

Crisis Response Models - Assessment Findings Report

May/June 2022

Contents

- Project Background and Description 2
 - Project Focus..... 2
 - Strategic Framework 3
 - Organizational Mandates..... 3
- Executive Summary..... 5
 - Strathcona County Community Dynamics 5
 - Crisis Response Model Assessment Findings 6
- Strathcona County Current State 7
 - Demographics 7
 - Psychological Data and Statistics 8
 - Community Partner Observations 8
 - Family and Community Services Demands 8
 - Strathcona County Emergency Services Demands 9
 - Community Safety and Well-Being Strategy 10
 - Drug Use Surveillance Data 11
- Municipal Crisis Response Models 12
 - Red Deer’s Crisis Response Model 12
 - Airdrie’s Mental Health and Addictions Liaison Team 13
 - Edmonton’s 24/7 Crisis Diversion Team 14
 - Regional Police and Crisis Response Teams (PACT) 15
 - Access 24/7 16
 - The City of Fredericton 16
 - City of Denver – Support Team Assisted Response (STAR) Program 17
 - Car 60 Program 17
 - City of Lethbridge – PACT (Police and Crisis Team) 18
 - Fort McMurray – SOS (Some Other Solutions) 18
 - Saskatchewan – Hub Tables 19
- Conclusion 21

Project Background and Description

The COVID-19 pandemic has both surfaced new and amplified existing social stressors and systemic gaps, leading to increasingly complex needs for individuals and families, including an elevated risk of mental health challenges, substance abuse, violence and trauma.

The RCMP and police have become the default emergency response for non-criminal calls involving mental health and addictions. Responding to health and social issues through the criminal justice system has aggravated risk factors for individuals and communities and led to overburdened enforcement and emergency response services.

Crisis response teams reduce a reliance on law enforcement and emergency medical response while contributing to a continuum of community supports and addressing service gaps. Several municipalities in Alberta, including Red Deer, Edmonton, Airdrie, Grande Prairie and Wood Buffalo have enacted crisis response teams to address non-emergency mental health and addictions calls.

On March 22, 2022, Council put forward a motion THAT by the end of July 2022, Administration prepare a report for Council's consideration with options and recommendations to develop a crisis response approach to mental health calls in Strathcona County.

Project Focus

The purpose of this project is to provide options for Council on the models for mental health and crisis response in Strathcona County.

Specific questions for this project include:

- What models (e.g., preventative, early intervention, crisis response) have the best outcomes for individuals and the community?
- What is the return on investment for each model?
- How successful are the intervention teams in avoiding judicial system or law enforcement involvement?

Strategic Framework

Strathcona County is supported through the existing, strong community partnerships. Since 2017, Strathcona County's Social Framework has supported the County's collective approach to address social challenges and provides overarching policy direction for ways in which community organizations can think and work together in new and innovative ways for deeper, more sustainable impact, and has positioned the County to explore and address underlying root causes of challenges in our community.

As demonstrated by the Social Framework and its success, Strathcona County is a leader in building relationships and connections across service providers to create an effective, responsive net of safety for residents. Service providers in Strathcona County place a high priority on continuing to build on this base so that they are further connected with each other, increasingly knowledgeable about each other's work and working together in coordinated and holistic ways.

Organizational Mandates

Children's Services

Children's Services helps to build strong, resilient families by focusing on safety and well-being from early learning and childhood development through to early intervention supports, intervention services and transitions to adulthood. Ministry programs and services on the intervention continuum include:

- Prevention, early intervention and post-intervention supports;
- Child care and early childhood development, including supports for children with diverse needs in child care settings;
- Family Resource Network preventative programming;
- Youth in care mentorship; and
- Intervention for children at home and in care;

Alberta Health Services (AHS)

The *Regional Health Authorities Act* (RHAA) charges AHS with responsibility to:

- promote and protect the health of the population in Alberta and work toward the
- prevention of disease and injury;
- assess on an ongoing basis the health needs of Albertans;
- determine priorities in the provision of health services in Alberta and allocate resources accordingly;
- ensure that reasonable access to quality health services is provided in and through Alberta; and
- promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in Alberta.

