B) *The Family Services Act*, not including Part III; or (C) *The Child Welfare Act*, not including Part II; and (b) shall not disclose or communicate the information mentioned in clause (a) to any other person except as required to carry out the intent of this Act or as otherwise provided in this section. (2) The minister, a director or an officer may disclose or communicate information mentioned in subsection (1) relating to a child to: (a) the guardian, parent or foster parent of that child; or (b) the child to whom the information relates. (3) On request of a person, the minister or a director may: (a) disclose; or (b) authorize an officer to disclose; Information mentioned in subsection (1) relating to that person in any form that the minister of director considers appropriate. (4) Notwithstanding subsection (2) or (3), no person shall, except while giving evidence in a

protection hearing, disclose to anyone who is not an officer or a peace officer the name of a person who: (a) makes a report pursuant to section 12; and (b) requests that his or her name not be disclosed. (5) Any information that may be disclosed to the person to whom it relates may, with the written consent of the person to whom it relates, be disclosed to any other person. (5.1) Information mentioned in subsection (1) may be released where, in the opinion of the minister, the benefit of the release of information clearly outweighs any invasion of privacy that could result from the release. (5.2) The information mentioned in subsection (5.1) may be released in any form that the minister considers appropriate. (6) Any disclosure of information pursuant to this section does not constitute a waiver of Crown privilege, solicitor-client privilege or any other privilege recognized in law.

Documentation

The Stage 1 Violence Threat Risk Assessment Report Form (See Appendix A) is completed by the Threat Assessment Team (TAT) or CTASP member lead and serves as the official written record of the meeting called to discuss identified behaviour and to determine follow up plans or interventions. The written report and/or information from the meeting may be shared with community partners.

If the plan requires further action outside of the originating CTASP partner, the appropriate organization may receive a copy of the original report. In such instances, it is essential that all organizations make reasonable efforts to ensure that their protocols for the sharing, storage, and retention of this information and report are consistent with the following principles:

- At the minimum, partner organizations should ensure their personnel follow all requirements of any privacy legislation which may pertain to their agency;
- Information written and reported must be kept confidential and is intended to be shared with others on a “need to know” basis only;
- Information is shared only for the purpose for which it was created; and
- The written report is stored securely and retained only for the length of time required for the purpose for which it was created.

Community partners must ensure that policies and/or procedures are in place to protect the confidentiality of all information received by the organization and its employees through the assessment process. Community partners should take steps to ensure that all employees involved in the assessment process have a clear understanding of the requirements for confidentiality and of the consequences for breaches of confidentiality. There should be appropriate enforcement by the community partners of their policies and procedures regarding confidentiality.

Requests to amend information or requests for access to information will be addressed in accordance with the legislation applying to the agency to whom the request is made.

External Communications

As part of the threat assessment process, protocol members will consult with one another to coordinate any public messages via the media. The VTRA Management Committee will keep each partner informed of any threats or safety concerns that warrant notification.

Determining when to activate the VTRA Protocol:

There are a wide range of behaviours that are of concern in some families, workplaces, schools, and communities. It is sometimes difficult, however, to determine whether or not to activate a formal Violence Threat Risk Assessment (VTRA) process. The following guidelines are intended to help Protocol Partners make this determination. It is important to carefully consider each and every individual incident to ensure the most appropriate response.

These situations include armed (e.g. gun, knife, explosives or other device/weapon capable of causing serious injury or death) intruders inside the building or on the periphery, who may pose a risk to some target or targets (i.e. active shooter scenarios). When immediate risk is identified, lockdown plans should be activated immediately, followed by a call to 911. In these cases, a threat is unfolding and the matter is one of immediate police intervention and protective Site-Specific response; not Stage One VTRA.

Most targeted workplace and school shootings are over in a matter of minutes, usually before police arrive. It is vital that every worksite have a plan which everyone understands, drills have been conducted and everyone knows what to do. In these situations, every additional second we can manufacture, to slow a perpetrator down, can save lives. A Site-Specific lockdown plan which is understood by everyone and practiced on a regular basis will save lives. The importance of having lockdown plans in place, can't be overstated. The fact that a solid lockdown plan exists, in itself, may serve as a deterrent to an individual who may be contemplating an act of targeted violence in a work or school setting. Also, having an established and practiced lockdown plan in place greatly assists in reducing stress, modelling calmness, and minimizing the traumatizing of the individuals within the system the threat occurs. The RCMP Safe Plan is the standard for practice in all jurisdictions policed by the Royal Canadian Mounted Police.

