

BUSINESS CASE

Assertive Community Treatment (ACT) Officer

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The Strategic Context

Problem Statement

As a result of the Section 27 review, the number of Assertive Community Treatment (ACT) Officers was reduced from three ACT Officers to one ACT Officer, as of May 1, 2021. This significant reduction in staff is inadequate to fulfill the ACT mandate and meet community needs (Victoria, Esquimalt, and Saanich - where 30% of clients are located), and will result in compromised client care and increased barriers for clients to access primary health care services.

Business Need Summary

This request is for one additional ACT officer for VicPD.

Background

Within the Victoria/South Vancouver Island region, there is a population subset experiencing severe mental health disorders, cognitive impairment, low impulse control and overall high needs. These issues often lead to substance use and homelessness. This group generally responds favourably to acute institutional support; however, once returned to community care, they often decompensate to the point where they come into contact with the police and emergency health services at a more frequent rate. These individuals' behaviours often attract calls to the police that may result in their arrest and lead to incarceration and/or probation or Community Service Order (CSO) as a result.

In December 2006, the Ministry of Social Development and Social Innovation (MSDSI), Island Health (VIHA), Victoria Police Department (VicPD), Community Corrections Division (Ministry of Justice), and other stakeholders met in order to discuss target group service provision, the need for integrated services, and the need to work toward establishing a common service delivery model and shared program goals. VicPD's contribution to the program has been specifically recruited ACT Officers who have knowledge and experience in working with individuals with serious mental disorders, and de-escalation skills. ACT Officers are long-term, integrated members of the ACT teams and are called upon in situations in which there is a risk of criminal behaviour, violence, or victimization.

In July 2007, the partners agreed to proceed with a pilot program. The pilot focused resources on a small group of the most challenging individuals who fell within the partner client group in the downtown Victoria core. The program provided an opportunity to test the service approach, including an assessment component combined with frequent steering committee input and review. The process and the project outcomes guided the development of a long-term integration proposal for the downtown core.

In October 2007, in response to the Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness, VIHA agreed to fund the development of four new teams tasked with serving hard-to-house individuals with mental disorders and substance use. The Victoria Integrated Community Outreach Team (VICOT) was determined to be the first of what would become the Assertive Community Treatment (ACT) teams. Permanent Island Health funding was made available for five staff, office space, and supplies. With this funding came the understanding that the other partner organizations would each contribute appropriate staffing. Three other ACT teams followed shortly after.

Current State

The Victoria ACT program currently integrates one VicPD ACT Officer with the ACT teams so they can reach and work with individuals with serious mental disorders. The ACT Officer is available to everyone on the ACT teams but is mostly involved in caring for a small number of individuals who have a history of violent and/or criminal behaviour as well as mental illness.

Drivers for Business Need

A 2019 study conducted by UVic researchers Woodin and Costigan identified a number of drivers that supported the integration of ACT Officers on to ACT teams for clients and ACT team staff, as well as some challenges. While drawbacks related to a fear of negative consequences, potential re-triggering of past traumatic experiences, accessibility concerns, and stigma were identified by ACT staff and clients who engaged in the study, the drivers supporting police integration on ACT teams were overwhelming:

Stable Relationships: the ongoing, supportive relationships that ACT Officers form with individuals on the ACT teams are seen by participants as an essential part of successful police integration. Participants commented that the officers are empathic and understanding, form a strong rapport with clients, and are good at compassionate limit-setting. A key component of this relationship is the stability of the ACT officers. These stable relationships prevent escalation, as ACT Officers have a great deal of rapport with individuals versus unknown uniformed officers. Further, these stable relationships reduce the risk of traumatic interaction and allow for effective crisis response, as ACT officers are able to act on their knowledge of the person in crisis as an individual.

Improving Safety: ACT Officers improve safety for a number of groups, including staff and recipients of services, as well as the larger Victoria community. This safety is important for ACT team staff, as individuals receiving ACT services sometimes have a history of violence. ACT Officers provide additional support to increase safety for individuals receiving ACT services, as they are at risk of being the victims of crimes, particularly when they are experiencing symptoms of psychosis. Lastly, ACT Officers' can also increase safety during hospitalizations, as having a known ACT officer escort someone to the hospital and sit with them until they are admitted means that the person will not have to interact with an unknown officer or hospital security during a time in which the individual may be particularly vulnerable to traumatic or escalating encounters with treatment professionals due to their psychiatric state.

Embeddedness: The study identified ACT Officers as being a useful bridge of communication between Island Health and other agencies such as the Victoria Integrated Court. This embeddedness aids with open communication about client needs, the ability to advocate for clients, informing ACT Officers about mental health, and increasing trust between service providers and police. A key function of this embeddedness is also a strengthened ability to provide a fast and compassionate response.