Family and Community Services (FCS)

Through a reorganization in 2018 and guided by the Social Framework and applicable legislation, FCS delivers evidence-based, holistic supports and easy to access services to the community, along the continuum of prevention and early intervention supports.

Solutions Navigation and Counselling services focus on leveraging an individual's existing skills and strengths to improve their mental wellness and learn new coping strategies for life's stressors. These services are offered on a walk-in and virtual basis. Research demonstrates that when supports are available at the time that an individual is ready to make a change, they are far more likely to be effective.

RCMP

RCMP contracted services are provided in support of safe communities by uniformed and non-uniformed RCMP employees, and include the general administration of justice, preservation of peace, community policing and the prevention of crime. At the community, provincial, territorial and federal levels, RCMP work to:

- prevent crime
- enforce the law
- investigate offences
- keep Canadians, and their interests, safe and secure
- assist Canadians in emergency situations/incidents



Executive Summary

Strathcona County Community Dynamics

Over the past few months, Family and Community Services has conducted conversations with community partners to better understand the mental health crisis response needs in the community. From these conversations, the following themes have emerged:

- The rate of crime, drug use, death from drug use, and Mental Health Act calls into police and emergency services is increasing in Strathcona County.
 - Strathcona County Emergency Services has seen a consistent increase in the number of psychiatric-related calls they respond to. The number of events has increased from 153 in 2019, 251 in 2020, and 263 in 2021.
 - RCMP data demonstrates that between 2020 and 2021 there was a 29% increase in mental health related occurrences in urban Strathcona County, from 476 in 2020 to 614 in 2021. In rural Strathcona County there was a 10% increase during this time period, from 134 occurrences in 2020 to 148 in 2021.
- Access to mental health crisis support services is currently overburdened.
 - The Sherwood Park Primary Care Network is experiencing a three month waitlist for psychiatry appointments.
 - Alberta Health Services (AHS) Children, Youth, and Families Addiction and Mental Health is experiencing significant wait times for mental health supports. There are no walk-in services available at this time and residents are going into Edmonton to seek supports.
- There has been a 54% increase in the number of unique participants (1426 to 2191) since 2019, and a 76% increase in the number of Solutions Navigation sessions attended by participants (2613 to 4528).
- Elk Island Public School is providing support to students through a Mental Health Strategic Plan, however, the demands are stretching the scope of practice.

Crisis Response Model Assessment Findings

There are three high-level, models that represent the various approaches to crisis response. These are:



Based on the findings from the assessment of other municipal models and best practices, there are several key components that are integral to the establishment of a crisis response team, regardless of the scope. In any option that Strathcona County wishes to pursue, the following components are essential:

Qualified staff

- Given the heightened emotional states of participants in crisis, having staff who are qualified to manage those situations is critical. Qualified staff include social workers, mental health therapists, and psychiatric nurses.
- A minimum of a two-person team is required for all responses off-site.

Access to participant medical and incident history

- In the case of community members who are having a psychiatric or acute mental health crisis, it is imperative for the safety of staff and residents, for the crisis response team to have access to the medical history and relevant information to accurately assess and support the individual.
 - For this reason, partnership with Alberta Health Services is a vital part of the response.

Collaboration with local emergency, police services, and Alberta Health Services (AHS)

- Successful crisis response teams work in collaboration with local police forces and emergency services.
- Legal and appropriate sharing of participant history and information between police services and crisis response teams is critical to support the safety of staff and the community.
- A Memorandum of Understanding with AHS is critical in order to access patient information and support referrals to and from the health system.