In situations like the above, where a possible threat was present but violence has not occurred (e.g. the person of concern was found to have a weapon or replica but didn't use it), the VTRA Protocol will ***not*** *be immediately activated. Instead this will be a police matter (criminal and public safety) and the subject will generally be taken into custody, remanded, and initial evaluations will be conducted within the criminal justice system.*
However, prior to release the VTRA Protocol should be activated where the VTRA Lead for the Police of Jurisdiction in consultation with the appropriate Protocol Partners determines current level of risk or if a data-driven Threat Risk Assessment has been conducted internally, informs the VTRA Team about current level of risk and steps the Team can take to assist with Threat/Risk Management if necessary.

Note of Caution*: Sometimes stand alone Risk Assessments done by a single evaluator as well as Hospital Emergency Room assessments and others are* ***not*** *comprehensive data-driven assessment but more 'limited scope assessments' focused on acute level of risk. Without data from the appropriate VTRA Protocol Partners even the most skilled threat assessor may underreact to a case that is actually high risk. We have consistently said that:*

> *"A single evaluator can use the best violence risk assessment tool (or checklist) out there, but no risk assessment tool is worth squat unless you have good data to put into it. And a multi-disciplinary VTRA Team can collect more data and in a more timely fashion that any one professional can trying to do it on their own."*

Thresholds for VTRA Protocol activation addressed in this protocol include, but are not limited to:

- Serious violence or violence with intent to harm or kill
- Verbal/written threats to kill others ("clear, direct, and plausible")
- The use of technology (e.g. computer, mobile phone) to communicate threats to harm/kill others or cause serious property damage (e.g. "burn this office down")
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Chronic, pervasive, targeted bullying and/or harassment
- Gang related intimidation and violence
- Hate incidents motivated by factors including, but not limited to: race, culture, religion, and/or sexual or gender diversity

Suicide as a Special Consideration: When Site-Specific professionals are dealing with a situation where an individual is of concern because of suicidal ideation they should follow their existing protocols for suicide risk assessment. Most Protocol Partners have personnel (or should have) who are trained in suicide risk assessment and intervention.

Therefore, as a standard, this is not a category for action and the VTRA protocol is not to be activated. However, those trained in suicide risk assessment should also be VTRA trained and be open to the possibility that the individual being assessed may be fluid. The third formal hypothesis in the Stage One VTRA process is: "Is there any evidence of fluidity?"

As well, whenever there is evidence of a suicide pact or evidence that there is a peer dynamic or a "puppet master" in the background trying to drive them to kill themselves, the VTRA Protocol should be activated. Therefore, the VTRA Protocol should only be used as part of a case with suicidal ideation when there is evidence of:

- *Fluidity*
- *Suicide Pact*
- *Conspiracy of two or more (Puppet Master)*
- *Multiple Suicides or Attempts in Quick Succession in a Community*

Non-Work Hour Cases

If information is received by a VTRA team member regarding serious violence, weapons possession or a threat that is "clear, direct, and plausible" during non-work hours for Protocol Partners, police will be called and steps will be taken to assess the person of concern as well as notify and protect the target(s) as required. Site-Specific VTRA team members and police will determine if team members need to assist beyond regular work hours or if the non-police aspect of the case can wait until regular work hours.