Preventing Harm: ACT Officers can identify and prevent problems before they escalate, instead of reacting to individuals who are already destabilized. A key aspect of an ACT Officer's prevention efforts is having a good sense of the person's history and needs. They work proactively and flexibly to create a solution to help the individual change problematic behaviour. Their responses are adapted to individuals' concerns, including reducing officers' obvious presence when possible to reduce backlash in the community to police presence. Further, Psychiatric Emergency Services staff noted that when ACT Officers initiate involuntary hospitalizations, the process can go more smoothly or be used more deliberately than when uniformed officers do so because of the existing relationships. This involvement

can decrease trauma or escalation during involuntary hospitalizations. The study also found ACT Officers to be more likely than other police to help individuals find housing and remain in their homes when in psychological distress.

Authority: As members of the police service, the ACT Officers have the power to give consequences. Many interviewees reported that individuals receiving services from the ACT program listen to the ACT Officers more than they listen to other care providers because of their authority. Some interviewees felt that the presence of an ACT Officer has a calming effect, as individuals receiving ACT services are less likely to escalate or “act out” when an ACT Officer is present. As a result, there are fewer disruptive exchanges that interfere with the person meeting their goals, and there is greater compliance with treatment. Interviewees noted that the authoritative presence of ACT Officers was enough in many cases to encourage productive behaviours such as medication compliance, on-time court appearances, and appropriate interactions with service staff and fellow residents – behaviours that reduce the risk of hospitalization or incarceration.

Reduce System Burden: The presence of ACT Officers significantly reduced the burden on other elements of the social service and criminal justice systems. Interviewees emphasized that there can be significant reductions in expensive and potentially traumatizing hospital admissions for individuals who become involved with the ACT program. Another aspect of this theme was reducing the burden on uniformed officers who otherwise would respond to calls related to the ACT teams but with much less knowledge and expertise in working with individuals with serious mental illness. Finally, ACT Officers are seen as particularly important for individuals with more disruptive behaviours who otherwise would not be able to access ACT services but who may be causing the greatest burden on mental health and criminal justice services.

Risk Assessment

The risks associated to not hiring an adequate number of ACT Officers to meet community need and fulfill the ACT mandate include:

- Reduced ability to effectively engage with individuals in the community with the most severe mental health/addictions issues. There are currently 350 flagged ACT clients in the program;
- Reduced engagement will result in an increased risk of decompensation and therefore increased contact with uniformed police officers. This increases the likelihood of arrest and involvement with the criminal justice system as opposed to the health system. Further, escalated behaviours and associated negative outcomes will become evident in the community as certain clientele are discharged from ACT services;
- Increased hospital wait times for patrol officers, as this will likely decrease the number of Form 21 scenarios and increase Section 28 apprehensions;
- Significant loss of relationships with other health and social service partners and clients;
- Increased likelihood of instability to the high call load areas;
- Increased risk of burn-out to ACT (civilian) staff and staff fearing for their safety, which may result in them leaving ACT and seeking employment elsewhere. Consultation with three of the five ACT teams reveals that staff are leaving ACT teams because they feel unsafe, both in the execution of their duties and working in the 900-block of Pandora Avenue;
- Decrease to service capabilities, as staff are now much less likely to attend various residences or shelters without police presence and are therefore requesting their clients to come to them. In turn, clients are reporting that they too feel unsafe coming to the ACT office. This has become a significant barrier to service access;

- Increased risk of physical injury to ACT (civilian) staff members who need to be able to assess and offer supports to clients while they feel safe;
- The impact of not having an ACT Officer involved results in compromised care for the client, as staff will be focused on self-safety. Additionally, stress is profound for nurses being isolated in treatment rooms with violent and escalating clients in need of medical care. When an officer is able to offer support, client and staff benefit immensely;
- Impact on clients discharged by ACT due to reduced ACT VicPD staffing will be significant, as it will result in high stress for a client, reduced access to multiple services and potential for escalated decompensation, which includes increased illicit substance use, increase in violent behaviours and further insult to MH status – all of the above resulting in high fiscal burden to health care and destabilization of community tenure;
- Therapeutic relationships are the mainstay and core of offering care, support and engagement with clients experiencing mental health challenges. The inability to safely serve vulnerable clients damages trust and clients’ sense of safety. ACT Officers with intact relationships with clientele offer a far more positive outcome for the client, which ultimately bodes well for future positive outcomes for clients and increased commitment to their recovery and stabilization;
- Client care planning will have to drastically be altered regarding intervention and strategic planning;
- Reduced capacity to contend with any unforeseen situation due to the lack of police resources. A call for patrol support often has a wait time of more than 4-5 hours;
- Reliable, known and safe approaches will not be available, resulting in negative outcomes for clients. They will not seek supports which are normally prompted and supported by ACT with an officer’s support; and
- Increased stigma.

Recommendation and Resource Requirements

Resource Request

This request is for one additional ACT Officer for VicPD.

Resource Requirements

Cost of one ACT Officer, excluding vehicle purchase:

Estimated Date	2022 Impact				Full Year Impact (2023 On)
	One-Time ¹	Ongoing (prorated)	Total	% Impact on Budget	Ongoing
May-22	0	98,745	98,745	0.17%	148,117