Strathcona County Current State

Demographics

- Strathcona County is the sixth largest municipality in Alberta, with a population of 98,381 in 2018¹.
- The seniors' population (65 and older) increased 35% between 2011 to 2016, the highest growth of any age group. The population of children, aged 0 to 15 years, grew 4%, and the working age population, 15 to 64 years, increased 2% during the same time period².
- In 2016, the average age of County residents was 39 years old³.
- In 2018, 7.29% of County residents identified as visible minorities, considerably lower than the proportion of individuals identifying as visible minorities in Edmonton (36.4%) and across Alberta (22.9%)⁴.
- 61.0% Strathcona County residents have lived in the County for 10 or more years, while 16.6% have lived in the County 5 to less than 10 years, 13.2% between 2 and 5 years and 9.3% less than 2 years⁵.
- Strathcona County had approximately three times fewer immigrants between 2011 and 2016 (1,795) than Red Deer (5,235), a city with a similar population to Strathcona County (~ 100,000 residents)⁶.
- Both Edmonton (17.8%) and Red Deer (6.8%) have significantly greater proportions of individuals who speak non-official languages at home relative to Strathcona County (2.8%)⁷.
- In Strathcona County in 2016, 91.6% of people aged 25 to 64 had a high school diploma or equivalency certificate, compared with 86.6% in Alberta and 86.3% in Canada⁸.
- 65.7% of residents aged 15 years and older are married or living with a common law partner. In comparison, both Edmonton and Alberta have lower rates of people who report being married/ living with common law partner at a rate of 55.4% and 59.9% respectively⁹.

1 Strathcona County 2018 Municipal Census

2 Statistics Canada 2011 Census of Population; Statistics Canada 2016 Census of Population

3 Statistics Canada 2016 Census of Population

4 Government of Alberta Regional Dashboard

5 Strathcona County 2018 Municipal Census

6 Statistics Canada 2016 Census of Population

7 Government of Alberta Regional Dashboard

8 Statistics Canada 2016 Census of Population

9 Statistics Canada 2016 Census of Population

Psychological Data and Statistics

Overview

- RCMP data demonstrates that between 2020 and 2021 there was a 29% increase in mental health related occurrences in urban Strathcona County, from 476 in 2020 to 614 in 2021. In rural Strathcona County there was a 10% increase during this time period, from 134 occurrences in 2020 to 148 in 2021.
- Emergency Services is seeing increases in substance-related incidents, including drug poisoning. Substance use surveillance data demonstrates a 117% increase in EMS responses to opioid related events in Strathcona County between 2018 and 2021, from 12 events in 2018 to 26 in 2021.
- Strathcona County Emergency Services has seen a consistent increase in the number of psychiatric-related calls they respond to. The number of events has increased from 153 in 2019, 251 in 2020, and 263 in 2021.

Community Partner Observations

Over the past few months, Family and Community Services has conducted conversations with community partners to better understand the mental health crisis response needs in the community. From these conversations, the following themes have emerged:

Access to mental health crisis support services is complex and overburdened.

- The Sherwood Park Primary Care Network is experiencing a three month waitlist for psychiatry appointments.
- Alberta Health Services (AHS) Children, Youth, and Families Addiction and Mental Health is experiencing significant wait times for mental health supports. There are no local walk-in services available at this time and residents are going into Edmonton to seek supports.
- Elk Island Public School is providing support to students through a Mental Health Strategic Plan, however, the demands are stretching the scope of practice.

Family and Community Services Demands

- There has been a 54% increase in the number of unique participants (1426 to 2191) since 2019, and a 76% increase in the number of Solutions Navigation sessions attended by participants (2613 to 4528).
- With a return to more face-to-face services, the increase in the number of walk-in counselling sessions are steadily increasing signalling a preference by some people for in-person services now that restrictions are lifted. Residents continue to access virtual counselling at a consistent rate and therefore it is important to maintain both means of access.
- In addition to the increased demand, the challenges our residents are facing are increasingly complex. Approximately, 30% of current counselling sessions require two staff due to complexity and safety concerns. Residents are often struggling with multiple challenges including addictions, family violence, family disputes, and difficulty meeting basic needs. It is anticipated this trend will continue as walk-in sessions increase.