However, the VTRA team will be activated if the case at hand is deemed to be high risk. Open communication between Site-Specific VTRA Leads and police is essential. So is information sharing between patrol or general duty police officers and specialized police units such as mobile crisis units and school resource/liaison officers regarding non-work hour cases. Many evening or weekend incidents occur that continue to escalate into the workplace/school and many workplace/school incidents occur that escalate into the community the next day. This has proven especially useful in:

- Gang related cases
- Relational violence
- Family violence
- Workplace violence
- Work-site retaliations (current/former employees, customers, etc.)
- Sporting event retaliations
- Weekend school, college, and university party retaliations

Worrisome Behaviours

Worrisome behaviours are "grey area" cases. This would include instances where a person of concern may be engaging in behaviours such as drawing pictures, writing stories (and posting or presenting them), or making vague statements that do not, of themselves, constitute "uttering threats" as defined by law but are causing concern because of violent, sexual, or other concerning content. The primary standard for assessing these types of cases is "the closer to reality, the more concerned we become." In other words, when a person of concern draws mythical creatures engaging in scenes of brutal violence we do not assume the author poses a risk as mythical creatures are not real. But if someone puts a picture of a "stick" man choking a woman and leaves it on the coffee table in the staff room prior to a female co-worker walking in, that would be "worrisome."

Worrisome Behaviour cases are for Site-Specific VTRA team members to discuss internally and do not result in activation of the Community Protocol because it does not cross a clear line. Yet, it is appropriate for the Site-Specific VTRA Lead to consult with their Police VTRA Lead even from a consultation perspective of "what do you think about this Facebook posting?" Independent of the Site-Specific VTRA Lead, the Police member may do their own background check and if they determine the person of concern targeted and stalked a female employee in a different work setting in a different province prior to this current situation, further inquiry will now begin.

In many cases, following up on "Worrisome Behaviours" results in good early intervention measures. There are also cases where "a little data leads to a lot" and what seems like a minor case can quickly evolve to the formal activation of the VTRA team.

If there is a significant increase/shift in baseline behaviour, weapons possession or clear, direct, and plausible threats, the formal VTRA protocol will still be activated. Nevertheless, when younger children engage in violent or threat-related behaviours, developmental, and exceptionality issues need to be taken into consideration. Generally speaking, most threat related behaviour exhibited by young children would fall into the category of "worrisome behaviours". However, just because a child is under 12 years of age does not mean they cannot pose a risk. A 7-year old who threatens for the first time "I'm gonna set you on fire" to a peer they have been harassing for some time is worthy of VTRA Screening.

Parent/Caregiver Roles in VTRA:

Parent (Caregiver) Notification – Person(s) of Concern:

Note: *This section is primarily focused on children and youth under 18 years of age. However, there are adult VTRA cases where parents, caregivers, siblings, spouses (partners), and others associated with the person of concern have been contacted due to concerns regarding risk to self or others.*

Parent(s) or caregiver(s) are an essential part of the assessment process as they are necessary sources of insight and data regarding the "bedroom dynamic", "An increase or shift in baseline", and other contextual factors that may be either "risk-reducing or risk-enhancing". As such, notification of parent(s) or caregiver(s) is meant to activate a collaborative process between home and the VTRA Team to more fully assess the young person of concern and collaboratively plan for appropriate intervention where necessary.

Therefore, parent(s) or caregiver(s) of a young person under the age of 18, or who is still under the guardianship of an adult, should be notified at the "earliest opportunity". Specifically, notification should occur after the VTRA team has collected enough initial data to confirm that a Stage One VTRA should be activated. Depending on the initial level of risk or evolving dynamics of a particular case parent/caregiver notification may be delayed. Common reasons include:

a) Child protection issues that emerge early on in the data collection process. In these situations, that part of the case will be the domain of Child Protection.
b) Parent/Caregiver poses a potential risk of violence to the Site where the VTRA was activated. In these situations, the police will take the lead of notification.
c) Where multiple young people of concern (and others) are believed to be part of a conspiracy of two or more and therefore the timing (correlation) of notifying multiple parents/caregivers must be done strategically so as not to escalate a complex peer dynamic.

Parent (Caregiver) Notification – Target(s):

Note: *This section is primarily focused on children and youth under 18 years of age. However, there are adult VTRA cases where parents, caregivers, siblings, spouses (partners) and others have been contacted due to concerns regarding the trauma response of the target. This may include hyper or hypo arousal of the target that may be impairing their current judgement.*

As a primary purpose of the Community VTRA Protocol is violence prevention, identifying, protecting, and supporting the target(s) of the threat is a priority as well. Therefore, parent(s) or caregiver(s) of a young person under the age of 18, or who is still under the guardianship of an adult, should be notified at the "earliest opportunity".

