

City of Victoria: Community-Led Mobile Crisis Team

Presentation to Council

Background and Process for UBCM Strengthening

Communities Grant 2021-22

Presented by: Jonny Morris, CEO

Date: 7 October 2021





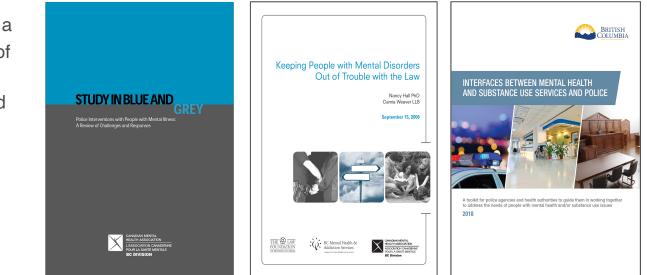
- Acknowledgment of Unceded and Ancestral Indigenous Territories
- Description of Concept and Partnerships
- Process for UBCM Strengthening Communities Grant
- Questions



Canadian Mental Health Association

CMHA is an established national charitable organization that has been in BC since 1952. In BC, CMHA has a Division office and 14 local branches that serve over 100 communities.

BC Division has a 20 year+ history of systems-level advocacy focused on mental health, policing and the broader justice system.









Safety Risks:

- Criminal activity
- Threat of violence to self or others

Health Risks:

- Suicide attempt Psychosis
- Overdose
- Major physical injuries or comorbid conditions

Crisis Drivers:

- Shelter / housing issues
- Food security
- Family conflict
- Alcohol / Substances
- Depression / Anxiety
- Loss
- Minor physical injuries

Police

Health

Community



The Issue: Mental Health Crisis Response



Criminal Justice System

In BC, police officers are the frontline responders to mental health crises.

Due to **legislation** and **a lack of voluntary health and social services**, people experiencing a crisis are transported by police to only one of two options. Neither is well-equipped to address the complex issues that lead to the crisis.

Emergency Department





A Solution: BC crisis response continuum

Mental Health Liaison Officers respond to an individual in crisis, facilitate outreach assessments and manage risk.	Car 87/ 88/ 67 pair a mental health nurse with a police officer in plain clothes to respond to mental health emergencies	Ambulance (unlikely if crisis event may necessitate involuntary mental health treatment.)
Police	Co-Response	Civilian-Led
RCMP or municipal police officers	IMCRT is comprised of plain- clothes police officers and child and youth healthcare providers who deliver services to individuals and families across the lifespan.	Mobile Crisis Team staffed by non-clinical mental health specialists



A Solution: BC post-crisis care options

Police Co-Response

Mental Health Liaison Officers monitor case managed individuals and support review panel and extended leave processes.

Assertive Outreach Team (AOT) pairs a MHSU service provider with an officer in a police car to provide outreach services. Program focuses on short term stabilization and risk mitigation, compared to the long-term planning and intervention of ACT teams

Assertive Community Treatment (ACT) are mobile units that partner MHSU services in local health authorities with community partners, including police. Teams provide rehabilitation, healthcare assessment and treatment on an ongoing basis.

Civilian-Led

Community **Outreach and** Assertive Services Team (COAST) combines social workers, nurses, psychiatrists, community support and peer support to assist people in moving towards recovery and facilitate independence. Mobile Crisis **Teams** staffed by non-clinical mental health specialists provide support and connection to a range of services such as housing, treatment, benefits, employment, etc.



The Concept: Peer Assisted Care Team

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The Peer Assisted Care Team (PACT) is an alternative or auxiliary service to police response to crisis calls related to mental health. **Key Components:**

- Pairs a mental health professional with a trained peer crisis responder.
- Expands the range of mental health supports to City of Victoria residents, co-designed with populations at higher risk of experiencing distress that may lead to police contact.
- Intends to keeps people living with mental illness and substance use and their families connected to their communities and voluntary mental health services.



CONVENE a Systems Planning Table comprised of Victoria Police Department, City of Victoria, Island Health, local Indigenous leaders, and other partners to address systems integration issues such as 911 dispatch, intake assessment, triage, information sharing and referral between services.



The Community Planning Process

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September - December 2021

ENGAGE key stakeholders to determine their requirements and considerations for a civilian-led mobile crisis team. The list of stakeholders will aim to include frontline responders, community service providers, urban Indigenous communities, and people with lived and living experience and their families.



CONVENE a Community Design Table comprised of community agencies and people with lived and living experience of mental illness, substance use and interactions with police to determine operational requirements for the program.



CO-DEVELOP a model for a civilian-led mobile crisis response team to the City of Victoria based on the input from the Systems / Community Planning Tables and the findings from the stakeholder engagement.



The Community Planning Process



May - June 2022

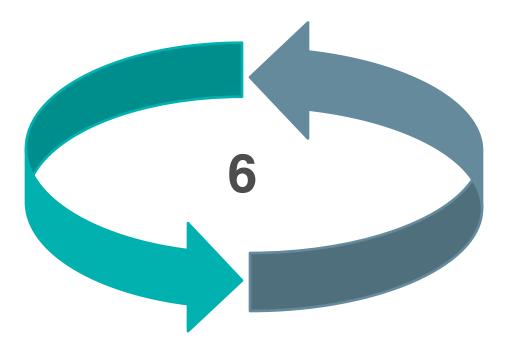
PROCURE community agency to operate the service through a Request for Proposal (RFP) process. The Community Planning Tables will nominate a subcommittee to review the proposals and make recommendations on the final decision.

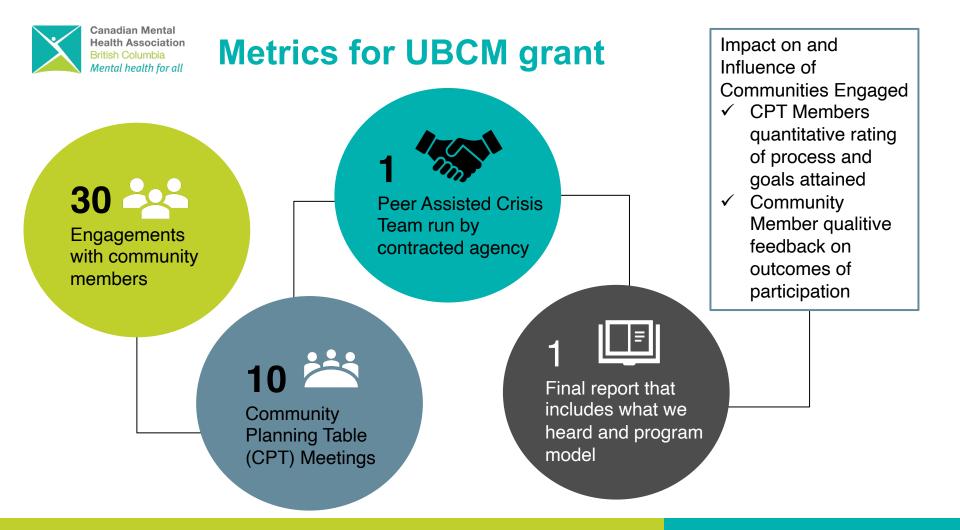


The Community Planning Process

FINAL accountabilities under the UBCM Strengthening Communities grant July – October 2022

Staff recruitment, training, launch, and operation of service







Questions

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