- The increased complexity is also reflected in the recent number of referrals from RCMP and Victim Services. When comparing January-March 2019 with the same time period in 2022, there has been a 363% increase in referrals, from 11 to 51.
- These upward trends of service demand and multifaceted challenges are being experienced by community partners across the Social Framework Leadership Table and are showing themselves in police and emergency services data.
 - RCMP data shows that between 2020 and 2021 there was a 29% increase in mental health related occurrences in urban Strathcona County, 476 to 614. In rural Strathcona County there was a 10% increase during the same time period, from 134 to 148.
 - Substance use surveillance data demonstrates a 117% increase in EMS responses to opioid related events in Strathcona County between 2018 and 2021, from 12 events in 2018 to 26 in 2021.

Strathcona County Emergency Services Demands

- Strathcona County Emergency Services has seen a consistent increase in the number of psychiatric-related calls they respond to. The number of events has increased from 153 in 2019, 251 in 2020, and 263 in 2021.
- The psychiatric-related designation (Protocol 25) can include Psychiatric/Abnormal Behaviour/Suicide Attempt Undefined, Weapons, Threatening Self-Immolation, and Violent or Combative.
 - The categorization of the call is done at the point of dispatch and does not have input from the responders.
- The highest call volume for psychiatric-related calls happens between 7:00pm- 10:00pm.
- In the case of a violent or dangerous situations, the EMS crews wait off-scene to allow the police or RCMP to address the scene first.
- EMS has no access to health records or information before of after attending to an individual.
- The primary purpose of EMS is to transport individuals to the hospital, and that is the typical outcome of a psychiatric-related call.
 - If they individual does not want to go to the hospital, the RCMP get involved and issue a Form 10.
- In certain cases, when a situation has de-escalated at the time of response, EMS can conduct an assessment and referral. This involves accessing the patient and connecting them with other resources.
 - One of these resources includes AHS Community Health and Pre-Hospital Supports (CHAPS). This program includes Navigators who refer clients to appropriate services including Home Support, Mental Health Services, etc. Only EMS can refer to this program.

Community Safety and Well-Being Strategy

Overview

- The COVID-19 pandemic has both surfaced new and amplified existing social stressors and systemic gaps, leading to increasingly complex needs for individuals and families, including an elevated risk of mental health challenges, substance abuse, violence and trauma.
- The RCMP and police have become the default emergency response for non-criminal calls involving mental health, addictions and housing.
- Responding to health and social issues through the criminal justice system has aggravated risk factors for individuals and communities and resulted overburdened enforcement and emergency response services.
- Several municipalities in Alberta, including Red Deer and Airdrie, have enacted crisis response teams to address non-emergency mental health and addictions calls.
- Supporting citizens to feel physically, emotionally, spiritually and mentally safe is one of the four outcomes of Strathcona County's Social Framework.

Relevant Community Safety and Well-being Engagement Findings

- A frequently mentioned topic in engagement sessions is an increase in mental health needs in the community, including anxiety, stress, fear, depression, anger, and suicidal ideation, often tied to pandemic-related stressors.
 - There is particular concern about increasing mental health issues and mental health distress for children, youth, and young adults.
 - Significant concern also exists about increasing alcohol and drug use, addiction, and drug-related harm and deaths in the community.
 - These issues are leading to an increased need for mental health and addiction supports for residents.
- More people are struggling with meeting basic needs than in the past and some community service providers participating in engagement sessions have shared concerns about increasing numbers of people experiencing housing insecurity and homelessness in Strathcona County.
- There is extreme dedication of service providers to support the well-being and safety of all Strathcona County residents.
- Service providers participating in engagement sessions have shared that the system is currently overwhelmed and that individual service providers operating within their mandates are not always able to respond to all the increasingly complex needs of residents in an increasingly complex system. This is often due to gaps in or between available services.
- Service providers in Strathcona County place a high priority on continuing to build on this base so that they are further connected with each other, increasingly knowledgeable about each other's work, and working together in new coordinated and innovative ways.
 - The goal expressed in engagement sessions is to fill system gaps and build a more seamless and responsive system to further enable connection of residents to the services that will best meet their needs during experiences of complex, extreme need or crisis.