Often the target and his/her parent(s) or caregiver(s) are fearful or traumatized by the situation; therefore, notification should be done with skill, tact, and planning. A plan should be made for possible emotional supports the family may need. As such, if the threat is "clear, direct, and plausible" or the VTRA team feels violence may be imminent (if the case is unfolding during school hours and the target is present at school), notification will occur after the target is secured/protected from potential harm. If the initial threat is **not** "clear, direct, and plausible",

the VTRA team will continue to collect data to determine the level of risk before the parent(s) or caregiver(s) are notified: this is to prevent unnecessarily traumatizing individuals when no risk is present.

Taking the time to do a proper initial assessment can prevent some of the extreme overreactions that have occurred in several low risk cases across this country. There are also times when a case may first appear as high-risk but quickly prove to be a minor non-threat related situation.

However, there are also cases where notification may be delayed, such as:

a) Long standing dynamics between two conflicting families that are likely to result in further threats and/or violence once notification occurs. These situations would be seen as "threat management" cases.
b) The parent/caregiver is highly likely to escalate the situation by overreacting before the VTRA Team can conduct all necessary initial interviews and take protective steps for the target(s).

Yorkton and Area Community Threat Assessment and Support Protocol

Signed on: November 17, 2020

DWIGHT GUY
Board Chair
Christ the Teacher Catholic Schools

BARB MACKESEY
Director of Education
Christ the Teacher Catholic Schools

ROBERT SIMPSON
Board Chair
Good Spirit School Division

QUINTIN ROBERTSON
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EDITH MONTESCLAROS
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Ministry of Social Services

Yorkton and Area Community Threat Assessment and Support Protocol

Signed on: November 17, 2021

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Yorkton Tribal Council

TREVOR MORRISSEY
Fire Chief
Yorkton Fire Protective Services

ERIN TANK
General Manager
Good Spirit Housing Authority

JOHN DENYSEK
Regional Director
SaskAbilities

TERRI-ANN LEPOWICK
Tribal Justice Unit Director
Yorkton Tribal Council – Justice Unit

Appendix A:
STAGE ONE VTRA

"The Better the Data, the Better the Assessment"

Date of Incident:		**Date of VTRA:**	
Location of Incident:		**VTRA Team Lead:**	
Name:		**Date of Birth:**	
Phone:		**Age:**	
Address:		**Gender:**	____Male ____ Female
School/Organization:		**Grade/Position:**	
Parent/Guardian/Partner:		**Phone:**	
Parent/Guardian/Partner:		**Phone:**	
Address:		**Other Address:**	
Previous VTRAs	____ YES ____ NO		
Previous incident type(s)			

Plausible / Baseline / Attack-Related Behaviors (PBA's) (Answers relevant to risk)

Series One: Questions *Details of the Incident*

1. Where did the incident happen & when?
2. How did it come to the Reporter's attention?
   - What was the specific language of the threat, detail of the weapon brandished, or gesture made?
3. Was there stated:
   - **J**ustification for the threat?
   - **M**eans to carry out the threat?
   - **C**onsequences weighed out (I don't care if I live or die!)?
   - **C**onditions that could lower the level of risk (unless you take that Twitter post down I will stick my knife in your throat!)?
4. Who was present & under what circumstance did the incident occur?
5. What was the motivation or perceived cause of the incident?
6. What was the response of the target (if present) at the time of the incident? ***Did he/she add to or detract from the Justification Process?***
7. What was the response of others who were present at the time of the incident? ***Did they add to or detract from the Justification Process?***

Series Two Questions: *Attack-Related Behaviours*

1. Has the person of concern (subject) sought out information consistent with his/her threat making or threat-related behaviour?
2. Have there been any communications suggesting ideas or intentions to attack a target currently or in the past?
3. Has the person of concern (subject) attempted to gain access to weapons or does he/she have access to the weapons she/he has threatened to use?
4. Has the person of concern (subject) developed a plan & how general or specific is it (time, date, identified target selection, site selection, journal of justifications, maps & floor plans)?
5. Has the person of concern (subject) been engaging in suspicious behaviour such as appearing to show an inordinate interest in alarm systems, sprinkle systems, video surveillance in schools or elsewhere, schedules & locations of police or security patrol?
6. Has the person of concern (subject) engaged in rehearsal behaviours, including packing or brandishing fake but realistic looking weapons, air rifles, pistols, or engaged in fire setting (i.e. lighting fire to card board tubes cut & taped to look like a pipe bomb, etc.)?
7. Have others been forewarned of a pending attack or told not to come to work/school because “something big is going to happen?”