Drug Use Surveillance Data

The following statistics are obtained from the Government of Alberta for Strathcona County.

| Year | Rate of drug poisoning deaths per 100,000 | Deaths occurring in private home or residence ¹⁰ |
|----------------|---|---|
| 2018 | 4.1 | 75% |
| 2019 | 5.1 | 80% |
| 2020 | 8 | 100% |
| Jan – Oct 2021 | 13.2 | 82% |

| Year | ER Visits related to substance use | Hospitalizations related to substance use |
|-----------------|------------------------------------|---|
| 2018 | 803 | 228 |
| 2019 | 786 | 276 |
| 2020 | 766 | 239 |
| Jan – Sept 2021 | 538 | 209 |

| Year | EMS responses to opioid related events |
|------|--|
| 2018 | 12 |
| 2019 | 15 |
| 2020 | 17 |
| 2021 | 26 |

¹⁰ Only included where majority occurred to avoid identifying small numbers.

Municipal Crisis Response Models

Red Deer's Crisis Response Model

Overview

- Red Deer is a municipality of comparable population to Strathcona County, with 101,002 residents as of the 2019 Municipal Census.
- In 2020, the City of Red Deer established a Social Diversion Team (SDT) to create a street-level response that aims to reduce law enforcement and medical emergency response while contributing to a continuum of supports for community safety.
- The SDT responds to non-emergency incidents and connects people in crisis with relevant social services, including housing supports, mental health supports, detox programs and harm reduction resources.
- The SDT supports individuals who are:
 - Experiencing mental health or medical (non-emergency) crisis
 - Intoxicated or otherwise impaired
 - Requiring transport to appropriate services (i.e., a shelter)
 - Sleeping in an unsafe space or inappropriately dressed for the weather
 - Requiring social services (i.e., housing, nutrition, health or community supports)
 - Likely to come to harm without intervention

Approach

- The SDT consists of two teams of two individuals, a Licensed Practical Nurse and a Social Diversion Specialist (social worker), that provide front-line assessment, intervention and support.
- The Team works with individuals to assess their needs and provide a warm hand-off to relevant services. Some of the potential outcomes may be:
 - Transportation to a partner organization that can provide clothing, blankets, meals, personal care items, etc.
 - Providing First Aid or connection to harm reduction supplies
 - Providing connection to culturally appropriate supports
 - Providing supportive conversation and transfers to appropriate services
- No ongoing care is provided beyond an immediate response, though it is being considered as an evolution of the program.
- Individuals can report a non-emergency incident to the SDT by calling 211 and selecting the appropriate option.
- 211 is operated 24/7 and the SDT's hours of operation are 7 am to 7 pm. Outside of operating hours, callers will be provided with a community referral, connected to 911 or non-emergency line, or offered a follow-up.

Program Structure

- Staffing is provided by a local non-profit, the Safe Harbour Society, which is contracted by the City of Red Deer.
- The SDT team is funded by the City of Red Deer and requires \$525,235 per year to cover staff costs, transportation, and the triage line through 211.
- The team currently response to approximately 170 calls per month.

Airdrie's Mental Health and Addictions Liaison Team

Overview

- The Mental Health and Addictions Liaison Team (MHALT) is a partnership between AHS and the RCMP to address unique challenges surrounding mental health and addiction in Airdrie.
- The MHALT team supports individuals, families and the community at large by freeing up law enforcement, medical responders, and social serving organizations.
- The goals of the MHALT team is to:
 - Respond to individuals experiencing addictions and/or mental health issues in an appropriate, comprehensive manner.
 - Reduce the number of repeat calls by effectively and proactively focusing on care to individuals who access health, social and police services on a repeat basis.
 - Advocate for a wrap-around service delivery approach with a fully integrated team in collaboration with Alberta Health Services.
 - Divert individuals away from the criminal justice system and into mental health treatment or community services that address the underlying cause of their presenting behaviours.
- MHALT also increases the community's knowledge, capacity, and expertise through education and awareness.