Series Three Questions: *Empty Vessel*
1. Does the person of concern (subject) have a healthy relationship with a mature adult?
2. Does the person of concern have inordinate knowledge versus general knowledge or interest in violent events, themes, or incidents, including prior work/school – based attacks?
3. How has he/she responded to prior violent incidents (local, national, etc.)?
4. Is there evidence that what he/she is filling himself/herself with is influencing his/her behaviour? (Imitators vs. Innovators?)
5. What themes are present in his/her writings, drawings, etc.?

Series Four Questions: *Threat Maker Typology*

1. **Does the person of concern appear to be more:**
   - Traditional Predominately Behavioural Type?
   - Traditional Predominately Cognitive Type?
   - Mixed Type?
   - Non-Traditional?
2. **Does the person of concern (subject) have a history of violence or threats of violence? If yes, what is their past:**
   - **(HTS)** History of Human Target Selection
   - **(SS)** History of Site Selection
   - **(F)**requency of Violence or Threats
   - **(I)**intensity of Violence or Threats
   - **(R)**ecency
3. **In the case at hand, what is their current:**
   - **(HTS)** Human Target Selection
   - **(SS)** Site Selection
   - Does it denote a significant increase in **BASELINE** Behaviour?

   NOTE: In Stage I VTRA, history of violence is a significant risk enhancer but the best predictor of future violent behaviour is an **increase or shift in baseline**. This may also include an individual who has become more withdrawn or quiet as opposed acting out!

4. Do they have a history of depression or suicidal thinking/behaviour?
5. Is there evidence of fluidity in their writings, drawings or verbalizations?
6. Does the person of concern (subject) use drugs or alcohol? Is there evidence it is a risk enhancing factor in the case at hand?
7. Is there a mental health diagnosis or evidence of a mental health diagnosis that may be a risk enhancing factor in the case at hand?

Series Five Questions: *Target Typology*
Remember that in some cases the target is higher risk for violence than the threat maker with the most common case being where the person of concern is the victim of bullying and the target is the bully. • Does the target have a history of violence or threats of violence? If yes, what is their past history? • If yes, what is the frequency, intensity & recency (FIR) of the violence? • What has been their past human target selection? • What has been their past site selection? • Is there evidence the target has instigated the current situation?

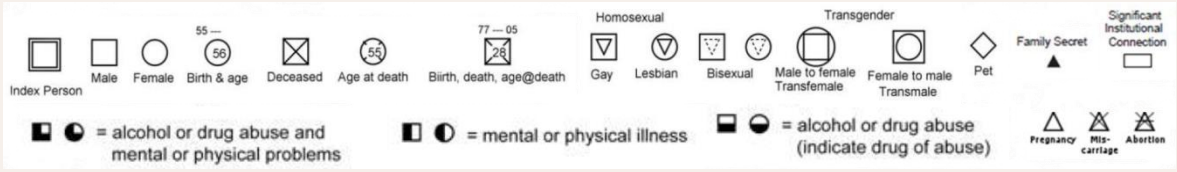
Series Six Questions: *Peer Dynamics*
1. Are others involved in the incident that may intentionally or unintentionally be contributing to the justification process? **2.** Who is in the person of concern's (subjects) peer structure & where does the threat maker (subject) fit (i.e.: leader, co-leader, and follower)? **3.** Is there a difference between the person of concern's individual baseline & their peer group baseline behaviour? **4.** Who is in the target's peer structure & where does the target fit (i.e.: leader, co-leader, and follower)? **5.** Is there a peer who could assist with the plan or obtain the weapons necessary for an attack?

Series Seven Questions: *Family Dynamics*

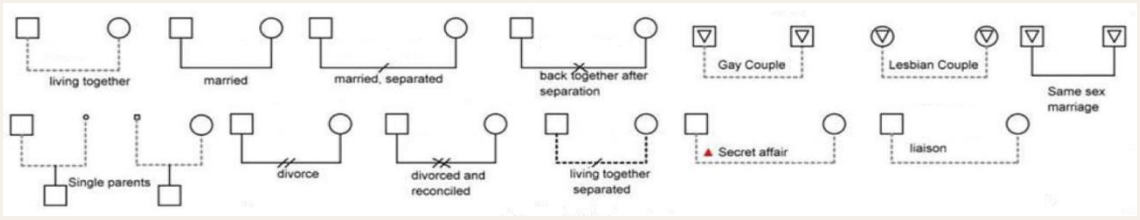
1. How many homes does the person of concern (subject) reside in (shared custody, goes back and forth from parent to grandparent's home)?
2. Is the person of concern (subject) connected to a healthy/ mature adult in the home?
3. Who all lives in the family home (full-time and part-time)?
4. Has anyone entered or left the home who may be influencing level of risk?
5. Who seems to be in charge of the family and how often is he/she around?
6. Has the person of concern engaged in violence or threats of violence towards his/her siblings or parent(s) caregiver(s)? If so, what form of violence and to whom including Frequency, Intensity, Recency (FIR)?
7. What is the historical baseline at home? What is the current baseline at home? Is there evidence of evolution at home?
8. Are parent(s) or caregiver(s) concerned for their own safety or the safety of their children or others?
9. Does the person of concern's level or risk (at home, school, work, or the community) cycle according to who is in the home (i.e. the person of concern is low risk for violence when his/her father is home but high risk during the times his/her father travels away from home for work)?
10. Does the person of concern have a history of trauma? Including car accidents, falls, exposure to violence, abuse, etc.
11. Has the person of concern been diagnosed with a DSM V diagnoses?
12. Is there a history of mental health disorders in the family?
13. Is there a history of drug or alcohol abuse in the family?

Genogram

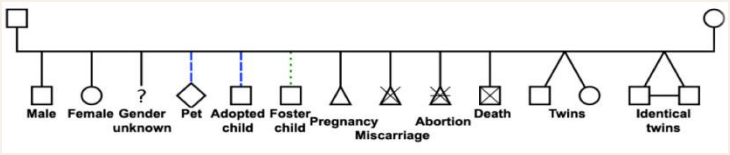
Basic Symbols:



Basic Couple Relationships:



Basic Child Relationships:



Series Eight Questions: *Contextual Factors*

1. Has the person of concern experienced a recent loss, such as a death of a family member or friend; a recent break-up; rejection by a peer or peer group; been cut from a sports team; received a rejection notice from a college, university, military etc?
2. Have his/her parents just divorced or separated?
3. Is he/she the victim of child abuse & has the abuse been dormant but re-surfaced at this time?
4. Is he/she being initiated into a gang & is it voluntary or forced recruitment?
5. Has he/she recently had an argument or "fight" with a parent/caregiver or someone close to him/her?
6. Has he/she recently been charged with an offence or suspended or expelled from school?
7. Has he/she recently been either suspended from work with or without pay?
8. Has he/she recently been terminated from a job?
9. Has he/she recently been issued or served with a trespassing notice, restraining order, no contact order, etc.?
10. Is the place where he/she has been suspended to likely to increase or decrease his/her level of risk?

Remember

If the increase (shift) in baseline is "too steep" the two leading hypotheses are:

1. **A recent traumatic incident that has contextually increased vulnerability.**
2. **The "person of concern" is meeting the cognitive baseline of the "puppet master".**

INCIDENT / EVENT

STAGE ONE VTRA

(Data Collection and Immediate Risk Reducing Interventions)

		2 – 24 Hrs.	24 – 48 Hrs.	One Week +
Risk Enhancer #1 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #2 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #3 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #4 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #5 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
		2 – 24 Hrs.	**24 – 48 Hrs.**	**One Week**

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

STAGE ONE VTRA

(Data Collection and Immediate Risk Reducing Interventions)

		2 – 24 Hrs.	24 – 48 Hrs.	One Week
Risk Enhancer #___		***(C or H):*** _____		
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

Stage One VTRA Team Members		
Site - Based		
Position / Title	**Team Member Name:**	**Signature:**
Community Protocol Partners		

Note:

If the case proceeds to Stage Two, refer to the 4th section of this manual *(VTRA and the REST)* for a foundational understanding of the Stage Two VTRA Process.