Approach

- The MHALT team was formed in 2018 due to an increase in the number of addiction and mental health-related calls in the City of Airdrie.
- The MHALT team provides wrap-around support to individuals and impacted families, with ongoing support and monthly check-ins.
- The team works on a referral basis and does not provide immediate crisis response, unless the impacted individual is already a client.
- Data sharing is an important component of the model to develop an appropriate plan of action.
- Services are available 10 hours/day Monday – Friday and the police officers provide additional after-hours support.
- The team also collaborates with the RCMP School Liaisons and provides risk assessments to support school communities.
 - Approximately 60% of MHALT calls are for youth, and 20-30% are for seniors.

- The MHALT team also works closely with individuals experiencing homelessness through support such as providing transportation within Airdrie and to Calgary.

Program Structure

- The MHALT team consists of two part-time Mental Health Clinicians from AHS and two police officers overseen by a Sergeant. As of April 3, 2022, the program will include an additional police officer.
 - Currently, the two clinicians are psychiatric nurses, allowing immediate intervention such as injection support.
- The pilot project was initially funded by the Airdrie Health Foundation for \$100,000 to cover the cost of clinicians for the MHALT Team.
- After the program's first year, AHS provided funding for 1 FTE clinician, split between two part-time psychiatric nurses. The three police officers are funded through the City of Airdrie.
- In the future, the MHALT team hopes to receive funding for an additional police officer for youth.

Edmonton's 24/7 Crisis Diversion Team

Overview

- 24/7 Crisis Diversion provides comprehensive, coordinated access to 24-hour services for vulnerable citizens in Edmonton. The purpose is to reduce the need for expensive medical, judicial and police interventions.
- 24/7 Crisis Diversion is a collaborative partnership with:
 - Boyle Street Community Services
 - Canadian Mental Health Association (211 program)
 - HOPE Mission
 - REACH Edmonton
- This program dispatches crisis diversion teams 24/7, 365 days a year. They respond to people who are in distress and vulnerable on the streets of Edmonton.
- The goals of the program are:
 - to coordinate access to 24hr services for all Edmontonians experiencing non-emergency crisis.
 - to divert non-emergency calls away from 911, reducing inappropriate use of police and emergency services. This also reduces the need for expensive medical, judicial and police intervention.
 - to connect individuals with the health and well-being resources equipped to address their needs.

Approach

- The Crisis Diversion Teams began as case management and moved into crisis diversion.
 - REACH Edmonton determined that it would cost approximately \$25M to do both case management and crisis diversion. As an organization, they felt their greatest impact would be with crisis diversion.

- The Crisis Diversion is funded through the City of Edmonton.

Program Structure

- The Hope Mission provides three vehicles (decommissioned ambulances) and Boyle Street provides three vehicles (mini vans).
- There are two vehicles that operate during the day, and two extra ones added during the night (at 1:00am and 3:00am).
- Over 70% of calls come from 211. In the best case scenario, there is a warm handoff.
- Calls can also be triaged and transferred through 911, and the Edmonton Police Service and Emergency Services have direct lines to the vans to arrange for a pickup/referral.
- Staff are often students of nursing, social work, ex-military, ex-RCMP. They receive extensive training then they begin – e.g., suicide intervention, MH first aide, trauma- informed training.
- The frequency and timing of calls often depends on the weather – in extreme heat or cold, the number of calls increases.
 - Over winter, there is an influx in calls overnight
 - In summer, there are more calls in the midday
- The Crisis Diversion Teams respond to 1,400 events per month. In addition to the calls, the teams patrol the streets and help individuals requiring support. This general service in the community supports 2,000 additional individuals, above the calls.
- Providing transportation occurs for approximately 30% of the calls.

Regional Police and Crisis Response Teams (PACT)

Overview

- PACT was created in 2009 in response to the number of people with mental health issues coming in contact with Police.
- PACT is a partnership between Alberta Health Services (AHS) and the RCMP to provide a crisis response team of a Registered Psychiatric Nurse and an RCMP officer, that is able to intervene, assess, and support individuals experiencing a mental health crisis in the community.
- PACT operates from the theory of change that if individuals with mental health issues who have contact with the RCMP are able to interact with a trained PACT, then they are more likely to receive appropriate referrals, develop trusting relationships with the police, avoid escalation of problems, and ultimately avoid involvement in the criminal justice system.
- The Program is focused on individuals experiencing mental illness, such unmedicated episodes, drug-induced psychosis.
- Through initial funding for the project, provided by the Safe Communities Innovation Fund (SCIF), Government of Alberta, Grande Prairie conducted a social return on investment (SROI) analysis.