Appendix B:
STAGE TWO VTRA

"The Better the Data, the Better the Assessment"

CANADIAN CENTRE FOR THREAT ASSESSMENT & TRAUMA RESPONSE

INCIDENT / EVENT

STAGE TWO VTRA

(Specialized Risk Evaluation)

		Two Weeks	Three Weeks	One Month
Risk Enhancer #1 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #2 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #3 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #4 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #5 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
		Two Weeks	**Three Weeks**	**One Month**

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

STAGE TWO VTRA

(Specialized Risk Evaluation)

		Two Weeks	Three Weeks	One Month
Risk Enhancer #___		***(C or H):*** _____		
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

Stage Two VTRA Team Members:	Contact Person	Consent ✓

Appendix C:
STAGE THREE - Intervention Planning

"The Better the Assessment, the Better the Intervention"

CANADIAN CENTRE FOR THREAT ASSESSMENT & TRAUMA RESPONSE

Stage Three: VTRA Intervention Planning

VTRA Intervention Plan

Stage ONE ☐ Stage TWO ☐

	Risk Enhancer *C – Confirmed* *H – Hypothesized*	Intervention - Identify either *ST – Short Term, or* *LT – Long Term*	Buy-In	ST / LT	Person, Professional, Agency Responsible
1)					
2)					
3)					
4)					
5)					

Intervention Plan: Stage One ☐ Stage Two ☐

Initial Plan & Review / Follow-up

INCIDENT / EVENT

		First Review Date: _____	Second Review Date: _____	Third Review Date: _____
Risk Enhancer #1 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #2 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #3 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #4 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
Risk Enhancer #5 ***(C or H):*** _____				
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				
		First Review Date: _____	**Second Review Date:** _____	**Third Review Date:** _____

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

Intervention Plan: Stage One ☐ Stage Two ☐

Initial Plan & Review / Follow-up

		First Review Date: _____	Second Review Date: _____	Third Review Date: _____
Risk Enhancer #___		***(C or H):*** _____		
Intervention *Identify ST or LT*	**ST**			
	LT			
Professional / Other				
Buy-in				

Terms of Reference

Risk Enhancer "C": Confirmed Risk Enhancer
Risk Enhancer "H": Hypothesized Risk Enhancer
Intervention "ST": Short-Term Intervention
Intervention "LT": Long-Term Intervention
PBA's: Plausible – Baseline – Attack Related Behaviors

Appendix D:
Fair Notice Letter

Good Spirit
SCHOOL DIVISION

Christ the Teacher Catholic Schools
Believe... Belong... Become

September 8, 2020

Dear Parents/Guardians:

The safety of our children is of top priority for all of us. We, the Good Spirit School Division and Christ the Teacher Catholic Schools, are involved in intensive safety training with our community partners. Together, we developed a plan for responding to high-risk behaviours. High-risk behaviours include, but are not limited to, possession of weapons, bomb threats and threats to injure oneself or others.

This letter is to inform you that GSSD/CTTCS school systems have a policy that requires principals to initiate a "threat assessment" in all cases of students displaying any type of high-risk behaviour. Should you wish to review the *"Administrative Procedure 165: Safe Schools"* or *"Administrative Procedure 354: Threat Assessment"*, please visit our websites at either wwwgssd.ca or www.christtheteacher.ca. The purpose of these assessments is to determine how best to support high-risk students so that their behaviour does not become hurtful or destructive. If your child comes home and tells you that a student has behaved in a threatening way at school, please advise your principal and be assured that your principal will be taking measures to deal with the situation in a positive and proactive manner. If your principal invites you to a meeting to discuss safety concerns about your own child, please be assured that the procedure is being followed and that the primary goal is safety, not punishment.

This letter is intended to serve our community with fair notice that we, as school communities, will not accept "no response" to a serious threat. Our goal is to respond to all threats in a professional manner that provides for a healthy and caring learning environment.

We are pleased to provide, in conjunction with our community partners, a safe environment for all of our students.

Sincerely,

Quintin Robertson
Director of Education

Barb MacKesey
Director of Education

Good Spirit School Division No. 204
Good Spirit Education Complex
5B Schrader Drive
Box 1730
Yorkton, SK S3N 3L4
PH: 306-786-5500 FAX: 306-783-0355

Christ the Teacher Catholic Schools
45-A Palliser Way,
Yorkton, SK S3N 4C5
PH: 306-783-8787 FAX: 306-783-4992

Appendix E:
Fair Notice Letter

Yorkton Branch
162 Ball Road, Box 5011
YORKTON SK S3N 3Z4
Tel: 1-833-444-4126
Fax: 306-782-7844

April 15, 2019

Dear Service User:

Your safety is of top priority for all of us. SaskAbilities –Yorkton Branch is involved in intensive safety training with our community partners. Together, we have developed a plan for responding to high-risk behaviours. High-risk behaviours include, but are not limited to, possession of weapons, bomb threats, and threats to injure oneself or others.

This letter is to inform you that SaskAbilities –Yorkton Branch has a community commitment that requires management to initiate a 'threat assessment' in all cases of individuals in our programs displaying any type of high-risk behaviour. Should you wish to review the *Yorkton and Area Community Threat Assessment and Support Protocol* (CTASP) we would be happy to email you a copy. The purpose of these assessments is to determine how best to support high-risk individuals so that their behaviour does not become hurtful or destructive. If you notice that a fellow service user has behaved in a threatening way in a program or support service, please advise your program supervisor and be assured that your program supervisor will be taking measures to deal with the situation in a positive and proactive manner. If your program supervisor invites you and perhaps members of your support team to a meeting to discuss safety concerns, please be assured that the procedure is being followed and that the primary goal is safety, not punishment.

This letter is intended to serve our community with fair notice that we, as a community-based service provider, will not accept 'no response' to a serious threat. Our goal is to respond to all threats in a professional manner that provides for a healthy and caring learning environment that fosters independence.

We are pleased to provide, in conjunction with our community partners, a safe environment for all individuals accessing our services.

Sincerely,

_____

John Denysek
Regional Director – Yorkton Branch

Appendix F:
Fair Notice Letter

Society for the Involvement of Good Neighbours

83 North Street Yorkton, Saskatchewan S3N 0N8

Phone: (306)783-9409
Fax: (306)786-7116
Website: www.signyorkton.ca

May 4, 2021

Dear Parents/Guardian and Clients:

The safety of our clients is of top priority for all of us. We, the Society for the Involvement of Good Neighbours, are involved in intensive safety training with our community partners. Together, we developed a plan for responding to high risk behaviours. High risk behaviours include but are not limited to, possession of weapons, bomb threats and threats to injure oneself or others.

This letter is to inform you that SIGN has a procedure that requires trained SIGN staff to initiate a "threat assessment" in all cases of clients displaying any type of high-risk behaviour. Should you wish to review the *Procedure: Threat Assessment,* please contact Andrew Sedley, Executive Director or Shelley Zoerb, Director of Operations at signadmin@signyorkton.ca .

The purpose of these assessments is to determine how best to support high risk clients so that their behaviour does not become hurtful or destructive. If you have information to suggest someone has behaved in a threatening way, please advise your support worker and be assured they will be taking measures to deal with the situation in a positive and proactive manner. If you are invited to a meeting to discuss safety concerns about one of your family members, please be assured that the procedure is being followed and that the primary goal is safety, not punishment.

This letter is intended to serve our community with fair notice that we, as an organization, will not accept "no response" to a serious threat. Our goal is to respond to all threats in a professional manner that provides for a healthy and caring community.

We are pleased to provide, in conjunction with our community partners, a safe environment for all of our clients.

Sincerely,

Andrew Sedley
Executive Director