- The SROI ratio, which is based on the total value created divided by the total investment, indicates that over the three-year pilot, the average social value of investment for PACT is \$3.56 for every dollar invested¹¹.

Local Program Structure

- There are two PACT teams based in Edmonton which provide services to the greater Edmonton area, including Strathcona County. The teams operate from 11:00am – 10:30pm.
- The teams operate by email referral from dispatch.
 - Team will begin the day by triaging the incoming files
 - Teams see what information is available on the client through AHS
 - Files are triage on a whiteboard – that is how they determine their day
- The teams will assess how a person presents that day; they may need to be apprehended if the situation has escalated.
- The registered psychiatric nurse on the team is able to connect with their health care provider.

Access 24/7

Overview

- Access 24/7 provides a single point of access to adult addiction and mental health community based programs.
- The program provides a range of urgent and non-urgent addiction and mental health services including service navigation, screening, assessment, referral, consultation, crisis intervention, outreach and short term stabilization.
- Professional referrals accepted but not required.
- Phone intake/access line (preferred) and walk-in access. Outreach services are arranged when required.

The City of Fredericton

Overview

- Within their municipal police force, the Fredericton police have four social workers on staff (civilian positions).
 - Two positions are victim services, and two positions are mental health coordinators.
- The mental health coordinators work with the frequent clients to support them to access appropriate and timely services.

¹¹ Alberta Community Crime Prevention Organizations. (2015). *Social Return on Investment (SROI) Case Study: Police and Crisis Team (PACT)*. Recipient of Safe Communities Innovation Fund, Government of Alberta. Available from: <https://open.alberta.ca/publications/safe-communities-innovation-fund-pilot-project-executive-summaries>

- The coordinators work closely with the mobile mental health unit to intervene in
- mental health situations before it becomes a police matter.
- The mental health coordinators will accompany police to respond on-scene, and they provide the follow-up supports afterwards.
- Having the social workers help with consistency - they're able to build the long-term relationships with participants that the police are not able to do.
- A mental health coordinator sits at the Violence Threat Risk Assessment (VTRA) and represents the police at that table.

City of Denver – Support Team Assisted Response (STAR) Program

Overview

- STAR pairs a mental health clinician with a Denver Health paramedic or emergency medical technician (EMT) to respond to low risk, low acuity calls coming into 911. The team can provide medical assessment/triage, crisis intervention, de-escalation, transportation and resource connection for community members in need.
- STAR responds to low risk calls where individuals are not in imminent risk. STAR deals with low-level behavioral health crises and issues that arise from public health needs and poverty. Some examples are, trespass calls, welfare checks, intoxicated parties and mental health crisis.
- STAR has responded to 2,294 calls for service that would have otherwise been dispatched to police
- STAR will respond throughout the city, seven days per week between the hours of 6 a.m.-10 p.m.
 - Data shows that their highest call volume occurs between 6 am.-10 pm.

Car 60 Program

Overview

- The Car 60 program has been running since April 2015 in Prince George, BC.
- This program is a mobile crisis response team. It involves a partnership between the RCMP and Northern Health, both individuals travel in an unmarked car and are dressed in plain clothes. The psychiatric nurse and police officer ride together and responded to mental health calls.
- The reason that this unit was developed was because of the high wait times and the high number of mental health files that were received by the RCMP.
- Goals include
 - Provide timely responses to mental health emergencies
 - Deliver a high standard of care to mentally ill individuals in the community
 - Prevent unnecessary admissions to the hospital
 - Provide the least intrusive resolution to an emergency

City of Lethbridge – PACT (Police and Crisis Team)

Overview

- The Police and Crisis Team (PACT) is a partnership with Alberta Health Services (AHS) and the Lethbridge Police Service
- Initiative pairs a constable with a member of the AHS team who is a mental health therapist to response to high risk and chronic clients.
- Program was launched in 2018 and a second PACT pairing was added in August 2021.
- The wait times for the hospital have been reduced because of the connections the mental health therapists have and their ability to call ahead to the psychiatric team.
- It was originally to respond to the lack of training that officers require to appropriately handle these types of calls.
- PACT provides officers with two additional tools to help them better understand and respond to mental health calls
 - Pre-response safety briefing and support their assessment on whether a person should be transported to a designated facility for evaluation
- The goals:
 - To add resources that provide more opportunities for addiction and mental health services in the community.
 - Helping individuals make connections to other teams and programs
 - Connect, re-connect with the community-based resources which include mental health but also housing and financial assistance
- The number of interventions by PACT has increased every month since the inception of the second team. Between November 2021 and February 2022, a total of 215 files were handled, as compared to 64 files through the same time frame a year earlier with only one team.

Fort McMurray – SOS (Some Other Solutions)

Overview

- Provide phone support for crisis prevention, intervention, and postvention.
- 24 hours confidential, anonymous, and non-judgmental supportive listening for those in crisis, distress, or struggling with life challenges.

- A resource for mental wellness in Northern Alberta with professional counselling
- services, mentorship programs and 24/7 crisis line to ensure everyone in the community is supported.
- The goals of the program are to support individuals with:
 - Financial issues
 - Relationship issues
 - Health problems
 - Feeling such as being overwhelmed, lonely, stressed, or suicidal

Approach to mentorship

- Mentors build positive relationships and trust by meeting with mentees on a weekly basis, for a determined period.
- The meetings include building rapport and trust through various activities that focus on self-esteem, communication skills, and coping skills
- Can be group mentorship or individual

Saskatchewan – Hub Tables

Overview

- Hub tables involves a team of people from various government ministries and local community agencies.
- This team works together to develop immediate, co-ordinated and integrated responses by mobilizing existing resources with the goal of reducing risk in a timely manner - usually within 24 to 48 hours.
- Anyone from police officer, to teachers, social workers and youth workers work as part of the team. They work together to review acutely elevated risk to determine if an individual or family meet the criteria for imminent risk of harm and victimization.
- Once they address the situation of acutely elevated risk, the team works to reduce the risk factors that may increase the likelihood that someone will experience harm and victimization

Program Structure

- Acutely elevated risk
 - This is the first step that the team takes when approaching any situation. Acutely elevated risk involves the significant probability that an individual will experience harm of significant intensity if there is no intervention. These types of harm are likely to case the individual to become involved with different agencies across the human service sector.

- Further information
 - Community engagement and the well-being division of the ministry of justice and the ministry of corrections and policing is the driving force behind the Hub Table initiative. The focus on working with community leaders and various levels of government in the interest of collaboration, information sharing and success measurement to ensure the success in local planning. They provide tools and resources to support partners working together to achieve mutually beneficial outcomes.
 - Goals:
 - Encourage planning in all four communities' response area
 - Response in a timely manner
 - Resource investment in enhancing social development
 - Prevent and risk intervention.

Conclusion

Response to mental health crisis fits within the mandate of Health Services in Alberta. Several Alberta municipalities are experiencing pressures related to mental health and an overburdened system. Municipalities recognize that citizens are not best supported by calling 9-1-1 for non-criminal matters and situations not requiring transportation to hospital. As such, many municipalities have stepped into this space and developed a community response approach.

Although some municipalities started in a crisis intervention model, overtime many have transitioned to an outreach model. In their experience, the outreach model was better positioned to address initial need as well as provide ongoing, holistic supports. This, in turn, has reduced demand on enforcement and emergency services.

Research and analysis supports that an approach with the capacity to respond to initial crises/events as well as provide ongoing follow up and support is the most effective and efficient use of resources and is anticipated to have the most impact on system demands as well as user experience.